

Small Group Commercial

2020 FORMULARY

(List of Covered Drugs)

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN

This formulary was updated on 12/01/2020. For more recent information or other questions, please contact us, Samaritan Health Plans at 1-800-832-4580 or, for TTY users, 1-800-735-2900, daily 8 a.m. to 8 p.m., or visit [Samhealthplans.org/members/employer-group-members](https://www.samhealthplans.org/members/employer-group-members).

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

This document includes a list of the drugs (formulary) for our plan, which is current as of 12/01/2020. Drugs in the Formulary are subject to change throughout the year, upon review by the Pharmacy & Therapeutics Committee. You will receive notice for negative changes. You must generally use network pharmacies to use your prescription drug benefit.

What a Formulary (drug list)?

A formulary is a list of covered drugs selected by a plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Samaritan Health Plans will generally cover the drugs listed in our formulary if the drug is medically necessary, the prescription is filled at a Samaritan Health Plans network pharmacy, and other plan rules are followed.

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2020 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2020 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents". If you know what your drug is used for, look for the category name in the Table of Contents. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your 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. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page

listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Samaritan Health Plans covers both brand name drugs and generic drugs. 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 my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Samaritan Health Plans requires prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.
- **Quantity Limits:** For certain drugs, Samaritan Health Plans limits the amount of the drug that our plan will cover. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Samaritan Health Plans requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will then cover Drug B.
- **Morphine Equivalent Dose (MED):** Morphine is considered the "Gold Standard" of opioids. MED allows prescribers, pharmacists, and patients to compare different opioid medications to each other. Samaritan Health Plans may use the MED calculation to limit the amount of opioid medication that is covered.

You can find out if your drug has any additional requirements or limits by looking in the formulary. You can also get more information about the restrictions applied to specific covered drugs by visiting our Website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

Your prescriber can ask Samaritan Health Plans to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How to request an exception to the Samaritan Health Plans Formulary?" on page 4 for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Service and ask if your drug is covered.

If you learn that Samaritan Health Plans does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by Samaritan Health Plans. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.
- Your provider can ask Samaritan Health Plans to make an exception and cover your drug. See

below for information about how to request an exception.

How to request an exception to the Formulary?

Your provider can ask Samaritan Health Plans to make an exception to our coverage rules by faxing a request to 1-844-611-3831. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. Exception approvals for standard non-formulary medications will process at the highest non-specialty Copay. Exception approvals for non-formulary specialty drugs will process at the highest specialty Copay.
- You can ask us to cover a formulary drug at a lower cost-sharing level (if the drug is listed on the formulary in the non-preferred tier). If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Samaritan Health Plans limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, we will only approve your request for an exception if the alternative drugs included on the Plan's Formulary or the low-tiered drug would not be as effective in treating your condition and/or would cause you to have adverse medical effects. To help us decide more quickly, your provider should include supporting medical information from your doctor when you submit your medication exception request.

We will make a coverage determination within 72 hours of receipt for standard requests and within 24 hours of receipt for expedited requests. Your provider can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If requested, we must give you a decision no later than 24 hours after receipt of request.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or have your provider submit a formulary exception to request coverage. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For more information

For more detailed information about your Samaritan Health Plans prescription drug coverage, please review the Samaritan Health Plans website <https://www.samhealthplans.org/members/employer-group-members>. If you have questions about Samaritan Health Plans please contact us at 1-800-832-4580 or, for TTY users, 1-800-735-2900, daily 8 a.m. to 8 p.m.

Samaritan Health Plan Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Samaritan Health Plans. If you have trouble finding your drug in the list, turn to the Index at the back of the book.

The first column of the chart lists the drug name. Brand name drugs are bold (e.g., **STRATTERA**) and generic drugs are not bolded (e.g., ATOMOXETINE HCL). If brand and generic are both covered by Samaritan Health Plan the drug will be displayed as **Brand Name** (Generic Name), (e.g., **STRATTERA ORAL CAPSULE** (ATOMOXETINE HCL)). Brand and generic status columns are referring to the copay tier level of which it will pay at. Please refer for to your Summary of Benefit and Coverage to see your copay amounts.

The information in the Notes column tells you if Samaritan Health Plans has any special requirements for coverage of your drug.

Legend

PA = Prior Authorization Required

ST = Step Therapy Required

QL = Quantity Limit

PV= Preventive Medication

LC= Low Cost Generic

Opioid Limits:

All Opiates: Maximum of 2 fills in a 60-day period.

Opiate anti-tussive limits:

- Liquids:
 - Maximum of 240ML per fill.
- Tablets/Capsules:
 - Maximum 7-day supply per fill.

Short-acting Opiate (SAO) Limits:

- New to therapy:
 - Maximum of 49 MED.
 - Maximum 7-day supply per fill.
- Experience with therapy:
 - Maximum of 90 MED.
 - Maximum of 2 fills in a 60-day period.

Long-acting Opiate (LOA) Limits:

- PA required.
- Maximum of 90 MED.

NOTE: For members who renewed prior to 1/1/2020 coverage year please see chart below to determine the tiers and cost shares. Please reference your member materials for cost share details.

2019 Benefit Tier Copay/Cost share	2020 Tier Equivalent
Tier 1- Preventive	<ul style="list-style-type: none"> • Preventive medications will now pay at \$0 not subject to deductible when preventive criteria for medication is met. Medications may be listed on any tier on the formulary document. • Note: If preventive criteria for medication is not met it will pay at the designated formulary tier, subject to deductible if applicable. • PV= Preventive Medication
Tier 2- Generic	<ul style="list-style-type: none"> • Low Cost Generic • Tier 1- Generic
Tier 3- Preferred	<ul style="list-style-type: none"> • Tier 2- Preferred
Tier 4- Non-Preferred	<ul style="list-style-type: none"> • Tier 3- Non-Preferred
Tier 5- High-Cost Specialty	<ul style="list-style-type: none"> • Tier 4- Generic and Preferred Specialty • Tier 5- Non-preferred Specialty

Small Group Formulary 2020

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Drug	Status	Generic Status	Notes
Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexians			
*Adhd Agent - Selective Alpha Adrenergic Agonists***			
CLONIDINE HCL ER ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG		Tier 1	
GUANFACINE HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR 1 MG, 2 MG, 3 MG, 4 MG		Tier 1	
*Adhd Agent - Selective Norepinephrine Reuptake Inhibitor***			
ATOMOXETINE HCL CAPSULE 10 MG ORAL 10 MG		Tier 1	QL (2 EA per 1 day)
ATOMOXETINE HCL CAPSULE 100 MG ORAL 100 MG		Tier 1	QL (1 EA per 1 day)
ATOMOXETINE HCL CAPSULE 18 MG ORAL 18 MG		Tier 1	QL (1 EA per 1 day)
ATOMOXETINE HCL CAPSULE 25 MG ORAL 25 MG		Tier 1	QL (1 EA per 1 day)
ATOMOXETINE HCL CAPSULE 40 MG ORAL 40 MG		Tier 1	QL (2 EA per 1 day)
ATOMOXETINE HCL CAPSULE 60 MG ORAL 60 MG		Tier 1	QL (1 EA per 1 day)
ATOMOXETINE HCL CAPSULE 80 MG ORAL 80 MG		Tier 1	QL (1 EA per 1 day)
*Amphetamine Mixtures***			
AMPHETAMINE-DEXTROAMPHET ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG		Tier 1	PA; QL (1 EA per 1 day)
AMPHETAMINE-DEXTROAMPHETAMINE TABLET 10 MG ORAL 10 MG		Tier 1	PA; QL (3 EA per 1 day)
AMPHETAMINE-DEXTROAMPHETAMINE TABLET 12.5 MG ORAL 12.5 MG		Tier 1	PA; QL (3 EA per 1 day)
AMPHETAMINE-DEXTROAMPHETAMINE TABLET 15 MG ORAL 15 MG		Tier 1	PA; QL (3 EA per 1 day)
AMPHETAMINE-DEXTROAMPHETAMINE TABLET 20 MG ORAL 20 MG		Tier 1	PA; QL (3 EA per 1 day)
AMPHETAMINE-DEXTROAMPHETAMINE TABLET 30 MG ORAL 30 MG		Tier 1	PA; QL (2 EA per 1 day)
AMPHETAMINE-DEXTROAMPHETAMINE TABLET 5 MG ORAL 5 MG		Tier 1	PA; QL (3 EA per 1 day)

Drug	Status	Generic Status	Notes
AMPHETAMINE-DEXTROAMPHETAMINE TABLET 7.5 MG ORAL 7.5 MG		Tier 1	PA; QL (3 EA per 1 day)
*Amphetamines***			
AMPHETAMINE SULFATE ORAL TABLET 10 MG, 5 MG		Tier 1	PA; QL (6 EA per 1 day)
DEXTROAMPHETAMINE SULFATE ER CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL 10 MG		Tier 1	PA; QL (6 EA per 1 day)
DEXTROAMPHETAMINE SULFATE ER CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL 15 MG		Tier 1	PA; QL (4 EA per 1 day)
DEXTROAMPHETAMINE SULFATE ER CAPSULE EXTENDED RELEASE 24 HOUR 5 MG ORAL 5 MG		Tier 1	PA; QL (3 EA per 1 day)
DEXTROAMPHETAMINE SULFATE ORAL SOLUTION 5 MG/5ML		Tier 1	PA; QL (60 ML per 1 day)
DEXTROAMPHETAMINE SULFATE TABLET 10 MG ORAL 10 MG		Tier 1	PA; QL (6 EA per 1 day)
DEXTROAMPHETAMINE SULFATE TABLET 5 MG ORAL 5 MG		Tier 1	PA; QL (3 EA per 1 day)
METHAMPHETAMINE HCL ORAL TABLET 5 MG		Tier 3	PA; QL (5 EA per 1 day)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	Tier 2		PA; QL (1 EA per 1 day)
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	Tier 2		PA; QL (1 EA per 1 day)
*Analeptics***			
CAFFEINE CITRATE INTRAVENOUS SOLUTION 60 MG/3ML		Tier 1	
CAFFEINE CITRATE ORAL SOLUTION 20 MG/ML, 60 MG/3ML		Tier 1	
*Stimulants - Misc.***			
ARMODAFINIL TABLET 150 MG ORAL 150 MG		Tier 1	PA; QL (1 EA per 1 day)
ARMODAFINIL TABLET 200 MG ORAL 200 MG		Tier 1	PA; QL (1 EA per 1 day)
ARMODAFINIL TABLET 250 MG ORAL 250 MG		Tier 1	PA; QL (1 EA per 1 day)
ARMODAFINIL TABLET 50 MG ORAL 50 MG		Tier 1	PA; QL (2 EA per 1 day)

Drug	Status	Generic Status	Notes
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR	Tier 3		PA; ST; QL (1 EA per 1 day)
DEXMETHYLPHENIDATE HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL 10 MG		Tier 1	PA; QL (1 EA per 1 day)
DEXMETHYLPHENIDATE HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL 15 MG		Tier 1	PA; QL (1 EA per 1 day)
DEXMETHYLPHENIDATE HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL 20 MG		Tier 1	PA; QL (2 EA per 1 day)
DEXMETHYLPHENIDATE HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 25 MG ORAL 25 MG		Tier 1	PA; QL (1 EA per 1 day)
DEXMETHYLPHENIDATE HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL 30 MG		Tier 1	PA; QL (1 EA per 1 day)
DEXMETHYLPHENIDATE HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 35 MG ORAL 35 MG		Tier 1	PA; QL (1 EA per 1 day)
DEXMETHYLPHENIDATE HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL 40 MG		Tier 1	PA; QL (1 EA per 1 day)
DEXMETHYLPHENIDATE HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 5 MG ORAL 5 MG		Tier 1	PA; QL (1 EA per 1 day)
DEXMETHYLPHENIDATE HCL ORAL TABLET 10 MG, 2.5 MG, 5 MG		Tier 1	PA; QL (2 EA per 1 day)
METADATE ER ORAL TABLET EXTENDED RELEASE (METHYLPHENIDATE HCL ER) 20 MG	Tier 1	Tier 1	PA; QL (3 EA per 1 day)
METHYLPHENIDATE HCL ER (CD) ORAL CAPSULE EXTENDED RELEASE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG		Tier 1	PA; QL (1 EA per 1 day)
METHYLPHENIDATE HCL ER (LA) ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG, 60 MG		Tier 1	PA; QL (1 EA per 1 day)
METHYLPHENIDATE HCL ER (XR) ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG		Tier 1	PA; QL (1 EA per 1 day)
METHYLPHENIDATE HCL ER TABLET EXTENDED RELEASE 10 MG ORAL 10 MG		Tier 1	PA; QL (2 EA per 1 day)

Drug	Status	Generic Status	Notes
METHYLPHENIDATE HCL ER TABLET EXTENDED RELEASE 18 MG ORAL 18 MG		Tier 1	PA; QL (1 EA per 1 day)
METHYLPHENIDATE HCL ER TABLET EXTENDED RELEASE 24 HOUR 18 MG ORAL 18 MG		Tier 1	PA; QL (1 EA per 1 day)
METHYLPHENIDATE HCL ER TABLET EXTENDED RELEASE 24 HOUR 27 MG ORAL 27 MG		Tier 1	PA; QL (1 EA per 1 day)
METHYLPHENIDATE HCL ER TABLET EXTENDED RELEASE 24 HOUR 36 MG ORAL 36 MG		Tier 1	PA; QL (2 EA per 1 day)
METHYLPHENIDATE HCL ER TABLET EXTENDED RELEASE 24 HOUR 54 MG ORAL 54 MG		Tier 1	PA; QL (1 EA per 1 day)
METHYLPHENIDATE HCL ER TABLET EXTENDED RELEASE 27 MG ORAL 27 MG		Tier 1	PA; QL (1 EA per 1 day)
METHYLPHENIDATE HCL ER TABLET EXTENDED RELEASE 36 MG ORAL 36 MG		Tier 1	PA; QL (2 EA per 1 day)
METHYLPHENIDATE HCL ER TABLET EXTENDED RELEASE 54 MG ORAL 54 MG		Tier 1	PA; QL (1 EA per 1 day)
METHYLPHENIDATE HCL ORAL TABLET 10 MG, 20 MG, 5 MG		Tier 1	PA; QL (3 EA per 1 day)
METHYLPHENIDATE HCL SOLUTION 10 MG/5ML ORAL 10 MG/5ML		Tier 1	PA; QL (30 ML per 1 day)
METHYLPHENIDATE HCL SOLUTION 5 MG/5ML ORAL 5 MG/5ML		Tier 1	PA; QL (60 ML per 1 day)
METHYLPHENIDATE HCL TABLET CHEWABLE 10 MG ORAL 10 MG		Tier 1	PA; QL (6 EA per 1 day)
METHYLPHENIDATE HCL TABLET CHEWABLE 2.5 MG ORAL 2.5 MG		Tier 1	PA; QL (3 EA per 1 day)
METHYLPHENIDATE HCL TABLET CHEWABLE 5 MG ORAL 5 MG		Tier 1	PA; QL (3 EA per 1 day)
MODAFINIL ORAL TABLET 100 MG, 200 MG		Tier 1	PA; QL (1 EA per 1 day)
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER 25 MG/5ML	Tier 3		PA; ST; QL (12 ML per 1 day)
RELEXXII ORAL TABLET EXTENDED RELEASE (METHYLPHENIDATE HCL ER) 72 MG	Tier 1	Tier 1	PA; QL (1 EA per 1 day)
Aminoglycosides			
*Aminoglycosides***			
AMIKACIN SULFATE INJECTION SOLUTION 1 GM/4ML, 500 MG/2ML		Tier 1	

Drug	Status	Generic Status	Notes
GENTAMICIN IN SALINE INTRAVENOUS SOLUTION 0.8-0.9 MG/ML-%, 1-0.9 MG/ML-%, 1.2-0.9 MG/ML-%, 1.6-0.9 MG/ML-%, 2-0.9 MG/ML-%		Tier 1	
GENTAMICIN SULFATE INJECTION SOLUTION 10 MG/ML, 40 MG/ML		Tier 1	
NEOMYCIN SULFATE ORAL TABLET 500 MG		LC	
PAROMOMYCIN SULFATE ORAL CAPSULE 250 MG		Tier 1	
STREPTOMYCIN SULFATE INTRAMUSCULAR SOLUTION RECONSTITUTED 1 GM		Tier 1	
TOBRAMYCIN INHALATION NEBULIZATION SOLUTION 300 MG/4ML, 300 MG/5ML		Tier 4	
TOBRAMYCIN SULFATE INJECTION SOLUTION 1.2 GM/30ML, 10 MG/ML, 2 GM/50ML, 80 MG/2ML		Tier 1	
TOBRAMYCIN SULFATE INJECTION SOLUTION RECONSTITUTED 1.2 GM		Tier 1	
Analgesics - Anti-Inflammatory			
*Antirheumatic - Janus Kinase (Jak) Inhibitors***			
XELJANZ ORAL TABLET 10 MG, 5 MG	Tier 4		PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	Tier 4		PA
*Anti-Tnf-Alpha - Monoclonal Antibodies***			
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML, 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	Tier 4		PA
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	Tier 4		PA
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	Tier 4		PA
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	Tier 4		PA

Drug	Status	Generic Status	Notes
HUMIRA PEN-PSOR/UEVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	Tier 4		PA
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 10 MG/0.2ML, 20 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML	Tier 4		PA
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML	Tier 4		PA
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML	Tier 4		PA
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML	Tier 4		PA
*Cyclooxygenase 2 (Cox-2) Inhibitors***			
CELECOXIB ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG		Tier 1	QL (2 EA per 1 day)
*Interleukin-1 Receptor Antagonist (IL-1Ra)***			
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	Tier 5		PA
*Interleukin-1Beta Blockers***			
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML	Tier 4		PA; QL (0.08 ML per 1 day)
*Interleukin-6 Receptor Inhibitors***			
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	Tier 5		PA
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML	Tier 5		PA
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	Tier 5		PA
*Nonsteroidal Anti-Inflammatory Agent Combinations***			
DICLOFENAC-MISOPROSTOL ORAL TABLET DELAYED RELEASE 50-0.2 MG, 75-0.2 MG		Tier 1	
INAVIX COMBINATION THERAPY PACK 75 & 0.025 MG-%		Tier 1	

Drug	Status	Generic Status	Notes
*Nonsteroidal Anti-Inflammatory Agents (Nsaids)***			
DICLOFENAC POTASSIUM ORAL TABLET 50 MG		Tier 1	
DICLOFENAC SODIUM ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG		Tier 1	
DICLOFENAC SODIUM ORAL TABLET DELAYED RELEASE 25 MG, 50 MG, 75 MG		Tier 1	
EC-NAPROXEN ORAL TABLET DELAYED RELEASE 375 MG, 500 MG		Tier 1	
ETODOLAC ER ORAL TABLET EXTENDED RELEASE 24 HOUR 400 MG, 500 MG, 600 MG		Tier 1	
ETODOLAC ORAL CAPSULE 200 MG, 300 MG		Tier 1	
ETODOLAC ORAL TABLET 400 MG, 500 MG		Tier 1	
FENOPROFEN CALCIUM ORAL CAPSULE 400 MG		Tier 3	
FENORTHO ORAL CAPSULE (FENOPROFEN CALCIUM) 200 MG	Tier 3	Tier 3	
FLURBIPROFEN ORAL TABLET 100 MG, 50 MG		Tier 1	
IBU ORAL TABLET (IBUPROFEN) 400 MG, 600 MG, 800 MG	LC	LC	
IBUPROFEN LYSINE INTRAVENOUS SOLUTION 10 MG/ML		Tier 1	
IBUPROFEN ORAL SUSPENSION 100 MG/5ML		Tier 1	
INDOMETHACIN CAPSULE 25 MG ORAL 25 MG		LC	
INDOMETHACIN CAPSULE 50 MG ORAL 50 MG		Tier 1	
INDOMETHACIN ER ORAL CAPSULE EXTENDED RELEASE 75 MG		Tier 1	
INDOMETHACIN SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 1 MG		Tier 1	
KETOPROFEN ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG		Tier 1	
KETOPROFEN ORAL CAPSULE 25 MG, 50 MG, 75 MG		Tier 1	
KETOROLAC TROMETHAMINE INJECTION SOLUTION 15 MG/ML, 30 MG/ML		Tier 1	

Drug	Status	Generic Status	Notes
KETOROLAC TROMETHAMINE INTRAMUSCULAR SOLUTION 60 MG/2ML		Tier 1	
KETOROLAC TROMETHAMINE ORAL TABLET 10 MG		Tier 1	QL (20 EA per 5 days)
MECLOFENAMATE SODIUM ORAL CAPSULE 100 MG, 50 MG		Tier 1	
MELOXICAM ORAL TABLET 15 MG, 7.5 MG		LC	
NABUMETONE ORAL TABLET 500 MG, 750 MG		Tier 1	
NAPROXEN DR ORAL TABLET DELAYED RELEASE 375 MG, 500 MG		Tier 1	
NAPROXEN SODIUM ORAL TABLET 275 MG, 550 MG		Tier 1	
NAPROXEN TABLET 250 MG ORAL 250 MG		Tier 1	
NAPROXEN TABLET 375 MG ORAL 375 MG		LC	
NAPROXEN TABLET 500 MG ORAL 500 MG		LC	
OXAPROZIN ORAL TABLET 600 MG		Tier 1	
PIROXICAM ORAL CAPSULE 10 MG, 20 MG		Tier 1	
PROFENO ORAL TABLET (FENOPROFEN CALCIUM) 600 MG	Tier 3	Tier 3	
SULINDAC ORAL TABLET 150 MG, 200 MG		Tier 1	
TOLMETIN SODIUM ORAL CAPSULE 400 MG		Tier 1	
TOLMETIN SODIUM ORAL TABLET 200 MG, 600 MG		Tier 1	
*Phosphodiesterase 4 (Pde4) Inhibitors***			
OTEZLA ORAL TABLET 30 MG	Tier 4		PA
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	Tier 4		PA
*Pyrimidine Synthesis Inhibitors***			
LEFLUNOMIDE ORAL TABLET 10 MG, 20 MG		Tier 1	
*Selective Costimulation Modulators***			
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML	Tier 5		PA
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	Tier 5		PA
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML	Tier 5		PA

Drug	Status	Generic Status	Notes
*Soluble Tumor Necrosis Factor Receptor Agents***			
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	Tier 5		PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	Tier 5		PA
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	Tier 5		PA
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	Tier 5		PA
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	Tier 5		PA
Analgesics - Nonnarcotic			
*Analgesic Combinations***			
DURAXIN ORAL CAPSULE 300-200-20 MG		Tier 1	
*Analgesics-Sedatives***			
BUTALBITAL-ACETAMINOPHEN ORAL CAPSULE 50-300 MG		Tier 1	
BUTALBITAL-ACETAMINOPHEN ORAL TABLET 50-300 MG		Tier 1	
BUTALBITAL-APAP ORAL TABLET 50-325 MG		Tier 1	
BUTALBITAL-APAP-CAFFEINE ORAL CAPSULE 50-325-40 MG		Tier 1	
BUTALBITAL-APAP-CAFFEINE ORAL TABLET 50-325-40 MG		Tier 1	
BUTALBITAL-ASPIRIN-CAFFEINE ORAL CAPSULE 50-325-40 MG		Tier 1	
BUTALBITAL-ASPIRIN-CAFFEINE ORAL TABLET 50-325-40 MG		Tier 1	
PHRENILIN FORTE ORAL CAPSULE (BUTALBITAL-APAP-CAFFEINE) 50-300-40 MG	Tier 1	Tier 1	
TENCON ORAL TABLET (BUTALBITAL-ACETAMINOPHEN) 50-325 MG	Tier 1	Tier 1	
*Salicylates***			
ADULT ASPIRIN REGIMEN ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
ASPIRIN 81 ORAL TABLET CHEWABLE 81 MG		Tier 1	PV

Drug	Status	Generic Status	Notes
ASPIRIN 81 ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
ASPIRIN ADULT LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
ASPIRIN ADULT LOW STRENGTH ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
ASPIRIN ADULT LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
ASPIRIN ADULT ORAL TABLET 325 MG		Tier 1	PV
ASPIRIN CHILDRENS ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
ASPIRIN EC ADULT LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
ASPIRIN EC LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
ASPIRIN EC ORAL TABLET DELAYED RELEASE 325 MG, 81 MG		Tier 1	PV
ASPIRIN LOW DOSE ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
ASPIRIN LOW STRENGTH ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
ASPIR-LOW ORAL TABLET DELAYED RELEASE (ASPIRIN) 81 MG	Tier 1	Tier 1	PV
ASPIRTAB ORAL TABLET DELAYED RELEASE 324 MG		Tier 1	PV
BAYER ADVANCED ASPIRIN REG ST ORAL TABLET (ASPIRIN) 325 MG	Tier 3	Tier 1	PV
BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE (ASPIRIN) 81 MG	Tier 3	Tier 1	PV
BAYER ASPIRIN ORAL TABLET (ASPIRIN) 325 MG	Tier 3	Tier 1	PV
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE (ASPIRIN) 325 MG	Tier 3	Tier 1	PV
BAYER LOW DOSE ORAL TABLET CHEWABLE (ASPIRIN) 81 MG	Tier 3	Tier 1	PV
BAYER LOW DOSE ORAL TABLET DELAYED RELEASE (ASPIRIN) 81 MG	Tier 3	Tier 1	PV

Drug	Status	Generic Status	Notes
CHILDRENS ASPIRIN LOW STRENGTH ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
CHILDRENS ASPIRIN ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
CVS ASPIRIN ADULT LOW DOSE ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
CVS ASPIRIN ADULT LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
CVS ASPIRIN EC ORAL TABLET DELAYED RELEASE 325 MG, 81 MG		Tier 1	PV
CVS ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
CVS ASPIRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
CVS ASPIRIN ORAL TABLET 325 MG		Tier 1	PV
CVS ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG		Tier 1	PV
DIFLUNISAL ORAL TABLET 500 MG		Tier 1	
EC-81 ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
ECOTRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE (ASPIRIN) 81 MG	Tier 3	Tier 1	PV
ECOTRIN TABLET DELAYED RELEASE 325 MG ORAL (ASPIRIN) 325 MG	Tier 1	Tier 1	PV
ECOTRIN TABLET DELAYED RELEASE 325 MG ORAL (ASPIRIN) 325 MG	Tier 3	Tier 1	PV
ECPIRIN ORAL TABLET DELAYED RELEASE (ASPIRIN) 325 MG	Tier 1	Tier 1	PV
EQ ADULT ASPIRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
EQ ASPIRIN ADULT LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
EQ ASPIRIN LOW DOSE ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
EQ ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
EQ ASPIRIN ORAL TABLET 325 MG		Tier 1	PV
EQ ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG		Tier 1	PV
EQ CHILDRENS ASPIRIN ORAL TABLET CHEWABLE 81 MG		Tier 1	PV

Drug	Status	Generic Status	Notes
EQL ASPIRIN EC ORAL TABLET DELAYED RELEASE 325 MG		Tier 1	PV
EQL ASPIRIN LOW DOSE ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
EQL ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
EQL ASPIRIN ORAL TABLET 325 MG		Tier 1	PV
GNP ADULT ASPIRIN LOW STRENGTH ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
GNP ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
GNP ASPIRIN ORAL TABLET 325 MG		Tier 1	PV
GNP ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG, 81 MG		Tier 1	PV
GOODSENSE ASPIRIN ADULT LOW ST ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
GOODSENSE ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
GOODSENSE ASPIRIN ORAL TABLET 325 MG		Tier 1	PV
GOODSENSE ASPIRIN ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
GOODSENSE ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG		Tier 1	PV
H-E-B ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
HM ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
HM ASPIRIN EC ORAL TABLET DELAYED RELEASE 325 MG		Tier 1	PV
HM ASPIRIN ORAL TABLET 325 MG		Tier 1	PV
HM ASPIRIN ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
HM ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG		Tier 1	PV
KLS ASPIRIN EC ORAL TABLET DELAYED RELEASE 325 MG		Tier 1	PV
KLS ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
KP ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV

Drug	Status	Generic Status	Notes
MEDIQUE ASPIRIN ORAL TABLET (ASPIRIN) 325 MG	Tier 1	Tier 1	PV
MEIJER ASPIRIN EC ORAL TABLET DELAYED RELEASE 325 MG		Tier 1	PV
MINIPRIN LOW DOSE ORAL TABLET DELAYED RELEASE (ASPIRIN) 81 MG	Tier 1	Tier 1	PV
MM ASPIRIN ORAL TABLET 325 MG		Tier 1	PV
NORWICH ASPIRIN ORAL TABLET (ASPIRIN) 325 MG	Tier 1	Tier 1	PV
PX ASPIRIN ORAL TABLET 325 MG		Tier 1	PV
PX ASPIRIN ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
PX ENTERIC ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG, 81 MG		Tier 1	PV
QC ASPIRIN LOW DOSE ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
QC ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
QC ASPIRIN ORAL TABLET 325 MG		Tier 1	PV
QC ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG		Tier 1	PV
QC CHILDRENS ASPIRIN ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
QC ENTERIC ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG		Tier 1	PV
RA ASPIRIN ADULT LOW DOSE ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
RA ASPIRIN ADULT LOW STRENGTH ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
RA ASPIRIN ADULT LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
RA ASPIRIN CHILDRENS ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
RA ASPIRIN EC ADULT LOW ST ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
RA ASPIRIN EC ORAL TABLET DELAYED RELEASE 325 MG, 81 MG		Tier 1	PV
RA ASPIRIN ORAL TABLET 325 MG		Tier 1	PV
RA CHILDRENS ASPIRIN ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
RA PAIN RELIEF ASPIRIN ORAL TABLET 325 MG		Tier 1	PV

Drug	Status	Generic Status	Notes
SALSALATE ORAL TABLET 500 MG, 750 MG		Tier 1	
SB ASPIRIN ADULT LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
SB ASPIRIN EC ORAL TABLET DELAYED RELEASE 325 MG		Tier 1	PV
SB ASPIRIN ORAL TABLET 325 MG		Tier 1	PV
SB ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
SB CHILDRENS ASPIRIN ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
SB LOW DOSE ASA EC ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
SM ASPIRIN ADULT LOW STRENGTH ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
SM ASPIRIN ADULT LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
SM ASPIRIN EC LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
SM ASPIRIN EC ORAL TABLET DELAYED RELEASE 325 MG		Tier 1	PV
SM ASPIRIN LOW DOSE ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
SM ASPIRIN ORAL TABLET 325 MG		Tier 1	PV
SM CHILDRENS ASPIRIN ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
ST JOSEPH ASPIRIN ORAL TABLET DELAYED RELEASE (ASPIRIN) 81 MG	Tier 3	Tier 1	PV
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE (ASPIRIN) 81 MG	Tier 3	Tier 1	PV
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE (ASPIRIN) 81 MG	Tier 3	Tier 1	PV
TGT ASPIRIN EC ORAL TABLET DELAYED RELEASE 325 MG		Tier 1	PV
TGT ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
TGT ASPIRIN ORAL TABLET 325 MG		Tier 1	PV
TGT ASPIRIN ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
TGT ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV

Drug	Status	Generic Status	Notes
TGT CHILDRENS ASPIRIN ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
Analgesics - Opioid			
*Codeine Combinations***			
ACETAMINOPHEN-CODEINE #2 ORAL TABLET 300-15 MG		Tier 1	QL (13 EA per 1 day)
ACETAMINOPHEN-CODEINE #3 ORAL TABLET 300-30 MG		Tier 1	QL (13 EA per 1 day)
ACETAMINOPHEN-CODEINE #4 ORAL TABLET 300-60 MG		Tier 1	QL (10 EA per 1 day)
ACETAMINOPHEN-CODEINE ORAL SOLUTION 120-12 MG/5ML		Tier 1	QL (166.5 ML per 1 day)
ACETAMINOPHEN-CODEINE TABLET 300-15 MG ORAL 300-15 MG		Tier 1	QL (13 EA per 1 day)
ACETAMINOPHEN-CODEINE TABLET 300-30 MG ORAL 300-30 MG		Tier 1	QL (13 EA per 1 day)
ACETAMINOPHEN-CODEINE TABLET 300-60 MG ORAL 300-60 MG		Tier 1	QL (10 EA per 1 day)
ASCOMP-CODEINE ORAL CAPSULE (BUTALBITAL-ASA-CAFF-CODEINE) 50-325-40-30 MG	Tier 1	Tier 1	
BUTALBITAL-APAP-CAFF-COD ORAL CAPSULE 50-300-40-30 MG, 50-325-40-30 MG		Tier 1	
*Dihydrocodeine Combinations***			
APAP-CAFF-DIHYDROCODEINE ORAL CAPSULE 320.5-30-16 MG		Tier 1	PA; QL (12 EA per 1 day)
APAP-CAFF-DIHYDROCODEINE ORAL TABLET 325-30-16 MG		Tier 1	QL (12 EA per 1 day)
*Hydrocodone Combinations***			
HYDROCODONE-ACETAMINOPHEN SOLUTION 10-325 MG/15ML ORAL 10-325 MG/15ML		Tier 1	QL (135 ML per 1 day)
HYDROCODONE-ACETAMINOPHEN SOLUTION 2.5-108 MG/5ML ORAL 2.5-108 MG/5ML		Tier 1	QL (180 ML per 1 day)
HYDROCODONE-ACETAMINOPHEN SOLUTION 5-217 MG/10ML ORAL 5-217 MG/10ML		Tier 1	QL (180 ML per 1 day)
HYDROCODONE-ACETAMINOPHEN SOLUTION 7.5-325 MG/15ML ORAL 7.5-325 MG/15ML		Tier 1	QL (180 ML per 1 day)

Drug	Status	Generic Status	Notes
HYDROCODONE-ACETAMINOPHEN TABLET 10-300 MG ORAL 10-300 MG		Tier 1	QL (9 EA per 1 day)
HYDROCODONE-ACETAMINOPHEN TABLET 5-300 MG ORAL 5-300 MG		Tier 1	QL (13 EA per 1 day)
HYDROCODONE-ACETAMINOPHEN TABLET 7.5-300 MG ORAL 7.5-300 MG		Tier 1	QL (12 EA per 1 day)
HYDROCODONE-IBUPROFEN TABLET 10-200 MG ORAL 10-200 MG		Tier 1	QL (9 EA per 1 day)
HYDROCODONE-IBUPROFEN TABLET 7.5-200 MG ORAL 7.5-200 MG		Tier 1	QL (12 EA per 1 day)
IBUDONE ORAL TABLET (HYDROCODONE-IBUPROFEN) 5-200 MG	Tier 1	Tier 1	QL (16 EA per 1 day)
LORCET HD ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) 10-325 MG	Tier 1	Tier 1	QL (9 EA per 1 day)
LORCET ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) 5-325 MG	Tier 1	Tier 1	QL (12 EA per 1 day)
LORCET PLUS ORAL TABLET (HYDROCODONE-ACETAMINOPHEN) 7.5-325 MG	Tier 1	Tier 1	QL (12 EA per 1 day)
*Opioid Agonists***			
ALFENTANIL HCL INTRAVENOUS SOLUTION 1000 MCG/2ML, 2500 MCG/5ML		Tier 1	
CODEINE SULFATE TABLET 15 MG ORAL 15 MG		Tier 1	QL (40 EA per 1 day)
CODEINE SULFATE TABLET 30 MG ORAL 30 MG		Tier 1	QL (20 EA per 1 day)
CODEINE SULFATE TABLET 60 MG ORAL 60 MG		Tier 1	QL (10 EA per 1 day)
DURAMORPH INJECTION SOLUTION 0.5 MG/ML, 1 MG/ML		Tier 1	
EMBEDA ORAL CAPSULE EXTENDED RELEASE 100-4 MG, 20-0.8 MG, 30-1.2 MG, 50-2 MG, 60-2.4 MG, 80-3.2 MG	Tier 2		PA; QL (2 EA per 1 day)
FENTANYL CITRATE BUCCAL LOZENGE ON A HANDLE 1200 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG		Tier 1	PA; QL (4 EA per 1 day)
FENTANYL PATCH 72 HOUR 100 MCG/HR TRANSDERMAL 100 MCG/HR		Tier 1	PA; QL (1 EA per 1 day)
FENTANYL PATCH 72 HOUR 12 MCG/HR TRANSDERMAL 12 MCG/HR		Tier 1	PA; QL (0.5 EA per 1 day)

Drug	Status	Generic Status	Notes
FENTANYL PATCH 72 HOUR 25 MCG/HR TRANSDERMAL 25 MCG/HR		Tier 1	PA; QL (0.5 EA per 1 day)
FENTANYL PATCH 72 HOUR 37.5 MCG/HR TRANSDERMAL 37.5 MCG/HR		Tier 1	PA; QL (0.5 EA per 1 day)
FENTANYL PATCH 72 HOUR 50 MCG/HR TRANSDERMAL 50 MCG/HR		Tier 1	PA; QL (0.5 EA per 1 day)
FENTANYL PATCH 72 HOUR 62.5 MCG/HR TRANSDERMAL 62.5 MCG/HR		Tier 1	PA; QL (0.5 EA per 1 day)
FENTANYL PATCH 72 HOUR 75 MCG/HR TRANSDERMAL 75 MCG/HR		Tier 1	PA; QL (1 EA per 1 day)
FENTANYL PATCH 72 HOUR 87.5 MCG/HR TRANSDERMAL 87.5 MCG/HR		Tier 1	PA; QL (0.5 EA per 1 day)
HYDROCODONE BITARTRATE ER CAPSULE EXTENDED RELEASE 12 HOUR 10 MG ORAL 10 MG		Tier 1	PA; QL (2 EA per 1 day)
HYDROCODONE BITARTRATE ER CAPSULE EXTENDED RELEASE 12 HOUR 15 MG ORAL 15 MG		Tier 1	PA; QL (2 EA per 1 day)
HYDROCODONE BITARTRATE ER CAPSULE EXTENDED RELEASE 12 HOUR 20 MG ORAL 20 MG		Tier 1	PA; QL (2 EA per 1 day)
HYDROCODONE BITARTRATE ER CAPSULE EXTENDED RELEASE 12 HOUR 30 MG ORAL 30 MG		Tier 1	PA; QL (2 EA per 1 day)
HYDROCODONE BITARTRATE ER CAPSULE EXTENDED RELEASE 12 HOUR 40 MG ORAL 40 MG		Tier 1	PA; QL (2 EA per 1 day)
HYDROCODONE BITARTRATE ER CAPSULE EXTENDED RELEASE 12 HOUR 50 MG ORAL 50 MG		Tier 1	PA; QL (4 EA per 1 day)
HYDROMORPHONE HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 16 MG, 32 MG, 8 MG		Tier 1	PA; QL (2 EA per 1 day)
HYDROMORPHONE HCL INJECTION SOLUTION 1 MG/ML, 2 MG/ML, 4 MG/ML		Tier 1	
HYDROMORPHONE HCL ORAL LIQUID 1 MG/ML		Tier 1	QL (22.5 ML per 1 day)
HYDROMORPHONE HCL PF INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2 MG/ML, 4 MG/ML, 50 MG/5ML, 500 MG/50ML		Tier 1	
HYDROMORPHONE HCL TABLET 2 MG ORAL 2 MG		Tier 1	QL (11 EA per 1 day)
HYDROMORPHONE HCL TABLET 4 MG ORAL 4 MG		Tier 1	QL (5 EA per 1 day)

Drug	Status	Generic Status	Notes
HYDROMORPHONE HCL TABLET 8 MG ORAL 8 MG		Tier 1	QL (2 EA per 1 day)
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	Tier 2		PA; QL (1 EA per 1 day)
LEVORPHANOL TARTRATE ORAL TABLET 2 MG		Tier 3	PA; QL (3 EA per 1 day)
MEPERIDINE HCL INJECTION SOLUTION 100 MG/ML, 25 MG/ML, 50 MG/ML		Tier 1	
MEPERIDINE HCL ORAL SOLUTION 50 MG/5ML		Tier 1	QL (90 ML per 1 day)
MEPERIDINE HCL TABLET 100 MG ORAL 100 MG		Tier 1	QL (9 EA per 1 day)
MEPERIDINE HCL TABLET 50 MG ORAL 50 MG		Tier 1	QL (18 EA per 1 day)
METHADONE HCL INJECTION SOLUTION 10 MG/ML		Tier 1	
METHADONE HCL INTENSOL ORAL CONCENTRATE (METHADONE HCL) 10 MG/ML	Tier 1	Tier 1	
METHADONE HCL ORAL SOLUTION 10 MG/5ML, 5 MG/5ML		Tier 1	
METHADONE HCL ORAL TABLET 10 MG, 5 MG		Tier 1	PA
METHADOSE ORAL CONCENTRATE (METHADONE HCL) 10 MG/ML	Tier 1	Tier 1	
METHADOSE ORAL TABLET SOLUBLE (METHADONE HCL) 40 MG	Tier 1	Tier 1	
METHADOSE SUGAR-FREE ORAL CONCENTRATE (METHADONE HCL) 10 MG/ML	Tier 1	Tier 1	
MITIGO INJECTION SOLUTION 200 MG/20ML (10 MG/ML), 500 MG/20ML (25 MG/ML)	Tier 1		
MORPHINE SULFATE (CONCENTRATE) ORAL SOLUTION 100 MG/5ML, 20 MG/ML		Tier 1	QL (4.5 ML per 1 day)
MORPHINE SULFATE (PF) INJECTION SOLUTION 0.5 MG/ML, 1 MG/ML, 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML, 8 MG/ML		Tier 1	
MORPHINE SULFATE (PF) INTRAVENOUS SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 8 MG/ML		Tier 1	

Drug	Status	Generic Status	Notes
MORPHINE SULFATE ER BEADS CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL 120 MG		Tier 1	PA; QL (2 EA per 1 day)
MORPHINE SULFATE ER BEADS CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL 30 MG		Tier 1	PA; QL (1 EA per 1 day)
MORPHINE SULFATE ER BEADS CAPSULE EXTENDED RELEASE 24 HOUR 45 MG ORAL 45 MG		Tier 1	PA; QL (1 EA per 1 day)
MORPHINE SULFATE ER BEADS CAPSULE EXTENDED RELEASE 24 HOUR 60 MG ORAL 60 MG		Tier 1	PA; QL (1 EA per 1 day)
MORPHINE SULFATE ER BEADS CAPSULE EXTENDED RELEASE 24 HOUR 75 MG ORAL 75 MG		Tier 1	PA; QL (1 EA per 1 day)
MORPHINE SULFATE ER BEADS CAPSULE EXTENDED RELEASE 24 HOUR 90 MG ORAL 90 MG		Tier 1	PA; QL (1 EA per 1 day)
MORPHINE SULFATE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 100 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 80 MG		Tier 1	PA; QL (2 EA per 1 day)
MORPHINE SULFATE ER ORAL TABLET EXTENDED RELEASE 100 MG, 15 MG, 200 MG, 30 MG, 60 MG		Tier 1	PA; QL (3 EA per 1 day)
MORPHINE SULFATE INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML, 8 MG/ML		Tier 1	
MORPHINE SULFATE INTRAMUSCULAR DEVICE 10 MG/0.7ML		Tier 1	
MORPHINE SULFATE INTRAVENOUS SOLUTION 1 MG/ML, 150 MG/30ML		Tier 1	
MORPHINE SULFATE SOLUTION 10 MG/5ML ORAL 10 MG/5ML		Tier 1	QL (45 ML per 1 day)
MORPHINE SULFATE SOLUTION 20 MG/5ML ORAL 20 MG/5ML		Tier 1	QL (22.5 ML per 1 day)
MORPHINE SULFATE TABLET 15 MG ORAL 15 MG		Tier 1	QL (6 EA per 1 day)
MORPHINE SULFATE TABLET 30 MG ORAL 30 MG		Tier 1	QL (3 EA per 1 day)
OXYCODONE HCL ORAL CAPSULE 5 MG		Tier 1	QL (12 EA per 1 day)
OXYCODONE HCL ORAL CONCENTRATE 100 MG/5ML		Tier 1	QL (3 ML per 1 day)

Drug	Status	Generic Status	Notes
OXYCODONE HCL ORAL SOLUTION 5 MG/5ML		Tier 1	QL (60 ML per 1 day)
OXYCODONE HCL TABLET 10 MG ORAL 10 MG		Tier 1	QL (6 EA per 1 day)
OXYCODONE HCL TABLET 15 MG ORAL 15 MG		Tier 1	QL (4 EA per 1 day)
OXYCODONE HCL TABLET 20 MG ORAL 20 MG		Tier 1	QL (3 EA per 1 day)
OXYCODONE HCL TABLET 30 MG ORAL 30 MG		Tier 1	QL (2 EA per 1 day)
OXYCODONE HCL TABLET 5 MG ORAL 5 MG		Tier 1	QL (12 EA per 1 day)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT (OXYCODONE HCL ER) 10 MG, 20 MG, 40 MG	Tier 2	Tier 3	PA; QL (4 EA per 1 day)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT (OXYCODONE HCL ER) 15 MG, 30 MG, 60 MG, 80 MG	Tier 2	Tier 3	PA; QL (4 EA per 1 day)
OXYMORPHONE HCL ER ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 5 MG, 7.5 MG		Tier 1	PA; QL (4 EA per 1 day)
OXYMORPHONE HCL TABLET 10 MG ORAL 10 MG		Tier 1	QL (1 EA per 1 day)
OXYMORPHONE HCL TABLET 5 MG ORAL 5 MG		Tier 1	QL (3 EA per 1 day)
REMIFENTANIL HCL INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG		Tier 1	
TRAMADOL HCL ER (BIPHASIC) ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG		Tier 1	QL (1 EA per 1 day)
TRAMADOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG		Tier 1	PA; QL (1 EA per 1 day)
TRAMADOL HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG		Tier 1	QL (1 EA per 1 day)
TRAMADOL HCL TABLET 100 MG ORAL 100 MG		Tier 1	QL (4 EA per 1 day)
TRAMADOL HCL TABLET 50 MG ORAL 50 MG		Tier 1	QL (8 EA per 1 day)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG	Tier 2		PA; QL (4 EA per 1 day)

Drug	Status	Generic Status	Notes
*Opioid Combinations***			
ENDOCET TABLET 10-325 MG ORAL (OXYCODONE-ACETAMINOPHEN) 10-325 MG	Tier 1	Tier 1	QL (6 EA per 1 day)
ENDOCET TABLET 2.5-325 MG ORAL (OXYCODONE-ACETAMINOPHEN) 2.5-325 MG	Tier 1	Tier 1	QL (12 EA per 1 day)
ENDOCET TABLET 5-325 MG ORAL (OXYCODONE-ACETAMINOPHEN) 5-325 MG	Tier 1	Tier 1	QL (12 EA per 1 day)
ENDOCET TABLET 7.5-325 MG ORAL (OXYCODONE-ACETAMINOPHEN) 7.5-325 MG	Tier 1	Tier 1	QL (8 EA per 1 day)
OXYCODONE-ASPIRIN ORAL TABLET 4.8355-325 MG		Tier 1	QL (12 EA per 1 day)
OXYCODONE-IBUPROFEN ORAL TABLET 5-400 MG		Tier 1	QL (6 EA per 1 day)
*Opioid Partial Agonists***			
BUPRENORPHINE HCL INJECTION SOLUTION 0.3 MG/ML		Tier 1	
BUPRENORPHINE HCL TABLET SUBLINGUAL 2 MG SUBLINGUAL 2 MG		Tier 1	QL (12 EA per 1 day)
BUPRENORPHINE HCL TABLET SUBLINGUAL 8 MG SUBLINGUAL 8 MG		Tier 1	QL (3 EA per 1 day)
BUPRENORPHINE HCL-NALOXONE HCL FILM 12-3 MG SUBLINGUAL 12-3 MG		Tier 1	QL (2 EA per 1 day)
BUPRENORPHINE HCL-NALOXONE HCL FILM 2-0.5 MG SUBLINGUAL 2-0.5 MG		Tier 1	QL (12 EA per 1 day)
BUPRENORPHINE HCL-NALOXONE HCL FILM 4-1 MG SUBLINGUAL 4-1 MG		Tier 1	QL (6 EA per 1 day)
BUPRENORPHINE HCL-NALOXONE HCL FILM 8-2 MG SUBLINGUAL 8-2 MG		Tier 1	QL (3 EA per 1 day)
BUPRENORPHINE HCL-NALOXONE HCL TABLET SUBLINGUAL 2-0.5 MG SUBLINGUAL 2-0.5 MG		Tier 1	QL (12 EA per 1 day)
BUPRENORPHINE HCL-NALOXONE HCL TABLET SUBLINGUAL 8-2 MG SUBLINGUAL 8-2 MG		Tier 1	QL (3 EA per 1 day)
BUPRENORPHINE TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR, 7.5 MCG/HR		Tier 1	PA; QL (0.15 EA per 1 day)
BUTORPHANOL TARTRATE INJECTION SOLUTION 1 MG/ML, 2 MG/ML		Tier 1	

Drug	Status	Generic Status	Notes
BUTORPHANOL TARTRATE NASAL SOLUTION 10 MG/ML		Tier 1	QL (2.5 ML per 1 day)
NALBUPHINE HCL INJECTION SOLUTION 10 MG/ML, 20 MG/ML		Tier 1	
PENTAZOCINE-NALOXONE HCL ORAL TABLET 50-0.5 MG		Tier 1	QL (10 EA per 1 day)
*Tramadol Combinations***			
TRAMADOL-ACETAMINOPHEN ORAL TABLET 37.5-325 MG		Tier 1	QL (8 EA per 1 day)
Androgens-Anabolic			
*Anabolic Steroids***			
ANADROL-50 ORAL TABLET 50 MG	Tier 3		PA
OXANDROLONE TABLET 10 MG ORAL 10 MG		Tier 1	PA; QL (2 EA per 1 day)
OXANDROLONE TABLET 2.5 MG ORAL 2.5 MG		Tier 1	PA; QL (8 EA per 1 day)
*Androgens***			
DANAZOL ORAL CAPSULE 100 MG, 200 MG, 50 MG		Tier 1	
METHITEST ORAL TABLET 10 MG		Tier 3	PA
METHYLTESTOSTERONE ORAL CAPSULE 10 MG		Tier 1	PA
STRIANT BUCCAL 30 MG	Tier 3		PA
TESTOSTERONE CYPIONATE INTRAMUSCULAR SOLUTION 100 MG/ML, 200 MG/ML		Tier 1	PA
TESTOSTERONE ENANTHATE INTRAMUSCULAR SOLUTION 200 MG/ML		Tier 1	PA
TESTOSTERONE TRANSDERMAL GEL 1.62 %, 12.5 MG/ACT (1%), 20.25 MG/1.25GM (1.62%), 20.25 MG/ACT (1.62%), 25 MG/2.5GM (1%), 40.5 MG/2.5GM (1.62%), 50 MG/5GM (1%)		Tier 1	PA
TESTOSTERONE TRANSDERMAL SOLUTION 30 MG/ACT		Tier 1	PA
Anorectal And Related Products			
*Intrarectal Steroids***			
COLOCORT RECTAL ENEMA (HYDROCORTISONE) 100 MG/60ML	Tier 1	Tier 1	
CORTIFOAM EXTERNAL FOAM 10 %	Tier 3		

Drug	Status	Generic Status	Notes
*Nitrate Vasodilating Agents***			
RECTIV RECTAL OINTMENT 0.4 %	Tier 3		
*Rectal Anesthetic/Steroids***			
HYDROCORTISONE ACE-PRAMOXINE EXTERNAL CREAM 1-1 %		Tier 1	
*Rectal Steroids***			
PROCTO-MED HC EXTERNAL CREAM (HYDROCORTISONE (PERIANAL)) 2.5 %	Tier 1	Tier 1	
PROCTO-PAK EXTERNAL CREAM (HYDROCORTISONE (PERIANAL)) 1 %	Tier 1	Tier 1	
PROCTOSOL HC EXTERNAL CREAM (HYDROCORTISONE (PERIANAL)) 2.5 %	Tier 1	Tier 1	
PROCTOZONE-HC EXTERNAL CREAM (HYDROCORTISONE (PERIANAL)) 2.5 %	Tier 1	Tier 1	
Antacids			
*Antacids - Bicarbonate***			
SODIUM BICARBONATE ORAL POWDER		Tier 1	
Anthelmintics			
*Anthelmintics***			
ALBENDAZOLE ORAL TABLET 200 MG		Tier 1	PA
BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG		Tier 3	
EMVERM ORAL TABLET CHEWABLE 100 MG	Tier 2		
IVERMECTIN ORAL TABLET 3 MG		Tier 1	
PRAZIQUANTEL ORAL TABLET 600 MG		Tier 1	
Antianginal Agents			
*Antianginals-Other***			
RANOLAZINE ER ORAL TABLET EXTENDED RELEASE 12 HOUR 1000 MG, 500 MG		Tier 1	
*Nitrates***			
DILATRATE-SR ORAL CAPSULE EXTENDED RELEASE 40 MG	Tier 3		
ISOSORBIDE DINITRATE ER ORAL TABLET EXTENDED RELEASE 40 MG		Tier 1	
ISOSORBIDE DINITRATE ORAL TABLET 10 MG, 20 MG, 30 MG, 5 MG		Tier 1	

Drug	Status	Generic Status	Notes
ISOSORBIDE MONONITRATE ER TABLET EXTENDED RELEASE 24 HOUR 120 MG ORAL 120 MG		Tier 1	
ISOSORBIDE MONONITRATE ER TABLET EXTENDED RELEASE 24 HOUR 30 MG ORAL 30 MG		LC	
ISOSORBIDE MONONITRATE ER TABLET EXTENDED RELEASE 24 HOUR 60 MG ORAL 60 MG		LC	
ISOSORBIDE MONONITRATE ORAL TABLET 10 MG, 20 MG		Tier 1	
MINITRAN TRANSDERMAL PATCH 24 HOUR (NITROGLYCERIN) 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	Tier 1	Tier 1	
NITRO-BID TRANSDERMAL OINTMENT 2 %	Tier 3		
NITROGLYCERIN IN D5W INTRAVENOUS SOLUTION 100-5 MCG/ML-%, 200-5 MCG/ML-%, 400-5 MCG/ML-%		Tier 1	
NITROGLYCERIN INTRAVENOUS SOLUTION 5 MG/ML		Tier 1	
NITROGLYCERIN SUBLINGUAL TABLET SUBLINGUAL 0.3 MG, 0.4 MG, 0.6 MG		Tier 1	
NITROGLYCERIN TRANSLINGUAL SOLUTION 0.4 MG/SPRAY		Tier 1	
NITROMIST TRANSLINGUAL AEROSOL SOLUTION 400 MCG/SPRAY	Tier 3		
NITRO-TIME ORAL CAPSULE EXTENDED RELEASE 2.5 MG	Tier 1		
Antianxiety Agents			
*Antianxiety Agents - Misc.***			
BUSPIRONE HCL TABLET 10 MG ORAL 10 MG		LC	
BUSPIRONE HCL TABLET 15 MG ORAL 15 MG		Tier 1	
BUSPIRONE HCL TABLET 30 MG ORAL 30 MG		Tier 1	
BUSPIRONE HCL TABLET 5 MG ORAL 5 MG		LC	
BUSPIRONE HCL TABLET 7.5 MG ORAL 7.5 MG		Tier 1	
DROPERIDOL INJECTION SOLUTION 2.5 MG/ML		Tier 1	

Drug	Status	Generic Status	Notes
HYDROXYZINE HCL ORAL SYRUP 10 MG/5ML		LC	
HYDROXYZINE HCL ORAL TABLET 10 MG, 25 MG, 50 MG		LC	
HYDROXYZINE HCL SOLUTION 25 MG/ML INTRAMUSCULAR 25 MG/ML		Tier 1	
HYDROXYZINE HCL SOLUTION 50 MG/ML INTRAMUSCULAR 50 MG/ML		LC	
HYDROXYZINE PAMOATE ORAL CAPSULE 100 MG, 25 MG, 50 MG		LC	
MEPROBAMATE ORAL TABLET 200 MG, 400 MG		Tier 1	
*Benzodiazepines***			
ALPRAZOLAM ER TABLET EXTENDED RELEASE 24 HOUR 0.5 MG ORAL 0.5 MG		Tier 1	QL (1 EA per 1 day)
ALPRAZOLAM ER TABLET EXTENDED RELEASE 24 HOUR 1 MG ORAL 1 MG		Tier 1	QL (1 EA per 1 day)
ALPRAZOLAM ER TABLET EXTENDED RELEASE 24 HOUR 2 MG ORAL 2 MG		Tier 1	QL (5 EA per 1 day)
ALPRAZOLAM ER TABLET EXTENDED RELEASE 24 HOUR 3 MG ORAL 3 MG		Tier 1	QL (3 EA per 1 day)
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	Tier 1		QL (10 ML per 1 day)
ALPRAZOLAM TABLET 0.25 MG ORAL 0.25 MG		Tier 1	QL (4 EA per 1 day)
ALPRAZOLAM TABLET 0.5 MG ORAL 0.5 MG		Tier 1	QL (4 EA per 1 day)
ALPRAZOLAM TABLET 1 MG ORAL 1 MG		Tier 1	QL (4 EA per 1 day)
ALPRAZOLAM TABLET 2 MG ORAL 2 MG		Tier 1	QL (5 EA per 1 day)
ALPRAZOLAM TABLET DISPERSIBLE 0.25 MG ORAL 0.25 MG		Tier 1	QL (4 EA per 1 day)
ALPRAZOLAM TABLET DISPERSIBLE 0.5 MG ORAL 0.5 MG		Tier 1	QL (4 EA per 1 day)
ALPRAZOLAM TABLET DISPERSIBLE 1 MG ORAL 1 MG		Tier 1	QL (4 EA per 1 day)
ALPRAZOLAM TABLET DISPERSIBLE 2 MG ORAL 2 MG		Tier 1	QL (5 EA per 1 day)
ALPRAZOLAM XR TABLET EXTENDED RELEASE 24 HOUR 0.5 MG ORAL 0.5 MG		Tier 1	QL (1 EA per 1 day)
ALPRAZOLAM XR TABLET EXTENDED RELEASE 24 HOUR 1 MG ORAL 1 MG		Tier 1	QL (1 EA per 1 day)

