



 Standard Formulary

MedPerform Medium

October, 2025



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MedPerform Medium Formulary

What is the Standard Formulary?

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

Can the Formulary (drug list) change?

Drugs may be added or removed from the formulary during the year. The plan will notify affected members if a drug is removed from the formulary, moves to a higher cost-sharing tier, or when prior authorization, quantity limits and/or step therapy requirements are added. Members are notified before the change becomes effective. If the Food and Drug Administration (FDA) deems a drug on the formulary to be unsafe or the drug's manufacturer removes the drug from the market, the plan will immediately remove the drug from the formulary.

Is the member's medication included in the formulary?

There are 3 ways for a member to confirm their current medication is on their plan-specific formulary:

➤ **Drug Categories**

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

➤ **Alphabetical Index Listing**

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

➤ **Website or Mobile App**

Drug search capability is on the MedImpact Consumer Portal (MedImpact.com), mobile app (available in Apple and Google apps store), or member plan's website.

What are generic drugs?

The plan covers both brand name and generic drugs provided they are prescribed per FDA approved indications and in accordance with the plan's benefit design. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs. Generic drugs appear in the formulary listing with all lower-case letters and *italicized* (i.e. *terbutaline oral tablet 2.5 mg*). Brand drugs appear in formulary listing with all upper-case letters (i.e. DIPHEN ORAL ELIXIR 12.5 MG/5ML).

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Are there any restrictions on coverage of drugs on the formulary?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits are noted throughout the Formulary listing using the following symbols:

Symbol	Guideline	Description
AGE	Age Restriction	Coverage depends upon member age
PA	Prior Authorization	Requires specific physician request and clinical criteria be met for prescription to be covered
QL	Quantity Limit	Prescription quantity limits for specific drugs and/or time period needed for coverage
ST	Step Therapy	Coverage requires a trial of certain clinically appropriate alternative drug(s) before obtaining the prescribed drug
SP	Specialty Drug	Coverage may require dispensing from a specialty pharmacy. Specialty copay/coinsurance applies according to benefit plan

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

Tier Benefit Design

A tier benefit design is where a member is responsible for a portion of the cost of a prescription drug based on the drug's tier and copayment or coinsurance. Specialty drugs may be covered at a higher copay or coinsurance. Per the Affordable Care Act (ACA), some medications qualify as preventive under the Essential Health Benefit (EHB). If available on the plan, EHB medications will be covered without cost share (\$0 copay for members). The following is an example of a formulary tier design:

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

General Exclusions:

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

The Formulary applies only to outpatient drugs provided to members and does not apply to medications used at inpatient settings. If a member has any specific questions regarding their coverage, they should contact their plan. Examples of benefit exclusions include:

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- > Over the Counter (OTC) medications
- > Anti-Obesity drugs
- > Medical food/nutritional supplements
- > Non-Diabetic supplies/Diagnostic supplies/Ostomy supplies/Devices
- > Disposable Needles & Syringes (Non-Insulin related)
- > Any drug products used for cosmetic purposes
- > Experimental drug products or any drug product used in an experimental manner
- > Repackaged drugs and institutional use drugs (e.g., hospital use)
- > Lifestyle drugs (e.g., sexual dysfunction, infertility)
- > Non self-administered injectable drug products

What if a drug is not on the Formulary?

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

1. The member can ask the plan for a list of similar drugs covered by the plan. When the member receives the list, they should show it to their doctor and ask the doctor to prescribe a similar drug that is covered by the plan that is determined by the doctor to be an appropriate alternative drug.
2. The member can ask the plan to make an exception and cover the drug.

How does a member request an exception to the Formulary?

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

For more information

MedImpact encourages members to review the Summary Benefit Design, Evidence of Coverage, MedImpact Consumer Portal, or plan's website for more detailed plan information.

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Table of Contents

Allergy.....	3
Antiemesis/Antivertigo.....	6
Asthma And Copd.....	8
Autonomic Nervous System Disorders.....	20
Behavioral Health - Antidepressants.....	21
Behavioral Health - Other.....	26
Cardiovascular Disease - Arrhythmia.....	41
Cardiovascular Disease - Cardiac Stimulant.....	42
Cardiovascular Disease - Hypertension.....	43
Cardiovascular Disease - Lipid Irregularity.....	54
Cardiovascular Disease - Miscellaneous Agents.....	60
Cardiovascular Disease - Vasodilation.....	61
Contraception/Oxytocics.....	62
Cough And Cold.....	76
Dermatology - Acne.....	78
Dermatology - Antiinfective.....	85
Dermatology - Antiinflammatory.....	90
Dermatology - Miscellaneous.....	100
Dermatology - Psoriasis/Eczema.....	108
Diabetes.....	111
Ear - General Disorders.....	126
Electrolyte Regulation.....	127
Endocrine Disorder - Fertility.....	130
Endocrine Disorder - Other.....	131
Endocrine Disorder - Thyroid.....	136
Eye - General Disorders.....	138
Eye - Glaucoma.....	143
Eye - Miscellaneous.....	147
Fluid Replacement.....	148
Gout And Related Diseases.....	148
Hematological Disorders.....	148
Hormonal Deficiency.....	161
Immunization.....	165
Immunosuppression/Modulation.....	173
Infectious Disease - Bacterial.....	175
Infectious Disease - Fungal.....	182
Infectious Disease - Miscellaneous.....	183
Infectious Disease - Parasitic.....	185
Infectious Disease - Viral.....	186
Inflammatory Disease.....	194
Local Anesthesia.....	203
Lower Gastrointestinal Disorders - Bowel Inflammat.....	204
Lower Gastrointestinal Disorders - Other.....	206

Medical Supplies.....	210
Miscellaneous Agents.....	223
Neoplastic Disease.....	225
Neurological Disease - Miscellaneous.....	236
Oral/Pharyngeal Disorders.....	240
Other Drugs.....	241
Other Respiratory Disorders.....	251
Pain Management - Analgesics.....	252
Parkinsons Disease.....	264
Seizure Disorder.....	267
Skeletal Muscle Disorder.....	273
Smoking Cessation.....	274
Upper Gastrointestinal Disorders - Digestive.....	277
Upper Gastrointestinal Disorders - Spastic Disease.....	277
Upper Gastrointestinal Disorders - Ulcer Disease.....	278
Urinary Tract - Functional Disorders.....	282
Vaginal Disorders.....	285
Vitamin And/Or Mineral Deficiency.....	286
Weight Reduction.....	293

Drug	Status	Notes
Allergy		
2Nd Gen Antihistamine & Decongestant Combinations		
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG	Tier 3	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days
Allergenic Extracts, Therapeutics		
GRASTEK SUBLINGUAL TABLET 2,800 BAU	Tier 2	PA
ODACTRA SUBLINGUAL TABLET 12 SQ-HDM	Tier 2	PA
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	Tier 2	PA
PALFORZIA (LEVEL 0) ORAL CAPSULE, SPRINKLE 1 MG	Tier 2	PA; SP
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3)	Tier 2	PA; SP
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6)	Tier 2	PA; SP
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1)	Tier 2	PA; SP
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG	Tier 2	PA; SP
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2)	Tier 2	PA; SP
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4)	Tier 2	PA; SP
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1)	Tier 2	PA; SP
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X1)	Tier 2	PA; SP

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Drug	Status	Notes
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2)	Tier 2	PA; SP
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2)	Tier 2	PA; SP
PALFORZIA (LEVEL 11 UP-DOSE) ORAL POWDER IN PACKET 300 MG	Tier 2	PA; SP
PALFORZIA INITIAL (1-3 YRS) ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3 MG	Tier 2	PA; SP
PALFORZIA INITIAL (4-17 YRS) ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG	Tier 2	PA; SP
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG	Tier 2	PA; SP
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT	Tier 2	PA
Antihistamines - 1St Generation		
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i> (Carbzah)	Tier 1	Age (Min 2 Years)
<i>carbinoxamine maleate oral suspension, extended rel 12 hr 4 mg/5 ml</i> (Karbinal ER)	Tier 1	ST: Requires prior prescription for immediate release Carbinoxamine Maleate oral solution within the past 120 days; QL (960 ML per 30 days); Age (Min 2 Years)
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 1	Age (Min 2 Years)
CARBZAH ORAL LIQUID 4 MG/5 ML (carbinoxamine maleate)	Tier 1	Age (Min 2 Years)
<i>clemastine oral tablet 2.68 mg</i> (Clemsza)	Tier 1	
CLEMASZ ORAL TABLET 2.68 MG (clemastine)	Tier 1	
CLEMSZA ORAL TABLET 2.68 MG (clemastine)	Tier 1	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	Tier 1	
<i>cyproheptadine oral tablet 4 mg</i>	Tier 1	
DIPHEN ORAL ELIXIR 12.5 MG/5 ML (diphenhydramine hcl)	Tier 1	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	Tier 1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	

Drug	Status	Notes
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
KARBINAL ER ORAL (carbinoxamine maleate) SUSPENSION,EXTENDED REL 12 HR 4 MG/5 ML	Tier 3	ST: Requires prior prescription for immediate release Carbinoxamine Maleate oral solution within the past 120 days; QL (960 ML per 30 days); Age (Min 2 Years)
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i> (Phenergan)	Tier 1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	Tier 1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
Antihistamines - 2Nd Generation		
<i>cetirizine oral solution 1 mg/ml</i> (Allergy Relief (cetirizine))	Tier 1	
<i>desloratadine oral tablet 5 mg</i> (Clarinx)	Tier 1	
<i>desloratadine oral tablet, disintegrating 2.5 mg, 5 mg</i>	Tier 1	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days
<i>levocetirizine oral solution 2.5 mg/5 ml</i> (Xyzal)	Tier 1	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days
<i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief)	Tier 1	
Nasal Antihistamine		
<i>azelastine nasal spray, non-aerosol 137 mcg (0.1 %)</i>	Tier 1	
<i>azelastine nasal spray, non-aerosol 205.5 mcg (0.15 %)</i> (Astepro Allergy)	Tier 1	
<i>olopatadine nasal spray, non-aerosol 0.6 %</i>	Tier 1	

Drug	Status	Notes
Nasal Antihistamine & Anti-Inflam. Steroid Comb.		
<i>azelastine-fluticasone nasal spray, non-aerosol 137-50 mcg/spray</i> (Dymista)	Tier 1	ST: Requires prior prescription for Flunisolide (nasal formulation) or Fluticasone within the past 120 days; QL (23 GM per 30 days)
Nasal Anti-Inflammatory Steroids		
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	Tier 1	QL (25 ML per 30 days)
<i>fluticasone propionate nasal spray, suspension 50 mcg/actuation</i> (24 Hour Allergy Relief)	Tier 1	
<i>mometasone nasal spray, non-aerosol 50 mcg/actuation</i> (Allergy Nasal (mometasone))	Tier 1	
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	Tier 2	QL (6.8 GM per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	Tier 2	QL (10.6 GM per 30 days)
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	Tier 2	ST: Requires prior prescription for one of the following intranasal corticosteroids: Flunisolide, Fluticasone Propionate, or Mometasone within the past 120 days; QL (32 ML per 30 days)
Antiemesis/Antivertigo		
Antiemetic, Cannabinoid-Type		
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)	Tier 1	ST: Requires prior prescription for a 5HT3 antagonist, corticosteroid, Emend, or Megestrol suspension within the past 120 days; QL (2 EA per 1 day)

Drug	Status	Notes
SYNDROS ORAL SOLUTION 5 MG/ML	Tier 3	ST: Requires prior prescription for generic Dronabinol capsules or Megestrol suspension within the past 120 days; QL (60 ML per 30 days)
Antiemetic/Antivertigo Agents		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	Tier 2	QL (1 EA per 28 days)
<i>aprepitant oral capsule 125 mg</i>	Tier 1	QL (1 EA per 21 days)
<i>aprepitant oral capsule 40 mg</i>	Tier 1	QL (1 EA per 28 days)
<i>aprepitant oral capsule 80 mg</i> (Emend)	Tier 1	QL (2 EA per 21 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend)	Tier 1	QL (3 EA per 21 days)
COMPRO RECTAL SUPPOSITORY 25 MG (prochlorperazine)	Tier 1	
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (drlec) 10-10 mg</i> (Diclegis)	Tier 1	QL (120 EA per 30 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	Tier 2	QL (3 EA per 21 days)
<i>granisetron hcl oral tablet 1 mg</i>	Tier 1	ST: Requires prior prescription for Ondansetron tablets or ODT within the past 120 days; QL (8 EA per 30 days)
<i>meclizine oral tablet 12.5 mg</i>	Tier 1	
<i>meclizine oral tablet 25 mg</i> (Dramamine (meclizine))	Tier 1	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	Tier 1	QL (50 ML per 15 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	Tier 1	
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	Tier 1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)	Tier 1	
<i>prochlorperazine rectal suppository 25 mg</i> (Compro)	Tier 1	

Drug	Status	Notes
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i> (Promethegan)	Tier 1	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG (promethazine)	Tier 1	
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	Tier 3	ST: Requires prior prescription for Ondansetron tablets or ODT within the past 120 days; QL (1 EA per 7 days)
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> (Transderm-Scop)	Tier 1	
<i>trimethobenzamide oral capsule 300 mg</i>	Tier 1	
VARUBI ORAL TABLET 90 MG	Tier 3	QL (2 EA per 14 days)
Asthma And Copd		
Anticholinergic, Orally Inhaled Short Acting		
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	Tier 2	QL (25.8 GM per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	Tier 1	
Anticholinergics, Orally Inhaled Long Acting		
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	Tier 2	QL (4 GM per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG (tiotropium bromide)	Tier 1	QL (30 EA per 30 days)
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	Tier 3	QL (90 ML per 30 days)
Beta-Adrenergic Agents		
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	Tier 1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	Tier 1	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	Tier 1	

Drug	Status	Notes
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	Tier 1	
Beta-Adrenergic Agents, Inhaled, Short Acting		
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i> (Ventolin HFA)	Tier 1	
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/3 ml (0.083%), 2.5 mg/0.5 ml, 5 mg/ml</i>	Tier 1	
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	Tier 1	
<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i> (Xopenex HFA)	Tier 1	
Beta-Adrenergic Agents, Inhaled, Ultra-Long Acting		
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	Tier 2	QL (4 GM per 30 days)
Beta-Adrenergic Agents, Orally Inhaled, Long Acting		
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i> (Brovana)	Tier 1	QL (120 ML per 30 days)
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i> (Perforomist)	Tier 1	QL (120 ML per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	Tier 2	QL (60 EA per 30 days)
Beta-Adrenergic And Anticholinergic Combinations		
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION (umeclidinium-vilanterol)	Tier 2	QL (60 EA per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	Tier 2	
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	Tier 1	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	Tier 2	QL (4 GM per 30 days)

Drug	Status	Notes
Beta-Adrenergic And Glucocorticoid Combinations		
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION (fluticasone propion-salmeterol)	Tier 2	QL (12 GM per 30 days)
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	Tier 2	QL (32.1 GM per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE (fluticasone furoate-vilanterol)	Tier 2	QL (60 EA per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE	Tier 2	QL (60 EA per 30 days)
BREYNA INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION (budesonide-formoterol)	Tier 1	QL (30.9 GM per 30 days)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i> (Breyna)	Tier 1	QL (30.9 GM per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i> (Wixela Inhub)	Tier 1	QL (60 EA per 30 days)
WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE (fluticasone propion-salmeterol)	Tier 1	QL (60 EA per 30 days)
Beta-Adrenergic-Anticholinergic-Glucocort, Inhaled		
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	Tier 2	QL (10.7 GM per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	Tier 2	QL (60 EA per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG	Tier 2	QL (2 EA per 1 day)

Drug	Status	Notes
Glucocorticoids, Orally Inhaled		
ARNUITY ELLIPTA INHALATION (fluticasone furoate) BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	Tier 3	QL (30 EA per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i> (Pulmicort)	Tier 1	QL (120 ML per 30 days)
<i>fluticasone propionate inhalation blister with device 100 mcg/actuation, 50 mcg/actuation</i>	Tier 1	QL (60 EA per 30 days)
<i>fluticasone propionate inhalation blister with device 250 mcg/actuation</i>	Tier 1	QL (120 EA per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>	Tier 1	QL (12 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>	Tier 1	QL (24 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	Tier 1	QL (21.2 GM per 30 days)
Interleukin-4(IL-4) Receptor Alpha Antagonist, Mab		
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	Tier 2	PA; SP
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	Tier 2	PA; SP
Interleukin-5(IL-5) Receptor Alpha Antagonist, Mab		
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	Tier 2	PA; SP
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML	Tier 2	PA; SP
Leukotriene Receptor Antagonists		
<i>montelukast oral granules in packet 4 mg</i> (Singulair)	Tier 1	
<i>montelukast oral tablet 10 mg</i> (Singulair)	Tier 1	

Drug	Status	Notes
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i> (Singulair)	Tier 1	
<i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate)	Tier 1	
Mast Cell Stabilizers		
<i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom)	Tier 1	
Mast Cell Stabilizers, Orally Inhaled		
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	Tier 1	
Monoclonal Antibodies To Immunoglobulin E(Ige)		
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	Tier 2	PA; SP
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	Tier 2	PA; SP
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	Tier 2	PA; SP
Monoclonal Antibody - Interleukin-5 Antagonists		
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	Tier 2	PA; SP
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	Tier 2	PA; SP
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML	Tier 2	PA; SP
Phosphodiesterase-4 (Pde4) Inhibitors		
OHTUVAYRE INHALATION SUSPENSION FOR NEBULIZATION 3 MG/2.5 ML	Tier 3	PA
<i>roflumilast oral tablet 250 mcg, 500 mcg</i> (Daliresp)	Tier 1	QL (1 EA per 1 day)
Respiratory Aids, Devices, Equipment		
ACE AEROSOL CLOUD ENHANCER SPACER (inhalational spacing device)	Tier 3	
AEROBIKA OSCILLATING PEP SYSTM DEVICE	Tier 3	

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Drug		Status	Notes
AEROCHAMBER MECHANICAL VENT SPACER	(inhalational spacing device)	Tier 3	
AEROCHAMBER MINI SPACER	(inhalational spacing device)	Tier 3	
AEROCHAMBER MV SPACER	(inhalational spacing device)	Tier 3	
AEROCHAMBER PLUS FLOW-VU SPACER	(inhalational spacing device)	Tier 3	
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER		Tier 3	
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER		Tier 3	
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER		Tier 3	
AEROCHAMBER PLUS Z STAT LG MSK SPACER		Tier 3	
AEROCHAMBER PLUS Z STAT MD MSK SPACER		Tier 3	
AEROCHAMBER PLUS Z STAT SM MSK SPACER		Tier 3	
AEROCHAMBER PLUS Z STAT SPACER	(inhalational spacing device)	Tier 3	
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER	(inhalational spacing device)	Tier 3	
AEROCHAMBER2GO SPACER	(inhalational spacing device)	Tier 3	
AEROECLIPSE II NEBULIZER	(nebulizers)	Tier 3	
AEROECLIPSE XL NEBULIZER	(nebulizers)	Tier 3	
AERONEB GO NEBULIZER	(nebulizers)	Tier 3	
AEROTRACH PLUS SPACER	(inhalational spacing device)	Tier 3	
AEROVENT PLUS SPACER	(inhalational spacing device)	Tier 3	
AIRS DISPOSABLE NEBULIZER	(nebulizers)	Tier 3	
ALTERA NEBULIZER HANDSET	(nebulizers)	Tier 3	
ALTERA NEBULIZER SYSTEM	(nebulizers)	Tier 3	

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Drug	Status	Notes
ASTHMAPACK CHILDREN'S KIT	Tier 3	
AURA PORTANEB (nebulizers)	Tier 3	
BREATHERITE MDI SPACER SPACER (inhalational spacing device)	Tier 3	
BREATHERITE SPACER-MASK, NEO. SPACER	Tier 3	
BREATHERITE SPACER-MASK,ADULT SPACER	Tier 3	
BREATHERITE SPACER-MASK,CHILD SPACER	Tier 3	
BREATHERITE SPACER-MASK,INFANT SPACER	Tier 3	
BREATHERITE SPACER-MASK,S.CHLD SPACER	Tier 3	
BREATHERITE VALVED MDI CHAMBER SPACER (inhalational spacing device)	Tier 3	
BREATHERITE VALVED MDI SPACER SPACER (inhalational spacing device)	Tier 3	
CLEVER CHOICE CHAMBER-LRG MASK SPACER	Tier 3	
CLEVER CHOICE CHAMBER-MED MASK SPACER	Tier 3	
CLEVER CHOICE CHAMBER-SM MASK SPACER	Tier 3	
CLEVER CHOICE NEBULIZER DEVICE (nebulizer and compressor)	Tier 3	
CLEVER CHOICE WHISPER AIRE PED DEVICE (nebulizer and compressor)	Tier 3	
COMFORTSEAL LARGE MASK DEVICE	Tier 3	
COMFORTSEAL MEDIUM MASK DEVICE	Tier 3	
COMFORTSEAL SMALL MASK DEVICE	Tier 3	
COMPACT SPACE CHAMBER SPACER (inhalational spacing device)	Tier 3	

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Drug	Status	Notes
COMPACT SPACE CHAMBER-LRG MASK SPACER	Tier 3	
COMPACT SPACE CHAMBER-MED MASK SPACER	Tier 3	
COMPACT SPACE CHAMBER-SM MASK SPACER	Tier 3	
COMP-AIR NEBULIZER COMPRESSOR DEVICE (nebulizer and compressor)	Tier 3	
DEVILBISS DISPOSABLE NEBULIZER (nebulizers)	Tier 3	
DEVILBISS PULMO-AIDE COMPRESSOR DEVICE	Tier 3	
DEVILBISS PULMOMATE COMPRESSOR DEVICE	Tier 3	
DEVILBISS TRAVELER COMPRESSOR DEVICE (nebulizer and compressor)	Tier 3	
EASIVENT HOLDING CHAMBER SPACER (inhalational spacing device)	Tier 3	
EASIVENT MASK LARGE DEVICE	Tier 3	
EASIVENT MASK MEDIUM DEVICE	Tier 3	
EASIVENT MASK SMALL DEVICE	Tier 3	
EASY NEB COMPRESSOR NEBULIZER DEVICE (nebulizer and compressor)	Tier 3	
EBASE CONTROLLER DEVICE	Tier 3	
FLEXICHAMBER SPACER (inhalational spacing device)	Tier 3	
FLEXICHAMBER-LG CHILD MASK DEVICE	Tier 3	
FLEXICHAMBER-SM ADULT MASK DEVICE	Tier 3	
FLEXICHAMBER-SM CHILD MASK DEVICE	Tier 3	
HOME NEBULIZER PLUS SIDESTREAM DEVICE (nebulizer and compressor)	Tier 3	
INNOSPIRE DELUXE DEVICE (nebulizer and compressor)	Tier 3	
INNOSPIRE ELEGANCE DEVICE (nebulizer and compressor)	Tier 3	

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Drug		Status	Notes
INNOSPIRE ESSENCE DEVICE	(nebulizer and compressor)	Tier 3	
INNOSPIRE GO NEBULIZER	(nebulizers)	Tier 3	
INNOSPIRE MINI DEVICE	(nebulizer and compressor)	Tier 3	
INSPIRACHAMBER SPACER	(inhalational spacing device)	Tier 3	
INSPIRACHAMBER WITH MASK-LARGE SPACER		Tier 3	
INSPIRACHAMBER WITH MASK-MED SPACER		Tier 3	
INSPIRACHAMBER WITH MASK-SMALL SPACER		Tier 3	
LC PLUS	(nebulizers)	Tier 3	
LC PLUS NEBULIZER-PED MASK	(nebulizers)	Tier 3	
LITE TOUCH-MEDIUM MASK DEVICE		Tier 3	
LITEAIRE MDI CHAMBER SPACER	(inhalational spacing device)	Tier 3	
LITETOUCH-LARGE MASK DEVICE		Tier 3	
LITETOUCH-SMALL MASK DEVICE		Tier 3	
MC 300 NEBULIZER W-MOUTHPIECE	(nebulizers)	Tier 3	
MC 300 NEBULIZER-UNVRSL TUBING	(nebulizers)	Tier 3	
MICROAIR MESH NEBULIZER	(nebulizers)	Tier 3	
MICROCHAMBER SPACER	(inhalational spacing device)	Tier 3	
MICROSPACER SPACER	(inhalational spacing device)	Tier 3	
MINI PLUS NEBULIZER	(nebulizers)	Tier 3	
MINI WRIGHT PEAK FLOW METER DEVICE	(peak flow meter)	Tier 3	
<i>nebulizer and compressor device</i>	(Clever Choice Nebulizer)	Tier 3	
OMBRA COMPRESSOR SYSTEM DEVICE	(nebulizer and compressor)	Tier 3	
OPTICHAMBER ADULT MASK-LARGE DEVICE		Tier 3	

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Drug		Status	Notes
OPTICHAMBER DIAMOND LG MASK SPACER		Tier 3	
OPTICHAMBER DIAMOND VHC SPACER	(inhalational spacing device)	Tier 3	
OPTICHAMBER DIAMOND-MED MSK SPACER		Tier 3	
OPTICHAMBER DIAMOND-SML MASK SPACER		Tier 3	
PARI LC SPRINT NEBULIZER SET	(nebulizers)	Tier 3	
PARI LC SPRINT SINUS	(nebulizers)	Tier 3	
PARI TREK S COMBO PACK DEVICE	(nebulizer and compressor)	Tier 3	
PARI TREK S COMPACT COMPRESSOR DEVICE	(nebulizer and compressor)	Tier 3	
PEDIATRIC BEAR NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	
PEDIATRIC COMP-AIR COMPRES NEB DEVICE	(nebulizer and compressor)	Tier 3	
PFLEX INSPIRATORY TRAINER DEVICE		Tier 3	
POCKET CHAMBER SPACER	(inhalational spacing device)	Tier 3	
PRIMEAIRE SPACER	(inhalational spacing device)	Tier 3	
PROCARE COMPRESSOR NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	
PROCARE PEDIATRIC NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	
PROCARE SPACER WITH ADULT MASK SPACER		Tier 3	
PROCARE SPACER WITH CHILD MASK SPACER		Tier 3	
PROCHAMBER SPACER	(inhalational spacing device)	Tier 3	
PRODIGY MINI-MIST NEBULIZER	(nebulizers)	Tier 3	
PRONEB MAX COMPRESSOR-LC PLUS DEVICE	(nebulizer and compressor)	Tier 3	

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Drug		Status	Notes
PRONEB MAX COMPRESSOR-LC SPRINT DEVICE	(nebulizer and compressor)	Tier 3	
PROVENT NASAL DEVICE		Tier 3	
PROVENT STARTER NASAL DEVICE		Tier 3	
PULMO-AIDE COMPRESSOR DEVICE		Tier 3	
PULMONEB LT COMPRESSOR NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	
PUREAIR MINI NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	
QUAKE VIBRATORY PEP DEVICE		Tier 3	
RITEFLO AEROCHAMBER SPACER	(inhalational spacing device)	Tier 3	
SAMI THE SEAL DEVICE	(nebulizer and compressor)	Tier 3	
SIDESTREAM	(nebulizers)	Tier 3	
SIDESTREAM NEBULIZER	(nebulizers)	Tier 3	
SIDESTREAM PLUS	(nebulizers)	Tier 3	
SILICONE MASK - INFANT DEVICE		Tier 3	
SINUSTAR NEBULIZER	(nebulizers)	Tier 3	
SMARTNEB COMPRESSOR NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	
SOOTHENEB COMPRESSOR NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	
SOOTHENEB MESH NEBULIZER	(nebulizers)	Tier 3	
SPACE CHAMBER SPACER	(inhalational spacing device)	Tier 3	
SPACE CHAMBER WITH LARGE MASK SPACER		Tier 3	
SPACE CHAMBER WITH MEDIUM MASK SPACER		Tier 3	
SPACE CHAMBER WITH SMALL MASK SPACER		Tier 3	
SUNRISE COMPRESSOR-NEBULIZER DEVICE		Tier 3	
THRESHOLD IMT TRAINER DEVICE		Tier 3	
THRESHOLD PEP DEVICE DEVICE		Tier 3	

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Drug	Status	Notes
TRUZONE PEAK FLOW METER DEVICE (peak flow meter)	Tier 3	
VIOS AEROSOL DELIVERY SYSTEM DEVICE (nebulizer and compressor)	Tier 3	
VORTEX HOLDING CHAMBER SPACER (inhalational spacing device)	Tier 3	
VORTEX VHC PEDIATRIC MASK SPACER	Tier 3	
WILLIS THE WHALE COMPRESSOR NEB DEVICE (nebulizer and compressor)	Tier 3	
Thymic Stromal Lymphopoietin (Tslp) Inhibitors		
TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML)	Tier 2	PA; SP
TEZSPIRE SUBCUTANEOUS SYRINGE 210 MG/1.91 ML (110 MG/ML)	Tier 2	PA; SP
Xanthines		
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	Tier 1	
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML (theophylline)	Tier 1	
THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	Tier 2	
<i>theophylline oral elixir 80 mg/15 ml</i>	Tier 1	
<i>theophylline oral solution 80 mg/15 ml</i>	Tier 1	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	Tier 1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	Tier 1	

Drug	Status	Notes
Autonomic Nervous System Disorders		
Alzheimer's Therapy, Nmda Receptor Antagonists		
<i>memantine oral capsule, sprinkle, er 24hr</i> 14 mg, 21 mg, 28 mg	Tier 1	ST: Requires prior prescription for Memantine immediate release tablets within the past 120 days; QL (30 EA per 30 days)
<i>memantine oral capsule, sprinkle, er 24hr</i> (Namenda XR) 7 mg	Tier 1	ST: Requires prior prescription for Memantine immediate release tablets within the past 120 days; QL (30 EA per 30 days)
<i>memantine oral solution</i> 2 mg/ml	Tier 1	QL (300 ML per 30 days)
<i>memantine oral tablet</i> 10 mg, 5 mg	Tier 1	QL (60 EA per 30 days)
<i>memantine oral tablets, dose pack 5-10</i> (Namenda Titration Pak) mg	Tier 1	QL (49 EA per 28 days)
NAMENDA XR ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7-14-21-28 MG	Tier 2	ST: Requires prior prescription for Memantine immediate release tablets within the past 120 days; QL (28 EA per 28 days)
Alzheimer's Thx, Nmda Recept Antag & Cholinases Inhib		
<i>memantine-donepezil oral capsule, sprinkle, er 24hr</i> 14-10 mg, 21-10 mg, 28-10 mg (Namzaric)	Tier 1	ST: Requires prior prescriptions for Donepezil and Memantine within the past 365 days; QL (1 EA per 1 day)
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 7-10 MG	Tier 2	ST: Requires prior prescriptions for Donepezil and Memantine within the past 365 days; QL (1 EA per 1 day)
Cholinesterase Inhibitors		
<i>donepezil oral tablet</i> 10 mg, 23 mg, 5 mg (Aricept)	Tier 1	
<i>donepezil oral tablet, disintegrating</i> 10 mg, 5 mg	Tier 1	

Drug	Status	Notes
<i>galantamine oral capsule,ext rel. pellets</i> 24 hr 16 mg, 24 mg, 8 mg	Tier 1	QL (30 EA per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	Tier 1	QL (200 ML per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i> (Mestinon)	Tier 1	
<i>pyridostigmine bromide oral tablet 30 mg</i>	Tier 1	
<i>pyridostigmine bromide oral tablet 60 mg</i> (Mestinon)	Tier 1	
<i>pyridostigmine bromide oral tablet extended release 105 mg</i>	Tier 3	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i> (Mestinon Timespan)	Tier 1	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	Tier 1	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i> (Exelon Patch)	Tier 1	QL (30 EA per 30 days)
ZUNVEYL ORAL TABLET,DELAYED RELEASE (DR/EC) 10 MG, 15 MG, 5 MG	Tier 3	ST: Requires prior prescription for generic Galantamine tablets or Galantamine ER capsules within the past 120 days; QL (2 EA per 1 day)
Neonatal Fc Receptor (Fc_γn) Inhibitors		
VYVGART HYTRULO SUBCUTANEOUS SYRINGE 1,000 MG-10,000 UNIT/5 ML	Tier 3	PA; SP
Behavioral Health - Antidepressants		
Alpha-2 Receptor Antagonist Antidepressants		
<i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)	Tier 1	
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	Tier 1	
<i>mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab)	Tier 1	

Drug	Status	Notes
Antidepressant - Nmda Receptor Antagonist		
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	Tier 3	PA; SP
Antidepressant - Postpartum Depression (Ppd)		
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG	Tier 2	PA; SP
Maois - Non-Selective & Irreversible		
MARPLAN ORAL TABLET 10 MG	Tier 3	
<i>phenelzine oral tablet 15 mg</i> (Nardil)	Tier 1	
<i>tranylcypromine oral tablet 10 mg</i> (Parnate)	Tier 1	
Monoamine Oxidase(Mao) Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	Tier 3	QL (1 EA per 1 day)
Ndma Receptor Antagonist And Ndri Comb		
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	Tier 3	
Norepinephrine And Dopamine Reuptake Inhib (Ndris)		
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	Tier 1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL)	Tier 1	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR)	Tier 1	
Selective Serotonin Reuptake Inhibitor (SsrIs)		
<i>citalopram oral solution 10 mg/5 ml</i>	Tier 1	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i> (Celexa)	Tier 1	
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	Tier 1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (Lexapro)	Tier 1	

Drug	Status	Notes
<i>fluoxetine oral capsule 10 mg, 20 mg</i> (Prozac)	Tier 1	
<i>fluoxetine oral capsule 40 mg</i>	Tier 1	
<i>fluoxetine oral capsule, delayed release(drlec) 90 mg</i>	Tier 1	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>fluoxetine oral tablet 10 mg, 20 mg, 60 mg</i>	Tier 1	
<i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>paroxetine hcl oral suspension 10 mg/5 ml</i> (Paxil)	Tier 1	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> (Paxil)	Tier 1	
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i> (Paxil CR)	Tier 1	
<i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)	Tier 1	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)	Tier 1	
Serotonin-2 Antagonist/Reuptake Inhibitors (Saris)		
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 1	
RALDESY ORAL SOLUTION 10 MG/ML	Tier 3	PA
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	Tier 1	

Drug	Status	Notes
Serotonin-Norepinephrine Reuptake-Inhib (Snris)		
<i>desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg</i>	Tier 1	ST: At least 2 prior prescriptions for generic Paroxetine HCL, Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Sertraline, or Venlafaxine ER/IR within the past 365 days; QL (1 EA per 1 day)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq)	Tier 1	
<i>duloxetine oral capsule, delayed release (drlec) 20 mg, 30 mg, 60 mg</i>	Tier 1	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	Tier 2	QL (1 EA per 1 day)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	Tier 2	QL (1 EA per 1 day)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg</i> (Effexor XR)	Tier 1	
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Tier 1	
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>	Tier 1	
Ssri & 5Ht1a Partial Agonist Antidepressant		
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i> (Viibryd)	Tier 1	
Ssri & Serotonin Receptor Modulator Antidepressant		
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 2	QL (1 EA per 1 day)

Drug	Status	Notes
Tricyclic Antidepressant/Benzodiazepine Combinations		
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	Tier 1	
Tricyclic Antidepressant/Phenothiazine Combinations		
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	Tier 1	
Tricyclic Antidepressants & Rel. Non- Sel. Re-Inhib		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	Tier 1	
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil)	Tier 1	
<i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)	Tier 1	
<i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxepin oral concentrate 10 mg/ml</i>	Tier 1	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	Tier 1	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor)	Tier 1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	Tier 1	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	

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Drug	Status	Notes
Behavioral Health - Other		
Adrenergics, Aromatic, Non-Catecholamine		
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i> (Evekeo)	Tier 1	PA
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg</i> (Dexedrine Spansule)	Tier 1	QL (4 EA per 1 day)
<i>dextroamphetamine sulfate oral capsule, extended release 15 mg</i> (Dexedrine Spansule)	Tier 1	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i> (ProCentra)	Tier 1	QL (1800 ML per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i> (Zenedi)	Tier 1	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 7.5 mg</i> (Zenedi)	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (4 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 20 mg</i> (Zenedi)	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (3 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 30 mg</i> (Zenedi)	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (2 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 5 mg</i> (Zenedi)	Tier 1	QL (4 EA per 1 day)

Drug	Status	Notes
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Mydayis)	Tier 1	QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i> (Adderall XR)	Tier 1	QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i> (Adderall XR)	Tier 1	QL (2 EA per 1 day)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall)	Tier 1	QL (2 EA per 1 day)
<i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i> (Vyvanse)	Tier 1	QL (1 EA per 1 day)
<i>lisdexamfetamine oral tablet, chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i> (Vyvanse)	Tier 1	QL (1 EA per 1 day)
<i>methamphetamine oral tablet 5 mg</i> (Desoxyn)	Tier 1	QL (150 EA per 30 days)
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG (dextroamphetamine sulfate)	Tier 3	ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (4 EA per 1 day)
Anti-Alcoholic Preparations		
<i>acamprosate oral tablet, delayed release (drl/ec) 333 mg</i>	Tier 1	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	Tier 1	
Anti-Anxiety - Benzodiazepines		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	Tier 2	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> (Xanax)	Tier 1	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i> (Xanax XR)	Tier 1	
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	

Drug	Status	Notes
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	Tier 1	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	Tier 1	
DIAZEPAM INTENSOL ORAL (diazepam) CONCENTRATE 5 MG/ML	Tier 1	
<i>diazepam oral concentrate 5 mg/ml</i> (Diazepam Intensol)	Tier 1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	Tier 1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)	Tier 1	
LORAZEPAM INTENSOL ORAL (lorazepam) CONCENTRATE 2 MG/ML	Tier 1	
<i>lorazepam oral concentrate 2 mg/ml</i> (Lorazepam Intensol)	Tier 1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Ativan)	Tier 1	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	Tier 1	
Anti-Anxiety Drugs		
<i>bupirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	Tier 1	
Anti-Mania Drugs		
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	Tier 3	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	Tier 1	
<i>lithium carbonate oral tablet 300 mg</i>	Tier 1	
<i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid)	Tier 1	
<i>lithium carbonate oral tablet extended release 450 mg</i>	Tier 1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	Tier 1	

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Drug	Status	Notes
Anti-Narcolepsy & Anti-Cataplexy, Sedative-Type Agt		
LUMRYZ ORAL EXTEND RELEASE GRANULES, PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM	Tier 3	PA; SP
LUMRYZ STARTER PACK ORAL GRANULES ER PACKET, DOSE PACK 4.5-6-7.5 GRAM	Tier 3	PA; SP
<i>sodium oxybate oral solution 500 mg/ml</i> (Xyrem)	Tier 2	PA; SP
XYWAV ORAL SOLUTION 0.5 GRAM/ML	Tier 2	PA; SP
Antipsych, Dopamine Antag., Diphenylbutylpiperidines		
<i>pimozide oral tablet 1 mg, 2 mg</i>	Tier 1	
Antipsychotic-Atypical, D3/D2 Partial Ag-5Ht Mixed		
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	Tier 2	QL (1 EA per 1 day)
Antipsychotics, Atyp, D2 Partial Agonist/5Ht Mixed		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 720 MG/2.4 ML	Tier 2	SP; QL (2.4 ML per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 960 MG/3.2 ML	Tier 2	SP; QL (3.2 ML per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 300 MG	Tier 2	SP; QL (1 EA per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 400 MG	Tier 2	SP; QL (2 EA per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 300 MG	Tier 2	SP; QL (1 EA per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 400 MG	Tier 2	SP; QL (2 EA per 26 days)

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Drug	Status	Notes
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 1	
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)	Tier 1	
<i>aripiprazole oral tablet, disintegrating 10 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	Tier 1	QL (2 EA per 1 day)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 675 MG/2.4 ML	Tier 3	SP
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML	Tier 2	SP; QL (3.9 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML	Tier 2	SP; QL (1.6 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML	Tier 2	SP; QL (2.4 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 882 MG/3.2 ML	Tier 2	SP; QL (3.2 ML per 14 days)
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG	Tier 3	ST: Requires prior prescription for generic Aripiprazole tablets within the past 120 days
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 2	QL (1 EA per 1 day)
Antipsychotics, Dopamine & Serotonin Antagonists		
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG	Tier 2	SP
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	
Antipsychotics, Atypical, Dopamine, & Serotonin Antag		
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i> (Saphris)	Tier 1	QL (2 EA per 1 day)

Drug	Status	Notes
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	Tier 2	QL (1 EA per 1 day)
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Clozaril)	Tier 1	
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	Tier 1	QL (3 EA per 1 day)
ERZOFRI INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	Tier 3	SP; QL (1.5 ML per 21 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 3	QL (2 EA per 1 day)
FANAPT TITRATION PACK A ORAL TABLETS, DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	Tier 3	QL (8 EA per 28 days)
FANAPT TITRATION PACK B ORAL TABLETS, DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2)	Tier 3	QL (12 EA per 28 days)
FANAPT TITRATION PACK C ORAL TABLETS, DOSE PACK 1 MG(4)-2 MG(2) -6 MG (2)	Tier 3	QL (8 EA per 28 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	Tier 2	SP; QL (3.5 ML per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	Tier 2	SP; QL (5 ML per 166 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	Tier 2	SP; QL (0.75 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	Tier 2	SP; QL (1 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	Tier 2	SP; QL (1.5 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	Tier 2	SP; QL (0.25 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	Tier 2	SP; QL (0.5 ML per 21 days)

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Drug	Status	Notes
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	Tier 2	SP; QL (88 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	Tier 2	SP; QL (1.32 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	Tier 2	SP; QL (1.75 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	Tier 2	SP; QL (2.63 ML per 70 days)
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i> (Latuda)	Tier 1	QL (30 EA per 30 days)
<i>lurasidone oral tablet 80 mg</i> (Latuda)	Tier 1	QL (60 EA per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 7.5 mg</i>	Tier 1	
<i>olanzapine oral tablet 2.5 mg, 20 mg, 5 mg</i> (Zyprexa)	Tier 1	
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	Tier 1	
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>paliperidone oral tablet extended release 24hr 3 mg, 9 mg</i> (Invega)	Tier 1	QL (1 EA per 1 day)
<i>paliperidone oral tablet extended release 24hr 6 mg</i> (Invega)	Tier 1	QL (2 EA per 1 day)
PERSERIS SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 120 MG, 90 MG	Tier 2	SP; QL (1 EA per 28 days)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel)	Tier 1	
<i>quetiapine oral tablet 150 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel XR)	Tier 1	
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	Tier 1	
<i>risperidone oral tablet 0.25 mg</i>	Tier 1	
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)	Tier 1	

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Drug	Status	Notes
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	Tier 3	QL (1 EA per 1 day)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 100 MG/0.28 ML	Tier 2	SP; QL (0.28 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 125 MG/0.35 ML	Tier 2	SP; QL (0.35 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 150 MG/0.42 ML	Tier 2	SP; QL (0.42 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 200 MG/0.56 ML	Tier 2	SP; QL (0.56 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 250 MG/0.7 ML	Tier 2	SP; QL (0.7 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 50 MG/0.14 ML	Tier 2	SP; QL (0.14 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 75 MG/0.21 ML	Tier 2	SP; QL (0.21 ML per 28 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	Tier 3	QL (18 ML per 1 day)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon)	Tier 1	
Antipsychotics, Dopamine Antagonists, Thioxanthenes		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	
Antipsychotics, Dopamine Antagonists, Butyrophenones		
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	Tier 1	

Drug	Status	Notes
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	Tier 1	
Antipsychotics,Dopamine Antagonist,Dihydroindolones		
<i>molindone oral tablet 10 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>molindone oral tablet 25 mg</i>	Tier 1	QL (9 EA per 1 day)
<i>molindone oral tablet 5 mg</i>	Tier 1	
Anti-Psychotics,Phenothiazines		
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	Tier 1	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	Tier 1	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	Tier 1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	Tier 1	
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	
Barbiturates		
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	Tier 1	
Hsdd Agents-Mixed Serotonin Agonist/Antagonists		
ADDYI ORAL TABLET 100 MG	Tier 3	PA
VYLEESI SUBCUTANEOUS AUTO-INJECTOR 1.75 MG/0.3 ML	Tier 3	PA

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Drug	Status	Notes
Hypnotics, Melatonin Mt1/Mt2 Receptor Agonists		
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	Tier 3	PA; SP
<i>ramelteon oral tablet 8 mg</i> (Rozerem)	Tier 1	ST: Requires prior prescription for Eszopiclone (Lunesta), Zaleplon (Sonata), or Zolpidem IR (Ambien) within the past 120 days
<i>tasimelteon oral capsule 20 mg</i> (Hetlioz)	Tier 1	PA; SP
Narcolepsy And Sleep Disorder Therapy Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i> (Nuvigil)	Tier 1	QL (1 EA per 1 day)
<i>armodafinil oral tablet 50 mg</i> (Nuvigil)	Tier 1	QL (3 EA per 1 day)
<i>modafinil oral tablet 100 mg, 200 mg</i> (Provigil)	Tier 1	QL (2 EA per 1 day)
SUNOSI ORAL TABLET 150 MG, 75 MG	Tier 2	PA
Narcolepsy Tx-H3-Recept.Antagonist/Inverse Agonist		
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	Tier 3	PA; SP
Narcotic Antagonists		
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	Tier 2	QL (4 EA per 30 days)
LOTREXONE ORAL CAPSULE 1.5 MG, 4.5 MG	Tier 3	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	Tier 1	
NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG	Tier 3	
<i>naltrexone oral tablet 50 mg</i>	Tier 1	
OPVEE NASAL SPRAY, NON-AEROSOL 2.7 MG/ACTUATION	Tier 3	QL (4 EA per 30 days)
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML	Tier 3	QL (2 ML per 30 days)

Drug	Status	Notes
Sedative-Hypnotics - Benzodiazepines		
<i>estazolam oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	Tier 1	
<i>midazolam oral syrup 2 mg/ml</i>	Tier 1	
<i>quazepam oral tablet 15 mg</i> (Doral)	Tier 1	
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i> (Restoril)	Tier 1	
<i>triazolam oral tablet 0.125 mg</i>	Tier 1	
<i>triazolam oral tablet 0.25 mg</i> (Halcion)	Tier 1	
Sedative-Hypnotics, Non-Barbiturate		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	Tier 2	ST: Requires prior prescription for Eszopiclone, Zaleplon, or Zolpidem Tartrate within the past 130 days; QL (1 EA per 1 day)
DAYVIGO ORAL TABLET 10 MG, 5 MG	Tier 2	ST: Requires prior prescription for Eszopiclone, Zaleplon, or Zolpidem Tartrate within the past 130 days; QL (1 EA per 1 day)
<i>doxepin oral tablet 3 mg, 6 mg</i> (Silenor)	Tier 1	QL (1 EA per 1 day)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta)	Tier 1	QL (1 EA per 1 day)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)	Tier 1	QL (1 EA per 1 day)
<i>zolpidem oral tablet, ext release multiphase 12.5 mg, 6.25 mg</i> (Ambien CR)	Tier 1	QL (1 EA per 1 day)
<i>zolpidem sublingual tablet 1.75 mg, 3.5 mg</i>	Tier 1	QL (1 EA per 1 day)
Selective Serotonin 5-Ht2a Inverse Agonists (Ssia)		
NUPLAZID ORAL CAPSULE 34 MG	Tier 3	PA; SP
NUPLAZID ORAL TABLET 10 MG	Tier 3	PA; SP

Drug	Status	Notes
Ssri &Antipsych,Atyp,Dopamine&Serotonin Antag Comb		
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	Tier 1	QL (1 EA per 1 day)
Tx For Adhd - Selective Alpha-2A Receptor Agonist		
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	Tier 1	
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv ER)	Tier 1	
ONYDA XR ORAL SUSPENSION,EXTEND RELEASE 24HR 0.1 MG/ML	Tier 3	ST: Requires prior prescription for Clonidine 0.1mg ER tablets within the past 120 days; QL (4 ML per 1 day)
Tx For Attention Deficit- Hyperact(Adhd)/Narcolepsy		
AZSTARYS ORAL CAPSULE 26.1 MG- 5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG- 10.4 MG	Tier 2	ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (1 EA per 1 day)
<i>dexmethylphenidate oral capsule,er 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i> (Focalin XR)	Tier 1	QL (1 EA per 1 day)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i> (Focalin)	Tier 1	QL (2 EA per 1 day)

Drug	Status	Notes
JORNAY PM ORAL CAPSULE,DEL REL,EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG	Tier 2	ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i> (Metadate CD)	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg</i> (Metadate CD)	Tier 1	QL (2 EA per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg</i> (Ritalin LA)	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 30 mg</i> (Ritalin LA)	Tier 1	QL (2 EA per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 60 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i> (Methylin)	Tier 1	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin)	Tier 1	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 20 mg</i> (Metadate ER)	Tier 1	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i> (Concerta)	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i> (Concerta)	Tier 1	QL (2 EA per 1 day)
<i>methylphenidate hcl oral tablet,chewable 10 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>methylphenidate hcl oral tablet,chewable 2.5 mg, 5 mg</i>	Tier 1	QL (90 EA per 30 days)

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Drug	Status	Notes
<i>methylphenidate transdermal patch 24</i> (Daytrana) <i>hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr,</i> <i>30 mg/9 hr</i>	Tier 1	ST: Requires prior prescription for oral Methylphenidate CD/ER/LA formulation or Methylphenidate suspension/solution within the past 120 days; QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 40 MG	Tier 3	ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 30 MG	Tier 3	ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (2 EA per 1 day)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 3	120mL BOTTLE; ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (240 ML per 30 days)

Drug	Status	Notes
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 3	150mL BOTTLE; ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (300 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 3	180mL BOTTLE; ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (360 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 3	60mL BOTTLE; ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (60 ML per 30 days)
Tx For Attention Deficit-Hyperact.(Adhd), Nri-Type		
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	

Drug	Status	Notes
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG	Tier 3	ST: Requires prior prescription for Atomoxetine, Clonidine ER (Kapvay), Dexmethylphenidate, Dextroamphetamine/Amphetamine, Guanfacine ER (INTUNIV), or generic IR Methylphenidate within the past 120 days; QL (1 EA per 1 day)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG	Tier 3	ST: Requires prior prescription for Atomoxetine, Clonidine ER (Kapvay), Dexmethylphenidate, Dextroamphetamine/Amphetamine, Guanfacine ER (INTUNIV), or generic IR Methylphenidate within the past 120 days; QL (2 EA per 1 day)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	Tier 3	ST: Requires prior prescription for Atomoxetine, Clonidine ER (Kapvay), Dexmethylphenidate, Dextroamphetamine/Amphetamine, Guanfacine ER (INTUNIV), or generic IR Methylphenidate within the past 120 days; QL (3 EA per 1 day)
Cardiovascular Disease - Arrhythmia		
Antiarrhythmics		
<i>amiodarone oral tablet 100 mg, 200 mg</i> (Pacerone)	Tier 1	
<i>amiodarone oral tablet 400 mg</i>	Tier 1	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> (Norpace)	Tier 1	

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Drug	Status	Notes
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)	Tier 1	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 1	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	Tier 1	
MULTAQ ORAL TABLET 400 MG	Tier 2	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG	Tier 2	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 150 MG (disopyramide phosphate)	Tier 2	
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG (amiodarone)	Tier 1	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	Tier 1	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	Tier 1	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	Tier 1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	Tier 1	
Cardiovascular Disease - Cardiac Stimulant		
Adrenergic Agents, Catecholamines		
<i>epinephrine injection syringe 0.1 mg/ml</i>	Tier 1	
Digitalis Glycosides		
DIGITEK ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) (digoxin)	Tier 1	
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	Tier 3	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Digitek)	Tier 1	
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i> (Lanoxin)	Tier 1	PA
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) (digoxin)	Tier 3	
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG) (digoxin)	Tier 3	PA

Drug	Status	Notes
Cardiovascular Disease - Hypertension		
Ace Inhibitor/Calcium Channel Blocker Combination		
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg</i> (Lotrel)	Tier 1	
<i>amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg</i>	Tier 1	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	Tier 1	
Ace Inhibitor/Thiazide & Thiazide-Like Diuretic		
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Lotensin HCT)	Tier 1	
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	Tier 1	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	Tier 1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic)	Tier 1	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	Tier 1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	Tier 1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)	Tier 1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Accuretic)	Tier 1	
Alpha/Beta-Adrenergic Blocking Agents		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg)	Tier 1	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i> (Coreg CR)	Tier 1	QL (1 EA per 1 day)

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Drug	Status	Notes
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	Tier 1	
Alpha-Adrenergic Blocking Agents		
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	Tier 3	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)	Tier 1	
<i>phenoxybenzamine oral capsule 10 mg</i> (Dibenzyline)	Tier 1	PA; SP
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	Tier 1	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	
TEZRULY ORAL SOLUTION 1 MG/ML	Tier 3	PA
Angioten.Receptr Antag./Cal.Chanl Blkr/Thiazide Cb		
<i>amlodipine-valsartan-hcthiamid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i> (Exforge HCT)	Tier 1	
<i>olmesartan-amlodipin-hcthiamid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i> (Tribenzor)	Tier 1	
Angiotensin Receptor Antag./Thiazide Diuretic Comb		
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> (Atacand HCT)	Tier 1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)	Tier 1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar)	Tier 1	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> (Benicar HCT)	Tier 1	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> (Micardis HCT)	Tier 1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> (Diovan HCT)	Tier 1	

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Drug	Status	Notes
Angiotensin Receptor Antgnst & Calc.Channel Blockr		
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i> (Azor)	Tier 1	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> (Exforge)	Tier 1	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	Tier 1	
Antihypertensives, Ace Inhibitors		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg</i> (Lotensin)	Tier 1	
<i>benazepril oral tablet 5 mg</i>	Tier 1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>enalapril maleate oral solution 1 mg/ml</i> (Epaned)	Tier 1	ST: Requires prior prescription for Enalapril tablets if 12 years of age or older within the past 120 days; QL (1200 ML per 30 days)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)	Tier 1	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> (Zestril)	Tier 1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	Tier 1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	Tier 1	
QBRELIS ORAL SOLUTION 1 MG/ML	Tier 3	ST: Requires prior prescription for Lisinopril tablets within the past 120 days if 12 years of age and older; QL (1200 ML per 30 days)
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril)	Tier 1	

Drug	Status	Notes
<i>ramipril oral capsule 1.25 mg, 2.5 mg, 5 mg</i> (Altace)	Tier 1	
<i>ramipril oral capsule 10 mg</i>	Tier 1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	
Antihypertensives, Angiotensin Receptor Antagonist		
ARB LI ORAL SUSPENSION 10 MG/ML	Tier 3	PA
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Atacand)	Tier 1	
<i>eprosartan oral tablet 600 mg</i>	Tier 1	
<i>irbesartan oral tablet 150 mg, 300 mg</i> (Avapro)	Tier 1	
<i>irbesartan oral tablet 75 mg</i>	Tier 1	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)	Tier 1	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)	Tier 1	
<i>telmisartan oral tablet 20 mg</i>	Tier 1	
<i>telmisartan oral tablet 40 mg, 80 mg</i> (Micardis)	Tier 1	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)	Tier 1	
Antihypertensives, Ganglionic Blockers		
VECAMYL ORAL TABLET 2.5 MG	Tier 3	PA; SP
Antihypertensives, Miscellaneous		
<i>metyrosine oral capsule 250 mg</i> (Demser)	Tier 1	PA; SP
Antihypertensives, Sympatholytic		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	Tier 1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-TTS-1)	Tier 1	
<i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2)	Tier 1	
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3)	Tier 1	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	Tier 1	

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Drug	Status	Notes
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	Tier 1	
Antihypertensives, Vasodilators		
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	Tier 1	
Antihypertensives, Endothelin Receptor Antagonists		
TRYVIO ORAL TABLET 12.5 MG	Tier 3	PA; SP
VANRAFIA ORAL TABLET 0.75 MG	Tier 3	PA; SP
Beta-Adrenergic Blocking Agents		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	Tier 1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin)	Tier 1	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>bisoprolol fumarate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	Tier 3	ST: Requires prior prescription for generic Propranolol oral solution within the past 120 days if 1 year of age and older; QL (360 ML per 30 days)
KAPSPARGO SPRINKLE ORAL CAPSULE, SPRINKLE, ER 24HR 100 MG, 200 MG, 25 MG, 50 MG	Tier 3	
LOPRESSOR ORAL SOLUTION 10 MG/ML	Tier 3	PA
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> (Toprol XL)	Tier 1	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor)	Tier 1	
<i>metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg</i>	Tier 1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	

Drug	Status	Notes
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Bystolic)	Tier 1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA)	Tier 1	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	Tier 1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	
SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG (sotalol)	Tier 1	
<i>sotalol oral tablet 120 mg, 160 mg, 80 mg</i> (Sotalol AF)	Tier 1	
<i>sotalol oral tablet 240 mg</i> (Betapace)	Tier 1	
SOTYLIZE ORAL SOLUTION 5 MG/ML	Tier 3	QL: 8 BOTTLES IN 30 DAYS; ST: Requires prior prescription for Sotalol tablets within the past 120 days
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
Beta-Adrenergic Blocking Agents/Thiazide & Related		
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i> (Tenoretic 100)	Tier 1	
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i> (Tenoretic 50)	Tier 1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	Tier 1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	Tier 1	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	Tier 1	
Calcium Channel Blocking Agents		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)	Tier 1	

