



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.

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

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

| Drug | Status | Notes |
|---|--------|---|
| Nasal Anti-Inflammatory Steroids | | |
| <i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i> | Tier 1 | QL (75 ML per 1 FILL) |
| <i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i> (Nasonex) | Tier 1 | QL (17 GM per 30 days) |
| QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION | Tier 2 | ST: Prior prescription for Flunisolide in the past 130 days; QL (4.9 GM per 30 days) |
| Antiemesis/Antivertigo | | |
| Antiemetic, Cannabinoid-Type | | |
| CESAMET ORAL CAPSULE 1 MG | Tier 3 | ST: Prior prescription for Ondansetron HCL or Ondansetron in the past 130 days; QL (6 EA per 1 day) |
| <i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol) | Tier 1 | QL (2 EA per 1 day) |
| Antiemetic/Antivertigo Agents | | |
| AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG | Tier 3 | PA; QL (1 EA per 28 days) |
| <i>aprepitant oral capsule 125 mg</i> | Tier 1 | QL (1 EA per 1 FILL) |
| <i>aprepitant oral capsule 40 mg</i> (Emend) | Tier 1 | QL (1 EA per 1 FILL) |
| <i>aprepitant oral capsule 80 mg</i> (Emend) | Tier 1 | QL (2 EA per 1 FILL) |
| <i>aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)</i> (Emend) | Tier 1 | QL (3 EA per 1 FILL) |
| COMPRO RECTAL SUPPOSITORY 25 MG | Tier 1 | |
| EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.) | Tier 2 | QL (3 EA per 21 days) |
| <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 | |
| <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 | |

| Drug | Status | Notes |
|---|--------|---|
| PHENADOZ RECTAL SUPPOSITORY 12.5 MG, 25 MG | 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</i> (Phenadoz) | Tier 1 | |
| <i>promethazine rectal suppository 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 |
| ZUPLENZ ORAL FILM 8 MG | Tier 3 | ST: Prior prescription for Ondansetron HCL or Ondansetron in the past 130 days; QL (1 EA per 3 days) |
| Asthma And Copd | | |
| Anticholinergic, Orally Inhaled Short Acting | | |
| ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION | Tier 2 | MO; QL (25.8 GM per 1 FILL) |
| <i>ipratropium bromide inhalation solution 0.02 %</i> | Tier 1 | MO |
| Anticholinergics, Orally Inhaled Long Acting | | |
| INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION | Tier 3 | MO; ST: Prior prescription for Spiriva Respimat or Spiriva in the past 130 days; QL (30 EA per 30 days) |

| Drug | Status | Notes |
|--|--------|---|
| 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) |
| Beta-Adrenergic Agents | | |
| <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 | |
| Beta-Adrenergic Agents, Inhaled, Short Acting | | |
| <i>albuterol sulfate inhalation hfa aerosol inhaler (ProAir HFA) 90 mcg/actuation</i> | 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 (Xopenex) nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/3 ml</i> | Tier 1 | MO |
| <i>levalbuterol tartrate inhalation hfa aerosol (Xopenex HFA) inhaler 45 mcg/actuation</i> | Tier 1 | MO; QL (45 GM per 1 FILL) |
| PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION | Tier 2 | MO; QL (2 EA per 30 days) |
| Beta-Adrenergic Agents, Inhaled, Ultra-Long Acting | | |
| ARCAPTA NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE 75 MCG | Tier 3 | MO; QL (1 EA per 1 day) |
| STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION | Tier 2 | MO; QL (4 GM per 30 days) |

| Drug | Status | Notes |
|---|--------|--|
| Beta-Adrenergic Agents, Orally Inhaled, Long Acting | | |
| BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML | Tier 3 | MO; 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) |
| Beta-Adrenergic And Anticholinergic Combinations | | |
| ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION | Tier 2 | MO; QL (60 EA per 30 days) |
| BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG | Tier 3 | MO; ST: Prior prescription for 2 of the following in the past 365 days: Anoro Ellipta, Foradil, Spiriva Respimat, or Spiriva; QL (10.7 GM per 30 days) |
| COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION | Tier 2 | MO; QL (8 GM per 30 days) |
| <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) |
| UTIBRON NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE 27.5-15.6 MCG | Tier 3 | MO; ST: Prior prescription for 2 of the following in the past 365 days: Anoro Ellipta, Spiriva Respimat, or Spiriva; QL (60 EA per 30 days) |
| Beta-Adrenergic And Glucocorticoid Combinations | | |
| ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE | Tier 2 | MO; QL (60 EA per 30 days) |
| ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION | Tier 2 | MO; QL (12 GM per 30 days) |
| BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE | Tier 2 | MO; QL (60 EA per 30 days) |
| DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION | Tier 2 | MO; QL (13 GM per 30 days) |

| Drug | Status | Notes |
|---|--------|--|
| <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, Dulera, Fluticasone Propionate/salmeterol, or Symbicort in the past 130 days; QL (1 EA per 30 days) |
| SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION | Tier 2 | MO; QL (10.2 GM per 30 days) |
| Beta-Adrenergic-Anticholinergic-Glucocort, Inhaled | | |
| 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) |
| Glucocorticoids, Orally Inhaled | | |
| ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION | Tier 3 | MO; ST: Prior prescription for 2 of the following in the past 365 days: Flovent Diskus, Flovent HFA, or Qvar; QL (12.2 GM per 25 days) |
| ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION | Tier 3 | MO; ST: Prior prescription for 2 of the following in the past 365 days: Asmanex HFA, Asmanex, Pulmicort Flexhaler, or Qvar; QL (30 EA per 30 days) |
| ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION | Tier 3 | MO; QL (13 GM per 30 days) |
| ASMANEX 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) |

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

| Drug | Status | Notes |
|---|--------|--|
| Leukotriene Receptor Antagonists | | |
| <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 |
| <i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate) | Tier 1 | MO; QL (2 EA per 1 day) |
| Mast Cell Stabilizers | | |
| <i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom) | Tier 1 | QL (40 ML per 1 day) |
| Mast Cell Stabilizers, Orally Inhaled | | |
| <i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i> | Tier 1 | MO; QL (16 ML per 1 day) |
| Phosphodiesterase-4 (Pde4) Inhibitors | | |
| DALIRESP ORAL TABLET 250 MCG | Tier 2 | ST: Prior prescription for Breo Ellipta, Fluticasone Propionate/salmeterol, Serevent Diskus, Spiriva Respimat, Spiriva, or Symbicort in the past 130 days; QL (1 EA per 1 day) |
| DALIRESP ORAL TABLET 500 MCG | Tier 2 | MO; ST: Prior prescription for Breo Ellipta, Fluticasone Propionate/salmeterol, Serevent Diskus, Spiriva Respimat, Spiriva, or Symbicort in the past 130 days; QL (1 EA per 1 day) |
| Xanthines | | |
| <i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i> | Tier 1 | |
| THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG | 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 |

| Drug | Status | Notes |
|--|--------|--|
| <i>theophylline oral tablet extended release 12 hr</i> 300 mg, 450 mg | Tier 1 | MO; QL (4 EA per 1 day) |
| <i>theophylline oral tablet extended release 24 hr</i> 400 mg, 600 mg | Tier 1 | MO |
| Autonomic Nervous System Disorders | | |
| Alzheimer's Therapy, Nmda Receptor | | |
| Antagonists | | |
| <i>memantine oral capsule, sprinkle, er 24hr</i> 14 mg, 21 mg, 28 mg, 7 mg (Namenda XR) | Tier 1 | MO; QL (30 EA per 30 days) |
| <i>memantine oral tablet</i> 10 mg, 5 mg (Namenda) | Tier 1 | MO; QL (60 EA per 30 days) |
| <i>memantine oral tablets, dose pack</i> 5-10 mg (Namenda Titration Pak) | Tier 1 | MO; QL (49 EA per 28 days) |
| NAMENDA XR ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7-14-21-28 MG | Tier 2 | MO; QL (28 EA per 28 days) |
| Alzheimer's Thx, Nmda Recept Antag & Cholines Inhib | | |
| NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7/14/21/28 MG-10 MG | Tier 3 | MO; ST: Prior prescription for 2 of the following in the past 365 days: Donepezil HCL, Memantine HCL, or Namenda XR; QL (1 EA per 1 day) |
| NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG | Tier 3 | MO; ST: Prior prescription for 2 of the following in the past 365 days: Donepezil HCL, Memantine HCL, or Namenda XR; QL (1 EA per 1 day) |
| Cholinesterase Inhibitors | | |
| <i>donepezil oral tablet</i> 10 mg, 23 mg, 5 mg (Aricept) | Tier 1 | MO |
| <i>donepezil oral tablet, disintegrating</i> 10 mg, 5 mg | Tier 1 | MO |
| <i>galantamine oral capsule, ext rel. pellets</i> 24 hr 16 mg, 24 mg, 8 mg (Razadyne ER) | Tier 1 | MO |
| <i>galantamine oral solution</i> 4 mg/ml | Tier 1 | MO |
| <i>galantamine oral tablet</i> 12 mg, 4 mg, 8 mg (Razadyne) | Tier 1 | MO |
| <i>pyridostigmine bromide oral syrup</i> 60 mg/5 ml (Mestinon) | Tier 1 | PA |
| <i>pyridostigmine bromide oral tablet</i> 60 mg (Mestinon) | Tier 1 | |
| <i>pyridostigmine bromide oral tablet extended release</i> 180 mg (Mestinon Timespan) | Tier 1 | |
| <i>rivastigmine tartrate oral capsule</i> 1.5 mg, 3 mg, 4.5 mg, 6 mg | Tier 1 | MO |

| Drug | Status | Notes |
|--|--------|---|
| <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) |
| Behavioral Health - Antidepressants | | |
| Alpha-2 Receptor Antagonist | | |
| Antidepressants | | |
| <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 |
| Maois - Non-Selective & Irreversible | | |
| 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 |
| Norepinephrine And Dopamine Reuptake Inhib (Ndris) | | |
| <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) |
| Selective Serotonin Reuptake Inhibitor (SsrIs) | | |
| <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 (dr/ec) 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 |
| <i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i> | Tier 1 | MO; 68 PER YEAR; QL (60 EA per 30 days) |

| Drug | Status | Notes |
|---|---------------|--|
| <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) |
| <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) |
| 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) |
| Serotonin-2 Antagonist/Reuptake Inhibitors (Saris) | | |
| <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 |
| Serotonin-Norepinephrine Reuptake-Inhib (Snris) | | |
| <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 extended release 24 hr 100 mg, 50 mg</i> (Pristiq) | Tier 1 | MO; ST: Prior prescription for 2 of the following in the past 365 days: Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Paxil, Sertraline HCL, or Venlafaxine HCL; QL (34 EA per 1 FILL) |
| <i>desvenlafaxine succinate oral tablet extended release 24 hr 25 mg</i> (Pristiq) | Tier 1 | MO; ST: Prior prescription for 2 of the following in the past 365 days: Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Paxil, Sertraline HCL, or Venlafaxine HCL; QL (1 EA per 1 day) |
| <i>duloxetine oral capsule, delayed release(dr/ec) 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) |
| Ssri & 5Ht1a Partial Agonist Antidepressant | | |
| 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 |
|---|--------|--|
| Ssri & Serotonin Receptor Modulator Antidepressant | | |
| TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG | Tier 3 | MO; ST: Prior prescription for 2 of the following in the past 365 days: Bupropion HCL, Citalopram Hydrobromide, Drizalma Sprinkle, Duloxetine HCL, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Paxil, Sertraline HCL, or Venlafaxine HCL; QL (1 EA per 1 day) |
| Tricyclic Antidepressant/Benzodiazepine Combinations | | |
| <i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i> | Tier 1 | MO |
| Tricyclic Antidepressant/Phenothiazine Combinations | | |
| <i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i> | Tier 1 | MO |
| Tricyclic Antidepressants & Rel. Non-Sel. Ru-Inhib | | |
| <i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i> | Tier 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 |
| <i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor) | Tier 1 | MO |
| <i>nortriptyline oral solution 10 mg/5 ml</i> | Tier 1 | MO |

| Drug | Status | Notes |
|--|--------|--|
| <i>protriptyline oral tablet 10 mg, 5 mg</i> | Tier 1 | MO |
| <i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i> | Tier 1 | MO |
| Behavioral Health - Other | | |
| Adrenergics, Aromatic, Non-Catecholamine | | |
| <i>dextroamphetamine oral capsule, extended release 10 mg, 15 mg, 5 mg</i> (Dexedrine Spansule) | Tier 1 | |
| <i>dextroamphetamine oral solution 5 mg/5 ml</i> (ProCentra) | Tier 1 | |
| <i>dextroamphetamine oral tablet 10 mg, 5 mg</i> (Zenzedi) | Tier 1 | |
| <i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i> (Adderall XR) | Tier 1 | |
| <i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall) | Tier 1 | |
| <i>methamphetamine oral tablet 5 mg</i> (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) |
| ZENZEDI ORAL TABLET 30 MG | Tier 2 | ST: Prior prescription for generic/multisource dextroamphetamine sulfate tablet or oral solution in the past 365 days; QL (2 EA per 1 day) |
| Anti-Alcoholic Preparations | | |
| <i>acamprosate oral tablet, delayed release (dr/lec) 333 mg</i> | Tier 1 | |

| Drug | Status | Notes |
|--|--------|-------------------------|
| <i>disulfiram oral tablet 250 mg, 500 mg</i> (Antabuse) | Tier 1 | |
| VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG | Tier 4 | |
| Anti-Anxiety - Benzodiazepines | | |
| ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML | Tier 2 | QL (60 ML per 1 FILL) |
| <i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> (Xanax) | Tier 1 | |
| <i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg</i> (Xanax XR) | Tier 1 | QL (90 EA per 30 days) |
| <i>alprazolam oral tablet extended release 24 hr 2 mg, 3 mg</i> (Xanax XR) | Tier 1 | QL (60 EA per 30 days) |
| <i>alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg</i> | Tier 1 | QL (120 EA per 30 days) |
| <i>alprazolam oral tablet,disintegrating 2 mg</i> | Tier 1 | QL (90 EA per 30 days) |
| <i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i> | Tier 1 | |
| <i>clorazepate dipotassium oral tablet 15 mg</i> | Tier 1 | QL (120 EA per 30 days) |
| <i>clorazepate dipotassium oral tablet 3.75 mg</i> | Tier 1 | QL (90 EA per 30 days) |
| <i>clorazepate dipotassium oral tablet 7.5 mg</i> (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) |
| <i>diazepam oral concentrate 5 mg/ml</i> (Diazepam Intensol) | Tier 1 | QL (60 ML per 1 FILL) |
| <i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i> | Tier 1 | |
| <i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium) | Tier 1 | |
| LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML | Tier 1 | QL (60 ML per 1 FILL) |
| <i>lorazepam oral concentrate 2 mg/ml</i> (Lorazepam Intensol) | Tier 1 | QL (60 ML per 1 FILL) |
| <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) |
| Anti-Anxiety Drugs | | |
| <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 | |
| Anti-Mania Drugs | | |
| EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG | Tier 3 | |
| <i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i> | Tier 1 | MO |
| <i>lithium carbonate oral tablet 300 mg</i> | Tier 1 | MO |

| Drug | Status | Notes |
|--|--------|--|
| <i>lithium carbonate oral tablet extended release</i> (Lithobid) 300 mg | Tier 1 | MO |
| <i>lithium carbonate oral tablet extended release</i> 450 mg | 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 |
| Anti-Narcolepsy & Anti-Cataplexy, Sedative- Type Agt | | |
| XYREM ORAL SOLUTION 500 MG/ML | Tier 4 | PA; QL (540 ML per 30 days) |
| Antipsych, Dopamine Antag., Diphenylbutylpiperidines | | |
| <i>pimozide oral tablet 1 mg, 2 mg</i> | Tier 1 | MO |
| Antipsychotic-Atypical, D3/D2 Partial Ag-5Ht Mixed | | |
| VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG | Tier 3 | MO; ST: Prior prescription for 2 of the following in the past 365 days: Abilify Discmelt, Abilify Maintena, Abilify Mycite, Abilify, Aripiprazole, Clozapine, Olanzapine, Paliperidone, Perseris, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL; QL (1 EA per 1 day) |
| 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 Discmelt, Abilify Maintena, Abilify Mycite, Abilify, Aripiprazole, Clozapine, Olanzapine, Paliperidone, Perseris, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL; QL (7 EA per 28 days) |

| Drug | Status | Notes |
|--|--------|--|
| Antipsychotics, Atyp, D2 Partial Agonist/5Ht Mixed | | |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG | Tier 3 | |
| <i>aripiprazole oral solution 1 mg/ml</i> | Tier 1 | MO; ST: Prior prescription for 2 of the following in the past 365 days: Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Olanzapine, Paroxetine HCL, Paroxetine Mesylate, Paxil, Pexeva, Quetiapine Fumarate, Risperidone, Sertraline HCL, Venlafaxine HCL, Ziprasidone HCL, Zyprexa, or Relprevv; Age (Max 17 Years) |
| <i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i> (Abilify) | Tier 1 | MO; ST: Prior prescription for 2 of the following in the past 365 days: Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Olanzapine, Paroxetine HCL, Paroxetine Mesylate, Paxil, Pexeva, Quetiapine Fumarate, Risperidone, Sertraline HCL, Venlafaxine HCL, Ziprasidone HCL, Zyprexa, or Relprevv; QL (34 EA per 1 FILL) |

| Drug | Status | Notes |
|--|--------|--|
| 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 Discmelt, Abilify Maintena, Abilify Mycite, Abilify, Aripiprazole, Citalopram Hydrobromide, Clozapine, Desvenlafaxine Fumarate ER, Desvenlafaxine Succinate, Drizalma Sprinkle, Duloxetine HCL, Escitalopram Oxalate, Fluoxetine HCL, Olanzapine, Paliperidone, Paroxetine HCL, Paroxetine Mesylate, Paxil, Perseris, Pexeva, Quetiapine Fumarate, Risperidone, Seroquel XR, Sertraline HCL, Venlafaxine HCL, Versacloz, or Ziprasidone HCL; QL (1 EA per 1 day) |
| Antipsychotics, Dopamine & Serotonin Antagonists | | |
| <i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i> | Tier 1 | MO |
| Antipsychotics, Atypical, Dopamine, & Serotonin Antag | | |
| <i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Clozaril) | Tier 1 | |
| 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: Olanzapine, Perseris, Quetiapine Fumarate, Risperidone, Seroquel XR, or Ziprasidone HCL; QL (2 EA per 1 day) |

| Drug | Status | Notes |
|---|--------|--|
| 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: Olanzapine, Perseris, Quetiapine Fumarate, Risperidone. Seroquel XR, or Ziprasidone HCL; QL (8 EA per 28 days) |
| GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.) | Tier 3 | |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 39 MG/0.25 ML, 78 MG/0.5 ML | Tier 3 | |
| LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG | Tier 3 | MO; ST: Prior prescription for 2 of the following in the past 365 days: 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</i> (Invega) <i>1.5 mg, 3 mg, 9 mg</i> | Tier 1 | MO; ST: Prior prescription for 2 of the following in the past 365 days: 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</i> (Invega) <i>6 mg</i> | Tier 1 | MO; ST: Prior prescription for 2 of the following in the past 365 days: Olanzapine, Perseris, Quetiapine Fumarate, Risperidone, Seroquel XR, Ziprasidone HCL, or Zyprexa Relprevv; QL (68 EA per 1 FILL) |

| Drug | Status | Notes |
|--|--------|--|
| 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) |
| <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; ST: Prior prescription for 2 of the following in the past 365 days: Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Olanzapine, Paroxetine HCL, Paroxetine Mesylate, Paxil, Pexeva, Quetiapine Fumarate, Risperidone, Sertraline HCL, Venlafaxine HCL, Ziprasidone HCL, Zyprexa, or Relprevv; QL (1 EA per 1 day) |
| RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 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: Olanzapine, Perseris, Quetiapine Fumarate, Risperidone. Seroquel XR, or Ziprasidone HCL; QL (68 EA per 1 FILL) |

| Drug | Status | Notes |
|--|--------|--|
| SAPHRIS SUBLINGUAL TABLET 2.5 MG | Tier 3 | MO; ST: Prior prescription for 2 of the following in the past 365 days: Olanzapine, Perseris, Quetiapine Fumarate, Risperidone. Seroquel XR, or Ziprasidone HCL |
| 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: 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) |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG | Tier 3 | |
| Antipsychotics,Dopamine Antagonists, Thioxanthenes | | |
| <i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i> | Tier 1 | MO |
| Antipsychotics,Dopamine Antagonists,Butyrophenones | | |
| <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 | |
| <i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i> | Tier 1 | MO |
| Anti-Psychotics,Phenothiazines | | |
| <i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i> | Tier 1 | |
| <i>fluphenazine decanoate injection solution 25 mg/ml</i> | Tier 1 | |
| <i>fluphenazine hcl oral concentrate 5 mg/ml</i> | Tier 1 | |
| <i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i> | Tier 1 | |
| <i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i> | Tier 1 | |

| 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 | |
| <i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i> | Tier 1 | |
| Barbiturates | | |
| <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 |
| Monoamine Oxidase(Mao) Inhibitors | | |
| 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) |
| Narcolepsy And Sleep Disorder Therapy Agents | | |
| <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 | Tier 3 | PA |
| SUNOSI ORAL TABLET 75 MG | Tier 3 | |
| Narcotic Antagonists | | |
| <i>naloxone injection solution 0.4 mg/ml</i> | Tier 1 | |
| <i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i> | Tier 1 | |
| <i>naltrexone oral tablet 50 mg</i> | Tier 1 | |
| NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION | Tier 3 | |
| Sedative-Hypnotics - Benzodiazepines | | |
| <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) |
| <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) |
| Sedative-Hypnotics, Non-Barbiturate | | |
| BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG | Tier 3 | ST: Prior prescription for Eszopiclone, Zaleplon, or Zolpidem Tartrate in the past 130 days; QL (1 EA per 2 days) |
| <i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta) | Tier 1 | QL (1 EA per 1 day) |

| Drug | Status | Notes |
|---|--------|--|
| <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) |
| Selective Serotonin 5-Ht2a Inverse Agonists (Ssia) | | |
| NUPLAZID ORAL CAPSULE 34 MG | Tier 4 | PA |
| NUPLAZID ORAL TABLET 10 MG | Tier 4 | PA |
| Ssri &Antipsych,Atyp,Dopamine&Serotonin Antag Comb | | |
| <i>olanzapine-fluoxetine oral capsule 12-25 mg</i> | Tier 1 | 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 | QL (30 EA per 30 days) |
| Tx For Adhd - Selective Alpha-2A Receptor Agonist | | |
| <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 | |
| Tx For Attention Deficit-Hyperact(Adhd)/Narcolepsy | | |
| APTENSIO XR ORAL CAP,ER SPRINKLE,BIPHASIC 40-60 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG | Tier 3 | ST: Prior prescription for Methylphenidate HCL or Ritalin LA in the past 365 days; QL (1 EA per 1 day) |
| DAYTRANA TRANSDERMAL PATCH 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR | Tier 3 | ST: Prior prescription for Methylphenidate HCL or Quillivant XR in the past 365 days; QL (30 EA per 30 days) |
| <i>dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i> (Focalin XR) | Tier 1 | |
| <i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i> (Focalin) | Tier 1 | |
| METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG | Tier 1 | QL (3 EA per 1 day) |
| <i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i> | Tier 1 | |
| <i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg</i> (Ritalin LA) | Tier 1 | QL (1 EA per 1 day) |

| Drug | Status | Notes |
|---|--------|--|
| <i>methylphenidate hcl oral capsule,er biphasic</i> (Ritalin LA) 50-50 20 mg, 30 mg, 40 mg | Tier 1 | |
| <i>methylphenidate hcl oral capsule,er biphasic</i> 50-50 60 mg | Tier 1 | |
| <i>methylphenidate hcl oral solution 10 mg/5 ml,</i> (Methylin) 5 mg/5 ml | Tier 1 | |
| <i>methylphenidate hcl oral tablet 10 mg, 20 mg,</i> (Ritalin) 5 mg | 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 10</i> <i>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) |
| QUILLICHEW ER ORAL TABLET,CHEW,IR- ER.BIPHASIC24HR 30 MG | Tier 2 | ST: Prior prescription for Methylphenidate HCL or Ritalin LA in the past 365 days; QL (2 EA per 1 day) |
| QUILLIVANT XR ORAL SUSPENSION,EXT REL 24HR,RECON 5 MG/ML (25 MG/5 ML) | Tier 2 | ST: Prior prescription for Methylphenidate HCL or Ritalin LA in the past 365 days |
| Tx For Attention Deficit-Hyperact.(Adhd), Nri-Type | | |
| <i>atomoxetine oral capsule 10 mg, 18 mg, 25</i> (Strattera) <i>mg, 40 mg</i> | Tier 1 | QL (60 EA per 30 days) |
| <i>atomoxetine oral capsule 100 mg, 60 mg, 80</i> (Strattera) <i>mg</i> | Tier 1 | QL (30 EA per 30 days) |
| Cardiovascular Disease - Arrhythmia | | |
| Antiarrhythmics | | |
| <i>adenosine intravenous solution 3 mg/ml</i> | Tier 1 | |
| <i>amiodarone oral tablet 100 mg, 200 mg, 400</i> (Pacerone) <i>mg</i> | Tier 1 | MO |
| <i>disopyramide phosphate oral capsule 100 mg,</i> (Norpace) <i>150 mg</i> | Tier 1 | MO |

| Drug | Status | Notes |
|---|--------|-------|
| <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 |
| Cardiovascular Disease - Cardiac Stimulant | | |
| Adrenergic Agents, Catecholamines | | |
| 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 | |
| Digitalis Glycosides | | |
| DIGITEK ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) | Tier 1 | MO |
| DIGOX ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) | Tier 1 | MO |
| <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 | |

| Drug | Status | Notes |
|--|--------|---------------------------|
| Cardiovascular Disease - Hypertension | | |
| Ace Inhibitor/Calcium Channel Blocker Combination | | |
| <i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg, 5-40 mg</i> (Lotrel) | Tier 1 | 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 |
| Ace Inhibitor/Thiazide & Thiazide-Like Diuretic | | |
| <i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Lotensin HCT) | Tier 1 | MO |
| <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 |
| Alpha/Beta-Adrenergic Blocking Agents | | |
| <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 |
| Alpha-Adrenergic Blocking Agents | | |
| 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) |