Drug	Status	Generic Status	Notes
ALPRAZOLAM XR TABLET EXTENDED RELEASE 24 HOUR 2 MG ORAL 2 MG		Tier 1	QL (5 EA per 1 day)
ALPRAZOLAM XR TABLET EXTENDED RELEASE 24 HOUR 3 MG ORAL 3 MG		Tier 1	QL (3 EA per 1 day)
CHLORDIAZEPOXIDE HCL CAPSULE 10 MG ORAL 10 MG		Tier 1	QL (30 EA per 1 day)
CHLORDIAZEPOXIDE HCL CAPSULE 25 MG ORAL 25 MG		Tier 1	QL (12 EA per 1 day)
CHLORDIAZEPOXIDE HCL CAPSULE 5 MG ORAL 5 MG		Tier 1	QL (4 EA per 1 day)
CLORAZEPATE DIPOTASSIUM TABLET 15 MG ORAL 15 MG		Tier 1	QL (6 EA per 1 day)
CLORAZEPATE DIPOTASSIUM TABLET 3.75 MG ORAL 3.75 MG		Tier 1	QL (24 EA per 1 day)
CLORAZEPATE DIPOTASSIUM TABLET 7.5 MG ORAL 7.5 MG		Tier 1	QL (12 EA per 1 day)
DIAZEPAM INJECTION SOLUTION 5 MG/ML		Tier 1	
DIAZEPAM INTENSOL ORAL CONCENTRATE (DIAZEPAM) 5 MG/ML	Tier 1	Tier 1	
DIAZEPAM INTRAMUSCULAR SOLUTION AUTO-INJECTOR 10 MG/2ML		Tier 1	
DIAZEPAM ORAL SOLUTION 5 MG/5ML		Tier 1	
DIAZEPAM ORAL TABLET 10 MG, 2 MG, 5 MG		Tier 1	
LORAZEPAM INJECTION SOLUTION 2 MG/ML, 4 MG/ML		Tier 1	
LORAZEPAM INTENSOL ORAL CONCENTRATE (LORAZEPAM) 2 MG/ML	Tier 1	Tier 1	QL (5 ML per 1 day)
LORAZEPAM TABLET 0.5 MG ORAL 0.5 MG		Tier 1	QL (3 EA per 1 day)
LORAZEPAM TABLET 1 MG ORAL 1 MG		Tier 1	QL (3 EA per 1 day)
LORAZEPAM TABLET 2 MG ORAL 2 MG		Tier 1	QL (5 EA per 1 day)
OXAZEPAM ORAL CAPSULE 10 MG, 15 MG, 30 MG		Tier 1	QL (4 EA per 1 day)
Antiarrhythmics			
*Antiarrhythmics - Misc.***			
ADENOSINE INTRAVENOUS SOLUTION 12 MG/4ML, 6 MG/2ML		Tier 1	
*Antiarrhythmics Type I-A***			
DISOPYRAMIDE PHOSPHATE ORAL CAPSULE 100 MG, 150 MG		Tier 1	

Drug	Status	Generic Status	Notes
PROCAINAMIDE HCL INJECTION SOLUTION 100 MG/ML, 500 MG/ML		Tier 1	
QUINIDINE GLUCONATE ER ORAL TABLET EXTENDED RELEASE 324 MG		Tier 1	
QUINIDINE SULFATE ORAL TABLET 200 MG, 300 MG		Tier 1	
*Antiarrhythmics Type I-B***			
LIDOCAINE HCL (CARDIAC) INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/5ML, 50 MG/5ML		Tier 1	
LIDOCAINE HCL (CARDIAC) PF INTRAVENOUS SOLUTION 100 MG/5ML		Tier 1	
LIDOCAINE HCL (CARDIAC) PF INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/5ML, 50 MG/5ML		Tier 1	
LIDOCAINE IN D5W INTRAVENOUS SOLUTION 4-5 MG/ML-%, 8-5 MG/ML-%		Tier 1	
MEXILETINE HCL ORAL CAPSULE 150 MG, 200 MG, 250 MG		Tier 1	
*Antiarrhythmics Type I-C***			
FLECAINIDE ACETATE ORAL TABLET 100 MG, 150 MG, 50 MG		Tier 1	
PROPAFENONE HCL ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG		Tier 1	
PROPAFENONE HCL ORAL TABLET 150 MG, 225 MG, 300 MG		Tier 1	
*Antiarrhythmics Type Iii***			
AMIODARONE HCL INTRAVENOUS SOLUTION 150 MG/3ML, 450 MG/9ML, 900 MG/18ML		Tier 1	
AMIODARONE HCL ORAL TABLET 100 MG, 400 MG		Tier 1	
DOFETILIDE ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG		Tier 1	
IBUTILIDE FUMARATE INTRAVENOUS SOLUTION 1 MG/10ML		Tier 1	
PACERONE ORAL TABLET (AMIODARONE HCL) 200 MG	Tier 1	Tier 1	

Drug	Status	Generic Status	Notes
Antiasthmatic And Bronchodilator Agents			
*5-Lipoxygenase Inhibitors***			
ZILEUTON ER ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG		Tier 3	PA; ST
*Adrenergic Combinations***			
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	Tier 2		QL (0.4 GM per 1 day)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH	Tier 2		QL (2 EA per 1 day)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH	Tier 2		QL (2 EA per 1 day)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	Tier 2		QL (0.27 GM per 1 day)
FLUTICASONE-SALMETEROL AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT INHALATION 113-14 MCG/ACT		Tier 1	QL (0.04 EA per 1 day)
FLUTICASONE-SALMETEROL AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT INHALATION 232-14 MCG/ACT		Tier 1	QL (0.04 EA per 1 day)
FLUTICASONE-SALMETEROL AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT INHALATION 55-14 MCG/ACT		Tier 1	QL (0.04 EA per 1 day)
IPRATROPIUM-ALBUTEROL INHALATION SOLUTION 0.5-2.5 (3) MG/3ML		Tier 1	QL (18 ML per 1 day)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	Tier 2		QL (0.14 GM per 1 day)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	Tier 2		QL (0.34 GM per 1 day)
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED (FLUTICASONE-SALMETEROL) 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	Tier 1	Tier 1	QL (2 EA per 1 day)
*Anti-Ige Monoclonal Antibodies***			
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	Tier 4		PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	Tier 4		PA

Drug	Status	Generic Status	Notes
*Anti-Inflammatory Agents***			
CROMOLYN SODIUM INHALATION NEBULIZATION SOLUTION 20 MG/2ML		Tier 1	
*Beta Adrenergics***			
ALBUTEROL SULFATE ER ORAL TABLET EXTENDED RELEASE 12 HOUR 4 MG, 8 MG		Tier 1	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (2.5 MG/3ML) 0.083% INHALATION (2.5 MG/3ML) 0.083%		Tier 1	QL (18 ML per 1 day)
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION (5 MG/ML) 0.5%		LC	QL (5 ML per 1 day)
ALBUTEROL SULFATE NEBULIZATION SOLUTION 0.63 MG/3ML INHALATION 0.63 MG/3ML		Tier 1	QL (12.5 ML per 1 day)
ALBUTEROL SULFATE NEBULIZATION SOLUTION 1.25 MG/3ML INHALATION 1.25 MG/3ML		Tier 1	QL (12.5 ML per 1 day)
ALBUTEROL SULFATE NEBULIZATION SOLUTION 2.5 MG/0.5ML INHALATION 2.5 MG/0.5ML		LC	QL (5 EA per 1 day)
ALBUTEROL SULFATE ORAL SYRUP 2 MG/5ML		Tier 1	
ALBUTEROL SULFATE ORAL TABLET 2 MG, 4 MG		Tier 1	
BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML	Tier 3		QL (4 ML per 1 day)
ISOPROTERENOL HCL INJECTION SOLUTION 0.2 MG/ML		Tier 1	
METAPROTERENOL SULFATE ORAL SYRUP 10 MG/5ML		Tier 1	
METAPROTERENOL SULFATE ORAL TABLET 10 MG, 20 MG		Tier 1	
PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML	Tier 3		QL (4 ML per 1 day)
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 MCG/ACT	Tier 3		QL (0.07 EA per 1 day)
PROAIR HFA INHALATION AEROSOL SOLUTION (ALBUTEROL SULFATE HFA) 108 (90 BASE) MCG/ACT	Tier 2	Tier 1	QL (1.2 GM per 1 day)

Drug	Status	Generic Status	Notes
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	Tier 2		QL (0.07 EA per 1 day)
PROVENTIL HFA INHALATION AEROSOL SOLUTION (ALBUTEROL SULFATE HFA) 108 (90 BASE) MCG/ACT	Tier 3	Tier 1	QL (1.2 GM per 1 day)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE	Tier 2		QL (2 EA per 1 day)
TERBUTALINE SULFATE INJECTION SOLUTION 1 MG/ML		Tier 1	
TERBUTALINE SULFATE ORAL TABLET 2.5 MG, 5 MG		Tier 1	
VENTOLIN HFA INHALATION AEROSOL SOLUTION (ALBUTEROL SULFATE HFA) 108 (90 BASE) MCG/ACT	Tier 2	Tier 1	QL (1.2 GM per 1 day)
XOPENEX CONCENTRATE INHALATION NEBULIZATION SOLUTION (LEVALBUTEROL HCL) 1.25 MG/0.5ML	Tier 3	Tier 1	QL (3 EA per 1 day)
XOPENEX HFA INHALATION AEROSOL (LEVALBUTEROL TARTRATE) 45 MCG/ACT	Tier 3	Tier 3	
XOPENEX NEBULIZATION SOLUTION 0.31 MG/3ML INHALATION (LEVALBUTEROL HCL) 0.31 MG/3ML	Tier 3	Tier 1	QL (18 ML per 1 day)
XOPENEX NEBULIZATION SOLUTION 0.63 MG/3ML INHALATION (LEVALBUTEROL HCL) 0.63 MG/3ML	Tier 3	Tier 1	QL (18 ML per 1 day)
XOPENEX NEBULIZATION SOLUTION 1.25 MG/3ML INHALATION (LEVALBUTEROL HCL) 1.25 MG/3ML	Tier 3	Tier 1	QL (9 ML per 1 day)
*Bronchodilators - Anticholinergics***			
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	Tier 3		QL (0.86 GM per 1 day)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/INH	Tier 2		QL (1 EA per 1 day)
IPRATROPIUM BROMIDE INHALATION SOLUTION 0.02 %		LC	QL (10.42 ML per 1 day)
SPIRIVA HANDHALER INHALATION CAPSULE 18 MCG	Tier 2		QL (1 EA per 1 day)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	Tier 2		QL (0.14 GM per 1 day)

Drug	Status	Generic Status	Notes
*Interleukin-5 Antagonists (Igg1 Kappa)***			
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	Tier 4		PA; QL (0.11 EA per 1 day)
*Leukotriene Receptor Antagonists***			
MONTELUKAST SODIUM ORAL PACKET 4 MG		LC	
MONTELUKAST SODIUM ORAL TABLET 10 MG		LC	
MONTELUKAST SODIUM ORAL TABLET CHEWABLE 4 MG, 5 MG		LC	
ZAFIRLUKAST ORAL TABLET 10 MG, 20 MG		Tier 1	
*Selective Phosphodiesterase 4 (Pde4) Inhibitors***			
DALIRESP ORAL TABLET 500 MCG	Tier 3		PA
*Steroid Inhalants***			
ARNUTY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	Tier 2		QL (1 EA per 1 day)
BUDESONIDE INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML, 1 MG/2ML		Tier 1	QL (4 ML per 1 day)
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST INHALATION 100 MCG/BLIST	Tier 2		QL (2 EA per 1 day)
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 250 MCG/BLIST INHALATION 250 MCG/BLIST	Tier 2		QL (8 EA per 1 day)
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 50 MCG/BLIST INHALATION 50 MCG/BLIST	Tier 2		QL (2 EA per 1 day)
FLOVENT HFA AEROSOL 110 MCG/ACT INHALATION 110 MCG/ACT	Tier 2		QL (0.8 GM per 1 day)
FLOVENT HFA AEROSOL 220 MCG/ACT INHALATION 220 MCG/ACT	Tier 2		QL (0.8 GM per 1 day)
FLOVENT HFA AEROSOL 44 MCG/ACT INHALATION 44 MCG/ACT	Tier 2		QL (0.71 GM per 1 day)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT	Tier 2		QL (0.07 EA per 1 day)

Drug	Status	Generic Status	Notes
*Xanthine-Expectorants***			
DIFIL-G FORTE ORAL LIQUID 100-100 MG/5ML	Tier 1		
*Xanthines***			
AMINOPHYLLINE INTRAVENOUS SOLUTION 25 MG/ML		Tier 1	
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15ML	Tier 2		
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG	Tier 3		
THEOPHYLLINE ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG, 450 MG		Tier 1	
THEOPHYLLINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 400 MG, 600 MG		Tier 1	
THEOPHYLLINE IN D5W INTRAVENOUS SOLUTION 0.8-5 MG/ML-%		Tier 1	
THEOPHYLLINE ORAL SOLUTION 80 MG/15ML		Tier 1	
Anticoagulants			
*Coumarin Anticoagulants***			
JANTOVEN ORAL TABLET (WARFARIN SODIUM) 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	LC	LC	
*Direct Factor Xa Inhibitors***			
BEVYXXA ORAL CAPSULE 40 MG, 80 MG	Tier 3		QL (43 EA per 180 days)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	Tier 2		QL (3 EA per 1 day)
ELIQUIS TABLET 2.5 MG ORAL 2.5 MG	Tier 2		QL (2 EA per 1 day)
ELIQUIS TABLET 5 MG ORAL 5 MG	Tier 2		QL (3 EA per 1 day)
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG	Tier 3		QL (1 EA per 1 day)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	Tier 2		QL (1.7 EA per 1 day)
XARELTO TABLET 10 MG ORAL 10 MG	Tier 2		QL (1 EA per 1 day)
XARELTO TABLET 15 MG ORAL 15 MG	Tier 2		QL (2 EA per 1 day)
XARELTO TABLET 2.5 MG ORAL 2.5 MG	Tier 2		QL (2 EA per 1 day)
XARELTO TABLET 20 MG ORAL 20 MG	Tier 2		QL (1 EA per 1 day)

Drug	Status	Generic Status	Notes
*Heparins And Heparinoid-Like Agents***			
HEPARIN (PORCINE) IN NAACL INTRAVENOUS SOLUTION 1000-0.9 UT/500ML-%, 12500-0.45 UT/250ML-%, 2000-0.9 UNIT/L-%, 25000-0.45 UT/250ML-%, 25000-0.45 UT/500ML-%		Tier 1	
HEPARIN LOCK FLUSH INTRAVENOUS SOLUTION 1 UNIT/ML, 10 UNIT/ML		Tier 1	
HEPARIN SOD (PORCINE) IN D5W INTRAVENOUS SOLUTION 100 UNIT/ML, 25000-5 UT/500ML-%, 40-5 UNIT/ML-%		Tier 1	
HEPARIN SODIUM (PORCINE) INJECTION SOLUTION 1000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML, 5000 UNIT/ML		Tier 1	
HEPARIN SODIUM (PORCINE) INJECTION SOLUTION PREFILLED SYRINGE 5000 UNIT/0.5ML		Tier 1	
HEPARIN SODIUM (PORCINE) PF INJECTION SOLUTION 5000 UNIT/0.5ML, 5000 UNIT/ML		Tier 1	
HEPARIN SODIUM FLUSH INTRAVENOUS KIT 100-0.9 UNIT/ML-%		Tier 1	
HEPARIN SODIUM LOCK FLUSH INTRAVENOUS SOLUTION 100 UNIT/ML		Tier 1	
SASH KIT INTRAVENOUS KIT 100-0.9 UNIT/ML-%		Tier 1	
*In Vitro/Lock Anticoagulants***			
ACD-A NOCLOT-50 IN VITRO SOLUTION (ACD FORMULA A) 0.73-2.45-2.2 GM/100ML	Tier 1	Tier 1	
ANTICOAGULANT CIT DEXT SOLN A IN VITRO SOLUTION 0.8-2.45-2.2 GM/100ML		Tier 1	
ANTICOAGULANT SODIUM CITRATE IN VITRO SOLUTION 4 GM/100ML		Tier 1	
*Low Molecular Weight Heparins***			
ENOXAPARIN SODIUM INJECTION SOLUTION 300 MG/3ML		Tier 1	QL (35 ML per 180 days)
ENOXAPARIN SODIUM SUBCUTANEOUS SOLUTION 100 MG/ML, 120 MG/0.8ML, 150 MG/ML, 30 MG/0.3ML, 40 MG/0.4ML, 60 MG/0.6ML, 80 MG/0.8ML		Tier 1	QL (35 ML per 180 days)

Drug	Status	Generic Status	Notes
*Synthetic Heparinoid-Like Agents***			
FONDAPARINUX SODIUM SUBCUTANEOUS SOLUTION 10 MG/0.8ML, 2.5 MG/0.5ML, 5 MG/0.4ML, 7.5 MG/0.6ML		Tier 1	QL (35 ML per 180 days)
*Thrombin Inhibitors - Hirudin Type***			
BIVALIRUDIN TRIFLUOROACETATE INTRAVENOUS SOLUTION RECONSTITUTED 250 MG		Tier 1	
*Thrombin Inhibitors - Selective Direct & Reversible***			
ARGATROBAN INTRAVENOUS SOLUTION 250 MG/2.5ML, 50 MG/50ML		Tier 1	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	Tier 2		QL (2 EA per 1 day)
Anticonvulsants			
*Ampa Glutamate Receptor Antagonists***			
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	Tier 3		
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 3		
*Anticonvulsants - Benzodiazepines***			
CLOBAZAM ORAL SUSPENSION 2.5 MG/ML		Tier 1	PA
CLOBAZAM ORAL TABLET 10 MG, 20 MG		Tier 1	PA
CLONAZEPAM TABLET 0.5 MG ORAL 0.5 MG		Tier 1	QL (3 EA per 1 day)
CLONAZEPAM TABLET 1 MG ORAL 1 MG		Tier 1	QL (3 EA per 1 day)
CLONAZEPAM TABLET 2 MG ORAL 2 MG		Tier 1	QL (10 EA per 1 day)
CLONAZEPAM TABLET DISPERSIBLE 0.125 MG ORAL 0.125 MG		Tier 1	QL (3 EA per 1 day)
CLONAZEPAM TABLET DISPERSIBLE 0.25 MG ORAL 0.25 MG		Tier 1	QL (3 EA per 1 day)
CLONAZEPAM TABLET DISPERSIBLE 0.5 MG ORAL 0.5 MG		Tier 1	QL (3 EA per 1 day)
CLONAZEPAM TABLET DISPERSIBLE 1 MG ORAL 1 MG		Tier 1	QL (3 EA per 1 day)
CLONAZEPAM TABLET DISPERSIBLE 2 MG ORAL 2 MG		Tier 1	QL (10 EA per 1 day)
DIAZEPAM RECTAL GEL 10 MG, 2.5 MG, 20 MG		Tier 1	QL (2 EA Max Qty Per Fill Retail)

Drug	Status	Generic Status	Notes
*Anticonvulsants - Misc.***			
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	Tier 3		
BANZEL ORAL TABLET 200 MG, 400 MG	Tier 3		PA
BRIVIACT ORAL SOLUTION 10 MG/ML	Tier 3		PA; ST
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	Tier 3		PA; ST
CARBAMAZEPINE ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG		Tier 1	
CARBAMAZEPINE ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG		Tier 1	
CARBAMAZEPINE ORAL SUSPENSION 100 MG/5ML		Tier 1	
CARBAMAZEPINE ORAL TABLET CHEWABLE 100 MG		Tier 1	
EPITOL ORAL TABLET (CARBAMAZEPINE) 200 MG	LC	LC	
GABAPENTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG		Tier 1	
GABAPENTIN ORAL SOLUTION 250 MG/5ML, 300 MG/6ML		Tier 1	
GABAPENTIN ORAL TABLET 600 MG, 800 MG		Tier 1	
LAMOTRIGINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG		Tier 1	
LAMOTRIGINE ORAL KIT 25 & 50 & 100 MG		Tier 1	
LAMOTRIGINE ORAL TABLET CHEWABLE 25 MG, 5 MG		Tier 1	
LAMOTRIGINE ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG		Tier 1	
LEVETIRACETAM IN NACL INTRAVENOUS SOLUTION 1000 MG/100ML, 1500 MG/100ML, 500 MG/100ML		Tier 1	
LEVETIRACETAM INTRAVENOUS SOLUTION 500 MG/5ML		Tier 1	
LEVETIRACETAM ORAL SOLUTION 100 MG/ML		Tier 1	
LEVETIRACETAM ORAL TABLET 250 MG		Tier 1	

Drug	Status	Generic Status	Notes
OXCARBAZEPINE ORAL SUSPENSION 300 MG/5ML		Tier 1	
OXCARBAZEPINE ORAL TABLET 150 MG, 300 MG, 600 MG		Tier 1	
PREGABALIN CAPSULE 100 MG ORAL 100 MG		Tier 1	QL (3 EA per 1 day)
PREGABALIN CAPSULE 150 MG ORAL 150 MG		Tier 1	QL (3 EA per 1 day)
PREGABALIN CAPSULE 200 MG ORAL 200 MG		Tier 1	QL (3 EA per 1 day)
PREGABALIN CAPSULE 225 MG ORAL 225 MG		Tier 1	QL (3 EA per 1 day)
PREGABALIN CAPSULE 25 MG ORAL 25 MG		Tier 1	QL (3 EA per 1 day)
PREGABALIN CAPSULE 300 MG ORAL 300 MG		Tier 1	QL (2 EA per 1 day)
PREGABALIN CAPSULE 50 MG ORAL 50 MG		Tier 1	QL (3 EA per 1 day)
PREGABALIN CAPSULE 75 MG ORAL 75 MG		Tier 1	QL (3 EA per 1 day)
PREGABALIN ORAL SOLUTION 20 MG/ML		Tier 1	QL (30 ML per 1 day)
PRIMIDONE ORAL TABLET 250 MG, 50 MG		LC	
ROWEEPRA ORAL TABLET (LEVETIRACETAM) 1000 MG, 500 MG	Tier 1	Tier 1	
ROWEEPRA ORAL TABLET (LEVETIRACETAM) 750 MG	Tier 1	Tier 1	
ROWEEPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR (LEVETIRACETAM ER) 500 MG, 750 MG	Tier 1	Tier 1	
RUFINAMIDE ORAL SUSPENSION 40 MG/ML		Tier 1	PA
SUBVENITE ORAL TABLET (LAMOTRIGINE) 100 MG, 150 MG, 200 MG	Tier 1	Tier 1	
SUBVENITE ORAL TABLET (LAMOTRIGINE) 25 MG	Tier 1	Tier 1	
SUBVENITE STARTER KIT-BLUE ORAL KIT (LAMOTRIGINE STARTER KIT-BLUE) 35 X 25 MG	Tier 1	Tier 1	
SUBVENITE STARTER KIT-GREEN ORAL KIT (LAMOTRIGINE STARTER KIT-GREEN) 84 X 25 MG & 14X100 MG	Tier 1	Tier 1	

Drug	Status	Generic Status	Notes
SUBVENITE STARTER KIT-ORANGE ORAL KIT (LAMOTRIGINE STARTER KIT-ORANGE) 42 X 25 MG & 7 X 100 MG	Tier 1	Tier 1	
TOPIRAMATE ER ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG		Tier 1	
TOPIRAMATE ORAL CAPSULE SPRINKLE 15 MG, 25 MG		Tier 1	
TOPIRAMATE ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG		Tier 1	
VIMPAT ORAL SOLUTION 10 MG/ML	Tier 3		
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 3		
ZONISAMIDE ORAL CAPSULE 100 MG, 25 MG, 50 MG		Tier 1	
*Carbamates***			
FELBAMATE ORAL SUSPENSION 600 MG/5ML		Tier 1	
FELBAMATE ORAL TABLET 400 MG, 600 MG		Tier 1	
*Gaba Modulators***			
TIAGABINE HCL ORAL TABLET 12 MG, 16 MG, 2 MG, 4 MG		Tier 1	
VIGABATRIN ORAL TABLET 500 MG		Tier 4	PA
VIGADRONE ORAL PACKET (VIGABATRIN) 500 MG	Tier 4	Tier 4	PA
*Hydantoins***			
DILANTIN ORAL CAPSULE 30 MG	Tier 3		
FOSPHENYTOIN SODIUM INJECTION SOLUTION 100 MG PE/2ML, 500 MG PE/10ML		Tier 1	
PEGANONE ORAL TABLET 250 MG	Tier 3		
PHENYTOIN INFATABS ORAL TABLET CHEWABLE (PHENYTOIN) 50 MG	Tier 1	Tier 1	
PHENYTOIN ORAL SUSPENSION 100 MG/4ML, 125 MG/5ML		Tier 1	
PHENYTOIN SODIUM EXTENDED ORAL CAPSULE 100 MG, 200 MG, 300 MG		Tier 1	
PHENYTOIN SODIUM INJECTION SOLUTION 50 MG/ML		Tier 1	

Drug	Status	Generic Status	Notes
*Succinimides***			
CELONTIN ORAL CAPSULE 300 MG	Tier 3		
ETHOSUXIMIDE ORAL CAPSULE 250 MG		Tier 1	
ETHOSUXIMIDE ORAL SOLUTION 250 MG/5ML		Tier 1	
*Valproic Acid***			
DIVALPROEX SODIUM ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG		Tier 1	
DIVALPROEX SODIUM ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG		Tier 1	
DIVALPROEX SODIUM ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG		Tier 1	
VALPROATE SODIUM INTRAVENOUS SOLUTION 100 MG/ML, 500 MG/5ML		LC	
VALPROIC ACID ORAL CAPSULE 250 MG		LC	
VALPROIC ACID ORAL SOLUTION 250 MG/5ML		LC	
Antidepressants			
*Alpha-2 Receptor Antagonists (Tetracyclics)***			
MIRTAZAPINE ORAL TABLET 15 MG, 30 MG, 45 MG, 7.5 MG		LC	
MIRTAZAPINE TABLET DISPERSIBLE 15 MG ORAL 15 MG		LC	
MIRTAZAPINE TABLET DISPERSIBLE 30 MG ORAL 30 MG		Tier 1	
MIRTAZAPINE TABLET DISPERSIBLE 45 MG ORAL 45 MG		Tier 1	
*Antidepressants - Misc.***			
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG, 348 MG, 522 MG	Tier 3		PA; ST; QL (1 EA per 1 day)
BUPROPION HCL ER (SR) ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG		Tier 1	QL (2 EA per 1 day)
BUPROPION HCL ER (XL) TABLET EXTENDED RELEASE 24 HOUR 150 MG ORAL 150 MG		Tier 1	QL (3 EA per 1 day)

Drug	Status	Generic Status	Notes
BUPROPION HCL ER (XL) TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL 300 MG		Tier 1	QL (1 EA per 1 day)
BUPROPION HCL ORAL TABLET 100 MG, 75 MG		Tier 1	
MAPROTILINE HCL ORAL TABLET 25 MG, 50 MG, 75 MG		Tier 1	
*Monoamine Oxidase Inhibitors (Maois)***			
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	Tier 3		QL (1 EA per 1 day)
MARPLAN ORAL TABLET 10 MG	Tier 3		
PHENELZINE SULFATE ORAL TABLET 15 MG		Tier 1	
TRANLYCYPROMINE SULFATE ORAL TABLET 10 MG		Tier 1	
*Selective Serotonin Reuptake Inhibitors (Ssris)***			
CITALOPRAM HYDROBROMIDE ORAL SOLUTION 10 MG/5ML		Tier 1	
CITALOPRAM HYDROBROMIDE ORAL TABLET 10 MG, 20 MG, 40 MG		LC	
ESCITALOPRAM OXALATE ORAL SOLUTION 5 MG/5ML		Tier 1	
ESCITALOPRAM OXALATE ORAL TABLET 10 MG, 20 MG, 5 MG		Tier 1	
FLUOXETINE HCL ORAL CAPSULE 10 MG, 20 MG, 40 MG		LC	
FLUOXETINE HCL ORAL CAPSULE DELAYED RELEASE 90 MG		Tier 1	QL (0.15 EA per 1 day)
FLUOXETINE HCL ORAL SOLUTION 20 MG/5ML		Tier 1	
FLUOXETINE HCL TABLET 10 MG ORAL 10 MG		LC	
FLUOXETINE HCL TABLET 20 MG ORAL 20 MG		Tier 1	
FLUOXETINE HCL TABLET 60 MG ORAL 60 MG		Tier 1	
FLUVOXAMINE MALEATE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG		Tier 1	QL (2 EA per 1 day)

Drug	Status	Generic Status	Notes
FLUVOXAMINE MALEATE ORAL TABLET 100 MG, 25 MG, 50 MG		Tier 1	
PAROXETINE HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG		Tier 1	
PAROXETINE HCL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG		LC	
PAXIL ORAL SUSPENSION 10 MG/5ML	Tier 2		PA; ST
SERTRALINE HCL ORAL CONCENTRATE 20 MG/ML		Tier 1	
SERTRALINE HCL ORAL TABLET 100 MG, 25 MG, 50 MG		Tier 1	
*Serotonin Modulators***			
NEFAZODONE HCL ORAL TABLET 100 MG, 150 MG, 200 MG, 250 MG, 50 MG		Tier 1	
TRAZODONE HCL TABLET 100 MG ORAL 100 MG		LC	
TRAZODONE HCL TABLET 150 MG ORAL 150 MG		LC	
TRAZODONE HCL TABLET 300 MG ORAL 300 MG		Tier 1	
TRAZODONE HCL TABLET 50 MG ORAL 50 MG		LC	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 3		PA; ST; QL (1 EA per 1 day)
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	Tier 3		QL (1 EA per 1 day)
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	Tier 3		QL (30 EA Max Qty Per Fill Retail)
*Serotonin-Norepinephrine Reuptake Inhibitors (Snris)***			
DESVENLAFAXINE SUCCINATE ER TABLET EXTENDED RELEASE 24 HOUR 100 MG ORAL 100 MG		Tier 1	QL (4 EA per 1 day)
DESVENLAFAXINE SUCCINATE ER TABLET EXTENDED RELEASE 24 HOUR 25 MG ORAL 25 MG		Tier 1	QL (1 EA per 1 day)
DESVENLAFAXINE SUCCINATE ER TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL 50 MG		Tier 1	QL (1 EA per 1 day)
DULOXETINE HCL CAPSULE DELAYED RELEASE PARTICLES 20 MG ORAL 20 MG		Tier 1	QL (2 EA per 1 day)

Drug	Status	Generic Status	Notes
DULOXETINE HCL CAPSULE DELAYED RELEASE PARTICLES 30 MG ORAL 30 MG		Tier 1	QL (3 EA per 1 day)
DULOXETINE HCL CAPSULE DELAYED RELEASE PARTICLES 40 MG ORAL 40 MG		Tier 1	QL (2 EA per 1 day)
DULOXETINE HCL CAPSULE DELAYED RELEASE PARTICLES 60 MG ORAL 60 MG		Tier 1	QL (2 EA per 1 day)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	Tier 3		PA; ST; QL (1 EA per 1 day)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	Tier 3		PA; ST; QL (56 EA per 365 days)
VENLAFAXINE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 37.5 MG, 75 MG		Tier 1	
VENLAFAXINE HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR 225 MG		Tier 1	
VENLAFAXINE HCL ORAL TABLET 100 MG, 25 MG, 37.5 MG, 50 MG, 75 MG		Tier 1	
*Tricyclic Agents***			
AMITRIPTYLINE HCL ORAL TABLET 10 MG, 100 MG, 150 MG, 25 MG, 50 MG, 75 MG		LC	
AMOXAPINE ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG		Tier 1	
CLOMIPRAMINE HCL ORAL CAPSULE 25 MG, 50 MG, 75 MG		Tier 1	
DESIPRAMINE HCL ORAL TABLET 10 MG, 100 MG, 150 MG, 25 MG, 50 MG, 75 MG		Tier 1	
DOXEPIN HCL ORAL CAPSULE 10 MG, 100 MG, 150 MG, 25 MG, 50 MG, 75 MG		LC	
DOXEPIN HCL ORAL CONCENTRATE 10 MG/ML		LC	
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	
NORTRIPTYLINE HCL ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG		LC	
NORTRIPTYLINE HCL ORAL SOLUTION 10 MG/5ML		Tier 1	
PROTRIPTYLINE HCL ORAL TABLET 10 MG, 5 MG		Tier 1	
TRIMIPRAMINE MALEATE ORAL CAPSULE 100 MG, 25 MG, 50 MG		Tier 1	

Drug	Status	Generic Status	Notes
Antidiabetics			
*Alpha-Glucosidase Inhibitors***			
ACARBOSE ORAL TABLET 100 MG, 25 MG, 50 MG		Tier 1	
MIGLITOL ORAL TABLET 100 MG, 25 MG, 50 MG		Tier 1	
*Biguanides***			
METFORMIN HCL ER TABLET EXTENDED RELEASE 24 HOUR 500 MG ORAL 500 MG		LC	
METFORMIN HCL ER TABLET EXTENDED RELEASE 24 HOUR 750 MG ORAL 750 MG		Tier 1	
METFORMIN HCL ORAL SOLUTION 500 MG/5ML		Tier 1	
METFORMIN HCL ORAL TABLET 1000 MG, 500 MG, 850 MG		LC	
*Diabetic Other***			
DIAZOXIDE ORAL SUSPENSION 50 MG/ML		Tier 1	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG	Tier 2		
GLUCAGON EMERGENCY INJECTION KIT 1 MG		Tier 2	
GLUCAGON EMERGENCY INJECTION SOLUTION RECONSTITUTED 1 MG/ML		Tier 2	
*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors***			
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 2		PA; ST
TRADJENTA ORAL TABLET 5 MG	Tier 2		PA; ST
*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations***			
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	Tier 2		PA; ST
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG	Tier 2		PA; ST
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG	Tier 2		PA; ST
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	Tier 2		PA; ST

Drug	Status	Generic Status	Notes
*Dopamine Receptor Agonists - Ergot Derivatives***			
CYCLOSET ORAL TABLET 0.8 MG	Tier 3		PA; ST
*Human Insulin***			
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 2		
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	Tier 2		
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML	Tier 2		
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	Tier 2		
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML	Tier 2		
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML	Tier 2		
HUMALOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2		
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	Tier 2		
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Tier 2		
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Tier 2		
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	Tier 2		
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 2		
HUMULIN R INJECTION SOLUTION 100 UNIT/ML	Tier 2		
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	Tier 2		
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	Tier 2		
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 2		

Drug	Status	Generic Status	Notes
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2		
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 2		
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2		
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Tier 3		
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Tier 3		
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Tier 3		
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Tier 3		
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	Tier 3		
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	Tier 3		
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 3		
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 3		
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 3		
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 3		
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	Tier 3		
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML	Tier 3		
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 3		
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Tier 3		
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Tier 3		

Drug	Status	Generic Status	Notes
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	Tier 3		
NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3		
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	Tier 2		
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	Tier 2		
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	Tier 3		
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3		
*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***			
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	Tier 2		PA; ST; QL (0.15 ML per 1 day)
BYDUREON SUBCUTANEOUS PEN-INJECTOR 2 MG	Tier 2		PA; ST; QL (0.15 EA per 1 day)
BYDUREON SUBCUTANEOUS SUSPENSION RECONSTITUTED ER 2 MG	Tier 2		PA; ST; QL (0.15 EA per 1 day)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML	Tier 2		PA; ST; QL (0.08 ML per 1 day)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML	Tier 2		PA; ST; QL (0.04 ML per 1 day)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	Tier 2		PA; ST; QL (0.06 ML per 1 day)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	Tier 2		PA; ST; QL (0.11 ML per 1 day)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	Tier 2		PA; ST; QL (0.08 ML per 1 day)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	Tier 2		PA; ST; QL (0.3 ML per 1 day)
*Meglitinide Analogues***			
NATEGLINIDE ORAL TABLET 120 MG, 60 MG		Tier 1	
REPAGLINIDE ORAL TABLET 0.5 MG, 1 MG, 2 MG		Tier 1	

Drug	Status	Generic Status	Notes
*Meglitinide-Biguanide Combinations***			
REPAGLINIDE-METFORMIN HCL ORAL TABLET 1-500 MG, 2-500 MG		Tier 1	
*Progesterone Receptor Antagonists***			
KORLYM ORAL TABLET 300 MG	Tier 5		PA; QL (4 EA per 1 day)
*Sgt2 Inhibitor - Dpp-4 Inhibitor Combinations***			
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	Tier 2		PA; ST
*Sodium-Glucose Co-Transporter 2 (Sgt2) Inhibitors***			
INVOKANA ORAL TABLET 100 MG, 300 MG	Tier 2		PA; ST
JARDIANCE ORAL TABLET 10 MG, 25 MG	Tier 2		PA; ST
*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***			
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	Tier 2		PA; ST
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	Tier 2		PA; ST
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	Tier 2		PA; ST
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG	Tier 2		PA; ST
*Sulfonylurea-Biguanide Combinations***			
GLIPIZIDE-METFORMIN HCL 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	
*Sulfonylureas***			
GLIMEPIRIDE ORAL TABLET 1 MG, 2 MG, 4 MG		LC	
GLIPIZIDE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 2.5 MG, 5 MG		LC	
GLIPIZIDE ORAL TABLET 10 MG, 5 MG		LC	

Drug	Status	Generic Status	Notes
GLIPIZIDE XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 2.5 MG, 5 MG		LC	
GLYBURIDE MICRONIZED ORAL TABLET 1.5 MG, 3 MG, 6 MG		LC	
GLYBURIDE ORAL TABLET 1.25 MG, 2.5 MG, 5 MG		LC	
TOLAZAMIDE ORAL TABLET 250 MG, 500 MG		Tier 1	
TOLBUTAMIDE ORAL TABLET 500 MG		Tier 1	
*Sulfonylurea-Thiazolidinedione Combinations***			
PIOGLITAZONE HCL-GLIMEPIRIDE ORAL TABLET 30-2 MG, 30-4 MG		Tier 1	
*Thiazolidinedione-Biguanide Combinations***			
PIOGLITAZONE HCL-METFORMIN HCL ORAL TABLET 15-500 MG, 15-850 MG		Tier 1	
*Thiazolidinediones***			
PIOGLITAZONE HCL ORAL TABLET 15 MG, 30 MG, 45 MG		Tier 1	
Antidiarrheal/Probiotic Agents			
*Antiperistaltic Agents***			
DIPHENOXYLATE-ATROPINE ORAL LIQUID 2.5-0.025 MG/5ML		Tier 1	
DIPHENOXYLATE-ATROPINE ORAL TABLET 2.5-0.025 MG		Tier 1	
LOPERAMIDE HCL ORAL CAPSULE 2 MG		Tier 1	
LOPERAMIDE HCL ORAL SOLUTION 1 MG/7.5ML, 2 MG/15ML		Tier 1	
Antidotes And Specific Antagonists			
*Antidotes - Chelating Agents***			
CHEMET ORAL CAPSULE 100 MG	Tier 3		
DEFERASIROX GRANULES ORAL PACKET 180 MG, 360 MG, 90 MG		Tier 1	PA
DEFERASIROX ORAL TABLET 180 MG, 360 MG, 90 MG		Tier 1	PA
DEFERASIROX ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG		Tier 1	PA
FERRIPROX ORAL TABLET 1000 MG	Tier 3		PA

Drug	Status	Generic Status	Notes
FERRIPROX ORAL TABLET (DEFERIPRONE) 500 MG	Tier 3	Tier 1	PA
*Antidotes And Specific Antagonists***			
ACETYLCYSTEINE INTRAVENOUS SOLUTION 200 MG/ML		Tier 1	
BAL IN OIL INTRAMUSCULAR SOLUTION 100 MG/ML		Tier 1	
DEFEROXAMINE MESYLATE INJECTION SOLUTION RECONSTITUTED 2 GM, 500 MG		Tier 1	
FOMEPIZOLE INTRAVENOUS SOLUTION 1.5 GM/1.5ML		Tier 1	
PRALIDOXIME CHLORIDE INTRAMUSCULAR SOLUTION AUTO-INJECTOR 600 MG/2ML		Tier 1	
SODIUM NITRITE INTRAVENOUS SOLUTION 30 MG/ML		Tier 1	
SODIUM THIOSULFATE INTRAVENOUS SOLUTION 25 %		Tier 1	
VISTOGARD ORAL PACKET 10 GM	Tier 3		
*Benzodiazepine Antagonists***			
FLUMAZENIL INTRAVENOUS SOLUTION 0.5 MG/5ML, 1 MG/10ML		Tier 1	
*Opioid Antagonists***			
NALOXONE HCL INJECTION SOLUTION 0.4 MG/ML, 4 MG/10ML		Tier 1	
NALOXONE HCL INJECTION SOLUTION CARTRIDGE 0.4 MG/ML		Tier 1	
NALOXONE HCL INJECTION SOLUTION PREFILLED SYRINGE 2 MG/2ML		Tier 1	
NALTREXONE HCL ORAL TABLET 50 MG		Tier 1	
NARCAN NASAL LIQUID 4 MG/0.1ML	Tier 2		
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	Tier 5		
Antiemetics			
*5-Ht3 Receptor Antagonists***			
ANZEMET ORAL TABLET 100 MG, 50 MG	Tier 3		QL (0.07 EA per 1 day)
GRANISETRON HCL INTRAVENOUS SOLUTION 0.1 MG/ML, 1 MG/ML, 4 MG/4ML		Tier 1	
GRANISETRON HCL ORAL TABLET 1 MG		Tier 1	QL (0.13 EA per 1 day)
ONDANSETRON HCL INJECTION SOLUTION 4 MG/2ML, 40 MG/20ML		Tier 1	

Drug	Status	Generic Status	Notes
ONDANSETRON HCL ORAL SOLUTION 4 MG/5ML		Tier 1	QL (4 ML per 1 day)
ONDANSETRON HCL TABLET 24 MG ORAL 24 MG		Tier 1	QL (0.07 EA per 1 day)
ONDANSETRON HCL TABLET 4 MG ORAL 4 MG		Tier 1	
ONDANSETRON HCL TABLET 8 MG ORAL 8 MG		Tier 1	
ONDANSETRON ORAL TABLET DISPERSIBLE 4 MG, 8 MG		Tier 1	
PALONOSETRON HCL INTRAVENOUS SOLUTION 0.25 MG/2ML, 0.25 MG/5ML		Tier 1	
PALONOSETRON HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.25 MG/5ML		Tier 1	
*Antiemetic Combinations***			
AKYNZEO ORAL CAPSULE 300-0.5 MG	Tier 3		QL (0.07 EA per 1 day)
DOXYLAMINE-PYRIDOXINE ORAL TABLET DELAYED RELEASE 10-10 MG		Tier 1	PA; QL (4 EA per 1 day)
*Antiemetics - Anticholinergic***			
DIMENHYDRINATE INJECTION SOLUTION 50 MG/ML		Tier 1	
MECLIZINE HCL ORAL TABLET 12.5 MG, 25 MG		LC	
MECLIZINE HCL ORAL TABLET CHEWABLE 25 MG		Tier 1	
SCOPOLAMINE TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS		Tier 1	
TRIMETHOBENZAMIDE HCL ORAL CAPSULE 300 MG		Tier 1	
*Antiemetics - Miscellaneous***			
DRONABINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG		Tier 1	PA; QL (2 EA per 1 day)
*Substance P/Neurokinin 1 (Nk1) Receptor Antagonists***			
APREPITANT CAPSULE 125 MG ORAL 125 MG		Tier 1	QL (2 EA per 30 days)
APREPITANT CAPSULE 40 MG ORAL 40 MG		Tier 1	QL (1 EA per 30 days)
APREPITANT CAPSULE 80 & 125 MG ORAL 80 & 125 MG		Tier 1	QL (6 EA per 30 days)
APREPITANT CAPSULE 80 MG ORAL 80 MG		Tier 1	QL (4 EA per 30 days)

Drug	Status	Generic Status	Notes
FOSAPREPITANT DIMEGLUMINE INTRAVENOUS SOLUTION RECONSTITUTED 150 MG		Tier 1	
Antifungals			
*Antifungal - Glucan Synthesis Inhibitors (Echinocandins)***			
CASPOFUNGIN ACETATE INTRAVENOUS SOLUTION RECONSTITUTED 50 MG, 70 MG		Tier 1	
MICAFUNGIN SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG		Tier 1	
*Antifungals***			
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	Tier 3		
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED 50 MG	Tier 3		
AMPHOTERICIN B INTRAVENOUS SOLUTION RECONSTITUTED 50 MG		Tier 1	
FLUCYTOSINE ORAL CAPSULE 250 MG, 500 MG		Tier 1	
GRISEOFULVIN MICROSIZED ORAL SUSPENSION 125 MG/5ML		Tier 1	
GRISEOFULVIN MICROSIZED ORAL TABLET 500 MG		Tier 1	
GRISEOFULVIN ULTRAMICROSIZED ORAL TABLET 125 MG, 250 MG		Tier 1	
NYSTATIN ORAL TABLET 500000 UNIT		Tier 1	
TERBINAFINE HCL ORAL TABLET 250 MG		LC	QL (84 EA per 180 days)
*Imidazoles***			
KETOCONAZOLE ORAL TABLET 200 MG		LC	
*Triazoles***			
CRESEMBA INTRAVENOUS SOLUTION RECONSTITUTED 372 MG	Tier 3		
CRESEMBA ORAL CAPSULE 186 MG	Tier 3		
FLUCONAZOLE IN SODIUM CHLORIDE SOLUTION 200-0.9 MG/100ML-% INTRAVENOUS 200-0.9 MG/100ML-%		LC	
FLUCONAZOLE IN SODIUM CHLORIDE SOLUTION 400-0.9 MG/200ML-% INTRAVENOUS 400-0.9 MG/200ML-%		Tier 1	

Drug	Status	Generic Status	Notes
FLUCONAZOLE ORAL SUSPENSION RECONSTITUTED 10 MG/ML, 40 MG/ML		LC	
FLUCONAZOLE ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG		LC	
ITRACONAZOLE ORAL CAPSULE 100 MG		Tier 1	PA
ITRACONAZOLE ORAL SOLUTION 10 MG/ML		Tier 1	PA
POSACONAZOLE ORAL TABLET DELAYED RELEASE 100 MG		Tier 1	
VORICONAZOLE INTRAVENOUS SOLUTION RECONSTITUTED 200 MG		Tier 1	
VORICONAZOLE ORAL SUSPENSION RECONSTITUTED 40 MG/ML		Tier 1	
VORICONAZOLE ORAL TABLET 200 MG, 50 MG		Tier 1	
Antihistamines			
*Antihistamines - Alkylamines***			
DEXCHLORPHENIRAMINE MALEATE ORAL SOLUTION 2 MG/5ML		Tier 3	
*Antihistamines - Ethanolamines***			
CARBINOXAMINE MALEATE ORAL SOLUTION 4 MG/5ML		Tier 1	
CARBINOXAMINE MALEATE ORAL TABLET 4 MG		Tier 1	
CLEMASTINE FUMARATE ORAL TABLET 2.68 MG		Tier 3	
DIPHENHYDRAMINE HCL INJECTION SOLUTION 50 MG/ML		Tier 1	
DIPHENHYDRAMINE HCL ORAL ELIXIR 12.5 MG/5ML		Tier 1	
RYVENT ORAL TABLET 6 MG	Tier 1		
*Antihistamines - Non-Sedating***			
CETIRIZINE HCL ORAL SOLUTION 1 MG/ML, 5 MG/5ML		Tier 1	
DESLORATADINE ORAL TABLET 5 MG		Tier 1	
DESLORATADINE ORAL TABLET DISPERSIBLE 2.5 MG, 5 MG		Tier 1	
LEVOCETIRIZINE DIHYDROCHLORIDE ORAL SOLUTION 2.5 MG/5ML		Tier 1	
LEVOCETIRIZINE DIHYDROCHLORIDE ORAL TABLET 5 MG		Tier 1	

Drug	Status	Generic Status	Notes
*Antihistamines - Phenothiazines***			
PHENADOZ RECTAL SUPPOSITORY (PROMETHAZINE HCL) 12.5 MG, 25 MG	Tier 1	Tier 1	
PROMETHAZINE HCL INJECTION SOLUTION 25 MG/ML, 50 MG/ML		Tier 1	
PROMETHAZINE HCL ORAL SOLUTION 6.25 MG/5ML		LC	
PROMETHAZINE HCL ORAL SYRUP 6.25 MG/5ML		LC	
PROMETHAZINE HCL TABLET 12.5 MG ORAL 12.5 MG		Tier 1	
PROMETHAZINE HCL TABLET 25 MG ORAL 25 MG		LC	
PROMETHAZINE HCL TABLET 50 MG ORAL 50 MG		Tier 1	
PROMETHEGAN RECTAL SUPPOSITORY (PROMETHAZINE HCL) 12.5 MG, 25 MG, 50 MG	Tier 1	Tier 1	
*Antihistamines - Piperidines***			
CYPROHEPTADINE HCL ORAL SYRUP 2 MG/5ML		Tier 1	
CYPROHEPTADINE HCL ORAL TABLET 4 MG		Tier 1	
Antihyperlipidemics			
*Acl Inhib-Intestinal Cholesterol Absorption Inhib Comb***			
NEXLIZET ORAL TABLET 180-10 MG	Tier 2		PA; QL (1 EA per 1 day)
*Adenosine Triphosphate-Citrate Lyase (Acl) Inhibitors***			
NEXLETOL ORAL TABLET 180 MG	Tier 2		PA; QL (1 EA per 1 day)
*Antihyperlipidemics - Misc.***			
OMEGA-3-ACID ETHYL ESTERS ORAL CAPSULE 1 GM		Tier 1	
*Bile Acid Sequestrants***			
CHOLESTYRAMINE ORAL PACKET 4 GM		Tier 1	
CHOLESTYRAMINE ORAL POWDER 4 GM/DOSE		Tier 1	
COLESEVELAM HCL ORAL PACKET 3.75 GM		Tier 1	

Drug	Status	Generic Status	Notes
COLESEVELAM HCL ORAL TABLET 625 MG		Tier 1	
COLESTIPOL HCL ORAL GRANULES 5 GM		Tier 1	
COLESTIPOL HCL ORAL PACKET 5 GM		Tier 1	
COLESTIPOL HCL ORAL TABLET 1 GM		Tier 1	
PREVALITE ORAL PACKET (CHOLESTYRAMINE LIGHT) 4 GM	Tier 1	Tier 1	
PREVALITE ORAL POWDER (CHOLESTYRAMINE LIGHT) 4 GM/DOSE	Tier 1	Tier 1	
*Fibric Acid Derivatives***			
FENOFIBRATE MICRONIZED ORAL CAPSULE 130 MG, 134 MG, 200 MG, 43 MG, 67 MG		Tier 1	
FENOFIBRATE ORAL CAPSULE 134 MG, 150 MG, 200 MG, 50 MG, 67 MG		Tier 1	
FENOFIBRATE ORAL TABLET 145 MG, 160 MG, 48 MG, 54 MG		Tier 1	
FENOFIBRIC ACID ORAL CAPSULE DELAYED RELEASE 135 MG, 45 MG		Tier 1	
FENOFIBRIC ACID ORAL TABLET 105 MG, 35 MG		Tier 1	
GEMFIBROZIL ORAL TABLET 600 MG		LC	
*Hmg Coa Reductase Inhibitors***			
ATORVASTATIN CALCIUM ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG		LC	
FLUVASTATIN SODIUM ER ORAL TABLET EXTENDED RELEASE 24 HOUR 80 MG		Tier 3	
FLUVASTATIN SODIUM ORAL CAPSULE 20 MG, 40 MG		Tier 3	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	Tier 3		PA; ST
LOVASTATIN ORAL TABLET 10 MG, 20 MG, 40 MG		Tier 1	PV
PRAVASTATIN SODIUM ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG		Tier 1	
ROSUVASTATIN CALCIUM ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG		Tier 1	
SIMVASTATIN ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG, 80 MG		LC	

Drug	Status	Generic Status	Notes
*Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb***			
EZETIMIBE-SIMVASTATIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG		Tier 1	
*Intestinal Cholesterol Absorption Inhibitors***			
EZETIMIBE ORAL TABLET 10 MG		Tier 1	
*Nicotinic Acid Derivatives***			
NIACIN ER (ANTIHYPERLIPIDEMIC) ORAL TABLET EXTENDED RELEASE 1000 MG, 500 MG, 750 MG		Tier 1	
NIACOR ORAL TABLET (NIACIN (ANTIHYPERLIPIDEMIC)) 500 MG	Tier 1	Tier 1	
*Pcsk9 Inhibitors***			
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML	Tier 2		PA; QL (0.08 ML per 1 day)
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	Tier 2		PA; QL (0.13 ML per 1 day)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	Tier 2		PA; QL (0.11 ML per 1 day)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	Tier 2		PA; QL (0.11 ML per 1 day)
Antihypertensives			
*Ace Inhibitor & Calcium Channel Blocker Combinations***			
AMLODIPINE BESY-BENAZEPRIL HCL ORAL CAPSULE 10-20 MG, 10-40 MG, 2.5-10 MG, 5-10 MG, 5-20 MG, 5-40 MG		Tier 1	
TRANDOLAPRIL-VERAPAMIL HCL ER ORAL TABLET EXTENDED RELEASE 1-240 MG, 2-180 MG, 2-240 MG, 4-240 MG		Tier 1	
*Ace Inhibitors & Thiazide/Thiazide-Like***			
BENAZEPRIL-HYDROCHLOROTHIAZIDE ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG, 5-6.25 MG		Tier 1	
CAPTOPRIL-HYDROCHLOROTHIAZIDE ORAL TABLET 25-15 MG, 25-25 MG, 50-15 MG, 50-25 MG		Tier 1	

Drug	Status	Generic Status	Notes
ENALAPRIL-HYDROCHLOROTHIAZIDE TABLET 10-25 MG ORAL 10-25 MG		Tier 1	
ENALAPRIL-HYDROCHLOROTHIAZIDE TABLET 5-12.5 MG ORAL 5-12.5 MG		LC	
FOSINOPRIL SODIUM-HCTZ 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		LC	
QUINAPRIL-HYDROCHLOROTHIAZIDE ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG		Tier 1	
*Ace Inhibitors***			
BENAZEPRIL HCL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG		LC	
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		LC	
ENALAPRILAT INTRAVENOUS INJECTABLE 1.25 MG/ML		Tier 1	
FOSINOPRIL SODIUM ORAL TABLET 10 MG, 20 MG, 40 MG		LC	
LISINOPRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG		LC	
MOEXIPRIL HCL ORAL TABLET 15 MG, 7.5 MG		LC	
PERINDOPRIL ERBUMINE ORAL TABLET 2 MG, 4 MG, 8 MG		Tier 1	
QUINAPRIL HCL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG		LC	
RAMIPRIL ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG		LC	
TRANDOLAPRIL ORAL TABLET 1 MG, 2 MG, 4 MG		LC	
*Adrenolytics-Central & Thiazide/Thiazide-Like Comb***			
METHYLDOPA-HYDROCHLOROTHIAZIDE ORAL TABLET 250-15 MG, 250-25 MG		Tier 1	
*Agents For Pheochromocytoma***			
DEMSEER ORAL CAPSULE (METYROSINE) 250 MG	Tier 3	Tier 1	

Drug	Status	Generic Status	Notes
PHENOXYBENZAMINE HCL ORAL CAPSULE 10 MG		Tier 1	
PHENTOLAMINE MESYLATE INJECTION SOLUTION RECONSTITUTED 5 MG		Tier 1	
*Angiotensin Ii Receptor Antag & Ca Channel Blocker Comb***			
AMLODIPINE BESYLATE-VALSARTAN ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG		Tier 1	
AMLODIPINE-OLMESARTAN ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG		Tier 1	
TELMISARTAN-AMLODIPINE ORAL TABLET 40-10 MG, 40-5 MG, 80-10 MG, 80-5 MG		Tier 1	
*Angiotensin Ii Receptor Antag & Thiazide/Thiazide-Like***			
CANDESARTAN CILEXETIL-HCTZ ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG		Tier 1	
IRBESARTAN-HYDROCHLOROTHIAZIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG		Tier 1	
LOSARTAN POTASSIUM-HCTZ ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG		LC	
OLMESARTAN MEDOXOMIL-HCTZ ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG		Tier 1	
TELMISARTAN-HCTZ ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG		Tier 1	
VALSARTAN-HYDROCHLOROTHIAZIDE ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG		Tier 1	
*Angiotensin Ii Receptor Antagonists***			
CANDESARTAN CILEXETIL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG		Tier 1	
EPROSARTAN MESYLATE ORAL TABLET 600 MG		Tier 1	
IRBESARTAN ORAL TABLET 150 MG, 300 MG, 75 MG		Tier 1	
LOSARTAN POTASSIUM ORAL TABLET 100 MG, 25 MG, 50 MG		LC	
OLMESARTAN MEDOXOMIL ORAL TABLET 20 MG, 40 MG, 5 MG		Tier 1	

Drug	Status	Generic Status	Notes
TELMISARTAN ORAL TABLET 20 MG, 40 MG, 80 MG		Tier 1	
VALSARTAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG		Tier 1	
*Angiotensin Ii Receptor Ant-Ca Channel Blocker-Thiazides***			
AMLODIPINE-VALSARTAN-HCTZ ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG		Tier 1	
OLMESARTAN-AMLODIPINE-HCTZ 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		Tier 1	
*Antidiuretics - Centrally Acting***			
CLONIDINE HCL TABLET 0.1 MG ORAL 0.1 MG		LC	
CLONIDINE HCL TABLET 0.2 MG ORAL 0.2 MG		LC	
CLONIDINE HCL TABLET 0.3 MG ORAL 0.3 MG		Tier 1	
CLONIDINE TRANSDERMAL PATCH WEEKLY 0.1 MG/24HR, 0.2 MG/24HR, 0.3 MG/24HR		Tier 1	
GUANFACINE HCL ORAL TABLET 1 MG, 2 MG		LC	
METHYLDOPA ORAL TABLET 250 MG, 500 MG		LC	
*Antidiuretics - Peripherally Acting***			
DOXAZOSIN MESYLATE ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG		LC	
PRAZOSIN HCL ORAL CAPSULE 1 MG, 2 MG, 5 MG		LC	
TERAZOSIN HCL ORAL CAPSULE 1 MG, 10 MG, 2 MG, 5 MG		LC	
*Antihypertensives - Misc.***			
VECAMYL ORAL TABLET 2.5 MG	Tier 3		
*Beta Blocker & Angiotensin Ii Receptor Antagonist Comb***			
BYVALSON ORAL TABLET 5-80 MG	Tier 2		

