

This document represents the efforts of the Remedy-One Pharmacy and Therapeutics (P&T) Committees, on behalf of Wellfleet Rx, a pharmacy solution provided by Wellfleet Group, LLC dba Wellfleet Administrators, LLC (Wellfleet, in collaboration with Kroger Prescription Plans (KPP)), 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/or most common proprietary (branded) name. The Formulary may be accessed by using the index, either by generic or proprietary name (in capital letters). *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 or proprietary name. If the generic drug is FDA approved, it will appear in *lowercase* in the formulary listing. Brand name drugs available under the Formulary will appear in UPPERCASE lettering. 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 (except if filled at the Tang Center pharmacy) and is subject to the specialty tier copay. The plan covers specialty drugs filled Tang Center Pharmacy or at participating retail and specialty pharmacies. Limited distribution drugs and other specialty 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

Inclusion of a drug in the formulary does not guarantee that a provider of health care will prescribe that drug for a particular medical condition.

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.

#### Maximum Cost Sharing by Drug Tier

Plan	Fulfillment Channels	Tier 1 – Preferred Generics	Tier 2 – Preferred Brand - High Cost Generics (HCG)	Tier 3 – Non-preferred Medications	Specialty Medications*
University of California Berkeley	Tang Center Pharmacy	Copays Waived	\$25	\$40	\$75
	Participating Retail	\$10	\$35	\$50	\$250 Copay or 20% (whichever is less)

\*Specialty medications are marked with an “SP” symbol in the Notes column of the drug list. Specialty medications may be obtained at participating pharmacies that carry them.

#### 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 800-482-1285. 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, the FDA approved generic drug is used in most situations, regardless of the brand name indicated. Members usually have lower copays and or co-insurance when they use generic drugs. This policy is not meant to preclude or supplant any state statutes that may exist. All drugs that are or become available generically are subject to review by the P&T Committee. Wellfleet Rx approves such multi- source drugs for addition to the MAC list based on the following criteria:

- A multi- source drug product manufactured by at least one (1) nationally marketed company.

- At least one (1) of the generic manufacturer's products must have an "A" rating or the generic product has been determined to be unassociated with efficacy, safety or bio-equivalency 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:

- Faxing a completed Medication Request Form to 858.790.7100.
- Contacting Wellfleet Rx at 800.482.1285 and providing all necessary information requested.

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

## **6. General Exclusions**

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

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

## **7. Pharmacist and Physician Communication**

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

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Drug	Status	Notes
<b>Allergy</b>		
<b>Antihistamines - 1st Generation</b>		
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	Tier 1	Age (Min 2 Years)
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 1	Age (Min 2 Years)
<i>clemastine oral tablet 2.68 mg</i>	Tier 1	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	Tier 1	
<i>cyproheptadine oral tablet 4 mg</i>	Tier 1	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	Tier 1	
<i>diphenhydramine hcl injection syringe 50 mg/ml</i>	Tier 1	
<i>diphenhydramine in 0.9 % nacl intravenous piggyback 25 mg/50 ml, 50 mg/50 ml</i>	Tier 1	
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	Tier 1	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	Tier 1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	
<i>hydroxyzine pamoate oral capsule 100 mg</i>	Tier 1	
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i> (Vistaril)	Tier 1	
<i>promethazine in 0.9 % nacl intravenous piggyback 25 mg/50 ml</i>	Tier 1	
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i> (Phenergan)	Tier 1	
<i>promethazine injection syringe 25 mg/ml</i>	Tier 1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	Tier 1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<b>Antihistamines - 2nd Generation</b>		
<i>cetirizine oral solution 1 mg/ml</i> (All Day Allergy (cetirizine))	Tier 1	
<i>desloratadine oral tablet 5 mg</i> (Clarinet)	Tier 1	QL (1 EA per 1 day)
<i>desloratadine oral tablet, disintegrating 2.5 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>levocetirizine oral solution 2.5 mg/5 ml</i> (Xyzal)	Tier 1	QL (10 ML per 1 day)
<i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief)	Tier 1	
<b>Nasal Antihistamine</b>		
ASTEPRO NASAL SPRAY, NON-AEROSOL 0.15 % (205.5 MCG)	Tier 3	QL (60 ML per 30 days)
<i>azelastine nasal aerosol, spray 137 mcg (0.1 %)</i>	Tier 1	QL (60 ML per 30 days)
<i>azelastine nasal spray, non-aerosol 0.15 % (205.5 mcg)</i> (Astepro)	Tier 1	QL (60 ML per 30 days)
<i>olopatadine nasal spray, non-aerosol 0.6 %</i> (Patanase)	Tier 2	QL (30.5 GM per 30 days)
<b>Nasal Antihistamine &amp; Anti-Inflam. Steroid Comb.</b>		

Drug	Status	Notes
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 Dymista, Flunisolide, or Fluticasone Propionate in the past 365 days
<b>Nasal Anti-Inflammatory Steroids</b>		
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	Tier 1	QL (25 ML per 30 days)
<i>fluticasone nasal spray, suspension 50 mcg/actuation</i> (24 Hour Allergy Relief)	Tier 1	QL (16 GM per 30 days)
<i>mometasone nasal spray, non-aerosol 50 mcg/actuation</i> (Nasonex)	Tier 2	QL (17 GM per 30 days)
OMNARIS NASAL SPRAY, NON-AEROSOL 50 MCG	Tier 3	ST: At least 2 prior prescriptions for Budesonide, Flunisolide, Fluticasone Propionate, Mometasone Furoate, or Qnasl in the past 365 days
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	Tier 2	QL (4.9 GM per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	Tier 2	QL (8.7 GM per 30 days)
SINUVA NASAL IMPLANT 1,350 MCG	Tier 3	PA
TICANASE NASAL KIT, SPRAY SUSPENSION AND SPRAY 50 MCG- 0.9 %	Tier 3	ST: Prior prescription for Dymista, Flunisolide, or Fluticasone Propionate in the past 365 days
TICASPRAY NASAL KIT, SPRAY SUSPENSION AND SPRAY 50 MCG- 0.9 %	Tier 3	ST: Prior prescription for Dymista, Flunisolide, or Fluticasone Propionate in the past 365 days
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	Tier 3	ST: At least 2 prior prescriptions for Budesonide, Flunisolide, Fluticasone Propionate, Mometasone Furoate, Qnasl Children, or Qnasl in the past 365 days; QL (16 ML per 30 days)
<b>Antiemesis/Antivertigo</b>		
<b>Antiemetic/Antivertigo Agents</b>		
AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN 235-0.25 MG	Tier 3	
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	Tier 2	QL (1 EA per 28 days)
<i>aprepitant oral capsule 125 mg</i> (Emend)	Tier 1	QL (1 EA per 21 days)
<i>aprepitant oral capsule 40 mg</i> (Emend)	Tier 1	QL (1 EA per 28 days)
<i>aprepitant oral capsule 80 mg</i> (Emend)	Tier 1	QL (2 EA per 21 days)



Drug	Status	Notes
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend)	Tier 1	QL (3 EA per 21 days)
CINVANTI INTRAVENOUS EMULSION 7.2 MG/ML	Tier 3	
COMPRO RECTAL SUPPOSITORY 25 MG	Tier 1	
DICLEGIS ORAL TABLET, DELAYED RELEASE (DR/EC) 10-10 MG	Tier 3	QL (4 EA per 1 day)
<i>dimenhydrinate injection solution 50 mg/ml</i>	Tier 1	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)	Tier 1	ST: Prior prescription for Emend, a 5HT3 Antagonist, or a Corticosteroid in the past 120 days; QL (2 EA per 1 day)
EMEND (FOSAPREPITANT) INTRAVENOUS RECON SOLN 150 MG	Tier 3	
EMEND ORAL CAPSULE 125 MG	Tier 3	QL (1 EA per 21 days)
EMEND ORAL CAPSULE 40 MG	Tier 3	QL (1 EA per 28 days)
EMEND ORAL CAPSULE 80 MG	Tier 3	QL (2 EA per 21 days)
EMEND ORAL CAPSULE, DOSE PACK 125 MG (1)- 80 MG (2)	Tier 3	QL (3 EA per 21 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	Tier 3	QL (3 EA per 21 days)
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml), 100 mcg/ml</i>	Tier 1	
<i>granisetron hcl intravenous solution 1 mg/ml, 1 mg/ml (1 ml)</i>	Tier 1	
<i>granisetron hcl oral tablet 1 mg</i>	Tier 1	ST: Prior prescription for Ondansetron HCL or Ondansetron in the past 120 days; QL (8 EA per 30 days)
<i>meclizine oral tablet 12.5 mg</i>	Tier 1	
<i>meclizine oral tablet 25 mg</i> (Dramamine Less Drowsy)	Tier 1	
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>	Tier 1	
<i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i>	Tier 1	
<i>ondansetron hcl intravenous solution 2 mg/ml</i>	Tier 1	
<i>ondansetron hcl oral solution 4 mg/5 ml</i> (Zofran)	Tier 1	QL (50 ML per 15 days)
<i>ondansetron hcl oral tablet 24 mg</i>	Tier 1	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i> (Zofran)	Tier 1	
<i>ondansetron in 0.9 % sod chlor intravenous piggyback 16 mg/100 ml, 16 mg/50 ml, 8 mg/50 ml</i>	Tier 1	
<i>ondansetron in d5w intravenous piggyback 8 mg/50 ml</i>	Tier 1	
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	Tier 1	
<i>palonosetron intravenous solution 0.25 mg/2 ml</i>	Tier 3	

Drug	Status	Notes
<i>palonosetron intravenous solution 0.25 mg/5 ml</i> (Aloxi)	Tier 1	
<i>palonosetron intravenous syringe 0.25 mg/5 ml</i>	Tier 1	
PHENADOZ RECTAL SUPPOSITORY 12.5 MG, 25 MG	Tier 1	
PHENERGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG	Tier 2	
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml), 5 mg/ml</i>	Tier 1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)	Tier 1	
<i>prochlorperazine rectal suppository 25 mg</i> (Compazine)	Tier 1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i> (Phenadoz)	Tier 1	
<i>promethazine rectal suppository 50 mg</i> (Phenergan)	Tier 1	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG	Tier 1	
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	Tier 2	ST: Prior prescription for Ondansetron HCL or Ondansetron in the past 120 days; QL (1 EA per 7 days)
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> (Transderm-Scop)	Tier 1	
SYNDROS ORAL SOLUTION 5 MG/ML	Tier 3	ST: Prior prescription for Dronabinol in the past 120 days; QL (60 ML per 30 days)
<i>trimethobenzamide oral capsule 300 mg</i> (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 SOLUTION 4 MG/5 ML	Tier 3	QL (50 ML per 15 days)
ZOFRAN ORAL TABLET 4 MG, 8 MG	Tier 3	
ZUPLENZ ORAL FILM 4 MG, 8 MG	Tier 3	ST: Prior prescription for Granisetron HCL, Ondansetron HCL, or Ondansetron in the past 120 days
<b>Asthma And Copd</b>		
<b>5-Lipoxygenase Inhibitors</b>		
<i>zileuton oral tablet, er multiphase 12 hr 600 mg</i> (Zyflo CR)	Tier 2	
ZYFLO ORAL TABLET 600 MG	Tier 3	
<b>Anticholinergic, Orally Inhaled Short Acting</b>		
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	Tier 2	QL (25.8 GM per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	Tier 1	
<b>Anticholinergics, Orally Inhaled Long Acting</b>		

Drug	Status	Notes
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	Tier 2	ST: Prior prescription for Spiriva Respimat or Spiriva in the past 120 days; QL (30 EA per 30 days)
LONHALA MAGNAIR REFILL INHALATION SOLUTION FOR NEBULIZATION 25 MCG/ML	Tier 3	ST: Prior prescription for Incruse Ellipta, Spiriva Respimat, Spiriva, or Tudorza Pressair 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, Spiriva Respimat, Spiriva, or Tudorza Pressair 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, Spiriva Respimat, Spiriva, or Tudorza Pressair in the past 120 days
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	Tier 2	QL (4 GM per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	Tier 2	QL (1 EA per 1 day)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION	Tier 2	
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	Tier 3	QL (3 ML per 1 day)
<b>Beta-Adrenergic Agents</b>		
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	Tier 1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	Tier 1	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	Tier 1	
<i>metaproterenol oral syrup 10 mg/5 ml</i>	Tier 1	
<i>metaproterenol oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	Tier 1	
<i>terbutaline subcutaneous solution 1 mg/ml</i>	Tier 1	
<b>Beta-Adrenergic Agents, Inhaled, Short Acting</b>		
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i>	Tier 1	
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/3 ml</i> (Xopenex)	Tier 1	
<i>levalbuterol hcl inhalation solution for nebulization 1.25 mg/0.5 ml</i> (Xopenex Concentrate)	Tier 1	
PROAIR HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	Tier 2	

Drug	Status	Notes
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	Tier 2	
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	Tier 2	
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	
<b>Beta-Adrenergic Agents, Inhaled, Ultra-Long Acting</b>		
ARCAPTA NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE 75 MCG	Tier 2	QL (30 EA per 30 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	Tier 2	QL (4 GM per 30 days)
<b>Beta-Adrenergic Agents, Orally Inhaled, Long Acting</b>		
PERFORMIST 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)
<b>Beta-Adrenergic And Anticholinergic Combinations</b>		
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	Tier 2	QL (60 EA per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	Tier 2	
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	Tier 2	
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	Tier 1	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	Tier 2	QL (4 GM per 30 days)
UTIBRON NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE 27.5-15.6 MCG	Tier 3	ST: Prior prescription for Anoro Ellipta, Bevespi Aerosphere, or Stiolto Respimat in the past 120 days
<b>Beta-Adrenergic And Glucocorticoid Combinations</b>		
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	Tier 2	QL (2 EA per 1 day)
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 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 Diskus, Advair HFA, Breo Ellipta, Dulera, Fluticasone/salmeterol, or Symbicort in the past 120 days

Drug	Status	Notes
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	Tier 2	QL (13 GM per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i> (AirDuo RespiClick)	Tier 1	ST: Prior prescription for Advair Diskus, Advair HFA, Breo Ellipta, Dulera, Fluticasone/salmeterol, or Symbicort in the past 120 days
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	Tier 2	QL (10.2 GM per 30 days)
<b>Beta-Adrenergic-Anticholinergic-Glucocort, Inhaled</b>		
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	Tier 3	ST: Prior prescription for Anoro Ellipta or Stiolto Respimat in the past 120 days; QL (60 EA per 30 days)
<b>Glucocorticoids, Orally Inhaled</b>		
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	Tier 3	ST: Prior prescription for Asmanex HFA, Asmanex, Qvar Redihaler, or Qvar in the past 365 days; QL (30 EA per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION	Tier 2	QL (13 GM per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (30 DOSES), 220 MCG (120 DOSES), 220 MCG (30 DOSES), 220 MCG (60 DOSES)	Tier 2	QL (1 EA per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i> (Pulmicort)	Tier 1	QL (120 ML per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i> (Pulmicort)	Tier 1	QL (60 ML per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	Tier 3	ST: Prior prescription for Asmanex HFA, Asmanex, Qvar Redihaler, or Qvar in the past 365 days; QL (60 EA per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	Tier 3	ST: Prior prescription for Asmanex HFA, Asmanex, Qvar Redihaler, or Qvar in the past 365 days; QL (120 EA per 30 days)

Drug	Status	Notes
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	Tier 3	ST: Prior prescription for Asmanex HFA, Asmanex, Qvar Redihaler, or Qvar in the past 365 days; QL (12 GM per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	Tier 3	ST: Prior prescription for Asmanex HFA, Asmanex, Qvar Redihaler, or Qvar in the past 365 days; QL (24 GM per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	Tier 3	ST: Prior prescription for Asmanex HFA, Asmanex, Qvar Redihaler, or Qvar in the past 365 days; QL (21.2 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	Tier 3	ST: At least 2 prior prescriptions for Asmanex HFA, Asmanex, Qvar Redihaler, or Qvar in the past 365 days; QL (1 EA per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	Tier 2	QL (21.2 GM per 30 days)
<b>Interleukin-4(IL-4) Receptor Alpha Antagonist, Mab</b>		
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	Tier 2	PA; SP
<b>Interleukin-5(IL-5) Receptor Alpha Antagonist, Mab</b>		
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	Tier 3	PA; SP
<b>Leukotriene Receptor Antagonists</b>		
ACCOLATE ORAL TABLET 10 MG, 20 MG	Tier 3	
<i>montelukast oral granules in packet 4 mg</i> (Singulair)	Tier 1	
<i>montelukast oral tablet 10 mg</i> (Singulair)	Tier 1	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i> (Singulair)	Tier 1	
<i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate)	Tier 2	
<b>Mast Cell Stabilizers</b>		
<i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom)	Tier 1	
<b>Mast Cell Stabilizers, Orally Inhaled</b>		
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	Tier 1	
<b>Monoclonal Antibodies To Immunoglobulin E(Ige)</b>		
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
<b>Monoclonal Antibody - Interleukin-5 Antagonists</b>		

Drug	Status	Notes
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	Tier 3	PA; SP
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	Tier 2	PA; SP
<b>Phosphodiesterase-4 (Pde4) Inhibitors</b>		
DALIRESP ORAL TABLET 250 MCG, 500 MCG	Tier 2	QL (1 EA per 1 day)
<b>Respiratory Aids, Devices, Equipment</b>		
AEROBIKA OSCILLATING PEP SYSTM DEVICE	Tier 3	
AEROGear ACTION ASTHMA KIT KIT	Tier 3	
ASTHMAPACK CHILDREN'S KIT	Tier 3	
MINI WRIGHT PEAK FLOW METER DEVICE	Tier 3	
MINI-WRIGHT PEAK FLOW METER DEVICE	Tier 3	
MISTASSIST KIT DEVICE	Tier 3	
PROVENT NASAL DEVICE	Tier 3	
PROVENT STARTER NASAL DEVICE	Tier 3	
QUAKE VIBRATORY PEP DEVICE	Tier 3	
TRUZONE PEAK FLOW METER DEVICE	Tier 3	
<b>Xanthines</b>		
<i>aminophylline intravenous solution 250 mg/10 ml, 500 mg/20 ml</i>	Tier 1	
<i>caffeine citrate intravenous solution 60 mg/3 ml (20 mg/ml)</i> (Cafcit)	Tier 1	
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	Tier 1	
<i>caffeine-sodium benzoate injection solution 250 mg/ml (125 mg/ml caffeine)</i>	Tier 1	
THEOCHRON ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 300 MG	Tier 1	
<i>theophylline in dextrose 5 % intravenous parenteral solution 200 mg/100 ml, 200 mg/50 ml, 400 mg/250 ml, 400 mg/500 ml, 800 mg/250 ml</i>	Tier 1	
<i>theophylline oral solution 80 mg/15 ml</i>	Tier 1	
<i>theophylline oral tablet extended release 12 hr</i> (Theochron) 100 mg, 200 mg, 300 mg	Tier 1	
<i>theophylline oral tablet extended release 12 hr</i> 450 mg	Tier 1	
<i>theophylline oral tablet extended release 24 hr</i> 400 mg, 600 mg	Tier 1	
<b>Autonomic Nervous System Disorders</b>		
<b>Alzheimer's Therapy, Nmda Receptor Antagonists</b>		
<i>memantine oral capsule, sprinkle, er 24hr</i> 14 mg, 21 mg, 28 mg, 7 mg (Namenda XR)	Tier 1	QL (30 EA per 30 days)
<i>memantine oral solution 2 mg/ml</i>	Tier 1	QL (300 ML per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i> (Namenda)	Tier 1	QL (60 EA per 30 days)
NAMENDA ORAL TABLET 10 MG, 5 MG	Tier 3	QL (60 EA per 30 days)

Drug	Status	Notes
<b>Alzheimer's Thx,Nmda Recept Antag &amp; Cholines Inhib</b>		
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	Tier 2	ST: At least 2 prior prescriptions for Donepezil HCL, Memantine HCL, or Namenda XR in the past 365 days; QL (28 EA per 28 days)
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	Tier 2	ST: At least 2 prior prescriptions for Donepezil HCL, Memantine HCL, or Namenda XR in the past 365 days; QL (1 EA per 1 day)
<b>Cholinesterase Inhibitors</b>		
ARICEPT ORAL TABLET 23 MG, 5 MG	Tier 3	
BLOXIVERZ INTRAVENOUS SOLUTION 0.5 MG/ML	Tier 2	
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i> (Aricept)	Tier 1	
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	Tier 1	
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i> (Razadyne ER)	Tier 1	QL (30 EA per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	Tier 1	QL (200 ML per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i> (Razadyne)	Tier 1	QL (60 EA per 30 days)
MESTINON ORAL SYRUP 60 MG/5 ML	Tier 2	
<i>neostigmine in sterile water injection syringe 5 mg/5 ml</i>	Tier 1	
<i>neostigmine methylsulfate intravenous solution 0.5 mg/ml, 1 mg/ml</i> (Bloxiverz)	Tier 1	
<i>neostigmine methylsulfate intravenous syringe 2 mg/2 ml (1 mg/ml), 3 mg/3 ml (1 mg/ml), 4 mg/4 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml)</i>	Tier 1	
<i>physostigmine salicylate injection solution 1 mg/ml</i>	Tier 1	
<i>pyridostigmine bromide oral tablet 60 mg</i> (Mestinon)	Tier 1	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i> (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	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	Tier 1	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hr, 9.5 mg/24 hr</i> (Exelon)	Tier 1	QL (30 EA per 30 days)
<b>Behavioral Health - Antidepressants</b>		
<b>Alpha-2 Receptor Antagonist Antidepressants</b>		
<i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)	Tier 1	



Drug	Status	Notes
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	Tier 1	
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab)	Tier 1	
<b>Maois - Non-Selective &amp; Irreversible</b>		
MARPLAN ORAL TABLET 10 MG	Tier 3	ST: Prior prescription for Phenelzine Sulfate or Tranylcypromine Sulfate in the past 120 days
<i>phenelzine oral tablet 15 mg</i> (Nardil)	Tier 1	
<i>tranylcypromine oral tablet 10 mg</i> (Parnate)	Tier 2	
<b>Norepinephrine And Dopamine Reuptake Inhib (Ndris)</b>		
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	Tier 1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL)	Tier 1	
<i>bupropion hcl oral tablet extended release 24 hr 450 mg</i> (Forfivo XL)	Tier 1	ST: Prior prescription for Bupropion HCL in the past 120 days
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR)	Tier 1	
<b>Selective Serotonin Reuptake Inhibitor (SsrIs)</b>		
<i>citalopram oral solution 10 mg/5 ml</i>	Tier 1	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i> (Celexa)	Tier 1	
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	Tier 1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (Lexapro)	Tier 1	
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i> (Prozac)	Tier 1	
<i>fluoxetine oral capsule, delayed release (dr/ec) 90 mg</i>	Tier 1	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>fluoxetine oral tablet 10 mg, 20 mg</i> (Sarafem)	Tier 2	
<i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i>	Tier 2	QL (2 EA per 1 day)
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> (Paxil)	Tier 1	
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i> (Paxil CR)	Tier 1	
<i>paroxetine mesylate (menop.sym) oral capsule 7.5 mg</i> (Brisdelle)	Tier 1	ST: Prior prescription for Paroxetine HCL or Venlafaxine HCL in the past 120 days; QL (1 EA per 1 day)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG, 25 MG, 37.5 MG	Tier 3	
PAXIL ORAL SUSPENSION 10 MG/5 ML	Tier 3	
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG	Tier 3	

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, Paxil, Sertraline HCL, or Venlafaxine HCL in the past 365 days
<i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)	Tier 1	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)	Tier 1	
<b>Serotonin-2 Antagonist/Reuptake Inhibitors (Saris)</b>		
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 1	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	Tier 1	
<b>Serotonin-Norepinephrine Reuptake-Inhib (Snris)</b>		
<i>desvenlafaxine fumarate oral tablet extended release 24hr 100 mg, 50 mg</i>	Tier 3	ST: At least 2 prior prescriptions for Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Paxil, Sertraline HCL, or Venlafaxine HCL in the past 365 days; QL (1 EA per 1 day)
<i>desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg</i>	Tier 3	ST: Prior prescription for Desvenlafaxine Succinate, Duloxetine HCL, Fetzima, or Venlafaxine HCL in the past 120 days; QL (1 EA per 1 day)
<i>desvenlafaxine oral tablet extended release 24hr 100 mg, 50 mg</i> (Khedeza)	Tier 1	ST: Prior prescription for Desvenlafaxine Succinate, Duloxetine HCL, Fetzima, or Venlafaxine HCL in the past 120 days; QL (1 EA per 1 day)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq)	Tier 1	QL (1 EA per 1 day)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i> (Cymbalta)	Tier 1	QL (2 EA per 1 day)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	Tier 2	QL (2 EA per 1 day)

Drug	Status	Notes
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, Paxil, Sertraline HCL, or Venlafaxine HCL in the past 365 days; QL (1 EA per 1 day)
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, Paxil, Sertraline HCL, or Venlafaxine HCL in the past 365 days; QL (1 EA per 1 day)
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 100 MG, 50 MG	Tier 3	ST: Prior prescription for Desvenlafaxine Succinate, Duloxetine HCL, Fetzima, or Venlafaxine HCL in the past 120 days; QL (1 EA per 1 day)
<i>venlafaxine oral capsule,extended release</i> (Effexor XR) <i>24hr 150 mg, 37.5 mg, 75 mg</i>	Tier 1	
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Tier 1	
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>	Tier 2	
<b>Ssri &amp; 5Ht1a Partial Agonist Antidepressant</b>		
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, Paxil, Sertraline HCL, or Venlafaxine HCL in the past 365 days; QL (1 EA per 1 day)

Drug	Status	Notes
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, Paxil, Sertraline HCL, or Venlafaxine HCL in the past 365 days; QL (1 EA per 1 day)
<b>Ssri &amp; Serotonin Receptor Modulator Antidepressant</b>		
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, Paxil, Sertraline HCL, or Venlafaxine HCL in the past 365 days; QL (1 EA per 1 day)
<b>Tricyclic Antidepressant/Benzodiazepine Combinatns</b>		
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	Tier 1	
<b>Tricyclic Antidepressant/Phenothiazine Combinatns</b>		
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	Tier 1	
<b>Tricyclic Antidepressants &amp; Rel. Non-Sel. Ru-Inhib</b>		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	Tier 1	
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil)	Tier 2	
<i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)	Tier 2	
<i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	Tier 2	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxepin oral concentrate 10 mg/ml</i>	Tier 1	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i> (Tofranil)	Tier 1	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	Tier 2	
<i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor)	Tier 1	

Drug	Status	Notes
<i>nortriptyline oral solution 10 mg/5 ml</i>	Tier 1	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	Tier 2	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i> (Surmontil)	Tier 1	
<b>Behavioral Health - Other</b>		
<b>Adrenergics, Aromatic, Non-Catecholamine</b>		
ADZENYS ER ORAL SUSPEN, IR - ER, BIPHASIC 24HR 1.25 MG/ML	Tier 3	ST: Prior prescription for Dextroamphetamine/amphetamine or Methylphenidate HCL 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 or Methylphenidate HCL in the past 120 days
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i> (Evekeo)	Tier 1	PA
<i>dextroamphetamine oral capsule, extended release 10 mg, 5 mg</i> (Dexedrine Spansule)	Tier 1	QL (60 EA per 30 days)
<i>dextroamphetamine oral capsule, extended release 15 mg</i> (Dexedrine Spansule)	Tier 1	QL (120 EA per 30 days)
<i>dextroamphetamine oral solution 5 mg/5 ml</i> (ProCentra)	Tier 1	QL (1800 ML per 30 days)
<i>dextroamphetamine oral tablet 10 mg</i> (Zenzedi)	Tier 1	QL (180 EA per 30 days)
<i>dextroamphetamine oral tablet 5 mg</i> (Zenzedi)	Tier 1	QL (90 EA per 30 days)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg</i> (Adderall XR)	Tier 1	QL (1 EA per 1 day); Age (Max 18 Years)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg</i> (Adderall XR)	Tier 1	QL (2 EA per 1 day); Age (Max 18 Years)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall)	Tier 1	QL (2 EA per 1 day)
<i>methamphetamine oral tablet 5 mg</i> (Desoxyn)	Tier 1	QL (150 EA per 30 days)
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG	Tier 3	ST: Prior prescription for generic Dextroamphetamine/amphetamine in the past 120 days; QL (1 EA per 1 day)
PROCENTRA ORAL SOLUTION 5 MG/5 ML	Tier 2	QL (1800 ML per 30 days)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	Tier 2	ST: Prior prescription for a generic SSRI, Topiramate, a Generic/Multisource Mixed Amphetamine Salts (Adderall IR/XR), or Methylphenidate (IR, ER, LA, CD) in the past 120 days; QL (1 EA per 1 day)

Drug	Status	Notes
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	Tier 2	ST: Prior prescription for a generic SSRI, Topiramate, a Generic/Multisource Mixed Amphetamine Salts (Adderall IR/XR), or Methylphenidate (IR, ER, LA, CD) 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)
<b>Anti-Alcoholic Preparations</b>		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	Tier 1	
ANTABUSE ORAL TABLET 250 MG, 500 MG	Tier 3	
<i>disulfiram oral tablet 250 mg, 500 mg</i> (Antabuse)	Tier 1	
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG	Tier 2	SP
<b>Anti-Anxiety - Benzodiazepines</b>		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	Tier 2	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> (Xanax)	Tier 1	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i> (Xanax XR)	Tier 1	
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	Tier 1	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg</i>	Tier 1	
<i>clorazepate dipotassium oral tablet 7.5 mg</i> (Tranxene T-Tab)	Tier 1	
<i>diazepam injection solution 5 mg/ml</i>	Tier 1	
<i>diazepam injection syringe 5 mg/ml</i>	Tier 1	
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	Tier 1	
<i>diazepam oral concentrate 5 mg/ml</i> (Diazepam Intensol)	Tier 1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	Tier 1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)	Tier 1	
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	Tier 1	
<i>lorazepam oral concentrate 2 mg/ml</i> (Lorazepam Intensol)	Tier 1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Ativan)	Tier 1	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	Tier 1	
<b>Anti-Anxiety Drugs</b>		
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	Tier 1	
<b>Anti-Mania Drugs</b>		

Drug	Status	Notes
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	Tier 3	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	Tier 1	
<i>lithium carbonate oral tablet 300 mg</i>	Tier 1	
<i>lithium carbonate oral tablet extended release (Lithobid) 300 mg</i>	Tier 1	
<i>lithium carbonate oral tablet extended release 450 mg</i>	Tier 1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	Tier 1	
<b>Anti-Narcolepsy &amp; Anti-Cataplexy, Sedative- Type Agt</b>		
XYREM ORAL SOLUTION 500 MG/ML	Tier 3	PA; SP
<b>Antipsych, Dopamine Antag., Diphenylbutylpiperidines</b>		
<i>pimozide oral tablet 1 mg, 2 mg</i> (Orap)	Tier 1	
<b>Antipsychotic-Atypical, D3/D2 Partial Ag-5Ht Mixed</b>		
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	Tier 3	ST: At least 2 prior prescriptions for two generic atypical antipsychotics 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 two generic atypical antipsychotics in the past 365 days; QL (7 EA per 28 days)
<b>Antipsychotics, Atyp, D2 Partial Agonist/5Ht Mixed</b>		
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
ABILIFY MYCITE ORAL TABLET WITH SENSOR AND PATCH 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	Tier 3	SP; ST: At least 2 prior prescriptions for two generic atypical antipsychotics in the past 365 days
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 1	ST: At least 2 prior prescriptions for two generic atypical antipsychotics or antidepressants in the past 365 days; QL (30 ML per 1 day)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)	Tier 1	QL (1 EA per 1 day)

Drug	Status	Notes
<i>aripiprazole oral tablet, disintegrating 10 mg</i>	Tier 1	ST: At least 2 prior prescriptions for two generic atypical antipsychotics or antidepressants in the past 365 days; QL (3 EA per 1 day)
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	Tier 1	ST: At least 2 prior prescriptions for two generic atypical antipsychotics or antidepressants 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	Tier 3	SP
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 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 two generic atypical antipsychotics in the past 365 days; QL (1 EA per 1 day)
<b>Antipsychotics, Dopamine &amp; Serotonin Antagonists</b>		
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG	Tier 3	SP
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	
<b>Antipsychotics, Atypical, Dopamine, &amp; Serotonin Antag</b>		
<i>clozapine oral tablet 100 mg, 25 mg</i> (Clozaril)	Tier 1	QL (3 EA per 1 day)
<i>clozapine oral tablet 200 mg, 50 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 25 mg</i> (FazaClo)	Tier 1	ST: At least 2 prior prescriptions for two generic atypical antipsychotics in the past 365 days; QL (3 EA per 1 day)
<i>clozapine oral tablet, disintegrating 150 mg, 200 mg</i> (FazaClo)	Tier 1	ST: Prior prescription for Clozapine in the past 120 days; QL (3 EA per 1 day)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 3	ST: At least 2 prior prescriptions for two generic atypical antipsychotics in the past 365 days; QL (2 EA per 1 day)



Drug	Status	Notes
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	Tier 3	ST: At least 2 prior prescriptions for two generic atypical antipsychotics in the past 365 days; QL (8 EA per 28 days)
FAZACLO ORAL TABLET,DISINTEGRATING 100 MG, 12.5 MG, 150 MG, 200 MG, 25 MG	Tier 3	ST: At least 2 prior prescriptions for two generic atypical antipsychotics in the past 365 days; QL (3 EA per 1 day)
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG	Tier 3	QL (2 EA per 1 day)
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 two generic atypical antipsychotics 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 two generic atypical antipsychotics in the past 365 days; QL (60 EA per 30 days)
<i>olanzapine intramuscular recon soln 10 mg</i> (Zyprexa)	Tier 1	QL (1 EA per 1 day)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> (Zyprexa)	Tier 1	QL (1 EA per 1 day)
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i> (Zyprexa Zydis)	Tier 1	QL (1 EA per 1 day)
<i>paliperidone oral tablet extended release 24hr</i> (Invega) <i>1.5 mg, 3 mg, 9 mg</i>	Tier 2	ST: At least 2 prior prescriptions for two generic atypical antipsychotics in the past 365 days; QL (1 EA per 1 day)
<i>paliperidone oral tablet extended release 24hr</i> (Invega) <i>6 mg</i>	Tier 2	ST: At least 2 prior prescriptions for two generic atypical antipsychotics in the past 365 days; QL (2 EA per 1 day)
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION,EXTEND REL SYR KIT 120 MG, 90 MG	Tier 3	SP
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel)	Tier 1	QL (3 EA per 1 day)
<i>quetiapine oral tablet extended release 24 hr</i> (Seroquel XR) <i>150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1	QL (1 EA per 1 day)

Drug	Status	Notes
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	Tier 2	SP
RISPERDAL ORAL SOLUTION 1 MG/ML	Tier 3	QL (8 ML per 1 day)
RISPERDAL ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 3	QL (2 EA per 1 day)
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	Tier 1	QL (8 ML per 1 day)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)	Tier 1	QL (2 EA per 1 day)
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	QL (2 EA per 1 day)
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 3	ST: At least 2 prior prescriptions for two generic atypical antipsychotics in the past 365 days; QL (2 EA per 1 day)
SEROQUEL XR ORAL TABLET, EXT REL 24HR DOSE PACK 50 MG(3)-200 MG (1)-300 MG(11)	Tier 3	
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon)	Tier 1	QL (2 EA per 1 day)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG	Tier 3	SP
ZYPREXA ZYDIS ORAL TABLET, DISINTEGRATING 10 MG, 15 MG, 20 MG, 5 MG	Tier 3	QL (1 EA per 1 day)
<b>Antipsychotics, Dopamine Antagonists, Thioxanthenes</b>		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	
<b>Antipsychotics, Dopamine Antagonists, Butyrophenones</b>		
<i>droperidol injection solution 2.5 mg/ml</i>	Tier 1	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i> (Haldol Decanoate)	Tier 1	
<i>haloperidol lactate injection solution 5 mg/ml</i> (Haldol)	Tier 1	
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	Tier 1	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	Tier 1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	Tier 1	
<b>Antipsychotics, Dopamine Antagonist, Dihydroindolones</b>		
<i>molindone oral tablet 10 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>molindone oral tablet 25 mg</i>	Tier 1	QL (9 EA per 1 day)
<i>molindone oral tablet 5 mg</i>	Tier 1	
<b>Anti-Psychotics, Phenothiazines</b>		
<i>chlorpromazine injection solution 25 mg/ml</i>	Tier 1	

Drug	Status	Notes
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	Tier 1	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	Tier 1	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	Tier 1	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	Tier 1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	Tier 1	
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	
<b>Barbiturates</b>		
AMYTAL INJECTION RECON SOLN 500 MG	Tier 1	
LUMINAL INJECTION SYRINGE 130 MG/ML	Tier 3	
NEMBUTAL SODIUM INJECTION SOLUTION 50 MG/ML	Tier 2	
<i>pentobarbital sodium injection solution 50 mg/ml</i> (Nembutal Sodium)	Tier 1	
<i>phenobarbital in 0.9 % sod chl intravenous solution 10 mg/ml (1 ml)</i>	Tier 1	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	Tier 1	
<i>phenobarbital sodium injection solution 130 mg/ml, 65 mg/ml</i>	Tier 1	
SECONAL SODIUM ORAL CAPSULE 100 MG	Tier 2	
<b>Benzodiazepine Antagonists</b>		
<i>flumazenil intravenous solution 0.1 mg/ml</i>	Tier 1	
<b>Central Nervous System Stimulants</b>		
DOPRAM INTRAVENOUS SOLUTION 20 MG/ML	Tier 3	
<i>doxapram intravenous solution 20 mg/ml</i> (Dopram)	Tier 1	
<b>Hsdd Agents-Mixed Serotonin Agonist/Antagonists</b>		
ADDYI ORAL TABLET 100 MG	Tier 3	PA
<b>Hypnotics, Melatonin Mt1/Mt2 Receptor Agonists</b>		
HETLIOZ ORAL CAPSULE 20 MG	Tier 3	PA; SP
<b>Monoamine Oxidase(Mao) Inhibitors</b>		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	Tier 3	ST: Prior prescription for Rasagiline Mesylate or Selegiline HCL in the past 120 days; QL (1 EA per 1 day)

Drug	Status	Notes
<b>Narcolepsy And Sleep Disorder Therapy Agents</b>		
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)
<b>Narcotic Antagonists</b>		
naloxone injection solution 0.4 mg/ml	Tier 1	
naloxone injection syringe 0.4 mg/ml, 1 mg/ml	Tier 1	
naltrexone oral tablet 50 mg	Tier 1	
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	Tier 2	QL (4 EA per 30 days)
<b>Sedative-Hypnotics - Benzodiazepines</b>		
estazolam oral tablet 1 mg, 2 mg	Tier 1	
flurazepam oral capsule 15 mg, 30 mg	Tier 1	
lorazepam in 0.9% sod chloride intravenous solution 100 mg/100 ml (1 mg/ml)	Tier 1	
lorazepam in dextrose 5 % intravenous solution 100 mg/100 ml (1 mg/ml)	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 1	
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg (Restoril)	Tier 1	
triazolam oral tablet 0.125 mg	Tier 1	
triazolam oral tablet 0.25 mg (Halcion)	Tier 1	
<b>Sedative-Hypnotics, Non-Barbiturate</b>		
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) (Precedex in 0.9 % sodium chlor)	Tier 1	
dexmedetomidine in 0.9 % nacl intravenous syringe 20 mcg/10 ml (2 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	
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)

Drug	Status	Notes
INTERMEZZO SUBLINGUAL TABLET 1.75 MG, 3.5 MG	Tier 3	ST: Prior prescription for Eszopiclone, Zaleplon, or Zolpidem Tartrate in the past 120 days
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)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)	Tier 1	QL (1 EA per 1 day)
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i> (Ambien CR)	Tier 1	QL (1 EA per 1 day)
<i>zolpidem sublingual tablet 1.75 mg, 3.5 mg</i> (Intermezzo)	Tier 1	ST: Prior prescription for Eszopiclone, Zaleplon, or Zolpidem Tartrate within the past 120 days
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
<b>Selective Serotonin 5-Ht2a Inverse Agonists (Ssia)</b>		
NUPLAZID ORAL CAPSULE 34 MG	Tier 3	PA; SP
NUPLAZID ORAL TABLET 10 MG, 17 MG	Tier 3	PA; SP
<b>Ssri &amp; Antipsych, Atyp, Dopamine &amp; Serotonin Antag Comb</b>		
<i>olanzapine-fluoxetine oral capsule 12-25 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>olanzapine-fluoxetine oral capsule 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i> (Symbyax)	Tier 1	QL (1 EA per 1 day)
SYMBYAX ORAL CAPSULE 12-50 MG, 3-25 MG, 6-25 MG, 6-50 MG	Tier 3	QL (1 EA per 1 day)
<b>Tx For Adhd - Selective Alpha-2A Receptor Agonist</b>		
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i> (Kapvay)	Tier 1	QL (120 EA per 30 days)
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv ER)	Tier 1	QL (1 EA per 1 day)
<b>Tx For Attention Deficit-Hyperact(Adhd)/Narcolepsy</b>		
COTEMPLA XR-ODT ORAL TABLET, DISINTEG ER BIPHASE 24H 17.3 MG, 25.9 MG, 8.6 MG	Tier 3	ST: Prior prescription for generic Methylphenidate HCL in the past 120 days; QL (2 EA per 1 day)

Drug	Status	Notes
<i>dexmethylphenidate oral capsule, er biphasic</i> (Focalin XR) 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	Tier 1	QL (1 EA per 1 day); Age (Max 18 Years)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i> (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)
<i>methylphenidate hcl oral capsule, er biphasic</i> 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg	Tier 1	QL (1 EA per 1 day); Age (Max 18 Years)
<i>methylphenidate hcl oral capsule, er biphasic</i> 30-70 30 mg	Tier 1	QL (2 EA per 1 day); Age (Max 18 Years)
<i>methylphenidate hcl oral capsule, er biphasic</i> (Ritalin LA) 50-50 10 mg, 20 mg, 40 mg	Tier 1	QL (1 EA per 1 day); Age (Max 18 Years)
<i>methylphenidate hcl oral capsule, er biphasic</i> (Ritalin LA) 50-50 30 mg	Tier 1	QL (2 EA per 1 day); Age (Max 18 Years)
<i>methylphenidate hcl oral capsule, er biphasic</i> 50-50 60 mg	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i> (Methylin)	Tier 1	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin)	Tier 1	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	Tier 1	
<i>methylphenidate hcl oral tablet extended release 20 mg</i> (Metadate ER)	Tier 1	QL (90 EA per 30 days); Age (Max 18 Years)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i> (Concerta)	Tier 1	QL (1 EA per 1 day); Age (Max 18 Years)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i> (Concerta)	Tier 1	QL (2 EA per 1 day); Age (Max 18 Years)
<i>methylphenidate hcl oral tablet extended release 24hr 72 mg</i> (Relexxii)	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (90 EA per 30 days)
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 72 MG	Tier 3	QL (1 EA per 1 day)
<b>Tx For Attention Deficit-Hyperact.(Adhd), Nri-Type</b>		
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i> (Strattera)	Tier 1	QL (60 EA per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i> (Strattera)	Tier 1	QL (30 EA per 30 days)
<b>Cardiovascular Disease - Arrhythmia</b>		
<b>Antiarrhythmics</b>		
<i>adenosine in 0.9 % sod chlor intravenous solution 90 mg/90 ml (1 mg/ml)</i>	Tier 1	
<i>adenosine in 0.9 % sod chlor intravenous syringe 240 mcg/10 ml (24 mcg/ml)</i>	Tier 1	
<i>adenosine intravenous solution 3 mg/ml</i>	Tier 1	
<i>adenosine intravenous syringe 3 mg/ml</i> (Adenocard)	Tier 1	

Drug	Status	Notes
<i>amiodarone in dextrose 5 % intravenous solution 150 mg/100 ml (1.5 mg/ml), 450 mg/250 ml (1.8 mg/ml), 750 mg/500 ml (1.5 mg/ml), 900 mg/500 ml (1.8 mg/ml)</i>	Tier 1	
<i>amiodarone intravenous solution 50 mg/ml</i>	Tier 1	
<i>amiodarone intravenous syringe 150 mg/3 ml</i>	Tier 1	
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i> (Pacerone)	Tier 1	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> (Norpace)	Tier 1	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)	Tier 1	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 1	
<i>ibutilide fumarate intravenous solution 0.1 mg/ml</i> (Corvert)	Tier 1	
<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i>	Tier 1	
<i>lidocaine in nacl,iso-osmo(pf) injection syringe 100 mg/10 ml (1 %)</i>	Tier 1	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	Tier 1	
MULTAQ ORAL TABLET 400 MG	Tier 3	ST: Prior prescription for Amiodarone HCL, Dofetilide, Flecainide Acetate, Propafenone HCL, or Sotalol HCL in the past 120 days
NEXTERONE INTRAVENOUS SOLUTION 150 MG/100 ML (1.5 MG/ML), 360 MG/200 ML (1.8 MG/ML)	Tier 2	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG	Tier 3	
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	Tier 1	
<i>procainamide injection solution 100 mg/ml, 500 mg/ml</i>	Tier 1	
<i>procainamide intravenous syringe 100 mg/ml</i>	Tier 1	
<i>propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg</i> (Rythmol SR)	Tier 1	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	Tier 1	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	Tier 1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	Tier 1	
RYTHMOL SR ORAL CAPSULE,EXTENDED RELEASE 12 HR 225 MG, 325 MG, 425 MG	Tier 3	
<b>Cardiovascular Disease - Cardiac Stimulant</b>		
<b>Adrenergic Agents,Catecholamines</b>		
ADRENALIN INJECTION SOLUTION 1 MG/ML, 1 MG/ML (1 ML)	Tier 2	

Drug	Status	Notes
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), 200 mcg/10 ml (20 mcg/ml), 50 mcg/5 ml (10 mcg/ml), 800 mcg/50 ml (16 mcg/ml)	Tier 1	
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 hcl in 5% dextrose intravenous syringe 100 mcg/10 ml (10 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), 4 mg/500 ml (8 mcg/ml), 8 mg/250 ml (32 mcg/ml), 8 mg/500 ml (16 mcg/ml)	Tier 1	
norepinephrine bitartrate-d5w intravenous syringe 0.16 mg/10 ml (16 mcg/ml), 100 mcg/10 ml (10 mcg/ml)	Tier 1	
norepinephrine bitartrate-nacl intravenous solution 15 mg/250 ml (60 mcg/ml), 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	
norepinephrine-0.9 % nacl (pf) intravenous syringe 0.8 mg/50 ml (16 mcg/ml)	Tier 1	
<b>Digitalis Glycosides</b>		
DIGITEK ORAL TABLET 125 MCG, 250 MCG	Tier 1	



