MedPerform Medium Formulary
April 2020

What is the Formulary?
The MedImpact MedPerform® formulary is a list of covered drugs selected by physician and pharmacist subject matter experts who collaboratively support MedImpact's Pharmacy and Therapeutics (P&T) Committee. The plan will cover drugs listed in the formulary as long as the drug is indicated for the clinical condition, is prescribed in the appropriate manner, the prescription is filled at a participating network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?
Drugs may be added or deleted from the formulary during the year. If a drug is removed from the formulary, [or] adds prior authorization, quantity limits and/or step therapy restrictions on a drug or moves a drug to a higher cost-sharing tier], the plan will notify affected members of the change before the change becomes effective. If the Food and Drug Administration (FDA) deems a drug on the formulary to be unsafe or the drug's manufacturer removes the drug from the market, the plan will immediately remove the drug from the formulary.

How does the member use the Formulary?
There are two ways to find a drug within the formulary:

1. **Drug Categories**
   The drugs in this formulary are grouped into categories according to the types of medical conditions that they are used to treat.

2. **Alphabetical Listing**
   If the member is not sure what category to look under, the member should look for the drug in the Index. The Index provides an alphabetical list of all the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. First, look in the Index and find the drug. Next to the drug, there is a page number where the member can find coverage information. Then turn to the page listed in the Index and find the name of the drug in the first column of the list on that page.

What are generic drugs?
The plan covers both brand name drugs and generic drugs provided they are prescribed per FDA approved indications and in accordance with the plans benefit design. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on coverage of drugs on the formulary?
Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** The plan requires members [or their physicians] to get prior authorization for certain drugs. This means that the member will need to get approval before the prescription is filled.
- **Quantity Limits:** For certain drugs, the plan limits the amount of the drug that is covered.
- **Step Therapy:** In some cases, the plan requires a trial of certain clinically appropriate alternative drug(s) before obtaining the prescribed drug.

For certain drugs within the Formulary, a recommended prescribing guideline may apply. These guidelines are noted throughout the Formulary listing using the following symbols:

Symbol	Guideline	Description
AGE	Age Edit	Coverage may depend on member age
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
SP	Specialty Drug	Coverage may require dispensing from a specialty pharmacy. Specialty copay/coinsurance may apply depending on benefit.

The member can find out if the drug has any additional requirements or limits by looking within the formulary.

The member can ask the plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat the health condition. See the section: "How does a member request an exception to the formulary?"

Tier Benefit Design

A tier benefit design is where a member is responsible for a portion of the cost of a prescription drug based on the drug's tier and copayment or coinsurance. Specialty drugs may be covered at a higher copay or coinsurance. Essential Health Benefit/Preventative Care medications, if available on the plan - will be covered without cost sharing (zero copay).

Example of Formulary Tier Design:

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

Are there general exclusions on the formulary?

Many members have specific benefit inclusions, exclusions, copayments, or a lack of coverage, which are reflected in other Plan Benefit Documents.

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 their plan.

Examples of benefit exclusions:

A. Over the Counter (OTC) medications or their equivalents, unless the plan offers coverage of OTC medications.
B. Drugs specifically listed as not covered.
C. Anti-Obesity drugs
D. Medical food/nutritional supplements
E. Non-Diabetic supplies/Diagnostic supplies/Ostomy supplies/Devices
F. Disposable Needles & Syringes (Non-Insulin related)
G. Any drug products used for cosmetic purposes.
H. Experimental drug products or any drug product used in an experimental manner.
I. Replacement of lost or stolen medication.
J. Repackaged drugs and institutional use drugs (e.g. hospital use)
K. Lifestyle drugs (e.g. sexual dysfunction, infertility)
L. Non self-administered injectable drug products unless otherwise specified in the Formulary listing.
M. Foreign sourced drugs or drugs not approved by the United States Food & Drug Administration, except in certain cases of drug shortage, when covered under the plan.

What if a drug is not on the Formulary?

If a drug is not included on the formulary, the member should contact the plan. If the member is informed that the plan does not cover the drug, the member has two options:

1. The member can ask the plan for a list of similar drugs that are covered by the plan. When the member receives the list, she/he should show it to the doctor and ask the doctor to prescribe a similar drug that is covered by the plan and is determined by the doctor to be an appropriate alternative drug.-

2. The member can ask the plan to make an exception and cover the drug.

How does a member request an exception to the Formulary?

The member will need to contact the plan for details on how to file an exception request.

For more information

For more detailed information about the prescription drug coverage, please review the Evidence of Coverage or other plan materials.

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Drug	Status	Notes
Allergy		
2Nd Gen Antihistamine & Decongestant Combinations		
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG	Tier 3	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (2 EA per 1 day)
fexofenadine-pseudoephedrine oral tablet extended release 24 hr 180-240 mg (Allegra-D 24 Hour)	Tier 1	
SEMPREX-D ORAL CAPSULE 8-60 MG	Tier 3	
Allergenic Extracts, Therapeutics		
GRASTEK SUBLINGUAL TABLET 2,800 BAU	Tier 2	PA
ODACTRA SUBLINGUAL TABLET 12 SQ-HDM	Tier 2	PA
ORALAIR SUBLINGUAL TABLET 100 INDX REACTIVITY, 300 INDX REACTIVITY	Tier 2	PA
ORALAIR SUBLINGUAL TABLET 100 IR (3) /300 IR (6)	Tier 3	PA
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3)	Tier 2	PA; SP
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6)	Tier 2	PA; SP
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1)	Tier 2	PA; SP
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG	Tier 2	PA; SP
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2)	Tier 2	PA; SP
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4)	Tier 2	PA; SP

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Drug	Status	Notes
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1)	Tier 2	PA; SP
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X1)	Tier 2	PA; SP
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2)	Tier 2	PA; SP
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2)	Tier 2	PA; SP
PALFORZIA (LEVEL 11 UP-DOSE) ORAL POWDER IN PACKET 300 MG	Tier 2	PA; SP
PALFORZIA INITIAL DOSE ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG	Tier 2	PA; SP
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG	Tier 2	PA; SP
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT	Tier 2	PA
Antihistamines - 1St Generation		
carbinoxamine maleate oral liquid 4 mg/5 ml	Tier 1	Age (Min 2 Years)
carbinoxamine maleate oral tablet 4 mg	Tier 1	Age (Min 2 Years)
clemastine oral tablet 2.68 mg	Tier 1	
cyproheptadine oral syrup 2 mg/5 ml	Tier 1	
cyproheptadine oral tablet 4 mg	Tier 1	
DIPHEN ORAL ELIXIR 12.5 MG/5 ML	Tier 1	
hydroxyzine hcl oral solution 10 mg/5 ml	Tier 1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	Tier 1	
hydroxyzine pamoate oral capsule 100 mg	Tier 1	
hydroxyzine pamoate oral capsule 25 mg, 50 mg (Vistaril)	Tier 1	

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Drug		Status	Notes
KARBINAL ER ORAL SUSPENSION,EXTENDED REL 12 HR 4 MG/5 ML		Tier 3	ST: Requires prior prescription for Carbinoxamine Maleate within the past 120 days; QL (960 ML per 30 days); Age (Min 2 Years)
promethazine injection solution 25 mg/ml, 50 mg/ml	(Phenergan)	Tier 1	
promethazine injection syringe 25 mg/ml		Tier 1	
promethazine oral syrup 6.25 mg/5 ml		Tier 1	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg		Tier 1	
Antihistamines - 2Nd Generation			
cetirizine oral solution 1 mg/ml	(All Day Allergy (cetirizine))	Tier 1	
desloratadine oral tablet 5 mg	(Clarinex)	Tier 1	QL (1 EA per 1 day)
desloratadine oral tablet,disintegrating 2.5 mg, 5 mg		Tier 1	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (1 EA per 1 day)
levocetirizine oral solution 2.5 mg/5 ml	(Xyzal)	Tier 1	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (10 ML per 1 day)
levocetirizine oral tablet 5 mg	(24HR Allergy Relief)	Tier 1	
Nasal Antihistamine			
azelastine nasal aerosol,spray 137 mcg (0.1 %)		Tier 1	QL (60 ML per 30 days)
azelastine nasal spray,non-aerosol 0.15 % (205.5 mcg)		Tier 1	ST: Requires prior prescription for Azelastine 137mcg nasal solution within the past 120 days; QL (60 ML per 30 days)

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Drug	Status	Notes
olopatadine nasal spray,non-aerosol 0.6 % (Patanase)	Tier 1	ST: Requires prior prescription for Azelastine 137mcg nasal solution within the past 120 days; QL (30.5 GM per 30 days)
Nasal Antihistamine & Anti-Inflam. Steroid Comb.		
DYMISTA NASAL SPRAY,NON-AEROSOL 137-50 MCG/SPRAY	Tier 3	ST: Requires prior prescription for Flunisolide or Fluticasone Propionate within the past 365 days; QL (23 GM per 30 days)
Nasal Anti-Inflammatory Steroids		
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	Tier 1	QL (25 ML per 30 days)
fluticasone propionate nasal spray,suspension 50 mcg/actuation (24 Hour Allergy Relief)	Tier 1	QL (16 GM per 30 days)
mometasone nasal spray,non-aerosol 50 mcg/actuation (Nasonex)	Tier 1	QL (17 GM per 30 days)
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	Tier 2	QL (6.8 GM per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	Tier 2	QL (10.6 GM per 30 days)
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	Tier 2	ST: Requires prior prescription for Flunisolide, Fluticasone Propionate, or Mometasone Furoate within the past 120 days; QL (32 ML per 30 days)
Antiemesis/Antivertigo		
Antiemetic, Cannibinoid-Type		
CESAMET ORAL CAPSULE 1 MG	Tier 3	ST: Requires prior prescription for Ondansetron HCL or Ondansetron within the past 120 days; QL (6 EA per 1 day)

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Drug		Status	Notes
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg		Tier 1	ST: Requires prior prescription for a 5HT3 antagoist, corticosteroid, Emend, or Megestrol suspension within the past 120 days; QL (2 EA per 1 day)
SYNDROS ORAL SOLUTION 5 MG/ML		Tier 3	ST: Requires prior prescription for Dronabinol or Megestrol Acetate within the past 120 days; QL (60 ML per 30 days)
Antiemetic/Antivertigo Agents			
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG		Tier 2	QL (1 EA per 28 days)
aprepitant oral capsule 125 mg		Tier 1	QL (1 EA per 21 days)
aprepitant oral capsule 40 mg	(Emend)	Tier 1	QL (1 EA per 28 days)
aprepitant oral capsule 80 mg	(Emend)	Tier 1	QL (2 EA per 21 days)
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	(Emend)	Tier 1	QL (3 EA per 21 days)
COMPRO RECTAL SUPPOSITORY 25 MG		Tier 1	
doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec) 10-10 mg	(Diclegis)	Tier 1	QL (120 EA per 30 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)		Tier 2	QL (3 EA per 21 days)
granisetron hcl oral tablet 1 mg		Tier 1	ST: Requires prior prescription for Ondansetron HCL or Ondansetron within the past 120 days; QL (8 EA per 30 days)
meclizine oral tablet 12.5 mg		Tier 1	
meclizine oral tablet 25 mg	(Dramamine Less Drowsy)	Tier 1	
ondansetron hcl oral solution 4 mg/5 ml		Tier 1	QL (50 ML per 15 days)
ondansetron hcl oral tablet 24 mg		Tier 1	
ondansetron hcl oral tablet 4 mg, 8 mg	(Zofran)	Tier 1	
ondansetron oral tablet,disintegrating 4 mg, 8 mg		Tier 1	

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Drug		Status	Notes
PHENADOZ RECTAL SUPPOSITORY 12.5 MG, 25 MG		Tier 1	
prochlorperazine maleate oral tablet 10 mg, 5 mg	(Compazine)	Tier 1	
prochlorperazine rectal suppository 25 mg	(Compro)	Tier 1	
promethazine rectal suppository 12.5 mg, 25 mg	(Phenadoz)	Tier 1	
promethazine rectal suppository 50 mg	(Promethegan)	Tier 1	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG		Tier 1	
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR		Tier 3	ST: Requires prior prescription for Ondansetron HCL or Ondansetron within the past 120 days; QL (1 EA per 7 days)
scopolamine base transdermal patch 3 day 1 mg over 3 days	(Transderm-Scop)	Tier 1	
trimethobenzamide oral capsule 300 mg	(Tigan)	Tier 1	
VARUBI ORAL TABLET 90 MG		Tier 3	QL (2 EA per 14 days)
Asthma And Copd			
Anticholinergic, Orally Inhaled Short Acting			
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION		Tier 2	QL (25.8 GM per 30 days)
ipratropium bromide inhalation solution 0.02 %		Tier 1	
Anticholinergics, Orally Inhaled Long Acting			
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION		Tier 2	QL (30 EA per 30 days)
LONHALA MAGNAIR REFILL INHALATION SOLUTION FOR NEBULIZATION 25 MCG/ML		Tier 3	QL (60 ML per 30 days)

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Drug	Status	Notes
LONHALA MAGNAIR STARTER INHALATION SOLUTION FOR NEBULIZATION 25 MCG/ML	Tier 3	QL (60 ML per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	Tier 2	QL (4 GM per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	Tier 2	QL (30 EA per 30 days)
Beta-Adrenergic Agents		
albuterol sulfate oral syrup 2 mg/5 ml	Tier 1	
albuterol sulfate oral tablet 2 mg, 4 mg	Tier 1	
albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg	Tier 1	
metaproterenol oral syrup 10 mg/5 ml	Tier 1	
terbutaline oral tablet 2.5 mg, 5 mg	Tier 1	
Beta-Adrenergic Agents, Inhaled, Short Acting		
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (ProAir HFA)	Tier 1	
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml	Tier 1	
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/3 ml (Xopenex)	Tier 1	
levalbuterol hcl inhalation solution for nebulization 1.25 mg/0.5 ml (Xopenex Concentrate)	Tier 1	
levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation (Xopenex HFA)	Tier 1	
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	Tier 2	

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Drug	Status	Notes
Beta-Adrenergic Agents, Inhaled, Ultra-Long Acting		
ARCAPTA NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE 75 MCG	Tier 3	ST: Requires prior prescription for Serevent Diskus or Striverdi Respimat within the past 120 days; QL (1 EA per 1 day)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	Tier 2	QL (4 GM per 30 days)
Beta-Adrenergic Agents, Orally Inhaled,Long Acting		
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	Tier 3	QL (120 ML per 30 days)
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	Tier 2	QL (120 ML per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	Tier 2	QL (60 EA per 30 days)
Beta-Adrenergic And Anticholinergic Combinations		
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	Tier 2	QL (60 EA per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	Tier 2	QL (10.7 GM per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	Tier 2	
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	Tier 1	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	Tier 2	QL (4 GM 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 1	QL (60 EA per 30 days)

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Drug	Status	Notes
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	Tier 2	QL (12 GM per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	Tier 2	QL (60 EA per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	Tier 2	QL (10.2 GM per 30 days)
Beta-Adrenergic-Anticholinergic-Glucocort, Inhaled		
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	Tier 2	QL (60 EA per 30 days)
Glucocorticoids, Orally Inhaled		
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	Tier 2	QL (30 EA per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	Tier 3	ST: At least 2 prior prescriptions for Arnuity Ellipta, Flovent Diskus, Flovent HFA, Qvar Redihaler, or Qvar within the past 365 days; QL (13 GM per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	Tier 3	ST: At least 2 prior prescriptions for Arnuity Ellipta, Flovent Diskus, Flovent HFA, Qvar Redihaler, or Qvar within the past 365 days; QL (1 EA per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml (Pulmicort)	Tier 1	QL (120 ML per 30 days)
budesonide inhalation suspension for nebulization 1 mg/2 ml (Pulmicort)	Tier 1	QL (60 ML per 30 days)

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Drug	Status	Notes
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	Tier 2	QL (60 EA per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	Tier 2	QL (120 EA per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	Tier 2	QL (12 GM per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	Tier 2	QL (24 GM per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	Tier 2	QL (21.2 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	Tier 3	ST: At least 2 prior prescriptions for Arnuity Ellipta, Flovent Diskus, Flovent HFA, Qvar Redihaler, or Qvar within the past 365 days; QL (1 EA per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	Tier 2	QL (21.2 GM per 30 days)
Interleukin-4(Il-4) Receptor Alpha Antagonist, Mab		
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	Tier 2	PA; SP
Interleukin-5(Il-5) Receptor Alpha Antagonist, Mab		
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	Tier 2	PA; SP
Leukotriene Receptor Antagonists		
montelukast oral granules in packet 4 mg (Singulair)	Tier 1	
montelukast oral tablet 10 mg (Singulair)	Tier 1	

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Drug	Status	Notes
montelukast oral tablet,chewable 4 mg, 5 mg (Singulair)	Tier 1	
zafirlukast oral tablet 10 mg, 20 mg (Accolate)	Tier 1	
Mast Cell Stabilizers		
cromolyn oral concentrate 100 mg/5 ml (Gastrocrom)	Tier 1	
Mast Cell Stabilizers, Orally Inhaled		
cromolyn inhalation solution for nebulization 20 mg/2 ml	Tier 1	
Monoclonal Antibody - Interleukin-5 Antagonists		
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	Tier 2	PA; SP
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	Tier 2	PA; SP
Phosphodiesterase-4 (Pde4) Inhibitors		
DALIRESP ORAL TABLET 250 MCG, 500 MCG	Tier 2	ST: Requires prior prescription for Breo Ellipta, Fluticasone Propion/salmeterol, Serevent Diskus, Spiriva Respimat, or Spiriva within the past 120 days; QL (1 EA per 1 day)
Respiratory Aids,Devices,Equipment		
ACE AEROSOL CLOUD ENHANCER SPACER	Tier 3	
AEROBIKA OSCILLATING PEP SYSTM DEVICE	Tier 3	
AEROCHAMBER MINI SPACER	Tier 3	
AEROCHAMBER MV SPACER	Tier 3	
AEROCHAMBER PLUS FLOW-VU SPACER	Tier 3	
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER	Tier 3	
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER	Tier 3	
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER	Tier 3	
AEROCHAMBER PLUS Z STAT LG MSK SPACER	Tier 3	

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Drug	Status	Notes
AEROCHAMBER PLUS Z STAT MD MSK SPACER	Tier 3	
AEROCHAMBER PLUS Z STAT SM MSK SPACER	Tier 3	
AEROCHAMBER PLUS Z STAT SPACER	Tier 3	
AEROCHAMBER WITH FLOWSIGNAL SPACER	Tier 3	
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER	Tier 3	
AEROECLIPSE II NEBULIZER	Tier 3	
AEROGEAR ACTION ASTHMA KIT KIT	Tier 3	
AERONEB GO NEBULIZER	Tier 3	
AEROTRACH PLUS SPACER	Tier 3	
AEROVENT PLUS SPACER	Tier 3	
AIRS DISPOSABLE NEBULIZER	Tier 3	
ALTERA NEBULIZER	Tier 3	
ALTERA NEBULIZER SYSTEM	Tier 3	
ASTHMAPACK CHILDREN'S KIT	Tier 3	
AURA PORTANEB	Tier 3	
BREATHERITE MDI SPACER SPACER	Tier 3	
BREATHERITE SPACER-MASK, NEO. SPACER	Tier 3	
BREATHERITE SPACER-MASK,ADULT SPACER	Tier 3	
BREATHERITE SPACER-MASK,CHILD SPACER	Tier 3	
BREATHERITE SPACER-MASK,INFANT SPACER	Tier 3	
BREATHERITE SPACER-MASK,S.CHLD SPACER	Tier 3	
BREATHERITE VALVED MDI CHAMBER SPACER	Tier 3	
BREATHERITE VALVED MDI SPACER SPACER	Tier 3	
CLEVER CHOICE CHAMBER-LRG MASK SPACER	Tier 3	
CLEVER CHOICE CHAMBER-MED MASK SPACER	Tier 3	

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Drug	Status	Notes
CLEVER CHOICE CHAMBER-SM MASK SPACER	Tier 3	
CLEVER CHOICE NEBULIZER DEVICE	Tier 3	
CLEVER CHOICE WHISPER AIRE PED DEVICE	Tier 3	
COMPACT SPACE CHAMBER PLUS SPACER	Tier 3	
COMPACT SPACE CHAMBER SPACER	Tier 3	
COMPACT SPACE CHAMBER-LRG MASK SPACER	Tier 3	
COMPACT SPACE CHAMBER-MED MASK SPACER	Tier 3	
COMPACT SPACE CHAMBER-SM MASK SPACER	Tier 3	
COMP-AIR NEBULIZER COMPRESSOR DEVICE	Tier 3	
DEVILBISS DISPOSABLE NEBULIZER	Tier 3	
DEVILBISS PULMO-AIDE COMPRESSR DEVICE	Tier 3	
DEVILBISS PULMOMATE COMPRESSOR DEVICE	Tier 3	
DEVILBISS PULMONEB LT COMP-NEB DEVICE	Tier 3	
DEVILBISS TRAVELER COMPRESSOR DEVICE	Tier 3	
EASIVENT HOLDING CHAMBER SPACER	Tier 3	
EASIVENT MASK LARGE DEVICE	Tier 3	
EASIVENT MASK MEDIUM DEVICE	Tier 3	
EASIVENT MASK SMALL DEVICE	Tier 3	
EBASE CONTROLLER DEVICE	Tier 3	
ERAPID NEBULIZER SYSTEM	Tier 3	
FLEXICHAMBER SPACER	Tier 3	
FLEXICHAMBER-LG CHILD MASK DEVICE	Tier 3	
FLEXICHAMBER-SM ADULT MASK DEVICE	Tier 3	

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Drug	Status	Notes
FLEXICHAMBER-SM CHILD MASK DEVICE	Tier 3	
FLYP NEBULIZER	Tier 3	
HOME NEBULIZER PLUS SIDESTREAM DEVICE	Tier 3	
INNOSPIRE DELUXE DEVICE	Tier 3	
INNOSPIRE ELEGANCE DEVICE	Tier 3	
INNOSPIRE ESSENCE DEVICE	Tier 3	
INNOSPIRE GO NEBULIZER	Tier 3	
INNOSPIRE MINI DEVICE	Tier 3	
INSPIRACHAMBER SPACER	Tier 3	
INSPIRACHAMBER WITH MASK-LARGE SPACER	Tier 3	
INSPIRACHAMBER WITH MASK-MED SPACER	Tier 3	
INSPIRACHAMBER WITH MASK-SMALL SPACER	Tier 3	
LC D NEBULIZER SET	Tier 3	
LC PLUS	Tier 3	
LC PLUS NEBULIZER-PED MASK	Tier 3	
LC STAR	Tier 3	
LITE TOUCH-MEDIUM MASK DEVICE	Tier 3	
LITEAIRE MDI CHAMBER SPACER	Tier 3	
LITETOUCH-LARGE MASK DEVICE	Tier 3	
LITETOUCH-SMALL MASK DEVICE	Tier 3	
MICROAIR MESH NEBULIZER	Tier 3	
MICROCHAMBER SPACER	Tier 3	
MICROSPACER SPACER	Tier 3	
MINI PLUS NEBULIZER	Tier 3	
MINI WRIGHT PEAK FLOW METER DEVICE	Tier 3	
MINI-WRIGHT PEAK FLOW METER DEVICE	Tier 3	
MISTASSIST KIT DEVICE	Tier 3	
MY MDI PORTABLE NEBULISER DEVICE	Tier 3	
OMBRA COMPRESSOR SYSTEM DEVICE	Tier 3	

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Drug	Status	Notes
OPTICHAMBER ADULT MASK-LARGE DEVICE	Tier 3	
OPTICHAMBER DIAMOND LG MASK SPACER	Tier 3	
OPTICHAMBER DIAMOND VHC SPACER	Tier 3	
OPTICHAMBER DIAMOND-MED MSK SPACER	Tier 3	
OPTICHAMBER DIAMOND-SML MASK SPACER	Tier 3	
PARI BABY NEBULIZER	Tier 3	
PARI LC D NEBULIZER	Tier 3	
PARI LC SPRINT NEBULIZER SET	Tier 3	
PARI LC SPRINT SINUS	Tier 3	
PARI SINUS AEROSOL SYSTEM DEVICE	Tier 3	
PARI TREK S COMBO PACK DEVICE	Tier 3	
PARI TREK S COMPACT COMPRESSOR DEVICE	Tier 3	
PEDIATRIC DINOSAUR NEBULIZER DEVICE	Tier 3	
PEDIATRIC DOG NEBULIZER DEVICE	Tier 3	
PEDIATRIC FROG NEBULIZER DEVICE	Tier 3	
PFLEX INSPIRATORY TRAINER DEVICE	Tier 3	
POCKET CHAMBER SPACER	Tier 3	
PORTABLE NEBULIZER SYSTEM DEVICE	Tier 3	
PRIMEAIRE SPACER	Tier 3	
PRO COMFORT SPACER-ADULT MASK SPACER	Tier 3	
PRO COMFORT SPACER-CHILD MASK SPACER	Tier 3	
PROCARE COMPRESSOR NEBULIZER DEVICE	Tier 3	
PROCARE PEDIATRIC NEBULIZER DEVICE	Tier 3	

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Drug	Status	Notes
PROCARE SPACER WITH ADULT MASK SPACER	Tier 3	
PROCARE SPACER WITH CHILD MASK SPACER	Tier 3	
PROCHAMBER SPACER	Tier 3	
PRODIGY MINI-MIST NEBULIZER	Tier 3	
PRONEB ULTRA II DEVICE	Tier 3	
PROVENT NASAL DEVICE	Tier 3	
PROVENT STARTER NASAL DEVICE	Tier 3	
PULMO-AIDE COMPRESSOR DEVICE	Tier 3	
PULMONEB LT COMPRESSOR NEBUL DEVICE	Tier 3	
QUAKE VIBRATORY PEP DEVICE	Tier 3	
RITEFLO AEROCHAMBER SPACER	Tier 3	
SAMI THE SEAL DEVICE	Tier 3	
SIDESTREAM	Tier 3	
SIDESTREAM NEBULIZER	Tier 3	
SIDESTREAM PLUS	Tier 3	
SILICONE MASK - INFANT DEVICE	Tier 3	
SINUSTAR AEROSOL DEVICE	Tier 3	
SINUSTAR NEBULIZER	Tier 3	
SOOTHENEB COMPRESSOR NEBULIZER DEVICE	Tier 3	
SOOTHENEB MESH NEBULIZER	Tier 3	
SPACE CHAMBER PLUS SPACER	Tier 3	
SUNRISE COMPRESSOR-NEBULIZER DEVICE	Tier 3	
THRESHOLD IMT TRAINER DEVICE	Tier 3	
THRESHOLD PEP DEVICE DEVICE	Tier 3	
TRUNEB NEBULIZER	Tier 3	
TRUZONE PEAK FLOW METER DEVICE	Tier 3	
VIOS AEROSOL DELIVERY SYSTEM DEVICE	Tier 3	
VIXONE NEBULIZER	Tier 3	
VIXONE NEBULIZER-ADULT MASK	Tier 3	
VIXONE NEBULIZER-PEDIATRIC MSK	Tier 3	

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Drug		Status	Notes
VORTEX HOLDING CHAMBER CHILD SPACER		Tier 3	
VORTEX HOLDING CHAMBER SPACER		Tier 3	
VORTEX HOLDING CHAMBER TODDLER SPACER		Tier 3	
VORTEX VHC FROG MASK-CHILD SPACER		Tier 3	
VORTEX VHC LADYBUG MASK-TODDLR SPACER		Tier 3	
WILLIS THE WHALE COMPRESSR NEB DEVICE		Tier 3	
Xanthines			
caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)		Tier 1	
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML		Tier 1	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG		Tier 2	
THEOCHRON ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 300 MG		Tier 1	
theophylline oral elixir 80 mg/15 ml	(Elixophyllin)	Tier 1	
theophylline oral solution 80 mg/15 ml		Tier 1	
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg		Tier 1	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg		Tier 1	
Autonomic Nervous System Disorders			
Alzheimer's Therapy, Nmda Receptor Antagonists			
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg	(Namenda XR)	Tier 1	QL (30 EA per 30 days)
memantine oral solution 2 mg/ml		Tier 1	QL (300 ML per 30 days)
memantine oral tablet 10 mg, 5 mg	(Namenda)	Tier 1	QL (60 EA per 30 days)
memantine oral tablets,dose pack 5-10 mg	(Namenda Titration Pak)	Tier 1	QL (49 EA per 28 days)

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Drug	Status	Notes
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7-14-21-28 MG	Tier 2	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 2	ST: At least 2 prior prescriptions for Donepezil HCL, Memantine HCL, or Namenda XR within the past 365 days; QL (28 EA per 28 days)
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	Tier 2	ST: At least 2 prior prescriptions for Donepezil HCL, Memantine HCL, or Namenda XR within the past 365 days; QL (1 EA per 1 day)
Cholinesterase Inhibitors		
donepezil oral tablet 10 mg, 23 mg, 5 mg (Aricept)	Tier 1	
donepezil oral tablet,disintegrating 10 mg, 5 mg	Tier 1	
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg (Razadyne ER)	Tier 1	QL (30 EA per 30 days)
galantamine oral solution 4 mg/ml	Tier 1	QL (200 ML per 30 days)
galantamine oral tablet 12 mg, 4 mg, 8 mg (Razadyne)	Tier 1	QL (60 EA per 30 days)
pyridostigmine bromide oral syrup 60 mg/5 ml (Mestinon)	Tier 1	
pyridostigmine bromide oral tablet 30 mg	Tier 1	
pyridostigmine bromide oral tablet 60 mg (Mestinon)	Tier 1	
pyridostigmine bromide oral tablet extended release 180 mg (Mestinon Timespan)	Tier 1	
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	Tier 1	
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hr, 9.5 mg/24 hr (Exelon)	Tier 1	QL (30 EA per 30 days)

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Drug		Status	Notes
Behavioral Health - Antidepressants			
Alpha-2 Receptor Antagonist Antidepressants			
mirtazapine oral tablet 15 mg, 30 mg	(Remeron)	Tier 1	
mirtazapine oral tablet 45 mg, 7.5 mg		Tier 1	
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	(Remeron SolTab)	Tier 1	
Antidepressant - Nmda Receptor Antagonist			
SPRAVATO NASAL SPRAY,NON-AEROSOL 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3)		Tier 3	PA; SP
Maois - Non-Selective & Irreversible			
MARPLAN ORAL TABLET 10 MG		Tier 3	
phenelzine oral tablet 15 mg	(Nardil)	Tier 1	
tranylcypromine oral tablet 10 mg	(Parnate)	Tier 1	
Norepinephrine And Dopamine Reuptake Inhib (Ndris)			
bupropion hcl oral tablet 100 mg, 75 mg		Tier 1	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	(Wellbutrin XL)	Tier 1	
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	(Wellbutrin SR)	Tier 1	
Selective Serotonin Reuptake Inhibitor (Ssris)			
citalopram oral solution 10 mg/5 ml		Tier 1	
citalopram oral tablet 10 mg, 20 mg, 40 mg	(Celexa)	Tier 1	
escitalopram oxalate oral solution 5 mg/5 ml		Tier 1	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	(Lexapro)	Tier 1	
fluoxetine oral capsule 10 mg, 20 mg, 40 mg	(Prozac)	Tier 1	
fluoxetine oral capsule,delayed release(dr/ec) 90 mg		Tier 1	
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)		Tier 1	
fluoxetine oral tablet 10 mg, 20 mg	(Sarafem)	Tier 1	

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Drug		Status	Notes
fluoxetine oral tablet 60 mg		Tier 1	
fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg		Tier 1	QL (2 EA per 1 day)
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg		Tier 1	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	(Paxil)	Tier 1	
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg	(Paxil CR)	Tier 1	
paroxetine mesylate(menop.sym) oral capsule 7.5 mg	(Brisdelle)	Tier 1	ST: Requires prior prescription for Paroxetine HCL, Paxil, or Venlafaxine HCL within the past 120 days; QL (1 EA per 1 day)
PAXIL ORAL SUSPENSION 10 MG/5 ML		Tier 2	
sertraline oral concentrate 20 mg/ml	(Zoloft)	Tier 1	
sertraline oral tablet 100 mg, 25 mg, 50 mg	(Zoloft)	Tier 1	
Serotonin-2 Antagonist/Reuptake Inhibitors (Saris)			
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg		Tier 1	
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg		Tier 1	
Serotonin-Norepinephrine Reuptake-Inhib (Snris)			
desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg		Tier 2	QL (1 EA per 1 day)
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	(Pristiq)	Tier 1	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG		Tier 3	QL (1 EA per 1 day)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 60 MG		Tier 3	QL (2 EA per 1 day)
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	(Cymbalta)	Tier 1	

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Drug	Status	Notes
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	Tier 2	QL (1 EA per 1 day)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	Tier 2	QL (1 EA per 1 day)
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg (Effexor XR)	Tier 1	
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	Tier 1	
venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg	Tier 1	
Ssri & 5Ht1a Partial Agonist Antidepressant		
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	Tier 2	QL (1 EA per 1 day)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	Tier 2	QL (1 EA per 1 day)
Ssri & Serotonin Receptor Modulator Antidepressant		
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 2	QL (1 EA per 1 day)
Tricyclic Antidepressant/Benzodiazepine Combinatns		
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg	Tier 1	
Tricyclic Antidepressant/Phenothiazine Combinatns		
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	Tier 1	
Tricyclic Antidepressants & Rel. Non-Sel. Ru-Inhib		
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Tier 1	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	Tier 1	
clomipramine oral capsule 25 mg, 50 mg, 75 mg (Anafranil)	Tier 1	

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Drug		Status	Notes
desipramine oral tablet 10 mg, 25 mg	(Norpramin)	Tier 1	
desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg		Tier 1	
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		Tier 1	
doxepin oral concentrate 10 mg/ml		Tier 1	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg		Tier 1	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg		Tier 1	
maprotiline oral tablet 25 mg, 50 mg, 75 mg		Tier 1	
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	(Pamelor)	Tier 1	
nortriptyline oral solution 10 mg/5 ml		Tier 1	
protriptyline oral tablet 10 mg, 5 mg		Tier 1	
trimipramine oral capsule 100 mg, 25 mg, 50 mg		Tier 1	
Behavioral Health - Other			
Adrenergics, Aromatic, Non-Catecholamine			
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 10 MG, 15 MG, 5 MG		Tier 1	QL (1 EA per 1 day)
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 20 MG, 25 MG, 30 MG		Tier 1	QL (2 EA per 1 day)
amphetamine sulfate oral tablet 10 mg, 5 mg	(Evekeo)	Tier 1	PA
dextroamphetamine oral capsule, extended release 10 mg, 5 mg	(Dexedrine Spansule)	Tier 1	QL (60 EA per 30 days)
dextroamphetamine oral capsule, extended release 15 mg	(Dexedrine Spansule)	Tier 1	QL (120 EA per 30 days)
dextroamphetamine oral solution 5 mg/5 ml	(ProCentra)	Tier 1	QL (1800 ML per 30 days)
dextroamphetamine oral tablet 10 mg	(Zenzedi)	Tier 1	QL (180 EA per 30 days)
dextroamphetamine oral tablet 5 mg	(Zenzedi)	Tier 1	QL (90 EA per 30 days)

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Drug	Status	Notes
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg (Adderall)	Tier 1	QL (2 EA per 1 day)
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML	Tier 3	ST: Requires prior prescription for Dextroamphetamine/amphetamine within the past 120 days; QL (240 ML per 30 days)
EVEKEO ODT ORAL TABLET,DISINTEGRATING 10 MG	Tier 3	ST: Requires prior prescription for Dextroamphetamine/amphetamine within the past 120 days; QL (4 EA per 1 day)
EVEKEO ODT ORAL TABLET,DISINTEGRATING 15 MG, 20 MG	Tier 3	ST: Requires prior prescription for Dextroamphetamine/amphetamine within the past 120 days; QL (2 EA per 1 day)
EVEKEO ODT ORAL TABLET,DISINTEGRATING 5 MG	Tier 3	ST: Requires prior prescription for Dextroamphetamine/amphetamine within the past 120 days; QL (8 EA per 1 day)
methamphetamine oral tablet 5 mg (Desoxyn)	Tier 1	QL (150 EA per 30 days)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	Tier 2	QL (1 EA per 1 day)
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	Tier 2	QL (1 EA per 1 day)
ZENZEDI ORAL TABLET 10 MG	Tier 1	QL (180 EA per 30 days)
ZENZEDI ORAL TABLET 15 MG	Tier 3	ST: Requires prior prescription for Dextroamphetamine Sulfate within the past 120 days; QL (3 EA per 1 day)

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Drug	Status	Notes
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG	Tier 3	ST: Requires prior prescription for Dextroamphetamine Sulfate within the past 120 days; QL (90 EA per 30 days)
ZENZEDI ORAL TABLET 20 MG, 30 MG	Tier 3	ST: Requires prior prescription for Dextroamphetamine Sulfate within the past 120 days; QL (2 EA per 1 day)
ZENZEDI ORAL TABLET 5 MG	Tier 1	QL (90 EA per 30 days)
Anti-Alcoholic Preparations		
acamprosate oral tablet,delayed release (dr/ec) 333 mg	Tier 1	
disulfiram oral tablet 250 mg, 500 mg (Antabuse)	Tier 1	
Anti-Anxiety - Benzodiazepines		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	Tier 2	
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg (Xanax)	Tier 1	
alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg (Xanax XR)	Tier 1	
alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 1	
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	Tier 1	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg	Tier 1	
clorazepate dipotassium oral tablet 7.5 mg (Tranxene T-Tab)	Tier 1	
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	Tier 1	
diazepam oral concentrate 5 mg/ml (Diazepam Intensol)	Tier 1	
diazepam oral solution 5 mg/5 ml (1 mg/ml)	Tier 1	
diazepam oral tablet 10 mg, 2 mg, 5 mg (Valium)	Tier 1	
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	Tier 1	
lorazepam oral concentrate 2 mg/ml (Lorazepam Intensol)	Tier 1	

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Drug	Status	Notes
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg (Ativan)	Tier 1	
oxazepam oral capsule 10 mg, 15 mg, 30 mg	Tier 1	
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	
lithium carbonate oral tablet 300 mg	Tier 1	
lithium carbonate oral tablet extended release 300 mg (Lithobid)	Tier 1	
lithium carbonate oral tablet extended release 450 mg	Tier 1	
lithium citrate oral solution 8 meq/5 ml	Tier 1	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG	Tier 2	
Anti-Narcolepsy & Anti-Cataplexy,Sedative-Type Agt		
XYREM ORAL SOLUTION 500 MG/ML	Tier 3	PA; SP
Antipsych,Dopamine Antag.,Diphenylbutylpiperidines		
pimozide oral tablet 1 mg, 2 mg	Tier 1	
Antipsychotic-Atypical,D3/D2 Partial Ag-5Ht Mixed		
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	Tier 2	QL (1 EA per 1 day)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	Tier 2	QL (7 EA per 28 days)
Antipsychotics, Atyp, D2 Partial Agonist/5Ht Mixed		
ABILIFY MYCITE ORAL TABLET WITH SENSOR AND PATCH 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	Tier 3	PA; SP

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Drug	Status	Notes
aripiprazole oral solution 1 mg/ml	Tier 1	QL (30 ML per 1 day)
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg (Abilify)	Tier 1	QL (1 EA per 1 day)
aripiprazole oral tablet,disintegrating 10 mg	Tier 1	QL (3 EA per 1 day)
aripiprazole oral tablet,disintegrating 15 mg	Tier 1	QL (2 EA per 1 day)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 2	QL (1 EA per 1 day)
Antipsychotics, Dopamine & Serotonin Antagonists		
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG	Tier 2	SP
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	Tier 1	
Antipsychotics,Atypical,Dopamine,& Serotonin Antag		
CAPLYTA ORAL CAPSULE 42 MG	Tier 3	QL (1 EA per 1 day)
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg (Clozaril)	Tier 1	QL (3 EA per 1 day)
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	Tier 1	QL (3 EA per 1 day)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 3	QL (2 EA per 1 day)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	Tier 3	QL (8 EA per 28 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	Tier 2	QL (30 EA per 30 days)
LATUDA ORAL TABLET 80 MG	Tier 2	QL (60 EA per 30 days)
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg (Zyprexa)	Tier 1	QL (1 EA per 1 day)
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg (Zyprexa Zydis)	Tier 1	QL (1 EA per 1 day)
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg (Invega)	Tier 1	QL (1 EA per 1 day)
paliperidone oral tablet extended release 24hr 6 mg (Invega)	Tier 1	QL (2 EA per 1 day)
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg (Seroquel)	Tier 1	QL (3 EA per 1 day)

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Drug		Status	Notes
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	(Seroquel XR)	Tier 1	QL (1 EA per 1 day)
risperidone oral solution 1 mg/ml	(Risperdal)	Tier 1	QL (8 ML per 1 day)
risperidone oral tablet 0.25 mg		Tier 1	QL (2 EA per 1 day)
risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	(Risperdal)	Tier 1	QL (2 EA per 1 day)
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg		Tier 1	QL (2 EA per 1 day)
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG		Tier 2	QL (2 EA per 1 day)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR		Tier 3	QL (1 EA per 1 day)
SEROQUEL XR ORAL TABLET, EXT REL 24HR DOSE PACK 50 MG(3)-200 MG (1)-300 MG(11)		Tier 3	
VERSACLOZ ORAL SUSPENSION 50 MG/ML		Tier 3	QL (18 ML per 1 day)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	(Geodon)	Tier 1	QL (2 EA per 1 day)
Antipsychotics,Dopamine Antagonists, Thioxanthenes			
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg		Tier 1	
Antipsychotics,Dopamine Antagonists,Butyrophenones			
haloperidol lactate oral concentrate 2 mg/ml		Tier 1	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg		Tier 1	
Antipsychotics,Dopamine Antagonst,Dihydroindolones			
molindone oral tablet 10 mg		Tier 1	QL (8 EA per 1 day)
molindone oral tablet 25 mg		Tier 1	QL (9 EA per 1 day)
molindone oral tablet 5 mg		Tier 1	
Anti-Psychotics,Phenothiazines			
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg		Tier 1	

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Drug	Status	Notes
fluphenazine hcl oral concentrate 5 mg/ml	Tier 1	
fluphenazine hcl oral elixir 2.5 mg/5 ml	Tier 1	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	Tier 1	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	Tier 1	
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Tier 1	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	
Barbiturates		
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	Tier 1	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	Tier 1	
SECONAL SODIUM ORAL CAPSULE 100 MG	Tier 3	
Hsdd Agents-Mixed Serotonin Agonist/Antagonists		
ADDYI ORAL TABLET 100 MG	Tier 3	PA
VYLEESI SUBCUTANEOUS AUTO-INJECTOR 1.75 MG/0.3 ML	Tier 3	PA
Hypnotics, Melatonin Mt1/Mt2 Receptor Agonists		
HETLIOZ ORAL CAPSULE 20 MG	Tier 3	PA; SP
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		
armodafinil oral tablet 150 mg, 200 mg, 250 mg (Nuvigil)	Tier 1	QL (1 EA per 1 day)
armodafinil oral tablet 50 mg (Nuvigil)	Tier 1	QL (3 EA per 1 day)
modafinil oral tablet 100 mg, 200 mg (Provigil)	Tier 1	QL (2 EA per 1 day)
SUNOSI ORAL TABLET 150 MG, 75 MG	Tier 3	PA

