PEEHIP

Foreword

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

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

Access to the most current version of the PEEHIP Commercial Formulary can be obtained by visiting www.rsa-al.gov.

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

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

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

Symbol	Guideline	Description
AGE	Age Edit	Coverage may depend on patient age
MO	Maintenance Medication	First fill limited to 30 day supply; subsequent fill can be for 90 day supply when prescription is written as 90 day Rx and no more than 130 days have lapsed between fills at retail pharmacy
G	Gender Edit	Coverage may depend on patient gender
MD	Physician Specialty Edit	Coverage may depend on prescribing physician's specialty or board certification
PA	Prior Authorization	Requires specific physician request process
QL	Quantity Limit	Coverage may be limited to specific quantities per prescription and/or time period
ST	Step Therapy	Coverage may depend on previous use of another drug

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

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 MedImpact at (877) 606-0727.

The following topics may apply:

1. **Generic Substitution**

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

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

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

   If a member or physician requests a brand name product in lieu of an approved generic, the member, based upon their coverage, will typically be required to pay the difference in cost between the brand and the generic. If a physician determines that there is a documented medical need for the brand equivalent, a request for coverage may be made using the medication request process.

2. **Tier Benefit Design**

   The Formulary may be applied to a tier benefit design, where the member shares the cost of prescription drug therapy based on the drug's tier and copayment or coinsurance. In most instances, generically available drugs will be covered in a separate lower tier (low copay), preferred branded drugs listed on the Formulary will be covered on Tier 2, and non-preferred brand drugs will be covered on Tier 3. Specialty drugs will be covered under the highest tier (highest copay).

   Tier Definitions

   - Tier 1: Generic medications
   - Tier 2: Preferred brand medications (formulary agents)
   - Tier 3: Non-preferred medications (non-formulary agents)
   - Tier 4: Specialty medications

3. **Medication Request Process**

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

   A. **Coverage Exceptions**

   Drugs that are listed in the Formulary with associated Prior Authorization (PA) require evaluation, per Med**Impact** P&T Committee Prior Authorization guidelines prior to dispensing at a 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.

   Questions or information regarding the medication request or formulary process may be obtained by: faxing a completed **Medication Request Form** to MedImpact at (877) 606-0728.

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

4. **General Exclusions**
   A. Over the Counter (OTC) medications or their equivalents, unless the individual's pharmacy benefit offers coverage of OTC medications.
   B. Drugs specifically listed as not covered.
   C. Any drug products used for cosmetic purposes.
   D. Experimental drug products or any drug product used in an experimental manner.
   E. Replacement of lost or stolen medication.
   F. Non self-administered injectable drug products unless otherwise specified in the Formulary listing.
   G. Foreign sourced drugs or drugs not approved by the United States Food & Drug Administration, except in certain cases of drug shortage, when allowed under the individual's pharmacy benefit.
   H. Drugs specifically used for the treatment of erectile dysfunction.

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

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

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

PEEHIP

Attn: Prior Authorization Department
10181 Scripps Gateway Court
San Diego, CA 92131 Phone: (800) 347-5841
Fax: (877) 606-0728

DO NOT WRITE IN BLOCKED AREAS. FOR INTERNAL USE ONLY	
Contacted:	Approved:
Physician:	Denied:
Pharmacy:	Returned:
Patient:	ID #

Medication Request Form
MedImpact Healthcare Systems, Inc.

Instructions:
This form is to be used by participating physicians and providers to obtain coverage for a non-formulary drug for which there is no suitable alternative available. Please complete this form and fax to MedImpact Healthcare Systems, Inc. at (877) 606-0728 or please call (800) 347-5841 with this information. If you have any questions regarding this process, please contact MedImpact's Customer Service at (800) 347-5841.

Review Criteria:
The following guidelines are used in reviewing medication requests:

1. The use of Formulary Drug Products is contraindicated in the patient.
2. The patient has failed an appropriate trial of Formulary or related agents.
3. The choices available in the Formulary are not suited for the present patient care need and the drug selected is required for patient safety.
4. The use of a Formulary Drug Product may provoke an underlying medical condition, which would be detrimental to patient care

Medication Request Information (please complete each section of this form prior to transmittal):

PATIENT NAME (REQUIRED):	PATIENT'S HEALTH PLAN (REQUIRED):
PATIENT ID # (REQUIRED):	PHYSICIAN NAME/SPECIALTY:
PATIENT HEIGHT AND WEIGHT (REQUIRED):	PHYSICIAN ID#/DEA#:
PATIENT DOB (REQUIRED):	PHYSICIAN AREA CODE AND TELEPHONE NUMBER:
DIAGNOSIS (REQUIRED):	PHYSICIAN AREA CODE AND FAX NUMBER (REQUIRED):
PHARMACY USED BY MEMBER:	PHARMACY AREA CODE AND TELEPHONE NUMBER:
DRUG REQUESTED:	QUANTITY (PER MONTH):
DOSE:	LENGTH OF TREATMENT (PLEASE BE SPECIFIC):
STRENGTH:	DOSAGE FORM (e.g.• ORAL, INJECTION):
REASON FOR MEDICATION REQUEST (PLEASE BE SPECIFIC, GIVE DETAIL):	
OTHER MEDICATIONS TRIED AND/OR FAILED (PLEASE BE SPECIFIC, GIVE DETAIL INCLUDING REASON FOR FAILURE):	
OTHER PERTINENT HISTORY (RELATIVE OR PERTAINING TO THIS REQUEST):	
PROVIDER NAME AND SIGNATURE:	

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Drug		Status	Notes
Allergy			
Allergenic Extracts, Therapeutics			
ORALAIR SUBLINGUAL TABLET 100 INDX REACTIVITY, 100 IR (3) /300 IR (6), 300 INDX REACTIVITY		Tier 3	PA
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT		Tier 3	PA
Antihistamines - 1St Generation			
carbinoxamine maleate oral liquid 4 mg/5 ml		Tier 1	
carbinoxamine maleate oral tablet 4 mg		Tier 1	
clemastine oral tablet 2.68 mg		Tier 1	
cyproheptadine oral syrup 2 mg/5 ml		Tier 1	
cyproheptadine oral tablet 4 mg		Tier 1	
diphenhydramine hcl injection solution 50 mg/ml		Tier 1	
diphenhydramine hcl injection syringe 50 mg/ml		Tier 1	
hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml		Tier 1	
hydroxyzine hcl oral solution 10 mg/5 ml		Tier 1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg		Tier 1	
hydroxyzine pamoate oral capsule 100 mg		Tier 1	
hydroxyzine pamoate oral capsule 25 mg, 50 mg	(Vistaril)	Tier 1	
KARBINAL ER ORAL SUSPENSION,EXTENDED REL 12 HR 4 MG/5 ML		Tier 3	ST: Prior prescription for Carbinoxamine Maleate in the past 130 days; QL (960 ML per 30 days)
promethazine injection solution 25 mg/ml, 50 mg/ml	(Phenergan)	Tier 1	
promethazine injection syringe 25 mg/ml		Tier 1	
promethazine oral syrup 6.25 mg/5 ml		Tier 1	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg		Tier 1	
Antihistamines - 2Nd Generation			
desloratadine oral tablet 5 mg	(Clarinex)	Tier 1	QL (30 EA per 30 days)
Nasal Antihistamine			
azelastine nasal aerosol,spray 137 mcg (0.1 %)		Tier 1	MO; QL (60 ML per 1 FILL)
azelastine nasal spray,non-aerosol 0.15 % (205.5 mcg)		Tier 1	MO; QL (60 ML per 1 FILL)
Nasal Anti-Inflammatory Steroids			

Drug		Status	Notes
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)		Tier 1	MO; QL (75 ML per 1 FILL)
mometasone nasal spray,non-aerosol 50 mcg/actuation	(Nasonex)	Tier 1	MO; QL (17 GM per 30 days)
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION		Tier 2	ST: Prior prescription for Flunisolide in the past 130 days; QL (6.8 GM per 30 days)
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION		Tier 3	PA
Antiemesis/Antivertigo			
Antiemetic, Cannibinoid-Type			
CESAMET ORAL CAPSULE 1 MG		Tier 3	ST: Prior prescription for Ondansetron HCL or Ondansetron in the past 130 days; QL (6 EA per 1 day)
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	(Marinol)	Tier 1	QL (2 EA per 1 day)
Antiemetic/Antivertigo Agents			
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG		Tier 3	PA; QL (1 EA per 28 days)
aprepitant oral capsule 125 mg		Tier 1	QL (1 EA per 1 FILL)
aprepitant oral capsule 40 mg	(Emend)	Tier 1	QL (1 EA per 1 FILL)
aprepitant oral capsule 80 mg	(Emend)	Tier 1	QL (2 EA per 1 FILL)
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	(Emend)	Tier 1	QL (3 EA per 1 FILL)
COMPRO RECTAL SUPPOSITORY 25 MG		Tier 1	
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)		Tier 2	QL (3 EA per 21 days)
granisetron hcl oral tablet 1 mg		Tier 1	ST: Prior prescription for Ondansetron HCL or Ondansetron in the past 130 days; QL (8 EA per 30 days)
ondansetron hcl (pf) injection solution 4 mg/2 ml		Tier 1	
ondansetron hcl intravenous solution 2 mg/ml		Tier 1	
ondansetron hcl oral solution 4 mg/5 ml		Tier 1	
ondansetron hcl oral tablet 24 mg, 8 mg		Tier 1	
ondansetron hcl oral tablet 4 mg	(Zofran)	Tier 1	
ondansetron oral tablet,disintegrating 4 mg, 8 mg		Tier 1	
prochlorperazine maleate oral tablet 10 mg, 5 mg	(Compazine)	Tier 1	

Drug		Status	Notes
prochlorperazine rectal suppository 25 mg	(Compro)	Tier 1	
promethazine rectal suppository 12.5 mg, 25 mg, 50 mg	(Promethegan)	Tier 1	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG		Tier 1	
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR		Tier 3	ST: Prior prescription for Ondansetron HCL or Ondansetron in the past 130 days; QL (1 EA per 7 days)
scopolamine base transdermal patch 3 day 1 mg over 3 days	(Transderm-Scop)	Tier 1	
SUSTOL SUBCUTANEOUS LIQUID,EXTENDED RELEASE SYRING 10 MG/0.4 ML		Tier 3	PA
TIGAN INTRAMUSCULAR SOLUTION 100 MG/ML		Tier 2	
trimethobenzamide oral capsule 300 mg	(Tigan)	Tier 1	
VARUBI ORAL TABLET 90 MG		Tier 3	PA
ZUPLENZ ORAL FILM 8 MG		Tier 3	ST: Prior prescription for Ondansetron HCL or Ondansetron in the past 130 days; QL (1 EA per 3 days)
Asthma And Copd			
Anticholinergic, Orally Inhaled Short Acting			
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION		Tier 2	MO; QL (25.8 GM per 1 FILL)
ipratropium bromide inhalation solution 0.02 %		Tier 1	MO
Anticholinergics, Orally Inhaled Long Acting			
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION		Tier 3	MO; ST: Prior prescription for Spiriva Respimat or Spiriva in the past 130 days; QL (30 EA per 30 days)
SEEBRI NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE 15.6 MCG		Tier 3	MO; ST: Prior prescription for Spiriva Respimat or Spiriva in the past 130 days; QL (60 EA per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION		Tier 2	MO; QL (4 GM per 30 days)

Drug		Status	Notes
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG		Tier 2	MO; QL (60 EA per 1 FILL)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION		Tier 3	MO; QL (1 EA per 30 days)
Beta-Adrenergic Agents			
albuterol sulfate oral syrup 2 mg/5 ml		Tier 1	MO
albuterol sulfate oral tablet 2 mg, 4 mg		Tier 1	MO; QL (4 EA per 1 day)
albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg		Tier 1	MO; QL (2 EA per 1 day)
metaproterenol oral syrup 10 mg/5 ml		Tier 1	MO; QL (40 ML per 1 day)
terbutaline oral tablet 2.5 mg, 5 mg		Tier 1	MO; QL (3 EA per 1 day)
terbutaline subcutaneous solution 1 mg/ml		Tier 1	
Beta-Adrenergic Agents, Inhaled, Short Acting			
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	(ProAir HFA)	Tier 1	MO
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml		Tier 1	MO
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/3 ml	(Xopenex)	Tier 1	MO
levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation	(Xopenex HFA)	Tier 1	MO; QL (45 GM per 1 FILL)
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION		Tier 2	MO; QL (2 EA per 30 days)
Beta-Adrenergic Agents, Inhaled, Ultra-Long Acting			
ARCAPTA NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE 75 MCG		Tier 3	MO; QL (1 EA per 1 day)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION		Tier 2	MO; QL (4 GM per 30 days)
Beta-Adrenergic Agents, Orally Inhaled,Long Acting			
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML		Tier 3	MO; ST: Prior prescription for Perforomist, Serevent Diskus, or Striverdi Respimat in the past 130 days; QL (180 ML per 1 FILL)
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML		Tier 2	MO; QL (240 ML per 1 FILL)

Drug	Status	Notes
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	Tier 2	MO; QL (120 EA per 1 FILL)
Beta-Adrenergic And Anticholinergic Combinations		
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	Tier 2	MO; QL (60 EA per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	Tier 3	MO; ST: Prior prescription for 2 of the following in the past 365 days: Anoro Ellipta, Foradil, Spiriva Respimat, or Spiriva; QL (10.7 GM per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	Tier 2	MO; QL (8 GM per 30 days)
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	Tier 1	MO; QL (615 ML per 1 FILL)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	Tier 3	MO; QL (4 GM per 30 days)
UTIBRON NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE 27.5-15.6 MCG	Tier 3	MO; ST: Prior prescription for 2 of the following in the past 365 days: Anoro Ellipta, Spiriva Respimat, or Spiriva; QL (60 EA per 30 days)
Beta-Adrenergic And Glucocorticoid Combinations		
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	Tier 2	MO; QL (60 EA per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	Tier 2	MO; QL (12 GM per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	Tier 2	MO; QL (60 EA per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	Tier 2	MO; QL (13 GM per 30 days)

Drug	Status	Notes
fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation (AirDuo RespiClick)	Tier 3	MO; ST: Prior prescription for Advair HFA, Breo Ellipta, Budesonide/Formoterol Fumarate, Dulera, or Fluticasone Propionate/salmeterol in the past 130 days; QL (1 EA per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	Tier 2	MO; QL (10.2 GM per 30 days)
Beta-Adrenergic-Anticholinergic-Glucocort, Inhaled		
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	Tier 3	ST: Prior prescription for Trelegy Ellipta in the past 190 days; QL (10.7 GM per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	Tier 2	MO; QL (60 EA per 30 days)
Glucocorticoids, Orally Inhaled		
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION	Tier 3	MO; ST: Prior prescription for 2 of the following in the past 365 days: Flovent Diskus, Flovent HFA, or Qvar; QL (12.2 GM per 25 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	Tier 3	MO; ST: Prior prescription for 2 of the following in the past 365 days: Asmanex HFA, Asmanex, Pulmicort Flexhaler, or Qvar; QL (30 EA per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION	Tier 3	MO; QL (13 GM per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 50 MCG/ACTUATION	Tier 2	QL (13 GM per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	Tier 2	MO; QL (1 EA per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml (Pulmicort)	Tier 1	MO; QL (140 ML per 1 FILL)

Drug	Status	Notes
budesonide inhalation suspension for nebulization 1 mg/2 ml (Pulmicort)	Tier 1	MO; QL (70 ML per 1 FILL)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	Tier 3	MO; ST: Prior prescription for 2 of the following in the past 365 days: Asmanex, Pulmicort Flexhaler, or Qvar; QL (2 EA per 1 day)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	Tier 3	MO; ST: Prior prescription for 2 of the following in the past 365 days: Asmanex, Pulmicort Flexhaler, or Qvar; QL (4 EA per 1 day)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	Tier 3	MO; ST: Prior prescription for 2 of the following in the past 365 days: Asmanex, Pulmicort Flexhaler, or Qvar; QL (12 GM per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	Tier 3	MO; ST: Prior prescription for 2 of the following in the past 365 days: Asmanex, Pulmicort Flexhaler, or Qvar; QL (24 GM per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	Tier 3	MO; ST: Prior prescription for 2 of the following in the past 365 days: Asmanex, Pulmicort Flexhaler, or Qvar; QL (21.2 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	Tier 2	MO; QL (1 EA per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	Tier 2	MO; QL (21.2 GM per 30 days)
Interleukin-4(Il-4) Receptor Alpha Antagonist, Mab		
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	Tier 4	PA
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	Tier 4	PA
Interleukin-5(Il-5) Receptor Alpha Antagonist, Mab		
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	Tier 4	PA

Drug		Status	Notes
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML		Tier 4	PA
Leukotriene Receptor Antagonists			
montelukast oral granules in packet 4 mg	(Singulair)	Tier 1	MO; QL (1 EA per 1 day)
montelukast oral tablet 10 mg	(Singulair)	Tier 1	MO
montelukast oral tablet,chewable 4 mg, 5 mg	(Singulair)	Tier 1	MO
zafirlukast oral tablet 10 mg, 20 mg	(Accolate)	Tier 1	MO; QL (2 EA per 1 day)
Mast Cell Stabilizers			
cromolyn oral concentrate 100 mg/5 ml	(Gastrocrom)	Tier 1	QL (40 ML per 1 day)
Mast Cell Stabilizers, Orally Inhaled			
cromolyn inhalation solution for nebulization 20 mg/2 ml		Tier 1	MO; QL (16 ML per 1 day)
Phosphodiesterase-4 (Pde4) Inhibitors			
DALIRESP ORAL TABLET 250 MCG, 500 MCG		Tier 2	MO; ST: Prior prescription for Breo Ellipta, Budesonide/Formoterol Fumarate, Fluticasone Propionate/Salmeterol, Serevent Diskus, Spiriva Respimat, or Spiriva in the past 130 days; QL (1 EA per 1 day)
Xanthines			
caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)		Tier 1	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG		Tier 3	MO; QL (1 EA per 1 day)
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG		Tier 3	MO; QL (2 EA per 1 day)
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 300 MG		Tier 3	MO; QL (4 EA per 1 day)
THEOCHRON ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG		Tier 1	MO
THEOCHRON ORAL TABLET EXTENDED RELEASE 12 HR 300 MG		Tier 1	MO; QL (4 EA per 1 day)
theophylline oral elixir 80 mg/15 ml	(Elixophyllin)	Tier 1	MO
theophylline oral solution 80 mg/15 ml		Tier 1	MO
theophylline oral tablet extended release 12 hr 300 mg, 450 mg		Tier 1	MO; QL (4 EA per 1 day)
theophylline oral tablet extended release 24 hr 400 mg, 600 mg		Tier 1	MO
Autonomic Nervous System Disorders			
Alzheimer's Therapy, Nmda Receptor Antagonists			

Drug		Status	Notes
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg	(Namenda XR)	Tier 1	MO; QL (30 EA per 30 days)
memantine oral tablet 10 mg, 5 mg	(Namenda)	Tier 1	MO; QL (60 EA per 30 days)
memantine oral tablets,dose pack 5-10 mg	(Namenda Titration Pak)	Tier 1	MO; QL (49 EA per 28 days)
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7-14-21-28 MG		Tier 2	MO; QL (28 EA per 28 days)
Alzheimer's Thx,Nmda Recept Antag & Cholines Inhib			
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG		Tier 3	MO; ST: Prior prescription for 2 of the following in the past 365 days: Donepezil HCL, Memantine HCL, or Namenda XR; QL (1 EA per 1 day)
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG		Tier 3	MO; ST: Prior prescription for 2 of the following in the past 365 days: Donepezil HCL, Memantine HCL, or Namenda XR; QL (1 EA per 1 day)
Cholinesterase Inhibitors			
donepezil oral tablet 10 mg, 23 mg, 5 mg	(Aricept)	Tier 1	MO
donepezil oral tablet,disintegrating 10 mg, 5 mg		Tier 1	MO
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	(Razadyne ER)	Tier 1	MO
galantamine oral solution 4 mg/ml		Tier 1	MO
galantamine oral tablet 12 mg, 4 mg, 8 mg		Tier 1	MO
pyridostigmine bromide oral syrup 60 mg/5 ml	(Mestinon)	Tier 1	PA
pyridostigmine bromide oral tablet 60 mg	(Mestinon)	Tier 1	
pyridostigmine bromide oral tablet extended release 180 mg	(Mestinon Timespan)	Tier 1	
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg		Tier 1	MO
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hr, 9.5 mg/24 hr	(Exelon)	Tier 1	MO; QL (30 EA per 30 days)
Behavioral Health - Antidepressants			
Alpha-2 Receptor Antagonist Antidepressants			
mirtazapine oral tablet 15 mg, 30 mg	(Remeron)	Tier 1	MO
mirtazapine oral tablet 45 mg, 7.5 mg		Tier 1	MO

Drug		Status	Notes
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	(Remeron SolTab)	Tier 1	MO
Maois - Non-Selective & Irreversible			
MARPLAN ORAL TABLET 10 MG		Tier 3	MO
phenelzine oral tablet 15 mg	(Nardil)	Tier 1	MO
tranylcypromine oral tablet 10 mg	(Parnate)	Tier 1	MO
Norepinephrine And Dopamine Reuptake Inhib (Ndris)			
bupropion hcl oral tablet 100 mg, 75 mg		Tier 1	MO
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	(Wellbutrin XL)	Tier 1	MO; QL (34 EA per 1 FILL)
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	(Wellbutrin SR)	Tier 1	MO; QL (68 EA per 1 FILL)
Selective Serotonin Reuptake Inhibitor (Ssris)			
citalopram oral solution 10 mg/5 ml		Tier 1	MO
citalopram oral tablet 10 mg, 20 mg, 40 mg	(Celexa)	Tier 1	MO
escitalopram oxalate oral solution 5 mg/5 ml		Tier 1	MO
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	(Lexapro)	Tier 1	MO
fluoxetine oral capsule 10 mg, 20 mg, 40 mg	(Prozac)	Tier 1	MO
fluoxetine oral capsule,delayed release(dr/ec) 90 mg		Tier 1	MO
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)		Tier 1	MO
fluoxetine oral tablet 10 mg, 20 mg	(Sarafem)	Tier 1	MO
fluoxetine oral tablet 60 mg		Tier 1	MO; ST: Prior prescription for 2 of the following in the past 365 days: Citalopram Hydrobromide, Fluoxetine HCL, Fluvoxamine Maleate, Paroxetine HCL, Paxil, Sertraline HCL, or Venlafaxine HCL
fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg		Tier 1	MO; 68 PER FILL; QL (60 EA per 30 days)
fluvoxamine oral tablet 100 mg		Tier 1	MO; QL (102 EA per 1 FILL)
fluvoxamine oral tablet 25 mg		Tier 1	MO; QL (34 EA per 1 FILL)
fluvoxamine oral tablet 50 mg		Tier 1	MO; QL (68 EA per 1 FILL)
paroxetine hcl oral tablet 10 mg, 40 mg	(Paxil)	Tier 1	MO; QL (34 EA per 1 FILL)
paroxetine hcl oral tablet 20 mg, 30 mg	(Paxil)	Tier 1	MO; QL (68 EA per 1 FILL)
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg	(Paxil CR)	Tier 1	MO; QL (68 EA per 1 FILL)

Drug		Status	Notes
PAXIL ORAL SUSPENSION 10 MG/5 ML		Tier 2	MO; ST: Prior prescription for Citalopram Hydrobromide, Fluoxetine HCL, Fluvoxamine Maleate, Paroxetine HCL, Paxil, Sertraline HCL, or Venlafaxine HCL in the past 130 days
sertraline oral concentrate 20 mg/ml	(Zoloft)	Tier 1	MO
sertraline oral tablet 100 mg, 50 mg	(Zoloft)	Tier 1	MO; QL (68 EA per 1 FILL)
sertraline oral tablet 25 mg	(Zoloft)	Tier 1	MO; QL (34 EA per 1 FILL)
Serotonin-2 Antagonist/Reuptake Inhibitors (Saris)			
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg		Tier 1	MO
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg		Tier 1	MO
Serotonin-Norepinephrine Reuptake-Inhib (Snris)			
desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg		Tier 3	MO; ST: Prior prescription for 2 of the following in the past 365 days: Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Paxil, Sertraline HCL, or Venlafaxine HCL; QL (30 EA per 30 days)
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 50 mg	(Pristiq)	Tier 1	MO; ST: Prior prescription for 2 of the following in the past 365 days: Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Paxil, Sertraline HCL, or Venlafaxine HCL; QL (34 EA per 1 FILL)

Drug		Status	Notes
desvenlafaxine succinate oral tablet extended release 24 hr 25 mg	(Pristiq)	Tier 1	MO; ST: Prior prescription for 2 of the following in the past 365 days: Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Paxil, Sertraline HCL, or Venlafaxine HCL; QL (1 EA per 1 day)
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	(Cymbalta)	Tier 1	MO
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)		Tier 3	MO; ST: Prior prescription for 2 of the following in the past 365 days: Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Paxil, Sertraline HCL, or Venlafaxine HCL; QL (1 EA per 1 day)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG		Tier 3	MO; ST: Prior prescription for 2 of the following in the past 365 days: Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Paxil, Sertraline HCL, or Venlafaxine HCL; QL (1 EA per 1 day)
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg	(Effexor XR)	Tier 1	MO; QL (34 EA per 1 FILL)
venlafaxine oral capsule,extended release 24hr 75 mg	(Effexor XR)	Tier 1	MO; QL (102 EA per 1 FILL)
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg		Tier 1	MO; QL (102 EA per 1 FILL)
venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg		Tier 1	MO; QL (34 EA per 1 FILL)
Ssri & 5Ht1a Partial Agonist Antidepressant			

Drug	Status	Notes
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	Tier 3	MO; ST: Prior prescription for 2 of the following in the past 365 days: Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Paxil, Sertraline HCL, or Venlafaxine HCL; QL (1 EA per 1 day)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	Tier 3	ST: Prior prescription for 2 of the following in the past 365 days: Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Paxil, Sertraline HCL, or Venlafaxine HCL; QL (1 EA per 1 day)
Ssri & Serotonin Receptor Modulator Antidepressant		
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 3	MO; ST: Prior prescription for 2 of the following in the past 365 days: Bupropion HCL, Citalopram Hydrobromide, Drizalma Sprinkle, Duloxetine HCL, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Paxil, Sertraline HCL, or Venlafaxine HCL; QL (1 EA per 1 day)
Tricyclic Antidepressant/Benzodiazepine Combinatns		
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg	Tier 1	MO
Tricyclic Antidepressant/Phenothiazine Combinatns		
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	Tier 1	MO
Tricyclic Antidepressants & Rel. Non-Sel. Ru-Inhib		
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Tier 1	MO
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	Tier 1	MO

Drug		Status	Notes
clomipramine oral capsule 25 mg, 50 mg, 75 mg	(Anafranil)	Tier 1	MO
desipramine oral tablet 10 mg, 25 mg	(Norpramin)	Tier 1	MO
desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg		Tier 1	MO
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		Tier 1	MO
doxepin oral concentrate 10 mg/ml		Tier 1	MO
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg		Tier 1	MO
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg		Tier 1	MO
maprotiline oral tablet 25 mg, 50 mg, 75 mg		Tier 1	MO
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	(Pamelor)	Tier 1	MO
nortriptyline oral solution 10 mg/5 ml		Tier 1	MO
protriptyline oral tablet 10 mg, 5 mg		Tier 1	MO
trimipramine oral capsule 100 mg, 25 mg, 50 mg		Tier 1	MO
Behavioral Health - Other			
Adrenergics, Aromatic, Non-Catecholamine			
dextroamphetamine oral capsule, extended release 10 mg, 15 mg, 5 mg	(Dexedrine Spansule)	Tier 1	
dextroamphetamine oral solution 5 mg/5 ml	(ProCentra)	Tier 1	
dextroamphetamine oral tablet 10 mg, 5 mg	(Zenzedi)	Tier 1	
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	(Adderall XR)	Tier 1	
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	(Adderall)	Tier 1	
methamphetamine oral tablet 5 mg	(Desoxyn)	Tier 1	
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG		Tier 2	ST: Prior prescription for Dextroamphetamine/amphetamine or Methylphenidate HCL in the past 365 days; QL (1 EA per 1 day)
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG		Tier 2	ST: Prior prescription for Dextroamphetamine/amphetamine or Methylphenidate HCL in the past 365 days; QL (1 EA per 1 day)

Drug		Status	Notes
ZENZEDI ORAL TABLET 10 MG, 5 MG		Tier 1	
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 7.5 MG		Tier 2	ST: Prior prescription for generic/multisource dextroamphetamine sulfate tablet or oral solution in the past 365 days; QL (3 EA per 1 day)
ZENZEDI ORAL TABLET 30 MG		Tier 2	ST: Prior prescription for generic/multisource dextroamphetamine sulfate tablet or oral solution in the past 365 days; QL (2 EA per 1 day)
Anti-Alcoholic Preparations			
acamprosate oral tablet,delayed release (dr/ec) 333 mg		Tier 1	
disulfiram oral tablet 250 mg, 500 mg	(Antabuse)	Tier 1	
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG		Tier 4	
Anti-Anxiety - Benzodiazepines			
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML		Tier 2	QL (60 ML per 1 FILL)
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	(Xanax)	Tier 1	
alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg	(Xanax XR)	Tier 1	QL (90 EA per 30 days)
alprazolam oral tablet extended release 24 hr 2 mg, 3 mg	(Xanax XR)	Tier 1	QL (60 EA per 30 days)
alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg		Tier 1	QL (120 EA per 30 days)
alprazolam oral tablet,disintegrating 2 mg		Tier 1	QL (90 EA per 30 days)
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg		Tier 1	
clorazepate dipotassium oral tablet 15 mg		Tier 1	QL (120 EA per 30 days)
clorazepate dipotassium oral tablet 3.75 mg		Tier 1	QL (90 EA per 30 days)
clorazepate dipotassium oral tablet 7.5 mg	(Tranxene T-Tab)	Tier 1	QL (90 EA per 30 days)
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML		Tier 1	QL (60 ML per 1 FILL)
diazepam oral concentrate 5 mg/ml	(Diazepam Intensol)	Tier 1	QL (60 ML per 1 FILL)
diazepam oral solution 5 mg/5 ml (1 mg/ml)		Tier 1	
diazepam oral tablet 10 mg, 2 mg, 5 mg	(Valium)	Tier 1	

Drug		Status	Notes
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML		Tier 1	QL (60 ML per 1 FILL)
lorazepam oral concentrate 2 mg/ml	(Lorazepam Intensol)	Tier 1	QL (60 ML per 1 FILL)
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	(Ativan)	Tier 1	
oxazepam oral capsule 10 mg, 15 mg, 30 mg		Tier 1	QL (120 EA per 30 days)
Anti-Anxiety Drugs			
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg		Tier 1	
meprobamate oral tablet 200 mg, 400 mg		Tier 1	
Anti-Mania Drugs			
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG		Tier 3	MO
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 300 MG		Tier 3	
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg		Tier 1	MO
lithium carbonate oral tablet 300 mg		Tier 1	MO
lithium carbonate oral tablet extended release 300 mg	(Lithobid)	Tier 1	MO
lithium carbonate oral tablet extended release 450 mg		Tier 1	MO
lithium citrate oral solution 8 meq/5 ml		Tier 1	MO
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG		Tier 2	MO
Anti-Narcolepsy & Anti-Cataplexy,Sedative-Type Agt			
XYREM ORAL SOLUTION 500 MG/ML		Tier 4	PA; QL (540 ML per 30 days)
Antipsych,Dopamine Antag.,Diphenylbutylpiperidines			
pimozide oral tablet 1 mg, 2 mg		Tier 1	MO
Antipsychotic-Atypical,D3/D2 Partial Ag-5Ht Mixed			
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG		Tier 3	MO; ST: Prior prescription for 2 of the following in the past 365 days: Abilify Maintena, Abilify Mycite, Aripiprazole, Clozapine, Olanzapine, Paliperidone, Perseris, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL; QL (1 EA per 1 day)

Drug	Status	Notes
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	Tier 3	ST: Prior prescription for 2 of the following in the past 365 days: Abilify Maintena, Abilify Mycite, Aripiprazole, Clozapine, Olanzapine, Paliperidone, Perseris, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL; QL (7 EA per 28 days)
Antipsychotics, Atyp, D2 Partial Agonist/5Ht Mixed		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	Tier 3	
aripiprazole oral solution 1 mg/ml	Tier 1	MO; Age (Max 17 Years)
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg (Abilify)	Tier 1	MO; QL (34 EA per 1 FILL)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 3	MO; ST: Prior prescription for 2 of the following in the past 365 days: Abilify Maintena, Abilify Mycite, Aripiprazole, Citalopram Hydrobromide, Clozapine, Desvenlafaxine Fumarate ER, Desvenlafaxine Succinate, Drizalma Sprinkle, Duloxetine HCL, Escitalopram Oxalate, Fluoxetine HCL, Olanzapine, Paliperidone, Paroxetine HCL, Paroxetine Mesylate, Paxil, Perseris, Pexeva, Quetiapine Fumarate, Risperidone, Seroquel XR, Sertraline HCL, Venlafaxine HCL, Versacloz, or Ziprasidone HCL; QL (1 EA per 1 day)
Antipsychotics, Dopamine & Serotonin Antagonists		
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	Tier 1	MO
Antipsychotics,Atypical,Dopamine,& Serotonin Antag		

Drug	Status	Notes
CAPLYTA ORAL CAPSULE 42 MG	Tier 3	ST: Prior prescription for 2 of the following in the past 365 days: Abilify Maintena, Abilify Mycite, Aripiprazole, Clozapine, Olanzapine, Paliperidone, Perseris, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL; QL (1 EA per 1 day)
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg (Clozaril)	Tier 1	MO
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 3	MO; ST: Prior prescription for 2 of the following in the past 365 days: Abilify Maintena, Abilify Mycite, Aripiprazole, Olanzapine, Perseris, Quetiapine Fumarate, Risperidone, Seroquel XR, or Ziprasidone HCL; QL (2 EA per 1 day)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	Tier 3	MO; ST: Prior prescription for 2 of the following in the past 365 days: Abilify Maintena, Abilify Mycite, Aripiprazole, Olanzapine, Perseris, Quetiapine Fumarate, Risperidone, Seroquel XR, or Ziprasidone HCL; QL (8 EA per 28 days)
GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.)	Tier 3	
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 39 MG/0.25 ML, 78 MG/0.5 ML	Tier 3	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	Tier 3	MO; ST: Prior prescription for 2 of the following in the past 365 days: Abilify Maintena, Abilify Mycite, Aripiprazole, Olanzapine, Perseris, Quetiapine Fumarate, Risperidone, Seroquel XR, or Ziprasidone HCL; QL (1 EA per 1 day)
olanzapine intramuscular recon soln 10 mg (Zyprexa)	Tier 1	

Drug		Status	Notes
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	(Zyprexa)	Tier 1	MO
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg	(Zyprexa Zydis)	Tier 1	MO; QL (34 EA per 1 FILL)
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	(Invega)	Tier 1	MO; ST: Prior prescription for 2 of the following in the past 365 days: Abilify Maintena, Abilify Mycite, Aripiprazole, Olanzapine, Perseris, Quetiapine Fumarate, Risperidone, Seroquel XR, Ziprasidone HCL, or Zyprexa Relprevv; QL (34 EA per 1 FILL)
paliperidone oral tablet extended release 24hr 6 mg	(Invega)	Tier 1	MO; ST: Prior prescription for 2 of the following in the past 365 days: Abilify Maintena, Abilify Mycite, Aripiprazole, Olanzapine, Perseris, Quetiapine Fumarate, Risperidone, Seroquel XR, Ziprasidone HCL, or Zyprexa Relprevv; QL (68 EA per 1 FILL)
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION,EXTEND REL SYR KIT 120 MG, 90 MG		Tier 3	QL (1 EA per 30 days)
quetiapine oral tablet 100 mg, 25 mg, 50 mg	(Seroquel)	Tier 1	MO
quetiapine oral tablet 200 mg	(Seroquel)	Tier 1	MO; QL (102 EA per 1 FILL)
quetiapine oral tablet 300 mg, 400 mg	(Seroquel)	Tier 1	MO; QL (68 EA per 1 FILL)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	(Seroquel XR)	Tier 1	MO; QL (1 EA per 1 day)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML		Tier 2	
risperidone oral solution 1 mg/ml	(Risperdal)	Tier 1	MO
risperidone oral tablet 0.25 mg		Tier 1	MO
risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	(Risperdal)	Tier 1	MO
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg		Tier 1	MO; QL (68 EA per 1 FILL)

Drug		Status	Notes
SAPHRIS SUBLINGUAL TABLET 10 MG, 5 MG		Tier 3	MO; ST: Prior prescription for 2 of the following in the past 365 days: Abilify Maintena, Abilify Mycite, Aripiprazole, Olanzapine, Perseris, Quetiapine Fumarate, Risperidone, Seroquel XR, or Ziprasidone HCL; QL (68 EA per 1 FILL)
SAPHRIS SUBLINGUAL TABLET 2.5 MG		Tier 3	MO; ST: Prior prescription for 2 of the following in the past 365 days: Abilify Maintena, Abilify Mycite, Aripiprazole, Olanzapine, Perseris, Quetiapine Fumarate, Risperidone, Seroquel XR, or Ziprasidone HCL
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR		Tier 3	ST: Prior prescription for 2 of the following in the past 365 days: Abilify Maintena, Abilify Mycite, Aripiprazole, Olanzapine, Perseris, Quetiapine Fumarate, Risperidone, Seroquel XR, or Ziprasidone HCL; QL (1 EA per 1 day)
SEROQUEL XR ORAL TABLET, EXT REL 24HR DOSE PACK 50 MG(3)-200 MG (1)-300 MG(11)		Tier 3	MO
VERSACLOZ ORAL SUSPENSION 50 MG/ML		Tier 3	ST: Prior prescription for 2 of the following in the past 365 days: Abilify Maintena, Abilify Mycite, Aripiprazole, Olanzapine, Perseris, Quetiapine Fumarate, Risperidone, Seroquel XR, or Ziprasidone HCL; QL (540 ML per 30 days)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	(Geodon)	Tier 1	MO; QL (68 EA per 1 FILL)
ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)	(Geodon)	Tier 1	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG		Tier 3	
Antipsychotics,Dopamine Antagonists, Thioxanthenes			

Drug		Status	Notes
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg		Tier 1	MO
Antipsychotics,Dopamine Antagonists,Butyrophenones			
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	(Haldol Decanoate)	Tier 1	
haloperidol lactate injection solution 5 mg/ml	(Haldol)	Tier 1	
haloperidol lactate oral concentrate 2 mg/ml		Tier 1	MO
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg		Tier 1	MO
Anti-Psychotics,Phenothiazines			
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg		Tier 1	MO
fluphenazine decanoate injection solution 25 mg/ml		Tier 1	
fluphenazine hcl oral concentrate 5 mg/ml		Tier 1	
fluphenazine hcl oral elixir 2.5 mg/5 ml		Tier 1	MO
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg		Tier 1	MO
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg		Tier 1	MO
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg		Tier 1	MO
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg		Tier 1	MO
Barbiturates			
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)		Tier 1	MO
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg		Tier 1	MO
Menopausal Symptoms Suppressant - Ssris			
paroxetine mesylate(menop.sym) oral capsule 7.5 mg	(Brisdelle)	Tier 1	MO; ST: Prior prescription for 2 of the following in the past 365 days: Paroxetine HCL, Paxil, Venlafaxine HCL; QL (30 EA per 30 days)
Monoamine Oxidase(Mao) Inhibitors			
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR		Tier 3	ST: Prior prescription for Marplan, Phenelzine Sulfate, or Tranylcypromine Sulfate in the past 130 days; QL (1 EA per 1 day)

Drug		Status	Notes
Narcolepsy And Sleep Disorder Therapy Agents			
armodafinil oral tablet 150 mg, 200 mg, 250 mg	(Nuvigil)	Tier 1	QL (1 EA per 1 day)
armodafinil oral tablet 50 mg	(Nuvigil)	Tier 1	QL (2 EA per 1 day)
modafinil oral tablet 100 mg, 200 mg	(Provigil)	Tier 1	QL (2 EA per 1 day)
SUNOSI ORAL TABLET 150 MG, 75 MG		Tier 3	PA
Narcotic Antagonists			
naloxone injection solution 0.4 mg/ml		Tier 1	
naloxone injection syringe 0.4 mg/ml, 1 mg/ml		Tier 1	
naltrexone oral tablet 50 mg		Tier 1	
NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION		Tier 3	
Sedative-Hypnotics - Benzodiazepines			
estazolam oral tablet 1 mg, 2 mg		Tier 1	QL (1 EA per 1 day)
flurazepam oral capsule 15 mg, 30 mg		Tier 1	QL (1 EA per 1 day)
temazepam oral capsule 15 mg, 30 mg, 7.5 mg	(Restoril)	Tier 1	QL (1 EA per 1 day)
temazepam oral capsule 22.5 mg	(Restoril)	Tier 1	QL (1 EA per 2 days)
triazolam oral tablet 0.125 mg		Tier 1	QL (1 EA per 1 day)
triazolam oral tablet 0.25 mg	(Halcion)	Tier 1	QL (1 EA per 1 day)
Sedative-Hypnotics,Non-Barbiturate			
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG		Tier 3	ST: Prior prescription for Eszopiclone, Zaleplon, or Zolpidem Tartrate in the past 130 days; QL (1 EA per 2 days)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	(Lunesta)	Tier 1	QL (1 EA per 1 day)
zaleplon oral capsule 10 mg, 5 mg		Tier 1	QL (1 EA per 1 day)
zolpidem oral tablet 10 mg, 5 mg	(Ambien)	Tier 1	QL (1 EA per 1 day)
zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg	(Ambien CR)	Tier 1	QL (1 EA per 1 day)
Selective Serotonin 5-Ht2a Inverse Agonists (Ssia)			
NUPLAZID ORAL CAPSULE 34 MG		Tier 4	PA
NUPLAZID ORAL TABLET 10 MG		Tier 4	PA
Ssri &Antipsych,Atyp,Dopamine&Serotonin Antag Comb			
olanzapine-fluoxetine oral capsule 12-25 mg		Tier 1	MO; QL (30 EA per 30 days)
olanzapine-fluoxetine oral capsule 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	(Symbyax)	Tier 1	MO; QL (30 EA per 30 days)
Tx For Adhd - Selective Alpha-2A Receptor Agonist			

Drug		Status	Notes
clonidine hcl oral tablet extended release 12 hr 0.1 mg	(Kapvay)	Tier 1	QL (120 EA per 30 days)
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	(Intuniv ER)	Tier 1	MO
Tx For Attention Deficit-Hyperact(Adhd)/Narcolepsy			
APTENSIO XR ORAL CAP,ER SPRINKLE,BIPHASIC 40-60 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG		Tier 3	ST: Prior prescription for Methylphenidate HCL or Ritalin LA in the past 130 days; QL (1 EA per 1 day)
DAYTRANA TRANSDERMAL PATCH 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR		Tier 3	ST: Prior prescription for Methylphenidate HCL or Quillivant XR in the past 365 days; QL (30 EA per 30 days)
dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	(Focalin XR)	Tier 1	
dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg	(Focalin)	Tier 1	
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG		Tier 1	QL (3 EA per 1 day)
methylphenidate hcl oral cap,er sprinkle,biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	(Aptensio XR)	Tier 1	ST: Prior prescription for Methylphenidate HCL or Ritalin LA in the past 130 days; QL (1 EA per 1 day)
methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg		Tier 1	
methylphenidate hcl oral capsule,er biphasic 50-50 10 mg	(Ritalin LA)	Tier 1	QL (1 EA per 1 day)
methylphenidate hcl oral capsule,er biphasic 50-50 20 mg, 30 mg, 40 mg	(Ritalin LA)	Tier 1	
methylphenidate hcl oral capsule,er biphasic 50-50 60 mg		Tier 1	
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml	(Methylin)	Tier 1	
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	(Ritalin)	Tier 1	
methylphenidate hcl oral tablet extended release 10 mg		Tier 1	
methylphenidate hcl oral tablet extended release 20 mg	(Metadate ER)	Tier 1	QL (3 EA per 1 day)
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg	(Concerta)	Tier 1	QL (1 EA per 1 day)
methylphenidate hcl oral tablet extended release 24hr 36 mg	(Concerta)	Tier 1	QL (2 EA per 1 day)
methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg		Tier 1	

Drug		Status	Notes
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 40 MG		Tier 2	ST: Prior prescription for Methylphenidate HCL or Ritalin LA in the past 365 days; QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 30 MG		Tier 2	ST: Prior prescription for Methylphenidate HCL or Ritalin LA in the past 365 days; QL (2 EA per 1 day)
QUILLIVANT XR ORAL SUSPENSION,EXT REL 24HR,RECON 5 MG/ML (25 MG/5 ML)		Tier 2	ST: Prior prescription for Methylphenidate HCL or Ritalin LA in the past 365 days
Tx For Attention Deficit-Hyperact.(Adhd), Nri-Type			
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg	(Strattera)	Tier 1	QL (60 EA per 30 days)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	(Strattera)	Tier 1	QL (30 EA per 30 days)
Cardiovascular Disease - Arrhythmia			
Antiarrhythmics			
adenosine intravenous solution 3 mg/ml		Tier 1	
amiodarone oral tablet 100 mg, 200 mg, 400 mg	(Pacerone)	Tier 1	MO
disopyramide phosphate oral capsule 100 mg, 150 mg	(Norpace)	Tier 1	MO
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	(Tikosyn)	Tier 1	MO
flecainide oral tablet 100 mg, 150 mg, 50 mg		Tier 1	MO
mexiletine oral capsule 150 mg, 200 mg, 250 mg		Tier 1	MO
MULTAQ ORAL TABLET 400 MG		Tier 3	MO
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG		Tier 2	MO
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG		Tier 1	MO
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg	(Rythmol SR)	Tier 1	MO
propafenone oral tablet 150 mg, 225 mg, 300 mg		Tier 1	MO
quinidine gluconate oral tablet extended release 324 mg		Tier 1	MO
quinidine sulfate oral tablet 200 mg, 300 mg		Tier 1	MO
Cardiovascular Disease - Cardiac Stimulant			
Adrenergic Agents,Catecholamines			

Drug		Status	Notes
ADRENALIN INJECTION SOLUTION 1 MG/ML, 1 MG/ML (1 ML)		Tier 2	
dopamine intravenous solution 400 mg/10 ml (40 mg/ml)		Tier 1	
epinephrine hcl (pf) injection solution 1 mg/ml (1 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	
Digitalis Glycosides			
DIGITEK ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)		Tier 1	MO
DIGOX ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)		Tier 1	MO
digoxin oral solution 50 mcg/ml (0.05 mg/ml)		Tier 2	MO
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	(Digitek)	Tier 1	MO
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)		Tier 2	MO
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG)		Tier 3	
Cardiovascular Disease - Hypertension			
Ace Inhibitor/Calcium Channel Blocker Combination			
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg, 5-40 mg	(Lotrel)	Tier 1	MO
amlodipine-benazepril oral capsule 2.5-10 mg		Tier 1	MO
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg		Tier 1	MO
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 2-180 mg, 2-240 mg, 4-240 mg	(Tarka)	Tier 1	MO
Ace Inhibitor/Thiazide & Thiazide-Like Diuretic			
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Lotensin HCT)	Tier 1	MO
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg		Tier 1	MO
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg		Tier 1	MO
enalapril-hydrochlorothiazide oral tablet 10-25 mg	(Vaseretic)	Tier 1	MO
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg		Tier 1	MO