Drug	Status	Notes
DIGOX ORAL TABLET 125 MCG, 250 MCG	Tier 1	
<i>digoxin injection solution 250 mcg/ml</i> (Lanoxin)	Tier 1	
<i>digoxin injection syringe 250 mcg/ml</i>	Tier 1	
<i>digoxin oral solution 50 mcg/ml</i>	Tier 2	
<i>digoxin oral tablet 125 mcg, 250 mcg</i> (Digitek)	Tier 1	
LANOXIN ORAL TABLET 125 MCG, 187.5 MCG, 250 MCG, 62.5 MCG	Tier 3	
LANOXIN PEDIATRIC INJECTION SOLUTION 100 MCG/ML	Tier 2	
<b>Inotropic Drugs</b>		
<i>dobutamine intravenous solution 250 mg/20 ml (12.5 mg/ml), 500 mg/40 ml (12.5 mg/ml)</i>	Tier 1	
<b>Cardiovascular Disease - Hypertension</b>		
<b>Ace Inhibitor/Calcium Channel Blocker Combination</b>		
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg, 5-40 mg</i> (Lotrel)	Tier 1	
<i>amlodipine-benazepril oral capsule 2.5-10 mg</i>	Tier 1	
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
TARKA ORAL TABLET, IR - ER, BIPHASIC 24HR 2-180 MG, 2-240 MG, 4-240 MG	Tier 3	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg</i>	Tier 1	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 2-180 mg, 2-240 mg, 4-240 mg</i> (Tarka)	Tier 1	
<b>Ace Inhibitor/Thiazide &amp; Thiazide-Like Diuretic</b>		
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	Tier 3	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Lotensin HCT)	Tier 1	
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	Tier 1	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	Tier 1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic)	Tier 1	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	Tier 1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	Tier 1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)	Tier 1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Accuretic)	Tier 1	

Drug	Status	Notes
VASERETIC ORAL TABLET 10-25 MG	Tier 3	
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	Tier 3	
<b>Alpha/Beta-Adrenergic Blocking Agents</b>		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg)	Tier 1	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i> (Coreg CR)	Tier 1	
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG, 20 MG, 40 MG, 80 MG	Tier 3	
<i>labetalol in dextrose 5 % intravenous solution 200 mg/200 ml (1 mg/ml)</i>	Tier 1	
<i>labetalol intravenous solution 5 mg/ml</i>	Tier 1	
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml), 25 mg/5 ml (5 mg/ml), 50 mg/10 ml (5 mg/ml)</i>	Tier 1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	Tier 1	
<b>Alpha-Adrenergic Blocking Agents</b>		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG	Tier 3	
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
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)	Tier 1	
<i>phenoxybenzamine oral capsule 10 mg</i> (Dibenzyline)	Tier 1	PA; SP
<i>phentolamine injection recon soln 5 mg</i>	Tier 1	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i> (Minipress)	Tier 1	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	
<b>Angioten.Receptr Antag./Cal.Chanl Blkr/Thiazide Cb</b>		
<i>amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i> (Exforge HCT)	Tier 1	ST: Prior prescription for an ACE or ACE combination OR a formulary generic ARB or ARB combination in the past 120 days
<i>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</i> (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
<b>Angiotensin li Receptor Blocker-Beta Blocker Comb.</b>		
BYVALSON ORAL TABLET 5-80 MG	Tier 2	
<b>Angiotensin Receptor Antag./Thiazide Diuretic Comb</b>		

Drug	Status	Notes
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> (Atacand HCT)	Tier 1	
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG	Tier 3	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	Tier 2	ST: Prior prescription for an ACE or ACE combination OR a formulary generic ARB or ARB combination in the past 120 days
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)	Tier 1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar)	Tier 1	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> (Benicar HCT)	Tier 1	ST: Prior prescription for an ACE or ACE combination OR a formulary generic ARB or ARB combination in the past 120 days
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> (Micardis HCT)	Tier 1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> (Diovan HCT)	Tier 1	
<b>Angiotensin Receptor Antgnst &amp; Calc.Channel Blockr</b>		
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i> (Azor)	Tier 1	ST: Prior prescription for an ACE or ACE combination OR a formulary generic ARB or ARB combination in the past 120 days
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> (Exforge)	Tier 1	ST: Prior prescription for an ACE or ACE combination OR a formulary generic ARB or ARB combination in the past 120 days
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i> (Twynsta)	Tier 1	
TWYNSTA ORAL TABLET 40-10 MG, 40-5 MG, 80-10 MG, 80-5 MG	Tier 3	
<b>Antihypertensives, Ace Inhibitors</b>		
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	Tier 3	
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG	Tier 3	
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg</i> (Lotensin)	Tier 1	
<i>benazepril oral tablet 5 mg</i>	Tier 1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)	Tier 1	
<i>enalaprilat intravenous solution 1.25 mg/ml</i>	Tier 1	

Drug	Status	Notes
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>lisinopril oral tablet 10 mg, 20 mg, 5 mg</i> (Prinivil)	Tier 1	
<i>lisinopril oral tablet 2.5 mg, 30 mg, 40 mg</i> (Zestril)	Tier 1	
LOTENSIN ORAL TABLET 10 MG	Tier 3	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	Tier 1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	Tier 1	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril)	Tier 1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> (Altace)	Tier 1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	Tier 3	
<b>Antihypertensives, Angiotensin Receptor Antagonist</b>		
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (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
<i>eprosartan oral tablet 600 mg</i>	Tier 1	ST: Prior prescription for an ACE or ACE combination OR a formulary generic ARB or ARB combination in the past 120 days
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro)	Tier 1	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)	Tier 1	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)	Tier 1	ST: Prior prescription for an ACE or ACE combination OR a formulary generic ARB or ARB combination in the past 120 days
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis)	Tier 1	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)	Tier 1	
<b>Antihypertensives, Ganglionic Blockers</b>		
VECAMEYL ORAL TABLET 2.5 MG	Tier 3	PA
<b>Antihypertensives, Miscellaneous</b>		
DEMSEER ORAL CAPSULE 250 MG	Tier 2	
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	

Drug	Status	Notes
<i>sodium nitroprusside intravenous solution 25 mg/ml</i> (Nitropress)	Tier 1	
<b>Antihypertensives, Sympatholytic</b>		
CATAPRES ORAL TABLET 0.1 MG, 0.2 MG, 0.3 MG	Tier 3	
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24 HR	Tier 3	
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24 HR	Tier 3	
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24 HR	Tier 3	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i> (Catapres)	Tier 1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-TTS-1)	Tier 1	
<i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2)	Tier 1	
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3)	Tier 1	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	Tier 1	
<i>methyldopate intravenous solution 250 mg/5 ml</i>	Tier 1	
<b>Antihypertensives, Vasodilators</b>		
CORLOPAM INTRAVENOUS SOLUTION 10 MG/ML	Tier 3	
<i>hydralazine injection solution 20 mg/ml</i>	Tier 1	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	Tier 1	
<b>Beta-Adrenergic Blocking Agents</b>		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	Tier 1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin)	Tier 1	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG	Tier 3	
BETAPACE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	Tier 3	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	Tier 1	
BREVIBLOC IN NA <sub>2</sub> CO <sub>3</sub> (ISO-OSM) INTRAVENOUS PARENTERAL SOLUTION 2,000 MG/100 ML, 2,500 MG/250 ML (10 MG/ML)	Tier 3	
BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10 ML (10 MG/ML)	Tier 3	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	Tier 2	

Drug	Status	Notes
CORGARD ORAL TABLET 20 MG, 40 MG, 80 MG	Tier 3	
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 intravenous syringe 5 mg/5 ml	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	(Betapace) Tier 1	
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	
<b>Beta-Adrenergic Blocking Agents/Thiazide &amp; Related</b>		
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	

Drug	Status	Notes
<i>metoprolol ta-hydrochlorothiaz oral tablet 50-25 mg</i> (Lopressor HCT)	Tier 1	
<i>nadolol-bendroflumethiazide oral tablet 40-5 mg, 80-5 mg</i> (Corzide)	Tier 1	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	Tier 1	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG	Tier 3	
<b>Calcium Channel Blocking Agents</b>		
ADALAT CC ORAL TABLET EXTENDED RELEASE 30 MG, 60 MG, 90 MG	Tier 3	
AFEDITAB CR ORAL TABLET EXTENDED RELEASE 30 MG, 60 MG	Tier 1	
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)	Tier 1	
CALAN ORAL TABLET 120 MG, 80 MG	Tier 3	
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG	Tier 3	
CARDENE IV IN DEXTROSE INTRAVENOUS PIGGYBACK 20 MG/200 ML	Tier 3	
CARDENE IV IN SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 20 MG/200 ML, 40 MG/200 ML	Tier 3	
CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	Tier 3	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Tier 3	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	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	
<i>diltiazem hcl in 0.9% nacl intravenous solution 100 mg/100 ml (1 mg/ml), 125 mg/125 ml (1 mg/ml)</i>	Tier 1	
<i>diltiazem hcl intravenous recon soln 100 mg</i>	Tier 1	
<i>diltiazem hcl intravenous solution 5 mg/ml</i>	Tier 1	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i> (DILT-XR)	Tier 1	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	Tier 1	
<i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i> (Taztia XT)	Tier 1	
<i>diltiazem hcl oral capsule,extended release 24 hr 420 mg</i> (Tiazac)	Tier 1	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i> (Cardizem CD)	Tier 1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem)	Tier 1	

Drug	Status	Notes
<i>diltiazem hcl oral tablet 90 mg</i>	Tier 1	
<i>diltiazem hcl oral tablet extended release 24 hr</i> (Cardizem LA) 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	Tier 1	
<i>diltiazem in dextrose 5 % intravenous solution</i> 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	
<i>felodipine oral tablet extended release 24 hr</i> 10 mg, 2.5 mg, 5 mg	Tier 1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	Tier 1	
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Tier 1	
<i>nicardipine in 0.9 % nacl intravenous solution</i> 25 mg/250 ml (0.1 mg/ml)	Tier 1	
<i>nicardipine in 0.9 % nacl intravenous syringe</i> 0.5 mg/5 ml, 1 mg/10 ml	Tier 1	
<i>nicardipine in 5 % dextrose intravenous solution 25 mg/250 ml (0.1 mg/ml)</i>	Tier 1	
<i>nicardipine intravenous solution 25 mg/10 ml</i> (Cardene IV)	Tier 1	
<i>nicardipine intravenous syringe 2.5 mg/ml</i>	Tier 1	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	Tier 1	
<i>nifedipine oral capsule 10 mg</i> (Procardia)	Tier 1	
<i>nifedipine oral capsule 20 mg</i>	Tier 1	
<i>nifedipine oral tablet extended release 24hr 30</i> (Procardia XL) <i>mg, 60 mg, 90 mg</i>	Tier 1	
<i>nifedipine oral tablet extended release 30 mg,</i> (Adalat CC) <i>60 mg, 90 mg</i>	Tier 1	
<i>nimodipine oral capsule 30 mg</i>	Tier 1	
<i>nisoldipine oral tablet extended release 24 hr</i> (Sular) <i>17 mg, 34 mg, 8.5 mg</i>	Tier 1	
<i>nisoldipine oral tablet extended release 24 hr</i> <i>20 mg, 25.5 mg, 30 mg, 40 mg</i>	Tier 1	
NYMALIZE ORAL SOLUTION 30 MG/10 ML	Tier 3	PA; SP
PROCARDIA ORAL CAPSULE 10 MG	Tier 3	
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG, 60 MG, 90 MG	Tier 3	
TAZTIA XT ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	Tier 1	
<i>verapamil intravenous solution 2.5 mg/ml</i>	Tier 1	
<i>verapamil intravenous syringe 2.5 mg/ml</i>	Tier 1	
<i>verapamil oral capsule, 24 hr er pellet ct 100</i> (Verelan PM) <i>mg, 200 mg, 300 mg</i>	Tier 1	
<i>verapamil oral capsule,ext rel. pellets 24 hr</i> (Verelan) <i>120 mg, 180 mg, 240 mg, 360 mg</i>	Tier 1	
<i>verapamil oral tablet 120 mg, 80 mg</i> (Calan)	Tier 1	
<i>verapamil oral tablet 40 mg</i>	Tier 1	



Drug	Status	Notes
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i> (Calan SR)	Tier 1	
VERELAN ORAL CAPSULE,EXT REL. PELLETS 24 HR 120 MG, 240 MG, 360 MG	Tier 3	
VERELAN PM ORAL CAPSULE, 24 HR ER PELLET CT 100 MG, 200 MG, 300 MG	Tier 3	
<b>Loop Diuretics</b>		
<i>bumetanide injection solution 0.25 mg/ml</i>	Tier 1	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
DEMADEX ORAL TABLET 10 MG, 20 MG	Tier 3	
EDECIN ORAL TABLET 25 MG	Tier 3	
<i>ethacrynate sodium intravenous recon soln 50 mg</i> (Sodium Edecrin)	Tier 1	
<i>ethacrynic acid oral tablet 25 mg</i> (Edecrin)	Tier 1	
<i>furosemide in 0.9 % nacl intravenous piggyback 100 mg/100 ml (1 mg/ml)</i>	Tier 1	
<i>furosemide in dextrose 5 % intravenous piggyback 200 mg/ 100 ml (2 mg/ml)</i>	Tier 1	
<i>furosemide injection solution 10 mg/ml</i>	Tier 1	
<i>furosemide injection syringe 10 mg/ml</i>	Tier 1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	Tier 1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)	Tier 1	
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG	Tier 3	
SODIUM EDECIN INTRAVENOUS RECON SOLN 50 MG	Tier 3	
<i>toremide oral tablet 10 mg, 20 mg</i> (Demadex)	Tier 1	
<i>toremide oral tablet 100 mg, 5 mg</i>	Tier 1	
<b>Osmotic Diuretics</b>		
<i>mannitol 10 % intravenous parenteral solution 10 %</i> (Osmitol 10 %)	Tier 1	
<i>mannitol 20 % intravenous parenteral solution 20 %</i> (Osmitol 20 %)	Tier 1	
<i>mannitol 25 % intravenous solution 25 %</i>	Tier 1	
<i>mannitol 5 % intravenous parenteral solution 5 %</i> (Osmitol 5 %)	Tier 1	
OSMITROL 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	Tier 2	
OSMITROL 20 % INTRAVENOUS PARENTERAL SOLUTION 20 %	Tier 2	
RESECTISOL URETHRAL SOLUTION 5 %	Tier 2	
<b>Potassium Sparing Diuretics</b>		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 3	
<i>amiloride oral tablet 5 mg</i>	Tier 1	
DYRENIUM ORAL CAPSULE 100 MG, 50 MG	Tier 3	ST: Prior prescription for Amiloride HCL and Spironolactone in the past 365 days

Drug	Status	Notes
<i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)	Tier 1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)	Tier 1	
<b>Potassium Sparing Diuretics In Combination</b>		
ALDACTAZIDE ORAL TABLET 25-25 MG, 50-50 MG	Tier 3	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	Tier 1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i> (Aldactazide)	Tier 1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i> (Dyazide)	Tier 1	
<i>triamterene-hydrochlorothiazid oral capsule 50-25 mg</i>	Tier 1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg</i> (Maxzide-25mg)	Tier 1	
<i>triamterene-hydrochlorothiazid oral tablet 75-50 mg</i> (Maxzide)	Tier 1	
<b>Pulm Anti-Htn,Soluble Guanylate Cyclase Stimulator</b>		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	Tier 2	PA; SP
<b>Pulm.Anti-Htn,Sel.C-Gmp Phosphodiesterase T5 Inhib</b>		
ADCIRCA ORAL TABLET 20 MG	Tier 3	PA; SP
REVATIO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML	Tier 3	PA; SP
<i>sildenafil (antihypertensive) intravenous solution 10 mg/12.5 ml</i> (Revatio)	Tier 1	PA
<i>sildenafil (antihypertensive) oral tablet 20 mg</i> (Revatio)	Tier 1	PA
<i>adalafil (antihypertensive) oral tablet 20 mg</i> (Adcirca)	Tier 1	PA; SP
<b>Pulmonary Anti-Htn, Endothelin Receptor Antagonist</b>		
LETAIRIS ORAL TABLET 10 MG, 5 MG	Tier 2	PA; SP
OPSUMIT ORAL TABLET 10 MG	Tier 2	PA; SP
TRACLEER ORAL TABLET 125 MG, 62.5 MG	Tier 2	PA; SP
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	Tier 2	PA; SP
<b>Pulmonary Antihypertensives, Prostacyclin-Type</b>		
<i>epoprostenol (glycine) intravenous recon soln 0.5 mg, 1.5 mg</i> (Flolan)	Tier 1	PA; SP
FLOLAN INTRAVENOUS RECON SOLN 0.5 MG, 1.5 MG	Tier 2	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 2	PA; SP
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	Tier 2	PA; SP

Drug	Status	Notes
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	Tier 2	PA; SP
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
<b>Renin Inhibitor, Direct</b>		
TEKTRNA ORAL TABLET 150 MG, 300 MG	Tier 2	PA
<b>Renin Inhibitor, Direct/Thiazide Diuretic Comb</b>		
TEKTRNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	Tier 2	PA
<b>Thiazide And Related Diuretics</b>		
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>chlorothiazide sodium intravenous recon soln 500 mg</i> (Diuril IV)	Tier 1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 1	
DIURIL IV INTRAVENOUS RECON SOLN 500 MG	Tier 3	
<i>hydrochlorothiazide oral capsule 12.5 mg</i> (Microzide)	Tier 1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	Tier 1	
<i>methyclothiazide oral tablet 5 mg</i>	Tier 1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<b>Vasodilators,Miscellaneous</b>		
<i>alprostadil injection solution 500 mcg/ml</i> (Prostin VR Pediatric)	Tier 1	
<b>Cardiovascular Disease - Lipid Irregularity</b>		
<b>Antihyperlip.Hmg Coa Reduct Inhib&amp;Cholest.Ab.Inhib</b>		
<i>ezetimibe-simvastatin oral tablet 10-10 mg</i> (Vytorin 10-10)	Tier 1	QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-20 mg</i> (Vytorin 10-20)	Tier 1	QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-40 mg</i> (Vytorin 10-40)	Tier 1	QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i> (Vytorin 10-80)	Tier 1	ST: Prior prescription for Simvastatin in the past 365 days; QL (1 EA per 1 day)
<b>Antihyperlipidemic - Hmg Coa Reductase Inhibitors</b>		

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

Drug	Status	Notes
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	Tier 2	\$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; ST: Prior prescription for Atorvastatin Calcium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin in the past 365 days; QL (1 EA per 1 day)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	\$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
<i>pravastatin oral tablet 10 mg</i>	Tier 1	\$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>pravastatin oral tablet 20 mg, 40 mg, 80 mg</i> (Pravachol)	Tier 1	\$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>rosuvastatin oral tablet 10 mg, 5 mg</i> (Crestor)	Tier 1	\$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>rosuvastatin oral tablet 20 mg, 40 mg</i> (Crestor)	Tier 1	QL (1 EA per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor)	Tier 1	\$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>simvastatin oral tablet 5 mg</i>	Tier 1	\$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>simvastatin oral tablet 80 mg</i> (Zocor)	Tier 1	ST: Prior prescription for Ezetimibe/simvastatin in the past 365 days; QL (1 EA per 1 day)
<b>Antihyperlipidemic - Mtp Inhibitor</b>		

Drug	Status	Notes
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG	Tier 2	PA; SP
<b>Antihyperlipidemic - Pcsk9 Inhibitors</b>		
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	Tier 2	PA; SP
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	Tier 2	PA; SP
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	Tier 2	PA; SP
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	Tier 2	PA; SP
<b>Bile Salt Sequestrants</b>		
<i>cholestyramine (with sugar) oral powder 4 gram</i> (Questran)	Tier 1	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i> (Questran)	Tier 1	
CHOLESTYRAMINE LIGHT ORAL POWDER 4 GRAM	Tier 1	
CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM	Tier 1	
<i>colesevelam oral powder in packet 3.75 gram</i> (WelChol)	Tier 1	
<i>colesevelam oral tablet 625 mg</i> (WelChol)	Tier 1	
COLESTID FLAVORED ORAL GRANULES 5 GRAM	Tier 3	
COLESTID ORAL GRANULES 5 GRAM	Tier 3	
COLESTID ORAL PACKET 5 GRAM	Tier 3	
COLESTID ORAL TABLET 1 GRAM	Tier 3	
<i>colestipol oral granules 5 gram</i> (Colestid)	Tier 1	
<i>colestipol oral packet 5 gram</i> (Colestid)	Tier 1	
<i>colestipol oral tablet 1 gram</i> (Colestid)	Tier 1	
PREVALITE ORAL POWDER 4 GRAM	Tier 1	
PREVALITE ORAL POWDER IN PACKET 4 GRAM	Tier 1	
QUESTRAN LIGHT ORAL POWDER 4 GRAM	Tier 3	
QUESTRAN ORAL POWDER 4 GRAM	Tier 3	
QUESTRAN ORAL POWDER IN PACKET 4 GRAM	Tier 3	
<b>Lipotropics</b>		
ANTARA ORAL CAPSULE 30 MG, 90 MG	Tier 3	
<i>ezetimibe oral tablet 10 mg</i> (Zetia)	Tier 1	QL (1 EA per 1 day)
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	Tier 1	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i> (Tricor)	Tier 1	
<i>fenofibrate nanocrystallized oral tablet 160 mg</i> (Triglide)	Tier 1	
<i>fenofibrate oral capsule 150 mg, 50 mg</i> (Lipofen)	Tier 1	
<i>fenofibrate oral tablet 120 mg, 40 mg</i> (Fenoglide)	Tier 1	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	Tier 1	

Drug	Status	Notes
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i> (Trilipix)	Tier 1	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i> (Fibricor)	Tier 1	
FENOGLIDE ORAL TABLET 120 MG, 40 MG	Tier 3	ST: Prior prescription for Fenofibrate Nanocrystallized, Fenofibrate, Fenofibrate micronized, or Gemfibrozil in the past 120 days
FIBRICOR ORAL TABLET 105 MG, 35 MG	Tier 3	
<i>gemfibrozil oral tablet 600 mg</i> (Lopid)	Tier 1	
LIPOFEN ORAL CAPSULE 150 MG, 50 MG	Tier 2	ST: Prior prescription for Fenofibrate Nanocrystallized, Fenofibrate, Fenofibrate micronized, or Gemfibrozil in the past 120 days
LOVAZA ORAL CAPSULE 1 GRAM	Tier 3	QL (120 EA per 30 days)
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i> (Niaspan Extended-Release)	Tier 1	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)	Tier 1	QL (120 EA per 30 days)
TRIGLIDE ORAL TABLET 160 MG	Tier 3	ST: Prior prescription for Fenofibrate Nanocrystallized, Fenofibrate, Fenofibrate micronized, or Gemfibrozil in the past 120 days
TRIKLO ORAL CAPSULE 1 GRAM	Tier 1	QL (120 EA per 30 days)
TRILIPIX ORAL CAPSULE, DELAYED RELEASE(DR/EC) 135 MG, 45 MG	Tier 3	
VASCEPA ORAL CAPSULE 0.5 GRAM	Tier 2	QL (240 EA per 30 days)
VASCEPA ORAL CAPSULE 1 GRAM	Tier 2	QL (120 EA per 30 days)
<b>Cardiovascular Disease - Miscellaneous Agents</b>		
<b>Adrenergic Vasopressor Agents</b>		
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	Tier 3	PA; SP
<b>Angiotensin Recept-Nepriylsin Inhibitor Comb(Arni)</b>		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	Tier 2	QL (2 EA per 1 day)
<b>Antianginal &amp; Anti-Ischemic Agents, Non-Hemodynamic</b>		
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR 1,000 MG	Tier 2	QL (60 EA per 30 days)
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR 500 MG	Tier 2	QL (120 EA per 30 days)
<b>Antianginal, Heart Rate Reducing, I(F) Inhibitor</b>		
CORLANOR ORAL TABLET 5 MG, 7.5 MG	Tier 2	PA; QL (2 EA per 1 day)

Drug	Status	Notes
<b>Antihyperlip - Hmg-Coa&amp;Calcium Channel Blocker Cb</b>		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> (Caduet)	Tier 1	ST: Prior prescription for Amlodipine Besylate and Atorvastatin Calcium in the past 365 days; QL (1 EA per 1 day)
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>	Tier 1	ST: Prior prescription for Amlodipine Besylate and Atorvastatin Calcium in the past 365 days; QL (1 EA per 1 day)
CADUET 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	Tier 3	ST: Prior prescription for Amlodipine Besylate and Atorvastatin Calcium in the past 365 days; QL (1 EA per 1 day)
<b>Renin-Angiotensin-Aldosterone Sys. (Raas) Hormones</b>		
GIAPREZA INTRAVENOUS SOLUTION 2.5 MG/ML	Tier 3	
<b>Cardiovascular Disease - Vasodilation</b>		
<b>Vasodilators, Coronary</b>		
<i>amyl nitrite inhalation solution 0.3 ml</i>	Tier 1	
DILATRATE-SR ORAL CAPSULE, EXTENDED RELEASE 40 MG	Tier 2	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	Tier 1	
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradose)	Tier 1	
<i>isosorbide dinitrate oral tablet extended release 40 mg</i> (ISOCHRON)	Tier 1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	Tier 1	
MINITRAN TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	Tier 1	
NITRO-BID TRANSDERMAL OINTMENT 2 %	Tier 2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR, 0.8 MG/HR	Tier 3	
<i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 200 mg/500 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml), 50 mg/500 ml (100 mcg/ml)</i>	Tier 1	
<i>nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)</i>	Tier 1	
<i>nitroglycerin oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg</i> (Nitro-Time)	Tier 1	



Drug	Status	Notes
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)	Tier 1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (Minitran)	Tier 1	
<i>nitroglycerin translingual spray,non-aerosol 400 mcg/spray</i> (Nitrolingual)	Tier 1	
NITROLINGUAL TRANSLINGUAL SPRAY,NON-AEROSOL 400 MCG/SPRAY	Tier 3	
NITROMIST TRANSLINGUAL AEROSOL,SPRAY 400 MCG/SPRAY	Tier 3	
NITRO-TIME ORAL CAPSULE, EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG	Tier 1	
<b>Vasodilators,Peripheral</b>		
<i>ergoloid oral tablet 1 mg</i>	Tier 1	
<i>isoxsuprine oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>papaverine injection solution 30 mg/ml</i>	Tier 1	
<i>papav-phentolamine in water intracavernosal solution 30 mg- 1 mg/ml</i> (IFE-BiMix 30/1)	Tier 1	
<b>Contraception/Oxytocics</b>		
<b>Contraceptives, Intravaginal, Systemic</b>		
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR	\$0	QL (1 EA per 28 days)
<b>Contraceptives,Implantable</b>		
NEXPLANON SUBDERMAL IMPLANT 68 MG	\$0	QL (1 EA per 365 days)
<b>Contraceptives,Injectable</b>		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	\$0	QL (1 ML per 84 days)
DEPO-PROVERA INTRAMUSCULAR SYRINGE 150 MG/ML	\$0	QL (1 ML per 84 days)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	\$0	QL (0.65 ML per 84 days)
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera)	\$0	QL (1 ML per 84 days)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera)	\$0	QL (1 ML per 84 days)
<b>Contraceptives,Intravaginal</b>		
CONCEPTROL VAGINAL GEL 4 %	\$0	
GYNOL II VAGINAL GEL 3 %	\$0	
TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE 1,000 MG	\$0	
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 %	\$0	
VAGINAL CONTRACEPTIVE FOAM VAGINAL FOAM 12.5 %	\$0	
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %	\$0	
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %	\$0	

Drug	Status	Notes
<b>Contraceptives, Oral</b>		
AFTERA ORAL TABLET 1.5 MG	\$0	
ALTAVERA (28) ORAL TABLET 0.15-0.03 MG	\$0	
ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG	\$0	
ALYACEN 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	\$0	
AMETHIA LO ORAL TABLETS,DOSE PACK,3 MONTH 0.10 MG-20 MCG (84)/10 MCG (7)	\$0	QL (91 EA per 84 days)
AMETHIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	\$0	QL (91 EA per 84 days)
AMETHYST ORAL TABLET 90-20 MCG	\$0	
APRI ORAL TABLET 0.15-0.03 MG	\$0	
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG	\$0	
ASHLYNA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	\$0	QL (91 EA per 84 days)
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	\$0	
AUBRA ORAL TABLET 0.1-20 MG-MCG	\$0	
AVIANE ORAL TABLET 0.1-20 MG-MCG	\$0	
AZURETTE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	\$0	
BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/36.5 MG(7)	\$0	ST: Prior prescription for a generic oral contraceptive in the last 120 days; QL (1 EA per 1 day)
BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG	\$0	
BEKYREE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	\$0	
BEYAZ ORAL TABLET 3-0.02-0.451 MG (24) (4)	Tier 3	ST: At least 2 prior prescriptions for two different non-drospirenone oral contraceptives (containing levonorgestrel, norethindrone, norgestimate, norgestrel, desogestrel, or ethinynodiol ace.) in the past 365 days
BLISOVI 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	\$0	
BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	\$0	
BLISOVI FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	\$0	
BREVICON (28) ORAL TABLET 0.5-35 MG-MCG	\$0	
BRIELLYN ORAL TABLET 0.4-35 MG-MCG	\$0	
CAMILA ORAL TABLET 0.35 MG	\$0	

Drug	Status	Notes
CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.10 MG-20 MCG (84)/10 MCG (7)	\$0	QL (91 EA per 84 days)
CAMRESE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	\$0	QL (91 EA per 84 days)
CAZIAN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	\$0	
CHATEAL EQ ORAL TABLET 0.15-0.03 MG	\$0	
CHATEAL ORAL TABLET 0.15-0.03 MG	\$0	
CRYSSELLE (28) ORAL TABLET 0.3-30 MG-MCG	\$0	
CYCLAFEM 1/35 (28) ORAL TABLET 1-35 MG-MCG	\$0	
CYCLAFEM 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	\$0	
CYRED EQ ORAL TABLET 0.15-0.03 MG	\$0	
CYRED ORAL TABLET 0.15-0.03 MG	\$0	
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG	\$0	
DASETTA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	\$0	
DAYSEE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	\$0	QL (91 EA per 84 days)
DEBLITANE ORAL TABLET 0.35 MG	\$0	
DELYLA (28) ORAL TABLET 0.1-20 MG-MCG	\$0	
DEMULEN 1/50 (21) ORAL TABLET 1-50 MG-MCG	Tier 3	ST: Prior prescription for a generic contraceptive in the last 120 days
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (Azurette (28))	\$0	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i> (Apri)	\$0	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i> (Beyaz)	\$0	ST: At least 2 prior prescriptions for two different non-drospirenone oral contraceptives (containing levonorgestrel, norethindrone, norgestimate, norgestrel, desogestrel, or ethinynodiol ace.) in the past 365 days
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)</i> (Safyral)	\$0	ST: At least 2 prior prescriptions for two different non-drospirenone oral contraceptives (containing levonorgestrel, norethindrone, norgestimate, norgestrel, desogestrel, or ethinynodiol ace.) in the past 365 days

Drug	Status	Notes
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i> (Gianvi (28))	\$0	ST: At least 2 prior prescriptions for two different non-drospirenone oral contraceptives (containing levonorgestrel, norethindrone, norgestimate, norgestrel, desogestrel, or ethinynodiol ace.) in the past 365 days
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i> (Ocella)	\$0	ST: At least 2 prior prescriptions for two different non-drospirenone oral contraceptives (containing levonorgestrel, norethindrone, norgestimate, norgestrel, desogestrel, or ethinynodiol ace.) in the past 365 days
ECONTRA EZ ORAL TABLET 1.5 MG	\$0	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG	\$0	
ELINEST ORAL TABLET 0.3-30 MG-MCG	\$0	
ELLA ORAL TABLET 30 MG	\$0	
EMOQUETTE ORAL TABLET 0.15-0.03 MG	\$0	
ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	\$0	
ENSKYCE ORAL TABLET 0.15-0.03 MG	\$0	
ERRIN ORAL TABLET 0.35 MG	\$0	
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	\$0	
ESTROSTEP FE-28 ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	Tier 3	ST: Prior prescription for a generic contraceptive in the last 120 days
<i>ethinodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i> (Kelnor 1/35 (28))	\$0	
<i>ethinodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i> (Kelnor 1-50)	\$0	
FALMINA (28) ORAL TABLET 0.1-20 MG-MCG	\$0	
FAYOSIM ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG	\$0	
FEMYNOR ORAL TABLET 0.25-35 MG-MCG	\$0	
GENERESS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	Tier 3	

Drug	Status	Notes
GIANVI (28) ORAL TABLET 3-0.02 MG	\$0	ST: At least 2 prior prescriptions for two different non-drospirenone oral contraceptives (containing levonorgestrel, norethindrone, norgestimate, norgestrel, desogestrel, or ethinynodiol ace.) in the past 365 days
HAILEY 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	\$0	
HEATHER ORAL TABLET 0.35 MG	\$0	
INCASSIA ORAL TABLET 0.35 MG	\$0	
INTROVALE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG	\$0	QL (91 EA per 84 days)
ISIBLOOM ORAL TABLET 0.15-0.03 MG	\$0	
JENCYCLA ORAL TABLET 0.35 MG	\$0	
JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG	\$0	QL (91 EA per 84 days)
JOLIVETTE ORAL TABLET 0.35 MG	\$0	
JULEBER ORAL TABLET 0.15-0.03 MG	\$0	
JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	\$0	
JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG	\$0	
JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	\$0	
JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	\$0	
JUNEL FE 24 ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	\$0	
KAITLIB FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	\$0	
KARIVA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	\$0	
KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG	\$0	
KELNOR 1-50 ORAL TABLET 1-50 MG-MCG	\$0	
KURVELO ORAL TABLET 0.15-0.03 MG	\$0	
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	\$0	(Amethia Lo) QL (91 EA per 84 days)
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	\$0	(Fayosim)
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	\$0	(Amethia) QL (91 EA per 84 days)
LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	\$0	
LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	\$0	

Drug	Status	Notes
LARIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	\$0	
LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	\$0	
LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	\$0	
LARISSIA ORAL TABLET 0.1-20 MG-MCG	\$0	
LAYOLIS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	\$0	
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG	\$0	
LESSINA ORAL TABLET 0.1-20 MG-MCG	\$0	
LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	\$0	
<i>levonorgestrel oral tablet 1.5 mg</i> (Aftera)	\$0	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i> (Aubra)	\$0	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i> (Altavera (28))	\$0	
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i> (Amethyst)	\$0	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg</i> (Introvale)	\$0	QL (91 EA per 84 days)
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> (Enpresse)	\$0	
LEVORA-28 ORAL TABLET 0.15-0.03 MG	\$0	
LILLOW ORAL TABLET 0.15-0.03 MG	\$0	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)	\$0	ST: At least 2 prior prescriptions for generic oral contraceptives in the past 365 days
LORYNA (28) ORAL TABLET 3-0.02 MG	\$0	ST: At least 2 prior prescriptions for two different non-drospirenone oral contraceptives (containing levonorgestrel, norethindrone, norgestimate, norgestrel, desogestrel, or ethinynodiol ace.) in the past 365 days
LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG	\$0	
LUTERA (28) ORAL TABLET 0.1-20 MG-MCG	\$0	
LYZA ORAL TABLET 0.35 MG	\$0	
MARLISSA ORAL TABLET 0.15-0.03 MG	\$0	
MELODETTA 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	\$0	
MIBELAS 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	\$0	

Drug	Status	Notes
MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	\$0	
MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	\$0	
MICROGESTIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	\$0	
MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	\$0	
MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	\$0	
MILI ORAL TABLET 0.25-35 MG-MCG	\$0	
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	\$0	
MONONESSA (28) ORAL TABLET 0.25-35 MG-MCG	\$0	
MY CHOICE ORAL TABLET 1.5 MG	\$0	
MY WAY ORAL TABLET 1.5 MG	\$0	
MYZILRA ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	\$0	
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG	\$0	ST: At least 2 prior prescriptions for generic oral contraceptives in the past 365 days
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	\$0	
NEW DAY ORAL TABLET 1.5 MG	\$0	
NEXT CHOICE ONE DOSE ORAL TABLET 1.5 MG	\$0	
NIKKI (28) ORAL TABLET 3-0.02 MG	\$0	ST: At least 2 prior prescriptions for two different non-drospirenone oral contraceptives (containing levonorgestrel, norethindrone, norgestimate, norgestrel, desogestrel, or ethinynodiol ace.) in the past 365 days
NORA-BE ORAL TABLET 0.35 MG	\$0	
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	(Wymzya Fe) \$0	
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	(Generess Fe) \$0	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	(Camila) \$0	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	(Junel 1/20 (21)) \$0	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(Blisovi Fe 1/20 (28)) \$0	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(Blisovi 24 Fe) \$0	

Drug	Status	Notes
norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4) (Melodetta 24 Fe)	\$0	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg (Ortho Tri-Cyclen LO (28))	\$0	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28) (Ortho Tri-Cyclen (28))	\$0	
norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg (Estarylla)	\$0	
NORLYDA ORAL TABLET 0.35 MG	\$0	
NORLYROC ORAL TABLET 0.35 MG	\$0	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	\$0	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	\$0	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	\$0	
NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	\$0	
OCELLA ORAL TABLET 3-0.03 MG	\$0	ST: At least 2 prior prescriptions for two different non-drospirenone oral contraceptives (containing levonorgestrel, norethindrone, norgestimate, norgestrel, desogestrel, or ethinynodiol ace.) in the past 365 days
OGESTREL (28) ORAL TABLET 0.5-50 MG-MCG	\$0	
OPCICON ONE-STEP ORAL TABLET 1.5 MG	\$0	
OPTION-2 ORAL TABLET 1.5 MG	\$0	
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	\$0	
ORTHO MICRONOR ORAL TABLET 0.35 MG	Tier 3	ST: Prior prescription for a generic contraceptive in the last 120 days
ORTHO-CYCLEN (28) ORAL TABLET 0.25-35 MG-MCG	Tier 3	ST: Prior prescription for a generic contraceptive in the last 120 days
ORTHO-NOVUM 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 3	ST: Prior prescription for a generic contraceptive in the last 120 days
ORTHO-NOVUM 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	Tier 3	ST: Prior prescription for a generic contraceptive in the last 120 days
PHILITH ORAL TABLET 0.4-35 MG-MCG	\$0	
PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	\$0	
PIRMELLA ORAL TABLET 0.5/0.75/1 MG- 35 MCG, 1-35 MG-MCG	\$0	
PORTIA ORAL TABLET 0.15-0.03 MG	\$0	
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	\$0	



Drug	Status	Notes
QUARTETTE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG	Tier 3	
QUASENSE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG	\$0	QL (91 EA per 84 days)
RAJANI ORAL TABLET 3-0.02-0.451 MG (24) (4)	\$0	ST: At least 2 prior prescriptions for two different non-drospirenone oral contraceptives (containing levonorgestrel, norethindrone, norgestimate, norgestrel, desogestrel, or ethinynodiol ace.) in the past 365 days
RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG	\$0	
RIVELSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG	\$0	
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (21) (7)	Tier 2	ST: At least 2 prior prescriptions for two different non-drospirenone oral contraceptives (containing levonorgestrel, norethindrone, norgestimate, norgestrel, desogestrel, or ethinynodiol ace.) in the past 365 days
SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG	\$0	QL (91 EA per 84 days)
SHAROBEL ORAL TABLET 0.35 MG	\$0	
SPRINTEC (28) ORAL TABLET 0.25-35 MG-MCG	\$0	
SRONYX ORAL TABLET 0.1-20 MG-MCG	\$0	
SYEDA ORAL TABLET 3-0.03 MG	\$0	ST: At least 2 prior prescriptions for two different non-drospirenone oral contraceptives (containing levonorgestrel, norethindrone, norgestimate, norgestrel, desogestrel, or ethinynodiol ace.) in the past 365 days
TAKE ACTION ORAL TABLET 1.5 MG	\$0	
TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	\$0	
TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	\$0	
TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	\$0	
TILIA FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	\$0	
TRI FEMYNOR ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	\$0	

Drug	Status	Notes
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	\$0	
TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	\$0	
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	\$0	
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	\$0	
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	\$0	
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	\$0	
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	\$0	
TRI-NORINYL (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG	Tier 3	ST: Prior prescription for a generic contraceptive in the last 120 days
TRI-PREVIFEM (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	\$0	
TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	\$0	
TRIVORA (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	\$0	
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	\$0	
TULANA ORAL TABLET 0.35 MG	\$0	
TYDEMY ORAL TABLET 3-0.03-0.451 MG (21) (7)	\$0	ST: At least 2 prior prescriptions for two different non-drospirenone oral contraceptives (containing levonorgestrel, norethindrone, norgestimate, norgestrel, desogestrel, or ethinynodiol ace.) in the past 365 days
VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	\$0	
VIENVA ORAL TABLET 0.1-20 MG-MCG	\$0	
VIORELE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	\$0	
VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG	\$0	
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	\$0	
WERA (28) ORAL TABLET 0.5-35 MG-MCG	\$0	
WYMZYA FE ORAL TABLET,CHEWABLE 0.4MG-35MCG(21) AND 75 MG (7)	\$0	

Drug	Status	Notes
YAZ (28) ORAL TABLET 3-0.02 MG	Tier 3	ST: At least 2 prior prescriptions for two different non-drospirenone oral contraceptives (containing levonorgestrel, norethindrone, norgestimate, norgestrel, desogestrel, or ethinynodiol ace.) in the past 365 days
ZARAH ORAL TABLET 3-0.03 MG	\$0	ST: At least 2 prior prescriptions for two different non-drospirenone oral contraceptives (containing levonorgestrel, norethindrone, norgestimate, norgestrel, desogestrel, or ethinynodiol ace.) in the past 365 days
ZENCHENT (28) ORAL TABLET 0.4-35 MG-MCG	\$0	
ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG	\$0	
<b>Contraceptives, Transdermal</b>		
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	\$0	QL (3 EA per 28 days)
<b>Diaphragms/Cervical Cap</b>		
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	\$0	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	\$0	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM	\$0	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM	\$0	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM	\$0	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM	\$0	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM	\$0	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM	\$0	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM	\$0	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM	\$0	
<b>Oxytocics</b>		
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG	Tier 3	
HEMABATE INTRAMUSCULAR SOLUTION 250 MCG/ML	Tier 2	
METHERGINE ORAL TABLET 0.2 MG	Tier 3	

Drug	Status	Notes
<i>methylergonovine injection solution 0.2 mg/ml (1 ml)</i>	Tier 1	
<i>methylergonovine oral tablet 0.2 mg</i> (Methergine)	Tier 1	
<i>oxytocin in 0.9 % sod chloride intravenous solution 10 unit/1000 ml, 10 unit/500 ml, 15 unit/250 ml, 20 unit/1000 ml, 20 unit/500 ml, 30 unit/1000 ml, 30 unit/500 ml, 40 unit/1000 ml, 40 unit/500 ml, 80 unit/1,000 ml</i>	Tier 1	
<i>oxytocin in dextrose 5 % in lr intravenous solution 10 unit/500 ml, 20 unit/1,000 ml, 20 unit/500 ml, 30 unit/1,000 ml, 30 unit/500 ml, 40 unit/1,000 ml</i>	Tier 1	
<i>oxytocin in dextrose 5 % intravenous solution 10 unit/1,000 ml, 10 unit/500 ml, 20 unit/1,000 ml, 20 unit/500 ml, 30 unit/500 ml</i>	Tier 3	
<i>oxytocin in dextrose 5 % intravenous solution 15 unit/250 ml, 30 unit/1,000 ml</i>	Tier 1	
<i>oxytocin in lactated ringers intravenous solution 10 unit/1,000 ml, 10 unit/500 ml, 15 unit/250 ml, 20 unit/1,000 ml, 20 unit/500 ml, 30 unit/1,000 ml, 30 unit/500 ml, 40 unit/ 1,000 ml, 40 unit/500 ml</i>	Tier 1	
PREPIDIL VAGINAL GEL 0.5 MG/3 G	Tier 3	
PROSTIN E2 VAGINAL SUPPOSITORY 20 MG	Tier 3	
<b>Cough And Cold</b>		
<b>1st Gen Antihistamine &amp; Decongestant Combinations</b>		
CENTERGY ORAL DROPS 1-2 MG/ML	Tier 1	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml</i> (Promethazine VC)	Tier 1	
<b>1st Gen Antihist-Decongest-Anticholinergic Comb</b>		
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG	Tier 1	
<b>Antitussives,Non-Narcotic</b>		
<i>benzonatate oral capsule 100 mg</i> (Tessalon Perles)	Tier 1	
<i>benzonatate oral capsule 150 mg, 200 mg</i>	Tier 1	
<b>Narcotic Antituss-1st Gen. Antihistamine-Decongest</b>		
<i>hydrocodone-cpm-pseudoephed oral solution 5-4-60 mg/5 ml</i>	Tier 1	
<i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml</i>	Tier 1	
<b>Narcotic Antitussive-1st Generation Antihistamine</b>		
<i>hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml</i> (Tussionex Pennkinetic ER)	Tier 1	
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	Tier 1	
TUSSICAPS ORAL CAPSULE,EXTENDED RELEASE 12 HR 10-8 MG, 5-4 MG	Tier 3	

Drug	Status	Notes
TUSSIONEX PENNKINETIC ER ORAL SUSPENSION,EXTENDED REL 12 HR 10-8 MG/5 ML	Tier 3	
<b>Narcotic Antitussive-Anticholinergic Comb.</b>		
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i> (Hydrocodone Compound)	Tier 1	
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	Tier 1	
HYDROMET ORAL SYRUP 5-1.5 MG/5 ML	Tier 1	
<b>Narcotic Antitussive-Expectorant Combination</b>		
<i>hydrocodone-guaifenesin oral solution 2.5-200 mg/5 ml</i> (Obredon)	Tier 1	QL (60 ML per 1 day)
<b>Non-Narc Antituss-1st Gen. Antihistamine-Decongest</b>		
BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML	Tier 1	
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i> (Bromfed DM)	Tier 1	
CENTERGY DM ORAL DROPS 1-2-3 MG/ML	Tier 1	
<b>Non-Narc Antitussive-1st Gen Antihistamine Comb.</b>		
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	Tier 1	
<b>Non-Narcotic Antituss-Decongestant-Expectorant Cmb</b>		
TUSNEL PEDIATRIC ORAL LIQUID 15-5-50 MG/5 ML	Tier 3	
<b>Nose Preparations, Vasoconstrictors (Rx)</b>		
ADRENALIN NASAL SOLUTION 1 MG/ML	Tier 3	
TYZINE NASAL DROPS 0.1 %	Tier 3	
TYZINE NASAL SPRAY,NON-AEROSOL 0.1 %	Tier 3	
<b>Sympathomimetic Agents</b>		
AKOVAZ INTRAVENOUS SOLUTION 50 MG/ML	Tier 3	
<i>ephedrine sulfate (pf) intravenous syringe 250 mg/5 ml (50 mg/ml)</i>	Tier 1	
<i>ephedrine sulfate injection solution 50 mg/ml</i>	Tier 1	
<i>ephedrine sulfate intravenous solution 50 mg/ml</i> (Akovaz)	Tier 1	
<i>ephedrine sulfate-0.9%nacl(pf) intravenous syringe 10 mg/5 ml (2 mg/ml), 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)</i>	Tier 1	