Drug	Status	Generic Status	Notes
*Beta Blocker & Diuretic Combinations***			
ATENOLOL-CHLORTHALIDONE ORAL TABLET 100-25 MG, 50-25 MG		LC	
BISOPROLOL-HYDROCHLOROTHIAZIDE ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG		LC	
METOPROLOL-HYDROCHLOROTHIAZIDE ORAL TABLET 100-25 MG, 100-50 MG, 50-25 MG		Tier 1	
PROPRANOLOL-HCTZ ORAL TABLET 40-25 MG, 80-25 MG		Tier 1	
*Direct Renin Inhibitors***			
ALISKIREN FUMARATE ORAL TABLET 150 MG, 300 MG		Tier 1	
*Selective Aldosterone Receptor Antagonists (Saras)***			
EPLERENONE ORAL TABLET 25 MG, 50 MG		Tier 1	
*Vasodilators***			
HYDRALAZINE HCL INJECTION SOLUTION 20 MG/ML		Tier 1	
HYDRALAZINE HCL ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG		LC	
MINOXIDIL ORAL TABLET 10 MG, 2.5 MG		Tier 1	
NITROPRUSSIDE SODIUM INTRAVENOUS SOLUTION 25 MG/ML		Tier 1	
SODIUM NITROPRUSSIDE INTRAVENOUS SOLUTION 25 MG/ML		Tier 1	
Anti-Infective Agents - Misc.			
*Anti-Infective Agents - Misc.***			
BACIIM INTRAMUSCULAR SOLUTION RECONSTITUTED 50000 UNIT		Tier 1	
BACITRACIN INTRAMUSCULAR SOLUTION RECONSTITUTED 50000 UNIT		Tier 1	
IMPAVIDO ORAL CAPSULE 50 MG	Tier 3		
METRONIDAZOLE IN NAACL SOLUTION 5-0.79 MG/ML-% INTRAVENOUS 5-0.79 MG/ML-%		LC	
METRONIDAZOLE IN NAACL SOLUTION 500-0.74 MG/100ML-% INTRAVENOUS 500-0.74 MG/100ML-%		Tier 1	

Drug	Status	Generic Status	Notes
METRONIDAZOLE IN NAACL SOLUTION 500-0.79 MG/100ML-% INTRAVENOUS 500-0.79 MG/100ML-%		LC	
METRONIDAZOLE ORAL CAPSULE 375 MG		LC	
METRONIDAZOLE ORAL TABLET 250 MG, 500 MG		LC	
PENTAMIDINE ISETHIONATE INHALATION SOLUTION RECONSTITUTED 300 MG		Tier 1	
PENTAMIDINE ISETHIONATE INJECTION SOLUTION RECONSTITUTED 300 MG		Tier 1	
PRIMSOL ORAL SOLUTION 50 MG/5ML	Tier 3		
TINIDAZOLE ORAL TABLET 250 MG, 500 MG		Tier 1	
TRIMETHOPRIM ORAL TABLET 100 MG		LC	
XIFAXAN ORAL TABLET 200 MG, 550 MG	Tier 3		PA
*Anti-Infective Misc. - Combinations***			
SULFAMETHOXAZOLE-TRIMETHOPRIM INTRAVENOUS SOLUTION 400-80 MG/5ML		Tier 1	
SULFAMETHOXAZOLE-TRIMETHOPRIM ORAL TABLET 400-80 MG, 800-160 MG		LC	
SULFATRIM PEDIATRIC ORAL SUSPENSION (SULFAMETHOXAZOLE-TRIMETHOPRIM) 200-40 MG/5ML	LC	LC	
*Antiprotozoal Agents***			
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML	Tier 2		
ALINIA ORAL TABLET 500 MG	Tier 2		
ATOVAQUONE ORAL SUSPENSION 750 MG/5ML		Tier 1	
*Carbapenem Combinations***			
IMIPENEM-CILASTATIN INTRAVENOUS SOLUTION RECONSTITUTED 250 MG, 500 MG		Tier 1	
*Carbapenems***			
ERTAPENEM SODIUM INJECTION SOLUTION RECONSTITUTED 1 GM		Tier 1	
MEROPENEM INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 500 MG		Tier 1	

Drug	Status	Generic Status	Notes
*Chloramphenicals***			
CHLORAMPHENICOL SOD SUCCINATE INTRAVENOUS SOLUTION RECONSTITUTED 1 GM		Tier 1	
*Cyclic Lipopeptides***			
DAPTOMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 350 MG, 500 MG		Tier 1	
*Glycopeptides***			
VANCOMYCIN HCL IN DEXTROSE INTRAVENOUS SOLUTION 1-5 GM/200ML-%, 500-5 MG/100ML-%, 750-5 MG/150ML-%		Tier 1	
VANCOMYCIN HCL IN NAACL SOLUTION 1-0.9 GM/200ML-% INTRAVENOUS 1-0.9 GM/200ML-%		Tier 1	
VANCOMYCIN HCL IN NAACL SOLUTION 500-0.9 MG/100ML-% INTRAVENOUS 500-0.9 MG/100ML-%		Tier 1	
VANCOMYCIN HCL IN NAACL SOLUTION 750-0.9 MG/150ML-% INTRAVENOUS 750-0.9 MG/150ML-%		Tier 3	
VANCOMYCIN HCL IN NAACL SOLUTION 750-0.9 MG/150ML-% INTRAVENOUS 750-0.9 MG/150ML-%		Tier 1	
VANCOMYCIN HCL INTRAVENOUS SOLUTION 1000 MG/200ML, 1250 MG/250ML, 1500 MG/300ML, 1750 MG/350ML, 2000 MG/400ML, 500 MG/100ML, 750 MG/150ML		Tier 1	
VANCOMYCIN HCL INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 1.25 GM, 1.5 GM, 10 GM, 100 GM, 250 MG, 5 GM, 500 MG, 750 MG		Tier 1	
VANCOMYCIN HCL ORAL CAPSULE 125 MG, 250 MG		Tier 1	
VANCOMYCIN HCL ORAL SOLUTION RECONSTITUTED 250 MG/5ML		Tier 1	
*Leprostics***			
DAPSONE ORAL TABLET 100 MG, 25 MG		Tier 1	
*Lincosamides***			
CLINDAMYCIN HCL ORAL CAPSULE 150 MG, 300 MG, 75 MG		Tier 1	
CLINDAMYCIN PALMITATE HCL ORAL SOLUTION RECONSTITUTED 75 MG/5ML		Tier 1	

Drug	Status	Generic Status	Notes
CLINDAMYCIN PHOSPHATE IN D5W INTRAVENOUS SOLUTION 300 MG/50ML, 600 MG/50ML, 900 MG/50ML		Tier 1	
CLINDAMYCIN PHOSPHATE INJECTION SOLUTION 300 MG/2ML, 600 MG/4ML, 9 GM/60ML, 900 MG/6ML, 9000 MG/60ML		Tier 1	
CLINDAMYCIN PHOSPHATE INTRAVENOUS SOLUTION 300 MG/2ML, 600 MG/4ML, 900 MG/6ML		Tier 1	
LINCOMYCIN HCL INJECTION SOLUTION 300 MG/ML		Tier 1	
*Monobactams***			
AZACTAM IN DEXTROSE INTRAVENOUS SOLUTION 1 GM/50ML, 2 GM/50ML	Tier 3		
AZTREONAM INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM		Tier 1	
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	Tier 5		PA
*Oxazolidinones***			
LINEZOLID IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 600-0.9 MG/300ML-%		Tier 1	
LINEZOLID INTRAVENOUS SOLUTION 600 MG/300ML		Tier 1	
LINEZOLID ORAL SUSPENSION RECONSTITUTED 100 MG/5ML		Tier 1	QL (32.2 ML per 1 day)
LINEZOLID ORAL TABLET 600 MG		Tier 1	QL (28 EA per 30 days)
ZYVOX INTRAVENOUS SOLUTION 200 MG/100ML	Tier 3		
*Polymyxins***			
COLISTIMETHATE SODIUM (CBA) INJECTION SOLUTION RECONSTITUTED 150 MG		Tier 1	
POLYMYXIN B SULFATE INJECTION SOLUTION RECONSTITUTED 500000 UNIT		Tier 1	
*Urinary Anti-Infectives***			
FOSFOMYCIN TROMETHAMINE ORAL PACKET 3 GM		Tier 1	
METHENAMINE HIPPURATE ORAL TABLET 1 GM		Tier 1	
NITROFURANTOIN MACROCRYSTAL ORAL CAPSULE 100 MG, 25 MG, 50 MG		Tier 1	

Drug	Status	Generic Status	Notes
NITROFURANTOIN MONOHYD MACRO ORAL CAPSULE 100 MG		Tier 1	
NITROFURANTOIN ORAL SUSPENSION 25 MG/5ML		Tier 1	
*Urinary Antiseptic-Antispasmodic &/Or Analgesics***			
URETRON D/S ORAL TABLET (URIN DS) 81.6 MG	Tier 1	Tier 1	
UTRONA-C ORAL TABLET (URIN DS) 81.6 MG	Tier 1	Tier 1	
Antimalarials			
*Antimalarial Combinations***			
ATOVAQUONE-PROGUANIL HCL ORAL TABLET 250-100 MG, 62.5-25 MG		Tier 1	
COARTEM ORAL TABLET 20-120 MG	Tier 3		
*Antimalarials***			
CHLOROQUINE PHOSPHATE TABLET 250 MG ORAL 250 MG		LC	QL (40 EA per 90 days)
CHLOROQUINE PHOSPHATE TABLET 500 MG ORAL 500 MG		LC	QL (30 EA per 90 days)
HYDROXYCHLOROQUINE SULFATE ORAL TABLET 200 MG		LC	QL (30 EA per 90 days)
MEFLOQUINE HCL ORAL TABLET 250 MG		Tier 1	
PRIMAQUINE PHOSPHATE ORAL TABLET 26.3 MG		Tier 1	
PYRIMETHAMINE ORAL TABLET 25 MG		Tier 4	PA
QUININE SULFATE ORAL CAPSULE 324 MG		Tier 1	PA
Antimyasthenic/Cholinergic Agents			
*Antimyasthenic/Cholinergic Agents***			
GUANIDINE HCL ORAL TABLET 125 MG		Tier 3	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION 10 MG/10ML, 5 MG/10ML		Tier 1	
PYRIDOSTIGMINE BROMIDE ER ORAL TABLET EXTENDED RELEASE 180 MG		Tier 1	
PYRIDOSTIGMINE BROMIDE ORAL SOLUTION 60 MG/5ML		Tier 1	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG, 60 MG		Tier 1	

Drug	Status	Generic Status	Notes
Antimycobacterial Agents			
*Anti Tb Combinations***			
RIFATER ORAL TABLET 50-120-300 MG	Tier 3		
*Antimycobacterial Agents***			
CAPASTAT SULFATE INJECTION SOLUTION RECONSTITUTED 1 GM	Tier 3		
CYCLOSERINE ORAL CAPSULE 250 MG		Tier 1	
ETHAMBUTOL HCL ORAL TABLET 100 MG, 400 MG		Tier 1	
ISONIAZID INJECTION SOLUTION 100 MG/ML		Tier 1	
ISONIAZID ORAL SYRUP 50 MG/5ML		Tier 1	
ISONIAZID TABLET 100 MG ORAL 100 MG		Tier 1	
ISONIAZID TABLET 300 MG ORAL 300 MG		LC	
PASER ORAL PACKET 4 GM	Tier 3		
PRIFTIN ORAL TABLET 150 MG	Tier 3		
PYRAZINAMIDE ORAL TABLET 500 MG		Tier 1	
RIFABUTIN ORAL CAPSULE 150 MG		Tier 1	
RIFAMPIN INTRAVENOUS SOLUTION RECONSTITUTED 600 MG		Tier 1	
RIFAMPIN ORAL CAPSULE 150 MG, 300 MG		Tier 1	
SIRTURO ORAL TABLET 100 MG, 20 MG	Tier 3		
TRECTOR ORAL TABLET 250 MG	Tier 3		
Antineoplastics And Adjunctive Therapies			
*Alkylating Agents***			
BUSULFAN INTRAVENOUS SOLUTION 6 MG/ML		Tier 4	
CISPLATIN INTRAVENOUS SOLUTION 100 MG/100ML, 200 MG/200ML, 50 MG/50ML		Tier 4	
MYLERAN ORAL TABLET 2 MG	Tier 4		
OXALIPLATIN INTRAVENOUS SOLUTION 100 MG/20ML, 200 MG/40ML, 50 MG/10ML		Tier 4	
OXALIPLATIN INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG		Tier 4	
PARAPLATIN INTRAVENOUS SOLUTION 1000 MG/100ML	Tier 4		

Drug	Status	Generic Status	Notes
PARAPLATIN INTRAVENOUS SOLUTION (CARBOPLATIN) 150 MG/15ML, 450 MG/45ML, 50 MG/5ML, 600 MG/60ML	Tier 4	Tier 4	
TREANDA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 25 MG	Tier 4		
*Androgen Biosynthesis Inhibitors***			
ABIRATERONE ACETATE ORAL TABLET 250 MG		Tier 4	PA
ZYTIGA ORAL TABLET 500 MG	Tier 5		PA
*Antiadrenals***			
LYSODREN ORAL TABLET 500 MG	Tier 2		
*Antiandrogens***			
BICALUTAMIDE ORAL TABLET 50 MG		Tier 1	
FLUTAMIDE ORAL CAPSULE 125 MG		Tier 1	
NILUTAMIDE ORAL TABLET 150 MG		Tier 4	
XTANDI ORAL CAPSULE 40 MG	Tier 5		PA
*Antiestrogens***			
SOLTAMOX ORAL SOLUTION 10 MG/5ML	Tier 3		
TAMOXIFEN CITRATE ORAL TABLET 10 MG, 20 MG		Tier 1	
TOREMIFENE CITRATE ORAL TABLET 60 MG		Tier 1	
*Antimetabolites***			
ADRUCIL INTRAVENOUS SOLUTION (FLUOROURACIL) 2.5 GM/50ML, 5 GM/100ML, 500 MG/10ML	Tier 4	Tier 4	
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 500 MG	Tier 4		
ARRANON INTRAVENOUS SOLUTION 5 MG/ML	Tier 4		
AZACITIDINE INJECTION SUSPENSION RECONSTITUTED 100 MG		Tier 4	
CAPECITABINE ORAL TABLET 150 MG, 500 MG		Tier 4	PA
CLADRIBINE INTRAVENOUS SOLUTION 10 MG/10ML		Tier 4	
CLOFARABINE INTRAVENOUS SOLUTION 1 MG/ML		Tier 4	
CYTARABINE (PF) INJECTION SOLUTION 100 MG/ML, 20 MG/ML		Tier 4	

Drug	Status	Generic Status	Notes
CYTARABINE INJECTION SOLUTION 20 MG/ML		Tier 4	
DECITABINE INTRAVENOUS SOLUTION RECONSTITUTED 50 MG		Tier 4	PA
FLOXURIDINE INJECTION SOLUTION RECONSTITUTED 0.5 GM		Tier 4	
FLUDARABINE PHOSPHATE INTRAVENOUS SOLUTION 50 MG/2ML		Tier 4	
FLUDARABINE PHOSPHATE INTRAVENOUS SOLUTION RECONSTITUTED 50 MG		Tier 4	
FLUOROURACIL INTRAVENOUS SOLUTION 1 GM/20ML		Tier 4	
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML, 40 MG/2ML	Tier 4		PA
GEMCITABINE HCL INTRAVENOUS SOLUTION 1 GM/10ML, 1 GM/26.3ML, 1.5 GM/15ML, 2 GM/20ML, 2 GM/52.6ML, 200 MG/2ML, 200 MG/5.26ML		Tier 4	
GEMCITABINE HCL INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 2 GM, 200 MG		Tier 4	
MERCAPTOPYRINE ORAL TABLET 50 MG		Tier 1	
METHOTREXATE ORAL TABLET 2.5 MG		Tier 1	
METHOTREXATE SODIUM (PF) INJECTION SOLUTION 1 GM/40ML, 250 MG/10ML, 50 MG/2ML		Tier 1	
METHOTREXATE SODIUM INJECTION SOLUTION 250 MG/10ML, 50 MG/2ML		Tier 1	
METHOTREXATE SODIUM INJECTION SOLUTION RECONSTITUTED 1 GM		Tier 1	
METHOTREXATE SODIUM ORAL TABLET 2.5 MG		Tier 1	
TABLOID ORAL TABLET 40 MG	Tier 4		
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	Tier 3		
*Antineoplastic - Bcl-2 Inhibitors***			
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	Tier 5		PA
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	Tier 5		PA

Drug	Status	Generic Status	Notes
*Antineoplastic - Bispecific T-Cell Engagers***			
BLINCYTO INTRAVENOUS SOLUTION RECONSTITUTED 35 MCG	Tier 5		PA
*Antineoplastic - Braf Kinase Inhibitors***			
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	Tier 4		PA
ZELBORAF ORAL TABLET 240 MG	Tier 5		PA
*Antineoplastic - Hedgehog Pathway Inhibitors***			
ERIVEDGE ORAL CAPSULE 150 MG	Tier 4		PA
*Antineoplastic - Histone Deacetylase Inhibitors***			
BELEODAQ INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	Tier 5		PA
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	Tier 5		PA
ISTODAX (OVERFILL) INTRAVENOUS SOLUTION RECONSTITUTED (ROMIDEPSIN) 10 MG	Tier 4	Tier 4	PA
ZOLINZA ORAL CAPSULE 100 MG	Tier 4		PA
*Antineoplastic - Immunomodulators***			
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	Tier 5		PA
*Antineoplastic - Mek Inhibitors***			
COTELLIC ORAL TABLET 20 MG	Tier 5		PA
MEKINIST ORAL TABLET 0.5 MG, 2 MG	Tier 4		PA
*Antineoplastic - Monoclonal Antibodies***			
ARZERRA INTRAVENOUS CONCENTRATE 100 MG/5ML, 1000 MG/50ML	Tier 4		PA
BAVENCIO INTRAVENOUS SOLUTION 200 MG/10ML	Tier 5		PA
DARZALEX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML	Tier 5		PA
EMPLICITI INTRAVENOUS SOLUTION RECONSTITUTED 300 MG, 400 MG	Tier 5		PA

Drug	Status	Generic Status	Notes
ERBITUX INTRAVENOUS SOLUTION 100 MG/50ML, 200 MG/100ML	Tier 4		PA
GAZYVA INTRAVENOUS SOLUTION 1000 MG/40ML	Tier 5		PA
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 440 MG	Tier 4		PA
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	Tier 4		PA
OPDIVO INTRAVENOUS SOLUTION 100 MG/10ML, 240 MG/24ML, 40 MG/4ML	Tier 5		PA
PERJETA INTRAVENOUS SOLUTION 420 MG/14ML	Tier 4		PA
RITUXAN INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	Tier 5		PA
RUXIENCE INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	Tier 4		PA
TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML, 840 MG/14ML	Tier 5		PA
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 420 MG	Tier 4		PA
UNITUXIN INTRAVENOUS SOLUTION 17.5 MG/5ML	Tier 5		PA
YERVOY INTRAVENOUS SOLUTION 200 MG/40ML, 50 MG/10ML	Tier 4		PA
*Antineoplastic - Mtor Kinase Inhibitors***			
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG	Tier 5		PA
AFINITOR ORAL TABLET 10 MG	Tier 4		PA; QL (1 EA per 1 day)
EVEROLIMUS ORAL TABLET 2.5 MG, 5 MG, 7.5 MG		Tier 4	PA; QL (1 EA per 1 day)
TEMSIROLIMUS INTRAVENOUS SOLUTION 25 MG/ML		Tier 4	
*Antineoplastic - Multikinase Inhibitors***			
NEXAVAR ORAL TABLET 200 MG	Tier 4		PA
RYDAPT ORAL CAPSULE 25 MG	Tier 5		PA
STIVARGA ORAL TABLET 40 MG	Tier 5		PA
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	Tier 4		PA

Drug	Status	Generic Status	Notes
*Antineoplastic - Proteasome Inhibitors***			
KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED 10 MG, 30 MG, 60 MG	Tier 4		PA
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	Tier 5		PA
VELCADE INJECTION SOLUTION RECONSTITUTED 3.5 MG	Tier 4		PA
*Antineoplastic - Tyrosine Kinase Inhibitors***			
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	Tier 5		PA
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	Tier 4		PA
CAPRELSA TABLET 100 MG ORAL 100 MG	Tier 4		PA; QL (2 EA per 1 day)
CAPRELSA TABLET 300 MG ORAL 300 MG	Tier 4		PA
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	Tier 5		PA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	Tier 5		PA
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	Tier 5		PA
ERLOTINIB HCL TABLET 100 MG ORAL 100 MG		Tier 4	PA
ERLOTINIB HCL TABLET 150 MG ORAL 150 MG		Tier 4	PA
ERLOTINIB HCL TABLET 25 MG ORAL 25 MG		Tier 4	PA; QL (3 EA per 1 day)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	Tier 5		PA; QL (1 EA per 1 day)
ICLUSIG TABLET 15 MG ORAL 15 MG	Tier 5		PA; QL (2 EA per 1 day)
ICLUSIG TABLET 45 MG ORAL 45 MG	Tier 5		PA
IMATINIB MESYLATE ORAL TABLET 100 MG, 400 MG		Tier 4	PA
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	Tier 5		PA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	Tier 5		PA
INLYTA ORAL TABLET 1 MG, 5 MG	Tier 5		PA

Drug	Status	Generic Status	Notes
LAPATINIB DITOSYLATE ORAL TABLET 250 MG		Tier 4	PA
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	Tier 5		PA
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	Tier 5		PA
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	Tier 5		PA
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	Tier 5		PA
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	Tier 5		PA
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	Tier 5		PA
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	Tier 5		PA
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	Tier 5		PA
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	Tier 4		PA
TAGRISSE TABLET 40 MG ORAL 40 MG	Tier 5		PA; QL (1 EA per 1 day)
TAGRISSE TABLET 80 MG ORAL 80 MG	Tier 5		PA
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	Tier 5		PA
VOTRIENT ORAL TABLET 200 MG	Tier 5		PA
XALKORI ORAL CAPSULE 200 MG, 250 MG	Tier 4		PA
ZYKADIA ORAL CAPSULE 150 MG	Tier 5		PA
ZYKADIA ORAL TABLET 150 MG	Tier 5		PA
*Antineoplastic Antibiotics***			
ADRIAMYCIN INTRAVENOUS SOLUTION (DOXORUBICIN HCL) 2 MG/ML	Tier 4	Tier 4	
ADRIAMYCIN SOLUTION RECONSTITUTED 10 MG INTRAVENOUS 10 MG		Tier 4	
ADRIAMYCIN SOLUTION RECONSTITUTED 50 MG INTRAVENOUS (DOXORUBICIN HCL) 50 MG	Tier 4	Tier 4	
BLEOMYCIN SULFATE INJECTION SOLUTION RECONSTITUTED 15 UNIT, 30 UNIT		Tier 4	

Drug	Status	Generic Status	Notes
DACTINOMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG		Tier 4	
DAUNORUBICIN HCL INTRAVENOUS SOLUTION 20 MG/4ML, 50 MG/10ML		Tier 4	
EPIRUBICIN HCL INTRAVENOUS SOLUTION 200 MG/100ML, 50 MG/25ML		Tier 4	
IDARUBICIN HCL INTRAVENOUS SOLUTION 10 MG/10ML, 20 MG/20ML, 5 MG/5ML		Tier 4	
LIPODOX 50 INTRAVENOUS INJECTABLE (DOXORUBICIN HCL LIPOSOMAL) 2 MG/ML	Tier 4	Tier 4	
MITOXANTRONE HCL INTRAVENOUS CONCENTRATE 20 MG/10ML, 25 MG/12.5ML, 30 MG/15ML		Tier 4	PA
MUTAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED (MITOMYCIN) 20 MG	Tier 4	Tier 4	
MUTAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED (MITOMYCIN) 40 MG, 5 MG	Tier 4	Tier 4	
*Antineoplastic Antibody-Drug Complexes***			
ADCETRIS INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	Tier 4		PA
ENHERTU INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Tier 5		PA
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 160 MG	Tier 5		PA
PADCEV INTRAVENOUS SOLUTION RECONSTITUTED 20 MG, 30 MG	Tier 5		PA
POLIVY INTRAVENOUS SOLUTION RECONSTITUTED 140 MG, 30 MG	Tier 5		PA
*Antineoplastic Combinations***			
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	Tier 5		PA
VYXEOS INTRAVENOUS SUSPENSION RECONSTITUTED 44-100 MG	Tier 5		PA
*Antineoplastic Enzymes***			
ERWINAZE INJECTION SOLUTION RECONSTITUTED 10000 UNIT	Tier 5		
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	Tier 4		

Drug	Status	Generic Status	Notes
*Antineoplastics - Interleukins***			
PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED 22000000 UNIT	Tier 4		
*Antineoplastics Misc.***			
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	Tier 4		PA
ALFERON N INJECTION SOLUTION 5000000 UNIT/ML	Tier 4		
ARSENIC TRIOXIDE INTRAVENOUS SOLUTION 10 MG/10ML, 12 MG/6ML		Tier 4	
DACARBAZINE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 200 MG		Tier 4	
HYDROXYUREA ORAL CAPSULE 500 MG		Tier 1	
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML	Tier 5		PA
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT	Tier 5		PA
MATULANE ORAL CAPSULE 50 MG	Tier 4		
NIPENT INTRAVENOUS SOLUTION RECONSTITUTED 10 MG	Tier 5		
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	Tier 5		PA
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG	Tier 5		PA
*Aromatase Inhibitors***			
ANASTROZOLE ORAL TABLET 1 MG		Tier 1	
EXEMESTANE ORAL TABLET 25 MG		Tier 1	
LETROZOLE ORAL TABLET 2.5 MG		Tier 1	
*Cardiac Protective Agents***			
DEXRAZOXANE HCL INTRAVENOUS SOLUTION RECONSTITUTED 250 MG		Tier 4	
TOTECT INTRAVENOUS SOLUTION RECONSTITUTED (DEXRAZOXANE HCL) 500 MG	Tier 5	Tier 4	
*Chemotherapy Adjuncts - Hyperuricemia Agents***			
ELITEK INTRAVENOUS SOLUTION RECONSTITUTED 1.5 MG, 7.5 MG	Tier 5		

Drug	Status	Generic Status	Notes
*Cyclin-Dependent Kinases (Cdk) Inhibitors***			
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	Tier 5		PA
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	Tier 5		PA
*Estrogen Receptor Antagonist***			
FULVESTRANT INTRAMUSCULAR SOLUTION 250 MG/5ML		Tier 4	
*Estrogens-Antineoplastic***			
EMCYT ORAL CAPSULE 140 MG	Tier 2		
*Folic Acid Antagonists Rescue Agents***			
LEUCOVORIN CALCIUM INJECTION SOLUTION 100 MG/10ML, 500 MG/50ML		Tier 1	
LEUCOVORIN CALCIUM INJECTION SOLUTION RECONSTITUTED 100 MG, 200 MG, 350 MG, 50 MG, 500 MG		Tier 1	
LEUCOVORIN CALCIUM ORAL TABLET 10 MG, 15 MG, 25 MG, 5 MG		Tier 1	
LEVOLEUCOVORIN CALCIUM PF INTRAVENOUS SOLUTION 175 MG/17.5ML, 250 MG/25ML		Tier 4	
LEVOLEUCOVORIN CALCIUM SOLUTION RECONSTITUTED 175 MG INTRAVENOUS 175 MG		Tier 5	
LEVOLEUCOVORIN CALCIUM SOLUTION RECONSTITUTED 50 MG INTRAVENOUS 50 MG		Tier 4	
*Imidazotetrazines***			
TEMODAR INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Tier 4		
TEMOZOLOMIDE ORAL CAPSULE 100 MG, 140 MG, 180 MG, 20 MG, 250 MG, 5 MG		Tier 4	PA
*Janus Associated Kinase (Jak) Inhibitors***			
JAKAFI TABLET 10 MG ORAL 10 MG	Tier 4		PA; QL (2 EA per 1 day)
JAKAFI TABLET 15 MG ORAL 15 MG	Tier 4		PA
JAKAFI TABLET 20 MG ORAL 20 MG	Tier 4		PA
JAKAFI TABLET 25 MG ORAL 25 MG	Tier 4		PA
JAKAFI TABLET 5 MG ORAL 5 MG	Tier 4		PA

Drug	Status	Generic Status	Notes
*Lhrh Analogs***			
LEUPROLIDE ACETATE INJECTION KIT 1 MG/0.2ML		Tier 4	PA
LUPRON DEPOT (1-MONTH) KIT 3.75 MG INTRAMUSCULAR 3.75 MG	Tier 5		PA
LUPRON DEPOT (1-MONTH) KIT 7.5 MG INTRAMUSCULAR 7.5 MG	Tier 4		PA
LUPRON DEPOT (3-MONTH) KIT 11.25 MG INTRAMUSCULAR 11.25 MG	Tier 5		PA
LUPRON DEPOT (3-MONTH) KIT 22.5 MG INTRAMUSCULAR 22.5 MG	Tier 4		PA
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	Tier 4		PA
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	Tier 4		PA
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG	Tier 4		QL (0.036 EA per 1 day)
*Mitotic Inhibitors***			
ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG	Tier 4		
DOCETAXEL (NON-ALCOHOL) INTRAVENOUS SOLUTION 160 MG/8ML, 20 MG/ML, 80 MG/4ML		Tier 4	
DOCETAXEL INTRAVENOUS CONCENTRATE 160 MG/8ML, 20 MG/ML, 200 MG/10ML, 80 MG/4ML		Tier 4	
DOCETAXEL INTRAVENOUS SOLUTION 160 MG/16ML, 20 MG/2ML, 80 MG/8ML		Tier 4	
ETOPOSIDE ORAL CAPSULE 50 MG		Tier 4	
HALAVEN INTRAVENOUS SOLUTION 1 MG/2ML	Tier 4		PA
IXEMPRA KIT INTRAVENOUS SOLUTION RECONSTITUTED 15 MG, 45 MG	Tier 4		
JEVTANA INTRAVENOUS SOLUTION 60 MG/1.5ML	Tier 4		PA
MARQIBO INTRAVENOUS SUSPENSION 5 MG/31ML	Tier 5		
NAVELBINE INTRAVENOUS SOLUTION (VINOARELBINE TARTRATE) 10 MG/ML, 50 MG/5ML	Tier 5	Tier 4	

Drug	Status	Generic Status	Notes
PACLITAXEL INTRAVENOUS CONCENTRATE 100 MG/16.67ML, 100 MG/16.7ML, 150 MG/25ML, 30 MG/5ML, 300 MG/50ML		Tier 4	
TENIPOSIDE INTRAVENOUS SOLUTION 10 MG/ML		Tier 4	
TOPOSAR INTRAVENOUS SOLUTION (ETOPOSIDE) 1 GM/50ML, 100 MG/5ML, 500 MG/25ML	Tier 4	Tier 4	
VINBLASTINE SULFATE INTRAVENOUS SOLUTION 1 MG/ML		Tier 4	
VINCASAR PFS INTRAVENOUS SOLUTION (VINCRISTINE SULFATE) 1 MG/ML	Tier 4	Tier 4	
*Nitrogen Mustards***			
CYCLOPHOSPHAMIDE INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM, 500 MG		Tier 4	
CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG, 50 MG		Tier 1	
IFOSFAMIDE INTRAVENOUS SOLUTION 1 GM/20ML, 3 GM/60ML		Tier 4	
IFOSFAMIDE INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 3 GM		Tier 4	
LEUKERAN ORAL TABLET 2 MG	Tier 4		
MELPHALAN HCL INTRAVENOUS SOLUTION RECONSTITUTED 50 MG		Tier 4	
MELPHALAN ORAL TABLET 2 MG		Tier 1	
*Nitrosoureas***			
CARMUSTINE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG		Tier 4	
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	Tier 5		
ZANOSAR INTRAVENOUS SOLUTION RECONSTITUTED 1 GM	Tier 4		
*Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors***			
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	Tier 5		PA
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	Tier 5		PA

Drug	Status	Generic Status	Notes
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	Tier 5		PA
ZYDELIG ORAL TABLET 100 MG, 150 MG	Tier 5		PA
*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors***			
LYNPARZA ORAL TABLET 100 MG, 150 MG	Tier 4		PA
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	Tier 4		PA
*Progestins-Antineoplastic***			
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	Tier 3		
MEGESTROL ACETATE ORAL SUSPENSION 40 MG/ML, 400 MG/10ML		Tier 1	
MEGESTROL ACETATE TABLET 20 MG ORAL 20 MG		LC	
MEGESTROL ACETATE TABLET 40 MG ORAL 40 MG		Tier 1	
*Retinoids***			
TRETINOIN ORAL CAPSULE 10 MG		Tier 4	
*Selective Retinoid X Receptor Agonists***			
BEXAROTENE ORAL CAPSULE 75 MG		Tier 4	PA
*Topoisomerase I Inhibitors***			
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	Tier 5		
IRINOTECAN HCL INTRAVENOUS SOLUTION 100 MG/5ML, 300 MG/15ML, 40 MG/2ML, 500 MG/25ML		Tier 4	
ONIVYDE INTRAVENOUS INJECTABLE 43 MG/10ML	Tier 5		
TOPOTECAN HCL INTRAVENOUS SOLUTION 4 MG/4ML		Tier 4	
TOPOTECAN HCL INTRAVENOUS SOLUTION RECONSTITUTED 4 MG		Tier 4	
*Urinary Tract Protective Agents***			
ETHYOL INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	Tier 5		
MESNA INTRAVENOUS SOLUTION 100 MG/ML		Tier 4	

Drug	Status	Generic Status	Notes
MESNEX ORAL TABLET 400 MG	Tier 5		
*Vascular Endothelial Growth Factor (Vegf) Inhibitors***			
AVASTIN INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	Tier 4		PA
CYRAMZA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	Tier 5		PA
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4ML, 200 MG/8ML	Tier 4		PA
ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	Tier 4		PA
Antiparkinson And Related Therapy Agents			
*Antiparkinson Anticholinergics***			
BENZTROPINE MESYLATE INJECTION SOLUTION 1 MG/ML		Tier 1	
BENZTROPINE MESYLATE ORAL TABLET 0.5 MG, 1 MG, 2 MG		LC	
TRIHEXYPHENIDYL HCL ORAL SOLUTION 0.4 MG/ML		Tier 1	
TRIHEXYPHENIDYL HCL TABLET 2 MG ORAL 2 MG		LC	
TRIHEXYPHENIDYL HCL TABLET 5 MG ORAL 5 MG		Tier 1	
*Antiparkinson Dopaminergics***			
AMANTADINE HCL ORAL CAPSULE 100 MG		Tier 1	
AMANTADINE HCL ORAL SYRUP 50 MG/5ML		Tier 1	
AMANTADINE HCL ORAL TABLET 100 MG		Tier 1	
BROMOCRIPTINE MESYLATE ORAL CAPSULE 5 MG		Tier 1	
BROMOCRIPTINE MESYLATE ORAL TABLET 2.5 MG		Tier 1	
*Antiparkinson Monoamine Oxidase Inhibitors***			
RASAGILINE MESYLATE ORAL TABLET 0.5 MG, 1 MG		Tier 1	
SELEGILINE HCL ORAL CAPSULE 5 MG		Tier 1	
SELEGILINE HCL ORAL TABLET 5 MG		Tier 1	

Drug	Status	Generic Status	Notes
*Central/Peripheral Comt Inhibitors***			
TOLCAPONE ORAL TABLET 100 MG		Tier 1	
*Decarboxylase Inhibitors***			
CARBIDOPA ORAL TABLET 25 MG		Tier 1	
*Levodopa Combinations***			
CARBIDOPA-LEVODOPA ER ORAL TABLET EXTENDED RELEASE 25-100 MG, 50-200 MG		Tier 1	
CARBIDOPA-LEVODOPA ORAL TABLET 10-100 MG, 25-100 MG, 25-250 MG		Tier 1	
CARBIDOPA-LEVODOPA ORAL TABLET DISPERSIBLE 10-100 MG, 25-100 MG, 25-250 MG		Tier 1	
CARBIDOPA-LEVODOPA-ENTACAPONE ORAL TABLET 12.5-50-200 MG, 18.75-75-200 MG, 25-100-200 MG, 31.25-125-200 MG, 37.5-150-200 MG, 50-200-200 MG		Tier 1	
*Nonergoline Dopamine Receptor Agonists***			
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML	Tier 4		PA; QL (3 ML per 1 day)
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	Tier 3		PA; ST
PRAMIPEXOLE DIHYDROCHLORIDE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG		Tier 1	
PRAMIPEXOLE DIHYDROCHLORIDE ORAL TABLET 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG		Tier 1	
ROPINIROLE HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 2 MG, 4 MG, 6 MG, 8 MG		Tier 1	
ROPINIROLE HCL ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG, 5 MG		Tier 1	
*Peripheral Comt Inhibitors***			
ENTACAPONE ORAL TABLET 200 MG		Tier 1	

Drug	Status	Generic Status	Notes
Antipsychotics/Antimanic Agents			
*Antimanic Agents***			
LITHIUM CARBONATE ER ORAL TABLET EXTENDED RELEASE 300 MG, 450 MG		LC	
LITHIUM CARBONATE ORAL CAPSULE 150 MG, 300 MG, 600 MG		LC	
LITHIUM CARBONATE ORAL TABLET 300 MG		LC	
LITHIUM ORAL SOLUTION 8 MEQ/5ML		LC	
*Antipsychotics - Misc.***			
LATUDA TABLET 120 MG ORAL 120 MG	Tier 3		QL (1 EA per 1 day)
LATUDA TABLET 20 MG ORAL 20 MG	Tier 3		QL (1 EA per 1 day)
LATUDA TABLET 40 MG ORAL 40 MG	Tier 3		QL (1 EA per 1 day)
LATUDA TABLET 60 MG ORAL 60 MG	Tier 3		QL (1 EA per 1 day)
LATUDA TABLET 80 MG ORAL 80 MG	Tier 3		QL (2 EA per 1 day)
ZIPRASIDONE HCL ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG		Tier 1	QL (2 EA per 1 day)
ZIPRASIDONE MESYLATE INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG		Tier 1	
*Benzisoxazoles***			
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 3		PA; ST; QL (2 EA per 1 day)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	Tier 3		PA; ST; QL (8 EA per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML	Tier 3		
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.875ML, 410 MG/1.315ML, 546 MG/1.75ML, 819 MG/2.625ML	Tier 3		
PALIPERIDONE ER TABLET EXTENDED RELEASE 24 HOUR 1.5 MG ORAL 1.5 MG		Tier 1	QL (1 EA per 1 day)
PALIPERIDONE ER TABLET EXTENDED RELEASE 24 HOUR 3 MG ORAL 3 MG		Tier 1	QL (1 EA per 1 day)
PALIPERIDONE ER TABLET EXTENDED RELEASE 24 HOUR 6 MG ORAL 6 MG		Tier 1	QL (2 EA per 1 day)
PALIPERIDONE ER TABLET EXTENDED RELEASE 24 HOUR 9 MG ORAL 9 MG		Tier 1	QL (1 EA per 1 day)

Drug	Status	Generic Status	Notes
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG	Tier 3		
RISPERIDONE M-TAB ORAL TABLET DISPERSIBLE (RISPERIDONE) 0.5 MG, 1 MG, 2 MG	Tier 1	Tier 1	QL (2 EA per 1 day)
RISPERIDONE ORAL SOLUTION 1 MG/ML		Tier 1	QL (8 ML per 1 day)
RISPERIDONE ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG		Tier 1	QL (2 EA per 1 day)
RISPERIDONE ORAL TABLET DISPERSIBLE 0.25 MG, 3 MG, 4 MG		Tier 1	QL (2 EA per 1 day)
*Butyrophenones***			
HALOPERIDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/ML		Tier 1	
HALOPERIDOL LACTATE INJECTION SOLUTION 5 MG/ML		Tier 1	
HALOPERIDOL LACTATE ORAL CONCENTRATE 2 MG/ML		Tier 1	
HALOPERIDOL TABLET 0.5 MG ORAL 0.5 MG		LC	
HALOPERIDOL TABLET 1 MG ORAL 1 MG		LC	
HALOPERIDOL TABLET 10 MG ORAL 10 MG		Tier 1	
HALOPERIDOL TABLET 2 MG ORAL 2 MG		LC	
HALOPERIDOL TABLET 20 MG ORAL 20 MG		Tier 1	
HALOPERIDOL TABLET 5 MG ORAL 5 MG		LC	
*Dibenzodiazepines***			
CLOZAPINE TABLET 100 MG ORAL 100 MG		Tier 1	QL (9 EA per 1 day)
CLOZAPINE TABLET 200 MG ORAL 200 MG		Tier 1	QL (4 EA per 1 day)
CLOZAPINE TABLET 25 MG ORAL 25 MG		Tier 1	QL (9 EA per 1 day)
CLOZAPINE TABLET 50 MG ORAL 50 MG		Tier 1	QL (6 EA per 1 day)
CLOZAPINE TABLET DISPERSIBLE 100 MG ORAL 100 MG		Tier 1	QL (9 EA per 1 day)
CLOZAPINE TABLET DISPERSIBLE 12.5 MG ORAL 12.5 MG		Tier 1	QL (3 EA per 1 day)
CLOZAPINE TABLET DISPERSIBLE 150 MG ORAL 150 MG		Tier 1	QL (6 EA per 1 day)
CLOZAPINE TABLET DISPERSIBLE 200 MG ORAL 200 MG		Tier 1	QL (4 EA per 1 day)

Drug	Status	Generic Status	Notes
CLOZAPINE TABLET DISPERSIBLE 25 MG ORAL 25 MG		Tier 1	QL (9 EA per 1 day)
*Dibenzo-Oxepino Pyrroles***			
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG	Tier 2		QL (2 EA per 1 day)
*Dibenzothiazepines***			
QUETIAPINE FUMARATE ER TABLET EXTENDED RELEASE 24 HOUR 150 MG ORAL 150 MG		Tier 1	QL (2 EA per 1 day)
QUETIAPINE FUMARATE ER TABLET EXTENDED RELEASE 24 HOUR 200 MG ORAL 200 MG		Tier 1	QL (3 EA per 1 day)
QUETIAPINE FUMARATE ER TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL 300 MG		Tier 1	QL (2 EA per 1 day)
QUETIAPINE FUMARATE ER TABLET EXTENDED RELEASE 24 HOUR 400 MG ORAL 400 MG		Tier 1	QL (2 EA per 1 day)
QUETIAPINE FUMARATE ER TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL 50 MG		Tier 1	QL (2 EA per 1 day)
QUETIAPINE FUMARATE TABLET 100 MG ORAL 100 MG		Tier 1	QL (3 EA per 1 day)
QUETIAPINE FUMARATE TABLET 200 MG ORAL 200 MG		Tier 1	QL (3 EA per 1 day)
QUETIAPINE FUMARATE TABLET 25 MG ORAL 25 MG		Tier 1	QL (3 EA per 1 day)
QUETIAPINE FUMARATE TABLET 300 MG ORAL 300 MG		Tier 1	QL (2 EA per 1 day)
QUETIAPINE FUMARATE TABLET 400 MG ORAL 400 MG		Tier 1	QL (2 EA per 1 day)
QUETIAPINE FUMARATE TABLET 50 MG ORAL 50 MG		Tier 1	QL (3 EA per 1 day)
*Dibenzoxazepines***			
LOXAPINE SUCCINATE ORAL CAPSULE 10 MG, 25 MG, 5 MG, 50 MG		Tier 1	
*Dihydroindolones***			
MOLINDONE HCL ORAL TABLET 10 MG, 25 MG, 5 MG		Tier 1	
*Phenothiazines***			
CHLORPROMAZINE HCL INJECTION SOLUTION 25 MG/ML, 50 MG/2ML		Tier 1	

Drug	Status	Generic Status	Notes
CHLORPROMAZINE HCL ORAL TABLET 10 MG, 100 MG, 200 MG, 25 MG, 50 MG		Tier 1	
COMPRO RECTAL SUPPOSITORY (PROCHLORPERAZINE) 25 MG	Tier 1	Tier 1	
FLUPHENAZINE DECANOATE INJECTION SOLUTION 25 MG/ML		Tier 1	
FLUPHENAZINE HCL INJECTION SOLUTION 2.5 MG/ML		Tier 1	
FLUPHENAZINE HCL ORAL CONCENTRATE 5 MG/ML		Tier 1	
FLUPHENAZINE HCL ORAL ELIXIR 2.5 MG/5ML		Tier 1	
FLUPHENAZINE HCL TABLET 1 MG ORAL 1 MG		LC	
FLUPHENAZINE HCL TABLET 10 MG ORAL 10 MG		Tier 1	
FLUPHENAZINE HCL TABLET 2.5 MG ORAL 2.5 MG		Tier 1	
FLUPHENAZINE HCL TABLET 5 MG ORAL 5 MG		Tier 1	
PERPHENAZINE ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG		Tier 1	
PROCHLORPERAZINE EDISYLATE INJECTION SOLUTION 10 MG/2ML, 50 MG/10ML		Tier 1	
PROCHLORPERAZINE MALEATE TABLET 10 MG ORAL 10 MG		LC	
PROCHLORPERAZINE MALEATE TABLET 5 MG ORAL 5 MG		Tier 1	
THIORIDAZINE HCL ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG		Tier 1	
TRIFLUOPERAZINE HCL ORAL TABLET 1 MG, 10 MG, 2 MG, 5 MG		Tier 1	
*Quinolinone Derivatives***			
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	Tier 3		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	Tier 3		
ARIPIPRAZOLE ORAL SOLUTION 1 MG/ML		Tier 1	QL (25 ML per 1 day)
ARIPIPRAZOLE ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG		Tier 1	QL (1 EA per 1 day)

Drug	Status	Generic Status	Notes
ARIPIRAZOLE ORAL TABLET DISPERSIBLE 10 MG, 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 3		QL (1 EA per 1 day)
*Thienbenzodiazepines***			
OLANZAPINE INTRAMUSCULAR SOLUTION RECONSTITUTED 10 MG		Tier 1	
OLANZAPINE ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG		Tier 1	QL (1 EA per 1 day)
OLANZAPINE ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG		Tier 1	QL (1 EA per 1 day)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG, 405 MG	Tier 3		
*Thioxanthenes***			
THIOTHIXENE ORAL CAPSULE 1 MG, 10 MG, 2 MG, 5 MG		Tier 1	
Antiseptics & Disinfectants			
*Antiseptic Combinations***			
MICROCLENS WIPES EXTERNAL PAD (IV PREP WIPES) 30 %	Tier 3	Tier 3	
UNI-SOLVE EXTERNAL PAD (IV PREP WIPES)	Tier 3	Tier 3	
*Chlorine Antiseptics***			
BENZALKONIUM CHLORIDE EXTERNAL SOLUTION , 50 %		Tier 1	
*Iodine Antiseptics***			
IODINE TINCTURE EXTERNAL TINCTURE 2 %		Tier 1	
LUGOLS EXTERNAL SOLUTION		Tier 1	
Antivirals			
*Antiretroviral Combinations***			
ABACAVIR SULFATE-LAMIVUDINE ORAL TABLET 600-300 MG		Tier 1	
ABACAVIR-LAMIVUDINE-ZIDOVUDINE ORAL TABLET 300-150-300 MG		Tier 1	
BIKTARVY ORAL TABLET 50-200-25 MG	Tier 3		
CIMDUO ORAL TABLET 300-300 MG	Tier 2		
COMPLERA ORAL TABLET 200-25-300 MG	Tier 2		

Drug	Status	Generic Status	Notes
DESCOVY ORAL TABLET 200-25 MG	Tier 3		
EFAVIRENZ-EMTRICITAB-TENOFOVIR ORAL TABLET 600-200-300 MG		Tier 1	
EMTRICITABINE-TENOFOVIR DF ORAL TABLET 200-300 MG		Tier 1	
EVOTAZ ORAL TABLET 300-150 MG	Tier 2		
GENVOYA ORAL TABLET 150-150-200-10 MG	Tier 3		
JULUCA ORAL TABLET 50-25 MG	Tier 2		
KALETRA ORAL TABLET 100-25 MG, 200-50 MG	Tier 2		
LAMIVUDINE-ZIDOVUDINE ORAL TABLET 150-300 MG		Tier 1	
LOPINAVIR-RITONAVIR ORAL SOLUTION 400-100 MG/5ML		Tier 1	
ODEFSEY ORAL TABLET 200-25-25 MG	Tier 3		
PREZCOBIX ORAL TABLET 800-150 MG	Tier 2		
STRIBILD ORAL TABLET 150-150-200-300 MG	Tier 3		
SYMFI LO ORAL TABLET (EFAVIRENZ-LAMIVUDINE-TENOFOVIR) 400-300-300 MG	Tier 2	Tier 1	
SYMFI ORAL TABLET (EFAVIRENZ-LAMIVUDINE-TENOFOVIR) 600-300-300 MG	Tier 2	Tier 1	
TRIUMEQ ORAL TABLET 600-50-300 MG	Tier 2		
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	Tier 2		
*Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)***			
SELZENTRY ORAL SOLUTION 20 MG/ML	Tier 2		PA
SELZENTRY ORAL TABLET 150 MG, 25 MG, 300 MG, 75 MG	Tier 2		PA
*Antiretrovirals - Fusion Inhibitors***			
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	Tier 2		
*Antiretrovirals - Gp120-Directed Attachment Inhibitor***			
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG		Tier 2	

Drug	Status	Generic Status	Notes
*Antiretrovirals - Integrase Inhibitors***			
ISENTRESS HD ORAL TABLET 600 MG	Tier 2		
ISENTRESS ORAL PACKET 100 MG	Tier 2		
ISENTRESS ORAL TABLET 400 MG	Tier 2		
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	Tier 2		
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	Tier 2		
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	Tier 2		
*Antiretrovirals - Protease Inhibitors***			
APTIVUS ORAL CAPSULE 250 MG	Tier 2		
APTIVUS ORAL SOLUTION 100 MG/ML	Tier 2		
ATAZANAVIR SULFATE ORAL CAPSULE 150 MG, 200 MG, 300 MG		Tier 1	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	Tier 2		
FOSAMPRENAVIR CALCIUM ORAL TABLET 700 MG		Tier 1	
INVIRASE ORAL CAPSULE 200 MG	Tier 2		
INVIRASE ORAL TABLET 500 MG	Tier 2		
LEXIVA ORAL SUSPENSION 50 MG/ML	Tier 2		
NORVIR ORAL PACKET 100 MG	Tier 2		
NORVIR ORAL SOLUTION 80 MG/ML	Tier 2		
PREZISTA ORAL SUSPENSION 100 MG/ML	Tier 2		
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	Tier 2		
REYATAZ ORAL PACKET 50 MG	Tier 2		
RITONAVIR ORAL TABLET 100 MG		Tier 1	
VIRACEPT ORAL TABLET 250 MG, 625 MG	Tier 2		
*Antiretrovirals - Rti-Non-Nucleoside Analogues***			
EDURANT ORAL TABLET 25 MG	Tier 2		
EFAVIRENZ ORAL CAPSULE 200 MG, 50 MG		Tier 1	
EFAVIRENZ ORAL TABLET 600 MG		Tier 1	

Drug	Status	Generic Status	Notes
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG	Tier 2		
NEVIRAPINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 400 MG		Tier 1	
NEVIRAPINE ORAL SUSPENSION 50 MG/5ML		Tier 1	
NEVIRAPINE ORAL TABLET 200 MG		Tier 1	
RESCRIPTOR ORAL TABLET 200 MG	Tier 2		
*Antiretrovirals - Rti-Nucleoside Analogues-Purines***			
ABACAVIR SULFATE ORAL SOLUTION 20 MG/ML		Tier 1	
ABACAVIR SULFATE ORAL TABLET 300 MG		Tier 1	
DIDANOSINE ORAL CAPSULE DELAYED RELEASE 200 MG, 250 MG, 400 MG		Tier 1	
VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG	Tier 3		
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM, 4 GM	Tier 2		
*Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines***			
EMTRICITABINE ORAL CAPSULE 200 MG		Tier 1	
EMTRIVA ORAL SOLUTION 10 MG/ML	Tier 2		
LAMIVUDINE ORAL SOLUTION 10 MG/ML		Tier 1	
LAMIVUDINE ORAL TABLET 150 MG, 300 MG		Tier 1	
*Antiretrovirals - Rti-Nucleoside Analogues-Thymidines***			
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	Tier 2		
STAVUDINE ORAL CAPSULE 15 MG, 20 MG, 30 MG, 40 MG		Tier 1	
ZIDOVUDINE ORAL CAPSULE 100 MG		Tier 1	
ZIDOVUDINE ORAL SYRUP 50 MG/5ML		Tier 1	
ZIDOVUDINE ORAL TABLET 300 MG		Tier 1	
*Antiretrovirals - Rti-Nucleotide Analogues***			
TENOFOVIR DISOPROXIL FUMARATE ORAL TABLET 300 MG		Tier 1	

Drug	Status	Generic Status	Notes
VIREAD ORAL POWDER 40 MG/GM	Tier 2		
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Tier 2		
*Antiretrovirals Adjuvants***			
TYBOST ORAL TABLET 150 MG	Tier 2		
*Cmv Agents***			
CIDOFOVIR INTRAVENOUS SOLUTION 75 MG/ML		Tier 1	
GANCICLOVIR SODIUM INTRAVENOUS SOLUTION 500 MG/10ML		Tier 1	
GANCICLOVIR SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 500 MG		Tier 1	
VALGANCICLOVIR HCL ORAL SOLUTION RECONSTITUTED 50 MG/ML		Tier 1	
VALGANCICLOVIR HCL ORAL TABLET 450 MG		Tier 1	
*Hepatitis B Agents***			
ADEFOVIR DIPIVOXIL ORAL TABLET 10 MG		Tier 4	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	Tier 5		QL (21 ML per 1 day)
ENTECAVIR ORAL TABLET 0.5 MG, 1 MG		Tier 4	QL (1 EA per 1 day)
EPIVIR HBV ORAL SOLUTION 5 MG/ML	Tier 4		
LAMIVUDINE ORAL TABLET 100 MG		Tier 4	
VEMLIDY ORAL TABLET 25 MG	Tier 5		
*Hepatitis C Agent - Combinations***			
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	Tier 4		PA; QL (1 EA per 1 day)
HARVONI PACKET 33.75-150 MG ORAL 33.75-150 MG	Tier 4		PA; QL (1 EA per 1 day)
HARVONI PACKET 45-200 MG ORAL 45-200 MG	Tier 4		PA; QL (2 EA per 1 day)
HARVONI TABLET 45-200 MG ORAL 45-200 MG	Tier 4		PA; QL (2 EA per 1 day)
HARVONI TABLET 90-400 MG ORAL 90-400 MG	Tier 4		PA; QL (1 EA per 1 day)
MAVYRET ORAL TABLET 100-40 MG	Tier 4		PA; QL (3 EA per 1 day)
ZEPATIER ORAL TABLET 50-100 MG	Tier 5		PA; QL (1 EA per 1 day)

Drug	Status	Generic Status	Notes
*Hepatitis C Agents***			
MODERIBA (1200 MG PACK) ORAL TABLET THERAPY PACK 600 MG	Tier 5		
MODERIBA ORAL TABLET (RIBAVIRIN) 200 MG	Tier 4	Tier 4	
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 135 MCG/0.5ML, 180 MCG/0.5ML	Tier 4		PA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML, 180 MCG/ML	Tier 4		PA
REBETOL ORAL SOLUTION 40 MG/ML	Tier 5		
RIBASPHERE ORAL CAPSULE (RIBAVIRIN) 200 MG	Tier 4	Tier 4	
RIBASPHERE RIBAPAK (1000 PACK) ORAL TABLET THERAPY PACK 400 & 600 MG	Tier 5		
RIBASPHERE RIBAPAK (1200 PACK) ORAL TABLET THERAPY PACK 600 MG	Tier 5		
RIBASPHERE RIBAPAK (600 PACK) ORAL TABLET THERAPY PACK 200 & 400 MG	Tier 5		
RIBASPHERE RIBAPAK (800 PACK) ORAL TABLET THERAPY PACK 400 MG	Tier 5		
RIBASPHERE TABLET 200 MG ORAL (RIBAVIRIN) 200 MG	Tier 4	Tier 4	
RIBASPHERE TABLET 400 MG ORAL 400 MG	Tier 5		
RIBASPHERE TABLET 600 MG ORAL 600 MG	Tier 5		
*Herpes Agents - Purine Analogues***			
ACYCLOVIR ORAL CAPSULE 200 MG		LC	
ACYCLOVIR ORAL SUSPENSION 200 MG/5ML		LC	
ACYCLOVIR ORAL TABLET 400 MG, 800 MG		LC	
ACYCLOVIR SODIUM INTRAVENOUS SOLUTION 50 MG/ML		Tier 1	
VALACYCLOVIR HCL ORAL TABLET 1 GM, 500 MG		Tier 1	QL (4 EA per 1 day)
*Herpes Agents - Thymidine Analogues***			
FAMCICLOVIR ORAL TABLET 125 MG, 250 MG, 500 MG		Tier 1	

Drug	Status	Generic Status	Notes
*Influenza Agents***			
RIMANTADINE HCL ORAL TABLET 100 MG		Tier 1	
*Neuraminidase Inhibitors***			
OSELTAMIVIR PHOSPHATE CAPSULE 30 MG ORAL 30 MG		Tier 1	QL (40 EA per 365 days)
OSELTAMIVIR PHOSPHATE CAPSULE 45 MG ORAL 45 MG		Tier 1	QL (20 EA per 365 days)
OSELTAMIVIR PHOSPHATE CAPSULE 75 MG ORAL 75 MG		Tier 1	QL (20 EA per 365 days)
OSELTAMIVIR PHOSPHATE ORAL SUSPENSION RECONSTITUTED 6 MG/ML		Tier 1	QL (360 ML per 365 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER	Tier 3		QL (40 EA per 365 days)
Beta Blockers			
*Alpha-Beta Blockers***			
CARVEDILOL ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG		LC	
CARVEDILOL PHOSPHATE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG		Tier 1	
LABETALOL HCL INTRAVENOUS SOLUTION 5 MG/ML		Tier 1	
LABETALOL HCL ORAL TABLET 100 MG, 200 MG, 300 MG		Tier 1	
*Beta Blockers Cardio-Selective***			
ACEBUTOLOL HCL ORAL CAPSULE 200 MG, 400 MG		Tier 1	
ATENOLOL ORAL TABLET 100 MG, 25 MG, 50 MG		LC	
BETAXOLOL HCL ORAL TABLET 10 MG, 20 MG		Tier 1	
BISOPROLOL FUMARATE ORAL TABLET 10 MG, 5 MG		LC	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	Tier 2		
ESMOLOL HCL INTRAVENOUS SOLUTION 100 MG/10ML		Tier 1	
ESMOLOL HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML		Tier 1	

