



**Foreword**

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

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

Access to the most current version of the PEEHIP Commercial Formulary can be obtained by visiting [www.rsa-al.gov](http://www.rsa-al.gov).

The MedImpact 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 MedImpact's Pharmacy and Therapeutics Committee. MedImpact approves such multi-source drugs for addition to the MAC list based on the following criteria:

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

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

If a member or physician requests a brand name product in lieu of an approved generic, 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 MedImpact 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.



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

**4. General Exclusions**

- A. 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. MedImpact 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 MedImpact at the following address:

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



**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:
<b>PATIENT HEIGHT AND WEIGHT (REQUIRED):</b>	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
<b>Allergy</b>		
<b>Allergenic Extracts, Therapeutics</b>		
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
<b>Antihistamines - 1St Generation</b>		
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	Tier 1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 1	
<i>clemastine oral tablet 2.68 mg</i>	Tier 1	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	Tier 1	
<i>cyproheptadine oral tablet 4 mg</i>	Tier 1	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	Tier 1	
<i>diphenhydramine hcl injection syringe 50 mg/ml</i>	Tier 1	
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	Tier 1	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	Tier 1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	
<i>hydroxyzine pamoate oral capsule 100 mg</i>	Tier 1	
<i>hydroxyzine pamoate oral capsule 25 (Vistaril) mg, 50 mg</i>	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)
<i>promethazine injection solution 25 (Phenergan) mg/ml, 50 mg/ml</i>	Tier 1	
<i>promethazine injection syringe 25 mg/ml</i>	Tier 1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	Tier 1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<b>Antihistamines - 2Nd Generation</b>		
<i>desloratadine oral tablet 5 mg (Clarinet)</i>	Tier 1	QL (30 EA per 30 days)
<b>Nasal Antihistamine</b>		
<i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i>	Tier 1	MO; QL (60 ML per 1 FILL)

Drug	Status	Notes
<i>azelastine nasal spray,non-aerosol 0.15 % (205.5 mcg)</i>	Tier 1	MO; QL (60 ML per 1 FILL)
<b>Nasal Anti-Inflammatory Steroids</b>		
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	Tier 1	MO; QL (75 ML per 1 FILL)
<i>mometasone nasal spray,non-aerosol 50 (Nasonex) mcg/actuation</i>	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
<b>Antiemesis/Antivertigo</b>		
<b>Antiemetic, Cannabinoid-Type</b>		
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)
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg (Marinol)</i>	Tier 1	QL (2 EA per 1 day)
<b>Antiemetic/Antivertigo Agents</b>		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	Tier 3	PA; QL (1 EA per 28 days)
<i>aprepitant oral capsule 125 mg</i>	Tier 1	QL (1 EA per 1 FILL)
<i>aprepitant oral capsule 40 mg (Emend)</i>	Tier 1	QL (1 EA per 1 FILL)
<i>aprepitant oral capsule 80 mg (Emend)</i>	Tier 1	QL (2 EA per 1 FILL)
<i>aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2) (Emend)</i>	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)
<i>granisetron hcl oral tablet 1 mg</i>	Tier 1	ST: Prior prescription for Ondansetron HCL or Ondansetron in the past 130 days; QL (8 EA per 30 days)
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>	Tier 1	

Drug	Status	Notes
<i>ondansetron hcl intravenous solution 2 mg/ml</i>	Tier 1	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	Tier 1	
<i>ondansetron hcl oral tablet 24 mg</i>	Tier 1	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i> (Zofran)	Tier 1	
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	Tier 1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)	Tier 1	
<i>prochlorperazine rectal suppository 25 mg</i> (Compro)	Tier 1	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i> (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)
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> (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	
<i>trimethobenzamide oral capsule 300 mg</i> (Tigan)	Tier 1	
VARUBI ORAL TABLET 90 MG	Tier 3	PA
ZUPLLENZ 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)
<b>Asthma And Copd</b>		
<b>Anticholinergic, Orally Inhaled Short Acting</b>		
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	Tier 2	MO; QL (25.8 GM per 1 FILL)
<i>ipratropium bromide inhalation solution 0.02 %</i>	Tier 1	MO



Drug	Status	Notes
<b>Anticholinergics, Orally Inhaled Long Acting</b>		
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)
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)
<b>Beta-Adrenergic Agents</b>		
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	Tier 1	MO
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	Tier 1	MO; QL (4 EA per 1 day)
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	Tier 1	MO; QL (2 EA per 1 day)
<i>metaproterenol oral syrup 10 mg/5 ml</i>	Tier 1	MO; QL (40 ML per 1 day)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	Tier 1	MO; QL (3 EA per 1 day)
<i>terbutaline subcutaneous solution 1 mg/ml</i>	Tier 1	
<b>Beta-Adrenergic Agents, Inhaled, Short Acting</b>		
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i> (ProAir HFA)	Tier 1	MO
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i>	Tier 1	MO
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/3 ml</i> (Xopenex)	Tier 1	MO
<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i> (Xopenex HFA)	Tier 1	MO; QL (45 GM per 1 FILL)

Drug	Status	Notes
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	Tier 2	MO; QL (2 EA per 30 days)
<b>Beta-Adrenergic Agents, Inhaled, Ultra-Long Acting</b>		
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)
<b>Beta-Adrenergic Agents, Orally Inhaled, Long Acting</b>		
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)
PERFORMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	Tier 2	MO; QL (240 ML per 1 FILL)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	Tier 2	MO; QL (120 EA per 1 FILL)
<b>Beta-Adrenergic And Anticholinergic Combinations</b>		
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)
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	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)

Drug	Status	Notes
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)
<b>Beta-Adrenergic And Glucocorticoid Combinations</b>		
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	Tier 2	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)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i> (AirDuo RespiClick)	Tier 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)
<b>Beta-Adrenergic-Anticholinergic-Glucocort, Inhaled</b>		
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	Tier 3	MO; ST: Prior prescription for Anoro Ellipta in the past 190 days; QL (60 EA per 30 days)

Drug	Status	Notes
<b>Glucocorticoids, Orally Inhaled</b>		
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)
ARNUIITY 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)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	(Pulmicort) Tier 1	MO; QL (140 ML per 1 FILL)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	(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)

Drug	Status	Notes
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)
<b>Interleukin-4(IL-4) Receptor Alpha Antagonist, Mab</b>		
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	Tier 4	PA
<b>Interleukin-5(IL-5) Receptor Alpha Antagonist, Mab</b>		
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	Tier 4	PA
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	Tier 4	PA
<b>Leukotriene Receptor Antagonists</b>		
<i>montelukast oral granules in packet 4 mg</i> (Singulair)	Tier 1	MO; QL (1 EA per 1 day)
<i>montelukast oral tablet 10 mg</i> (Singulair)	Tier 1	MO
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i> (Singulair)	Tier 1	MO

Drug	Status	Notes
<i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate)	Tier 1	MO; QL (2 EA per 1 day)
<b>Mast Cell Stabilizers</b>		
<i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom)	Tier 1	QL (40 ML per 1 day)
<b>Mast Cell Stabilizers, Orally Inhaled</b>		
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	Tier 1	MO; QL (16 ML per 1 day)
<b>Phosphodiesterase-4 (Pde4) Inhibitors</b>		
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)
<b>Xanthines</b>		
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	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)
<i>theophylline oral elixir 80 mg/15 ml</i> (Elixophyllin)	Tier 1	MO
<i>theophylline oral solution 80 mg/15 ml</i>	Tier 1	MO
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg</i>	Tier 1	MO
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	Tier 1	MO; QL (4 EA per 1 day)
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	Tier 1	MO
<b>Autonomic Nervous System Disorders</b>		
<b>Alzheimer's Therapy, Nmda Receptor Antagonists</b>		
<i>memantine oral capsule, sprinkle, er 24hr</i> (Namenda XR) 14 mg, 21 mg, 28 mg, 7 mg	Tier 1	MO; QL (30 EA per 30 days)

Drug	Status	Notes
<i>memantine oral tablet 10 mg, 5 mg</i> (Namenda)	Tier 1	MO; QL (60 EA per 30 days)
<i>memantine oral tablets,dose pack 5-10 mg</i> (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)
<b>Alzheimer's Thx,Nmda Recept Antag &amp; Cholines Inhib</b>		
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	Tier 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)
<b>Cholinesterase Inhibitors</b>		
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i> (Aricept)	Tier 1	MO
<i>donepezil oral tablet,disintegrating 10 mg, 5 mg</i>	Tier 1	MO
<i>galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i> (Razadyne ER)	Tier 1	MO
<i>galantamine oral solution 4 mg/ml</i>	Tier 1	MO
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i> (Razadyne)	Tier 1	MO
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i> (Mestinon)	Tier 1	PA
<i>pyridostigmine bromide oral tablet 60 mg</i> (Mestinon)	Tier 1	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i> (Mestinon Timespan)	Tier 1	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	Tier 1	MO
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hr, 9.5 mg/24 hr</i> (Exelon)	Tier 1	MO; QL (30 EA per 30 days)

Drug	Status	Notes
<b>Behavioral Health - Antidepressants</b>		
<b>Alpha-2 Receptor Antagonist Antidepressants</b>		
<i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)	Tier 1	MO
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	Tier 1	MO
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab)	Tier 1	MO
<b>Maois - Non-Selective &amp; Irreversible</b>		
MARPLAN ORAL TABLET 10 MG	Tier 3	MO
<i>phenelzine oral tablet 15 mg</i> (Nardil)	Tier 1	MO
<i>tranylcypromine oral tablet 10 mg</i> (Parnate)	Tier 1	MO
<b>Norepinephrine And Dopamine Reuptake Inhib (Ndris)</b>		
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	Tier 1	MO
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL)	Tier 1	MO; QL (34 EA per 1 FILL)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR)	Tier 1	MO; QL (68 EA per 1 FILL)
<b>Selective Serotonin Reuptake Inhibitor (Ssrís)</b>		
<i>citalopram oral solution 10 mg/5 ml</i>	Tier 1	MO
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i> (Celexa)	Tier 1	MO
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	Tier 1	MO
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (Lexapro)	Tier 1	MO
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i> (Prozac)	Tier 1	MO
<i>fluoxetine oral capsule, delayed release(drlec) 90 mg</i>	Tier 1	MO
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	Tier 1	MO
<i>fluoxetine oral tablet 10 mg, 20 mg</i> (Sarafem)	Tier 1	MO
<i>fluoxetine oral tablet 60 mg</i>	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



Drug	Status	Notes
<i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i>	Tier 1	MO; QL (60 EA per 30 days)
<i>fluvoxamine oral tablet 100 mg</i>	Tier 1	MO; QL (102 EA per 1 FILL)
<i>fluvoxamine oral tablet 25 mg</i>	Tier 1	MO; QL (34 EA per 1 FILL)
<i>fluvoxamine oral tablet 50 mg</i>	Tier 1	MO; QL (68 EA per 1 FILL)
<i>paroxetine hcl oral tablet 10 mg, 40 mg</i> (Paxil)	Tier 1	MO; QL (34 EA per 1 FILL)
<i>paroxetine hcl oral tablet 20 mg, 30 mg</i> (Paxil)	Tier 1	MO; QL (68 EA per 1 FILL)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i> (Paxil CR)	Tier 1	MO; QL (68 EA per 1 FILL)
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
<i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)	Tier 1	MO
<i>sertraline oral tablet 100 mg, 50 mg</i> (Zoloft)	Tier 1	MO; QL (68 EA per 1 FILL)
<i>sertraline oral tablet 25 mg</i> (Zoloft)	Tier 1	MO; QL (34 EA per 1 FILL)
<b>Serotonin-2 Antagonist/Reuptake Inhibitors (Saris)</b>		
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 1	MO
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	Tier 1	MO
<b>Serotonin-Norepinephrine Reuptake-Inhib (Snris)</b>		
<i>desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg</i>	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)

Drug	Status	Notes
<i>desvenlafaxine succinate oral tablet</i> (Pristiq) <i>extended release 24 hr 100 mg, 50 mg</i>	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)
<i>desvenlafaxine succinate oral tablet</i> (Pristiq) <i>extended release 24 hr 25 mg</i>	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)
<i>duloxetine oral capsule, delayed release(drlec) 20 mg, 30 mg, 60 mg</i> (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)

Drug	Status	Notes
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)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i> (Effexor XR)	Tier 1	MO; QL (34 EA per 1 FILL)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i> (Effexor XR)	Tier 1	MO; QL (102 EA per 1 FILL)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Tier 1	MO; QL (102 EA per 1 FILL)
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>	Tier 1	MO; QL (34 EA per 1 FILL)
<b>Ssri &amp; 5Ht1a Partial Agonist Antidepressant</b>		
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)

Drug	Status	Notes
<b>Ssri &amp; Serotonin Receptor Modulator Antidepressant</b>		
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)
<b>Tricyclic Antidepressant/Benzodiazepine Combinatns</b>		
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	Tier 1	MO
<b>Tricyclic Antidepressant/Phenothiazine Combinatns</b>		
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	Tier 1	MO
<b>Tricyclic Antidepressants &amp; Rel. Non-Sel. Ru-Inhib</b>		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	MO
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	Tier 1	MO
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil)	Tier 1	MO
<i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)	Tier 1	MO
<i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	Tier 1	MO
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	MO
<i>doxepin oral concentrate 10 mg/ml</i>	Tier 1	MO
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	MO
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	Tier 1	MO
<i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 1	MO

Drug	Status	Notes
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
<b>Behavioral Health - Other</b>		
<b>Adrenergics, Aromatic, Non-Catecholamine</b>		
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)
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)

Drug	Status	Notes
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)
<b>Anti-Alcoholic Preparations</b>		
acamprosate oral tablet, delayed release (drl/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	
<b>Anti-Anxiety - Benzodiazepines</b>		
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	
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)

Drug	Status	Notes
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Ativan)	Tier 1	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	Tier 1	QL (120 EA per 30 days)
<b>Anti-Anxiety Drugs</b>		
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	Tier 1	
<b>Anti-Mania Drugs</b>		
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	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	Tier 1	MO
<i>lithium carbonate oral tablet 300 mg</i>	Tier 1	MO
<i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid)	Tier 1	MO
<i>lithium carbonate oral tablet extended release 450 mg</i>	Tier 1	MO
<i>lithium citrate oral solution 8 meq/5 ml</i>	Tier 1	MO
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG	Tier 2	MO
<b>Anti-Narcolepsy &amp; Anti-Cataplexy, Sedative-Type Agt</b>		
XYREM ORAL SOLUTION 500 MG/ML	Tier 4	PA; QL (540 ML per 30 days)
<b>Antipsych, Dopamine Antag., Diphenylbutylpiperidines</b>		
<i>pimozide oral tablet 1 mg, 2 mg</i>	Tier 1	MO
<b>Antipsychotic-Atypical, D3/D2 Partial Ag-5Ht Mixed</b>		
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	Tier 3	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)
<b>Antipsychotics, Atyp, D2 Partial Agonist/5Ht Mixed</b>		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	Tier 3	
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 1	MO; Age (Max 17 Years)
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i> (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)
<b>Antipsychotics, Dopamine &amp; Serotonin Antagonists</b>		
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	MO



Drug	Status	Notes
<b>Antipsychotics, Atypical, Dopamine, &amp; Serotonin Antag</b>		
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)
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (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	

Drug	Status	Notes
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)
<i>olanzapine intramuscular recon soln 10 mg</i> (Zyprexa)	Tier 1	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> (Zyprexa)	Tier 1	MO
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i> (Zyprexa Zydis)	Tier 1	MO; QL (34 EA per 1 FILL)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i> (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)
<i>paliperidone oral tablet extended release 24hr 6 mg</i> (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)
<i>quetiapine oral tablet 100 mg, 25 mg, 50 mg</i> (Seroquel)	Tier 1	MO
<i>quetiapine oral tablet 200 mg</i> (Seroquel)	Tier 1	MO; QL (102 EA per 1 FILL)

Drug	Status	Notes
<i>quetiapine oral tablet 300 mg, 400 mg</i> (Seroquel)	Tier 1	MO; QL (68 EA per 1 FILL)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> (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	
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	Tier 1	MO
<i>risperidone oral tablet 0.25 mg</i>	Tier 1	MO
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)	Tier 1	MO
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	MO; QL (68 EA per 1 FILL)
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)

Drug	Status	Notes
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 Mycrite, Aripiprazole, Olanzapine, Perseris, Quetiapine Fumarate, Risperidone, Seroquel XR, or Ziprasidone HCL; QL (540 ML per 30 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon)	Tier 1	MO; QL (68 EA per 1 FILL)
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i> (Geodon)	Tier 1	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG	Tier 3	
<b>Antipsychotics,Dopamine Antagonists, Thioxanthenes</b>		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	MO
<b>Antipsychotics,Dopamine Antagonists,Butyrophenones</b>		
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i> (Haldol Decanoate)	Tier 1	
<i>haloperidol lactate injection solution 5 mg/ml</i> (Haldol)	Tier 1	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	Tier 1	MO
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	Tier 1	MO
<b>Anti-Psychotics,Phenothiazines</b>		
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	MO
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	Tier 1	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	Tier 1	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	Tier 1	MO
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 1	MO

Drug	Status	Notes
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	Tier 1	MO
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	MO
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	MO
<b>Barbiturates</b>		
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	Tier 1	MO
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	Tier 1	MO
<b>Menopausal Symptoms Suppressant - Ssrís</b>		
<i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i> (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)
<b>Monoamine Oxidase(Mao) Inhibitors</b>		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	Tier 3	QL (1 EA per 1 day)
<b>Narcolepsy And Sleep Disorder Therapy Agents</b>		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i> (Nuvigil)	Tier 1	QL (1 EA per 1 day)
<i>armodafinil oral tablet 50 mg</i> (Nuvigil)	Tier 1	QL (2 EA per 1 day)
<i>modafinil oral tablet 100 mg, 200 mg</i> (Provigil)	Tier 1	QL (2 EA per 1 day)
SUNOSI ORAL TABLET 150 MG, 75 MG	Tier 3	PA
<b>Narcotic Antagonists</b>		
<i>naloxone injection solution 0.4 mg/ml</i>	Tier 1	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	Tier 1	
<i>naltrexone oral tablet 50 mg</i>	Tier 1	
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	Tier 3	
<b>Sedative-Hypnotics - Benzodiazepines</b>		
<i>estazolam oral tablet 1 mg, 2 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>flurazepam oral capsule 15 mg, 30 mg</i>	Tier 1	QL (1 EA per 1 day)

Drug	Status	Notes
<i>temazepam oral capsule 15 mg, 30 mg, 7.5 mg</i> (Restoril)	Tier 1	QL (1 EA per 1 day)
<i>temazepam oral capsule 22.5 mg</i> (Restoril)	Tier 1	QL (1 EA per 2 days)
<i>triazolam oral tablet 0.125 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>triazolam oral tablet 0.25 mg</i> (Halcion)	Tier 1	QL (1 EA per 1 day)
<b>Sedative-Hypnotics,Non-Barbiturate</b>		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	Tier 3	ST: Prior prescription for Eszopiclone, Zaleplon, or Zolpidem Tartrate in the past 130 days; QL (1 EA per 2 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta)	Tier 1	QL (1 EA per 1 day)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)	Tier 1	QL (1 EA per 1 day)
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i> (Ambien CR)	Tier 1	QL (1 EA per 1 day)
<b>Selective Serotonin 5-Ht2a Inverse Agonists (Ssia)</b>		
NUPLAZID ORAL CAPSULE 34 MG	Tier 4	PA
NUPLAZID ORAL TABLET 10 MG	Tier 4	PA
<b>Ssri &amp;Antipsych,Atyp,Dopamine&amp;Serotonin Antag Comb</b>		
<i>olanzapine-fluoxetine oral capsule 12-25 mg</i>	Tier 1	MO; QL (30 EA per 30 days)
<i>olanzapine-fluoxetine oral capsule 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i> (Symbyax)	Tier 1	MO; QL (30 EA per 30 days)
<b>Tx For Adhd - Selective Alpha-2A Receptor Agonist</b>		
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i> (Kapvay)	Tier 1	QL (120 EA per 30 days)
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv ER)	Tier 1	
<b>Tx For Attention Deficit-Hyperact(Adhd)/Narcolepsy</b>		
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)

Drug	Status	Notes
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)
<i>dexmethylphenidate oral capsule,er</i> (Focalin XR) <i>biphasic 50-50 10 mg, 15 mg, 20 mg, 25</i> <i>mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	Tier 1	
<i>dexmethylphenidate oral tablet 10 mg,</i> (Focalin) <i>2.5 mg, 5 mg</i>	Tier 1	
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG	Tier 1	QL (3 EA per 1 day)
<i>methylphenidate hcl oral cap,er</i> (Aptensio XR) <i>sprinkle,biphasic 40-60 10 mg, 15 mg,</i> <i>20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	Tier 1	ST: Prior prescription for Methylphenidate HCL or Ritalin LA in the past 130 days; QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule, er</i> <i>biphasic 30-70 10 mg, 20 mg, 30 mg, 40</i> <i>mg, 50 mg, 60 mg</i>	Tier 1	
<i>methylphenidate hcl oral capsule,er</i> (Ritalin LA) <i>biphasic 50-50 10 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule,er</i> (Ritalin LA) <i>biphasic 50-50 20 mg, 30 mg, 40 mg</i>	Tier 1	
<i>methylphenidate hcl oral capsule,er</i> <i>biphasic 50-50 60 mg</i>	Tier 1	
<i>methylphenidate hcl oral solution 10</i> (Methylin) <i>mg/5 ml, 5 mg/5 ml</i>	Tier 1	
<i>methylphenidate hcl oral tablet 10 mg,</i> (Ritalin) <i>20 mg, 5 mg</i>	Tier 1	
<i>methylphenidate hcl oral tablet extended</i> <i>release 10 mg</i>	Tier 1	
<i>methylphenidate hcl oral tablet extended</i> (Metadate ER) <i>release 20 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>methylphenidate hcl oral tablet extended</i> (Concerta) <i>release 24hr 18 mg, 27 mg, 54 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl oral tablet extended</i> (Concerta) <i>release 24hr 36 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>methylphenidate hcl oral tablet,chewable</i> <i>10 mg, 2.5 mg, 5 mg</i>	Tier 1	
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)

Drug	Status	Notes
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
<b>Tx For Attention Deficit-Hyperact.(Adhd), Nri-Type</b>		
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i> (Strattera)	Tier 1	QL (60 EA per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i> (Strattera)	Tier 1	QL (30 EA per 30 days)
<b>Cardiovascular Disease - Arrhythmia</b>		
<b>Antiarrhythmics</b>		
<i>adenosine intravenous solution 3 mg/ml</i>	Tier 1	
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i> (Pacerone)	Tier 1	MO
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> (Norpace)	Tier 1	MO
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)	Tier 1	MO
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 1	MO
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	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
<i>propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg</i> (Rythmol SR)	Tier 1	MO
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	Tier 1	MO
<i>quinidine gluconate oral tablet extended release 324 mg</i>	Tier 1	MO
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	Tier 1	MO



Drug	Status	Notes
<b>Cardiovascular Disease - Cardiac Stimulant</b>		
<b>Adrenergic Agents, Catecholamines</b>		
ADRENALIN INJECTION SOLUTION 1 MG/ML, 1 MG/ML (1 ML)	Tier 2	
<i>dopamine intravenous solution 400 mg/10 ml (40 mg/ml)</i>	Tier 1	
<i>epinephrine hcl (pf) injection solution 1 mg/ml (1 ml)</i>	Tier 1	
<i>epinephrine injection solution 1 mg/ml, 1 mg/ml (1 ml)</i> (Adrenalin)	Tier 1	
<i>epinephrine injection syringe 0.1 mg/ml</i>	Tier 1	
<b>Digitalis Glycosides</b>		
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
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	Tier 2	MO
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Digitek)	Tier 1	MO
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	Tier 2	MO
LANOXIN ORAL TABLET 187.5 MCG (0.1875 MG), 62.5 MCG (0.0625 MG)	Tier 3	
<b>Cardiovascular Disease - Hypertension</b>		
<b>Ace Inhibitor/Calcium Channel Blocker Combination</b>		
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg, 5-40 mg</i> (Lotrel)	Tier 1	MO
<i>amlodipine-benazepril oral capsule 2.5-10 mg</i>	Tier 1	MO
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg</i>	Tier 1	MO
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 2-180 mg, 2-240 mg, 4-240 mg</i> (Tarka)	Tier 1	MO
<b>Ace Inhibitor/Thiazide &amp; Thiazide-Like Diuretic</b>		
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Lotensin HCT)	Tier 1	MO

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	Tier 1	MO
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	Tier 1	MO
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic)	Tier 1	MO
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	Tier 1	MO
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	Tier 1	MO
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)	Tier 1	MO
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Accuretic)	Tier 1	MO
<b>Alpha/Beta-Adrenergic Blocking Agents</b>		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg)	Tier 1	MO
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i> (Coreg CR)	Tier 1	MO
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	Tier 1	MO
<b>Alpha-Adrenergic Blocking Agents</b>		
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	Tier 3	MO; QL (34 EA per 1 FILL)
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)	Tier 1	MO
<i>phenoxybenzamine oral capsule 10 mg</i> (Dibenzyline)	Tier 4	PA
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i> (Minipress)	Tier 1	MO
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	Tier 1	MO; QL (34 EA per 1 FILL)
<i>terazosin oral capsule 10 mg</i>	Tier 1	MO; QL (68 EA per 1 FILL)
<b>Angioten.Receptr Antag./Cal.Chanl Blkr/Thiazide Cb</b>		
<i>amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i> (Exforge HCT)	Tier 1	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