Drug		Status	Notes
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg		Tier 1	MO
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Zestoretic)	Tier 1	MO
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Accuretic)	Tier 1	MO
Alpha/Beta-Adrenergic Blocking Agents			
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	(Coreg)	Tier 1	MO
carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg	(Coreg CR)	Tier 1	MO
labetalol oral tablet 100 mg, 200 mg, 300 mg		Tier 1	MO
Alpha-Adrenergic Blocking Agents			
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG		Tier 3	MO; QL (34 EA per 1 FILL)
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	(Cardura)	Tier 1	MO
phenoxybenzamine oral capsule 10 mg	(Dibenzyline)	Tier 4	PA
prazosin oral capsule 1 mg, 2 mg, 5 mg	(Minipress)	Tier 1	MO
terazosin oral capsule 1 mg, 2 mg, 5 mg		Tier 1	MO; QL (34 EA per 1 FILL)
terazosin oral capsule 10 mg		Tier 1	MO; QL (68 EA per 1 FILL)
Angioten.Receptr Antag./Cal.Chanl Blkr/Thiazide Cb			
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	(Exforge HCT)	Tier 1	MO; ST: Prior prescription for a generic ACE or ACE combination, Losartan, Losartan/HCTZ, Valsartan, Valsartan/HCTZ, or Amlodipine/Olmesartan in the past 190 days
olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	(Tribenzor)	Tier 1	MO
Angiotensin Receptor Antag./Thiazide Diuretic Comb			
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	(Atacand HCT)	Tier 1	MO
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG		Tier 3	MO; ST: Prior prescription for a generic ACE, Ace combination, ARB, or ARB combination in the past 190 days

Drug		Status	Notes
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG		Tier 2	MO; ST: Prior prescription for Amlodipine Bes/olmesartan Med, Amlodipine Besylate/valsartan, Amlodipine/valsartan/hcthiazid, Valsartan, or Valsartan/hydrochlorothiazide in the past 190 days
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	(Avalide)	Tier 1	MO
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	(Hyzaar)	Tier 1	MO
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	(Benicar HCT)	Tier 1	MO
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	(Micardis HCT)	Tier 1	MO; ST: Prior prescription for Amlodipine Bes/olmesartan Med, Amlodipine Besylate/valsartan, Amlodipine/valsartan/hcthiazid, Valsartan, or Valsartan/hydrochlorothiazide in the past 190 days
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	(Diovan HCT)	Tier 1	MO
Angiotensin Receptor Antgnst & Calc.Channel Blockr			
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	(Azor)	Tier 1	MO; ST: Prior prescription for a generic ACE or ACE combination, Losartan, Losartan/HCTZ, Valsartan, Valsartan/HCTZ, Amlodipine/Valsartan, OR Amlodipine/Valsartan/HCTZ in the past 190 days
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	(Exforge)	Tier 1	MO
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	(Twynsta)	Tier 1	MO; ST: Prior prescription for a generic ARB or ARB combination in the past 190 days
Antihypertensives, Ace Inhibitors			
benazepril oral tablet 10 mg, 20 mg, 40 mg	(Lotensin)	Tier 1	MO
benazepril oral tablet 5 mg		Tier 1	MO
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg		Tier 1	MO

Drug		Status	Notes
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	(Vasotec)	Tier 1	MO
EPANED ORAL SOLUTION 1 MG/ML		Tier 3	ST: Prior prescription for Enalapril tablets in the past 130 days if 12 years of age or older; QL (1200 ML per 30 days)
fosinopril oral tablet 10 mg, 20 mg, 40 mg		Tier 1	MO
lisinopril oral tablet 10 mg, 20 mg	(Prinivil)	Tier 1	MO
lisinopril oral tablet 2.5 mg, 30 mg, 40 mg, 5 mg	(Zestril)	Tier 1	MO
moexipril oral tablet 15 mg, 7.5 mg		Tier 1	MO
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg		Tier 1	MO
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	(Accupril)	Tier 1	MO
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	(Altace)	Tier 1	MO
trandolapril oral tablet 1 mg, 2 mg, 4 mg		Tier 1	MO
Antihypertensives, Angiotensin Receptor Antagonist			
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg	(Atacand)	Tier 1	MO
EDARBI ORAL TABLET 40 MG, 80 MG		Tier 3	MO; ST: Prior prescription for a generic ARB or ARB combination in the past 190 days
eprosartan oral tablet 600 mg		Tier 1	MO; ST: Prior prescription for Amlodipine Bes/olmesartan Med, Amlodipine Besylate/valsartan, Amlodipine/valsartan/hcthiazid, Valsartan, or Valsartan/hydrochlorothiazide in the past 190 days
irbesartan oral tablet 150 mg, 300 mg, 75 mg	(Avapro)	Tier 1	MO
losartan oral tablet 100 mg, 25 mg, 50 mg	(Cozaar)	Tier 1	MO
olmesartan oral tablet 20 mg, 40 mg, 5 mg	(Benicar)	Tier 1	MO
telmisartan oral tablet 20 mg, 40 mg, 80 mg	(Micardis)	Tier 1	MO
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	(Diovan)	Tier 1	MO
Antihypertensives, Ganglionic Blockers			
VECAMYL ORAL TABLET 2.5 MG		Tier 3	PA

Drug		Status	Notes
Antihypertensives, Sympatholytic			
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	(Catapres)	Tier 1	MO
clonidine transdermal patch weekly 0.1 mg/24 hr	(Catapres-TTS-1)	Tier 1	MO; QL (5 EA per 1 FILL)
clonidine transdermal patch weekly 0.2 mg/24 hr	(Catapres-TTS-2)	Tier 1	MO; QL (5 EA per 1 FILL)
clonidine transdermal patch weekly 0.3 mg/24 hr	(Catapres-TTS-3)	Tier 1	MO; QL (5 EA per 1 FILL)
guanfacine oral tablet 1 mg, 2 mg		Tier 1	MO
methyldopa oral tablet 250 mg, 500 mg		Tier 1	MO
methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg		Tier 1	MO
Antihypertensives, Vasodilators			
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg		Tier 1	MO
minoxidil oral tablet 10 mg, 2.5 mg		Tier 1	MO
Beta-Adrenergic Blocking Agents			
acebutolol oral capsule 200 mg, 400 mg		Tier 1	MO
atenolol oral tablet 100 mg, 25 mg, 50 mg	(Tenormin)	Tier 1	MO
betaxolol oral tablet 10 mg, 20 mg		Tier 1	MO
bisoprolol fumarate oral tablet 10 mg, 5 mg		Tier 1	MO
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG		Tier 2	MO; ST: Prior prescription for Acebutolol HCL, Atenolol, Atenolol/chlorthalidone, Betaxolol HCL, Bisoprolol Fumarate, Bisoprol/hydrochlorothiazide, Bystolic, Carvedilol Phosphate, Carvedilol, Corzide, Hemangeol, Inderal XL, Innopran XL, Kapspargo Sprinkle, Labetalol HCL, Levatol, Metoprolol Succinate, Metoprolol Tartrate, Metoprolol/hydrochlorothiazide, Nadolol, Nadolol/bendroflumethiazide, or Propranolol HCL in the past 130 days
HEMANGEOL ORAL SOLUTION 4.28 MG/ML		Tier 3	ST: Prior prescription for Propranolol HCL in the past 130 days; QL (360 ML per 30 days)

Drug	Status	Notes
KAPSPARGO SPRINKLE ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG, 25 MG, 50 MG	Tier 3	MO; ST: Prior prescription for Acebutolol HCL, Atenolol, Atenolol/chlorthalidone, Betaxolol HCL, Bisoprolol Fumarate, Bisoprolol/hydrochlorothiazide, Bystolic, Byvalson, Carvedilol Phosphate, Carvedilol, Corzide, Hemangeol, Inderal XL, Innopran XL, Kapspargo Sprinkle, Labetalol HCL, Levatol, Metoprolol Succinate, Metoprolol Tartrate, Metoprolol/hydrochlorothiazide, Nadolol, Nadolol/bendroflumethiazide, or Propranolol HCL in the past 190 days; QL (1 EA per 1 day)
KAPSPARGO SPRINKLE ORAL CAPSULE,SPRINKLE,ER 24HR 200 MG	Tier 3	ST: Prior prescription for Acebutolol HCL, Atenolol, Atenolol/chlorthalidone, Betaxolol HCL, Bisoprolol Fumarate, Bisoprolol/hydrochlorothiazide, Bystolic, Byvalson, Carvedilol Phosphate, Carvedilol, Corzide, Hemangeol, Inderal XL, Innopran XL, Kapspargo Sprinkle, Labetalol HCL, Levatol, Metoprolol Succinate, Metoprolol Tartrate, Metoprolol/hydrochlorothiazide, Nadolol, Nadolol/bendroflumethiazide, or Propranolol HCL in the past 190 days; QL (1 EA per 1 day)

Drug		Status	Notes
LEVATOL ORAL TABLET 20 MG		Tier 2	MO; ST: Prior prescription for Acebutolol HCL, Atenolol, Atenolol/chlorthalidone, Betaxolol HCL, Bisoprolol Fumarate, Bisoprol/hydrochlorothiazide, Bystolic, Byvalson, Carvedilol Phosphate, Carvedilol, Corzide, Hemangeol, Inderal XL, Innopran XL, Kapspargo Sprinkle, Labetalol HCL, Levatol, Metoprolol Succinate, Metoprolol Tartrate, Metoprolol/hydrochlorothiazide, Nadolol, Nadolol/bendroflumethiazide, or Propranolol Hcl in the past 190 days
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	(Toprol XL)	Tier 1	MO
metoprolol tartrate oral tablet 100 mg, 50 mg	(Lopressor)	Tier 1	MO
metoprolol tartrate oral tablet 25 mg		Tier 1	MO
nadolol oral tablet 20 mg, 40 mg, 80 mg	(Corgard)	Tier 1	MO
pindolol oral tablet 10 mg, 5 mg		Tier 1	MO
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	(Inderal LA)	Tier 1	MO
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)		Tier 1	MO
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg		Tier 1	MO
SORINE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG		Tier 1	MO
SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG		Tier 1	MO
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	(Sorine)	Tier 1	MO
timolol maleate oral tablet 10 mg, 20 mg, 5 mg		Tier 1	MO
Beta-Adrenergic Blocking Agents/Thiazide & Related			
atenolol-chlorthalidone oral tablet 100-25 mg	(Tenoretic 100)	Tier 1	MO
atenolol-chlorthalidone oral tablet 50-25 mg	(Tenoretic 50)	Tier 1	MO

Drug		Status	Notes
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	(Ziac)	Tier 1	MO
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg		Tier 1	MO
metoprolol ta-hydrochlorothiaz oral tablet 50-25 mg	(Lopressor HCT)	Tier 1	MO
nadolol-bendroflumethiazide oral tablet 80-5 mg		Tier 1	MO
propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg		Tier 1	MO
Calcium Channel Blocking Agents			
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	(Norvasc)	Tier 1	MO
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG		Tier 1	MO
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	(DILT-XR)	Tier 1	MO
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg		Tier 1	MO
diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	(Taztia XT)	Tier 1	MO
diltiazem hcl oral capsule,extended release 24 hr 420 mg	(Tiadylt ER)	Tier 1	MO
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	(Cartia XT)	Tier 1	MO
diltiazem hcl oral capsule,extended release 24hr 360 mg	(Cardizem CD)	Tier 1	MO
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg	(Cardizem)	Tier 1	MO
diltiazem hcl oral tablet 90 mg		Tier 1	MO
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG		Tier 1	MO
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg		Tier 1	MO
isradipine oral capsule 2.5 mg, 5 mg		Tier 1	MO
nicardipine oral capsule 20 mg, 30 mg		Tier 1	MO
nifedipine oral capsule 10 mg	(Procardia)	Tier 1	MO
nifedipine oral capsule 20 mg		Tier 1	MO
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	(Procardia XL)	Tier 1	MO
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg	(Adalat CC)	Tier 1	MO
nimodipine oral capsule 30 mg		Tier 1	MO

Drug		Status	Notes
nisoldipine oral tablet extended release 24 hr 17 mg, 34 mg, 8.5 mg	(Sular)	Tier 1	MO
nisoldipine oral tablet extended release 24 hr 20 mg, 30 mg, 40 mg		Tier 1	MO; ST: Prior prescription for Amlodipine Besylate, Felodipine, Isradipine, Nicardipine HCL, Nifedipine, or Nisoldipine in the past 190 days
nisoldipine oral tablet extended release 24 hr 25.5 mg		Tier 1	MO
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML		Tier 4	PA
TAZTIA XT ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG		Tier 1	MO
TIADYLT ER ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG		Tier 1	MO
verapamil intravenous solution 2.5 mg/ml		Tier 1	
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	(Verelan PM)	Tier 1	MO
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg	(Verelan)	Tier 1	MO
verapamil oral tablet 120 mg, 40 mg, 80 mg		Tier 1	MO
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	(Calan SR)	Tier 1	MO
Loop Diuretics			
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg		Tier 1	MO
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)		Tier 1	MO
furosemide oral tablet 20 mg, 40 mg, 80 mg	(Lasix)	Tier 1	MO
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg		Tier 1	MO
Potassium Sparing Diuretics			
amiloride oral tablet 5 mg		Tier 1	MO
eplerenone oral tablet 25 mg, 50 mg	(Inspra)	Tier 1	MO
spironolactone oral tablet 100 mg, 25 mg, 50 mg	(Aldactone)	Tier 1	MO
triamterene oral capsule 100 mg, 50 mg	(Dyrenium)	Tier 1	MO
Potassium Sparing Diuretics In Combination			
ALDACTAZIDE ORAL TABLET 50-50 MG		Tier 3	MO

Drug		Status	Notes
amiloride-hydrochlorothiazide oral tablet 5-50 mg		Tier 1	MO
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	(Aldactazide)	Tier 1	MO
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	(Dyazide)	Tier 1	MO
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg	(Maxzide-25mg)	Tier 1	MO
triamterene-hydrochlorothiazid oral tablet 75-50 mg	(Maxzide)	Tier 1	MO
Pulm Anti-Htn,Soluble Guanylate Cyclase Stimulator			
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG		Tier 4	PA; QL (90 EA per 30 days)
Pulm.Anti-Htn,Sel.C-Gmp Phosphodiesterase T5 Inhib			
ALYQ ORAL TABLET 20 MG		Tier 4	PA; QL (68 EA per 1 FILL)
sildenafil (pulm.hypertension) oral tablet 20 mg	(Revatio)	Tier 1	PA; QL (102 EA per 1 FILL)
tadalafil (pulm. hypertension) oral tablet 20 mg	(Alyq)	Tier 4	PA; QL (68 EA per 1 FILL)
Pulmonary Anti-Htn, Endothelin Receptor Antagonist			
ambrisentan oral tablet 10 mg, 5 mg	(Letairis)	Tier 4	PA
bosentan oral tablet 125 mg, 62.5 mg	(Tracleer)	Tier 4	PA
OPSUMIT ORAL TABLET 10 MG		Tier 4	PA; QL (30 EA per 30 days)
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG		Tier 4	PA
Pulmonary Antihypertensives, Prostacyclin-Type			
epoprostenol (glycine) intravenous recon soln 0.5 mg, 1.5 mg	(Flolan)	Tier 4	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG		Tier 4	PA
treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml	(Remodulin)	Tier 4	PA
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)		Tier 4	PA
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML		Tier 4	PA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)		Tier 4	PA

Drug		Status	Notes
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML		Tier 4	PA
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG		Tier 4	PA
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)		Tier 4	PA
VELETRI INTRAVENOUS RECON SOLN 0.5 MG, 1.5 MG		Tier 4	PA
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML		Tier 4	PA
Renin Inhibitor, Direct			
aliskiren oral tablet 150 mg, 300 mg	(Tekturna)	Tier 1	MO
Renin Inhibitor, Direct/Thiazide Diuretic Comb			
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG		Tier 3	PA
Thiazide And Related Diuretics			
chlorothiazide oral tablet 500 mg		Tier 1	MO
chlorthalidone oral tablet 25 mg, 50 mg		Tier 1	MO
DIURIL ORAL SUSPENSION 250 MG/5 ML		Tier 3	MO
hydrochlorothiazide oral capsule 12.5 mg		Tier 1	MO
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg		Tier 1	MO
indapamide oral tablet 1.25 mg, 2.5 mg		Tier 1	MO
metolazone oral tablet 10 mg, 2.5 mg, 5 mg		Tier 1	MO
Vasodilators, Combination			
BIDIL ORAL TABLET 20-37.5 MG		Tier 3	
Vasodilators,Miscellaneous			
alprostadil injection solution 500 mcg/ml	(Prostin VR Pediatric)	Tier 1	
PROSTIN VR PEDIATRIC INJECTION SOLUTION 500 MCG/ML		Tier 3	
Cardiovascular Disease - Lipid Irregularity			
Antihyperlip.Hmg Coa Reduct Inhib&Cholest.Ab.Inhib			

Drug		Status	Notes
ezetimibe-simvastatin oral tablet 10-10 mg	(Vytorin 10-10)	Tier 1	MO; ST: Prior prescription for 2 of the following in the past 365 days: Altoprev, Atorvastatin Calcium, Flolipid, Lovastatin, Pravastatin Sodium, or Simvastatin; QL (34 EA per 1 FILL)
ezetimibe-simvastatin oral tablet 10-20 mg	(Vytorin 10-20)	Tier 1	MO; ST: Prior prescription for Atorvastatin 40mg or 80mg in the past 190 days; QL (34 EA per 1 FILL)
ezetimibe-simvastatin oral tablet 10-40 mg	(Vytorin 10-40)	Tier 1	MO; ST: Prior prescription for Atorvastatin 40mg or 80mg in the past 190 days; QL (34 EA per 1 FILL)
ezetimibe-simvastatin oral tablet 10-80 mg	(Vytorin 10-80)	Tier 1	MO; ST: Prior prescription for Simvastatin 80mg in the past 365 days; QL (34 EA per 1 FILL)
Antihyperlipidemic - Atp Citrate Lyase Inhibitor			
NEXLETOL ORAL TABLET 180 MG		Tier 3	PA
Antihyperlipidemic - Hmg Coa Reductase Inhibitors			
atorvastatin oral tablet 10 mg, 20 mg	(Lipitor)	Tier 1	MO; $0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (34 EA per 1 FILL)
atorvastatin oral tablet 40 mg, 80 mg	(Lipitor)	Tier 1	MO; QL (34 EA per 1 FILL)
fluvastatin oral capsule 20 mg, 40 mg	(Lescol)	Tier 1	MO; ST: Prior prescription for 2 of the following in the past 365 days: Altoprev, Amlodipine/atorvastatin, Atorvastatin Calcium, Ezallor Sprinkle, Ezetimibe/simvastatin, Flolipid, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin; QL (2 EA per 1 day)

Drug		Status	Notes
fluvastatin oral tablet extended release 24 hr 80 mg	(Lescol XL)	Tier 1	MO; ST: Prior prescription for 2 of the following in the past 365 days: Altoprev, Amlodipine/atorvastatin, Atorvastatin Calcium, Ezallor Sprinkle, Ezetimibe/simvastatin, Flolipid, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin; QL (1 EA per 1 day)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG		Tier 3	MO; ST: Prior prescription for 2 of the following in the past 365 days: Altoprev, Atorvastatin Calcium, Flolipid, Lovastatin, Pravastatin Sodium, Simvastatin, or Zypitamag; QL (1 EA per 1 day)
lovastatin oral tablet 10 mg, 20 mg, 40 mg		Tier 1	MO; $0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS
pravastatin oral tablet 10 mg, 80 mg		Tier 1	MO; $0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (34 EA per 1 FILL)
pravastatin oral tablet 20 mg, 40 mg	(Pravachol)	Tier 1	MO; $0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (34 EA per 1 FILL)
rosuvastatin oral tablet 10 mg, 5 mg	(Crestor)	Tier 1	MO; $0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS

Drug		Status	Notes
rosuvastatin oral tablet 20 mg, 40 mg	(Crestor)	Tier 1	MO
simvastatin oral tablet 10 mg, 20 mg, 40 mg	(Zocor)	Tier 1	MO; $0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (34 EA per 1 FILL)
simvastatin oral tablet 5 mg		Tier 1	MO; $0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (34 EA per 1 FILL)
simvastatin oral tablet 80 mg	(Zocor)	Tier 1	MO; ST: Prior prescription for Ezetimibe/simvastatin in the past 365 days; QL (34 EA per 1 FILL)
ZYPITAMAG ORAL TABLET 2 MG, 4 MG		Tier 3	MO; ST: Prior prescription for 2 of the following in the past 365 days: Altoprev, Atorvastatin Calcium, Flolipid, Livalo, Lovastatin, Pravastatin Sodium, or Simvastatin; QL (1 EA per 1 day)
Antihyperlipidemic - Pcsk9 Inhibitors			
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML		Tier 2	PA
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML		Tier 2	PA
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML		Tier 2	PA
Antihyperlipidemic-Acly And Choles Absorp Inhib			
NEXLIZET ORAL TABLET 180-10 MG		Tier 3	PA
Bile Salt Sequestrants			
cholestyramine (with sugar) oral powder 4 gram	(Questran)	Tier 1	MO
cholestyramine (with sugar) oral powder in packet 4 gram	(Questran)	Tier 1	MO
CHOLESTYRAMINE LIGHT ORAL POWDER 4 GRAM		Tier 1	MO
CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM		Tier 1	MO

Drug		Status	Notes
colesevelam oral powder in packet 3.75 gram	(WelChol)	Tier 1	MO; QL (1 EA per 1 day)
colesevelam oral tablet 625 mg	(WelChol)	Tier 1	MO; QL (6 EA per 1 day)
COLESTID FLAVORED ORAL PACKET 7.5 GRAM		Tier 2	MO
colestipol oral granules 5 gram	(Colestid)	Tier 1	MO
colestipol oral packet 5 gram	(Colestid)	Tier 1	MO
colestipol oral tablet 1 gram	(Colestid)	Tier 1	MO
PREVALITE ORAL POWDER 4 GRAM		Tier 1	MO
PREVALITE ORAL POWDER IN PACKET 4 GRAM		Tier 1	MO
Lipotropics			
ezetimibe oral tablet 10 mg	(Zetia)	Tier 1	MO; QL (1 EA per 1 day)
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg		Tier 1	MO
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	(Tricor)	Tier 1	MO
fenofibrate oral tablet 160 mg, 54 mg		Tier 1	MO
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg	(Trilipix)	Tier 1	MO
fenofibric acid oral tablet 105 mg, 35 mg	(Fibricor)	Tier 1	MO; ST: Prior prescription for Antara, Fenofibrate Nanocrystallized, Fenofibrate, Fenofibrate micronized, Fenofibric Acid (choline), Fenofibric Acid, or Triglide in the past 130 days
gemfibrozil oral tablet 600 mg	(Lopid)	Tier 1	MO
niacin oral tablet 500 mg	(Niacor)	Tier 1	
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg	(Niaspan Extended-Release)	Tier 1	MO
omega-3 acid ethyl esters oral capsule 1 gram	(Lovaza)	Tier 1	QL (4 EA per 1 day)
VASCEPA ORAL CAPSULE 0.5 GRAM		Tier 2	PA; MO; QL (6 EA per 1 day)
VASCEPA ORAL CAPSULE 1 GRAM		Tier 2	PA; MO; QL (120 EA per 30 days)
Cardiovascular Disease - Miscellaneous Agents			
Adrenergic Vasopressor Agents			
midodrine oral tablet 10 mg, 2.5 mg, 5 mg		Tier 1	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG		Tier 4	PA; QL (180 EA per 30 days)
Angiotensin Recept-Neprilysin Inhibitor Comb(Arni)			

Drug		Status	Notes
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG		Tier 3	PA; MO; QL (2 EA per 1 day)
Antianginal & Anti-Ischemic Agents,Non-Hemodynamic			
ranolazine oral tablet extended release 12 hr 1,000 mg	(Ranexa)	Tier 1	MO; QL (60 EA per 30 days)
ranolazine oral tablet extended release 12 hr 500 mg	(Ranexa)	Tier 1	MO; QL (120 EA per 30 days)
Antianginal, Heart Rate Reducing, I(F) Inhibitor			
CORLANOR ORAL SOLUTION 5 MG/5 ML		Tier 3	PA; QL (2 ML per 1 day)
CORLANOR ORAL TABLET 5 MG, 7.5 MG		Tier 3	PA; MO; QL (2 EA per 1 day)
Antihyperlip - Hmg-Coa&Calcium Channel Blocker Cb			
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	(Caduet)	Tier 1	MO; ST: Prior prescription for Altoprev, Ezallor Sprinkle, Ezetimibe/simvastatin, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin in the past 130 days; QL (34 EA per 1 FILL)
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg		Tier 1	MO; ST: Prior prescription for Altoprev, Ezallor Sprinkle, Ezetimibe/simvastatin, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin in the past 130 days; QL (34 EA per 1 FILL)
Cardiovascular Disease - Vasodilation			
Vasodilators,Coronary			
amyl nitrite inhalation solution 0.3 ml		Tier 1	
DILATRATE-SR ORAL CAPSULE, EXTENDED RELEASE 40 MG		Tier 2	MO
ISORDIL ORAL TABLET 40 MG		Tier 3	MO
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg		Tier 1	MO
isosorbide dinitrate oral tablet 40 mg	(Isordil)	Tier 1	MO
isosorbide dinitrate oral tablet 5 mg	(Isordil Titradose)	Tier 1	MO
isosorbide dinitrate oral tablet extended release 40 mg	(ISOCHRON)	Tier 1	MO

Drug		Status	Notes
isosorbide mononitrate oral tablet 10 mg, 20 mg		Tier 1	MO
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg		Tier 1	MO
MINITRAN TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR		Tier 1	MO
NITRO-BID TRANSDERMAL OINTMENT 2 %		Tier 2	MO
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR		Tier 3	MO
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	(Nitrostat)	Tier 1	MO
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	(Minitran)	Tier 1	MO
nitroglycerin translingual spray,non-aerosol 400 mcg/spray	(Nitrolingual)	Tier 1	MO
NITROMIST TRANSLINGUAL AEROSOL,SPRAY 400 MCG/SPRAY		Tier 3	MO
NITRO-TIME ORAL CAPSULE, EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG		Tier 1	MO
Vasodilators,Peripheral			
ergoloid oral tablet 1 mg		Tier 1	
isoxsuprine oral tablet 10 mg, 20 mg		Tier 1	MO
papaverine injection solution 30 mg/ml		Tier 1	
Contraception/Oxytocics			
Contraceptives, Intravaginal, Systemic			
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR		Tier 3	QL (1 EA per 365 days)
ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR		Tier 1	MO
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	(EluRyng)	Tier 1	MO
Contraceptives,Injectable			
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML		Tier 3	PA; QL (0.65 ML per 90 days)
medroxyprogesterone intramuscular suspension 150 mg/ml	(Depo-Provera)	Tier 1	MO; QL (1 ML per 90 days)
medroxyprogesterone intramuscular syringe 150 mg/ml	(Depo-Provera)	Tier 1	MO; QL (1 ML per 90 days)
Contraceptives,Intravaginal			
GYNOL II VAGINAL GEL 3 %		Tier 3	G: Female only

Drug	Status	Notes
TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE 1,000 MG	Tier 3	G: Female only
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 %	Tier 3	G: Female only
VAGINAL CONTRACEPTIVE FOAM VAGINAL FOAM 12.5 %	Tier 1	G: Female only
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %	Tier 3	G: Female only
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %	Tier 1	G: Female only
Contraceptives,Oral		
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG	Tier 1	MO
ALTAVERA (28) ORAL TABLET 0.15-0.03 MG	Tier 1	MO
ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 1	MO
ALYACEN 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	Tier 1	MO
AMETHIA LO ORAL TABLETS,DOSE PACK,3 MONTH 0.10 MG-20 MCG (84)/10 MCG (7)	Tier 1	MO
AMETHIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	Tier 1	MO
AMETHYST (28) ORAL TABLET 90-20 MCG (28)	Tier 1	MO
APRI ORAL TABLET 0.15-0.03 MG	Tier 1	MO
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG	Tier 1	MO
ASHLYNA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	Tier 1	MO
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	Tier 1	MO
AUBRA ORAL TABLET 0.1-20 MG-MCG	Tier 1	MO
AUROVELA 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	Tier 1	MO
AUROVELA 1/20 (21) ORAL TABLET 1-20 MG-MCG	Tier 1	MO
AUROVELA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	Tier 1	MO
AUROVELA FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	Tier 1	MO
AUROVELA FE 1-20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 1	MO

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

Drug		Status	Notes
DAYSEE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)		Tier 1	MO
DEBLITANE ORAL TABLET 0.35 MG		Tier 1	MO
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(Azurette (28))	Tier 1	MO
desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg	(Apri)	Tier 1	MO
drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)	(Beyaz)	Tier 1	MO
drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)	(Tydemy)	Tier 1	MO
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg	(Gianvi (28))	Tier 1	MO
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	(Ocella)	Tier 1	MO
ELINEST ORAL TABLET 0.3-30 MG-MCG		Tier 1	MO
ELLA ORAL TABLET 30 MG		Tier 3	MO
EMOQUETTE ORAL TABLET 0.15-0.03 MG		Tier 1	MO
ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)		Tier 1	MO
ENSKYCE ORAL TABLET 0.15-0.03 MG		Tier 1	MO
ERRIN ORAL TABLET 0.35 MG		Tier 1	MO
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG		Tier 1	MO
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg	(Kelnor 1/35 (28))	Tier 1	MO
ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg	(Kelnor 1-50)	Tier 1	MO
FALMINA (28) ORAL TABLET 0.1-20 MG-MCG		Tier 1	MO
FAYOSIM ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG		Tier 1	MO
FEMYNOR ORAL TABLET 0.25-35 MG-MCG		Tier 1	MO
GIANVI (28) ORAL TABLET 3-0.02 MG		Tier 1	MO
HAILEY 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)		Tier 1	MO
HAILEY FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)		Tier 1	MO
HAILEY FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)		Tier 1	MO
HAILEY ORAL TABLET 1.5-30 MG-MCG		Tier 1	MO

Drug		Status	Notes
HEATHER ORAL TABLET 0.35 MG		Tier 1	MO
INCASSIA ORAL TABLET 0.35 MG		Tier 1	MO
INTROVALE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)		Tier 1	MO
ISIBLOOM ORAL TABLET 0.15-0.03 MG		Tier 1	MO
JAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)		Tier 1	MO
JASMIEL (28) ORAL TABLET 3-0.02 MG		Tier 1	MO
JENCYCLA ORAL TABLET 0.35 MG		Tier 1	MO
JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)		Tier 1	MO
JULEBER ORAL TABLET 0.15-0.03 MG		Tier 1	MO
JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG		Tier 1	MO
JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG		Tier 1	MO
JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)		Tier 1	MO
JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)		Tier 1	MO
JUNEL FE 24 ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)		Tier 1	MO
KAITLIB FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)		Tier 1	MO
KALLIGA ORAL TABLET 0.15-0.03 MG		Tier 1	MO
KARIVA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5		Tier 1	MO
KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG		Tier 1	MO
KELNOR 1-50 ORAL TABLET 1-50 MG-MCG		Tier 1	MO
KURVELO (28) ORAL TABLET 0.15-0.03 MG		Tier 1	MO
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)	(Amethia Lo)	Tier 1	MO
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	(Fayosim)	Tier 1	MO
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(Amethia)	Tier 1	MO
LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG		Tier 1	MO

Drug		Status	Notes
LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG		Tier 1	MO
LARIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)		Tier 1	MO
LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)		Tier 1	MO
LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)		Tier 1	MO
LARISSIA ORAL TABLET 0.1-20 MG-MCG		Tier 1	MO
LAYOLIS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)		Tier 1	MO
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG		Tier 1	MO
LESSINA ORAL TABLET 0.1-20 MG-MCG		Tier 1	MO
LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)		Tier 1	MO
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg	(Afirmelle)	Tier 1	MO
levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg	(Altavera (28))	Tier 1	MO
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)	(Amethyst (28))	Tier 1	MO
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(Introvale)	Tier 1	MO
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(Enpresse)	Tier 1	MO
LEVORA-28 ORAL TABLET 0.15-0.03 MG		Tier 1	MO
LILLOW (28) ORAL TABLET 0.15-0.03 MG		Tier 1	MO
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)		Tier 3	PA; MO
LOJAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.10 MG-20 MCG (84)/10 MCG (7)		Tier 1	MO
LORYNA (28) ORAL TABLET 3-0.02 MG		Tier 1	MO
LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG		Tier 1	MO
LO-ZUMANDIMINE (28) ORAL TABLET 3-0.02 MG		Tier 1	MO
LUTERA (28) ORAL TABLET 0.1-20 MG-MCG		Tier 1	MO
LYZA ORAL TABLET 0.35 MG		Tier 1	MO

Drug		Status	Notes
MARLISSA (28) ORAL TABLET 0.15-0.03 MG		Tier 1	MO
MELODETTA 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)		Tier 1	MO
MIBELAS 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)		Tier 1	MO
MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG		Tier 1	MO
MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG		Tier 1	MO
MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)		Tier 1	MO
MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)		Tier 1	MO
MILI ORAL TABLET 0.25-35 MG-MCG		Tier 1	MO
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG		Tier 1	MO
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG		Tier 3	PA; MO
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG		Tier 1	MO
NIKKI (28) ORAL TABLET 3-0.02 MG		Tier 1	MO
NORA-BE ORAL TABLET 0.35 MG		Tier 1	MO
noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)	(Wymzya Fe)	Tier 1	MO
noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	(Kaitlib Fe)	Tier 1	MO
norethindrone (contraceptive) oral tablet 0.35 mg	(Camila)	Tier 1	MO
norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg	(Aurovela 1.5/30 (21))	Tier 1	MO
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	(Aurovela 1/20 (21))	Tier 1	MO
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)	(Aurovela Fe 1-20 (28))	Tier 1	MO
norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(Aurovela Fe 1.5/30 (28))	Tier 1	MO
norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	(Charlotte 24 Fe)	Tier 1	MO
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg	(Tri-Lo-Estarylla)	Tier 1	MO
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(Tri Femynor)	Tier 1	MO

Drug	Status	Notes
norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg (Estarylla)	Tier 1	MO
NORLYDA ORAL TABLET 0.35 MG	Tier 1	MO
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	Tier 1	MO
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)	Tier 1	MO
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 1	MO
NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	Tier 1	MO
OCELLA ORAL TABLET 3-0.03 MG	Tier 1	MO
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	Tier 1	MO
PHILITH ORAL TABLET 0.4-35 MG-MCG	Tier 1	MO
PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	Tier 1	MO
PIRMELLA ORAL TABLET 0.5/0.75/1 MG- 35 MCG, 1-35 MG-MCG	Tier 1	MO
PORTIA 28 ORAL TABLET 0.15-0.03 MG	Tier 1	MO
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	Tier 1	MO
RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG	Tier 1	MO
RIVELSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG	Tier 1	MO
SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	Tier 1	MO
SHAROBEL ORAL TABLET 0.35 MG	Tier 1	MO
SIMLIYA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	Tier 1	MO
SIMPESSE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	Tier 1	MO
SLYND ORAL TABLET 4 MG (28)	Tier 3	PA; MO
SPRINTEC (28) ORAL TABLET 0.25-35 MG-MCG	Tier 1	MO
SRONYX ORAL TABLET 0.1-20 MG-MCG	Tier 1	MO
SYEDA ORAL TABLET 3-0.03 MG	Tier 1	MO
TARINA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	Tier 1	MO
TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 1	MO

Drug	Status	Notes
TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 1	MO
TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	Tier 3	PA; MO
TILIA FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	Tier 1	MO
TRI FEMYNOR ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	Tier 1	MO
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	Tier 1	MO
TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	Tier 1	MO
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	Tier 1	MO
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 1	MO
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 1	MO
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 1	MO
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 1	MO
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	Tier 1	MO
TRI-PREVIFEM (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	Tier 1	MO
TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	Tier 1	MO
TRIVORA (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	Tier 1	MO
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 1	MO
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	Tier 1	MO
TULANA ORAL TABLET 0.35 MG	Tier 1	MO
TYDEMY ORAL TABLET 3-0.03-0.451 MG (21) (7)	Tier 1	MO
VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	Tier 1	MO
VIENVA ORAL TABLET 0.1-20 MG-MCG	Tier 1	MO
VIORELE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	Tier 1	MO
VOLNEA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	Tier 1	MO
VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG	Tier 1	MO

Drug		Status	Notes
VYLIBRA ORAL TABLET 0.25-35 MG-MCG		Tier 1	MO
WERA (28) ORAL TABLET 0.5-35 MG-MCG		Tier 1	MO
WYMZYA FE ORAL TABLET,CHEWABLE 0.4MG-35MCG(21) AND 75 MG (7)		Tier 1	MO
ZARAH ORAL TABLET 3-0.03 MG		Tier 1	MO
ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG		Tier 1	MO
ZUMANDIMINE (28) ORAL TABLET 3-0.03 MG		Tier 1	MO
Contraceptives,Transdermal			
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR		Tier 3	PA
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR		Tier 1	MO
Oxytocics			
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG		Tier 3	
methylergonovine oral tablet 0.2 mg	(Methergine)	Tier 1	QL (28 EA per 7 days)
PROSTIN E2 VAGINAL SUPPOSITORY 20 MG		Tier 3	
Cough And Cold			
1St Gen Antihistamine & Decongestant Combinations			
promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml	(Promethazine VC)	Tier 1	
1St Gen Antihist-Decongest-Anticholinergic Comb			
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG		Tier 1	
Antitussives,Non-Narcotic			
benzonatate oral capsule 100 mg	(Tessalon Perles)	Tier 1	
benzonatate oral capsule 150 mg		Tier 1	ST: Prior prescription for Benzonatate 100mg or 200mg capsule in the past 365 days; QL (3 EA per 1 day)
benzonatate oral capsule 200 mg		Tier 1	
Expectorants			
SSKI ORAL SOLUTION 1 GRAM/ML		Tier 1	
Narcotic Antituss-1St Gen. Antihistamine-Decongest			
CAPCOF ORAL LIQUID 2-5-10 MG/5 ML		Tier 3	Age (Min 12 Years)
HISTEX-AC ORAL SYRUP 2.5-10-10 MG/5 ML		Tier 3	Age (Min 18 Years)

Drug		Status	Notes
MAR-COF BP ORAL LIQUID 2-30-7.5 MG/5 ML		Tier 1	
MAXI-TUSS CD ORAL LIQUID 4-10-10 MG/5 ML		Tier 3	Age (Min 12 Years)
promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml		Tier 1	Age (Min 18 Years)
Narcotic Antituss-Decongestant-Expectorant Comb			
CODITUSSIN DAC ORAL LIQUID 30-10-200 MG/5 ML		Tier 3	Age (Min 12 Years)
Narcotic Antitussive-1St Generation Antihistamine			
hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml		Tier 1	Age (Min 18 Years)
promethazine-codeine oral syrup 6.25-10 mg/5 ml		Tier 1	Age (Min 18 Years)
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG		Tier 3	ST: Prior prescription for Promethazine/Codeine 6.25-10/5mL in the past 365 days; QL (2 EA per 1 day); Age (Min 18 Years)
Z-TUSS AC ORAL LIQUID 2-9 MG/5 ML		Tier 3	Age (Min 18 Years)
Narcotic Antitussive-Anticholinergic Comb.			
hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml	(Hydromet)	Tier 1	Age (Min 18 Years)
hydrocodone-homatropine oral tablet 5-1.5 mg		Tier 1	Age (Min 18 Years)
HYDROMET ORAL SYRUP 5-1.5 MG/5 ML		Tier 1	Age (Min 18 Years)
Narcotic Antitussive-Expectorant Combination			
codeine-guaifenesin oral liquid 10-100 mg/5 ml	(G Tussin AC)	Tier 1	Age (Min 18 Years)
CODITUSSIN AC ORAL LIQUID 10-200 MG/5 ML		Tier 1	Age (Min 18 Years)
G TUSSIN AC ORAL LIQUID 10-100 MG/5 ML		Tier 1	Age (Min 18 Years)
GUAIATUSSIN AC ORAL LIQUID 10-100 MG/5 ML		Tier 1	Age (Min 18 Years)
GUAIFENESIN AC ORAL LIQUID 10-100 MG/5 ML		Tier 1	Age (Min 18 Years)
MAXI-TUSS AC ORAL LIQUID 10-100 MG/5 ML		Tier 1	Age (Min 18 Years)
M-CLEAR WC ORAL LIQUID 6.3-100 MG/5 ML		Tier 2	Age (Min 18 Years)
NINJACOF-XG ORAL LIQUID 8-200 MG/5 ML		Tier 1	Age (Min 18 Years)

Drug		Status	Notes
VIRTUSSIN AC ORAL LIQUID 10-100 MG/5 ML		Tier 1	Age (Min 18 Years)
Non-Narc Antituss-1St Gen. Antihistamine-Decongest			
BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML		Tier 1	
brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml	(Bromfed DM)	Tier 1	
Non-Narc Antitussive-1St Gen Antihistamine Comb.			
promethazine-dm oral syrup 6.25-15 mg/5 ml		Tier 1	
Nose Preparations, Vasoconstrictors (Rx)			
ADRENALIN NASAL SOLUTION 1 MG/ML		Tier 3	
TYZINE NASAL DROPS 0.1 %		Tier 3	
TYZINE NASAL SPRAY,NON-AEROSOL 0.1 %		Tier 3	
Dermatology - Acne			
Acne Agents,Systemic			
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG		Tier 1	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG		Tier 1	
isotretinoin oral capsule 10 mg, 20 mg, 40 mg	(Amnesteem)	Tier 1	
isotretinoin oral capsule 30 mg	(Claravis)	Tier 1	
MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG		Tier 1	
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG		Tier 1	
Acne Agents,Topical			
clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %	(Neuac)	Tier 1	
NEUAC TOPICAL GEL 1.2 %(1 % BASE) -5 %		Tier 1	
ONEXTON TOPICAL GEL 1.2 %(1 % BASE) -3.75 %		Tier 3	
sulfacetamide sodium (acne) topical suspension 10 %	(Klaron)	Tier 1	
Antibiotics, Miscellaneous, Other			
bacitracin intramuscular recon soln 50,000 unit		Tier 1	
Rosacea Agents, Topical			

Drug		Status	Notes
azelaic acid topical gel 15 %	(Finacea)	Tier 1	ST: Prior prescription for Metronidazole 0.75% gel/cream/lotion or 1% gel in the past 130 days; QL (50 GM per 30 days)
FINACEA TOPICAL FOAM 15 %		Tier 3	ST: Prior prescription for Metronidazole 0.75% gel/cream/lotion or 1% gel in the past 130 days; QL (50 GM per 30 days)
metronidazole topical cream 0.75 %	(Rosadan)	Tier 1	
metronidazole topical gel 0.75 %	(Rosadan)	Tier 1	
metronidazole topical gel 1 %	(Metrogel)	Tier 1	
metronidazole topical gel with pump 1 %		Tier 1	
metronidazole topical lotion 0.75 %	(MetroLotion)	Tier 1	
MIRVASO TOPICAL GEL WITH PUMP 0.33 %		Tier 3	ST: Prior prescription for Azelaic Acid, Finacea or Topical Metronidazole in the past 130 days; QL (30 GM per 30 days)
ROSADAN TOPICAL CREAM 0.75 %		Tier 1	
Topical Preparations,Antibacterials			
hydrocortisone-iodoquinol topical cream 1-1 %		Tier 1	
IODOFLEX TOPICAL PADS, MEDICATED 0.9 %		Tier 3	
IODOSORB TOPICAL GEL 0.9 %		Tier 2	
NORMLGEL AG TOPICAL GEL 0.11 %		Tier 3	
silver nitrate topical solution 0.5 %, 25 %, 50 %		Tier 1	
Vitamin A Derivatives			
adapalene topical gel 0.3 %	(Differin)	Tier 1	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)
tretinoin topical cream 0.025 %	(Avita)	Tier 1	Age (Max 25 Years)
tretinoin topical cream 0.05 %, 0.1 %	(Retin-A)	Tier 1	Age (Max 25 Years)
tretinoin topical gel 0.01 %	(Retin-A)	Tier 1	Age (Max 25 Years)
tretinoin topical gel 0.025 %	(Avita)	Tier 1	Age (Max 25 Years)
TRETIN-X CREAM KIT TOPICAL COMBO PACK 0.05 %		Tier 3	
Dermatology - Antiinfective			
Topical Antibiotics			
clindamycin phosphate topical gel 1 %	(Cleocin T)	Tier 1	
clindamycin phosphate topical lotion 1 %	(Cleocin T)	Tier 1	
clindamycin phosphate topical solution 1 %	(Cleocin T)	Tier 1	QL (120 ML per 30 days)

Drug		Status	Notes
clindamycin phosphate topical swab 1 %	(Clindacin ETZ)	Tier 1	
ERY PADS TOPICAL SWAB 2 %		Tier 1	
erythromycin with ethanol topical gel 2 %	(Erygel)	Tier 1	
erythromycin with ethanol topical solution 2 %		Tier 1	QL (60 ML per 1 FILL)
gentamicin topical cream 0.1 %		Tier 1	QL (90 GM per 30 days)
gentamicin topical ointment 0.1 %		Tier 1	
mupirocin topical ointment 2 %	(Centany)	Tier 1	QL (88 GM per 30 days)
XEPI TOPICAL CREAM 1 %		Tier 3	ST: Prior prescription for Mupirocin Calcium or Mupirocin in the past 60 days; QL (30 GM per 30 days)
Topical Antifungal/Antiinflammatory,Steriod Agent			
clotrimazole-betamethasone topical cream 1-0.05 %		Tier 1	
clotrimazole-betamethasone topical lotion 1-0.05 %		Tier 1	
Topical Antifungals			
CICLODAN KIT TOPICAL COMBO PACK 0.77 %		Tier 3	
ciclopirox topical cream 0.77 %	(Ciclodan)	Tier 1	QL (180 GM per 30 days)
ciclopirox topical gel 0.77 %		Tier 1	
ciclopirox topical shampoo 1 %	(Loprox)	Tier 1	
ciclopirox topical solution 8 %	(Ciclodan)	Tier 1	QL (19.8 ML per 30 days)
ciclopirox topical suspension 0.77 %	(Loprox (as olamine))	Tier 1	QL (120 ML per 30 days)
ciclopirox-ure-camph-menth-euc topical solution 8 %	(Ciclodan Kit)	Tier 1	QL (19.8 ML per 30 days)
econazole topical cream 1 %		Tier 1	QL (180 GM per 30 days)
EXODERM TOPICAL LOTION 25-1 %		Tier 1	
ketoconazole topical cream 2 %		Tier 1	QL (120 GM per 30 days)
ketoconazole topical shampoo 2 %		Tier 1	
KETODAN KIT TOPICAL COMBO PACK 2 %		Tier 3	
NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM		Tier 1	
nystatin topical cream 100,000 unit/gram		Tier 1	
nystatin topical ointment 100,000 unit/gram		Tier 1	
nystatin topical powder 100,000 unit/gram	(Nyamyc)	Tier 1	
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%		Tier 1	

Drug		Status	Notes
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%		Tier 1	
NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM		Tier 1	
Topical Antiparasitics			
lindane topical shampoo 1 %		Tier 1	
malathion topical lotion 0.5 %	(Ovide)	Tier 1	
permethrin topical cream 5 %	(Elimite)	Tier 1	
SKLICE TOPICAL LOTION 0.5 %		Tier 3	
spinosad topical suspension 0.9 %	(Natroba)	Tier 1	
ULESFIA TOPICAL LOTION 5 %		Tier 3	
Topical Antivirals			
acyclovir topical ointment 5 %	(Zovirax)	Tier 1	QL (30 GM per 15 days)
Topical Sulfonamides			
CLEANSING WASH TOPICAL CLEANSER 10-4-10 %		Tier 1	
silver sulfadiazine topical cream 1 %	(SSD)	Tier 1	
SSD TOPICAL CREAM 1 %		Tier 1	
SSS 10-5 TOPICAL CREAM 10-5 % (W/W)		Tier 1	
SSS 10-5 TOPICAL FOAM 10-5 %		Tier 1	
sulfacetamide sodium-sulfur topical cleanser 10-2 %	(Avar LS)	Tier 1	
sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)	(Avar)	Tier 1	QL (360 GM per 1 FILL)
sulfacetamide sodium-sulfur topical cleanser 9-4.5 %	(Sumadan)	Tier 1	
sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)	(SSS 10-5)	Tier 1	
sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v)		Tier 1	
sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %		Tier 1	QL (360 ML per 1 FILL)
SULFAMYLON TOPICAL CREAM 85 MG/G		Tier 2	
Dermatology - Antiinflammatory			
Top. Anti-Inflam.,Phosphodiesterase-4 (Pde4) Inhib			
EUCRISA TOPICAL OINTMENT 2 %		Tier 3	ST: Prior prescription for Tacrolimus and a Topical Anti-inflammatory Steroidal in the past 365 days; QL (60 GM per 30 days)
Topical Antibiotics/Antiinflammatory,Steroidal			