| Drug | Status | Notes |
|--|--------|---|
| Angioten.Receptr Antag./Cal.Chanl Blkr/Thiazide Cb | | |
| <i>amlodipine-valsartan-hcthiamid 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 |
| <i>olmesartan-amlodipin-hcthiamid 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 |
| Angiotensin Receptor Antag./Thiazide Diuretic Comb | | |
| <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/hcthiamid, 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 |

| Drug | Status | Notes |
|--|---------------|---|
| <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/hcthia zid, Valsartan, or Valsartan/hydrochlorothiazi de 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 |
| Angiotensin Receptor Antgnst & Calc.Channel Blockr | | |
| <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> (Twynsta) | Tier 1 | MO; ST: Prior prescription for a generic ARB or ARB combination in the past 190 days |
| Antihypertensives, Ace Inhibitors | | |
| <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 Maleate or Epaned in the past 130 days; QL (1200 ML per 30 days); Age (Max 11 Years) |
| <i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i> | Tier 1 | MO |
| <i>lisinopril oral tablet 10 mg, 20 mg, 5 mg</i> (Prinivil) | Tier 1 | MO |
| <i>lisinopril oral tablet 2.5 mg, 30 mg, 40 mg</i> (Zestril) | Tier 1 | MO |
| <i>moexipril oral tablet 15 mg, 7.5 mg</i> | Tier 1 | MO |

| Drug | Status | Notes |
|---|--------|--|
| <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 |
| Antihypertensives, Angiotensin Receptor Antagonist | | |
| <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/hydrochlorothiazide 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 |
| Antihypertensives, Ganglionic Blockers | | |
| VECAMYL ORAL TABLET 2.5 MG | Tier 3 | PA |
| Antihypertensives, Miscellaneous | | |
| DEMSEER ORAL CAPSULE 250 MG | Tier 2 | |
| Antihypertensives, Sympatholytic | | |
| <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) |

| Drug | Status | Notes |
|--|--------|--|
| <i>guanfacine oral tablet 1 mg, 2 mg</i> | Tier 1 | MO |
| <i>methyldopa oral tablet 250 mg, 500 mg</i> | Tier 1 | MO |
| <i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i> | Tier 1 | MO |
| Antihypertensives, Vasodilators | | |
| <i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i> | Tier 1 | MO |
| <i>minoxidil oral tablet 10 mg, 2.5 mg</i> | Tier 1 | MO |
| Beta-Adrenergic Blocking Agents | | |
| <i>acebutolol oral capsule 200 mg, 400 mg</i> | Tier 1 | MO |
| <i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin) | Tier 1 | MO |
| <i>betaxolol oral tablet 10 mg, 20 mg</i> | Tier 1 | MO |
| <i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i> | 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, Kapsargo 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, Kapsargo 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 |
| Beta-Adrenergic Blocking Agents/Thiazide & Related | | |
| <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 |

| Drug | Status | Notes |
|---|--------|-------|
| <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 |
| Calcium Channel Blocking Agents | | |
| <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> (Tiazac) | 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 |
| <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 |

| Drug | Status | Notes |
|---|--------|--|
| <i>nisoldipine oral tablet extended release 24 hr</i> 20 mg, 30 mg, 40 mg | Tier 1 | MO; ST: Prior prescription for Amlodipine Besylate, Felodipine, Isradipine, Nicardipine HCL, Nifedipine, or Nisoldipine in the past 190 days |
| <i>nisoldipine oral tablet extended release 24 hr</i> 25.5 mg | Tier 1 | MO |
| NYMALIZE ORAL SOLUTION 30 MG/10 ML, 60 MG/20 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 360 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</i> <i>mg, 200 mg, 300 mg</i> (Verelan PM) | Tier 1 | MO |
| <i>verapamil oral capsule,ext rel. pellets 24 hr</i> <i>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</i> <i>mg, 180 mg, 240 mg</i> (Calan SR) | Tier 1 | MO |
| Loop Diuretics | | |
| <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</i> <i>(8 mg/ml)</i> | Tier 1 | MO |
| <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</i> <i>mg</i> | Tier 1 | MO |
| Osmotic Diuretics | | |
| RESECTISOL TRANSURETHRAL SOLUTION 5 % | Tier 2 | |
| Potassium Sparing Diuretics | | |
| <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</i> <i>mg</i> (Aldactone) | Tier 1 | MO |
| <i>triamterene oral capsule 100 mg, 50 mg</i> (Dyrenium) | Tier 1 | MO |
| Potassium Sparing Diuretics In Combination | | |
| ALDACTAZIDE ORAL TABLET 50-50 MG | Tier 3 | MO |
| <i>amiloride-hydrochlorothiazide oral tablet 5-50</i> <i>mg</i> | Tier 1 | MO |

| Drug | Status | Notes |
|---|--------|----------------------------|
| <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 |
| Pulm Anti-Htn,Soluble Guanylate Cyclase Stimulator | | |
| ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG | Tier 4 | PA; QL (90 EA per 30 days) |
| Pulm.Anti-Htn,Sel.C-Gmp Phosphodiesterase T5 Inhib | | |
| ALYQ ORAL TABLET 20 MG | Tier 4 | PA; QL (68 EA per 1 FILL) |
| <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) |
| Pulmonary Anti-Htn, Endothelin Receptor Antagonist | | |
| <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) |
| TRACLEER ORAL TABLET 125 MG, 62.5 MG | Tier 4 | PA |
| TRACLEER ORAL TABLET FOR SUSPENSION 32 MG | Tier 4 | PA |
| Pulmonary Antihypertensives, Prostacyclin-Type | | |
| <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 |
| REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML | 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 |

| Drug | Status | Notes |
|--|--------|-------|
| 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 |
| Renin Inhibitor, Direct | | |
| <i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna) | Tier 1 | |
| Renin Inhibitor, Direct/Thiazide Diuretic Comb | | |
| TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG | Tier 3 | PA |
| Thiazide And Related Diuretics | | |
| <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 |
| Vasodilators, Combination | | |
| BIDIL ORAL TABLET 20-37.5 MG | Tier 3 | |
| Vasodilators,Miscellaneous | | |
| <i>alprostadil injection solution 500 mcg/ml</i> (Prostin VR Pediatric) | Tier 1 | |
| PROSTIN VR PEDIATRIC INJECTION SOLUTION 500 MCG/ML | Tier 3 | |

| Drug | Status | Notes |
|---|--------|---|
| Cardiovascular Disease - Lipid Irregularity | | |
| Antihyperlip.Hmg Coa Reduct Inhib&Cholest.Ab.Inhib | | |
| ezetimibe-simvastatin oral tablet 10-10 mg (Vytorin 10-10) | Tier 1 | MO; ST: Prior prescription for 2 of the following in the past 365 days: Altoprev, Atorvastatin Calcium, Flolipid, Lovastatin, Pravastatin Sodium, or Simvastatin; QL (34 EA per 1 FILL) |
| ezetimibe-simvastatin oral tablet 10-20 mg (Vytorin 10-20) | Tier 1 | MO; ST: Prior prescription for Atorvastatin 40mg or 80mg in the past 190 days; QL (34 EA per 1 FILL) |
| ezetimibe-simvastatin oral tablet 10-40 mg (Vytorin 10-40) | Tier 1 | MO; ST: Prior prescription for Atorvastatin 40mg or 80mg in the past 190 days; QL (34 EA per 1 FILL) |
| ezetimibe-simvastatin oral tablet 10-80 mg (Vytorin 10-80) | Tier 1 | MO; ST: Prior prescription for Simvastatin 80mg in the past 365 days; QL (34 EA per 1 FILL) |
| Antihyperlipidemic - Hmg Coa Reductase Inhibitors | | |
| atorvastatin oral tablet 10 mg, 20 mg (Lipitor) | Tier 1 | MO; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (34 EA per 1 FILL) |
| atorvastatin oral tablet 40 mg, 80 mg (Lipitor) | Tier 1 | MO; QL (34 EA per 1 FILL) |

| Drug | Status | Notes |
|---|--------|---|
| <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) |
| 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 |

| Drug | Status | Notes |
|--|--------|---|
| <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 |
| <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) |

| Drug | Status | Notes |
|--|--------|--|
| ZYPITAMAG ORAL TABLET 1 MG, 2 MG, 4 MG | Tier 3 | MO; ST: Prior prescription for 2 of the following in the past 365 days: Atoprev, Atorvastatin Calcium, Flolipid, Livalo, Lovastatin, Pravastatin Sodium, or Simvastatin; QL (1 EA per 1 day) |
| Antihyperlipidemic - Pcsk9 Inhibitors | | |
| PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML | Tier 3 | PA |
| PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 75 MG/ML | Tier 2 | PA |
| Bile Salt Sequestrants | | |
| <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 |
| 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 | |
| <i>colestipol oral granules 5 gram</i> (Colestid) | Tier 1 | |
| <i>colestipol oral packet 5 gram</i> (Colestid) | Tier 1 | |
| <i>colestipol oral tablet 1 gram</i> (Colestid) | Tier 1 | |
| PREVALITE ORAL POWDER 4 GRAM | Tier 1 | MO |
| PREVALITE ORAL POWDER IN PACKET 4 GRAM | Tier 1 | MO |
| Lipotropics | | |
| <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(drlec) 135 mg, 45 mg</i> (Trilipix) | Tier 1 | MO |

| Drug | Status | Notes |
|--|--------|--|
| <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 | |
| <i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i> (Niaspan Extended-Release) | 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) |
| Cardiovascular Disease - Miscellaneous Agents | | |
| Adrenergic Vasopressor Agents | | |
| <i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i> | Tier 1 | |
| NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG | Tier 4 | PA; QL (180 EA per 30 days) |
| Angiotensin Recept-Nepriylsin Inhibitor Comb(Arni) | | |
| ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG | Tier 3 | PA; MO; QL (2 EA per 1 day) |
| Antianginal & Anti-Ischemic Agents, Non-Hemodynamic | | |
| <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) |
| Antianginal, Heart Rate Reducing, I(F) Inhibitor | | |
| CORLANOR ORAL SOLUTION 5 MG/5 ML | Tier 3 | PA; QL (2 ML per 1 day) |

| Drug | Status | Notes |
|--|--------|--|
| CORLANOR ORAL TABLET 5 MG, 7.5 MG | Tier 3 | PA; MO; QL (2 EA per 1 day) |
| Antihyperlip - Hmg-Coa&Calcium Channel Blocker Cb | | |
| <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) |
| Cardiovascular Disease - Vasodilation | | |
| Vasodilators, Coronary | | |
| <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 oral capsule, extended release</i> (Nitro-Time) 2.5 mg, 6.5 mg, 9 mg | Tier 1 | MO |
| <i>nitroglycerin sublingual tablet</i> 0.3 mg, 0.4 mg, 0.6 mg (Nitrostat) | Tier 1 | MO |
| <i>nitroglycerin transdermal patch 24 hour</i> 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr (Minitran) | Tier 1 | MO |
| <i>nitroglycerin translingual spray, non-aerosol</i> (Nitrolingual) 400 mcg/spray | Tier 1 | MO |
| NITROMIST TRANSLINGUAL AEROSOL, SPRAY 400 MCG/SPRAY | Tier 3 | MO |
| NITRO-TIME ORAL CAPSULE, EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG | Tier 1 | MO |
| Vasodilators, Peripheral | | |
| <i>ergoloid oral tablet</i> 1 mg | Tier 1 | |
| <i>isoxsuprine oral tablet</i> 10 mg, 20 mg | Tier 1 | MO |
| <i>papaverine injection solution</i> 30 mg/ml | Tier 1 | |
| Contraception/Oxytocics | | |
| Contraceptives, Intravaginal, Systemic | | |
| ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR | Tier 3 | QL (1 EA per 365 days) |
| ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR | Tier 1 | MO |
| <i>etonogestrel-ethinyl estradiol vaginal ring</i> (EluRyng) 0.12-0.015 mg/24 hr | Tier 1 | MO |
| Contraceptives, Injectable | | |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML | Tier 3 | PA; QL (0.65 ML per 90 days) |
| <i>medroxyprogesterone intramuscular suspension</i> 150 mg/ml (Depo-Provera) | Tier 1 | QL (1 ML per 90 days) |
| <i>medroxyprogesterone intramuscular syringe</i> 150 mg/ml (Depo-Provera) | Tier 1 | QL (1 ML per 90 days) |
| Contraceptives, Intravaginal | | |
| 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 |
| Contraceptives, Oral | | |
| AFIRMELLE ORAL TABLET 0.1-20 MG-MCG | Tier 1 | MO |
| ALTAVERA (28) ORAL TABLET 0.15-0.03 MG | Tier 1 | MO |
| ALYACEN 1/35 (28) ORAL TABLET 1-35 MG- MCG | Tier 1 | MO |
| ALYACEN 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG | Tier 1 | MO |
| AMETHIA LO ORAL TABLETS,DOSE PACK,3 MONTH 0.10 MG-20 MCG (84)/10 MCG (7) | Tier 1 | MO |
| AMETHIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) | Tier 1 | MO |
| AMETHYST (28) ORAL TABLET 90-20 MCG (28) | Tier 1 | MO |
| APRI ORAL TABLET 0.15-0.03 MG | Tier 1 | MO |
| ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG | Tier 1 | MO |
| ASHLYNA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) | Tier 1 | MO |
| AUBRA EQ ORAL TABLET 0.1-20 MG-MCG | Tier 1 | MO |
| AUBRA ORAL TABLET 0.1-20 MG-MCG | Tier 1 | MO |
| AUROVELA 1.5/30 (21) ORAL TABLET 1.5- 30 MG-MCG | Tier 1 | MO |
| AUROVELA 1/20 (21) ORAL TABLET 1-20 MG-MCG | Tier 1 | MO |
| AUROVELA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4) | Tier 1 | MO |
| AUROVELA FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7) | Tier 1 | MO |
| AUROVELA FE 1-20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) | Tier 1 | MO |
| AVIANE ORAL TABLET 0.1-20 MG-MCG | Tier 1 | MO |
| AYUNA ORAL TABLET 0.15-0.03 MG | Tier 1 | MO |
| AZURETTE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5 | Tier 1 | MO |
| BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/36.5 MG(7) | Tier 3 | PA; MO |

| Drug | Status | Notes |
|---|--------|-------|
| 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 |
| CAZARIANT (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 |
| 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 0.15-0.02 mgx21 /0.01 mg x 5</i> (Azurette (28)) | Tier 1 | MO |
| <i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i> (Apri) | Tier 1 | MO |
| <i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i> (Beyaz) | Tier 1 | MO |

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

| Drug | Status | Notes |
|---|--------|-------|
| 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 |
| <i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i> (Amethia Lo) | Tier 1 | MO |
| <i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i> (Fayosim) | Tier 1 | MO |
| <i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (Amethia) | Tier 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 estradiol oral tablet 0.1-20 mg-mcg</i> (Afirmelle) | Tier 1 | MO |

| Drug | Status | Notes |
|--|--------|--------|
| levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg (Altavera (28)) | Tier 1 | MO |
| levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28) (Amethyst (28)) | Tier 1 | MO |
| levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91) (Introvale) | Tier 1 | MO |
| levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10) (Enpresse) | Tier 1 | MO |
| LEVORA-28 ORAL TABLET 0.15-0.03 MG | Tier 1 | MO |
| LILLOW (28) ORAL TABLET 0.15-0.03 MG | Tier 1 | MO |
| LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2) | Tier 3 | PA; MO |
| 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 |
| OGESTREL (28) ORAL TABLET 0.5-50 MG-MCG | Tier 1 | MO |
| ORSYTHIA ORAL TABLET 0.1-20 MG-MCG | Tier 1 | MO |
| PHILITH ORAL TABLET 0.4-35 MG-MCG | Tier 1 | MO |
| PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5 | Tier 1 | MO |
| PIRMELLA ORAL TABLET 0.5/0.75/1 MG- 35 MCG, 1-35 MG-MCG | Tier 1 | MO |
| PORTIA 28 ORAL TABLET 0.15-0.03 MG | Tier 1 | MO |

| Drug | Status | Notes |
|--|--------|--------|
| 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 |
| 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 |

| Drug | Status | Notes |
|---|--------|-----------------------|
| 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 |
| 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 |
| ZUMANDIMINE (28) ORAL TABLET 3-0.03 MG | Tier 1 | MO |
| Contraceptives, Transdermal | | |
| XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR | Tier 1 | MO |
| Oxytocics | | |
| 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 | |

| Drug | Status | Notes |
|---|--------|---|
| Cough And Cold | | |
| 1St Gen Antihistamine & Decongestant Combinations | | |
| <i>promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml</i> (Promethazine VC) | Tier 1 | |
| 1St Gen Antihist-Decongest-Anticholinergic Comb | | |
| RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG | Tier 1 | |
| Antitussives,Non-Narcotic | | |
| <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 | |
| Expectorants | | |
| SSKI ORAL SOLUTION 1 GRAM/ML | Tier 1 | |
| Narcotic Antituss-1St Gen. Antihistamine-Decongest | | |
| CAPCOF ORAL LIQUID 2-5-10 MG/5 ML | Tier 3 | Age (Min 12 Years) |
| HISTEX-AC ORAL SYRUP 2.5-10-10 MG/5 ML | Tier 3 | Age (Min 18 Years) |
| 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 6.25-5-10 mg/5 ml</i> | Tier 1 | Age (Min 18 Years) |
| ZODRYL DAC 25 ORAL SUSPENSION 1-15-3 MG/3 ML | Tier 3 | Age (Min 12 Years) |
| ZODRYL DAC 30 ORAL SUSPENSION 1-15-3.5 MG/3.5 ML | Tier 3 | Age (Min 12 Years) |
| ZODRYL DAC 35 ORAL SUSPENSION 1-15-4 MG/4 ML | Tier 3 | Age (Min 12 Years) |
| ZODRYL DAC 40 ORAL SUSPENSION 1-15-4.5 MG/4.5 ML | Tier 3 | Age (Min 12 Years) |
| ZODRYL DAC 50 ORAL SUSPENSION 2-30-5 MG/5 ML | Tier 3 | Age (Min 12 Years) |
| ZODRYL DAC 60 ORAL SUSPENSION 2-30-7.5 MG/7.5 ML | Tier 3 | Age (Min 12 Years) |

| Drug | Status | Notes |
|--|--------|---|
| ZODRYL DAC 80 ORAL SUSPENSION 2-30-10 MG/10 ML | Tier 3 | Age (Min 12 Years) |
| Narcotic Antituss-Decongestant-Expectorant Comb | | |
| CODITUSSIN DAC ORAL LIQUID 30-10-200 MG/5 ML | Tier 3 | Age (Min 12 Years) |
| ZODRYL DEC 25 ORAL SUSPENSION 15-3-60 MG/3 ML | Tier 3 | Age (Min 12 Years) |
| ZODRYL DEC 30 ORAL SUSPENSION 15-3.5-70 MG/3.5 ML | Tier 3 | Age (Min 12 Years) |
| ZODRYL DEC 35 ORAL SUSPENSION 15-4-80 MG/4 ML | Tier 3 | Age (Min 12 Years) |
| ZODRYL DEC 40 ORAL SUSPENSION 15-4.5-90 MG/4.5 ML | Tier 3 | Age (Min 12 Years) |
| ZODRYL DEC 50 ORAL SUSPENSION 30-5-100 MG/5 ML | Tier 3 | Age (Min 12 Years) |
| ZODRYL DEC 60 ORAL SUSPENSION 30-7.5-150 MG/7.5 ML | Tier 3 | Age (Min 12 Years) |
| ZODRYL DEC 80 ORAL SUSPENSION 30-10-200 MG/10 ML | Tier 3 | Age (Min 12 Years) |
| Narcotic Antitussive-1St Generation Antihistamine | | |
| <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) |
| ZODRYL AC 25 ORAL SUSPENSION 1-3 MG/3 ML | Tier 3 | Age (Min 18 Years) |
| ZODRYL AC 30 ORAL SUSPENSION 1-3.5 MG/3.5 ML | Tier 3 | Age (Min 18 Years) |
| ZODRYL AC 35 ORAL SUSPENSION 1-4 MG/4 ML | Tier 3 | Age (Min 18 Years) |
| ZODRYL AC 40 ORAL SUSPENSION 1-4.5 MG/4.5 ML | Tier 3 | Age (Min 18 Years) |
| ZODRYL AC 50 ORAL SUSPENSION 2-5 MG/5 ML | Tier 3 | Age (Min 18 Years) |
| ZODRYL AC 60 ORAL SUSPENSION 2-7.5 MG/7.5 ML | Tier 3 | Age (Min 18 Years) |

| Drug | Status | Notes |
|---|--------|--------------------|
| ZODRYL AC 80 ORAL SUSPENSION 2-10 MG/10 ML | Tier 3 | Age (Min 18 Years) |
| Z-TUSS AC ORAL LIQUID 2-9 MG/5 ML | Tier 3 | Age (Min 18 Years) |
| Narcotic Antitussive-Anticholinergic Comb. | | |
| <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) |
| Narcotic Antitussive-Expectorant Combination | | |
| <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) |
| GUAIAIUSSIN 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) |
| ROBAFEN AC ORAL LIQUID 10-100 MG/5 ML | Tier 1 | Age (Min 18 Years) |
| VIRTUSSIN AC ORAL LIQUID 10-100 MG/5 ML | Tier 1 | Age (Min 18 Years) |
| Non-Narc Antituss-1St Gen. Antihistamine-Decongest | | |
| BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML | Tier 1 | |
| <i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i> (Bromfed DM) | Tier 1 | |
| Non-Narc Antitussive-1St Gen Antihistamine Comb. | | |
| <i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i> | Tier 1 | |
| Nose Preparations, Vasoconstrictors (Rx) | | |
| ADRENALIN NASAL SOLUTION 1 MG/ML | Tier 3 | |
| TYZINE NASAL DROPS 0.1 % | Tier 3 | |
| TYZINE NASAL SPRAY, NON-AEROSOL 0.1 % | Tier 3 | |

| Drug | Status | Notes |
|---|--------|--|
| Dermatology - Acne | | |
| Acne Agents, Systemic | | |
| AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG | Tier 1 | |
| CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG | Tier 1 | |
| <i>isotretinoin oral capsule 10 mg, 20 mg, 40 mg</i> (Amnesteem) | Tier 1 | |
| <i>isotretinoin oral capsule 30 mg</i> (Claravis) | Tier 1 | |
| MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG | Tier 1 | |
| ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG | Tier 1 | |
| Acne Agents, Topical | | |
| <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 | |
| Antibiotics, Miscellaneous, Other | | |
| <i>bacitracin intramuscular recon soln 50,000 unit</i> | Tier 1 | |
| Rosacea Agents, Topical | | |
| <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 | |

| Drug | Status | Notes |
|--|--------|--|
| 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 | |
| Topical Preparations, Antibacterials | | |
| DERMAZENE TOPICAL CREAM 1-1 % | Tier 1 | |
| <i>hydrocortisone-iodoquinol topical cream 1-1 %</i> (Dermazene) | 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 | |
| SILVRSTAT TOPICAL GEL 32 PPM | Tier 3 | |
| Vitamin A Derivatives | | |
| <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) |
| <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 | |
| Dermatology - Antiinfective | | |
| Topical Antibiotics | | |
| <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 | |

| Drug | Status | Notes |
|---|--------|---|
| <i>mupirocin topical ointment 2 %</i> (Centany) | Tier 1 | |
| XEPI TOPICAL CREAM 1 % | Tier 3 | ST: Prior prescription for Mupirocin Calcium or Mupirocin in the past 60 days; QL (30 GM per 30 days) |
| Topical Antifungal/Anti-inflammatory, Steriod Agent | | |
| <i>clotrimazole-betamethasone topical cream 1-0.05 %</i> (Lotrisone) | Tier 1 | |
| <i>clotrimazole-betamethasone topical lotion 1-0.05 %</i> | Tier 1 | |
| Topical Antifungals | | |
| 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) |
| <i>econazole topical cream 1 %</i> | Tier 1 | QL (180 GM per 30 days) |
| EXODERM TOPICAL LOTION 25-1 % | Tier 1 | |
| <i>ketconazole topical cream 2 %</i> | Tier 1 | QL (120 GM per 30 days) |
| <i>ketconazole 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 | |
| Topical Antiparasitics | | |
| <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 | |

| Drug | Status | Notes |
|--|--------|--|
| SKLICE TOPICAL LOTION 0.5 % | Tier 3 | |
| <i>spinosad topical suspension 0.9 %</i> (Natroba) | Tier 1 | |
| ULESFIA TOPICAL LOTION 5 % | Tier 3 | |
| Topical Antivirals | | |
| <i>acyclovir topical ointment 5 %</i> (Zovirax) | Tier 1 | |
| Topical Sulfonamides | | |
| 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 | |
| <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 | |
| Dermatology - Antiinflammatory | | |
| Top. Anti-Inflam., Phosphodiesterase-4 (Pde4) Inhib | | |
| EUCRISA TOPICAL OINTMENT 2 % | Tier 3 | ST: Prior prescription for Tacrolimus and a Topical Anti-inflammatory Steroidal in the past 365 days; QL (60 GM per 30 days) |
| Topical Antibiotics/Antiinflammatory, Steroidal | | |
| 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 |

| Drug | Status | Notes |
|---|--------|--|
| NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 % | Tier 3 | ST: Prior prescription for Capex Shampoo, Fluocinolone Acetonide, Iluvien, Retisert, or Yutiq in the past 130 days |
| Topical Anti-Inflammatory Steroidal | | |
| <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 | |
| <i>betamethasone valerate topical foam 0.12 %</i> (Luxiq) | Tier 1 | |
| <i>betamethasone valerate topical lotion 0.1 %</i> | Tier 1 | |
| <i>betamethasone valerate topical ointment 0.1 %</i> | Tier 1 | |
| <i>betamethasone, augmented topical cream 0.05 %</i> | Tier 1 | |
| <i>betamethasone, augmented topical gel 0.05 %</i> | Tier 1 | |
| <i>betamethasone, augmented topical lotion 0.05 %</i> | Tier 1 | |
| <i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene) | Tier 1 | |
| CAPEX TOPICAL SHAMPOO 0.01 % | Tier 2 | |
| <i>clobetasol scalp solution 0.05 %</i> (Cormax) | Tier 1 | |
| <i>clobetasol topical cream 0.05 %</i> (Temovate) | Tier 1 | |
| <i>clobetasol topical gel 0.05 %</i> | Tier 1 | |
| <i>clobetasol topical ointment 0.05 %</i> (Temovate) | Tier 1 | |
| <i>clobetasol topical shampoo 0.05 %</i> (Clobex) | Tier 1 | QL (118 ML per 30 days) |
| <i>clobetasol-emollient topical cream 0.05 %</i> | 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 in the past 180 days; QL (2 EA per 1 FILL) |