Drug	Status	Notes
<i>olmesartan-amlodipin-hcthiiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i> (Tribenzor)	Tier 1	MO
<b>Angiotensin Receptor Antag./Thiazide Diuretic Comb</b>		
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> (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
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/hcthiiazid, Valsartan, or Valsartan/hydrochlorothiazide in the past 190 days
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)	Tier 1	MO
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar)	Tier 1	MO
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> (Benicar HCT)	Tier 1	MO
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> (Micardis HCT)	Tier 1	MO; ST: Prior prescription for Amlodipine Bes/olmesartan Med, Amlodipine Besylate/valsartan, Amlodipine/valsartan/hcthiiazid, Valsartan, or Valsartan/hydrochlorothiazide in the past 190 days
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> (Diovan HCT)	Tier 1	MO

Drug	Status	Notes
<b>Angiotensin Receptor Antgnst &amp; Calc.Channel Blockr</b>		
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i> (Azor)	Tier 1	MO; ST: Prior prescription for a generic ACE or ACE combination, Losartan, Losartan/HCTZ, Valsartan, Valsartan/HCTZ, Amlodipine/Valsartan, OR Amlodipine/Valsartan/HCT Z in the past 190 days
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> (Exforge)	Tier 1	MO
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i> (Twynta)	Tier 1	MO; ST: Prior prescription for a generic ARB or ARB combination in the past 190 days
<b>Antihypertensives, Ace Inhibitors</b>		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg</i> (Lotensin)	Tier 1	MO
<i>benazepril oral tablet 5 mg</i>	Tier 1	MO
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	Tier 1	MO
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (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)
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	MO
<i>lisinopril oral tablet 10 mg, 20 mg</i> (Prinivil)	Tier 1	MO
<i>lisinopril oral tablet 2.5 mg, 30 mg, 40 mg, 5 mg</i> (Zestril)	Tier 1	MO
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	Tier 1	MO
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	Tier 1	MO
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril)	Tier 1	MO
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> (Altace)	Tier 1	MO
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	MO

Drug	Status	Notes
<b>Antihypertensives, Angiotensin Receptor Antagonist</b>		
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (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
<i>eprosartan oral tablet 600 mg</i>	Tier 1	MO; ST: Prior prescription for Amlodipine Bes/olmesartan Med, Amlodipine Besylate/valsartan, Amlodipine/valsartan/hcthia zid, Valsartan, or Valsartan/hydrochlorothiazi de in the past 190 days
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro)	Tier 1	MO
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)	Tier 1	MO
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)	Tier 1	MO
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis)	Tier 1	MO
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)	Tier 1	MO
<b>Antihypertensives, Ganglionic Blockers</b>		
VECAMEYL ORAL TABLET 2.5 MG	Tier 3	PA
<b>Antihypertensives, Miscellaneous</b>		
DEMSEER ORAL CAPSULE 250 MG	Tier 2	
<b>Antihypertensives, Sympatholytic</b>		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i> (Catapres)	Tier 1	MO
<i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-TTS-1)	Tier 1	MO; QL (5 EA per 1 FILL)
<i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2)	Tier 1	MO; QL (5 EA per 1 FILL)
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3)	Tier 1	MO; QL (5 EA per 1 FILL)
<i>guanfacine oral tablet 1 mg, 2 mg</i>	Tier 1	MO
<i>methyldopa oral tablet 250 mg, 500 mg</i>	Tier 1	MO

Drug	Status	Notes
methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg	Tier 1	MO
<b>Antihypertensives, Vasodilators</b>		
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
<b>Beta-Adrenergic Blocking Agents</b>		
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, Bisoprolol/hydrochlorothiazide, Bystolic, Carvedilol Phosphate, Carvedilol, Corzide, Hemangeol, Inderal XL, Innopran XL, Kapsargo 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, Kaspargo 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, Kaspargo 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, Bisoprolol/hydrochlorothiazide, Bystolic, Byvalson, Carvedilol Phosphate, Carvedilol, Corzide, Hemangeol, Inderal XL, Innopran XL, Kapsargo Sprinkle, Labetalol HCL, Levatol, Metoprolol Succinate, Metoprolol Tartrate, Metoprolol/hydrochlorothiazide, Nadolol, Nadolol/bendroflumethiazide, or Propranolol Hcl in the past 190 days
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> (Toprol XL)	Tier 1	MO
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor)	Tier 1	MO
<i>metoprolol tartrate oral tablet 25 mg</i>	Tier 1	MO
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i> (Corgard)	Tier 1	MO
<i>pindolol oral tablet 10 mg, 5 mg</i>	Tier 1	MO
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA)	Tier 1	MO
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	Tier 1	MO
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	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
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i> (Sorine)	Tier 1	MO
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	MO



Drug	Status	Notes
<b>Beta-Adrenergic Blocking Agents/Thiazide &amp; Related</b>		
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i> (Tenoretic 100)	Tier 1	MO
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i> (Tenoretic 50)	Tier 1	MO
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i> (Ziac)	Tier 1	MO
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg</i>	Tier 1	MO
<i>metoprolol ta-hydrochlorothiaz oral tablet 50-25 mg</i> (Lopressor HCT)	Tier 1	MO
<i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>	Tier 1	MO
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	Tier 1	MO
<b>Calcium Channel Blocking Agents</b>		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)	Tier 1	MO
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG	Tier 1	MO
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	Tier 1	MO
<i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i> (Taztia XT)	Tier 1	MO
<i>diltiazem hcl oral capsule,extended release 24 hr 420 mg</i> (Tiadylt ER)	Tier 1	MO
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (Cartia XT)	Tier 1	MO
<i>diltiazem hcl oral capsule,extended release 24hr 360 mg</i> (Cardizem CD)	Tier 1	MO
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem)	Tier 1	MO
<i>diltiazem hcl oral tablet 90 mg</i>	Tier 1	MO
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG	Tier 1	MO
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	Tier 1	MO
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	Tier 1	MO

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>nicardipine oral capsule 20 mg, 30 mg</i>	Tier 1	MO
<i>nifedipine oral capsule 10 mg</i> (Procardia)	Tier 1	MO
<i>nifedipine oral capsule 20 mg</i>	Tier 1	MO
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i> (Procardia XL)	Tier 1	MO
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i> (Adalat CC)	Tier 1	MO
<i>nimodipine oral capsule 30 mg</i>	Tier 1	MO
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 34 mg, 8.5 mg</i> (Sular)	Tier 1	MO
<i>nisoldipine oral tablet extended release 24 hr 20 mg, 30 mg, 40 mg</i>	Tier 1	MO; ST: Prior prescription for Amlodipine Besylate, Felodipine, Isradipine, Nicardipine HCL, Nifedipine, or Nisoldipine in the past 190 days
<i>nisoldipine oral tablet extended release 24 hr 25.5 mg</i>	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
<i>verapamil intravenous solution 2.5 mg/ml</i>	Tier 1	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i> (Verelan PM)	Tier 1	MO
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i> (Verelan)	Tier 1	MO
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	Tier 1	MO
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i> (Calan SR)	Tier 1	MO
<b>Loop Diuretics</b>		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	MO
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	Tier 1	MO

Drug	Status	Notes
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)	Tier 1	MO
<i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	Tier 1	MO
<b>Potassium Sparing Diuretics</b>		
<i>amiloride oral tablet 5 mg</i>	Tier 1	MO
<i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)	Tier 1	MO
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)	Tier 1	MO
<i>triamterene oral capsule 100 mg, 50 mg</i> (Dyrenium)	Tier 1	MO
<b>Potassium Sparing Diuretics In Combination</b>		
ALDACTAZIDE ORAL TABLET 50-50 MG	Tier 3	MO
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	Tier 1	MO
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i> (Aldactazide)	Tier 1	MO
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i> (Dyazide)	Tier 1	MO
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg</i> (Maxzide-25mg)	Tier 1	MO
<i>triamterene-hydrochlorothiazid oral tablet 75-50 mg</i> (Maxzide)	Tier 1	MO
<b>Pulm Anti-Htn, Soluble Guanylate Cyclase Stimulator</b>		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	Tier 4	PA; QL (90 EA per 30 days)
<b>Pulm. Anti-Htn, Sel. C-Gmp Phosphodiesterase T5 Inhib</b>		
ALYQ ORAL TABLET 20 MG	Tier 4	PA; QL (68 EA per 1 FILL)
<i>sildenafil (pulm. hypertension) oral tablet 20 mg</i> (Revatio)	Tier 1	PA; QL (102 EA per 1 FILL)
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i> (Alyq)	Tier 4	PA; QL (68 EA per 1 FILL)
<b>Pulmonary Anti-Htn, Endothelin Receptor Antagonist</b>		
<i>ambrisentan oral tablet 10 mg, 5 mg</i> (Letairis)	Tier 4	PA
<i>bosentan oral tablet 125 mg, 62.5 mg</i> (Tracleer)	Tier 4	PA
LETAIRIS ORAL TABLET 10 MG, 5 MG	Tier 4	PA
OPSUMIT ORAL TABLET 10 MG	Tier 4	PA; QL (30 EA per 30 days)

Drug	Status	Notes
TRACLEER ORAL TABLET 125 MG, 62.5 MG	Tier 4	PA
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	Tier 4	PA
<b>Pulmonary Antihypertensives, Prostacyclin-Type</b>		
<i>epoprostenol (glycine) intravenous recon soln 0.5 mg, 1.5 mg</i> (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
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i> (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
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
<b>Renin Inhibitor, Direct</b>		
<i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)	Tier 1	MO
<b>Renin Inhibitor, Direct/Thiazide Diuretic Comb</b>		
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	Tier 3	PA

Drug	Status	Notes
<b>Thiazide And Related Diuretics</b>		
<i>chlorothiazide oral tablet 500 mg</i>	Tier 1	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 1	MO
DIURIL ORAL SUSPENSION 250 MG/5 ML	Tier 3	MO
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	Tier 1	MO
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	MO
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	Tier 1	MO
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	MO
<b>Vasodilators, Combination</b>		
BIDIL ORAL TABLET 20-37.5 MG	Tier 3	
<b>Vasodilators, Miscellaneous</b>		
<i>alprostadil injection solution 500 mcg/ml</i> (Prostin VR Pediatric)	Tier 1	
PROSTIN VR PEDIATRIC INJECTION SOLUTION 500 MCG/ML	Tier 3	
<b>Cardiovascular Disease - Lipid Irregularity</b>		
<b>Antihyperlip.Hmg Coa Reduct Inhib&amp;Cholest.Ab.Inhib</b>		
<i>ezetimibe-simvastatin oral tablet 10-10 mg</i> (Vytorin 10-10)	Tier 1	MO; ST: Prior prescription for 2 of the following in the past 365 days: Altprev, Atorvastatin Calcium, Flolipid, Lovastatin, Pravastatin Sodium, or Simvastatin; QL (34 EA per 1 FILL)
<i>ezetimibe-simvastatin oral tablet 10-20 mg</i> (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)
<i>ezetimibe-simvastatin oral tablet 10-40 mg</i> (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)
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i> (Vytorin 10-80)	Tier 1	MO; ST: Prior prescription for Simvastatin 80mg in the past 365 days; QL (34 EA per 1 FILL)

Drug	Status	Notes
<b>Antihyperlipidemic - Atp Citrate Lyase Inhibitor</b>		
NEXLETOL ORAL TABLET 180 MG	Tier 3	PA
<b>Antihyperlipidemic - Hmg Coa Reductase Inhibitors</b>		
<i>atorvastatin oral tablet 10 mg, 20 mg</i> (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)
<i>atorvastatin oral tablet 40 mg, 80 mg</i> (Lipitor)	Tier 1	MO; QL (34 EA per 1 FILL)
<i>fluvastatin oral capsule 20 mg, 40 mg</i> (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)
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i> (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)

Drug	Status	Notes
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)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	MO; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS
<i>pravastatin oral tablet 10 mg, 80 mg</i>	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)
<i>pravastatin oral tablet 20 mg, 40 mg</i> (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)
<i>rosuvastatin oral tablet 10 mg, 5 mg</i> (Crestor)	Tier 1	MO; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS
<i>rosuvastatin oral tablet 20 mg, 40 mg</i> (Crestor)	Tier 1	MO

Drug	Status	Notes
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (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)
<i>simvastatin oral tablet 5 mg</i>	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)
<i>simvastatin oral tablet 80 mg</i> (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)
<b>Antihyperlipidemic - Pcsk9 Inhibitors</b>		
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
<b>Bile Salt Sequestrants</b>		
<i>cholestyramine (with sugar) oral powder 4 gram</i> (Questran)	Tier 1	MO
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i> (Questran)	Tier 1	MO
CHOLESTYRAMINE LIGHT ORAL POWDER 4 GRAM	Tier 1	MO



Drug	Status	Notes
CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM	Tier 1	MO
<i>colesevelam oral powder in packet 3.75 gram</i> (WelChol)	Tier 1	MO; QL (1 EA per 1 day)
<i>colesevelam oral tablet 625 mg</i> (WelChol)	Tier 1	MO; QL (6 EA per 1 day)
COLESTID FLAVORED ORAL PACKET 7.5 GRAM	Tier 2	MO
<i>colestipol oral granules 5 gram</i> (Colestid)	Tier 1	MO
<i>colestipol oral packet 5 gram</i> (Colestid)	Tier 1	MO
<i>colestipol oral tablet 1 gram</i> (Colestid)	Tier 1	MO
PREVALITE ORAL POWDER 4 GRAM	Tier 1	MO
PREVALITE ORAL POWDER IN PACKET 4 GRAM	Tier 1	MO
<b>Lipotropics</b>		
<i>ezetimibe oral tablet 10 mg</i> (Zetia)	Tier 1	MO; QL (1 EA per 1 day)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	Tier 1	MO
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i> (Tricor)	Tier 1	MO
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	Tier 1	MO
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i> (Trilipix)	Tier 1	MO
<i>fenofibric acid oral tablet 105 mg, 35 mg</i> (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
<i>gemfibrozil oral tablet 600 mg</i> (Lopid)	Tier 1	MO
<i>niacin oral tablet 500 mg</i> (Niacor)	Tier 1	

Drug	Status	Notes
<i>niacin oral tablet extended release 24 hr</i> (Niaspan Extended-Release) 1,000 mg, 500 mg, 750 mg	Tier 1	MO; ST: Prior prescription for Altoprev, Antara, Atorvastatin Calcium, Fenofibrate Nanocrystallized, Fenofibrate, Fenofibrate micronized, Flolipid, Gemfibrozil, Lovastatin, Pravastatin Sodium, Simvastatin, or Triglide in the past 365 days
VASCEPA ORAL CAPSULE 0.5 GRAM	Tier 2	MO; QL (6 EA per 1 day)
VASCEPA ORAL CAPSULE 1 GRAM	Tier 2	MO; QL (120 EA per 30 days)
<b>Cardiovascular Disease - Miscellaneous Agents</b>		
<b>Adrenergic Vasopressor Agents</b>		
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	Tier 4	PA; QL (180 EA per 30 days)
<b>Angiotensin Recept-Nepriylsin Inhibitor Comb(Arni)</b>		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	Tier 3	PA; MO; QL (2 EA per 1 day)
<b>Antianginal &amp; Anti-Ischemic Agents, Non-Hemodynamic</b>		
<i>ranolazine oral tablet extended release 12 hr 1,000 mg</i> (Ranexa)	Tier 1	MO; QL (60 EA per 30 days)
<i>ranolazine oral tablet extended release 12 hr 500 mg</i> (Ranexa)	Tier 1	MO; QL (120 EA per 30 days)
<b>Antianginal, Heart Rate Reducing, I(F) Inhibitor</b>		
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)

Drug	Status	Notes
<b>Antihyperlip - Hmg-Coa&amp;Calcium Channel Blocker Cb</b>		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> (Caduet)	Tier 1	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)
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>	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)
<b>Cardiovascular Disease - Vasodilation</b>		
<b>Vasodilators, Coronary</b>		
<i>amyl nitrite inhalation solution 0.3 ml</i>	Tier 1	
DILATRATE-SR ORAL CAPSULE, EXTENDED RELEASE 40 MG	Tier 2	MO
ISORDIL ORAL TABLET 40 MG	Tier 3	MO
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	Tier 1	MO
<i>isosorbide dinitrate oral tablet 40 mg</i> (Isordil)	Tier 1	MO
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradose)	Tier 1	MO
<i>isosorbide dinitrate oral tablet extended release 40 mg</i> (ISOCHRON)	Tier 1	MO
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	Tier 1	MO
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	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

Drug	Status	Notes
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	Tier 3	MO
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)	Tier 1	MO
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (Minitran)	Tier 1	MO
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i> (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
<b>Vasodilators, Peripheral</b>		
<i>ergoloid oral tablet 1 mg</i>	Tier 1	
<i>isoxsuprine oral tablet 10 mg, 20 mg</i>	Tier 1	MO
<i>papaverine injection solution 30 mg/ml</i>	Tier 1	
<b>Contraception/Oxytocics</b>		
<b>Contraceptives, Intravaginal, Systemic</b>		
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
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i> (EluRyng)	Tier 1	MO
<b>Contraceptives, Injectable</b>		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	Tier 3	PA; QL (0.65 ML per 90 days)
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera)	Tier 1	MO; QL (1 ML per 90 days)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera)	Tier 1	MO; QL (1 ML per 90 days)
<b>Contraceptives, Intravaginal</b>		
GYNOL II VAGINAL GEL 3 %	Tier 3	G: Female only
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

Drug	Status	Notes
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %	Tier 3	G: Female only
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %	Tier 1	G: Female only
<b>Contraceptives, Oral</b>		
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
AVIANE ORAL TABLET 0.1-20 MG-MCG	Tier 1	MO

Drug	Status	Notes
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
CAZIAN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	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
CRYSSELLE (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
<i>desog-e.estradiolle.estradiol oral tablet</i> (Azurette (28)) 0.15-0.02 mgx21 10.01 mg x 5	Tier 1	MO
<i>desogestrel-ethinyl estradiol oral tablet</i> (Apri) 0.15-0.03 mg	Tier 1	MO
<i>drospirenone-e.estradiol-lm.fa oral tablet</i> (Beyaz) 3-0.02-0.451 mg (24) (4)	Tier 1	MO
<i>drospirenone-e.estradiol-lm.fa oral tablet</i> (Tydemy) 3-0.03-0.451 mg (21) (7)	Tier 1	MO
<i>drospirenone-ethinyl estradiol oral tablet</i> (Gianvi (28)) 3-0.02 mg	Tier 1	MO
<i>drospirenone-ethinyl estradiol oral tablet</i> (Ocella) 3-0.03 mg	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
<i>ethynodiol diac-eth estradiol oral tablet</i> (Kelnor 1/35 (28)) 1-35 mg-mcg	Tier 1	MO
<i>ethynodiol diac-eth estradiol oral tablet</i> (Kelnor 1-50) 1-50 mg-mcg	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

Drug	Status	Notes
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
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



Drug	Status	Notes
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i> (Amethia Lo)	Tier 1	MO
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i> (Fayosim)	Tier 1	MO
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (Amethia)	Tier 1	MO
LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	Tier 1	MO
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
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i> (Afirmelle)	Tier 1	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i> (Altavera (28))	Tier 1	MO
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i> (Amethyst (28))	Tier 1	MO
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> (Introvale)	Tier 1	MO
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> (Enpresse)	Tier 1	MO
LEVORA-28 ORAL TABLET 0.15-0.03 MG	Tier 1	MO

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
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

Drug	Status	Notes
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) (Melodetta 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
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

Drug	Status	Notes
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
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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
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

Drug	Status	Notes
ZUMANDIMINE (28) ORAL TABLET 3-0.03 MG	Tier 1	MO
<b>Contraceptives, Transdermal</b>		
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	Tier 1	MO
<b>Oxytocics</b>		
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG	Tier 3	
<i>methylergonovine oral tablet 0.2 mg</i> (Methergine)	Tier 1	QL (28 EA per 7 days)
PROSTIN E2 VAGINAL SUPPOSITORY 20 MG	Tier 3	
<b>Cough And Cold</b>		
<b>1St Gen Antihistamine &amp; Decongestant Combinations</b>		
<i>promethazine-phenylephrine oral syrup</i> (Promethazine VC) 6.25-5 mg/5 ml	Tier 1	
<b>1St Gen Antihist-Decongest-Anticholinergic Comb</b>		
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG	Tier 1	
<b>Antitussives, Non-Narcotic</b>		
<i>benzonatate oral capsule 100 mg</i> (Tessalon Perles)	Tier 1	
<i>benzonatate oral capsule 150 mg</i>	Tier 1	ST: Prior prescription for Benzonatate 100mg or 200mg capsule in the past 365 days; QL (3 EA per 1 day)
<i>benzonatate oral capsule 200 mg</i>	Tier 1	
<b>Expectorants</b>		
SSKI ORAL SOLUTION 1 GRAM/ML	Tier 1	
<b>Narcotic Antituss-1St Gen. Antihistamine-Decongest</b>		
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)
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)
<i>promethazine-phenyleph-codeine oral syrup</i> 6.25-5-10 mg/5 ml	Tier 1	Age (Min 18 Years)

Drug	Status	Notes
<b>Narcotic Antituss-Decongestant-Expectorant Comb</b>		
CODITUSSIN DAC ORAL LIQUID 30-10-200 MG/5 ML	Tier 3	Age (Min 12 Years)
<b>Narcotic Antitussive-1St Generation Antihistamine</b>		
<i>hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml</i>	Tier 1	Age (Min 18 Years)
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	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)
<b>Narcotic Antitussive-Anticholinergic Comb.</b>		
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i> (Hydromet)	Tier 1	Age (Min 18 Years)
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	Tier 1	Age (Min 18 Years)
HYDROMET ORAL SYRUP 5-1.5 MG/5 ML	Tier 1	Age (Min 18 Years)
<b>Narcotic Antitussive-Expectorant Combination</b>		
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i> (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)
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)
VIRTUSSIN AC ORAL LIQUID 10-100 MG/5 ML	Tier 1	Age (Min 18 Years)

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



Drug	Status	Notes
<b>Rosacea Agents, Topical</b>		
<i>azelaic acid topical gel 15 %</i> (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)
<i>ivermectin topical cream 1 %</i> (Soolantra)	Tier 1	ST: Prior prescription for Finacea foam or gel in the past 120 days
<i>metronidazole topical cream 0.75 %</i> (Rosadan)	Tier 1	
<i>metronidazole topical gel 0.75 %</i> (Rosadan)	Tier 1	
<i>metronidazole topical gel 1 %</i> (Metrogel)	Tier 1	
<i>metronidazole topical gel with pump 1 %</i> (Metrogel)	Tier 1	
<i>metronidazole topical lotion 0.75 %</i> (MetroLotion)	Tier 1	
MIRVASO TOPICAL GEL 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)
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)
ROSDAN TOPICAL CREAM 0.75 %	Tier 1	
<b>Topical Preparations, Antibacterials</b>		
<i>hydrocortisone-iodoquinol topical cream 1-1 %</i>	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	
<i>silver nitrate topical solution 0.5 %, 25 %, 50 %</i>	Tier 1	
<b>Vitamin A Derivatives</b>		
<i>adapalene topical gel 0.3 %</i> (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)

Drug	Status	Notes
<i>tretinoin topical cream 0.025 %</i> (Avita)	Tier 1	Age (Max 25 Years)
<i>tretinoin topical cream 0.05 %, 0.1 %</i> (Retin-A)	Tier 1	Age (Max 25 Years)
<i>tretinoin topical gel 0.01 %</i> (Retin-A)	Tier 1	Age (Max 25 Years)
<i>tretinoin topical gel 0.025 %</i> (Avita)	Tier 1	Age (Max 25 Years)
TRETIN-X CREAM KIT TOPICAL COMBO PACK 0.05 %	Tier 3	
<b>Dermatology - Antiinfective</b>		
<b>Topical Antibiotics</b>		
<i>clindamycin phosphate topical gel 1 %</i> (Cleocin T)	Tier 1	
<i>clindamycin phosphate topical lotion 1 %</i> (Cleocin T)	Tier 1	
<i>clindamycin phosphate topical solution 1 %</i> (Cleocin T)	Tier 1	QL (120 ML per 30 days)
<i>clindamycin phosphate topical swab 1 %</i> (Clindacin ETZ)	Tier 1	
ERY PADS TOPICAL SWAB 2 %	Tier 1	
<i>erythromycin with ethanol topical gel 2 %</i> (Erygel)	Tier 1	
<i>erythromycin with ethanol topical solution 2 %</i>	Tier 1	QL (60 ML per 1 FILL)
<i>gentamicin topical cream 0.1 %</i>	Tier 1	QL (90 GM per 30 days)
<i>gentamicin topical ointment 0.1 %</i>	Tier 1	
<i>mupirocin topical ointment 2 %</i> (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)
<b>Topical Antifungal/Anti-inflammatory, Steroid Agent</b>		
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	Tier 1	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	Tier 1	
<b>Topical Antifungals</b>		
CICLODAN KIT TOPICAL COMBO PACK 0.77 %	Tier 3	
<i>ciclopirox topical cream 0.77 %</i> (Ciclodan)	Tier 1	QL (180 GM per 30 days)
<i>ciclopirox topical gel 0.77 %</i>	Tier 1	
<i>ciclopirox topical shampoo 1 %</i> (Loprox)	Tier 1	
<i>ciclopirox topical solution 8 %</i> (Ciclodan)	Tier 1	QL (19.8 ML per 30 days)
<i>ciclopirox topical suspension 0.77 %</i> (Loprox (as olamine))	Tier 1	QL (120 ML per 30 days)
<i>ciclopirox-ure-camph-menth-euc topical solution 8 %</i> (Ciclodan Kit)	Tier 1	QL (19.8 ML per 30 days)