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Drug	Status	Notes
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG (diltiazem hcl)	Tier 1	
CONJUPRI ORAL TABLET 2.5 MG (levamlodipine)	Tier 3	PA
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i> (DILT-XR)	Tier 1	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	Tier 1	
<i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (Tiadyt ER)	Tier 1	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (Cartia XT)	Tier 1	
<i>diltiazem hcl oral capsule,extended release 24hr 360 mg</i> (Cardizem CD)	Tier 1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem)	Tier 1	
<i>diltiazem hcl oral tablet 90 mg</i>	Tier 1	
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg</i> (Cardizem LA)	Tier 1	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (Matzim LA)	Tier 1	
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG (diltiazem hcl)	Tier 1	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	Tier 1	
<i>levamlodipine oral tablet 2.5 mg, 5 mg</i> (Conjupri)	Tier 1	PA
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl)	Tier 1	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	Tier 1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	Tier 1	

Drug	Status	Notes
<i>nifedipine oral tablet extended release</i> (Procardia XL) 24hr 30 mg, 60 mg, 90 mg	Tier 1	
<i>nifedipine oral tablet extended release</i> 30 mg, 60 mg, 90 mg	Tier 1	
<i>nimodipine oral capsule</i> 30 mg	Tier 1	
<i>nimodipine oral solution</i> 60 mg/20 ml	Tier 1	PA; SP
<i>nisoldipine oral tablet extended release</i> (Sular) 24 hr 17 mg, 34 mg, 8.5 mg	Tier 1	
<i>nisoldipine oral tablet extended release</i> 24 hr 20 mg, 25.5 mg, 30 mg, 40 mg	Tier 1	
NORLIQVA ORAL SOLUTION 1 MG/ML	Tier 3	PA
NYMALIZE ORAL SOLUTION 60 MG/10 ML	Tier 3	PA; SP
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML	Tier 3	PA; SP
TIADYL T ER ORAL (diltiazem hcl) CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Tier 1	
<i>verapamil oral capsule, 24 hr er pellet ct</i> 100 mg, 200 mg, 300 mg	Tier 1	
<i>verapamil oral capsule,ext rel. pellets</i> 24 hr 120 mg, 180 mg, 240 mg, 360 mg	Tier 1	
<i>verapamil oral tablet</i> 120 mg, 40 mg, 80 mg	Tier 1	
<i>verapamil oral tablet extended release</i> 120 mg, 180 mg, 240 mg	Tier 1	
Loop Diuretics		
<i>bumetanide oral tablet</i> 0.5 mg, 1 mg, 2 mg	Tier 1	
<i>ethacrynic acid oral tablet</i> 25 mg (Edecrin)	Tier 1	PA
FUROSCIX SUBCUTANEOUS KIT 80 MG/10 ML	Tier 3	SP
<i>furosemide oral solution</i> 10 mg/ml, 40 mg/5 ml (8 mg/ml)	Tier 1	
<i>furosemide oral tablet</i> 20 mg, 40 mg, 80 mg (Lasix)	Tier 1	

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Drug	Status	Notes
<i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	Tier 1	
Potassium Sparing Diuretics		
<i>amiloride oral tablet 5 mg</i>	Tier 1	
<i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)	Tier 1	
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG	Tier 3	PA
<i>spironolactone oral suspension 25 mg/5 ml</i> (CaroSpir)	Tier 1	PA
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)	Tier 1	
<i>triamterene oral capsule 100 mg, 50 mg</i> (Dyrenium)	Tier 1	
Potassium Sparing Diuretics In Combination		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	Tier 1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	Tier 1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	Tier 1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	Tier 1	
Pulm Anti-Htn,Soluble Guanylate Cyclase Stimulator		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	Tier 2	PA; SP
Pulm.Anti-Htn,Sel.C-Gmp Phosphodiesterase T5 Inhib		
ALYQ ORAL TABLET 20 MG (tadalafil (pulm. hypertension))	Tier 1	PA; SP
LIQREV ORAL SUSPENSION 10 MG/ML	Tier 3	PA; SP
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i>	Tier 1	PA
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i> (Revatio)	Tier 1	PA

Drug	Status	Notes
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i> (Alyq)	Tier 1	PA; SP
Pulmonary Anti-Htn, Endothelin Receptor Antagonist		
<i>ambrisentan oral tablet 10 mg, 5 mg</i> (Letairis)	Tier 1	PA; SP
<i>bosentan oral tablet 125 mg, 62.5 mg</i> (Tracleer)	Tier 1	PA; SP
<i>bosentan oral tablet for suspension 32 mg</i> (Tracleer)	Tier 1	PA; SP
OPSUMIT ORAL TABLET 10 MG	Tier 2	PA; SP
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG (bosentan)	Tier 2	PA; SP
Pulmonary Antihyper Agent, Actriia-Fc		
WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2)	Tier 2	PA; SP
Pulmonary Antihypertensives, Prostacyclin-Type		
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42)	Tier 2	PA; SP
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210)	Tier 2	PA; SP
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)- 1MG	Tier 2	PA; SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	Tier 2	PA; SP
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML (treprostinil sodium)	Tier 3	PA; SP
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i> (Remodulin)	Tier 1	PA; SP

Drug	Status	Notes
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16(112)-32(112) -48(28) MCG, 32 MCG, 48 MCG, 64 MCG	Tier 2	PA; SP
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	Tier 2	PA; SP
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	Tier 2	PA; SP
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	Tier 2	PA; SP
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	Tier 2	PA; SP
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	Tier 2	PA; SP
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	Tier 2	PA; SP
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	Tier 3	PA; SP
Pulmonary Htn-Endothelin Recept Antg-Cgmp Pde5 Inh		
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG	Tier 2	PA; SP
Renin Inhibitor, Direct		
<i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)	Tier 1	
Thiazide And Related Diuretics		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 1	
DIURIL ORAL SUSPENSION 250 MG/5 ML	Tier 3	
HEMICLOR ORAL TABLET 12.5 MG	Tier 3	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	Tier 1	

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Drug	Status	Notes
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	Tier 1	
INZIRQO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML	Tier 3	PA
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
THALITONE ORAL TABLET 15 MG	Tier 3	
Vasodilators, Combination		
<i>isosorbide-hydralazine oral tablet 20-37.5 mg</i> (BiDil)	Tier 1	
Cardiovascular Disease - Lipid Irregularity		
Antihyperlip.Hmg Coa Reduct Inhib&Cholest.Ab.Inhib		
<i>ezetimibe-simvastatin oral tablet 10-10 mg</i> (Vytorin 10-10)	Tier 1	QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-20 mg</i> (Vytorin 10-20)	Tier 1	QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-40 mg</i> (Vytorin 10-40)	Tier 1	QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i> (Vytorin 10-80)	Tier 1	PA; QL (1 EA per 1 day)
Antihyperlipidemic - Apo B-100 Synthesis Inhibitor		
TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML	Tier 3	PA; SP
Antihyperlipidemic - Atp Citrate Lyase Inhibitor		
NEXLETOL ORAL TABLET 180 MG	Tier 2	ST: Requires prior prescription for a generic statin within the past 120 days

Drug	Status	Notes
Antihyperlipidemic - Hmg Coa Reductase Inhibitors		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG	Tier 3	ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; QL (1 EA per 1 day)
ATORVALIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	Tier 3	PA
<i>atorvastatin oral tablet 10 mg, 20 mg</i> (Lipitor)	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, 40-75 YEARS OF AGE, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>atorvastatin oral tablet 40 mg, 80 mg</i> (Lipitor)	Tier 1	QL (1 EA per 1 day)
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG	Tier 3	QL (1 EA per 1 day)
FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML) (simvastatin)	Tier 3	PA
FLOLIPID ORAL SUSPENSION 40 MG/5 ML (8 MG/ML)	Tier 3	PA
<i>fluvastatin oral capsule 20 mg</i>	\$0	ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; \$0 COPAY IF QUANTITY 1 IN 1 DAY, 40-75 YEARS OF AGE, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)

Drug	Status	Notes
<i>fluvastatin oral capsule 40 mg</i>	\$0	ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; \$0 COPAY IF QUANTITY 2 IN 1 DAY, 40-75 YEARS OF AGE, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i> (Lescol XL)	\$0	ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; \$0 COPAY IF QUANTITY 1 IN 1 DAY, 40-75 YEARS OF AGE, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, 40-75 YEARS OF AGE, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)

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Drug	Status	Notes
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i> (Livalo)	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, 40-75 YEARS OF AGE, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, 40-75 YEARS OF AGE, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>rosuvastatin oral tablet 10 mg, 5 mg</i> (Crestor)	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, 40-75 YEARS OF AGE, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>rosuvastatin oral tablet 20 mg, 40 mg</i> (Crestor)	Tier 1	QL (1 EA per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor)	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, 40-75 YEARS OF AGE, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)

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Drug	Status	Notes
<i>simvastatin oral tablet 5 mg</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, 40-75 YEARS OF AGE, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>simvastatin oral tablet 80 mg</i>	Tier 1	PA; QL (1 EA per 1 day)
Antihyperlipidemic - Mtp Inhibitor		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	Tier 2	PA; SP
Antihyperlipidemic - Pcsk9 Inhibitors		
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	Tier 2	ST: Requires prior prescription for a generic statin within the past 120 days
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	Tier 2	ST: Requires prior prescription for a generic statin within the past 120 days
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	Tier 2	ST: Requires prior prescription for a generic statin within the past 120 days
Antihyperlipidemic-Acly And Choles Absorp Inhib		
NEXLIZET ORAL TABLET 180-10 MG	Tier 2	ST: Requires prior prescription for a generic statin within the past 120 days
Bile Salt Sequestrants		
<i>cholestyramine (with sugar) oral powder 4 gram</i> (Questran)	Tier 1	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i> (Questran)	Tier 1	
CHOLESTYRAMINE LIGHT ORAL POWDER 4 GRAM	Tier 1	

Drug	Status	Notes
CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM	Tier 1	
<i>colesevelam oral powder in packet 3.75 gram</i> (WelChol)	Tier 1	
<i>colesevelam oral tablet 625 mg</i> (WelChol)	Tier 1	
<i>colestipol oral granules 5 gram</i> (Colestid)	Tier 1	
<i>colestipol oral packet 5 gram</i>	Tier 1	
<i>colestipol oral tablet 1 gram</i> (Colestid)	Tier 1	
PREVALITE ORAL POWDER 4 GRAM	Tier 1	
PREVALITE ORAL POWDER IN PACKET 4 GRAM	Tier 1	
Lipotropics		
<i>ezetimibe oral tablet 10 mg</i> (Zetia)	Tier 1	QL (1 EA per 1 day)
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	Tier 1	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i> (Tricor)	Tier 1	
<i>fenofibrate oral capsule 150 mg, 50 mg</i> (Lipofen)	Tier 1	
<i>fenofibrate oral tablet 120 mg, 160 mg, 40 mg, 54 mg</i>	Tier 1	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i>	Tier 1	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i> (Fibracor)	Tier 1	
<i>gemfibrozil oral tablet 600 mg</i> (Lopid)	Tier 1	
<i>icosapent ethyl oral capsule 0.5 gram</i> (Vascepa)	Tier 1	QL (8 EA per 1 day)
<i>icosapent ethyl oral capsule 1 gram</i> (Vascepa)	Tier 1	QL (4 EA per 1 day)
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	Tier 1	
NIACOR ORAL TABLET 500 MG (niacin)	Tier 1	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)	Tier 1	ST: Requires prior prescription for generic Fenofibrate within the past 120 days; QL (4 EA per 1 day)

Drug	Status	Notes
Niacin Preparations		
<i>niacin oral tablet 500 mg</i> (Niacor)	Tier 1	
Cardiovascular Disease - Miscellaneous Agents		
Adrenergic Vasopressor Agents		
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i> (Northera)	Tier 1	PA; SP
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
Angiotensin Recept-Nepriylsin Inhibitor Comb(Arni)		
ENTRESTO ORAL TABLET 24-26 MG (sacubitril-valsartan)	Tier 2	QL (6 EA per 1 day)
ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG (sacubitril-valsartan)	Tier 2	QL (2 EA per 1 day)
ENTRESTO SPRINKLE ORAL PELLETT 15-16 MG, 6-6 MG	Tier 2	QL (8 EA per 1 day)
<i>sacubitril-valsartan oral tablet 24-26 mg</i> (Entresto)	Tier 1	QL (6 EA per 1 day)
<i>sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg</i> (Entresto)	Tier 1	QL (2 EA per 1 day)
Antianginal & Anti-Ischemic Agents, Non-Hemodynamic		
<i>ranolazine oral tablet extended release 12 hr 1,000 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>ranolazine oral tablet extended release 12 hr 500 mg</i>	Tier 1	QL (120 EA per 30 days)
Antianginal, Heart Rate Reducing, I(F) Inhibitor		
CORLANOR ORAL SOLUTION 5 MG/5 ML	Tier 2	QL (20 ML per 1 day)
<i>ivabradine oral tablet 5 mg, 7.5 mg</i> (Corlanor)	Tier 1	QL (2 EA per 1 day)
Antihyperlip - Hmg-Coa&Calcium Channel Blocker Cb		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> (Caduet)	Tier 1	QL (1 EA per 1 day)
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>	Tier 1	QL (1 EA per 1 day)

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Drug	Status	Notes
Cardiac Myosin Inhibitor		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	Tier 3	PA; SP
Protein Stabilizers		
ATTRUBY ORAL TABLET 356 MG	Tier 3	PA; SP
VYNDAMAX ORAL CAPSULE 61 MG	Tier 3	PA; SP
VYNDAQEL ORAL CAPSULE 20 MG	Tier 3	PA; SP
Soluble Guanylate Cyclase (Sgc) Stimulator		
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 3	PA
Cardiovascular Disease - Vasodilation		
Vasodilators, Coronary		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	Tier 1	
<i>isosorbide dinitrate oral tablet 40 mg</i> (Isordil)	Tier 1	
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradoso)	Tier 1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	Tier 1	
NITRO-BID TRANSDERMAL (nitroglycerin) OINTMENT 2 %	Tier 2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	Tier 2	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)	Tier 1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (Nitro-Dur)	Tier 1	
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i> (Nitrolingual)	Tier 1	
NITROMIST TRANSLINGUAL AEROSOL, SPRAY 400 MCG/SPRAY (nitroglycerin)	Tier 3	

Drug	Status	Notes
NITRO-TIME ORAL CAPSULE, EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG (nitroglycerin)	Tier 1	
Vasodilators, Peripheral		
<i>ergoloid oral tablet 1 mg</i>	Tier 1	
<i>papaverine injection solution 30 mg/ml</i>	Tier 1	
Contraception/Oxytocics		
Contraceptives, Intravaginal, Systemic		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR	\$0	
ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR (etonogestrel-ethinyl estradiol)	\$0	
ENILLORING VAGINAL RING 0.12-0.015 MG/24 HR (etonogestrel-ethinyl estradiol)	\$0	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i> (EluRyng)	\$0	
HALOETTE VAGINAL RING 0.12-0.015 MG/24 HR (etonogestrel-ethinyl estradiol)	\$0	
Contraceptives, Implantable		
NEXPLANON SUBDERMAL IMPLANT 68 MG	\$0	\$0 COPAY IF LIMITED TO 1 IN 365 DAYS
Contraceptives, Injectable		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	\$0	\$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (0.65 ML per 84 days)
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera)	\$0	\$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (1 ML per 84 days)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera)	\$0	\$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (1 ML per 84 days)
Contraceptives, Intravaginal		
PHEXXI VAGINAL GEL 1.8-1-0.4 %	\$0	
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 %	\$0	
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %	\$0	

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Drug	Status	Notes
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %	\$0	
Contraceptives, Oral		
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG (levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
AFTER PILL ORAL TABLET 1.5 MG (levonorgestrel)	\$0	
AFTERA ORAL TABLET 1.5 MG (levonorgestrel)	\$0	
ALTAVERA (28) ORAL TABLET 0.15-0.03 MG (levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG (norethindrone-ethin estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
ALYACEN 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
AMETHIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) (l norgest/e.estradiol-e.estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
AMETHYST (28) ORAL TABLET 90-20 MCG (28) (levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
APRI ORAL TABLET 0.15-0.03 MG (desogestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
ASHLYNA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) (l norgest/e.estradiol-e.estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG (levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
AUBRA ORAL TABLET 0.1-20 MG-MCG (levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
AUROVELA 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG (norethindrone ac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
AUROVELA 1/20 (21) ORAL TABLET 1-20 MG-MCG (norethindrone ac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
AUROVELA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4) (norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS

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Drug	Status	Notes	
AUROVELA FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
AUROVELA FE 1-20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
AVERI ORAL TABLET 0.15 MG-0.03 MG (21)/36.5 MG(7)		\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
AVIANE ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
AYUNA ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
AZURETTE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG		\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
BLISOVI 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
BLISOVI FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
BRIELLYN ORAL TABLET 0.4-35 MG-MCG		\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
CAMILA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
CAMRESE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
CAZIAN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG		\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
CHARLOTTE 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
CHATEAL EQ (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS

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Drug	Status	Notes
CRYSELLE (28) ORAL TABLET 0.3-30 MG-MCG (norgestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
CYRED EQ ORAL TABLET 0.15-0.03 MG (desogestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
CYRED ORAL TABLET 0.15-0.03 MG (desogestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG (norethindrone-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
DASETTA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
DAYSEE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) (l norgest/e.estradiol-e.estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
DEBLITANE ORAL TABLET 0.35 MG (norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (Azurette (28))	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
DOLISHALE ORAL TABLET 90-20 MCG (28) (levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i> (Beyaz)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)</i> (Tydemy)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i> (Jasmiel (28))	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i> (Ocella)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
ECONTRA EZ ORAL TABLET 1.5 MG (levonorgestrel)	\$0	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)	\$0	
ELINEST ORAL TABLET 0.3-30 MG-MCG (norgestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
ELLA ORAL TABLET 30 MG	\$0	
EMZAHH ORAL TABLET 0.35 MG (norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10) (levonorg-eth estrad triphasic)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS

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Drug		Status	Notes
ENSKYCE ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
ERRIN ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
ESTARYLLA ORAL TABLET 0.25-0.035 MG	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>	(Kelnor 1/35 (28))	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	(Valtya)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
FALMINA (28) ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
FEIRZA ORAL TABLET 1 MG-20 MCG (21)/75 MG (7), 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
FEMLYV ORAL TABLET,DISINTEGRATING 1 MG- 20 MCG		\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
FINZALA ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
GALBRIELA ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	(noreth-ethinyl estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
GEMMILY ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
HAILEY 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
HAILEY FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
HAILEY FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
HAILEY ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
HEATHER ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
HER STYLE ORAL TABLET 1.5 MG	(levonorgestrel)	\$0	

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Drug	Status	Notes
ICLEVIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91) (levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
INCASSIA ORAL TABLET 0.35 MG (norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
INTROVALE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91) (levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
ISIBLOOM ORAL TABLET 0.15-0.03 MG (desogestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
JAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) (l norgest/e.estradiol-e.estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
JASMIEL (28) ORAL TABLET 3-0.02 MG (drospirenone-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
JENCYCLA ORAL TABLET 0.35 MG (norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91) (levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
JOYEAUX ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7) (levonorgest-eth.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (28 EA per 28 days)
JULEBER ORAL TABLET 0.15-0.03 MG (desogestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG (norethindrone ac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG (norethindrone ac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7) (norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) (norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
JUNEL FE 24 ORAL TABLET 1 MG-20 MCG (24)/75 MG (4) (norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
KAITLIB FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4) (noreth-ethinyl estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS

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Drug		Status	Notes
KALLIGA ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
KARIVA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG	(ethynodiol diac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
KELNOR 1/50 (28) ORAL TABLET 1-50 MG-MCG	(ethynodiol diac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
KURVELO (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	(Camrese Lo)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	(Rivelsa)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(Amethia)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LARIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LAYOLIS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	(noreth-ethinyl estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG		\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LESSINA ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS

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Drug	Status	Notes
levonorgest-eth.estradiol-iron oral tablet (Joyeaux) 0.1 mg-0.02 mg (21)/iron (7)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (28 EA per 28 days)
levonorgestrel oral tablet 1.5 mg (After Pill)	\$0	
levonorgestrel-ethinyl estrad oral tablet (Afirmelle) 0.1-20 mg-mcg	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
levonorgestrel-ethinyl estrad oral tablet (Altavera (28)) 0.15-0.03 mg	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
levonorgestrel-ethinyl estrad oral tablet (Amethyst (28)) 90-20 mcg (28)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91) (Iclevia)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
levonorg-eth estrad triphasic oral tablet (Enpresse) 50-30 (6)/75-40 (5)/125-30(10)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LEVORA-28 ORAL TABLET 0.15-0.03 MG (levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LOJAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7) (l norgest/e.estradiol-e.estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
LORYNA (28) ORAL TABLET 3-0.02 MG (drospirenone-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG (norgestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LO-ZUMANDIMINE (28) ORAL TABLET 3-0.02 MG (drospirenone-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LUTERA (28) ORAL TABLET 0.1-20 MG-MCG (levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LYLEQ ORAL TABLET 0.35 MG (norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
LYZA ORAL TABLET 0.35 MG (norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
MARLISSA (28) ORAL TABLET 0.15-0.03 MG (levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS

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Drug	Status	Notes
MELEYA ORAL TABLET 0.35 MG (norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
MERZEE ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
MIBELAS 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
MILI ORAL TABLET 0.25-0.035 MG (norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
MINZOYA ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (28 EA per 28 days)
MONO-LINYAH ORAL TABLET 0.25- 0.035 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
MY CHOICE ORAL TABLET 1.5 MG (levonorgestrel)	\$0	
MY WAY ORAL TABLET 1.5 MG (levonorgestrel)	\$0	
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
NECON 0.5/35 (28) ORAL TABLET 0.5- 35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
NEW DAY ORAL TABLET 1.5 MG (levonorgestrel)	\$0	
NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (1 EA per 1 day)
NIKKI (28) ORAL TABLET 3-0.02 MG (drospirenone-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
NORA-BE ORAL TABLET 0.35 MG (norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS

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Drug	Status	Notes
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i> (Wymzya Fe)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i> (Galbriela)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i> (Camila)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i> (Aurovela 1.5/30 (21))	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i> (Aurovela 1/20 (21))	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i> (Gemmyly)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> (Aurovela Fe 1.5/30 (28))	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i> (Charlotte 24 Fe)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg</i> (Tri-Lo-Estarylla)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i> (Tri-Estarylla)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
<i>norgestimate-ethinyl estradiol oral tablet 0.25-0.035 mg</i> (Estarylla)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG (norethindrone-ethin estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
NYLIA 1/35 (28) ORAL TABLET 1-35 MG-MCG (norethindrone-ethin estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
NYLIA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS

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Drug	Status	Notes
OCELLA ORAL TABLET 3-0.03 MG (drospirenone-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
OPCICON ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)	\$0	
OPILL ORAL TABLET 0.075 MG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
OPTION-2 ORAL TABLET 1.5 MG (levonorgestrel)	\$0	
ORQUIDEA ORAL TABLET 0.35 MG (norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
PHILITH ORAL TABLET 0.4-35 MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
PIMTREA (28) ORAL TABLET 0.15-0.02 MG X 5 (desog-e.estradiol/e.estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
PORTIA 28 ORAL TABLET 0.15-0.03 MG (levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG (desogestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
RIVELSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG (l norgest/e.estradiol-e.estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
ROSYRAH ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG (l norgest/e.estradiol-e.estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91) (levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
SHAROBEL ORAL TABLET 0.35 MG (norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
SIMLIYA (28) ORAL TABLET 0.15-0.02 MG X 5 (desog-e.estradiol/e.estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
SIMPESSE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) (l norgest/e.estradiol-e.estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (91 EA per 84 days)
SLYND ORAL TABLET 4 MG (28)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS; QL (28 EA per 28 days)
SPRINTEC (28) ORAL TABLET 0.25-0.035 MG (norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS

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Drug		Status	Notes
SRONYX ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
SYEDA ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TAKE ACTION ORAL TABLET 1.5 MG	(levonorgestrel)	\$0	
TARINA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TILIA FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRIVORA (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS

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Drug	Status	Notes
TULANA ORAL TABLET 0.35 MG (norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TURQOZ (28) ORAL TABLET 0.3-30 MG-MCG (norgestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
TYDEMY ORAL TABLET 3-0.03-0.451 MG (21) (7) (drospirenone-e.estradiol- lm.fa)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
VALTYA ORAL TABLET 1-50 MG-MCG (ethynodiol diac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG- MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
VESTURA (28) ORAL TABLET 3-0.02 MG (drospirenone-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
VIENVA ORAL TABLET 0.1-20 MG- MCG (levonorgestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
VIORELE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5 (desog- e.estradiol/e.estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
VOLNEA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5 (desog- e.estradiol/e.estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
VYLIBRA ORAL TABLET 0.25-0.035 MG (norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
WERA (28) ORAL TABLET 0.5-35 MG- MCG	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
WYMZYA FE ORAL TABLET,CHEWABLE 0.4MG- 35MCG(21) AND 75 MG (7) (noreth-ethinyl estradiol- iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
XARAH FE ORAL TABLET 1-20(5)/1- 30(7) /1MG-35MCG (9) (norethindrone-e.estradiol- iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
XELRIA FE ORAL TABLET,CHEWABLE 0.4MG-35MCG(21) AND 75 MG (7) (noreth-ethinyl estradiol- iron)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
ZARAH ORAL TABLET 3-0.03 MG (drospirenone-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS

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Drug		Status	Notes
ZOVIA 1-35 (28) ORAL TABLET 1-35 MG-MCG	(ethynodiol diac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
ZUMANDIMINE (28) ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 28 IN 28 DAYS
Contraceptives, Transdermal			
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>	(Xulane)	\$0	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR		\$0	
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	(norelgestromin-ethin.estradiol)	\$0	
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	(norelgestromin-ethin.estradiol)	\$0	
Diaphragms/Cervical Cap			
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM		\$0	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM		\$0	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM		\$0	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM		\$0	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM		\$0	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM		\$0	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM		\$0	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM		\$0	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM		\$0	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM		\$0	

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Drug	Status	Notes
Intra-Uterine Devices (IUD's)		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG	\$0	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	\$0	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG	\$0	
MIUDELLA INTRAUTERINE INTRAUTERINE DEVICE 175 SQUARE MM	\$0	
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	\$0	
PARAGARD T380A (SINGLE HAND) INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	\$0	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG	\$0	
Oxytocics		
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG	Tier 3	
<i>methylergonovine oral tablet 0.2 mg</i>	Tier 1	QL (28 EA per 30 days)
PREPIDIL VAGINAL GEL 0.5 MG/3 G	Tier 3	
Cough And Cold		
1st Gen Antihistamine & Decongestant Combinations		
<i>promethazine-phenylephrine oral syrup</i> (Promethazine VC) <i>6.25-5 mg/5 ml</i>	Tier 1	
1st Gen Antihist-Decongest-Anticholinergic Comb		
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG	Tier 1	

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Drug	Status	Notes
Antitussives,Non-Narcotic		
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	Tier 1	
Narcotic Antituss-1St Gen. Antihistamine-Decongest		
HISTEX-AC ORAL SYRUP 2.5-10-10 MG/5 ML	Tier 3	Age (Min 12 Years)
MAR-COF BP ORAL LIQUID 2-30-7.5 MG/5 ML	Tier 1	Age (Min 12 Years)
MAXI-TUSS CD ORAL LIQUID 4-10-10 MG/5 ML	Tier 3	Age (Min 12 Years)
POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML	Tier 3	Age (Min 12 Years)
RYDEX ORAL LIQUID 1.3-10-6.3 MG/5 ML	Tier 1	Age (Min 12 Years)
Narcotic Antituss-Decongestant-Expectorant Comb		
CODITUSSIN DAC ORAL LIQUID 30-10-200 MG/5 ML	Tier 3	Age (Min 12 Years)
GUAIFENESIN DAC ORAL SYRUP 30-10-100 MG/5 ML	Tier 1	Age (Min 12 Years)
Narcotic Antitussive-1St Generation Antihistamine		
<i>hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml</i>	Tier 1	QL (10 ML per 1 day); Age (Min 18 Years)
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG	Tier 3	ST: Requires prior prescription for Promethazine/Codeine within the past 120 days; QL (2 EA per 1 day); Age (Min 18 Years)
Narcotic Antitussive-Anticholinergic Comb.		
<i>hydrocodone-homatropine oral solution (Hydromet) 5-1.5 mg/5 ml</i>	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)

Drug		Status	Notes
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	(Hycodan (with homatropine))	Tier 1	QL (6 EA per 1 day); Age (Min 18 Years)
HYDROMET ORAL SOLUTION 5-1.5 MG/5 ML	(hydrocodone-homatropine)	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
Narcotic Antitussive-Expectorant Combination			
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>	(G Tussin AC)	Tier 1	Age (Min 12 Years)
CODITUSSIN AC ORAL LIQUID 10-200 MG/5 ML	(codeine-guaifenesin)	Tier 1	Age (Min 12 Years)
G TUSSIN AC ORAL LIQUID 10-100 MG/5 ML	(codeine-guaifenesin)	Tier 1	Age (Min 12 Years)
GUAIFENESIN AC ORAL LIQUID 10-100 MG/5 ML	(codeine-guaifenesin)	Tier 1	Age (Min 12 Years)
MAR-COF CG ORAL LIQUID 7.5-225 MG/5 ML		Tier 1	Age (Min 12 Years)
MAXI-TUSS AC ORAL LIQUID 10-100 MG/5 ML	(codeine-guaifenesin)	Tier 1	Age (Min 12 Years)
NINJACOF-XG ORAL LIQUID 8-200 MG/5 ML		Tier 1	Age (Min 12 Years)
Non-Narc Antituss-1St Gen. Antihistamine-Decongest			
BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML	(brompheniramine-pseudoeph-dm)	Tier 1	
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i>	(Bromfed DM)	Tier 1	
Non-Narc Antitussive-1St Gen Antihistamine Comb.			
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>		Tier 1	
Dermatology - Acne			
Acne Agents, Systemic			
ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	(isotretinoin)	Tier 1	
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	(isotretinoin)	Tier 1	

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Drug	Status	Notes
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG (isotretinoin)	Tier 1	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (Accutane)	Tier 1	
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG (isotretinoin)	Tier 1	
Acne Agents, Topical		
ACIOXIAY TOPICAL CREAM 15-4 % (azelaic acid-niacinamide)	Tier 3	
ADAINZOXIA TOPICAL GEL 0.3-2.5-4 % (adapalene-benzoyl perox-niacin)	Tier 3	
ADALINA TOPICAL GEL 5-4 % (spironolactone-niacinamide)	Tier 3	
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i> (Epiduo)	Tier 1	
<i>adapalene-benzoyl peroxide topical gel with pump 0.3-2.5 %</i> (Epiduo Forte)	Tier 1	
ADEINZDE TOPICAL GEL 0.1-2.5-1 %	Tier 3	
ADERMICA HP TOPICAL GEL 0.05-2.5-1-2 %	Tier 3	
ADERMICA TOPICAL GEL 0.025-2.5-1-2 % (tretinoin-benzoyl-clinda-niac)	Tier 3	
ADMIRAZOL HP TOPICAL CREAM 8.5-5-2 %	Tier 3	
ADMIRAZOL TOPICAL CREAM 6-5-2 %	Tier 3	
ALIXI HP TOPICAL CREAM 8.5-4 %	Tier 3	
ALIXI TOPICAL CREAM 6-4 %	Tier 3	
ALOMIRA HP TOPICAL GEL 0.1-5-1-2 %	Tier 3	
ALOMIRA LP TOPICAL GEL 0.025-5-1-2 % (tretinoin-benzoyl-clinda-niac)	Tier 3	
ALOMIRA TOPICAL GEL 0.05-5-1-2 % (tretinoin-benzoyl-clinda-niac)	Tier 3	
ALURIS HP PLUS TOPICAL CREAM 0.1-0.5-4 % (tretinoin-hyaluronate-niacin)	Tier 3	
ALURIS HP TOPICAL CREAM 0.1-4 %	Tier 3	

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Drug		Status	Notes
ALURIS LP PLUS TOPICAL CREAM 0.025-0.5-4 %	(tretinoin-hyaluronate-niacin)	Tier 3	
ALURIS LP TOPICAL CREAM 0.025-4 %	(tretinoin-niacinamide)	Tier 3	
ALURIS PLUS TOPICAL CREAM 0.05-0.5-4 %	(tretinoin-hyaluronate-niacin)	Tier 3	
ALURIS TOPICAL CREAM 0.05-4 %	(tretinoin-niacinamide)	Tier 3	
ALURIS TOPICAL GEL 0.05-4 %	(tretinoin-niacinamide)	Tier 3	
ALUXOF HP TOPICAL GEL 0.1-10-2-4-4 %		Tier 3	
ALUXOF TOPICAL GEL 0.05-10-2-4-4 %		Tier 3	
APEXOL HP TOPICAL SUSPENSION 5-10 %	(salicylic acid-sulfacetamide)	Tier 3	
APEXOL TOPICAL SUSPENSION 2-8 %	(salicylic acid-sulfacetamide)	Tier 3	
APHORIA TOPICAL GEL 0.3-2.5-4 %	(adapalene-benzoyl perox-niacin)	Tier 3	
APORIX TOPICAL GEL 1-4 %	(clindamycin-niacinamide)	Tier 3	
APORIX TOPICAL LOTION 1-4 %	(clindamycin-niacinamide)	Tier 3	
ARTILIS HP TOPICAL GEL 5-1-4 %	(benzoyl per-clindamycin-niacin)	Tier 3	
ARTILIS TOPICAL GEL 2.5-1-4 %	(benzoyl per-clindamycin-niacin)	Tier 1	
AUGUSTIL TOPICAL GEL 0.025-1-2-4 %	(tretinoin-clinda-spiron-niacin)	Tier 3	
AVIDORA HP TOPICAL CREAM 0.05-1-4 %		Tier 3	
AVIDORA TOPICAL CREAM 0.025-1-4 %	(tretinoin-clindamycin-niacin)	Tier 3	
AVIDORA TOPICAL SOLUTION 0.025-1-4 %		Tier 3	
AWANIS TOPICAL CREAM 0.025-8.5-2 %		Tier 3	
AZALTA HP TOPICAL GEL 0.05-5-2 %	(tretinoin-spironolact-niacin)	Tier 3	

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Drug	Status	Notes
AZALTA TOPICAL GEL 0.025-5-2 % (tretinoin-spiro-nolact-niacin)	Tier 3	
CABTREO TOPICAL GEL 0.15-3.1-1.2 %	Tier 3	PA
<i>clindamycin-benzoyl peroxide topical gel</i> (Neuac) 1.2 %(1 % base) -5 %	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel</i> 1-5 %	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel with pump</i> (Onexton) 1.2 %(1 % base) -3.75 %	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel with pump</i> (Acanya) 1.2-2.5 %	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel with pump</i> 1-5 %	Tier 1	
<i>dapsone topical gel</i> 5 % (Aczone)	Tier 1	
<i>dapsone topical gel with pump</i> 7.5 % (Aczone)	Tier 1	
DEOXIA TOPICAL GEL 1-4 % (clindamycin-niacinamide)	Tier 3	
DEOXIA TOPICAL LOTION 1-4 % (clindamycin-niacinamide)	Tier 3	
DEOXIADEMTAR TOPICAL GEL 0.025-1-2-4 % (tretinoin-clinda-spiro-niacin)	Tier 3	
DEOXIATAR TOPICAL SOLUTION 0.025-1-4 %	Tier 3	
DEOXIAVAR TOPICAL CREAM 0.05-1-4 %	Tier 3	
DIADIMAXIA TOPICAL CREAM 6-5-2 %	Tier 3	
DIADIMAXIA TOPICAL GEL 6-5-2 % (dapsone-spiro-nolactone-niacin)	Tier 3	
DIAOXIA TOPICAL CREAM 6-4 %	Tier 3	
DIAOXIA TOPICAL GEL 6-4 % (dapsone-niacinamide)	Tier 3	
DIASAXIATAR TOPICAL CREAM 0.025-8.5-2 %	Tier 3	
DIASAXIATAR TOPICAL GEL 0.025-8.5-2 %	Tier 3	
DIASDIMAXIA TOPICAL CREAM 8.5-5-2 %	Tier 3	

Drug	Status	Notes
DIASDIMAXIA TOPICAL GEL 8.5-5-2 % (dapsonе-spiroноlactone-niacin)	Tier 3	
DIASOXIA TOPICAL CREAM 8.5-4 %	Tier 3	
DIASOXIA TOPICAL GEL 8.5-4 % (dapsonе-niacinamide)	Tier 3	
DIMOXIA TOPICAL GEL 5-4 % (spironolactone-niacinamide)	Tier 3	
DRAXACE TOPICAL SUSPENSION 2-8 % (salicylic acid-sulfacetamide)	Tier 3	
DRAXACEY TOPICAL SUSPENSION 2-8 % (salicylic acid-sulfacetamide)	Tier 3	
DRIXECE TOPICAL SUSPENSION 5-10 % (salicylic acid-sulfacetamide)	Tier 3	
IDYYXIATAR TOPICAL GEL 0.025-5 %	Tier 3	
INZDEAXIATAR TOPICAL GEL 0.025-2.5-1-2 % (tretinoin-benzoyl-clindamycin)	Tier 3	
INZDEAXIATAR TOPICAL GEL 0.05-2.5-1-2 %	Tier 3	
INZDEOXIA TOPICAL GEL 2.5-1-4 % (benzoyl per-clindamycin-niacin)	Tier 3	
LOUNZDOMDIOXIATAR TOPICAL GEL 0.05-10-2-4-4 %	Tier 3	
NEUAC TOPICAL GEL 1.2 % (1 % BASE) -5 % (clindamycin-benzoyl peroxide)	Tier 1	
ONZDEAXIADEMTAR TOPICAL GEL 0.025-5-1-2-2 %	Tier 3	
ONZDEAXIADEMVAR TOPICAL GEL 0.05-5-1-2-2 %	Tier 3	
ONZDEAXIATAR TOPICAL GEL 0.025-5-1-2 % (tretinoin-benzoyl-clindamycin)	Tier 3	
ONZDEAXIATAR TOPICAL GEL 0.05-5-1-2 % (tretinoin-benzoyl-clindamycin)	Tier 3	
ONZDEAXIAZAR TOPICAL GEL 0.1-5-1-2 %	Tier 3	
ONZDEOXIA TOPICAL GEL 5-1-4 % (benzoyl per-clindamycin-niacin)	Tier 3	
OXIATAR TOPICAL CREAM 0.025-0.5-4 % (tretinoin-hyaluronate-niacin)	Tier 3	

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Drug		Status	Notes
OXIAVARRY TOPICAL CREAM 0.05-0.5-4 %	(tretinoin-hyaluronate-niacin)	Tier 3	
OXIAVARY TOPICAL CREAM 0.1-4 %		Tier 3	
OXIAZAR TOPICAL CREAM 0.1-0.5-4 %	(tretinoin-hyaluronate-niacin)	Tier 3	
RUMILO TOPICAL CREAM 15-4 %	(azelaic acid-niacinamide)	Tier 3	
SAROXIA TOPICAL CREAM 0.05-4 %	(tretinoin-niacinamide)	Tier 3	
SIRVANA TOPICAL GEL 0.025-5 %		Tier 3	
SORIXIA TOPICAL CREAM 0.05-4 %	(tretinoin-niacinamide)	Tier 3	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	(Klaron)	Tier 1	
TARDEOXIA TOPICAL CREAM 0.025-1-4 %	(tretinoin-clindamycin-niacin)	Tier 3	
TARDIMAXIA TOPICAL GEL 0.025-5-2 %	(tretinoin-spiro-nolact-niacin)	Tier 3	
TAROXIA TOPICAL CREAM 0.025-4 %	(tretinoin-niacinamide)	Tier 3	
TAROXIA TOPICAL GEL 0.025-4 %	(tretinoin-niacinamide)	Tier 3	
UNZDOMDIOXIAZAR TOPICAL GEL 0.1-10-2-4-4 %		Tier 3	
VARDIMAXIA TOPICAL GEL 0.05-5-2 %	(tretinoin-spiro-nolact-niacin)	Tier 3	
VAROXIA TOPICAL CREAM 0.05-4 %	(tretinoin-niacinamide)	Tier 3	
VAROXIA TOPICAL GEL 0.05-4 %	(tretinoin-niacinamide)	Tier 3	
Keratolytic-Glucocorticoid Combinations			
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 %		Tier 2	
Rosacea Agents, Topical			
AVEIDA TOPICAL GEL 1-1 %		Tier 3	
AVEIDAOXIA TOPICAL GEL 1-1-4 %	(ivermectin-metronidazol-niacin)	Tier 3	
<i>azelaic acid topical gel 15 %</i>		Tier 1	
BAXONIL TOPICAL OINTMENT 1-2 %		Tier 3	
<i>brimonidine topical gel with pump 0.33 %</i>	(Mirvaso)	Tier 1	
DAZAVEIDAOXIA TOPICAL GEL 0.25-1-1-4 %		Tier 3	

Drug	Status	Notes
DAZOMON TOPICAL GEL 0.25 %	Tier 3	
FINACEA TOPICAL FOAM 15 %	Tier 2	
IDARAN TOPICAL OINTMENT 1-2 %	Tier 3	
<i>ivermectin topical cream 1 %</i> (Soolantra)	Tier 1	ST: Requires prior prescription for Finacea gel or foam within the past 120 days
<i>metronidazole topical cream 0.75 %</i> (Rosadan)	Tier 1	
<i>metronidazole topical gel 0.75 %</i> (Rosadan)	Tier 1	
<i>metronidazole topical gel 1 %</i> (Metrogel)	Tier 1	
<i>metronidazole topical gel with pump 1 %</i>	Tier 1	
<i>metronidazole topical lotion 0.75 %</i> (MetroLotion)	Tier 1	
REMYDA TOPICAL GEL 0.25 %	Tier 3	
RESTIMO TOPICAL GEL 1-1 %	Tier 3	
ROSADAN TOPICAL CREAM 0.75 % (metronidazole)	Tier 1	
ROSITARA TOPICAL GEL 1-1-4 % (ivermectin-metronidazol-niacin)	Tier 3	
ROVIS TOPICAL GEL 0.25-1-1-4 %	Tier 3	
Topical Antiandrogenic Agents		
WINLEVI TOPICAL CREAM 1 %	Tier 3	PA
Topical Preparations, Antibacterials		
BASADROX TOPICAL GEL IN PACKET	Tier 3	
DERMAZENE TOPICAL CREAM IN PACKET 1-1 %	Tier 3	
<i>hydrocortisone-iodoquinol topical cream 1-1 %</i> (Corti-Sav)	Tier 1	
<i>hydrocortisone-iodoquinol-aloe topical cream in packet 1.9-1 %</i> (Vytone)	Tier 1	
IODOFLEX TOPICAL PADS, MEDICATED 0.9 %	Tier 3	
IODOSORB TOPICAL GEL 0.9 %	Tier 3	
LUGOLS TOPICAL SOLUTION 5-10 % (iodine-potassium iodide)	Tier 1	
NORMLGEL AG TOPICAL GEL 0.11 %	Tier 3	
<i>silver nitrate topical solution 0.5 %, 25 %, 50 %</i>	Tier 1	

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Drug	Status	Notes
STRONG IODINE TOPICAL SOLUTION (iodine-potassium iodide) 5-10 %	Tier 1	
Vitamin A Derivatives		
<i>adapalene topical cream 0.1 %</i> (Differin)	Tier 1	
<i>adapalene topical gel 0.3 %</i>	Tier 1	
<i>adapalene topical gel with pump 0.3 %</i> (Differin)	Tier 1	
<i>adapalene topical lotion 0.1 %</i> (Differin)	Tier 1	Age (Max 39 Years)
ALTRENO TOPICAL LOTION 0.05 %	Tier 3	
AVITA TOPICAL CREAM 0.025 % (tretinoin)	Tier 1	
AVITA TOPICAL GEL 0.025 % (tretinoin)	Tier 1	
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i> (Retin-A Micro)	Tier 1	Age (Max 39 Years)
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.08 %, 0.1 %</i> (Retin-A Micro Pump)	Tier 1	Age (Max 39 Years)
<i>tretinoin topical cream 0.025 %</i> (Avita)	Tier 1	
<i>tretinoin topical cream 0.05 %, 0.1 %</i> (Retin-A)	Tier 1	
<i>tretinoin topical gel 0.01 %</i> (Retin-A)	Tier 1	
<i>tretinoin topical gel 0.025 %</i> (Avita)	Tier 1	
<i>tretinoin topical gel 0.05 %</i> (Atralin)	Tier 1	
Vitamin A Derivatives, Topical Acne Agents		
ALVOX HP TOPICAL CREAM 0.1-4 % (tazarotene-niacinamide)	Tier 3	
ALVOX TOPICAL CREAM 0.05-4 % (tazarotene-niacinamide)	Tier 3	
ETHOXIA TOPICAL CREAM 0.05-4 % (tazarotene-niacinamide)	Tier 3	
ITHOXIA TOPICAL CREAM 0.1-4 % (tazarotene-niacinamide)	Tier 3	
Dermatology - Antiinfective		
Topical Antibiotics		
BATIZIA TOPICAL OINTMENT 2-2 % (mupirocin-lidocaine)	Tier 3	
CENTANY AT TOPICAL OINTMENT KIT 2 %	Tier 3	
<i>clindamycin phosphate topical foam 1 %</i> (Clindacin)	Tier 1	
<i>clindamycin phosphate topical gel 1 %</i>	Tier 1	

Drug	Status	Notes
<i>clindamycin phosphate topical gel, once daily 1 %</i> (Clindagel)	Tier 1	ST: Requires prior prescription for generic Cleocin 1% gel within the past 120 days
<i>clindamycin phosphate topical lotion 1 %</i> (Cleocin T)	Tier 1	
<i>clindamycin phosphate topical solution 1 %</i>	Tier 1	QL (180 ML per 1 FILL)
<i>clindamycin phosphate topical swab 1 %</i> (Clindacin ETZ)	Tier 1	
ERY PADS TOPICAL SWAB 2 % (erythromycin with ethanol)	Tier 1	
<i>erythromycin with ethanol topical gel 2 %</i> (Erygel)	Tier 1	
<i>erythromycin with ethanol topical solution 2 %</i>	Tier 1	QL (180 ML per 1 FILL)
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i> (Benzamycin)	Tier 1	
<i>gentamicin topical cream 0.1 %</i>	Tier 1	QL (90 GM per 1 FILL)
<i>gentamicin topical ointment 0.1 %</i>	Tier 1	QL (90 GM per 1 FILL)
<i>mupirocin calcium topical cream 2 %</i>	Tier 1	QL (90 GM per 1 FILL)
<i>mupirocin topical ointment 2 %</i> (Centany)	Tier 1	QL (90 GM per 1 FILL)
NANRAN TOPICAL OINTMENT 2-2 % (mupirocin-lidocaine)	Tier 3	
XEPI TOPICAL CREAM 1 %	Tier 3	ST: Requires prior prescription for Mupirocin ointment within the past 120 days
Topical Antifungal/Anti-inflammatory, Steroid Agent		
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	Tier 1	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	Tier 1	
DELIBON TOPICAL CREAM 2-2.5 % (ketoconazole-hydrocortisone)	Tier 3	
DIONARIS TOPICAL SHAMPOO 0.77-0.05-3 % (ciclopirox-clobetasol-salicyl)	Tier 3	
DIVENDO TOPICAL SHAMPOO 0.77-0.05 % (ciclopirox-clobetasol)	Tier 3	

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Drug		Status	Notes
HAXCHLO TOPICAL SHAMPOO 0.77-0.05 %	(ciclopirox-clobetasol)	Tier 3	
HAXCHLODREX TOPICAL SHAMPOO 0.77-0.05-3 %	(ciclopirox-clobetasol-salicyl)	Tier 3	
PHEYO TOPICAL CREAM 2-2.5 %	(ketoconazole-hydrocortisone)	Tier 3	
Topical Antifungal-Antibiotic-Anti-Inflamm Steroid			
DAZINIA TOPICAL CREAM 2-1-2.5 %	(ketoconazole-iodoquinol-hc)	Tier 3	
PHEODOYO TOPICAL CREAM 2-1-2.5 %	(ketoconazole-iodoquinol-hc)	Tier 3	
Topical Antifungals			
CICLODAN KIT TOPICAL COMBO PACK 0.77 %		Tier 3	
<i>ciclopirox topical cream 0.77 %</i>	(Ciclodan)	Tier 1	QL (180 GM per 1 FILL)
<i>ciclopirox topical gel 0.77 %</i>		Tier 1	
<i>ciclopirox topical shampoo 1 %</i>		Tier 1	
<i>ciclopirox topical solution 8 %</i>	(Ciclodan)	Tier 1	QL (19.8 ML per 1 FILL)
<i>ciclopirox topical suspension 0.77 %</i>	(Loprox (as olamine))	Tier 1	QL (180 ML per 1 FILL)
<i>ciclopirox-ure-camph-menth-euc topical solution 8 %</i>	(Ciclodan Kit)	Tier 1	QL (19.8 ML per 1 FILL)
<i>clotrimazole topical cream 1 %</i>	(Antifungal (clotrimazole))	Tier 1	
<i>clotrimazole topical solution 1 %</i>	(Athlete's Foot (clotrimazole))	Tier 1	
DAFILOR TOPICAL SHAMPOO 0.77-2 %	(ciclopirox-salicylic acid)	Tier 3	
DENVITA TOPICAL CREAM 2-4 %	(ketoconazole-niacinamide)	Tier 3	
DIFMETIOXRIME TOPICAL SOLUTION 4-2-1-4 %	(flucona-ibuprof-itracon-terbin)	Tier 3	
<i>econazole nitrate topical cream 1 %</i>		Tier 1	QL (170 GM per 1 FILL)
ECOZA TOPICAL FOAM 1 %		Tier 3	
EXELDERM TOPICAL CREAM 1 %	(sulconazole)	Tier 2	
EXELDERM TOPICAL SOLUTION 1 %	(sulconazole)	Tier 2	
EXODERM TOPICAL LOTION 25-1 %		Tier 1	

Drug	Status	Notes
FENOVIA TOPICAL SOLUTION 4-2-1-4 % (flucona-ibuprof-itracon-terbin)	Tier 3	
FERVINA TOPICAL LOTION 3-5-20 %	Tier 3	
FIDILA TOPICAL SHAMPOO 2-2 %	Tier 3	
FILOMA TOPICAL SOLUTION 8-1-1 %	Tier 3	
FRIVO TOPICAL CREAM 1-4 % (econazole-niacinamide)	Tier 3	
HAXDRAX TOPICAL SHAMPOO 0.77-2 % (ciclopirox-salicylic acid)	Tier 3	
HEXIOUNYL TOPICAL LOTION 3-5-20 %	Tier 3	
HIXDEFRIMA TOPICAL SOLUTION 8-1-1 %	Tier 3	
IMIOXIA TOPICAL CREAM 1-4 % (econazole-niacinamide)	Tier 3	
<i>ketoconazole topical cream 2 %</i>	Tier 1	QL (180 GM per 1 FILL)
<i>ketoconazole topical shampoo 2 %</i>	Tier 1	QL (360 ML per 1 FILL)
KETODAN KIT TOPICAL COMBO PACK 2 %	Tier 3	
KLAYESTA TOPICAL POWDER 100,000 UNIT/GRAM (nystatin)	Tier 1	
<i>luliconazole topical cream 1 %</i> (Luzu)	Tier 1	ST: Requires prior prescriptions for Ketoconazole and Clotrimazole cream within the past 365 days; QL (60 GM per 28 days)
<i>miconazole nitrate-zinc ox-pet topical ointment 0.25-15-81.35 %</i> (Vusion)	Tier 1	
<i>naftifine topical cream 1 %</i>	Tier 1	
<i>naftifine topical cream 2 %</i>	Tier 1	QL (180 GM per 1 FILL)
<i>naftifine topical gel 2 %</i> (Naftin)	Tier 1	
NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM (nystatin)	Tier 1	
<i>nystatin topical cream 100,000 unit/gram</i>	Tier 1	
<i>nystatin topical ointment 100,000 unit/gram</i>	Tier 1	QL (90 GM per 1 FILL)

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Drug	Status	Notes
<i>nystatin topical powder 100,000 unit/gram</i> (Klayesta)	Tier 1	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	Tier 1	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	Tier 1	QL (180 GM per 1 FILL)
NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM (nystatin)	Tier 1	
<i>oxiconazole topical cream 1 %</i>	Tier 1	QL (180 GM per 1 FILL)
OXISTAT TOPICAL LOTION 1 %	Tier 3	
PHEDRAX TOPICAL SHAMPOO 2-2 %	Tier 3	
PHEOXIA TOPICAL CREAM 2-4 % (ketoconazole-niacinamide)	Tier 3	
<i>sulconazole topical cream 1 %</i> (Exelderm)	Tier 1	
<i>sulconazole topical solution 1 %</i> (Exelderm)	Tier 1	
<i>tavaborole topical solution with applicator 5 %</i>	Tier 1	PA
Topical Antiparasitics		
<i>malathion topical lotion 0.5 %</i> (Ovide)	Tier 1	
<i>permethrin topical cream 5 %</i> (Elimite)	Tier 1	
<i>spinosad topical suspension 0.9 %</i> (Natroba)	Tier 1	
ULESFIA TOPICAL LOTION 5 %	Tier 3	
Topical Antivirals		
<i>acyclovir topical ointment 5 %</i> (Zovirax)	Tier 1	
Topical Pleuromutilin Derivatives		
ALTABAX TOPICAL OINTMENT 1 %	Tier 3	ST: Requires prior prescription for Mupirocin ointment within the past 120 days
Topical Sulfonamides		
ABENOR HP TOPICAL LOTION 15-4 %	Tier 3	
ABENOR TOPICAL CREAM 10-4 % (sulfacetamide-niacinamide)	Tier 3	
CLEANSING WASH TOPICAL CLEANSER 10-4-10 % (sulfacetamide sod-sulfurea)	Tier 1	

Drug	Status	Notes
ECEOXIA TOPICAL CREAM 10-4 % (sulfacetamide-niacinamide)	Tier 3	
<i>mafenide acetate topical packet 50 gram</i> (Sulfamylon)	Tier 1	
OXIAICE TOPICAL LOTION 15-4 %	Tier 3	
ROSULA TOPICAL CLEANSER 10-4.5 %	Tier 3	
<i>silver sulfadiazine topical cream 1 %</i> (SSD)	Tier 1	
SSD TOPICAL CREAM 1 % (silver sulfadiazine)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %</i> (Avar LS)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i> (Avar)	Tier 1	QL (1419 GM per 1 FILL)
<i>sulfacetamide sodium-sulfur topical cleanser 8-4 %</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 9.8-4.8 %</i> (Plexion)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 9-4 %</i> (Sumaxin)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 9-4.5 %</i> (Sumadan)	Tier 1	
<i>sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %</i>	Tier 1	QL (1419 ML per 1 FILL)
SULFAMYLON TOPICAL CREAM 85 MG/G	Tier 3	
SULFAMYLON TOPICAL PACKET 50 GRAM (mafenide acetate)	Tier 3	
SUMADAN XLT TOPICAL COMBO PACK, CLEANSER AND CREAM 9 %-4.5 % -SPF 25 (sulfact na-sul-avobnz-otn-ocsa)	Tier 3	
Dermatology - Antiinflammatory		
Interleukin-13 (IL-13) Inhibitors, Mab		
ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	Tier 2	PA; SP
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 2	PA; SP
EBGLYSS PEN SUBCUTANEOUS PEN INJECTOR 250 MG/2 ML	Tier 2	PA; SP

Drug	Status	Notes
EBGLYSS SYRINGE SUBCUTANEOUS SYRINGE 250 MG/2 ML	Tier 2	PA; SP
Top. Anti-Inflam., Phosphodiesterase-4 (Pde4) Inhib		
EUCRISA TOPICAL OINTMENT 2 %	Tier 2	
Topical Antibiotics/Antiinflammatory, Steroidal		
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	Tier 3	ST: Requires prior prescription for generic Fluocinolone Acetonide (cream, oil, ointment or solution) within the past 120 days
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	Tier 3	ST: Requires prior prescription for generic Fluocinolone Acetonide (cream, oil, ointment or solution) within the past 120 days
Topical Anti-Inflammatory Steroidal		
ACIOXIA TOPICAL GEL 0.1-0.5 %	Tier 3	
ADVANCED ALLERGY COLLECT KIT TOPICAL KIT 2.5 %	Tier 1	
ALA-CORT TOPICAL CREAM 1 % (hydrocortisone)	Tier 1	
ALA-SCALP TOPICAL LOTION 2 % (hydrocortisone)	Tier 1	ST: Requires prior prescription for Hydrocortisone 2.5% lotion within the past 120 days
<i>alclometasone topical cream 0.05 %</i>	Tier 1	
<i>alclometasone topical ointment 0.05 %</i>	Tier 1	

