



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:	

Table of Contents

Allergy.....	3
Antiemesis/Antivertigo.....	4
Asthma And Copd.....	5
Autonomic Nervous System Disorders.....	11
Behavioral Health - Antidepressants.....	12
Behavioral Health - Other.....	17
Cardiovascular Disease - Arrhythmia.....	28
Cardiovascular Disease - Cardiac Stimulant.....	28
Cardiovascular Disease - Hypertension.....	29
Cardiovascular Disease - Lipid Irregularity.....	40
Cardiovascular Disease - Miscellaneous Agents.....	44
Cardiovascular Disease - Vasodilation.....	45
Contraception/Oxytocics.....	46
Cough And Cold.....	55
Dermatology - Acne.....	58
Dermatology - Antiinfective.....	59
Dermatology - Antiinflammatory.....	61
Dermatology - Miscellaneous.....	64
Dermatology - Psoriasis/Eczema.....	67
Diabetes.....	70
Ear - General Disorders.....	109
Electrolyte Regulation.....	110
Endocrine Disorder - Fertility.....	112
Endocrine Disorder - Other.....	113
Endocrine Disorder - Thyroid.....	117
Eye - General Disorders.....	118
Eye - Glaucoma.....	123
Eye - Miscellaneous.....	125
Fluid Replacement.....	126
Gout And Related Diseases.....	126
Hematological Disorders.....	126
Hormonal Deficiency.....	131
Immunization.....	135
Immunosuppression/Modulation.....	137
Infectious Disease - Bacterial.....	139
Infectious Disease - Fungal.....	144
Infectious Disease - Miscellaneous.....	145
Infectious Disease - Parasitic.....	146
Infectious Disease - Viral.....	147
Inflammatory Disease.....	152
Local Anesthesia.....	161
Lower Gastrointestinal Disorders - Bowel Inflammat.....	161
Lower Gastrointestinal Disorders - Other.....	164

Medical Supplies.....	166
Miscellaneous Agents.....	180
Neoplastic Disease.....	181
Neurological Disease - Miscellaneous.....	187
Oral/Pharyngeal Disorders.....	189
Other Drugs.....	189
Other Respiratory Disorders.....	198
Pain Management - Analgesics.....	199
Parkinsons Disease.....	207
Seizure Disorder.....	209
Skeletal Muscle Disorder.....	223
Smoking Cessation.....	224
Upper Gastrointestinal Disorders - Digestive.....	224
Upper Gastrointestinal Disorders - Spastic Disease.....	225
Upper Gastrointestinal Disorders - Ulcer Disease.....	227
Urinary Tract - Functional Disorders.....	228
Vaginal Disorders.....	230
Vitamin And/Or Mineral Deficiency.....	231

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 PER FILL)
<i>azelastine nasal spray,non-aerosol 0.15 % (205.5 mcg)</i> (Astepro)	Tier 1	QL (60 ML per 1 PER 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 PER 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/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, 40 mg</i> (Emend)	Tier 1	QL (1 EA per 1 PER FILL)
<i>aprepitant oral capsule 80 mg</i> (Emend)	Tier 1	QL (2 EA per 1 PER FILL)
<i>aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)</i> (Emend)	Tier 1	QL (3 EA per 1 PER FILL)
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)
COMPRO RECTAL SUPPOSITORY 25 MG	Tier 1	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)	Tier 1	QL (2 EA per 1 day)
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	
PHENADOZ RECTAL SUPPOSITORY 12.5 MG, 25 MG	Tier 1	

Drug	Status	Notes
PHENERGAN RECTAL SUPPOSITORY 50 MG	Tier 2	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)	Tier 1	
<i>prochlorperazine rectal suppository 25 mg</i> (Compazine)	Tier 1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i> (Phenadoz)	Tier 1	
<i>promethazine rectal suppository 50 mg</i> (Phenergan)	Tier 1	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG	Tier 1	
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	Tier 3	ST: Prior prescription for Ondansetron HCL or Ondansetron in the past 130 days; QL (1 EA per 1 PER FILL)
<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	
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS	Tier 3	
<i>trimethobenzamide oral capsule 300 mg</i> (Tigan)	Tier 1	
VARUBI ORAL TABLET 90 MG	Tier 3	PA
ZUPLLENZ ORAL FILM 8 MG	Tier 3	ST: Prior prescription for Ondansetron HCL or Ondansetron in the past 130 days; QL (1 EA per 3 days)
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 PER 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 PER 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>metaproterenol oral tablet 10 mg, 20 mg</i>	Tier 1	MO; QL (4 EA 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 PER 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; ST: Prior prescription for Foradil in the past 190 days; QL (1 EA per 1 day)

Drug	Status	Notes
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	Tier 3	MO; ST: Prior prescription for Foradil in the past 190 days; QL (4 GM per 30 days)
Beta-Adrenergic Agents, Orally Inhaled, Long Acting		
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	Tier 3	MO; QL (180 ML per 1 PER FILL)
PERFORMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	Tier 2	MO; QL (240 ML per 1 PER FILL)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	Tier 3	MO; ST: Prior prescription for Foradil in the past 190 days; QL (120 EA per 1 PER 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 PER 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, Foradil, 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 3	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)

Drug	Status	Notes
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)
<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		
AEROSPAN INHALATION HFA AEROSOL INHALER 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 (17.8 GM per 30 days)
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)

Drug	Status	Notes
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (30 DOSES), 220 MCG (120 DOSES), 220 MCG (30 DOSES), 220 MCG (60 DOSES)	Tier 2	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 PER FILL)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i> (Pulmicort)	Tier 1	MO; QL (70 ML per 1 PER FILL)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	Tier 3	MO; ST: Prior prescription for 2 of the following in the past 365 days: Asmanex, Pulmicort Flexhaler, or Qvar; QL (2 EA per 1 day)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	Tier 3	MO; ST: Prior prescription for 2 of the following in the past 365 days: Asmanex, Pulmicort Flexhaler, or Qvar; QL (4 EA per 1 day)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	Tier 3	MO; ST: Prior prescription for 2 of the following in the past 365 days: Asmanex, Pulmicort Flexhaler, or Qvar; QL (12 GM per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	Tier 3	MO; ST: Prior prescription for 2 of the following in the past 365 days: Asmanex, Pulmicort Flexhaler, or Qvar; QL (24 GM per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	Tier 3	MO; ST: Prior prescription for 2 of the following in the past 365 days: Asmanex, Pulmicort Flexhaler, or Qvar; QL (21.2 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	Tier 2	MO; QL (1 EA per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	Tier 2	MO; QL (21.2 GM per 30 days)

Drug	Status	Notes
Interleukin-4(IL-4) Receptor Alpha Antagonist, Mab		
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	Tier 4	PA
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

Drug	Status	Notes
<i>theophylline oral solution 80 mg/15 ml</i>	Tier 1	MO
<i>theophylline oral tablet extended release 12 hr (Theochron)</i> 100 mg, 200 mg	Tier 1	MO
<i>theophylline oral tablet extended release 12 hr (Theochron)</i> 300 mg	Tier 1	MO; QL (4 EA per 1 day)
<i>theophylline oral tablet extended release 12 hr</i> 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 14 mg, 21 mg, 28 mg, 7 mg</i> (Namenda XR)	Tier 1	MO; QL (30 EA per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i> (Namenda)	Tier 1	MO; QL (60 EA per 30 days)
<i>memantine oral tablets, dose pack 5-10 mg</i> (Namenda Titration Pak)	Tier 1	MO; QL (49 EA per 28 days)
NAMENDA XR ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7-14-21-28 MG	Tier 2	MO; QL (28 EA per 28 days)
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 10 mg, 23 mg, 5 mg</i> (Aricept)	Tier 1	MO
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	Tier 1	MO
<i>galantamine oral capsule, ext rel. pellets 24 hr</i> (Razadyne ER) 16 mg, 24 mg, 8 mg	Tier 1	MO
<i>galantamine oral solution 4 mg/ml</i>	Tier 1	MO
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i> (Razadyne)	Tier 1	MO
MESTINON ORAL SYRUP 60 MG/5 ML	Tier 2	PA

Drug	Status	Notes
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i> (Mestinon)	Tier 1	PA
<i>pyridostigmine bromide oral tablet 60 mg</i> (Mestinon)	Tier 1	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i> (Mestinon Timespan)	Tier 1	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	Tier 1	MO
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hr, 9.5 mg/24 hr</i> (Exelon)	Tier 1	MO; QL (30 EA per 30 days)
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	QL (34 EA per 1 PER 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 PER FILL)
Selective Serotonin Reuptake Inhibitor (Ssrís)		
<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

Drug	Status	Notes
<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</i>	Tier 1	MO; QL (60 EA per 30 PER FILLs)
<i>fluvoxamine oral capsule, extended release 24hr 150 mg</i>	Tier 1	68 PER FILL; QL (60 EA per 30 PER FILLs)
<i>fluvoxamine oral tablet 100 mg</i>	Tier 1	MO; QL (102 EA per 1 PER FILL)
<i>fluvoxamine oral tablet 25 mg</i>	Tier 1	MO; QL (34 EA per 1 PER FILL)
<i>fluvoxamine oral tablet 50 mg</i>	Tier 1	MO; QL (68 EA per 1 PER FILL)
<i>paroxetine hcl oral tablet 10 mg, 40 mg</i> (Paxil)	Tier 1	MO; QL (34 EA per 1 PER FILL)
<i>paroxetine hcl oral tablet 20 mg, 30 mg</i> (Paxil)	Tier 1	MO; QL (68 EA per 1 PER 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 PER 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 PER FILL)
<i>sertraline oral tablet 25 mg</i> (Zoloft)	Tier 1	MO; QL (34 EA per 1 PER FILL)

Drug	Status	Notes
Serotonin-2 Antagonist/Reuptake Inhibitors (Saris)		
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	Tier 1	MO
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg	Tier 1	MO
Serotonin-Norepinephrine Reuptake-Inhib (Snrri)		
desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg	Tier 3	MO; ST: Prior prescription for 2 of the following in the past 365 days: Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Paxil, Sertraline HCL, or Venlafaxine HCL; QL (30 EA per 30 days)
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 50 mg (Pristiq)	Tier 1	MO; ST: Prior prescription for 2 of the following in the past 365 days: Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Paxil, Sertraline HCL, or Venlafaxine HCL; QL (34 EA per 1 PER FILL)
desvenlafaxine succinate oral tablet extended release 24 hr 25 mg (Pristiq)	Tier 1	MO; ST: Prior prescription for 2 of the following in the past 365 days: Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Paxil, Sertraline HCL, or Venlafaxine HCL; QL (1 EA per 1 day)
duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg (Cymbalta)	Tier 1	MO

Drug	Status	Notes
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	Tier 3	MO; ST: Prior prescription for 2 of the following in the past 365 days: Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Paxil, Sertraline HCL, or Venlafaxine HCL; QL (1 EA per 1 day)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	Tier 3	MO; ST: Prior prescription for 2 of the following in the past 365 days: Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Paxil, Sertraline HCL, or Venlafaxine HCL; QL (1 EA per 1 day)
<i>venlafaxine oral capsule,extended release</i> (Effexor XR) 24hr 150 mg, 37.5 mg	Tier 1	MO; QL (34 EA per 1 PER FILL)
<i>venlafaxine oral capsule,extended release</i> (Effexor XR) 24hr 75 mg	Tier 1	MO; QL (102 EA per 1 PER 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 PER FILL)
<i>venlafaxine oral tablet extended release 24hr</i> 150 mg, 225 mg, 37.5 mg, 75 mg	Tier 1	MO; QL (34 EA per 1 PER 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)

Drug	Status	Notes
VIIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	Tier 3	ST: Prior prescription for 2 of the following in the past 365 days: Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Paxil, Sertraline HCL, or Venlafaxine HCL; QL (1 EA per 1 day)
Ssri & Serotonin Receptor Modulator Antidepressant		
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 3	MO; ST: Prior prescription for 2 of the following in the past 365 days: Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Paxil, Sertraline HCL, or Venlafaxine HCL; QL (1 EA per 1 day)
Tricyclic Antidepressant/Benzodiazepine Combinatns		
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	Tier 1	MO
Tricyclic Antidepressant/Phenothiazine Combinatns		
<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 (Anafranil)</i>	Tier 1	MO
<i>desipramine oral tablet 10 mg, 25 mg (Norpramin)</i>	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

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

Drug	Status	Notes
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 (drlec) 333 mg</i>	Tier 1	
<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 PER 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 PER FILL)
<i>diazepam oral concentrate 5 mg/ml</i> (Diazepam Intensol)	Tier 1	QL (60 ML per 1 PER 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 PER FILL)

Drug	Status	Notes
lorazepam oral concentrate 2 mg/ml (Lorazepam Intensol)	Tier 1	QL (60 ML per 1 PER FILL)
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg (Ativan)	Tier 1	
oxazepam oral capsule 10 mg, 15 mg, 30 mg	Tier 1	QL (120 EA per 30 days)
Anti-Anxiety Drugs		
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	Tier 1	
meprobamate oral tablet 200 mg, 400 mg	Tier 1	
Anti-Mania Drugs		
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	Tier 3	
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	Tier 1	MO
lithium carbonate oral tablet 300 mg	Tier 1	MO
lithium carbonate oral tablet extended release 300 mg (Lithobid)	Tier 1	MO
lithium carbonate oral tablet extended release 450 mg	Tier 1	MO
lithium citrate oral solution 8 meq/5 ml	Tier 1	MO
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG	Tier 2	MO
Anti-Narcolepsy & Anti-Cataplexy, Sedative-Type Agt		
XYREM ORAL SOLUTION 500 MG/ML	Tier 4	PA; QL (540 ML per 30 days)
Antipsych, Dopamine Antag., Diphenylbutylpiperidines		
pimozide oral tablet 1 mg, 2 mg (Orap)	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)

Drug	Status	Notes
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	Tier 3	ST: Prior prescription for 2 of the following in the past 365 days: Abilify 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)
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)

Drug	Status	Notes
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg (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 PER FILL)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 3	MO; ST: Prior prescription for 2 of the following in the past 365 days: Abilify Discmelt, Abilify Maintena, Abilify Mycite, Abilify, Aripiprazole, Citalopram Hydrobromide, Clozapine, Desvenlafaxine Fumarate ER, Desvenlafaxine Succinate, Duloxetine HCL, Escitalopram Oxalate, Fluoxetine HCL, Olanzapine, Paliperidone, Paroxetine HCL, Paroxetine Mesylate, Paxil, Perseris, Pexeva, Quetiapine Fumarate, Risperidone, Seroquel XR, Sertraline HCL, Versacloz, or Ziprasidone HCL; QL (1 EA per 1 day)
Antipsychotics, Dopamine & Serotonin Antagonists		
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	Tier 1	MO
Antipsychotics, Atypical, Dopamine, & Serotonin Antag		
clozapine oral tablet 100 mg, 25 mg (Clozaril)	Tier 1	
clozapine oral tablet 200 mg, 50 mg	Tier 1	

Drug	Status	Notes
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)
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 PER FILL)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i> (Invega)	Tier 1	MO; ST: Prior prescription for 2 of the following in the past 365 days: Olanzapine, Perseris, Quetiapine Fumarate, Risperidone, Seroquel XR, Ziprasidone HCL, or Zyprexa Relprevv; QL (34 EA per 1 PER FILL)

Drug	Status	Notes
<i>paliperidone oral tablet extended release 24hr</i> (Invega) 6 mg	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 PER FILL)
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION,EXTEND REL SYR KIT 120 MG, 90 MG	Tier 3	QL (1 EA per 30 days)
<i>quetiapine oral tablet 100 mg, 25 mg, 50 mg</i> (Seroquel)	Tier 1	MO
<i>quetiapine oral tablet 200 mg</i> (Seroquel)	Tier 1	MO; QL (102 EA per 1 PER FILL)
<i>quetiapine oral tablet 300 mg, 400 mg</i> (Seroquel)	Tier 1	MO; QL (68 EA per 1 PER FILL)
<i>quetiapine oral tablet extended release 24 hr</i> (Seroquel XR) 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	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, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)	Tier 1	MO; QL (68 EA per 1 PER FILL)
<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 PER FILL)

Drug	Status	Notes
SAPHRIS SUBLINGUAL TABLET 10 MG, 5 MG	Tier 3	MO; ST: Prior prescription for 2 of the following in the past 365 days: Olanzapine, Perseris, Quetiapine Fumarate, Risperidone. Seroquel XR, or Ziprasidone HCL; QL (68 EA per 1 PER FILL)
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 PER 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

Drug	Status	Notes
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	
<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		
BUTISOL ORAL TABLET 30 MG	Tier 3	ST: Prior prescription for Edluar, Eszopiclone, Phenobarbital, Temazepam, Triazolam, Zaleplon, Zolpidem Tartrate, or Zolpimist in the past 130 days; QL (90 EA per 30 days)
<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)
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	

Drug	Status	Notes
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)
<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 in the past 365 days; QL (1 EA per 1 day)

Drug	Status	Notes
DAYTRANA TRANSDERMAL PATCH 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR	Tier 3	ST: Prior prescription for Methylphenidate HCL or Quillivant XR in the past 365 days; QL (30 EA per 30 days)
<i>dexmethylphenidate oral capsule,er biphasic</i> (Focalin XR) 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	Tier 1	
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg,</i> (Focalin) 5 mg	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</i> 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	Tier 1	
<i>methylphenidate hcl oral capsule,er biphasic</i> (Ritalin LA) 50-50 10 mg	Tier 1	QL (1 EA per 1 day)
<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 release 10 mg</i>	Tier 1	
<i>methylphenidate hcl oral tablet extended release 20 mg</i> (Metadate ER)	Tier 1	QL (3 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i> (Concerta)	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i> (Concerta)	Tier 1	QL (2 EA per 1 day)
<i>methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 40 MG	Tier 2	ST: Prior prescription for Methylphenidate HCL 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 in the past 365 days; QL (2 EA per 1 day)

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

Drug	Status	Notes
Digitalis Glycosides		
DIGITEK ORAL TABLET 125 MCG, 250 MCG	Tier 1	MO
DIGOX ORAL TABLET 125 MCG, 250 MCG	Tier 1	MO
<i>digoxin oral solution 50 mcg/ml</i>	Tier 2	MO
<i>digoxin oral tablet 125 mcg, 250 mcg</i> (Digitek)	Tier 1	MO
LANOXIN ORAL TABLET 125 MCG, 250 MCG	Tier 2	MO
LANOXIN ORAL TABLET 187.5 MCG, 62.5 MCG	Tier 3	
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

Drug	Status	Notes
Alpha-Adrenergic Blocking Agents		
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	Tier 3	MO; QL (34 EA per 1 PER 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 PER FILL)
<i>terazosin oral capsule 10 mg</i>	Tier 1	MO; QL (68 EA per 1 PER FILL)
Angioten.Receptr Antag./Cal.Chanl Blkr/Thiazide Cb		
<i>amlodipine-valsartan-hcthiiazid 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-hcthiiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i> (Tribenzor)	Tier 1	MO
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
<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		
BENICAR ORAL TABLET 40 MG	Tier 2	MO; ST: Prior prescription for an ACE or ACE combination, or formulary generic ARB or ARB combination in the past 190 days
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Atacand)	Tier 1	MO
EDARBI ORAL TABLET 40 MG, 80 MG	Tier 3	MO; ST: Prior prescription for a generic ARB or ARB combination in the past 190 days
<i>eprosartan oral tablet 600 mg</i>	Tier 1	MO; ST: Prior prescription for Amlodipine Bes/olmesartan Med, Amlodipine Besylate/valsartan, Amlodipine/valsartan/hcthia zid, Valsartan, or Valsartan/hydrochlorothiazi de in the past 190 days
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro)	Tier 1	MO
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)	Tier 1	MO
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)	Tier 1	MO
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis)	Tier 1	MO
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)	Tier 1	MO
Antihypertensives, Ganglionic Blockers		
VECAMEYL 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

Drug	Status	Notes
<i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-TTS-1)	Tier 1	MO; QL (5 EA per 1 PER FILL)
<i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2)	Tier 1	MO; QL (5 EA per 1 PER FILL)
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3)	Tier 1	MO; QL (5 EA per 1 PER FILL)
<i>guanfacine oral tablet 1 mg, 2 mg</i>	Tier 1	MO
<i>methyldopa oral tablet 250 mg, 500 mg</i>	Tier 1	MO
<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> (Betapace)	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
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg (Ziac)	Tier 1	MO
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg	Tier 1	MO
metoprolol ta-hydrochlorothiaz oral tablet 50-25 mg (Lopressor HCT)	Tier 1	MO
nadolol-bendroflumethiazide oral tablet 80-5 mg	Tier 1	MO
propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg	Tier 1	MO
Calcium Channel Blocking Agents		
AFEDITAB CR ORAL TABLET EXTENDED RELEASE 30 MG, 60 MG	Tier 1	MO
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg (Norvasc)	Tier 1	MO
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG	Tier 1	MO
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg (DILT-XR)	Tier 1	MO
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	Tier 1	MO
diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg (Taztia XT)	Tier 1	MO
diltiazem hcl oral capsule,extended release 24 hr 420 mg (Tiazac)	Tier 1	MO
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg (Cardizem CD)	Tier 1	MO
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg (Cardizem)	Tier 1	MO
diltiazem hcl oral tablet 90 mg	Tier 1	MO
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG	Tier 1	MO
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	Tier 1	MO
isradipine oral capsule 2.5 mg, 5 mg	Tier 1	MO
nicardipine oral capsule 20 mg, 30 mg	Tier 1	MO
nifedipine oral capsule 10 mg (Procardia)	Tier 1	MO
nifedipine oral capsule 20 mg	Tier 1	MO
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg (Procardia XL)	Tier 1	MO
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg (Adalat CC)	Tier 1	MO
nimodipine oral capsule 30 mg	Tier 1	MO

Drug	Status	Notes
<i>nisoldipine oral tablet extended release 24 hr</i> (Sular) 17 mg, 34 mg, 8.5 mg	Tier 1	MO
<i>nisoldipine oral tablet extended release 24 hr</i> 20 mg, 30 mg, 40 mg	Tier 1	MO; ST: Prior prescription for Amlodipine Besylate, Cardene SR, 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
<i>verapamil intravenous solution 2.5 mg/ml</i>	Tier 1	
<i>verapamil oral capsule, 24 hr er pellet ct 100</i> (Verelan PM) mg, 200 mg, 300 mg	Tier 1	MO
<i>verapamil oral capsule, ext rel. pellets 24 hr</i> (Verelan) 120 mg, 180 mg, 240 mg, 360 mg	Tier 1	MO
<i>verapamil oral tablet 120 mg, 80 mg</i> (Calan)	Tier 1	MO
<i>verapamil oral tablet 40 mg</i>	Tier 1	MO
<i>verapamil oral tablet extended release 120</i> (Calan SR) mg, 180 mg, 240 mg	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> (8 mg/ml)	Tier 1	MO
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)	Tier 1	MO
<i>torsemide oral tablet 10 mg, 100 mg, 5 mg</i>	Tier 1	MO
<i>torsemide oral tablet 20 mg</i> (Demadex)	Tier 1	MO
Osmotic Diuretics		
RESECTISOL TRANSURETHRAL SOLUTION 5 %	Tier 2	
Potassium Sparing Diuretics		
<i>amiloride oral tablet 5 mg</i>	Tier 1	MO
DYRENIUM ORAL CAPSULE 100 MG, 50 MG	Tier 3	MO
<i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)	Tier 1	MO
<i>spironolactone oral tablet 100 mg, 25 mg, 50</i> (Aldactone) mg	Tier 1	MO
Potassium Sparing Diuretics In Combination		
ALDACTAZIDE ORAL TABLET 50-50 MG	Tier 3	MO

Drug	Status	Notes
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	Tier 1	MO
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i> (Aldactazide)	Tier 1	MO
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i> (Dyazide)	Tier 1	MO
<i>triamterene-hydrochlorothiazid oral capsule 50-25 mg</i>	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 PER FILL)
<i>sildenafil (antihypertensive) oral tablet 20 mg</i> (Revatio)	Tier 1	PA; QL (102 EA per 1 PER FILL)
<i>tadalafil (antihypertensive) oral tablet 20 mg</i> (Adcirca)	Tier 4	PA; QL (68 EA per 1 PER 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

Drug	Status	Notes
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i> (Remodulin)	Tier 4	PA
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	Tier 4	PA
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	Tier 4	PA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	Tier 4	PA
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	Tier 4	PA
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	Tier 4	PA
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	Tier 4	PA
VELETRI INTRAVENOUS RECON SOLN 0.5 MG, 1.5 MG	Tier 4	PA
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	Tier 4	PA
Renin Inhibitor, Direct		
<i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)	Tier 1	PA
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 250 mg, 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> (Microzide)	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>methyclothiazide oral tablet 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	

Drug	Status	Notes
PROSTIN VR PEDIATRIC INJECTION SOLUTION 500 MCG/ML	Tier 3	
Cardiovascular Disease - Lipid Irregularity		
Antihyperlip.Hmg Coa Reduct Inhib&Cholest.Ab.Inhib		
<i>ezetimibe-simvastatin oral tablet 10-10 mg</i> (Vytorin 10-10)	Tier 1	MO; ST: Prior prescription for 2 of the following in the past 365 days: Altoprev, Atorvastatin Calcium, Flolipid, Lovastatin, Pravastatin Sodium, or Simvastatin; QL (34 EA per 1 PER FILL)
<i>ezetimibe-simvastatin oral tablet 10-20 mg</i> (Vytorin 10-20)	Tier 1	MO; ST: Prior prescription for Atorvastatin 40mg or 80mg in the past 190 days; QL (34 EA per 1 PER FILL)
<i>ezetimibe-simvastatin oral tablet 10-40 mg</i> (Vytorin 10-40)	Tier 1	MO; ST: Prior prescription for Atorvastatin 40mg or 80mg in the past 190 days; QL (34 EA per 1 PER FILL)
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i> (Vytorin 10-80)	Tier 1	MO; ST: Prior prescription for Simvastatin 80mg in the past 365 days; QL (34 EA per 1 PER FILL)
Antihyperlipidemic - Hmg Coa Reductase Inhibitors		
<i>atorvastatin oral tablet 10 mg, 20 mg</i> (Lipitor)	Tier 1	MO; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (34 EA per 1 PER FILL)
<i>atorvastatin oral tablet 40 mg, 80 mg</i> (Lipitor)	Tier 1	MO; QL (34 EA per 1 PER 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, Atorvastatin Calcium, 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, Atorvastatin Calcium, Ezetimibe/simvastatin, Flolipid, 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</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 PER FILL)
<i>pravastatin oral tablet 20 mg, 40 mg, 80 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 PER 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 PER 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 PER 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 PER 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, 75 MG/ML	Tier 4	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(dr/lec) 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
LIPOCHOL PLUS ORAL TABLET 0.5 MG	Tier 3	
<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)

Drug	Status	Notes
Antianginal, Heart Rate Reducing, I(F) Inhibitor		
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, Ezetimibe/simvastatin, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin in the past 130 days; QL (34 EA per 1 PER 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, Ezetimibe/simvastatin, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin in the past 130 days; QL (34 EA per 1 PER 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 5 mg</i> (Isordil Titrados)	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		
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR	Tier 3	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 1	G: Female only
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 %	Tier 3	G: Female only
VAGINAL CONTRACEPTIVE FOAM VAGINAL FOAM 12.5 %	Tier 3	G: Female only
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %	Tier 3	G: Female only
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %	Tier 3	G: Female only

Drug	Status	Notes
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
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

Drug	Status	Notes
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
BREVICON (28) ORAL TABLET 0.5-35 MG-MCG	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
CAZIANI (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
DELYLA (28) ORAL TABLET 0.1-20 MG-MCG	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> (Safyral)	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
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
JOLIVETTE ORAL TABLET 0.35 MG	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
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
<i>levonorgestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	(Altavera (28)) Tier 1	MO

Drug	Status	Notes
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 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	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) (Generess Fe)	Tier 1	MO
norethindrone (contraceptive) oral tablet 0.35 mg (Camila)	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 mg-20 mcg (24)/75 mg (4) (Aurovela 24 Fe)	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) (Ortho Tri-Cyclen (28))	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
NORLYROC 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
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	Tier 1	MO

Drug	Status	Notes
RAJANI ORAL TABLET 3-0.02-0.451 MG (24) (4)	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
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
ZENCHENT (28) ORAL TABLET 0.4-35 MG-MCG	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, 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)
PRO-RED AC (W/ DEXCHLORPHENIR) ORAL LIQUID 1-5-9 MG/5 ML	Tier 3	Age (Min 12 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)
ZODRYL DAC 80 ORAL SUSPENSION 2-30-10 MG/10 ML	Tier 3	Age (Min 12 Years)

Drug	Status	Notes
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	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)
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)

Drug	Status	Notes
Narcotic Antitussive-Anticholinergic Comb.		
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i> (Hydrocodone Compound)	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		
CHERATUSSIN AC ORAL LIQUID 10-100 MG/5 ML	Tier 1	Age (Min 18 Years)
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i> (Cheratussin 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)
GUAIIATUSSIN 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, 30 mg, 40 mg</i> (Absorica)	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> (Duac)	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		
BACIIIM INTRAMUSCULAR RECON SOLN 50,000 UNIT	Tier 1	
<i>bacitracin intramuscular recon soln 50,000 unit</i> (BACiiM)	Tier 1	
Rosacea Agents, Topical		
<i>azelaic acid topical gel 15 %</i> (Finacea)	Tier 1	ST: Prior prescription for Metronidazole in the past 130 days; QL (50 GM per 30 days)
FINACEA TOPICAL FOAM 15 %	Tier 3	ST: Prior prescription for Metronidazole in the past 130 days; QL (50 GM per 30 days)
<i>metronidazole topical cream 0.75 %</i> (MetroCream)	Tier 1	
<i>metronidazole topical gel 0.75 %</i> (Rosadan)	Tier 1	
<i>metronidazole topical gel 1 %</i> (Metrogel)	Tier 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	
SOOLANTRA TOPICAL CREAM 1 %	Tier 3	ST: Prior prescription for Azelaic Acid or Finacea in the past 120 days
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 ointment 10 %</i>	Tier 1	
<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> (Cleocin T)	Tier 1	
ERY PADS TOPICAL SWAB 2 %	Tier 1	

Drug	Status	Notes
<i>erythromycin with ethanol topical gel 2 %</i> (Erygel)	Tier 1	
<i>erythromycin with ethanol topical solution 2 %</i>	Tier 1	
<i>erythromycin with ethanol topical swab 2 %</i> (Ery Pads)	Tier 1	
<i>gentamicin topical cream 0.1 %</i>	Tier 1	
<i>gentamicin topical ointment 0.1 %</i>	Tier 1	
<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	
<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	
<i>ciclopirox topical suspension 0.77 %</i> (Loprox (as olamine))	Tier 1	
<i>ciclopirox-ure-camph-menth-euc topical solution 8 %</i> (Ciclodan Kit)	Tier 1	
<i>econazole topical cream 1 %</i>	Tier 1	QL (180 GM per 30 days)
EXODERM TOPICAL LOTION 25-1 %	Tier 1	
<i>ketoconazole topical cream 2 %</i>	Tier 1	
<i>ketoconazole topical shampoo 2 %</i> (Nizoral)	Tier 1	
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	

Drug	Status	Notes
TRIPLE DYE TOPICAL SWAB 2.29-2.29-1.14 MG/ML	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	
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> (Silvadene)	Tier 1	
SSD TOPICAL CREAM 1 %	Tier 1	
SSS 10-5 TOPICAL CREAM 10-5 % (W/W)	Tier 1	
SSS 10-5 TOPICAL FOAM 10-5 %	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %</i> (Avar LS)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i> (Avar)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 9-4.5 %</i> (Sumadan)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)</i> (Avar-E)	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	
<i>sulfacetamide-sulfur-cleansr23 topical kit 9-4.5 %</i> (Sumadan)	Tier 1	
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)

Drug	Status	Notes
Topical Antibiotics/Anti-inflammatory, 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
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	
APEXICON E TOPICAL CREAM 0.05 %	Tier 3	
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 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	