Drug		Status	Notes
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %		Tier 3	ST: Prior prescription for Capex Shampoo, Fluocinolone Acetonide, Iluvien, Retisert, or Yutiq in the past 130 days
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %		Tier 3	ST: Prior prescription for Capex Shampoo, Fluocinolone Acetonide, Iluvien, Retisert, or Yutiq in the past 130 days
Topical Anti-Inflammatory Steroidal			
alclometasone topical cream 0.05 %		Tier 1	
alclometasone topical ointment 0.05 %		Tier 1	
amcinonide topical lotion 0.1 %		Tier 1	
AQUA GLYCOLIC HC TOPICAL COMBO PACK 2 %		Tier 3	
betamethasone dipropionate topical cream 0.05 %		Tier 1	
betamethasone dipropionate topical lotion 0.05 %		Tier 1	
betamethasone dipropionate topical ointment 0.05 %		Tier 1	
betamethasone valerate topical cream 0.1 %		Tier 1	
betamethasone valerate topical foam 0.12 %	(Luxiq)	Tier 1	
betamethasone valerate topical lotion 0.1 %		Tier 1	
betamethasone valerate topical ointment 0.1 %		Tier 1	
betamethasone, augmented topical cream 0.05 %		Tier 1	
betamethasone, augmented topical gel 0.05 %		Tier 1	
betamethasone, augmented topical lotion 0.05 %		Tier 1	
betamethasone, augmented topical ointment 0.05 %	(Diprolene)	Tier 1	
CAPEX TOPICAL SHAMPOO 0.01 %		Tier 2	
clobetasol scalp solution 0.05 %		Tier 1	
clobetasol topical cream 0.05 %	(Temovate)	Tier 1	
clobetasol topical gel 0.05 %		Tier 1	
clobetasol topical ointment 0.05 %	(Temovate)	Tier 1	QL (180 GM per 30 days)
clobetasol topical shampoo 0.05 %	(Clobex)	Tier 1	QL (118 ML per 30 days)
clobetasol-emollient topical cream 0.05 %		Tier 1	

Drug		Status	Notes
CLODAN KIT TOPICAL KIT,SHAMPOO AND CLEANSER 0.05 %		Tier 3	
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2		Tier 3	ST: Prior prescription for a Topical Anti-inflammatory Steroidal (cream, ointment, lotion, gel, solution) in the past 180 days; QL (2 EA per 1 FILL)
desoximetasone topical cream 0.25 %	(Topicort)	Tier 1	
desoximetasone topical ointment 0.25 %	(Topicort)	Tier 1	
fluocinolone and shower cap scalp oil 0.01 %	(Derma-Smoothe/FS Scalp Oil)	Tier 1	
fluocinolone topical cream 0.01 %		Tier 1	
fluocinolone topical cream 0.025 %	(Synalar)	Tier 1	
fluocinolone topical oil 0.01 %	(Derma-Smoothe/FS Body Oil)	Tier 1	
fluocinolone topical ointment 0.025 %	(Synalar)	Tier 1	
fluocinolone topical solution 0.01 %	(Synalar)	Tier 1	
fluocinonide topical cream 0.05 %		Tier 1	
fluocinonide topical gel 0.05 %		Tier 1	
fluocinonide topical ointment 0.05 %		Tier 1	QL (240 GM per 30 days)
fluocinonide topical solution 0.05 %		Tier 1	
FLUOCINONIDE-E TOPICAL CREAM 0.05 %		Tier 1	
fluocinonide-emollient topical cream 0.05 %	(Fluocinonide-E)	Tier 1	
fluticasone propionate topical cream 0.05 %	(Cutivate)	Tier 1	
fluticasone propionate topical ointment 0.005 %		Tier 1	
halobetasol propionate topical cream 0.05 %		Tier 1	
halobetasol propionate topical ointment 0.05 %		Tier 1	
hydrocortisone butyrate topical solution 0.1 %		Tier 1	
hydrocortisone topical cream 2.5 %		Tier 1	
hydrocortisone topical cream with perineal applicator 2.5 %	(Procto-Med HC)	Tier 1	
hydrocortisone topical lotion 2.5 %		Tier 1	
hydrocortisone topical ointment 2.5 %		Tier 1	
mometasone topical cream 0.1 %		Tier 1	
mometasone topical ointment 0.1 %		Tier 1	
mometasone topical solution 0.1 %		Tier 1	
prednicarbate topical cream 0.1 %		Tier 1	

Drug	Status	Notes
prednicarbate topical ointment 0.1 %	Tier 1	
PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	Tier 1	
PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	Tier 1	
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	Tier 1	
SCALACORT DK TOPICAL COMBO PACK 2-2-2 %	Tier 3	
SYNALAR CREAM KIT TOPICAL CREAM 0.025 %	Tier 3	
TEXACORT TOPICAL SOLUTION 2.5 %	Tier 3	
triamcinolone acetonide topical cream 0.025 %	Tier 1	
triamcinolone acetonide topical cream 0.1 %, 0.5 % (Triderm)	Tier 1	
triamcinolone acetonide topical lotion 0.025 %, 0.1 %	Tier 1	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	Tier 1	
TRIDERM TOPICAL CREAM 0.1 %, 0.5 %	Tier 1	
Topical Anti-Inflammatory, Nsaids		
diclofenac sodium topical drops 1.5 %	Tier 1	QL (450 ML per 30 days)
Dermatology - Miscellaneous		
Antiperspirants		
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 %	Tier 3	
DRYSOL TOPICAL SOLUTION 20 %	Tier 3	
Antiseborrheic Agents		
OVACE PLUS TOPICAL FOAM 9.8 %	Tier 3	
OVACE PLUS TOPICAL LOTION 9.8 %	Tier 3	ST: Prior prescription for Ciclopirox or Ketoconazole in the past 130 days
PROMISEB TOPICAL CREAM	Tier 2	
selenium sulfide topical lotion 2.5 %	Tier 1	
selenium sulfide topical shampoo 2.25 %	Tier 1	
sulfacetamide sodium topical cleanser 10 % (Ovace)	Tier 1	
TERSI FOAM TOPICAL FOAM 2.25 %	Tier 3	
Emollients		
AVO CREAM TOPICAL EMULSION	Tier 1	QL (90 GM per 30 days)
HYLATOPICPLUS TOPICAL CREAM	Tier 3	
NIVATOPIC PLUS TOPICAL CREAM	Tier 3	

Drug		Status	Notes
SONAFINE TOPICAL EMULSION		Tier 1	QL (90 GM per 30 days)
XCLAIR TOPICAL CREAM		Tier 3	
Iodine Antiseptics			
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 %		Tier 3	
Irrigants			
acetic acid irrigation solution 0.25 %		Tier 1	
lactated ringers irrigation solution		Tier 3	
neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml		Tier 1	
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L		Tier 3	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L		Tier 3	
ringer's irrigation solution		Tier 1	
sorbitol irrigation solution 3 %, 3.3 %		Tier 1	
sorbitol-mannitol transurethral solution 2.7-0.54 gram/100 ml		Tier 1	
TIS-U-SOL PENTALYTE IRRIGATION IRRIGATION SOLUTION 800-40-20-8.75- 6.25 MG/100 ML		Tier 3	
VASHE WOUND THERAPY IRRIGATION IRRIGATION SOLUTION 0.033 %		Tier 3	QL (500 ML per 1 FILL)
Irritants/Counter-Irritants			
QUTENZA TOPICAL KIT 8 %		Tier 3	PA
Keratolytics			
CONDYLOX TOPICAL GEL 0.5 %		Tier 3	ST: Prior prescription for Podofilox in the past 190 days
INOVA 4-1 TOPICAL COMBO PACK 1-4-5 %		Tier 3	
INOVA 8-2 TOPICAL COMBO PACK 2-8-5 %		Tier 3	
KERALYT SCALP COMPLETE TOPICAL KIT,SHAMPOO AND GEL 6-6 %		Tier 3	
PODOCON TOPICAL LIQUID 25 %		Tier 1	
podofilox topical solution 0.5 %		Tier 1	
salicylic acid topical cream 6 %	(Salimez)	Tier 1	
salicylic acid topical cream,extended release 6 %		Tier 1	
salicylic acid topical foam 6 %	(Salvax)	Tier 1	
salicylic acid topical liquid 26 %		Tier 1	QL (10 ML per 30 days)
salicylic acid topical lotion 6 %		Tier 1	

Drug		Status	Notes
salicylic acid topical lotion,extended release 6 %		Tier 1	
salicylic acid topical shampoo 6 %	(Salex)	Tier 1	QL (177 ML per 30 days)
SALVAX DUO PLUS TOPICAL FOAM 6-35 %		Tier 3	
SALVAX TOPICAL FOAM 6 %		Tier 1	
silver nitrate applicators topical stick 75-25 %		Tier 1	
silver nitrate topical solution 10 %		Tier 1	
URAMAXIN GT TOPICAL KIT,CREAM AND GEL 45 %		Tier 3	
urea topical cream 50 %	(Ure-K)	Tier 1	
urea topical gel 45 %	(CEM-Urea)	Tier 1	
Oxidizing Agents			
hydrogen peroxide solution 3 %		Tier 1	
LEVICYN DERMAL TOPICAL SPRAY,NON-AEROSOL 0.009 %		Tier 3	
Protectives			
GENADUR TOPICAL LIQUID		Tier 3	
RADIAPLEXRX TOPICAL GEL		Tier 2	
Topical Anti-Inflammatory Steroid-Local Anesthetic			
ANALPRAM-HC TOPICAL LOTION 2.5-1 %		Tier 3	
EPIFOAM TOPICAL FOAM 1-1 %		Tier 2	
hydrocortisone-pramoxine topical cream 2.5-1 %	(Pramosone)	Tier 1	
lidocaine hcl-hydrocortison ac topical cream 3-0.5 %		Tier 1	QL (170 GM per 30 days)
PRAMOSONE TOPICAL CREAM 1-1 %		Tier 2	
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 %		Tier 3	
PRAMOSONE TOPICAL OINTMENT 1-1 %, 2.5-1 %		Tier 3	
Topical Antineoplastic & Premalignant Lesion Agnts			
diclofenac sodium topical gel 3 %	(Solaraze)	Tier 1	PA
fluorouracil topical cream 5 %	(Efudex)	Tier 1	
fluorouracil topical solution 2 %, 5 %		Tier 1	
PANRETIN TOPICAL GEL 0.1 %		Tier 4	
TARGRETIN TOPICAL GEL 1 %		Tier 4	PA
VALCHLOR TOPICAL GEL 0.016 %		Tier 4	PA
Topical Local Anesthetics			
ANACAINE TOPICAL OINTMENT 10 %		Tier 3	

Drug		Status	Notes
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	
lidocaine hcl topical cream 3 %	(Lidopin)	Tier 1	QL (170 GM per 30 days)
lidocaine topical adhesive patch,medicated 5 %	(Lidoderm)	Tier 1	QL (90 EA per 30 days)
lidocaine topical ointment 5 %		Tier 1	QL (250 GM per 30 days)
lidocaine-prilocaine topical cream 2.5-2.5 %		Tier 1	QL (210 GM per 30 days)
REGENECARE WITH ALOE TOPICAL GEL 2 %		Tier 3	QL (85 GM per 1 FILL)
Topical/Mucous Membr./Subcut. Enzymes			
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM		Tier 3	QL (90 GM per 1 FILL)
Dermatology - Psoriasis/Eczema			
Antipsoriatic Agents,Systemic			
acitretin oral capsule 10 mg, 25 mg	(Soriatane)	Tier 4	
acitretin oral capsule 17.5 mg		Tier 4	
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML		Tier 4	PA
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML		Tier 4	PA
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML		Tier 4	PA
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML		Tier 4	PA
methoxsalen oral capsule,liqd-filled,rapid rel 10 mg	(Oxsoralen Ultra)	Tier 1	ST: Prior prescription for Drithocreme HP in the past 365 days
SKYRIZI SUBCUTANEOUS SYRINGE 75 MG/0.83 ML		Tier 4	PA
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)		Tier 4	PA
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML		Tier 4	PA
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML		Tier 4	PA

Drug		Status	Notes
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML		Tier 4	PA
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML		Tier 4	PA
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML		Tier 4	PA
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML		Tier 4	PA
Antipsoriatics Agents			
calcipotriene scalp solution 0.005 %		Tier 1	ST: Prior prescription for a Topical Anti-inflammatory Steroidal in the past 130 days
calcipotriene topical cream 0.005 %	(Dovonex)	Tier 1	ST: Prior prescription for a Topical Anti-inflammatory Steroidal in the past 130 days; QL (240 GM per 30 days)
calcipotriene topical foam 0.005 %	(Sorilux)	Tier 1	ST: Prior prescription for Calcipotriene and a Topical Anti-inflammatory Steroidal in the past 365 days; QL (120 GM per 30 days)
calcipotriene topical ointment 0.005 %		Tier 1	ST: Prior prescription for a Topical Anti-inflammatory Steroidal in the past 130 days; QL (120 GM per 30 days)
calcitriol topical ointment 3 mcg/gram	(Vectical)	Tier 1	ST: Prior prescription for a Topical Anti-inflammatory Steroidal in the past 130 days
DRITHOCREME HP TOPICAL CREAM 1 %		Tier 2	ST: Prior prescription for a Topical Anti-inflammatory Steroidal in the past 130 days
SORILUX TOPICAL FOAM 0.005 %		Tier 3	ST: Prior prescription for Calcipotriene and a Topical Anti-inflammatory Steroidal in the past 365 days; QL (120 GM per 30 days)
ZITHRANOL TOPICAL SHAMPOO 1 %		Tier 3	ST: Prior prescription for a Topical Anti-inflammatory Steroidal in the past 130 days
Topical Immunosuppressive Agents			

Drug		Status	Notes
tacrolimus topical ointment 0.03 %	(Protopic)	Tier 1	ST: Prior prescription for Pimecrolimus, Tacrolimus, or a topical Anti-inflammatory Steroidal in the past 130 days; Age (Min 2 Years)
tacrolimus topical ointment 0.1 %	(Protopic)	Tier 1	ST: Prior prescription for Pimecrolimus, Tacrolimus, or a topical Anti-inflammatory Steroidal in the past 130 days; QL (100 GM per 1 FILL); Age (Min 2 Years)
Topical Vit D Analog/Antiinflammatory, Steroidal			
calcipotriene-betamethasone topical ointment 0.005-0.064 %	(Taclonex)	Tier 1	ST: Prior prescription for Calcipotriene and a Topical Anti-inflammatory Steroidal in the past 365 days; QL (120 GM per 30 days)
calcipotriene-betamethasone topical suspension 0.005-0.064 %	(Taclonex)	Tier 1	ST: Prior prescription for Calcipotriene and a Topical Anti-inflammatory Steroidal in the past 365 days; QL (60 GM per 30 days)
ENSTILAR TOPICAL FOAM 0.005-0.064 %		Tier 3	ST: Prior prescription for Calcipotriene and a Topical Anti-inflammatory Steroidal in the past 365 days; QL (60 GM per 30 days)
Diabetes			
Antihypergly, (Dpp-4) Inhibitor & Biguanide Comb.			
alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg	(Kazano)	Tier 1	ST: Prior prescription for Janumet, Janumet XR, Januvia, Jentadueto, Jentadueto XR, or Tradjenta in the past 130 days; QL (60 EA per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG		Tier 2	MO; QL (68 EA per 1 FILL)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG		Tier 2	MO; QL (30 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG		Tier 2	MO; QL (60 EA per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG		Tier 2	MO; QL (60 EA per 30 days)

Drug	Status	Notes
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	Tier 2	MO; QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	Tier 2	MO; QL (1 EA per 1 day)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG	Tier 3	MO; ST: Prior prescription for Janumet, Janumet XR, Januvia, Jentadueto, Jentadueto XR, or Tradjenta in the past 130 days; QL (60 EA per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG	Tier 3	MO; ST: Prior prescription for Janumet, Janumet XR, Januvia, Jentadueto, Jentadueto XR, or Tradjenta in the past 130 days; QL (30 EA per 30 days)
Antihypergly,Dpp-4 Enzyme Inhib &Thiazolidinedione		
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 (Oseni)	Tier 1	MO; ST: Prior prescription for Janumet, Janumet XR, Januvia, Jentadueto, Jentadueto XR, or Tradjenta in the past 130 days; QL (30 EA per 30 days)
Antihypergly,Incretin Mimetic(Glp-1 Recep.Agonist)		

Drug	Status	Notes
ADLYXIN SUBCUTANEOUS PEN INJECTOR 10 MCG/0.2 ML- 20 MCG/0.2 ML, 20 MCG/0.2 ML	Tier 3	MO; ST: Prior prescription for 2 of the following in the past 365 days: Actoplus Met XR, Bydureon Bcise, Bydureon Pen, Bydureon, Byetta, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Ozempic, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Riomet ER, Rybelsus, Tolazamide, Tolbutamide, Trulicity, or Victoza; QL (6 ML per 28 days)
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	Tier 2	MO; ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Riomet ER, Tolazamide, Tolbutamide in the past 130 days; QL (0.85 ML per 7 days)

Drug	Status	Notes
BYDUREON SUBCUTANEOUS PEN INJECTOR 2 MG/0.65 ML	Tier 2	MO; ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Riomet ER, Tolazamide, Tolbutamide in the past 130 days; QL (4 EA per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	Tier 2	MO; ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Riomet ER, Tolazamide, Tolbutamide in the past 130 days; QL (2.4 ML per 30 days)

Drug	Status	Notes
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	Tier 2	MO; ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Riomet ER, Tolazamide, Tolbutamide in the past 130 days; QL (1.2 ML per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	Tier 2	MO; ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Riomet ER, Tolazamide, Tolbutamide in the past 130 days; QL (1.5 ML per 28 days)

Drug	Status	Notes
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML)	Tier 2	MO; ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Riomet ER, Tolazamide, Tolbutamide in the past 130 days; QL (3 ML per 28 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	Tier 2	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Riomet ER, Tolazamide, Tolbutamide in the past 130 days; QL (1 EA per 1 day)

Drug	Status	Notes
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML	Tier 2	MO; ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Riomet ER, Tolazamide, Tolbutamide in the past 130 days; QL (2 ML per 28 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML, 4.5 MG/0.5 ML	Tier 2	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Riomet ER, Tolazamide, Tolbutamide in the past 130 days; QL (2 ML per 28 days)

Drug	Status	Notes
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	Tier 2	MO; ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Riomet ER, Tolazamide, Tolbutamide in the past 130 days; QL (9 ML per 30 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	Tier 2	MO; ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Riomet ER, Tolazamide, Tolbutamide in the past 130 days; QL (9 ML per 30 days)
Antihyperglycemc-Sod/Gluc Cotransport2(Sglt2)Inhib		

Drug	Status	Notes
FARXIGA ORAL TABLET 10 MG, 5 MG	Tier 2	MO; ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Riomet ER, Tolazamide, Tolbutamide in the past 130 days; QL (1 EA per 1 day)
INVOKANA ORAL TABLET 100 MG, 300 MG	Tier 2	MO; ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Riomet ER, Tolazamide, Tolbutamide in the past 130 days; QL (30 EA per 30 days)

Drug	Status	Notes
JARDIANCE ORAL TABLET 10 MG, 25 MG	Tier 2	MO; ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Riomet ER, Tolazamide, Tolbutamide in the past 130 days; QL (1 EA per 1 day)
STEGLATRO ORAL TABLET 15 MG, 5 MG	Tier 3	MO; ST: Prior prescription for 2 of the following in the past 365 days: Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Invokamet XR, Invokamet, Invokana, Jardiance, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Riomet ER, Synjardy XR, Synjardy, Tolazamide, or Tolbutamide; QL (1 EA per 1 day)
Antihyperglycemic - Dopamine Receptor Agonists		

Drug		Status	Notes
CYCLOSET ORAL TABLET 0.8 MG		Tier 3	MO; ST: Prior prescription for Glipizide/metformin HCL, Glyburide/metformin HCL, Janumet XR, Janumet, Januvia, Jentadueto XR, Jentadueto, Metformin HCL, Riomet, Riomet ER, or Tradjenta in the past 180 days
Antihyperglycemic, Alpha-Glucosidase Inhib (N-S)			
acarbose oral tablet 100 mg, 25 mg, 50 mg	(Precose)	Tier 1	MO
miglitol oral tablet 100 mg, 25 mg, 50 mg	(Glyset)	Tier 1	MO
Antihyperglycemic, Amylin Analog-Type			
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML		Tier 2	MO; ST: Prior prescription for a Diabetes drug in the past 190 days; QL (21.6 ML per 1 FILL)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML		Tier 2	MO; ST: Prior prescription for a Diabetes drug in the past 190 days; QL (12 ML per 1 FILL)
Antihyperglycemic, Dpp-4 Inhibitors			
alogliptin oral tablet 12.5 mg, 25 mg, 6.25 mg	(Nesina)	Tier 1	MO; ST: Prior prescription for Janumet, Janumet XR, Januvia, Jentadueto, Jentadueto XR, or Tradjenta in the past 130 days; QL (30 EA per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG		Tier 2	MO; QL (34 EA per 1 FILL)
ONGLYZA ORAL TABLET 2.5 MG, 5 MG		Tier 3	MO; ST: Prior prescription for Janumet, Janumet XR, Januvia, Jentadueto, Jentadueto XR, or Tradjenta in the past 130 days; QL (1 EA per 1 day)
TRADJENTA ORAL TABLET 5 MG		Tier 2	MO; QL (30 EA per 30 days)
Antihyperglycemic, Insulin-Release Stimulant Type			
glimepiride oral tablet 1 mg, 2 mg, 4 mg	(Amaryl)	Tier 1	MO
glipizide oral tablet 10 mg, 5 mg	(Glucotrol)	Tier 1	MO
glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg	(Glucotrol XL)	Tier 1	MO

Drug		Status	Notes
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	(Glynase)	Tier 1	MO
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg		Tier 1	MO
nateglinide oral tablet 120 mg, 60 mg	(Starlix)	Tier 1	MO; QL (102 EA per 1 FILL)
repaglinide oral tablet 0.5 mg		Tier 1	MO
repaglinide oral tablet 1 mg, 2 mg	(Prandin)	Tier 1	MO
Antihyperglycemic, Insulin-Response Enhancer (N-S)			
AVANDIA ORAL TABLET 2 MG, 4 MG		Tier 3	MO; ST: Prior prescription for Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Riomet, Riomet ER, Tolazamide, or Tolbutamide in the past 130 days; QL (68 EA per 1 FILL)
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	(Actos)	Tier 1	MO; QL (34 EA per 1 FILL)
Antihyperglycemic, Sglt-2 & Dpp-4 Inhibitor Comb.			
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG		Tier 2	MO; ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Riomet ER, Tolazamide, Tolbutamide in the past 130 days; QL (1 EA per 1 day)

Drug	Status	Notes
QTERN ORAL TABLET 10-5 MG	Tier 3	MO; ST: Prior prescription for 2 of the following in the past 365 days: Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Invokamet XR, Invokamet, Invokana, Jardiance, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Riomet ER, Synjardy XR, Synjardy, Tolazamide, or Tolbutamide; QL (1 EA per 1 day)
QTERN ORAL TABLET 5-5 MG	Tier 3	ST: Prior prescription for 2 of the following in the past 365 days: Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Invokamet XR, Invokamet, Invokana, Jardiance, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Riomet ER, Synjardy XR, Synjardy, Tolazamide, or Tolbutamide; QL (1 EA per 1 day)

Drug		Status	Notes
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG		Tier 3	MO; ST: Prior prescription for 2 of the following in the past 365 days: Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Invokamet XR, Invokamet, Invokana, Jardiance, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Riomet ER, Synjardy XR, Synjardy, Tolazamide, or Tolbutamide; QL (1 EA per 1 day)
Antihyperglycemic,Biguanide Type(Non-Sulfonylurea)			
metformin oral tablet 1,000 mg, 500 mg, 850 mg	(Glucophage)	Tier 1	MO
metformin oral tablet extended release 24 hr 500 mg, 750 mg	(Glucophage XR)	Tier 1	MO
Antihyperglycemic,Insulin & Glp-1 Receptor Agonist			

Drug	Status	Notes
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	Tier 2	MO; ST: Prior prescription for 2 of the following in the past 365 days: Actoplus Met XR, Bydureon Bcise, Bydureon Pen, Bydureon, Byetta, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Lantus Solostar, Lantus, Metformin HCL, Ozempic, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Riomet ER, Rybelsus, Semglee, Tolazamide, Tolbutamide, Toujeo Solostar, Trulicity, or Victoza; QL (30 ML per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	Tier 2	MO; ST: Prior prescription for 2 of the following in the past 365 days: Actoplus Met XR, Bydureon Bcise, Bydureon Pen, Bydureon, Byetta, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Lantus Solostar, Lantus, Metformin HCL, Ozempic, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Riomet ER, Rybelsus, Semglee, Tolazamide, Tolbutamide, Toujeo Solostar, Trulicity, or Victoza; QL (15 ML per 28 days)
Antihyperglycemic,Insulin-Rel Stim.& Biguanide Cmb		

Drug	Status	Notes
glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	Tier 1	MO
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	Tier 1	MO
repaglinide-metformin oral tablet 1-500 mg, 2-500 mg	Tier 1	MO; QL (170 EA per 1 FILL)
Antihyperglycemic-Glucocorticoid Receptor Blocker		
KORLYM ORAL TABLET 300 MG	Tier 4	PA; QL (4 EA per 1 day)
Antihyperglycemic-Sglt2 Inhibitor & Biguanide Comb		
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	Tier 2	MO; ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Riomet ER, Tolazamide, Tolbutamide in the past 130 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	MO; ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Riomet ER, Tolazamide, Tolbutamide in the past 130 days; QL (2 EA per 1 day)

Drug	Status	Notes
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG	Tier 3	MO; ST: Prior prescription for 2 of the following in the past 365 days: Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Invokamet XR, Invokamet, Invokana, Jardiance, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Riomet ER, Synjardy XR, Synjardy, Tolazamide, or Tolbutamide; 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	MO; ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Riomet ER, Tolazamide, Tolbutamide in the past 130 days; QL (2 EA per 1 day)

Drug	Status	Notes
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	Tier 2	MO; ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Riomet ER, Tolazamide, Tolbutamide in the past 130 days; QL (1 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	Tier 2	MO; ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Riomet ER, Tolazamide, Tolbutamide in the past 130 days; QL (2 EA per 1 day)

Drug	Status	Notes
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-500 MG	Tier 2	MO; ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Riomet ER, Tolazamide, Tolbutamide in the past 130 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	MO; ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Riomet ER, Tolazamide, Tolbutamide in the past 130 days; QL (2 EA per 1 day)
Antihypergly-Sglt-2 Inhib,Dpp-4 Inhib,Biguanide Cb		
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	Tier 2	ST: Prior prescription for Metformin, a Sulfonylurea, Pioglitazone, Empagliflozin, Linagliptan, or a combination drug containing any of these in the past 130 days; QL (1 EA per 1 day)

Drug	Status	Notes
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	Tier 2	ST: Prior prescription for Metformin, a Sulfonylurea, Pioglitazone, Empagliflozin, Linagliptan, or a combination drug containing any of these in the past 130 days; QL (2 EA per 1 day)
Blood Sugar Diagnostics		
ACCU-CHEK AVIVA PLUS TEST STRP STRIP	Tier 3	MO; QL (200 EA per 30 days)
ACCU-CHEK GUIDE TEST STRIPS STRIP	Tier 3	MO; QL (200 EA per 30 days)
ACCU-CHEK SMARTVIEW TEST STRIP STRIP	Tier 3	MO; QL (200 EA per 30 days)
ACCUTREND GLUCOSE TEST STRIPS STRIP	Tier 3	MO; QL (200 EA per 30 days)
ADVANCED GLUC METER TEST STRIP STRIP	Tier 3	MO; QL (200 EA per 30 days)
ADVOCATE REDI-CODE PLUS STRIP	Tier 3	MO; QL (200 EA per 30 days)
ADVOCATE REDI-CODE STRIP	Tier 3	MO; QL (200 EA per 30 days)
ADVOCATE TEST STRIPS STRIP	Tier 3	MO; QL (200 EA per 30 days)
AGAMATRIX AMP TEST STRIPS STRIP	Tier 3	MO; QL (200 EA per 30 days)
ASSURE 4 STRIPS STRIP	Tier 3	MO; QL (200 EA per 30 days)
ASSURE PLATINUM TEST STRIP STRIP	Tier 3	MO; QL (200 EA per 30 days)
ASSURE PRISM MULTI STRIP STRIP	Tier 3	MO; QL (200 EA per 30 days)
BIONIME RIGHTEST TEST STRIPS STRIP	Tier 3	MO; QL (200 EA per 30 days)
BLOOD GLUCOSE TEST STRIP	Tier 3	MO; QL (200 EA per 30 days)
BREEZE 2 TEST STRIPS STRIP	Tier 2	MO; QL (200 EA per 30 days)
CARESENS N TEST STRIPS STRIP	Tier 3	MO; QL (200 EA per 30 days)
CARETOUCH TEST STRIP STRIP	Tier 3	MO; QL (200 EA per 30 days)
CHOICEDM CLARUS STRIP	Tier 3	MO; QL (200 EA per 30 days)
CLEVER CHOICE MICRO TEST STRIP STRIP	Tier 3	MO; QL (200 EA per 30 days)
CLEVER CHOICE PRO STRIP	Tier 3	MO; QL (200 EA per 30 days)

Drug	Status	Notes
CLEVER CHOICE TALK TEST STRIP	Tier 3	MO; QL (200 EA per 30 days)
CLEVER CHOICE TEST STRIPS STRIP	Tier 3	MO; QL (200 EA per 30 days)
CLEVER CHOICE VOICE+ TEST STRIP	Tier 3	MO; QL (200 EA per 30 days)
CONTOUR NEXT TEST STRIPS STRIP	Tier 2	MO; QL (200 EA per 30 days)
CONTOUR TEST STRIPS STRIP	Tier 2	MO; QL (200 EA per 30 days)
COOL GLUCOSE TEST STRIP STRIP	Tier 3	MO; QL (200 EA per 30 days)
DARIO BLOOD GLUCOSE TEST STRIP STRIP	Tier 3	MO; QL (200 EA per 30 days)
DIATRUE PLUS TEST STRIP STRIP	Tier 3	MO; QL (200 EA per 30 days)
EASY GLUCO G2 STRIP	Tier 3	MO; QL (200 EA per 30 days)
EASY PLUS II TEST STRIP	Tier 3	MO; QL (200 EA per 30 days)
EASY STEP STRIP	Tier 3	MO; QL (200 EA per 30 days)
EASY TALK GLUCOSE TEST STRIP	Tier 3	MO; QL (200 EA per 30 days)
EASY TOUCH TEST STRIP STRIP	Tier 3	MO; QL (200 EA per 30 days)
EASY TRAK GLUCOSE TEST STRIP	Tier 3	MO; QL (200 EA per 30 days)
EASY TRAK II TEST STRIP STRIP	Tier 3	MO; QL (200 EA per 30 days)
EASYGLUCO PLUS STRIP	Tier 3	MO; QL (200 EA per 30 days)
EASYGLUCO TEST STRIP	Tier 3	MO; QL (200 EA per 30 days)
EASYMAX 15 TEST STRIPS STRIP	Tier 3	MO; QL (200 EA per 30 days)
EASYMAX STRIP	Tier 3	MO; QL (200 EA per 30 days)
ELEMENT COMPACT TEST STRIPS STRIP	Tier 3	MO; QL (200 EA per 30 days)
ELEMENT TEST STRIPS STRIP	Tier 3	MO; QL (200 EA per 30 days)
EMBRACE BLOOD GLUCOSE SYSTEM STRIP	Tier 3	MO; QL (200 EA per 30 days)
EMBRACE EVO TEST STRIPS STRIP	Tier 3	MO; QL (200 EA per 30 days)
EVENCARE G2 STRIP	Tier 3	MO; QL (200 EA per 30 days)

Drug	Status	Notes
EVENCARE G3 TEST STRIP	Tier 3	MO; QL (200 EA per 30 days)
EVENCARE MINI GLUCOSE TEST STR STRIP	Tier 3	MO; QL (200 EA per 30 days)
EVENCARE TEST STRIP	Tier 3	MO; QL (200 EA per 30 days)
EVOLUTION TEST STRIPS STRIP	Tier 3	MO; QL (200 EA per 30 days)
EZ SMART PLUS TEST STRIP	Tier 3	MO; QL (200 EA per 30 days)
EZ SMART TEST STRIP	Tier 3	MO; QL (200 EA per 30 days)
FIFTY50 TEST STRIP STRIP	Tier 3	MO; QL (200 EA per 30 days)
FORA D15G STRIPS STRIP	Tier 3	MO; QL (200 EA per 30 days)
FORA D20 STRIP	Tier 3	MO; QL (200 EA per 30 days)
FORA D40-G31 TEST STRIPS STRIP	Tier 3	MO; QL (200 EA per 30 days)
FORA G20 STRIP	Tier 3	MO; QL (200 EA per 30 days)
FORA G30-PREMIUM V10 TEST STRP STRIP	Tier 3	MO; QL (200 EA per 30 days)
FORA GD50 TEST STRIPS STRIP	Tier 3	MO; QL (200 EA per 30 days)
FORA GTEL GLUCOSE TEST STRIP STRIP	Tier 3	MO; QL (200 EA per 30 days)
FORA TEST STRIP STRIP	Tier 3	MO; QL (200 EA per 30 days)
FORA TN'G VOICE TEST STRIPS STRIP	Tier 3	MO; QL (200 EA per 30 days)
FORA V10 STRIP	Tier 3	MO; QL (200 EA per 30 days)
FORA V10-V12-D10-D20 STRIPS STRIP	Tier 3	MO; QL (200 EA per 30 days)
FORA V12 GLUCOSE STRIP	Tier 3	MO; QL (200 EA per 30 days)
FORA V20 STRIP	Tier 3	MO; QL (200 EA per 30 days)
FORA V30A STRIP	Tier 3	MO; QL (200 EA per 30 days)
FORACARE GD20 STRIP	Tier 3	MO; QL (200 EA per 30 days)
FORACARE GD40 TEST STRIPS STRIP	Tier 3	MO; QL (200 EA per 30 days)
FORTISCARE GLUCOSE TEST STRIPS STRIP	Tier 3	MO; QL (200 EA per 30 days)

Drug	Status	Notes
FREESTYLE INSULINX STRIP	Tier 3	MO; QL (200 EA per 30 days)
FREESTYLE INSULINX TEST STRIPS STRIP	Tier 3	MO; QL (200 EA per 30 days)
FREESTYLE LITE STRIPS STRIP	Tier 3	MO; QL (200 EA per 30 days)
FREESTYLE PRECISION NEO STRIPS STRIP	Tier 3	MO; QL (200 EA per 30 days)
FREESTYLE TEST STRIP	Tier 3	MO; QL (200 EA per 30 days)
GE100 BLOOD GLUCOSE TEST STRIP STRIP	Tier 3	MO; QL (200 EA per 30 days)
GENSTRIP TEST STRIP STRIP	Tier 3	MO; QL (200 EA per 30 days)
GENULTIMATE TEST STRIP STRIP	Tier 3	MO; QL (200 EA per 30 days)
GLUCO NAVII TEST STRIP STRIP	Tier 3	MO; QL (200 EA per 30 days)
GLUCOCARD 01 SENSOR PLUS STRIP	Tier 3	MO; QL (200 EA per 30 days)
GLUCOCARD EXPRESSION STRIP	Tier 3	MO; QL (200 EA per 30 days)
GLUCOCARD SHINE TEST STRIPS STRIP	Tier 3	MO; QL (200 EA per 30 days)
GLUCOCARD VITAL SENSOR STRIP	Tier 3	MO; QL (200 EA per 30 days)
GLUCOCARD VITAL TEST STRIPS STRIP	Tier 3	MO; QL (200 EA per 30 days)
GLUCOCOM GLUCOSE STRIP	Tier 3	MO; QL (200 EA per 30 days)
GM100 STRIP	Tier 3	MO; QL (200 EA per 30 days)
GOJJI BLOOD GLUCOSE TEST STRIP STRIP	Tier 3	MO; QL (200 EA per 30 days)
GOODLIFE AC-302 TEST STRIP STRIP	Tier 3	MO; QL (200 EA per 30 days)
HEALTHPRO TEST STRIPS STRIP	Tier 3	MO; QL (200 EA per 30 days)
IGLUCOSE TEST STRIP STRIP	Tier 3	MO; QL (200 EA per 30 days)
INFINITY TEST STRIPS STRIP	Tier 3	MO; QL (200 EA per 30 days)
INFINITY VOICE TEST STRIP STRIP	Tier 3	MO; QL (200 EA per 30 days)
MICRO BLOOD GLUCOSE STRIP	Tier 3	MO; QL (200 EA per 30 days)
MICRODOT BLOOD GLUCOSE SYSTEM STRIP	Tier 3	MO; QL (200 EA per 30 days)

Drug	Status	Notes
MICRODOT XTRA BLOOD GLUCOSE STRIP	Tier 3	MO; QL (200 EA per 30 days)
MYGLUCOHEALTH STRIP	Tier 3	MO; QL (200 EA per 30 days)
NEUTEK 2TEK TEST STRIPS STRIP	Tier 3	MO; QL (200 EA per 30 days)
NOVA MAX GLUCOSE TEST STRIP	Tier 3	MO; QL (200 EA per 30 days)
ON CALL EXPRESS TEST STRIP STRIP	Tier 3	MO; QL (200 EA per 30 days)
ON CALL PLUS TEST STRIP STRIP	Tier 3	MO; QL (200 EA per 30 days)
ON CALL VIVID TEST STRIP STRIP	Tier 3	MO; QL (200 EA per 30 days)
ONETOUCH ULTRA BLUE TEST STRIP STRIP	Tier 3	MO; QL (200 EA per 30 days)
ONETOUCH VERIO TEST STRIPS STRIP	Tier 3	MO; QL (200 EA per 30 days)
OPTIUM EZ STRIP	Tier 3	MO; QL (200 EA per 30 days)
OPTIUM TEST STRIP	Tier 3	MO; QL (200 EA per 30 days)
OPTUMRX STRIP	Tier 3	MO; QL (200 EA per 30 days)
PHARMACIST CHOICE STRIP	Tier 3	MO; QL (200 EA per 30 days)
PRECISION PCX PLUS TEST STRIP	Tier 3	MO; QL (200 EA per 30 days)
PRECISION PCX TEST STRIP	Tier 3	MO; QL (200 EA per 30 days)
PRECISION POINT OF CARE TEST STRIP	Tier 3	MO; QL (200 EA per 30 days)
PRECISION Q-I-D TEST STRIP	Tier 3	MO; QL (200 EA per 30 days)
PRECISION XTRA TEST STRIP	Tier 3	MO; QL (200 EA per 30 days)
PREMIER TEST STRIP STRIP	Tier 3	MO; QL (200 EA per 30 days)
PREMIUM V10 STRIP	Tier 3	MO; QL (200 EA per 30 days)
PRODIGY NO CODING STRIP	Tier 3	MO; QL (200 EA per 30 days)
QUINTET AC STRIP	Tier 3	MO; QL (200 EA per 30 days)
QUINTET GLUCOSE TEST STRIPS STRIP	Tier 3	MO; QL (200 EA per 30 days)
REFUAH PLUS STRIP	Tier 3	MO; QL (200 EA per 30 days)

Drug	Status	Notes
RELION CONFIRM-MICRO STRIP	Tier 3	MO; QL (200 EA per 30 days)
RELION PRIME TEST STRIPS STRIP	Tier 3	MO; QL (200 EA per 30 days)
RELION ULTIMA STRIP	Tier 3	MO; QL (200 EA per 30 days)
REVEAL TEST STRIP STRIP	Tier 3	MO; QL (200 EA per 30 days)
RIGHTEST GS250S TEST STRIPS STRIP	Tier 3	MO; QL (200 EA per 30 days)
RIGHTEST GS260 TEST STRIPS STRIP	Tier 3	MO; QL (200 EA per 30 days)
RIGHTEST GS550 TEST STRIPS STRIP	Tier 3	MO; QL (200 EA per 30 days)
SMART SENSE TEST STRIPS STRIP	Tier 3	MO; QL (200 EA per 30 days)
SMARTEST TEST STRIP	Tier 3	MO; QL (200 EA per 30 days)
SOLUS V2 TEST STRIPS STRIP	Tier 3	MO; QL (200 EA per 30 days)
SURE-TEST EASYPLUS MINI STRIP	Tier 3	MO; QL (200 EA per 30 days)
TD GOLD TEST STRIP STRIP	Tier 3	MO; QL (200 EA per 30 days)
TELCARE TEST STRIPS STRIP	Tier 3	MO; QL (200 EA per 30 days)
TEST N'GO TEST STRIP	Tier 3	MO; QL (200 EA per 30 days)
TRUE METRIX GLUCOSE TEST STRIP STRIP	Tier 3	MO; QL (200 EA per 30 days)
TRUETEST TEST STRIPS STRIP	Tier 3	MO; QL (200 EA per 30 days)
TRUETRACK TEST STRIP	Tier 3	MO; QL (200 EA per 30 days)
ULTIMA TEST STRIPS STRIP	Tier 3	MO; QL (200 EA per 30 days)
ULTRATRAK STRIP	Tier 3	MO; QL (200 EA per 30 days)
ULTRATRAK ULTIMATE STRIP	Tier 3	MO; QL (200 EA per 30 days)
UNISTRIP1 TEST STRIP STRIP	Tier 3	MO; QL (200 EA per 30 days)
VIVAGUARD INO TEST STRIP STRIP	Tier 3	MO; QL (200 EA per 30 days)
WAVESENSE JAZZ STRIP	Tier 3	MO; QL (200 EA per 30 days)
WAVESENSE PRESTO STRIP	Tier 3	MO; QL (200 EA per 30 days)
Diabetic Supplies		

Drug	Status	Notes
2TEK CONTROL (HIGH-NORMAL) SOLUTION	Tier 3	MO
2TEK GLUCOSE/BLOOD PRESSURE KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
ACCU-CHEK AVIVA CONTROL SOLN SOLUTION	Tier 3	MO
ACCU-CHEK AVIVA PLUS METER	Tier 3	MO; QL (1 EA per 1 YEAR)
ACCU-CHEK COMPACT PLUS CARE KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
ACCU-CHEK GUIDE GLUCOSE METER	Tier 3	MO; QL (1 EA per 1 YEAR)
ACCU-CHEK GUIDE L1-L2 CTRL SOL SOLUTION	Tier 3	MO
ACCU-CHEK GUIDE ME GLUCOSE MTR	Tier 3	MO; QL (1 EA per 1 YEAR)
ACCU-CHEK SMARTVIEW CONTRL SOL SOLUTION	Tier 3	MO
ACCUTREND GLUCOSE CONTROL SOLUTION	Tier 3	MO
ADVANCED GLUCOSE METER	Tier 3	MO; QL (1 EA per 1 YEAR)
ADVOCATE BLOOD GLUCOSE MONITOR	Tier 3	MO; QL (1 EA per 1 YEAR)
ADVOCATE CONTROL SOLUTION HIGH SOLUTION	Tier 3	MO
ADVOCATE DUO DEVICE	Tier 3	MO; QL (1 EA per 1 YEAR)
ADVOCATE DUO METER KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
ADVOCATE LOW CONTROL SOLUTION	Tier 3	MO
ADVOCATE REDI-CODE GLU MONITOR	Tier 3	MO; QL (1 EA per 1 YEAR)
ADVOCATE REDI-CODE GLU MONITOR KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
ADVOCATE REDI-CODE PLUS	Tier 3	MO; QL (1 EA per 1 YEAR)
ADVOCATE REDI-CODE+ CTRL HIGH SOLUTION	Tier 3	MO
ADVOCATE REDI-CODE+ CTRL LOW SOLUTION	Tier 3	MO
AGAMATRIX AMP GLUC MONITOR SYS	Tier 3	MO; QL (1 EA per 1 YEAR)
AGAMATRIX CONTROL HIGH SOLUTION	Tier 3	MO
AGAMATRIX CONTROL NORM-HI SOLUTION	Tier 3	MO
AGAMATRIX CONTROL SOLN-LEVEL 2 SOLUTION	Tier 3	MO
AGAMATRIX CONTROL SOLN-LEVEL 4 SOLUTION	Tier 3	MO

Drug		Status	Notes
ASSURE 4 CONTROL SOLUTION COMBO PACK		Tier 3	MO
ASSURE DOSE NORMAL CONTROL SOLUTION		Tier 3	MO
ASSURE DOSE NORM-HI CONTROL SOLUTION		Tier 3	MO
ASSURE PLATINUM GLUCOSE METER		Tier 3	MO; QL (1 EA per 1 YEAR)
ASSURE PRISM CONTROL 1-2 SOLN SOLUTION		Tier 3	MO
ASSURE PRISM MULTI METER		Tier 3	MO; QL (1 EA per 1 YEAR)
BIONIME RIGHTEST GM300 SYSTEM KIT		Tier 3	MO; QL (1 EA per 1 YEAR)
blood glucose contrl hi,normal solution	(2Tek Control (High-Normal))	Tier 3	MO
blood glucose control, normal solution	(Accu-Chek SmartView Contrl Sol)	Tier 3	MO
blood glucose ctl high,nml,low solution	(Myglucohealth Control Solution)	Tier 3	MO
BLOOD GLUCOSE MONITORING KIT		Tier 3	MO; QL (1 EA per 1 YEAR)
blood-glucose meter	(Contour Meter)	Tier 3	MO; QL (1 EA per 1 YEAR)
blood-glucose meter kit	(Contour Link)	Tier 3	MO; QL (1 EA per 1 YEAR)
BREEZE 2 CONTROL SOLUTION, LOW SOLUTION		Tier 3	MO
BREEZE 2 CONTROL SOLUTION, NML SOLUTION		Tier 3	MO
BREEZE 2 CONTROL SOLUTION,HIGH SOLUTION		Tier 3	MO
CARESENS CONTROL A AND B SOLUTION		Tier 3	MO
CARESENS CONTROL A NORMAL SOLUTION		Tier 3	MO
CARESENS N		Tier 3	MO; QL (1 EA per 1 YEAR)
CARESENS N KIT		Tier 3	MO; QL (1 EA per 1 YEAR)
CARESENS N VOICE		Tier 3	MO; QL (1 EA per 1 YEAR)
CARESENS N VOICE KIT		Tier 3	MO; QL (1 EA per 1 YEAR)
CARETOUCH GLUCOSE MONITORING KIT		Tier 3	MO; QL (1 EA per 1 YEAR)
CHOICE DM CLARUS NORM CONTROL SOLUTION		Tier 3	MO
CHOICEDM CLARUS		Tier 3	MO; QL (1 EA per 1 YEAR)
CLEVER CHEK BLOOD GLUCOSE		Tier 3	MO; QL (1 EA per 1 YEAR)
CLEVER CHEK BLOOD GLUCOSE SYST KIT		Tier 3	MO; QL (1 EA per 1 YEAR)
CLEVER CHOICE BLOOD GLUC SYS		Tier 3	MO; QL (1 EA per 1 YEAR)
CLEVER CHOICE GLUCOSE MONITOR		Tier 3	MO; QL (1 EA per 1 YEAR)