| Drug | Status | Notes |
|--|---------------|--------------|
| CORMAX SCALP SOLUTION 0.05 % | Tier 1 | |
| <i>desoximetasone topical cream 0.25 %</i> (Topicort) | Tier 1 | |
| <i>desoximetasone topical ointment 0.25 %</i> (Topicort) | Tier 1 | |
| <i>fluocinolone and shower cap scalp oil 0.01 %</i> (Derma-Smoothe/FS Scalp Oil) | Tier 1 | |
| <i>fluocinolone topical cream 0.01 %</i> | Tier 1 | |
| <i>fluocinolone topical cream 0.025 %</i> (Synalar) | Tier 1 | |
| <i>fluocinolone topical oil 0.01 %</i> (Derma-Smoothe/FS Body Oil) | Tier 1 | |
| <i>fluocinolone topical ointment 0.025 %</i> (Synalar) | Tier 1 | |
| <i>fluocinolone topical solution 0.01 %</i> (Synalar) | Tier 1 | |
| <i>fluocinonide topical cream 0.05 %</i> | Tier 1 | |
| <i>fluocinonide topical gel 0.05 %</i> | Tier 1 | |
| <i>fluocinonide topical ointment 0.05 %</i> | Tier 1 | |
| <i>fluocinonide topical solution 0.05 %</i> | Tier 1 | |
| FLUOCINONIDE-E TOPICAL CREAM 0.05 % | Tier 1 | |
| <i>fluocinonide-emollient topical cream 0.05 %</i> (Fluocinonide-E) | Tier 1 | |
| <i>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> (Locoid) | 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> (Elocon) | 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> (Dermatop) | 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 | |

| Drug | Status | Notes |
|---|--------|--|
| 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 | |
| <i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i> | Tier 1 | |
| <i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i> | Tier 1 | |
| TRIDERM TOPICAL CREAM 0.1 %, 0.5 % | Tier 1 | |
| Topical Anti-Inflammatory, Nsaids | | |
| <i>diclofenac sodium topical drops 1.5 %</i> | Tier 1 | QL (450 ML per 30 days) |
| <i>diclofenac sodium topical gel 1 %</i> (Voltaren) | Tier 1 | |
| Dermatology - Miscellaneous | | |
| Antiperspirants | | |
| DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 % | Tier 3 | |
| DRYSOL TOPICAL SOLUTION 20 % | Tier 3 | |
| Antiseborrheic Agents | | |
| LOUTREX TOPICAL CREAM | Tier 1 | |
| 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 2.5 %</i> | Tier 1 | |
| <i>selenium sulfide topical shampoo 2.25 %</i> | Tier 1 | |
| <i>sulfacetamide sodium topical cleanser 10 %</i> (Ovace) | Tier 1 | |
| TERSI FOAM TOPICAL FOAM 2.25 % | Tier 3 | |
| Emollients | | |
| AVO CREAM TOPICAL EMULSION | Tier 1 | QL (90 GM per 30 days) |
| HYLATOPICPLUS TOPICAL CREAM | Tier 3 | |
| NIVATOPIC PLUS TOPICAL CREAM | Tier 3 | |
| PRUTECT TOPICAL EMULSION | Tier 1 | QL (90 GM per 30 days) |
| SONAFINE TOPICAL EMULSION | Tier 1 | QL (90 GM per 30 days) |
| XCLAIR TOPICAL CREAM | Tier 3 | |
| Iodine Antiseptics | | |
| BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 % | Tier 3 | |

| Drug | Status | Notes |
|--|--------|---|
| Irrigants | | |
| acetic acid irrigation solution 0.25 % | Tier 1 | |
| lactated ringers irrigation solution | Tier 3 | |
| neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml | Tier 1 | |
| PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L | Tier 3 | |
| PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L | Tier 3 | |
| ringer's irrigation solution | Tier 1 | |
| sorbitol irrigation solution 3 %, 3.3 % | Tier 1 | |
| sorbitol-mannitol transurethral solution 2.7-0.54 gram/100 ml | Tier 1 | |
| TIS-U-SOL PENTALYTE IRRIGATION IRRIGATION SOLUTION 800-40-20-8.75-6.25 MG/100 ML | Tier 3 | |
| VASHE WOUND THERAPY IRRIGATION IRRIGATION SOLUTION 0.033 % | Tier 3 | |
| Irritants/Counter-Irritants | | |
| QUTENZA TOPICAL KIT 8 % | Tier 3 | PA |
| Keratolytics | | |
| CONDYLOX TOPICAL GEL 0.5 % | Tier 3 | ST: Prior prescription for Podofilox in the past 190 days |
| INOVA 4-1 TOPICAL COMBO PACK 1-4-5 % | Tier 3 | |
| INOVA 8-2 TOPICAL COMBO PACK 2-8-5 % | Tier 3 | |
| KERALYT SCALP COMPLETE TOPICAL KIT, SHAMPOO AND GEL 6-6 % | Tier 3 | |
| PODOCON TOPICAL LIQUID 25 % | Tier 1 | |
| podofilox topical solution 0.5 % | Tier 1 | |
| salicylic acid topical cream 6 % (Salimez) | Tier 1 | |
| salicylic acid topical cream, extended release 6 % | Tier 1 | |
| salicylic acid topical foam 6 % (Salvax) | Tier 1 | |
| salicylic acid topical liquid 26 % | Tier 1 | QL (10 ML per 30 days) |
| salicylic acid topical lotion 6 % | Tier 1 | |
| salicylic acid topical lotion, extended release 6 % | Tier 1 | |
| salicylic acid topical shampoo 6 % (Salex) | Tier 1 | QL (177 ML per 30 days) |
| SALVAX DUO PLUS TOPICAL FOAM 6-35 % | Tier 3 | |
| SALVAX TOPICAL FOAM 6 % | Tier 1 | |
| silver nitrate applicators topical stick 75-25 % | Tier 1 | |

| Drug | Status | Notes |
|---|--------|-------------------------|
| <i>silver nitrate topical solution 10 %</i> | Tier 1 | |
| 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 | |
| Oxidizing Agents | | |
| <i>hydrogen peroxide solution 3 %</i> | Tier 1 | |
| LEVICYN DERMAL TOPICAL SPRAY, NON-AEROSOL 0.009 % | Tier 3 | |
| Protectives | | |
| GENADUR TOPICAL LIQUID | Tier 3 | |
| RADIAPLEXRX TOPICAL GEL | Tier 2 | |
| Topical Anti-Inflammatory Steroid-Local Anesthetic | | |
| ANALPRAM-HC TOPICAL LOTION 2.5-1 % | Tier 3 | |
| EPIFOAM TOPICAL FOAM 1-1 % | Tier 2 | |
| <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 | |
| Topical Antineoplastic & Premalignant Lesion Agnts | | |
| <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 |
| Topical Local Anesthetics | | |
| ANACAINE TOPICAL OINTMENT 10 % | Tier 3 | |
| CETACAINE ANESTHETIC TOPICAL LIQUID 2-2-14 % | Tier 3 | |
| CETACAINE TOPICAL AEROSOL, SPRAY 2 %-2 %-14 % (200 MG/SEC) | Tier 3 | |
| <i>ethyl chloride topical aerosol, spray 100 %</i> | Tier 1 | |
| <i>lidocaine hcl topical cream 3 %</i> (Lidopin) | Tier 1 | QL (170 GM per 30 days) |

| Drug | Status | Notes |
|---|--------|--|
| <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 | |
| REGENECARE WITH ALOE TOPICAL GEL 2 % | Tier 3 | QL (85 GM per 1 FILL) |
| Topical Preparations,Miscellaneous | | |
| MEDIHONEY (HONEY) TOPICAL PASTE 100 % | Tier 3 | |
| Topical/Mucous Membr./Subcut. Enzymes | | |
| SANTYL TOPICAL OINTMENT 250 UNIT/GRAM | Tier 3 | QL (90 GM per 1 FILL) |
| Dermatology - Psoriasis/Eczema | | |
| Antipsoriatic Agents,Systemic | | |
| <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 Drithocreme HP in the past 365 days |
| SKYRIZI SUBCUTANEOUS SYRINGE 75 MG/0.83 ML | Tier 4 | PA |
| SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2) | Tier 4 | PA |
| TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML | Tier 4 | PA |
| TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML | Tier 4 | PA |
| TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML | Tier 4 | PA |
| TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML | Tier 4 | PA |

| Drug | Status | Notes |
|---|--------|---|
| TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML | Tier 4 | PA |
| TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML | Tier 4 | PA |
| Antipsoriatics Agents | | |
| <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 |
| <i>calcipotriene topical ointment 0.005 %</i> | Tier 1 | ST: Prior prescription for a Topical Anti-inflammatory Steroidal in the past 130 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 or a Topical Anti-inflammatory Steroidal in the past 130 days; QL (120 GM per 30 days) |
| ZITHRANOL TOPICAL SHAMPOO 1 % | Tier 3 | ST: Prior prescription for a Topical Anti-inflammatory Steroidal in the past 130 days |
| Topical Immunosuppressive Agents | | |
| <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) |

| Drug | Status | Notes |
|---|--------|---|
| Topical Vit D Analog/Anti-inflammatory, Steroidal | | |
| <i>calcipotriene-betamethasone topical ointment</i> (Taclonex) 0.005-0.064 % | Tier 1 | ST: Prior prescription for a Topical Anti-inflammatory Steroidal in the past 130 days; QL (120 GM per 30 days) |
| ENSTILAR TOPICAL FOAM 0.005-0.064 % | Tier 3 | ST: Prior prescription for a Topical Anti-inflammatory Steroidal in the past 130 days; QL (60 GM per 30 days) |
| TACLONEX TOPICAL SUSPENSION 0.005-0.064 % | Tier 3 | ST: Prior prescription for a Topical Anti-inflammatory Steroidal in the past 130 days; QL (60 GM per 30 days) |
| Diabetes | | |
| Antihypergly, (Dpp-4) Inhibitor & Biguanide Comb. | | |
| <i>alogliptin-metformin oral tablet 12.5-1,000 mg,</i> (Kazano) 12.5-500 mg | 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) |
| 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) |

| Drug | Status | Notes |
|---|--------|---|
| KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG | Tier 3 | MO; ST: Prior prescription for Janumet, Janumet XR, Januvia, Jentadueto, Jentadueto XR, or Tradjenta in the past 130 days; QL (60 EA per 30 days) |
| KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG | Tier 3 | MO; ST: Prior prescription for Janumet, Janumet XR, Januvia, Jentadueto, Jentadueto XR, or Tradjenta in the past 130 days; QL (30 EA per 30 days) |
| Antihyperglycemic, Dpp-4 Enzyme Inhibitor & Thiazolidinedione | | |
| <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, Jentadueto, Jentadueto XR, or Tradjenta in the past 130 days; QL (30 EA per 30 days) |

| Drug | Status | Notes |
|--|--------|---|
| Antihypergly, Incretin Mimetic(Glp-1 Recep.Agonist) | | |
| 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, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, 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 metformin, metformin combination, a formulary sulfonylurea, pioglitazone, or pioglitazone combination drug in the past 130 days; QL (0.85 ML per 7 days) |
| BYDUREON SUBCUTANEOUS PEN INJECTOR 2 MG/0.65 ML | Tier 2 | MO; ST: Prior prescription for metformin, metformin combination, a formulary sulfonylurea, pioglitazone, or pioglitazone combination drug 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 metformin, metformin combination, a formulary sulfonylurea, pioglitazone, or pioglitazone combination drug 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 metformin, metformin combination, a formulary sulfonylurea, pioglitazone, or pioglitazone combination drug 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 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, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Tolazamide, Tolbutamide, Trulicity, or Victoza; QL (1.5 ML per 28 days) |

| Drug | Status | Notes |
|--|--------|---|
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 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, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Tolazamide, Tolbutamide, Trulicity, or Victoza; QL (3 ML per 28 days) |
| RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG | Tier 3 | 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, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Tolazamide, Tolbutamide, Trulicity, or Victoza; 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 metformin, metformin combination, a formulary sulfonylurea, pioglitazone, or pioglitazone combination drug 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 metformin, metformin combination, a formulary sulfonylurea, pioglitazone, or pioglitazone combination drug in the past 130 days; QL (9 ML per 30 days) |
| VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) | Tier 2 | MO; ST: Prior prescription for metformin, metformin combination, a formulary sulfonylurea, pioglitazone, or pioglitazone combination drug in the past 130 days; QL (9 ML per 30 days) |
| Antihyperglycemic-Sodium/Glucose Cotransporter 2(SGLT2)Inhibitors | | |
| FARXIGA ORAL TABLET 10 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, Synjardy XR, Synjardy, Tolazamide, or Tolbutamide; QL (1 EA per 1 day) |

| Drug | Status | Notes |
|-------------------------------------|--------|--|
| INVOKANA ORAL TABLET 100 MG, 300 MG | Tier 2 | MO; ST: Prior prescription for metformin, metformin combination, a formulary sulfonylurea, pioglitazone, or pioglitazone combination drug 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 metformin, metformin combination, a formulary sulfonylurea, pioglitazone, or pioglitazone combination drug in the past 130 days; QL (1 EA per 1 day) |
| STEGLATRO ORAL TABLET 15 MG, 5 MG | Tier 3 | MO; ST: Prior prescription for 2 of the following in the past 365 days: Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Invokamet XR, Invokamet, Invokana, Jardiance, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Synjardy XR, Synjardy, Tolazamide, or Tolbutamide; QL (1 EA per 1 day) |

| Drug | Status | Notes |
|--|--------|--|
| Antihyperglycemic - Dopamine Receptor Agonists | | |
| 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, or Tradjenta in the past 180 days |
| Antihyperglycemic, Alpha-Glucosidase Inhib (N-S) | | |
| <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 |
| Antihyperglycemic, Amylin Analog-Type | | |
| SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML | Tier 2 | MO; ST: Prior prescription for a Diabetes drug in the past 190 days; QL (21.6 ML per 1 FILL) |
| SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML | Tier 2 | MO; ST: Prior prescription for a Diabetes drug in the past 190 days; QL (12 ML per 1 FILL) |
| Antihyperglycemic, Dpp-4 Inhibitors | | |
| <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) |

| Drug | Status | Notes |
|---|--------|--|
| ONGLYZA ORAL TABLET 2.5 MG, 5 MG | Tier 3 | MO; ST: Prior prescription for Janumet, Janumet XR, Januvia, Jentadueto, Jentadueto XR, or Tradjenta in the past 130 days; QL (1 EA per 1 day) |
| TRADJENTA ORAL TABLET 5 MG | Tier 2 | MO; QL (30 EA per 30 days) |
| Antihyperglycemic, Insulin-Release Stimulant Type | | |
| <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 |
| <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 |
| Antihyperglycemic, Insulin-Response Enhancer (N-S) | | |
| AVANDIA ORAL TABLET 2 MG, 4 MG | Tier 3 | MO; ST: Prior prescription for Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Metformin HCL, Pioglitazone HCL, Riomet, 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) |

| Drug | Status | Notes |
|--|--------|--|
| Antihyperglycemic, SglT-2 & Dpp-4 Inhibitor Comb. | | |
| GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG | Tier 2 | MO; ST: Prior prescription for metformin, metformin combination, a formulary sulfonylurea, pioglitazone, or pioglitazone combination drug in the past 130 days; QL (1 EA per 1 day) |
| 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, 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, Synjardy XR, Synjardy, Tolazamide, or Tolbutamide; QL (1 EA per 1 day) |
| 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, Synjardy XR, Synjardy, Tolazamide, or Tolbutamide; QL (1 EA per 1 day) |

| Drug | Status | Notes |
|--|--------|--|
| Antihyperglycemic,Biguanide Type(Non-Sulfonylurea) | | |
| <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 |
| Antihyperglycemic,Insulin & Glp-1 Receptor Agonist | | |
| 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, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, 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, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, Tolazamide, Tolbutamide, Toujeo Solostar, Trulicity, or Victoza; QL (15 ML per 28 days) |
| Antihyperglycemic, Insulin-Rel Stim.& Biguanide Cmb | | |
| <i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i> | Tier 1 | 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) |
| Antihyperglycemic-Glucocorticoid Receptor Blocker | | |
| KORLYM ORAL TABLET 300 MG | Tier 4 | PA; QL (4 EA per 1 day) |
| Antihyperglycemic-SglT2 Inhibitor & Biguanide Comb | | |
| INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG | Tier 2 | MO; ST: Prior prescription for metformin, metformin combination, a formulary sulfonylurea, pioglitazone, or pioglitazone combination drug in the past 130 days; QL (2 EA per 1 day) |

| Drug | Status | Notes |
|---|--------|--|
| 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 metformin, metformin combination, a formulary sulfonylurea, pioglitazone, or pioglitazone combination drug in the past 130 days; QL (2 EA per 1 day) |
| SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG | Tier 3 | 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, 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 metformin, metformin combination, a formulary sulfonylurea, pioglitazone, or pioglitazone combination drug in the past 130 days; QL (2 EA per 1 day) |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG | Tier 2 | MO; ST: Prior prescription for metformin, metformin combination, a formulary sulfonylurea, pioglitazone, or pioglitazone combination drug in the past 130 days; QL (1 EA per 1 day) |

| Drug | Status | Notes |
|---|--------|--|
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG | Tier 2 | MO; ST: Prior prescription for metformin, metformin combination, a formulary sulfonylurea, pioglitazone, or pioglitazone combination drug in the past 130 days; QL (2 EA per 1 day) |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-500 MG | Tier 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, Synjardy XR, Synjardy, Tolazamide, or Tolbutamide; QL (1 EA per 1 day) |

| Drug | Status | Notes |
|---|--------|--|
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 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, Synjardy XR, Synjardy, Tolazamide, or Tolbutamide; QL (2 EA per 1 day) |
| Antihyperglycm,Insul-Resp.Enhancer & Biguanide Cmb | | |
| 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, Tolazamide, or Tolbutamide in the past 130 days |
| Blood Sugar Diagnostics | | |
| ACCU-CHEK AVIVA PLUS TEST STRP STRIP | Tier 3 | MO; QL (200 EA per 30 days) |
| ACCU-CHEK COMPACT PLUS TEST STRIP | Tier 3 | MO; QL (200 EA per 30 days) |
| ACCU-CHEK GUIDE STRIP | Tier 3 | MO; QL (200 EA per 30 days) |

| Drug | Status | Notes |
|--------------------------------------|---------------|-----------------------------|
| ACCU-CHEK SMARTVIEW TEST STRIP STRIP | Tier 3 | MO; QL (200 EA per 30 days) |
| ACCUTREND GLUCOSE STRIP | Tier 3 | MO; QL (200 EA per 30 days) |
| ADVANCED GLUC METER TEST STRIP STRIP | Tier 3 | MO; QL (200 EA per 30 days) |
| ADVOCATE REDI-CODE PLUS STRIP | Tier 3 | MO; QL (200 EA per 30 days) |
| ADVOCATE REDI-CODE STRIP | Tier 3 | MO; QL (200 EA per 30 days) |
| ADVOCATE TEST STRIPS STRIP | Tier 3 | MO; QL (200 EA per 30 days) |
| AGAMATRIX AMP TEST STRIPS STRIP | Tier 3 | MO; QL (200 EA per 30 days) |
| ASSURE 4 STRIPS STRIP | Tier 3 | MO; QL (200 EA per 30 days) |
| ASSURE PLATINUM 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) |

| Drug | Status | Notes |
|--------------------------------------|---------------|-----------------------------|
| CONTOUR NEXT TEST STRIPS STRIP | Tier 2 | MO; QL (200 EA per 30 days) |
| CONTOUR TEST STRIPS STRIP | Tier 2 | MO; QL (200 EA per 30 days) |
| COOL GLUCOSE TEST STRIP STRIP | Tier 3 | MO; QL (200 EA per 30 days) |
| DARIO BLOOD GLUCOSE TEST STRIP STRIP | Tier 3 | MO; QL (200 EA per 30 days) |
| DIATRUE PLUS TEST STRIP STRIP | Tier 3 | MO; QL (200 EA per 30 days) |
| EASY GLUCO G2 STRIP | Tier 3 | MO; QL (200 EA per 30 days) |
| EASY PLUS II TEST STRIP | Tier 3 | MO; QL (200 EA per 30 days) |
| EASY STEP STRIP | Tier 3 | MO; QL (200 EA per 30 days) |
| EASY TALK GLUCOSE TEST STRIP | Tier 3 | MO; QL (200 EA per 30 days) |
| EASY TOUCH TEST STRIP STRIP | Tier 3 | MO; QL (200 EA per 30 days) |
| EASY TRAK GLUCOSE TEST STRIP | Tier 3 | MO; QL (200 EA per 30 days) |
| 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 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) |

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

| Drug | Status | Notes |
|--------------------------------------|---------------|-----------------------------|
| FORACARE GD40 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) |
| 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) |
| 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) |

| Drug | Status | Notes |
|--------------------------------------|---------------|-----------------------------|
| INFINITY TEST STRIPS STRIP | Tier 3 | MO; QL (200 EA per 30 days) |
| INFINITY VOICE TEST STRIP STRIP | Tier 3 | MO; QL (200 EA per 30 days) |
| MICRO BLOOD GLUCOSE STRIP | Tier 3 | MO; QL (200 EA per 30 days) |
| MICRODOT BLOOD GLUCOSE SYSTEM STRIP | Tier 3 | MO; QL (200 EA per 30 days) |
| 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 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) |

| Drug | Status | Notes |
|-----------------------------------|---------------|-----------------------------|
| PRECISION XTRA TEST STRIP | Tier 3 | MO; QL (200 EA per 30 days) |
| PREMIER TEST STRIP STRIP | Tier 3 | MO; QL (200 EA per 30 days) |
| PREMIUM V10 STRIP | Tier 3 | MO; QL (200 EA per 30 days) |
| PRODIGY NO CODING STRIP | Tier 3 | MO; QL (200 EA per 30 days) |
| QUINTET AC STRIP | Tier 3 | MO; QL (200 EA per 30 days) |
| QUINTET GLUCOSE TEST STRIPS STRIP | Tier 3 | MO; QL (200 EA per 30 days) |
| REFUAH PLUS STRIP | Tier 3 | MO; QL (200 EA per 30 days) |
| 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) |

| Drug | Status | Notes |
|---|---------------|-----------------------------|
| TRUE METRIX GLUCOSE TEST STRIP STRIP | Tier 3 | MO; QL (200 EA per 30 days) |
| TRUETEST TEST STRIPS STRIP | Tier 3 | MO; QL (200 EA per 30 days) |
| TRUETRACK TEST STRIP | Tier 3 | MO; QL (200 EA per 30 days) |
| ULTIMA TEST STRIPS STRIP | Tier 3 | MO; QL (200 EA per 30 days) |
| ULTRATRAK STRIP | Tier 3 | MO; QL (200 EA per 30 days) |
| ULTRATRAK ULTIMATE STRIP | Tier 3 | MO; QL (200 EA per 30 days) |
| UNISTRIP1 TEST STRIP STRIP | Tier 3 | MO; QL (200 EA per 30 days) |
| WAVESENSE JAZZ STRIP | Tier 3 | MO; QL (200 EA per 30 days) |
| WAVESENSE PRESTO STRIP | Tier 3 | MO; QL (200 EA per 30 days) |
| Diabetic Supplies | | |
| 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 COMPACT PLUS CONTROL SOLUTION | Tier 3 | MO |
| 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 |
| ACCU-TREND 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) |

| Drug | Status | Notes |
|--|--|--------------------------|
| ADVOCATE LOW CONTROL SOLUTION | Tier 3 | MO |
| ADVOCATE REDI-CODE GLU MONITOR | Tier 3 | MO; QL (1 EA per 1 YEAR) |
| ADVOCATE REDI-CODE GLU MONITOR KIT | Tier 3 | MO; QL (1 EA per 1 YEAR) |
| ADVOCATE REDI-CODE PLUS | Tier 3 | MO; QL (1 EA per 1 YEAR) |
| ADVOCATE REDI-CODE+ CTRL HIGH SOLUTION | Tier 3 | MO |
| ADVOCATE REDI-CODE+ CTRL LOW SOLUTION | Tier 3 | MO |
| AGAMATRIX AMP GLUC MONITOR SYS | Tier 3 | MO; QL (1 EA per 1 YEAR) |
| AGAMATRIX CONTROL HIGH SOLUTION | Tier 3 | MO |
| AGAMATRIX CONTROL NORM-HI SOLUTION | Tier 3 | MO |
| 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 | 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) |
| 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 |

| Drug | Status | Notes |
|---|---------------|--------------------------|
| 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) |
| 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) |

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

| Drug | Status | Notes |
|---|---------------|--------------------------|
| 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 |
| 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 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; QL (1 EA per 1 YEAR) |
| EMBRACE TALK CONTROL-HIGH (L2) SOLUTION | Tier 3 | MO |

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

| Drug | Status | Notes |
|---|---------------|---------------------------|
| FORACARE GD40B GLUCOSE METER | Tier 3 | MO; QL (1 EA per 1 YEAR) |
| FORACARE GDH HIGH CONTROL SOLUTION | Tier 3 | MO |
| FORACARE GDH LOW CONTROL SOLUTION | Tier 3 | MO |
| FORACARE GDH NORMAL CONTROL SOLUTION | Tier 3 | MO |
| FORTISCARE BLOOD GLUCOSE SYST KIT | Tier 3 | MO; QL (1 EA per 1 YEAR) |
| FORTISCARE HIGH SOLUTION | Tier 3 | MO |
| FORTISCARE LOW SOLUTION | Tier 3 | MO |
| FORTISCARE NORMAL SOLUTION | Tier 3 | MO |
| FREESTYLE CONTROL SOLUTION | Tier 3 | MO |
| FREESTYLE FLASH SYSTEM KIT | Tier 3 | MO; QL (1 EA per 1 YEAR) |
| FREESTYLE FREEDOM KIT | Tier 3 | MO; QL (1 EA per 1 YEAR) |
| FREESTYLE FREEDOM LITE KIT | Tier 3 | MO; QL (1 EA per 1 YEAR) |
| FREESTYLE INSULINX | Tier 3 | MO; QL (1 EA per 1 YEAR) |
| FREESTYLE LIBRE 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) |
| GLUCOCARD SHINE METER KIT KIT | Tier 3 | MO; QL (1 EA per 1 YEAR) |

| Drug | Status | Notes |
|--|---------------|--------------------------|
| 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) |
| 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) 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 |
| 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 |