Drug	Status	Notes
<i>phenylephrine hcl in 0.9% nacl intravenous solution 10 mg/100 ml (100 mcg/ml), 10 mg/250 ml (40 mcg/ml), 100 mg/100 ml (1 mg/ml), 100 mg/250 ml (400 mcg/ml), 20 mg/250 ml (80 mcg/ml), 200 mg/250 ml (800 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)</i>	Tier 1	
<i>phenylephrine hcl in 0.9% nacl intravenous syringe 0.4 mg/10 ml (40 mcg/ml), 0.5 mg/10 ml (50 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), 1,200 mcg/10 ml (120 mcg/ml), 100 mcg/10 ml (10 mcg/ml), 20 mg/50 ml (400 mcg/ml), 200 mcg/2 ml (100 mcg/ml), 200 mcg/5 ml (40 mcg/ml), 5 mg/50 ml (100 mcg/ml)</i>	Tier 1	
<i>phenylephrine hcl in d5w intravenous solution 10 mg/250 ml (40 mcg/ml), 100 mg/250 ml (400 mcg/ml), 20 mg/250 ml (80 mcg/ml), 20 mg/500 ml (40 mcg/ml), 200 mg/250 ml (800 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), 8 mg/100 ml (80 mcg/ml)</i>	Tier 1	
<i>phenylephrine hcl injection solution 10 mg/ml (Vazculep)</i>	Tier 1	
<i>phenylephrine in sterile water intravenous syringe 0.4 mg/10 ml (40 mcg/ml), 1 mg/10 ml (100 mcg/ml)</i>	Tier 1	
VAZCULEP INJECTION SOLUTION 10 MG/ML	Tier 3	
<b>Dermatology - Acne</b>		
<b>Acne Agents, Systemic</b>		
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	Tier 1	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg (Absorica)</i>	Tier 1	
MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	
<b>Acne Agents, Topical</b>		
ACZONE TOPICAL GEL WITH PUMP 7.5 %	Tier 3	
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 % (Epiduo)</i>	Tier 3	ST: Prior prescription for Adapalene in the past 120 days; Age (Max 25 Years)
BENZAACLIN PUMP TOPICAL GEL WITH PUMP 1-5 %	Tier 3	
BENZAACLIN TOPICAL GEL 1-5 %	Tier 3	

Drug	Status	Notes
<i>clindamycin-benzoyl peroxide topical gel 1.2 % (1 % base) -5 %</i> (Duac)	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i> (Benzaclin)	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %</i> (Acanya)	Tier 3	ST: Prior prescription for Clindamycin Phos/benzoyl Perox in the past 120 days
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i> (Benzaclin Pump)	Tier 3	
<i>clindamycin-tretinoin topical gel 1.2-0.025 %</i> (Veltin)	Tier 2	
<i>dapsone topical gel 5 %</i> (Aczone)	Tier 1	
DUAC TOPICAL GEL 1.2 % (1 % BASE) -5 %	Tier 3	
KLARON TOPICAL SUSPENSION 10 %	Tier 3	
NEUAC KIT TOPICAL COMBO PACK, CREAM AND GEL 1.2-5 %	Tier 3	
NEUAC TOPICAL GEL 1.2 % (1 % BASE) -5 %	Tier 1	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i> (Klaron)	Tier 1	
ZIANA TOPICAL GEL 1.2-0.025 %	Tier 3	ST: Prior prescription for Clindamycin Phos/benzoyl Perox, Clindamycin/tretinoin, or Onexton in the past 120 days
<b>Antibiotics, Miscellaneous, Other</b>		
BACIIIM INTRAMUSCULAR RECON SOLN 50,000 UNIT	Tier 1	
<i>bacitracin intramuscular recon soln 50,000 unit</i> (BACiiM)	Tier 1	
<b>Keratolytic-Glucocorticoid Combinations</b>		
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 %	Tier 3	
<b>Rosacea Agents, Topical</b>		
<i>azelaic acid topical gel 15 %</i> (Finacea)	Tier 1	
FINACEA TOPICAL FOAM 15 %	Tier 3	
FINACEA TOPICAL GEL 15 %	Tier 3	
METROCREAM TOPICAL CREAM 0.75 %	Tier 3	
METROGEL TOPICAL GEL 1 %	Tier 3	
METROGEL TOPICAL GEL WITH PUMP 1 %	Tier 3	
METROLOTION TOPICAL LOTION 0.75 %	Tier 3	
<i>metronidazole topical cream 0.75 %</i> (MetroCream)	Tier 1	
<i>metronidazole topical gel 0.75 %</i> (Rosadan)	Tier 1	
<i>metronidazole topical gel 1 %</i> (Metrogel)	Tier 2	
<i>metronidazole topical gel with pump 1 %</i> (Metrogel)	Tier 3	
<i>metronidazole topical lotion 0.75 %</i> (MetroLotion)	Tier 1	
MIRVASO TOPICAL GEL 0.33 %	Tier 2	
MIRVASO TOPICAL GEL WITH PUMP 0.33 %	Tier 2	

Drug	Status	Notes
ROSDAN TOPICAL CREAM 0.75 %	Tier 1	
ROSDAN TOPICAL GEL 0.75 %	Tier 2	
ROSDAN TOPICAL KIT, CLEANSER AND GEL 0.75 %	Tier 3	
ROSDAN TOPICAL KIT,CLEANSER AND CREAM 0.75 %	Tier 3	
<b>Topical Preparations,Antibacterials</b>		
ALA-QUIN TOPICAL CREAM 3-0.5 %	Tier 3	
DERMAZENE TOPICAL CREAM 1-1 %	Tier 1	
<i>hydrocortisone-iodoquinol-aloe topical cream in packet 1.9-1 %</i> (Vytone)	Tier 1	
IODOFLEX TOPICAL PADS, MEDICATED 0.9 %	Tier 3	
<i>iodoquinol-hc topical cream 1-1 %</i> (Dermazene)	Tier 1	
IODOSORB TOPICAL GEL 0.9 %	Tier 3	
LUGOLS TOPICAL SOLUTION 5-10 %	Tier 1	
NORMLGEL AG TOPICAL GEL 0.11 %	Tier 3	
QUINJA TOPICAL GEL 1.25-1 %	Tier 3	
<i>silver nitrate topical ointment 10 %</i>	Tier 1	
<i>silver nitrate topical solution 0.5 %, 25 %, 50 %</i>	Tier 1	
VYTONE TOPICAL CREAM IN PACKET 1.9-1 %	Tier 3	
<b>Vitamin A Derivatives</b>		
<i>adapalene topical cream 0.1 %</i> (Differin)	Tier 1	Age (Max 25 Years)
<i>adapalene topical gel 0.1 %, 0.3 %</i> (Differin)	Tier 1	Age (Max 25 Years)
<i>adapalene topical gel with pump 0.3 %</i> (Differin)	Tier 3	Age (Max 25 Years)
<i>adapalene topical lotion 0.1 %</i> (Differin)	Tier 1	Age (Max 25 Years)
<i>adapalene topical solution 0.1 %</i>	Tier 2	Age (Max 25 Years)
ATRALIN TOPICAL GEL 0.05 %	Tier 3	Age (Max 25 Years)
AVITA TOPICAL CREAM 0.025 %	Tier 1	Age (Max 25 Years)
AVITA TOPICAL GEL 0.025 %	Tier 1	Age (Max 25 Years)
PLIXDA TOPICAL SWAB 0.1 %	Tier 3	Age (Max 25 Years)
<i>tretinoin microspheres topical gel 0.04 %</i> (Retin-A Micro)	Tier 2	Age (Max 25 Years)
<i>tretinoin microspheres topical gel 0.1 %</i> (Retin-A Micro)	Tier 2	Age (Max 25 Years)
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.1 %</i> (Retin-A Micro Pump)	Tier 3	Age (Max 25 Years)
<i>tretinoin topical cream 0.025 %</i> (Avita)	Tier 1	Age (Max 25 Years)
<i>tretinoin topical cream 0.05 %</i> (Retin-A)	Tier 1	Age (Max 25 Years)
<i>tretinoin topical cream 0.1 %</i> (Retin-A)	Tier 1	Age (Max 25 Years)
<i>tretinoin topical gel 0.01 %</i> (Retin-A)	Tier 1	Age (Max 25 Years)
<i>tretinoin topical gel 0.025 %</i> (Avita)	Tier 1	Age (Max 25 Years)
<i>tretinoin topical gel 0.05 %</i> (Atralin)	Tier 2	Age (Max 25 Years)
TRETIN-X CREAM KIT TOPICAL COMBO PACK 0.025 %, 0.05 %, 0.1 %	Tier 3	Age (Max 25 Years)
TRETIN-X TOPICAL CREAM 0.075 %	Tier 3	Age (Max 25 Years)
<b>Dermatology - Antiinfective</b>		



Drug	Status	Notes
<b>Topical Antibiotics</b>		
<i>clindamycin phosphate topical foam 1 %</i> (Evoclin)	Tier 1	
<i>clindamycin phosphate topical gel 1 %</i> (Cleocin T)	Tier 1	
<i>clindamycin phosphate topical gel, once daily 1 %</i> (Clindagel)	Tier 1	
<i>clindamycin phosphate topical lotion 1 %</i> (Cleocin T)	Tier 1	
<i>clindamycin phosphate topical solution 1 %</i> (Cleocin T)	Tier 1	
<i>clindamycin phosphate topical swab 1 %</i> (Cleocin T)	Tier 1	
ERY PADS TOPICAL SWAB 2 %	Tier 1	
ERYGEL TOPICAL GEL 2 %	Tier 2	
<i>erythromycin with ethanol topical gel 2 %</i> (Erygel)	Tier 1	
<i>erythromycin with ethanol topical solution 2 %</i>	Tier 1	
<i>erythromycin with ethanol topical swab 2 %</i> (Ery Pads)	Tier 1	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i> (Aktipak)	Tier 1	
<i>gentamicin topical cream 0.1 %</i>	Tier 1	
<i>gentamicin topical ointment 0.1 %</i>	Tier 1	
<i>mupirocin calcium topical cream 2 %</i> (Bactroban)	Tier 1	
<i>mupirocin topical ointment 2 %</i> (Centany)	Tier 1	
<b>Topical Antifungal/Anti-inflammatory, Steriod Agent</b>		
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i> (Lotrisone)	Tier 1	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	Tier 1	
DERMACINRX THERAZOLE PAK TOPICAL COMBO PACK 1-0.05-20 %	Tier 3	
LOTRISONE TOPICAL CREAM 1-0.05 %	Tier 3	
<b>Topical Antifungals</b>		
CICLODAN KIT TOPICAL COMBO PACK 0.77 %	Tier 3	
<i>ciclopirox topical cream 0.77 %</i> (Ciclodan)	Tier 1	
<i>ciclopirox topical gel 0.77 %</i>	Tier 1	
<i>ciclopirox topical shampoo 1 %</i> (Loprox)	Tier 2	
<i>ciclopirox topical solution 8 %</i> (Ciclodan)	Tier 1	
<i>ciclopirox topical suspension 0.77 %</i> (Loprox (as olamine))	Tier 1	
<i>ciclopirox-ure-camph-menth-euc topical solution 8 %</i> (Ciclodan Kit)	Tier 1	
<i>clotrimazole topical cream 1 %</i> (Antifungal (clotrimazole))	Tier 1	
<i>clotrimazole topical solution 1 %</i>	Tier 1	
<i>econazole topical cream 1 %</i>	Tier 2	

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 120 days
JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 %	Tier 3	PA
KERYDIN TOPICAL SOLUTION WITH APPLICATOR 5 %	Tier 3	PA
<i>ketoconazole topical cream 2 %</i>	Tier 1	
<i>ketoconazole topical foam 2 %</i> (Extina)	Tier 2	
<i>ketoconazole topical shampoo 2 %</i> (Nizoral)	Tier 1	
LOPROX KIT TOPICAL KIT, SUSPENSION AND CLEANSER 0.77 %	Tier 3	
LOPROX TOPICAL SHAMPOO 1 %	Tier 3	
<i>luliconazole topical cream 1 %</i> (Luzu)	Tier 1	QL (60 GM per 28 days)
LUZU TOPICAL CREAM 1 %	Tier 3	QL (60 GM per 28 days)
<i>naftifine topical cream 1 %</i>	Tier 2	
<i>naftifine topical cream 2 %</i> (Naftin)	Tier 2	
NAFTIN TOPICAL CREAM 2 %	Tier 3	
NAFTIN TOPICAL GEL 1 %, 2 %	Tier 3	
NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM	Tier 1	
<i>nystatin topical cream 100,000 unit/gram</i>	Tier 1	
<i>nystatin topical ointment 100,000 unit/gram</i>	Tier 1	
<i>nystatin topical powder 100,000 unit/gram</i> (Nyamyc)	Tier 1	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	Tier 2	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	Tier 2	
NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM	Tier 1	
<i>oxiconazole topical cream 1 %</i> (Oxistat)	Tier 2	
OXISTAT TOPICAL LOTION 1 %	Tier 3	
TRIPLE DYE TOPICAL SWAB 2.29-2.29-1.14 MG/ML	Tier 1	
<b>Topical Antiparasitics</b>		
CROTAN TOPICAL LOTION 10 %	Tier 3	ST: Prior prescription for Malathion and Permethrin in the past 365 days
ELIMITE TOPICAL CREAM 5 %	Tier 3	
EURAX TOPICAL CREAM 10 %	Tier 3	ST: Prior prescription for Malathion and Permethrin in the past 365 days
EURAX TOPICAL LOTION 10 %	Tier 3	ST: Prior prescription for Malathion and Permethrin in the past 365 days

Drug	Status	Notes
<i>lindane topical shampoo 1 %</i>	Tier 1	
<i>malathion topical lotion 0.5 %</i> (Ovide)	Tier 1	
OVIDE TOPICAL LOTION 0.5 %	Tier 3	
<i>permethrin topical cream 5 %</i> (Elimite)	Tier 1	
SKLICE TOPICAL LOTION 0.5 %	Tier 3	
<i>spinosad topical suspension 0.9 %</i> (Natroba)	Tier 1	
ULESFIA TOPICAL LOTION 5 %	Tier 3	ST: Prior prescription for Malathion and Permethrin in the past 365 days
<b>Topical Antivirals</b>		
<i>acyclovir topical ointment 5 %</i> (Zovirax)	Tier 2	
ZOVIRAX TOPICAL CREAM 5 %	Tier 2	ST: Prior prescription for Acyclovir in the past 365 days
ZOVIRAX TOPICAL OINTMENT 5 %	Tier 3	
<b>Topical Sulfonamides</b>		
AVAR LS TOPICAL CLEANSER 10-2 %	Tier 3	
AVAR TOPICAL CLEANSER 10-5 % (W/W)	Tier 2	
AVAR-E GREEN TOPICAL CREAM 10-5 % (W/W)	Tier 3	
AVAR-E LS TOPICAL CREAM 10-2 %	Tier 3	
AVAR-E TOPICAL CREAM 10-5 % (W/W)	Tier 3	
BP 10-1 TOPICAL CLEANSER 10-1 %	Tier 1	
CLEANSING WASH TOPICAL CLEANSER 10-4-10 %	Tier 1	
<i>mafenide acetate topical packet 50 gram</i> (Sulfamylon)	Tier 1	
ROSULA CLEANSING CLOTHS TOPICAL PADS, MEDICATED 10-5 %	Tier 1	
ROSULA TOPICAL CLEANSER 10-4.5 %	Tier 3	
<i>silver sulfadiazine topical cream 1 %</i> (Silvadene)	Tier 1	
SSD TOPICAL CREAM 1 %	Tier 1	
SSS 10-5 TOPICAL CREAM 10-5 % (W/W)	Tier 1	
SSS 10-5 TOPICAL FOAM 10-5 %	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %</i> (Avar LS)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i> (Avar)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 9.8-4.8 %</i> (Plexion)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 9-4 %</i> (Sumaxin)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 9-4.5 %</i> (Sumadan)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cream 10-2 %</i> (Avar-E LS)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)</i> (Avar-E)	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	
sulfacetamide-sulfur-cleansr23 topical kit 9-4.5 % (Sumadan)	Tier 1	
SULFACLEANSE 8-4 TOPICAL SUSPENSION 8-4 %	Tier 1	
sulfact na-sul-avobnz-otn-ocsa topical combo pack,cleanser and cream 9 %-4.5 % -spf 25 (Sumadan XLT)	Tier 1	
SULFAMYLON TOPICAL CREAM 85 MG/G	Tier 2	
SULFAMYLON TOPICAL PACKET 50 GRAM	Tier 2	
SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM 9 %-4.5 % - SPF 25	Tier 3	
<b>Dermatology - Anti-Inflammatory</b>		
<b>Top. Anti-Inflam.,Phosphodiesterase-4 (Pde4) Inhib</b>		
EUCRISA TOPICAL OINTMENT 2 %	Tier 3	ST: Prior prescription for Elidel and a Topical Anti-inflammatory Steroidal in the past 365 days
<b>Topical Antibiotics/Antiinflammatory,Steroidal</b>		
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, or Retisert 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, or Retisert in the past 365 days
<b>Topical Anti-Inflammatory Steroidal</b>		
ADVANCED ALLERGY COLLECT KIT TOPICAL KIT 2.5 %	Tier 1	
ALA-CORT TOPICAL CREAM 1 %, 2.5 %	Tier 1	

Drug	Status	Notes
ALA-SCALP TOPICAL LOTION 2 %	Tier 1	
<i>alclometasone topical cream 0.05 %</i>	Tier 1	
<i>alclometasone topical ointment 0.05 %</i>	Tier 1	
<i>amcinonide topical cream 0.1 %</i>	Tier 2	
<i>amcinonide topical lotion 0.1 %</i>	Tier 1	
<i>amcinonide topical ointment 0.1 %</i>	Tier 1	
APEXICON E TOPICAL CREAM 0.05 %	Tier 2	
AQUA GLYCOLIC HC TOPICAL COMBO PACK 2 %	Tier 3	
<i>betamethasone dipropionate topical cream 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	Tier 1	
<i>betamethasone valerate topical cream 0.1 %</i>	Tier 1	
<i>betamethasone valerate topical foam 0.12 %</i> (Luxiq)	Tier 1	
<i>betamethasone valerate topical lotion 0.1 %</i>	Tier 1	
<i>betamethasone valerate topical ointment 0.1 %</i>	Tier 1	
<i>betamethasone, augmented topical cream 0.05 %</i>	Tier 1	
<i>betamethasone, augmented topical gel 0.05 %</i>	Tier 1	
<i>betamethasone, augmented topical lotion 0.05 %</i>	Tier 1	
<i>betamethasone, augmented topical ointment</i> (Diprolene) <i>0.05 %</i>	Tier 1	
<i>clobetasol scalp solution 0.05 %</i> (Cormax)	Tier 1	
<i>clobetasol topical cream 0.05 %</i> (Temovate)	Tier 1	
<i>clobetasol topical foam 0.05 %</i> (Olux)	Tier 1	
<i>clobetasol topical gel 0.05 %</i>	Tier 1	
<i>clobetasol topical lotion 0.05 %</i> (Clobex)	Tier 1	
<i>clobetasol topical ointment 0.05 %</i> (Temovate)	Tier 1	
<i>clobetasol topical shampoo 0.05 %</i> (Clobex)	Tier 1	
<i>clobetasol topical spray,non-aerosol 0.05 %</i> (Clobex)	Tier 1	
<i>clobetasol-emollient topical cream 0.05 %</i>	Tier 1	
<i>clobetasol-emollient topical foam 0.05 %</i> (Olux-E)	Tier 1	
CLOBEX TOPICAL LOTION 0.05 %	Tier 3	
CLOBEX TOPICAL SHAMPOO 0.05 %	Tier 3	
CLOBEX TOPICAL SPRAY, NON-AEROSOL 0.05 %	Tier 3	
<i>clocortolone pivalate topical cream 0.1 %</i> (Cloderm)	Tier 2	
CLODAN KIT TOPICAL KIT, SHAMPOO AND CLEANSER 0.05 %	Tier 3	
CLODAN TOPICAL SHAMPOO 0.05 %	Tier 3	

Drug	Status	Notes
CORDRAN TOPICAL CREAM 0.025 %	Tier 3	ST: Prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
CORDRAN TOPICAL CREAM 0.05 %	Tier 3	
CORDRAN TOPICAL LOTION 0.05 %	Tier 3	
CORDRAN TOPICAL OINTMENT 0.05 %	Tier 3	
CORMAX SCALP SOLUTION 0.05 %	Tier 1	
CUTIVATE TOPICAL CREAM 0.05 %	Tier 3	
CUTIVATE TOPICAL LOTION 0.05 %	Tier 3	
DERMASORB HC COMPLETE KIT TOPICAL COMBO PACK,CLEANSER AND LOTION 2 %	Tier 3	
DERMASORB TA COMPLETE KIT TOPICAL CREAM 0.1 %	Tier 3	
<i>desonide topical cream 0.05 %</i> (DesOwen)	Tier 2	
<i>desonide topical lotion 0.05 %</i> (DesOwen)	Tier 2	
<i>desonide topical ointment 0.05 %</i>	Tier 2	
DESOWEN TOPICAL CREAM 0.05 %	Tier 3	
DESOWEN TOPICAL LOTION 0.05 %	Tier 3	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i> (Topicort)	Tier 2	
<i>desoximetasone topical gel 0.05 %</i> (Topicort)	Tier 2	
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i> (Topicort)	Tier 2	
<i>desoximetasone topical spray,non-aerosol 0.25 %</i> (Topicort)	Tier 1	
<i>diflorasone topical cream 0.05 %</i> (Psorcon)	Tier 2	
<i>diflorasone topical ointment 0.05 %</i>	Tier 2	
ELOCON TOPICAL CREAM 0.1 %	Tier 3	
ELOCON TOPICAL OINTMENT 0.1 %	Tier 3	
<i>fluocinolone and shower cap scalp oil 0.01 %</i> (Derma-Smoothe/FS Scalp Oil)	Tier 1	
<i>fluocinolone topical cream 0.01 %</i>	Tier 1	
<i>fluocinolone topical cream 0.025 %</i> (Synalar)	Tier 1	
<i>fluocinolone topical oil 0.01 %</i> (Derma-Smoothe/FS Body Oil)	Tier 1	
<i>fluocinolone topical ointment 0.025 %</i> (Synalar)	Tier 1	
<i>fluocinolone topical solution 0.01 %</i> (Synalar)	Tier 1	
<i>fluocinonide topical cream 0.05 %</i>	Tier 1	
<i>fluocinonide topical cream 0.1 %</i> (Vanos)	Tier 2	
<i>fluocinonide topical gel 0.05 %</i>	Tier 1	
<i>fluocinonide topical ointment 0.05 %</i>	Tier 1	
<i>fluocinonide topical solution 0.05 %</i>	Tier 1	
FLUOCINONIDE-E TOPICAL CREAM 0.05 %	Tier 1	
<i>fluocinonide-emollient topical cream 0.05 %</i> (Fluocinonide-E)	Tier 1	
<i>flurandrenolide topical cream 0.05 %</i> (Cordran)	Tier 2	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>flurandrenolide topical lotion 0.05 %</i> (Cordran)	Tier 1	
<i>flurandrenolide topical ointment 0.05 %</i> (Cordran)	Tier 1	
<i>fluticasone topical cream 0.05 %</i> (Cutivate)	Tier 1	
<i>fluticasone topical lotion 0.05 %</i> (Cutivate)	Tier 1	
<i>fluticasone topical ointment 0.005 %</i>	Tier 1	
<i>halobetasol propionate topical cream 0.05 %</i> (Ultravate)	Tier 1	
<i>halobetasol propionate topical ointment 0.05 %</i> (Ultravate)	Tier 1	
HALOG TOPICAL CREAM 0.1 %	Tier 3	ST: Prior prescription for a Topical Anti-inflammatory Steroidal in the past 120 days
HALOG TOPICAL OINTMENT 0.1 %	Tier 3	ST: Prior prescription for a Topical Anti-inflammatory Steroidal in the past 120 days
<i>hydrocortisone butyrate topical cream 0.1 %</i> (Locoid)	Tier 2	
<i>hydrocortisone butyrate topical lotion 0.1 %</i> (Locoid)	Tier 1	
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	Tier 1	
<i>hydrocortisone butyrate topical solution 0.1 %</i> (Locoid)	Tier 1	
<i>hydrocortisone butyr-emollient topical cream 0.1 %</i> (Locoid Lipocream)	Tier 2	
<i>hydrocortisone topical cream 1 %, 2.5 %</i> (Ala-Cort)	Tier 1	
<i>hydrocortisone topical cream with perineal applicator 1 %</i> (Procto-Pak)	Tier 1	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i> (Anusol-HC)	Tier 1	
<i>hydrocortisone topical lotion 2.5 %</i>	Tier 1	
<i>hydrocortisone topical ointment 1 %</i> (Anti-Itch (HC))	Tier 1	
<i>hydrocortisone topical ointment 2.5 %</i>	Tier 1	
<i>hydrocortisone valerate topical cream 0.2 %</i>	Tier 2	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	Tier 1	
IMPOYZ TOPICAL CREAM 0.025 %	Tier 3	ST: Prior prescription for Betamethasone Dipropionate, Clobetasol Propionate, Fluocinonide, or Halobetasol Propionate in the past 120 days
LOCOID TOPICAL LOTION 0.1 %	Tier 3	
<i>mometasone topical cream 0.1 %</i> (Elocon)	Tier 1	
<i>mometasone topical ointment 0.1 %</i> (Elocon)	Tier 1	
<i>mometasone topical solution 0.1 %</i>	Tier 1	
NOLIX TOPICAL CREAM 0.05 %	Tier 3	
NOLIX TOPICAL LOTION 0.05 %	Tier 3	
NUCORT TOPICAL LOTION 2 %	Tier 3	
<i>prednicarbate topical cream 0.1 %</i>	Tier 1	
<i>prednicarbate topical ointment 0.1 %</i> (Dermatop)	Tier 1	

Drug	Status	Notes
PROCTOCORT TOPICAL CREAM 1 %	Tier 3	
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	
PSORCON TOPICAL CREAM 0.05 %	Tier 3	
SCALACORT DK TOPICAL COMBO PACK 2-2-2 %	Tier 3	
SCALACORT TOPICAL LOTION 2 %	Tier 2	
TOPICORT TOPICAL SPRAY, NON-AEROSOL 0.25 %	Tier 3	
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i> (Kenalog)	Tier 2	
<i>triamcinolone acetonide topical cream 0.025 %</i>	Tier 1	
<i>triamcinolone acetonide topical cream 0.1 %, 0.5 %</i> (Triderm)	Tier 1	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	Tier 1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	Tier 2	
TRIDERM TOPICAL CREAM 0.1 %, 0.5 %	Tier 1	
TRIDESILON TOPICAL CREAM 0.05 %	Tier 2	
ULTRAVATE TOPICAL CREAM 0.05 %	Tier 3	
ULTRAVATE TOPICAL LOTION 0.05 %	Tier 3	
ULTRAVATE TOPICAL OINTMENT 0.05 %	Tier 3	
ULTRAVATE X TOPICAL COMBO PACK 0.05-10 %	Tier 3	
ULTRAVATE X TOPICAL COMBO PACK, OINTMENT AND CREAM 0.05-10 %	Tier 3	
VANOS TOPICAL CREAM 0.1 %	Tier 3	
<b>Topical Anti-Inflammatory, Nsaids</b>		
<i>diclofenac sodium topical drops 1.5 %</i>	Tier 1	
<i>diclofenac sodium topical gel 1 %</i> (Voltaren)	Tier 1	
DICLOFONO TOPICAL GEL IN PACKET 1.6 %	Tier 3	ST: Prior prescription for Diclofenac Sodium in the past 120 days
FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 %	Tier 2	
FROTEK TOPICAL CREAM IN PACKET 10 %	Tier 3	ST: Prior prescription for Diclofenac Sodium in the past 120 days
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP 20 MG/GRAM /ACTUATION(2 %)	Tier 3	ST: Prior prescription for Diclofenac Sodium or Flector in the past 120 days
<b>Dermatology - Antipruritic Drugs</b>		



Drug	Status	Notes
<b>Antipruritics, Topical</b>		
ALEVICYN PLUS TOPICAL COMBO PACK, CREAM AND GEL	Tier 3	
LEVICYN ANTIPRURITIC TOPICAL GEL	Tier 3	
SP ANTIPRURITIC TOPICAL GEL	Tier 3	
<b>Dermatology - Miscellaneous</b>		
<b>Antiperspirants</b>		
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 %	Tier 3	
DRYSOL TOPICAL SOLUTION 20 %	Tier 3	
<b>Antiseborrheic Agents</b>		
ESKATA TOPICAL SOLUTION WITH APPLICATOR 40 %	Tier 3	
OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 %	Tier 3	
OVACE PLUS TOPICAL CLEANSER 10 %	Tier 3	
OVACE PLUS TOPICAL CREAM 10 %	Tier 3	
OVACE PLUS TOPICAL FOAM 9.8 %	Tier 3	
OVACE PLUS TOPICAL LOTION 9.8 %	Tier 3	
OVACE PLUS WASH TOPICAL CLEANSER, GEL 10 %	Tier 3	
OVACE TOPICAL CLEANSER 10 %	Tier 3	
<i>selenium sulfide topical lotion 2.5 %</i>	Tier 1	
<i>selenium sulfide topical shampoo 2.25 %</i>	Tier 2	
<i>sulfacetamide sodium topical cleanser 10 %</i> (Ovace)	Tier 1	
<i>sulfacetamide sodium topical cleanser, gel 10 %</i> (Ovace Plus Wash)	Tier 1	
<i>sulfacetamide sodium topical shampoo 10 %</i> (Ovace Plus Shampoo)	Tier 1	
<b>Antiseptics, Miscellaneous</b>		
<i>guaiacol liquid</i>	Tier 2	
<b>Iodine Antiseptics</b>		
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 %	Tier 3	
<i>povidone-iodine ophthalmic (eye) solution 5 %</i> (Betadine Ophthalmic Prep)	Tier 1	
<b>Keratolytics</b>		
BENZEPRO TOPICAL TOWELETTE 6 %	Tier 1	
<i>benzoyl peroxide topical foam 5.3 %</i> (BenzEfoam)	Tier 1	
<i>benzoyl peroxide topical foam 9.8 %</i> (BenzEfoam Ultra)	Tier 1	
BPO TOPICAL GEL 4 %, 8 %	Tier 1	
BPO TOPICAL TOWELETTE 6 %	Tier 1	
CEM-UREA TOPICAL GEL 45 %	Tier 1	
NUOX TOPICAL GEL 6-3 %	Tier 3	
PACNEX HP TOPICAL PADS, MEDICATED 7 %	Tier 3	

Drug	Status	Notes
PACNEX LP TOPICAL PADS, MEDICATED 4.25 %	Tier 3	
<i>podofilox topical solution 0.5 %</i>	Tier 1	
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 %	Tier 1	
<i>salicylic acid er-ceramides topical kit,cleanser and cream er 6 %</i> (Salex)	Tier 1	
<i>salicylic acid topical cream 6 %</i> (Salimez)	Tier 1	
<i>salicylic acid topical cream,extended release 6 %</i>	Tier 1	
<i>salicylic acid topical film forming liquid w/appl 27.5 %</i> (Virasal)	Tier 1	
<i>salicylic acid topical film-forming soln er w/ appl 28.5 %</i> (UltraSal-ER)	Tier 1	
<i>salicylic acid topical foam 6 %</i> (Salvax)	Tier 1	
<i>salicylic acid topical gel 6 %</i> (Keralyt Rx)	Tier 1	
<i>salicylic acid topical liquid 26 %</i>	Tier 1	
<i>salicylic acid topical lotion 6 %</i>	Tier 1	
<i>salicylic acid topical lotion,extended release 6 %</i>	Tier 1	
<i>salicylic acid topical shampoo 6 %</i> (Salex)	Tier 1	
SALIMEZ FORTE TOPICAL CREAM 10 %	Tier 3	
SALIMEZ TOPICAL CREAM 6 %	Tier 2	
SALVAX TOPICAL FOAM 6 %	Tier 1	
<i>silver nitrate applicators topical stick 75-25 %</i>	Tier 1	
<i>silver nitrate topical solution 10 %</i>	Tier 1	
ULTRASAL-ER TOPICAL FILM-FORMING SOLN ER W/ APPL 28.5 %	Tier 3	
UMECTA TOPICAL FOAM 40 %	Tier 1	
URAMAXIN GT TOPICAL GEL 45 %	Tier 3	
URAMAXIN GT TOPICAL KIT,CREAM AND GEL 45 %	Tier 3	
URAMAXIN TOPICAL CREAM 45 %	Tier 3	
URAMAXIN TOPICAL FOAM 20 %	Tier 3	
URAMAXIN TOPICAL GEL 45 %	Tier 3	
URAMAXIN TOPICAL LOTION 45 %	Tier 3	
UREA NAIL STICK TOPICAL SOLUTION 50 %	Tier 1	
<i>urea topical cream 39 %</i> (Uredeb)	Tier 1	
<i>urea topical cream 40 %</i>	Tier 1	
<i>urea topical cream 45 %</i> (Uramaxin)	Tier 1	
<i>urea topical cream 47 %</i> (Keralac)	Tier 1	
<i>urea topical cream 50 %</i> (Ure-K)	Tier 1	
<i>urea topical foam 35 %</i> (Hydro 35)	Tier 1	
<i>urea topical gel 45 %</i> (CEM-Urea)	Tier 1	
<i>urea topical lotion 40 %</i>	Tier 1	

Drug	Status	Notes
urea topical lotion 45 % (Uramaxin)	Tier 1	
<b>Oxidizing Agents</b>		
ATRAPRO DERMAL SPRAY TOPICAL SPRAY, NON-AEROSOL 0.003-0.004 %	Tier 3	
HYCLODEX TOPICAL SPRAY, NON- AEROSOL 0.012 %-0.002 %-0.046 %	Tier 3	
LEVICYN DERMAL TOPICAL SPRAY, NON- AEROSOL 0.009 %	Tier 3	
MICROCYN TOPICAL SPRAY, NON- AEROSOL 0.003 %-0.004 %-0.023 %	Tier 3	
<b>Topical Anti-Inflammatory Steroid-Local Anesthetic</b>		
ANALPRAM-HC TOPICAL LOTION 2.5-1 %	Tier 3	
EPIFOAM TOPICAL FOAM 1-1 %	Tier 3	
hydrocortisone-pramoxine topical cream 2.5-1 % (Pramosone)	Tier 1	
lidocaine hcl-hydrocortison ac topical cream 3- 0.5 %	Tier 1	
<b>Topical Antineoplastic &amp; Premalignant Lesion Agnts</b>		
CARAC TOPICAL CREAM 0.5 %	Tier 2	PA
diclofenac sodium topical gel 3 % (Solaraze)	Tier 1	ST: Prior prescription for Diclofenac Sodium in the past 120 days; QL (100 GM per 1 PER FILL)
EFUDEX TOPICAL CREAM 5 %	Tier 3	
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)
SOLARAZE TOPICAL GEL 3 %	Tier 3	ST: Prior prescription for Diclofenac Sodium in the past 120 days; QL (100 GM per 1 PER FILL)
TARGRETIN TOPICAL GEL 1 %	Tier 2	PA; SP
VALCHLOR TOPICAL GEL 0.016 %	Tier 2	PA; SP
<b>Topical Local Anesthetics</b>		
ANACAINE TOPICAL OINTMENT 10 %	Tier 3	
ANASTIA TOPICAL LOTION 2.75 %	Tier 3	
CETACAINE ANESTHETIC TOPICAL LIQUID 2-2-14 %	Tier 3	
CETACAINE TOPICAL AEROSOL, SPRAY 2 %-2 %-14 % (200 MG/SEC)	Tier 3	
ethyl chloride topical aerosol, spray 100 %	Tier 1	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL GEL 4-0.05-0.5 %	Tier 1	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL SOLUTION 4-0.05-0.5 %	Tier 1	

Drug	Status	Notes
<i>lidocaine hcl laryngotracheal solution 4 %</i> (LTA Pre-Attached)	Tier 1	
<i>lidocaine hcl topical cream 3 %</i> (Lidopin)	Tier 1	
<i>lidocaine topical adhesive patch,medicated 5 %</i> (Lidoderm)	Tier 1	
<i>lidocaine topical ointment 5 %</i>	Tier 1	ST: Prior prescription for Lidocaine HCL in the past 120 days; QL (240 GM per 30 days)
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	Tier 1	
<i>lidocaine-racepinep-tetracaine topical solution 4-0.05-0.5 %</i> (L.E.T. (lido-epineph-tetra))	Tier 1	
<i>lidocaine-tetracaine topical cream 7-7 %</i> (Pliaglis)	Tier 1	
LIDOPIN TOPICAL CREAM 3 %	Tier 2	
LIDOPIN TOPICAL CREAM 3.25 %	Tier 3	
LIDOTREX TOPICAL GEL 2 %-1 % -1.2 %	Tier 3	ST: Prior prescription for Lidocaine HCL or Lidocaine in the past 120 days
LTA PRE-ATTACHED LARYNGOTRACHEAL SOLUTION 4 %	Tier 2	
NUMBONEX TOPICAL LOTION 2.75 %	Tier 3	
PLIAGLIS TOPICAL CREAM 7-7 %	Tier 3	
PONTOCAINE TOPICAL SOLUTION 2 %	Tier 3	
SYNVEXIA TC TOPICAL CREAM 4-1 %	Tier 3	
TRANZAREL TOPICAL GEL 4 %	Tier 3	
VEXASYN TOPICAL GEL 2 %-1 % -1.2 %	Tier 3	ST: Prior prescription for Lidocaine HCL or Lidocaine in the past 120 days
<b>Topical/Mucous Membr./Subcut. Enzymes</b>		
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	
<b>Dermatology - Psoriasis/Eczema</b>		
<b>Antipsoriatic Agents,Systemic</b>		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i> (Soriatane)	Tier 1	SP
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 2	PA; SP
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 2	PA; SP
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 2	PA; SP

Drug	Status	Notes
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 2	PA; SP
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML	Tier 3	PA; SP
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i> (Oxsoralen Ultra)	Tier 1	
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	Tier 3	PA; SP
<b>Antipsoriatics Agents</b>		
<i>calcipotriene scalp solution 0.005 %</i>	Tier 1	ST: Prior prescription for a Topical Anti-inflammatory Steroidal in the past 120 days
<i>calcipotriene topical cream 0.005 %</i> (Dovonex)	Tier 1	ST: Prior prescription for a Topical Anti-inflammatory Steroidal in the past 120 days
<i>calcipotriene topical ointment 0.005 %</i> (Calcitrene)	Tier 1	ST: Prior prescription for a Topical Anti-inflammatory Steroidal in the past 120 days
CALCITRENE TOPICAL OINTMENT 0.005 %	Tier 1	ST: Prior prescription for a Topical Anti-inflammatory Steroidal in the past 120 days
<i>calcitriol topical ointment 3 mcg/gram</i> (Vectical)	Tier 1	ST: Prior prescription for a Topical Anti-inflammatory Steroidal in the past 120 days
DOVONEX TOPICAL CREAM 0.005 %	Tier 3	ST: Prior prescription for a Topical Anti-inflammatory Steroidal in the past 120 days
DRITHOCREME HP TOPICAL CREAM 1 %	Tier 2	ST: Prior prescription for a Topical Anti-inflammatory Steroidal in the past 120 days
SORILUX TOPICAL FOAM 0.005 %	Tier 3	ST: Prior prescription for Calcipotriene, Calcipotriene/betamethasone, Calcitriol, or Enstilar in the past 120 days
<i>tazarotene topical cream 0.1 %</i> (Avage)	Tier 1	
TAZORAC TOPICAL CREAM 0.05 %	Tier 2	
TAZORAC TOPICAL GEL 0.05 %, 0.1 %	Tier 2	
ZITHRANOL TOPICAL SHAMPOO 1 %	Tier 3	
<b>Topical Agents, Miscellaneous</b>		
GORDONS UREA TOPICAL OINTMENT 22 %	Tier 3	
<b>Topical Immunosuppressive Agents</b>		

Drug	Status	Notes
ELIDEL TOPICAL CREAM 1 %	Tier 2	ST: Prior prescription for a Topical Anti-inflammatory Steroidal in the past 120 days
PROTOPIC TOPICAL OINTMENT 0.03 %, 0.1 %	Tier 3	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i> (Protopic)	Tier 1	
<b>Topical Vit D Analog/Anti-inflammatory, Steroidal</b>		
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i> (Taclonex)	Tier 1	ST: Prior prescription for a Topical Anti-inflammatory Steroidal in the past 120 days
TACLONEX TOPICAL SUSPENSION 0.005-0.064 %	Tier 2	
<b>Diabetes</b>		
<b>Antihypergly, (Dpp-4) Inhibitor &amp; Biguanide Comb.</b>		
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	Tier 2	QL (2 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	Tier 2	QL (1 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	Tier 2	QL (2 EA per 1 day)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	Tier 2	QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	Tier 2	QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	Tier 2	QL (1 EA per 1 day)
<b>Antihypergly,Dpp-4 Enzyme Inhib &amp;Thiazolidinedione</b>		
<i>alogliptin-pioglitazone oral tablet 12.5-15 mg, 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg</i> (Oseni)	Tier 1	
OSENI ORAL TABLET 12.5-15 MG, 12.5-30 MG, 12.5-45 MG, 25-15 MG, 25-30 MG, 25-45 MG	Tier 3	
<b>Antihypergly,Incretin Mimetic(Glp-1 Recep.Agonist)</b>		
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	Tier 2	ST: Prior prescription for Metformin, Sulfonylurea, or Pioglitazone 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 Metformin, Sulfonylurea, or Pioglitazone 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 Metformin, Sulfonylurea, or Pioglitazone 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 Metformin, Sulfonylurea, or Pioglitazone in the past 120 days; QL (1.2 ML per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML	Tier 2	ST: Prior prescription for Metformin, Sulfonylurea, or Pioglitazone in the past 120 days; QL (2 ML per 28 days)
<b>Antihyperglycemic-Sod/Gluc Cotransport2(Sglt2)Inhib</b>		
FARXIGA ORAL TABLET 10 MG, 5 MG	Tier 2	ST: Prior prescription for Metformin, Sulfonylurea, or Pioglitazone in the past 120 days; QL (1 EA per 1 day)
INVOKANA ORAL TABLET 100 MG, 300 MG	Tier 2	ST: Prior prescription for Metformin, Sulfonylurea, or Pioglitazone in the past 120 days; QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	Tier 2	ST: Prior prescription for Metformin, Sulfonylurea, or Pioglitazone in the past 120 days; QL (1 EA per 1 day)
<b>Antihyperglycemic, Alpha-Glucosidase Inhib (N-S)</b>		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)	Tier 1	
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i> (Glyset)	Tier 1	
<b>Antihyperglycemic, Amylin Analog-Type</b>		
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	Tier 2	
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	Tier 2	
<b>Antihyperglycemic, Dpp-4 Inhibitors</b>		
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 2	QL (1 EA per 1 day)
TRADJENTA ORAL TABLET 5 MG	Tier 2	QL (1 EA per 1 day)
<b>Antihyperglycemic, Insulin-Release Stimulant Type</b>		
AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG	Tier 3	
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i> (Amaryl)	Tier 1	
<i>glipizide oral tablet 10 mg, 5 mg</i> (Glucotrol)	Tier 1	
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i> (Glucotrol XL)	Tier 1	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i> (Glynase)	Tier 1	

Drug	Status	Notes
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>nateglinide oral tablet 120 mg, 60 mg</i> (Starlix)	Tier 1	
<i>repaglinide oral tablet 0.5 mg</i>	Tier 1	
<i>repaglinide oral tablet 1 mg, 2 mg</i> (Prandin)	Tier 1	
<i>tolazamide oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>tolbutamide oral tablet 500 mg</i>	Tier 1	
<b>Antihyperglycemic, Insulin-Response Enhancer (N-S)</b>		
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG	Tier 3	
AVANDIA ORAL TABLET 2 MG, 4 MG	Tier 3	ST: Prior prescription for Metformin, Sulfonylurea, or Pioglitazone in the past 120 days
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	Tier 1	
<b>Antihyperglycemic, Sglt-2 &amp; Dpp-4 Inhibitor Comb.</b>		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	Tier 2	ST: Prior prescription for Metformin, Sulfonylurea, or Pioglitazone in the past 120 days; QL (1 EA per 1 day)
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG	Tier 3	ST: Prior prescription for Metformin, Sulfonylurea, or Pioglitazone in the past 120 days; QL (1 EA per 1 day)
<b>Antihyperglycemic, Biguanide Type (Non-Sulfonylurea)</b>		
<i>metformin oral solution 500 mg/5 ml</i> (Riomet)	Tier 1	
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i> (Glucophage)	Tier 1	
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i> (Glucophage XR)	Tier 1	
<i>metformin oral tablet extended release 24hr 1,000 mg, 500 mg</i> (Fortamet)	Tier 1	ST: Prior prescription for Metformin HCL in the past 120 days
RIOMET ORAL SOLUTION 500 MG/5 ML	Tier 3	
<b>Antihyperglycemic, Insulin &amp; Glp-1 Receptor Agonist</b>		
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	Tier 2	ST: Prior prescription for Metformin, Sulfonylurea, or Pioglitazone in the past 120 days; QL (30 ML per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	Tier 2	ST: Prior prescription for Metformin, Sulfonylurea, or Pioglitazone in the past 120 days; QL (15 ML per 28 days)
<b>Antihyperglycemic, Insulin-Rel Stim. &amp; Biguanide Cmb</b>		
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	



Drug	Status	Notes
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	
<i>repaglinide-metformin oral tablet 1-500 mg, 2-500 mg</i>	Tier 1	
<b>Antihyperglycemic, Insulin-Response &amp; Release Comb.</b>		
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i> (DUETACT)	Tier 1	ST: Prior prescription for Metformin, Sulfonylurea, or Pioglitazone in the past 120 days
<b>Antihyperglycemic-Glucocorticoid Receptor Blocker</b>		
KORLYM ORAL TABLET 300 MG	Tier 3	PA; SP
<b>Antihyperglycemic-SglT2 Inhibitor &amp; Biguanide Comb</b>		
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	Tier 2	ST: Prior prescription for Metformin, Sulfonylurea, or Pioglitazone 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 Metformin, Sulfonylurea, or Pioglitazone in the past 120 days; QL (2 EA per 1 day)
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG	Tier 3	ST: Prior prescriptions for Metformin, Sulfonylurea, or Pioglitazone AND Farxiga, Invokana, or Jardiance (or combination product) 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	QL (2 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	Tier 2	QL (1 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	Tier 2	QL (2 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-500 MG	Tier 2	ST: Prior prescription for Metformin, Sulfonylurea, or Pioglitazone 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 Metformin, Sulfonylurea, or Pioglitazone in the past 120 days; QL (2 EA per 1 day)
<b>Antihyperglycm, Insul-Resp. Enhancer &amp; Biguanide Cmb</b>		
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 15-1,000 MG, 30-1,000 MG	Tier 3	ST: Prior prescription for Metformin, Sulfonylurea, or Pioglitazone in the past 120 days
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i> (Actoplus MET)	Tier 1	ST: Prior prescription for Metformin, Sulfonylurea, or Pioglitazone in the past 120 days