Drug	Status	Notes
CLODAN KIT TOPICAL KIT,SHAMPOO AND CLEANSER 0.05 %	Tier 3	
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2	Tier 3	ST: Prior prescription for a Topical Anti-inflammatory Steroidal in the past 180 days; QL (2 EA per 1 PER FILL)
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> (Ultravate)	Tier 1	
<i>halobetasol propionate topical ointment 0.05 %</i> (Ultravate)	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> (Anusol-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	

Drug	Status	Notes
PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	Tier 1	
PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	Tier 1	
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	Tier 1	
SCALACORT DK TOPICAL COMBO PACK 2-2-2 %	Tier 3	
SYNALAR CREAM KIT TOPICAL CREAM 0.025 %	Tier 3	
SYNALAR OINTMENT KIT TOPICAL COMBO PACK, OINTMENT AND CREAM 0.025 %	Tier 3	
SYNALAR TS TOPICAL KIT 0.01 %	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 %, (Triderm) 0.5 %</i>	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		
CAPSFENAC PAK TOPICAL KIT, CREAM AND SOLUTION 1.5-0.025 %	Tier 3	
<i>diclofenac sodium topical drops 1.5 %</i>	Tier 1	
<i>diclofenac sodium topical gel 1 % (Voltaren)</i>	Tier 1	
DICLOPAK TOPICAL KIT, CREAM AND SOLUTION 1.5-0.025 %	Tier 3	
NUDICLO SOLUPAK TOPICAL KIT, CREAM AND SOLUTION 1.5-0.025 %	Tier 3	
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

Drug	Status	Notes
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)
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	
Irrigants		
<i>acetic acid irrigation solution 0.25 %</i>	Tier 1	
<i>lactated ringers irrigation solution</i>	Tier 3	
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	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	
<i>ringer's irrigation solution</i>	Tier 1	
<i>sorbitol irrigation solution 3 %, 3.3 %</i>	Tier 1	
<i>sorbitol-mannitol transurethral solution 2.7-0.54 gram/100 ml</i>	Tier 1	
TIS-U-SOL PENTALYTE IRRIGATION IRRIGATION SOLUTION 800-40-20-8.75-6.25 MG/100 ML	Tier 3	
VASHE WOUND THERAPY IRRIGATION IRRIGATION SOLUTION 0.033 %	Tier 3	
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	
<i>podofilox topical solution 0.5 %</i>	Tier 1	
<i>salicylic acid topical cream 6 %</i> (Salimez)	Tier 1	

Drug	Status	Notes
<i>salicylic acid topical cream,extended release 6 %</i>	Tier 1	
<i>salicylic acid topical foam 6 %</i> (Salvax)	Tier 1	
<i>salicylic acid topical liquid 26 %</i>	Tier 1	QL (10 ML per 30 days)
<i>salicylic acid topical lotion 6 %</i>	Tier 1	
<i>salicylic acid topical lotion,extended release 6 %</i>	Tier 1	
<i>salicylic acid topical shampoo 6 %</i> (Salex)	Tier 1	QL (177 ML per 30 days)
SALVAX DUO PLUS TOPICAL FOAM 6-35 %	Tier 3	
SALVAX TOPICAL FOAM 6 %	Tier 1	
<i>silver nitrate applicators topical stick 75-25 %</i>	Tier 1	
<i>silver nitrate topical solution 10 %</i>	Tier 1	
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	
MICROCYN HYDROGEL TOPICAL GEL 0.008 %-0.002 % -3 %	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	

Drug	Status	Notes
<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)
<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	
LIDOTREX (WITH VITAMIN E) TOPICAL GEL 2 %	Tier 3	
REGENECARE WITH ALOE TOPICAL GEL 2 %	Tier 3	
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 PER FILL)
Dermatology - Psoriasis/Eczema		
Antipsoriatic Agents,Systemic		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i> (Soriatane)	Tier 4	
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 4	PA
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 4	PA
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 4	PA
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 4	PA
<i>methoxsalen oral capsule,liqd-filled,rapid rel 10 mg</i> (Oxsoralen Ultra)	Tier 1	ST: Prior prescription for Drithocrema HP in the past 365 days
SKYRIZI SUBCUTANEOUS SYRINGE 75 MG/0.83 ML	Tier 4	PA

Drug	Status	Notes
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
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> (Calcitrene)	Tier 1	ST: Prior prescription for a Topical Anti-inflammatory Steroidal in the past 130 days
CALCITRENE TOPICAL OINTMENT 0.005 %	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

Drug	Status	Notes
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 Agents, Miscellaneous		
GORDONS UREA TOPICAL OINTMENT 22 %	Tier 3	
MEDIHONEY (HONEY) TOPICAL GEL 80 %	Tier 3	
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)
Topical Vit D Analog/Anti-inflammatory, Steroidal		
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i> (Taclonex)	Tier 1	ST: Prior prescription for a Topical Anti-inflammatory Steroidal in the past 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)

Drug	Status	Notes
Diabetes		
Antihypergly, (Dpp-4) Inhibitor & Biguanide Comb.		
<i>alogliptin-metformin oral tablet 12.5-1,000 mg, (Kazano) 12.5-500 mg</i>	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 PER 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)
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)

Drug	Status	Notes
Antihypergly,Dpp-4 Enzyme Inhib &Thiazolidinedione		
<i>alogliptin-pioglitazone oral tablet 12.5-15 mg, (Oseni) 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	Tier 1	MO; ST: Prior prescription for Janumet, Janumet XR, Januvia, Jentadueto, Jentadueto XR, or Tradjenta in the past 130 days; QL (30 EA per 30 days)
Antihypergly,Incretin Mimetic(Glp-1 Recep.Agonist)		
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)

Drug	Status	Notes
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)
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)
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)

Drug	Status	Notes
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)
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)

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

Drug	Status	Notes
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 PER FILL)
ONGLYZA ORAL TABLET 2.5 MG, 5 MG	Tier 3	MO; ST: Prior prescription for Janumet, Janumet XR, Januvia, Jentadueto, Jentadueto XR, or Tradjenta in the past 130 days; QL (1 EA per 1 day)
TRADJENTA ORAL TABLET 5 MG	Tier 2	MO; QL (30 EA per 30 days)
Antihyperglycemic, Insulin-Release Stimulant Type		
<i>chlorpropamide oral tablet 100 mg, 250 mg</i>	Tier 1	MO
<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 PER 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
<i>tolazamide oral tablet 250 mg, 500 mg</i>	Tier 1	MO
<i>tolbutamide oral tablet 500 mg</i>	Tier 1	MO

Drug	Status	Notes
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 PER FILL)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	Tier 1	MO; QL (34 EA per 1 PER FILL)
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)

Drug	Status	Notes
QTERN ORAL TABLET 10-5 MG	Tier 3	MO; ST: Prior prescription for 2 of the following in the past 365 days: Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/metformin HCL, Glyburide, Glyburide micronized, Glyburide/metformin HCL, Invokamet XR, Invokamet, Invokana, Jardiance, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/glimepiride, Pioglitazone HCL/metformin HCL, Riomet, 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 PER 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 PER YEAR)
ACCU-CHEK AVIVA CONTROL SOLN SOLUTION	Tier 3	MO
ACCU-CHEK AVIVA PLUS METER	Tier 3	MO; QL (1 EA per 1 PER YEAR)
ACCU-CHEK COMPACT PLUS CARE KIT	Tier 3	MO; QL (1 EA per 1 PER YEAR)
ACCU-CHEK COMPACT PLUS CONTROL SOLUTION	Tier 3	MO
ACCU-CHEK GUIDE GLUCOSE METER	Tier 3	MO; QL (1 EA per 1 PER 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 PER YEAR)
ACCU-CHEK NANO	Tier 3	MO; QL (1 EA per 1 PER YEAR)
ACCU-CHEK SMARTVIEW CONTRL SOL SOLUTION	Tier 3	MO
ACCU-TREND GLUCOSE CONTROL SOLUTION	Tier 3	MO

Drug	Status	Notes
ADVANCED GLUCOSE METER	Tier 3	MO; QL (1 EA per 1 PER YEAR)
ADVOCATE BLOOD GLUCOSE MONITOR	Tier 3	MO; QL (1 EA per 1 PER YEAR)
ADVOCATE CONTROL SOLUTION HIGH SOLUTION	Tier 3	MO
ADVOCATE DUO DEVICE	Tier 3	MO; QL (1 EA per 1 PER YEAR)
ADVOCATE DUO METER KIT	Tier 3	MO; QL (1 EA per 1 PER YEAR)
ADVOCATE LOW CONTROL SOLUTION	Tier 3	MO
ADVOCATE REDI-CODE GLU MONITOR	Tier 3	MO; QL (1 EA per 1 PER YEAR)
ADVOCATE REDI-CODE GLU MONITOR KIT	Tier 3	MO; QL (1 EA per 1 PER YEAR)
ADVOCATE REDI-CODE PLUS	Tier 3	MO; QL (1 EA per 1 PER 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 PER 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 PER YEAR)
ASSURE PRISM CONTROL 1-2 SOLN SOLUTION	Tier 3	MO
ASSURE PRISM MULTI METER	Tier 3	MO; QL (1 EA per 1 PER YEAR)
BIONIME RIGHTEST GM300 SYSTEM KIT	Tier 3	MO; QL (1 EA per 1 PER YEAR)
<i>blood glucose contrl hi,normal solution</i> (2Tek Control (High-Normal))	Tier 3	MO

Drug	Status	Notes
<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 PER YEAR)
<i>blood-glucose meter</i> (Accu-Chek Aviva Plus Meter)	Tier 3	MO; QL (1 EA per 1 PER YEAR)
<i>blood-glucose meter kit</i> (Advocate Redi-Code Glu Monitor)	Tier 3	MO; QL (1 EA per 1 PER YEAR)
BREEZE 2 CONTROL SOLUTION, LOW SOLUTION	Tier 3	MO
BREEZE 2 CONTROL SOLUTION, NML SOLUTION	Tier 3	MO
BREEZE 2 CONTROL SOLUTION,HIGH SOLUTION	Tier 3	MO
CARESENS CONTROL A AND B SOLUTION	Tier 3	MO
CARESENS CONTROL A NORMAL SOLUTION	Tier 3	MO
CARESENS N	Tier 3	MO; QL (1 EA per 1 PER YEAR)
CARESENS N KIT	Tier 3	MO; QL (1 EA per 1 PER YEAR)
CARESENS N VOICE	Tier 3	MO; QL (1 EA per 1 PER YEAR)
CARESENS N VOICE KIT	Tier 3	MO; QL (1 EA per 1 PER YEAR)
CARETOUCH GLUCOSE MONITORING KIT	Tier 3	MO; QL (1 EA per 1 PER YEAR)
CHOICE DM CLARUS NORM CONTROL SOLUTION	Tier 3	MO
CHOICEDM CLARUS	Tier 3	MO; QL (1 EA per 1 PER YEAR)
CLEVER CHEK BLOOD GLUCOSE	Tier 3	MO; QL (1 EA per 1 PER YEAR)
CLEVER CHEK BLOOD GLUCOSE SYST KIT	Tier 3	MO; QL (1 EA per 1 PER YEAR)
CLEVER CHOICE BLOOD GLUC SYS	Tier 3	MO; QL (1 EA per 1 PER YEAR)
CLEVER CHOICE GLUCOSE MONITOR	Tier 3	MO; QL (1 EA per 1 PER YEAR)
CLEVER CHOICE LEVEL 1 CONTROL SOLUTION	Tier 3	MO

Drug	Status	Notes
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 PER YEAR)
CLEVER CHOICE PRO	Tier 3	MO; QL (1 EA per 1 PER YEAR)
CLEVER CHOICE TALK GLUCOSE SYS	Tier 3	MO; QL (1 EA per 1 PER YEAR)
CONTOUR CONTROL SOLUTION, HIGH SOLUTION	Tier 3	MO; QL (1 EA per 1 PER YEAR)
CONTOUR CONTROL SOLUTION, LOW SOLUTION	Tier 3	MO; QL (1 EA per 1 PER YEAR)
CONTOUR CONTROL SOLUTION, NML SOLUTION	Tier 3	MO; QL (1 EA per 1 PER YEAR)
CONTOUR LINK KIT	Tier 3	MO; QL (1 EA per 1 PER YEAR)
CONTOUR METER	Tier 2	MO; QL (1 EA per 1 PER YEAR)
CONTOUR METER KIT	Tier 3	MO; QL (1 EA per 1 PER YEAR)
CONTOUR NEXT EZ METER	Tier 2	MO; QL (1 EA per 1 PER YEAR)
CONTOUR NEXT EZ METER KIT	Tier 3	MO; QL (1 EA per 1 PER 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 PER YEAR)
CONTOUR NEXT LINK KIT	Tier 3	MO; QL (1 EA per 1 PER YEAR)
CONTOUR NEXT METER	Tier 2	MO; QL (1 EA per 1 PER YEAR)
CONTOUR NEXT ONE METER	Tier 3	MO; QL (1 EA per 1 PER YEAR)
CONTROL AST MONITORING SYSTEM	Tier 3	MO; QL (1 EA per 1 PER YEAR)
COOL BLOOD GLUCOSE METER	Tier 3	MO; QL (1 EA per 1 PER YEAR)

Drug	Status	Notes
COOL BLOOD GLUCOSE METER KIT	Tier 3	MO; QL (1 EA per 1 PER 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 PER YEAR)
DEXCOM G4 RECEIVER	Tier 3	MO; QL (1 EA per 1 PER YEAR)
DEXCOM G4 RECEIVER PEDIATRIC	Tier 3	MO; QL (1 EA per 1 PER YEAR)
DEXCOM G4 RECEIVER-SHARE (PED)	Tier 3	MO; QL (1 EA per 1 PER YEAR)
DEXCOM G4 RECEIVER-SHARE KIT	Tier 3	MO; QL (1 EA per 1 PER YEAR)
DEXCOM G4 TRANSMITTER DEVICE	Tier 3	MO; QL (1 EA per 1 PER YEAR)
DEXCOM G5 RECEIVER	Tier 3	MO; QL (1 EA per 1 PER YEAR)
DEXCOM G5 TRANSMITTER DEVICE	Tier 3	MO; QL (1 EA per 1 PER YEAR)
DEXCOM G5-G4 SENSOR DEVICE	Tier 3	
DEXCOM G6 RECEIVER	Tier 3	MO; QL (1 EA per 1 PER YEAR)
DEXCOM G6 SENSOR DEVICE	Tier 3	MO; QL (1 EA per 1 PER YEAR)
DEXCOM G6 TRANSMITTER DEVICE	Tier 3	MO; QL (1 EA per 1 PER YEAR)
DEXCOM RECEIVER	Tier 3	MO; QL (1 EA per 1 PER 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 PER YEAR)
EASY CHECK BLOOD GLUCOSE KIT	Tier 3	MO; QL (1 EA per 1 PER YEAR)
EASY PLUS II BLOOD GLUCOSE MET	Tier 3	MO; QL (1 EA per 1 PER YEAR)
EASY PLUS II HIGH CONTROL SOLUTION	Tier 3	MO; QL (1 EA per 1 PER YEAR)

Drug	Status	Notes
EASY PLUS II LOW CONTROL SOLUTION	Tier 3	MO; QL (1 EA per 1 PER YEAR)
EASY STEP BLOOD GLUCOSE METER	Tier 3	MO; QL (1 EA per 1 PER 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 PER YEAR)
EASY TALK HIGH CONTROL SOLUTION	Tier 3	MO; QL (1 EA per 1 PER YEAR)
EASY TALK LOW CONTROL SOLUTION	Tier 3	MO; QL (1 EA per 1 PER YEAR)
EASY TOUCH GLUCOSE MONITOR	Tier 3	MO; QL (1 EA per 1 PER YEAR)
EASY TOUCH HIGH-LOW CONTROL SOLUTION	Tier 3	MO
EASY TRAK BLOOD GLUCOSE METER	Tier 3	MO; QL (1 EA per 1 PER YEAR)
EASY TRAK HIGH CONTROL SOLUTION	Tier 3	MO; QL (1 EA per 1 PER YEAR)
EASY TRAK LOW CONTROL SOLUTION	Tier 3	MO; QL (1 EA per 1 PER YEAR)
EASYGLUCO METER KIT	Tier 3	MO; QL (1 EA per 1 PER YEAR)
EASYGLUCO MONITORING SYSTEM KIT	Tier 3	MO; QL (1 EA per 1 PER 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 PER YEAR)
EASYMAX LOW CONTROL SOLUTION	Tier 3	MO
EASYMAX NG	Tier 3	MO; QL (1 EA per 1 PER YEAR)
EASYMAX NG KIT	Tier 3	MO; QL (1 EA per 1 PER YEAR)
EASYMAX NORMAL CONTROL SOLUTION	Tier 3	MO

Drug	Status	Notes
EASYMAX V SPEAKING GLUCOSE SYS	Tier 3	MO; QL (1 EA per 1 PER YEAR)
EASYMAX V2 BLOOD GLUCOSE METER	Tier 3	MO; QL (1 EA per 1 PER YEAR)
EASY-TOUCH BLOOD GLUCOSE METER	Tier 3	MO; QL (1 EA per 1 PER YEAR)
ELEMENT COMPACT GLUCOSE METER	Tier 3	MO; QL (1 EA per 1 PER 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 PER 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 PER YEAR)
EMBRACE BLOOD GLUCOSE KIT	Tier 3	MO; QL (1 EA per 1 PER YEAR)
EMBRACE BLOOD GLUCOSE SYSTEM	Tier 3	MO; QL (1 EA per 1 PER YEAR)
EMBRACE EVO BLOOD GLUCOSE KIT KIT	Tier 3	MO; QL (1 EA per 1 PER YEAR)
EMBRACE EVO LEVEL 1 SOLUTION	Tier 3	MO
EMBRACE GLUCOSE CONTROL HIGH SOLUTION	Tier 3	MO; QL (1 EA per 1 PER YEAR)
EMBRACE GLUCOSE CONTROL LOW SOLUTION	Tier 3	MO
EMBRACE PRO GLUCOSE METER	Tier 3	MO; QL (1 EA per 1 PER YEAR)
EMBRACE PRO SOLUTION	Tier 3	MO; QL (1 EA per 1 PER YEAR)
EMBRACE TALK CONTROL-HIGH (L2) SOLUTION	Tier 3	MO
EMBRACE TALK CONTROL-LOW (L1) SOLUTION	Tier 3	MO
EVENCARE G2	Tier 3	MO; QL (1 EA per 1 PER YEAR)
EVENCARE G2 SOLUTION	Tier 3	MO; QL (1 EA per 1 PER YEAR)
EVENCARE G3 CONTROL SOLUTION	Tier 3	MO

Drug	Status	Notes
EVENCARE G3 GLUCOSE METER KIT	Tier 3	MO; QL (1 EA per 1 PER YEAR)
EVENCARE KIT	Tier 3	MO; QL (1 EA per 1 PER YEAR)
EVENCARE MINI GLUCOSE CONTROL SOLUTION	Tier 3	MO
EVENCARE MINI MONITOR SYSTEM	Tier 3	MO; QL (1 EA per 1 PER YEAR)
EVENCARE PROVIEW CONTROL-L2,L3 SOLUTION	Tier 3	MO
EVOLUTION BLOOD GLUCOSE METER KIT	Tier 3	MO; QL (1 EA per 1 PER 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 PER YEAR)
EZ SMART SYSTEM KIT	Tier 3	MO; QL (1 EA per 1 PER YEAR)
FORA D10 KIT	Tier 3	MO; QL (1 EA per 1 PER YEAR)
FORA D15 GLUCOSE-BP MONITOR DEVICE	Tier 3	MO; QL (1 EA per 1 PER YEAR)
FORA D20 KIT	Tier 3	MO; QL (1 EA per 1 PER YEAR)
FORA D40D GLUCOSE-BP MONITOR DEVICE	Tier 3	MO; QL (1 EA per 1 PER YEAR)
FORA G20 KIT	Tier 3	MO; QL (1 EA per 1 PER YEAR)
FORA G30A	Tier 3	MO; QL (1 EA per 1 PER YEAR)
FORA GD50 BLOOD GLUCOSE SYSTEM	Tier 3	MO; QL (1 EA per 1 PER 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 PER YEAR)
FORA TEST N'GO VOICE METER	Tier 3	MO; QL (1 EA per 1 PER YEAR)
FORA TN'G VOICE METER	Tier 3	MO; QL (1 EA per 1 PER YEAR)

Drug	Status	Notes
FORA V10 KIT	Tier 3	MO; QL (1 EA per 1 PER YEAR)
FORA V12 BLOOD GLUCOSE SYSTEM	Tier 3	MO; QL (1 EA per 1 PER YEAR)
FORA V12 BLOOD GLUCOSE SYSTEM KIT	Tier 3	MO; QL (1 EA per 1 PER YEAR)
FORA V20 KIT	Tier 3	MO; QL (1 EA per 1 PER YEAR)
FORA V30A	Tier 3	MO; QL (1 EA per 1 PER YEAR)
FORA V30A KIT	Tier 3	MO; QL (1 EA per 1 PER YEAR)
FORACARE GD20 GLUCOSE METER	Tier 3	MO; QL (1 EA per 1 PER YEAR)
FORACARE GD40A GLUCOSE METER	Tier 3	MO; QL (1 EA per 1 PER YEAR)
FORACARE GD40B GLUCOSE METER	Tier 3	MO; QL (1 EA per 1 PER 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 PER 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 PER YEAR)
FREESTYLE FREEDOM KIT	Tier 3	MO; QL (1 EA per 1 PER YEAR)
FREESTYLE FREEDOM LITE KIT	Tier 3	MO; QL (1 EA per 1 PER YEAR)
FREESTYLE INSULINX	Tier 3	MO; QL (1 EA per 1 PER YEAR)
FREESTYLE LIBRE 10 DAY READER	Tier 3	
FREESTYLE LIBRE 10 DAY SENSOR KIT	Tier 3	
FREESTYLE LIBRE 14 DAY READER	Tier 3	
FREESTYLE LIBRE 14 DAY SENSOR KIT	Tier 3	

Drug	Status	Notes
FREESTYLE LITE METER KIT	Tier 3	MO; QL (1 EA per 1 PER YEAR)
FREESTYLE PRECISION NEO METER	Tier 3	MO; QL (1 EA per 1 PER YEAR)
FREESTYLE SIDEKICK II KIT	Tier 3	MO; QL (1 EA per 1 PER YEAR)
FREESTYLE SYSTEM KIT KIT	Tier 3	MO; QL (1 EA per 1 PER YEAR)
GDRIVE KIT	Tier 3	MO; QL (1 EA per 1 PER YEAR)
GE100 BLOOD GLUCOSE SYSTEM KIT	Tier 3	MO; QL (1 EA per 1 PER YEAR)
GE100 CONTROL SOLUTION NORMAL SOLUTION	Tier 3	MO
GLUCO NAVII GLUCOSE MONITOR KIT	Tier 3	MO; QL (1 EA per 1 PER YEAR)
GLUCOCARD 01 HI-NORMAL CONTROL SOLUTION	Tier 3	MO
GLUCOCARD 01 METER KIT	Tier 3	MO; QL (1 EA per 1 PER YEAR)
GLUCOCARD 01 NORMAL CONTROL SOLUTION	Tier 3	MO
GLUCOCARD EXPRESSION	Tier 3	MO; QL (1 EA per 1 PER YEAR)
GLUCOCARD EXPRESSION KIT	Tier 3	MO; QL (1 EA per 1 PER YEAR)
GLUCOCARD EXPRESSION SOLUTION	Tier 3	MO; QL (1 EA per 1 PER YEAR)
GLUCOCARD SHINE CONNEX METER	Tier 3	MO; QL (1 EA per 1 PER YEAR)
GLUCOCARD SHINE EXPRESS METER	Tier 3	MO; QL (1 EA per 1 PER YEAR)
GLUCOCARD SHINE METER	Tier 3	MO; QL (1 EA per 1 PER YEAR)
GLUCOCARD SHINE METER KIT KIT	Tier 3	MO; QL (1 EA per 1 PER YEAR)
GLUCOCARD SHINE SOLUTION	Tier 3	MO; QL (1 EA per 1 PER YEAR)
GLUCOCARD SHINE XL METER	Tier 3	MO; QL (1 EA per 1 PER YEAR)
GLUCOCARD VITAL KIT	Tier 3	MO; QL (1 EA per 1 PER YEAR)

Drug	Status	Notes
GLUCOCOM BLOOD GLUCOSE KIT	Tier 3	MO; QL (1 EA per 1 PER 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 PER YEAR)
GOODLIFE AC-302 GLUCOSE METER	Tier 3	MO; QL (1 EA per 1 PER YEAR)
GUARDIAN REAL-TIME GLU MONITOR	Tier 3	MO; QL (1 EA per 1 PER YEAR)
HARMONY CONTROL L1,L3 SOLUTION	Tier 3	MO
HEALTHPRO GLUCOSE MONITOR	Tier 3	MO; QL (1 EA per 1 PER YEAR)
HEALTHPRO HIGH-LOW CONTROL SOLUTION	Tier 3	MO
IGLUCOSE BLOOD GLUCOSE MONITOR KIT	Tier 3	MO; QL (1 EA per 1 PER 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 PER YEAR)
INFINITY STARTER KIT KIT	Tier 3	MO; QL (1 EA per 1 PER YEAR)
INFINITY VOICE CTRL SOLN-LVL 2 SOLUTION	Tier 3	MO
INFINITY VOICE GLUCOSE MONITOR	Tier 3	MO; QL (1 EA per 1 PER 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 PER YEAR)
MEDISENSE COMBO PACK	Tier 3	MO

Drug	Status	Notes
MEDISENSE CONTROLS 1-HI 1-LO COMBO PACK	Tier 3	MO
MEDISENSE GLUCOSE KETONE COMBO PACK	Tier 3	MO
MEDISENSE MID CONTROL SOLUTION	Tier 3	MO
MEDPOINT NORMAL CONTROL SOLUTION	Tier 3	MO
METER-CHECK SOLUTION	Tier 3	MO
MICRODOT BLOOD GLUCOSE SYSTEM	Tier 3	MO; QL (1 EA per 1 PER YEAR)
MICRODOT BLOOD GLUCOSE SYSTEM KIT	Tier 3	MO; QL (1 EA per 1 PER YEAR)
MICRODOT HIGH-LOW CONTROL SOLUTION	Tier 3	MO; QL (1 EA per 1 PER YEAR)
MICRODOT NORMAL CONTROL SOLUTION	Tier 3	MO; QL (1 EA per 1 PER YEAR)
MYGLUCOHEALTH CONTROL SOLUTION SOLUTION	Tier 3	MO
MYGLUCOHEALTH KIT	Tier 3	MO; QL (1 EA per 1 PER YEAR)
NOVA MAX BLOOD GLUCOSE METER	Tier 3	MO; QL (1 EA per 1 PER 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 PER YEAR)
ON CALL EXPRESS METER KIT	Tier 3	MO; QL (1 EA per 1 PER YEAR)
ON CALL PLUS CONTROL SOLUTION	Tier 3	MO
ON CALL PLUS METER	Tier 3	MO; QL (1 EA per 1 PER YEAR)
ON CALL PLUS METER KIT	Tier 3	MO; QL (1 EA per 1 PER YEAR)
ON CALL VIVID CONTROL SOLUTION	Tier 3	MO
ON CALL VIVID METER	Tier 3	MO; QL (1 EA per 1 PER YEAR)
ON CALL VIVID METER KIT	Tier 3	MO; QL (1 EA per 1 PER YEAR)
ON CALL VIVID PAL METER	Tier 3	MO; QL (1 EA per 1 PER YEAR)

Drug	Status	Notes
ON CALL VIVID PAL METER KIT	Tier 3	MO; QL (1 EA per 1 PER 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 PER YEAR)
ONETOUCH ULTRA2 METER KIT	Tier 3	MO; QL (1 EA per 1 PER YEAR)
ONETOUCH ULTRAMINI KIT	Tier 3	MO; QL (1 EA per 1 PER YEAR)
ONETOUCH VERIO FLEX	Tier 3	MO; QL (1 EA per 1 PER YEAR)
ONETOUCH VERIO FLEX START KIT	Tier 3	MO; QL (1 EA per 1 PER YEAR)
ONETOUCH VERIO HIGH CONTROL SOLUTION	Tier 3	MO; QL (1 EA per 1 PER YEAR)
ONETOUCH VERIO IQ METER	Tier 3	MO; QL (1 EA per 1 PER YEAR)
ONETOUCH VERIO IQ METER KIT	Tier 3	MO; QL (1 EA per 1 PER YEAR)
ONETOUCH VERIO MID CONTROL SOLUTION	Tier 3	MO; QL (1 EA per 1 PER YEAR)
ONETOUCH VERIO SYSTEM	Tier 3	MO; QL (1 EA per 1 PER YEAR)
OPTUMRX	Tier 3	MO; QL (1 EA per 1 PER YEAR)
OPTUMRX KIT	Tier 3	MO; QL (1 EA per 1 PER YEAR)
OPTUMRX SOLUTION	Tier 3	MO; QL (1 EA per 1 PER YEAR)
PHARMACIST CHOICE GLUCOSE SYS	Tier 3	MO; QL (1 EA per 1 PER YEAR)
PRECISION	Tier 3	MO; QL (1 EA per 1 PER 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 PER YEAR)
PREMIER BLU GLUCOSE METER	Tier 3	MO; QL (1 EA per 1 PER YEAR)

Drug	Status	Notes
PREMIER VOICE GLUCOSE METER	Tier 3	MO; QL (1 EA per 1 PER YEAR)
PREMIUM BLOOD GLUCOSE MONITOR	Tier 3	MO; QL (1 EA per 1 PER YEAR)
PREMIUM V10	Tier 3	MO; QL (1 EA per 1 PER YEAR)
PRESTO PRO BLOOD GLUCOSE METER	Tier 3	MO; QL (1 EA per 1 PER YEAR)
PRODIGY AUTOCODE METER KIT	Tier 3	MO; QL (1 EA per 1 PER YEAR)
PRODIGY AUTOCODE MONITOR SYST	Tier 3	MO; QL (1 EA per 1 PER 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 PER YEAR)
PRODIGY VOICE GLUCOSE METER KIT	Tier 3	MO; QL (1 EA per 1 PER YEAR)
QUINTET AC	Tier 3	MO; QL (1 EA per 1 PER YEAR)
QUINTET BLOOD GLUCOSE METER	Tier 3	MO; QL (1 EA per 1 PER YEAR)
REFUAH PLUS GLUCOSE CONTROL SOLUTION	Tier 3	MO
REFUAH PLUS GLUCOSE MONITOR KIT	Tier 3	MO; QL (1 EA per 1 PER YEAR)
RELION ALL-IN-ONE METER KIT	Tier 3	MO; QL (1 EA per 1 PER YEAR)
RELION CONFIRM KIT	Tier 3	MO; QL (1 EA per 1 PER YEAR)
RELION MICRO GLUCOSE MONITOR	Tier 3	MO; QL (1 EA per 1 PER YEAR)
RELION MICRO GLUCOSE MONITOR KIT	Tier 3	MO; QL (1 EA per 1 PER YEAR)
RELION PRIME METER	Tier 3	MO; QL (1 EA per 1 PER YEAR)
REVEAL BLOOD GLUCOSE METER KIT	Tier 3	MO; QL (1 EA per 1 PER YEAR)
RIGHTTEST CONTROL SOLUTION HIGH SOLUTION	Tier 3	MO

Drug	Status	Notes
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 PER YEAR)
RIGHTEST GM260 GLUCOSE METER	Tier 3	MO; QL (1 EA per 1 PER YEAR)
RIGHTEST GM550 SYSTEM KIT	Tier 3	MO; QL (1 EA per 1 PER YEAR)
SIDEKICK BLOOD GLUCOSE SYSTEM KIT	Tier 3	MO; QL (1 EA per 1 PER YEAR)
SMART CARESENS N KIT	Tier 3	MO; QL (1 EA per 1 PER YEAR)
SMART SENSE MONITORING SYSTEM	Tier 3	MO; QL (1 EA per 1 PER YEAR)
SMARTEST CONTROL SOLUTION	Tier 3	MO
SMARTEST EJECT KIT	Tier 3	MO; QL (1 EA per 1 PER YEAR)
SMARTEST PERSONA GLUCOSE METER	Tier 3	MO; QL (1 EA per 1 PER YEAR)
SMARTEST PERSONA STARTER KIT	Tier 3	MO; QL (1 EA per 1 PER YEAR)
SMARTEST PRONTO GLUCOSE METER	Tier 3	MO; QL (1 EA per 1 PER YEAR)
SMARTEST PRONTO STARTER KIT	Tier 3	MO; QL (1 EA per 1 PER YEAR)
SMARTEST PROTEGE KIT	Tier 3	MO; QL (1 EA per 1 PER YEAR)
SMARTEST SMART CODE METER KIT	Tier 3	MO; QL (1 EA per 1 PER YEAR)
SMARTEST TALKING METER KIT	Tier 3	MO; QL (1 EA per 1 PER YEAR)
SOLUS V2 AUDIBLE METER	Tier 3	MO; QL (1 EA per 1 PER YEAR)
SOLUS V2 AUDIBLE METER KIT	Tier 3	MO; QL (1 EA per 1 PER 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 PER YEAR)