Drug	Status	Generic Status	Notes
METOPROLOL SUCCINATE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG		Tier 1	
METOPROLOL TARTRATE INTRAVENOUS SOLUTION 5 MG/5ML		Tier 1	
METOPROLOL TARTRATE INTRAVENOUS SOLUTION CARTRIDGE 5 MG/5ML		Tier 1	
METOPROLOL TARTRATE TABLET 100 MG ORAL 100 MG		LC	
METOPROLOL TARTRATE TABLET 25 MG ORAL 25 MG		LC	
METOPROLOL TARTRATE TABLET 37.5 MG ORAL 37.5 MG		Tier 1	
METOPROLOL TARTRATE TABLET 50 MG ORAL 50 MG		LC	
METOPROLOL TARTRATE TABLET 75 MG ORAL 75 MG		Tier 1	
*Beta Blockers Non-Selective***			
PINDOLOL ORAL TABLET 10 MG, 5 MG		Tier 1	
PROPRANOLOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG		Tier 1	
PROPRANOLOL HCL INTRAVENOUS SOLUTION 1 MG/ML		Tier 1	
PROPRANOLOL HCL ORAL SOLUTION 20 MG/5ML, 40 MG/5ML		Tier 1	
PROPRANOLOL HCL TABLET 10 MG ORAL 10 MG		LC	
PROPRANOLOL HCL TABLET 20 MG ORAL 20 MG		LC	
PROPRANOLOL HCL TABLET 40 MG ORAL 40 MG		LC	
PROPRANOLOL HCL TABLET 60 MG ORAL 60 MG		Tier 1	
PROPRANOLOL HCL TABLET 80 MG ORAL 80 MG		LC	
SORINE TABLET 120 MG ORAL (SOTALOL HCL) 120 MG	Tier 1	Tier 1	
SORINE TABLET 160 MG ORAL (SOTALOL HCL) 160 MG	Tier 1	Tier 1	
SORINE TABLET 240 MG ORAL (SOTALOL HCL) 240 MG	Tier 1	Tier 1	

Drug	Status	Generic Status	Notes
SORINE TABLET 80 MG ORAL (SOTALOL HCL) 80 MG	LC	LC	
SOTALOL HCL (AF) ORAL TABLET 120 MG, 160 MG, 80 MG		Tier 1	
TIMOLOL MALEATE ORAL TABLET 10 MG, 20 MG, 5 MG		Tier 1	
Calcium Channel Blockers			
*Calcium Channel Blockers***			
AMLODIPINE BESYLATE ORAL TABLET 10 MG, 2.5 MG, 5 MG		LC	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	Tier 3		
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR (DILTIAZEM HCL ER COATED BEADS) 120 MG	Tier 1	Tier 1	
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR (DILTIAZEM HCL ER COATED BEADS) 180 MG, 240 MG, 300 MG	Tier 1	Tier 1	
DILTIAZEM HCL ER COATED BEADS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG		Tier 1	
DILTIAZEM HCL ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR 120 MG, 60 MG, 90 MG		Tier 1	
DILTIAZEM HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG		Tier 1	
DILTIAZEM HCL INTRAVENOUS SOLUTION 125 MG/25ML, 25 MG/5ML, 50 MG/10ML		Tier 1	
DILTIAZEM HCL INTRAVENOUS SOLUTION RECONSTITUTED 100 MG		Tier 1	
DILTIAZEM HCL ORAL TABLET 120 MG, 30 MG, 60 MG, 90 MG		Tier 1	
DILT-XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG		Tier 1	
FELODIPINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 2.5 MG, 5 MG		Tier 1	
ISRADIPINE ORAL CAPSULE 2.5 MG, 5 MG		Tier 1	
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR (DILTIAZEM HCL ER COATED BEADS) 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Tier 1	Tier 1	

Drug	Status	Generic Status	Notes
NICARDIPINE HCL INTRAVENOUS SOLUTION 2.5 MG/ML		Tier 1	
NICARDIPINE HCL ORAL CAPSULE 20 MG, 30 MG		Tier 1	
NIFEDIPINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG, 90 MG		Tier 1	
NIFEDIPINE ER OSMOTIC RELEASE ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG, 90 MG		Tier 1	
NIFEDIPINE ORAL CAPSULE 10 MG, 20 MG		Tier 1	
NIMODIPINE ORAL CAPSULE 30 MG		Tier 1	
NISOLDIPINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 20 MG, 25.5 MG, 30 MG, 34 MG, 40 MG, 8.5 MG		Tier 1	
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR (DILTIAZEM HCL ER BEADS) 120 MG, 240 MG, 300 MG, 360 MG	Tier 1	Tier 1	
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR (DILTIAZEM HCL ER BEADS) 180 MG	Tier 1	Tier 1	
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR (DILTIAZEM HCL ER BEADS) 120 MG, 240 MG, 300 MG, 360 MG, 420 MG	Tier 1	Tier 1	
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR (DILTIAZEM HCL ER BEADS) 180 MG	Tier 1	Tier 1	
VERAPAMIL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 120 MG, 180 MG, 200 MG, 240 MG, 300 MG, 360 MG		Tier 1	
VERAPAMIL HCL ER ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG		Tier 1	
VERAPAMIL HCL INTRAVENOUS SOLUTION 2.5 MG/ML		Tier 1	
VERAPAMIL HCL TABLET 120 MG ORAL 120 MG		LC	
VERAPAMIL HCL TABLET 40 MG ORAL 40 MG		Tier 1	
VERAPAMIL HCL TABLET 80 MG ORAL 80 MG		LC	

Drug	Status	Generic Status	Notes
Cardiotonics			
*Cardiac Glycosides***			
DIGITEK ORAL TABLET (DIGOXIN) 125 MCG, 250 MCG	LC	LC	
DIGOX ORAL TABLET (DIGOXIN) 125 MCG, 250 MCG	LC	LC	
DIGOXIN INJECTION SOLUTION 0.25 MG/ML		Tier 1	
DIGOXIN ORAL SOLUTION 0.05 MG/ML		LC	
*Phosphodiesterase Inhibitors***			
MILRINONE LACTATE IN DEXTROSE INTRAVENOUS SOLUTION 20-5 MG/100ML-%, 40-5 MG/200ML-%		Tier 1	
MILRINONE LACTATE INTRAVENOUS SOLUTION 10 MG/10ML, 20 MG/20ML, 50 MG/50ML		Tier 1	
Cardiovascular Agents - Misc.			
*Calcium Channel Blocker & Hmg Coa Reductase Inhibit Comb***			
AMLODIPINE-ATORVASTATIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 2.5-10 MG, 2.5-20 MG, 2.5-40 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG		Tier 1	
*Neprilysin Inhib (Arni)-Angiotensin Ii Recept Antag Comb***			
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	Tier 2		QL (2 EA per 1 day)
*Prostaglandin Vasodilators***			
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	Tier 5		PA
TREPROSTINIL INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML		Tier 4	PA
TYVASO INHALATION SOLUTION 0.6 MG/ML	Tier 5		PA; QL (2.9 ML per 1 day)
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML	Tier 5		PA; QL (2.9 ML per 1 day)
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML	Tier 5		PA; QL (2.9 ML per 1 day)

Drug	Status	Generic Status	Notes
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED (EPOPROSTENOL SODIUM) 0.5 MG, 1.5 MG	Tier 5	Tier 4	PA
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML	Tier 5		PA; QL (9 ML per 1 day)
*Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc)***			
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	Tier 4		PA; QL (3 EA per 1 day)
*Pulmonary Hypertension - Endothelin Receptor Antagonists***			
AMBRISENTAN ORAL TABLET 10 MG, 5 MG		Tier 4	PA; QL (1 EA per 1 day)
BOSENTAN ORAL TABLET 125 MG, 62.5 MG		Tier 4	PA; QL (2 EA per 1 day)
OPSUMIT ORAL TABLET 10 MG	Tier 4		PA; QL (1 EA per 1 day)
TRACLEER ORAL TABLET SOLUBLE 32 MG	Tier 4		PA; QL (4 EA per 1 day)
*Pulmonary Hypertension - Phosphodiesterase Inhibitors***			
ALYQ ORAL TABLET (TADALAFIL (PAH)) 20 MG	Tier 4	Tier 4	PA; QL (2 EA per 1 day)
SILDENAFIL CITRATE INTRAVENOUS SOLUTION 10 MG/12.5ML		Tier 4	PA
SILDENAFIL CITRATE ORAL SUSPENSION RECONSTITUTED 10 MG/ML		Tier 4	PA; QL (7.5 ML per 1 day)
SILDENAFIL CITRATE ORAL TABLET 20 MG		Tier 4	PA; QL (3 EA per 1 day)
*Pulmonary Hypertension - Prostacyclin Receptor Agonist***			
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	Tier 5		PA; QL (2 EA per 1 day)
UPTRAVI ORAL TABLET THERAPY PACK 200 & 800 MCG	Tier 5		PA; QL (400 EA per 365 days)
*Selective Cgmp Phosphodiesterase Type 5 Inhibitors***			
TADALAFIL ORAL TABLET 2.5 MG, 5 MG		Tier 1	PA; QL (1 EA per 1 day)
Cephalosporins			
*Cephalosporins - 1St Generation***			
CEFADROXIL ORAL CAPSULE 500 MG		Tier 1	

Drug	Status	Generic Status	Notes
CEFADROXIL ORAL SUSPENSION RECONSTITUTED 250 MG/5ML, 500 MG/5ML		Tier 1	
CEFADROXIL ORAL TABLET 1 GM		Tier 1	
CEFAZOLIN SODIUM INJECTION SOLUTION RECONSTITUTED 1 GM, 10 GM, 100 GM, 20 GM, 300 GM, 500 MG		Tier 1	
CEFAZOLIN SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 1 GM		Tier 1	
CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION 1-4 GM/50ML-%, 2-4 GM/100ML-%		Tier 1	
CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-4 GM-%(50ML), 2-3 GM-%(50ML)		Tier 1	
CEPHALEXIN CAPSULE 250 MG ORAL 250 MG		LC	
CEPHALEXIN CAPSULE 500 MG ORAL 500 MG		LC	
CEPHALEXIN CAPSULE 750 MG ORAL 750 MG		Tier 1	
CEPHALEXIN ORAL SUSPENSION RECONSTITUTED 125 MG/5ML, 250 MG/5ML		Tier 1	
CEPHALEXIN ORAL TABLET 250 MG, 500 MG		Tier 1	
*Cephalosporins - 2Nd Generation***			
CEFACLOR ER ORAL TABLET EXTENDED RELEASE 12 HOUR 500 MG		Tier 1	
CEFACLOR ORAL CAPSULE 250 MG, 500 MG		Tier 1	
CEFACLOR ORAL SUSPENSION RECONSTITUTED 125 MG/5ML, 250 MG/5ML, 375 MG/5ML		Tier 1	
CEFOTETAN DISODIUM INJECTION SOLUTION RECONSTITUTED 1 GM, 10 GM, 2 GM		Tier 1	
CEFOTETAN DISODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-3.58 GM-%(50ML), 2-2.08 GM-%(50ML)		Tier 1	
CEFOXITIN SODIUM INJECTION SOLUTION RECONSTITUTED 10 GM		Tier 1	

Drug	Status	Generic Status	Notes
CEFOXITIN SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 2 GM		Tier 1	
CEFPROZIL ORAL SUSPENSION RECONSTITUTED 125 MG/5ML, 250 MG/5ML		Tier 1	
CEFPROZIL ORAL TABLET 250 MG, 500 MG		Tier 1	
CEFUROXIME AXETIL ORAL TABLET 250 MG, 500 MG		Tier 1	
CEFUROXIME SODIUM INJECTION SOLUTION RECONSTITUTED 7.5 GM, 750 MG		Tier 1	
CEFUROXIME SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 1.5 GM		Tier 1	
*Cephalosporins - 3Rd Generation***			
CEFDINIR ORAL CAPSULE 300 MG		Tier 1	
CEFDINIR ORAL SUSPENSION RECONSTITUTED 125 MG/5ML, 250 MG/5ML		Tier 1	
CEFDITOREN PIVOXIL ORAL TABLET 200 MG, 400 MG		Tier 1	
CEFIXIME ORAL CAPSULE 400 MG		Tier 1	
CEFIXIME ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML		Tier 1	
CEFOTAXIME SODIUM INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM, 500 MG		Tier 1	
CEFPODOXIME PROXETIL ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 50 MG/5ML		Tier 1	
CEFPODOXIME PROXETIL ORAL TABLET 100 MG, 200 MG		Tier 1	
CEFTAZIDIME AND DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-5 GM-%(50ML), 2-5 GM-%(50ML)		Tier 1	
CEFTRIAZONE SODIUM IN DEXTROSE INTRAVENOUS SOLUTION 20 MG/ML, 40 MG/ML		Tier 1	
CEFTRIAZONE SODIUM INJECTION SOLUTION RECONSTITUTED 1 GM, 100 GM, 2 GM, 250 MG, 500 MG		Tier 1	

Drug	Status	Generic Status	Notes
CEFTRIAXONE SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 10 GM, 2 GM		Tier 1	
CEFTRIAXONE SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-3.74 GM-%(50ML), 2-2.22 GM-%(50ML)		Tier 1	
TAZICEF INJECTION SOLUTION RECONSTITUTED (CEFTAZIDIME) 1 GM, 2 GM, 6 GM	Tier 1	Tier 1	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 2 GM	Tier 1		
*Cephalosporins - 4Th Generation***			
CEFEPIME HCL INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM		Tier 1	
CEFEPIME HCL INTRAVENOUS SOLUTION 1 GM/50ML, 2 GM/100ML		Tier 1	
CEFEPIME HCL INTRAVENOUS SOLUTION RECONSTITUTED 100 GM		Tier 1	
CEFEPIME-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-5 GM-%(50ML), 2-5 GM-%(50ML)		Tier 1	
MAXIPIME INTRAVENOUS SOLUTION RECONSTITUTED 2 GM	Tier 3		
Contraceptives			
*Biphasic Contraceptives - Oral***			
AZURETTE ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-0.02/0.01 MG (21/5)	Tier 1	Tier 1	PV
BEKYREE ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-0.02/0.01 MG (21/5)	Tier 1	Tier 1	PV
KARIVA ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-0.02/0.01 MG (21/5)	Tier 1	Tier 1	PV
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG	Tier 3		
PIMTREA ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-0.02/0.01 MG (21/5)	Tier 1	Tier 1	PV
SIMLIYA ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-0.02/0.01 MG (21/5)	Tier 1	Tier 1	PV

Drug	Status	Generic Status	Notes
VIORELE ORAL TABLET 0.15-0.02/0.01 MG (21/5)		Tier 1	PV
VOLNEA ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-0.02/0.01 MG (21/5)	Tier 1	Tier 1	PV
*Combination Contraceptives - Oral***			
AFIRMELLE ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG	Tier 1	Tier 1	PV
ALTAVERA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.15-30 MG-MCG	Tier 1	Tier 1	PV
APRI ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-30 MG-MCG	Tier 1	Tier 1	PV
AUBRA EQ ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG	Tier 1	Tier 1	PV
AUBRA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG	Tier 1	Tier 1	PV
AUROVELA 1.5/30 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) 1.5-30 MG-MCG	Tier 1	Tier 1	PV
AUROVELA 1/20 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) 1-20 MG-MCG	Tier 1	Tier 1	PV
AUROVELA 24 FE ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG(24)	Tier 1	Tier 1	PV
AUROVELA FE 1.5/30 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1.5-30 MG-MCG	Tier 1	Tier 1	PV
AUROVELA FE 1/20 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG	Tier 1	Tier 1	PV
AVIANE ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG	Tier 1	Tier 1	PV
AYUNA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.15-30 MG-MCG	Tier 1	Tier 1	PV
BALZIVA ORAL TABLET (BRIELLYN) 0.4-35 MG-MCG	Tier 1	Tier 1	PV

Drug	Status	Generic Status	Notes
BLISOVI 24 FE ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG(24)	Tier 1	Tier 1	PV
BLISOVI FE 1.5/30 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1.5-30 MG-MCG	Tier 1	Tier 1	PV
BLISOVI FE 1/20 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG	Tier 1	Tier 1	PV
CHARLOTTE 24 FE ORAL TABLET CHEWABLE (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG(24)	Tier 1	Tier 1	PV
CHATEAL EQ ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.15-30 MG-MCG	Tier 1	Tier 1	PV
CHATEAL ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.15-30 MG-MCG	Tier 1	Tier 1	PV
CRYSELLE-28 ORAL TABLET 0.3-30 MG-MCG	Tier 1		PV
CYCLAFEM 1/35 ORAL TABLET (ALYACEN 1/35) 1-35 MG-MCG	Tier 1	Tier 1	PV
CYRED EQ ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-30 MG-MCG	Tier 1	Tier 1	PV
CYRED ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-30 MG-MCG	Tier 1	Tier 1	PV
DASETTA 1/35 ORAL TABLET (ALYACEN 1/35) 1-35 MG-MCG	Tier 1	Tier 1	PV
DELYLA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG	Tier 1	Tier 1	PV
ELINEST ORAL TABLET 0.3-30 MG-MCG	Tier 1		PV
EMOQUETTE ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-30 MG-MCG	Tier 1	Tier 1	PV
ENSKYCE ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-30 MG-MCG	Tier 1	Tier 1	PV
ESTARYLLA ORAL TABLET (NORGESTIMATE-ETH ESTRADIOL) 0.25-35 MG-MCG	Tier 1	Tier 1	PV
FALMINA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG	Tier 1	Tier 1	PV

Drug	Status	Generic Status	Notes
FEMYNOR ORAL TABLET (NORGESTIMATE-ETH ESTRADIOL) 0.25-35 MG-MCG	Tier 1	Tier 1	PV
GEMMILY ORAL CAPSULE (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG(24)	Tier 1	Tier 1	PV
GIANVI ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) 3-0.02 MG	Tier 1	Tier 1	PV
HAILEY 1.5/30 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) 1.5-30 MG-MCG	Tier 1	Tier 1	PV
HAILEY 24 FE ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG(24)	Tier 1	Tier 1	PV
HAILEY FE 1.5/30 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1.5-30 MG-MCG	Tier 1	Tier 1	PV
HAILEY FE 1/20 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG	Tier 1	Tier 1	PV
ISIBLOOM ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-30 MG-MCG	Tier 1	Tier 1	PV
JASMIEL ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) 3-0.02 MG	Tier 1	Tier 1	PV
JULEBER ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-30 MG-MCG	Tier 1	Tier 1	PV
JUNEL 1.5/30 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) 1.5-30 MG-MCG	Tier 1	Tier 1	PV
JUNEL 1/20 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) 1-20 MG-MCG	Tier 1	Tier 1	PV
JUNEL FE 1.5/30 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1.5-30 MG-MCG	Tier 1	Tier 1	PV
JUNEL FE 1/20 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG	Tier 1	Tier 1	PV
JUNEL FE 24 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG(24)	Tier 1	Tier 1	PV
KAITLIB FE ORAL TABLET CHEWABLE (NORETHIN-ETH ESTRADIOL-FE) 0.8-25 MG-MCG	Tier 1	Tier 1	PV
KALLIGA ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-30 MG-MCG	Tier 1	Tier 1	PV

Drug	Status	Generic Status	Notes
KELNOR 1/35 ORAL TABLET (ETHYNODIOL DIAC-ETH ESTRADIOL) 1-35 MG-MCG	Tier 1	Tier 1	PV
KELNOR 1/50 ORAL TABLET (ETHYNODIOL DIAC-ETH ESTRADIOL) 1-50 MG-MCG	Tier 1	Tier 1	PV
KURVELO ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.15-30 MG-MCG	Tier 1	Tier 1	PV
LARIN 1.5/30 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) 1.5-30 MG-MCG	Tier 1	Tier 1	PV
LARIN 1/20 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) 1-20 MG-MCG	Tier 1	Tier 1	PV
LARIN 24 FE ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG(24)	Tier 1	Tier 1	PV
LARIN FE 1.5/30 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1.5-30 MG-MCG	Tier 1	Tier 1	PV
LARIN FE 1/20 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG	Tier 1	Tier 1	PV
LARISSIA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG	Tier 1	Tier 1	PV
LAYOLIS FE ORAL TABLET CHEWABLE (NORETHIN-ETH ESTRADIOL-FE) 0.8-25 MG-MCG	Tier 1	Tier 1	PV
LESSINA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG	Tier 1	Tier 1	PV
LEVORA 0.15/30 (28) ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.15-30 MG-MCG	Tier 1	Tier 1	PV
LILLOW ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.15-30 MG-MCG	Tier 1	Tier 1	PV
LORYNA ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) 3-0.02 MG	Tier 1	Tier 1	PV
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	Tier 1		PV

Drug	Status	Generic Status	Notes
LO-ZUMANDIMINE ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) 3-0.02 MG	Tier 1	Tier 1	PV
LUTERA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG	Tier 1	Tier 1	PV
MARLISSA ORAL TABLET 0.15-30 MG-MCG		Tier 1	PV
MELODETTA 24 FE ORAL TABLET CHEWABLE (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG(24)	Tier 1	Tier 1	PV
MIBELAS 24 FE ORAL TABLET CHEWABLE (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG(24)	Tier 1	Tier 1	PV
MICROGESTIN 1.5/30 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) 1.5-30 MG-MCG	Tier 1	Tier 1	PV
MICROGESTIN 1/20 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) 1-20 MG-MCG	Tier 1	Tier 1	PV
MICROGESTIN 24 FE ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG	Tier 1	Tier 1	PV
MICROGESTIN FE 1.5/30 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1.5-30 MG-MCG	Tier 1	Tier 1	PV
MICROGESTIN FE 1/20 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG	Tier 1	Tier 1	PV
MILI ORAL TABLET (NORGESTIMATE-ETH ESTRADIOL) 0.25-35 MG-MCG	Tier 1	Tier 1	PV
MONO-LINYAH ORAL TABLET (NORGESTIMATE-ETH ESTRADIOL) 0.25-35 MG-MCG	Tier 1	Tier 1	PV
MONONESSA ORAL TABLET (NORGESTIMATE-ETH ESTRADIOL) 0.25-35 MG-MCG	Tier 1	Tier 1	PV
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	Tier 1		PV
NIKKI ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) 3-0.02 MG	Tier 1	Tier 1	PV
NORETHINDRONE ACET-ETHINYL EST ORAL TABLET CHEWABLE 1-20 MG-MCG(24)		Tier 1	PV

Drug	Status	Generic Status	Notes
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	Tier 1		PV
NORTREL 1/35 (21) ORAL TABLET (ALYACEN 1/35) 1-35 MG-MCG	Tier 1	Tier 1	PV
NORTREL 1/35 (28) ORAL TABLET (ALYACEN 1/35) 1-35 MG-MCG	Tier 1	Tier 1	PV
OCELLA ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) 3-0.03 MG	Tier 1	Tier 1	PV
OGESTREL ORAL TABLET 0.5-50 MG-MCG	Tier 1		PV
ORSYTHIA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG	Tier 1	Tier 1	PV
PHILITH ORAL TABLET (BRIELLYN) 0.4-35 MG-MCG	Tier 1	Tier 1	PV
PIRMELLA 1/35 ORAL TABLET (ALYACEN 1/35) 1-35 MG-MCG	Tier 1	Tier 1	PV
PORTIA-28 ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.15-30 MG-MCG	Tier 1	Tier 1	PV
PREVIFEM ORAL TABLET (NORGESTIMATE-ETH ESTRADIOL) 0.25-35 MG-MCG	Tier 1	Tier 1	PV
RAJANI ORAL TABLET (DROSPIREN-ETH ESTRAD-LEVOMEFOL) 3-0.02-0.451 MG	Tier 1	Tier 1	PV
RECLIPSEN ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-30 MG-MCG	Tier 1	Tier 1	PV
SPRINTEC 28 ORAL TABLET (NORGESTIMATE-ETH ESTRADIOL) 0.25-35 MG-MCG	Tier 1	Tier 1	PV
SRONYX ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG	Tier 1	Tier 1	PV
SYEDA ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) 3-0.03 MG	Tier 1	Tier 1	PV
TARINA 24 FE ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG(24)	Tier 1	Tier 1	PV
TARINA FE 1/20 EQ ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG	Tier 1	Tier 1	PV

Drug	Status	Generic Status	Notes
TARINA FE 1/20 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG	Tier 1	Tier 1	PV
TYBLUME ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG	Tier 1	Tier 1	PV
TYDEMY ORAL TABLET (DROSPIREN-ETH ESTRAD-LEVOMEFOL) 3-0.03-0.451 MG	Tier 1	Tier 1	PV
VIENVA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG	Tier 1	Tier 1	PV
VYFEMLA ORAL TABLET (BRIELLYN) 0.4-35 MG-MCG	Tier 1	Tier 1	PV
VYLIBRA ORAL TABLET (NORGESTIMATE-ETH ESTRADIOL) 0.25-35 MG-MCG	Tier 1	Tier 1	PV
WERA ORAL TABLET 0.5-35 MG-MCG	Tier 1		PV
WYMZYA FE ORAL TABLET CHEWABLE (NORETHIN-ETH ESTRADIOL-FE) 0.4-35 MG-MCG	Tier 1	Tier 1	PV
ZARAH ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) 3-0.03 MG	Tier 1	Tier 1	PV
ZOVIA 1/35E (28) ORAL TABLET (ETHYNODIOL DIAC-ETH ESTRADIOL) 1-35 MG-MCG	Tier 1	Tier 1	PV
ZUMANDIMINE ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) 3-0.03 MG	Tier 1	Tier 1	PV
*Combination Contraceptives - Transdermal***			
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	Tier 1		PV
*Combination Contraceptives - Vaginal***			
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR	Tier 3		PV
ELURYNG VAGINAL RING (ETONOGESTREL-ETHINYL ESTRADIOL) 0.12-0.015 MG/24HR	Tier 1	Tier 1	PV

Drug	Status	Generic Status	Notes
*Continuous Contraceptives - Oral***			
AMETHYST ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 90-20 MCG	Tier 1	Tier 1	PV
*Copper Contraceptives - Iud***			
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE	Tier 3		PV
*Emergency Contraceptives***			
AFTERA ORAL TABLET (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	PV
ECONTRA EZ ORAL TABLET (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	PV
ECONTRA ONE-STEP ORAL TABLET (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	PV
ELLA ORAL TABLET 30 MG	Tier 3		PV
MY CHOICE ORAL TABLET (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	PV
MY WAY ORAL TABLET (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	PV
NEW DAY ORAL TABLET (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	PV
OPCICON ONE-STEP ORAL TABLET (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	PV
OPTION 2 ORAL TABLET (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	PV
PREVENTEZA ORAL TABLET (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	PV
REACT ORAL TABLET (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	PV
TAKE ACTION ORAL TABLET (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	PV
*Extended-Cycle Contraceptives - Oral***			
AMETHIA LO ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.1-0.02 & 0.01 MG	Tier 1	Tier 1	PV; QL (1 EA per 1 day)
AMETHIA ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.15-0.03 & 0.01 MG	Tier 1	Tier 1	PV; QL (1 EA per 1 day)

Drug	Status	Generic Status	Notes
ASHLYNA ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.15-0.03 &0.01 MG	Tier 1	Tier 1	PV; QL (1 EA per 1 day)
CAMRESE LO ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.1-0.02 & 0.01 MG	Tier 1	Tier 1	PV; QL (1 EA per 1 day)
CAMRESE ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.15-0.03 &0.01 MG	Tier 1	Tier 1	PV; QL (1 EA per 1 day)
DAYSEE ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.15-0.03 &0.01 MG	Tier 1	Tier 1	PV; QL (1 EA per 1 day)
FAYOSIM ORAL TABLET (LEVONORGEST-ETH EST & ETH EST) 42-21-21-7 DAYS	Tier 1	Tier 1	PV; QL (1 EA per 1 day)
INTROVALE ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.15-0.03 MG	Tier 1	Tier 1	PV; QL (1 EA per 1 day)
JAIMIESS ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.15-0.03 &0.01 MG	Tier 1	Tier 1	PV; QL (1 EA per 1 day)
JOLESSA ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.15-0.03 MG	Tier 1	Tier 1	PV; QL (1 EA per 1 day)
LOJAIMIESS ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.1-0.02 & 0.01 MG	Tier 1	Tier 1	PV; QL (1 EA per 1 day)
QUASENSE ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.15-0.03 MG	Tier 1	Tier 1	PV; QL (1 EA per 1 day)
RIVELSA ORAL TABLET (LEVONORGEST-ETH EST & ETH EST) 42-21-21-7 DAYS	Tier 1	Tier 1	PV; QL (1 EA per 1 day)
SETLAKIN ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.15-0.03 MG	Tier 1	Tier 1	PV; QL (1 EA per 1 day)
SIMPESSE ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.15-0.03 &0.01 MG	Tier 1	Tier 1	PV; QL (1 EA per 1 day)
*Four Phase Contraceptives - Oral***			
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG	Tier 2		PV
*Progestin Contraceptives - Implants***			
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG	Tier 3		PV

Drug	Status	Generic Status	Notes
*Progestin Contraceptives - Injectable***			
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	Tier 3		QL (0.02 ML per 1 day)
MEDROXYPROGESTERONE ACETATE INTRAMUSCULAR SUSPENSION 150 MG/ML		Tier 1	PV; QL (0.02 ML per 1 day)
MEDROXYPROGESTERONE ACETATE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 150 MG/ML		Tier 1	PV; QL (0.02 ML per 1 day)
*Progestin Contraceptives - Iud***			
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG	Tier 4		PV
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 19.5 MCG/DAY	Tier 4		PV
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/24HR	Tier 4		PV
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG	Tier 4		PV
*Progestin Contraceptives - Oral***			
CAMILA ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	PV
DEBLITANE ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	PV
ERRIN ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	PV
HEATHER ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	PV
INCASSIA ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	PV
JENCYCLA ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	PV
JOLIVETTE ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	PV
LYZA ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	PV
NORA-BE ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	PV
NORLYDA ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	PV

Drug	Status	Generic Status	Notes
NORLYROC ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	PV
SHAROBEL ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	PV
SLYND ORAL TABLET 4 MG	Tier 3		PV
TULANA ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	PV
*Triphasic Contraceptives - Oral***			
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG	Tier 1		PV
CAZIAN T ORAL TABLET 0.1/0.125/0.15 - 0.025 MG	Tier 1		PV
CYCLAFEM 7/7/7 ORAL TABLET (ALYACEN 7/7/7) 0.5/0.75/1-35 MG-MCG	Tier 1	Tier 1	PV
DASETTA 7/7/7 ORAL TABLET (ALYACEN 7/7/7) 0.5/0.75/1-35 MG-MCG	Tier 1	Tier 1	PV
ENPRESSE-28 ORAL TABLET (LEVONORG-ETH ESTRAD TRIPHASIC) 50-30/75-40/ 125-30 MCG	Tier 1	Tier 1	PV
LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG	Tier 1		PV
LEVONEST ORAL TABLET (LEVONORG-ETH ESTRAD TRIPHASIC) 50-30/75-40/ 125-30 MCG	Tier 1	Tier 1	PV
MYZILRA ORAL TABLET (LEVONORG-ETH ESTRAD TRIPHASIC) 50-30/75-40/ 125-30 MCG	Tier 1	Tier 1	PV
NORTREL 7/7/7 ORAL TABLET (ALYACEN 7/7/7) 0.5/0.75/1-35 MG-MCG	Tier 1	Tier 1	PV
PIRMELLA 7/7/7 ORAL TABLET (ALYACEN 7/7/7) 0.5/0.75/1-35 MG-MCG	Tier 1	Tier 1	PV
TILIA FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	Tier 1		PV
TRI FEMYNOR ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-35 MCG	Tier 1	Tier 1	PV
TRI-ESTARYLLA ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-35 MCG	Tier 1	Tier 1	PV
TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	Tier 1		PV

Drug	Status	Generic Status	Notes
TRI-LINYAH ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-35 MCG	Tier 1	Tier 1	PV
TRI-LO-ESTARYLLA ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-25 MCG	Tier 1	Tier 1	PV
TRI-LO-MARZIA ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-25 MCG	Tier 1	Tier 1	PV
TRI-LO-MILI ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-25 MCG	Tier 1	Tier 1	PV
TRI-LO-SPRINTEC ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-25 MCG	Tier 1	Tier 1	PV
TRI-MILI ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-35 MCG	Tier 1	Tier 1	PV
TRI-PREVIFEM ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-35 MCG	Tier 1	Tier 1	PV
TRI-SPRINTEC ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-35 MCG	Tier 1	Tier 1	PV
TRIVORA (28) ORAL TABLET (LEVONORG-ETH ESTRAD TRIPHASIC) 50-30/75-40/ 125-30 MCG	Tier 1	Tier 1	PV
TRI-VYLIBRA LO ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-25 MCG	Tier 1	Tier 1	PV
TRI-VYLIBRA ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-35 MCG	Tier 1	Tier 1	PV
VELIVET ORAL TABLET 0.1/0.125/0.15 - 0.025 MG	Tier 1		PV
Corticosteroids			
*Glucocorticosteroids***			
BUDESONIDE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG		Tier 1	
BUDESONIDE ORAL CAPSULE DELAYED RELEASE PARTICLES 3 MG		Tier 1	
CORTISONE ACETATE ORAL TABLET 25 MG		Tier 1	

Drug	Status	Generic Status	Notes
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	Tier 3		
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	LC		
DEXAMETHASONE ORAL ELIXIR 0.5 MG/5ML		LC	
DEXAMETHASONE ORAL SOLUTION 0.5 MG/5ML		LC	
DEXAMETHASONE ORAL TABLET 0.5 MG, 0.75 MG, 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG		LC	
DEXAMETHASONE ORAL TABLET THERAPY PACK 1.5 MG (21), 1.5 MG (35), 1.5 MG (51)		Tier 1	
DEXAMETHASONE SOD PHOSPHATE PF INJECTION SOLUTION 10 MG/ML		LC	
DEXAMETHASONE SOD PHOSPHATE PF INJECTION SOLUTION PREFILLED SYRINGE 10 MG/ML		Tier 1	
DEXAMETHASONE SODIUM PHOSPHATE INJECTION SOLUTION 10 MG/ML, 100 MG/10ML, 120 MG/30ML, 20 MG/5ML, 4 MG/ML		LC	
HYDROCORTISONE ORAL TABLET 10 MG, 20 MG, 5 MG		LC	
METHYLPREDNISOLONE ACETATE INJECTION SUSPENSION 40 MG/ML, 80 MG/ML		LC	
METHYLPREDNISOLONE ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG		LC	
METHYLPREDNISOLONE ORAL TABLET THERAPY PACK 4 MG		LC	
METHYLPREDNISOLONE SODIUM SUCC SOLUTION RECONSTITUTED 1000 MG INJECTION 1000 MG		LC	
METHYLPREDNISOLONE SODIUM SUCC SOLUTION RECONSTITUTED 125 MG INJECTION 125 MG		LC	
METHYLPREDNISOLONE SODIUM SUCC SOLUTION RECONSTITUTED 40 MG INJECTION 40 MG		LC	
METHYLPREDNISOLONE SODIUM SUCC SOLUTION RECONSTITUTED 500 MG INJECTION 500 MG		Tier 1	

Drug	Status	Generic Status	Notes
PREDNISOLONE ORAL SOLUTION 15 MG/5ML		LC	
PREDNISOLONE SODIUM PHOSPHATE ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 30 MG		Tier 1	
PREDNISOLONE SODIUM PHOSPHATE SOLUTION 10 MG/5ML ORAL 10 MG/5ML		Tier 1	
PREDNISOLONE SODIUM PHOSPHATE SOLUTION 15 MG/5ML ORAL 15 MG/5ML		LC	
PREDNISOLONE SODIUM PHOSPHATE SOLUTION 20 MG/5ML ORAL 20 MG/5ML		Tier 1	
PREDNISOLONE SODIUM PHOSPHATE SOLUTION 25 MG/5ML ORAL 25 MG/5ML		LC	
PREDNISOLONE SODIUM PHOSPHATE SOLUTION 6.7 (5 BASE) MG/5ML ORAL 6.7 (5 BASE) MG/5ML		LC	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	LC		
PREDNISONE ORAL SOLUTION 5 MG/5ML		LC	
PREDNISONE ORAL TABLET 1 MG, 10 MG, 2.5 MG, 20 MG, 5 MG, 50 MG		LC	
PREDNISONE ORAL TABLET THERAPY PACK 10 MG (21), 10 MG (48), 5 MG (21), 5 MG (48)		LC	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 1000 MG	Tier 3		
TRIAMCINOLONE ACETONIDE INJECTION SUSPENSION 40 MG/ML		Tier 1	
*Mineralocorticoids***			
FLUDROCORTISONE ACETATE ORAL TABLET 0.1 MG		Tier 1	
*Steroid Combinations***			
BETAMETHASONE SOD PHOS & ACET INJECTION SUSPENSION 6 (3-3) MG/ML		Tier 1	
Cough/Cold/Allergy			
*Antitussive - Nonnarcotic***			
BENZONATATE CAPSULE 100 MG ORAL 100 MG		LC	
BENZONATATE CAPSULE 150 MG ORAL 150 MG		Tier 1	
BENZONATATE CAPSULE 200 MG ORAL 200 MG		LC	

Drug	Status	Generic Status	Notes
*Antitussive - Opioid***			
HYDROCODONE-HOMATROPINE ORAL SYRUP 5-1.5 MG/5ML		Tier 1	PA; QL (240 ML Max Qty Per Fill Retail)
HYDROCODONE-HOMATROPINE ORAL TABLET 5-1.5 MG		Tier 1	PA; QL (6 EA per 1 day)
HYDROMET ORAL SYRUP 5-1.5 MG/5ML		Tier 1	PA; QL (240 ML Max Qty Per Fill Retail)
*Antitussive-Expectorant***			
HYDROCODONE-GUAIFENESIN ORAL SOLUTION 2.5-200 MG/5ML		Tier 3	PA; QL (240 ML Max Qty Per Fill Retail)
*Misc. Respiratory Inhalants***			
NEBUSAL INHALATION NEBULIZATION SOLUTION (SODIUM CHLORIDE) 3 %	Tier 1	Tier 1	
PULMOSAL INHALATION NEBULIZATION SOLUTION (SODIUM CHLORIDE) 7 %	Tier 1	Tier 1	
SODIUM CHLORIDE INHALATION NEBULIZATION SOLUTION 0.9 %, 10 %		Tier 1	
*Mucolytics***			
ACETYLCYSTEINE INHALATION SOLUTION 10 %, 20 %		Tier 1	
*Opioid Antitussive-Antihistamine***			
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE 14.7-2.8 MG/5ML	Tier 3		PA; QL (240 ML Max Qty Per Fill Retail)
Dermatologicals			
*Acne Antibiotics***			
CLINDACIN ETZ EXTERNAL SWAB (CLINDAMYCIN PHOSPHATE) 1 %	Tier 1	Tier 1	
CLINDACIN-P EXTERNAL SWAB (CLINDAMYCIN PHOSPHATE) 1 %	Tier 1	Tier 1	
CLINDAMYCIN PHOSPHATE EXTERNAL FOAM 1 %		Tier 1	
CLINDAMYCIN PHOSPHATE EXTERNAL GEL 1 %		Tier 1	
CLINDAMYCIN PHOSPHATE EXTERNAL LOTION 1 %		Tier 1	
CLINDAMYCIN PHOSPHATE EXTERNAL SOLUTION 1 %		Tier 1	
DAPSONE EXTERNAL GEL 5 %		Tier 1	
ERY EXTERNAL PAD 2 %		Tier 1	

Drug	Status	Generic Status	Notes
ERYTHROMYCIN EXTERNAL GEL 2 %		Tier 1	
ERYTHROMYCIN EXTERNAL PAD 2 %		Tier 1	
ERYTHROMYCIN EXTERNAL SOLUTION 2 %		Tier 1	
SULFACETAMIDE SODIUM (ACNE) EXTERNAL LOTION 10 %		Tier 1	
*Acne Combinations***			
ADAPALENE-BENZOYL PEROXIDE EXTERNAL GEL 0.1-2.5 %		Tier 1	
BENZOYL PEROXIDE-ERYTHROMYCIN EXTERNAL GEL 5-3 %		Tier 1	
CLINDAMYCIN PHOS-BENZOYL PEROX EXTERNAL GEL 1-5 %, 1.2-2.5 %		Tier 1	
CLINDAMYCIN-TRETINOIN EXTERNAL GEL 1.2-0.025 %		Tier 1	
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 %	Tier 3		
NEUAC EXTERNAL GEL (CLINDAMYCIN PHOS-BENZOYL PEROX) 1.2-5 %	Tier 1	Tier 1	
*Acne Products***			
ADAPALENE EXTERNAL CREAM 0.1 %		Tier 1	PA
ADAPALENE EXTERNAL GEL 0.1 %, 0.3 %		Tier 1	PA
AMNESTEEM ORAL CAPSULE (ISOTRETINOIN) 10 MG, 20 MG, 40 MG	Tier 1	Tier 1	PA
AVITA EXTERNAL CREAM (TRETINOIN) 0.025 %	Tier 1	Tier 1	PA
AVITA EXTERNAL GEL (TRETINOIN) 0.025 %	Tier 1	Tier 1	PA
AZELEX EXTERNAL CREAM 20 %	Tier 3		
CLARAVIS ORAL CAPSULE (ISOTRETINOIN) 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	Tier 1	PA
MYORISAN ORAL CAPSULE (ISOTRETINOIN) 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	Tier 1	PA
TRETINOIN EXTERNAL CREAM 0.05 %, 0.1 %		Tier 1	PA
TRETINOIN EXTERNAL GEL 0.01 %, 0.05 %		Tier 1	PA
TRETINOIN MICROSPHERE EXTERNAL GEL 0.04 %, 0.1 %		Tier 1	PA
TRETINOIN MICROSPHERE PUMP EXTERNAL GEL 0.04 %, 0.1 %		Tier 1	PA

Drug	Status	Generic Status	Notes
ZENATANE ORAL CAPSULE (ISOTRETINOIN) 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	Tier 1	PA
*Antibiotic Steroid Combinations - Topical***			
CORTISPORIN EXTERNAL CREAM 3.5-10000-0.5	Tier 3		
CORTISPORIN EXTERNAL OINTMENT 1 %	Tier 3		
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 %	Tier 3		
*Antibiotics - Topical***			
ALTABAX EXTERNAL OINTMENT 1 %	Tier 3		
GENTAMICIN SULFATE EXTERNAL CREAM 0.1 %		Tier 1	
GENTAMICIN SULFATE EXTERNAL OINTMENT 0.1 %		Tier 1	
MUPIROCIN EXTERNAL OINTMENT 2 %		Tier 1	
*Antifungals - Topical Combinations***			
CLOTRIMAZOLE-BETAMETHASONE EXTERNAL CREAM 1-0.05 %		Tier 1	
CLOTRIMAZOLE-BETAMETHASONE EXTERNAL LOTION 1-0.05 %		Tier 1	
EXODERM EXTERNAL LOTION 25-1 %	Tier 1		
NYSTATIN-TRIAMCINOLONE EXTERNAL CREAM 100000-0.1 UNIT/GM-%		Tier 1	
NYSTATIN-TRIAMCINOLONE EXTERNAL OINTMENT 100000-0.1 UNIT/GM-%		Tier 1	
*Antifungals - Topical***			
CICLODAN EXTERNAL SOLUTION (CICLOPIROX) 8 %	Tier 1	Tier 1	
CICLOPIROX EXTERNAL GEL 0.77 %		Tier 1	
CICLOPIROX EXTERNAL SHAMPOO 1 %		Tier 1	
CICLOPIROX OLAMINE EXTERNAL CREAM 0.77 %		Tier 1	
CICLOPIROX OLAMINE EXTERNAL SUSPENSION 0.77 %		Tier 1	
NAFTIFINE HCL EXTERNAL CREAM 1 %, 2 %		Tier 1	
NAFTIFINE HCL EXTERNAL GEL 1 %		Tier 1	

Drug	Status	Generic Status	Notes
NYAMYC EXTERNAL POWDER (NYSTATIN) 100000 UNIT/GM	Tier 1	Tier 1	
NYSTATIN EXTERNAL CREAM 100000 UNIT/GM		LC	
NYSTATIN EXTERNAL OINTMENT 100000 UNIT/GM		Tier 1	
NYSTOP EXTERNAL POWDER (NYSTATIN) 100000 UNIT/GM	Tier 1	Tier 1	
*Anti-Inflammatory Agents - Topical***			
DICLOFENAC SODIUM EXTERNAL GEL 1 %		Tier 1	QL (33.33 GM per 1 day)
KLOFENSAID II EXTERNAL SOLUTION (DICLOFENAC SODIUM) 1.5 %	Tier 1	Tier 1	PA
*Anti-Inflammatory Combinations - Topical***			
DICLOFEX DC COMBINATION THERAPY PACK 1.5-0.025 %	Tier 1		
*Antineoplastic Antimetabolites - Topical***			
FLUOROPLEX EXTERNAL CREAM 1 %	Tier 3		
FLUOROURACIL CREAM 0.5 % EXTERNAL 0.5 %		Tier 2	
FLUOROURACIL CREAM 5 % EXTERNAL 5 %		Tier 1	
FLUOROURACIL EXTERNAL SOLUTION 2 %, 5 %		Tier 4	
*Antineoplastic Or Premalignant Lesions - Topical Misc.***			
PICATO EXTERNAL GEL 0.015 %, 0.05 %	Tier 3		PA; ST
*Antineoplastic Or Premalignant Lesions - Topical Nsaid's***			
DICLOFENAC SODIUM EXTERNAL GEL 3 %		Tier 1	PA; ST; QL (10 GM per 1 day)
*Antineoplastic Retinoids - Topical***			
PANRETIN EXTERNAL GEL 0.1 %	Tier 3		
*Antipruritics - Topical***			
DOXEPIN HCL EXTERNAL CREAM 5 %		Tier 3	
*Antipsoriatics - Systemic***			
ACITRETIN ORAL CAPSULE 10 MG, 17.5 MG, 25 MG		Tier 1	

Drug	Status	Generic Status	Notes
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	Tier 5		PA
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	Tier 5		PA
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	Tier 5		PA
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	Tier 5		PA
METHOXSALLEN RAPID ORAL CAPSULE 10 MG		Tier 1	
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	Tier 4		PA
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	Tier 4		PA
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML	Tier 4		PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Tier 4		PA
*Antipsoriatics***			
CALCIPOTRIENE EXTERNAL CREAM 0.005 %		Tier 1	
CALCIPOTRIENE EXTERNAL OINTMENT 0.005 %		Tier 1	
CALCIPOTRIENE EXTERNAL SOLUTION 0.005 %		Tier 1	
CALCITRIOL EXTERNAL OINTMENT 3 MCG/GM		Tier 1	
TAZAROTENE EXTERNAL CREAM 0.1 %		Tier 1	
TAZORAC EXTERNAL CREAM 0.05 %	Tier 3		
TAZORAC EXTERNAL GEL 0.05 %, 0.1 %	Tier 3		
*Antiseborrheic Products***			
SELENIUM SULFIDE EXTERNAL LOTION 2.5 %		Tier 1	
*Antivirals - Topical***			
ACYCLOVIR EXTERNAL CREAM 5 %		Tier 1	
ACYCLOVIR EXTERNAL OINTMENT 5 %		Tier 1	
DENA VIR EXTERNAL CREAM 1 %	Tier 3		

Drug	Status	Generic Status	Notes
*Atopic Dermatitis - Monoclonal Antibodies***			
DUPIXENT SOLUTION PREFILLED SYRINGE 200 MG/1.14ML SUBCUTANEOUS 200 MG/1.14ML	Tier 4		PA; QL (0.17 ML per 1 day)
DUPIXENT SOLUTION PREFILLED SYRINGE 300 MG/2ML SUBCUTANEOUS 300 MG/2ML	Tier 4		PA; QL (0.29 ML per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML	Tier 4		PA; QL (0.29 ML per 1 day)
*Burn Products***			
MAFENIDE ACETATE EXTERNAL PACKET 5 %		Tier 1	
SSD EXTERNAL CREAM (SILVER SULFADIAZINE) 1 %	Tier 1	Tier 1	
SULFAMYLON EXTERNAL CREAM 85 MG/GM	Tier 3		
*Cauterizing Agents***			
SILVER NITRATE EXTERNAL OINTMENT 10 %		Tier 1	
*Corticosteroids - Topical***			
ALA-CORT CREAM 1 % EXTERNAL 1 %		Tier 1	
ALA-CORT CREAM 2.5 % EXTERNAL 2.5 %		LC	
ALCLOMETASONE DIPROPIONATE EXTERNAL CREAM 0.05 %		Tier 1	
ALCLOMETASONE DIPROPIONATE EXTERNAL OINTMENT 0.05 %		Tier 1	
AMCINONIDE EXTERNAL CREAM 0.1 %		Tier 1	
AMCINONIDE EXTERNAL LOTION 0.1 %		Tier 1	
AMCINONIDE EXTERNAL OINTMENT 0.1 %		Tier 1	
BESER EXTERNAL LOTION (FLUTICASONE PROPIONATE) 0.05 %	Tier 1	Tier 1	
BETAMETHASONE DIPROPIONATE AUG EXTERNAL CREAM 0.05 %		Tier 1	
BETAMETHASONE DIPROPIONATE AUG EXTERNAL GEL 0.05 %		Tier 1	
BETAMETHASONE DIPROPIONATE AUG EXTERNAL LOTION 0.05 %		Tier 1	
BETAMETHASONE DIPROPIONATE AUG EXTERNAL OINTMENT 0.05 %		Tier 1	

Drug	Status	Generic Status	Notes
BETAMETHASONE DIPROPIONATE EXTERNAL CREAM 0.05 %		Tier 1	
BETAMETHASONE DIPROPIONATE EXTERNAL LOTION 0.05 %		Tier 1	
BETAMETHASONE DIPROPIONATE EXTERNAL OINTMENT 0.05 %		Tier 1	
BETAMETHASONE VALERATE EXTERNAL CREAM 0.1 %		Tier 1	
BETAMETHASONE VALERATE EXTERNAL FOAM 0.12 %		Tier 1	
BETAMETHASONE VALERATE EXTERNAL LOTION 0.1 %		Tier 1	
BETAMETHASONE VALERATE EXTERNAL OINTMENT 0.1 %		Tier 1	
CLOBETASOL PROP EMOLLIENT BASE EXTERNAL CREAM 0.05 %		Tier 1	
CLOBETASOL PROPIONATE E EXTERNAL CREAM 0.05 %		Tier 1	
CLOBETASOL PROPIONATE EXTERNAL CREAM 0.05 %		Tier 1	
CLOBETASOL PROPIONATE EXTERNAL FOAM 0.05 %		Tier 1	
CLOBETASOL PROPIONATE EXTERNAL GEL 0.05 %		Tier 1	
CLOBETASOL PROPIONATE EXTERNAL LIQUID 0.05 %		Tier 1	
CLOBETASOL PROPIONATE EXTERNAL LOTION 0.05 %		Tier 1	
CLOBETASOL PROPIONATE EXTERNAL OINTMENT 0.05 %		Tier 1	
CLOBETASOL PROPIONATE EXTERNAL SOLUTION 0.05 %		Tier 1	
CLOCORTOLONE PIVALATE EXTERNAL CREAM 0.1 %		Tier 1	
CLOCORTOLONE PIVALATE PUMP EXTERNAL CREAM 0.1 %		Tier 1	
CLODAN EXTERNAL SHAMPOO (CLOBETASOL PROPIONATE) 0.05 %	Tier 1	Tier 1	
CORDRAN EXTERNAL TAPE 4 MCG/SQCM	Tier 3		
DESONIDE EXTERNAL CREAM 0.05 %		Tier 1	
DESONIDE EXTERNAL LOTION 0.05 %		Tier 1	

Drug	Status	Generic Status	Notes
DESONIDE EXTERNAL OINTMENT 0.05 %		Tier 1	
DESOXIMETASONE EXTERNAL CREAM 0.05 %, 0.25 %		Tier 1	
DESOXIMETASONE EXTERNAL GEL 0.05 %		Tier 1	
DESOXIMETASONE EXTERNAL LIQUID 0.25 %		Tier 1	
DESOXIMETASONE EXTERNAL OINTMENT 0.05 %, 0.25 %		Tier 1	
FLUOCINOLONE ACETONIDE BODY EXTERNAL OIL 0.01 %		Tier 1	
FLUOCINOLONE ACETONIDE EXTERNAL CREAM 0.01 %, 0.025 %		Tier 1	
FLUOCINOLONE ACETONIDE EXTERNAL OINTMENT 0.025 %		Tier 1	
FLUOCINOLONE ACETONIDE EXTERNAL SOLUTION 0.01 %		Tier 1	
FLUOCINOLONE ACETONIDE SCALP EXTERNAL OIL 0.01 %		Tier 1	
FLUOCINONIDE EMULSIFIED BASE EXTERNAL CREAM 0.05 %		Tier 1	
FLUOCINONIDE EXTERNAL CREAM 0.05 %		Tier 1	
FLUOCINONIDE EXTERNAL GEL 0.05 %		Tier 1	
FLUOCINONIDE EXTERNAL OINTMENT 0.05 %		Tier 1	
FLUOCINONIDE EXTERNAL SOLUTION 0.05 %		Tier 1	
FLUTICASONE PROPIONATE EXTERNAL CREAM 0.05 %		Tier 1	
FLUTICASONE PROPIONATE EXTERNAL OINTMENT 0.005 %		Tier 1	
HALCINONIDE EXTERNAL CREAM 0.1 %		Tier 1	
HALOBETASOL PROPIONATE EXTERNAL CREAM 0.05 %		Tier 1	
HALOBETASOL PROPIONATE EXTERNAL OINTMENT 0.05 %		Tier 1	
HYDROCORTISONE BUTYR LIPO BASE EXTERNAL CREAM 0.1 %		Tier 1	
HYDROCORTISONE BUTYRATE EXTERNAL CREAM 0.1 %		Tier 1	
HYDROCORTISONE BUTYRATE EXTERNAL OINTMENT 0.1 %		Tier 1	

Drug	Status	Generic Status	Notes
HYDROCORTISONE BUTYRATE EXTERNAL SOLUTION 0.1 %		Tier 1	
HYDROCORTISONE CREAM 1 % EXTERNAL (RX) 1 %		Tier 1	
HYDROCORTISONE CREAM 2.5 % EXTERNAL 2.5 %		LC	
HYDROCORTISONE EXTERNAL LOTION 2.5 %		Tier 1	
HYDROCORTISONE EXTERNAL OINTMENT 1 %, 2.5 %		Tier 1	
HYDROCORTISONE VALERATE EXTERNAL CREAM 0.2 %		Tier 1	
HYDROCORTISONE VALERATE EXTERNAL OINTMENT 0.2 %		Tier 1	
MOMETASONE FUROATE EXTERNAL CREAM 0.1 %		Tier 1	
MOMETASONE FUROATE EXTERNAL OINTMENT 0.1 %		Tier 1	
MOMETASONE FUROATE EXTERNAL SOLUTION 0.1 %		Tier 1	
PREDNICARBATE EXTERNAL CREAM 0.1 %		Tier 1	
PREDNICARBATE EXTERNAL OINTMENT 0.1 %		Tier 1	
TEXACORT EXTERNAL SOLUTION 2.5 %	Tier 3		
TOVET EXTERNAL FOAM (CLOBETASOL PROPIONATE EMULSION) 0.05 %	Tier 1	Tier 1	
TRIAMCINOLONE ACETONIDE EXTERNAL AEROSOL SOLUTION 0.147 MG/GM		Tier 1	
TRIAMCINOLONE ACETONIDE EXTERNAL CREAM 0.025 %		LC	
TRIAMCINOLONE ACETONIDE EXTERNAL LOTION 0.025 %, 0.1 %		Tier 1	
TRIAMCINOLONE ACETONIDE OINTMENT 0.025 % EXTERNAL 0.025 %		Tier 1	
TRIAMCINOLONE ACETONIDE OINTMENT 0.1 % EXTERNAL 0.1 %		LC	
TRIAMCINOLONE ACETONIDE OINTMENT 0.5 % EXTERNAL 0.5 %		Tier 1	
TRIANEX EXTERNAL OINTMENT (TRIAMCINOLONE ACETONIDE) 0.05 %	Tier 1	Tier 1	

Drug	Status	Generic Status	Notes
TRIDERM EXTERNAL CREAM (TRIAMCINOLONE ACETONIDE) 0.1 %, 0.5 %	LC	LC	
*Emollient Combinations***			
LACTIC ACID E EXTERNAL CREAM 10-3500 %-UNT/30GM		Tier 1	
*Emollients***			
AMMONIUM LACTATE EXTERNAL CREAM 12 %		Tier 1	
AMMONIUM LACTATE EXTERNAL LOTION 12 %		Tier 1	
LACTIC ACID EXTERNAL LOTION 10 %		Tier 1	
*Enzymes - Topical***			
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	Tier 3		
*Imidazole-Related Antifungals - Topical***			
CLOTRIMAZOLE EXTERNAL CREAM 1 %		LC	
CLOTRIMAZOLE EXTERNAL SOLUTION 1 %		LC	
ECONAZOLE NITRATE EXTERNAL CREAM 1 %		Tier 1	
KETOCONAZOLE EXTERNAL CREAM 2 %		Tier 1	
KETOCONAZOLE EXTERNAL SHAMPOO 2 %		Tier 1	
OXISTAT EXTERNAL LOTION 1 %	Tier 3		
*Immunomodulators Imidazoquinolinamines - Topical***			
IMIQUIMOD EXTERNAL CREAM 5 %		Tier 1	
*Keratolytic/Antimitotic Agents***			
CONDYLOX EXTERNAL GEL 0.5 %	Tier 3		
PODOFILOX EXTERNAL SOLUTION 0.5 %		Tier 1	
*Local Anesthetics - Topical***			
GLYDO EXTERNAL PREFILLED SYRINGE (LIDOCAINE HCL URETHRAL/MUCOSAL) 2 %	Tier 1	Tier 1	
LIDOCAINE EXTERNAL OINTMENT 5 %		Tier 1	
LIDOCAINE EXTERNAL PATCH 5 %		Tier 1	
LIDOCAINE HCL EXTERNAL SOLUTION 4 %		Tier 1	