Drug	Status	Notes
CLEVER CHOICE LEVEL 1 CONTROL SOLUTION	Tier 3	MO
CLEVER CHOICE LEVEL 2 CONTROL SOLUTION	Tier 3	MO
CLEVER CHOICE LEVEL 3 CONTROL SOLUTION	Tier 3	MO
CLEVER CHOICE MICRO	Tier 3	MO; QL (1 EA per 1 YEAR)
CLEVER CHOICE PRO	Tier 3	MO; QL (1 EA per 1 YEAR)
CLEVER CHOICE TALK GLUCOSE SYS	Tier 3	MO; QL (1 EA per 1 YEAR)
CONTOUR CONTROL SOLUTION, HIGH SOLUTION	Tier 3	MO; QL (1 EA per 1 YEAR)
CONTOUR CONTROL SOLUTION, LOW SOLUTION	Tier 3	MO; QL (1 EA per 1 YEAR)
CONTOUR CONTROL SOLUTION, NML SOLUTION	Tier 3	MO; QL (1 EA per 1 YEAR)
CONTOUR LINK KIT	Tier 2	MO; QL (1 EA per 1 YEAR)
CONTOUR METER	Tier 2	MO; QL (1 EA per 1 YEAR)
CONTOUR METER KIT	Tier 2	MO; QL (1 EA per 1 YEAR)
CONTOUR NEXT EZ METER	Tier 2	MO; QL (1 EA per 1 YEAR)
CONTOUR NEXT EZ METER KIT	Tier 2	MO; QL (1 EA per 1 YEAR)
CONTOUR NEXT LEV 1 CONTROL SOL SOLUTION	Tier 3	MO
CONTOUR NEXT LEV 2 CONTROL SOL SOLUTION	Tier 3	MO
CONTOUR NEXT LINK 2.4 KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
CONTOUR NEXT LINK KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
CONTOUR NEXT METER	Tier 2	MO; QL (1 EA per 1 YEAR)
CONTOUR NEXT ONE METER	Tier 2	MO; QL (1 EA per 1 YEAR)
CONTROL AST MONITORING SYSTEM	Tier 3	MO; QL (1 EA per 1 YEAR)
COOL BLOOD GLUCOSE METER	Tier 3	MO; QL (1 EA per 1 YEAR)
COOL BLOOD GLUCOSE METER KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
COOL CONTROL A SOLUTION SOLUTION	Tier 3	MO
COOL CONTROL B SOLUTION SOLUTION	Tier 3	MO
DARIO BLOOD GLUCOSE MONITOR DEVICE	Tier 3	MO; QL (1 EA per 1 YEAR)
DEXCOM G4 RECEIVER	Tier 3	MO; QL (1 EA per 1 YEAR)
DEXCOM G4 RECEIVER PEDIATRIC	Tier 3	MO; QL (1 EA per 1 YEAR)
DEXCOM G4 RECEIVER-SHARE (PED)	Tier 3	MO; QL (1 EA per 1 YEAR)
DEXCOM G4 RECEIVER-SHARE KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
DEXCOM G4 TRANSMITTER DEVICE	Tier 3	MO; QL (1 EA per 1 YEAR)

Drug	Status	Notes
DEXCOM G5 RECEIVER	Tier 3	MO; QL (1 EA per 1 YEAR)
DEXCOM G5 TRANSMITTER DEVICE	Tier 3	MO; QL (1 EA per 1 YEAR)
DEXCOM G5-G4 SENSOR DEVICE	Tier 3	MO; QL (4 EA per 28 days)
DEXCOM G6 RECEIVER	Tier 3	MO; QL (1 EA per 1 YEAR)
DEXCOM G6 SENSOR DEVICE	Tier 3	MO; QL (1 EA per 1 YEAR)
DEXCOM G6 TRANSMITTER DEVICE	Tier 3	MO; QL (1 EA per 1 YEAR)
DEXCOM RECEIVER	Tier 3	MO; QL (1 EA per 1 YEAR)
DIATRUE CONTROL SOLN NORMAL SOLUTION	Tier 3	MO
DIATRUE CONTROL SOLUTION HIGH SOLUTION	Tier 3	MO
DIATRUE CONTROL SOLUTION LOW SOLUTION	Tier 3	MO
DIATRUE PLUS BLOOD GLUCOSE MET	Tier 3	MO; QL (1 EA per 1 YEAR)
EASY CHECK BLOOD GLUCOSE KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
EASY PLUS II BLOOD GLUCOSE MET	Tier 3	MO; QL (1 EA per 1 YEAR)
EASY PLUS II HIGH CONTROL SOLUTION	Tier 3	MO; QL (1 EA per 1 YEAR)
EASY PLUS II LOW CONTROL SOLUTION	Tier 3	MO; QL (1 EA per 1 YEAR)
EASY STEP BLOOD GLUCOSE METER	Tier 3	MO; QL (1 EA per 1 YEAR)
EASY STEP HIGH CONTROL SOLN SOLUTION	Tier 3	MO
EASY STEP LOW CONTROL SOLUTION SOLUTION	Tier 3	MO
EASY STEP NORMAL CONTROL SOLN SOLUTION	Tier 3	MO
EASY TALK BLOOD GLUCOSE METER	Tier 3	MO; QL (1 EA per 1 YEAR)
EASY TALK HIGH CONTROL SOLUTION	Tier 3	MO; QL (1 EA per 1 YEAR)
EASY TALK LOW CONTROL SOLUTION	Tier 3	MO; QL (1 EA per 1 YEAR)
EASY TOUCH GLUCOSE MONITOR	Tier 3	MO; QL (1 EA per 1 YEAR)
EASY TOUCH HIGH-LOW CONTROL SOLUTION	Tier 3	MO
EASY TRAK BLOOD GLUCOSE METER	Tier 3	MO; QL (1 EA per 1 YEAR)
EASY TRAK HIGH CONTROL SOLUTION	Tier 3	MO; QL (1 EA per 1 YEAR)
EASY TRAK II CTRL SOLN-NORMAL SOLUTION	Tier 3	MO
EASY TRAK LOW CONTROL SOLUTION	Tier 3	MO; QL (1 EA per 1 YEAR)
EASYGLUCO METER KIT	Tier 3	MO; QL (1 EA per 1 YEAR)

Drug	Status	Notes
EASYGLUCO MONITORING SYSTEM KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
EASYGLUCO PLUS NORMAL CONTROL SOLUTION	Tier 3	MO
EASYMAX 15 LEVEL 1 SOLUTION	Tier 3	MO
EASYMAX 15 LEVEL 2 SOLUTION	Tier 3	MO
EASYMAX L BLOOD GLUCOSE METER	Tier 3	MO; QL (1 EA per 1 YEAR)
EASYMAX LOW CONTROL SOLUTION	Tier 3	MO
EASYMAX NG	Tier 3	MO; QL (1 EA per 1 YEAR)
EASYMAX NG KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
EASYMAX NORMAL CONTROL SOLUTION	Tier 3	MO
EASYMAX V SPEAKING GLUCOSE SYS	Tier 3	MO; QL (1 EA per 1 YEAR)
EASYMAX V2 BLOOD GLUCOSE METER	Tier 3	MO; QL (1 EA per 1 YEAR)
EASY-TOUCH BLOOD GLUCOSE METER	Tier 3	MO; QL (1 EA per 1 YEAR)
ELEMENT COMPACT GLUCOSE METER	Tier 3	MO; QL (1 EA per 1 YEAR)
ELEMENT COMPACT HIGH CONTROL SOLUTION	Tier 3	MO
ELEMENT COMPACT NORMAL CONTROL SOLUTION	Tier 3	MO
ELEMENT COMPACT V GLUCOSE MTR	Tier 3	MO; QL (1 EA per 1 YEAR)
ELEMENT HIGH CONTROL SOLUTION	Tier 3	MO
ELEMENT LOW CONTROL SOLUTION	Tier 3	MO
ELEMENT NORMAL CONTROL SOLUTION	Tier 3	MO
ELEMENT PLUS BLOOD GLUCOSE KIT KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
EMBRACE BLOOD GLUCOSE SYSTEM	Tier 3	MO; QL (1 EA per 1 YEAR)
EMBRACE EVO BLOOD GLUCOSE KIT KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
EMBRACE EVO LEVEL 1 SOLUTION	Tier 3	MO
EMBRACE GLUCOSE CONTROL HIGH SOLUTION	Tier 3	MO; QL (1 EA per 1 YEAR)
EMBRACE GLUCOSE CONTROL LOW SOLUTION	Tier 3	MO
EMBRACE PRO GLUCOSE METER	Tier 3	MO; QL (1 EA per 1 YEAR)
EMBRACE PRO SOLUTION	Tier 3	MO
EMBRACE TALK CONTROL-HIGH (L2) SOLUTION	Tier 3	MO

Drug	Status	Notes
EMBRACE TALK CONTROL-LOW (L1) SOLUTION	Tier 3	MO
EVENCARE G2	Tier 3	MO; QL (1 EA per 1 YEAR)
EVENCARE G2 SOLUTION	Tier 3	MO; QL (1 EA per 1 YEAR)
EVENCARE G3 CONTROL SOLUTION	Tier 3	MO
EVENCARE G3 GLUCOSE METER KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
EVENCARE KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
EVENCARE MINI GLUCOSE CONTROL SOLUTION	Tier 3	MO
EVENCARE MINI MONITOR SYSTEM	Tier 3	MO; QL (1 EA per 1 YEAR)
EVENCARE PROVIEW CONTROL-L2,L3 SOLUTION	Tier 3	MO
EVOLUTION BLOOD GLUCOSE METER KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
EVOLUTION NORMAL CONTROL SOLUTION	Tier 3	MO
EZ SMART CONTROL SOLUTION	Tier 3	MO
EZ SMART PLUS SYSTEM KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
EZ SMART SYSTEM KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
FORA D10 KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
FORA D15 GLUCOSE-BP MONITOR DEVICE	Tier 3	MO; QL (1 EA per 1 YEAR)
FORA D20 KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
FORA D40D GLUCOSE-BP MONITOR DEVICE	Tier 3	MO; QL (1 EA per 1 YEAR)
FORA G20 KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
FORA G30A	Tier 3	MO; QL (1 EA per 1 YEAR)
FORA GD50 BLOOD GLUCOSE SYSTEM	Tier 3	MO; QL (1 EA per 1 YEAR)
FORA HIGH CONTROL SOLUTION	Tier 3	MO
FORA LOW CONTROL SOLUTION	Tier 3	MO
FORA NORMAL CONTROL SOLUTION	Tier 3	MO
FORA PREMIUM V10 GLUCOSE METER	Tier 3	MO; QL (1 EA per 1 YEAR)
FORA TEST N'GO VOICE METER	Tier 3	MO; QL (1 EA per 1 YEAR)
FORA TN'G VOICE METER	Tier 3	MO; QL (1 EA per 1 YEAR)
FORA V10 KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
FORA V12 BLOOD GLUCOSE SYSTEM	Tier 3	MO; QL (1 EA per 1 YEAR)
FORA V12 BLOOD GLUCOSE SYSTEM KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
FORA V20 KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
FORA V30A	Tier 3	MO; QL (1 EA per 1 YEAR)
FORA V30A KIT	Tier 3	MO; QL (1 EA per 1 YEAR)

Drug	Status	Notes
FORACARE GD20 GLUCOSE METER	Tier 3	MO; QL (1 EA per 1 YEAR)
FORACARE GD40A GLUCOSE METER	Tier 3	MO; QL (1 EA per 1 YEAR)
FORACARE GD40B GLUCOSE METER	Tier 3	MO; QL (1 EA per 1 YEAR)
FORACARE GDH HIGH CONTROL SOLUTION	Tier 3	MO
FORACARE GDH LOW CONTROL SOLUTION	Tier 3	MO
FORACARE GDH NORMAL CONTROL SOLUTION	Tier 3	MO
FORTISCARE BLOOD GLUCOSE SYST KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
FORTISCARE HIGH SOLUTION	Tier 3	MO
FORTISCARE LOW SOLUTION	Tier 3	MO
FORTISCARE NORMAL SOLUTION	Tier 3	MO
FREESTYLE CONTROL SOLUTION	Tier 3	MO
FREESTYLE FLASH SYSTEM KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
FREESTYLE FREEDOM KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
FREESTYLE FREEDOM LITE KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
FREESTYLE INSULINX	Tier 3	MO; QL (1 EA per 1 YEAR)
FREESTYLE LIBRE 14 DAY READER	Tier 3	
FREESTYLE LIBRE 14 DAY SENSOR KIT	Tier 3	MO; QL (4 EA per 28 days)
FREESTYLE LIBRE 2 READER	Tier 3	
FREESTYLE LIBRE 2 SENSOR KIT	Tier 3	
FREESTYLE LITE METER KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
FREESTYLE PRECISION NEO METER	Tier 3	MO; QL (1 EA per 1 YEAR)
FREESTYLE SIDEKICK II KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
FREESTYLE SYSTEM KIT KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
GDRIVE KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
GE100 BLOOD GLUCOSE SYSTEM KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
GE100 CONTROL SOLUTION NORMAL SOLUTION	Tier 3	MO
GLUCO NAVII GLUCOSE MONITOR KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
GLUCOCARD 01 HI-NORMAL CONTROL SOLUTION	Tier 3	MO
GLUCOCARD 01 METER KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
GLUCOCARD 01 NORMAL CONTROL SOLUTION	Tier 3	MO
GLUCOCARD EXPRESSION	Tier 3	MO; QL (1 EA per 1 YEAR)
GLUCOCARD EXPRESSION KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
GLUCOCARD EXPRESSION SOLUTION	Tier 3	MO; QL (1 EA per 1 YEAR)

Drug	Status	Notes
GLUCOCARD SHINE CONNEX METER	Tier 3	MO; QL (1 EA per 1 YEAR)
GLUCOCARD SHINE EXPRESS METER	Tier 3	MO; QL (1 EA per 1 YEAR)
GLUCOCARD SHINE METER	Tier 3	MO; QL (1 EA per 1 YEAR)
GLUCOCARD SHINE METER KIT KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
GLUCOCARD SHINE SOLUTION	Tier 3	MO; QL (1 EA per 1 YEAR)
GLUCOCARD SHINE XL METER	Tier 3	MO; QL (1 EA per 1 YEAR)
GLUCOCARD VITAL KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
GLUCOCOM BLOOD GLUCOSE KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
GLUCOCOM CONTROL HIGH SOLUTION	Tier 3	MO
GLUCOCOM CONTROL NORMAL SOLUTION	Tier 3	MO
GLUCOSE CONTROL SOLUTION	Tier 3	MO
GLUCOSE KETONE CONTROL SOLN SOLUTION	Tier 3	MO
GM100 KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
GOJJI GLUCOSE CNTRL SOL-NORMAL SOLUTION	Tier 3	MO
GOODLIFE AC-302 GLUCOSE METER	Tier 3	MO; QL (1 EA per 1 YEAR)
GUARDIAN REAL-TIME GLU MONITOR	Tier 3	MO; QL (1 EA per 1 YEAR)
HARMONY CONTROL L1,L3 SOLUTION	Tier 3	MO
HEALTHPRO GLUCOSE MONITOR	Tier 3	MO; QL (1 EA per 1 YEAR)
HEALTHPRO HIGH-LOW CONTROL SOLUTION	Tier 3	MO
IGLUCOSE BLOOD GLUCOSE MONITOR KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
INFINITY CONTROL SOLUTION HIGH SOLUTION	Tier 3	MO
INFINITY CONTROL SOLUTION LOW SOLUTION	Tier 3	MO
INFINITY CONTROL SOLUTION NORM SOLUTION	Tier 3	MO
INFINITY METER KIT KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
INFINITY STARTER KIT KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
INFINITY VOICE CTRL SOLN-LVL 2 SOLUTION	Tier 3	MO
INFINITY VOICE GLUCOSE MONITOR	Tier 3	MO; QL (1 EA per 1 YEAR)
INPEN (FOR HUMALOG) SUBCUTANEOUS INSULIN PEN	Tier 3	
INPEN (FOR NOVOLOG OR FIASP) SUBCUTANEOUS INSULIN PEN	Tier 3	
JAZZ WIRELESS 2 METER KIT KIT	Tier 3	MO; QL (1 EA per 1 YEAR)

Drug	Status	Notes
MEDISENSE COMBO PACK	Tier 3	MO
MEDISENSE CONTROLS 1-HI 1-LO COMBO PACK	Tier 3	MO
MEDISENSE GLUCOSE KETONE COMBO PACK	Tier 3	MO
MEDISENSE MID CONTROL SOLUTION	Tier 3	MO
MEDPOINT NORMAL CONTROL SOLUTION	Tier 3	MO
METER-CHECK SOLUTION	Tier 3	MO
MICRODOT BLOOD GLUCOSE SYSTEM	Tier 3	MO; QL (1 EA per 1 YEAR)
MICRODOT BLOOD GLUCOSE SYSTEM KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
MICRODOT HIGH-LOW CONTROL SOLUTION	Tier 3	MO; QL (1 EA per 1 YEAR)
MICRODOT NORMAL CONTROL SOLUTION	Tier 3	MO; QL (1 EA per 1 YEAR)
MYGLUCOHEALTH CONTROL SOLUTION SOLUTION	Tier 3	MO
MYGLUCOHEALTH KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
NOVA MAX BLOOD GLUCOSE METER	Tier 3	MO; QL (1 EA per 1 YEAR)
NOVA MAX GLUCOSE CONTROL SOLUTION	Tier 3	MO
NOVAMAX PLUS GLU-KET SOLUTION	Tier 3	MO
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN	Tier 3	
ON CALL EXPRESS CONTROL SOLUTION	Tier 3	MO
ON CALL EXPRESS METER	Tier 3	MO; QL (1 EA per 1 YEAR)
ON CALL EXPRESS METER KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
ON CALL PLUS CONTROL SOLUTION	Tier 3	MO
ON CALL PLUS METER	Tier 3	MO; QL (1 EA per 1 YEAR)
ON CALL PLUS METER KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
ON CALL VIVID CONTROL SOLUTION	Tier 3	MO
ON CALL VIVID METER	Tier 3	MO; QL (1 EA per 1 YEAR)
ON CALL VIVID METER KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
ON CALL VIVID PAL METER	Tier 3	MO; QL (1 EA per 1 YEAR)
ON CALL VIVID PAL METER KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
ONETOUCH SURESOFT LANCING DEV 18 GAUGE, 21 GAUGE	Tier 2	MO
ONETOUCH ULTRA CONTROL SOLUTION	Tier 3	MO
ONETOUCH ULTRA2 METER	Tier 3	MO; QL (1 EA per 1 YEAR)
ONETOUCH ULTRA2 METER KIT	Tier 3	MO; QL (1 EA per 1 YEAR)

Drug	Status	Notes
ONETOUCH ULTRAMINI KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
ONETOUCH VERIO FLEX METER	Tier 3	MO; QL (1 EA per 1 YEAR)
ONETOUCH VERIO FLEX START KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
ONETOUCH VERIO HIGH CONTROL SOLUTION	Tier 3	MO
ONETOUCH VERIO IQ METER	Tier 3	MO; QL (1 EA per 1 YEAR)
ONETOUCH VERIO IQ METER KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
ONETOUCH VERIO METER	Tier 3	MO; QL (1 EA per 1 YEAR)
ONETOUCH VERIO MID CONTROL SOLUTION	Tier 3	MO
ONETOUCH VERIO REFLECT METER	Tier 3	MO; QL (1 EA per 1 YEAR)
ONETOUCH VERIO REFLECT START KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
OPTUMRX	Tier 3	MO; QL (1 EA per 1 YEAR)
OPTUMRX KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
OPTUMRX SOLUTION	Tier 3	MO; QL (1 EA per 1 YEAR)
PHARMACIST CHOICE GLUCOSE SYS	Tier 3	MO; QL (1 EA per 1 YEAR)
PRECISION	Tier 3	MO; QL (1 EA per 1 YEAR)
PRECISION GLUCOSE CONTROL SOLN COMBO PACK	Tier 3	MO
PRECISION GLUCOSE/KETONE CONTR COMBO PACK	Tier 3	MO
PRECISION XTRA MONITOR	Tier 3	MO; QL (1 EA per 1 YEAR)
PREMIER BLU GLUCOSE METER	Tier 3	MO; QL (1 EA per 1 YEAR)
PREMIER COMPACT GLUCOSE METER KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
PREMIER VOICE GLUCOSE METER	Tier 3	MO; QL (1 EA per 1 YEAR)
PREMIUM BLOOD GLUCOSE MONITOR	Tier 3	MO; QL (1 EA per 1 YEAR)
PREMIUM V10	Tier 3	MO; QL (1 EA per 1 YEAR)
PRESTO PRO BLOOD GLUCOSE METER	Tier 3	MO; QL (1 EA per 1 YEAR)
PRODIGY AUTOCODE METER KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
PRODIGY AUTOCODE MONITOR SYST	Tier 3	MO; QL (1 EA per 1 YEAR)
PRODIGY CONTROL SOLUTION, LOW SOLUTION	Tier 3	MO
PRODIGY CONTROL SOLUTION,HIGH SOLUTION	Tier 3	MO
PRODIGY POCKET METER KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
PRODIGY VOICE GLUCOSE METER KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
QUINTET AC	Tier 3	MO; QL (1 EA per 1 YEAR)
QUINTET BLOOD GLUCOSE METER	Tier 3	MO; QL (1 EA per 1 YEAR)

Drug	Status	Notes
REFUAH PLUS GLUCOSE CONTROL SOLUTION	Tier 3	MO
REFUAH PLUS GLUCOSE MONITOR KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
RELION ALL-IN-ONE METER KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
RELION CONFIRM KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
RELION MICRO GLUCOSE MONITOR	Tier 3	MO; QL (1 EA per 1 YEAR)
RELION MICRO GLUCOSE MONITOR KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
RELION PRIME METER	Tier 3	MO; QL (1 EA per 1 YEAR)
REVEAL BLOOD GLUCOSE METER KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
RIGHTEST CONTROL SOLUTION HIGH SOLUTION	Tier 3	MO
RIGHTEST CONTROL SOLUTION NORM SOLUTION	Tier 3	MO
RIGHTEST GC250S CNTRL SOL NORM SOLUTION	Tier 3	MO
RIGHTEST GM250S GLUCOSE METER	Tier 3	MO; QL (1 EA per 1 YEAR)
RIGHTEST GM260 GLUCOSE METER	Tier 3	MO; QL (1 EA per 1 YEAR)
RIGHTEST GM550 SYSTEM KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
SMART CARESENS N KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
SMART SENSE MONITORING SYSTEM	Tier 3	MO; QL (1 EA per 1 YEAR)
SMARTEST CONTROL SOLUTION	Tier 3	MO
SMARTEST EJECT KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
SMARTEST PERSONA GLUCOSE METER	Tier 3	MO; QL (1 EA per 1 YEAR)
SMARTEST PERSONA STARTER KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
SMARTEST PRONTO GLUCOSE METER	Tier 3	MO; QL (1 EA per 1 YEAR)
SMARTEST PRONTO STARTER KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
SMARTEST PROTEGE KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
SMARTEST SMART CODE METER KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
SMARTEST TALKING METER KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
SOLUS V2 AUDIBLE METER	Tier 3	MO; QL (1 EA per 1 YEAR)
SOLUS V2 AUDIBLE METER KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
SOLUS V2 CONTROL SOLUTION, LOW SOLUTION	Tier 3	MO
SOLUS V2 CONTROL SOLUTION,HIGH SOLUTION	Tier 3	MO
SURE-TEST EASYPLUS MINI METER	Tier 3	MO; QL (1 EA per 1 YEAR)
SURE-TEST EASYPLUS MINI SOLUTION	Tier 3	MO; QL (1 EA per 1 YEAR)

Drug	Status	Notes
TD GOLD BLOOD GLUCOSE MONITOR	Tier 3	MO; QL (1 EA per 1 YEAR)
TD GOLD LEVEL 1 CONTROL SOLUTION	Tier 3	MO
TD GOLD LEVEL 2 CONTROL SOLUTION	Tier 3	MO
TD GOLD LEVEL 3 CONTROL SOLUTION	Tier 3	MO
TD GOLD VOICE GLUCOSE MONITOR	Tier 3	MO; QL (1 EA per 1 YEAR)
TELCARE BGM KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
TELCARE BLOOD GLUCOSE KIT KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
TELCARE CONTROL SOLUTION	Tier 3	MO
TEST N'GO BLOOD GLUCOSE SYSTEM	Tier 3	MO; QL (1 EA per 1 YEAR)
TRUE METRIX AIR GLUCOSE METER	Tier 3	MO; QL (1 EA per 1 YEAR)
TRUE METRIX AIR GLUCOSE METER KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
TRUE METRIX GLUCOSE METER	Tier 3	MO; QL (1 EA per 1 YEAR)
TRUE METRIX GO GLUCOSE METER	Tier 3	MO; QL (1 EA per 1 YEAR)
TRUE METRIX LEVEL 1 SOLUTION	Tier 3	MO
TRUE METRIX LEVEL 2 SOLUTION	Tier 3	MO
TRUE METRIX LEVEL 3 SOLUTION	Tier 3	MO
TRUE2GO BLOOD GLUCOSE SYSTEM KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
TRUECONTROL LEVEL 0 SOLUTION	Tier 3	MO
TRUECONTROL LEVEL 1 SOLUTION	Tier 3	MO
TRUERESULT BLOOD GLUCOSE SYSTM KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
TRUETRACK BLOOD GLUCOSE SYSTEM KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
TRUETRACK SMART SYSTEM KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
ULTIMA MONITOR	Tier 3	MO; QL (1 EA per 1 YEAR)
ULTRATRAK GLUCOSE METER	Tier 3	MO; QL (1 EA per 1 YEAR)
ULTRATRAK GLUCOSE METER KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
ULTRATRAK HIGH-LOW CONTROL SOLUTION	Tier 3	MO; QL (1 EA per 1 YEAR)
ULTRATRAK NORMAL CONTROL SOLUTION	Tier 3	MO; QL (1 EA per 1 YEAR)
ULTRATRAK ULTIMATE	Tier 3	MO; QL (1 EA per 1 YEAR)
ULTRATRAK ULTIMATE SOLUTION	Tier 3	MO; QL (1 EA per 1 YEAR)
UNISTRIP HIGH CONTROL SOLUTION	Tier 3	MO
UNISTRIP LOW CONTROL SOLUTION	Tier 3	MO
VERASENS CONTROL SOLN-LEVEL 1 SOLUTION	Tier 3	MO

Drug	Status	Notes
VIVAGUARD INO CTRL SOLN-L1,2,3 SOLUTION	Tier 3	MO
VIVAGUARD INO CTRL SOLN-L1,L3 SOLUTION	Tier 3	MO
VIVAGUARD INO CTRL SOLN-L2 SOLUTION	Tier 3	MO
VIVAGUARD INO GLUCOSE METER	Tier 3	MO; QL (1 EA per 1 YEAR)
VIVAGUARD INO SMART GLUC METER	Tier 3	MO; QL (1 EA per 1 YEAR)
WAVESENSE AMP KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
WAVESENSE CONTROL SOLUTION SOLUTION	Tier 3	MO
WAVESENSE PRESTO	Tier 3	MO; QL (1 EA per 1 YEAR)
WAVESENSE PRESTO KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
Diabetic Ulcer Preparations,Topical		
REGRANEX TOPICAL GEL 0.01 %	Tier 2	QL (15 GM per 1 FILL)
Hyperglycemics		
BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION	Tier 2	QL (2 EA per 1 FILL)
diazoxide oral suspension 50 mg/ml (Proglycem)	Tier 1	
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	Tier 2	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	Tier 2	QL (2 EA per 1 FILL)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	Tier 2	QL (0.2 ML per 1 FILL)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	Tier 2	QL (0.4 ML per 1 FILL)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	Tier 2	QL (0.2 ML per 1 FILL)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	Tier 2	QL (0.4 ML per 1 FILL)
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML	Tier 2	QL (0.2 ML per 1 FILL)
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	Tier 2	QL (0.4 ML per 1 FILL)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML	Tier 2	QL (0.2 ML per 1 FILL)

Drug	Status	Notes
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	Tier 2	QL (0.4 ML per 1 FILL)
PROGLYCEM ORAL SUSPENSION 50 MG/ML	Tier 2	
Insulins		
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 3	MO; QL (30 ML per 28 days)
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	MO; QL (40 ML per 28 days)
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 8 UNIT	Tier 3	PA; MO; QL (180 EA per 28 days)
AFREZZA INHALATION CARTRIDGE WITH INHALER 4 UNIT	Tier 3	PA; MO; QL (360 EA per 28 days)
AFREZZA INHALATION CARTRIDGE WITH INHALER 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT (90)/ 12 UNIT (90)	Tier 3	PA; MO
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 3	MO; QL (30 ML per 28 days)
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	MO; QL (40 ML per 28 days)
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	MO; ST: Prior prescription for Lantus Solostar, Lantus, Levemir Flextouch, Levemir, Semglee, Toujeo Max Solostar, Toujeo Solostar, Tresiba Flextouch U-100, Tresiba Flextouch U-200, or Tresiba in the past 365 days; QL (30 ML per 28 days)
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	MO; QL (30 ML per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	Tier 2	QL (30 ML per 28 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	MO; QL (40 ML per 28 days)
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	Tier 2	MO; QL (30 ML per 28 days)

Drug	Status	Notes
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 2	MO; QL (30 ML per 28 days)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Tier 2	MO; QL (12 ML per 28 days)
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	Tier 2	MO; QL (40 ML per 28 days)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	Tier 2	MO; QL (30 ML per 28 days)
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	Tier 2	MO; QL (30 ML per 28 days)
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	Tier 2	MO; QL (40 ML per 28 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	Tier 2	MO; QL (30 ML per 28 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	MO; QL (40 ML per 28 days)
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	Tier 2	MO; QL (40 ML per 28 days)
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	Tier 2	MO; QL (30 ML per 28 days)
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	MO; QL (30 ML per 28 days)
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 2	MO; QL (30 ML per 28 days)
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	Tier 2	MO; QL (40 ML per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	Tier 2	MO; QL (40 ML per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	Tier 2	MO; QL (24 ML per 28 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	MO; QL (30 ML per 28 days)
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	MO; QL (40 ML per 28 days)

Drug	Status	Notes
LEVEMIR FLEXTOUCH U-100 INSULN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	MO; QL (30 ML per 28 days)
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	MO; QL (40 ML per 28 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	Tier 2	MO; QL (40 ML per 28 days)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	Tier 2	MO; QL (30 ML per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	MO; QL (30 ML per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 2	MO; QL (40 ML per 28 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	MO; QL (30 ML per 28 days)
NOVOLIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	Tier 2	MO; QL (40 ML per 28 days)
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	MO; QL (30 ML per 28 days)
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	Tier 2	MO; QL (40 ML per 28 days)
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	Tier 2	MO; QL (30 ML per 28 days)
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	Tier 2	MO; QL (30 ML per 28 days)
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	MO; QL (40 ML per 28 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	Tier 2	MO; QL (18 ML per 28 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	Tier 2	MO; QL (7.5 ML per 30 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	MO; QL (30 ML per 28 days)
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Tier 2	MO; QL (18 ML per 28 days)

Drug		Status	Notes
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML		Tier 2	MO; QL (30 ML per 28 days)
Ear - General Disorders			
Ear Preparations Anti-Inflammatory			
fluocinolone acetonide oil otic (ear) drops 0.01 %	(DermOtic Oil)	Tier 1	
Ear Preparations, Misc. Anti-Infectives			
acetic acid otic (ear) solution 2 %		Tier 1	
CORTANE-B TOPICAL LOTION 1-1-0.1 %		Tier 2	
hydrocortisone-acetic acid otic (ear) drops 1-2 %		Tier 1	
Ear Preparations,Antibiotics			
ciprofloxacin hcl otic (ear) dropperette 0.2 %	(Cetraxal)	Tier 1	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML		Tier 3	
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%		Tier 1	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%		Tier 1	
ofloxacin otic (ear) drops 0.3 %		Tier 1	
Otic Preparations,Anti-Inflammatory-Antibiotics			
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %		Tier 3	
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %	(Ciprodex)	Tier 1	
ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025 % (0.25 ml)	(Otovel)	Tier 1	
OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)		Tier 2	
Electrolyte Regulation			
Bicarbonate Producing/Containing Agents			
sodium bicarbonate intravenous solution 1 meq/ml (8.4 %)		Tier 1	
sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 8.4 % (1 meq/ml)		Tier 1	
Electrolyte Depleters			
AURYXIA ORAL TABLET 210 MG IRON		Tier 3	QL (12 EA per 1 day)
calcium acetate(phosphat bind) oral capsule 667 mg		Tier 1	MO

Drug		Status	Notes
calcium acetate(phosphat bind) oral tablet 667 mg		Tier 1	MO
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG		Tier 3	
KIONEX (WITH SORBITOL) ORAL SUSPENSION 15-19.3 GRAM/60 ML		Tier 1	
lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg	(Fosrenol)	Tier 1	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM		Tier 3	PA
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML		Tier 3	MO
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram	(Renvela)	Tier 1	MO
sevelamer carbonate oral tablet 800 mg	(Renvela)	Tier 1	MO
sevelamer hcl oral tablet 400 mg		Tier 1	MO
sevelamer hcl oral tablet 800 mg	(Renagel)	Tier 1	MO
SODIUM POLYSTYRENE (SORB FREE) ORAL SUSPENSION 15 GRAM/60 ML		Tier 1	
sodium polystyrene sulfonate oral powder		Tier 1	
SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML		Tier 1	
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML		Tier 2	
VELPHORO ORAL TABLET,CHEWABLE 500 MG		Tier 3	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM		Tier 3	PA
Electrolyte Maintenance			
lactated ringers intravenous parenteral solution		Tier 3	
Potassium Replacement			
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ		Tier 3	
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ		Tier 1	MO
KLOR-CON M10 ORAL TABLET,ER PARTICLES/CRYSTALS 10 MEQ		Tier 1	MO
KLOR-CON M15 ORAL TABLET,ER PARTICLES/CRYSTALS 15 MEQ		Tier 1	MO
KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYSTALS 20 MEQ		Tier 1	MO
KLOR-CON/EF ORAL TABLET, EFFERVESCENT 25 MEQ		Tier 2	MO

Drug		Status	Notes
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l		Tier 1	
potassium chloride oral capsule, extended release 10 meq, 8 meq		Tier 1	MO
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml		Tier 1	MO
potassium chloride oral packet 20 meq	(Klor-Con)	Tier 1	MO
potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq	(K-Tab)	Tier 1	MO
potassium chloride oral tablet,er particles/crystals 10 meq	(Klor-Con M10)	Tier 1	MO
potassium chloride oral tablet,er particles/crystals 20 meq	(Klor-Con M20)	Tier 1	MO
Sodium/Saline Preparations			
BD POSIFLUSH NORMAL SALINE 0.9 INJECTION SYRINGE		Tier 1	
BD PRE-FILLED NORMAL SALINE INJECTION SYRINGE		Tier 1	
BD PRE-FILLED SALINE BLUNT CAN INJECTION SYRINGE		Tier 1	
NORMAL SALINE FLUSH INJECTION SYRINGE		Tier 1	
sodium chlor 0.9% bacteriostat injection solution 0.9 %		Tier 1	
sodium chloride 0.45 % intravenous parenteral solution 0.45 %		Tier 1	
sodium chloride 0.9 % (flush) injection syringe	(BD PosiFlush Normal Saline 0.9)	Tier 1	
sodium chloride 0.9 % injection solution		Tier 1	
sodium chloride 0.9 % intravenous parenteral solution		Tier 1	
sodium chloride 0.9 % intravenous piggyback		Tier 1	
sodium chloride injection syringe 0.9 %		Tier 1	
sodium chloride intravenous parenteral solution 2.5 meq/ml		Tier 1	
Endocrine Disorder - Fertility			
Drugs To Treat Impotency			
tadalafil oral tablet 2.5 mg, 5 mg	(Cialis)	Tier 1	PA
Fertility Stimulating Preparations,Non-Fsh			
clomiphene citrate oral tablet 50 mg	(Serophene)	Tier 1	
Follicle Stim./Luteinizing Hormones			
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT		Tier 3	
Follicle-Stimulating Hormone (Fsh)			

Drug		Status	Notes
BRAVELLE INJECTION RECON SOLN 75 UNIT		Tier 3	
FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE 300 UNIT/0.36 ML, 600 UNIT/0.72 ML, 900 UNIT/1.08 ML		Tier 3	
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	
GONAL-F RFF SUBCUTANEOUS RECON SOLN 75 UNIT		Tier 3	
GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT, 450 UNIT		Tier 3	
Human Chorionic Gonadotropin (Hcg)			
chorionic gonadotropin, human injection recon soln 12,000 unit, 6,000 unit		Tier 1	QL (3 EA per 1 FILL)
chorionic gonadotropin, human intramuscular recon soln 10,000 unit	(Novarel)	Tier 3	QL (3 EA per 1 FILL)
NOVAREL INTRAMUSCULAR RECON SOLN 10,000 UNIT, 5,000 UNIT		Tier 3	QL (3 EA per 1 FILL)
OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML		Tier 3	
PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT		Tier 3	QL (3 EA per 1 FILL)
Pregnancy Facilitating/Maintaining Agent,Hormonal			
CRINONE VAGINAL GEL 8 %		Tier 3	
ENDOMETRIN VAGINAL INSERT 100 MG		Tier 3	
Endocrine Disorder - Other			
Antidiuretic And Vasopressor Hormones			
desmopressin injection solution 4 mcg/ml	(DDAVP)	Tier 1	
desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)		Tier 1	MO; QL (15 ML per 30 days)
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)		Tier 1	MO; QL (15 ML per 30 days)
desmopressin oral tablet 0.1 mg, 0.2 mg	(DDAVP)	Tier 1	MO
Antineoplastic Lhrh(Gnrh) Agonist,Pituitary Suppr.			
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG		Tier 4	PA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG		Tier 4	PA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG		Tier 4	PA
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)		Tier 4	PA

Drug		Status	Notes
leuprolide subcutaneous kit 1 mg/0.2 ml		Tier 4	PA
leuprolide subcutaneous solution 1 mg/0.2 ml		Tier 4	
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG		Tier 4	PA; QL (0.34 EA per 1 FILL)
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG		Tier 4	PA; QL (0.25 EA per 1 FILL)
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG		Tier 4	PA; QL (0.17 EA per 1 FILL)
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG		Tier 4	PA
Bone Formation Stim. Agents - Parathyroid Hormone			
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE - 600 MCG/2.4 ML		Tier 4	PA; QL (2.4 ML per 28 days)
teriparatide subcutaneous pen injector 20 mcg/dose - 620 mcg/2.48 ml		Tier 4	PA
Bone Formation Stimulating Agts - Pth Rel Peptides			
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)		Tier 4	PA
Bone Resorption Inhibitor & Vitamin D Combinations			
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT		Tier 2	MO; ST: Prior prescription for Alendronate Sodium, Binosto, Fosamax Plus D, Ibandronate Sodium, or Risedronate Sodium in the past 190 days; QL (5 EA per 1 FILL)
Bone Resorption Inhibitors			
alendronate oral solution 70 mg/75 ml		Tier 1	MO; QL (375 ML per 1 FILL)
alendronate oral tablet 10 mg, 35 mg		Tier 1	MO
alendronate oral tablet 5 mg		Tier 1	MO; QL (34 EA per 1 FILL)
alendronate oral tablet 70 mg	(Fosamax)	Tier 1	MO
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation		Tier 1	MO
etidronate disodium oral tablet 200 mg		Tier 1	
ibandronate oral tablet 150 mg	(Boniva)	Tier 1	MO; QL (1 EA per 1 FILL)
MIACALCIN INJECTION SOLUTION 200 UNIT/ML		Tier 2	MO
raloxifene oral tablet 60 mg	(Evista)	Tier 1	MO

Drug		Status	Notes
risedronate oral tablet 150 mg	(Actonel)	Tier 1	MO; ST: Prior prescription for 2 of the following in the past 365 days: Alendronate Sodium, Fosamax Plus D, or Ibandronate Sodium; QL (1 EA per 1 FILL)
risedronate oral tablet 30 mg		Tier 1	MO; ST: Prior prescription for 2 of the following in the past 365 days: Alendronate Sodium, Fosamax Plus D, or Ibandronate Sodium; QL (34 EA per 1 FILL)
risedronate oral tablet 35 mg	(Actonel)	Tier 1	MO; ST: Prior prescription for 2 of the following in the past 365 days: Alendronate Sodium, Fosamax Plus D, or Ibandronate Sodium; QL (5 EA per 1 FILL)
risedronate oral tablet 5 mg	(Actonel)	Tier 1	MO; ST: Prior prescription for 2 of the following in the past 365 days: Alendronate Sodium, Fosamax Plus D, or Ibandronate Sodium; QL (34 EA per 1 FILL)
risedronate oral tablet,delayed release (dr/ec) 35 mg	(Atelvia)	Tier 1	MO; ST: Prior prescription for 2 of the following in the past 365 days: Alendronate Sodium, Fosamax Plus D, or Ibandronate Sodium; QL (1 EA per 7 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)		Tier 4	PA
Calcimimetic,Parathyroid Calcium Enhancer			
cinacalcet oral tablet 30 mg, 60 mg, 90 mg	(Sensipar)	Tier 4	PA
Growth Hormone Receptor Antagonists			
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG		Tier 4	PA
Growth Hormone Releasing Hormone (Ghrh) & Analogs			
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG		Tier 4	PA; QL (2 EA per 1 day)
Growth Hormones			
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)		Tier 4	PA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG		Tier 4	PA

Drug	Status	Notes
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	Tier 4	PA
ZORBTIVE SUBCUTANEOUS RECON SOLN 8.8 MG	Tier 4	PA
Hyperparathyroid Tx Agents - Vitamin D Analog-Type		
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	Tier 1	MO
paricalcitol oral capsule 1 mcg, 2 mcg (Zemplar)	Tier 1	MO
paricalcitol oral capsule 4 mcg	Tier 1	MO
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	Tier 3	PA
Insulin-Like Growth Factor-1 (Igf-1) Hormones		
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	Tier 4	PA
Leptin Hormone Analogs		
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	Tier 4	PA; QL (1 EA per 1 day)
Lhrh (Gnrh) Antagonist,Estrogen And Progestin Comb		
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	Tier 3	PA
Lhrh(Gnrh) Agonist Analog Pituitary Suppressants		
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	Tier 4	PA; QL (0.34 EA per 1 FILL)
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	Tier 4	PA
Lhrh(Gnrh) Antagonist,Pituitary Suppressant Agents		
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	Tier 3	
ganirelix subcutaneous syringe 250 mcg/0.5 ml	Tier 3	
ORILISSA ORAL TABLET 150 MG, 200 MG	Tier 3	PA
Lhrh(Gnrh)Agnst Pit.Sup-Central Precocious Puberty		
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	Tier 4	PA; QL (0.34 EA per 1 FILL)
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	Tier 4	PA

Drug		Status	Notes
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)		Tier 4	PA
Menopausal Sympt Supp-Sel Estrogen Recep Modulator			
OSPHENA ORAL TABLET 60 MG		Tier 3	QL (30 EA per 30 days)
Pituitary Suppressive Agents			
cabergoline oral tablet 0.5 mg		Tier 1	
danazol oral capsule 100 mg, 200 mg, 50 mg		Tier 1	
Endocrine Disorder - Thyroid			
Antithyroid Preparations			
methimazole oral tablet 10 mg, 5 mg	(Tapazole)	Tier 1	MO
propylthiouracil oral tablet 50 mg		Tier 1	MO
Iodine Containing Agents			
LUGOLS ORAL SOLUTION 5 %		Tier 2	
STRONG IODINE ORAL SOLUTION 5 %		Tier 1	
Thyroid Hormones			
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 240 MG		Tier 3	MO
ARMOUR THYROID ORAL TABLET 180 MG, 30 MG, 300 MG, 60 MG, 90 MG		Tier 2	MO
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG		Tier 2	MO
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	MO
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 2	MO
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	(Euthyrox)	Tier 1	MO
levothyroxine oral tablet 300 mcg	(Levo-T)	Tier 1	MO
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG		Tier 2	MO
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	(Cytomel)	Tier 1	MO
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG		Tier 1	MO

Drug		Status	Notes
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 2	MO
thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	(NP Thyroid)	Tier 1	MO
THYROLAR-1 ORAL TABLET 12.5-50 MCG		Tier 2	MO
THYROLAR-1/2 ORAL TABLET 6.25-25 MCG		Tier 2	MO
THYROLAR-1/4 ORAL TABLET 3.1-12.5 MCG		Tier 2	MO
THYROLAR-2 ORAL TABLET 25-100 MCG		Tier 2	MO
THYROLAR-3 ORAL TABLET 37.5-150 MCG		Tier 2	MO
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG		Tier 3	MO
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 50 MCG/ML, 75 MCG/ML, 88 MCG/ML		Tier 3	MO
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 2	MO
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG		Tier 1	MO
Eye - General Disorders			
Eye Antibiotic, Glucocorticoid And Nsaid Comb.			
prednisoln sp-gatiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %		Tier 1	QL (3.5 ML per 30 days)
prednisoln sp-moxiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %		Tier 1	QL (8 ML per 30 days)
prednisolone-moxiflo-nepafenac ophthalmic (eye) drops,suspension 1-0.5-0.1 %		Tier 1	QL (8 ML per 30 days)
Eye Antibiotic-Corticoid Combinations			
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	(Neo-Polycin HC)	Tier 1	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	(Maxitrol)	Tier 1	

Drug	Status	Notes
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 % (Maxitrol)	Tier 1	
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml	Tier 1	
NEO-POLYCIN HC OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT/G-1%	Tier 1	
PRED-G OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-1 %	Tier 2	
PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT 0.3-0.6 %	Tier 2	
prednisolone-moxifloxacin hcl ophthalmic (eye) drops,suspension 1-0.5 %	Tier 1	QL (5 ML per 30 days)
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	Tier 3	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	Tier 3	
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 % (TobraDex)	Tier 1	
Eye Antihistamines		
azelastine ophthalmic (eye) drops 0.05 %	Tier 1	
epinastine ophthalmic (eye) drops 0.05 %	Tier 1	
LASTACAFT OPHTHALMIC (EYE) DROPS 0.25 %	Tier 3	ST: Prior prescription for 2 of the following in the past 365 days: Azelastine HCL, Epinastine HCL, or Olopatadine HCL; QL (3 ML per 30 days)
PAZEO OPHTHALMIC (EYE) DROPS 0.7 %	Tier 3	ST: Prior prescription for 2 of the following in the past 365 days: Azelastine HCL, Epinastine HCL, or Olopatadine HCL; QL (5 ML per 30 days)
Eye Antiinflammatory Agents		
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %	Tier 3	
bromfenac ophthalmic (eye) drops 0.09 %	Tier 1	
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %	Tier 1	
diclofenac sodium ophthalmic (eye) drops 0.1 %	Tier 1	

Drug		Status	Notes
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %		Tier 3	
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %		Tier 3	
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	(FML Liquifilm)	Tier 1	
flurbiprofen sodium ophthalmic (eye) drops 0.03 %		Tier 1	
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %		Tier 3	
FML S.O.P. OPHTHALMIC (EYE) OINTMENT 0.1 %		Tier 2	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %		Tier 3	
ketorolac ophthalmic (eye) drops 0.4 %	(Acular LS)	Tier 1	
ketorolac ophthalmic (eye) drops 0.5 %	(Acular)	Tier 1	
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %		Tier 3	
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %		Tier 3	
loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %	(Lotemax)	Tier 1	
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %		Tier 3	
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %		Tier 3	
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %		Tier 2	
prednisolone acetate (pf) ophthalmic (eye) drops,suspension 1 %		Tier 1	
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	(Pred Forte)	Tier 1	
prednisolone sod ph-bromfenac ophthalmic (eye) drops 1-0.075 %		Tier 1	QL (3.5 ML per 30 days)
prednisolone sodium phosphate ophthalmic (eye) drops 1 %		Tier 1	
Eye Antivirals			
trifluridine ophthalmic (eye) drops 1 %		Tier 1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %		Tier 3	QL (5 GM per 1 FILL)
Eye Local Anesthetics			
ALCAINE OPHTHALMIC (EYE) DROPS 0.5 %		Tier 1	
ALTACAINE OPHTHALMIC (EYE) DROPS 0.5 %		Tier 1	
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 %		Tier 1	

Drug		Status	Notes
fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %		Tier 1	
proparacaine ophthalmic (eye) drops 0.5 %	(Alcaine)	Tier 1	
tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %		Tier 1	
tetracaine hcl ophthalmic (eye) drops 0.5 %	(Altacaine)	Tier 1	
Eye Sulfonamides			
BLEPH-10 OPHTHALMIC (EYE) DROPS 10 %		Tier 1	
BLEPHAMIDE OPHTHALMIC (EYE) DROPS,SUSPENSION 10-0.2 %		Tier 3	
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 %		Tier 3	
sulfacetamide sodium ophthalmic (eye) drops 10 %	(Bleph-10)	Tier 1	
sulfacetamide sodium ophthalmic (eye) ointment 10 %		Tier 1	
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)		Tier 1	
Eye Vasoconstrictors (Rx Only)			
phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %		Tier 1	
UPNEEQ OPHTHALMIC (EYE) DROPPERETTE 0.1 %		Tier 3	QL (1 EA per 1 day)
Ophthalmic Antibiotics			
AK-POLY-BAC OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM		Tier 1	
AZASITE OPHTHALMIC (EYE) DROPS 1 %		Tier 3	
bacitracin ophthalmic (eye) ointment 500 unit/gram	(Baciguent)	Tier 1	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	(AK-Poly-Bac)	Tier 1	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %		Tier 2	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	(Ciloxan)	Tier 1	
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)		Tier 1	
gatifloxacin ophthalmic (eye) drops 0.5 %	(Zymaxid)	Tier 1	
GENTAK OPHTHALMIC (EYE) OINTMENT 0.3 % (3 MG/GRAM)		Tier 1	
gentamicin ophthalmic (eye) drops 0.3 %		Tier 1	QL (15 ML per 1 FILL)
levofloxacin ophthalmic (eye) drops 0.5 %		Tier 1	