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Drug		Status	Notes
Narcolepsy Tx-H3-Recept.Antagonist/Inverse Agonist			
WAKIX ORAL TABLET 17.8 MG, 4.45 MG		Tier 3	PA; SP
Narcotic Antagonists			
naloxone injection syringe 0.4 mg/ml, 1 mg/ml		Tier 1	
naltrexone oral tablet 50 mg		Tier 1	
NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION		Tier 2	QL (4 EA per 30 days)
Sedative-Hypnotics - Benzodiazepines			
estazolam oral tablet 1 mg, 2 mg		Tier 1	
flurazepam oral capsule 15 mg, 30 mg		Tier 1	
midazolam oral syrup 2 mg/ml		Tier 1	
quazepam oral tablet 15 mg	(Doral)	Tier 1	
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	(Restoril)	Tier 1	
triazolam oral tablet 0.125 mg		Tier 1	
triazolam oral tablet 0.25 mg	(Halcion)	Tier 1	
Sedative-Hypnotics,Non-Barbiturate			
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG		Tier 2	QL (1 EA per 1 day)
doxepin oral tablet 3 mg, 6 mg	(Silenor)	Tier 1	QL (1 EA per 1 day)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	(Lunesta)	Tier 1	QL (1 EA per 1 day)
ketamine sublingual troche 100 mg		Tier 1	
MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE 3-25-2 MG		Tier 1	
SILENOR ORAL TABLET 3 MG, 6 MG		Tier 3	QL (1 EA per 1 day)
zaleplon oral capsule 10 mg, 5 mg		Tier 1	QL (1 EA per 1 day)
zolpidem oral tablet 10 mg, 5 mg	(Ambien)	Tier 1	QL (1 EA per 1 day)
zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg	(Ambien CR)	Tier 1	QL (1 EA per 1 day)
zolpidem sublingual tablet 1.75 mg, 3.5 mg	(Intermezzo)	Tier 1	QL (1 EA per 1 day)
Selective Serotonin 5-Ht2a Inverse Agonists (Ssia)			
NUPLAZID ORAL CAPSULE 34 MG		Tier 3	PA; SP
NUPLAZID ORAL TABLET 10 MG		Tier 3	PA; SP

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Drug		Status	Notes
Ssri &Antipsych,Atyp,Dopamine&Serotonin Antag Comb			
olanzapine-fluoxetine oral capsule 12-25 mg		Tier 1	QL (1 EA per 1 day)
olanzapine-fluoxetine oral capsule 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	(Symbyax)	Tier 1	QL (1 EA per 1 day)
Tx For Adhd - Selective Alpha-2A Receptor Agonist			
clonidine hcl oral tablet extended release 12 hr 0.1 mg	(Kapvay)	Tier 1	QL (120 EA per 30 days)
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	(Intuniv ER)	Tier 1	QL (1 EA per 1 day)
Tx For Attention Deficit-Hyperact(Adhd)/Narcolepsy			
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 54 MG		Tier 1	QL (1 EA per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 36 MG		Tier 1	QL (2 EA per 1 day)
DAYTRANA TRANSDERMAL PATCH 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR		Tier 3	ST: Requires prior prescription for Methylphenidate HCL, Quillivant XR, or Ritalin LA within the past 120 days; QL (1 EA per 1 day)
dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	(Focalin XR)	Tier 1	QL (1 EA per 1 day)
dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg	(Focalin)	Tier 1	QL (2 EA per 1 day)
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG		Tier 1	QL (90 EA per 30 days)
methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg		Tier 1	QL (1 EA per 1 day)
methylphenidate hcl oral capsule, er biphasic 30-70 30 mg		Tier 1	QL (2 EA per 1 day)
methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg	(Ritalin LA)	Tier 1	QL (1 EA per 1 day)

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Drug		Status	Notes
methylphenidate hcl oral capsule,er biphasic 50-50 30 mg	(Ritalin LA)	Tier 1	QL (2 EA per 1 day)
methylphenidate hcl oral capsule,er biphasic 50-50 60 mg		Tier 1	QL (1 EA per 1 day)
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml	(Methylin)	Tier 1	
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	(Ritalin)	Tier 1	QL (90 EA per 30 days)
methylphenidate hcl oral tablet extended release 10 mg		Tier 1	QL (3 EA per 1 day)
methylphenidate hcl oral tablet extended release 20 mg	(Metadate ER)	Tier 1	QL (90 EA per 30 days)
methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg		Tier 1	QL (90 EA per 30 days)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 40 MG		Tier 2	QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 30 MG		Tier 2	QL (2 EA per 1 day)
QUILLIVANT XR ORAL SUSPENSION,EXT REL 24HR,RECON 5 MG/ML (25 MG/5 ML)		Tier 2	60mL BOTTLE; QL (60 ML per 30 days)
Tx For Attention Deficit-Hyperact.(Adhd), Nri-Type			
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg	(Strattera)	Tier 1	QL (60 EA per 30 days)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	(Strattera)	Tier 1	QL (30 EA per 30 days)
Cardiovascular Disease - Arrhythmia			
Antiarrhythmics			
amiodarone oral tablet 100 mg, 200 mg, 400 mg	(Pacerone)	Tier 1	
disopyramide phosphate oral capsule 100 mg, 150 mg	(Norpace)	Tier 1	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	(Tikosyn)	Tier 1	
flecainide oral tablet 100 mg, 150 mg, 50 mg		Tier 1	

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Drug	Status	Notes
mexiletine oral capsule 150 mg, 200 mg, 250 mg	Tier 1	
MULTAQ ORAL TABLET 400 MG	Tier 2	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG	Tier 2	
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	Tier 1	
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg (Rythmol SR)	Tier 1	
propafenone oral tablet 150 mg, 225 mg, 300 mg	Tier 1	
quinidine gluconate oral tablet extended release 324 mg	Tier 1	
quinidine sulfate oral tablet 200 mg, 300 mg	Tier 1	
Cardiovascular Disease - Cardiac Stimulant		
Adrenergic Agents,Catecholamines		
epinephrine injection syringe 0.1 mg/ml	Tier 1	
Digitalis Glycosides		
DIGITEK ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	Tier 1	
DIGOX ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	Tier 1	
digoxin oral solution 50 mcg/ml (0.05 mg/ml)	Tier 2	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg) (Digitek)	Tier 1	
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	Tier 2	
LANOXIN ORAL TABLET 187.5 MCG (0.1875 MG), 62.5 MCG (0.0625 MG)	Tier 3	
Cardiovascular Disease - Hypertension		
Ace Inhibitor/Calcium Channel Blocker Combination		
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg, 5-40 mg (Lotrel)	Tier 1	

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Drug		Status	Notes
amlodipine-benazepril oral capsule 2.5-10 mg		Tier 1	
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg		Tier 1	
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 2-180 mg, 2-240 mg, 4-240 mg	(Tarka)	Tier 1	
Ace Inhibitor/Thiazide & Thiazide-Like Diuretic			
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Lotensin HCT)	Tier 1	
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg		Tier 1	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg		Tier 1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg	(Vaseretic)	Tier 1	
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg		Tier 1	
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg		Tier 1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Zestoretic)	Tier 1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Accuretic)	Tier 1	
Alpha/Beta-Adrenergic Blocking Agents			
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	(Coreg)	Tier 1	
carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg	(Coreg CR)	Tier 1	
labetalol oral tablet 100 mg, 200 mg, 300 mg		Tier 1	
Alpha-Adrenergic Blocking Agents			
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG		Tier 3	

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Drug		Status	Notes
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	(Cardura)	Tier 1	
phenoxybenzamine oral capsule 10 mg	(Dibenzyline)	Tier 1	PA; SP
prazosin oral capsule 1 mg, 2 mg, 5 mg	(Minipress)	Tier 1	
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg		Tier 1	
Angioten.Receptr Antag./Cal.Chanl Blkr/Thiazide Cb			
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	(Exforge HCT)	Tier 1	
olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	(Tribenzor)	Tier 1	
Angiotensin Receptor Antag./Thiazide Diuretic Comb			
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	(Atacand HCT)	Tier 1	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG		Tier 2	
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG		Tier 2	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	(Avalide)	Tier 1	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	(Hyzaar)	Tier 1	
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	(Benicar HCT)	Tier 1	
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	(Micardis HCT)	Tier 1	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	(Diovan HCT)	Tier 1	
Angiotensin Receptor Antgnst & Calc.Channel Blockr			
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	(Azor)	Tier 1	
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	(Exforge)	Tier 1	

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Drug	Status	Notes
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg (Twynsta)	Tier 1	
Antihypertensives, Ace Inhibitors		
benazepril oral tablet 10 mg, 20 mg, 40 mg (Lotensin)	Tier 1	
benazepril oral tablet 5 mg	Tier 1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	Tier 1	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg (Vasotec)	Tier 1	
EPANED ORAL SOLUTION 1 MG/ML	Tier 3	ST: Requires prior prescription for Enalapril tablets within the past 120 days if 12 years of age and older; QL (1200 ML per 30 days)
fosinopril oral tablet 10 mg, 20 mg, 40 mg	Tier 1	
lisinopril oral tablet 10 mg, 20 mg, 5 mg (Prinivil)	Tier 1	
lisinopril oral tablet 2.5 mg, 30 mg, 40 mg (Zestril)	Tier 1	
moexipril oral tablet 15 mg, 7.5 mg	Tier 1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	Tier 1	
QBRELIS ORAL SOLUTION 1 MG/ML	Tier 3	ST: Requires prior prescription for Lisinopril tablets within the past 120 days if 12 years of age and older; QL (1200 ML per 30 days)
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg (Accupril)	Tier 1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg (Altace)	Tier 1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	Tier 1	
Antihypertensives, Angiotensin Receptor Antagonist		
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg (Atacand)	Tier 1	
EDARBI ORAL TABLET 40 MG, 80 MG	Tier 2	

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Drug		Status	Notes
eprosartan oral tablet 600 mg		Tier 1	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	(Avapro)	Tier 1	
losartan oral tablet 100 mg, 25 mg, 50 mg	(Cozaar)	Tier 1	
olmesartan oral tablet 20 mg, 40 mg, 5 mg	(Benicar)	Tier 1	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	(Micardis)	Tier 1	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	(Diovan)	Tier 1	
Antihypertensives, Ganglionic Blockers			
VECAMYL ORAL TABLET 2.5 MG		Tier 3	PA
Antihypertensives, Miscellaneous			
DEMSER ORAL CAPSULE 250 MG		Tier 3	
Antihypertensives, Sympatholytic			
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	(Catapres)	Tier 1	
clonidine transdermal patch weekly 0.1 mg/24 hr	(Catapres-TTS-1)	Tier 1	
clonidine transdermal patch weekly 0.2 mg/24 hr	(Catapres-TTS-2)	Tier 1	
clonidine transdermal patch weekly 0.3 mg/24 hr	(Catapres-TTS-3)	Tier 1	
guanfacine oral tablet 1 mg, 2 mg		Tier 1	
methyldopa oral tablet 250 mg, 500 mg		Tier 1	
methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg		Tier 1	
Antihypertensives, Vasodilators			
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg		Tier 1	
minoxidil oral tablet 10 mg, 2.5 mg		Tier 1	
Beta-Adrenergic Blocking Agents			
acebutolol oral capsule 200 mg, 400 mg		Tier 1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	(Tenormin)	Tier 1	
betaxolol oral tablet 10 mg, 20 mg		Tier 1	
bisoprolol fumarate oral tablet 10 mg, 5 mg		Tier 1	

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Drug	Status	Notes
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	Tier 2	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	Tier 3	ST: Requires prior prescription for generic Propranolol oral solution within the past 120 days if 1 year of age and older; QL (360 ML per 30 days)
KAPSPARGO SPRINKLE ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG, 200 MG, 25 MG, 50 MG	Tier 3	
LEVATOL ORAL TABLET 20 MG	Tier 3	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg (Toprol XL)	Tier 1	
metoprolol tartrate oral tablet 100 mg, 50 mg (Lopressor)	Tier 1	
metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg	Tier 1	
nadolol oral tablet 20 mg, 40 mg, 80 mg (Corgard)	Tier 1	
pindolol oral tablet 10 mg, 5 mg	Tier 1	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg (Inderal LA)	Tier 1	
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	Tier 1	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	Tier 1	
SORINE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	Tier 1	
SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG	Tier 1	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg (Sorine)	Tier 1	
SOTYLIZE ORAL SOLUTION 5 MG/ML	Tier 3	QL: 8 BOTTLES IN 30 DAYS; ST: Requires prior prescription for Sotalol HCL within the past 120 days
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	Tier 1	

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Drug		Status	Notes
Beta-Adrenergic Blocking Agents/Thiazide & Related			
atenolol-chlorthalidone oral tablet 100-25 mg	(Tenoretic 100)	Tier 1	
atenolol-chlorthalidone oral tablet 50-25 mg	(Tenoretic 50)	Tier 1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	(Ziac)	Tier 1	
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg		Tier 1	
metoprolol ta-hydrochlorothiaz oral tablet 50-25 mg	(Lopressor HCT)	Tier 1	
nadolol-bendroflumethiazide oral tablet 80-5 mg		Tier 1	
propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg		Tier 1	
Calcium Channel Blocking Agents			
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	(Norvasc)	Tier 1	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG		Tier 3	
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG		Tier 1	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg		Tier 1	
diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	(Taztia XT)	Tier 1	
diltiazem hcl oral capsule,extended release 24 hr 420 mg	(Tiadylt ER)	Tier 1	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	(Cartia XT)	Tier 1	
diltiazem hcl oral capsule,extended release 24hr 360 mg	(Cardizem CD)	Tier 1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg	(Cardizem)	Tier 1	
diltiazem hcl oral tablet 90 mg		Tier 1	

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Drug	Status	Notes
diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg (Matzim LA)	Tier 1	
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG	Tier 1	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	Tier 1	
isradipine oral capsule 2.5 mg, 5 mg	Tier 1	
KATERZIA ORAL SUSPENSION 1 MG/ML	Tier 3	PA
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Tier 1	
nicardipine oral capsule 20 mg, 30 mg	Tier 1	
nifedipine oral capsule 10 mg (Procardia)	Tier 1	
nifedipine oral capsule 20 mg	Tier 1	
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg (Procardia XL)	Tier 1	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg (Adalat CC)	Tier 1	
nimodipine oral capsule 30 mg	Tier 1	
nisoldipine oral tablet extended release 24 hr 17 mg, 34 mg, 8.5 mg (Sular)	Tier 1	
nisoldipine oral tablet extended release 24 hr 20 mg, 25.5 mg, 30 mg, 40 mg	Tier 1	
NYMALIZE ORAL SOLUTION 30 MG/10 ML, 60 MG/20 ML	Tier 3	PA; SP
TAZTIA XT ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	Tier 1	
TIADYLT ER ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Tier 1	
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg (Verelan PM)	Tier 1	

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Drug		Status	Notes
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg	(Verelan)	Tier 1	
verapamil oral tablet 120 mg, 40 mg, 80 mg		Tier 1	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	(Calan SR)	Tier 1	
Loop Diuretics			
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg		Tier 1	
ethacrynic acid oral tablet 25 mg	(Edecrin)	Tier 1	
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)		Tier 1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	(Lasix)	Tier 1	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg		Tier 1	
Osmotic Diuretics			
RESECTISOL TRANSURETHRAL SOLUTION 5 %		Tier 3	
Potassium Sparing Diuretics			
amiloride oral tablet 5 mg		Tier 1	
eplerenone oral tablet 25 mg, 50 mg	(Inspra)	Tier 1	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	(Aldactone)	Tier 1	
triamterene oral capsule 100 mg, 50 mg	(Dyrenium)	Tier 1	
Potassium Sparing Diuretics In Combination			
ALDACTAZIDE ORAL TABLET 50-50 MG		Tier 3	
amiloride-hydrochlorothiazide oral tablet 5-50 mg		Tier 1	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	(Aldactazide)	Tier 1	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	(Dyazide)	Tier 1	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg	(Maxzide-25mg)	Tier 1	
triamterene-hydrochlorothiazid oral tablet 75-50 mg	(Maxzide)	Tier 1	

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Drug	Status	Notes
Pulm Anti-Htn,Soluble Guanylate Cyclase Stimulator		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	Tier 2	PA; SP
Pulm.Anti-Htn,Sel.C-Gmp Phosphodiesterase T5 Inhib		
ALYQ ORAL TABLET 20 MG	Tier 1	PA; SP
sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml (Revatio)	Tier 1	PA; SP
sildenafil (pulm.hypertension) oral tablet 20 mg (Revatio)	Tier 1	PA
tadalafil (pulm. hypertension) oral tablet 20 mg (Alyq)	Tier 1	PA; SP; ST: Requires prior prescription for Sildenafil Citrate within the past 120 days; QL (1 EA per 5 days)
Pulmonary Anti-Htn, Endothelin Receptor Antagonist		
ambrisentan oral tablet 10 mg, 5 mg (Letairis)	Tier 1	PA; SP
bosentan oral tablet 125 mg, 62.5 mg (Tracleer)	Tier 1	PA; SP
LETAIRIS ORAL TABLET 10 MG, 5 MG	Tier 2	PA; SP
OPSUMIT ORAL TABLET 10 MG	Tier 2	PA; SP
TRACLEER ORAL TABLET 125 MG, 62.5 MG	Tier 2	PA; SP
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	Tier 2	PA; SP
Pulmonary Antihypertensives, Prostacyclin-Type		
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	Tier 2	PA; SP
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	Tier 3	PA; SP
treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml (Remodulin)	Tier 1	PA; SP
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	Tier 3	PA; SP

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Drug	Status	Notes
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	Tier 3	PA; SP
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	Tier 3	PA; SP
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	Tier 3	PA; SP
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	Tier 2	PA; SP
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	Tier 2	PA; SP
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	Tier 3	PA; SP
Renin Inhibitor, Direct		
aliskiren oral tablet 150 mg, 300 mg (Tekturna)	Tier 1	
Renin Inhibitor, Direct/Thiazide Diuretic Comb		
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	Tier 3	
Thiazide And Related Diuretics		
chlorothiazide oral tablet 500 mg	Tier 1	
chlorthalidone oral tablet 25 mg, 50 mg	Tier 1	
DIURIL ORAL SUSPENSION 250 MG/5 ML	Tier 3	
hydrochlorothiazide oral capsule 12.5 mg	Tier 1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	Tier 1	
indapamide oral tablet 1.25 mg, 2.5 mg	Tier 1	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	
Vasodilators, Combination		
BIDIL ORAL TABLET 20-37.5 MG	Tier 2	

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Drug		Status	Notes
Cardiovascular Disease - Lipid Irregularity			
Antihyperlip.Hmg Coa Reduct Inhib&Cholest.Ab.Inhib			
ezetimibe-simvastatin oral tablet 10-10 mg	(Vytorin 10-10)	Tier 1	QL (1 EA per 1 day)
ezetimibe-simvastatin oral tablet 10-20 mg	(Vytorin 10-20)	Tier 1	QL (1 EA per 1 day)
ezetimibe-simvastatin oral tablet 10-40 mg	(Vytorin 10-40)	Tier 1	QL (1 EA per 1 day)
ezetimibe-simvastatin oral tablet 10-80 mg	(Vytorin 10-80)	Tier 1	ST: Requires prior prescription for Simvastatin within the past 365 days; QL (1 EA per 1 day)
Antihyperlipidemic - Atp Citrate Lyase Inhibitor			
NEXLETOL ORAL TABLET 180 MG		Tier 3	
Antihyperlipidemic - Hmg Coa Reductase Inhibitors			
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG		Tier 3	ST: At least 2 prior prescriptions for Altoprev, Atorvastatin Calcium, Flolipid, Lovastatin, Pravastatin Sodium, or Simvastatin within the past 365 days; QL (1 EA per 1 day)
atorvastatin oral tablet 10 mg, 20 mg	(Lipitor)	Tier 1	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
atorvastatin oral tablet 40 mg, 80 mg	(Lipitor)	Tier 1	QL (1 EA per 1 day)
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG		Tier 3	QL (1 EA per 1 day)
FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML), 40 MG/5 ML (8 MG/ML)		Tier 3	PA

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Drug	Status	Notes
fluvastatin oral capsule 20 mg, 40 mg (Lescol)	Tier 1	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; ST: At least 2 prior prescriptions for Altoprev, Atorvastatin Calcium, Flolipid, Lovastatin, Pravastatin Sodium, or Simvastatin within the past 365 days; QL (2 EA per 1 day)
fluvastatin oral tablet extended release 24 hr 80 mg (Lescol XL)	Tier 1	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; ST: At least 2 prior prescriptions for Altoprev, Atorvastatin Calcium, Flolipid, Lovastatin, Pravastatin Sodium, or Simvastatin within the past 365 days; QL (1 EA per 1 day)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	Tier 2	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
lovastatin oral tablet 10 mg, 20 mg, 40 mg	Tier 1	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)

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Drug		Status	Notes
pravastatin oral tablet 10 mg, 80 mg		Tier 1	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
pravastatin oral tablet 20 mg, 40 mg	(Pravachol)	Tier 1	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
rosuvastatin oral tablet 10 mg, 5 mg	(Crestor)	Tier 1	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
rosuvastatin oral tablet 20 mg, 40 mg	(Crestor)	Tier 1	QL (1 EA per 1 day)
simvastatin oral suspension 20 mg/5 ml (4 mg/ml)	(FloLipid)	Tier 1	PA
simvastatin oral tablet 10 mg, 20 mg, 40 mg	(Zocor)	Tier 1	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
simvastatin oral tablet 5 mg		Tier 1	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
simvastatin oral tablet 80 mg	(Zocor)	Tier 1	ST: Requires prior prescription for Ezetimibe/Simvastatin within the past 365 days; QL (1 EA per 1 day)

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Drug	Status	Notes
ZYPITAMAG ORAL TABLET 1 MG, 2 MG, 4 MG	Tier 3	ST: Requires prior prescription for Livalo within the past 120 days; QL (1 EA per 1 day)
Antihyperlipidemic - Mtp Inhibitor		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG	Tier 2	PA; SP
Antihyperlipidemic - Pcsk9 Inhibitors		
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	Tier 2	PA
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	Tier 2	PA
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	Tier 2	PA
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	Tier 2	PA
Bile Salt Sequestrants		
cholestyramine (with sugar) oral powder 4 gram (Questran)	Tier 1	
cholestyramine (with sugar) oral powder in packet 4 gram (Questran)	Tier 1	
CHOLESTYRAMINE LIGHT ORAL POWDER 4 GRAM	Tier 1	
CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM	Tier 1	
colesevelam oral powder in packet 3.75 gram (WelChol)	Tier 1	
colesevelam oral tablet 625 mg (WelChol)	Tier 1	
COLESTID FLAVORED ORAL PACKET 7.5 GRAM	Tier 3	
colestipol oral granules 5 gram (Colestid)	Tier 1	
colestipol oral packet 5 gram (Colestid)	Tier 1	
colestipol oral tablet 1 gram (Colestid)	Tier 1	
PREVALITE ORAL POWDER 4 GRAM	Tier 1	
PREVALITE ORAL POWDER IN PACKET 4 GRAM	Tier 1	

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Drug		Status	Notes
Lipotropics			
ezetimibe oral tablet 10 mg	(Zetia)	Tier 1	QL (1 EA per 1 day)
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg		Tier 1	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	(Tricor)	Tier 1	
fenofibrate oral capsule 150 mg, 50 mg	(Lipofen)	Tier 1	
fenofibrate oral tablet 120 mg, 40 mg	(Fenoglide)	Tier 1	
fenofibrate oral tablet 160 mg, 54 mg		Tier 1	
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg	(Trilipix)	Tier 1	
fenofibric acid oral tablet 105 mg, 35 mg	(Fibricor)	Tier 1	
gemfibrozil oral tablet 600 mg	(Lopid)	Tier 1	
niacin oral tablet 500 mg	(Niacor)	Tier 1	
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg	(Niaspan Extended-Release)	Tier 1	ST: Requires prior prescription for Altoprev, Antara, Atorvastatin Calcium, Fenofibrate Nanocrystallized, Fenofibrate, Fenofibrate micronized, Flolipid, Gemfibrozil, Lovastatin, Pravastatin Sodium, Simvastatin, or Triglide within the past 365 days
NIACOR ORAL TABLET 500 MG		Tier 1	
omega-3 acid ethyl esters oral capsule 1 gram	(Triklo)	Tier 1	QL (4 EA per 1 day)
TRIGLIDE ORAL TABLET 160 MG		Tier 3	
TRIKLO ORAL CAPSULE 1 GRAM		Tier 1	QL (4 EA per 1 day)
VASCEPA ORAL CAPSULE 0.5 GRAM		Tier 2	QL (8 EA per 1 day)
VASCEPA ORAL CAPSULE 1 GRAM		Tier 2	QL (4 EA per 1 day)
Cardiovascular Disease - Miscellaneous Agents			
Adrenergic Vasopressor Agents			
midodrine oral tablet 10 mg, 2.5 mg, 5 mg		Tier 1	

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Drug	Status	Notes
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	Tier 3	PA; SP
Angiotensin Recept-Neprilysin Inhibitor Comb(Arni)		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	Tier 2	QL (2 EA per 1 day)
Antianginal & Anti-Ischemic Agents,Non-Hemodynamic		
ranolazine oral tablet extended release 12 hr 1,000 mg (Ranexa)	Tier 1	QL (60 EA per 30 days)
ranolazine oral tablet extended release 12 hr 500 mg (Ranexa)	Tier 1	QL (120 EA per 30 days)
Antianginal, Heart Rate Reducing, I(F) Inhibitor		
CORLANOR ORAL SOLUTION 5 MG/5 ML	Tier 2	QL (20 ML per 1 day)
CORLANOR ORAL TABLET 5 MG, 7.5 MG	Tier 2	QL (2 EA per 1 day)
Antihyperlip - Hmg-Coa&Calcium Channel Blocker Cb		
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg (Caduet)	Tier 1	QL (1 EA per 1 day)
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg	Tier 1	QL (1 EA per 1 day)
Protein Stabilizers		
VYNDAMAX ORAL CAPSULE 61 MG	Tier 3	PA; SP
VYNDAQEL ORAL CAPSULE 20 MG	Tier 3	PA; SP
Cardiovascular Disease - Vasodilation		
Vasodilators,Coronary		
amyl nitrite inhalation solution 0.3 ml	Tier 1	
DILATRATE-SR ORAL CAPSULE, EXTENDED RELEASE 40 MG	Tier 3	
ISORDIL ORAL TABLET 40 MG	Tier 2	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg	Tier 1	
isosorbide dinitrate oral tablet 40 mg (Isordil)	Tier 1	
isosorbide dinitrate oral tablet 5 mg (Isordil Titradose)	Tier 1	

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Drug	Status	Notes
isosorbide dinitrate oral tablet extended release 40 mg (ISOCHRON)	Tier 1	
isosorbide mononitrate oral tablet 10 mg, 20 mg	Tier 1	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg	Tier 1	
MINITRAN TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	Tier 1	
NITRO-BID TRANSDERMAL OINTMENT 2 %	Tier 2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	Tier 2	
nitroglycerin oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg (Nitro-Time)	Tier 1	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg (Nitrostat)	Tier 1	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr (Minitran)	Tier 1	
nitroglycerin translingual spray,non-aerosol 400 mcg/spray (Nitrolingual)	Tier 1	
NITROMIST TRANSLINGUAL AEROSOL,SPRAY 400 MCG/SPRAY	Tier 3	
NITRO-TIME ORAL CAPSULE, EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG	Tier 1	
Vasodilators,Peripheral		
ergoloid oral tablet 1 mg	Tier 1	
isoxsuprine oral tablet 10 mg, 20 mg	Tier 1	
papaverine injection solution 30 mg/ml	Tier 1	
Contraception/Oxytocics		
Contraceptives, Intravaginal, Systemic		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR	$0	ST: Requires prior prescription for Nuvaring within the past 120 days; QL (1 EA per 365 days)
ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR	$0	QL (1 EA per 28 days)

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Drug	Status	Notes
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr (EluRyng)	$0	QL (1 EA per 28 days)
Contraceptives,Implantable		
NEXPLANON SUBDERMAL IMPLANT 68 MG	$0	QL (1 EA per 365 days)
Contraceptives,Injectable		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	$0	QL (0.65 ML per 84 days)
medroxyprogesterone intramuscular suspension 150 mg/ml (Depo-Provera)	$0	QL (1 ML per 84 days)
medroxyprogesterone intramuscular syringe 150 mg/ml (Depo-Provera)	$0	QL (1 ML per 84 days)
Contraceptives,Intravaginal		
GYNOL II VAGINAL GEL 3 %	$0	
TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE 1,000 MG	$0	
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 %	$0	
VAGINAL CONTRACEPTIVE FOAM VAGINAL FOAM 12.5 %	$0	
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %	$0	
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %	$0	
Contraceptives,Oral		
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG	$0	
AFTERA ORAL TABLET 1.5 MG	$0	
ALTAVERA (28) ORAL TABLET 0.15-0.03 MG	$0	
ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG	$0	
ALYACEN 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	$0	
AMETHIA LO ORAL TABLETS,DOSE PACK,3 MONTH 0.10 MG-20 MCG (84)/10 MCG (7)	$0	QL (91 EA per 84 days)

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Drug	Status	Notes
AMETHIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	$0	QL (91 EA per 84 days)
AMETHYST (28) ORAL TABLET 90-20 MCG (28)	$0	
APRI ORAL TABLET 0.15-0.03 MG	$0	
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG	$0	
ASHLYNA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	$0	QL (91 EA per 84 days)
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	$0	
AUBRA ORAL TABLET 0.1-20 MG-MCG	$0	
AUROVELA 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	$0	
AUROVELA 1/20 (21) ORAL TABLET 1-20 MG-MCG	$0	
AUROVELA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	$0	
AUROVELA FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	$0	
AUROVELA FE 1-20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	$0	
AVIANE ORAL TABLET 0.1-20 MG-MCG	$0	
AYUNA ORAL TABLET 0.15-0.03 MG	$0	
AZURETTE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	$0	
BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/36.5 MG(7)	$0	ST: At least 2 prior prescriptions for generic oral contraceptives within the past 365 days; QL (28 EA per 28 days)
BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG	$0	
BEKYREE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	$0	

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Drug	Status	Notes
BLISOVI 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	$0	
BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	$0	
BLISOVI FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	$0	
BRIELLYN ORAL TABLET 0.4-35 MG-MCG	$0	
CAMILA ORAL TABLET 0.35 MG	$0	
CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.10 MG-20 MCG (84)/10 MCG (7)	$0	QL (91 EA per 84 days)
CAMRESE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	$0	QL (91 EA per 84 days)
CAZIANT (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	$0	
CHATEAL (28) ORAL TABLET 0.15-0.03 MG	$0	
CHATEAL EQ (28) ORAL TABLET 0.15-0.03 MG	$0	
CRYSELLE (28) ORAL TABLET 0.3-30 MG-MCG	$0	
CYCLAFEM 1/35 (28) ORAL TABLET 1-35 MG-MCG	$0	
CYCLAFEM 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	$0	
CYRED EQ ORAL TABLET 0.15-0.03 MG	$0	
CYRED ORAL TABLET 0.15-0.03 MG	$0	
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG	$0	
DASETTA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	$0	
DAYSEE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	$0	QL (91 EA per 84 days)
DEBLITANE ORAL TABLET 0.35 MG	$0	

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Drug		Status	Notes
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(Azurette (28))	$0	
desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg	(Apri)	$0	
drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)	(Beyaz)	$0	
drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)	(Tydemy)	$0	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg	(Gianvi (28))	$0	
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	(Ocella)	$0	
ECONTRA EZ ORAL TABLET 1.5 MG		$0	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG		$0	
ELINEST ORAL TABLET 0.3-30 MG-MCG		$0	
ELLA ORAL TABLET 30 MG		$0	
EMOQUETTE ORAL TABLET 0.15-0.03 MG		$0	
ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)		$0	
ENSKYCE ORAL TABLET 0.15-0.03 MG		$0	
ERRIN ORAL TABLET 0.35 MG		$0	
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG		$0	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg	(Kelnor 1/35 (28))	$0	
ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg	(Kelnor 1-50)	$0	
FALMINA (28) ORAL TABLET 0.1-20 MG-MCG		$0	
FAYOSIM ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG		$0	
FEMYNOR ORAL TABLET 0.25-35 MG-MCG		$0	
GIANVI (28) ORAL TABLET 3-0.02 MG		$0	

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Drug	Status	Notes
HAILEY 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	$0	
HAILEY ORAL TABLET 1.5-30 MG-MCG	$0	
HEATHER ORAL TABLET 0.35 MG	$0	
INCASSIA ORAL TABLET 0.35 MG	$0	
INTROVALE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	$0	QL (91 EA per 84 days)
ISIBLOOM ORAL TABLET 0.15-0.03 MG	$0	
JASMIEL (28) ORAL TABLET 3-0.02 MG	$0	
JENCYCLA ORAL TABLET 0.35 MG	$0	
JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	$0	QL (91 EA per 84 days)
JULEBER ORAL TABLET 0.15-0.03 MG	$0	
JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	$0	
JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG	$0	
JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	$0	
JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	$0	
JUNEL FE 24 ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	$0	
KAITLIB FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	$0	
KALLIGA ORAL TABLET 0.15-0.03 MG	$0	
KARIVA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	$0	
KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG	$0	
KELNOR 1-50 ORAL TABLET 1-50 MG-MCG	$0	
KURVELO (28) ORAL TABLET 0.15-0.03 MG	$0	

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Drug		Status	Notes
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)	(Amethia Lo)	$0	QL (91 EA per 84 days)
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	(Fayosim)	$0	
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(Amethia)	$0	QL (91 EA per 84 days)
LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG		$0	
LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG		$0	
LARIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)		$0	
LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)		$0	
LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)		$0	
LARISSIA ORAL TABLET 0.1-20 MG-MCG		$0	
LAYOLIS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)		$0	
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG		$0	
LESSINA ORAL TABLET 0.1-20 MG-MCG		$0	
LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)		$0	
levonorgestrel oral tablet 1.5 mg	(Aftera)	$0	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg	(Afirmelle)	$0	
levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg	(Altavera (28))	$0	
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)	(Amethyst (28))	$0	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(Introvale)	$0	QL (91 EA per 84 days)

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Drug	Status	Notes
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10) (Enpresse)	$0	
LEVORA-28 ORAL TABLET 0.15-0.03 MG	$0	
LILLOW (28) ORAL TABLET 0.15-0.03 MG	$0	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)	$0	ST: At least 2 prior prescriptions for generic oral contraceptives within the past 365 days
LORYNA (28) ORAL TABLET 3-0.02 MG	$0	
LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG	$0	
LO-ZUMANDIMINE (28) ORAL TABLET 3-0.02 MG	$0	
LUTERA (28) ORAL TABLET 0.1-20 MG-MCG	$0	
LYZA ORAL TABLET 0.35 MG	$0	
MARLISSA (28) ORAL TABLET 0.15-0.03 MG	$0	
MELODETTA 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	$0	
MIBELAS 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	$0	
MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	$0	
MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	$0	
MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	$0	
MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	$0	
MILI ORAL TABLET 0.25-35 MG-MCG	$0	
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	$0	

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Drug	Status	Notes
MY CHOICE ORAL TABLET 1.5 MG	$0	
MY WAY ORAL TABLET 1.5 MG	$0	
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG	$0	ST: At least 2 prior prescriptions for generic oral contraceptives within the past 365 days
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	$0	
NEW DAY ORAL TABLET 1.5 MG	$0	
NIKKI (28) ORAL TABLET 3-0.02 MG	$0	
NORA-BE ORAL TABLET 0.35 MG	$0	
noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7) (Wymzya Fe)	$0	
noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4) (Kaitlib Fe)	$0	
norethindrone (contraceptive) oral tablet 0.35 mg (Camila)	$0	
norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg (Aurovela 1.5/30 (21))	$0	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg (Aurovela 1/20 (21))	$0	
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7) (Aurovela Fe 1-20 (28))	$0	
norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7) (Aurovela Fe 1.5/30 (28))	$0	
norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4) (Melodetta 24 Fe)	$0	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg (Tri-Lo-Estarylla)	$0	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28) (Tri Femynor)	$0	
norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg (Estarylla)	$0	
NORLYDA ORAL TABLET 0.35 MG	$0	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	$0	

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Drug	Status	Notes
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)	$0	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	$0	
NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	$0	
OCELLA ORAL TABLET 3-0.03 MG	$0	
OGESTREL (28) ORAL TABLET 0.5-50 MG-MCG	$0	
OPCICON ONE-STEP ORAL TABLET 1.5 MG	$0	
OPTION-2 ORAL TABLET 1.5 MG	$0	
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	$0	
PHILITH ORAL TABLET 0.4-35 MG-MCG	$0	
PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	$0	
PIRMELLA ORAL TABLET 0.5/0.75/1 MG- 35 MCG, 1-35 MG-MCG	$0	
PORTIA 28 ORAL TABLET 0.15-0.03 MG	$0	
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	$0	
RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG	$0	
RIVELSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG	$0	
SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	$0	QL (91 EA per 84 days)
SHAROBEL ORAL TABLET 0.35 MG	$0	
SIMLIYA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	$0	
SIMPESSE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	$0	QL (91 EA per 84 days)

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Drug	Status	Notes
SLYND ORAL TABLET 4 MG (28)	$0	ST: Requires prior prescription for a generic contraceptive within the past 120 days; QL (28 EA per 28 days)
SPRINTEC (28) ORAL TABLET 0.25-35 MG-MCG	$0	
SRONYX ORAL TABLET 0.1-20 MG-MCG	$0	
SYEDA ORAL TABLET 3-0.03 MG	$0	
TAKE ACTION ORAL TABLET 1.5 MG	$0	
TARINA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	$0	
TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	$0	
TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	$0	
TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	$0	ST: At least 2 prior prescriptions for generic oral contraceptives within the past 365 days
TILIA FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	$0	
TRI FEMYNOR ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	$0	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	$0	
TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	$0	
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	$0	
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	$0	
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	$0	
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	$0	
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	$0	

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Drug	Status	Notes
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	$0	
TRI-PREVIFEM (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	$0	
TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	$0	
TRIVORA (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	$0	
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	$0	
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	$0	
TULANA ORAL TABLET 0.35 MG	$0	
TYDEMY ORAL TABLET 3-0.03-0.451 MG (21) (7)	$0	
VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	$0	
VIENVA ORAL TABLET 0.1-20 MG-MCG	$0	
VIORELE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	$0	
VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG	$0	
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	$0	
WERA (28) ORAL TABLET 0.5-35 MG-MCG	$0	
WYMZYA FE ORAL TABLET,CHEWABLE 0.4MG-35MCG(21) AND 75 MG (7)	$0	
ZARAH ORAL TABLET 3-0.03 MG	$0	
ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG	$0	
ZUMANDIMINE (28) ORAL TABLET 3-0.03 MG	$0	
Contraceptives,Transdermal		
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	$0	QL (3 EA per 28 days)

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Drug	Status	Notes
Diaphragms/Cervical Cap		
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	$0	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	$0	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM	$0	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM	$0	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM	$0	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM	$0	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM	$0	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM	$0	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM	$0	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM	$0	
Oxytocics		
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG	Tier 3	
methylergonovine oral tablet 0.2 mg (Methergine)	Tier 1	QL (28 EA per 30 days)
PREPIDIL VAGINAL GEL 0.5 MG/3 G	Tier 3	
PROSTIN E2 VAGINAL SUPPOSITORY 20 MG	Tier 3	
Cough And Cold		
1St Gen Antihistamine & Decongestant Combinations		
promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml (Promethazine VC)	Tier 1	
1St Gen Antihist-Decongest-Anticholinergic Comb		
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG	Tier 1	
Antitussives,Non-Narcotic		
benzonatate oral capsule 100 mg (Tessalon Perles)	Tier 1	

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Drug	Status	Notes
benzonatate oral capsule 150 mg, 200 mg	Tier 1	
Expectorants		
SSKI ORAL SOLUTION 1 GRAM/ML	Tier 1	
Narcotic Antituss-1St Gen. Antihistamine-Decongest		
CAPCOF ORAL LIQUID 2-5-10 MG/5 ML	Tier 3	Age (Min 12 Years)
HISTEX-AC ORAL SYRUP 2.5-10-10 MG/5 ML	Tier 3	Age (Min 12 Years)
MAR-COF BP ORAL LIQUID 2-30-7.5 MG/5 ML	Tier 1	Age (Min 12 Years)
MAXI-TUSS CD ORAL LIQUID 4-10-10 MG/5 ML	Tier 3	Age (Min 12 Years)
M-END PE ORAL LIQUID 1.33-3.33-6.33 MG/5 ML	Tier 3	Age (Min 12 Years)
POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML	Tier 3	Age (Min 12 Years)
promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
RYDEX ORAL LIQUID 1.3-10-6.3 MG/5 ML	Tier 1	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)

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Drug	Status	Notes
Narcotic Antituss-Decongestant-Expectorant Comb		
CODITUSSIN DAC ORAL LIQUID 30-10-200 MG/5 ML	Tier 3	Age (Min 12 Years)
GUAIFENESIN DAC ORAL SYRUP 30-10-100 MG/5 ML	Tier 1	Age (Min 12 Years)
LORTUSS EX ORAL SYRUP 30-10-100 MG/5 ML	Tier 1	Age (Min 12 Years)
VIRTUSSIN DAC ORAL SYRUP 30-10-100 MG/5 ML	Tier 1	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		
hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml	Tier 1	QL (10 ML per 1 day); Age (Min 18 Years)
promethazine-codeine oral syrup 6.25-10 mg/5 ml	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
TUSSICAPS ORAL CAPSULE,EXTENDED RELEASE 12 HR 10-8 MG	Tier 3	QL (2 EA per 1 day); Age (Min 18 Years)
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG	Tier 3	ST: Requires prior prescription for Promethazine HCL/codeine within the past 120 days; QL (2 EA per 1 day); Age (Min 18 Years)

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Drug	Status	Notes
TUZISTRA XR ORAL SUSPENSION,EXTENDED REL 12 HR 14.7-2.8 MG/5 ML	Tier 3	ST: At least 2 prior prescriptions for Montelukast Sodium, Promethazine HCL/codeine, or Zafirlukast within the past 365 days; QL (200 ML per 10 days); Age (Min 18 Years)
ZODRYL AC 25 ORAL SUSPENSION 1-3 MG/3 ML	Tier 3	Age (Min 12 Years)
ZODRYL AC 30 ORAL SUSPENSION 1-3.5 MG/3.5 ML	Tier 3	Age (Min 12 Years)
ZODRYL AC 35 ORAL SUSPENSION 1-4 MG/4 ML	Tier 3	Age (Min 12 Years)
ZODRYL AC 40 ORAL SUSPENSION 1-4.5 MG/4.5 ML	Tier 3	Age (Min 12 Years)
ZODRYL AC 50 ORAL SUSPENSION 2-5 MG/5 ML	Tier 3	Age (Min 12 Years)
ZODRYL AC 60 ORAL SUSPENSION 2-7.5 MG/7.5 ML	Tier 3	Age (Min 12 Years)
ZODRYL AC 80 ORAL SUSPENSION 2-10 MG/10 ML	Tier 3	Age (Min 12 Years)
Z-TUSS AC ORAL LIQUID 2-9 MG/5 ML	Tier 3	Age (Min 12 Years)
Narcotic Antitussive-Anticholinergic Comb.		
hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml (Hydromet)	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
hydrocodone-homatropine oral tablet 5-1.5 mg	Tier 1	QL (6 EA per 1 day); Age (Min 18 Years)
HYDROMET ORAL SYRUP 5-1.5 MG/5 ML	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
Narcotic Antitussive-Expectorant Combination		
codeine-guaifenesin oral liquid 10-100 mg/5 ml (G Tussin AC)	Tier 1	Age (Min 12 Years)
CODITUSSIN AC ORAL LIQUID 10-200 MG/5 ML	Tier 1	Age (Min 12 Years)
G TUSSIN AC ORAL LIQUID 10-100 MG/5 ML	Tier 1	Age (Min 12 Years)