Drug	Status	Notes
SURE-TEST EASYPLUS MINI SOLUTION	Tier 3	MO; QL (1 EA per 1 PER YEAR)
TD GOLD BLOOD GLUCOSE MONITOR	Tier 3	MO; QL (1 EA per 1 PER 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 PER YEAR)
TELCARE BGM KIT	Tier 3	MO; QL (1 EA per 1 PER YEAR)
TELCARE BLOOD GLUCOSE KIT KIT	Tier 3	MO; QL (1 EA per 1 PER YEAR)
TELCARE CONTROL SOLUTION	Tier 3	MO
TEST N'GO BLOOD GLUCOSE SYSTEM	Tier 3	MO; QL (1 EA per 1 PER YEAR)
TRUE METRIX AIR GLUCOSE METER	Tier 3	MO; QL (1 EA per 1 PER YEAR)
TRUE METRIX AIR GLUCOSE METER KIT	Tier 3	MO; QL (1 EA per 1 PER YEAR)
TRUE METRIX GLUCOSE METER	Tier 3	MO; QL (1 EA per 1 PER YEAR)
TRUE METRIX GO GLUCOSE METER	Tier 3	MO; QL (1 EA per 1 PER 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 PER YEAR)
TRUECONTROL LEVEL 0 SOLUTION	Tier 3	MO
TRUECONTROL LEVEL 1 SOLUTION	Tier 3	MO
TRUERESULT BLOOD GLUCOSE SYSTM KIT	Tier 3	MO; QL (1 EA per 1 PER YEAR)
TRUETRACK BLOOD GLUCOSE SYSTEM KIT	Tier 3	MO; QL (1 EA per 1 PER YEAR)
TRUETRACK SMART SYSTEM KIT	Tier 3	MO; QL (1 EA per 1 PER YEAR)
ULTIMA MONITOR	Tier 3	MO; QL (1 EA per 1 PER YEAR)
ULTRATRAK GLUCOSE METER	Tier 3	MO; QL (1 EA per 1 PER YEAR)

Drug	Status	Notes
ULTRATRAK GLUCOSE METER KIT	Tier 3	MO; QL (1 EA per 1 PER YEAR)
ULTRATRAK HIGH-LOW CONTROL SOLUTION	Tier 3	MO; QL (1 EA per 1 PER YEAR)
ULTRATRAK NORMAL CONTROL SOLUTION	Tier 3	MO; QL (1 EA per 1 PER YEAR)
ULTRATRAK ULTIMATE	Tier 3	MO; QL (1 EA per 1 PER YEAR)
ULTRATRAK ULTIMATE SOLUTION	Tier 3	MO; QL (1 EA per 1 PER 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 PER YEAR)
WAVESENSE CONTROL SOLUTION SOLUTION	Tier 3	MO
WAVESENSE PRESTO	Tier 3	MO; QL (1 EA per 1 PER YEAR)
WAVESENSE PRESTO KIT	Tier 3	MO; QL (1 EA per 1 PER YEAR)
Diabetic Ulcer Preparations, Topical		
REGRANEX TOPICAL GEL 0.01 %	Tier 2	QL (15 GM per 1 PER FILL)
Hyperglycemics		
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	Tier 2	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	Tier 2	
PROGLYCEM ORAL SUSPENSION 50 MG/ML	Tier 2	
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)

Drug	Status	Notes
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
AFREZZA INHALATION CARTRIDGE WITH INHALER 4 UNIT, 4 UNIT (60)/ 8 UNIT (30)	Tier 3	PA; MO; QL (360 EA per 28 days)
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 Flexpen, 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 U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	MO; QL (40 ML per 28 days)
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	Tier 2	MO; QL (30 ML per 28 days)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 2	MO; QL (30 ML per 28 days)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Tier 2	MO; QL (12 ML per 28 days)
HUMALOG MIX 50-50 INSULIN 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)

Drug	Status	Notes
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)
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)

Drug	Status	Notes
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)
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	

Drug	Status	Notes
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	
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
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
RENAGEL ORAL TABLET 800 MG	Tier 2	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

Drug	Status	Notes
sevelamer hcl oral tablet 800 mg (Renagel)	Tier 1	MO
sodium polystyrene sulfonate oral powder	Tier 1	
sodium polystyrene sulfonate oral suspension 15 gram/60 ml	Tier 1	
sodium polystyrene sulfonate rectal enema 30 gram/120 ml, 50 gram/200 ml	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 SPRINKLE ORAL CAPSULE, EXTENDED RELEASE 8 MEQ	Tier 1	MO
KLOR-CON/EF ORAL TABLET, EFFERVESCENT 25 MEQ	Tier 2	MO
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l</i>	Tier 1	
<i>potassium chloride oral capsule, extended release 10 meq</i>	Tier 1	MO
<i>potassium chloride oral capsule, extended release 8 meq</i> (Klor-Con Sprinkle)	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

Drug	Status	Notes
<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		
Fertility Stimulating Preparations,Non-Fsh		
<i>clomiphene citrate oral tablet 50 mg</i> (Serophene)	Tier 4	
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	

Drug	Status	Notes
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 PER FILL)
<i>chorionic gonadotropin, human intramuscular recon soln 10,000 unit</i> (Novarel)	Tier 4	QL (3 EA per 1 PER FILL)
NOVAREL INTRAMUSCULAR RECON SOLN 10,000 UNIT, 5,000 UNIT	Tier 4	QL (3 EA per 1 PER 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 PER 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
Antineoplastic Lhrh(Gnrh) Agonist,Pituitary Suppr.		
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	Tier 4	PA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	Tier 4	PA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	Tier 4	PA
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	Tier 4	PA

Drug	Status	Notes
<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 PER FILL)
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	Tier 4	PA; QL (0.25 EA per 1 PER FILL)
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	Tier 4	PA; QL (0.17 EA per 1 PER 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 PER FILL)
Bone Resorption Inhibitors		
<i>alendronate oral solution 70 mg/75 ml</i>	Tier 1	MO; QL (375 ML per 1 PER FILL)
<i>alendronate oral tablet 10 mg, 35 mg</i>	Tier 1	MO
<i>alendronate oral tablet 40 mg</i>	Tier 1	MO; QL (1 EA per 1 day)
<i>alendronate oral tablet 5 mg</i>	Tier 1	MO; QL (34 EA per 1 PER FILL)
<i>alendronate oral tablet 70 mg</i> (Fosamax)	Tier 1	MO
<i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation</i>	Tier 1	MO
<i>etidronate disodium oral tablet 200 mg, 400 mg</i>	Tier 1	
<i>ibandronate oral tablet 150 mg</i> (Boniva)	Tier 1	MO; QL (1 EA per 1 PER FILL)
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	Tier 2	MO

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

Drug	Status	Notes
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> (Zemlar)	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 PER 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
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 PER FILL)
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	Tier 4	PA

Drug	Status	Notes
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	Tier 4	PA
Menopausal Sympt Supp-Sel Estrogen Recept 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
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 2	MO
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (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

Drug	Status	Notes
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	Tier 1	MO
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 2	MO
<i>thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i> (Armour 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
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)
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	

Drug	Status	Notes
<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-POLYCIN HC OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT/G-1%	Tier 1	
PRED-G OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-1 %	Tier 2	
PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT 0.3-0.6 %	Tier 2	
<i>prednisolone sod ph-gatifloxac ophthalmic (eye) drops 1-0.5 %</i>	Tier 1	QL (3.5 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	
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 Anti-Infectives (Rx Only)		
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 %	Tier 3	

Drug	Status	Notes
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	
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	Tier 2	
<i>prednisolone acetate (pf) ophthalmic (eye) drops,suspension 1 %</i>	Tier 1	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> (Pred Forte)	Tier 1	
<i>prednisolone sod ph-bromfenac ophthalmic (eye) drops 1-0.075 %</i>	Tier 1	QL (3.5 ML per 30 days)
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	Tier 1	
Eye Antivirals		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	Tier 1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	Tier 3	QL (5 GM per 1 PER FILL)

Drug	Status	Notes
Eye Local Anesthetics		
ALCAINE OPHTHALMIC (EYE) DROPS 0.5 %	Tier 1	
ALTACAINE OPHTHALMIC (EYE) DROPS 0.5 %	Tier 1	
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 %	Tier 1	
FLUCAINE OPHTHALMIC (EYE) DROPS 0.25-0.5 %	Tier 1	
<i>fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %</i> (Flucaine)	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,HYPERVISCIOUS 0.5 %	Tier 2	
TETRAVISC FORTE OPHTHALMIC (EYE) DROPS,HYPERVISCIOUS 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	
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 %	Tier 3	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i> (Bleph-10)	Tier 1	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	Tier 1	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	Tier 1	
Eye Vasoconstrictors (Rx Only)		
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	Tier 1	

Drug	Status	Notes
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 500 unit/gram</i>	Tier 1	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i> (AK-Poly-Bac)	Tier 1	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	Tier 2	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i> (Ciloxan)	Tier 1	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	Tier 1	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i> (Zymaxid)	Tier 1	
GENTAK OPHTHALMIC (EYE) OINTMENT 0.3 % (3 MG/GRAM)	Tier 1	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	Tier 1	
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	Tier 1	
MOXEZA OPHTHALMIC (EYE) DROPS, VISCOUS 0.5 %	Tier 2	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i> (Vigamox)	Tier 1	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	Tier 2	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> (Neo-Polycin)	Tier 1	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	Tier 1	
NEO-POLYICIN OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT-UNIT/G	Tier 1	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i> (Ocuflox)	Tier 1	
POLYICIN OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM	Tier 1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i> (Polytrim)	Tier 1	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i> (Tobrex)	Tier 1	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	Tier 3	
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

Drug	Status	Notes
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 PER 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
<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

Drug	Status	Notes
<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
<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, or Travatan Z; QL (2.5 ML per 30 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	Tier 3	ST: Prior prescription for 2 of the following in the past 365 days: Alphagan P, Brimonidine Tartrate, Combigan, Latanoprost, Lumigan, Simbrinza, or Travatan Z; QL (2.5 ML per 30 days)
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 %, 0.5 %</i> (Timoptic)	Tier 1	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i> (Timoptic-XE)	Tier 1	

Drug	Status	Notes
<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 3	MO
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 2 of the following in the past 365 days: Bimatoprost, Latanoprost, Lumigan, or Travatan Z; 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	
<i>tropicamide ophthalmic (eye) drops 1 %</i> (Mydriacyl)	Tier 1	
Eye - Miscellaneous		
Artificial Tears		
LACRISERT OPHTHALMIC (EYE) INSERT 5 MG	Tier 3	PA
Eye Preparations, Miscellaneous (Otc)		
GELFILM OPHTHALMIC (EYE) FILM	Tier 3	
Ophthalmic Cystine Depleting Agents		
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	Tier 4	PA

Drug	Status	Notes
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; ST: Prior prescription for Colchicine in the past 130 days; 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
ULORIC ORAL TABLET 40 MG, 80 MG	Tier 2	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 Uloric 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> (Coumadin)	Tier 1	MO
Antifibrinolytic Agents		
AMICAR ORAL SOLUTION 250 MG/ML (25 %)	Tier 3	QL (450 ML per 30 days); Age (Max 6 Years)
<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	

Drug	Status	Notes
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 ORAL TABLET 2.5 MG, 5 MG	Tier 2	MO; QL (60 EA per 30 days)
ELIQUIS ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	Tier 2	QL (74 EA per 30 days)
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG	Tier 3	ST: Prior prescription 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
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
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

Drug	Status	Notes
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, 2.5 mg/0.5 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i> (Arixtra)	Tier 1	
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	Tier 2	
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML, 7,500 ANTI-XA UNIT/0.3 ML	Tier 2	
<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	

Drug	Status	Notes
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</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
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
ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	Tier 1	\$0 COPAY IF AGE 45-79 YEARS
ASPIR-81 ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	Tier 1	\$0 COPAY IF AGE 45-79 YEARS
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG	Tier 1	\$0 COPAY IF AGE 45-79 YEARS

Drug	Status	Notes
ASPIRIN LOW DOSE ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	Tier 1	\$0 COPAY IF AGE 45-79 YEARS
<i>aspirin oral tablet,chewable 81 mg</i> (Aspirin Childrens)	Tier 1	\$0 COPAY IF AGE 45-79 YEARS
<i>aspirin oral tablet,delayed release (dr/ec) 81 mg</i> (Adult Aspirin Regimen)	Tier 1	\$0 COPAY IF AGE 45-79 YEARS
<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
BRILINTA ORAL TABLET 60 MG	Tier 2	MO
BRILINTA ORAL TABLET 90 MG	Tier 2	MO; QL (2 EA per 1 day)
CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG	Tier 1	\$0 COPAY IF AGE 45-79 YEARS
<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
<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
ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	Tier 1	\$0 COPAY IF AGE 45-79 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

Drug	Status	Notes
Thrombin Inhibitors, Selective, Direct, & Reversible		
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	Tier 3	MO; ST: Prior prescription 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
MULPLETA ORAL TABLET 3 MG	Tier 4	PA
NPLATE SUBCUTANEOUS RECON SOLN 250 MCG, 500 MCG	Tier 4	PA
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 PER 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
TESTONE CIK INTRAMUSCULAR KIT 200 MG/ML	Tier 3	

Drug	Status	Notes
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone)	Tier 1	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	Tier 1	PA
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i> (Testim)	Tier 1	PA; QL (300 GM per 30 days)
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i> (Fortesta)	Tier 1	PA; QL (4 GM per 1 day)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i> (Vogelxo)	Tier 1	PA; QL (300 GM per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i> (AndroGel)	Tier 1	PA; QL (150 GM per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i> (AndroGel)	Tier 1	PA; QL (150 GM per 30 days)
<i>testosterone transdermal gel in packet 1 % (50 mg/5 gram)</i> (AndroGel)	Tier 1	PA; QL (300 GM per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i> (AndroGel)	Tier 1	PA
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	Tier 1	PA; QL (180 ML per 30 days)
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
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg</i> (Covaryx H.S.)	Tier 1	MO

Drug	Status	Notes
<i>estrogens-methyltestosterone oral tablet 1.25-2.5 mg</i> (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 PER 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 PER FILL)
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	Tier 2	MO
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	Tier 2	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	Tier 2	
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%)	Tier 3	MO; QL (1 EA per 1 day)
DIVIGEL TRANSDERMAL GEL IN PACKET 1 MG/GRAM (0.1 %)	Tier 3	MO; QL (1 GM per 1 day)
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 PER FILL)
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION	Tier 3	MO; QL (144 GM per 1 PER 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, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Alora)	Tier 1	MO; QL (10 EA per 1 PER FILL)
<i>estradiol transdermal patch semiweekly 0.0375 mg/24 hr</i> (Dotti)	Tier 1	MO; QL (10 EA per 1 PER 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 PER 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> (Activella)	Tier 1	MO

Drug	Status	Notes
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION	Tier 3	MO; QL (100 GM per 1 PER FILL)
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%)	Tier 3	MO; QL (16.2 ML per 1 PER 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 0.5-0.1 MG, 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 PER FILL)
MIMVEY LO ORAL TABLET 0.5-0.1 MG	Tier 1	MO
MIMVEY ORAL TABLET 1-0.5 MG	Tier 1	MO
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg</i> (Femhrt Low Dose)	Tier 1	MO
<i>norethindrone ac-eth estradiol oral tablet 1-5 mg-mcg</i> (Fyavolv)	Tier 1	MO
PREFEST ORAL TABLET 1 MG (15)/1 MG-0.09 MG (15)	Tier 3	MO
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	Tier 2	MO
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	

Drug	Status	Notes
<i>progesterone micronized oral capsule 100 mg, (Prometrium) 200 mg</i>	Tier 1	MO
Immunization		
Antisera		
CUTAQUIG SUBCUTANEOUS SOLUTION 16.5 %	Tier 4	PA
CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 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 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 4	PA
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 4	PA
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 4	PA
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	

Drug	Status	Notes
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	
Influenza Virus Vaccines		
AFLURIA 2018-2019 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	Tier 3	
AFLURIA 2018-2019 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	Tier 3	
AFLURIA QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Tier 3	
AFLURIA QUAD 2018-2019 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	Tier 3	
FLUARIX QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Tier 3	
FLUBLOK QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	Tier 3	
FLUCELVAX QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Tier 3	
FLUCELVAX QUAD 2018-2019 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	Tier 3	

Drug	Status	Notes
FLULAVAL QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Tier 3	
FLULAVAL QUAD 2018-2019 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	Tier 3	
FLUZONE QUAD 2018-2019 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	Tier 3	
FLUZONE QUAD 2018-2019 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Tier 3	
FLUZONE QUAD 2018-2019 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	Tier 3	
FLUZONE QUAD PEDI 2018-19 (PF) INTRAMUSCULAR SYRINGE 30 MCG (7.5 MCG X 4)/0.25 ML	Tier 3	
Vaccine/Toxoid Preparations, Combinations		
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	Tier 3	QL (2 EA per 365 days); Age (Min 18 Years)
Viral/Tumorigenic Vaccines		
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	Tier 3	QL (2 ML per 365 days)
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	Tier 3	QL (2 ML per 365 days)
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	Tier 3	QL (2 EA per 365 days); Age (Min 50 Years)
SHINGRIX GE ANTIGEN COMPONENT INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG	Tier 3	QL (2 EA per 365 days); Age (Min 50 Years)
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	Tier 3	QL (2 ML per 365 days)
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	Tier 3	QL (2 ML per 365 days)
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	Tier 3	Age (Min 60 Years)
Immunosuppression/Modulation		
Immunomodulators		
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML	Tier 4	

Drug	Status	Notes
<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
<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 (dr/ec) 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

Drug	Status	Notes
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	
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 PER FILL)
<i>cefaclor oral suspension for reconstitution 375 mg/5 ml</i>	Tier 1	QL (100 ML per 1 PER 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	

Drug	Status	Notes
<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 PER FILL)
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	Tier 1	QL (200 ML per 1 PER FILL)
<i>cefpodoxime oral tablet 100 mg</i>	Tier 1	
<i>cefpodoxime oral tablet 200 mg</i>	Tier 1	QL (2 EA per 1 day)
SUPRAX ORAL CAPSULE 400 MG	Tier 3	QL (1 EA per 1 day)
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	Tier 3	QL (50 ML per 1 PER 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> (Urogesic-Blue)	Tier 1	
MONUROL ORAL PACKET 3 GRAM	Tier 2	
PHOSPHASAL ORAL TABLET 81.6-10.8-40.8 MG	Tier 2	
PRIMSOL ORAL SOLUTION 50 MG/5 ML	Tier 2	
<i>trimethoprim oral tablet 100 mg</i>	Tier 1	
TRIMPEX ORAL SOLUTION 50 MG/5 ML	Tier 2	
UR N-C ORAL TABLET 81.6-10.8-40.8 MG	Tier 1	
URELLE ORAL TABLET 81-10.8-40.8 MG	Tier 2	
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG	Tier 2	
URIBEL ORAL CAPSULE 118-10-40.8-36 MG	Tier 3	
URIMAR-T ORAL TABLET 120-0.12-10.8 MG	Tier 1	
URIN DS ORAL TABLET 81.6-10.8-40.8 MG	Tier 2	
URO-458 ORAL TABLET 81-10.8-40.8 MG	Tier 1	

Drug	Status	Notes
UROGESIC-BLUE ORAL TABLET 81.6-40.8-0.12 MG	Tier 1	
URO-MP ORAL CAPSULE 118-10-40.8-36 MG	Tier 1	
URYL ORAL TABLET 81.6-40.8-0.12 MG	Tier 3	
USTELL ORAL CAPSULE 120-0.12 MG	Tier 1	
UTIRA-C ORAL TABLET 81.6-10.8-40.8 MG	Tier 3	
VILAMIT MB ORAL CAPSULE 118-10-40.8-36 MG	Tier 1	
VILEVEV MB ORAL TABLET 81-10.8-40.8 MG	Tier 2	
Macrolides		
<i>azithromycin oral packet 1 gram</i> (Zithromax)	Tier 1	QL (3 EA per 1 PER FILL)
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Zithromax)	Tier 1	
<i>azithromycin oral tablet 250 mg, 500 mg</i> (Zithromax)	Tier 1	
<i>azithromycin oral tablet 600 mg</i>	Tier 1	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	QL (300 ML per 1 PER 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)
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML	Tier 3	QL (400 ML per 1 PER FILL); Age (Max 12 Years)
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) 333 MG	Tier 2	QL (6 EA per 1 day)
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 PER 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 PER FILL); Age (Max 12 Years)
<i>erythromycin ethylsuccinate oral tablet 400 mg</i> (E.E.S. 400)	Tier 1	QL (4 EA per 1 day)
<i>erythromycin oral capsule, delayed release(drlec) 250 mg</i>	Tier 1	QL (120 EA per 30 days)

Drug	Status	Notes
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)
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 PER 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)

Drug	Status	Notes
<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 PER 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	
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 PER FILL)
<i>ciprofloxacin (mixture) oral tablet, er multiphase 24 hr 1,000 mg</i> (Cipro XR)	Tier 1	QL (1 EA per 1 day)
<i>ciprofloxacin (mixture) oral tablet, er multiphase 24 hr 500 mg</i> (Cipro XR)	Tier 1	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 PER FILL)
FACTIVE ORAL TABLET 320 MG	Tier 3	QL (7 EA per 1 PER FILL)
<i>levofloxacin oral solution 250 mg/10 ml</i>	Tier 1	QL (300 ML per 1 PER FILL)
<i>levofloxacin oral tablet 250 mg</i>	Tier 1	QL (34 EA per 1 PER FILL)
<i>levofloxacin oral tablet 500 mg, 750 mg</i> (Levaquin)	Tier 1	QL (34 EA per 1 PER FILL)
<i>moxifloxacin oral tablet 400 mg</i> (Avelox)	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, 50 mg</i> (Mondoxyne NL)	Tier 1	
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i> (Vibramycin)	Tier 1	QL (240 ML per 1 PER FILL)
<i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)	Tier 1	

Drug	Status	Notes
<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, 50 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)
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
NOXAFIL ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG	Tier 3	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>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 PER FILL)
<i>griseofulvin microsize oral tablet 500 mg</i>	Tier 1	QL (2 EA per 1 day)

Drug	Status	Notes
<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	
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 (Tobi) 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
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	

Drug	Status	Notes
<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> (Cleocin Pediatric)	Tier 1	QL (800 ML per 1 PER FILL)
CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	Tier 1	QL (800 ML per 1 PER FILL)
Polymyxin And Derivatives		
<i>colistin (colistimethate na) injection recon soln 150 mg</i> (Coly-Mycin M Parenteral)	Tier 1	
Rifamycins And Related Derivative Antibiotics		
AEMCOLO ORAL TABLET,DELAYED RELEASE (DR/EC) 194 MG	Tier 3	ST: Prior prescription for Azithromycin, Cipro, Ciprofloxacin HCL, Ciprofloxacin, Ciprofloxacin/ciprofloxacin HCL, Levofloxacin, Ofloxacin, or Zmax in the past 130 days; QL (12 EA per 1 PER FILL)
XIFAXAN ORAL TABLET 200 MG	Tier 3	9 PER FILL; QL (3 EA per 1 PER FILL)
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 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

Drug	Status	Notes
Antimalarial Drugs		
ARAKODA ORAL TABLET 100 MG	Tier 3	ST: Prior prescription for Atovaquone/proguanil HCL, Hydroxychloroquine Sulfate, or Mefloquine HCL in the past 365 days
<i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone)	Tier 1	QL (4 EA per 1 day)
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric)	Tier 1	QL (3 EA per 1 day)
<i>chloroquine phosphate oral tablet 250 mg</i>	Tier 1	
<i>chloroquine phosphate oral tablet 500 mg</i>	Tier 1	QL (30 EA per 28 days)
COARTEM ORAL TABLET 20-120 MG	Tier 2	QL (24 EA per 3 days)
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 PER 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 PER FILL)
Infectious Disease - Viral		
Antiretroviral-Integrase Inhibitor And Nrti 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> (Zovirax)	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> (Zovirax)	Tier 1	

Drug	Status	Notes
<i>famciclovir oral tablet 125 mg, 500 mg</i>	Tier 1	QL (21 EA per 1 PER FILL)
<i>famciclovir oral tablet 250 mg</i>	Tier 1	QL (68 EA per 1 PER FILL)
<i>oseltamivir oral capsule 30 mg</i> (Tamiflu)	Tier 1	QL (40 EA per 183 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i> (Tamiflu)	Tier 1	QL (20 EA per 183 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu)	Tier 1	QL (360 ML per 183 days); Age (Max 12 Years)
PREVYMIS ORAL TABLET 240 MG, 480 MG	Tier 4	PA
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	Tier 2	20 PER FILL; QL (40 EA per 183 PER FILLs)
<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 PER 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		
CIMDUO ORAL TABLET 300-300 MG	Tier 2	QL (1 EA per 1 day)
DESCOVY ORAL TABLET 200-25 MG	Tier 2	QL (1 EA per 1 day)
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)

Drug	Status	Notes
Antivirals, Hiv-Specific, Ccr5 Co-Receptor Antag.		
SELZENTRY ORAL SOLUTION 20 MG/ML	Tier 2	PA
SELZENTRY ORAL TABLET 150 MG, 25 MG, 300 MG, 75 MG	Tier 2	PA
Antivirals, Hiv-Specific, 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> (Viramune XR)	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, 400 mg</i> (Videx EC)	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)

Drug	Status	Notes
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)
<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)

Drug	Status	Notes
Antivirals,Hiv-1 Integrase Strand Transfer Inhibtr		
ISENTRESS HD ORAL TABLET 600 MG	Tier 2	QL (2 EA per 1 day)
ISENTRESS ORAL POWDER IN PACKET 100 MG	Tier 2	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET 400 MG	Tier 2	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	Tier 2	QL (6 EA per 1 day)
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	Tier 2	PA
Artv Cmb Nucleoside,Nucleotide,&Non-Nucleoside Rti		
ATRIPLA ORAL TABLET 600-200-300 MG	Tier 2	QL (30 EA per 30 days)
COMPLERA ORAL TABLET 200-25-300 MG	Tier 2	PA
DELSTRIGO ORAL TABLET 100-300-300 MG	Tier 2	
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 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)

Drug	Status	Notes
<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)
Hepatitis C Treatment Agents		
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML	Tier 4	PA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Tier 4	PA
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	Tier 4	PA
REBETOL ORAL SOLUTION 40 MG/ML	Tier 2	Age (Max 12 Years)
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> (Moderiba)	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 4	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 4	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 4	ST: Prior prescription for Methotrexate Sodium, Methotrexate Sodium/pf, Rheumatrex, or Trexall in the past 130 days; QL (1 ML per 28 days)

Drug	Status	Notes
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 15 MG/0.3 ML	Tier 4	ST: Prior prescription for Methotrexate Sodium, Methotrexate Sodium/pf, Rheumatrex, or Trexall in the past 130 days; QL (1.2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 17.5 MG/0.35 ML	Tier 4	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 4	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 4	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 4	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 4	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 4	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

Drug	Status	Notes
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	Tier 4	PA
Anti-Inflammatory Tumor Necrosis Factor Inhibitor		
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	Tier 4	PA
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	Tier 4	PA
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	Tier 4	PA
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (0.98 ML)	Tier 4	PA
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	Tier 4	PA
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5ML (0.51), 50 MG/ML (0.98 ML)	Tier 4	PA
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (0.98 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

Drug	Status	Notes
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Tier 2	PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	Tier 4	PA
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML	Tier 4	PA; QL (0.5 ML per 30 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	Tier 4	PA; QL (0.5 ML per 30 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	Tier 4	PA; QL (0.5 ML per 30 days)
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		
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML	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)

Drug	Status	Notes
Glucocorticoids		
A-HYDROCORT INJECTION RECON SOLN 100 MG	Tier 1	
<i>betamethasone acet,sod phos injection suspension 6 mg/ml</i> (Celestone Soluspan)	Tier 1	
<i>budesonide oral capsule,delayed,extend.release 3 mg</i> (Entocort EC)	Tier 1	
<i>budesonide oral tablet,delayed and ext.release 9 mg</i> (Uceris)	Tier 1	ST: Prior prescription for Balsalazide Disodium in the past 130 days; QL (1 EA per 1 day)
<i>cortisone oral tablet 25 mg</i>	Tier 1	
DECADRON ORAL ELIXIR 0.5 MG/5 ML	Tier 1	
DECADRON ORAL TABLET 0.5 MG, 0.75 MG, 4 MG, 6 MG	Tier 1	
DELTASONE ORAL TABLET 20 MG	Tier 1	
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> (Decadron)	Tier 1	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	Tier 1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 4 mg, 6 mg</i> (Decadron)	Tier 1	
<i>dexamethasone oral tablet 1 mg, 1.5 mg, 2 mg</i>	Tier 1	
<i>dexamethasone sodium phos (pf) injection solution 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	
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</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	
P-CARE K80G KIT 40 MG/ML	Tier 3	
<i>prednisolone oral solution 15 mg/5 ml</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution 20 mg/5 ml (4 mg/ml)</i> (Veripred 20)	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, 5 mg, 50 mg</i>	Tier 1	
<i>prednisone oral tablet 20 mg</i> (Deltasone)	Tier 1	
<i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>	Tier 1	
SOLU-CORTEF (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML	Tier 2	
SOLU-CORTEF INJECTION RECON SOLN 100 MG	Tier 2	
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	
TRILOAN II SUIK KIT 40 MG/ML	Tier 3	
Gold Salts		
RIDAURA ORAL CAPSULE 3 MG	Tier 4	

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 2 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
Nsaid & Topical Irritant Counter-Irritant Comb.		
COMFORT PAC-IBUPROFEN KIT 800 MG	Tier 3	
COMFORT PAC-MELOXICAM KIT 15 MG	Tier 3	
COMFORT PAC-NAPROXEN KIT 500 MG	Tier 3	
Nsaids (Cox Non-Specific Inhib)& Prostaglandin Cmb		
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg</i> (Arthrotec 50)	Tier 1	

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

Drug	Status	Notes
<i>naproxen sodium oral tablet 550 mg</i> (Anaprox DS)	Tier 1	MO
<i>oxaprozin oral tablet 600 mg</i> (Daypro)	Tier 1	
<i>piroxicam oral capsule 10 mg, 20 mg</i> (Feldene)	Tier 1	
<i>sulindac oral tablet 150 mg, 200 mg</i>	Tier 1	
<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, 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, 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 PER 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 Inflam. 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 Inflam. 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 Disodium in the past 190 days; QL (6 EA per 1 day)
<i>mesalamine oral tablet,delayed release (dr/ec) 1.2 gram</i> (Lialda)	Tier 1	MO; ST: Prior prescription for Apriso or Balsalazide Disodium 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 Disodium, or Mesalamine in the past 190 days
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG	Tier 3	MO; ST: Prior prescription for Apriso, Balsalazide Disodium, or Mesalamine in the past 190 days
<i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)	Tier 1	MO
<i>sulfasalazine oral tablet,delayed release (dr/ec) 500 mg</i> (Azulfidine EN-tabs)	Tier 1	MO
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	
<i>lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %, 3-1 % (7 gram)</i>	Tier 1	QL (1 EA per 1 PER FILL)