Drug	Status	Notes
<i>econazole topical cream 1 %</i>	Tier 1	QL (180 GM per 30 days)
EXODERM TOPICAL LOTION 25-1 %	Tier 1	
<i>ketoconazole topical cream 2 %</i>	Tier 1	QL (120 GM per 30 days)
<i>ketoconazole topical shampoo 2 %</i> (Nizoral)	Tier 1	
KETODAN KIT TOPICAL COMBO PACK 2 %	Tier 3	
NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM	Tier 1	
<i>nystatin topical cream 100,000 unit/gram</i>	Tier 1	
<i>nystatin topical ointment 100,000 unit/gram</i>	Tier 1	
<i>nystatin topical powder 100,000 unit/gram</i> (Nyamyc)	Tier 1	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	Tier 1	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	Tier 1	
NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM	Tier 1	
<b>Topical Antiparasitics</b>		
<i>lindane topical shampoo 1 %</i>	Tier 1	
<i>malathion topical lotion 0.5 %</i> (Ovide)	Tier 1	
<i>permethrin topical cream 5 %</i> (Elimite)	Tier 1	
SKLICE TOPICAL LOTION 0.5 %	Tier 3	
<i>spinosad topical suspension 0.9 %</i> (Natroba)	Tier 1	
ULESFIA TOPICAL LOTION 5 %	Tier 3	
<b>Topical Antivirals</b>		
<i>acyclovir topical ointment 5 %</i> (Zovirax)	Tier 1	QL (30 GM per 15 days)
<b>Topical Sulfonamides</b>		
CLEANSING WASH TOPICAL CLEANSER 10-4-10 %	Tier 1	
<i>silver sulfadiazine topical cream 1 %</i> (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	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %</i> (Avar LS)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i> (Avar)	Tier 1	QL (360 GM per 1 FILL)
<i>sulfacetamide sodium-sulfur topical cleanser 9-4.5 %</i> (Sumadan)	Tier 1	

Drug	Status	Notes
<i>sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)</i> (SSS 10-5)	Tier 1	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v)</i>	Tier 1	
<i>sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %</i>	Tier 1	QL (360 ML per 1 FILL)
SULFAMYLON TOPICAL CREAM 85 MG/G	Tier 2	
<b>Dermatology - Antiinflammatory</b>		
<b>Top. Anti-Inflam., Phosphodiesterase-4 (Pde4) Inhib</b>		
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)
<b>Topical Antibiotics/Antiinflammatory, Steroidal</b>		
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
<b>Topical Anti-Inflammatory Steroidal</b>		
<i>alclometasone topical cream 0.05 %</i>	Tier 1	
<i>alclometasone topical ointment 0.05 %</i>	Tier 1	
<i>amcinonide topical lotion 0.1 %</i>	Tier 1	
AQUA GLYCOLIC HC TOPICAL COMBO PACK 2 %	Tier 3	
<i>betamethasone dipropionate topical cream 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	Tier 1	
<i>betamethasone valerate topical cream 0.1 %</i>	Tier 1	

Drug	Status	Notes
<i>betamethasone valerate topical foam</i> (Luxiq) 0.12 %	Tier 1	
<i>betamethasone valerate topical lotion</i> 0.1 %	Tier 1	
<i>betamethasone valerate topical ointment</i> 0.1 %	Tier 1	
<i>betamethasone, augmented topical cream</i> 0.05 %	Tier 1	
<i>betamethasone, augmented topical gel</i> 0.05 %	Tier 1	
<i>betamethasone, augmented topical lotion</i> 0.05 %	Tier 1	
<i>betamethasone, augmented topical ointment</i> 0.05 % (Diprolene)	Tier 1	
CAPEX TOPICAL SHAMPOO 0.01 %	Tier 2	
<i>clobetasol scalp solution</i> 0.05 %	Tier 1	
<i>clobetasol topical cream</i> 0.05 % (Temovate)	Tier 1	
<i>clobetasol topical gel</i> 0.05 %	Tier 1	
<i>clobetasol topical ointment</i> 0.05 % (Temovate)	Tier 1	QL (180 GM per 30 days)
<i>clobetasol topical shampoo</i> 0.05 % (Clobex)	Tier 1	QL (118 ML per 30 days)
<i>clobetasol-emollient topical cream</i> 0.05 %	Tier 1	
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)
<i>desoximetasone topical cream</i> 0.25 % (Topicort)	Tier 1	
<i>desoximetasone topical ointment</i> 0.25 % (Topicort)	Tier 1	
<i>fluocinolone and shower cap scalp oil</i> 0.01 % (Derma-Smoothe/FS Scalp Oil)	Tier 1	
<i>fluocinolone topical cream</i> 0.01 %	Tier 1	
<i>fluocinolone topical cream</i> 0.025 % (Synalar)	Tier 1	
<i>fluocinolone topical oil</i> 0.01 % (Derma-Smoothe/FS Body Oil)	Tier 1	
<i>fluocinolone topical ointment</i> 0.025 % (Synalar)	Tier 1	
<i>fluocinolone topical solution</i> 0.01 % (Synalar)	Tier 1	
<i>fluocinonide topical cream</i> 0.05 %	Tier 1	
<i>fluocinonide topical gel</i> 0.05 %	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>fluocinonide topical ointment 0.05 %</i>	Tier 1	QL (240 GM per 30 days)
<i>fluocinonide topical solution 0.05 %</i>	Tier 1	
FLUOCINONIDE-E TOPICAL CREAM 0.05 %	Tier 1	
<i>fluocinonide-emollient topical cream 0.05 %</i> (Fluocinonide-E)	Tier 1	
<i>fluticasone propionate topical cream 0.05 %</i> (Cutivate)	Tier 1	
<i>fluticasone propionate topical ointment 0.005 %</i>	Tier 1	
<i>halobetasol propionate topical cream 0.05 %</i>	Tier 1	
<i>halobetasol propionate topical ointment 0.05 %</i>	Tier 1	
<i>hydrocortisone butyrate topical solution 0.1 %</i>	Tier 1	
<i>hydrocortisone topical cream 2.5 %</i>	Tier 1	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i> (Procto-Med HC)	Tier 1	
<i>hydrocortisone topical lotion 2.5 %</i>	Tier 1	
<i>hydrocortisone topical ointment 2.5 %</i>	Tier 1	
<i>mometasone topical cream 0.1 %</i>	Tier 1	
<i>mometasone topical ointment 0.1 %</i>	Tier 1	
<i>mometasone topical solution 0.1 %</i>	Tier 1	
<i>prednicarbate topical cream 0.1 %</i>	Tier 1	
<i>prednicarbate topical ointment 0.1 %</i>	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	
<i>triamcinolone acetonide topical cream 0.025 %</i>	Tier 1	
<i>triamcinolone acetonide topical cream 0.1 %, 0.5 %</i> (Triderm)	Tier 1	

Drug	Status	Notes
<i>triamcinolone acetonide topical lotion</i> 0.025 %, 0.1 %	Tier 1	
<i>triamcinolone acetonide topical ointment</i> 0.025 %, 0.1 %, 0.5 %	Tier 1	
TRIDERM TOPICAL CREAM 0.1 %, 0.5 %	Tier 1	
<b>Topical Anti-Inflammatory, Nsaids</b>		
<i>diclofenac sodium topical drops</i> 1.5 %	Tier 1	QL (450 ML per 30 days)
<i>diclofenac sodium topical gel</i> 1 % (Voltaren)	Tier 1	QL (1000 GM per 30 days)
<b>Dermatology - Miscellaneous</b>		
<b>Antiperspirants</b>		
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 %	Tier 3	
DRYSOL TOPICAL SOLUTION 20 %	Tier 3	
<b>Antiseborrheic Agents</b>		
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	
<i>selenium sulfide topical lotion</i> 2.5 %	Tier 1	
<i>selenium sulfide topical shampoo</i> 2.25 %	Tier 1	
<i>sulfacetamide sodium topical cleanser</i> 10 % (Ovace)	Tier 1	
TERSI FOAM TOPICAL FOAM 2.25 %	Tier 3	
<b>Emollients</b>		
AVO CREAM TOPICAL EMULSION	Tier 1	QL (90 GM per 30 days)
HYLATOPICPLUS TOPICAL CREAM	Tier 3	
NIVATOPIC PLUS TOPICAL CREAM	Tier 3	
SONAFINE TOPICAL EMULSION	Tier 1	QL (90 GM per 30 days)
XCLAIR TOPICAL CREAM	Tier 3	
<b>Iodine Antiseptics</b>		
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 %	Tier 3	
<b>Irrigants</b>		
<i>acetic acid irrigation solution</i> 0.25 %	Tier 1	
<i>lactated ringers irrigation solution</i>	Tier 3	
<i>neomycin-polymyxin b gu irrigation solution</i> 40 mg-200,000 unit/ml	Tier 1	
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L	Tier 3	

Drug	Status	Notes
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L	Tier 3	
<i>ringer's irrigation solution</i>	Tier 1	
<i>sorbitol irrigation solution 3 %, 3.3 %</i>	Tier 1	
<i>sorbitol-mannitol transurethral solution 2.7-0.54 gram/100 ml</i>	Tier 1	
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)
<b>Irritants/Counter-Irritants</b>		
QUTENZA TOPICAL KIT 8 %	Tier 3	PA
<b>Keratolytics</b>		
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	
<i>podofilox topical solution 0.5 %</i>	Tier 1	
<i>salicylic acid topical cream 6 % (Salimez)</i>	Tier 1	
<i>salicylic acid topical cream,extended release 6 %</i>	Tier 1	
<i>salicylic acid topical foam 6 % (Salvax)</i>	Tier 1	
<i>salicylic acid topical liquid 26 %</i>	Tier 1	QL (10 ML per 30 days)
<i>salicylic acid topical lotion 6 %</i>	Tier 1	
<i>salicylic acid topical lotion,extended release 6 %</i>	Tier 1	
<i>salicylic acid topical shampoo 6 % (Salex)</i>	Tier 1	QL (177 ML per 30 days)
SALVAX DUO PLUS TOPICAL FOAM 6-35 %	Tier 3	
SALVAX TOPICAL FOAM 6 %	Tier 1	
<i>silver nitrate applicators topical stick 75-25 %</i>	Tier 1	
<i>silver nitrate topical solution 10 %</i>	Tier 1	



Drug	Status	Notes
URAMAXIN GT TOPICAL KIT, CREAM AND GEL 45 %	Tier 3	
<i>urea topical cream 50 %</i> (Ure-K)	Tier 1	
<i>urea topical gel 45 %</i> (CEM-Urea)	Tier 1	
<b>Oxidizing Agents</b>		
<i>hydrogen peroxide solution 3 %</i>	Tier 1	
LEVICYN DERMAL TOPICAL SPRAY, NON-AEROSOL 0.009 %	Tier 3	
<b>Protectives</b>		
GENADUR TOPICAL LIQUID	Tier 3	
RADIAPLEXRX TOPICAL GEL	Tier 2	
<b>Topical Anti-Inflammatory Steroid-Local Anesthetic</b>		
ANALPRAM-HC TOPICAL LOTION 2.5-1 %	Tier 3	
EPIFOAM TOPICAL FOAM 1-1 %	Tier 2	
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i> (Pramosone)	Tier 1	
<i>lidocaine hcl-hydrocortison ac topical cream 3-0.5 %</i>	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	
<b>Topical Antineoplastic &amp; Premalignant Lesion Agnts</b>		
<i>diclofenac sodium topical gel 3 %</i> (Solaraze)	Tier 1	PA
<i>fluorouracil topical cream 5 %</i> (Efudex)	Tier 1	
<i>fluorouracil topical solution 2 %, 5 %</i>	Tier 1	
PANRETIN TOPICAL GEL 0.1 %	Tier 4	
TARGRETIN TOPICAL GEL 1 %	Tier 4	PA
VALCHLOR TOPICAL GEL 0.016 %	Tier 4	PA
<b>Topical Local Anesthetics</b>		
ANACAINE TOPICAL OINTMENT 10 %	Tier 3	
CETACAINE ANESTHETIC TOPICAL LIQUID 2-2-14 %	Tier 3	
CETACAINE TOPICAL AEROSOL, SPRAY 2 %-2 %-14 % (200 MG/SEC)	Tier 3	
<i>ethyl chloride topical aerosol, spray 100 %</i>	Tier 1	

Drug	Status	Notes
<i>lidocaine hcl topical cream 3 %</i> (Lidopin)	Tier 1	QL (170 GM per 30 days)
<i>lidocaine topical adhesive patch,medicated 5 %</i> (Lidoderm)	Tier 1	QL (90 EA per 30 days)
<i>lidocaine topical ointment 5 %</i>	Tier 1	QL (250 GM per 30 days)
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	Tier 1	QL (210 GM per 30 days)
REGENECARE WITH ALOE TOPICAL GEL 2 %	Tier 3	QL (85 GM per 1 FILL)
<b>Topical/Mucous Membr./Subcut.</b>		
<b>Enzymes</b>		
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	Tier 3	QL (90 GM per 1 FILL)
<b>Dermatology - Psoriasis/Eczema</b>		
<b>Antipsoriatic Agents,Systemic</b>		
<i>acitretin oral capsule 10 mg, 25 mg</i> (Soriatane)	Tier 4	
<i>acitretin oral capsule 17.5 mg</i>	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
<i>methoxsalen oral capsule,liqd-filled,rapid rel 10 mg</i> (Oxsoralen Ultra)	Tier 1	ST: Prior prescription for Drithocrema 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
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 4	PA

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
<b>Antipsoriatics Agents</b>		
<i>calcipotriene scalp solution 0.005 %</i>	Tier 1	ST: Prior prescription for a Topical Anti-inflammatory Steroidal in the past 130 days
<i>calcipotriene topical cream 0.005 %</i> (Dovonex)	Tier 1	ST: Prior prescription for a Topical Anti-inflammatory Steroidal in the past 130 days; QL (240 GM per 30 days)
<i>calcipotriene topical ointment 0.005 %</i>	Tier 1	ST: Prior prescription for a Topical Anti-inflammatory Steroidal in the past 130 days; QL (120 GM per 30 days)
<i>calcitriol topical ointment 3 mcg/gram</i> (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

Drug	Status	Notes
<b>Topical Immunosuppressive Agents</b>		
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i> (Protopic)	Tier 1	ST: Prior prescription for Pimecrolimus, Tacrolimus, or a topical Anti-inflammatory Steroidal in the past 130 days; Age (Min 2 Years)
<b>Topical Vit D Analog/Anti-inflammatory, Steroidal</b>		
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i> (Taclonex)	Tier 1	ST: Prior prescription for Calcipotriene and a Topical Anti-inflammatory Steroidal in the past 365 days; QL (120 GM per 30 days)
<i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i> (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)
<b>Diabetes</b>		
<b>Antihypergly, (Dpp-4) Inhibitor &amp; Biguanide Comb.</b>		
<i>alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg</i> (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)
KAZANO ORAL TABLET 12.5-1,000 MG, 12.5-500 MG	Tier 3	ST: Prior prescription for Janumet, Janumet XR, Januvia, Jentaduetto, Jentaduetto XR, or Tradjenta in the past 130 days; QL (60 EA per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG	Tier 3	MO; ST: Prior prescription for Janumet, Janumet XR, Januvia, Jentaduetto, Jentaduetto 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, Jentaduetto, Jentaduetto XR, or Tradjenta in the past 130 days; QL (30 EA per 30 days)
<b>Antihypergly,Dpp-4 Enzyme Inhib &amp;Thiazolidinedione</b>		
<i>alogliptin-pioglitazone oral tablet 12.5-15 mg, 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg</i> (Oseni)	Tier 1	MO; ST: Prior prescription for Janumet, Janumet XR, Januvia, Jentaduetto, Jentaduetto XR, or Tradjenta in the past 130 days; QL (30 EA per 30 days)

Drug	Status	Notes
<b>Antihypergly, Incretin Mimetic (Glp-1 Recep. Agonist)</b>		
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)
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)

Drug	Status	Notes
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)
<b>Antihyperglycemic-Sod/Gluc Cotransport2(SglT2)Inhib</b>		
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)

Drug	Status	Notes
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)
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)

Drug	Status	Notes
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)
<b>Antihyperglycemic - Dopamine Receptor Agonists</b>		
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
<b>Antihyperglycemic, Alpha-Glucosidase Inhib (N-S)</b>		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)	Tier 1	MO
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i> (Glyset)	Tier 1	MO

Drug	Status	Notes
<b>Antihyperglycemic, Amylin Analog-Type</b>		
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)
<b>Antihyperglycemic, Dpp-4 Inhibitors</b>		
<i>alogliptin oral tablet 12.5 mg, 25 mg, 6.25 mg</i> (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)
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 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)
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)
<b>Antihyperglycemic, Insulin-Release Stimulant Type</b>		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i> (Amaryl)	Tier 1	MO
<i>glipizide oral tablet 10 mg, 5 mg</i> (Glucotrol)	Tier 1	MO
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i> (Glucotrol XL)	Tier 1	MO
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i> (Glynase)	Tier 1	MO

Drug	Status	Notes
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	Tier 1	MO
<i>nateglinide oral tablet 120 mg, 60 mg</i> (Starlix)	Tier 1	MO; QL (102 EA per 1 FILL)
<i>repaglinide oral tablet 0.5 mg</i>	Tier 1	MO
<i>repaglinide oral tablet 1 mg, 2 mg</i> (Prandin)	Tier 1	MO
<b>Antihyperglycemic, Insulin-Response Enhancer (N-S)</b>		
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)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	Tier 1	MO; QL (34 EA per 1 FILL)
<b>Antihyperglycemic, Sglt-2 &amp; Dpp-4 Inhibitor Comb.</b>		
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)



Drug	Status	Notes
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)
<b>Antihyperglycemic, Biguanide Type(Non-Sulfonylurea)</b>		
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i> (Glucophage)	Tier 1	MO
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i> (Glucophage XR)	Tier 1	MO

Drug	Status	Notes
<b>Antihyperglycemic, Insulin &amp; Glp-1 Receptor Agonist</b>		
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, Tolazamide, Tolbutamide, Toujeo Solostar, Trulicity, or Victoza; QL (30 ML per 28 days)

Drug	Status	Notes
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	Tier 2	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, Tolazamide, Tolbutamide, Toujeo Solostar, Trulicity, or Victoza; QL (15 ML per 28 days)
<b>Antihyperglycemic, Insulin-Rel Stim.&amp; Biguanide Cmb</b>		
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	MO
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	MO
<i>repaglinide-metformin oral tablet 1-500 mg, 2-500 mg</i>	Tier 1	MO; QL (170 EA per 1 FILL)
<b>Antihyperglycemic-Glucocorticoid Receptor Blocker</b>		
KORLYM ORAL TABLET 300 MG	Tier 4	PA; QL (4 EA per 1 day)

Drug	Status	Notes
<b>Antihyperglycemic-SglT2 Inhibitor &amp; Biguanide Comb</b>		
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	Tier 2	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)



Drug	Status	Notes
<b>Antihyperglycm,Insul-Resp.Enhancer &amp; Biguanide Cmb</b>		
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 15-1,000 MG	Tier 2	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
<b>Antihypergly-Sglt-2 Inhib,Dpp-4 Inhib,Biguanide Cb</b>		
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)
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)
<b>Blood Sugar Diagnostics</b>		
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)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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)
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)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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)
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)
EVENCARE G3 TEST STRIP	Tier 3	MO; QL (200 EA per 30 days)
EVENCARE MINI GLUCOSE TEST 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)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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)
FREESTYLE INSULINX STRIP	Tier 3	MO; QL (200 EA per 30 days)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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)
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)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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)
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)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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)
WAVESENSE JAZZ STRIP	Tier 3	MO; QL (200 EA per 30 days)
WAVESENSE PRESTO STRIP	Tier 3	MO; QL (200 EA per 30 days)
<b>Diabetic Supplies</b>		
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



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
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)
<i>blood glucose contrl hi,normal solution</i> (2Tek Control (High-Normal))	Tier 3	MO
<i>blood glucose control, normal solution</i> (Accu-Chek SmartView Contrl Sol)	Tier 3	MO
<i>blood glucose ctl high,nml,low solution</i> (Myglucohealth Control Solution)	Tier 3	MO
BLOOD GLUCOSE MONITORING KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
<i>blood-glucose meter</i> (Contour Meter)	Tier 3	MO; QL (1 EA per 1 YEAR)
<i>blood-glucose meter kit</i> (Advocate Redi-Code Glu Monitor)	Tier 3	MO; QL (1 EA per 1 YEAR)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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)
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 3	MO; QL (1 EA per 1 YEAR)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
CONTOUR METER	Tier 2	MO; QL (1 EA per 1 YEAR)
CONTOUR METER KIT	Tier 3	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 3	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 3	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)
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)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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 LOW CONTROL SOLUTION	Tier 3	MO; QL (1 EA per 1 YEAR)
EASYGLUCO METER KIT	Tier 3	MO; QL (1 EA per 1 YEAR)
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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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)
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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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 10 DAY READER	Tier 3	
FREESTYLE LIBRE 10 DAY SENSOR KIT	Tier 3	MO; QL (4 EA per 28 days)
FREESTYLE LIBRE 14 DAY READER	Tier 3	
FREESTYLE LIBRE 14 DAY SENSOR KIT	Tier 3	MO; QL (4 EA per 28 days)
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)
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)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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)
MEDISENSE COMBO PACK	Tier 3	MO



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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)
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 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 2	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)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
QUINTET AC	Tier 3	MO; QL (1 EA per 1 YEAR)
QUINTET BLOOD GLUCOSE METER	Tier 3	MO; QL (1 EA per 1 YEAR)
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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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)
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)

Drug	Status	Notes
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
VIVAGUARD INO CONTROL SOLUTION SOLUTION	Tier 3	MO
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)
<b>Diabetic Ulcer Preparations, Topical</b>		
REGRANEX TOPICAL GEL 0.01 %	Tier 2	QL (15 GM per 1 FILL)
<b>Hyperglycemics</b>		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	Tier 2	QL (2 EA per 1 FILL)
<i>diazoxide oral suspension 50 mg/ml</i> (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)

Drug	Status	Notes
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)
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	
<b>Insulins</b>		
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, 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)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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)
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 3	MO; QL (40 ML per 28 days)
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	Tier 3	MO; QL (30 ML per 28 days)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	MO; QL (30 ML per 28 days)
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 3	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)
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 3	MO; QL (30 ML per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	MO; QL (30 ML per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 3	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)



Drug	Status	Notes
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 INSULIN 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)
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	MO; QL (30 ML per 28 days)
<b>Ear - General Disorders</b>		
<b>Ear Preparations Anti-Inflammatory</b>		
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i> (DermOtic Oil)	Tier 1	
<b>Ear Preparations, Misc. Anti-Infectives</b>		
<i>acetic acid otic (ear) solution 2 %</i>	Tier 1	
CORTANE-B TOPICAL LOTION 1-1-0.1 %	Tier 2	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	Tier 1	
<b>Ear Preparations, Antibiotics</b>		
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i> (Cetraxal)	Tier 1	

Drug	Status	Notes
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML	Tier 3	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml- unit/ml-%</i>	Tier 1	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	Tier 1	
<i>ofloxacin otic (ear) drops 0.3 %</i>	Tier 1	
<b>Otic Preparations,Anti-Inflammatory-Antibiotics</b>		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	Tier 3	
CIPRODEX OTIC (EAR) DROPS,SUSPENSION 0.3-0.1 %	Tier 2	
<i>ciprofloxacin-fluocinolone otic (ear)</i> (Otovel) <i>solution 0.3-0.025 % (0.25 ml)</i>	Tier 1	
OTOVEL OTIC (EAR) SOLUTION 0.3- 0.025 % (0.25 ML)	Tier 2	
<b>Electrolyte Regulation</b>		
<b>Bicarbonate Producing/Containing Agents</b>		
<i>sodium bicarbonate intravenous solution 1 meq/ml (8.4 %)</i>	Tier 1	
<i>sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 8.4 % (1 meq/ml)</i>	Tier 1	
<b>Electrolyte Depleters</b>		
AURYXIA ORAL TABLET 210 MG IRON	Tier 3	QL (12 EA per 1 day)
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	Tier 1	MO
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	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	
<i>lanthanum oral tablet,chewable 1,000</i> (Fosrenol) <i>mg, 500 mg, 750 mg</i>	Tier 1	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	Tier 3	PA
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML	Tier 3	MO

Drug	Status	Notes
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i> (Renvela)	Tier 1	MO
<i>sevelamer carbonate oral tablet 800 mg</i> (Renvela)	Tier 1	MO
<i>sevelamer hcl oral tablet 400 mg</i>	Tier 1	MO
<i>sevelamer hcl oral tablet 800 mg</i> (Renagel)	Tier 1	MO
SODIUM POLYSTYRENE (SORB FREE) ORAL SUSPENSION 15 GRAM/60 ML	Tier 1	
<i>sodium polystyrene sulfonate oral powder</i>	Tier 1	
SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML	Tier 1	
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
<b>Electrolyte Maintenance</b>		
<i>lactated ringers intravenous parenteral solution</i>	Tier 3	
<b>Potassium Replacement</b>		
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
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l</i>	Tier 1	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	Tier 1	MO
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	Tier 1	MO
<i>potassium chloride oral packet 20 meq</i> (Klor-Con)	Tier 1	MO

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i> (K-Tab)	Tier 1	MO
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i> (Klor-Con M10)	Tier 1	MO
<i>potassium chloride oral tablet,er particles/crystals 20 meq</i> (Klor-Con M20)	Tier 1	MO
<b>Sodium/Saline Preparations</b>		
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	
<i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i>	Tier 1	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	Tier 1	
<i>sodium chloride 0.9 % (flush) injection syringe</i> (BD PosiFlush Normal Saline 0.9)	Tier 1	
<i>sodium chloride 0.9 % injection solution</i>	Tier 1	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	Tier 1	
<i>sodium chloride 0.9 % intravenous piggyback</i>	Tier 1	
<i>sodium chloride injection syringe 0.9 %</i>	Tier 1	
<i>sodium chloride intravenous parenteral solution 2.5 meq/ml</i>	Tier 1	
<b>Endocrine Disorder - Fertility</b>		
<b>Drugs To Treat Impotency</b>		
<i>tadalafil oral tablet 2.5 mg, 5 mg</i> (Cialis)	Tier 1	PA
<b>Fertility Stimulating Preparations, Non-Fsh</b>		
<i>clomiphene citrate oral tablet 50 mg</i> (Serophene)	Tier 4	
<b>Follicle Stim./Luteinizing Hormones</b>		
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT	Tier 4	
<b>Follicle-Stimulating Hormone (Fsh)</b>		
BRAVELLE INJECTION RECON SOLN 75 UNIT	Tier 4	