Drug	Status	Notes
<i>amcinonide topical cream 0.1 %</i>	Tier 1	ST: Requires prior prescription for Betamethasone 0.1% ointment, Fluticasone 0.005% ointment, Mometasone 0.1% ointment, or Triamcinolone 0.5% ointment or cream within the past 120 days
<i>betamethasone dipropionate topical cream 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	Tier 1	
<i>betamethasone valerate topical cream 0.1 %</i>	Tier 1	
<i>betamethasone valerate topical foam 0.12 %</i> (Luxiq)	Tier 1	
<i>betamethasone valerate topical lotion 0.1 %</i>	Tier 1	
<i>betamethasone valerate topical ointment 0.1 %</i>	Tier 1	
<i>betamethasone, augmented topical cream 0.05 %</i>	Tier 1	
<i>betamethasone, augmented topical gel 0.05 %</i>	Tier 1	
<i>betamethasone, augmented topical lotion 0.05 %</i>	Tier 1	
<i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene (augmented))	Tier 1	
CAPEX TOPICAL SHAMPOO 0.01 %	Tier 3	
CHLOHUX TOPICAL SHAMPOO 0.05-2 % (clobetasol-levocetirizine)	Tier 3	
CHLOOXIA TOPICAL CREAM 0.05-4 % (clobetasol-niacinamide)	Tier 3	
CHLOOXIA TOPICAL OINTMENT 0.05-4 % (clobetasol-niacinamide)	Tier 3	

Drug	Status	Notes
CHLOOXIA TOPICAL SOLUTION 0.05-4 % (clobetasol-niacinamide)	Tier 3	
<i>clobetasol scalp solution 0.05 %</i>	Tier 1	
<i>clobetasol topical cream 0.05 %</i>	Tier 1	
<i>clobetasol topical foam 0.05 %</i> (Olux)	Tier 1	
<i>clobetasol topical gel 0.05 %</i>	Tier 1	
<i>clobetasol topical lotion 0.05 %</i> (Clobex)	Tier 1	
<i>clobetasol topical ointment 0.05 %</i>	Tier 1	
<i>clobetasol topical shampoo 0.05 %</i> (Clobex)	Tier 1	
<i>clobetasol topical spray,non-aerosol 0.05 %</i> (Clobex)	Tier 1	
<i>clobetasol-emollient topical cream 0.05 %</i>	Tier 1	
<i>clobetasol-emollient topical foam 0.05 %</i> (Olux-E)	Tier 1	
<i>clocortolone pivalate topical cream 0.1 %</i>	Tier 1	ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days
CLODAN KIT TOPICAL KIT,SHAMPOO AND CLEANSER 0.05 %	Tier 3	
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2	Tier 3	ST: Requires prior prescription for Betamethasone augmented (ointment, gel, lotion), Clobetasol (spray, lotion, gel, ointment, cream, solution), Fluocinonide 0.1% cream, Halobetasol 0.05% (cream, ointment) within the past 120 days; QL (2 EA per 30 days)
CORDRAN TOPICAL CREAM 0.025 %	Tier 3	ST: Requires prior prescription for a topical corticosteroid within the past 120 days

Drug	Status	Notes
<i>desonide topical cream 0.05 %</i> (DesOwen)	Tier 1	
<i>desonide topical gel 0.05 %</i>	Tier 1	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days
<i>desonide topical lotion 0.05 %</i>	Tier 1	
<i>desonide topical ointment 0.05 %</i>	Tier 1	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i> (Topicort)	Tier 1	
<i>desoximetasone topical gel 0.05 %</i> (Topicort)	Tier 1	
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i> (Topicort)	Tier 1	
<i>desoximetasone topical spray, non-aerosol 0.25 %</i> (Topicort)	Tier 1	ST: Requires prior prescription for Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol (except foam/shampoo), Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) within the past 120 days
<i>DIVINIX TOPICAL CREAM 0.05-4 %</i> (clobetasol-niacinamide)	Tier 3	
<i>DIVINIX TOPICAL OINTMENT 0.05-4 %</i> (clobetasol-niacinamide)	Tier 3	
<i>DIVINIX TOPICAL SOLUTION 0.05-4 %</i> (clobetasol-niacinamide)	Tier 3	
<i>DOMELA TOPICAL CREAM 0.01-4 %</i> (fluocinolone-niacinamide)	Tier 3	
<i>DYNOMA TOPICAL CREAM 0.05-4 %</i>	Tier 3	
<i>fluocinolone and shower cap scalp oil 0.01 %</i> (Derma-Smoothe/FS Scalp Oil)	Tier 1	

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Drug	Status	Notes
<i>fluocinolone topical cream 0.01 %</i>	Tier 1	
<i>fluocinolone topical cream 0.025 %</i> (Synalar)	Tier 1	
<i>fluocinolone topical oil 0.01 %</i> (Derma-Smoothe/FS Body Oil)	Tier 1	
<i>fluocinolone topical ointment 0.025 %</i> (Synalar)	Tier 1	
<i>fluocinolone topical solution 0.01 %</i> (Synalar)	Tier 1	
<i>fluocinonide topical cream 0.05 %</i>	Tier 1	
<i>fluocinonide topical cream 0.1 %</i> (Vanos)	Tier 1	
<i>fluocinonide topical gel 0.05 %</i>	Tier 1	
<i>fluocinonide topical ointment 0.05 %</i>	Tier 1	
<i>fluocinonide topical solution 0.05 %</i>	Tier 1	
FLUOCINONIDE-E TOPICAL CREAM 0.05 % (fluocinonide-emollient)	Tier 1	
<i>fluocinonide-emollient topical cream 0.05 %</i> (Fluocinonide-E)	Tier 1	
FLUOXIA TOPICAL CREAM 0.05-4 %	Tier 3	
<i>flurandrenolide topical cream 0.05 %</i>	Tier 1	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days
<i>flurandrenolide topical lotion 0.05 %</i>	Tier 1	
<i>flurandrenolide topical ointment 0.05 %</i>	Tier 1	ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days; QL (180 GM per 30 days)
<i>fluticasone propionate topical cream 0.05 %</i>	Tier 1	

Drug	Status	Notes
<i>fluticasone propionate topical lotion 0.05 %</i> (Beser)	Tier 1	
<i>fluticasone propionate topical ointment 0.005 %</i>	Tier 1	
<i>halcinonide topical cream 0.1 %</i> (Halog)	Tier 1	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days
<i>halcinonide topical solution 0.1 %</i> (Halog)	Tier 1	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days
<i>halobetasol propionate topical cream 0.05 %</i>	Tier 1	
<i>halobetasol propionate topical ointment 0.05 %</i>	Tier 1	
HALOG TOPICAL OINTMENT 0.1 %	Tier 3	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days

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Drug	Status	Notes
HALOG TOPICAL SOLUTION 0.1 % (halcinonide)	Tier 3	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days
<i>hydrocortisone butyrate topical cream 0.1 %</i>	Tier 1	
<i>hydrocortisone butyrate topical lotion 0.1 %</i>	Tier 1	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days; QL (236 ML per 30 days)
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	Tier 1	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days
<i>hydrocortisone butyrate topical solution 0.1 %</i>	Tier 1	
<i>hydrocortisone topical cream 1 %</i> (Ala-Cort)	Tier 1	
<i>hydrocortisone topical cream 2.5 %</i>	Tier 1	
<i>hydrocortisone topical cream with perineal applicator 1 %</i>	Tier 1	

Drug	Status	Notes
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i> (Procto-Med HC)	Tier 1	
<i>hydrocortisone topical lotion 2 %</i> (Ala-Scalp)	Tier 1	ST: Requires prior prescription for Hydrocortisone 2.5% lotion within the past 120 days
<i>hydrocortisone topical lotion 2.5 %</i>	Tier 1	
<i>hydrocortisone topical ointment 1 %</i> (Anti-Itch (HC))	Tier 1	
<i>hydrocortisone topical ointment 2.5 %</i>	Tier 1	
<i>hydrocortisone topical solution 2.5 %</i> (Texacort)	Tier 1	ST: Requires prior prescription for Hydrocortisone 2.5% lotion within the past 120 days
<i>hydrocortisone valerate topical cream 0.2 %</i>	Tier 1	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	Tier 1	ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days
ILEXOR TOPICAL SHAMPOO 0.05-2 % (clobetasol-levocetirizine)	Tier 3	
<i>mometasone topical cream 0.1 %</i>	Tier 1	
<i>mometasone topical ointment 0.1 %</i>	Tier 1	
<i>mometasone topical solution 0.1 %</i>	Tier 1	
NUCORT TOPICAL LOTION 2 % (hydrocortisone acet-aloe vera)	Tier 3	

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Drug	Status	Notes
PANDEL TOPICAL CREAM 0.1 %	Tier 3	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days; QL (160 GM per 30 days)
<i>prednicarbate topical cream 0.1 %</i>	Tier 1	
<i>prednicarbate topical ointment 0.1 %</i>	Tier 1	
PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % (hydrocortisone)	Tier 1	
PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % (hydrocortisone)	Tier 1	
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % (hydrocortisone)	Tier 1	
SCALACORT DK TOPICAL COMBO PACK 2-2-2 %	Tier 2	
SERNIVO TOPICAL SPRAY WITH PUMP 0.05 %	Tier 3	ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days
SYNALAR CREAM KIT TOPICAL CREAM 0.025 %	Tier 3	QL (375 GM per 30 days)
SYNALAR OINTMENT KIT TOPICAL COMBO PACK,OINTMENT AND CREAM 0.025 %	Tier 3	QL (375 GM per 30 days)
SYNALAR TS TOPICAL KIT 0.01 %	Tier 3	
TELIORA TOPICAL GEL 0.1-0.5 %	Tier 3	
TETOXIA TOPICAL CREAM 0.01-4 % (fluocinolone-niacinamide)	Tier 3	

Drug	Status	Notes
TEXACORT TOPICAL SOLUTION 2.5 % (hydrocortisone)	Tier 3	ST: Requires prior prescription for Hydrocortisone 2.5% lotion within the past 120 days
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i> (Kenalog)	Tier 1	
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %</i>	Tier 1	
<i>triamcinolone acetonide topical cream 0.5 %</i> (Triderm)	Tier 1	QL (454 GM per 30 days)
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	Tier 1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	Tier 1	
TRIDERM TOPICAL CREAM 0.5 % (triamcinolone acetonide)	Tier 1	QL (454 GM per 30 days)
Topical Anti-Inflammatory, Nsaids		
<i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i> (Flector)	Tier 1	
<i>diclofenac sodium topical drops 1.5 %</i>	Tier 1	
<i>diclofenac sodium topical gel 1 %</i> (Arthritis Pain (diclofenac))	Tier 1	
KERAXA TOPICAL GEL 3-2-4 % (diclofenac-hyaluronate-niacin)	Tier 3	
LICART TRANSDERMAL PATCH 24 HOUR 1.3 %	Tier 3	ST: Requires prior prescription for generic Flector patch within the past 120 days; QL (1 EA per 1 day)
ROAOXIA TOPICAL GEL 3-2-4 % (diclofenac-hyaluronate-niacin)	Tier 3	
Topical Janus Kinase (Jak) Inhibitors		
OPZELURA TOPICAL CREAM 1.5 %	Tier 2	PA
Dermatology - Miscellaneous		
Antiperspirants		
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 % (aluminum chloride)	Tier 2	
DRYSOL TOPICAL SOLUTION 20 % (aluminum chloride)	Tier 2	

Drug	Status	Notes
Antiseborrheic Agents		
OVACE PLUS SHAMPOO TOPICAL (sulfacetamide sodium) SHAMPOO 10 %	Tier 2	
OVACE PLUS TOPICAL CREAM 10 %	Tier 3	
OVACE PLUS TOPICAL LOTION 9.8 %	Tier 3	ST: Requires prior prescription for Ciclopirox(shampoo/gel) or Ketoconazole (shampoo/cream) within the past 120 days
PLEXION NS TOPICAL SHAMPOO 9.8 % (sulfacetamide sodium)	Tier 3	
<i>selenium sulfide topical lotion 2.5 %</i>	Tier 1	
<i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>	Tier 1	
<i>sulfacetamide sodium topical cleanser 10 %</i> (Ovace)	Tier 1	
<i>sulfacetamide sodium topical cleanser, gel 10 %</i> (Ovace Plus Wash)	Tier 1	
<i>sulfacetamide sodium topical shampoo 10 %</i> (Ovace Plus Shampoo)	Tier 1	
<i>sulfacetamide sodium topical shampoo 9.8 %</i> (Plexion NS)	Tier 1	
TERSI FOAM TOPICAL FOAM 2.25 %	Tier 3	
Antiseptics, Miscellaneous		
<i>guaiacol liquid</i>	Tier 3	
Emollients		
<i>ammonium lactate topical cream 12 %</i>	Tier 1	
<i>ammonium lactate topical lotion 12 %</i> (AmLactin)	Tier 1	
ATRAPRO CP TOPICAL COMBO PACK, CREAM AND GEL	Tier 3	
KERASTAT TOPICAL CREAM	Tier 3	
KERASTAT TOPICAL GEL 5 %	Tier 3	
MB HYDROGEL TOPICAL KIT, CREAM AND GEL 96.53-3-0.4 -0.066 %	Tier 1	
PRESERA TOPICAL FOAM	Tier 3	

Drug	Status	Notes
XCLAIR TOPICAL CREAM	Tier 3	
Iodine Antiseptics		
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 %	(povidone-iodine) Tier 3	
<i>povidone-iodine ophthalmic (eye) solution 5 %</i>	(Betadine Ophthalmic Prep) Tier 1	
Irrigants		
<i>acetic acid irrigation solution 0.25 %</i>	Tier 1	
<i>lactated ringers irrigation solution</i>	Tier 3	
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	Tier 1	
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L	Tier 3	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L	Tier 3	
<i>ringer's irrigation solution</i>	Tier 1	
<i>sodium chloride irrigation solution 0.9 %</i>	(Sterile Saline) Tier 1	
<i>sorbitol irrigation solution 3 %</i>	Tier 1	
<i>sorbitol-mannitol transurethral solution 2.7-0.54 gram/100 ml</i>	Tier 1	
VASHE IRRIGATION IRRIGATION SOLUTION 0.033 %	Tier 3	
<i>water for irrigation, sterile irrigation solution</i>	(Curity Sterile Water) Tier 1	
Irritants/Counter-Irritants		
<i>cantharidin in acetone topical solution 0.7 %</i>	Tier 1	
<i>methyl salicylate oil</i>	(Wintergreen Oil) Tier 1	
<i>methyl salicylate topical liquid</i>	Tier 1	
QUTENZA TOPICAL KIT 8 %	Tier 3	PA
WINTERGREEN OIL OIL	(methyl salicylate) Tier 1	
YCANTH TOPICAL SOLUTION WITH APPLICATOR 0.7 %	Tier 3	PA
Keratolytics		
<i>benzoyl peroxide topical foam 9.8 %</i>	(BenzePrO) Tier 1	
BPO TOPICAL GEL 8 %	(benzoyl peroxide) Tier 1	

Drug	Status	Notes
CEM-UREA TOPICAL GEL 45 % (urea)	Tier 1	
HYDRO 35 TOPICAL FOAM 35 % (urea)	Tier 3	
METDRAY TOPICAL GEL 17-2 %	Tier 3	
NENDRUX TOPICAL GEL 40-5 %	Tier 3	
PACNEX HP TOPICAL PADS, MEDICATED 7 %	Tier 3	
PACNEX LP TOPICAL PADS, MEDICATED 4.25 %	Tier 3	
PODOCON TOPICAL LIQUID 25 %	Tier 1	
<i>podofilox topical gel 0.5 %</i> (Condylox)	Tier 1	ST: Requires prior prescription for Podofilox 0.5% solution within the past 120 days; QL (0.5 GM per 1 day)
<i>podofilox topical solution 0.5 %</i>	Tier 1	QL (0.5 ML per 1 day)
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 %	Tier 1	
PRONAL TOPICAL GEL 10-40 %	Tier 3	
<i>salicylic acid topical cream 6 %</i> (Salimez)	Tier 1	
<i>salicylic acid topical cream, extended release 6 %</i>	Tier 1	
<i>salicylic acid topical film forming liquid w/appl 27.5 %</i> (Virasal)	Tier 1	
<i>salicylic acid topical film-forming soln er w/ appl 28.5 %</i> (UltraSal-ER)	Tier 1	
<i>salicylic acid topical foam 6 %</i> (Salvax)	Tier 1	
<i>salicylic acid topical liquid 26 %</i>	Tier 1	
<i>salicylic acid topical lotion 6 %</i>	Tier 1	
<i>salicylic acid topical lotion, extended release 6 %</i>	Tier 1	
<i>salicylic acid topical ointment 3 %</i>	Tier 1	
<i>salicylic acid topical shampoo 6 %</i> (Keralyt)	Tier 1	
SALIMEZ FORTE TOPICAL CREAM 10 %	Tier 3	
SALVAX DUO PLUS TOPICAL FOAM 6-35 %	Tier 3	

Drug	Status	Notes
SALVAX TOPICAL FOAM 6 % (salicylic acid)	Tier 1	
<i>silver nitrate applicators topical stick 75-25 %</i>	Tier 1	
<i>silver nitrate topical solution 10 %</i>	Tier 1	
ULTRASAL-ER TOPICAL FILM-FORMING SOLN ER W/ APPL 28.5 % (salicylic acid)	Tier 3	
URAMAXIN GT TOPICAL KIT, CREAM AND GEL 45 %	Tier 3	
URAMAXIN TOPICAL FOAM 20 %	Tier 3	
URAMAXIN TOPICAL LOTION 45 % (urea)	Tier 3	
UREA NAIL STICK TOPICAL SOLUTION 50 % (urea)	Tier 1	
<i>urea topical cream 39 %</i> (Uredeb)	Tier 1	
<i>urea topical cream 40 %, 47 %</i>	Tier 1	
<i>urea topical cream 45 %</i> (Uramaxin)	Tier 1	
<i>urea topical cream 50 %</i> (Ure-K)	Tier 1	
<i>urea topical foam 35 %</i> (Hydro 35)	Tier 1	
<i>urea topical gel 45 %</i> (CEM-Urea)	Tier 1	
<i>urea topical lotion 40 %</i>	Tier 1	
WAYZEN TOPICAL GEL 40-5 %	Tier 3	
WELERIS TOPICAL GEL 17-2 %	Tier 3	
XALIX TOPICAL FILM-FORMING SOLN ER W/ APPL 28 %	Tier 3	
XIRUN TOPICAL GEL 10-40 %	Tier 3	
Oxidizing Agents		
HYPOCYN ANTIPRURITIC TOPICAL SPRAY GEL 0.012 %	Tier 3	
RENOVAR IRRIGATION IRRIGATION SOLUTION	Tier 3	
RENOVAR TOPICAL SOLUTION	Tier 3	
Protectives		
GENADUR (WITH LEXINAL) KIT 2,500 MCG	Tier 3	
PHARMABASE BARRIER TOPICAL OINTMENT 9.38 %	Tier 1	

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Drug	Status	Notes
PR CREAM TOPICAL CREAM	Tier 1	
RECEDO TOPICAL GEL	Tier 3	
VASELINE WHITE PETROLEUM (white petrolatum) TOPICAL OINTMENT IN PACKET	Tier 1	
WOUNDGELHA MATRIX TOPICAL GEL 2.5 %	Tier 3	
<i>zinc oxide topical ointment 20 %</i> (Endit (zinc oxide))	Tier 1	
<i>zinc oxide topical paste 25 %</i>	Tier 1	
Topical Anti-Inflammatory Steroid- Local Anesthetic		
ANALPRAM-HC TOPICAL LOTION 2.5- 1 %	Tier 2	
EPIFOAM TOPICAL FOAM 1-1 %	Tier 3	ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	Tier 1	
<i>lidocaine hcl-hydrocortison ac topical cream 3-0.5 %</i> (Lidocort)	Tier 1	
PRAMOSONE TOPICAL CREAM 1-1 % (hydrocortisone-pramoxine)	Tier 2	ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 %	Tier 2	
PRAMOSONE TOPICAL OINTMENT 1-1 %	Tier 2	ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days
PRAMOSONE TOPICAL OINTMENT 2.5-1 % (hydrocortisone-pramoxine)	Tier 2	
Topical Antineoplastic & Premalignant Lesion Agnts		
<i>bexarotene topical gel 1 %</i> (Targretin)	Tier 1	PA; SP

Drug	Status	Notes
<i>diclofenac sodium topical gel 3 %</i>	Tier 1	QL (100 GM per 1 FILL)
<i>fluorouracil topical cream 0.5 %</i> (Carac)	Tier 1	PA
<i>fluorouracil topical cream 5 %</i> (Efudex)	Tier 1	
<i>fluorouracil topical solution 2 %, 5 %</i>	Tier 1	
KLISYRI (250 MG) TOPICAL OINTMENT IN PACKET 1 %	Tier 2	QL (5 EA per 1 FILL)
KLISYRI (350 MG) TOPICAL OINTMENT IN PACKET 1 %	Tier 2	QL (5 EA per 1 FILL)
PANRETIN TOPICAL GEL 0.1 %	Tier 3	SP; QL (60 GM per 28 days)
TOLAK TOPICAL CREAM 4 %	Tier 2	
VALCHLOR TOPICAL GEL 0.016 %	Tier 2	PA; SP
Topical Local Anesthetics		
ANACAINE TOPICAL OINTMENT 10 %	Tier 3	
ANASTIA TOPICAL LOTION 2.75 %	Tier 3	
CETACAINE TOPICAL AEROSOL, SPRAY 2 %-2 %-14 % (200 MG/SEC)	Tier 3	
CRYODOSE TA MEDIUM STREAM SPR TOPICAL AEROSOL, SPRAY	Tier 3	
CRYODOSE TA MIST SPRAY TOPICAL AEROSOL, SPRAY	Tier 3	
DERMACINRX LIDOCAN TOPICAL (lidocaine) ADHESIVE PATCH, MEDICATED 5 %	Tier 1	QL (90 EA per 30 days)
DERMACINRX LIDOGEL TOPICAL GEL 2.8 %	Tier 3	
DERMACINRX LIDOREX TOPICAL GEL 2.8 %	Tier 3	
ENZNONUTY TOPICAL OINTMENT 10-10-20 %	Tier 3	
<i>ethyl chloride topical aerosol, spray 100 %</i>	Tier 1	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL GEL 4-0.05-0.5 %	Tier 1	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL SOLUTION 4-0.05-0.5 % (lidocaine-racepinep-tetracaine)	Tier 1	

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Drug	Status	Notes
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.09-0.5 %	Tier 1	
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.18-0.5 %	Tier 3	
<i>lidocaine hcl laryngotracheal solution 4 %</i>	Tier 1	
<i>lidocaine hcl topical cream 3 %</i> (Dermacinrx Lidocaine)	Tier 1	
<i>lidocaine topical adhesive patch,medicated 5 %</i> (DermacinRx Lidocan)	Tier 1	QL (90 EA per 30 days)
<i>lidocaine topical ointment 5 %</i>	Tier 1	QL (240 GM per 30 days)
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	Tier 1	
<i>lidocaine-racepinep-tetracaine topical solution 4-0.05-0.5 %</i> (L.E.T. (lido-epineph-tetra))	Tier 1	
LIDOCAN III TOPICAL ADHESIVE PATCH,MEDICATED 5 % (lidocaine)	Tier 1	QL (90 EA per 30 days)
LIDOCAN IV TOPICAL ADHESIVE PATCH,MEDICATED 5 % (lidocaine)	Tier 1	QL (90 EA per 30 days)
LIDOCAN V TOPICAL ADHESIVE PATCH,MEDICATED 5 % (lidocaine)	Tier 1	QL (90 EA per 30 days)
LIDOPIN TOPICAL CREAM 3.25 %	Tier 3	
LIDTOPIC MAX TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %	Tier 3	
LIDTOPIC TOPICAL CREAM, METERED-DOSE APPLICATOR 7.5 %	Tier 3	
NOBELA TOPICAL OINTMENT 10-10-20 %	Tier 3	
NOLIRA TOPICAL CREAM 23-7 %	Tier 3	
NUMBONEX TOPICAL LOTION 2.75 %	Tier 3	
NYNUTEY TOPICAL CREAM 23-7 %	Tier 3	
PRAKETAMIDE TOPICAL CREAM, METERED-DOSE APPLICATOR 5 %	Tier 3	
REGENECARE TOPICAL GEL 2 %	Tier 3	
SPRAY AND STRETCH TOPICAL AEROSOL,SPRAY	Tier 3	
TRANZAREL TOPICAL GEL 4 %	Tier 3	

Drug	Status	Notes
Topical Preparations, Miscellaneous		
KEFUNOVA TOPICAL CREAM 5-0.005 %	Tier 3	
Topical/Mucous Membr./Subcut. Enzymes		
NEXOBRID TOPICAL GEL 8.8 %	Tier 3	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	Tier 3	PA
Dermatology - Psoriasis/Eczema		
Antipsoriatic Agents, Systemic		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	Tier 1	SP
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML, 320 MG/2 ML	Tier 2	PA; SP
BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML, 320 MG/2 ML	Tier 2	PA; SP
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	Tier 1	
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 2	PA; SP
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 2	PA; SP
SOTYKTU ORAL TABLET 6 MG	Tier 2	PA; SP
SPEVIGO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	Tier 3	PA; SP
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 2	PA; SP
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 2	PA; SP
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 2	PA; SP

Drug	Status	Notes
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML, 80 MG/ML	Tier 2	PA; SP
Antipsoriatics Agents		
<i>calcipotriene scalp solution 0.005 %</i>	Tier 1	
<i>calcipotriene topical cream 0.005 %</i>	Tier 1	
<i>calcipotriene topical ointment 0.005 %</i>	Tier 1	
<i>calcitriol topical ointment 3 mcg/gram</i> (Vectical)	Tier 1	
DIOOXIA TOPICAL CREAM 0.005-4 %	Tier 3	
DRITHOCREME HP TOPICAL CREAM 1 %	Tier 2	ST: Requires prior prescription for a topical corticosteroid within the past 120 days
PURAZIL TOPICAL CREAM 0.005-4 %	Tier 3	
<i>tazarotene topical cream 0.05 %</i> (Tazorac)	Tier 1	Age (Max 39 Years)
<i>tazarotene topical cream 0.1 %</i> (Tazorac)	Tier 1	
<i>tazarotene topical gel 0.05 %, 0.1 %</i> (Tazorac)	Tier 1	Age (Max 39 Years)
ZITHRANOL TOPICAL SHAMPOO 1 %	Tier 3	ST: Requires prior prescription for a topical corticosteroid within the past 120 days
IL-23 Receptor Antagonist, Monoclonal Antibody		
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 300MG/3ML(100MG /ML-200 MG/2ML)	Tier 2	PA; SP
OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML, 300MG/3ML(100MG /ML-200 MG/2ML)	Tier 2	PA; SP
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	Tier 2	PA; SP
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	Tier 2	PA; SP
TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)	Tier 2	PA; SP

Drug	Status	Notes
TREMFYA PEN INDUCTION PK-CROHN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	Tier 2	PA; SP
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML	Tier 2	PA; SP
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	Tier 2	PA; SP
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML	Tier 2	PA; SP
Topical Agents, Miscellaneous		
L-MESITRAN SOFT TOPICAL GEL 40 %	Tier 3	
MUSCUSOLICE TOPICAL CREAM, METERED-DOSE APPLICATOR 2 %, 5 %	Tier 3	
NEURAPTINE TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %	Tier 3	
OCM TOPICAL OINTMENT IN PACKET	Tier 3	
OMEZA TOPICAL OINTMENT IN PACKET	Tier 3	
<i>urea topical cream 20 %</i> (Gormel)	Tier 1	
Topical Immunosuppressive Agents		
ELYZIA (WITH HYALURONATE) TOPICAL CREAM 0.1-1-4 %	(tacrolimus-hyaluronate-niacin)	Tier 3
ELYZIA TOPICAL OINTMENT 0.1-4 %	(tacrolimus-niacinamide)	Tier 3
HOVYN TOPICAL SOLUTION 0.1 %		Tier 3
HYFTOR TOPICAL GEL 0.2 %		Tier 3; PA; SP
NUJO TOPICAL SOLUTION 0.1 %		Tier 3
NUJU TOPICAL CREAM 0.1 %	(tacrolimus-vehicle base no.238)	Tier 3
OXIANUJO (WITH HYALURONATE) TOPICAL CREAM 0.1-1-4 %	(tacrolimus-hyaluronate-niacin)	Tier 3
OXIANUJO TOPICAL OINTMENT 0.1-4 %	(tacrolimus-niacinamide)	Tier 3
<i>pimecrolimus topical cream 1 %</i>	(Elidel)	Tier 1

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Drug	Status	Notes
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	Tier 1	
VEVEN TOPICAL CREAM 0.1 % (tacrolimus-vehicle base no.238)	Tier 3	
Topical Vit D Analog/Anti-inflammatory, Steroidal		
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	Tier 1	
<i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i> (Taclonex)	Tier 1	
DIOCHLOY TOPICAL SOLUTION 0.05-0.005 % (clobetasol-calcipotriene)	Tier 3	
ENSTILAR TOPICAL FOAM 0.005-0.064 %	Tier 2	
PLENURA TOPICAL SOLUTION 0.05-0.005 % (clobetasol-calcipotriene)	Tier 3	
WYNZORA TOPICAL CREAM 0.005-0.064 %	Tier 3	
Diabetes		
Antihypergly, (Dpp-4) Inhibitor & Biguanide Comb.		
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	Tier 2	QL (2 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	Tier 2	QL (1 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	Tier 2	QL (2 EA per 1 day)
Antihypergly, Incretin Mimetic(Glp-1 Recep.Agonist)		
<i>exenatide subcutaneous pen injector 10 mcg/dose(250 mcg/ml) 2.4 ml</i>	Tier 1	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST; QL (2.4 ML per 30 days)

Drug	Status	Notes
<i>exenatide subcutaneous pen injector 5 mcg/dose (250 mcg/ml) 1.2 ml</i>	Tier 1	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST; QL (1.2 ML per 30 days)
<i>liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)</i> (Victoza 2-Pak)	Tier 3	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST; QL (9 ML per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST; QL (3 ML per 28 days)
RYBELSUS ORAL TABLET 1.5 MG, 14 MG, 3 MG, 4 MG, 7 MG, 9 MG	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST; QL (1 EA per 1 day)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST; QL (2 ML per 28 days)
Antihyperglycemic-Sod/Gluc Cotransport2(SglT2)Inhib		
FARXIGA ORAL TABLET 10 MG, 5 MG (dapagliflozin propanediol)	Tier 2	QL (1 EA per 1 day)
JARDIANCE ORAL TABLET 10 MG, 25 MG	Tier 2	QL (1 EA per 1 day)

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Drug	Status	Notes
Antihyperglycemic - Dopamine Receptor Agonists		
CYCLOSET ORAL TABLET 0.8 MG	Tier 3	ST: Requires prior prescription for Metformin (Glucophage), Metformin ER, Glyburide/Metformin (Glucovance), or Glipizide/Metformin (Metaglip) within the past 180 days
Antihyperglycemic - Incretin Mimetics Combination		
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST; QL (0.5 ML per 7 days)
Antihyperglycemic, Alpha-Glucosidase Inhib (N-S)		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)	Tier 1	
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
Antihyperglycemic, Dpp-4 Inhibitors		
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 2	QL (1 EA per 1 day)
Antihyperglycemic, Insulin-Release Stimulant Type		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>glipizide oral tablet 2.5 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	Tier 1	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>nateglinide oral tablet 120 mg, 60 mg</i>	Tier 1	

Drug	Status	Notes
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
Antihyperglycemic, Insulin-Response Enhancer (N-S)		
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg (Actos)</i>	Tier 1	
Antihyperglycemic, Sglt-2 & Dpp-4 Inhibitor Comb.		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	Tier 2	QL (1 EA per 1 day)
Antihyperglycemic, Biguanide Type (Non-Sulfonylurea)		
<i>metformin oral solution 500 mg/5 ml (Riomet)</i>	Tier 1	
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	Tier 1	
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	Tier 1	
Antihyperglycemic, Insulin & Glp-1 Receptor Agonist		
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	Tier 2	QL (30 ML per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	Tier 2	QL (15 ML per 28 days)
Antihyperglycemic, Insulin-Rel Stim. & Biguanide Cmb		
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	

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Drug	Status	Notes
Antihyperglycemic, Insulin-Response & Release Comb.		
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i> (DUETACT)	Tier 1	ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days
Antihyperglycemic-Glucocorticoid Receptor Blocker		
KORLYM ORAL TABLET 300 MG (mifepristone)	Tier 2	PA; SP
<i>mifepristone oral tablet 300 mg</i> (Korlym)	Tier 1	PA; SP
Antihyperglycemic-SglT2 Inhibitor & Biguanide Comb		
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	Tier 2	QL (2 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	Tier 2	QL (1 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	Tier 2	QL (2 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG (dapaglifloz propaned-metformin)	Tier 2	QL (1 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG, 5-500 MG	Tier 2	QL (1 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	Tier 2	QL (2 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG (dapaglifloz propaned-metformin)	Tier 2	QL (2 EA per 1 day)

Drug	Status	Notes
Antihyperglycm,Insul-Resp.Enhancer & Biguanide Cmb		
<i>pioglitazone-metformin oral tablet 15-500 mg</i>	Tier 1	ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days
<i>pioglitazone-metformin oral tablet 15-850 mg</i> (Actoplus MET)	Tier 1	ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days
Antihypergly-Sglt-2 Inhib,Dpp-4 Inhib,Biguanide Cb		
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	Tier 2	QL (1 EA per 1 day)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	Tier 2	QL (2 EA per 1 day)
Blood Sugar Diagnostics		
CONTOUR NEXT TEST STRIPS STRIP (blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
CONTOUR PLUS TEST STRIP STRIP (blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
CONTOUR TEST STRIPS STRIP (blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
FREESTYLE INSULINX STRIP (blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
FREESTYLE INSULINX TEST STRIPS STRIP (blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
FREESTYLE LITE STRIPS STRIP (blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
FREESTYLE PRECISION NEO STRIPS STRIP (blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
FREESTYLE TEST STRIP (blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
ONETOUCH ULTRA TEST STRIP (blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
ONETOUCH VERIO TEST STRIPS STRIP (blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)

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Drug	Status	Notes
PRECISION XTRA TEST STRIP (blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
Diabetic Supplies		
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN	Tier 3	
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS INSULIN PEN	Tier 3	
AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS INSULIN PEN	Tier 3	
AUTOSOFT 30 INFUSION SET	Tier 3	
AUTOSOFT 90 INFUSION SET	Tier 3	
AUTOSOFT XC INFUSION SET 23" INFUSION SET	Tier 3	
AUTOSOFT XC INFUSION SET 32" INFUSION SET	Tier 3	
AUTOSOFT XC INFUSION SET 43" INFUSION SET	Tier 3	
BIGFOOT UNITY KIT	Tier 3	
BIGFOOT UNITY PEN CAP-ADMELOG DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-APIDRA DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-ASPART DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-BASAGLAR DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-FIASP DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-HUMALOG DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-LANTUS DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-LISPRO DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-LYUMJEV DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-NOVOLOG DEVICE	Tier 3	

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Drug	Status	Notes
BIGFOOT UNITY PEN CAP-TOUJEO DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-TOUJEOMX DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-TRESIBA DEVICE	Tier 3	
CEQUR SIMPLICITY DEVICE 2 UNIT	Tier 3	PA
CEQUR SIMPLICITY INSERTER	Tier 3	PA
DEXCOM G6 RECEIVER	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
DEXCOM G6 SENSOR DEVICE	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER DEVICE	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 90 days)
DEXCOM G7 RECEIVER	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
DEXCOM G7 SENSOR DEVICE	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (3 EA per 30 days)
EVERSENSE 365 SENSOR SUBCUTANEOUS DEVICE	Tier 3	PA
EVERSENSE 365 TRANSMITTER DEVICE	Tier 3	PA
EVERSENSE E3 SENSOR-HOLDER SUBCUTANEOUS DEVICE	Tier 3	PA
EVERSENSE E3 SMART TRANSMITTER DEVICE	Tier 3	PA

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Drug	Status	Notes
FREESTYLE LIBRE 14 DAY READER	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR KIT	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 PLUS SENSOR DEVICE	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR KIT	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 PLUS SENSOR DEVICE	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 READER	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
FREESTYLE LIBRE 3 SENSOR DEVICE	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)
GLUCOCOM AUTOLINK	Tier 3	
GUARDIAN 4 GLUCOSE SENSOR DEVICE	Tier 3	PA
GUARDIAN 4 TRANSMITTER DEVICE	Tier 3	PA
GUARDIAN LINK 3 TRANSMITTER DEVICE	Tier 3	PA
GUARDIAN SENSOR 3 DEVICE	Tier 3	PA

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Drug	Status	Notes
ILET INFUSION KIT-INSET 23" COMBO PACK	Tier 3	
ILET INFUSION KIT-INSET 32" COMBO PACK	Tier 3	
ILET INFUSION-CONTACT DTCH 23" COMBO PACK	Tier 3	
ILET INSULIN PUMP	Tier 3	PA
ILET STARTER KIT CONTACT KIT	Tier 3	
ILET STARTER KIT-INSET KIT	Tier 3	
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN	Tier 2	
INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN	Tier 2	
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN	Tier 2	
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN	Tier 2	
INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN	Tier 2	
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN	Tier 2	
MEDTRONIC EXT INFUSION SET 23" INFUSION SET	Tier 3	
MEDTRONIC EXT INFUSION SET 32" INFUSION SET	Tier 3	
MINIMED 630G INSULIN PUMP	Tier 3	PA
MINIMED 770G INSULIN PUMP	Tier 3	PA
MINIMED 780G INSULIN PUMP	Tier 3	PA
MINIMED MIO ADVANCE INF SET23" INFUSION SET	Tier 3	
MINIMED MIO ADVANCE INF SET43" INFUSION SET	Tier 3	
MINIMED QUICK SET 18" INFUSION SET	Tier 3	
MINIMED QUICK SET 23" INFUSION SET	Tier 3	

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Drug	Status	Notes
MINIMED QUICK SET 32" INFUSION SET	Tier 3	
MINIMED QUICK SET 43" INFUSION SET	Tier 3	
MINIMED SILHOUETTE 18" INFUSION SET	Tier 3	
MINIMED SILHOUETTE 23" INFUSION SET	Tier 3	
MINIMED SILHOUETTE 32" INFUSION SET	Tier 3	
MINIMED SILHOUETTE 43" INFUSION SET	Tier 3	
MINIMED SURE T 18" INFUSION SET	Tier 3	
MINIMED SURE T 23" INFUSION SET	Tier 3	
MINIMED SURE T 32" INFUSION SET	Tier 3	
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN	Tier 3	
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE	Tier 2	
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	Tier 2	QL (1 EA per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	Tier 2	
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE	Tier 2	QL (1 EA per 365 days)
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	Tier 2	QL (1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	Tier 2	QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	Tier 2	
SIMPLERA SENSOR DEVICE	Tier 3	PA
SIMPLERA SYNC SENSOR DEVICE	Tier 3	PA
T:FLEX SUBCUTANEOUS CARTRIDGE	Tier 3	
T:SLIM X2 BASAL-IQ INSULIN PMP	Tier 3	PA
T:SLIM X2 CONTROL-IQ	Tier 3	PA

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Drug	Status	Notes
T:SLIM X2 SUBCUTANEOUS CARTRIDGE	Tier 3	
TANDEM MOBI AUTOSOFT 30 KT 23" COMBO PACK	Tier 3	
TANDEM MOBI AUTOSOFT XC KIT 5" COMBO PACK	Tier 3	
TANDEM MOBI AUTOSOFT XC KT 23" COMBO PACK	Tier 3	
TANDEM MOBI AUTOSOFT30 14PK 23 COMBO PACK	Tier 3	
TANDEM MOBI AUTOSOFTXC 14PK 23 COMBO PACK	Tier 3	
TANDEM MOBI AUTOSOFTXC 14PK 5" COMBO PACK	Tier 3	
TANDEM MOBI SYSTEM	Tier 3	PA
TANDEM MOBI TRUSTEEL KIT 23" COMBO PACK	Tier 3	
TANDEM T:SLIM ASFT 30 PK10 23" COMBO PACK	Tier 3	
TANDEM T:SLIM ASFT 30 PK14 23" COMBO PACK	Tier 3	
TANDEM T:SLIM ASFT XC PK10 23" COMBO PACK	Tier 3	
TANDEM T:SLIM ASFT XC PK14 23" COMBO PACK	Tier 3	
TANDEM T:SLIM TRUSTL PK10 23" COMBO PACK	Tier 3	
TEMPO SMART BUTTON DEVICE	Tier 3	
TEMPO WELCOME KIT KIT	Tier 3	
TRUSTEEL INFUSION SET 23" INFUSION SET	Tier 3	
TRUSTEEL INFUSION SET 32" INFUSION SET	Tier 3	
UNISTIK 2 EXTRA LANCET 21 GAUGE (lancets)	Tier 2	
UNISTIK 2 NORMAL LANCET 21 GAUGE (lancets)	Tier 2	

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Drug	Status	Notes
VARISOFT INFUSION SET 23" INFUSION SET	Tier 3	
VARISOFT INFUSION SET 32" INFUSION SET	Tier 3	
VARISOFT INFUSION SET 43" INFUSION SET	Tier 3	
V-GO 20 DEVICE	Tier 2	
V-GO 30 DEVICE	Tier 2	
V-GO 40 DEVICE	Tier 2	
Diabetic Ulcer Preparations, Topical		
REGRANEX TOPICAL GEL 0.01 %	Tier 2	
Hyperglycemics		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	Tier 2	QL (4 EA per 1 FILL)
<i>diazoxide oral suspension 50 mg/ml</i> (Proglycem)	Tier 1	
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG (glucagon hcl)	Tier 3	QL (4 EA per 1 FILL)
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	Tier 1	QL (4 EA per 1 FILL)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	Tier 2	QL (0.4 ML per 1 FILL)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	Tier 2	QL (0.8 ML per 1 FILL)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	Tier 2	QL (0.4 ML per 1 FILL)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	Tier 2	QL (0.8 ML per 1 FILL)
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	Tier 2	QL (0.8 ML per 1 FILL)

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Drug	Status	Notes
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	Tier 2	QL (0.8 ML per 1 FILL)
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	Tier 2	QL (0.8 ML per 1 FILL)
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	Tier 2	QL (2.4 ML per 1 FILL)
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	Tier 2	QL (2.4 ML per 1 FILL)
Insulins		
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90)	Tier 3	PA
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Tier 2	QL (12 ML per 28 days)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	Tier 2	QL (30 ML per 28 days)
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	Tier 2	QL (40 ML per 28 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	Tier 2	QL (40 ML per 28 days)
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	Tier 2	QL (30 ML per 28 days)
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	QL (30 ML per 28 days)

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Drug	Status	Notes	
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)	
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	Tier 2	QL (40 ML per 28 days)	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	Tier 2	QL (24 ML per 28 days)	
<i>insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)</i>	(Humalog Mix 75-25 KwikPen)	Tier 1	QL (30 ML per 28 days)
<i>insulin lispro subcutaneous insulin pen 100 unit/ml</i>	(Admelog SoloStar U-100 Insulin)	Tier 1	QL (30 ML per 28 days)
<i>insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml</i>	(Humalog Junior KwikPen U-100)	Tier 1	QL (30 ML per 28 days)
<i>insulin lispro subcutaneous solution 100 unit/ml</i>	(Admelog U-100 Insulin lispro)	Tier 1	QL (40 ML per 28 days)
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)	
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Tier 2	QL (12 ML per 28 days)	
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)	
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin glargine-yfgn)	Tier 2	QL (40 ML per 28 days)
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin glargine-yfgn)	Tier 2	QL (30 ML per 28 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	(insulin glargine u-300 conc)	Tier 2	QL (18 ML per 28 days)

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Drug	Status	Notes
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	(insulin glargine u-300 conc) Tier 2	QL (13.5 ML per 28 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin degludec) Tier 2	QL (30 ML per 28 days)
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	(insulin degludec) Tier 2	QL (18 ML per 28 days)
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin degludec) Tier 2	QL (40 ML per 28 days)
Ear - General Disorders		
Ear Preparations Anti-Inflammatory		
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	(DermOtic Oil) Tier 1	
Ear Preparations, Misc. Anti-Infectives		
<i>acetic acid otic (ear) solution 2 %</i>	Tier 1	
CORTANE-B TOPICAL LOTION 1-1-0.1 %	Tier 3	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	Tier 1	
Ear Preparations, Antibiotics		
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	(Cetraxal) Tier 1	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML	Tier 3	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	Tier 1	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	Tier 1	
<i>ofloxacin otic (ear) drops 0.3 %</i>	Tier 1	

Drug	Status	Notes
Otic Preparations, Anti-Inflammatory-Antibiotics		
<i>ciprofloxacin-dexamethasone otic (ear) drops, suspension 0.3-0.1 %</i>	Tier 1	
<i>ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025 % (0.25 ml)</i> (Otovel)	Tier 1	
Electrolyte Regulation		
Arginine Vasopressin (Avp) Receptor Antagonists		
<i>tolvaptan oral tablet 15 mg</i> (Samsca)	Tier 1	SP; QL (30 EA per 365 days)
<i>tolvaptan oral tablet 30 mg</i> (Samsca)	Tier 1	SP; QL (60 EA per 365 days)
Electrolyte Depleters		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	Tier 1	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	Tier 1	
<i>ferric citrate oral tablet 210 mg iron</i> (Auryxia)	Tier 1	ST: Requires prior prescriptions for Velphoro and one of the following: generic Sevelamer HCL, Sevelamer Carbonate, Calcium Acetate, or Lanthanum Carbonate within the past 365 days; QL (12 EA per 1 day)
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	Tier 3	ST: Requires prior prescriptions for Velphoro and one of the following: generic Sevelamer HCL, Sevelamer Carbonate, Calcium Acetate, or Lanthanum Carbonate within the past 365 days; QL (3 EA per 1 day)
KIONEX (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML	Tier 1	

Drug	Status	Notes
<i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg</i> (Fosrenol)	Tier 1	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	Tier 2	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i> (Renvela)	Tier 1	
<i>sevelamer carbonate oral tablet 800 mg</i> (Renvela)	Tier 1	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	Tier 1	
<i>sodium polystyrene sulfonate oral powder 15 gram</i>	Tier 1	
SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML	Tier 1	
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML	Tier 3	
VELPHORO ORAL TABLET, CHEWABLE 500 MG	Tier 2	QL (6 EA per 1 day)
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 8.4 GRAM	Tier 3	PA
XPHOZAH ORAL TABLET 20 MG, 30 MG	Tier 3	ST: Requires prior prescriptions for Velphoro and one of the following: generic Sevelamer HCL, Sevelamer Carbonate, Calcium Acetate, or Lanthanum Carbonate within the past 365 days; QL (2 EA per 1 day)
Potassium Replacement		
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	Tier 3	
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ (potassium bicarb-citric acid)	Tier 1	
KLOR-CON M10 ORAL TABLET, ER PARTICLES/CRYSTALS 10 MEQ (potassium chloride)	Tier 1	
KLOR-CON M15 ORAL TABLET, ER PARTICLES/CRYSTALS 15 MEQ (potassium chloride)	Tier 1	

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Drug		Status	Notes
KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYSTALS 20 MEQ	(potassium chloride)	Tier 1	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>		Tier 1	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>		Tier 1	
<i>potassium chloride oral packet 20 meq</i>	(Klor-Con)	Tier 1	
<i>potassium chloride oral tablet extended release 10 meq</i>	(Klor-Con 10)	Tier 1	
<i>potassium chloride oral tablet extended release 15 meq, 20 meq</i>		Tier 1	
<i>potassium chloride oral tablet extended release 8 meq</i>	(Klor-Con 8)	Tier 1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i>	(Klor-Con M10)	Tier 1	
<i>potassium chloride oral tablet,er particles/crystals 15 meq</i>	(Klor-Con M15)	Tier 1	
<i>potassium chloride oral tablet,er particles/crystals 20 meq</i>	(Klor-Con M20)	Tier 1	
Sodium/Saline Preparations			
BD POSIFLUSH NORMAL SALINE 0.9 INJECTION SYRINGE	(sodium chloride 0.9 % (flush))	Tier 1	
NORMAL SALINE FLUSH INJECTION SYRINGE	(sodium chloride 0.9 % (flush))	Tier 1	
<i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i>		Tier 1	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>		Tier 1	
<i>sodium chloride 0.9 % (flush) injection syringe</i>	(BD PosiFlush Normal Saline 0.9)	Tier 1	
<i>sodium chloride 0.9 % injection solution</i>		Tier 1	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>		Tier 1	
<i>sodium chloride 0.9 % intravenous piggyback</i>		Tier 1	
<i>sodium chloride injection syringe 0.9 %</i>		Tier 1	

Drug	Status	Notes
Endocrine Disorder - Fertility		
Drugs To Treat Impotency		
<i>avanafil oral tablet 100 mg, 200 mg, 50 mg</i> (Stendra)	Tier 1	ST: Requires prior prescription for generic Viagra within the past 120 days; QL (1 EA per 5 days)
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG	Tier 3	QL (1 EA per 5 days)
CAVERJECT INTRACAVERNOSAL RECON SOLN 20 MCG, 40 MCG	Tier 3	QL (1 EA per 5 days)
CAVERJECT INTRACAVERNOSAL SYRINGE 10 MCG, 20 MCG	Tier 3	QL (1 EA per 5 days)
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG	Tier 3	QL: 6 INJECTIONS IN 30 DAYS
IFE-BIMIX 30/1 INTRACAVERNOSAL SOLUTION 30 MG- 1 MG/ML (papav-phentolamine in water)	Tier 1	
<i>sildenafil oral tablet 100 mg, 25 mg, 50 mg</i> (Viagra)	Tier 1	QL (1 EA per 5 days)
<i>tadalafil oral tablet 10 mg, 20 mg</i> (Cialis)	Tier 1	QL (1 EA per 5 days)
<i>tadalafil oral tablet 2.5 mg</i>	Tier 1	PA
<i>tadalafil oral tablet 5 mg</i> (Cialis)	Tier 1	PA
TRI-MIX (PAPAVRN-PHNTLMN-PGE1) INTRACAVERNOSAL RECON SOLN 150 MG-5 MG- 50 MCG	Tier 3	
Fertility Stimulating Preparations,Non-Fsh		
CLOMID ORAL TABLET 50 MG (clomiphene citrate)	Tier 3	
<i>clomiphene citrate oral tablet 50 mg</i> (Clomid)	Tier 1	
Follicle Stim./Luteinizing Hormones		
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT	Tier 2	SP
Follicle-Stimulating Hormone (Fsh)		
FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE 300 UNIT/0.36 ML, 600 UNIT/0.72 ML, 900 UNIT/1.08 ML	Tier 3	SP; ST: Requires prior prescription for Gonal-F or Gonal-F-RFF within the past 120 days

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Drug	Status	Notes
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300 UNIT/0.48 ML, 450 UNIT/0.72 ML, 900 UNIT/1.44 ML	Tier 2	SP
GONAL-F RFF SUBCUTANEOUS RECON SOLN 75 UNIT	Tier 2	SP
GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT, 450 UNIT	Tier 2	SP
Human Chorionic Gonadotropin (Hcg)		
<i>chorionic gonadotropin, human</i> (Pregnyl) <i>intramuscular recon soln 10,000 unit</i>	Tier 3	ST: Requires prior prescription for Novarel or Ovidrel within the past 120 days
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT	Tier 2	
OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML	Tier 2	
PREGNYL INTRAMUSCULAR RECON (chorionic gonadotropin, SOLN 10,000 UNIT human)	Tier 3	ST: Requires prior prescription for Novarel or Ovidrel within the past 120 days
Pregnancy Facilitating/Maintaining Agent, Hormonal		
CRINONE VAGINAL GEL 8 %	Tier 2	
ENDOMETRIN VAGINAL INSERT 100 MG	Tier 2	
Endocrine Disorder - Other		
Adrenal Steroid Inhibitors		
ISTURISA ORAL TABLET 1 MG, 5 MG	Tier 3	PA; SP
RECORLEV ORAL TABLET 150 MG	Tier 3	PA; SP
Adrenocorticotrophic Hormones		
ACTHAR INJECTION GEL 80 UNIT/ML	Tier 3	PA; SP
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML, 80 UNIT/ML	Tier 3	PA; SP
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	Tier 3	PA; SP

Drug	Status	Notes
CORTROPHIN GEL SUBCUTANEOUS SYRINGE 40 UNIT/0.5 ML, 80 UNIT/ML	Tier 3	PA; SP
Antidiuretic And Vasopressor Hormones		
<i>desmopressin injection solution 4 mcg/ml</i> (DDAVP)	Tier 1	
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	Tier 1	
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml), 150 mcg/spray (0.1 ml)</i>	Tier 1	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)	Tier 1	
NOCDURNA (MEN) SUBLINGUAL TABLET, DISINTEGRATING 55.3 MCG	Tier 3	QL (1 EA per 1 day)
NOCDURNA (WOMEN) SUBLINGUAL TABLET, DISINTEGRATING 27.7 MCG	Tier 3	QL (1 EA per 1 day)
Antineoplastic Lhrh(Gnrh) Agonist, Pituitary Suppr.		
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	Tier 2	PA; SP
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	Tier 2	PA; SP
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	Tier 1	PA; SP
Bone Formation Stim. Agents - Parathyroid Hormone		
<i>teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)</i> (Bonsity)	Tier 1	PA; SP
Bone Formation Stimulating Agts - Pth Rel Peptides		
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	Tier 2	PA; SP
Bone Resorption Inhibitor & Vitamin D Combinations		
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	Tier 2	

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Drug	Status	Notes
Bone Resorption Inhibitors		
<i>alendronate oral solution 70 mg/75 ml</i>	Tier 1	QL (75 ML per 7 days)
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg</i>	Tier 1	
<i>alendronate oral tablet 70 mg</i> (Fosamax)	Tier 1	
<i>calcitonin (salmon) injection solution 200 unit/ml</i> (Miacalcin)	Tier 1	
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	Tier 1	
<i>ibandronate oral tablet 150 mg</i>	Tier 1	
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	Tier 2	PA; SP
<i>raloxifene oral tablet 60 mg</i> (Evista)	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<i>risedronate oral tablet 150 mg</i> (Actonel)	Tier 1	ST: Requires prior prescriptions for generic Alendronate and Ibandronate within the past 365 days; QL (1 EA per 30 days)
<i>risedronate oral tablet 30 mg, 5 mg</i>	Tier 1	ST: Requires prior prescriptions for generic Alendronate and Ibandronate within the past 365 days; QL (1 EA per 1 day)
<i>risedronate oral tablet 35 mg</i> (Actonel)	Tier 1	ST: Requires prior prescriptions for generic Alendronate and Ibandronate within the past 365 days; QL (1 EA per 7 days)

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Drug	Status	Notes
<i>risedronate oral tablet, delayed release (Atelvia) (dr/ec) 35 mg</i>	Tier 1	ST: Requires prior prescriptions for generic Alendronate and Ibandronate within the past 365 days; QL (1 EA per 7 days)
STOBOCLO SUBCUTANEOUS SYRINGE 60 MG/ML	Tier 2	PA; SP
Calcimimetic, Parathyroid Calcium Enhancer		
<i>cinacalcet oral tablet 30 mg, 60 mg (Sensipar)</i>	Tier 1	SP; QL (2 EA per 1 day)
<i>cinacalcet oral tablet 90 mg (Sensipar)</i>	Tier 1	SP; QL (4 EA per 1 day)
Growth Hormone Receptor Antagonists		
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	Tier 2	SP
Growth Hormone Releasing Hormone (Ghrh) & Analogs		
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	Tier 3	PA; SP
EGRIFTA WR SUBCUTANEOUS KIT 11.6 MG	Tier 3	PA; SP
Growth Hormones		
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	Tier 2	PA; SP
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	Tier 2	PA; SP
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	Tier 2	PA; SP

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Drug	Status	Notes
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	Tier 3	PA; SP
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	Tier 3	PA; SP
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	Tier 3	PA; SP
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	Tier 2	PA; SP
SOGROYA SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	Tier 2	PA; SP
Hyperparathyroid Tx Agents - Vitamin D Analog-Type		
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	Tier 1	
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar)	Tier 1	
<i>paricalcitol oral capsule 4 mcg</i>	Tier 1	
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	Tier 2	QL (2 EA per 1 day)
Insulin-Like Growth Factor-1 (Igf-1) Hormones		
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	Tier 3	PA; SP
Leptin Hormone Analogs		
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	Tier 3	SP; QL (1 EA per 1 day)
Lhrh (Gnrh) Antagonist,Estrogen And Progestin Comb		
MYFEMBREE ORAL TABLET 40-1-0.5 MG	Tier 2	PA
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	Tier 2	PA