Drug	Status	Notes
<i>lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %</i>	Tier 1	
<i>lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)</i>	Tier 1	
PROCORT RECTAL CREAM 1.85-1.15 %	Tier 3	
PROCTOFOAM HC RECTAL FOAM 1-1 %	Tier 2	
ZYPRAM RECTAL KIT, CREAM AND TOWELETTE 2.35-1 %	Tier 3	
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	
Rectal Preparations		
ANUCORT-HC RECTAL SUPPOSITORY 25 MG	Tier 1	
ANUSOL-HC RECTAL SUPPOSITORY 25 MG	Tier 2	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG, 30 MG	Tier 2	
<i>hydrocortisone acetate rectal suppository 25 mg</i> (Anucort-HC)	Tier 1	
<i>hydrocortisone acetate rectal suppository 30 mg</i> (Hemmorex-HC)	Tier 1	
PROTCORT 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	
UCERIS RECTAL FOAM 2 MG/ACTUATION	Tier 3	ST: Prior prescription for Mesalamine or Mesalamine w/cleansing Wipes in the past 130 days

Drug	Status	Notes
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)
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	

Drug	Status	Notes
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	
GIALAX ORAL KIT 17 GRAM/ SCOOP	Tier 3	
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 3350-electrolytes oral recon soln 240-22.72-6.72 -5.84 gram</i> (Colyte with Flavor Packs)	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
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

Drug	Status	Notes
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	
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	

Drug	Status	Notes
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	
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	

Drug	Status	Notes
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 TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 3	MO
CLEVER CHEK LANCETS 30 GAUGE	Tier 3	MO
COAGUCHEK LANCETS	Tier 3	MO
COLOR LANCETS 21 GAUGE	Tier 3	MO
COMFORT EZ LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE	Tier 3	MO
COMFORT LANCETS	Tier 3	MO
DROPLET LANCETS 30 GAUGE	Tier 3	MO
EASY COMFORT LANCETS 30 GAUGE	Tier 3	MO
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE	Tier 3	MO

Drug	Status	Notes
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
<i>lancets</i> (Accu-Chek Fastclix Lancet Drum)	Tier 3	MO
<i>lancets 21 gauge</i> (Assure Haemolance Plus)	Tier 3	MO
<i>lancets 26 gauge</i> (Advocate Lancet)	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

Drug	Status	Notes
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 SURESOFT LANCING DEV 28 GAUGE	Tier 2	MO
ONETOUCH ULTRASOFT LANCETS	Tier 2	MO
ON-THE-GO LANCETS 30 GAUGE	Tier 3	MO
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE	Tier 3	MO
PRO COMFORT LANCET 30 GAUGE, 31 GAUGE	Tier 3	MO
PRODIGY LANCETS 26 GAUGE, 28 GAUGE	Tier 2	MO
PRODIGY TWIST TOP LANCET 28 GAUGE	Tier 2	MO
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

Drug	Status	Notes
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
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

Drug	Status	Notes
ULTRA-CARE LANCETS 30 GAUGE	Tier 3	MO
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE	Tier 3	MO
ULTRA-THIN II LANCETS 28 GAUGE	Tier 3	MO
UNILET COMFORTOUCH LANCET , 26 GAUGE	Tier 3	MO
UNILET EXCELITE II LANCET	Tier 3	MO
UNILET EXCELITE LANCET	Tier 3	MO
UNILET GP LANCET	Tier 3	MO
UNILET LANCET 28 GAUGE	Tier 2	MO
UNILET LANCET 33 GAUGE	Tier 3	MO
UNILET LANCETS 30 GAUGE	Tier 2	MO
UNILET SUPER THIN LANCETS 30 GAUGE	Tier 2	MO
UNISTIK 3 COMFORT LANCET	Tier 2	MO
UNISTIK 3 EXTRA LANCET 21 GAUGE	Tier 3	MO
UNISTIK 3 GENTLE 30 GAUGE	Tier 3	MO
UNISTIK 3 LANCETS 21 GAUGE	Tier 2	MO
UNISTIK 3 NORMAL LANCET 23 GAUGE	Tier 2	MO
UNISTIK CZT LANCET 23 GAUGE, 28 GAUGE	Tier 2	MO
UNISTIK PRO LANCET 21 GAUGE, 25 GAUGE, 28 GAUGE	Tier 3	MO
UNISTIK SAFETY 28 GAUGE, 30 GAUGE	Tier 3	MO
UNISTIK TOUCH LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE	Tier 3	MO
UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE	Tier 3	MO
VIVAGUARD LANCET 30 GAUGE	Tier 3	MO
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	

Drug	Status	Notes
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
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

Drug	Status	Notes
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 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 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 0.5ML 30 GAUGE X 15/64"	Tier 2	MO
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 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 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	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

Drug	Status	Notes
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
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 syr/ndl u100 half mark syringe 0.3 ml 31 gauge x 1/4"</i> (UltiCare Insulin Syr Half Unit)	Tier 2	MO
INSULIN SYRINGE MICROFINE SYRINGE 1 ML 27 GAUGE X 5/8", 1/2 ML 28 GAUGE X 1/2"	Tier 2	MO
<i>insulin syringe needleless syringe 1 ml</i> (BD Insulin Syringe Slip Tip)	Tier 2	MO
INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 2	MO
<i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge</i> (Ultilet Insulin Syringe)	Tier 2	MO

Drug	Status	Notes
insulin syringe-needle u-100 syringe 0.3 ml 29 gauge x 1/2", 0.3 ml 30 gauge x 5/16", 0.3 ml 31 gauge x 5/16", 0.5 ml 29 gauge x 1/2", 0.5 ml 30 gauge x 5/16", 0.5 ml 31 gauge x 5/16", 1 ml 29 gauge x 1/2", 1 ml 30 gauge x 5/16, 1 ml 31 gauge x 5/16 (Advocate Syringes)	Tier 2	MO
insulin syringe-needle u-100 syringe 0.3 ml 30 (Ultra Comfort Insulin Syringe)	Tier 2	MO
insulin syringe-needle u-100 syringe 0.3 ml 30 gauge x 1/2", 0.5 ml 30 gauge x 1/2" (BD Insulin Syringe Ultra-Fine)	Tier 2	MO
insulin syringe-needle u-100 syringe 0.3 ml 31 gauge x 1/4", 1 ml 31 gauge x 1/4", 1/2 ml 31 gauge x 1/4" (Sure Comfort Insulin Syringe)	Tier 2	MO
insulin syringe-needle u-100 syringe 0.3 ml 31 gauge x 15/64", 1 ml 31 gauge x 15/64", 1/2 ml 31 gauge x 15/64" (BD Veo Insulin Syringe UF)	Tier 2	MO
insulin syringe-needle u-100 syringe 1 ml 28 gauge x 1/2" (BD Insulin Syringe)	Tier 2	MO
insulin syringe-needle u-100 syringe 1 ml 28 gauge, 1 ml 30 gauge x 7/16", 1/2 ml 28 gauge, 1/2 ml 29 , 1/2 ml 30 gauge (Lite Touch Insulin Syringe)	Tier 2	MO
insulin syringe-needle u-100 syringe 1 ml 29 gauge x 7/16"	Tier 2	MO
insulin syringe-needle u-100 syringe 1 ml 30 gauge x 1/2" (BD Eclipse Luer-Lok)	Tier 2	MO
insulin syringe-needle u-100 syringe 1 ml 30 gauge x 3/8" (Thinpro Insulin Syringe)	Tier 2	MO
insulin syringe-needle u-100 syringe 1/2 ml 28 gauge x 1/2" (BD Lo-Dose Micro-Fine IV)	Tier 2	MO
LITE TOUCH INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29 , 1/2 ML 30 GAUGE	Tier 2	MO
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.3 ML 29 X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"	Tier 2	MO

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

Drug	Status	Notes
SURE COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 1/4"	Tier 2	MO
SURE-JECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"	Tier 2	MO
TECHLITE INSULIN SYR HALF UNIT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16"	Tier 2	MO
TECHLITE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16"	Tier 2	MO
TERUMO INSULIN SYRINGE SYRINGE 0.3 ML 30 X 3/8", 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	Tier 2	MO
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

Drug	Status	Notes
TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 2	MO
TRUE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16	Tier 2	MO
TRUEPLUS INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	Tier 2	MO
ULTICARE INSULIN SYR HALF UNIT SYRINGE 0.3 ML 31 GAUGE X 1/4"	Tier 2	MO
ULTICARE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 1/4"	Tier 2	MO
ULTICARE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	Tier 2	MO
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

Drug	Status	Notes
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
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, 0.3 mg/0.3 ml</i> (Auvi-Q)	Tier 1	QL (4 EA per 1 PER FILL)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr)	Tier 1	QL (4 EA per 1 PER FILL)
EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	Tier 3	QL (4 EA per 1 PER FILL)
EPIPEN INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	Tier 3	QL (4 EA per 1 PER FILL)
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	Tier 3	QL (4 EA per 1 PER FILL)
EPIPEN JR INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	Tier 3	QL (4 EA per 1 PER FILL)

Drug	Status	Notes
SYMJEPI INJECTION SYRINGE 0.3 MG/0.3 ML	Tier 3	QL (4 EA per 1 PER FILL)
Miscellaneous Agents		
NEXAVIR INJECTION SOLUTION 25.5 MG/ML	Tier 3	
Parasympathetic Agents		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i> (Urecholine)	Tier 1	
<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, 5 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	

Drug	Status	Notes
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg (Temodar)	Tier 4	PA
Antiandrogenic Agents		
abiraterone oral tablet 250 mg (Zytiga)	Tier 4	PA
bicalutamide oral tablet 50 mg (Casodex)	Tier 1	
ERLEADA ORAL TABLET 60 MG	Tier 4	PA
flutamide oral capsule 125 mg	Tier 1	
nilutamide oral tablet 150 mg (Nilandron)	Tier 4	PA; QL (1 EA per 1 day)
XTANDI ORAL CAPSULE 40 MG	Tier 4	PA; QL (4 EA per 1 day)
YONSA ORAL TABLET 125 MG	Tier 4	PA
ZYTIGA ORAL TABLET 500 MG	Tier 4	PA
Antibiotic Antineoplastics		
bleomycin injection recon soln 15 unit, 30 unit	Tier 4	
Antimetabolites		
ADRUCIL INTRAVENOUS SOLUTION 500 MG/10 ML	Tier 1	
azacitidine injection recon soln 100 mg (Vidaza)	Tier 4	
capecitabine oral tablet 150 mg, 500 mg (Xeloda)	Tier 4	
floxuridine injection recon soln 0.5 gram	Tier 4	
fluorouracil intravenous solution 500 mg/10 ml (Adrucil)	Tier 1	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	Tier 4	PA
mercaptopurine oral tablet 50 mg	Tier 1	
methotrexate sodium (pf) injection recon soln 1 gram	Tier 1	
methotrexate sodium (pf) injection solution 25 mg/ml	Tier 1	
methotrexate sodium injection solution 25 mg/ml	Tier 1	
methotrexate sodium oral tablet 2.5 mg	Tier 1	
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	
Antineoplastic Aromatase Inhibitors		
anastrozole oral tablet 1 mg (Arimidex)	Tier 1	MO
exemestane oral tablet 25 mg (Aromasin)	Tier 1	MO; QL (1 EA per 1 day)
letrozole oral tablet 2.5 mg (Femara)	Tier 1	MO
Antineoplastic - Braf Kinase Inhibitors		
BRAFTOVI ORAL CAPSULE 50 MG, 75 MG	Tier 4	PA
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	Tier 4	PA; QL (120 EA per 30 days)

Drug	Status	Notes
ZELBORAF ORAL TABLET 240 MG	Tier 4	PA; QL (240 EA per 30 days)
Antineoplastic - Hedgehog Pathway Inhibitor		
DAURISMO ORAL TABLET 100 MG, 25 MG	Tier 4	PA
ERIVEDGE ORAL CAPSULE 150 MG	Tier 4	PA; QL (30 EA per 30 days)
ODOMZO ORAL CAPSULE 200 MG	Tier 4	PA
Antineoplastic - Janus Kinase (Jak) Inhibitors		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	Tier 4	PA; QL (2 EA per 1 day)
Antineoplastic - Mek1 And Mek2 Kinase Inhibitors		
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, 5 MG, 7.5 MG	Tier 4	PA; QL (1 EA per 1 day)
Antineoplastic - Topoisomerase I Inhibitors		
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	Tier 4	PA
<i>irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml</i> (Camptosar)	Tier 4	
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 PER FILL)

Drug	Status	Notes
Antineoplastic Lhrh(Gnrh) Antagonist,Pituit.Supprs		
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	Tier 4	QL (2 EA per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	Tier 4	QL (1 EA per 30 days)
FIRMAGON SUBCUTANEOUS RECON SOLN 120 MG	Tier 4	QL (2 EA per 365 days)
Antineoplastic Systemic Enzyme Inhibitors		
ALECENSA ORAL CAPSULE 150 MG	Tier 4	PA
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)
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 280 MG, 420 MG, 560 MG	Tier 4	PA

Drug	Status	Notes
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)
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), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	Tier 4	PA
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
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)
TAGRISO ORAL TABLET 40 MG, 80 MG	Tier 4	PA
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG	Tier 4	PA
TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG	Tier 4	PA; QL (30 EA per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	Tier 4	PA; QL (4 EA per 1 day)
TYKERB ORAL TABLET 250 MG	Tier 4	PA
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 4	PA
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	Tier 4	PA
VITRAKVI ORAL SOLUTION 20 MG/ML	Tier 4	PA
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	Tier 4	PA

Drug	Status	Notes
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 CAPSULE 150 MG	Tier 4	PA
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>retinoin (chemotherapy) oral capsule 10 mg</i>	Tier 4	PA
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

Drug	Status	Notes
<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 prescription for Glatiramer Acetate and Rebif in the past 130 days; QL (4 EA per 1 PER FILL)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	Tier 4	PA; QL (4 EA per 1 PER FILL)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	Tier 4	PA; QL (4 EA per 1 PER FILL)
BETASERON SUBCUTANEOUS KIT 0.3 MG	Tier 4	PA; QL (15 EA per 1 PER FILL)
BETASERON SUBCUTANEOUS RECON SOLN 0.3 MG	Tier 4	PA; QL (15 EA per 1 PER FILL)
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	Tier 4	PA; QL (15 EA per 1 PER FILL)
EXTAVIA SUBCUTANEOUS RECON SOLN 0.3 MG	Tier 4	PA; QL (15 EA per 1 PER 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)
<i>glatiramer subcutaneous syringe 20 mg/ml</i> (Copaxone)	Tier 4	PA; QL (30 ML per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i> (Copaxone)	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

Drug	Status	Notes
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 PER 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 PER FILL)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	Tier 4	PA; QL (4.2 ML per 1 PER FILL)
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	Tier 4	PA; QL (4.2 ML per 1 PER FILL)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 120 MG (14)- 240 MG (46), 240 MG	Tier 4	PA
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 PER FILL)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	Tier 2	MO; QL (55 EA per 1 PER FILL)

Drug	Status	Notes
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> (Paroex Oral Rinse)	Tier 1	
ORALONE DENTAL PASTE 0.1 %	Tier 1	
PAROEX ORAL RINSE MUCOUS MEMBRANE MOUTHWASH 0.12 %	Tier 1	
PERIOGARD MUCOUS MEMBRANE MOUTHWASH 0.12 %	Tier 1	
<i>triamcinolone acetonide dental paste 0.1 %</i> (Oralene)	Tier 1	
Nose Preparations, Miscellaneous (Rx)		
<i>ipratropium bromide nasal spray,non-aerosol 0.03 %</i>	Tier 1	MO; QL (60 ML per 1 PER FILL)
<i>ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)</i>	Tier 1	QL (30 ML per 1 PER 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	
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	

Drug	Status	Notes
<i>megestrol oral suspension 625 mg/5 ml</i>	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	
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	

Drug	Status	Notes
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		
CYSTADANE ORAL POWDER 1 GRAM/1.7 ML	Tier 4	
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	
<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	
EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG	Tier 4	PA
FERRIPROX ORAL SOLUTION 100 MG/ML	Tier 4	
FERRIPROX ORAL TABLET 500 MG	Tier 4	
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)	Tier 2	

Drug	Status	Notes
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> (Syprine)	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
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

Drug	Status	Notes
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
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"	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

Drug	Status	Notes
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 SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16"	Tier 2	MO
MICRODOT INSULIN PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Tier 2	MO
MINI ULTRA-THIN II NEEDLE 31 GAUGE X 3/16"	Tier 2	MO
NOVOFINE 32 NEEDLE 32 GAUGE X 1/4"	Tier 2	MO
NOVOFINE AUTOCOVER NEEDLE 30 GAUGE X 1/3"	Tier 2	MO
NOVOFINE PLUS NEEDLE 32 GAUGE X 1/6"	Tier 2	MO
NOVOTWIST NEEDLE 32 GAUGE X 1/5"	Tier 2	MO
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

Drug	Status	Notes
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
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
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
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

Drug	Status	Notes
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 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 NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Tier 2	MO
VERIFINE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 2	MO
Ointment/Cream Bases		
RADIAGEL TOPICAL GEL	Tier 3	
Oral Mucositis/Stomatitis Agents		
GELCLAIR MUCOUS MEMBRANE GEL IN PACKET	Tier 3	QL (225 ML per 1 PER FILL)
GELX MUCOUS MEMBRANE GEL	Tier 3	
MUGARD MUCOUS MEMBRANE SOLUTION	Tier 3	QL (480 ML per 1 PER 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	
Preservatives		
FORMA-RAY SOLUTION 20 %	Tier 2	
Saliva Stimulant Agents		
NUMOISYN MUCOUS MEMBRANE LOZENGE 0.3 GRAM	Tier 3	
Saliva Substitute Agents		
NUMOISYN MUCOUS MEMBRANE LIQUID	Tier 3	

Drug	Status	Notes
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	
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	
<i>propylene glycol (bulk) liquid 99.5 % (not less than, usp)</i>	Tier 2	
<i>sodium succinate powder</i>	Tier 2	
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		
BRIJ L4 LIQUID 100 %	Tier 3	
GELFILM IMPLANT FILM	Tier 3	
METHOCEL E 4 M POWDER	Tier 3	

Drug	Status	Notes
Topical Antiseptic Drying Agents		
FORMADON TOPICAL SOLUTION 10 %	Tier 1	
FORMADON TOPICAL SOLUTION WITH APPLICATOR 10 %	Tier 1	
<i>formaldehyde topical solution with applicator 10 %</i> (Formadon)	Tier 1	
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	
<i>sorbitol solution 70 %</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	
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)	Tier 4	PA
Lung Surfactants		
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5 ML, 240 MG/3 ML	Tier 3	
INFASURF INTRATRACHEAL SUSPENSION 35 MG/ML	Tier 3	

Drug	Status	Notes
SURFAXIN INTRATRACHEAL SUSPENSION 34 MG/ML	Tier 3	
SURVANTA INTRATRACHEAL SUSPENSION 25 MG/ML	Tier 3	
Mucolytics		
<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	
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	

Drug	Status	Notes
Analgesics, Narcotic Agonist And Nsaid Combination		
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg</i> (Ibudone)	Tier 1	
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	Tier 1	
<i>ibuprofen-oxycodone oral tablet 400-5 mg</i>	Tier 1	
XYLON 10 ORAL TABLET 10-200 MG	Tier 1	
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)
ASTRAMORPH-PF INJECTION SOLUTION 0.5 MG/ML, 1 MG/ML	Tier 1	
<i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i>	Tier 1	
BUPRENEX INJECTION SOLUTION 0.3 MG/ML	Tier 2	
<i>buprenorphine hcl injection solution 0.3 mg/ml</i> (Buprenex)	Tier 1	
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	Tier 1	
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i> (Butrans)	Tier 1	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 PER FILL)
<i>carisoprodol-asa-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

Drug	Status	Notes
<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	
<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> (Diskets)	Tier 1	
METHADOSE ORAL TABLET, SOLUBLE 40 MG	Tier 1	
<i>morphine (pf) injection solution 0.5 mg/ml</i> (Astramorph-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	

Drug	Status	Notes
<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 (MS Contin)</i>	Tier 1	QL (3 EA per 1 day)
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
<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 ER, Oxycontin, or Tramadol ER 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 (Roxicodone)</i>	Tier 1	
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg (OxyContin)</i>	Tier 1	QL (60 EA per 30 days)
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 80 mg (OxyContin)</i>	Tier 1	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	QL (60 EA per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG	Tier 2	QL (120 EA per 30 days)

Drug	Status	Notes
<i>oxymorphone oral tablet 10 mg, 5 mg</i> (Opana)	Tier 1	
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>oxymorphone oral tablet extended release 12 hr 30 mg, 40 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	Tier 1	
TALWIN INJECTION SOLUTION 30 MG/ML	Tier 2	
<i>tramadol oral tablet 50 mg</i> (Ultram)	Tier 1	Age (Min 12 Years)
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg</i>	Tier 1	QL (34 EA per 1 PER FILL); Age (Min 12 Years)
<i>tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg</i>	Tier 1	QL (34 EA per 1 PER FILL); 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)
<i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal)	Tier 1	ST: Prior prescription for 2 of the following in the past 365 days: Dihydroergotamine Mesylate, Ergomar, Ergotamine Tartrate/caffeine, Migergot, or Sumatriptan; QL (8 ML per 28 days)

Drug	Status	Notes
<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)
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 Symtouch, Zolmitriptan, or Zomig; QL (18 EA per 30 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i> (Amerge)	Tier 1	QL (18 EA per 30 days)
<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, 5 mg</i> (Maxalt-MLT)	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)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i> (Imitrex)	Tier 1	QL (18 EA per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Refill)	Tier 1	QL (2 ML per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Pen)	Tier 1	QL (2 ML per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i> (Imitrex)	Tier 1	QL (2 ML per 28 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	Tier 1	QL (4 ML per 28 days)

Drug	Status	Notes
SUMAVEL DOSEPRO SUBCUTANEOUS NEEDLE-FREE INJECTOR 4 MG/0.5 ML	Tier 3	ST: Prior prescription for Sumatriptan Succinate or Sumatriptan in the past 180 days; QL (2 ML per 28 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i> (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)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i> (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)
Narc. & Non-Sal. Analgesic, Barbiturate & Xanthine Cmb		
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	Tier 1	Age (Min 12 Years)

Drug	Status	Notes
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)
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</i>	Tier 1	
<i>hydrocodone-acetaminophen oral tablet 5-300 mg</i> (Vicodin)	Tier 1	
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i> (Lorcet (hydrocodone))	Tier 1	
<i>hydrocodone-acetaminophen oral tablet 7.5-300 mg</i> (Vicodin ES)	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	
LORTAB ELIXIR ORAL SOLUTION 10-300 MG/15 ML	Tier 3	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i> (Endocet)	Tier 1	
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i> (Ultracet)	Tier 1	QL (272 EA per 1 PER FILL); Age (Min 12 Years)
VICODIN ES ORAL TABLET 7.5-300 MG	Tier 1	

Drug	Status	Notes
VICODIN HP ORAL TABLET 10-300 MG	Tier 1	
VICODIN ORAL TABLET 5-300 MG	Tier 1	
Narcotic And Salicylate Analgesic Combination		
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	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
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	Tier 1	PA
<i>buprenorphine-naloxone sublingual film 12-3 mg</i> (Suboxone)	Tier 1	PA; QL (60 EA per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i> (Suboxone)	Tier 1	PA; QL (90 EA per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	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		
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	MO
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	Tier 1	MO
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	Tier 1	MO
Antiparkinsonism Drugs,Other		
<i>amantadine hcl oral capsule 100 mg</i>	Tier 1	MO
<i>amantadine hcl oral solution 50 mg/5 ml</i>	Tier 1	MO
<i>amantadine hcl oral tablet 100 mg</i>	Tier 1	MO
<i>bromocriptine oral capsule 5 mg</i> (Parlodel)	Tier 1	MO
<i>bromocriptine oral tablet 2.5 mg</i> (Parlodel)	Tier 1	MO
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i> (Sinemet)	Tier 1	MO
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i> (Sinemet CR)	Tier 1	MO
<i>carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 1	MO
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg</i> (Stalevo 50)	Tier 1	MO
<i>carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg</i> (Stalevo 75)	Tier 1	MO

Drug	Status	Notes
<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 Pramipexole Di-HCL or Ropinirole HCL in the past 130 days; QL (1 EA per 1 day)
<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, 4 mg, 6 mg, 8 mg</i>	Tier 1	MO; QL (1 EA per 1 day)
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	Tier 3	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
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 Sodiumm, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, 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 Sodiumm, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, 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, Stavzor, 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, Stavzor, 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, Stavzor, 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, Stavzor, 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
DEPAKENE ORAL CAPSULE 250 MG	Tier 2	MO

Drug	Status	Notes
DEPAKENE ORAL SOLUTION 250 MG/5 ML	Tier 2	MO
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	Tier 2	MO
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG	Tier 2	MO
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG	Tier 2	MO
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	Tier 4	PA
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	Tier 4	PA
DILANTIN EXTENDED ORAL CAPSULE 100 MG	Tier 2	MO
DILANTIN INFATABS ORAL TABLET, CHEWABLE 50 MG	Tier 2	MO
DILANTIN ORAL CAPSULE 30 MG	Tier 2	MO
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	Tier 2	MO
<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)

Drug	Status	Notes
<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)
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 Sodiumm, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, 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, Stavzor, 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, Stavzor, 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 Sodiumm, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide; QL (4 EA per 1 day)
GABITRIL ORAL TABLET 16 MG	Tier 3	MO; ST: Prior prescription for 2 of the following in the past 365 days: Carbamazepine, Divalproex Sodiumm, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, 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 Lamotrigine in the past 130 days; QL (3 EA per 1 day)

Drug	Status	Notes
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 200 MG	Tier 3	MO; ST: Prior prescription for Lamotrigine in the past 130 days; QL (2 EA per 1 day)
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 25 MG, 50 MG	Tier 3	MO; ST: Prior prescription for 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 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 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 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> (Lamictal)	Tier 1	MO
<i>lamotrigine oral tablet extended release 24hr 100 mg</i> (Lamictal XR)	Tier 1	MO; ST: Prior prescription for 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 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 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 Lamotrigine in the past 130 days; QL (3 EA per 1 day)

Drug	Status	Notes
<i>lamotrigine oral tablet, disintegrating 200 mg</i> (Lamictal ODT)	Tier 1	MO; ST: Prior prescription for Lamotrigine in the past 130 days; QL (2 EA per 1 day)
<i>lamotrigine oral tablet, disintegrating 25 mg, 50 mg</i> (Lamictal ODT)	Tier 1	MO; ST: Prior prescription for 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
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	Tier 2	MO; ST: Prior prescription for Fanatrex, Gabapentin, Gralise, or Neuraptine in the past 130 days
LYRICA ORAL SOLUTION 20 MG/ML	Tier 3	MO; ST: Prior prescription for Fanatrex, Gabapentin, Gralise, or Neuraptine in the past 130 days
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

Drug	Status	Notes
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek)	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
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, Stavzor, 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

Drug	Status	Notes
<i>tiagabine oral tablet 12 mg, 2 mg, 4 mg</i> (Gabitril)	Tier 1	MO; ST: Prior prescription for 2 of the following in the past 365 days: Carbamazepine, Divalproex Sodiumm, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide; QL (4 EA per 1 day)
<i>tiagabine oral tablet 16 mg</i> (Gabitril)	Tier 1	MO; ST: Prior prescription for 2 of the following in the past 365 days: Carbamazepine, Divalproex Sodiumm, Equetro, Fanatrex, Gabapentin, Gralise, Lamictal, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Stavzor, 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

Drug	Status	Notes
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</i> (Depakene)	Tier 1	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	Tier 1	MO
<i>valproic acid oral capsule 250 mg</i> (Depakene)	Tier 1	MO
<i>vigabatrin oral powder in packet 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, Stavzor, Tiagabine HCL, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide; QL (6 EA per 1 day); Age (Max 2 Years)

Drug	Status	Notes
<p><i>vigabatrin oral tablet 500 mg</i> (Sabril)</p>	Tier 4	<p>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, Stavzor, Tiagabine HCL, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide; QL (6 EA per 1 day); Age (Max 2 Years)</p>
<p>VIGADRONE ORAL POWDER IN PACKET 500 MG</p>	Tier 4	<p>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, Stavzor, Tiagabine HCL, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide; QL (6 EA per 1 day); Age (Max 2 Years)</p>

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, Stavzor, 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, Stavzor, 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, Stavzor, 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 Relax.& Top.Irritant Counter-Irritant		
COMFORT PAC-CYCLOBENZAPRINE KIT 10 MG	Tier 3	
COMFORT PAC-TIZANIDINE KIT 4 MG	Tier 3	
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 (90 EA per 30 days)
<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> (Robaxin)	Tier 1	
<i>methocarbamol oral tablet 750 mg</i> (Robaxin-750)	Tier 1	

Drug	Status	Notes
<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
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> (Zyban)	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	

Drug	Status	Notes
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	
Upper Gastrointestinal Disorders - Spastic Disease		
Anticholinergics/Antispasmodics		
BENTYL INTRAMUSCULAR SOLUTION 10 MG/ML	Tier 2	
<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 MG-0.1037 MG/5 ML (5 ML), 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> (Levsin)	Tier 1	MO
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i> (Levbid)	Tier 1	MO
<i>hyoscyamine sulfate oral tablet,disintegrating 0.125 mg</i> (Anaspaz)	Tier 1	MO
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i> (Levsin/SL)	Tier 1	MO
HYOSYNE ORAL DROPS 0.125 MG/ML	Tier 1	MO

Drug	Status	Notes
HYOSYNE ORAL ELIXIR 0.125 MG/5 ML	Tier 1	MO
LEVBID ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG	Tier 3	MO
LEVSIN ORAL TABLET 0.125 MG	Tier 2	MO
LEVSIN/SL SUBLINGUAL TABLET 0.125 MG	Tier 2	MO
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	Tier 1	
NULEV ORAL TABLET,DISINTEGRATING 0.125 MG	Tier 2	MO
OSCIMIN ORAL TABLET 0.125 MG	Tier 1	MO
OSCIMIN 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 16.2-0.1037 -0.0194 mg/5 ml</i> (Donnatal)	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 16.2-0.1037 -0.0194 mg</i> (Donnatal)	Tier 1	ST: Prior prescription for Bentyl, Dicyclomine HCL, Hyoscyamine Sulfate, Levsin, or Symax Duotab in the past 130 days; QL (240 EA per 30 days)
PHENOHTRO 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)
PHENOHTRO 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

Drug	Status	Notes
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 5-2.5 mg</i> (Librax (with clidinium))	Tier 1	
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		
CARAFATE ORAL SUSPENSION 100 MG/ML	Tier 2	MO
<i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)	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> (Zantac)	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)

Drug	Status	Notes
Proton-Pump Inhibitors		
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 10 MG, 5 MG	Tier 3	QL (30 EA per 30 days)
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(drlec) 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(drlec) 15 mg</i> (Heartburn Treatment 24 Hour)	Tier 1	
<i>lansoprazole oral capsule, delayed release(drlec) 30 mg</i> (Prevacid)	Tier 1	
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, 20 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 ORAL TABLET 100 MG	Tier 4	PA

Drug	Status	Notes
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	
<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

Drug	Status	Notes
<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 PER FILL)
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i> (Detrol LA)	Tier 1	MO
<i>tolterodine oral tablet 1 mg, 2 mg</i> (Detrol)	Tier 1	MO
<i>tropium oral capsule,extended release 24hr 60 mg</i>	Tier 1	ST: Prior prescription for Gelnique, Oxybutynin Chloride, Oxytrol, Tolterodine Tartrate, or Trosipium Chloride in the past 130 days
<i>tropium oral tablet 20 mg</i>	Tier 1	ST: Prior prescription for Gelnique, Oxybutynin Chloride, Oxytrol, Tolterodine Tartrate, or Trosipium 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> (Metrogel Vaginal)	Tier 1	
NUVESSA VAGINAL GEL 1.3 %	Tier 3	
VANDAZOLE VAGINAL GEL 0.75 %	Tier 3	
Vaginal Antifungals		
GYNAZOLE-1 VAGINAL CREAM 2 %	Tier 3	
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG	Tier 1	QL (3 EA per 1 PER FILL)
<i>terconazole vaginal cream 0.4 %</i>	Tier 1	QL (45 GM per 1 PER FILL)