Drug	Status	Notes
FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE 300 UNIT/0.36 ML, 600 UNIT/0.72 ML, 900 UNIT/1.08 ML	Tier 4	
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300/0.5 UNIT/ML, 450/0.75 UNIT/ML, 900/1.5 UNIT/ML	Tier 4	
GONAL-F RFF SUBCUTANEOUS RECON SOLN 75 UNIT	Tier 4	
GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT, 450 UNIT	Tier 4	
<b>Human Chorionic Gonadotropin (Hcg)</b>		
<i>chorionic gonadotropin, human injection recon soln 12,000 unit, 6,000 unit</i>	Tier 4	QL (3 EA per 1 FILL)
<i>chorionic gonadotropin, human intramuscular recon soln 10,000 unit</i> (Novarel)	Tier 4	QL (3 EA per 1 FILL)
NOVAREL INTRAMUSCULAR RECON SOLN 10,000 UNIT, 5,000 UNIT	Tier 4	QL (3 EA per 1 FILL)
OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML	Tier 4	
PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT	Tier 4	QL (3 EA per 1 FILL)
<b>Pregnancy Facilitating/Maintaining Agent,Hormonal</b>		
CRINONE VAGINAL GEL 8 %	Tier 4	
ENDOMETRIN VAGINAL INSERT 100 MG	Tier 4	
<b>Endocrine Disorder - Other</b>		
<b>Antidiuretic And Vasopressor Hormones</b>		
<i>desmopressin injection solution 4 mcg/ml</i> (DDAVP)	Tier 1	
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i> (DDAVP)	Tier 1	MO; QL (15 ML per 30 days)
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	Tier 1	MO; QL (15 ML per 30 days)
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)	Tier 1	MO
STIMATE NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	Tier 2	MO
<b>Antineoplastic Lhrh(Gnrh) Agonist,Pituitary Suppr.</b>		
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	Tier 4	PA

Drug	Status	Notes
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
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	Tier 4	PA
<i>leuprolide subcutaneous solution 1 mg/0.2 ml</i>	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
<b>Bone Formation Stim. Agents - Parathyroid Hormone</b>		
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE - 600 MCG/2.4 ML	Tier 4	PA; QL (2.4 ML per 28 days)
<i>teriparatide subcutaneous pen injector 20 mcg/dose - 620 mcg/2.48 ml</i>	Tier 4	PA
<b>Bone Formation Stimulating Agts - Pth Rel Peptides</b>		
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	Tier 4	PA
<b>Bone Resorption Inhibitor &amp; Vitamin D Combinations</b>		
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	Tier 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)
<b>Bone Resorption Inhibitors</b>		
<i>alendronate oral solution 70 mg/75 ml</i>	Tier 1	MO; QL (375 ML per 1 FILL)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>alendronate oral tablet 10 mg, 35 mg</i>	Tier 1	MO
<i>alendronate oral tablet 5 mg</i>	Tier 1	MO; QL (34 EA per 1 FILL)
<i>alendronate oral tablet 70 mg</i> (Fosamax)	Tier 1	MO
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	Tier 1	MO
<i>etidronate disodium oral tablet 200 mg</i>	Tier 1	
<i>ibandronate oral tablet 150 mg</i> (Boniva)	Tier 1	MO; QL (1 EA per 1 FILL)
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	Tier 2	MO
<i>raloxifene oral tablet 60 mg</i> (Evista)	Tier 1	MO
<i>risedronate oral tablet 150 mg</i> (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)
<i>risedronate oral tablet 30 mg</i>	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)
<i>risedronate oral tablet 35 mg</i> (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)
<i>risedronate oral tablet 5 mg</i> (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)
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i> (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

Drug	Status	Notes
<b>Calcimimetic,Parathyroid Calcium Enhancer</b>		
<i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i> (Sensipar)	Tier 4	PA
<b>Growth Hormone Receptor Antagonists</b>		
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	Tier 4	PA
<b>Growth Hormone Releasing Hormone (Ghrh) &amp; Analogs</b>		
EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG	Tier 4	PA; QL (2 EA per 1 day)
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	Tier 4	PA; QL (2 EA per 1 day)
<b>Growth Hormones</b>		
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
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	Tier 4	PA
ZORBTIVE SUBCUTANEOUS RECON SOLN 8.8 MG	Tier 4	PA
<b>Hyperparathyroid Tx Agents - Vitamin D Analog-Type</b>		
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	Tier 1	MO
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar)	Tier 1	MO
<i>paricalcitol oral capsule 4 mcg</i>	Tier 1	MO
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	Tier 3	PA
<b>Insulin-Like Growth Factor-1 (Igf-1) Hormones</b>		
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	Tier 4	PA
<b>Leptin Hormone Analogs</b>		
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	Tier 4	PA; QL (1 EA per 1 day)



Drug	Status	Notes
<b>Lhrh(Gnrh) Agonist Analog Pituitary Suppressants</b>		
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
<b>Lhrh(Gnrh) Antagonist,Pituitary Suppressant Agents</b>		
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	Tier 4	
<i>ganirelix subcutaneous syringe 250 mcg/0.5 ml</i>	Tier 4	
ORILISSA ORAL TABLET 150 MG, 200 MG	Tier 3	PA
<b>Lhrh(Gnrh)Agnst Pit.Sup-Central Precocious Puberty</b>		
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
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	Tier 4	PA
<b>Menopausal Sympt Supp-Sel Estrogen Recep Modulator</b>		
OSPHENA ORAL TABLET 60 MG	Tier 3	QL (30 EA per 30 days)
<b>Pituitary Suppressive Agents</b>		
<i>cabergoline oral tablet 0.5 mg</i>	Tier 1	
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	Tier 1	
<b>Endocrine Disorder - Thyroid Antithyroid Preparations</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i> (Tapazole)	Tier 1	MO
<i>propylthiouracil oral tablet 50 mg</i>	Tier 1	MO
<b>Iodine Containing Agents</b>		
LUGOLS ORAL SOLUTION 5 %	Tier 2	
STRONG IODINE ORAL SOLUTION 5 %	Tier 1	

Drug	Status	Notes
<b>Thyroid Hormones</b>		
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
<i>levothyroxine oral tablet 100 mcg, 112 (Euthyrox) mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Tier 1	MO
<i>levothyroxine oral tablet 300 mcg (Levo-T)</i>	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
<i>liothyronine oral tablet 25 mcg, 5 mcg, (Cytomel) 50 mcg</i>	Tier 1	MO
NATURE-THROID ORAL TABLET 113.75 MG, 130 MG, 146.25 MG, 16.25 MG, 162.5 MG, 195 MG, 260 MG, 32.5 MG, 325 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG	Tier 1	MO
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	Tier 1	MO
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
<i>thyroid (pork) oral tablet 120 mg, 15 mg, (NP Thyroid) 30 mg, 60 mg, 90 mg</i>	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

Drug	Status	Notes
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
WP THYROID ORAL TABLET 113.75 MG, 130 MG, 16.25 MG, 32.5 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG	Tier 1	MO
<b>Eye - General Disorders</b>		
<b>Eye Antibiotic, Glucocorticoid And Nsaid Comb.</b>		
<i>prednisoln sp-gatiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %</i>	Tier 1	QL (3.5 ML per 30 days)
<i>prednisoln sp-moxiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %</i>	Tier 1	QL (8 ML per 30 days)
<i>prednisolone-moxiflo-nepafenac ophthalmic (eye) drops,suspension 1-0.5-0.1 %</i>	Tier 1	QL (8 ML per 30 days)
<b>Eye Antibiotic-Corticoid Combinations</b>		
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> (Neo-Polycin HC)	Tier 1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> (Maxitrol)	Tier 1	

Drug	Status	Notes
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i> (Maxitrol)	Tier 1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	Tier 1	
NEO-POLYCIN HC OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT/G-1%	Tier 1	
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	
<i>prednisolone-moxifloxacin hcl ophthalmic (eye) drops,suspension 1-0.5 %</i>	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	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i> (TobraDex)	Tier 1	
<b>Eye Antihistamines</b>		
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	Tier 1	
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	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)
<i>olopatadine ophthalmic (eye) drops 0.1 %, 0.2 %</i> (Pataday)	Tier 1	
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)
<b>Eye Antiinflammatory Agents</b>		
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %	Tier 3	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	Tier 1	
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	Tier 1	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	Tier 1	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	Tier 3	
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 3	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i> (FML Liquifilm)	Tier 1	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	Tier 1	
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	
<i>ketorolac ophthalmic (eye) drops 0.4 %</i> (Acular LS)	Tier 1	
<i>ketorolac ophthalmic (eye) drops 0.5 %</i> (Acular)	Tier 1	
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %	Tier 3	
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	Tier 3	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i> (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	
<i>prednisolone acetate (pf) ophthalmic (eye) drops,suspension 1 %</i>	Tier 1	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> (Pred Forte)	Tier 1	
<i>prednisolone sod ph-bromfenac ophthalmic (eye) drops 1-0.075 %</i>	Tier 1	QL (3.5 ML per 30 days)
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	Tier 1	

Drug	Status	Notes
<b>Eye Antivirals</b>		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	Tier 1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	Tier 3	QL (5 GM per 1 FILL)
<b>Eye Local Anesthetics</b>		
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	
<i>fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %</i>	Tier 1	
<i>proparacaine ophthalmic (eye) drops 0.5 % (Alcaine)</i>	Tier 1	
<i>tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>tetracaine hcl ophthalmic (eye) drops 0.5 % (Altacaine)</i>	Tier 1	
<b>Eye Sulfonamides</b>		
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	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 % (Bleph-10)</i>	Tier 1	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	Tier 1	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	Tier 1	
<b>Eye Vasoconstrictors (Rx Only)</b>		
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	Tier 1	
<b>Ophthalmic Antibiotics</b>		
AK-POLY-BAC OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM	Tier 1	
AZASITE OPHTHALMIC (EYE) DROPS 1 %	Tier 3	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	Tier 1	

Drug	Status	Notes
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i> (AK-Poly-Bac)	Tier 1	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	Tier 2	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i> (Ciloxan)	Tier 1	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	Tier 1	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i> (Zymaxid)	Tier 1	
GENTAK OPHTHALMIC (EYE) OINTMENT 0.3 % (3 MG/GRAM)	Tier 1	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	Tier 1	QL (15 ML per 1 FILL)
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i> (Vigamox)	Tier 1	
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i> (Moxeza)	Tier 1	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	Tier 2	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> (Neo-Polycin)	Tier 1	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	Tier 1	
NEO-POLYCIN OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT-UNIT/G	Tier 1	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i> (Ocuflox)	Tier 1	QL (15 ML per 10 days)
POLYCIN OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM	Tier 1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i> (Polytrim)	Tier 1	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i> (Tobrex)	Tier 1	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	Tier 3	
<b>Ophthalmic Anti-Inflammatory Immunomodulator-Type</b>		
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %	Tier 3	PA; MO

Drug	Status	Notes
CYCLOSPORINE IN KLARITY OPTHALMIC (EYE) DROPS 0.1-0.25 %	Tier 1	MO
RESTASIS MULTIDOSE OPTHALMIC (EYE) DROPS 0.05 %	Tier 2	PA; MO
RESTASIS OPTHALMIC (EYE) DROPPERETTE 0.05 %	Tier 2	PA; MO; QL (60 EA per 1 FILL)
XIIDRA OPTHALMIC (EYE) DROPPERETTE 5 %	Tier 3	PA; MO
<b>Ophthalmic Mast Cell Stabilizers</b>		
ALOCRILO OPTHALMIC (EYE) DROPS 2 %	Tier 3	
ALOMIDE OPTHALMIC (EYE) DROPS 0.1 %	Tier 2	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	Tier 1	
<b>Eye - Glaucoma</b>		
<b>Carbonic Anhydrase Inhibitors</b>		
<i>acetazolamide oral capsule, extended release 500 mg</i>	Tier 1	MO
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	Tier 1	MO
<i>methazolamide oral tablet 25 mg, 50 mg</i>	Tier 1	MO
<b>Miotics/Other Intraoc. Pressure Reducers</b>		
ALPHAGAN P OPTHALMIC (EYE) DROPS 0.1 %	Tier 3	MO
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	Tier 1	
AZOPT OPTHALMIC (EYE) DROPS,SUSPENSION 1 %	Tier 2	MO
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	Tier 1	MO
BETIMOL OPTHALMIC (EYE) DROPS 0.25 %, 0.5 %	Tier 3	
BETOPTIC S OPTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 2	MO
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	Tier 1	MO
<i>brimonidine ophthalmic (eye) drops 0.15 % (Alphagan P)</i>	Tier 1	MO
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	Tier 1	MO
<i>brimonidine-dorzolamide (pf) ophthalmic (eye) drops 0.15-2 %</i>	Tier 1	MO



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>carteolol ophthalmic (eye) drops 1 %</i>	Tier 1	MO
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	Tier 2	MO
COSOPT OPHTHALMIC (EYE) DROPS 22.3-6.8 MG/ML	Tier 2	MO
<i>dorzolamide ophthalmic (eye) drops 2 %</i> (Trusopt)	Tier 1	MO
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i> (Cosopt (PF))	Tier 1	MO; ST: Prior prescription for Cosopt or Dorzolamide HCL/timolol Maleat in the past 190 days; QL (2 EA per 1 day)
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i> (Cosopt)	Tier 1	MO
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	Tier 2	
ISOPTO CARPINE OPHTHALMIC (EYE) DROPS 1 %, 2 %, 4 %	Tier 2	MO
<i>latanoprost ophthalmic (eye) drops 0.005 %</i> (Xalatan)	Tier 1	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	Tier 1	MO
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	Tier 2	MO; QL (2.5 ML per 25 days)
<i>metipranolol ophthalmic (eye) drops 0.3 %</i>	Tier 1	MO
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	Tier 2	MO
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i> (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)

Drug	Status	Notes
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
<i>timol-brimon-dorzo-latanop(pf)</i> <i>ophthalmic (eye) drops 0.5 %-0.15 %- 2 %-0.005 %</i>	Tier 1	MO
<i>timolol maleate ophthalmic (eye) drops</i> (Timoptic) <i>0.25 %, 0.5 %</i>	Tier 1	MO
<i>timolol maleate ophthalmic (eye) gel</i> (Timoptic-XE) <i>forming solution 0.25 %, 0.5 %</i>	Tier 1	MO
<i>timolol-brimonidi-dorzolam(pf)</i> <i>ophthalmic (eye) drops 0.5-0.15-2 %</i>	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)
<i>travoprost ophthalmic (eye) drops 0.004 %</i> (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)
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)
<b>Mydriatics</b>		
<i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)	Tier 1	MO
<i>atropine ophthalmic (eye) ointment 1 %</i>	Tier 1	

Drug	Status	Notes
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %	Tier 3	
<i>cyclopentolate ophthalmic (eye) drops</i> (Cyclogyl) 0.5 %, 1 %, 2 %	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	
<i>tropicamide ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>tropicamide ophthalmic (eye) drops 1 %</i> (Mydracyl)	Tier 1	
<b>Eye - Miscellaneous</b>		
<b>Artificial Tears</b>		
LACRISERT OPHTHALMIC (EYE) INSERT 5 MG	Tier 3	PA
<b>Eye Preparations, Miscellaneous (Otc)</b>		
GELFILM OPHTHALMIC (EYE) FILM	Tier 3	
<b>Ophthalmic Cystine Depleting Agents</b>		
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	Tier 4	PA
<b>Fluid Replacement</b>		
<b>Iv Solutions: Dextrose-Saline</b>		
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	Tier 1	
<b>Gout And Related Diseases</b>		
<b>Colchicine</b>		
<i>colchicine oral capsule 0.6 mg</i> (Mitigare)	Tier 1	MO; QL (2 EA per 1 day)
<i>colchicine oral tablet 0.6 mg</i> (Colcrys)	Tier 1	MO; QL (4 EA per 1 day)
<b>Hyperuricemia Tx - Purine Inhibitors</b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i> (Zyloprim)	Tier 1	MO
<i>febuxostat oral tablet 40 mg, 80 mg</i> (Uloric)	Tier 1	MO; ST: Prior prescription for Allopurinol in the past 130 days
<b>Uricosuric Agents</b>		
<i>probenecid oral tablet 500 mg</i>	Tier 1	MO
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	Tier 1	MO

Drug	Status	Notes
<b>Uricosuric And Xanthine Oxidase Inhibitor Comb.</b>		
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)
<b>Hematological Disorders</b>		
<b>Anticoagulants, Coumarin Type</b>		
COUMADIN ORAL TABLET 1 MG, 2.5 MG, 7.5 MG	Tier 2	MO
COUMADIN ORAL TABLET 5 MG, 6 MG	Tier 3	MO
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
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> (Jantoven)	Tier 1	MO
<b>Antifibrinolytic Agents</b>		
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i> (Amicar)	Tier 1	QL (450 ML per 30 days)
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i> (Amicar)	Tier 1	
FIBRYGA INTRAVENOUS RECON SOLN 1 GRAM (700 MG- 1,300 MG)	Tier 3	
RIASTAP INTRAVENOUS RECON SOLN 1 GRAM (900MG-1,300MG)	Tier 2	
<i>tranexamic acid oral tablet 650 mg</i> (Lysteda)	Tier 1	
<b>Citrates As Anticoagulants</b>		
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	
<i>anticoag citrate phos dextrose solution 2.63-222 gram-mg/100ml</i>	Tier 1	
<i>sodium citrate intra-catheter syringe 4 % (3 ml)</i>	Tier 1	
<i>sodium citrate solution 4 gram /100 ml (4 %)</i>	Tier 1	
<b>Direct Factor Xa Inhibitors</b>		
BEVYXXA ORAL CAPSULE 40 MG, 80 MG	Tier 3	QL (43 EA per 42 days)

Drug	Status	Notes
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 ORAL TABLET 10 MG, 20 MG	Tier 2	MO; QL (1 EA per 1 day)
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)
XARELTO ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	Tier 2	MO; QL (51 EA per 30 days)
<b>Hematinics,Other</b>		
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

Drug	Status	Notes
<b>Hemorrhologic Agents</b>		
<i>pentoxifylline oral tablet extended release 400 mg</i>	Tier 1	MO
<b>Heparin And Related Preparations</b>		
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i> (Lovenox)	Tier 1	
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i> (Lovenox)	Tier 1	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> (Arixtra)	Tier 1	QL (24 ML per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> (Arixtra)	Tier 1	QL (15 ML per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i> (Arixtra)	Tier 1	QL (12 ML per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i> (Arixtra)	Tier 1	QL (18 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	Tier 2	QL (7.6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML	Tier 2	QL (60 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML	Tier 2	QL (30 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML	Tier 2	QL (36 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML	Tier 2	QL (43.2 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML	Tier 2	QL (12 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML	Tier 2	QL (18 ML per 30 days)
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	Tier 1	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	Tier 1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	Tier 1	
<i>heparin lock flush (porcine) intravenous solution 100 unit/ml</i>	Tier 1	

Drug	Status	Notes
<i>heparin lock flush (porcine) intravenous syringe 10 unit/ml, 100 unit/ml</i>	Tier 1	
HEPARIN LOCK FLUSH INTRAVENOUS SYRINGE 10 UNIT/ML	Tier 1	
HEPARIN LOCK INTRAVENOUS SOLUTION 100 UNIT/ML	Tier 1	
HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML	Tier 1	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	Tier 1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml</i>	Tier 1	
<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>	Tier 1	
<i>heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml</i>	Tier 1	(Heparin LockFlush(Porcine)(PF))
<i>heparin, porcine (pf) subcutaneous syringe 5,000 unit/0.5 ml</i>	Tier 1	
<b>Leukocyte (Wbc) Stimulants</b>		
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 4	PA
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
<b>Platelet Aggregation Inhibitors</b>		
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)

Drug	Status	Notes
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)
ASPIR-81 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)
<i>aspirin oral tablet,chewable 81 mg</i> (Aspirin Childrens)	Tier 1	\$0 COPAY IF AGE 45-79 YEARS; Age (Min 45 Years and Max 79 Years)
<i>aspirin oral tablet,delayed release (dr/ec) 81 mg</i> (Adult Aspirin Regimen)	Tier 1	\$0 COPAY IF AGE 45-79 YEARS; Age (Min 45 Years and Max 79 Years)
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i> (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)
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Tier 1	MO
<i>clopidogrel oral tablet 300 mg</i>	Tier 1	MO; QL (120 EA per 30 days)
<i>clopidogrel oral tablet 75 mg</i> (Plavix)	Tier 1	MO
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 1	MO
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)
<i>prasugrel oral tablet 10 mg, 5 mg</i> (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)



Drug	Status	Notes
<b>Platelet Reducing Agents</b>		
<i>anagrelide oral capsule 0.5 mg</i> (Agrylin)	Tier 1	MO
<i>anagrelide oral capsule 1 mg</i>	Tier 1	MO
<b>Sickle Cell Anemia Agents</b>		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	Tier 2	
<b>Spleen Tyrosine Kinase Inhibitors</b>		
TAVALISSE ORAL TABLET 100 MG, 150 MG	Tier 4	PA
<b>Thrombin Inhibitors, Selective, Direct, &amp; Reversible</b>		
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)
<b>Thrombopoietin Receptor Agonists</b>		
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
<b>Vitamin K Preparations</b>		
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i> (Vitamin K1)	Tier 1	
<i>phytonadione (vitamin k1) injection syringe 1 mg/0.5 ml</i>	Tier 1	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i> (Mephyton)	Tier 1	QL (10 EA per 1 FILL)
VITAMIN K INJECTION SOLUTION 1 MG/0.5 ML	Tier 1	
VITAMIN K1 INJECTION SOLUTION 10 MG/ML	Tier 1	

Drug	Status	Notes
<b>Hormonal Deficiency</b>		
<b>Androgen/Estrogen Preps For Female Sexual Dysfunc</b>		
INTRAROSA VAGINAL INSERT 6.5 MG	Tier 3	QL (1 EA per 1 day)
<b>Androgenic Agents</b>		
ANADROL-50 ORAL TABLET 50 MG	Tier 3	PA
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR	Tier 3	PA
NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION	Tier 3	PA
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i> (Oxandrin)	Tier 1	PA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone)	Tier 1	QL (10 ML per 30 days)
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	Tier 1	QL (5 ML per 30 days)
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i> (Testim)	Tier 1	PA; QL (300 GM per 30 days)
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram lactuation</i> (Fortesta)	Tier 1	PA; QL (4 GM per 1 day)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i> (Vogelxo)	Tier 1	PA; QL (300 GM per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i> (AndroGel)	Tier 1	PA; QL (150 GM per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i> (AndroGel)	Tier 1	PA; QL (150 GM per 30 days)
<i>testosterone transdermal gel in packet 1 % (50 mg/5 gram)</i> (AndroGel)	Tier 1	PA; QL (300 GM per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i> (AndroGel)	Tier 1	PA
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	Tier 1	PA; QL (180 ML per 30 days)
<b>Estrogen &amp; Progestin With Antimineralocorticoid Cb</b>		
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)

Drug	Status	Notes
<b>Estrogen &amp; Selective Estrogen Recept Mod(Serm)Comb</b>		
DUAVEE ORAL TABLET 0.45-20 MG	Tier 2	
<b>Estrogen And Progestin Combinations</b>		
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)
<b>Estrogen/Androgen Combinations</b>		
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
<i>estrogens-methyltestosterone oral tablet</i> (Covaryx H.S.) 0.625-1.25 mg	Tier 1	MO
<i>estrogens-methyltestosterone oral tablet</i> (Covaryx) 1.25-2.5 mg	Tier 1	MO
<b>Estrogenic Agents</b>		
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)

Drug	Status	Notes
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)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> (Estrace)	Tier 1	MO
<i>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</i> (Dotti)	Tier 1	MO; QL (10 EA per 1 FILL)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Climara)	Tier 1	MO; QL (5 EA per 1 FILL)
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i> (Delestrogen)	Tier 1	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i> (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
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> (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

Drug	Status	Notes
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
<b>Lhrh (Gnrh) Agonist Analog And Progestin Comb</b>		
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
<b>Progestational Agents</b>		
CRINONE VAGINAL GEL 4 %	Tier 3	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	Tier 2	
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> (Provera)	Tier 1	MO
<i>norethindrone acetate oral tablet 5 mg</i> (Aygestin)	Tier 1	MO
<i>progesterone intramuscular oil 50 mg/ml</i>	Tier 1	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)	Tier 1	MO
<b>Immunization</b>		
<b>Antisera</b>		
BIVIGAM INTRAVENOUS SOLUTION 10 %	Tier 4	
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

Drug	Status	Notes
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	
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	

Drug	Status	Notes
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
<b>Influenza Virus Vaccines</b>		
AFLURIA QD 2019-20(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Tier 3	
AFLURIA QD 2019-20(6-35MO)(PF) INTRAMUSCULAR SYRINGE 30 MCG (7.5 MCG X 4)/0.25 ML	Tier 3	
AFLURIA QUAD 2019-20(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	Tier 3	
FLUARIX QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Tier 3	
FLUBLOK QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	Tier 3	
FLUCELVAX QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Tier 3	
FLUCELVAX QUAD 2019-2020 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	Tier 3	
FLULAVAL QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Tier 3	
FLULAVAL QUAD 2019-2020 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	Tier 3	
FLUZONE QUAD 2019-2020 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	Tier 3	