Drug	Status	Generic Status	Notes
LIDOCAINE HCL URETHRAL/MUCOSAL EXTERNAL GEL 2 %		Tier 1	
*Macrolide Immunosuppressants - Topical***			
PIMECROLIMUS EXTERNAL CREAM 1 %		Tier 1	
TACROLIMUS EXTERNAL OINTMENT 0.03 %, 0.1 %		Tier 1	
*Oxaborole-Related Antifungals - Topical***			
TAVABOROLE EXTERNAL SOLUTION 5 %		Tier 1	PA
*Rosacea Agents***			
AZELAIC ACID EXTERNAL GEL 15 %		Tier 1	
DOXYCYCLINE ORAL CAPSULE DELAYED RELEASE 40 MG		Tier 1	
IVERMECTIN EXTERNAL CREAM 1 %		Tier 1	
METRONIDAZOLE EXTERNAL GEL 1 %		Tier 1	
METRONIDAZOLE EXTERNAL LOTION 0.75 %		Tier 1	
MIRVASO EXTERNAL GEL 0.33 %	Tier 2		
ROSADAN EXTERNAL CREAM (METRONIDAZOLE) 0.75 %	Tier 1	Tier 1	
ROSADAN EXTERNAL GEL (METRONIDAZOLE) 0.75 %	Tier 1	Tier 1	
*Scabicides & Pediculicides***			
CROTAN EXTERNAL LOTION 10 %	Tier 1		
EURAX EXTERNAL CREAM 10 %	Tier 2		
LINDANE EXTERNAL SHAMPOO 1 %		Tier 1	
MALATHION EXTERNAL LOTION 0.5 %		Tier 1	
PERMETHRIN EXTERNAL CREAM 5 %		Tier 1	
SKLICE EXTERNAL LOTION 0.5 %	Tier 3		
SPINOSAD EXTERNAL SUSPENSION 0.9 %		Tier 1	
SULFURATED LIME EXTERNAL SOLUTION		Tier 1	
ULESFIA EXTERNAL LOTION 5 %	Tier 3		
*Tar Products***			
COAL TAR EXTERNAL SOLUTION 20 %		Tier 1	
*Topical Anesthetic Combinations***			
LIDOCAINE-PRILOCAINE EXTERNAL CREAM 2.5-2.5 %		Tier 1	

Drug	Status	Generic Status	Notes
*Topical Anesthetic Gases***			
ETHYL CHLORIDE EXTERNAL AEROSOL		Tier 1	
*Topical Selective Retinoid X Receptor Agonists***			
TARGRETIN EXTERNAL GEL 1 %	Tier 5		PA
*Topical Steroid Combinations***			
CALCIPOTRIENE-BETAMETH DIPROP EXTERNAL SUSPENSION 0.005-0.064 %		Tier 1	QL (4 GM per 1 day)
*Wound Care - Growth Factor Agents***			
REGRANEX EXTERNAL GEL 0.01 %	Tier 3		PA
Diagnostic Products			
*Diagnostic Tests***			
CHEMSTRIP K IN VITRO STRIP (KETONE TEST)	Tier 3	Tier 3	
KETOSTIX IN VITRO STRIP (KETONE TEST)	Tier 3	Tier 3	
ONETOUCH ULTRA IN VITRO STRIP	Tier 2		QL (10 EA per 1 day)
ONETOUCH VERIO IN VITRO STRIP	Tier 2		QL (10 EA per 1 day)
RELION KETONE IN VITRO STRIP (KETONE TEST)	Tier 3	Tier 3	
RELION KETONE TEST IN VITRO STRIP (KETONE TEST)	Tier 3	Tier 3	
*Multiple Urine Tests***			
CHEMSTRIP 10 MD IN VITRO STRIP	Tier 3		
CHEMSTRIP 10/SG IN VITRO STRIP	Tier 3		
CHEMSTRIP 2 GP IN VITRO STRIP	Tier 3		
CHEMSTRIP 5 OB IN VITRO STRIP	Tier 3		
CHEMSTRIP 7 IN VITRO STRIP	Tier 3		
CHEMSTRIP 9 IN VITRO STRIP	Tier 3		
CHEMSTRIP UGK IN VITRO STRIP	Tier 3		
CVS KETONE CARE IN VITRO STRIP	Tier 3		
KETO-DIASTIX IN VITRO STRIP	Tier 3		

Drug	Status	Generic Status	Notes
Digestive Aids			
*Digestive Enzymes***			
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000 UNIT, 6000 UNIT	Tier 2		
SUCRAID ORAL SOLUTION 8500 UNIT/ML	Tier 5		
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	Tier 2		
Diuretics			
*Carbonic Anhydrase Inhibitors***			
ACETAZOLAMIDE ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR 500 MG		Tier 1	
ACETAZOLAMIDE ORAL TABLET 125 MG, 250 MG		Tier 1	
ACETAZOLAMIDE SODIUM INJECTION SOLUTION RECONSTITUTED 500 MG		Tier 1	
KEVEYIS ORAL TABLET 50 MG	Tier 5		PA; QL (4 EA per 1 day)
METHAZOLAMIDE ORAL TABLET 25 MG, 50 MG		Tier 1	
*Diuretic Combinations***			
AMILORIDE-HYDROCHLOROTHIAZIDE ORAL TABLET 5-50 MG		LC	
SPIRONOLACTONE-HCTZ ORAL TABLET 25-25 MG		LC	
TRIAMTERENE-HCTZ ORAL CAPSULE 37.5-25 MG		LC	
TRIAMTERENE-HCTZ ORAL TABLET 37.5-25 MG, 75-50 MG		LC	
*Loop Diuretics***			
BUMETANIDE INJECTION SOLUTION 0.25 MG/ML		LC	
BUMETANIDE ORAL TABLET 0.5 MG, 1 MG, 2 MG		LC	
ETHACRYNATE SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 50 MG		Tier 1	
ETHACRYNIC ACID ORAL TABLET 25 MG		Tier 1	

Drug	Status	Generic Status	Notes
FUROSEMIDE INJECTION SOLUTION 10 MG/ML		LC	
FUROSEMIDE ORAL TABLET 20 MG, 40 MG, 80 MG		LC	
FUROSEMIDE SOLUTION 10 MG/ML ORAL 10 MG/ML		LC	
FUROSEMIDE SOLUTION 8 MG/ML ORAL 8 MG/ML		Tier 1	
TORSEMIDE ORAL TABLET 10 MG, 100 MG, 20 MG, 5 MG		LC	
*Osmotic Diuretics***			
MANNITOL INTRAVENOUS SOLUTION 25 %		Tier 1	
OSMITROL INTRAVENOUS SOLUTION 10 %, 15 %, 5 %	Tier 1		
OSMITROL INTRAVENOUS SOLUTION (MANNITOL) 20 %	Tier 1	Tier 1	
*Potassium Sparing Diuretics***			
AMILORIDE HCL ORAL TABLET 5 MG		Tier 1	
SPIRONOLACTONE ORAL TABLET 100 MG, 25 MG, 50 MG		LC	
TRIAMTERENE ORAL CAPSULE 100 MG, 50 MG		Tier 1	
*Thiazides And Thiazide-Like Diuretics***			
CHLOROTHIAZIDE ORAL TABLET 250 MG, 500 MG		LC	
CHLOROTHIAZIDE SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 500 MG		Tier 1	
CHLOROTHALIDONE ORAL TABLET 25 MG, 50 MG		LC	
HYDROCHLOROTHIAZIDE ORAL CAPSULE 12.5 MG		LC	
HYDROCHLOROTHIAZIDE ORAL TABLET 12.5 MG, 25 MG, 50 MG		LC	
INDAPAMIDE ORAL TABLET 1.25 MG, 2.5 MG		LC	
METHYLCLOTHIAZIDE ORAL TABLET 5 MG		Tier 1	
METOLAZONE ORAL TABLET 10 MG, 2.5 MG, 5 MG		Tier 1	

Drug	Status	Generic Status	Notes
Endocrine And Metabolic Agents - Misc.			
*Abortifacient - Progesterone Receptor Antagonists***			
MIFEPRISTONE ORAL TABLET 200 MG		Tier 1	
*Adenosine Deaminase Scid Treatment - Agents***			
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5ML	Tier 5		PA
*Bisphosphonates***			
ALENDRONATE SODIUM ORAL SOLUTION 70 MG/75ML		Tier 1	
ALENDRONATE SODIUM TABLET 10 MG ORAL 10 MG		Tier 1	
ALENDRONATE SODIUM TABLET 35 MG ORAL 35 MG		LC	QL (0.15 EA per 1 day)
ALENDRONATE SODIUM TABLET 40 MG ORAL 40 MG		Tier 1	
ALENDRONATE SODIUM TABLET 5 MG ORAL 5 MG		Tier 1	
ALENDRONATE SODIUM TABLET 70 MG ORAL 70 MG		LC	QL (0.15 EA per 1 day)
ETIDRONATE DISODIUM ORAL TABLET 200 MG, 400 MG		Tier 1	
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT	Tier 3		QL (0.15 EA per 1 day)
IBANDRONATE SODIUM INTRAVENOUS SOLUTION 3 MG/3ML		Tier 1	QL (0.04 ML per 1 day)
IBANDRONATE SODIUM ORAL TABLET 150 MG		Tier 1	QL (0.04 EA per 1 day)
PAMIDRONATE DISODIUM INTRAVENOUS SOLUTION 30 MG/10ML, 6 MG/ML, 90 MG/10ML		Tier 4	
PAMIDRONATE DISODIUM INTRAVENOUS SOLUTION RECONSTITUTED 30 MG, 90 MG		Tier 4	
RISEDRONATE SODIUM ORAL TABLET DELAYED RELEASE 35 MG		Tier 1	QL (0.15 EA per 1 day)
RISEDRONATE SODIUM TABLET 150 MG ORAL 150 MG		Tier 1	QL (0.04 EA per 1 day)
RISEDRONATE SODIUM TABLET 30 MG ORAL 30 MG		Tier 1	

Drug	Status	Generic Status	Notes
RISEDRONATE SODIUM TABLET 35 MG ORAL 35 MG		Tier 1	QL (0.15 EA per 1 day)
RISEDRONATE SODIUM TABLET 5 MG ORAL 5 MG		Tier 1	
ZOLEDRONIC ACID INTRAVENOUS CONCENTRATE 4 MG/5ML		Tier 4	
ZOLEDRONIC ACID INTRAVENOUS SOLUTION 5 MG/100ML		Tier 4	
ZOLEDRONIC ACID INTRAVENOUS SOLUTION RECONSTITUTED 4 MG		Tier 4	
*Calcimimetic Agents***			
CINACALCET HCL ORAL TABLET 30 MG, 60 MG, 90 MG		Tier 1	PA
*Calcitonins***			
CALCITONIN (SALMON) NASAL SOLUTION 200 UNIT/ACT		Tier 1	QL (0.13 ML per 1 day)
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	Tier 3		
*Carnitine Replenisher - Agents***			
LEVOCARNITINE ORAL SOLUTION 1 GM/10ML		Tier 1	
LEVOCARNITINE ORAL TABLET 330 MG		Tier 1	
LEVOCARNITINE SF ORAL SOLUTION 1 GM/10ML		Tier 1	
*Corticotropin***			
ACTHAR INJECTION GEL 80 UNIT/ML	Tier 4		PA
*Dopamine Receptor Agonists***			
CABERGOLINE ORAL TABLET 0.5 MG		Tier 1	
*Fabry Disease - Agents***			
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG	Tier 4		PA
*Gaa Deficiency Treatment - Agents***			
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	Tier 4		PA
*Growth Hormone Receptor Antagonists***			
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	Tier 5		PA

Drug	Status	Generic Status	Notes
*Growth Hormones***			
NORDITROPIN FLEXP SUBCUTANEOUS SOLUTION PEN- INJECTOR 15 MG/1.5ML, 30 MG/3ML	Tier 4		PA
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN- INJECTOR 10 MG/2ML	Tier 4		PA
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN- INJECTOR 20 MG/2ML	Tier 4		PA
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN- INJECTOR 5 MG/2ML	Tier 4		PA
*Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents***			
NITISINONE ORAL CAPSULE 10 MG, 2 MG, 5 MG		Tier 4	PA
ORFADIN ORAL CAPSULE 20 MG	Tier 5		PA
ORFADIN ORAL SUSPENSION 4 MG/ML	Tier 5		PA
*Hyperammonemia Treatment - Agents***			
CARBAGLU ORAL TABLET 200 MG	Tier 4		
*Hyperparathyroid Treatment - Vitamin D Analogs***			
CALCITRIOL INTRAVENOUS SOLUTION 1 MCG/ML		Tier 1	
CALCITRIOL ORAL CAPSULE 0.25 MCG, 0.5 MCG		Tier 1	
CALCITRIOL ORAL SOLUTION 1 MCG/ML		Tier 1	
DOXERCALCIFEROL INTRAVENOUS SOLUTION 4 MCG/2ML		Tier 1	
PARICALCITOL INTRAVENOUS SOLUTION 2 MCG/ML, 5 MCG/ML		Tier 1	
PARICALCITOL ORAL CAPSULE 1 MCG, 2 MCG, 4 MCG		Tier 1	
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG	Tier 3		
*Hypophosphatasia (Hpp) Agents***			
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML	Tier 4		PA

Drug	Status	Generic Status	Notes
*Insulin-Like Growth Factors (Somatomedins)***			
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	Tier 4		PA
*Leptin Analogues***			
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG	Tier 5		PA
*Lhrh/Gnrh Agonist Analog Combinations***			
LUPANETA PACK KIT 11.25 & 5 MG COMBINATION 11.25 & 5 MG	Tier 5		PA; QL (0.012 EA per 1 day)
LUPANETA PACK KIT 3.75 & 5 MG COMBINATION 3.75 & 5 MG	Tier 5		PA; QL (0.04 EA per 1 day)
*Lhrh/Gnrh Agonist Analog Pituitary Suppressants***			
LUPRON DEPOT-PED (1-MONTH) KIT 11.25 MG INTRAMUSCULAR 11.25 MG	Tier 5		PA
LUPRON DEPOT-PED (1-MONTH) KIT 15 MG INTRAMUSCULAR 15 MG	Tier 4		PA
LUPRON DEPOT-PED (1-MONTH) KIT 7.5 MG INTRAMUSCULAR 7.5 MG	Tier 4		PA
LUPRON DEPOT-PED (3-MONTH) KIT 11.25 MG (PED) INTRAMUSCULAR 11.25 MG (PED)	Tier 5		PA
LUPRON DEPOT-PED (3-MONTH) KIT 30 MG (PED) INTRAMUSCULAR 30 MG (PED)	Tier 4		PA
SUPPRELIN LA SUBCUTANEOUS KIT 50 MG	Tier 4		PA; QL (1 EA per 250 days)
SYNAREL NASAL SOLUTION 2 MG/ML	Tier 2		
*Lysosomal Acid Lipase (Lal) Deficiency - Agents***			
KANUMA INTRAVENOUS SOLUTION 20 MG/10ML	Tier 5		PA
*Mucopolysaccharidosis I (Mps I) - Agents***			
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML	Tier 4		PA
*Mucopolysaccharidosis Ii (Mps Ii) - Agents***			
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML	Tier 4		PA

Drug	Status	Generic Status	Notes
*Mucopolysaccharidosis Iv (Mps Iv) - Agents***			
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5ML	Tier 5		PA
*Mucopolysaccharidosis Vi (Mps Vi) - Agents***			
NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML	Tier 4		PA
*Mucopolysaccharidosis Vii (Mps Vii) - Agents***			
MEPSEVII INTRAVENOUS SOLUTION 10 MG/5ML	Tier 5		PA
*Ovulation Stimulants- Gonadotropins***			
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED (CHORIONIC GONADOTROPIN) 10000 UNIT	Tier 4	Tier 4	PA
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED (CHORIONIC GONADOTROPIN) 10000 UNIT	Tier 4	Tier 4	PA
*Parathyroid Hormone And Derivatives***			
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	Tier 4		PA
*Phenylketonuria Treatment - Agents***			
SAPROPTERIN DIHYDROCHLORIDE ORAL PACKET 100 MG, 500 MG		Tier 4	PA
SAPROPTERIN DIHYDROCHLORIDE ORAL TABLET SOLUBLE 100 MG		Tier 4	PA
*Rank Ligand (Rankl) Inhibitors***			
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	Tier 4		PA; QL (2 ML per 250 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	Tier 4		PA
*Selective Estrogen Receptor Modulators (Serms)***			
OSPHENA ORAL TABLET 60 MG	Tier 3		
RALOXIFENE HCL ORAL TABLET 60 MG		Tier 1	

Drug	Status	Generic Status	Notes
*Somatostatic Agents***			
OCTREOTIDE ACETATE INJECTION SOLUTION 100 MCG/ML, 1000 MCG/ML, 200 MCG/ML, 50 MCG/ML, 500 MCG/ML		Tier 4	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	Tier 5		PA; QL (2 ML per 1 day)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML	Tier 5		PA
*Urea Cycle Disorder - Agents***			
RAVICTI ORAL LIQUID 1.1 GM/ML	Tier 5		PA
SOD BENZ-SOD PHENYLACET INTRAVENOUS SOLUTION 10-10 %		Tier 1	
SODIUM PHENYLBUTYRATE ORAL POWDER 3 GM/TSP		Tier 4	
SODIUM PHENYLBUTYRATE ORAL TABLET 500 MG		Tier 4	
*Vasopressin***			
DESMOPRESSIN ACE SPRAY REFRIG NASAL SOLUTION 0.01 %		Tier 1	
DESMOPRESSIN ACETATE INJECTION SOLUTION 4 MCG/ML		Tier 1	
DESMOPRESSIN ACETATE ORAL TABLET 0.1 MG, 0.2 MG		Tier 1	
DESMOPRESSIN ACETATE SPRAY NASAL SOLUTION 0.01 %		Tier 1	
Estrogens			
*Estrogen & Progestin***			
AMABELZ ORAL TABLET (ESTRADIOL-NORETHINDRONE ACET) 0.5-0.1 MG, 1-0.5 MG	Tier 1	Tier 1	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY	Tier 3		
FYAVOLV ORAL TABLET (NORETHINDRONE-ETH ESTRADIOL) 0.5-2.5 MG-MCG, 1-5 MG-MCG	Tier 1	Tier 1	
JEVANTIQUE LO ORAL TABLET 0.5-2.5 MG-MCG		Tier 1	
JINTELI ORAL TABLET (NORETHINDRONE-ETH ESTRADIOL) 1-5 MG-MCG	Tier 1	Tier 1	

Drug	Status	Generic Status	Notes
LOPREEZA ORAL TABLET (ESTRADIOL-NORETHINDRONE ACET) 0.5-0.1 MG, 1-0.5 MG	Tier 1	Tier 1	
MIMVEY LO ORAL TABLET (ESTRADIOL-NORETHINDRONE ACET) 0.5-0.1 MG	Tier 1	Tier 1	
MIMVEY ORAL TABLET (ESTRADIOL-NORETHINDRONE ACET) 1-0.5 MG	Tier 1	Tier 1	
PREMPHASE ORAL TABLET 0.625-5 MG	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		
*Estrogens***			
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM	Tier 3		
DOTTI TRANSDERMAL PATCH TWICE WEEKLY (ESTRADIOL) 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	Tier 1	Tier 1	
ESTRADIOL ORAL TABLET 0.5 MG, 1 MG, 2 MG		LC	
ESTRADIOL TRANSDERMAL PATCH WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR		Tier 1	
ESTRADIOL VALERATE INTRAMUSCULAR OIL 20 MG/ML, 40 MG/ML		Tier 1	
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY	Tier 3		
LYLLANA TRANSDERMAL PATCH TWICE WEEKLY (ESTRADIOL) 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	Tier 1	Tier 1	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	Tier 2		
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	Tier 2		
*Estrogen-Selective Estrogen Receptor Modulator Comb***			
DUAVEE ORAL TABLET 0.45-20 MG	Tier 2		

Drug	Status	Generic Status	Notes
Fluoroquinolones			
*Fluoroquinolones***			
AVELOX INTRAVENOUS SOLUTION (MOXIFLOXACIN HCL IN NAACL) 400 MG/250ML	Tier 3	Tier 1	
BAXDELA ORAL TABLET 450 MG	Tier 3		
CIPRO SUSPENSION RECONSTITUTED 250 MG/5ML (5%) ORAL 250 MG/5ML (5%)	Tier 3		
CIPRO SUSPENSION RECONSTITUTED 500 MG/5ML (10%) ORAL (CIPROFLOXACIN) 500 MG/5ML (10%)	Tier 2	Tier 1	
CIPROFLOXACIN HCL TABLET 100 MG ORAL 100 MG		Tier 1	
CIPROFLOXACIN HCL TABLET 250 MG ORAL 250 MG		LC	
CIPROFLOXACIN HCL TABLET 500 MG ORAL 500 MG		LC	
CIPROFLOXACIN HCL TABLET 750 MG ORAL 750 MG		Tier 1	
CIPROFLOXACIN IN D5W INTRAVENOUS SOLUTION 200 MG/100ML, 400 MG/200ML		Tier 1	
CIPROFLOXACIN-CIPROFLOX HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG		Tier 1	
LEVOFLOXACIN IN D5W INTRAVENOUS SOLUTION 250 MG/50ML, 500 MG/100ML, 750 MG/150ML		Tier 1	
LEVOFLOXACIN INTRAVENOUS SOLUTION 25 MG/ML		Tier 1	
LEVOFLOXACIN ORAL SOLUTION 25 MG/ML		Tier 1	
LEVOFLOXACIN ORAL TABLET 250 MG, 500 MG, 750 MG		Tier 1	
MOXIFLOXACIN HCL ORAL TABLET 400 MG		Tier 1	
OFLOXACIN ORAL TABLET 300 MG, 400 MG		Tier 1	
Gastrointestinal Agents - Misc.			
*Bile Acid Synthesis Disorder Agents***			
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	Tier 5		PA

Drug	Status	Generic Status	Notes
*Gallstone Solubilizing Agents***			
URSODIOL ORAL CAPSULE 300 MG		Tier 1	
URSODIOL ORAL TABLET 250 MG, 500 MG		Tier 1	
*Gastrointestinal Antiallergy Agents***			
CROMOLYN SODIUM ORAL CONCENTRATE 100 MG/5ML		Tier 1	
*Gastrointestinal Chloride Channel Activators***			
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	Tier 3		PA; ST; QL (2 EA per 1 day)
*Gastrointestinal Stimulants***			
METOCLOPRAMIDE HCL INJECTION SOLUTION 5 MG/ML		LC	
METOCLOPRAMIDE HCL ORAL SOLUTION 10 MG/10ML, 5 MG/5ML		LC	
METOCLOPRAMIDE HCL ORAL TABLET 10 MG, 5 MG		LC	
METOCLOPRAMIDE HCL ORAL TABLET DISPERSIBLE 10 MG, 5 MG		Tier 1	
*Glucagon-Like Peptide-2 (Glp-2) Analogs***			
GATTEX SUBCUTANEOUS KIT 5 MG	Tier 5		PA
*Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists***			
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	Tier 2		PA; ST; QL (1 EA per 1 day)
*Ibs Agent - Selective 5-Ht3 Receptor Antagonists***			
ALOSETRON HCL ORAL TABLET 0.5 MG, 1 MG		Tier 1	PA
*Inflammatory Bowel Agents***			
BALSALAZIDE DISODIUM ORAL CAPSULE 750 MG		Tier 1	
DIPENTUM ORAL CAPSULE 250 MG	Tier 3		
MESALAMINE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM		Tier 1	
MESALAMINE ORAL CAPSULE DELAYED RELEASE 400 MG		Tier 1	
MESALAMINE ORAL TABLET DELAYED RELEASE 1.2 GM		Tier 1	

Drug	Status	Generic Status	Notes
MESALAMINE RECTAL ENEMA 4 GM		Tier 1	
MESALAMINE RECTAL SUPPOSITORY 1000 MG		Tier 1	
MESALAMINE-CLEANSER RECTAL KIT 4 GM		Tier 1	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG, 500 MG	Tier 3		
SULFASALAZINE ORAL TABLET 500 MG		Tier 1	
SULFASALAZINE ORAL TABLET DELAYED RELEASE 500 MG		Tier 1	
*Interleukin Antagonists***			
STELARA INTRAVENOUS SOLUTION 130 MG/26ML	Tier 4		PA
*Intestinal Acidifiers***			
ENULOSE ORAL SOLUTION 10 GM/15ML		Tier 1	
GENERLAC ORAL SOLUTION 10 GM/15ML		Tier 1	
LACTULOSE ENCEPHALOPATHY ORAL SOLUTION 10 GM/15ML		Tier 1	
*Peripheral Opioid Receptor Antagonists***			
SYMPROIC ORAL TABLET 0.2 MG	Tier 2		PA; ST; QL (1 EA per 1 day)
*Phosphate Binder Agents***			
CALCIUM ACETATE (PHOS BINDER) ORAL CAPSULE 667 MG		Tier 1	
CALCIUM ACETATE (PHOS BINDER) ORAL TABLET 667 MG		Tier 1	
CALCIUM ACETATE ORAL TABLET 667 MG		Tier 1	
FOSRENOL ORAL PACKET 1000 MG, 750 MG	Tier 3		
LANTHANUM CARBONATE ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG		Tier 1	
PHOSLYRA ORAL SOLUTION 667 MG/5ML	Tier 3		
SEVELAMER CARBONATE ORAL PACKET 0.8 GM, 2.4 GM		Tier 1	
SEVELAMER CARBONATE ORAL TABLET 800 MG		Tier 1	
SEVELAMER HCL ORAL TABLET 400 MG, 800 MG		Tier 1	

Drug	Status	Generic Status	Notes
*Tumor Necrosis Factor Alpha Blockers***			
CIMZIA PREFILLED SUBCUTANEOUS KIT 2 X 200 MG/ML	Tier 4		PA
CIMZIA STARTER KIT SUBCUTANEOUS KIT 6 X 200 MG/ML	Tier 4		PA
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	Tier 4		PA
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Tier 5		PA
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Tier 5		PA
Genitourinary Agents - Miscellaneous			
*5-Alpha Reductase Inhibitors***			
DUTASTERIDE ORAL CAPSULE 0.5 MG		Tier 1	
FINASTERIDE ORAL TABLET 5 MG		LC	
*Alpha 1-Adrenoceptor Antagonists***			
ALFUZOSIN HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG		Tier 1	
SILODOSIN ORAL CAPSULE 4 MG, 8 MG		Tier 1	
TAMSULOSIN HCL ORAL CAPSULE 0.4 MG		LC	
*Anti-Infective Genitourinary Irrigants***			
NEOMYCIN-POLYMYXIN B GU IRRIGATION SOLUTION 40-200000		Tier 1	
*Citrates***			
POTASSIUM CITRATE ER ORAL TABLET EXTENDED RELEASE 10 MEQ (1080 MG), 15 MEQ (1620 MG), 5 MEQ (540 MG)		Tier 1	
SOD CITRATE-CITRIC ACID ORAL SOLUTION 500-334 MG/5ML		LC	
*Cystinosis Agents***			
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	Tier 5		
*Genitourinary Irrigants***			
ACETIC ACID IRRIGATION SOLUTION 0.25 %		Tier 1	
AMINOACETIC ACID IRRIGATION SOLUTION 1.5 %		Tier 1	
ARGYLE STERILE SALINE IRRIGATION SOLUTION (SODIUM CHLORIDE) 0.9 %	Tier 1	Tier 1	

Drug	Status	Generic Status	Notes
CURITY STERILE SALINE IRRIGATION SOLUTION (SODIUM CHLORIDE) 0.9 %	Tier 1	Tier 1	
GLYCINE IRRIGATION SOLUTION 1.5 %		Tier 1	
GLYCINE UROLOGIC IRRIGATION SOLUTION 1.5 %		Tier 1	
RENACIDIN IRRIGATION SOLUTION	Tier 3		
SORBITOL IRRIGATION SOLUTION 3.3 %		Tier 1	
SORBITOL-MANNITOL IRRIGATION SOLUTION 2.7-0.54 GM/100ML		Tier 1	
*Interstitial Cystitis Agents***			
ELMIRON ORAL CAPSULE 100 MG	Tier 2		
*Prostatic Hypertrophy Agent Combinations***			
DUTASTERIDE-TAMSULOSIN HCL ORAL CAPSULE 0.5-0.4 MG		Tier 1	
*Urinary Analgesics***			
PHENAZO ORAL TABLET (PHENAZOPYRIDINE HCL) 200 MG	LC	LC	
PHENAZOPYRIDINE HCL ORAL TABLET 100 MG		LC	
Gout Agents			
*Gout Agent Combinations***			
COLCHICINE-PROBENECID ORAL TABLET 0.5-500 MG		Tier 1	
*Gout Agents***			
ALLOPURINOL ORAL TABLET 100 MG, 300 MG		LC	
ALLOPURINOL SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 500 MG		Tier 1	
COLCRYS ORAL TABLET (COLCHICINE) 0.6 MG	Tier 2	Tier 1	
FEBUXOSTAT ORAL TABLET 40 MG, 80 MG		Tier 1	
ZURAMPIC ORAL TABLET 200 MG	Tier 3		PA; ST
*Uricosurics***			
PROBENECID ORAL TABLET 500 MG		Tier 1	

Drug	Status	Generic Status	Notes
Hematological Agents - Misc.			
*Antihemophilic Products - Monoclonal Antibodies***			
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4ML	Tier 5		
*Antihemophilic Products***			
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT, 4000 UNIT	Tier 4		
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Tier 4		
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT	Tier 5		
CORIFACT INTRAVENOUS KIT 1000-1600 UNIT	Tier 4		
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT	Tier 5		
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT	Tier 4		
FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED	Tier 4		
HELIXATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Tier 5		
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT	Tier 4		
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT	Tier 4		
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT	Tier 4		
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT	Tier 4		
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Tier 5		

Drug	Status	Generic Status	Notes
MONOCLATE-P INTRAVENOUS KIT 1000 UNIT	Tier 4		
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG	Tier 4		
OBIZUR INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT		Tier 5	
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT	Tier 4		
PROFILNINE SD INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	Tier 4		
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT	Tier 5		
RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED	Tier 4		
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT	Tier 5		
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	Tier 5		
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Tier 5		
*Anti-Von Willebrand Factor Agents***			
CABLIVI INJECTION KIT 11 MG	Tier 5		PA; QL (1 EA per 1 day)
*Bradykinin B2 Receptor Antagonists***			
ICATIBANT ACETATE SUBCUTANEOUS SOLUTION 30 MG/3ML		Tier 4	PA
*C1 Inhibitors***			
BERINERT INTRAVENOUS KIT 500 UNIT	Tier 5		PA
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	Tier 4		PA
*Complement Inhibitors***			
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML	Tier 4		PA
ULTOMIRIS SOLUTION 1100 MG/11ML INTRAVENOUS 1100 MG/11ML	Tier 5		PA

Drug	Status	Generic Status	Notes
ULTOMIRIS SOLUTION 300 MG/30ML INTRAVENOUS 300 MG/30ML	Tier 4		PA
ULTOMIRIS SOLUTION 300 MG/3ML INTRAVENOUS 300 MG/3ML	Tier 5		PA
*Direct-Acting P2y12 Inhibitors***			
BRILINTA ORAL TABLET 60 MG, 90 MG	Tier 2		
*Glycoprotein Iib/Iiia Receptor Inhibitors***			
EPTIFIBATIDE INTRAVENOUS SOLUTION 20 MG/10ML, 200 MG/100ML, 75 MG/100ML		Tier 1	
*Hematorheologic Agents***			
PENTOXIFYLLINE ER ORAL TABLET EXTENDED RELEASE 400 MG		Tier 1	
*Human Protein C***			
CEPROTIN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT	Tier 5		
*Phosphodiesterase Iii Inhibitors***			
CILOSTAZOL ORAL TABLET 100 MG, 50 MG		Tier 1	
*Plasma Expanders***			
HETASTARCH-NACL INTRAVENOUS SOLUTION 6-0.9 %		Tier 1	
LMD IN D5W INTRAVENOUS SOLUTION 10-5 %	Tier 1		
*Plasma Proteins***			
ALBUMIN HUMAN INTRAVENOUS SOLUTION 25 %, 5 %		Tier 1	
ALBUMIN-ZLB INTRAVENOUS SOLUTION 25 %, 5 %		Tier 1	
ALBURX INTRAVENOUS SOLUTION 5 %		Tier 1	
KEDBUMIN INTRAVENOUS SOLUTION 25 %		Tier 1	
THROMBATE III INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT	Tier 5		
*Platelet Aggregation Inhibitor Combinations***			
ASPIRIN-DIPYRIDAMOLE ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR 25-200 MG		Tier 1	

Drug	Status	Generic Status	Notes
*Platelet Aggregation Inhibitors***			
DIPYRIDAMOLE ORAL TABLET 25 MG, 50 MG, 75 MG		Tier 1	
*Protamine***			
PROTAMINE SULFATE INTRAVENOUS SOLUTION 10 MG/ML		Tier 1	
*Protease-Activated Receptor-1 (Par-1) Antagonists***			
ZONTIVITY ORAL TABLET 2.08 MG	Tier 3		
*Quinazoline Agents***			
ANAGRELIDE HCL ORAL CAPSULE 0.5 MG, 1 MG		Tier 1	
*Thienopyridine Derivatives***			
CLOPIDOGREL BISULFATE ORAL TABLET 300 MG, 75 MG		Tier 1	
PRASUGREL HCL ORAL TABLET 10 MG, 5 MG		Tier 1	
Hematopoietic Agents			
*Agents For Gaucher Disease***			
CERDELGA ORAL CAPSULE 84 MG	Tier 5		PA
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	Tier 4		PA
MIGLUSTAT ORAL CAPSULE 100 MG		Tier 4	PA
*Cobalamins***			
CYANOCOBALAMIN INJECTION SOLUTION 1000 MCG/ML		Tier 1	
HYDROXOCOBALAMIN ACETATE INTRAMUSCULAR SOLUTION 1000 MCG/ML		Tier 1	
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML	Tier 3		
*Cxcr4 Receptor Antagonist***			
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2ML	Tier 4		PA; QL (9.6 ML per 365 days)
*Cytotoxic Agents***			
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	Tier 3		

Drug	Status	Generic Status	Notes
*Erythroid Maturation Agents***			
REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG, 75 MG	Tier 5		PA
*Erythropoiesis-Stimulating Agents (Esas)***			
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	Tier 4		PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML	Tier 4		PA
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	Tier 4		PA
*Folic Acid/Folate Combinations***			
AIRAVITE ORAL TABLET (FOLBEE) 2.5-25-1 MG	Tier 1	Tier 1	
B-6 FOLIC ACID ORAL CAPSULE 8.333-100-1 MG		Tier 1	
BP VIT 3 ORAL CAPSULE 1 MG		Tier 1	
FA-VITAMIN B-6-VITAMIN B-12 ORAL TABLET 2.2-25-0.5 MG		Tier 1	
FOLPLEX 2.2 ORAL TABLET 2.2-25-0.5 MG		Tier 1	
NUFOL ORAL TABLET (FOLBEE) 2.5-25-1 MG	Tier 1	Tier 1	
TL GARD RX ORAL TABLET 2.2-25-1 MG		Tier 1	
VIRT-GARD ORAL TABLET (FABB) 2.2-25-1 MG	Tier 1	Tier 1	
WESTAB MINI ORAL TABLET 2.2-25-1 MG		Tier 1	
WESTAB ONE ORAL TABLET 2.5-25-1 MG		Tier 1	
*Folic Acid/Folates***			
CVS FOLIC ACID ORAL TABLET 800 MCG		Tier 1	PV
FA-8 ORAL CAPSULE (FOLIC ACID) 0.8 MG	Tier 1	Tier 1	PV
FA-8 ORAL TABLET (FOLIC ACID) 800 MCG	Tier 1	Tier 1	PV
FOLATE ORAL TABLET 400 MCG		Tier 1	PV

Drug	Status	Generic Status	Notes
FOLIC ACID INJECTION SOLUTION 5 MG/ML		Tier 1	
FOLIC ACID TABLET 1 MG ORAL (RX) 1 MG		Tier 1	
FOLIC ACID TABLET 400 MCG ORAL 400 MCG		Tier 1	PV
GNP FOLIC ACID ORAL TABLET 400 MCG		Tier 1	PV
HM FOLIC ACID ORAL TABLET 400 MCG		Tier 1	PV
KP FOLIC ACID ORAL TABLET 800 MCG		Tier 1	PV
PX FOLIC ACID ORAL TABLET 400 MCG		Tier 1	PV
QC FOLIC ACID ORAL TABLET 800 MCG		Tier 1	PV
RA FOLIC ACID ORAL TABLET 400 MCG, 800 MCG		Tier 1	PV
SM FOLIC ACID ORAL TABLET 400 MCG		Tier 1	PV
YL FOLIC ACID ORAL TABLET 400 MCG		Tier 1	PV
*Granulocyte Colony-Stimulating Factors (G-Csf)***			
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML	Tier 5		PA
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Tier 5		PA
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	Tier 4		PA
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	Tier 4		PA
*Iron Combinations***			
CHROMAGEN ORAL CAPSULE	Tier 1		
CORVITA 150 ORAL TABLET 150-1.25 MG	Tier 1		
FEROTRINSIC ORAL CAPSULE		Tier 1	
FERROCITE PLUS ORAL TABLET (HEMATINIC PLUS VIT/MINERALS) 106-1 MG	Tier 1	Tier 1	
FOLTRIN ORAL CAPSULE		Tier 1	
HEMATOGEN FORTE ORAL CAPSULE (TRIGELS-F FORTE) 460-60-0.01-1 MG	Tier 1	Tier 1	
HEMATOGEN ORAL CAPSULE	Tier 1		
HEMOCYTE-PLUS ORAL TABLET 106-1 MG		Tier 1	
IFEREX 150 FORTE ORAL CAPSULE (MYFERON 150 FORTE) 150-25-1 MG-MCG-MG	Tier 1	Tier 1	

Drug	Status	Generic Status	Notes
K-TAN PLUS ORAL CAPSULE (SE-TAN PLUS) 162-115.2-1 MG	Tier 1	Tier 1	
MULTIGEN FOLIC ORAL TABLET 70-150-2-1 MG	Tier 1		
MULTIGEN ORAL TABLET 70 MG	Tier 1		
MULTIGEN PLUS ORAL TABLET 50-101-1 MG	Tier 1		
POLY-IRON 150 FORTE ORAL CAPSULE 150-25-1 MG-MCG-MG		Tier 1	
POLYSACCHARIDE IRON FORTE ORAL CAPSULE 150-25-1 MG-MCG-MG		Tier 1	
PUREVIT DUALFE PLUS ORAL CAPSULE 162-115.2-1 MG		Tier 1	
TL ICON ORAL CAPSULE		Tier 1	
TL-HEM 150 ORAL TABLET 150-1 MG		Tier 1	
TRICON ORAL CAPSULE (FEROCON)	Tier 1	Tier 1	
*Iron W/ Folic Acid***			
HEMOCYTE-F ORAL TABLET (HEMATINIC/FOLIC ACID) 324-1 MG	Tier 1	Tier 1	
*Iron***			
INFED INJECTION SOLUTION 50 MG/ML	Tier 1		
NA FERRIC GLUC CPLX IN SUCROSE INTRAVENOUS SOLUTION 12.5 MG/ML		Tier 1	
*Iron-B12-Folate***			
FERRAPLUS 90 ORAL TABLET 90-1 MG		Tier 1	
*Selectin Blockers***			
ADAKVEO INTRAVENOUS SOLUTION 100 MG/10ML	Tier 5		PA
*Thrombopoietin (Tpo) Receptor Agonists***			
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 125 MCG, 250 MCG, 500 MCG	Tier 4		PA
PROMACTA ORAL PACKET 12.5 MG, 25 MG	Tier 5		PA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	Tier 5		PA

Drug	Status	Generic Status	Notes
Hemostatics			
*Hemostatics - Systemic***			
AMINOCAPROIC ACID INTRAVENOUS SOLUTION 250 MG/ML		Tier 1	
AMINOCAPROIC ACID ORAL SOLUTION 0.25 GM/ML		Tier 1	
AMINOCAPROIC ACID ORAL TABLET 1000 MG, 500 MG		Tier 1	
TRANEXAMIC ACID INTRAVENOUS SOLUTION 1000 MG/10ML		Tier 1	
TRANEXAMIC ACID ORAL TABLET 650 MG		Tier 1	
Hypnotics/Sedatives/Sleep Disorder Agents			
*Barbiturate Hypnotics***			
PENTOBARBITAL SODIUM INJECTION SOLUTION 50 MG/ML		Tier 1	
PHENOBARBITAL ORAL ELIXIR 20 MG/5ML		Tier 1	
PHENOBARBITAL ORAL SOLUTION 20 MG/5ML		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	
PHENOBARBITAL SODIUM INJECTION SOLUTION 130 MG/ML, 65 MG/ML		Tier 1	
*Benzodiazepine Hypnotics***			
ESTAZOLAM ORAL TABLET 1 MG, 2 MG		Tier 1	QL (1 EA per 1 day)
FLURAZEPAM HCL ORAL CAPSULE 15 MG, 30 MG		Tier 1	PA; QL (1 EA per 1 day)
QUAZEPAM ORAL TABLET 15 MG		Tier 1	QL (1 EA per 1 day)
TEMAZEPAM ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG		Tier 1	QL (1 EA per 1 day)
TRIAZOLAM ORAL TABLET 0.125 MG, 0.25 MG		Tier 1	QL (2 EA per 1 day)
*Hypnotics - Tricyclic Agents***			
DOXEPIN HCL ORAL TABLET 3 MG, 6 MG		Tier 1	QL (1 EA per 1 day)
*Non-Benzodiazepine - Gaba-Receptor Modulators***			
ESZOPICLONE ORAL TABLET 1 MG, 2 MG, 3 MG		Tier 1	QL (1 EA per 1 day)

Drug	Status	Generic Status	Notes
ZALEPLON CAPSULE 10 MG ORAL 10 MG		Tier 1	QL (2 EA per 1 day)
ZALEPLON CAPSULE 5 MG ORAL 5 MG		Tier 1	QL (1 EA per 1 day)
ZOLPIDEM TARTRATE ER ORAL TABLET EXTENDED RELEASE 12.5 MG, 6.25 MG		Tier 1	QL (1 EA per 1 day)
ZOLPIDEM TARTRATE ORAL TABLET 10 MG, 5 MG		Tier 1	QL (1 EA per 1 day)
ZOLPIDEM TARTRATE SUBLINGUAL TABLET SUBLINGUAL 1.75 MG, 3.5 MG		Tier 1	QL (1 EA per 1 day)
*Orexin Receptor Antagonists***			
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	Tier 3		PA; ST; QL (1 EA per 1 day)
*Selective Alpha2-Adrenoreceptor Agonist Sedatives***			
DEXMEDETOMIDINE HCL IN NAACL INTRAVENOUS SOLUTION 200 MCG/50ML, 200-0.9 MCG/50ML-%, 400 MCG/100ML, 400-0.9 , 80 MCG/20ML		Tier 1	
DEXMEDETOMIDINE HCL INTRAVENOUS SOLUTION 200 MCG/2ML		Tier 1	
*Selective Melatonin Receptor Agonists***			
HETLIOZ ORAL CAPSULE 20 MG	Tier 5		PA; QL (1 EA per 1 day)
RAMELTEON ORAL TABLET 8 MG		Tier 1	QL (1 EA per 1 day)
Laxatives			
*Bowel Evacuant Combinations***			
GAVILYTE-C ORAL SOLUTION RECONSTITUTED (PEG 3350/ELECTROLYTES) 240 GM	Tier 1	Tier 1	PV; QL (1 ML per 365 days)
GAVILYTE-G ORAL SOLUTION RECONSTITUTED (PEG-3350/ELECTROLYTES) 236 GM	Tier 1	Tier 1	PV; QL (1 ML per 365 days)
GAVILYTE-H ORAL KIT 5-210 MG-GM	Tier 1		
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED (PEG 3350-KCL-NA BICARB-NAACL) 420 GM	Tier 1	Tier 1	PV; QL (1 ML per 365 days)
PEG-3350/ELECTROLYTES/ASCORBAT ORAL SOLUTION RECONSTITUTED 100 GM		Tier 1	
PEG-KCL-NAACL-NASULF-NA ASC-C ORAL SOLUTION RECONSTITUTED 100 GM		Tier 1	
PEG-PREP ORAL KIT 5-210 MG-GM	Tier 1		

Drug	Status	Generic Status	Notes
PREPOPIK ORAL PACKET 10-3.5-12 MG-GM-GM	Tier 3		
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML	Tier 3		
TRILYTE ORAL SOLUTION RECONSTITUTED (PEG 3350-KCL-NA BICARB-NACL) 420 GM	Tier 1	Tier 1	PV; QL (1 ML per 365 days)
*Laxatives - Miscellaneous***			
CLEARLAX ORAL POWDER (POLYETHYLENE GLYCOL 3350) 17 GM/SCOOP	Tier 1	Tier 1	PV; QL (1 FILL per 365 days)
CONSTULOSE ORAL SOLUTION 10 GM/15ML		LC	
CVS PURELAX ORAL POWDER (POLYETHYLENE GLYCOL 3350) 17 GM/SCOOP	Tier 1	Tier 1	PV; QL (1 FILL per 365 days)
EQ CLEARLAX ORAL POWDER (POLYETHYLENE GLYCOL 3350) 17 GM/SCOOP	Tier 1	Tier 1	PV; QL (1 FILL per 365 days)
EQL CLEARLAX ORAL POWDER (POLYETHYLENE GLYCOL 3350) 17 GM/SCOOP	Tier 1	Tier 1	PV; QL (1 FILL per 365 days)
GAVILAX ORAL POWDER 17 GM/SCOOP		Tier 1	PV; QL (1 FILL per 365 days)
GENTLELAX ORAL POWDER 17 GM/SCOOP		Tier 1	PV; QL (1 FILL per 365 days)
GLYCOLAX ORAL POWDER (POLYETHYLENE GLYCOL 3350) 17 GM/SCOOP	Tier 1	Tier 1	PV; QL (1 FILL per 365 days)
GNP CLEARLAX ORAL POWDER (POLYETHYLENE GLYCOL 3350) 17 GM/SCOOP	Tier 1	Tier 1	PV; QL (1 FILL per 365 days)
GOODSENSE CLEARLAX ORAL POWDER (POLYETHYLENE GLYCOL 3350) 17 GM/SCOOP	Tier 1	Tier 1	PV; QL (1 FILL per 365 days)
HM CLEARLAX ORAL POWDER (POLYETHYLENE GLYCOL 3350) 17 GM/SCOOP	Tier 1	Tier 1	PV; QL (1 FILL per 365 days)
KLS LAXACLEAR ORAL POWDER (POLYETHYLENE GLYCOL 3350) 17 GM/SCOOP	Tier 1	Tier 1	PV; QL (1 FILL per 365 days)
LACTULOSE ORAL PACKET 10 GM		Tier 1	
LACTULOSE ORAL SOLUTION 10 GM/15ML, 20 GM/30ML		LC	
PEG 3350 ORAL POWDER 17 GM/SCOOP		Tier 1	PV; QL (1 FILL per 365 days)

Drug	Status	Generic Status	Notes
QC NATURA-LAX ORAL POWDER 17 GM/SCOOP		Tier 1	PV; QL (1 FILL per 365 days)
RA LAXATIVE ORAL POWDER 17 GM/SCOOP		Tier 1	PV; QL (1 FILL per 365 days)
SB POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP		Tier 1	PV; QL (1 FILL per 365 days)
SM CLEARLAX ORAL POWDER (POLYETHYLENE GLYCOL 3350) 17 GM/SCOOP	Tier 1	Tier 1	PV; QL (1 FILL per 365 days)
SMOOTH LAX ORAL POWDER (POLYETHYLENE GLYCOL 3350) 17 GM/SCOOP	Tier 1	Tier 1	PV; QL (1 FILL per 365 days)
TGT POWDERLAX ORAL POWDER (POLYETHYLENE GLYCOL 3350) 17 GM/SCOOP	Tier 1	Tier 1	PV; QL (1 FILL per 365 days)
*Lubricant Laxatives***			
MINERAL OIL HEAVY ORAL OIL		Tier 1	
*Saline Laxatives***			
CITROMA ORAL SOLUTION (CITRATE OF MAGNESIA) 1.745 GM/30ML	Tier 1	Tier 1	PV; QL (1 FILL per 365 days)
CVS CITRATE OF MAGNESIA ORAL SOLUTION		Tier 1	PV; QL (1 FILL per 365 days)
CVS MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML		Tier 1	PV; QL (1 FILL per 365 days)
EQ MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML		Tier 1	PV; QL (1 FILL per 365 days)
EQL MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML		Tier 1	PV; QL (1 FILL per 365 days)
GNP MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML		Tier 1	PV; QL (1 FILL per 365 days)
GOODSENSE MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML		Tier 1	PV; QL (1 FILL per 365 days)
HM MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML		Tier 1	PV; QL (1 FILL per 365 days)
MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML		Tier 1	PV; QL (1 FILL per 365 days)
QC MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML		Tier 1	PV; QL (1 FILL per 365 days)
RA MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML		Tier 1	PV; QL (1 FILL per 365 days)
SB MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML		Tier 1	PV; QL (1 FILL per 365 days)

Drug	Status	Generic Status	Notes
SM MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML		Tier 1	PV; QL (1 FILL per 365 days)
*Stimulant Laxatives***			
BISACODYL EC ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (1 FILL per 365 days)
CASCARA SAGRADA ORAL FLUID EXTRACT 1 GM/ML		Tier 1	
CORRECT ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (1 FILL per 365 days)
CVS BISACODYL ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (1 FILL per 365 days)
CVS C-LAX LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (1 FILL per 365 days)
CVS GENTLE LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (1 FILL per 365 days)
CVS GENTLE LAXATIVE WOMENS ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (1 FILL per 365 days)
DUCODYL ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (1 FILL per 365 days)
EQ GENTLE LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (1 FILL per 365 days)
EQ WOMANS LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (1 FILL per 365 days)
EQ WOMENS LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (1 FILL per 365 days)
EQL GENTLE LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (1 FILL per 365 days)
EQL LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (1 FILL per 365 days)
GNP BISA-LAX ORAL TABLET DELAYED RELEASE (GENTLE LAXATIVE) 5 MG	Tier 1	Tier 1	PV; QL (1 FILL per 365 days)
GNP GENTLE LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (1 FILL per 365 days)
GNP LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (1 FILL per 365 days)
GNP WOMENS GENTLE LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (1 FILL per 365 days)
GNP WOMENS LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (1 FILL per 365 days)
GOODSENSE BISACODYL EC ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (1 FILL per 365 days)

Drug	Status	Generic Status	Notes
GOODSENSE WOMENS LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (1 FILL per 365 days)
HM LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (1 FILL per 365 days)
KP BISACODYL ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (1 FILL per 365 days)
LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (1 FILL per 365 days)
PX LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (1 FILL per 365 days)
QC GENTLE LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (1 FILL per 365 days)
RA LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (1 FILL per 365 days)
RA WOMENS LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (1 FILL per 365 days)
SB BISACODYL LAXATIVE EC ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (1 FILL per 365 days)
SB GENTLE LAXATIVE WOMENS ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (1 FILL per 365 days)
SB GENTLE LAX-WOMEN ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (1 FILL per 365 days)
SM GENTLE LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (1 FILL per 365 days)
SM WOMANS LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (1 FILL per 365 days)
STIMULANT LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (1 FILL per 365 days)
TGT GENTLE LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (1 FILL per 365 days)
TGT WOMENS LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (1 FILL per 365 days)
VERACOLATE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (1 FILL per 365 days)
WOMANS LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (1 FILL per 365 days)
WOMENS LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (1 FILL per 365 days)

Drug	Status	Generic Status	Notes
Local Anesthetics-Parenteral			
*Local Anesthetic & Sympathomimetic***			
LIDOCAINE-EPINEPHRINE INJECTION SOLUTION 0.5 %-1:200000, 1 %-1:100000, 1.5 %-1:200000, 2 %-1:200000		Tier 1	
SENSORCAINE/EPINEPHRINE INJECTION SOLUTION (BUPIVACAINE-EPINEPHRINE) 0.25% -1:200000, 0.5% -1:200000	Tier 1	Tier 1	
SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION (BUPIVACAINE-EPINEPHRINE (PF)) 0.25% -1:200000, 0.5% -1:200000	Tier 1	Tier 1	
XYLOCAINE DENTAL INJECTION SOLUTION (LIDOCAINE-EPINEPHRINE) 2 %-1:100000, 2 %-1:50000	Tier 1	Tier 1	
*Local Anesthetics - Amides***			
BD PUDENDAL/LOCAL TRAY/1% LIDO INJECTION KIT 1 %	Tier 1		
BUPIVACAINE FISIOPHARMA INJECTION SOLUTION 2.5 MG/ML, 5 MG/ML		Tier 1	
BUPIVACAINE IN DEXTROSE INTRATHECAL SOLUTION 0.75-8.25 %		Tier 1	
BUPIVACAINE SPINAL INTRATHECAL SOLUTION 0.75-8.25 %		Tier 1	
LIDOCAINE HCL (PF) INJECTION SOLUTION 0.5 %, 1 %, 1.5 %, 2 %, 4 %		Tier 1	
LIDOCAINE HCL INJECTION SOLUTION 0.5 %, 1 %, 2 %		Tier 1	
POLOCAINE INJECTION SOLUTION 1 %, 2 %	Tier 1		
POLOCAINE-MPF INJECTION SOLUTION 1 %, 1.5 %, 2 %	Tier 1		
ROPIVACAINE HCL INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 5 MG/ML, 7.5 MG/ML		Tier 1	
SENSORCAINE INJECTION SOLUTION (BUPIVACAINE HCL) 0.25 %, 0.5 %	Tier 1	Tier 1	
SENSORCAINE-MPF INJECTION SOLUTION (BUPIVACAINE HCL (PF)) 0.25 %, 0.5 %, 0.75 %	Tier 1	Tier 1	

Drug	Status	Generic Status	Notes
*Local Anesthetics - Esters***			
CHLOROPROCAINE HCL (PF) INJECTION SOLUTION 2 %, 3 %		Tier 1	
TETRACAINE HCL INJECTION SOLUTION 1 %		Tier 1	
Macrolides			
*Azithromycin***			
AZITHROMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 500 MG		LC	
AZITHROMYCIN ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML		LC	
AZITHROMYCIN ORAL TABLET 250 MG, 500 MG, 600 MG		LC	
ZITHROMAX ORAL PACKET (AZITHROMYCIN) 1 GM	Tier 3	LC	
*Clarithromycin***			
CLARITHROMYCIN ER ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG		Tier 1	
CLARITHROMYCIN ORAL SUSPENSION RECONSTITUTED 125 MG/5ML, 250 MG/5ML		Tier 1	
CLARITHROMYCIN ORAL TABLET 250 MG, 500 MG		Tier 1	
*Erythromycins***			
ERYTHROMYCIN BASE ORAL CAPSULE DELAYED RELEASE PARTICLES 250 MG		Tier 1	
ERYTHROMYCIN BASE ORAL TABLET 250 MG, 500 MG		Tier 1	
ERYTHROMYCIN BASE ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG		Tier 1	
ERYTHROMYCIN ETHYLSUCCINATE ORAL SUSPENSION RECONSTITUTED 200 MG/5ML, 400 MG/5ML		Tier 1	
ERYTHROMYCIN ETHYLSUCCINATE ORAL TABLET 400 MG		Tier 1	
ERYTHROMYCIN ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG		Tier 1	
*Fidaxomicin***			
DIFICID ORAL TABLET 200 MG	Tier 3		

Drug	Status	Generic Status	Notes
Medical Devices And Supplies			
*Applicators,Cotton Balls,Etc***			
ALCOH-GLOVE CONTOURED WIPE PAD (ALCOHOL PREP)	Tier 3	Tier 3	
ALCOHOL PADS PAD 70 %		Tier 3	
ALCOHOL PREP PAD 70 %		Tier 3	
ALCOHOL SWABS PAD , 70 %		Tier 3	
ALCOHOL SWABSTICK PAD (ALCOHOL PREP) , 70 %	Tier 3	Tier 3	
ALCOHOL WIPES PAD 70 %		Tier 3	
ALCOH-WIPE SHEET		Tier 3	
APLICARE ALCOHOL SWABSTICK PAD (ALCOHOL PREP) 70 %	Tier 3	Tier 3	
BD SWAB SINGLE USE REGULAR PAD (ALCOHOL PREP)	Tier 3	Tier 3	
BD SWABS SINGLE USE BUTTERFLY PAD (ALCOHOL PREP)	Tier 3	Tier 3	
CARETOUCH ALCOHOL PREP PAD (ALCOHOL PREP) 70 %	Tier 3	Tier 3	
CURITY ALCOHOL PREPS PAD (ALCOHOL PREP) 70 %	Tier 3	Tier 3	
CURITY ALCOHOL SWABS PAD (ALCOHOL PREP)	Tier 3	Tier 3	
CVS ALCOHOL PREP PADS PAD 70 %		Tier 3	
CVS PREP PAD 70 %		Tier 3	
EASY COMFORT ALCOHOL PADS PAD		Tier 3	
EASY TOUCH ALCOHOL PREP MEDIUM PAD (ALCOHOL PREP) 70 %	Tier 3	Tier 3	
EQL ALCOHOL SWABS PAD 70 %		Tier 3	
FIFTY50 ALCOHOL PREP PAD (ALCOHOL PREP) 70 %	Tier 3	Tier 3	
GLOBAL ALCOHOL PREP EASE PAD 70 %		Tier 3	
GNP ALCOHOL SWABS PAD 70 %		Tier 3	
H-E-B INCONTROL ALCOHOL PAD		Tier 3	
HM STERILE ALCOHOL PREP PAD		Tier 3	
MEIJER ALCOHOL SWABS PAD 70 %		Tier 3	
NOZIN NASAL SANITIZER POPSWAB PAD (ALCOHOL PREP)	Tier 3	Tier 3	
PHARMACIST CHOICE ALCOHOL PAD (ALCOHOL PREP)	Tier 3	Tier 3	