Drug	Status	Notes
<i>terconazole vaginal cream 0.8 %</i>	Tier 1	QL (20 GM per 1 PER FILL)
<i>terconazole vaginal suppository 80 mg</i>	Tier 1	QL (3 EA per 1 PER 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)
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> (Vagifem)	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 fluorid), 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; G: Female only
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> (Ferrlecit)	Tier 1	

Drug	Status	Notes
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	
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	

Drug	Status	Notes
ELITE-OB 400 ORAL CAPSULE 35-5-1.2-400 MG	Tier 1	
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	
FOLET ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG	Tier 3	
FOLIVANE-OB ORAL CAPSULE 85-1 MG	Tier 1	
HEMENATAL OB + DHA ORAL COMBO PACK 28 MG IRON-6 MG IRON-1 MG	Tier 1	
HEMENATAL OB ORAL TABLET 28-6-1 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	

Drug	Status	Notes
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	
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 OB+DHA ORAL COMBO PACK 27-1-50-250 MG	Tier 3	
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	
PNV-VP-U ORAL CAPSULE 106.5-1 MG	Tier 1	
PR NATAL 400 EC ORAL COMBO PACK, TABLET AND CAP, DR 29-1-400 MG	Tier 1	
PR NATAL 400 ORAL COMBO PACK 29-1-400 MG	Tier 1	
PR NATAL 430 EC ORAL COMBO PACK, TABLET AND CAP, DR 29-1-430 MG	Tier 1	

Drug	Status	Notes
PR NATAL 430 ORAL COMBO PACK 29 MG IRON-1 MG -430 MG	Tier 1	
PREFERA-OB ONE ORAL CAPSULE 22-6-1-200 MG	Tier 3	
PREFERA-OB ORAL TABLET 28-6-1 MG	Tier 3	
PREFERA-OB PLUS DHA ORAL COMBO PACK 28 MG IRON-6 MG IRON-1 MG	Tier 3	
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	
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	

Drug	Status	Notes
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	
PRIMACARE ORAL CAPSULE 30-1-300 MG	Tier 3	
PROVIDA DHA ORAL CAPSULE 32-1.25-110 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 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	

Drug	Status	Notes
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	
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	
VINATE ONE ORAL TABLET 60 MG IRON-1 MG	Tier 1	
VINATE ULTRA ORAL TABLET 90-1-50 MG	Tier 1	
VIRT-ADVANCE ORAL TABLET 90-1-50 MG	Tier 1	
VIRT-C DHA ORAL CAPSULE 35-1-200 MG	Tier 1	
VIRT-NATE DHA ORAL CAPSULE 28 MG IRON-1 MG -200 MG	Tier 1	
VIRT-PN DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG	Tier 1	
VIRT-PN PLUS ORAL CAPSULE 28-1-300 MG	Tier 1	
VIRTPREX ORAL CAPSULE 26-1.2-55-300 MG	Tier 1	
VIRT-SELECT ORAL CAPSULE 29-1.25-55- 325 MG	Tier 1	
VIRT-VITE GT ORAL TABLET 90-1-50 MG	Tier 1	
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	

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

Drug	Status	Notes
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 50,000 unit</i> (Drisdol)	Tier 1	
VITAMIN D2 ORAL CAPSULE 50,000 UNIT	Tier 1	

Index

1ST TIER UNIFINE PENTIPS 192	ACCU-CHEK SOFTCLIX	ADVANCED TRAVEL LANCETS .. 168
1ST TIER UNIFINE PENTIPS	LANCETS 168	ADVOCATE BLOOD GLUCOSE
PLUS 192	ACCUTREND GLUCOSE 84	MONITOR 91
1ST TIER UNILET	ACCUTREND GLUCOSE	ADVOCATE CONTROL
COMFORTOUCH 168	CONTROL 90	SOLUTION HIGH 91
2TEK CONTROL (HIGH-NORMAL) 90	ACD SOLUTION A 127	ADVOCATE DUO 91
2TEK GLUCOSE/BLOOD	ACD-A 127	ADVOCATE DUO METER 91
PRESSURE 90	<i>acebutolol</i> 33	ADVOCATE LANCET 168
<i>abacavir</i> 149	<i>acetaminophen-caff-dihydrocod</i> ... 200	ADVOCATE LOW CONTROL 91
<i>abacavir-lamivudine</i> 148	<i>acetaminophen-codeine</i> 206	ADVOCATE PEN NEEDLE 192
<i>abacavir-lamivudine-zidovudine</i> ... 148	<i>acetazolamide</i> 123	ADVOCATE REDI-CODE 84
ABILIFY MAINTENA 20	<i>acetic acid</i> 65, 109	ADVOCATE REDI-CODE GLU
<i>abiraterone</i> 182	<i>acetylcysteine</i> 199	MONITOR 91
<i>acamprosate</i> 18	ACIPHEX SPRINKLE 228	ADVOCATE REDI-CODE PLUS
<i>acarbose</i> 75	<i>acitretin</i> 67	..... 84, 91
ACCU-CHEK AVIVA CONTROL	ACTEMRA 158	ADVOCATE REDI-CODE+ CTRL
SOLN 90	ACTEMRA ACTPEN 158	HIGH 91
ACCU-CHEK AVIVA PLUS METER 90	ACTICOAT 7 DRESSING 166	ADVOCATE REDI-CODE+ CTRL
ACCU-CHEK AVIVA PLUS TEST	ACTICOAT DRESSING 166	LOW 91
STRP 83	ACTICOAT FLEX 3 DRESSING ... 166	ADVOCATE SYRINGES 173
ACCU-CHEK COMPACT PLUS	ACTICOAT FLEX 7 DRESSING ... 166	ADVOCATE TEST STRIPS 84
CARE 90	ACTICOAT SURGICAL	AEMCOLO 146
ACCU-CHEK COMPACT PLUS	DRESSING 166	AEROSPAN 8
CONTROL 90	ACTI-LANCE LANCETS 168	AFEDITAB CR 36
ACCU-CHEK COMPACT PLUS	ACTOPLUS MET XR 83	AFINITOR 183
TEST 83	ACUVAIL (PF) 120	AFINITOR DISPERZ 183
ACCU-CHEK FASTCLIX LANCET	<i>acyclovir</i> 61, 147	AFIRMELLE 47
DRUM 168	<i>adapalene</i> 59	AFLURIA 2018-2019 136
ACCU-CHEK GUIDE 83	<i>adefovir</i> 151	AFLURIA 2018-2019 (PF) 136
ACCU-CHEK GUIDE GLUCOSE	ADEMPAS 38	AFLURIA QUAD 2018-2019 136
METER 90	<i>adenosine</i> 28	AFLURIA QUAD 2018-2019 (PF) .. 136
ACCU-CHEK GUIDE L1-L2 CTRL	ADLYXIN 71	AFREZZA 106, 107
SOL 90	ADMELOG SOLOSTAR U-100	AGAMATRIX AMP GLUC
ACCU-CHEK GUIDE ME	INSULIN 106	MONITOR SYS 91
GLUCOSE MTR 90	ADMELOG U-100 INSULIN	AGAMATRIX AMP TEST STRIPS .. 84
ACCU-CHEK MULTICLIX LANCET	LISPRO 106	AGAMATRIX CONTROL HIGH 91
..... 168	ADRENALIN 28, 57	AGAMATRIX CONTROL NORM-HI 91
ACCU-CHEK NANO 90	ADRUCIL 182	A-HYDROCORT 156
ACCU-CHEK SAFE-T-PRO 168	ADULT ASPIRIN REGIMEN 129	AK-POLY-BAC 122
ACCU-CHEK SAFE-T-PRO PLUS 168	ADULT LOW DOSE ASPIRIN 129	AKYNZEO (NETUPITANT) 4
ACCU-CHEK SMARTVIEW	ADVAIR DISKUS 7	<i>albendazole</i> 146
CONTRL SOL 90	ADVAIR HFA 7	<i>albuterol sulfate</i> 6
ACCU-CHEK SMARTVIEW TEST	ADVANCED GLUC METER TEST	ALCAINE 121
STRIP 84	STRIP 84	<i>alclometasone</i> 62
	ADVANCED GLUCOSE METER 91	ALCOHOL, RUBBING 197

ALDACTAZIDE.....	37	<i>amiloride-hydrochlorothiazide</i>	38	ARCAPTA NEOHALER.....	6
ALECENSA.....	184	<i>aminocaproic acid</i>	126	ARIKAYCE.....	145
<i>alendronate</i>	114	<i>amiodarone</i>	28	<i>aripiprazole</i>	20, 21
ALFERON N.....	137	AMITIZA.....	164	<i>armodafinil</i>	25
<i>alfuzosin</i>	228	<i>amitriptyline</i>	16	ARMOUR THYROID.....	117
ALINIA.....	147	<i>amitriptyline-chlordiazepoxide</i>	16	ARNUIITY ELLIPTA.....	8
<i>aliskiren</i>	39	<i>amlodipine</i>	36	ASCOMP WITH CODEINE.....	206
ALLEVYN.....	166	<i>amlodipine-atorvastatin</i>	45	<i>ascorbic acid (vitamin c)</i>	239
ALLEVYN ADHESIVE DRESSING		<i>amlodipine-benazepril</i>	29	ASHLYNA.....	47
.....	166	<i>amlodipine-olmesartan</i>	31	ASMANEX HFA.....	8
ALLEVYN AG.....	166	<i>amlodipine-valsartan</i>	31	ASMANEX TWISTHALER.....	9
ALLEVYN AG ADHESIVE.....	166	<i>amlodipine-valsartan-hcthiazid</i>	30	ASPIR-81.....	129
ALLEVYN AG GENTLE		AMNESTEEM.....	58	<i>aspirin</i>	130
DRESSING.....	166	<i>amoxapine</i>	16	ASPIRIN CHILDRENS.....	129
ALLEVYN HEEL.....	166	<i>amoxicillin</i>	142	ASPIRIN LOW DOSE.....	130
ALLEVYN LIFE DRESSING.....	166	<i>amoxicillin-pot clavulanate</i>	142	<i>aspirin-dipyridamole</i>	130
<i>allopurinol</i>	126	<i>ampicillin</i>	143	ASPIR-LOW.....	130
<i>almotriptan malate</i>	203	<i>amyl nitrite</i>	45	ASSURE 4 CONTROL SOLUTION.....	91
ALOCRIL.....	123	ANACAINE.....	67	ASSURE 4 STRIPS.....	84
<i>alogliptin</i>	76	ANADROL-50.....	131	ASSURE DOSE NORMAL	
<i>alogliptin-metformin</i>	70	<i>anagrelide</i>	130	CONTROL.....	91
<i>alogliptin-pioglitazone</i>	71	ANA-LEX KIT.....	162	ASSURE DOSE NORM-HI	
ALOMIDE.....	123	ANALPRAM-HC.....	66	CONTROL.....	91
ALORA.....	133	ANASPAZ.....	225	ASSURE HAEMOLANCE PLUS... ..	168
<i>alosetron</i>	164	<i>anastrozole</i>	182	ASSURE ID INSULIN SAFETY.....	173
ALPHAGAN P.....	123	ANDRODERM.....	131	ASSURE ID PEN NEEDLE.....	192
<i>alprazolam</i>	18	ANGELIQ.....	132	ASSURE LANCE.....	168
ALPRAZOLAM INTENSOL.....	18	ANORO ELLIPTA.....	7	ASSURE LANCE PLUS.....	168
<i>alprostadil</i>	39	<i>anticoag citrate phos dextrose</i>	127	ASSURE PLATINUM.....	84, 91
ALTACAINE.....	121	ANUCORT-HC.....	163	ASSURE PRISM CONTROL 1-2	
ALTAFLUOR BENOX.....	121	ANUSOL-HC.....	163	SOLN.....	91
ALTAVERA (28).....	47	APEXICON E.....	62	ASSURE PRISM MULTI METER.....	91
ALTERNATE SITE LANCET.....	168	APIDRA SOLOSTAR U-100		ASSURE PRISM MULTI STRIP.....	84
ALUNBRIG.....	184	INSULIN.....	107	ASTAGRAF XL.....	138
ALVESCO.....	8	APIDRA U-100 INSULIN.....	107	ASTRAMORPH-PF.....	200
ALYACEN 1/35 (28).....	47	<i>apraclonidine</i>	123	<i>atazanavir</i>	150
ALYACEN 7/7/7 (28).....	47	<i>aprepitant</i>	4	<i>atenolol</i>	33
ALYQ.....	38	APRI.....	47	<i>atenolol-chlorthalidone</i>	35
AMABELZ.....	133	APRISO.....	162	<i>atomoxetine</i>	28
<i>amantadine hcl</i>	207	APTENSIO XR.....	26	<i>atorvastatin</i>	40
<i>ambrisentan</i>	38	APTIOM.....	210	<i>atovaquone</i>	147
<i>amcinonide</i>	62	APTIVUS.....	148	<i>atovaquone-proguanil</i>	147
AMETHIA.....	47	AQUA GLYCOLIC HC.....	62	ATRIPLA.....	151
AMETHIA LO.....	47	AQUASOL A.....	238	ATROPEN.....	192
AMETHYST (28).....	47	ARAKODA.....	147	<i>atropine</i>	125
AMICAR.....	126	ARALAST NP.....	181	ATROVENT HFA.....	5
AMIELLE VAGINAL TRAINER.....	168	ARANELLE (28).....	47	AUBAGIO.....	187
<i>amikacin</i>	145	ARANESP (IN POLYSORBATE)..	127	AUBRA.....	47
<i>amiloride</i>	37	ARCALYST.....	153	AUBRA EQ.....	47

AUGMENTIN.....	143	BD INSULIN SYRINGE MICRO-FINE.....	173	<i>benztropine</i>	207
AUROVELA 1.5/30 (21).....	47	BD INSULIN SYRINGE SAFETY-LOK.....	173	BERINERT.....	155
AUROVELA 1/20 (21).....	47	BD INSULIN SYRINGE SLIP TIP.....	173	BETADINE OPHTHALMIC PREP.....	119
AUROVELA 24 FE.....	47	BD INSULIN SYRINGE U-500.....	173	<i>betamethasone acet,sod phos</i>	156
AUROVELA FE 1.5/30 (28).....	47	BD INSULIN SYRINGE ULTRA-FINE.....	173	<i>betamethasone dipropionate</i>	62
AUROVELA FE 1-20 (28).....	47	BD INSYTE AUTOGUARD.....	172	<i>betamethasone valerate</i>	62
AURYXIA.....	110	BD LO-DOSE MICRO-FINE IV.....	173	<i>betamethasone, augmented</i>	62
AUSTEDO.....	189	BD LO-DOSE ULTRA-FINE.....	173	BETASERON.....	187
AUVI-Q.....	180	BD MICROTAINER LANCET.....	168	<i>betaxolol</i>	33, 123
AVANDIA.....	77	BD NANO 2ND GEN PEN NEEDLE.....	192	<i>bethanechol chloride</i>	181
AVC VAGINAL.....	231	BD POSIFLUSH NORMAL SALINE 0.9.....	112	BETIMOL.....	123
AVIANE.....	47	BD PRE-FILLED NORMAL SALINE.....	112	BETOPTIC S.....	123
AVITA.....	59	BD PRE-FILLED SALINE BLUNT CAN.....	112	BEVESPI AEROSPHERE.....	7
AVO CREAM.....	65	BD SAFETYGLIDE INSULIN SYRINGE.....	173	BEVYXXA.....	127
AVONEX.....	187	BD SAFETYGLIDE SYRINGE.....	173	<i>bexarotene</i>	187
AVONEX (WITH ALBUMIN).....	187	BD SAF-T-INTIMA.....	172	<i>bicalutamide</i>	182
AYUNA.....	47	BD ULTRA FINE LANCETS.....	168	BIDIL.....	39
<i>azacitidine</i>	182	BD ULTRA-FINE II LANCETS.....	168	BIJUVA.....	132
AZASAN.....	138	BD ULTRA-FINE MICRO PEN NEEDLE.....	192	BIKTARVY.....	151
AZASITE.....	122	BD ULTRA-FINE MINI PEN NEEDLE.....	192	<i>bimatoprost</i>	123
<i>azathioprine</i>	138	BD ULTRA-FINE NANO PEN NEEDLE.....	192	BIONIME RIGHTEST GM300 SYSTEM.....	91
<i>azelaic acid</i>	58	BD ULTRA-FINE ORIG PEN NEEDLE.....	192	BIONIME RIGHTEST TEST STRIPS.....	84
<i>azelastine</i>	3, 119	BD ULTRA-FINE SHORT PEN NEEDLE.....	192	BIOSTEP.....	166
<i>azithromycin</i>	141	BD VEO INSULIN SYR HALF UNIT.....	174	BIOSTEP AG.....	166
AZOPT.....	123	BD VEO INSULIN SYRINGE UF.....	174	<i>bisoprolol fumarate</i>	33
AZURETTE (28).....	47	BEKYREE (28).....	47	<i>bisoprolol-hydrochlorothiazide</i>	36
B COMPLEX 100.....	238	<i>belladonna alkaloids-opium</i>	200	<i>bleomycin</i>	182
BACIIM.....	58	BELSOMRA.....	26	BLEPH-10.....	121
<i>bacitracin</i>	58, 122	<i>benazepril</i>	31	BLEPHAMIDE.....	121
<i>bacitracin-polymyxin b</i>	122	<i>benazepril-hydrochlorothiazide</i>	29	BLEPHAMIDE S.O.P.....	121
<i>baclofen</i>	223	BENICAR.....	32	BLISOVI 24 FE.....	48
BAL IN OIL.....	191	BENLYSTA.....	158	BLISOVI FE 1.5/30 (28).....	48
BAL-CARE DHA.....	232	BENTYL.....	225	BLISOVI FE 1/20 (28).....	48
BAL-CARE DHA ESSENTIAL.....	232	<i>benznidazole</i>	147	<i>blood glucose contrl hi,normal</i>	91
BALCOLTRA.....	47	<i>benzonatate</i>	55	<i>blood glucose control, normal</i>	92
<i>balsalazide</i>	162			<i>blood glucose ctl high,nml,low</i>	92
BALVERSA.....	184			BLOOD GLUCOSE MONITORING.....	92
BALZIVA (28).....	47			BLOOD GLUCOSE TEST.....	84
BANZEL.....	210, 211			<i>blood-glucose meter</i>	92
BARACLUDE.....	151			<i>bosentan</i>	38
BASAGLAR KWIKPEN U-100 INSULIN.....	107			BOSULIF.....	184
BAXDELA.....	143			BRAFTOVI.....	182
BD AUTOSHIELD DUO PEN NEEDLE.....	192			BRAVELLE.....	112
BD ECLIPSE LUER-LOK.....	173			BREEZE 2 CONTROL SOLUTION, LOW.....	92
BD INSULIN SYRINGE.....	173			BREEZE 2 CONTROL SOLUTION, NML.....	92
BD INSULIN SYRINGE HALF UNIT.....	173				

BREEZE 2 CONTROL SOLUTION,HIGH.....	92	<i>calcium acetate</i>	110	<i>carvedilol</i>	29
BREEZE 2 TEST STRIPS.....	84	CALCIUM PNV.....	232	<i>carvedilol phosphate</i>	29
BREO ELLIPTA.....	8	CALQUENCE.....	184	CAYSTON.....	139
BREVICON (28).....	48	CAMILA.....	48	CAZANT (28).....	48
BRIELLYN.....	48	CAMRESE.....	48	<i>cefaclor</i>	139
BRIJ L4.....	197	CAMRESE LO.....	48	<i>cefadroxil</i>	139
BRILINTA.....	130	<i>candesartan</i>	32	<i>cefdinir</i>	140
<i>brimonidine</i>	123	<i>candesartan-hydrochlorothiazid</i>	30	<i>cefditoren pivoxil</i>	140
<i>brimonidine-dorzolamide (pf)</i>	123	CANDIN.....	189	<i>cefixime</i>	140
BRIVIACT.....	211	CAPCOF.....	55	<i>cefpodoxime</i>	140
BROMFED DM.....	57	<i>capecitabine</i>	182	<i>cefprozil</i>	139, 140
<i>bromfenac</i>	120	CAPEX.....	62	<i>cefuroxime axetil</i>	140
<i>bromocriptine</i>	207	CAPRELSA.....	184	<i>celecoxib</i>	159
<i>brompheniramine-pseudoeph-dm</i> ... 57		CAPSFENAC PAK.....	64	CELLCEPT.....	138
BROVANA.....	7	<i>captopril</i>	31	<i>cellulose (bulk)</i>	196
<i>budesonide</i>	9, 156	<i>captopril-hydrochlorothiazide</i>	29	CELONTIN.....	211
BULLSEYE MINI SAFETY LANCETS.....	168	CARAFATE.....	227	<i>cephalexin</i>	139
<i>bumetanide</i>	37	CARBAGLU.....	164	CEQUA.....	122
BUNAVAIL.....	207	<i>carbamazepine</i>	211	CERDELGA.....	190
BUPRENEX.....	200	CARBATROL.....	211	CERVIDIL.....	54
<i>buprenorphine</i>	200	<i>carbidopa</i>	209	CESAMET.....	4
<i>buprenorphine hcl</i>	200, 207	<i>carbidopa-levodopa</i>	207	CETACAINE.....	67
<i>buprenorphine-naloxone</i>	207	<i>carbidopa-levodopa-entacapone</i>	207, 208	CETACAINE ANESTHETIC.....	67
<i>bupropion hcl</i>	12	<i>carbinoxamine maleate</i>	3	CETROTIDE.....	116
<i>bupropion hcl (smoking deter)</i>	224	CARDURA XL.....	30	CHANTIX.....	224
<i>bupirone</i>	19	CAREFINE PEN NEEDLE.....	193	CHANTIX CONTINUING MONTH BOX.....	224
BUTALBITAL COMPOUND W/CODEINE.....	206	CAREONE THIN LANCET.....	168	CHANTIX STARTING MONTH BOX.....	224
<i>butalbital-acetaminop-caf-cod</i>	205	CAREONE ULTRA THIN LANCET.....	168	CHATEAL (28).....	48
<i>butalbital-acetaminophen</i>	199	CARESENS CONTROL A AND B... 92		CHATEAL EQ (28).....	48
<i>butalbital-acetaminophen-caff</i>	199	CARESENS CONTROL A NORMAL.....	92	CHEMET.....	191
<i>butalbital-aspirin-caffeine</i>	199	CARESENS LANCETS.....	168	CHERATUSSIN AC.....	57
BUTISOL.....	25	CARESENS N.....	92	CHILDREN'S ASPIRIN.....	130
<i>butorphanol tartrate</i>	200	CARESENS N TEST STRIPS.....	84	<i>chlordiazepoxide hcl</i>	18
BYDUREON.....	72	CARESENS N VOICE.....	92	<i>chlordiazepoxide-clidinium</i>	227
BYDUREON BCISE.....	71	CARETOUCH GLUCOSE MONITORING.....	92	<i>chlorhexidine gluconate</i>	189
BYETTA.....	72	CARETOUCH INSULIN SYRINGE.....	174	<i>chloroquine phosphate</i>	147
BYSTOLIC.....	33	CARETOUCH PEN NEEDLE.....	193	<i>chlorothiazide</i>	39
<i>cabergoline</i>	117	CARETOUCH TEST STRIP.....	84	<i>chlorpromazine</i>	25
CABOMETYX.....	184	CARETOUCH TWIST LANCET ...	168	<i>chlorpropamide</i>	76
CADEAU DHA.....	232	<i>carisoprodol</i>	223	<i>chlorthalidone</i>	39
<i>caffeine citrate</i>	10	<i>carisoprodol-asa-codeine</i>	200	<i>chlorzoxazone</i>	223
<i>calcipotriene</i>	68	<i>carisoprodol-aspirin</i>	223	CHOICE DM CLARUS NORM CONTROL.....	92
<i>calcipotriene-betamethasone</i>	69	<i>carteolol</i>	123	CHOICEDM CLARUS.....	84, 92
<i>calcitonin (salmon)</i>	114	CARTIA XT.....	36	<i>cholestyramine (with sugar)</i>	43
CALCITRENE.....	68			CHOLESTYRAMINE LIGHT.....	43
<i>calcitriol</i>	68, 239			<i>choline,magnesium salicylate</i>	199

<i>chorionic gonadotropin, human</i>	113	CLEVER CHOICE LEVEL 2	93	COLY-MYCIN S.....	110
CICLODAN KIT.....	60	CONTROL.....	93	COMBIGAN.....	123
<i>ciclopirox</i>	60	CLEVER CHOICE LEVEL 3		COMBIPATCH.....	133
<i>ciclopirox-ure-camph-menth-euc</i>	60	CONTROL.....	93	COMBIVENT RESPIMAT.....	7
<i>cilostazol</i>	130	CLEVER CHOICE MICRO.....	93	COMETRIQ.....	184
CILOXAN.....	122	CLEVER CHOICE MICRO TEST		COMFORT EZ INSULIN SYRINGE	
CIMDUO.....	148	STRIP.....	84	.....	174
<i>cimetidine</i>	227	CLEVER CHOICE PRO.....	84, 93	COMFORT EZ LANCETS.....	168
<i>cimetidine hcl</i>	227	CLEVER CHOICE TALK		COMFORT EZ PEN NEEDLES....	193
CIMZIA.....	154	GLUCOSE SYS.....	93	COMFORT LANCETS.....	168
CIMZIA POWDER FOR RECONST		CLEVER CHOICE TALK TEST.....	84	COMFORT PAC-	
.....	154	CLEVER CHOICE TEST STRIPS...84		CYCLOBENZAPRINE.....	223
CIMZIA STARTER KIT.....	154	CLEVER CHOICE VOICE+ TEST..84		COMFORT PAC-IBUPROFEN.....	158
<i>cinacalcet</i>	115	CLICKFINE PEN NEEDLE.....	193	COMFORT PAC-MELOXICAM.....	158
CINRYZE.....	155	CLIMARA PRO.....	133	COMFORT PAC-NAPROXEN.....	158
CIPRO.....	143	<i>clindamycin hcl</i>	145, 146	COMFORT PAC-TIZANIDINE.....	223
CIPRO HC.....	110	<i>clindamycin palmitate hcl</i>	146	COMPLERA.....	151
CIPRODEX.....	110	CLINDAMYCIN PEDIATRIC.....	146	COMPLETE NATAL DHA.....	232
<i>ciprofloxacin</i>	143	<i>clindamycin phosphate</i>	59, 230	COMPLETENATE.....	232
<i>ciprofloxacin (mixture)</i>	143	<i>clindamycin-benzoyl peroxide</i>	58	COMPRO.....	4
<i>ciprofloxacin hcl</i>	110, 122, 143	CLINDESSE.....	230	CONCEPT DHA.....	232
<i>citalopram</i>	12	<i>clobazam</i>	209	CONCEPT OB.....	232
CITRANATAL (DUAL-IRON).....	232	<i>clobetasol</i>	62	CONDYLOX.....	65
CITRANATAL 90 DHA (ALGAL		<i>clobetasol-emollient</i>	62	CONSTULOSE.....	165
OIL).....	232	CLODAN KIT.....	63	CONTOUR CONTROL	
CITRANATAL ASSURE.....	232	<i>clomiphene citrate</i>	112	SOLUTION, HIGH.....	93
CITRANATAL B-CALM (FE GLUC)		<i>clomipramine</i>	16	CONTOUR CONTROL	
.....	232	<i>clonazepam</i>	209	SOLUTION, LOW.....	93
CITRANATAL DHA (ALGAL OIL).....	232	<i>clonidine</i>	33	CONTOUR CONTROL	
CITRANATAL HARMONY (IRON		<i>clonidine (pf)</i>	200	SOLUTION, NML.....	93
FUM).....	232	<i>clonidine hcl</i>	26, 32	CONTOUR LINK.....	93
<i>citric acid (bulk)</i>	198	<i>clopidogrel</i>	130	CONTOUR METER.....	93
CLARAVIS.....	58	<i>clorazepate dipotassium</i>	18	CONTOUR NEXT EZ METER.....	93
<i>clarithromycin</i>	141	<i>clotrimazole</i>	144	CONTOUR NEXT LEV 1	
CLEANSING WASH.....	61	<i>clotrimazole-betamethasone</i>	60	CONTROL SOL.....	93
<i>clemastine</i>	3	<i>clozapine</i>	21	CONTOUR NEXT LEV 2	
CLENPIQ.....	164	C-NATE DHA.....	232	CONTROL SOL.....	93
CLEOCIN.....	230	COAGUCHEK LANCETS.....	168	CONTOUR NEXT LINK.....	93
CLEVER CHEK BLOOD		COARTEM.....	147	CONTOUR NEXT LINK 2.4.....	93
GLUCOSE.....	92	<i>codeine sulfate</i>	200	CONTOUR NEXT METER.....	93
CLEVER CHEK BLOOD		<i>codeine-guaifenesin</i>	57	CONTOUR NEXT ONE METER....	93
GLUCOSE SYST.....	92	CODITUSSIN AC.....	57	CONTOUR NEXT TEST STRIPS...85	
CLEVER CHEK LANCETS.....	168	CODITUSSIN DAC.....	56	CONTOUR TEST STRIPS.....	85
CLEVER CHOICE BLOOD GLUC		<i>colchicine</i>	126	CONTROL AST MONITORING	
SYS.....	92	<i>colesevelam</i>	43	SYSTEM.....	93
CLEVER CHOICE GLUCOSE		COLESTID FLAVORED.....	43	COOL BLOOD GLUCOSE METER	
MONITOR.....	92	<i>colestipol</i>	43	.....	93, 94
CLEVER CHOICE LEVEL 1		<i>colistin (colistimethate na)</i>	146	COOL CONTROL A SOLUTION.....	94
CONTROL.....	92	COLOR LANCETS.....	168	COOL CONTROL B SOLUTION.....	94