Drug	Status	Notes
FLUZONE QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Tier 3	
FLUZONE QUAD 2019-2020 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	Tier 3	
FLUZONE QUAD PEDI 2019-20 (PF) INTRAMUSCULAR SYRINGE 30 MCG (7.5 MCG X 4)/0.25 ML	Tier 3	
<b>Vaccine/Toxoid</b>		
<b>Preparations, Combinations</b>		
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)
<b>Viral/Tumorigenic Vaccines</b>		
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)
<b>Immunosuppression/Modulation</b>		
<b>Immunomodulators</b>		
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML	Tier 4	
<i>imiquimod topical cream in packet 5 %</i> (Aldara)	Tier 1	QL (24 EA per 30 days)
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	Tier 4	PA
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	Tier 4	PA



Drug	Status	Notes
<b>Immunosuppressives</b>		
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
<i>azathioprine oral tablet 50 mg</i> (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
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i> (Gengraf)	Tier 1	MO
<i>cyclosporine modified oral capsule 50 mg</i>	Tier 1	MO
<i>cyclosporine modified oral solution 100 mg/ml</i> (Gengraf)	Tier 1	MO
<i>cyclosporine oral capsule 100 mg, 25 mg</i> (Sandimmune)	Tier 1	MO
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	Tier 3	MO
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i> (Zortress)	Tier 1	MO
GENGRAF ORAL CAPSULE 100 MG, 25 MG	Tier 1	MO
GENGRAF ORAL SOLUTION 100 MG/ML	Tier 1	MO
<i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept)	Tier 1	MO
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept)	Tier 1	MO
<i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept)	Tier 1	MO
<i>mycophenolate sodium oral tablet,delayed release (drlec) 180 mg, 360 mg</i> (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)

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

Drug	Status	Notes
<i>cefaclor oral suspension for reconstitution 375 mg/5 ml</i>	Tier 1	QL (100 ML per 1 FILL)
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	Tier 1	QL (20 EA per 10 days)
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>cefuroxime axetil oral tablet 250 mg</i>	Tier 1	
<i>cefuroxime axetil oral tablet 500 mg</i>	Tier 1	QL (3 EA per 1 day)
<b>Cephalosporins - 3Rd Generation</b>		
<i>cefdinir oral capsule 300 mg</i>	Tier 1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>cefditoren pivoxil oral tablet 200 mg</i>	Tier 1	QL (20 EA per 10 days)
<i>cefditoren pivoxil oral tablet 400 mg</i> (Spectracef)	Tier 1	QL (2 EA per 1 day)
<i>cefixime oral capsule 400 mg</i> (Suprax)	Tier 1	QL (1 EA per 1 day)
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Suprax)	Tier 1	QL (150 ML per 1 FILL)
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	Tier 1	QL (200 ML per 1 FILL)
<i>cefpodoxime oral tablet 100 mg</i>	Tier 1	
<i>cefpodoxime oral tablet 200 mg</i>	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)
<b>Chemotherapeutics, Antibacterial, Misc.</b>		
HYOPHEN ORAL TABLET 81.6-0.12-10.8 MG	Tier 1	
<i>methenamine hippurate oral tablet 1 gram</i> (Hiprex)	Tier 1	
<i>methenamine mandelate oral tablet 0.5 g, 1 gram</i>	Tier 1	
<i>methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg</i> (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	
<i>trimethoprim oral tablet 100 mg</i>	Tier 1	

Drug	Status	Notes
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	
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	
URLY 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	
<b>Macrolides</b>		
<i>azithromycin oral packet 1 gram</i> (Zithromax)	Tier 1	QL (3 EA per 1 FILL)
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Zithromax)	Tier 1	
<i>azithromycin oral tablet 250 mg, 500 mg</i> (Zithromax)	Tier 1	
<i>azithromycin oral tablet 600 mg</i>	Tier 1	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	QL (300 ML per 1 FILL)
<i>clarithromycin oral tablet 250 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>clarithromycin oral tablet 500 mg</i>	Tier 1	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	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)

Drug	Status	Notes
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)
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> (E.E.S. Granules)	Tier 1	QL (400 ML per 1 FILL); Age (Max 12 Years)
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i> (EryPed 400)	Tier 1	QL (400 ML per 1 FILL); Age (Max 12 Years)
<i>erythromycin ethylsuccinate oral tablet 400 mg</i> (E.E.S. 400)	Tier 1	QL (4 EA per 1 day)
<i>erythromycin oral capsule, delayed release(drlec) 250 mg</i>	Tier 1	QL (120 EA per 30 days)
<i>erythromycin oral tablet, delayed release (drlec) 250 mg</i> (Ery-Tab)	Tier 1	QL (120 EA per 30 days)
<i>erythromycin oral tablet, delayed release (drlec) 333 mg</i> (Ery-Tab)	Tier 1	QL (6 EA per 1 day)
<i>erythromycin oral tablet, delayed release (drlec) 500 mg</i> (Ery-Tab)	Tier 1	QL (60 EA per 30 days)
<b>Nitrofurantoin Derivatives</b>		
<i>nitrofurantoin macrocrystal oral capsule 100 mg</i> (Macrochantin)	Tier 1	MO; QL (4 EA per 1 day)
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i> (Macrochantin)	Tier 1	MO; QL (2 EA per 1 day)
<i>nitrofurantoin macrocrystal oral capsule 50 mg</i> (Macrochantin)	Tier 1	MO
<i>nitrofurantoin monohydr/m-cryst oral capsule 100 mg</i> (Macrobid)	Tier 1	MO
<i>nitrofurantoin oral suspension 25 mg/5 ml</i> (Furadantin)	Tier 1	ST: Prior prescription for Nitrofurantoin capsules in the past 365 days if 13 years of age or older
<b>Oxazolidinones</b>		
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i> (Zyvox)	Tier 1	Age (Max 11 Years)
<i>linezolid oral tablet 600 mg</i> (Zyvox)	Tier 1	QL (2 EA per 1 day)
SIVEXTRO ORAL TABLET 200 MG	Tier 2	PA
<b>Penicillins</b>		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	Tier 1	

Drug	Status	Notes
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	
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	
<b>Pleuromutilin Derivatives</b>		
XENLETA ORAL TABLET 600 MG	Tier 3	PA; QL (10 EA per 5 days)
<b>Quinolones</b>		
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)

Drug	Status	Notes
CIPRO XR ORAL TABLET, ER MULTIPHASE 24 HR 500 MG	Tier 2	QL (2 EA per 1 day)
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> (Cipro)	Tier 1	
<i>ciprofloxacin hcl oral tablet 750 mg</i>	Tier 1	
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i> (Cipro)	Tier 1	QL (200 ML per 1 FILL)
FACTIVE ORAL TABLET 320 MG	Tier 3	QL (7 EA per 1 FILL)
<i>levofloxacin oral solution 250 mg/10 ml</i>	Tier 1	QL (300 ML per 1 FILL)
<i>levofloxacin oral tablet 250 mg</i>	Tier 1	QL (34 EA per 1 FILL)
<i>levofloxacin oral tablet 500 mg, 750 mg</i> (Levaquin)	Tier 1	QL (34 EA per 1 FILL)
<i>moxifloxacin oral tablet 400 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>ofloxacin oral tablet 300 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>ofloxacin oral tablet 400 mg</i>	Tier 1	QL (28 EA per 14 days)
<b>Tetracyclines</b>		
<i>demeclocycline oral tablet 150 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>demeclocycline oral tablet 300 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i> (Morgidox)	Tier 1	
<i>doxycycline hyclate oral tablet 100 mg</i>	Tier 1	
<i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxyne NL)	Tier 1	
<i>doxycycline monohydrate oral capsule 50 mg</i> (Monodox)	Tier 1	
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i> (Vibramycin)	Tier 1	QL (240 ML per 1 FILL)
<i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)	Tier 1	
<i>doxycycline monohydrate oral tablet 150 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral tablet 50 mg, 75 mg</i>	Tier 1	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 1	
MONDOXYNE NL ORAL CAPSULE 100 MG	Tier 1	
NUZYRA ORAL TABLET 150 MG	Tier 3	PA
<i>tetracycline oral capsule 250 mg, 500 mg</i>	Tier 1	QL (4 EA per 1 day)
VIBRAMYCIN ORAL SYRUP 50 MG/5 ML	Tier 3	

Drug	Status	Notes
<b>Infectious Disease - Fungal</b>		
<b>Antifungal Agents</b>		
<i>clotrimazole mucous membrane troche</i> 10 mg	Tier 1	
CRESEMBA ORAL CAPSULE 186 MG	Tier 3	PA
<i>fluconazole oral suspension for reconstitution</i> 10 mg/ml, 40 mg/ml (Diflucan)	Tier 1	
<i>fluconazole oral tablet</i> 100 mg, 150 mg (Diflucan)	Tier 1	QL (3 EA per 1 day)
<i>fluconazole oral tablet</i> 200 mg (Diflucan)	Tier 1	QL (4 EA per 1 day)
<i>fluconazole oral tablet</i> 50 mg (Diflucan)	Tier 1	
<i>flucytosine oral capsule</i> 250 mg, 500 mg (Ancobon)	Tier 1	PA
<i>itraconazole oral capsule</i> 100 mg (Sporanox)	Tier 1	QL (4 EA per 1 day)
<i>itraconazole oral solution</i> 10 mg/ml (Sporanox)	Tier 1	QL (600 ML per 30 days)
<i>ketoconazole oral tablet</i> 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)
<i>posaconazole oral tablet, delayed release (drlec)</i> 100 mg (Noxafil)	Tier 1	PA
<i>terbinafine hcl oral tablet</i> 250 mg	Tier 1	
<i>voriconazole oral suspension for reconstitution</i> 200 mg/5 ml (40 mg/ml) (Vfend)	Tier 1	QL (75 ML per 7 days)
<i>voriconazole oral tablet</i> 200 mg, 50 mg (Vfend)	Tier 1	QL (4 EA per 1 day)
<b>Antifungal Antibiotics</b>		
<i>griseofulvin microsize oral suspension</i> 125 mg/5 ml	Tier 1	QL (480 ML per 1 FILL)
<i>griseofulvin microsize oral tablet</i> 500 mg	Tier 1	QL (2 EA per 1 day)
<i>griseofulvin ultramicrosize oral tablet</i> 125 mg, 250 mg	Tier 1	QL (3 EA per 1 day)
<i>nystatin oral suspension</i> 100,000 unit/ml	Tier 1	
<i>nystatin oral tablet</i> 500,000 unit	Tier 1	
<b>Infectious Disease - Miscellaneous</b>		
<b>Aminoglycosides</b>		
<i>amikacin injection solution</i> 1,000 mg/4 ml, 500 mg/2 ml	Tier 1	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	Tier 4	PA
<i>gentamicin injection solution</i> 40 mg/ml	Tier 1	
<i>neomycin oral tablet</i> 500 mg	Tier 1	



Drug	Status	Notes
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	Tier 4	PA
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi)	Tier 4	PA; MO; QL (280 ML per 56 days)
<b>Antileprotics</b>		
<i>dapsone oral tablet 100 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>dapsone oral tablet 25 mg</i>	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)
<b>Anti-Mycobacterium Agents</b>		
<i>ethambutol oral tablet 100 mg</i>	Tier 1	
<i>ethambutol oral tablet 400 mg</i> (Myambutol)	Tier 1	
<i>isoniazid oral solution 50 mg/5 ml</i>	Tier 1	QL (946 ML per 30 days)
<i>isoniazid oral tablet 100 mg, 300 mg</i>	Tier 1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	Tier 3	PA
<i>pyrazinamide oral tablet 500 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>rifabutin oral capsule 150 mg</i> (Mycobutin)	Tier 1	QL (60 EA per 30 days)
TRECTOR ORAL TABLET 250 MG	Tier 3	QL (4 EA per 1 day)
<b>Antitubercular Antibiotics</b>		
<i>cycloserine oral capsule 250 mg</i>	Tier 1	PA
<i>pretomanid oral tablet 200 mg</i>	Tier 3	QL (1 EA per 1 day)
PRIFTIN ORAL TABLET 150 MG	Tier 2	QL (32 EA per 28 days)
<i>rifampin oral capsule 150 mg</i> (Rifadin)	Tier 1	QL (4 EA per 1 day)
<i>rifampin oral capsule 300 mg</i> (Rifadin)	Tier 1	
RIFATER ORAL TABLET 50-120-300 MG	Tier 3	QL (6 EA per 1 day)
SIRTURO ORAL TABLET 100 MG	Tier 4	PA
<b>Lincosamides</b>		
<i>clindamycin hcl oral capsule 150 mg, 300 mg</i> (Cleocin HCl)	Tier 1	
<i>clindamycin hcl oral capsule 75 mg</i> (Cleocin HCl)	Tier 1	QL (4 EA per 1 day)
<i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml</i> (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)
<b>Polymyxin And Derivatives</b>		
<i>colistin (colistimethate na) injection recon soln 150 mg</i> (Coly-Mycin M Parenteral)	Tier 1	

Drug	Status	Notes
<b>Rifamycins And Related Derivative Antibiotics</b>		
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
<b>Vancomycin And Derivatives</b>		
FIRVANQ ORAL RECON SOLN 25 MG/ML, 50 MG/ML	Tier 3	QL (450 ML per 10 days)
<i>vancomycin hcl in water intravenous solution 100 mg/ml</i>	Tier 1	
<i>vancomycin oral capsule 125 mg</i> (Vancocin)	Tier 1	QL (4 EA per 1 day)
<i>vancomycin oral capsule 250 mg</i> (Vancocin)	Tier 1	QL (8 EA per 1 day)
<b>Infectious Disease - Parasitic</b>		
<b>2Nd Gen. Anaerobic Antiprotozoal-Antibacterial</b>		
<i>tinidazole oral tablet 250 mg, 500 mg</i>	Tier 1	QL (4 EA per 1 day)
<b>Amebacides</b>		
<i>paromomycin oral capsule 250 mg</i>	Tier 1	QL (96 EA per 6 days)
<b>Anaerobic Antiprotozoal-Antibacterial Agents</b>		
<i>metronidazole oral capsule 375 mg</i> (Flagyl)	Tier 1	QL (8 EA per 1 day)
<i>metronidazole oral tablet 250 mg, 500 mg</i> (Flagyl)	Tier 1	
<b>Anthelmintics</b>		
<i>albendazole oral tablet 200 mg</i> (Albenza)	Tier 1	PA
EGATEN ORAL TABLET 250 MG	Tier 3	PA
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	Tier 1	
<i>praziquantel oral tablet 600 mg</i> (Biltricide)	Tier 1	PA
<b>Antimalarial Drugs</b>		
ARAKODA ORAL TABLET 100 MG	Tier 3	ST: Prior prescription for Atovaquone/proguanil HCL, Hydroxychloroquine Sulfate, or Mefloquine HCL in the past 365 days

Drug	Status	Notes
<i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone)	Tier 1	QL (4 EA per 1 day)
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric)	Tier 1	QL (3 EA per 1 day)
<i>chloroquine phosphate oral tablet 250 mg</i>	Tier 1	
<i>chloroquine phosphate oral tablet 500 mg</i>	Tier 1	QL (30 EA per 28 days)
COARTEM ORAL TABLET 20-120 MG	Tier 2	QL (24 EA per 3 days)
<i>hydroxychloroquine oral tablet 200 mg</i> (Plaquenil)	Tier 1	MO
KRINTAFEL ORAL TABLET 150 MG	Tier 3	QL (4 EA per 1 FILL)
<i>mefloquine oral tablet 250 mg</i>	Tier 1	
<i>primaquine oral tablet 26.3 mg</i>	Tier 2	
<i>pyrimethamine oral tablet 25 mg</i> (Daraprim)	Tier 4	PA
<i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)	Tier 1	QL (42 EA per 7 days)
<b>Antiparasitics</b>		
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)
<b>Antiprotozoal Drugs, Miscellaneous</b>		
<i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron)	Tier 1	QL (10 ML per 1 day)
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	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)
<i>pentamidine inhalation recon soln 300 mg</i> (Nebupent)	Tier 1	QL (1 EA per 1 FILL)
<b>Infectious Disease - Viral</b>		
<b>Antiretroviral-Integrase Inhibitor And Nrti Comb.</b>		
JULUCA ORAL TABLET 50-25 MG	Tier 2	QL (1 EA per 1 day)
<b>Antiretroviral-Integrase Inhibitor And Nrti Comb.</b>		
DOVATO ORAL TABLET 50-300 MG	Tier 3	QL (1 EA per 1 day)
<b>Antiretroviral-Nucleoside, Nucleotide, Protease Inh.</b>		
SYMTUZA ORAL TABLET 800-150-200-10 MG	Tier 2	QL (1 EA per 1 day)
<b>Antivirals, General</b>		
<i>acyclovir oral capsule 200 mg</i>	Tier 1	

Drug	Status	Notes
<i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)	Tier 1	QL (750 ML per 30 days)
<i>acyclovir oral tablet 400 mg, 800 mg</i>	Tier 1	
<i>famciclovir oral tablet 125 mg, 500 mg</i>	Tier 1	QL (21 EA per 1 FILL)
<i>famciclovir oral tablet 250 mg</i>	Tier 1	QL (68 EA per 1 FILL)
<i>oseltamivir oral capsule 30 mg</i> (Tamiflu)	Tier 1	QL (40 EA per 183 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i> (Tamiflu)	Tier 1	QL (20 EA per 183 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (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 (40 EA per 183 days)
<i>rimantadine oral tablet 100 mg</i> (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)
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	Tier 1	QL (34 EA per 1 FILL)
<i>valganciclovir oral recon soln 50 mg/ml</i> (Valcyte)	Tier 1	Age (Max 16 Years)
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	Tier 1	QL (4 EA per 1 day)
XOFLUZA ORAL TABLET 20 MG, 40 MG	Tier 3	QL (4 EA per 180 days)
<b>Antivirals, Hiv-Spec, Non-Peptidic Protease Inhib</b>		
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)
<b>Antivirals, Hiv-Spec, Nucleoside- Nucleotide Analog</b>		
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)

Drug	Status	Notes
<b>Antivirals, Hiv-Spec., Nucleoside Analog, Rti Comb</b>		
<i>abacavir-lamivudine oral tablet 600-300 mg</i> (Epzicom)	Tier 1	QL (30 EA per 30 days)
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i> (Trizivir)	Tier 1	PA
<i>lamivudine-zidovudine oral tablet 150-300 mg</i> (Combivir)	Tier 1	QL (60 EA per 30 days)
<b>Antivirals, Hiv-Specific, Ccr5 Co-Receptor Antag.</b>		
SELZENTRY ORAL SOLUTION 20 MG/ML	Tier 2	PA
SELZENTRY ORAL TABLET 150 MG, 25 MG, 300 MG, 75 MG	Tier 2	PA
<b>Antivirals, Hiv-Specific, Fusion Inhibitors</b>		
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)
<b>Antivirals, Hiv-Specific, Non-Nucleoside, Rti</b>		
EDURANT ORAL TABLET 25 MG	Tier 2	PA
<i>efavirenz oral capsule 200 mg</i> (Sustiva)	Tier 1	QL (3 EA per 1 day)
<i>efavirenz oral capsule 50 mg</i> (Sustiva)	Tier 1	QL (6 EA per 1 day)
<i>efavirenz oral tablet 600 mg</i> (Sustiva)	Tier 1	QL (1 EA per 1 day)
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG	Tier 2	PA
<i>nevirapine oral suspension 50 mg/5 ml</i> (Viramune)	Tier 1	QL (1200 ML per 30 days)
<i>nevirapine oral tablet 200 mg</i> (Viramune)	Tier 1	QL (60 EA per 30 days)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i> (Viramune XR)	Tier 1	QL (1 EA per 1 day)
PIFELTRO ORAL TABLET 100 MG	Tier 2	
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)
<b>Antivirals, Hiv-Specific, Nucleoside Analog, Rti</b>		
<i>abacavir oral solution 20 mg/ml</i> (Ziagen)	Tier 1	QL (900 ML per 30 days); Age (Max 12 Years)
<i>abacavir oral tablet 300 mg</i> (Ziagen)	Tier 1	QL (60 EA per 30 days)

Drug	Status	Notes
<i>didanosine oral capsule, delayed release(drlec) 250 mg, 400 mg</i>	Tier 1	QL (1 EA per 1 day)
EMTRIVA ORAL CAPSULE 200 MG	Tier 2	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	Tier 2	QL (720 ML per 30 days)
<i>lamivudine oral solution 10 mg/ml</i> (EpiVir)	Tier 1	QL (900 ML per 30 days)
<i>lamivudine oral tablet 150 mg</i> (EpiVir)	Tier 1	QL (60 EA per 30 days)
<i>lamivudine oral tablet 300 mg</i> (EpiVir)	Tier 1	QL (30 EA per 30 days)
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	Tier 1	QL (180 EA per 30 days)
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	Tier 1	QL (1800 ML per 30 days)
<i>zidovudine oral tablet 300 mg</i>	Tier 1	QL (60 EA per 30 days)
<b>Antivirals, Hiv-Specific, Nucleotide Analog, Rti</b>		
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (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)
<b>Antivirals, Hiv-Specific, Protease Inhibitor Comb</b>		
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)
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)	Tier 1	QL (390 ML per 30 days)
<b>Antivirals, Hiv-Specific, Protease Inhibitors</b>		
<i>atazanavir oral capsule 150 mg, 200 mg</i> (Reyataz)	Tier 1	QL (2 EA per 1 day)
<i>atazanavir oral capsule 300 mg</i> (Reyataz)	Tier 1	QL (1 EA per 1 day)
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	Tier 2	QL (6 EA per 1 day)
EVOTAZ ORAL TABLET 300-150 MG	Tier 3	QL (1 EA per 1 day)
<i>fosamprenavir oral tablet 700 mg</i> (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

Drug	Status	Notes
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)
<i>ritonavir oral tablet 100 mg</i> (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)
<b>Antivirals,Hiv-1 Integrase Strand Transfer Inhibitr</b>		
ISENTRESS HD ORAL TABLET 600 MG	Tier 2	QL (2 EA per 1 day)
ISENTRESS ORAL POWDER IN PACKET 100 MG	Tier 2	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET 400 MG	Tier 2	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	Tier 2	QL (6 EA per 1 day)
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	Tier 2	PA
<b>Arv Cmb Nucleoside,Nucleotide,&amp;Non- Nucleoside Rti</b>		
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	
ODEFSEY ORAL TABLET 200-25-25 MG	Tier 2	PA
SYMFI LO ORAL TABLET 400-300-300 MG	Tier 2	QL (1 EA per 1 day)
SYMFI ORAL TABLET 600-300-300 MG	Tier 2	QL (1 EA per 1 day)
<b>Arv Cmb-Nrti,N(T)Rti, Integrase Inhibitor</b>		
BIKTARVY ORAL TABLET 50-200-25 MG	Tier 2	QL (1 EA per 1 day)
GENVOYA ORAL TABLET 150-150- 200-10 MG	Tier 2	QL (1 EA per 1 day)
STRIBILD ORAL TABLET 150-150-200- 300 MG	Tier 2	QL (30 EA per 30 days)
<b>Arv Comb-Nrtis &amp; Integrase Inhibitor</b>		
TRIUMEQ ORAL TABLET 600-50-300 MG	Tier 2	QL (1 EA per 1 day)

Drug	Status	Notes
<b>Cytochrome P450 Inhibitors</b>		
TYBOST ORAL TABLET 150 MG	Tier 2	PA; QL (1 EA per 1 day)
<b>Hep C - Ns5a, Ns3/4A, Nucleotide Ns5b Inhib Combo</b>		
VOSEVI ORAL TABLET 400-100-100 MG	Tier 4	PA
<b>Hep C Virus - Ns5a &amp; Ns5b Polymerase Inhib. Combo.</b>		
EPCLUSA ORAL TABLET 400-100 MG	Tier 4	PA
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	Tier 4	PA
<b>Hepatitis B Treatment Agents</b>		
<i>adefovir oral tablet 10 mg</i> (Hepsera)	Tier 4	QL (1 EA per 1 day)
BARACLUDGE ORAL SOLUTION 0.05 MG/ML	Tier 4	QL (20 ML per 1 day); Age (Max 12 Years)
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (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)
<i>lamivudine oral tablet 100 mg</i> (EpiVir HBV)	Tier 1	QL (1 EA per 1 day)
VEMLIDY ORAL TABLET 25 MG	Tier 4	QL (1 EA per 1 day)
<b>Hepatitis C Treatment Agents</b>		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Tier 4	PA
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	Tier 4	PA
<i>ribavirin oral capsule 200 mg</i>	Tier 1	QL (7 EA per 1 day)
<i>ribavirin oral tablet 200 mg</i>	Tier 1	QL (6 EA per 1 day)
<b>Hepatitis C Virus- Ns5a And Ns3/4A Inhibitor Comb</b>		
MAVYRET ORAL TABLET 100-40 MG	Tier 4	PA
ZEPATIER ORAL TABLET 50-100 MG	Tier 4	PA
<b>Inflammatory Disease</b>		
<b>Anti-Arthritic And Chelating Agents</b>		
D-PENAMINE ORAL TABLET 125 MG	Tier 4	PA
<i>penicillamine oral tablet 250 mg</i> (Depen Titratabs)	Tier 4	PA
<b>Anti-Arthritic, Folate Antagonist Agents</b>		
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML	Tier 3	ST: Prior prescription for Methotrexate Sodium, Rheumatrex, or Trexall in the past 130 days; QL (1.6 ML per 28 days)



Drug	Status	Notes
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)
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)

Drug	Status	Notes
<b>Anti-Flam. Interleukin-1 Receptor Antagonist</b>		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	Tier 4	PA
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	Tier 4	PA
<b>Anti-Inflammatory Tumor Necrosis Factor Inhibitor</b>		
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
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 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

Drug	Status	Notes
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	Tier 4	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	Tier 4	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Tier 2	PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	Tier 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)
<b>Anti-Inflammatory, Pyrimidine Synthesis Inhibitor</b>		
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	Tier 1	MO
<b>Anti-Inflammatory, Phosphodiesterase- 4(Pde4) Inhib.</b>		
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
<b>Antinflammatory, Sel.Costim.Mod., T- Cell Inhibitor</b>		
ORENCIA (WITH MALTOSÉ) 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)
<b>Bradykinin B2 Receptor Antagonists</b>		
<i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Firazyr)	Tier 4	PA; QL (9 ML per 365 days)
<b>C1 Esterase Inhibitors</b>		
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	Tier 4	PA; QL (4 EA per 365 days)