Drug	Status	Notes
<b>Blood Sugar Diagnostics</b>		
ACCU-CHEK AVIVA PLUS TEST STRP STRIP	Tier 2	
ACCU-CHEK COMPACT PLUS TEST STRIP	Tier 2	
ACCU-CHEK GUIDE STRIP	Tier 2	
ACCU-CHEK SMARTVIEW TEST STRIP STRIP	Tier 2	
BLOOD GLUCOSE TEST STRIP	Tier 1	
CONTOUR NEXT TEST STRIPS STRIP	Tier 2	PA
CONTOUR TEST STRIPS STRIP	Tier 2	PA
WAVESENSE PRESTO STRIP	Tier 1	
<b>Diabetic Supplies</b>		
ACCU-CHEK AVIVA PLUS METER	Tier 2	
ACCU-CHEK COMBO SYSTEM KIT	Tier 3	
ACCU-CHEK COMPACT PLUS CARE KIT	Tier 2	
ACCU-CHEK GUIDE GLUCOSE METER	Tier 2	
ACCU-CHEK NANO	Tier 2	
ANIMAS VIBE	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 43" INFUSION SET	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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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 LIBRE 10 DAY READER	Tier 2	PA
FREESTYLE LIBRE 10 DAY SENSOR KIT	Tier 2	PA
FREESTYLE LIBRE 14 DAY READER	Tier 2	PA
FREESTYLE LIBRE 14 DAY SENSOR KIT	Tier 2	PA
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) SUBCUTANEOUS INSULIN PEN	Tier 3	
INSET 30 INFUSION SET 23" INFUSION SET	Tier 3	
INSET INFUSION SET 23" INFUSION SET	Tier 3	
MINIMED 630G GUARDIAN START KT DEVICE	Tier 3	
MINIMED 630G INSULIN PUMP	Tier 3	
MINIMED 670G INSULIN PUMP	Tier 3	
MINIMED PRO-SET INFUSION 24" INFUSION SET	Tier 3	
MINIMED PRO-SET INFUSION 42" INFUSION SET	Tier 3	
MIO INFUSION SET INFUSION SET	Tier 3	
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN	Tier 3	
OMNIPOD DASH INSULIN POD SUBCUTANEOUS CARTRIDGE	Tier 3	
OMNIPOD DASH PDM KIT	Tier 3	
OMNIPOD INSULIN MANAGEMENT	Tier 3	
OMNIPOD INSULIN REFILL SUBCUTANEOUS CARTRIDGE	Tier 3	
PARADIGM REAL-TIME TRANSMIT-SN	Tier 3	
PREMIUM BLOOD GLUCOSE MONITOR	Tier 1	
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 INSULIN PUMP	Tier 3	

Drug	Status	Notes
TRUSTEEL INFUSION SET 23" INFUSION SET	Tier 3	
TRUSTEEL INFUSION SET 32" INFUSION SET	Tier 3	
UNISTIK 2 NORMAL LANCET,DEVICE KIT	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	
<b>Diabetic Ulcer Preparations, Topical</b>		
REGRANEX TOPICAL GEL 0.01 %	Tier 2	
<b>Hyperglycemics</b>		
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	Tier 2	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	Tier 2	
PROGLYCEM ORAL SUSPENSION 50 MG/ML	Tier 2	
<b>Insulins</b>		
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 8 UNIT	Tier 3	PA
AFREZZA INHALATION CARTRIDGE WITH INHALER 4 UNIT (60)/ 8 UNIT (30)	Tier 3	PA; QL (360 EA per 28 days)
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 Flexpen, Levemir Flextouch, Levemir, Toujeo Solostar, Tresiba Flextouch U-100, or Tresiba Flextouch U-200 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)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	Tier 2	QL (40 ML per 28 days)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	Tier 2	QL (30 ML per 28 days)
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	Tier 2	QL (30 ML per 28 days)
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 R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	Tier 2	QL (40 ML per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	Tier 2	QL (24 ML per 28 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	QL (30 ML per 28 days)
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
LEVEMIR FLEXTOUCH U-100 INSULN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	QL (30 ML per 28 days)
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	Tier 2	QL (18 ML per 28 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	Tier 2	QL (13.5 ML per 28 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	QL (30 ML per 28 days)
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Tier 2	QL (18 ML per 28 days)
<b>Ear - General Disorders</b>		
<b>Ear Preparations Anti-Inflammatory</b>		
<i>fluocinolone acetonide oil otic (ear) drops 0.01</i> (DermOtic Oil) %	Tier 1	
<b>Ear Preparations, Misc. Anti-Infectives</b>		
<i>acetic acid otic (ear) solution 2</i> %	Tier 1	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2</i> %	Tier 1	

Drug	Status	Notes
<b>Ear Preparations, Antibiotics</b>		
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 % (Cetraxal)</i>	Tier 1	
<i>neomycin-polymyxin-hc otic (ear) drops, suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	Tier 1	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	Tier 1	
<i>ofloxacin otic (ear) drops 0.3 %</i>	Tier 1	
OTIPRIO INTRATYMPANIC SUSPENSION 6 % (6 MG/0.1 ML)	Tier 3	
<b>Otic Preparations, Anti-Inflammatory-Antibiotics</b>		
CIPRODEX OTIC (EAR) DROPS, SUSPENSION 0.3-0.1 %	Tier 2	
OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	Tier 2	
<b>Electrolyte Regulation</b>		
<b>Arginine Vasopressin (Avp) Receptor Antagonists</b>		
JYNARQUE ORAL TABLETS, SEQUENTIAL 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 2	SP; QL (30 EA per 365 days)
SAMSCA ORAL TABLET 30 MG	Tier 2	SP; QL (60 EA per 365 days)
<b>Bicarbonate Producing/Containing Agents</b>		
<i>sodium acetate intravenous solution 4 meq/ml</i>	Tier 1	
<i>sodium bicarbonate in d5w intravenous solution 150 meq/1,000 ml, 150 meq/1,150 ml</i>	Tier 1	
VAXCHORA BUFFER COMPONENT ORAL SUSPENSION FOR RECONSTITUTION	Tier 3	
<b>Drugs Used To Treat Acidosis</b>		
<i>tromethamine in sterile water intravenous syringe 1.8 gram/50 ml (0.3 molar)</i>	Tier 1	
<b>Electrolyte Depleters</b>		
AURYXIA ORAL TABLET 210 MG IRON	Tier 3	QL (12 EA per 1 day)
<i>calcium acetate oral capsule 667 mg</i>	Tier 1	
<i>calcium acetate oral tablet 667 mg (Calphron)</i>	Tier 1	
ELIPHOS ORAL TABLET 667 MG	Tier 1	
KIONEX (WITH SORBITOL) ORAL SUSPENSION 15-19.3 GRAM/60 ML	Tier 1	
<i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg (Fosrenol)</i>	Tier 1	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	Tier 3	PA
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML	Tier 2	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram (Renvela)</i>	Tier 1	

Drug	Status	Notes
<i>sevelamer carbonate oral tablet 800 mg</i> (Renvela)	Tier 1	
SODIUM POLYSTYRENE (SORB FREE) ORAL SUSPENSION 15 GRAM/60 ML	Tier 1	
<i>sodium polystyrene sulfonate oral powder</i>	Tier 1	
<i>sodium polystyrene sulfonate oral suspension 15 gram/60 ml</i> (sodium polystyrene (sorb free))	Tier 1	
<i>sodium polystyrene sulfonate rectal enema 30 gram/120 ml, 50 gram/200 ml</i>	Tier 1	
SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML	Tier 1	
SPS (WITH SORBITOL) RECTAL ENEMA 30- 40 GRAM/120 ML	Tier 2	
VELPHORO ORAL TABLET,CHEWABLE 500 MG	Tier 2	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	Tier 2	PA; QL (1 EA per 1 day)
<b>Phosphate Replacement</b>		
GLYCOPHOS INTRAVENOUS SOLUTION 1 MMOL/ML	Tier 1	
<i>sodium phosphate in 0.9 % nacl intravenous solution 30 mmol/250 ml, 40 mmol/250 ml</i>	Tier 1	
<i>sodium phosphate in d5w intravenous solution 15 mmol/250 ml</i>	Tier 1	
<b>Potassium Replacement</b>		
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ	Tier 1	
K-EFFERVESCENT ORAL TABLET, EFFERVESCENT 25 MEQ	Tier 1	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	Tier 2	
KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ	Tier 2	
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	
KLOR-CON ORAL PACKET 20 MEQ	Tier 2	
KLOR-CON SPRINKLE ORAL CAPSULE, EXTENDED RELEASE 8 MEQ	Tier 1	
KLOR-CON/EF ORAL TABLET, EFFERVESCENT 25 MEQ	Tier 2	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 8 MEQ	Tier 2	
<i>potassium acetate intravenous solution 2 meq/ml</i>	Tier 1	
<i>potassium bicarb and chloride oral tablet, effervescent 25 meq</i>	Tier 1	
<i>potassium bicarb-citric acid oral tablet, effervescent 25 meq</i> (Effer-K)	Tier 1	

Drug	Status	Notes
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	Tier 1	
potassium chloride oral capsule, extended release 8 meq (Klor-Con Sprinkle)	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 % nacl intravenous piggyback 10 meq-10 mg /100 ml	Tier 1	
<b>Endocrine Disorder - Fertility</b>		
<b>Drugs To Treat Impotency</b>		
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG	Tier 3	QL (1 EA per 5 days)
CAVERJECT INTRACAVERNOSAL RECON SOLN 20 MCG, 40 MCG	Tier 2	QL (1 EA per 5 days)
CIALIS ORAL TABLET 10 MG, 20 MG	Tier 3	PA; QL (1 EA per 5 days)
CIALIS ORAL TABLET 2.5 MG, 5 MG	Tier 3	PA; QL (1 EA per 1 day)
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 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	



Drug	Status	Notes
IFE-PG20 INTRACAVERNOSAL SOLUTION 20 MCG/ML	Tier 1	
MUSE URETHRAL SUPPOSITORY 1,000 MCG, 125 MCG, 250 MCG, 500 MCG	Tier 2	QL (1 EA per 5 days)
<i>papav-phentolam-alprost-water intracavernosal solution 12 mg-1 mg- 10 mcg/ml, 30 mg-1 mg- 20 mcg/ml</i>	Tier 1	
<i>sildenafil oral tablet 100 mg, 25 mg, 50 mg</i> (Viagra)	Tier 1	QL (1 EA per 5 days)
<i>tadalafil oral tablet 10 mg, 20 mg</i> (Cialis)	Tier 1	PA; QL (1 EA per 5 days)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i> (Cialis)	Tier 1	PA; QL (1 EA per 1 day)
<b>Fertility Stimulating Preparations,Non-Fsh</b>		
<i>clomiphene citrate oral tablet 50 mg</i> (Serophene)	Tier 1	
SEROPHENE ORAL TABLET 50 MG	Tier 2	
<b>Follicle Stim./Luteinizing Hormones</b>		
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT	Tier 2	SP
<b>Follicle-Stimulating Hormone (Fsh)</b>		
FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE 300 UNIT/0.36 ML, 600 UNIT/0.72 ML, 900 UNIT/1.08 ML	Tier 2	SP
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300/0.5 UNIT/ML, 450/0.75 UNIT/ML, 900/1.5 UNIT/ML	Tier 3	SP; ST: Prior prescription for Follistim AQ in the past 120 days
GONAL-F RFF SUBCUTANEOUS RECON SOLN 75 UNIT	Tier 3	SP; ST: Prior prescription for Follistim AQ in the past 120 days
GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT, 450 UNIT	Tier 3	SP; ST: Prior prescription for Follistim AQ in the past 120 days
<b>Human Chorionic Gonadotropin (Hcg)</b>		
<i>chorionic gonadotropin, human intramuscular recon soln 10,000 unit</i> (Novarel)	Tier 2	
NOVAREL INTRAMUSCULAR RECON SOLN 10,000 UNIT, 5,000 UNIT	Tier 2	
OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML	Tier 3	
<b>Pregnancy Facilitating/Maintaining Agent,Hormonal</b>		
CRINONE VAGINAL GEL 8 %	Tier 2	
<i>hydroxyprogesterone (pf)(preg presv) intramuscular oil 250 mg/ml (1 ml)</i> (Makena)	Tier 1	PA; SP
<i>hydroxyprogesterone cap(ppres) intramuscular oil 250 mg/ml</i> (Makena)	Tier 1	PA; SP
MAKENA (PF) SUBCUTANEOUS AUTO- INJECTOR 275 MG/1.1 ML	Tier 2	PA; SP
MAKENA INTRAMUSCULAR OIL 250 MG/ML	Tier 3	PA; SP
<b>Endocrine Disorder - Other</b>		
<b>Antidiuretic And Vasopressor Hormones</b>		
<i>desmopressin injection solution 4 mcg/ml</i> (DDAVP)	Tier 1	

Drug	Status	Notes
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i> (DDAVP)	Tier 1	
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	Tier 1	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)	Tier 1	
NOCDURNA SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG, 55.3 MCG	Tier 3	PA; QL (1 EA per 1 day)
NOCTIVA NASAL SPRAY,NON-AEROSOL 0.83 MCG/SPRAY (0.1 ML), 1.66 MCG/SPRAY (0.1 ML)	Tier 3	
STIMATE NASAL SPRAY,NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	Tier 2	
<i>vasopressin in 0.9 % sod chlor intravenous solution 100 unit/100 ml (1 unit/ml), 100 unit/250 ml (0.4 unit/ml), 20 unit/100 ml (0.2 unit/ml), 40 unit/100 ml (0.4 unit/ml), 50 unit/250 ml (0.2 unit/ml), 60 unit/100 ml (0.6 unit/ml)</i>	Tier 1	
<i>vasopressin in dextrose 5 % intravenous solution 100 unit/100 ml (1 unit/ml), 25 unit/250 ml (0.1 unit/ml), 50 unit/250 ml (0.2 unit/ml), 60 unit/100 ml (0.6 unit/ml)</i>	Tier 1	
<i>vasopressin injection solution 20 unit/ml</i>	Tier 1	
VASOSTRICT INTRAVENOUS SOLUTION 20 UNIT/ML	Tier 3	
<b>Antineoplastic Lhrh(Gnrh) Agonist,Pituitary Suppr.</b>		
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	Tier 2	PA; SP
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	Tier 2	PA; SP
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	Tier 2	PA; SP
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	Tier 2	PA; SP
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	Tier 1	PA; SP
<i>leuprolide subcutaneous solution 1 mg/0.2 ml</i>	Tier 1	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
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

Drug	Status	Notes
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	Tier 2	PA; SP
<b>Bone Formation Stimulating Agts - Pth Rel Peptides</b>		
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	Tier 2	PA; SP
<b>Bone Resorption Inhibitor &amp; Vitamin D Combinations</b>		
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	Tier 3	
<b>Bone Resorption Inhibitors</b>		
ACTONEL ORAL TABLET 150 MG	Tier 3	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)
ACTONEL ORAL TABLET 35 MG	Tier 3	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)
ACTONEL ORAL TABLET 5 MG	Tier 3	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)
<i>alendronate oral solution 70 mg/75 ml</i>	Tier 1	QL (75 ML per 7 days)
<i>alendronate oral tablet 10 mg, 35 mg, 40 mg, 5 mg</i>	Tier 1	
<i>alendronate oral tablet 70 mg</i> (Fosamax)	Tier 1	
ATELVIA ORAL TABLET, DELAYED RELEASE (DR/EC) 35 MG	Tier 3	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)
BONIVA ORAL TABLET 150 MG	Tier 3	
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	Tier 1	
<i>etidronate disodium oral tablet 200 mg, 400 mg</i>	Tier 1	
EVISTA ORAL TABLET 60 MG	Tier 3	PA; QL (1 EA per 1 day)
<i>ibandronate intravenous solution 3 mg/3 ml</i>	Tier 1	
<i>ibandronate intravenous syringe 3 mg/3 ml</i> (Boniva)	Tier 1	
<i>ibandronate oral tablet 150 mg</i> (Boniva)	Tier 1	

Drug	Status	Notes
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	Tier 2	
<i>pamidronate intravenous recon soln 30 mg, 90 mg</i>	Tier 1	
<i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)</i>	Tier 1	
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	Tier 3	PA; SP
<i>raloxifene oral tablet 60 mg</i> (Evista)	Tier 1	PA; QL (1 EA per 1 day)
<i>risedronate oral tablet 150 mg</i> (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)
<i>risedronate oral tablet 30 mg</i>	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)
<i>risedronate oral tablet 35 mg</i> (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)
<i>risedronate oral tablet 5 mg</i> (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)
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i> (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
<i>zoledronic acid intravenous recon soln 4 mg</i>	Tier 1	SP
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	Tier 1	SP
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	Tier 1	PA; SP
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i> (Reclast)	Tier 1	SP

Drug	Status	Notes
<i>zoledronic ac-mannitol-0.9nacl intravenous piggyback 4 mg/100 ml</i>	Tier 1	SP
ZOMETA INTRAVENOUS PIGGYBACK 4 MG/100 ML	Tier 2	SP
ZOMETA INTRAVENOUS SOLUTION 4 MG/5 ML	Tier 3	SP
<b>Calcimimetic, Parathyroid Calcium Enhancer</b>		
PARSABIV INTRAVENOUS SOLUTION 5 MG/ML	Tier 3	PA; SP
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG	Tier 2	SP
<b>Growth Hormone Receptor Antagonists</b>		
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	Tier 2	SP
<b>Growth Hormone Releasing Hormone (Ghrh) &amp; Analogs</b>		
EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG	Tier 2	PA; SP
<b>Growth Hormones</b>		
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
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
<b>Hyperparathyroid Tx Agents - Vitamin D Analog-Type</b>		
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	Tier 1	
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar)	Tier 1	
<i>paricalcitol oral capsule 4 mcg</i>	Tier 1	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	Tier 3	
<b>Insulin-Like Growth Factor-1 (Igf-1) Hormones</b>		
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	Tier 2	PA; SP
<b>Leptin Hormone Analogs</b>		
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	Tier 2	SP; QL (1 EA per 1 day)
<b>Lhrh(Gnrh) Agonist Analog Pituitary Suppressants</b>		
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

Drug	Status	Notes
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	Tier 2	PA; SP
<b>Lhrh(Gnrh) Antagonist, Pituitary Suppressant Agents</b>		
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	Tier 2	SP
ORLISSA ORAL TABLET 150 MG	Tier 3	PA; QL (1 EA per 1 day)
ORLISSA ORAL TABLET 200 MG	Tier 3	PA; QL (2 EA per 1 day)
<b>Lhrh(Gnrh) Agnst Pit. Sup-Central Precocious Puberty</b>		
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)
<b>Menopausal Sympt Supp-Sel Estrogen Recep Modulator</b>		
OSPHENA ORAL TABLET 60 MG	Tier 3	QL (1 EA per 1 day)
<b>Parathyroid Hormones</b>		
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	Tier 2	PA; SP
<b>Pituitary Suppressive Agents</b>		
<i>cabergoline oral tablet 0.5 mg</i>	Tier 1	
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	Tier 1	
<b>Thyroid Function Diagnostic Agents</b>		
THYROGEN INTRAMUSCULAR RECON SOLN 1.1 MG	Tier 2	PA; SP
<b>Endocrine Disorder - Thyroid</b>		
<b>Antithyroid Preparations</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i> (Tapazole)	Tier 1	
<i>propylthiouracil oral tablet 50 mg</i>	Tier 1	
TAPAZOLE ORAL TABLET 10 MG, 5 MG	Tier 3	
<b>Iodine Containing Agents</b>		
IODOPEN INTRAVENOUS SOLUTION 100 MCG/ML	Tier 1	
SSKI ORAL SOLUTION 1 GRAM/ML	Tier 1	
STRONG IODINE ORAL SOLUTION 5 %	Tier 1	
<b>Thyroid Hormones</b>		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	Tier 2	
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	

Drug	Status	Notes
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 3	
<i>levothyroxine intravenous recon soln 100 mcg, 200 mcg, 500 mcg</i>	Tier 1	
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Euthyrox)	Tier 1	
<i>levothyroxine oral tablet 300 mcg</i> (Levo-T)	Tier 1	
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 3	
<i>liothyronine intravenous solution 10 mcg/ml</i> (Triostat)	Tier 1	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel)	Tier 1	
NATURE-THROID ORAL TABLET 113.75 MG, 130 MG, 146.25 MG, 16.25 MG, 162.5 MG, 195 MG, 260 MG, 32.5 MG, 325 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG	Tier 1	
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	Tier 1	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 3	
<i>thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i> (Armour Thyroid)	Tier 1	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 3	ST: Prior prescription for Levothyroxine Sodium within the past 120 days
TIROSINT ORAL CAPSULE 175 MCG, 200 MCG	Tier 3	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 3	
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG	Tier 1	
<b>Eye - General Disorders</b>		
<b>Eye Antibiotic, Glucocorticoid And Nsaid Comb.</b>		
<i>prednisol ace-gatiflox-bromfen ophthalmic (eye) drops,suspension 1-0.5-0.075 %</i>	Tier 1	
<b>Eye Antibiotic-Corticoid Combinations</b>		
<i>gatifloxacin-dexamethasone ophthalmic (eye) drops 0.5-0.1 %</i>	Tier 1	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> (Neo-Polycin HC)	Tier 1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> (Maxitrol)	Tier 1	

Drug	Status	Notes
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i> (Maxitrol)	Tier 1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	Tier 1	
NEO-POLYCIN HC OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT/G-1%	Tier 1	
<i>prednisolone acet-gatifloxacin ophthalmic (eye) drops,suspension 1-0.5 %</i>	Tier 1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	Tier 2	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	Tier 2	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i> (TobraDex)	Tier 1	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	Tier 2	
<b>Eye Antihistamines</b>		
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	Tier 1	
BEPREVE OPHTHALMIC (EYE) DROPS 1.5 %	Tier 2	
ELESTAT OPHTHALMIC (EYE) DROPS 0.05 %	Tier 3	
EMADINE OPHTHALMIC (EYE) DROPS 0.05 %	Tier 3	ST: Prior prescription for Azelastine HCL and Olopatadine HCL in the past 365 days
<i>epinastine ophthalmic (eye) drops 0.05 %</i> (Elestat)	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
<i>olopatadine ophthalmic (eye) drops 0.1 %</i> (Patanol)	Tier 2	
<i>olopatadine ophthalmic (eye) drops 0.2 %</i> (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
<b>Eye Antiinflammatory Agents</b>		
ACULAR LS OPHTHALMIC (EYE) DROPS 0.4 %	Tier 3	
ACULAR OPHTHALMIC (EYE) DROPS 0.5 %	Tier 3	
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	Tier 2	
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	Tier 1	
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	Tier 3	ST: Prior prescription for Bromfenac Sodium, Diclofenac Sodium, or Ketorolac Tromethamine in the past 120 days
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	Tier 1	



Drug	Status	Notes
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	Tier 1	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	Tier 3	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i> (FML Liquifilm)	Tier 1	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	Tier 1	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	Tier 2	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	Tier 3	ST: Prior prescription for Prednisolone Sodium Phosphate within the past 120 days; QL (5.6 ML per 14 days)
<i>ketorolac ophthalmic (eye) drops 0.4 %</i> (Acular LS)	Tier 1	
<i>ketorolac ophthalmic (eye) drops 0.5 %</i> (Acular)	Tier 1	
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %	Tier 2	
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.5 %	Tier 2	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	Tier 2	
<i>prednisolone acetate (pf) ophthalmic (eye) drops,suspension 1 %</i>	Tier 1	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> (Omnipred)	Tier 1	
<i>prednisolone acetate-bromfenac ophthalmic (eye) drops,suspension 1-0.075 %</i>	Tier 1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	Tier 1	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	Tier 2	
<b>Eye Antivirals</b>		
<i>trifluridine ophthalmic (eye) drops 1 %</i> (Viroptic)	Tier 1	
VIROPTIC OPHTHALMIC (EYE) DROPS 1 %	Tier 3	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	Tier 3	
<b>Eye Local Anesthetics</b>		
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	
FLUCAINE OPHTHALMIC (EYE) DROPS 0.25-0.5 %	Tier 1	
<i>fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %</i> (Flucaeine)	Tier 1	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %</i>	Tier 1	

Drug	Status	Notes
tetracaine hcl ophthalmic (eye) drops 0.5 % (Altacaine)	Tier 1	
<b>Eye Sulfonamides</b>		
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	
<b>Eye Vasoconstrictors (Rx Only)</b>		
phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %	Tier 1	
<b>Ophthalmic Antibiotics</b>		
AK-POLY-BAC OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM	Tier 1	
AZASITE OPHTHALMIC (EYE) DROPS 1 %	Tier 2	
bacitracin ophthalmic (eye) ointment 500 unit/gram	Tier 1	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram (AK-Poly-Bac)	Tier 1	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	Tier 3	ST: At least 2 prior prescriptions for Ciprofloxacin HCL, Gatifloxacin, Levofloxacin, Moxeza, 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	
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	
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	

Drug	Status	Notes
<i>tobramycin ophthalmic (eye) drops 0.3 %</i> (Tobrex)	Tier 1	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	Tier 3	
ZYMAXID OPHTHALMIC (EYE) DROPS 0.5 %	Tier 3	
<b>Ophthalmic Anti-Inflammatory Immunomodulator-Type</b>		
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %	Tier 3	
CYCLOSPORINE IN KLARITY OPHTHALMIC (EYE) DROPS 0.1-0.25 %	Tier 1	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	Tier 2	QL (5.5 ML per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	Tier 2	QL (60 EA per 30 days)
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	Tier 2	QL (60 EA per 30 days)
<b>Ophthalmic Human Nerve Growth Factor (Hngf)</b>		
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	Tier 3	PA; SP
<b>Ophthalmic Mast Cell Stabilizers</b>		
ALOCRILOPHTHALMIC (EYE) DROPS 2 %	Tier 3	ST: Prior prescription for Cromolyn Sodium in the past 120 days
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %	Tier 3	ST: Prior prescription for Cromolyn Sodium in the past 120 days
<i>cromolyn ophthalmic (eye) drops 4 %</i>	Tier 1	
<b>Eye - Glaucoma</b>		
<b>Carbonic Anhydrase Inhibitors</b>		
<i>acetazolamide oral capsule, extended release 500 mg</i>	Tier 1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	Tier 1	
<i>acetazolamide sodium injection recon soln 500 mg</i>	Tier 1	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	Tier 1	
<b>Miotics/Other Intraoc. Pressure Reducers</b>		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	Tier 2	
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.15 %	Tier 3	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i> (Iopidine)	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

Drug	Status	Notes
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	Tier 1	
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 % %, 0.5 %	Tier 3	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 3	
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	Tier 1	QL (1 ML per 12 days)
<i>brimonidine ophthalmic (eye) drops 0.15 %</i> (Alphagan P)	Tier 1	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	Tier 1	
<i>brimonidine-dorzolamide (pf) ophthalmic (eye) drops 0.15-2 %</i>	Tier 1	
<i>carteolol ophthalmic (eye) drops 1 %</i>	Tier 1	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	Tier 2	
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)
<i>orzolamide (pf) ophthalmic (eye) drops 2 %</i>	Tier 1	
<i>orzolamide ophthalmic (eye) drops 2 %</i> (Trusopt)	Tier 1	
<i>orzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i> (Cosopt (PF))	Tier 1	ST: Prior prescription for Dorzolamide HCL/timolol Maleate in the past 120 days; QL (2 EA per 1 day)
<i>orzolamide-timolol (pf) ophthalmic (eye) drops 2-0.5 %</i>	Tier 1	ST: Prior prescription for Dorzolamide HCL/timolol Maleate in the past 120 days
<i>orzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i> (Cosopt)	Tier 1	
<i>latanoprost (pf) ophthalmic (eye) drops 0.005 %</i>	Tier 1	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i> (Xalatan)	Tier 1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	Tier 1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	Tier 2	QL (1 ML per 12 days)
<i>metipranolol ophthalmic (eye) drops 0.3 %</i>	Tier 1	
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	Tier 2	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i> (Isopto Carpine)	Tier 1	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	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; QL (2.5 ML per 30 days)

Drug	Status	Notes
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	Tier 3	ST: Prior prescription for Alphagan P, Brimonidine Tartrate, Combigan, or Dorzolamide HCL/timolol Maleate in the past 365 days
<i>timol-brimon-dorzo-latanop(pf) ophthalmic (eye) drops 0.5 %-0.15 %- 2 %-0.005 %</i>	Tier 1	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i> (Timoptic)	Tier 1	
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i> (Istalol)	Tier 1	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i> (Timoptic-XE)	Tier 1	
<i>timolol-brimonidi-dorzolam(pf) ophthalmic (eye) drops 0.5-0.15-2 %</i>	Tier 1	
<i>timolol-dorzolamid-latanop(pf) ophthalmic (eye) drops 0.5-2-0.005 %</i>	Tier 1	
<i>timolol-latanoprost(pf) ophthalmic (eye) drops 0.5-0.005 %</i>	Tier 1	
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 %	Tier 2	QL (1 ML per 12 days)
TRUSOPT OPHTHALMIC (EYE) DROPS 2 %	Tier 3	
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	Tier 3	
<b>Mydriatics</b>		
<i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)	Tier 1	
<i>atropine ophthalmic (eye) ointment 1 %</i>	Tier 1	
CYCLOGYL OPHTHALMIC (EYE) DROPS 0.5 %, 1 %, 2 %	Tier 3	
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %	Tier 3	
<i>cyclopen-lido-phenylep-tropica ophthalmic (eye) drops 0.05 %-1.7 %- 0.5 %-0.05 %</i>	Tier 1	
<i>cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %</i> (Cyclogyl)	Tier 1	
<i>cyclopen-tropic-phenyleph-watr ophthalmic (eye) drops 1-1-2.5 %</i> (Mydriatic3 (trop-cyclopent-PE))	Tier 1	
HOMATROPAIRE OPHTHALMIC (EYE) DROPS 5 %	Tier 1	
<i>homatropine hbr ophthalmic (eye) drops 5 %</i> (Homatropaire)	Tier 1	
MYDRIATIC3 (TROP-CYCLOPENT-PE) OPHTHALMIC (EYE) DROPS 1-1-2.5 %	Tier 3	
PAREMYD OPHTHALMIC (EYE) DROPS 1-0.25 %	Tier 3	
<i>tropicamide ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>tropicamide ophthalmic (eye) drops 1 %</i> (Mydriacyl)	Tier 1	
<b>Ophthalmic Antifibrotic Agents</b>		
MITOSOL OPHTHALMIC (EYE) KIT 0.2 MG	Tier 3	
<b>Eye - Miscellaneous</b>		

Drug	Status	Notes
<b>Ocular Photoactivated Vessel-Occluding Agents</b>		
VISUDYNE INTRAVENOUS RECON SOLN 15 MG	Tier 2	SP
<b>Ophthalmic Cystine Depleting Agents</b>		
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	Tier 2	PA; SP
<b>Fluid Replacement</b>		
<b>Nucleic Acid/Nucleotide Supplements</b>		
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	Tier 2	PA; SP
<b>Gout And Related Diseases</b>		
<b>Colchicine</b>		
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)
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	Tier 1	
<b>Hyperuricemia Tx - Purine Inhibitors</b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i> (Zyloprim)	Tier 1	
<i>allopurinol sodium intravenous recon soln 500 mg</i> (Aloprim)	Tier 1	
ALOPRIM INTRAVENOUS RECON SOLN 500 MG	Tier 2	
ULORIC ORAL TABLET 40 MG, 80 MG	Tier 2	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	
<b>Hyperuricemia Tx - Urate-Oxidase Enzyme-Type</b>		
ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG	Tier 2	
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML	Tier 2	PA; SP
<b>Uricosuric Agents</b>		
<i>probenecid oral tablet 500 mg</i>	Tier 1	
<b>Hematological Disorders</b>		
<b>Anticoagulant Reversal Agent For Factor Xa Inhib.</b>		
ANDEXXA INTRAVENOUS RECON SOLN 100 MG	Tier 3	SP
<b>Anticoagulant Reversal Agents</b>		
PRAXBIND INTRAVENOUS SOLUTION 2.5 GRAM/50 ML	Tier 3	SP
<b>Anticoagulants, Coumarin Type</b>		
COUMADIN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	Tier 3	
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	

Drug	Status	Notes
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg (Coumadin)	Tier 1	
<b>Antifibrinolytic Agents</b>		
AMICAR ORAL SOLUTION 250 MG/ML (25 %)	Tier 2	
AMICAR ORAL TABLET 1,000 MG, 500 MG	Tier 2	
aminocaproic acid intravenous solution 250 mg/ml	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 intravenous solution 1,000 mg/10 ml (100 mg/ml) (Cyklokapron)	Tier 1	
tranexamic acid oral tablet 650 mg (Lysteda)	Tier 1	
<b>Antihemophilic Factors</b>		
ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 2	SP
ADVATE INTRAVENOUS RECON SOLN 1,500 (+/-) UNIT	Tier 3	SP
ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT	Tier 2	SP
ADYNOVATE INTRAVENOUS SOLUTION 3,000 (+/-) UNIT	Tier 3	SP
AFSTYLA INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT RANGE, 2,000 (+/-) UNIT RANGE, 250 (+/-) UNIT RANGE, 3,000 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	Tier 2	SP
AFSTYLA INTRAVENOUS RECON SOLN 1,500 (+/-) UNIT RANGE, 2,500 (+/-) UNIT RANGE	Tier 3	SP
ALPHANATE INTRAVENOUS RECON SOLN 1,000 (400 VWF) UNIT/10 ML, 1,500 (600 VWF) UNIT/10 ML, 2,000 (800 VWF) UNIT/10 ML, 250 (100 VWF) UNIT/5 ML, 500 (200 VWF) UNIT/5 ML	Tier 2	SP
FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 400-650 UNIT, 651-1,200 UNIT	Tier 2	SP
HELIXATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) 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

Drug	Status	Notes
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 3	SP
KOATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	SP
KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 2	SP
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 2	SP
MONOCLATE-P INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT	Tier 3	SP
MONOCLATE-P INTRAVENOUS RECON SOLN 1,500 (+/-) 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
NUWIQ INTRAVENOUS RECON SOLN 1000 (+/-) UNIT, 2,000 (+/-) UNIT, 2,500 UNIT, 250 (+/-) UNIT, 3,000 UNIT, 4,000 UNIT, 500 (+/-) UNIT	Tier 3	SP
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE	Tier 2	SP
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 450-450 UNIT, 500-500 UNIT, 900-900 UNIT	Tier 2	SP
XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	SP
<b>Antiporphyrria Factors</b>		
PANHEMATIN INTRAVENOUS RECON SOLN 350 MG	Tier 3	SP
<b>Blood Factors,Miscellaneous</b>		
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT	Tier 2	SP
VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-) UNIT RANGE	Tier 2	SP
<b>Citrates As Anticoagulants</b>		
ACD-A SOLUTION	Tier 2	



Drug	Status	Notes
<i>anticoag citrate phos dextrose solution 2.63-222 gram-mg/100ml</i>	Tier 1	
<i>sodium citrate in 0.9 % nacl solution 0.5 %</i>	Tier 1	
<i>sodium citrate intra-catheter syringe 4 % (3 ml), 4 % (4 ml)</i>	Tier 1	
<i>sodium citrate solution 4 gram /100 ml (4 %)</i>	Tier 1	
TRICITRASOL INJECTION CONCENTRATE 46.7 %	Tier 2	
<b>Coagulants</b>		
<i>protamine intravenous solution 10 mg/ml</i>	Tier 1	
<b>Direct Factor Xa Inhibitors</b>		
BEVYXXA ORAL CAPSULE 40 MG, 80 MG	Tier 3	PA; QL (43 EA per 42 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)
ELIQUIS ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	Tier 2	QL (74 EA per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	Tier 2	QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG	Tier 2	QL (2 EA per 1 day)
XARELTO ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	Tier 2	QL (51 EA per 30 days)
<b>Factor Ix Complex (Pcc) Preparations</b>		
KCENTRA INTRAVENOUS RECON SOLN 1,000 UNIT (800-1240 UNIT), 500 UNIT (400-620 UNIT)	Tier 3	SP
<b>Factor Ix Preparations</b>		
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
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
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) 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

Drug	Status	Notes
<b>Factor X Preparations</b>		
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	Tier 2	SP
<b>Factor XIII Preparations</b>		
TRETTEIN INTRAVENOUS RECON SOLN 2,500 UNIT	Tier 2	SP
<b>Hematinics, Other</b>		
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 150 MCG/0.3 ML, 200 MCG/0.3 ML, 30 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML	Tier 3	PA; SP
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	Tier 2	PA; SP
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	Tier 3	PA; SP
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	Tier 3	SP
<b>Hemophilia Treatment Agents, Non-Factor Replacement</b>		
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4 ML	Tier 3	PA; SP
<b>Hemorrhologic Agents</b>		
<i>pentoxifylline oral tablet extended release 400 mg</i>	Tier 1	
<b>Heparin And Related Preparations</b>		
ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML	Tier 3	QL (8 ML per 30 days)
ARIXTRA SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	Tier 3	QL (5 ML per 30 days)
ARIXTRA SUBCUTANEOUS SYRINGE 5 MG/0.4 ML	Tier 3	QL (4 ML per 30 days)
ARIXTRA SUBCUTANEOUS SYRINGE 7.5 MG/0.6 ML	Tier 3	QL (6 ML per 30 days)
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i> (Lovenox)	Tier 1	QL (30 ML per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i> (Lovenox)	Tier 1	QL (20 ML per 30 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i> (Lovenox)	Tier 1	QL (16 ML per 30 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i> (Lovenox)	Tier 1	QL (6 ML per 30 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i> (Lovenox)	Tier 1	QL (8 ML per 30 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i> (Lovenox)	Tier 1	QL (12 ML per 30 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> (Arixtra)	Tier 1	QL (8 ML per 30 days)

Drug	Status	Notes
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> (Arixtra)	Tier 1	QL (5 ML per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i> (Arixtra)	Tier 1	QL (4 ML per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i> (Arixtra)	Tier 1	QL (6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	Tier 2	QL (7.6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML	Tier 2	QL (10 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML	Tier 2	QL (5 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML	Tier 2	QL (6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML	Tier 2	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	QL (2 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML	Tier 2	QL (3 ML per 30 days)
HEP FLUSH-10 (PF) INTRAVENOUS SOLUTION 10 UNIT/ML	Tier 1	
<i>heparin (porc)-0.45% nacl (pf) intravenous syringe 10 unit/10 ml (1 unit/ml), 2.5 unit/10 ml (0.25 unit/ml), 3 unit/3 ml (1 unit/ml)</i>	Tier 1	
<i>heparin (porcine) in 0.9% nacl intravenous parenteral solution 1,000 unit/1000 ml (1 unit/ml), 10,000 unit/1,000 ml, 100 unit/100 ml (1 unit/ml), 2,000 unit/500 ml (4 unit/ml), 2,500 unit/250 ml (10 unit/ml), 2,500 unit/500 ml (5 unit/ml), 25,000 unit/250 ml, 25,000 unit/500 ml(50 unit/ml), 250 unit/250 ml (1 unit/ml), 3,000 unit/500 ml (6 unit/ml), 30,000 unit/1,000 ml, 4,000 unit/500 ml (8 unit/ml), 4000 unit/1000 ml (4 unit/ml), 5,000 unit/1,000 ml, 5,000 unit/500 ml (10 unit/ml), 500 unit/500 ml (1 unit/ml), 6,000 unit/1000 ml (6 unit/ml)</i>	Tier 1	
<i>heparin (porcine) in 0.9% nacl intravenous syringe 5,000 unit/5 ml</i>	Tier 1	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 12,500 unit/250 ml, 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	Tier 1	
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml, 2,000 unit/1,000 ml</i>	Tier 1	
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	Tier 1	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	Tier 1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	Tier 1	

Drug	Status	Notes
<i>heparin flush(porcine)-0.9nacl intravenous kit 100 unit/ml</i>	Tier 1	
<i>heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml</i>	Tier 1	
<i>heparin lock flush (porcine) intravenous syringe 10 unit/ml, 100 unit/ml</i>	Tier 1	
HEPARIN LOCK FLUSH INTRAVENOUS SYRINGE 10 UNIT/ML	Tier 1	
HEPARIN LOCK INTRAVENOUS SOLUTION 100 UNIT/ML	Tier 1	
HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML	Tier 1	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 100 unit/100 ml (1 unit/ml), 25,000 unit/250 ml, 25,000 unit/500 ml</i>	Tier 1	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 12,500 unit/250 ml, 5,000 unit/1,000 ml</i>	Tier 3	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml, 5,000 unit/0.5 ml</i>	Tier 1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	Tier 1	
<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>	Tier 1	
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml</i>	Tier 1	
<i>heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml</i>	(Heparin LockFlush(Porcine)(PF)) Tier 1	
LOVENOX SUBCUTANEOUS SOLUTION 300 MG/3 ML	Tier 3	QL (30 ML per 30 days)
<b>Human Monoclonal Antibody Complement(C5) Inhibitor</b>		
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30 ML	Tier 2	PA; SP
<b>Leukocyte (Wbc) Stimulants</b>		
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 2	PA; SP
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 2	PA; SP
LEUKINE INJECTION RECON SOLN 250 MCG	Tier 2	PA; SP
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6ML	Tier 2	PA; SP
NEULASTA SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	Tier 2	PA; SP
NEUPOGEN INJECTION SYRINGE 480 MCG/0.8 ML	Tier 3	PA; SP
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 3	SP
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 2	SP
<b>Platelet Aggregation Inhibitors</b>		

Drug	Status	Notes
ADULT ASPIRIN REGIMEN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	\$0	
ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	\$0	
AGGRASTAT CONCENTRATE INTRAVENOUS CONCENTRATE 250 MCG/ML	Tier 3	
AGGRASTAT IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 12.5 MG/250 ML (50 MCG/ML), 5 MG/100 ML (50 MCG/ML)	Tier 3	
AGGRENOX ORAL CAPSULE, ER MULTIPHASE 12 HR 25-200 MG	Tier 3	
ASPIR-81 ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	\$0	
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG	\$0	
ASPIRIN LOW DOSE ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	\$0	
<i>aspirin oral tablet,chewable 81 mg</i> (Aspirin Childrens)	\$0	
<i>aspirin oral tablet,delayed release (dr/ec) 81 mg</i> (Adult Aspirin Regimen)	\$0	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i> (Aggrenox)	Tier 1	
ASPIR-LOW ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	\$0	
BRILINTA ORAL TABLET 60 MG, 90 MG	Tier 2	QL (2 EA per 1 day)
CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG	\$0	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Tier 1	
<i>clopidogrel oral tablet 300 mg</i>	Tier 1	QL (4 EA per 30 days)
<i>clopidogrel oral tablet 75 mg</i> (Plavix)	Tier 1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 1	
EFFIENT ORAL TABLET 10 MG, 5 MG	Tier 3	QL (1 EA per 1 day)
<i>eptifibatide intravenous solution 0.75 mg/ml, 2 mg/ml</i> (Integrilin)	Tier 1	
KENREAL INTRAVENOUS RECON SOLN 50 MG	Tier 3	
LO-DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	\$0	
<i>prasugrel oral tablet 10 mg, 5 mg</i> (Effient)	Tier 1	QL (1 EA per 1 day)
REOPRO INTRAVENOUS SOLUTION 10 MG/5 ML	Tier 2	
ST JOSEPH ASPIRIN ORAL TABLET,CHEWABLE 81 MG	\$0	
ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	\$0	

Drug	Status	Notes
ZONTIVITY ORAL TABLET 2.08 MG	Tier 2	QL (1 EA per 1 day)
<b>Platelet Reducing Agents</b>		
AGRYLIN ORAL CAPSULE 0.5 MG	Tier 3	SP
<i>anagrelide oral capsule 0.5 mg</i> (Agrylin)	Tier 1	
<i>anagrelide oral capsule 1 mg</i>	Tier 1	
<b>Protein C Preparations</b>		
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN 500 UNIT	Tier 2	SP
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN 1,000 UNIT	Tier 2	SP
<b>Sickle Cell Anemia Agents</b>		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	Tier 2	
SIKLOS ORAL TABLET 1,000 MG	Tier 3	ST: Prior prescription for Droxia and Hydroxyurea in the past 365 days
SIKLOS ORAL TABLET 100 MG	Tier 3	ST: Prior prescription for Droxia and Hydroxyurea in the past 365 days; QL (2 EA per 1 day)
<b>Spleen Tyrosine Kinase Inhibitors</b>		
TAVALISSE ORAL TABLET 100 MG, 150 MG	Tier 3	PA; SP
<b>Vitamin K Preparations</b>		
MEPHYTON ORAL TABLET 5 MG	Tier 3	
<i>phytonadione (vitamin k1) injection syringe 1 mg/0.5 ml</i>	Tier 1	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i> (Mephyton)	Tier 1	
VITAMIN K INJECTION SOLUTION 1 MG/0.5 ML	Tier 1	
VITAMIN K1 INJECTION SOLUTION 10 MG/ML	Tier 1	
<b>Hormonal Deficiency</b>		
<b>Androgenic Agents</b>		
ANADROL-50 ORAL TABLET 50 MG	Tier 3	PA
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR	Tier 2	PA
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	Tier 3	PA
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM), 1.62 % (40.5 MG/2.5 GRAM)	Tier 2	PA
ANDROID ORAL CAPSULE 10 MG	Tier 3	PA
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML, 200 MG/ML	Tier 3	PA
METHITEST ORAL TABLET 10 MG	Tier 2	PA
<i>methyltestosterone oral capsule 10 mg</i> (Android)	Tier 2	PA
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i> (Oxandrin)	Tier 1	PA

Drug	Status	Notes
STRIANT BUCCAL MUCOADHESIVE SYSTEM ER 12 HR 30 MG	Tier 3	PA
TESTONE CIK INTRAMUSCULAR KIT 200 MG/ML	Tier 3	PA
TESTOPEL IMPLANT PELLETT 75 MG	Tier 3	
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone)	Tier 1	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	Tier 1	PA
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i> (Testim)	Tier 1	PA
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i> (Vogelxo)	Tier 2	PA
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i> (AndroGel)	Tier 1	PA
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i> (AndroGel)	Tier 2	PA
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i> (Axiron)	Tier 2	PA
TESTRED ORAL CAPSULE 10 MG	Tier 3	PA
<b>Estrogen &amp; Progestin With Antimineralocorticoid Cb</b>		
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	Tier 3	
<b>Estrogen &amp; Selective Estrogen Recept Mod(Serm)Comb</b>		
DUAVEE ORAL TABLET 0.45-20 MG	Tier 2	
<b>Estrogen/Androgen Combinations</b>		
COVARYX H.S. ORAL TABLET 0.625-1.25 MG	Tier 1	
COVARYX ORAL TABLET 1.25-2.5 MG	Tier 1	
EEMT HS ORAL TABLET 0.625-1.25 MG	Tier 1	
EEMT ORAL TABLET 1.25-2.5 MG	Tier 1	
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg</i> (Covaryx H.S.)	Tier 1	
<i>estrogens-methyltestosterone oral tablet 1.25-2.5 mg</i> (Covaryx)	Tier 1	
<b>Estrogenic Agents</b>		
ACTIVELLA ORAL TABLET 0.5-0.1 MG, 1-0.5 MG	Tier 3	
AMABELZ ORAL TABLET 0.5-0.1 MG, 1-0.5 MG	Tier 1	
CLIMARA TRANSDERMAL PATCH WEEKLY 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.06 MG/24 HR, 0.075 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)