COOL GLUCOSE TEST STRIP	85	CYSTAGON	228	<i>desogestrel-ethinyl estradiol</i>	48
COPIKTRA	184	CYSTARAN	125	<i>desoximetasone</i>	63
CORDRAN TAPE LARGE ROLL	63	CYTOMEL	117	<i>desvenlafaxine</i>	14
CORLANOR	45	CYTRA K CRYSTALS	229	<i>desvenlafaxine succinate</i>	14
CORMAX	63	<i>d5 % and 0.9 % sodium chloride</i>	126	<i>dexamethasone</i>	156
CORTANE-B	109	<i>dalfampridine</i>	188	DEXAMETHASONE INTENSOL ...	156
CORTIFOAM	163	DALIRESP	10	<i>dexamethasone sodium phos (pf)</i> ..	156
<i>cortisone</i>	156	<i>danazol</i>	117	<i>dexamethasone sodium phosphate</i>	120, 156
CORTISPORIN-TC	110	<i>dantrolene</i>	223	DEXCOM G4 RECEIVER	94
COSENTYX	67	<i>dapsone</i>	145	DEXCOM G4 RECEIVER	PEDIATRIC
COSENTYX (2 SYRINGES)	67	DARAPRIM	147	DEXCOM G4 RECEIVER-SHARE	(PED)
COSENTYX PEN	67	<i>darifenacin</i>	229	DEXCOM G4 RECEIVER-SHARE	KIT
COSENTYX PEN (2 PENS)	67	DARIO BLOOD GLUCOSE		DEXCOM G4 TRANSMITTER	94
COSOPT	123	MONITOR	94	DEXCOM G5 RECEIVER	94
COTELLIC	183	DARIO BLOOD GLUCOSE TEST		DEXCOM G5 TRANSMITTER	94
COUMADIN	126	STRIP	85	DEXCOM G5-G4 SENSOR	94
COVARYX	132	DASETTE 1/35 (28)	48	DEXCOM G6 RECEIVER	94
COVARYX H.S.	132	DASETTE 7/7/7 (28)	48	DEXCOM G6 SENSOR	94
CREON	224	DAURISMO	183	DEXCOM G6 TRANSMITTER	94
CRESEMBA	144	DAYSEE	48	DEXCOM RECEIVER	94
CRINONE	113, 134	DAYTRANA	27	DEXILANT	228
CRIXIVAN	150	DEBACTEROL	189	<i>dexmethylphenidate</i>	27
<i>cromolyn</i>	10, 123	DEBLITANE	48	<i>dexrazoxane hcl</i>	186
CRYSSELLE (28)	48	DECADRON	156	<i>dextroamphetamine</i>	17
CURITY AMD	167	<i>deferasirox</i>	191	<i>dextroamphetamine-amphetamine</i> ..	17
CURITY AMD (WITH		<i>deferroxamine</i>	191	DIACOMIT	212
POLYHEXAMETH)	166	DELESTROGEN	133	DIASTAT	209
CURITY IODOFORM PACKING		DELSTRIGO	151	DIASTAT ACUDIAL	209
STRIP	167	DELTASONE	156	DIATRUE CONTROL SOLN	NORMAL
CUROSURF	198	DELYLA (28)	48	DIATRUE CONTROL SOLUTION	HIGH
CUTAQUIG	135	<i>demeclocycline</i>	143	DIATRUE CONTROL SOLUTION	LOW
CUVITRU	135	DEMEROL (PF)	200	DIATRUE PLUS BLOOD	GLUCOSE MET
CUVPOSA	227	DEMSEER	32	DIATRUE PLUS TEST STRIP	85
<i>cyanocobalamin (vitamin b-12)</i>	239	DEPAKENE	211, 212	<i>diazepam</i>	18, 209
CYCLAFEM 1/35 (28)	48	DEPAKOTE	212	DIAZEPAM INTENSOL	18
CYCLAFEM 7/7/7 (28)	48	DEPAKOTE ER	212	<i>diclofenac potassium</i>	159
<i>cyclobenzaprine</i>	223	DEPAKOTE SPRINKLES	212	<i>diclofenac sodium</i>	64, 66, 120, 159
CYCLOMYDRIL	125	DEPEN TITRATABS	152	<i>diclofenac-misoprostol</i>	158, 159
<i>cyclopentolate</i>	125	DEPO-ESTRADIOL	133	DICLOPAK	64
<i>cyclophosphamide</i>	181	DEPO-MEDROL	156	<i>dicloxacillin</i>	143
<i>cycloserine</i>	145	DEPO-PROVERA	134	<i>dicyclomine</i>	225
CYCLOSET	75	DEPO-SUBQ PROVERA 104	46		
<i>cyclosporine</i>	138	DERMAZENE	59		
CYCLOSPORINE IN KLARITY	122	DERMUCERA	198		
<i>cyclosporine modified</i>	138	DESCOVY	148		
<i>cyproheptadine</i>	3	<i>desipramine</i>	16		
CYRED	48	<i>desloratadine</i>	3		
CYRED EQ	48	<i>desmopressin</i>	113		
CYSTADANE	191	<i>desog-e.estradiolle.estradiol</i>	48		

<i>didanosine</i>	149	<i>doxercalciferol</i>	116	EASY STEP HIGH CONTROL	
DIFICID.....	141	<i>doxycycline hyclate</i>	143, 189	SOLN.....	95
<i>diflunisal</i>	199	<i>doxycycline monohydrate</i>	143, 144	EASY STEP LOW CONTROL	
DIGITEK.....	29	D-PENAMINE.....	152	SOLUTION.....	95
DIGOX.....	29	DRITHOCREME HP.....	68	EASY STEP NORMAL CONTROL	
<i>digoxin</i>	29	<i>dronabinol</i>	4	SOLN.....	95
<i>dihydroergotamine</i>	203	DROPLET INSULIN SYR HALF		EASY TALK BLOOD GLUCOSE	
DILANTIN.....	212	UNIT.....	174	METER.....	95
DILANTIN EXTENDED.....	212	DROPLET INSULIN SYRINGE.....	174	EASY TALK GLUCOSE TEST.....	85
DILANTIN INFATABS.....	212	DROPLET LANCETS.....	168	EASY TALK HIGH CONTROL.....	95
DILANTIN-125.....	212	DROPLET PEN NEEDLE.....	193	EASY TALK LOW CONTROL.....	95
DILATRATE-SR.....	45	DROPSAFE PEN NEEDLE.....	193	EASY TOUCH.....	193
DILAUDID (PF).....	200	<i>drosiprenone-e.estradiol-lm.fa</i> ...48, 49		EASY TOUCH FLIPLOCK INSULIN	
<i>diltiazem hcl</i>	36	<i>drosiprenone-ethinyl estradiol</i>	49	.....	174
DILT-XR.....	36	DROXIA.....	130	EASY TOUCH GLUCOSE	
DILUENT FOR ACTHIB.....	190	DRYSOL.....	64	MONITOR.....	95
DILUENT FOR IMOVAX.....	190	DRYSOL DAB-O-MATIC.....	64	EASY TOUCH HIGH-LOW	
DILUENT FOR MENHIBRIX.....	190	DUAVEE.....	132	CONTROL.....	95
DILUENT FOR MENOMUNE.....	190	DUET DHA BALANCED.....	232	EASY TOUCH INSULIN SAFETY	
DILUENT FOR MENOMUNE (PF).....	190	DUET DHA WITH OMEGA-3.....	232	SYR.....	175
DILUENT FOR RABAVERT.....	190	DULERA.....	8	EASY TOUCH INSULIN SYRINGE	
DILUENT FOR ROTARIX.....	190	<i>duloxetine</i>	14	.....	175
DILUENT FOR YF-VAX (1 DOSE).....	190	DUODOTE.....	190	EASY TOUCH LANCETS.....	168
DILUENT FOR YF-VAX (5 DOSE).....	190	DUOPA.....	208	EASY TOUCH LUER LOCK	
DILUENT-MERCK LIVE VIRUS		DUPIXENT.....	10	INSULIN.....	175
VACC.....	190	DUREZOL.....	120	EASY TOUCH PEN NEEDLE.....	193
DILUTING MEDIUM FOR		<i>dutasteride</i>	228	EASY TOUCH SAFETY LANCETS	
NOVOLOG.....	190	<i>dutasteride-tamsulosin</i>	228	.....	169
<i>diphenhydramine hcl</i>	3	DUZALLO.....	126	EASY TOUCH SHEATHLOCK	
<i>diphenoxylate-atropine</i>	164	DY-O-DERM.....	197	INSULIN.....	175
<i>dipyridamole</i>	130	DYRENIUM.....	37	EASY TOUCH TEST STRIP.....	85
DISALCID.....	199	E.E.S. 400.....	141	EASY TOUCH TWIST LANCETS.....	169
<i>disopyramide phosphate</i>	28	EASY CHECK BLOOD GLUCOSE.....	94	EASY TOUCH UNI-SLIP.....	175
<i>disulfiram</i>	18	EASY COMFORT INSULIN		EASY TRAK BLOOD GLUCOSE	
DIURIL.....	39	SYRINGE.....	174	METER.....	95
<i>divalproex</i>	212	EASY COMFORT LANCETS.....	168	EASY TRAK GLUCOSE TEST.....	85
DIVIGEL.....	133	EASY COMFORT PEN NEEDLES.....	193	EASY TRAK HIGH CONTROL.....	95
<i>dofetilide</i>	28	EASY GLIDE INSULIN SYRINGE.....	174	EASY TRAK LOW CONTROL.....	95
<i>donepezil</i>	11	EASY GLIDE PEN NEEDLE.....	193	EASY TWIST AND CAP LANCETS	
DONNATAL.....	225	EASY GLUCO G2.....	85	.....	169
DOPTELET (10 TAB PACK).....	131	EASY PLUS II BLOOD GLUCOSE		EASYGLUCO METER.....	95
DOPTELET (15 TAB PACK).....	131	MET.....	94	EASYGLUCO MONITORING	
<i>dorzolamide</i>	123	EASY PLUS II HIGH CONTROL.....	94	SYSTEM.....	95
<i>dorzolamide-timolol</i>	124	EASY PLUS II LOW CONTROL.....	95	EASYGLUCO PLUS.....	85
<i>dorzolamide-timolol (pf)</i>	124	EASY PLUS II TEST.....	85	EASYGLUCO PLUS NORMAL	
DOTTI.....	133	EASY STEP.....	85	CONTROL.....	95
DOVATO.....	147	EASY STEP BLOOD GLUCOSE		EASYGLUCO TEST.....	85
<i>doxazosin</i>	30	METER.....	95	EASYMAX.....	85
<i>doxepin</i>	16, 17			EASYMAX 15.....	85

EASYMAX 15 LEVEL 1	95	ELITE-OB	233	EPANED	31
EASYMAX 15 LEVEL 2	95	ELITE-OB 400	233	EPCLUSA	151
EASYMAX L BLOOD GLUCOSE METER	95	ELLA	49	EPIDIOLEX	209
EASYMAX LOW CONTROL	95	ELMIRON	229	EPIFIX AMNIOTIC MEMBRANE	197
EASYMAX NG	95	EMBRACE BLOOD GLUCOSE	96	EPIFOAM	66
EASYMAX NORMAL CONTROL	95	EMBRACE BLOOD GLUCOSE SYSTEM	85, 96	<i>epinastine</i>	119
EASYMAX V SPEAKING GLUCOSE SYS	96	EMBRACE EVO BLOOD GLUCOSE KIT	96	<i>epinephrine</i>	28, 180
EASYMAX V2 BLOOD GLUCOSE METER	96	EMBRACE EVO LEVEL 1	96	<i>epinephrine hcl (pf)</i>	28
EASY-TOUCH BLOOD GLUCOSE METER	96	EMBRACE EVO TEST STRIPS	85	EPIPEN	180
EC-NAPROXEN	159	EMBRACE GLUCOSE CONTROL HIGH	96	EPIPEN 2-PAK	180
<i>econazole</i>	60	EMBRACE GLUCOSE CONTROL LOW	96	EPIPEN JR	180
EDARBI	32	EMBRACE LANCETS	169	EPIPEN JR 2-PAK	180
EDARBYCLOR	30	EMBRACE PRO	96	EPISIL	196
ED-SPAZ	225	EMBRACE PRO GLUCOSE METER	96	EPITOL	212
EDURANT	149	EMBRACE TALK CONTROL-HIGH (L2)	96	EPIVIR HBV	151
EEMT	132	EMBRACE TALK CONTROL-LOW (L1)	96	<i>eplerenone</i>	37
EEMT HS	132	EMCYT	187	EPOGEN	127
<i>efavirenz</i>	149	EMEND	4	<i>epoprostenol (glycine)</i>	38
EFFER-K	111	EMFLAZA	156	<i>eprosartan</i>	32
EGATEN	146	EMOQUETTE	49	EQUETRO	19
EGRIFTA	115	EMSAM	25	<i>ergocalciferol (vitamin d2)</i>	239
ELEMENT COMPACT GLUCOSE METER	96	EMTRIVA	149	<i>ergoloid</i>	46
ELEMENT COMPACT HIGH CONTROL	96	<i>enalapril maleate</i>	31	ERGOMAR	204
ELEMENT COMPACT NORMAL CONTROL	96	<i>enalapril-hydrochlorothiazide</i>	29	<i>ergotamine-caffeine</i>	204
ELEMENT COMPACT TEST STRIPS	85	ENBRACE HR	233	ERIVEDGE	183
ELEMENT COMPACT V GLUCOSE MTR	96	ENBREL	154	ERLEADA	182
ELEMENT HIGH CONTROL	96	ENBREL MINI	154	<i>erlotinib</i>	184
ELEMENT LOW CONTROL	96	ENBREL SURECLICK	154	ERRIN	49
ELEMENT NORMAL CONTROL	96	ENDOCET	206	ERY PADS	59
ELEMENT PLUS BLOOD GLUCOSE KIT	96	ENDOFORM	197	ERYPED 400	141
ELEMENT TEST STRIPS	85	ENDOFORM FENESTRATED	197	ERY-TAB	141
ELESTRIN	133	ENDOMETRIN	113	<i>erythromycin</i>	122, 141
<i>eletriptan</i>	204	<i>enoxaparin</i>	128	<i>erythromycin ethylsuccinate</i>	141
ELIGARD	113	ENPRESSE	49	<i>erythromycin with ethanol</i>	60
ELIGARD (3 MONTH)	113	ENSKYCE	49	ESBRIET	198
ELIGARD (4 MONTH)	113	ENSTILAR	69	<i>escitalopram oxalate</i>	12
ELIGARD (6 MONTH)	113	<i>entacapone</i>	208	<i>esomeprazole magnesium</i>	228
ELINEST	49	<i>entecavir</i>	151	<i>esomeprazole sodium</i>	228
ELIQUIS	127	ENTEREG	165	ESTARYLLA	49
		ENTRESTO	44	<i>estazolam</i>	26
		ENULOSE	164	<i>estradiol</i>	133, 231
		ENVARUSUS XR	138	<i>estradiol valerate</i>	133
				<i>estradiol-norethindrone acet</i>	133
				ESTRING	231
				ESTROGEL	134
				<i>estrogens-methyltestosterone</i>	132, 133
				<i>eszopiclone</i>	26
				<i>ethambutol</i>	145

<i>ethosuximide</i>	212	<i>famotidine</i>	227	FLUCELVAX QUAD 2018-2019	
<i>ethyl chloride</i>	67	<i>famotidine (pf)</i>	227	(PF).....	136
<i>ethynodiol diac-eth estradiol</i>	49	FANAPT.....	22	<i>fluconazole</i>	144
<i>etidronate disodium</i>	114	FARXIGA.....	74	<i>flucytosine</i>	144
<i>etodolac</i>	159	FARYDAK.....	186	<i>fludrocortisone</i>	158
<i>etoposide</i>	186	FASLODEX.....	186	FLULAVAL QUAD 2018-2019.....	137
EUCRISA.....	61	FAYOSIM.....	49	FLULAVAL QUAD 2018-2019 (PF)	
EUTHYROX.....	117	<i>felbamate</i>	212, 213	.....	137
EVAMIST.....	134	FELBATOL.....	213	<i>flunisolide</i>	4
EVENCARE.....	97	<i>felodipine</i>	36	<i>fluocinolone</i>	63
EVENCARE G2.....	85, 96	FEM PH.....	231	<i>fluocinolone acetone oil</i>	109
EVENCARE G3 CONTROL.....	96	FEMRING.....	231	<i>fluocinolone and shower cap</i>	63
EVENCARE G3 GLUCOSE		FEMYNOR.....	49	<i>fluocinonide</i>	63
METER.....	97	<i>fenofibrate</i>	43	FLUOCINONIDE-E.....	63
EVENCARE G3 TEST.....	85	<i>fenofibrate micronized</i>	43	<i>fluocinonide-emollient</i>	63
EVENCARE MINI GLUCOSE		<i>fenofibrate nanocrystallized</i>	43	<i>fluorescein-proparacaine</i>	121
CONTROL.....	97	<i>fenofibric acid</i>	44	<i>fluoride (sodium)</i>	231
EVENCARE MINI GLUCOSE		<i>fenofibric acid (choline)</i>	43	<i>fluorometholone</i>	120
TEST STR.....	86	<i>fentanyl</i>	201	<i>fluorouracil</i>	66, 67, 182
EVENCARE MINI MONITOR		<i>fentanyl citrate</i>	200	<i>fluoxetine</i>	12, 13
SYSTEM.....	97	<i>fentanyl citrate (pf)</i>	199	<i>fluphenazine decanoate</i>	25
EVENCARE PROVIEW		FERRIPROX.....	191	<i>fluphenazine hcl</i>	25
CONTROL-L2,L3.....	97	FETZIMA.....	15	<i>flurazepam</i>	26
EVENCARE TEST.....	86	FIASP FLEXTOUCH U-100		<i>flurbiprofen</i>	159
EVOLUTION BLOOD GLUCOSE		INSULIN.....	107	<i>flurbiprofen sodium</i>	120
METER.....	97	FIASP U-100 INSULIN.....	107	<i>flutamide</i>	182
EVOLUTION NORMAL CONTROL		FIBRYGA.....	126	<i>fluticasone propionate</i>	63
EVOLUTION TEST STRIPS.....	86	FIFTY50 SAFETY SEAL LANCETS		<i>fluticasone propion-salmeterol</i>	8
EVOTAZ.....	150	.....	169	<i>fluvastatin</i>	41
EXEL INSULIN.....	175	FIFTY50 TEST STRIP.....	86	<i>fluvoxamine</i>	13
<i>exemestane</i>	182	FINACEA.....	58	FLUZONE QUAD 2018-2019.....	137
EXJADE.....	191	<i>finasteride</i>	228	FLUZONE QUAD 2018-2019 (PF)	
EXODERM.....	60	FINE 30 UNIVERSAL LANCETS..	169	FLUZONE QUAD PEDI 2018-19	
EXTAVIA.....	187	FINGERSTIX LANCETS.....	169	(PF).....	137
EXTRA-VIRT PLUS DHA.....	233	FIRAZYR.....	155	FML FORTE.....	120
E-Z JECT LANCETS.....	169	FIRMAGON.....	184	FML S.O.P.....	120
E-Z JECT THIN LANCETS.....	169	FIRMAGON KIT W DILUENT		FOLET ONE.....	233
EZ SMART CONTROL.....	97	SYRINGE.....	184	<i>folic acid</i>	231
EZ SMART LANCETS.....	169	FIRVANQ.....	146	FOLIVANE-OB.....	233
EZ SMART PLUS SYSTEM.....	97	FLAREX.....	120	FOLLISTIM AQ.....	112
EZ SMART PLUS TEST.....	86	<i>flavoxate</i>	229	<i>fondaparinux</i>	128
EZ SMART SYSTEM.....	97	<i>flecainide</i>	28	FORA D10.....	97
EZ SMART TEST.....	86	FLOVENT DISKUS.....	9	FORA D15 GLUCOSE-BP	
<i>ezetimibe</i>	43	FLOVENT HFA.....	9	MONITOR.....	97
<i>ezetimibe-simvastatin</i>	40	<i>floxuridine</i>	182	FORA D15G STRIPS.....	86
FABRAZYME.....	191	FLUARIX QUAD 2018-2019 (PF)..	136	FORA D20.....	86, 97
FACTIVE.....	143	FLUBLOK QUAD 2018-2019 (PF)		FORA D40D GLUCOSE-BP	
FALMINA (28).....	49	FLUCAINE.....	121	MONITOR.....	97
<i>famciclovir</i>	148	FLUCELVAX QUAD 2018-2019....	136	FORA D40-G31 TEST STRIPS.....	86

FORA G20.....	86, 97	FORTISCARE NORMAL.....	98	GAMMAKED.....	135
FORA G30A.....	97	FOSAMAX PLUS D.....	114	GAMUNEX-C.....	135
FORA G30-PREMIUM V10 TEST STRIP.....	86	<i>fosamprenavir</i>	150	<i>ganirelix</i>	116
FORA GD50 BLOOD GLUCOSE SYSTEM.....	97	<i>fosinopril</i>	31	<i>gatifloxacin</i>	122
FORA GD50 TEST STRIPS.....	86	<i>fosinopril-hydrochlorothiazide</i>	29	<i>gatifloxacin-dexamethasone</i>	118
FORA GTEL GLUCOSE TEST STRIP.....	86	FOSRENOL.....	110	GATTEX 30-VIAL.....	165
FORA HIGH CONTROL.....	97	FRAGMIN.....	128	GATTEX ONE-VIAL.....	166
FORA LOW CONTROL.....	97	FREESTYLE CONTROL.....	98	GAVILYTE-C.....	165
FORA NORMAL CONTROL.....	97	FREESTYLE FLASH SYSTEM.....	98	GAVILYTE-G.....	165
FORA PREMIUM V10 GLUCOSE METER.....	97	FREESTYLE FREEDOM.....	98	GAVILYTE-N.....	165
FORA TEST N'GO VOICE METER	97	FREESTYLE FREEDOM LITE.....	98	GDRIVE.....	99
FORA TEST STRIP.....	86	FREESTYLE INSULINX.....	87, 98	GE100 BLOOD GLUCOSE SYSTEM.....	99
FORA TN'G VOICE METER.....	97	FREESTYLE INSULINX TEST STRIPS.....	87	GE100 BLOOD GLUCOSE TEST STRIP.....	87
FORA TN'G VOICE TEST STRIPS	86	FREESTYLE LANCETS.....	169	GE100 CONTROL SOLUTION NORMAL.....	99
FORA V10.....	86, 98	FREESTYLE LIBRE 10 DAY READER.....	98	GELCLAIR.....	196
FORA V10-V12-D10-D20 STRIPS	86	FREESTYLE LIBRE 10 DAY SENSOR.....	98	GELFILM.....	125, 197
FORA V12 BLOOD GLUCOSE SYSTEM.....	98	FREESTYLE LIBRE 14 DAY READER.....	98	GELX.....	196
FORA V12 GLUCOSE.....	86	FREESTYLE LIBRE 14 DAY SENSOR.....	98	<i>gemfibrozil</i>	44
FORA V20.....	86, 98	FREESTYLE LITE METER.....	99	GENADUR.....	66
FORA V30A.....	86, 98	FREESTYLE LITE STRIPS.....	87	GENERLAC.....	164
FORACARE GD20.....	86	FREESTYLE PRECISION.....	175	GENGRAF.....	138
FORACARE GD20 GLUCOSE METER.....	98	FREESTYLE PRECISION NEO METER.....	99	GENSTRIP TEST STRIP.....	87
FORACARE GD40.....	87	FREESTYLE PRECISION NEO STRIPS.....	87	GENTAK.....	122
FORACARE GD40A GLUCOSE METER.....	98	FREESTYLE SIDEKICK II.....	99	<i>gentamicin</i>	60, 122, 145
FORACARE GD40B GLUCOSE METER.....	98	FREESTYLE SYSTEM KIT.....	99	GENULTIMATE TEST STRIP.....	87
FORACARE GDH HIGH CONTROL.....	98	FREESTYLE TEST.....	87	GENVOYA.....	151
FORACARE GDH LOW CONTROL	98	FREESTYLE UNISTIK 2.....	169	GEODON.....	22
FORACARE GDH NORMAL CONTROL.....	98	<i>frovatriptan</i>	204	GIALAX.....	165
FORACARE LANCETS.....	169	<i>fulvestrant</i>	187	GIANVI (28).....	49
FORMADON.....	198	<i>furosemide</i>	37	GILENYA.....	187
<i>formaldehyde</i>	198	FUZEON.....	149	GILOTRIF.....	184
FORMA-RAY.....	196	FYAVOLV.....	134	GLASSIA.....	181
FORTEO.....	114	FYCOMPA.....	213, 214	<i>glatiramer</i>	187
FORTISCARE BLOOD GLUCOSE SYST.....	98	G TUSSIN AC.....	57	GLATOPA.....	187
FORTISCARE GLUCOSE TEST STRIPS.....	87	<i>gabapentin</i>	214	GLEOSTINE.....	181
FORTISCARE HIGH.....	98	GABITRIL.....	215	<i>glimepiride</i>	76
FORTISCARE LOW.....	98	GALAFOLD.....	181	<i>glipizide</i>	76
		<i>galantamine</i>	11	<i>glipizide-metformin</i>	80
		GALZIN.....	191	GLUCAGEN HYPOKIT.....	106
		GAMASTAN.....	135	GLUCAGON EMERGENCY KIT (HUMAN).....	106
		GAMASTAN S/D.....	135	GLUCO NAVII GLUCOSE MONITOR.....	99
		GAMMAGARD LIQUID.....	135	GLUCO NAVII TEST STRIP.....	87
				GLUCOCARD 01 HI-NORMAL CONTROL.....	99

GLUCOCARD 01 METER.....	99	GUAIFENESIN AC.....	57	HUMALOG MIX 50-50 KWIKPEN..	107
GLUCOCARD 01 NORMAL		<i>guanfacine</i>	26, 33	HUMALOG MIX 75-25 KWIKPEN..	107
CONTROL.....	99	<i>guanidine</i>	181	HUMALOG MIX 75-25(U-	
GLUCOCARD 01 SENSOR PLUS..	87	GUARDIAN REAL-TIME GLU		100)INSULN.....	108
GLUCOCARD EXPRESSION... 87,	99	MONITOR.....	100	HUMALOG U-100 INSULIN.....	108
GLUCOCARD SHINE.....	99	GYNAZOLE-1.....	230	HUMIRA.....	154
GLUCOCARD SHINE CONNEX		GYNOL II.....	46	HUMIRA PEDIATRIC CROHNS	
METER.....	99	HAEGARDA.....	155	START.....	154
GLUCOCARD SHINE EXPRESS		HAILEY 24 FE.....	49	HUMIRA PEN.....	154
METER.....	99	<i>halobetasol propionate</i>	63	HUMIRA PEN CROHNS-UC-HS	
GLUCOCARD SHINE METER.....	99	<i>haloperidol</i>	24	START.....	154
GLUCOCARD SHINE METER KIT..	99	<i>haloperidol decanoate</i>	24	HUMIRA PEN PSOR-UEVITS-	
GLUCOCARD SHINE TEST		<i>haloperidol lactate</i>	24	ADOL HS.....	154
STRIPS.....	87	HARMONY CONTROL L1,L3.....	100	HUMIRA(CF).....	155
GLUCOCARD SHINE XL METER..	99	HARVONI.....	151	HUMIRA(CF) PEDI CROHNS	
GLUCOCARD VITAL.....	99	HAVRIX (PF).....	137	STARTER.....	154
GLUCOCARD VITAL SENSOR.....	87	HEALTHPRO GLUCOSE		HUMIRA(CF) PEN.....	154, 155
GLUCOCARD VITAL TEST		MONITOR.....	100	HUMIRA(CF) PEN CROHNS-UC-	
STRIPS.....	87	HEALTHPRO HIGH-LOW		HS.....	154
GLUCOCOM BLOOD GLUCOSE..	100	CONTROL.....	100	HUMIRA(CF) PEN PSOR-UV-	
GLUCOCOM CONTROL HIGH.....	100	HEALTHPRO TEST STRIPS.....	87	ADOL HS.....	154
GLUCOCOM CONTROL NORMAL		HEALTHWISE INSULIN SYRINGE		HUMULIN 70/30 U-100 INSULIN..	108
.....	100	.....	175	HUMULIN 70/30 U-100 KWIKPEN	108
GLUCOCOM GLUCOSE.....	87	HEALTHWISE PEN NEEDLE.....	193	HUMULIN N NPH INSULIN	
GLUCOCOM LANCETS.....	169	HEALTHY ACCENTS UNIFINE		KWIKPEN.....	108
GLUCOSE CONTROL.....	100	PENTIP.....	193	HUMULIN N NPH U-100 INSULIN	108
GLUCOSE KETONE CONTROL		HEALTHY ACCENTS UNILET		HUMULIN R REGULAR U-100	
SOLN.....	100	LANCET.....	169	INSULN.....	108
<i>glyburide</i>	76	HEATHER.....	49	HUMULIN R U-500 (CONC)	
<i>glyburide micronized</i>	76	HEMANGEOL.....	33	INSULIN.....	108
<i>glyburide-metformin</i>	80	HEMENATAL OB.....	233	HUMULIN R U-500 (CONC)	
<i>glycopyrrolate</i>	227	HEMENATAL OB + DHA.....	233	KWIKPEN.....	108
GLYXAMBI.....	77	HEMMOREX-HC.....	163	HYCAMTIN.....	183
GM100.....	87, 100	<i>heparin (porcine)</i>	128	<i>hydralazine</i>	33
GOLYTELY.....	165	HEPARIN LOCK.....	129	<i>hydrochlorothiazide</i>	39
GONAL-F.....	113	HEPARIN LOCK FLUSH.....	128	<i>hydrocodone-acetaminophen</i>	206
GONAL-F RFF.....	113	<i>heparin lock flush (porcine)</i>	128	<i>hydrocodone-chlorpheniramine</i>	56
GONAL-F RFF REDI-JECT.....	113	HEPARIN		<i>hydrocodone-homatropine</i>	57
GOODLIFE AC-302 GLUCOSE		LOCKFLUSH(PORCINE)(PF).....	129	<i>hydrocodone-ibuprofen</i>	200
METER.....	100	<i>heparin, porcine (pf)</i>	129	<i>hydrocortisone</i>	63, 156, 163
GOODLIFE AC-302 TEST STRIP... 87		HISTEX-AC.....	55	<i>hydrocortisone acetate</i>	163
GORDONS UREA.....	69	HIZENTRA.....	135	<i>hydrocortisone butyrate</i>	63
GRAFIX CORE.....	197	HOMATROPAIRE.....	125	<i>hydrocortisone-acetic acid</i>	109
GRAFIX PRIME.....	197	<i>homatropine hbr</i>	125	<i>hydrocortisone-iodoquinol</i>	59
<i>granisetron hcl</i>	4	HUMALOG JUNIOR KWIKPEN U-		<i>hydrocortisone-pramoxine</i>	66, 162
GRANIX.....	129	100.....	107	HYDROFERA BLUE.....	167
<i>griseofulvin microsize</i>	144	HUMALOG KWIKPEN INSULIN... 107		HYDROFERA BLUE READY.....	167
<i>griseofulvin ultramicrosize</i>	145	HUMALOG MIX 50-50 INSULN U-		<i>hydrogen peroxide</i>	66
GUAIA TUSSIN AC.....	57	100.....	107	HYDROMET.....	57

<i>hydromorphone</i>	201	INFED.....	231	IRESSA.....	185
<i>hydromorphone (pf)</i>	201	INFINITY CONTROL SOLUTION		<i>irinotecan</i>	183
<i>hydroxocobalamin</i>	239	HIGH.....	100	ISENTRESS.....	151
<i>hydroxychloroquine</i>	147	INFINITY CONTROL SOLUTION		ISENTRESS HD.....	151
<i>hydroxyurea</i>	181	LOW.....	100	ISIBLOOM.....	49
<i>hydroxyzine hcl</i>	3	INFINITY CONTROL SOLUTION		<i>isoniazid</i>	145
<i>hydroxyzine pamoate</i>	3	NORM.....	100	<i>isopropyl alcohol</i>	197
HYOPHEN.....	140	INFINITY METER KIT.....	100	ISOPTO ATROPINE.....	125
<i>hyoscyamine sulfate</i>	225	INFINITY STARTER KIT.....	100	ISOPTO CARPINE.....	124
HYOSYNE.....	225, 226	INFINITY TEST STRIPS.....	88	ISORDIL.....	45
HYPERHEP B S/D.....	135	INFINITY VOICE CTRL SOLN-LVL		<i>isosorbide dinitrate</i>	45
HYPERHEP B S-D NEONATAL.....	135	2.....	100	<i>isosorbide mononitrate</i>	45
HYPERRHO S/D.....	135	INFINITY VOICE GLUCOSE		<i>isotretinoin</i>	58
HYPERSAL.....	191	MONITOR.....	100	<i>isoxsuprine</i>	46
HYPERTET S/D (PF).....	135	INFINITY VOICE TEST STRIP.....	88	<i>isradipine</i>	36
HYQVIA.....	136	INFUMORPH P/F.....	201	<i>itraconazole</i>	144
HYQVIA IG COMPONENT.....	136	INJECT EASE LANCETS.....	169	<i>ivermectin</i>	146
HYSINGLA ER.....	201	INJECTAFER.....	231	JADENU.....	192
<i>ibandronate</i>	114	INLYTA.....	185	JADENU SPRINKLE.....	192
IBRANCE.....	184	INOVA 4-1.....	65	JAKAFI.....	183
IBU.....	159	INOVA 8-2.....	65	JANTOVEN.....	126
<i>ibuprofen</i>	159	INPEN (FOR HUMALOG).....	100	JANUMET.....	70
<i>ibuprofen-oxycodone</i>	200	INPEN (FOR NOVLOG).....	100	JANUMET XR.....	70
ICLUSIG.....	184	INSTACLEAN.....	197	JANUVIA.....	76
IDHIFA.....	186	<i>insulin syr/ndl u100 half mark</i>	175	JARDIANCE.....	74
IGLUCOSE BLOOD GLUCOSE		INSULIN SYRINGE.....	175	JASMIEL (28).....	49
MONITOR.....	100	INSULIN SYRINGE MICROFINE.....	175	JAZZ WIRELESS 2 METER KIT ...	100
IGLUCOSE TEST STRIP.....	87	<i>insulin syringe needleless</i>	175	JENCYCLA.....	49
ILEVRO.....	120	<i>insulin syringe-needle u-100. 175, 176</i>	176	JENTADUETO.....	70
<i>imatinib</i>	184	INSUPEN.....	194	JENTADUETO XR.....	70
IMBRUVICA.....	184	INSYTE IV CATHETER.....	172	JINTELI.....	134
<i>imipramine hcl</i>	17	INTELENCE.....	149	JOLESSA.....	49
<i>imipramine pamoate</i>	17	INTRALIPID.....	191	JOLIVETTE.....	49
<i>imiquimod</i>	138	INTRAROSA.....	131	JULEBER.....	49
IMPAVIDO.....	147	INTRON A.....	138	JULUCA.....	147
IMVEXXY MAINTENANCE PACK	231	INTROVALE.....	49	JUNEL 1.5/30 (21).....	49
IMVEXXY STARTER PACK.....	231	INVACARE LANCETS.....	169	JUNEL 1/20 (21).....	49
INBRIJA.....	208	INVEGA SUSTENNA.....	22	JUNEL FE 1.5/30 (28).....	50
INCASSIA.....	49	INVIRASE.....	150	JUNEL FE 1/20 (28).....	50
INCONTROL PEN NEEDLE.....	194	INVOKAMET.....	80	JUNEL FE 24.....	50
INCONTROL SUPER THIN		INVOKAMET XR.....	81	KAITLIB FE.....	50
LANCETS.....	169	INVOKANA.....	74	KALBITOR.....	161
INCONTROL ULTRA THIN		IODOFLEX.....	59	KALETRA.....	150
LANCETS.....	169	IODOSORB.....	59	KALYDECO.....	198
INCRELEX.....	116	IOPIDINE.....	124	KAPSPARGO SPRINKLE.....	34
INCRUSE ELLIPTA.....	5	<i>ipratropium bromide</i>	5, 189	KARBINAL ER.....	3
<i>indapamide</i>	39	<i>ipratropium-albuterol</i>	7	KARIVA (28).....	50
<i>indomethacin</i>	159	<i>irbesartan</i>	32	KELNOR 1/35 (28).....	50
INFASURF.....	198	<i>irbesartan-hydrochlorothiazide</i>	30	KELNOR 1-50.....	50