Drug	Status	Notes
Lhrh(Gnrh) Agonist Analog Pituitary Suppressants		
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	Tier 3	PA; SP
Lhrh(Gnrh) Antagonist, Pituitary Suppressant Agents		
<i>cetrotirelix subcutaneous kit 0.25 mg</i> (Cetrotide)	Tier 1	SP
FYREMADEL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML (ganirelix)	Tier 1	SP
<i>ganirelix subcutaneous syringe 250 mcg/0.5 ml</i> (Fyremadel)	Tier 1	SP
ORILISSA ORAL TABLET 150 MG, 200 MG	Tier 2	PA
Natriuretic Peptides		
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG	Tier 3	PA; SP
Parathyroid Hormones		
YORVIPATH SUBCUTANEOUS PEN INJECTOR 168 MCG/0.56 ML, 294 MCG/0.98 ML, 420 MCG/1.4 ML	Tier 3	PA; SP
Pituitary Suppressive Agents		
<i>cabergoline oral tablet 0.5 mg</i>	Tier 1	
CRENESSITY ORAL CAPSULE 100 MG, 25 MG, 50 MG	Tier 3	PA; SP
CRENESSITY ORAL SOLUTION 50 MG/ML	Tier 3	PA; SP
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	Tier 1	
Endocrine Disorder - Thyroid		
Antithyroid Preparations		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>propylthiouracil oral tablet 50 mg</i>	Tier 1	
Iodine Containing Agents		
LUGOLS ORAL SOLUTION 5 %	Tier 3	
<i>potassium iodide oral solution 1 gram/ml</i> (SSKI)	Tier 1	
SSKI ORAL SOLUTION 1 GRAM/ML (potassium iodide)	Tier 1	

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Drug	Status	Notes
STRONG IODINE ORAL SOLUTION 5 %	Tier 1	
Thyroid Hormones		
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG	Tier 3	
ERMEZA ORAL SOLUTION 30 MCG/ML	Tier 1	PA
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine)	Tier 1	QL (2 EA per 1 day)
<i>levothyroxine oral capsule 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Tirosint)	Tier 1	PA
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Euthyrox)	Tier 1	QL (2 EA per 1 day)
<i>levothyroxine oral tablet 300 mcg</i> (Levo-T)	Tier 1	QL (2 EA per 1 day)
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel)	Tier 1	
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (thyroid (pork))	Tier 1	
THYQUIDITY ORAL SOLUTION 20 MCG/ML	Tier 3	ST: Requires prior prescription for generic Levothyroxine tablets within the past 120 days; QL (20 ML per 1 day)
<i>thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i> (NP Thyroid)	Tier 1	
TIROSINT ORAL CAPSULE 37.5 MCG, 44 MCG, 62.5 MCG	Tier 3	PA

Drug	Status	Notes
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML	Tier 3	PA
Eye - General Disorders		
Eye Antibiotic, Glucocorticoid And Nsaid Comb.		
<i>prednisoln sp-moxiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %</i>	Tier 1	
<i>prednisolon-moxiflox-ketorolac ophthalmic (eye) drops 1-0.5-0.5 %</i>	Tier 1	
Eye Antibiotic-Corticoid Combinations		
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> (Neo-Polycin HC)	Tier 1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> (Maxitrol)	Tier 1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i> (Maxitrol)	Tier 1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	Tier 1	
NEO-POLYCIN HC OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT/G-1% (neomycin-bacitracin-poly-hc)	Tier 1	
PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT 0.3-0.6 %	Tier 3	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	Tier 2	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	Tier 1	

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Drug	Status	Notes
Eye Antihistamines		
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	Tier 1	QL (12 ML per 30 days)
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	Tier 1	QL (10 ML per 30 days)
<i>olopatadine ophthalmic (eye) drops 0.1 %</i> (Eye Allergy Itch-Redness Rlf)	Tier 1	
<i>olopatadine ophthalmic (eye) drops 0.2 %</i> (Advanced Eye Relief (olopatad))	Tier 1	QL (3 ML per 30 days)
Eye Antiinflammatory Agents		
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %	Tier 3	QL (60 EA per 15 days)
<i>bromfenac ophthalmic (eye) drops 0.07 %</i> (Prolensa)	Tier 1	QL (3 ML per 16 days)
<i>bromfenac ophthalmic (eye) drops 0.075 %</i> (BromSite)	Tier 1	QL (5 ML per 16 days)
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	Tier 1	QL (3.4 ML per 16 days)
<i>clobetasol ophthalmic (eye) drops,suspension 0.05 %</i>	Tier 1	ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (3.5 ML per 14 days)
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	Tier 1	QL (15 ML per 14 days)
DEXTENZA INTRACANALICULAR INSERT 0.4 MG	Tier 3	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	Tier 1	QL (10 ML per 14 days)
<i>difluprednate ophthalmic (eye) drops 0.05 %</i> (Durezol)	Tier 1	QL (10 ML per 14 days)
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i> (FML Liquifilm)	Tier 1	QL (10 ML per 14 days)
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	Tier 1	

Drug	Status	Notes
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	Tier 2	QL (3.4 ML per 16 days)
<i>ketorolac ophthalmic (eye) drops 0.4 %</i> (Acular LS)	Tier 1	
<i>ketorolac ophthalmic (eye) drops 0.5 %</i> (Acular)	Tier 1	QL (20 ML per 30 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	Tier 2	QL (7 GM per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	Tier 2	QL (10 GM per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i> (Lotemax)	Tier 1	QL (10 GM per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i> (Alrex)	Tier 1	ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (10 ML per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	Tier 1	QL (20 ML per 14 days)
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 3	ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (25 ML per 14 days)
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> (Pred Forte)	Tier 1	QL (20 ML per 14 days)
<i>prednisolone sod ph-bromfenac ophthalmic (eye) drops 1-0.075 %</i>	Tier 1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	Tier 1	QL (20 ML per 14 days)
Eye Antivirals		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	Tier 1	

Drug	Status	Notes
Eye Local Anesthetics		
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 %	Tier 3	
ALCAINE OPHTHALMIC (EYE) DROPS (proparacaine) 0.5 %	Tier 1	
ALTACAIN OPHTHALMIC (EYE) (tetracaine hcl) DROPS 0.5 %	Tier 1	
ALTAFLUOR BENOX OPHTHALMIC (fluorescein-benoxinate) (EYE) DROPS 0.25-0.4 %	Tier 1	
<i>fluorescein-benoxinate ophthalmic (eye) drops 0.3-0.4 %</i>	Tier 1	
<i>fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %</i>	Tier 1	
IHEEZO (PF) OPHTHALMIC (EYE) DROPPERETTE, GEL 3 %	Tier 3	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i> (Alcaine)	Tier 1	
<i>tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i> (Altacaine)	Tier 1	
Eye Sulfonamides		
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 %	Tier 2	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	Tier 1	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	Tier 1	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	Tier 1	
Eye Vasoconstrictors (Rx Only)		
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	Tier 1	
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 %	Tier 3	PA

Drug	Status	Notes
Nicotinic Recept.Partial Agonist, Alpha4beta2 Spec		
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY	Tier 2	PA
Ophthalmic (Eye) Antiparasitics		
XDEMVI OPTHALMIC (EYE) DROPS 0.25 %	Tier 3	PA; SP
Ophthalmic Antibiotics		
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	Tier 1	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i> (Polycin)	Tier 1	
BESIVANCE OPTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	Tier 2	
CILOXAN OPTHALMIC (EYE) OINTMENT 0.3 %	Tier 2	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	Tier 1	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	Tier 1	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	Tier 1	
<i>levofloxacin ophthalmic (eye) drops 0.5 %, 1.5 %</i>	Tier 1	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i> (Vigamox)	Tier 1	
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	Tier 1	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> (Neo-Polycin)	Tier 1	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	Tier 1	

Drug	Status	Notes
NEO-POLYCIN OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT-UNIT/G (neomycin-bacitracin-polymyxin)	Tier 1	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i> (Ocuflox)	Tier 1	
POLYCIN OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM (bacitracin-polymyxin b)	Tier 1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	Tier 1	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	Tier 1	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	Tier 2	
Ophthalmic Antifungal Agents		
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	Tier 3	
Ophthalmic Anti-Inflammatory Immunomodulator-Type		
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i> (Restasis)	Tier 1	QL (60 EA per 30 days)
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	Tier 2	QL (5.5 ML per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 % (cyclosporine)	Tier 1	QL (60 EA per 30 days)
VERKAZIA OPHTHALMIC (EYE) DROPPERETTE 0.1 %	Tier 3	PA; SP
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	Tier 2	QL (60 EA per 30 days)
Ophthalmic Human Nerve Growth Factor (Hngf)		
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	Tier 3	PA; SP
Ophthalmic Mast Cell Stabilizers		
<i>cromolyn ophthalmic (eye) drops 4 %</i>	Tier 1	QL (50 ML per 30 days)
Eye - Glaucoma		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide oral capsule, extended release 500 mg</i>	Tier 1	

Drug	Status	Notes
acetazolamide oral tablet 125 mg, 250 mg	Tier 1	
methazolamide oral tablet 25 mg, 50 mg	Tier 1	
Miotics/Other Intraoc. Pressure Reducers		
apraclonidine ophthalmic (eye) drops 0.5 %	Tier 1	
betaxolol ophthalmic (eye) drops 0.5 %	Tier 1	
BETIMOL OPHTHALMIC (EYE) DROPS (timolol) 0.5 %	Tier 3	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 3	
bimatoprost ophthalmic (eye) drops 0.03 %	Tier 1	QL (1 ML per 12 days)
brimonidine ophthalmic (eye) drops 0.1 %, 0.15 % (Alphagan P)	Tier 1	
brimonidine ophthalmic (eye) drops 0.2 %	Tier 1	
brimonidine-dorzolamide ophthalmic (eye) drops 0.1-2 %	Tier 1	
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 % (Combigan)	Tier 1	
brinzolamide ophthalmic (eye) drops,suspension 1 % (Azopt)	Tier 1	
carteolol ophthalmic (eye) drops 1 %	Tier 1	
dorzolamide ophthalmic (eye) drops 2 %	Tier 1	
dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 % (Cosopt (PF))	Tier 1	QL (2 EA per 1 day)
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml (Cosopt)	Tier 1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	Tier 3	
latanoprost ophthalmic (eye) drops 0.005 % (Xalatan)	Tier 1	
levobunolol ophthalmic (eye) drops 0.5 %	Tier 1	

Drug	Status	Notes
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	Tier 2	QL (2.5 ML per 25 days)
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	Tier 3	SP
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	Tier 1	
<i>pilocarpine hcl ophthalmic (eye) drops (Vuity) 1.25 %</i>	Tier 1	PA
QLOSI OPHTHALMIC (EYE) DROPPERETTE 0.4 %	Tier 3	PA
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	Tier 3	ST: Requires prior prescriptions for Latanoprost and one of the following: Alphagan P 0.1%, Azopt, Combigan, Lumigan 0.01%, Travatan Z, or Simbrinza within the past 365 days; QL (2.5 ML per 30 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	Tier 3	ST: Requires prior prescriptions for Latanoprost and one of the following: Alphagan P 0.1%, Azopt, Brimonidine 0.2%, Combigan, Lumigan 0.01%, Simbrinza, or Travatan Z within the past 365 days; QL (2.5 ML per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	Tier 2	
<i>tafluprost (pf) ophthalmic (eye) (Zioptan (PF)) dropperette 0.0015 %</i>	Tier 1	QL (1 EA per 1 day)
<i>timolol maleate (pf) ophthalmic (eye) (Timoptic Ocudose (PF)) dropperette 0.25 %, 0.5 %</i>	Tier 1	QL (2 EA per 1 day)
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	Tier 1	
<i>timolol maleate ophthalmic (eye) drops, (Istalol) once daily 0.5 %</i>	Tier 1	

Drug	Status	Notes
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	Tier 1	
<i>timolol ophthalmic (eye) drops 0.5 %</i> (Betimol)	Tier 1	
<i>timolol-bimatoprost ophthalmic (eye) drops 0.5-0.01 %</i>	Tier 1	
<i>timolol-brimon-dorzol-bimatop ophthalmic (eye) drops 0.5-0.1-2-0.01 %</i>	Tier 1	
<i>timolol-brimonidine-dorzolamid ophthalmic (eye) drops 0.5-0.1-2 %</i>	Tier 1	
<i>travoprost ophthalmic (eye) drops 0.004 %</i> (Travatan Z)	Tier 1	QL (2.5 ML per 25 days)
VIZZ OPHTHALMIC (EYE) DROPPERETTE 1.44 %	Tier 3	QL (1 EA per 1 day)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	Tier 3	ST: Requires prior prescriptions for a generic prostaglandin analog and Lumigan within the past 365 days; QL (2.5 ML per 30 days)
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 %	Tier 3	ST: Requires prior prescriptions for a generic prostaglandin analog and Lumigan within the past 365 days; QL (2.5 ML per 25 days)
Mydriatics		
<i>atropine ophthalmic (eye) drops 0.01 %, 0.025 %</i>	Tier 1	
<i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)	Tier 1	
<i>atropine sulfate (pf) ophthalmic (eye) dropperette 1 %</i>	Tier 1	
CYCLOGYL OPHTHALMIC (EYE) DROPS 0.5 % (cyclopentolate)	Tier 3	
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %	Tier 3	
<i>cyclopentolate ophthalmic (eye) drops 1 %</i> (Cyclogyl)	Tier 1	

Drug	Status	Notes
<i>cyclopen-tropic-phenyleph-watr</i> <i>ophthalmic (eye) drops 1-1-2.5 %</i>	Tier 1	
<i>cyclopent-tropic-phen-ketr-wat</i> <i>ophthalmic (eye) drops 1 %-1 %-10 %-</i> <i>0.5 %, 1 %-1 %-2.5 %- 0.5 %</i>	Tier 1	
<i>cyclop-trop-propa-phen-ket-wat</i> <i>ophthalmic (eye) drops 1 %-1 %-0.1 %-</i> <i>2.5 %-0.4 %</i>	Tier 1	
HOMATROPAIRE OPHTHALMIC (EYE) (homatropine hbr) DROPS 5 %	Tier 1	
MYDCOMBI OPHTHALMIC (EYE) CARTRIDGE 2.5-1 %	Tier 3	
<i>phenyleph-tropicamide in water</i> <i>ophthalmic (eye) drops 2.5-1 %</i>	Tier 1	
<i>tropicamide ophthalmic (eye) drops 0.5</i> <i>%</i>	Tier 1	
<i>tropicamide ophthalmic (eye) drops 1 %</i> (Mydriacyl)	Tier 1	
Ophthalmic Antifibrotic Agents		
<i>mitomycin (pf) in water ophthalmic (eye)</i> <i>syringe 0.2 mg/ml, 0.4 mg/ml</i>	Tier 1	SP
MITOSOL OPHTHALMIC (EYE) KIT 0.2 MG	Tier 3	
Eye - Miscellaneous		
Agents For Corneal Collagen Cross-Linking		
PHOTREXA CROSS-LINKING KIT OPHTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOUS 0.146 % -0.146 %	Tier 3	SP
Artificial Tears		
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %	Tier 2	
Eye Preparations, Miscellaneous (Otc)		
GELFILM OPHTHALMIC (EYE) FILM	Tier 3	
Ophthalmic Cystine Depleting Agents		
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	Tier 2	PA; SP

Drug	Status	Notes
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	Tier 2	PA; SP
Fluid Replacement		
Nucleic Acid/Nucleotide Supplements		
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	Tier 2	PA; SP
Gout And Related Diseases		
Colchicine		
<i>colchicine oral capsule 0.6 mg</i> (Mitigare)	Tier 1	QL (2 EA per 1 day)
<i>colchicine oral tablet 0.6 mg</i> (Colcrys)	Tier 1	QL (4 EA per 1 day)
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML	Tier 3	ST: Requires prior prescription for Colchicine capsules or tablets within the past 120 days; QL (10 ML per 1 day)
Hyperuricemia Tx - Purine Inhibitors		
<i>allopurinol oral tablet 100 mg</i> (Zyloprim)	Tier 1	
<i>allopurinol oral tablet 300 mg</i>	Tier 1	
<i>febuxostat oral tablet 40 mg, 80 mg</i> (Uloric)	Tier 1	ST: Requires prior prescription for Allopurinol within the past 120 days; QL (30 EA per 30 days)
Uricosuric Agents		
<i>probenecid oral tablet 500 mg</i>	Tier 1	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	Tier 1	
Hematological Disorders		
Agents To Tx Thrombotic Thrombocytopenic Purpura		
CABLIVI INJECTION KIT 11 MG	Tier 3	PA; SP
Anticoagulants, Coumarin Type		
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG (warfarin)	Tier 1	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> (Jantoven)	Tier 1	

Drug	Status	Notes
Antifibrinolytic Agents		
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i> (Amicar)	Tier 1	
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i> (Amicar)	Tier 1	
<i>tranexamic acid oral tablet 650 mg</i>	Tier 1	
Antihemophilic Factors		
ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 2	SP
ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT	Tier 2	SP
AFSTYLA INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT RANGE, 1,500 (+/-) UNIT RANGE, 2,000 (+/-) UNIT RANGE, 2,500 (+/-) UNIT RANGE, 250 (+/-) UNIT RANGE, 3,000 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	Tier 2	SP
ALPHANATE INTRAVENOUS RECON SOLN 1,000 (400 VWF) UNIT/10 ML, 1,500 (600 VWF) UNIT/10 ML, 2,000 (800 VWF) UNIT/10 ML, 250 (100 VWF) UNIT/5 ML, 500 (200 VWF) UNIT/5 ML	Tier 3	SP
ALTUVIIIIO INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4000 (+/-) UNIT, 500 (+/-) UNIT	Tier 2	SP
ELOCTATE INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 5,000 UNIT, 500 UNIT, 6,000 UNIT, 750 UNIT	Tier 2	SP

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

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Drug	Status	Notes
NOVOSEVEN RT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG), 8 MG (8,000 MCG)	Tier 3	SP
NUWIQ INTRAVENOUS RECON SOLN 1000 UNIT, 2,000 UNIT, 2,500 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	Tier 3	SP
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE	Tier 3	SP
RECOMBINATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	SP
SEVENFACT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG)	Tier 3	SP
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT	Tier 3	SP
XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 2	SP
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 2	SP
Blood Factors, Miscellaneous		
VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-) UNIT RANGE	Tier 3	SP
Citrates As Anticoagulants		
ACD SOLUTION A SOLUTION 2.45-2.2 GRAM- 800 MG/100 ML	Tier 3	
ACD-A SOLUTION , 2.45-2.2 GRAM- 730 MG/100 ML	Tier 3	
<i>anticoag citrate phos dextrose solution 2.63-222 gram-mg/100ml</i>	Tier 1	

Drug	Status	Notes
sodium citrate in 0.9 % nacl solution 0.5 %	Tier 1	
sodium citrate intra-catheter solution 4 %	Tier 1	
sodium citrate intra-catheter syringe 4 % (3 ml), 4 % (5 ml)	Tier 1	
sodium citrate solution 4 gram /100 ml (4 %)	Tier 1	
Complement (C3) Inhibitors		
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML	Tier 3	PA; SP
Direct Factor Xa Inhibitors		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	Tier 2	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	Tier 2	QL (2 EA per 1 day)
ELIQUIS ORAL TABLET 5 MG	Tier 2	QL (74 EA per 30 days)
rivaroxaban oral suspension for reconstitution 1 mg/ml (Xarelto)	Tier 1	QL (20 ML per 1 day)
rivaroxaban oral tablet 2.5 mg (Xarelto)	Tier 1	QL (2 EA per 1 day)
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	Tier 2	QL (51 EA per 30 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML (rivaroxaban)	Tier 2	QL (20 ML per 1 day)
XARELTO ORAL TABLET 10 MG, 20 MG (rivaroxaban)	Tier 2	QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG (rivaroxaban)	Tier 2	QL (2 EA per 1 day)
Factor Ix Complex (Pcc) Preparations		
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	SP
Factor Ix Preparations		
ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	SP

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Drug	Status	Notes
ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	Tier 3	SP
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 3	SP
IDELVION INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	SP
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 3,000 UNIT, 500 UNIT	Tier 3	SP
REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	SP
RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 3	SP
Factor X Preparations		
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	Tier 3	SP
Factor Xiii Preparations		
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT	Tier 3	SP
TRETTEN INTRAVENOUS RECON SOLN 2,500 UNIT	Tier 3	SP
Hematinics, Other		
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 120 MCG/0.3 ML, 150 MCG/0.3 ML, 200 MCG/0.3 ML, 30 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML	Tier 3	PA; SP

Drug	Status	Notes
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	Tier 2	PA; SP
Hemophilia Treatment Agents, Non-Factor Replacement		
ALHEMO PEN SUBCUTANEOUS PEN INJECTOR 150 MG/1.5 ML (100 MG/ML), 300 MG/3 ML (100 MG/ML), 60 MG/1.5 ML (40 MG/ML)	Tier 3	PA; SP
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 12 MG/0.4 ML, 150 MG/ML, 30 MG/ML, 300 MG/2 ML (150 MG/ML), 60 MG/0.4 ML	Tier 3	PA; SP
HYMPAVZI PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 3	PA; SP
QFITLIA PEN SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	Tier 3	PA; SP
QFITLIA SUBCUTANEOUS SOLUTION 20 MG/0.2 ML	Tier 3	PA; SP
Hemorrhologic Agents		
<i>pentoxifylline oral tablet extended release 400 mg</i>	Tier 1	
Heparin And Related Preparations		
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i> (Lovenox)	Tier 1	SP; QL (30 ML per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i> (Lovenox)	Tier 1	SP
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> (Arixtra)	Tier 1	SP; QL (24 ML per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> (Arixtra)	Tier 1	SP; QL (15 ML per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i> (Arixtra)	Tier 1	SP; QL (12 ML per 30 days)

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Drug	Status	Notes
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i> (Arixtra)	Tier 1	SP; QL (18 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML	Tier 2	SP; QL (8 ML per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	Tier 2	SP; QL (7.6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML	Tier 2	SP; QL (60 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML	Tier 2	SP; QL (30 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML	Tier 2	SP; QL (36 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML	Tier 2	SP; QL (43.2 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML	Tier 2	SP; QL (12 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML	Tier 2	SP; QL (18 ML per 30 days)
HEP FLUSH-10 (PF) INTRAVENOUS SOLUTION 10 UNIT/ML	Tier 1	
<i>heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/500 ml (5 unit/ml), 5,000 unit/500 ml (10 unit/ml)</i>	Tier 1	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	Tier 1	
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	Tier 1	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	Tier 1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	Tier 1	
<i>heparin lock flush (porcine) intravenous solution 10 unit/ml</i>	Tier 1	

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Drug	Status	Notes
HEPARIN LOCKFLUSH(PORCINE)(PF) (heparin, porcine (pf)) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML	Tier 1	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	Tier 1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml</i>	Tier 1	
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml</i>	Tier 1	
<i>heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml</i> (Heparin LockFlush(Porcine)(PF))	Tier 1	
Human Monoclonal Antibody Complement(C5) Inhibitor		
FABHALTA ORAL CAPSULE 200 MG	Tier 2	PA; SP
TAVNEOS ORAL CAPSULE 10 MG	Tier 3	PA; SP
VOYDEYA ORAL TABLET 100 MG, 150 MG (50 MG X 1-100 MG X 1)	Tier 3	PA; SP
ZILBRYSQ SUBCUTANEOUS SYRINGE 16.6 MG/0.416 ML, 23 MG/0.574 ML, 32.4 MG/0.81 ML	Tier 3	PA; SP
Hypoxia Inducible Factor Prolyl Hydroxylase Inh.		
VAFSEO ORAL TABLET 150 MG, 300 MG	Tier 3	PA
Leukocyte (Wbc) Stimulants		
LEUKINE INJECTION RECON SOLN 250 MCG	Tier 3	PA; SP
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 2	PA; SP
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 2	PA; SP
UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	Tier 3	PA; SP
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 2	PA; SP

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Drug	Status	Notes
Plasma Proteins		
RYPLAZIM INTRAVENOUS RECON SOLN 68.8 MG	Tier 3	PA; SP
Platelet Aggregation Inhibitors		
ADULT ASPIRIN REGIMEN ORAL (aspirin) TABLET,DELAYED RELEASE (DR/EC) 81 MG	\$0	
ADULT LOW DOSE ASPIRIN ORAL (aspirin) TABLET,DELAYED RELEASE (DR/EC) 81 MG	\$0	
ASPIRIN CHILDRENS ORAL (aspirin) TABLET,CHEWABLE 81 MG	\$0	
<i>aspirin oral tablet,chewable 81 mg</i> (Aspirin Childrens)	\$0	
<i>aspirin oral tablet,delayed release (dr/ec) 81 mg</i> (Adult Aspirin Regimen)	\$0	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	Tier 1	
BAYER LOW DOSE ASPIRIN ORAL (aspirin) TABLET,DELAYED RELEASE (DR/EC) 81 MG	\$0	
CHILDREN'S ASPIRIN ORAL (aspirin) TABLET,CHEWABLE 81 MG	\$0	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Tier 1	
<i>clopidogrel oral tablet 300 mg</i>	Tier 1	QL (4 EA per 30 days)
<i>clopidogrel oral tablet 75 mg</i> (Plavix)	Tier 1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i> (Effient)	Tier 1	QL (1 EA per 1 day)
ST JOSEPH ASPIRIN ORAL (aspirin) TABLET,CHEWABLE 81 MG	\$0	
ST. JOSEPH ASPIRIN ORAL (aspirin) TABLET,DELAYED RELEASE (DR/EC) 81 MG	\$0	
<i>ticagrelor oral tablet 60 mg, 90 mg</i> (Brilinta)	Tier 1	QL (2 EA per 1 day)
ZONTIVITY ORAL TABLET 2.08 MG	Tier 3	QL (1 EA per 1 day)

Drug	Status	Notes
Platelet Reducing Agents		
<i>anagrelide oral capsule 0.5 mg</i> (Agrylin)	Tier 1	
<i>anagrelide oral capsule 1 mg</i>	Tier 1	
Pyruvate Kinase Activators		
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	Tier 3	PA; SP
PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7)	Tier 3	PA; SP
Sickle Cell Anemia Agents		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	Tier 3	
ENDARI ORAL POWDER IN PACKET 5 GRAM (glutamine (sickle cell))	Tier 3	PA; SP
<i>glutamine (sickle cell) oral powder in packet 5 gram</i> (Endari)	Tier 1	PA; SP
SIKLOS ORAL TABLET 1,000 MG	Tier 3	ST: Requires prior prescriptions for generic Hydroxyurea and Droxia within the past 365 days
SIKLOS ORAL TABLET 100 MG	Tier 3	QL (2 EA per 1 day)
XROMI ORAL SOLUTION 100 MG/ML	Tier 3	PA
Spleen Tyrosine Kinase Inhibitors		
TAVALISSE ORAL TABLET 100 MG, 150 MG	Tier 2	PA; SP
Thrombin Inhibitors, Selective, Direct, & Reversible		
<i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i> (Pradaxa)	Tier 1	QL (2 EA per 1 day)
PRADAXA ORAL PELLETS IN PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG	Tier 3	PA
Thrombopoietin Receptor Agonists		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	Tier 3	PA; SP
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	Tier 2	PA; SP

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Drug	Status	Notes
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	Tier 2	PA; SP
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	Tier 2	PA; SP
<i>eltrombopag olamine oral powder in packet 12.5 mg, 25 mg</i> (Promacta)	Tier 1	PA; SP
<i>eltrombopag olamine oral tablet 12.5 mg, 25 mg, 50 mg, 75 mg</i> (Promacta)	Tier 1	PA; SP
MULPLETA ORAL TABLET 3 MG	Tier 3	PA; SP
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG (eltrombopag olamine)	Tier 2	PA; SP
Topical Hemostatics		
ASTRINGYN TOPICAL SOLUTION 259 MG/G	Tier 3	
AVITENE FLOUR TOPICAL POWDER	Tier 3	
AVITENE TOPICAL POWDER IN PACKET	Tier 3	
AVITENE TOPICAL SHEET 35 X 35 MM, 70 X 35 MM, 70 X 70 MM	Tier 3	
ENDO AVITENE TOPICAL SHEET 10 MM, 5 MM	Tier 3	
EVICEL TOPICAL SOLUTION 800-1,200 UNIT /ML (1 ML X 2), 800-1,200 UNIT /ML(2ML X 2), 800-1,200 UNIT /ML(5 ML X 2)	Tier 3	
GELFOAM JMI POWDER TOPICAL KIT 5,000 UNIT	Tier 3	
GELFOAM JMI SPONGE TOPICAL COMBO PACK 5,000 UNIT	Tier 3	
GELFOAM SPONGE SIZE 200 TOPICAL SPONGE 200	Tier 3	
GELFOAM TOPICAL SPONGE 4	Tier 3	
MONSEL'S TOPICAL SOLUTION 0.2 TO 0.22 GRAM/ML IRON	Tier 3	
MONSEL'S TOPICAL SOLUTION WITH APPLICATOR 0.2 TO 0.22 GRAM/ML	Tier 1	

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Drug	Status	Notes
RECOTHROM SPRAY KIT TOPICAL RECON SOLN 20,000 UNIT	Tier 3	
RECOTHROM TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT	Tier 3	
SYRINGE AVITENE TOPICAL POWDER	Tier 3	
TACHOSIL TOPICAL ADHESIVE PATCH, MEDICATED 4.8 X 4.8 CM, 9.5 X 4.8 CM	Tier 3	
THROMBI-GEL TOPICAL PADS, MEDICATED 10 CM2, 100 CM2, 40 CM2	Tier 1	
THROMBIN-JMI NASAL NASAL SPRAY SYRINGE 5,000 UNIT	Tier 1	
THROMBIN-JMI TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT	Tier 1	
THROMBIN-JMI TOPICAL SPRAY SYRINGE 20,000 UNIT, 5,000 UNIT	Tier 1	
THROMBIN-JMI TOPICAL SPRAY, NON-AEROSOL 20,000 UNIT	Tier 1	
THROMBI-PAD TOPICAL PADS, MEDICATED 3 X 3 "	Tier 1	
ULTRAFOAM TOPICAL SPONGE 2 X 6.25 X 7 CM-CM-MM, 8 X 12.5 X 1 CM, 8 X 12.5 X 3 CM-CM-MM, 8 X 6.25 X 1 CM	Tier 3	
VISTASEAL-FIBRIN SEALANT TOPICAL SYRINGE 500 UNIT-80 MG /ML (10 ML), 500 UNIT-80 MG /ML (2 ML), 500 UNIT-80 MG /ML (4 ML)	Tier 3	
Vitamin K Preparations		
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i> (Vitamin K1)	Tier 1	
<i>phytonadione (vitamin k1) injection syringe 1 mg/0.5 ml</i>	Tier 1	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	Tier 1	

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Drug	Status	Notes
VITAMIN K INJECTION SOLUTION 1 MG/0.5 ML (phytonadione (vitamin k1))	Tier 1	
VITAMIN K1 INJECTION SOLUTION 10 MG/ML (phytonadione (vitamin k1))	Tier 1	
Hormonal Deficiency		
Androgenic Agents		
KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG	Tier 3	PA
METHITEST ORAL TABLET 10 MG (methyltestosterone)	Tier 3	PA
<i>methyltestosterone oral capsule 10 mg</i>	Tier 1	PA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone)	Tier 1	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	Tier 1	PA
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i> (Testim)	Tier 1	PA
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram lactuation</i>	Tier 1	PA
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i> (Vogelxo)	Tier 1	PA
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i> (AndroGel)	Tier 1	PA
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i>	Tier 1	PA
<i>testosterone transdermal gel in packet 1 % (50 mg/5 gram)</i> (Vogelxo)	Tier 1	PA
<i>testosterone transdermal solution in metered pump w/app 30 mg/lactuation (1.5 ml)</i>	Tier 1	PA
TLANDO ORAL CAPSULE 112.5 MG	Tier 3	PA
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	Tier 3	PA

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Drug	Status	Notes
Estrogen & Progestin With Antimineralocorticoid Cb		
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	Tier 3	
Estrogen & Selective Estrogen Recept Mod(Serm)Comb		
DUAVEE ORAL TABLET 0.45-20 MG	Tier 2	
Estrogen And Progestin Combinations		
BIJUVA ORAL CAPSULE 0.5-100 MG	Tier 2	QL (1 EA per 1 day)
BIJUVA ORAL CAPSULE 1-100 MG	Tier 2	QL (30 EA per 30 days)
Estrogen/Androgen Combinations		
COVARYX H.S. ORAL TABLET 0.625-1.25 MG	(estrogens-methyltestosterone)	Tier 1
COVARYX ORAL TABLET 1.25-2.5 MG	(estrogens-methyltestosterone)	Tier 1
EEMT HS ORAL TABLET 0.625-1.25 MG	(estrogens-methyltestosterone)	Tier 1
EEMT ORAL TABLET 1.25-2.5 MG	(estrogens-methyltestosterone)	Tier 1
ESTRATEST F.S. ORAL TABLET 1.25-2.5 MG	(estrogens-methyltestosterone)	Tier 1
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg</i>	(Covaryx H.S.)	Tier 1
<i>estrogens-methyltestosterone oral tablet 1.25-2.5 mg</i>	(Covaryx)	Tier 1
Estrogenic Agents		
ABIGALE LO ORAL TABLET 0.5-0.1 MG	(estradiol-norethindrone acet)	Tier 1
ABIGALE ORAL TABLET 1-0.5 MG	(estradiol-norethindrone acet)	Tier 1
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR		Tier 2 QL (2 EA per 7 days)
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	(estradiol cypionate)	Tier 3

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Drug	Status	Notes
DOTTI TRANSDERMAL PATCH (estradiol) SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	Tier 1	QL (2 EA per 7 days)
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION	Tier 3	ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (52 GM per 30 days)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>estradiol transdermal gel in metered- dose pump 1.25 gram/actuation</i> (EstroGel)	Tier 1	ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days
<i>estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%)</i> (Divigel)	Tier 1	ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (30 EA per 30 days)
<i>estradiol transdermal gel in packet 1 mg/gram (0.1 %)</i> (Divigel)	Tier 1	ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (30 GM per 30 days)
<i>estradiol transdermal gel in packet 1.25 mg/1.25 gram (0.1 %)</i> (Divigel)	Tier 1	ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (37.5 GM per 30 days)
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Dotti)	Tier 1	QL (2 EA per 7 days)

Drug	Status	Notes
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Climara)	Tier 1	QL (1 EA per 7 days)
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml</i> (Delestrogen)	Tier 1	
<i>estradiol valerate intramuscular oil 40 mg/ml</i>	Tier 1	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i> (Abigale Lo)	Tier 1	
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i> (Abigale)	Tier 1	
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%)	Tier 3	ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (16.2 ML per 30 days)
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG (norethindrone ac-eth estradiol)	Tier 1	
JINTELI ORAL TABLET 1-5 MG-MCG (norethindrone ac-eth estradiol)	Tier 1	
LYLLANA TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR (estradiol)	Tier 1	QL (2 EA per 7 days)
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR	Tier 3	QL (1 EA per 7 days)
MIMVEY ORAL TABLET 1-0.5 MG (estradiol-norethindrone acet)	Tier 1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> (Fyavolv)	Tier 1	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG	Tier 2	
PREMARIN ORAL TABLET 0.625 MG, 1.25 MG (conjugated estrogens)	Tier 2	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	Tier 2	

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Drug	Status	Notes
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	Tier 2	
Menopausal Symptoms Suppressant - Ssris		
<i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i>	Tier 1	ST: Requires prior prescription for Paroxetine HCL or Venlafaxine within the past 120 days; QL (1 EA per 1 day)
Menopausal Symptoms Suppressant- Nk3 Receptor Antag		
VEOZAH ORAL TABLET 45 MG	Tier 3	
Progestational Agents		
CRINONE VAGINAL GEL 4 %	Tier 2	
GALLIFREY ORAL TABLET 5 MG (norethindrone acetate)	Tier 1	
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> (Provera)	Tier 1	
<i>norethindrone acetate oral tablet 5 mg</i> (Gallifrey)	Tier 1	
<i>progesterone intramuscular oil 50 mg/ml</i>	Tier 1	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)	Tier 1	
Immunization		
Antisera		
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	Tier 2	PA; SP
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 3	PA; SP
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 2	PA; SP
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 3	PA; SP

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Drug	Status	Notes
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 3	PA; SP
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	Tier 3	PA; SP
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 3	PA; SP
Covid-19 Vaccines		
MODERNA COVID 24-25(6M-11Y)PF INTRAMUSCULAR SYRINGE 25 MCG/0.25 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
NOVAVAX COVID 2024-25(PF)(EUA) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SPIKEVAX 2024-2025(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Enteric Virus Vaccines		
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ROTATEQ VACCINE ORAL SOLUTION 2 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

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Drug	Status	Notes
Gram Negative Cocci Vaccines		
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Gram Positive Cocci Vaccines		
CAPVAXIVE INTRAMUSCULAR SYRINGE 0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

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Drug	Status	Notes
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Influenza Virus Vaccines		
AFLURIA 2025-2026 (3YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
AFLURIA 2025-2026 (6MO UP) INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUAD 2025-2026 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUARIX 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUBLOK 2025-2026 (PF) INTRAMUSCULAR SYRINGE 135 MCG (45 MCG X 3)/0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUCELVAX 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUCELVAX 2025-2026 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLULAVAL 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

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Drug	Status	Notes
FLUMIST 2025-2026 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUMIST HOME 2025-2026 NASAL (HOME ADMIN) NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE 2025-2026 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE HIGH-DOSE 2025-26 (PF) INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine/Toxoid Preparations, Combinations		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

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Drug	Status	Notes
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15- 10-5 LF-MCG-LF/0.5ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

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Drug	Status	Notes
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Viral/Tumorigenic Vaccines		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

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Drug	Status	Notes
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

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Drug	Status	Notes
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Immunosuppression/Modulation		
Immunomodulators		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	Tier 3	PA; SP
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML	Tier 3	SP
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	Tier 3	PA; SP
<i>imiquimod topical cream in packet 5 %</i>	Tier 1	QL (2 EA per 1 day)
KAZURI TOPICAL GEL 5-0.05-1 % (imiquimod-tretinoin- levocetir)	Tier 3	
KERIDA TOPICAL GEL 5-0.1-30 %	Tier 3	
KYNARA TOPICAL GEL 5-1-2 % (imiquimod-levocetirizin- niacin)	Tier 3	

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Drug		Status	Notes
QUIDROXZAR TOPICAL GEL 5-0.1-30 %		Tier 3	
QUIHOXAXIA TOPICAL GEL 5-1-2 %	(imiquimod-levocetiriziniacin)	Tier 3	
QUIHOXVAR TOPICAL GEL 5-0.05-1 %	(imiquimod-tretinoin-levocetir)	Tier 3	
Immunosuppressives			
azathioprine oral tablet 100 mg, 75 mg	(Azasan)	Tier 1	
azathioprine oral tablet 50 mg	(Imuran)	Tier 1	
cyclosporine modified oral capsule 100 mg, 25 mg	(Gengraf)	Tier 1	
cyclosporine modified oral capsule 50 mg		Tier 1	
cyclosporine modified oral solution 100 mg/ml	(Gengraf)	Tier 1	
cyclosporine oral capsule 100 mg, 25 mg	(Sandimmune)	Tier 1	
everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	(Zortress)	Tier 1	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	(cyclosporine modified)	Tier 1	
GENGRAF ORAL SOLUTION 100 MG/ML	(cyclosporine modified)	Tier 1	
LUPKYNIS ORAL CAPSULE 7.9 MG		Tier 3	PA; SP
mycophenolate mofetil oral capsule 250 mg	(CellCept)	Tier 1	
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	(CellCept)	Tier 1	
mycophenolate mofetil oral tablet 500 mg	(CellCept)	Tier 1	
mycophenolate sodium oral tablet, delayed release (drlec) 180 mg, 360 mg	(Myfortic)	Tier 1	
MYHIBBIN ORAL SUSPENSION 200 MG/ML		Tier 3	PA
NEORAL ORAL CAPSULE 100 MG, 25 MG	(cyclosporine modified)	Tier 3	
NEORAL ORAL SOLUTION 100 MG/ML	(cyclosporine modified)	Tier 3	

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Drug	Status	Notes
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (tacrolimus)	Tier 3	
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	Tier 2	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (cyclosporine)	Tier 3	
<i>sirolimus oral solution 1 mg/ml</i>	Tier 1	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	Tier 1	
Rho Kinase Inhibitor		
REZUROCK ORAL TABLET 200 MG	Tier 2	PA; SP
Infectious Disease - Bacterial		
Absorbable Sulfonamides		
<i>sulfadiazine oral tablet 500 mg</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim)	Tier 1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)	Tier 1	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS)	Tier 1	
SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML (sulfamethoxazole-trimethoprim)	Tier 1	
Betalactams		
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	Tier 2	PA; SP
Carbapenems (Thienamycins)		
ORLYNVAH ORAL TABLET 500-500 MG	Tier 3	PA; QL (2 EA per 1 day)
Cephalosporins - 1St Generation		
<i>cefadroxil oral capsule 500 mg</i>	Tier 1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	Tier 1	
<i>cefadroxil oral tablet 1 gram</i>	Tier 1	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	Tier 1	

Drug	Status	Notes
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	Tier 1	
Cephalosporins - 2Nd Generation		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	Tier 1	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	Tier 1	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	Tier 1	
Cephalosporins - 3Rd Generation		
<i>cefdinir oral capsule 300 mg</i>	Tier 1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>cefixime oral capsule 400 mg</i>	Tier 1	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	Tier 1	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	Tier 1	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	Tier 1	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	Tier 2	
SUPRAX ORAL TABLET, CHEWABLE 100 MG, 200 MG	Tier 2	
Chemotherapeutics, Antibacterial, Misc.		
<i>fosfomycin tromethamine oral packet 3 gram</i>	Tier 1	
<i>methenamine hippurate oral tablet 1 gram</i>	Tier 1	

Drug	Status	Notes
<i>methenamine mandelate oral tablet 0.5 gram, 1 gram</i>	Tier 1	
<i>methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg</i> (Urogesic-Blue)	Tier 1	
PRIMSOL ORAL SOLUTION 50 MG/5 ML	Tier 2	
<i>trimethoprim oral tablet 100 mg</i>	Tier 1	
URELLE ORAL TABLET 81-10.8-40.8 MG	Tier 3	
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG	Tier 2	
URIBEL TABS ORAL TABLET 81.6-0.12-10.8 MG	Tier 3	
URIMAR-T ORAL TABLET 120-10.8-0.12 MG	Tier 3	
UROGESIC-BLUE ORAL TABLET 81.6-40.8-0.12 MG (methen-sod phos-meth blue-hyos)	Tier 1	
URO-MP ORAL CAPSULE 118-10-40.8-36 MG	Tier 1	
Fecal Microbiota Transplantation (Fmt)		
REBYOTA RECTAL ENEMA 150 ML	Tier 3	PA; SP
VOWST ORAL CAPSULE	Tier 2	PA; SP
Macrolides		
<i>azithromycin oral packet 1 gram</i>	Tier 1	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Zithromax)	Tier 1	
<i>azithromycin oral tablet 250 mg, 500 mg</i> (Zithromax)	Tier 1	
<i>azithromycin oral tablet 600 mg</i>	Tier 1	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	Tier 1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	Tier 2	QL (10 ML per 1 day)

Drug	Status	Notes
DIFICID ORAL TABLET 200 MG (fidaxomicin)	Tier 2	QL (20 EA per 10 days)
E.E.S. 400 ORAL TABLET 400 MG (erythromycin ethylsuccinate)	Tier 1	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 250 MG, 500 MG (erythromycin)	Tier 1	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG (erythromycin stearate)	Tier 1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> (E.E.S. Granules)	Tier 1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i> (EryPed 400)	Tier 1	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i> (E.E.S. 400)	Tier 1	
<i>erythromycin oral capsule, delayed release (dr/ec) 250 mg</i>	Tier 1	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i> (Ery-Tab)	Tier 1	
Nitrofurantoin Derivatives		
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>nitrofurantoin monohydr/m-cryst oral capsule 100 mg</i> (Macrobid)	Tier 1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i> (Furadantin)	Tier 1	PA
Oxazolidinones		
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i> (Zyvox)	Tier 1	
<i>linezolid oral tablet 600 mg</i> (Zyvox)	Tier 1	
SIVEXTRO ORAL TABLET 200 MG	Tier 2	PA
Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Tier 1	

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Drug	Status	Notes
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	Tier 1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	Tier 1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i> (Augmentin)	Tier 1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600)	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg</i> (Augmentin)	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i> (Augmentin XR)	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	Tier 1	
<i>ampicillin oral capsule 500 mg</i>	Tier 1	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	Tier 1	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG (amoxicillin)	Tier 3	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	Tier 1	
Pleuromutilin Derivatives		
XENLETA ORAL TABLET 600 MG	Tier 3	PA
Quinolones		
BAXDELA ORAL TABLET 450 MG	Tier 3	PA

Drug	Status	Notes
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML (ciprofloxacin)	Tier 2	
<i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>	Tier 1	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> (Cipro)	Tier 1	
<i>ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i> (Cipro)	Tier 1	
<i>levofloxacin oral solution 250 mg/10 ml</i>	Tier 1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>moxifloxacin oral tablet 400 mg</i>	Tier 1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	Tier 1	
Tetracyclines		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	Tier 1	
<i>doxycycline hyclate oral capsule 100 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>doxycycline hyclate oral capsule 50 mg</i> (Morgidox)	Tier 1	QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet 100 mg</i>	Tier 1	
<i>doxycycline hyclate oral tablet 150 mg</i>	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 150mg tablets within the past 120 days; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet 50 mg</i> (Targadox)	Tier 1	ST: Requires prior prescription for Doxycycline Hyclate 50mg capsules or Doxycycline Monohydrate 50mg capsules or tablets within the past 120 days; QL (4 EA per 1 day)

Drug	Status	Notes
<i>doxycycline hyclate oral tablet 75 mg</i>	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxyne NL)	Tier 1	
<i>doxycycline monohydrate oral capsule 150 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 50 mg</i>	Tier 1	
<i>doxycycline monohydrate oral capsule 75 mg</i> (Mondoxyne NL)	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg</i> (Oracea)	Tier 1	PA
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	Tier 1	
<i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)	Tier 1	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral tablet 150 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral tablet 50 mg, 75 mg</i>	Tier 1	
EMROSI ORAL CAPSULE,IR -EXTEND REL,BIPHASE 40 MG	Tier 3	PA
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 1	
MONDOXYNE NL ORAL CAPSULE 100 MG (doxycycline monohydrate)	Tier 1	

Drug	Status	Notes
MONDOXYNE NL ORAL CAPSULE 75 MG (doxycycline monohydrate)	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
NUZYRA ORAL TABLET 150 MG	Tier 3	PA
tetracycline oral capsule 250 mg, 500 mg	Tier 1	
Infectious Disease - Fungal		
Antifungal Agents		
clotrimazole mucous membrane troche 10 mg	Tier 1	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	Tier 3	PA
fluconazole oral suspension for reconstitution 10 mg/ml	Tier 1	
fluconazole oral suspension for reconstitution 40 mg/ml (Diflucan)	Tier 1	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	Tier 1	
flucytosine oral capsule 250 mg, 500 mg (Ancobon)	Tier 1	
itraconazole oral capsule 100 mg (Sporanox)	Tier 1	
itraconazole oral solution 10 mg/ml	Tier 1	
ketoconazole oral tablet 200 mg	Tier 1	
NOXAFIL ORAL SUSP, DELAYED RELEASE FOR RECON 300 MG	Tier 3	PA
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG	Tier 3	
posaconazole oral suspension 200 mg/5 ml (40 mg/ml) (Noxafil)	Tier 1	PA
posaconazole oral tablet, delayed release (drlec) 100 mg	Tier 1	PA
terbinafine hcl oral tablet 250 mg	Tier 1	
VIVJOA ORAL CAPSULE 150 MG	Tier 3	PA
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml) (Vfend)	Tier 1	

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Drug	Status	Notes
<i>voriconazole oral tablet 200 mg, 50 mg</i>	Tier 1	
Antifungal Antibiotics		
BREXAFEMME ORAL TABLET 150 MG	Tier 3	PA
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	Tier 1	
<i>griseofulvin microsize oral tablet 500 mg</i>	Tier 1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	Tier 1	
<i>nystatin oral suspension 100,000 unit/ml</i>	Tier 1	
<i>nystatin oral tablet 500,000 unit</i>	Tier 1	
Infectious Disease - Miscellaneous		
Aminoglycosides		
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	Tier 3	PA; SP
<i>neomycin oral tablet 500 mg</i>	Tier 1	
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	Tier 2	PA; SP
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi)	Tier 1	PA; SP
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i> (Bethkis)	Tier 1	PA; SP
<i>tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml</i> (Kitabis Pak)	Tier 1	PA; SP
Antibacterial Agents, Miscellaneous		
<i>glycine urologic solution irrigation solution 1.5 %</i> (Glycine Urologic)	Tier 1	
Antileprotics		
<i>dapsone oral tablet 100 mg, 25 mg</i>	Tier 1	
THALOMID ORAL CAPSULE 100 MG, 50 MG	Tier 2	PA; SP
Anti-Mycobacterium Agents		
<i>ethambutol oral tablet 100 mg, 400 mg</i>	Tier 1	
<i>isoniazid oral solution 50 mg/5 ml</i>	Tier 1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	Tier 1	

Drug	Status	Notes
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	Tier 3	
<i>pyrazinamide oral tablet 500 mg</i>	Tier 1	
<i>rifabutin oral capsule 150 mg</i>	Tier 1	
TRECTOR ORAL TABLET 250 MG	Tier 3	
Antitubercular Antibiotics		
<i>cycloserine oral capsule 250 mg</i>	Tier 1	
<i>pretomanid oral tablet 200 mg</i>	Tier 3	QL (1 EA per 1 day)
PRIFTIN ORAL TABLET 150 MG	Tier 3	
<i>rifampin oral capsule 150 mg, 300 mg</i>	Tier 1	
SIRTURO ORAL TABLET 100 MG, 20 MG	Tier 3	PA; SP
Lincosamides		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin HCl)	Tier 1	
<i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml</i> (Clindamycin Pediatric)	Tier 1	
CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML (clindamycin palmitate hcl)	Tier 1	
Rifamycins And Related Derivative Antibiotics		
XIFAXAN ORAL TABLET 200 MG	Tier 3	PA
XIFAXAN ORAL TABLET 550 MG	Tier 2	PA
Vancomycin And Derivatives		
<i>vancomycin oral capsule 125 mg</i> (Vancocin)	Tier 1	QL (56 EA per 1 FILL)
<i>vancomycin oral capsule 250 mg</i> (Vancocin)	Tier 1	QL (112 EA per 1 FILL)
<i>vancomycin oral recon soln 25 mg/ml</i> (Firvanq)	Tier 1	QL (300 ML per 1 FILL)
<i>vancomycin oral recon soln 50 mg/ml</i> (Firvanq)	Tier 1	QL (600 ML per 1 FILL)

Drug	Status	Notes
Infectious Disease - Parasitic		
2Nd Gen. Anaerobic Antiprotozoal-Antibacterial		
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM	Tier 3	ST: At least 2 prior prescriptions for oral Metronidazole, Clindamycin, vaginal Clindamycin cream, vaginal Metronidazole gel, or Tinidazole within the past 365 days; QL (1 EA per 30 days)
<i>tinidazole oral tablet 250 mg, 500 mg</i>	Tier 1	
Anaerobic Antiprotozoal-Antibacterial Agents		
LIKMEZ ORAL SUSPENSION 500 MG/5 ML	Tier 3	PA
<i>metronidazole oral capsule 375 mg</i>	Tier 1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Tier 1	
Anthelmintics		
<i>albendazole oral tablet 200 mg</i>	Tier 1	
EMVERM ORAL TABLET,CHEWABLE (mebendazole) 100 MG	Tier 2	PA
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	Tier 1	
<i>ivermectin oral tablet 6 mg</i>	Tier 1	
<i>praziquantel oral tablet 600 mg</i> (Biltricide)	Tier 1	
Antimalarial Drugs		
ARAKODA ORAL TABLET 100 MG	Tier 3	
<i>atovaquone-proguanil oral tablet 250- 100 mg</i> (Malarone)	Tier 1	
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric)	Tier 1	
<i>chloroquine phosphate oral tablet 250 mg</i>	Tier 1	QL (36 EA per 16 days)
<i>chloroquine phosphate oral tablet 500 mg</i>	Tier 1	QL (18 EA per 16 days)

Drug	Status	Notes
COARTEM ORAL TABLET 20-120 MG	Tier 3	
<i>hydroxychloroquine oral tablet 100 mg</i>	Tier 1	QL (180 EA per 30 days)
<i>hydroxychloroquine oral tablet 200 mg</i> (Sovuna)	Tier 1	QL (100 EA per 30 days)
<i>hydroxychloroquine oral tablet 300 mg</i> (Sovuna)	Tier 1	QL (60 EA per 30 days)
<i>hydroxychloroquine oral tablet 400 mg</i>	Tier 1	QL (60 EA per 30 days)
KRINTAFEL ORAL TABLET 150 MG	Tier 2	QL (2 EA per 1 FILL)
<i>mefloquine oral tablet 250 mg</i>	Tier 1	
<i>primaquine oral tablet 26.3 mg (15 mg base)</i>	Tier 2	
<i>pyrimethamine oral tablet 25 mg</i> (Daraprim)	Tier 1	PA; SP
<i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)	Tier 1	
SOVUNA ORAL TABLET 200 MG (hydroxychloroquine)	Tier 2	QL (100 EA per 30 days)
SOVUNA ORAL TABLET 300 MG (hydroxychloroquine)	Tier 3	QL (60 EA per 30 days)
Antiparasitics		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	Tier 3	QL (50 ML per 1 day)
<i>nitazoxanide oral tablet 500 mg</i> (Alinia)	Tier 1	QL (2 EA per 1 day)
Antiprotozoal Drugs, Miscellaneous		
<i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron)	Tier 1	
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	Tier 1	
IMPAVIDO ORAL CAPSULE 50 MG	Tier 2	PA
LAMPIT ORAL TABLET 120 MG, 30 MG	Tier 3	
<i>pentamidine inhalation recon soln 300 mg</i> (Nebupent)	Tier 1	
Infectious Disease - Viral		
Antiretroviral - Capsid Inhibitors		
SUNLENCA ORAL TABLET 300 MG	Tier 2	PA; SP
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	Tier 2	PA; SP
YEZTUGO ORAL TABLET 300 MG	Tier 2	PA; SP
YEZTUGO SUBCUTANEOUS SOLUTION 309 MG/ML	Tier 2	PA; SP

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Drug	Status	Notes
Antiretroviral-Integrase Inhibitor And Nnrti Comb.		
JULUCA ORAL TABLET 50-25 MG	Tier 2	SP; QL (1 EA per 1 day)
Antiretroviral-Integrase Inhibitor And Nrti Comb.		
DOVATO ORAL TABLET 50-300 MG	Tier 2	SP; QL (1 EA per 1 day)
Antiretroviral-Nucleoside,Nucleotide,Protease Inh.		
SYMTUZA ORAL TABLET 800-150-200-10 MG	Tier 2	SP; QL (1 EA per 1 day)
Antiviral - Main Protease (Mpro) Inhibitor		
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10), 150 MG (6)- 100 MG (5)	Tier 2	QL (20 EA per 28 days); Age (Min 12 Years)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	Tier 2	QL (30 EA per 28 days); Age (Min 12 Years)
Antiviral Monoclonal Antibodies		
BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML	\$0	PA; \$0 COPAY IF QUANTITY LIMITED TO 2, FILL OF 2 IN 120 DAYS, AND 19 MONTHS OF AGE OR YOUNGER
BEYFORTUS INTRAMUSCULAR SYRINGE 50 MG/0.5 ML	\$0	PA; \$0 COPAY IF QUANTITY LIMITED TO 0.5, FILL OF 2 IN 120 DAYS, AND 19 MONTHS OF AGE OR YOUNGER
Antiviral Nucleotide Analogs		
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	Tier 1	QL (40 EA per 29 days); Age (Min 18 Years)
Antivirals, General		
<i>acyclovir oral capsule 200 mg</i>	Tier 1	
<i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)	Tier 1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	Tier 1	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	Tier 1	

Drug	Status	Notes
LIVTENCITY ORAL TABLET 200 MG	Tier 2	PA; SP
<i>oseltamivir oral capsule 30 mg</i> (Tamiflu)	Tier 1	QL (40 EA per 180 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i> (Tamiflu)	Tier 1	QL (20 EA per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu)	Tier 1	QL (360 ML per 180 days)
PREVYMIS ORAL PELLETS IN PACKET 120 MG, 20 MG	Tier 3	PA
PREVYMIS ORAL TABLET 240 MG, 480 MG	Tier 3	PA
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	Tier 3	QL (40 EA per 180 days)
<i>ribavirin inhalation recon soln 6 gram</i>	Tier 1	
<i>rimantadine oral tablet 100 mg</i> (Flumadine)	Tier 1	
TEMBEXA ORAL SUSPENSION 10 MG/ML	Tier 2	
TEMBEXA ORAL TABLET 100 MG	Tier 2	
TPOXX (NATIONAL STOCKPILE) ORAL CAPSULE 200 MG	Tier 2	
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	Tier 1	
<i>valganciclovir oral recon soln 50 mg/ml</i> (Valcyte)	Tier 1	
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	Tier 1	
XOFLUZA ORAL TABLET 40 MG	Tier 2	QL (4 EA per 180 days)
XOFLUZA ORAL TABLET 80 MG	Tier 2	QL (2 EA per 180 days)
Antivirals, Hiv-Spec, Non-Peptidic Protease Inhib		
APTIVUS ORAL CAPSULE 250 MG	Tier 2	SP; QL (4 EA per 1 day)
<i>darunavir oral tablet 600 mg</i> (Prezista)	Tier 1	SP; QL (2 EA per 1 day)
<i>darunavir oral tablet 800 mg</i> (Prezista)	Tier 1	SP; QL (1 EA per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML	Tier 2	SP; QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	Tier 2	SP; QL (8 EA per 1 day)
PREZISTA ORAL TABLET 75 MG	Tier 2	SP; QL (16 EA per 1 day)