Drug	Status	Notes
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)
<b>Glucocorticoids</b>		
A-HYDROCORT INJECTION RECON SOLN 100 MG	Tier 1	
<i>betamethasone acet,sod phos injection suspension 6 mg/ml</i> (Celestone Soluspan)	Tier 1	
<i>budesonide oral capsule, delayed, extend.release 3 mg</i> (Entocort EC)	Tier 1	
<i>budesonide oral tablet, delayed and ext.release 9 mg</i> (Uceris)	Tier 1	ST: Prior prescription for Apriso, Balsalazide Disodium, or Mesalamine in the past 190 days; QL (1 EA per 1 day)
<i>cortisone oral tablet 25 mg</i>	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	
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	Tier 2	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	Tier 1	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	Tier 1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 4 mg, 6 mg</i> (Decadron)	Tier 1	
<i>dexamethasone oral tablet 1 mg, 1.5 mg, 2 mg</i>	Tier 1	
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	Tier 1	
<i>dexamethasone sodium phos (pf) injection syringe 10 mg/ml</i>	Tier 1	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	Tier 1	
<i>dexamethasone sodium phosphate injection syringe 4 mg/ml</i>	Tier 1	

Drug	Status	Notes
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	Tier 4	PA
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG	Tier 4	PA
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (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	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i> (Depo-Medrol)	Tier 1	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Medrol)	Tier 1	
<i>methylprednisolone oral tablets, dose pack 4 mg</i> (Medrol (Pak))	Tier 1	
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	Tier 1	
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg, 500 mg</i> (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	
<i>prednisolone oral solution 15 mg/5 ml</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml)</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution 20 mg/5 ml (4 mg/ml)</i> (Veripred 20)	Tier 1	
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred)	Tier 1	
<i>prednisolone sodium phosphate oral tablet, disintegrating 10 mg, 15 mg, 30 mg</i> (Orapred ODT)	Tier 1	
PREDNISONONE INTENSOL ORAL CONCENTRATE 5 MG/ML	Tier 2	
<i>prednisone oral solution 5 mg/5 ml</i>	Tier 1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	Tier 1	

Drug	Status	Notes
<i>prednisone oral tablets, dose pack 10 mg, 5 mg</i>	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	
<i>triamcinolone acetonide injection suspension 40 mg/ml</i> (Kenalog)	Tier 1	
<b>Gold Salts</b>		
RIDAURA ORAL CAPSULE 3 MG	Tier 2	
<b>Immunomodulator, B-Lymphocyte Stim(Blys)-Spec Inhib</b>		
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
<b>Interleukin-6 (Il-6) Receptor Inhibitors</b>		
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
<b>Janus Kinase (Jak) Inhibitors</b>		
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

Drug	Status	Notes
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	Tier 4	PA
<b>Mineralocorticoids</b>		
<i>fludrocortisone oral tablet 0.1 mg</i>	Tier 1	MO
<b>Monoclonal Antibody-Human Interleukin 12/23 Inhib</b>		
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
<b>Nsaids (Cox Non-Specific Inhib)&amp; Prostaglandin Cmb</b>		
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg- mcg</i> (Arthrotec 50)	Tier 1	
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg- mcg</i> (Arthrotec 75)	Tier 1	
<b>Nsaids, Cyclooxygenase 2 Inhibitor - Type</b>		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (Celebrex)	Tier 1	MO
<b>Nsaids, Cyclooxygenase Inhibitor-Type</b>		
<i>diclofenac potassium oral tablet 50 mg</i>	Tier 1	MO
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i> (Voltaren-XR)	Tier 1	MO
<i>diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	Tier 1	MO
EC-NAPROXEN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG, 500 MG	Tier 1	MO
<i>etodolac oral capsule 200 mg, 300 mg</i>	Tier 1	MO
<i>etodolac oral tablet 400 mg</i> (Lodine)	Tier 1	MO
<i>etodolac oral tablet 500 mg</i>	Tier 1	MO
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	Tier 1	MO
<i>flurbiprofen oral tablet 100 mg</i>	Tier 1	MO
IBU ORAL TABLET 400 MG, 600 MG, 800 MG	Tier 1	MO

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



Drug	Status	Notes
<i>tolmetin oral capsule 400 mg</i>	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
<i>tolmetin oral tablet 200 mg, 600 mg</i>	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
<b>Plasma Kallikrein Inhibitors</b>		
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (1 ML)	Tier 4	PA
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	Tier 4	PA
<b>Local Anesthesia</b>		
<b>Local Anesthetics</b>		
<i>lidocaine hcl mucous membrane jelly 2 %</i>	Tier 1	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	Tier 1	QL (100 ML per 1 FILL)
LIDOCAINE VISCOUS MUCOUS MEMBRANE SOLUTION 2 %	Tier 1	
<b>Lower Gastrointestinal Disorders -</b>		
<b>Bowel Inflammation</b>		
<b>Bowel Antiinflammatory Agents</b>		
<i>sulfadiazine oral tablet 500 mg</i>	Tier 1	

Drug	Status	Notes
<b>Chronic Inflam. Colon Dx, 5-A-Salicylat,Rectal Tx</b>		
<i>mesalamine rectal enema 4 gram/60 ml</i> (Rowasa)	Tier 1	MO
<i>mesalamine rectal suppository 1,000 mg</i> (Canasa)	Tier 1	MO
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i> (Rowasa)	Tier 1	MO; QL (4 EA per 28 days)
<b>Drug Tx-Chronic Inflam. Colon Dx,5-Aminosalicilat</b>		
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR 0.375 GRAM	Tier 2	MO
<i>balsalazide oral capsule 750 mg</i> (Colazal)	Tier 1	
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i> (Delzicol)	Tier 1	MO; QL (6 EA per 1 day)
<i>mesalamine oral capsule,extended release 24hr 0.375 gram</i> (Apriso)	Tier 1	MO
<i>mesalamine oral tablet,delayed release (dr/ec) 1.2 gram</i> (Lialda)	Tier 1	MO
<i>mesalamine oral tablet,delayed release (dr/ec) 800 mg</i> (Asacol HD)	Tier 1	MO; ST: Prior prescription for Apriso, Balsalazide Disodium, or Mesalamine in the past 190 days
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG	Tier 3	MO; ST: Prior prescription for Apriso, Balsalazide Disodium, or Mesalamine in the past 190 days
<i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)	Tier 1	MO
<i>sulfasalazine oral tablet,delayed release (dr/ec) 500 mg</i> (Azulfidine EN-tabs)	Tier 1	MO
<b>Hemorrhoidal Prep, Anti-Infam Steroid/Local Anesth</b>		
ANA-LEX KIT RECTAL KIT 2-2 %	Tier 1	
<i>hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %</i> (Analpram-HC)	Tier 1	
<i>hydrocortisone-pramoxine rectal cream 2.5-1 % (4g)</i> (Analpram-HC Singles)	Tier 1	
<i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</i>	Tier 1	QL (14 GM per 1 day)
<i>lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram)</i>	Tier 1	
<i>lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %, 3-1 % (7 gram)</i>	Tier 1	QL (1 EA per 1 FILL)
<i>lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %</i>	Tier 1	

Drug	Status	Notes
<i>lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)</i>	Tier 1	
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	
<b>Ibs Agents, Mixed Opioid Recept Agonists/Antagonists</b>		
VIBERZI ORAL TABLET 100 MG, 75 MG	Tier 3	PA
<b>Irritable Bowel Agents, Guanylate Cylase-C Agonist</b>		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	Tier 2	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)
<b>Local Anorectal Nitrate Preparations</b>		
RECTIV RECTAL OINTMENT 0.4 % (W/W)	Tier 3	QL (30 GM per 30 days)
<b>Rectal Preparations</b>		
ANUCORT-HC RECTAL SUPPOSITORY 25 MG	Tier 1	
ANUSOL-HC RECTAL SUPPOSITORY 25 MG	Tier 2	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	Tier 2	
<i>hydrocortisone acetate rectal suppository 25 mg</i> (Anucort-HC)	Tier 1	
<i>hydrocortisone acetate rectal suppository 30 mg</i> (Proctocort)	Tier 1	
PROCTOCORT RECTAL SUPPOSITORY 30 MG	Tier 2	
<b>Rectal/Lower Bowel Prep., Glucocort. (Non-Hemorr)</b>		
COLOCORT RECTAL ENEMA 100 MG/60 ML	Tier 1	
CORTIFOAM RECTAL FOAM 10 % (80 MG)	Tier 2	

Drug	Status	Notes
<i>hydrocortisone rectal enema 100 mg/60 ml</i> (Colocort)	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
<b>Lower Gastrointestinal Disorders - Other</b>		
<b>Ammonia Inhibitors</b>		
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	
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i> (Buphenyl)	Tier 4	
<b>Antidiarrheal - G.I. Chloride Channel Inhibitors</b>		
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)
<b>Antidiarrheal - Tryptophan Hydroxylase Inhibitor</b>		
XERMELO ORAL TABLET 250 MG	Tier 4	PA
<b>Antidiarrheals</b>		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	Tier 1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil)	Tier 1	
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	Tier 1	ST: Prior prescription for Diphenoxylate HCL/atropine, Loperamide HCL, or Paregoric in the past 365 days
<b>Bile Salts</b>		
<i>ursodiol oral capsule 300 mg</i> (Actigall)	Tier 1	MO
<i>ursodiol oral tablet 250 mg</i> (URSO 250)	Tier 1	MO
<i>ursodiol oral tablet 500 mg</i> (URSO Forte)	Tier 1	MO

Drug	Status	Notes
<b>Irritable Bowel Synd. Agent,5Ht-3 Antagonist-Type</b>		
<i>alosetron oral tablet 0.5 mg, 1 mg</i> (Lotronex)	Tier 1	MO; QL (2 EA per 1 day)
<b>Irritable Bowel Synd. Agent,5Ht-4 Partial Agonist</b>		
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)
<b>Laxatives And Cathartics</b>		
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	
<i>lactulose oral solution 10 gram/15 ml</i> (Constulose)	Tier 1	
<i>lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml</i>	Tier 1	
MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM	Tier 3	
OSMOPREP ORAL TABLET 1.5 GRAM	Tier 3	
<i>peg 3350-electrolytes oral recon soln</i> (GaviLyte-G) 236-22.74-6.74 -5.86 gram	Tier 1	
<i>peg-electrolyte soln oral recon soln 420 gram</i> (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	

Drug	Status	Notes
<b>Narcotic Antagonists, Peripherally-Acting</b>		
ENTEREG ORAL CAPSULE 12 MG	Tier 3	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	Tier 2	QL (1 EA per 1 day)
RELISTOR ORAL TABLET 150 MG	Tier 3	PA
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
<b>Sbs - Glucagon-Like Peptide-2 (Glp-2) Analogs</b>		
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	Tier 4	PA
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	Tier 4	PA
<b>Medical Supplies</b>		
<b>Durable Medical Equipment,Misc</b>		
AMIELLE VAGINAL TRAINER KIT	Tier 3	
<b>Durable Medical Equipment,Misc(Group 1)</b>		
1ST TIER UNILET COMFORTOUCH 28 GAUGE, 30 GAUGE	Tier 2	MO
ACCU-CHEK FASTCLIX LANCET DRUM	Tier 3	MO
ACCU-CHEK MULTICLIX LANCET	Tier 3	MO
ACCU-CHEK SAFE-T-PRO 23 GAUGE	Tier 3	MO
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE	Tier 3	MO
ACCU-CHEK SOFTCLIX LANCETS	Tier 2	MO
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE, 28 GAUGE	Tier 3	MO
ADVANCED TRAVEL LANCETS 28 GAUGE, 30 GAUGE	Tier 3	MO
ADVOCATE LANCET 26 GAUGE, 30 GAUGE	Tier 3	MO
ALTERNATE SITE LANCET 26 GAUGE	Tier 3	MO
ASSURE HAEMOLANCE PLUS 1.2 MM, 18 GAUGE, 21 GAUGE, 25 GAUGE, 28 GAUGE	Tier 3	MO
ASSURE LANCE 25 GAUGE, 28 GAUGE	Tier 3	MO

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
ASSURE LANCE PLUS 21 GAUGE, 25 GAUGE, 30 GAUGE	Tier 3	MO
BD MICROTAINER LANCET 1.5 X 2 MM, 21 GAUGE, 30 GAUGE	Tier 3	MO
BD ULTRA FINE LANCETS 33 GAUGE	Tier 3	MO
BD ULTRA-FINE II LANCETS 30 GAUGE	Tier 3	MO
BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 25 GAUGE, 28 GAUGE	Tier 3	MO
CAREONE THIN LANCET	Tier 3	MO
CAREONE ULTRA THIN LANCET	Tier 3	MO
CARESENS LANCETS 30 GAUGE	Tier 3	MO
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE	Tier 3	MO
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 3	MO
CLEVER CHEK LANCETS 30 GAUGE	Tier 3	MO
COAGUCHEK LANCETS	Tier 3	MO
COLOR LANCETS 21 GAUGE	Tier 3	MO
COMFORT EZ LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE	Tier 3	MO
COMFORT LANCETS	Tier 3	MO
DROPLET LANCETS 30 GAUGE	Tier 3	MO
EASY COMFORT LANCETS 30 GAUGE	Tier 3	MO
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE	Tier 3	MO
EASY TOUCH SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE	Tier 3	MO
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE	Tier 3	MO
EASY TWIST AND CAP LANCETS 28 GAUGE	Tier 3	MO
EMBRACE LANCETS 30 GAUGE	Tier 3	MO
E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE	Tier 3	MO
E-Z JECT THIN LANCETS 28 GAUGE	Tier 3	MO
EZ SMART LANCETS 28 GAUGE	Tier 3	MO
EZ-LETS 26 GAUGE	Tier 3	MO
FIFTY50 SAFETY SEAL LANCETS 30 GAUGE, 32 GAUGE	Tier 2	MO



Drug	Status	Notes
FINE 30 UNIVERSAL LANCETS 30 GAUGE	Tier 3	MO
FINGERSTIX LANCETS	Tier 3	MO
FORACARE LANCETS 30 GAUGE	Tier 3	MO
FREESTYLE LANCETS 28 GAUGE	Tier 3	MO
FREESTYLE UNISTIK 2	Tier 3	MO
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 3	MO
GOJJI LANCETS 30 GAUGE	Tier 3	MO
HEALTHY ACCENTS UNILET LANCET 30 GAUGE	Tier 2	MO
INCONTROL SUPER THIN LANCETS 30 GAUGE	Tier 3	MO
INCONTROL ULTRA THIN LANCETS 28 GAUGE	Tier 3	MO
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE	Tier 3	MO
INVACARE LANCETS 30 GAUGE	Tier 3	MO
<i>lancets</i> (Accu-Chek Softclix Lancets)	Tier 3	MO
<i>lancets 21 gauge</i> (OneTouch SureSoft Lancing Dev)	Tier 3	MO
<i>lancets 26 gauge</i> (Prodigy Lancets)	Tier 3	MO
<i>lancets 28 gauge, 30 gauge</i> (1st Tier Unilet ComforTouch)	Tier 3	MO
<i>lancets 33 gauge</i> (BD Ultra Fine Lancets)	Tier 3	MO
LANCETS, SUPER THIN	Tier 3	MO
LANCETS, THIN , 23 GAUGE, 28 GAUGE	Tier 3	MO
LANCETS, ULTRA THIN , 26 GAUGE	Tier 3	MO
LITE TOUCH LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 3	MO
MEDISENSE THIN LANCETS 28 GAUGE	Tier 3	MO
MEDLANCE PLUS LANCETS 21 GAUGE, 25 GAUGE, 30 GAUGE	Tier 3	MO
MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM	Tier 3	MO
MICRO THIN LANCETS 33 GAUGE	Tier 3	MO
MICROLET LANCET	Tier 3	MO
MONOLET LANCETS 21 GAUGE	Tier 3	MO
MONOLET THIN LANCETS 28 GAUGE	Tier 3	MO

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
MYGLUCOHEALTH LANCETS 30 GAUGE	Tier 3	MO
NOVA SAFETY LANCETS 23 GAUGE, 28 GAUGE	Tier 3	MO
NOVA SUREFLEX LANCETS	Tier 3	MO
ON CALL LANCET 30 GAUGE	Tier 3	MO
ON CALL PLUS LANCET 30 GAUGE	Tier 3	MO
ONETOUCH DELICA LANCETS 30 GAUGE, 33 GAUGE	Tier 3	MO
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE	Tier 3	MO
ONETOUCH SURESOFT LANCING DEV 28 GAUGE	Tier 2	MO
ONETOUCH ULTRASOFT LANCETS	Tier 2	MO
ON-THE-GO LANCETS 30 GAUGE	Tier 3	MO
PIP LANCET 28 GAUGE, 30 GAUGE	Tier 3	MO
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE	Tier 3	MO
PRO COMFORT LANCET 30 GAUGE, 31 GAUGE	Tier 3	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 3	MO
PURE COMFORT SAFETY LANCETS 30 GAUGE	Tier 3	MO
PUSH BUTTON SAFETY LANCETS 21 GAUGE, 28 GAUGE	Tier 3	MO
READYLANCE SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE	Tier 3	MO
RELIAMED LANCET 23 GAUGE, 28 GAUGE, 30 GAUGE	Tier 3	MO
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE	Tier 3	MO
RELIAMED TWIST AND CAP LANCET 28 GAUGE	Tier 3	MO
RELION THIN LANCETS 26 GAUGE	Tier 3	MO
RELION ULTRA THIN PLUS LANCETS	Tier 3	MO
RIGHTEST GL300 LANCETS 30 GAUGE	Tier 3	MO

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
SAFETY LANCETS 21 GAUGE, 26 GAUGE, 28 GAUGE	Tier 3	MO
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE	Tier 3	MO
SAFETY-LET LANCETS 30 GAUGE	Tier 3	MO
SINGLE-LET	Tier 3	MO
SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE	Tier 3	MO
SMARTEST LANCET	Tier 3	MO
SOFT TOUCH LANCETS	Tier 3	MO
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE	Tier 3	MO
STERILANCE TL 30 GAUGE, 32 GAUGE	Tier 3	MO
SUPER THIN LANCETS , 28 GAUGE, 30 GAUGE	Tier 3	MO
SURE COMFORT LANCETS 18 GAUGE, 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE	Tier 3	MO
SURE-LANCE , 26 GAUGE, 28 GAUGE	Tier 3	MO
SURE-LANCE ULTRA THIN 30 GAUGE	Tier 3	MO
SURE-TOUCH LANCET	Tier 3	MO
TECHLITE LANCETS 25 GAUGE, 28 GAUGE, 30 GAUGE	Tier 3	MO
TELCARE LANCETS 30 GAUGE	Tier 3	MO
THIN LANCETS 26 GAUGE	Tier 3	MO
TOPCARE UNIVERSAL1 LANCET , 33 GAUGE	Tier 3	MO
TRUE COMFORT LANCET 30 GAUGE	Tier 3	MO
TRUEPLUS LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 3	MO
TWIST LANCETS 30 GAUGE, 32 GAUGE	Tier 3	MO
ULTILET BASIC LANCETS 30 GAUGE	Tier 3	MO
ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 3	MO
ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 3	MO
ULTILET SAFETY LANCETS 23 GAUGE	Tier 3	MO
ULTRA FINE LANCETS 30 GAUGE	Tier 3	MO
ULTRA THIN II LANCETS 30 GAUGE	Tier 3	MO

Drug	Status	Notes
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 31 GAUGE, 33 GAUGE	Tier 3	MO
ULTRA THIN PLUS LANCETS 33 GAUGE	Tier 3	MO
ULTRA TLC LANCETS	Tier 3	MO
ULTRA-CARE LANCETS 30 GAUGE	Tier 3	MO
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE	Tier 3	MO
ULTRA-THIN II LANCETS 28 GAUGE	Tier 3	MO
UNILET COMFORTOUCH LANCET , 26 GAUGE	Tier 3	MO
UNILET EXCELITE II LANCET	Tier 3	MO
UNILET EXCELITE LANCET	Tier 3	MO
UNILET GP LANCET	Tier 3	MO
UNILET LANCET 28 GAUGE	Tier 2	MO
UNILET LANCET 33 GAUGE	Tier 3	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 3	MO
UNISTIK 3 GENTLE 30 GAUGE	Tier 3	MO
UNISTIK 3 LANCETS 21 GAUGE	Tier 2	MO
UNISTIK 3 NORMAL LANCET 23 GAUGE	Tier 2	MO
UNISTIK CZT LANCET 23 GAUGE, 28 GAUGE	Tier 2	MO
UNISTIK PRO LANCET 21 GAUGE, 25 GAUGE, 28 GAUGE	Tier 3	MO
UNISTIK SAFETY 28 GAUGE, 30 GAUGE	Tier 3	MO
UNISTIK TOUCH LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE	Tier 3	MO
UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE	Tier 3	MO
VIVAGUARD LANCET 30 GAUGE	Tier 3	MO
<b>Parenteral Administration Sets</b>		
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	

Drug	Status	Notes
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	
<b>Syringes And Accessories</b>		
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", 1 ML 29 GAUGE X 1/2"	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
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

Drug	Status	Notes
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
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

Drug	Status	Notes
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
<i>insulin syrlndl u100 half mark syringe 0.3 ml 31 gauge x 1/4"</i> (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
<i>insulin syringe needleless syringe 1 ml</i> (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
<i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge</i> (Ultilet Insulin Syringe)	Tier 2	MO
<i>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</i> (Advocate Syringes)	Tier 2	MO
<i>insulin syringe-needle u-100 syringe 0.3 ml 30</i> (Ultra Comfort Insulin Syringe)	Tier 2	MO
<i>insulin syringe-needle u-100 syringe 0.3 ml 30 gauge x 1/2", 0.5 ml 30 gauge x 1/2"</i> (BD Insulin Syringe Ultra-Fine)	Tier 2	MO



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>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"</i> (Sure Comfort Insulin Syringe)	Tier 2	MO
<i>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"</i> (BD Veo Insulin Syringe UF)	Tier 2	MO
<i>insulin syringe-needle u-100 syringe 1 ml 27 gauge x 1/2", 1 ml 28 gauge x 1/2"</i> (BD Insulin Syringe)	Tier 2	MO
<i>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</i> (Lite Touch Insulin Syringe)	Tier 2	MO
<i>insulin syringe-needle u-100 syringe 1 ml 29 gauge x 7/16"</i>	Tier 2	MO
<i>insulin syringe-needle u-100 syringe 1 ml 30 gauge x 1/2"</i> (BD Eclipse Luer-Lok)	Tier 2	MO
<i>insulin syringe-needle u-100 syringe 1 ml 30 gauge x 3/8"</i> (Thinpro Insulin Syringe)	Tier 2	MO
<i>insulin syringe-needle u-100 syringe 1/2 ml 27 gauge x 1/2"</i> (Easy Touch Insulin Syringe)	Tier 2	MO
<i>insulin syringe-needle u-100 syringe 1/2 ml 28 gauge x 1/2"</i> (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

Drug	Status	Notes
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
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

Drug	Status	Notes
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
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

Drug	Status	Notes
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
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

Drug	Status	Notes
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
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

Drug	Status	Notes
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
<b>Miscellaneous Agents</b>		
<b>Anaphylaxis Therapy Agents</b>		
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML	Tier 3	PA; QL (2 EA per 365 days)
<i>epinephrine injection auto-injector 0.15</i> (Auvi-Q) <i>mg/0.15 ml</i>	Tier 1	QL (4 EA per 1 FILL)
<i>epinephrine injection auto-injector 0.15</i> (EpiPen Jr) <i>mg/0.3 ml</i>	Tier 1	QL (4 EA per 1 FILL)
<i>epinephrine injection auto-injector 0.3</i> (EpiPen) <i>mg/0.3 ml</i>	Tier 1	QL (4 EA per 1 FILL)
EPIPEN 2-PAK INJECTION AUTO- INJECTOR 0.3 MG/0.3 ML	Tier 3	QL (4 EA per 1 FILL)
EPIPEN INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	Tier 3	QL (4 EA per 1 FILL)
EPIPEN JR 2-PAK INJECTION AUTO- INJECTOR 0.15 MG/0.3 ML	Tier 3	QL (4 EA per 1 FILL)
EPIPEN JR INJECTION AUTO- INJECTOR 0.15 MG/0.3 ML	Tier 3	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)
<b>Miscellaneous Agents</b>		
NEXAVIR INJECTION SOLUTION 25.5 MG/ML	Tier 3	
<b>Parasympathetic Agents</b>		
<i>bethanechol chloride oral tablet 10 mg, 5</i> <i>mg</i>	Tier 1	
<i>bethanechol chloride oral tablet 25 mg,</i> (Urecholine) <i>50 mg</i>	Tier 1	
<i>cevimeline oral capsule 30 mg</i> (Evoxac)	Tier 1	QL (3 EA per 1 day)
<i>guanidine oral tablet 125 mg</i>	Tier 1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> (Salagen (pilocarpine))	Tier 1	MO
<b>Pharmacological Chaperone-Alpha-Galactosid.A Stabz</b>		
GALAFOLD ORAL CAPSULE 123 MG	Tier 4	PA