Drug	Status	Generic Status	Notes
PRO COMFORT ALCOHOL PAD 70 %		Tier 3	
PURE COMFORT ALCOHOL PREP PAD		Tier 3	
QC ALCOHOL SWABS PAD 70 %		Tier 3	
RA ALCOHOL SWABS PAD 70 %		Tier 3	
REALITY SWABS PAD		Tier 3	
RELION ALCOHOL SWABS PAD (ALCOHOL PREP) , 70 %	Tier 3	Tier 3	
SAPS CARE ALCOHOL PREP PAD 70 %		Tier 3	
SAPS HEALTH ALCOHOL PREP PAD , 70 %		Tier 3	
SAPS HEALTH CARE ALCOHOL PREP PAD 70 %		Tier 3	
SB ALCOHOL PREP PAD 70 %		Tier 3	
SHOPKO ALCOHOL SWABS PAD (ALCOHOL PREP) 70 %	Tier 3	Tier 3	
SM ALCOHOL PREP PAD , 70 %		Tier 3	
SURE COMFORT ALCOHOL PREP PAD 70 %		Tier 3	
SURE-PREP ALCOHOL PREP PAD (ALCOHOL PREP) 70 %	Tier 3	Tier 3	
TGT ALCOHOL SWABS PAD 70 %		Tier 3	
TRUE COMFORT ALCOHOL PREP PADS PAD 70 %		Tier 3	
ULTICARE ALCOHOL SWABS PAD (ALCOHOL PREP) , 70 %	Tier 3	Tier 3	
ULTILET ALCOHOL SWABS PAD		Tier 3	
ULTRA-CARE ALCOHOL PREP PADS PAD 70 %		Tier 3	
WEBCOL ALCOHOL PREP LARGE PAD (ALCOHOL PREP) 70 %	Tier 3	Tier 3	
WEBCOL ALCOHOL PREP MEDIUM PAD (ALCOHOL PREP) 70 %	Tier 3	Tier 3	
*Cervical Caps***			
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	Tier 3		PV; QL (1 EA per 1 day)
*Condoms - Female***			
FC FEMALE CONDOM	Tier 3		PV; QL (12 EA per 23 days)
FC2 FEMALE CONDOM	Tier 3		PV; QL (12 EA per 23 days)
*Diaphragms***			
CAYA VAGINAL DIAPHRAGM	Tier 3		PV; QL (1 EA per 1 day)
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM	Tier 3		PV; QL (1 EA per 1 day)

Drug	Status	Generic Status	Notes
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 %	Tier 3		PV; QL (1 EA per 1 day)
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 %	Tier 3		PV; QL (1 EA per 1 day)
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 %	Tier 3		PV; QL (1 EA per 1 day)
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 %	Tier 3		PV; QL (1 EA per 1 day)
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 %	Tier 3		PV; QL (1 EA per 1 day)
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 %	Tier 3		PV; QL (1 EA per 1 day)
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 %	Tier 3		PV; QL (1 EA per 1 day)
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 %	Tier 3		PV; QL (1 EA per 1 day)
*Glucose Monitoring Test Supplies***			
1ST TIER UNILET COMFORTOUCH		Tier 2	
ACCU-CHEK FASTCLIX LANCET KIT	Tier 2		
ACCU-CHEK FASTCLIX LANCETS (LANCETS)	Tier 2	Tier 2	
ACCU-CHEK MULTICLIX LANCET DEV KIT	Tier 2		
ACCU-CHEK MULTICLIX LANCETS (LANCETS)	Tier 2	Tier 2	
ACCU-CHEK SAFE-T PRO LANCETS (LANCETS)	Tier 2	Tier 2	
ACCU-CHEK SOFTCLIX LANCET DEV KIT	Tier 2		
ACCU-CHEK SOFTCLIX LANCETS (LANCETS)	Tier 2	Tier 2	
ACTI-LANCE 28G		Tier 2	
ACTI-LANCE LITE LANCETS 28G		Tier 2	
ACTI-LANCE SPECIAL LANCETS 17G		Tier 2	
ACTI-LANCE UNIVERSAL 23G		Tier 2	
ADVANCED MOBILE LANCET		Tier 2	
ADVOCATE LANCETS (LANCETS)	Tier 2	Tier 2	
ADVOCATE LANCETS 30G (LANCETS)	Tier 2	Tier 2	
ADVOCATE SAFETY LANCETS (LANCETS)	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
ADVOCATE SAFETY LANCETS 26G (LANCETS)	Tier 2	Tier 2	
AGAMATRIX ULTRA-THIN LANCETS (LANCETS)	Tier 2	Tier 2	
AIMSCO TWIST LANCETS 32G		Tier 2	
AIMSCO TWIST LANCETS 33G (LANCETS)	Tier 2	Tier 2	
AQUALANCE LANCETS 30G (LANCETS)	Tier 2	Tier 2	
ASSURE COMFORT LANCETS 28G		Tier 2	
ASSURE HAEMOLANCE PLUS HIGH (LANCETS)	Tier 2	Tier 2	
ASSURE HAEMOLANCE PLUS LOW (LANCETS)	Tier 2	Tier 2	
ASSURE HAEMOLANCE PLUS MICRO (LANCETS)	Tier 2	Tier 2	
ASSURE HAEMOLANCE PLUS NORMAL (LANCETS)	Tier 2	Tier 2	
ASSURE HAEMOLANCE PLUS PED (LANCETS)	Tier 2	Tier 2	
ASSURE LANCE LANCETS (LANCETS)	Tier 2	Tier 2	
ASSURE LANCE LANCETS 21G (LANCETS)	Tier 2	Tier 2	
ASSURE LANCE PLUS SAFETY 25G (LANCETS)	Tier 2	Tier 2	
ASSURE LANCE PLUS SAFETY 30G (LANCETS)	Tier 2	Tier 2	
ASSURE LANCE SAFETY LANCET 28G (LANCETS)	Tier 2	Tier 2	
ASSURE LANCETS (LANCETS)	Tier 2	Tier 2	
AURORA LANCET SUPER THIN 30G		Tier 2	
AURORA LANCET THIN 23G		Tier 2	
BD LANCET ULTRAFINE 30G (LANCETS)	Tier 2	Tier 2	
BD LANCET ULTRAFINE 33G (LANCETS)	Tier 2	Tier 2	
BD MICROTAINER LANCETS (LANCETS)	Tier 2	Tier 2	
BULLSEYE MINI SAFETY LANCETS		Tier 2	
BULLSEYE SAFETY LANCETS (LANCETS)	Tier 2	Tier 2	
CAREONE LANCET THIN 23G		Tier 2	
CAREONE LANCET ULTRA THIN 28G		Tier 2	
CARESENS LANCETS (LANCETS)	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
CARETOUCH SAFETY LANCETS (LANCETS)	Tier 2	Tier 2	
CARETOUCH SAFETY LANCETS 26G (LANCETS)	Tier 2	Tier 2	
CARETOUCH TWIST LANCETS 28G (LANCETS)	Tier 2	Tier 2	
CARETOUCH TWIST LANCETS 30G (LANCETS)	Tier 2	Tier 2	
CARETOUCH TWIST LANCETS 33G (LANCETS)	Tier 2	Tier 2	
CLEANLET LANCETS 28G (LANCETS)	Tier 2	Tier 2	
CLEVER CHEK LANCETS (LANCETS)	Tier 2	Tier 2	
CLEVER CHOICE LANCETS 21G (LANCETS)	Tier 2	Tier 2	
CLEVER CHOICE LANCETS 23G (LANCETS)	Tier 2	Tier 2	
CLEVER CHOICE LANCETS 28G (LANCETS)	Tier 2	Tier 2	
COAGUCHEK LANCETS (LANCETS)	Tier 2	Tier 2	
COMFORT ASSURED LANCETS 28G		Tier 2	
COMFORT ASSURED LANCETS 33G		Tier 2	
COMFORT LANCETS		Tier 2	
CVS LANCETS 21G		Tier 2	
CVS LANCETS MICRO THIN 33G		Tier 2	
CVS LANCETS ORIGINAL		Tier 2	
CVS LANCETS THIN 26G		Tier 2	
CVS LANCETS ULTRA THIN 30G		Tier 2	
CVS LANCETS ULTRA-THIN 30G		Tier 2	
CVS ULTRA THIN LANCETS		Tier 2	
DIASCREEN 10 (DIASCREEN LIQUID URINE CONTROL)	Tier 3	Tier 3	
DIASCREEN 1B (DIASCREEN LIQUID URINE CONTROL)	Tier 3	Tier 3	
DIASCREEN 1G STRIP (DIASCREEN LIQUID URINE CONTROL)	Tier 3	Tier 3	
DIASCREEN 1K (DIASCREEN LIQUID URINE CONTROL)	Tier 3	Tier 3	
DIASCREEN 1K STRIP (DIASCREEN LIQUID URINE CONTROL)	Tier 3	Tier 3	
DIASCREEN 2GK STRIP (DIASCREEN LIQUID URINE CONTROL)	Tier 3	Tier 3	

Drug	Status	Generic Status	Notes
DIASCREEN 2GP (DIASCREEN LIQUID URINE CONTROL)	Tier 3	Tier 3	
DIASCREEN 3 (DIASCREEN LIQUID URINE CONTROL)	Tier 3	Tier 3	
DIASCREEN 4NL (DIASCREEN LIQUID URINE CONTROL)	Tier 3	Tier 3	
DIASCREEN 4OBL (DIASCREEN LIQUID URINE CONTROL)	Tier 3	Tier 3	
DIASCREEN 4PH (DIASCREEN LIQUID URINE CONTROL)	Tier 3	Tier 3	
DIASCREEN 5 (DIASCREEN LIQUID URINE CONTROL)	Tier 3	Tier 3	
DIASCREEN 6 (DIASCREEN LIQUID URINE CONTROL)	Tier 3	Tier 3	
DIASCREEN 7 (DIASCREEN LIQUID URINE CONTROL)	Tier 3	Tier 3	
DIASCREEN 8 (DIASCREEN LIQUID URINE CONTROL)	Tier 3	Tier 3	
DIASCREEN 9 (DIASCREEN LIQUID URINE CONTROL)	Tier 3	Tier 3	
DIATHRIVE LANCET ULTRA THIN 30 (LANCETS)	Tier 2	Tier 2	
DIATHRIVE LANCETS (LANCETS)	Tier 2	Tier 2	
DROPLET LANCETS ULTRA THIN 30G (LANCETS)	Tier 2	Tier 2	
DRUG MART LANCETS THIN 26G		Tier 2	
DRUG MART ON-THE-GO LANCET 30G (LANCETS)	Tier 2	Tier 2	
DRUG MART UNILET LANCETS 28G (LANCETS)	Tier 2	Tier 2	
DRUG MART UNILET LANCETS 30G (LANCETS)	Tier 2	Tier 2	
DRUG MART UNILET LANCETS 33G (LANCETS)	Tier 2	Tier 2	
EASY COMFORT LANCETS		Tier 2	
EASY COMFORT LANCETS TWIST TOP		Tier 2	
EASY TOUCH LANCETS 21G (LANCETS)	Tier 2	Tier 2	
EASY TOUCH LANCETS 23G (LANCETS)	Tier 2	Tier 2	
EASY TOUCH LANCETS 26G (LANCETS)	Tier 2	Tier 2	
EASY TOUCH LANCETS 28G (LANCETS)	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
EASY TOUCH LANCETS 28G/TWIST (LANCETS)	Tier 2	Tier 2	
EASY TOUCH LANCETS 30G (LANCETS)	Tier 2	Tier 2	
EASY TOUCH LANCETS 30G/TWIST (LANCETS)	Tier 2	Tier 2	
EASY TOUCH LANCETS 32G (LANCETS)	Tier 2	Tier 2	
EASY TOUCH LANCETS 32G/TWIST (LANCETS)	Tier 2	Tier 2	
EASY TOUCH LANCETS 33G/TWIST (LANCETS)	Tier 2	Tier 2	
EASY TOUCH SAFETY LANCETS 21G (LANCETS)	Tier 2	Tier 2	
EASY TOUCH SAFETY LANCETS 23G (LANCETS)	Tier 2	Tier 2	
EASY TOUCH SAFETY LANCETS 26G (LANCETS)	Tier 2	Tier 2	
EASY TOUCH SAFETY LANCETS 28G (LANCETS)	Tier 2	Tier 2	
EASY TWIST & CAP LANCETS (LANCETS)	Tier 2	Tier 2	
EMBRACE LANCETS ULTRA THIN 30G (LANCETS)	Tier 2	Tier 2	
EQL COLOR LANCETS 21G		Tier 2	
EQL COLOR LANCETS MICRO 33G		Tier 2	
EQL SUPER THIN LANCETS 30G		Tier 2	
EQL THIN LANCETS 26G		Tier 2	
E-Z JECT LANCET MICRO-THIN 33G (LANCETS)	Tier 2	Tier 2	
E-Z JECT LANCET SUPER THIN 30G (LANCETS)	Tier 2	Tier 2	
E-Z JECT LANCETS (LANCETS)	Tier 2	Tier 2	
E-Z JECT LANCETS 21G (LANCETS)	Tier 2	Tier 2	
E-Z JECT LANCETS THIN 26G (LANCETS)	Tier 2	Tier 2	
EZ SMART BLOOD GLUCOSE LANCETS (LANCETS)	Tier 2	Tier 2	
EZ-LETS LANCETS 21G (LANCETS)	Tier 2	Tier 2	
EZ-LETS LANCETS 26G (LANCETS)	Tier 2	Tier 2	
EZ-LETS LANCETS 28G (LANCETS)	Tier 2	Tier 2	
EZ-LETS LANCETS 30G (LANCETS)	Tier 2	Tier 2	
FIFTY50 SAFETY SEAL LANCETS (LANCETS)	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
FIFTY50 UNILET LANCETS 33G (LANCETS)	Tier 2	Tier 2	
FINE 30 (LANCETS)	Tier 2	Tier 2	
FINGERSTIX LANCETS (LANCETS)	Tier 2	Tier 2	
FORA LANCETS (LANCETS)	Tier 2	Tier 2	
FREDS PHARMACY UNILET LANC 28G		Tier 2	
FREDS PHARMACY UNILET LANC 30G		Tier 2	
FREESTYLE LANCETS (LANCETS)	Tier 2	Tier 2	
FREESTYLE UNISTICK II LANCETS (LANCETS)	Tier 2	Tier 2	
GENTEEL BUTTERFLY TOUCH LANCET (LANCETS)	Tier 2	Tier 2	
GENTLE-LET GP LANCETS (LANCETS)	Tier 2	Tier 2	
GENTLE-LET LANCETS (LANCETS)	Tier 2	Tier 2	
GLOBAL INJECT EASE LANCETS 28G		Tier 2	
GLOBAL INJECT EASE LANCETS 30G		Tier 2	
GLUCOCOM LANCETS 28G (LANCETS)	Tier 2	Tier 2	
GLUCOCOM LANCETS 30G (LANCETS)	Tier 2	Tier 2	
GLUCOCOM LANCETS 33G (LANCETS)	Tier 2	Tier 2	
GNP LANCETS		Tier 2	
GNP LANCETS 21G		Tier 2	
GNP LANCETS MICRO THIN 33G		Tier 2	
GNP LANCETS SUPER THIN 30G		Tier 2	
GNP LANCETS THIN		Tier 2	
GNP LANCETS THIN 26G		Tier 2	
GNP MICRO THIN LANCETS 33G		Tier 2	
GNP SUPER THIN LANCETS 30G		Tier 2	
GOJJI STERILE LANCETS (LANCETS)	Tier 2	Tier 2	
GOODSENSE COLOR LANCETS 33G		Tier 2	
GOODSENSE LANCETS 26G UNIV		Tier 2	
GOODSENSE LANCETS 30G		Tier 2	
GOODSENSE LANCETS 30G UNIV		Tier 2	
GOODSENSE LANCETS 33G		Tier 2	
GOODSENSE LANCETS 33G UNIV		Tier 2	
HAEMOLANCE (LANCETS)	Tier 2	Tier 2	
HAEMOLANCE LOW FLOW LANCETS (LANCETS)	Tier 2	Tier 2	
HAEMOLANCE PLUS (LANCETS)	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
HAEMOLANCE PLUS HIGH FLOW (LANCETS)	Tier 2	Tier 2	
HAEMOLANCE PLUS LOW FLOW (LANCETS)	Tier 2	Tier 2	
HAEMOLANCE PLUS MAX FLOW (LANCETS)	Tier 2	Tier 2	
HAEMOLANCE PLUS PEDIATRIC FLOW (LANCETS)	Tier 2	Tier 2	
HEALTHY ACCENTS UNILET LANCETS		Tier 2	
H-E-B INCONTROL LANCETS 28G		Tier 2	
H-E-B INCONTROL LANCETS 30G		Tier 2	
H-E-B INCONTROL LANCETS 33G		Tier 2	
HY-VEE LANCETS (LANCETS)	Tier 2	Tier 2	
HY-VEE THIN LANCETS		Tier 2	
IN TOUCH	Tier 3		
IN TOUCH STERILE LANCETS 30G (LANCETS)	Tier 2	Tier 2	
KINNEY LANCETS		Tier 2	
KINNEY THIN LANCETS		Tier 2	
KROGER HEALTHPRO LANCET 26G (LANCETS)	Tier 2	Tier 2	
KROGER LANCETS		Tier 2	
KROGER LANCETS 21G		Tier 2	
KROGER LANCETS MICRO THIN 33G		Tier 2	
KROGER LANCETS SUPER THIN		Tier 2	
KROGER LANCETS THIN		Tier 2	
KROGER LANCETS THIN 26G		Tier 2	
KROGER LANCETS ULTRATHIN 30G		Tier 2	
LANCETS 28G		Tier 2	
LANCETS 30G		Tier 2	
LANCETS MICRO THIN 33G		Tier 2	
LANCETS SUPER THIN 28G		Tier 2	
LANCETS THIN		Tier 2	
LANCETS ULTRA FINE (LANCETS)	Tier 2	Tier 2	
LANCETS ULTRA THIN (LANCETS)	Tier 2	Tier 2	
LANCETS ULTRA THIN 30G		Tier 2	
LIBERTY MEDICAL LANCETS (LANCETS)	Tier 2	Tier 2	
LIFESCAN UNISTIK 2 (LANCETS)	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
LIFESCAN UNISTIK II LANCETS (LANCETS)	Tier 2	Tier 2	
LITE TOUCH LANCETS		Tier 2	
LITETOUCH LANCETS (LANCETS)	Tier 2	Tier 2	
LIVE BETTER LANCET SUPER THIN		Tier 2	
LIVE BETTER LANCET ULTRA THIN		Tier 2	
LONGS LANCETS STANDARD		Tier 2	
LONGS LANCETS THIN		Tier 2	
LONGS LANCETS ULTRA THIN		Tier 2	
MEDICHOICE SAFETY LANCET		Tier 2	
MEDICHOICE SAFETY LANCET EXTRA		Tier 2	
MEDICHOICE SAFETY LANCET NORM		Tier 2	
MEDISENSE THIN LANCETS (LANCETS)	Tier 2	Tier 2	
MEDLANCE EXTRA 21G (LANCETS)	Tier 2	Tier 2	
MEDLANCE LITE 25G (LANCETS)	Tier 2	Tier 2	
MEDLANCE PLUS EXTRA 21G (LANCETS)	Tier 2	Tier 2	
MEDLANCE PLUS LANCETS (LANCETS)	Tier 2	Tier 2	
MEDLANCE PLUS LITE 25G (LANCETS)	Tier 2	Tier 2	
MEDLANCE PLUS SPECIAL 0.8MM (LANCETS)	Tier 2	Tier 2	
MEDLANCE PLUS SUPERLITE 30G (LANCETS)	Tier 2	Tier 2	
MEDLANCE PLUS UNIVERSAL 21G (LANCETS)	Tier 2	Tier 2	
MEDLANCE UNIVERSAL 21G (LANCETS)	Tier 2	Tier 2	
MEIJER LANCETS (LANCETS)	Tier 2	Tier 2	
MEIJER LANCETS THIN (LANCETS)	Tier 2	Tier 2	
MEIJER LANCETS UNIVERSAL 21G (LANCETS)	Tier 2	Tier 2	
MEIJER LANCETS UNIVERSAL 30G (LANCETS)	Tier 2	Tier 2	
MEIJER LANCETS UNIVERSAL 33G (LANCETS)	Tier 2	Tier 2	
MEIJER SUPER THIN LANCETS (LANCETS)	Tier 2	Tier 2	
MICROLET LANCETS (LANCETS)	Tier 2	Tier 2	
MICROTAINER SAFETY FLOW LANCET (LANCETS)	Tier 2	Tier 2	
MM TWIST LANCETS (LANCETS)	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
MONOLET LANCETS (LANCETS)	Tier 2	Tier 2	
MONOLET OPD LANCETS (LANCETS)	Tier 2	Tier 2	
MONOLETTOR SAFETY LANCETS (LANCETS)	Tier 2	Tier 2	
MPD SAFETY LANCET 21G		Tier 2	
MPD SAFETY LANCET 23G		Tier 2	
MPD SAFETY LANCET 28G		Tier 2	
MPD SAFETY LANCET 30G		Tier 2	
MYGLUCOHEALTH LANCETS 30G (LANCETS)	Tier 2	Tier 2	
NOVA SAFETY LANCETS 23G (LANCETS)	Tier 2	Tier 2	
NOVA SAFETY LANCETS 28G (LANCETS)	Tier 2	Tier 2	
NOVA SUREFLEX LANCETS (LANCETS)	Tier 2	Tier 2	
ON CALL LANCETS (LANCETS)	Tier 2	Tier 2	
ON CALL PLUS LANCETS (LANCETS)	Tier 2	Tier 2	
ONETOUCH CLUB LANCETS FINE PT (LANCETS)	Tier 2	Tier 2	
ONETOUCH DELICA LANCETS 30G (LANCETS)	Tier 2	Tier 2	
ONETOUCH DELICA LANCETS 33G (LANCETS)	Tier 2	Tier 2	
ONETOUCH DELICA LANCING DEV	Tier 3		
ONETOUCH DELICA PLUS LANCET30G (LANCETS)	Tier 2	Tier 2	
ONETOUCH DELICA PLUS LANCET33G (LANCETS)	Tier 2	Tier 2	
ONETOUCH DELICA PLUS LANCING	Tier 3		
ONETOUCH FINEPOINT LANCETS (LANCETS)	Tier 2	Tier 2	
ONETOUCH SURESOFT LANCING DEV	Tier 2		
ONETOUCH ULTRA 2 KIT W/DEVICE	Tier 2		
ONETOUCH ULTRA CONTROL IN VITRO SOLUTION	Tier 3		
ONETOUCH ULTRA MINI KIT W/DEVICE	Tier 2		
ONETOUCH ULTRALINK KIT W/DEVICE	Tier 2		
ONETOUCH ULTRASOFT LANCETS (LANCETS)	Tier 2	Tier 2	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	Tier 2		

Drug	Status	Generic Status	Notes
ONETOUCH VERIO IN VITRO SOLUTION , HIGH	Tier 3		
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	Tier 2		
ONETOUCH VERIO KIT W/DEVICE	Tier 2		
ONETOUCH VERIO REFLECT KIT W/DEVICE	Tier 2		
ONETOUCH VERIO SYNC SYSTEM KIT W/DEVICE	Tier 2		
PC LANCETS SUPER THIN 30G		Tier 2	
PENLET II BLOOD SAMPLER KIT	Tier 3		
PENLET II REPLACEMENT CAP	Tier 2		
PERFECT LANCETS 28G (LANCETS)	Tier 2	Tier 2	
PERFECT LANCETS 30G (LANCETS)	Tier 2	Tier 2	
PHARMACIST CHOICE LANCETS (LANCETS)	Tier 2	Tier 2	
PHARMACY COUNTER LANCETS (LANCETS)	Tier 2	Tier 2	
PIP LANCETS 28G		Tier 2	
PIP LANCETS 30G		Tier 2	
PRECISION THINS GP LANCETS (LANCETS)	Tier 2	Tier 2	
PREFERRED PLUS LANCETS COLORED		Tier 2	
PREFERRED PLUS LANCETS THIN		Tier 2	
PRESSURE ACTIVAT SAFETY LANCET		Tier 2	
PRO COMFORT LANCETS 30G		Tier 2	
PRO COMFORT LANCETS 31G		Tier 2	
PRODIGY LANCETS 28G (LANCETS)	Tier 2	Tier 2	
PRODIGY SAFETY LANCETS 26G (LANCETS)	Tier 2	Tier 2	
PRODIGY TWIST TOP LANCETS 28G (LANCETS)	Tier 2	Tier 2	
PSS SELECT GP LANCETS (LANCETS)	Tier 2	Tier 2	
PSS SELECT SAFETY LANCETS (LANCETS)	Tier 2	Tier 2	
PUSH BUTTON SAFETY LANCETS		Tier 2	
PUSH BUTTON SAFETY LANCETS 28G		Tier 2	
PX LANCETS ULTRA THIN		Tier 2	
PX LANCETS ULTRA THIN 28G		Tier 2	
QC LANCETS SUPER THIN 30G		Tier 2	

Drug	Status	Generic Status	Notes
QC LANCETS ULTRA THIN		Tier 2	
QC UNILET LANCETS 28G		Tier 2	
QC UNILET LANCETS MICRO THIN		Tier 2	
RA E-ZJECT COLOR LANCETS 33G (LANCETS)	Tier 2	Tier 2	
RA E-ZJECT LANCETS 28G (LANCETS)	Tier 2	Tier 2	
RA E-ZJECT LANCETS THIN 26G (LANCETS)	Tier 2	Tier 2	
RA E-ZJECT LANCETS THIN 28G (LANCETS)	Tier 2	Tier 2	
RA E-ZJECT LANCETS ULTRA THIN (LANCETS)	Tier 2	Tier 2	
READYLANCE SAFETY LANCETS (LANCETS)	Tier 2	Tier 2	
REALITY LANCETS		Tier 2	
REALITY TRIGGER LANCETS		Tier 2	
RELION LANCETS MICRO-THIN 33G (LANCETS)	Tier 2	Tier 2	
RELION LANCETS STANDARD 21G (LANCETS)	Tier 2	Tier 2	
RELION LANCETS THIN 26G (LANCETS)	Tier 2	Tier 2	
RELION LANCETS ULTRA-THIN 30G (LANCETS)	Tier 2	Tier 2	
RELION ULTRA THIN LANCETS 30G (LANCETS)	Tier 2	Tier 2	
RELION ULTRA THIN PLUS LANCETS (LANCETS)	Tier 2	Tier 2	
REXALL LANCETS ULTRA THIN 30G (LANCETS)	Tier 2	Tier 2	
RIGHTEST GL300 LANCETS (LANCETS)	Tier 2	Tier 2	
SAFE-T-LANCE (LANCETS)	Tier 2	Tier 2	
SAFE-T-LANCE PLUS (LANCETS)	Tier 2	Tier 2	
SAFETY LANCET 21G/PRESSURE ACT		Tier 2	
SAFETY LANCET 23G/PRESSURE ACT		Tier 2	
SAFETY LANCET 28G/PRESSURE ACT		Tier 2	
SAFETY LANCET 30G/PRESSURE ACT		Tier 2	
SAFETY LANCETS (LANCETS)	Tier 2	Tier 2	
SAFETY LANCETS 21G (LANCETS)	Tier 2	Tier 2	
SAFETY LANCETS 28G		Tier 2	
SAFETY LET LANCETS (LANCETS)	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
SAFETY SEAL LANCETS (LANCETS)	Tier 2	Tier 2	
SAPS HEALTH TWIST TOP LANCETS		Tier 2	
SAPS TWIST TOP LANCETS		Tier 2	
SAPSCARE TWIST TOP LANCETS		Tier 2	
SB LANCETS THIN		Tier 2	
SB LANCETS ULTRA THIN		Tier 2	
SHOPKO ON-THE-GO LANCETS 30G (LANCETS)	Tier 2	Tier 2	
SHOPKO UNILET LANCETS 28G (LANCETS)	Tier 2	Tier 2	
SHOPKO UNILET LANCETS 30G (LANCETS)	Tier 2	Tier 2	
SIDE BUTTON SAFETY LANCET		Tier 2	
SINGLE-LET (LANCETS)	Tier 2	Tier 2	
SM LANCETS 33G		Tier 2	
SMART SENSE COLOR LANCETS 33G (LANCETS)	Tier 2	Tier 2	
SMART SENSE STANDARD LANCETS (LANCETS)	Tier 2	Tier 2	
SMART SENSE SUPER THIN LANCETS (LANCETS)	Tier 2	Tier 2	
SMART SENSE THIN LANCETS 26G (LANCETS)	Tier 2	Tier 2	
SMARTEST LANCETS 28G (LANCETS)	Tier 2	Tier 2	
SOLUS V2 LANCETS 28G (LANCETS)	Tier 2	Tier 2	
SOLUS V2 TWIST LANCETS 30G (LANCETS)	Tier 2	Tier 2	
STERILANCE TL (LANCETS)	Tier 2	Tier 2	
SUPER THIN LANCETS		Tier 2	
SURE COMFORT LANCETS 18G		Tier 2	
SURE COMFORT LANCETS 21G		Tier 2	
SURE COMFORT LANCETS 23G		Tier 2	
SURE COMFORT LANCETS 28G		Tier 2	
SURE COMFORT LANCETS 30G		Tier 2	
SURE-LANCE FLAT LANCETS (LANCETS)	Tier 2	Tier 2	
SURE-LANCE LANCETS 26G (LANCETS)	Tier 2	Tier 2	
SURE-LANCE THIN LANCETS 28G (LANCETS)	Tier 2	Tier 2	
SURE-LANCE ULTRA THIN LANCETS (LANCETS)	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
SURELITE LANCETS (LANCETS)	Tier 2	Tier 2	
SURESTEP GLUCOSE CONTROL IN VITRO SOLUTION	Tier 3		
SURESTEP PRO HIGH GLUCOSE IN VITRO LIQUID	Tier 3		
SURESTEP PRO LINEARITY KIT	Tier 3		
SURESTEP PRO LOW GLUCOSE IN VITRO LIQUID	Tier 3		
SURESTEP PRO NORMAL GLUCOSE IN VITRO LIQUID	Tier 3		
SURE-TOUCH LANCETS UNIVERSAL (LANCETS)	Tier 2	Tier 2	
TECHLITE AST LANCETS (LANCETS)	Tier 2	Tier 2	
TECHLITE LANCETS (LANCETS)	Tier 2	Tier 2	
TECHLITE LANCETS 30G (LANCETS)	Tier 2	Tier 2	
TGT LANCET MICRO THIN 33G		Tier 2	
TGT LANCET THIN 26G		Tier 2	
TGT LANCET ULTRA THIN 30G		Tier 2	
THINLETS GP LANCETS (LANCETS)	Tier 2	Tier 2	
TODAYS HEALTH THIN LANCETS 28G		Tier 2	
TODAYS HEALTH THIN LANCETS 30G		Tier 2	
TOPCARE LANCETS MICRO-THIN 33G		Tier 2	
TRAVEL LANCETS		Tier 2	
TRAVEL LANCETS ADVANCED 28G (LANCETS)	Tier 2	Tier 2	
TRUE COMFORT TWIST TOP LANCETS		Tier 2	
TRUEPLUS LANCETS 26G (LANCETS)	Tier 2	Tier 2	
TRUEPLUS LANCETS 28G (LANCETS)	Tier 2	Tier 2	
TRUEPLUS LANCETS 30G (LANCETS)	Tier 2	Tier 2	
TRUEPLUS LANCETS 33G (LANCETS)	Tier 2	Tier 2	
TRUEPLUS SAFETY LANCETS 28G (LANCETS)	Tier 2	Tier 2	
ULTILET CLASSIC LANCETS (LANCETS)	Tier 2	Tier 2	
ULTILET LANCETS (LANCETS)	Tier 2	Tier 2	
ULTILET SAFETY LANCETS (LANCETS)	Tier 2	Tier 2	
ULTILET SAFETY LANCETS 23G (LANCETS)	Tier 2	Tier 2	
ULTRA THIN LANCETS 31G		Tier 2	
ULTRA-CARE LANCETS 30G		Tier 2	

Drug	Status	Generic Status	Notes
ULTRA-THIN II AUTO LANCET (LANCETS)	Tier 2	Tier 2	
ULTRA-THIN II LANCETS (LANCETS)	Tier 2	Tier 2	
UNILET COMFORTOUCH LANCET (LANCETS)	Tier 2	Tier 2	
UNILET EXCELITE (LANCETS)	Tier 2	Tier 2	
UNILET EXCELITE II (LANCETS)	Tier 2	Tier 2	
UNILET G.P. LANCET (LANCETS)	Tier 2	Tier 2	
UNILET G.P. SUPERLITE LANCET (LANCETS)	Tier 2	Tier 2	
UNILET GP 28 ULTRA THIN (LANCETS)	Tier 2	Tier 2	
UNILET LANCET (LANCETS)	Tier 2	Tier 2	
UNILET MICRO-THIN 33G (LANCETS)	Tier 2	Tier 2	
UNILET SUPERLITE LANCET (LANCETS)	Tier 2	Tier 2	
UNILET SUPER-THIN 30G (LANCETS)	Tier 2	Tier 2	
UNILET ULTRA-THIN 28G (LANCETS)	Tier 2	Tier 2	
UNISTIK 3 GENTLE (LANCETS)	Tier 2	Tier 2	
UNISTIK PRO SAFETY LANCET (LANCETS)	Tier 2	Tier 2	
UNISTIK SAFETY LANCETS 28G (LANCETS)	Tier 2	Tier 2	
UNISTIK SAFETY LANCETS 30G (LANCETS)	Tier 2	Tier 2	
UNISTIK TOUCH SAFETY LANC 21G (LANCETS)	Tier 2	Tier 2	
UNISTIK TOUCH SAFETY LANC 23G (LANCETS)	Tier 2	Tier 2	
UNISTIK TOUCH SAFETY LANC 28G (LANCETS)	Tier 2	Tier 2	
UNISTIK TOUCH SAFETY LANC 30G (LANCETS)	Tier 2	Tier 2	
UNIVERSAL 1 LANCETS THIN 26G (LANCETS)	Tier 2	Tier 2	
UNIVERSAL 1 LANCETS THIN 33G (LANCETS)	Tier 2	Tier 2	
UNIVERSAL 1 LANCETS ULTRA THIN (LANCETS)	Tier 2	Tier 2	
VALUE PLUS LANCET STANDARD 21G		Tier 2	
VALUE PLUS LANCETS SUPER THIN		Tier 2	
VALUE PLUS LANCETS THIN 26G		Tier 2	

Drug	Status	Generic Status	Notes
VALUMARK LANCET SUPER THIN 30G		Tier 2	
VALUMARK LANCET ULTRA THIN 28G		Tier 2	
VIDA MIA UNILET LANCETS 28G (LANCETS)	Tier 2	Tier 2	
VIDA MIA UNILET LANCETS 30G (LANCETS)	Tier 2	Tier 2	
VITALET PRO LANCETS (LANCETS)	Tier 2	Tier 2	
VITALET PRO PLUS LANCETS (LANCETS)	Tier 2	Tier 2	
VIVAGUARD LANCETS (LANCETS)	Tier 2	Tier 2	
WALGREENS ADV TRAVEL LANCETS		Tier 2	
WALGREENS LANCETS (LANCETS)	Tier 2	Tier 2	
WALGREENS LANCETS MICRO THIN		Tier 2	
WALGREENS LANCETS SUPER THIN		Tier 2	
WALGREENS THIN LANCETS (LANCETS)	Tier 2	Tier 2	
WALGREENS ULTRA THIN LANCETS (LANCETS)	Tier 2	Tier 2	
*Misc. Devices***			
FOLDING PADDLE WALKER		Tier 1	PV; QL (180 EA per 365 days)
*Needles & Syringes***			
1ST TIER UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM , 33G X 4 MM		Tier 2	
1ST TIER UNIFINE PENTIPS PLUS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM		Tier 2	
ABOUTTIME PEN NEEDLE (PEN NEEDLES 5/16") 30G X 8 MM , 31G X 8 MM	Tier 2	Tier 2	
ABOUTTIME PEN NEEDLE (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 2	Tier 2	
ABOUTTIME PEN NEEDLE (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
ADVOCATE INSULIN PEN NEEDLES (SURE COMFORT PEN NEEDLES) 29G X 12.7MM , 31G X 5 MM	Tier 2	Tier 2	
ADVOCATE INSULIN PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
ADVOCATE INSULIN PEN NEEDLES (INSUPEN PEN NEEDLES) 33G X 4 MM	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
ADVOCATE INSULIN SYRINGE (GNP ULTRA COM INSULIN SYRINGE) 29G X 1/2" 0.3 ML	Tier 2	Tier 2	
ADVOCATE INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 2	Tier 2	
ADVOCATE INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	Tier 2	Tier 2	
ADVOCATE INSULIN SYRINGE (ELITE-THIN INSULIN SYRINGE) 31G X 5/16" 1 ML	Tier 2	Tier 2	
ASSURE ID INSULIN SAFETY SYR (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 2	Tier 2	
ASSURE ID SAFETY PEN NEEDLES (PEN NEEDLES) 30G X 5 MM	Tier 2	Tier 2	
ASSURE ID SAFETY PEN NEEDLES (PEN NEEDLES 5/16") 30G X 8 MM	Tier 2	Tier 2	
ASSURE ID SAFETY PEN NEEDLES (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 2	Tier 2	
AURORA PEN NEEDLES 29G X 12MM , 31G X 6 MM , 31G X 8 MM		Tier 2	
AURORA UNIFINE PENTIPS 31G X 5 MM , 32G X 4 MM		Tier 2	
BD AUTOSHIELD 29G X 5MM , 29G X 8MM	Tier 2		
BD AUTOSHIELD DUO (PEN NEEDLES) 30G X 5 MM	Tier 2	Tier 2	
BD INSULIN SYR ULTRAFINE II (INSULIN SYRINGE-NEEDLE U-100) 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	Tier 2	Tier 2	
BD INSULIN SYRINGE 25G X 1" 1 ML, 25G X 5/8" 1 ML, 26G X 1/2" 1 ML, 27.5G X 5/8" 2 ML	Tier 2		
BD INSULIN SYRINGE (SAFETY INSULIN SYRINGES) 27G X 1/2" 1 ML	Tier 2	Tier 2	
BD INSULIN SYRINGE (GNP ULTRA COM INSULIN SYRINGE) 29G X 1/2" 0.3 ML	Tier 2	Tier 2	
BD INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 2	Tier 2	
BD INSULIN SYRINGE HALF-UNIT (INSULIN SYRINGE-NEEDLE U-100) 31G X 5/16" 0.3 ML	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML	Tier 2		
BD INSULIN SYRINGE MICROFINE (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	Tier 2	Tier 2	
BD INSULIN SYRINGE U/F 1/2UNIT (INSULIN SYRINGE-NEEDLE U-100) 31G X 5/16" 0.3 ML	Tier 2	Tier 2	
BD INSULIN SYRINGE U/F (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.3 ML	Tier 2	Tier 2	
BD INSULIN SYRINGE U/F (INSULIN SYRINGE) 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML	Tier 2	Tier 2	
BD INSULIN SYRINGE U/F (INSULIN SYRINGE-NEEDLE U-100) 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	Tier 2	Tier 2	
BD INSULIN SYRINGE U/F (ELITE-THIN INSULIN SYRINGE) 31G X 5/16" 1 ML	Tier 2	Tier 2	
BD INSULIN SYRINGE (KMART VALU INSULIN SYRINGE 29G) U-100 1 ML	Tier 2	Tier 2	
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML	Tier 2		
BD INSULIN SYRINGE ULTRAFINE (GNP ULTRA COM INSULIN SYRINGE) 29G X 1/2" 0.3 ML	Tier 2	Tier 2	
BD INSULIN SYRINGE ULTRAFINE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.5 ML	Tier 2	Tier 2	
BD INSULIN SYRINGE ULTRAFINE (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.3 ML	Tier 2	Tier 2	
BD INSULIN SYRINGE ULTRAFINE (INSULIN SYRINGE-NEEDLE U-100) 31G X 5/16" 0.5 ML	Tier 2	Tier 2	
BD PEN (AUTOPEN)	Tier 3	Tier 3	
BD PEN MINI (AUTOPEN)	Tier 3	Tier 3	
BD PEN NEEDLE MICRO U/F (SURE COMFORT PEN NEEDLES) 32G X 6 MM	Tier 2	Tier 2	
BD PEN NEEDLE MINI U/F (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 2	Tier 2	
BD PEN NEEDLE NANO 2ND GEN (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
BD PEN NEEDLE NANO U/F (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
BD PEN NEEDLE ORIGINAL U/F (SURE COMFORT PEN NEEDLES) 29G X 12.7MM	Tier 2	Tier 2	
BD PEN NEEDLE SHORT U/F (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
BD SAFETYGLIDE INSULIN SYRINGE (GNP ULTRA COM INSULIN SYRINGE) 29G X 1/2" 0.3 ML	Tier 2	Tier 2	
BD SAFETYGLIDE INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML	Tier 2	Tier 2	
BD SAFETYGLIDE INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML	Tier 2	Tier 2	
BD SAFETYGLIDE INSULIN SYRINGE (TECHLITE INSULIN SYRINGE) 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML	Tier 2	Tier 2	
BD SAFETY-LOK INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 1 ML	Tier 2	Tier 2	
BD VEO INSULIN SYR U/F 1/2UNIT (TECHLITE INSULIN SYRINGE) 31G X 15/64" 0.3 ML	Tier 2	Tier 2	
BD VEO INSULIN SYRINGE U/F (TECHLITE INSULIN SYRINGE) 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML	Tier 2	Tier 2	
CAREFINE PEN NEEDLES (PEN NEEDLES 1/2") 29G X 12MM	Tier 2	Tier 2	
CAREFINE PEN NEEDLES (PEN NEEDLES 5/16") 30G X 8 MM , 31G X 8 MM	Tier 2	Tier 2	
CAREFINE PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
CAREFINE PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
CAREFINE PEN NEEDLES (PRO COMFORT PEN NEEDLES) 32G X 5 MM	Tier 2	Tier 2	
CAREFINE PEN NEEDLES (SURE COMFORT PEN NEEDLES) 32G X 6 MM	Tier 2	Tier 2	
CAREONE INSULIN SYRINGE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 2	

Drug	Status	Generic Status	Notes
CAREONE UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM		Tier 2	
CAREONE UNIFINE PENTIPS PLUS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM		Tier 2	
CARETOUCH INSULIN SYRINGE (ELITE-THIN INSULIN SYRINGE) 28G X 5/16" 1 ML, 29G X 5/16" 1 ML	Tier 2	Tier 2	
CARETOUCH PEN NEEDLES (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 2	Tier 2	
CARETOUCH PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
CARETOUCH PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
CARETOUCH PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
CARETOUCH PEN NEEDLES (PRO COMFORT PEN NEEDLES) 32G X 5 MM	Tier 2	Tier 2	
CEQR SIMPLICITY 2U DEVICE (AUTOPEN)	Tier 3	Tier 3	
CEQR SIMPLICITY STARTER KIT	Tier 3		
CLEVER CHOICE COMFORT EZ (PEN NEEDLES 1/2") 29G X 12MM	Tier 2	Tier 2	
CLEVER CHOICE COMFORT EZ (INSUPEN PEN NEEDLES) 33G X 4 MM	Tier 2	Tier 2	
CLICKFINE PEN NEEDLES 31G X 5 MM (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 2	Tier 2	
CLICKFINE PEN NEEDLES 31G X 6 MM 31G X 6 MM		Tier 2	
CLICKFINE PEN NEEDLES 31G X 8 MM 31G X 8 MM		Tier 2	
CLICKFINE PEN NEEDLES 32G X 4 MM 32G X 4 MM		Tier 2	
COMFORT ASSIST INSULIN SYRINGE (GNP ULTRA COM INSULIN SYRINGE) 29G X 1/2" 0.3 ML	Tier 2	Tier 2	
COMFORT ASSIST INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
COMFORT ASSIST INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	Tier 2	Tier 2	
COMFORT ASSIST INSULIN SYRINGE (ELITE-THIN INSULIN SYRINGE) 31G X 5/16" 1 ML	Tier 2	Tier 2	
COMFORT EZ INSULIN SYRINGE (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	Tier 2	Tier 2	
COMFORT EZ INSULIN SYRINGE (GNP ULTRA COM INSULIN SYRINGE) 29G X 1/2" 0.3 ML	Tier 2	Tier 2	
COMFORT EZ INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML	Tier 2	Tier 2	
COMFORT EZ INSULIN SYRINGE (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.3 ML	Tier 2	Tier 2	
COMFORT EZ INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	Tier 2	Tier 2	
COMFORT EZ INSULIN SYRINGE (ELITE-THIN INSULIN SYRINGE) 31G X 5/16" 1 ML	Tier 2	Tier 2	
COMFORT EZ MICRO PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
COMFORT EZ PEN NEEDLES (SURE COMFORT PEN NEEDLES) 31G X 5 MM , 32G X 6 MM	Tier 2	Tier 2	
COMFORT EZ PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
COMFORT EZ PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
COMFORT EZ PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM , 33G X 4 MM	Tier 2	Tier 2	
COMFORT EZ PEN NEEDLES (PRO COMFORT PEN NEEDLES) 32G X 5 MM	Tier 2	Tier 2	
COMFORT EZ PEN NEEDLES (PURE COMFORT PEN NEEDLE) 32G X 8 MM	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
COMFORT EZ PEN NEEDLES (EASY COMFORT PEN NEEDLES) 33G X 5 MM , 33G X 6 MM	Tier 2	Tier 2	
COMFORT EZ PEN NEEDLES 33G X 8 MM	Tier 2		
COMFORT EZ SHORT PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
DIATHRIVE PEN NEEDLE (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 2	Tier 2	
DIATHRIVE PEN NEEDLE (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
DIATHRIVE PEN NEEDLE (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
DIATHRIVE PEN NEEDLE (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
DROPLET INSULIN SYRINGE (GNP ULTRA COM INSULIN SYRINGE) 29G X 1/2" 0.3 ML	Tier 2	Tier 2	
DROPLET INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML	Tier 2	Tier 2	
DROPLET INSULIN SYRINGE (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.3 ML	Tier 2	Tier 2	
DROPLET INSULIN SYRINGE 30G X 15/64" 0.3 ML, 30G X 15/64" 0.5 ML, 30G X 15/64" 1 ML	Tier 2		
DROPLET INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	Tier 2	Tier 2	
DROPLET INSULIN SYRINGE (TECHLITE INSULIN SYRINGE) 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML	Tier 2	Tier 2	
DROPLET INSULIN SYRINGE (ELITE-THIN INSULIN SYRINGE) 31G X 5/16" 1 ML	Tier 2	Tier 2	
DROPLET MICRON 34G X 3.5 MM	Tier 2		
DROPLET PEN NEEDLES 29G X 10MM	Tier 2		
DROPLET PEN NEEDLES (PEN NEEDLES 1/2") 29G X 12MM	Tier 2	Tier 2	
DROPLET PEN NEEDLES (PEN NEEDLES 5/16") 30G X 8 MM , 31G X 8 MM	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
DROPLET PEN NEEDLES (SURE COMFORT PEN NEEDLES) 31G X 5 MM , 32G X 6 MM	Tier 2	Tier 2	
DROPLET PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
DROPLET PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
DROPLET PEN NEEDLES (PRO COMFORT PEN NEEDLES) 32G X 5 MM	Tier 2	Tier 2	
DROPLET PEN NEEDLES (PURE COMFORT PEN NEEDLE) 32G X 8 MM	Tier 2	Tier 2	
DROPSAFE SAFETY PEN NEEDLES 31G X 6 MM , 31G X 8 MM		Tier 2	
DRUG MART UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM		Tier 2	
DRUG MART UNIFINE PENTIPS PLUS 32G X 4 MM		Tier 2	
EASY COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML		Tier 2	
EASY COMFORT PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM		Tier 2	
EASY GLIDE PEN NEEDLES 33G X 4 MM		Tier 2	
EASY TOUCH FLIPLOCK INSULIN SY (INSULIN SYRINGE) 29G X 1/2" 1 ML, 30G X 1/2" 1 ML	Tier 2	Tier 2	
EASY TOUCH FLIPLOCK INSULIN SY (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 1 ML	Tier 2	Tier 2	
EASY TOUCH FLIPLOCK INSULIN SY (ELITE-THIN INSULIN SYRINGE) 31G X 5/16" 1 ML	Tier 2	Tier 2	
EASY TOUCH INSULIN SAFETY SYR (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML	Tier 2	Tier 2	
EASY TOUCH INSULIN SAFETY SYR (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.5 ML	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
EASY TOUCH INSULIN SYRINGE (INSULIN SYRINGE/NEEDLE) 27G X 1/2" 0.5 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	Tier 2	Tier 2	
EASY TOUCH INSULIN SYRINGE (SAFETY INSULIN SYRINGES) 27G X 1/2" 1 ML	Tier 2	Tier 2	
EASY TOUCH INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML	Tier 2	Tier 2	
EASY TOUCH INSULIN SYRINGE (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.3 ML	Tier 2	Tier 2	
EASY TOUCH INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	Tier 2	Tier 2	
EASY TOUCH INSULIN SYRINGE (ELITE-THIN INSULIN SYRINGE) 31G X 5/16" 1 ML	Tier 2	Tier 2	
EASY TOUCH PEN NEEDLES (PEN NEEDLES 1/2") 29G X 12MM	Tier 2	Tier 2	
EASY TOUCH PEN NEEDLES (PEN NEEDLES) 30G X 5 MM	Tier 2	Tier 2	
EASY TOUCH PEN NEEDLES (PEN NEEDLES 5/16") 30G X 8 MM , 31G X 8 MM	Tier 2	Tier 2	
EASY TOUCH PEN NEEDLES (SURE COMFORT PEN NEEDLES) 31G X 5 MM , 32G X 6 MM	Tier 2	Tier 2	
EASY TOUCH PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
EASY TOUCH PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
EASY TOUCH PEN NEEDLES (PRO COMFORT PEN NEEDLES) 32G X 5 MM	Tier 2	Tier 2	
EASY TOUCH SAFETY PEN NEEDLES 29G X 5MM , 29G X 8MM	Tier 2		
EASY TOUCH SAFETY PEN NEEDLES (PEN NEEDLES 5/16") 30G X 8 MM	Tier 2	Tier 2	
EASY TOUCH SHEATHLOCK SYRINGE (INSULIN SYRINGE) 29G X 1/2" 1 ML, 30G X 1/2" 1 ML	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
EASY TOUCH SHEATHLOCK SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 1 ML	Tier 2	Tier 2	
EASY TOUCH SHEATHLOCK SYRINGE (ELITE-THIN INSULIN SYRINGE) 31G X 5/16" 1 ML	Tier 2	Tier 2	
ELITE-THIN INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 28G X 5/16" 0.5 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 29G X 5/16" 0.5 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML		Tier 2	
EQL INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 2	
EXEL COMFORT POINT INSULIN SYR (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	Tier 2	Tier 2	
EXEL COMFORT POINT INSULIN SYR (GNP ULTRA COM INSULIN SYRINGE) 29G X 1/2" 0.3 ML	Tier 2	Tier 2	
EXEL COMFORT POINT INSULIN SYR (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 2	Tier 2	
EXEL COMFORT POINT INSULIN SYR (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML	Tier 2	Tier 2	
EXEL COMFORT POINT PEN NEEDLE (PEN NEEDLES 1/2") 29G X 12MM	Tier 2	Tier 2	
EXEL COMFORT POINT PEN NEEDLE 31G X 4 MM	Tier 2		
EXEL COMFORT POINT PEN NEEDLE (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
EXEL COMFORT POINT PEN NEEDLE (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
FIFTY50 PEN NEEDLES (SURE COMFORT PEN NEEDLES) 31G X 5 MM , 32G X 6 MM	Tier 2	Tier 2	
FIFTY50 PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
FIFTY50 PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
FIFTY50 SUPERIOR COMFORT SYR (INSULIN SYRINGE-NEEDLE U-100) 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	Tier 2	Tier 2	
FIFTY50 SUPERIOR COMFORT SYR (ELITE-THIN INSULIN SYRINGE) 31G X 5/16" 1 ML	Tier 2	Tier 2	
FREDS PHARMACY UNIFINE PENTIP+ 31G X 5 MM , 31G X 8 MM		Tier 2	
FREDS PHARMACY UNIFINE PENTIPS 32G X 4 MM		Tier 2	
FREESTYLE PRECISION INS SYR (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML	Tier 2	Tier 2	
FREESTYLE PRECISION INS SYR (ELITE-THIN INSULIN SYRINGE) 31G X 5/16" 1 ML	Tier 2	Tier 2	
GLOBAL EASE INJECT PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM		Tier 2	
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML		Tier 2	
GLOBAL EASY GLIDE PEN NEEDLES 32G X 4 MM		Tier 2	
GLOBAL INJECT EASE INSULIN SYR 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 2	
GLOBAL INSULIN SYRINGES 30G X 1/2" 0.3 ML, 30G X 5/16" 0.3 ML		Tier 2	
GLUCOPRO INSULIN SYRINGE (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.3 ML	Tier 2	Tier 2	
GLUCOPRO INSULIN SYRINGE (INSULIN SYRINGE) 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML	Tier 2	Tier 2	
GLUCOPRO INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	Tier 2	Tier 2	
GLUCOPRO INSULIN SYRINGE (ELITE-THIN INSULIN SYRINGE) 31G X 5/16" 1 ML	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
GNP CLICKFINE PEN NEEDLES 31G X 6 MM , 31G X 8 MM		Tier 2	
GNP INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 2	
GNP ULTICARE PEN NEEDLES 31G X 8 MM , 32G X 4 MM , 32G X 6 MM		Tier 2	
GNP ULTRA COM INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 2	
GOODSENSE CLICKFINE PEN NEEDLE 31G X 5 MM		Tier 2	
GOODSENSE PEN NEEDLE PENFINE (SURE COMFORT PEN NEEDLES) 31G X 5 MM , 32G X 6 MM	Tier 2	Tier 2	
GOODSENSE PEN NEEDLE PENFINE (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
GOODSENSE PEN NEEDLE PENFINE (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 2	
HEALTHWISE MICRON PEN NEEDLES 32G X 4 MM		Tier 2	
HEALTHWISE MINI PEN NEEDLES 31G X 6 MM		Tier 2	
HEALTHWISE PEN NEEDLES 29G X 12MM		Tier 2	
HEALTHWISE SHORT PEN NEEDLES 31G X 5 MM , 31G X 8 MM		Tier 2	
HEALTHWISE UNIFINE PENTIPS 32G X 4 MM		Tier 2	
HEALTHY ACCENTS UNIFINE PENTIP 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM		Tier 2	
H-E-B INCONTROL PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM		Tier 2	