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Drug	Status	Notes
Antivirals, Hiv-Spec, Nucleoside-Nucleotide Analog		
CIMDUO ORAL TABLET 300-300 MG	Tier 2	SP; QL (1 EA per 1 day)
DESCOVY ORAL TABLET 120-15 MG	Tier 2	SP; QL (1 EA per 1 day)
DESCOVY ORAL TABLET 200-25 MG	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet</i> (Truvada) 100-150 mg, 133-200 mg, 167-250 mg	Tier 1	SP; QL (1 EA per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet</i> (Truvada) 200-300 mg	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
Antivirals, Hiv-Spec., Nucleoside Analog, Rti Comb		
<i>abacavir-lamivudine oral tablet</i> 600-300 mg	Tier 1	SP; QL (1 EA per 1 day)
<i>lamivudine-zidovudine oral tablet</i> 150-300 mg	Tier 1	SP; QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Ccr5 Co-Receptor Antag.		
<i>maraviroc oral tablet</i> 150 mg (Selzentry)	Tier 1	SP; QL (2 EA per 1 day)
<i>maraviroc oral tablet</i> 300 mg (Selzentry)	Tier 1	SP; QL (4 EA per 1 day)
SELZENTRY ORAL SOLUTION 20 MG/ML	Tier 2	SP; QL (31 ML per 1 day)
Antivirals, Hiv-Specific, Cd4 Attachment Inhibitor		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	Tier 2	PA; SP
Antivirals, Hiv-Specific, Fusion Inhibitors		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	Tier 2	SP; QL (2 EA per 1 day)

Drug	Status	Notes
Antivirals, Hiv-Specific, Non-Nucleoside, Rti		
EDURANT ORAL TABLET 25 MG	Tier 2	SP; QL (1 EA per 1 day)
EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG	Tier 2	SP; QL (180 EA per 30 days)
<i>efavirenz oral tablet 600 mg</i>	Tier 1	SP
<i>etravirine oral tablet 100 mg</i> (Intelence)	Tier 1	SP; QL (4 EA per 1 day)
<i>etravirine oral tablet 200 mg</i> (Intelence)	Tier 1	SP; QL (2 EA per 1 day)
INTELENCE ORAL TABLET 25 MG	Tier 2	SP; QL (4 EA per 1 day)
<i>nevirapine oral suspension 50 mg/5 ml</i>	Tier 1	SP; QL (1200 ML per 30 days)
<i>nevirapine oral tablet 200 mg</i>	Tier 1	SP; QL (2 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	Tier 1	SP; QL (3 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	Tier 1	SP; QL (1 EA per 1 day)
Antivirals, Hiv-Specific, Nucleoside Analog, Rti		
<i>abacavir oral solution 20 mg/ml</i> (Ziagen)	Tier 1	SP; QL (960 ML per 30 days)
<i>abacavir oral tablet 300 mg</i>	Tier 1	SP; QL (2 EA per 1 day)
<i>emtricitabine oral capsule 200 mg</i> (Emtriva)	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML	Tier 2	SP; QL (850 ML per 30 days)
<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	Tier 1	SP; QL (960 ML per 30 days)
<i>lamivudine oral tablet 150 mg</i> (Epivir)	Tier 1	SP; QL (2 EA per 1 day)
<i>lamivudine oral tablet 300 mg</i> (Epivir)	Tier 1	SP; QL (1 EA per 1 day)
<i>stavudine oral capsule 15 mg, 20 mg</i>	Tier 1	SP; QL (2 EA per 1 day)
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	Tier 1	SP; QL (6 EA per 1 day)

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Drug	Status	Notes
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	Tier 1	SP; QL (1920 ML per 30 days)
<i>zidovudine oral tablet 300 mg</i>	Tier 1	SP; QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Nucleotide Analog, Rti		
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	Tier 2	SP; QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Tier 2	SP; QL (1 EA per 1 day)
Antivirals, Hiv-Specific, Protease Inhibitor Comb		
<i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra)	Tier 1	SP; QL (10 EA per 1 day)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra)	Tier 1	SP; QL (4 EA per 1 day)
Antivirals, Hiv-Specific, Protease Inhibitors		
<i>atazanavir oral capsule 150 mg</i>	Tier 1	SP; QL (2 EA per 1 day)
<i>atazanavir oral capsule 200 mg</i> (Reyataz)	Tier 1	SP; QL (2 EA per 1 day)
<i>atazanavir oral capsule 300 mg</i> (Reyataz)	Tier 1	SP; QL (1 EA per 1 day)
EVOTAZ ORAL TABLET 300-150 MG	Tier 2	SP; QL (1 EA per 1 day)
<i>fosamprenavir oral tablet 700 mg</i>	Tier 1	SP; QL (4 EA per 1 day)
NORVIR ORAL CAPSULE 100 MG	Tier 2	SP; QL (12 EA per 1 day)
NORVIR ORAL POWDER IN PACKET 100 MG	Tier 2	SP; QL (12 EA per 1 day)
REYATAZ ORAL POWDER IN PACKET 50 MG	Tier 2	SP; QL (5 EA per 1 day)
<i>ritonavir oral tablet 100 mg</i> (Norvir)	Tier 1	SP; QL (12 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG, 625 MG	Tier 2	SP

Drug	Status	Notes
Antivirals,Hiv-1 Integrase Strand Transfer Inhibtr		
APRETUDE INTRAMUSCULAR (cabotegravir) SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)	\$0	\$0 COPAY IF QUANTITY 0.15 IN 1 DAY, FILL OF 7 IN 365 DAYS, AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (21 ML per 365 days); Age (Min 12 Years)
ISENTRESS HD ORAL TABLET 600 MG	Tier 2	SP; QL (2 EA per 1 day)
ISENTRESS ORAL POWDER IN PACKET 100 MG	Tier 2	SP; QL (2 EA per 1 day)
ISENTRESS ORAL TABLET 400 MG	Tier 2	SP; QL (2 EA per 1 day)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	Tier 2	SP; QL (6 EA per 1 day)
TIVICAY ORAL TABLET 50 MG	Tier 2	SP; QL (2 EA per 1 day)
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	Tier 2	SP; QL (6 EA per 1 day)
Arv Cmb Nucleoside,Nucleotide,&Non-Nucleoside Rti		
COMPLERA ORAL TABLET 200-25-300 MG (emtricitabine-tenofovir disoproxil fumarate)	Tier 2	SP; QL (1 EA per 1 day)
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate oral tablet 600-200-300 mg</i>	Tier 1	SP; QL (1 EA per 1 day)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg</i>	Tier 1	SP; QL (1 EA per 1 day)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 600-300-300 mg</i> (Symfi)	Tier 1	SP; QL (1 EA per 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate oral tablet 200-25-300 mg</i> (Complera)	Tier 1	SP; QL (1 EA per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG	Tier 2	SP; QL (1 EA per 1 day)
Arv Cmb-Nrti,N(T)Rti, Integrase Inhibitor		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	Tier 2	SP; QL (1 EA per 1 day)

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Drug	Status	Notes
GENVOYA ORAL TABLET 150-150-200-10 MG	Tier 2	SP; QL (1 EA per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG	Tier 2	SP; QL (1 EA per 1 day)
Arv Comb-Nrtis & Integrase Inhibitor		
TRIUMEQ ORAL TABLET 600-50-300 MG	Tier 2	SP; QL (1 EA per 1 day)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	Tier 2	SP; QL (6 EA per 1 day)
Cytochrome P450 Inhibitors		
TYBOST ORAL TABLET 150 MG	Tier 2	QL (1 EA per 1 day)
Hep C - Ns5a, Ns3/4A, Nucleotide Ns5b Inhib Combo		
VOSEVI ORAL TABLET 400-100-100 MG	Tier 2	PA; SP
Hep C Virus - Ns5a & Ns5b Polymerase Inhib. Combo.		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG	Tier 2	PA; SP
EPCLUSA ORAL TABLET 200-50 MG	Tier 2	PA; SP
EPCLUSA ORAL TABLET 400-100 MG (sofosbuvir-velpatasvir)	Tier 2	PA; SP
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG	Tier 2	PA; SP
HARVONI ORAL TABLET 45-200 MG	Tier 2	PA; SP
HARVONI ORAL TABLET 90-400 MG (ledipasvir-sofosbuvir)	Tier 2	PA; SP
Hep C Virus, Nucleotide Analog Ns5b Polymerase Inh		
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG	Tier 3	PA; SP
SOVALDI ORAL TABLET 200 MG, 400 MG	Tier 3	PA; SP
Hepatitis B Treatment Agents		
<i>adefovir oral tablet 10 mg</i> (Hepsera)	Tier 1	SP; QL (1 EA per 1 day)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	Tier 2	SP; QL (630 ML per 30 days)
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	Tier 1	SP; QL (1 EA per 1 day)

Drug	Status	Notes
<i>lamivudine oral tablet 100 mg</i>	Tier 1	QL (1 EA per 1 day)
VEMLIDY ORAL TABLET 25 MG	Tier 2	SP; QL (1 EA per 1 day)
Hepatitis C Treatment Agents		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Tier 2	PA; SP
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	Tier 2	PA; SP
<i>ribavirin oral capsule 200 mg</i>	Tier 1	
<i>ribavirin oral tablet 200 mg</i>	Tier 1	
Hepatitis C Virus- Ns5a And Ns3/4A Inhibitor Comb		
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	Tier 3	PA; SP
MAVYRET ORAL TABLET 100-40 MG	Tier 3	PA; SP
Inflammatory Disease		
Anti-Arthritic And Chelating Agents		
CUPRIMINE ORAL CAPSULE 250 MG (penicillamine)	Tier 3	PA; SP
D-PENAMINE ORAL TABLET 125 MG	Tier 1	PA; SP
<i>penicillamine oral capsule 250 mg</i> (Cuprimine)	Tier 1	PA; SP
<i>penicillamine oral tablet 250 mg</i> (Depen Titratabs)	Tier 1	PA; SP
Anti-Arthritic, Folate Antagonist Agents		
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML	Tier 2	QL (0.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 12.5 MG/0.25 ML	Tier 2	QL (1 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 15 MG/0.3 ML	Tier 2	QL (1.2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 17.5 MG/0.35 ML	Tier 2	QL (1.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 20 MG/0.4 ML	Tier 2	QL (1.6 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 22.5 MG/0.45 ML	Tier 2	QL (1.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 25 MG/0.5 ML	Tier 2	QL (2 ML per 28 days)

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Drug	Status	Notes
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 30 MG/0.6 ML	Tier 2	QL (2.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 7.5 MG/0.15 ML	Tier 2	QL (0.6 ML per 28 days)
Anti-Flam. Interleukin-1 Receptor Antagonist		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	Tier 3	PA; SP
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	Tier 3	PA; SP
Anti-Inflammatory Tumor Necrosis Factor Inhibitor		
<i>adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml</i> (Hyrimoz(CF) Pen)	Tier 2	PA; SP
<i>adalimumab-adaz subcutaneous pen injector 80 mg/0.8 ml</i> (Hyrimoz Pen Crohn's-UC Starter)	Tier 2	PA; SP
<i>adalimumab-adaz subcutaneous syringe 10 mg/0.1 ml, 20 mg/0.2 ml, 40 mg/0.4 ml</i> (Hyrimoz(CF))	Tier 2	PA; SP
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	Tier 3	PA; SP
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	Tier 3	PA; SP
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	Tier 3	PA; SP
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	Tier 2	PA; SP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	Tier 2	PA; SP
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	Tier 2	PA; SP
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	Tier 2	PA; SP

Drug	Status	Notes
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 2	PA; SP; PA REQUIRES TRIAL OF PREFERRED BIOSIMILARS FOR NEW PATIENTS
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	Tier 2	PA; SP; PA REQUIRES TRIAL OF PREFERRED BIOSIMILARS FOR NEW PATIENTS
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Tier 2	PA; SP; PA REQUIRES TRIAL OF PREFERRED BIOSIMILARS FOR NEW PATIENTS
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	Tier 2	PA; SP; PA REQUIRES TRIAL OF PREFERRED BIOSIMILARS FOR NEW PATIENTS
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	Tier 2	PA; SP; PA REQUIRES TRIAL OF PREFERRED BIOSIMILARS FOR NEW PATIENTS
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	Tier 2	PA; SP; PA REQUIRES TRIAL OF PREFERRED BIOSIMILARS FOR NEW PATIENTS
SIMLANDI(CF) AUTOINJECTOR (adalimumab-ryvk) SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML	Tier 2	PA; SP
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 80 MG/0.8 ML	Tier 2	PA; SP
SIMLANDI(CF) SUBCUTANEOUS (adalimumab-ryvk) SYRINGE KIT 40 MG/0.4 ML	Tier 2	PA; SP
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	Tier 3	PA; SP
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	Tier 3	PA; SP
Anti-Inflammatory, Pyrimidine Synthesis Inhibitor		
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	Tier 1	

Drug	Status	Notes
Anti-Inflammatory, Phosphodiesterase-4(Pde4) Inhib.		
OTEZLA ORAL TABLET 20 MG, 30 MG	Tier 2	PA; SP
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	Tier 2	PA; SP
Anti-Inflammatory/Antiarthritics Agents, Misc.		
EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML (MW 2.4 -3.6 MILLION)	Tier 2	PA
SYNVISC INTRA-ARTICULAR SYRINGE 16 MG/2 ML	Tier 2	PA
SYNVISC-ONE INTRA-ARTICULAR SYRINGE 48 MG/6 ML	Tier 2	PA
Antinflammatory, Sel. Costim. Mod., T-Cell Inhibitor		
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	Tier 3	PA; SP
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	Tier 3	PA; SP
Bradykinin B2 Receptor Antagonists		
<i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Sajazir)	Tier 1	PA; SP
SAJAZIR SUBCUTANEOUS SYRINGE 30 MG/3 ML (icatibant)	Tier 1	PA; SP
C1 Esterase Inhibitors		
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	Tier 3	PA; SP
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	Tier 3	PA; SP
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	Tier 3	PA; SP
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT	Tier 3	PA; SP

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Drug	Status	Notes
Glucocorticoids		
AGAMREE ORAL SUSPENSION 40 MG/ML	Tier 3	PA; SP
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG	Tier 3	PA; SP
BETALOAN SUIK KIT 6 MG/ML	Tier 3	
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	Tier 1	
<i>budesonide oral tablet, delayed and ext. release 9 mg</i> (Uceris)	Tier 1	ST: Requires prior prescription for Balsalazide within the past 120 days
<i>cortisone oral tablet 25 mg</i>	Tier 1	
<i>deflazacort oral suspension 22.75 mg/ml</i> (Emflaza)	Tier 1	PA; SP
<i>deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i> (Jaythari)	Tier 1	PA; SP
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	Tier 3	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	Tier 1	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	Tier 1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	Tier 1	
DEXONTO IONTOPHORETIC SOLUTION 0.4 %	Tier 3	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML (deflazacort)	Tier 3	PA; SP
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)	Tier 1	
<i>hydrocortisone sod succinate injection recon soln 100 mg</i> (Solu-Cortef)	Tier 1	
JAYTHARI ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG (deflazacort)	Tier 1	PA; SP
KENALOG INJECTION SUSPENSION 10 MG/ML (triamcinolone acetonide)	Tier 3	
KENALOG-80 INJECTION SUSPENSION 80 MG/ML	Tier 3	
MEDROL ORAL TABLET 2 MG	Tier 2	

Drug	Status	Notes
MEDROLOAN II SUIK KIT 40 MG/ML	Tier 3	
MEDROLOAN SUIK KIT 40 MG/ML	Tier 3	
<i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i> (Medrol)	Tier 1	
<i>methylprednisolone oral tablet 32 mg</i>	Tier 1	
<i>methylprednisolone oral tablets,dose pack 4 mg</i> (Medrol (Pak))	Tier 1	
<i>prednisolone oral solution 15 mg/5 ml</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml)</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution 20 mg/5 ml (4 mg/ml)</i> (Veripred 20)	Tier 1	
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred)	Tier 1	
<i>prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg</i> (Orapred ODT)	Tier 1	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	Tier 2	
<i>prednisone oral solution 5 mg/5 ml</i>	Tier 1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	Tier 1	
<i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>	Tier 1	
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML	Tier 3	
TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC) 4 MG	Tier 3	PA; SP
<i>triamcinolone acetanide injection suspension 10 mg/ml, 40 mg/ml</i> (Kenalog)	Tier 1	
TRILOAN II SUIK KIT 40 MG/ML	Tier 3	
TRILOAN SUIK KIT 40 MG/ML	Tier 3	

Drug	Status	Notes
Gold Salts		
<i>auranofin oral capsule 3 mg</i> (Ridaura)	Tier 1	
RIDAURA ORAL CAPSULE 3 MG (auranofin)	Tier 3	
Immunomodulator,B-Lymphocyte Stim(Blys)-Spec Inhib		
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	Tier 3	PA; SP
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	Tier 3	PA; SP
Interleukin-6 (Il-6) Receptor Inhibitors		
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	Tier 3	PA; SP
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	Tier 3	PA; SP
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	Tier 3	PA; SP
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	Tier 3	PA; SP
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	Tier 3	PA; SP
Janus Kinase (Jak) Inhibitors		
LITFULO ORAL CAPSULE 50 MG	Tier 3	PA; SP
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	Tier 3	PA; SP
RINVOQ LQ ORAL SOLUTION 1 MG/ML	Tier 2	PA; SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	Tier 2	PA; SP
XELJANZ ORAL SOLUTION 1 MG/ML	Tier 2	PA; SP
XELJANZ ORAL TABLET 10 MG, 5 MG	Tier 2	PA; SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	Tier 2	PA; SP
Mineralocorticoids		
<i>fludrocortisone oral tablet 0.1 mg</i>	Tier 1	

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Drug	Status	Notes
Monoclonal Antibody-Human Interleukin 12/23 Inhib		
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML (ustekinumab-aekn)	Tier 2	PA; SP
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (ustekinumab)	Tier 2	PA; SP
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML (ustekinumab)	Tier 2	PA; SP
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	Tier 2	PA; SP
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	Tier 2	PA; SP
Nsaids (Cox Non-Specific Inhib)& Prostaglandin Cmb		
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg</i> (Arthrotec 50)	Tier 1	
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg</i> (Arthrotec 75)	Tier 1	
Nsaids, Cyclooxygenase 2 Inhibitor - Type		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (Celebrex)	Tier 1	
Nsaids, Cyclooxygenase Inhibitor-Type		
<i>diclofenac potassium oral tablet 50 mg</i>	Tier 1	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	Tier 1	
<i>diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	Tier 1	
EC-NAPROXEN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG, 500 MG (naproxen)	Tier 1	
<i>etodolac oral capsule 200 mg, 300 mg</i>	Tier 1	
<i>etodolac oral tablet 400 mg</i> (Lodine)	Tier 1	
<i>etodolac oral tablet 500 mg</i>	Tier 1	

Drug	Status	Notes
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	Tier 1	
<i>flurbiprofen oral tablet 100 mg</i> (Lurbiro)	Tier 1	
IBU ORAL TABLET 400 MG, 600 MG, 800 MG (ibuprofen)	Tier 1	
<i>ibuprofen oral suspension 100 mg/5 ml</i> (Children's Advil)	Tier 1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> (IBU)	Tier 1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Tier 1	
<i>indomethacin oral capsule, extended release 75 mg</i>	Tier 1	
<i>indomethacin rectal suppository 100 mg</i>	Tier 1	
<i>ketoprofen oral capsule 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	Tier 1	
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml)</i>	Tier 1	
<i>ketorolac injection syringe 15 mg/ml, 30 mg/ml</i>	Tier 1	
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	Tier 1	
<i>ketorolac intramuscular syringe 60 mg/2 ml</i>	Tier 1	
<i>ketorolac oral tablet 10 mg</i>	Tier 1	QL (20 EA per 5 days)
KIPROFEN ORAL CAPSULE 25 MG (ketoprofen)	Tier 1	
LURBIPR ORAL TABLET 100 MG (flurbiprofen)	Tier 1	
LURBIRO ORAL TABLET 100 MG (flurbiprofen)	Tier 1	
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>mefenamic acid oral capsule 250 mg</i>	Tier 1	
<i>meloxicam oral suspension 7.5 mg/5 ml</i>	Tier 1	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	Tier 1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	Tier 1	
<i>naproxen oral tablet 250 mg, 375 mg</i>	Tier 1	
<i>naproxen oral tablet 500 mg</i> (Naprosyn)	Tier 1	

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Drug	Status	Notes
<i>naproxen oral tablet, delayed release (drlec) 375 mg, 500 mg</i> (EC-Naprosyn)	Tier 1	
<i>naproxen sodium oral tablet 275 mg</i>	Tier 1	
<i>naproxen sodium oral tablet 550 mg</i> (Anaprox DS)	Tier 1	
<i>oxaprozin oral tablet 600 mg</i>	Tier 1	
<i>piroxicam oral capsule 10 mg</i>	Tier 1	
<i>piroxicam oral capsule 20 mg</i> (Feldene)	Tier 1	
<i>sulindac oral tablet 150 mg, 200 mg</i>	Tier 1	
<i>tolmetin oral capsule 400 mg</i>	Tier 1	
<i>tolmetin oral tablet 600 mg</i> (Tolectin 600)	Tier 1	
TORONOVA II SUIK KIT 30 MG/ML	Tier 3	
TORONOVA SUIK KIT 30 MG/ML	Tier 3	
Plasma Kallikrein Inhibitors		
EKTERLY ORAL TABLET 300 MG	Tier 3	PA; SP; QL (4 EA per 1 day)
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	Tier 3	PA; SP
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	Tier 3	PA; SP
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)	Tier 3	PA; SP
Local Anesthesia		
Local Anesthetics		
GLYDO MUCOUS MEMBRANE JELLY IN APPLICATOR 2 % (lidocaine hcl)	Tier 1	
<i>lidocaine hcl mucous membrane jelly 2 %</i>	Tier 1	
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i> (Glydo)	Tier 1	
<i>lidocaine hcl mucous membrane solution 2 %</i> (Lidocaine Viscous)	Tier 1	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	Tier 1	
LIDOCAINE VISCOUS MUCOUS MEMBRANE SOLUTION 2 % (lidocaine hcl)	Tier 1	

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Drug	Status	Notes
MARVONA SUIK (PF) KIT 0.5 % (5 MG/ML)	Tier 3	
Lower Gastrointestinal Disorders - Bowel Inflammation		
Chronic Inflammation of the Colon, 5-Aminosalicylates, Rectal Treatment		
<i>mesalamine rectal enema 4 gram/60 ml</i> (Rowasa)	Tier 1	
<i>mesalamine rectal suppository 1,000 mg</i> (Canasa)	Tier 1	
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i> (Rowasa)	Tier 1	
Drug Treatment of Chronic Inflammation of the Colon, 5-Aminosalicylates		
<i>balsalazide oral capsule 750 mg</i> (Colazal)	Tier 1	
<i>mesalamine oral capsule, extended release 500 mg</i> (Pentasa)	Tier 1	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i> (Apriso)	Tier 1	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i> (Lialda)	Tier 1	
<i>mesalamine oral tablet, delayed release (dr/ec) 800 mg</i>	Tier 1	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	Tier 2	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG (mesalamine)	Tier 2	
<i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)	Tier 1	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i> (Azulfidine EN-tabs)	Tier 1	
Hemorrhoidal Preparation, Anti-inflammatory Steroid/Local Anesthetic		
<i>hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %</i> (Analpram-HC)	Tier 1	
<i>hydrocortisone-pramoxine rectal cream 2.5-1 % (4g)</i>	Tier 1	
<i>lidocaine hcl-hydrocortisone ac rectal cream 3-0.5 %</i>	Tier 1	

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Drug	Status	Notes
<i>lidocaine hcl-hydrocortison ac rectal gel</i> 3 %-2.5 % (7 gram)	Tier 1	
<i>lidocaine hcl-hydrocortison ac rectal kit 2</i> %-2 % (7 gram), 3-0.5 %, 3-1 % (7 gram), 3-2.5 % (7 gram)	Tier 1	
<i>lidocaine-hydrocortisone-aloe rectal gel</i> 2.8-0.55 %	Tier 1	
PROCORT RECTAL CREAM 1.85-1.15 %	Tier 3	
PROCTOFOAM HC RECTAL FOAM 1-1 %	Tier 2	
ZYPRAM RECTAL KIT, CREAM AND TOWELETTE 2.35-1 %	Tier 3	
Ibs Agents, Mixed Opioid Recep Agonists/Antagonists		
VIBERZI ORAL TABLET 100 MG, 75 MG	Tier 2	
Integrin Receptor Antagonist, Monoclonal Antibody		
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML	Tier 3	PA; SP
Irritable Bowel Agents, Guanylate Cylase-C Agonist		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	Tier 2	QL (1 EA per 1 day)
TRULANCE ORAL TABLET 3 MG	Tier 2	QL (1 EA per 1 day)
Local Anorectal Nitrate Preparations		
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i> (Rectiv)	Tier 1	
Rectal Preparations		
ANUCORT-HC RECTAL SUPPOSITORY 25 MG (hydrocortisone acetate)	Tier 1	
<i>hydrocortisone acetate rectal suppository 25 mg</i> (Anucort-HC)	Tier 1	
<i>hydrocortisone acetate rectal suppository 30 mg</i> (Hemmorex-HC)	Tier 1	

Drug	Status	Notes
Rectal/Lower Bowel Prep.,Glucocort. (Non-Hemorr)		
<i>budesonide rectal foam 2 mg/actuation</i> (Uceris)	Tier 1	
CORTIFOAM RECTAL FOAM 10 % (80 MG)	Tier 3	
<i>hydrocortisone rectal enema 100 mg/60 ml</i> (Cortenema)	Tier 1	
Lower Gastrointestinal Disorders - Other		
Ammonia Inhibitors		
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG (carglumic acid)	Tier 3	PA; SP
<i>carglumic acid oral tablet, dispersible 200 mg</i> (Carbaglu)	Tier 1	PA; SP
ENULOSE ORAL SOLUTION 10 GRAM/15 ML (lactulose)	Tier 1	
GENERLAC ORAL SOLUTION 10 GRAM/15 ML (lactulose)	Tier 1	
LITHOSTAT ORAL TABLET 250 MG	Tier 3	
OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM	Tier 3	PA; SP
PHEBURANE ORAL GRANULES 483 MG/GRAM	Tier 3	PA; SP
RAVICTI ORAL LIQUID 1.1 GRAM/ML	Tier 3	PA; SP
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i> (Buphenyl)	Tier 1	PA; SP
<i>sodium phenylbutyrate oral tablet 500 mg</i> (Buphenyl)	Tier 1	PA; SP
Antidiarrheal - G.I. Chloride Channel Inhibitors		
MYTESI ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG	Tier 2	SP; ST: Requires prior prescription for Antiretrovirals therapy within the past 120 days; QL (2 EA per 1 day)

Drug	Status	Notes
Antidiarrheal - Tryptophan Hydroxylase Inhibitor		
XERMELO ORAL TABLET 250 MG	Tier 2	PA; SP
Antidiarrheals		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	Tier 1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil)	Tier 1	
<i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide))	Tier 1	
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	Tier 1	
Bile Salts		
CHENODAL ORAL TABLET 250 MG	Tier 3	PA; SP
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	Tier 3	PA; SP
CTEXLI ORAL TABLET 250 MG	Tier 3	PA; SP
<i>ursodiol oral capsule 300 mg</i>	Tier 1	
<i>ursodiol oral tablet 250 mg</i>	Tier 1	
<i>ursodiol oral tablet 500 mg</i> (URSO Forte)	Tier 1	
Farnesoid X Receptor (Fxr) Agonist, Bile Ac Analog		
OCALIVA ORAL TABLET 10 MG, 5 MG	Tier 2	PA; SP
Ileal Bile Acid Transporter (Ibat) Inhibitor		
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG	Tier 3	PA; SP
BYLVAY ORAL PELLETT 200 MCG, 600 MCG	Tier 3	PA; SP
LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML	Tier 3	PA; SP
LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG	Tier 3	PA; SP
Irritable Bowel Synd. Agent, 5HT-3 Antagonist-Type		
<i>alosetron oral tablet 0.5 mg, 1 mg</i> (Lotronex)	Tier 1	

Drug	Status	Notes
Laxatives And Cathartics		
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML	\$0	\$0 COPAY IF QUANTITY LIMITED TO 350, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (350 ML per 1 FILL)
CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML (lactulose)	Tier 1	
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM (peg 3350-electrolytes)	\$0	\$0 COPAY IF QUANTITY LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
GAVILYTE-G ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM (peg 3350-electrolytes)	\$0	\$0 COPAY IF QUANTITY LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
GAVILYTE-N ORAL RECON SOLN 420 GRAM (peg-electrolyte soln)	\$0	\$0 COPAY IF QUANTITY LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
<i>lactulose oral solution 10 gram/15 ml</i> (Constulose)	Tier 1	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i> (Amitiza)	Tier 1	QL (2 EA per 1 day)
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i> (GaviLyte-G)	\$0	\$0 COPAY IF QUANTITY LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i> (MoviPrep)	\$0	\$0 COPAY IF QUANTITY LIMITED TO 1, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (1 EA per 1 FILL)

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Drug	Status	Notes
<i>peg-electrolyte soln oral recon soln 420 gram</i> (GaviLyte-N)	\$0	\$0 COPAY IF QUANTITY LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	\$0	ST: Requires prior prescription for Clenpiq, generic bowel prep, or Sutab within the past 120 days; \$0 COPAY IF QUANTITY LIMITED TO 3, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (3 EA per 1 FILL)
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i> (Suprep Bowel Prep Kit)	\$0	\$0 COPAY IF QUANTITY LIMITED TO 354, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (354 ML per 1 FILL)
SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 GRAM	\$0	ST: Requires prior prescription for Clenpiq, generic bowel prep, or Sutab within the past 120 days; \$0 COPAY IF QUANTITY LIMITED TO 2, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (2 EA per 1 FILL)
SUTAB ORAL TABLET 1.479-0.188-0.225 GRAM	\$0	\$0 COPAY IF QUANTITY LIMITED TO 24, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (24 EA per 1 FILL)
Narcotic Antagonists, Peripherally-Acting		
<i>alvimopan oral capsule 12 mg</i>	Tier 1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	Tier 2	QL (1 EA per 1 day)
RELISTOR ORAL TABLET 150 MG	Tier 3	PA

Drug	Status	Notes
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	Tier 3	PA
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	Tier 3	PA
SYMPROIC ORAL TABLET 0.2 MG	Tier 2	QL (1 EA per 1 day)
Ppar Agonist		
IQIRVO ORAL TABLET 80 MG	Tier 2	PA; SP
LIVDELZI ORAL CAPSULE 10 MG	Tier 2	PA; SP
Sbs - Glucagon-Like Peptide-2 (Glp-2) Analogs		
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	Tier 2	PA; SP
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	Tier 2	PA; SP
Medical Supplies		
Bandages And Related Supplies		
ACESO AG TOPICAL BANDAGE 4 X 4 "	Tier 3	
ACTICOAT DRESSING TOPICAL BANDAGE 16 X 16 ", 4 X 4 ", 4 X 48 ", 4 X 8 ", 8 X 16 "	Tier 3	
ALLEVYN LIFE DRESSING TOPICAL BANDAGE 4 X 4 "	Tier 3	
CARRASYN HYDROGEL WOUND DRESS TOPICAL GEL	Tier 3	
CURAFIL GEL WOUND TOPICAL GEL	Tier 3	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL SPONGE 0.2 %- 2" X 2"	Tier 3	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL STRIP 0.2 %- 1/2" X 3 FEET	Tier 3	
CURITY AMD TOPICAL BANDAGE 1 X 5 "-YARD, 1/4 X 36 "	Tier 3	
CURITY IODOFORM PACKING STRIP TOPICAL BANDAGE 1 X 5 "-YARD, 1/2 X 5 "-YARD, 1/4 X 5 "-YARD, 2 X 5 "-YARD	Tier 3	

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Drug	Status	Notes
DYNAFOAM AG TOPICAL BANDAGE 4 X 4 "	Tier 3	
DYNAGINATE AG TOPICAL BANDAGE 12 ", 2 X 2 ", 4 X 5 ", 4 X 8 "	Tier 3	
KERAGEL TOPICAL GEL	Tier 3	
KERLIX AMD TOPICAL BANDAGE 0.2 %- 4.5" X 4.1 YARD	Tier 3	
KERLIX AMD TOPICAL SPONGE 0.2 %- 6" X 6.75"	Tier 3	
OASIS WOUND MATRIX FENESTRATED TOPICAL SHEET 3 X 3.5 CM, 3 X 7 CM	Tier 3	
OASIS WOUND MATRIX MESHED TOPICAL SHEET 5 X 7 CM, 7 X 10 CM, 7 X 20 CM	Tier 3	
PETROLEUM GAUZE TOPICAL BANDAGE	Tier 3	
RESTORE CALCIUM ALGINATE TOPICAL BANDAGE 4 X 4 3/4 "	Tier 3	
RESTORE TOPICAL BANDAGE 1 X 12 ", 2 X 2 "	Tier 3	
SILIGENTLE AG TOPICAL BANDAGE 2 X 2 ", 4 X 4 ", 4 X 5 ", 6 X 6 "	Tier 3	
SPECTRAGEL TOPICAL GEL	Tier 3	
STRATACTX TOPICAL GEL	Tier 3	
STRATAGRT TOPICAL GEL	Tier 3	
STRATAVRT TOPICAL GEL	Tier 3	
THERAHONEY TOPICAL BANDAGE 4 X 5 "	Tier 3	
XEROFORM PETROLATUM DRESSING TOPICAL BANDAGE 4 X 4 ", 5 X 9 "	Tier 3	
ZENPHOR TOPICAL BANDAGE 2 X 4.7 "	Tier 3	
ZENPHOR TOPICAL GEL	Tier 3	

Drug	Status	Notes
Catheters And Related Devices		
ADVANCE PLUS INTERMITTENT 10 FR, 10-16 FR-", 12 FR, 12-16 FR-", 16-16 FR-", 18-16 FR-", 6-16 FR-", 8-16 FR-"	Tier 3	
ADVANCE PLUS INTERMITTENT 14-16 (catheter) FR-"	Tier 3	
ADVANCE PLUS INTERMITTENT COMBO PACK 6 FR, 8 FR- 16"	Tier 3	
APOGEE IC INTERMIT CATHETER 14-6 FR-"	Tier 3	
APOGEE PLUS INTERMITT CATHETER 16-16 FR-"	Tier 3	
CURITY DRAINAGE BAG 2,000 ML	Tier 3	
DOVER COATED LATEX FOLEY COMBO PACK	Tier 3	
DOVER LATEX FOLEY CATHETER 16 FR, 28 FR	Tier 3	
DOVER RED RUBBER ROBINSON CATH 8 FR	Tier 3	
DOVER UNIVERSAL TRAY (catheterization tray)	Tier 3	
FEMALE CATHETER 14 FR	Tier 3	
KENGUARD FOLEY CATHETER 18-16 FR-"	Tier 3	
KENGUARD FOLEY CATHETER TRAY (catheterization tray)	Tier 3	
LOFRIC 12-16 FR-"	Tier 3	
LOFRIC 14-16 FR-"	Tier 3	(catheter)
LOFRIC ORIGO 14-16 FR-"	Tier 3	(catheter)
LOFRIC PRIMO NELATON CATHETER 16-16 FR-"	Tier 3	
LOFRIC SENSE NELATON CATHETER 14-6 FR-"	Tier 3	
MAGIC3 INTERMITTENT CATHETER 10-16 FR-", 12-16 FR-"	Tier 3	
MONO-FLO DRAINAGE BAG 2,000 ML	Tier 3	

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Drug	Status	Notes
ROBINSON CLEAR VINYL CATHETER 16 FR	Tier 3	
SELF-CATHETER, FEMALE 14 FR	Tier 3	
SILASTIC FOLEY CATHETER 20 FR	Tier 3	
SPEEDICATH (FEMALE) 16 FR	Tier 3	
TOUCH-TROL 10 FR	Tier 3	
VAPRO PLUS INTERMITT CATHETER COMBO PACK 12 FR- 8", 14 FR- 16", 14 FR- 8"	Tier 3	
Diabetic Supplies		
UNISTIK 3 COMFORT LANCET 28 GAUGE (lancets)	Tier 2	
Durable Medical Equipment,Misc		
A.I.R.S. NEBULIZER REPLACEMENT KIT	Tier 3	
AIRS ADULT AEROSOL MASK (nebulizer accessories)	Tier 3	
ALL FLOW 1000 KIT (nebulizer accessories)	Tier 3	
ALL FLOW 1000 PFT FILTER (nebulizer accessories)	Tier 3	
ALL FLOW 3000 KIT (nebulizer accessories)	Tier 3	
ALL FLOW 3000 PFT FILTER (nebulizer accessories)	Tier 3	
ALL FLOW 4000 KIT (nebulizer accessories)	Tier 3	
ALL FLOW 4000 PFT FILTER (nebulizer accessories)	Tier 3	
ALL FLOW 5000 KIT (nebulizer accessories)	Tier 3	
ALL FLOW 5000 PFT FILTER (nebulizer accessories)	Tier 3	
ALL FLOW 6000 PFT FILTER (nebulizer accessories)	Tier 3	
AMIELLE VAGINAL TRAINER KIT	Tier 3	
ARGYLE TRACHEOSTOMY CARE TRAY	Tier 3	
CEFALY COMBO PACK	Tier 3	
CLEVER CHOICE NEB KIT-ADULT (nebulizer accessories)	Tier 3	
CLEVER CHOICE NEB KIT-CHILD (nebulizer accessories)	Tier 3	
ENFIT MEDICAL STRAW	Tier 3	
ENFIT MEDICINE BOTTLE ADAPTER (adapter cap for bottle)	Tier 3	
INNOSPIRE REPLACEMENT FILTER (nebulizer accessories)	Tier 3	
INSPIRATION ELITE FILTER (nebulizer accessories)	Tier 3	

MedPerform Medium Formulary

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Drug	Status	Notes
NOSE CLIP (nebulizer accessories)	Tier 3	
PARI BABY CONV KIT - SIZE 1 KIT	Tier 3	
PARI BABY CONV KIT - SIZE 2 KIT	Tier 3	
PARI BABY CONV KIT - SIZE 3 KIT	Tier 3	
PARI TREK S PORTABLE PWR KIT (nebulizer accessories)	Tier 3	
PILLOW MASK CHILD (nebulizer accessories)	Tier 3	
PRO COMFORT TENS ELECTRODE PAD	Tier 3	
PRO COMFORT TENS UNIT COMBO PACK	Tier 3	
PRO-CEPTION VAGINAL	Tier 3	
PRONEB ULTRA II FILTER ASSEM (nebulizer accessories)	Tier 3	
REUSABLE NEBULIZER KIT KIT	Tier 3	
RUBBER MOUTHPIECE (nebulizer accessories)	Tier 3	
SAMI THE SEAL MASK (nebulizer accessories)	Tier 3	
SIDESTREAM MASK (nebulizer accessories)	Tier 3	
SILICONE MASK (nebulizer accessories)	Tier 3	
TENS 502 DEVICE	Tier 3	
TENS 504 DEVICE	Tier 3	
Durable Medical Equipment,Misc(Group 1)		
ACCU-CHEK FASTCLIX LANCET DRUM (lancets)	Tier 2	
ACCU-CHEK SAFE-T-PRO 23 GAUGE	Tier 2	
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE	Tier 2	
ACCU-CHEK SOFTCLIX LANCETS (lancets)	Tier 2	
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE	Tier 2	
ACTI-LANCE LANCETS 28 GAUGE (lancets)	Tier 2	
ADVANCED TRAVEL LANCETS 28 GAUGE (lancets)	Tier 2	
ADVOCATE LANCET 21 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 2	
ADVOCATE LANCET 23 GAUGE	Tier 2	

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Drug	Status	Notes
AGAMATRIX ULTRA-THIN LANCET 33 GAUGE (lancets)	Tier 2	
ALTERNATE SITE LANCET 26 GAUGE (lancets)	Tier 2	
ASSURE LANCE 25 GAUGE	Tier 2	
ASSURE LANCE 28 GAUGE (lancets)	Tier 2	
ASSURE LANCE PLUS 21 GAUGE, 30 GAUGE (lancets)	Tier 2	
ASSURE LANCE PLUS 25 GAUGE	Tier 2	
BD MICROTAINER LANCET 1.5 X 2 MM	Tier 2	
BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE (lancets)	Tier 2	
BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 28 GAUGE (lancets)	Tier 2	
BULLSEYE MINI SAFETY LANCETS 25 GAUGE	Tier 2	
BUTTERFLY TOUCH LANCET 30 GAUGE (lancets)	Tier 2	
CAREONE ULTRA THIN LANCET (lancets)	Tier 2	
CARESENS LANCETS 30 GAUGE (lancets)	Tier 2	
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE (lancets)	Tier 2	
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 2	
CHOSEN LANCET 30 GAUGE (lancets)	Tier 2	
CHOSEN SAFETY LANCET 28 GAUGE (lancets)	Tier 2	
CLEVER CHEK LANCETS 30 GAUGE (lancets)	Tier 2	
COAGUCHEK LANCETS (lancets)	Tier 2	
COLOR LANCETS 21 GAUGE (lancets)	Tier 2	
COMFORT EZ LANCETS 23 GAUGE	Tier 2	
COMFORT EZ LANCETS 28 GAUGE (lancets)	Tier 2	
COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE (lancets)	Tier 2	
COMFORT TOUCH ULT THIN LANCETS 31 GAUGE	Tier 2	
DROPLET LANCETS 30 GAUGE (lancets)	Tier 2	

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Drug	Status	Notes
DROPSAFE ACTI-LANCE 23 GAUGE	Tier 2	
EASY COMFORT LANCETS 30 GAUGE (lancets)	Tier 2	
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 2	
EASY TOUCH LANCETS 32 GAUGE	Tier 2	
EASY TOUCH SAFETY LANCETS 21 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 2	
EASY TOUCH SAFETY LANCETS 23 GAUGE, 32 GAUGE	Tier 2	
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 2	
EASY TOUCH TWIST LANCETS 32 GAUGE	Tier 2	
EASY TWIST AND CAP LANCETS 28 GAUGE (lancets)	Tier 2	
EMBRACE LANCETS 30 GAUGE (lancets)	Tier 2	
EMBRACE SAFETY LANCET 21 GAUGE, 28 GAUGE (lancets)	Tier 2	
E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 2	
E-Z JECT LANCETS 32 GAUGE	Tier 2	
E-Z JECT THIN LANCETS 28 GAUGE (lancets)	Tier 2	
EZ SMART LANCETS 28 GAUGE (lancets)	Tier 2	
FINGERSTIX LANCETS (lancets)	Tier 2	
FORACARE LANCETS 30 GAUGE (lancets)	Tier 2	
FREESTYLE LANCETS 28 GAUGE (lancets)	Tier 2	
FREESTYLE UNISTIK 2 (lancets)	Tier 2	
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 2	
GOJJI LANCETS 30 GAUGE (lancets)	Tier 2	
INCONTROL SUPER THIN LANCETS 30 GAUGE (lancets)	Tier 2	
INCONTROL ULTRA THIN LANCETS 28 GAUGE (lancets)	Tier 2	

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Drug		Status	Notes
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE	(lancets)	Tier 2	
INVACARE LANCETS 30 GAUGE	(lancets)	Tier 2	
<i>lancets</i>	(Accu-Chek Fastclix Lancet Drum)	Tier 2	
<i>lancets 21 gauge, 26 gauge, 30 gauge</i>	(Advocate Lancet)	Tier 2	
<i>lancets 28 gauge</i>	(Acti-Lance Lancets)	Tier 2	
<i>lancets 33 gauge</i>	(AgaMatrix Ultra-Thin Lancet)	Tier 2	
LANCETS, SUPER THIN	(lancets)	Tier 2	
LANCETS, THIN , 28 GAUGE	(lancets)	Tier 2	
LANCETS, ULTRA THIN	(lancets)	Tier 2	
MEDISENSE THIN LANCETS 28 GAUGE	(lancets)	Tier 2	
MEDLANCE PLUS LANCETS 21 GAUGE, 30 GAUGE	(lancets)	Tier 2	
MEDLANCE PLUS LANCETS 25 GAUGE		Tier 2	
MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM		Tier 2	
MICRO THIN LANCETS 33 GAUGE	(lancets)	Tier 2	
MICROLET LANCET	(lancets)	Tier 2	
MOBILE LANCETS 30 GAUGE	(lancets)	Tier 2	
MONOLET LANCETS 21 GAUGE	(lancets)	Tier 2	
MONOLET THIN LANCETS 28 GAUGE	(lancets)	Tier 2	
MYGLUCOHEALTH LANCETS 30 GAUGE	(lancets)	Tier 2	
NOVA SAFETY LANCETS 23 GAUGE		Tier 2	
NOVA SAFETY LANCETS 28 GAUGE	(lancets)	Tier 2	
NOVA SUREFLEX LANCETS	(lancets)	Tier 2	
ON CALL LANCET 30 GAUGE	(lancets)	Tier 2	
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE	(lancets)	Tier 2	
ONETOUCH DELICA SAFETY LANCET 30 GAUGE	(lancets)	Tier 2	

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Drug	Status	Notes
ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE (lancets)	Tier 2	
ON-THE-GO LANCETS 30 GAUGE (lancets)	Tier 2	
PERFECT POINT SAFETY LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 2	
PIP LANCET 28 GAUGE, 30 GAUGE (lancets)	Tier 2	
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE (lancets)	Tier 2	
PRO COMFORT LANCET 30 GAUGE (lancets)	Tier 2	
PRO COMFORT LANCET 31 GAUGE	Tier 2	
PRO COMFORT SAFETY LANCET 30 GAUGE (lancets)	Tier 2	
PRODIGY LANCETS 26 GAUGE, 28 GAUGE (lancets)	Tier 2	
PRODIGY TWIST TOP LANCET 28 GAUGE (lancets)	Tier 2	
PURE COMFORT LANCETS 30 GAUGE (lancets)	Tier 2	
PURE COMFORT SAFETY LANCETS 30 GAUGE (lancets)	Tier 2	
PUSH BUTTON SAFETY LANCETS 28 GAUGE (lancets)	Tier 2	
RELIAMED LANCET 28 GAUGE, 30 GAUGE (lancets)	Tier 2	
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 2	
RIGHTTEST GL300 LANCETS 30 GAUGE (lancets)	Tier 2	
SAFETY LANCETS 21 GAUGE, 28 GAUGE (lancets)	Tier 2	
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 2	
SAFETY-LET LANCETS 30 GAUGE (lancets)	Tier 2	
SINGLE-LET (lancets)	Tier 2	
SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE (lancets)	Tier 2	

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Drug	Status	Notes
SMARTEST LANCET (lancets)	Tier 2	
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 2	
STERILANCE TL 30 GAUGE (lancets)	Tier 2	
STERILANCE TL 32 GAUGE	Tier 2	
SUPER THIN LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 2	
SURE COMFORT LANCETS 18 GAUGE, 23 GAUGE	Tier 2	
SURE COMFORT LANCETS 21 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 2	
SURE-LANCE , 26 GAUGE, 28 GAUGE (lancets)	Tier 2	
SURE-LANCE ULTRA THIN 30 GAUGE (lancets)	Tier 2	
SURE-TOUCH LANCET (lancets)	Tier 2	
TECHLITE LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 2	
TELCARE LANCETS 30 GAUGE (lancets)	Tier 2	
TEMPO REFILL KIT WITH GAUZE KIT	Tier 2	
THIN LANCETS 26 GAUGE (lancets)	Tier 2	
TOPCARE UNIVERSAL1 LANCET , 33 GAUGE (lancets)	Tier 2	
TRUE COMFORT LANCET 30 GAUGE (lancets)	Tier 2	
TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 2	
TWIST LANCETS 30 GAUGE (lancets)	Tier 2	
TWIST LANCETS 32 GAUGE	Tier 2	
ULTILET BASIC LANCETS 30 GAUGE (lancets)	Tier 2	
ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 2	
ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 2	
ULTILET SAFETY LANCETS 23 GAUGE	Tier 2	
ULTRA THIN II LANCETS 30 GAUGE (lancets)	Tier 2	
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE (lancets)	Tier 2	

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Drug	Status	Notes
ULTRA THIN LANCETS 31 GAUGE	Tier 2	
ULTRA THIN PLUS LANCETS 33 GAUGE (lancets)	Tier 2	
ULTRA TLC LANCETS (lancets)	Tier 2	
ULTRA-CARE LANCETS 30 GAUGE (lancets)	Tier 2	
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE (lancets)	Tier 2	
ULTRA-THIN II LANCETS 28 GAUGE (lancets)	Tier 2	
UNILET COMFORTOUCH LANCET , 26 GAUGE (lancets)	Tier 2	
UNILET GP LANCET (lancets)	Tier 2	
UNILET LANCET 28 GAUGE, 33 GAUGE (lancets)	Tier 2	
UNILET LANCETS 30 GAUGE (lancets)	Tier 2	
UNILET SUPER THIN LANCETS 30 GAUGE (lancets)	Tier 2	
UNISTIK 3 EXTRA LANCET 21 GAUGE (lancets)	Tier 2	
UNISTIK 3 GENTLE 30 GAUGE (lancets)	Tier 2	
UNISTIK 3 NORMAL LANCET 23 GAUGE	Tier 2	
UNISTIK COMFORT LANCETS 28 GAUGE (lancets)	Tier 2	
UNISTIK CZT LANCET 23 GAUGE	Tier 2	
UNISTIK CZT LANCET 28 GAUGE (lancets)	Tier 2	
UNISTIK EXTRA LANCETS 21 GAUGE (lancets)	Tier 2	
UNISTIK NORMAL LANCETS 23 GAUGE	Tier 2	
UNISTIK PRO LANCET 21 GAUGE, 28 GAUGE (lancets)	Tier 2	
UNISTIK PRO LANCET 25 GAUGE	Tier 2	
UNISTIK SAFETY 28 GAUGE, 30 GAUGE (lancets)	Tier 2	
UNISTIK TOUCH LANCETS 21 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 2	
UNISTIK TOUCH LANCETS 23 GAUGE	Tier 2	

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Drug	Status	Notes
UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 2	
VERIFINE SAFETY LANCET MINI 21 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 2	
VERIFINE SAFETY LANCET MINI 23 GAUGE	Tier 2	
VERIFINE UNIVERSAL LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 2	
VIVAGUARD LANCET 30 GAUGE (lancets)	Tier 2	
VIVAGUARD SAFETY LANCET 28 GAUGE (lancets)	Tier 2	
Feeding Devices		
ENFIT IRRIGAT SYRINGE-CONTAINR KIT	Tier 3	
<i>enteral connector, enfit</i>	Tier 3	
ENTERAL GRAVITY BAG SET-ENFIT	Tier 3	
KANGAROO 924 SAFETY SCREW (pump set)	Tier 3	
KANGAROO EPUMP SET	Tier 3	
KANGAROO GRAVITY SET	Tier 3	
RELIZORB CARTRIDGE	Tier 3	
Incontinence Supplies		
FLEXI-SEAL SIGNAL FMS RECTAL	Tier 3	
TENSCARE ITOUCH SURE VAGINAL DEVICE	Tier 3	
Medical Supplies,Miscellaneous		
VARITHENA ADMINISTRATION PACK	Tier 3	
VIBRANT ORAL CAPSULE	Tier 3	
VIBRANT STARTER KIT COMBO PACK	Tier 3	
Medical Supplies,Miscellaneous(Group 2)		
AIRS PEDIATRIC DISPOSABLE MASK (nebulizer accessories)	Tier 3	
EAR POPPER INFLATION DEVICE NASAL DEVICE	Tier 3	
PCCA ACCUPEN-15 DEVICE	Tier 3	

Drug	Status	Notes
PROVATE PELVIC ORGAN SUPPORT VAGINAL 61 MM, 67 MM, 73 MM, 79 MM, 85 MM, 91 MM	Tier 3	
YONI FIT BLADDER SUPPORT VAGINAL 34-38 MM, 34-38-42 MM, 42- 45 MM, 45-48-52 MM, 48-52 MM	Tier 3	
Parenteral Administration Sets		
BD INSYTE AUTOGUARD INFUSION SET 22 GAUGE X 1", 24 GAUGE X 3/4"	Tier 3	
BD SAF-T-INTIMA INFUSION SET 22 GAUGE X 3/4"	Tier 3	
INSUFLOXIN INFUSION SET 25 X 18 MM	Tier 3	
INSYTE IV CATHETER INFUSION SET 14 X 1.75 ", 20 X 1.16 "	Tier 3	
I-PORT	Tier 3	
I-PORT ADVANCE 6 MM INJEC PORT	Tier 3	
I-PORT ADVANCE 9 MM INJEC PORT	Tier 3	
IVENIX ADMIN SET 2INLET 2YSITE (iv administration set) INFUSION SET	Tier 3	
IVENIX ADMIN SET 2INLET Y-SITE (iv administration set) INFUSION SET	Tier 3	
MONOJECT LUER ADAPTER INTRAVENOUS ADMIX ACCESSORY	Tier 3	
NEXIVA INFUSION SET 18 X 1 1/4 ", 18 X 1 3/4 ", 20 GAUGE X 1", 20 X 1 1/4 ", 20 X 1 3/4 ", 22 GAUGE X 1", 24 GAUGE X 3/4", 24 X 0.56 "	Tier 3	
PHASEAL ASSEMBLY FIXTURE DEVICE	Tier 3	
PHASEAL CONNECTOR LUER LOCK	Tier 3	
PHASEAL INFUSION ADAPTER	Tier 3	
PHASEAL INFUSION CLAMP	Tier 3	
PHASEAL INJECTOR LUER	Tier 3	
PHASEAL INJECTOR LUER LOCK	Tier 3	
PHASEAL SECONDARY SET INFUSION SET	Tier 3	

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Drug	Status	Notes
PHASEAL Y-SITE	Tier 3	
Syringes And Accessories		
EXTENDED RESERVOIR 3 ML	Tier 3	
<i>insulin u-500 syringe-needle syringe 1/2 ml 31 gauge x 15/64"</i>	Tier 2	
INTERLINK LEVER LOCK CANNULA	Tier 3	
KENDALL DISINFECTANT CAP	Tier 3	
PARADIGM RESERVOIR 1.8 ML, 3 ML	Tier 3	
ULTRA-FINE INS SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16"	Tier 2	
ULTRA-FINE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100) Tier 2	
Miscellaneous Agents		
Amyloidosis Agents-Transthyretin (Ttr) Suppression		
WAINUA SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.8 ML	Tier 3	PA; SP
Anaphylaxis Therapy Agents		
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML	Tier 2	QL (2 EA per 365 days)
AUVI-Q INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.3 MG/0.3 ML	(epinephrine) Tier 2	QL (2 EA per 365 days)
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml</i>	(Auvi-Q) Tier 1	QL (4 EA per 1 FILL)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i>	(EpiPen Jr) Tier 1	QL (4 EA per 1 FILL)
NEFFY NASAL SPRAY, NON-AEROSOL 1 MG/SPRAY (0.1 ML), 2 MG/SPRAY (0.1 ML)	Tier 3	QL (4 EA per 1 FILL)

Drug	Status	Notes
Cxcr4 Chemokine Receptor Antagonist		
XOLREMDI ORAL CAPSULE 100 MG	Tier 3	PA; SP
Genetic D/O Tx-Exon Inclusion Antisense Oligonucle		
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	Tier 3	PA; SP
EVRYSDI ORAL TABLET 5 MG	Tier 3	PA; SP
Parasympathetic Agents		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	
<i>cevimeline oral capsule 30 mg</i> (Evoxac)	Tier 1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> (Salagen (pilocarpine))	Tier 1	
Pharmacological Chaperone-Alpha-Galactosid.A Stabz		
GALAFOLD ORAL CAPSULE 123 MG	Tier 3	PA; SP
Pku Treatment Agents - Phenylalanine Ammonia Lyase		
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	Tier 2	PA; SP
Pku Tx Agent-Cofactor Of Phenylalanine Hydroxylase		
JAVYGTOR ORAL POWDER IN PACKET 100 MG, 500 MG (sapropterin)	Tier 1	SP
JAVYGTOR ORAL TABLET,SOLUBLE 100 MG (sapropterin)	Tier 1	SP
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG (sapropterin)	Tier 2	SP
KUVAN ORAL TABLET,SOLUBLE 100 MG (sapropterin)	Tier 2	SP
<i>sapropterin oral powder in packet 100 mg, 500 mg</i> (Javygtor)	Tier 1	SP
<i>sapropterin oral tablet,soluble 100 mg</i> (Javygtor)	Tier 1	SP
SEPHIENCE ORAL POWDER IN PACKET 1,000 MG, 250 MG	Tier 3	PA; SP