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Drug	Status	Notes
GUAIATUSSIN AC ORAL LIQUID 10-100 MG/5 ML	Tier 1	Age (Min 12 Years)
GUAIFENESIN AC ORAL LIQUID 10-100 MG/5 ML	Tier 1	Age (Min 12 Years)
MAR-COF CG ORAL LIQUID 7.5-225 MG/5 ML	Tier 1	Age (Min 12 Years)
M-CLEAR WC ORAL LIQUID 6.3-100 MG/5 ML	Tier 3	Age (Min 12 Years)
NINJACOF-XG ORAL LIQUID 8-200 MG/5 ML	Tier 1	Age (Min 12 Years)
VIRTUSSIN AC ORAL LIQUID 10-100 MG/5 ML	Tier 1	Age (Min 12 Years)
Non-Narc Antituss-1St Gen. Antihistamine-Decongest		
BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML	Tier 1	
brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml (Bromfed DM)	Tier 1	
Non-Narc Antitussive-1St Gen Antihistamine Comb.		
promethazine-dm oral syrup 6.25-15 mg/5 ml	Tier 1	
Nose Preparations, Vasoconstrictors (Rx)		
ADRENALIN NASAL SOLUTION 1 MG/ML	Tier 3	
TYZINE NASAL DROPS 0.1 %	Tier 3	
TYZINE NASAL SPRAY,NON-AEROSOL 0.1 %	Tier 3	
Dermatology - Acne		
Acne Agents,Systemic		
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	Tier 1	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	
isotretinoin oral capsule 10 mg, 20 mg, 40 mg (Amnesteem)	Tier 1	
isotretinoin oral capsule 30 mg (Claravis)	Tier 1	

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Drug	Status	Notes
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		
ACZONE TOPICAL GEL WITH PUMP 7.5 %	Tier 3	
adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 % (Epiduo)	Tier 1	Age (Max 25 Years)
adapalene-benzoyl perox-niacin topical gel 0.3-2.5-4 %	Tier 1	
adapalene-benzoyl-clindamycin topical gel 0.3-2.5-1 %	Tier 1	
azelaic acid-niacinamide topical cream 15-4 %	Tier 1	
AZELEX TOPICAL CREAM 20 %	Tier 3	
benzoyl per-clindamycin-niacin topical gel 2.5-1-4 %, 5-1-4 %	Tier 1	
clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 % (Neuac)	Tier 1	
clindamycin-benzoyl peroxide topical gel 1-5 % (Benzaclin)	Tier 1	
clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 % (Acanya)	Tier 1	
clindamycin-niacinamide topical gel 1-4 %	Tier 1	
clindamycin-niacinamide topical lotion 1-4 %	Tier 1	
dapsone topical gel 5 % (Aczone)	Tier 1	
dapsone topical gel with pump 7.5 % (Aczone)	Tier 1	
dapsone-niacinamide topical gel 6-4 %, 8.5-4 %	Tier 1	
dapsone-spironolactone-niacin topical gel 6-5-2 %, 8.5-5-2 %	Tier 1	
EPIDUO FORTE TOPICAL GEL WITH PUMP 0.3-2.5 %	Tier 2	Age (Max 25 Years)
NEUAC TOPICAL GEL 1.2 %(1 % BASE) -5 %	Tier 1	

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Drug	Status	Notes
ONEXTON TOPICAL GEL 1.2 %(1 % BASE) -3.75 %	Tier 3	
ONEXTON TOPICAL GEL WITH PUMP 1.2 %(1 % BASE) -3.75 %	Tier 2	
salicylic acid-sulfacetamide topical suspension 2-8 %, 5-10 %	Tier 1	
spironolactone-niacinamide topical gel 5-4 %	Tier 1	
sulfacetamide sodium (acne) topical suspension 10 % (Klaron)	Tier 1	
tretinoin-benzoyl-clinda-niac topical gel 0.025-2.5-1-2 %, 0.025-5-1-2 %, 0.05-5-1-2 %	Tier 1	
tretinoin-clindamycin-niacin topical cream 0.025-1-4 %	Tier 1	
tretinoin-clinda-spiron-niacin topical gel 0.025-1-2-4 %	Tier 1	
tretinoin-hyaluronate-niacin topical cream 0.025-0.5-4 %, 0.05-0.5-4 %, 0.1-0.5-4 %	Tier 1	
tretinoin-niacinamide topical cream 0.025-4 %, 0.05-4 %	Tier 1	
tretinoin-niacinamide topical gel 0.025-4 %, 0.05-4 %	Tier 1	
tretinoin-spironolact-niacin topical gel 0.025-5-2 %, 0.05-5-2 %	Tier 1	
Keratolytic-Glucocorticoid Combinations		
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 %	Tier 2	
Rosacea Agents, Topical		
azelaic acid topical gel 15 % (Finacea)	Tier 1	
FINACEA TOPICAL FOAM 15 %	Tier 2	
ivermectin topical cream 1 % (Soolantra)	Tier 1	ST: Requires prior prescription for Finacea gel or foam within the past 120 days
ivermectin-metronidazol-niacin topical gel 1-1-4 %	Tier 1	
metronidazole topical cream 0.75 % (Rosadan)	Tier 1	

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Drug		Status	Notes
metronidazole topical gel 0.75 %	(Rosadan)	Tier 1	
metronidazole topical gel 1 %	(Metrogel)	Tier 1	
metronidazole topical gel with pump 1 %	(Metrogel)	Tier 1	
metronidazole topical lotion 0.75 %	(MetroLotion)	Tier 1	
MIRVASO TOPICAL GEL 0.33 %		Tier 3	
MIRVASO TOPICAL GEL WITH PUMP 0.33 %		Tier 3	
RHOFADE TOPICAL CREAM 1 %		Tier 3	
ROSADAN TOPICAL CREAM 0.75 %		Tier 1	
Topical Preparations,Antibacterials			
ALA-QUIN TOPICAL CREAM 3-0.5 %		Tier 3	
DERMAZENE TOPICAL CREAM 1-1 %		Tier 1	
DERMAZENE TOPICAL CREAM IN PACKET 1-1 %		Tier 3	
hydrocortisone-iodoquinol topical cream 1-1 %	(Dermazene)	Tier 1	
hydrocortisone-iodoquinol-aloe topical cream in packet 1.9-1 %	(Vytone)	Tier 1	
IODOFLEX TOPICAL PADS, MEDICATED 0.9 %		Tier 3	
IODOSORB TOPICAL GEL 0.9 %		Tier 3	
LUGOLS TOPICAL SOLUTION 5-10 %		Tier 1	
NORMLGEL AG TOPICAL GEL 0.11 %		Tier 3	
silver nitrate topical solution 0.5 %, 25 %, 50 %		Tier 1	
STRONG IODINE TOPICAL SOLUTION 5-10 %		Tier 1	
Vitamin A Derivatives			
adapalene topical cream 0.1 %	(Differin)	Tier 1	Age (Max 25 Years)
adapalene topical gel 0.1 %, 0.3 %	(Differin)	Tier 1	Age (Max 25 Years)
adapalene topical gel with pump 0.3 %	(Differin)	Tier 1	Age (Max 25 Years)
adapalene topical lotion 0.1 %	(Differin)	Tier 1	Age (Max 25 Years)
AKLIEF TOPICAL CREAM 0.005 %		Tier 3	Age (Max 25 Years)
ALTRENO TOPICAL LOTION 0.05 %		Tier 3	Age (Max 25 Years)
AVITA TOPICAL CREAM 0.025 %		Tier 1	Age (Max 25 Years)
AVITA TOPICAL GEL 0.025 %		Tier 1	Age (Max 25 Years)
DIFFERIN TOPICAL LOTION 0.1 %		Tier 3	Age (Max 25 Years)

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Drug		Status	Notes
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %, 0.08 %		Tier 3	Age (Max 25 Years)
tretinoin microspheres topical gel 0.04 %, 0.1 %	(Retin-A Micro)	Tier 1	Age (Max 25 Years)
tretinoin microspheres topical gel with pump 0.04 %, 0.1 %	(Retin-A Micro Pump)	Tier 1	Age (Max 25 Years)
tretinoin topical cream 0.025 %	(Avita)	Tier 1	Age (Max 25 Years)
tretinoin topical cream 0.05 %, 0.1 %	(Retin-A)	Tier 1	Age (Max 25 Years)
tretinoin topical gel 0.01 %	(Retin-A)	Tier 1	Age (Max 25 Years)
tretinoin topical gel 0.025 %	(Avita)	Tier 1	Age (Max 25 Years)
tretinoin topical gel 0.05 %	(Atralin)	Tier 1	Age (Max 25 Years)
TRETIN-X CREAM KIT TOPICAL COMBO PACK 0.025 %, 0.05 %, 0.1 %		Tier 3	Age (Max 25 Years)
TRETIN-X TOPICAL CREAM 0.075 %		Tier 3	Age (Max 25 Years)
Vitamin A Derivatives, Topical Acne Agents			
tazarotene-niacinamide topical cream 0.05-4 %, 0.1-4 %		Tier 1	
Dermatology - Antiinfective			
Topical Antibiotics			
CENTANY AT TOPICAL OINTMENT KIT 2 %		Tier 3	
clindamycin phosphate topical foam 1 %	(Evoclin)	Tier 1	
clindamycin phosphate topical gel 1 %	(Cleocin T)	Tier 1	
clindamycin phosphate topical gel, once daily 1 %	(Clindagel)	Tier 1	ST: Requires prior prescription for Clindamycin Phosphate within the past 120 days
clindamycin phosphate topical lotion 1 %	(Cleocin T)	Tier 1	
clindamycin phosphate topical solution 1 %	(Cleocin T)	Tier 1	QL (180 ML per 1 FILL)
clindamycin phosphate topical swab 1 %	(Clindacin ETZ)	Tier 1	
ERY PADS TOPICAL SWAB 2 %		Tier 1	
erythromycin with ethanol topical gel 2 %	(Erygel)	Tier 1	
erythromycin with ethanol topical solution 2 %		Tier 1	QL (180 ML per 1 FILL)
erythromycin-benzoyl peroxide topical gel 3-5 %	(Benzamycin)	Tier 1	
gentamicin topical cream 0.1 %		Tier 1	QL (90 GM per 1 FILL)

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Drug		Status	Notes
gentamicin topical ointment 0.1 %		Tier 1	
mupirocin calcium topical cream 2 %		Tier 1	QL (90 GM per 1 FILL)
mupirocin topical ointment 2 %	(Centany)	Tier 1	
XEPI TOPICAL CREAM 1 %		Tier 3	ST: Requires prior prescription for Mupirocin within the past 120 days
Topical Antifungal/Antiinflammatory,Steriod Agent			
ciclopirox-clobetasol topical shampoo 0.77-0.05 %		Tier 1	
ciclopirox-clobetasol-salicyl topical shampoo 0.77-0.05-3 %		Tier 1	
clotrimazole-betamethasone topical cream 1-0.05 %	(Lotrisone)	Tier 1	
clotrimazole-betamethasone topical lotion 1-0.05 %		Tier 1	
ketoconazole-hydrocortisone topical cream 2-2.5 %		Tier 1	
Topical Antifungal-Antibiotic-Anti-Inflamm Steroid			
ketoconazole-iodoquinol-hc topical cream 2-1-2.5 %		Tier 1	
Topical Antifungals			
CICLODAN KIT TOPICAL COMBO PACK 0.77 %		Tier 3	
ciclopirox topical cream 0.77 %	(Ciclodan)	Tier 1	QL (180 GM per 1 FILL)
ciclopirox topical gel 0.77 %		Tier 1	
ciclopirox topical shampoo 1 %	(Loprox)	Tier 1	
ciclopirox topical solution 8 %	(Ciclodan)	Tier 1	QL (19.8 ML per 1 FILL)
ciclopirox topical suspension 0.77 %	(Loprox (as olamine))	Tier 1	QL (180 ML per 1 FILL)
ciclopirox-salicylic acid topical shampoo 0.77-2 %		Tier 1	
ciclopirox-ure-camph-menth-euc topical solution 8 %	(Ciclodan Kit)	Tier 1	QL (19.8 ML per 1 FILL)
clotrimazole topical cream 1 %	(Antifungal (clotrimazole))	Tier 1	
clotrimazole topical solution 1 %		Tier 1	
econazole topical cream 1 %		Tier 1	QL (170 GM per 1 FILL)

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Drug	Status	Notes
econazole-niacinamide topical cream 1-4 %	Tier 1	
ECOZA TOPICAL FOAM 1 %	Tier 3	
EXELDERM TOPICAL CREAM 1 %	Tier 2	
EXELDERM TOPICAL SOLUTION 1 %	Tier 2	
EXODERM TOPICAL LOTION 25-1 %	Tier 1	
flucona-ibuprof-itracon-terbin topical solution 4-2-1-4 %	Tier 1	
KERYDIN TOPICAL SOLUTION WITH APPLICATOR 5 %	Tier 3	PA
ketoconazole topical cream 2 %	Tier 1	QL (180 GM per 1 FILL)
ketoconazole topical shampoo 2 % (Nizoral)	Tier 1	
KETODAN KIT TOPICAL COMBO PACK 2 %	Tier 3	
luliconazole topical cream 1 % (Luzu)	Tier 1	ST: Requires prior prescriptions for Clotrimazole and Ketoconazole within the past 365 days; QL (60 GM per 28 days)
MENTAX TOPICAL CREAM 1 %	Tier 3	
miconazole nitrate-zinc ox-pet topical ointment 0.25-15-81.35 % (Vusion)	Tier 1	
naftifine topical cream 1 %	Tier 1	
naftifine topical cream 2 % (Naftin)	Tier 1	QL (180 GM per 1 FILL)
naftifine topical gel 1 % (Naftin)	Tier 1	
NAFTIN TOPICAL GEL 2 %	Tier 2	
NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM	Tier 1	
nystatin topical cream 100,000 unit/gram	Tier 1	
nystatin topical ointment 100,000 unit/gram	Tier 1	
nystatin topical powder 100,000 unit/gram (Nyamyc)	Tier 1	
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%	Tier 1	
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%	Tier 1	

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Drug		Status	Notes
NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM		Tier 1	
oxiconazole topical cream 1 %	(Oxistat)	Tier 1	QL (180 GM per 1 FILL)
OXISTAT TOPICAL LOTION 1 %		Tier 3	
sulconazole topical cream 1 %	(Exelderm)	Tier 1	
sulconazole topical solution 1 %	(Exelderm)	Tier 1	
Topical Antiparasitics			
lindane topical shampoo 1 %		Tier 1	
malathion topical lotion 0.5 %	(Ovide)	Tier 1	
permethrin topical cream 5 %	(Elimite)	Tier 1	
SKLICE TOPICAL LOTION 0.5 %		Tier 3	
spinosad topical suspension 0.9 %	(Natroba)	Tier 1	
ULESFIA TOPICAL LOTION 5 %		Tier 3	
Topical Antivirals			
acyclovir topical ointment 5 %	(Zovirax)	Tier 1	
Topical Pleuromutilin Derivatives			
ALTABAX TOPICAL OINTMENT 1 %		Tier 3	ST: Requires prior prescription for Mupirocin within the past 120 days
Topical Sulfonamides			
AVAR LS TOPICAL FOAM 10-2 %		Tier 3	
AVAR LS TOPICAL PADS, MEDICATED 10-2 %		Tier 3	
AVAR TOPICAL PADS, MEDICATED 9.5-5 %		Tier 3	
BP 10-1 TOPICAL CLEANSER 10-1 %		Tier 1	
CLEANSING WASH TOPICAL CLEANSER 10-4-10 %		Tier 1	
mafenide acetate topical packet 50 gram	(Sulfamylon)	Tier 1	
PLEXION CLEANSING CLOTHS TOPICAL PADS, MEDICATED 9.8-4.8 %		Tier 3	
ROSANIL TOPICAL CLEANSER 10-5 % (W/W)		Tier 3	QL (1419 GM per 1 FILL)
ROSULA CLEANSING CLOTHS TOPICAL PADS, MEDICATED 10-5 %		Tier 1	
ROSULA TOPICAL CLEANSER 10-4.5 %		Tier 3	
silver sulfadiazine topical cream 1 %	(SSD)	Tier 1	

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Drug		Status	Notes
SSD TOPICAL CREAM 1 %		Tier 1	
SSS 10-5 TOPICAL CREAM 10-5 % (W/W)		Tier 1	
SSS 10-5 TOPICAL FOAM 10-5 %		Tier 1	
sulfacetamide sodium-sulfur topical cleanser 10-2 %	(Avar LS)	Tier 1	
sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)	(Rosanil)	Tier 1	QL (1419 GM per 1 FILL)
sulfacetamide sodium-sulfur topical cleanser 9.8-4.8 %	(Plexion)	Tier 1	
sulfacetamide sodium-sulfur topical cleanser 9-4 %	(Sumaxin)	Tier 1	
sulfacetamide sodium-sulfur topical cleanser 9-4.5 %	(Sumadan)	Tier 1	
sulfacetamide sodium-sulfur topical cream 10-2 %	(Avar-E LS)	Tier 1	
sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)	(SSS 10-5)	Tier 1	
sulfacetamide sodium-sulfur topical cream 9.8-4.8 %	(Plexion)	Tier 1	
sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w)		Tier 1	
sulfacetamide sodium-sulfur topical lotion 9.8-4.8 %	(Plexion)	Tier 1	
sulfacetamide sodium-sulfur topical pads, medicated 10-4 %	(Sumaxin)	Tier 1	
sulfacetamide sodium-sulfur topical suspension 10-5 %		Tier 1	
sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %		Tier 1	QL (1419 ML per 1 FILL)
sulfacetamide-niacinamide topical cream 10-4 %		Tier 1	
sulfacetamide-sulfur-cleansr23 topical kit 9-4.5 %	(Sumadan)	Tier 1	
SULFAMYLON TOPICAL CREAM 85 MG/G		Tier 3	
SULFAMYLON TOPICAL PACKET 50 GRAM		Tier 3	

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Drug	Status	Notes
Dermatology - Antiinflammatory		
Top. Anti-Inflam.,Phosphodiesterase-4 (Pde4) Inhib		
EUCRISA TOPICAL OINTMENT 2 %	Tier 2	
Topical Antibiotics/Antiinflammatory,Steroidal		
CORTISPORIN TOPICAL CREAM 3.5-10,000-0.5 MG/G-UNIT/G-%	Tier 2	
CORTISPORIN TOPICAL OINTMENT 1 %	Tier 2	
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	Tier 3	ST: At least 2 prior prescriptions for Bacitracin Zinc, Bacitracin, Capex Shampoo, Fluocinolone Acetonide, Iluvien, Retisert, or Yutiq within the past 365 days
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	Tier 3	ST: At least 2 prior prescriptions for Bacitracin Zinc, Bacitracin, Capex Shampoo, Fluocinolone Acetonide, Iluvien, Retisert, or Yutiq within the past 365 days
Topical Anti-Inflammatory Steroidal		
ADVANCED ALLERGY COLLECT KIT TOPICAL KIT 2.5 %	Tier 1	
ALA-CORT TOPICAL CREAM 1 %	Tier 1	
ALA-SCALP TOPICAL LOTION 2 %	Tier 1	
alclometasone topical cream 0.05 %	Tier 1	
alclometasone topical ointment 0.05 %	Tier 1	
amcinonide topical cream 0.1 %	Tier 1	
amcinonide topical lotion 0.1 %	Tier 1	

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Drug	Status	Notes
amcinonide topical ointment 0.1 %	Tier 1	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days
AQUA GLYCOLIC HC TOPICAL COMBO PACK 2 %	Tier 3	
betamethasone dipropionate topical cream 0.05 %	Tier 1	
betamethasone dipropionate topical lotion 0.05 %	Tier 1	
betamethasone dipropionate topical ointment 0.05 %	Tier 1	
betamethasone valerate topical cream 0.1 %	Tier 1	
betamethasone valerate topical foam 0.12 % (Luxiq)	Tier 1	
betamethasone valerate topical lotion 0.1 %	Tier 1	
betamethasone valerate topical ointment 0.1 %	Tier 1	
betamethasone, augmented topical cream 0.05 %	Tier 1	
betamethasone, augmented topical gel 0.05 %	Tier 1	
betamethasone, augmented topical lotion 0.05 %	Tier 1	
betamethasone, augmented topical ointment 0.05 % (Diprolene)	Tier 1	
CAPEX TOPICAL SHAMPOO 0.01 %	Tier 3	
clobetasol scalp solution 0.05 %	Tier 1	
clobetasol topical cream 0.05 % (Temovate)	Tier 1	
clobetasol topical foam 0.05 % (Olux)	Tier 1	
clobetasol topical gel 0.05 %	Tier 1	
clobetasol topical lotion 0.05 % (Clobex)	Tier 1	

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Drug		Status	Notes
clobetasol topical ointment 0.05 %	(Temovate)	Tier 1	
clobetasol topical shampoo 0.05 %	(Clobex)	Tier 1	
clobetasol topical spray,non-aerosol 0.05 %	(Clobex)	Tier 1	
clobetasol-emollient topical cream 0.05 %		Tier 1	
clobetasol-emollient topical foam 0.05 %	(Olux-E)	Tier 1	
clobetasol-levocetirizine topical shampoo 0.05-2 %		Tier 1	
clobetasol-niacinamide topical cream 0.05-4 %		Tier 1	
clobetasol-niacinamide topical ointment 0.05-4 %		Tier 1	
clobetasol-niacinamide topical solution 0.05-4 %		Tier 1	
clocortolone pivalate topical cream 0.1 %	(Cloderm)	Tier 1	
CLODAN KIT TOPICAL KIT,SHAMPOO AND CLEANSER 0.05 %		Tier 3	
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2		Tier 3	ST: Requires prior prescription for Betamethasone augmented (ointment, gel, lotion), Clobetasol (spray, lotion, gel, ointment, cream, solution), Fluocinonide 0.1% cream, or Halobetasol 0.05% (cream, ointment) within the past 120 days; QL (2 EA per 30 days)
CORDRAN TOPICAL CREAM 0.025 %		Tier 3	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
DESONATE TOPICAL GEL 0.05 %		Tier 3	
desonide topical cream 0.05 %	(DesOwen)	Tier 1	
desonide topical lotion 0.05 %	(DesOwen)	Tier 1	
desonide topical ointment 0.05 %		Tier 1	
desoximetasone topical cream 0.05 %, 0.25 %	(Topicort)	Tier 1	

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Drug		Status	Notes
desoximetasone topical gel 0.05 %	(Topicort)	Tier 1	
desoximetasone topical ointment 0.05 %, 0.25 %	(Topicort)	Tier 1	
desoximetasone topical spray,non-aerosol 0.25 %	(Topicort)	Tier 1	ST: Requires prior prescription for Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol, Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) within the past 120 days
fluocinolone and shower cap scalp oil 0.01 %	(Derma-Smoothe/FS Scalp Oil)	Tier 1	
fluocinolone topical cream 0.01 %		Tier 1	
fluocinolone topical cream 0.025 %	(Synalar)	Tier 1	
fluocinolone topical oil 0.01 %	(Derma-Smoothe/FS Body Oil)	Tier 1	
fluocinolone topical ointment 0.025 %	(Synalar)	Tier 1	
fluocinolone topical solution 0.01 %	(Synalar)	Tier 1	
fluocinolone-niacinamide topical cream 0.01-4 %, 0.025-4 %		Tier 1	
fluocinonide topical cream 0.05 %		Tier 1	
fluocinonide topical cream 0.1 %	(Vanos)	Tier 1	
fluocinonide topical gel 0.05 %		Tier 1	
fluocinonide topical ointment 0.05 %		Tier 1	
fluocinonide topical solution 0.05 %		Tier 1	
FLUOCINONIDE-E TOPICAL CREAM 0.05 %		Tier 1	
fluocinonide-emollient topical cream 0.05 %	(Fluocinonide-E)	Tier 1	
flurandrenolide topical cream 0.05 %	(Cordran)	Tier 1	
flurandrenolide topical lotion 0.05 %	(Cordran)	Tier 1	
flurandrenolide topical ointment 0.05 %	(Cordran)	Tier 1	
fluticasone propionate topical cream 0.05 %	(Cutivate)	Tier 1	

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Drug		Status	Notes
fluticasone propionate topical lotion 0.05 %	(Beser)	Tier 1	
fluticasone propionate topical ointment 0.005 %		Tier 1	
halcinonide topical cream 0.1 %	(Halog)	Tier 1	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days
halobetasol propionate topical cream 0.05 %		Tier 1	
halobetasol propionate topical ointment 0.05 %		Tier 1	
HALOG TOPICAL OINTMENT 0.1 %		Tier 3	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days
hydrocortisone butyrate topical cream 0.1 %	(Locoid)	Tier 1	
hydrocortisone butyrate topical lotion 0.1 %	(Locoid)	Tier 1	
hydrocortisone butyrate topical ointment 0.1 %		Tier 1	
hydrocortisone butyrate topical solution 0.1 %	(Locoid)	Tier 1	
hydrocortisone butyr-emollient topical cream 0.1 %	(Locoid Lipocream)	Tier 1	
hydrocortisone topical cream 1 %	(Ala-Cort)	Tier 1	
hydrocortisone topical cream 2.5 %		Tier 1	
hydrocortisone topical cream with perineal applicator 1 %	(Procto-Pak)	Tier 1	

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Drug	Status	Notes
hydrocortisone topical cream with perineal applicator 2.5 % (Procto-Med HC)	Tier 1	
hydrocortisone topical lotion 2.5 %	Tier 1	
hydrocortisone topical ointment 1 % (Anti-Itch (HC))	Tier 1	
hydrocortisone topical ointment 2.5 %	Tier 1	
hydrocortisone valerate topical cream 0.2 %	Tier 1	
hydrocortisone valerate topical ointment 0.2 %	Tier 1	
MICORT-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	Tier 3	
mometasone topical cream 0.1 % (Elocon)	Tier 1	
mometasone topical ointment 0.1 %	Tier 1	
mometasone topical solution 0.1 %	Tier 1	
NUCORT TOPICAL LOTION 2 %	Tier 3	
PANDEL TOPICAL CREAM 0.1 %	Tier 2	
prednicarbate topical cream 0.1 %	Tier 1	
prednicarbate topical ointment 0.1 %	Tier 1	
PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	Tier 1	
PROCTO-PAK TOPICAL CREAM WITH PERINEAL APPLICATOR 1 %	Tier 1	
PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	Tier 1	
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	Tier 1	
SCALACORT DK TOPICAL COMBO PACK 2-2-2 %	Tier 2	
SERNIVO TOPICAL SPRAY WITH PUMP 0.05 %	Tier 3	ST: Requires prior prescription for Triamcinolone Acetonide 0.147mg/g spray within the past 120 days
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	

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Drug	Status	Notes
TEXACORT TOPICAL SOLUTION 2.5 %	Tier 2	
triamcinolone acetonide topical aerosol 0.147 mg/gram (Kenalog)	Tier 1	
triamcinolone acetonide topical cream 0.025 %	Tier 1	
triamcinolone acetonide topical cream 0.1 %, 0.5 % (Triderm)	Tier 1	
triamcinolone acetonide topical lotion 0.025 %, 0.1 %	Tier 1	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	Tier 1	
triamcinolone-niacinamide topical cream 0.1-4 %	Tier 1	
TRIDERM TOPICAL CREAM 0.1 %, 0.5 %	Tier 1	
Topical Anti-Inflammatory, Nsaids		
diclofenac epolamine transdermal patch 12 hour 1.3 % (Flector)	Tier 1	
diclofenac sodium topical drops 1.5 %	Tier 1	
diclofenac sodium topical gel 1 % (Voltaren)	Tier 1	
diclofenac-hyaluronate-niacin topical gel 3-2-4 %	Tier 1	
Dermatology - Miscellaneous		
Antiperspirants		
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 %	Tier 2	
DRYSOL TOPICAL SOLUTION 20 %	Tier 2	
Antiseborrheic Agents		
ESKATA TOPICAL SOLUTION WITH APPLICATOR 40 %	Tier 3	
OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 %	Tier 2	
OVACE PLUS TOPICAL CREAM 10 %	Tier 3	
OVACE PLUS TOPICAL FOAM 9.8 %	Tier 3	
OVACE PLUS TOPICAL LOTION 9.8 %	Tier 3	ST: Requires prior prescription for Ciclopirox or Ketoconazole within the past 120 days

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Drug		Status	Notes
selenium sulfide topical lotion 2.5 %		Tier 1	
selenium sulfide topical shampoo 2.25 %		Tier 1	
selenium sulfide topical shampoo 2.3 %	(SelRx)	Tier 1	
sulfacetamide sodium topical cleanser 10 %	(Ovace)	Tier 1	
sulfacetamide sodium topical cleanser, gel 10 %	(Ovace Plus Wash)	Tier 1	
sulfacetamide sodium topical shampoo 10 %	(Ovace Plus Shampoo)	Tier 1	
TERSI FOAM TOPICAL FOAM 2.25 %		Tier 3	
Antiseptics,Miscellaneous			
guaiacol liquid		Tier 3	
Emollients			
ammonium lactate topical cream 12 %	(Geri-Hydrolac)	Tier 1	
ammonium lactate topical lotion 12 %	(Geri-Hydrolac)	Tier 1	
ATRAPRO CP TOPICAL COMBO PACK,CREAM AND GEL		Tier 3	
HALUCORT TOPICAL GEL		Tier 3	
MB HYDROGEL TOPICAL KIT,CREAM AND GEL 96.53-3-0.4 -0.066 %		Tier 1	
PRESERA TOPICAL FOAM		Tier 3	
XCLAIR TOPICAL CREAM		Tier 3	
Iodine Antiseptics			
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 %		Tier 3	
Irrigants			
acetic acid irrigation solution 0.25 %		Tier 1	
AQUA CARE SODIUM CHLORIDE IRRIGATION SOLUTION 0.9 %		Tier 1	
AQUA CARE STERILE WATER IRRIGATION SOLUTION		Tier 1	
lactated ringers irrigation solution		Tier 3	
neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml		Tier 1	
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L		Tier 3	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L		Tier 3	
ringer's irrigation solution		Tier 1	

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Drug		Status	Notes
sodium chloride irrigation solution 0.9 %	(Aqua Care Sodium Chloride)	Tier 1	
sorbitol irrigation solution 3 %, 3.3 %		Tier 1	
sorbitol-mannitol transurethral solution 2.7-0.54 gram/100 ml		Tier 1	
TIS-U-SOL PENTALYTE IRRIGATION IRRIGATION SOLUTION 800-40-20-8.75- 6.25 MG/100 ML		Tier 3	
VASHE WOUND THERAPY IRRIGATION IRRIGATION SOLUTION 0.033 %		Tier 3	
water for irrigation, sterile irrigation solution	(Aqua Care Sterile Water)	Tier 1	
Irritants/Counter-Irritants			
cantharidin in acetone topical solution 0.7 %		Tier 1	
methyl salicylate oil	(Wintergreen Oil)	Tier 1	
methyl salicylate topical liquid		Tier 1	
QUTENZA TOPICAL KIT 8 %		Tier 3	PA
WINTERGREEN OIL OIL		Tier 1	
Keratolytics			
benzoyl peroxide topical foam 9.8 %	(BenzePrO)	Tier 1	
BPO TOPICAL GEL 8 %		Tier 1	
CEM-UREA TOPICAL GEL 45 %		Tier 1	
CONDYLOX TOPICAL GEL 0.5 %		Tier 3	ST: Requires prior prescription for Podofilox within the past 120 days
HYDRO 35 TOPICAL FOAM 35 %		Tier 3	
INOVA 4-1 TOPICAL COMBO PACK 1-4-5 %		Tier 3	
INOVA 8-2 TOPICAL COMBO PACK 2-8-5 %		Tier 3	
INOVA TOPICAL COMBO PACK 4-5 %, 8-5 %		Tier 3	
KERAFOAM TOPICAL FOAM 30 %, 42 %		Tier 3	
KERALYT SCALP COMPLETE TOPICAL KIT,SHAMPOO AND GEL 6-6 %		Tier 3	

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Drug	Status	Notes
PACNEX HP TOPICAL PADS, MEDICATED 7 %	Tier 3	
PACNEX LP TOPICAL PADS, MEDICATED 4.25 %	Tier 3	
PODOCON TOPICAL LIQUID 25 %	Tier 1	
podofilox topical solution 0.5 %	Tier 1	
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 %	Tier 1	
salicylic acid topical cream 6 % (Salimez)	Tier 1	
salicylic acid topical cream,extended release 6 %	Tier 1	
salicylic acid topical film forming liquid w/appl 27.5 % (Virasal)	Tier 1	
salicylic acid topical film-forming soln er w/ appl 28.5 % (UltraSal-ER)	Tier 1	
salicylic acid topical foam 6 % (Salvax)	Tier 1	
salicylic acid topical liquid 26 %	Tier 1	
salicylic acid topical lotion 6 %	Tier 1	
salicylic acid topical lotion,extended release 6 %	Tier 1	
salicylic acid topical shampoo 6 % (Salex)	Tier 1	
salicylic-cimetidine-lidocaine topical cream 40-10-5 %	Tier 1	
SALIMEZ FORTE TOPICAL CREAM 10 %	Tier 3	
SALVAX DUO PLUS TOPICAL FOAM 6-35 %	Tier 3	
SALVAX TOPICAL FOAM 6 %	Tier 1	
silver nitrate applicators topical stick 75-25 %	Tier 1	
silver nitrate topical solution 10 %	Tier 1	
ULTRASAL-ER TOPICAL FILM-FORMING SOLN ER W/ APPL 28.5 %	Tier 3	
UMECTA TOPICAL FOAM 40 %	Tier 1	
URAMAXIN GT TOPICAL KIT,CREAM AND GEL 45 %	Tier 3	
URAMAXIN TOPICAL FOAM 20 %	Tier 3	
UREA NAIL STICK TOPICAL SOLUTION 50 %	Tier 1	

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Drug		Status	Notes
urea topical cream 39 %	(Uredeb)	Tier 1	
urea topical cream 40 %		Tier 1	
urea topical cream 45 %	(Uramaxin)	Tier 1	
urea topical cream 47 %	(Keralac)	Tier 1	
urea topical cream 50 %	(Ure-K)	Tier 1	
urea topical foam 35 %	(Hydro 35)	Tier 1	
urea topical gel 45 %	(CEM-Urea)	Tier 1	
urea topical lotion 40 %		Tier 1	
XALIX TOPICAL FILM-FORMING SOLN ER W/ APPL 28 %		Tier 3	
Oxidizing Agents			
hydrogen peroxide solution 3 %		Tier 1	
Protectives			
GENADUR (WITH LEXINAL) KIT 2,500 MCG		Tier 3	
PHARMABASE BARRIER TOPICAL OINTMENT 9.38 %		Tier 1	
PR CREAM TOPICAL CREAM		Tier 1	
RECEDO TOPICAL GEL		Tier 3	
VASELINE WHITE PETROLEUM TOPICAL OINTMENT IN PACKET		Tier 1	
zinc oxide topical ointment 20 %		Tier 1	
zinc oxide topical paste 25 %		Tier 1	
Topical Anti-Inflammatory Steroid-Local Anesthetic			
ANALPRAM-HC TOPICAL LOTION 2.5-1 %		Tier 2	
EPIFOAM TOPICAL FOAM 1-1 %		Tier 3	
hydrocortisone-pramoxine topical cream 2.5-1 %	(Pramosone)	Tier 1	
lidocaine hcl-hydrocortison ac topical cream 3-0.5 %		Tier 1	
PRAMOSONE TOPICAL CREAM 1-1 %		Tier 2	
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 %		Tier 2	
PRAMOSONE TOPICAL OINTMENT 1-1 %, 2.5-1 %		Tier 2	

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Drug		Status	Notes
Topical Antineoplastic & Premalignant Lesion Agnts			
diclofenac sodium topical gel 3 %	(Solaraze)	Tier 1	QL (100 GM per 1 FILL)
FLUOROPLEX TOPICAL CREAM 1 %		Tier 3	
fluorouracil topical cream 0.5 %	(Carac)	Tier 1	PA
fluorouracil topical cream 5 %	(Efudex)	Tier 1	
fluorouracil topical solution 2 %, 5 %		Tier 1	
PANRETIN TOPICAL GEL 0.1 %		Tier 3	SP
PICATO TOPICAL GEL 0.015 %		Tier 2	QL (3 EA per 28 days)
PICATO TOPICAL GEL 0.05 %		Tier 2	QL (2 EA per 28 days)
TARGRETIN TOPICAL GEL 1 %		Tier 2	PA; SP
TOLAK TOPICAL CREAM 4 %		Tier 2	
VALCHLOR TOPICAL GEL 0.016 %		Tier 2	PA; SP
Topical Local Anesthetics			
ANACAINE TOPICAL OINTMENT 10 %		Tier 3	
ANASTIA TOPICAL LOTION 2.75 %		Tier 3	
CETACAINE ANESTHETIC TOPICAL LIQUID 2-2-14 %		Tier 3	
CETACAINE TOPICAL AEROSOL,SPRAY 2 %-2 %-14 % (200 MG/SEC)		Tier 3	
ethyl chloride topical aerosol,spray 100 %		Tier 1	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL GEL 4-0.05-0.5 %		Tier 1	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL SOLUTION 4-0.05-0.5 %		Tier 1	
lidocaine hcl laryngotracheal solution 4 %	(LTA Pre-Attached)	Tier 1	
lidocaine hcl topical cream 3 %	(Lidopin)	Tier 1	
lidocaine topical adhesive patch,medicated 5 %	(Lidoderm)	Tier 1	QL (90 EA per 30 days)
lidocaine topical ointment 5 %		Tier 1	ST: Requires prior prescription for Lidocaine 3% cream within the past 120 days; QL (240 GM per 30 days)
lidocaine-prilocaine topical cream 2.5-2.5 %		Tier 1	

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Drug	Status	Notes
lidocaine-racepinep-tetracaine topical solution 4-0.05-0.5 % (L.E.T. (lido-epineph-tetra))	Tier 1	
LIDOPIN TOPICAL CREAM 3.25 %	Tier 3	
LIDTOPIC MAX TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %	Tier 3	
NUMBONEX TOPICAL LOTION 2.75 %	Tier 3	
PONTOCAINE TOPICAL SOLUTION 2 %	Tier 3	
REGENECARE TOPICAL GEL 2 %	Tier 3	
SPRAY AND STRETCH TOPICAL AEROSOL,SPRAY	Tier 3	
SYNERA TOPICAL PATCH, MEDICATED SELF-HEATING 70-70 MG	Tier 3	
TRANZAREL TOPICAL GEL 4 %	Tier 3	
Topical/Mucous Membr./Subcut. Enzymes		
HYQVIA HY COMPONENT SUBCUTANEOUS SOLUTION 1,600 UNIT/10 ML, 2,400 UNIT/15 ML, 200 UNIT/1.25 ML, 400 UNIT/2.5 ML, 800 UNIT/5 ML	Tier 3	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	Tier 3	
Dermatology - Psoriasis/Eczema		
Antipsoriatic Agents,Systemic		
acitretin oral capsule 10 mg, 25 mg (Soriatane)	Tier 1	SP
acitretin oral capsule 17.5 mg	Tier 1	SP
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 2	PA; SP
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 2	PA; SP
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 2	PA; SP
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 2	PA; SP
methoxsalen oral capsule,liqd-filled,rapid rel 10 mg (Oxsoralen Ultra)	Tier 1	

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Drug	Status	Notes
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML	Tier 3	PA; SP
SKYRIZI SUBCUTANEOUS SYRINGE 75 MG/0.83 ML	Tier 2	PA; SP
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	Tier 2	PA; SP
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	Tier 2	PA; SP
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	Tier 2	PA; SP
Antipsoriatics Agents		
calcipotriene scalp solution 0.005 %	Tier 1	
calcipotriene topical cream 0.005 % (Dovonex)	Tier 1	
calcipotriene topical foam 0.005 % (Sorilux)	Tier 1	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
calcipotriene topical ointment 0.005 %	Tier 1	
calcitriol topical ointment 3 mcg/gram (Vectical)	Tier 1	
DRITHOCREME HP TOPICAL CREAM 1 %	Tier 2	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
DUOBRII TOPICAL LOTION 0.01-0.045 %	Tier 3	ST: Requires prior prescription for Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol, Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) within the past 120 days; QL (200 GM per 28 days)
SORILUX TOPICAL FOAM 0.005 %	Tier 3	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
tazarotene topical cream 0.1 % (Tazorac)	Tier 1	

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Drug	Status	Notes
TAZORAC TOPICAL CREAM 0.05 %	Tier 2	
TAZORAC TOPICAL GEL 0.05 %, 0.1 %	Tier 3	
ZITHRANOL TOPICAL SHAMPOO 1 %	Tier 3	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
Topical Agents,Miscellaneous		
NEURAPTINE TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %	Tier 3	
SAF-CLENS AF DERMAL WOUND TOPICAL CLEANSER	Tier 3	
Topical Immunosuppressive Agents		
pimecrolimus topical cream 1 % (Elidel)	Tier 1	
tacrolimus topical ointment 0.03 %, 0.1 % (Protopic)	Tier 1	
tacrolimus-hyaluronate-niacin topical cream 0.1-1-4 %	Tier 1	
tacrolimus-niacinamide topical ointment 0.1-4 %	Tier 1	
tacrolimus-vehicle base no.238 topical cream 0.1 %	Tier 1	
Topical Vit D Analog/Antiinflammatory, Steroidal		
calcipotriene-betamethasone topical ointment 0.005-0.064 % (Taclonex)	Tier 1	
calcipotriene-betamethasone topical suspension 0.005-0.064 % (Taclonex)	Tier 1	
clobetasol-calcipotriene topical solution 0.05-0.005 %	Tier 1	
ENSTILAR TOPICAL FOAM 0.005-0.064 %	Tier 3	
Diabetes		
Antihypergly, (Dpp-4) Inhibitor & Biguanide Comb.		
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	Tier 2	QL (2 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	Tier 2	QL (1 EA per 1 day)

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Drug	Status	Notes
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	Tier 2	QL (2 EA per 1 day)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	Tier 3	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	Tier 3	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	Tier 3	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
Antihypergly,Incretin Mimetic(Glp-1 Recep.Agonist)		
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	Tier 2	ST: Requires prior prescription for metformin (IR/ER), a sulfonylurea, pioglitazone or a combination product containing any two of the three previous agents within the past 365 days; QL (0.85 ML per 7 days)
BYDUREON SUBCUTANEOUS PEN INJECTOR 2 MG/0.65 ML	Tier 2	ST: Requires prior prescription for metformin (IR/ER), a sulfonylurea, pioglitazone or a combination product containing any two of the three previous agents within the past 365 days; QL (1 EA per 7 days)

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Drug	Status	Notes
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	Tier 2	ST: Requires prior prescription for metformin (IR/ER), a sulfonylurea, pioglitazone or a combination product containing any two of the three previous agents within the past 365 days; QL (2.4 ML per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	Tier 2	ST: Requires prior prescription for metformin (IR/ER), a sulfonylurea, pioglitazone or a combination product containing any two of the three previous agents within the past 365 days; QL (1.2 ML per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	Tier 2	ST: Requires prior prescription for metformin (IR/ER), a sulfonylurea, pioglitazone or a combination product containing any two of the three previous agents within the past 365 days; QL (1.5 ML per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML)	Tier 2	ST: Requires prior prescription for metformin (IR/ER), a sulfonylurea, pioglitazone or a combination product containing any two of the three previous agents within the past 365 days; QL (3 ML per 28 days)

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Drug	Status	Notes
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	Tier 2	ST: Requires prior prescription for metformin (IR/ER), a sulfonylurea, pioglitazone or a combination product containing any two of the three previous agents within the past 365 days; QL (1 EA per 1 day)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML	Tier 2	ST: Requires prior prescription for metformin (IR/ER), a sulfonylurea, pioglitazone or a combination product containing any two of the three previous agents within the past 365 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	ST: Requires prior prescription for metformin (IR/ER), a sulfonylurea, pioglitazone or a combination product containing any two of the three previous agents within the past 365 days if 18 years of age or older; QL (9 ML per 30 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	Tier 2	ST: Requires prior prescription for metformin (IR/ER), a sulfonylurea, pioglitazone or a combination product containing any two of the three previous agents within the past 365 days if 18 years of age or older; QL (9 ML per 30 days)