Drug	Status	Generic Status	Notes
H-E-B INCONTROL UNIFINE PENTIP (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
HM ULTICARE INSULIN SYRINGE (INSULIN SYRINGE) 30G X 1/2" 1 ML	Tier 2	Tier 2	
HM ULTICARE INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 31G X 5/16" 0.3 ML	Tier 2	Tier 2	
HM ULTICARE SHORT PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
HUMAPEN LUXURA HD DEVICE (AUTOPEN)	Tier 3	Tier 3	
INPEN 100-BLUE-LILLY DEVICE (AUTOPEN)	Tier 3	Tier 3	
INPEN 100-BLUE-NOVO DEVICE (AUTOPEN)	Tier 3	Tier 3	
INPEN 100-GRAY-LILLY DEVICE (AUTOPEN)	Tier 3	Tier 3	
INPEN 100-GREY-NOVO DEVICE (AUTOPEN)	Tier 3	Tier 3	
INPEN 100-PINK-LILLY DEVICE (AUTOPEN)	Tier 3	Tier 3	
INPEN 100-PINK-NOVO DEVICE (AUTOPEN)	Tier 3	Tier 3	
INSULIN SYRINGE 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1" 0.3 ML, 29G X 1/2" 0.3 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 2	
INSULIN SYRINGE-NEEDLE U-100 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 31G X 5/16" 1 ML		Tier 2	
INSUPEN PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 8 MM		Tier 2	
INSUPEN SENSITIVE (SURE COMFORT PEN NEEDLES) 32G X 6 MM	Tier 2	Tier 2	
INSUPEN SENSITIVE (PURE COMFORT PEN NEEDLE) 32G X 8 MM	Tier 2	Tier 2	
INSUPEN ULTRAFIN (PEN NEEDLES 1/2") 29G X 12MM	Tier 2	Tier 2	
INSUPEN ULTRAFIN (PEN NEEDLES 5/16") 30G X 8 MM , 31G X 8 MM	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
INSUPEN ULTRAFIN (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
J-TIP KIT W/VIAL ADAPTERS KIT	Tier 3		
KINRAY INSULIN SYRINGE 29G X 1/2" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 2	
KMART VALU INSULIN SYRINGE 29G U-100 0.5 ML		Tier 2	
KMART VALU INSULIN SYRINGE 30G U-100 0.3 ML, U-100 0.5 ML, U-100 1 ML		Tier 2	
KROGER INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 2	
KROGER PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM		Tier 2	
LEADER INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 2	
LEADER UNIFINE PENTIPS (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 2	Tier 2	
LEADER UNIFINE PENTIPS (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
LEADER UNIFINE PENTIPS PLUS (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 2	Tier 2	
LEADER UNIFINE PENTIPS PLUS (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
LEADER UNIFINE PENTIPS PLUS (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
LITETOUCH INSULIN SYRINGE (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	Tier 2	Tier 2	
LITETOUCH INSULIN SYRINGE (GNP ULTRA COM INSULIN SYRINGE) 29G X 1/2" 0.3 ML	Tier 2	Tier 2	
LITETOUCH INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
LITETOUCH INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	Tier 2	Tier 2	
LITETOUCH INSULIN SYRINGE (ELITE-THIN INSULIN SYRINGE) 31G X 5/16" 1 ML	Tier 2	Tier 2	
LITETOUCH PEN NEEDLES (SURE COMFORT PEN NEEDLES) 29G X 12.7MM , 31G X 5 MM	Tier 2	Tier 2	
LITETOUCH PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
LITETOUCH PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
LITETOUCH PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
LONGS INSULIN SYRINGE 31G X 5/16" 0.5 ML		Tier 2	
MAGELLAN INSULIN SAFETY SYR (GNP ULTRA COM INSULIN SYRINGE) 29G X 1/2" 0.3 ML	Tier 2	Tier 2	
MAGELLAN INSULIN SAFETY SYR (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 2	Tier 2	
MAGELLAN INSULIN SAFETY SYR (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML	Tier 2	Tier 2	
MARATHON MEDICAL PENTIPS (PEN NEEDLES 1/2") 29G X 12MM	Tier 2	Tier 2	
MARATHON MEDICAL PENTIPS (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 2	Tier 2	
MARATHON MEDICAL PENTIPS (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
MARATHON MEDICAL PENTIPS (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
MAXICOMFORT II PEN NEEDLE (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
MAXI-COMFORT INSULIN SYRINGE (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	Tier 2	Tier 2	
MAXI-COMFORT SAFETY PEN NEEDLE 29G X 5MM , 29G X 8MM	Tier 2		
MAXICOMFORT SYR 27G X 1/2" (INSULIN SYRINGE/NEEDLE) 27G X 1/2" 0.5 ML	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
MAXICOMFORT SYR 27G X 1/2" (SAFETY INSULIN SYRINGES) 27G X 1/2" 1 ML	Tier 2	Tier 2	
MEDIC INSULIN SYRINGE 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML		Tier 2	
MEDICINE SHOPPE PEN NEEDLES 29G X 12MM , 31G X 6 MM , 31G X 8 MM		Tier 2	
MEIJER PEN NEEDLES 29G X 12MM , 31G X 8 MM		Tier 2	
MICRODOT PEN NEEDLE (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
MICRODOT PEN NEEDLE (INSUPEN PEN NEEDLES) 32G X 4 MM , 33G X 4 MM	Tier 2	Tier 2	
MM INSULIN SYRINGE/NEEDLE 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 2	
MM PEN NEEDLES (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 2	Tier 2	
MM PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
MM PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
MM PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML	Tier 2		
MONOJECT INSULIN SYRINGE (SAFETY INSULIN SYRINGES) 27G X 1/2" 1 ML	Tier 2	Tier 2	
MONOJECT INSULIN SYRINGE (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	Tier 2	Tier 2	
MONOJECT INSULIN SYRINGE (GNP ULTRA COM INSULIN SYRINGE) 29G X 1/2" 0.3 ML	Tier 2	Tier 2	
MONOJECT INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 2	Tier 2	
MONOJECT INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML	Tier 2	Tier 2	
MONOJECT INSULIN SYRINGE (ELITE-THIN INSULIN SYRINGE) 31G X 5/16" 1 ML	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
MONOJECT INSULIN SYRINGE (KMART VALU INSULIN SYRINGE 29G) U-100 1 ML	Tier 2	Tier 2	
MONOJECT ULTRA COMFORT SYRINGE (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	Tier 2	Tier 2	
MONOJECT ULTRA COMFORT SYRINGE (GNP ULTRA COM INSULIN SYRINGE) 29G X 1/2" 0.3 ML	Tier 2	Tier 2	
MONOJECT ULTRA COMFORT SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 2	Tier 2	
MONOJECT ULTRA COMFORT SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	Tier 2	Tier 2	
MS INSULIN SYRINGE 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 2	
NOVOFINE (SURE COMFORT PEN NEEDLES) 32G X 6 MM	Tier 2	Tier 2	
NOVOFINE AUTOCOVER (PEN NEEDLES 5/16") 30G X 8 MM	Tier 2	Tier 2	
NOVOFINE PLUS (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
NOVOPEN ECHO DEVICE (AUTOPEN)	Tier 3	Tier 3	
NOVOTWIST (PRO COMFORT PEN NEEDLES) 32G X 5 MM	Tier 2	Tier 2	
PC UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM		Tier 2	
PEN NEEDLES 29G X 12MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 33G X 4 MM		Tier 2	
PEN NEEDLES 3/16" 31G X 5 MM		Tier 2	
PENTIPS (PEN NEEDLES 1/2") 29G X 12MM	Tier 2	Tier 2	
PENTIPS (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 2	Tier 2	
PENTIPS (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
PENTIPS (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
PENTIPS (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
PRECISION SUREDOSE PLUS SYR (GNP ULTRA COM INSULIN SYRINGE) 29G X 1/2" 0.3 ML	Tier 2	Tier 2	
PRECISION SUREDOSE PLUS SYR (INSULIN SYRINGE) 29G X 1/2" 1 ML	Tier 2	Tier 2	
PRECISION SURE-DOSE SYRINGE (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	Tier 2	Tier 2	
PRECISION SURE-DOSE SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML	Tier 2	Tier 2	
PRECISION SURE-DOSE SYRINGE 30G X 3/8" 0.5 ML	Tier 2		
PRECISION SURE-DOSE SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML	Tier 2	Tier 2	
PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML		Tier 2	
PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM		Tier 2	
PREVENT SAFETY PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
PREVENT SAFETY PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
PRO COMFORT INSULIN SYRINGE (INSULIN SYRINGE) 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML	Tier 2	Tier 2	
PRO COMFORT INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML	Tier 2	Tier 2	
PRO COMFORT INSULIN SYRINGE (ELITE-THIN INSULIN SYRINGE) 31G X 5/16" 1 ML	Tier 2	Tier 2	
PRO COMFORT PEN NEEDLES 31G X 8 MM , 32G X 4 MM , 32G X 6 MM		Tier 2	
PRODIGY INSULIN SYRINGE (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 1 ML	Tier 2	Tier 2	
PRODIGY INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
PURE COMFORT PEN NEEDLE 32G X 4 MM , 32G X 5 MM , 32G X 6 MM		Tier 2	
PX EXTRA SHORT PEN NEEDLES 31G X 6 MM		Tier 2	
PX INSULIN SYRINGE 30G X 1/2" 0.5 ML		Tier 2	
PX MINI PEN NEEDLES 31G X 5 MM		Tier 2	
PX PEN NEEDLE 29G X 12MM , 31G X 8 MM		Tier 2	
PX SHORTLENGTH PEN NEEDLES 31G X 8 MM		Tier 2	
QC PEN NEEDLES 29G X 12MM , 31G X 6 MM , 31G X 8 MM		Tier 2	
QC UNIFINE PENTIPS 32G X 4 MM		Tier 2	
RA INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML		Tier 2	
RA PEN NEEDLES 31G X 5 MM , 31G X 8 MM		Tier 2	
REALITY INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML		Tier 2	
RELI-ON INSULIN SYRINGE 29G 0.3 ML, 29G 0.5 ML, 30G 0.3 ML, 30G 0.5 ML, 30G 1 ML	Tier 2		
RELION INSULIN SYRINGE (GNP ULTRA COM INSULIN SYRINGE) 29G X 1/2" 0.3 ML	Tier 2	Tier 2	
RELION INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 2	Tier 2	
RELI-ON INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 1 ML	Tier 2	Tier 2	
RELION INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	Tier 2	Tier 2	
RELION INSULIN SYRINGE (TECHLITE INSULIN SYRINGE) 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML	Tier 2	Tier 2	
RELION INSULIN SYRINGE (ELITE-THIN INSULIN SYRINGE) 31G X 5/16" 1 ML	Tier 2	Tier 2	
RELION MINI PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
RELION PEN NEEDLES (PEN NEEDLES 1/2") 29G X 12MM	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
RELION PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
RELION PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
RELION PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
RELION SHORT PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
SAFESNAP INSULIN SYRINGE (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 1 ML	Tier 2	Tier 2	
SAFESNAP INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 2	Tier 2	
SAFESNAP INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML	Tier 2	Tier 2	
SAFETY INSULIN SYRINGES 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML		Tier 2	
SB INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML		Tier 2	
SECURESAFE INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 2	Tier 2	
SHOPKO UNIFINE PENTIPS (PEN NEEDLES 1/2") 29G X 12MM	Tier 2	Tier 2	
SHOPKO UNIFINE PENTIPS (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 2	Tier 2	
SHOPKO UNIFINE PENTIPS (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
SHOPKO UNIFINE PENTIPS (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
SHOPKO UNIFINE PENTIPS PLUS (PEN NEEDLES 1/2") 29G X 12MM	Tier 2	Tier 2	
SHOPKO UNIFINE PENTIPS PLUS (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 2	Tier 2	
SHOPKO UNIFINE PENTIPS PLUS (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
SHOPKO UNIFINE PENTIPS PLUS (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
SURE COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 2	
SURE COMFORT PEN NEEDLES 30G X 8 MM , 31G X 8 MM , 32G X 4 MM		Tier 2	
SURE-FINE PEN NEEDLES (SURE COMFORT PEN NEEDLES) 29G X 12.7MM , 31G X 5 MM	Tier 2	Tier 2	
SURE-FINE PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
SURE-JECT INSULIN SYRINGE (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	Tier 2	Tier 2	
SURE-JECT INSULIN SYRINGE (GNP ULTRA COM INSULIN SYRINGE) 29G X 1/2" 0.3 ML	Tier 2	Tier 2	
SURE-JECT INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 2	Tier 2	
SURE-JECT INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	Tier 2	Tier 2	
SURE-JECT INSULIN SYRINGE (ELITE-THIN INSULIN SYRINGE) 31G X 5/16" 1 ML	Tier 2	Tier 2	
TECHLITE INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 2	
TECHLITE PEN NEEDLES 29G X 10MM	Tier 2		
TECHLITE PEN NEEDLES (PEN NEEDLES 1/2") 29G X 12MM	Tier 2	Tier 2	
TECHLITE PEN NEEDLES (SURE COMFORT PEN NEEDLES) 31G X 5 MM , 32G X 6 MM	Tier 2	Tier 2	
TECHLITE PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
TECHLITE PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
TECHLITE PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
TECHLITE PEN NEEDLES (PURE COMFORT PEN NEEDLE) 32G X 8 MM	Tier 2	Tier 2	
TODAYS HEALTH MINI PEN NEEDLES 31G X 6 MM		Tier 2	
TODAYS HEALTH PEN NEEDLES 29G X 12MM		Tier 2	
TODAYS HEALTH SHORT PEN NEEDLE 31G X 8 MM		Tier 2	
TOPCARE CLICKFINE PEN NEEDLES 31G X 6 MM , 31G X 8 MM		Tier 2	
TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 2	
TRUE COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 2	
TRUE COMFORT PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 32G X 4 MM		Tier 2	
TRUEPLUS 5-BEVEL PEN NEEDLES (SURE COMFORT PEN NEEDLES) 29G X 12.7MM , 31G X 5 MM	Tier 2	Tier 2	
TRUEPLUS 5-BEVEL PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
TRUEPLUS 5-BEVEL PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
TRUEPLUS 5-BEVEL PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
TRUEPLUS INSULIN SYRINGE (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	Tier 2	Tier 2	
TRUEPLUS INSULIN SYRINGE (GNP ULTRA COM INSULIN SYRINGE) 29G X 1/2" 0.3 ML	Tier 2	Tier 2	
TRUEPLUS INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
TRUEPLUS INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	Tier 2	Tier 2	
TRUEPLUS INSULIN SYRINGE (ELITE-THIN INSULIN SYRINGE) 31G X 5/16" 1 ML	Tier 2	Tier 2	
TRUEPLUS PEN NEEDLES (PEN NEEDLES 1/2") 29G X 12MM	Tier 2	Tier 2	
TRUEPLUS PEN NEEDLES (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 2	Tier 2	
TRUEPLUS PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
TRUEPLUS PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
TRUEPLUS PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
ULTICARE INSULIN SAFETY SYR (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 2	Tier 2	
ULTICARE INSULIN SYRINGE (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	Tier 2	Tier 2	
ULTICARE INSULIN SYRINGE (GNP ULTRA COM INSULIN SYRINGE) 29G X 1/2" 0.3 ML	Tier 2	Tier 2	
ULTICARE INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML	Tier 2	Tier 2	
ULTICARE INSULIN SYRINGE (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.3 ML	Tier 2	Tier 2	
ULTICARE INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	Tier 2	Tier 2	
ULTICARE INSULIN SYRINGE (ELITE-THIN INSULIN SYRINGE) 31G X 5/16" 1 ML	Tier 2	Tier 2	
ULTICARE MICRO PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
ULTICARE MICRO PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
ULTICARE MICRO PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
ULTICARE MINI PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
ULTICARE MINI PEN NEEDLES (SURE COMFORT PEN NEEDLES) 32G X 6 MM	Tier 2	Tier 2	
ULTICARE PEN NEEDLES (SURE COMFORT PEN NEEDLES) 29G X 12.7MM , 31G X 5 MM	Tier 2	Tier 2	
ULTICARE SHORT PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
ULTIGUARD SAFEPACK PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM		Tier 2	
ULTILET INSULIN SYRINGE (INSULIN SYRINGE) 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML	Tier 2	Tier 2	
ULTILET INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 1 ML, 31G X 5/16" 0.3 ML	Tier 2	Tier 2	
ULTILET INSULIN SYRINGE (TECHLITE INSULIN SYRINGE) 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML	Tier 2	Tier 2	
ULTILET INSULIN SYRINGE (ELITE-THIN INSULIN SYRINGE) 31G X 5/16" 1 ML	Tier 2	Tier 2	
ULTILET INSULIN SYRINGE SHORT (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.3 ML	Tier 2	Tier 2	
ULTILET INSULIN SYRINGE SHORT (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	Tier 2	Tier 2	
ULTILET INSULIN SYRINGE SHORT (ELITE-THIN INSULIN SYRINGE) 31G X 5/16" 1 ML	Tier 2	Tier 2	
ULTILET PEN NEEDLE (SURE COMFORT PEN NEEDLES) 29G X 12.7MM , 31G X 5 MM	Tier 2	Tier 2	
ULTILET PEN NEEDLE (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
ULTILET PEN NEEDLE (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
ULTRA COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML		Tier 2	
ULTRA FLO INSULIN PEN NEEDLES (PEN NEEDLES 1/2") 29G X 12MM	Tier 2	Tier 2	
ULTRA FLO INSULIN SYRINGE (GNP ULTRA COM INSULIN SYRINGE) 29G X 1/2" 0.3 ML	Tier 2	Tier 2	
ULTRA THIN PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
ULTRACARE INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 2	
ULTRACARE PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 33G X 4 MM		Tier 2	
ULTRA-COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 2	
ULTRA-THIN II INS SYR SHORT (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	Tier 2	Tier 2	
ULTRA-THIN II INS SYR SHORT (ELITE-THIN INSULIN SYRINGE) 31G X 5/16" 1 ML	Tier 2	Tier 2	
ULTRA-THIN II INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 2	Tier 2	
ULTRA-THIN II MINI PEN NEEDLE (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 2	Tier 2	
ULTRA-THIN II PEN NEEDLE SHORT (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
ULTRA-THIN II PEN NEEDLES (SURE COMFORT PEN NEEDLES) 29G X 12.7MM	Tier 2	Tier 2	
UNIFINE PENTIPS (PEN NEEDLES 1/2") 29G X 12MM	Tier 2	Tier 2	
UNIFINE PENTIPS (PEN NEEDLES) 30G X 5 MM	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
UNIFINE PENTIPS (SURE COMFORT PEN NEEDLES) 31G X 5 MM , 32G X 6 MM	Tier 2	Tier 2	
UNIFINE PENTIPS (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
UNIFINE PENTIPS (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
UNIFINE PENTIPS (INSUPEN PEN NEEDLES) 32G X 4 MM , 33G X 4 MM	Tier 2	Tier 2	
UNIFINE PENTIPS PLUS (PEN NEEDLES 1/2") 29G X 12MM	Tier 2	Tier 2	
UNIFINE PENTIPS PLUS (PEN NEEDLES) 30G X 5 MM	Tier 2	Tier 2	
UNIFINE PENTIPS PLUS (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 2	Tier 2	
UNIFINE PENTIPS PLUS (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
UNIFINE PENTIPS PLUS (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
UNIFINE PENTIPS PLUS (INSUPEN PEN NEEDLES) 32G X 4 MM , 33G X 4 MM	Tier 2	Tier 2	
UNIFINE SAFECONTROL PEN NEEDLE (PEN NEEDLES) 30G X 5 MM	Tier 2	Tier 2	
UNIFINE SAFECONTROL PEN NEEDLE (PEN NEEDLES 5/16") 30G X 8 MM	Tier 2	Tier 2	
VALUE HEALTH INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML		Tier 2	
VALUMARK PEN NEEDLES 29G X 12MM , 31G X 6 MM , 31G X 8 MM		Tier 2	
VANISHPOINT INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 1 ML, 30G X 1/2" 0.5 ML	Tier 2	Tier 2	
VANISHPOINT INSULIN SYRINGE (ELITE-THIN INSULIN SYRINGE) 29G X 5/16" 1 ML	Tier 2	Tier 2	
VANISHPOINT INSULIN SYRINGE 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML	Tier 2		
VANISHPOINT INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML	Tier 2	Tier 2	
VIDA MIA UNIFINE PENTIPS (PEN NEEDLES 1/2") 29G X 12MM	Tier 2	Tier 2	
VIDA MIA UNIFINE PENTIPS (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
VIDA MIA UNIFINE PENTIPS (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
VIDA MIA UNIFINE PENTIPS (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
VP INSULIN SYRINGE 29G X 1/2" 0.3 ML		Tier 2	
WEGMANS UNIFINE PENTIPS PLUS 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM		Tier 2	
*Spacer/Aerosol-Holding Chambers & Supplies***			
AEROCHAMBER MINI CHAMBER DEVICE (VALVED HOLDING CHAMBER)	Tier 2	Tier 2	
AEROCHAMBER MV (VALVED HOLDING CHAMBER)	Tier 2	Tier 2	
AEROCHAMBER PLUS FLO-VU (VALVED HOLDING CHAMBER)	Tier 2	Tier 2	
AEROCHAMBER PLUS FLO-VU LARGE (VALVED HOLDING CHAMBER)	Tier 2	Tier 2	
AEROCHAMBER PLUS FLO-VU MEDIUM (VALVED HOLDING CHAMBER)	Tier 2	Tier 2	
AEROCHAMBER PLUS FLO-VU SMALL (VALVED HOLDING CHAMBER)	Tier 2	Tier 2	
AEROCHAMBER PLUS FLO-VU W/MASK (VALVED HOLDING CHAMBER)	Tier 2	Tier 2	
AEROCHAMBER PLUS FLOW VU (VALVED HOLDING CHAMBER)	Tier 2	Tier 2	
AEROCHAMBER W/FLOWSIGNAL (VALVED HOLDING CHAMBER)	Tier 2	Tier 2	
AEROCHAMBER Z-STAT PLUS (VALVED HOLDING CHAMBER)	Tier 2	Tier 2	
AEROCHAMBER Z-STAT PLUS CHAMBR (VALVED HOLDING CHAMBER)	Tier 2	Tier 2	
AEROCHAMBER Z-STAT PLUS/LARGE (VALVED HOLDING CHAMBER)	Tier 2	Tier 2	
AEROCHAMBER Z-STAT PLUS/MEDIUM (VALVED HOLDING CHAMBER)	Tier 2	Tier 2	
AEROCHAMBER Z-STAT PLUS/SMALL (VALVED HOLDING CHAMBER)	Tier 2	Tier 2	
AEROVENT PLUS DEVICE (VALVED HOLDING CHAMBER)	Tier 2	Tier 2	
ARIAL CHAMBER DEVICE (VALVED HOLDING CHAMBER)	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
BREATHE EASE LARGE DEVICE		Tier 2	
BREATHE EASE MEDIUM DEVICE		Tier 2	
BREATHE EASE SMALL DEVICE		Tier 2	
BREATHERITE (VALVED HOLDING CHAMBER)	Tier 2	Tier 2	
BREATHERITE COLL SPACER ADULT (VALVED HOLDING CHAMBER)	Tier 2	Tier 2	
BREATHERITE COLL SPACER CHILD (VALVED HOLDING CHAMBER)	Tier 2	Tier 2	
BREATHERITE COLL SPACER INFANT (VALVED HOLDING CHAMBER)	Tier 2	Tier 2	
BREATHERITE RIGID SPACER/MASK (VALVED HOLDING CHAMBER)	Tier 2	Tier 2	
BREATHERITE SPACER NEONATE (VALVED HOLDING CHAMBER)	Tier 2	Tier 2	
BREATHERITE SPACER SMALL CHILD (VALVED HOLDING CHAMBER)	Tier 2	Tier 2	
BREATHERITE/LARGE MASK (VALVED HOLDING CHAMBER)	Tier 2	Tier 2	
BREATHERITE/MEDIUM MASK (VALVED HOLDING CHAMBER)	Tier 2	Tier 2	
BREATHERITE/SMALL MASK (VALVED HOLDING CHAMBER)	Tier 2	Tier 2	
CLEVER CHOICE HOLDING CHAMBER DEVICE (VALVED HOLDING CHAMBER)	Tier 2	Tier 2	
COMPACT SPACE CHAMBER DEVICE (VALVED HOLDING CHAMBER)	Tier 2	Tier 2	
COMPACT SPACE CHAMBER/LG MASK DEVICE (VALVED HOLDING CHAMBER)	Tier 2	Tier 2	
COMPACT SPACE CHAMBER/MED MASK DEVICE (VALVED HOLDING CHAMBER)	Tier 2	Tier 2	
COMPACT SPACE CHAMBER/SM MASK DEVICE (VALVED HOLDING CHAMBER)	Tier 2	Tier 2	
EASIVENT (VALVED HOLDING CHAMBER)	Tier 2	Tier 2	
EASIVENT MASK LARGE (VALVED HOLDING CHAMBER)	Tier 2	Tier 2	
EASIVENT MASK MEDIUM (VALVED HOLDING CHAMBER)	Tier 2	Tier 2	
EASIVENT MASK SMALL (VALVED HOLDING CHAMBER)	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
EQ SPACE CHAMBER ANTI-STATIC DEVICE		Tier 2	
EQ SPACE CHAMBER ANTI-STATIC L DEVICE		Tier 2	
EQ SPACE CHAMBER ANTI-STATIC M DEVICE		Tier 2	
EQ SPACE CHAMBER ANTI-STATIC S DEVICE		Tier 2	
FLEXICHAMBER ADULT MASK/SMALL	Tier 2		
FLEXICHAMBER CHILD MASK/LARGE	Tier 2		
FLEXICHAMBER CHILD MASK/SMALL	Tier 2		
FLEXICHAMBER DEVICE (VALVED HOLDING CHAMBER)	Tier 2	Tier 2	
INSPIRACHAMBER/LARGE DEVICE (VALVED HOLDING CHAMBER)	Tier 2	Tier 2	
INSPIRACHAMBER/MEDIUM DEVICE (VALVED HOLDING CHAMBER)	Tier 2	Tier 2	
INSPIRACHAMBER/MOUTHPIECE DEVICE (VALVED HOLDING CHAMBER)	Tier 2	Tier 2	
INSPIRACHAMBER/SMALL DEVICE (VALVED HOLDING CHAMBER)	Tier 2	Tier 2	
INSPIREASE (VALVED HOLDING CHAMBER)	Tier 2	Tier 2	
INSPIREASE RESERVOIR BAGS	Tier 2		
LITEAIRE DEVICE (VALVED HOLDING CHAMBER)	Tier 2	Tier 2	
MASK VORTEX	Tier 2		
MICROCHAMBER (VALVED HOLDING CHAMBER)	Tier 2	Tier 2	
MICROCHAMBER DEVICE (VALVED HOLDING CHAMBER)	Tier 2	Tier 2	
MICROSPACER (VALVED HOLDING CHAMBER)	Tier 2	Tier 2	
OPTICHAMBER ADVANTAGE-LG MASK (VALVED HOLDING CHAMBER)	Tier 2	Tier 2	
OPTICHAMBER ADVANTAGE-MED MASK (VALVED HOLDING CHAMBER)	Tier 2	Tier 2	
OPTICHAMBER ADVANTAGE-SM MASK (VALVED HOLDING CHAMBER)	Tier 2	Tier 2	
OPTICHAMBER DIAMOND (VALVED HOLDING CHAMBER)	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
OPTICHAMBER DIAMOND-LG MASK DEVICE (VALVED HOLDING CHAMBER)	Tier 2	Tier 2	
OPTICHAMBER DIAMOND-MD MASK (VALVED HOLDING CHAMBER)	Tier 2	Tier 2	
OPTICHAMBER DIAMOND-SM MASK (VALVED HOLDING CHAMBER)	Tier 2	Tier 2	
OPTICHAMBER FACE MASK-LARGE (VALVED HOLDING CHAMBER)	Tier 2	Tier 2	
OPTICHAMBER FACE MASK-MEDIUM (VALVED HOLDING CHAMBER)	Tier 2	Tier 2	
OPTICHAMBER FACE MASK-SMALL (VALVED HOLDING CHAMBER)	Tier 2	Tier 2	
OPTIHALER (VALVED HOLDING CHAMBER)	Tier 2	Tier 2	
OPTIHALER DEVICE (VALVED HOLDING CHAMBER)	Tier 2	Tier 2	
PANDA MASK LARGE	Tier 2		
PANDA MASK MEDIUM	Tier 2		
PANDA MASK SMALL	Tier 2		
PEDIATRIC PANDA MASK	Tier 2		
POCKET CHAMBER DEVICE (VALVED HOLDING CHAMBER)	Tier 1	Tier 2	
POCKET SPACER DEVICE (VALVED HOLDING CHAMBER)	Tier 1	Tier 2	
PRO COMFORT SPACER ADULT		Tier 2	
PRO COMFORT SPACER CHILD		Tier 2	
PRO COMFORT SPACER INFANT DEVICE		Tier 2	
PROCARE SPACER/ADULT MASK DEVICE		Tier 2	
PROCARE SPACER/CHILD MASK DEVICE		Tier 2	
RITEFLO DEVICE (VALVED HOLDING CHAMBER)	Tier 2	Tier 2	
VORTEX VALVED HOLDING CHAMBER DEVICE (VALVED HOLDING CHAMBER)	Tier 2	Tier 2	
WATCHHALER DEVICE (VALVED HOLDING CHAMBER)	Tier 2	Tier 2	
Migraine Products			
*Ergot Combinations***			
ERGOTAMINE-CAFFEINE ORAL TABLET 1-100 MG		Tier 1	

Drug	Status	Generic Status	Notes
*Migraine Products***			
DIHYDROERGOTAMINE MESYLATE INJECTION SOLUTION 1 MG/ML		Tier 1	
DIHYDROERGOTAMINE MESYLATE NASAL SOLUTION 4 MG/ML		Tier 1	QL (0.27 ML per 1 day)
*Selective Serotonin Agonists 5-Ht(1)***			
ALMOTRIPTAN MALATE ORAL TABLET 12.5 MG, 6.25 MG		Tier 1	QL (0.4 EA per 1 day)
ELETRIPTAN HYDROBROMIDE ORAL TABLET 20 MG, 40 MG		Tier 1	QL (0.4 EA per 1 day)
FROVATRIPTAN SUCCINATE ORAL TABLET 2.5 MG		Tier 3	QL (0.4 EA per 1 day)
NARATRIPTAN HCL ORAL TABLET 1 MG, 2.5 MG		Tier 1	QL (0.3 EA per 1 day)
RIZATRIPTAN BENZOATE ORAL TABLET 10 MG, 5 MG		Tier 1	QL (0.6 EA per 1 day)
RIZATRIPTAN BENZOATE ORAL TABLET DISPERSIBLE 10 MG, 5 MG		Tier 1	QL (0.6 EA per 1 day)
SUMATRIPTAN NASAL SOLUTION 20 MG/ACT, 5 MG/ACT		Tier 1	QL (0.4 EA per 1 day)
SUMATRIPTAN SUCCINATE ORAL TABLET 100 MG, 25 MG, 50 MG		Tier 1	QL (0.3 EA per 1 day)
SUMATRIPTAN SUCCINATE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML, 6 MG/0.5ML		Tier 1	QL (0.17 ML per 1 day)
SUMATRIPTAN SUCCINATE SUBCUTANEOUS SOLUTION 6 MG/0.5ML		Tier 1	QL (0.17 ML per 1 day)
SUMATRIPTAN SUCCINATE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML, 6 MG/0.5ML		Tier 1	QL (0.17 ML per 1 day)
SUMATRIPTAN SUCCINATE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.5ML		Tier 1	QL (0.17 ML per 1 day)
ZOLMITRIPTAN ORAL TABLET 2.5 MG, 5 MG		Tier 1	QL (0.4 EA per 1 day)
ZOLMITRIPTAN ORAL TABLET DISPERSIBLE 2.5 MG, 5 MG		Tier 1	QL (0.4 EA per 1 day)
ZOMIG NASAL SOLUTION 2.5 MG, 5 MG	Tier 3		PA; ST; QL (0.4 EA per 1 day)

Drug	Status	Generic Status	Notes
Minerals & Electrolytes			
*Bicarbonates***			
SODIUM ACETATE INTRAVENOUS SOLUTION 2 MEQ/ML, 4 MEQ/ML		Tier 1	
SODIUM BICARBONATE INTRAVENOUS SOLUTION 4.2 %, 7.5 %, 8.4 %		Tier 1	
SODIUM LACTATE INTRAVENOUS SOLUTION 5 MEQ/ML		Tier 1	
*Calcium***			
CALCIUM CHLORIDE INTRAVENOUS SOLUTION 10 %		Tier 1	
CALCIUM GLUCONATE INTRAVENOUS SOLUTION 10 %		Tier 1	
*Electrolytes & Dextrose***			
DEXTROSE IN LACTATED RINGERS INTRAVENOUS SOLUTION 5 %		Tier 1	
DEXTROSE-NACL INTRAVENOUS SOLUTION 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.3 %, 5-0.33 %, 5-0.45 %, 5-0.9 %		Tier 1	
DEXTROSE-SODIUM CHLORIDE INTRAVENOUS SOLUTION 5-0.225 %, 5-0.3 %, 5-0.45 %, 5-0.9 %		Tier 1	
KCL IN D5W LACTATED RINGERS INTRAVENOUS SOLUTION 40 MEQ/L		Tier 1	
KCL IN DEXTROSE-NACL INTRAVENOUS SOLUTION 10-5-0.45 MEQ/L-%-%, 20-5-0.2 MEQ/L-%-%, 20-5-0.225 MEQ/L-%-%, 20-5-0.33 MEQ/L-%-%, 20-5-0.45 MEQ/L-%-%, 20-5-0.9 MEQ/L-%-%, 30-5-0.45 MEQ/L-%-%, 40-5-0.45 MEQ/L-%-%, 40-5-0.9 MEQ/L-%-%		Tier 1	
KCL-LACTATED RINGERS-D5W INTRAVENOUS SOLUTION 20 MEQ/L		Tier 1	
POTASSIUM CHLORIDE IN DEXTROSE INTRAVENOUS SOLUTION 20-5 MEQ/L-%, 40-5 MEQ/L-%		Tier 1	
*Electrolytes Parenteral***			
LACTATED RINGERS INTRAVENOUS SOLUTION		Tier 1	
POTASSIUM CHLORIDE IN NAACL INTRAVENOUS SOLUTION 20-0.45 MEQ/L-%, 20-0.9 MEQ/L-%, 40-0.9 MEQ/L-%		Tier 1	

Drug	Status	Generic Status	Notes
RINGERS INTRAVENOUS SOLUTION		Tier 1	
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	Tier 1		
*Fluoride***			
FLUORITAB ORAL TABLET CHEWABLE 0.55 (0.25 F) MG, 1.1 (0.5 F) MG		Tier 1	PV
NAFRINSE DROPS ORAL SOLUTION (FLUORITAB) 0.275 (0.125 F) MG/DROP	Tier 1	Tier 1	PV
NAFRINSE ORAL TABLET CHEWABLE (FLUORITAB) 2.2 (1 F) MG	Tier 1	Tier 1	PV
SODIUM FLUORIDE ORAL SOLUTION 1.1 (0.5 F) MG/ML		Tier 1	PV
SODIUM FLUORIDE ORAL TABLET 1.1 (0.5 F) MG, 2.2 (1 F) MG		Tier 1	PV
SODIUM FLUORIDE ORAL TABLET CHEWABLE 0.55 (0.25 F) MG, 1.1 (0.5 F) MG, 2.2 (1 F) MG		Tier 1	PV
*Iodine Products***			
IODINE STRONG ORAL SOLUTION 5 %		Tier 1	
*Magnesium***			
MAGNESIUM CHLORIDE INJECTION SOLUTION 200 MG/ML		Tier 1	
MAGNESIUM SULFATE IN D5W INTRAVENOUS SOLUTION 1-5 GM/100ML-%		Tier 1	
MAGNESIUM SULFATE INJECTION SOLUTION 50 %		Tier 1	
MAGNESIUM SULFATE INTRAVENOUS SOLUTION 2 GM/50ML, 20 GM/500ML, 4 GM/100ML, 4 GM/50ML, 40 GM/1000ML		Tier 1	
*Phosphate***			
PHOSPHA 250 NEUTRAL ORAL TABLET (VIRT-PHOS 250 NEUTRAL) 155-852-130 MG	Tier 1	Tier 1	
PHOSPHOROUS ORAL TABLET 155-852-130 MG		Tier 1	
PHOSPHO-TRIN 250 NEUTRAL ORAL TABLET (VIRT-PHOS 250 NEUTRAL) 155-852-130 MG	Tier 1	Tier 1	
POTASSIUM PHOSPHATES(71 MEQ K) INTRAVENOUS SOLUTION 45 MMOLE/15ML		Tier 1	

Drug	Status	Generic Status	Notes
SODIUM PHOSPHATES INTRAVENOUS SOLUTION 15 MMOLE/5ML, 45 MMOLE/15ML		Tier 1	
*Potassium Combinations***			
POT BICARB-POT CHLORIDE ORAL TABLET EFFERVESCENT 25 MEQ		Tier 1	
*Potassium***			
EFFER-K ORAL TABLET EFFERVESCENT (K-VESCENT) 25 MEQ	Tier 1	Tier 1	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE (POTASSIUM CHLORIDE ER) 10 MEQ	Tier 1	Tier 1	
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE (POTASSIUM CHLORIDE CRYST ER) 10 MEQ	Tier 1	Tier 1	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	Tier 3		
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE (POTASSIUM CHLORIDE CRYST ER) 20 MEQ	Tier 1	Tier 1	
KLOR-CON ORAL PACKET (POTASSIUM CHLORIDE) 20 MEQ	Tier 1	Tier 1	
KLOR-CON ORAL TABLET EXTENDED RELEASE (POTASSIUM CHLORIDE ER) 8 MEQ	Tier 1	Tier 1	
KLOR-CON SPRINKLE ORAL CAPSULE EXTENDED RELEASE (POTASSIUM CHLORIDE ER) 10 MEQ, 8 MEQ	Tier 1	Tier 1	
KLOR-CON/EF ORAL TABLET EFFERVESCENT (K-VESCENT) 25 MEQ	Tier 1	Tier 1	
K-PRIME ORAL TABLET EFFERVESCENT (K-VESCENT) 25 MEQ	Tier 1	Tier 1	
POTASSIUM ACETATE INTRAVENOUS SOLUTION 2 MEQ/ML		Tier 1	
POTASSIUM BICARBONATE ORAL TABLET EFFERVESCENT 25 MEQ		Tier 1	
POTASSIUM CHLORIDE ER ORAL TABLET EXTENDED RELEASE 20 MEQ		Tier 1	
POTASSIUM CHLORIDE INTRAVENOUS SOLUTION 0.4 MEQ/ML, 10 MEQ/100ML, 10 MEQ/50ML, 20 MEQ/100ML, 20 MEQ/50ML, 40 MEQ/100ML		Tier 1	

Drug	Status	Generic Status	Notes
POTASSIUM CHLORIDE ORAL SOLUTION 20 MEQ/15ML (10%), 40 MEQ/15ML (20%)		Tier 1	
POTASSIUM CHLORIDE PROAMP INTRAVENOUS SOLUTION (POTASSIUM CHLORIDE) 2 MEQ/ML	Tier 1	Tier 1	
*Sodium***			
BD POSIFLUSH INTRAVENOUS SOLUTION (SODIUM CHLORIDE FLUSH) 0.9 %	Tier 1	Tier 1	
MONOJECT FLUSH SYRINGE INTRAVENOUS SOLUTION (SODIUM CHLORIDE FLUSH) 0.9 %	Tier 1	Tier 1	
MONOJECT SODIUM CHLORIDE FLUSH INTRAVENOUS SOLUTION (SODIUM CHLORIDE FLUSH) 0.9 %	Tier 1	Tier 1	
NORMAL SALINE FLUSH INTRAVENOUS SOLUTION 0.9 %		Tier 1	
SALINE FLUSH INTRAVENOUS SOLUTION 0.9 %		Tier 1	
SALINE FLUSH ZR INTRAVENOUS SOLUTION (SODIUM CHLORIDE FLUSH) 0.9 %	Tier 1	Tier 1	
SODIUM CHLORIDE (PF) INJECTION SOLUTION 0.9 %		Tier 1	
SODIUM CHLORIDE INJECTION SOLUTION 2.5 MEQ/ML		Tier 1	
SODIUM CHLORIDE INTRAVENOUS SOLUTION 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 %		Tier 1	
SWABFLUSH SALINE FLUSH INTRAVENOUS SOLUTION (SODIUM CHLORIDE FLUSH) 0.9 %	Tier 1	Tier 1	
*Trace Minerals***			
CHROMIC CHLORIDE INTRAVENOUS SOLUTION 40 MCG/10ML		Tier 1	
Miscellaneous Therapeutic Classes			
*Antileprotics***			
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	Tier 4		PA
*Chelating Agents***			
CLOVIQUE ORAL CAPSULE (TRIENTINE HCL) 250 MG	Tier 4	Tier 4	PA

Drug	Status	Generic Status	Notes
PENICILLAMINE ORAL CAPSULE 250 MG		Tier 4	PA
PENICILLAMINE ORAL TABLET 250 MG		Tier 1	
*Cyclosporine Analogs***			
CYCLOSPORINE INTRAVENOUS SOLUTION 50 MG/ML		Tier 1	
CYCLOSPORINE MODIFIED ORAL CAPSULE 50 MG		Tier 1	
CYCLOSPORINE ORAL CAPSULE 100 MG, 25 MG		Tier 1	
GENGRAF ORAL CAPSULE (CYCLOSPORINE MODIFIED) 100 MG, 25 MG	Tier 1	Tier 1	
GENGRAF ORAL SOLUTION (CYCLOSPORINE MODIFIED) 100 MG/ML	Tier 1	Tier 1	
SANDIMMUNE ORAL SOLUTION 100 MG/ML	Tier 2		
*Enzymes***			
XIAFLEX INJECTION SOLUTION RECONSTITUTED 0.9 MG	Tier 4		PA
*Immune Globulin Immunosuppressants***			
THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED 25 MG	Tier 3		
*Immunomodulators For Myelodysplastic Syndromes***			
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	Tier 4		PA
*Inosine Monophosphate Dehydrogenase Inhibitors***			
MYCOPHENOLATE MOFETIL HCL INTRAVENOUS SOLUTION RECONSTITUTED 500 MG		Tier 1	
MYCOPHENOLATE MOFETIL ORAL CAPSULE 250 MG		Tier 1	
MYCOPHENOLATE MOFETIL ORAL SUSPENSION RECONSTITUTED 200 MG/ML		Tier 1	
MYCOPHENOLATE MOFETIL ORAL TABLET 500 MG		Tier 1	
MYCOPHENOLATE SODIUM ORAL TABLET DELAYED RELEASE 180 MG, 360 MG		Tier 1	

Drug	Status	Generic Status	Notes
*Irrigation Solutions***			
ARGYLE STERILE WATER IRRIGATION SOLUTION (STERILE WATER FOR IRRIGATION)	Tier 1	Tier 1	
LACTATED RINGERS IRRIGATION SOLUTION		Tier 1	
TIS-U-SOL IRRIGATION SOLUTION (RINGERS IRRIGATION)	Tier 1	Tier 1	
WATER FOR IRRIGATION, STERILE IRRIGATION SOLUTION		Tier 1	
*Macrolide Immunosuppressants***			
EVEROLIMUS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG		Tier 1	PA
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	Tier 3		
SIROLIMUS ORAL SOLUTION 1 MG/ML		Tier 1	
SIROLIMUS ORAL TABLET 0.5 MG, 1 MG, 2 MG		Tier 1	
TACROLIMUS ORAL CAPSULE 0.5 MG, 1 MG, 5 MG		Tier 1	
ZORTRESS ORAL TABLET 1 MG	Tier 3		PA
*Monoclonal Antibodies***			
GAMIFANT INTRAVENOUS SOLUTION 10 MG/2ML, 50 MG/10ML	Tier 5		PA
*Potassium Removing Agents***			
KIONEX ORAL SUSPENSION (SODIUM POLYSTYRENE SULFONATE) 15 GM/60ML	Tier 1	Tier 1	
SODIUM POLYSTYRENE SULFONATE ORAL POWDER		Tier 1	
SODIUM POLYSTYRENE SULFONATE RECTAL SUSPENSION 30 GM/120ML, 50 GM/200ML		Tier 1	
SPS ORAL SUSPENSION (SODIUM POLYSTYRENE SULFONATE) 15 GM/60ML	Tier 1	Tier 1	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	Tier 3		
*Prostaglandins***			
ALPROSTADIL INJECTION SOLUTION 500 MCG/ML		Tier 1	
*Purine Analogs***			
AZASAN ORAL TABLET 100 MG, 75 MG	Tier 3		

Drug	Status	Generic Status	Notes
AZATHIOPRINE ORAL TABLET 50 MG		Tier 1	
AZATHIOPRINE SODIUM INJECTION SOLUTION RECONSTITUTED 100 MG		Tier 1	
Mouth/Throat/Dental Agents			
*Anesthetics Topical Oral***			
LIDOCAINE HCL MOUTH/THROAT SOLUTION 4 %		Tier 1	
LIDOCAINE VISCOUS HCL MOUTH/THROAT SOLUTION 2 %		LC	
*Anti-Infectives - Throat***			
CLOTRIMAZOLE MOUTH/THROAT TROCHE 10 MG		Tier 1	
NYSTATIN MOUTH/THROAT SUSPENSION 100000 UNIT/ML		Tier 1	
*Antiseptic Combinations - Mouth/Throat***			
DEBACTEROL MOUTH/THROAT SOLUTION 30-50 %	Tier 3		
*Antiseptics - Mouth/Throat***			
PAROEX MOUTH/THROAT SOLUTION (CHLORHEXIDINE GLUCONATE) 0.12 %	LC	LC	
PERIOGARD MOUTH/THROAT SOLUTION (CHLORHEXIDINE GLUCONATE) 0.12 %	LC	LC	
*Dental Products - Combinations***			
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE (SODIUM FLUORIDE 5000 SENSITIVE) 1.1-5 %	Tier 1	Tier 1	
*Fluoride Dental Products***			
CAVAREST DENTAL GEL (SODIUM FLUORIDE) 1.1 %	Tier 1	Tier 1	
CLINPRO 5000 DENTAL PASTE (SODIUM FLUORIDE 5000 PPM) 1.1 %	Tier 1	Tier 1	
DENTA 5000 PLUS DENTAL CREAM (SODIUM FLUORIDE) 1.1 %	Tier 1	Tier 1	
DENTAGEL DENTAL GEL (SODIUM FLUORIDE) 1.1 %	Tier 1	Tier 1	
EASYGEL DENTAL GEL 0.4 %	Tier 1		
FLUORIDEX DAILY RENEWAL MOUTH/THROAT CONCENTRATE 0.63 %	Tier 1		

Drug	Status	Generic Status	Notes
FLUORIDEX DENTAL PASTE (SODIUM FLUORIDE 5000 PPM) 1.1 %	Tier 1	Tier 1	
FLUORIDEX ENHANCED WHITENING DENTAL PASTE (SODIUM FLUORIDE 5000 PPM) 1.1 %	Tier 1	Tier 1	
PREVIDENT MOUTH/THROAT SOLUTION 0.2 %	Tier 1		
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	
SODIUM FLUORIDE 5000 PPM DENTAL CREAM 1.1 %		Tier 1	
*Saliva Stimulants***			
CEVIMELINE HCL ORAL CAPSULE 30 MG		Tier 1	
PILOCARPINE HCL ORAL TABLET 5 MG, 7.5 MG		Tier 1	
*Steroids - Mouth/Throat/Dental***			
ORALONE MOUTH/THROAT PASTE (TRIAMCINOLONE ACETONIDE) 0.1 %	Tier 1	Tier 1	
Multivitamins			
*B-Complex Vitamins***			
VITAMIN B COMPLEX 100 INJECTION INJECTABLE		Tier 1	
*B-Complex W/ C & Folic Acid***			
B-PLEX ORAL TABLET		Tier 1	
DEXIFOL ORAL TABLET (FOLBEE PLUS) 5 MG	Tier 1	Tier 1	
DIALYVITE ORAL TABLET (VOL-CARE RX)	Tier 1	Tier 1	
MYNEPHRON ORAL CAPSULE (RENO CAPS) 1 MG	Tier 1	Tier 1	
NEPHRONEX ORAL TABLET (VOL-CARE RX)	Tier 1	Tier 1	
RENAL ORAL CAPSULE (RENO CAPS) 1 MG	Tier 1	Tier 1	
TRIPHROCAPS ORAL CAPSULE 1 MG		Tier 1	
VIRT-CAPS ORAL CAPSULE 1 MG		Tier 1	
VP-VITE RX ORAL TABLET 1 MG		Tier 1	

Drug	Status	Generic Status	Notes
*B-Complex W/ C-Biotin-Minerals & Folic Acid***			
FOLBEE PLUS CZ ORAL TABLET 5 MG	Tier 1		
*Multiple Vitamins W/ Minerals & Folic Acid***			
CORVITA ORAL TABLET 1.25 MG	Tier 1		
*Multiple Vitamins W/ Minerals***			
BIOCEL ORAL TABLET		Tier 1	
CORVITE FREE ORAL TABLET (B-PLEX PLUS)	Tier 1	Tier 1	
LYSIPLEX PLUS ORAL TABLET (B-PLEX PLUS)	Tier 1	Tier 1	
NUTRICAP ORAL TABLET (B-PLEX PLUS)	Tier 1	Tier 1	
NUTRIFAC ZX ORAL TABLET (B-PLEX PLUS)	Tier 1	Tier 1	
SIDEROL ORAL TABLET (B-PLEX PLUS)	Tier 1	Tier 1	
VIC-FORTE ORAL CAPSULE (V-C FORTE)	Tier 1	Tier 1	
VITA S FORTE ORAL TABLET (B-PLEX PLUS)	Tier 1	Tier 1	
VITACEL ORAL TABLET (B-PLEX PLUS)	Tier 1	Tier 1	
VITA-MIN ORAL CAPSULE		Tier 1	
*Multivitamins***			
INFUVITE ADULT INTRAVENOUS INJECTABLE	Tier 1		
*Ped Multi Vitamins W/Fl & Fe***			
MULTI-VIT/IRON/FLUORIDE ORAL SOLUTION 0.25-10 MG/ML		Tier 1	
MULTI-VITAMIN/FLUORIDE/IRON ORAL SOLUTION 0.25-10 MG/ML		Tier 1	
*Ped Mv W/ Fluoride***			
MULTIVITAMIN/FLUORIDE ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML		Tier 1	
MULTI-VITAMIN/FLUORIDE ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML		Tier 1	
MULTIVITAMIN/FLUORIDE ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG		Tier 1	
MULTIVITAMINS/FLUORIDE ORAL TABLET CHEWABLE 0.5 MG		Tier 1	

Drug	Status	Generic Status	Notes
*Ped Vitamins Acd W/ Fluoride***			
ADC/F (0.5MG/ML) ORAL SOLUTION 0.5 MG/ML		Tier 1	
TRI-VITE/FLUORIDE ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML		Tier 1	
VITAMINS ACD-FLUORIDE ORAL SOLUTION 0.25 MG/ML		Tier 1	
*Pediatric Multiple Vitamins***			
INFUVITE PEDIATRIC INTRAVENOUS SOLUTION	Tier 1		
*Prenatal Mv & Min W/Fe-Fa***			
ATABEX ORAL TABLET CHEWABLE 18-0.8 MG	Tier 3		PV
CLASSIC PRENATAL ORAL TABLET 28-0.8 MG		Tier 1	PV
CVS PRENATAL ORAL TABLET 27-0.8 MG		Tier 1	PV
EQL PRENATAL FORMULA ORAL TABLET 28-0.8 MG		Tier 1	PV
GNP PRENATAL ORAL TABLET 28-0.8 MG		Tier 1	PV
GOODSENSE PRENATAL VITAMINS ORAL TABLET 28-0.8 MG		Tier 1	PV
HEALTHY MAMA BE WELL ROUNDED ORAL THERAPY PACK 28-0.8 & 450 MG	Tier 3		PV
HM ONE DAILY PRENATAL ORAL 28-0.8 & 440 MG		Tier 1	PV
HM PRENATAL ORAL TABLET 28-0.8 MG		Tier 1	PV
KOSHER PRENATAL PLUS IRON ORAL TABLET 30-1 MG		Tier 1	
KP PRENATAL MULTIVITAMINS ORAL TABLET 28-0.8 MG		Tier 1	PV
MULTI PRENATAL ORAL TABLET 27-0.8 MG		Tier 1	PV
NEONATAL VITAMIN ORAL TABLET (PRENATAL) 27-0.8 MG	Tier 3	Tier 1	PV
ONE VITE WOMENS ORAL TABLET 27-0.8 MG		Tier 3	PV
ONE-A-DAY WOMENS PRENATAL 1 ORAL CAPSULE 28-0.8-235 MG	Tier 3		PV
ONE-A-DAY WOMENS PRENATAL ORAL 28-0.8 & 223 MG	Tier 3		PV

Drug	Status	Generic Status	Notes
ONE-A-DAY WOMENS PRENATAL ORAL (GNP DAILY PRENATAL) 28-0.8 & 440 MG	Tier 3	Tier 1	PV
PA PRENATAL FORMULA ORAL TABLET 9-0.5 MG		Tier 1	PV
PERRY PRENATAL ORAL CAPSULE 13.5-0.4 MG	Tier 1		PV
PNV TABS 29-1 ORAL TABLET 29-1 MG		Tier 1	
PNV-OMEGA ORAL CAPSULE 28-0.6-0.4-340 MG		Tier 1	
PNV-SELECT ORAL TABLET 27-0.6-0.4 MG		Tier 1	
PRENATABS RX ORAL TABLET (PRENATAL PLUS IRON) 29-1 MG	Tier 1	Tier 1	
PRENATAL 19 ORAL TABLET 29-1 MG		Tier 1	
PRENATAL 19 ORAL TABLET CHEWABLE , 29-1 MG		Tier 1	
PRENATAL COMPLETE ORAL TABLET 14-0.4 MG		Tier 1	PV
PRENATAL FORMULA ORAL CAPSULE 28-0.8-235 MG		Tier 1	PV
PRE-NATAL FORMULA ORAL TABLET		Tier 1	PV
PRENATAL FORTE ORAL TABLET		Tier 1	PV
PRENATAL LOW IRON ORAL TABLET 27-0.8 MG		Tier 1	PV
PRENATAL MULTI +DHA ORAL CAPSULE 27-0.8-228 MG		Tier 1	PV
PRENATAL ONE DAILY ORAL TABLET 27-0.8 MG		Tier 1	PV
PRENATAL TABLET 27-1 MG ORAL 27-1 MG		LC	
PRENATAL TABLET 28-0.8 MG ORAL 28-0.8 MG		Tier 1	PV
PRENATAL VITAMIN AND MINERAL ORAL TABLET 28-0.8 MG		Tier 1	PV
PRENATAL VITAMIN ORAL TABLET 27-0.8 MG		Tier 1	PV
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27-1 MG		LC	
PRENATAL VITAMINS ORAL TABLET 28-0.8 MG		Tier 1	PV
PRENATAL/IRON ORAL TABLET , 28-0.8 MG		Tier 1	PV
PREPLUS ORAL TABLET 27-1 MG		LC	

Drug	Status	Generic Status	Notes
PRETAB ORAL TABLET 29-1 MG		Tier 1	
PX PRENATAL MULTIVITAMINS ORAL TABLET 28-0.8 MG		Tier 1	PV
QC PRENATAL ORAL TABLET 28-0.8 MG		Tier 1	PV
RA ONE DAILY ORAL 28-0.8 & 440 MG		Tier 1	PV
RA PRENATAL FORMULA ORAL TABLET 28-0.8 MG		Tier 1	PV
RA PRENATAL ORAL TABLET 28-0.8 MG		Tier 1	PV
RIGHT STEP PRENATAL ORAL TABLET (PRENATAL) 27-0.8 MG	Tier 3	Tier 1	PV
SM ONE DAILY PRENATAL ORAL 28-0.8 & 440 MG		Tier 1	PV
SM PRENATAL VITAMINS ORAL TABLET 28-0.8 MG		Tier 1	PV
TRINATE ORAL TABLET	Tier 1		
VINATE II ORAL TABLET 29-1 MG	Tier 1		
VINATE M ORAL TABLET 27-1 MG	Tier 1		
VINATE ONE ORAL TABLET 60-1 MG	Tier 1		
VIRT-C DHA ORAL CAPSULE 53.5-38-1 MG		Tier 1	
VIRT-NATE DHA ORAL CAPSULE 28-1-200 MG		Tier 1	
VIRT-PN ORAL TABLET 27-0.6-0.4 MG		Tier 1	
VIRT-PN PLUS ORAL CAPSULE 28-0.6-0.4-340 MG		Tier 1	
VP-HEME OB + DHA ORAL 28-6-1 & 203 MG		Tier 1	
VP-PNV-DHA ORAL CAPSULE 28-1-215.8 MG		Tier 1	
YOUR LIFE MULTI PRENATAL ORAL CAPSULE (PRENATAL/OMEGA-3/FA/IRON) 28-0.8-530 MG	Tier 3	Tier 1	PV
*Prenatal Mv & Min W/Fe-Fa-Ca-Omega 3 Fish Oil***			
PR NATAL 430 EC ORAL 29-1-200 & 430 MG (DR)	Tier 1		
*Prenatal Mv & Min W/Fe-Fa-Dha***			
BRAINSTRONG PRENATAL ORAL 33-0.8 & 350 MG	Tier 3		PV
CADEAU DHA ORAL CAPSULE 29-0.4-0.8-375 MG		Tier 3	PV
CENTRUM SPECIALIST PRENATAL ORAL 27-0.8 & 200 MG	Tier 3		PV

Drug	Status	Generic Status	Notes
CVS PRENATAL MULTI+DHA ORAL CAPSULE 27-0.8-250 MG		Tier 1	PV
ENFAMIL EXPECTA ORAL 28-0.8 & 200 MG	Tier 3		PV
PNV-DHA ORAL CAPSULE 27-0.6-0.4-300 MG		Tier 1	
PNV-DHA+DOCUSATE ORAL CAPSULE 27-1.25-300 MG		Tier 1	
PRENATAL MULTI +DHA ORAL CAPSULE 27-0.8-200 MG, 27-0.8-250 MG		Tier 1	PV
PRENATAL MULTIVITAMIN + DHA ORAL 28-0.8 & 200 MG	Tier 3		PV
PRENATAL MULTIVITAMIN PLUS DHA ORAL CAPSULE 27-0.8-250 MG		Tier 1	PV
SIMILAC PRENATAL EARLY SHIELD ORAL 27-0.8 & 200 MG	Tier 3		PV
STUART ONE ORAL CAPSULE 27-0.8-200 MG	Tier 3		PV
VIRT-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG		Tier 1	
*Prenatal Mv & Minerals W/ Fa Without Iron***			
CVS PRENATAL GUMMY ORAL TABLET CHEWABLE 0.4 MG		Tier 1	PV
*Prenatal Mv & Minerals W/ Fa-Omega Fatty Acids W/O Iron***			
CVS PRENATAL GUMMY ORAL TABLET CHEWABLE 0.4-113.5 MG		Tier 1	PV
*Prenatal Mv & Minerals W/Fa Without Iron***			
PRENATAL GUMMIES/DHA & FA ORAL TABLET CHEWABLE 0.4-32.5 MG		Tier 1	PV
*Vitamins A & D***			
COD LIVER OIL ORAL OIL		Tier 1	
Musculoskeletal Therapy Agents			
*Central Muscle Relaxants***			
BACLOFEN INTRATHECAL SOLUTION 10 MG/20ML, 20000 MCG/20ML, 40 MG/20ML		Tier 1	
BACLOFEN TABLET 10 MG ORAL 10 MG		LC	
BACLOFEN TABLET 20 MG ORAL 20 MG		Tier 1	

Drug	Status	Generic Status	Notes
BACLOFEN TABLET 5 MG ORAL 5 MG		Tier 1	
CARISOPRODOL TABLET 250 MG ORAL 250 MG		Tier 1	
CARISOPRODOL TABLET 350 MG ORAL 350 MG		LC	
CHLORZOXAZONE ORAL TABLET 375 MG, 500 MG, 750 MG		Tier 1	
CYCLOBENZAPRINE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG, 30 MG		Tier 1	
CYCLOBENZAPRINE HCL TABLET 10 MG ORAL 10 MG		LC	
CYCLOBENZAPRINE HCL TABLET 5 MG ORAL 5 MG		LC	
CYCLOBENZAPRINE HCL TABLET 7.5 MG ORAL 7.5 MG		Tier 1	
METAXALL ORAL TABLET (METAXALONE) 800 MG	Tier 1	Tier 1	
METAXALONE ORAL TABLET 400 MG		Tier 1	
METHOCARBAMOL INJECTION SOLUTION 1000 MG/10ML		Tier 1	
METHOCARBAMOL ORAL TABLET 500 MG, 750 MG		LC	
ORPHENADRINE CITRATE ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG		Tier 1	
ORPHENADRINE CITRATE INJECTION SOLUTION 30 MG/ML		Tier 1	
TIZANIDINE HCL ORAL CAPSULE 2 MG, 4 MG, 6 MG		Tier 1	
TIZANIDINE HCL ORAL TABLET 2 MG, 4 MG		Tier 1	
*Direct Muscle Relaxants***			
DANTROLENE SODIUM ORAL CAPSULE 100 MG, 25 MG, 50 MG		Tier 1	
REVONTO INTRAVENOUS SOLUTION RECONSTITUTED (DANTROLENE SODIUM) 20 MG	Tier 1	Tier 1	
Nasal Agents - Systemic And Topical			
*Antihistamine-Steroid***			
AZELASTINE-FLUTICASONE NASAL SUSPENSION 137-50 MCG/ACT		Tier 1	QL (0.77 GM per 1 day)