Drug	Status	Notes
Systemic Enzyme Inhibitors		
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	Tier 3	SP
GLASSIA INTRAVENOUS SOLUTION 20 MG/ML (2 %)	Tier 3	SP
JOENJA ORAL TABLET 70 MG	Tier 3	PA; SP
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+-)/20 ML	Tier 3	SP
VIJOICE ORAL GRANULES IN PACKET 50 MG	Tier 3	PA; SP
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG	Tier 3	PA; SP
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG, 4,000 MG, 5,000 MG	Tier 3	SP
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	Tier 3	PA; SP
Thyroid Hormone Receptor (Thr) Agonist		
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	Tier 3	PA; SP
Topical Anticholinergic Hyperhidrosis Tx Agents		
QBREXZA TOPICAL TOWELETTE 2.4 %	Tier 2	PA
Neoplastic Disease		
Alkylating Agents		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Tier 1	SP
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	Tier 1	SP
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (lomustine)	Tier 3	PA; SP
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	Tier 1	
LEUKERAN ORAL TABLET 2 MG	Tier 2	SP
MYLERAN ORAL TABLET 2 MG	Tier 2	SP

Drug	Status	Notes
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	Tier 1	PA; SP
Antiandrogenic Agents		
<i>abiraterone oral tablet 250 mg</i> (Abitrega)	Tier 1	PA; SP
<i>abiraterone oral tablet 500 mg</i> (Zytiga)	Tier 1	PA; SP
ABIRTEGA ORAL TABLET 250 MG (abiraterone)	Tier 1	PA; SP
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	Tier 1	
ERLEADA ORAL TABLET 240 MG, 60 MG	Tier 2	PA; SP
<i>nilutamide oral tablet 150 mg</i> (Nilandron)	Tier 1	SP; QL (2 EA per 1 day)
NUBEQA ORAL TABLET 300 MG	Tier 2	PA; SP
XTANDI ORAL CAPSULE 40 MG	Tier 2	PA; SP
XTANDI ORAL TABLET 40 MG, 80 MG	Tier 2	PA; SP
YONSA ORAL TABLET 125 MG	Tier 3	PA; SP
Antibiotic Antineoplastics		
JELMYTO INTRA-PYELOCALYCEAL KIT 40 MG X 2	Tier 3	PA; SP
Antimetabolites		
<i>capecitabine oral tablet 150 mg, 500 mg</i> (Xeloda)	Tier 1	PA; SP
INQOVI ORAL TABLET 35-100 MG	Tier 2	PA; SP
JYLAMVO ORAL SOLUTION 2 MG/ML	Tier 3	PA
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	Tier 2	PA; SP
<i>mercaptopurine oral suspension 20 mg/ml</i> (Purixan)	Tier 1	SP; ST: Requires prior prescription for Mercaptopurine tablets within the past 120 days
<i>mercaptopurine oral tablet 50 mg</i>	Tier 1	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	Tier 1	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	Tier 1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	Tier 1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	Tier 1	

Drug	Status	Notes
ONUREG ORAL TABLET 200 MG, 300 MG	Tier 2	PA; SP
PURIXAN ORAL SUSPENSION 20 MG/ML (mercaptopurine)	Tier 2	SP; ST: Requires prior prescription for Mercaptopurine tablets within the past 120 days
TABLOID ORAL TABLET 40 MG (thioguanine)	Tier 2	SP
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	Tier 2	
XATMEP ORAL SOLUTION 2.5 MG/ML	Tier 3	ST: Requires prior prescription for Methotrexate tablets or injection solution within the past 120 days if 12 years of age and older; QL (120 ML per 60 days)
Antineoplastic Aromatase Inhibitors		
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
<i>exemestane oral tablet 25 mg</i> (Aromasin)	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
<i>letrozole oral tablet 2.5 mg</i> (Femara)	Tier 1	
Antineoplastic - Braf Kinase Inhibitors		
BRAFTOVI ORAL CAPSULE 75 MG	Tier 2	PA; SP
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	Tier 3	PA; SP
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6)	Tier 3	PA; SP
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	Tier 2	PA; SP
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	Tier 2	PA; SP
ZELBORAF ORAL TABLET 240 MG	Tier 2	PA; SP

Drug	Status	Notes
Antineoplastic - Hedgehog Pathway Inhibitor		
DAURISMO ORAL TABLET 100 MG, 25 MG	Tier 2	PA; SP
ERIVEDGE ORAL CAPSULE 150 MG	Tier 2	PA; SP
ODOMZO ORAL CAPSULE 200 MG	Tier 2	PA; SP
Antineoplastic - Janus Kinase (Jak) Inhibitors		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	Tier 2	PA; SP
Antineoplastic - Kras Protein Inhibitor		
KRAZATI ORAL TABLET 200 MG	Tier 2	PA; SP
LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG	Tier 2	PA; SP
Antineoplastic - Mek1 And Mek2 Kinase Inhibitors		
COTELLIC ORAL TABLET 20 MG	Tier 2	PA; SP
GOMEKLI ORAL CAPSULE 1 MG, 2 MG	Tier 3	PA; SP
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG	Tier 3	PA; SP
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	Tier 2	PA; SP
MEKINIST ORAL RECON SOLN 0.05 MG/ML	Tier 2	PA; SP
MEKINIST ORAL TABLET 0.5 MG, 2 MG	Tier 2	PA; SP
MEKTOVI ORAL TABLET 15 MG	Tier 2	PA; SP
Antineoplastic - Mtor Kinase Inhibitors		
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i> (Torpenz)	Tier 1	PA; SP
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i> (Afinitor Disperz)	Tier 1	PA; SP
TORPENZ ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG (everolimus (antineoplastic))	Tier 1	PA; SP

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Drug	Status	Notes
Antineoplastic - Protein Methyltransferase Inhibit		
TAZVERIK ORAL TABLET 200 MG	Tier 2	PA; SP
Antineoplastic - Topoisomerase I Inhibitors		
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	Tier 2	SP
Antineoplastic Immunomodulator Agents		
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> (Revlimid)	Tier 1	PA; SP
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	Tier 2	PA; SP
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (lenalidomide)	Tier 2	PA; SP
Antineoplastic Lhrh(Gnrh) Antagonist,Pituit.Supprs		
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	Tier 3	QL (2 EA per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	Tier 3	QL (1 EA per 30 days)
ORGOVYX ORAL TABLET 120 MG	Tier 2	PA; SP
Antineoplastic Systemic Enzyme Activators		
MODEYSO ORAL CAPSULE 125 MG	Tier 3	PA; SP; QL (20 EA per 28 days)
Antineoplastic Systemic Enzyme Inhibitors		
ALECENSA ORAL CAPSULE 150 MG	Tier 2	PA; SP
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	Tier 3	PA; SP
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	Tier 3	PA; SP
AUGTYRO ORAL CAPSULE 160 MG, 40 MG	Tier 2	PA; SP

Drug	Status	Notes
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	Tier 2	PA; SP
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	Tier 2	PA; SP
BOSULIF ORAL CAPSULE 100 MG, 50 MG	Tier 2	PA; SP
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	Tier 2	PA; SP
BRUKINSA ORAL CAPSULE 80 MG	Tier 2	PA; SP
BRUKINSA ORAL TABLET 160 MG	Tier 2	PA; SP
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	Tier 2	PA; SP
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	Tier 2	PA; SP
CAPRELSA ORAL TABLET 100 MG, 300 MG (vandetanib)	Tier 3	PA; SP
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	Tier 2	PA; SP
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	Tier 3	PA; SP
DANZITEN ORAL TABLET 71 MG, 95 MG	Tier 2	PA; SP
<i>dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg</i> (Phyrago)	Tier 1	PA; SP
ENSACOVE ORAL CAPSULE 100 MG, 25 MG	Tier 3	PA; SP
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>	Tier 1	PA; SP
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	Tier 2	PA; SP
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG	Tier 2	PA; SP
GAVRETO ORAL CAPSULE 100 MG	Tier 2	PA; SP
<i>gefitinib oral tablet 250 mg</i> (Iressa)	Tier 1	PA; SP

Drug	Status	Notes
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	Tier 2	PA; SP
HERNEXEOS ORAL TABLET 60 MG	Tier 3	PA; SP; QL (3 EA per 1 day)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	Tier 3	PA; SP
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	Tier 3	PA; SP
IBTROZI ORAL CAPSULE 200 MG	Tier 3	PA; SP
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	Tier 2	PA; SP
<i>imatinib oral tablet 100 mg, 400 mg</i> (Gleevec)	Tier 1	PA; SP
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	Tier 2	PA; SP
IMBRUVICA ORAL SUSPENSION 70 MG/ML	Tier 2	PA; SP
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	Tier 2	PA; SP
IMKELDI ORAL SOLUTION 80 MG/ML	Tier 3	PA; SP
INLYTA ORAL TABLET 1 MG, 5 MG	Tier 2	PA; SP
INREBIC ORAL CAPSULE 100 MG	Tier 2	PA; SP
ITOVEBI ORAL TABLET 3 MG, 9 MG	Tier 2	PA; SP
IWILFIN ORAL TABLET 192 MG	Tier 2	PA; SP
JAYPIRCA ORAL TABLET 100 MG, 50 MG	Tier 2	PA; SP
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	Tier 2	PA; SP
<i>lapatinib oral tablet 250 mg</i> (Tykerb)	Tier 1	PA; SP
LAZCLUZE ORAL TABLET 240 MG, 80 MG	Tier 3	PA; SP

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Drug	Status	Notes
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	Tier 2	PA; SP
LORBRENA ORAL TABLET 100 MG, 25 MG	Tier 2	PA; SP
LYNPARZA ORAL TABLET 100 MG, 150 MG	Tier 2	PA; SP
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	Tier 2	PA; SP
NERLYNX ORAL TABLET 40 MG	Tier 2	PA; SP
<i>nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg</i> (Tasigna)	Tier 1	PA; SP
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	Tier 2	PA; SP
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG	Tier 3	PA; SP
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	Tier 2	PA; SP
<i>pazopanib oral tablet 200 mg</i> (Votrient)	Tier 1	PA; SP
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	Tier 2	PA; SP
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	Tier 2	PA; SP
QINLOCK ORAL TABLET 50 MG	Tier 2	PA; SP
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG	Tier 2	PA; SP
REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG	Tier 3	PA; SP
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	Tier 3	PA; SP

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Drug	Status	Notes
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	Tier 2	PA; SP
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	Tier 2	PA; SP
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	Tier 3	PA; SP
RYDAPT ORAL CAPSULE 25 MG	Tier 2	PA; SP
SCSEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG	Tier 2	PA; SP
<i>sorafenib oral tablet 200 mg</i> (Nexavar)	Tier 1	PA; SP
STIVARGA ORAL TABLET 40 MG	Tier 2	PA; SP
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Sutent)	Tier 1	PA; SP
TABRECTA ORAL TABLET 150 MG, 200 MG	Tier 2	PA; SP
TAGRISSO ORAL TABLET 40 MG, 80 MG	Tier 2	PA; SP
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	Tier 2	PA; SP
TEPMETKO ORAL TABLET 225 MG	Tier 2	PA; SP
TRUQAP ORAL TABLET 160 MG, 200 MG	Tier 2	PA; SP
TUKYSA ORAL TABLET 150 MG, 50 MG	Tier 2	PA; SP
TURALIO ORAL CAPSULE 125 MG	Tier 2	PA; SP
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	Tier 2	PA; SP
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 2	PA; SP
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	Tier 2	PA; SP
VITRAKVI ORAL SOLUTION 20 MG/ML	Tier 2	PA; SP
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	Tier 2	PA; SP
VONJO ORAL CAPSULE 100 MG	Tier 2	PA; SP

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Drug	Status	Notes
XALKORI ORAL CAPSULE 200 MG, 250 MG	Tier 2	PA; SP
XALKORI ORAL PELLET 150 MG, 20 MG, 50 MG	Tier 2	PA; SP
XOSPATA ORAL TABLET 40 MG	Tier 2	PA; SP
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	Tier 2	PA; SP
ZYDELIG ORAL TABLET 100 MG, 150 MG	Tier 2	PA; SP
ZYKADIA ORAL TABLET 150 MG	Tier 2	PA; SP
Antineoplastic,Histone Deacetylase Inhibitors,Hdis		
ZOLINZA ORAL CAPSULE 100 MG	Tier 2	SP
Antineoplastic-B Cell Lymphoma-2(Bcl-2) Inhibitors		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	Tier 2	PA; SP
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG-100 MG	Tier 2	PA; SP
Antineoplastic-Enzyme Inhib, Antiandrogen Comb.		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	Tier 2	PA; SP
Antineoplastic-Hypoxia Inducible Factor (Hif) Inh		
WELIREG ORAL TABLET 40 MG	Tier 2	PA; SP
Antineoplastic-Isocitrate Dehydrogenase Inhibitors		
IDHIFA ORAL TABLET 100 MG, 50 MG	Tier 3	PA; SP
REZLIDHIA ORAL CAPSULE 150 MG	Tier 2	PA; SP
TIBSOVO ORAL TABLET 250 MG	Tier 2	PA; SP
VORANIGO ORAL TABLET 10 MG, 40 MG	Tier 2	PA; SP
Antineoplastics,Miscellaneous		
<i>etoposide oral capsule 50 mg</i>	Tier 1	

Drug	Status	Notes
LYSODREN ORAL TABLET 500 MG	Tier 2	SP
MATULANE ORAL CAPSULE 50 MG	Tier 2	SP
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5 ML	Tier 3	PA; SP
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	Tier 1	SP
Antineoplastic-Select Inhib Of Nuclear Exp (Sine)		
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (10 MG X 4), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	Tier 2	PA; SP
Chemotherapy Rescue/Antidote Agents		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	Tier 1	
<i>mesna oral tablet 400 mg</i> (Mesnex)	Tier 1	
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	Tier 2	SP; QL (24 EA per 14 days)
Intraleural Sclerosing Agents, Antineoplast. Adj.		
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER 4 GRAM	Tier 3	
<i>sterile talc intrapleural suspension for reconstitution 5 gram</i>	Tier 1	
STERITALC INTRAPLEURAL AEROSOL POWDER 3 GRAM	Tier 3	
STERITALC INTRAPLEURAL SUSPENSION FOR RECONSTITUTION 2 GRAM, 4 GRAM	Tier 3	
Photoactivated, Antineopls. & Premalignant Lesions		
AMELUZ TOPICAL GEL 10 %	Tier 3	
LEVULAN TOPICAL SOLUTION 20 %	Tier 3	

Drug	Status	Notes
Selective Estrogen Receptor Modulators (Serm)		
ORSERDU ORAL TABLET 345 MG, 86 MG	Tier 3	PA; SP
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	Tier 2	
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
<i>toremifene oral tablet 60 mg</i> (Fareston)	Tier 1	PA; SP
Selective Retinoid X Receptor Agonists (Rxr)		
<i>bexarotene oral capsule 75 mg</i> (Targretin)	Tier 1	PA; SP
Steroid Antineoplastics		
<i>megestrol oral tablet 20 mg, 40 mg</i>	Tier 1	
Neurological Disease - Miscellaneous		
Agents To Treat Multiple Sclerosis		
AVONEX INTRAMUSCULAR PEN INJECTOR 30 MCG/0.5 ML	Tier 2	PA; SP
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	Tier 2	PA; SP
AVONEX INTRAMUSCULAR SYRINGE 30 MCG/0.5 ML	Tier 2	PA; SP
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	Tier 2	PA; SP
BETASERON SUBCUTANEOUS KIT 0.3 MG	Tier 2	PA; SP
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML (glatiramer)	Tier 2	PA; SP
<i>dimethyl fumarate oral capsule, delayed release(drlec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i> (Tecfidera)	Tier 1	PA; SP
<i> fingolimod oral capsule 0.5 mg</i> (Gilenya)	Tier 1	PA; SP
GILENYA ORAL CAPSULE 0.25 MG	Tier 3	PA; SP
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i> (Glatopa)	Tier 1	PA; SP

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Drug	Status	Notes
GLATOPA SUBCUTANEOUS SYRINGE (glatiramer) 20 MG/ML, 40 MG/ML	Tier 1	PA; SP
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	Tier 2	PA; SP
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	Tier 2	PA; SP
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	Tier 2	PA; SP
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	Tier 2	PA; SP
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	Tier 2	PA; SP
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	Tier 2	PA; SP
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	Tier 2	PA; SP
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	Tier 2	PA; SP
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	Tier 2	PA; SP
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	Tier 2	PA; SP
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	Tier 2	PA; SP
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	Tier 2	PA; SP
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	Tier 2	PA; SP
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	Tier 2	PA; SP
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	Tier 2	PA; SP

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Drug	Status	Notes
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6)	Tier 2	PA; SP
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	Tier 2	PA; SP
<i>teriflunomide oral tablet 14 mg, 7 mg</i> (Aubagio)	Tier 1	PA; SP
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	Tier 2	PA; SP
Agts Tx Neuromusc Transmission Dis,Pot-Chan Blkr		
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	Tier 1	PA; SP
FIRDAPSE ORAL TABLET 10 MG	Tier 3	PA; SP
Amyotrophic Lateral Sclerosis Agents		
RADICAVA ORS ORAL SUSPENSION 105 MG/5 ML	Tier 3	PA; SP
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	Tier 3	PA; SP
<i>riluzole oral tablet 50 mg</i> (Rilutek)	Tier 1	
TEGLUTIK ORAL SUSPENSION 50 MG/10 ML	Tier 3	PA; SP
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	Tier 3	PA; SP
Glypromate (Gpe) Analogs		
DAYBUE ORAL SOLUTION 200 MG/ML	Tier 3	PA; SP
Heat Shock Protein (Hsp) Modulating Agents		
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG	Tier 2	PA; SP
Metabolic Disease Enzyme Replacement, Moccd		
NULIBRY INTRAVENOUS RECON SOLN 9.5 MG	Tier 3	PA; SP

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Drug	Status	Notes
Movement Disorders(Drug Therapy)		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	Tier 2	PA; SP
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG	Tier 2	PA; SP
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	Tier 2	PA; SP
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	Tier 2	PA; SP
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	Tier 2	PA; SP
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	Tier 2	PA; SP
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> (Xenazine)	Tier 1	PA; SP
Neuropathic Agents		
<i>pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg</i> (Lyrica CR)	Tier 1	ST: At least 2 prior prescriptions for Divalproex, Duloxetine, Gabapentin, a tricyclic antidepressant, Pregabalin IR, Valproic Acid, or Venlafaxine within the past 365 days; QL (3 EA per 1 day)
<i>pregabalin oral tablet extended release 24 hr 330 mg</i> (Lyrica CR)	Tier 1	ST: At least 2 prior prescriptions for Divalproex, Duloxetine, Gabapentin, a tricyclic antidepressant, Pregabalin IR, Valproic Acid, or Venlafaxine within the past 365 days; QL (2 EA per 1 day)

Drug	Status	Notes
Nuclear Factor Erythroid 2-Rel. Factor 2 Activator		
SKYCLARYS ORAL CAPSULE 50 MG	Tier 3	PA; SP
Pseudobulbar Affect (Pba) Agents, Nmda Antagonists		
NUEDEXTA ORAL CAPSULE 20-10 MG	Tier 3	PA
Sphingosine 1-Phosphate (S1p) Receptor Modulator		
ZEPOSIA ORAL CAPSULE 0.92 MG	Tier 3	PA; SP
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21)	Tier 3	PA; SP
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)	Tier 3	PA; SP
Oral/Pharyngeal Disorders		
Dental Aids And Preparations		
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> (Periogard)	Tier 1	
ORALONE DENTAL PASTE 0.1 % (triamcinolone acetonide)	Tier 1	
PERIOGARD MUCOUS MEMBRANE MOUTHWASH 0.12 % (chlorhexidine gluconate)	Tier 1	
Q-CARE RX Q2 KIT 0.12 %	Tier 3	
Q-CARE RX Q4 KIT 0.12 %	Tier 3	
<i>triamcinolone acetonide dental paste 0.1 %</i> (Oralone)	Tier 1	
Nose Preparations, Miscellaneous (Rx)		
<i>cocaine nasal solution 4 %</i> (Numbrino)	Tier 1	
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	Tier 1	
NUMBRINO NASAL SOLUTION 4 % (cocaine)	Tier 1	
Periodontal Collagenase Inhibitors		
<i>doxycycline hyclate oral tablet 20 mg</i>	Tier 1	

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Drug	Status	Notes
Other Drugs		
Abortifacient, Progesterone Receptor Antagonist-Typ		
MIFEPREX ORAL TABLET 200 MG (mifepristone)	Tier 3	
<i>mifepristone oral tablet 200 mg</i> (Mifeprex)	Tier 1	
Agents For Stomatological Use		
DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 %	Tier 3	
Antineoplastic - Systemic Enzyme Inhibitors Combs		
AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG	Tier 3	PA; SP
Antipsychotics, Muscarinic Agonist/Antagonist Comb		
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	Tier 3	ST: Requires prior prescription for a generic atypical antipsychotic, Caplyta, Rexulti, or Vraylar within the past 120 days; QL (2 EA per 1 day)
COBENFY STARTER PACK ORAL CAPSULE, DOSE PACK 50 MG-20 MG /100 MG-20 MG	Tier 3	ST: Requires prior prescription for a generic atypical antipsychotic, Caplyta, Rexulti, or Vraylar within the past 120 days
Antivenins		
ANASCORP INTRAVENOUS RECON SOLN 120 MG	Tier 3	
Appetite Stim. For Anorexia, Cachexia, Wasting Synd.		
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	Tier 1	
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	Tier 1	ST: Requires prior prescription for Megestrol Acetate within the past 120 days

Drug	Status	Notes
Blood Collection Set With Local Anesthetics		
CADIRA COMPLIANT BLOOD STAT KIT 21 GAUGE X 3/4" -2.5 %-2.5 %	Tier 3	
LIDO BDK KIT 21 GAUGE X 1"- 2.5 %-2.5 %	Tier 3	
Blood Testing Preparations,In-Vitro		
COAGUCHEK XS	Tier 3	
Cardioplegic Solutions		
CARDIOPLEGIA DEL NIDO FORMULA PERFUSION SOLUTION 26 MEQ/1,052.8 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA DEL NIDO-ISOLYT S PERFUSION SOLUTION 26 MEQ/1,052.8 ML (POTASSIUM)	Tier 3	
CARDIOPLEGIA HIGH POTASSIUM PERFUSION SOLUTION 108 MEQ/500 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA IND 4:1 PLASMALYT PERFUSION SOLUTION 30 MEQ/542 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA IND 8:1 NON-ENRCH PERFUSION SOLUTION 70 MEQ/300 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA INDUCTION 4:1 PERFUSION SOLUTION 30 MEQ/415 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA MAINTENANCE 4:1 PERFUSION SOLUTION 20 MEQ/810 ML (POTASSIUM), 36 MEQ/L (POTASSIUM)	Tier 1	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/477.5 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA WARM INDUCT 4:1 PERFUSION SOLUTION 40 MEQ/500 ML (POTASSIUM)	Tier 3	

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Drug	Status	Notes
<i>cardioplegic no.17(induct 4:1) perfusion solution 50 meq/500 ml (potassium)</i>	Tier 1	
<i>cardioplegic no.19 (maint 4:1) perfusion solution 40 meq/l (potassium)</i>	Tier 1	
<i>cardioplegic soln perfusion solution 16 meq/l (= k+)</i> (Plegisol)	Tier 1	
<i>cardioplegic solution no.25 perfusion solution 29 mmol/l (potassium)</i>	Tier 1	
<i>microplegic solution no.1 perfusion solution 7.84 %-8.56 % (0.92 molar)</i>	Tier 1	
Cholinesterase Reactivat.&Muscarinic Antg.Antidote		
DUODOTE INTRAMUSCULAR PEN INJECTOR 600-2.1 MG/2ML-MG/0.7ML	Tier 3	
Cholinesterase Reactivating,Organophos. Antidotes		
<i>pralidoxime intramuscular pen injector 600 mg/2 ml</i>	Tier 3	
Conception Assistance Supplies		
CONCEPTION KIT	Tier 3	
Condoms		
AIMSCO LATEX CONDOM DEVICE	\$0	\$0 COPAY IF QUANTITY LIMITED TO 60
DUREX AVANTI BARE REAL FEEL	\$0	\$0 COPAY IF QUANTITY LIMITED TO 60
DUREX EXTRA SENSITIVE CONDOM DEVICE	\$0	\$0 COPAY IF QUANTITY LIMITED TO 60
DUREX TROPICAL CONDOM DEVICE	\$0	\$0 COPAY IF QUANTITY LIMITED TO 60
FANTASY CONDOM DEVICE	\$0	\$0 COPAY IF QUANTITY LIMITED TO 60
FC2 FEMALE CONDOM	\$0	\$0 COPAY IF QUANTITY LIMITED TO 60
KIMONO LUBRICATED CONDOMS DEVICE	\$0	\$0 COPAY IF QUANTITY LIMITED TO 60
KIMONO MICROTHIN AQUA LUBE CON DEVICE	\$0	\$0 COPAY IF QUANTITY LIMITED TO 60

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Drug	Status	Notes
KIMONO MICROTHIN CONDOMS DEVICE	\$0	\$0 COPAY IF QUANTITY LIMITED TO 60
KIMONO MICROTHIN LARGE CONDOMS DEVICE	\$0	\$0 COPAY IF QUANTITY LIMITED TO 60
KIMONO TEXTURED CONDOMS DEVICE	\$0	\$0 COPAY IF QUANTITY LIMITED TO 60
KIMONO THIN LUBRICATED CONDOMS DEVICE	\$0	\$0 COPAY IF QUANTITY LIMITED TO 60
TROJAN ULTRA RIBBED CONDOM DEVICE	\$0	\$0 COPAY IF QUANTITY LIMITED TO 60
TRUE COVER CONDOM DEVICE	\$0	\$0 COPAY IF QUANTITY LIMITED TO 60
TRUSTEX LATEX CONDOM DEVICE	\$0	\$0 COPAY IF QUANTITY LIMITED TO 60
TRUSTEX LUBRICATED CONDOMS DEVICE	\$0	\$0 COPAY IF QUANTITY LIMITED TO 60
TRUSTEX NON-LUB CONDOMS DEVICE	\$0	\$0 COPAY IF QUANTITY LIMITED TO 60
TRUSTEX-RIA LUB/SPERMICIDE DEVICE	\$0	\$0 COPAY IF QUANTITY LIMITED TO 60
TRUSTEX-RIA LUBRICATED CONDOMS DEVICE	\$0	\$0 COPAY IF QUANTITY LIMITED TO 60
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	\$0	\$0 COPAY IF QUANTITY LIMITED TO 60
Cryopreservative Agents		
CRYOSERV SOLUTION 99 %	Tier 3	
Cystic Fibrosis - Inhaled Osmotic Agents		
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	Tier 3	SP; ST: Requires prior prescription for inhaled 7% Sodium Chloride solution within the past 120 days; QL (20 EA per 1 day); Age (Min 18 Years)
Diagnostic Test Devices And Supplies		
<i>eua patient assessment</i>	Tier 3	

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Drug	Status	Notes
Diluent Solutions		
DILUTING MEDIUM FOR NOVOLOG INJECTION SOLUTION	Tier 3	
Drugs To Treat Hereditary Tyrosinemia		
HARLIKU ORAL TABLET 2 MG	Tier 3	PA; SP
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i> (Orfadin)	Tier 1	PA; SP
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	Tier 2	PA; SP
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (nitisinone)	Tier 2	PA; SP
ORFADIN ORAL SUSPENSION 4 MG/ML	Tier 2	PA; SP
Drugs To Tx Gaucher Dx-Type 1, Substrate Reducing		
CERDELGA ORAL CAPSULE 84 MG	Tier 2	SP
<i>miglustat oral capsule 100 mg</i> (Yargesa)	Tier 1	PA; SP
OPFOLDA ORAL CAPSULE 65 MG	Tier 3	PA; SP
YARGESA ORAL CAPSULE 100 MG (miglustat)	Tier 1	PA; SP
Environment Allergens And Irritants, Other		
T.R.U.E. TEST ALLERGEN TOPICAL ADHESIVE PATCH, MEDICATED	Tier 3	
Eye Antibiotic And Nsaid Combinations		
<i>moxifloxacin-bromfenac ophthalmic (eye) drops 0.5-0.075 %</i>	Tier 1	
Factor Xii Inhibitors		
ANDEMBRY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 200 MG/1.2 ML	Tier 3	PA; SP
General Anesthetics - Benzodiazepine, Injectable		
<i>midazolam (pf) injection solution 5 mg/ml</i>	Tier 1	
<i>midazolam injection solution 5 mg/ml</i>	Tier 1	
General Anesthetics, Inhalant		
<i>desflurane inhalation liquid 100 %</i> (Suprane)	Tier 1	

Drug	Status	Notes
<i>isoflurane inhalation liquid 99.9 %</i> (Terrell)	Tier 1	
<i>sevoflurane inhalation liquid 99.97 %</i> (Ultane)	Tier 1	
SUPRANE INHALATION LIQUID 100 % (desflurane)	Tier 3	
TERRELL INHALATION LIQUID 99.9 % (isoflurane)	Tier 1	
General Inhalation Agents		
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %	Tier 3	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 % (sodium chloride)	Tier 1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	Tier 3	
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %</i>	Tier 1	
<i>sodium chloride inhalation solution for nebulization 3 %</i> (NebuSal)	Tier 1	
<i>sodium chloride inhalation solution for nebulization 7 %</i> (Hyper-Sal)	Tier 1	
Genetic Disorder Therapy - Hdac Inhibitor		
DUVYZAT ORAL SUSPENSION 8.86 MG/ML	Tier 3	PA; SP
Homeopathic Drugs		
AURUMHEEL ORAL DROPS	Tier 3	
CANTHARIS COMPOSITUM ORAL DROPS	Tier 3	
CRALONIN ORAL DROPS	Tier 3	
EYE ORAL TABLET,SOLUBLE	Tier 3	
LAMIOFLUR ORAL DROPS	Tier 3	
PLANTAGO-HOMACCORD ORAL DROPS	Tier 3	
POPULUS COMPOSITUM ORAL DROPS	Tier 3	
PSORINOHEEL ORAL DROPS	Tier 3	
RENEEL ORAL TABLET,SOLUBLE	Tier 3	
SABAL-HOMACCORD ORAL DROPS	Tier 3	

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Drug	Status	Notes
SYZYGIUM COMPOSITUM ORAL DROPS	Tier 3	
VERTIGOHEEL ORAL DROPS	Tier 3	
VERTIGOHEEL ORAL TABLET,SOLUBLE	Tier 3	
Metabolic Deficiency Agents		
<i>betaine oral powder 1 gram/scoop</i> (Cystadane)	Tier 1	PA; SP
CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML (levocarnitine)	Tier 3	
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i> (Carnitor)	Tier 1	
<i>levocarnitine oral solution 100 mg/ml</i> (Carnitor (sugar-free))	Tier 1	
<i>levocarnitine oral tablet 330 mg</i> (Carnitor)	Tier 1	
Metabolic Disease Enzyme Replace, Hypophosphatasia		
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	Tier 2	PA; SP
Metabolic Dx Enzyme Replacemt,Sev.Comb.Immune Def.		
REVCOSI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	Tier 3	PA; SP
Metallic Poison,Agents To Treat		
CHEMET ORAL CAPSULE 100 MG	Tier 3	
CUVRIOR ORAL TABLET 300 MG	Tier 3	PA; SP
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i> (Jadenu Sprinkle)	Tier 1	PA; SP
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i> (Jadenu)	Tier 1	PA; SP
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i> (Exjade)	Tier 1	PA; SP
<i>deferiprone oral tablet 1,000 mg, 500 mg</i> (Ferriprox)	Tier 1	PA; SP
<i>deferoxamine injection recon soln 2 gram</i>	Tier 1	PA
<i>deferoxamine injection recon soln 500 mg</i> (Desferal)	Tier 1	PA

Drug	Status	Notes
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)	Tier 3	
RADIOGARDASE ORAL CAPSULE 0.5 GRAM	Tier 3	
<i>trientine oral capsule 250 mg</i> (Syprine)	Tier 1	PA; SP
<i>trientine oral capsule 500 mg</i>	Tier 1	PA; SP
Muscarinic Receptor Antagonists		
ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML	Tier 3	
Needles/Needleless Devices		
AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"	Tier 2	
NANO 2ND GEN PEN NEEDLE (pen needle, diabetic) NEEDLE 32 GAUGE X 5/32"	Tier 2	
NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 2	
ULTRA-FINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4" (pen needle, diabetic)	Tier 2	
UNIFINE PENTIPS NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 2	
Ointment/Cream Bases		
RADIAGEL TOPICAL GEL	Tier 3	
Oral Lipid Supplements		
DOJOLVI ORAL LIQUID 8.3 KCAL/ML	Tier 3	PA; SP
Oral Mucositis/Stomatitis Agents		
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH	Tier 3	
Protein Replacement		
AQNEURSA ORAL GRANULES IN PACKET 1 GRAM	Tier 2	PA; SP
Saliva Stimulant Agents		
NUMOISYN MUCOUS MEMBRANE LOZENGE 0.3 GRAM	Tier 3	

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Drug	Status	Notes
Saliva Substitute Agents		
NUMOISYN MUCOUS MEMBRANE LIQUID	Tier 3	
Sexual Dysfunction Devices		
RAPPORT VACUUM THERAPY KIT	Tier 3	
Skin Tissue Replacement		
APLIGRAF TOPICAL DISK	Tier 3	
EPIFIX AMNIOTIC MEMBRANE TOPICAL SHEET 14 MM, 2 X 3 CM, 4 X 4 CM, 7 X 7 CM	Tier 3	
GRAFIX CORE TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM	Tier 3	
GRAFIX PRIME TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM	Tier 3	
GRAFIX XC TOPICAL SHEET 7.5 X 15 CM	Tier 3	
MIRO3D FIBERS TOPICAL POWDER 100 MG, 500 MG, 700 MG	Tier 3	
MIRO3D TOPICAL SHEET 10 X 5 X 2 CM, 2 X 2 X 2 CM, 3 X 3 X 2 CM, 4 X 4 X 2 CM, 5 X 5 X 2 CM, 7 X 5 X 2 CM	Tier 3	
MIRODERM FENESTRATED PLUS TOPICAL SHEET 3 X 3 CM, 5 X 5 CM, 8 X 15 CM, 8 X 8 CM	Tier 3	
MIRODERM FENESTRATED TOPICAL SHEET 2 X 2 CM, 2 X 3 CM, 3 X 3 CM, 4 X 4 CM, 5 X 5 CM, 8 X 15 CM, 8 X 8 CM	Tier 3	
MIRODRY WOUND MATRIX TOPICAL SHEET 10 X 5 CM, 2 X 2 CM, 3 X 3 CM, 4 X 4 CM, 5 X 5 CM, 5 X 7 CM	Tier 3	
MIROTRACT TOPICAL SHEET 3 MM X 5 CM, 3 MM X 9 CM, 5 MM X 5 CM, 5 MM X 9 CM	Tier 3	
STRAVIX TOPICAL SHEET 2 X 4 CM, 3 X 6 CM	Tier 3	

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Drug	Status	Notes
TRUSKIN TOPICAL SHEET 2 X 4 CM, 4 X 8 CM	Tier 3	
Solvents		
<i>isopropyl alcohol solution 70 %</i> (Alcohol, Rubbing)	Tier 3	
<i>isopropyl alcohol solution 91 %, 99 %</i>	Tier 3	
MURI-LUBE OIL	Tier 3	
Somatostatic Agents		
MYCAPSSA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 20 MG	Tier 3	PA; SP
<i>octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml</i>	Tier 1	SP
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i> (Sandostatin)	Tier 1	SP
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	Tier 1	SP
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	Tier 3	PA; SP
Support Hosiery		
T.E.D. ANTI-EMBOLISM STOCKING (compres.stocking,knee,reg,smal)	Tier 3	
T.E.D. KNEE LENGTH-M-LONG	Tier 3	
T.E.D. KNEE LENGTH-S-REGULAR (compres.stocking,knee,reg,smal)	Tier 3	
Suspending Agents		
GELFILM IMPLANT FILM	Tier 3	
<i>hydroxypropyl cellulose powder</i>	Tier 3	
Tissue/Wound Adhesives		
ARTISS TOPICAL SYRINGE 2.5 TO 6.5 UNIT/ML (10ML), 2.5 TO 6.5 UNIT/ML (2 ML), 2.5 TO 6.5 UNIT/ML (4 ML)	Tier 3	
TISSEEL VHSD (APROTININ, SYN) TOPICAL KIT 10 ML, 2 ML, 4 ML	Tier 3	
TISSEEL VHSD (APROTININ, SYN) TOPICAL SYRINGE 10 ML, 2 ML, 4 ML	Tier 3	

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Drug	Status	Notes
Topical Nitric Oxide Releasing Agents		
ZELSUVMI TOPICAL GEL 10.3 %	Tier 3	PA
Treatment Of Hyperphagia In Prader-Willi Syndrome		
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 25 MG, 75 MG	Tier 3	PA; SP
Wound Healing Agents, Local		
FILSUVEZ TOPICAL GEL 10 %	Tier 3	PA; SP
Other Respiratory Disorders		
Antifibrotic Therapy - Pyridone Analogs		
<i>pirfenidone oral capsule 267 mg</i> (Esbriet)	Tier 1	PA; SP
<i>pirfenidone oral tablet 267 mg, 801 mg</i> (Esbriet)	Tier 1	PA; SP
<i>pirfenidone oral tablet 534 mg</i>	Tier 1	PA; SP
Cystic Fib.Transmemb Conduct.Reg.(Cftr)Potentiator		
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	Tier 2	PA; SP
KALYDECO ORAL TABLET 150 MG	Tier 2	PA; SP
Cystic Fibrosis-Cftr Potentiator & Corrector Comb.		
ALYFTREK ORAL TABLET 10-50-125 MG, 4-20-50 MG	Tier 2	PA; SP
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	Tier 2	PA; SP
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	Tier 2	PA; SP
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	Tier 2	PA; SP
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	Tier 2	PA; SP

Drug	Status	Notes
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	Tier 2	PA; SP
Dipeptidyl Peptidase 1 (Dpp1) Inhibitor		
BRINSUPRI ORAL TABLET 10 MG, 25 MG	Tier 3	PA; SP; QL (1 EA per 1 day)
Lung Surfactants		
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5 ML, 240 MG/3 ML	Tier 3	
INFASURF INTRATRACHEAL SUSPENSION 35 MG/ML	Tier 3	
SURVANTA INTRATRACHEAL SUSPENSION 25 MG/ML	Tier 3	
Mucolytics		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	Tier 1	
PULMOZYME INHALATION SOLUTION 1 MG/ML	Tier 2	PA; SP
Pulmonary Fibrosis - Systemic Enzyme Inhibitors		
OFEV ORAL CAPSULE 100 MG, 150 MG	Tier 2	PA; SP
Pain Management - Analgesics		
Analgesic, Non-Salicylate & Barbiturate Comb.		
<i>butalbital-acetaminophen oral tablet 50-300 mg</i>	Tier 1	ST: Requires prior prescription for generic Butalbital/acetaminophen 50mg-325mg combination product within the past 120 days; QL (6 EA per 1 day)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i> (Tencon)	Tier 1	
TENCON ORAL TABLET 50-325 MG (butalbital-acetaminophen)	Tier 1	

Drug	Status	Notes
Analgesic, Salicylate, Barbiturate,& Xanthine Cmb		
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	Tier 1	
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	Tier 1	
Analgesic, Non-Salicylate, Barbiturate, & Xanthine Cmb		
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg</i> (Fioricet)	Tier 1	
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	Tier 1	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	Tier 1	
FIORICET ORAL CAPSULE 50-300-40 MG (butalbital-acetaminophen-caff)	Tier 1	
Analgesic/Antipyretics, Salicylates		
<i>aspirin oral tablet 325 mg</i> (Bayer Aspirin)	\$0	
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg</i> (Bayer Aspirin)	\$0	
BAYER ASPIRIN ORAL TABLET 325 MG (aspirin)	\$0	
BAYER ASPIRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG (aspirin)	\$0	
<i>choline, magnesium salicylate oral liquid 500 mg/5 ml</i>	Tier 1	
<i>diflunisal oral tablet 500 mg</i>	Tier 1	
ECOTRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG (aspirin)	\$0	
<i>salsalate oral tablet 500 mg, 750 mg</i> (Disalcid)	Tier 1	
Analgesics, Narcotic Agonist And Nsaid Combination		
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	Tier 1	
Analgesics, Non-Narcotics		
JOURNAVX ORAL TABLET 50 MG	Tier 3	PA

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Drug	Status	Notes
Analgesics,Narcotics		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG (buprenorphine hcl)	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i>	Tier 1	
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i> (Butrans)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 28 days)
<i>butorphanol injection solution 1 mg/ml, 2 mg/ml</i>	Tier 1	
<i>butorphanol nasal spray,non-aerosol 10 mg/ml</i>	Tier 1	
<i>codeine sulfate oral tablet 15 mg, 30 mg</i>	Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)
<i>codeine sulfate oral tablet 60 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
DEMEROL (PF) INJECTION SYRINGE 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML	Tier 3	
DILAUDID (PF) INJECTION SYRINGE 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML, 4 MG/ML (hydromorphone (pf))	Tier 3	
<i>fentanyl citrate (pf) intravenous patient control.analgesia soln 1,500 mcg/30 ml (50 mcg/ml)</i>	Tier 1	

Drug	Status	Notes
<i>fentanyl citrate (pf)-0.9%nacl intravenous pt controlled analgesia syring 1,000 mcg/50 ml (20 mcg/ml), 500 mcg/50 ml (10 mcg/ml)</i>	Tier 1	
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 200 mcg</i>	Tier 1	PA
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour</i>	Tier 1	PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i> (Hysingla ER)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 120 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<i>hydromorphone (pf) injection syringe 0.5 mg/0.5 ml, 1 mg/ml</i> (Dilaudid (PF))	Tier 1	
<i>hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)</i>	Tier 1	
<i>hydromorphone oral liquid 1 mg/ml</i> (Dilaudid)	Tier 1	
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid)	Tier 1	
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg</i>	Tier 1	PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>hydromorphone rectal suppository 3 mg</i>	Tier 1	

Drug	Status	Notes
<i>levorphanol tartrate oral tablet 2 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	Tier 1	
<i>meperidine oral solution 50 mg/5 ml</i>	Tier 1	QL (30 ML per 1 day)
<i>meperidine oral tablet 50 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>methadone injection solution 10 mg/ml</i>	Tier 1	QL (4 ML per 1 day)
METHADONE INTENSOL ORAL (methadone) CONCENTRATE 10 MG/ML	Tier 1	QL (4 ML per 1 day)
<i>methadone oral concentrate 10 mg/ml (Methadone Intensol)</i>	Tier 1	QL (4 ML per 1 day)
<i>methadone oral solution 10 mg/5 ml</i>	Tier 1	QL (20 ML per 1 day)
<i>methadone oral solution 5 mg/5 ml</i>	Tier 1	QL (40 ML per 1 day)
<i>methadone oral tablet 10 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>methadone oral tablet 5 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>methadone oral tablet, soluble 40 mg (Methadose)</i>	Tier 1	QL (1 EA per 1 day)
METHADOSE ORAL (methadone) TABLET, SOLUBLE 40 MG	Tier 1	QL (1 EA per 1 day)
<i>morphine (pf) intravenous syringe 1 mg/2 ml</i>	Tier 1	
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	Tier 1	PA
<i>morphine in 0.9 % sodium chlor intravenous solution 1 mg/ml, 5 mg/ml</i>	Tier 1	
<i>morphine intramuscular pen injector 10 mg/0.7 ml</i>	Tier 1	
<i>morphine oral capsule, er multiphase 24 hr 120 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)

Drug	Status	Notes
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>morphine oral tablet 15 mg</i>	Tier 1	
<i>morphine oral tablet 30 mg</i>	Tier 2	
<i>morphine oral tablet extended release 100 mg, 200 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day)
<i>morphine oral tablet extended release 15 (MS Contin) mg, 30 mg, 60 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day)
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
<i>nalbuphine injection solution 10 mg/ml, 20 mg/ml</i>	Tier 1	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	Tier 3	QL (6 EA per 1 day)
<i>oxycodone oral capsule 5 mg</i>	Tier 1	
<i>oxycodone oral concentrate 20 mg/ml</i>	Tier 1	PA
<i>oxycodone oral solution 5 mg/5 ml</i>	Tier 1	
<i>oxycodone oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
<i>oxycodone oral tablet 15 mg, 30 mg (Roxicodone)</i>	Tier 1	
<i>oxycodone oral tablet, oral only 10 mg, 15 mg, 30 mg, 5 mg (RoxyBond)</i>	Tier 1	
<i>oxycodone oral tablet, oral only, ext.rel. 12 hr 10 mg, 20 mg, 40 mg (OxyContin)</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)

Drug	Status	Notes
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 80 mg</i> (OxyContin)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG (oxycodone)	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG (oxycodone)	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
<i>oxymorphone oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>oxymorphone oral tablet extended release 12 hr 30 mg, 40 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	Tier 1	
ROXYBOND ORAL TABLET, ORAL ONLY 10 MG, 15 MG, 30 MG, 5 MG (oxycodone)	Tier 3	
<i>tramadol oral solution 5 mg/ml</i> (Qdolo)	Tier 1	PA
<i>tramadol oral tablet 50 mg</i>	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet extended release 24 hr 100 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years)

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Drug	Status	Notes
<i>tramadol oral tablet extended release 24 hr 200 mg, 300 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet, er multiphase 24 hr 100 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet, er multiphase 24 hr 200 mg, 300 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (8 EA per 1 day)
Antimigraine Preparations		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	Tier 2	PA
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	Tier 2	PA
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	Tier 2	PA

Drug	Status	Notes
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	Tier 1	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)
<i>dihydroergotamine injection solution 1 mg/ml</i>	Tier 1	QL (15 ML per 14 days)
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal)	Tier 1	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (8 ML per 28 days)
<i>eletriptan oral tablet 20 mg, 40 mg</i> (Relpax)	Tier 1	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)
ELYXYB ORAL SOLUTION 120 MG/4.8 ML (25 MG/ML)	Tier 3	PA
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	Tier 2	PA
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	Tier 2	PA
ERGOMAR SUBLINGUAL TABLET 2 MG	Tier 3	QL (10 EA per 7 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	Tier 1	QL (10 EA per 7 days)
<i>frovatriptan oral tablet 2.5 mg</i> (Frova)	Tier 1	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	Tier 1	QL (18 EA per 30 days)
NURTEC ODT ORAL TABLET, DISINTEGRATING 75 MG	Tier 2	PA
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	Tier 2	PA

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Drug	Status	Notes
REYVOW ORAL TABLET 100 MG, 50 MG	Tier 2	PA
<i>rizatriptan oral tablet 10 mg</i> (Maxalt)	Tier 1	QL (27 EA per 30 days)
<i>rizatriptan oral tablet 5 mg</i>	Tier 1	QL (27 EA per 30 days)
<i>rizatriptan oral tablet, disintegrating 10 mg</i> (Maxalt-MLT)	Tier 1	QL (27 EA per 30 days)
<i>rizatriptan oral tablet, disintegrating 5 mg</i>	Tier 1	QL (27 EA per 30 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	Tier 1	QL (18 EA per 30 days)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	Tier 1	QL (36 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i> (Imitrex)	Tier 1	QL (18 EA per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Refill)	Tier 1	QL (18 ML per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Pen)	Tier 1	QL (18 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	Tier 1	QL (18 ML per 30 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	Tier 1	QL (18 ML per 30 days)
TRUDHESA NASAL SPRAY, NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML)	Tier 3	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (12 ML per 28 days); Age (Min 18 Years)
UBRELVY ORAL TABLET 100 MG, 50 MG	Tier 2	PA
ZAVZPRET NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION	Tier 3	PA
<i>zolmitriptan nasal spray, non-aerosol 2.5 mg, 5 mg</i> (Zomig)	Tier 1	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)

Drug	Status	Notes
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i> (Zomig)	Tier 1	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	Tier 1	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)
ZOMIG ORAL TABLET 2.5 MG, 5 MG (zolmitriptan)	Tier 1	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)
Calcitonin Gene-Related Peptide (Cgrp) Inhibitors		
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	Tier 2	PA
Narc. & Non-Sal. Analgesic, Barbiturate & Xanthine Cmb		
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg</i> (Fioricet with Codeine)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
Narcotic & Salicylate Analgesics, Barb. & Xanthine		
ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG (codeine-butalbital-asa-caff)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i> (Ascomp with Codeine)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
Narcotic Analgesic & Non-Salicylate Analgesic Comb		
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml</i>	Tier 1	QL (150 ML per 1 day); Age (Min 12 Years)
<i>acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml</i>	Tier 1	Age (Min 12 Years)

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Drug	Status	Notes
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG (benzhydrocodone-acetaminophen)	Tier 3	ST: Requires prior prescription for generic Norco (Hydrocodone/Acetaminophen) tablets within the past 120 days; QL (12 EA per 1 day)
<i>benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg</i> (Apadaz)	Tier 1	ST: Requires prior prescription for generic Norco (Hydrocodone/Acetaminophen) tablets within the past 120 days; QL (12 EA per 1 day)
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG (oxycodone-acetaminophen)	Tier 1	QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen oral solution 10-300 mg/15 ml</i>	Tier 1	QL (200 ML per 1 day)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	Tier 1	QL (184 ML per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	Tier 1	QL (13 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	Tier 1	QL (61 ML per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i> (Endocet)	Tier 1	QL (12 EA per 1 day)
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG (oxycodone-acetaminophen)	Tier 1	QL (12 EA per 1 day)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	Tier 1	QL (10 EA per 1 day); Age (Min 12 Years)

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Drug	Status	Notes
Narcotic Withdrawal Therapy Agents		
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i> (Suboxone)	Tier 1	
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	Tier 1	QL (3 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	Tier 2	QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	Tier 2	QL (2 EA per 1 day)
Opioid Withdrawal Ther, Alpha-2 Adrenergic Agonist		
<i>lofexidine oral tablet 0.18 mg</i> (Lucemyra)	Tier 1	PA
Skeletal Muscle Relaxant,Salicylate,Narc Analgesic		
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
Parkinsons Disease		
Antiparkinsonism Drugs,Anticholinergic		
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	Tier 1	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	Tier 1	
Antiparkinsonism Drugs,Other		
<i>amantadine hcl oral capsule 100 mg</i>	Tier 1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	Tier 1	
<i>amantadine hcl oral tablet 100 mg</i>	Tier 1	
<i>apomorphine subcutaneous cartridge 10 mg/ml</i> (APOKYN)	Tier 1	PA; SP
<i>bromocriptine oral capsule 5 mg</i>	Tier 1	
<i>bromocriptine oral tablet 2.5 mg</i>	Tier 1	
<i>carbidopa-levodopa oral tablet 10-100 mg</i> (Sinemet)	Tier 1	

Drug	Status	Notes
<i>carbidopa-levodopa oral tablet 25-100 mg</i> (Dhivy)	Tier 1	
<i>carbidopa-levodopa oral tablet 25-250 mg</i>	Tier 1	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	Tier 1	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 1	
<i>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</i>	Tier 1	
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML	Tier 3	PA; SP
<i>entacapone oral tablet 200 mg</i>	Tier 1	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	Tier 3	PA; SP
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	Tier 2	ST: Requires prior prescription for Pramipexole IR or Ropinirole IR within the past 120 days; QL (1 EA per 1 day)
ONAPGO SUBCUTANEOUS CARTRIDGE 4.9 MG/ ML	Tier 3	PA; SP
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	Tier 3	PA
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	Tier 1	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 4.5 mg</i>	Tier 1	ST: Requires prior prescription for Pramipexole IR or Ropinirole IR within the past 120 days; QL (1 EA per 1 day)

Drug	Status	Notes
<i>pramipexole oral tablet extended release</i> (Mirapex ER) 24 hr 1.5 mg, 2.25 mg, 3 mg, 3.75 mg	Tier 1	ST: Requires prior prescription for Pramipexole IR or Ropinirole IR within the past 120 days; QL (1 EA per 1 day)
<i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)	Tier 1	QL (1 EA per 1 day)
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	Tier 1	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	Tier 1	ST: Requires prior prescription for Pramipexole IR or Ropinirole IR within the past 120 days; QL (1 EA per 1 day)
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	Tier 3	ST: Requires prior prescription for generic Carbidopa/Levodopa ER within the past 120 days; QL (10 EA per 1 day)
<i>selegiline hcl oral capsule 5 mg</i>	Tier 1	
<i>selegiline hcl oral tablet 5 mg</i>	Tier 1	
<i>tolcapone oral tablet 100 mg</i> (Tasmar)	Tier 1	ST: Requires prior prescription for Comtan (entacapone) within the past 120 days; QL (3 EA per 1 day)
VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML	Tier 3	PA; SP
XADAGO ORAL TABLET 100 MG, 50 MG	Tier 3	ST: Requires prior prescription for Carbidopa/Levodopa (Duopa, Parcopa, Rytary, Sinemet IR, or Sinemet CR) within the past 120 days; QL (1 EA per 1 day)

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Drug	Status	Notes
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG	Tier 3	ST: Requires prior prescription for generic Selegiline capsules or tablets within the past 120 days; QL (2 EA per 1 day)
Decarboxylase Inhibitors		
<i>carbidopa oral tablet 25 mg</i> (Lodosyn)	Tier 1	
Seizure Disorder		
Anticonvulsant - Benzodiazepine Type		
<i>clobazam oral suspension 2.5 mg/ml</i> (Onfi)	Tier 1	QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)	Tier 1	QL (2 EA per 1 day)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Klonopin)	Tier 1	
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	Tier 1	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	Tier 3	QL (10 EA per 30 days)
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	Tier 3	QL (10 EA per 30 days)
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	Tier 3	QL (10 EA per 30 days)
Anticonvulsant - Cannabinoid Type		
EPIDIOLEX ORAL SOLUTION 100 MG/ML	Tier 2	SP; ST: Requires prior prescription for one of the following generic anticonvulsants: Carbamazepine, Clobazam, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid derivatives, or Vigabatrin within the past 365 days

Drug	Status	Notes
Anticonvulsants		
BRIVIACT ORAL SOLUTION 10 MG/ML	Tier 2	QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	Tier 2	QL (2 EA per 1 day)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> (Carbatrol)	Tier 1	
<i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)	Tier 1	
<i>carbamazepine oral tablet 200 mg</i> (Tegretol)	Tier 1	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR)	Tier 1	
<i>carbamazepine oral tablet, chewable 100 mg, 200 mg</i>	Tier 1	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (carbamazepine)	Tier 3	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG (divalproex)	Tier 3	
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG (divalproex)	Tier 3	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG (divalproex)	Tier 3	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	Tier 3	PA; SP
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	Tier 3	PA; SP
DILANTIN EXTENDED ORAL CAPSULE 100 MG (phenytoin sodium extended)	Tier 3	
DILANTIN INFATABS ORAL TABLET, CHEWABLE 50 MG (phenytoin)	Tier 3	
DILANTIN ORAL CAPSULE 30 MG	Tier 3	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML (phenytoin)	Tier 3	

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Drug		Status	Notes
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	(Depakote Sprinkles)	Tier 1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	(Depakote ER)	Tier 1	
<i>divalproex oral tablet, delayed release (drlec) 125 mg, 250 mg, 500 mg</i>	(Depakote)	Tier 1	
EPITOL ORAL TABLET 200 MG	(carbamazepine)	Tier 1	
<i>eslicarbazepine oral tablet 200 mg, 400 mg</i>	(Aptiom)	Tier 1	QL (1 EA per 1 day)
<i>eslicarbazepine oral tablet 600 mg, 800 mg</i>	(Aptiom)	Tier 1	QL (2 EA per 1 day)
<i>ethosuximide oral capsule 250 mg</i>	(Zarontin)	Tier 1	
<i>ethosuximide oral solution 250 mg/5 ml</i>	(Zarontin)	Tier 1	
<i>felbamate oral suspension 600 mg/5 ml</i>		Tier 1	
<i>felbamate oral tablet 400 mg, 600 mg</i>	(Felbatol)	Tier 1	
FINTEPLA ORAL SOLUTION 2.2 MG/ML		Tier 3	PA; SP
FYCOMPA ORAL SUSPENSION 0.5 MG/ML		Tier 2	QL (680 ML per 28 days)
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	(Neurontin)	Tier 1	
<i>gabapentin oral solution 250 mg/5 ml</i>	(Neurontin)	Tier 1	
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>		Tier 1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	(Neurontin)	Tier 1	
<i>lacosamide oral solution 10 mg/ml</i>	(Vimpat)	Tier 1	
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	(Vimpat)	Tier 1	
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7)		Tier 3	
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)		Tier 3	