Drug		Status	Notes
moxifloxacin ophthalmic (eye) drops 0.5 %	(Vigamox)	Tier 1	
moxifloxacin ophthalmic (eye) drops, viscous 0.5 %	(Moxeza)	Tier 1	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	(Neo-Polycin)	Tier 1	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml		Tier 1	
NEO-POLYCIN OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT-UNIT/G		Tier 1	
ofloxacin ophthalmic (eye) drops 0.3 %	(Ocuflox)	Tier 1	QL (15 ML per 10 days)
POLYCIN OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM		Tier 1	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	(Polytrim)	Tier 1	
tobramycin ophthalmic (eye) drops 0.3 %	(Tobrex)	Tier 1	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %		Tier 3	
Ophthalmic Antifungal Agents			
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %		Tier 2	
Ophthalmic Anti-Inflammatory Immunomodulator-Type			
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %		Tier 3	PA; MO
CYCLOSPORINE IN KLARITY OPHTHALMIC (EYE) DROPS 0.1-0.25 %		Tier 1	MO
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %		Tier 2	PA; MO
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %		Tier 2	PA; MO; QL (60 EA per 1 FILL)
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %		Tier 3	PA; MO
Ophthalmic Mast Cell Stabilizers			
ALOCRIL OPHTHALMIC (EYE) DROPS 2 %		Tier 3	
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %		Tier 2	
cromolyn ophthalmic (eye) drops 4 %		Tier 1	
Eye - Glaucoma			
Carbonic Anhydrase Inhibitors			
acetazolamide oral capsule, extended release 500 mg		Tier 1	MO

Drug		Status	Notes
acetazolamide oral tablet 125 mg, 250 mg		Tier 1	MO
methazolamide oral tablet 25 mg, 50 mg		Tier 1	MO
Miotics/Other Intraoc. Pressure Reducers			
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %		Tier 3	MO
apraclonidine ophthalmic (eye) drops 0.5 %		Tier 1	
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %		Tier 2	MO
betaxolol ophthalmic (eye) drops 0.5 %		Tier 1	MO
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %		Tier 3	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %		Tier 2	MO
bimatoprost ophthalmic (eye) drops 0.03 %		Tier 1	MO
brimonidine ophthalmic (eye) drops 0.15 %	(Alphagan P)	Tier 1	MO
brimonidine ophthalmic (eye) drops 0.2 %		Tier 1	MO
brimonidine-dorzolamide (pf) ophthalmic (eye) drops 0.15-2 %		Tier 1	MO
carteolol ophthalmic (eye) drops 1 %		Tier 1	MO
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %		Tier 2	MO
dorzolamide ophthalmic (eye) drops 2 %	(Trusopt)	Tier 1	MO
dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %	(Cosopt (PF))	Tier 1	MO; ST: Prior prescription for Dorzolamide HCL/Timolol Maleat in the past 190 days; QL (2 EA per 1 day)
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	(Cosopt)	Tier 1	MO
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %		Tier 2	
ISOPTO CARPINE OPHTHALMIC (EYE) DROPS 1 %, 2 %, 4 %		Tier 2	MO
latanoprost ophthalmic (eye) drops 0.005 %	(Xalatan)	Tier 1	MO
levobunolol ophthalmic (eye) drops 0.5 %		Tier 1	MO
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %		Tier 2	MO; QL (2.5 ML per 25 days)
metipranolol ophthalmic (eye) drops 0.3 %		Tier 1	MO

Drug		Status	Notes
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %		Tier 2	MO
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	(Isopto Carpine)	Tier 1	MO
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %		Tier 3	ST: Prior prescription for 2 of the following in the past 365 days: Alphagan P, Brimonidine Tartrate, Combigan, Latanoprost, Lumigan, Simbrinza, or Travoprost; QL (2.5 ML per 30 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %		Tier 3	ST: Prior prescription for 2 of the following in the past 365 days: Alphagan P, Brimonidine Tartrate, Combigan, Latanoprost, Lumigan, Simbrinza, or Travoprost; QL (2.5 ML per 30 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %		Tier 3	MO
timol-brimon-dorzo-latanop(pf) ophthalmic (eye) drops 0.5 %-0.15 %- 2 %-0.005 %		Tier 1	MO
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %	(Timoptic)	Tier 1	MO
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %	(Timoptic-XE)	Tier 1	MO
timolol-brimonidi-dorzolam(pf) ophthalmic (eye) drops 0.5-0.15-2 %		Tier 1	MO
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %		Tier 3	ST: Prior prescription for Timolol Maleate or Timoptic Ocudose in the past 130 days; QL (2 EA per 1 day)
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.5 %		Tier 3	MO; ST: Prior prescription for Timolol Maleate or Timoptic Ocudose in the past 130 days; QL (2 EA per 1 day)
travoprost ophthalmic (eye) drops 0.004 %	(Travatan Z)	Tier 1	MO; QL (2.5 ML per 25 days)
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 %		Tier 3	ST: Prior prescription for Latanoprost in the past 130 days; QL (5 ML per 30 days)

Drug		Status	Notes
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %		Tier 3	ST: Prior prescription for Bimatoprost, Durysta, Latanoprost, Lumigan, or Travoprost in the past 365 days; QL (30 EA per 30 days)
Mydriatics			
atropine ophthalmic (eye) drops 1 %	(Isopto Atropine)	Tier 1	MO
atropine ophthalmic (eye) ointment 1 %		Tier 1	
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %		Tier 3	
cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %	(Cyclogyl)	Tier 1	
HOMATROPAIRE OPHTHALMIC (EYE) DROPS 5 %		Tier 1	MO
ISOPTO ATROPINE OPHTHALMIC (EYE) DROPS 1 %		Tier 2	MO
PAREMYD OPHTHALMIC (EYE) DROPS 1-0.25 %		Tier 3	
tropicamide ophthalmic (eye) drops 0.5 %		Tier 1	
tropicamide ophthalmic (eye) drops 1 %	(Mydriacyl)	Tier 1	
Eye - Miscellaneous			
Artificial Tears			
LACRISERT OPHTHALMIC (EYE) INSERT 5 MG		Tier 3	PA
Eye Preparations, Miscellaneous (Otc)			
GELFILM OPHTHALMIC (EYE) FILM		Tier 3	
Ophthalmic Cystine Depleting Agents			
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %		Tier 4	PA
Fluid Replacement			
Iv Solutions: Dextrose-Saline			
d5 % and 0.9 % sodium chloride intravenous parenteral solution		Tier 1	
Gout And Related Diseases			
Colchicine			
colchicine oral capsule 0.6 mg	(Mitigare)	Tier 1	MO; QL (2 EA per 1 day)
colchicine oral tablet 0.6 mg	(Colcrys)	Tier 1	MO; QL (4 EA per 1 day)
Hyperuricemia Tx - Purine Inhibitors			
allopurinol oral tablet 100 mg, 300 mg	(Zyloprim)	Tier 1	MO
febuxostat oral tablet 40 mg, 80 mg	(Uloric)	Tier 1	MO; ST: Prior prescription for Allopurinol in the past 130 days
Uricosuric Agents			
probenecid oral tablet 500 mg		Tier 1	MO

Drug		Status	Notes
probenecid-colchicine oral tablet 500-0.5 mg		Tier 1	MO
Uricosuric And Xanthine Oxidase Inhibitor Comb.			
DUZALLO ORAL TABLET 200-200 MG, 200-300 MG		Tier 3	ST: Prior prescription for Allopurinol or Febuxostat in the past 130 days; QL (1 EA per 1 day)
Hematological Disorders			
Anticoagulants,Coumarin Type			
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG		Tier 1	MO
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	(Jantoven)	Tier 1	MO
Antifibrinolytic Agents			
aminocaproic acid oral solution 250 mg/ml (25 %)	(Amicar)	Tier 1	QL (450 ML per 30 days)
aminocaproic acid oral tablet 1,000 mg, 500 mg	(Amicar)	Tier 1	
RIASTAP INTRAVENOUS RECON SOLN 1 GRAM (900MG-1,300MG)		Tier 2	
tranexamic acid oral tablet 650 mg	(Lysteda)	Tier 1	
Citrates As Anticoagulants			
ACD SOLUTION A SOLUTION 2.45-2.2 GRAM- 800 MG/100 ML		Tier 3	
ACD-A SOLUTION , 2.45-2.2 GRAM-730 MG/100 ML		Tier 3	
anticoag citrate phos dextrose solution 2.63-222 gram-mg/100ml		Tier 1	
sodium citrate intra-catheter syringe 4 % (3 ml)		Tier 1	
sodium citrate solution 4 gram /100 ml (4 %)		Tier 1	
Direct Factor Xa Inhibitors			
BEVYXXA ORAL CAPSULE 40 MG, 80 MG		Tier 3	QL (43 EA per 42 days)
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)		Tier 2	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG, 5 MG		Tier 2	MO; QL (60 EA per 30 days)
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)		Tier 2	MO; QL (51 EA per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG		Tier 2	MO; QL (1 EA per 1 day)

Drug		Status	Notes
XARELTO ORAL TABLET 15 MG		Tier 2	MO; QL: 2 PER DAY FOR 21 DAYS THEN 1 PER DAY
XARELTO ORAL TABLET 2.5 MG		Tier 2	MO; QL (2 EA per 1 day)
Hematinics,Other			
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 150 MCG/0.75 ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML		Tier 4	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML		Tier 4	PA
EPOGEN 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		Tier 4	PA
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 4	PA
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 4	PA
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML		Tier 4	PA
Hemorrheologic Agents			
pentoxifylline oral tablet extended release 400 mg		Tier 1	MO
Heparin And Related Preparations			
enoxaparin subcutaneous solution 300 mg/3 ml	(Lovenox)	Tier 1	
enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml	(Lovenox)	Tier 1	
fondaparinux subcutaneous syringe 10 mg/0.8 ml	(Arixtra)	Tier 1	QL (24 ML per 30 days)
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	(Arixtra)	Tier 1	QL (15 ML per 30 days)
fondaparinux subcutaneous syringe 5 mg/0.4 ml	(Arixtra)	Tier 1	QL (12 ML per 30 days)

Drug		Status	Notes
fondaparinux subcutaneous syringe 7.5 mg/0.6 ml	(Arixtra)	Tier 1	QL (18 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML		Tier 2	QL (7.6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML		Tier 2	QL (60 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML		Tier 2	QL (30 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML		Tier 2	QL (36 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML		Tier 2	QL (43.2 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML		Tier 2	QL (12 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML		Tier 2	QL (18 ML per 30 days)
heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)		Tier 1	
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml		Tier 1	
heparin (porcine) injection syringe 5,000 unit/ml		Tier 1	
heparin lock flush (porcine) intravenous solution 100 unit/ml		Tier 1	
heparin lock flush (porcine) intravenous syringe 10 unit/ml, 100 unit/ml		Tier 1	
HEPARIN LOCK FLUSH INTRAVENOUS SYRINGE 10 UNIT/ML		Tier 1	
HEPARIN LOCK INTRAVENOUS SOLUTION 100 UNIT/ML		Tier 1	
HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML		Tier 1	
heparin, porcine (pf) injection solution 1,000 unit/ml		Tier 1	
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml		Tier 1	
heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)		Tier 1	
heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml	(Heparin LockFlush(Porcine)(PF))	Tier 1	
heparin, porcine (pf) subcutaneous syringe 5,000 unit/0.5 ml		Tier 1	
Leukocyte (Wbc) Stimulants			
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML		Tier 4	PA

Drug		Status	Notes
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML		Tier 4	PA
LEUKINE INJECTION RECON SOLN 250 MCG		Tier 4	PA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML		Tier 4	PA
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML		Tier 4	PA
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML		Tier 4	PA
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML		Tier 4	PA
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML		Tier 4	PA
Platelet Aggregation Inhibitors			
ADULT ASPIRIN REGIMEN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG		Tier 1	$0 COPAY IF AGE 45-79 YEARS; Age (Min 45 Years and Max 79 Years)
ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG		Tier 1	$0 COPAY IF AGE 45-79 YEARS; Age (Min 45 Years and Max 79 Years)
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG		Tier 1	$0 COPAY IF AGE 45-79 YEARS; Age (Min 45 Years and Max 79 Years)
ASPIRIN LOW DOSE ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG		Tier 1	$0 COPAY IF AGE 45-79 YEARS; Age (Min 45 Years and Max 79 Years)
aspirin oral tablet,chewable 81 mg	(Aspirin Childrens)	Tier 1	$0 COPAY IF AGE 45-79 YEARS; Age (Min 45 Years and Max 79 Years)
aspirin oral tablet,delayed release (dr/ec) 81 mg	(Adult Aspirin Regimen)	Tier 1	$0 COPAY IF AGE 45-79 YEARS; Age (Min 45 Years and Max 79 Years)
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	(Aggrenox)	Tier 1	MO
BRILINTA ORAL TABLET 60 MG		Tier 2	MO
BRILINTA ORAL TABLET 90 MG		Tier 2	MO; QL (2 EA per 1 day)
CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG		Tier 1	$0 COPAY IF AGE 45-79 YEARS; Age (Min 45 Years and Max 79 Years)
cilostazol oral tablet 100 mg, 50 mg		Tier 1	MO
clopidogrel oral tablet 300 mg		Tier 1	MO; QL (120 EA per 30 days)
clopidogrel oral tablet 75 mg	(Plavix)	Tier 1	MO
dipyridamole oral tablet 25 mg, 50 mg, 75 mg		Tier 1	MO

Drug		Status	Notes
LO-DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG		Tier 1	$0 COPAY IF AGE 45-79 YEARS; Age (Min 45 Years and Max 79 Years)
prasugrel oral tablet 10 mg, 5 mg	(Effient)	Tier 1	MO; QL (1 EA per 1 day)
ST JOSEPH ASPIRIN ORAL TABLET,CHEWABLE 81 MG		Tier 1	$0 COPAY IF AGE 45-79 YEARS; Age (Min 45 Years and Max 79 Years)
ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG		Tier 1	$0 COPAY IF AGE 45-79 YEARS; Age (Min 45 Years and Max 79 Years)
ZONTIVITY ORAL TABLET 2.08 MG		Tier 3	QL (1 EA per 1 day)
Platelet Reducing Agents			
anagrelide oral capsule 0.5 mg	(Agrylin)	Tier 1	MO
anagrelide oral capsule 1 mg		Tier 1	MO
Sickle Cell Anemia Agents			
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG		Tier 2	
Spleen Tyrosine Kinase Inhibitors			
TAVALISSE ORAL TABLET 100 MG, 150 MG		Tier 4	PA
Thrombin Inhibitors,Selective,Direct, & Reversible			
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG		Tier 3	MO; ST: Prior prescriptions for Eliquis and Xarelto in the past 365 days; QL (60 EA per 30 days)
Thrombopoietin Receptor Agonists			
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG		Tier 4	PA
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG		Tier 4	PA
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG		Tier 4	PA
MULPLETA ORAL TABLET 3 MG		Tier 4	PA
NPLATE SUBCUTANEOUS RECON SOLN 125 MCG, 250 MCG, 500 MCG		Tier 4	PA
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG		Tier 4	PA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG		Tier 4	PA
Vitamin K Preparations			
phytonadione (vitamin k1) injection solution 10 mg/ml	(Vitamin K1)	Tier 1	
phytonadione (vitamin k1) injection syringe 1 mg/0.5 ml		Tier 1	
phytonadione (vitamin k1) oral tablet 5 mg	(Mephyton)	Tier 1	QL (10 EA per 1 FILL)

Drug		Status	Notes
VITAMIN K INJECTION SOLUTION 1 MG/0.5 ML		Tier 1	
VITAMIN K1 INJECTION SOLUTION 10 MG/ML		Tier 1	
Hormonal Deficiency			
Androgen/Estrogen Preps For Female Sexual Dysfunc			
INTRAROSA VAGINAL INSERT 6.5 MG		Tier 3	QL (1 EA per 1 day)
Androgenic Agents			
ANADROL-50 ORAL TABLET 50 MG		Tier 3	PA
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR		Tier 3	PA
NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION		Tier 3	PA
oxandrolone oral tablet 10 mg, 2.5 mg	(Oxandrin)	Tier 1	PA
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	(Depo-Testosterone)	Tier 1	QL (10 ML per 30 days)
testosterone enanthate intramuscular oil 200 mg/ml		Tier 1	QL (5 ML per 30 days)
testosterone transdermal gel 50 mg/5 gram (1 %)	(Testim)	Tier 1	PA; QL (300 GM per 30 days)
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation	(Fortesta)	Tier 1	PA; QL (4 GM per 1 day)
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	(Vogelxo)	Tier 1	PA; QL (300 GM per 30 days)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	(AndroGel)	Tier 1	PA; QL (150 GM per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram)	(AndroGel)	Tier 1	PA; QL (150 GM per 30 days)
testosterone transdermal gel in packet 1 % (50 mg/5 gram)	(AndroGel)	Tier 1	PA; QL (300 GM per 30 days)
testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)	(AndroGel)	Tier 1	PA
testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)		Tier 1	PA; QL (180 ML per 30 days)
Estrogen & Progestin With Antimineralocorticoid Cb			
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG		Tier 3	ST: Prior prescription for Estradiol/norethindrone Acetate in the past 365 days; QL (1 EA per 1 day)
Estrogen & Selective Estrogen Recept Mod(Serm)Comb			
DUAVEE ORAL TABLET 0.45-20 MG		Tier 2	

Drug		Status	Notes
Estrogen And Progestin Combinations			
BIJUVA ORAL CAPSULE 1-100 MG		Tier 3	ST: Prior prescription for Estradiol/norethindrone Acetate in the past 365 days; QL (1 EA per 1 day)
Estrogen/Androgen Combinations			
COVARYX H.S. ORAL TABLET 0.625-1.25 MG		Tier 1	MO
COVARYX ORAL TABLET 1.25-2.5 MG		Tier 1	MO
EEMT HS ORAL TABLET 0.625-1.25 MG		Tier 1	MO
EEMT ORAL TABLET 1.25-2.5 MG		Tier 1	MO
estrogens-methyltestosterone oral tablet 0.625-1.25 mg	(Covaryx H.S.)	Tier 1	MO
estrogens-methyltestosterone oral tablet 1.25-2.5 mg	(Covaryx)	Tier 1	MO
Estrogenic Agents			
ALORA TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR		Tier 2	MO; QL (10 EA per 1 FILL)
AMABELZ ORAL TABLET 0.5-0.1 MG, 1-0.5 MG		Tier 1	MO
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR		Tier 3	MO; QL (5 EA per 1 FILL)
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR		Tier 2	MO
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML		Tier 2	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML		Tier 2	
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%)		Tier 3	MO; QL (1 EA per 1 day)
DIVIGEL TRANSDERMAL GEL IN PACKET 1 MG/GRAM (0.1 %)		Tier 3	MO; QL (1 GM per 1 day)
DIVIGEL TRANSDERMAL GEL IN PACKET 1.25 MG/1.25 GRAM (0.1 %)		Tier 3	QL (1 GM per 1 day)
DOTTI TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR		Tier 1	MO; QL (10 EA per 1 FILL)
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION		Tier 3	MO; QL (144 GM per 1 FILL)
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	(Estrace)	Tier 1	MO

Drug		Status	Notes
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(Dotti)	Tier 1	MO; QL (10 EA per 1 FILL)
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(Climara)	Tier 1	MO; QL (5 EA per 1 FILL)
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	(Delestrogen)	Tier 1	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	(Amabelz)	Tier 1	MO
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION		Tier 3	MO; QL (100 GM per 1 FILL)
EVAMIST TRANSDERMAL SPRAY,NON-AEROSOL 1.53 MG/SPRAY (1.7%)		Tier 3	MO; QL (16.2 ML per 1 FILL)
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG		Tier 1	MO
JINTELI ORAL TABLET 1-5 MG-MCG		Tier 1	MO
LOPREEZA ORAL TABLET 1-0.5 MG		Tier 1	MO
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG		Tier 2	MO
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR		Tier 3	MO; QL (5 EA per 1 FILL)
MIMVEY ORAL TABLET 1-0.5 MG		Tier 1	MO
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	(Fyavolv)	Tier 1	MO
PREFEST ORAL TABLET 1 MG (15)/1 MG- 0.09 MG (15)		Tier 3	MO
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG		Tier 2	MO
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)		Tier 2	MO
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG		Tier 2	MO
Lhrh (Gnrh) Agonist Analog And Progestin Comb			
LUPANETA PACK (1 MONTH) KIT. SYRINGE AND TABLET 3.75 MG -5 MG (30)		Tier 4	PA
LUPANETA PACK (3 MONTH) KIT. SYRINGE AND TABLET 11.25 MG -5 MG (90)		Tier 4	PA
Progestational Agents			
CRINONE VAGINAL GEL 4 %		Tier 3	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML		Tier 2	

Drug		Status	Notes
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	(Provera)	Tier 1	MO
norethindrone acetate oral tablet 5 mg	(Aygestin)	Tier 1	MO
progesterone intramuscular oil 50 mg/ml		Tier 1	
progesterone micronized oral capsule 100 mg, 200 mg	(Prometrium)	Tier 1	MO
Immunization			
Antisera			
CUTAQUIG SUBCUTANEOUS SOLUTION 16.5 %		Tier 4	PA
CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), 8 GRAM/40 ML (20 %)		Tier 4	PA
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE		Tier 4	PA
GAMASTAN S/D INTRAMUSCULAR SOLUTION 15-18 % RANGE		Tier 4	PA
GAMMAGARD LIQUID INJECTION SOLUTION 10 %		Tier 4	PA
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)		Tier 4	PA
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 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)		Tier 4	PA
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)		Tier 4	PA
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)		Tier 4	PA
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	
HYPERRHO S/D INTRAMUSCULAR SYRINGE 1,500 UNIT (300 MCG), 250 UNIT (50 MCG)		Tier 2	

Drug	Status	Notes
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 4	PA
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	Tier 4	PA
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SYRINGE 250 UNIT (50 MCG)	Tier 2	
NABI-HB INTRAMUSCULAR SOLUTION GREATER THAN 1,560 UNIT/5 ML, GREATR THAN 312 UNIT/ML	Tier 2	
PRIVIGEN INTRAVENOUS SOLUTION 10 %	Tier 4	PA
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SYRINGE 1,500 UNIT (300 MCG)	Tier 2	
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2 ML	Tier 3	
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 4	PA
Influenza Virus Vaccines		
AFLURIA QD 2020-21(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Tier 3	
AFLURIA QD 2020-21(6-35MO)(PF) INTRAMUSCULAR SYRINGE 30 MCG (7.5 MCG X 4)/0.25 ML	Tier 3	
AFLURIA QUAD 2020-2021(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	Tier 3	
FLUARIX QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Tier 3	
FLUCELVAX QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Tier 3	
FLUCELVAX QUAD 2020-2021 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	Tier 3	

Drug	Status	Notes
FLULAVAL QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Tier 3	
FLUZONE QUAD 2020-2021 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	Tier 3	
FLUZONE QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Tier 3	
FLUZONE QUAD 2020-2021 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	Tier 3	
Vaccine/Toxoid Preparations,Combinations		
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	Tier 3	QL (2 EA per 365 days); Age (Min 18 Years)
Viral/Tumorigenic Vaccines		
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	Tier 3	QL (2 ML per 365 days)
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	Tier 3	QL (2 ML per 365 days)
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	Tier 3	QL (2 EA per 365 days); Age (Min 50 Years)
SHINGRIX GE ANTIGEN COMPONENT INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG	Tier 3	QL (2 EA per 365 days); Age (Min 50 Years)
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	Tier 3	QL (2 ML per 365 days)
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	Tier 3	QL (2 ML per 365 days)
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	Tier 3	Age (Min 60 Years)
Immunosuppression/Modulation		
Immunomodulators		
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML	Tier 4	
imiquimod topical cream in packet 5 % (Aldara)	Tier 1	QL (24 EA per 30 days)
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	Tier 4	PA
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	Tier 4	PA
Immunosuppressives		

Drug		Status	Notes
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG		Tier 3	MO
AZASAN ORAL TABLET 100 MG, 75 MG		Tier 2	MO
azathioprine oral tablet 50 mg	(Imuran)	Tier 1	MO
CELLCEPT ORAL CAPSULE 250 MG		Tier 3	MO
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML		Tier 2	MO
CELLCEPT ORAL TABLET 500 MG		Tier 3	MO
cyclosporine modified oral capsule 100 mg, 25 mg	(Gengraf)	Tier 1	MO
cyclosporine modified oral capsule 50 mg		Tier 1	MO
cyclosporine modified oral solution 100 mg/ml	(Gengraf)	Tier 1	MO
cyclosporine oral capsule 100 mg, 25 mg	(Sandimmune)	Tier 1	MO
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG		Tier 3	MO
everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg	(Zortress)	Tier 1	MO
GENGRAF ORAL CAPSULE 100 MG, 25 MG		Tier 1	MO
GENGRAF ORAL SOLUTION 100 MG/ML		Tier 1	MO
mycophenolate mofetil oral capsule 250 mg	(CellCept)	Tier 1	MO
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	(CellCept)	Tier 1	MO
mycophenolate mofetil oral tablet 500 mg	(CellCept)	Tier 1	MO
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg	(Myfortic)	Tier 1	MO
NEORAL ORAL CAPSULE 100 MG, 25 MG		Tier 3	MO
NEORAL ORAL SOLUTION 100 MG/ML		Tier 3	MO
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG		Tier 3	MO
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG		Tier 3	Age (Max 12 Years)
RAPAMUNE ORAL SOLUTION 1 MG/ML		Tier 2	MO
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG		Tier 2	MO
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG		Tier 3	MO

Drug		Status	Notes
SANDIMMUNE ORAL SOLUTION 100 MG/ML		Tier 3	MO
sirolimus oral solution 1 mg/ml	(Rapamune)	Tier 1	MO
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	(Rapamune)	Tier 1	MO
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	(Prograf)	Tier 1	MO
ZORTRESS ORAL TABLET 1 MG		Tier 3	MO
Infectious Disease - Bacterial			
Absorbable Sulfonamides			
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	(Sulfatrim)	Tier 1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg	(Bactrim)	Tier 1	
sulfamethoxazole-trimethoprim oral tablet 800-160 mg	(Bactrim DS)	Tier 1	
SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML		Tier 1	
Betalactams			
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML		Tier 4	PA; QL (84 ML per 56 days)
Cephalosporins - 1St Generation			
cefadroxil oral capsule 500 mg		Tier 1	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml		Tier 1	
cefadroxil oral tablet 1 gram		Tier 1	
cephalexin oral capsule 250 mg, 500 mg	(Keflex)	Tier 1	
cephalexin oral capsule 750 mg	(Keflex)	Tier 1	QL (4 EA per 1 day)
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		Tier 1	
cephalexin oral tablet 250 mg, 500 mg		Tier 1	
Cephalosporins - 2Nd Generation			
cefaclor oral capsule 250 mg, 500 mg		Tier 1	
cefaclor oral suspension for reconstitution 125 mg/5 ml		Tier 1	
cefaclor oral suspension for reconstitution 250 mg/5 ml		Tier 1	QL (150 ML per 1 FILL)
cefaclor oral suspension for reconstitution 375 mg/5 ml		Tier 1	QL (100 ML per 1 FILL)
cefaclor oral tablet extended release 12 hr 500 mg		Tier 1	QL (20 EA per 10 days)
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		Tier 1	
cefprozil oral tablet 250 mg, 500 mg		Tier 1	
cefuroxime axetil oral tablet 250 mg		Tier 1	
cefuroxime axetil oral tablet 500 mg		Tier 1	QL (3 EA per 1 day)

Drug		Status	Notes
cefuroxime sodium intravenous recon soln 7.5 gram		Tier 1	
Cephalosporins - 3Rd Generation			
cefdinir oral capsule 300 mg		Tier 1	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		Tier 1	
cefditoren pivoxil oral tablet 200 mg		Tier 1	QL (20 EA per 10 days)
cefditoren pivoxil oral tablet 400 mg	(Spectracef)	Tier 1	QL (2 EA per 1 day)
cefixime oral capsule 400 mg	(Suprax)	Tier 1	QL (1 EA per 1 day)
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	(Suprax)	Tier 1	QL (150 ML per 1 FILL)
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml		Tier 1	QL (200 ML per 1 FILL)
cefpodoxime oral tablet 100 mg		Tier 1	
cefpodoxime oral tablet 200 mg		Tier 1	QL (2 EA per 1 day)
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML		Tier 3	QL (50 ML per 1 FILL)
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG		Tier 3	QL (40 EA per 20 days); Age (Max 12 Years)
Chemotherapeutics, Antibacterial, Misc.			
HYOPHEN ORAL TABLET 81.6-0.12-10.8 MG		Tier 1	
methenamine hippurate oral tablet 1 gram	(Hiprex)	Tier 1	
methenamine mandelate oral tablet 0.5 g, 1 gram		Tier 1	
methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg	(Urogesic-Blue)	Tier 1	
MONUROL ORAL PACKET 3 GRAM		Tier 2	
PHOSPHASAL ORAL TABLET 81.6-10.8-40.8 MG		Tier 2	
PRIMSOL ORAL SOLUTION 50 MG/5 ML		Tier 2	
trimethoprim oral tablet 100 mg		Tier 1	
URELLE ORAL TABLET 81-10.8-40.8 MG		Tier 2	
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG		Tier 2	
URIBEL ORAL CAPSULE 118-10-40.8-36 MG		Tier 3	
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	

Drug		Status	Notes
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 3	
USTELL ORAL CAPSULE 120-0.12 MG		Tier 1	
UTIRA-C ORAL TABLET 81.6-10.8-40.8 MG		Tier 3	
VILAMIT MB ORAL CAPSULE 118-10-40.8-36 MG		Tier 1	
VILEVEV MB ORAL TABLET 81-10.8-40.8 MG		Tier 2	
Macrolides			
azithromycin oral packet 1 gram	(Zithromax)	Tier 1	QL (3 EA per 1 FILL)
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	(Zithromax)	Tier 1	
azithromycin oral tablet 250 mg, 500 mg	(Zithromax)	Tier 1	
azithromycin oral tablet 600 mg		Tier 1	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		Tier 1	QL (300 ML per 1 FILL)
clarithromycin oral tablet 250 mg		Tier 1	QL (60 EA per 30 days)
clarithromycin oral tablet 500 mg		Tier 1	
clarithromycin oral tablet extended release 24 hr 500 mg		Tier 1	QL (2 EA per 1 day)
DIFICID ORAL TABLET 200 MG		Tier 2	ST: Prior prescription for Vancomycin HCL in the past 190 days; QL (20 EA per 30 days)
E.E.S. 400 ORAL TABLET 400 MG		Tier 1	QL (4 EA per 1 day)
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 250 MG		Tier 1	QL (120 EA per 30 days)
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG		Tier 1	QL (60 EA per 30 days)
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml	(E.E.S. Granules)	Tier 1	QL (400 ML per 1 FILL); Age (Max 12 Years)
erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml	(EryPed 400)	Tier 1	QL (400 ML per 1 FILL); Age (Max 12 Years)
erythromycin ethylsuccinate oral tablet 400 mg	(E.E.S. 400)	Tier 1	QL (4 EA per 1 day)
erythromycin oral capsule,delayed release(dr/ec) 250 mg		Tier 1	QL (120 EA per 30 days)
erythromycin oral tablet,delayed release (dr/ec) 250 mg	(Ery-Tab)	Tier 1	QL (120 EA per 30 days)
erythromycin oral tablet,delayed release (dr/ec) 333 mg	(Ery-Tab)	Tier 1	QL (6 EA per 1 day)

Drug		Status	Notes
erythromycin oral tablet,delayed release (dr/ec) 500 mg	(Ery-Tab)	Tier 1	QL (60 EA per 30 days)
Nitrofuran Derivatives			
nitrofurantoin macrocrystal oral capsule 100 mg	(Macrodantin)	Tier 1	MO; QL (4 EA per 1 day)
nitrofurantoin macrocrystal oral capsule 25 mg	(Macrodantin)	Tier 1	MO; QL (2 EA per 1 day)
nitrofurantoin macrocrystal oral capsule 50 mg	(Macrodantin)	Tier 1	MO
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	(Macrobid)	Tier 1	MO
nitrofurantoin oral suspension 25 mg/5 ml	(Furadantin)	Tier 1	ST: Prior prescription for Nitrofurantoin capsules in the past 365 days if 13 years of age or older
Oxazolidinones			
linezolid oral suspension for reconstitution 100 mg/5 ml	(Zyvox)	Tier 1	Age (Max 11 Years)
linezolid oral tablet 600 mg	(Zyvox)	Tier 1	QL (2 EA per 1 day)
SIVEXTRO ORAL TABLET 200 MG		Tier 2	PA
Penicillins			
amoxicillin oral capsule 250 mg, 500 mg		Tier 1	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml		Tier 1	
amoxicillin oral tablet 500 mg, 875 mg		Tier 1	
amoxicillin oral tablet,chewable 125 mg, 250 mg		Tier 1	
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml		Tier 1	
amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml	(Augmentin)	Tier 1	QL (500 ML per 1 FILL)
amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml	(Augmentin ES-600)	Tier 1	
amoxicillin-pot clavulanate oral tablet 250-125 mg		Tier 1	QL (3 EA per 1 day)
amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg	(Augmentin)	Tier 1	
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg	(Augmentin XR)	Tier 1	QL (4 EA per 1 day)
amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg		Tier 1	QL (4 EA per 1 day)
amoxicillin-pot clavulanate oral tablet,chewable 400-57 mg		Tier 1	QL (5 EA per 1 day)
ampicillin oral capsule 250 mg, 500 mg		Tier 1	

Drug		Status	Notes
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML		Tier 2	QL (150 ML per 1 FILL); Age (Max 6 Years)
dicloxacillin oral capsule 250 mg, 500 mg		Tier 1	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG		Tier 3	QL (10 EA per 10 days)
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml		Tier 1	
penicillin v potassium oral tablet 250 mg, 500 mg		Tier 1	
Pleuromutilin Derivatives			
XENLETA ORAL TABLET 600 MG		Tier 3	PA; QL (10 EA per 5 days)
Quinolones			
BAXDELA ORAL TABLET 450 MG		Tier 3	PA
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML		Tier 3	QL (200 ML per 1 FILL)
CIPRO XR ORAL TABLET, ER MULTIPHASE 24 HR 1,000 MG		Tier 2	QL (1 EA per 1 day)
CIPRO XR ORAL TABLET, ER MULTIPHASE 24 HR 500 MG		Tier 2	QL (2 EA per 1 day)
ciprofloxacin hcl oral tablet 250 mg, 500 mg	(Cipro)	Tier 1	
ciprofloxacin hcl oral tablet 750 mg		Tier 1	
ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml	(Cipro)	Tier 1	QL (200 ML per 1 FILL)
FACTIVE ORAL TABLET 320 MG		Tier 3	QL (7 EA per 1 FILL)
levofloxacin oral solution 250 mg/10 ml		Tier 1	QL (300 ML per 1 FILL)
levofloxacin oral tablet 250 mg, 500 mg, 750 mg		Tier 1	QL (34 EA per 1 FILL)
moxifloxacin oral tablet 400 mg		Tier 1	QL (1 EA per 1 day)
ofloxacin oral tablet 300 mg		Tier 1	QL (2 EA per 1 day)
ofloxacin oral tablet 400 mg		Tier 1	QL (28 EA per 14 days)
Tetracyclines			
demeclocycline oral tablet 150 mg		Tier 1	QL (4 EA per 1 day)
demeclocycline oral tablet 300 mg		Tier 1	QL (2 EA per 1 day)
doxycycline hyclate oral capsule 100 mg, 50 mg	(Morgidox)	Tier 1	
doxycycline hyclate oral tablet 100 mg		Tier 1	
doxycycline monohydrate oral capsule 100 mg	(Mondoxyne NL)	Tier 1	
doxycycline monohydrate oral capsule 50 mg	(Monodox)	Tier 1	

Drug		Status	Notes
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml	(Vibramycin)	Tier 1	QL (240 ML per 1 FILL)
doxycycline monohydrate oral tablet 100 mg	(Avidoxy)	Tier 1	
doxycycline monohydrate oral tablet 150 mg		Tier 1	QL (2 EA per 1 day)
doxycycline monohydrate oral tablet 50 mg, 75 mg		Tier 1	
minocycline oral capsule 100 mg, 50 mg, 75 mg		Tier 1	
MONDOXYNE NL ORAL CAPSULE 100 MG		Tier 1	
NUZYRA ORAL TABLET 150 MG		Tier 3	PA
tetracycline oral capsule 250 mg, 500 mg		Tier 1	QL (4 EA per 1 day)
VIBRAMYCIN ORAL SYRUP 50 MG/5 ML		Tier 3	
Infectious Disease - Fungal			
Antifungal Agents			
clotrimazole mucous membrane troche 10 mg		Tier 1	
CRESEMBA ORAL CAPSULE 186 MG		Tier 3	PA
fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml	(Diflucan)	Tier 1	
fluconazole oral tablet 100 mg, 150 mg	(Diflucan)	Tier 1	QL (3 EA per 1 day)
fluconazole oral tablet 200 mg	(Diflucan)	Tier 1	QL (4 EA per 1 day)
fluconazole oral tablet 50 mg	(Diflucan)	Tier 1	
flucytosine oral capsule 250 mg, 500 mg	(Ancobon)	Tier 1	PA
itraconazole oral capsule 100 mg	(Sporanox)	Tier 1	QL (4 EA per 1 day)
itraconazole oral solution 10 mg/ml	(Sporanox)	Tier 1	QL (600 ML per 30 days)
ketoconazole oral tablet 200 mg		Tier 1	QL (6 EA per 1 day)
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)		Tier 2	PA
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG		Tier 3	ST: Prior prescription for Clotrimazole or Nystatin in the past 365 days; QL (1 EA per 1 day)
posaconazole oral tablet,delayed release (dr/ec) 100 mg	(Noxafil)	Tier 1	PA
terbinafine hcl oral tablet 250 mg		Tier 1	
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	(Vfend)	Tier 1	QL (75 ML per 7 days)
voriconazole oral tablet 200 mg, 50 mg	(Vfend)	Tier 1	QL (4 EA per 1 day)
Antifungal Antibiotics			
griseofulvin microsize oral suspension 125 mg/5 ml		Tier 1	QL (480 ML per 1 FILL)
griseofulvin microsize oral tablet 500 mg		Tier 1	QL (2 EA per 1 day)

Drug		Status	Notes
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg		Tier 1	QL (3 EA per 1 day)
nystatin oral suspension 100,000 unit/ml		Tier 1	
nystatin oral tablet 500,000 unit		Tier 1	
Infectious Disease - Miscellaneous			
Aminoglycosides			
amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml		Tier 1	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML		Tier 4	PA
gentamicin injection solution 40 mg/ml		Tier 1	
neomycin oral tablet 500 mg		Tier 1	
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG		Tier 4	PA
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	(Tobi)	Tier 4	PA; MO; QL (280 ML per 56 days)
Antileprotics			
dapsone oral tablet 100 mg		Tier 1	QL (3 EA per 1 day)
dapsone oral tablet 25 mg		Tier 1	QL (4 EA per 1 day)
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG		Tier 4	PA; QL (2 EA per 1 day)
Anti-Mycobacterium Agents			
ethambutol oral tablet 100 mg		Tier 1	
ethambutol oral tablet 400 mg	(Myambutol)	Tier 1	
isoniazid oral solution 50 mg/5 ml		Tier 1	QL (946 ML per 30 days)
isoniazid oral tablet 100 mg, 300 mg		Tier 1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM		Tier 3	PA
pyrazinamide oral tablet 500 mg		Tier 1	QL (6 EA per 1 day)
rifabutin oral capsule 150 mg	(Mycobutin)	Tier 1	QL (60 EA per 30 days)
TRECATOR ORAL TABLET 250 MG		Tier 3	QL (4 EA per 1 day)
Antitubercular Antibiotics			
cycloserine oral capsule 250 mg		Tier 1	PA
pretomanid oral tablet 200 mg		Tier 3	QL (1 EA per 1 day)
PRIFTIN ORAL TABLET 150 MG		Tier 2	QL (32 EA per 28 days)
rifampin oral capsule 150 mg	(Rifadin)	Tier 1	QL (4 EA per 1 day)
rifampin oral capsule 300 mg	(Rifadin)	Tier 1	
RIFATER ORAL TABLET 50-120-300 MG		Tier 3	QL (6 EA per 1 day)
SIRTURO ORAL TABLET 100 MG, 20 MG		Tier 4	PA
Lincosamides			

Drug		Status	Notes
clindamycin hcl oral capsule 150 mg, 300 mg	(Cleocin HCl)	Tier 1	
clindamycin hcl oral capsule 75 mg	(Cleocin HCl)	Tier 1	QL (4 EA per 1 day)
clindamycin palmitate hcl oral recon soln 75 mg/5 ml	(Clindamycin Pediatric)	Tier 1	QL (800 ML per 1 FILL)
CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML		Tier 1	QL (800 ML per 1 FILL)
Polymyxin And Derivatives			
colistin (colistimethate na) injection recon soln 150 mg	(Coly-Mycin M Parenteral)	Tier 1	
Rifamycins And Related Derivative Antibiotics			
AEMCOLO ORAL TABLET,DELAYED RELEASE (DR/EC) 194 MG		Tier 3	ST: Prior prescription for Azithromycin, Cipro, Cipro XR, Ciprofloxacin HCL, Ciprofloxacin, Ciprofloxacin/ciprofloxacin HCL, Levofloxacin, Ofloxacin, or Zmax in the past 130 days; QL (12 EA per 1 FILL)
XIFAXAN ORAL TABLET 200 MG		Tier 3	9 PER FILL; QL (3 EA per 1 day)
XIFAXAN ORAL TABLET 550 MG		Tier 3	PA
Vancomycin And Derivatives			
FIRVANQ ORAL RECON SOLN 25 MG/ML, 50 MG/ML		Tier 3	QL (450 ML per 10 days)
vancomycin hcl in water intravenous solution 100 mg/ml		Tier 1	
vancomycin oral capsule 125 mg	(Vancocin)	Tier 1	QL (4 EA per 1 day)
vancomycin oral capsule 250 mg	(Vancocin)	Tier 1	QL (8 EA per 1 day)
Infectious Disease - Parasitic			
2Nd Gen. Anaerobic Antiprotozoal-Antibacterial			
tinidazole oral tablet 250 mg, 500 mg		Tier 1	QL (4 EA per 1 day)
Amebacides			
paromomycin oral capsule 250 mg		Tier 1	QL (96 EA per 6 days)
Anaerobic Antiprotozoal-Antibacterial Agents			
metronidazole oral capsule 375 mg	(Flagyl)	Tier 1	QL (8 EA per 1 day)
metronidazole oral tablet 250 mg, 500 mg	(Flagyl)	Tier 1	
Anthelmintics			
albendazole oral tablet 200 mg	(Albenza)	Tier 1	PA
EGATEN ORAL TABLET 250 MG		Tier 3	PA
ivermectin oral tablet 3 mg	(Stromectol)	Tier 1	
praziquantel oral tablet 600 mg	(Biltricide)	Tier 1	PA

Drug		Status	Notes
Antimalarial Drugs			
ARAKODA ORAL TABLET 100 MG		Tier 3	ST: Prior prescription for Atovaquone/proguanil HCL, Hydroxychloroquine Sulfate, or Mefloquine HCL in the past 365 days
atovaquone-proguanil oral tablet 250-100 mg	(Malarone)	Tier 1	QL (4 EA per 1 day)
atovaquone-proguanil oral tablet 62.5-25 mg	(Malarone Pediatric)	Tier 1	QL (3 EA per 1 day)
chloroquine phosphate oral tablet 250 mg		Tier 1	
chloroquine phosphate oral tablet 500 mg		Tier 1	QL (30 EA per 28 days)
COARTEM ORAL TABLET 20-120 MG		Tier 2	QL (24 EA per 3 days)
hydroxychloroquine oral tablet 200 mg	(Plaquenil)	Tier 1	MO
KRINTAFEL ORAL TABLET 150 MG		Tier 3	QL (4 EA per 1 FILL)
mefloquine oral tablet 250 mg		Tier 1	
primaquine oral tablet 26.3 mg		Tier 2	
pyrimethamine oral tablet 25 mg	(Daraprim)	Tier 4	PA
quinine sulfate oral capsule 324 mg	(Qualaquin)	Tier 1	QL (42 EA per 7 days)
Antiparasitics			
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML		Tier 2	QL (60 ML per 3 days); Age (Max 11 Years)
ALINIA ORAL TABLET 500 MG		Tier 2	QL (20 EA per 10 days)
Antiprotozoal Drugs,Miscellaneous			
atovaquone oral suspension 750 mg/5 ml	(Mepron)	Tier 1	QL (10 ML per 1 day)
benznidazole oral tablet 100 mg, 12.5 mg		Tier 1	PA
IMPAVIDO ORAL CAPSULE 50 MG		Tier 3	PA
NEBUPENT INHALATION RECON SOLN 300 MG		Tier 2	QL (1 EA per 1 FILL)
pentamidine inhalation recon soln 300 mg	(Nebupent)	Tier 1	QL (1 EA per 1 FILL)
Infectious Disease - Viral			
Antiretroviral-Integrase Inhibitor And Nnrti Comb.			
JULUCA ORAL TABLET 50-25 MG		Tier 2	QL (1 EA per 1 day)
Antiretroviral-Integrase Inhibitor And Nrti Comb.			
DOVATO ORAL TABLET 50-300 MG		Tier 3	QL (1 EA per 1 day)
Antiretroviral-Nucleoside,Nucleotide,Protease Inh.			
SYMTUZA ORAL TABLET 800-150-200-10 MG		Tier 2	QL (1 EA per 1 day)

Drug		Status	Notes
Antivirals, General			
acyclovir oral capsule 200 mg		Tier 1	
acyclovir oral suspension 200 mg/5 ml	(Zovirax)	Tier 1	QL (750 ML per 30 days)
acyclovir oral tablet 400 mg, 800 mg		Tier 1	
famciclovir oral tablet 125 mg, 500 mg		Tier 1	QL (21 EA per 1 FILL)
famciclovir oral tablet 250 mg		Tier 1	QL (68 EA per 1 FILL)
oseltamivir oral capsule 30 mg	(Tamiflu)	Tier 1	QL (40 EA per 183 days)
oseltamivir oral capsule 45 mg, 75 mg	(Tamiflu)	Tier 1	QL (20 EA per 183 days)
oseltamivir oral suspension for reconstitution 6 mg/ml	(Tamiflu)	Tier 1	QL (360 ML per 183 days); Age (Max 12 Years)
PREVYMIS ORAL TABLET 240 MG, 480 MG		Tier 3	PA
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION		Tier 2	40 IN 183 DAYS; QL (20 EA per 1 FILL)
rimantadine oral tablet 100 mg	(Flumadine)	Tier 1	QL (2 EA per 1 day)
SITAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG		Tier 3	ST: Prior prescription for Acyclovir, Famciclovir, Sitavig, or Valacyclovir HCL in the past 130 days; QL (4 EA per 365 days)
valacyclovir oral tablet 1 gram, 500 mg	(Valtrex)	Tier 1	QL (34 EA per 1 FILL)
valganciclovir oral recon soln 50 mg/ml	(Valcyte)	Tier 1	Age (Max 16 Years)
valganciclovir oral tablet 450 mg	(Valcyte)	Tier 1	QL (4 EA per 1 day)
XOFLUZA ORAL TABLET 20 MG, 40 MG		Tier 3	QL (4 EA per 180 days)
Antivirals, Hiv-Spec, Non-Peptidic Protease Inhib			
APTIVUS (WITH VITAMIN E) ORAL SOLUTION 100 MG/ML		Tier 2	PA
APTIVUS ORAL CAPSULE 250 MG		Tier 2	PA
PREZCOBIX ORAL TABLET 800-150 MG-MG		Tier 3	QL (1 EA per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML		Tier 2	QL (240 ML per 30 days)
PREZISTA ORAL TABLET 150 MG		Tier 2	QL (240 EA per 30 days)
PREZISTA ORAL TABLET 600 MG		Tier 2	QL (60 EA per 30 days)
PREZISTA ORAL TABLET 75 MG		Tier 2	QL (480 EA per 30 days)
PREZISTA ORAL TABLET 800 MG		Tier 2	QL (30 EA per 30 days)
Antivirals, Hiv-Spec, Nucleoside-Nucleotide Analog			
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 (30 EA per 30 days)
Antivirals, Hiv-Spec., Nucleoside Analog, Rti Comb			