KENALOG.....	156	LANTUS U-100 INSULIN.....	108	LILLOW (28).....	51
KEPPRA.....	215	LARIN 1.5/30 (21).....	50	<i>lindane</i>	61
KEPPRA XR.....	215	LARIN 1/20 (21).....	50	<i>linezolid</i>	142
KERAGEL.....	167	LARIN 24 FE.....	50	LINZESS.....	163
KERAGELT.....	167	LARIN FE 1.5/30 (28).....	50	<i>liothyronine</i>	117
KERALYT SCALP COMPLETE.....	65	LARIN FE 1/20 (28).....	50	LIPOCHOL PLUS.....	44
KERLIX AMD.....	167	LARISSIA.....	50	<i>lisinopril</i>	31
<i>ketoconazole</i>	60, 144	LASTACAFT.....	119	<i>lisinopril-hydrochlorothiazide</i>	29
<i>ketoprofen</i>	159	<i>latanoprost</i>	124	LITE TOUCH INSULIN PEN	
<i>ketorolac</i>	120, 159	LATUDA.....	22	NEEDLES.....	194
KEVZARA.....	158	LAYOLIS FE.....	50	LITE TOUCH INSULIN SYRINGE.....	176
KINERET.....	154	LEENA 28.....	50	LITE TOUCH LANCETS.....	170
KISQALI.....	185	<i>leflunomide</i>	155	<i>lithium carbonate</i>	19
KISQALI FEMARA CO-PACK.....	183	LENVIMA.....	185	<i>lithium citrate</i>	19
KLONOPIN.....	209	LESSINA.....	50	LITHOBID.....	19
KLOR-CON M10.....	111	LETAIRIS.....	38	LITHOSTAT.....	164
KLOR-CON M15.....	111	<i>letrozole</i>	182	LIVALO.....	41
KLOR-CON M20.....	111	<i>leucovorin calcium</i>	186	LO LOESTRIN FE.....	51
KLOR-CON SPRINKLE.....	111	LEUKERAN.....	181	LO-DOSE ASPIRIN.....	130
KLOR-CON/EF.....	111	LEUKINE.....	129	LOKELMA.....	110
KOMBIGLYZE XR.....	70	<i>leuprolide</i>	114	LONSURF.....	182
KORLYM.....	80	<i>levabuterol hcl</i>	6	<i>lopinavir-ritonavir</i>	150
KOSHER PRENATAL PLUS IRON		<i>levabuterol tartrate</i>	6	LOPREEZA.....	134
.....	233	LEVATOL.....	35	<i>lorazepam</i>	19
K-PHOS NO 2.....	229	LEVBID.....	226	LORAZEPAM INTENSOL.....	18
K-PHOS ORIGINAL.....	229	LEVEMIR FLEXTOUCH U-100		LORBRENA.....	185
KRINTAFEL.....	147	INSULN.....	108	LORCET (HYDROCODONE).....	206
KURVELO (28).....	50	LEVEMIR U-100 INSULIN.....	108	LORCET HD.....	206
KUVAN.....	181	<i>levetiracetam</i>	217	LORCET PLUS.....	206
<i>l norgestrel/estradiol-e.estradiol</i>	50	LEVICYN DERMAL.....	66	LORTAB ELIXIR.....	206
<i>labetalol</i>	29	<i>levobunolol</i>	124	LORYNA (28).....	51
LACRISERT.....	125	<i>levofloxacin</i>	122, 143	<i>losartan</i>	32
<i>lactated ringers</i>	65, 111	LEVONEST (28).....	50	<i>losartan-hydrochlorothiazide</i>	30
<i>lactulose</i>	165	<i>levonorgestrel-ethinyl estrad</i>	50, 51	LOUTREX.....	64
LAMICTAL.....	216	<i>levonorg-eth estrad triphasic</i>	51	<i>lovastatin</i>	41
LAMICTAL ODT.....	215, 216	LEVORA-28.....	51	LOW-OGESTREL (28).....	51
LAMICTAL XR.....	216	LEVO-T.....	117	<i>loxapine succinate</i>	21
<i>lamivudine</i>	149, 152	<i>levothyroxine</i>	117	LO-ZUMANDIMINE (28).....	51
<i>lamivudine-zidovudine</i>	148	LEVOXYL.....	117	LUGOLS.....	117
<i>lamotrigine</i>	216, 217	LEVSIN.....	226	LUMIGAN.....	124
<i>lancets</i>	169	LEVSIN/SL.....	226	LUPANETA PACK (1 MONTH).....	134
LANCETS, SUPER THIN.....	169	LEXIVA.....	150	LUPANETA PACK (3 MONTH).....	134
LANCETS, THIN.....	169	<i>lidocaine</i>	67	LUPRON DEPOT.....	114, 116
LANCETS, ULTRA THIN.....	169	<i>lidocaine hcl</i>	67, 161	LUPRON DEPOT (3 MONTH)	
LANOXIN.....	29	<i>lidocaine hcl-hydrocortison ac</i>	66, 162	.....	114, 116
<i>lansoprazole</i>	228	LIDOCAINE VISCOUS.....	161	LUPRON DEPOT (4 MONTH).....	114
<i>lanthanum</i>	110	<i>lidocaine-hydrocortisone-aloe</i>	163	LUPRON DEPOT (6 MONTH).....	114
LANTUS SOLOSTAR U-100		<i>lidocaine-prilocaine</i>	67	LUPRON DEPOT-PED.....	117
INSULIN.....	108	LIDOTREX (WITH VITAMIN E).....	67		

LUPRON DEPOT-PED (3 MONTH)	MEDISENSE MID CONTROL	101	<i>methyldopa</i>	33
.....	MEDISENSE THIN LANCETS	170	<i>methyldopa-hydrochlorothiazide</i>	33
LUTERA (28)	MEDLANCE PLUS LANCETS	170	<i>methylergonovine</i>	54
LYNPARZA	MEDLANCE PLUS SPECIAL		<i>methylphenidate hcl</i>	27
LYRICA	BLADE	170	<i>methylprednisolone</i>	156, 157
LYSODREN	MEDPOINT NORMAL CONTROL	101	<i>methylprednisolone acetate</i>	156
LYZA	MEDROL	156	<i>methylprednisolone sodium succ.</i>	157
MAGELLAN INSULIN SAFETY	<i>medroxyprogesterone</i>	46, 134	<i>metipranolol</i>	124
SYRNG	<i>mefloquine</i>	147	<i>metoclopramide hcl</i>	227
MAGELLAN SYRINGE	<i>megestrol</i>	187, 189, 190	<i>metolazone</i>	39
<i>magnesium sulfate</i>	MEKINIST	183	<i>metoprolol succinate</i>	35
<i>malathion</i>	MEKTOVI	183	<i>metoprolol ta-hydrochlorothiaz</i>	36
<i>maprotiline</i>	MELODETTA 24 FE	51	<i>metoprolol tartrate</i>	35
MAR-COF BP	<i>meloxicam</i>	159	<i>metronidazole</i>	58, 146, 230
MARLISSA (28)	<i>melphalan</i>	181	<i>mexiletine</i>	28
MARNATAL-F	<i>memantine</i>	11	MIACALCIN	114
MARPLAN	MENEST	134	MIBELAS 24 FE	51
MATRISTEM	MENOPUR	112	MICONAZOLE-3	230
MATRISTEM MICROMATRIX	MENOSTAR	134	MICRHOGAM ULTRA-FILTERED	
MATULANE	<i>mepredine</i>	201	PLUS	136
MAVENCLAD (10 TABLET PACK)	<i>mepredine (pf)</i>	201	MICRO BLOOD GLUCOSE	88
.....	<i>meprobamate</i>	19	MICRO THIN LANCETS	170
MAVENCLAD (4 TABLET PACK)	<i>mercaptapurine</i>	182	MICROCYN HYDROGEL	66
MAVENCLAD (5 TABLET PACK)	<i>mesalamine</i>	162	MICRODOT BLOOD GLUCOSE	
MAVENCLAD (6 TABLET PACK)	<i>mesalamine with cleansing wipe</i>	162	SYSTEM	88, 101
MAVENCLAD (7 TABLET PACK)	MESNEX	186	MICRODOT HIGH-LOW	
MAVENCLAD (8 TABLET PACK)	MESTINON	11	CONTROL	101
MAVENCLAD (9 TABLET PACK)	METADATE ER	27	MICRODOT INSULIN PEN	
MAVYRET	<i>metaproterenol</i>	6	NEEDLE	194
MAXI-COMFORT INSULIN	METAXALL	223	MICRODOT NORMAL CONTROL	101
SYRINGE	<i>metaxalone</i>	223	MICRODOT XTRA BLOOD	
MAXICOMFORT SAFETY PEN	METER-CHECK	101	GLUCOSE	88
NEEDLE	<i>metformin</i>	79	MICROGESTIN 1.5/30 (21)	51
MAXIDEX	<i>methadone</i>	201	MICROGESTIN 1/20 (21)	51
MAXI-TUSS CD	METHADONE INTENSOL	201	MICROGESTIN 24 FE	51
MAYZENT	METHADOSE	201	MICROGESTIN FE 1.5/30 (28)	51
MAYZENT STARTER PACK	<i>methamphetamine</i>	17	MICROGESTIN FE 1/20 (28)	51
M-CLEAR WC	<i>methazolamide</i>	123	MICROLET LANCET	170
<i>meclofenamate</i>	<i>methenamine hippurate</i>	140	<i>midodrine</i>	44
MEDIHONEY (CAL ALGINATE-	<i>methenamine mandelate</i>	140	<i>miglitol</i>	75
HONEY)	<i>methen-sod phos-meth blue-hyos</i>	140	<i>miglustat</i>	190
MEDIHONEY (HONEY)	<i>methimazole</i>	117	MILI	51
.....	<i>methocarbamol</i>	223	MILLIPRED	157
MEDIHONEY (HYDROCOLLOID-	METHOCEL E 4 M	197	MILLIPRED DP	157
HONEY)	<i>methotrexate sodium</i>	182	MIMVEY	134
MEDISENSE	<i>methotrexate sodium (pf)</i>	182	MIMVEY LO	134
MEDISENSE CONTROLS 1-HI 1-	<i>methoxsalen</i>	67	MINI ULTRA-THIN II	194
LO	<i>methscopolamine</i>	226	MINITRAN	45
MEDISENSE GLUCOSE KETONE	<i>methyclothiazide</i>	39	<i>minocycline</i>	144
.....				

<i>minoxidil</i>	33	MYNATE 90 PLUS.....	233	NEUPOGEN.....	129
MIRCERA.....	128	MYORISAN.....	58	NEUPRO.....	208
<i>mirtazapine</i>	12	MYRBETRIQ.....	229	NEURONTIN.....	217
MIRVASO.....	59	MYSOLINE.....	217	NEUTEK 2TEK TEST STRIPS.....	88
<i>misoprostol</i>	227	MYTESI.....	164	NEVANAC.....	120
M-M-R II (PF).....	137	NABI-HB.....	136	<i>nevirapine</i>	149
M-NATAL PLUS.....	233	<i>nabumetone</i>	159	NEWGEN.....	234
<i>modafinil</i>	25	<i>nadolol</i>	35	NEXA PLUS.....	234
<i>moexipril</i>	31	<i>nadolol-bendroflumethiazide</i>	36	NEXAVAR.....	185
<i>mometasone</i>	4, 63	<i>nalbuphine</i>	202	NEXAVIR.....	181
MONDOXYNE NL.....	144	<i>naloxone</i>	25	NEXIUM PACKET.....	228
MONOJECT INSULIN SAFETY		<i>naltrexone</i>	25	NEXIVA.....	172
SYRING.....	177	NAMENDA XR.....	11	<i>niacin</i>	44
MONOJECT INSULIN SYRINGE.....	177	NAMZARIC.....	11	<i>nicardipine</i>	36
MONOJECT SYRINGE.....	177	<i>naproxen</i>	159	NICOTROL.....	224
MONOJECT ULTRA COMFORT		<i>naproxen sodium</i>	159, 160	NICOTROL NS.....	224
INSULIN.....	177	<i>naratriptan</i>	204	<i>nifedipine</i>	36
MONOLET LANCETS.....	170	NARCAN.....	25	NIKKI (28).....	51
MONOLET THIN LANCETS.....	170	NASCOBAL.....	239	<i>nilutamide</i>	182
MONO-LINYAH.....	51	NATACHEW (FE BIS-GLYCINATE)		<i>nimodipine</i>	36
<i>montelukast</i>	10	.....	233	NINJACOF-XG.....	57
MONUROL.....	140	NATACYN.....	122	NINLARO.....	185
<i>morphine</i>	201, 202	NATAZIA.....	51	<i>nisoldipine</i>	37
<i>morphine (pf)</i>	201	<i>nateglinide</i>	76	NITRO-BID.....	45
<i>morphine concentrate</i>	201	NATESTO.....	131	NITRO-DUR.....	46
MOTEGRITY.....	227	NATURE-THROID.....	117	<i>nitrofurantoin</i>	142
MOVANTIK.....	165	NEBUPENT.....	147	<i>nitrofurantoin macrocrystal</i>	142
MOVIPREP.....	165	NEBUSAL.....	191	<i>nitrofurantoin monohydlm-cryst</i>	142
MOXATAG.....	143	NECON 0.5/35 (28).....	51	<i>nitroglycerin</i>	46
MOXEZA.....	122	NEEVODHA (WITH ALGAL OIL) ..	233	NITROMIST.....	46
<i>moxifloxacin</i>	122, 143	<i>nefazodone</i>	14	NITRO-TIME.....	46
MOZOBIL.....	190	<i>neomycin</i>	145	NIVESTYM.....	129
MUGARD.....	196	<i>neomycin-bacitracin-poly-hc</i>	118	<i>nizatidine</i>	227
MULPLETA.....	131	<i>neomycin-bacitracin-polymyxin</i>	122	NORA-BE.....	51
MULTAQ.....	28	<i>neomycin-polymyxin b gu</i>	65	<i>noreth-ethinyl estradiol-iron</i>	52
<i>mupirocin</i>	60	<i>neomycin-polymyxin b-dexameth</i> ..	119	<i>norethindrone (contraceptive)</i>	52
MURI-LUBE.....	197	<i>neomycin-polymyxin-gramicidin</i>	122	<i>norethindrone acetate</i>	134
MYALEPT.....	116	<i>neomycin-polymyxin-hc</i>	110, 119	<i>norethindrone ac-eth estradiol</i> ..	52, 134
<i>mycophenolate mofetil</i>	138	NEO-POLYCIN.....	122	<i>norethindrone-e.estradiol-iron</i>	52
<i>mycophenolate sodium</i>	138	NEO-POLYCIN HC.....	119	<i>norgestimate-ethinyl estradiol</i>	52
MYGLUCOHEALTH.....	88, 101	NEORAL.....	138	NORLYDA.....	52
MYGLUCOHEALTH CONTROL		NEO-SYNALAR.....	62	NORLYROC.....	52
SOLUTION.....	101	NEO-SYNALAR KIT.....	62	NORMAL SALINE FLUSH.....	112
MYGLUCOHEALTH LANCETS....	170	NERLYNX.....	185	NORMLGEL AG.....	59
MYLERAN.....	181	NESTABS.....	233	NORPACE CR.....	28
MYNATAL.....	233	NESTABS ABC.....	233	NORTHERA.....	44
MYNATAL ADVANCE.....	233	NESTABS DHA.....	233	NORTREL 0.5/35 (28).....	52
MYNATAL PLUS.....	233	NESTABS ONE.....	233	NORTREL 1/35 (21).....	52
MYNATAL-Z.....	233	NEUAC.....	58	NORTREL 1/35 (28).....	52

NORTREL 7/7/7 (28).....	52	NYAMYC.....	60	ONETOUCH SURESOFT	
<i>nortriptyline</i>	17	NYMALIZE.....	37	LANCING DEV.....	102, 170
NORVIR.....	150	<i>nystatin</i>	60, 145	ONETOUCH ULTRA BLUE TEST	
NOVA MAX BLOOD GLUCOSE		<i>nystatin-triamcinolone</i>	60	STRIP.....	88
METER.....	101	NYSTOP.....	60	ONETOUCH ULTRA CONTROL..	102
NOVA MAX GLUCOSE CONTROL		OB COMPLETE.....	234	ONETOUCH ULTRA2 METER.....	102
.....	101	OB COMPLETE ONE.....	234	ONETOUCH ULTRAMINI.....	102
NOVA MAX GLUCOSE TEST.....	88	OB COMPLETE PETITE.....	234	ONETOUCH ULTRASOFT	
NOVA SAFETY LANCETS.....	170	OB COMPLETE PREMIER.....	234	LANCETS.....	170
NOVA SUREFLEX LANCETS.....	170	OB COMPLETE WITH DHA.....	234	ONETOUCH VERIO.....	88
NOVAMAX PLUS GLU-KET.....	101	OBSTETRIX DHA.....	234	ONETOUCH VERIO FLEX.....	102
NOVAREL.....	113	OBSTETRIX EC.....	234	ONETOUCH VERIO FLEX START	
NOVOFINE 32.....	194	OBSTETRIX ONE.....	234	.....	102
NOVOFINE AUTOCOVER.....	194	OBTREX DHA.....	234	ONETOUCH VERIO HIGH	
NOVOFINE PLUS.....	194	O-CAL PRENATAL.....	234	CONTROL.....	102
NOVOLIN 70/30 U-100 INSULIN..	108	OCELLA.....	52	ONETOUCH VERIO IQ METER...	102
NOVOLIN 70-30 FLEXPEN U-100	108	<i>octreotide acetate</i>	197	ONETOUCH VERIO MID	
NOVOLIN N NPH U-100 INSULIN	109	ODEFSEY.....	151	CONTROL.....	102
NOVOLIN R REGULAR U-100		ODOMZO.....	183	ONETOUCH VERIO SYSTEM.....	102
INSULN.....	109	OFEV.....	199	ONEXTON.....	58
NOVOLOG FLEXPEN U-100		<i>ofloxacin</i>	110, 122, 143	ONGLYZA.....	76
INSULIN.....	109	OGESTREL (28).....	52	ON-THE-GO LANCETS.....	170
NOVOLOG MIX 70-30 U-100		<i>olanzapine</i>	22	<i>opium tincture</i>	164
INSULN.....	109	<i>olanzapine-fluoxetine</i>	26	OPSUMIT.....	38
NOVOLOG MIX 70-30FLEXPEN U-		<i>olmesartan</i>	32	OPTIUM EZ.....	88
100.....	109	<i>olmesartan-amlodipin-hcthiamid</i>	30	OPTIUM TEST.....	88
NOVOLOG PENFILL U-100		<i>olmesartan-hydrochlorothiazide</i>	30	OPTUMRX.....	88, 102
INSULIN.....	109	<i>olopatadine</i>	119	ORACIT.....	229
NOVOLOG U-100 INSULIN		<i>omeprazole</i>	228	ORAFATE.....	189
ASPART.....	109	OMNITROPE.....	116	ORALAIR.....	3
NOVOPEN ECHO.....	101	ON CALL EXPRESS CONTROL..	101	ORALONE.....	189
NOVOTWIST.....	194	ON CALL EXPRESS METER.....	101	ORAMAGICRX.....	196
NOXAFIL.....	144	ON CALL EXPRESS TEST STRIP..	88	ORAVIG.....	144
NP THYROID.....	118	ON CALL LANCET.....	170	ORENCIA.....	155
NPLATE.....	131	ON CALL PLUS CONTROL.....	101	ORENCIA (WITH MALTOSE).....	155
NUCYNTA.....	202	ON CALL PLUS LANCET.....	170	ORENCIA CLICKJECT.....	155
NUCYNTA ER.....	202	ON CALL PLUS METER.....	101	ORENITRAM.....	38
NUDICLO SOLUPAK.....	64	ON CALL PLUS TEST STRIP.....	88	ORLISSA.....	116
NUDEXTA.....	189	ON CALL VIVID CONTROL.....	101	ORKAMBI.....	198
NULEV.....	226	ON CALL VIVID METER.....	101	<i>orphenadrine citrate</i>	224
NUMOISYN.....	196	ON CALL VIVID PAL METER		ORSYTHIA.....	52
NUPLAZID.....	26	.....	101, 102	OSCIMIN.....	226
NUTRILIPID.....	191	ON CALL VIVID TEST STRIP.....	88	OSCIMIN SL.....	226
NUVARING.....	46	ONCASPAR.....	186	OSCIMIN SR.....	226
NUVESSA.....	230	<i>ondansetron</i>	4	<i>oseltamivir</i>	148
NUZYRA.....	144	<i>ondansetron hcl</i>	4	OSMOPREP.....	165
NUZYRA (7 DAY WITH LOAD		<i>ondansetron hcl (pf)</i>	4	OSPHENA.....	117
DOSE).....	144	ONETOUCH DELICA LANCETS..	170	OTEZLA.....	155
NUZYRA (7 DAY).....	144			OTEZLA STARTER.....	155

OTOVEL.....	110	PERIOGARD.....	189	POMALYST.....	183
OTREXUP (PF).....	152	<i>permethrin</i>	61	PORTIA 28.....	52
OVACE PLUS.....	64	<i>perphenazine</i>	25	POTABA.....	238
OVIDREL.....	113	<i>perphenazine-amitriptyline</i>	16	<i>potassium chloride</i>	111, 112
<i>oxandrolone</i>	131	PERSERIS.....	23	<i>potassium chloride in 0.9%nacl</i>	111
<i>oxaprozin</i>	160	PHARMACIST CHOICE.....	88	<i>potassium citrate</i>	229
<i>oxazepam</i>	19	PHARMACIST CHOICE.....		PR NATAL 400.....	234
<i>oxcarbazepine</i>	217	GLUCOSE SYS.....	102	PR NATAL 400 EC.....	234
OXTELLAR XR.....	217	PHENADOZ.....	4	PR NATAL 430.....	235
<i>oxybutynin chloride</i>	229, 230	<i>phenazopyridine</i>	229	PR NATAL 430 EC.....	234
<i>oxycodone</i>	202	<i>phenelzine</i>	12	PRADAXA.....	131
<i>oxycodone-acetaminophen</i>	206	PHENERGAN.....	5	<i>pralidoxime</i>	190
<i>oxycodone-aspirin</i>	207	<i>phenobarb-hyoscy-atropine-scop</i> ..	226	PRALUENT PEN.....	43
OXYCONTIN.....	202	<i>phenobarbital</i>	25	<i>pramipexole</i>	208
<i>oxymorphone</i>	203	PHENOHYTRO.....	226	PRAMOSONE.....	66
OZEMPIC.....	72, 73	<i>phenoxybenzamine</i>	30	<i>prasugrel</i>	130
PACERONE.....	28	<i>phenylephrine hcl</i>	121	<i>pravastatin</i>	42
<i>paliperidone</i>	22, 23	PHENYTEK.....	217	<i>praziquantel</i>	146
PALYNZIQ.....	181	<i>phenytoin</i>	217	<i>prazosin</i>	30
PANCREAZE.....	224	<i>phenytoin sodium extended</i> ..	217, 218	PRECISION.....	102
PANRETIN.....	67	PHILITH.....	52	PRECISION GLUCOSE CONTROL	
<i>pantoprazole</i>	228	PHOSLYRA.....	110	SOLN.....	102
<i>papaverine</i>	46	PHOSPHASAL.....	140	PRECISION GLUCOSE/KETONE	
<i>paregoric</i>	164	PHOSPHOLINE IODIDE.....	124	CONTR.....	102
PAREMYD.....	125	PHYSIOLYTE.....	65	PRECISION PCX PLUS TEST.....	88
<i>paricalcitol</i>	116	PHYSIOSOL IRRIGATION.....	65	PRECISION PCX TEST.....	88
PAROEX ORAL RINSE.....	189	<i>phytonadione (vitamin k1)</i>	131	PRECISION POINT OF CARE	
<i>paromomycin</i>	146	PIFELTRO.....	149	TEST.....	88
<i>paroxetine hcl</i>	13	<i>pilocarpine hcl</i>	124, 181	PRECISION Q-I-D TEST.....	88
<i>paroxetine mesylate(menop.sym)</i> ...	13	<i>pimozide</i>	19	PRECISION XTRA MONITOR.....	102
PASER.....	145	PIMTREA (28).....	52	PRECISION XTRA TEST.....	89
PAXIL.....	13	<i>pindolol</i>	35	PRED MILD.....	120
PAZEO.....	119	<i>pioglitazone</i>	77	PRED-G.....	119
P-CARE K80G.....	157	PIRMELLA.....	52	PRED-G S.O.P.....	119
<i>peg 3350-electrolytes</i>	165	<i>piroxicam</i>	160	<i>prednicarbate</i>	63
PEGANONE.....	217	PLEGRIDY.....	188	<i>prednisoln sp-gatiflox-bromfen</i>	118
PEGASYS.....	152	PLENVU.....	165	<i>prednisolone</i>	157
PEGASYS PROCLICK.....	152	PNV OB+DHA.....	234	<i>prednisolone acetate</i>	120
<i>peg-electrolyte soln</i>	165	PNV-DHA.....	234	<i>prednisolone acetate (pf)</i>	120
PEG-PREP.....	165	PNV-DHA + DOCUSATE.....	234	<i>prednisolone sod ph-bromfenac</i>	120
PEN NEEDLE.....	194	PNV-FERROUS FUMARATE-		<i>prednisolone sod ph-gatifloxac</i>	119
<i>pen needle, diabetic</i>	194	DOCU-FA.....	234	<i>prednisolone sodium phosphate</i>	
<i>penicillin v potassium</i>	143	PNV-OMEGA.....	234	.....	120, 157
PENTASA.....	162	PNV-SELECT.....	234	<i>prednisone</i>	157
<i>pentazocine-naloxone</i>	203	PNV-VP-U.....	234	PREDNISONE INTENSOL.....	157
PENTIPS.....	194	PODOCON.....	65	PREFERA-OB.....	235
<i>pentoxifylline</i>	128	<i>podofilox</i>	65	PREFERA-OB ONE.....	235
PERFOROMIST.....	7	POLYCIN.....	122	PREFERA-OB PLUS DHA.....	235
<i>perindopril erbumine</i>	32	<i>polymyxin b sulf-trimethoprim</i>	122	PREFEST.....	134

PREGNYL.....	113	PRESSURE ACTIVATED	<i>progesterone micronized</i>	135
PREMARIN.....	134, 231	LANCETS.....	PROGLYCEM.....	106
PREMIER BLU GLUCOSE METER		PRESTO PRO BLOOD GLUCOSE	PROGRAF.....	138
.....	102	METER.....	PROLASTIN-C.....	181
PREMIER TEST STRIP.....	89	PRETAB.....	PROMACTA.....	131
PREMIER VOICE GLUCOSE		PREVALITE.....	<i>promethazine</i>	3, 5
METER.....	103	PREVENT DROPSAFE PEN	<i>promethazine-codeine</i>	56
PREMIUM BLOOD GLUCOSE		NEEDLE.....	<i>promethazine-dm</i>	57
MONITOR.....	103	PREVIFEM.....	<i>promethazine-phenyleph-codeine</i> ...	55
PREMIUM V10.....	89, 103	PREVYMIS.....	<i>promethazine-phenylephrine</i>	55
PREMPHASE.....	134	PREZCOBIX.....	PROMETHEGAN.....	5
PREMPRO.....	134	PREZISTA.....	PROMISEB.....	65
PRENA1 CHEW.....	235	PRIFTIN.....	<i>propafenone</i>	28
PRENA1 PEARL.....	235	PRIMACARE.....	<i>propantheline</i>	227
PRENA1 TRUE.....	235	<i>primaquine</i>	<i>proparacaine</i>	121
PRENAISSANCE.....	235	<i>primidone</i>	<i>propranolol</i>	35
PRENAISSANCE PLUS.....	235	PRIMSOL.....	<i>propranolol-hydrochlorothiazid</i>	36
PRENATA.....	235	PRIVIGEN.....	<i>propylene glycol (bulk)</i>	197
PRENATABS FA.....	235	PRO COMFORT INSULIN	<i>propylthiouracil</i>	117
PRENATABS RX.....	235	SYRINGE.....	PRO-RED AC (W/	
PRENATAL 19.....	235	PRO COMFORT LANCET.....	DEXCHLORPHENIR).....	55
PRENATAL 19 (WITH		PRO COMFORT PEN NEEDLE.....	PROSOL 20 %.....	196
DOCUSATE).....	235	PROAIR RESPICLICK.....	PROSTIN E2.....	54
PRENATAL PLUS.....	235	<i>probenecid</i>	PROSTIN VR PEDIATRIC.....	40
PRENATAL PLUS (CALCIUM		<i>probenecid-colchicine</i>	PROTHELIAL.....	189
CARB).....	235	<i>prochlorperazine</i>	<i>protriptyline</i>	17
PRENATAL PLUS DHA.....	235	<i>prochlorperazine maleate</i>	PROVIDA DHA.....	236
PRENATAL VITAMIN PLUS LOW		PROCORT.....	PROVIDA OB.....	236
IRON.....	235	PROCRIT.....	PRUTECT.....	65
PRENATAL-U.....	235	PROCTOCORT.....	PULMICORT FLEXHALER.....	9
PRENATE AM.....	235	PROCTOFOAM HC.....	PULMOSAL.....	191
PRENATE CHEWABLE.....	235	PROCTO-MED HC.....	PULMOZYME.....	199
PRENATE DHA.....	235	PROCTOSOL HC.....	PUREFE OB PLUS.....	236
PRENATE DHA (FERR ASP		PROCTOZONE-HC.....	PURIXAN.....	182
GLYCIN).....	235	PRODIGY AUTOCODE METER...103	PUSH BUTTON SAFETY	
PRENATE ELITE.....	236	PRODIGY AUTOCODE MONITOR	LANCETS.....	170
PRENATE ELITE (IRON ASP		SYST.....	PYLERA.....	227
GLYC).....	236	PRODIGY CONTROL SOLUTION,	<i>pyrazinamide</i>	145
PRENATE ENHANCE.....	236	LOW.....	PYRIDIUM.....	229
PRENATE ESSENTIAL.....	236	PRODIGY CONTROL	<i>pyridostigmine bromide</i>	12
PRENATE ESSENTIAL(IRON-		SOLUTION,HIGH.....	<i>pyridoxine (vitamin b6)</i>	239
ASP-GL).....	236	PRODIGY INSULIN SYRINGE....	QNASL.....	4
PRENATE MINI (FERR ASP		PRODIGY LANCETS.....	QTERN.....	78
GLYCIN).....	236	PRODIGY NO CODING.....	QUDEXY XR.....	218
PRENATE PIXIE.....	236	PRODIGY POCKET METER.....	<i>quetiapine</i>	23
PRENATE RESTORE.....	236	PRODIGY TWIST TOP LANCET..	QUILLICHEW ER.....	27
PRENATE STAR.....	236	METER.....	QUILLIVANT XR.....	28
PREPLUS.....	236	<i>progesterone</i>	<i>quinapril</i>	32
PREPOPIK.....	165		<i>quinapril-hydrochlorothiazide</i>	29