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Drug	Status	Notes
Antihyperglycemc-Sod/Gluc Cotransport2(Sglt2)Inhib		
FARXIGA ORAL TABLET 10 MG, 5 MG	Tier 2	ST: Requires prior prescription for metformin (IR/ER), a sulfonylurea, pioglitazone or a combination product containing any two of the three previous agents within the past 365 days; QL (1 EA per 1 day)
JARDIANCE ORAL TABLET 10 MG, 25 MG	Tier 2	ST: Requires prior prescription for metformin (IR/ER), a sulfonylurea, pioglitazone or a combination product containing any two of the three previous agents within the past 365 days; QL (1 EA per 1 day)
Antihyperglycemic - Dopamine Receptor Agonists		
CYCLOSET ORAL TABLET 0.8 MG	Tier 3	ST: Requires prior prescription for Glipizide/metformin HCL, Glyburide/metformin HCL, Metformin HCL, Riomet, or Riomet ER within the past 180 days
Antihyperglycemic, Alpha-Glucosidase Inhib (N-S)		
acarbose oral tablet 100 mg, 25 mg, 50 mg (Precose)	Tier 1	
miglitol oral tablet 100 mg, 25 mg, 50 mg (Glyset)	Tier 1	
Antihyperglycemic, Amylin Analog-Type		
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	Tier 2	
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	Tier 2	

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Drug		Status	Notes
Antihyperglycemic, Dpp-4 Inhibitors			
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG		Tier 2	QL (1 EA per 1 day)
TRADJENTA ORAL TABLET 5 MG		Tier 3	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
Antihyperglycemic, Insulin-Release Stimulant Type			
glimepiride oral tablet 1 mg, 2 mg, 4 mg	(Amaryl)	Tier 1	
glipizide oral tablet 10 mg, 5 mg	(Glucotrol)	Tier 1	
glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg	(Glucotrol XL)	Tier 1	
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	(Glynase)	Tier 1	
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg		Tier 1	
nateglinide oral tablet 120 mg, 60 mg	(Starlix)	Tier 1	
repaglinide oral tablet 0.5 mg		Tier 1	
repaglinide oral tablet 1 mg, 2 mg	(Prandin)	Tier 1	
Antihyperglycemic, Insulin-Response Enhancer (N-S)			
AVANDIA ORAL TABLET 2 MG, 4 MG		Tier 3	ST: Requires prior prescription for metformin (IR/ER), a sulfonylurea, pioglitazone or a combination product containing any two of the three previous agents within the past 120 days
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	(Actos)	Tier 1	

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Drug		Status	Notes
Antihyperglycemic, Sglt-2 & Dpp-4 Inhibitor Comb.			
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG		Tier 2	ST: Requires prior prescription for metformin (IR/ER), a sulfonylurea, pioglitazone or a combination product containing any two of the three previous agents within the past 365 days; QL (1 EA per 1 day)
Antihyperglycemic,Biguanide Type(Non-Sulfonylurea)			
metformin oral solution 500 mg/5 ml	(Riomet)	Tier 1	
metformin oral tablet 1,000 mg, 500 mg, 850 mg	(Glucophage)	Tier 1	
metformin oral tablet extended release 24 hr 500 mg, 750 mg	(Glucophage XR)	Tier 1	
metformin oral tablet extended release 24hr 1,000 mg, 500 mg	(Fortamet)	Tier 1	ST: Requires prior prescription for Metformin HCL within the past 120 days
RIOMET ER ORAL SUSPENSION,EXTENDED REL RECON 500 MG/5 ML		Tier 3	PA
RIOMET ORAL SOLUTION 500 MG/5 ML		Tier 3	

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Drug	Status	Notes
Antihyperglycemic,Insulin & Glp-1 Receptor Agonist		
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	Tier 2	ST: At least 2 prior prescriptions for Metformin (IR/ER), a Sulfonylurea, Pioglitazone or a combination product containing any of the previous agents AND one of the following: Bydureon, Byetta, Lantus, Levemir, Ozempic, Rybelsus,Toujeo, Tresiba, Trulicity, or Victoza within the past 365 days; QL (30 ML per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	Tier 2	ST: At least 2 prior prescriptions for Metformin (IR/ER), a Sulfonylurea, Pioglitazone or a combination product containing any of the previous agents AND one of the following: Bydureon, Byetta, Lantus, Levemir, Ozempic, Rybelsus,Toujeo, Tresiba, Trulicity, or Victoza within the past 365 days; QL (15 ML per 28 days)
Antihyperglycemic,Insulin-Rel Stim.& Biguanide Cmb		
glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	Tier 1	
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	Tier 1	
repaglinide-metformin oral tablet 1-500 mg, 2-500 mg	Tier 1	

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Drug	Status	Notes
Antihyperglycemic,Insulin-Response & Release Comb.		
pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg (DUETACT)	Tier 1	ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days
Antihyperglycemic-Glucocorticoid Receptor Blocker		
KORLYM ORAL TABLET 300 MG	Tier 2	PA; SP
Antihyperglycemic-Sglt2 Inhibitor & Biguanide Comb		
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	Tier 2	ST: Requires prior prescription for metformin (IR/ER), a sulfonylurea, pioglitazone or a combination product containing any two of the three previous agents within the past 365 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	ST: Requires prior prescription for metformin (IR/ER), a sulfonylurea, pioglitazone or a combination product containing any two of the three previous agents within the past 365 days; QL (1 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	Tier 2	ST: Requires prior prescription for metformin (IR/ER), a sulfonylurea, pioglitazone or a combination product containing any two of the three previous agents within the past 365 days; QL (2 EA per 1 day)

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Drug	Status	Notes
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-500 MG	Tier 2	ST: Requires prior prescription for metformin (IR/ER), a sulfonylurea, pioglitazone or a combination product containing any two of the three previous agents within the past 365 days; QL (1 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	Tier 2	ST: Requires prior prescription for metformin (IR/ER), a sulfonylurea, pioglitazone or a combination product containing any two of the three previous agents within the past 365 days; 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	ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days
pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg (Actoplus MET)	Tier 1	ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days
Blood Sugar Diagnostics		
FREESTYLE INSULINX STRIP	Tier 2	QL (200 EA per 30 days)
FREESTYLE INSULINX TEST STRIPS STRIP	Tier 2	QL (200 EA per 30 days)
FREESTYLE LITE STRIPS STRIP	Tier 2	QL (200 EA per 30 days)
FREESTYLE PRECISION NEO STRIPS STRIP	Tier 2	QL (200 EA per 30 days)

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Drug	Status	Notes
FREESTYLE TEST STRIP	Tier 2	QL (200 EA per 30 days)
PRECISION XTRA TEST STRIP	Tier 2	QL (200 EA per 30 days)
Diabetic Supplies		
ACCU-CHEK COMBO SYSTEM KIT	Tier 3	
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN	Tier 3	
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS INSULIN PEN	Tier 3	
AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS INSULIN PEN	Tier 3	
AUTOSOFT 30 INFUSION SET	Tier 3	
AUTOSOFT 90 INFUSION SET	Tier 3	
AUTOSOFT XC INFUSION SET 23" INFUSION SET	Tier 3	
AUTOSOFT XC INFUSION SET 32" INFUSION SET	Tier 3	
AUTOSOFT XC INFUSION SET 43" INFUSION SET	Tier 3	
CEQUR SIMPLICITY DEVICE 2 UNIT	Tier 3	
CLEO 90 INFUSION SET 24" INFUSION SET	Tier 3	
CLEO 90 INFUSION SET 31" INFUSION SET	Tier 3	
COMFORT INFUSION SET 23" INFUSION SET	Tier 3	
COMFORT INFUSION SET 32" INFUSION SET	Tier 3	
COMFORT INFUSION SET 43" INFUSION SET	Tier 3	
COMFORT SHORT INSULIN PUMP 23" INFUSION SET	Tier 3	
COMFORT SHORT INSULIN PUMP 32" INFUSION SET	Tier 3	
COMFORT SHORT INSULIN PUMP 43" INFUSION SET	Tier 3	
CONTACT DETACH INFUS SET 23" INFUSION SET	Tier 3	
CONTACT DETACH INFUS SET 32" INFUSION SET	Tier 3	

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Drug	Status	Notes
CONTACT DETACH INFUS SET 43" INFUSION SET	Tier 3	
DEXCOM G4 RECEIVER	Tier 3	PA
DEXCOM G4 RECEIVER PEDIATRIC	Tier 3	PA
DEXCOM G4 RECEIVER-SHARE (PED)	Tier 3	PA
DEXCOM G4 RECEIVER-SHARE KIT	Tier 3	PA
DEXCOM G4 TRANSMITTER DEVICE	Tier 3	PA
DEXCOM G5 RECEIVER	Tier 3	PA
DEXCOM G5 TRANSMITTER DEVICE	Tier 3	PA
DEXCOM G5-G4 SENSOR DEVICE	Tier 3	PA
DEXCOM G6 RECEIVER	Tier 2	PA
DEXCOM G6 SENSOR DEVICE	Tier 2	PA
DEXCOM G6 TRANSMITTER DEVICE	Tier 2	PA
DEXCOM RECEIVER	Tier 3	PA
ENLITE GLUCOSE SENSOR DEVICE	Tier 3	
ENLITE SERTER	Tier 3	
ENLITE SYSTEM	Tier 3	
EVERSENSE SMART TRANSMITTER DEVICE	Tier 3	
FREESTYLE LIBRE 10 DAY READER	Tier 2	PA
FREESTYLE LIBRE 10 DAY SENSOR KIT	Tier 2	PA
FREESTYLE LIBRE 14 DAY READER	Tier 2	PA
FREESTYLE LIBRE 14 DAY SENSOR KIT	Tier 2	PA
FREESTYLE NAVIGATOR GLUC SENS DEVICE	Tier 3	
GLUCOCOM AUTOLINK	Tier 3	
GUARDIAN CONNECT TRANSMITTER DEVICE	Tier 3	PA
GUARDIAN LINK 3 TRANSMITTER DEVICE	Tier 3	
GUARDIAN RT CHARGER	Tier 3	
GUARDIAN RT MONITOR SYSTEM	Tier 3	
GUARDIAN RT STARTER KIT KIT	Tier 3	
GUARDIAN RT TEST PLUG DEVICE	Tier 3	
GUARDIAN SENSOR 3 DEVICE	Tier 3	PA

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Drug	Status	Notes
INPEN (FOR HUMALOG) SUBCUTANEOUS INSULIN PEN	Tier 3	
INPEN (FOR NOVOLOG OR FIASP) SUBCUTANEOUS INSULIN PEN	Tier 3	
INSET 30 INFUSION SET 23" INFUSION SET	Tier 3	
INSET INFUSION SET 23" INFUSION SET	Tier 3	
MINILINK REAL-TIME TRANSMITTER DEVICE	Tier 3	
MINIMED 530G INSULIN PUMP	Tier 3	
MINIMED 630G GUARDIAN START KT DEVICE	Tier 3	
MINIMED 630G INSULIN PUMP	Tier 3	
MINIMED 670G INSULIN PUMP	Tier 3	
MINIMED INFUSION SET INFUSION SET	Tier 3	
MINIMED INFUSION SET-MMT 390 INFUSION SET	Tier 3	
MINIMED INFUSION SET-MMT 391 INFUSION SET	Tier 3	
MINIMED INFUSION SET-MMT 392 INFUSION SET	Tier 3	
MINIMED INFUSION SET-MMT 393 INFUSION SET	Tier 3	
MIO INFUSION SET INFUSION SET	Tier 3	
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN	Tier 3	
OMNIPOD DASH 5 PACK POD SUBCUTANEOUS CARTRIDGE	Tier 3	
OMNIPOD DASH PDM KIT	Tier 3	
OMNIPOD INSULIN MANAGEMENT	Tier 3	
OMNIPOD INSULIN REFILL SUBCUTANEOUS CARTRIDGE	Tier 3	
ONETOUCH PING INSULIN PUMP	Tier 3	
ONETOUCH SURESOFT LANCING DEV 18 GAUGE, 21 GAUGE	Tier 2	
PARADIGM REAL-TIME TRANSMIT-SN	Tier 3	

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Drug	Status	Notes
QUICK-SET PARADIGM INFUSION SET	Tier 3	
REPLACEMENT PEDIATRIC MONITOR	Tier 3	
REVEL PEDIATRIC PROGRAM PUMP	Tier 3	
REVEL PROGRAMMABLE PUMP	Tier 3	
SEN-SERTER	Tier 3	
SOF-SENSOR DEVICE	Tier 3	
SURE-T PARADIGM INFUSION SET	Tier 3	
T:30 INFUSION SET INFUSION SET	Tier 3	
T:90 INFUSION SET 23" INFUSION SET	Tier 3	
T:90 INFUSION SET 43" INFUSION SET	Tier 3	
T:FLEX INSULIN DELIVERY PUMP	Tier 3	
T:FLEX SUBCUTANEOUS CARTRIDGE	Tier 3	
T:SLIM G4 INSULIN PUMP	Tier 3	
T:SLIM G4 SUBCUTANEOUS CARTRIDGE	Tier 3	
T:SLIM INSULIN DELIVERY SYSTEM	Tier 3	
T:SLIM SUBCUTANEOUS CARTRIDGE	Tier 3	
T:SLIM X2 BASAL-IQ INSULIN PMP	Tier 3	
T:SLIM X2 INSULIN PUMP	Tier 3	
TRUSTEEL INFUSION SET 23" INFUSION SET	Tier 3	
TRUSTEEL INFUSION SET 32" INFUSION SET	Tier 3	
VARISOFT INFUSION SET 23" INFUSION SET	Tier 3	
VARISOFT INFUSION SET 32" INFUSION SET	Tier 3	
VARISOFT INFUSION SET 43" INFUSION SET	Tier 3	
V-GO 20 DEVICE	Tier 3	
V-GO 30 DEVICE	Tier 3	
V-GO 40 DEVICE	Tier 3	
Diabetic Ulcer Preparations,Topical		
REGRANEX TOPICAL GEL 0.01 %	Tier 2	

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Drug	Status	Notes
Hyperglycemics		
BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION	Tier 2	QL (4 EA per 1 FILL)
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	Tier 3	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	Tier 2	QL (4 EA per 1 FILL)
PROGLYCEM ORAL SUSPENSION 50 MG/ML	Tier 3	
Insulins		
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90)	Tier 3	PA
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	ST: Requires prior prescription for Humalog Junior Kwikpen, Humalog Kwikpen U-200, or Humalog within the past 120 days; QL (30 ML per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	Tier 3	ST: Requires prior prescription for Humalog Junior Kwikpen, Humalog Kwikpen U-200, or Humalog within the past 120 days; QL (30 ML per 28 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	ST: Requires prior prescription for Humalog Junior Kwikpen, Humalog Kwikpen U-200, or Humalog within the past 120 days; QL (40 ML per 28 days)
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)

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Drug	Status	Notes
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 1	QL (30 ML per 28 days)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Tier 2	QL (12 ML per 28 days)
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	Tier 2	QL (40 ML per 28 days)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	Tier 2	QL (30 ML per 28 days)
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	Tier 2	QL (30 ML per 28 days)
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	Tier 2	QL (40 ML per 28 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 1	QL (40 ML per 28 days)
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	Tier 2	QL (40 ML per 28 days)
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	Tier 2	QL (30 ML per 28 days)
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	QL (30 ML per 28 days)
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)

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

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Drug	Status	Notes
CORTANE-B TOPICAL LOTION 1-1-0.1 %	Tier 3	
hydrocortisone-acetic acid otic (ear) drops 1-2 %	Tier 1	
Ear Preparations,Antibiotics		
ciprofloxacin hcl otic (ear) dropperette 0.2 % (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	
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%	Tier 1	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%	Tier 1	
ofloxacin otic (ear) drops 0.3 %	Tier 1	
OTIPRIO INTRATYMPANIC SUSPENSION 6 % (6 MG/0.1 ML)	Tier 3	
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	
ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025 % (0.25 ml) (Otovel)	Tier 1	
OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	Tier 3	
Electrolyte Regulation		
Arginine Vasopressin (Avp) Receptor Antagonists		
JYNARQUE ORAL TABLET 15 MG, 30 MG	Tier 2	PA; SP
JYNARQUE ORAL TABLETS, SEQUENTIAL 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	Tier 2	PA; SP

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Drug	Status	Notes
SAMSCA ORAL TABLET 15 MG	Tier 3	SP; QL (30 EA per 365 days)
SAMSCA ORAL TABLET 30 MG	Tier 3	SP; QL (60 EA per 365 days)
Bicarbonate Producing/Containing Agents		
VAXCHORA BUFFER COMPONENT ORAL SUSPENSION FOR RECONSTITUTION	Tier 3	
Electrolyte Depleters		
AURYXIA ORAL TABLET 210 MG IRON	Tier 3	QL (12 EA per 1 day)
calcium acetate(phosphat bind) oral capsule 667 mg	Tier 1	
calcium acetate(phosphat bind) oral tablet 667 mg	Tier 1	
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	Tier 3	
KIONEX (WITH SORBITOL) ORAL SUSPENSION 15-19.3 GRAM/60 ML	Tier 1	
lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg (Fosrenol)	Tier 1	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	Tier 2	
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML	Tier 3	
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram (Renvela)	Tier 1	
sevelamer carbonate oral tablet 800 mg (Renvela)	Tier 1	
sevelamer hcl oral tablet 400 mg	Tier 1	
sevelamer hcl oral tablet 800 mg (Renagel)	Tier 1	
SODIUM POLYSTYRENE (SORB FREE) ORAL SUSPENSION 15 GRAM/60 ML	Tier 1	
sodium polystyrene sulfonate oral powder	Tier 1	
SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML	Tier 1	
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML	Tier 3	

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Drug	Status	Notes
VELPHORO ORAL TABLET,CHEWABLE 500 MG	Tier 2	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	Tier 3	PA
Potassium Replacement		
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	Tier 3	
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ	Tier 1	
KLOR-CON M10 ORAL TABLET,ER PARTICLES/CRYSTALS 10 MEQ	Tier 1	
KLOR-CON M15 ORAL TABLET,ER PARTICLES/CRYSTALS 15 MEQ	Tier 1	
KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYSTALS 20 MEQ	Tier 1	
potassium chloride oral capsule, extended release 10 meq, 8 meq	Tier 1	
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml	Tier 1	
potassium chloride oral packet 20 meq (Klor-Con)	Tier 1	
potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq (K-Tab)	Tier 1	
potassium chloride oral tablet,er particles/crystals 10 meq (Klor-Con M10)	Tier 1	
potassium chloride oral tablet,er particles/crystals 20 meq (Klor-Con M20)	Tier 1	
Sodium/Saline Preparations		
BD POSIFLUSH NORMAL SALINE 0.9 INJECTION SYRINGE	Tier 1	
BD PRE-FILLED NORMAL SALINE INJECTION SYRINGE	Tier 1	
BD PRE-FILLED SALINE BLUNT CAN INJECTION SYRINGE	Tier 1	
NORMAL SALINE FLUSH INJECTION SYRINGE	Tier 1	
sodium chlor 0.9% bacteriostat injection solution 0.9 %	Tier 1	

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Drug		Status	Notes
sodium chloride 0.45 % intravenous parenteral solution 0.45 %		Tier 1	
sodium chloride 0.9 % (flush) injection syringe	(BD PosiFlush Normal Saline 0.9)	Tier 1	
sodium chloride 0.9 % injection solution		Tier 1	
sodium chloride 0.9 % intravenous parenteral solution		Tier 1	
sodium chloride 0.9 % intravenous piggyback		Tier 1	
sodium chloride injection syringe 0.9 %		Tier 1	
Endocrine Disorder - Fertility			
Drugs To Treat Impotency			
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG		Tier 3	QL (1 EA per 5 days)
CAVERJECT INTRACAVERNOSAL RECON SOLN 20 MCG, 40 MCG		Tier 3	QL (1 EA per 5 days)
CAVERJECT INTRACAVERNOSAL SYRINGE 10 MCG, 20 MCG		Tier 3	QL (1 EA per 5 days)
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG		Tier 3	QL: 6 INJECTIONS IN 30 DAYS; QL (3 EA per 30 days)
IFE-BIMIX 30/1 INTRACAVERNOSAL SOLUTION 30 MG- 1 MG/ML		Tier 1	
IFE-PG20 INTRACAVERNOSAL SOLUTION 20 MCG/ML		Tier 1	
MUSE INTRA-URETHRAL SUPPOSITORY 1,000 MCG, 125 MCG, 250 MCG, 500 MCG		Tier 3	QL (1 EA per 5 days)
papav-phentolam-alprost-water intracavernosal solution 12 mg-1 mg- 10 mcg/ml, 30 mg-1 mg- 20 mcg/ml		Tier 1	
papav-phentolamine in water intracavernosal solution 30 mg- 1 mg/ml	(IFE-BiMix 30/1)	Tier 1	
sildenafil oral tablet 100 mg, 25 mg, 50 mg	(Viagra)	Tier 1	QL (1 EA per 5 days)
tadalafil oral tablet 10 mg, 20 mg	(Cialis)	Tier 1	ST: Requires prior prescription for Sildenafil Citrate within the past 120 days; QL (1 EA per 5 days)

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Drug	Status	Notes
tadalafil oral tablet 2.5 mg, 5 mg (Cialis)	Tier 1	PA; QL (1 EA per 1 day)
TRI-MIX (PAPAVRN-PHNTLMN-PGE1) INTRACAVERNOSAL RECON SOLN 150 MG-5 MG- 50 MCG	Tier 3	
Fertility Stimulating Preparations,Non-Fsh		
clomiphene citrate oral tablet 50 mg (Serophene)	Tier 1	
Follicle Stim./Luteinizing Hormones		
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT	Tier 2	SP
Follicle-Stimulating Hormone (Fsh)		
BRAVELLE INJECTION RECON SOLN 75 UNIT	Tier 3	SP
FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE 300 UNIT/0.36 ML, 600 UNIT/0.72 ML, 900 UNIT/1.08 ML	Tier 3	SP; ST: Requires prior prescription for Gonal-f Rff, Gonal-f Rff Redi-ject, or Gonal-f within the past 120 days
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300/0.5 UNIT/ML, 450/0.75 UNIT/ML, 900/1.5 UNIT/ML	Tier 2	SP
GONAL-F RFF SUBCUTANEOUS RECON SOLN 75 UNIT	Tier 2	SP
GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT, 450 UNIT	Tier 2	SP
Human Chorionic Gonadotropin (Hcg)		
chorionic gonadotropin, human intramuscular recon soln 10,000 unit (Novarel)	Tier 3	ST: Requires prior prescription for Novarel or Ovidrel within the past 120 days
NOVAREL INTRAMUSCULAR RECON SOLN 10,000 UNIT, 5,000 UNIT	Tier 2	
OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML	Tier 2	
PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT	Tier 3	ST: Requires prior prescription for Novarel or Ovidrel within the past 120 days

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Drug	Status	Notes
Pregnancy Facilitating/Maintaining Agent,Hormonal		
CRINONE VAGINAL GEL 8 %	Tier 3	ST: Requires prior prescription for Endometrin within the past 120 days
ENDOMETRIN VAGINAL INSERT 100 MG	Tier 2	
Endocrine Disorder - Other		
Antidiuretic And Vasopressor Hormones		
DDAVP NASAL SOLUTION 0.1 MG/ML (REFRIGERATE)	Tier 2	
desmopressin injection solution 4 mcg/ml (DDAVP)	Tier 1	
desmopressin nasal spray with pump 10 mcg/spray (0.1 ml) (DDAVP)	Tier 1	
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	Tier 1	
desmopressin oral tablet 0.1 mg, 0.2 mg (DDAVP)	Tier 1	
NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG	Tier 3	QL (1 EA per 1 day)
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG	Tier 3	QL (1 EA per 1 day)
NOCTIVA NASAL SPRAY,NON-AEROSOL 0.83 MCG/SPRAY (0.1 ML), 1.66 MCG/SPRAY (0.1 ML)	Tier 3	QL (3.8 GM per 30 days)
STIMATE NASAL SPRAY,NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	Tier 3	
Antineoplastic Lhrh(Gnrh) Agonist,Pituitary Suppr.		
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	Tier 2	PA; SP
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	Tier 2	PA; SP
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	Tier 2	PA; SP
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	Tier 2	PA; SP
leuprolide subcutaneous kit 1 mg/0.2 ml	Tier 1	PA; SP

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Drug		Status	Notes
Bone Formation Stim. Agents - Parathyroid Hormone			
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE - 600 MCG/2.4 ML		Tier 2	PA; SP; 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 2	PA; SP
Bone Resorption Inhibitor & Vitamin D Combinations			
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT		Tier 2	
Bone Resorption Inhibitors			
alendronate oral solution 70 mg/75 ml		Tier 1	QL (75 ML per 7 days)
alendronate oral tablet 10 mg, 35 mg, 5 mg		Tier 1	
alendronate oral tablet 70 mg	(Fosamax)	Tier 1	
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation		Tier 1	
etidronate disodium oral tablet 200 mg		Tier 1	
ibandronate oral tablet 150 mg	(Boniva)	Tier 1	
MIACALCIN INJECTION SOLUTION 200 UNIT/ML		Tier 3	
raloxifene oral tablet 60 mg	(Evista)	$0	QL (1 EA per 1 day)
risedronate oral tablet 150 mg	(Actonel)	Tier 1	ST: Requires prior prescriptions for Alendronate Sodium and Ibandronate Sodium within the past 365 days; QL (1 EA per 30 days)
risedronate oral tablet 30 mg		Tier 1	ST: Requires prior prescriptions for Alendronate Sodium and Ibandronate Sodium within the past 365 days; QL (1 EA per 1 day)

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Drug		Status	Notes
risedronate oral tablet 35 mg	(Actonel)	Tier 1	ST: Requires prior prescriptions for Alendronate Sodium and Ibandronate Sodium within the past 365 days; QL (1 EA per 7 days)
risedronate oral tablet 5 mg	(Actonel)	Tier 1	ST: Requires prior prescriptions for Alendronate Sodium and Ibandronate Sodium within the past 365 days; QL (1 EA per 1 day)
risedronate oral tablet,delayed release (dr/ec) 35 mg	(Atelvia)	Tier 1	ST: Requires prior prescriptions for Alendronate Sodium and Ibandronate Sodium within the past 365 days; QL (1 EA per 7 days)
Calcimimetic,Parathyroid Calcium Enhancer			
cinacalcet oral tablet 30 mg, 60 mg	(Sensipar)	Tier 1	SP; QL (2 EA per 1 day)
cinacalcet oral tablet 90 mg	(Sensipar)	Tier 1	SP; QL (4 EA per 1 day)
Growth Hormone Receptor Antagonists			
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG		Tier 2	SP
Growth Hormone Releasing Hormone (Ghrh) & Analogs			
EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG		Tier 3	PA; SP
Growth Hormones			
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)		Tier 2	PA; SP
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG		Tier 3	PA; SP
ZORBTIVE SUBCUTANEOUS RECON SOLN 8.8 MG		Tier 3	PA; SP

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Drug	Status	Notes
Hyperparathyroid Tx Agents - Vitamin D Analog-Type		
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	Tier 1	
paricalcitol oral capsule 1 mcg, 2 mcg (Zemplar)	Tier 1	
paricalcitol oral capsule 4 mcg	Tier 1	
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	Tier 2	QL (2 EA per 1 day)
Insulin-Like Growth Factor-1 (Igf-1) Hormones		
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	Tier 3	PA; SP
Leptin Hormone Analogs		
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	Tier 3	SP; QL (1 EA per 1 day)
Lhrh(Gnrh) Agonist Analog Pituitary Suppressants		
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML	Tier 3	PA; SP
Lhrh(Gnrh) Antagonist,Pituitary Suppressant Agents		
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	Tier 2	SP
ganirelix subcutaneous syringe 250 mcg/0.5 ml	Tier 3	SP; ST: Requires prior prescription for Cetrotide within the past 120 days
ORILISSA ORAL TABLET 150 MG, 200 MG	Tier 3	PA
Menopausal Sympt Supp-Sel Estrogen Recep Modulator		
OSPHENA ORAL TABLET 60 MG	Tier 2	QL (1 EA per 1 day)
Parathyroid Hormones		
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	Tier 3	PA; SP
Pituitary Suppressive Agents		
cabergoline oral tablet 0.5 mg	Tier 1	

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Drug		Status	Notes
danazol oral capsule 100 mg, 200 mg, 50 mg		Tier 1	
Endocrine Disorder - Thyroid			
Antithyroid Preparations			
methimazole oral tablet 10 mg, 5 mg	(Tapazole)	Tier 1	
propylthiouracil oral tablet 50 mg		Tier 1	
Iodine Containing Agents			
LUGOLS ORAL SOLUTION 5 %		Tier 3	
STRONG IODINE ORAL SOLUTION 5 %		Tier 1	
Thyroid Hormones			
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG		Tier 2	
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG		Tier 2	
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG		Tier 1	
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	
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	(Euthyrox)	Tier 1	
levothyroxine oral tablet 300 mcg	(Levo-T)	Tier 1	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG		Tier 2	
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	(Cytomel)	Tier 1	
NATURE-THROID ORAL TABLET 113.75 MG, 130 MG, 146.25 MG, 16.25 MG, 162.5 MG, 195 MG, 260 MG, 32.5 MG, 325 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG		Tier 1	

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Drug	Status	Notes
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	Tier 1	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 2	
thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg (NP Thyroid)	Tier 1	
THYROLAR-1 ORAL TABLET 12.5-50 MCG	Tier 3	
THYROLAR-1/2 ORAL TABLET 6.25-25 MCG	Tier 3	
THYROLAR-1/4 ORAL TABLET 3.1-12.5 MCG	Tier 3	
THYROLAR-2 ORAL TABLET 25-100 MCG	Tier 3	
THYROLAR-3 ORAL TABLET 37.5-150 MCG	Tier 3	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 2	
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG	Tier 1	
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	
Eye - General Disorders		
Eye Antibiotic, Glucocorticoid And Nsaid Comb.		
prednisol ace-gatiflox-bromfen ophthalmic (eye) drops,suspension 1-0.5-0.075 %	Tier 1	
prednisoln sp-gatiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %	Tier 1	
prednisoln sp-moxiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %	Tier 1	
prednisolone-moxiflo-nepafenac ophthalmic (eye) drops,suspension 1-0.5-0.1 %	Tier 1	

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Drug	Status	Notes
prednisolone-moxiflox-bromfen ophthalmic (eye) drops,suspension 1-0.5-0.075 %	Tier 1	
Eye Antibiotic-Corticoid Combinations		
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1% (Neo-Polycin HC)	Tier 1	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 % (Maxitrol)	Tier 1	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 % (Maxitrol)	Tier 1	
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml	Tier 1	
NEO-POLYCIN HC OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT/G-1%	Tier 1	
PRED-G OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-1 %	Tier 3	
PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT 0.3-0.6 %	Tier 3	
prednisolone acet-gatifloxacin ophthalmic (eye) drops,suspension 1-0.5 %	Tier 1	
prednisolone sod ph-moxiflox ophthalmic (eye) drops 1-0.5 %	Tier 1	
prednisolone-moxifloxacin hcl ophthalmic (eye) drops,suspension 1-0.5 %	Tier 1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	Tier 2	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	Tier 3	
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 % (TobraDex)	Tier 1	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	Tier 2	

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Drug	Status	Notes
Eye Antihistamines		
azelastine ophthalmic (eye) drops 0.05 %	Tier 1	
epinastine ophthalmic (eye) drops 0.05 %	Tier 1	
olopatadine ophthalmic (eye) drops 0.1 % (Pataday)	Tier 1	
olopatadine ophthalmic (eye) drops 0.2 % (Pataday)	Tier 1	QL (3 ML per 30 days)
ZERVIATE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	Tier 3	
Eye Antiinflammatory Agents		
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %	Tier 3	
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	Tier 2	
bromfenac ophthalmic (eye) drops 0.09 %	Tier 1	
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	Tier 3	
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %	Tier 1	
DEXTENZA INTRACANALICULAR INSERT 0.4 MG	Tier 3	
diclofenac sodium ophthalmic (eye) drops 0.1 %	Tier 1	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	Tier 2	
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 2	
fluorometholone ophthalmic (eye) drops,suspension 0.1 % (FML Liquifilm)	Tier 1	
flurbiprofen sodium ophthalmic (eye) drops 0.03 %	Tier 1	
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 2	
FML S.O.P. OPHTHALMIC (EYE) OINTMENT 0.1 %	Tier 2	

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Drug	Status	Notes
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	Tier 2	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	Tier 3	QL (5.6 ML per 14 days)
ketorolac ophthalmic (eye) drops 0.4 % (Acular LS)	Tier 1	
ketorolac ophthalmic (eye) drops 0.5 % (Acular)	Tier 1	
KLARITY-B (BETAMETH-CHOND)(PF) OPHTHALMIC (EYE) DROPS 0.1-0.25 %	Tier 3	
KLARITY-L (LOTEPRED-CHOND)(PF) OPHTHALMIC (EYE) DROPS 0.2-0.25 %, 0.5-0.25 %	Tier 3	
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %	Tier 2	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	Tier 2	
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	Tier 2	
loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 % (Lotemax)	Tier 1	
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 3	
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 3	
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	Tier 2	
prednisolone acetate (pf) ophthalmic (eye) drops,suspension 1 %	Tier 1	
prednisolone acetate ophthalmic (eye) drops,suspension 1 % (Pred Forte)	Tier 1	
prednisolone acetate-nepafenac ophthalmic (eye) drops,suspension 1-0.1 %	Tier 1	
prednisolone sod ph-bromfenac ophthalmic (eye) drops 1-0.075 %	Tier 1	
prednisolone sodium phosphate ophthalmic (eye) drops 1 %	Tier 1	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	Tier 2	

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Drug	Status	Notes
Eye Antivirals		
trifluridine ophthalmic (eye) drops 1 %	Tier 1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	Tier 2	
Eye Local Anesthetics		
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 %	Tier 3	
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	
fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %	Tier 1	
proparacaine ophthalmic (eye) drops 0.5 % (Alcaine)	Tier 1	
tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %	Tier 1	
tetracaine hcl ophthalmic (eye) drops 0.5 % (Altacaine)	Tier 1	
Eye Sulfonamides		
BLEPH-10 OPHTHALMIC (EYE) DROPS 10 %	Tier 1	
BLEPHAMIDE OPHTHALMIC (EYE) DROPS,SUSPENSION 10-0.2 %	Tier 2	
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 %	Tier 2	
sulfacetamide sodium ophthalmic (eye) drops 10 % (Bleph-10)	Tier 1	
sulfacetamide sodium ophthalmic (eye) ointment 10 %	Tier 1	
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)	Tier 1	
Eye Vasoconstrictors (Rx Only)		
phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %	Tier 1	

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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	
bacitracin ophthalmic (eye) ointment 500 unit/gram	Tier 1	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram (AK-Poly-Bac)	Tier 1	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	Tier 2	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	Tier 2	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 % (Ciloxan)	Tier 1	
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	Tier 1	
gatifloxacin ophthalmic (eye) drops 0.5 % (Zymaxid)	Tier 1	
GENTAK OPHTHALMIC (EYE) OINTMENT 0.3 % (3 MG/GRAM)	Tier 1	
gentamicin ophthalmic (eye) drops 0.3 %	Tier 1	
KLARITY-A (AZITHRO-CHONDR)(PF) OPHTHALMIC (EYE) DROPS 1-0.25 %	Tier 3	
levofloxacin ophthalmic (eye) drops 0.5 %	Tier 1	
moxifloxacin ophthalmic (eye) drops 0.5 % (Vigamox)	Tier 1	
moxifloxacin ophthalmic (eye) drops, viscous 0.5 % (Moxeza)	Tier 1	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	Tier 3	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g (Neo-Polycin)	Tier 1	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml	Tier 1	

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Drug	Status	Notes
NEO-POLYCIN OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT-UNIT/G	Tier 1	
ofloxacin ophthalmic (eye) drops 0.3 % (Ocuflox)	Tier 1	
POLYCIN OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM	Tier 1	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml (Polytrim)	Tier 1	
tobramycin ophthalmic (eye) drops 0.3 % (Tobrex)	Tier 1	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	Tier 2	
Ophthalmic Anti-Inflammatory Immunomodulator-Type		
CYCLOSPORINE IN KLARITY OPHTHALMIC (EYE) DROPS 0.1-0.25 %	Tier 1	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	Tier 2	QL (5.5 ML per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	Tier 2	QL (60 EA per 30 days)
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	Tier 2	QL (60 EA per 30 days)
Ophthalmic Human Nerve Growth Factor (Hngf)		
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	Tier 3	PA; SP
Ophthalmic Mast Cell Stabilizers		
ALOCRIL OPHTHALMIC (EYE) DROPS 2 %	Tier 2	
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %	Tier 2	
cromolyn ophthalmic (eye) drops 4 %	Tier 1	
Eye - Glaucoma		
Carbonic Anhydrase Inhibitors		
acetazolamide oral capsule, extended release 500 mg	Tier 1	
acetazolamide oral tablet 125 mg, 250 mg	Tier 1	
methazolamide oral tablet 25 mg, 50 mg	Tier 1	

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Drug	Status	Notes
Miotics/Other Intraoc. Pressure Reducers		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	Tier 2	
apraclonidine ophthalmic (eye) drops 0.5 %	Tier 1	
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	Tier 2	
betaxolol ophthalmic (eye) drops 0.5 %	Tier 1	
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %	Tier 3	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 3	
bimatoprost ophthalmic (eye) drops 0.03 %	Tier 1	QL (1 ML per 12 days)
brimonidine ophthalmic (eye) drops 0.15 % (Alphagan P)	Tier 1	
brimonidine ophthalmic (eye) drops 0.2 %	Tier 1	
brimonidine-dorzolamide (pf) ophthalmic (eye) drops 0.15-2 %	Tier 1	
carteolol ophthalmic (eye) drops 1 %	Tier 1	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	Tier 2	
COSOPT OPHTHALMIC (EYE) DROPS 22.3-6.8 MG/ML	Tier 3	
dorzolamide (pf) ophthalmic (eye) drops 2 %	Tier 1	
dorzolamide ophthalmic (eye) drops 2 % (Trusopt)	Tier 1	
dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 % (Cosopt (PF))	Tier 1	QL (2 EA per 1 day)
dorzolamide-timolol (pf) ophthalmic (eye) drops 2-0.5 %	Tier 1	
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml (Cosopt)	Tier 1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	Tier 3	
latanoprost (pf) ophthalmic (eye) drops 0.005 %	Tier 1	

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Drug	Status	Notes
latanoprost ophthalmic (eye) drops 0.005 % (Xalatan)	Tier 1	
levobunolol ophthalmic (eye) drops 0.5 %	Tier 1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	Tier 2	QL (2.5 ML per 25 days)
metipranolol ophthalmic (eye) drops 0.3 %	Tier 1	
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	Tier 3	
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 % (Isopto Carpine)	Tier 1	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	Tier 3	ST: At least 2 prior prescriptions for Alphagan P, Azopt, Combigan, Latanoprost, Lumigan, Simbrinza, or Travoprost within the past 365 days; QL (2.5 ML per 30 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	Tier 3	ST: At least 2 prior prescriptions for Alphagan P, Azopt, Combigan, Latanoprost, Lumigan, Simbrinza, or Travoprost within the past 365 days; QL (2.5 ML per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	Tier 2	
timol-brimon-dorzo-latanop(pf) ophthalmic (eye) drops 0.5 %-0.15 %- 2 %-0.005 %	Tier 1	
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 % (Timoptic)	Tier 1	
timolol maleate ophthalmic (eye) drops, once daily 0.5 % (Istalol)	Tier 1	
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 % (Timoptic-XE)	Tier 1	
timolol-brimonidi-dorzolam(pf) ophthalmic (eye) drops 0.5-0.15-2 %	Tier 1	

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Drug	Status	Notes
timolol-dorzolamid-latanop(pf) ophthalmic (eye) drops 0.5-2-0.005 %	Tier 1	
timolol-latanoprost(pf) ophthalmic (eye) drops 0.5-0.005 %	Tier 1	
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %, 0.5 %	Tier 3	ST: Requires prior prescription for Timolol Maleate or Timoptic Ocudose within the past 120 days; QL (2 EA per 1 day)
travoprost ophthalmic (eye) drops 0.004 % (Travatan Z)	Tier 1	QL (2.5 ML per 25 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	Tier 3	ST: At least 3 prior prescriptions for Bimatoprost, Latanoprost, Lumigan, Travoprost (benzalkonium), or Travoprost within the past 365 days; QL (2.5 ML per 25 days)
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 %	Tier 3	ST: At least 3 prior prescriptions for Bimatoprost, Latanoprost, Lumigan, Travoprost (benzalkonium), or Travoprost within the past 365 days; QL (2.5 ML per 25 days)
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %	Tier 3	ST: At least 3 prior prescriptions for Bimatoprost, Latanoprost, Lumigan, Travoprost (benzalkonium), or Travoprost within the past 365 days; QL (1 EA per 1 day)
Mydriatics		
atropine in 0.9 % sod chloride ophthalmic (eye) drops 0.01 %	Tier 1	
atropine ophthalmic (eye) drops 1 % (Isopto Atropine)	Tier 1	

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Drug	Status	Notes
atropine ophthalmic (eye) drops, emulsion 0.01 %	Tier 1	
atropine ophthalmic (eye) ointment 1 %	Tier 1	
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %	Tier 3	
cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 % (Cyclogyl)	Tier 1	
cyclopen-tropic-phenyleph-watr ophthalmic (eye) drops 1-1-2.5 %	Tier 1	
HOMATROPAIRE OPHTHALMIC (EYE) DROPS 5 %	Tier 1	
PAREMYD OPHTHALMIC (EYE) DROPS 1-0.25 %	Tier 3	
phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 %	Tier 1	
tropicamide ophthalmic (eye) drops 0.5 %	Tier 1	
tropicamide ophthalmic (eye) drops 1 % (Mydriacyl)	Tier 1	
Ophthalmic Antifibrotic Agents		
MITOSOL OPHTHALMIC (EYE) KIT 0.2 MG	Tier 3	
Eye - Miscellaneous		
Agents For Corneal Collagen Cross-Linking		
PHOTREXA CROSS-LINKING KIT OPHTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOUS 0.146 % -0.146 %	Tier 3	
PHOTREXA OPHTHALMIC (EYE) DROPS 0.146 %	Tier 3	
PHOTREXA VISCOUS OPHTHALMIC (EYE) DROPS, VISCOUS 0.146 %	Tier 3	
Artificial Tears		
acetylcysteine (pf) in water ophthalmic (eye) drops 10 %	Tier 1	
KLARITY (CHONDROITIN) (PF) OPHTHALMIC (EYE) DROPS 0.25 %	Tier 3	
LACRISERT OPHTHALMIC (EYE) INSERT 5 MG	Tier 3	

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Drug		Status	Notes
Eye Mydriatic And Nsaid Combinations			
MYDRIATIC4(TROP-PROP-PE-KTRLC) OPHTHALMIC (EYE) DROPS 1-0.5-2.5-0.5 %		Tier 1	
Eye Preparations, Miscellaneous (Otc)			
GELFILM OPHTHALMIC (EYE) FILM		Tier 3	
Ophthalmic Cystine Depleting Agents			
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %		Tier 2	PA; SP
Fluid Replacement			
Nucleic Acid/Nucleotide Supplements			
XURIDEN ORAL GRANULES IN PACKET 2 GRAM		Tier 2	PA; SP
Gout And Related Diseases			
Colchicine			
colchicine oral capsule 0.6 mg	(Mitigare)	Tier 1	QL (2 EA per 1 day)
colchicine oral tablet 0.6 mg	(Colcrys)	Tier 1	QL (4 EA per 1 day)
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML		Tier 3	PA; ST: Requires prior prescription for Colchicine capsules or tablets within the past 120 days; QL (10 ML per 1 day)
Hyperuricemia Tx - Purine Inhibitors			
allopurinol oral tablet 100 mg, 300 mg	(Zyloprim)	Tier 1	
febuxostat oral tablet 40 mg, 80 mg	(Uloric)	Tier 1	ST: Requires prior prescription for Allopurinol within the past 120 days; QL (30 EA per 30 days)
Uricosuric Agents			
probenecid oral tablet 500 mg		Tier 1	
probenecid-colchicine oral tablet 500-0.5 mg		Tier 1	
Uricosuric And Xanthine Oxidase Inhibitor Comb.			
DUZALLO ORAL TABLET 200-200 MG, 200-300 MG		Tier 3	ST: Requires prior prescription for Allopurinol within the past 120 days; QL (1 EA per 1 day)