Drug		Status	Notes
abacavir-lamivudine oral tablet 600-300 mg	(Epzicom)	Tier 1	QL (30 EA per 30 days)
abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg	(Trizivir)	Tier 1	PA
lamivudine-zidovudine oral tablet 150-300 mg	(Combivir)	Tier 1	QL (60 EA per 30 days)
Antivirals, Hiv-Specific, Ccr5 Co-Receptor Antag.			
SELZENTRY ORAL SOLUTION 20 MG/ML		Tier 2	PA
SELZENTRY ORAL TABLET 150 MG, 25 MG, 300 MG, 75 MG		Tier 2	PA
Antivirals, Hiv-Specific, Cd4 Attachment Inhibitor			
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG		Tier 2	PA
Antivirals, Hiv-Specific, Fusion Inhibitors			
FUZEON SUBCUTANEOUS RECON SOLN 90 MG		Tier 2	ST: Prior prescription for an Antiretroviral drug in the past 130 days; QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Non-Nucleoside, Rti			
EDURANT ORAL TABLET 25 MG		Tier 2	PA
efavirenz oral capsule 200 mg	(Sustiva)	Tier 1	QL (3 EA per 1 day)
efavirenz oral capsule 50 mg	(Sustiva)	Tier 1	QL (6 EA per 1 day)
efavirenz oral tablet 600 mg	(Sustiva)	Tier 1	QL (1 EA per 1 day)
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG		Tier 2	PA
nevirapine oral suspension 50 mg/5 ml	(Viramune)	Tier 1	QL (1200 ML per 30 days)
nevirapine oral tablet 200 mg	(Viramune)	Tier 1	QL (60 EA per 30 days)
nevirapine oral tablet extended release 24 hr 100 mg		Tier 1	QL (3 EA per 1 day)
nevirapine oral tablet extended release 24 hr 400 mg	(Viramune XR)	Tier 1	QL (1 EA per 1 day)
PIFELTRO ORAL TABLET 100 MG		Tier 2	
SUSTIVA ORAL CAPSULE 200 MG		Tier 2	QL (3 EA per 1 day)
SUSTIVA ORAL CAPSULE 50 MG		Tier 2	QL (6 EA per 1 day)
Antivirals, Hiv-Specific, Nucleoside Analog, Rti			
abacavir oral solution 20 mg/ml	(Ziagen)	Tier 1	QL (900 ML per 30 days); Age (Max 12 Years)
abacavir oral tablet 300 mg	(Ziagen)	Tier 1	QL (60 EA per 30 days)
didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg		Tier 1	QL (1 EA per 1 day)
emtricitabine oral capsule 200 mg	(Emtriva)	Tier 1	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML		Tier 2	QL (720 ML per 30 days)

Drug		Status	Notes
lamivudine oral solution 10 mg/ml	(Epivir)	Tier 1	QL (900 ML per 30 days)
lamivudine oral tablet 150 mg	(Epivir)	Tier 1	QL (60 EA per 30 days)
lamivudine oral tablet 300 mg	(Epivir)	Tier 1	QL (30 EA per 30 days)
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg		Tier 1	QL (60 EA per 30 days)
zidovudine oral capsule 100 mg	(Retrovir)	Tier 1	QL (180 EA per 30 days)
zidovudine oral syrup 10 mg/ml	(Retrovir)	Tier 1	QL (1800 ML per 30 days)
zidovudine oral tablet 300 mg		Tier 1	QL (60 EA per 30 days)
Antivirals, Hiv-Specific, Nucleotide Analog, Rti			
tenofovir disoproxil fumarate oral tablet 300 mg	(Viread)	Tier 1	QL (30 EA per 30 days)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)		Tier 2	QL (225 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG		Tier 2	QL (30 EA per 30 days)
Antivirals, Hiv-Specific, Protease Inhibitor Comb			
KALETRA ORAL TABLET 100-25 MG		Tier 2	QL (300 EA per 30 days)
KALETRA ORAL TABLET 200-50 MG		Tier 2	QL (120 EA per 30 days)
lopinavir-ritonavir oral solution 400-100 mg/5 ml	(Kaletra)	Tier 1	QL (390 ML per 30 days)
Antivirals, Hiv-Specific, Protease Inhibitors			
atazanavir oral capsule 150 mg, 200 mg	(Reyataz)	Tier 1	QL (2 EA per 1 day)
atazanavir oral capsule 300 mg	(Reyataz)	Tier 1	QL (1 EA per 1 day)
CRIXIVAN ORAL CAPSULE 200 MG		Tier 2	QL (6 EA per 1 day)
EVOTAZ ORAL TABLET 300-150 MG		Tier 3	QL (1 EA per 1 day)
fosamprenavir oral tablet 700 mg	(Lexiva)	Tier 1	PA
INVIRASE ORAL TABLET 500 MG		Tier 2	ST: Prior prescription for Atazanavir Sulfate, Atripla, Efavirenz, Isentress Hd, Isentress, Prezista, Reyataz, or Sustiva in the past 130 days; QL (120 EA per 30 days)
LEXIVA ORAL SUSPENSION 50 MG/ML		Tier 2	PA
NORVIR ORAL POWDER IN PACKET 100 MG		Tier 2	QL (12 EA per 1 day)
NORVIR ORAL SOLUTION 80 MG/ML		Tier 2	QL (450 ML per 30 days)
REYATAZ ORAL POWDER IN PACKET 50 MG		Tier 2	QL (5 EA per 1 day)
ritonavir oral tablet 100 mg	(Norvir)	Tier 1	QL (360 EA per 30 days)
VIRACEPT ORAL TABLET 250 MG		Tier 2	QL (10 EA per 1 day)
VIRACEPT ORAL TABLET 625 MG		Tier 2	QL (4 EA per 1 day)

Drug		Status	Notes
Antivirals,Hiv-1 Integrase Strand Transfer Inhibtr			
ISENTRESS HD ORAL TABLET 600 MG		Tier 2	QL (2 EA per 1 day)
ISENTRESS ORAL POWDER IN PACKET 100 MG		Tier 2	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET 400 MG		Tier 2	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG		Tier 2	QL (6 EA per 1 day)
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG		Tier 2	QL (2 EA per 1 day)
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG		Tier 2	QL (6 EA per 1 day); Age (Max 12 Years)
Artv Cmb Nucleoside,Nucleotide,&Non-Nucleoside Rti			
ATRIPLA ORAL TABLET 600-200-300 MG		Tier 2	QL (30 EA per 30 days)
COMPLERA ORAL TABLET 200-25-300 MG		Tier 2	PA
DELSTRIGO ORAL TABLET 100-300-300 MG		Tier 2	
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg	(Symfi Lo)	Tier 1	QL (1 EA per 1 day)
efavirenz-lamivu-tenofov disop oral tablet 600-300-300 mg	(Symfi)	Tier 1	QL (1 EA per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG		Tier 2	PA
Arv Cmb-Nrti,N(T)Rti, Integrase Inhibitor			
BIKTARVY ORAL TABLET 50-200-25 MG		Tier 2	QL (1 EA per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG		Tier 2	QL (1 EA per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG		Tier 2	QL (30 EA per 30 days)
Arv Comb-Nrtis & Integrase Inhibitor			
TRIUMEQ ORAL TABLET 600-50-300 MG		Tier 2	QL (1 EA per 1 day)
Cytochrome P450 Inhibitors			
TYBOST ORAL TABLET 150 MG		Tier 2	PA; QL (1 EA per 1 day)
Hep C - Ns5a, Ns3/4A, Nucleotide Ns5b Inhib Combo			
VOSEVI ORAL TABLET 400-100-100 MG		Tier 4	PA
Hep C Virus - Ns5a & Ns5b Polymerase Inhib. Combo.			
EPCLUSA ORAL TABLET 400-100 MG		Tier 4	PA

Drug		Status	Notes
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG		Tier 4	PA
HARVONI ORAL TABLET 45-200 MG, 90-400 MG		Tier 4	PA
Hepatitis B Treatment Agents			
adefovir oral tablet 10 mg	(Hepsera)	Tier 4	QL (1 EA per 1 day)
BARACLUDE ORAL SOLUTION 0.05 MG/ML		Tier 4	QL (20 ML per 1 day); Age (Max 12 Years)
entecavir oral tablet 0.5 mg, 1 mg	(Baraclude)	Tier 4	QL (1 EA per 1 day)
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)		Tier 2	QL (720 ML per 30 days)
lamivudine oral tablet 100 mg	(Epivir HBV)	Tier 1	QL (1 EA per 1 day)
VEMLIDY ORAL TABLET 25 MG		Tier 4	QL (1 EA per 1 day)
Hepatitis C Treatment Agents			
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML		Tier 4	PA
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML		Tier 4	PA
ribavirin oral capsule 200 mg		Tier 1	QL (7 EA per 1 day)
ribavirin oral tablet 200 mg		Tier 1	QL (6 EA per 1 day)
Hepatitis C Virus- Ns5a And Ns3/4A Inhibitor Comb			
MAVYRET ORAL TABLET 100-40 MG		Tier 4	PA
ZEPATIER ORAL TABLET 50-100 MG		Tier 4	PA
Inflammatory Disease			
Anti-Arthritic And Chelating Agents			
D-PENAMINE ORAL TABLET 125 MG		Tier 4	PA
penicillamine oral tablet 250 mg	(Depen Titratabs)	Tier 4	PA
Anti-Arthritic, Folate Antagonist Agents			
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 3	ST: Prior prescription for Methotrexate Sodium, Rheumatrex, or Trexall in the past 130 days; QL (1.6 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML		Tier 3	ST: Prior prescription for Methotrexate Sodium, Rheumatrex, or Trexall in the past 130 days; QL (0.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 12.5 MG/0.25 ML		Tier 3	ST: Prior prescription for Methotrexate Sodium, Rheumatrex, or Trexall in the past 130 days; QL (1 ML per 28 days)

Drug	Status	Notes
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 15 MG/0.3 ML	Tier 3	ST: Prior prescription for Methotrexate Sodium, Rheumatrex, or Trexall in the past 130 days; QL (1.2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 17.5 MG/0.35 ML	Tier 3	ST: Prior prescription for Methotrexate Sodium, Rheumatrex, or Trexall in the past 130 days; QL (1.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 20 MG/0.4 ML	Tier 3	ST: Prior prescription for Methotrexate Sodium, Rheumatrex, or Trexall in the past 130 days; QL (1.6 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 22.5 MG/0.45 ML	Tier 3	ST: Prior prescription for Methotrexate Sodium, Rheumatrex, or Trexall in the past 130 days; QL (1.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 25 MG/0.5 ML	Tier 3	ST: Prior prescription for Methotrexate Sodium, Rheumatrex, or Trexall in the past 130 days; QL (2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 30 MG/0.6 ML	Tier 3	ST: Prior prescription for Methotrexate Sodium, Rheumatrex, or Trexall in the past 130 days; QL (2.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 7.5 MG/0.15 ML	Tier 3	ST: Prior prescription for Methotrexate Sodium, Rheumatrex, or Trexall in the past 130 days; QL (0.6 ML per 28 days)
Anti-Flam. Interleukin-1 Receptor Antagonist		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	Tier 4	PA
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	Tier 4	PA
Anti-Inflammatory Tumor Necrosis Factor Inhibitor		
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	Tier 4	PA
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	Tier 4	PA
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	Tier 4	PA

Drug	Status	Notes
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	Tier 4	PA
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	Tier 4	PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	Tier 4	PA
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	Tier 4	PA
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	Tier 4	PA
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 4	PA
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 4	PA
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 4	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	Tier 4	PA
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	Tier 4	PA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Tier 4	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	Tier 4	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	Tier 4	PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	Tier 4	PA
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML	Tier 4	PA; QL (0.5 ML per 30 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	Tier 4	PA; QL (0.5 ML per 30 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	Tier 4	PA; QL (0.5 ML per 30 days)
Anti-Inflammatory, Pyrimidine Synthesis Inhibitor		
leflunomide oral tablet 10 mg, 20 mg (Arava)	Tier 1	MO
Anti-Inflammatory,Phosphodiesterase-4(Pde4) Inhib.		

Drug		Status	Notes
OTEZLA ORAL TABLET 30 MG		Tier 4	PA
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)		Tier 4	PA
Antinflammatory, Sel.Costim.Mod.,T-Cell Inhibitor			
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG		Tier 4	PA
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML		Tier 4	PA; QL (1 ML per 7 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML		Tier 4	PA; QL (1 ML per 7 days)
Bradykinin B2 Receptor Antagonists			
icatibant subcutaneous syringe 30 mg/3 ml	(Firazyr)	Tier 4	PA; QL (9 ML per 365 days)
C1 Esterase Inhibitors			
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)		Tier 4	PA; QL (4 EA per 365 days)
BERINERT INTRAVENOUS RECON SOLN 500 UNIT (10 ML)		Tier 4	PA; QL (4 EA per 365 days)
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)		Tier 4	PA; QL (20 EA per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT		Tier 4	PA
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT		Tier 4	PA; QL (4 EA per 30 days)
Glucocorticoids			
A-HYDROCORT INJECTION RECON SOLN 100 MG		Tier 1	
betamethasone acet,sod phos injection suspension 6 mg/ml	(Celestone Soluspan)	Tier 1	
budesonide oral capsule,delayed,extend.release 3 mg	(Entocort EC)	Tier 1	
budesonide oral tablet,delayed and ext.release 9 mg	(Uceris)	Tier 1	ST: Prior prescription for Apriso (Mesalamine ER 375mg), Balsalazide Disodium, Delzicol (Mesalamine DR 400mg), or Lialda (Mesalamine 1.2G) in the past 190 days; QL (1 EA per 1 day)
cortisone oral tablet 25 mg		Tier 1	
DECADRON ORAL TABLET 0.5 MG, 0.75 MG, 4 MG, 6 MG		Tier 1	
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML		Tier 2	

Drug		Status	Notes
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML		Tier 2	
dexamethasone oral elixir 0.5 mg/5 ml		Tier 1	
dexamethasone oral solution 0.5 mg/5 ml		Tier 1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 4 mg, 6 mg	(Decadron)	Tier 1	
dexamethasone oral tablet 1 mg, 1.5 mg, 2 mg		Tier 1	
dexamethasone sodium phos (pf) injection solution 10 mg/ml		Tier 1	
dexamethasone sodium phos (pf) injection syringe 10 mg/ml		Tier 1	
dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml		Tier 1	
dexamethasone sodium phosphate injection syringe 4 mg/ml		Tier 1	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML		Tier 4	PA
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG		Tier 4	PA
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	(Cortef)	Tier 1	
KENALOG INJECTION SUSPENSION 10 MG/ML		Tier 2	
KENALOG-80 INJECTION SUSPENSION 80 MG/ML		Tier 3	
MEDROL ORAL TABLET 2 MG		Tier 3	
methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	(Depo-Medrol)	Tier 1	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	(Medrol)	Tier 1	
methylprednisolone oral tablets,dose pack 4 mg	(Medrol (Pak))	Tier 1	
methylprednisolone sodium succ injection recon soln 125 mg, 40 mg		Tier 1	
methylprednisolone sodium succ intravenous recon soln 1,000 mg, 500 mg	(Solu-Medrol)	Tier 1	
MILLIPRED DP ORAL TABLETS,DOSE PACK 5 MG (21 TABS), 5 MG (48 TABS)		Tier 2	
MILLIPRED ORAL TABLET 5 MG		Tier 2	
prednisolone oral solution 15 mg/5 ml		Tier 1	
prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml)		Tier 1	

Drug		Status	Notes
prednisolone sodium phosphate oral solution 20 mg/5 ml (4 mg/ml)	(Veripred 20)	Tier 1	
prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)	(Pediapred)	Tier 1	
prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg	(Orapred ODT)	Tier 1	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML		Tier 2	
prednisone oral solution 5 mg/5 ml		Tier 1	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg		Tier 1	
prednisone oral tablets,dose pack 10 mg, 5 mg		Tier 1	
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML		Tier 2	
SOLU-CORTEF INJECTION RECON SOLN 100 MG		Tier 2	
SOLU-MEDROL (PF) INJECTION RECON SOLN 125 MG/2 ML, 40 MG/ML		Tier 3	
SOLU-MEDROL (PF) INTRAVENOUS RECON SOLN 1,000 MG/8 ML		Tier 2	
SOLU-MEDROL INTRAVENOUS RECON SOLN 500 MG		Tier 2	
triamcinolone acetonide injection suspension 40 mg/ml	(Kenalog)	Tier 1	
Gold Salts			
RIDAURA ORAL CAPSULE 3 MG		Tier 2	
Immunomodulator,B-Lymphocyte Stim(Blys)-Spec Inhib			
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG		Tier 4	PA
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML		Tier 4	PA
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML		Tier 4	PA
Interleukin-6 (Il-6) Receptor Inhibitors			
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML		Tier 4	PA
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML		Tier 4	PA; QL (3.6 ML per 28 days)
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML		Tier 4	PA
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML		Tier 4	PA

Drug		Status	Notes
Janus Kinase (Jak) Inhibitors			
OLUMIANT ORAL TABLET 1 MG, 2 MG		Tier 4	PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG		Tier 4	PA
XELJANZ ORAL TABLET 10 MG, 5 MG		Tier 4	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG		Tier 4	PA
Mineralocorticoids			
fludrocortisone oral tablet 0.1 mg		Tier 1	MO
Monoclonal Antibody-Human Interleukin 12/23 Inhib			
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML		Tier 4	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML		Tier 4	PA
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML		Tier 4	PA
Nsaids (Cox Non-Specific Inhib)& Prostaglandin Cmb			
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg	(Arthrotec 50)	Tier 1	
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg	(Arthrotec 75)	Tier 1	
Nsaids, Cyclooxygenase 2 Inhibitor - Type			
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	(Celebrex)	Tier 1	MO
Nsaids, Cyclooxygenase Inhibitor-Type			
diclofenac potassium oral tablet 50 mg		Tier 1	MO
diclofenac sodium oral tablet extended release 24 hr 100 mg	(Voltaren-XR)	Tier 1	MO
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg		Tier 1	MO
EC-NAPROXEN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG, 500 MG		Tier 1	MO
etodolac oral capsule 200 mg, 300 mg		Tier 1	MO
etodolac oral tablet 400 mg	(Lodine)	Tier 1	MO
etodolac oral tablet 500 mg		Tier 1	MO
etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg		Tier 1	MO
flurbiprofen oral tablet 100 mg		Tier 1	MO
IBU ORAL TABLET 400 MG, 600 MG, 800 MG		Tier 1	MO

Drug		Status	Notes
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	(IBU)	Tier 1	MO
indomethacin oral capsule 25 mg, 50 mg		Tier 1	
indomethacin oral capsule, extended release 75 mg		Tier 1	
ketoprofen oral capsule 50 mg, 75 mg		Tier 1	
ketorolac injection solution 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml)		Tier 1	
ketorolac injection syringe 30 mg/ml		Tier 1	
ketorolac intramuscular solution 60 mg/2 ml		Tier 1	
ketorolac intramuscular syringe 60 mg/2 ml		Tier 1	
ketorolac oral tablet 10 mg		Tier 1	QL (20 EA per 1 FILL)
meclofenamate oral capsule 100 mg, 50 mg		Tier 1	
meloxicam oral tablet 15 mg, 7.5 mg	(Mobic)	Tier 1	MO
nabumetone oral tablet 500 mg, 750 mg	(Relafen)	Tier 1	MO
naproxen oral suspension 125 mg/5 ml	(Naprosyn)	Tier 1	PA; MO
naproxen oral tablet 250 mg, 375 mg		Tier 1	MO
naproxen oral tablet 500 mg	(Naprosyn)	Tier 1	MO
naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg	(EC-Naproxen)	Tier 1	MO
naproxen sodium oral tablet 275 mg		Tier 1	MO
naproxen sodium oral tablet 550 mg	(Anaprox DS)	Tier 1	MO
oxaprozin oral tablet 600 mg	(Daypro)	Tier 1	
piroxicam oral capsule 10 mg, 20 mg	(Feldene)	Tier 1	
sulindac oral tablet 150 mg, 200 mg		Tier 1	

Drug	Status	Notes
tolmetin oral capsule 400 mg	Tier 1	ST: Prior prescription for 2 of the following in the past 365 days: Acuvail, Anjeso, Caldolor, Cambia, Celecoxib, Diclo Gel, Diclofenac Potassium, Diclofenac Sodium, Diclofenac Sodium/misoprostol, Diclofono, Diclozor, Dyloject, Etodolac, Fenoprofen Calcium, Flurbiprofen, Frotek, Ibuprofen, Indocin, Indomethacin, Ketoprofen, Ketorolac Tromethamine, Mefenamic Acid, Meloxicam, Nabumetone, Naprelan, Naproxen Sodium, Naproxen, Oxaprozin, Pennsaid, Piroxicam, Qmiiz ODT, Readysharp Ketorolac, Relafen Ds, Sprix, Sulindac, Tolmetin Sodium, Vopac Mds, or Zipsor
tolmetin oral tablet 200 mg, 600 mg	Tier 1	ST: Prior prescription for 2 of the following in the past 365 days: Acuvail, Anjeso, Caldolor, Cambia, Celecoxib, Diclo Gel, Diclofenac Potassium, Diclofenac Sodium, Diclofenac Sodium/misoprostol, Diclofono, Diclozor, Dyloject, Etodolac, Fenoprofen Calcium, Flurbiprofen, Frotek, Ibuprofen, Indocin, Indomethacin, Ketoprofen, Ketorolac Tromethamine, Mefenamic Acid, Meloxicam, Nabumetone, Naprelan, Naproxen Sodium, Naproxen, Oxaprozin, Pennsaid, Piroxicam, Qmiiz ODT, Readysharp Ketorolac, Relafen Ds, Sprix, Sulindac, Tolmetin Sodium, Vopac Mds, or Zipsor

Drug		Status	Notes
Plasma Kallikrein Inhibitors			
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (1 ML)		Tier 4	PA
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)		Tier 4	PA
Local Anesthesia			
Local Anesthetics			
lidocaine hcl mucous membrane jelly 2 %		Tier 1	
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)		Tier 1	QL (100 ML per 1 FILL)
LIDOCAINE VISCOUS MUCOUS MEMBRANE SOLUTION 2 %		Tier 1	
POLOCAINE-MPF INJECTION SOLUTION 20 MG/ML (2 %)		Tier 1	
Lower Gastrointestinal Disorders - Bowel Inflammat			
Bowel Antiinflamatory Agents			
sulfadiazine oral tablet 500 mg		Tier 1	
Chronic Inflam. Colon Dx, 5-A-Salicylat,Rectal Tx			
mesalamine rectal enema 4 gram/60 ml	(Rowasa)	Tier 1	MO
mesalamine rectal suppository 1,000 mg	(Canasa)	Tier 1	MO
mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml	(Rowasa)	Tier 1	MO; QL (4 EA per 28 days)
Drug Tx-Chronic Inflam. Colon Dx,5-Aminosalicylat			
balsalazide oral capsule 750 mg	(Colazal)	Tier 1	
mesalamine oral capsule (with del rel tablets) 400 mg	(Delzicol)	Tier 1	MO; QL (6 EA per 1 day)
mesalamine oral capsule,extended release 24hr 0.375 gram	(Apriso)	Tier 1	MO
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram	(Lialda)	Tier 1	MO
mesalamine oral tablet,delayed release (dr/ec) 800 mg	(Asacol HD)	Tier 1	MO; ST: Prior prescription for Apriso (Mesalamine ER 375mg), Balsalazide Disodium, Delzicol (Mesalamine DR 400mg), or Lialda (Mesalamine 1.2G) in the past 190 days
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG		Tier 3	MO; ST: Prior prescription for Apriso (Mesalamine ER 375mg), Balsalazide Disodium, Delzicol (Mesalamine DR 400mg), or Lialda (Mesalamine 1.2G) in the past 190 days

Drug		Status	Notes
sulfasalazine oral tablet 500 mg	(Azulfidine)	Tier 1	MO
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	(Azulfidine EN-tabs)	Tier 1	MO
Hemorrhoidal Prep, Anti-Infam Steroid/Local Anesth			
hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %	(Analpram-HC)	Tier 1	
hydrocortisone-pramoxine rectal cream 2.5-1 % (4g)	(Analpram-HC Singles)	Tier 1	
lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %		Tier 1	QL (14 GM per 1 day)
lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram)		Tier 1	
lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %, 3-1 % (7 gram)		Tier 1	QL (1 EA per 1 FILL)
PROCORT RECTAL CREAM 1.85-1.15 %		Tier 3	
PROCTOFOAM HC RECTAL FOAM 1-1 %		Tier 2	
ZYPRAM RECTAL KIT,CREAM AND TOWELETTE 2.35-1 %		Tier 3	
Ibs Agents,Mixed Opioid Recep Agonists/Antagonists			
VIBERZI ORAL TABLET 100 MG, 75 MG		Tier 3	PA
Irritable Bowel Agents,Guanylate Cylase-C Agonist			
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG		Tier 2	MO; QL (1 EA per 1 day)
TRULANCE ORAL TABLET 3 MG		Tier 3	ST: Prior prescription for Amitiza or Linzess in the past 130 days; QL (1 EA per 1 day)
Local Anorectal Nitrate Preparations			
RECTIV RECTAL OINTMENT 0.4 % (W/W)		Tier 3	QL (30 GM per 30 days)
Rectal Preparations			
ANUCORT-HC RECTAL SUPPOSITORY 25 MG		Tier 1	
ANUSOL-HC RECTAL SUPPOSITORY 25 MG		Tier 2	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG		Tier 2	
hydrocortisone acetate rectal suppository 25 mg	(Anucort-HC)	Tier 1	
hydrocortisone acetate rectal suppository 30 mg	(Proctocort)	Tier 1	
PROCTOCORT RECTAL SUPPOSITORY 30 MG		Tier 2	

Drug		Status	Notes
Rectal/Lower Bowel Prep.,Glucocort. (Non-Hemorr)			
CORTIFOAM RECTAL FOAM 10 % (80 MG)		Tier 2	
hydrocortisone rectal enema 100 mg/60 ml	(Cortenema)	Tier 1	
UCERIS RECTAL FOAM 2 MG/ACTUATION		Tier 3	ST: Prior prescription for Mesalamine or Mesalamine w/cleansing Wipes in the past 130 days
Lower Gastrointestinal Disorders - Other			
Ammonia Inhibitors			
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG		Tier 4	
ENULOSE ORAL SOLUTION 10 GRAM/15 ML		Tier 1	
GENERLAC ORAL SOLUTION 10 GRAM/15 ML		Tier 1	
LITHOSTAT ORAL TABLET 250 MG		Tier 3	
sodium phenylbutyrate oral powder 0.94 gram/gram	(Buphenyl)	Tier 4	
Antidiarrheal - G.I. Chloride Channel Inhibitors			
MYTESI ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG		Tier 3	ST: Prior prescription for an Antiretroviral drug in the past 130 days; QL (60 EA per 30 days)
Antidiarrheal - Tryptophan Hydroxylase Inhibitor			
XERMELO ORAL TABLET 250 MG		Tier 4	PA
Antidiarrheals			
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml		Tier 1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	(Lomotil)	Tier 1	
opium tincture oral tincture 10 mg/ml (morphine)		Tier 1	ST: Prior prescription for Diphenoxylate HCL/atropine, Loperamide HCL, or Paregoric in the past 365 days
Bile Salts			
ursodiol oral capsule 300 mg	(Actigall)	Tier 1	MO
ursodiol oral tablet 250 mg	(URSO 250)	Tier 1	MO
ursodiol oral tablet 500 mg	(URSO Forte)	Tier 1	MO
Irritable Bowel Synd. Agent,5Ht-3 Antagonist-Type			
alosetron oral tablet 0.5 mg, 1 mg	(Lotronex)	Tier 1	MO; QL (2 EA per 1 day)

Drug		Status	Notes
Irritable Bowel Synd. Agent,5Ht-4 Partial Agonist			
ZELNORM ORAL TABLET 6 MG		Tier 3	ST: Prior prescription for Amitiza or Linzess in the past 130 days; QL (2 EA per 1 day)
Laxatives And Cathartics			
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG		Tier 2	MO; QL (2 EA per 1 day)
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM -12 GRAM/160 ML		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	
GAVILYTE-G ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM		Tier 1	
GAVILYTE-N ORAL RECON SOLN 420 GRAM		Tier 1	
GOLYTELY ORAL POWDER IN PACKET 227.1-21.5-6.36 GRAM		Tier 3	
lactulose oral solution 10 gram/15 ml	(Constulose)	Tier 1	
lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml		Tier 1	
MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM		Tier 3	
OSMOPREP ORAL TABLET 1.5 GRAM		Tier 3	
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	(GaviLyte-G)	Tier 1	
peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram	(MoviPrep)	Tier 1	
peg-electrolyte soln oral recon soln 420 gram	(GaviLyte-N)	Tier 1	
PEG-PREP ORAL KIT 5-210 MG-GRAM		Tier 1	
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM		Tier 3	
PREPOPIK ORAL POWDER IN PACKET 10 MG-3.5 GRAM-12 GRAM		Tier 3	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM		Tier 2	
TRILYTE WITH FLAVOR PACKETS ORAL RECON SOLN 420 GRAM		Tier 1	
Narcotic Antagonists, Peripherally-Acting			
ENTEREG ORAL CAPSULE 12 MG		Tier 3	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG		Tier 2	QL (1 EA per 1 day)
RELISTOR ORAL TABLET 150 MG		Tier 3	PA

Drug	Status	Notes
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	Tier 3	PA
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	Tier 3	PA
Sbs - Glucagon-Like Peptide-2 (Glp-2) Analogs		
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	Tier 4	PA
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	Tier 4	PA
Medical Supplies		
Durable Medical Equipment,Misc		
AMIELLE VAGINAL TRAINER KIT	Tier 3	
Durable Medical Equipment,Misc(Group 1)		
1ST TIER UNILET COMFORTOUCH 28 GAUGE, 30 GAUGE	Tier 2	MO
ACCU-CHEK FASTCLIX LANCET DRUM	Tier 2	MO
ACCU-CHEK MULTICLIX LANCET	Tier 2	MO
ACCU-CHEK SAFE-T-PRO 23 GAUGE	Tier 2	MO
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE	Tier 2	MO
ACCU-CHEK SOFTCLIX LANCETS	Tier 2	MO
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE, 28 GAUGE	Tier 2	MO
ADVANCED TRAVEL LANCETS 28 GAUGE, 30 GAUGE	Tier 2	MO
ADVOCATE LANCET 26 GAUGE, 30 GAUGE	Tier 2	MO
ALTERNATE SITE LANCET 26 GAUGE	Tier 2	MO
ASSURE HAEMOLANCE PLUS 1.2 MM, 18 GAUGE, 21 GAUGE, 25 GAUGE, 28 GAUGE	Tier 2	MO
ASSURE LANCE 25 GAUGE, 28 GAUGE	Tier 2	MO
ASSURE LANCE PLUS 21 GAUGE, 25 GAUGE, 30 GAUGE	Tier 2	MO
BD MICROTAINER LANCET 1.5 X 2 MM, 21 GAUGE, 30 GAUGE	Tier 2	MO
BD ULTRA FINE LANCETS 33 GAUGE	Tier 2	MO
BD ULTRA-FINE II LANCETS 30 GAUGE	Tier 2	MO
BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 25 GAUGE, 28 GAUGE	Tier 2	MO
CAREONE THIN LANCET	Tier 2	MO
CAREONE ULTRA THIN LANCET	Tier 2	MO

Drug	Status	Notes
CARESENS LANCETS 30 GAUGE	Tier 2	MO
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE	Tier 2	MO
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 2	MO
CLEVER CHEK LANCETS 30 GAUGE	Tier 2	MO
COAGUCHEK LANCETS	Tier 2	MO
COLOR LANCETS 21 GAUGE	Tier 2	MO
COMFORT EZ LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE	Tier 2	MO
COMFORT LANCETS	Tier 2	MO
DROPLET LANCETS 30 GAUGE	Tier 2	MO
EASY COMFORT LANCETS 30 GAUGE	Tier 2	MO
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE	Tier 2	MO
EASY TOUCH SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE	Tier 2	MO
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE	Tier 2	MO
EASY TWIST AND CAP LANCETS 28 GAUGE	Tier 2	MO
EMBRACE LANCETS 30 GAUGE	Tier 2	MO
E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE	Tier 2	MO
E-Z JECT THIN LANCETS 28 GAUGE	Tier 2	MO
EZ SMART LANCETS 28 GAUGE	Tier 2	MO
EZ-LETS 26 GAUGE	Tier 2	MO
FIFTY50 SAFETY SEAL LANCETS 30 GAUGE, 32 GAUGE	Tier 2	MO
FINE 30 UNIVERSAL LANCETS 30 GAUGE	Tier 2	MO
FINGERSTIX LANCETS	Tier 2	MO
FORACARE LANCETS 30 GAUGE	Tier 2	MO
FREESTYLE LANCETS 28 GAUGE	Tier 2	MO
FREESTYLE UNISTIK 2	Tier 2	MO
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 2	MO
GOJJI LANCETS 30 GAUGE	Tier 2	MO
HEALTHY ACCENTS UNILET LANCET 30 GAUGE	Tier 2	MO
INCONTROL SUPER THIN LANCETS 30 GAUGE	Tier 2	MO

Drug		Status	Notes
INCONTROL ULTRA THIN LANCETS 28 GAUGE		Tier 2	MO
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE		Tier 2	MO
INVACARE LANCETS 30 GAUGE		Tier 2	MO
lancets	(Accu-Chek Fastclix Lancet Drum)	Tier 2	MO
lancets 21 gauge	(Assure Haemolance Plus)	Tier 2	MO
lancets 26 gauge	(Advocate Lancet)	Tier 2	MO
lancets 28 gauge, 30 gauge	(1st Tier Unilet ComforTouch)	Tier 2	MO
lancets 33 gauge	(BD Ultra Fine Lancets)	Tier 2	MO
LANCETS, SUPER THIN		Tier 2	MO
LANCETS,THIN , 23 GAUGE, 28 GAUGE		Tier 2	MO
LANCETS,ULTRA THIN , 26 GAUGE		Tier 2	MO
LITE TOUCH LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE		Tier 2	MO
MEDISENSE THIN LANCETS 28 GAUGE		Tier 2	MO
MEDLANCE PLUS LANCETS 21 GAUGE, 25 GAUGE, 30 GAUGE		Tier 2	MO
MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM		Tier 2	MO
MICRO THIN LANCETS 33 GAUGE		Tier 2	MO
MICROLET LANCET		Tier 2	MO
MONOLET LANCETS 21 GAUGE		Tier 2	MO
MONOLET THIN LANCETS 28 GAUGE		Tier 2	MO
MYGLUCOHEALTH LANCETS 30 GAUGE		Tier 2	MO
NOVA SAFETY LANCETS 23 GAUGE, 28 GAUGE		Tier 2	MO
NOVA SUREFLEX LANCETS		Tier 2	MO
ON CALL LANCET 30 GAUGE		Tier 2	MO
ON CALL PLUS LANCET 30 GAUGE		Tier 2	MO
ONETOUCH DELICA LANCETS 30 GAUGE, 33 GAUGE		Tier 2	MO
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE		Tier 2	MO
ONETOUCH SURESOFT LANCING DEV 28 GAUGE		Tier 2	MO
ONETOUCH ULTRASOFT LANCETS		Tier 2	MO
ON-THE-GO LANCETS 30 GAUGE		Tier 2	MO
PIP LANCET 28 GAUGE, 30 GAUGE		Tier 2	MO
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE		Tier 2	MO

Drug	Status	Notes
PRO COMFORT LANCET 30 GAUGE, 31 GAUGE	Tier 2	MO
PRODIGY LANCETS 26 GAUGE, 28 GAUGE	Tier 2	MO
PRODIGY TWIST TOP LANCET 28 GAUGE	Tier 2	MO
PURE COMFORT LANCETS 30 GAUGE	Tier 2	MO
PURE COMFORT SAFETY LANCETS 30 GAUGE	Tier 2	MO
PUSH BUTTON SAFETY LANCETS 21 GAUGE, 28 GAUGE	Tier 2	MO
READYLANCE SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE	Tier 2	MO
RELIAMED LANCET 23 GAUGE, 28 GAUGE, 30 GAUGE	Tier 2	MO
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE	Tier 2	MO
RELIAMED TWIST AND CAP LANCET 28 GAUGE	Tier 2	MO
RELION THIN LANCETS 26 GAUGE	Tier 2	MO
RELION ULTRA THIN PLUS LANCETS	Tier 2	MO
RIGHTEST GL300 LANCETS 30 GAUGE	Tier 2	MO
SAFETY LANCETS 21 GAUGE, 26 GAUGE, 28 GAUGE	Tier 2	MO
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE	Tier 2	MO
SAFETY-LET LANCETS 30 GAUGE	Tier 2	MO
SINGLE-LET	Tier 2	MO
SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE	Tier 2	MO
SMARTEST LANCET	Tier 2	MO
SOFT TOUCH LANCETS	Tier 2	MO
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE	Tier 2	MO
STERILANCE TL 30 GAUGE, 32 GAUGE	Tier 2	MO
SUPER THIN LANCETS , 28 GAUGE, 30 GAUGE	Tier 2	MO
SURE COMFORT LANCETS 18 GAUGE, 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE	Tier 2	MO
SURE-LANCE , 26 GAUGE, 28 GAUGE	Tier 2	MO
SURE-LANCE ULTRA THIN 30 GAUGE	Tier 2	MO
SURE-TOUCH LANCET	Tier 2	MO

Drug	Status	Notes
TECHLITE LANCETS 25 GAUGE, 28 GAUGE, 30 GAUGE	Tier 2	MO
TELCARE LANCETS 30 GAUGE	Tier 2	MO
THIN LANCETS 26 GAUGE	Tier 2	MO
TOPCARE UNIVERSAL1 LANCET , 33 GAUGE	Tier 2	MO
TRUE COMFORT LANCET 30 GAUGE	Tier 2	MO
TRUEPLUS LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 2	MO
TWIST LANCETS 30 GAUGE, 32 GAUGE	Tier 2	MO
ULTILET BASIC LANCETS 30 GAUGE	Tier 2	MO
ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 2	MO
ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 2	MO
ULTILET SAFETY LANCETS 23 GAUGE	Tier 2	MO
ULTRA FINE LANCETS 30 GAUGE	Tier 2	MO
ULTRA THIN II LANCETS 30 GAUGE	Tier 2	MO
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 31 GAUGE, 33 GAUGE	Tier 2	MO
ULTRA THIN PLUS LANCETS 33 GAUGE	Tier 2	MO
ULTRA TLC LANCETS	Tier 2	MO
ULTRA-CARE LANCETS 30 GAUGE	Tier 2	MO
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE	Tier 2	MO
ULTRA-THIN II LANCETS 28 GAUGE	Tier 2	MO
UNILET COMFORTOUCH LANCET , 26 GAUGE	Tier 2	MO
UNILET EXCELITE II LANCET	Tier 2	MO
UNILET EXCELITE LANCET	Tier 2	MO
UNILET GP LANCET	Tier 2	MO
UNILET LANCET 28 GAUGE, 33 GAUGE	Tier 2	MO
UNILET LANCETS 30 GAUGE	Tier 2	MO
UNILET SUPER THIN LANCETS 30 GAUGE	Tier 2	MO
UNISTIK 3 COMFORT LANCET	Tier 2	MO
UNISTIK 3 EXTRA LANCET 21 GAUGE	Tier 2	MO
UNISTIK 3 GENTLE 30 GAUGE	Tier 2	MO
UNISTIK 3 LANCETS 21 GAUGE	Tier 2	MO
UNISTIK 3 NORMAL LANCET 23 GAUGE	Tier 2	MO

Drug	Status	Notes
UNISTIK CZT LANCET 23 GAUGE, 28 GAUGE	Tier 2	MO
UNISTIK PRO LANCET 21 GAUGE, 25 GAUGE, 28 GAUGE	Tier 2	MO
UNISTIK SAFETY 28 GAUGE, 30 GAUGE	Tier 2	MO
UNISTIK TOUCH LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE	Tier 2	MO
UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE	Tier 2	MO
VIVAGUARD LANCET 30 GAUGE	Tier 2	MO
Parenteral Administration Sets		
BD INSYTE AUTOGUARD INFUSION SET 24 GAUGE X 3/4"	Tier 3	
BD SAF-T-INTIMA INFUSION SET 22 GAUGE X 3/4"	Tier 3	
INSYTE IV CATHETER INFUSION SET 14 X 1.75 ", 20 X 1.16 "	Tier 3	
NEXIVA INFUSION SET 18 X 1 1/4 ", 18 X 1 3/4 ", 20 GAUGE X 1", 20 X 1 1/4 ", 20 X 1 3/4 ", 22 GAUGE X 1", 24 GAUGE X 3/4", 24 X 0.56 "	Tier 3	
Syringes And Accessories		
ADVOCATE SYRINGES SYRINGE 0.3 ML 29 GAUGE X 1/2", 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 2	MO
ASSURE ID INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64"	Tier 2	MO
BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2"	Tier 2	MO
BD INSULIN SYRINGE HALF UNIT SYRINGE 0.3 ML 31 GAUGE X 5/16"	Tier 2	MO
BD INSULIN SYRINGE MICRO-FINE SYRINGE 1 ML 28 GAUGE X 1/2"	Tier 2	MO
BD INSULIN SYRINGE SAFETY-LOK SYRINGE 1 ML 29 GAUGE X 1/2"	Tier 2	MO
BD INSULIN SYRINGE SLIP TIP SYRINGE 1 ML	Tier 2	MO

Drug	Status	Notes
BD INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 25 GAUGE X 5/8", 1 ML 25 X 1", 1 ML 26 X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 2	MO
BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64"	Tier 2	MO
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	MO
BD LO-DOSE MICRO-FINE IV SYRINGE 1/2 ML 28 GAUGE X 1/2"	Tier 2	MO
BD LO-DOSE ULTRA-FINE SYRINGE 0.5 ML 29 GAUGE X 1/2"	Tier 2	MO
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64"	Tier 2	MO
BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8"	Tier 2	MO
BD VEO INSULIN SYR HALF UNIT SYRINGE 0.3 ML 31 GAUGE X 15/64"	Tier 2	MO
BD VEO INSULIN SYRINGE UF SYRINGE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"	Tier 2	MO
CARETOUCH INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 X 5/16", 1 ML 29 GAUGE X 5/16, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 2	MO
COMFORT EZ INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 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 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	Tier 2	MO

Drug	Status	Notes
DROPLET INSULIN SYR HALF UNIT SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 0.5ML 30 GAUGE X 15/64"	Tier 2	MO
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16	Tier 2	MO
EASY COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1 ML 32 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16"	Tier 2	MO
EASY GLIDE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"	Tier 2	MO
EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16"	Tier 2	MO
EASY TOUCH INSULIN SAFETY SYR SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2"	Tier 2	MO
EASY TOUCH INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 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 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	Tier 2	MO
EASY TOUCH LUER LOCK INSULIN SYRINGE 1 ML	Tier 2	MO

Drug		Status	Notes
EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16"		Tier 2	MO
EASY TOUCH UNI-SLIP SYRINGE 1 ML		Tier 2	MO
EXEL INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"		Tier 2	MO
FREESTYLE PRECISION SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16		Tier 2	MO
HEALTHWISE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16		Tier 2	MO
insulin syr/ndl u100 half mark syringe 0.3 ml 31 gauge x 1/4"	(UltiCare Insulin Syr Half Unit)	Tier 2	MO
INSULIN SYRINGE MICROFINE SYRINGE 1 ML 27 GAUGE X 5/8", 1/2 ML 28 GAUGE X 1/2"		Tier 2	MO
insulin syringe needleless syringe 1 ml	(BD Insulin Syringe Slip Tip)	Tier 2	MO
INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"		Tier 2	MO
insulin syringe-needle u-100 syringe 0.3 ml 29 gauge	(Ultilet Insulin Syringe)	Tier 2	MO
insulin syringe-needle u-100 syringe 0.3 ml 29 gauge x 1/2", 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	(Advocate Syringes)	Tier 2	MO
insulin syringe-needle u-100 syringe 0.3 ml 30	(Ultra Comfort Insulin Syringe)	Tier 2	MO
insulin syringe-needle u-100 syringe 0.3 ml 30 gauge x 1/2", 0.5 ml 30 gauge x 1/2"	(BD Insulin Syringe Ultra-Fine)	Tier 2	MO
insulin syringe-needle u-100 syringe 0.3 ml 31 gauge x 1/4", 1 ml 31 gauge x 1/4", 1/2 ml 31 gauge x 1/4"	(Sure Comfort Insulin Syringe)	Tier 2	MO
insulin syringe-needle u-100 syringe 0.3 ml 31 gauge x 15/64", 1 ml 31 gauge x 15/64", 1/2 ml 31 gauge x 15/64"	(BD Veo Insulin Syringe UF)	Tier 2	MO

Drug		Status	Notes
insulin syringe-needle u-100 syringe 1 ml 27 gauge x 1/2", 1 ml 28 gauge x 1/2"	(BD Insulin Syringe)	Tier 2	MO
insulin syringe-needle u-100 syringe 1 ml 28 gauge, 1 ml 30 gauge x 7/16", 1/2 ml 28 gauge, 1/2 ml 29 , 1/2 ml 30 gauge	(Lite Touch Insulin Syringe)	Tier 2	MO
insulin syringe-needle u-100 syringe 1 ml 29 gauge x 7/16"		Tier 2	MO
insulin syringe-needle u-100 syringe 1 ml 30 gauge x 1/2"	(BD Eclipse Luer-Lok)	Tier 2	MO
insulin syringe-needle u-100 syringe 1 ml 30 gauge x 3/8"	(Thinpro Insulin Syringe)	Tier 2	MO
insulin syringe-needle u-100 syringe 1/2 ml 27 gauge x 1/2"	(Easy Touch Insulin Syringe)	Tier 2	MO
insulin syringe-needle u-100 syringe 1/2 ml 28 gauge x 1/2"	(BD Lo-Dose Micro-Fine IV)	Tier 2	MO
LITE TOUCH INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 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 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29 , 1/2 ML 30 GAUGE		Tier 2	MO
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.3 ML 29 X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"		Tier 2	MO
MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16"		Tier 2	MO
MAXICOMFORT INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2"		Tier 2	MO
MAXI-COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"		Tier 2	MO
MONOJECT INSULIN SAFETY SYRING SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 29 GAUGE X 1/2"		Tier 2	MO

Drug	Status	Notes
MONOJECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 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 , 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	Tier 2	MO
MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE	Tier 2	MO
MONOJECT ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE	Tier 2	MO
PRO COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 2	MO
PRODIGY INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2"	Tier 2	MO
SAFESNAP INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 2	MO
SURE COMFORT INS. SYR. U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	Tier 2	MO
SURE COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 1/4"	Tier 2	MO

Drug	Status	Notes
SURE-JECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 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 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	Tier 2	MO
TECHLITE INSULIN SYR HALF UNIT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16"	Tier 2	MO
TECHLITE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16	Tier 2	MO
TERUMO INSULIN SYRINGE SYRINGE 0.3 ML 30 X 3/8", 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	Tier 2	MO
THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8", 0.3 ML 31 X 3/8", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 X 3/8", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1 ML 31 X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	Tier 2	MO
TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2", 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 2	MO
TRUE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16	Tier 2	MO

Drug	Status	Notes
TRUEPLUS INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 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 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	Tier 2	MO
ULTICARE INSULIN SYR HALF UNIT SYRINGE 0.3 ML 31 GAUGE X 1/4"	Tier 2	MO
ULTICARE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 1/4"	Tier 2	MO
ULTICARE 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	MO
ULTILET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 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, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 29	Tier 2	MO
ULTRA CMFT INS SYR HALF UNIT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	Tier 2	MO
ULTRA COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 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 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29 , 1/2 ML 30 GAUGE	Tier 2	MO
ULTRA FLO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2"	Tier 2	MO