<i>quinidine gluconate</i>	28	RELION MICRO GLUCOSE		RIGHTEST CONTROL SOLUTION	
<i>quinidine sulfate</i>	28	MONITOR.....	103	NORM.....	104
<i>quinine sulfate</i>	147	RELION NEEDLES.....	195	RIGHTEST GC250S CNTRL SOL	
QUINTET AC.....	89, 103	RELION PEN NEEDLES.....	195	NORM.....	104
QUINTET BLOOD GLUCOSE		RELION PRIME METER.....	103	RIGHTEST GL300 LANCETS.....	171
METER.....	103	RELION PRIME TEST STRIPS.....	89	RIGHTEST GM250S GLUCOSE	
QUINTET GLUCOSE TEST		RELION THIN LANCETS.....	170	METER.....	104
STRIPS.....	89	RELION ULTIMA.....	89	RIGHTEST GM260 GLUCOSE	
QUTENZA.....	65	RELION ULTRA THIN PLUS		METER.....	104
QVAR REDHALER.....	9	LANCETS.....	170	RIGHTEST GM550 SYSTEM.....	104
<i>rabeprazole</i>	228	RELISTOR.....	165	RIGHTEST GS250S TEST STRIPS.....	89
RADIAGEL.....	196	REMODULIN.....	38	RIGHTEST GS260 TEST STRIPS.....	89
RADIAPLEXRX.....	66	RENACIDIN.....	229	RIGHTEST GS550 TEST STRIPS.....	89
RADIOGARDASE.....	192	RENAGEL.....	110	<i>riluzole</i>	188
RAGWITEK.....	3	<i>repaglinide</i>	76	<i>rimantadine</i>	148
RAJANI.....	53	<i>repaglinide-metformin</i>	80	<i>ringer's</i>	65
<i>raloxifene</i>	115	REPLICARE DRESSING.....	167	<i>risedronate</i>	115
<i>ramipril</i>	32	REPLICARE THIN.....	167	RISPERDAL CONSTA.....	23
<i>ranitidine hcl</i>	227	REPLICARE ULTRA DRESSING.....	167	<i>risperidone</i>	23
<i>ranolazine</i>	44	RESCRIPTOR.....	149	<i>ritonavir</i>	150
RAPAMUNE.....	138	RESECTISOL.....	37	<i>rivastigmine</i>	12
<i>rasagiline</i>	208	RESPA-AR.....	55	<i>rivastigmine tartrate</i>	12
RASUVO (PF).....	152, 153	RESTASIS.....	123	RIVELSA.....	53
RAYALDEE.....	116	RESTASIS MULTIDOSE.....	123	<i>rizatriptan</i>	204
READYLANCE SAFETY LANCETS		RESTORE.....	167	R-NATAL OB.....	236
.....	170	RESTORE CALCIUM ALGINATE.....	167	ROBAFEN AC.....	57
REBETOL.....	152	RESTORE CONTACT LAYER		ROCKLATAN.....	124
REBIF (WITH ALBUMIN).....	188	SILVER.....	167	<i>ropinirole</i>	208
REBIF REBIDOSE.....	188	RESTORE FOAM DRESSING		ROSDAN.....	59
REBIF TITRATION PACK.....	188	SILVER.....	167	<i>rosuvastatin</i>	42
RECLIPSEN (28).....	53	RETACRIT.....	128	ROWEEPRA.....	218
RECTIV.....	163	REVEAL BLOOD GLUCOSE		ROWEEPRA XR.....	218
REFUAH PLUS.....	89	METER.....	103	RUBRACA.....	185
REFUAH PLUS GLUCOSE		REVEAL TEST STRIP.....	89	RUCONEST.....	155
CONTROL.....	103	REVLIMID.....	183	RYDAPT.....	185
REFUAH PLUS GLUCOSE		REXULTI.....	21	RYTARY.....	208
MONITOR.....	103	REYATAZ.....	150	SABRIL.....	218
REGENECARE WITH ALOE.....	67	RHOGAM ULTRA-FILTERED		SAFESNAP INSULIN SYRINGE.....	177
REGRANEX.....	106	PLUS.....	136	SAFETY LANCETS.....	171
RELAGARD.....	231	RHOPRESSA.....	124	SAFETY PEN NEEDLE.....	195
RELENZA DISKHALER.....	148	RIASTAP.....	127	SAFETY SEAL LANCETS.....	171
RELIAMED LANCET.....	170	RIBASPHERE.....	152	SAFETY-LET LANCETS.....	171
RELIAMED SAFETY SEAL		<i>ribavirin</i>	152	<i>salicylic acid</i>	65, 66
LANCETS.....	170	RIDAURA.....	157	<i>salsalate</i>	199
RELIAMED TWIST AND CAP		<i>rifabutin</i>	145	SALVAX.....	66
LANCET.....	170	<i>rifampin</i>	145	SALVAX DUO PLUS.....	66
RELION ALL-IN-ONE METER.....	103	RIFATER.....	145	SANCUSO.....	5
RELION CONFIRM.....	103	RIGHTEST CONTROL SOLUTION		SANDIMMUNE.....	138, 139
RELION CONFIRM-MICRO.....	89	HIGH.....	103	SANTYL.....	67

SAPHRIS.....	24	SKLICE.....	61	SONAFINE.....	65
SAVAYSA.....	127	SKYRIZI.....	67, 68	SOOLANTRA.....	59
SAVELLA.....	188	SMART CARESENS N.....	104	<i>sorbitol</i>	65, 198
SCALACORT DK.....	64	SMART SENSE LANCETS.....	171	<i>sorbitol-mannitol</i>	65
<i>scopolamine base</i>	5	SMART SENSE MONITORING		SORILUX.....	69
SEEBRI NEOHALER.....	6	SYSTEM.....	104	SORINE.....	35
SEGLUROMET.....	81	SMART SENSE TEST STRIPS.....	89	<i>sotalol</i>	35
SELECT-OB.....	236	SMARTEST CONTROL.....	104	SOTALOL AF.....	35
SELECT-OB (FOLIC ACID).....	236	SMARTEST EJECT.....	104	<i>spinosad</i>	61
SELECT-OB + DHA.....	236	SMARTEST LANCET.....	171	SPIRIVA RESPIMAT.....	6
<i>selegiline hcl</i>	208	SMARTEST PERSONA GLUCOSE		SPIRIVA WITH HANDIHALER.....	6
<i>selenium sulfide</i>	65	METER.....	104	<i>spironolactone</i>	37
SELZENTRY.....	149	SMARTEST PERSONA STARTER		<i>spironolacton-hydrochlorothiaz</i>	38
SE-NATAL 19.....	236	SYSTEM.....	104	SPRINTEC (28).....	53
SENSIPAR.....	115	SMARTEST PRONTO GLUCOSE		SPRYCEL.....	185
SEREVENT DISKUS.....	7	METER.....	104	SPS (WITH SORBITOL).....	111
SEROQUEL XR.....	24	SMARTEST PRONTO STARTER.....	104	SRONYX.....	53
SEROSTIM.....	116	SMARTEST PROTEGE.....	104	SSD.....	61
<i>sertraline</i>	13	SMARTEST SMART CODE		SSKI.....	55
SETLAKIN.....	53	METER.....	104	SSS 10-5.....	61
<i>sevelamer carbonate</i>	110	SMARTEST TALKING METER.....	104	ST JOSEPH ASPIRIN.....	130
<i>sevelamer hcl</i>	110, 111	SMARTEST TEST.....	89	ST. JOSEPH ASPIRIN.....	130
<i>sevoflurane</i>	190	<i>sodium bicarbonate</i>	110	<i>stavudine</i>	149
SHAROBEL.....	53	<i>sodium chlor 0.9% bacteriostat</i>	112	STEGLATRO.....	75
SHINGRIX (PF).....	137	<i>sodium chloride</i>	112, 191	STELUJAN.....	78
SHINGRIX ADJUVANT		<i>sodium chloride 0.45 %</i>	112	STELARA.....	158
COMPONENT-PF.....	198	<i>sodium chloride 0.9 %</i>	112	STERILANCE TL.....	171
SHINGRIX GE ANTIGEN		<i>sodium chloride 0.9 % (flush)</i>	112	STERILE WATER FOR	
COMPONENT.....	137	<i>sodium citrate</i>	127	INJECTION.....	198
SHOHL'S MODIFIED.....	229	<i>sodium ferric gluconat-sucrose</i>	231	STIMATE.....	113
SIDEKICK BLOOD GLUCOSE		<i>sodium phenylbutyrate</i>	164	STIOLTO RESPIMAT.....	7
SYSTEM.....	104	<i>sodium polystyrene sulfonate</i>	111	STIVARGA.....	185
SIGNIFOR.....	197	<i>sodium succinate</i>	197	STRAVIX.....	197
<i>sildenafil (antihypertensive)</i>	38	SOFT TOUCH LANCETS.....	171	STRIANT.....	131
<i>silver nitrate</i>	59, 66	SOLQUA 100/33.....	79	STRIBILD.....	151
<i>silver nitrate applicators</i>	66	SOLTAMOX.....	187	STRIVERDI RESPIMAT.....	7
<i>silver sulfadiazine</i>	61	SOLU-CORTEF.....	157	STRONG IODINE.....	117
SILVRSTAT.....	59	SOLU-CORTEF (PF).....	157	SUBVENITE.....	218
SIMBRINZA.....	124	SOLU-MEDROL.....	157	SUCRAID.....	224
SIMLIYA (28).....	53	SOLU-MEDROL (PF).....	157	<i>sucralfate</i>	227
SIMPESSE.....	53	SOLUS V2 AUDIBLE METER.....	104	<i>sulfacetamide sodium</i>	65, 121
SIMPONI.....	155	SOLUS V2 CONTROL SOLUTION,		<i>sulfacetamide sodium (acne)</i>	58
SIMPONI ARIA.....	155	LOW.....	104	<i>sulfacetamide sodium-sulfur</i>	61
<i>simvastatin</i>	42	SOLUS V2 CONTROL		<i>sulfacetamide sod-sulfur-urea</i>	61
SINGLE-LET.....	171	SOLUTION,HIGH.....	104	<i>sulfacetamide-prednisolone</i>	121
<i>sirolimus</i>	139	SOLUS V2 LANCETS.....	171	<i>sulfacetamide-sulfur-cleansr23</i>	61
SIRTURO.....	145	SOLUS V2 TEST STRIPS.....	89	<i>sulfadiazine</i>	161
SITAVIG.....	148	SOMATULINE DEPOT.....	197	<i>sulfamethoxazole-trimethoprim</i>	139
SIVEXTRO.....	142	SOMAVERT.....	115	SULFAMYLON.....	61

<i>sulfasalazine</i>	162	TACLONEX.....	69	<i>telmisartan-amlodipine</i>	31
SULFATRIM.....	139	<i>tacrolimus</i>	69, 139	<i>telmisartan-hydrochlorothiazid</i>	31
<i>sulindac</i>	160	<i>tadalafil (antihypertensive)</i>	38	<i>temazepam</i>	26
<i>sumatriptan</i>	204	TAFINLAR.....	182	<i>temozolomide</i>	182
<i>sumatriptan succinate</i>	204	TAGRISSO.....	185	TENCON.....	199
SUMAVEL DOSEPRO.....	205	TAKHZYRO.....	161	<i>tenofovir disoproxil fumarate</i>	150
SUPER THIN LANCETS.....	171	TALTZ AUTOINJECTOR.....	68	<i>terazosin</i>	30
SUPRAX.....	140	TALTZ AUTOINJECTOR (2 PACK).....	68	<i>terbinafine hcl</i>	144
SUPREP BOWEL PREP KIT.....	165	TALTZ AUTOINJECTOR (3 PACK).....	68	<i>terbutaline</i>	6
SURE COMFORT INS. SYR. U-100.....	177	TALTZ SYRINGE.....	68	<i>terconazole</i>	230, 231
SURE COMFORT INSULIN SYRINGE.....	178	TALWIN.....	203	TERSI FOAM.....	65
SURE COMFORT LANCETS.....	171	TALZENNA.....	185	TERUMO INSULIN SYRINGE.....	178
SURE COMFORT PEN NEEDLE.....	195	<i>tamoxifen</i>	187	TEST N'GO BLOOD GLUCOSE SYSTEM.....	105
SURE-FINE PEN NEEDLES.....	195	<i>tamsulosin</i>	228	TEST N'GO TEST.....	89
SURE-JECT INSULIN SYRINGE.....	178	TARCEVA.....	185	TESTONE CIK.....	131
SURE-LANCE.....	171	TARGRETIN.....	67	<i>testosterone</i>	132
SURE-LANCE ULTRA THIN.....	171	TARINA 24 FE.....	53	<i>testosterone cypionate</i>	132
SURE-TEST EASYPLUS MINI89, 105	105	TARINA FE 1/20 (28).....	53	<i>testosterone enanthate</i>	132
SURE-TEST EASYPLUS MINI METER.....	104	TARINA FE 1-20 EQ (28).....	53	TETCAINE.....	121
SURE-TOUCH LANCET.....	171	TARON-C DHA.....	236	<i>tetrabenazine</i>	189
SURFAXIN.....	199	TARON-PREX PRENATAL-DHA.....	236	<i>tetracaine hcl</i>	121
SURVANTA.....	199	TASIGNA.....	185	<i>tetracaine hcl (pf)</i>	121
SUSTOL.....	5	TAVALISSE.....	130	<i>tetracycline</i>	144
SUTENT.....	185	TAYTULLA.....	53	TETRAVISC.....	121
SYEDA.....	53	TAZTIA XT.....	37	TETRAVISC FORTE.....	121
SYLATRON.....	183	TD GOLD BLOOD GLUCOSE MONITOR.....	105	TEXACORT.....	64
SYMAX DUOTAB.....	226	TD GOLD LEVEL 1 CONTROL.....	105	THALOMID.....	145
SYMAX FASTABS.....	226	TD GOLD LEVEL 2 CONTROL.....	105	THEO-24.....	10
SYMAX-SL.....	227	TD GOLD LEVEL 3 CONTROL.....	105	THEOCHRON.....	10
SYMAX-SR.....	227	TD GOLD TEST STRIP.....	89	<i>theophylline</i>	10, 11
SYMBICORT.....	8	TD GOLD VOICE GLUCOSE MONITOR.....	105	<i>thiamine hcl (vitamin b1)</i>	238
SYMDEKO.....	198	TECFIDERA.....	188	THIN LANCETS.....	171
SYMFI.....	151	TECHLITE INSULIN SYR HALF UNIT.....	178	THINPRO INSULIN SYRINGE.....	178
SYMFI LO.....	151	TECHLITE INSULIN SYRINGE.....	178	THIOLA.....	228
SYMJEPI.....	181	TECHLITE LANCETS.....	171	<i>thioridazine</i>	25
SYMLINPEN 120.....	75	TECHLITE PEN NEEDLE.....	195	<i>thiothixene</i>	24
SYMLINPEN 60.....	75	TEGRETOL.....	218	<i>thyroid (pork)</i>	118
SYMPAZAN.....	209	TEGRETOL XR.....	218	THYROLAR-1.....	118
SYMTUZA.....	147	TEKTRUNA HCT.....	39	THYROLAR-1/2.....	118
SYNALAR CREAM KIT.....	64	TELCARE BGM.....	105	THYROLAR-1/4.....	118
SYNALAR OINTMENT KIT.....	64	TELCARE BLOOD GLUCOSE KIT.....	105	THYROLAR-2.....	118
SYNALAR TS.....	64	TELCARE CONTROL.....	105	THYROLAR-3.....	118
SYNJARDY.....	81	TELCARE LANCETS.....	171	<i>tiagabine</i>	219
SYNJARDY XR.....	81, 82	TELCARE TEST STRIPS.....	89	TIBSOVO.....	186
SYNTHROID.....	118	<i>telmisartan</i>	32	TIGAN.....	5
TABLOID.....	182			TILIA FE.....	53
				<i>timol-brimon-dorzo-latanop(pf)</i>	124
				<i>timolol maleate</i>	35, 124

<i>timolol-brimonidi-dorzolam(pf)</i>	125	TRESIBA U-100 INSULIN.....	109	TRUE COMFORT LANCET.....	171
TIMOPTIC OCUDOSE (PF).....	125	<i>tretinoin</i>	59	TRUE COMFORT PEN NEEDLE..	195
<i>tinidazole</i>	146	<i>tretinoin (chemotherapy)</i>	186	TRUE METRIX AIR GLUCOSE	
TIROSINT.....	118	TRETIN-X CREAM KIT.....	59	METER.....	105
TIROSINT-SOL.....	118	TREXALL.....	182	TRUE METRIX GLUCOSE METER	
TIS-U-SOL PENTALYTE.....	65	TRI FEMYNOR.....	53	.....	105
TIVICAY.....	151	<i>triamcinolone acetonide</i> ..	64, 157, 189	TRUE METRIX GLUCOSE TEST	
<i>tizanidine</i>	224	<i>triamterene-hydrochlorothiazid</i>	38	STRIP.....	90
TOBI PODHALER.....	145	<i>triazolam</i>	26	TRUE METRIX GO GLUCOSE	
TOBRADEX.....	119	TRICARE.....	237	METER.....	105
TOBRADEX ST.....	119	TRIDERM.....	64	TRUE METRIX LEVEL 1.....	105
<i>tobramycin</i>	122	<i>trientine</i>	192	TRUE METRIX LEVEL 2.....	105
<i>tobramycin in 0.225 % nacl</i>	145	TRI-ESTARYLLA.....	53	TRUE METRIX LEVEL 3.....	105
<i>tobramycin-dexamethasone</i>	119	<i>trifluoperazine</i>	25	TRUE2GO BLOOD GLUCOSE	
TOBREX.....	122	<i>trifluridine</i>	120	SYSTEM.....	105
TODAY CONTRACEPTIVE		<i>trihexyphenidyl</i>	207	TRUECONTROL LEVEL 0.....	105
SPONGE.....	46	TRI-LEGEST FE.....	53	TRUECONTROL LEVEL 1.....	105
<i>tolazamide</i>	76	TRILEPTAL.....	220	TRUEPLUS INSULIN.....	179
<i>tolbutamide</i>	76	TRI-LINYAH.....	53	TRUEPLUS LANCETS.....	171
<i>tolmetin</i>	160, 161	TRILOAN II SUIK.....	157	TRUEPLUS PEN NEEDLE.....	195
<i>tolterodine</i>	230	TRI-LO-ESTARYLLA.....	53	TRUERESULT BLOOD GLUCOSE	
TOPAMAX.....	219	TRI-LO-MARZIA.....	53	SYSTEM.....	105
TOPCARE CLICKFINE.....	195	TRI-LO-MILI.....	53	TRUETEST TEST STRIPS.....	90
TOPCARE ULTRA COMFORT.....	179	TRI-LO-SPRINTEC.....	53	TRUETRACK BLOOD GLUCOSE	
TOPCARE UNIVERSAL1 LANCET		TRILYTE WITH FLAVOR		SYSTEM.....	105
.....	171	PACKETS.....	165	TRUETRACK SMART SYSTEM...	105
<i>topiramate</i>	219	<i>trimethobenzamide</i>	5	TRUETRACK TEST.....	90
<i>toremifene</i>	187	<i>trimethoprim</i>	140	TRULANCE.....	163
<i>torseamide</i>	37	TRI-MILI.....	54	TRULICITY.....	73
TOUJEO MAX U-300 SOLOSTAR	109	<i>trimipramine</i>	17	TRUST NATAL DHA.....	237
TOUJEO SOLOSTAR U-300		TRIMPEX.....	140	TRUVADA.....	148
INSULIN.....	109	TRINATAL RX 1.....	237	TUDORZA PRESSAIR.....	6
TRACLEER.....	38	TRINATE.....	237	TULANA.....	54
TRADJENTA.....	76	TRINTELLIX.....	16	TUXARIN ER.....	56
<i>tramadol</i>	203	TRIPLE DYE.....	61	TWIST LANCETS.....	171
<i>tramadol-acetaminophen</i>	206	TRI-PREVIFEM (28).....	54	TYBOST.....	151
<i>trandolapril</i>	32	TRI-SPRINTEC (28).....	54	TYDEMY.....	54
<i>trandolapril-verapamil</i>	29	TRISTART DHA.....	237	TYKERB.....	185
<i>tranexamic acid</i>	127	TRIUMEQ.....	151	TYMLOS.....	114
TRANSDERM-SCOP.....	5	TRIVEEN-DUO DHA.....	237	TYVASO.....	39
<i>tranylcypromine</i>	12	TRIVEEN-PRX RNF.....	237	TYVASO INSTITUTIONAL START	
TRAVATAN Z.....	125	TRIVORA (28).....	54	KIT.....	39
<i>trazodone</i>	14	TRI-VYLIBRA.....	54	TYVASO REFILL KIT.....	39
TRECTOR.....	145	TRI-VYLIBRA LO.....	54	TYVASO STARTER KIT.....	39
TRELEGY ELLIPTA.....	8	TROKENDI XR.....	220	TYZINE.....	57
TREMFYA.....	68	<i>tropicamide</i>	125	UCERIS.....	163
<i>treprostinil sodium</i>	39	<i>trospium</i>	230	ULESFIA.....	61
TRESIBA FLEXTOUCH U-100.....	109	TRUE COMFORT INSULIN		ULORIC.....	126
TRESIBA FLEXTOUCH U-200.....	109	SYRINGE.....	179	ULTICARE.....	179

ULTICARE INSULIN SYR HALF UNIT.....	179	UNILET GP LANCET.....	172	VAQTA (PF).....	137
ULTICARE INSULIN SYRINGE....	179	UNILET LANCET.....	172	VARIZIG.....	136
ULTICARE PEN NEEDLE.....	195	UNILET LANCETS.....	172	VARUBI.....	5
ULTILET BASIC LANCETS.....	171	UNILET SUPER THIN LANCETS.....	172	VASCEPA.....	44
ULTILET CLASSIC LANCETS.....	171	UNISTIK 3 COMFORT LANCET... ..	172	VASHE WOUND THERAPY.....	65
ULTILET INSULIN SYRINGE.....	179	UNISTIK 3 EXTRA LANCET.....	172	VCF CONTRACEPTIVE FILM.....	46
ULTILET LANCETS.....	171	UNISTIK 3 GENTLE.....	172	VCF CONTRACEPTIVE GEL.....	46
ULTILET PEN NEEDLE.....	195	UNISTIK 3 LANCETS.....	172	VECAMYL.....	32
ULTILET SAFETY LANCETS.....	171	UNISTIK 3 NORMAL LANCET.....	172	VELETRI.....	39
ULTIMA MONITOR.....	105	UNISTIK CZT LANCET.....	172	VELIVET TRIPHASIC REGIMEN (28).....	54
ULTIMA TEST STRIPS.....	90	UNISTIK PRO LANCET.....	172	VELPHORO.....	111
ULTRA CMFT INS SYR HALF UNIT.....	179	UNISTIK SAFETY.....	172	VELTASSA.....	111
ULTRA COMFORT INSULIN SYRINGE.....	180	UNISTIK TOUCH LANCETS.....	172	VEMLIDY.....	152
ULTRA FINE LANCETS.....	171	UNISTRIP HIGH CONTROL.....	106	VENA-BAL DHA.....	237
ULTRA FLO PEN NEEDLE.....	195	UNISTRIP LOW CONTROL.....	106	VENCLEXTA.....	186
ULTRA THIN II LANCETS.....	171	UNISTRIP1 TEST STRIP.....	90	VENCLEXTA STARTING PACK... ..	186
ULTRA THIN LANCETS.....	171	UNITHROID.....	118	VENELEX.....	198
ULTRA THIN PLUS LANCETS.....	171	UNIVERSAL 1 LANCETS.....	172	<i>venlafaxine</i>	15
ULTRA TLC LANCETS.....	171	UPTRAVI.....	39	VENTAVIS.....	39
ULTRACARE INSULIN SYRINGE.....	180	UR N-C.....	140	<i>verapamil</i>	37
ULTRA-CARE LANCETS.....	172	URAMAXIN GT.....	66	VERASENS CONTROL SOLN-LEVEL 1.....	106
ULTRACARE PEN NEEDLE.....	195	<i>urea</i>	66	VERIFINE PEN NEEDLE.....	196
ULTRALANCE LANCETS.....	172	URELLE.....	140	VERSACLOZ.....	24
ULTRA-THIN II (SHORT) INS SYR.....	180	URETRON D-S.....	140	VERZENIO.....	185
ULTRA-THIN II (SHORT) PEN NDL.....	196	URIBEL.....	140	VIBERZI.....	163
ULTRA-THIN II INS PEN NEEDLES.....	196	URIMAR-T.....	140	VIBRAMYCIN.....	144
ULTRA-THIN II INSULIN SYRINGE.....	180	URIN DS.....	140	VICODIN.....	207
ULTRA-THIN II LANCETS.....	172	URO-458.....	140	VICODIN ES.....	206
ULTRATRAK.....	90	UROGESIC-BLUE.....	141	VICODIN HP.....	207
ULTRATRAK GLUCOSE METER.....	105, 106	URO-MP.....	141	VICTOZA 2-PAK.....	73
ULTRATRAK HIGH-LOW CONTROL.....	106	UROQID-ACID NO.2.....	229	VICTOZA 3-PAK.....	73
ULTRATRAK NORMAL CONTROL.....	106	<i>ursodiol</i>	164	VIDEX 2 GRAM PEDIATRIC.....	150
ULTRATRAK ULTIMATE.....	90, 106	URYL.....	141	VIENVA.....	54
UNIFINE PENTIPS.....	196	USTELL.....	141	<i>vigabatrin</i>	220, 221
UNIFINE PENTIPS PLUS.....	196	UTIBRON NEOHALER.....	7	VIGADRONE.....	221
UNILET COMFORTOUCH LANCET.....	172	UTIRA-C.....	141	VIIBRYD.....	15, 16
UNILET EXCELITE II LANCET.....	172	VAGINAL CONTRACEPTIVE FILM.....	46	VILAMIT MB.....	141
UNILET EXCELITE LANCET.....	172	VAGINAL CONTRACEPTIVE FOAM.....	46	VILEVEV MB.....	141
		<i>valacyclovir</i>	148	VIMPAT.....	222, 223
		<i>valganciclovir</i>	148	VINATE CARE.....	237
		<i>valproic acid</i>	220	VINATE DHA RF.....	237
		<i>valproic acid (as sodium salt)</i>	220	VINATE GT.....	237
		<i>valsartan</i>	32	VINATE II.....	237
		<i>valsartan-hydrochlorothiazide</i>	31	VINATE M.....	237
		<i>vancomycin</i>	146	VINATE ONE.....	237
		VANDAZOLE.....	230	VINATE ULTRA.....	237
		VANISHPOINT SYRINGE.....	180	VIOKACE.....	224

VIORELE (28).....	54	WAVESENSE CONTROL SOLUTION.....	106	ZENPEP.....	225
VIRACEPT.....	150	WAVESENSE JAZZ.....	90	ZENZEDI.....	17, 18
VIREAD.....	150	WAVESENSE PRESTO.....	90, 106	ZEPATIER.....	152
VIRT-ADVANCE.....	237	WERA (28).....	54	<i>zidovudine</i>	150
VIRT-C DHA.....	237	WESTHROID.....	118	ZINGIBER.....	238
VIRT-NATE DHA.....	237	WP THYROID.....	118	ZIOPTAN (PF).....	125
VIRT-PN DHA.....	237	WYMZYA FE.....	54	<i>ziprasidone hcl</i>	24
VIRT-PN PLUS.....	237	XADAGO.....	209	ZIRGAN.....	120
VIRTPREX.....	237	XALKORI.....	186	ZITHRANOL.....	69
VIRT-SELECT.....	237	XARELTO.....	127	ZODRYL AC 25.....	56
VIRTUSSIN AC.....	57	XCLAIR.....	65	ZODRYL AC 30.....	56
VIRT-VITE GT.....	237	XELJANZ.....	158	ZODRYL AC 35.....	56
VITAFOL FE+ (WITH DOCUSATE).....	237	XELJANZ XR.....	158	ZODRYL AC 40.....	56
VITAFOL GUMMIES.....	237	XELPROS.....	125	ZODRYL AC 50.....	56
VITAFOL NANO.....	238	XEPI.....	60	ZODRYL AC 60.....	56
VITAFOL ULTRA.....	238	XERMELO.....	164	ZODRYL AC 80.....	56
VITAFOL-OB.....	238	XEROFORM.....	167	ZODRYL DAC 25.....	55
VITAFOL-OB+DHA.....	238	XEROFORM PETROLATUM DRESSING.....	167	ZODRYL DAC 30.....	55
VITAFOL-ONE.....	238	XEROFORM PETROLATUM OVERWRAP.....	167	ZODRYL DAC 35.....	55
VITAMED MD ONE RX.....	238	XGEVA.....	115	ZODRYL DAC 40.....	55
VITAMEDMD REDICHEW RX.....	238	XIFAXAN.....	146	ZODRYL DAC 50.....	55
VITAMIN D2.....	239	XIGDUO XR.....	82, 83	ZODRYL DAC 60.....	55
VITAMIN K.....	131	XIIDRA.....	123	ZODRYL DAC 80.....	55
VITAMIN K1.....	131	XOFLUZA.....	148	ZODRYL DEC 25.....	56
VITAPEARL.....	238	XOSPATA.....	186	ZODRYL DEC 30.....	56
VITATRUE.....	238	XTAMPZA ER.....	203	ZODRYL DEC 35.....	56
VITRAKVI.....	185	XTANDI.....	182	ZODRYL DEC 40.....	56
VIVA DHA.....	238	XULANE.....	54	ZODRYL DEC 50.....	56
VIVAGUARD INO CONTROL SOLUTION.....	106	XULTOPHY 100/3.6.....	80	ZODRYL DEC 60.....	56
VIVAGUARD LANCET.....	172	XYLON 10.....	200	ZODRYL DEC 80.....	56
VIVITROL.....	18	XYREM.....	19	ZOLINZA.....	186
VIZIMPRO.....	185	YONSA.....	182	<i>zolmitriptan</i>	205
<i>voriconazole</i>	144	YUVAFEM.....	231	<i>zolpidem</i>	26
VOSEVI.....	151	<i>zafirlukast</i>	10	ZOMIG.....	205
VOTRIENT.....	186	<i>zaleplon</i>	26	ZONEGRAN.....	223
VP-CH PLUS.....	238	ZARAH.....	54	<i>zonisamide</i>	223
VP-CH-PNV.....	238	ZARONTIN.....	223	ZONTIVITY.....	130
VP-PNV-DHA.....	238	ZARXIO.....	129	ZORBTIVE.....	116
VRAYLAR.....	19, 20	ZATEAN-PN DHA.....	238	ZORTRESS.....	139
VYFEMLA (28).....	54	ZATEAN-PN PLUS.....	238	ZOSTAVAX (PF).....	137
VYLIBRA.....	54	ZEJULA.....	186	ZOVIA 1/35E (28).....	54
VYVANSE.....	17	ZELAPAR.....	209	Z-TUSS AC.....	56
<i>warfarin</i>	126	ZELBORAF.....	183	ZUBSOLV.....	207
<i>water for inject, bacteriostat</i>	198	ZEMAIRA.....	181	ZUMANDIMINE (28).....	54
<i>water for injection, sterile</i>	198	ZENATANE.....	58	ZUPLENZ.....	5
WAVESENSE AMP.....	106	ZENCHENT (28).....	54	ZYDELIG.....	186
				ZYKADIA.....	186
				ZYPITAMAG.....	43
				ZYPRAM.....	163

ZYPREXA RELPREVV	24
ZYTIGA.....	182