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Drug	Status	Notes
Hematological Disorders		
Agents To Tx Thrombotic Thrombocytopenic Purpura		
CABLIVI INJECTION KIT 11 MG	Tier 3	PA; SP
CABLIVI INJECTION RECON SOLN 11 MG	Tier 3	PA; SP
Anticoagulants,Coumarin Type		
COUMADIN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	Tier 2	
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	
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg (Jantoven)	Tier 1	
Antifibrinolytic Agents		
aminocaproic acid oral solution 250 mg/ml (25 %) (Amicar)	Tier 1	
aminocaproic acid oral tablet 1,000 mg, 500 mg (Amicar)	Tier 1	
tranexamic acid oral tablet 650 mg (Lysteda)	Tier 1	
Antihemophilic Factors		
ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	SP
ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT	Tier 3	SP
AFSTYLA INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT RANGE, 1,500 (+/-) UNIT RANGE, 2,000 (+/-) UNIT RANGE, 2,500 (+/-) UNIT RANGE, 250 (+/-) UNIT RANGE, 3,000 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	Tier 3	SP

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Drug	Status	Notes
ALPHANATE INTRAVENOUS RECON SOLN 1,000 (400 VWF) UNIT/10 ML, 1,500 (600 VWF) UNIT/10 ML, 2,000 (800 VWF) UNIT/10 ML, 250 (100 VWF) UNIT/5 ML, 500 (200 VWF) UNIT/5 ML	Tier 3	SP
ELOCTATE INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 5,000 UNIT, 500 UNIT, 6,000 UNIT, 750 UNIT	Tier 3	SP
ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	SP
FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT	Tier 3	SP
HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT	Tier 3	SP
HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT	Tier 3	SP
HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT	Tier 3	SP
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT	Tier 3	SP
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT	Tier 3	SP
JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	SP
KOATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	SP
KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	SP

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Drug	Status	Notes
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	SP
NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	SP
NOVOSEVEN RT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG), 8 MG (8,000 MCG)	Tier 3	SP
NUWIQ INTRAVENOUS RECON SOLN 1000 (+/-) UNIT, 2,000 (+/-) UNIT, 2,500 UNIT, 250 (+/-) UNIT, 3,000 UNIT, 4,000 UNIT, 500 (+/-) UNIT	Tier 3	SP
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE	Tier 3	SP
RECOMBINATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	SP
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT	Tier 3	SP
XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	SP
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	SP
Blood Factors,Miscellaneous		
VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-) UNIT RANGE	Tier 3	SP
Citrates As Anticoagulants		
ACD SOLUTION A SOLUTION 2.45-2.2 GRAM- 800 MG/100 ML	Tier 3	
anticoag citrate phos dextrose solution 2.63-222 gram-mg/100ml	Tier 1	

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Drug	Status	Notes
sodium citrate in 0.9 % nacl solution 0.5 %	Tier 1	
sodium citrate intra-catheter syringe 4 % (3 ml), 4 % (4 ml), 4 % (5 ml)	Tier 1	
sodium citrate solution 4 gram /100 ml (4 %)	Tier 1	
Direct Factor Xa Inhibitors		
BEVYXXA ORAL CAPSULE 40 MG, 80 MG	Tier 3	QL (43 EA per 42 days)
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	Tier 2	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	Tier 2	QL (2 EA per 1 day)
ELIQUIS ORAL TABLET 5 MG	Tier 2	QL (74 EA per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	Tier 2	QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG	Tier 2	QL (2 EA per 1 day)
XARELTO ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	Tier 2	QL (51 EA per 30 days)
Factor Ix Complex (Pcc) Preparations		
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	SP
Factor Ix Preparations		
ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	SP
ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	Tier 3	SP
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 3	SP
IDELVION INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	SP

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Drug	Status	Notes
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 3	SP
MONONINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT	Tier 3	SP
REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	SP
RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 3	SP
Factor X Preparations		
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	Tier 3	SP
Factor Xiii Preparations		
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT	Tier 3	SP
TRETTEN INTRAVENOUS RECON SOLN 2,500 UNIT	Tier 3	SP
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 3	PA; SP
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 3	PA; SP
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 3	PA; SP
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 150 MCG/0.3 ML, 200 MCG/0.3 ML, 30 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML	Tier 3	PA; SP

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Drug	Status	Notes
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	Tier 2	PA; SP
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	Tier 3	PA; SP
Hemophilia Treatment Agents,Non-Factor Replacement		
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4 ML	Tier 3	PA; SP
Hemorrheologic Agents		
pentoxifylline oral tablet extended release 400 mg	Tier 1	
Heparin And Related Preparations		
enoxaparin subcutaneous solution 300 mg/3 ml (Lovenox)	Tier 1	SP; QL (30 ML per 30 days)
enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml (Lovenox)	Tier 1	SP
fondaparinux subcutaneous syringe 10 mg/0.8 ml (Arixtra)	Tier 1	SP; QL (24 ML per 30 days)
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml (Arixtra)	Tier 1	SP; QL (15 ML per 30 days)
fondaparinux subcutaneous syringe 5 mg/0.4 ml (Arixtra)	Tier 1	SP; QL (12 ML per 30 days)
fondaparinux subcutaneous syringe 7.5 mg/0.6 ml (Arixtra)	Tier 1	SP; QL (18 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	Tier 2	SP; QL (7.6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML	Tier 2	SP; QL (60 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML	Tier 2	SP; QL (30 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML	Tier 2	SP; QL (36 ML per 30 days)

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Drug	Status	Notes
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML	Tier 2	SP; QL (43.2 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML	Tier 2	SP; QL (12 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML	Tier 2	SP; QL (18 ML per 30 days)
HEP FLUSH-10 (PF) INTRAVENOUS SOLUTION 10 UNIT/ML	Tier 1	
heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/500 ml (5 unit/ml), 5,000 unit/500 ml (10 unit/ml)	Tier 1	
heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)	Tier 1	
heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)	Tier 1	
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	Tier 1	
heparin (porcine) injection syringe 5,000 unit/ml	Tier 1	
heparin flush(porcine)-0.9nacl intravenous kit 100 unit/ml	Tier 1	
heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml	Tier 1	
heparin lock flush (porcine) intravenous syringe 10 unit/ml, 100 unit/ml	Tier 1	
HEPARIN LOCK FLUSH INTRAVENOUS SYRINGE 10 UNIT/ML	Tier 1	
HEPARIN LOCK INTRAVENOUS SOLUTION 100 UNIT/ML	Tier 1	
HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML	Tier 1	
heparin, porcine (pf) injection solution 1,000 unit/ml	Tier 1	

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Drug	Status	Notes
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml	Tier 1	
heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)	Tier 1	
heparin, porcine (pf) intravenous syringe 1 unit/ml	Tier 1	
heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml (Heparin LockFlush(Porcine)(PF))	Tier 1	
heparin, porcine (pf) subcutaneous syringe 5,000 unit/0.5 ml	Tier 1	
Leukocyte (Wbc) Stimulants		
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 2	PA; SP
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 2	PA; SP
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 2	PA; SP
LEUKINE INJECTION RECON SOLN 250 MCG	Tier 2	PA; SP
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6ML	Tier 2	PA; SP
NEULASTA SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	Tier 3	PA; SP
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 3	PA; SP
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 3	PA; SP
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 3	PA; SP
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 3	PA; SP
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 3	PA; SP
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 3	PA; SP
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 3	PA; SP

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Drug		Status	Notes
Platelet Aggregation Inhibitors			
ADULT ASPIRIN REGIMEN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG		$0	
ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG		$0	
ASPIR-81 ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG		$0	
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG		$0	
ASPIRIN LOW DOSE ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG		$0	
aspirin oral tablet,chewable 81 mg	(Aspirin Childrens)	$0	
aspirin oral tablet,delayed release (dr/ec) 81 mg	(Adult Aspirin Regimen)	$0	
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	(Aggrenox)	Tier 1	
ASPIR-LOW ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG		$0	
BRILINTA ORAL TABLET 60 MG, 90 MG		Tier 2	QL (2 EA per 1 day)
CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG		$0	
cilostazol oral tablet 100 mg, 50 mg		Tier 1	
clopidogrel oral tablet 300 mg		Tier 1	QL (4 EA per 30 days)
clopidogrel oral tablet 75 mg	(Plavix)	Tier 1	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg		Tier 1	
LO-DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG		$0	
prasugrel oral tablet 10 mg, 5 mg	(Effient)	Tier 1	QL (1 EA per 1 day)
ST JOSEPH ASPIRIN ORAL TABLET,CHEWABLE 81 MG		$0	
ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG		$0	

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Drug	Status	Notes
ZONTIVITY ORAL TABLET 2.08 MG	Tier 3	QL (1 EA per 1 day)
Platelet Reducing Agents		
anagrelide oral capsule 0.5 mg (Agrylin)	Tier 1	
anagrelide oral capsule 1 mg	Tier 1	
Sickle Cell Anemia Agents		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	Tier 3	
ENDARI ORAL POWDER IN PACKET 5 GRAM	Tier 3	PA; SP
OXBRYTA ORAL TABLET 500 MG	Tier 3	PA; SP
SIKLOS ORAL TABLET 1,000 MG	Tier 3	ST: Requires prior prescription for Droxia or Hydroxyurea within the past 365 days
SIKLOS ORAL TABLET 100 MG	Tier 3	QL (2 EA per 1 day)
Spleen Tyrosine Kinase Inhibitors		
TAVALISSE ORAL TABLET 100 MG, 150 MG	Tier 3	PA; SP
Thrombopoietin Receptor Agonists		
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	Tier 3	PA; SP
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	Tier 3	PA; SP
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	Tier 3	PA; SP
MULPLETA ORAL TABLET 3 MG	Tier 3	PA; SP
PROMACTA ORAL POWDER IN PACKET 12.5 MG	Tier 2	PA; SP
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	Tier 2	PA; SP
Topical Hemostatics		
ASTRINGYN TOPICAL SOLUTION 259 MG/G	Tier 3	
AVITENE FLOUR TOPICAL POWDER	Tier 3	
AVITENE TOPICAL POWDER IN PACKET	Tier 3	
AVITENE TOPICAL SHEET 35 X 35 MM, 70 X 35 MM, 70 X 70 MM	Tier 3	

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Drug	Status	Notes
ENDO AVITENE TOPICAL SHEET 10 MM, 5 MM	Tier 3	
EVARREST TOPICAL ADHESIVE PATCH,MEDICATED 2 X 4 ", 4 X 4 "	Tier 3	
EVICEL TOPICAL SOLUTION 800-1,200 UNIT /ML (1 ML X 2), 800-1,200 UNIT /ML(2ML X 2), 800-1,200 UNIT /ML(5 ML X 2)	Tier 3	
GELFOAM JMI POWDER TOPICAL KIT 5,000 UNIT	Tier 3	
GELFOAM JMI SPONGE TOPICAL COMBO PACK 5,000 UNIT	Tier 3	
GELFOAM SPONGE SIZE 200 TOPICAL SPONGE 200	Tier 3	
GELFOAM TOPICAL SPONGE 4	Tier 3	
MONSEL'S TOPICAL SOLUTION WITH APPLICATOR 0.2 TO 0.22 GRAM/ML	Tier 1	
RECOTHROM SPRAY KIT TOPICAL RECON SOLN 20,000 UNIT	Tier 3	
RECOTHROM TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT	Tier 3	
SYRINGE AVITENE TOPICAL POWDER	Tier 3	
TACHOSIL TOPICAL ADHESIVE PATCH,MEDICATED 4.8 X 4.8 CM, 9.5 X 4.8 CM	Tier 3	
THROMBI-GEL TOPICAL PADS, MEDICATED 10 CM2, 100 CM2, 40 CM2	Tier 1	
THROMBIN-JMI NASAL NASAL SPRAY SYRINGE 5,000 UNIT	Tier 1	
THROMBIN-JMI TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT	Tier 1	
THROMBIN-JMI TOPICAL SPRAY SYRINGE 20,000 UNIT, 5,000 UNIT	Tier 1	
THROMBIN-JMI TOPICAL SPRAY,NON-AEROSOL 20,000 UNIT	Tier 1	
THROMBI-PAD TOPICAL PADS, MEDICATED 3 X 3 "	Tier 1	

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Drug		Status	Notes
ULTRAFOAM TOPICAL SPONGE 2 X 6.25 X 7 CM-CM-MM, 8 X 12.5 X 1 CM, 8 X 12.5 X 3 CM-CM-MM, 8 X 6.25 X 1 CM		Tier 3	
Vitamin K Preparations			
phytonadione (vitamin k1) injection solution 10 mg/ml	(Vitamin K1)	Tier 1	
phytonadione (vitamin k1) injection syringe 1 mg/0.5 ml		Tier 1	
phytonadione (vitamin k1) oral tablet 5 mg	(Mephyton)	Tier 1	
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 2	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
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG		Tier 3	PA
METHITEST ORAL TABLET 10 MG		Tier 3	PA
methyltestosterone oral capsule 10 mg	(Android)	Tier 1	PA
oxandrolone oral tablet 10 mg, 2.5 mg	(Oxandrin)	Tier 1	PA
STRIANT BUCCAL MUCOADHESIVE SYSTEM ER 12 HR 30 MG		Tier 3	PA
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	(Depo-Testosterone)	Tier 1	PA
testosterone enanthate intramuscular oil 200 mg/ml		Tier 1	PA
testosterone transdermal gel 50 mg/5 gram (1 %)	(Testim)	Tier 1	PA
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation	(Fortesta)	Tier 1	PA

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Drug	Status	Notes
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %) (Vogelxo)	Tier 1	PA
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %) (AndroGel)	Tier 1	PA
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram) (AndroGel)	Tier 1	PA
testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)	Tier 1	PA
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	Tier 3	PA
Estrogen & Progestin With Antimineralocorticoid Cb		
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	Tier 3	
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	
Estrogen/Androgen Combinations		
COVARYX H.S. ORAL TABLET 0.625-1.25 MG	Tier 1	
COVARYX ORAL TABLET 1.25-2.5 MG	Tier 1	
EEMT HS ORAL TABLET 0.625-1.25 MG	Tier 1	
EEMT ORAL TABLET 1.25-2.5 MG	Tier 1	
estrogens-methyltestosterone oral tablet 0.625-1.25 mg (Covaryx H.S.)	Tier 1	
estrogens-methyltestosterone oral tablet 1.25-2.5 mg (Covaryx)	Tier 1	
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	QL (2 EA per 7 days)

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Drug	Status	Notes
AMABELZ ORAL TABLET 0.5-0.1 MG, 1-0.5 MG	Tier 1	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR	Tier 3	QL (1 EA per 7 days)
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	Tier 2	QL (2 EA per 7 days)
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	Tier 3	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	Tier 3	
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%), 1 MG/GRAM (0.1 %), 1.25 MG/1.25 GRAM (0.1 %)	Tier 2	
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	QL (2 EA per 7 days)
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION	Tier 3	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg (Estrace)	Tier 1	
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr (Dotti)	Tier 1	QL (2 EA per 7 days)
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr (Climara)	Tier 1	QL (1 EA per 7 days)
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml (Delestrogen)	Tier 1	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg (Amabelz)	Tier 1	
EVAMIST TRANSDERMAL SPRAY,NON-AEROSOL 1.53 MG/SPRAY (1.7%)	Tier 3	

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Drug	Status	Notes
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	Tier 1	
JINTELI ORAL TABLET 1-5 MG-MCG	Tier 1	
LOPREEZA ORAL TABLET 1-0.5 MG	Tier 1	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	Tier 2	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR	Tier 3	QL (1 EA per 7 days)
MIMVEY ORAL TABLET 1-0.5 MG	Tier 1	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg (Fyavolv)	Tier 1	
PREFEST ORAL TABLET 1 MG (15)/1 MG- 0.09 MG (15)	Tier 3	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	Tier 2	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	Tier 2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	Tier 2	
Lhrh (Gnrh) Agonist Analog And Progestin Comb		
LUPANETA PACK (1 MONTH) KIT. SYRINGE AND TABLET 3.75 MG -5 MG (30)	Tier 3	PA; SP
LUPANETA PACK (3 MONTH) KIT. SYRINGE AND TABLET 11.25 MG -5 MG (90)	Tier 3	PA; SP
Progestational Agents		
CRINONE VAGINAL GEL 4 %	Tier 3	
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg (Provera)	Tier 1	
norethindrone acetate oral tablet 5 mg (Aygestin)	Tier 1	
progesterone intramuscular oil 50 mg/ml	Tier 1	
progesterone micronized oral capsule 100 mg, 200 mg (Prometrium)	Tier 1	
Immunization		
Antisera		
CUTAQUIG SUBCUTANEOUS SOLUTION 16.5 %	Tier 3	PA; SP

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Drug	Status	Notes
CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), 8 GRAM/40 ML (20 %)	Tier 3	PA; SP
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	Tier 3	PA; SP
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 3	PA; SP
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 3	PA; SP
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 3	PA; SP
HYQVIA IG COMPONENT SUBCUTANEOUS SOLUTION 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 30 GRAM/300 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 3	PA; SP
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	Tier 3	PA; SP
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 3	PA; SP
Gram Negative Cocci Vaccines		
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	$0	QL (0.5 ML per 365 days); Age (Min 11 Years and Max 23 Years)

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Drug	Status	Notes
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	$0	QL (1 EA per 365 days); Age (Min 11 Years and Max 23 Years)
Gram Positive Cocci Vaccines		
PNEUMOVAX 23 INJECTION SOLUTION 25 MCG/0.5 ML	$0	QL (0.5 ML per 365 days); Age (Min 65 Years)
PNEUMOVAX 23 INJECTION SYRINGE 25 MCG/0.5 ML	$0	QL (0.5 ML per 365 days); Age (Min 65 Years)
Influenza Virus Vaccines		
AFLURIA QD 2019-20(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	$0	QL (0.5 ML per 180 days)
AFLURIA QD 2019-20(6-35MO)(PF) INTRAMUSCULAR SYRINGE 30 MCG (7.5 MCG X 4)/0.25 ML	$0	QL (0.25 ML per 180 days)
AFLURIA QUAD 2019-20(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	$0	QL (0.5 ML per 180 days)
FLUAD 2019-2020 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	$0	QL (0.5 ML per 180 days); Age (Min 65 Years)
FLUARIX QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	$0	QL (0.5 ML per 180 days)
FLUBLOK QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	$0	QL (0.5 ML per 180 days); Age (Min 18 Years)
FLUCELVAX QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	$0	QL (0.5 ML per 180 days)
FLUCELVAX QUAD 2019-2020 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	$0	QL (0.5 ML per 180 days)
FLULAVAL QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	$0	QL (0.5 ML per 180 days)
FLULAVAL QUAD 2019-2020 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	$0	QL (0.5 ML per 180 days)

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Drug	Status	Notes
FLUMIST QUAD 2019-2020 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	$0	QL (1 EA per 180 days)
FLUZONE HIGH-DOSE 2019-20 (PF) INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	$0	QL (0.5 ML per 180 days); Age (Min 65 Years)
FLUZONE QUAD 2019-2020 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	$0	QL (0.5 ML per 180 days)
FLUZONE QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	$0	QL (0.5 ML per 180 days)
FLUZONE QUAD 2019-2020 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	$0	QL (0.5 ML per 180 days)
FLUZONE QUAD PEDI 2019-20 (PF) INTRAMUSCULAR SYRINGE 30 MCG (7.5 MCG X 4)/0.25 ML	$0	QL (0.25 ML per 180 days)
Vaccine/Toxoid Preparations,Combinations		
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	$0	QL (0.5 ML per 365 days); Age (Min 18 Years)
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	$0	QL (0.5 ML per 365 days); Age (Min 18 Years)
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	$0	QL (0.5 ML per 365 days); Age (Min 18 Years)
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	$0	QL (0.5 ML per 365 days); Age (Min 18 Years)
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	$0	QL (2 EA per 365 days); Age (Min 18 Years)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	$0	QL (0.5 ML per 365 days); Age (Min 18 Years)
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	$0	QL (0.5 ML per 365 days); Age (Min 18 Years)

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Drug	Status	Notes
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	$0	QL (0.5 ML per 365 days); Age (Min 18 Years)
Viral/Tumorigenic Vaccines		
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	$0	QL (3 ML per 365 days); Age (Min 18 Years)
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	$0	QL (3 ML per 365 days); Age (Min 18 Years)
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	$0	QL (2 ML per 365 days); Age (Min 18 Years)
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	$0	QL (2 ML per 365 days); Age (Min 18 Years)
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	$0	QL (1 ML per 365 days); Age (Min 18 Years)
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	$0	QL (3 ML per 365 days); Age (Min 18 Years)
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	$0	QL (3 ML per 365 days); Age (Min 18 Years)
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	$0	QL (2 EA per 365 days); Age (Min 50 Years)
SHINGRIX GE ANTIGEN COMPONENT INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG	$0	QL (2 EA per 365 days); Age (Min 50 Years)
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	$0	QL (4 ML per 365 days); Age (Min 18 Years)
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	$0	QL (2 ML per 365 days); Age (Min 18 Years)
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	$0	QL (2 ML per 365 days); Age (Min 18 Years)
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	$0	QL (2 EA per 365 days); Age (Min 18 Years)
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	$0	QL (1 EA per 365 days); Age (Min 60 Years)

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Drug	Status	Notes
Immunosuppression/Modulation		
Immunomodulators		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	Tier 3	PA; SP
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML	Tier 3	SP
imiquimod topical cream in packet 5 % (Aldara)	Tier 1	QL (24 EA per 30 days)
imiquimod-levocetirizin-niacin topical gel 5-1-2 %	Tier 1	
imiquimod-tretinoin-levocetir topical gel 5-0.05-1 %	Tier 1	
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	Tier 2	PA; SP
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	Tier 2	PA; SP
Immunosuppressives		
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	Tier 2	SP
AZASAN ORAL TABLET 100 MG, 75 MG	Tier 2	SP
azathioprine oral tablet 50 mg (Imuran)	Tier 1	SP
cyclosporine modified oral capsule 100 mg, 25 mg (Gengraf)	Tier 1	SP
cyclosporine modified oral capsule 50 mg	Tier 1	SP
cyclosporine modified oral solution 100 mg/ml (Gengraf)	Tier 1	SP
cyclosporine oral capsule 100 mg, 25 mg (Sandimmune)	Tier 1	SP
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	Tier 2	SP
GENGRAF ORAL CAPSULE 100 MG, 25 MG	Tier 1	SP
GENGRAF ORAL SOLUTION 100 MG/ML	Tier 1	SP
mycophenolate mofetil oral capsule 250 mg (CellCept)	Tier 1	SP

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Drug		Status	Notes
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	(CellCept)	Tier 1	SP
mycophenolate mofetil oral tablet 500 mg	(CellCept)	Tier 1	SP
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg	(Myfortic)	Tier 1	SP
NEORAL ORAL CAPSULE 100 MG, 25 MG		Tier 2	SP
NEORAL ORAL SOLUTION 100 MG/ML		Tier 2	SP
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG		Tier 2	SP
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG		Tier 2	SP
RAPAMUNE ORAL SOLUTION 1 MG/ML		Tier 2	SP
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG		Tier 2	SP
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG		Tier 2	SP
SANDIMMUNE ORAL SOLUTION 100 MG/ML		Tier 2	SP
sirolimus oral solution 1 mg/ml	(Rapamune)	Tier 1	SP
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	(Rapamune)	Tier 1	SP
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	(Prograf)	Tier 1	SP
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG		Tier 2	SP
Infectious Disease - Bacterial			
Absorbable Sulfonamides			
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	(Sulfatrim)	Tier 1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg	(Bactrim)	Tier 1	
sulfamethoxazole-trimethoprim oral tablet 800-160 mg	(Bactrim DS)	Tier 1	
SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML		Tier 1	

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Drug	Status	Notes
Betalactams		
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	Tier 2	PA; SP
Cephalosporins - 1St Generation		
cefadroxil oral capsule 500 mg	Tier 1	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	Tier 1	
cefadroxil oral tablet 1 gram	Tier 1	
cephalexin oral capsule 250 mg, 500 mg, 750 mg (Keflex)	Tier 1	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1	
cephalexin oral tablet 250 mg, 500 mg	Tier 1	
Cephalosporins - 2Nd Generation		
cefaclor oral capsule 250 mg, 500 mg	Tier 1	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	Tier 1	
cefaclor oral tablet extended release 12 hr 500 mg	Tier 1	
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1	
cefprozil oral tablet 250 mg, 500 mg	Tier 1	
cefuroxime axetil oral tablet 250 mg, 500 mg	Tier 1	
Cephalosporins - 3Rd Generation		
cefdinir oral capsule 300 mg	Tier 1	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1	
cefditoren pivoxil oral tablet 200 mg	Tier 1	
cefditoren pivoxil oral tablet 400 mg (Spectracef)	Tier 1	
cefixime oral capsule 400 mg (Suprax)	Tier 1	
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml (Suprax)	Tier 1	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	Tier 1	
cefpodoxime oral tablet 100 mg, 200 mg	Tier 1	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	Tier 2	

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Drug		Status	Notes
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG		Tier 2	
Chemotherapeutics, Antibacterial, Misc.			
HYOPHEN ORAL TABLET 81.6-0.12-10.8 MG		Tier 1	
methenamine hippurate oral tablet 1 gram	(Hiprex)	Tier 1	
methenamine mandelate oral tablet 0.5 g, 1 gram		Tier 1	
methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg	(Urogesic-Blue)	Tier 1	
MONUROL ORAL PACKET 3 GRAM		Tier 3	
PHOSPHASAL ORAL TABLET 81.6-10.8-40.8 MG		Tier 2	
PRIMSOL ORAL SOLUTION 50 MG/5 ML		Tier 2	
trimethoprim oral tablet 100 mg		Tier 1	
TRIMPEX ORAL SOLUTION 50 MG/5 ML		Tier 2	
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG		Tier 2	
URIMAR-T ORAL TABLET 120-0.12-10.8 MG		Tier 1	
URIN DS ORAL TABLET 81.6-10.8-40.8 MG		Tier 2	
URO-458 ORAL TABLET 81-10.8-40.8 MG		Tier 1	
UROGESIC-BLUE ORAL TABLET 81.6-40.8-0.12 MG		Tier 1	
URO-MP ORAL CAPSULE 118-10-40.8-36 MG		Tier 1	
USTELL ORAL CAPSULE 120-0.12 MG		Tier 1	
VILAMIT MB ORAL CAPSULE 118-10-40.8-36 MG		Tier 1	
Macrolides			
azithromycin oral packet 1 gram	(Zithromax)	Tier 1	
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	(Zithromax)	Tier 1	

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Drug		Status	Notes
azithromycin oral tablet 250 mg, 500 mg	(Zithromax)	Tier 1	
azithromycin oral tablet 600 mg		Tier 1	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		Tier 1	
clarithromycin oral tablet 250 mg, 500 mg		Tier 1	
clarithromycin oral tablet extended release 24 hr 500 mg		Tier 1	
DIFICID ORAL TABLET 200 MG		Tier 2	ST: Requires prior prescription for Vancomycin HCL within the past 120 days; QL (20 EA per 30 days)
E.E.S. 400 ORAL TABLET 400 MG		Tier 1	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 250 MG, 500 MG		Tier 1	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG		Tier 1	
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml	(E.E.S. Granules)	Tier 1	
erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml	(EryPed 400)	Tier 1	
erythromycin ethylsuccinate oral tablet 400 mg	(E.E.S. 400)	Tier 1	
erythromycin oral capsule,delayed release(dr/ec) 250 mg		Tier 1	
erythromycin oral tablet 250 mg, 500 mg		Tier 1	
erythromycin oral tablet,delayed release (dr/ec) 250 mg, 333 mg, 500 mg	(Ery-Tab)	Tier 1	
Nitrofuran Derivatives			
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	(Macrodantin)	Tier 1	
nitrofurantoin macrocrystal oral capsule 25 mg	(Macrodantin)	Tier 1	QL (4 EA per 1 day)
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	(Macrobid)	Tier 1	

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Drug		Status	Notes
nitrofurantoin oral suspension 25 mg/5 ml	(Furadantin)	Tier 1	
Oxazolidinones			
linezolid oral suspension for reconstitution 100 mg/5 ml	(Zyvox)	Tier 1	
linezolid oral tablet 600 mg	(Zyvox)	Tier 1	
SIVEXTRO ORAL TABLET 200 MG		Tier 2	ST: Requires prior prescription for Linezolid (600mg tablets) within the past 120 days; QL (6 EA per 6 days)
Penicillins			
amoxicillin oral capsule 250 mg, 500 mg		Tier 1	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml		Tier 1	
amoxicillin oral tablet 500 mg, 875 mg		Tier 1	
amoxicillin oral tablet,chewable 125 mg, 250 mg		Tier 1	
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml		Tier 1	
amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml	(Augmentin)	Tier 1	
amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml	(Augmentin ES-600)	Tier 1	
amoxicillin-pot clavulanate oral tablet 250-125 mg		Tier 1	
amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg	(Augmentin)	Tier 1	
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg	(Augmentin XR)	Tier 1	
amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg		Tier 1	
ampicillin oral capsule 250 mg, 500 mg		Tier 1	
dicloxacillin oral capsule 250 mg, 500 mg		Tier 1	

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Drug	Status	Notes
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG	Tier 3	
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	Tier 1	
penicillin v potassium oral tablet 250 mg, 500 mg	Tier 1	
Pleuromutilin Derivatives		
XENLETA ORAL TABLET 600 MG	Tier 3	PA
Quinolones		
BAXDELA ORAL TABLET 450 MG	Tier 3	PA
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML	Tier 2	
CIPRO XR ORAL TABLET, ER MULTIPHASE 24 HR 1,000 MG, 500 MG	Tier 3	
ciprofloxacin hcl oral tablet 100 mg, 750 mg	Tier 1	
ciprofloxacin hcl oral tablet 250 mg, 500 mg (Cipro)	Tier 1	
ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml (Cipro)	Tier 1	
FACTIVE ORAL TABLET 320 MG	Tier 3	
levofloxacin oral solution 250 mg/10 ml	Tier 1	
levofloxacin oral tablet 250 mg	Tier 1	
levofloxacin oral tablet 500 mg, 750 mg (Levaquin)	Tier 1	
moxifloxacin oral tablet 400 mg	Tier 1	
ofloxacin oral tablet 300 mg, 400 mg	Tier 1	
Tetracyclines		
demeclocycline oral tablet 150 mg, 300 mg	Tier 1	
DORYX MPC ORAL TABLET,DELAYED RELEASE (DR/EC) 120 MG	Tier 3	ST: Requires prior prescription for Doxycycline Monohydrate or Hyclate 100mg tablets or capsules within the past 120 days; QL (2 EA per 1 day)

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Drug		Status	Notes
doxycycline hyclate oral capsule 100 mg, 50 mg	(Morgidox)	Tier 1	QL (2 EA per 1 day)
doxycycline hyclate oral tablet 100 mg		Tier 1	QL (2 EA per 1 day)
doxycycline hyclate oral tablet 150 mg	(Acticlate)	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 150mg tablets within the past 120 days; QL (2 EA per 1 day)
doxycycline hyclate oral tablet 50 mg	(Targadox)	Tier 1	ST: Requires prior prescription for Doxycycline Hyclate 50mg capsules or Doxycycline Monohydrate 50mg capsules or tablets within the past 120 days; QL (4 EA per 1 day)
doxycycline hyclate oral tablet 75 mg	(Acticlate)	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg		Tier 1	ST: Requires prior prescription for Doxycycline Monohydrate or Hyclate 100mg tablets or capsules within the past 120 days; QL (2 EA per 1 day)
doxycycline hyclate oral tablet,delayed release (dr/ec) 150 mg		Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 150mg tablets within the past 120 days; QL (2 EA per 1 day)
doxycycline hyclate oral tablet,delayed release (dr/ec) 200 mg	(Doryx)	Tier 1	ST: Requires prior prescription for Doxycycline Monohydrate or Hyclate 100mg tablets or capsules within the past 120 days; QL (1 EA per 1 day)

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Drug		Status	Notes
doxycycline hyclate oral tablet,delayed release (dr/ec) 50 mg	(Doryx)	Tier 1	ST: Requires prior prescription for Doxycycline Hyclate 50mg tablets or Doxycycline Monohydrate 50mg capsules or tablets within the past 120 days; QL (2 EA per 1 day)
doxycycline hyclate oral tablet,delayed release (dr/ec) 75 mg		Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
doxycycline monohydrate oral capsule 100 mg	(Mondoxyne NL)	Tier 1	QL (2 EA per 1 day)
doxycycline monohydrate oral capsule 150 mg		Tier 1	QL (2 EA per 1 day)
doxycycline monohydrate oral capsule 50 mg	(Monodox)	Tier 1	QL (2 EA per 1 day)
doxycycline monohydrate oral capsule 75 mg	(Mondoxyne NL)	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg	(Oracea)	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 50mg capsules within the past 120 days; QL (1 EA per 1 day); Age (Min 18 Years)
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml	(Vibramycin)	Tier 1	
doxycycline monohydrate oral tablet 100 mg	(Avidoxy)	Tier 1	QL (2 EA per 1 day)
doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg		Tier 1	QL (2 EA per 1 day)
minocycline oral capsule 100 mg, 75 mg		Tier 1	
minocycline oral capsule 50 mg	(Minocin)	Tier 1	

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Drug	Status	Notes
minocycline oral tablet 100 mg, 50 mg, 75 mg	Tier 1	
MONDOXYNE NL ORAL CAPSULE 100 MG	Tier 1	QL (2 EA per 1 day)
MONDOXYNE NL ORAL CAPSULE 75 MG	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
NUZYRA ORAL TABLET 150 MG	Tier 3	PA
OKEBO ORAL CAPSULE 75 MG	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
tetracycline oral capsule 250 mg, 500 mg	Tier 1	
VIBRAMYCIN ORAL SYRUP 50 MG/5 ML	Tier 2	
Infectious Disease - Fungal		
Antifungal Agents		
clotrimazole mucous membrane troche 10 mg	Tier 1	
CRESEMBA ORAL CAPSULE 186 MG	Tier 3	
fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml (Diflucan)	Tier 1	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg (Diflucan)	Tier 1	
flucytosine oral capsule 250 mg, 500 mg (Ancobon)	Tier 1	
itraconazole oral capsule 100 mg (Sporanox)	Tier 1	
itraconazole oral solution 10 mg/ml (Sporanox)	Tier 1	
ketoconazole oral tablet 200 mg	Tier 1	
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	Tier 3	
ONMEL ORAL TABLET 200 MG	Tier 3	
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG	Tier 3	

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Drug	Status	Notes
posaconazole oral tablet,delayed release (dr/ec) 100 mg (Noxafil)	Tier 1	
terbinafine hcl oral tablet 250 mg	Tier 1	
TOLSURA ORAL CAPSULE, SOLID DISPERSION 65 MG	Tier 3	PA
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml) (Vfend)	Tier 1	
voriconazole oral tablet 200 mg, 50 mg (Vfend)	Tier 1	
Antifungal Antibiotics		
griseofulvin microsize oral suspension 125 mg/5 ml	Tier 1	
griseofulvin microsize oral tablet 500 mg	Tier 1	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	Tier 1	
nystatin oral suspension 100,000 unit/ml	Tier 1	
nystatin oral tablet 500,000 unit	Tier 1	
Infectious Disease - Miscellaneous		
Aminoglycosides		
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	Tier 3	PA; SP
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML	Tier 3	PA; SP
neomycin oral tablet 500 mg	Tier 1	
TOBI PODHALER INHALATION CAPSULE 28 MG	Tier 2	PA; SP
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	Tier 2	PA; SP
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml (Tobi)	Tier 1	PA; SP
tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml (Kitabis Pak)	Tier 1	PA; SP
Antibacterial Agents,Miscellaneous		
glycine urologic solution irrigation solution 1.5 % (Glycine Urologic)	Tier 1	
Antileprotics		
dapsone oral tablet 100 mg, 25 mg	Tier 1	
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	Tier 2	PA; SP; QL (2 EA per 1 day)

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Drug		Status	Notes
Anti-Mycobacterium Agents			
ethambutol oral tablet 100 mg		Tier 1	
ethambutol oral tablet 400 mg	(Myambutol)	Tier 1	
isoniazid oral solution 50 mg/5 ml		Tier 1	
isoniazid oral tablet 100 mg, 300 mg		Tier 1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM		Tier 3	
pyrazinamide oral tablet 500 mg		Tier 1	
rifabutin oral capsule 150 mg	(Mycobutin)	Tier 1	
TRECATOR ORAL TABLET 250 MG		Tier 3	
Antitubercular Antibiotics			
cycloserine oral capsule 250 mg		Tier 1	
pretomanid oral tablet 200 mg		Tier 3	QL (1 EA per 1 day)
PRIFTIN ORAL TABLET 150 MG		Tier 3	
RIFAMATE ORAL CAPSULE 300-150 MG		Tier 2	
rifampin oral capsule 150 mg, 300 mg	(Rifadin)	Tier 1	
RIFATER ORAL TABLET 50-120-300 MG		Tier 3	
SIRTURO ORAL TABLET 100 MG		Tier 3	PA; SP
Lincosamides			
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	(Cleocin HCl)	Tier 1	
clindamycin palmitate hcl oral recon soln 75 mg/5 ml	(Clindamycin Pediatric)	Tier 1	
CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML		Tier 1	
Rifamycins And Related Derivative Antibiotics			
AEMCOLO ORAL TABLET,DELAYED RELEASE (DR/EC) 194 MG		Tier 3	ST: Requires prior prescription for Azithromycin, Cipro, Cipro XR, Ciprofloxacin HCL, Ciprofloxacin, Ciprofloxacin/ciprofloxacin HCL, Levofloxacin, or Ofloxacin within the past 120 days; QL (12 EA per 1 FILL)

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Drug		Status	Notes
XIFAXAN ORAL TABLET 200 MG		Tier 3	PA
XIFAXAN ORAL TABLET 550 MG		Tier 2	PA
Vancomycin And Derivatives			
FIRVANQ ORAL RECON SOLN 25 MG/ML		Tier 2	QL (300 ML per 1 FILL)
vancomycin oral capsule 125 mg	(Vancocin)	Tier 1	QL (56 EA per 1 FILL)
vancomycin oral capsule 250 mg	(Vancocin)	Tier 1	QL (112 EA per 1 FILL)
vancomycin oral recon soln 50 mg/ml	(Firvanq)	Tier 1	QL (600 ML per 1 FILL)
Infectious Disease - Parasitic			
2Nd Gen. Anaerobic Antiprotozoal-Antibacterial			
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM		Tier 3	ST: At least 2 prior prescriptions for Clindamycin HCL, Clindamycin Palmitate HCL, Clindamycin Phosphate, Metronidazole, Tinidazole, or Vandazole within the past 365 days; QL (1 EA per 30 days)
tinidazole oral tablet 250 mg, 500 mg		Tier 1	
Amebacides			
paromomycin oral capsule 250 mg		Tier 1	
Anaerobic Antiprotozoal-Antibacterial Agents			
metronidazole oral capsule 375 mg	(Flagyl)	Tier 1	
metronidazole oral tablet 250 mg, 500 mg	(Flagyl)	Tier 1	
Anthelmintics			
albendazole oral tablet 200 mg	(Albenza)	Tier 1	
EGATEN ORAL TABLET 250 MG		Tier 3	
EMVERM ORAL TABLET,CHEWABLE 100 MG		Tier 2	PA
ivermectin oral tablet 3 mg	(Stromectol)	Tier 1	
praziquantel oral tablet 600 mg	(Biltricide)	Tier 1	
Antimalarial Drugs			
ARAKODA ORAL TABLET 100 MG		Tier 3	
atovaquone-proguanil oral tablet 250-100 mg	(Malarone)	Tier 1	

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Drug	Status	Notes
atovaquone-proguanil oral tablet 62.5-25 mg (Malarone Pediatric)	Tier 1	
chloroquine phosphate oral tablet 250 mg, 500 mg	Tier 1	
COARTEM ORAL TABLET 20-120 MG	Tier 3	
DARAPRIM ORAL TABLET 25 MG	Tier 2	PA; SP
hydroxychloroquine oral tablet 200 mg (Plaquenil)	Tier 1	
KRINTAFEL ORAL TABLET 150 MG	Tier 2	QL (2 EA per 1 FILL)
mefloquine oral tablet 250 mg	Tier 1	
primaquine oral tablet 26.3 mg	Tier 2	
quinine sulfate oral capsule 324 mg (Qualaquin)	Tier 1	
Antiparasitics		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	Tier 3	
ALINIA ORAL TABLET 500 MG	Tier 3	
Antiprotozoal Drugs,Miscellaneous		
atovaquone oral suspension 750 mg/5 ml (Mepron)	Tier 1	
benznidazole oral tablet 100 mg, 12.5 mg	Tier 1	
IMPAVIDO ORAL CAPSULE 50 MG	Tier 2	PA
NEBUPENT INHALATION RECON SOLN 300 MG	Tier 2	
pentamidine inhalation recon soln 300 mg (Nebupent)	Tier 1	
Infectious Disease - Viral		
Antiretroviral-Integrase Inhibitor And Nnrti Comb.		
JULUCA ORAL TABLET 50-25 MG	Tier 2	SP; QL (1 EA per 1 day)
Antiretroviral-Integrase Inhibitor And Nrti Comb.		
DOVATO ORAL TABLET 50-300 MG	Tier 2	SP; QL (1 EA per 1 day)
Antiretroviral-Nucleoside,Nucleotide,Protease Inh.		
SYMTUZA ORAL TABLET 800-150-200-10 MG	Tier 2	SP; QL (1 EA per 1 day)
Antivirals, General		
acyclovir oral capsule 200 mg	Tier 1	
acyclovir oral suspension 200 mg/5 ml (Zovirax)	Tier 1	

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Drug		Status	Notes
acyclovir oral tablet 400 mg, 800 mg		Tier 1	
famciclovir oral tablet 125 mg, 250 mg, 500 mg		Tier 1	
oseltamivir oral capsule 30 mg	(Tamiflu)	Tier 1	QL (40 EA per 180 days)
oseltamivir oral capsule 45 mg, 75 mg	(Tamiflu)	Tier 1	QL (20 EA per 180 days)
oseltamivir oral suspension for reconstitution 6 mg/ml	(Tamiflu)	Tier 1	QL (360 ML per 180 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG		Tier 3	PA
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION		Tier 3	QL (40 EA per 180 days)
ribavirin inhalation recon soln 6 gram	(Virazole)	Tier 1	
rimantadine oral tablet 100 mg	(Flumadine)	Tier 1	
SITAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG		Tier 3	QL (4 EA per 365 days)
valacyclovir oral tablet 1 gram, 500 mg	(Valtrex)	Tier 1	
valganciclovir oral recon soln 50 mg/ml	(Valcyte)	Tier 1	
valganciclovir oral tablet 450 mg	(Valcyte)	Tier 1	
XOFLUZA ORAL TABLET 20 MG, 40 MG		Tier 2	QL (4 EA per 180 days)
Antivirals, Hiv-Spec, Non-Peptidic Protease Inhib			
APTIVUS (WITH VITAMIN E) ORAL SOLUTION 100 MG/ML		Tier 2	SP; QL (380 ML per 30 days)
APTIVUS ORAL CAPSULE 250 MG		Tier 2	SP; QL (4 EA per 1 day)
PREZCOBIX ORAL TABLET 800-150 MG-MG		Tier 2	SP; QL (1 EA per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML		Tier 2	SP; QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG		Tier 2	SP; QL (8 EA per 1 day)
PREZISTA ORAL TABLET 600 MG		Tier 2	SP; QL (2 EA per 1 day)
PREZISTA ORAL TABLET 75 MG		Tier 2	SP; QL (16 EA per 1 day)
PREZISTA ORAL TABLET 800 MG		Tier 2	SP; QL (1 EA per 1 day)
Antivirals, Hiv-Spec, Nucleoside-Nucleotide Analog			
CIMDUO ORAL TABLET 300-300 MG		Tier 2	SP; QL (1 EA per 1 day)
DESCOVY ORAL TABLET 200-25 MG		Tier 2	SP; QL (1 EA per 1 day)
TEMIXYS ORAL TABLET 300-300 MG		Tier 2	SP; QL (1 EA per 1 day)