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

| Drug | Status | Notes |
|---|--------|--------------------------|
| 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) |
| 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) |

| Drug | Status | Notes |
|---|---------------|--------------------------|
| RIGHTEST GM260 GLUCOSE METER | Tier 3 | MO; QL (1 EA per 1 YEAR) |
| RIGHTEST GM550 SYSTEM KIT | Tier 3 | MO; QL (1 EA per 1 YEAR) |
| SMART CARESENS N KIT | Tier 3 | MO; QL (1 EA per 1 YEAR) |
| SMART SENSE MONITORING SYSTEM | Tier 3 | MO; QL (1 EA per 1 YEAR) |
| SMARTEST CONTROL SOLUTION | Tier 3 | MO |
| SMARTEST EJECT KIT | Tier 3 | MO; QL (1 EA per 1 YEAR) |
| SMARTEST PERSONA GLUCOSE METER | Tier 3 | MO; QL (1 EA per 1 YEAR) |
| SMARTEST PERSONA STARTER KIT | Tier 3 | MO; QL (1 EA per 1 YEAR) |
| SMARTEST PRONTO GLUCOSE METER | Tier 3 | MO; QL (1 EA per 1 YEAR) |
| SMARTEST PRONTO STARTER KIT | Tier 3 | MO; QL (1 EA per 1 YEAR) |
| SMARTEST PROTEGE KIT | Tier 3 | MO; QL (1 EA per 1 YEAR) |
| SMARTEST SMART CODE METER KIT | Tier 3 | MO; QL (1 EA per 1 YEAR) |
| SMARTEST TALKING METER KIT | Tier 3 | MO; QL (1 EA per 1 YEAR) |
| SOLUS V2 AUDIBLE METER | Tier 3 | MO; QL (1 EA per 1 YEAR) |
| SOLUS V2 AUDIBLE METER KIT | Tier 3 | MO; QL (1 EA per 1 YEAR) |
| SOLUS V2 CONTROL SOLUTION, LOW SOLUTION | Tier 3 | MO |
| SOLUS V2 CONTROL SOLUTION,HIGH SOLUTION | Tier 3 | MO |
| SURE-TEST EASYPLUS MINI METER | Tier 3 | MO; QL (1 EA per 1 YEAR) |
| SURE-TEST EASYPLUS MINI SOLUTION | Tier 3 | MO; QL (1 EA per 1 YEAR) |
| 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 |

| Drug | Status | Notes |
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| TRUERESULT BLOOD GLUCOSE SYSTM KIT | Tier 3 | MO; QL (1 EA per 1 YEAR) |
| TRUETRACK BLOOD GLUCOSE SYSTEM KIT | Tier 3 | MO; QL (1 EA per 1 YEAR) |
| TRUETRACK SMART SYSTEM KIT | Tier 3 | MO; QL (1 EA per 1 YEAR) |
| ULTIMA MONITOR | Tier 3 | MO; QL (1 EA per 1 YEAR) |
| ULTRATRAK GLUCOSE METER | Tier 3 | MO; QL (1 EA per 1 YEAR) |
| ULTRATRAK GLUCOSE METER KIT | Tier 3 | MO; QL (1 EA per 1 YEAR) |
| ULTRATRAK HIGH-LOW CONTROL SOLUTION | Tier 3 | MO; QL (1 EA per 1 YEAR) |
| ULTRATRAK NORMAL CONTROL SOLUTION | Tier 3 | MO; QL (1 EA per 1 YEAR) |
| ULTRATRAK ULTIMATE | Tier 3 | MO; QL (1 EA per 1 YEAR) |
| ULTRATRAK ULTIMATE SOLUTION | Tier 3 | MO; QL (1 EA per 1 YEAR) |
| UNISTRIP HIGH CONTROL SOLUTION | Tier 3 | MO |
| UNISTRIP LOW CONTROL SOLUTION | Tier 3 | MO |
| VERASENS CONTROL SOLN-LEVEL 1 SOLUTION | Tier 3 | MO |
| 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) |
| Diabetic Ulcer Preparations, Topical | | |
| REGRANEX TOPICAL GEL 0.01 % | Tier 2 | QL (15 GM per 1 FILL) |
| Hyperglycemics | | |
| BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION | Tier 2 | QL (2 EA per 1 FILL) |
| GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG | Tier 2 | |
| GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG | Tier 2 | |
| GVOKE SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML | Tier 2 | QL (0.2 ML per 1 FILL) |
| GVOKE 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 | |

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

| Drug | Status | Notes |
|--|---------------|-------------------------------|
| 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) |
| 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) |

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

| Drug | Status | Notes |
|--|--------|----------------------------|
| TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML | Tier 2 | MO; QL (30 ML per 28 days) |
| Ear - General Disorders | | |
| Ear Preparations Anti-Inflammatory | | |
| <i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i> (DermOtic Oil) | Tier 1 | |
| Ear Preparations, Misc. Anti-Infectives | | |
| <i>acetic acid otic (ear) solution 2 %</i> | Tier 1 | |
| CORTANE-B TOPICAL LOTION 1-1-0.1 % | Tier 2 | |
| <i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i> | Tier 1 | |
| Ear Preparations, Antibiotics | | |
| <i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i> (Cetraxal) | Tier 1 | |
| COLY-MYCIN S OTIC (EAR) DROPS, SUSPENSION 3.3-3-10-0.5 MG/ML | Tier 3 | |
| 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 | |
| Otic Preparations, Anti-Inflammatory-Antibiotics | | |
| 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) solution 0.3-0.025 % (0.25 ml)</i> (Otovel) | Tier 1 | |
| OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML) | Tier 2 | |
| Electrolyte Regulation | | |
| Bicarbonate Producing/Containing Agents | | |
| <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 | |
| Electrolyte Depleters | | |
| AURYXIA ORAL TABLET 210 MG IRON | Tier 3 | QL (12 EA per 1 day) |
| <i>calcium acetate oral capsule 667 mg</i> | Tier 1 | MO |
| <i>calcium acetate oral tablet 667 mg</i> (Calphron) | Tier 1 | MO |

| Drug | Status | Notes |
|---|--------|-------|
| FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG | Tier 3 | |
| <i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg</i> (Fosrenol) | Tier 1 | |
| LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM | Tier 3 | PA |
| PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML | Tier 3 | MO |
| <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 |
| <i>sodium polystyrene sulfonate oral powder</i> | Tier 1 | |
| <i>sodium polystyrene sulfonate oral suspension 15 gram/60 ml</i> | Tier 1 | |
| <i>sodium polystyrene sulfonate rectal enema 30 gram/120 ml, 50 gram/200 ml</i> | Tier 1 | |
| SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML | Tier 1 | |
| SPS (WITH SORBITOL) RECTAL ENEMA 30- 40 GRAM/120 ML | Tier 2 | |
| VELPHORO ORAL TABLET,CHEWABLE 500 MG | Tier 3 | |
| VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM | Tier 3 | PA |
| Electrolyte Maintenance | | |
| <i>lactated ringers intravenous parenteral solution</i> | Tier 3 | |
| Potassium Replacement | | |
| EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ | Tier 3 | |
| EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ | Tier 1 | MO |
| KLOR-CON M10 ORAL TABLET,ER PARTICLES/CRYSTALS 10 MEQ | Tier 1 | MO |
| KLOR-CON M15 ORAL TABLET,ER PARTICLES/CRYSTALS 15 MEQ | Tier 1 | MO |
| KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYSTALS 20 MEQ | Tier 1 | MO |
| KLOR-CON/EF ORAL TABLET, EFFERVESCENT 25 MEQ | Tier 2 | MO |

| Drug | Status | Notes |
|---|---------------|--------------|
| <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 |
| <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 |
| Sodium/Saline Preparations | | |
| BD POSIFLUSH NORMAL SALINE 0.9 INJECTION SYRINGE | Tier 1 | |
| BD PRE-FILLED NORMAL SALINE INJECTION SYRINGE | Tier 1 | |
| BD PRE-FILLED SALINE BLUNT CAN INJECTION SYRINGE | Tier 1 | |
| NORMAL SALINE FLUSH INJECTION SYRINGE | Tier 1 | |
| <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 0.45 % intravenous piggyback 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 | |
| Endocrine Disorder - Fertility | | |
| Drugs To Treat Impotency | | |
| <i>tadalafil oral tablet 2.5 mg, 5 mg</i> (Cialis) | Tier 1 | PA |
| Fertility Stimulating Preparations,Non-Fsh | | |
| <i>clomiphene citrate oral tablet 50 mg</i> (Serophene) | Tier 4 | |

| Drug | Status | Notes |
|--|--------|------------------------|
| Follicle Stim./Luteinizing Hormones | | |
| MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT | Tier 4 | |
| Follicle-Stimulating Hormone (Fsh) | | |
| BRAVELLE INJECTION RECON SOLN 75 UNIT | Tier 4 | |
| 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 | |
| Human Chorionic Gonadotropin (Hcg) | | |
| <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) |
| Pregnancy Facilitating/Maintaining Agent,Hormonal | | |
| CRINONE VAGINAL GEL 8 % | Tier 4 | |
| ENDOMETRIN VAGINAL INSERT 100 MG | Tier 4 | |
| Endocrine Disorder - Other | | |
| Antidiuretic And Vasopressor Hormones | | |
| <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 | QL (15 ML per 30 days) |
| <i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i> | Tier 1 | 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 |

| Drug | Status | Notes |
|---|--------|--|
| Antineoplastic Lhrh(Gnrh) Agonist,Pituitary Suppr. | | |
| ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG | Tier 4 | PA |
| ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG | Tier 4 | PA |
| ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG | Tier 4 | PA |
| ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH) | Tier 4 | PA |
| <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 |
| Bone Formation Stim. Agents - Parathyroid Hormone | | |
| FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE - 600 MCG/2.4 ML | Tier 4 | PA; QL (2.4 ML per 28 days) |
| Bone Formation Stimulating Agts - Pth Rel Peptides | | |
| TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML) | Tier 4 | PA |
| Bone Resorption Inhibitor & Vitamin D Combinations | | |
| FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT | Tier 2 | MO; ST: Prior prescription for Alendronate Sodium, Binosto, Fosamax Plus D, Ibandronate Sodium, or Risedronate Sodium in the past 190 days; QL (5 EA per 1 FILL) |
| Bone Resorption Inhibitors | | |
| <i>alendronate oral solution 70 mg/75 ml</i> | Tier 1 | MO; QL (375 ML per 1 FILL) |
| <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 |

| Drug | Status | Notes |
|--|---------------|--|
| <i>calcitonin (salmon) nasal spray,non-aerosol</i> 200 unit/actuation | 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)</i> (Atelvia) 35 mg | Tier 1 | MO; ST: Prior prescription for 2 of the following in the past 365 days: Alendronate Sodium, Fosamax Plus D, or Ibandronate Sodium; QL (1 EA per 7 days) |
| XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML) | Tier 4 | PA |
| Calcimimetic,Parathyroid Calcium Enhancer | | |
| <i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i> (Sensipar) | Tier 4 | PA |
| Growth Hormone Receptor Antagonists | | |
| SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG | Tier 4 | PA |

| Drug | Status | Notes |
|--|--------|-----------------------------|
| Growth Hormone Releasing Hormone (Ghrh) & Analogs | | |
| 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) |
| Growth Hormones | | |
| OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) | Tier 4 | PA |
| OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG | Tier 4 | PA |
| SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG | Tier 4 | PA |
| ZORBTIVE SUBCUTANEOUS RECON SOLN 8.8 MG | Tier 4 | PA |
| Hyperparathyroid Tx Agents - Vitamin D Analog-Type | | |
| <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 |
| Insulin-Like Growth Factor-1 (Igf-1) Hormones | | |
| INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML | Tier 4 | PA |
| Leptin Hormone Analogs | | |
| MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.) | Tier 4 | PA; QL (1 EA per 1 day) |
| Lhrh(Gnrh) Agonist Analog Pituitary Suppressants | | |
| LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG | Tier 4 | PA; QL (0.34 EA per 1 FILL) |
| LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG | Tier 4 | PA |
| Lhrh(Gnrh) Antagonist,Pituitary Suppressant Agents | | |
| CETROTIDE SUBCUTANEOUS KIT 0.25 MG | Tier 4 | |
| <i>ganirelix subcutaneous syringe 250 mcg/0.5 ml</i> | Tier 4 | |
| ORLISSA ORAL TABLET 150 MG, 200 MG | Tier 3 | PA |

| Drug | Status | Notes |
|---|--------|-----------------------------|
| Lhrh(Gnrh)Agnst Pit.Sup-Central Precocious Puberty | | |
| LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG | Tier 4 | PA; QL (0.34 EA per 1 FILL) |
| LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG | Tier 4 | PA |
| LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED) | Tier 4 | PA |
| Menopausal Sympt Supp-Sel Estrogen Recep Modulator | | |
| OSPHENA ORAL TABLET 60 MG | Tier 3 | QL (30 EA per 30 days) |
| Pituitary Suppressive Agents | | |
| <i>cabergoline oral tablet 0.5 mg</i> | Tier 1 | |
| <i>danazol oral capsule 100 mg, 200 mg, 50 mg</i> | Tier 1 | |
| Endocrine Disorder - Thyroid | | |
| Antithyroid Preparations | | |
| <i>methimazole oral tablet 10 mg, 5 mg</i> (Tapazole) | Tier 1 | MO |
| <i>propylthiouracil oral tablet 50 mg</i> | Tier 1 | MO |
| Iodine Containing Agents | | |
| LUGOLS ORAL SOLUTION 5 % | Tier 2 | |
| STRONG IODINE ORAL SOLUTION 5 % | Tier 1 | |
| Thyroid Hormones | | |
| ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 240 MG | Tier 3 | MO |
| ARMOUR THYROID ORAL TABLET 180 MG, 30 MG, 300 MG, 60 MG, 90 MG | Tier 2 | MO |
| CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG | Tier 2 | MO |
| EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG | Tier 1 | MO |
| LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG | Tier 2 | MO |
| <i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Euthyrox) | Tier 1 | MO |
| <i>levothyroxine oral tablet 300 mcg</i> (Levo-T) | Tier 1 | MO |

| Drug | Status | Notes |
|--|--------|-------|
| 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>l</i> iothyronine oral tablet 25 mcg, 5 mcg, 50 mcg (Cytomel) | 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>t</i> hyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg (NP Thyroid) | Tier 1 | MO |
| THYROLAR-1 ORAL TABLET 12.5-50 MCG | Tier 2 | MO |
| THYROLAR-1/2 ORAL TABLET 6.25-25 MCG | Tier 2 | MO |
| THYROLAR-1/4 ORAL TABLET 3.1-12.5 MCG | Tier 2 | MO |
| THYROLAR-2 ORAL TABLET 25-100 MCG | Tier 2 | MO |
| THYROLAR-3 ORAL TABLET 37.5-150 MCG | Tier 2 | MO |
| TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG | Tier 3 | MO |
| TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 50 MCG/ML, 75 MCG/ML, 88 MCG/ML | Tier 3 | MO |
| UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG | Tier 2 | MO |
| WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG | Tier 1 | MO |
| 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 |

| Drug | Status | Notes |
|---|--------|-------------------------|
| Eye - General Disorders | | |
| Eye Antibiotic, Glucocorticoid And Nsaid Comb. | | |
| <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) |
| Eye Antibiotic-Corticoid Combinations | | |
| <i>gatifloxacin-dexamethasone ophthalmic (eye) drops 0.5-0.1 %</i> | Tier 1 | |
| <i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> (Neo-Polycin HC) | Tier 1 | |
| <i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> (Maxitrol) | Tier 1 | |
| <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-POLYCYN 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 sod ph-gatifloxac ophthalmic (eye) drops 1-0.5 %</i> | Tier 1 | QL (3.5 ML per 30 days) |
| <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 | |
| Eye Antihistamines | | |
| <i>azelastine ophthalmic (eye) drops 0.05 %</i> | Tier 1 | |
| <i>epinastine ophthalmic (eye) drops 0.05 %</i> | Tier 1 | |

| Drug | Status | Notes |
|--|--------|---|
| 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 %</i> (Patanol) | Tier 1 | |
| <i>olopatadine ophthalmic (eye) drops 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) |
| Eye Antiinflammatory Agents | | |
| ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 % | Tier 3 | |
| <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 | |
| MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % | Tier 3 | |
| NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % | Tier 3 | |

| Drug | Status | Notes |
|--|--------|-------------------------|
| 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)</i> (Pred Forte) <i>drops,suspension 1 %</i> | 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 | |
| Eye Antivirals | | |
| <i>trifluridine ophthalmic (eye) drops 1 %</i> | Tier 1 | |
| ZIRGAN OPHTHALMIC (EYE) GEL 0.15 % | Tier 3 | QL (5 GM per 1 FILL) |
| Eye Local Anesthetics | | |
| ALCAINE OPHTHALMIC (EYE) DROPS 0.5 % | Tier 1 | |
| ALTACAIN OPHTHALMIC (EYE) DROPS 0.5 % | Tier 1 | |
| ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 % | Tier 1 | |
| FLUCAINE OPHTHALMIC (EYE) DROPS 0.25-0.5 % | Tier 1 | |
| <i>fluorescein-proparacaine ophthalmic (eye)</i> (Flucaeine) <i>drops 0.25-0.5 %</i> | Tier 1 | |
| <i>proparacaine ophthalmic (eye) drops 0.5 %</i> (Alcaine) | Tier 1 | |
| TETCAINE OPHTHALMIC (EYE) DROPS 0.5 % | Tier 3 | |
| <i>tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %</i> | Tier 1 | |
| <i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i> (Altacaine) | Tier 1 | |
| TETRAVISC FORTE OPHTHALMIC (EYE) DROPPERETTE,HYPERVISCOSUS 0.5 % | Tier 2 | |
| TETRAVISC FORTE OPHTHALMIC (EYE) DROPS,HYPERVISCOSUS 0.5 % | Tier 2 | |
| TETRAVISC OPHTHALMIC (EYE) DROPPERETTE,VISCOUS 0.5 % | Tier 2 | |
| TETRAVISC OPHTHALMIC (EYE) DROPS, VISCOUS 0.5 % | Tier 3 | |
| Eye Sulfonamides | | |
| BLEPH-10 OPHTHALMIC (EYE) DROPS 10 % | Tier 1 | |
| BLEPHAMIDE OPHTHALMIC (EYE) DROPS,SUSPENSION 10-0.2 % | Tier 3 | |

| Drug | Status | Notes |
|--|--------|------------------------|
| BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 % | Tier 3 | |
| <i>sulfacetamide sodium ophthalmic (eye) drops</i> (Bleph-10) 10 % | Tier 1 | |
| <i>sulfacetamide sodium ophthalmic (eye) ointment</i> 10 % | Tier 1 | |
| <i>sulfacetamide-prednisolone ophthalmic (eye) drops</i> 10 %-0.23 % (0.25 %) | Tier 1 | |
| Eye Vasoconstrictors (Rx Only) | | |
| <i>phenylephrine hcl ophthalmic (eye) drops</i> 10 %, 2.5 % | Tier 1 | |
| Ophthalmic Antibiotics | | |
| AK-POLY-BAC OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM | Tier 1 | |
| AZASITE OPHTHALMIC (EYE) DROPS 1 % | Tier 3 | |
| <i>bacitracin ophthalmic (eye) ointment</i> 500 unit/gram | Tier 1 | |
| <i>bacitracin-polymyxin b ophthalmic (eye)</i> (AK-Poly-Bac) <i>ointment</i> 500-10,000 unit/gram | Tier 1 | |
| CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 % | Tier 2 | |
| <i>ciprofloxacin hcl ophthalmic (eye) drops</i> 0.3 % (Ciloxan) | Tier 1 | |
| <i>erythromycin ophthalmic (eye) ointment</i> 5 mg/gram (0.5 %) | Tier 1 | |
| <i>gatifloxacin ophthalmic (eye) drops</i> 0.5 % (Zymaxid) | Tier 1 | |
| GENTAK OPHTHALMIC (EYE) OINTMENT 0.3 % (3 MG/GRAM) | Tier 1 | |
| <i>gentamicin ophthalmic (eye) drops</i> 0.3 % | Tier 1 | |
| <i>levofloxacin ophthalmic (eye) drops</i> 0.5 % | Tier 1 | |
| MOXEZA OPHTHALMIC (EYE) DROPS, VISCIOUS 0.5 % | Tier 2 | |
| <i>moxifloxacin ophthalmic (eye) drops</i> 0.5 % (Vigamox) | Tier 1 | |
| NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 % | Tier 2 | |
| <i>neomycin-bacitracin-polymyxin ophthalmic</i> (Neo-Polycin) <i>(eye) ointment</i> 3.5-400-10,000 mg-unit-unit/g | Tier 1 | |
| <i>neomycin-polymyxin-gramicidin ophthalmic</i> <i>(eye) drops</i> 1.75 mg-10,000 unit-0.025mg/ml | Tier 1 | |
| NEO-POLYICIN OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT-UNIT/G | Tier 1 | |
| <i>ofloxacin ophthalmic (eye) drops</i> 0.3 % (Ocuflox) | Tier 1 | QL (15 ML per 10 days) |
| POLYICIN OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM | Tier 1 | |

| Drug | Status | Notes |
|---|--------|----------------------------------|
| <i>polymyxin b sulf-trimethoprim ophthalmic (eye)</i> (Polytrim) <i>drops 10,000 unit- 1 mg/ml</i> | Tier 1 | |
| <i>tobramycin ophthalmic (eye) drops 0.3 %</i> (Tobrex) | Tier 1 | |
| TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 % | Tier 3 | |
| Ophthalmic Anti-Inflammatory Immunomodulator-Type | | |
| CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 % | Tier 3 | PA; MO |
| CYCLOSPORINE IN KLARITY OPHTHALMIC (EYE) DROPS 0.1-0.25 % | Tier 1 | MO |
| RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 % | Tier 2 | PA; MO |
| RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 % | Tier 2 | PA; MO; QL (60 EA per 1 FILL) |
| XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 % | Tier 3 | PA; MO |
| Ophthalmic Mast Cell Stabilizers | | |
| ALOCRILOPHTHALMIC (EYE) DROPS 2 % | Tier 3 | |
| ALOMIDOPHTHALMIC (EYE) DROPS 0.1 % | Tier 2 | |
| <i>cromolyn ophthalmic (eye) drops 4 %</i> | Tier 1 | |
| Eye - Glaucoma | | |
| Carbonic Anhydrase Inhibitors | | |
| <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 |
| Miotics/Other Intraoc. Pressure Reducers | | |
| ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 % | Tier 3 | MO |
| <i>apraclonidine ophthalmic (eye) drops 0.5 %</i> | Tier 1 | |
| AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % | Tier 2 | MO |
| <i>betaxolol ophthalmic (eye) drops 0.5 %</i> | Tier 1 | MO |
| BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 % | Tier 3 | |
| BETOPTIC S OPHTHALMIC (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 %</i> (Alphagan P) | Tier 1 | MO |
| <i>brimonidine ophthalmic (eye) drops 0.2 %</i> | Tier 1 | MO |

| Drug | Status | Notes |
|--|--------|---|
| <i>brimonidine-dorzolamide (pf) ophthalmic (eye) drops 0.15-2 %</i> | Tier 1 | |
| <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 | 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 | |
| <i>latanoprost ophthalmic (eye) drops 0.005 %</i> (Xalatan) | Tier 1 | MO |
| <i>levobunolol ophthalmic (eye) drops 0.5 %</i> | Tier 1 | |
| 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 | |
| PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 % | Tier 2 | |
| <i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i> (Isopto Carpine) | Tier 1 | |
| RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 % | Tier 3 | ST: Prior prescription for 2 of the following in the past 365 days: Alphagan P, Brimonidine Tartrate, Combigan, Latanoprost, Lumigan, Simbrinza, Travatan Z, or Travoprost; QL (2.5 ML per 30 days) |
| ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 % | Tier 3 | ST: Prior prescription for 2 of the following in the past 365 days: Alphagan P, Brimonidine Tartrate, Combigan, Latanoprost, Lumigan, Simbrinza, Travatan Z, or Travoprost; QL (2.5 ML per 30 days) |

| Drug | Status | Notes |
|--|---------------|--|
| SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 % | Tier 3 | MO |
| <i>timol-brimon-dorzo-latanop(pf) ophthalmic (eye) drops 0.5 %-0.15 %- 2 %-0.005 %</i> | Tier 1 | |
| <i>timolol maleate ophthalmic (eye) drops 0.25 %</i> (Timoptic) | Tier 1 | |
| <i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %</i> (Timoptic-XE) | Tier 1 | |
| <i>timolol-brimonidi-dorzolam(pf) ophthalmic (eye) drops 0.5-0.15-2 %</i> | Tier 1 | |
| TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %, 0.5 % | Tier 3 | ST: Prior prescription for Timolol Maleate or Timoptic OcuDose in the past 130 days; QL (2 EA per 1 day) |
| TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 % | Tier 2 | MO; QL (2.5 ML per 25 days) |
| <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, Latanoprost, Lumigan, Travatan Z, or Travoprost in the past 365 days; QL (30 EA per 30 days) |
| Mydriatics | | |
| <i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine) | Tier 1 | MO |
| <i>atropine ophthalmic (eye) ointment 1 %</i> | Tier 1 | |
| CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 % | Tier 3 | |
| <i>cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %</i> (Cyclogyl) | Tier 1 | |
| HOMATROPAIRE OPHTHALMIC (EYE) DROPS 5 % | Tier 1 | MO |
| <i>homatropine hbr ophthalmic (eye) drops 5 %</i> (Homatropaire) | 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 | |

| Drug | Status | Notes |
|--|--------|--|
| <i>tropicamide ophthalmic (eye) drops 1 %</i> (Mydracyl) | Tier 1 | |
| Eye - Miscellaneous | | |
| Artificial Tears | | |
| LACRISERT OPHTHALMIC (EYE) INSERT 5 MG | Tier 3 | PA |
| Eye Preparations, Miscellaneous (Otc) | | |
| GELFILM OPHTHALMIC (EYE) FILM | Tier 3 | |
| Ophthalmic Cystine Depleting Agents | | |
| CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 % | Tier 4 | PA |
| Fluid Replacement | | |
| Iv Solutions: Dextrose-Saline | | |
| <i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i> | Tier 1 | |
| Gout And Related Diseases | | |
| Colchicine | | |
| <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) |
| Hyperuricemia Tx - Purine Inhibitors | | |
| <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 | ST: Prior prescription for Allopurinol in the past 130 days |
| Uricosuric Agents | | |
| <i>probenecid oral tablet 500 mg</i> | Tier 1 | MO |
| <i>probenecid-colchicine oral tablet 500-0.5 mg</i> | Tier 1 | MO |
| Uricosuric And Xanthine Oxidase Inhibitor Comb. | | |
| DUZALLO ORAL TABLET 200-200 MG, 200-300 MG | Tier 3 | ST: Prior prescription for Allopurinol or Febuxostat in the past 130 days; QL (1 EA per 1 day) |
| Hematological Disorders | | |
| Anticoagulants, Coumarin Type | | |
| COUMADIN ORAL TABLET 1 MG, 10 MG, 2.5 MG, 7.5 MG | Tier 2 | MO |
| COUMADIN ORAL TABLET 2 MG, 3 MG, 4 MG, 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 |