Drug	Status	Notes
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 %), 1 MG/GRAM (0.1 %)	Tier 2	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> (Estrace)	Tier 1	
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Alora)	Tier 1	QL (2 EA per 7 days)
<i>estradiol transdermal patch semiweekly 0.0375 mg/24 hr</i> (Minivelle)	Tier 1	QL (2 EA per 7 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Climara)	Tier 1	QL (1 EA per 7 days)
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i> (Delestrogen)	Tier 1	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i> (Activella)	Tier 1	
FEMHRT LOW DOSE ORAL TABLET 0.5-2.5 MG-MCG	Tier 3	
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	Tier 1	
JEVANTIQUE LO ORAL TABLET 0.5-2.5 MG-MCG	Tier 3	
JINTELI ORAL TABLET 1-5 MG-MCG	Tier 1	
LOPREEZA ORAL TABLET 0.5-0.1 MG, 1-0.5 MG	Tier 1	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	Tier 3	
MIMVEY LO ORAL TABLET 0.5-0.1 MG	Tier 1	
MIMVEY ORAL TABLET 1-0.5 MG	Tier 1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg</i> (Femhrt Low Dose)	Tier 1	
<i>norethindrone ac-eth estradiol oral tablet 1-5 mg-mcg</i> (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	
<b>Progestational Agents</b>		
AYGESTIN ORAL TABLET 5 MG	Tier 3	
CRINONE VAGINAL GEL 4 %	Tier 2	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	Tier 2	
<i>hydroxyprogesterone caproate intramuscular oil 250 mg/ml</i>	Tier 1	SP



Drug	Status	Notes
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> (Provera)	Tier 1	
<i>norethindrone acetate oral tablet 5 mg</i> (Aygestin)	Tier 1	
PROGESTERONE IN OIL INTRAMUSCULAR OIL 50 MG/ML	Tier 1	
<i>progesterone intramuscular oil 50 mg/ml</i> (Progesterone in Oil)	Tier 1	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)	Tier 1	
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG	Tier 3	
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 3	
<b>Immunization</b>		
<b>Antisera</b>		
ATGAM INTRAVENOUS SOLUTION 50 MG/ML	Tier 2	
BABYBIG INTRAVENOUS RECON SOLN 100 MG	Tier 3	
<i>botulism antitoxin heptavalent intravenous solution 4,500-3,300 unit</i>	Tier 3	
CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 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 %), 2.5 GRAM/25 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

Drug	Status	Notes
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
HYPERHEP B S/D INTRAMUSCULAR SOLUTION 220 UNIT/ML, 220 UNIT/ML (5 ML)	Tier 2	
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	
THYMOGLOBULIN INTRAVENOUS RECON SOLN 25 MG	Tier 2	
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
<b>Enteric Virus Vaccines</b>		
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	Tier 2	

Drug	Status	Notes
IPOL INJECTION SYRINGE 40-8-32 UNIT/0.5 ML	Tier 3	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	Tier 2	
<b>Gram (-) Bacilli (Non-Enteric) Vaccines</b>		
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	Tier 2	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	Tier 2	
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	Tier 2	
<b>Gram Negative Cocci Vaccines</b>		
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	\$0	QL (1 ML per 365 days) ; Age (Min 10 Years and Max 25 Years)
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	\$0	QL (0.5 ML per 365 days); Age (Min 11 Years and Max 23 Years)
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	\$0	QL (1 EA per 365 days) ; Age (Min 11 Years and Max 23 Years)
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	\$0	QL (1.5 ML per 365 days); Age (Min 10 Years and Max 25 Years)
<b>Gram Positive Cocci Vaccines</b>		
PNEUMOVAX 23 INJECTION SOLUTION 25 MCG/0.5 ML	\$0	QL (0.5 ML per 365 days)
PNEUMOVAX 23 INJECTION SYRINGE 25 MCG/0.5 ML	\$0	QL (0.5 ML per 365 days)
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	\$0	QL (0.5 ML per 365 days); Age (Min 65 Years)
<b>Influenza Virus Vaccines</b>		
AFLURIA 2018-2019 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	\$0	QL (0.5 ML per 180 days)
AFLURIA 2018-2019 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	\$0	QL (0.5 ML per 180 days)
AFLURIA QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	\$0	QL (0.5 ML per 180 days)
AFLURIA QUAD 2018-2019 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	\$0	QL (0.5 ML per 180 days)
EZ FLU 2018-19(FLUCELVAX)(PF) INTRAMUSCULAR SYRINGE KIT 60 MCG (15 MCG X 4)/0.5 ML	Tier 2	

Drug	Status	Notes
FLUAD 2018-2019 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	\$0	QL (0.5 ML per 180 days); Age (Min 65 Years)
FLUARIX QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	\$0	QL (0.5 ML per 180 days)
FLUBLOK QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	\$0	QL (0.5 ML per 180 days); Age (Min 18 Years)
FLUCELVAX QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	\$0	QL (0.5 ML per 180 days)
FLUCELVAX QUAD 2018-2019 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	\$0	QL (0.5 ML per 180 days)
FLULAVAL QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	\$0	QL (0.5 ML per 180 days)
FLULAVAL QUAD 2018-2019 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	\$0	QL (0.5 ML per 180 days)
FLUMIST QUAD 2018-2019 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	\$0	QL (1 EA per 180 days)
FLUZONE HIGH-DOSE 2018-19 (PF) INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	\$0	QL (0.5 ML per 180 days); Age (Min 65 Years)
FLUZONE QUAD 2018-2019 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	\$0	QL (0.5 ML per 180 days)
FLUZONE QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	\$0	QL (0.5 ML per 180 days)
FLUZONE QUAD 2018-2019 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	\$0	QL (0.5 ML per 180 days)
FLUZONE QUAD PEDI 2018-19 (PF) INTRAMUSCULAR SYRINGE 30 MCG (7.5 MCG X 4)/0.25 ML	\$0	QL (0.25 ML per 180 days)
<b>Neurotoxic Virus Vaccines</b>		
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	Tier 2	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	Tier 2	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	Tier 2	
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML	Tier 3	
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	Tier 2	

Drug	Status	Notes
<b>Toxin-Producing Bacilli Vaccines/Toxoids</b>		
<i>bcg vaccine, live (pf) percutaneous suspension for reconstitution 50 mg</i>	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 2	
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	Tier 2	
<b>Vaccine/Toxoid Preparations,Combinations</b>		
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	\$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	\$0	QL (0.5 ML per 365 days)
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	\$0	QL (0.5 ML per 365 days)
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	\$0	QL (0.5 ML per 365 days)
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	Tier 2	
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	\$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	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	Tier 2	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	\$0	QL (2 EA per 365 days)
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	Tier 2	
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	\$0	QL (0.5 ML per 365 days)

Drug	Status	Notes
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	\$0	QL (0.5 ML per 365 days)
<i>tetanus, diphtheria tox ped(pf) intramuscular suspension 5-25 lf unit/0.5 ml</i>	Tier 2	
<i>tetanus-diphtheria toxoids-td intramuscular suspension 2-2 lf unit/0.5 ml</i>	\$0	QL (0.5 ML per 365 days)
<b>Viral/Tumorigenic Vaccines</b>		
<i>adenovirus vac live type-4, 7 oral tablet, delayed release (dr/ec)</i>	Tier 3	
<i>adenovirus vaccine live type-4 oral tablet, delayed release (dr/ec)</i>	Tier 3	
<i>adenovirus vaccine live type-7 oral tablet, delayed release (dr/ec)</i>	Tier 3	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	\$0	QL (3 ML per 365 days); Age (Min 18 Years)
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	\$0	QL (3 ML per 365 days); Age (Min 18 Years)
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	\$0	
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	\$0	QL (1.5 ML per 365 days); Age (Min 9 Years and Max 26 Years)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	\$0	QL (1.5 ML per 365 days); Age (Min 9 Years and Max 26 Years)
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	\$0	QL (2 ML per 365 days); Age (Min 18 Years)
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 720 ELISA UNIT/0.5 ML	\$0	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	\$0	QL (2 ML per 365 days); Age (Min 18 Years)
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	\$0	
HEPLISAV-B (PF) INTRAMUSCULAR SOLUTION 20 MCG/0.5 ML	\$0	QL (1 ML per 365 days); Age (Min 18 Years)
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	\$0	QL (1 ML per 365 days); Age (Min 18 Years)
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	\$0	QL (3 ML per 365 days); Age (Min 18 Years)
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML	\$0	
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	\$0	QL (3 ML per 365 days); Age (Min 18 Years)
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	\$0	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	\$0	QL (2 EA per 365 days); Age (Min 50 Years)

Drug	Status	Notes
SHINGRIX GE ANTIGEN COMPONENT INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG	\$0	QL (2 EA per 365 days); Age (Min 50 Years)
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	\$0	QL (4 ML per 365 days)
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	\$0	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	\$0	QL (2 ML per 365 days); Age (Min 18 Years)
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	\$0	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	\$0	QL (2 ML per 365 days); Age (Min 18 Years)
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	\$0	QL (2 EA per 365 days)
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	\$0	QL (1 EA per 365 days); Age (Min 60 Years)
<b>Immunosuppression/Modulation</b>		
<b>Immunomodulators</b>		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	Tier 2	SP
ALDARA TOPICAL CREAM IN PACKET 5 %	Tier 3	QL (24 EA per 30 days)
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML	Tier 2	SP
<i>imiquimod topical cream in packet 5 %</i> (Aldara)	Tier 1	QL (24 EA per 30 days)
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	Tier 2	PA; 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
<b>Immunosupp - Monoclonal Ab Inhibiting T Lymph Fxn</b>		
SIMULECT INTRAVENOUS RECON SOLN 10 MG, 20 MG	Tier 2	
<b>Immunosuppressives</b>		
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	Tier 3	
<i>azathioprine oral tablet 50 mg</i> (Imuran)	Tier 1	
<i>azathioprine sodium injection recon soln 100 mg</i>	Tier 1	
<i>cyclosporine intravenous solution 250 mg/5 ml</i> (Sandimmune)	Tier 1	
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i> (Gengraf)	Tier 1	
<i>cyclosporine modified oral capsule 50 mg</i>	Tier 1	
<i>cyclosporine modified oral solution 100 mg/ml</i> (Gengraf)	Tier 1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i> (Sandimmune)	Tier 1	

Drug	Status	Notes
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	Tier 3	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	Tier 1	
GENGRAF ORAL SOLUTION 100 MG/ML	Tier 1	
IMURAN ORAL TABLET 50 MG	Tier 3	
<i>mycophenolate mofetil hcl intravenous recon soln 500 mg</i> (CellCept Intravenous)	Tier 1	
<i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept)	Tier 1	
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept)	Tier 1	
<i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept)	Tier 1	
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i> (Myfortic)	Tier 1	
MYFORTIC ORAL TABLET, DELAYED RELEASE (DR/EC) 180 MG, 360 MG	Tier 3	
NEORAL ORAL CAPSULE 100 MG, 25 MG	Tier 3	
NEORAL ORAL SOLUTION 100 MG/ML	Tier 3	
NULOJIX INTRAVENOUS RECON SOLN 250 MG	Tier 2	
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	Tier 3	
RAPAMUNE ORAL SOLUTION 1 MG/ML	Tier 2	
SANDIMMUNE ORAL SOLUTION 100 MG/ML	Tier 2	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i> (Rapamune)	Tier 1	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	Tier 1	
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	Tier 2	
<b>Infectious Disease - Bacterial</b>		
<b>Absorbable Sulfonamides</b>		
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim)	Tier 1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)	Tier 1	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS)	Tier 1	
SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML	Tier 1	
<b>Betalactams</b>		
AZACTAM IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/50 ML	Tier 2	
<i>aztreonam injection recon soln 1 gram, 2 gram</i> (Azactam)	Tier 1	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	Tier 2	PA; SP
<b>Carbapenems (Thienamycins)</b>		
<i>ertapenem injection recon soln 1 gram</i> (Invanz)	Tier 1	



Drug	Status	Notes
<i>imipenem-cilastatin intravenous recon soln 250 mg</i>	Tier 1	
<i>imipenem-cilastatin intravenous recon soln 500 mg</i> (Primaxin IV)	Tier 1	
INVANZ INJECTION RECON SOLN 1 GRAM	Tier 2	
<i>meropenem intravenous recon soln 1 gram, 500 mg</i> (Merrem)	Tier 1	
<i>meropenem-0.9% sodium chloride intravenous piggyback 1 gram/50 ml, 500 mg/50 ml</i>	Tier 1	
VABOMERE INTRAVENOUS RECON SOLN 2 GRAM	Tier 3	
<b>Cephalosporins - Extended Spectrum, Anti-Mrsa</b>		
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	Tier 2	
<b>Cephalosporins - 1st Generation</b>		
<i>cefadroxil oral capsule 500 mg</i>	Tier 1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	Tier 1	
<i>cefadroxil oral tablet 1 gram</i>	Tier 1	
<i>cefazolin in 0.9% sod chloride intravenous piggyback 2 gram/50 ml, 3 gram/100 ml</i>	Tier 1	
<i>cefazolin in 0.9% sod chloride intravenous solution 2 gram/100 ml</i>	Tier 1	
<i>cefazolin in 0.9% sod chloride intravenous syringe 1 gram/10 ml, 2 gram/10 ml</i>	Tier 1	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/100 ml, 2 gram/50 ml</i>	Tier 1	
<i>cefazolin in dextrose 5 % intravenous piggyback 2 gram/50 ml, 3 gram/100 ml</i>	Tier 1	
<i>cefazolin in dextrose 5 % intravenous solution 2 gram/100 ml</i>	Tier 1	
<i>cefazolin in sterile water intravenous syringe 1 gram/10 ml, 2 gram/20 ml, 3 gram/20 ml</i>	Tier 1	
<i>cefazolin injection recon soln 1 gram, 10 gram, 100 gram, 20 gram, 300 g, 500 mg</i>	Tier 1	
<i>cefazolin intravenous recon soln 1 gram</i>	Tier 1	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i> (Keflex)	Tier 1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	Tier 1	
<b>Cephalosporins - 2nd Generation</b>		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	Tier 1	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	Tier 1	
CEFOTAN INJECTION RECON SOLN 1 GRAM, 2 GRAM	Tier 3	

Drug	Status	Notes
<i>cefotetan in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	Tier 1	
<i>cefotetan injection recon soln 1 gram, 2 gram</i> (Cefotan)	Tier 1	
<i>cefotetan intravenous recon soln 10 gram</i>	Tier 1	
<i>cefoxitin in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	Tier 1	
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	Tier 1	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>cefuroxime sodium injection recon soln 750 mg</i>	Tier 1	
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>	Tier 1	
<b>Cephalosporins - 3Rd Generation</b>		
AVYCAZ INTRAVENOUS RECON SOLN 2.5 GRAM	Tier 2	
<i>cefdinir oral capsule 300 mg</i>	Tier 1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>cefditoren pivoxil oral tablet 200 mg</i>	Tier 1	
<i>cefditoren pivoxil oral tablet 400 mg</i> (Spectracef)	Tier 1	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Suprax)	Tier 1	
<i>cefotaxime injection recon soln 1 gram</i>	Tier 1	
<i>cefepodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	Tier 1	
<i>cefepodoxime oral tablet 100 mg, 200 mg</i>	Tier 1	
<i>ceftazidime in d5w intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	Tier 2	
<i>ceftazidime injection recon soln 1 gram</i> (Fortaz)	Tier 1	
<i>ceftazidime injection recon soln 2 gram, 6 gram</i> (TAZICEF)	Tier 1	
<i>ceftriaxone in dextrose, iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	Tier 1	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 100 gram, 2 gram, 250 mg, 500 mg</i>	Tier 1	
<i>ceftriaxone intravenous recon soln 1 gram, 2 gram</i>	Tier 1	
ZERBAXA INTRAVENOUS RECON SOLN 1.5 GRAM	Tier 2	
<b>Cephalosporins - 4Th Generation</b>		
<i>cefepime in dextrose 5 % intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	Tier 3	
<i>cefepime in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml</i>	Tier 2	
<i>cefepime injection recon soln 1 gram, 2 gram</i> (Maxipime)	Tier 1	

Drug	Status	Notes
<i>cefepime intravenous recon soln 100 gram</i>	Tier 1	
<b>Chemotherapeutics, Antibacterial, Misc.</b>		
HYOPHEN ORAL TABLET 81.6-0.12-10.8 MG	Tier 1	
<i>methenamine hippurate oral tablet 1 gram</i> (Hiprex)	Tier 1	
<i>methenamine mandelate oral tablet 0.5 g, 1 gram</i>	Tier 1	
<i>methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg</i> (Urogestic-Blue)	Tier 1	
PHOSPHASAL ORAL TABLET 81.6-10.8-40.8 MG	Tier 2	
<i>trimethoprim oral tablet 100 mg</i>	Tier 1	
UR N-C ORAL TABLET 81.6-10.8-40.8 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	
URYL ORAL TABLET 81.6-40.8-0.12 MG	Tier 2	
USTELL ORAL CAPSULE 120-0.12 MG	Tier 1	
UTA ORAL CAPSULE 120-40.8-10 MG	Tier 3	
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	
<b>Cyclic Lipopeptides</b>		
<i>daptomycin intravenous recon soln 350 mg</i>	Tier 1	
<b>Macrolides</b>		
<i>azithromycin intravenous recon soln 500 mg</i> (Zithromax)	Tier 1	
<i>azithromycin oral packet 1 gram</i> (Zithromax)	Tier 1	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Zithromax)	Tier 1	
<i>azithromycin oral tablet 250 mg, 500 mg</i> (Zithromax)	Tier 1	
<i>azithromycin oral tablet 600 mg</i>	Tier 1	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	Tier 1	
DIFICID ORAL TABLET 200 MG	Tier 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	

Drug	Status	Notes
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 250 MG	Tier 1	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 333 MG	Tier 2	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG	Tier 1	
ERYTHROCIN INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	Tier 2	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> (E.E.S. Granules)	Tier 1	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i> (E.E.S. 400)	Tier 1	
<i>erythromycin oral capsule, delayed release(dr/ec) 250 mg</i>	Tier 1	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	Tier 1	
<b>Nitrofurans Derivatives</b>		
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i> (Macrochantin)	Tier 1	
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i> (Macrobid)	Tier 1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i> (Furadantin)	Tier 1	
<b>Oxazolidinones</b>		
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i> (Zyvox)	Tier 1	
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i> (Zyvox)	Tier 1	
<i>linezolid oral tablet 600 mg</i> (Zyvox)	Tier 1	
<i>linezolid-0.9% sodium chloride intravenous parenteral solution 600 mg/300 ml</i>	Tier 1	
SIVEXTRO INTRAVENOUS RECON SOLN 200 MG	Tier 3	
SIVEXTRO ORAL TABLET 200 MG	Tier 3	
<b>Penicillins</b>		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	Tier 1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	Tier 1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i> (Augmentin)	Tier 1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600)	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i> (Augmentin)	Tier 1	

Drug	Status	Notes
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i> (Augmentin XR)	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	Tier 1	
<i>ampicillin oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg</i>	Tier 1	
<i>ampicillin sodium intravenous recon soln 1 gram, 2 gram</i>	Tier 1	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i> (Unasyn)	Tier 1	
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram, 3 gram</i>	Tier 1	
AUGMENTIN ES-600 ORAL SUSPENSION FOR RECONSTITUTION 600-42.9 MG/5 ML	Tier 3	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	Tier 2	ST: Prior prescription for Amoxicillin/potassium Clav in the past 120 days; QL (150 ML per 30 days)
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 250-62.5 MG/5 ML	Tier 3	
AUGMENTIN ORAL TABLET 500-125 MG, 875-125 MG	Tier 3	
AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HR 1,000-62.5 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	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml</i>	Tier 1	
<i>nafcillin injection recon soln 1 gram, 10 gram, 2 gram</i>	Tier 1	
<i>nafcillin intravenous recon soln 1 gram, 2 gram</i>	Tier 1	
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	Tier 1	
<i>oxacillin injection recon soln 1 gram, 10 gram, 2 gram</i>	Tier 1	
<i>oxacillin intravenous recon soln 1 gram, 2 gram</i>	Tier 1	
<i>penicillin g pot in dextrose intravenous piggyback 1 million unit/50 ml, 2 million unit/50 ml, 3 million unit/50 ml</i>	Tier 1	
<i>penicillin g potassium injection recon soln 20 million unit, 5 million unit</i> (Pfizerpen-G)	Tier 1	
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</i>	Tier 1	

Drug	Status	Notes
<i>penicillin g sodium injection recon soln 5 million unit</i>	Tier 1	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	Tier 1	
PFIZERPEN-G INJECTION RECON SOLN 20 MILLION UNIT, 5 MILLION UNIT	Tier 1	
<i>piperacillin-tazobactam intravenous recon soln 13.5 gram</i>	Tier 1	
<i>piperacillin-tazobactam intravenous recon soln (Zosyn) 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	Tier 1	
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 3.375 GRAM/50 ML, 4.5 GRAM/100 ML	Tier 2	
<b>Quinolones</b>		
AVELOX IN NACL (ISO-OSMOTIC) INTRAVENOUS PIGGYBACK 400 MG/250 ML	Tier 2	
BAXDELA INTRAVENOUS RECON SOLN 300 MG	Tier 3	PA
BAXDELA ORAL TABLET 450 MG	Tier 3	PA
<i>ciprofloxacin (mixture) oral tablet, er multiphase 24 hr 1,000 mg, 500 mg</i> (Cipro XR)	Tier 1	
<i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>	Tier 1	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> (Cipro)	Tier 1	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	Tier 1	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 400 mg/200 ml</i> (Cipro in D5W)	Tier 1	
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i> (Cipro)	Tier 1	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	Tier 1	
<i>levofloxacin intravenous solution 25 mg/ml</i>	Tier 1	
<i>levofloxacin oral solution 250 mg/10 ml</i>	Tier 1	
<i>levofloxacin oral tablet 250 mg</i>	Tier 1	
<i>levofloxacin oral tablet 500 mg, 750 mg</i> (Levaquin)	Tier 1	
<i>moxifloxacin in nacl (iso-osm) intravenous piggyback 400 mg/250 ml</i> (Avelox in NaCl (iso-osmotic))	Tier 1	
<i>moxifloxacin oral tablet 400 mg</i> (Avelox)	Tier 1	
<i>moxifloxacin-sod.ace,sul-water intravenous piggyback 400 mg/250 ml</i>	Tier 1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	Tier 1	
<b>Streptogramins</b>		
SYNERCID INTRAVENOUS RECON SOLN 500 MG	Tier 2	
<b>Tetracyclines</b>		
AVIDOXY ORAL TABLET 100 MG	Tier 2	QL (2 EA per 1 day)

Drug	Status	Notes
COREMINO ORAL TABLET EXTENDED RELEASE 24 HR 135 MG, 45 MG, 90 MG	Tier 1	ST: Prior prescription for Minocycline HCL in the past 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	Tier 1	
DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 200 MG	Tier 3	ST: Prior prescription for Doxycycline Hyclate or Doxycycline Monohydrate in the past 120 days; QL (1 EA per 1 day)
DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 50 MG	Tier 3	ST: Prior prescription for Doxycycline Monohydrate in the past 120 days; QL (2 EA per 1 day)
DOXY-100 INTRAVENOUS RECON SOLN 100 MG	Tier 1	
<i>doxycycline hyclate intravenous recon soln 100 mg</i> (Doxy-100)	Tier 1	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i> (Morgidox)	Tier 1	QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet 100 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet 150 mg, 75 mg</i> (Acticlate)	Tier 1	ST: Prior prescription for Doxycycline Monohydrate in the past 120 days; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet 50 mg</i> (Targadox)	Tier 1	ST: Prior prescription for Doxycycline Hyclate or Doxycycline Monohydrate in the past 120 days; QL (4 EA per 1 day)
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg</i>	Tier 2	ST: Prior prescription for Doxycycline Hyclate or Doxycycline Monohydrate in the past 120 days; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 150 mg</i> (Soloxide)	Tier 2	ST: Prior prescription for Doxycycline Monohydrate in the past 120 days; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 200 mg</i> (Doryx)	Tier 2	ST: Prior prescription for Doxycycline Hyclate or Doxycycline Monohydrate in the past 120 days
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 50 mg</i> (Doryx)	Tier 2	ST: Prior prescription for Doxycycline Monohydrate in the past 120 days; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 75 mg</i>	Tier 2	ST: Prior prescription for Doxycycline Monohydrate in the past 120 days; QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i> (Mondoxyme NL)	Tier 1	QL (2 EA per 1 day)

Drug	Status	Notes
<i>doxycycline monohydrate oral capsule 150 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 75 mg</i> (Mondoxyne NL)	Tier 1	ST: Prior prescription for Doxycycline Monohydrate in the past 120 days; QL (2 EA per 1 day)
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i> (Vibramycin)	Tier 1	
<i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)	Tier 1	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i>	Tier 1	QL (2 EA per 1 day)
MINOCIN INTRAVENOUS RECON SOLN 100 MG	Tier 2	
<i>minocycline oral capsule 100 mg, 75 mg</i>	Tier 1	
<i>minocycline oral capsule 50 mg</i> (Minocin)	Tier 1	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 2	
<i>minocycline oral tablet extended release 24 hr 115 mg, 65 mg</i> (Solodyn)	Tier 1	ST: Prior prescription for Minocycline HCL in the past 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
<i>minocycline oral tablet extended release 24 hr 135 mg, 45 mg, 90 mg</i> (CoreMino)	Tier 2	ST: Prior prescription for Minocycline HCL in the past 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
<i>minocycline oral tablet extended release 24 hr 55 mg</i> (Solodyn)	Tier 1	ST: Prior prescription for generic Minocycline HCL within the past 120 days; QL (1 EA per 1 day)
MONDOXYNE NL ORAL CAPSULE 100 MG, 50 MG	Tier 1	QL (2 EA per 1 day)
MONDOXYNE NL ORAL CAPSULE 75 MG	Tier 1	ST: Prior prescription for Doxycycline Monohydrate in the past 120 days; QL (2 EA per 1 day)
MORGIDOX ORAL CAPSULE 50 MG	Tier 2	QL (2 EA per 1 day)
NUZYRA (7 DAY WITH LOAD DOSE) ORAL TABLET 150 MG	Tier 3	
NUZYRA (7 DAY) ORAL TABLET 150 MG	Tier 3	
NUZYRA INTRAVENOUS RECON SOLN 100 MG	Tier 3	
NUZYRA ORAL TABLET 150 MG	Tier 3	
OKEBO ORAL CAPSULE 75 MG	Tier 1	ST: Prior prescription for Doxycycline Monohydrate in the past 120 days; QL (2 EA per 1 day)
ORACEA ORAL CAPSULE,IR - DELAY REL,BIPHASE 40 MG	Tier 2	ST: Prior prescription for Doxycycline Monohydrate in the past 120 days; QL (1 EA per 1 day); Age (Min 18 Years)



Drug	Status	Notes
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG	Tier 3	
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 65 MG, 80 MG	Tier 2	ST: Prior prescription for Minocycline HCL in the past 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 55 MG	Tier 3	ST: Prior prescription for Minocycline HCL in the past 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
SOLOXIDE ORAL TABLET, DELAYED RELEASE (DR/EC) 150 MG	Tier 1	ST: Prior prescription for Doxycycline Monohydrate in the past 120 days; QL (2 EA per 1 day)
TARGADOX ORAL TABLET 50 MG	Tier 3	ST: Prior prescription for Doxycycline Hyclate or Doxycycline Monohydrate in the past 120 days; QL (4 EA per 1 day)
<i>tetracycline oral capsule 250 mg, 500 mg</i>	Tier 1	
VIBRAMYCIN ORAL SUSPENSION FOR RECONSTITUTION 25 MG/5 ML	Tier 3	
XERAVA INTRAVENOUS RECON SOLN 50 MG	Tier 3	
<b>Infectious Disease - Fungal</b>		
<b>Antifungal Agents</b>		
<i>clotrimazole mucous membrane troche 10 mg</i>	Tier 1	
CRESEMBA INTRAVENOUS RECON SOLN 372 MG	Tier 2	
CRESEMBA ORAL CAPSULE 186 MG	Tier 2	
<i>fluconazole in dextrose(iso-o) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	Tier 1	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml</i>	Tier 1	
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i> (Diflucan)	Tier 1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Diflucan)	Tier 1	
<i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)	Tier 1	
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	Tier 1	
<i>itraconazole oral solution 10 mg/ml</i> (Sporanox)	Tier 1	
<i>ketoconazole oral tablet 200 mg</i>	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 2	

Drug	Status	Notes
<i>terbinafine hcl oral tablet 250 mg</i>	Tier 1	
TOLSURA ORAL CAPSULE, SOLID DISPERSION 65 MG	Tier 3	
VFEND ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (40 MG/ML)	Tier 3	
VFEND ORAL TABLET 200 MG, 50 MG	Tier 3	
<i>voriconazole intravenous solution 200 mg</i> (Vfend IV)	Tier 1	
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> (Vfend)	Tier 1	
<i>voriconazole oral tablet 200 mg, 50 mg</i> (Vfend)	Tier 2	
<b>Antifungal Antibiotics</b>		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	Tier 2	
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG	Tier 2	
<i>amphotericin b injection recon soln 50 mg</i>	Tier 1	
CANCIDAS INTRAVENOUS RECON SOLN 50 MG, 70 MG	Tier 2	
<i>casprofungin intravenous recon soln 50 mg, 70 mg</i> (Cancidas)	Tier 1	
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG, 50 MG	Tier 2	
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	Tier 2	
<i>griseofulvin microsize oral tablet 500 mg</i>	Tier 2	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	Tier 2	
MYCAMINE INTRAVENOUS RECON SOLN 100 MG, 50 MG	Tier 2	
<i>nystatin oral powder 150 million unit, 500 million unit</i>	Tier 1	
<i>nystatin oral suspension 100,000 unit/ml</i>	Tier 1	
<i>nystatin oral tablet 500,000 unit</i>	Tier 1	
<b>Infectious Disease - Miscellaneous</b>		
<b>Aminoglycoside-Anticoagulant Combinations</b>		
<i>gentamicin-sodium citrate intra-catheter solution 320 mcg/ml-4 %</i>	Tier 1	
<i>gentamicin-sodium citrate intra-catheter syringe 0.9 mg/3 ml-4 %</i>	Tier 1	
<b>Aminoglycosides</b>		
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	Tier 1	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	Tier 3	PA; SP
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML	Tier 2	PA; SP

Drug	Status	Notes
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 100 mg/50 ml, 120 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml</i>	Tier 1	
<i>gentamicin injection solution 20 mg/2 ml, 40 mg/ml</i>	Tier 1	
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	Tier 1	
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml, 80 mg/8 ml</i>	Tier 1	
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	Tier 2	PA; SP
<i>neomycin oral tablet 500 mg</i>	Tier 1	
<i>streptomycin intramuscular recon soln 1 gram</i>	Tier 1	
TOBI PODHALER INHALATION CAPSULE 28 MG	Tier 2	SP
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	Tier 2	PA; SP
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi)	Tier 1	PA; SP
<i>tobramycin in 0.9 % nacl intravenous piggyback 60 mg/50 ml</i>	Tier 1	
<i>tobramycin sulfate injection recon soln 1.2 gram</i>	Tier 1	
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	Tier 1	
<i>tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml</i> (Kitabis Pak)	Tier 1	PA; SP
ZEMDRI INTRAVENOUS SOLUTION 50 MG/ML	Tier 3	
<b>Antibacterial Agents,Miscellaneous</b>		
GLYCINE UROLOGIC IRRIGATION SOLUTION 1.5 %	Tier 2	
<i>glycine urologic solution irrigation solution 1.5 %</i> (Glycine Urologic)	Tier 1	
<b>Antileptotics</b>		
<i>dapsone oral tablet 100 mg, 25 mg</i>	Tier 1	
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	Tier 2	PA; SP; QL (2 EA per 1 day)
<b>Anti-Mycobacterium Agents</b>		
<i>ethambutol oral tablet 100 mg</i>	Tier 1	
<i>ethambutol oral tablet 400 mg</i> (Myambutol)	Tier 1	
<i>isoniazid injection solution 100 mg/ml</i>	Tier 1	
<i>isoniazid oral solution 50 mg/5 ml</i>	Tier 1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	Tier 1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	Tier 3	
<i>pyrazinamide oral tablet 500 mg</i>	Tier 1	
<i>rifabutin oral capsule 150 mg</i> (Mycobutin)	Tier 1	

Drug	Status	Notes
TRECTOR ORAL TABLET 250 MG	Tier 3	
<b>Antitubercular Antibiotics</b>		
CAPASTAT INJECTION RECON SOLN 1 GRAM	Tier 2	
<i>cycloserine oral capsule 250 mg</i>	Tier 1	
PRIFTIN ORAL TABLET 150 MG	Tier 2	
<i>rifampin intravenous recon soln 600 mg</i> (Rifadin)	Tier 1	
<i>rifampin oral capsule 150 mg, 300 mg</i> (Rifadin)	Tier 1	
RIFATER ORAL TABLET 50-120-300 MG	Tier 3	
SIRTURO ORAL TABLET 100 MG	Tier 2	PA; SP
<b>Lincosamides</b>		
CLEOCIN INJECTION SOLUTION 150 MG/ML	Tier 3	
CLEOCIN INTRAVENOUS SOLUTION 300 MG/2 ML	Tier 2	
CLEOCIN INTRAVENOUS SOLUTION 600 MG/4 ML, 900 MG/6 ML	Tier 3	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin HCl)	Tier 1	
<i>clindamycin in 0.9 % sod chlor intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i>	Tier 3	
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i>	Tier 1	
<i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml</i> (Cleocin Pediatric)	Tier 1	
CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	Tier 1	
<i>clindamycin phosphate injection solution 150 mg/ml</i> (Cleocin)	Tier 1	
<i>clindamycin phosphate intravenous solution 300 mg/2 ml, 600 mg/4 ml, 900 mg/6 ml</i> (Cleocin)	Tier 1	
<i>lincomycin injection solution 300 mg/ml</i> (Lincocin)	Tier 1	
<b>Lipoglycopeptide Antibiotic</b>		
DALVANCE INTRAVENOUS SOLUTION 500 MG	Tier 2	
ORBACTIV INTRAVENOUS RECON SOLN 400 MG	Tier 2	
<b>Polymyxin And Derivatives</b>		
<i>colistin (colistimethate na) injection recon soln 150 mg</i> (Coly-Mycin M Parenteral)	Tier 1	
<i>polymyxin b sulfate injection recon soln 500,000 unit</i>	Tier 1	
<b>Rifamycins And Related Derivative Antibiotics</b>		
AEMCOLO ORAL TABLET, DELAYED RELEASE (DR/EC) 194 MG	Tier 3	
<b>Vancomycin And Derivatives</b>		

Drug	Status	Notes
FIRVANQ ORAL RECON SOLN 25 MG/ML, 50 MG/ML	Tier 3	
VANCOGIN ORAL CAPSULE 125 MG	Tier 3	QL (40 EA per 30 days)
VANCOGIN ORAL CAPSULE 250 MG	Tier 3	QL (80 EA per 30 days)
<i>vancomycin in 0.9 % sodium chl intravenous piggyback 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml</i>	Tier 1	
<i>vancomycin in 0.9 % sodium chl intravenous solution 1 gram/100 ml, 1 gram/150 ml, 1 gram/250 ml, 1.25 gram/150 ml, 1.25 gram/250 ml, 1.5 gram/150 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/250 ml, 2 gram/500 ml, 750 mg/150 ml, 750 mg/250 ml</i>	Tier 1	
<i>vancomycin in dextrose 5 % intravenous piggyback 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml</i>	Tier 1	
<i>vancomycin in dextrose 5 % intravenous solution 1 gram/100 ml, 1.25 gram/250 ml, 1.5 gram/250 ml, 1.5 gram/500 ml, 1.75 gram/500 ml, 2 gram/500 ml, 750 mg/250 ml</i>	Tier 1	
<i>vancomycin in dextrose 5 % intravenous solution 1 gram/250 ml</i>	Tier 2	
<i>vancomycin injection recon soln 100 gram</i>	Tier 1	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 250 mg, 5 gram, 500 mg, 750 mg</i>	Tier 1	
<i>vancomycin intravenous recon soln 1.5 gram</i>	Tier 3	
<i>vancomycin oral capsule 125 mg</i> (Vancocin)	Tier 1	QL (40 EA per 30 days)
<i>vancomycin oral capsule 250 mg</i> (Vancocin)	Tier 1	QL (80 EA per 30 days)
<i>vancomycin oral syringe 125 mg/2.5 ml</i>	Tier 1	
VIBATIV INTRAVENOUS RECON SOLN 750 MG	Tier 2	
<b>Infectious Disease - Parasitic</b>		
<b>2nd Gen. Anaerobic Antiprotozoal-Antibacterial</b>		
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM	Tier 3	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	Tier 1	
<b>Amebicides</b>		
<i>paromomycin oral capsule 250 mg</i>	Tier 1	
<b>Anaerobic Antiprotozoal-Antibacterial Agents</b>		
METRO I.V. INTRAVENOUS PIGGYBACK 500 MG/100 ML	Tier 2	
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i> (Metro I.V.)	Tier 1	
<i>metronidazole oral capsule 375 mg</i> (Flagyl)	Tier 1	
<i>metronidazole oral tablet 250 mg, 500 mg</i> (Flagyl)	Tier 1	
<b>Anthelmintics</b>		

Drug	Status	Notes
<i>albendazole oral tablet 200 mg</i> (Albenza)	Tier 1	
ALBENZA ORAL TABLET 200 MG	Tier 2	
BILTRICIDE ORAL TABLET 600 MG	Tier 3	
EMVERM ORAL TABLET,CHEWABLE 100 MG	Tier 2	PA
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	Tier 1	
<i>praziquantel oral tablet 600 mg</i> (Biltricide)	Tier 1	
<b>Antimalarial Drugs</b>		
ARAKODA ORAL TABLET 100 MG	Tier 3	
<i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone)	Tier 1	
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric)	Tier 1	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	Tier 1	
COARTEM ORAL TABLET 20-120 MG	Tier 2	
DARAPRIM ORAL TABLET 25 MG	Tier 2	PA; SP
<i>hydroxychloroquine oral tablet 200 mg</i> (Plaquenil)	Tier 1	
<i>mefloquine oral tablet 250 mg</i>	Tier 1	
<i>primaquine oral tablet 26.3 mg</i>	Tier 2	
<i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)	Tier 1	
<b>Antiparasitics</b>		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	Tier 2	
ALINIA ORAL TABLET 500 MG	Tier 2	
<b>Antiprotozoal Drugs,Miscellaneous</b>		
<i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron)	Tier 1	
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	Tier 1	
IMPAVIDO ORAL CAPSULE 50 MG	Tier 2	
NEBUPENT INHALATION RECON SOLN 300 MG	Tier 2	
<b>Infectious Disease - Viral</b>		
<b>Antiretroviral - Anti-Cd4 Domain 2 Monoclonal Ab</b>		
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	Tier 3	
<b>Antiretroviral-Integrase Inhibitor And Nrti Comb.</b>		
JULUCA ORAL TABLET 50-25 MG	Tier 3	
<b>Antiretroviral-Nucleoside,Nucleotide,Protease Inh.</b>		
SYM TUZA ORAL TABLET 800-150-200-10 MG	Tier 3	QL (1 EA per 1 day)
<b>Antiviral Monoclonal Antibodies</b>		
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	Tier 2	PA; SP
<b>Antivirals, General</b>		
<i>acyclovir oral capsule 200 mg</i> (Zovirax)	Tier 1	
<i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)	Tier 1	

Drug	Status	Notes
acyclovir oral tablet 400 mg, 800 mg (Zovirax)	Tier 1	
acyclovir sod in dextrose 5 % intravenous piggyback 200 mg/100 ml	Tier 1	
acyclovir sodium intravenous recon soln 1,000 mg, 500 mg	Tier 1	
acyclovir sodium intravenous solution 50 mg/ml	Tier 1	
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	SP
PREVYMIS ORAL TABLET 240 MG, 480 MG	Tier 3	SP
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	
SITAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG	Tier 3	QL (4 EA per 365 days)
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	
VALCYTE ORAL RECON SOLN 50 MG/ML	Tier 3	
VALCYTE ORAL TABLET 450 MG	Tier 3	
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)
ZOVIRAX ORAL CAPSULE 200 MG	Tier 3	
ZOVIRAX ORAL SUSPENSION 200 MG/5 ML	Tier 3	
ZOVIRAX ORAL TABLET 400 MG, 800 MG	Tier 3	

Drug	Status	Notes
<b>Antivirals, Hiv-Spec, Non-Peptidic Protease Inhib</b>		
APTIVUS ORAL CAPSULE 250 MG	Tier 2	QL (4 EA per 1 day)
APTIVUS ORAL SOLUTION 100 MG/ML	Tier 2	QL (380 ML per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG-MG	Tier 3	ST: Prior prescription for Norvir, Prezista, or Ritonavir in the past 120 days; 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)
<b>Antivirals, Hiv-Spec, Nucleoside-Nucleotide Analog</b>		
CIMDUO ORAL TABLET 300-300 MG	Tier 3	QL (1 EA per 1 day)
DESCOVY ORAL TABLET 200-25 MG	Tier 2	QL (1 EA per 1 day)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	Tier 2	QL (1 EA per 1 day)
<b>Antivirals, Hiv-Spec., Nucleoside Analog, Rti Comb</b>		
<i>abacavir-lamivudine oral tablet 600-300 mg</i> (Epzicom)	Tier 1	QL (1 EA per 1 day)
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i> (Trizivir)	Tier 1	QL (2 EA per 1 day)
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)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i> (Combivir)	Tier 1	QL (2 EA per 1 day)
TRIZIVIR ORAL TABLET 300-150-300 MG	Tier 3	QL (2 EA per 1 day)
<b>Antivirals, Hiv-Specific, Ccr5 Co-Receptor Antag.</b>		
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)
<b>Antivirals, Hiv-Specific, Fusion Inhibitors</b>		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	Tier 2	ST: Prior prescription for Antiretrovirals in the past 120 days; QL (2 EA per 1 day)
<b>Antivirals, Hiv-Specific, Non-Nucleoside, Rti</b>		
EDURANT ORAL TABLET 25 MG	Tier 2	QL (1 EA per 1 day)
<i>efavirenz oral capsule 200 mg, 50 mg</i> (Sustiva)	Tier 1	
<i>efavirenz oral tablet 600 mg</i> (Sustiva)	Tier 1	
INTELENCE ORAL TABLET 100 MG, 25 MG	Tier 2	QL (4 EA per 1 day)
INTELENCE ORAL TABLET 200 MG	Tier 2	QL (2 EA per 1 day)
<i>nevirapine oral suspension 50 mg/5 ml</i> (Viramune)	Tier 1	QL (1200 ML per 30 days)
<i>nevirapine oral tablet 200 mg</i> (Viramune)	Tier 1	QL (2 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i> (Viramune XR)	Tier 1	QL (3 EA per 1 day)



Drug	Status	Notes
<i>nevirapine oral tablet extended release 24 hr 400 mg</i> (Viramune XR)	Tier 1	QL (1 EA per 1 day)
PIFELTRO ORAL TABLET 100 MG	Tier 3	QL (2 EA per 1 day)
RESCRIPTOR ORAL TABLET 200 MG	Tier 2	
RESCRIPTOR ORAL TABLET, DISPERSIBLE 100 MG	Tier 2	
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 100 MG	Tier 3	QL (3 EA per 1 day)
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG	Tier 3	QL (1 EA per 1 day)
<b>Antivirals, Hiv-Specific, Nucleoside Analog, Rti</b>		
<i>abacavir oral solution 20 mg/ml</i> (Ziagen)	Tier 1	QL (960 ML per 30 days)
<i>abacavir oral tablet 300 mg</i> (Ziagen)	Tier 1	QL (2 EA per 1 day)
<i>didanosine oral capsule, delayed release(dr/ec) 125 mg, 200 mg</i> (Videx EC)	Tier 1	QL (2 EA per 1 day)
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i> (Videx EC)	Tier 1	QL (1 EA per 1 day)
EMTRIVA ORAL CAPSULE 200 MG	Tier 2	QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML	Tier 2	QL (850 ML per 30 days)
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)
EPIVIR ORAL TABLET 300 MG	Tier 3	QL (1 EA per 1 day)
<i>lamivudine oral solution 10 mg/ml</i> (EpiVir)	Tier 1	QL (960 ML per 30 days)
<i>lamivudine oral tablet 150 mg</i> (EpiVir)	Tier 1	QL (2 EA per 1 day)
<i>lamivudine oral tablet 300 mg</i> (EpiVir)	Tier 1	QL (1 EA per 1 day)
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	Tier 2	
RETROVIR ORAL CAPSULE 100 MG	Tier 3	QL (6 EA per 1 day)
RETROVIR ORAL SYRUP 10 MG/ML	Tier 3	QL (1920 ML per 30 days)
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	QL (2 EA per 1 day)
VIDEX 2 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL)	Tier 2	QL (600 ML per 30 days)
VIDEX 4 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL)	Tier 2	QL (600 ML per 30 days)
VIDEX EC ORAL CAPSULE, DELAYED RELEASE(DR/EC) 125 MG, 200 MG	Tier 3	QL (2 EA per 1 day)
VIDEX EC ORAL CAPSULE, DELAYED RELEASE(DR/EC) 250 MG, 400 MG	Tier 3	QL (1 EA per 1 day)
ZERIT ORAL CAPSULE 15 MG, 20 MG, 30 MG, 40 MG	Tier 3	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)