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Drug		Status	Notes
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG		Tier 2	SP; QL (1 EA per 1 day)
Antivirals, Hiv-Spec., Nucleoside Analog, Rti Comb			
abacavir-lamivudine oral tablet 600-300 mg	(Epzicom)	Tier 1	SP; QL (1 EA per 1 day)
abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg	(Trizivir)	Tier 1	SP; QL (2 EA per 1 day)
lamivudine-zidovudine oral tablet 150-300 mg	(Combivir)	Tier 1	SP; QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Ccr5 Co-Receptor Antag.			
SELZENTRY ORAL SOLUTION 20 MG/ML		Tier 2	SP; QL (31 ML per 1 day)
SELZENTRY ORAL TABLET 150 MG, 75 MG		Tier 2	SP; QL (2 EA per 1 day)
SELZENTRY ORAL TABLET 25 MG, 300 MG		Tier 2	SP; QL (4 EA per 1 day)
Antivirals, Hiv-Specific, Fusion Inhibitors			
FUZEON SUBCUTANEOUS RECON SOLN 90 MG		Tier 2	SP; QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Non-Nucleoside, Rti			
EDURANT ORAL TABLET 25 MG		Tier 2	SP; QL (1 EA per 1 day)
efavirenz oral capsule 200 mg, 50 mg	(Sustiva)	Tier 1	SP
efavirenz oral tablet 600 mg	(Sustiva)	Tier 1	SP
INTELENCE ORAL TABLET 100 MG, 25 MG		Tier 2	SP; QL (4 EA per 1 day)
INTELENCE ORAL TABLET 200 MG		Tier 2	SP; QL (2 EA per 1 day)
nevirapine oral suspension 50 mg/5 ml	(Viramune)	Tier 1	SP; QL (1200 ML per 30 days)
nevirapine oral tablet 200 mg	(Viramune)	Tier 1	SP; QL (2 EA per 1 day)
nevirapine oral tablet extended release 24 hr 100 mg		Tier 1	SP; QL (3 EA per 1 day)
nevirapine oral tablet extended release 24 hr 400 mg	(Viramune XR)	Tier 1	SP; QL (1 EA per 1 day)
PIFELTRO ORAL TABLET 100 MG		Tier 2	SP; QL (2 EA per 1 day)

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Drug		Status	Notes
SUSTIVA ORAL CAPSULE 200 MG, 50 MG		Tier 2	SP
Antivirals, Hiv-Specific, Nucleoside Analog, Rti			
abacavir oral solution 20 mg/ml	(Ziagen)	Tier 1	SP; QL (960 ML per 30 days)
abacavir oral tablet 300 mg	(Ziagen)	Tier 1	SP; QL (2 EA per 1 day)
didanosine oral capsule,delayed release(dr/ec) 125 mg	(Videx EC)	Tier 1	SP; QL (2 EA per 1 day)
didanosine oral capsule,delayed release(dr/ec) 200 mg		Tier 1	SP; QL (2 EA per 1 day)
didanosine oral capsule,delayed release(dr/ec) 250 mg	(Videx EC)	Tier 1	SP; QL (1 EA per 1 day)
didanosine oral capsule,delayed release(dr/ec) 400 mg		Tier 1	SP; QL (1 EA per 1 day)
EMTRIVA ORAL CAPSULE 200 MG		Tier 2	SP; QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML		Tier 2	SP; QL (850 ML per 30 days)
lamivudine oral solution 10 mg/ml	(Epivir)	Tier 1	SP; QL (960 ML per 30 days)
lamivudine oral tablet 150 mg	(Epivir)	Tier 1	SP; QL (2 EA per 1 day)
lamivudine oral tablet 300 mg	(Epivir)	Tier 1	SP; QL (1 EA per 1 day)
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg		Tier 1	SP; QL (2 EA per 1 day)
VIDEX 2 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL)		Tier 2	SP; QL (600 ML per 30 days)
zidovudine oral capsule 100 mg	(Retrovir)	Tier 1	SP; QL (6 EA per 1 day)
zidovudine oral syrup 10 mg/ml	(Retrovir)	Tier 1	SP; QL (1920 ML per 30 days)
zidovudine oral tablet 300 mg		Tier 1	SP; QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Nucleotide Analog, Rti			
tenofovir disoproxil fumarate oral tablet 300 mg	(Viread)	Tier 1	SP; QL (1 EA per 1 day)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)		Tier 2	SP; QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG		Tier 2	SP; QL (1 EA per 1 day)

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Drug	Status	Notes
Antivirals, Hiv-Specific, Protease Inhibitor Comb		
KALETRA ORAL TABLET 100-25 MG	Tier 2	SP; QL (2 EA per 1 day)
KALETRA ORAL TABLET 200-50 MG	Tier 2	SP; QL (4 EA per 1 day)
lopinavir-ritonavir oral solution 400-100 mg/5 ml (Kaletra)	Tier 1	SP; QL (480 ML per 30 days)
Antivirals, Hiv-Specific, Protease Inhibitors		
atazanavir oral capsule 150 mg, 200 mg (Reyataz)	Tier 1	SP; QL (2 EA per 1 day)
atazanavir oral capsule 300 mg (Reyataz)	Tier 1	SP; QL (1 EA per 1 day)
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	Tier 2	SP
EVOTAZ ORAL TABLET 300-150 MG	Tier 2	SP; QL (1 EA per 1 day)
fosamprenavir oral tablet 700 mg (Lexiva)	Tier 1	SP; QL (4 EA per 1 day)
INVIRASE ORAL TABLET 500 MG	Tier 2	SP; QL (4 EA per 1 day)
LEXIVA ORAL SUSPENSION 50 MG/ML	Tier 2	SP; QL (1800 ML per 30 days)
NORVIR ORAL POWDER IN PACKET 100 MG	Tier 2	SP; QL (12 EA per 1 day)
NORVIR ORAL SOLUTION 80 MG/ML	Tier 2	SP; QL (480 ML per 30 days)
REYATAZ ORAL POWDER IN PACKET 50 MG	Tier 2	SP; QL (5 EA per 1 day)
ritonavir oral tablet 100 mg (Norvir)	Tier 1	SP; QL (12 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG, 625 MG	Tier 2	SP
Antivirals,Hiv-1 Integrase Strand Transfer Inhibtr		
ISENTRESS HD ORAL TABLET 600 MG	Tier 2	SP; QL (2 EA per 1 day)
ISENTRESS ORAL POWDER IN PACKET 100 MG	Tier 2	SP; QL (2 EA per 1 day)
ISENTRESS ORAL TABLET 400 MG	Tier 2	SP; QL (2 EA per 1 day)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	Tier 2	SP; QL (6 EA per 1 day)
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	Tier 2	SP; QL (2 EA per 1 day)

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Drug	Status	Notes
Artv Cmb Nucleoside,Nucleotide,&Non-Nucleoside Rti		
ATRIPLA ORAL TABLET 600-200-300 MG	Tier 2	SP; QL (1 EA per 1 day)
COMPLERA ORAL TABLET 200-25-300 MG	Tier 2	SP; QL (1 EA per 1 day)
DELSTRIGO ORAL TABLET 100-300-300 MG	Tier 2	SP; QL (1 EA per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG	Tier 2	SP; QL (1 EA per 1 day)
SYMFI LO ORAL TABLET 400-300-300 MG	Tier 2	SP; QL (1 EA per 1 day)
SYMFI ORAL TABLET 600-300-300 MG	Tier 2	SP; QL (1 EA per 1 day)
Arv Cmb-Nrti,N(T)Rti, Integrase Inhibitor		
BIKTARVY ORAL TABLET 50-200-25 MG	Tier 2	SP; QL (1 EA per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG	Tier 2	SP; QL (1 EA per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG	Tier 2	SP; QL (1 EA per 1 day)
Arv Comb-Nrtis & Integrase Inhibitor		
TRIUMEQ ORAL TABLET 600-50-300 MG	Tier 2	SP; QL (1 EA per 1 day)
Cytochrome P450 Inhibitors		
TYBOST ORAL TABLET 150 MG	Tier 2	QL (1 EA per 1 day)
Hep C - Ns5a, Ns3/4A, Nucleotide Ns5b Inhib Combo		
VOSEVI ORAL TABLET 400-100-100 MG	Tier 2	PA; SP
Hep C Virus - Ns5a & Ns5b Polymerase Inhib. Combo.		
EPCLUSA ORAL TABLET 400-100 MG	Tier 2	PA; SP
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	Tier 2	PA; SP
Hep C Virus,Nucleotide Analog Ns5b Polymerase Inh		
SOVALDI ORAL TABLET 200 MG, 400 MG	Tier 3	PA; SP

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Drug		Status	Notes
Hepatitis B Treatment Agents			
adefovir oral tablet 10 mg	(Hepsera)	Tier 1	SP; QL (1 EA per 1 day)
BARACLUDE ORAL SOLUTION 0.05 MG/ML		Tier 2	SP; QL (630 ML per 30 days)
entecavir oral tablet 0.5 mg, 1 mg	(Baraclude)	Tier 1	SP; QL (1 EA per 1 day)
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)		Tier 2	QL (720 ML per 30 days)
lamivudine oral tablet 100 mg	(Epivir HBV)	Tier 1	QL (1 EA per 1 day)
VEMLIDY ORAL TABLET 25 MG		Tier 3	SP; ST: Requires prior prescription for Tenofovir Disoproxil Fumarate within the past 120 days; QL (1 EA per 1 day)
Hepatitis C Treatment Agents			
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML		Tier 2	PA; SP
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML		Tier 2	PA; SP
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML		Tier 3	PA; SP
ribavirin oral capsule 200 mg		Tier 1	
ribavirin oral tablet 200 mg		Tier 1	
Hepatitis C Virus- Ns5a And Ns3/4A Inhibitor Comb			
MAVYRET ORAL TABLET 100-40 MG		Tier 2	PA; SP
Inflammatory Disease			
Anti-Arthritic And Chelating Agents			
CUPRIMINE ORAL CAPSULE 250 MG		Tier 3	PA; SP
D-PENAMINE ORAL TABLET 125 MG		Tier 1	PA; SP
penicillamine oral capsule 250 mg	(Cuprimine)	Tier 1	PA; SP
penicillamine oral tablet 250 mg	(Depen Titratabs)	Tier 1	PA; SP
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 2	QL (1.6 ML per 28 days)

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Drug	Status	Notes
Anti-Flam. Interleukin-1 Receptor Antagonist		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	Tier 3	SP
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	Tier 3	PA; SP
Anti-Inflammatory Tumor Necrosis Factor Inhibitor		
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	Tier 3	PA; SP
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	Tier 3	PA; SP
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	Tier 3	PA; SP
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	Tier 2	PA; SP
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	Tier 2	PA; SP
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	Tier 2	PA; SP
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	Tier 2	PA; SP
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 2	PA; SP
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 2	PA; SP
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 2	PA; SP
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	Tier 2	PA; SP
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	Tier 2	PA; SP

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Drug	Status	Notes
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Tier 2	PA; SP
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	Tier 2	PA; SP
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	Tier 2	PA; SP
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	Tier 2	PA; SP
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	Tier 3	PA; SP
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	Tier 3	PA; SP
Anti-Inflammatory, Pyrimidine Synthesis Inhibitor		
leflunomide oral tablet 10 mg, 20 mg (Arava)	Tier 1	
Anti-Inflammatory,Phosphodiesterase-4(Pde4) Inhib.		
OTEZLA ORAL TABLET 30 MG	Tier 2	PA; SP
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	Tier 2	PA; SP
Antinflammatory, Sel.Costim.Mod.,T-Cell Inhibitor		
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	Tier 3	PA; SP
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	Tier 3	PA; SP
Bradykinin B2 Receptor Antagonists		
icatibant subcutaneous syringe 30 mg/3 ml (Firazyr)	Tier 1	PA; SP
C1 Esterase Inhibitors		
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	Tier 3	PA; SP

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Drug	Status	Notes
BERINERT INTRAVENOUS RECON SOLN 500 UNIT (10 ML)	Tier 3	PA; SP
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	Tier 3	PA; SP
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	Tier 3	PA; SP
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT	Tier 3	PA; SP
Glucocorticoids		
A-HYDROCORT INJECTION RECON SOLN 100 MG	Tier 1	
BETALOAN SUIK KIT 6 MG/ML	Tier 3	
budesonide oral capsule,delayed,extend.release 3 mg (Entocort EC)	Tier 1	
budesonide oral tablet,delayed and ext.release 9 mg (Uceris)	Tier 1	ST: Requires prior prescription for Balsalazide Disodium within the past 120 days
cortisone oral tablet 25 mg	Tier 1	
DECADRON ORAL TABLET 0.5 MG, 0.75 MG, 4 MG, 6 MG	Tier 1	
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	Tier 3	
dexamethasone oral elixir 0.5 mg/5 ml	Tier 1	
dexamethasone oral solution 0.5 mg/5 ml	Tier 1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 4 mg, 6 mg (Decadron)	Tier 1	
dexamethasone oral tablet 1 mg, 1.5 mg, 2 mg	Tier 1	
DEXONTO IONTOPHORETIC SOLUTION 0.4 %	Tier 3	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	Tier 3	PA; SP
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG	Tier 3	PA; SP
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg (Cortef)	Tier 1	
MEDROL ORAL TABLET 2 MG	Tier 2	

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Drug		Status	Notes
MEDROLOAN II SUIK KIT 40 MG/ML		Tier 3	
MEDROLOAN SUIK KIT 40 MG/ML		Tier 3	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	(Medrol)	Tier 1	
methylprednisolone oral tablets,dose pack 4 mg	(Medrol (Pak))	Tier 1	
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 D40G KIT 40 MG/ML		Tier 3	
P-CARE D80G KIT 40 MG/ML		Tier 3	
P-CARE K40G KIT 40 MG/ML		Tier 3	
P-CARE K80G KIT 40 MG/ML		Tier 3	
POD-CARE 100CG KIT 6 MG/ML		Tier 3	
POD-CARE 100KG KIT 40 MG/ML		Tier 3	
prednisolone oral solution 15 mg/5 ml		Tier 1	
prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml)		Tier 1	
prednisolone sodium phosphate oral solution 20 mg/5 ml (4 mg/ml)	(Veripred 20)	Tier 1	
prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)	(Pediapred)	Tier 1	
prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg	(Orapred ODT)	Tier 1	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML		Tier 2	
prednisone oral solution 5 mg/5 ml		Tier 1	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg		Tier 1	
prednisone oral tablets,dose pack 10 mg, 5 mg		Tier 1	
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 100 MG/2 ML		Tier 3	

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Drug	Status	Notes
SOLU-CORTEF INJECTION RECON SOLN 100 MG	Tier 3	
TRILOAN II SUIK KIT 40 MG/ML	Tier 3	
TRILOAN SUIK KIT 40 MG/ML	Tier 3	
Gold Salts		
RIDAURA ORAL CAPSULE 3 MG	Tier 3	
Immunomodulator,B-Lymphocyte Stim(Blys)-Spec Inhib		
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	Tier 3	PA; SP
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	Tier 3	PA; SP
Interleukin-6 (Il-6) Receptor Inhibitors		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	Tier 3	PA; SP
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	Tier 3	PA; SP
Janus Kinase (Jak) Inhibitors		
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG	Tier 2	PA; SP
XELJANZ ORAL TABLET 10 MG, 5 MG	Tier 2	PA; SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	Tier 2	PA; SP
Mineralocorticoids		
fludrocortisone oral tablet 0.1 mg	Tier 1	
Monoclonal Antibody-Human Interleukin 12/23 Inhib		
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	Tier 2	PA; SP
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	Tier 2	PA; SP
Nsaid & Topical Irritant Counter-Irritant Comb.		
COMFORT PAC-IBUPROFEN KIT 800 MG	Tier 3	
COMFORT PAC-MELOXICAM KIT 15 MG	Tier 3	

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Drug		Status	Notes
COMFORT PAC-NAPROXEN KIT 500 MG		Tier 3	
Nsaids (Cox Non-Specific Inhib)& Prostaglandin Cmb			
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg	(Arthrotec 50)	Tier 1	
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg	(Arthrotec 75)	Tier 1	
Nsaids, Cyclooxygenase 2 Inhibitor - Type			
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	(Celebrex)	Tier 1	
Nsaids, Cyclooxygenase Inhibitor-Type			
diclofenac potassium oral tablet 50 mg		Tier 1	
diclofenac sodium oral tablet extended release 24 hr 100 mg	(Voltaren-XR)	Tier 1	
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg		Tier 1	
EC-NAPROXEN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG, 500 MG		Tier 1	
etodolac oral capsule 200 mg, 300 mg		Tier 1	
etodolac oral tablet 400 mg	(Lodine)	Tier 1	
etodolac oral tablet 500 mg		Tier 1	
etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg		Tier 1	
flurbiprofen oral tablet 100 mg		Tier 1	
IBU ORAL TABLET 400 MG, 600 MG, 800 MG		Tier 1	
ibuprofen oral suspension 100 mg/5 ml	(Children's Advil)	Tier 1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	(IBU)	Tier 1	
INDOCIN ORAL SUSPENSION 25 MG/5 ML		Tier 2	
indomethacin oral capsule 25 mg, 50 mg		Tier 1	
indomethacin oral capsule, extended release 75 mg		Tier 1	

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Drug		Status	Notes
ketoprofen oral capsule 25 mg, 50 mg, 75 mg		Tier 1	
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg		Tier 1	
ketorolac injection cartridge 15 mg/ml, 30 mg/ml		Tier 1	
ketorolac injection solution 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml)		Tier 1	
ketorolac injection syringe 15 mg/ml, 30 mg/ml		Tier 1	
ketorolac intramuscular cartridge 60 mg/2 ml		Tier 1	
ketorolac intramuscular solution 60 mg/2 ml		Tier 1	
ketorolac intramuscular syringe 60 mg/2 ml		Tier 1	
ketorolac oral tablet 10 mg		Tier 1	QL (20 EA per 5 days)
meclofenamate oral capsule 100 mg, 50 mg		Tier 1	
mefenamic acid oral capsule 250 mg		Tier 1	
meloxicam oral tablet 15 mg, 7.5 mg	(Mobic)	Tier 1	
nabumetone oral tablet 500 mg, 750 mg		Tier 1	
naproxen oral tablet 250 mg, 375 mg		Tier 1	
naproxen oral tablet 500 mg	(Naprosyn)	Tier 1	
naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg	(EC-Naproxen)	Tier 1	
naproxen sodium oral tablet 275 mg		Tier 1	
naproxen sodium oral tablet 550 mg	(Anaprox DS)	Tier 1	
oxaprozin oral tablet 600 mg	(Daypro)	Tier 1	
piroxicam oral capsule 10 mg, 20 mg	(Feldene)	Tier 1	
QMIIZ ODT ORAL TABLET,DISINTEGRATING 15 MG, 7.5 MG		Tier 3	ST: Requires prior prescription for Meloxicam within the past 120 days; QL (1 EA per 1 day)
sulindac oral tablet 150 mg, 200 mg		Tier 1	
tolmetin oral capsule 400 mg		Tier 1	
tolmetin oral tablet 200 mg, 600 mg		Tier 1	
TORONOVA II SUIK KIT 30 MG/ML		Tier 3	
TORONOVA SUIK KIT 30 MG/ML		Tier 3	

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Drug	Status	Notes
Plasma Kallikrein Inhibitors		
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	Tier 3	PA; SP
Local Anesthesia		
Local Anesthetics		
GLYDO MUCOUS MEMBRANE JELLY IN APPLICATOR 2 %	Tier 1	
KOVANAZE NASAL NASAL SPRAY SYRINGE 6-0.1 MG/0.2 ML	Tier 3	
lidocaine hcl mucous membrane jelly 2 %	Tier 1	
lidocaine hcl mucous membrane jelly in applicator 2 % (Glydo)	Tier 1	
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	Tier 1	
LIDOCAINE VISCOUS MUCOUS MEMBRANE SOLUTION 2 %	Tier 1	
MARVONA SUIK (PF) KIT 0.5 % (5 MG/ML)	Tier 3	
P-CARE MG (PF) KIT 0.5 % (5 MG/ML)	Tier 3	
Periodontal Anesthetics		
ORAQIX DENTAL CARTRIDGE 2.5-2.5 %	Tier 3	
Lower Gastrointestinal Disorders - Bowel Inflammat		
Bowel Antiinflamatory Agents		
sulfadiazine oral tablet 500 mg	Tier 1	
Chronic Inflam. Colon Dx, 5-A-Salicylat,Rectal Tx		
mesalamine rectal enema 4 gram/60 ml (Rowasa)	Tier 1	
mesalamine rectal suppository 1,000 mg (Canasa)	Tier 1	
mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml (Rowasa)	Tier 1	
Drug Tx-Chronic Inflam. Colon Dx,5-Aminosalicylat		
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR 0.375 GRAM	Tier 2	
balsalazide oral capsule 750 mg (Colazal)	Tier 1	

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Drug		Status	Notes
LIALDA ORAL TABLET,DELAYED RELEASE (DR/EC) 1.2 GRAM		Tier 1	
mesalamine oral capsule,extended release 24hr 0.375 gram	(Apriso)	Tier 1	
mesalamine oral tablet,delayed release (dr/ec) 800 mg	(Asacol HD)	Tier 1	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG		Tier 2	
sulfasalazine oral tablet 500 mg	(Azulfidine)	Tier 1	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	(Azulfidine EN-tabs)	Tier 1	
Hemorrhoidal Prep, Anti-Infam Steroid/Local Anesth			
ANA-LEX KIT RECTAL KIT 2-2 %		Tier 1	
hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %	(Analpram-HC)	Tier 1	
hydrocortisone-pramoxine rectal cream 2.5-1 % (4g)	(Analpram-HC Singles)	Tier 1	
lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %		Tier 1	
lidocaine hcl-hydrocortison ac rectal gel 3 %-2.5 % (7 gram)		Tier 1	
lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram), 3-0.5 %, 3-1 % (7 gram)		Tier 1	
lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %		Tier 1	
lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)		Tier 1	
PROCORT RECTAL CREAM 1.85-1.15 %		Tier 3	
PROCTOFOAM HC RECTAL FOAM 1-1 %		Tier 2	
ZYPRAM RECTAL KIT,CREAM AND TOWELETTE 2.35-1 %		Tier 3	
Ibs Agents,Mixed Opioid Recep Agonists/Antagonists			
VIBERZI ORAL TABLET 100 MG, 75 MG		Tier 3	PA

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Drug	Status	Notes
Irritable Bowel Agents,Guanylate Cylase-C Agonist		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	Tier 2	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	
hydrocortisone acetate rectal suppository 25 mg (Anucort-HC)	Tier 1	
hydrocortisone acetate rectal suppository 30 mg (Proctocort)	Tier 1	
Rectal/Lower Bowel Prep.,Glucocort. (Non-Hemorr)		
COLOCORT RECTAL ENEMA 100 MG/60 ML	Tier 1	
CORTIFOAM RECTAL FOAM 10 % (80 MG)	Tier 3	
hydrocortisone rectal enema 100 mg/60 ml (Colocort)	Tier 1	
UCERIS RECTAL FOAM 2 MG/ACTUATION	Tier 3	ST: Requires prior prescription for Mesalamine W/cleansing Wipes or Mesalamine within the past 120 days
Lower Gastrointestinal Disorders - Other		
Ammonia Inhibitors		
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	Tier 3	SP
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	
RAVICTI ORAL LIQUID 1.1 GRAM/ML	Tier 3	PA; SP
sodium phenylbutyrate oral powder 0.94 gram/gram (Buphenyl)	Tier 1	PA; SP

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Drug		Status	Notes
sodium phenylbutyrate oral tablet 500 mg	(Buphenyl)	Tier 1	PA; SP
Antidiarrheal - G.I. Chloride Channel Inhibitors			
MYTESI ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG		Tier 3	ST: Requires prior prescription for Antiretrovirals within the past 120 days; QL (2 EA per 1 day)
Antidiarrheal - Tryptophan Hydroxylase Inhibitor			
XERMELO ORAL TABLET 250 MG		Tier 2	PA; SP
Antidiarrheals			
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml		Tier 1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	(Lomotil)	Tier 1	
loperamide oral capsule 2 mg	(Anti-Diarrheal (loperamide))	Tier 1	
opium tincture oral tincture 10 mg/ml (morphine)		Tier 1	
paregoric oral liquid 2 mg/5 ml		Tier 1	
Bile Salts			
CHENODAL ORAL TABLET 250 MG		Tier 3	PA; SP
CHOLBAM ORAL CAPSULE 250 MG, 50 MG		Tier 3	PA; SP
ursodiol oral capsule 300 mg	(Actigall)	Tier 1	
ursodiol oral tablet 250 mg	(URSO 250)	Tier 1	
ursodiol oral tablet 500 mg	(URSO Forte)	Tier 1	
Farnesoid X Receptor (Fxr) Agonist, Bile Ac Analog			
OCALIVA ORAL TABLET 10 MG, 5 MG		Tier 2	PA; SP
Irritable Bowel Synd. Agent,5Ht-3 Antagonist-Type			
alosetron oral tablet 0.5 mg, 1 mg	(Lotronex)	Tier 1	

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Drug	Status	Notes
Laxatives And Cathartics		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	Tier 3	ST: Requires prior prescription for Linzess or Movantik within the past 120 days; QL (2 EA per 1 day)
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM -12 GRAM/160 ML	Tier 2	$0 COPAY IF AGE 50-75 YEARS
CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML	Tier 1	
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM	Tier 1	$0 COPAY IF AGE 50-75 YEARS
GAVILYTE-G ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	Tier 1	$0 COPAY IF AGE 50-75 YEARS
GAVILYTE-N ORAL RECON SOLN 420 GRAM	Tier 1	$0 COPAY IF AGE 50-75 YEARS
GOLYTELY ORAL POWDER IN PACKET 227.1-21.5-6.36 GRAM	Tier 2	$0 COPAY IF AGE 50-75 YEARS
lactulose oral solution 10 gram/15 ml (Constulose)	Tier 1	
lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml	Tier 1	
MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM	Tier 3	$0 COPAY IF AGE 50-75 YEARS
OSMOPREP ORAL TABLET 1.5 GRAM	Tier 3	$0 COPAY IF AGE 50-75 YEARS
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram (GaviLyte-G)	Tier 1	$0 COPAY IF AGE 50-75 YEARS
peg-electrolyte soln oral recon soln 420 gram (GaviLyte-N)	Tier 1	$0 COPAY IF AGE 50-75 YEARS
PEG-PREP ORAL KIT 5-210 MG-GRAM	Tier 1	$0 COPAY IF AGE 50-75 YEARS
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	Tier 3	$0 COPAY IF AGE 50-75 YEARS
PREPOPIK ORAL POWDER IN PACKET 10 MG-3.5 GRAM-12 GRAM	Tier 2	$0 COPAY IF AGE 50-75 YEARS
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	Tier 2	$0 COPAY IF AGE 50-75 YEARS
TRILYTE WITH FLAVOR PACKETS ORAL RECON SOLN 420 GRAM	Tier 1	$0 COPAY IF AGE 50-75 YEARS

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Drug	Status	Notes
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; QL (3 EA per 1 day)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	Tier 3	PA; QL (0.6 ML per 1 day)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	Tier 3	PA; QL (0.6 ML per 1 day)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	Tier 3	PA; QL (0.4 ML per 1 day)
Sbs - Glucagon-Like Peptide-2 (Glp-2) Analogs		
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	Tier 2	PA; SP
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	Tier 2	PA; SP
Medical Supplies		
Bandages And Related Supplies		
ACESO AG TOPICAL BANDAGE 4 X 4 "	Tier 3	
ACTICOAT DRESSING TOPICAL BANDAGE 16 X 16 ", 4 X 4 ", 4 X 48 ", 4 X 8 ", 8 X 16 "	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	
CARRASYN HYDROGEL WOUND DRESS TOPICAL GEL	Tier 3	
CURAFIL GEL WOUND TOPICAL GEL	Tier 3	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL SPONGE 0.2 %- 2" X 2"	Tier 3	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL STRIP 0.2 %- 1/2" X 3 FEET	Tier 3	
CURITY AMD TOPICAL BANDAGE 1 X 5 "-YARD, 1/4 X 36 "	Tier 3	

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Drug	Status	Notes
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	
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 (HYDROCOLLOID-HONEY) TOPICAL BANDAGE 2 X 2 ", 4 X 5 "	Tier 3	
OASIS WOUND MATRIX FENESTRATED TOPICAL SHEET 3 X 3.5 CM, 3 X 7 CM	Tier 3	
OASIS WOUND MATRIX MESHED TOPICAL SHEET 5 X 7 CM, 7 X 10 CM, 7 X 20 CM	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	
SPECTRAGEL TOPICAL GEL	Tier 3	
Catheters And Related Devices		
ADVANCE PLUS INTERMITTENT 10 FR, 10-16 FR-", 12 FR, 12-16 FR-", 14-16 FR-", 16-16 FR-", 18-16 FR-", 6-16 FR-", 8-16 FR-"	Tier 3	
ADVANCE PLUS INTERMITTENT COMBO PACK 6 FR, 8-14 FR-"	Tier 3	
APOGEE HC INTERMIT CATHETER 12-16 FR-", 14-16 FR-", 16-16 FR-"	Tier 3	
APOGEE IC INTERMIT CATHETER 14-6 FR-"	Tier 3	
CURITY DRAINAGE BAG 2,000 ML	Tier 3	
DOVER COATED LATEX FOLEY COMBO PACK	Tier 3	

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Drug	Status	Notes
DOVER FOLEY CATHETER 24 FR	Tier 3	
DOVER LATEX FOLEY CATHETER 16 FR, 28 FR	Tier 3	
DOVER RED RUBBER ROBINSON CATH 8 FR	Tier 3	
DOVER UNIVERSAL TRAY	Tier 3	
FEMALE CATHETER 14 FR	Tier 3	
KENGUARD FOLEY CATHETER 18-16 FR-"	Tier 3	
KENGUARD FOLEY CATHETER TRAY	Tier 3	
LOFRIC 12-16 FR-", 14-16 FR-"	Tier 3	
MAGIC3 INTERMITTENT CATHETER 12-16 FR-"	Tier 3	
MONO-FLO DRAINAGE BAG 2,000 ML	Tier 3	
ROBINSON CLEAR VINYL CATHETER 16 FR	Tier 3	
SELF-CATHETER, FEMALE 14 FR	Tier 3	
SILASTIC FOLEY CATHETER 20 FR	Tier 3	
SPEEDICATH (FEMALE) 16 FR	Tier 3	
TOUCH-TROL 10 FR	Tier 3	
VAPRO PLUS INTERMITT CATHETER COMBO PACK 14 FR- 16"	Tier 3	
Durable Medical Equipment,Misc		
ALL FLOW 1000 KIT	Tier 3	
ALL FLOW 1000 PFT FILTER	Tier 3	
ALL FLOW 3000 KIT	Tier 3	
ALL FLOW 3000 PFT FILTER	Tier 3	
ALL FLOW 4000 KIT	Tier 3	
ALL FLOW 4000 PFT FILTER	Tier 3	
ALL FLOW 5000 KIT	Tier 3	
ALL FLOW 5000 PFT FILTER	Tier 3	
ALL FLOW 6000 PFT FILTER	Tier 3	
AMIELLE VAGINAL TRAINER KIT	Tier 3	
ARGYLE TRACHEOSTOMY CARE TRAY	Tier 3	
CEFALY COMBO PACK	Tier 3	
ERAPID NEBULIZER HANDSET	Tier 3	
FILTER PAD	Tier 3	

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Drug	Status	Notes
INNOSPIRE REPLACEMENT FILTER	Tier 3	
INSPIRATION ELITE FILTER	Tier 3	
MOUTHPIECE REUSABLE MW	Tier 3	
NOSE CLIP	Tier 3	
PARI BABY CONV KIT - SIZE 1 KIT	Tier 3	
PARI BABY CONV KIT - SIZE 2 KIT	Tier 3	
PARI BABY CONV KIT - SIZE 3 KIT	Tier 3	
PARI BABY CONVERSION PACK 1	Tier 3	
PARI BABY CONVERSION PACK 2	Tier 3	
PARI LC FILTER WITH VALVE SET	Tier 3	
PARI LC MASK SET	Tier 3	
PARI TREK S PORTABLE PWR KIT	Tier 3	
PILLOW MASK CHILD	Tier 3	
PRO COMFORT TENS ELECTRODE PAD	Tier 3	
PRO COMFORT TENS UNIT COMBO PACK	Tier 3	
PRO-CEPTION VAGINAL	Tier 3	
PRONEB ULTRA FILTER ASSEMBLY	Tier 3	
PRONEB ULTRA II FILTER ASSEM	Tier 3	
REUSABLE NEBULIZER KIT KIT	Tier 3	
RUBBER MOUTHPIECE	Tier 3	
SAMI THE SEAL MASK	Tier 3	
SIDESTREAM MASK	Tier 3	
SILICONE MASK	Tier 3	
SMARTMASK KIDS	Tier 3	
TENS 502 DEVICE	Tier 3	
TENS 504 DEVICE	Tier 3	
Durable Medical Equipment,Misc(Group 1)		
1ST TIER UNILET COMFORTOUCH 28 GAUGE, 30 GAUGE	Tier 2	
ACCU-CHEK FASTCLIX LANCET DRUM	Tier 2	
ACCU-CHEK MULTICLIX LANCET	Tier 2	
ACCU-CHEK SAFE-T-PRO 23 GAUGE	Tier 2	
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE	Tier 2	

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Drug	Status	Notes
ACCU-CHEK SOFTCLIX LANCETS	Tier 2	
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE, 28 GAUGE	Tier 2	
ADVANCED TRAVEL LANCETS 28 GAUGE, 30 GAUGE	Tier 2	
ADVOCATE LANCET 26 GAUGE, 30 GAUGE	Tier 2	
ALTERNATE SITE LANCET 26 GAUGE	Tier 2	
ASSURE HAEMOLANCE PLUS 1.2 MM, 18 GAUGE, 21 GAUGE, 25 GAUGE, 28 GAUGE	Tier 2	
ASSURE LANCE 25 GAUGE, 28 GAUGE	Tier 2	
ASSURE LANCE PLUS 21 GAUGE, 25 GAUGE, 30 GAUGE	Tier 2	
BD MICROTAINER LANCET 1.5 X 2 MM, 21 GAUGE, 30 GAUGE	Tier 2	
BD ULTRA FINE LANCETS 33 GAUGE	Tier 2	
BD ULTRA-FINE II LANCETS 30 GAUGE	Tier 2	
BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 25 GAUGE, 28 GAUGE	Tier 2	
CAREONE THIN LANCET	Tier 2	
CAREONE ULTRA THIN LANCET	Tier 2	
CARESENS LANCETS 30 GAUGE	Tier 2	
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE	Tier 2	
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 2	
CLEVER CHEK LANCETS 30 GAUGE	Tier 2	
COAGUCHEK LANCETS	Tier 2	
COLOR LANCETS 21 GAUGE	Tier 2	
COMFORT EZ LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE	Tier 2	
COMFORT LANCETS	Tier 2	
DROPLET LANCETS 30 GAUGE	Tier 2	
EASY COMFORT LANCETS 30 GAUGE	Tier 2	
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE	Tier 2	

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Drug		Status	Notes
EASY TOUCH SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE		Tier 2	
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE		Tier 2	
EASY TWIST AND CAP LANCETS 28 GAUGE		Tier 2	
EMBRACE LANCETS 30 GAUGE		Tier 2	
E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE		Tier 2	
E-Z JECT THIN LANCETS 28 GAUGE		Tier 2	
EZ SMART LANCETS 28 GAUGE		Tier 2	
EZ-LETS 26 GAUGE		Tier 2	
FIFTY50 SAFETY SEAL LANCETS 30 GAUGE, 32 GAUGE		Tier 2	
FINE 30 UNIVERSAL LANCETS 30 GAUGE		Tier 2	
FINGERSTIX LANCETS		Tier 2	
FORACARE LANCETS 30 GAUGE		Tier 2	
FREESTYLE LANCETS 28 GAUGE		Tier 2	
FREESTYLE UNISTIK 2		Tier 2	
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE		Tier 2	
HEALTHY ACCENTS UNILET LANCET 30 GAUGE		Tier 2	
INCONTROL SUPER THIN LANCETS 30 GAUGE		Tier 2	
INCONTROL ULTRA THIN LANCETS 28 GAUGE		Tier 2	
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE		Tier 2	
INVACARE LANCETS 30 GAUGE		Tier 2	
lancets	(Accu-Chek Fastclix Lancet Drum)	Tier 2	
lancets 21 gauge	(Assure Haemolance Plus)	Tier 2	
lancets 26 gauge	(Advocate Lancet)	Tier 2	
lancets 28 gauge, 30 gauge	(1st Tier Unilet ComforTouch)	Tier 2	

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Drug	Status	Notes
lancets 33 gauge (BD Ultra Fine Lancets)	Tier 2	
LANCETS, SUPER THIN	Tier 2	
LANCETS,THIN , 23 GAUGE, 28 GAUGE	Tier 2	
LANCETS,ULTRA THIN , 26 GAUGE	Tier 2	
LITE TOUCH LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 2	
MEDISENSE THIN LANCETS 28 GAUGE	Tier 2	
MEDLANCE PLUS LANCETS 21 GAUGE, 25 GAUGE, 30 GAUGE	Tier 2	
MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM	Tier 2	
MICRO THIN LANCETS 33 GAUGE	Tier 2	
MICROLET LANCET	Tier 2	
MONOLET LANCETS 21 GAUGE	Tier 2	
MONOLET THIN LANCETS 28 GAUGE	Tier 2	
MYGLUCOHEALTH LANCETS 30 GAUGE	Tier 2	
NOVA SAFETY LANCETS 23 GAUGE, 28 GAUGE	Tier 2	
NOVA SUREFLEX LANCETS	Tier 2	
ON CALL LANCET 30 GAUGE	Tier 2	
ON CALL PLUS LANCET 30 GAUGE	Tier 2	
ONETOUCH DELICA LANCETS 30 GAUGE, 33 GAUGE	Tier 2	
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE	Tier 2	
ONETOUCH SURESOFT LANCING DEV 28 GAUGE	Tier 2	
ONETOUCH ULTRASOFT LANCETS	Tier 2	
ON-THE-GO LANCETS 30 GAUGE	Tier 2	
PIP LANCET 28 GAUGE, 30 GAUGE	Tier 2	
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE	Tier 2	
PRO COMFORT LANCET 30 GAUGE, 31 GAUGE	Tier 2	
PRODIGY LANCETS 26 GAUGE, 28 GAUGE	Tier 2	

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

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Drug	Status	Notes
SURE COMFORT LANCETS 18 GAUGE, 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE	Tier 2	
SURE-LANCE , 26 GAUGE, 28 GAUGE	Tier 2	
SURE-LANCE ULTRA THIN 30 GAUGE	Tier 2	
SURE-TOUCH LANCET	Tier 2	
TECHLITE LANCETS 25 GAUGE, 28 GAUGE, 30 GAUGE	Tier 2	
TELCARE LANCETS 30 GAUGE	Tier 2	
THIN LANCETS 26 GAUGE	Tier 2	
TOPCARE UNIVERSAL1 LANCET , 33 GAUGE	Tier 2	
TRUE COMFORT LANCET 30 GAUGE	Tier 2	
TRUEPLUS LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 2	
TWIST LANCETS 30 GAUGE, 32 GAUGE	Tier 2	
ULTILET BASIC LANCETS 30 GAUGE	Tier 2	
ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 2	
ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 2	
ULTILET SAFETY LANCETS 23 GAUGE	Tier 2	
ULTRA FINE LANCETS 30 GAUGE	Tier 2	
ULTRA THIN II LANCETS 30 GAUGE	Tier 2	
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 31 GAUGE, 33 GAUGE	Tier 2	
ULTRA THIN PLUS LANCETS 33 GAUGE	Tier 2	
ULTRA TLC LANCETS	Tier 2	
ULTRA-CARE LANCETS 30 GAUGE	Tier 2	
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE	Tier 2	
ULTRA-THIN II LANCETS 28 GAUGE	Tier 2	
UNILET COMFORTOUCH LANCET , 26 GAUGE	Tier 2	
UNILET EXCELITE II LANCET	Tier 2	
UNILET EXCELITE LANCET	Tier 2	

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Drug	Status	Notes
UNILET GP LANCET	Tier 2	
UNILET LANCET 28 GAUGE, 33 GAUGE	Tier 2	
UNILET LANCETS 30 GAUGE	Tier 2	
UNILET SUPER THIN LANCETS 30 GAUGE	Tier 2	
UNISTIK 3 COMFORT LANCET	Tier 2	
UNISTIK 3 EXTRA LANCET 21 GAUGE	Tier 2	
UNISTIK 3 GENTLE 30 GAUGE	Tier 2	
UNISTIK 3 LANCETS 21 GAUGE	Tier 2	
UNISTIK 3 NORMAL LANCET 23 GAUGE	Tier 2	
UNISTIK CZT LANCET 23 GAUGE, 28 GAUGE	Tier 2	
UNISTIK PRO LANCET 21 GAUGE, 25 GAUGE, 28 GAUGE	Tier 2	
UNISTIK SAFETY 28 GAUGE, 30 GAUGE	Tier 2	
UNISTIK TOUCH LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE	Tier 2	
UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE	Tier 2	
VIVAGUARD LANCET 30 GAUGE	Tier 2	
Feeding Devices		
ENTERAL GRAVITY BAG SET-ENFIT	Tier 3	
KANGAROO 924 SAFETY SCREW	Tier 3	
KANGAROO EPUMP SET	Tier 3	
KANGAROO GRAVITY SET	Tier 3	
RELIZORB CARTRIDGE	Tier 3	
Incontinence Supplies		
FLEXI-SEAL SIGNAL FMS RECTAL	Tier 3	
Medical Supplies,Miscellaneous		
VARITHENA ADMINISTRATION PACK	Tier 3	
Medical Supplies,Miscellaneous(Group 2)		
EAR POPPER INFLATION DEVICE NASAL DEVICE	Tier 3	
PCCA ACCUPEN-15 DEVICE	Tier 3	

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Drug	Status	Notes
Medical Supplies,Miscellaneous(Group 3)		
COMFORT INFUSION SET 31" INFUSION SET	Tier 3	
COMFORT SHORT INFUSION SET 23" INFUSION SET	Tier 3	
COMFORT SHORT INFUSION SET 31" INFUSION SET	Tier 3	
COMFORT SHORT INFUSION SET 43" INFUSION SET	Tier 3	
INFUSION SET 23" INFUSION SET	Tier 3	
myelogram tray tray	Tier 3	
SILHOUETTE 23"-FULL SET INFUSION SET	Tier 3	
SILHOUETTE 43"-FULL SET INFUSION SET	Tier 3	
SILHOUETTE INFUSION SET	Tier 3	
SOF-SET CANNULA 24" TUBING INFUSION SET	Tier 3	
SOF-SET INFUSION SET	Tier 3	
SOF-SET MICRO 24" POLYFIN TUB INFUSION SET	Tier 3	
SOF-SET MICRO 42" POLYFIN TUB INFUSION SET	Tier 3	
SOF-SET QR 42" TUBING INFUSION SET	Tier 3	
Parenteral Administration Sets		
ACCU-CHEK LINKASSIST INS DEV	Tier 3	
ACCU-CHEK RAPID-D LINK 70 CM	Tier 3	
ACCU-CHEK RAPID-D LINK INFUSION SET 10 X 20 MM-CM	Tier 3	
ACCU-CHEK SPIRIT ADAPTER	Tier 3	
ACCU-CHEK SPIRIT CARTRIDGE SYS	Tier 3	
ACCU-CHEK SPIRIT CLIP CASE	Tier 3	
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	