Drug	Status	Notes
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7)	Tier 3	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Lamictal)	Tier 1	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7)</i> (Lamictal ODT Starter (Blue))	Tier 1	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)</i> (Lamictal ODT Starter (Orange))	Tier 1	
<i>lamotrigine oral tablet disintegrating, dose pk 50 mg (42) -100 mg (14)</i> (Lamictal ODT Starter (Green))	Tier 1	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i> (Lamictal XR)	Tier 1	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> (Lamictal)	Tier 1	
<i>lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i> (Lamictal ODT)	Tier 1	
<i>lamotrigine oral tablets,dose pack 25 mg (35)</i> (Lamictal Starter (Blue) Kit)	Tier 1	
<i>lamotrigine oral tablets,dose pack 25 mg (42) -100 mg (7)</i> (Lamictal Starter (Orange) Kit)	Tier 1	
<i>lamotrigine oral tablets,dose pack 25 mg (84) -100 mg (14)</i> (Lamictal Starter (Green) Kit)	Tier 1	
<i>levetiracetam oral solution 100 mg/ml</i> (Keppra)	Tier 1	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> (Keppra)	Tier 1	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> (Keppra XR)	Tier 1	
<i>methsuximide oral capsule 300 mg</i> (Celontin)	Tier 1	
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> (Trileptal)	Tier 1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal)	Tier 1	

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Drug	Status	Notes
<i>oxcarbazepine oral tablet extended release 24 hr 150 mg, 300 mg</i> (Oxtellar XR)	Tier 1	QL (3 EA per 1 day)
<i>oxcarbazepine oral tablet extended release 24 hr 600 mg</i> (Oxtellar XR)	Tier 1	QL (4 EA per 1 day)
<i>perampanel oral tablet 10 mg, 12 mg, 8 mg</i> (Fycompa)	Tier 1	QL (30 EA per 30 days)
<i>perampanel oral tablet 2 mg</i> (Fycompa)	Tier 1	QL (120 EA per 30 days)
<i>perampanel oral tablet 4 mg, 6 mg</i> (Fycompa)	Tier 1	QL (60 EA per 30 days)
PHENYTEK ORAL CAPSULE 200 MG, 300 MG (phenytoin sodium extended)	Tier 3	
<i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125)	Tier 1	
<i>phenytoin oral tablet, chewable 50 mg</i> (Dilantin Infatabs)	Tier 1	
<i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin Extended)	Tier 1	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek)	Tier 1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i> (Lyrica)	Tier 1	
<i>pregabalin oral solution 20 mg/ml</i> (Lyrica)	Tier 1	
<i>primidone oral tablet 125 mg</i>	Tier 1	
<i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)	Tier 1	
<i>rufinamide oral suspension 40 mg/ml</i> (Banzel)	Tier 1	ST: Requires prior prescription for Clobazam, Divalproex, or Valproic Acid within the past 120 days; QL (80 ML per 1 day)
<i>rufinamide oral tablet 200 mg</i> (Banzel)	Tier 1	ST: Requires prior prescription for Clobazam, Divalproex, or Valproic Acid within the past 120 days; QL (16 EA per 1 day)
<i>rufinamide oral tablet 400 mg</i> (Banzel)	Tier 1	ST: Requires prior prescription for Clobazam, Divalproex, or Valproic Acid within the past 120 days; QL (8 EA per 1 day)

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Drug	Status	Notes
SABRIL ORAL TABLET 500 MG (vigabatrin)	Tier 3	PA; SP
TEGRETOL ORAL SUSPENSION 100 MG/5 ML (carbamazepine)	Tier 3	
TEGRETOL ORAL TABLET 200 MG (carbamazepine)	Tier 3	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG (carbamazepine)	Tier 3	
<i>tiagabine oral tablet 12 mg, 2 mg, 4 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>tiagabine oral tablet 16 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)	Tier 1	
<i>topiramate oral capsule, sprinkle 50 mg</i>	Tier 1	
<i>topiramate oral capsule, extended release 24hr 100 mg</i> (Trokendi XR)	Tier 1	QL (3 EA per 1 day)
<i>topiramate oral capsule, extended release 24hr 200 mg</i> (Trokendi XR)	Tier 1	QL (2 EA per 1 day)
<i>topiramate oral capsule, extended release 24hr 25 mg</i> (Trokendi XR)	Tier 1	QL (8 EA per 1 day)
<i>topiramate oral capsule, extended release 24hr 50 mg</i> (Trokendi XR)	Tier 1	QL (7 EA per 1 day)
<i>topiramate oral capsule, sprinkle, er 24hr 100 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>topiramate oral capsule, sprinkle, er 24hr 150 mg, 200 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>topiramate oral capsule, sprinkle, er 24hr 25 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>topiramate oral capsule, sprinkle, er 24hr 50 mg</i>	Tier 1	QL (7 EA per 1 day)
<i>topiramate oral solution 25 mg/ml</i> (Eprontia)	Tier 1	PA
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)	Tier 1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	Tier 1	
<i>valproic acid oral capsule 250 mg</i>	Tier 1	
<i>vigabatrin oral powder in packet 500 mg</i> (Vigadrone)	Tier 1	PA; SP
<i>vigabatrin oral tablet 500 mg</i> (Vigadrone)	Tier 1	PA; SP

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Drug	Status	Notes
VIGADRONE ORAL POWDER IN PACKET 500 MG (vigabatrin)	Tier 1	PA; SP
VIGADRONE ORAL TABLET 500 MG (vigabatrin)	Tier 1	PA; SP
VIGAFYDE ORAL SOLUTION 100 MG/ML	Tier 3	PA; SP
VIGPODER ORAL POWDER IN PACKET 500 MG (vigabatrin)	Tier 1	PA; SP
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	Tier 2	QL (2 EA per 1 day)
XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG	Tier 2	QL (1 EA per 1 day)
XCOPRI ORAL TABLET 200 MG	Tier 2	QL (2 EA per 1 day)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)-25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	Tier 2	QL (1 EA per 1 day)
ZONISADE ORAL SUSPENSION 100 MG/5 ML	Tier 3	PA
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	Tier 1	
<i>zonisamide oral capsule 50 mg</i>	Tier 1	
Neuroactive Steroid Gaba-A Receptor Modulator		
ZTALMY ORAL SUSPENSION 50 MG/ML	Tier 3	PA; SP
Skeletal Muscle Disorder		
Agents To Tx Periodic Paralysis - Carbon Anhyd Inh		
<i>dichlorphenamide oral tablet 50 mg</i> (Ormalvi)	Tier 1	PA; SP
KEVEYIS ORAL TABLET 50 MG (dichlorphenamide)	Tier 2	PA; SP
ORMALVI ORAL TABLET 50 MG (dichlorphenamide)	Tier 1	PA; SP
Retinoic Acid Receptor (Rar) Agonists		
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG	Tier 3	PA; SP

Drug	Status	Notes
Skeletal Muscle Relaxants		
<i>baclofen oral solution 10 mg/5 ml (2 mg/ml)</i> (Ozobax DS)	Tier 1	PA
<i>baclofen oral solution 5 mg/5 ml</i> (Ozobax)	Tier 1	PA
<i>baclofen oral suspension 25 mg/5 ml (5 mg/ml)</i> (Fleqsuvy)	Tier 1	PA
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
<i>carisoprodol oral tablet 250 mg, 350 mg</i> (Soma)	Tier 1	
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	Tier 1	
<i>chlorzoxazone oral tablet 500 mg</i>	Tier 1	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>cyclobenzaprine oral tablet 7.5 mg</i> (Fexmid)	Tier 1	
<i>dantrolene oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>dantrolene oral capsule 25 mg</i> (Dantrium)	Tier 1	
<i>metaxalone oral tablet 400 mg, 800 mg</i>	Tier 1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	Tier 1	
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	Tier 1	
<i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i> (Norgesic)	Tier 1	QL (8 EA per 1 day)
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i> (Zanaflex)	Tier 1	
<i>tizanidine oral tablet 2 mg</i>	Tier 1	
<i>tizanidine oral tablet 4 mg</i> (Zanaflex)	Tier 1	
Smoking Cessation		
Smoking Deterrent Agents (Ganglionic Stim,Others)		
<i>nicotine (polacrilex) buccal gum 2 mg</i> (Quit 2)	\$0	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER

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Drug	Status	Notes
<i>nicotine (polacrilex) buccal gum 4 mg</i> (Quit 4)	\$0	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
<i>nicotine (polacrilex) buccal lozenge 2 mg</i> (Quit 2)	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
<i>nicotine (polacrilex) buccal lozenge 4 mg</i> (Quit 4)	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i> (Nicorette)	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i> (Nicoderm CQ)	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	\$0	\$0 COPAY IF QUANTITY 10 IN 2 DAYS, LIMITED TO 180 DAYS IN 365, TRIAL OF NICOTINE TRANSDERMAL PATCH, AND 18 YEARS OF AGE OR OLDER; QL (10 ML per 2 days)

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Drug	Status	Notes
QUIT 2 BUCCAL GUM 2 MG (nicotine (polacrilex))	\$0	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
QUIT 2 BUCCAL LOZENGE 2 MG (nicotine (polacrilex))	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
QUIT 4 BUCCAL GUM 4 MG (nicotine (polacrilex))	\$0	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
QUIT 4 BUCCAL LOZENGE 4 MG (nicotine (polacrilex))	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
STOP SMOKING AID BUCCAL LOZENGE 2 MG, 4 MG (nicotine (polacrilex))	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
Smoking Deterrent-Nicotinic Recept.Partial Agonist		
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i> (Chantix)	\$0	\$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
<i>varenicline tartrate oral tablets,dose pack 0.5 mg (11)- 1 mg (42)</i> (Chantix Starting Month Box)	\$0	\$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)

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Drug	Status	Notes
Smoking Deterrents, Other		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	\$0	\$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
Upper Gastrointestinal Disorders - Digestive		
Gastric Enzymes		
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	Tier 3	PA; SP
Pancreatic Enzymes		
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	Tier 2	
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300-78,300 UNIT	Tier 3	
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	Tier 2	
Upper Gastrointestinal Disorders - Spastic Disease		
Anticholinergics/Antispasmodics		
<i>dicyclomine oral capsule 10 mg</i>	Tier 1	
<i>dicyclomine oral solution 10 mg/5 ml</i>	Tier 1	
<i>dicyclomine oral tablet 20 mg</i>	Tier 1	
Belladonna Alkaloids		
ED-SPAZ ORAL (hyoscyamine sulfate) TABLET,DISINTEGRATING 0.125 MG	Tier 1	

Drug	Status	Notes
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i> (Hyosyne)	Tier 1	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i> (Hyosyne)	Tier 1	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i> (Oscimin)	Tier 1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i> (Levbid)	Tier 1	
<i>hyoscyamine sulfate oral tablet, disintegrating 0.125 mg</i> (Ed-Spaz)	Tier 1	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i> (Oscimin SL)	Tier 1	
HYOSYNE ORAL DROPS 0.125 MG/ML (hyoscyamine sulfate)	Tier 1	
HYOSYNE ORAL ELIXIR 0.125 MG/5 ML (hyoscyamine sulfate)	Tier 1	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	Tier 1	
OSCIMIN ORAL TABLET 0.125 MG (hyoscyamine sulfate)	Tier 1	
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG (hyoscyamine sulfate)	Tier 1	
SYMAX DUOTAB ORAL TABLET, EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG) (hyoscyamine sulfate)	Tier 3	
Upper Gastrointestinal Disorders - Ulcer Disease		
Anticholinergics, Quaternary Ammonium		
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i> (Librax (with clidinium))	Tier 1	
DARTISLA ORAL TABLET, DISINTEGRATING 1.7 MG	Tier 3	ST: Requires prior prescription for Glycopyrrolate 2mg within the past 120 days; QL (4 EA per 1 day); Age (Min 18 Years)
<i>glycopyrrolate (pf) injection syringe 0.6 mg/3 ml (0.2 mg/ml)</i> (Glyrx-PF)	Tier 1	

Drug	Status	Notes
<i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i> (Cuvposa)	Tier 1	
<i>glycopyrrolate oral tablet 1 mg</i> (Robinul)	Tier 1	
<i>glycopyrrolate oral tablet 2 mg</i> (Robinul Forte)	Tier 1	
GLYRX-PF INJECTION SYRINGE 0.6 MG/3 ML (0.2 MG/ML) (glycopyrrolate (pf))	Tier 3	
Anti-Ulcer Preparations		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)	Tier 1	
<i>sucralfate oral suspension 100 mg/ml</i> (Carafate)	Tier 1	
<i>sucralfate oral tablet 1 gram</i> (Carafate)	Tier 1	
Anti-Ulcer-H.Pylori Agents		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	Tier 1	QL (112 EA per 10 days)
<i>bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg</i> (Pylera)	Tier 1	
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40)	Tier 3	
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG	Tier 3	QL (168 EA per 14 days); Age (Min 18 Years)
VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84)	Tier 3	PA
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG	Tier 3	PA
Histamine H2-Receptor Inhibitors		
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	Tier 1	
<i>cimetidine oral tablet 200 mg</i> (Acid Reducer (cimetidine))	Tier 1	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	Tier 1	
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>	Tier 1	
<i>famotidine oral tablet 20 mg</i> (Acid Controller)	Tier 1	
<i>famotidine oral tablet 40 mg</i> (Pepcid)	Tier 1	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	Tier 1	

Drug	Status	Notes
Intestinal Motility Stimulants		
GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY	Tier 3	PA; SP
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	Tier 1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)	Tier 1	
<i>prucalopride oral tablet 1 mg, 2 mg</i> (Motegrity)	Tier 1	QL (1 EA per 1 day)
Potassium-Competitive Acid Blockers (Pcabs)		
VOQUEZNA ORAL TABLET 10 MG, 20 MG	Tier 3	PA
Proton-Pump Inhibitors		
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 10 MG (rabeprazole)	Tier 3	ST: At least 2 prior prescriptions for Lansoprazole, Omeprazole, or Pantoprazole within the past 365 days; QL (1 EA per 1 day)
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 5 MG	Tier 3	ST: At least 2 prior prescriptions for Lansoprazole, Omeprazole, or Pantoprazole within the past 365 days; QL (1 EA per 1 day)
<i>dexlansoprazole oral capsule, biphasic delayed release 30 mg, 60 mg</i> (Dexilant)	Tier 1	ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days; QL (1 EA per 1 day)
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i> (Acid Reducer (esomeprazole))	Tier 1	QL (1 EA per 1 day)
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i> (Nexium)	Tier 1	QL (2 EA per 1 day)
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Nexium Packet)	Tier 1	QL (1 EA per 1 day)

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Drug	Status	Notes
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i> (Nexium Packet)	Tier 1	QL (2 EA per 1 day)
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i> (Acid Reducer (lansoprazole))	Tier 1	
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i> (Prevacid)	Tier 1	
<i>lansoprazole oral tablet, disintegrat, delay rel 15 mg, 30 mg</i> (Prevacid SoluTab)	Tier 1	ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram</i> (Zegerid OTC)	Tier 1	ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days; QL (1 EA per 1 day)
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	Tier 1	ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days; QL (1 EA per 1 day)
<i>pantoprazole oral granules dr for susp in packet 40 mg</i> (Protonix)	Tier 1	ST: Requires prior prescription for Omeprazole Magnesium, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Prilosec within the past 120 days
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i> (Protonix)	Tier 1	

Drug	Status	Notes
<i>rabeprazole oral capsule, delayed rel sprinkle 10 mg</i> (AcipHex Sprinkle)	Tier 1	ST: At least 2 prior prescriptions for Lansoprazole, Omeprazole, or Pantoprazole within the past 365 days; QL (1 EA per 1 day)
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i> (AcipHex)	Tier 1	QL (1 EA per 1 day)
Urinary Tract - Functional Disorders		
Benign Prostatic Hypertrophy/Micturition Agents		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	Tier 1	
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	Tier 1	
<i>finasteride oral tablet 5 mg</i> (Proscar)	Tier 1	
<i>silodosin oral capsule 4 mg, 8 mg</i> (Rapaflo)	Tier 1	
<i>tamsulosin oral capsule 0.4 mg</i> (Flomax)	Tier 1	
Bph Agent-5-Alpha-Reductase Inh And Pde5 Inh Comb		
ENTADFI ORAL CAPSULE 5-5 MG (finasteride-tadalafil)	Tier 3	PA
Bph Agents,5-Alpha-Red Inh & Alpha-1-Adr Antg Cmb		
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i> (Jalyn)	Tier 1	ST: Requires prior prescription for Alfuzosin, Doxazosin, Finasteride 5mg, Prazosin, Silodosin, Tamsulosin, or Terazosin within the past 120 days
Cystine-Depleting Agents, Nephropathic Cystinosis		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	Tier 3	SP
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG	Tier 2	PA; SP
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG	Tier 2	PA; SP

Drug	Status	Notes
Endothelin-Angiotensin Receptor Antagonist		
FILSPARI ORAL TABLET 200 MG, 400 MG	Tier 3	PA; SP
Kidney Stone Agents		
THIOLA EC ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG, 300 MG (tiopronin)	Tier 2	SP
<i>tiopronin oral tablet 100 mg</i> (Thiola)	Tier 1	SP
<i>tiopronin oral tablet, delayed release (dr/ec) 100 mg, 300 mg</i> (Venxxiva)	Tier 1	SP
VENXXIVA ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG, 300 MG (tiopronin)	Tier 1	SP
Overactive Bladder Agents, Beta-3 Adrenergic Recep		
MYRBETRIQ ORAL SUSPENSION, EXTENDED RELEASE RECON 8 MG/ML	Tier 2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG (mirabegron)	Tier 1	QL (1 EA per 1 day)
Oxalosis Agent - Oxalate Inhibitor, Sirna Based		
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML)	Tier 3	PA; SP
RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML	Tier 3	PA; SP
Polycystic Kidney Disease Agent, Avp Recep. Antag		
JYNARQUE ORAL TABLET 15 MG, 30 MG (tolvaptan (polycys kidney dis))	Tier 1	PA; SP
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM) (tolvaptan (polycys kidney dis))	Tier 1	PA; SP
Urinary Ph Modifiers		
K-PHOS NO 2 ORAL TABLET 305-700 MG	Tier 3	

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Drug	Status	Notes
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG	Tier 3	
ORACIT ORAL SOLUTION 490-640 MG/5 ML (sodium citrate-citric acid)	Tier 3	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10)	Tier 1	
<i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15)	Tier 1	
<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i>	Tier 1	
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	Tier 3	
<i>sodium citrate-citric acid oral solution 490-640 mg/5 ml</i> (Oracit)	Tier 1	
UROQID-ACID NO.2 ORAL TABLET 500-500 MG	Tier 3	
Urinary Tract Analgesic Agents		
ELMIRON ORAL CAPSULE 100 MG	Tier 2	PA
Urinary Tract Anesthetic/Analgesic Agnt (Azo-Dye)		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i> (Pyridium)	Tier 1	
Urinary Tract Antispasmodic, M(3) Selective Antag.		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	Tier 1	
<i>solifenacin oral tablet 10 mg, 5 mg</i> (Vesicare)	Tier 1	
Urinary Tract Antispasmodic/Antiincontinence Agent		
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i> (Toviaz)	Tier 1	QL (1 EA per 1 day)
<i>flavoxate oral tablet 100 mg</i>	Tier 1	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	Tier 1	
<i>oxybutynin chloride oral tablet 2.5 mg, 5 mg</i>	Tier 1	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	Tier 1	

Drug	Status	Notes
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR	Tier 3	ST: Requires prior prescriptions for Myrbetriq and Oxybutynin IR/XR within the past 365 days
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i>	Tier 1	
<i>tolterodine oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>trospium oral capsule,extended release 24hr 60 mg</i>	Tier 1	
<i>trospium oral tablet 20 mg</i>	Tier 1	
Vaginal Disorders		
Vaginal Antibiotics		
CLEOCIN VAGINAL SUPPOSITORY 100 MG	Tier 3	ST: At least 2 prior prescriptions for oral Metronidazole, Clindamycin, vaginal Clindamycin cream, vaginal Metronidazole gel, or Tinidazole within the past 365 days; QL (3 EA per 30 days)
<i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)	Tier 1	
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 %	Tier 3	ST: Requires prior prescription for generic Clindamycin vaginal cream within the past 120 days
<i>metronidazole vaginal gel 0.75 %</i> (Vandazole) <i>(37.5mg/5 gram)</i>	Tier 1	
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM) (metronidazole)	Tier 3	
Vaginal Antifungals		
GYNAZOLE-1 VAGINAL CREAM 2 %	Tier 2	
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG	Tier 1	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	Tier 1	
<i>terconazole vaginal suppository 80 mg</i>	Tier 1	

Drug	Status	Notes
Vaginal Antiseptics		
FEM PH VAGINAL GEL 0.9-0.025 %	Tier 3	
RELAGARD VAGINAL GEL 0.9-0.025 %	Tier 3	
TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 %	Tier 3	
Vaginal Estrogen For Sexual Dysfunction		
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	Tier 3	ST: Requires prior prescriptions Premarin cream and one of the following: Estradiol cream or vaginal tablet within the past 365 days; QL (18 EA per 28 days)
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG	Tier 3	ST: Requires prior prescriptions Premarin cream and one of the following: Estradiol cream or vaginal tablet within the past 365 days; QL (18 EA per 28 days)
Vaginal Estrogen Preparations		
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> (Estrace)	Tier 1	
<i>estradiol vaginal tablet 10 mcg</i> (Yuvaferm)	Tier 1	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	Tier 2	
YUVAFERM VAGINAL TABLET 10 MCG (estradiol)	Tier 1	
Vitamin And/Or Mineral Deficiency		
Fluoride Preparations		
CLINPRO 5000 DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 3	
DENTA 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))	Tier 1	
DENTA 5000 PLUS SENSITIVE DENTAL PASTE 1.1-5 % (sodium fluoride-pot nitrate)	Tier 1	
DENTAGEL DENTAL GEL 1.1 % (fluoride (sodium))	Tier 1	

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Drug	Status	Notes
FLORIVA (FLUORIDE-VITAMIN D3) ORAL DROPS 0.25 MG (0.55 MG)-400 UNIT/ML	Tier 3	
<i>fluoride (sodium) dental cream 1.1 %</i> (Denta 5000 Plus)	Tier 1	
<i>fluoride (sodium) dental gel 1.1 %</i> (DentaGel)	Tier 1	
<i>fluoride (sodium) dental paste 1.1 %</i> (Sodium Fluoride 5000 Dry Mouth)	Tier 1	
<i>fluoride (sodium) dental solution 0.2 %</i> (PreviDent)	Tier 1	
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i> (SoluVita)	\$0	\$0 COPAY IF 6 MONTHS TO 6 YEARS OF AGE
<i>fluoride (sodium) oral tablet, chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i> (Ludent Fluoride)	\$0	\$0 COPAY IF 6 MONTHS TO 6 YEARS OF AGE
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 % (sodium fluoride-pot nitrate)	Tier 3	
FLUORIMAX 5000 DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 3	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 % (sodium fluoride-pot nitrate)	Tier 3	
FRAICHE 5000 PREVI DENTAL GEL 1.1-3 %	Tier 3	
GEL-KAM DENTAL GEL 0.4 % (stannous fluoride)	Tier 1	
JUST RIGHT 5000 DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 3	
PERIO MED DENTAL SOLUTION 0.63 % (stannous fluoride)	Tier 3	
PHOS-FLUR DENTAL SOLUTION 0.02 % (0.044 % SOD. FLUORIDE)	Tier 3	
SF 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))	Tier 1	
SF DENTAL GEL 1.1 % (fluoride (sodium))	Tier 1	
SODIUM FLUORIDE 5000 DRY MOUTH DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 1	
SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))	Tier 1	

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Drug	Status	Notes
sodium fluoride-pot nitrate dental paste 1.1-5 % (Denta 5000 Plus Sensitive)	Tier 1	
Folic Acid Preparations		
folic acid injection solution 5 mg/ml	Tier 1	
folic acid oral tablet 1 mg	Tier 1	
folic acid oral tablet 400 mcg (PureVita Folic Acid)	\$0	
folic acid oral tablet 800 mcg	\$0	
PUREVITA FOLIC ACID ORAL TABLET 400 MCG (folic acid)	\$0	
Iron Replacement		
TRIFERIC HEMODIALYSIS POWDER IN PACKET 272 MG IRON	Tier 3	
TRIFERIC HEMODIALYSIS SOLUTION 27.2 MG IRON/5 ML	Tier 3	
Prenatal Vitamin Preparations		
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK, TABLET AND CAP, DR 27 MG IRON-1 MG -374 MG	\$0	
BAL-CARE DHA ORAL COMBO PACK, TABLET AND CAP, DR 27-1-430 MG	\$0	
CADEAU DHA ORAL CAPSULE 29 MG IRON- 1 MG-150 MG	\$0	
COMPLETE NATAL DHA ORAL COMBO PACK 29 MG IRON- 1 MG-200 MG	\$0	
COMPLETENATE ORAL TABLET, CHEWABLE 29 MG IRON- 1 MG	\$0	
KPN ORAL TABLET 9 MG IRON- 267 MCG	\$0	
MINI PRENATAL ORAL TABLET 6.75 MG IRON- 200 MCG	\$0	
M-NATAL PLUS ORAL TABLET 27 MG IRON- 1 MG (pnv, calcium 72-iron-folic acid)	\$0	
MYNATAL ADVANCE ORAL TABLET 90-1-50 MG	\$0	

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Drug	Status	Notes
MYNATAL ORAL CAPSULE 65 MG IRON- 1 MG	\$0	
MYNATAL ORAL TABLET 90-1-50 MG	\$0	
MYNATAL PLUS ORAL TABLET 65 MG IRON- 1 MG	\$0	
MYNATAL-Z ORAL TABLET 65 MG IRON- 1 MG	\$0	
MYNATE 90 PLUS ORAL TABLET EXTENDED RELEASE 90 MG IRON-1 MG	\$0	
NEONATAL PLUS VITAMIN ORAL TABLET 27 MG IRON- 1 MG	\$0	
NEO-VITAL RX ORAL TABLET 27 MG IRON- 1 MG	\$0	
OBSTETRIX DHA ORAL COMBO PACK, TABLET AND CAP, DR 29 MG IRON-1 MG -50 MG	\$0	
OBSTETRIX DHA PRENATAL DUO ORAL COMB PACK, TABLET DR, CAPSULE DR 29 MG IRON- 1,700 MCG DFE	\$0	
OBSTETRIX EC ORAL TABLET, DELAYED RELEASE (DR/EC) 29 MG IRON- 1,700 MCG DFE, 29 MG IRON-1 MG -50 MG	\$0	
ONE DAILY PRENATAL ORAL COMBO PACK 28-800-440 MG-MCG-MG	\$0	
ONE-A-DAY PRENATAL-1 ORAL CAPSULE 27 MG IRON- 800 MCG-235 MG	\$0	
<i>pnv no.95-ferrous fumarate-fa oral tablet (Prenatal)</i> <i>28 mg iron- 800 mcg</i>	\$0	
PNV-DHA + DOCUSATE ORAL CAPSULE 27-1.25-55-300 MG	\$0	
PNV-SELECT ORAL TABLET 27-1 MG	\$0	
PR NATAL 400 EC ORAL COMBO PACK, TABLET AND CAP, DR 29-1-400 MG	\$0	

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Drug	Status	Notes
PR NATAL 400 ORAL COMBO PACK 29-1-400 MG	\$0	
PR NATAL 430 EC ORAL COMBO PACK, TABLET AND CAP, DR 29-1-430 MG	\$0	
PR NATAL 430 ORAL COMBO PACK 29 MG IRON-1 MG -430 MG	\$0	
PRENATA ORAL TABLET, CHEWABLE 29 MG IRON- 1 MG	\$0	
PRENATABS FA ORAL TABLET 29-1 MG	\$0	
PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG	\$0	
PRENATAL + DHA ORAL COMBO PACK 28 MG IRON- 975 MCG-200 MG, 28 MG IRON-800 MCG-200 MG	\$0	
PRENATAL 19 (WITH DOCUSATE) ORAL TABLET 29 MG IRON- 1 MG-25 MG	\$0	
PRENATAL 19 ORAL TABLET 29 MG IRON- 1 MG	\$0	
PRENATAL 19 ORAL TABLET, CHEWABLE 29 MG IRON- 1 MG	\$0	
PRENATAL COMPLETE ORAL TABLET 14 MG IRON- 400 MCG	\$0	
PRENATAL ESSENTIALS ORAL CAPSULE 6 MG IRON- 272 MCG DFE	\$0	
PRENATAL FORMULA ORAL TABLET 9 MG IRON- 267 MCG	\$0	
PRENATAL FORMULA-DHA ORAL CAPSULE 28 MG-800 MCG- 200 MG	\$0	
PRENATAL MULTI ORAL TABLET 27- 800 MG-MCG	\$0	
PRENATAL MULTI-DHA (ALGAL OIL) ORAL CAPSULE 27MG IRON- 800 MCG-250 MG	\$0	

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Drug	Status	Notes
PRENATAL MULTI-DHA(WITH VIT K) ORAL CAPSULE 27 MG IRON-800 MCG-260 MG	\$0	
PRENATAL MULTIVITAMINS ORAL TABLET 28 MG IRON- 800 MCG	(pnv no.95-ferrous fumarate-fa)	\$0
PRENATAL ONE DAILY ORAL TABLET 27 MG IRON- 800 MCG	\$0	
PRENATAL ORAL TABLET 28 MG IRON- 800 MCG	(pnv no.95-ferrous fumarate-fa)	\$0
PRENATAL ORAL TABLET 28-800 MG- MCG	\$0	
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG	(pnv,calcium 72-iron-folic acid)	\$0
PRENATAL PLUS DHA ORAL COMBO PACK 27 MG IRON-1 MG -312 MG-250 MG	\$0	
PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG	(pnv,calcium 72-iron,carb- folic)	\$0
PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET 27 MG IRON- 1 MG	\$0	
PRENATAL TABLET ORAL TABLET 28 MG IRON- 800 MCG	(prenatal vit-iron fum-folic ac)	\$0
<i>prenatal vit no.179-iron-folic oral tablet 28 mg iron- 800 mcg</i>	\$0	
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG, 27 MG IRON- 800 MCG	\$0	
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG	(pnv,calcium 72-iron-folic acid)	\$0
PRENATAL VITAMIN WITH MINERALS ORAL TABLET 28 MG IRON- 800 MCG	(prenatal vit-iron fum-folic ac)	\$0
<i>prenatal vit-iron fum-folic ac oral tablet 28 mg iron- 800 mcg</i>	(Prenatal Tablet)	\$0
PRENATAL WITH DHA-FOLIC ACID ORAL TABLET,CHEWABLE 400-32.5 MCG-MG	\$0	
PROVIDA OB ORAL CAPSULE 40 MG IRON- 1.25 MG	\$0	

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Drug	Status	Notes
SE-NATAL 19 CHEWABLE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	\$0	
SE-NATAL 19 ORAL TABLET 29 MG IRON- 1 MG	\$0	
SIMILAC PRENATAL ORAL COMBO PACK 27 MG IRON-800 MCG-200 MG	\$0	
STUART ONE ORAL CAPSULE 27 MG IRON- 800 MCG-200 MG	\$0	
THERANATAL COMPLETE ORAL COMBO PACK 27 MG IRON- 1 MG-150 MG	\$0	
THERANATAL ONE ORAL CAPSULE 27 MG IRON-1000 MCG-300 MG	\$0	
THERANATAL ORAL TABLET 27 MG IRON- 1 MG	\$0	
THERANATAL PLUS ORAL COMBO PACK 27 MG IRON- 1 MG-300 MG	\$0	
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG	\$0	
TRICARE ORAL TABLET 27 MG IRON- 1 MG	\$0	
TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG	\$0	
TRINATE ORAL TABLET 28 MG IRON- 1 MG	\$0	
ULTRA PRENATAL PLUS DHA ORAL CAPSULE 27 MG-800 MCG- 250 MG- 200 MG	\$0	
WESNATAL DHA COMPLETE ORAL COMBO PACK 29 MG IRON- 1 MG-200 MG	\$0	
WESTAB PLUS ORAL TABLET 27 MG IRON- 1 MG (pnv,calcium 72-iron-folic acid)	\$0	
WOMEN'S PRENATAL PLUS DHA ORAL COMBO PACK 28 MG-975 MCG- 200 MG	\$0	

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Drug	Status	Notes
Prenatal Vitamins Without Iron		
ALTRIXA OB ORAL TABLET 15 MG IRON- 1,750 MCG DFE	\$0	
MATERVIA ORAL CAPSULE 6.5 MG IRON- 500 MCG	\$0	
ONE-A-DAY PRENATAL ORAL TABLET,CHEWABLE 400 MCG- 25 MG	\$0	
PRENATAL GUMMIES ORAL TABLET,CHEWABLE 400 MCG-35 MG- 25 MG-5 MG	\$0	
PRENATAL GUMMIES(ZINC CHELATE) ORAL TABLET,CHEWABLE 180 MCG-35 MG- 25 MG-5 MG	\$0	
PRENATAL ORAL TABLET,CHEWABLE 400 MCG	\$0	
THERANATAL OVAVITE ORAL COMBO PACK 18-1-125 MG-MG-UNIT	\$0	
VITAFOL GUMMIES ORAL TABLET,CHEWABLE 3.33 MG IRON- 0.33 MG	\$0	
Vitamin D Preparations		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Tier 1	
<i>calcitriol oral solution 1 mcg/ml</i> (Rocaltrol)	Tier 1	
Weight Reduction		
Anorexic Agents		
<i>benzphetamine oral tablet 50 mg</i>	Tier 1	QL (3 EA per 1 day); Age (Min 18 Years)
<i>diethylpropion oral tablet 25 mg</i>	Tier 1	QL (3 EA per 1 day); Age (Min 18 Years)
<i>diethylpropion oral tablet extended release 75 mg</i>	Tier 1	QL (1 EA per 1 day); Age (Min 18 Years)
LOMAIRA ORAL TABLET 8 MG (phentermine)	Tier 1	QL (3 EA per 1 day); Age (Min 18 Years)
<i>phendimetrazine tartrate oral capsule, extended release 105 mg</i>	Tier 1	QL (1 EA per 1 day); Age (Min 18 Years)
<i>phendimetrazine tartrate oral tablet 35 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 18 Years)

Drug	Status	Notes
<i>phentermine oral capsule 15 mg, 30 mg, 37.5 mg</i>	Tier 1	QL (1 EA per 1 day); Age (Min 18 Years)
<i>phentermine oral tablet 37.5 mg</i> (Adipex-P)	Tier 1	QL (1 EA per 1 day); Age (Min 18 Years)
<i>phentermine-topiramate oral capsule, er multiphase 24 hr 11.25-69 mg, 15-92 mg, 3.75-23 mg, 7.5-46 mg</i> (Qsymia)	Tier 1	PA
Anti-Obesity - Incretin Mimetics Combination		
ZEPBOUND SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	Tier 2	PA
Anti-Obesity - Melanocortin 4 Receptor Agonists		
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML	Tier 3	PA; SP
Anti-Obesity Glucagon-Like Peptide-1 Recep Agonist		
SAXENDA SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML (18 MG/3 ML) (liraglutide (weight loss))	Tier 2	PA
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML, 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	Tier 2	PA
Fat Absorption Decreasing Agents		
<i>orlistat oral capsule 120 mg</i> (Xenical)	Tier 1	PA

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Index

A.I.R.S. NEBULIZER REPLACEMENT	213	ADACEL(TDAP ADOLESN/ADULT)(PF)	169	AEROCHAMBER PLUS Z STAT MD MSK	13
<i>abacavir</i>	190	ADAINZOXIA	79	AEROCHAMBER PLUS Z STAT SM MSK	13
<i>abacavir-lamivudine</i>	189	<i>adalimumab-adaz</i>	195	AEROCHAMBER Z-STAT PLUS- FLW SG	13
ABENOR	89	ADALINA	79	AEROCHAMBER2GO	13
ABENOR HP	89	<i>adapalene</i>	85	AEROECLIPSE II NEBULIZER	13
ABIGALE	162	<i>adapalene-benzoyl peroxide</i>	79	AEROECLIPSE XL NEBULIZER	13
ABIGALE LO	162	ADASUVE	30	AERONEB GO NEBULIZER	13
ABILIFY ASIMTUFII	29	ADBRY	90	AEROTRACH PLUS	13
ABILIFY MAINTENA	29	ADDYI	34	AEROVENT PLUS	13
<i>abiraterone</i>	226	<i>adefovir</i>	193	AFIRMELLE	63
ABIRTEGA	226	ADEINZDE	79	AFLURIA 2025-2026 (3YR UP)(PF)	168
ABRYSVO (PF)	171	ADEMPAS	51	AFLURIA 2025-2026 (6MO UP)	168
<i>acamprosate</i>	27	ADERMICA	79	AFREZZA	124
<i>acarbose</i>	113	ADERMICA HP	79	AFSTYLA	149
ACCU-CHEK FASTCLIX LANCET DRUM	214	ADMIRAZOL	79	AFTER PILL	63
ACCU-CHEK SAFE-T-PRO	214	ADMIRAZOL HP	79	AFTERA	63
ACCU-CHEK SAFE-T-PRO PLUS	214	ADTHYZA	137	AGAMATRIX ULTRA-THIN LANCET	215
ACCU-CHEK SOFTCLIX LANCETS	214	ADULT ASPIRIN REGIMEN	157	AGAMREE	198
ACCUTANE	78	ADULT LOW DOSE ASPIRIN	157	AIMOVIG AUTOINJECTOR	259
ACD SOLUTION A	151	ADVAIR HFA	10	AIMSCO LATEX CONDOM	243
ACD-A	151	ADVANCE PLUS INTERMITTENT	212	AIRS ADULT AEROSOL MASK	213
ACE AEROSOL CLOUD ENHANCER	12	ADVANCED ALLERGY COLLECT KIT	91	AIRS DISPOSABLE NEBULIZER	13
<i>acebutolol</i>	47	ADVANCED TRAVEL LANCETS	214	AIRS PEDIATRIC DISPOSABLE MASK	221
ACESO AG	210	ADVATE	149	AIRSUPRA	10
<i>acetaminophen-codeine</i>	262, 263	ADVOCATE LANCET	214	AJOVY AUTOINJECTOR	259
<i>acetazolamide</i>	143, 144	ADYNOVATE	149	AJOVY SYRINGE	259
<i>acetic acid</i>	102, 126	AEROBIKA OSCILLATING PEP SYSTEM	12	AKEEGA	234
<i>acetylcysteine</i>	252	AEROCHAMBER MECHANICAL VENT	13	AKTEN (PF)	141
ACIOXIA	91	AEROCHAMBER MINI	13	AKYNZEO (NETUPITANT)	7
ACIOXIAY	79	AEROCHAMBER MV	13	ALA-CORT	91
ACIPHEX SPRINKLE	280	AEROCHAMBER PLUS FLOW-VU	13	ALA-SCALP	91
<i>acitretin</i>	108	AEROCHAMBER PLUS FLOW- VU,L MSK	13	<i>albendazole</i>	185
ACTHAR	131	AEROCHAMBER PLUS FLOW- VU,M MSK	13	<i>albuterol sulfate</i>	8, 9
ACTHAR SELFJECT	131	AEROCHAMBER PLUS FLOW- VU,S MSK	13	ALCAINE	141
ACTHIB (PF)	169	AEROCHAMBER PLUS Z STAT	13	<i>alclometasone</i>	91
ACTICOAT DRESSING	210	AEROCHAMBER PLUS Z STAT LG MSK	13	ALECENSA	229
ACTI-LANCE LANCETS	214			<i>alendronate</i>	133
ACTIMMUNE	173			ALFERON N	173
ACUVAIL (PF)	139			<i>alfuzosin</i>	282
<i>acyclovir</i>	89, 187				

ALHEMO PEN.....	154	ALVOX.....	85	APLIGRAF.....	249
ALINIA.....	186	ALVOX HP.....	85	APOGEE IC INTERMIT	
<i>aliskiren</i>	53	ALYACEN 1/35 (28).....	63	CATHETER.....	212
ALIXI.....	79	ALYACEN 7/7/7 (28).....	63	APOGEE PLUS INTERMITT	
ALIXI HP.....	79	ALYFTREK.....	251	CATHETER.....	212
ALKINDI SPRINKLE.....	198	ALYQ.....	51	<i>apomorphine</i>	264
ALL FLOW 1000 KIT.....	213	<i>amantadine hcl</i>	264	APORIX.....	80
ALL FLOW 1000 PFT FILTER.....	213	<i>ambrisentan</i>	52	<i>apraclonidine</i>	144
ALL FLOW 3000 KIT.....	213	<i>amcinonide</i>	92	<i>aprepitant</i>	7
ALL FLOW 3000 PFT FILTER.....	213	AMELUZ.....	235	APRETUDE.....	192
ALL FLOW 4000 KIT.....	213	AMETHIA.....	63	APRI.....	63
ALL FLOW 4000 PFT FILTER.....	213	AMETHYST (28).....	63	APTIVUS.....	188
ALL FLOW 5000 KIT.....	213	AMIELLE VAGINAL TRAINER.....	213	AQNEURSA.....	248
ALL FLOW 5000 PFT FILTER.....	213	<i>amiloride</i>	51	ARAKODA.....	185
ALL FLOW 6000 PFT FILTER.....	213	<i>amiloride-hydrochlorothiazide</i>	51	ARALAST NP.....	225
ALLEVYN LIFE DRESSING.....	210	<i>aminocaproic acid</i>	149	ARANELLE (28).....	63
<i>allopurinol</i>	148	<i>amiodarone</i>	41	ARBLI.....	46
<i>almotriptan malate</i>	260	<i>amitriptyline</i>	25	ARCALYST.....	195
ALOMIRA.....	79	<i>amitriptyline-chlordiazepoxide</i>	25	AREXVY (PF).....	171
ALOMIRA HP.....	79	<i>amlodipine</i>	48	<i>arformoterol</i>	9
ALOMIRA LP.....	79	<i>amlodipine-atorvastatin</i>	60	ARGYLE TRACHEOSTOMY	
<i>alosetron</i>	207	<i>amlodipine-benazepril</i>	43	CARE TRAY.....	213
ALPHANATE.....	149	<i>amlodipine-olmesartan</i>	45	ARIKAYCE.....	183
ALPHANINE SD.....	152	<i>amlodipine-valsartan</i>	45	<i>aripiprazole</i>	30
<i>alprazolam</i>	27	<i>amlodipine-valsartan-hcthiazid</i>	44	ARISTADA.....	30
ALPRAZOLAM INTENSOL.....	27	<i>ammonium lactate</i>	101	ARISTADA INITIO.....	30
ALPROLIX.....	153	AMNESTEEM.....	78	<i>armodafinil</i>	35
ALTABAX.....	89	<i>amoxapine</i>	25	ARNUITY ELLIPTA.....	11
ALTACAINE.....	141	<i>amoxicil-clarithromy-lansopraz</i>	279	ARTILIS.....	80
ALTAFLUOR BENOX.....	141	<i>amoxicillin</i>	178, 179	ARTILIS HP.....	80
ALTAVERA (28).....	63	<i>amoxicillin-pot clavulanate</i>	179	ARTISS.....	250
ALTERA NEBULIZER HANDSET... 13		<i>amphetamine sulfate</i>	26	ASCOMP WITH CODEINE.....	262
ALTERA NEBULIZER SYSTEM..... 13		<i>ampicillin</i>	179	<i>asenapine maleate</i>	30
ALTERNATE SITE LANCET..... 215		ANACAINE.....	106	ASHLYNA.....	63
ALTOPREV.....	55	<i>anagrelide</i>	158	<i>aspirin</i>	157, 253
ALTRENO.....	85	ANALPRAM-HC.....	105	ASPIRIN CHILDRENS.....	157
ALTRIXA OB.....	293	ANASCORP.....	241	<i>aspirin-dipyridamole</i>	157
ALTUVIIIO.....	149	ANASTIA.....	106	ASSURE LANCE.....	215
ALUNBRIG.....	229	<i>anastrozole</i>	227	ASSURE LANCE PLUS.....	215
ALURIS.....	80	ANDEMBRY AUTOINJECTOR.....	245	ASTHMAPACK CHILDREN'S.....	14
ALURIS HP.....	79	ANGELIQ.....	162	ASTRINGYN.....	159
ALURIS HP PLUS.....	79	ANNOVERA.....	62	<i>atazanavir</i>	191
ALURIS LP.....	80	ANORO ELLIPTA.....	9	<i>atenolol</i>	47
ALURIS LP PLUS.....	80	<i>anticoag citrate phos dextrose</i>	151	<i>atenolol-chlorthalidone</i>	48
ALURIS PLUS.....	80	ANUCORT-HC.....	205	<i>atomoxetine</i>	40
ALUXOF.....	80	APADAZ.....	263	ATORVALIQ.....	55
ALUXOF HP.....	80	APEXOL.....	80	<i>atorvastatin</i>	55
ALVAIZ.....	158	APEXOL HP.....	80	<i>atovaquone</i>	186
<i>alvimopan</i>	209	APHORIA.....	80	<i>atovaquone-proguanil</i>	185

ATRAPRO CP	101	AVONEX	236	BESREMI	173
ATROPEN	248	AWANIS	80	BETADINE OPHTHALMIC PREP	102
<i>atropine</i>	146	AYUNA	64	<i>betaine</i>	247
<i>atropine sulfate (pf)</i>	146	AYVAKIT	230	BETALOAN SUIK	198
ATROVENT HFA	8	AZALTA	81	<i>betamethasone dipropionate</i>	92
ATTRUBY	61	AZALTA HP	80	<i>betamethasone valerate</i>	92
AUBRA	63	<i>azathioprine</i>	174	<i>betamethasone, augmented</i>	92
AUBRA EQ	63	<i>azelaic acid</i>	83	BETASERON	236
AUGTYRO	229	<i>azelastine</i>	5, 139	<i>betaxolol</i>	47, 144
AUGUSTIL	80	<i>azelastine-fluticasone</i>	6	<i>bethanechol chloride</i>	224
AURA PORTANEB	14	<i>azithromycin</i>	177	BETIMOL	144
<i>auranofin</i>	200	AZSTARYS	37	BETOPTIC S	144
AUROVELA 1.5/30 (21)	63	AZURETTE (28)	64	<i>bexarotene</i>	105, 236
AUROVELA 1/20 (21)	63	<i>bacitracin</i>	142	BEXSERO	167
AUROVELA 24 FE	63	<i>bacitracin-polymyxin b</i>	142	BEYFORTUS	187
AUROVELA FE 1.5/30 (28)	64	<i>baclofen</i>	274	<i>bicalutamide</i>	226
AUROVELA FE 1-20 (28)	64	BAL-CARE DHA	288	BIGFOOT UNITY	117
AURUMHEEL	246	BAL-CARE DHA ESSENTIAL	288	BIGFOOT UNITY PEN CAP-ADMELOG	117
AUSTEDO	239	<i>balsalazide</i>	204	BIGFOOT UNITY PEN CAP-APIDRA	117
AUSTEDO XR	239	BALVERSA	230	BIGFOOT UNITY PEN CAP-ASPART	117
AUSTEDO XR TITRATION		BALZIVA (28)	64	BIGFOOT UNITY PEN CAP-BASAGLAR	117
KT(WK1-4)	239	BAQSIMI	123	BIGFOOT UNITY PEN CAP-BASAGLAR	117
AUTOJECT 2 INJECTION DEVICE		BARACLUDGE	193	BIGFOOT UNITY PEN CAP-FIASP	117
.....	117	BASADROX	84	BIGFOOT UNITY PEN CAP-HUMALOG	117
AUTOPEN 1 TO 21 UNITS	117	BATIZIA	85	BIGFOOT UNITY PEN CAP-LANTUS	117
AUTOPEN 2 TO 42 UNITS	117	BAXDELA	179	BIGFOOT UNITY PEN CAP-LISPRO	117
AUTOSHIELD DUO PEN NEEDLE		BAXONIL	83	BIGFOOT UNITY PEN CAP-LYUMJEV	117
.....	248	BAYER ASPIRIN	253	BIGFOOT UNITY PEN CAP-NOVOLOG	117
AUTOSOFT 30	117	BAYER LOW DOSE ASPIRIN	157	BIGFOOT UNITY PEN CAP-TOUJEO	118
AUTOSOFT 90	117	BD INSYTE AUTOGUARD	222	BIGFOOT UNITY PEN CAP-TOUJEO	118
AUTOSOFT XC INFUSION SET		BD MICROTAINER LANCET	215	BIGFOOT UNITY PEN CAP-TRESIBA	118
23"	117	BD POSIFLUSH NORMAL SALINE		BIJUVA	162
AUTOSOFT XC INFUSION SET		0.9	129	BIKTARVY	192
32"	117	BD SAF-T-INTIMA	222	<i>bimatoprost</i>	144
AUTOSOFT XC INFUSION SET		BELBUCA	254	BIMZELX	108
43"	117	<i>belladonna alkaloids-opium</i>	254	BIMZELX AUTOINJECTOR	108
AUVELITY	22	BELSOMRA	36	<i>bismuth subcit k-metronidz-tcn</i>	279
AUVI-Q	223	<i>benazepril</i>	45		
<i>avanafil</i>	130	<i>benazepril-hydrochlorothiazide</i>	43		
AVEIDA	83	BENEFIX	153		
AVEIDAOXIA	83	BENLYSTA	200		
AVERI	64	<i>benzhydrocodone-acetaminophen</i>	263		
AVIANE	64	<i>benznidazole</i>	186		
AVIDORA	80	<i>benzonatate</i>	77		
AVIDORA HP	80	<i>benzoyl peroxide</i>	102		
AVITA	85	<i>benzphetamine</i>	293		
AVITENE	159	<i>benztropine</i>	264		
AVITENE FLOUR	159	BERINERT	197		
AVMAPKI-FAKZYNJA	241	BESIVANCE	142		

<i>bisoprolol fumarate</i>	47	<i>buprenorphine hcl</i>	254, 264	CARBZAH	4
<i>bisoprolol-hydrochlorothiazide</i>	48	<i>buprenorphine-naloxone</i>	264	CARDIOPLEGIA DEL NIDO	
BLEPHAMIDE S.O.P.	141	<i>bupropion hcl</i>	22	FORMULA	242
BLISOVI 24 FE	64	<i>bupropion hcl (smoking deter)</i>	277	CARDIOPLEGIA DEL NIDO-	
BLISOVI FE 1.5/30 (28)	64	<i>buspirone</i>	28	ISOLYT S	242
BLISOVI FE 1/20 (28)	64	<i>butalbital-acetaminop-caf-cod</i>	262	CARDIOPLEGIA HIGH	
BOOSTRIX TDAP	169	<i>butalbital-acetaminophen</i>	252	POTASSIUM	242
<i>bosentan</i>	52	<i>butalbital-acetaminophen-caff</i>	253	CARDIOPLEGIA IND 4:1	
BOSULIF	230	<i>butalbital-aspirin-caffeine</i>	253	PLASMALYT	242
BPO	102	<i>butorphanol</i>	254	CARDIOPLEGIA IND 8:1 NON-	
BRAFTOVI	227	BUTTERFLY TOUCH LANCET	215	ENRCH	242
BREATHERITE MDI SPACER	14	BYLVAY	207	CARDIOPLEGIA INDUCTION 4:1	242
BREATHERITE SPACER-MASK,		<i>cabergoline</i>	136	CARDIOPLEGIA MAINTENANCE	
NEO	14	CABLIVI	148	4:1	242
BREATHERITE SPACER-		CABOMETRYX	230	CARDIOPLEGIA REPERFUSATE	
MASK,ADULT	14	CABTREO	81	4:1	242
BREATHERITE SPACER-		CADEAU DHA	288	CARDIOPLEGIA WARM INDUCT	
MASK,CHILD	14	CADIRA COMPLIANT BLOOD		4:1	242
BREATHERITE SPACER-		STAT	242	<i>cardioplegic no.17(induct 4:1)</i>	243
MASK,INFANT	14	<i>caffeine citrate</i>	19	<i>cardioplegic no.19 (maint 4:1)</i>	243
BREATHERITE SPACER-		<i>calcipotriene</i>	109	<i>cardioplegic soln</i>	243
MASK,S.CHLD	14	<i>calcipotriene-betamethasone</i>	111	<i>cardioplegic solution no.25</i>	243
BREATHERITE VALVED MDI		<i>calcitonin (salmon)</i>	133	CARDURA XL	44
CHAMBER	14	<i>calcitriol</i>	109, 293	CAREONE ULTRA THIN LANCET	215
BREATHERITE VALVED MDI		<i>calcium acetate(phosphat bind)</i>	127	CARESENS LANCETS	215
SPACER	14	CALQUENCE (ACALABRUTINIB		CARETOUCH SAFETY LANCETS	215
BREO ELLIPTA	10	MAL)	230	CARETOUCH TWIST LANCET	215
BREXAFEMME	183	CAMILA	64	<i>carglumic acid</i>	206
BREYNA	10	CAMRESE	64	<i>carisoprodol</i>	274
BREZTRI AEROSPHERE	10	CAMRESE LO	64	<i>carisoprodol-aspirin</i>	274
BRIELLYN	64	CAMZYOS	61	<i>carisoprodol-aspirin-codeine</i>	264
<i>brimonidine</i>	83, 144	<i>candesartan</i>	46	CARNITOR (SUGAR-FREE)	247
<i>brimonidine-dorzolamide</i>	144	<i>candesartan-hydrochlorothiazid</i>	44	CARRASYN HYDROGEL WOUND	
<i>brimonidine-timolol</i>	144	<i>cantharidin in acetone</i>	102	DRESS	210
BRINSUPRI	252	CANTHARIS COMPOSITUM	246	<i>carteolol</i>	144
<i>brinzolamide</i>	144	<i>capecitabine</i>	226	CARTIA XT	49
BRIVIACT	268	CAPEX	92	<i>carvedilol</i>	43
BROMFED DM	78	CAPLYTA	31	<i>carvedilol phosphate</i>	43
<i>bromfenac</i>	139	CAPRELSA	230	CAVERJECT	130
<i>bromocriptine</i>	264	<i>captopril</i>	45	CAVERJECT IMPULSE	130
<i>brompheniramine-pseudoeph-dm</i>	78	<i>captopril-hydrochlorothiazide</i>	43	CAYA CONTOURED	75
BRONCHITOL	244	CAPVAXIVE	167	CAYSTON	175
BRUKINSA	230	CARBAGLU	206	CAZIAN (28)	64
<i>budesonide</i>	11, 198, 206	<i>carbamazepine</i>	268	<i>cefaclor</i>	176
<i>budesonide-formoterol</i>	10	CARBATROL	268	<i>cefadroxil</i>	175
BULLSEYE MINI SAFETY		<i>carbidopa</i>	267	CEFALY	213
LANCETS	215	<i>carbidopa-levodopa</i>	264, 265	<i>cefdinir</i>	176
<i>bumetanide</i>	50	<i>carbidopa-levodopa-entacapone</i>	265	<i>cefixime</i>	176
<i>buprenorphine</i>	254	<i>carbinoxamine maleate</i>	4	<i>cefpodoxime</i>	176