Drug	Status	Notes
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	Tier 1	QL (6 EA per 1 day)
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	Tier 1	QL (1920 ML per 30 days)
<i>zidovudine oral tablet 300 mg</i>	Tier 1	QL (2 EA per 1 day)
<b>Antivirals, Hiv-Specific, Nucleotide Analog, Rti</b>		
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	Tier 1	QL (1 EA per 1 day)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	Tier 3	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Tier 3	QL (1 EA per 1 day)
<b>Antivirals, Hiv-Specific, Protease Inhibitor Comb</b>		
KALETRA ORAL TABLET 100-25 MG	Tier 2	QL (2 EA per 1 day)
KALETRA ORAL TABLET 200-50 MG	Tier 2	QL (4 EA per 1 day)
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)	Tier 1	QL (480 ML per 30 days)
<b>Antivirals, Hiv-Specific, Protease Inhibitors</b>		
<i>atazanavir oral capsule 150 mg, 200 mg</i> (Reyataz)	Tier 1	QL (2 EA per 1 day)
<i>atazanavir oral capsule 300 mg</i> (Reyataz)	Tier 1	QL (1 EA per 1 day)
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	Tier 2	
<i>fosamprenavir oral tablet 700 mg</i> (Lexiva)	Tier 1	QL (4 EA per 1 day)
INVIRASE ORAL TABLET 500 MG	Tier 2	QL (4 EA per 1 day)
LEXIVA ORAL SUSPENSION 50 MG/ML	Tier 3	QL (1800 ML per 30 days)
LEXIVA ORAL TABLET 700 MG	Tier 3	QL (4 EA per 1 day)
NORVIR ORAL CAPSULE 100 MG	Tier 3	QL (12 EA per 1 day)
NORVIR ORAL POWDER IN PACKET 100 MG	Tier 3	QL (12 EA per 1 day)
NORVIR ORAL SOLUTION 80 MG/ML	Tier 3	QL (480 ML per 30 days)
NORVIR ORAL TABLET 100 MG	Tier 3	QL (12 EA per 1 day)
REYATAZ ORAL POWDER IN PACKET 50 MG	Tier 3	QL (5 EA per 1 day)
<i>ritonavir oral tablet 100 mg</i> (Norvir)	Tier 1	QL (12 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG, 625 MG	Tier 2	
<b>Antivirals, Hiv-1 Integrase Strand Transfer Inhibtr</b>		
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)
<b>Artv Cmb Nucleoside, Nucleotide, &amp; Non-Nucleoside Rti</b>		
COMPLERA ORAL TABLET 200-25-300 MG	Tier 2	QL (1 EA per 1 day)
DELSTRIGO ORAL TABLET 100-300-300 MG	Tier 3	QL (1 EA per 1 day)

Drug	Status	Notes
ODEFSEY ORAL TABLET 200-25-25 MG	Tier 2	QL (1 EA per 1 day)
SYMFI LO ORAL TABLET 400-300-300 MG	Tier 3	
SYMFI ORAL TABLET 600-300-300 MG	Tier 3	QL (1 EA per 1 day)
<b>Arv Cmb-Nrti,N(T)Rti, Integrase Inhibitor</b>		
BIKTARVY ORAL TABLET 50-200-25 MG	Tier 2	QL (1 EA per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG	Tier 2	QL (1 EA per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG	Tier 2	QL (1 EA per 1 day)
<b>Arv Comb-Nrtis &amp; Integrase Inhibitor</b>		
TRIUMEQ ORAL TABLET 600-50-300 MG	Tier 2	QL (1 EA per 1 day)
<b>Cytochrome P450 Inhibitors</b>		
TYBOST ORAL TABLET 150 MG	Tier 3	PA; QL (1 EA per 1 day)
<b>Hep C - Ns5a, Ns3/4A, Nucleotide Ns5b Inhib Combo</b>		
VOSEVI ORAL TABLET 400-100-100 MG	Tier 3	PA; SP
<b>Hep C Virus - Ns5a &amp; Ns5b Polymerase Inhib. Combo.</b>		
EPCLUSA ORAL TABLET 400-100 MG	Tier 3	PA; SP
HARVONI ORAL TABLET 90-400 MG	Tier 3	PA; SP
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i> (Harvoni)	Tier 1	PA; SP
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i> (Epclusa)	Tier 1	PA; SP
<b>Hep C Virus,Nucleotide Analog Ns5b Polymerase Inh</b>		
SOVALDI ORAL TABLET 400 MG	Tier 3	PA; SP
<b>Hepatitis B Treatment Agents</b>		
<i>adefovir oral tablet 10 mg</i> (Hepsera)	Tier 1	SP; QL (1 EA per 1 day)
BARACLUDGE ORAL SOLUTION 0.05 MG/ML	Tier 2	SP; QL (630 ML per 30 days)
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	Tier 1	SP; QL (1 EA per 1 day)
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	Tier 2	QL (720 ML per 30 days)
EPIVIR HBV ORAL TABLET 100 MG	Tier 3	QL (1 EA per 1 day)
<i>lamivudine oral tablet 100 mg</i> (EpiVIR HBV)	Tier 1	QL (1 EA per 1 day)
VELMIDY ORAL TABLET 25 MG	Tier 2	SP; QL (1 EA per 1 day)
<b>Hepatitis C Treatment Agents</b>		
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	Tier 3	PA; SP
REBETOL ORAL SOLUTION 40 MG/ML	Tier 3	
RIBASPHERE ORAL CAPSULE 200 MG	Tier 1	
RIBASPHERE RIBAPAK ORAL TABLETS,DOSE PACK 200 MG (7)- 400 MG (7)	Tier 1	ST: Prior prescription for Ribavirin in the past 120 days
<i>ribavirin oral capsule 200 mg</i> (Ribasphere)	Tier 1	
<i>ribavirin oral tablet 200 mg</i> (Moderiba)	Tier 1	
<b>Hepatitis C Virus- Ns5a And Ns3/4A Inhibitor Comb</b>		
MAVYRET ORAL TABLET 100-40 MG	Tier 2	PA; SP

Drug	Status	Notes
<b>Inflammatory Disease</b>		
<b>Anti-Arthritic And Chelating Agents</b>		
DEPEN TITRATABS ORAL TABLET 250 MG	Tier 2	PA; SP
<b>Anti-Arthritic, Folate Antagonist Agents</b>		
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML	Tier 2	SP; 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	SP; 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	SP; 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	SP; 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	SP; 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	SP; 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	SP; QL (1.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 25 MG/0.5 ML	Tier 2	SP; 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	SP; 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	SP; ST: Prior prescription for generic Methotrexate in the past 120 days; QL (0.6 ML per 28 days)
<b>Anti-Flam. Interleukin-1 Receptor Antagonist</b>		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	Tier 3	SP
<b>Anti-Inflammatory Tumor Necrosis Factor Inhibitor</b>		
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (0.98 ML)	Tier 2	PA; SP
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	Tier 2	PA; SP
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5ML (0.51), 50 MG/ML (0.98 ML)	Tier 2	PA; SP

Drug	Status	Notes
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (0.98 ML)	Tier 2	PA; SP
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 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	Tier 2	PA; SP
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	Tier 2	PA; SP
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML	Tier 2	PA; SP
<b>Anti-Inflammatory, Interleukin-1 Beta Blockers</b>		
ILARIS (PF) SUBCUTANEOUS RECON SOLN 150 MG/ML	Tier 2	PA; SP
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	Tier 2	PA; SP
<b>Anti-Inflammatory, Pyrimidine Synthesis Inhibitor</b>		
ARAVA ORAL TABLET 10 MG, 20 MG	Tier 3	
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	Tier 1	
<b>Anti-Inflammatory, Phosphodiesterase-4(Pde4) Inhib.</b>		
OTEZLA ORAL TABLET 30 MG	Tier 2	PA; SP
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG (19)	Tier 2	PA; SP
<b>Bradykinin B2 Receptor Antagonists</b>		
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML	Tier 2	PA; SP
<b>C1 Esterase Inhibitors</b>		

Drug	Status	Notes
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 3	PA; SP
<b>Drugs To Tx Chronic Inflamm. Disease Of Colon</b>		
REMICADE INTRAVENOUS RECON SOLN 100 MG	Tier 2	PA; SP
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG	Tier 3	PA; SP
<b>Glucocorticoids</b>		
A-HYDROCORT INJECTION RECON SOLN 100 MG	Tier 1	
BETA-1 INJECTION KIT 6 MG/ML	Tier 3	
BETALOAN SUIK KIT 6 MG/ML	Tier 3	
<i>betameth ac,sod phos(pf)-water injection suspension 6 mg/ml</i>	Tier 1	
<i>betamethasone ace,sod phos-wtr injection suspension 7 mg/ml</i>	Tier 1	
<i>betamethasone acet,sod phos injection suspension 6 mg/ml</i> (Celestone Soluspan)	Tier 1	
<i>betamethasone sod phosph-water injection solution 6 mg/ml</i>	Tier 1	
<i>budesonide oral capsule,delayed,extend.release 3 mg</i> (Entocort EC)	Tier 1	
<i>budesonide oral tablet,delayed and ext.release 9 mg</i> (Uceris)	Tier 1	ST: Prior prescription for Prednisone Intensol, Prednisone in the past 120 days
<i>cortisone oral tablet 25 mg</i>	Tier 1	
DECADRON ORAL ELIXIR 0.5 MG/5 ML	Tier 1	
DECADRON ORAL TABLET 0.5 MG, 0.75 MG, 4 MG, 6 MG	Tier 1	
DELTASONE ORAL TABLET 20 MG	Tier 1	
<i>dexamethasone ac, sod ph-water injection suspension 8 mg- 4 mg/ml</i>	Tier 1	
<i>dexamethasone ace-nacl,iso-osm injection suspension 16 mg/ml, 8 mg/ml</i>	Tier 1	
<i>dexamethasone in 0.9 % sod chl intravenous piggyback 10 mg/50 ml, 20 mg/50 ml</i>	Tier 1	
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	Tier 2	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i> (Decadron)	Tier 1	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	Tier 1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 4 mg, 6 mg</i> (Decadron)	Tier 1	
<i>dexamethasone oral tablet 1 mg, 1.5 mg, 2 mg</i>	Tier 1	
DEXONTO IONTOPHORETIC SOLUTION 0.4 %	Tier 3	

Drug	Status	Notes
ENTOCORT EC ORAL CAPSULE,DELAYED,EXTEND.RELEASE 3 MG	Tier 3	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)	Tier 1	
MEDROLOAN II SUIK KIT 40 MG/ML	Tier 3	
MEDROLOAN SUIK KIT 40 MG/ML	Tier 3	
<i>methylpred ac(pf)-nacl,iso-osm injection suspension 40 mg/ml, 80 mg/ml</i>	Tier 1	
<i>methylprednisol ac-bupivac-wat injection suspension 40-5 mg/ml, 80-5 mg/ml</i>	Tier 1	
<i>methylprednisolone acet-water injection suspension 100 mg/ml, 50 mg/ml</i>	Tier 1	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Medrol)	Tier 1	
<i>methylprednisolone oral tablets,dose pack 4 mg</i> (Medrol (Pak))	Tier 1	
MILLIPRED DP ORAL TABLETS,DOSE PACK 5 MG (21 TABS), 5 MG (48 TABS)	Tier 2	
MILLIPRED ORAL TABLET 5 MG	Tier 2	
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	
<i>prednisolone oral solution 15 mg/5 ml</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution</i> (Veripred 20) <i>20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg</i> (Orapred ODT)	Tier 1	
PREDNISONONE INTENSOL ORAL CONCENTRATE 5 MG/ML	Tier 2	
<i>prednisone oral solution 5 mg/5 ml</i>	Tier 1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg, 50 mg</i>	Tier 1	
<i>prednisone oral tablet 20 mg</i> (Deltasone)	Tier 1	
<i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>	Tier 1	
PRO-C-DURE 5 INJECTION KIT 40 MG/ML	Tier 3	
PRO-C-DURE 6 INJECTION KIT 40 MG/ML	Tier 3	

Drug	Status	Notes
READYSHARP BETAMETHASONE INJECTION KIT 6 MG/ML	Tier 1	
SOLU-CORTEF (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML	Tier 2	
SOLU-CORTEF INJECTION RECON SOLN 100 MG	Tier 2	
<i>triamcinol ac (pf) in 0.9%nacl injection suspension 40 mg/ml</i>	Tier 1	
<i>triamcinol ace-bupiv-0.9% nacl injection suspension 40-5 mg/ml</i>	Tier 1	
<i>triamcinolone acetone-0.9% nacl injection suspension 50 mg/ml</i>	Tier 1	
<i>triamcinolone acetonide injection suspension 40 mg/ml</i> (Kenalog)	Tier 1	
<i>triamcinolone dia(pf)-0.9%nacl injection suspension 40 mg/ml</i>	Tier 1	
<i>triamcinolone diacet-0.9% nacl injection suspension 40 mg/ml, 80 mg/ml</i>	Tier 1	
TRILOAN II SUIK KIT 40 MG/ML	Tier 3	
TRILOAN SUIK KIT 40 MG/ML	Tier 3	
UCERIS ORAL TABLET,DELAYED AND EXT.RELEASE 9 MG	Tier 3	ST: Prior prescription for Prednisone Intensol, Prednisone in the past 120 days
VERIPRED 20 ORAL SOLUTION 20 MG/5 ML (4 MG/ML)	Tier 2	
<b>Gold Salts</b>		
RIDAURA ORAL CAPSULE 3 MG	Tier 2	SP
<b>Immunomodulator,B-Lymphocyte Stim(Blys)-Spec Inhib</b>		
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
<b>Interleukin-6 (Il-6) Receptor Inhibitors</b>		
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 3	PA; SP
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	Tier 3	PA; SP
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
<b>Janus Kinase (Jak) Inhibitors</b>		
OLUMIANT ORAL TABLET 2 MG	Tier 3	SP
XELJANZ ORAL TABLET 10 MG, 5 MG	Tier 3	PA; SP



Drug	Status	Notes
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG	Tier 3	PA; SP
<b>Mineralocorticoids</b>		
<i>fludrocortisone oral tablet 0.1 mg</i>	Tier 1	
<b>Monoclonal Antibody-Human Interleukin 12/23 Inhib</b>		
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	Tier 3	PA; SP
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	Tier 3	PA; SP
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	Tier 3	PA; SP
<b>Nasal Nsaids, Cox Non-Selective, Systemic Analgesic</b>		
SPRIX NASAL SPRAY, NON-AEROSOL 15.75 MG/SPRAY	Tier 3	ST: At least 2 prior prescriptions for Celecoxib, Diclofenac Potassium, Diclofenac Sodium, Ibuprofen, Indocin, Indomethacin, Ketorolac Tromethamine, Meloxicam, Naprelan, Naproxen Sodium, or Sulindac in the past 120 days; QL (1 EA per 6 days)
<b>Nsaid &amp; Topical Irritant Counter-Irritant Comb.</b>		
COMFORT PAC-IBUPROFEN KIT 800 MG	Tier 3	
COMFORT PAC-MELOXICAM KIT 15 MG	Tier 3	
COMFORT PAC-NAPROXEN KIT 500 MG	Tier 3	
<b>Nsaids (Cox Non-Specific Inhib)&amp; Prostaglandin Cmb</b>		
ARTHROTEC 50 ORAL TABLET, IR, DELAYED REL, BIPHASIC 50-200 MG-MCG	Tier 3	
ARTHROTEC 75 ORAL TABLET, IR, DELAYED REL, BIPHASIC 75-200 MG-MCG	Tier 3	
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg</i> (Arthrotec 50)	Tier 1	
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 75-200 mg-mcg</i> (Arthrotec 75)	Tier 1	
<b>Nsaids, Cyclooxygenase 2 Inhibitor - Type</b>		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (Celebrex)	Tier 1	
<b>Nsaids, Cyclooxygenase Inhibitor-Type</b>		
CALDOLOR INTRAVENOUS RECON SOLN 800 MG/8 ML (100 MG/ML)	Tier 2	
<i>diclofenac potassium oral tablet 50 mg</i>	Tier 1	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i> (Voltaren-XR)	Tier 1	

Drug	Status	Notes
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>etodolac oral capsule 200 mg, 300 mg</i>	Tier 1	
<i>etodolac oral tablet 400 mg</i> (Lodine)	Tier 1	
<i>etodolac oral tablet 500 mg</i>	Tier 1	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	Tier 1	
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	Tier 1	
IBU ORAL TABLET 400 MG, 600 MG, 800 MG	Tier 1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> (IBU)	Tier 1	
INDOCIN RECTAL SUPPOSITORY 50 MG	Tier 3	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Tier 1	
<i>indomethacin oral capsule, extended release 75 mg</i>	Tier 1	
<i>ketoprofen oral capsule 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	Tier 1	
<i>ketorolac injection cartridge 15 mg/ml, 30 mg/ml</i>	Tier 1	
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml)</i>	Tier 1	
<i>ketorolac injection syringe 15 mg/ml, 30 mg/ml</i>	Tier 1	
<i>ketorolac intramuscular cartridge 60 mg/2 ml</i>	Tier 1	
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	Tier 1	
<i>ketorolac intramuscular syringe 60 mg/2 ml</i>	Tier 1	
<i>ketorolac oral tablet 10 mg</i>	Tier 1	QL (20 EA per 5 days)
LODINE ORAL TABLET 400 MG	Tier 3	
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>mefenamic acid oral capsule 250 mg</i>	Tier 1	
<i>meloxicam oral suspension 7.5 mg/5 ml</i>	Tier 1	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i> (Mobic)	Tier 1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	Tier 1	
<i>naproxen oral suspension 125 mg/5 ml</i> (Naprosyn)	Tier 1	
<i>naproxen oral tablet 250 mg, 375 mg</i>	Tier 1	
<i>naproxen oral tablet 500 mg</i> (Naprosyn)	Tier 1	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i> (EC-Naprosyn)	Tier 1	
<i>naproxen sodium oral tablet 275 mg</i>	Tier 1	
<i>naproxen sodium oral tablet 550 mg</i> (Anaprox DS)	Tier 1	
<i>naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg</i> (Naprelan CR)	Tier 1	
<i>oxaprozin oral tablet 600 mg</i> (Daypro)	Tier 1	
<i>piroxicam oral capsule 10 mg, 20 mg</i> (Feldene)	Tier 1	
READYSHARP KETOROLAC INJECTION KIT 15 MG/ML	Tier 3	

Drug	Status	Notes
<i>sulindac oral tablet 150 mg, 200 mg</i>	Tier 1	
<i>tolmetin oral capsule 400 mg</i>	Tier 1	
<i>tolmetin oral tablet 200 mg, 600 mg</i>	Tier 1	
TORONOVA II SUIK KIT 30 MG/ML	Tier 3	
TORONOVA SUIK KIT 30 MG/ML	Tier 3	
ZORVOLEX ORAL CAPSULE 18 MG, 35 MG	Tier 3	ST: Prior prescription for Diclofenac Potassium or Diclofenac Sodium in the past 120 days
<b>Plasma Kallikrein Inhibitors</b>		
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	Tier 3	PA; SP
<b>Local Anesthesia</b>		
<b>Local Anesthetics</b>		
BUCALSEP MUCOUS MEMBRANE AEROSOL, SPRAY	Tier 3	
BUCALSEP MUCOUS MEMBRANE SOLUTION	Tier 3	
BUFFERED LIDOCAINE INJECTION SYRINGE 0.9 % (1 ML), 0.9 % (3 ML), 0.9 % (5 ML), 1.8 % (3 ML), 1.8 % (5 ML)	Tier 3	
BUFFERED LIDOCAINE INJECTION SYRINGE 0.9 % (10 ML)	Tier 1	
<i>bupivacaine in nacl(pf) injection prefilled pump reservoir 0.125 % (1,250 mcg/ml)</i>	Tier 1	
<i>bupivacaine in nacl(pf) injection solution 0.5 %</i>	Tier 1	
<i>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%</i>	Tier 1	
<i>bupivacaine in nacl(pf) local infiltration elastomer pump,hi var rate,pca 0.125 % 550 ml</i>	Tier 1	
<i>bupivacaine in nacl(pf) local infiltration elastomeric pump, fixed rate 0.25 % 5 ml/hr 300 ml</i>	Tier 1	
<i>bupivacaine in nacl(pf) local infiltration elastomeric pump,hi var rate 0.125 % 400 ml, 0.125 % 500 ml, 0.125 % 550 ml, 0.125 % 600 ml, 0.125 % 750 ml, 0.25 % 500 ml</i>	Tier 1	
CARBOCAINE INJECTION CARTRIDGE 30 MG/ML (3 %)	Tier 1	
GLYDO MUCOUS MEMBRANE JELLY IN APPLICATOR 2 %	Tier 1	
KOVANAZE NASAL NASAL SPRAY SYRINGE 6-0.1 MG/0.2 ML	Tier 3	
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %)</i> (Xylocaine-MPF)	Tier 1	
<i>lidocaine (pf) injection solution 40 mg/ml (4 %)</i>	Tier 1	

Drug	Status	Notes
<i>lidocaine (pf) injection syringe 10 mg/ml (1 %), 200 mg/10 ml (2 %), 200 mg/20 ml (1 %), 40 mg/2 ml (2%), 400 mg/20 ml (2 %), 50 mg/5 ml (1 %), 60 mg/3 ml (2 %)</i>	Tier 1	
<i>lidocaine hcl in 0.9 % nacl injection syringe 5 mg/ml (0.5 %)</i>	Tier 1	
<i>lidocaine hcl injection syringe 10 mg/ml (1 %), 100 mg/10 ml (1 %), 100 mg/5 ml (2 %), 30 mg/3 ml (1%), 50 mg/5 ml (1 %)</i>	Tier 1	
<i>lidocaine hcl mucous membrane jelly 2 %</i>	Tier 1	
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i> (Glydo)	Tier 1	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	Tier 1	
<i>lidocaine hcl(pf) in 0.9% nacl injection syringe 10 mg/ml (1 %) (1 ml), 100 mg/10 ml (1 %)</i>	Tier 1	
LIDOCAINE VISCOUS MUCOUS MEMBRANE SOLUTION 2 %	Tier 1	
<i>lidocaine-epinephrine bit injection cartridge 2 %-1:100,000, 2 %-1:50,000</i> (Xylocaine Dental-Epinephrine)	Tier 1	
POLOCAINE INJECTION CARTRIDGE 30 MG/ML (3 %)	Tier 1	
POLOCAINE-MPF INJECTION SOLUTION 10 MG/ML (1 %)	Tier 1	
<i>ropivacaine (pf) in 0.9 % nacl injection prefilled pump reservoir 0.1 % (1 mg/ml)</i>	Tier 1	
<i>ropivacaine (pf) in 0.9 % nacl 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 %, 60 mg/30 ml (2 mg/ml) 0.2 %</i>	Tier 1	
<i>ropivacaine (pf) in 0.9 % nacl local infiltration elastomer pump,lo var rate,pca 0.2 % 400 ml</i>	Tier 1	
<i>ropivacaine (pf) in 0.9 % nacl local infiltration elastomeric pump,fixed rate 0.2 % 10 ml/hour 500 ml</i>	Tier 1	
<i>ropivacaine (pf) in 0.9 % nacl local infiltration elastomeric pump,hi var rate 0.1 % 400 ml, 0.2 % 120 ml, 0.2 % 400 ml, 0.2 % 545 ml, 0.2 % 550 ml, 0.2 % 600 ml, 0.2 % 700 ml, 0.25 % 400 ml, 0.5 % 400 ml</i>	Tier 1	
<i>ropivacaine (pf) in 0.9 % nacl local infiltration elastomeric pump,lo var rate 0.1 % 600 ml, 0.2 % 600 ml, 0.2 % 745 ml, 0.2 750 ml</i>	Tier 1	
<i>ropivacaine (pf) injection syringe 100 mg/20 ml (5 mg/ml) 0.5 %</i>	Tier 1	
<i>ropivacaine (pf) local infiltration elastomer pump,hi var rate,pca 0.2 % 400 ml</i>	Tier 1	
<i>ropivacaine (pf) local infiltration elastomeric pump,fixed rate 0.2 % 4 ml/hr 500 ml, 0.2 % 5 ml/hr 270 ml, 0.2 % 5 ml/hr 500 ml</i>	Tier 1	
<i>ropivacaine (pf) local infiltration elastomeric pump,hi var rate 0.2 % 500 ml, 0.2 % 750 ml</i>	Tier 1	

Drug	Status	Notes
<i>ropivacaine-epi-clonid-ketorol periarticular syringe 2.46-0.005- 0.0008-0.3mg/ml</i>	Tier 1	
SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 0.75 %-1:200,000	Tier 1	
<i>tetracaine hcl (pf) injection solution 1 % (10 mg/ml)</i>	Tier 1	
XYLOCAINE DENTAL-EPINEPHRINE INJECTION CARTRIDGE 2 %-1:100,000	Tier 1	
XYLOCAINE DENTAL-EPINEPHRINE INJECTION CARTRIDGE 2 %-1:50,000	Tier 2	
<b>Lower Gastrointestinal Disorders - Bowel Inflammation</b>		
<b>Bowel Antiinflammatory Agents</b>		
<i>sulfadiazine oral tablet 500 mg</i>	Tier 1	
<b>Chronic Inflamm. Colon Dx, 5-A-Salicylat, Rectal Tx</b>		
CANASA RECTAL SUPPOSITORY 1,000 MG	Tier 2	
<i>mesalamine rectal enema 4 gram/60 ml (Rowasa)</i>	Tier 1	
<i>mesalamine rectal suppository 1,000 mg (Canasa)</i>	Tier 1	
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml (Rowasa)</i>	Tier 1	
<b>Drug Tx-Chronic Inflamm. Colon Dx, 5-Aminosalicylat</b>		
APRISO ORAL CAPSULE, EXTENDED RELEASE 24HR 0.375 GRAM	Tier 2	
AZULFIDINE EN-TABS ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	Tier 3	
AZULFIDINE ORAL TABLET 500 MG	Tier 3	
<i>balsalazide oral capsule 750 mg (Colazal)</i>	Tier 1	
DIPENTUM ORAL CAPSULE 250 MG	Tier 3	ST: At least 2 prior prescriptions for Apriso, Balsalazide Disodium, Mesalamine, Pentasa, or Sulfasalazine in the past 120 days
LIALDA ORAL TABLET, DELAYED RELEASE (DR/EC) 1.2 GRAM	Tier 3	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram (Lialda)</i>	Tier 1	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG	Tier 2	
<i>sulfasalazine oral tablet 500 mg (Azulfidine)</i>	Tier 1	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg (Azulfidine EN-tabs)</i>	Tier 1	
<b>Hemorrhoidal Prep, Anti-Inflamm Steroid/Local Anesth</b>		
ANA-LEX KIT RECTAL KIT 2-2 %	Tier 1	
<i>hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 % (Analpram-HC)</i>	Tier 1	

Drug	Status	Notes
<i>hydrocortisone-pramoxine rectal cream 2.5-1 % (4g)</i> (Analpram-HC Singles)	Tier 1	
<i>lidocaine hcl-hydrocortison ac rectal cream 3 %-1 % (7 gram), 3-0.5 %</i>	Tier 1	
<i>lidocaine hcl-hydrocortison ac rectal gel 3 %-2.5 % (7 gram)</i>	Tier 1	
<i>lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %, 3-1 % (7 gram)</i>	Tier 1	
<i>lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %</i>	Tier 1	
<i>lidocaine-hydrocortisone-aloe rectal kit 2-2 %</i> (Ana-Lex Kit)	Tier 1	
<i>lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)</i>	Tier 1	
ZYPRAM RECTAL KIT, CREAM AND TOWELETTE 2.35-1 %	Tier 3	
<b>Ibs Agents, Mixed Opioid Recep Agonists/Antagonists</b>		
VIBERZI ORAL TABLET 100 MG, 75 MG	Tier 3	PA
<b>Irritable Bowel Agents, Guanylate Cylase-C Agonist</b>		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	Tier 2	
<b>Local Anorectal Nitrate Preparations</b>		
RECTIV RECTAL OINTMENT 0.4 % (W/W)	Tier 2	
<b>Rectal Preparations</b>		
ANUCORT-HC RECTAL SUPPOSITORY 25 MG	Tier 1	
<i>hydrocortisone acetate rectal suppository 25 mg</i> (Anucort-HC)	Tier 1	
<i>hydrocortisone acetate rectal suppository 30 mg</i> (Hemmorex-HC)	Tier 1	
<b>Rectal/Lower Bowel Prep., Glucocort. (Non-Hemorr)</b>		
COLOCORT RECTAL ENEMA 100 MG/60 ML	Tier 1	
<i>hydrocortisone rectal enema 100 mg/60 ml</i> (Colocort)	Tier 1	
UCERIS RECTAL FOAM 2 MG/ACTUATION	Tier 3	
<b>Lower Gastrointestinal Disorders - Other</b>		
<b>Antidiarrheal - Tryptophan Hydroxylase Inhibitor</b>		
XERMELO ORAL TABLET 250 MG	Tier 2	PA; SP
<b>Antidiarrheals</b>		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	Tier 1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil)	Tier 1	
<i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide))	Tier 1	
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	Tier 1	
<i>paregoric oral liquid 2 mg/5 ml</i>	Tier 1	

Drug	Status	Notes
SOLESTA IMPLANT GEL FOR IMPLANT IN SYRINGE 50-15 MG/ML (4)	Tier 3	SP
<b>Bile Salts</b>		
ACTIGALL ORAL CAPSULE 300 MG	Tier 3	
CHENODAL ORAL TABLET 250 MG	Tier 2	PA; SP
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	Tier 2	PA; SP
<i>ursodiol oral capsule 300 mg</i> (Actigall)	Tier 1	
<i>ursodiol oral tablet 250 mg</i> (URSO 250)	Tier 1	
<i>ursodiol oral tablet 500 mg</i> (URSO Forte)	Tier 1	
<b>Farnesoid X Receptor (Fxr) Agonist, Bile Ac Analog</b>		
OICALIVA ORAL TABLET 10 MG, 5 MG	Tier 2	PA; SP
<b>Irritable Bowel Synd. Agent, 5HT-3 Antagonist-Type</b>		
<i>alosetron oral tablet 0.5 mg, 1 mg</i> (Lotronex)	Tier 1	
<b>Laxatives And Cathartics</b>		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	Tier 3	ST: Prior prescription for Linzess or Movantik in the past 120 days; QL (2 EA per 1 day)
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM -12 GRAM/160 ML	Tier 3	\$0 COPAY IF AGE 50-75 YEARS
COLYTE WITH FLAVOR PACKS ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM	Tier 3	
CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML	Tier 1	
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM	Tier 1	\$0 COPAY IF AGE 50-75 YEARS
GAVILYTE-G ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	Tier 1	\$0 COPAY IF AGE 50-75 YEARS
GAVILYTE-N ORAL RECON SOLN 420 GRAM	Tier 1	\$0 COPAY IF AGE 50-75 YEARS
GIALAX ORAL KIT 17 GRAM/ SCOOP	Tier 3	
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	
KRISTALOSE ORAL PACKET 10 GRAM	Tier 3	
<i>lactulose oral packet 10 gram</i> (Kristalose)	Tier 1	
<i>lactulose oral solution 10 gram/15 ml</i> (Constulose)	Tier 1	
<i>lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml</i>	Tier 1	
MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM	Tier 3	\$0 COPAY IF AGE 50-75 YEARS
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
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i> (GaviLyte-G)	Tier 1	\$0 COPAY IF AGE 50-75 YEARS

Drug	Status	Notes
<i>peg 3350-electrolytes oral recon soln 240-22.72-6.72 -5.84 gram</i> (Colyte with Flavor Packs)	Tier 1	\$0 COPAY IF AGE 50-75 YEARS
<i>peg-electrolyte soln oral recon soln 420 gram</i> (GaviLyte-N)	Tier 1	\$0 COPAY IF AGE 50-75 YEARS
PEG-PREP ORAL KIT 5-210 MG-GRAM	Tier 1	\$0 COPAY IF AGE 50-75 YEARS
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	Tier 3	\$0 COPAY IF AGE 50-75 YEARS
PREPOPIK ORAL POWDER IN PACKET 10 MG-3.5 GRAM-12 GRAM	Tier 2	\$0 COPAY IF AGE 50-75 YEARS
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	Tier 2	\$0 COPAY IF AGE 50-75 YEARS
TRILYTE WITH FLAVOR PACKETS ORAL RECON SOLN 420 GRAM	Tier 1	\$0 COPAY IF AGE 50-75 YEARS
<b>Narcotic Antagonists, Peripherally-Acting</b>		
ENTEREG ORAL CAPSULE 12 MG	Tier 3	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	Tier 2	QL (1 EA per 1 day)
RELISTOR ORAL TABLET 150 MG	Tier 3	PA; ST: Prior prescription for Amitiza or Movantik in the past 120 days; QL (3 EA per 1 day)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	Tier 2	PA; QL (0.6 ML per 1 day)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	Tier 2	PA; QL (0.6 ML per 1 day)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	Tier 2	PA; QL (0.4 ML per 1 day)
<b>Sbs - Glucagon-Like Peptide-2 (Glp-2) Analogs</b>		
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	Tier 3	PA; SP
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	Tier 3	PA; SP
<b>Medical Supplies</b>		
<b>Catheters And Related Devices</b>		
DOVER COATED LATEX FOLEY COMBO PACK	Tier 3	
VAPRO PLUS INTERMITT CATHETER COMBO PACK 14 FR- 16"	Tier 3	
<b>Durable Medical Equipment,Misc</b>		
ARGYLE TRACHEOSTOMY CARE TRAY	Tier 3	
CEFALY COMBO PACK	Tier 3	
JETCO-SPRAY CANNULA	Tier 3	
PRO COMFORT TENS ELECTRODE PAD	Tier 3	
PRO COMFORT TENS UNIT COMBO PACK	Tier 3	
PRO-CEPTION VAGINAL	Tier 3	
RECONSTITUTE KIT	Tier 3	
T.E.D. SEQUNT COMPRESS DEVICE	Tier 3	
<b>Durable Medical Equipment,Misc(Group 1)</b>		



Drug	Status	Notes
ACCU-CHEK FASTCLIX LANCET DRUM	Tier 2	
ACCU-CHEK MULTICLIX LANCET	Tier 2	
ACCU-CHEK SAFE-T-PRO 23 GAUGE	Tier 2	
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE	Tier 2	
ACCU-CHEK SOFTCLIX LANCETS	Tier 2	
<i>lancets</i> (Accu-Chek Fastclix Lancet Drum)	Tier 1	
LANCETS, SUPER THIN	Tier 1	
MICRO THIN LANCETS 33 GAUGE	Tier 1	
<b>Incontinence Supplies</b>		
FLEXI-SEAL SIGNAL FMS RECTAL	Tier 3	
<b>Syringes And Accessories</b>		
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	
<i>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</i> (Advocate Syringes)	Tier 2	

Drug	Status	Notes
<i>insulin syringe-needle u-100 syringe 0.5 ml 30 gauge x 1/2"</i> (BD Insulin Syringe Ultra-Fine)	Tier 3	
<i>insulin syringe-needle u-100 syringe 0.5 ml 30 gauge x 5/16", 1 ml 30 gauge x 5/16</i> (Advocate Syringes)	Tier 3	
<i>insulin syringe-needle u-100 syringe 1 ml 28 gauge x 1/2"</i> (BD Insulin Syringe)	Tier 2	
<i>insulin syringe-needle u-100 syringe 1 ml 30 gauge x 1/2"</i> (BD Eclipse Luer-Lok)	Tier 3	
INTERLINK LEVER LOCK CANNULA	Tier 3	
KENDALL DISINFECTANT CAP	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	
MONOJECT TUBERCULIN SYRINGE SYRINGE 1 ML	Tier 3	
PARADIGM RESERVOIR 1.8 ML, 3 ML	Tier 3	
PISTON SYRINGE WITH ENFIT SYRINGE 60 ML	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	
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	
<b>Miscellaneous Agents</b>		
<b>Amyloidosis Agents-Transthyretin (Ttr) Suppression</b>		
ONPATTRO INTRAVENOUS SOLUTION 2 MG/ML	Tier 3	SP
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML	Tier 3	PA; SP

Drug	Status	Notes
<b>Anaphylaxis Therapy Agents</b>		
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, 0.15 MG/0.15 ML, 0.3 MG/0.3 ML	Tier 3	QL (4 EA per 1 PER FILL)
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml</i> (Auvi-Q)	Tier 1	QL (4 EA per 1 PER FILL)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr)	Tier 1	QL (4 EA per 1 PER FILL)
<i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i> (Auvi-Q)	Tier 1	
EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	Tier 2	QL (4 EA per 1 PER FILL)
EPIPEN INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	Tier 2	QL (4 EA per 1 PER FILL)
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	Tier 2	QL (4 EA per 1 PER FILL)
EPIPEN JR INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	Tier 2	QL (4 EA per 1 PER FILL)
<b>Fibroblast Growth Factor 23 (Fgf23) Inhibitors, Mab</b>		
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML	Tier 3	PA; SP
<b>Metabolic Dx Enzyme Replacement, Lyso. Acid Lip. Def.</b>		
KANUMA INTRAVENOUS SOLUTION 2 MG/ML	Tier 2	PA; SP
<b>Parasympathetic Agents</b>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i> (Urecholine)	Tier 1	
<i>cevimeline oral capsule 30 mg</i> (Evoxac)	Tier 1	
EVOXAC ORAL CAPSULE 30 MG	Tier 3	
<i>guanidine oral tablet 125 mg</i>	Tier 1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> (Salagen (pilocarpine))	Tier 1	
URECHOLINE ORAL TABLET 10 MG, 25 MG, 5 MG, 50 MG	Tier 3	
<b>Pharmacological Chaperone-Alpha-Galactosid.A Stabz</b>		
GALAFOLD ORAL CAPSULE 123 MG	Tier 3	PA; SP
<b>Pku Treatment Agents - Phenylalanine Ammonia Lyase</b>		
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	Tier 3	PA; SP
<b>Pku Tx Agent-Cofactor Of Phenylalanine Hydroxylase</b>		
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG	Tier 2	PA; SP
KUVAN ORAL TABLET, SOLUBLE 100 MG	Tier 2	PA; SP
<b>Systemic Enzyme Inhibitors</b>		
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	Tier 2	SP

Drug	Status	Notes
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	Tier 2	SP
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	Tier 3	SP
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG	Tier 2	SP
<b>Thrombolytic - Nucleotide Type</b>		
DEFITELIO INTRAVENOUS SOLUTION 80 MG/ML	Tier 3	
<b>Topical Anticholinergic Hyperhidrosis Tx Agents</b>		
QBREXZA TOPICAL TOWELETTE 2.4 %	Tier 3	
<b>Neoplastic Disease</b>		
<b>Alkylating Agents</b>		
ALKERAN (AS HCL) INTRAVENOUS RECON SOLN 50 MG	Tier 3	SP
ALKERAN ORAL TABLET 2 MG	Tier 3	
<i>bendamustine intravenous solution 25 mg/ml</i> (Bendeka)	Tier 2	
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	Tier 2	SP
BICNU INTRAVENOUS RECON SOLN 100 MG	Tier 3	SP
<i>busulfan intravenous solution 60 mg/10 ml</i> (Busulfex)	Tier 1	SP
BUSULFEX INTRAVENOUS SOLUTION 60 MG/10 ML	Tier 2	SP
<i>carboplatin intravenous recon soln 150 mg</i>	Tier 1	SP
<i>carboplatin intravenous solution 10 mg/ml</i>	Tier 1	SP
<i>carmustine intravenous recon soln 100 mg</i> (BiCNU)	Tier 1	SP
<i>cisplatin intravenous solution 1 mg/ml</i>	Tier 1	SP
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	Tier 1	SP
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Tier 2	SP
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG, 5 MG	Tier 2	SP
GLIADEL WAFER IMPLANT WAFER 7.7 MG	Tier 3	SP
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	Tier 1	
<i>ifosfamide intravenous recon soln 1 gram, 3 gram</i> (Ifex)	Tier 1	SP
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	Tier 1	SP
<i>ifosfamide-mesna intravenous kit 1-1 gram, 3,000-1,000 mg</i>	Tier 1	SP
LEUKERAN ORAL TABLET 2 MG	Tier 2	SP
<i>melphalan hcl intravenous recon soln 50 mg</i> (Alkeran (as HCl))	Tier 1	SP
<i>melphalan oral tablet 2 mg</i> (Alkeran)	Tier 1	
MYLERAN ORAL TABLET 2 MG	Tier 2	SP
<i>oxaliplatin intravenous recon soln 100 mg, 50 mg</i>	Tier 1	SP

Drug	Status	Notes
<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	Tier 1	SP
TEMODAR INTRAVENOUS RECON SOLN 100 MG	Tier 2	PA; SP
TEMODAR ORAL CAPSULE 100 MG, 140 MG, 180 MG, 20 MG, 250 MG, 5 MG	Tier 3	PA; SP
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i> (Temodar)	Tier 1	PA; SP
TEPADINA INJECTION RECON SOLN 100 MG, 15 MG	Tier 3	SP
<i>thiotepa injection recon soln 15 mg</i> (Tepadina)	Tier 1	SP
TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG	Tier 2	SP
<b>Antiandrogenic Agents</b>		
<i>abiraterone oral tablet 250 mg</i> (Zytiga)	Tier 1	PA; SP; QL (4 EA per 1 day)
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	Tier 1	
CASODEX ORAL TABLET 50 MG	Tier 3	
ERLEADA ORAL TABLET 60 MG	Tier 3	SP
<i>flutamide oral capsule 125 mg</i>	Tier 1	
<i>nilutamide oral tablet 150 mg</i> (Nilandron)	Tier 1	SP; QL (2 EA per 1 day)
XTANDI ORAL CAPSULE 40 MG	Tier 2	PA; SP; QL (4 EA per 1 day)
YONSA ORAL TABLET 125 MG	Tier 3	PA; SP
ZYTIGA ORAL TABLET 250 MG	Tier 2	PA; SP; QL (4 EA per 1 day)
ZYTIGA ORAL TABLET 500 MG	Tier 2	PA; SP; QL (2 EA per 1 day)
<b>Antibiotic Antineoplastics</b>		
ADRIAMYCIN INTRAVENOUS RECON SOLN 10 MG, 50 MG	Tier 1	
ADRIAMYCIN INTRAVENOUS SOLUTION 10 MG/5 ML, 2 MG/ML, 20 MG/10 ML, 50 MG/25 ML	Tier 1	
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	Tier 1	SP
COSMEGEN INTRAVENOUS RECON SOLN 0.5 MG	Tier 3	SP
<i>dactinomycin intravenous recon soln 0.5 mg</i> (Cosmegen)	Tier 1	SP
<i>daunorubicin intravenous recon soln 20 mg</i>	Tier 1	SP
<i>daunorubicin intravenous solution 5 mg/ml</i>	Tier 1	SP
<i>doxorubicin intravenous recon soln 10 mg, 50 mg</i> (Adriamycin)	Tier 1	
<i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i> (Adriamycin)	Tier 1	
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i> (Doxil)	Tier 1	SP
ELLECE INTRAVENOUS SOLUTION 200 MG/100 ML	Tier 3	SP
<i>epirubicin intravenous recon soln 200 mg, 50 mg</i>	Tier 1	SP

Drug	Status	Notes
<i>epirubicin intravenous solution 200 mg/100 ml, 50 mg/25 ml</i> (Elevance)	Tier 1	SP
<i>idarubicin intravenous solution 1 mg/ml</i> (Idamycin PFS)	Tier 1	SP
LIPODOX 50 INTRAVENOUS SUSPENSION 2 MG/ML	Tier 1	SP
LIPODOX INTRAVENOUS SUSPENSION 2 MG/ML	Tier 1	SP
<i>mitomycin intravenous recon soln 20 mg, 40 mg, 5 mg</i> (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
<b>Anti-Cd20 (B Lymphocyte) Monoclonal Antibody</b>		
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
<b>Antimetabolites</b>		
ADRUCIL INTRAVENOUS SOLUTION 2.5 GRAM/50 ML, 5 GRAM/100 ML, 500 MG/10 ML	Tier 1	
ALIMTA INTRAVENOUS RECON SOLN 100 MG, 500 MG	Tier 2	PA; SP
ARRANON INTRAVENOUS SOLUTION 250 MG/50 ML	Tier 2	SP
<i>azacitidine injection recon soln 100 mg</i> (Vidaza)	Tier 1	SP
<i>capecitabine oral tablet 150 mg</i> (Xeloda)	Tier 1	PA; SP; QL (28 EA per 21 days)
<i>capecitabine oral tablet 500 mg</i> (Xeloda)	Tier 1	PA; SP; QL (112 EA per 21 days)
<i>cladribine intravenous solution 10 mg/10 ml</i>	Tier 1	SP
<i>clofarabine intravenous solution 20 mg/20 ml</i> (Clolar)	Tier 1	SP
CLOLAR INTRAVENOUS SOLUTION 20 MG/20 ML	Tier 2	SP
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml</i>	Tier 1	SP
<i>cytarabine injection solution 20 mg/ml</i>	Tier 1	SP
<i>decitabine intravenous recon soln 50 mg</i> (Dacogen)	Tier 1	SP
<i>floxuridine injection recon soln 0.5 gram</i>	Tier 1	SP
<i>fludarabine intravenous recon soln 50 mg</i>	Tier 1	SP
<i>fludarabine intravenous solution 50 mg/2 ml</i>	Tier 1	SP
<i>fluorouracil intravenous solution 1 gram/20 ml</i>	Tier 1	
<i>fluorouracil intravenous solution 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml</i> (Adrucil)	Tier 1	
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML)	Tier 2	SP
<i>gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg</i>	Tier 1	SP

Drug	Status	Notes
<i>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)</i>	Tier 1	SP
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	Tier 2	PA; SP
<i>mercaptopurine oral tablet 50 mg</i>	Tier 1	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	Tier 1	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	Tier 1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	Tier 1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	Tier 1	
NIPENT INTRAVENOUS RECON SOLN 10 MG	Tier 3	SP
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	
XATMEP ORAL SOLUTION 2.5 MG/ML	Tier 3	SP; ST: Prior prescription for generic Methotrexate in the past 120 days; QL (120 ML per 60 days); Age (Max 11 Years)
<b>Antineoplast Egf Receptor Blocker Rcmb Mc Antibody</b>		
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	Tier 2	PA; SP
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	Tier 3	PA; SP
HERCEPTIN INTRAVENOUS RECON SOLN 440 MG	Tier 2	PA; SP
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML)	Tier 2	PA; SP
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50 ML (16 MG/ML)	Tier 3	PA; SP
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML)	Tier 2	PA; SP
<b>Antineoplast Hum Vegf Inhibitor Recomb Mc Antibody</b>		
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML	Tier 2	PA; SP
<b>Antineoplastic - Antibiotic And Antimetabolite</b>		
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG	Tier 3	PA; SP
<b>Antineoplastic - Anti-Cd38 Monoclonal Antibody</b>		
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	Tier 2	PA; SP

Drug	Status	Notes
<b>Antineoplastic - Anti-Slamf7 Monoclonal Antibody</b>		
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG	Tier 3	PA; SP
<b>Antineoplastic Aromatase Inhibitors</b>		
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	Tier 1	
AROMASIN ORAL TABLET 25 MG	Tier 3	
<i>exemestane oral tablet 25 mg</i> (Aromasin)	Tier 1	
FEMARA ORAL TABLET 2.5 MG	Tier 3	
<i>letrozole oral tablet 2.5 mg</i> (Femara)	Tier 1	
<b>Antineoplastic - Braf Kinase Inhibitors</b>		
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
ZELBORAF ORAL TABLET 240 MG	Tier 2	PA; SP; QL (8 EA per 1 day)
<b>Antineoplastic - Eपोthilones And Analogs</b>		
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG	Tier 2	PA; SP
<b>Antineoplastic - Halichondrin B Analogs</b>		
HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML)	Tier 2	PA; SP
<b>Antineoplastic - Hedgehog Pathway Inhibitor</b>		
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
<b>Antineoplastic - Immunotherapy, Therapeutic Vac</b>		
PROVENGE INTRAVENOUS SUSPENSION 50 MILLION CELL/250 ML	Tier 2	SP
<b>Antineoplastic - Immunotherapy, Virus-Based Agents</b>		
IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML, 10EXP8 (100 MILLION) PFU/ML	Tier 3	PA; SP
<b>Antineoplastic - Janus Kinase (Jak) Inhibitors</b>		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	Tier 2	PA; SP; QL (2 EA per 1 day)
<b>Antineoplastic - Mek1 And Mek2 Kinase Inhibitors</b>		
COTELLIC ORAL TABLET 20 MG	Tier 2	PA; SP; QL (63 EA per 28 days)
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)
<b>Antineoplastic - Mtor Kinase Inhibitors</b>		