Drug	Status	Notes
<b>Pku Treatment Agents - Phenylalanine Ammonia Lyase</b>		
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	Tier 4	PA
<b>Pku Tx Agent-Cofactor Of Phenylalanine Hydroxylase</b>		
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG	Tier 4	PA
KUVAN ORAL TABLET, SOLUBLE 100 MG	Tier 4	PA
<b>Systemic Enzyme Inhibitors</b>		
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
<b>Neoplastic Disease</b>		
<b>Alkylating Agents</b>		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Tier 4	
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	Tier 4	PA
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	Tier 1	
LEUKERAN ORAL TABLET 2 MG	Tier 4	
<i>melphalan oral tablet 2 mg</i> (Alkeran)	Tier 1	
MYLERAN ORAL TABLET 2 MG	Tier 4	
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i> (Temodar)	Tier 4	PA
<b>Antiandrogenic Agents</b>		
<i>abiraterone oral tablet 250 mg</i> (Zytiga)	Tier 4	PA
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	Tier 1	
ERLEADA ORAL TABLET 60 MG	Tier 4	PA
<i>flutamide oral capsule 125 mg</i>	Tier 1	
<i>nilutamide oral tablet 150 mg</i> (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

Drug	Status	Notes
ZYTIGA ORAL TABLET 500 MG	Tier 4	PA
<b>Antibiotic Antineoplastics</b>		
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	Tier 4	
<b>Antimetabolites</b>		
<i>azacitidine injection recon soln 100 mg (Vidaza)</i>	Tier 4	
<i>capecitabine oral tablet 150 mg, 500 mg (Xeloda)</i>	Tier 1	
<i>floxuridine injection recon soln 0.5 gram</i>	Tier 4	
<i>fluorouracil intravenous solution 500 mg/10 ml</i>	Tier 1	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	Tier 4	PA
<i>mercaptopurine oral tablet 50 mg</i>	Tier 1	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	Tier 1	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	Tier 1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	Tier 1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	Tier 1	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)
<b>Antineoplastic Aromatase Inhibitors</b>		
<i>anastrozole oral tablet 1 mg (Arimidex)</i>	Tier 1	MO
<i>exemestane oral tablet 25 mg (Aromasin)</i>	Tier 1	MO; QL (1 EA per 1 day)
<i>letrozole oral tablet 2.5 mg (Femara)</i>	Tier 1	MO
<b>Antineoplastic - Braf Kinase Inhibitors</b>		
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)
<b>Antineoplastic - Hedgehog Pathway Inhibitor</b>		
DAURISMO ORAL TABLET 100 MG, 25 MG	Tier 4	PA



Drug	Status	Notes
ERIVEDGE ORAL CAPSULE 150 MG	Tier 4	PA; QL (30 EA per 30 days)
ODOMZO ORAL CAPSULE 200 MG	Tier 4	PA
<b>Antineoplastic - Janus Kinase (Jak) Inhibitors</b>		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	Tier 4	PA; QL (2 EA per 1 day)
<b>Antineoplastic - Mek1 And Mek2 Kinase Inhibitors</b>		
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
<b>Antineoplastic - Mtor Kinase Inhibitors</b>		
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	Tier 4	PA
AFINITOR ORAL TABLET 10 MG, 2.5 MG	Tier 4	PA; QL (1 EA per 1 day)
<i>everolimus (antineoplastic) oral tablet (Afinitor) 2.5 mg, 5 mg, 7.5 mg</i>	Tier 4	PA; QL (1 EA per 1 day)
<b>Antineoplastic - Protein Methyltransferase Inhibit</b>		
TAZVERIK ORAL TABLET 200 MG	Tier 4	PA
<b>Antineoplastic - Topoisomerase I Inhibitors</b>		
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	Tier 4	PA
<i>irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml</i> (Camptosar)	Tier 4	
<b>Antineoplastic Comb - Kinase And Aromatase Inhibit</b>		
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG	Tier 4	PA
<b>Antineoplastic Immunomodulator Agents</b>		
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)

Drug	Status	Notes
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG	Tier 4	PA; QL (5 EA per 1 FILL)
<b>Antineoplastic Lhrh(Gnrh) Antagonist,Pituit.Supprs</b>		
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)
<b>Antineoplastic Systemic Enzyme Inhibitors</b>		
ALECENSA ORAL CAPSULE 150 MG	Tier 4	PA
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
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i> (Tarceva)	Tier 4	PA; QL (30 EA per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	Tier 4	PA

Drug	Status	Notes
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)
<i>imatinib oral tablet 100 mg, 400 mg</i> (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
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

Drug	Status	Notes
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
TAGRISSE ORAL TABLET 40 MG, 80 MG	Tier 4	PA
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG	Tier 4	PA
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

Drug	Status	Notes
ZYDELIG ORAL TABLET 100 MG, 150 MG	Tier 4	PA; QL (2 EA per 1 day)
ZYKADIA ORAL TABLET 150 MG	Tier 4	PA
<b>Antineoplastic,Histone Deacetylase Inhibitors,Hdis</b>		
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	Tier 4	PA
ZOLINZA ORAL CAPSULE 100 MG	Tier 4	PA
<b>Antineoplastic-B Cell Lymphoma-2(Bcl-2) Inhibitors</b>		
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
<b>Antineoplastic-Isocitrate Dehydrogenase Inhibitors</b>		
IDHIFA ORAL TABLET 100 MG, 50 MG	Tier 4	PA
TIBSOVO ORAL TABLET 250 MG	Tier 4	PA
<b>Antineoplastics,Miscellaneous</b>		
<i>etoposide oral capsule 50 mg</i>	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
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	Tier 4	PA
<b>Antineoplastic-Select Inhib Of Nuclear Exp (Sine)</b>		
XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5)	Tier 4	PA; QL (20 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 80 MG/WEEK (20 MG X 4)	Tier 4	PA; QL (16 EA per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	Tier 4	PA; QL (32 EA per 28 days)
<b>Chemotherapy Rescue/Antidote Agents</b>		
<i>dexrazoxane hcl intravenous recon soln (Zinecard (as HCl)) 250 mg, 500 mg</i>	Tier 1	
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	Tier 1	

Drug	Status	Notes
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	Tier 1	
MESNEX ORAL TABLET 400 MG	Tier 2	
<b>Selective Estrogen Receptor Modulators (Serm)</b>		
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i> (Faslodex)	Tier 4	PA
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	Tier 3	MO
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	Tier 1	MO
<i>toremifene oral tablet 60 mg</i> (Fareston)	Tier 4	PA; MO
<b>Selective Retinoid X Receptor Agonists (Rxr)</b>		
<i>bexarotene oral capsule 75 mg</i> (Targretin)	Tier 4	PA
<b>Steroid Antineoplastics</b>		
EMCYT ORAL CAPSULE 140 MG	Tier 4	
<i>megestrol oral tablet 20 mg, 40 mg</i>	Tier 1	
<b>Neurological Disease - Miscellaneous</b>		
<b>Agents To Treat Multiple Sclerosis</b>		
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)
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)
<i>glatiramer subcutaneous syringe 20 mg/ml</i> (Glatopa)	Tier 4	PA; QL (30 ML per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i> (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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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)
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

Drug	Status	Notes
<b>Agts Tx Neuromusc Transmission Dis,Pot-Chan Blkr</b>		
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	Tier 4	PA
<b>Amyotrophic Lateral Sclerosis Agents</b>		
<i>riluzole oral tablet 50 mg</i> (Rilutek)	Tier 1	MO
<b>Fibromyalgia Agents,Serotonin-Norepineph Ru Inhib</b>		
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)
<b>Movement Disorders(Drug Therapy)</b>		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	Tier 4	PA
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> (Xenazine)	Tier 4	PA
<b>Pseudobulbar Affect (Pba) Agents, Nmda Antagonists</b>		
NUDEXTA ORAL CAPSULE 20-10 MG	Tier 3	PA; MO
<b>Oral/Pharyngeal Disorders</b>		
<b>Dental Aids And Preparations</b>		
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> (Pareox Oral Rinse)	Tier 1	
ORALONE DENTAL PASTE 0.1 %	Tier 1	
PAROEX ORAL RINSE MUCOUS MEMBRANE MOUTHWASH 0.12 %	Tier 1	
PERIOGARD MUCOUS MEMBRANE MOUTHWASH 0.12 %	Tier 1	
<i>triamcinolone acetonide dental paste 0.1 %</i> (Oralone)	Tier 1	
<b>Nose Preparations, Miscellaneous (Rx)</b>		
<i>ipratropium bromide nasal spray,non-aerosol 0.03 %</i>	Tier 1	MO; QL (60 ML per 1 FILL)
<i>ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)</i>	Tier 1	QL (30 ML per 1 FILL)
<b>Periodontal Collagenase Inhibitors</b>		
<i>doxycycline hyclate oral tablet 20 mg</i>	Tier 1	
<b>Other Drugs</b>		
<b>Agents For Stomatological Use</b>		
DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 %	Tier 2	
DEBACTEROL MUCOUS MEMBRANE SWAB 30-50 %	Tier 2	



Drug	Status	Notes
<b>Antigenic Skin Tests</b>		
CANDIN INTRADERMAL ALLERGEN FDA STANDARD	Tier 3	
<b>Appetite Stim. For Anorexia,Cachexia,Wasting Synd.</b>		
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)</i>	Tier 1	
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	Tier 1	ST: Prior prescription for Megestrol Acetate in the past 130 days
<b>Cholinesterase Reactivat.&amp;Muscarinic Antg.Antidote</b>		
DUODOTE INTRAMUSCULAR PEN INJECTOR 600-2.1 MG/2ML-MG/0.7ML	Tier 3	
<b>Cholinesterase Reactivating,Organophos. Antidotes</b>		
<i>pralidoxime intramuscular pen injector 600 mg/2 ml</i>	Tier 3	
<b>Diluent Solutions</b>		
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	
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 NOVLOG INJECTION SOLUTION	Tier 3	

Drug	Status	Notes
<b>Drugs To Tx Gaucher Dx-Type 1, Substrate Reducing</b>		
CERDELGA ORAL CAPSULE 84 MG	Tier 4	PA
<i>miglustat oral capsule 100 mg</i> (Zavesca)	Tier 4	PA
<b>General Anesthetics,Inhalant</b>		
<i>sevoflurane inhalation liquid</i> (Ultane)	Tier 1	
<b>General Inhalation Agents</b>		
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)
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %</i>	Tier 1	
<i>sodium chloride inhalation solution for nebulization 3 %</i> (NebuSal)	Tier 1	
<i>sodium chloride inhalation solution for nebulization 7 %</i> (Hyper-Sal)	Tier 1	QL (480 ML per 30 days)
<b>Iv Fat Emulsions</b>		
INTRALIPID INTRAVENOUS EMULSION 20 %	Tier 3	
NUTRILIPID INTRAVENOUS EMULSION 20 %	Tier 3	
<b>Metabolic Deficiency Agents</b>		
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	
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i> (Carnitor)	Tier 1	QL (30 ML per 1 day)
<i>levocarnitine oral solution 100 mg/ml</i> (Carnitor (sugar-free))	Tier 1	QL (30 ML per 1 day)
<b>Metabolic Disease Enzyme Replacement, Fabry's Dx</b>		
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	Tier 4	PA
<b>Metallic Poison,Agents To Treat</b>		
BAL IN OIL INTRAMUSCULAR SOLUTION 100 MG/ML	Tier 2	

Drug	Status	Notes
CHEMET ORAL CAPSULE 100 MG	Tier 2	
CLOVIQUE ORAL CAPSULE 250 MG	Tier 4	PA
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i> (Jadenu)	Tier 4	PA
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i> (Exjade)	Tier 4	PA
<i>deferoxamine injection recon soln 2 gram, 500 mg</i> (Desferal)	Tier 1	
FERRIPROX ORAL SOLUTION 100 MG/ML	Tier 4	
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)	Tier 2	
JADENU SPRINKLE ORAL GRANULES IN PACKET 180 MG, 360 MG, 90 MG	Tier 4	PA
RADIOGARDASE ORAL CAPSULE 0.5 GRAM	Tier 3	
<i>trientine oral capsule 250 mg</i> (Clonique)	Tier 4	PA
<b>Muscarinic Receptor Antagonists</b>		
ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML	Tier 3	
<b>Needles/Needleless Devices</b>		
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
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

Drug	Status	Notes
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

Drug	Status	Notes
EASY GLIDE PEN NEEDLE NEEDLE 33 GAUGE X 5/32"	Tier 2	MO
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 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

Drug	Status	Notes	
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	
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	
<i>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"</i>	(1st Tier Unifine Pentips)	Tier 2	MO
<i>pen needle, diabetic needle 30 gauge x 5/16"</i>	(AboutTime Pen Needle)	Tier 2	MO
<i>pen needle, diabetic needle 31 gauge x 1/3", 31 gauge x 1/6"</i>		Tier 2	MO
<i>pen needle, diabetic needle 32 gauge x 1/4"</i>	(BD Ultra-Fine Micro Pen Needle)	Tier 2	MO
<i>pen needle, diabetic needle 32 gauge x 3/16"</i>	(CareFine Pen Needle)	Tier 2	MO
<i>pen needle, diabetic needle 33 gauge x 5/32"</i>	(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	

Drug	Status	Notes
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
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

Drug	Status	Notes
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
<b>Ointment/Cream Bases</b>		
RADIAGEL TOPICAL GEL	Tier 3	
<b>Oral Mucositis/Stomatitis Agents</b>		
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	
<b>Parenteral Amino Acid Solutions And Combinations</b>		
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	Tier 3	
<b>Pharmaceutical Adjuvants, Tableting</b>		
<i>cellulose (bulk) powder</i>	Tier 3	
<b>Saliva Stimulant Agents</b>		
NUMOISYN MUCOUS MEMBRANE LOZENGE 0.3 GRAM	Tier 3	
<b>Saliva Substitute Agents</b>		
NUMOISYN MUCOUS MEMBRANE LIQUID	Tier 3	
<b>Skin Tissue Replacement</b>		
EPIFIX AMNIOTIC MEMBRANE TOPICAL SHEET 2 X 3 CM, 5 X 6 CM, 7 X 7 CM	Tier 3	



Drug	Status	Notes
GRAFIX CORE TOPICAL SHEET 2 X 3 CM	Tier 3	
GRAFIX PRIME TOPICAL SHEET 2 X 3 CM	Tier 3	
STRAVIX TOPICAL SHEET 3 X 6 CM	Tier 3	
<b>Solvents</b>		
ALCOHOL, RUBBING SOLUTION 70 %	Tier 3	
DY-O-DERM SOLUTION	Tier 3	
INSTACLEAN SOLUTION	Tier 3	
<i>isopropyl alcohol solution 70 %</i> (Alcohol, Rubbing)	Tier 3	
<i>isopropyl alcohol solution 91 %, 99 %</i>	Tier 3	
MURI-LUBE OIL	Tier 3	
<b>Somatostatic Agents</b>		
<i>octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml</i>	Tier 4	
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i> (Sandostatin)	Tier 4	
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	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
<b>Suspending Agents</b>		
GELFILM IMPLANT FILM	Tier 3	
<i>hydroxypropyl cellulose powder</i>	Tier 3	
<i>hypromellose powder</i> (Methocel E 4 M)	Tier 3	
<b>Vaccine Adjuvants</b>		
SHINGRIX ADJUVANT COMPONENT-PF INTRAMUSCULAR SUSPENSION	Tier 3	QL (1 ML per 365 days); Age (Min 50 Years)
<b>Vehicles</b>		
<i>citric acid (bulk) powder</i>	Tier 3	
<b>Water</b>		
STERILE WATER FOR INJECTION INJECTION SOLUTION	Tier 1	
<i>water for inject, bacteriostat injection solution</i>	Tier 1	
<i>water for injection, sterile injection solution</i> (Sterile Water for Injection)	Tier 1	

Drug	Status	Notes
<b>Wound Healing Agents, Local</b>		
DERMULCERA TOPICAL OINTMENT	Tier 3	
VENELEX TOPICAL OINTMENT	Tier 3	
<b>Other Respiratory Disorders</b>		
<b>Antifibrotic Therapy - Pyridone Analogs</b>		
ESBRIET ORAL CAPSULE 267 MG	Tier 4	PA
ESBRIET ORAL TABLET 267 MG, 801 MG	Tier 4	PA
<b>Cystic Fib.Transmemb Conduct.Reg.(Cftr)Potentiator</b>		
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)
<b>Cystic Fibrosis-Cftr Potentiator &amp; Corrector Comb.</b>		
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
<b>Lung Surfactants</b>		
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5 ML, 240 MG/3 ML	Tier 3	
INFASURF INTRATRACHEAL SUSPENSION 35 MG/ML	Tier 3	
SURFAXIN INTRATRACHEAL SUSPENSION 34 MG/ML	Tier 3	
SURVANTA INTRATRACHEAL SUSPENSION 25 MG/ML	Tier 3	
<b>Mucolytics</b>		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	Tier 1	
PULMOZYME INHALATION SOLUTION 1 MG/ML	Tier 4	PA; QL (150 ML per 30 days)

Drug	Status	Notes
<b>Pulmonary Fibrosis - Systemic Enzyme Inhibitors</b>		
OFEV ORAL CAPSULE 100 MG, 150 MG	Tier 4	PA
<b>Pain Management - Analgesics</b>		
<b>Analgesic, Non-Salicylate &amp; Barbiturate Comb.</b>		
<i>butalbital-acetaminophen oral tablet 50-325 mg</i> (Tencon)	Tier 1	
TENCON ORAL TABLET 50-325 MG	Tier 1	
<b>Analgesic, Salicylate, Barbiturate, &amp; Xanthine Cmb</b>		
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i> (Fiorinal)	Tier 1	
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	Tier 1	
<b>Analgesic, Non-Salicylate, Barbiturate, &amp; Xanthine Cmb</b>		
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i> (Esgic)	Tier 1	
<b>Analgesic/Antipyretics, Salicylates</b>		
<i>choline, magnesium salicylate oral liquid 500 mg/5 ml</i>	Tier 1	
<i>diflunisal oral tablet 500 mg</i>	Tier 1	
DISALCID ORAL TABLET 500 MG, 750 MG	Tier 2	
<i>salsalate oral tablet 500 mg, 750 mg</i> (Disalcid)	Tier 1	
<b>Analgesics Narcotic, Anesthetic Adjunct Agents</b>		
<i>fentanyl citrate (pf) injection solution 50 mcg/ml</i>	Tier 1	
<i>fentanyl citrate (pf) intravenous solution 50 mcg/ml</i>	Tier 1	
<b>Analgesics, Narcotic Agonist And Nsaid Combination</b>		
<i>hydrocodone-ibuprofen oral tablet 10-200 mg</i> (Ibudone)	Tier 1	
<i>hydrocodone-ibuprofen oral tablet 5-200 mg, 7.5-200 mg</i>	Tier 1	
<i>ibuprofen-oxycodone oral tablet 400-5 mg</i>	Tier 1	

Drug	Status	Notes
<b>Analgesics, Non-Narcotics</b>		
<i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)</i> (Duraclon (PF))	Tier 1	
<i>clonidine (pf) epidural solution 5,000 mcg/10 ml</i>	Tier 1	
<b>Analgesics, Narcotics</b>		
<i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i>	Tier 1	
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i> (Butrans)	Tier 1	ST: 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)
<i>butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml</i>	Tier 1	
<i>butorphanol tartrate nasal spray, non-aerosol 10 mg/ml</i>	Tier 1	QL (5 ML per 1 FILL)
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	Tier 1	Age (Min 12 Years)
DEMEROL (PF) INJECTION SOLUTION 25 MG/0.5 ML, 50 MG/ML	Tier 2	
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	
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i> (Actiq)	Tier 1	PA
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i> (Duragesic)	Tier 1	PA
<i>hydromorphone (pf) injection solution 10 mg/ml, 2 mg/ml</i>	Tier 1	
<i>hydromorphone injection solution 1 mg/ml, 2 mg/ml, 4 mg/ml</i>	Tier 1	
<i>hydromorphone injection syringe 0.5 mg/0.5 ml, 1 mg/ml, 2 mg/ml, 4 mg/ml</i>	Tier 1	
<i>hydromorphone oral liquid 1 mg/ml</i> (Dilaudid)	Tier 1	
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid)	Tier 1	

Drug	Status	Notes
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg</i>	Tier 1	PA
<i>hydromorphone rectal suppository 3 mg</i>	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)
INFUMORPH P/F INJECTION SOLUTION 10 MG/ML, 25 MG/ML	Tier 2	
<i>meperidine (pf) injection solution 100 mg/ml, 50 mg/ml</i> (Demerol (PF))	Tier 1	
<i>meperidine (pf) injection solution 25 mg/ml</i>	Tier 1	
<i>meperidine injection cartridge 10 mg/ml</i>	Tier 1	
<i>meperidine oral solution 50 mg/5 ml</i>	Tier 1	QL (900 ML per 30 days)
<i>meperidine oral tablet 100 mg</i> (Demerol)	Tier 1	QL (6 EA per 1 day)
<i>meperidine oral tablet 50 mg</i>	Tier 1	QL (6 EA per 1 day)
METHADONE INTENSOL ORAL CONCENTRATE 10 MG/ML	Tier 1	
<i>methadone oral concentrate 10 mg/ml</i> (Methadone Intensol)	Tier 1	
<i>methadone oral solution 10 mg/5 ml, 5 mg/5 ml</i>	Tier 1	
<i>methadone oral tablet 10 mg, 5 mg</i> (Dolophine)	Tier 1	
<i>methadone oral tablet, soluble 40 mg</i> (Methadose)	Tier 1	
METHADOSE ORAL TABLET, SOLUBLE 40 MG	Tier 1	
<i>morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml</i> (Duramorph (PF))	Tier 1	
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	Tier 1	
<i>morphine injection solution 10 mg/ml, 5 mg/ml, 8 mg/ml</i>	Tier 1	
<i>morphine injection syringe 10 mg/ml</i>	Tier 2	
<i>morphine injection syringe 2 mg/ml, 5 mg/ml</i>	Tier 1	
<i>morphine intramuscular pen injector 10 mg/0.7 ml</i>	Tier 1	
<i>morphine intravenous syringe 10 mg/ml</i>	Tier 1	
<i>morphine oral capsule, er multiphase 24 hr 120 mg</i>	Tier 1	ST: Prior prescription for Morphine sulfate ER in the past 130 days; QL (60 EA per 30 days)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	Tier 1	ST: Prior prescription for Morphine sulfate ER in the past 130 days; QL (30 EA per 30 days)
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>morphine oral tablet 15 mg, 30 mg</i>	Tier 2	
<i>morphine oral tablet extended release</i> (MS Contin) <i>100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
<i>nalbuphine injection solution 10 mg/ml, 20 mg/ml</i>	Tier 1	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	Tier 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)
<i>oxycodone oral capsule 5 mg</i>	Tier 1	
<i>oxycodone oral concentrate 20 mg/ml</i>	Tier 1	
<i>oxycodone oral solution 5 mg/5 ml</i>	Tier 1	
<i>oxycodone oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>oxycodone oral tablet 15 mg, 30 mg, 5 mg</i> (Roxicodone)	Tier 1	
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg</i> (OxyContin)	Tier 1	ST: 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)
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 80 mg</i> (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)

Drug	Status	Notes
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)
<i>oxymorphone oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	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)
<i>oxymorphone oral tablet extended release 12 hr 30 mg, 40 mg</i>	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)
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	Tier 1	
<i>tramadol oral tablet 50 mg</i> (Ultram)	Tier 1	Age (Min 12 Years)
<i>tramadol oral tablet extended release 24 hr 100 mg</i>	Tier 1	QL (3 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet extended release 24 hr 200 mg, 300 mg</i>	Tier 1	QL (1 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet, er multiphase 24 hr 100 mg</i>	Tier 1	QL (3 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet, er multiphase 24 hr 200 mg, 300 mg</i>	Tier 1	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)

Drug	Status	Notes
<b>Antimigraine Preparations</b>		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	Tier 2	PA
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	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)
<i>dihydroergotamine injection solution 1 mg/ml</i> (D.H.E.45)	Tier 1	QL (10 ML per 14 days)
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal)	Tier 1	ST: Prior prescription for 2 of the following in the past 365 days: Dihydroergotamine Mesylate, Ergomar, Ergotamine Tartrate/caffeine, Migergot, or Sumatriptan; QL (8 ML per 28 days)
<i>eletriptan oral tablet 20 mg, 40 mg</i> (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)
<i>ergotamine-caffeine oral tablet 1-100 mg</i> (Cafergot)	Tier 1	QL (40 EA per 28 days)



Drug	Status	Notes
<i>frovatriptan oral tablet 2.5 mg</i> (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)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i> (Amerge)	Tier 1	QL (18 EA per 30 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	Tier 3	PA
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)
<i>rizatriptan oral tablet 10 mg</i> (Maxalt)	Tier 1	QL (18 EA per 30 days)
<i>rizatriptan oral tablet 5 mg</i>	Tier 1	QL (18 EA per 30 days)
<i>rizatriptan oral tablet,disintegrating 10 mg</i> (Maxalt-MLT)	Tier 1	QL (18 EA per 30 days)
<i>rizatriptan oral tablet,disintegrating 5 mg</i>	Tier 1	QL (18 EA per 30 days)

Drug	Status	Notes
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
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

Drug	Status	Notes
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)
<b>Calcitonin Gene-Related Peptide (Cgrp) Inhibitors</b>		
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	Tier 2	PA
<b>Narc. &amp; Non-Sal. Analgesic, Barbiturate &amp; Xanthine Cmb</b>		
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	Tier 1	Age (Min 12 Years)
<b>Narcotic &amp; Salicylate Analgesics, Barb. &amp; Xanthine</b>		
ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG	Tier 1	Age (Min 12 Years)
BUTALBITAL COMPOUND W/CODEINE ORAL CAPSULE 30-50- 325-40 MG	Tier 1	Age (Min 12 Years)
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i> (Ascomp with Codeine)	Tier 1	Age (Min 12 Years)
<b>Narcotic Analgesic &amp; Non-Salicylate Analgesic Comb</b>		
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i>	Tier 1	Age (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg</i>	Tier 1	Age (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-30 mg</i> (Tylenol-Codeine #3)	Tier 1	Age (Min 12 Years)
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	Tier 1	
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	Tier 1	
<i>hydrocodone-acetaminophen oral tablet 10-300 mg</i> (Vicodin HP)	Tier 1	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg</i> (Lorcet HD)	Tier 1	