| Drug | Status | Notes |
|--|--------|--|
| Antifibrinolytic Agents | | |
| <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 | |
| Citrates As Anticoagulants | | |
| ACD SOLUTION A SOLUTION 2.45-2.2 GRAM- 800 MG/100 ML | Tier 3 | |
| ACD-A SOLUTION | 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 | |
| Direct Factor Xa Inhibitors | | |
| BEVYXXA ORAL CAPSULE 40 MG, 80 MG | Tier 3 | QL (43 EA per 42 days) |
| ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS) | Tier 2 | QL (74 EA per 30 days) |
| ELIQUIS ORAL TABLET 2.5 MG, 5 MG | Tier 2 | MO; QL (60 EA per 30 days) |
| SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG | Tier 3 | ST: Prior prescriptions for Eliquis and Xarelto in the past 365 days; QL (30 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) |
| Hematinics, Other | | |
| ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 150 MCG/0.75 ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML | Tier 4 | PA |

| Drug | Status | Notes |
|--|--------|-------------------------|
| 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 |
| Hemorrhologic Agents | | |
| <i>pentoxifylline oral tablet extended release 400 mg</i> | Tier 1 | MO |
| Heparin And Related Preparations | | |
| <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) |

| Drug | Status | Notes |
|--|---|--------------------------|
| 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 | |
| <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> | (Heparin LockFlush(Porcine)(PF)) Tier 1 | |
| <i>heparin, porcine (pf) subcutaneous syringe 5,000 unit/0.5 ml</i> | Tier 1 | |
| Leukocyte (Wbc) Stimulants | | |
| 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 |

| Drug | Status | Notes |
|--|--------|---|
| LEUKINE INJECTION RECON SOLN 250 MCG | Tier 4 | PA |
| NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML | Tier 4 | PA |
| NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML | Tier 4 | PA |
| NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML | Tier 4 | PA |
| NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML | Tier 4 | PA |
| ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML | Tier 4 | PA |
| Platelet Aggregation Inhibitors | | |
| ADULT ASPIRIN REGIMEN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG | Tier 1 | \$0 COPAY IF AGE 45-79 YEARS; Age (Min 45 Years and Max 79 Years) |
| ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG | Tier 1 | \$0 COPAY IF AGE 45-79 YEARS; Age (Min 45 Years and Max 79 Years) |
| 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 |
| ASPIR-LOW 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) |
| BRILINTA ORAL TABLET 60 MG | Tier 2 | MO |
| BRILINTA ORAL TABLET 90 MG | Tier 2 | MO; QL (2 EA per 1 day) |

| Drug | Status | Notes |
|---|---------------|--|
| 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) |
| Platelet Reducing Agents | | |
| <i>anagrelide oral capsule 0.5 mg</i> (Agrylin) | Tier 1 | MO |
| <i>anagrelide oral capsule 1 mg</i> | Tier 1 | MO |
| Sickle Cell Anemia Agents | | |
| DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG | Tier 2 | |
| Spleen Tyrosine Kinase Inhibitors | | |
| TAVALISSE ORAL TABLET 100 MG, 150 MG | Tier 4 | PA |
| Thrombin Inhibitors,Selective,Direct, & Reversible | | |
| PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG | Tier 3 | MO; ST: Prior prescriptions for Eliquis and Xarelto in the past 365 days; QL (60 EA per 30 days) |
| Thrombopoietin Receptor Agonists | | |
| DOPTELET (10 TAB PACK) ORAL TABLET 20 MG | Tier 4 | PA |
| DOPTELET (15 TAB PACK) ORAL TABLET 20 MG | Tier 4 | PA |
| DOPTELET (30 TAB PACK) ORAL TABLET 20 MG | Tier 4 | PA |
| MULPLETA ORAL TABLET 3 MG | Tier 4 | PA |
| NPLATE SUBCUTANEOUS RECON SOLN 125 MCG, 250 MCG, 500 MCG | Tier 4 | PA |

| Drug | Status | Notes |
|---|--------|-----------------------------|
| PROMACTA ORAL POWDER IN PACKET 12.5 MG | Tier 4 | PA |
| PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG | Tier 4 | PA |
| Vitamin K Preparations | | |
| <i>phytonadione (vitamin k1) injection solution 10 mg/ml</i> (Vitamin K1) | Tier 1 | |
| <i>phytonadione (vitamin k1) injection syringe 1 mg/0.5 ml</i> | Tier 1 | |
| <i>phytonadione (vitamin k1) oral tablet 5 mg</i> (Mephyton) | Tier 1 | 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 | |
| Hormonal Deficiency | | |
| Androgen/Estrogen Preps For Female Sexual Dysfunc | | |
| INTRAROSA VAGINAL INSERT 6.5 MG | Tier 3 | QL (1 EA per 1 day) |
| Androgenic Agents | | |
| ANADROL-50 ORAL TABLET 50 MG | Tier 3 | PA |
| ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR | Tier 3 | PA |
| NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION | Tier 3 | PA |
| <i>oxandrolone oral tablet 10 mg, 2.5 mg</i> (Oxandrin) | Tier 1 | PA |
| STRIANT BUCCAL MUCOADHESIVE SYSTEM ER 12 HR 30 MG | Tier 3 | 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) |

| Drug | Status | Notes |
|---|--------|--|
| testosterone transdermal gel in packet 1.62 % (AndroGel) (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram) | Tier 1 | PA |
| testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml) | Tier 1 | PA; QL (180 ML per 30 days) |
| Estrogen & Progestin With Antimineralocorticoid Cb | | |
| ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG | Tier 3 | ST: Prior prescription for Estradiol/norethindrone Acetate in the past 365 days; QL (1 EA per 1 day) |
| Estrogen & Selective Estrogen Recept Mod(Serm)Comb | | |
| DUAVEE ORAL TABLET 0.45-20 MG | Tier 2 | |
| Estrogen And Progestin Combinations | | |
| BIJUVA ORAL CAPSULE 1-100 MG | Tier 3 | ST: Prior prescription for Estradiol/norethindrone Acetate in the past 365 days; QL (1 EA per 1 day) |
| Estrogen/Androgen Combinations | | |
| COVARYX H.S. ORAL TABLET 0.625-1.25 MG | Tier 1 | MO |
| COVARYX ORAL TABLET 1.25-2.5 MG | Tier 1 | MO |
| EEMT HS ORAL TABLET 0.625-1.25 MG | Tier 1 | MO |
| EEMT ORAL TABLET 1.25-2.5 MG | Tier 1 | MO |
| estrogens-methyltestosterone oral tablet 0.625-1.25 mg (Covaryx H.S.) | Tier 1 | MO |
| estrogens-methyltestosterone oral tablet 1.25-2.5 mg (Covaryx) | Tier 1 | MO |
| Estrogenic Agents | | |
| ALORA TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR | Tier 2 | MO; QL (10 EA per 1 FILL) |
| AMABELZ ORAL TABLET 0.5-0.1 MG, 1-0.5 MG | Tier 1 | MO |
| CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR | Tier 3 | MO; QL (5 EA per 1 FILL) |
| COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR | Tier 2 | MO |
| DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML | Tier 2 | |

| Drug | Status | Notes |
|---|--------|-----------------------------|
| DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML | Tier 2 | |
| DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 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) |
| 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 |

| Drug | Status | Notes |
|---|--------|-------|
| PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG | Tier 2 | MO |
| PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14) | Tier 2 | MO |
| PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG | Tier 2 | MO |
| Lhrh (Gnrh) Agonist Analog And Progestin Comb | | |
| LUPANETA PACK (1 MONTH) KIT. SYRINGE AND TABLET 3.75 MG -5 MG (30) | Tier 4 | PA |
| LUPANETA PACK (3 MONTH) KIT. SYRINGE AND TABLET 11.25 MG -5 MG (90) | Tier 4 | PA |
| Progestational Agents | | |
| CRINONE VAGINAL GEL 4 % | Tier 3 | |
| DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML | Tier 2 | |
| <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 |
| Immunization | | |
| Antisera | | |
| CUTAQUIG SUBCUTANEOUS SOLUTION 16.5 % | Tier 4 | PA |
| CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), 8 GRAM/40 ML (20 %) | Tier 4 | PA |
| GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE | Tier 4 | PA |
| GAMASTAN S/D INTRAMUSCULAR SOLUTION 15-18 % RANGE | Tier 4 | PA |
| GAMMAGARD LIQUID INJECTION SOLUTION 10 % | Tier 4 | PA |
| GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %) | Tier 4 | PA |

| 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 |
| 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 | |
| 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 | |

| Drug | Status | Notes |
|--|--------|-------|
| XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) | Tier 4 | PA |
| Influenza Virus Vaccines | | |
| 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 | |
| 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 | |

| Drug | Status | Notes |
|--|--------|--|
| Vaccine/Toxoid Preparations,Combinations | | |
| M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML | Tier 3 | QL (2 EA per 365 days); Age (Min 18 Years) |
| Viral/Tumorigenic Vaccines | | |
| HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML | Tier 3 | QL (2 ML per 365 days) |
| HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML | Tier 3 | QL (2 ML per 365 days) |
| SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML | Tier 3 | QL (2 EA per 365 days); Age (Min 50 Years) |
| SHINGRIX GE ANTIGEN COMPONENT INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG | Tier 3 | QL (2 EA per 365 days); Age (Min 50 Years) |
| VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML | Tier 3 | QL (2 ML per 365 days) |
| VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML | Tier 3 | QL (2 ML per 365 days) |
| ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML | Tier 3 | Age (Min 60 Years) |
| Immunosuppression/Modulation | | |
| Immunomodulators | | |
| ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML | Tier 4 | |
| <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 |
| Immunosuppressives | | |
| 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 |

| Drug | Status | Notes |
|--|--------|--------------------|
| <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 |
| 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) |
| 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 0.25 MG, 0.5 MG, 0.75 MG, 1 MG | Tier 3 | MO |
| Infectious Disease - Bacterial | | |
| Absorbable Sulfonamides | | |
| <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 | |

| Drug | Status | Notes |
|--|--------|----------------------------|
| Betalactams | | |
| CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML | Tier 4 | PA; QL (84 ML per 56 days) |
| Cephalosporins - 1St Generation | | |
| <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 | |
| Cephalosporins - 2Nd Generation | | |
| <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) |
| <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) |
| Cephalosporins - 3Rd Generation | | |
| <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) |

| Drug | Status | Notes |
|---|--------|--|
| SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML | Tier 3 | QL (50 ML per 1 FILL) |
| SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG | Tier 3 | QL (40 EA per 20 days); Age (Max 12 Years) |
| Chemotherapeutics, Antibacterial, Misc. | | |
| HYOPHEN ORAL TABLET 81.6-0.12-10.8 MG | Tier 1 | |
| <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> (Urogescic-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 | |
| TRIMPEX ORAL SOLUTION 50 MG/5 ML | Tier 2 | |
| 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 | |
| URYL ORAL TABLET 81.6-40.8-0.12 MG | Tier 3 | |
| USTELL ORAL CAPSULE 120-0.12 MG | Tier 1 | |
| UTIRA-C ORAL TABLET 81.6-10.8-40.8 MG | Tier 3 | |
| VILAMIT MB ORAL CAPSULE 118-10-40.8-36 MG | Tier 1 | |
| VILEVEV MB ORAL TABLET 81-10.8-40.8 MG | Tier 2 | |
| Macrolides | | |
| <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 | |

| Drug | Status | Notes |
|---|--------|---|
| <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) |
| 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 (dr/ec) 250 mg</i> | Tier 1 | QL (120 EA per 30 days) |
| <i>erythromycin oral tablet, delayed release (dr/ec) 250 mg</i> (Ery-Tab) | Tier 1 | QL (120 EA per 30 days) |
| <i>erythromycin oral tablet, delayed release (dr/ec) 333 mg</i> (Ery-Tab) | Tier 1 | QL (6 EA per 1 day) |
| <i>erythromycin oral tablet, delayed release (dr/ec) 500 mg</i> (Ery-Tab) | Tier 1 | QL (60 EA per 30 days) |
| Nitrofurantoin Derivatives | | |
| <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 monohyd/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 Macrocrystal or Nitrofurantoin Monohyd/m-cryst in the past 365 days; Age (Max 12 Years) |

| Drug | Status | Notes |
|---|--------|---|
| Oxazolidinones | | |
| <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 |
| Penicillins | | |
| <i>amoxicillin oral capsule 250 mg, 500 mg</i> | Tier 1 | |
| <i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i> | Tier 1 | |
| <i>amoxicillin oral tablet 500 mg, 875 mg</i> | Tier 1 | |
| <i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i> | Tier 1 | |
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i> | Tier 1 | |
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i> (Augmentin) | Tier 1 | QL (500 ML per 1 FILL) |
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600) | Tier 1 | |
| <i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i> | Tier 1 | QL (3 EA per 1 day) |
| <i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i> (Augmentin) | Tier 1 | |
| <i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i> (Augmentin XR) | Tier 1 | QL (4 EA per 1 day) |
| <i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg</i> | Tier 1 | QL (4 EA per 1 day) |
| <i>amoxicillin-pot clavulanate oral tablet, chewable 400-57 mg</i> | Tier 1 | QL (5 EA per 1 day) |
| <i>ampicillin oral capsule 250 mg, 500 mg</i> | 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) |
| <i>dicloxacillin oral capsule 250 mg, 500 mg</i> | Tier 1 | |
| MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG | Tier 3 | QL (10 EA per 10 days) |
| <i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i> | Tier 1 | |
| <i>penicillin v potassium oral tablet 250 mg, 500 mg</i> | Tier 1 | |
| Pleuromutilin Derivatives | | |
| XENLETA ORAL TABLET 600 MG | Tier 3 | PA; QL (10 EA per 5 days) |

| Drug | Status | Notes |
|---|--------|------------------------|
| Quinolones | | |
| BAXDELA ORAL TABLET 450 MG | Tier 3 | PA |
| CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML | Tier 3 | QL (200 ML per 1 FILL) |
| CIPRO XR ORAL TABLET, ER MULTIPHASE 24 HR 1,000 MG | Tier 2 | QL (1 EA per 1 day) |
| CIPRO XR ORAL TABLET, ER MULTIPHASE 24 HR 500 MG | Tier 2 | QL (2 EA per 1 day) |
| <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) |
| Tetracyclines | | |
| <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, 75 mg</i> | Tier 1 | |
| <i>minocycline oral capsule 50 mg</i> (Minocin) | Tier 1 | |
| MONDOXYNE NL ORAL CAPSULE 100 MG | Tier 1 | |
| NUZYRA (7 DAY WITH LOAD DOSE) ORAL TABLET 150 MG | Tier 3 | PA |
| NUZYRA (7 DAY) ORAL TABLET 150 MG | Tier 3 | PA |
| 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) |

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

| Drug | Status | Notes |
|---|--------|------------------------------------|
| TOBI PODHALER INHALATION CAPSULE 28 MG | Tier 4 | PA |
| TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG | Tier 4 | PA |
| <i>tobramycin in 0.225 % nacl inhalation solution</i> (Tobi) <i>for nebulization 300 mg/5 ml</i> | Tier 4 | PA; MO; QL (280 ML per 56 days) |
| Antileprotics | | |
| <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) |
| Anti-Mycobacterium Agents | | |
| <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) |
| Antitubercular Antibiotics | | |
| <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 |
| Lincosamides | | |
| <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) |
| Polymyxin And Derivatives | | |
| <i>colistin (colistimethate na) injection recon soln 150 mg</i> (Coly-Mycin M Parenteral) | Tier 1 | |

| Drug | Status | Notes |
|---|--------|---|
| Rifamycins And Related Derivative Antibiotics | | |
| AEMCOLO ORAL TABLET, DELAYED RELEASE (DR/EC) 194 MG | Tier 3 | ST: Prior prescription for Azithromycin, Cipro, Cipro XR, Ciprofloxacin HCL, Ciprofloxacin, Ciprofloxacin/ciprofloxacin HCL, Levofloxacin, Ofloxacin, or Zmax in the past 130 days; QL (12 EA per 1 FILL) |
| XIFAXAN ORAL TABLET 200 MG | Tier 3 | 9 PER FILL; QL (3 EA per 1 day) |
| XIFAXAN ORAL TABLET 550 MG | Tier 3 | PA |
| Vancomycin And Derivatives | | |
| FIRVANQ ORAL RECON SOLN 25 MG/ML, 50 MG/ML | Tier 3 | QL (450 ML per 10 days) |
| <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) |
| Infectious Disease - Parasitic | | |
| 2Nd Gen. Anaerobic Antiprotozoal-Antibacterial | | |
| <i>tinidazole oral tablet 250 mg, 500 mg</i> | Tier 1 | QL (4 EA per 1 day) |
| Amebicides | | |
| <i>paromomycin oral capsule 250 mg</i> | Tier 1 | QL (96 EA per 6 days) |
| Anaerobic Antiprotozoal-Antibacterial Agents | | |
| <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 | |
| Anthelmintics | | |
| <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 |
| Antimalarial Drugs | | |
| ARAKODA ORAL TABLET 100 MG | Tier 3 | ST: Prior prescription for Atovaquone/proguanil HCL, Hydroxychloroquine Sulfate, or Mefloquine HCL in the past 365 days |
| <i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone) | Tier 1 | QL (4 EA per 1 day) |

| Drug | Status | Notes |
|---|--------|--|
| <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) |
| DARAPRIM ORAL TABLET 25 MG | Tier 4 | PA |
| <i>hydroxychloroquine oral tablet 200 mg</i> (Plaquenil) | Tier 1 | |
| 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>quinine sulfate oral capsule 324 mg</i> (Qualaquin) | Tier 1 | QL (42 EA per 7 days) |
| Antiparasitics | | |
| ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML | Tier 2 | QL (60 ML per 3 days); Age (Max 11 Years) |
| ALINIA ORAL TABLET 500 MG | Tier 2 | QL (20 EA per 10 days) |
| Antiprotozoal Drugs, Miscellaneous | | |
| <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) |
| Infectious Disease - Viral | | |
| Antiretroviral-Integrase Inhibitor And Nnrti Comb. | | |
| JULUCA ORAL TABLET 50-25 MG | Tier 2 | QL (1 EA per 1 day) |
| Antiretroviral-Integrase Inhibitor And Nrti Comb. | | |
| DOVATO ORAL TABLET 50-300 MG | Tier 3 | QL (1 EA per 1 day) |
| Antiretroviral-Nucleoside, Nucleotide, Protease Inh. | | |
| SYMTUZA ORAL TABLET 800-150-200-10 MG | Tier 2 | QL (1 EA per 1 day) |
| Antivirals, General | | |
| <i>acyclovir oral capsule 200 mg</i> | Tier 1 | |
| <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) |

| Drug | Status | Notes |
|---|--------|--|
| PREVYMIS ORAL TABLET 240 MG, 480 MG | Tier 3 | PA |
| RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION | Tier 2 | 20 PER FILL; 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) |
| Antivirals, Hiv-Spec, Non-Peptidic Protease Inhib | | |
| APTIVUS ORAL CAPSULE 250 MG | Tier 2 | PA |
| APTIVUS ORAL SOLUTION 100 MG/ML | Tier 2 | PA |
| PREZCOBIX ORAL TABLET 800-150 MG-MG | Tier 3 | QL (1 EA per 1 day) |
| PREZISTA ORAL SUSPENSION 100 MG/ML | Tier 2 | QL (240 ML per 30 days) |
| PREZISTA ORAL TABLET 150 MG | Tier 2 | QL (240 EA per 30 days) |
| PREZISTA ORAL TABLET 600 MG | Tier 2 | QL (60 EA per 30 days) |
| PREZISTA ORAL TABLET 75 MG | Tier 2 | QL (480 EA per 30 days) |
| PREZISTA ORAL TABLET 800 MG | Tier 2 | QL (30 EA per 30 days) |
| Antivirals, Hiv-Spec, Nucleoside-Nucleotide Analog | | |
| DESCOVY ORAL TABLET 200-25 MG | Tier 2 | QL (1 EA per 1 day) |
| TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG | Tier 2 | QL (30 EA per 30 days) |
| Antivirals, Hiv-Spec., Nucleoside Analog, Rti Comb | | |
| <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) |
| Antivirals, Hiv-Specific, Ccr5 Co-Receptor Antag. | | |
| SELZENTRY ORAL SOLUTION 20 MG/ML | Tier 2 | PA |
| SELZENTRY ORAL TABLET 150 MG, 25 MG, 300 MG, 75 MG | Tier 2 | PA |

| Drug | Status | Notes |
|--|--------|---|
| Antivirals, Hiv-Specific, Fusion Inhibitors | | |
| FUZEON SUBCUTANEOUS RECON SOLN 90 MG | Tier 2 | ST: Prior prescription for an Antiretroviral drug in the past 130 days; QL (2 EA per 1 day) |
| Antivirals, Hiv-Specific, Non-Nucleoside, Rti | | |
| EDURANT ORAL TABLET 25 MG | Tier 2 | PA |
| <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 | |
| RESCRIPTOR ORAL TABLET 200 MG | Tier 2 | QL (6 EA per 1 day) |
| Antivirals, Hiv-Specific, Nucleoside Analog, Rti | | |
| <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) |
| <i>didanosine oral capsule, delayed release(drlec) 125 mg, 200 mg</i> (Videx EC) | Tier 1 | QL (2 EA per 1 day) |
| <i>didanosine oral capsule, delayed release(drlec) 250 mg</i> (Videx EC) | Tier 1 | QL (1 EA per 1 day) |
| <i>didanosine oral capsule, delayed release(drlec) 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) |
| VIDEX 2 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL) | Tier 2 | QL (600 ML 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) |

| Drug | Status | Notes |
|--|--------|--|
| <i>zidovudine oral tablet 300 mg</i> | Tier 1 | QL (60 EA per 30 days) |
| Antivirals, Hiv-Specific, Nucleotide Analog, Rti | | |
| <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) |
| Antivirals, Hiv-Specific, Protease Inhibitor Comb | | |
| KALETRA ORAL TABLET 100-25 MG | Tier 2 | QL (300 EA per 30 days) |
| KALETRA ORAL TABLET 200-50 MG | Tier 2 | QL (120 EA per 30 days) |
| <i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra) | Tier 1 | QL (390 ML per 30 days) |
| Antivirals, Hiv-Specific, Protease Inhibitors | | |
| <i>atazanavir oral capsule 150 mg, 200 mg</i> (Reyataz) | Tier 1 | QL (2 EA per 1 day) |
| <i>atazanavir oral capsule 300 mg</i> (Reyataz) | Tier 1 | QL (1 EA per 1 day) |
| CRIXIVAN ORAL CAPSULE 200 MG, 400 MG | Tier 2 | 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, or Reyataz in the past 130 days; QL (120 EA per 30 days) |
| LEXIVA ORAL SUSPENSION 50 MG/ML | Tier 2 | PA |
| NORVIR ORAL CAPSULE 100 MG | Tier 2 | QL (360 EA per 30 days) |
| NORVIR ORAL POWDER IN PACKET 100 MG | Tier 2 | QL (12 EA per 1 day) |
| NORVIR ORAL SOLUTION 80 MG/ML | Tier 2 | QL (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) |
| Antivirals, Hiv-1 Integrase Strand Transfer Inhibtr | | |
| ISENTRESS HD ORAL TABLET 600 MG | Tier 2 | QL (2 EA per 1 day) |
| ISENTRESS ORAL POWDER IN PACKET 100 MG | Tier 2 | QL (2 EA per 1 day) |

| Drug | Status | Notes |
|---|--------|--|
| 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 |
| Arv Cmb Nucleoside,Nucleotide,&Non-Nucleoside Rti | | |
| ATRIPLA ORAL TABLET 600-200-300 MG | Tier 2 | QL (30 EA per 30 days) |
| COMPLERA ORAL TABLET 200-25-300 MG | Tier 2 | PA |
| DELSTRIGO ORAL TABLET 100-300-300 MG | Tier 2 | |
| 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) |
| Arv Cmb-Nrti,N(T)Rti, Integrase Inhibitor | | |
| BIKTARVY ORAL TABLET 50-200-25 MG | Tier 2 | QL (1 EA per 1 day) |
| GENVOYA ORAL TABLET 150-150-200-10 MG | Tier 2 | QL (1 EA per 1 day) |
| STRIBILD ORAL TABLET 150-150-200-300 MG | Tier 2 | QL (30 EA per 30 days) |
| Arv Comb-Nrtis & Integrase Inhibitor | | |
| TRIUMEQ ORAL TABLET 600-50-300 MG | Tier 2 | QL (1 EA per 1 day) |
| Cytochrome P450 Inhibitors | | |
| TYBOST ORAL TABLET 150 MG | Tier 2 | PA; QL (1 EA per 1 day) |
| Hep C - Ns5a, Ns3/4A, Nucleotide Ns5b Inhib Combo | | |
| VOSEVI ORAL TABLET 400-100-100 MG | Tier 4 | PA |
| Hep C Virus - Ns5a & Ns5b Polymerase Inhib. Combo. | | |
| EPCLUSA ORAL TABLET 400-100 MG | Tier 4 | PA |
| HARVONI ORAL TABLET 45-200 MG, 90-400 MG | Tier 4 | PA |
| Hepatitis B Treatment Agents | | |
| <i>adefovir oral tablet 10 mg</i> (Hepsera) | Tier 4 | QL (1 EA per 1 day) |
| BARACLUDE ORAL SOLUTION 0.05 MG/ML | Tier 4 | QL (20 ML per 1 day); Age (Max 12 Years) |
| <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) |