Drug	Status	Notes
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	Tier 2	PA; SP
AFINITOR ORAL TABLET 10 MG, 7.5 MG	Tier 2	PA; SP; QL (2 EA per 1 day)
AFINITOR ORAL TABLET 2.5 MG, 5 MG	Tier 2	PA; SP; QL (1 EA per 1 day)
<i>temsirolimus intravenous recon soln 30 mg/3 ml (10 mg/ml) (first)</i> (Torisel)	Tier 1	PA; SP
TORISEL INTRAVENOUS RECON SOLN 30 MG/3 ML (10 MG/ML) (FIRST)	Tier 2	PA; SP
<b>Antineoplastic - Topoisomerase I Inhibitors</b>		
CAMPTOSAR INTRAVENOUS SOLUTION 100 MG/5 ML, 40 MG/2 ML	Tier 3	SP
HYCANTIN ORAL CAPSULE 0.25 MG, 1 MG	Tier 2	SP
<i>irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml</i> (Camptosar)	Tier 1	SP
<i>irinotecan intravenous solution 500 mg/25 ml</i>	Tier 1	SP
ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML	Tier 2	PA; SP
<i>topotecan intravenous recon soln 4 mg</i> (Hycamtin)	Tier 1	SP
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	Tier 1	SP
YONDELIS INTRAVENOUS RECON SOLN 1 MG	Tier 2	PA; SP
<b>Antineoplastic - Vegf-A,B &amp; P1gf Inhibitor</b>		
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML)	Tier 2	PA; SP
<b>Antineoplastic - Vegfr Antagonist</b>		
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	Tier 2	PA; SP
<b>Antineoplastic- Cd22 Antibody-Cytotoxic Antibiotic</b>		
BESPOLSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL)	Tier 3	PA; SP
<b>Antineoplastic Comb - Kinase And Aromatase Inhibit</b>		
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG	Tier 3	PA; SP
<b>Antineoplastic Immunomodulator Agents</b>		
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	Tier 2	PA; SP
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	Tier 2	PA; SP; QL (1 EA per 1 day)
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	Tier 2	PA; SP
<b>Antineoplastic Lhrh(Gnrh) Antagonist,Pituit.Supprs</b>		
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	Tier 2	SP; QL (2 EA per 365 days)

Drug	Status	Notes
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)
<b>Antineoplastic Systemic Enzyme Inhibitors</b>		
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)
<i>bortezomib intravenous recon soln 3.5 mg</i>	Tier 2	PA; SP
BOSULIF ORAL TABLET 100 MG	Tier 2	PA; SP; QL (4 EA per 1 day)
BOSULIF ORAL TABLET 400 MG, 500 MG	Tier 2	PA; SP; QL (1 EA per 1 day)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	Tier 3	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 3	PA; SP; QL (112 EA per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	Tier 3	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
ICLUSIG ORAL TABLET 15 MG	Tier 2	PA; SP; QL (2 EA per 1 day)
ICLUSIG ORAL TABLET 45 MG	Tier 2	PA; SP; QL (1 EA per 1 day)
<i>imatinib oral tablet 100 mg</i> (Gleevec)	Tier 1	SP; QL (3 EA per 1 day)
<i>imatinib oral tablet 400 mg</i> (Gleevec)	Tier 1	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)
IRESSA ORAL TABLET 250 MG	Tier 2	PA; SP

Drug	Status	Notes
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
KYPROLIS INTRAVENOUS RECON SOLN 10 MG	Tier 3	PA; SP
KYPROLIS INTRAVENOUS RECON SOLN 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 3	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
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)
TAGRISSO ORAL TABLET 40 MG, 80 MG	Tier 2	PA; SP
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG	Tier 3	PA; SP
TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG	Tier 2	PA; SP
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	Tier 2	PA; SP; QL (4 EA per 1 day)
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 3	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 3	PA; SP
VOTRIENT ORAL TABLET 200 MG	Tier 2	PA; SP; QL (4 EA per 1 day)

Drug	Status	Notes
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 CAPSULE 150 MG	Tier 2	PA; SP
<b>Antineoplastic, Pdgfr-Alpha Blocker Mc Antibody</b>		
LARTRUVO INTRAVENOUS SOLUTION 10 MG/ML	Tier 2	PA; SP
<b>Antineoplastic,Anti-Programmed Death-1 (Pd-1) Mab</b>		
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
<b>Antineoplastic,Histone Deacetylase Inhibitors,Hdis</b>		
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	Tier 3	PA; SP
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	Tier 3	PA; SP
ISTODAX INTRAVENOUS RECON SOLN 10 MG/2 ML	Tier 2	PA; SP
<i>romidepsin intravenous recon soln 10 mg/2 ml (Istodax)</i>	Tier 1	PA; SP
ZOLINZA ORAL CAPSULE 100 MG	Tier 2	SP
<b>Antineoplastic-B Cell Lymphoma-2(Bcl-2) Inhibitors</b>		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	Tier 2	SP
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	Tier 2	SP
<b>Antineoplastic-Cd19 Dir. Car-T Cell Immunotherapy</b>		
KYMRIAH INTRAVENOUS SUSPENSION 0.2X10EXP6 TO 2.5X10EXP8 CELL, 0.6 TO 6 X 10EXP8 CELL	Tier 2	PA; SP
YESCARTA INTRAVENOUS SUSPENSION	Tier 3	PA; SP
<b>Antineoplastic-Cd22 Direct Antibody/Cytotoxin Conj</b>		
LUMOXITI INTRAVENOUS RECON SOLN 1 MG	Tier 3	PA; SP
<b>Antineoplastic-Interleukin-6(II-6)Inhib,Antibody</b>		
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG	Tier 2	PA; SP
<b>Antineoplastic-Isocitrate Dehydrogenase Inhibitors</b>		
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

Drug	Status	Notes
<b>Antineoplastics Antibody/Antibody-Drug Complexes</b>		
ADCETRIS INTRAVENOUS RECON SOLN 50 MG	Tier 2	PA; SP
BLINCYTO INTRAVENOUS KIT 35 MCG	Tier 2	PA; SP
BLINCYTO INTRAVENOUS RECON SOLN 35 MCG	Tier 3	PA; SP
CAMPATH INTRAVENOUS SOLUTION 30 MG/ML	Tier 3	
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG	Tier 2	PA; SP
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC)	Tier 3	PA; SP
POTELIGEO INTRAVENOUS SOLUTION 4 MG/ML	Tier 3	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
<b>Antineoplastics, Miscellaneous</b>		
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	Tier 2	PA; SP
<i>arsenic trioxide intravenous solution 1 mg/ml</i>	Tier 1	SP
<i>dacarbazine intravenous recon soln 100 mg, 200 mg</i>	Tier 1	
DOCEFREZ INTRAVENOUS RECON SOLN 20 MG, 80 MG	Tier 2	SP
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml, 80 mg/8 ml (10 mg/ml)</i>	Tier 1	SP
<i>docetaxel intravenous solution 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)</i> (Taxotere)	Tier 1	SP
ERWINAZE INJECTION RECON SOLN 10,000 UNIT	Tier 3	PA; SP
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	Tier 2	
<i>etoposide intravenous solution 20 mg/ml</i> (Toposar)	Tier 1	
<i>etoposide oral capsule 50 mg</i>	Tier 1	
JEVTANA INTRAVENOUS SOLUTION 10 MG/ML (FIRST DILUTION)	Tier 2	SP
LYSODREN ORAL TABLET 500 MG	Tier 2	SP
MATULANE ORAL CAPSULE 50 MG	Tier 2	SP
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	Tier 1	PA; SP
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	Tier 2	PA; SP
ONXOL INTRAVENOUS CONCENTRATE 6 MG/ML	Tier 1	SP
<i>paclitaxel intravenous concentrate 6 mg/ml</i>	Tier 1	SP
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	Tier 2	PA; SP

Drug	Status	Notes
<i>teniposide intravenous solution 50 mg/5 ml</i>	Tier 1	SP
TOPOSAR INTRAVENOUS SOLUTION 20 MG/ML	Tier 1	
<i>tretinoin (chemotherapy) oral capsule 10 mg</i>	Tier 1	SP
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML	Tier 2	SP
<b>Anti-Programmed Cell Death-Ligand 1 (Pd-L1) Mab</b>		
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	SP
<b>Chemotherapy Rescue/Antidote Agents</b>		
<i>amifostine crystalline intravenous recon soln 500 mg</i> (Ethyol)	Tier 1	
<i>dexrazoxane hcl intravenous recon soln 250 mg, 500 mg</i> (Zinecard (as HCl))	Tier 1	
ETHYOL INTRAVENOUS RECON SOLN 500 MG	Tier 3	
KHAPZORY INTRAVENOUS RECON SOLN 175 MG, 300 MG	Tier 3	SP
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	Tier 1	
<i>leucovorin calcium injection solution 10 mg/ml</i>	Tier 1	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	Tier 1	
<i>levoleucovorin calcium intravenous recon soln 175 mg</i>	Tier 2	SP
<i>levoleucovorin calcium intravenous recon soln 50 mg</i> (Fusilev)	Tier 1	SP
<i>levoleucovorin calcium intravenous solution 10 mg/ml</i>	Tier 1	SP
<i>mesna intravenous solution 100 mg/ml</i> (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
<b>Cytotoxic T-Lymphocyte Antigen(Ctla-4)Rmc Antibody</b>		
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	Tier 2	PA; SP
<b>Intrapleural Sclerosing Agents, Antineoplast. Adj.</b>		
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER 4 GRAM	Tier 3	
<i>sterile talc intrapleural suspension for reconstitution 5 gram</i>	Tier 1	

Drug	Status	Notes
STERITALC INTRAPLEURAL AEROSOL POWDER 3 GRAM	Tier 3	
STERITALC INTRAPLEURAL SUSPENSION FOR RECONSTITUTION 2 GRAM, 4 GRAM	Tier 3	
<b>Photoactivated, Antineoplastic Agents (Systemic)</b>		
PHOTOFRIN INTRAVENOUS RECON SOLN 75 MG	Tier 2	PA; SP
UVADEX INJECTION SOLUTION 20 MCG/ML	Tier 2	
<b>Photoactivated, Antineopls. &amp; Premalignant Lesions</b>		
AMELUZ TOPICAL GEL 10 %	Tier 3	
LEVULAN TOPICAL SOLUTION 20 %	Tier 3	
<b>Selective Estrogen Receptor Modulators (Serm)</b>		
FARESTON ORAL TABLET 60 MG	Tier 2	PA; SP
FASLODEX INTRAMUSCULAR SYRINGE 250 MG/5 ML	Tier 2	PA; SP
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	\$0	
<b>Selective Retinoid X Receptor Agonists (Rxr)</b>		
<i>bexarotene oral capsule 75 mg</i> (Targretin)	Tier 1	PA; SP
TARGRETIN ORAL CAPSULE 75 MG	Tier 3	PA; SP
<b>Steroid Antineoplastics</b>		
EMCYT ORAL CAPSULE 140 MG	Tier 2	SP
<i>megestrol oral tablet 20 mg, 40 mg</i>	Tier 1	
<b>Tissue Protective Tx Of Chemotherapy Ext</b>		
TOTECT INTRAVENOUS RECON SOLN 500 MG	Tier 3	
<b>Vinca Alkaloids</b>		
MARQIBO INTRAVENOUS KIT 5 MG/31 ML(0.16 MG/ML) FINAL	Tier 2	PA; SP
<i>vinblastine intravenous solution 1 mg/ml</i>	Tier 1	SP
VINCASAR PFS INTRAVENOUS SOLUTION 1 MG/ML, 2 MG/2 ML	Tier 1	
<i>vincristine intravenous solution 1 mg/ml, 2 mg/2 ml</i> (Vincasar PFS)	Tier 1	
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i> (Navelbine)	Tier 1	SP
<b>Neurological Disease - Miscellaneous</b>		
<b>Agents To Treat Multiple Sclerosis</b>		
AVONEX (WITH ALBUMIN) INTRAMUSCULAR KIT 30 MCG	Tier 2	PA; SP
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	Tier 2	PA; SP
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	Tier 2	PA; SP
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML	Tier 3	PA; SP

Drug	Status	Notes
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	Tier 2	PA; SP
EXTAVIA SUBCUTANEOUS RECON SOLN 0.3 MG	Tier 2	PA; SP
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG	Tier 2	PA; SP
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i> (Copaxone)	Tier 1	PA; SP
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML	Tier 1	PA; SP
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2 ML	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
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 120 MG (14)- 240 MG (46), 240 MG	Tier 2	PA; SP
<b>Agts Tx Neuromusc Transmission Dis,Pot-Chan Blkr</b>		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG	Tier 3	PA; SP
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	Tier 1	PA; SP
FIRDAPSE ORAL TABLET 10 MG	Tier 3	SP
<b>Amyotrophic Lateral Sclerosis Agents</b>		
RADICAVA INTRAVENOUS PIGGYBACK 30 MG/100 ML	Tier 2	SP
RILUTEK ORAL TABLET 50 MG	Tier 3	
<i>riluzole oral tablet 50 mg</i> (Rilutek)	Tier 1	
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	Tier 3	SP
<b>Fibromyalgia Agents,Serotonin-Norepineph Ru Inhib</b>		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	Tier 2	
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	Tier 2	
<b>Leukocyte Adhesion Inhib,Alpha4-Mediat Igg4k Mc Ab</b>		
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	Tier 3	PA; SP



Drug	Status	Notes
<b>Metabolic Disease Enzyme Replacement, Batten Disease</b>		
BRINEURA INTRAVENTRICULAR KIT 300 MG/10 ML (150MG/5ML X2)	Tier 3	SP
BRINEURA INTRAVENTRICULAR SOLUTION 150 MG/ 5 ML	Tier 3	SP
<b>Movement Disorders(Drug Therapy)</b>		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	Tier 3	PA; SP
INGREZZA ORAL CAPSULE 40 MG, 80 MG	Tier 3	PA; SP; QL (1 EA per 1 day)
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> (Xenazine)	Tier 1	PA; SP
<b>Pseudobulbar Affect (Pba) Agents, Nmda Antagonists</b>		
NUDEXTA ORAL CAPSULE 20-10 MG	Tier 2	PA
<b>Oral/Pharyngeal Disorders</b>		
<b>Dental Aids And Preparations</b>		
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> (Paroex Oral Rinse)	Tier 1	
ORALONE DENTAL PASTE 0.1 %	Tier 1	
PAROEX ORAL RINSE MUCOUS MEMBRANE MOUTHWASH 0.12 %	Tier 1	
PERIOGARD MUCOUS MEMBRANE MOUTHWASH 0.12 %	Tier 3	
Q-CARE RX Q2 KIT 0.12 %	Tier 3	
Q-CARE RX Q4 KIT 0.12 %	Tier 3	
<i>triamcinolone acetonide dental paste 0.1 %</i> (Oralone)	Tier 1	
<b>Keratinocyte Growth Factor (Kgf)</b>		
KEPIVANCE INTRAVENOUS RECON SOLN 6.25 MG	Tier 2	SP
<b>Nose Preparations, Miscellaneous (Rx)</b>		
<i>cocaine nasal solution 4 %</i> (Goprelto)	Tier 1	
GOPRELTO NASAL SOLUTION 4 %	Tier 3	
<i>ipratropium bromide nasal spray,non-aerosol 0.03 %, 42 mcg (0.06 %)</i>	Tier 1	
<b>Periodontal Collagenase Inhibitors</b>		
<i>doxycycline hyclate oral tablet 20 mg</i>	Tier 1	
<b>Other Drugs</b>		
<b>Abortifacient,Progesterone Receptor Antagonist-Typ</b>		
MIFEPREX ORAL TABLET 200 MG	Tier 3	
<b>Acid And Alkali Poison Antidotes</b>		
PROVAYBLUE INTRAVENOUS SOLUTION 5 MG/ML (0.5 %)	Tier 1	
<b>Antidotes,Miscellaneous</b>		
ACETADOTE INTRAVENOUS SOLUTION 200 MG/ML (20 %)	Tier 3	
<i>acetylcysteine intravenous solution 200 mg/ml</i> (Acetadote) (20 %)	Tier 1	

Drug	Status	Notes
CETYLEV ORAL TABLET, EFFERVESCENT 2.5 GRAM, 500 MG	Tier 3	
CYANOKIT INTRAVENOUS RECON SOLN 5 GRAM	Tier 1	
<b>Appetite Stim. For Anorexia,Cachexia,Wasting Synd.</b>		
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)</i>	Tier 1	
<i>megestrol oral suspension 625 mg/5 ml</i> (Megace ES)	Tier 1	
<b>Blood Testing Preparations,In-Vitro</b>		
COAGUCHEK XS	Tier 3	
<b>Chelating Agents</b>		
<i>glutathione (bulk) powder 100 %</i>	Tier 3	
<b>Cholinesterase Reactivat.&amp;Muscarinic Antg.Antidote</b>		
DUODOTE INTRAMUSCULAR PEN INJECTOR 600-2.1 MG/2ML-MG/0.7ML	Tier 3	
<b>Cholinesterase Reactivating,Organophos. Antidotes</b>		
<i>pralidoxime intramuscular pen injector 600 mg/2 ml</i>	Tier 3	
<b>Condoms</b>		
FC2 FEMALE CONDOM	\$0	QL (30 EA per 30 days)
<b>Drugs To Treat Hereditary Tyrosinemia</b>		
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	Tier 3	PA; SP
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	Tier 2	PA; SP
ORFADIN ORAL SUSPENSION 4 MG/ML	Tier 2	PA; SP
<b>Drugs To Tx Gaucher Dx-Type 1, Substrate Reducing</b>		
CERDELGA ORAL CAPSULE 84 MG	Tier 2	PA; SP
<i>miglustat oral capsule 100 mg</i> (Zavesca)	Tier 1	PA; SP
ZAVESCA ORAL CAPSULE 100 MG	Tier 3	PA; SP
<b>General Inhalation Agents</b>		
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %	Tier 3	
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 7 %	Tier 2	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 %	Tier 1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	Tier 3	
PULMOSAL INHALATION SOLUTION FOR NEBULIZATION 7 %	Tier 2	
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %</i>	Tier 1	
<i>sodium chloride inhalation solution for nebulization 3 %</i> (NebuSal)	Tier 1	
<i>sodium chloride inhalation solution for nebulization 7 %</i> (Hyper-Sal)	Tier 1	

Drug	Status	Notes
<b>Hymenoptera-Derived Agents</b>		
<i>aller ex-venom-wht hornet prot injection recon soln 550 mcg</i>	Tier 1	
<b>Metabolic Deficiency Agents</b>		
CARNITOR ORAL SOLUTION 100 MG/ML	Tier 3	
CARNITOR ORAL TABLET 330 MG	Tier 3	
CYSTADANE ORAL POWDER 1 GRAM/1.7 ML	Tier 2	SP
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i> (Carnitor)	Tier 1	
<i>levocarnitine oral tablet 330 mg</i> (Carnitor)	Tier 1	
<b>Metabolic Disease Enzyme Replace, Hypophosphatasia</b>		
STRENSIQ SUBCUTANEOUS SOLUTION 100 MG/ML, 40 MG/ML	Tier 2	PA; SP
<b>Metabolic Disease Enzyme Replacement, Fabry's Dx</b>		
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	Tier 2	SP
<b>Metabolic Disease Enzyme Replacement, Gaucher's Dx</b>		
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 2	PA; SP
<b>Metabolic Disease Enzyme Replacement, Pompe Disease</b>		
LUMIZYME INTRAVENOUS RECON SOLN 50 MG	Tier 2	PA; SP
<b>Metabolic Dx Enzyme Replace, Mucopolysaccharidosis</b>		
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
<b>Metabolic Dx Enzyme Replacemt, Sev. Comb. Immune Def.</b>		
ADAGEN INTRAMUSCULAR SOLUTION 250 UNIT/ML	Tier 2	SP
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	Tier 3	PA; SP
<b>Metallic Poison, Agents To Treat</b>		
BAL IN OIL INTRAMUSCULAR SOLUTION 100 MG/ML	Tier 2	

Drug	Status	Notes
CHEMET ORAL CAPSULE 100 MG	Tier 2	
<i>deferoxamine injection recon soln 2 gram, 500 mg</i> (Desferal)	Tier 1	PA
EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG	Tier 2	PA; SP
FERRIPROX ORAL SOLUTION 100 MG/ML	Tier 2	PA; SP
FERRIPROX ORAL TABLET 500 MG	Tier 2	PA; SP
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)	Tier 3	
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG	Tier 2	PA; SP
JADENU SPRINKLE ORAL GRANULES IN PACKET 180 MG, 360 MG	Tier 2	PA; SP
JADENU SPRINKLE ORAL GRANULES IN PACKET 90 MG	Tier 3	PA; SP
NITHIODOTE INTRAVENOUS SOLUTION 300 MG/10 ML- 12.5 GRAM/50 ML	Tier 3	
<i>pentetate calcium trisodium intravenous solution 200 mg/ml</i>	Tier 1	
<i>pentetate zinc trisodium intravenous solution 200 mg/ml</i>	Tier 1	
RADIOGARDASE ORAL CAPSULE 0.5 GRAM	Tier 3	
<i>sodium thiosulfate intravenous solution 12.5 gram/50 ml (250 mg/ml)</i>	Tier 1	
SYPRINE ORAL CAPSULE 250 MG	Tier 3	SP
<i>trientine oral capsule 250 mg</i> (Syprine)	Tier 1	SP
<b>Muscarinic Receptor Antagonists</b>		
ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML, 2 MG/0.7 ML	Tier 3	
<b>Needles/Needleless Devices</b>		
BD FILTER NEEDLE-5 MICRON NEEDLE 19 X 1 1/2 "	Tier 3	
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4"	Tier 2	
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	Tier 2	
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	Tier 2	
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2"	Tier 2	
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	Tier 2	
<i>blunt needle, disposable needle 18 x 1 1/2 "</i>	Tier 3	
CLICKFINE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	
ECLIPSE NEEDLE NEEDLE 23 GAUGE X 1", 25 X 5/8 ", 27 GAUGE X 1/2"	Tier 3	
<i>filter needles needle 19 x 1 "</i>	Tier 3	

Drug	Status	Notes
<i>filter needles needle 19 x 1 1/2 "</i> (BD Filter Needle-5 Micron)	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	
PEN NEEDLE NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 3/16"	Tier 3	
PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	Tier 2	
<i>pen needle, diabetic needle 31 gauge x 1/4", 31 gauge x 5/16", 32 gauge x 5/32"</i> (1st Tier Unifine Pentips)	Tier 1	
PHASEAL PROTECTOR DEVICE 13 MM, 20 MM, 28 MM	Tier 3	
<i>safety needles needle 18 gauge x 1 1/2"</i> (BD SafetyGlide Needle)	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	
<b>Neuromuscular Blocking Agents</b>		
ANECTINE INJECTION SOLUTION 20 MG/ML	Tier 3	
<i>atracurium intravenous solution 10 mg/ml</i>	Tier 1	
BOTOX INJECTION RECON SOLN 100 UNIT, 200 UNIT	Tier 2	PA; SP
<i>cisatracurium intravenous solution 10 mg/ml conc. (icu use only), 2 mg/ml</i> (Nimbex)	Tier 1	
<i>cisatracurium intravenous syringe 10 mg/5 ml (2 mg/ml)</i>	Tier 1	
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	
<i>pancuronium intravenous solution 1 mg/ml, 2 mg/ml</i>	Tier 1	
QUELICIN INJECTION SOLUTION 20 MG/ML	Tier 3	
<i>rocuronium intravenous syringe 100 mg/10 ml (10 mg/ml)</i>	Tier 1	
<i>succinylcholine chloride injection solution 20 mg/ml</i> (Anectine)	Tier 1	
<i>succinylcholine chloride intravenous syringe 140 mg/7 ml (20 mg/ml), 50 mg/2.5 ml (20 mg/ml)</i>	Tier 1	
<i>succinylcholine in 0.9 % nacl intravenous syringe 200 mg/10 ml (20 mg/ml)</i>	Tier 1	

Drug	Status	Notes
<i>succinylcholine-sod cl,iso(pf) intravenous syringe 100 mg/5 ml (20 mg/ml), 140 mg/7 ml (20 mg/ml), 200 mg/10 ml (20 mg/ml)</i>	Tier 1	
<i>vecuronium bromide intravenous recon soln 10 mg, 20 mg</i>	Tier 1	
<b>Nutritional Therapy, Med Cond Special Formulation</b>		
ENDARI ORAL POWDER IN PACKET 5 GRAM	Tier 3	PA; SP
<b>Ophthalmic Surgical Aids</b>		
<i>edetate disodium ophthalmic (eye) drops 3 %</i>	Tier 1	
<b>Patent Ductus Arteriosus Treat. Agents, Nsaid-Type</b>		
<i>indomethacin sodium intravenous recon soln 1 mg</i>	Tier 1	
<b>Sexual Dysfunction Devices</b>		
RAPPORT VACUUM THERAPY KIT	Tier 3	
<b>Somatostatic Agents</b>		
<i>octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml</i>	Tier 1	SP
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i> (Sandostatin)	Tier 1	SP
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	Tier 1	SP
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	Tier 3	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
<b>Surfactants</b>		
LUMOXITI IV SOLN STABILIZER INTRAVENOUS SOLUTION	Tier 3	
<b>Vaccine Adjuvants</b>		
SHINGRIX ADJUVANT COMPONENT-PF INTRAMUSCULAR SUSPENSION	\$0	QL (1 ML per 365 days); Age (Min 50 Years)
<b>Other Respiratory Disorders</b>		
<b>Antifibrotic Therapy - Pyridone Analogs</b>		
ESBRIET ORAL CAPSULE 267 MG	Tier 2	PA; SP
ESBRIET ORAL TABLET 267 MG, 801 MG	Tier 3	PA; SP
<b>Cystic Fib.Transmemb Conduct.Reg.(Cftr)Potentiator</b>		
KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG	Tier 2	PA; SP
KALYDECO ORAL TABLET 150 MG	Tier 2	PA; SP
<b>Cystic Fibrosis-Cftr Potentiator &amp; Corrector Comb.</b>		

Drug	Status	Notes
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	Tier 3	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)	Tier 3	PA; SP
<b>Lung Surfactants</b>		
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5 ML, 240 MG/3 ML	Tier 3	
INFASURF INTRATRACHEAL SUSPENSION 35 MG/ML	Tier 3	
SURFAXIN INTRATRACHEAL SUSPENSION 34 MG/ML	Tier 3	
SURVANTA INTRATRACHEAL SUSPENSION 25 MG/ML	Tier 3	
<b>Mucolytics</b>		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	Tier 1	
PULMOZYME INHALATION SOLUTION 1 MG/ML	Tier 2	PA; SP
<b>Pulmonary Fibrosis - Systemic Enzyme Inhibitors</b>		
OFEV ORAL CAPSULE 100 MG, 150 MG	Tier 2	PA; SP
<b>Pain Management - Analgesics</b>		
<b>Analgesic, Non-Salicylate &amp; Barbiturate Comb.</b>		
ALLZITAL ORAL TABLET 25-325 MG	Tier 3	ST: Prior prescription for Butalbital/acetaminophen in the past 120 days
<i>butalbital-acetaminophen oral capsule 50-300 mg</i>	Tier 1	ST: Prior prescription for Butalbital/acetaminophen in the past 120 days; QL (6 EA per 1 day)
<i>butalbital-acetaminophen oral tablet 50-300 mg</i> (Bupap)	Tier 1	ST: Prior prescription for Butalbital/acetaminophen in the past 120 days; QL (6 EA per 1 day)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i> (Tencon)	Tier 1	
TENCON ORAL TABLET 50-325 MG	Tier 1	
<b>Analgesic, Salicylate, Barbiturate, &amp; Xanthine Cmb</b>		
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i> (Fiorinal)	Tier 1	
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	Tier 1	
<b>Analgesic, Non-Salicylate, Barbiturate, &amp; Xanthine Cmb</b>		
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg</i> (Fioricet)	Tier 1	
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i> (Capacet)	Tier 1	

Drug	Status	Notes
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i> (Esgic)	Tier 1	
CAPACET ORAL CAPSULE 50-325-40 MG	Tier 1	
FIORICET ORAL CAPSULE 50-300-40 MG	Tier 1	
PHRENILIN FORTE(WITH CAFFEINE) ORAL CAPSULE 50-300-40 MG	Tier 1	
ZEBUTAL ORAL CAPSULE 50-325-40 MG	Tier 1	
<b>Analgesic/Antipyretics, Salicylates</b>		
<i>aspirin oral tablet 325 mg</i> (Bayer Aspirin)	\$0	
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg</i> (Aspir-Trin)	\$0	
ASPIR-TRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG	\$0	
<i>choline, magnesium salicylate oral liquid 500 mg/5 ml</i>	Tier 1	
<i>diflunisal oral tablet 500 mg</i>	Tier 1	
DISALCID ORAL TABLET 500 MG, 750 MG	Tier 3	
E.C. PRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG	\$0	
ECOTRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG	\$0	
LITE COAT ASPIRIN ORAL TABLET 325 MG	\$0	
<i>salsalate oral tablet 500 mg, 750 mg</i> (Disalcid)	Tier 1	
<b>Analgesics Narcotic, Anesthetic Adjunct Agents</b>		
<i>fentanyl citrate (pf) intravenous prefilled pump reservoir 12,500 mcg/250 ml (50 mcg/ml)</i>	Tier 1	
<i>fentanyl citrate (pf) intravenous solution 50 mcg/ml</i>	Tier 1	
<b>Analgesics, Narcotic Agonist And Nsaid Combination</b>		
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg</i> (Ibudone)	Tier 1	
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	Tier 1	
<i>ibuprofen-oxycodone oral tablet 400-5 mg</i>	Tier 1	
XYLON 10 ORAL TABLET 10-200 MG	Tier 1	
<b>Analgesics, Narcotics</b>		
<i>acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg</i> (Trezix)	Tier 1	QL (10 EA per 1 day)
ACTIQ BUCCAL LOZENGE ON A HANDLE 1,200 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	Tier 3	PA
ARYMO ER ORAL TABLET, ORAL ONLY, EXTND RELEASE 15 MG, 30 MG, 60 MG	Tier 3	QL (3 EA per 1 day)
ASTRAMORPH-PF INJECTION SOLUTION 0.5 MG/ML, 1 MG/ML	Tier 1	
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	Tier 3	



Drug	Status	Notes
<i>belladonna alkaloids-opium rectal suppository</i> 16.2-60 mg	Tier 1	
BELLADONNA-OPIUM RECTAL SUPPOSITORY 16.2-30 MG	Tier 1	
<i>buprenorphine transdermal patch weekly</i> 10 (Butrans) mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	Tier 1	QL (1 EA per 7 days)
<i>butorphanol tartrate injection solution</i> 1 mg/ml, 2 mg/ml	Tier 1	
<i>butorphanol tartrate nasal spray,non-aerosol</i> 10 mg/ml	Tier 1	
<i>codeine sulfate oral tablet</i> 15 mg, 30 mg, 60 mg	Tier 1	Age (Min 12 Years)
CONZIP ORAL CAPSULE,ER BIPHASE 24 HR 17-83 300 MG	Tier 3	ST: Prior prescription for generic tramadol ER tablets within the past 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
CONZIP ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG	Tier 3	ST: Prior prescription for generic tramadol ER tablets within the past 120 days; QL (1 EA per 1 day) ; Age (Min 12 Years)
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	ST: Prior prescription for methadone tablets (5mg or 10mg) or oral solution (5mg/mL or 10mg/mL) within the past 120 days; QL (1 EA per 1 day)
DURAMORPH (PF) INJECTION SOLUTION 0.5 MG/ML, 1 MG/ML	Tier 3	
EMBEDA ORAL CAPSULE,ORAL ONLY,EXT.REL PELL 100-4 MG	Tier 3	ST: Prior prescription for Hysingla ER, Morphine Sulfate ER, Nucynta ER, or Oxycontin within the past 120 days; QL (4 EA per 1 day)
EMBEDA ORAL CAPSULE,ORAL ONLY,EXT.REL PELL 20-0.8 MG, 30-1.2 MG, 50-2 MG, 60-2.4 MG, 80-3.2 MG	Tier 3	ST: Prior prescription for Hysingla ER, Morphine Sulfate ER, Nucynta ER, or Oxycontin within the past 120 days; QL (2 EA per 1 day)
<i>fentanyl (pf)-bupivacaine-nacl injection</i> <i>prefilled pump reservoir</i> 2-0.0625 mcg/ml-%	Tier 1	
<i>fentanyl (pf)-bupivacaine-nacl injection</i> <i>solution</i> 2 mcg/ml- 0.0625 %, 2 mcg/ml- 0.1 %, 2 mcg/ml- 0.125 %, 5 mcg/ml- 0.125 %	Tier 1	
<i>fentanyl citrate (pf) intravenous patient</i> <i>control.analgesia soln</i> 1,500 mcg/30 ml (50 mcg/ml)	Tier 1	

Drug	Status	Notes
<i>fentanyl citrate (pf) intravenous prefilled pump reservoir 5,000 mcg/100ml (50 mcg/ml)</i>	Tier 1	
<i>fentanyl citrate (pf) intravenous pt controlled analgesia syringe 1,000 mcg/20 ml (50 mcg/ml), 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)</i>	Tier 1	
<i>fentanyl citrate (pf) intravenous syringe 250 mcg/5 ml (50 mcg/ml)</i>	Tier 1	
<i>fentanyl citrate (pf)-0.9%nacl injection patient control.analgesia soln 600 mcg/30 ml, 750 mcg/30 ml</i>	Tier 1	
<i>fentanyl citrate (pf)-0.9%nacl injection prefilled pump reservoir 10 mcg/ml</i>	Tier 1	
<i>fentanyl citrate (pf)-0.9%nacl injection pt controlled analgesia syringe 1,100 mcg/55 ml</i>	Tier 1	
<i>fentanyl citrate (pf)-0.9%nacl intravenous pt controlled analgesia syringe 1,375 mcg/55 ml (25 mcg/ml), 300 mcg/30 ml (10 mcg/ml), 500 mcg/50 ml (10 mcg/ml), 600 mcg/30 ml (20 mcg/ml)</i>	Tier 1	
<i>fentanyl citrate (pf)-0.9%nacl intravenous syringe 10 mcg/ml, 100 mcg/10 ml (10 mcg/ml), 25 mcg/2.5 ml (10 mcg/ml), 5 mcg/ml, 50 mcg/5 ml (10 mcg/ml)</i>	Tier 1	
<i>fentanyl citrate buccal lozenge on a handle</i> (Actiq) 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	Tier 1	PA
<i>fentanyl citrate in d5w (pf) intravenous pt controlled analgesia syringe 100 mcg/10 ml (10 mcg/ml), 300 mcg/30 ml (10 mcg/ml)</i>	Tier 1	
<i>fentanyl citrate in d5w (pf) intravenous solution 10 mcg/ml</i>	Tier 1	
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i> (Duragesic)	Tier 1	PA; QL (1 EA per 3 days)
<i>fentanyl transdermal patch 72 hour 37.5 mcg/hour, 62.5 mcg/hour, 87.5 mcg/hour</i>	Tier 1	PA; QL (1 EA per 3 days)
<i>fentanyl-ropivacaine-nacl (pf) injection prefilled pump reservoir 2 mcg/ml-0.1 %, 2-0.15 mcg/ml-%</i>	Tier 1	
<i>fentanyl-ropivacaine-nacl (pf) injection solution 2-0.2 mcg/ml-%</i>	Tier 1	
<i>hydromorphone (pf) in water injection syringe 2 mg/2 ml (1 mg/ml)</i>	Tier 1	
<i>hydromorphone (pf) injection solution 1 mg/ml, 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	Tier 1	
<i>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)</i>	Tier 1	
<i>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)</i>	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syring 10 mg/50 ml (0.2 mg/ml), 12 mg/30 ml (0.4 mg/ml), 15 mg/30 ml (0.5 mg/ml), 30 mg/30 ml (1 mg/ml), 5 mg/25 ml (0.2 mg/ml), 50 mg/50 ml (1 mg/ml), 55 mg/55 ml (1 mg/ml), 6 mg/30 ml (0.2 mg/ml)</i>	Tier 1	
<i>hydromorphone (pf)-0.9 % nacl intravenous solution 0.2 mg/ml, 0.5 mg/ml, 1 mg/ml</i>	Tier 1	
<i>hydromorphone (pf)-0.9 % nacl intravenous syringe 1 mg/5 ml (0.2 mg/ml), 1 mg/ml, 2 mg/ml</i>	Tier 1	
<i>hydromorphone in 0.9 % nacl injection prefilled pump reservoir 100 mg/100 ml (1 mg/ml)</i>	Tier 1	
<i>hydromorphone in 0.9 % nacl injection pt controlled analgesia syring 55 mg/55 ml (1 mg/ml)</i>	Tier 1	
<i>hydromorphone in 0.9 % nacl intravenous patient control.analgesia soln 15 mg/30 ml (0.5 mg/ml)</i>	Tier 1	
<i>hydromorphone in 0.9 % nacl intravenous prefilled pump reservoir 10 mg/50 ml (0.2 mg/ml), 100 mg/50 ml (2 mg/ml), 250 mg/250 ml (1 mg/ml)</i>	Tier 1	
<i>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)</i>	Tier 1	
<i>hydromorphone in 0.9 % nacl intravenous solution 0.2 mg/ml, 0.5 mg/50 ml, 1 mg/50 ml, 2 mg/50 ml, 2 mg/ml</i>	Tier 1	
<i>hydromorphone in 0.9 % nacl intravenous syringe 0.5 mg/ml, 1 mg/ml (1 ml), 2 mg/10 ml (0.2 mg/ml)</i>	Tier 1	
<i>hydromorphone in d5w (pf) intravenous pt controlled analgesia syring 3 mg/30 ml (0.1 mg/ml)</i>	Tier 1	
<i>hydromorphone in d5w (pf) intravenous syringe 0.5 mg/5 ml (0.1 mg/ml)</i>	Tier 1	
<i>hydromorphone injection solution 1 mg/ml, 2 mg/ml, 4 mg/ml</i>	Tier 1	
<i>hydromorphone injection syringe 0.5 mg/0.5 ml, 1 mg/ml, 2 mg/ml, 4 mg/ml</i>	Tier 1	
<i>hydromorphone intravenous pt controlled analgesia syring 110 mg/55 ml (2 mg/ml), 60 mg/30 ml (2 mg/ml)</i>	Tier 1	
<i>hydromorphone oral liquid 1 mg/ml</i> (Dilaudid)	Tier 1	
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid)	Tier 1	
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 8 mg</i> (Exalgo ER)	Tier 2	PA; QL (1 EA per 1 day)
<i>hydromorphone oral tablet extended release 24 hr 32 mg</i> (Exalgo ER)	Tier 2	PA; QL (2 EA per 1 day)
<i>hydromorphone rectal suppository 3 mg</i>	Tier 1	

Drug	Status	Notes
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	
KADIAN ORAL CAPSULE,EXTEND.RELEASE PELLETS 10 MG, 100 MG, 20 MG, 200 MG, 30 MG, 40 MG, 50 MG, 60 MG, 80 MG	Tier 3	
<i>levorphanol tartrate oral tablet 2 mg</i>	Tier 1	
<i>meperidine (pf) in 0.9 % nacl intravenous patient control.analgesia soln 300 mg/30 ml (10 mg/ml)</i>	Tier 1	
<i>meperidine (pf) in 0.9 % nacl intravenous pt controlled analgesia syringe 300 mg/30 ml (10 mg/ml), 550 mg/55 ml (10 mg/ml)</i>	Tier 1	
<i>meperidine in 0.9 % nacl intravenous pt controlled analgesia syringe 300 mg/30 ml (10 mg/ml)</i>	Tier 1	
<i>meperidine oral tablet 100 mg</i> (Demerol)	Tier 1	QL (6 EA per 1 day)
<i>meperidine oral tablet 50 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>methadone in 0.9 % sod. chlor intravenous syringe 2.5 mg/0.5 ml</i>	Tier 1	
<i>methadone injection syringe 5 mg/0.5 ml</i>	Tier 1	
METHADONE INTENSOL ORAL CONCENTRATE 10 MG/ML	Tier 1	ST: Prior prescription for methadone oral solution (5mg/5mL or 10mg/5mL) within the past 120 days; QL (4 ML per 1 day)
<i>methadone intravenous syringe 10 mg/ml</i>	Tier 1	
<i>methadone oral concentrate 10 mg/ml</i> (Methadone Intensol)	Tier 1	ST: Prior prescription for methadone oral solution (5mg/5mL or 10mg/5mL) within the past 120 days; QL (4 ML per 1 day)
<i>methadone oral solution 10 mg/5 ml</i>	Tier 1	ST: Prior prescription for an extended-release opioid in the past 120 days; QL (20 ML per 1 day)
<i>methadone oral solution 5 mg/5 ml</i>	Tier 1	ST: Prior prescription for an extended-release opioid in the past 120 days; QL (40 ML per 1 day)
<i>methadone oral tablet 10 mg</i> (Dolophine)	Tier 1	QL (4 EA per 1 day)
<i>methadone oral tablet 5 mg</i> (Dolophine)	Tier 1	QL (8 EA per 1 day)
<i>methadone oral tablet,soluble 40 mg</i> (Diskets)	Tier 1	ST: Prior prescription for methadone tablets (5mg or 10mg) or oral solution (5mg/mL or 10mg/mL) within the past 120 days; QL (1 EA per 1 day)

Drug	Status	Notes
METHADOSE ORAL CONCENTRATE 10 MG/ML	Tier 2	ST: Prior prescription for methadone oral solution (5mg/5mL or 10mg/5mL) within the past 120 days; QL (4 ML per 1 day)
METHADOSE ORAL TABLET,SOLUBLE 40 MG	Tier 1	ST: Prior prescription for methadone tablets (5mg or 10mg) or oral solution (5mg/mL or 10mg/mL) within the past 120 days; QL (1 EA per 1 day)
MITIGO (PF) INJECTION SOLUTION 10 MG/ML, 25 MG/ML	Tier 1	
MORPHABOND ER ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 100 MG, 15 MG, 30 MG, 60 MG	Tier 3	QL (2 EA per 1 day)
<i>morphine (pf) in 0.9 % nacl injection syringe 2 mg/2 ml (1 mg/ml)</i>	Tier 1	
<i>morphine (pf) in 0.9 % nacl intravenous prefilled pump reservoir 100 mg/100 ml (1 mg/ml)</i>	Tier 1	
<i>morphine (pf) in 0.9 % nacl intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml), 55 mg/55 ml (1 mg/ml)</i>	Tier 1	
<i>morphine (pf) in 0.9 % nacl intravenous solution 1 mg/ml, 5 mg/ml</i>	Tier 1	
<i>morphine (pf) in 0.9 % nacl intravenous syringe 0.5 mg/0.5 ml, 0.5 mg/ml, 1 mg/ml, 2 mg/2 ml (1 mg/ml), 2 mg/ml, 4 mg/ml, 5 mg/5 ml (1 mg/ml)</i>	Tier 1	
<i>morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml</i> (Astramorph-PF)	Tier 1	
<i>morphine (pf) intravenous patient control.analgesia soln 150 mg/30 ml, 30 mg/30 ml</i>	Tier 1	
<i>morphine (pf) intravenous syringe 1 mg/2 ml</i>	Tier 1	
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	Tier 1	
<i>morphine in 0.9 % sodium chlor injection pt controlled analgesia syring 55 mg/55 ml (1 mg/ml)</i>	Tier 1	
<i>morphine in 0.9 % sodium chlor intravenous patient control.analgesia soln 30 mg/30 ml (1 mg/ml)</i>	Tier 1	
<i>morphine in 0.9 % sodium chlor intravenous prefilled pump reservoir 1,000 mg/ 100 ml, 100 mg/100 ml (1 mg/ml), 200 mg/100 ml (2 mg/ml), 250 mg/50 ml (5 mg/ml), 50 mg/50 ml (1 mg/ml), 500 mg/100 ml (5 mg/ml)</i>	Tier 1	

Drug	Status	Notes
<i>morphine in 0.9 % sodium chlor intravenous pt controlled analgesia syring 150 mg/30 ml (5 mg/ml), 275 mg/55 ml (5 mg/ml), 30 mg/30 ml (1 mg/ml), 300 mg/30 ml (10 mg/ml), 50 mg/25 ml (2 mg/ml), 50 mg/50 ml (1 mg/ml), 60 mg/30 ml (2 mg/ml)</i>	Tier 1	
<i>morphine in 0.9 % sodium chlor intravenous solution 1 mg/ml, 10 mg/ml, 5 mg/ml</i>	Tier 1	
<i>morphine in 0.9 % sodium chlor intravenous syringe 0.5 mg/ml, 1 mg/ml (1 ml), 10 mg/10 ml (1 mg/ml), 2 mg/2 ml (1 mg/ml), 3 mg/3 ml (1 mg/ml)</i>	Tier 1	
<i>morphine in dextrose 5 % intravenous solution 1 mg/ml</i>	Tier 1	
<i>morphine injection solution 10 mg/ml, 4 mg/ml, 5 mg/ml, 8 mg/ml</i>	Tier 1	
<i>morphine injection solution 2 mg/ml</i>	Tier 3	
<i>morphine injection syringe 10 mg/ml</i>	Tier 3	
<i>morphine injection syringe 2 mg/ml, 4 mg/ml, 5 mg/ml, 8 mg/ml</i>	Tier 1	
<i>morphine intramuscular pen injector 10 mg/0.7 ml</i>	Tier 1	
<i>morphine intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)</i>	Tier 1	
<i>morphine intravenous solution 10 mg/ml, 100 mg/4 ml, 25 mg/ml, 250 mg/10 ml, 4 mg/ml, 50 mg/ml, 8 mg/ml</i>	Tier 1	
<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml</i>	Tier 1	
<i>morphine oral capsule, extend. release pellets (Kadian) 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	Tier 2	QL (2 EA per 1 day)
<i>morphine oral capsule, extend. release pellets (Kadian) 40 mg</i>	Tier 2	
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>morphine oral tablet 15 mg, 30 mg</i>	Tier 2	
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg (MS Contin)</i>	Tier 1	QL (3 EA per 1 day)
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
<b>MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 15 MG, 200 MG, 30 MG, 60 MG</b>	Tier 3	QL (3 EA per 1 day)
<i>nalbuphine injection solution 10 mg/ml, 20 mg/ml</i>	Tier 1	
<b>NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG</b>	Tier 2	QL (2 EA per 1 day)
<b>NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG</b>	Tier 2	QL (6 EA per 1 day)
<i>oxycodone oral capsule 5 mg</i>	Tier 1	