Drug		Status	Notes
ULTRACARE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16		Tier 2	MO
ULTRA-THIN II (SHORT) INS SYR SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16		Tier 2	MO
ULTRA-THIN II INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"		Tier 2	MO
VANISHPOINT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 3/16"		Tier 2	MO
VANISHPOINT SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"		Tier 2	MO
Miscellaneous Agents			
Anaphylaxis Therapy Agents			
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML		Tier 3	PA; QL (2 EA per 365 days)
epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml	(Auvi-Q)	Tier 1	QL (4 EA per 1 FILL)
epinephrine injection auto-injector 0.15 mg/0.3 ml	(EpiPen Jr)	Tier 1	QL (4 EA per 1 FILL)
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML		Tier 3	QL (4 EA per 1 FILL)
Genetic D/O Tx-Exon Inclusion Antisense Oligonucle			
EVRYSDI ORAL RECON SOLN 0.75 MG/ML		Tier 4	PA
Miscellaneous Agents			
NEXAVIR INJECTION SOLUTION 25.5 MG/ML		Tier 3	
Parasympathetic Agents			
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg		Tier 1	
cevimeline oral capsule 30 mg	(Evoxac)	Tier 1	QL (3 EA per 1 day)
guanidine oral tablet 125 mg		Tier 1	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	(Salagen (pilocarpine))	Tier 1	MO
Pharmacological Chaperone-Alpha-Galactosid.A Stabz			
GALAFOLD ORAL CAPSULE 123 MG		Tier 4	PA
Pku Treatment Agents - Phenylalanine Ammonia Lyase			

Drug		Status	Notes
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML		Tier 4	PA
Pku Tx Agent-Cofactor Of Phenylalanine Hydroxylase			
sapropterin oral powder in packet 100 mg, 500 mg	(Kuvan)	Tier 4	PA
sapropterin oral tablet,soluble 100 mg	(Kuvan)	Tier 4	PA
Systemic Enzyme Inhibitors			
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG		Tier 4	PA
GLASSIA INTRAVENOUS SOLUTION 1 GRAM/50 ML (2 %)		Tier 4	PA
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG		Tier 4	PA
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML		Tier 4	PA
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG		Tier 4	PA
Neoplastic Disease			
Alkylating Agents			
cyclophosphamide oral capsule 25 mg, 50 mg		Tier 4	
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG		Tier 4	PA
hydroxyurea oral capsule 500 mg	(Hydrea)	Tier 1	
LEUKERAN ORAL TABLET 2 MG		Tier 4	
melphalan oral tablet 2 mg	(Alkeran)	Tier 1	
MYLERAN ORAL TABLET 2 MG		Tier 4	
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	(Temodar)	Tier 4	PA
Antiandrogenic Agents			
abiraterone oral tablet 250 mg	(Zytiga)	Tier 4	PA
bicalutamide oral tablet 50 mg	(Casodex)	Tier 1	
ERLEADA ORAL TABLET 60 MG		Tier 4	PA
flutamide oral capsule 125 mg		Tier 1	
nilutamide oral tablet 150 mg	(Nilandron)	Tier 4	PA; QL (1 EA per 1 day)
NUBEQA ORAL TABLET 300 MG		Tier 4	PA
XTANDI ORAL CAPSULE 40 MG		Tier 4	PA; QL (4 EA per 1 day)
YONSA ORAL TABLET 125 MG		Tier 4	PA
ZYTIGA ORAL TABLET 500 MG		Tier 4	PA
Antibiotic Antineoplastics			
bleomycin injection recon soln 15 unit, 30 unit		Tier 4	
Antimetabolites			

Drug		Status	Notes
azacitidine injection recon soln 100 mg	(Vidaza)	Tier 4	
capecitabine oral tablet 150 mg, 500 mg	(Xeloda)	Tier 1	
floxuridine injection recon soln 0.5 gram		Tier 4	
fluorouracil intravenous solution 500 mg/10 ml		Tier 1	
INQOVI ORAL TABLET 35-100 MG		Tier 4	PA
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG		Tier 4	PA
mercaptopurine oral tablet 50 mg		Tier 1	
methotrexate sodium (pf) injection recon soln 1 gram		Tier 1	
methotrexate sodium (pf) injection solution 25 mg/ml		Tier 1	
methotrexate sodium injection solution 25 mg/ml		Tier 1	
methotrexate sodium oral tablet 2.5 mg		Tier 1	MO
PURIXAN ORAL SUSPENSION 20 MG/ML		Tier 4	
TABLOID ORAL TABLET 40 MG		Tier 4	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG		Tier 2	
XATMEP ORAL SOLUTION 2.5 MG/ML		Tier 4	QL (60 ML per 30 days); Age (Max 12 Years)
Antineoplastic Aromatase Inhibitors			
anastrozole oral tablet 1 mg	(Arimidex)	Tier 1	MO
exemestane oral tablet 25 mg	(Aromasin)	Tier 1	MO; QL (1 EA per 1 day)
letrozole oral tablet 2.5 mg	(Femara)	Tier 1	MO
Antineoplastic - Braf Kinase Inhibitors			
BRAFTOVI ORAL CAPSULE 50 MG, 75 MG		Tier 4	PA
TAFINLAR ORAL CAPSULE 50 MG, 75 MG		Tier 4	PA; QL (120 EA per 30 days)
ZELBORAF ORAL TABLET 240 MG		Tier 4	PA; QL (240 EA per 30 days)
Antineoplastic - Hedgehog Pathway Inhibitor			
DAURISMO ORAL TABLET 100 MG, 25 MG		Tier 4	PA
ERIVEDGE ORAL CAPSULE 150 MG		Tier 4	PA; QL (30 EA per 30 days)
ODOMZO ORAL CAPSULE 200 MG		Tier 4	PA
Antineoplastic - Janus Kinase (Jak) Inhibitors			
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG		Tier 4	PA; QL (2 EA per 1 day)
Antineoplastic - Mek1 And Mek2 Kinase Inhibitors			

Drug		Status	Notes
COTELLIC ORAL TABLET 20 MG		Tier 4	PA
MEKINIST ORAL TABLET 0.5 MG		Tier 4	PA; QL (90 EA per 30 days)
MEKINIST ORAL TABLET 2 MG		Tier 4	PA; QL (30 EA per 30 days)
MEKTOVI ORAL TABLET 15 MG		Tier 4	PA
Antineoplastic - Mtor Kinase Inhibitors			
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG		Tier 4	PA
AFINITOR ORAL TABLET 10 MG		Tier 4	PA; QL (1 EA per 1 day)
everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg	(Afinitor)	Tier 4	PA; QL (1 EA per 1 day)
Antineoplastic - Protein Methyltransferase Inhibit			
TAZVERIK ORAL TABLET 200 MG		Tier 4	PA
Antineoplastic - Topoisomerase I Inhibitors			
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG		Tier 4	PA
irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml	(Camptosar)	Tier 4	
Antineoplastic Comb - Kinase And Aromatase Inhibit			
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG		Tier 4	PA
Antineoplastic Immunomodulator Agents			
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG		Tier 4	PA
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG		Tier 4	PA; QL (1 EA per 1 day)
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG		Tier 4	PA; QL (5 EA per 1 FILL)
Antineoplastic Lhrh(Gnrh) Antagonist,Pituit.Supprs			
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG		Tier 4	QL (2 EA per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG		Tier 4	QL (1 EA per 30 days)
FIRMAGON SUBCUTANEOUS RECON SOLN 120 MG		Tier 4	QL (2 EA per 365 days)
Antineoplastic Systemic Enzyme Inhibitors			
ALECENSA ORAL CAPSULE 150 MG		Tier 4	PA

Drug		Status	Notes
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG		Tier 4	PA
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)		Tier 4	PA
AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG		Tier 4	PA
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG		Tier 4	PA
BOSULIF ORAL TABLET 100 MG		Tier 4	PA; QL (4 EA per 1 day)
BOSULIF ORAL TABLET 400 MG		Tier 4	PA
BOSULIF ORAL TABLET 500 MG		Tier 4	PA; QL (1 EA per 1 day)
BRUKINSA ORAL CAPSULE 80 MG		Tier 4	PA
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG		Tier 4	PA
CALQUENCE ORAL CAPSULE 100 MG		Tier 4	PA
CAPRELSA ORAL TABLET 100 MG, 300 MG		Tier 4	PA
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 4	PA
COPIKTRA ORAL CAPSULE 15 MG, 25 MG		Tier 4	PA
erlotinib oral tablet 100 mg, 150 mg, 25 mg	(Tarceva)	Tier 4	PA; QL (30 EA per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG		Tier 4	PA
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG		Tier 4	PA
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG		Tier 4	PA
ICLUSIG ORAL TABLET 15 MG		Tier 4	PA; QL (60 EA per 30 days)
ICLUSIG ORAL TABLET 45 MG		Tier 4	PA; QL (30 EA per 30 days)
imatinib oral tablet 100 mg, 400 mg	(Gleevec)	Tier 4	PA; QL (2 EA per 1 day)
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG		Tier 4	PA
IMBRUVICA ORAL TABLET 420 MG, 560 MG		Tier 4	PA
INLYTA ORAL TABLET 1 MG		Tier 4	PA; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5 MG		Tier 4	PA; QL (60 EA per 30 days)
INREBIC ORAL CAPSULE 100 MG		Tier 4	PA
IRESSA ORAL TABLET 250 MG		Tier 4	PA

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 4	PA
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	Tier 4	PA; QL (1 EA per 1 day)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	Tier 4	PA; QL (3 EA per 1 day)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	Tier 4	PA; QL (2 EA per 1 day)
LORBRENA ORAL TABLET 100 MG, 25 MG	Tier 4	PA
LYNPARZA ORAL TABLET 100 MG, 150 MG	Tier 4	PA; QL (4 EA per 1 day)
NERLYNX ORAL TABLET 40 MG	Tier 4	PA
NEXAVAR ORAL TABLET 200 MG	Tier 4	PA
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	Tier 4	PA
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	Tier 4	PA
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	Tier 4	PA
QINLOCK ORAL TABLET 50 MG	Tier 4	PA
RETEVMO ORAL CAPSULE 40 MG, 80 MG	Tier 4	PA
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	Tier 4	PA
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	Tier 4	PA
RYDAPT ORAL CAPSULE 25 MG	Tier 4	PA
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	Tier 4	PA; QL (1 EA per 1 day)
SPRYCEL ORAL TABLET 20 MG	Tier 4	PA; QL (2 EA per 1 day)
STIVARGA ORAL TABLET 40 MG	Tier 4	PA; QL (84 EA per 28 days)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	Tier 4	PA; QL (1 EA per 1 day)
TABRECTA ORAL TABLET 150 MG, 200 MG	Tier 4	PA
TAGRISSO ORAL TABLET 40 MG, 80 MG	Tier 4	PA
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG	Tier 4	PA

Drug	Status	Notes
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	Tier 4	PA; QL (4 EA per 1 day)
TUKYSA ORAL TABLET 150 MG, 50 MG	Tier 4	PA
TURALIO ORAL CAPSULE 200 MG	Tier 4	PA
TYKERB ORAL TABLET 250 MG	Tier 4	PA
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 4	PA
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	Tier 4	PA
VITRAKVI ORAL SOLUTION 20 MG/ML	Tier 4	PA
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	Tier 4	PA
VOTRIENT ORAL TABLET 200 MG	Tier 4	PA
XALKORI ORAL CAPSULE 200 MG, 250 MG	Tier 4	PA; QL (2 EA per 1 day)
XOSPATA ORAL TABLET 40 MG	Tier 4	PA
ZEJULA ORAL CAPSULE 100 MG	Tier 4	PA
ZYDELIG ORAL TABLET 100 MG, 150 MG	Tier 4	PA; QL (2 EA per 1 day)
ZYKADIA ORAL TABLET 150 MG	Tier 4	PA
Antineoplastic,Histone Deacetylase Inhibitors,Hdis		
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	Tier 4	PA
ZOLINZA ORAL CAPSULE 100 MG	Tier 4	PA
Antineoplastic-B Cell Lymphoma-2(Bcl-2) Inhibitors		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	Tier 4	PA
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG-100 MG	Tier 4	PA
Antineoplastic-Isocitrate Dehydrogenase Inhibitors		
IDHIFA ORAL TABLET 100 MG, 50 MG	Tier 4	PA
TIBSOVO ORAL TABLET 250 MG	Tier 4	PA
Antineoplastics,Miscellaneous		
etoposide oral capsule 50 mg	Tier 1	
LYSODREN ORAL TABLET 500 MG	Tier 4	
MATULANE ORAL CAPSULE 50 MG	Tier 4	
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	Tier 4	PA
tretinoin (antineoplastic) oral capsule 10 mg	Tier 4	PA

Drug		Status	Notes
Antineoplastic-Select Inhib Of Nuclear Exp (Sine)			
XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5)		Tier 4	PA; QL (20 EA per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (20 MG X 2)		Tier 4	PA; QL (8 EA per 28 days)
XPOVIO ORAL TABLET 40MG TWICE WEEK (80 MG/WEEK), 80 MG/WEEK (20 MG X 4)		Tier 4	PA; QL (16 EA per 28 days)
XPOVIO ORAL TABLET 60 MG/WEEK (20 MG X 3)		Tier 4	PA; QL (12 EA per 28 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)		Tier 4	PA; QL (24 EA per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)		Tier 4	PA; QL (32 EA per 28 days)
Chemotherapy Rescue/Antidote Agents			
leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg		Tier 1	
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg		Tier 1	
MESNEX ORAL TABLET 400 MG		Tier 2	
Selective Estrogen Receptor Modulators (Serm)			
fulvestrant intramuscular syringe 250 mg/5 ml	(Faslodex)	Tier 4	PA
SOLTAMOX ORAL SOLUTION 20 MG/10 ML		Tier 3	MO
tamoxifen oral tablet 10 mg, 20 mg		Tier 1	MO
toremifene oral tablet 60 mg	(Fareston)	Tier 4	PA; MO
Selective Retinoid X Receptor Agonists (Rxr)			
bexarotene oral capsule 75 mg	(Targretin)	Tier 4	PA
Steroid Antineoplastics			
EMCYT ORAL CAPSULE 140 MG		Tier 4	
megestrol oral tablet 20 mg, 40 mg		Tier 1	
Neurological Disease - Miscellaneous			
Agents To Treat Multiple Sclerosis			
AUBAGIO ORAL TABLET 14 MG, 7 MG		Tier 4	PA; QL (1 EA per 1 day)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML		Tier 4	PA; QL (4 EA per 1 FILL)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML		Tier 4	PA; QL (4 EA per 1 FILL)
BAFIERTAM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 95 MG		Tier 4	PA

Drug		Status	Notes
BETASERON SUBCUTANEOUS KIT 0.3 MG		Tier 4	PA; QL (15 EA per 1 FILL)
BETASERON SUBCUTANEOUS RECON SOLN 0.3 MG		Tier 4	PA; QL (15 EA per 1 FILL)
EXTAVIA SUBCUTANEOUS KIT 0.3 MG		Tier 4	PA; QL (15 EA per 1 FILL)
EXTAVIA SUBCUTANEOUS RECON SOLN 0.3 MG		Tier 4	PA; QL (15 EA per 1 FILL)
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG		Tier 4	PA; QL (1 EA per 1 day)
glatiramer subcutaneous syringe 20 mg/ml	(Glatopa)	Tier 4	PA; QL (30 ML per 30 days)
glatiramer subcutaneous syringe 40 mg/ml	(Glatopa)	Tier 4	PA
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML		Tier 4	PA; QL (30 ML per 30 days)
GLATOPA SUBCUTANEOUS SYRINGE 40 MG/ML		Tier 4	PA
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML		Tier 4	PA
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG		Tier 4	PA
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG		Tier 4	PA
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG		Tier 4	PA
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG		Tier 4	PA
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG		Tier 4	PA
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG		Tier 4	PA
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG		Tier 4	PA
MAYZENT ORAL TABLET 0.25 MG, 2 MG		Tier 4	PA
MAYZENT STARTER PACK ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)		Tier 4	PA
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML		Tier 4	PA
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML		Tier 4	PA
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML		Tier 4	PA; QL (7.5 ML per 1 FILL)

Drug		Status	Notes
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML		Tier 4	PA; QL (7.5 ML per 1 FILL)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)		Tier 4	PA; QL (4.2 ML per 1 FILL)
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)		Tier 4	PA; QL (4.2 ML per 1 FILL)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 120 MG (14)- 240 MG (46), 240 MG		Tier 4	PA
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG		Tier 4	PA
ZEPOSIA ORAL CAPSULE 0.92 MG		Tier 4	PA
ZEPOSIA STARTER KIT ORAL CAPSULE,DOSE PACK 0.23-0.46-0.92 MG		Tier 4	PA
ZEPOSIA STARTER PACK ORAL CAPSULE,DOSE PACK 0.23 MG (4)-0.46 MG (3)		Tier 4	PA
Agts Tx Neuromusc Transmission Dis,Pot-Chan Blkr			
dalfampridine oral tablet extended release 12 hr 10 mg	(Ampyra)	Tier 4	PA
Amyotrophic Lateral Sclerosis Agents			
riluzole oral tablet 50 mg	(Rilutek)	Tier 1	MO
Fibromyalgia Agents,Serotonin-Norepineph Ru Inhib			
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG		Tier 2	MO; QL (68 EA per 1 FILL)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)		Tier 2	MO; QL (55 EA per 1 FILL)
Movement Disorders(Drug Therapy)			
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG		Tier 4	PA
tetrabenazine oral tablet 12.5 mg, 25 mg	(Xenazine)	Tier 4	PA
Pseudobulbar Affect (Pba) Agents, Nmda Antagonists			
NUEDEXTA ORAL CAPSULE 20-10 MG		Tier 3	PA; MO
Oral/Pharyngeal Disorders			
Dental Aids And Preparations			
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	(Paroex Oral Rinse)	Tier 1	
ORALONE DENTAL PASTE 0.1 %		Tier 1	
PAROEX ORAL RINSE MUCOUS MEMBRANE MOUTHWASH 0.12 %		Tier 1	

Drug	Status	Notes
PERIOGARD MUCOUS MEMBRANE MOUTHWASH 0.12 %	Tier 1	
triamcinolone acetonide dental paste 0.1 % (Oralone)	Tier 1	
Nose Preparations, Miscellaneous (Rx)		
ipratropium bromide nasal spray,non-aerosol 0.03 %	Tier 1	MO; QL (60 ML per 1 FILL)
ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)	Tier 1	QL (30 ML per 1 FILL)
Periodontal Collagenase Inhibitors		
doxycycline hyclate oral tablet 20 mg	Tier 1	
Other Drugs		
Agents For Stomatological Use		
DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 %	Tier 2	
DEBACTEROL MUCOUS MEMBRANE SWAB 30-50 %	Tier 2	
Antigenic Skin Tests		
CANDIN INTRADERMAL ALLERGEN FDA STANDARD	Tier 3	
Appetite Stim. For Anorexia,Cachexia,Wasting Synd.		
megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)	Tier 1	
megestrol oral suspension 625 mg/5 ml (125 mg/ml)	Tier 1	ST: Prior prescription for Megestrol Acetate in the past 130 days
Cholinesterase Reactivat.&Muscarinic Antg.Antidote		
DUODOTE INTRAMUSCULAR PEN INJECTOR 600-2.1 MG/2ML-MG/0.7ML	Tier 3	
Cholinesterase Reactivating,Organophos. Antidotes		
pralidoxime intramuscular pen injector 600 mg/2 ml	Tier 3	
Diluent Solutions		
DILUENT FOR ACTHIB INTRAMUSCULAR SOLUTION 0.4 %	Tier 3	
DILUENT FOR IMOVAX INTRAMUSCULAR SYRINGE	Tier 3	
DILUENT FOR MENHIBRIX INTRAMUSCULAR SOLUTION 0.9 %	Tier 3	
DILUENT FOR MENOMUNE (PF) SUBCUTANEOUS SOLUTION	Tier 3	
DILUENT FOR MENOMUNE SUBCUTANEOUS SOLUTION	Tier 3	
DILUENT FOR RABAVERT INTRAMUSCULAR SYRINGE	Tier 3	

Drug		Status	Notes
DILUENT FOR ROTARIX ORAL SYRINGE		Tier 3	
DILUENT FOR YF-VAX (1 DOSE) SUBCUTANEOUS SOLUTION 0.9 %		Tier 3	
DILUENT FOR YF-VAX (5 DOSE) SUBCUTANEOUS SOLUTION 0.9 %		Tier 3	
DILUENT-MERCK LIVE VIRUS VACC SUBCUTANEOUS SOLUTION		Tier 3	
DILUTING MEDIUM FOR NOVOLOG INJECTION SOLUTION		Tier 3	
Drugs To Tx Gaucher Dx-Type 1, Substrate Reducing			
CERDELGA ORAL CAPSULE 84 MG		Tier 4	PA
miglustat oral capsule 100 mg	(Zavesca)	Tier 4	PA
General Anesthetics,Inhalant			
sevoflurane inhalation liquid	(Ultane)	Tier 1	
General Anesthetics,Injectable			
ketamine in nacl, iso-osmotic injection syringe 100 mg/10 ml (10 mg/ml)		Tier 1	
General Inhalation Agents			
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %		Tier 3	
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 7 %		Tier 2	QL (480 ML per 30 days)
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 %		Tier 1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %		Tier 3	
PULMOSAL INHALATION SOLUTION FOR NEBULIZATION 7 %		Tier 2	QL (480 ML per 30 days)
sodium chloride inhalation solution for nebulization 0.9 %, 10 %		Tier 1	
sodium chloride inhalation solution for nebulization 3 %	(NebuSal)	Tier 1	
sodium chloride inhalation solution for nebulization 7 %	(Pulmosal)	Tier 1	QL (480 ML per 30 days)
Iv Fat Emulsions			
INTRALIPID INTRAVENOUS EMULSION 20 %		Tier 3	
NUTRILIPID INTRAVENOUS EMULSION 20 %		Tier 3	
Metabolic Deficiency Agents			
CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML		Tier 3	QL (30 ML per 1 day)
CYSTADANE ORAL POWDER 1 GRAM/1.7 ML		Tier 4	
levocarnitine (with sugar) oral solution 100 mg/ml	(Carnitor)	Tier 1	QL (30 ML per 1 day)

Drug		Status	Notes
levocarnitine oral solution 100 mg/ml	(Carnitor (sugar-free))	Tier 1	QL (30 ML per 1 day)
Metabolic Disease Enzyme Replacement, Fabry's Dx			
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG		Tier 4	PA
Metallic Poison,Agents To Treat			
BAL IN OIL INTRAMUSCULAR SOLUTION 100 MG/ML		Tier 2	
CHEMET ORAL CAPSULE 100 MG		Tier 2	
CLOVIQUE ORAL CAPSULE 250 MG		Tier 4	PA
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	(Jadenu Sprinkle)	Tier 4	PA
deferasirox oral tablet 180 mg, 360 mg, 90 mg	(Jadenu)	Tier 4	PA
deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg	(Exjade)	Tier 4	PA
deferoxamine injection recon soln 2 gram, 500 mg	(Desferal)	Tier 1	
FERRIPROX ORAL SOLUTION 100 MG/ML		Tier 4	
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)		Tier 2	
RADIOGARDASE ORAL CAPSULE 0.5 GRAM		Tier 3	
trientine oral capsule 250 mg	(Clovique)	Tier 4	PA
Muscarinic Receptor Antagonists			
ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML		Tier 3	
Needles/Needleless Devices			
1ST TIER UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"		Tier 2	MO
1ST TIER UNIFINE PENTIPS PLUS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"		Tier 2	MO
ABOUTTIME PEN NEEDLE NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"		Tier 2	MO
ADVOCATE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 33 GAUGE X 5/32"		Tier 2	MO
ASSURE ID PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 3/16"		Tier 2	MO

Drug	Status	Notes
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"	Tier 2	MO
BD NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	Tier 2	MO
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4"	Tier 2	MO
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	Tier 2	MO
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	Tier 2	MO
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2"	Tier 2	MO
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	Tier 2	MO
CAREFINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 2	MO
CARETOUCH PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 2	MO
CLICKFINE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	MO
COMFORT EZ PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/16", 33 GAUGE X 5/32"	Tier 2	MO
DROPLET MICRON PEN NEEDLE NEEDLE 34 GAUGE X 9/64"	Tier 2	MO
DROPLET PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	MO
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	Tier 2	MO
EASY COMFORT PEN NEEDLES NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	Tier 2	MO
EASY GLIDE PEN NEEDLE NEEDLE 33 GAUGE X 5/32"	Tier 2	MO

Drug	Status	Notes
EASY TOUCH NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 2	MO
EASY TOUCH PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	Tier 2	MO
EASY TOUCH SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16", 30 GAUGE X 3/16"	Tier 2	MO
HEALTHWISE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	MO
HEALTHY ACCENTS UNIFINE PENTIP NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	MO
INCONTROL PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	MO
INSUPEN NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Tier 2	MO
LITE TOUCH INSULIN PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16"	Tier 2	MO
MAXICOMFORT II PEN NEEDLE NEEDLE 31 GAUGE X 1/4"	Tier 2	MO
MAXICOMFORT SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16"	Tier 2	MO
MICRODOT INSULIN PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Tier 2	MO
MINI ULTRA-THIN II NEEDLE 31 GAUGE X 3/16"	Tier 2	MO
NOVOFINE 32 NEEDLE 32 GAUGE X 1/4"	Tier 2	MO
NOVOFINE AUTOCOVER NEEDLE 30 GAUGE X 1/3"	Tier 2	MO
NOVOFINE PLUS NEEDLE 32 GAUGE X 1/6"	Tier 2	MO
NOVOTWIST NEEDLE 32 GAUGE X 1/5"	Tier 2	MO

Drug		Status	Notes
PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"		Tier 2	MO
pen needle, diabetic needle 29 gauge x 1/2", 31 gauge x 1/4", 31 gauge x 3/16", 31 gauge x 5/16", 32 gauge x 5/32"	(1st Tier Unifine Pentips)	Tier 2	MO
pen needle, diabetic needle 30 gauge x 5/16"	(AboutTime Pen Needle)	Tier 2	MO
pen needle, diabetic needle 31 gauge x 1/3", 31 gauge x 1/6"		Tier 2	MO
pen needle, diabetic needle 32 gauge x 1/4"	(BD Ultra-Fine Micro Pen Needle)	Tier 2	MO
pen needle, diabetic needle 32 gauge x 3/16"	(CareFine Pen Needle)	Tier 2	MO
pen needle, diabetic needle 33 gauge x 5/32"	(Advocate Pen Needle)	Tier 2	MO
PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"		Tier 2	MO
PREVENT DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"		Tier 2	MO
PRO COMFORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"		Tier 2	MO
PURE COMFORT PEN NEEDLE NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"		Tier 2	MO
RELION NEEDLES NEEDLE 31 GAUGE X 1/4"		Tier 2	MO
RELION PEN NEEDLES NEEDLE 32 GAUGE X 5/32"		Tier 2	MO
SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16"		Tier 2	MO
SURE COMFORT PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"		Tier 2	MO
SURE-FINE PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16"		Tier 2	MO
TECHLITE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32"		Tier 2	MO

Drug	Status	Notes
TOPCARE CLICKFINE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	Tier 2	MO
TRUE COMFORT PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 2	MO
TRUEPLUS PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	MO
ULTICARE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	Tier 2	MO
ULTIGUARD SAFE PACK NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	Tier 2	MO
ULTILET PEN NEEDLE NEEDLE 29 GAUGE, 32 GAUGE X 5/32"	Tier 2	MO
ULTRA FLO PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16"	Tier 2	MO
ULTRA THIN PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	Tier 2	MO
ULTRACARE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Tier 2	MO
ULTRA-THIN II (SHORT) PEN NDL NEEDLE 31 GAUGE X 5/16"	Tier 2	MO
ULTRA-THIN II INS PEN NEEDLES NEEDLE 29 GAUGE X 1/2"	Tier 2	MO
UNIFINE PENTIPS MAXFLOW NEEDLE 30 GAUGE X 3/16"	Tier 2	MO
UNIFINE PENTIPS NEEDLE 29 GAUGE, 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Tier 2	MO
UNIFINE PENTIPS PLUS MAXFLOW NEEDLE 30 GAUGE X 3/16"	Tier 2	MO
UNIFINE PENTIPS PLUS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Tier 2	MO
VERIFINE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 2	MO
Ointment/Cream Bases		
RADIAGEL TOPICAL GEL	Tier 3	

Drug		Status	Notes
Oral Mucositis/Stomatitis Agents			
GELCLAIR MUCOUS MEMBRANE GEL IN PACKET		Tier 3	QL (225 ML per 1 FILL)
MUGARD MUCOUS MEMBRANE SOLUTION		Tier 3	QL (480 ML per 1 FILL)
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH		Tier 3	
Parenteral Amino Acid Solutions And Combinations			
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION		Tier 3	
Pharmaceutical Adjuvants, Tableting			
cellulose (bulk) powder		Tier 3	
Saliva Stimulant Agents			
NUMOISYN MUCOUS MEMBRANE LOZENGE 0.3 GRAM		Tier 3	
Saliva Substitute Agents			
NUMOISYN MUCOUS MEMBRANE LIQUID		Tier 3	
Solvents			
ALCOHOL, RUBBING SOLUTION 70 %		Tier 3	
DY-O-DERM SOLUTION		Tier 3	
INSTACLEAN SOLUTION		Tier 3	
isopropyl alcohol solution 70 %	(Alcohol, Rubbing)	Tier 3	
isopropyl alcohol solution 91 %, 99 %		Tier 3	
MURI-LUBE OIL		Tier 3	
Somatostatic Agents			
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG		Tier 4	PA
octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml		Tier 4	
octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	(Sandostatin)	Tier 4	
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)		Tier 4	
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)		Tier 4	PA
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML		Tier 4	PA
Suspending Agents			
GELFILM IMPLANT FILM		Tier 3	

Drug		Status	Notes
hydroxypropyl cellulose powder		Tier 3	
hypromellose powder	(Methocel E 4 M)	Tier 3	
Vaccine Adjuvants			
SHINGRIX ADJUVANT COMPONENT-PF INTRAMUSCULAR SUSPENSION		Tier 3	QL (1 ML per 365 days); Age (Min 50 Years)
Vehicles			
citric acid (bulk) powder		Tier 3	
Water			
STERILE WATER FOR INJECTION INJECTION SOLUTION		Tier 1	
water for inject, bacteriostat injection solution		Tier 1	
water for injection, sterile injection solution	(Sterile Water for Injection)	Tier 1	
Wound Healing Agents, Local			
DERMULCERA TOPICAL OINTMENT		Tier 3	
VENELEX TOPICAL OINTMENT		Tier 3	
Other Respiratory Disorders			
Antifibrotic Therapy - Pyridone Analogs			
ESBRIET ORAL CAPSULE 267 MG		Tier 4	PA
ESBRIET ORAL TABLET 267 MG, 801 MG		Tier 4	PA
Cystic Fib.Transmemb Conduct.Reg.(Cftr)Potentiator			
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG		Tier 4	PA; QL (2 EA per 1 day)
KALYDECO ORAL TABLET 150 MG		Tier 4	PA; QL (2 EA per 1 day)
Cystic Fibrosis-Cftr Potentiator & Corrector Comb.			
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG		Tier 4	PA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG		Tier 4	PA
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)		Tier 4	PA
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N)		Tier 4	PA
Lung Surfactants			
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5 ML, 240 MG/3 ML		Tier 3	
INFASURF INTRATRACHEAL SUSPENSION 35 MG/ML		Tier 3	

Drug		Status	Notes
SURFAXIN INTRATRACHEAL SUSPENSION 34 MG/ML		Tier 3	
SURVANTA INTRATRACHEAL SUSPENSION 25 MG/ML		Tier 3	
Mucolytics			
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)		Tier 1	
PULMOZYME INHALATION SOLUTION 1 MG/ML		Tier 4	PA; QL (150 ML per 30 days)
Pulmonary Fibrosis - Systemic Enzyme Inhibitors			
OFEV ORAL CAPSULE 100 MG, 150 MG		Tier 4	PA
Pain Management - Analgesics			
Analgesic, Non-Salicylate & Barbiturate Comb.			
butalbital-acetaminophen oral tablet 50-325 mg	(Tencon)	Tier 1	
TENCON ORAL TABLET 50-325 MG		Tier 1	
Analgesic, Salicylate, Barbiturate,& Xanthine Cmb			
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	(Fiorinal)	Tier 1	
butalbital-aspirin-caffeine oral tablet 50-325-40 mg		Tier 1	
Analgesic,Non-Salicylate,Barbiturate,&Xanthine Cmb			
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	(Esgic)	Tier 1	
Analgesic/Antipyretics, Salicylates			
choline,magnesium salicylate oral liquid 500 mg/5 ml		Tier 1	
diflunisal oral tablet 500 mg		Tier 1	
DISALCID ORAL TABLET 500 MG, 750 MG		Tier 2	
salsalate oral tablet 500 mg, 750 mg	(Disalcid)	Tier 1	
Analgesics Narcotic, Anesthetic Adjunct Agents			
fentanyl citrate (pf) injection solution 50 mcg/ml		Tier 1	
Analgesics, Narcotic Agonist And Nsaid Combination			
hydrocodone-ibuprofen oral tablet 10-200 mg	(Ibudone)	Tier 1	
hydrocodone-ibuprofen oral tablet 5-200 mg, 7.5-200 mg		Tier 1	
ibuprofen-oxycodone oral tablet 400-5 mg		Tier 1	

Drug		Status	Notes
Analgesics, Non-Narcotics			
clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)	(Duraclon (PF))	Tier 1	
clonidine (pf) epidural solution 5,000 mcg/10 ml		Tier 1	
Analgesics,Narcotics			
belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg		Tier 1	
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	(Butrans)	Tier 1	ST: Prior prescription for a generic short-acting opioid, morphine sulfate ER, or Tramadol ER in the past 130 days; QL (1 EA per 7 days)
butorphanol injection solution 1 mg/ml, 2 mg/ml		Tier 1	
butorphanol nasal spray,non-aerosol 10 mg/ml		Tier 1	QL (5 ML per 1 FILL)
codeine sulfate oral tablet 15 mg, 30 mg, 60 mg		Tier 1	Age (Min 12 Years)
DEMEROL (PF) INJECTION SYRINGE 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML		Tier 2	
DILAUDID (PF) INJECTION SYRINGE 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML, 4 MG/ML		Tier 3	
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	(Actiq)	Tier 1	PA
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	(Duragesic)	Tier 1	PA
hydromorphone (pf) injection solution 10 mg/ml, 2 mg/ml		Tier 1	
hydromorphone injection solution 1 mg/ml		Tier 1	
hydromorphone injection syringe 0.5 mg/0.5 ml, 1 mg/ml, 2 mg/ml, 4 mg/ml		Tier 1	
hydromorphone oral liquid 1 mg/ml	(Dilaudid)	Tier 1	
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	(Dilaudid)	Tier 1	
hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg		Tier 1	PA
hydromorphone rectal suppository 3 mg		Tier 1	
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG		Tier 3	PA; QL (1 EA per 1 day)

Drug		Status	Notes
INFUMORPH P/F INJECTION SOLUTION 10 MG/ML, 25 MG/ML		Tier 2	
meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml		Tier 1	
meperidine injection cartridge 10 mg/ml		Tier 1	
meperidine oral solution 50 mg/5 ml		Tier 1	QL (900 ML per 30 days)
meperidine oral tablet 100 mg	(Demerol)	Tier 1	QL (6 EA per 1 day)
meperidine oral tablet 50 mg		Tier 1	QL (6 EA per 1 day)
METHADONE INTENSOL ORAL CONCENTRATE 10 MG/ML		Tier 1	
methadone oral concentrate 10 mg/ml	(Methadone Intensol)	Tier 1	
methadone oral solution 10 mg/5 ml, 5 mg/5 ml		Tier 1	
methadone oral tablet 10 mg, 5 mg	(Dolophine)	Tier 1	
methadone oral tablet,soluble 40 mg	(Methadose)	Tier 1	
METHADOSE ORAL TABLET,SOLUBLE 40 MG		Tier 1	
morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml	(Duramorph (PF))	Tier 1	
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)		Tier 1	
morphine injection solution 10 mg/ml, 5 mg/ml, 8 mg/ml		Tier 1	
morphine injection syringe 10 mg/ml		Tier 2	
morphine injection syringe 2 mg/ml, 5 mg/ml		Tier 1	
morphine intramuscular pen injector 10 mg/0.7 ml		Tier 1	
morphine intravenous syringe 10 mg/ml		Tier 1	
morphine oral capsule, er multiphase 24 hr 120 mg		Tier 1	ST: Prior prescription for Morphine sulfate ER in the past 130 days; QL (60 EA per 30 days)
morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg		Tier 1	ST: Prior prescription for Morphine sulfate ER in the past 130 days; QL (30 EA per 30 days)
morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)		Tier 1	
morphine oral tablet 15 mg, 30 mg		Tier 2	
morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	(MS Contin)	Tier 1	QL (3 EA per 1 day)
morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg		Tier 1	
nalbuphine injection solution 10 mg/ml, 20 mg/ml		Tier 1	

Drug		Status	Notes
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG		Tier 3	ST: Prior prescription for Morphine Sulfate, Oxycodone HCL, Oxycontin, or Tramadol HCL in the past 130 days; QL (2 EA per 1 day)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG		Tier 2	QL (6 EA per 1 day)
oxycodone oral capsule 5 mg		Tier 1	
oxycodone oral concentrate 20 mg/ml		Tier 1	
oxycodone oral solution 5 mg/5 ml		Tier 1	
oxycodone oral tablet 10 mg, 20 mg		Tier 1	
oxycodone oral tablet 15 mg, 30 mg, 5 mg	(Roxicodone)	Tier 1	
oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg	(OxyContin)	Tier 1	ST: Prior prescription for a generic short-acting opioid, morphine sulfate ER, or Tramadol ER in the past 130 days; QL (60 EA per 30 days)
oxycodone oral tablet,oral only,ext.rel.12 hr 80 mg	(OxyContin)	Tier 1	ST: Prior prescription for a generic short-acting opioid, morphine sulfate ER, or Tramadol ER in the past 130 days; QL (120 EA per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG		Tier 2	ST: Prior prescription for a generic short-acting opioid, morphine sulfate ER, or Tramadol ER in the past 130 days; QL (60 EA per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG		Tier 2	ST: Prior prescription for a generic short-acting opioid, morphine sulfate ER, or Tramadol ER in the past 130 days; QL (120 EA per 30 days)
oxymorphone oral tablet 10 mg, 5 mg		Tier 1	
oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg		Tier 1	ST: Prior prescription for a generic short-acting opioid, morphine sulfate ER, or Tramadol ER in the past 130 days; QL (2 EA per 1 day)

Drug	Status	Notes
oxymorphone oral tablet extended release 12 hr 30 mg, 40 mg	Tier 1	ST: Prior prescription for a generic short-acting opioid, morphine sulfate ER, or Tramadol ER in the past 130 days; QL (4 EA per 1 day)
pentazocine-naloxone oral tablet 50-0.5 mg	Tier 1	
tramadol oral tablet 50 mg (Ultram)	Tier 1	Age (Min 12 Years)
tramadol oral tablet extended release 24 hr 100 mg	Tier 1	QL (3 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet extended release 24 hr 200 mg, 300 mg	Tier 1	QL (1 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet, er multiphase 24 hr 100 mg	Tier 1	QL (3 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet, er multiphase 24 hr 200 mg, 300 mg	Tier 1	QL (1 EA per 1 day); Age (Min 12 Years)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 27 MG, 9 MG	Tier 3	ST: Prior prescription for Oxycodone HCL or Oxycontin in the past 130 days; QL (2 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG	Tier 3	ST: Prior prescription for Oxycodone HCL or Oxycontin in the past 130 days; QL (8 EA per 1 day)
Antimigraine Preparations		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	Tier 2	PA
almotriptan malate oral tablet 12.5 mg, 6.25 mg	Tier 1	ST: Prior prescription for 2 of the following in the past 365 days: Eletriptan Hydrobromide, Naratriptan HCL, Onzetra Xsail, Rizatriptan Benzoate, Sumatriptan Succinate, Sumavel Dosepro, Zecuity, Zembrace Symtouch, Zolmitriptan, or Zomig; QL (12 EA per 30 days)
dihydroergotamine injection solution 1 mg/ml (D.H.E.45)	Tier 1	QL (10 ML per 14 days)

Drug		Status	Notes
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	(Migranal)	Tier 1	ST: Prior prescription for 2 of the following in the past 365 days: Dihydroergotamine Mesylate, Ergomar, Ergotamine Tartrate/caffeine, Migergot, or Sumatriptan; QL (8 ML per 28 days)
eletriptan oral tablet 20 mg, 40 mg	(Relpax)	Tier 1	ST: Prior prescription for Almotriptan Malate, Eletriptan Hydrobromide, Frovatriptan Succinate, Rizatriptan Benzoate, Sumatriptan Succinate, Zolmitriptan, or Zomig in the past 180 days; QL (12 EA per 30 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML		Tier 2	PA
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML		Tier 2	PA
ERGOMAR SUBLINGUAL TABLET 2 MG		Tier 3	QL (40 EA per 28 days)
ergotamine-caffeine oral tablet 1-100 mg	(Cafergot)	Tier 1	QL (40 EA per 28 days)
frovatriptan oral tablet 2.5 mg	(Frova)	Tier 1	ST: Prior prescription for 2 of the following in the past 365 days: Eletriptan Hydrobromide, Naratriptan HCL, Onzetra Xsail, Rizatriptan Benzoate, Sumatriptan Succinate, Sumavel Dosepro, Zecuity, Zembrace Symtouch, Zolmitriptan, or Zomig; QL (18 EA per 30 days)
naratriptan oral tablet 1 mg, 2.5 mg	(Amerge)	Tier 1	QL (18 EA per 30 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG		Tier 3	PA

Drug		Status	Notes
REYVOW ORAL TABLET 100 MG		Tier 3	ST: Prior prescription for 2 of the following in the past 365 days: Almotriptan Malate, Eletriptan Hydrobromide, Naratriptan HCL, Onzetra Xsail, Rizatriptan Benzoate, Sumatriptan Succinate, Sumavel Dosepro, Zecuity, Zembrace Symtouch, Zolmitriptan, or Zomig; QL (8 EA per 1 day)
REYVOW ORAL TABLET 50 MG		Tier 3	ST: Prior prescription for 2 of the following in the past 365 days: Almotriptan Malate, Eletriptan Hydrobromide, Naratriptan HCL, Onzetra Xsail, Rizatriptan Benzoate, Sumatriptan Succinate, Sumavel Dosepro, Zecuity, Zembrace Symtouch, Zolmitriptan, or Zomig; QL (4 EA per 1 day)
rizatriptan oral tablet 10 mg	(Maxalt)	Tier 1	QL (18 EA per 30 days)
rizatriptan oral tablet 5 mg		Tier 1	QL (18 EA per 30 days)
rizatriptan oral tablet,disintegrating 10 mg	(Maxalt-MLT)	Tier 1	QL (18 EA per 30 days)
rizatriptan oral tablet,disintegrating 5 mg		Tier 1	QL (18 EA per 30 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation	(Imitrex)	Tier 1	QL (18 EA per 28 days)
sumatriptan nasal spray,non-aerosol 5 mg/actuation	(Imitrex)	Tier 1	QL (36 EA per 28 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	(Imitrex)	Tier 1	QL (18 EA per 30 days)
sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml	(Imitrex STATdose Refill)	Tier 1	QL (4 ML per 28 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml	(Imitrex STATdose Pen)	Tier 1	QL (4 ML per 28 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	(Imitrex)	Tier 1	QL (5 ML per 28 days)
sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml		Tier 1	QL (4 ML per 28 days)
UBRELVY ORAL TABLET 100 MG, 50 MG		Tier 3	PA

Drug		Status	Notes
zolmitriptan oral tablet 2.5 mg, 5 mg	(Zomig)	Tier 1	ST: Prior prescription for Almotriptan Malate, Eletriptan Hydrobromide, Frovatriptan Succinate, Rizatriptan Benzoate, Sumatriptan Succinate, Zolmitriptan, or Zomig in the past 180 days; QL (12 EA per 30 days)
zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg	(Zomig ZMT)	Tier 1	ST: Prior prescription for Almotriptan Malate, Eletriptan Hydrobromide, Frovatriptan Succinate, Rizatriptan Benzoate, Sumatriptan Succinate, Zolmitriptan, or Zomig in the past 180 days; QL (12 EA per 30 days)
ZOMIG NASAL SPRAY,NON-AEROSOL 2.5 MG		Tier 2	ST: Prior prescription for Almotriptan Malate, Eletriptan Hydrobromide, Frovatriptan Succinate, Rizatriptan Benzoate, Sumatriptan Succinate, Zolmitriptan, or Zomig in the past 180 days
ZOMIG NASAL SPRAY,NON-AEROSOL 5 MG		Tier 2	ST: Prior prescription for Almotriptan Malate, Eletriptan Hydrobromide, Frovatriptan Succinate, Rizatriptan Benzoate, Sumatriptan Succinate, Zolmitriptan, or Zomig in the past 180 days; QL (12 EA per 30 days)
Calcitonin Gene-Related Peptide (Cgrp) Inhibitors			
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)		Tier 2	PA
Narc.& Non-Sal.Analgesic,Barbiturate &Xanthine Cmb			
butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg		Tier 1	Age (Min 12 Years)
Narcotic & Salicylate Analgesics, Barb.& Xanthine			
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)

Drug		Status	Notes
codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg	(Ascomp with Codeine)	Tier 1	Age (Min 12 Years)
Narcotic Analgesic & Non-Salicylate Analgesic Comb			
acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml		Tier 1	Age (Min 12 Years)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg		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	
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml		Tier 1	
hydrocodone-acetaminophen oral tablet 10-300 mg	(Vicodin HP)	Tier 1	
hydrocodone-acetaminophen oral tablet 10-325 mg	(Lorcet HD)	Tier 1	
hydrocodone-acetaminophen oral tablet 2.5-325 mg, 5-300 mg, 7.5-300 mg		Tier 1	
hydrocodone-acetaminophen oral tablet 5-325 mg, 7.5-325 mg	(Norco)	Tier 1	
LORCET (HYDROCODONE) ORAL TABLET 5-325 MG		Tier 1	
LORCET HD ORAL TABLET 10-325 MG		Tier 1	
LORTAB ELIXIR ORAL SOLUTION 10-300 MG/15 ML		Tier 3	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	(Endocet)	Tier 1	
tramadol-acetaminophen oral tablet 37.5-325 mg	(Ultracet)	Tier 1	QL (272 EA per 1 FILL); Age (Min 12 Years)
VICODIN HP ORAL TABLET 10-300 MG		Tier 1	
Narcotic Analgesic,Non-Salicylate,Xanthine Comb			
acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg	(Trezix)	Tier 1	QL (10 EA per 1 day)
Narcotic And Salicylate Analgesic Combination			
oxycodone-aspirin oral tablet 4.8355-325 mg		Tier 1	
Narcotic Withdrawal Therapy Agents			
BUNAVAIL BUCCAL FILM 2.1-0.3 MG, 4.2-0.7 MG, 6.3-1 MG		Tier 3	PA
buprenorphine hcl sublingual tablet 2 mg, 8 mg		Tier 1	PA
buprenorphine-naloxone sublingual film 12-3 mg	(Suboxone)	Tier 1	PA; QL (60 EA per 30 days)
buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg	(Suboxone)	Tier 1	PA; QL (90 EA per 30 days)