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

Drug	Status	Notes
<b>Skeletal Muscle</b>		
<b>Relaxant,Salicylate,Narc Analgesic</b>		
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	Tier 1	Age (Min 12 Years)
<b>Parkinsons Disease</b>		
<b>Antiparkinsonism</b>		
<b>Drugs,Anticholinergic</b>		
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	MO
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	Tier 1	MO
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	Tier 1	MO
<b>Antiparkinsonism Drugs,Other</b>		
<i>amantadine hcl oral capsule 100 mg</i>	Tier 1	MO
<i>amantadine hcl oral solution 50 mg/5 ml</i>	Tier 1	MO
<i>amantadine hcl oral tablet 100 mg</i>	Tier 1	MO
<i>bromocriptine oral capsule 5 mg</i> (Parlodel)	Tier 1	MO
<i>bromocriptine oral tablet 2.5 mg</i> (Parlodel)	Tier 1	MO
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i> (Sinemet)	Tier 1	MO
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	Tier 1	MO
<i>carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 1	MO
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg</i> (Stalevo 50)	Tier 1	MO
<i>carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg</i> (Stalevo 75)	Tier 1	MO
<i>carbidopa-levodopa-entacapone oral tablet 25-100-200 mg</i> (Stalevo 100)	Tier 1	MO
<i>carbidopa-levodopa-entacapone oral tablet 31.25-125-200 mg</i> (Stalevo 125)	Tier 1	MO
<i>carbidopa-levodopa-entacapone oral tablet 37.5-150-200 mg</i> (Stalevo 150)	Tier 1	MO
<i>carbidopa-levodopa-entacapone oral tablet 50-200-200 mg</i> (Stalevo 200)	Tier 1	MO
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML	Tier 4	PA
<i>entacapone oral tablet 200 mg</i> (Comtan)	Tier 1	MO
INBRIJA INHALATION CAPSULE 42 MG	Tier 4	PA
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	Tier 4	PA

Drug	Status	Notes
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
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i> (Mirapex)	Tier 1	MO
<i>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</i> (Mirapex ER)	Tier 1	MO; QL (1 EA per 1 day)
<i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)	Tier 1	MO; QL (1 EA per 1 day)
<i>ropinirole oral tablet 0.25 mg, 3 mg, 5 mg</i> (Requip)	Tier 1	MO
<i>ropinirole oral tablet 0.5 mg, 1 mg, 2 mg, 4 mg</i>	Tier 1	MO
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 6 mg</i> (Requip XL)	Tier 1	MO; QL (1 EA per 1 day)
<i>ropinirole oral tablet extended release 24 hr 4 mg, 8 mg</i>	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)
<i>selegiline hcl oral capsule 5 mg</i>	Tier 1	MO
<i>selegiline hcl oral tablet 5 mg</i>	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)
ZELAPAR ORAL TABLET, DISINTEGRATING 1.25 MG	Tier 3	MO; QL (2 EA per 1 day)
<b>Decarboxylase Inhibitors</b>		
<i>carbidopa oral tablet 25 mg</i> (Lodosyn)	Tier 1	MO

Drug	Status	Notes
<b>Seizure Disorder</b>		
<b>Anticonvulsant - Benzodiazepine Type</b>		
<i>clobazam oral suspension 2.5 mg/ml</i> (Onfi)	Tier 1	QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)	Tier 1	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Klonopin)	Tier 1	MO
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	Tier 1	MO; QL (4 EA per 1 day)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	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)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg</i> (Diastat AcuDial)	Tier 1	QL (1 EA per 30 days)
<i>diazepam rectal kit 2.5 mg</i> (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)
<b>Anticonvulsant - Cannabinoid Type</b>		
EPIDIOLEX ORAL SOLUTION 100 MG/ML	Tier 4	PA

Drug	Status	Notes
<b>Anticonvulsants</b>		
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, 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)
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, 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, 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, Lamictal XR, Lamotrigine, Topiramate, Trokendi XR, or Valproic Acid in the past 130 days; QL (16 EA per 1 day)



Drug	Status	Notes
BANZEL ORAL TABLET 400 MG	Tier 3	ST: Prior prescription for Divalproex Sodium, Lamictal, 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, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide; QL (2 EA per 1 day)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> (Carbatrol)	Tier 1	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)	Tier 1	MO
<i>carbamazepine oral tablet 200 mg</i> (Epilex)	Tier 1	MO
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR)	Tier 1	MO
<i>carbamazepine oral tablet, chewable 100 mg</i>	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

Drug	Status	Notes
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
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i> (Depakote Sprinkles)	Tier 1	MO
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER)	Tier 1	MO
<i>divalproex oral tablet, delayed release (drlec) 125 mg, 250 mg, 500 mg</i> (Depakote)	Tier 1	MO
EPITOL ORAL TABLET 200 MG	Tier 1	MO
<i>ethosuximide oral capsule 250 mg</i> (Zarontin)	Tier 1	MO
<i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)	Tier 1	MO
<i>felbamate oral suspension 600 mg/5 ml</i> (Felbatol)	Tier 1	MO; ST: Prior prescription for Lamictal, Lamictal XR, Lamotrigine, Topiramate, or Trokendi XR in the past 130 days; QL (900 ML per 30 days)
<i>felbamate oral tablet 400 mg</i> (Felbatol)	Tier 1	MO; ST: Prior prescription for Lamictal, Lamictal XR, Lamotrigine, Topiramate, or Trokendi XR in the past 130 days; QL (9 EA per 1 day)
<i>felbamate oral tablet 600 mg</i> (Felbatol)	Tier 1	MO; ST: Prior prescription for Lamictal, Lamictal XR, Lamotrigine, Topiramate, or Trokendi XR in the past 130 days; QL (6 EA per 1 day)

Drug	Status	Notes
FELBATOL ORAL SUSPENSION 600 MG/5 ML	Tier 3	MO; ST: Prior prescription for Lamictal, 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, 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, Lamictal XR, Lamotrigine, Topiramate, or Trokendi XR in the past 130 days; QL (6 EA per 1 day)
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	Tier 3	PA; MO
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, 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
FYCOMPA ORAL TABLET 2 MG	Tier 3	MO; ST: Prior prescription for 2 of the following in the past 365 days: Carbamazepine, Divalproex Sodiumm, Equetro, Gabapentin, Lamictal, 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 Sodiumm, Equetro, Gabapentin, Lamictal, 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)
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i> (Neurontin)	Tier 1	MO
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	Tier 1	MO
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	Tier 1	MO
<i>gabapentin oral tablet 600 mg, 800 mg</i> (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 Sodiumm, Equetro, Gabapentin, Lamictal, 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 Sodiumm, Equetro, Gabapentin, Lamictal, 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)

Drug	Status	Notes
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
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)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Subvenite)	Tier 1	MO
<i>lamotrigine oral tablet extended release 24hr 100 mg</i> (Lamictal XR)	Tier 1	MO; ST: Prior prescription for immediate-release Lamotrigine in the past 130 days; QL (3 EA per 1 day)
<i>lamotrigine oral tablet extended release 24hr 200 mg, 250 mg, 300 mg</i> (Lamictal XR)	Tier 1	MO; ST: Prior prescription for immediate-release Lamotrigine in the past 130 days; QL (2 EA per 1 day)
<i>lamotrigine oral tablet extended release 24hr 25 mg, 50 mg</i> (Lamictal XR)	Tier 1	MO; ST: Prior prescription for immediate-release Lamotrigine in the past 130 days; QL (6 EA per 1 day)
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> (Lamictal)	Tier 1	MO
<i>lamotrigine oral tablet, disintegrating 100 mg</i> (Lamictal ODT)	Tier 1	MO; ST: Prior prescription for immediate-release Lamotrigine in the past 130 days; QL (3 EA per 1 day)
<i>lamotrigine oral tablet, disintegrating 200 mg</i> (Lamictal ODT)	Tier 1	MO; ST: Prior prescription for immediate-release Lamotrigine in the past 130 days; QL (2 EA per 1 day)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>lamotrigine oral tablet, disintegrating 25 mg, 50 mg</i> (Lamictal ODT)	Tier 1	MO; ST: Prior prescription for immediate-release Lamotrigine in the past 130 days; QL (6 EA per 1 day)
<i>levetiracetam oral solution 100 mg/ml</i> (Keppra)	Tier 1	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	Tier 1	MO
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> (Keppra)	Tier 1	MO
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> (Keppra XR)	Tier 1	MO
MYSOLINE ORAL TABLET 250 MG, 50 MG	Tier 2	MO
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
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> (Trileptal)	Tier 1	MO
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal)	Tier 1	MO
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 600 MG	Tier 3	MO
PEGANONE ORAL TABLET 250 MG	Tier 2	MO
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	Tier 2	MO
<i>phenytoin oral suspension 100 mg/4 ml</i>	Tier 1	MO
<i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125)	Tier 1	MO
<i>phenytoin oral tablet, chewable 50 mg</i> (Dilantin Infatabs)	Tier 1	MO
<i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin Extended)	Tier 1	MO
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek)	Tier 1	MO
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i> (Lyrica)	Tier 1	MO
<i>pregabalin oral solution 20 mg/ml</i> (Lyrica)	Tier 1	MO
<i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)	Tier 1	MO

Drug	Status	Notes
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
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, 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



Drug	Status	Notes
<i>tiagabine oral tablet 12 mg, 2 mg, 4 mg</i> (Gabitril)	Tier 1	MO; ST: Prior prescription for 2 of the following in the past 365 days: Carbamazepine, Divalproex Sodiumm, Equetro, Gabapentin, Lamictal, 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)
<i>tiagabine oral tablet 16 mg</i> (Gabitril)	Tier 1	MO; ST: Prior prescription for 2 of the following in the past 365 days: Carbamazepine, Divalproex Sodiumm, Equetro, Gabapentin, Lamictal, 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)
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
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)	Tier 1	MO
<i>topiramate oral capsule, sprinkle, er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i> (Qudexy XR)	Tier 1	MO
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (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

Drug	Status	Notes
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)
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i>	Tier 1	MO
<i>valproic acid oral capsule 250 mg</i>	Tier 1	MO
<i>vigabatrin oral powder in packet 500 mg</i> (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, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Tiagabine HCL, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide; QL (6 EA per 1 day)
<i>vigabatrin oral tablet 500 mg</i> (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, 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
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, 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 Sodiumm, Equetro, Gabapentin, Lamictal, 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)
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 Sodiumm, Equetro, Gabapentin, Lamictal, 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
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 Sodiumm, Equetro, Gabapentin, Lamictal, 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 Sodiumm, Equetro, Gabapentin, Lamictal, 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 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 Sodiumm, Equetro, Gabapentin, Lamictal, 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)

Drug	Status	Notes
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, 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, 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)
<i>zonisamide oral capsule 100 mg</i> (Zonegran)	Tier 1	MO
<i>zonisamide oral capsule 25 mg</i> (Zonegran)	Tier 1	MO; QL (6 EA per 1 day)
<i>zonisamide oral capsule 50 mg</i>	Tier 1	MO
<b>Skeletal Muscle Disorder</b>		
<b>Skeletal Muscle Relaxants</b>		
<i>baclofen oral tablet 10 mg, 20 mg</i>	Tier 1	MO
<i>baclofen oral tablet 5 mg</i>	Tier 1	MO; QL (3 EA per 1 day)
<i>carisoprodol oral tablet 250 mg, 350 mg</i> (Soma)	Tier 1	
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	Tier 1	
<i>chlorzoxazone oral tablet 500 mg</i>	Tier 1	

Drug	Status	Notes
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>dantrolene oral capsule 100 mg</i>	Tier 1	
<i>dantrolene oral capsule 25 mg, 50 mg</i> (Dantrium)	Tier 1	
METAXALL ORAL TABLET 800 MG	Tier 1	
<i>metaxalone oral tablet 400 mg</i>	Tier 1	
<i>metaxalone oral tablet 800 mg</i> (Metaxall)	Tier 1	
<i>methocarbamol oral tablet 500 mg</i>	Tier 1	
<i>methocarbamol oral tablet 750 mg</i> (Robaxin-750)	Tier 1	
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	Tier 1	
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i> (Zanaflex)	Tier 1	MO
<i>tizanidine oral tablet 2 mg</i>	Tier 1	MO
<i>tizanidine oral tablet 4 mg</i> (Zanaflex)	Tier 1	MO
<b>Smoking Cessation</b>		
<b>Smoking Deterrent Agents (Ganglionic Stim,Others)</b>		
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)
<b>Smoking Deterrent-Nicotinic Recept.Partial Agonist</b>		
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)
<b>Smoking Deterrents, Other</b>		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	Tier 1	
<b>Upper Gastrointestinal Disorders - Digestive</b>		
<b>Gastric Enzymes</b>		
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	Tier 4	PA; QL (240 ML per 30 days)
<b>Pancreatic Enzymes</b>		
CREON ORAL CAPSULE, DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	Tier 2	MO

Drug	Status	Notes
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	
VIKACE 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
<b>Upper Gastrointestinal Disorders - Spastic Disease</b>		
<b>Anticholinergics/Antispasmodics</b>		
<i>dicyclomine intramuscular solution 10 mg/ml</i> (Bentyl)	Tier 1	
<i>dicyclomine oral capsule 10 mg</i>	Tier 1	
<i>dicyclomine oral solution 10 mg/5 ml</i>	Tier 1	
<i>dicyclomine oral tablet 20 mg</i>	Tier 1	
<b>Belladonna Alkaloids</b>		
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
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i> (Hyosyne)	Tier 1	MO
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i> (Hyosyne)	Tier 1	MO
<i>hyoscyamine sulfate oral tablet 0.125 mg</i> (Oscimin)	Tier 1	MO
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i> (Oscimin SR)	Tier 1	MO
<i>hyoscyamine sulfate oral tablet, disintegrating 0.125 mg</i> (Ed-Spaz)	Tier 1	MO
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i> (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 2	MO
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	Tier 1	
NULEV ORAL TABLET, DISINTEGRATING 0.125 MG	Tier 2	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
<i>phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 -0.0194 mg/5 ml</i> (Donnatal)	Tier 1	ST: Prior prescription for Bentlyl, Dicyclomine HCL, Hyoscyamine Sulfate, Levsin, or Symax Duotab in the past 130 days; QL (40 ML per 1 day)
<i>phenobarb-hyoscy-atropine-scop oral tablet 16.2-0.1037 -0.0194 mg</i> (Donnatal)	Tier 1	ST: Prior prescription for Bentlyl, Dicyclomine HCL, Hyoscyamine Sulfate, Levsin, or Symax Duotab in the past 130 days; QL (240 EA per 30 days)



Drug	Status	Notes
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)
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
<b>Upper Gastrointestinal Disorders - Ulcer Disease</b>		
<b>Anticholinergics, Quaternary Ammonium</b>		
<i>chlordiazepoxide-clidinium oral capsule</i> (Librax (with clidinium)) 5-2.5 mg	Tier 1	
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML)	Tier 3	
<i>glycopyrrolate oral tablet</i> 1 mg, 2 mg	Tier 1	
<i>propantheline oral tablet</i> 15 mg	Tier 1	
<b>Anti-Ulcer Preparations</b>		
<i>misoprostol oral tablet</i> 100 mcg, 200 mcg (Cytotec)	Tier 1	MO
<i>sucralfate oral suspension</i> 100 mg/ml (Carafate)	Tier 1	MO
<i>sucralfate oral tablet</i> 1 gram (Carafate)	Tier 1	MO
<b>Anti-Ulcer-H.Pylori Agents</b>		
PYLERA ORAL CAPSULE 140-125-125 MG	Tier 3	QL (12 EA per 1 day)
<b>Histamine H2-Receptor Inhibitors</b>		
<i>cimetidine hcl oral solution</i> 300 mg/5 ml	Tier 1	MO
<i>cimetidine oral tablet</i> 300 mg, 400 mg, 800 mg	Tier 1	MO

Drug	Status	Notes
<i>famotidine (pf) intravenous solution 20 mg/2 ml</i>	Tier 1	
<i>famotidine intravenous solution 10 mg/ml</i>	Tier 1	
<i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i>	Tier 1	MO
<i>famotidine oral tablet 40 mg</i> (Pepcid)	Tier 1	MO
<i>nizatidine oral capsule 150 mg, 300 mg</i>	Tier 1	MO
<i>nizatidine oral solution 150 mg/10 ml</i>	Tier 1	MO
<b>Intestinal Motility Stimulants</b>		
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	Tier 1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)	Tier 1	
MOTTEGRITY 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)
<b>Proton-Pump Inhibitors</b>		
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG, 60 MG	Tier 3	PA; MO; QL (30 EA per 30 days)
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i> (Nexium)	Tier 1	MO; QL (2 EA per 1 day)
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg</i> (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)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i> (Nexium Packet)	Tier 1	
<i>esomeprazole sodium intravenous recon soln 40 mg</i> (Nexium IV)	Tier 1	
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i> (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)

Drug	Status	Notes
<i>omeprazole oral capsule, delayed release (drlec) 10 mg, 40 mg</i>	Tier 1	MO
<i>pantoprazole oral tablet, delayed release (drlec) 20 mg, 40 mg</i> (Protonix)	Tier 1	MO
<i>rabeprazole oral tablet, delayed release (drlec) 20 mg</i> (AcipHex)	Tier 1	MO; QL (30 EA per 30 days)
<b>Urinary Tract - Functional Disorders</b>		
<b>Benign Prostatic Hypertrophy/Micturition Agents</b>		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	Tier 1	MO
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	Tier 1	MO
<i>finasteride oral tablet 5 mg</i> (Proscar)	Tier 1	MO
<i>tamsulosin oral capsule 0.4 mg</i> (Flomax)	Tier 1	MO
<b>Bph Agents, 5-Alpha-Red Inh &amp; Alpha-1-Adr Antg Cmb</b>		
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i> (Jalyn)	Tier 1	
<b>Cystine-Depleting Agents, Nephropathic Cystinosis</b>		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	Tier 4	
<b>Kidney Stone Agents</b>		
THIOLA EC ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG, 300 MG	Tier 4	PA
THIOLA ORAL TABLET 100 MG	Tier 4	PA
<b>Overactive Bladder Agents, Beta-3 Adrenergic Recep</b>		
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)
<b>Urinary Ph Modifiers</b>		
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	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10)	Tier 1	
<i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15)	Tier 1	

Drug	Status	Notes
<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i> (Urocit-K 5)	Tier 1	
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	Tier 3	
SHOHL'S MODIFIED ORAL SOLUTION 500-300 MG/5 ML	Tier 2	
UROQID-ACID NO.2 ORAL TABLET 500-500 MG	Tier 2	
<b>Urinary Tract Analgesic Agents</b>		
ELMIRON ORAL CAPSULE 100 MG	Tier 2	QL (3 EA per 1 day)
<b>Urinary Tract Anesthetic/Analgesic Agnt (Azo-Dye)</b>		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i> (Pyridium)	Tier 1	
PYRIDIUM ORAL TABLET 100 MG, 200 MG	Tier 2	
<b>Urinary Tract Antispasmodic, M(3) Selective Antag.</b>		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	Tier 1	ST: Prior prescription for Oxybutynin Chloride in the past 130 days; QL (1 EA per 1 day)
<b>Urinary Tract Antispasmodic/Antiincontinence Agent</b>		
<i>flavoxate oral tablet 100 mg</i>	Tier 1	MO
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	Tier 1	MO
<i>oxybutynin chloride oral tablet 5 mg</i>	Tier 1	MO
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg</i> (Ditropan XL)	Tier 1	MO
<i>oxybutynin chloride oral tablet extended release 24hr 15 mg</i>	Tier 1	MO
<i>oxybutynin chloride oral tablet extended release 24hr 5 mg</i> (Ditropan XL)	Tier 1	MO; QL (34 EA per 1 FILL)
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i> (Detrol LA)	Tier 1	MO
<i>tolterodine oral tablet 1 mg, 2 mg</i> (Detrol)	Tier 1	MO
<i>tropium oral capsule,extended release 24hr 60 mg</i>	Tier 1	MO; ST: Prior prescription for Gelnique, Oxybutynin Chloride, Oxytrol, Tolterodine Tartrate, or Trosipium Chloride in the past 130 days

Drug	Status	Notes
<i>trosipium oral tablet 20 mg</i>	Tier 1	MO; ST: Prior prescription for Gelnique, Oxybutynin Chloride, Oxytrol, Tolterodine Tartrate, or Trosipium Chloride in the past 130 days
<b>Vaginal Disorders</b>		
<b>Vaginal Antibiotics</b>		
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)
<i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)	Tier 1	
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 %	Tier 3	
<i>metronidazole vaginal gel 0.75 %</i> (Vandazole)	Tier 1	
NUVESSA VAGINAL GEL 1.3 %	Tier 3	
VANAZOLE VAGINAL GEL 0.75 %	Tier 3	
<b>Vaginal Antifungals</b>		
GYNAZOLE-1 VAGINAL CREAM 2 %	Tier 3	
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG	Tier 1	QL (3 EA per 1 FILL)
<i>terconazole vaginal cream 0.4 %</i>	Tier 1	QL (45 GM per 1 FILL)
<i>terconazole vaginal cream 0.8 %</i>	Tier 1	QL (20 GM per 1 FILL)
<i>terconazole vaginal suppository 80 mg</i>	Tier 1	QL (3 EA per 1 FILL)
<b>Vaginal Antiseptics</b>		
FEM PH VAGINAL GEL 0.9-0.025 %	Tier 3	
RELAGARD VAGINAL GEL 0.9-0.025 %	Tier 2	
<b>Vaginal Estrogen For Sexual Dysfunction</b>		
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	Tier 3	QL (18 EA per 28 days)
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG	Tier 3	QL (18 EA per 28 days)
<b>Vaginal Estrogen Preparations</b>		
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> (Estrace)	Tier 1	MO

Drug	Status	Notes
<i>estradiol vaginal tablet 10 mcg</i> (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
<b>Vitamin And/Or Mineral Deficiency</b>		
<b>Fluoride Preparations</b>		
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	Tier 1	AGE: 6 MONTHS-6 YEARS
<i>fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride)</i> (Ludent Fluoride)	Tier 1	AGE: 6 MONTHS-6 YEARS
<i>fluoride (sodium) oral tablet,chewable 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i> (Fluoritab)	Tier 1	AGE: 6 MONTHS-6 YEARS
<b>Folic Acid Preparations</b>		
<i>folic acid injection solution 5 mg/ml</i>	Tier 1	
<i>folic acid oral tablet 1 mg</i>	Tier 1	MO
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	Tier 1	MO; \$0 COPAY IF AGE 18-62 YEARS; G: Female only; Age (Min 18 Years and Max 62 Years)
<b>Iron Replacement</b>		
INFED INJECTION SOLUTION 50 MG/ML	Tier 2	
INJECTAFER INTRAVENOUS SOLUTION 50 IRON MG/ML	Tier 4	
<i>sodium ferric gluconat-sucrose intravenous solution 62.5 mg/5 ml</i> (Ferrelecit)	Tier 1	
<b>Magnesium Salts Replacement</b>		
<i>magnesium sulfate injection solution 4 meq/ml (50 %)</i>	Tier 1	
<b>Multivitamin Preparations</b>		
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	
<b>Prenatal Vitamin Preparations</b>		
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK, TABLET AND CAP, DR 27 MG IRON-1 MG -374 MG	Tier 1	

Drug	Status	Notes
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	
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	

Drug	Status	Notes
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	
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	



Drug	Status	Notes
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	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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	
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	
TARON-PREX PRENATAL-DHA ORAL CAPSULE 30 MG IRON-1.2 MG-55 MG- 265 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	
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	

Drug	Status	Notes
VINATE II ORAL TABLET 29 MG IRON-1 MG	Tier 1	
VINATE M ORAL TABLET 27 MG IRON-1 MG	Tier 1	
VINATE ONE ORAL TABLET 60 MG IRON-1 MG	Tier 1	
VINATE ULTRA ORAL TABLET 90-1-50 MG	Tier 1	
VIRT-C DHA ORAL CAPSULE 35-1-200 MG	Tier 1	
VIRT-NATE DHA ORAL CAPSULE 28 MG IRON-1 MG -200 MG	Tier 1	
VIRT-PN DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG	Tier 1	
VIRT-PN PLUS ORAL CAPSULE 28-1-300 MG	Tier 1	
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	

Drug	Status	Notes
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	
<b>Prenatal Vitamins Without Iron</b>		
ZINGIBER ORAL TABLET 1.2 MG-40 MG- 124.1 MG-100 MG	Tier 1	
<b>Vitamin A Preparations</b>		
AQUASOL A INTRAMUSCULAR SOLUTION 50,000 UNIT/ML	Tier 2	
<b>Vitamin B Preparations</b>		
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	
<b>Vitamin B1 Preparations</b>		
<i>thiamine hcl (vitamin b1) injection solution 100 mg/ml</i>	Tier 1	
<b>Vitamin B12 Preparations</b>		
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	Tier 1	MO
<i>hydroxocobalamin intramuscular solution 1,000 mcg/ml</i>	Tier 1	
NASCOBAL NASAL SPRAY, NON- AEROSOL 500 MCG/SPRAY	Tier 3	PA; QL (4 EA per 28 days)
<b>Vitamin B6 Preparations</b>		
<i>pyridoxine (vitamin b6) injection solution 100 mg/ml</i>	Tier 1	
<b>Vitamin C Preparations</b>		
<i>ascorbic acid (vitamin c) injection solution 500 mg/ml</i>	Tier 1	
<b>Vitamin D Preparations</b>		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> (Rocaltrol)	Tier 1	MO
<i>calcitriol oral solution 1 mcg/ml</i> (Rocaltrol)	Tier 1	MO
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i> (Vitamin D2)	Tier 1	MO

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
VITAMIN D2 ORAL CAPSULE 1,250 MCG (50,000 UNIT)	Tier 1	MO



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