| Drug | Status | Notes |
|--|--------|---|
| Hepatitis C Treatment Agents | | |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML | Tier 4 | PA |
| PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML | Tier 4 | PA |
| RIBASPHERE ORAL CAPSULE 200 MG | Tier 1 | QL (7 EA per 1 day) |
| <i>ribavirin oral capsule 200 mg</i> (Ribasphere) | Tier 1 | QL (7 EA per 1 day) |
| <i>ribavirin oral tablet 200 mg</i> | Tier 1 | QL (6 EA per 1 day) |
| Hepatitis C Virus- Ns5a And Ns3/4A Inhibitor Comb | | |
| MAVYRET ORAL TABLET 100-40 MG | Tier 4 | PA |
| ZEPATIER ORAL TABLET 50-100 MG | Tier 4 | PA |
| Inflammatory Disease | | |
| Anti-Arthritic And Chelating Agents | | |
| DEPEN TITRATABS ORAL TABLET 250 MG | Tier 4 | PA |
| D-PENAMINE ORAL TABLET 125 MG | Tier 4 | PA |
| Anti-Arthritic, Folate Antagonist Agents | | |
| OTREXUP (PF) SUBCUTANEOUS AUTO- INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML | Tier 3 | ST: Prior prescription for Methotrexate Sodium, Methotrexate Sodium/pf, Rheumatrex, or Trexall in the past 130 days; QL (1.6 ML per 28 days) |
| RASUVO (PF) SUBCUTANEOUS AUTO- INJECTOR 10 MG/0.2 ML | Tier 3 | ST: Prior prescription for Methotrexate Sodium, Methotrexate Sodium/pf, 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, Methotrexate Sodium/pf, 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, Methotrexate Sodium/pf, Rheumatrex, or Trexall in the past 130 days; QL (1.2 ML per 28 days) |

| Drug | Status | Notes |
|--|--------|--|
| RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 17.5 MG/0.35 ML | Tier 3 | ST: Prior prescription for Methotrexate Sodium, Methotrexate Sodium/pf, 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, Methotrexate Sodium/pf, 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, Methotrexate Sodium/pf, 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, Methotrexate Sodium/pf, 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, Methotrexate Sodium/pf, 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, Methotrexate Sodium/pf, Rheumatrex, or Trexall in the past 130 days; QL (0.6 ML per 28 days) |
| Anti-Flam. Interleukin-1 Receptor Antagonist | | |
| ARCALYST SUBCUTANEOUS RECON SOLN 220 MG | Tier 4 | PA |
| KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML | Tier 4 | PA |

| Drug | Status | Notes |
|---|--------|-------|
| Anti-Inflammatory Tumor Necrosis Factor Inhibitor | | |
| CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) | Tier 4 | PA |
| CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) | Tier 4 | PA |
| CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) | Tier 4 | PA |
| 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 PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML | Tier 4 | PA |
| HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | Tier 4 | PA |
| HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | Tier 4 | PA |
| HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | Tier 4 | PA |
| HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML | Tier 4 | PA |
| HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML | Tier 4 | PA |
| HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML | Tier 4 | PA |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML | Tier 4 | PA |
| HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML | Tier 4 | PA |
| HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML | Tier 2 | PA |

| Drug | Status | Notes |
|---|--------|-----------------------------|
| HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML | Tier 4 | PA |
| SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML | Tier 4 | PA; QL (0.5 ML per 30 days) |
| SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML | Tier 4 | PA; QL (0.5 ML per 30 days) |
| SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML | Tier 4 | PA; QL (0.5 ML per 30 days) |
| Anti-Inflammatory, Pyrimidine Synthesis Inhibitor | | |
| <i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava) | Tier 1 | MO |
| Anti-Inflammatory, Phosphodiesterase-4(Pde4) Inhib. | | |
| 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 |
| Anti-inflammatory, Sel. Costim. Mod., T-Cell Inhibitor | | |
| ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG | Tier 4 | PA |
| ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML | Tier 4 | PA; QL (1 ML per 7 days) |
| ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML | Tier 4 | PA; QL (1 ML per 7 days) |
| Bradykinin B2 Receptor Antagonists | | |
| <i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Firazyr) | Tier 4 | PA; QL (9 ML per 365 days) |
| C1 Esterase Inhibitors | | |
| BERINERT INTRAVENOUS KIT 500 UNIT (10 ML) | Tier 4 | PA; QL (4 EA per 365 days) |
| BERINERT INTRAVENOUS RECON SOLN 500 UNIT (10 ML) | Tier 4 | PA; QL (4 EA per 365 days) |
| CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML) | Tier 4 | PA; QL (20 EA per 30 days) |
| HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT | Tier 4 | PA |
| RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT | Tier 4 | PA; QL (4 EA per 30 days) |
| Glucocorticoids | | |
| A-HYDROCORT INJECTION RECON SOLN 100 MG | Tier 1 | |

| Drug | Status | Notes |
|---|--------|---|
| <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 Balsalazide Disodium in the past 130 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 | |
| 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 | |

| Drug | Status | Notes |
|---|--------|-------|
| <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), 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 | |
| PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML | Tier 2 | |
| <i>prednisone oral solution 5 mg/5 ml</i> | Tier 1 | |
| <i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i> | Tier 1 | |
| <i>prednisone oral tablets,dose pack 10 mg, 5 mg</i> | Tier 1 | |
| 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 | |
| Gold Salts | | |
| RIDAURA ORAL CAPSULE 3 MG | Tier 2 | |

| Drug | Status | Notes |
|--|--------|-----------------------------|
| Immunomodulator,B-Lymphocyte Stim(Blys)-Spec Inhib | | |
| BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG | Tier 4 | PA |
| BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML | Tier 4 | PA |
| BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML | Tier 4 | PA |
| Interleukin-6 (Il-6) Receptor Inhibitors | | |
| ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML | Tier 4 | PA |
| ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML | Tier 4 | PA; QL (3.6 ML per 28 days) |
| KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML | Tier 4 | PA |
| KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML | Tier 4 | PA |
| Janus Kinase (Jak) Inhibitors | | |
| OLUMIANT ORAL TABLET 1 MG, 2 MG | Tier 4 | PA |
| RINVOQ ER ORAL TABLET EXTENDED RELEASE 24 HR 15 MG | Tier 4 | PA |
| XELJANZ ORAL TABLET 10 MG, 5 MG | Tier 4 | PA |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG | Tier 4 | PA |
| Mineralocorticoids | | |
| <i>fludrocortisone oral tablet 0.1 mg</i> | Tier 1 | |
| Monoclonal Antibody-Human Interleukin 12/23 Inhib | | |
| STELARA INTRAVENOUS SOLUTION 130 MG/26 ML | Tier 4 | PA |
| STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML | Tier 4 | PA |
| STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML | Tier 4 | PA |
| Nsaids (Cox Non-Specific Inhib)& Prostaglandin Cmb | | |
| <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 | |

| Drug | Status | Notes |
|--|--------|-----------------------|
| Nsaids, Cyclooxygenase 2 Inhibitor - Type | | |
| celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg (Celebrex) | Tier 1 | MO |
| Nsaids, Cyclooxygenase Inhibitor-Type | | |
| diclofenac potassium oral tablet 50 mg | Tier 1 | MO |
| diclofenac sodium oral tablet extended release 24 hr 100 mg (Voltaren-XR) | Tier 1 | MO |
| diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg | Tier 1 | MO |
| EC-NAPROXEN ORAL TABLET, DELAYED RELEASE (DR/EC) 375 MG, 500 MG | Tier 1 | MO |
| etodolac oral capsule 200 mg, 300 mg | Tier 1 | MO |
| etodolac oral tablet 400 mg (Lodine) | Tier 1 | MO |
| etodolac oral tablet 500 mg | Tier 1 | MO |
| etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg | Tier 1 | MO |
| flurbiprofen oral tablet 100 mg | Tier 1 | MO |
| IBU ORAL TABLET 400 MG, 600 MG, 800 MG | Tier 1 | MO |
| ibuprofen oral tablet 400 mg, 600 mg, 800 mg (IBU) | Tier 1 | MO |
| indomethacin oral capsule 25 mg, 50 mg | Tier 1 | |
| indomethacin oral capsule, extended release 75 mg | Tier 1 | |
| ketoprofen oral capsule 50 mg, 75 mg | Tier 1 | |
| ketorolac injection solution 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml) | Tier 1 | |
| ketorolac injection syringe 30 mg/ml | Tier 1 | |
| ketorolac intramuscular solution 60 mg/2 ml | Tier 1 | |
| ketorolac intramuscular syringe 60 mg/2 ml | Tier 1 | |
| ketorolac oral tablet 10 mg | Tier 1 | QL (20 EA per 1 FILL) |
| meclofenamate oral capsule 100 mg, 50 mg | Tier 1 | |
| meloxicam oral tablet 15 mg, 7.5 mg (Mobic) | Tier 1 | MO |
| nabumetone oral tablet 500 mg, 750 mg | Tier 1 | MO |
| naproxen oral suspension 125 mg/5 ml (Naprosyn) | Tier 1 | PA; MO |
| naproxen oral tablet 250 mg, 375 mg | Tier 1 | MO |
| naproxen oral tablet 500 mg (Naprosyn) | Tier 1 | MO |
| naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg (EC-Naproxen) | Tier 1 | MO |
| naproxen sodium oral tablet 275 mg | Tier 1 | MO |
| naproxen sodium oral tablet 550 mg (Anaprox DS) | Tier 1 | MO |
| oxaprozin oral tablet 600 mg (Daypro) | Tier 1 | |
| piroxicam oral capsule 10 mg, 20 mg (Feldene) | Tier 1 | |

| Drug | Status | Notes |
|--|--------|---|
| <i>sulindac oral tablet 150 mg, 200 mg</i> | Tier 1 | |
| <i>tolmetin oral capsule 400 mg</i> | Tier 1 | ST: Prior prescription for 2 of the following in the past 365 days: Acuvail, Caldolor, Cambia, Celebrex, 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, Caldolor, Cambia, Celebrex, 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 |
| Plasma Kallikrein Inhibitors | | |
| KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (1 ML) | Tier 4 | PA |
| TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML) | Tier 4 | PA |
| Local Anesthesia | | |
| Local Anesthetics | | |
| <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 | |
| Lower Gastrointestinal Disorders - Bowel | | |
| Inflammat | | |
| Bowel Antiinflammatory Agents | | |
| <i>sulfadiazine oral tablet 500 mg</i> | Tier 1 | |

| Drug | Status | Notes |
|---|--------|--|
| Chronic Inflamm. Colon Dx, 5-A-Salicylat, Rectal Tx | | |
| <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 | |
| Drug Tx-Chronic Inflamm. Colon Dx, 5-Aminosalicylat | | |
| 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; ST: Prior prescription for Apriso or Balsalazide 750mg in the past 190 days; 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; ST: Prior prescription for Apriso or Balsalazide 750mg in the past 190 days |
| <i>mesalamine oral tablet, delayed release (dr/ec) 800 mg</i> (Asacol HD) | Tier 1 | MO; ST: Prior prescription for Apriso, Balsalazide 750mg, 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 750mg, 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 |
| Hemorrhoidal Prep, Anti-Inflam Steroid/Local Anesth | | |
| 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 | |

| Drug | Status | Notes |
|---|--------|---|
| <i>lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %</i> , 3-1 % (7 gram) | Tier 1 | QL (1 EA per 1 FILL) |
| <i>lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %</i> | Tier 1 | |
| <i>lidocaine-hydrocortisone-aloe rectal kit 3-2.5 %</i> (7 gram) | 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 | |
| Ibs Agents, Mixed Opioid Recep Agonists/Antagonists | | |
| VIBERZI ORAL TABLET 100 MG, 75 MG | Tier 3 | PA |
| Irritable Bowel Agents, Guanylate Cylase-C Agonist | | |
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG | Tier 2 | MO; QL (1 EA per 1 day) |
| TRULANCE ORAL TABLET 3 MG | Tier 3 | ST: Prior prescription for Amitiza or Linzess in the past 130 days; QL (1 EA per 1 day) |
| Local Anorectal Nitrate Preparations | | |
| RECTIV RECTAL OINTMENT 0.4 % (W/W) | Tier 3 | QL (30 GM per 30 days) |
| Rectal Preparations | | |
| ANUCORT-HC RECTAL SUPPOSITORY 25 MG | Tier 1 | |
| ANUSOL-HC RECTAL SUPPOSITORY 25 MG | Tier 2 | |
| HEMMOREX-HC RECTAL SUPPOSITORY 25 MG | Tier 2 | |
| <i>hydrocortisone acetate rectal suppository 25 mg</i> (Anucort-HC) | Tier 1 | |
| <i>hydrocortisone acetate rectal suppository 30 mg</i> (Proctocort) | Tier 1 | |
| PROTOCORT RECTAL SUPPOSITORY 30 MG | Tier 2 | |
| Rectal/Lower Bowel Prep., Glucocort. (Non-Hemorr) | | |
| CORTIFOAM RECTAL FOAM 10 % (80 MG) | Tier 2 | |
| <i>hydrocortisone rectal enema 100 mg/60 ml</i> (Cortenema) | Tier 1 | |

| Drug | Status | Notes |
|--|--------|--|
| UCERIS RECTAL FOAM 2 MG/ACTUATION | Tier 3 | ST: Prior prescription for Mesalamine or Mesalamine w/cleansing Wipes in the past 130 days |
| Lower Gastrointestinal Disorders - Other | | |
| Ammonia Inhibitors | | |
| CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG | Tier 4 | |
| ENULOSE ORAL SOLUTION 10 GRAM/15 ML | Tier 1 | |
| GENERLAC ORAL SOLUTION 10 GRAM/15 ML | Tier 1 | |
| LITHOSTAT ORAL TABLET 250 MG | Tier 3 | |
| <i>sodium phenylbutyrate oral powder 0.94 gram/gram</i> (Buphenyl) | Tier 4 | |
| Antidiarrheal - G.I. Chloride Channel Inhibitors | | |
| MYTESI ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG | Tier 3 | ST: Prior prescription for an Antiretroviral drug in the past 130 days; QL (60 EA per 30 days) |
| Antidiarrheal - Tryptophan Hydroxylase Inhibitor | | |
| XERMELO ORAL TABLET 250 MG | Tier 4 | PA |
| Antidiarrheals | | |
| <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 |
| <i>paregoric oral liquid 2 mg/5 ml</i> | Tier 1 | |
| Bile Salts | | |
| <i>ursodiol oral capsule 300 mg</i> (Actigall) | Tier 1 | |
| <i>ursodiol oral tablet 250 mg</i> (URSO 250) | Tier 1 | |
| <i>ursodiol oral tablet 500 mg</i> (URSO Forte) | Tier 1 | |
| Irritable Bowel Synd. Agent, 5HT-3 Antagonist-Type | | |
| <i>alosectron oral tablet 0.5 mg, 1 mg</i> (Lotronex) | Tier 1 | MO; QL (2 EA per 1 day) |

| Drug | Status | Notes |
|---|--------|---|
| Irritable Bowel Synd. Agent,5Ht-4 Partial Agonist | | |
| ZELNORM ORAL TABLET 6 MG | Tier 3 | ST: Prior prescription for Amitiza or Linzess in the past 130 days; QL (2 EA per 1 day) |
| Laxatives And Cathartics | | |
| AMITIZA ORAL CAPSULE 24 MCG, 8 MCG | Tier 2 | MO; QL (2 EA per 1 day) |
| CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM -12 GRAM/160 ML | Tier 3 | |
| CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML | Tier 1 | |
| GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM | Tier 1 | |
| GAVILYTE-G ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM | Tier 1 | |
| GAVILYTE-N ORAL RECON SOLN 420 GRAM | Tier 1 | |
| GOLYTELY ORAL POWDER IN PACKET 227.1-21.5-6.36 GRAM | Tier 3 | |
| <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 236-22.74-6.74 -5.86 gram</i> (GaviLyte-G) | Tier 1 | |
| <i>peg-electrolyte soln oral recon soln 420 gram</i> (GaviLyte-N) | Tier 1 | |
| PEG-PREP ORAL KIT 5-210 MG-GRAM | Tier 1 | |
| PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM | Tier 3 | |
| PREPOPIK ORAL POWDER IN PACKET 10 MG-3.5 GRAM-12 GRAM | Tier 3 | |
| SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM | Tier 2 | |
| TRILYTE WITH FLAVOR PACKETS ORAL RECON SOLN 420 GRAM | Tier 1 | |
| Narcotic Antagonists, Peripherally-Acting | | |
| ENTEREG ORAL CAPSULE 12 MG | Tier 3 | |
| MOVANTIK ORAL TABLET 12.5 MG, 25 MG | Tier 2 | QL (1 EA per 1 day) |
| RELISTOR ORAL TABLET 150 MG | Tier 3 | PA |

| Drug | Status | Notes |
|--|--------|-------|
| RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML | Tier 3 | PA |
| RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML | Tier 3 | PA |
| Sbs - Glucagon-Like Peptide-2 (Glp-2) | | |
| Analogs | | |
| GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG | Tier 4 | PA |
| GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG | Tier 4 | PA |
| Medical Supplies | | |
| Bandages And Related Supplies | | |
| ACTICOAT 7 DRESSING TOPICAL BANDAGE 2 X 2 ", 4 X 5 ", 6 X 6 " | Tier 3 | |
| ACTICOAT DRESSING TOPICAL BANDAGE 16 X 16 ", 2 X 2 ", 4 X 4 ", 4 X 48 ", 4 X 8 ", 5 X 5 ", 8 X 16 " | Tier 3 | |
| ACTICOAT FLEX 3 DRESSING TOPICAL BANDAGE 16 X 16 ", 2 X 2 ", 4 X 4 ", 4 X 48 ", 4 X 8 ", 8 X 16 " | Tier 3 | |
| ACTICOAT FLEX 7 DRESSING TOPICAL BANDAGE 1 X 24 ", 16 X 16 ", 2 X 2 ", 4 X 5 ", 6 X 6 ", 8 X 16 " | Tier 3 | |
| ACTICOAT SURGICAL DRESSING TOPICAL BANDAGE 4 X 10 ", 4 X 13 3/4 ", 4 X 4 3/4 ", 4 X 8 " | Tier 3 | |
| ALLEVYN ADHESIVE DRESSING TOPICAL BANDAGE 3 X 3 ", 5 X 5 ", 7 X 7 ", 9 X 9 " | Tier 3 | |
| ALLEVYN AG ADHESIVE TOPICAL BANDAGE 5 %- 3" X 3", 5 %- 5" X 5", 5 %- 7" X 7" | Tier 3 | |
| ALLEVYN AG GENTLE DRESSING TOPICAL BANDAGE 5 %- 2" X 2", 5 %- 4" X 4", 5 %- 6" X 6", 5 %- 8" X 8" | Tier 3 | |
| ALLEVYN AG TOPICAL BANDAGE 5 %- 2" X 2", 5 %- 4" X 4", 5 %- 6" X 6", 5 %- 8" X 8" | Tier 3 | |
| ALLEVYN HEEL TOPICAL BANDAGE 4 1/2 X 5 1/2 " | Tier 3 | |
| ALLEVYN LIFE DRESSING TOPICAL BANDAGE 4 X 4 ", 5 1/16 X 5 1/16 ", 6 1/16 X 6 1/16 ", 8 1/4 X 8 1/4 " | Tier 3 | |
| ALLEVYN TOPICAL BANDAGE 2 X 2 ", 4 X 4 ", 6 X 6 ", 8 X 8 " | Tier 3 | |

| Drug | Status | Notes |
|--|--------|-------|
| BIOSTEP AG TOPICAL BANDAGE 2 X 2 ", 4 X 4 " | Tier 3 | |
| BIOSTEP TOPICAL BANDAGE 2 X 2 ", 4 X 4 " | Tier 3 | |
| CURITY AMD (WITH POLYHEXAMETH) TOPICAL SPONGE 0.2 %- 2" X 2" | Tier 3 | |
| CURITY AMD (WITH POLYHEXAMETH) TOPICAL STRIP 0.2 %- 1/2" X 3 FEET | Tier 3 | |
| CURITY AMD TOPICAL BANDAGE 1 X 5 "-YARD, 1/4 X 36 " | Tier 3 | |
| CURITY IODOFORM PACKING STRIP TOPICAL BANDAGE 1 X 5 "-YARD, 1/2 X 5 "-YARD, 1/4 X 5 "-YARD, 2 X 5 "-YARD | Tier 3 | |
| HYDROFERA BLUE READY TOPICAL BANDAGE 2 1/2 X 2 1/2 ", 4 X 5 ", 8 X 8 " | Tier 3 | |
| HYDROFERA BLUE TOPICAL BANDAGE 2 X 2 ", 2 X 2 3/4 ", 2.25 X 8 ", 2.5 ", 4 X 4 ", 6 X 6 ", 9 MM | Tier 3 | |
| KERAGEL TOPICAL GEL | Tier 3 | |
| KERAGELT TOPICAL GEL | Tier 3 | |
| KERLIX AMD TOPICAL BANDAGE 0.2 %-4.5" X 4.1 YARD | Tier 3 | |
| KERLIX AMD TOPICAL SPONGE 0.2 %- 6" X 6.75" | Tier 3 | |
| MEDIHONEY (CAL ALGINATE-HONEY) TOPICAL BANDAGE 2 X 2 ", 3/4 X 12 ", 4 X 5 " | Tier 3 | |
| MEDIHONEY (HYDROCOLLOID-HONEY) TOPICAL BANDAGE 2 X 2 ", 4 X 5 " | Tier 3 | |
| REPLICARE DRESSING TOPICAL BANDAGE 1 1/2 X 2 1/2 ", 4 X 4 ", 6 X 6 ", 8 X 8 " | Tier 3 | |
| REPLICARE THIN TOPICAL BANDAGE 2 X 2 3/4 ", 3 1/2 X 5 1/2 ", 6 X 8 " | Tier 3 | |
| REPLICARE ULTRA DRESSING TOPICAL BANDAGE 4 X 4 ", 6 X 6 ", 7 X 8 " | Tier 3 | |
| RESTORE CALCIUM ALGINATE TOPICAL BANDAGE 4 X 4 3/4 " | Tier 3 | |
| RESTORE CONTACT LAYER SILVER TOPICAL BANDAGE 4 X 5 ", 6 X 8 " | Tier 3 | |
| RESTORE FOAM DRESSING SILVER TOPICAL BANDAGE 4 X 4 ", 6 X 8 " | Tier 3 | |

| Drug | Status | Notes |
|---|--------|-------|
| RESTORE TOPICAL BANDAGE 1 X 12 ", 2 X 2 " | Tier 3 | |
| XEROFORM PETROLATUM DRESSING TOPICAL BANDAGE 1 X 8 ", 2 X 2 ", 4 X 3 "-YARD, 4 X 4 ", 5 X 9 " | Tier 2 | |
| XEROFORM PETROLATUM OVERWRAP TOPICAL BANDAGE 1 X 8 ", 5 X 9 " | Tier 2 | |
| XEROFORM TOPICAL BANDAGE 5 X 9 " | Tier 3 | |
| Durable Medical Equipment,Misc | | |
| AMIELLE VAGINAL TRAINER KIT | Tier 3 | |
| Durable Medical Equipment,Misc(Group 1) | | |
| 1ST TIER UNILET COMFORTOUCH 28 GAUGE, 30 GAUGE | Tier 2 | MO |
| ACCU-CHEK FASTCLIX LANCET DRUM | Tier 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 |
| 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 |

| Drug | Status | Notes |
|--|---------------|--------------|
| 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 |
| FIFTY50 SAFETY SEAL LANCETS 30 GAUGE, 32 GAUGE | Tier 2 | MO |
| 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 |
| 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 |

| Drug | Status | Notes |
|---|--------|-------|
| <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 |
| 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 |

| Drug | Status | Notes |
|--|---------------|--------------|
| PRODIGY TWIST TOP LANCET 28 GAUGE | Tier 2 | 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 |
| 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 |

| Drug | Status | Notes |
|--|---------------|--------------|
| 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 |
| 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 |

| Drug | Status | Notes |
|--|--------|-------|
| VIVAGUARD LANCET 30 GAUGE | Tier 3 | MO |
| Parenteral Administration Sets | | |
| BD INSYTE AUTOGUARD INFUSION SET 24 GAUGE X 3/4" | Tier 3 | |
| BD SAF-T-INTIMA INFUSION SET 22 GAUGE X 3/4" | Tier 3 | |
| INSYTE IV CATHETER INFUSION SET 14 X 1.75 ", 20 X 1.16 " | Tier 3 | |
| NEXIVA INFUSION SET 18 X 1 1/4 ", 18 X 1 3/4 ", 20 GAUGE X 1", 20 X 1 1/4 ", 20 X 1 3/4 ", 22 GAUGE X 1", 24 GAUGE X 3/4", 24 X 0.56 " | Tier 3 | |
| Syringes And Accessories | | |
| ADVOCATE SYRINGES SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 | Tier 2 | MO |
| ASSURE ID INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2", 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 |

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

| Drug | Status | Notes |
|--|--------|-------|
| 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> (Ulitet 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 gauge x 1/2", 0.5 ml 30 gauge x 1/2"</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 |
| <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 |

| Drug | Status | Notes |
|--|--------|-------|
| <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 |
| MAXI-COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" | Tier 2 | MO |
| MONOJECT INSULIN SAFETY SYRING SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 29 GAUGE X 1/2" | Tier 2 | MO |