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Drug	Status	Notes
FILTERED EXTENSION SET INFUSION SET	Tier 3	
HI-VOLUME PUMPING CHAMBER SET	Tier 3	
INSET 30 TUBING 23" BLUE	Tier 3	
INSET 30 TUBING 23" GREY	Tier 3	
INSET 30 TUBING 23" PINK	Tier 3	
INSET 30 TUBING 43" GREY	Tier 3	
INSUFLON INFUSION SET 25 X 18 MM	Tier 3	
INSYTE IV CATHETER INFUSION SET 14 X 1.75 ", 20 X 1.16 "	Tier 3	
I-PORT	Tier 3	
I-PORT ADVANCE 6 MM INJEC PORT	Tier 3	
I-PORT ADVANCE 9 MM INJEC PORT	Tier 3	
MICROBORE EXTENSION SET INFUSION SET	Tier 3	
MONOJECT LUER ADAPTER INTRAVENOUS ADMIX ACCESSORY	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	
PARADIGM INFUSION SET	Tier 3	
PARADIGM SILHOUETTE INFUS SET	Tier 3	
PHASEAL ASSEMBLY FIXTURE DEVICE	Tier 3	
PHASEAL CONNECTOR LUER LOCK	Tier 3	
PHASEAL INFUSION ADAPTER	Tier 3	
PHASEAL INFUSION CLAMP	Tier 3	
PHASEAL INJECTOR LUER	Tier 3	
PHASEAL INJECTOR LUER LOCK	Tier 3	
PHASEAL SECONDARY SET INFUSION SET	Tier 3	
PHASEAL Y-SITE	Tier 3	
POLYFIN QR INFUSION SET	Tier 3	
POLYFIN QR/WINGS INFUSION SET	Tier 3	
RATE FLOW REGULATOR IV SET INFUSION SET	Tier 3	
SILHOUETTE	Tier 3	

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Drug	Status	Notes
SURE-T INFUSION SET	Tier 3	
Syringes And Accessories		
ADVOCATE SYRINGES SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 2	
ASSURE ID INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 2	
BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2"	Tier 2	
BD INSULIN SYRINGE HALF UNIT SYRINGE 0.3 ML 31 GAUGE X 5/16"	Tier 2	
BD INSULIN SYRINGE MICRO-FINE SYRINGE 1 ML 28 GAUGE X 1/2"	Tier 2	
BD INSULIN SYRINGE SAFETY-LOK SYRINGE 1 ML 29 GAUGE X 1/2"	Tier 2	
BD INSULIN SYRINGE SLIP TIP SYRINGE 1 ML	Tier 2	
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	
BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64"	Tier 2	
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	Tier 2	
BD LO-DOSE MICRO-FINE IV SYRINGE 1/2 ML 28 GAUGE X 1/2"	Tier 2	

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

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Drug	Status	Notes
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16	Tier 2	
EASY COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1 ML 32 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16"	Tier 2	
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	
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	
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	

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Drug		Status	Notes
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	
EASY TOUCH LUER LOCK INSULIN SYRINGE 1 ML		Tier 2	
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	
EASY TOUCH UNI-SLIP SYRINGE 1 ML		Tier 2	
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	
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	
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	
insulin syr/ndl u100 half mark syringe 0.3 ml 31 gauge x 1/4"	(UltiCare Insulin Syr Half Unit)	Tier 2	
INSULIN SYRINGE MICROFINE SYRINGE 1 ML 27 GAUGE X 5/8", 1/2 ML 28 GAUGE X 1/2"		Tier 2	
insulin syringe needleless syringe 1 ml	(BD Insulin Syringe Slip Tip)	Tier 2	

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Drug		Status	Notes
INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"		Tier 2	
insulin syringe-needle u-100 syringe 0.3 ml 29 gauge	(Ultilet Insulin Syringe)	Tier 2	
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	
insulin syringe-needle u-100 syringe 0.3 ml 30	(Ultra Comfort Insulin Syringe)	Tier 2	
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	
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	
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	
insulin syringe-needle u-100 syringe 1 ml 27 gauge x 1/2", 1 ml 28 gauge x 1/2"	(BD Insulin Syringe)	Tier 2	
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	
insulin syringe-needle u-100 syringe 1 ml 29 gauge x 7/16"		Tier 2	
insulin syringe-needle u-100 syringe 1 ml 30 gauge x 1/2"	(BD Eclipse Luer-Lok)	Tier 2	
insulin syringe-needle u-100 syringe 1 ml 30 gauge x 3/8"	(Thinpro Insulin Syringe)	Tier 2	
insulin syringe-needle u-100 syringe 1/2 ml 27 gauge x 1/2"	(Easy Touch Insulin Syringe)	Tier 2	
insulin syringe-needle u-100 syringe 1/2 ml 28 gauge x 1/2"	(BD Lo-Dose Micro-Fine IV)	Tier 2	
INTERLINK LEVER LOCK CANNULA		Tier 3	
KENDALL DISINFECTANT CAP		Tier 3	

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Drug	Status	Notes
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	
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	
MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16"	Tier 2	
MAXICOMFORT INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2"	Tier 2	
MAXI-COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	Tier 2	
MINIMED SYRINGE RESERVOIR 1.8 ML, 3 ML	Tier 3	
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	

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Drug	Status	Notes
MONOJECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML , 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	Tier 2	
MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE	Tier 2	
MONOJECT ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE	Tier 2	
PARADIGM RESERVOIR 1.8 ML, 3 ML	Tier 3	
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	
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	
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	
SURE COMFORT INS. SYR. U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	Tier 2	

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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	
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	
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	
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	

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Drug	Status	Notes
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	
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	
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	
TRUE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16	Tier 2	
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	
ULTICARE INSULIN SYR HALF UNIT SYRINGE 0.3 ML 31 GAUGE X 1/4"	Tier 2	
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	

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Drug	Status	Notes
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	
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	
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	
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	
ULTRA FLO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2"	Tier 2	
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	

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Drug	Status	Notes
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	
ULTRA-THIN II INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 2	
VANISHPOINT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 3/16"	Tier 2	
VANISHPOINT SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 2	
Miscellaneous Agents		
Amyloidosis Agents-Transthyretin (Ttr) Suppression		
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML	Tier 3	PA; SP
Anaphylaxis Therapy Agents		
epinephrine injection auto-injector 0.15 mg/0.15 ml (Auvi-Q)	Tier 1	QL (4 EA per 1 FILL)
epinephrine injection auto-injector 0.15 mg/0.3 ml (EpiPen Jr)	Tier 1	QL (4 EA per 1 FILL)
epinephrine injection auto-injector 0.3 mg/0.3 ml (EpiPen)	Tier 1	QL (4 EA per 1 FILL)
EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	Tier 2	QL (4 EA per 1 FILL)
EPIPEN INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	Tier 2	QL (4 EA per 1 FILL)
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	Tier 2	QL (4 EA per 1 FILL)
EPIPEN JR INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	Tier 2	QL (4 EA per 1 FILL)
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML	Tier 2	QL (4 EA per 1 FILL)
Miscellaneous Agents		
NEXAVIR INJECTION SOLUTION 25.5 MG/ML	Tier 3	

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Drug	Status	Notes
Parasympathetic Agents		
bethanechol chloride oral tablet 10 mg, 5 mg	Tier 1	
bethanechol chloride oral tablet 25 mg, 50 mg (Urecholine)	Tier 1	
cevimeline oral capsule 30 mg (Evoxac)	Tier 1	
guanidine oral tablet 125 mg	Tier 1	
pilocarpine hcl oral tablet 5 mg, 7.5 mg (Salagen (pilocarpine))	Tier 1	
Pharmacological Chaperone-Alpha-Galactosid.A Stabz		
GALAFOLD ORAL CAPSULE 123 MG	Tier 3	PA; SP
Pku Treatment Agents - Phenylalanine Ammonia Lyase		
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	Tier 2	PA; SP
Pku Tx Agent-Cofactor Of Phenylalanine Hydroxylase		
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG	Tier 2	PA; SP
KUVAN ORAL TABLET,SOLUBLE 100 MG	Tier 2	PA; SP
Systemic Enzyme Inhibitors		
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	Tier 3	SP
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	Tier 3	SP
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	Tier 3	SP
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG	Tier 3	SP
Topical Anticholinergic Hyperhidrosis Tx Agents		
QBREXZA TOPICAL TOWELETTE 2.4 %	Tier 3	PA
Neoplastic Disease		
Alkylating Agents		
cyclophosphamide oral capsule 25 mg, 50 mg	Tier 1	SP

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Drug		Status	Notes
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG		Tier 3	PA; SP
hydroxyurea oral capsule 500 mg	(Hydrea)	Tier 1	
LEUKERAN ORAL TABLET 2 MG		Tier 2	SP
melphalan oral tablet 2 mg	(Alkeran)	Tier 1	
MYLERAN ORAL TABLET 2 MG		Tier 2	SP
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	(Temodar)	Tier 1	PA; SP
Antiandrogenic Agents			
abiraterone oral tablet 250 mg	(Zytiga)	Tier 1	PA; SP
bicalutamide oral tablet 50 mg	(Casodex)	Tier 1	
ERLEADA ORAL TABLET 60 MG		Tier 2	PA; SP
flutamide oral capsule 125 mg		Tier 1	
nilutamide oral tablet 150 mg	(Nilandron)	Tier 1	SP; QL (2 EA per 1 day)
NUBEQA ORAL TABLET 300 MG		Tier 2	PA; SP
XTANDI ORAL CAPSULE 40 MG		Tier 2	PA; SP
YONSA ORAL TABLET 125 MG		Tier 3	PA; SP; QL (4 EA per 1 day)
ZYTIGA ORAL TABLET 500 MG		Tier 2	PA; SP
Antimetabolites			
capecitabine oral tablet 150 mg	(Xeloda)	Tier 1	PA; SP; QL (28 EA per 21 days)
capecitabine oral tablet 500 mg	(Xeloda)	Tier 1	PA; SP; QL (112 EA per 21 days)
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG		Tier 2	PA; SP
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 2	SP; ST: Requires prior prescription for Mercaptopurine within the past 120 days
TABLOID ORAL TABLET 40 MG		Tier 2	SP

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Drug	Status	Notes
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	Tier 2	
XATMEP ORAL SOLUTION 2.5 MG/ML	Tier 3	SP; ST: Requires prior prescription for Methotrexate tablets or injection solution within the past 120 days if 12 years of age and older; QL (120 ML per 60 days)
Antineoplastic Aromatase Inhibitors		
anastrozole oral tablet 1 mg (Arimidex)	Tier 1	
exemestane oral tablet 25 mg (Aromasin)	Tier 1	
letrozole oral tablet 2.5 mg (Femara)	Tier 1	
Antineoplastic - Braf Kinase Inhibitors		
BRAFTOVI ORAL CAPSULE 50 MG, 75 MG	Tier 2	PA; SP; QL (6 EA per 1 day)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	Tier 2	PA; SP
ZELBORAF ORAL TABLET 240 MG	Tier 2	PA; SP; QL (8 EA per 1 day)
Antineoplastic - Hedgehog Pathway Inhibitor		
DAURISMO ORAL TABLET 100 MG, 25 MG	Tier 2	PA; SP
ERIVEDGE ORAL CAPSULE 150 MG	Tier 2	PA; SP; QL (1 EA per 1 day)
ODOMZO ORAL CAPSULE 200 MG	Tier 2	PA; SP
Antineoplastic - Janus Kinase (Jak) Inhibitors		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	Tier 2	PA; SP
Antineoplastic - Mek1 And Mek2 Kinase Inhibitors		
COTELLIC ORAL TABLET 20 MG	Tier 2	PA; SP; QL (63 EA per 28 days)
MEKINIST ORAL TABLET 0.5 MG, 2 MG	Tier 2	PA; SP
MEKTOVI ORAL TABLET 15 MG	Tier 2	PA; SP; QL (6 EA per 1 day)

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Drug	Status	Notes
Antineoplastic - Mtor Kinase Inhibitors		
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	Tier 2	PA; SP
AFINITOR ORAL TABLET 10 MG, 2.5 MG	Tier 2	PA; SP
everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg (Afinitor)	Tier 1	PA; SP
Antineoplastic - Protein Methyltransferase Inhibit		
TAZVERIK ORAL TABLET 200 MG	Tier 2	PA; SP
Antineoplastic - Topoisomerase I Inhibitors		
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	Tier 2	SP
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 3	PA; SP
Antineoplastic Immunomodulator Agents		
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	Tier 2	PA; SP
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	Tier 2	PA; SP
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG	Tier 3	SP
Antineoplastic Lhrh(Gnrh) Antagonist,Pituit.Supprs		
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	Tier 3	SP; QL (2 EA per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	Tier 3	SP; QL (1 EA per 30 days)
FIRMAGON SUBCUTANEOUS RECON SOLN 120 MG	Tier 3	SP; QL (2 EA per 365 days)

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Drug	Status	Notes
Antineoplastic Systemic Enzyme Inhibitors		
ALECENSA ORAL CAPSULE 150 MG	Tier 2	PA; SP
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	Tier 3	PA; SP
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	Tier 3	PA; SP
AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG	Tier 2	PA; SP
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	Tier 2	PA; SP
BOSULIF ORAL TABLET 100 MG	Tier 2	PA; SP; QL (3 EA per 1 day)
BOSULIF ORAL TABLET 400 MG, 500 MG	Tier 2	PA; SP; QL (1 EA per 1 day)
BRUKINSA ORAL CAPSULE 80 MG	Tier 2	PA; SP
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	Tier 2	PA; SP
CALQUENCE ORAL CAPSULE 100 MG	Tier 2	PA; SP
CAPRELSA ORAL TABLET 100 MG	Tier 3	PA; SP; QL (2 EA per 1 day)
CAPRELSA ORAL TABLET 300 MG	Tier 3	PA; SP; QL (1 EA per 1 day)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	Tier 2	PA; SP; QL (112 EA per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	Tier 3	PA; SP
erlotinib oral tablet 100 mg, 150 mg, 25 mg (Tarceva)	Tier 1	PA; SP
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	Tier 2	PA; SP
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	Tier 2	PA; SP
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	Tier 2	PA; SP
ICLUSIG ORAL TABLET 15 MG	Tier 2	PA; SP; QL (2 EA per 1 day)

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Drug	Status	Notes
ICLUSIG ORAL TABLET 45 MG	Tier 2	PA; SP; QL (1 EA per 1 day)
imatinib oral tablet 100 mg (Gleevec)	Tier 1	PA; SP; QL (3 EA per 1 day)
imatinib oral tablet 400 mg (Gleevec)	Tier 1	PA; SP; QL (2 EA per 1 day)
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	Tier 2	PA; SP
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	Tier 2	PA; SP
INLYTA ORAL TABLET 1 MG	Tier 2	PA; SP; QL (6 EA per 1 day)
INLYTA ORAL TABLET 5 MG	Tier 2	PA; SP; QL (4 EA per 1 day)
INREBIC ORAL CAPSULE 100 MG	Tier 2	PA; SP
IRESSA ORAL TABLET 250 MG	Tier 2	PA; SP
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	Tier 3	PA; SP
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	Tier 2	PA; SP
LORBRENA ORAL TABLET 100 MG, 25 MG	Tier 2	PA; SP
LYNPARZA ORAL TABLET 100 MG, 150 MG	Tier 2	PA; SP
NERLYNX ORAL TABLET 40 MG	Tier 3	PA; SP
NEXAVAR ORAL TABLET 200 MG	Tier 2	PA; SP; QL (4 EA per 1 day)
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	Tier 2	PA; SP
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	Tier 2	PA; SP

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Drug	Status	Notes
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	Tier 2	PA; SP
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	Tier 3	PA; SP; QL (4 EA per 1 day)
RYDAPT ORAL CAPSULE 25 MG	Tier 2	PA; SP
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	Tier 2	PA; SP
STIVARGA ORAL TABLET 40 MG	Tier 2	PA; SP; QL (3 EA per 1 day)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	Tier 2	PA; SP; QL (1 EA per 1 day)
TAGRISSO ORAL TABLET 40 MG, 80 MG	Tier 2	PA; SP
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG	Tier 2	PA; SP
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	Tier 2	PA; SP; QL (4 EA per 1 day)
TURALIO ORAL CAPSULE 200 MG	Tier 2	PA; SP
TYKERB ORAL TABLET 250 MG	Tier 2	PA; SP
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 2	PA; SP
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	Tier 2	PA; SP
VITRAKVI ORAL SOLUTION 20 MG/ML	Tier 2	PA; SP
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	Tier 2	PA; SP
VOTRIENT ORAL TABLET 200 MG	Tier 2	PA; SP; QL (4 EA per 1 day)
XALKORI ORAL CAPSULE 200 MG, 250 MG	Tier 2	PA; SP
XOSPATA ORAL TABLET 40 MG	Tier 2	PA; SP
ZEJULA ORAL CAPSULE 100 MG	Tier 2	PA; SP
ZYDELIG ORAL TABLET 100 MG, 150 MG	Tier 2	PA; SP
ZYKADIA ORAL TABLET 150 MG	Tier 2	PA; SP
Antineoplastic,Histone Deacetylase Inhibitors,Hdis		
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	Tier 2	PA; SP

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Drug	Status	Notes
ZOLINZA ORAL CAPSULE 100 MG	Tier 2	SP
Antineoplastic-B Cell Lymphoma-2(Bcl-2) Inhibitors		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	Tier 2	PA; SP
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG-100 MG	Tier 2	PA; SP
Antineoplastic-Isocitrate Dehydrogenase Inhibitors		
IDHIFA ORAL TABLET 100 MG, 50 MG	Tier 3	PA; SP
TIBSOVO ORAL TABLET 250 MG	Tier 2	PA; SP
Antineoplastics,Miscellaneous		
etoposide oral capsule 50 mg	Tier 1	
LYSODREN ORAL TABLET 500 MG	Tier 2	SP
MATULANE ORAL CAPSULE 50 MG	Tier 2	SP
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	Tier 3	PA; SP
tretinoin (chemotherapy) oral capsule 10 mg	Tier 1	SP
Antineoplastic-Select Inhib Of Nuclear Exp (Sine)		
XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5), 160 MG/WEEK (20 MG X 8), 60 MG/WEEK (20 MG X 3), 80 MG/WEEK (20 MG X 4)	Tier 2	PA; SP
Chemotherapy Rescue/Antidote Agents		
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	Tier 1	
MESNEX ORAL TABLET 400 MG	Tier 3	
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	Tier 2	SP; QL (24 EA per 14 days)
Intrapleural Sclerosing Agents, Antineoplast. Adj.		
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER 4 GRAM	Tier 3	
sterile talc intrapleural suspension for reconstitution 5 gram	Tier 1	

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Drug	Status	Notes
STERITALC INTRAPLEURAL AEROSOL POWDER 3 GRAM	Tier 3	
STERITALC INTRAPLEURAL SUSPENSION FOR RECONSTITUTION 2 GRAM, 4 GRAM	Tier 3	
Photoactivated, Antineopls. & Premalignant Lesions		
AMELUZ TOPICAL GEL 10 %	Tier 3	
LEVULAN TOPICAL SOLUTION 20 %	Tier 3	
Radioactive Therapeutic Agents		
HICON ORAL KIT 1,000 MCI/ML (1 ML), 250 MCI/0.25 ML, 500 MCI/0.5 ML	Tier 3	
sodium iodide-123 oral capsule 3.7 mbq (100 microci), 7.4 mbq (200 microci)	Tier 1	
sodium iodide-131 oral capsule 3.7 mbq (100 microci)	Tier 1	
Selective Estrogen Receptor Modulators (Serm)		
SOLTAMOX ORAL SOLUTION 10 MG/5 ML	Tier 2	
tamoxifen oral tablet 10 mg, 20 mg	$0	
toremifene oral tablet 60 mg (Fareston)	Tier 1	PA; SP
Selective Retinoid X Receptor Agonists (Rxr)		
bexarotene oral capsule 75 mg (Targretin)	Tier 1	PA; SP
Steroid Antineoplastics		
EMCYT ORAL CAPSULE 140 MG	Tier 2	SP
megestrol oral tablet 20 mg, 40 mg	Tier 1	
Neurological Disease - Miscellaneous		
Agents To Treat Multiple Sclerosis		
AUBAGIO ORAL TABLET 14 MG, 7 MG	Tier 2	PA; SP
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	Tier 2	PA; SP
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	Tier 2	PA; SP
BETASERON SUBCUTANEOUS KIT 0.3 MG	Tier 2	PA; SP
BETASERON SUBCUTANEOUS RECON SOLN 0.3 MG	Tier 2	PA; SP

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Drug	Status	Notes
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML	Tier 2	PA; SP
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG	Tier 2	PA; SP
glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml (Glatopa)	Tier 1	PA; SP
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML	Tier 1	PA; SP
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	Tier 2	PA; SP
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	Tier 2	PA; SP
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	Tier 2	PA; SP
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	Tier 2	PA; SP
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	Tier 2	PA; SP
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	Tier 2	PA; SP
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	Tier 2	PA; SP
MAYZENT ORAL TABLET 0.25 MG, 2 MG	Tier 2	PA; SP
MAYZENT STARTER PACK ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	Tier 2	PA; SP
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	Tier 2	PA; SP
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	Tier 2	PA; SP
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	Tier 2	PA; SP
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6)	Tier 2	PA; SP

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Drug	Status	Notes
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	Tier 2	PA; SP
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 120 MG (14)- 240 MG (46), 240 MG	Tier 2	PA; SP
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	Tier 2	PA; SP
Agts Tx Neuromusc Transmission Dis,Pot-Chan Blkr		
dalfampridine oral tablet extended release 12 hr 10 mg (Ampyra)	Tier 1	PA; SP
FIRDAPSE ORAL TABLET 10 MG	Tier 3	PA; SP
RUZURGI ORAL TABLET 10 MG	Tier 3	PA; SP
Amyotrophic Lateral Sclerosis Agents		
riluzole oral tablet 50 mg (Rilutek)	Tier 1	
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	Tier 3	PA; SP
Fibromyalgia Agents,Serotonin-Norepineph Ru Inhib		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	Tier 2	
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	Tier 2	
Movement Disorders(Drug Therapy)		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	Tier 3	PA; SP
INGREZZA INITIATION PACK ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	Tier 3	PA; SP
INGREZZA ORAL CAPSULE 40 MG, 80 MG	Tier 3	PA; SP
tetrabenazine oral tablet 12.5 mg, 25 mg (Xenazine)	Tier 1	PA; SP
Pseudobulbar Affect (Pba) Agents, Nmda Antagonists		
NUEDEXTA ORAL CAPSULE 20-10 MG	Tier 3	PA

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Drug		Status	Notes
Oral/Pharyngeal Disorders			
Dental Aids And Preparations			
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	(Paroex Oral Rinse)	Tier 1	
ORALONE DENTAL PASTE 0.1 %		Tier 1	
PAROEX ORAL RINSE MUCOUS MEMBRANE MOUTHWASH 0.12 %		Tier 1	
PERIOGARD MUCOUS MEMBRANE MOUTHWASH 0.12 %		Tier 1	
Q-CARE RX Q2 KIT 0.12 %		Tier 3	
Q-CARE RX Q4 KIT 0.12 %		Tier 3	
triamcinolone acetonide dental paste 0.1 %	(Oralone)	Tier 1	
Nose Preparations, Miscellaneous (Rx)			
cocaine nasal solution 4 %	(Numbrino)	Tier 1	
ipratropium bromide nasal spray,non-aerosol 0.03 %, 42 mcg (0.06 %)		Tier 1	
NUMBRINO NASAL SOLUTION 4 %		Tier 1	
Periodontal Collagenase Inhibitors			
doxycycline hyclate oral tablet 20 mg		Tier 1	
Other Drugs			
Abortifacient,Progesterone Receptor Antagonist-Typ			
MIFEPREX ORAL TABLET 200 MG		Tier 3	
mifepristone oral tablet 200 mg	(Mifeprex)	Tier 1	
Agents For Stomatological Use			
DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 %		Tier 3	
DEBACTEROL MUCOUS MEMBRANE SWAB 30-50 %		Tier 3	
Antivenins			
ANASCORP INTRAVENOUS RECON SOLN 120 MG		Tier 3	
Appetite Stim. For Anorexia,Cachexia,Wasting Synd.			
megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)		Tier 1	

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Drug	Status	Notes
megestrol oral suspension 625 mg/5 ml (Megace ES)	Tier 1	ST: Requires prior prescription for Megestrol Acetate within the past 120 days
Blood Collection Set With Local Anesthetics		
CADIRA COMPLIANT BLOOD STAT KIT 21 GAUGE X 3/4" -2.5 %-2.5 %	Tier 3	
LIDO BDK KIT 21 GAUGE X 1"- 2.5 %-2.5 %	Tier 3	
Blood Testing Preparations,In-Vitro		
COAGUCHEK XS	Tier 3	
Cardioplegic Solutions		
CARDIOPLEGIA DEL NIDO FORMULA PERFUSION SOLUTION 26 MEQ/1,052.8 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA HIGH POTASSIUM PERFUSION SOLUTION 108 MEQ/500 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA IND 4:1 PLASMALYT PERFUSION SOLUTION 30 MEQ/542 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA IND 4:1 RINGER PERFUSION SOLUTION 48 MEQ/522.8 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA IND 8:1 NON-ENRCH PERFUSION SOLUTION 70 MEQ/300 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA INDUCTION 4:1 PERFUSION SOLUTION 30 MEQ/415 ML (POTASSIUM), 36 MEQ/500 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA INDUCTION 8:1 PERFUSION SOLUTION 100 MEQ/500 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA MAIN 8:1 NO-ENRCH PERFUSION SOLUTION 24 MEQ/300 ML (POTASSIUM)	Tier 1	

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Drug	Status	Notes
CARDIOPLEGIA MAINT 4:1 PLASMA PERFUSION SOLUTION 30 MEQ/1,047 ML (POTASSIUM)	Tier 3	
CARDIOPLEGIA MAINT 4:1 RINGER PERFUSION SOLUTION 12 MEQ/504.8 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA MAINTENANCE 4:1 PERFUSION SOLUTION 20 MEQ/810 ML (POTASSIUM), 36 MEQ/L (POTASSIUM)	Tier 1	
CARDIOPLEGIA MAINTENANCE 8:1 PERFUSION SOLUTION 36 MEQ/500 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/477.5 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/500 ML (POTASSIUM), 7.5 MEQ/238.75 ML (POTASSIUM)	Tier 3	
cardioplegic no.17(induct 4:1) perfusion solution 50 meq/500 ml (potassium)	Tier 1	
cardioplegic no.19 (maint 4:1) perfusion solution 40 meq/l (potassium)	Tier 1	
cardioplegic soln perfusion solution 16 meq/l (= k+) (Plegisol)	Tier 1	
cardioplegic solution no.25 perfusion solution 29 mmol/l (potassium)	Tier 1	
microplegic solution no.1 perfusion solution 7.84 %-8.56 % (0.92 molar)	Tier 1	
Cholinesterase Reactivat.&Muscarinic Antg.Antidote		
DUODOTE INTRAMUSCULAR PEN INJECTOR 600-2.1 MG/2ML-MG/0.7ML	Tier 3	
Cholinesterase Reactivating,Organophos. Antidotes		
pralidoxime intramuscular pen injector 600 mg/2 ml	Tier 3	
Conception Assistance Supplies		
CONCEPTION KIT	Tier 3	

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Drug	Status	Notes
Condoms		
FC2 FEMALE CONDOM	$0	QL (30 EA per 30 days)
Cryopreservative Agents		
CRYOSERV SOLUTION 99 %	Tier 3	
Diluent Solutions		
DILUENT FOR ROTARIX ORAL SYRINGE	Tier 3	
DILUTING MEDIUM FOR NOVOLOG INJECTION SOLUTION	Tier 3	
Drugs To Treat Hereditary Tyrosinemia		
nitisinone oral capsule 10 mg, 2 mg, 5 mg (Orfadin)	Tier 1	PA; SP
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	Tier 2	PA; SP
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	Tier 2	PA; SP
ORFADIN ORAL SUSPENSION 4 MG/ML	Tier 2	PA; SP
Drugs To Tx Gaucher Dx-Type 1, Substrate Reducing		
CERDELGA ORAL CAPSULE 84 MG	Tier 3	PA; SP
miglustat oral capsule 100 mg (Zavesca)	Tier 1	PA; SP
General Anesthetics - Benzodiazepine, Injectable		
midazolam (pf) injection solution 5 mg/ml	Tier 1	
midazolam injection solution 5 mg/ml	Tier 1	
General Anesthetics,Inhalant		
desflurane inhalation liquid 100 % (Suprane)	Tier 1	
isoflurane inhalation liquid 99.9 % (Terrell)	Tier 1	
sevoflurane inhalation liquid (Ultane)	Tier 1	
SUPRANE INHALATION LIQUID 100 %	Tier 3	
TERRELL INHALATION LIQUID 99.9 %	Tier 1	
General Inhalation Agents		
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %	Tier 3	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 %	Tier 1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	Tier 3	

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Drug	Status	Notes
sodium chloride inhalation solution for nebulization 0.9 %, 10 %	Tier 1	
sodium chloride inhalation solution for nebulization 3 % (NebuSal)	Tier 1	
sodium chloride inhalation solution for nebulization 7 % (Hyper-Sal)	Tier 1	
Homeopathic Drugs		
AURUMHEEL ORAL DROPS	Tier 3	
CANTHARIS COMPOSITUM ORAL DROPS	Tier 3	
CRALONIN ORAL DROPS	Tier 3	
EYE ORAL TABLET,SOLUBLE	Tier 3	
LAMIOFLUR ORAL DROPS	Tier 3	
PLANTAGO-HOMACCORD ORAL DROPS	Tier 3	
POPULUS COMPOSITUM ORAL DROPS	Tier 3	
PSORINOHEEL ORAL DROPS	Tier 3	
RENEEL ORAL TABLET,SOLUBLE	Tier 3	
SABAL-HOMACCORD ORAL DROPS	Tier 3	
SYZYGIUM COMPOSITUM ORAL DROPS	Tier 3	
VERTIGOHEEL ORAL DROPS	Tier 3	
VERTIGOHEEL ORAL TABLET,SOLUBLE	Tier 3	
Intra-Uterine Devices (Iud's)		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HRS (5 YRS) 19.5 MG	$0	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/24 HRS (6 YRS) 52 MG	$0	
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	$0	
Metabolic Deficiency Agents		
CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML	Tier 3	

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Drug		Status	Notes
CYSTADANE ORAL POWDER 1 GRAM/1.7 ML		Tier 3	SP
levocarnitine (with sugar) oral solution 100 mg/ml	(Carnitor)	Tier 1	
levocarnitine oral solution 100 mg/ml	(Carnitor (sugar-free))	Tier 1	
levocarnitine oral tablet 330 mg	(Carnitor)	Tier 1	
Metabolic Disease Enzyme Replace, Hypophosphatasia			
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML		Tier 2	PA; SP
Metabolic Dx Enzyme Replacemt,Sev.Comb.Immune Def.			
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)		Tier 3	PA; SP
Metallic Poison,Agents To Treat			
CHEMET ORAL CAPSULE 100 MG		Tier 3	
CLOVIQUE ORAL CAPSULE 250 MG		Tier 1	PA; SP
deferasirox oral tablet 360 mg, 90 mg	(Jadenu)	Tier 1	PA; SP
deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg	(Exjade)	Tier 1	PA; SP
deferoxamine injection recon soln 2 gram, 500 mg	(Desferal)	Tier 1	PA
FERRIPROX ORAL SOLUTION 100 MG/ML		Tier 3	PA; SP
FERRIPROX ORAL TABLET 1,000 MG, 500 MG		Tier 3	PA; SP
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)		Tier 3	
JADENU ORAL TABLET 180 MG		Tier 3	PA; SP
JADENU SPRINKLE ORAL GRANULES IN PACKET 180 MG, 360 MG, 90 MG		Tier 3	PA; SP
RADIOGARDASE ORAL CAPSULE 0.5 GRAM		Tier 3	
trientine oral capsule 250 mg	(Clovique)	Tier 1	PA; SP
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	

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Drug	Status	Notes
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	
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	
ABOUTTIME PEN NEEDLE NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	
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	
ASSURE ID PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 3/16"	Tier 2	
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"	Tier 2	
BD NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	Tier 2	
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4"	Tier 2	
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	Tier 2	
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	Tier 2	
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2"	Tier 2	
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	Tier 2	
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	

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Drug	Status	Notes
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	
CLICKFINE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 2	
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	
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	
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	Tier 2	
EASY COMFORT PEN NEEDLES NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	Tier 2	
EASY GLIDE PEN NEEDLE NEEDLE 33 GAUGE X 5/32"	Tier 2	
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	
EASY TOUCH PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	Tier 2	
EASY TOUCH SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 3/16"	Tier 2	

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

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

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Drug	Status	Notes
SURE-FINE PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16"	Tier 2	
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	
TOPCARE CLICKFINE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	Tier 2	
TRUE COMFORT PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 2	
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	
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	
ULTIGUARD SAFE PACK NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	Tier 2	
ULTILET PEN NEEDLE NEEDLE 29 GAUGE, 32 GAUGE X 5/32"	Tier 2	
ULTRA FLO PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16"	Tier 2	
ULTRA THIN PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	Tier 2	
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	
ULTRA-THIN II (SHORT) PEN NDL NEEDLE 31 GAUGE X 5/16"	Tier 2	
ULTRA-THIN II INS PEN NEEDLES NEEDLE 29 GAUGE X 1/2"	Tier 2	

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Drug	Status	Notes
UNIFINE PENTIPS MAXFLOW NEEDLE 30 GAUGE X 3/16"	Tier 2	
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	
UNIFINE PENTIPS PLUS MAXFLOW NEEDLE 30 GAUGE X 3/16"	Tier 2	
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	
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	
Ointment/Cream Bases		
RADIAGEL TOPICAL GEL	Tier 3	
Ophthalmic Surgical Aids		
edetate disodium ophthalmic (eye) drops 3 %	Tier 1	
Oral Mucositis/Stomatitis Agents		
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH	Tier 3	
Saliva Stimulant Agents		
NUMOISYN MUCOUS MEMBRANE LOZENGE 0.3 GRAM	Tier 3	
Saliva Substitute Agents		
NUMOISYN MUCOUS MEMBRANE LIQUID	Tier 3	
Sexual Dysfunction Devices		
RAPPORT VACUUM THERAPY KIT	Tier 3	
Skin Tissue Replacement		
APLIGRAF TOPICAL DISK	Tier 3	
DERMAGRAFT TOPICAL SHEET 2 X 3 "	Tier 3	
EPIFIX AMNIOTIC MEMBRANE TOPICAL SHEET 14 MM, 2 X 3 CM, 4 X 4 CM, 5 X 6 CM, 7 X 7 CM	Tier 3	

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Drug		Status	Notes
GRAFIX CORE TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM		Tier 3	
GRAFIX PRIME TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM		Tier 3	
GRAFIX XC TOPICAL SHEET 7.5 X 15 CM		Tier 3	
STRAVIX TOPICAL SHEET 2 X 4 CM, 3 X 6 CM		Tier 3	
TRUSKIN TOPICAL SHEET 2 X 4 CM, 4 X 8 CM		Tier 3	
Solvents			
isopropyl alcohol solution 70 %	(Alcohol, Rubbing)	Tier 3	
isopropyl alcohol solution 91 %, 99 %		Tier 3	
MURI-LUBE OIL		Tier 3	
Somatostatic Agents			
octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml		Tier 1	SP
octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	(Sandostatin)	Tier 1	SP
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)		Tier 1	SP
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)		Tier 3	PA; SP
Support Hosiery			
T.E.D. ANTI-EMBOLISM STOCKING		Tier 3	
T.E.D. KNEE LENGTH-M-LONG		Tier 3	
T.E.D. KNEE LENGTH-S-REGULAR		Tier 3	
Suspending Agents			
GELFILM IMPLANT FILM		Tier 3	
hydroxypropyl cellulose powder		Tier 3	
hypromellose powder	(Methocel E 4 M)	Tier 3	
Tissue/Wound Adhesives			
ARTISS TOPICAL SYRINGE 2.5 TO 6.5 UNIT/ML (10ML), 2.5 TO 6.5 UNIT/ML (2 ML), 2.5 TO 6.5 UNIT/ML (4 ML)		Tier 3	

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Drug	Status	Notes
TISSEEL VHSD (APROTININ, SYN) TOPICAL KIT 10 ML, 2 ML, 4 ML	Tier 3	
TISSEEL VHSD (APROTININ, SYN) TOPICAL SYRINGE 10 ML, 2 ML, 4 ML	Tier 3	
Vaccine Adjuvants		
SHINGRIX ADJUVANT COMPONENT-PF INTRAMUSCULAR SUSPENSION	$0	QL (1 ML per 365 days); Age (Min 50 Years)
Vehicles		
citric acid (bulk) powder	Tier 3	
citric acid anhydrous (bulk) granules 100 %	Tier 3	
Other Respiratory Disorders		
Antifibrotic Therapy - Pyridone Analogs		
ESBRIET ORAL CAPSULE 267 MG	Tier 2	PA; SP
ESBRIET ORAL TABLET 267 MG, 801 MG	Tier 2	PA; SP
Cystic Fib.Transmemb Conduct.Reg.(Cftr)Potentiator		
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	Tier 2	PA; SP
KALYDECO ORAL TABLET 150 MG	Tier 2	PA; SP
Cystic Fibrosis-Cftr Potentiator & Corrector Comb.		
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	Tier 2	PA; SP
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	Tier 2	PA; SP
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	Tier 2	PA; SP
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N)	Tier 2	PA; SP
Lung Surfactants		
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5 ML, 240 MG/3 ML	Tier 3	
INFASURF INTRATRACHEAL SUSPENSION 35 MG/ML	Tier 3	

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Drug	Status	Notes
SURFAXIN INTRATRACHEAL SUSPENSION 34 MG/ML	Tier 3	
SURVANTA INTRATRACHEAL SUSPENSION 25 MG/ML	Tier 3	
Mucolytics		
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	Tier 1	
PULMOZYME INHALATION SOLUTION 1 MG/ML	Tier 2	PA; SP
Pulmonary Fibrosis - Systemic Enzyme Inhibitors		
OFEV ORAL CAPSULE 100 MG, 150 MG	Tier 2	PA; SP
Pain Management - Analgesics		
Analgesic, Non-Salicylate & Barbiturate Comb.		
butalbital-acetaminophen oral tablet 50-300 mg (Bupap)	Tier 1	ST: Requires prior prescription for generic Butalbital/acetaminophen 50mg-325mg combination product within the past 120 days; QL (6 EA per 1 day)
butalbital-acetaminophen oral tablet 50-325 mg (Tencon)	Tier 1	
TENCON ORAL TABLET 50-325 MG	Tier 1	
Analgesic, Salicylate, Barbiturate,& Xanthine Cmb		
butalbital-aspirin-caffeine oral capsule 50-325-40 mg (Fiorinal)	Tier 1	
butalbital-aspirin-caffeine oral tablet 50-325-40 mg	Tier 1	
Analgesic,Non-Salicylate,Barbiturate,&Xanthine Cmb		
butalbital-acetaminophen-caff oral capsule 50-300-40 mg (Fioricet)	Tier 1	
butalbital-acetaminophen-caff oral capsule 50-325-40 mg (Zebutal)	Tier 1	
butalbital-acetaminophen-caff oral tablet 50-325-40 mg (Esgic)	Tier 1	

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Drug		Status	Notes
FIORICET ORAL CAPSULE 50-300-40 MG		Tier 1	
ZEBUTAL ORAL CAPSULE 50-325-40 MG		Tier 1	
Analgesic/Antipyretics, Salicylates			
aspirin oral tablet 325 mg	(Lite Coat Aspirin)	$0	
aspirin oral tablet,delayed release (dr/ec) 325 mg	(Aspir-Trin)	$0	
ASPIR-TRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG		$0	
choline,magnesium salicylate oral liquid 500 mg/5 ml		Tier 1	
diflunisal oral tablet 500 mg		Tier 1	
E.C. PRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG		$0	
ECOTRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG		$0	
LITE COAT ASPIRIN ORAL TABLET 325 MG		$0	
salsalate oral tablet 500 mg, 750 mg	(Disalcid)	Tier 1	
Analgesics, Narcotic Agonist And Nsaid Combination			
hydrocodone-ibuprofen oral tablet 10-200 mg	(Ibudone)	Tier 1	
hydrocodone-ibuprofen oral tablet 5-200 mg, 7.5-200 mg		Tier 1	
ibuprofen-oxycodone oral tablet 400-5 mg		Tier 1	
Analgesics,Narcotics			
ARYMO ER ORAL TABLET,ORAL ONLY,EXTND RELEASE 15 MG, 30 MG, 60 MG		Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day)
belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg		Tier 1	
BUPRENEX INJECTION SOLUTION 0.3 MG/ML		Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription

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Drug	Status	Notes
buprenorphine hcl injection solution 0.3 mg/ml (Buprenex)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
buprenorphine hcl injection syringe 0.3 mg/ml	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour (Butrans)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 28 days)
butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml	Tier 1	
butorphanol tartrate nasal spray,non-aerosol 10 mg/ml	Tier 1	
carisoprodol-aspirin-codeine oral tablet 200-325-16 mg	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
codeine sulfate oral tablet 15 mg, 30 mg	Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)
codeine sulfate oral tablet 60 mg	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
DEMEROL (PF) INJECTION SYRINGE 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML	Tier 3	
DILAUDID (PF) INJECTION SYRINGE 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML, 4 MG/ML	Tier 3	
fentanyl citrate (pf) intravenous patient control.analgesia soln 1,500 mcg/30 ml (50 mcg/ml)	Tier 1	
fentanyl citrate (pf)-0.9%nacl intravenous pt controlled analgesia syring 500 mcg/50 ml (10 mcg/ml)	Tier 1	
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg (Actiq)	Tier 1	PA

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Drug	Status	Notes
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr (Duragesic)	Tier 1	PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 3 days)
fentanyl transdermal patch 72 hour 37.5 mcg/hour, 62.5 mcg/hour, 87.5 mcg/hour	Tier 1	PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 3 days)
hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg (Zohydro ER)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)	Tier 1	
hydromorphone in 0.9 % nacl injection pt controlled analgesia syring 55 mg/55 ml (1 mg/ml)	Tier 1	
hydromorphone oral liquid 1 mg/ml (Dilaudid)	Tier 1	
hydromorphone oral tablet 2 mg, 4 mg, 8 mg (Dilaudid)	Tier 1	
hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 8 mg	Tier 1	PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
hydromorphone oral tablet extended release 24 hr 32 mg	Tier 1	PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
hydromorphone rectal suppository 3 mg	Tier 1	
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)

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Drug	Status	Notes
levorphanol tartrate oral tablet 2 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
meperidine (pf) injection solution 100 mg/ml, 50 mg/ml (Demerol (PF))	Tier 1	
meperidine (pf) injection solution 25 mg/ml	Tier 1	
meperidine injection cartridge 10 mg/ml	Tier 1	
meperidine oral solution 50 mg/5 ml	Tier 1	QL (30 ML per 1 day)
meperidine oral tablet 100 mg (Demerol)	Tier 1	QL (6 EA per 1 day)
meperidine oral tablet 50 mg	Tier 1	QL (6 EA per 1 day)
methadone injection solution 10 mg/ml	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 ML per 1 day)
METHADONE INTENSOL ORAL CONCENTRATE 10 MG/ML	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 ML per 1 day)
methadone oral concentrate 10 mg/ml (Methadone Intensol)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 ML per 1 day)
methadone oral solution 10 mg/5 ml	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (20 ML per 1 day)
methadone oral solution 5 mg/5 ml	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (40 ML per 1 day)

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Drug	Status	Notes
methadone oral tablet 10 mg (Dolophine)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
methadone oral tablet 5 mg (Dolophine)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (8 EA per 1 day)
methadone oral tablet,soluble 40 mg (Methadose)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
METHADOSE ORAL TABLET,SOLUBLE 40 MG	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
MORPHABOND ER ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 100 MG, 15 MG, 30 MG, 60 MG	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
morphine (pf) intravenous syringe 1 mg/2 ml	Tier 1	
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)	Tier 1	
morphine in 0.9 % sodium chlor intravenous pt controlled analgesia syring 275 mg/55 ml (5 mg/ml)	Tier 1	
morphine in 0.9 % sodium chlor intravenous solution 1 mg/ml, 5 mg/ml	Tier 1	
morphine in 0.9 % sodium chlor intravenous syringe 0.5 mg/ml	Tier 1	
morphine intramuscular pen injector 10 mg/0.7 ml	Tier 1	
morphine intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)	Tier 1	