Drug	Status	Generic Status	Notes
*Nasal Antibiotics***			
BACTROBAN NASAL NASAL OINTMENT 2 %	Tier 3		
*Nasal Anticholinergics***			
IPRATROPIUM BROMIDE NASAL SOLUTION 0.03 %, 0.06 %		LC	
*Nasal Antihistamines***			
AZELASTINE HCL NASAL SOLUTION 0.1 %, 0.15 %, 137 MCG/SPRAY		Tier 1	QL (2 ML per 1 day)
OLOPATADINE HCL NASAL SOLUTION 0.6 %		Tier 1	QL (1.02 GM per 1 day)
*Nasal Steroids***			
BECONASE AQ NASAL SUSPENSION 42 MCG/SPRAY	Tier 3		QL (1 GM per 1 day)
FLUNISOLIDE NASAL SOLUTION 25 MCG/ACT (0.025%)		Tier 1	QL (0.84 ML per 1 day)
FLUTICASONE PROPIONATE NASAL SUSPENSION 50 MCG/ACT		Tier 1	
MOMETASONE FUROATE NASAL SUSPENSION 50 MCG/ACT		Tier 1	QL (1.14 GM per 1 day)
OMNARIS NASAL SUSPENSION 50 MCG/ACT	Tier 3		QL (0.42 GM per 1 day)
*Topical Decongestants***			
EPINEPHRINE HCL (NASAL) NASAL SOLUTION 0.1 %		Tier 1	
Neuromuscular Agents			
*Benzothiazoles***			
RILUZOLE ORAL TABLET 50 MG		Tier 1	PA; QL (2 EA per 1 day)
*Depolarizing Muscle Relaxants***			
SUCCINYLCHOLINE CHLORIDE INJECTION SOLUTION 20 MG/ML		Tier 1	
*Neuromuscular Blocking Agent - Neurotoxins***			
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT	Tier 4		PA
*Nondepolarizing Muscle Relaxants***			
ATRACURIUM BESYLATE INTRAVENOUS SOLUTION 100 MG/10ML, 50 MG/5ML		Tier 1	

Drug	Status	Generic Status	Notes
CISATRACURIUM BESYLATE (PF) INTRAVENOUS SOLUTION 10 MG/5ML, 200 MG/20ML		Tier 1	
CISATRACURIUM BESYLATE INTRAVENOUS SOLUTION 20 MG/10ML		Tier 1	
PANCURONIUM BROMIDE INTRAVENOUS SOLUTION 1 MG/ML		Tier 1	
ROCURONIUM BROMIDE INTRAVENOUS SOLUTION 100 MG/10ML, 50 MG/5ML		Tier 1	
VECURONIUM BROMIDE INTRAVENOUS SOLUTION RECONSTITUTED 10 MG, 20 MG		Tier 1	
Nutrients			
*Amino Acid Mixtures***			
AMINOSYN II/ELECTROLYTES INTRAVENOUS SOLUTION 8.5 %	Tier 1		
AMINOSYN/ELECTROLYTES INTRAVENOUS SOLUTION 8.5 %	Tier 1		
HEPATAMINE INTRAVENOUS SOLUTION 8 %	Tier 1		
*Amino Acids-Single***			
N-ACETYL-L-CYSTEINE ORAL CAPSULE 600 MG		Tier 1	
*Carbohydrates***			
DEHYDRATED ALCOHOL INJECTION SOLUTION 98 %		Tier 1	
DEXTROSE INTRAVENOUS SOLUTION 10 %, 20 %, 250 MG/ML, 30 %, 40 %, 5 %, 50 %, 70 %		Tier 1	
GLUCOSE INTRAVENOUS SOLUTION 5 %		Tier 1	
*Lipids***			
INTRALIPID INTRAVENOUS EMULSION 20 %	Tier 1		
NUTRILIPID INTRAVENOUS EMULSION 20 %	Tier 1		
Ophthalmic Agents			
*Alpha Adrenergic Agonist & Carbonic Anhydrase Inhib Comb***			
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	Tier 2		

Drug	Status	Generic Status	Notes
*Beta-Blockers - Ophthalmic Combinations***			
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	Tier 2		
DORZOLAMIDE HCL-TIMOLOL MAL OPHTHALMIC SOLUTION 22.3-6.8 MG/ML		Tier 1	
DORZOLAMIDE HCL-TIMOLOL MAL PF OPHTHALMIC SOLUTION 2-0.5 %		Tier 1	
*Beta-Blockers - Ophthalmic***			
BETAXOLOL HCL OPHTHALMIC SOLUTION 0.5 %		Tier 1	
BETIMOL OPHTHALMIC SOLUTION 0.25 %, 0.5 %	Tier 3		
CARTEOLOL HCL OPHTHALMIC SOLUTION 1 %		Tier 1	
LEVOBUNOLOL HCL OPHTHALMIC SOLUTION 0.5 %		Tier 1	
METIPRANOLOL OPHTHALMIC SOLUTION 0.3 %		Tier 1	
TIMOLOL MALEATE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 %		Tier 1	
TIMOLOL MALEATE PF OPHTHALMIC SOLUTION 0.5 %		Tier 1	
TIMOLOL MALEATE SOLUTION 0.25 % OPHTHALMIC 0.25 %		LC	
TIMOLOL MALEATE SOLUTION 0.5 % (DAILY) OPHTHALMIC 0.5 % (DAILY)		Tier 1	
TIMOLOL MALEATE SOLUTION 0.5 % OPHTHALMIC 0.5 %		LC	
*Cycloplegic Mydriatics***			
ALTAFRIN OPHTHALMIC SOLUTION (PHENYLEPHRINE HCL) 10 %, 2.5 %	Tier 1	Tier 1	
ATROPINE SULFATE OPHTHALMIC OINTMENT 1 %		Tier 1	
ATROPINE SULFATE OPHTHALMIC SOLUTION 1 %		LC	
CYCLOPENTOLATE HCL OPHTHALMIC SOLUTION 0.5 %, 1 %, 2 %		Tier 1	
HOMATROPAIRE OPHTHALMIC SOLUTION (HOMATROPINE HBR) 5 %	Tier 1	Tier 1	
TROPICAMIDE OPHTHALMIC SOLUTION 0.5 %		Tier 1	

Drug	Status	Generic Status	Notes
*Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag***			
XIIDRA OPHTHALMIC SOLUTION 5 %	Tier 2		PA
*Miotics - Cholinesterase Inhibitors***			
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 %	Tier 2		
*Miotics - Direct Acting***			
PILOCARPINE HCL OPHTHALMIC SOLUTION 1 %, 2 %, 4 %		Tier 1	
*Ophthalmic Antiallergic***			
ALOCRILOPHTHALMIC SOLUTION 2 %	Tier 3		
ALOMIDE OPHTHALMIC SOLUTION 0.1 %	Tier 3		
AZELASTINE HCL OPHTHALMIC SOLUTION 0.05 %		Tier 1	
BEPREVE OPHTHALMIC SOLUTION 1.5 %	Tier 3		PA; ST
CROMOLYN SODIUM OPHTHALMIC SOLUTION 4 %		Tier 1	
EMADINE OPHTHALMIC SOLUTION 0.05 %	Tier 3		
EPINASTINE HCL OPHTHALMIC SOLUTION 0.05 %		Tier 1	
LASTACAFT OPHTHALMIC SOLUTION 0.25 %	Tier 3		PA; ST
PATADAY OPHTHALMIC SOLUTION (OLOPATADINE HCL) 0.1 %, 0.2 %	Tier 2	Tier 1	
PAZEO OPHTHALMIC SOLUTION 0.7 %	Tier 2		
*Ophthalmic Antibiotics***			
AZASITE OPHTHALMIC SOLUTION 1 %	Tier 3		
BACITRACIN OPHTHALMIC OINTMENT 500 UNIT/GM		Tier 1	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	Tier 3		
CIPROFLOXACIN HCL OPHTHALMIC SOLUTION 0.3 %		Tier 1	
ERYTHROMYCIN OPHTHALMIC OINTMENT 5 MG/GM		Tier 1	
GATIFLOXACIN OPHTHALMIC SOLUTION 0.5 %		Tier 1	

Drug	Status	Generic Status	Notes
GENTAK OPHTHALMIC OINTMENT 0.3 %	Tier 1		
GENTAMICIN SULFATE OPHTHALMIC SOLUTION 0.3 %		Tier 1	
LEVOFLOXACIN OPHTHALMIC SOLUTION 0.5 %		Tier 1	
MOXIFLOXACIN HCL (2X DAY) OPHTHALMIC SOLUTION 0.5 %		Tier 1	
MOXIFLOXACIN HCL OPHTHALMIC SOLUTION 0.5 %		Tier 1	
OFLOXACIN OPHTHALMIC SOLUTION 0.3 %		Tier 1	
TOBRAMYCIN OPHTHALMIC SOLUTION 0.3 %		LC	
TOBEX OPHTHALMIC OINTMENT 0.3 %	Tier 3		
*Ophthalmic Antifungal***			
NATACYN OPHTHALMIC SUSPENSION 5 %	Tier 2		
*Ophthalmic Anti-Infective Combinations***			
BACITRACIN-POLYMYXIN B OPHTHALMIC OINTMENT 500-10000 UNIT/GM		Tier 1	
NEOMYCIN-BACITRACIN ZN-POLYMYX OPHTHALMIC OINTMENT 3.5-400-10000		Tier 1	
NEOMYCIN-POLYMYXIN-GRAMICIDIN OPHTHALMIC SOLUTION 1.75-10000-.025		Tier 1	
NEO-POLYCIN OPHTHALMIC OINTMENT (NEOMYCIN-BACITRACIN ZN-POLYMYX) 3.5-400-10000	Tier 1	Tier 1	
POLYCIN OPHTHALMIC OINTMENT (AK-POLY-BAC) 500-10000 UNIT/GM	Tier 1	Tier 1	
POLYMYXIN B-TRIMETHOPRIM OPHTHALMIC SOLUTION 10000-0.1 UNIT/ML-%		LC	
*Ophthalmic Antivirals***			
TRIFLURIDINE OPHTHALMIC SOLUTION 1 %		Tier 1	
ZIRGAN OPHTHALMIC GEL 0.15 %	Tier 3		
*Ophthalmic Carbonic Anhydrase Inhibitors***			
AZOPT OPHTHALMIC SUSPENSION 1 %	Tier 2		

Drug	Status	Generic Status	Notes
DORZOLAMIDE HCL OPHTHALMIC SOLUTION 2 %		Tier 1	
*Ophthalmic Immunomodulators***			
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	Tier 2		PA
RESTASIS OPHTHALMIC EMULSION 0.05 %	Tier 2		PA
*Ophthalmic Local Anesthetics***			
ALTACAINE OPHTHALMIC SOLUTION (TETRACAINE HCL) 0.5 %	Tier 1	Tier 1	
PROPARACAINE HCL OPHTHALMIC SOLUTION 0.5 %		Tier 1	
TETCAINE OPHTHALMIC SOLUTION (TETRACAINE HCL) 0.5 %	Tier 1	Tier 1	
TETRAVISC FORTE OPHTHALMIC SOLUTION (TETRACAINE HCL) 0.5 %	Tier 1	Tier 1	
TETRAVISC OPHTHALMIC SOLUTION (TETRACAINE HCL) 0.5 %	Tier 1	Tier 1	
*Ophthalmic Nonsteroidal Anti-Inflammatory Agents***			
BROMFENAC SODIUM (ONCE-DAILY) OPHTHALMIC SOLUTION 0.09 %		Tier 1	QL (6.8 ML per 365 days)
DICLOFENAC SODIUM OPHTHALMIC SOLUTION 0.1 %		Tier 1	
FLURBIPROFEN SODIUM OPHTHALMIC SOLUTION 0.03 %		Tier 1	
KETOROLAC TROMETHAMINE OPHTHALMIC SOLUTION 0.4 %, 0.5 %		Tier 1	
NEVANAC OPHTHALMIC SUSPENSION 0.1 %	Tier 3		PA; ST; QL (0.2 ML per 1 day)
PROLENSA OPHTHALMIC SOLUTION 0.07 %	Tier 2		QL (12 ML per 365 days)
*Ophthalmic Rho Kinase Inhibitors***			
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	Tier 2		
*Ophthalmic Selective Alpha Adrenergic Agonists***			
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	Tier 2		
APRACLONIDINE HCL OPHTHALMIC SOLUTION 0.5 %		Tier 1	

Drug	Status	Generic Status	Notes
BRIMONIDINE TARTRATE OPHTHALMIC SOLUTION 0.15 %, 0.2 %		Tier 1	
IOPIDINE OPHTHALMIC SOLUTION 1 %	Tier 3		
*Ophthalmic Steroid Combinations***			
NEOMYCIN-POLYMYXIN-DEXAMETH OPHTHALMIC OINTMENT 3.5-10000-0.1		LC	
NEOMYCIN-POLYMYXIN-DEXAMETH OPHTHALMIC SUSPENSION 3.5-10000-0.1		LC	
NEOMYCIN-POLYMYXIN-HC OPHTHALMIC SUSPENSION 3.5-10000-1		Tier 1	
NEO-POLYCIN HC OPHTHALMIC OINTMENT (BACITRA-NEOMYCIN-POLYMYXIN-HC) 1 %	Tier 1	Tier 1	
SULFACETAMIDE-PREDNISOLONE OPHTHALMIC SOLUTION 10-0.23 %		Tier 1	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	Tier 3		
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 %	Tier 3		
TOBRAMYCIN-DEXAMETHASONE OPHTHALMIC SUSPENSION 0.3-0.1 %		Tier 1	
*Ophthalmic Steroids***			
DEXAMETHASONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 0.1 %		Tier 1	
DUREZOL OPHTHALMIC EMULSION 0.05 %	Tier 3		
FLAREX OPHTHALMIC SUSPENSION 0.1 %	Tier 3		
FLUOROMETHOLONE OPHTHALMIC SUSPENSION 0.1 %		Tier 1	
FML OPHTHALMIC OINTMENT 0.1 %	Tier 2		
LOTEMAX SM OPHTHALMIC GEL 0.38 %	Tier 3		
LOTEPREDNOL ETABONATE OPHTHALMIC SUSPENSION 0.5 %		Tier 1	
PRED MILD OPHTHALMIC SUSPENSION 0.12 %	Tier 2		
PREDNISOLONE ACETATE OPHTHALMIC SUSPENSION 1 %		Tier 1	
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 1 %		Tier 1	

Drug	Status	Generic Status	Notes
*Ophthalmic Sulfonamides***			
SULFACETAMIDE SODIUM OPHTHALMIC OINTMENT 10 %		Tier 1	
SULFACETAMIDE SODIUM OPHTHALMIC SOLUTION 10 %		Tier 1	
*Ophthalmic Surgical Aids - Combinations***			
OMIDRIA INTRAOCULAR SOLUTION 1-0.3 %	Tier 3		
*Ophthalmics - Cystinosis Agents**			
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	Tier 5		PA; QL (2.15 ML per 1 day)
*Prostaglandins - Ophthalmic***			
BIMATOPROST OPHTHALMIC SOLUTION 0.03 %		Tier 1	QL (0.1 ML per 1 day)
LATANOPROST OPHTHALMIC SOLUTION 0.005 %		Tier 1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	Tier 2		QL (0.1 ML per 1 day)
TRAVOPROST (BAK FREE) OPHTHALMIC SOLUTION 0.004 %		Tier 1	QL (0.12 ML per 1 day)
Otic Agents			
*Otic Agents - Miscellaneous***			
ACETIC ACID OTIC SOLUTION 2 %		Tier 1	
*Otic Anti-Infectives***			
CIPROFLOXACIN HCL OTIC SOLUTION 0.2 %		Tier 1	
OFLOXACIN OTIC SOLUTION 0.3 %		Tier 1	
*Otic Steroid-Anti-Infective Combinations***			
CIPRO HC OTIC SUSPENSION 0.2-1 %	Tier 3		
CIPROFLOXACIN-DEXAMETHASONE OTIC SUSPENSION 0.3-0.1 %		Tier 1	
COLY-MYCIN S OTIC SUSPENSION 3.3-3-10-0.5 MG/ML	Tier 3		
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML	Tier 3		
NEOMYCIN-POLYMYXIN-HC OTIC SOLUTION 1 %, 3.5-10000-1		Tier 1	

Drug	Status	Generic Status	Notes
NEOMYCIN-POLYMYXIN-HC OTIC SUSPENSION 3.5-10000-1		Tier 1	
*Otic Steroids***			
FLAC OTIC OIL (FLUOCINOLONE ACETONIDE) 0.01 %	Tier 1	Tier 1	
HYDROCORTISONE-ACETIC ACID OTIC SOLUTION 1-2 %		Tier 1	
Oxytocics			
*Abortifacients/Cervical Ripening - Prostaglandins***			
CARBOPROST TROMETHAMINE INTRAMUSCULAR SOLUTION 250 MCG/ML		Tier 1	
*Oxytocics***			
METHERGINE ORAL TABLET (METHYLERGONOVINE MALEATE) 0.2 MG	Tier 1	Tier 1	
METHYLERGONOVINE MALEATE INJECTION SOLUTION 0.2 MG/ML		Tier 1	
OXYTOCIN INJECTION SOLUTION 10 UNIT/ML		Tier 1	
Passive Immunizing And Treatment Agents			
*Antiviral Monoclonal Antibodies***			
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML	Tier 4		PA
*Immune Serums***			
BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML	Tier 5		PA
CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED 12 GM, 6 GM	Tier 5		PA
CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML, 8 GM/40ML	Tier 5		PA
CYTOGAM INTRAVENOUS INJECTABLE 50 MG/ML	Tier 4		PA
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 0.5 GM/10ML, 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	Tier 5		PA
GAMASTAN INJECTABLE INTRAMUSCULAR	Tier 4		PA

Drug	Status	Generic Status	Notes
GAMASTAN INJECTABLE INTRAMUSCULAR	Tier 5		PA
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	Tier 5		PA
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM	Tier 5		PA
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	Tier 5		PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	Tier 5		PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	Tier 5		PA
HEPAGAM B INJECTION SOLUTION	Tier 5		
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	Tier 5		PA
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 2 GM/10ML, 4 GM/20ML	Tier 5		PA
HYPERHEP B S/D INTRAMUSCULAR SOLUTION	Tier 5		
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT, 250 UNIT	Tier 4		
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT	Tier 4		
NABI-HB INTRAMUSCULAR SOLUTION	Tier 5		
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML	Tier 5		PA
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	Tier 5		PA

Drug	Status	Generic Status	Notes
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT	Tier 4		
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML	Tier 4		
WINRHO SDF INJECTION SOLUTION 1500 UNIT/1.3ML, 15000 UNIT/13ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML	Tier 4		
*Passive Immunizing Agents - Combinations***			
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	Tier 5		PA
Penicillins			
*Aminopenicillins***			
AMOXICILLIN ORAL CAPSULE 250 MG, 500 MG		LC	
AMOXICILLIN ORAL SUSPENSION RECONSTITUTED 125 MG/5ML, 200 MG/5ML, 250 MG/5ML, 400 MG/5ML		LC	
AMOXICILLIN ORAL TABLET 500 MG, 875 MG		LC	
AMOXICILLIN ORAL TABLET CHEWABLE 125 MG, 250 MG		LC	
AMPICILLIN ORAL CAPSULE 500 MG		Tier 1	
AMPICILLIN SODIUM INJECTION SOLUTION RECONSTITUTED 1 GM, 125 MG, 2 GM, 250 MG, 500 MG		Tier 1	
AMPICILLIN SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 10 GM, 2 GM		Tier 1	
*Natural Penicillins***			
BICILLIN L-A INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	Tier 3		
PENICILLIN G POTASSIUM INJECTION SOLUTION RECONSTITUTED 20000000 UNIT, 5000000 UNIT		Tier 1	
PENICILLIN G PROCAINE INTRAMUSCULAR SUSPENSION 600000 UNIT/ML		Tier 1	
PENICILLIN G SODIUM INJECTION SOLUTION RECONSTITUTED 5000000 UNIT		Tier 1	

Drug	Status	Generic Status	Notes
PENICILLIN V POTASSIUM ORAL SOLUTION RECONSTITUTED 125 MG/5ML, 250 MG/5ML		LC	
PENICILLIN V POTASSIUM ORAL TABLET 250 MG, 500 MG		LC	
*Penicillin Combinations***			
AMOXICILLIN-POT CLAVULANATE ER ORAL TABLET EXTENDED RELEASE 12 HOUR 1000-62.5 MG		Tier 1	
AMOXICILLIN-POT CLAVULANATE ORAL SUSPENSION RECONSTITUTED 200-28.5 MG/5ML, 250-62.5 MG/5ML, 400-57 MG/5ML, 600-42.9 MG/5ML		Tier 1	
AMOXICILLIN-POT CLAVULANATE ORAL TABLET 250-125 MG, 500-125 MG, 875-125 MG		Tier 1	
AMOXICILLIN-POT CLAVULANATE ORAL TABLET CHEWABLE 200-28.5 MG, 400-57 MG		Tier 1	
AMPICILLIN-SULBACTAM SODIUM INJECTION SOLUTION RECONSTITUTED 1.5 (1-0.5) GM, 3 (2-1) GM		Tier 1	
AMPICILLIN-SULBACTAM SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 1.5 (1-0.5) GM, 15 (10-5) GM, 3 (2-1) GM		Tier 1	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	Tier 3		
PIPERACILLIN SOD-TAZOBACTAM SO INTRAVENOUS SOLUTION RECONSTITUTED 13.5 (12-1.5) GM, 2.25 (2-0.25) GM, 3.375 (3-0.375) GM, 4.5 (4-0.5) GM, 40.5 (36-4.5) GM		Tier 1	
*Penicillinase-Resistant Penicillins***			
DICLOXACILLIN SODIUM ORAL CAPSULE 250 MG, 500 MG		LC	
NAFCILLIN SODIUM INJECTION SOLUTION RECONSTITUTED 1 GM, 10 GM, 2 GM		Tier 1	
NAFCILLIN SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 10 GM, 2 GM		Tier 1	
OXACILLIN SODIUM INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM		Tier 1	

Drug	Status	Generic Status	Notes
OXACILLIN SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 10 GM		Tier 1	
Progestins			
*Progestins***			
HYDROXYPROGESTERONE CAPROATE INTRAMUSCULAR OIL 250 MG/ML		Tier 4	PA
MAKENA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 275 MG/1.1ML	Tier 4		PA
MEDROXYPROGESTERONE ACETATE ORAL TABLET 10 MG, 2.5 MG, 5 MG		LC	
MEGESTROL ACETATE ORAL SUSPENSION 625 MG/5ML		Tier 1	
NORETHINDRONE ACETATE ORAL TABLET 5 MG		Tier 1	
PROGESTERONE INTRAMUSCULAR OIL 50 MG/ML		Tier 1	
PROGESTERONE MICRONIZED ORAL CAPSULE 100 MG, 200 MG		Tier 1	
Psychotherapeutic And Neurological Agents - Misc.			
*Alcohol Deterrents***			
ACAMPROSATE CALCIUM ORAL TABLET DELAYED RELEASE 333 MG		Tier 1	
DISULFIRAM ORAL TABLET 250 MG, 500 MG		Tier 1	
*Antidementia Agent Combinations***			
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	Tier 2		QL (1 EA per 1 day)
*Antisense Oligonucleotide (Aso) Inhibitor Agents***			
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	Tier 5		PA
*Benzodiazepines & Tricyclic Agents***			
CHLORDIAZEPOXIDE-AMITRIPTYLINE ORAL TABLET 10-25 MG, 5-12.5 MG		Tier 1	
*Cholinomimetics - Ache Inhibitors***			
DONEPEZIL HCL ORAL TABLET 10 MG, 23 MG, 5 MG		Tier 1	

Drug	Status	Generic Status	Notes
DONEPEZIL HCL ORAL TABLET DISPERSIBLE 10 MG, 5 MG		Tier 1	
GALANTAMINE HYDROBROMIDE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 16 MG, 24 MG, 8 MG		Tier 1	
GALANTAMINE HYDROBROMIDE ORAL SOLUTION 4 MG/ML		Tier 1	
GALANTAMINE HYDROBROMIDE ORAL TABLET 12 MG, 4 MG, 8 MG		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/24HR, 4.6 MG/24HR, 9.5 MG/24HR		Tier 1	
*Fibromyalgia Agent - Snris***			
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	Tier 3		PA; ST; QL (2 EA per 1 day)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	Tier 3		PA; ST; QL (110 EA per 365 days)
*Movement Disorder Drug Therapy***			
TETRABENAZINE ORAL TABLET 12.5 MG, 25 MG		Tier 4	PA
*Multiple Sclerosis Agents - Interferons***			
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	Tier 4		PA; QL (0.04 EA per 1 day)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	Tier 4		PA; QL (0.04 EA per 1 day)
*Multiple Sclerosis Agents - Monoclonal Antibodies***			
TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML	Tier 5		PA; QL (0.54 ML per 1 day)
*Multiple Sclerosis Agents - Nrf2 Pathway Activators***			
TECFIDERA ORAL (DIMETHYL FUMARATE STARTER PACK) 120 & 240 MG	Tier 4	Tier 4	PA; QL (120 EA per 365 days)
TECFIDERA ORAL CAPSULE DELAYED RELEASE (DIMETHYL FUMARATE) 120 MG, 240 MG	Tier 4	Tier 4	PA; QL (2 EA per 1 day)

Drug	Status	Generic Status	Notes
*Multiple Sclerosis Agents - Potassium Channel Blockers***			
DALFAMPRIDINE ER ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG		Tier 4	PA; QL (2 EA per 1 day)
*Multiple Sclerosis Agents***			
COPAXONE SOLUTION PREFILLED SYRINGE 20 MG/ML SUBCUTANEOUS (GLATIRAMER ACETATE) 20 MG/ML	Tier 4	Tier 4	PA; QL (1 ML per 1 day)
COPAXONE SOLUTION PREFILLED SYRINGE 40 MG/ML SUBCUTANEOUS (GLATIRAMER ACETATE) 40 MG/ML	Tier 4	Tier 4	PA; QL (0.43 ML per 1 day)
GLATOPA SOLUTION PREFILLED SYRINGE 20 MG/ML SUBCUTANEOUS (GLATIRAMER ACETATE) 20 MG/ML	Tier 4	Tier 4	PA; QL (1 ML per 1 day)
GLATOPA SOLUTION PREFILLED SYRINGE 40 MG/ML SUBCUTANEOUS (GLATIRAMER ACETATE) 40 MG/ML	Tier 4	Tier 4	PA; QL (0.43 ML per 1 day)
*N-Methyl-D-Aspartate (Nmda) Receptor Antagonists***			
MEMANTINE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG		Tier 1	QL (1 EA per 1 day)
MEMANTINE HCL ORAL SOLUTION 10 MG/5ML, 2 MG/ML		Tier 1	
MEMANTINE HCL ORAL TABLET 10 MG, 28 X 5 MG & 21 X 10 MG, 5 MG		Tier 1	
*Phenothiazines & Tricyclic Agents***			
PERPHENAZINE-AMITRIPTYLINE ORAL TABLET 2-10 MG, 2-25 MG, 4-10 MG, 4-25 MG, 4-50 MG		Tier 1	
*Postherpetic Neuralgia (Phn)/Neuropathic Pain Agents***			
GRALISE TABLET 300 MG ORAL 300 MG	Tier 3		PA; ST; QL (6 EA per 1 day)
GRALISE TABLET 600 MG ORAL 600 MG	Tier 3		PA; ST; QL (3 EA per 1 day)
*Premenstrual Dysphoric Disorder (Pmdd) Agents - Ssris***			
FLUOXETINE HCL (PMDD) ORAL CAPSULE 10 MG, 20 MG		Tier 1	
FLUOXETINE HCL (PMDD) ORAL TABLET 10 MG, 20 MG		Tier 1	

Drug	Status	Generic Status	Notes
*Psychotherapeutic And Neurological Agents - Misc.***			
ERGOLOID MESYLATES ORAL TABLET 1 MG		Tier 1	
PIMOZIDE ORAL TABLET 1 MG, 2 MG		Tier 1	
*Smoking Deterrents***			
BUPROPION HCL ER (SMOKING DET) ORAL TABLET EXTENDED RELEASE 12 HOUR 150 MG		Tier 1	PV; QL (180 EA per 365 days)
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG	Tier 3		ST; PV; QL (180 EA per 365 days)
CHANTIX ORAL TABLET 0.5 MG, 1 MG	Tier 3		ST; PV; QL (180 EA per 365 days)
CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42	Tier 3		ST; PV; QL (180 EA per 365 days)
CVS NICOTINE MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)
CVS NICOTINE MOUTH/THROAT LOZENGE 2 MG		Tier 1	PV; QL (180 EA per 365 days)
CVS NICOTINE POLACRILEX MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)
CVS NICOTINE POLACRILEX MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)
CVS NICOTINE TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 21 MG/24HR, 7 MG/24HR		Tier 1	PV; QL (180 EA per 365 days)
EQ NICOTINE MOUTH/THROAT GUM 4 MG		Tier 1	PV; QL (180 EA per 365 days)
EQ NICOTINE MOUTH/THROAT LOZENGE 4 MG		Tier 1	PV; QL (180 EA per 365 days)
EQ NICOTINE POLACRILEX MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)
EQ NICOTINE POLACRILEX MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)
EQ NICOTINE STEP 3 TRANSDERMAL PATCH 24 HOUR 7 MG/24HR		Tier 1	PV; QL (180 EA per 365 days)
EQ NICOTINE TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 21 MG/24HR, 7 MG/24HR		Tier 1	PV; QL (180 EA per 365 days)
EQL NICOTINE POLACRILEX MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)
EQL NICOTINE POLACRILEX MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)

Drug	Status	Generic Status	Notes
GNP NICOTINE MINI MOUTH/THROAT LOZENGE 2 MG		Tier 1	PV; QL (180 EA per 365 days)
GNP NICOTINE POLACRILEX MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)
GNP NICOTINE POLACRILEX MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)
GNP NICOTINE TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 7 MG/24HR		Tier 1	PV; QL (180 EA per 365 days)
GOODSENSE NICOTINE MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)
GOODSENSE NICOTINE MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)
HM NICOTINE POLACRILEX MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)
HM NICOTINE POLACRILEX MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)
HM NICOTINE TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 21 MG/24HR, 7 MG/24HR		Tier 1	PV; QL (180 EA per 365 days)
KLS QUIT2 MOUTH/THROAT GUM (NICOTINE POLACRILEX) 2 MG	Tier 1	Tier 1	PV; QL (180 EA per 365 days)
KLS QUIT2 MOUTH/THROAT LOZENGE (NICOTINE POLACRILEX) 2 MG	Tier 1	Tier 1	PV; QL (180 EA per 365 days)
KLS QUIT4 MOUTH/THROAT GUM (NICOTINE POLACRILEX) 4 MG	Tier 1	Tier 1	PV; QL (180 EA per 365 days)
KLS QUIT4 MOUTH/THROAT LOZENGE (NICOTINE POLACRILEX) 4 MG	Tier 1	Tier 1	PV; QL (180 EA per 365 days)
NICODERM CQ TRANSDERMAL PATCH 24 HOUR (NICOTINE) 14 MG/24HR, 21 MG/24HR, 7 MG/24HR	Tier 3	Tier 1	PV; QL (180 EA per 365 days)
NICORELIEF MOUTH/THROAT GUM (NICOTINE POLACRILEX) 2 MG	Tier 1	Tier 1	PV; QL (180 EA per 365 days)
NICORETTE MINI MOUTH/THROAT LOZENGE (NICOTINE POLACRILEX) 2 MG, 4 MG	Tier 3	Tier 1	PV; QL (180 EA per 365 days)
NICORETTE MOUTH/THROAT GUM (NICOTINE POLACRILEX) 2 MG, 4 MG	Tier 3	Tier 1	PV; QL (180 EA per 365 days)
NICORETTE MOUTH/THROAT LOZENGE (NICOTINE POLACRILEX) 2 MG, 4 MG	Tier 3	Tier 1	PV; QL (180 EA per 365 days)
NICORETTE STARTER KIT MOUTH/THROAT GUM (NICOTINE POLACRILEX) 2 MG, 4 MG	Tier 3	Tier 1	PV; QL (180 EA per 365 days)

Drug	Status	Generic Status	Notes
NICOTINE MINI MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)
NICOTINE STEP 1 TRANSDERMAL PATCH 24 HOUR 21 MG/24HR		Tier 1	PV; QL (180 EA per 365 days)
NICOTINE STEP 2 TRANSDERMAL PATCH 24 HOUR 14 MG/24HR		Tier 1	PV; QL (180 EA per 365 days)
NICOTINE STEP 3 TRANSDERMAL PATCH 24 HOUR 7 MG/24HR		Tier 1	PV; QL (180 EA per 365 days)
NICOTINE TRANSDERMAL KIT 21-14-7 MG/24HR		Tier 1	PV; QL (180 EA per 365 days)
NICOTROL INHALATION INHALER 10 MG	Tier 3		ST; PV; QL (180 EA per 365 days)
NICOTROL NS NASAL SOLUTION 10 MG/ML	Tier 3		ST; PV; QL (180 ML per 365 days)
PX STOP SMOKING AID MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)
PX STOP SMOKING AID MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)
RA MINI NICOTINE MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)
RA NICOTINE GUM MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)
RA NICOTINE MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)
RA NICOTINE POLACRILEX MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)
RA NICOTINE POLACRILEX MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)
RA NICOTINE TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 21 MG/24HR, 7 MG/24HR		Tier 1	PV; QL (180 EA per 365 days)
SM NICOTINE MOUTH/THROAT GUM 4 MG		Tier 1	PV; QL (180 EA per 365 days)
SM NICOTINE MOUTH/THROAT LOZENGE 2 MG		Tier 1	PV; QL (180 EA per 365 days)
SM NICOTINE POLACRILEX MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)
SM NICOTINE POLACRILEX MOUTH/THROAT LOZENGE 4 MG		Tier 1	PV; QL (180 EA per 365 days)
SM NICOTINE TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 21 MG/24HR, 7 MG/24HR		Tier 1	PV; QL (180 EA per 365 days)
SR NICOTINE MOUTH/THROAT GUM 2 MG		Tier 1	PV; QL (180 EA per 365 days)

Drug	Status	Generic Status	Notes
TGT NICOTINE MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)
TGT NICOTINE POLACRILEX MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)
TGT NICOTINE POLACRILEX MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)
TGT NICOTINE STEP ONE TRANSDERMAL PATCH 24 HOUR 21 MG/24HR		Tier 1	PV; QL (180 EA per 365 days)
TGT NICOTINE STEP THREE TRANSDERMAL PATCH 24 HOUR 7 MG/24HR		Tier 1	PV; QL (180 EA per 365 days)
TGT NICOTINE STEP TWO TRANSDERMAL PATCH 24 HOUR 14 MG/24HR		Tier 1	PV; QL (180 EA per 365 days)
THRIVE MOUTH/THROAT GUM (NICOTINE POLACRILEX) 2 MG	Tier 3	Tier 1	PV; QL (180 EA per 365 days)
*Sphingosine 1-Phosphate (S1p) Receptor Modulators***			
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG	Tier 5		PA; QL (1 EA per 1 day)
*Thienbenzodiazepines & SsrIs***			
OLANZAPINE-FLUOXETINE HCL CAPSULE 12-25 MG ORAL 12-25 MG		Tier 1	QL (1 EA per 1 day)
OLANZAPINE-FLUOXETINE HCL CAPSULE 12-50 MG ORAL 12-50 MG		Tier 1	QL (1 EA per 1 day)
OLANZAPINE-FLUOXETINE HCL CAPSULE 3-25 MG ORAL 3-25 MG		Tier 1	QL (3 EA per 1 day)
OLANZAPINE-FLUOXETINE HCL CAPSULE 6-25 MG ORAL 6-25 MG		Tier 1	QL (3 EA per 1 day)
OLANZAPINE-FLUOXETINE HCL CAPSULE 6-50 MG ORAL 6-50 MG		Tier 1	QL (1 EA per 1 day)
*Vasomotor Symptom Agents - SsrIs***			
PAROXETINE MESYLATE ORAL CAPSULE 7.5 MG		Tier 1	QL (1 EA per 1 day)
Respiratory Agents - Misc.			
*Alpha-Proteinase Inhibitor (Human)***			
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG	Tier 5		PA
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML	Tier 5		PA

Drug	Status	Generic Status	Notes
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	Tier 5		PA
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	Tier 5		PA
*Cftr Potentiators***			
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG	Tier 5		PA
KALYDECO ORAL TABLET 150 MG	Tier 5		PA
*Cystic Fibrosis Agent - Combinations***			
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	Tier 5		PA; QL (2 EA per 1 day)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	Tier 5		PA; QL (4 EA per 1 day)
*Hydrolytic Enzymes***			
PULMOZYME INHALATION SOLUTION 1 MG/ML	Tier 4		PA
*Pulmonary Fibrosis Agents - Kinase Inhibitors***			
OFEV ORAL CAPSULE 100 MG, 150 MG	Tier 5		PA
*Pulmonary Fibrosis Agents***			
ESBRIET ORAL CAPSULE 267 MG	Tier 5		PA
ESBRIET ORAL TABLET 267 MG, 801 MG	Tier 5		PA
Sulfonamides			
*Sulfonamides***			
SULFADIAZINE ORAL TABLET 500 MG		Tier 1	
Tetracyclines			
*Glycylcyclines***			
TIGECYCLINE INTRAVENOUS SOLUTION RECONSTITUTED 50 MG		Tier 1	
*Tetracyclines***			
AVIDOXY ORAL TABLET 100 MG		Tier 1	
COREMINO ORAL TABLET EXTENDED RELEASE 24 HOUR (MINOCYCLINE HCL ER) 135 MG, 45 MG, 90 MG	Tier 1	Tier 1	
DEMECLOCYCLINE HCL ORAL TABLET 150 MG, 300 MG		Tier 1	

Drug	Status	Generic Status	Notes
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED (DOXYCYCLINE HYCLATE) 100 MG	Tier 1	Tier 1	
DOXYCYCLINE HYCLATE ORAL TABLET 100 MG, 20 MG		Tier 1	
DOXYCYCLINE MONOHYDRATE ORAL CAPSULE 150 MG, 50 MG		Tier 1	
DOXYCYCLINE MONOHYDRATE ORAL SUSPENSION RECONSTITUTED 25 MG/5ML		Tier 1	
DOXYCYCLINE MONOHYDRATE ORAL TABLET 100 MG, 150 MG, 50 MG, 75 MG		Tier 1	
MINOCIN INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Tier 3		
MINOCYCLINE HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG		Tier 1	
MINOCYCLINE HCL ORAL CAPSULE 100 MG, 50 MG, 75 MG		Tier 1	
MINOCYCLINE HCL ORAL TABLET 100 MG, 50 MG, 75 MG		Tier 1	
MONDOXYNE NL ORAL CAPSULE (DOXYCYCLINE MONOHYDRATE) 100 MG, 75 MG	Tier 1	Tier 1	
MORGIDOX ORAL CAPSULE (DOXYCYCLINE HYCLATE) 100 MG, 50 MG	Tier 1	Tier 1	
OKEBO ORAL CAPSULE (DOXYCYCLINE MONOHYDRATE) 75 MG	Tier 1	Tier 1	
TETRACYCLINE HCL ORAL CAPSULE 250 MG, 500 MG		Tier 1	
Thyroid Agents			
*Antithyroid Agents***			
METHIMAZOLE ORAL TABLET 10 MG, 5 MG		Tier 1	
PROPYLTHIOURACIL ORAL TABLET 50 MG		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 3		PA; ST
EUTHYROX ORAL TABLET (LEVOTHYROXINE SODIUM) 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	LC	LC	

Drug	Status	Generic Status	Notes
LEVO-T TABLET 100 MCG ORAL (LEVOTHYROXINE SODIUM) 100 MCG	LC	LC	
LEVO-T TABLET 112 MCG ORAL (LEVOTHYROXINE SODIUM) 112 MCG	LC	LC	
LEVO-T TABLET 125 MCG ORAL (LEVOTHYROXINE SODIUM) 125 MCG	LC	LC	
LEVO-T TABLET 137 MCG ORAL (LEVOTHYROXINE SODIUM) 137 MCG	LC	LC	
LEVO-T TABLET 150 MCG ORAL (LEVOTHYROXINE SODIUM) 150 MCG	LC	LC	
LEVO-T TABLET 175 MCG ORAL (LEVOTHYROXINE SODIUM) 175 MCG	LC	LC	
LEVO-T TABLET 200 MCG ORAL (LEVOTHYROXINE SODIUM) 200 MCG	LC	LC	
LEVO-T TABLET 25 MCG ORAL (LEVOTHYROXINE SODIUM) 25 MCG	LC	LC	
LEVO-T TABLET 300 MCG ORAL (LEVOTHYROXINE SODIUM) 300 MCG	Tier 1	Tier 1	
LEVO-T TABLET 50 MCG ORAL (LEVOTHYROXINE SODIUM) 50 MCG	LC	LC	
LEVO-T TABLET 75 MCG ORAL (LEVOTHYROXINE SODIUM) 75 MCG	LC	LC	
LEVO-T TABLET 88 MCG ORAL (LEVOTHYROXINE SODIUM) 88 MCG	LC	LC	
LEVOTHYROXINE SODIUM INTRAVENOUS SOLUTION 100 MCG/5ML, 200 MCG/5ML, 500 MCG/5ML		Tier 1	
LEVOTHYROXINE SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 100 MCG, 200 MCG, 500 MCG		Tier 1	
LEVOXYL ORAL TABLET (LEVOTHYROXINE SODIUM) 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	LC	LC	
LIOTHYRONINE SODIUM INTRAVENOUS SOLUTION 10 MCG/ML		Tier 1	
LIOTHYRONINE SODIUM ORAL TABLET 25 MCG, 5 MCG, 50 MCG		Tier 1	
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG		Tier 1	
THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG		Tier 1	

Drug	Status	Generic Status	Notes
UNITHROID TABLET 100 MCG ORAL (LEVOTHYROXINE SODIUM) 100 MCG	LC	LC	
UNITHROID TABLET 112 MCG ORAL (LEVOTHYROXINE SODIUM) 112 MCG	LC	LC	
UNITHROID TABLET 125 MCG ORAL (LEVOTHYROXINE SODIUM) 125 MCG	LC	LC	
UNITHROID TABLET 137 MCG ORAL (LEVOTHYROXINE SODIUM) 137 MCG	LC	LC	
UNITHROID TABLET 150 MCG ORAL (LEVOTHYROXINE SODIUM) 150 MCG	LC	LC	
UNITHROID TABLET 175 MCG ORAL (LEVOTHYROXINE SODIUM) 175 MCG	LC	LC	
UNITHROID TABLET 200 MCG ORAL (LEVOTHYROXINE SODIUM) 200 MCG	LC	LC	
UNITHROID TABLET 25 MCG ORAL (LEVOTHYROXINE SODIUM) 25 MCG	LC	LC	
UNITHROID TABLET 300 MCG ORAL (LEVOTHYROXINE SODIUM) 300 MCG	Tier 1	Tier 1	
UNITHROID TABLET 50 MCG ORAL (LEVOTHYROXINE SODIUM) 50 MCG	LC	LC	
UNITHROID TABLET 75 MCG ORAL (LEVOTHYROXINE SODIUM) 75 MCG	LC	LC	
UNITHROID TABLET 88 MCG ORAL (LEVOTHYROXINE SODIUM) 88 MCG	LC	LC	
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 3		PA; ST
Toxoids			
*Toxoid Combinations***			
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	Tier 2		PV
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	Tier 2		PV
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	Tier 2		PV
DIPHtheria-TETANUS TOXOIDS DT INTRAMUSCULAR SUSPENSION 25-5 LFU/0.5ML		Tier 2	PV
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	Tier 2		PV
KINRIX INTRAMUSCULAR SUSPENSION	Tier 2		PV

Drug	Status	Generic Status	Notes
PEDIARIX INTRAMUSCULAR SUSPENSION	Tier 2		PV
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier 2		PV
QUADRACEL INTRAMUSCULAR SUSPENSION	Tier 2		PV
TDVAX INTRAMUSCULAR SUSPENSION (TETANUS-DIPHTHERIA TOXOIDS TD) 2-2 LF/0.5ML	Tier 2	Tier 2	PV
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	Tier 2		PV
*Ulcer Drugs/Antispasmodics/Anticholinergics *			
*Antispasmodics***			
DICYCLOMINE HCL INTRAMUSCULAR SOLUTION 10 MG/ML		Tier 1	
DICYCLOMINE HCL ORAL CAPSULE 10 MG		LC	
DICYCLOMINE HCL ORAL SOLUTION 10 MG/5ML		Tier 1	
DICYCLOMINE HCL ORAL TABLET 20 MG		LC	
*Belladonna Alkaloids***			
ATROPINE SULFATE INJECTION SOLUTION 8 MG/20ML		Tier 1	
ATROPINE SULFATE INJECTION SOLUTION PREFILLED SYRINGE 0.25 MG/5ML, 0.5 MG/5ML, 1 MG/10ML		Tier 1	
ED-SPAZ ORAL TABLET DISPERSIBLE 0.125 MG		Tier 1	
HYOSCYAMINE SULFATE ORAL ELIXIR 0.125 MG/5ML		Tier 1	
HYOSCYAMINE SULFATE ORAL SOLUTION 0.125 MG/ML		Tier 1	
HYOSCYAMINE SULFATE ORAL TABLET 0.125 MG		Tier 1	
HYOSCYAMINE SULFATE SL SUBLINGUAL TABLET SUBLINGUAL 0.125 MG		Tier 1	
HYOSCYAMINE SULFATE SUBLINGUAL TABLET SUBLINGUAL 0.125 MG		Tier 1	
NULEV ORAL TABLET DISPERSIBLE (HYOSCYAMINE SULFATE) 0.125 MG	Tier 1	Tier 1	
OSCIMIN ORAL TABLET 0.125 MG		Tier 1	

Drug	Status	Generic Status	Notes
OSCIMIN ORAL TABLET DISPERSIBLE 0.125 MG		Tier 1	
OSCIMIN SUBLINGUAL TABLET SUBLINGUAL 0.125 MG		Tier 1	
*H-2 Antagonists***			
CIMETIDINE HCL ORAL SOLUTION 300 MG/5ML		Tier 1	
CIMETIDINE TABLET 200 MG ORAL (RX) 200 MG		Tier 1	
CIMETIDINE TABLET 300 MG ORAL 300 MG		Tier 1	
CIMETIDINE TABLET 400 MG ORAL 400 MG		Tier 1	
CIMETIDINE TABLET 800 MG ORAL 800 MG		LC	
FAMOTIDINE INTRAVENOUS SOLUTION 20 MG/2ML, 200 MG/20ML, 40 MG/4ML		Tier 1	
FAMOTIDINE ORAL SUSPENSION RECONSTITUTED 40 MG/5ML		Tier 1	
FAMOTIDINE PREMIXED INTRAVENOUS SOLUTION 20-0.9 MG/50ML-%		Tier 1	
FAMOTIDINE TABLET 20 MG ORAL (RX) 20 MG		LC	
FAMOTIDINE TABLET 40 MG ORAL 40 MG		Tier 1	
NIZATIDINE ORAL CAPSULE 150 MG, 300 MG		Tier 1	
NIZATIDINE ORAL SOLUTION 15 MG/ML		Tier 1	
*Misc. Anti-Ulcer***			
SUCRALFATE ORAL SUSPENSION 1 GM/10ML		Tier 1	
SUCRALFATE ORAL TABLET 1 GM		LC	
*Proton Pump Inhibitors***			
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG	Tier 2		QL (1 EA per 1 day)
ESOMEPRAZOLE SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 20 MG, 40 MG		Tier 1	
LANSOPRAZOLE ORAL CAPSULE DELAYED RELEASE 15 MG, 30 MG		Tier 1	QL (1 EA per 1 day)
LANSOPRAZOLE ORAL TABLET DELAYED RELEASE DISPERSIBLE 15 MG		Tier 1	QL (1 EA per 1 day)
OMEPRAZOLE ORAL CAPSULE DELAYED RELEASE 10 MG, 20 MG, 40 MG		LC	QL (1 EA per 1 day)
PANTOPRAZOLE SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 40 MG		LC	QL (1 EA per 1 day)

Drug	Status	Generic Status	Notes
PANTOPRAZOLE SODIUM ORAL PACKET 40 MG		Tier 1	QL (1 EA per 1 day)
PANTOPRAZOLE SODIUM ORAL TABLET DELAYED RELEASE 20 MG, 40 MG		LC	QL (1 EA per 1 day)
RABEPRAZOLE SODIUM ORAL TABLET DELAYED RELEASE 20 MG		Tier 1	QL (1 EA per 1 day)
*Quaternary Anticholinergics***			
CUVPOSA ORAL SOLUTION 1 MG/5ML	Tier 3		
GLYCOPYRROLATE INJECTION SOLUTION 0.2 MG/ML, 0.4 MG/2ML, 1 MG/5ML, 4 MG/20ML		Tier 1	
GLYCOPYRROLATE ORAL TABLET 1 MG, 2 MG		Tier 1	
GLYCOPYRROLATE PF INJECTION SOLUTION PREFILLED SYRINGE 0.2 MG/ML, 0.4 MG/2ML		Tier 1	
METHSCOPOLAMINE BROMIDE ORAL TABLET 2.5 MG, 5 MG		Tier 1	
*Ulcer Anti-Infective W/ Bismuth Combinations***			
PYLERA ORAL CAPSULE 140-125-125 MG	Tier 2		
*Ulcer Anti-Infective W/ Proton Pump Inhibitors***			
AMOXICILL-CLARITHRO-LANSOPRAZ ORAL		Tier 1	
OMECLAMOX-PAK ORAL 500-500-20 MG	Tier 2		
*Ulcer Drugs - Prostaglandins***			
MISOPROSTOL ORAL TABLET 100 MCG, 200 MCG		Tier 1	
Urinary Antispasmodics			
*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)***			
DARIFENACIN HYDROBROMIDE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 7.5 MG		Tier 1	
GELNIQUE PUMP TRANSDERMAL GEL 10 %	Tier 3		PA; ST
GELNIQUE TRANSDERMAL GEL 10 %	Tier 3		PA; ST
OXYBUTYNIN CHLORIDE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 5 MG		Tier 1	

Drug	Status	Generic Status	Notes
OXYBUTYNIN CHLORIDE ORAL SYRUP 5 MG/5ML		Tier 1	
OXYBUTYNIN CHLORIDE ORAL TABLET 5 MG		Tier 1	
SOLIFENACIN SUCCINATE ORAL TABLET 10 MG, 5 MG		Tier 1	
TOLTERODINE TARTRATE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG		Tier 1	
TOLTERODINE TARTRATE ORAL TABLET 1 MG, 2 MG		Tier 1	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG	Tier 3		
TROSPIUM CHLORIDE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 60 MG		Tier 1	
TROSPIUM CHLORIDE ORAL TABLET 20 MG		Tier 1	
*Urinary Antispasmodics - Beta-3 Adrenergic Agonists***			
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	Tier 2		
*Urinary Antispasmodics - Cholinergic Agonists***			
BETHANECHOL CHLORIDE ORAL TABLET 10 MG, 25 MG, 5 MG, 50 MG		Tier 1	
*Urinary Antispasmodics - Direct Muscle Relaxants***			
FLAVOXATE HCL ORAL TABLET 100 MG		Tier 1	
Vaccines			
*Bacterial Vaccines***			
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier 2		PV
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 2		PV
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	Tier 2		PV
MENACTRA INTRAMUSCULAR INJECTABLE	Tier 2		PV
MENQUADFI INTRAMUSCULAR INJECTABLE	Tier 2		PV

Drug	Status	Generic Status	Notes
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier 2		PV
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	Tier 2		PV
PNEUMOVAX 23 INJECTION INJECTABLE 25 MCG/0.5ML	Tier 2		PV
PREVNAR 13 INTRAMUSCULAR SUSPENSION	Tier 2		PV
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 2		PV
*Viral Vaccine Combinations***			
M-M-R II INJECTION SOLUTION RECONSTITUTED	Tier 2		PV
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	Tier 2		PV
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	Tier 2		PV
*Viral Vaccines***			
AFLURIA INTRAMUSCULAR SUSPENSION	Tier 2		PV
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 2		PV
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION	Tier 2		PV
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.25 ML, 0.5 ML	Tier 2		PV
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML	Tier 2		PV
ENGERIX-B INTRAMUSCULAR INJECTABLE 10 MCG/0.5ML, 20 MCG/ML	Tier 2		PV
EZ FLU SHOT-FLUCELVAX QUAD INTRAMUSCULAR PREFILLED SYRINGE KIT 0.5 ML	Tier 2		PV
FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 2		PV
FLUAD QUADRIVALENT INTRAMUSCULAR PREFILLED SYRINGE 0.5 ML	Tier 2		PV

Drug	Status	Generic Status	Notes
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 2		PV
FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML	Tier 2		PV
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION	Tier 2		PV
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 2		PV
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION	Tier 2		PV
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 2		PV
FLUMIST QUADRIVALENT NASAL SUSPENSION	Tier 2		PV
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 2		PV
FLUZONE HIGH-DOSE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.7 ML	Tier 2		PV
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION , 0.5 ML	Tier 2		PV
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.25 ML, 0.5 ML	Tier 2		PV
GARDASIL 9 INTRAMUSCULAR SUSPENSION	Tier 2		PV
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 2		PV
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	Tier 2		PV
HEPLISAV-B INTRAMUSCULAR SOLUTION 20 MCG/0.5ML	Tier 2		PV
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	Tier 2		PV
IPOL INJECTION INJECTABLE	Tier 2		PV
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	Tier 2		PV

Drug	Status	Generic Status	Notes
ROTARIX ORAL SUSPENSION RECONSTITUTED	Tier 2		PV
ROTATEQ ORAL SOLUTION	Tier 2		PV
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	Tier 2		PV
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	Tier 2		PV
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	Tier 2		PV
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED 19400 UNT/0.65ML	Tier 2		PV
Vaginal And Related Products			
*Imidazole-Related Antifungals***			
GYNAZOLE-1 VAGINAL CREAM 2 %	Tier 3		
MICONAZOLE 3 VAGINAL SUPPOSITORY 200 MG		Tier 1	
TERCONAZOLE VAGINAL CREAM 0.4 %, 0.8 %		Tier 1	
TERCONAZOLE VAGINAL SUPPOSITORY 80 MG		Tier 1	
*Miscellaneous Vaginal Products***			
INTRAROSA VAGINAL INSERT 6.5 MG	Tier 3		
*Spermicides***			
ENCARE VAGINAL SUPPOSITORY 100 MG	Tier 1		PV; QL (12 EA per 23 days)
OPTIONS CONCEPTROL VAGINAL GEL 4 %	Tier 3		PV; QL (2.7 GM per 23 days)
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 %	Tier 3		PV; QL (85.5 GM per 23 days)
SHUR-SEAL CONTRACEPTIVE VAGINAL GEL 2 %	Tier 3		PV; QL (75 EA per 23 days)
TODAY SPONGE VAGINAL 1000 MG	Tier 3		PV; QL (12 EA per 23 days)
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 %	Tier 3		PV; QL (12 EA per 23 days)
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM 12.5 %	Tier 1		PV; QL (17 GM per 23 days)
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 %	Tier 1		PV; QL (2.7 GM per 23 days)

Drug	Status	Generic Status	Notes
*Vaginal Anti-Infectives***			
CLINDAMYCIN PHOSPHATE VAGINAL CREAM 2 %		Tier 1	
VANDAZOLE VAGINAL GEL (METRONIDAZOLE) 0.75 %	Tier 1	Tier 1	
*Vaginal Estrogens***			
ESTRADIOL VAGINAL CREAM 0.1 MG/GM		Tier 1	
YUVAFEM VAGINAL TABLET (ESTRADIOL) 10 MCG	Tier 1	Tier 1	
Vasopressors			
*Anaphylaxis Therapy Agents***			
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML	Tier 3		QL (0.07 EA per 1 day)
EPINEPHRINE (ANAPHYLAXIS) INJECTION SOLUTION 30 MG/30ML		Tier 1	
EPINEPHRINE INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML, 0.15 MG/0.3ML, 0.3 MG/0.3ML		Tier 1	
*Vasopressors***			
DOBUTAMINE HCL INTRAVENOUS SOLUTION 250 MG/20ML		Tier 1	
DOBUTAMINE IN D5W INTRAVENOUS SOLUTION 1-5 MG/ML-%, 2 MG/ML, 4-5 MG/ML-%		Tier 1	
DOPAMINE HCL INTRAVENOUS SOLUTION 160 MG/ML, 40 MG/ML, 80 MG/ML		Tier 1	
DOPAMINE IN D5W INTRAVENOUS SOLUTION 0.8-5 MG/ML-%, 1.6-5 MG/ML-%, 3.2-5 MG/ML-%		Tier 1	
EPHEDRINE SULFATE INTRAVENOUS SOLUTION 50 MG/ML		Tier 1	
EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 1 MG/10ML		Tier 1	
EPINEPHRINE PF INJECTION SOLUTION 1 MG/ML		Tier 1	
GIAPREZA INTRAVENOUS SOLUTION 2.5 MG/ML	Tier 3		
MIDODRINE HCL ORAL TABLET 10 MG, 2.5 MG, 5 MG		Tier 1	
NOREPINEPHRINE BITARTRATE INTRAVENOUS SOLUTION 1 MG/ML		Tier 1	

Drug	Status	Generic Status	Notes
PHENYLEPHRINE HCL INTRAVENOUS SOLUTION 10 MG/ML		Tier 1	
Vitamins			
*Vitamin B-1***			
THIAMINE HCL INJECTION SOLUTION 100 MG/ML		Tier 1	
*Vitamin B-6***			
PYRIDOXINE HCL INJECTION SOLUTION 100 MG/ML		Tier 1	
*Vitamin C***			
ASCORBIC ACID INJECTION SOLUTION 500 MG/ML		Tier 1	
*Vitamin D***			
D3-50 ORAL CAPSULE (VITAMIN D3) 1.25 MG (50000 UT)	Tier 1	Tier 1	
DECARA ORAL CAPSULE (VITAMIN D3) 1.25 MG (50000 UT)	Tier 1	Tier 1	
ERGOCALCIFEROL ORAL CAPSULE 1.25 MG (50000 UT)		Tier 1	
OPTIMAL-D ORAL CAPSULE (VITAMIN D3) 1.25 MG (50000 UT)	Tier 1	Tier 1	
VITAMIN D (ERGOCALCIFEROL) ORAL CAPSULE 1.25 MG (50000 UT)		Tier 1	
WEEKLY-D ORAL CAPSULE (VITAMIN D3) 1.25 MG (50000 UT)	Tier 1	Tier 1	
*Vitamin K***			
PHYTONADIONE INJECTION SOLUTION 1 MG/0.5ML, 10 MG/ML		Tier 1	
PHYTONADIONE ORAL TABLET 5 MG		Tier 1	
VITAMIN K1 INJECTION SOLUTION 1 MG/0.5ML, 10 MG/ML		Tier 1	

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