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

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

| Drug | Status | Notes |
|--|--------|-------|
| TRUEPLUS INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2" | Tier 2 | MO |
| ULTICARE INSULIN SYR HALF UNIT SYRINGE 0.3 ML 31 GAUGE X 1/4" | Tier 2 | MO |
| ULTICARE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 1/4" | Tier 2 | MO |
| ULTICARE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 | Tier 2 | MO |
| ULTILET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 29 | Tier 2 | MO |
| ULTRA CMFT INS SYR HALF UNIT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" | Tier 2 | MO |
| ULTRA COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29 , 1/2 ML 30 GAUGE | Tier 2 | MO |

| Drug | Status | Notes |
|--|--------|-------------------------------|
| ULTRACARE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 | Tier 2 | MO |
| ULTRA-THIN II (SHORT) INS SYR SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 | Tier 2 | MO |
| ULTRA-THIN II INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" | Tier 2 | MO |
| VANISHPOINT SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" | Tier 2 | MO |
| Miscellaneous Agents | | |
| Anaphylaxis Therapy Agents | | |
| AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML | Tier 3 | PA; QL (2 EA per 365 days) |
| <i>epinephrine injection auto-injector 0.15 mg/0.15 ml</i> (Auvi-Q) | Tier 1 | QL (4 EA per 1 FILL) |
| <i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr) | Tier 1 | QL (4 EA per 1 FILL) |
| <i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i> (EpiPen) | 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) |
| Miscellaneous Agents | | |
| NEXAVIR INJECTION SOLUTION 25.5 MG/ML | Tier 3 | |
| Parasympathetic Agents | | |
| <i>bethanechol chloride oral tablet 10 mg, 5 mg</i> | Tier 1 | |
| <i>bethanechol chloride oral tablet 25 mg, 50 mg</i> (Urecholine) | Tier 1 | |

| Drug | Status | Notes |
|--|--------|-------------------------|
| <i>guanidine oral tablet 125 mg</i> | Tier 1 | |
| <i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> (Salagen (pilocarpine)) | Tier 1 | |
| Pharmacological Chaperone-Alpha-Galactosid.A Stabz | | |
| GALAFOLD ORAL CAPSULE 123 MG | Tier 4 | PA |
| Pku Treatment Agents - Phenylalanine Ammonia Lyase | | |
| PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML | Tier 4 | PA |
| Pku Tx Agent-Cofactor Of Phenylalanine Hydroxylase | | |
| KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG | Tier 4 | PA |
| KUVAN ORAL TABLET,SOLUBLE 100 MG | Tier 4 | PA |
| Systemic Enzyme Inhibitors | | |
| ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG | Tier 4 | PA |
| GLASSIA INTRAVENOUS SOLUTION 1 GRAM/50 ML (2 %) | Tier 4 | PA |
| PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG | Tier 4 | PA |
| PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+-)/20 ML | Tier 4 | PA |
| ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG | Tier 4 | PA |
| Neoplastic Disease | | |
| Alkylating Agents | | |
| <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 |
| Antiandrogenic Agents | | |
| <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) |

| Drug | Status | Notes |
|--|--------|--|
| NUBEQA ORAL TABLET 300 MG | Tier 4 | PA |
| XTANDI ORAL CAPSULE 40 MG | Tier 4 | PA; QL (4 EA per 1 day) |
| YONSA ORAL TABLET 125 MG | Tier 4 | PA |
| ZYTIGA ORAL TABLET 500 MG | Tier 4 | PA |
| Antibiotic Antineoplastics | | |
| <i>bleomycin injection recon soln 15 unit, 30 unit</i> | Tier 4 | |
| Antimetabolites | | |
| ADRUCIL INTRAVENOUS SOLUTION 500 MG/10 ML | Tier 1 | |
| <i>azacitidine injection recon soln 100 mg</i> (Vidaza) | Tier 4 | |
| <i>capecitabine oral tablet 150 mg, 500 mg</i> (Xeloda) | Tier 4 | |
| <i>floxuridine injection recon soln 0.5 gram</i> | Tier 4 | |
| <i>fluorouracil intravenous solution 500 mg/10 ml</i> (Aducil) | 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 | |
| PURIXAN ORAL SUSPENSION 20 MG/ML | Tier 4 | |
| TABLOID ORAL TABLET 40 MG | Tier 4 | |
| TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG | Tier 2 | |
| XATMEP ORAL SOLUTION 2.5 MG/ML | Tier 4 | QL (60 ML per 30 days); Age (Max 12 Years) |
| Antineoplastic Aromatase Inhibitors | | |
| <i>anastrozole oral tablet 1 mg</i> (Arimidex) | Tier 1 | MO |
| <i>exemestane oral tablet 25 mg</i> (Aromasin) | Tier 1 | MO; QL (1 EA per 1 day) |
| <i>letrozole oral tablet 2.5 mg</i> (Femara) | Tier 1 | MO |
| Antineoplastic - Braf Kinase Inhibitors | | |
| BRAFTOVI ORAL CAPSULE 50 MG, 75 MG | Tier 4 | PA |
| TAFINLAR ORAL CAPSULE 50 MG, 75 MG | Tier 4 | PA; QL (120 EA per 30 days) |
| ZELBORAF ORAL TABLET 240 MG | Tier 4 | PA; QL (240 EA per 30 days) |
| Antineoplastic - Hedgehog Pathway Inhibitor | | |
| DAURISMO ORAL TABLET 100 MG, 25 MG | Tier 4 | PA |

| 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 |
| Antineoplastic - Janus Kinase (Jak) Inhibitors | | |
| JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG | Tier 4 | PA; QL (2 EA per 1 day) |
| Antineoplastic - Mek1 And Mek2 Kinase Inhibitors | | |
| COTELLIC ORAL TABLET 20 MG | Tier 4 | PA |
| MEKINIST ORAL TABLET 0.5 MG | Tier 4 | PA; QL (90 EA per 30 days) |
| MEKINIST ORAL TABLET 2 MG | Tier 4 | PA; QL (30 EA per 30 days) |
| MEKTOVI ORAL TABLET 15 MG | Tier 4 | PA |
| Antineoplastic - Mtor Kinase Inhibitors | | |
| AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG | Tier 4 | PA |
| AFINITOR ORAL TABLET 10 MG, 2.5 MG | Tier 4 | PA; QL (1 EA per 1 day) |
| <i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i> (Afinitor) | Tier 4 | PA; QL (1 EA per 1 day) |
| Antineoplastic - Topoisomerase I Inhibitors | | |
| HYCANTIN 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 | |
| Antineoplastic Comb - Kinase And Aromatase Inhibit | | |
| KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG | Tier 4 | PA |
| Antineoplastic Immunomodulator Agents | | |
| POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG | Tier 4 | PA |
| REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG | Tier 4 | PA; QL (1 EA per 1 day) |
| SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG | Tier 4 | PA; QL (5 EA per 1 FILL) |
| Antineoplastic Lhrh(Gnrh) Antagonist,Pituit.Supprs | | |
| FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG | Tier 4 | QL (2 EA per 365 days) |

| Drug | Status | Notes |
|--|--------|--------------------------------|
| FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG | Tier 4 | QL (1 EA per 30 days) |
| FIRMAGON SUBCUTANEOUS RECON SOLN 120 MG | Tier 4 | QL (2 EA per 365 days) |
| Antineoplastic Systemic Enzyme Inhibitors | | |
| ALECENSA ORAL CAPSULE 150 MG | Tier 4 | PA |
| 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 |
| 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 |
| IBRANCE ORAL CAPSULE 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) |

| Drug | Status | Notes |
|---|--------|----------------------------|
| 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 |
| 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 |
| 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) |
| 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) |
| 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 |

| Drug | Status | Notes |
|--|--------|----------------------------|
| VITRAKVI ORAL CAPSULE 100 MG, 25 MG | Tier 4 | PA |
| VITRAKVI ORAL SOLUTION 20 MG/ML | Tier 4 | PA |
| VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG | Tier 4 | PA |
| VOTRIENT ORAL TABLET 200 MG | Tier 4 | PA |
| XALKORI ORAL CAPSULE 200 MG, 250 MG | Tier 4 | PA; QL (2 EA per 1 day) |
| XOSPATA ORAL TABLET 40 MG | Tier 4 | PA |
| ZEJULA ORAL CAPSULE 100 MG | Tier 4 | PA |
| ZYDELIG ORAL TABLET 100 MG, 150 MG | Tier 4 | PA; QL (2 EA per 1 day) |
| ZYKADIA ORAL TABLET 150 MG | Tier 4 | PA |
| Antineoplastic,Histone Deacetylase Inhibitors,Hdis | | |
| FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG | Tier 4 | PA |
| ZOLINZA ORAL CAPSULE 100 MG | Tier 4 | PA |
| Antineoplastic-B Cell Lymphoma-2(Bcl-2) Inhibitors | | |
| VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG | Tier 4 | PA |
| VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG | Tier 4 | PA |
| Antineoplastic-Isocitrate Dehydrogenase Inhibitors | | |
| IDHIFA ORAL TABLET 100 MG, 50 MG | Tier 4 | PA |
| TIBSOVO ORAL TABLET 250 MG | Tier 4 | PA |
| Antineoplastics,Miscellaneous | | |
| <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 (chemotherapy) oral capsule 10 mg</i> | Tier 4 | PA |
| Antineoplastic-Select Inhib Of Nuclear Exp (Sine) | | |
| XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5) | Tier 4 | PA; QL (20 EA per 28 days) |
| XPOVIO ORAL TABLET 160 MG/WEEK (20 MG X 8) | Tier 4 | PA; QL (32 EA per 28 days) |
| XPOVIO ORAL TABLET 60 MG/WEEK (20 MG X 3) | Tier 4 | PA; QL (12 EA per 28 days) |

| Drug | Status | Notes |
|--|--------|---|
| XPOVIO ORAL TABLET 80 MG/WEEK (20 MG X 4) | Tier 4 | PA; QL (16 EA per 28 days) |
| Chemotherapy Rescue/Antidote Agents | | |
| <i>dexrazoxane hcl intravenous recon soln 250 mg, 500 mg</i> (Zinecard (as HCl)) | Tier 1 | |
| <i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i> | Tier 1 | |
| <i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i> | Tier 1 | |
| MESNEX ORAL TABLET 400 MG | Tier 2 | |
| Selective Estrogen Receptor Modulators (Serm) | | |
| FASLODEX INTRAMUSCULAR SYRINGE 250 MG/5 ML | Tier 4 | PA |
| <i>fulvestrant intramuscular syringe 250 mg/5 ml</i> (Faslodex) | Tier 4 | PA |
| SOLTAMOX ORAL SOLUTION 10 MG/5 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 |
| Selective Retinoid X Receptor Agonists (Rxr) | | |
| <i>bexarotene oral capsule 75 mg</i> (Targretin) | Tier 4 | PA |
| Steroid Antineoplastics | | |
| EMCYT ORAL CAPSULE 140 MG | Tier 4 | |
| <i>megestrol oral tablet 20 mg, 40 mg</i> | Tier 1 | |
| Neurological Disease - Miscellaneous | | |
| Agents To Treat Multiple Sclerosis | | |
| AUBAGIO ORAL TABLET 14 MG, 7 MG | Tier 4 | PA; QL (1 EA per 1 day) |
| AVONEX (WITH ALBUMIN) INTRAMUSCULAR KIT 30 MCG | Tier 4 | PA; ST: Prior prescriptions for Glatiramer Acetate and Rebif in the past 130 days; QL (4 EA per 1 FILL) |
| 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 | Tier 4 | QL (1 EA per 1 day) |
| GILENYA ORAL CAPSULE 0.5 MG | Tier 4 | PA; QL (1 EA per 1 day) |

| Drug | Status | Notes |
|--|--------|----------------------------|
| <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 |
| 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 |
|---|--------|---------------------------|
| Agts Tx Neuromusc Transmission Dis,Pot-Chan Blkr | | |
| <i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra) | Tier 4 | PA |
| Amyotrophic Lateral Sclerosis Agents | | |
| <i>riluzole oral tablet 50 mg</i> (Rilutek) | Tier 1 | MO |
| Fibromyalgia Agents,Serotonin-Norepineph Ru Inhib | | |
| SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG | Tier 2 | MO; QL (68 EA per 1 FILL) |
| SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42) | Tier 2 | MO; QL (55 EA per 1 FILL) |
| Movement Disorders(Drug Therapy) | | |
| AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG | Tier 4 | PA |
| <i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> (Xenazine) | Tier 4 | PA |
| Pseudobulbar Affect (Pba) Agents, Nmda Antagonists | | |
| NUDEXTA ORAL CAPSULE 20-10 MG | Tier 3 | PA; MO |
| Oral/Pharyngeal Disorders | | |
| Dental Aids And Preparations | | |
| <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 | |
| Nose Preparations, Miscellaneous (Rx) | | |
| <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) |
| Periodontal Collagenase Inhibitors | | |
| <i>doxycycline hyclate oral tablet 20 mg</i> | Tier 1 | |
| Other Drugs | | |
| Agents For Stomatological Use | | |
| DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 % | Tier 2 | |
| DEBACTEROL MUCOUS MEMBRANE SWAB 30-50 % | Tier 2 | |

| Drug | Status | Notes |
|--|--------|---|
| ORAFATE MUCOUS MEMBRANE PASTE 1 GRAM/10 ML | Tier 3 | |
| PROTHELIAL MUCOUS MEMBRANE PASTE 1 GRAM/10 ML | Tier 3 | |
| Antigenic Skin Tests | | |
| CANDIN INTRADERMAL ALLERGEN FDA STANDARD | Tier 3 | |
| Appetite Stim. For Anorexia,Cachexia,Wasting Synd. | | |
| <i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)</i> | Tier 1 | |
| <i>megestrol oral suspension 625 mg/5 ml</i> (Megace ES) | Tier 1 | ST: Prior prescription for Megestrol Acetate in the past 130 days |
| Cholinesterase Reactivat.&Muscarinic Antg.Antidote | | |
| DUODOTE INTRAMUSCULAR PEN INJECTOR 600-2.1 MG/2ML-MG/0.7ML | Tier 3 | |
| Cholinesterase Reactivating,Organophos. Antidotes | | |
| <i>pralidoxime intramuscular pen injector 600 mg/2 ml</i> | Tier 3 | |
| Cxcr4 Chemokine Receptor Antagonist | | |
| MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML) | Tier 4 | PA |
| Diluent Solutions | | |
| DILUENT FOR ACTHIB INTRAMUSCULAR SOLUTION 0.4 % | Tier 3 | |
| DILUENT FOR IMOVAX INTRAMUSCULAR SYRINGE | Tier 3 | |
| DILUENT FOR MENHIBRIX INTRAMUSCULAR SOLUTION 0.9 % | Tier 3 | |
| DILUENT FOR MENOMUNE (PF) SUBCUTANEOUS SOLUTION | Tier 3 | |
| DILUENT FOR MENOMUNE SUBCUTANEOUS SOLUTION | Tier 3 | |
| DILUENT FOR RABAVERT INTRAMUSCULAR SYRINGE | Tier 3 | |
| 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 | |

| Drug | Status | Notes |
|---|--------|----------------------|
| DILUENT-MERCK LIVE VIRUS VACC SUBCUTANEOUS SOLUTION | Tier 3 | |
| DILUTING MEDIUM FOR NOVOLOG INJECTION SOLUTION | Tier 3 | |
| Drugs To Tx Gaucher Dx-Type 1, Substrate Reducing | | |
| CERDELGA ORAL CAPSULE 84 MG | Tier 4 | PA |
| <i>miglustat oral capsule 100 mg</i> (Zavesca) | Tier 4 | PA |
| General Anesthetics,Inhalant | | |
| <i>sevoflurane inhalation liquid</i> (Ultane) | Tier 1 | |
| General Inhalation Agents | | |
| HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 % | Tier 3 | |
| HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 7 % | Tier 2 | |
| NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 % | Tier 1 | |
| NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 % | Tier 3 | |
| PULMOSAL INHALATION SOLUTION FOR NEBULIZATION 7 % | Tier 2 | |
| <i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %</i> | Tier 1 | |
| <i>sodium chloride inhalation solution for nebulization 3 %</i> (NebuSal) | Tier 1 | |
| <i>sodium chloride inhalation solution for nebulization 7 %</i> (Hyper-Sal) | Tier 1 | |
| Iv Fat Emulsions | | |
| INTRALIPID INTRAVENOUS EMULSION 20 % | Tier 3 | |
| NUTRILIPID INTRAVENOUS EMULSION 20 % | Tier 3 | |
| Metabolic Deficiency Agents | | |
| CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML | Tier 3 | QL (30 ML per 1 day) |
| CYSTADANE ORAL POWDER 1 GRAM/1.7 ML | Tier 4 | |
| <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) |

| Drug | Status | Notes |
|---|--------|-------|
| Metabolic Disease Enzyme Replacement, Fabry's Dx | | |
| FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG | Tier 4 | PA |
| Metallic Poison, Agents To Treat | | |
| BAL IN OIL INTRAMUSCULAR SOLUTION 100 MG/ML | Tier 2 | |
| CHEMET ORAL CAPSULE 100 MG | Tier 2 | |
| CLOVIQUE ORAL CAPSULE 250 MG | Tier 4 | PA |
| <i>deferasirox oral tablet 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 ORAL TABLET 180 MG, 360 MG, 90 MG | Tier 4 | PA |
| 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> (Clovique) | Tier 4 | PA |
| Muscarinic Receptor Antagonists | | |
| ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML, 2 MG/0.7 ML | Tier 3 | |
| Needles/Needleless Devices | | |
| 1ST TIER UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" | Tier 2 | MO |
| 1ST TIER UNIFINE PENTIPS PLUS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" | Tier 2 | MO |
| ADVOCATE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 33 GAUGE X 5/32" | Tier 2 | MO |
| ASSURE ID PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 3/16" | Tier 2 | MO |

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

| Drug | Status | Notes |
|--|--------|-------|
| EASY COMFORT PEN NEEDLES NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32" | Tier 2 | MO |
| EASY GLIDE PEN NEEDLE NEEDLE 33 GAUGE X 5/32" | Tier 2 | MO |
| 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 |
| 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 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 |
| 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 |
| RELION NEEDLES NEEDLE 31 GAUGE X 1/4" | Tier 2 | MO |
| RELION PEN NEEDLES NEEDLE 32 GAUGE X 5/32" | Tier 2 | MO |
| SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16" | Tier 2 | MO |
| SURE COMFORT PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" | Tier 2 | MO |
| SURE-FINE PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16" | Tier 2 | MO |
| TECHLITE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32" | Tier 2 | MO |

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

| Drug | Status | Notes |
|--|--------|------------------------|
| VERIFINE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32" | Tier 2 | MO |
| Ointment/Cream Bases | | |
| RADIAGEL TOPICAL GEL | Tier 3 | |
| Oral Mucositis/Stomatitis Agents | | |
| GELCLAIR MUCOUS MEMBRANE GEL IN PACKET | Tier 3 | QL (225 ML per 1 FILL) |
| GELX MUCOUS MEMBRANE GEL | Tier 3 | |
| MUGARD MUCOUS MEMBRANE SOLUTION | Tier 3 | QL (480 ML per 1 FILL) |
| ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH | Tier 3 | |
| Oral Mucositis/Stomatitis Anti-Inflammatory Agent | | |
| EPISIL MUCOUS MEMBRANE GEL FORMING SOLUTION | Tier 3 | |
| Parenteral Amino Acid Solutions And Combinations | | |
| PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION | Tier 3 | |
| Pharmaceutical Adjuvants, Tableting | | |
| <i>cellulose (bulk) powder</i> | Tier 3 | |
| Saliva Stimulant Agents | | |
| NUMOISYN MUCOUS MEMBRANE LOZENGE 0.3 GRAM | Tier 3 | |
| Saliva Substitute Agents | | |
| NUMOISYN MUCOUS MEMBRANE LIQUID | Tier 3 | |
| Skin Tissue Replacement | | |
| ENDOFORM FENESTRATED TOPICAL SHEET 2 X 2 ", 4 X 5 " | Tier 3 | |
| ENDOFORM TOPICAL SHEET 2 X 2 " | Tier 3 | |
| EPIFIX AMNIOTIC MEMBRANE TOPICAL SHEET 2 X 3 CM, 5 X 6 CM, 7 X 7 CM | Tier 3 | |
| GRAFIX CORE TOPICAL SHEET 2 X 3 CM | Tier 3 | |
| GRAFIX PRIME TOPICAL SHEET 2 X 3 CM | Tier 3 | |
| MATRISTEM MICROMATRIX TOPICAL POWDER 100 MG, 20 MG, 200 MG, 30 MG, 60 MG | Tier 3 | |
| MATRISTEM TOPICAL SHEET 10 X 15 CM, 3 X 3 1/2 CM | Tier 3 | |
| STRAVIX TOPICAL SHEET 3 X 6 CM | Tier 3 | |
| Solvents | | |
| ALCOHOL, RUBBING SOLUTION 70 % | Tier 3 | |

| Drug | Status | Notes |
|--|--------|--|
| 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 | |
| Somatostatic Agents | | |
| <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 |
| Suspending Agents | | |
| GELFILM IMPLANT FILM | Tier 3 | |
| <i>hydroxypropyl cellulose powder</i> | Tier 3 | |
| <i>hypromellose powder</i> (Methocel E 4 M) | Tier 3 | |
| Tissue/Wound Adhesives | | |
| SURGISEAL STYLUS TOPICAL LIQUID | Tier 3 | |
| SURGISEAL TEARDROP APPLICATOR TOPICAL LIQUID | Tier 3 | |
| SURGISEAL TWIST TOPICAL LIQUID | Tier 3 | |
| Vaccine Adjuvants | | |
| SHINGRIX ADJUVANT COMPONENT-PF INTRAMUSCULAR SUSPENSION | Tier 3 | QL (1 ML per 365 days); Age (Min 50 Years) |
| Vehicles | | |
| <i>citric acid (bulk) powder</i> | Tier 3 | |
| Water | | |
| 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 | |
| Wound Healing Agents, Local | | |
| DERMULCERA TOPICAL OINTMENT | Tier 3 | |
| VENELEX TOPICAL OINTMENT | Tier 3 | |

| Drug | Status | Notes |
|--|--------|-----------------------------|
| Other Respiratory Disorders | | |
| Antifibrotic Therapy - Pyridone Analogs | | |
| ESBRIET ORAL CAPSULE 267 MG | Tier 4 | PA |
| ESBRIET ORAL TABLET 267 MG, 801 MG | Tier 4 | PA |
| Cystic Fib. Transmemb Conduct. Reg. (Cftr) Potentiator | | |
| KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG | Tier 4 | PA; QL (2 EA per 1 day) |
| KALYDECO ORAL TABLET 150 MG | Tier 4 | PA; QL (2 EA per 1 day) |
| Cystic Fibrosis-Cftr Potentiator & Corrector Comb. | | |
| ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG | Tier 4 | PA |
| ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG | Tier 4 | PA |
| SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N) | Tier 4 | PA |
| TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N) | Tier 4 | PA |
| Lung Surfactants | | |
| CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5 ML, 240 MG/3 ML | Tier 3 | |
| INFASURF INTRATRACHEAL SUSPENSION 35 MG/ML | Tier 3 | |
| SURFAXIN INTRATRACHEAL SUSPENSION 34 MG/ML | Tier 3 | |
| SURVANTA INTRATRACHEAL SUSPENSION 25 MG/ML | Tier 3 | |
| Mucolytics | | |
| <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) |
| Pulmonary Fibrosis - Systemic Enzyme Inhibitors | | |
| OFEV ORAL CAPSULE 100 MG, 150 MG | Tier 4 | PA |
| Pain Management - Analgesics | | |
| Analgesic, Non-Salicylate & Barbiturate Comb. | | |
| <i>butalbital-acetaminophen oral tablet 50-325 mg</i> (Tencon) | Tier 1 | |
| TENCON ORAL TABLET 50-325 MG | Tier 1 | |

| Drug | Status | Notes |
|--|--------|----------------------|
| Analgesic, Salicylate, Barbiturate, & Xanthine Cmb | | |
| <i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i> (Fiorinal) | Tier 1 | |
| <i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i> | Tier 1 | |
| Analgesic, Non-Salicylate, Barbiturate, & Xanthine Cmb | | |
| <i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i> (Esgic) | Tier 1 | |
| Analgesic/Antipyretics, Salicylates | | |
| <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 | |
| Analgesics Narcotic, Anesthetic Adjunct Agents | | |
| <i>fentanyl citrate (pf) injection solution 50 mcg/ml</i> | Tier 1 | |
| <i>fentanyl citrate (pf) intravenous solution 50 mcg/ml</i> | Tier 1 | |
| Analgesics, Narcotic Agonist And Nsaid Combination | | |
| <i>hydrocodone-ibuprofen oral tablet 10-200 mg</i> (Ibudone) | Tier 1 | |
| <i>hydrocodone-ibuprofen oral tablet 5-200 mg, 7.5-200 mg</i> | Tier 1 | |
| <i>ibuprofen-oxycodone oral tablet 400-5 mg</i> | Tier 1 | |
| Analgesics, Non-Narcotics | | |
| <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 | |
| Analgesics, Narcotics | | |
| <i>acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg</i> (Trezix) | Tier 1 | QL (10 EA per 1 day) |
| <i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i> | Tier 1 | |

| Drug | Status | Notes |
|---|--------|--|
| <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>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i> | Tier 1 | Age (Min 12 Years) |
| <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 | |
| <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 | |

| Drug | Status | Notes |
|--|--------|---|
| <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 (pf) intravenous patient control. analgesia soln 150 mg/30 ml</i> | 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) |
| <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 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i> (MS Contin) | Tier 1 | QL (3 EA per 1 day) |

| Drug | Status | Notes |
|---|--------|---|
| <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) |
| 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> (Opana) | Tier 1 | |

| Drug | Status | Notes |
|---|--------|---|
| <i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i> | Tier 1 | ST: 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) |
| Antimigraine Preparations | | |
| <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) |

| Drug | Status | Notes |
|--|---------------|---|
| <i>dihydroergotamine nasal spray,non-aerosol</i> (Migranal) <i>0.5 mg/pump act. (4 mg/ml)</i> | 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) |
| <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 Syntouch, 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) |
| <i>rizatriptan oral tablet 10 mg</i> (Maxalt) | Tier 1 | QL (18 EA per 30 days) |
| <i>rizatriptan oral tablet 5 mg</i> | Tier 1 | QL (18 EA per 30 days) |
| <i>rizatriptan oral tablet,disintegrating 10 mg</i> (Maxalt-MLT) | Tier 1 | QL (18 EA per 30 days) |
| <i>rizatriptan oral tablet,disintegrating 5 mg</i> | Tier 1 | QL (18 EA per 30 days) |
| <i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i> (Imitrex) | Tier 1 | QL (18 EA per 28 days) |
| <i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i> (Imitrex) | Tier 1 | QL (36 EA per 28 days) |

| Drug | Status | Notes |
|---|--------|--|
| 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 (2 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 (2 ML per 28 days) |
| sumatriptan succinate subcutaneous solution 6 mg/0.5 ml (Imitrex) | Tier 1 | QL (2 ML per 28 days) |
| sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml | Tier 1 | QL (4 ML per 28 days) |
| zolmitriptan oral tablet 2.5 mg, 5 mg (Zomig) | Tier 1 | ST: Prior prescription for Almotriptan Malate, Eletriptan Hydrobromide, Frovatriptan Succinate, Rizatriptan Benzoate, Sumatriptan Succinate, Zolmitriptan, or Zomig in the past 180 days; QL (12 EA per 30 days) |
| zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg (Zomig ZMT) | Tier 1 | ST: Prior prescription for Almotriptan Malate, Eletriptan Hydrobromide, Frovatriptan Succinate, Rizatriptan Benzoate, Sumatriptan Succinate, Zolmitriptan, or Zomig in the past 180 days; QL (12 EA per 30 days) |
| ZOMIG NASAL SPRAY, NON-AEROSOL 2.5 MG | Tier 2 | ST: Prior prescription for Almotriptan Malate, Eletriptan Hydrobromide, Frovatriptan Succinate, Rizatriptan Benzoate, Sumatriptan Succinate, Zolmitriptan, or Zomig in the past 180 days |
| ZOMIG NASAL SPRAY, NON-AEROSOL 5 MG | Tier 2 | ST: Prior prescription for Almotriptan Malate, Eletriptan Hydrobromide, Frovatriptan Succinate, Rizatriptan Benzoate, Sumatriptan Succinate, Zolmitriptan, or Zomig in the past 180 days; QL (12 EA per 30 days) |