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Drug	Status	Notes
morphine oral capsule, er multiphase 24 hr 120 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)	Tier 1	
morphine oral tablet 15 mg, 30 mg	Tier 2	
morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg (MS Contin)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day)
morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg	Tier 1	
nalbuphine injection solution 10 mg/ml, 20 mg/ml	Tier 1	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	Tier 2	QL (6 EA per 1 day)
OXAYDO ORAL TABLET, ORAL ONLY 5 MG, 7.5 MG	Tier 3	
oxycodone oral capsule 5 mg	Tier 1	
oxycodone oral concentrate 20 mg/ml	Tier 1	
oxycodone oral solution 5 mg/5 ml	Tier 1	
oxycodone oral tablet 10 mg, 20 mg	Tier 1	
oxycodone oral tablet 15 mg, 30 mg, 5 mg (Roxicodone)	Tier 1	

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Drug	Status	Notes
oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg (OxyContin)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
oxycodone oral tablet,oral only,ext.rel.12 hr 80 mg (OxyContin)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
oxymorphone oral tablet 10 mg, 5 mg (Opana)	Tier 1	
oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
oxymorphone oral tablet extended release 12 hr 30 mg, 40 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
pentazocine-naloxone oral tablet 50-0.5 mg	Tier 1	
tramadol oral capsule,er biphase 24 hr 25-75 150 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet 50 mg (Ultram)	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)

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Drug	Status	Notes
tramadol oral tablet extended release 24 hr 100 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet extended release 24 hr 200 mg, 300 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet, er multiphase 24 hr 100 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet, er multiphase 24 hr 200 mg, 300 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (8 EA per 1 day)
ZOHYDRO ER ORAL CAPSULE, ORAL ONLY, ER 12HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)

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Drug		Status	Notes
Antimigraine Preparations			
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML		Tier 2	PA
almotriptan malate oral tablet 12.5 mg, 6.25 mg		Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 EA per 30 days)
dihydroergotamine injection solution 1 mg/ml	(D.H.E.45)	Tier 1	QL (15 ML per 14 days)
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	(Migranal)	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (8 ML per 28 days)
eletriptan oral tablet 20 mg, 40 mg	(Relpax)	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 EA per 30 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML		Tier 2	PA
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML		Tier 2	PA
ERGOMAR SUBLINGUAL TABLET 2 MG		Tier 3	QL (10 EA per 7 days)
ergotamine-caffeine oral tablet 1-100 mg	(Cafergot)	Tier 1	QL (10 EA per 7 days)
frovatriptan oral tablet 2.5 mg	(Frova)	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (18 EA per 30 days)
MIGERGOT RECTAL SUPPOSITORY 2-100 MG		Tier 2	QL (5 EA per 7 days)

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Drug		Status	Notes
naratriptan oral tablet 1 mg, 2.5 mg	(Amerge)	Tier 1	QL (18 EA per 30 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG		Tier 3	
REYVOW ORAL TABLET 100 MG, 50 MG		Tier 3	PA
rizatriptan oral tablet 10 mg	(Maxalt)	Tier 1	QL (18 EA per 30 days)
rizatriptan oral tablet 5 mg		Tier 1	QL (18 EA per 30 days)
rizatriptan oral tablet,disintegrating 10 mg	(Maxalt-MLT)	Tier 1	QL (18 EA per 30 days)
rizatriptan oral tablet,disintegrating 5 mg		Tier 1	QL (18 EA per 30 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation	(Imitrex)	Tier 1	QL (6 EA per 15 days)
sumatriptan succinate oral tablet 100 mg	(Imitrex)	Tier 1	QL (9 EA per 30 days)
sumatriptan succinate oral tablet 25 mg, 50 mg	(Imitrex)	Tier 1	QL (3 EA per 5 days)
sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml	(Imitrex STATdose Refill)	Tier 1	QL (4 ML per 28 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml	(Imitrex STATdose Pen)	Tier 1	QL (4 ML per 28 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	(Imitrex)	Tier 1	QL (5 ML per 28 days)
sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml		Tier 1	QL (4 ML per 28 days)
UBRELVY ORAL TABLET 100 MG, 50 MG		Tier 3	PA
zolmitriptan oral tablet 2.5 mg, 5 mg	(Zomig)	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 EA per 30 days)
zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg	(Zomig ZMT)	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 EA per 30 days)

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Drug	Status	Notes
ZOMIG NASAL SPRAY,NON-AEROSOL 2.5 MG	Tier 2	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 EA per 30 days)
ZOMIG NASAL SPRAY,NON-AEROSOL 5 MG	Tier 2	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (6 EA per 15 days)
Calcitonin Gene-Related Peptide (Cgrp) Inhibitors		
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	Tier 2	PA
Narc.& Non-Sal.Analgesic,Barbiturate &Xanthine Cmb		
butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg (Fioricet with Codeine)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
Narcotic & Salicylate Analgesics, Barb.& Xanthine		
ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
BUTALBITAL COMPOUND W/CODEINE ORAL CAPSULE 30-50-325-40 MG	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg (Ascomp with Codeine)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
Narcotic Analgesic & Non-Salicylate Analgesic Comb		
acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml	Tier 1	QL (150 ML per 1 day); Age (Min 12 Years)
acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml	Tier 1	Age (Min 12 Years)

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Drug		Status	Notes
acetaminophen-codeine oral tablet 300-15 mg		Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)
acetaminophen-codeine oral tablet 300-30 mg	(Tylenol-Codeine #3)	Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)
acetaminophen-codeine oral tablet 300-60 mg		Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG		Tier 3	ST: Requires prior prescription for Hydrocodone/acetaminophen tablets within the past 120 days; QL (12 EA per 1 day)
benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg	(Apadaz)	Tier 1	ST: Requires prior prescription for Hydrocodone/acetaminophen tablets within the past 120 days; QL (12 EA per 1 day)
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG		Tier 1	QL (12 EA per 1 day)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml		Tier 1	QL (184 ML per 1 day)
hydrocodone-acetaminophen oral tablet 10-300 mg	(Vicodin HP)	Tier 1	QL (13 EA per 1 day)
hydrocodone-acetaminophen oral tablet 10-325 mg	(Lorcet HD)	Tier 1	QL (12 EA per 1 day)
hydrocodone-acetaminophen oral tablet 2.5-325 mg		Tier 1	QL (12 EA per 1 day)
hydrocodone-acetaminophen oral tablet 5-300 mg, 7.5-300 mg		Tier 1	QL (13 EA per 1 day)
hydrocodone-acetaminophen oral tablet 5-325 mg	(Lorcet (hydrocodone))	Tier 1	QL (12 EA per 1 day)
hydrocodone-acetaminophen oral tablet 7.5-325 mg	(Lorcet Plus)	Tier 1	QL (12 EA per 1 day)
LORCET (HYDROCODONE) ORAL TABLET 5-325 MG		Tier 1	QL (12 EA per 1 day)
LORCET HD ORAL TABLET 10-325 MG		Tier 1	QL (12 EA per 1 day)
LORCET PLUS ORAL TABLET 7.5-325 MG		Tier 1	QL (12 EA per 1 day)

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Drug	Status	Notes
LORTAB ELIXIR ORAL SOLUTION 10-300 MG/15 ML	Tier 3	QL (200 ML per 1 day)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg (Endocet)	Tier 1	QL (12 EA per 1 day)
PRIMLEV ORAL TABLET 10-300 MG	Tier 1	QL (13 EA per 1 day)
PRIMLEV ORAL TABLET 5-300 MG, 7.5-300 MG	Tier 3	QL (13 EA per 1 day)
PROLATE ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG	Tier 1	QL (13 EA per 1 day)
tramadol-acetaminophen oral tablet 37.5-325 mg (Ultracet)	Tier 1	QL (10 EA per 1 day); Age (Min 12 Years)
VICODIN HP ORAL TABLET 10-300 MG	Tier 1	QL (13 EA per 1 day)
Narcotic And Salicylate Analgesic Combination		
oxycodone-aspirin oral tablet 4.8355-325 mg	Tier 1	
Narcotic Withdrawal Therapy Agents		
BUNAVAIL BUCCAL FILM 2.1-0.3 MG	Tier 3	QL (1 EA per 1 day)
BUNAVAIL BUCCAL FILM 4.2-0.7 MG, 6.3-1 MG	Tier 3	QL (2 EA per 1 day)
buprenorphine hcl sublingual tablet 2 mg, 8 mg	Tier 1	QL (3 EA per 1 day)
buprenorphine-naloxone sublingual film 12-3 mg, 8-2 mg (Suboxone)	Tier 1	QL (2 EA per 1 day)
buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg (Suboxone)	Tier 1	QL (1 EA per 1 day)
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg	Tier 1	QL (3 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	Tier 2	QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	Tier 2	QL (2 EA per 1 day)
Opioid Withdrawal Ther, Alpha-2 Adrenergic Agonist		
LUCEMYRA ORAL TABLET 0.18 MG	Tier 3	PA

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Drug		Status	Notes
Parkinsons Disease			
Antiparkinsonism Drugs,Anticholinergic			
benztropine oral tablet 0.5 mg, 1 mg, 2 mg		Tier 1	
trihexyphenidyl oral elixir 0.4 mg/ml		Tier 1	
trihexyphenidyl oral tablet 2 mg, 5 mg		Tier 1	
Antiparkinsonism Drugs,Other			
amantadine hcl oral capsule 100 mg		Tier 1	
amantadine hcl oral solution 50 mg/5 ml		Tier 1	
amantadine hcl oral tablet 100 mg		Tier 1	
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML		Tier 3	PA; SP
bromocriptine oral capsule 5 mg	(Parlodel)	Tier 1	
bromocriptine oral tablet 2.5 mg	(Parlodel)	Tier 1	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	(Sinemet)	Tier 1	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	(Sinemet CR)	Tier 1	
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg		Tier 1	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg	(Stalevo 50)	Tier 1	
carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg	(Stalevo 75)	Tier 1	
carbidopa-levodopa-entacapone oral tablet 25-100-200 mg	(Stalevo 100)	Tier 1	
carbidopa-levodopa-entacapone oral tablet 31.25-125-200 mg	(Stalevo 125)	Tier 1	
carbidopa-levodopa-entacapone oral tablet 37.5-150-200 mg	(Stalevo 150)	Tier 1	
carbidopa-levodopa-entacapone oral tablet 50-200-200 mg	(Stalevo 200)	Tier 1	
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML		Tier 3	PA; SP
entacapone oral tablet 200 mg	(Comtan)	Tier 1	
INBRIJA INHALATION CAPSULE 42 MG		Tier 3	PA; SP

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Drug		Status	Notes
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG		Tier 3	PA; SP
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	ST: Requires prior prescription for immediate-release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day)
NOURIANZ ORAL TABLET 20 MG, 40 MG		Tier 3	PA
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	(Mirapex)	Tier 1	
pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg	(Mirapex ER)	Tier 1	ST: Requires prior prescription for immediate-release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day)
rasagiline oral tablet 0.5 mg, 1 mg	(Azilect)	Tier 1	QL (1 EA per 1 day)
ropinirole oral tablet 0.25 mg, 3 mg, 5 mg	(Requip)	Tier 1	
ropinirole oral tablet 0.5 mg, 1 mg, 2 mg, 4 mg		Tier 1	
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 6 mg	(Requip XL)	Tier 1	ST: Requires prior prescription for immediate-release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day)
ropinirole oral tablet extended release 24 hr 4 mg, 8 mg		Tier 1	ST: Requires prior prescription for immediate-release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day)

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Drug		Status	Notes
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG		Tier 3	ST: Requires prior prescription for Carbidopa/levodopa within the past 120 days; QL (10 EA per 1 day)
selegiline hcl oral capsule 5 mg		Tier 1	
selegiline hcl oral tablet 5 mg		Tier 1	
tolcapone oral tablet 100 mg	(Tasmar)	Tier 1	ST: Requires prior prescription for within the past 120 days; QL (3 EA per 1 day)
XADAGO ORAL TABLET 100 MG, 50 MG		Tier 3	ST: Requires prior prescription for Carbidopa/levodopa, Duopa, or Rytary within the past 120 days; QL (1 EA per 1 day)
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG		Tier 3	QL (2 EA per 1 day)
Decarboxylase Inhibitors			
carbidopa oral tablet 25 mg	(Lodosyn)	Tier 1	
Seizure Disorder			
Anticonvulsant - Benzodiazepine Type			
clobazam oral suspension 2.5 mg/ml	(Onfi)	Tier 1	QL (480 ML per 30 days)
clobazam oral tablet 10 mg, 20 mg	(Onfi)	Tier 1	QL (2 EA per 1 day)
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	(Klonopin)	Tier 1	
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg		Tier 1	
DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG, 5-7.5-10 MG		Tier 2	QL (1 EA per 1 FILL)
DIASTAT RECTAL KIT 2.5 MG		Tier 2	QL (1 EA per 1 FILL)
diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg	(Diastat AcuDial)	Tier 1	QL (1 EA per 1 FILL)
diazepam rectal kit 2.5 mg	(Diastat)	Tier 1	QL (1 EA per 1 FILL)
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG		Tier 2	
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)		Tier 3	QL (10 EA per 30 days)

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Drug	Status	Notes
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	Tier 3	PA
VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	Tier 3	QL (10 EA per 30 days)
Anticonvulsant - Cannabinoid Type		
EPIDIOLEX ORAL SOLUTION 100 MG/ML	Tier 3	PA; SP
Anticonvulsants		
APTIOM ORAL TABLET 200 MG, 400 MG	Tier 3	QL (1 EA per 1 day)
APTIOM ORAL TABLET 600 MG, 800 MG	Tier 3	QL (2 EA per 1 day)
BANZEL ORAL SUSPENSION 40 MG/ML	Tier 3	QL (80 ML per 1 day)
BANZEL ORAL TABLET 200 MG	Tier 3	QL (16 EA per 1 day)
BANZEL ORAL TABLET 400 MG	Tier 3	QL (8 EA per 1 day)
BRIVIACT ORAL SOLUTION 10 MG/ML	Tier 3	QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	Tier 3	QL (2 EA per 1 day)
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg (Carbatrol)	Tier 1	
carbamazepine oral suspension 100 mg/5 ml (Tegretol)	Tier 1	
carbamazepine oral tablet 200 mg (Epitol)	Tier 1	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg (Tegretol XR)	Tier 1	
carbamazepine oral tablet,chewable 100 mg	Tier 1	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	Tier 2	
CELONTIN ORAL CAPSULE 300 MG	Tier 3	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	Tier 2	

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Drug		Status	Notes
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG		Tier 2	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG		Tier 2	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG		Tier 3	PA; SP
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG		Tier 3	PA; SP
DILANTIN EXTENDED ORAL CAPSULE 100 MG		Tier 2	
DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG		Tier 2	
DILANTIN ORAL CAPSULE 30 MG		Tier 2	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML		Tier 2	
divalproex oral capsule, delayed rel sprinkle 125 mg	(Depakote Sprinkles)	Tier 1	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	(Depakote ER)	Tier 1	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	(Depakote)	Tier 1	
EPITOL ORAL TABLET 200 MG		Tier 1	
ethosuximide oral capsule 250 mg	(Zarontin)	Tier 1	
ethosuximide oral solution 250 mg/5 ml	(Zarontin)	Tier 1	
felbamate oral suspension 600 mg/5 ml	(Felbatol)	Tier 1	QL (30 ML per 1 day)
felbamate oral tablet 400 mg	(Felbatol)	Tier 1	QL (9 EA per 1 day)
felbamate oral tablet 600 mg	(Felbatol)	Tier 1	QL (6 EA per 1 day)
FELBATOL ORAL SUSPENSION 600 MG/5 ML		Tier 2	QL (30 ML per 1 day)
FELBATOL ORAL TABLET 400 MG		Tier 2	QL (9 EA per 1 day)
FELBATOL ORAL TABLET 600 MG		Tier 2	QL (6 EA per 1 day)
FYCOMPA ORAL SUSPENSION 0.5 MG/ML		Tier 3	QL (680 ML per 28 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG		Tier 3	QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG		Tier 3	QL (120 EA per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG		Tier 3	QL (60 EA per 30 days)

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Drug	Status	Notes
gabapentin oral capsule 100 mg, 300 mg, 400 mg (Neurontin)	Tier 1	
gabapentin oral solution 250 mg/5 ml (Neurontin)	Tier 1	
gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)	Tier 1	
gabapentin oral tablet 600 mg, 800 mg (Neurontin)	Tier 1	
GABITRIL ORAL TABLET 12 MG, 2 MG, 4 MG	Tier 2	QL (4 EA per 1 day)
GABITRIL ORAL TABLET 16 MG	Tier 2	QL (3 EA per 1 day)
KEPPRA ORAL SOLUTION 100 MG/ML	Tier 2	
KEPPRA ORAL TABLET 1,000 MG, 250 MG, 500 MG, 750 MG	Tier 2	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG	Tier 2	
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 100 MG	Tier 2	QL (3 EA per 1 day)
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 200 MG	Tier 2	QL (2 EA per 1 day)
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 25 MG, 50 MG	Tier 2	QL (6 EA per 1 day)
LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG (21) -50 MG (7)	Tier 2	
LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK 50 MG (42) -100 MG (14)	Tier 2	
LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG(14)-50 MG (14)-100 MG (7)	Tier 2	
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	Tier 2	
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	Tier 2	
LAMICTAL STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35)	Tier 2	

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Drug		Status	Notes
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14)		Tier 2	
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7)		Tier 2	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 100 MG		Tier 2	QL (3 EA per 1 day)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 200 MG, 250 MG, 300 MG		Tier 2	QL (2 EA per 1 day)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 25 MG, 50 MG		Tier 2	QL (6 EA per 1 day)
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7)		Tier 3	
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)		Tier 3	
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7)		Tier 3	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	(Subvenite)	Tier 1	
lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7)	(Lamictal ODT Starter (Blue))	Tier 1	
lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)	(Lamictal ODT Starter (Orange))	Tier 1	
lamotrigine oral tablet disintegrating, dose pk 50 mg (42) -100 mg (14)	(Lamictal ODT Starter (Green))	Tier 1	
lamotrigine oral tablet extended release 24hr 100 mg	(Lamictal XR)	Tier 1	QL (3 EA per 1 day)
lamotrigine oral tablet extended release 24hr 200 mg, 250 mg, 300 mg	(Lamictal XR)	Tier 1	QL (2 EA per 1 day)
lamotrigine oral tablet extended release 24hr 25 mg, 50 mg	(Lamictal XR)	Tier 1	QL (6 EA per 1 day)

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Drug		Status	Notes
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	(Lamictal)	Tier 1	
lamotrigine oral tablet,disintegrating 100 mg	(Lamictal ODT)	Tier 1	QL (3 EA per 1 day)
lamotrigine oral tablet,disintegrating 200 mg	(Lamictal ODT)	Tier 1	QL (2 EA per 1 day)
lamotrigine oral tablet,disintegrating 25 mg, 50 mg	(Lamictal ODT)	Tier 1	QL (6 EA per 1 day)
lamotrigine oral tablets,dose pack 25 mg (35)	(Subvenite Starter (Blue) Kit)	Tier 1	
lamotrigine oral tablets,dose pack 25 mg (42) -100 mg (7)	(Subvenite Starter (Orange) Kit)	Tier 1	
lamotrigine oral tablets,dose pack 25 mg (84) -100 mg (14)	(Subvenite Starter (Green) Kit)	Tier 1	
levetiracetam oral solution 100 mg/ml	(Keppra)	Tier 1	
levetiracetam oral solution 500 mg/5 ml (5 ml)		Tier 1	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	(Keppra)	Tier 1	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	(Keppra XR)	Tier 1	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG		Tier 2	
LYRICA ORAL SOLUTION 20 MG/ML		Tier 2	
MYSOLINE ORAL TABLET 250 MG, 50 MG		Tier 2	
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG		Tier 2	
NEURONTIN ORAL SOLUTION 250 MG/5 ML		Tier 2	
NEURONTIN ORAL TABLET 600 MG, 800 MG		Tier 2	
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	(Trileptal)	Tier 1	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	(Trileptal)	Tier 1	

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Drug		Status	Notes
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG		Tier 3	QL (1 EA per 1 day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG		Tier 3	QL (4 EA per 1 day)
PEGANONE ORAL TABLET 250 MG		Tier 3	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG		Tier 2	
phenytoin oral suspension 100 mg/4 ml		Tier 1	
phenytoin oral suspension 125 mg/5 ml	(Dilantin-125)	Tier 1	
phenytoin oral tablet,chewable 50 mg	(Dilantin Infatabs)	Tier 1	
phenytoin sodium extended oral capsule 100 mg	(Dilantin Extended)	Tier 1	
phenytoin sodium extended oral capsule 200 mg, 300 mg	(Phenytek)	Tier 1	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	(Lyrica)	Tier 1	
pregabalin oral solution 20 mg/ml	(Lyrica)	Tier 1	
primidone oral tablet 250 mg, 50 mg	(Mysoline)	Tier 1	
QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG, 25 MG, 50 MG		Tier 2	QL (1 EA per 1 day)
QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 150 MG, 200 MG		Tier 2	QL (2 EA per 1 day)
ROWEEPRA ORAL TABLET 1,000 MG, 500 MG, 750 MG		Tier 2	
ROWEEPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG		Tier 2	
SABRIL ORAL TABLET 500 MG		Tier 3	SP; QL (6 EA per 1 day)
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG		Tier 3	QL (2 EA per 1 day)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG		Tier 3	QL (4 EA per 1 day)
SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG		Tier 1	

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Drug		Status	Notes
SUBVENITE STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35)		Tier 1	
SUBVENITE STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14)		Tier 1	
SUBVENITE STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7)		Tier 1	
TEGRETOL ORAL SUSPENSION 100 MG/5 ML		Tier 2	
TEGRETOL ORAL TABLET 200 MG		Tier 2	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG		Tier 2	
tiagabine oral tablet 12 mg, 2 mg, 4 mg	(Gabitril)	Tier 1	QL (4 EA per 1 day)
tiagabine oral tablet 16 mg	(Gabitril)	Tier 1	QL (3 EA per 1 day)
TOPAMAX ORAL CAPSULE, SPRINKLE 15 MG, 25 MG		Tier 2	
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG		Tier 2	
topiramate oral capsule, sprinkle 15 mg, 25 mg	(Topamax)	Tier 1	
topiramate oral capsule,sprinkle,er 24hr 100 mg, 25 mg, 50 mg	(Qudexy XR)	Tier 1	QL (1 EA per 1 day)
topiramate oral capsule,sprinkle,er 24hr 150 mg, 200 mg	(Qudexy XR)	Tier 1	QL (2 EA per 1 day)
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	(Topamax)	Tier 1	
TRILEPTAL ORAL SUSPENSION 300 MG/5 ML (60 MG/ML)		Tier 2	
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG		Tier 2	
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG		Tier 2	QL (2 EA per 1 day)
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 25 MG		Tier 2	QL (8 EA per 1 day)

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Drug	Status	Notes
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 50 MG	Tier 2	QL (4 EA per 1 day)
valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)	Tier 1	
valproic acid oral capsule 250 mg	Tier 1	
vigabatrin oral powder in packet 500 mg (Vigadrone)	Tier 1	SP; QL (6 EA per 1 day)
vigabatrin oral tablet 500 mg (Sabril)	Tier 1	SP; QL (6 EA per 1 day)
VIGADRONE ORAL POWDER IN PACKET 500 MG	Tier 1	SP; QL (6 EA per 1 day)
VIMPAT ORAL SOLUTION 10 MG/ML	Tier 2	QL (1200 ML per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 2	QL (2 EA per 1 day)
VIMPAT ORAL TABLETS,DOSE PACK 50 MG (14)- 100 MG (14)	Tier 2	
ZARONTIN ORAL CAPSULE 250 MG	Tier 2	
ZARONTIN ORAL SOLUTION 250 MG/5 ML	Tier 2	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	Tier 2	
zonisamide oral capsule 100 mg, 25 mg (Zonegran)	Tier 1	
zonisamide oral capsule 50 mg	Tier 1	
Skeletal Muscle Disorder		
Agents To Tx Periodic Paralysis - Carbon Anhyd Inh		
KEVEYIS ORAL TABLET 50 MG	Tier 2	PA; SP
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		
baclofen oral tablet 10 mg, 20 mg, 5 mg	Tier 1	
carisoprodol oral tablet 250 mg, 350 mg (Soma)	Tier 1	QL (4 EA per 1 day)
carisoprodol-aspirin oral tablet 200-325 mg	Tier 1	
chlorzoxazone oral tablet 500 mg	Tier 1	
cyclobenzaprine oral tablet 10 mg, 5 mg	Tier 1	

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Drug		Status	Notes
dantrolene oral capsule 100 mg		Tier 1	
dantrolene oral capsule 25 mg, 50 mg	(Dantrium)	Tier 1	
METAXALL ORAL TABLET 800 MG		Tier 1	
metaxalone oral tablet 400 mg		Tier 1	
metaxalone oral tablet 800 mg	(Metaxall)	Tier 1	
methocarbamol oral tablet 500 mg		Tier 1	
methocarbamol oral tablet 750 mg	(Robaxin-750)	Tier 1	
NORGESIC FORTE ORAL TABLET 50-770-60 MG		Tier 3	QL (4 EA per 1 day)
orphenadrine citrate oral tablet extended release 100 mg		Tier 1	
orphenadrine-asa-caffeine oral tablet 50-770-60 mg	(Orphengesic Forte)	Tier 1	QL (4 EA per 1 day)
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG		Tier 1	QL (4 EA per 1 day)
OZOBAX ORAL SOLUTION 5 MG/5 ML		Tier 3	PA
tizanidine oral capsule 2 mg, 4 mg, 6 mg	(Zanaflex)	Tier 1	
tizanidine oral tablet 2 mg		Tier 1	
tizanidine oral tablet 4 mg	(Zanaflex)	Tier 1	
Smoking Cessation			
Smoking Deterrent Agents (Ganglionic Stim,Others)			
NICORELIEF BUCCAL GUM 2 MG		$0	QL (9 EA per 1 day); Age (Min 18 Years)
nicotine (polacrilex) buccal gum 2 mg	(Nicorelief)	$0	QL (9 EA per 1 day); Age (Min 18 Years)
nicotine (polacrilex) buccal gum 4 mg	(Quit 4)	$0	QL (9 EA per 1 day); Age (Min 18 Years)
nicotine (polacrilex) buccal lozenge 2 mg	(Quit 2)	$0	QL (9 EA per 1 day); Age (Min 18 Years)
nicotine (polacrilex) buccal lozenge 4 mg	(Quit 4)	$0	QL (9 EA per 1 day); Age (Min 18 Years)
nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg	(Nicorette)	$0	QL (9 EA per 1 day); Age (Min 18 Years)
nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr	(Nicoderm CQ)	$0	QL (1 EA per 1 day); Age (Min 18 Years)
nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr		$0	QL (1 EA per 1 day); Age (Min 18 Years)

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Drug	Status	Notes
NICOTROL INHALATION CARTRIDGE 10 MG	$0	ST: Requires prior prescription for Nicotine Patch or Nicotine within the past 120 days; QL (1008 EA per 90 days); Age (Min 18 Years)
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML	$0	ST: Requires prior prescription for Nicotine Patch or Nicotine within the past 120 days; QL (160 ML per 90 days); Age (Min 18 Years)
QUIT 2 BUCCAL GUM 2 MG	$0	QL (9 EA per 1 day); Age (Min 18 Years)
QUIT 2 BUCCAL LOZENGE 2 MG	$0	QL (9 EA per 1 day); Age (Min 18 Years)
QUIT 4 BUCCAL GUM 4 MG	$0	QL (9 EA per 1 day); Age (Min 18 Years)
QUIT 4 BUCCAL LOZENGE 4 MG	$0	QL (9 EA per 1 day); Age (Min 18 Years)
STOP SMOKING AID BUCCAL LOZENGE 2 MG, 4 MG	$0	QL (9 EA per 1 day); Age (Min 18 Years)
Smoking Deterrent-Nicotinic Recept.Partial Agonist		
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	$0	QL (2 EA per 1 day); Age (Min 18 Years)
CHANTIX ORAL TABLET 0.5 MG, 1 MG	$0	QL (2 EA per 1 day); Age (Min 18 Years)
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42)	$0	QL (2 EA per 1 day); Age (Min 18 Years)
Smoking Deterrents, Other		
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg	$0	QL (2 EA per 1 day); Age (Min 18 Years)
Upper Gastrointestinal Disorders - Digestive		
Gastric Enzymes		
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	Tier 3	PA; SP

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Drug	Status	Notes
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	
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300-78,300 UNIT	Tier 3	
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT	Tier 2	
Upper Gastrointestinal Disorders - Spastic Disease		
Anticholinergics/Antispasmodics		
dicyclomine oral capsule 10 mg	Tier 1	
dicyclomine oral solution 10 mg/5 ml	Tier 1	
dicyclomine oral tablet 20 mg	Tier 1	
Belladonna Alkaloids		
ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG	Tier 1	
hyoscyamine sulfate oral drops 0.125 mg/ml (Hyosyne)	Tier 1	
hyoscyamine sulfate oral elixir 0.125 mg/5 ml (Hyosyne)	Tier 1	
hyoscyamine sulfate oral tablet 0.125 mg (Oscimin)	Tier 1	
hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg (Oscimin SR)	Tier 1	
hyoscyamine sulfate oral tablet,disintegrating 0.125 mg (Ed-Spaz)	Tier 1	
hyoscyamine sulfate sublingual tablet 0.125 mg (Oscimin SL)	Tier 1	
HYOSYNE ORAL DROPS 0.125 MG/ML	Tier 1	

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Drug		Status	Notes
HYOSYNE ORAL ELIXIR 0.125 MG/5 ML		Tier 1	
methscopolamine oral tablet 2.5 mg, 5 mg		Tier 1	
OSCIMIN ORAL TABLET 0.125 MG		Tier 1	
OSCIMIN ORAL TABLET,DISINTEGRATING 0.125 MG		Tier 1	
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG		Tier 1	
OSCIMIN SR ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG		Tier 1	
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG)		Tier 3	
Upper Gastrointestinal Disorders - Ulcer Disease			
Anticholinergics,Quaternary Ammonium			
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	(Librax (with clidinium))	Tier 1	
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML)		Tier 3	
glycopyrrolate oral tablet 1 mg, 2 mg		Tier 1	
propantheline oral tablet 15 mg		Tier 1	
Anti-Ulcer Preparations			
misoprostol oral tablet 100 mcg, 200 mcg	(Cytotec)	Tier 1	
sucralfate oral suspension 100 mg/ml	(Carafate)	Tier 1	
sucralfate oral tablet 1 gram	(Carafate)	Tier 1	
Anti-Ulcer-H.Pylori Agents			
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg		Tier 1	QL (112 EA per 10 days)
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40)		Tier 3	
PYLERA ORAL CAPSULE 140-125-125 MG		Tier 3	
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG		Tier 3	QL (168 EA per 14 days); Age (Min 18 Years)

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Drug		Status	Notes
Histamine H2-Receptor Inhibitors			
cimetidine hcl oral solution 300 mg/5 ml		Tier 1	
cimetidine oral tablet 200 mg	(Acid Reducer (cimetidine))	Tier 1	
cimetidine oral tablet 300 mg, 400 mg, 800 mg		Tier 1	
famotidine oral suspension 40 mg/5 ml (8 mg/ml)		Tier 1	
famotidine oral tablet 20 mg	(Acid Controller)	Tier 1	
famotidine oral tablet 40 mg	(Pepcid)	Tier 1	
nizatidine oral capsule 150 mg, 300 mg		Tier 1	
nizatidine oral solution 150 mg/10 ml		Tier 1	
ranitidine hcl oral capsule 150 mg, 300 mg		Tier 1	
ranitidine hcl oral syrup 15 mg/ml		Tier 1	
ranitidine hcl oral tablet 150 mg	(Acid Control (ranitidine))	Tier 1	
ranitidine hcl oral tablet 300 mg		Tier 1	
Intestinal Motility Stimulants			
metoclopramide hcl oral solution 5 mg/5 ml		Tier 1	
metoclopramide hcl oral tablet 10 mg, 5 mg	(Reglan)	Tier 1	
metoclopramide hcl oral tablet,disintegrating 10 mg, 5 mg		Tier 1	
Proton-Pump Inhibitors			
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 10 MG, 5 MG		Tier 3	ST: At least 2 prior prescriptions for First-lansoprazole, First-omeprazole, Lansoprazole, Omeprazole, Pantoprazole Sodium, or Protonix within the past 365 days; QL (1 EA per 1 day)
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG, 60 MG		Tier 2	ST: Requires prior prescription for Lansoprazole, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Protonix within the past 120 days; QL (1 EA per 1 day)

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Drug		Status	Notes
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	(Nexium)	Tier 1	QL (1 EA per 1 day)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	(Nexium)	Tier 1	QL (2 EA per 1 day)
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	(Heartburn Treatment 24 Hour)	Tier 1	
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	(Prevacid)	Tier 1	
lansoprazole oral tablet,disintegrat, delay rel 15 mg, 30 mg	(Prevacid SoluTab)	Tier 1	ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole Sodium within the past 120 days
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG		Tier 2	QL (1 EA per 1 day)
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 40 MG		Tier 2	QL (2 EA per 1 day)
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg		Tier 1	
omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram	(Zegerid)	Tier 1	ST: Requires prior prescription for Lansoprazole, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Protonix within the past 120 days; QL (1 EA per 1 day)
omeprazole-sodium bicarbonate oral packet 20-1,680 mg	(Zegerid)	Tier 1	ST: Requires prior prescription for Lansoprazole, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Protonix within the past 120 days; QL (1 EA per 1 day)
pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg	(Protonix)	Tier 1	
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 10 MG, 2.5 MG		Tier 3	

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Drug		Status	Notes
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET 40 MG		Tier 3	ST: Requires prior prescription for Omeprazole Magnesium, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Prilosec within the past 120 days
rabeprazole oral capsule, delayed rel sprinkle 10 mg	(AcipHex Sprinkle)	Tier 1	ST: At least 2 prior prescriptions for First-lansoprazole, First-omeprazole, Lansoprazole, Omeprazole, Pantoprazole Sodium, or Protonix within the past 365 days; QL (1 EA per 1 day)
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	(AcipHex)	Tier 1	QL (1 EA per 1 day)
Urinary Tract - Functional Disorders			
Benign Prostatic Hypertrophy/Micturition Agents			
alfuzosin oral tablet extended release 24 hr 10 mg	(Uroxatral)	Tier 1	
dutasteride oral capsule 0.5 mg	(Avodart)	Tier 1	
finasteride oral tablet 5 mg	(Proscar)	Tier 1	
silodosin oral capsule 4 mg, 8 mg	(Rapaflo)	Tier 1	ST: Requires prior prescription for Alfuzosin HCL, Doxazosin Mesylate, Finasteride, Prazosin HCL, Silodosin, Tamsulosin HCL, or Terazosin HCL within the past 120 days
tamsulosin oral capsule 0.4 mg	(Flomax)	Tier 1	
Bph Agents,5-Alpha-Red Inh & Alpha-1-Adr Antg Cmb			
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg	(Jalyn)	Tier 1	ST: Requires prior prescription for Alfuzosin HCL, Doxazosin Mesylate, Finasteride, Prazosin HCL, Silodosin, Tamsulosin HCL, or Terazosin HCL within the past 120 days

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Drug	Status	Notes
Cystine-Depleting Agents, Nephropathic Cystinosis		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	Tier 3	SP
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG	Tier 2	PA; SP
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG	Tier 2	PA; SP
Kidney Stone Agents		
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG, 300 MG	Tier 2	SP
THIOLA ORAL TABLET 100 MG	Tier 2	SP
Overactive Bladder Agents, Beta-3 Adrenergic Recep		
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	Tier 2	
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 3	
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG	Tier 3	
ORACIT ORAL SOLUTION 490-640 MG/5 ML	Tier 3	
potassium citrate oral tablet extended release 10 meq (1,080 mg) (Urocit-K 10)	Tier 1	
potassium citrate oral tablet extended release 15 meq (Urocit-K 15)	Tier 1	
potassium citrate oral tablet extended release 5 meq (540 mg) (Urocit-K 5)	Tier 1	
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	Tier 3	
SHOHL'S MODIFIED ORAL SOLUTION 500-300 MG/5 ML	Tier 3	
UROQID-ACID NO.2 ORAL TABLET 500-500 MG	Tier 3	

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Drug		Status	Notes
Urinary Tract Analgesic Agents			
ELMIRON ORAL CAPSULE 100 MG		Tier 2	PA
Urinary Tract Anesthetic/Analgesic Agnt (Azo-Dye)			
phenazopyridine oral tablet 100 mg, 200 mg	(Pyridium)	Tier 1	
Urinary Tract Antispasmodic, M(3) Selective Antag.			
darifenacin oral tablet extended release 24 hr 15 mg		Tier 1	
darifenacin oral tablet extended release 24 hr 7.5 mg	(Enablex)	Tier 1	
solifenacin oral tablet 10 mg, 5 mg	(Vesicare)	Tier 1	
Urinary Tract Antispasmodic/Antiincontinence Agent			
flavoxate oral tablet 100 mg		Tier 1	
GELNIQUE TRANSDERMAL GEL IN PACKET 10 % (100 MG/GRAM)		Tier 3	
oxybutynin chloride oral syrup 5 mg/5 ml		Tier 1	
oxybutynin chloride oral tablet 5 mg		Tier 1	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 5 mg	(Ditropan XL)	Tier 1	
oxybutynin chloride oral tablet extended release 24hr 15 mg		Tier 1	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR		Tier 3	
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg	(Detrol LA)	Tier 1	
tolterodine oral tablet 1 mg, 2 mg	(Detrol)	Tier 1	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG		Tier 2	
trospium oral capsule,extended release 24hr 60 mg		Tier 1	
trospium oral tablet 20 mg		Tier 1	

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Drug	Status	Notes
Vaginal Disorders		
Vaginal Antibiotics		
CLEOCIN VAGINAL SUPPOSITORY 100 MG	Tier 3	ST: At least 2 prior prescriptions for Clindamycin HCL, Clindamycin Palmitate HCL, Clindamycin Phosphate, Metronidazole, Tinidazole, or Vandazole within the past 365 days; QL (3 EA per 30 days)
clindamycin phosphate vaginal cream 2 % (Cleocin)	Tier 1	
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 %	Tier 3	
metronidazole vaginal gel 0.75 % (Vandazole)	Tier 1	
NUVESSA VAGINAL GEL 1.3 %	Tier 3	
VANDAZOLE VAGINAL GEL 0.75 %	Tier 2	
Vaginal Antifungals		
GYNAZOLE-1 VAGINAL CREAM 2 %	Tier 2	
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG	Tier 1	
terconazole vaginal cream 0.4 %, 0.8 %	Tier 1	
terconazole vaginal suppository 80 mg	Tier 1	
Vaginal Antiseptics		
FEM PH VAGINAL GEL 0.9-0.025 %	Tier 3	
RELAGARD VAGINAL GEL 0.9-0.025 %	Tier 3	
TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 %	Tier 3	
Vaginal Estrogen For Sexual Dysfunction		
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	Tier 3	ST: Requires prior prescription for Estring, Intrarosa, Osphena, or Premarin within the past 120 days; QL (18 EA per 28 days)

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Drug		Status	Notes
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG		Tier 3	ST: Requires prior prescription for Estring, Intrarosa, Osphena, or Premarin within the past 120 days; QL (18 EA per 28 days)
Vaginal Estrogen Preparations			
estradiol vaginal cream 0.01 % (0.1 mg/gram)	(Estrace)	Tier 1	
estradiol vaginal tablet 10 mcg	(Yuvafem)	Tier 1	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)		Tier 2	QL (1 EA per 90 days)
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR		Tier 3	ST: Requires prior prescription for Estring, Intrarosa, Osphena, or Premarin within the past 120 days; QL (1 EA per 84 days)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM		Tier 2	
YUVAFEM VAGINAL TABLET 10 MCG		Tier 1	
Vitamin And/Or Mineral Deficiency			
Fluoride Preparations			
CLINPRO 5000 DENTAL PASTE 1.1 %		Tier 3	
DENTA 5000 PLUS DENTAL CREAM 1.1 %		Tier 1	
DENTAGEL DENTAL GEL 1.1 %		Tier 1	
FLORIVA (FLUORIDE-VITAMIN D3) ORAL DROPS 0.25 MG (0.55 MG)-400 UNIT/ML		Tier 3	
FLUORABON ORAL DROPS 0.25 MG(0.55 MG S.FLUOR)/0.6 ML		Tier 3	
fluoride (sodium) dental cream 1.1 %	(Denta 5000 Plus)	Tier 1	
fluoride (sodium) dental gel 1.1 %	(DentaGel)	Tier 1	
fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml		$0	Age (Max 6 Years)
fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride)	(Ludent Fluoride)	$0	Age (Max 6 Years)

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Drug	Status	Notes
fluoride (sodium) oral tablet,chewable 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride) (Fluoritab)	$0	Age (Max 6 Years)
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 %	Tier 3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 %	Tier 3	
FLURA-DROPS ORAL DROPS 0.25 MG(0.55 MG SOD.FLUOR)/DROP	Tier 3	
GEL-KAM DENTAL GEL 0.4 %	Tier 1	
PERIO MED DENTAL SOLUTION 0.63 %	Tier 3	
PHOS-FLUR DENTAL SOLUTION 0.02 % (0.044 % SOD. FLUORIDE)	Tier 3	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 %	Tier 3	
PREVIDENT 5000 DRY MOUTH DENTAL GEL 1.1 %	Tier 3	
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE 1.1-5 %	Tier 3	
PREVIDENT 5000 SENSITIVE DENTAL PASTE 1.1-5 %	Tier 3	
PREVIDENT DENTAL SOLUTION 0.2 %	Tier 3	
SF 5000 PLUS DENTAL CREAM 1.1 %	Tier 1	
SF DENTAL GEL 1.1 %	Tier 1	
SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 %	Tier 1	
Folic Acid Preparations		
folic acid injection solution 5 mg/ml	Tier 1	
folic acid oral tablet 1 mg	Tier 1	
folic acid oral tablet 400 mcg, 800 mcg	$0	
Iron Replacement		
CHILDREN'S IRON ORAL DROPS 15 MG IRON (75 MG)/ML	$0	Age (Max 1 Years)
ferrous sulfate oral drops 15 mg iron (75 mg)/ml (Children's Iron)	$0	Age (Max 1 Years)
PEDIA IRON ORAL DROPS 15 MG IRON (75 MG)/ML	$0	Age (Max 1 Years)

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Drug		Status	Notes
Vitamin B Preparations			
POTABA ORAL CAPSULE 500 MG		Tier 3	
Vitamin D Preparations			
calcitriol oral capsule 0.25 mcg, 0.5 mcg	(Rocaltrol)	Tier 1	
calcitriol oral solution 1 mcg/ml	(Rocaltrol)	Tier 1	
Weight Reduction			
Anorexic Agents			
benzphetamine oral tablet 50 mg		Tier 1	
diethylpropion oral tablet 25 mg		Tier 1	
diethylpropion oral tablet extended release 75 mg		Tier 1	
LOMAIRA ORAL TABLET 8 MG		Tier 1	
phendimetrazine tartrate oral capsule, extended release 105 mg		Tier 1	
phendimetrazine tartrate oral tablet 35 mg		Tier 1	
phentermine oral capsule 15 mg, 30 mg		Tier 1	
phentermine oral capsule 37.5 mg	(Adipex-P)	Tier 1	
phentermine oral tablet 37.5 mg	(Adipex-P)	Tier 1	
Anti-Obesity - Opioid Antag/Norepi & Da Reup Inhib			
CONTRAVE ORAL TABLET EXTENDED RELEASE 8-90 MG		Tier 2	PA
Fat Absorption Decreasing Agents			
XENICAL ORAL CAPSULE 120 MG		Tier 3	PA

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