Drug	Status	Notes
<i>oxycodone oral concentrate 20 mg/ml</i>	Tier 2	
<i>oxycodone oral solution 5 mg/5 ml</i>	Tier 1	
<i>oxycodone oral syringe 10 mg/0.5 ml</i>	Tier 1	
<i>oxycodone oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>oxycodone oral tablet 15 mg, 30 mg, 5 mg</i> (Roxicodone)	Tier 1	
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT.REL.12 HR 10 MG, 15 MG, 30 MG, 40 MG, 60 MG	Tier 3	QL (2 EA per 1 day)
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT.REL.12 HR 20 MG	Tier 2	QL (2 EA per 1 day)
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT.REL.12 HR 80 MG	Tier 3	QL (4 EA per 1 day)
<i>oxymorphone oral tablet 10 mg, 5 mg</i> (Opana)	Tier 1	
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>oxymorphone oral tablet extended release 12 hr 30 mg, 40 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	Tier 1	
ROXYBOND ORAL TABLET, ORAL ONLY 15 MG, 30 MG	Tier 3	
SUBSYS SUBLINGUAL SPRAY, NON-AEROSOL 1,200 MCG (600 MCG/SPRAY X 2), 1,600 MCG (800 MCG/SPRAY X 2), 100 MCG/SPRAY, 200 MCG/SPRAY, 400 MCG/SPRAY, 600 MCG/SPRAY, 800 MCG/SPRAY	Tier 3	ST: Prior prescription for Fentanyl Citrate in the past 120 days
<i>tramadol oral capsule, er biphasic 24 hr 17-83</i> (ConZip) <i>300 mg</i>	Tier 1	ST: Prior prescription for generic tramadol ER tablets within the past 120 days; QL (1 EA per 1 day) ; Age (Min 12 Years)
<i>tramadol oral capsule, er biphasic 24 hr 25-75</i> (ConZip) <i>100 mg, 200 mg</i>	Tier 1	ST: Prior prescription for generic tramadol ER tablets within the past 120 days; QL (1 EA per 1 day) ; Age (Min 12 Years)
<i>tramadol oral tablet 50 mg</i> (Ultram)	Tier 1	Age (Min 12 Years)
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg</i>	Tier 1	Age (Min 12 Years)
<i>tramadol oral tablet, er multiphasic 24 hr 100 mg, 200 mg, 300 mg</i>	Tier 1	Age (Min 12 Years)
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 ER, Nucynta ER, or Oxycontin within the past 120 days; QL (2 EA per 1 day)
<b>Antimigraine Preparations</b>		
AIMOVIG AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 70 MG/ML	Tier 3	PA

Drug	Status	Notes
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 70 MG/ML	Tier 3	PA
AJOVY SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	Tier 3	PA
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	Tier 2	ST: Prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate in the past 180 days; QL (8 EA per 30 days)
<i>dihydroergotamine injection solution 1 mg/ml</i> (D.H.E.45)	Tier 1	QL (15 ML per 14 days)
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal)	Tier 1	QL (8 ML per 28 days)
<i>eletriptan oral tablet 20 mg, 40 mg</i> (Relpax)	Tier 2	ST: Prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate in the past 180 days; QL (6 EA per 30 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	Tier 3	PA
ERGOMAR SUBLINGUAL TABLET 2 MG	Tier 3	QL (10 EA per 7 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i> (Cafergot)	Tier 1	QL (10 EA per 7 days)
<i>frovatriptan oral tablet 2.5 mg</i> (Frova)	Tier 2	ST: Prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate in the past 180 days; QL (12 EA per 30 days)
MIGERGOT RECTAL SUPPOSITORY 2-100 MG	Tier 2	QL (5 EA per 7 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i> (Amerge)	Tier 1	QL (8 EA per 30 days)
ONZETRA XSAIL NASAL AEROSOL POWDR BREATH ACTIVATED 11 MG	Tier 3	ST: Prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate in the past 180 days
<i>rizatriptan oral tablet 10 mg</i> (Maxalt)	Tier 1	QL (12 EA per 30 days)
<i>rizatriptan oral tablet 5 mg</i>	Tier 1	QL (12 EA per 30 days)
<i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i> (Maxalt-MLT)	Tier 1	QL (12 EA per 30 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i> (Imitrex)	Tier 1	QL (6 EA per 15 days)
<i>sumatriptan succinate oral tablet 100 mg</i> (Imitrex)	Tier 1	QL (8 EA per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i> (Imitrex)	Tier 1	QL (3 EA per 5 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Refill)	Tier 1	QL (4 ML per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Pen)	Tier 1	QL (4 ML per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i> (Imitrex)	Tier 1	QL (5 ML per 28 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	Tier 1	QL (4 ML per 30 days)



Drug	Status	Notes
<i>sumatriptan-naproxen oral tablet 85-500 mg</i> (Treximet)	Tier 2	ST: Prior prescription for Sumatriptan Succinate or Sumatriptan in the past 180 days; QL (1 EA per 3 days)
TREXIMET ORAL TABLET 10-60 MG	Tier 3	ST: Prior prescription for Sumatriptan Succinate or Sumatriptan in the past 180 days; QL (1 EA per 3 days)
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML	Tier 3	ST: Prior prescription for Sumatriptan Succinate or Sumatriptan in the past 180 days
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i> (Zomig)	Tier 2	ST: Prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate in the past 180 days; QL (8 EA per 30 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i> (Zomig ZMT)	Tier 2	ST: Prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate in the past 180 days; QL (8 EA per 30 days)
ZOMIG NASAL SPRAY, NON-AEROSOL 2.5 MG	Tier 2	ST: Prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate in the past 180 days; QL (12 EA per 30 days)
ZOMIG NASAL SPRAY, NON-AEROSOL 5 MG	Tier 2	ST: Prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate in the past 180 days; QL (6 EA per 15 days)
<b>Narc. &amp; Non-Sal. Analgesic, Barbiturate &amp; Xanthine Cmb</b>		
<i>butalbital-acetaminophen-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	Tier 1	Age (Min 12 Years)
<b>Narcotic &amp; Salicylate Analgesics, Barb. &amp; Xanthine</b>		
ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG	Tier 1	Age (Min 12 Years)
BUTALBITAL COMPOUND W/CODEINE ORAL CAPSULE 30-50-325-40 MG	Tier 1	Age (Min 12 Years)
<b>Narcotic Analgesic &amp; Non-Salicylate Analgesic Comb</b>		
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml</i>	Tier 1	Age (Min 12 Years)
<i>acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml</i>	Tier 1	Age (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	Tier 1	Age (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-30 mg</i> (Tylenol-Codeine #3)	Tier 1	Age (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-60 mg</i> (Tylenol-Codeine #4)	Tier 1	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)

Drug	Status	Notes
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i> (Hycet)	Tier 1	QL (184 ML per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg</i> (Vicodin HP)	Tier 1	QL (13 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg</i> (Lorcet HD)	Tier 1	QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i> (Verdrocet)	Tier 1	
<i>hydrocodone-acetaminophen oral tablet 5-300 mg</i> (Vicodin)	Tier 1	QL (13 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i> (Lorcet (hydrocodone))	Tier 1	QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 7.5-300 mg</i> (Vicodin ES)	Tier 1	QL (13 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 7.5-325 mg</i> (Lorcet Plus)	Tier 1	QL (12 EA per 1 day)
LORCET (HYDROCODONE) ORAL TABLET 5-325 MG	Tier 1	QL (12 EA per 1 day)
LORCET HD ORAL TABLET 10-325 MG	Tier 1	QL (12 EA per 1 day)
LORCET PLUS ORAL TABLET 7.5-325 MG	Tier 1	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i> (Endocet)	Tier 1	QL (12 EA per 1 day)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i> (Ultracet)	Tier 1	Age (Min 12 Years)
VERDROCET ORAL TABLET 2.5-325 MG	Tier 2	
VICODIN ES ORAL TABLET 7.5-300 MG	Tier 2	QL (13 EA per 1 day)
VICODIN HP ORAL TABLET 10-300 MG	Tier 2	QL (13 EA per 1 day)
VICODIN ORAL TABLET 5-300 MG	Tier 2	QL (13 EA per 1 day)
<b>Narcotic And Salicylate Analgesic Combination</b>		
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	Tier 1	
<b>Narcotic Withdrawal Therapy Agents</b>		
BUNAVAIL BUCCAL FILM 2.1-0.3 MG	Tier 3	QL (1 EA per 1 day)
BUNAVAIL BUCCAL FILM 4.2-0.7 MG, 6.3-1 MG	Tier 3	QL (2 EA per 1 day)
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	Tier 1	QL (3 EA per 1 day)
LUCEMYRA ORAL TABLET 0.18 MG	Tier 3	PA
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML	Tier 2	PA; 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)

Drug	Status	Notes
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	Tier 2	QL (2 EA per 1 day)
<b>Parkinsons Disease</b>		
<b>Antiparkinsonism Drugs,Anticholinergic</b>		
<i>benztropine injection solution 2 mg/2 ml</i> (Cogentin)	Tier 1	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	Tier 1	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	Tier 1	
<b>Antiparkinsonism Drugs,Other</b>		
<i>amantadine hcl oral capsule 100 mg</i>	Tier 1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	Tier 1	
<i>amantadine hcl oral tablet 100 mg</i>	Tier 1	
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	Tier 2	PA; SP; QL (2 ML per 1 day)
AZILECT ORAL TABLET 0.5 MG, 1 MG	Tier 3	QL (1 EA per 1 day)
<i>bromocriptine oral capsule 5 mg</i> (Parlodel)	Tier 1	
<i>bromocriptine oral tablet 2.5 mg</i> (Parlodel)	Tier 1	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i> (Sinemet)	Tier 1	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i> (Sinemet CR)	Tier 1	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg</i> (Stalevo 50)	Tier 1	
<i>carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg</i> (Stalevo 75)	Tier 1	
<i>carbidopa-levodopa-entacapone oral tablet 25-100-200 mg</i> (Stalevo 100)	Tier 1	
<i>carbidopa-levodopa-entacapone oral tablet 31.25-125-200 mg</i> (Stalevo 125)	Tier 1	
<i>carbidopa-levodopa-entacapone oral tablet 37.5-150-200 mg</i> (Stalevo 150)	Tier 1	
<i>carbidopa-levodopa-entacapone oral tablet 50-200-200 mg</i> (Stalevo 200)	Tier 1	
COMTAN ORAL TABLET 200 MG	Tier 3	
ELDEPRYL ORAL CAPSULE 5 MG	Tier 3	
<i>entacapone oral tablet 200 mg</i> (Comtan)	Tier 1	
MIRAPEX ER 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	Tier 3	ST: Prior prescription for Pramipexole Di-HCL or Ropinirole HCL in the past 120 days; QL (1 EA per 1 day)
MIRAPEX ORAL TABLET 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG	Tier 3	
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i> (Mirapex)	Tier 1	

Drug	Status	Notes
<i>pramipexole oral tablet extended release 24 hr</i> (Mirapex ER) 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg	Tier 1	ST: Prior prescription for Pramipexole Di-HCL or Ropinirole HCL in the past 120 days; QL (1 EA per 1 day)
<i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)	Tier 1	QL (1 EA per 1 day)
REQUIP ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG, 5 MG	Tier 3	
REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 3	ST: Prior prescription for Pramipexole Di-HCL or Ropinirole HCL in the past 120 days; QL (1 EA per 1 day)
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i> (Requip)	Tier 1	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i> (Requip XL)	Tier 1	ST: Prior prescription for Pramipexole Di-HCL or Ropinirole HCL in the past 120 days; QL (1 EA per 1 day)
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	Tier 3	ST: Prior prescription for Carbidopa/levodopa in the past 120 days; QL (10 EA per 1 day)
<i>selegiline hcl oral capsule 5 mg</i>	Tier 1	
<i>selegiline hcl oral tablet 5 mg</i>	Tier 1	
TASMAR ORAL TABLET 100 MG	Tier 3	ST: Prior prescription for Entacapone in the past 120 days; QL (3 EA per 1 day)
<i>tolcapone oral tablet 100 mg</i> (Tasmar)	Tier 1	ST: Prior prescription for Entacapone in the past 120 days; QL (3 EA per 1 day)
<b>Decarboxylase Inhibitors</b>		
<i>carbidopa oral tablet 25 mg</i> (Lodosyn)	Tier 1	
<b>Seizure Disorder</b>		
<b>Anticonvulsant - Benzodiazepine Type</b>		
<i>clobazam oral suspension 2.5 mg/ml</i> (Onfi)	Tier 1	ST: Prior prescription for Lamotrigine or Topiramate within the past 120 days; QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)	Tier 1	ST: Prior prescription for Lamotrigine or Topiramate within the past 120 days; QL (2 EA per 1 day)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Klonopin)	Tier 1	
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG, 5-7.5-10 MG	Tier 3	QL (1 EA per 1 PER FILL)
DIASTAT RECTAL KIT 2.5 MG	Tier 3	QL (1 EA per 1 PER FILL)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg</i> (Diastat AcuDial)	Tier 1	QL (1 EA per 1 PER FILL)

Drug	Status	Notes
<i>diazepam rectal kit 2.5 mg</i> (Diastat)	Tier 1	QL (1 EA per 1 PER FILL)
ONFI ORAL SUSPENSION 2.5 MG/ML	Tier 3	ST: Prior prescription for Lamotrigine or Topiramate within the past 120 days; QL (480 ML per 30 days)
ONFI ORAL TABLET 10 MG, 20 MG	Tier 3	ST: Prior prescription for Lamotrigine or Topiramate within the past 120 days; QL (2 EA per 1 day)
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	Tier 3	PA
<b>Anticonvulsant - Cannabinoid Type</b>		
EPIDIOLEX ORAL SOLUTION 100 MG/ML	Tier 3	PA; SP
<b>Anticonvulsants</b>		
APTIOM ORAL TABLET 200 MG, 400 MG	Tier 3	ST: At least 2 prior prescriptions for Carbamazepine, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Zonisamide, Valproic Acid, or Divalproex 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, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Zonisamide, Valproic Acid, or Divalproex 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, Lamotrigine, Topiramate, 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, Lamotrigine, Topiramate, or Valproic Acid in the past 120 days; QL (16 EA per 1 day)
BANZEL ORAL TABLET 400 MG	Tier 2	ST: Prior prescription for Divalproex Sodium, Lamotrigine, Topiramate, or Valproic Acid in the past 120 days; QL (8 EA per 1 day)

Drug	Status	Notes
BRIVIACT ORAL SOLUTION 10 MG/ML	Tier 3	ST: Prior prescription for Levetiracetam in the past 120 days; QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	Tier 3	ST: Prior prescription for Levetiracetam in the past 120 days; QL (2 EA per 1 day)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> (Carbatrol)	Tier 1	
<i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)	Tier 1	
<i>carbamazepine oral tablet 200 mg</i> (Epilex)	Tier 1	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR)	Tier 1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	Tier 1	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	Tier 3	
CELONTIN ORAL CAPSULE 300 MG	Tier 2	
CEREBYX INJECTION SOLUTION 100 MG PE/2 ML, 500 MG PE/10 ML	Tier 3	
DILANTIN ORAL CAPSULE 30 MG	Tier 2	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i> (Depakote Sprinkles)	Tier 1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER)	Tier 1	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i> (Depakote)	Tier 1	
EPITOL ORAL TABLET 200 MG	Tier 1	
<i>ethosuximide oral capsule 250 mg</i> (Zarontin)	Tier 1	
<i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)	Tier 1	
<i>felbamate oral suspension 600 mg/5 ml</i> (Felbatol)	Tier 1	ST: Prior prescription for Lamotrigine or Topiramate within the past 120 days; QL (30 ML per 1 day)
<i>felbamate oral tablet 400 mg</i> (Felbatol)	Tier 1	ST: Prior prescription for Lamotrigine or Topiramate within the past 120 days; QL (9 EA per 1 day)
<i>felbamate oral tablet 600 mg</i> (Felbatol)	Tier 1	ST: Prior prescription for Lamotrigine or Topiramate within the past 120 days; QL (6 EA per 1 day)
FELBATOL ORAL SUSPENSION 600 MG/5 ML	Tier 3	ST: Prior prescription for Lamotrigine or Topiramate within the past 120 days; QL (30 ML per 1 day)
FELBATOL ORAL TABLET 400 MG	Tier 3	ST: Prior prescription for Lamotrigine or Topiramate within the past 120 days; QL (9 EA per 1 day)

Drug	Status	Notes
FELBATOL ORAL TABLET 600 MG	Tier 3	ST: Prior prescription for Lamotrigine or Topiramate within the past 120 days; QL (6 EA per 1 day)
<i>fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i> (Cerebyx)	Tier 1	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	Tier 2	ST: At least 2 prior prescriptions for Carbamazepine, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Zonisamide, Valproic Acid, or Divalproex 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, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Zonisamide, Valproic Acid, or Divalproex 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, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Zonisamide, Valproic Acid, or Divalproex in the past 365 days; QL (120 EA per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	Tier 2	ST: At least 2 prior prescriptions for Carbamazepine, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Zonisamide, Valproic Acid, or Divalproex in the past 365 days; QL (60 EA per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i> (Neurontin)	Tier 1	
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	Tier 1	
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	Tier 1	
<i>gabapentin oral tablet 600 mg, 800 mg</i> (Neurontin)	Tier 1	

Drug	Status	Notes
GABITRIL ORAL TABLET 12 MG	Tier 2	ST: At least 2 prior prescriptions for Carbamazepine, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Zonisamide, Valproic Acid, or Divalproex in the past 365 days; QL (4 EA per 1 day)
GABITRIL ORAL TABLET 16 MG	Tier 2	ST: At least 2 prior prescriptions for Carbamazepine, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Zonisamide, Valproic Acid, or Divalproex in the past 365 days; QL (3 EA per 1 day)
GABITRIL ORAL TABLET 2 MG, 4 MG	Tier 3	ST: At least 2 prior prescriptions for Carbamazepine, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Zonisamide, Valproic Acid, or Divalproex in the past 365 days; QL (4 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 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 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 Lamotrigine in the past 120 days
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	(Lamictal)	Tier 1
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7)</i>	(Lamictal ODT Starter (Blue))	Tier 1 ST: Prior prescription for Lamotrigine in the past 120 days
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)</i>	(Lamictal ODT Starter (Orange))	Tier 1 ST: Prior prescription for Lamotrigine in the past 120 days
<i>lamotrigine oral tablet disintegrating, dose pk 50 mg (42) -100 mg (14)</i>	(Lamictal ODT Starter (Green))	Tier 1 ST: Prior prescription for Lamotrigine in the past 120 days
<i>lamotrigine oral tablet extended release 24hr 100 mg</i>	(Lamictal XR)	Tier 1 ST: Prior prescription for Lamotrigine in the past 120 days



Drug	Status	Notes
<i>lamotrigine oral tablet extended release 24hr</i> 200 mg, 250 mg, 300 mg (Lamictal XR)	Tier 1	ST: Prior prescription for Lamotrigine in the past 120 days; QL (2 EA per 1 day)
<i>lamotrigine oral tablet extended release 24hr</i> 25 mg, 50 mg (Lamictal XR)	Tier 1	ST: Prior prescription for Lamotrigine in the past 120 days; QL (6 EA per 1 day)
<i>lamotrigine oral tablet, chewable dispersible</i> 25 mg, 5 mg (Lamictal)	Tier 1	
<i>lamotrigine oral tablet, disintegrating</i> 100 mg (Lamictal ODT)	Tier 1	ST: Prior prescription for Lamotrigine in the past 120 days; QL (3 EA per 1 day)
<i>lamotrigine oral tablet, disintegrating</i> 200 mg (Lamictal ODT)	Tier 1	ST: Prior prescription for Lamotrigine in the past 120 days; QL (2 EA per 1 day)
<i>lamotrigine oral tablet, disintegrating</i> 25 mg, 50 mg (Lamictal ODT)	Tier 1	ST: Prior prescription for Lamotrigine in the past 120 days; QL (6 EA per 1 day)
<i>lamotrigine oral tablets, dose pack</i> 25 mg (35) (Lamictal Starter (Blue) Kit)	Tier 1	
<i>lamotrigine oral tablets, dose pack</i> 25 mg (42) - 100 mg (7) (Lamictal Starter (Orange) Kit)	Tier 1	
<i>lamotrigine oral tablets, dose pack</i> 25 mg (84) - 100 mg (14) (Lamictal Starter (Green) Kit)	Tier 1	
<i>levetiracetam in nacl (iso-os) intravenous piggyback</i> 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml	Tier 1	
<i>levetiracetam intravenous solution</i> 500 mg/5 ml (Keppra)	Tier 1	
<i>levetiracetam oral solution</i> 100 mg/ml (Keppra)	Tier 1	
<i>levetiracetam oral solution</i> 500 mg/5 ml (5 ml)	Tier 1	
<i>levetiracetam oral tablet</i> 1,000 mg, 250 mg, 500 mg, 750 mg (Keppra)	Tier 1	
<i>levetiracetam oral tablet extended release</i> 24 hr 500 mg, 750 mg (Keppra XR)	Tier 1	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 25 MG, 50 MG, 75 MG	Tier 2	QL (4 EA per 1 day)
LYRICA ORAL CAPSULE 200 MG	Tier 2	QL (3 EA per 1 day)
LYRICA ORAL CAPSULE 225 MG, 300 MG	Tier 2	QL (2 EA per 1 day)
LYRICA ORAL SOLUTION 20 MG/ML	Tier 2	
<i>oxcarbazepine oral suspension</i> 300 mg/5 ml (60 mg/ml) (Trileptal)	Tier 1	
<i>oxcarbazepine oral tablet</i> 150 mg, 300 mg, 600 mg (Trileptal)	Tier 1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	Tier 3	ST: At least 2 prior prescriptions for Carbamazepine, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Zonisamide, Valproic Acid, or Divalproex in the past 365 days; QL (1 EA per 1 day)

Drug	Status	Notes
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	Tier 3	ST: At least 2 prior prescriptions for Carbamazepine, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Zonisamide, Valproic Acid, or Divalproex in the past 365 days; QL (4 EA per 1 day)
PEGANONE ORAL TABLET 250 MG	Tier 2	
<i>phenytoin oral suspension 100 mg/4 ml</i>	Tier 1	
<i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125)	Tier 1	
<i>phenytoin oral tablet, chewable 50 mg</i> (Dilantin Infatabs)	Tier 1	
<i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin Extended)	Tier 1	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek)	Tier 1	
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	Tier 1	
<i>phenytoin sodium intravenous syringe 50 mg/ml</i>	Tier 1	
<i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)	Tier 1	
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR 100 MG, 25 MG, 50 MG	Tier 2	ST: Prior prescription for Topiramate in the past 120 days; QL (1 EA per 1 day)
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR 150 MG, 200 MG	Tier 2	ST: Prior prescription for Topiramate in the past 120 days; QL (2 EA per 1 day)
SABRIL ORAL TABLET 500 MG	Tier 2	SP; 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, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Zonisamide, Valproic Acid, or Divalproex 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, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Zonisamide, Valproic Acid, or Divalproex 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 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 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 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 Topiramate in the past 120 days; QL (2 EA per 1 day)
valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml) (Depacon)	Tier 1	
valproic acid (as sodium salt) oral solution 250 mg/5 ml (Depakene)	Tier 1	
valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)	Tier 1	
valproic acid oral capsule 250 mg (Depakene)	Tier 1	
vigabatrin oral powder in packet 500 mg (Sabril)	Tier 1	SP; QL (6 EA per 1 day)
VIGADRONE ORAL POWDER IN PACKET 500 MG	Tier 1	SP; QL (6 EA per 1 day)
VIMPAT INTRAVENOUS SOLUTION 200 MG/20 ML	Tier 2	

Drug	Status	Notes
VIMPAT ORAL SOLUTION 10 MG/ML	Tier 2	ST: At least 2 prior prescriptions for Carbamazepine, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Zonisamide, Valproic Acid, or Divalproex in the past 365 days; QL (1200 ML per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 2	ST: At least 2 prior prescriptions for Carbamazepine, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Zonisamide, Valproic Acid, or Divalproex in the past 365 days; QL (2 EA per 1 day)
VIMPAT ORAL TABLETS,DOSE PACK 50 MG (14)- 100 MG (14)	Tier 3	
ZARONTIN ORAL CAPSULE 250 MG	Tier 3	
ZARONTIN ORAL SOLUTION 250 MG/5 ML	Tier 3	
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	Tier 1	
<i>zonisamide oral capsule 50 mg</i>	Tier 1	
<b>Skeletal Muscle Disorder</b>		
<b>Joint Contracture Therapy, Collagenase Enzyme</b>		
XIAFLEX INJECTION RECON SOLN 0.9 MG	Tier 2	
<b>Skeletal Muscle Relax.&amp; Top.Irritant Counter-Irritant</b>		
COMFORT PAC-CYCLOBENZAPRINE KIT 10 MG	Tier 3	
COMFORT PAC-TIZANIDINE KIT 4 MG	Tier 3	
<b>Skeletal Muscle Relaxants</b>		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
<i>carisoprodol oral tablet 250 mg, 350 mg</i> (Soma)	Tier 1	ST: Prior prescription for Metaxalone and Tizanidine HCL in the past 120 days; QL (4 EA per 1 day)
<i>chlorzoxazone oral tablet 500 mg</i>	Tier 1	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>cyclobenzaprine oral tablet 7.5 mg</i> (Fexmid)	Tier 1	ST: Prior prescription for Cyclobenzaprine HCL in the past 120 days
DANTRIUM ORAL CAPSULE 25 MG, 50 MG	Tier 3	
<i>dantrolene oral capsule 100 mg</i>	Tier 1	
<i>dantrolene oral capsule 25 mg, 50 mg</i> (Dantrium)	Tier 1	

Drug	Status	Notes
FEXMID ORAL TABLET 7.5 MG	Tier 3	ST: Prior prescription for Cyclobenzaprine HCL in the past 120 days
METAXALL ORAL TABLET 800 MG	Tier 1	
<i>metaxalone oral tablet 400 mg</i>	Tier 1	
<i>metaxalone oral tablet 800 mg</i> (Metaxall)	Tier 1	
<i>methocarbamol oral tablet 500 mg</i> (Robaxin)	Tier 1	
<i>methocarbamol oral tablet 750 mg</i> (Robaxin-750)	Tier 1	
<i>orphenadrine citrate injection solution 30 mg/ml</i>	Tier 1	
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	Tier 1	
SKELAXIN ORAL TABLET 800 MG	Tier 3	
SOMA ORAL TABLET 250 MG, 350 MG	Tier 3	ST: Prior prescription for Metaxalone and Tizanidine HCL in the past 120 days; QL (4 EA per 1 day)
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i> (Zanaflex)	Tier 1	
<i>tizanidine oral tablet 2 mg</i>	Tier 1	
<i>tizanidine oral tablet 4 mg</i> (Zanaflex)	Tier 1	
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	Tier 3	
ZANAFLEX ORAL TABLET 4 MG	Tier 3	
<b>Smoking Cessation</b>		
<b>Smoking Deterrent Agents (Ganglionic Stim, Others)</b>		
NICODERM CQ TRANSDERMAL PATCH 24 HOUR 14 MG/24 HR, 21 MG/24 HR, 7 MG/24 HR	\$0	QL (1 EA per 1 day); Age (Min 18 Years)
NICORELIEF BUCCAL GUM 2 MG, 4 MG	\$0	QL (24 EA per 1 day); Age (Min 18 Years)
NICORETTE BUCCAL GUM 2 MG, 4 MG	\$0	QL (24 EA per 1 day); Age (Min 18 Years)
NICORETTE BUCCAL LOZENGE 2 MG, 4 MG	\$0	QL (20 EA per 1 day); Age (Min 18 Years)
NICORETTE BUCCAL MINI LOZENGE 2 MG, 4 MG	\$0	QL (20 EA per 1 day); Age (Min 18 Years)
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i> (Nicorelief)	\$0	QL (24 EA per 1 day); Age (Min 18 Years)
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i> (Nicorette)	\$0	QL (20 EA per 1 day); Age (Min 18 Years)
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i> (Nicorette)	\$0	QL (20 EA per 1 day); Age (Min 18 Years)
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 7 mg/24 hr</i> (Nicoderm CQ)	\$0	QL (1 EA per 1 day); Age (Min 18 Years)
<i>nicotine transdermal patch 24 hour 21 mg/24 hr</i> (Nicoderm CQ)	\$0	QL (1 EA per 1 day); Age (Min 18 Years)
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	\$0	QL (1 EA per 1 day); Age (Min 18 Years)

Drug	Status	Notes
NICOTROL INHALATION CARTRIDGE 10 MG	\$0	ST: Prior prescription for Nicotine Patch and Nicotine in the past 120 days; QL (1008 EA per 90 days); Age (Min 18 Years)
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	\$0	ST: Prior prescription for Nicotine Patch and Nicotine in the past 120 days; QL (160 ML per 90 days); Age (Min 18 Years)
QUIT 2 BUCCAL GUM 2 MG	\$0	QL (24 EA per 1 day); Age (Min 18 Years)
QUIT 2 BUCCAL LOZENGE 2 MG	\$0	QL (20 EA per 1 day); Age (Min 18 Years)
QUIT 4 BUCCAL GUM 4 MG	\$0	QL (24 EA per 1 day); Age (Min 18 Years)
QUIT 4 BUCCAL LOZENGE 4 MG	\$0	QL (20 EA per 1 day); Age (Min 18 Years)
STOP SMOKING AID BUCCAL LOZENGE 2 MG, 4 MG	\$0	QL (20 EA per 1 day); Age (Min 18 Years)
<b>Smoking Deterrent-Nicotinic Recept.Partial Agonist</b>		
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	\$0	QL (2 EA per 1 day); Age (Min 18 Years)
CHANTIX ORAL TABLET 0.5 MG, 1 MG	\$0	QL (2 EA per 1 day); Age (Min 18 Years)
CHANTIX STARTING MONTH BOX ORAL TABLETS, DOSE PACK 0.5 MG (11)- 1 MG (42)	\$0	QL (2 EA per 1 day); Age (Min 18 Years)
<b>Smoking Deterrents, Other</b>		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i> (Zyban)	\$0	QL (2 EA per 1 day); Age (Min 18 Years)
<b>Upper Gastrointestinal Disorders - Digestive</b>		
<b>Gastric Enzymes</b>		
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	Tier 2	PA; SP
<b>Pancreatic Enzymes</b>		
CREON ORAL CAPSULE, DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	Tier 2	
VIOKACE ORAL TABLET 10,440-39,150-39,150 UNIT, 20,880-78,300- 78,300 UNIT	Tier 2	
ZENPEP ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 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	
ZENPEP ORAL CAPSULE, DELAYED RELEASE(DR/EC) 20,000-63,000- 84,000 UNIT	Tier 3	

Drug	Status	Notes
<b>Upper Gastrointestinal Disorders - Spastic Disease</b>		
<b>Anticholinergics/Antispasmodics</b>		
<i>dicyclomine oral capsule 10 mg</i>	Tier 1	
<i>dicyclomine oral solution 10 mg/5 ml</i>	Tier 1	
<i>dicyclomine oral tablet 20 mg</i>	Tier 1	
<b>Belladonna Alkaloids</b>		
<i>atropine in 0.9 % sod chloride intravenous syringe 0.8 mg/2 ml (0.4 mg/ml), 1 mg/2.5 ml (0.4 mg/ml), 2 mg/5 ml (0.4 mg/ml)</i>	Tier 1	
<i>atropine injection solution 0.4 mg/ml, 1 mg/ml</i>	Tier 1	
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>	Tier 1	
<i>atropine intravenous syringe 0.8 mg/2 ml (0.4 mg/ml), 2 mg/5 ml (0.4 mg/ml)</i>	Tier 1	
DONNATAL ORAL ELIXIR 16.2 MG-0.1037 MG/5 ML (5 ML)	Tier 3	
ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG	Tier 1	
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i> (Hyosyne)	Tier 1	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i> (Hyosyne)	Tier 1	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i> (Levsin)	Tier 1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i> (Levbid)	Tier 1	
<i>hyoscyamine sulfate oral tablet,disintegrating 0.125 mg</i> (Anaspaz)	Tier 1	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i> (Levsin/SL)	Tier 1	
HYOSYNE ORAL DROPS 0.125 MG/ML	Tier 1	
HYOSYNE ORAL ELIXIR 0.125 MG/5 ML	Tier 1	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	Tier 1	
OSCIMIN ORAL TABLET 0.125 MG	Tier 1	
OSCIMIN ORAL TABLET,DISINTEGRATING 0.125 MG	Tier 1	
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG	Tier 1	
OSCIMIN SR ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG	Tier 1	
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG)	Tier 3	
<b>Upper Gastrointestinal Disorders - Ulcer Disease</b>		
<b>Anticholinergics,Quaternary Ammonium</b>		
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i> (Librax (with clidinium))	Tier 1	
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML)	Tier 3	

Drug	Status	Notes
<i>glycopyrrolate (pf) in water intravenous syringe 0.6 mg/3 ml (0.2 mg/ml), 1 mg/5 ml (0.2 mg/ml)</i>	Tier 1	
<i>glycopyrrolate in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml), 1 mg/5 ml (0.2 mg/ml)</i>	Tier 1	
<i>glycopyrrolate intravenous syringe 0.4 mg/2 ml (0.2 mg/ml), 0.6 mg/3 ml (0.2 mg/ml), 1 mg/5 ml (0.2 mg/ml)</i>	Tier 1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier 1	
GLYRX-PF INJECTION SOLUTION 0.2 MG/ML	Tier 3	
<b>Anti-Ulcer Preparations</b>		
CARAFATE ORAL SUSPENSION 100 MG/ML	Tier 2	
CARAFATE ORAL TABLET 1 GRAM	Tier 3	
CYTOTEC ORAL TABLET 100 MCG, 200 MCG	Tier 3	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)	Tier 1	
<i>sucralfate oral tablet 1 gram</i> (Carafate)	Tier 1	
<b>Anti-Ulcer-H.Pylori Agents</b>		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	Tier 1	QL (112 EA per 10 days)
PYLERA ORAL CAPSULE 140-125-125 MG	Tier 2	
<b>Histamine H2-Receptor Inhibitors</b>		
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	Tier 1	
<i>cimetidine oral tablet 200 mg</i> (Acid Reducer (cimetidine))	Tier 1	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	Tier 1	
<i>famotidine (pf) intravenous solution 20 mg/2 ml</i>	Tier 1	
<i>famotidine in 0.9 % nacl intravenous syringe 20 mg/10 ml, 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>famotidine intravenous solution 10 mg/ml</i>	Tier 1	
<i>famotidine intravenous syringe 20 mg/2 ml</i>	Tier 1	
<i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i>	Tier 1	
<i>famotidine oral tablet 20 mg</i> (Acid Controller)	Tier 1	
<i>famotidine oral tablet 40 mg</i> (Pepcid)	Tier 1	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	Tier 2	
<i>nizatidine oral solution 150 mg/10 ml</i>	Tier 1	
<i>ranitidine hcl oral capsule 150 mg, 300 mg</i>	Tier 1	
<i>ranitidine hcl oral syrup 15 mg/ml</i>	Tier 1	
<i>ranitidine hcl oral tablet 150 mg</i> (Acid Control (ranitidine))	Tier 1	
<i>ranitidine hcl oral tablet 300 mg</i> (Zantac)	Tier 1	
<b>Intestinal Motility Stimulants</b>		
<i>metoclopramide hcl injection solution 5 mg/ml</i>	Tier 1	
<i>metoclopramide hcl injection syringe 5 mg/ml</i>	Tier 1	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	Tier 1	



Drug	Status	Notes
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)	Tier 1	
<i>metoclopramide hcl oral tablet, disintegrating 10 mg, 5 mg</i>	Tier 1	
<b>Proton-Pump Inhibitors</b>		
DEXILANT ORAL CAPSULE, BIPHASE DELAYED RELEASE 30 MG	Tier 3	ST: At least 2 prior prescriptions for Esomeprazole Magnesium, Lansoprazole, Omeprazole, or Pantoprazole Sodium in the past 120 days; QL (1 EA per 1 day)
DEXILANT ORAL CAPSULE, BIPHASE DELAYED RELEASE 60 MG	Tier 3	QL (1 EA per 1 day)
<i>esomeprazole magnesium oral capsule, delayed release (dr/ec) 20 mg</i> (Heartburn Treatment)	Tier 1	ST: Prior prescription for Lansoprazole, Omeprazole, or Pantoprazole Sodium in the past 120 days; QL (1 EA per 1 day)
<i>esomeprazole magnesium oral capsule, delayed release (dr/ec) 40 mg</i> (Nexium)	Tier 1	ST: Prior prescription for Lansoprazole, Omeprazole, or Pantoprazole Sodium in the past 120 days; QL (1 EA per 1 day)
<i>esomeprazole sodium intravenous recon soln 20 mg</i>	Tier 1	
<i>lansoprazole oral capsule, delayed release (dr/ec) 15 mg</i> (Heartburn Treatment 24 Hour)	Tier 1	
<i>lansoprazole oral capsule, delayed release (dr/ec) 30 mg</i> (Prevacid)	Tier 1	
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG	Tier 2	ST: Prior prescription for Lansoprazole, Omeprazole, or Pantoprazole Sodium in the past 120 days; QL (1 EA per 1 day)
<i>omeprazole oral capsule, delayed release (dr/ec) 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>pantoprazole intravenous recon soln 40 mg</i> (Protonix)	Tier 1	
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i> (Protonix)	Tier 1	
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i> (Aciphex)	Tier 1	QL (1 EA per 1 day)
<b>Urinary Tract - Functional Disorders</b>		
<b>Benign Prostatic Hypertrophy/Micturition Agents</b>		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	Tier 1	
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	Tier 1	
<i>finasteride oral tablet 5 mg</i> (Proscar)	Tier 1	
FLOMAX ORAL CAPSULE 0.4 MG	Tier 3	

Drug	Status	Notes
RAPAFLO ORAL CAPSULE 4 MG, 8 MG	Tier 3	ST: Prior prescription for Alfuzosin HCL, Doxazosin Mesylate, Finasteride, Prazosin HCL, Silodosin, Tamsulosin HCL, or Terazosin HCL in the past 120 days
<i>silodosin oral capsule 4 mg, 8 mg</i> (Rapaflo)	Tier 1	ST: Prior prescription for Alfuzosin HCL, Doxazosin Mesylate, Finasteride, Prazosin HCL, Silodosin, Tamsulosin HCL, or Terazosin HCL in the past 120 days
<i>tamsulosin oral capsule 0.4 mg</i> (Flomax)	Tier 1	
<b>Bph Agents,5-Alpha-Red Inh &amp; Alpha-1-Adr Antg Cmb</b>		
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i> (Jalyn)	Tier 1	ST: Prior prescription for Alfuzosin HCL, Doxazosin Mesylate, Finasteride, Prazosin HCL, Silodosin, 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, Prazosin HCL, Silodosin, Tamsulosin HCL, or Terazosin HCL in the past 120 days
<b>Kidney Stone Agents</b>		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	Tier 2	SP
THIOLA ORAL TABLET 100 MG	Tier 3	SP
<b>Overactive Bladder Agents, Beta-3 Adrenergic Recep</b>		
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	Tier 2	ST: Prior prescription for Oxybutynin Chloride in the past 120 days
<b>Urinary Ph Modifiers</b>		
CYTRA K CRYSTALS ORAL PACKET 3,300-1,002 MG	Tier 1	
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG	Tier 2	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10)	Tier 1	
<i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15)	Tier 1	
<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i> (Urocit-K 5)	Tier 1	
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	Tier 2	

Drug	Status	Notes
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	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	Tier 3	
<b>Urinary Tract Analgesic Agents</b>		
ELMIRON ORAL CAPSULE 100 MG	Tier 2	
<b>Urinary Tract Anesthetic/Analgesic Agnt (Azo-Dye)</b>		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i> (Pyridium)	Tier 1	
<b>Urinary Tract Antispasmodic, M(3) Selective Antag.</b>		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i> (Enablex)	Tier 1	ST: Prior prescription for Oxybutynin Chloride in the past 120 days
ENABLEX ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 7.5 MG	Tier 3	ST: Prior prescription for Oxybutynin Chloride in the past 120 days
VESICARE ORAL TABLET 10 MG, 5 MG	Tier 2	ST: Prior prescription for Oxybutynin Chloride in the past 120 days
<b>Urinary Tract Antispasmodic/Antiincontinence Agent</b>		
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 5 MG	Tier 3	
<i>flavoxate oral tablet 100 mg</i>	Tier 1	
GELNIQUE TRANSDERMAL GEL IN METERED-DOSE PUMP 100 MG/GRAM (10 %)	Tier 3	ST: Prior prescription for Oxybutynin Chloride in the past 120 days
GELNIQUE TRANSDERMAL GEL IN PACKET 10 % (100 MG/GRAM)	Tier 2	ST: Prior prescription for Oxybutynin Chloride in the past 120 days
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	Tier 1	
<i>oxybutynin chloride oral tablet 5 mg</i>	Tier 1	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 5 mg</i> (Ditropan XL)	Tier 1	
<i>oxybutynin chloride oral tablet extended release 24hr 15 mg</i>	Tier 1	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR	Tier 3	ST: Prior prescription for Oxybutynin Chloride within the past 120 days
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i> (Detrol LA)	Tier 1	ST: Prior prescription for Oxybutynin Chloride in the past 120 days
<i>tolterodine oral tablet 1 mg, 2 mg</i> (Detrol)	Tier 1	ST: Prior prescription for Oxybutynin Chloride in the past 120 days
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	Tier 2	ST: Prior prescription for Oxybutynin Chloride in the past 120 days

Drug	Status	Notes
<i>trospium oral capsule, extended release 24hr 60 mg</i>	Tier 1	ST: Prior prescription for Oxybutynin Chloride in the past 120 days
<i>trospium oral tablet 20 mg</i>	Tier 1	ST: Prior prescription for Oxybutynin Chloride in the past 120 days
<b>Vaginal Disorders</b>		
<b>Vaginal Antibiotics</b>		
CLEOCIN VAGINAL CREAM 2 %	Tier 3	
<i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)	Tier 1	
METROGEL VAGINAL VAGINAL GEL 0.75 %	Tier 2	
<i>metronidazole vaginal gel 0.75 %</i> (Metrogel Vaginal)	Tier 1	
VANDAZOLE VAGINAL GEL 0.75 %	Tier 2	
<b>Vaginal Antifungals</b>		
GYNAZOLE-1 VAGINAL CREAM 2 %	Tier 3	
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG	Tier 1	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	Tier 1	
<i>terconazole vaginal suppository 80 mg</i>	Tier 2	
<b>Vaginal Antiseptics</b>		
TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 %	Tier 3	
<b>Vaginal Estrogen For Sexual Dysfunction</b>		
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	Tier 3	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)
<b>Vaginal Estrogen Preparations</b>		
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> (Estrace)	Tier 1	
<i>estradiol vaginal tablet 10 mcg</i> (Vagifem)	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	
<b>Vitamin And/Or Mineral Deficiency</b>		
<b>Calcium Replacement</b>		
<i>calcium gluconate in 0.9% nacl intravenous solution 1 gram/60 ml, 2 gram/120 ml, 2 gram/70 ml</i>	Tier 1	
<i>calcium gluconate in d5w intravenous solution 1 gram/110 ml, 1 gram/60 ml</i>	Tier 1	
<i>calcium gluconate in water intravenous syringe 1 gram/10 ml (100 mg/ml)</i>	Tier 1	
TL G-FOL OS ORAL TABLET 500-1.1 MG	Tier 1	
<b>Fluoride Preparations</b>		
DENTA 5000 PLUS DENTAL CREAM 1.1 %	Tier 1	
DENTAGEL DENTAL GEL 1.1 %	Tier 1	

Drug	Status	Notes
fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml	\$0	Age (Max 6 Years)
fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride) (Ludent Fluoride)	\$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)	\$0	Age (Max 6 Years)
SF 5000 PLUS DENTAL CREAM 1.1 %	Tier 1	
SF DENTAL GEL 1.1 %	Tier 1	
<b>Folic Acid Preparations</b>		
folic acid oral tablet 1 mg, 400 mcg, 800 mcg	\$0	
<b>Iron Replacement</b>		
CHILDREN'S IRON ORAL DROPS 15 MG IRON (75 MG)/ML	\$0	Age (Max 1 Years)
FERAHEME INTRAVENOUS SOLUTION 510 MG/17 ML (30 MG/ML)	Tier 3	
ferrous sulfate oral drops 15 mg iron (75 mg)/ml (Children's Iron)	\$0	Age (Max 1 Years)
INFED INJECTION SOLUTION 50 MG/ML	Tier 3	
PEDIA IRON ORAL DROPS 15 MG IRON (75 MG)/ML	\$0	Age (Max 1 Years)
VENOFER INTRAVENOUS SOLUTION 100 MG IRON/5 ML, 200 MG IRON/10 ML, 50 MG IRON/2.5 ML	Tier 3	
<b>Prenatal Vitamin Preparations</b>		
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	
DOTHELLE DHA ORAL CAPSULE 35-1-200 MG	Tier 1	
ELITE-OB 400 ORAL CAPSULE 35-5-1.2-400 MG	Tier 1	
FOLIVANE-OB ORAL CAPSULE 85-1 MG	Tier 1	
HEMENATAL OB ORAL TABLET 28-6-1 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	

Drug	Status	Notes
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	
PNV-OMEGA ORAL CAPSULE 28-1-300 MG	Tier 1	
PNV-SELECT ORAL TABLET 27-1 MG	Tier 1	
PNV-VP-U ORAL CAPSULE 106.5-1 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 (WITH DOCUSATE) ORAL TABLET 29 MG IRON- 1 MG-25 MG	Tier 1	
SE-NATAL 19 ORAL TABLET, CHEWABLE 29 MG IRON- 1 MG	Tier 1	
TARON-C DHA ORAL CAPSULE 35-1-200 MG	Tier 1	

Drug	Status	Notes
TARON-PREX PRENATAL-DHA ORAL CAPSULE 30 MG IRON-1.2 MG-55 MG-265 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	
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-ADVANCE 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 ORAL TABLET 27-1 MG	Tier 1	
VIRT-PN PLUS ORAL CAPSULE 28-1-300 MG	Tier 1	
VIRT-SELECT ORAL CAPSULE 29-1.25-55-325 MG	Tier 1	
VIRT-VITE GT ORAL TABLET 90-1-50 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	
<b>Prenatal Vitamins Without Iron</b>		
ZINGIBER ORAL TABLET 1.2 MG-40 MG-124.1 MG-100 MG	Tier 1	
<b>Vitamin B Preparations</b>		
POTABA ORAL CAPSULE 500 MG	Tier 3	
<b>Vitamin D Preparations</b>		
<i>calcitriol intravenous solution 1 mcg/ml</i>	Tier 1	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> (Rocaltrol)	Tier 1	
<i>calcitriol oral solution 1 mcg/ml</i> (Rocaltrol)	Tier 1	
<b>Zinc Replacement</b>		

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>zinc sulfate intravenous solution 1 mg/ml, 5 mg/ml</i>	Tier 1	



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