| Drug | Status | Notes |
|---|--------|--------------------|
| Calcitonin Gene-Related Peptide (Cgrp) Inhibitors | | |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3) | Tier 2 | PA |
| Narc.& Non-Sal.Analgesic,Barbiturate &Xanthine Cmb | | |
| <i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i> | Tier 1 | Age (Min 12 Years) |
| Narcotic & Salicylate Analgesics, Barb.& Xanthine | | |
| ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG | Tier 1 | Age (Min 12 Years) |
| BUTALBITAL COMPOUND W/CODEINE ORAL CAPSULE 30-50-325-40 MG | Tier 1 | Age (Min 12 Years) |
| <i>codeine-bitalbital-asa-caff oral capsule 30-50-325-40 mg</i> (Ascomp with Codeine) | Tier 1 | Age (Min 12 Years) |
| Narcotic Analgesic & Non-Salicylate Analgesic Comb | | |
| <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</i> | Tier 1 | Age (Min 12 Years) |
| <i>acetaminophen-codeine oral tablet 300-30 mg</i> (Tylenol-Codeine #3) | Tier 1 | Age (Min 12 Years) |
| <i>acetaminophen-codeine oral tablet 300-60 mg</i> (Tylenol-Codeine #4) | Tier 1 | Age (Min 12 Years) |
| ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG | Tier 1 | |
| <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 | |
| <i>hydrocodone-acetaminophen oral tablet 2.5-325 mg, 5-300 mg, 7.5-300 mg</i> | Tier 1 | |
| <i>hydrocodone-acetaminophen oral tablet 5-325 mg</i> (Lorcet (hydrocodone)) | Tier 1 | |
| <i>hydrocodone-acetaminophen oral tablet 7.5-325 mg</i> (Lorcet Plus) | 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 | |

| Drug | Status | Notes |
|---|--------|--|
| LORTAB ELIXIR ORAL SOLUTION 10-300 MG/15 ML | Tier 3 | |
| oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg (Endocet) | Tier 1 | |
| tramadol-acetaminophen oral tablet 37.5-325 mg (Ultracet) | Tier 1 | QL (272 EA per 1 FILL); Age (Min 12 Years) |
| VICODIN HP ORAL TABLET 10-300 MG | Tier 1 | |
| Narcotic And Salicylate Analgesic Combination | | |
| oxycodone-aspirin oral tablet 4.8355-325 mg | Tier 1 | |
| Narcotic Withdrawal Therapy Agents | | |
| BUNAVAIL BUCCAL FILM 2.1-0.3 MG, 4.2-0.7 MG, 6.3-1 MG | Tier 3 | PA |
| buprenorphine hcl sublingual tablet 2 mg, 8 mg | Tier 1 | PA |
| buprenorphine-naloxone sublingual film 12-3 mg (Suboxone) | Tier 1 | PA; QL (60 EA per 30 days) |
| buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg (Suboxone) | Tier 1 | PA; QL (90 EA per 30 days) |
| buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg | Tier 1 | PA; QL (90 EA per 30 days) |
| ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 11.4-2.9 MG, 2.9-0.71 MG, 8.6-2.1 MG | Tier 3 | PA |
| ZUBSOLV SUBLINGUAL TABLET 1.4-0.36 MG, 5.7-1.4 MG | Tier 3 | PA; QL (3 EA per 1 day) |
| Parkinsons Disease | | |
| Antiparkinsonism Drugs,Anticholinergic | | |
| benztropine oral tablet 0.5 mg, 1 mg, 2 mg | Tier 1 | MO |
| trihexyphenidyl oral elixir 0.4 mg/ml | Tier 1 | MO |
| trihexyphenidyl oral tablet 2 mg, 5 mg | Tier 1 | MO |
| Antiparkinsonism Drugs,Other | | |
| amantadine hcl oral capsule 100 mg | Tier 1 | MO |
| amantadine hcl oral solution 50 mg/5 ml | Tier 1 | MO |
| amantadine hcl oral tablet 100 mg | Tier 1 | MO |
| bromocriptine oral capsule 5 mg (Parlodel) | Tier 1 | MO |
| bromocriptine oral tablet 2.5 mg (Parlodel) | Tier 1 | MO |
| carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg (Sinemet) | Tier 1 | MO |
| carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg (Sinemet CR) | Tier 1 | MO |
| carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg | Tier 1 | MO |

| Drug | Status | Notes |
|--|---------------|--|
| <i>carbidopa-levodopa-entacapone oral tablet</i> (Stalevo 50) 12.5-50-200 mg | Tier 1 | MO |
| <i>carbidopa-levodopa-entacapone oral tablet</i> (Stalevo 75) 18.75-75-200 mg | Tier 1 | MO |
| <i>carbidopa-levodopa-entacapone oral tablet</i> (Stalevo 100) 25-100-200 mg | Tier 1 | MO |
| <i>carbidopa-levodopa-entacapone oral tablet</i> (Stalevo 125) 31.25-125-200 mg | Tier 1 | MO |
| <i>carbidopa-levodopa-entacapone oral tablet</i> (Stalevo 150) 37.5-150-200 mg | Tier 1 | MO |
| <i>carbidopa-levodopa-entacapone oral tablet</i> (Stalevo 200) 50-200-200 mg | 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 |
| 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</i> (Mirapex) <i>mg, 0.75 mg, 1 mg, 1.5 mg</i> | Tier 1 | MO |
| <i>pramipexole oral tablet extended release 24 hr</i> (Mirapex ER) <i>0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg,</i> <i>3.75 mg, 4.5 mg</i> | 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</i> (Requip XL) <i>mg, 2 mg, 6 mg, 8 mg</i> | Tier 1 | MO; QL (1 EA per 1 day) |
| <i>ropinirole oral tablet extended release 24 hr 4</i> <i>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 | 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 |

| Drug | Status | Notes |
|---|--------|---|
| 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) |
| Decarboxylase Inhibitors | | |
| <i>carbidopa oral tablet 25 mg</i> (Lodosyn) | Tier 1 | MO |
| Seizure Disorder | | |
| Anticonvulsant - Benzodiazepine Type | | |
| <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 (2 EA per 30 days) |
| SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG | Tier 3 | PA |
| Anticonvulsant - Cannabinoid Type | | |
| EPIDIOLEX ORAL SOLUTION 100 MG/ML | Tier 4 | PA |

| Drug | Status | Notes |
|---|--------|--|
| Anticonvulsants | | |
| APTIOM ORAL TABLET 200 MG, 400 MG, 800 MG | Tier 3 | MO; ST: Prior prescription for 2 of the following in the past 365 days: Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, 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, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, 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) |

| Drug | Status | Notes |
|--|--------|---|
| 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) |
| 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, Fanatrex, 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 |

| Drug | Status | Notes |
|--|--------|---|
| DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG | Tier 2 | MO |
| DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG | Tier 2 | MO |
| DIACOMIT ORAL CAPSULE 250 MG, 500 MG | Tier 4 | PA |
| DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG | Tier 4 | PA |
| DILANTIN EXTENDED ORAL CAPSULE 100 MG | Tier 2 | MO |
| DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG | Tier 2 | MO |
| DILANTIN ORAL CAPSULE 30 MG | Tier 2 | MO |
| DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML | Tier 2 | MO |
| <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 (dr/ec) 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, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, 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, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, 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, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, 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)</i> | Tier 1 | MO |
| <i>gabapentin oral solution 300 mg/6 ml (6 ml)</i> | Tier 1 | |
| <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 Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide; QL (4 EA per 1 day) |
| GABITRIL ORAL TABLET 16 MG | Tier 3 | MO; ST: Prior prescription for 2 of the following in the past 365 days: Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, 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) |

| Drug | Status | Notes |
|---|--------|--|
| <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 |
| QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR 100 MG, 150 MG, 200 MG, 25 MG, 50 MG | Tier 3 | MO |
| ROWEEPRA ORAL TABLET 1,000 MG, 500 MG, 750 MG | Tier 2 | MO |
| ROWEEPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG | Tier 3 | MO |

| Drug | Status | Notes |
|---|--------|--|
| SABRIL ORAL TABLET 500 MG | Tier 4 | ST: Prior prescription for 3 of the following in the past 365 days: Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, 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); Age (Max 2 Years) |
| 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 |
| <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 Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide; QL (4 EA per 1 day) |

| Drug | Status | Notes |
|--|--------|---|
| <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 Sodium, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, 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 |
| 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 |

| Drug | Status | Notes |
|--|--------|--|
| <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: Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, 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); Age (Max 2 Years) |
| <i>vigabatrin oral tablet 500 mg</i> (Sabril) | Tier 4 | ST: Prior prescription for 3 of the following in the past 365 days: Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, 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); Age (Max 2 Years) |
| VIGADRONE ORAL POWDER IN PACKET 500 MG | Tier 4 | ST: Prior prescription for 3 of the following in the past 365 days: Carbamazepine, Divalproex Sodium, Equetro, Fanatrex, 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); Age (Max 2 Years) |

| Drug | Status | Notes |
|--|--------|--|
| 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, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, 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, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, 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, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide; QL (28 EA per 30 days) |
| 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 |
| Skeletal Muscle Disorder | | |
| Skeletal Muscle Relaxants | | |
| <i>baclofen oral tablet 10 mg, 20 mg</i> | Tier 1 | MO |
| <i>baclofen oral tablet 5 mg</i> | Tier 1 | 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 | |
| <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 |

| Drug | Status | Notes |
|---|--------|-----------------------------|
| Smoking Cessation | | |
| Smoking Deterrent Agents (Ganglionic Stim,Others) | | |
| NICOTROL INHALATION CARTRIDGE 10 MG | Tier 3 | QL (336 EA per 30 days) |
| NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML | Tier 3 | QL (160 ML per 90 days) |
| Smoking Deterrent-Nicotinic Recept.Partial Agonist | | |
| CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG | Tier 2 | QL (2 EA per 1 day) |
| CHANTIX ORAL TABLET 0.5 MG, 1 MG | Tier 2 | QL (2 EA per 1 day) |
| CHANTIX STARTING MONTH BOX ORAL TABLETS, DOSE PACK 0.5 MG (11)- 1 MG (42) | Tier 2 | QL (2 EA per 1 day) |
| Smoking Deterrents, Other | | |
| <i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i> | Tier 1 | |
| Upper Gastrointestinal Disorders - Digestive | | |
| Gastric Enzymes | | |
| SUCRAID ORAL SOLUTION 8,500 UNIT/ML | Tier 4 | PA; QL (240 ML per 30 days) |
| Pancreatic Enzymes | | |
| CREON ORAL CAPSULE, DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT | Tier 2 | MO |
| PANCREAZE ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-6,200- 10,850 UNIT, 21,000-54,700- 83,900 UNIT, 4,200-14,200- 24,600 UNIT | Tier 3 | |
| VIOKACE ORAL TABLET 10,440-39,150-39,150 UNIT, 20,880-78,300- 78,300 UNIT | Tier 3 | |
| ZENPEP ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT | Tier 3 | |

| Drug | Status | Notes |
|---|--------|--|
| Upper Gastrointestinal Disorders - Spastic Disease | | |
| Anticholinergics/Antispasmodics | | |
| <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 | |
| Belladonna Alkaloids | | |
| ANASPAZ ORAL TABLET,DISINTEGRATING 0.125 MG | Tier 2 | MO |
| DONNATAL ORAL ELIXIR 16.2-0.1037 - 0.0194 MG/5 ML | Tier 3 | ST: Prior prescription for Bentyl, Dicyclomine HCL, Hyoscyamine Sulfate, Levsin, or Symax Duotab in the past 130 days; QL (40 ML per 1 day) |
| DONNATAL ORAL TABLET 16.2-0.1037 - 0.0194 MG | Tier 3 | ST: Prior prescription for Bentyl, Dicyclomine HCL, Hyoscyamine Sulfate, Levsin, or Symax Duotab in the past 130 days; QL (240 EA per 30 days) |
| ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG | Tier 1 | MO |
| <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 |

| Drug | Status | Notes |
|---|--------|--|
| OSCIMIN ORAL TABLET,DISINTEGRATING 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</i> (Donnatal) 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) |
| <i>phenobarb-hyoscy-atropine-scop oral tablet</i> (Donnatal) 16.2-0.1037 -0.0194 mg | Tier 1 | ST: Prior prescription for Bentyl, Dicyclomine HCL, Hyoscyamine Sulfate, Levsin, or Symax Duotab in the past 130 days; QL (240 EA per 30 days) |
| PHENOHYTRO ORAL ELIXIR 16.2-0.1037 - 0.0194 MG/5 ML | Tier 3 | ST: Prior prescription for Bentyl, Dicyclomine HCL, Hyoscyamine Sulfate, Levsin, or Symax Duotab in the past 130 days; QL (40 ML per 1 day) |
| PHENOHYTRO ORAL TABLET 16.2-0.1037 - 0.0194 MG | Tier 3 | ST: Prior prescription for Bentyl, Dicyclomine HCL, Hyoscyamine Sulfate, Levsin, or Symax Duotab in the past 130 days; QL (240 EA per 30 days) |
| SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG) | Tier 2 | MO |
| SYMAX FASTABS ORAL TABLET,DISINTEGRATING 0.125 MG | Tier 3 | MO |
| SYMAX-SL SUBLINGUAL TABLET 0.125 MG | Tier 3 | MO |
| SYMAX-SR ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG | Tier 3 | MO |
| Upper Gastrointestinal Disorders - Ulcer Disease | | |
| Anticholinergics,Quaternary Ammonium | | |
| <i>chlordiazepoxide-clidinium oral capsule</i> 5-2.5 mg (Librax (with clidinium)) | Tier 1 | |

| Drug | Status | Notes |
|--|--------|---|
| CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML) | Tier 3 | |
| <i>glycopyrrolate oral tablet 1 mg, 2 mg</i> | Tier 1 | |
| <i>propantheline oral tablet 15 mg</i> | Tier 1 | |
| Anti-Ulcer Preparations | | |
| <i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec) | Tier 1 | MO |
| <i>sucralfate oral suspension 100 mg/ml</i> (Carafate) | Tier 1 | MO |
| <i>sucralfate oral tablet 1 gram</i> (Carafate) | Tier 1 | MO |
| Anti-Ulcer-H.Pylori Agents | | |
| PYLERA ORAL CAPSULE 140-125-125 MG | Tier 3 | QL (12 EA per 1 day) |
| Histamine H2-Receptor Inhibitors | | |
| <i>cimetidine hcl oral solution 300 mg/5 ml</i> | Tier 1 | MO |
| <i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i> | Tier 1 | MO |
| <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 | |
| <i>nizatidine oral solution 150 mg/10 ml</i> | Tier 1 | |
| <i>ranitidine hcl injection solution 50 mg/2 ml (25 mg/ml)</i> (Zantac) | Tier 1 | |
| <i>ranitidine hcl oral capsule 150 mg, 300 mg</i> | Tier 1 | |
| <i>ranitidine hcl oral syrup 15 mg/ml</i> | Tier 1 | |
| <i>ranitidine hcl oral tablet 300 mg</i> | Tier 1 | |
| Intestinal Motility Stimulants | | |
| <i>metoclopramide hcl oral solution 5 mg/5 ml</i> | Tier 1 | |
| <i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan) | Tier 1 | |
| MOTEGRITY ORAL TABLET 1 MG, 2 MG | Tier 3 | ST: Prior prescription for Amitiza or Linzess in the past 365 days; QL (1 EA per 1 day) |
| Proton-Pump Inhibitors | | |
| DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG, 60 MG | Tier 3 | PA; QL (30 EA per 30 days) |
| <i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i> (Nexium) | Tier 1 | QL (2 EA per 1 day) |
| <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 | |

| Drug | Status | Notes |
|--|--------|--|
| NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 5 MG | Tier 3 | 84 PER YEAR; ST: Prior prescription for Famotidine, Nexium, or Ranitidine HCL in the past 130 days; QL (1 EA per 1 day); Age (Max 1 Years) |
| <i>omeprazole oral capsule, delayed release (drlec) 10 mg, 40 mg</i> | Tier 1 | |
| <i>pantoprazole oral tablet, delayed release (drlec) 20 mg, 40 mg</i> (Protonix) | Tier 1 | |
| <i>rabeprazole oral tablet, delayed release (drlec) 20 mg</i> (AcipHex) | Tier 1 | QL (30 EA per 30 days) |
| Urinary Tract - Functional Disorders | | |
| Benign Prostatic Hypertrophy/Micturition Agents | | |
| <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 |
| Bph Agents, 5-Alpha-Red Inh & Alpha-1-Adr Antg Cmb | | |
| <i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i> (Jalyn) | Tier 1 | |
| Kidney Stone Agents | | |
| CYSTAGON ORAL CAPSULE 150 MG, 50 MG | Tier 4 | |
| THIOLA EC ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG, 300 MG | Tier 4 | PA |
| THIOLA ORAL TABLET 100 MG | Tier 4 | PA |
| Overactive Bladder Agents, Beta-3 Adrenergic Recep | | |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG | Tier 3 | ST: Prior prescription for Tolterodine Tartrate in the past 190 days; QL (30 EA per 30 days) |
| Urinary Ph Modifiers | | |
| CYTRA K CRYSTALS ORAL PACKET 3,300-1,002 MG | Tier 1 | |
| 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 | |

| Drug | Status | Notes |
|---|--------|--|
| <i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10) | Tier 1 | |
| <i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15) | Tier 1 | |
| <i>potassium citrate oral tablet extended release 5 meq (540 mg)</i> (Urocit-K 5) | Tier 1 | |
| RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML | Tier 3 | |
| SHOHL'S MODIFIED ORAL SOLUTION 500-300 MG/5 ML | Tier 2 | |
| UROQID-ACID NO.2 ORAL TABLET 500-500 MG | Tier 2 | |
| Urinary Tract Analgesic Agents | | |
| ELMIRON ORAL CAPSULE 100 MG | Tier 2 | QL (3 EA per 1 day) |
| Urinary Tract Anesthetic/Analgesic Agnt (Azo-Dye) | | |
| <i>phenazopyridine oral tablet 100 mg, 200 mg</i> (Pyridium) | Tier 1 | |
| PYRIDIUM ORAL TABLET 100 MG, 200 MG | Tier 2 | |
| Urinary Tract Antispasmodic, M(3) Selective Antag. | | |
| <i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i> (Enablex) | Tier 1 | ST: Prior prescription for Oxybutynin Chloride in the past 130 days; QL (1 EA per 1 day) |
| Urinary Tract Antispasmodic/Antiincontinence Agent | | |
| <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 |

| Drug | Status | Notes |
|--|--------|---|
| <i>trospium oral capsule,extended release 24hr 60 mg</i> | Tier 1 | ST: Prior prescription for Gelnique, Oxybutynin Chloride, Oxytrol, Tolterodine Tartrate, or Trospium Chloride in the past 130 days |
| <i>trospium oral tablet 20 mg</i> | Tier 1 | ST: Prior prescription for Gelnique, Oxybutynin Chloride, Oxytrol, Tolterodine Tartrate, or Trospium Chloride in the past 130 days |
| Vaginal Disorders | | |
| Vaginal Antibiotics | | |
| CLEOCIN VAGINAL SUPPOSITORY 100 MG | Tier 2 | ST: Prior prescription for 2 of the following in the past 365 days: Clindamycin HCL, Clindamycin Palmitate HCL, Clindamycin Phosphate, Metronidazole, Tinidazole, or Vandazole; QL (3 EA per 30 days) |
| <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 | |
| Vaginal Antifungals | | |
| 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) |
| Vaginal Antiseptics | | |
| FEM PH VAGINAL GEL 0.9-0.025 % | Tier 3 | |
| RELAGARD VAGINAL GEL 0.9-0.025 % | Tier 2 | |
| Vaginal Estrogen For Sexual Dysfunction | | |
| IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG | Tier 3 | QL (18 EA per 28 days) |

| Drug | Status | Notes |
|--|--------|---|
| IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG | Tier 3 | QL (18 EA per 28 days) |
| Vaginal Estrogen Preparations | | |
| <i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> (Estrace) | Tier 1 | MO |
| <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 | |
| YUVAFEM VAGINAL TABLET 10 MCG | Tier 1 | MO |
| Vaginal Sulfonamides | | |
| AVC VAGINAL VAGINAL CREAM 15 % | Tier 3 | |
| Vitamin And/Or Mineral Deficiency | | |
| Fluoride Preparations | | |
| <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 fluoride), 1 mg (2.2 mg sod. fluoride)</i> (Fluoritab) | Tier 1 | AGE: 6 MONTHS-6 YEARS |
| Folic Acid Preparations | | |
| <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) |
| Iron Replacement | | |
| 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> (Ferlecit) | Tier 1 | |
| Magnesium Salts Replacement | | |
| <i>magnesium sulfate injection solution 4 meq/ml (50 %)</i> | Tier 1 | |
| Prenatal Vitamin Preparations | | |
| BAL-CARE DHA ESSENTIAL ORAL COMBO PACK, TABLET AND CAP, DR 27 MG IRON-1 MG -374 MG | Tier 1 | |

| 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 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 | |
| ENBRACE HR ORAL CAPSULE, IR - DELAY REL, BIPHASE 1.5 MG IRON- 8.73 MG-6.4 MG | Tier 3 | |
| EXTRA-VIRT PLUS DHA ORAL CAPSULE 29 MG IRON-1.25 MG-55 MG | Tier 1 | |

| Drug | Status | Notes |
|---|---------------|--------------|
| FOLET ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG | Tier 3 | |
| FOLIVANE-OB ORAL CAPSULE 85-1 MG | Tier 1 | |
| KOSHER PRENATAL PLUS IRON ORAL TABLET 30 MG IRON- 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 | |
| NEEVODHA (WITH ALGAL OIL) ORAL CAPSULE 27 MG IRON-1.13 MG-581.92 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 ONE ORAL CAPSULE 38-1-225 MG | 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 ONE ORAL CAPSULE 40-10-1-300 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 | |
| OBSTETRIX ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 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 | |
| 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 | |

| Drug | Status | Notes |
|---|---------------|--------------|
| 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 AM ORAL TABLET 1-500 MG | Tier 3 | |
| PRENATE CHEWABLE ORAL TABLET,CHEWABLE 1 MG | Tier 3 | |
| 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 (IRON ASP GLYC) ORAL TABLET 20 MG IRON- 1 MG | Tier 3 | |
| PRENATE ELITE ORAL TABLET 26 MG IRON- 1 MG | Tier 3 | |
| PRENATE ENHANCE ORAL CAPSULE 28 MG IRON- 1 MG-400 MG | Tier 3 | |
| PRENATE ESSENTIAL ORAL CAPSULE 29 MG IRON-1 MG -300 MG | Tier 3 | |
| PRENATE ESSENTIAL(IRON-ASP-GL) ORAL CAPSULE 18 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 | |
| PRENATE RESTORE ORAL CAPSULE 27 MG IRON- 1 MG-400 MG | Tier 3 | |
| PRENATE STAR ORAL TABLET 20 MG IRON- 1 MG | Tier 3 | |
| PREPLUS ORAL TABLET 27 MG IRON- 1 MG | Tier 1 | |
| PRETAB ORAL TABLET 29-1 MG | Tier 1 | |

| Drug | Status | Notes |
|---|--------|-------|
| PRIMACARE ORAL CAPSULE 30-1-300 MG | Tier 3 | |
| PROVIDA OB ORAL CAPSULE 40 MG IRON-1.25 MG | Tier 3 | |
| PUREFE OB PLUS ORAL CAPSULE 106 MG IRON- 1 MG | Tier 1 | |
| R-NATAL OB ORAL CAPSULE 20 MG IRON-1 MG-320 MG | Tier 1 | |
| 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 | |
| TRISTART DHA ORAL CAPSULE 31 MG IRON- 1 MG-200 MG | Tier 3 | |
| 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 | |
| TRUST NATAL DHA ORAL COMBO PACK 29-1-250 MG | Tier 3 | |
| VENA-BAL DHA ORAL COMBO PACK, TABLET AND CAP, DR 27-1-430 MG | Tier 1 | |
| VINACAL B ORAL TABLETS, SEQUENTIAL 20 MG IRON-1 MG -25 MG/25 MG | Tier 1 | |
| VINATE CARE ORAL TABLET,CHEWABLE 40 MG IRON- 1 MG | Tier 1 | |
| VINATE DHA RF ORAL CAPSULE 27 MG IRON-1.13 MG-581.28 MG | Tier 1 | |
| VINATE GT ORAL TABLET 90-1-50 MG | Tier 1 | |
| VINATE II ORAL TABLET 29 MG IRON- 1 MG | Tier 1 | |
| VINATE M ORAL TABLET 27 MG IRON-1 MG | Tier 1 | |

| Drug | Status | Notes |
|--|--------|-------|
| 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 | |
| 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 | |

| Drug | Status | Notes |
|--|--------|---------------------------|
| ZATEAN-PN PLUS ORAL CAPSULE 28-1-300 MG | Tier 1 | |
| Prenatal Vitamins Without Iron | | |
| ZINGIBER ORAL TABLET 1.2 MG-40 MG-124.1 MG-100 MG | Tier 1 | |
| Vitamin A Preparations | | |
| AQUASOL A INTRAMUSCULAR SOLUTION 50,000 UNIT/ML | Tier 2 | |
| Vitamin B Preparations | | |
| B COMPLEX 100 INJECTION SOLUTION 100-2-100-2-2 MG/ML | Tier 1 | |
| POTABA ORAL CAPSULE 500 MG | Tier 2 | |
| Vitamin B1 Preparations | | |
| <i>thiamine hcl (vitamin b1) injection solution 100 mg/ml</i> | Tier 1 | |
| Vitamin B12 Preparations | | |
| <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) |
| Vitamin B6 Preparations | | |
| <i>pyridoxine (vitamin b6) injection solution 100 mg/ml</i> | Tier 1 | |
| Vitamin C Preparations | | |
| <i>ascorbic acid (vitamin c) injection solution 500 mg/ml</i> | Tier 1 | |
| Vitamin D Preparations | | |
| <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 |
| VITAMIN D2 ORAL CAPSULE 1,250 MCG (50,000 UNIT) | Tier 1 | MO |

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