Drug		Status	Notes
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg		Tier 1	PA; QL (90 EA per 30 days)
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 11.4-2.9 MG, 2.9-0.71 MG, 8.6-2.1 MG		Tier 3	PA
ZUBSOLV SUBLINGUAL TABLET 1.4-0.36 MG, 5.7-1.4 MG		Tier 3	PA; QL (3 EA per 1 day)
Skeletal Muscle Relaxant,Salicylate,Narc Analgesic			
carisoprodol-aspirin-codeine oral tablet 200-325-16 mg		Tier 1	Age (Min 12 Years)
Parkinsons Disease			
Antiparkinsonism Drugs,Anticholinergic			
benztropine oral tablet 0.5 mg, 1 mg, 2 mg		Tier 1	MO
trihexyphenidyl oral elixir 0.4 mg/ml		Tier 1	MO
trihexyphenidyl oral tablet 2 mg, 5 mg		Tier 1	MO
Antiparkinsonism Drugs,Other			
amantadine hcl oral capsule 100 mg		Tier 1	MO
amantadine hcl oral solution 50 mg/5 ml		Tier 1	MO
amantadine hcl oral tablet 100 mg		Tier 1	MO
bromocriptine oral capsule 5 mg	(Parlodel)	Tier 1	MO
bromocriptine oral tablet 2.5 mg	(Parlodel)	Tier 1	MO
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	(Sinemet)	Tier 1	MO
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg		Tier 1	MO
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg		Tier 1	MO
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg	(Stalevo 50)	Tier 1	MO
carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg	(Stalevo 75)	Tier 1	MO
carbidopa-levodopa-entacapone oral tablet 25-100-200 mg	(Stalevo 100)	Tier 1	MO
carbidopa-levodopa-entacapone oral tablet 31.25-125-200 mg	(Stalevo 125)	Tier 1	MO
carbidopa-levodopa-entacapone oral tablet 37.5-150-200 mg	(Stalevo 150)	Tier 1	MO
carbidopa-levodopa-entacapone oral tablet 50-200-200 mg	(Stalevo 200)	Tier 1	MO
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML		Tier 4	PA
entacapone oral tablet 200 mg	(Comtan)	Tier 1	MO

Drug		Status	Notes
INBRIJA INHALATION CAPSULE 42 MG		Tier 4	PA
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG		Tier 4	PA
KYNMOBI SUBLINGUAL FILM 10 MG, 10-15-20-25-30 MG, 15 MG, 20 MG, 25 MG, 30 MG		Tier 4	PA
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR		Tier 2	MO; ST: Prior prescription for immediate-release Pramipexole or immediate-release Ropinirole in the past 130 days; QL (1 EA per 1 day)
NOURIANZ ORAL TABLET 20 MG, 40 MG		Tier 3	PA
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	(Mirapex)	Tier 1	MO
pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg	(Mirapex ER)	Tier 1	MO; QL (1 EA per 1 day)
rasagiline oral tablet 0.5 mg, 1 mg	(Azilect)	Tier 1	MO; QL (1 EA per 1 day)
ropinirole oral tablet 0.25 mg, 3 mg, 5 mg	(Requip)	Tier 1	MO
ropinirole oral tablet 0.5 mg, 1 mg, 2 mg, 4 mg		Tier 1	MO
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 6 mg	(Requip XL)	Tier 1	MO; QL (1 EA per 1 day)
ropinirole oral tablet extended release 24 hr 4 mg, 8 mg		Tier 1	MO; 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	MO; ST: Prior prescription for Carbidopa/levodopa in the past 130 days; QL (10 EA per 1 day)
selegiline hcl oral capsule 5 mg		Tier 1	MO
selegiline hcl oral tablet 5 mg		Tier 1	MO
XADAGO ORAL TABLET 100 MG, 50 MG		Tier 3	ST: Prior prescription for 2 of the following in the past 190 days: Bromocriptine Mesylate, Carbidopa/levodopa, Carbidopa/levodopa/entacapone, Duopa, Entacapone, Pramipexole Di-HCL, Rasagiline Mesylate, Ropinirole HCL, Rytary, or Selegiline HCL; QL (1 EA per 1 day)
Decarboxylase Inhibitors			
carbidopa oral tablet 25 mg	(Lodosyn)	Tier 1	MO

Drug		Status	Notes
Seizure Disorder			
Anticonvulsant - Benzodiazepine Type			
clobazam oral suspension 2.5 mg/ml	(Onfi)	Tier 1	QL (480 ML per 30 days)
clobazam oral tablet 10 mg, 20 mg	(Onfi)	Tier 1	
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	(Klonopin)	Tier 1	MO
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg		Tier 1	MO; QL (4 EA per 1 day)
clonazepam oral tablet,disintegrating 2 mg		Tier 1	MO; QL (2 EA per 1 day)
DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG, 5-7.5-10 MG		Tier 2	QL (1 EA per 30 days)
DIASTAT RECTAL KIT 2.5 MG		Tier 2	QL (1 EA per 30 days)
diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg	(Diastat AcuDial)	Tier 1	QL (1 EA per 30 days)
diazepam rectal kit 2.5 mg	(Diastat)	Tier 1	QL (1 EA per 30 days)
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG		Tier 2	MO
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)		Tier 3	QL (4 EA per 14 days)
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG		Tier 3	PA
VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)		Tier 3	QL (4 EA per 14 days)
Anticonvulsant - Cannabinoid Type			
EPIDIOLEX ORAL SOLUTION 100 MG/ML		Tier 4	PA
Anticonvulsants			
APTIOM ORAL TABLET 200 MG, 400 MG, 800 MG		Tier 3	MO; ST: Prior prescription for 2 of the following in the past 365 days: Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide; QL (30 EA per 30 days)

Drug	Status	Notes
APTIOM ORAL TABLET 600 MG	Tier 3	MO; ST: Prior prescription for 2 of the following in the past 365 days: Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide; QL (60 EA per 30 days)
BANZEL ORAL SUSPENSION 40 MG/ML	Tier 3	ST: Prior prescription for Divalproex Sodium, Lamictal XR, Lamotrigine, Topiramate, Trokendi XR, or Valproic Acid in the past 130 days; QL (80 ML per 1 day)
BANZEL ORAL TABLET 200 MG	Tier 3	ST: Prior prescription for Divalproex Sodium, Lamictal XR, Lamotrigine, Topiramate, Trokendi XR, or Valproic Acid in the past 130 days; QL (16 EA per 1 day)
BANZEL ORAL TABLET 400 MG	Tier 3	ST: Prior prescription for Divalproex Sodium, Lamictal XR, Lamotrigine, Topiramate, Trokendi XR, or Valproic Acid in the past 130 days; QL (8 EA per 1 day)
BRIVIACT ORAL SOLUTION 10 MG/ML	Tier 3	PA
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	Tier 3	ST: Prior prescription for 2 of the following in the past 365 days: Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide; QL (2 EA per 1 day)

Drug		Status	Notes
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	(Carbatrol)	Tier 1	MO
carbamazepine oral suspension 100 mg/5 ml	(Tegretol)	Tier 1	MO
carbamazepine oral tablet 200 mg	(Epitol)	Tier 1	MO
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	(Tegretol XR)	Tier 1	MO
carbamazepine oral tablet,chewable 100 mg		Tier 1	MO
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG		Tier 2	MO
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 300 MG		Tier 3	MO
CELONTIN ORAL CAPSULE 300 MG		Tier 2	MO
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG		Tier 2	MO
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG		Tier 2	MO
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG		Tier 2	MO
DIACOMIT ORAL CAPSULE 250 MG, 500 MG		Tier 4	PA
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG		Tier 4	PA
DILANTIN EXTENDED ORAL CAPSULE 100 MG		Tier 2	MO
DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG		Tier 2	MO
DILANTIN ORAL CAPSULE 30 MG		Tier 2	MO
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML		Tier 2	MO
divalproex oral capsule, delayed rel sprinkle 125 mg	(Depakote Sprinkles)	Tier 1	MO
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	(Depakote ER)	Tier 1	MO
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	(Depakote)	Tier 1	MO
EPITOL ORAL TABLET 200 MG		Tier 1	MO
ethosuximide oral capsule 250 mg	(Zarontin)	Tier 1	MO
ethosuximide oral solution 250 mg/5 ml	(Zarontin)	Tier 1	MO

Drug		Status	Notes
felbamate oral suspension 600 mg/5 ml	(Felbatol)	Tier 1	MO; ST: Prior prescription for Lamictal XR, Lamotrigine, Topiramate, or Trokendi XR in the past 130 days; QL (900 ML per 30 days)
felbamate oral tablet 400 mg	(Felbatol)	Tier 1	MO; ST: Prior prescription for Lamictal XR, Lamotrigine, Topiramate, or Trokendi XR in the past 130 days; QL (9 EA per 1 day)
felbamate oral tablet 600 mg	(Felbatol)	Tier 1	MO; ST: Prior prescription for Lamictal XR, Lamotrigine, Topiramate, or Trokendi XR in the past 130 days; QL (6 EA per 1 day)
FELBATOL ORAL SUSPENSION 600 MG/5 ML		Tier 3	MO; ST: Prior prescription for Lamictal XR, Lamotrigine, Topiramate, or Trokendi XR in the past 130 days; QL (900 ML per 30 days)
FELBATOL ORAL TABLET 400 MG		Tier 3	MO; ST: Prior prescription for Lamictal XR, Lamotrigine, Topiramate, or Trokendi XR in the past 130 days; QL (9 EA per 1 day)
FELBATOL ORAL TABLET 600 MG		Tier 3	MO; ST: Prior prescription for Lamictal XR, Lamotrigine, Topiramate, or Trokendi XR in the past 130 days; QL (6 EA per 1 day)
FINTEPLA ORAL SOLUTION 2.2 MG/ML		Tier 4	PA
FYCOMPA ORAL SUSPENSION 0.5 MG/ML		Tier 3	PA; MO

Drug		Status	Notes
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG		Tier 3	MO; ST: Prior prescription for 2 of the following in the past 365 days: Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide; QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG		Tier 3	MO; ST: Prior prescription for 2 of the following in the past 365 days: Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide; QL (120 EA per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG		Tier 3	MO; ST: Prior prescription for 2 of the following in the past 365 days: Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide; QL (60 EA per 30 days)
gabapentin oral capsule 100 mg, 300 mg, 400 mg	(Neurontin)	Tier 1	MO
gabapentin oral solution 250 mg/5 ml	(Neurontin)	Tier 1	MO
gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)		Tier 1	MO
gabapentin oral tablet 600 mg, 800 mg	(Neurontin)	Tier 1	MO

Drug	Status	Notes
GABITRIL ORAL TABLET 12 MG, 2 MG, 4 MG	Tier 3	MO; ST: Prior prescription for 2 of the following in the past 365 days: Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide; QL (4 EA per 1 day)
GABITRIL ORAL TABLET 16 MG	Tier 3	MO; ST: Prior prescription for 2 of the following in the past 365 days: Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide; QL (3 EA per 1 day)
KEPPRA ORAL SOLUTION 100 MG/ML	Tier 2	MO
KEPPRA ORAL TABLET 1,000 MG, 250 MG, 500 MG, 750 MG	Tier 2	MO
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG	Tier 3	MO
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 100 MG	Tier 3	MO; ST: Prior prescription for immediate-release Lamotrigine in the past 130 days; QL (3 EA per 1 day)
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 200 MG	Tier 3	MO; ST: Prior prescription for immediate-release Lamotrigine in the past 130 days; QL (2 EA per 1 day)
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 25 MG, 50 MG	Tier 3	MO; ST: Prior prescription for immediate-release Lamotrigine in the past 130 days; QL (6 EA per 1 day)
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	Tier 2	MO
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	Tier 2	MO

Drug		Status	Notes
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 100 MG		Tier 3	MO; ST: Prior prescription for immediate-release Lamotrigine in the past 130 days; QL (3 EA per 1 day)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 200 MG, 250 MG, 300 MG		Tier 3	MO; ST: Prior prescription for immediate-release Lamotrigine in the past 130 days; QL (2 EA per 1 day)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 25 MG, 50 MG		Tier 3	MO; ST: Prior prescription for immediate-release Lamotrigine in the past 130 days; QL (6 EA per 1 day)
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	(Subvenite)	Tier 1	MO
lamotrigine oral tablet extended release 24hr 100 mg	(Lamictal XR)	Tier 1	MO; ST: Prior prescription for immediate-release Lamotrigine in the past 130 days; QL (3 EA per 1 day)
lamotrigine oral tablet extended release 24hr 200 mg, 250 mg, 300 mg	(Lamictal XR)	Tier 1	MO; ST: Prior prescription for immediate-release Lamotrigine in the past 130 days; QL (2 EA per 1 day)
lamotrigine oral tablet extended release 24hr 25 mg, 50 mg	(Lamictal XR)	Tier 1	MO; ST: Prior prescription for immediate-release Lamotrigine in the past 130 days; QL (6 EA per 1 day)
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	(Lamictal)	Tier 1	MO
lamotrigine oral tablet,disintegrating 100 mg	(Lamictal ODT)	Tier 1	MO; ST: Prior prescription for immediate-release Lamotrigine in the past 130 days; QL (3 EA per 1 day)
lamotrigine oral tablet,disintegrating 200 mg	(Lamictal ODT)	Tier 1	MO; ST: Prior prescription for immediate-release Lamotrigine in the past 130 days; QL (2 EA per 1 day)
lamotrigine oral tablet,disintegrating 25 mg, 50 mg	(Lamictal ODT)	Tier 1	MO; ST: Prior prescription for immediate-release Lamotrigine in the past 130 days; QL (6 EA per 1 day)
levetiracetam oral solution 100 mg/ml	(Keppra)	Tier 1	MO
levetiracetam oral solution 500 mg/5 ml (5 ml)		Tier 1	MO
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	(Keppra)	Tier 1	MO
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	(Keppra XR)	Tier 1	MO
MYSOLINE ORAL TABLET 250 MG, 50 MG		Tier 2	MO

Drug		Status	Notes
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG		Tier 2	MO
NEURONTIN ORAL SOLUTION 250 MG/5 ML		Tier 2	MO
NEURONTIN ORAL TABLET 600 MG, 800 MG		Tier 2	MO
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	(Trileptal)	Tier 1	MO
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	(Trileptal)	Tier 1	MO
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG		Tier 3	MO; ST: Prior prescription for immediate release Oxcarbazepine in the past 130 days; QL (3 EA per 1 day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG		Tier 3	MO; ST: Prior prescription for immediate release Oxcarbazepine in the past 130 days; QL (5 EA per 1 day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG		Tier 3	MO; ST: Prior prescription for immediate release Oxcarbazepine in the past 130 days; QL (4 EA per 1 day)
PEGANONE ORAL TABLET 250 MG		Tier 2	MO
PHENYTEK ORAL CAPSULE 200 MG, 300 MG		Tier 2	MO
phenytoin oral suspension 100 mg/4 ml		Tier 1	MO
phenytoin oral suspension 125 mg/5 ml	(Dilantin-125)	Tier 1	MO
phenytoin oral tablet,chewable 50 mg	(Dilantin Infatabs)	Tier 1	MO
phenytoin sodium extended oral capsule 100 mg	(Dilantin Extended)	Tier 1	MO
phenytoin sodium extended oral capsule 200 mg, 300 mg	(Phenytek)	Tier 1	MO
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	(Lyrica)	Tier 1	MO
pregabalin oral solution 20 mg/ml	(Lyrica)	Tier 1	MO
primidone oral tablet 250 mg, 50 mg	(Mysoline)	Tier 1	MO
QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG, 150 MG, 200 MG, 25 MG, 50 MG		Tier 3	MO
ROWEEPRA ORAL TABLET 1,000 MG, 500 MG, 750 MG		Tier 2	MO
ROWEEPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG		Tier 3	MO

Drug	Status	Notes
SABRIL ORAL TABLET 500 MG	Tier 4	ST: Prior prescription for 3 of the following in the past 365 days if 3 years of age or older: Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Tiagabine HCL, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide; QL (6 EA per 1 day)
SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	Tier 1	MO
TEGRETOL ORAL SUSPENSION 100 MG/5 ML	Tier 2	MO
TEGRETOL ORAL TABLET 200 MG	Tier 2	MO
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG	Tier 2	MO
tiagabine oral tablet 12 mg, 2 mg, 4 mg (Gabitril)	Tier 1	MO; ST: Prior prescription for 2 of the following in the past 365 days: Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide; QL (4 EA per 1 day)
tiagabine oral tablet 16 mg (Gabitril)	Tier 1	MO; ST: Prior prescription for 2 of the following in the past 365 days: Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide; QL (3 EA per 1 day)

Drug		Status	Notes
TOPAMAX ORAL CAPSULE, SPRINKLE 15 MG, 25 MG		Tier 2	MO
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG		Tier 2	MO
topiramate oral capsule, sprinkle 15 mg, 25 mg	(Topamax)	Tier 1	MO
topiramate oral capsule,sprinkle,er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	(Qudexy XR)	Tier 1	MO
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	(Topamax)	Tier 1	MO
TRILEPTAL ORAL SUSPENSION 300 MG/5 ML (60 MG/ML)		Tier 2	MO
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG		Tier 2	MO
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 25 MG, 50 MG		Tier 3	MO; ST: Prior prescription for Topiramate in the past 130 days; QL (30 EA per 30 days)
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG		Tier 3	MO; ST: Prior prescription for Topiramate in the past 130 days; QL (60 EA per 30 days)
valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)		Tier 1	MO
valproic acid oral capsule 250 mg		Tier 1	MO
vigabatrin oral powder in packet 500 mg	(Vigadrone)	Tier 4	ST: Prior prescription for 3 of the following in the past 365 days if 3 years of age or older: Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Tiagabine HCL, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide; QL (6 EA per 1 day)

Drug	Status	Notes
vigabatrin oral tablet 500 mg (Sabril)	Tier 4	ST: Prior prescription for 3 of the following in the past 365 days if 3 years of age or older: Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Tiagabine HCL, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide; QL (6 EA per 1 day)
VIGADRONE ORAL POWDER IN PACKET 500 MG	Tier 4	ST: Prior prescription for 3 of the following in the past 365 days if 3 years of age or older: Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Tiagabine HCL, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide; QL (6 EA per 1 day)
VIMPAT ORAL SOLUTION 10 MG/ML	Tier 3	MO; ST: Prior prescription for 2 of the following in the past 365 days: Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide; QL (1200 ML per 30 days)

Drug	Status	Notes
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 3	MO; ST: Prior prescription for 2 of the following in the past 365 days: Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide; QL (2 EA per 1 day)
VIMPAT ORAL TABLETS,DOSE PACK 50 MG (14)- 100 MG (14)	Tier 3	ST: Prior prescription for 2 of the following in the past 365 days: Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide; QL (28 EA per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 350 MG/DAY (200 MG X1-150MG X1)	Tier 3	ST: Prior prescription for 2 of the following in the past 365 days: Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide; QL (2 EA per 1 day)

Drug	Status	Notes
XCOPRI ORAL TABLET 100 MG, 150 MG, 50 MG	Tier 3	ST: Prior prescription for 2 of the following in the past 365 days: Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide; QL (1 EA per 1 day)
XCOPRI ORAL TABLET 200 MG	Tier 3	ST: Prior prescription for 2 of the following in the past 365 days: Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide; QL (2 EA per 1 day)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	Tier 3	ST: Prior prescription for 2 of the following in the past 365 days: Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Lamictal XR, Lamotrigine, Levetiracetam, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide; QL (1 EA per 1 day)
ZARONTIN ORAL CAPSULE 250 MG	Tier 2	MO
ZARONTIN ORAL SOLUTION 250 MG/5 ML	Tier 2	MO
ZONEGRAN ORAL CAPSULE 100 MG	Tier 2	MO
ZONEGRAN ORAL CAPSULE 25 MG	Tier 2	MO; QL (6 EA per 1 day)
zonisamide oral capsule 100 mg (Zonegran)	Tier 1	MO
zonisamide oral capsule 25 mg (Zonegran)	Tier 1	MO; QL (6 EA per 1 day)
zonisamide oral capsule 50 mg	Tier 1	MO
Skeletal Muscle Disorder		
Skeletal Muscle Relaxants		

Drug		Status	Notes
baclofen oral tablet 10 mg, 20 mg		Tier 1	MO
baclofen oral tablet 5 mg		Tier 1	MO; QL (3 EA per 1 day)
carisoprodol oral tablet 250 mg, 350 mg	(Soma)	Tier 1	
carisoprodol-aspirin oral tablet 200-325 mg		Tier 1	
chlorzoxazone oral tablet 500 mg		Tier 1	
cyclobenzaprine oral tablet 10 mg, 5 mg		Tier 1	
dantrolene oral capsule 100 mg		Tier 1	
dantrolene oral capsule 25 mg, 50 mg	(Dantrium)	Tier 1	
METAXALL ORAL TABLET 800 MG		Tier 1	
metaxalone oral tablet 400 mg		Tier 1	
metaxalone oral tablet 800 mg	(Metaxall)	Tier 1	
methocarbamol oral tablet 500 mg		Tier 1	
methocarbamol oral tablet 750 mg	(Robaxin-750)	Tier 1	
orphenadrine citrate oral tablet extended release 100 mg		Tier 1	
tizanidine oral capsule 2 mg, 4 mg, 6 mg	(Zanaflex)	Tier 1	MO
tizanidine oral tablet 2 mg		Tier 1	MO
tizanidine oral tablet 4 mg	(Zanaflex)	Tier 1	MO
Smoking Cessation			
Smoking Deterrent Agents (Ganglionic Stim,Others)			
NICOTROL INHALATION CARTRIDGE 10 MG		Tier 3	QL (336 EA per 30 days)
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML		Tier 3	QL (160 ML per 90 days)
Smoking Deterrent-Nicotinic Recept.Partial Agonist			
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG		Tier 2	QL (2 EA per 1 day)
CHANTIX ORAL TABLET 0.5 MG, 1 MG		Tier 2	QL (2 EA per 1 day)
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42)		Tier 2	QL (2 EA per 1 day)
Smoking Deterrents, Other			
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg		Tier 1	
Upper Gastrointestinal Disorders - Digestive			
Gastric Enzymes			
SUCRAID ORAL SOLUTION 8,500 UNIT/ML		Tier 4	PA; QL (240 ML per 30 days)
Pancreatic Enzymes			

Drug	Status	Notes
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	MO
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500-61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-6,200- 10,850 UNIT, 21,000-54,700- 83,900 UNIT, 4,200-14,200- 24,600 UNIT	Tier 3	
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300-78,300 UNIT	Tier 3	
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT	Tier 3	MO
Upper Gastrointestinal Disorders - Spastic Disease		
Anticholinergics/Antispasmodics		
dicyclomine intramuscular solution 10 mg/ml (Bentyl)	Tier 1	
dicyclomine oral capsule 10 mg	Tier 1	
dicyclomine oral solution 10 mg/5 ml	Tier 1	
dicyclomine oral tablet 20 mg	Tier 1	
Belladonna Alkaloids		
ANASPAZ ORAL TABLET,DISINTEGRATING 0.125 MG	Tier 2	MO
DONNATAL ORAL ELIXIR 16.2-0.1037 - 0.0194 MG/5 ML	Tier 3	ST: Prior prescription for Bentyl, Dicyclomine HCL, Hyoscyamine Sulfate, Levsin, or Symax Duotab in the past 130 days; QL (40 ML per 1 day)
DONNATAL ORAL TABLET 16.2-0.1037 -0.0194 MG	Tier 3	ST: Prior prescription for Bentyl, Dicyclomine HCL, Hyoscyamine Sulfate, Levsin, or Symax Duotab in the past 130 days; QL (240 EA per 30 days)
ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG	Tier 1	MO

Drug		Status	Notes
hyoscyamine sulfate oral drops 0.125 mg/ml	(Hyosyne)	Tier 1	MO
hyoscyamine sulfate oral elixir 0.125 mg/5 ml	(Hyosyne)	Tier 1	MO
hyoscyamine sulfate oral tablet 0.125 mg	(Oscimin)	Tier 1	MO
hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg	(Oscimin SR)	Tier 1	MO
hyoscyamine sulfate oral tablet,disintegrating 0.125 mg	(Ed-Spaz)	Tier 1	MO
hyoscyamine sulfate sublingual tablet 0.125 mg	(Oscimin SL)	Tier 1	MO
HYOSYNE ORAL DROPS 0.125 MG/ML		Tier 1	MO
HYOSYNE ORAL ELIXIR 0.125 MG/5 ML		Tier 1	MO
LEVBID ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG		Tier 3	MO
LEVSIN ORAL TABLET 0.125 MG		Tier 2	MO
LEVSIN/SL SUBLINGUAL TABLET 0.125 MG		Tier 3	MO
methscopolamine oral tablet 2.5 mg, 5 mg		Tier 1	
NULEV ORAL TABLET,DISINTEGRATING 0.125 MG		Tier 3	MO
OSCIMIN ORAL TABLET 0.125 MG		Tier 1	MO
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG		Tier 1	MO
OSCIMIN SR ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG		Tier 1	MO
phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 -0.0194 mg/5 ml	(Donnatal)	Tier 1	ST: Prior prescription for Bentyl, Dicyclomine HCL, Hyoscyamine Sulfate, Levsin, or Symax Duotab in the past 130 days; QL (40 ML per 1 day)
phenobarb-hyoscy-atropine-scop oral tablet 16.2-0.1037 -0.0194 mg	(Donnatal)	Tier 1	ST: Prior prescription for Bentyl, Dicyclomine HCL, Hyoscyamine Sulfate, Levsin, or Symax Duotab in the past 130 days; QL (240 EA per 30 days)
PHENOHYTRO ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML		Tier 3	ST: Prior prescription for Bentyl, Dicyclomine HCL, Hyoscyamine Sulfate, Levsin, or Symax Duotab in the past 130 days; QL (40 ML per 1 day)

Drug		Status	Notes
PHENOHYTRO ORAL TABLET 16.2-0.1037 -0.0194 MG		Tier 3	ST: Prior prescription for Bentyl, Dicyclomine HCL, Hyoscyamine Sulfate, Levsin, or Symax Duotab in the past 130 days; QL (240 EA per 30 days)
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG)		Tier 2	MO
SYMAX FASTABS ORAL TABLET,DISINTEGRATING 0.125 MG		Tier 3	MO
SYMAX-SL SUBLINGUAL TABLET 0.125 MG		Tier 3	MO
SYMAX-SR ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG		Tier 3	MO
Upper Gastrointestinal Disorders - Ulcer Disease			
Anticholinergics,Quaternary Ammonium			
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	(Librax (with clidinium))	Tier 1	
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML)		Tier 3	
glycopyrrolate oral tablet 1 mg, 2 mg		Tier 1	
propantheline oral tablet 15 mg		Tier 1	
Anti-Ulcer Preparations			
misoprostol oral tablet 100 mcg, 200 mcg	(Cytotec)	Tier 1	MO
sucralfate oral suspension 100 mg/ml	(Carafate)	Tier 1	MO
sucralfate oral tablet 1 gram	(Carafate)	Tier 1	MO
Anti-Ulcer-H.Pylori Agents			
PYLERA ORAL CAPSULE 140-125-125 MG		Tier 3	QL (12 EA per 1 day)
Histamine H2-Receptor Inhibitors			
cimetidine hcl oral solution 300 mg/5 ml		Tier 1	MO
cimetidine oral tablet 300 mg, 400 mg, 800 mg		Tier 1	MO
famotidine (pf) intravenous solution 20 mg/2 ml		Tier 1	
famotidine intravenous solution 10 mg/ml		Tier 1	
famotidine oral suspension 40 mg/5 ml (8 mg/ml)		Tier 1	MO
famotidine oral tablet 40 mg	(Pepcid)	Tier 1	MO
nizatidine oral capsule 150 mg, 300 mg		Tier 1	MO
nizatidine oral solution 150 mg/10 ml		Tier 1	MO
Intestinal Motility Stimulants			

Drug		Status	Notes
metoclopramide hcl oral solution 5 mg/5 ml		Tier 1	
metoclopramide hcl oral tablet 10 mg, 5 mg	(Reglan)	Tier 1	
MOTEGRITY ORAL TABLET 1 MG, 2 MG		Tier 3	ST: Prior prescription for Amitiza or Linzess in the past 365 days; QL (1 EA per 1 day)
Proton-Pump Inhibitors			
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG, 60 MG		Tier 3	PA; MO; QL (30 EA per 30 days)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	(Nexium)	Tier 1	MO; QL (2 EA per 1 day)
esomeprazole magnesium oral granules dr for susp in packet 10 mg	(Nexium Packet)	Tier 1	84 PER YEAR; ST: Prior prescription for Esomeprazole Magnesium, Famotidine, Nexium, or Ranitidine HCL in the past 130 days; QL (1 EA per 1 day); Age (Max 1 Years)
esomeprazole magnesium oral granules dr for susp in packet 40 mg	(Nexium Packet)	Tier 1	
esomeprazole sodium intravenous recon soln 40 mg	(Nexium IV)	Tier 1	
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	(Prevacid)	Tier 1	MO
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG		Tier 3	84 PER YEAR; ST: Prior prescription for Esomeprazole Magnesium, Famotidine, Nexium, or Ranitidine HCL in the past 130 days; QL (1 EA per 1 day); Age (Max 1 Years)
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 40 mg		Tier 1	MO
pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg	(Protonix)	Tier 1	MO
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	(AcipHex)	Tier 1	MO; QL (30 EA per 30 days)
Urinary Tract - Functional Disorders			
Benign Prostatic Hypertrophy/Micturition Agents			
alfuzosin oral tablet extended release 24 hr 10 mg	(Uroxatral)	Tier 1	MO
dutasteride oral capsule 0.5 mg	(Avodart)	Tier 1	MO
finasteride oral tablet 5 mg	(Proscar)	Tier 1	MO
tamsulosin oral capsule 0.4 mg	(Flomax)	Tier 1	MO
Bph Agents,5-Alpha-Red Inh & Alpha-1-Adr Antg Cmb			

Drug		Status	Notes
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg	(Jalyn)	Tier 1	
Cystine-Depleting Agents, Nephropathic Cystinosis			
CYSTAGON ORAL CAPSULE 150 MG, 50 MG		Tier 4	
Kidney Stone Agents			
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG, 300 MG		Tier 4	PA
THIOLA ORAL TABLET 100 MG		Tier 4	PA
Overactive Bladder Agents, Beta-3 Adrenergic Recep			
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG		Tier 3	MO; ST: Prior prescription for Tolterodine Tartrate in the past 190 days; QL (30 EA per 30 days)
Urinary Ph Modifiers			
K-PHOS NO 2 ORAL TABLET 305-700 MG		Tier 2	
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG		Tier 2	
ORACIT ORAL SOLUTION 490-640 MG/5 ML		Tier 2	
potassium citrate oral tablet extended release 10 meq (1,080 mg)	(Urocit-K 10)	Tier 1	
potassium citrate oral tablet extended release 15 meq	(Urocit-K 15)	Tier 1	
potassium citrate oral tablet extended release 5 meq (540 mg)	(Urocit-K 5)	Tier 1	
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML		Tier 3	
SHOHL'S MODIFIED ORAL SOLUTION 500-300 MG/5 ML		Tier 2	
UROQID-ACID NO.2 ORAL TABLET 500-500 MG		Tier 2	
Urinary Tract Analgesic Agents			
ELMIRON ORAL CAPSULE 100 MG		Tier 2	QL (3 EA per 1 day)
Urinary Tract Anesthetic/Analgesic Agnt (Azo-Dye)			
phenazopyridine oral tablet 100 mg, 200 mg	(Pyridium)	Tier 1	
PYRIDIUM ORAL TABLET 100 MG, 200 MG		Tier 2	
Urinary Tract Antispasmodic, M(3) Selective Antag.			
darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg		Tier 1	ST: Prior prescription for Oxybutynin Chloride in the past 130 days; QL (1 EA per 1 day)

Drug		Status	Notes
Urinary Tract Antispasmodic/Antiincontinence Agent			
flavoxate oral tablet 100 mg		Tier 1	MO
oxybutynin chloride oral syrup 5 mg/5 ml		Tier 1	MO
oxybutynin chloride oral tablet 5 mg		Tier 1	MO
oxybutynin chloride oral tablet extended release 24hr 10 mg	(Ditropan XL)	Tier 1	MO
oxybutynin chloride oral tablet extended release 24hr 15 mg		Tier 1	MO
oxybutynin chloride oral tablet extended release 24hr 5 mg	(Ditropan XL)	Tier 1	MO; QL (34 EA per 1 FILL)
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg	(Detrol LA)	Tier 1	MO
tolterodine oral tablet 1 mg, 2 mg	(Detrol)	Tier 1	MO
trospium oral capsule,extended release 24hr 60 mg		Tier 1	MO; ST: Prior prescription for Gelnique, Oxybutynin Chloride, Oxytrol, Tolterodine Tartrate, or Trospium Chloride in the past 130 days
trospium oral tablet 20 mg		Tier 1	MO; ST: Prior prescription for Gelnique, Oxybutynin Chloride, Oxytrol, Tolterodine Tartrate, or Trospium Chloride in the past 130 days
Vaginal Disorders			
Vaginal Antibiotics			
CLEOCIN VAGINAL SUPPOSITORY 100 MG		Tier 2	ST: Prior prescription for 2 of the following in the past 365 days: Clindamycin HCL, Clindamycin Palmitate HCL, Clindamycin Phosphate, Metronidazole, Tinidazole, or Vandazole; QL (3 EA per 30 days)
clindamycin phosphate vaginal cream 2 %	(Cleocin)	Tier 1	
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 %		Tier 3	
metronidazole vaginal gel 0.75 %	(Vandazole)	Tier 1	
NUVESSA VAGINAL GEL 1.3 %		Tier 3	
VANDAZOLE VAGINAL GEL 0.75 %		Tier 3	
Vaginal Antifungals			
GYNAZOLE-1 VAGINAL CREAM 2 %		Tier 3	
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG		Tier 1	QL (3 EA per 1 FILL)

Drug		Status	Notes
terconazole vaginal cream 0.4 %		Tier 1	QL (45 GM per 1 FILL)
terconazole vaginal cream 0.8 %		Tier 1	QL (20 GM per 1 FILL)
terconazole vaginal suppository 80 mg		Tier 1	QL (3 EA per 1 FILL)
Vaginal Antiseptics			
FEM PH VAGINAL GEL 0.9-0.025 %		Tier 2	
RELAGARD VAGINAL GEL 0.9-0.025 %		Tier 2	
Vaginal Estrogen For Sexual Dysfunction			
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG		Tier 3	QL (18 EA per 28 days)
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG		Tier 3	QL (18 EA per 28 days)
Vaginal Estrogen Preparations			
estradiol vaginal cream 0.01 % (0.1 mg/gram)	(Estrace)	Tier 1	MO
estradiol vaginal tablet 10 mcg	(Yuvafem)	Tier 1	MO
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)		Tier 2	MO
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR		Tier 2	MO
PREMARIN VAGINAL CREAM 0.625 MG/GRAM		Tier 2	MO
YUVAFEM VAGINAL TABLET 10 MCG		Tier 1	MO
Vitamin And/Or Mineral Deficiency			
Fluoride Preparations			
fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml		Tier 1	Age (Min 6 Months and Max 6 Years)
fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride)	(Ludent Fluoride)	Tier 1	Age (Min 6 Months and Max 6 Years)
fluoride (sodium) oral tablet,chewable 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)	(Fluoritab)	Tier 1	Age (Min 6 Months and Max 6 Years)
Folic Acid Preparations			
folic acid injection solution 5 mg/ml		Tier 1	
folic acid oral tablet 1 mg		Tier 1	MO
folic acid oral tablet 400 mcg, 800 mcg		Tier 1	MO; $0 COPAY IF AGE 18-62 YEARS; G: Female only; Age (Min 18 Years and Max 62 Years)
Iron Replacement			
INFED INJECTION SOLUTION 50 MG/ML		Tier 2	
INJECTAFER INTRAVENOUS SOLUTION 50 IRON MG/ML		Tier 4	
sodium ferric gluconat-sucrose intravenous solution 62.5 mg/5 ml	(Ferrlecit)	Tier 1	

Drug	Status	Notes
Magnesium Salts Replacement		
magnesium sulfate in water intravenous piggyback 4 gram/100 ml (4 %)	Tier 1	
magnesium sulfate injection solution 4 meq/ml (50 %)	Tier 1	
Multivitamin Preparations		
FOLET ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG	Tier 3	
OBSTETRIX ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG	Tier 3	
TARON-PREX PRENATAL-DHA ORAL CAPSULE 30 MG IRON-1.2 MG-55 MG-265 MG	Tier 1	
Prenatal Vitamin Preparations		
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK,TABLET AND CAP,DR 27 MG IRON-1 MG -374 MG	Tier 1	
BAL-CARE DHA ORAL COMBO PACK,TABLET AND CAP,DR 27-1-430 MG	Tier 1	
CADEAU DHA ORAL CAPSULE 29 MG IRON- 1 MG-150 MG	Tier 3	
CALCIUM PNV ORAL CAPSULE 28-1-250 MG	Tier 1	
CITRANATAL (DUAL-IRON) ORAL TABLET 27 MG IRON-1 MG -50 MG	Tier 3	
CITRANATAL 90 DHA (ALGAL OIL) ORAL COMBO PACK 90 MG IRON-1 MG -50 MG-300 MG	Tier 3	
CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG -50 MG-300 MG	Tier 3	
CITRANATAL B-CALM (FE GLUC) ORAL TABLETS, SEQUENTIAL 20 MG IRON-1 MG -25 MG/25 MG	Tier 3	
CITRANATAL DHA (ALGAL OIL) ORAL COMBO PACK 27 MG IRON-1 MG -50 MG-250 MG	Tier 3	
CITRANATAL HARMONY (IRON FUM) ORAL CAPSULE 27 MG IRON-1 MG -50 MG-260 MG	Tier 3	
C-NATE DHA ORAL CAPSULE 28 MG IRON-1 MG -200 MG	Tier 1	
COMPLETE NATAL DHA ORAL COMBO PACK 29-1-250-200 MG	Tier 3	
COMPLETENATE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	Tier 1	

Drug	Status	Notes
CONCEPT DHA ORAL CAPSULE 35-1-200 MG	Tier 3	
CONCEPT OB ORAL CAPSULE 85-1 MG	Tier 3	
DUET DHA BALANCED ORAL COMBO PACK 25 MG IRON-1 MG -267 MG-233 MG	Tier 3	
DUET DHA WITH OMEGA-3 ORAL COMBO PACK 25 MG IRON-1 MG -400 MG	Tier 3	
ELITE-OB ORAL TABLET 50 MG IRON-1.25 MG	Tier 3	
EXTRA-VIRT PLUS DHA ORAL CAPSULE 29 MG IRON-1.25 MG-55 MG	Tier 1	
FOLIVANE-OB ORAL CAPSULE 85-1 MG	Tier 1	
MARNATAL-F ORAL CAPSULE 60 MG IRON-1 MG	Tier 1	
M-NATAL PLUS ORAL TABLET 27 MG IRON- 1 MG	Tier 1	
MYNATAL ADVANCE ORAL TABLET 90-1-50 MG	Tier 1	
MYNATAL ORAL CAPSULE 65 MG IRON- 1 MG	Tier 1	
MYNATAL ORAL TABLET 90-1-50 MG	Tier 1	
MYNATAL PLUS ORAL TABLET 65 MG IRON- 1 MG	Tier 1	
MYNATAL-Z ORAL TABLET 65 MG IRON- 1 MG	Tier 1	
MYNATE 90 PLUS ORAL TABLET EXTENDED RELEASE 90 MG IRON-1 MG	Tier 1	
NATACHEW (FE BIS-GLYCINATE) ORAL TABLET,CHEWABLE 28 MG IRON -1 MG	Tier 3	
NESTABS ABC ORAL COMBO PACK 32 MG IRON-1 MG -120 MG-180 MG	Tier 3	
NESTABS DHA ORAL COMBO PACK 32 MG IRON- 1,000 MCG-230MG	Tier 3	
NESTABS ORAL TABLET 32-1,000 MG-MCG	Tier 3	
NEWGEN ORAL TABLET 32-1,000 MG-MCG	Tier 1	
NEXA PLUS ORAL CAPSULE 29 MG IRON-1.25 MG-55 MG	Tier 3	
OB COMPLETE ORAL TABLET 50 MG IRON- 1.25 MG	Tier 3	

Drug	Status	Notes
OB COMPLETE PETITE ORAL CAPSULE 35 MG IRON-5 MG IRON-1 MG	Tier 3	
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG	Tier 3	
OB COMPLETE WITH DHA ORAL CAPSULE 30 MG IRON-10 MG IRON-1 MG	Tier 3	
OBSTETRIX DHA ORAL COMBO PACK,TABLET AND CAP,DR 29 MG IRON-1 MG -50 MG	Tier 1	
OBSTETRIX EC ORAL TABLET,DELAYED RELEASE (DR/EC) 29 MG IRON-1 MG -50 MG	Tier 3	
OBTREX DHA ORAL COMBO PACK,TABLET AND CAP,DR 29 MG IRON-1 MG -50 MG	Tier 3	
O-CAL PRENATAL ORAL TABLET 15 MG IRON- 1,000 MCG	Tier 1	
PNV-DHA + DOCUSATE ORAL CAPSULE 27-1.25-55-300 MG	Tier 1	
PNV-DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG	Tier 1	
PNV-FERROUS FUMARATE-DOCU-FA ORAL TABLET 29 MG IRON- 1 MG-25 MG	Tier 1	
PNV-OMEGA ORAL CAPSULE 28-1-300 MG	Tier 1	
PNV-SELECT ORAL TABLET 27-1 MG	Tier 1	
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	

Drug	Status	Notes
PRENAISSANCE PLUS ORAL CAPSULE 28-1-50-250 MG	Tier 1	
PRENATA ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	Tier 3	
PRENATABS FA ORAL TABLET 29-1 MG	Tier 1	
PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG	Tier 1	
PRENATAL 19 (WITH DOCUSATE) ORAL TABLET 29 MG IRON- 1 MG-25 MG	Tier 1	
PRENATAL 19 ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	Tier 1	
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG	Tier 1	
PRENATAL PLUS DHA ORAL COMBO PACK 27 MG IRON-1 MG -312 MG-250 MG	Tier 3	
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	
PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE 18 MG IRON-1 MG - 300 MG	Tier 3	
PRENATE DHA ORAL CAPSULE 28 MG IRON-1 MG -300 MG	Tier 3	
PRENATE ELITE ORAL TABLET 26 MG IRON- 1 MG	Tier 3	
PRENATE ESSENTIAL ORAL CAPSULE 29 MG IRON-1 MG -300 MG	Tier 3	
PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE 18-1-350 MG	Tier 3	
PRENATE PIXIE ORAL CAPSULE 10 MG IRON- 1 MG-200 MG	Tier 3	
PREPLUS ORAL TABLET 27 MG IRON- 1 MG	Tier 1	
PRETAB ORAL TABLET 29-1 MG	Tier 1	
PRIMACARE ORAL CAPSULE 30-1-300 MG	Tier 3	
PROVIDA OB ORAL CAPSULE 40 MG IRON- 1.25 MG	Tier 3	
PUREFE OB PLUS ORAL CAPSULE 106 MG IRON- 1 MG	Tier 1	
R-NATAL OB ORAL CAPSULE 20 MG IRON- 1 MG-320 MG	Tier 1	

Drug	Status	Notes
SELECT-OB (FOLIC ACID) ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	Tier 1	
SELECT-OB + DHA ORAL COMBO PACK 29 MG IRON-1 MG -250 MG	Tier 3	
SELECT-OB ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	Tier 1	
SE-NATAL 19 CHEWABLE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	Tier 1	
TARON-C DHA ORAL CAPSULE 35-1-200 MG	Tier 1	
TRICARE ORAL TABLET 27 MG IRON-1 MG	Tier 3	
TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG	Tier 3	
TRINATE ORAL TABLET 28 MG IRON-1 MG	Tier 1	
TRIVEEN-DUO DHA ORAL COMBO PACK 29-1-400 MG	Tier 1	
TRIVEEN-PRX RNF ORAL CAPSULE 26-1.2-55-300 MG	Tier 1	
ULTRA PRENATAL PLUS DHA ORAL CAPSULE 27 MG-800 MCG- 250 MG-200 MG	Tier 3	
VENA-BAL DHA ORAL COMBO PACK,TABLET AND CAP,DR 27-1-430 MG	Tier 1	
VINACAL B ORAL TABLETS, SEQUENTIAL 20 MG IRON-1 MG -25 MG/25 MG	Tier 1	
VINATE CARE ORAL TABLET,CHEWABLE 40 MG IRON- 1 MG	Tier 1	
VINATE GT ORAL TABLET 90-1-50 MG	Tier 1	
VINATE II ORAL TABLET 29 MG IRON-1 MG	Tier 1	
VINATE M ORAL TABLET 27 MG IRON-1 MG	Tier 1	
VINATE ONE ORAL TABLET 60 MG IRON-1 MG	Tier 1	
VINATE ULTRA ORAL TABLET 90-1-50 MG	Tier 1	
VIRT-C DHA ORAL CAPSULE 35-1-200 MG	Tier 1	
VIRT-NATE DHA ORAL CAPSULE 28 MG IRON-1 MG -200 MG	Tier 1	

Drug	Status	Notes
VIRT-PN DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG	Tier 1	
VIRT-PN PLUS ORAL CAPSULE 28-1-300 MG	Tier 1	
VITAFOL FE+ (WITH DOCUSATE) ORAL CAPSULE 90 MG IRON-1 MG - 50 MG-200 MG	Tier 3	
VITAFOL GUMMIES ORAL TABLET,CHEWABLE 3.33 MG IRON-0.33 MG	Tier 1	
VITAFOL NANO ORAL TABLET 18 MG IRON- 1 MG	Tier 1	
VITAFOL ULTRA ORAL CAPSULE 29 MG IRON- 1 MG-200 MG	Tier 3	
VITAFOL-OB ORAL TABLET 65-1 MG	Tier 3	
VITAFOL-OB+DHA ORAL COMBO PACK 65-1-250 MG	Tier 1	
VITAFOL-ONE ORAL CAPSULE 29 MG IRON- 1 MG-200 MG	Tier 3	
VITAMED MD ONE RX ORAL CAPSULE 30 MG IRON-1MG -200 MG	Tier 3	
VITAMEDMD REDICHEW RX ORAL TABLET,CHEW,IR - DR,BIPHASE 1.4 MG	Tier 3	
VITAPEARL ORAL CAPSULE,IR - DELAY REL,BIPHASE 30-1.4-200 MG	Tier 3	
VITATRUE ORAL COMBO PACK 30 MG IRON- 1.4 MG-300 MG	Tier 3	
VIVA DHA ORAL CAPSULE 28 MG IRON-1 MG -200 MG	Tier 1	
VP-CH PLUS ORAL CAPSULE 29 MG IRON-1 MG -50 MG-265 MG	Tier 1	
VP-CH-PNV ORAL CAPSULE 30 MG IRON-1 MG -50 MG-260 MG	Tier 1	
VP-PNV-DHA ORAL CAPSULE 28 MG IRON- 1 MG-200 MG	Tier 1	
ZATEAN-PN DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG	Tier 1	
ZATEAN-PN PLUS ORAL CAPSULE 28-1-300 MG	Tier 1	
Prenatal Vitamins Without Iron		
ZINGIBER ORAL TABLET 1.2 MG-40 MG- 124.1 MG-100 MG	Tier 1	
Vitamin A Preparations		
AQUASOL A INTRAMUSCULAR SOLUTION 50,000 UNIT/ML	Tier 2	
Vitamin B Preparations		

Drug		Status	Notes
B COMPLEX 100 INJECTION SOLUTION 100-2-100-2-2 MG/ML		Tier 1	
B-COMPLEX INJECTION INJECTION SOLUTION 100-2-100-2-2 MG/ML		Tier 1	
POTABA ORAL CAPSULE 500 MG		Tier 2	
Vitamin B1 Preparations			
thiamine hcl (vitamin b1) injection solution 100 mg/ml		Tier 1	
Vitamin B12 Preparations			
cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml		Tier 1	MO
hydroxocobalamin intramuscular solution 1,000 mcg/ml		Tier 1	
NASCOBAL NASAL SPRAY,NON-AEROSOL 500 MCG/SPRAY		Tier 3	PA; QL (4 EA per 28 days)
Vitamin B6 Preparations			
pyridoxine (vitamin b6) injection solution 100 mg/ml		Tier 1	
Vitamin C Preparations			
ascorbic acid (vitamin c) injection solution 500 mg/ml		Tier 1	
Vitamin D Preparations			
calcitriol oral capsule 0.25 mcg, 0.5 mcg	(Rocaltrol)	Tier 1	MO
calcitriol oral solution 1 mcg/ml	(Rocaltrol)	Tier 1	MO
ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)	(Vitamin D2)	Tier 1	MO
VITAMIN D2 ORAL CAPSULE 1,250 MCG (50,000 UNIT)		Tier 1	MO

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