<i>cefprozil</i>	176	CIPRO.....	180	<i>clotrimazole</i>	87, 182
<i>cefuroxime axetil</i>	176	<i>ciprofloxacin</i>	180	<i>clotrimazole-betamethasone</i>	86
<i>celecoxib</i>	201	<i>ciprofloxacin hcl</i>	126, 142, 180	<i>clozapine</i>	31
CEM-UREA.....	103	<i>ciprofloxacin-dexamethasone</i>	127	COAGADEx.....	153
CENTANY AT.....	85	<i>ciprofloxacin-fluocinolone</i>	127	COAGUCHEK LANCETS.....	215
<i>cephalexin</i>	175, 176	<i>citalopram</i>	22	COAGUCHEK XS.....	242
CEQR SIMPLICITY.....	118	CLARAVIS.....	79	COARTEM.....	186
CEQR SIMPLICITY INSERTER..	118	CLARINEX-D 12 HOUR.....	3	COBENFY.....	241
CERDELGA.....	245	<i>clarithromycin</i>	177	COBENFY STARTER PACK.....	241
CERVIDIL.....	76	CLEANSING WASH.....	89	<i>cocaine</i>	240
CETACAINE.....	106	<i>clemastine</i>	4	<i>codeine sulfate</i>	254
<i>cetirizine</i>	5	CLEMASZ.....	4	<i>codeine-butalbital-asa-caff</i>	262
<i>cetrotrelis</i>	136	CLEMSZA.....	4	<i>codeine-guaifenesin</i>	78
<i>cevimeline</i>	224	CLENPIQ.....	208	CODITUSSIN AC.....	78
CHARLOTTE 24 FE.....	64	CLEOCIN.....	285	CODITUSSIN DAC.....	77
CHATEAL EQ (28).....	64	CLEVER CHEK LANCETS.....	215	<i>colchicine</i>	148
CHEMET.....	247	CLEVER CHOICE CHAMBER- LRG MASK.....	14	<i>colesevelam</i>	59
CHENODAL.....	207	CLEVER CHOICE CHAMBER- MED MASK.....	14	<i>colestipol</i>	59
CHILDREN'S ASPIRIN.....	157	CLEVER CHOICE CHAMBER- SM MASK.....	14	COLOR LANCETS.....	215
CHLOHUX.....	92	CLEVER CHOICE CHAMBER- MASK.....	14	COMBIPATCH.....	162
CHLOOXIA.....	92, 93	CLEVER CHOICE NEB KIT- ADULT.....	213	COMBIVENT RESPIMAT.....	9
<i>chlordiazepoxide hcl</i>	28	CLEVER CHOICE NEB KIT- CHILD.....	213	COMETRIQ.....	230
<i>chlordiazepoxide-clidinium</i>	278	CLEVER CHOICE NEBULIZER.....	14	COMFORT EZ LANCETS.....	215
<i>chlorhexidine gluconate</i>	240	CLEVER CHOICE WHISPER AIRE PED.....	14	COMFORT TOUCH PLUS SAFETY LANC.....	215
<i>chloroquine phosphate</i>	185	<i>clindamycin hcl</i>	184	COMFORT TOUCH ULT THIN LANCETS.....	215
<i>chlorpromazine</i>	34	<i>clindamycin palmitate hcl</i>	184	COMFORTSEAL LARGE MASK....	14
<i>chlorthalidone</i>	53	CLINDAMYCIN PEDIATRIC.....	184	COMFORTSEAL MEDIUM MASK..	14
<i>chlorzoxazone</i>	274	<i>clindamycin phosphate</i>	85, 86, 285	COMFORTSEAL SMALL MASK....	14
CHOLBAM.....	207	<i>clindamycin-benzoyl peroxide</i>	81	COMPACT SPACE CHAMBER.....	14
<i>cholestyramine (with sugar)</i>	58	CLINDESSE.....	285	COMPACT SPACE CHAMBER- LRG MASK.....	15
CHOLESTYRAMINE LIGHT.....	58, 59	CLINPRO 5000.....	286	COMPACT SPACE CHAMBER- MED MASK.....	15
<i>choline,magnesium salicylate</i>	253	<i>clobazam</i>	267	COMPACT SPACE CHAMBER- SM MASK.....	15
<i>chorionic gonadotropin, human</i>	131	<i>clobetasol</i>	93, 139	COMP-AIR NEBULIZER.....	15
CHOSEN LANCET.....	215	<i>clobetasol-emollient</i>	93	COMPRESSOR.....	192
CHOSEN SAFETY LANCET.....	215	<i>clocortolone pivalate</i>	93	COMPLERA.....	192
CICLODAN KIT.....	87	CLODAN KIT.....	93	COMPLETE NATAL DHA.....	288
<i>ciclopirox</i>	87	CLOMID.....	130	COMPLETENATE.....	288
<i>ciclopirox-ure-camph-menth-euc</i>	87	<i>clomiphene citrate</i>	130	COMPRO.....	7
<i>cilostazol</i>	157	<i>clomipramine</i>	25	CONCEPTION.....	243
CILOXAN.....	142	<i>clonazepam</i>	267	CONJUPRI.....	49
CIMDUO.....	189	<i>clonidine</i>	46	CONSTULOSE.....	208
<i>cimetidine</i>	279	<i>clonidine hcl</i>	37, 46	CONTOUR NEXT TEST STRIPS..	116
<i>cimetidine hcl</i>	279	<i>clopidogrel</i>	157	CONTOUR PLUS TEST STRIP....	116
CIMZIA.....	195	<i>clorazepate dipotassium</i>	28	CONTOUR TEST STRIPS.....	116
CIMZIA POWDER FOR RECONST	195				
CIMZIA STARTER KIT.....	195				
<i>cinacalcet</i>	134				
CINRYZE.....	197				

COPAXONE.....	236	CYRED.....	65	DERMACINRX LIDOCAN.....	106
COPIKTRA.....	230	CYRED EQ.....	65	DERMACINRX LIDOGEL.....	106
CORDRAN.....	93	CYSTADROPS.....	147	DERMACINRX LIDOREX.....	106
CORDRAN TAPE LARGE ROLL.....	93	CYSTAGON.....	282	DERMAZENE.....	84
CORIFACT.....	153	CYSTARAN.....	148	DESCOVY.....	189
CORLANOR.....	60	<i>dabigatran etexilate</i>	158	<i>desflurane</i>	245
CORTANE-B.....	126	DAFILOR.....	87	<i>desipramine</i>	25
CORTIFOAM.....	206	<i>dalfampridine</i>	238	<i>desloratadine</i>	5
<i>cortisone</i>	198	<i>danazol</i>	136	<i>desmopressin</i>	132
CORTISPORIN-TC.....	126	<i>dantrolene</i>	274	<i>desog-e.estradiol/e.estradiol</i>	65
CORTROPHIN GEL.....	131, 132	DANZITEN.....	230	<i>desonide</i>	94
COTELLIC.....	228	<i>dapsone</i>	81, 183	<i>desoximetasone</i>	94
COVARYX.....	162	DAPTACEL (DTAP PEDIATRIC)		<i>desvenlafaxine</i>	24
COVARYX H.S.....	162	(PF).....	170	<i>desvenlafaxine succinate</i>	24
CRALONIN.....	246	<i>darifenacin</i>	284	DEVILBISS DISPOSABLE	
CRENESSITY.....	136	DARTISLA.....	278	NEBULIZER.....	15
CREON.....	277	<i>darunavir</i>	188	DEVILBISS PULMO-AIDE	
CRESEMBA.....	182	<i>dasatinib</i>	230	COMPRESSR.....	15
CRINONE.....	131, 165	DASETTA 1/35 (28).....	65	DEVILBISS PULMOMATE	
<i>cromolyn</i>	12, 143	DASETTA 7/7/7 (28).....	65	COMPRESSOR.....	15
CRYDOSE TA MEDIUM		DAURISMO.....	228	DEVILBISS TRAVELER	
STREAM SPR.....	106	DAYBUE.....	238	COMPRESSOR.....	15
CRYDOSE TA MIST SPRAY.....	106	DAYSEE.....	65	<i>dexamethasone</i>	198
CRYOSERV.....	244	DAYVIGO.....	36	DEXAMETHASONE INTENSOL... 198	
CRYSSELLE (28).....	65	DAZAVEIDAOXIA.....	83	<i>dexamethasone sodium phosphate</i>	
CTXLI.....	207	DAZINIA.....	87	.....	139
CUPRIMINE.....	194	DAZOMON.....	84	DEXCOM G6 RECEIVER.....	118
CURAFIL GEL WOUND.....	210	DEBACTEROL.....	241	DEXCOM G6 SENSOR.....	118
CURITY AMD.....	210	DEBLITANE.....	65	DEXCOM G6 TRANSMITTER.....	118
CURITY AMD (WITH		<i>deferasirox</i>	247	DEXCOM G7 RECEIVER.....	118
POLYHEXAMETH).....	210	<i>deferiprone</i>	247	DEXCOM G7 SENSOR.....	118
CURITY DRAINAGE BAG.....	212	<i>deferoxamine</i>	247	<i>dexlansoprazole</i>	280
CURITY IODOFORM PACKING		<i>deflazacort</i>	198	<i>dexmethylphenidate</i>	37
STRIP.....	210	DELIBON.....	86	DEXONTO.....	198
CUROSURF.....	252	<i>demeclocycline</i>	180	DEXTENZA.....	139
CUVRIOR.....	247	DEMEROL (PF).....	254	<i>dextroamphetamine sulfate</i>	26
<i>cyclobenzaprine</i>	274	DENTA 5000 PLUS.....	286	<i>dextroamphetamine-amphetamine</i> ..	27
CYCLOGYL.....	146	DENTA 5000 PLUS SENSITIVE... 286		DIACOMIT.....	268
CYCLOMYDRIL.....	146	DENTAGEL.....	286	DIADIMAXIA.....	81
<i>cyclopentolate</i>	146	DENVITA.....	87	DIAOXIA.....	81
<i>cyclopen-tropic-phenyleph-watr</i>	147	DEOXIA.....	81	DIASAXIATAR.....	81
<i>cyclopen-tropic-phen-ketr-wat</i>	147	DEOXIADEMTAR.....	81	DIASDIMAXIA.....	81, 82
<i>cyclophosphamide</i>	225	DEOXIATAR.....	81	DIASOXIA.....	82
<i>cyclop-trop-propa-phen-ket-wat</i>	147	DEOXIAVAR.....	81	<i>diazepam</i>	28, 267
<i>cycloserine</i>	184	DEPAKOTE.....	268	DIAZEPAM INTENSOL.....	28
CYCLOSET.....	113	DEPAKOTE ER.....	268	<i>diazoxide</i>	123
<i>cyclosporine</i>	143, 174	DEPAKOTE SPRINKLES.....	268	<i>dichlorphenamide</i>	273
<i>cyclosporine modified</i>	174	DEPO-ESTRADIOL.....	162	<i>diclofenac epolamine</i>	100
<i>cyproheptadine</i>	4	DEPO-SUBQ PROVERA 104.....	62	<i>diclofenac potassium</i>	201

<i>diclofenac sodium</i> ..	100, 106, 139, 201	DOVER LATEX FOLEY		EASY COMFORT LANCETS	216
<i>diclofenac-misoprostol</i>	201	CATHETER	212	EASY NEB COMPRESSOR	
<i>dicloxacillin</i>	179	DOVER RED RUBBER		NEBULIZER	15
<i>dicyclomine</i>	277	ROBINSON CATH	212	EASY TOUCH LANCETS	216
<i>diethylpropion</i>	293	DOVER UNIVERSAL	212	EASY TOUCH SAFETY LANCETS	
DIFICID	177, 178	<i>doxazosin</i>	44	.....	216
<i>diflunisal</i>	253	<i>doxepin</i>	25, 36	EASY TOUCH TWIST LANCETS ..	216
<i>difluprednate</i>	139	<i>doxercalciferol</i>	135	EASY TWIST AND CAP LANCETS	
DIFMETIOXRIME	87	<i>doxycycline hyclate</i>	180, 181, 240	.....	216
DIGITEK	42	<i>doxycycline monohydrate</i>	181	EBASE CONTROLLER	15
<i>digoxin</i>	42	<i>doxylamine-pyridoxine (vit b6)</i>	7	EBGLYSS PEN	90
<i>dihydroergotamine</i>	260	D-PENAMINE	194	EBGLYSS SYRINGE	91
DILANTIN	268	DRAXACE	82	ECEOXIA	90
DILANTIN EXTENDED	268	DRAXACEY	82	EC-NAPROXEN	201
DILANTIN INFATABS	268	DRITHOCREME HP	109	<i>econazole nitrate</i>	87
DILANTIN-125	268	DRIXECE	82	ECONTRA EZ	65
DILAUDID (PF)	254	<i>dronabinol</i>	6	ECONTRA ONE-STEP	65
<i>diltiazem hcl</i>	49	DROPLET LANCETS	215	ECOTRIN	253
DILT-XR	49	DROPSAFE ACTI-LANCE	216	ECOZA	87
DILUTING MEDIUM FOR		<i>drospirenone-e.estradiol-1m.fa</i>	65	EDEX	130
NOVOLOG	245	<i>drospirenone-ethinyl estradiol</i>	65	ED-SPAZ	277
<i>dimethyl fumarate</i>	236	DROXIA	158	EDURANT	190
DIMOXIA	82	<i>droxidopa</i>	60	EDURANT PED	190
DIOCHLOY	111	DRYSOL	100	EEMT	162
DIONARIS	86	DRYSOL DAB-O-MATIC	100	EEMT HS	162
DIOOXIA	109	DUAVEE	162	<i>efavirenz</i>	190
DIPHEN	4	<i>duloxetine</i>	24	<i>efavirenz-emtricitabin-tenofov</i>	192
<i>diphenoxylate-atropine</i>	207	DUODOTE	243	<i>efavirenz-lamivu-tenofov disop</i>	192
<i>dipyridamole</i>	157	DUOPA	265	EFFER-K	128
<i>disopyramide phosphate</i>	41	DUPIXENT PEN	11	EGRIFTA SV	134
<i>disulfiram</i>	27	DUPIXENT SYRINGE	11	EGRIFTA WR	134
DIURIL	53	DUREX AVANTI BARE REAL		EKTERLY	203
<i>divalproex</i>	269	FEEL	243	ELESTRIN	163
DIVENDO	86	DUREX EXTRA SENSITIVE		<i>eletriptan</i>	260
DIVINIX	94	CONDOM	243	ELIGARD	132
<i>dofetilide</i>	42	DUREX TROPICAL CONDOM	243	ELIGARD (4 MONTH)	132
DOJOLVI	248	<i>dutasteride</i>	282	ELINEST	65
DOLISHALE	65	<i>dutasteride-tamsulosin</i>	282	ELIQUIS	152
DOMELA	94	DUVYZAT	246	ELIQUIS DVT-PE TREAT 30D	
<i>donepezil</i>	20	DYNAFOAM AG	211	START	152
DOPTELET (10 TAB PACK)	158	DYNAGINATE AG	211	ELIXOPHYLLIN	19
DOPTELET (15 TAB PACK)	159	DYNOMA	94	ELLA	65
DOPTELET (30 TAB PACK)	159	E.E.S. 400	178	ELMIRON	284
<i>dorzolamide</i>	144	EAR POPPER INFLATION		ELOCTATE	149
<i>dorzolamide-timolol</i>	144	DEVICE	221	<i>eltrombopag olamine</i>	159
<i>dorzolamide-timolol (pf)</i>	144	EASIVENT HOLDING CHAMBER ..	15	ELURYNG	62
DOTTI	163	EASIVENT MASK LARGE	15	ELYXYB	260
DOVATO	187	EASIVENT MASK MEDIUM	15	ELYZIA	110
DOVER COATED LATEX FOLEY ..	212	EASIVENT MASK SMALL	15	ELYZIA (WITH HYALURONATE) ..	110

EMBRACE LANCETS	216	EPCLUSA	193	EUCRISA	91
EMBRACE SAFETY LANCET	216	EPIDIOLEX	267	EUFLEXXA	197
EMEND	7	EPIFIX AMNIOTIC MEMBRANE ..	249	EUTHYROX	137
EMFLAZA	198	EPIFOAM	105	EVAMIST	164
EMGALITY PEN	260	<i>epinastine</i>	139	<i>everolimus (antineoplastic)</i>	228
EMGALITY SYRINGE	260, 262	<i>epinephrine</i>	42, 223	<i>everolimus (immunosuppressive)</i> ..	174
EMPAVELI	152	EPITOL	269	EVERSENSE 365 SENSOR	118
EMROSI	181	<i>eplerenone</i>	51	EVERSENSE 365 TRANSMITTER	118
EMSAM	22	<i>eprosartan</i>	46	EVERSENSE E3 SENSOR-	
<i>emtricitabine</i>	190	EQUETRO	28	HOLDER	118
<i>emtricitabine-tenofovir (tdf)</i>	189	<i>ergoloid</i>	62	EVERSENSE E3 SMART	
<i>emtricitabine-tenofovir (tdf)</i>	192	ERGOMAR	260	TRANSMITTER	118
EMTRIVA	190	<i>ergotamine-caffeine</i>	260	EVICEL	159
EMVERM	185	ERIVEDGE	228	EVOTAZ	191
EMZAHH	65	ERLEADA	226	EVRYSDI	224
<i>enalapril maleate</i>	45	<i>erlotinib</i>	230	EXELDERM	87
<i>enalapril-hydrochlorothiazide</i>	43	ERMEZA	137	<i>exemestane</i>	227
ENBREL	195	ERRIN	66	<i>exenatide</i>	111, 112
ENBREL MINI	195	ERY PADS	86	EXODERM	87
ENBREL SURECLICK	195	ERY-TAB	178	EXTENDED RESERVOIR	223
ENDARI	158	ERYTHROCIN (AS STEARATE) ..	178	EYE	246
ENDO AVITENE	159	<i>erythromycin</i>	142, 178	E-Z JECT LANCETS	216
ENDOCET	263	<i>erythromycin ethylsuccinate</i>	178	E-Z JECT THIN LANCETS	216
ENDOMETRIN	131	<i>erythromycin with ethanol</i>	86	EZ SMART LANCETS	216
ENFIT IRRIGAT SYRINGE-		<i>erythromycin-benzoyl peroxide</i>	86	EZALLOR SPRINKLE	55
CONTAINR	221	ERZOFRI	31	<i>ezetimibe</i>	59
ENFIT MEDICAL STRAW	213	<i>escitalopram oxalate</i>	22	<i>ezetimibe-simvastatin</i>	54
ENFIT MEDICINE BOTTLE		<i>eslicarbazepine</i>	269	FABHALTA	156
ADAPTER	213	<i>esomeprazole magnesium</i>	280, 281	FALMINA (28)	66
ENGERIX-B (PF)	171, 172	ESPEROCT	150	<i>famciclovir</i>	187
ENGERIX-B PEDIATRIC (PF)	172	ESTARYLLA	66	<i>famotidine</i>	279
ENILLORING	62	<i>estazolam</i>	36	FANAPT	31
<i>enoxaparin</i>	154	<i>estradiol</i>	163, 164, 286	FANAPT TITRATION PACK A	31
ENPRESSE	65	<i>estradiol valerate</i>	164	FANAPT TITRATION PACK B	31
ENSACOVE	230	<i>estradiol-norethindrone acet</i>	164	FANAPT TITRATION PACK C	31
ENSKYCE	66	ESTRATEST F.S.	162	FANTASY CONDOM	243
ENSPRYNG	200	<i>estrogens-methyltestosterone</i>	162	FARXIGA	112
ENSTILAR	111	<i>eszopiclone</i>	36	FASENRA	11
<i>entacapone</i>	265	<i>ethacrynic acid</i>	50	FASENRA PEN	11
ENTADFI	282	<i>ethambutol</i>	183	FC2 FEMALE CONDOM	243
<i>entecavir</i>	193	<i>ethosuximide</i>	269	<i>febuxostat</i>	148
<i>enteral connector, enfit</i>	221	ETHOXIA	85	FEIBA NF	150
ENTERAL GRAVITY BAG SET-		<i>ethyl chloride</i>	106	FEIRZA	66
ENFIT	221	<i>ethynodiol diac-eth estradiol</i>	66	<i>felbamate</i>	269
ENTRESTO	60	<i>etodolac</i>	201, 202	<i>felodipine</i>	49
ENTRESTO SPRINKLE	60	<i>etonogestrel-ethinyl estradiol</i>	62	FEM PH	286
ENTYVIO PEN	205	<i>etoposide</i>	234	FEMALE CATHETER	212
ENULOSE	206	<i>etravirine</i>	190	FEMCAP	75
ENZNONUTY	106	<i>eua patient assessment</i>	244	FEMLYV	66

<i>fenofibrate</i>	59	<i>fludrocortisone</i>	200	FRAICHE 5000 PREVI.....	287
<i>fenofibrate micronized</i>	59	FLULAVAL 2025-2026 (PF).....	168	FREESTYLE INSULINX.....	116
<i>fenofibrate nanocrystallized</i>	59	FLUMIST 2025-2026.....	169	FREESTYLE INSULINX TEST	
<i>fenofibric acid</i>	59	FLUMIST HOME 2025-2026.....	169	STRIPS.....	116
<i>fenofibric acid (choline)</i>	59	<i>flunisolide</i>	6	FREESTYLE LANCETS.....	216
FENOVIA.....	88	<i>fluocinolone</i>	95	FREESTYLE LIBRE 14 DAY	
<i>fentanyl</i>	255	<i>fluocinolone acetonide oil</i>	126	READER.....	119
<i>fentanyl citrate</i>	255	<i>fluocinolone and shower cap</i>	94	FREESTYLE LIBRE 14 DAY	
<i>fentanyl citrate (pf)</i>	254	<i>fluocinonide</i>	95	SENSOR.....	119
<i>fentanyl citrate (pf)-0.9%nacl</i>	255	FLUOCINONIDE-E.....	95	FREESTYLE LIBRE 2 PLUS	
<i>ferric citrate</i>	127	<i>fluocinonide-emollient</i>	95	SENSOR.....	119
FERVINA.....	88	<i>fluorescein-benoxinate</i>	141	FREESTYLE LIBRE 2 READER... 119	
<i>fesoterodine</i>	284	<i>fluorescein-proparacaine</i>	141	FREESTYLE LIBRE 2 SENSOR... 119	
FETZIMA.....	24	<i>fluoride (sodium)</i>	287	FREESTYLE LIBRE 3 PLUS	
FIDILA.....	88	FLUORIDEX DAILY DEFENSE.....	287	SENSOR.....	119
FILOMA.....	88	FLUORIDEX SENSITIVITY		FREESTYLE LIBRE 3 READER... 119	
FILSPARI.....	283	RELIEF.....	287	FREESTYLE LIBRE 3 SENSOR... 119	
FILSUVEZ.....	251	FLUORIMAX 5000.....	287	FREESTYLE LITE STRIPS.....	116
FINACEA.....	84	FLUORIMAX 5000 SENSITIVE.....	287	FREESTYLE PRECISION NEO	
<i>finasteride</i>	282	<i>fluorometholone</i>	139	STRIPS.....	116
FINGERSTIX LANCETS.....	216	<i>fluorouracil</i>	106	FREESTYLE TEST.....	116
<i> fingolimod</i>	236	<i>fluoxetine</i>	23	FREESTYLE UNISTIK 2.....	216
FINTEPLA.....	269	FLUOXIA.....	95	FRIVO.....	88
FINZALA.....	66	<i>fluphenazine hcl</i>	34	<i>frovatriptan</i>	260
FIORICET.....	253	<i>flurandrenolide</i>	95	FRUZAQLA.....	230
FIRDAPSE.....	238	<i>flurazepam</i>	36	FUROSCIX.....	50
FIRMAGON KIT W DILUENT		<i>flurbiprofen</i>	202	<i>furosemide</i>	50
SYRINGE.....	229	<i>flurbiprofen sodium</i>	139	FUZEON.....	189
<i>flavoxate</i>	284	<i>fluticasone propionate</i>.....6, 11, 95, 96		FYAVOLV.....	164
<i>flecainide</i>	42	<i>fluticasone propion-salmeterol</i>	10	FYCOMPA.....	269
FLEXICHAMBER.....	15	<i>fluvastatin</i>	55, 56	FYREMADEL.....	136
FLEXICHAMBER-LG CHILD		<i>fluvoxamine</i>	23	G TUSSIN AC.....	78
MASK.....	15	FLUZONE 2025-2026.....	169	<i>gabapentin</i>	269
FLEXICHAMBER-SM ADULT		FLUZONE 2025-2026 (PF).....	169	GALAFOLD.....	224
MASK.....	15	FLUZONE HIGH-DOSE 2025-26		<i>galantamine</i>	21
FLEXICHAMBER-SM CHILD		(PF).....	169	GALBRIELA.....	66
MASK.....	15	<i>folic acid</i>	288	GALLIFREY.....	165
FLEXI-SEAL SIGNAL FMS.....	221	FOLLISTIM AQ.....	130	GALZIN.....	248
FLOLIPID.....	55	<i>fondaparinux</i>	154, 155	GAMMAGARD LIQUID.....	165
FLORIVA (FLUORIDE-VITAMIN		FORACARE LANCETS.....	216	GAMMAKED.....	165
D3).....	287	<i>formoterol fumarate</i>	9	GAMUNEX-C.....	165
FLUAD 2025-2026 (65 YR UP)(PF)		FOSAMAX PLUS D.....	132	<i>ganirelix</i>	136
.....	168	<i>fosamprenavir</i>	191	GARDASIL 9 (PF).....	172
FLUARIX 2025-2026 (PF).....	168	<i>fosfomycin tromethamine</i>	176	<i>gatifloxacin</i>	142
FLUBLOK 2025-2026 (PF).....	168	<i>fosinopril</i>	45	GATTEX 30-VIAL.....	210
FLUCELVAX 2025-2026.....	168	<i>fosinopril-hydrochlorothiazide</i>	43	GATTEX ONE-VIAL.....	210
FLUCELVAX 2025-2026 (PF).....	168	FOSRENOL.....	127	GAVILYTE-C.....	208
<i>fluconazole</i>	182	FOTIVDA.....	230	GAVILYTE-G.....	208
<i>flucytosine</i>	182	FRAGMIN.....	155	GAVILYTE-N.....	208

GAVRETO	230	GRAFIX CORE	249	<i>heparin (porcine)</i>	155
<i>gefitinib</i>	230	GRAFIX PRIME	249	<i>heparin (porcine) in 0.9% nacl</i>	155
GELFILM	147, 250	GRAFIX XC	249	<i>heparin (porcine) in 5 % dex</i>	155
GELFOAM	159	<i>granisetron hcl</i>	7	<i>heparin lock flush (porcine)</i>	155
GELFOAM JMI POWDER	159	GRASTEK	3	HEPARIN	
GELFOAM JMI SPONGE	159	<i>griseofulvin microsize</i>	183	LOCKFLUSH(PORCINE)(PF)	156
GELFOAM SPONGE SIZE 200	159	<i>griseofulvin ultramicrosize</i>	183	<i>heparin, porcine (pf)</i>	156
GEL-KAM	287	<i>guaiacol</i>	101	HEPLISAV-B (PF)	172
<i>gemfibrozil</i>	59	GUAIFENESIN AC	78	HER STYLE	66
GEMMILY	66	GUAIFENESIN DAC	77	HERNEXEOS	231
GENADUR (WITH LEXINAL)	104	<i>guanfacine</i>	37, 46	HETLIOZ LQ	35
GENERLAC	206	GUARDIAN 4 GLUCOSE		HEXIOUNYL	88
GENGRAF	174	SENSOR	119	HIBERIX (PF)	170
GENOTROPIN	134	GUARDIAN 4 TRANSMITTER	119	HISTEX-AC	77
GENOTROPIN MINIQUICK	134	GUARDIAN LINK 3		HIXDEFRIMA	88
<i>gentamicin</i>	86, 142	TRANSMITTER	119	HIZENTRA	165, 166
GENVOYA	193	GUARDIAN SENSOR 3	119	HOMATROPAIRE	147
GILENYA	236	GVOKE	124	HOME NEBULIZER PLUS	
GILOTRIF	231	GVOKE HYPOPEN 1-PACK	123	SIDESTREAM	15
GIMOTI	280	GVOKE HYPOPEN 2-PACK	123	HOVYN	110
GLASSIA	225	GVOKE PFS 1-PACK SYRINGE	123	HUMALOG KWIKPEN INSULIN	124
<i>glatiramer</i>	236	GVOKE PFS 2-PACK SYRINGE	124	HUMALOG MIX 50-50 KWIKPEN	124
GLATOPA	237	GYNAZOLE-1	285	HUMALOG MIX 75-25(U-	
GLEOSTINE	225	HAEGARDA	197	100)INSULN	124
<i>glimepiride</i>	113	HAILEY	66	HUMALOG U-100 INSULIN	124
<i>glipizide</i>	113	HAILEY 24 FE	66	HUMATE-P	150
<i>glipizide-metformin</i>	114	HAILEY FE 1.5/30 (28)	66	HUMIRA	196
GLOPERBA	148	HAILEY FE 1/20 (28)	66	HUMIRA PEN	196
GLUCAGON (HCL) EMERGENCY		<i>halcinonide</i>	96	HUMIRA(CF)	196
KIT	123	<i>halobetasol propionate</i>	96	HUMIRA(CF) PEN	196
GLUCAGON EMERGENCY KIT		HALOETTE	62	HUMIRA(CF) PEN CROHNS-UC-	
(HUMAN)	123	HALOG	96, 97	HS	196
GLUCOCOM AUTOLINK	119	<i>haloperidol</i>	34	HUMIRA(CF) PEN PSOR-UV-	
GLUCOCOM LANCETS	216	<i>haloperidol lactate</i>	33	ADOL HS	196
<i>glutamine (sickle cell)</i>	158	HARLIKU	245	HUMULIN 70/30 U-100 INSULIN	124
<i>glyburide</i>	113	HARVONI	193	HUMULIN 70/30 U-100 KWIKPEN	124
<i>glyburide micronized</i>	113	HAVRIX (PF)	172	HUMULIN N NPH INSULIN	
<i>glyburide-metformin</i>	114	HAXCHLO	87	KWIKPEN	124
<i>glycine urologic solution</i>	183	HAXCHLODREX	87	HUMULIN N NPH U-100 INSULIN	125
<i>glycopyrrolate</i>	279	HAXDRAX	88	HUMULIN R REGULAR U-100	
<i>glycopyrrolate (pf)</i>	278	HEATHER	66	INSULN	125
GLYDO	203	HEMANGEOL	47	HUMULIN R U-500 (CONC)	
GLYRX-PF	279	HEMICLOR	53	INSULIN	125
GLYXAMBI	114	HEMLIBRA	154	HUMULIN R U-500 (CONC)	
GOJJI LANCETS	216	HEMOFIL M HIGH	150	KWIKPEN	125
GOMEKLI	228	HEMOFIL M LOW	150	HYCANTIN	229
GONAL-F	131	HEMOFIL M MID	150	<i>hydralazine</i>	47
GONAL-F RFF	131	HEMOFIL M SUPER HIGH	150	HYDRO 35	103
GONAL-F RFF REDI-JECT	131	HEP FLUSH-10 (PF)	155	<i>hydrochlorothiazide</i>	53, 54

<i>hydrocodone bitartrate</i>	255	ILET INSULIN PUMP	120	INQOVI	226
<i>hydrocodone-acetaminophen</i>	263	ILET STARTER KIT CONTACT ...	120	INREBIC	231
<i>hydrocodone-chlorpheniramine</i>	77	ILET STARTER KIT-INSET	120	INSPIRACHAMBER	16
<i>hydrocodone-homatropine</i>	77, 78	ILEVRO	140	INSPIRACHAMBER WITH MASK-	16
<i>hydrocodone-ibuprofen</i>	253	ILEXOR	98	LARGE	16
<i>hydrocortisone</i>	97, 98, 198, 206	<i>imatinib</i>	231	INSPIRACHAMBER WITH MASK-	16
<i>hydrocortisone acetate</i>	205	IMBRUVICA	231	MED	16
<i>hydrocortisone butyrate</i>	97	IMCIVREE	294	INSPIRACHAMBER WITH MASK-	16
<i>hydrocortisone sod succinate</i>	198	IMIOXIA	88	SMALL	16
<i>hydrocortisone valerate</i>	98	<i>imipramine hcl</i>	25	INSPIRATION ELITE FILTER	213
<i>hydrocortisone-acetic acid</i>	126	<i>imipramine pamoate</i>	25	INSUFLON	222
<i>hydrocortisone-iodoquinol</i>	84	<i>imiquimod</i>	173	<i>insulin lispro</i>	125
<i>hydrocortisone-iodoquinol-aloe</i>	84	IMKELDI	231	<i>insulin lispro protamin-lispro</i>	125
<i>hydrocortisone-pramoxine</i>	105, 204	IMPAVIDO	186	<i>insulin u-500 syringe-needle</i>	223
HYDROMET	78	IMVEXXY MAINTENANCE PACK	286	INSYTE IV CATHETER	222
<i>hydromorphone</i>	255	IMVEXXY STARTER PACK	286	INTELENCE	190
<i>hydromorphone (pf)</i>	255	INBRIJA	265	INTERLINK LEVER LOCK	
<i>hydromorphone (pf)-0.9 % nacl</i>	255	INCASSIA	67	CANNULA	223
<i>hydroxychloroquine</i>	186	INCONTROL SUPER THIN		INTROVALE	67
<i>hydroxypropyl cellulose</i>	250	LANCETS	216	INVACARE LANCETS	217
<i>hydroxyurea</i>	225	INCONTROL ULTRA THIN		INVEGA HAFYERA	31
<i>hydroxyzine hcl</i>	4	LANCETS	216	INVEGA SUSTENNA	31
<i>hydroxyzine pamoate</i>	5	INCRELEX	135	INVEGA TRINZA	32
HYFTOR	110	<i>indapamide</i>	54	INZDEAXIATAR	82
HYMPAVZI PEN	154	<i>indomethacin</i>	202	INZDEAXIAVAR	82
<i>hyoscyamine sulfate</i>	278	INFANRIX (DTAP) (PF)	170	INZDEOXIA	82
HYOSYNE	278	INFASURF	252	INZIRQO	54
HYPER-SAL	246	INGREZZA	239	IODOFLEX	84
HYPOCYN ANTIPRURITIC	104	INGREZZA INITIATION		IODOSORB	84
HYQVIA	166	PK(TARDIV)	239	IOPIDINE	144
<i>ibandronate</i>	133	INGREZZA SPRINKLE	239	IPOL	166
IBRANCE	231	INJECT EASE LANCETS	217	I-PORT	222
IBTROZI	231	INLYTA	231	I-PORT ADVANCE 6 MM INJEC	
IBU	202	INNOSPIRE DELUXE	15	PORT	222
<i>ibuprofen</i>	202	INNOSPIRE ELEGANCE	15	I-PORT ADVANCE 9 MM INJEC	
<i>icatibant</i>	197	INNOSPIRE ESSENCE	16	PORT	222
ICLEVIA	67	INNOSPIRE GO NEBULIZER	16	<i>ipratropium bromide</i>	8, 240
ICLUSIG	231	INNOSPIRE MINI	16	<i>ipratropium-albuterol</i>	9
<i>icosapent ethyl</i>	59	INNOSPIRE REPLACEMENT		IQIRVO	210
IDARAN	84	FILTER	213	<i>irbesartan</i>	46
IDELVION	153	INPEN (FOR HUMALOG) BLUE ..	120	<i>irbesartan-hydrochlorothiazide</i>	44
IDHIFA	234	INPEN (FOR HUMALOG) GREY ..	120	ISENTRESS	192
IDYYXIATAR	82	INPEN (FOR HUMALOG) PINK ...	120	ISENTRESS HD	192
IFE-BIMIX 30/1	130	INPEN (NOVOLOG OR FIASP)		ISIBLOOM	67
IHEEZO (PF)	141	BLUE	120	<i>isoflurane</i>	246
ILET INFUSION KIT-INSET 23" ...	120	INPEN (NOVOLOG OR FIASP)		<i>isoniazid</i>	183
ILET INFUSION KIT-INSET 32" ...	120	GREY	120	<i>isopropyl alcohol</i>	250
ILET INFUSION-CONTACT DTCH		INPEN (NOVOLOG OR FIASP)		<i>isosorbide dinitrate</i>	61
23"	120	PINK	120	<i>isosorbide mononitrate</i>	61

<i>isosorbide-hydralazine</i>	54	KANGAROO 924 SAFETY		KLOR-CON M20	129
<i>isotretinoin</i>	79	SCREW	221	KLOXXADO	35
<i>isradipine</i>	49	KANGAROO EPUMP SET	221	KOATE	150
ISTURISA	131	KANGAROO GRAVITY SET	221	KOGENATE FS	150
ITHOXIA	85	KAPSPARGO SPRINKLE	47	KORLYM	115
ITOVEBI	231	KARBINAL ER	5	KOSELUGO	228
<i>itraconazole</i>	182	KARIVA (28)	68	KOVALTRY	150
<i>ivabradine</i>	60	KAZURI	173	K-PHOS NO 2	283
IVENIX ADMIN SET 2INLET		KEFUNOVA	108	K-PHOS ORIGINAL	284
2YSITE	222	KELNOR 1/35 (28)	68	KPN	288
IVENIX ADMIN SET 2INLET Y-		KELNOR 1/50 (28)	68	KRAZATI	228
SITE	222	KENALOG	198	KRINTAFEL	186
<i>ivermectin</i>	84, 185	KENALOG-80	198	KURVELO (28)	68
IWILFIN	231	KENDALL DISINFECTANT CAP	223	KUVAN	224
IXINITY	153	KENGUARD FOLEY CATHETER	212	KYLEENA	76
JAIMIESS	67	KERAGEL	211	KYNARA	173
JAKAFI	228	KERASTAT	101	KYZATREX	161
JANTOVEN	148	KERAXA	100	<i>l norgest/e.estradiol-e.estradiol</i>	68
JANUMET	111	KERENDIA	51	L.E.T. (LIDO-EPINEPH-TETRA)	106
JANUMET XR	111	KERIDA	173	L.E.T.(LIDO-EPINEPH BIT-	
JANUVIA	113	KERLIX AMD	211	TETRA)	107
JARDIANCE	112	KESIMPTA PEN	237	<i>labetalol</i>	44
JASMIEL (28)	67	<i>ketoconazole</i>	88, 182	<i>lacosamide</i>	269
JAVYGTOR	224	KETODAN KIT	88	<i>lactated ringers</i>	102
JAYPIRCA	231	<i>ketoprofen</i>	202	<i>lactulose</i>	208
JAYTHARI	198	<i>ketorolac</i>	140, 202	LAGEVRIO (EUA)	187
JELMYTO	226	KEVEYIS	273	LAMICTAL XR STARTER (BLUE)	269
JENCYCLA	67	KEVZARA	200	LAMICTAL XR STARTER	
JINTELI	164	KIMONO LUBRICATED		(GREEN)	269
JIVI	150	CONDOMS	243	LAMICTAL XR STARTER	
JOENJA	225	KIMONO MICROTHIN AQUA		(ORANGE)	270
JOLESSA	67	LUBE CON	243	LAMIOFLUR	246
JORNAY PM	38	KIMONO MICROTHIN CONDOMS		<i>lamivudine</i>	190, 194
JOURNAVX	253	.....	244	<i>lamivudine-zidovudine</i>	189
JOYEAUX	67	KIMONO MICROTHIN LARGE		<i>lamotrigine</i>	270
JULEBER	67	CONDOMS	244	LAMPIT	186
JULUCA	187	KIMONO TEXTURED CONDOMS	244	<i>lancets</i>	217
JUNEL 1.5/30 (21)	67	KIMONO THIN LUBRICATED		LANCETS, SUPER THIN	217
JUNEL 1/20 (21)	67	CONDOMS	244	LANCETS, THIN	217
JUNEL FE 1.5/30 (28)	67	KINERET	195	LANCETS, ULTRA THIN	217
JUNEL FE 1/20 (28)	67	KINRIX (PF)	170	LANOXIN	42
JUNEL FE 24	67	KIONEX (WITH SORBITOL)	127	<i>lansoprazole</i>	281
JUST RIGHT 5000	287	KIPROFEN	202	<i>lanthanum</i>	128
JUXTAPID	58	KISQALI	231	<i>lapatinib</i>	231
JYLAMVO	226	KLAYESTA	88	LARIN 1.5/30 (21)	68
JYNARQUE	283	KLISYRI (250 MG)	106	LARIN 1/20 (21)	68
KAITLIB FE	67	KLISYRI (350 MG)	106	LARIN 24 FE	68
KALLIGA	68	KLOR-CON M10	128	LARIN FE 1.5/30 (28)	68
KALYDECO	251	KLOR-CON M15	128	LARIN FE 1/20 (28)	68

<i>latanoprost</i>	144	LIDTOPIC MAX.....	107	<i>lovastatin</i>	56
LAYOLIS FE.....	68	LIKMEZ.....	185	LOW-OGESTREL (28).....	69
LAZCLUZE.....	231	LILETTA.....	76	<i>loxapine succinate</i>	30
LC PLUS.....	16	<i>linezolid</i>	178	LO-ZUMANDIMINE (28).....	69
LC PLUS NEBULIZER-PED MASK.....	16	LINZESS.....	205	<i>lubiprostone</i>	208
LEENA 28.....	68	<i>liothyronine</i>	137	LUGOLS.....	84, 136
<i>leflunomide</i>	196	LIQREV.....	51	<i>luliconazole</i>	88
<i>lenalidomide</i>	229	<i>liraglutide</i>	112	LUMAKRAS.....	228
LENVIMA.....	232	<i>lisdexamfetamine</i>	27	LUMIGAN.....	145
LESSINA.....	68	<i>lisinopril</i>	45	LUMRYZ.....	29
<i>letrozole</i>	227	<i>lisinopril-hydrochlorothiazide</i>	43	LUMRYZ STARTER PACK.....	29
<i>leucovorin calcium</i>	235	LITE TOUCH-MEDIUM MASK.....	16	LUPKYNIS.....	174
LEUKERAN.....	225	LITEAIRE MDI CHAMBER.....	16	<i>lurasidone</i>	32
LEUKINE.....	156	LITETOUCH-LARGE MASK.....	16	LURBIPR.....	202
<i>leuprolide</i>	132	LITETOUCH-SMALL MASK.....	16	LURBIRO.....	202
<i>levalbuterol hcl</i>	9	LITFULO.....	200	LUTERA (28).....	69
<i>levalbuterol tartrate</i>	9	<i>lithium carbonate</i>	28	LYLEQ.....	69
<i>levamlodipine</i>	49	<i>lithium citrate</i>	28	LYLLANA.....	164
<i>levetiracetam</i>	270	LITHOSTAT.....	206	LYNPARZA.....	232
<i>levobunolol</i>	144	LIVDELZI.....	210	LYSODREN.....	235
<i>levocarnitine</i>	247	LIVMARLI.....	207	LYTGOBI.....	232
<i>levocarnitine (with sugar)</i>	247	LIVTENCITY.....	188	LYUMJEV KWIKPEN U-100 INSULIN.....	125
<i>levocetirizine</i>	5	L-MESITRAN SOFT.....	110	LYUMJEV KWIKPEN U-200 INSULIN.....	125
<i>levofloxacin</i>	142, 180	LO LOESTRIN FE.....	69	LYUMJEV U-100 INSULIN.....	125
LEVONEST (28).....	68	<i>lofexidine</i>	264	LYZA.....	69
<i>levonorgest-eth.estradiol-iron</i>	69	LOFRIC.....	212	<i>mafenide acetate</i>	90
<i>levonorgestrel</i>	69	LOFRIC ORIGO.....	212	MAGIC3 INTERMITTENT CATHETER.....	212
<i>levonorgestrel-ethinyl estrad</i>	69	LOFRIC PRIMO NELATON CATHETER.....	212	<i>malathion</i>	89
<i>levonorg-eth estrad triphasic</i>	69	LOFRIC SENSE NELATON CATHETER.....	212	<i>maraviroc</i>	189
LEVORA-28.....	69	LOJAIMIESS.....	69	MAR-COF BP.....	77
<i>levorphanol tartrate</i>	256	LOKELMA.....	128	MAR-COF CG.....	78
<i>levothyroxine</i>	137	LOMAIRA.....	293	MARLISSA (28).....	69
LEVULAN.....	235	LONSURF.....	226	MARPLAN.....	22
LIBERVANT.....	267	<i>loperamide</i>	207	MARVONA SUIK (PF).....	204
LICART.....	100	<i>lopinavir-ritonavir</i>	191	MATERVIA.....	293
LIDO BDK.....	242	LOPRESSOR.....	47	MATULANE.....	235
<i>lidocaine</i>	107	<i>lorazepam</i>	28	MATZIM LA.....	49
<i>lidocaine hcl</i>	107, 203	LORAZEPAM INTENSOL.....	28	MAVENCLAD (10 TABLET PACK).....	237
<i>lidocaine hcl-hydrocortison ac</i>	105, 204, 205	LORBRENA.....	232	MAVENCLAD (4 TABLET PACK).....	237
LIDOCAINE VISCOUS.....	203	LORYNA (28).....	69	MAVENCLAD (5 TABLET PACK).....	237
<i>lidocaine-hydrocortisone-aloe</i>	205	<i>losartan</i>	46	MAVENCLAD (6 TABLET PACK).....	237
<i>lidocaine-prilocaine</i>	107	<i>losartan-hydrochlorothiazide</i>	44	MAVENCLAD (7 TABLET PACK).....	237
<i>lidocaine-racepinep-tetracaine</i>	107	LOTEMAX.....	140	MAVENCLAD (8 TABLET PACK).....	237
LIDOCAN III.....	107	LOTEMAX SM.....	140	MAVENCLAD (9 TABLET PACK).....	237
LIDOCAN IV.....	107	<i>loteprednol etabonate</i>	140	MAVYRET.....	194
LIDOCAN V.....	107	LOTREXONE.....	35	MAXIDEX.....	140
LIDOPIN.....	107	LOUNZDOMDIOXIATAR.....	82		
LIDTOPIC.....	107				

MAXI-TUSS AC.....	78	<i>metformin</i>	114	MIEBO (PF).....	147
MAXI-TUSS CD.....	77	<i>methadone</i>	256	MIFEPREX.....	241
MAYZENT.....	237	METHADONE INTENSOL.....	256	<i>mifepristone</i>	115, 241
MAYZENT STARTER(FOR 1MG MAINT).....	237	METHADOSE.....	256	<i>miglitol</i>	113
MAYZENT STARTER(FOR 2MG MAINT).....	237	<i>methamphetamine</i>	27	<i>miglustat</i>	245
MB HYDROGEL.....	101	<i>methazolamide</i>	144	MILI.....	70
MC 300 NEBULIZER W- MOUTHPIECE.....	16	<i>methenamine hippurate</i>	176	MIMVEY.....	164
MC 300 NEBULIZER-UNVRSL TUBING.....	16	<i>methenamine mandelate</i>	177	MINI PLUS NEBULIZER.....	16
<i>meclizine</i>	7	<i>methen-sod phos-meth blue-hyos</i>	177	MINI PRENATAL.....	288
<i>meclofenamate</i>	202	<i>methimazole</i>	136	MINI WRIGHT PEAK FLOW METER.....	16
MEDISENSE THIN LANCETS.....	217	METHITEST.....	161	MINIMED 630G INSULIN PUMP...	120
MEDLANCE PLUS LANCETS.....	217	<i>methocarbamol</i>	274	MINIMED 770G INSULIN PUMP...	120
MEDLANCE PLUS SPECIAL BLADE.....	217	<i>methotrexate sodium</i>	226	MINIMED 780G INSULIN PUMP...	120
MEDROL.....	198	<i>methotrexate sodium (pf)</i>	226	MINIMED MIO ADVANCE INF SET23".....	120
MEDROLOAN II SUIK.....	199	<i>methoxsalen</i>	108	MINIMED MIO ADVANCE INF SET43".....	120
MEDROLOAN SUIK.....	199	<i>methscopolamine</i>	278	MINIMED QUICK SET 18".....	120
<i>medroxyprogesterone</i>	62, 165	<i>methsuximide</i>	270	MINIMED QUICK SET 23".....	120
MEDTRONIC EXT INFUSION SET 23".....	120	<i>methyl salicylate</i>	102	MINIMED QUICK SET 32".....	121
MEDTRONIC EXT INFUSION SET 32".....	120	<i>methyl dopa</i>	46	MINIMED QUICK SET 43".....	121
<i>mefenamic acid</i>	202	<i>methyl dopa-hydrochlorothiazide</i>	47	MINIMED SILHOUETTE 18".....	121
<i>mefloquine</i>	186	<i>methyl ergonovine</i>	76	MINIMED SILHOUETTE 23".....	121
<i>megestrol</i>	236, 241	<i>methylphenidate</i>	39	MINIMED SILHOUETTE 32".....	121
MEKINIST.....	228	<i>methylphenidate hcl</i>	38	MINIMED SILHOUETTE 43".....	121
MEKTOVI.....	228	<i>methylprednisolone</i>	199	MINIMED SURE T 18".....	121
MELEYA.....	70	<i>methyltestosterone</i>	161	MINIMED SURE T 23".....	121
<i>meloxicam</i>	202	<i>metoclopramide hcl</i>	280	MINIMED SURE T 32".....	121
<i>memantine</i>	20	<i>metolazone</i>	54	<i>minocycline</i>	181
<i>memantine-donepezil</i>	20	<i>metoprolol succinate</i>	47	<i>minoxidil</i>	47
MENOPUR.....	130	<i>metoprolol ta-hydrochlorothiaz</i>	48	MINZOYA.....	70
MENOSTAR.....	164	<i>metoprolol tartrate</i>	47	MIPLYFFA.....	238
MENQUADFI (PF).....	167	<i>metronidazole</i>	84, 185, 285	MIRCERA.....	153
MENVEO A-C-Y-W-135-DIP (PF).....	167	<i>metyrosine</i>	46	MIRENA.....	76
<i>mepredine</i>	256	<i>mexiletine</i>	42	MIRO3D.....	249
<i>mepredine (pf)</i>	256	MIBELAS 24 FE.....	70	MIRO3D FIBERS.....	249
<i>meprobamate</i>	28	<i>miconazole nitrate-zinc ox-pet</i>	88	MIRODERM FENESTRATED.....	249
<i>mercaptopurine</i>	226	MICONAZOLE-3.....	285	MIRODERM FENESTRATED PLUS.....	249
MERZEE.....	70	MICRO THIN LANCETS.....	217	MIRODRY WOUND MATRIX.....	249
<i>mesalamine</i>	204	MICROAIR MESH NEBULIZER.....	16	MIROTRACT.....	249
<i>mesalamine with cleansing wipe</i> ...	204	MICROCHAMBER.....	16	<i>mirtazapine</i>	21
<i>mesna</i>	235	MICROGESTIN 1.5/30 (21).....	70	<i>misoprostol</i>	279
<i>metaxalone</i>	274	MICROGESTIN 1/20 (21).....	70	<i>mitomycin (pf) in water</i>	147
METDRAY.....	103	MICROGESTIN FE 1.5/30 (28).....	70	MITOSOL.....	147
		MICROGESTIN FE 1/20 (28).....	70	MIUDELLA.....	76
		MICROLET LANCET.....	217	M-M-R II (PF).....	170
		<i>microplegic solution no. 1</i>	243	M-NATAL PLUS.....	288
		MICROSPACER.....	16		
		<i>midazolam</i>	36, 245		
		<i>midazolam (pf)</i>	245		
		<i>midodrine</i>	60		

MOBILE LANCETS	217	MYTESI	206	NEXLIZET	58
<i>modafinil</i>	35	<i>nabumetone</i>	202	NEXOBRID	108
MODERNA COVID 24-25(6M-11Y)PF	166	<i>nadolol</i>	47	NEXPLANON	62
MODEYSO	229	<i>naftifine</i>	88	NEXTSTELLIS	70
<i>moexipril</i>	45	<i>nalbuphine</i>	257	<i>niacin</i>	59, 60
<i>molindone</i>	34	<i>naloxone</i>	35	NIACOR	59
<i>mometasone</i>	6, 98	NALTREX	35	<i>nicardipine</i>	49
MONDOXYNE NL	181, 182	<i>naltrexone</i>	35	<i>nicotine</i>	275
MONO-FLO DRAINAGE BAG	212	NAMENDA XR	20	<i>nicotine (polacrilex)</i>	274, 275
MONOJECT LUER ADAPTER	222	NAMZARIC	20	NICOTROL NS	275
MONOLET LANCETS	217	NANO 2ND GEN PEN NEEDLE	248	<i>nifedipine</i>	49, 50
MONOLET THIN LANCETS	217	NANO PEN NEEDLE	248	NIKKI (28)	70
MONO-LINYAH	70	NANRAN	86	<i>nilotinib hcl</i>	232
MONSEL'S	159	<i>naproxen</i>	202, 203	<i>nilutamide</i>	226
<i>montelukast</i>	11, 12	<i>naproxen sodium</i>	203	<i>nimodipine</i>	50
<i>morphine</i>	256, 257	<i>naratriptan</i>	260	NINJACOF-XG	78
<i>morphine (pf)</i>	256	NATACYN	143	NINLARO	232
<i>morphine concentrate</i>	256	NATAZIA	70	<i>nisoldipine</i>	50
<i>morphine in 0.9 % sodium chlor</i>	256	<i>nateglinide</i>	113	<i>nitazoxanide</i>	186
MOUNJARO	113	NAYZILAM	267	<i>nitisinone</i>	245
MOVANTIK	209	<i>nebivolol</i>	48	NITRO-BID	61
MOXATAG	179	<i>nebulizer and compressor</i>	16	NITRO-DUR	61
<i>moxifloxacin</i>	142, 180	NEBUSAL	246	<i>nitrofurantoin</i>	178
<i>moxifloxacin-bromfenac</i>	245	NECON 0.5/35 (28)	70	<i>nitrofurantoin macrocrystal</i>	178
MRESVIA (PF)	172	<i>nefazodone</i>	23	<i>nitrofurantoin monohyd/m-cryst</i>	178
MULPLETA	159	NEFFY	223	<i>nitroglycerin</i>	61, 205
MULTAQ	42	NENDRUX	103	NITROMIST	61
<i>mupirocin</i>	86	<i>neomycin</i>	183	NITRO-TIME	62
<i>mupirocin calcium</i>	86	<i>neomycin-bacitracin-poly-hc</i>	138	NITYR	245
MURI-LUBE	250	<i>neomycin-bacitracin-polymyxin</i>	142	NIVESTYM	156
MUSCUSOLICE	110	<i>neomycin-polymyxin b gu</i>	102	<i>nizatidine</i>	279
MY CHOICE	70	<i>neomycin-polymyxin b-dexameth</i>	138	NOBELA	107
MY WAY	70	<i>neomycin-polymyxin-gramicidin</i>	142	NOCDURNA (MEN)	132
MYALEPT	135	<i>neomycin-polymyxin-hc</i>	126, 138	NOCDURNA (WOMEN)	132
MYCAPSSA	250	NEONATAL PLUS VITAMIN	289	NOLIRA	107
<i>mycophenolate mofetil</i>	174	NEO-POLYCIN	143	NORA-BE	70
<i>mycophenolate sodium</i>	174	NEO-POLYCIN HC	138	NORDITROPIN FLEXPRO	134
MYDCOMBI	147	NEORAL	174	<i>norelgestromin-ethin.estradiol</i>	75
MYFEMBREE	135	NEO-SYNALAR	91	<i>noreth-ethinyl estradiol-iron</i>	71
MYGLUCOHEALTH LANCETS	217	NEO-SYNALAR KIT	91	<i>norethindrone (contraceptive)</i>	71
MYHIBBIN	174	NEO-VITAL RX	289	<i>norethindrone acetate</i>	165
MYLERAN	225	NERLYNX	232	<i>norethindrone ac-eth estradiol</i>	71, 164
MYNATAL	289	NEUAC	82	<i>norethindrone-e.estradiol-iron</i>	71
MYNATAL ADVANCE	288	NEUPRO	265	<i>norgestimate-ethinyl estradiol</i>	71
MYNATAL PLUS	289	NEURAPTINE	110	NORLIQVA	50
MYNATAL-Z	289	<i>nevirapine</i>	190	NORMAL SALINE FLUSH	129
MYNATE 90 PLUS	289	NEW DAY	70	NORMLGEL AG	84
MYRBETRIQ	283	NEXIVA	222	NORPACE CR	42
		NEXLETOL	54	NORTREL 0.5/35 (28)	71

NORTREL 1/35 (21).....	71	OBSTETRIX EC.....	289	ONE-A-DAY PRENATAL-1.....	289
NORTREL 1/35 (28).....	71	OALIVA.....	207	ONETOUCH DELICA PLUS	
NORTREL 7/7/7 (28).....	71	OCELLA.....	72	LANCET.....	217
<i>nortriptyline</i>	25	OCM.....	110	ONETOUCH DELICA SAFETY	
NORVIR.....	191	<i>octreotide acetate</i>	250	LANCET.....	217
NOSE CLIP.....	214	ODACTRA.....	3	ONETOUCH ULTRA TEST.....	116
NOVA SAFETY LANCETS.....	217	ODEFSEY.....	192	ONETOUCH ULTRASOFT 2	
NOVA SUREFLEX LANCETS.....	217	ODOMZO.....	228	LANCET.....	218
NOVAREL.....	131	OFEV.....	252	ONETOUCH VERIO TEST	
NOVAVAX COVID 2024-		<i>ofloxacin</i>	126, 143, 180	STRIPS.....	116
25(PF)(EUA).....	166	OGSIVEO.....	232	ONGENTYS.....	265
NOVOEIGHT.....	150	OHTUVAYRE.....	12	ON-THE-GO LANCETS.....	218
NOVOPEN ECHO.....	121	OJEMDA.....	227	ONUREG.....	227
NOVOSEVEN RT.....	151	OJJAARA.....	232	ONYDA XR.....	37
NOXAFIL.....	182	<i>olanzapine</i>	32	ONZDEAXIADEMTAR.....	82
NP THYROID.....	137	<i>olanzapine-fluoxetine</i>	37	ONZDEAXIADEMTAR.....	82
NUBEQA.....	226	<i>olmesartan</i>	46	ONZDEAXIATAR.....	82
NUCALA.....	12	<i>olmesartan-amlodipin-hcthiazid</i>	44	ONZDEAXIATAR.....	82
NUCORT.....	98	<i>olmesartan-hydrochlorothiazide</i>	44	ONZDEAXIAVAR.....	82
NUCYNTA.....	257	<i>olopatadine</i>	5, 139	ONZDEAXIAZAR.....	82
NUCYNTA ER.....	257	OLPRUVA.....	206	ONZDEOXIA.....	82
NUDEXTA.....	240	OLUMIANT.....	200	OPCICON ONE-STEP.....	72
NUJO.....	110	OMBRA COMPRESSOR SYSTEM.....	16	OPFOLDA.....	245
NUJU.....	110	OMECLAMOX-PAK.....	279	OPILL.....	72
NULIBRY.....	238	<i>omega-3 acid ethyl esters</i>	59	OPIPZA.....	30
NUMBONEX.....	107	<i>omeprazole</i>	281	<i>opium tincture</i>	207
NUMBRINO.....	240	<i>omeprazole-sodium bicarbonate</i>	281	OPSUMIT.....	52
NUMOISYN.....	248, 249	OMEZA.....	110	OPSYNVI.....	53
NUPLAZID.....	36	OMNIPOD 5 (G6/LIBRE 2 PLUS).....	121	OPTICHAMBER ADULT MASK-	
NURTEC ODT.....	260	OMNIPOD 5 G6-G7 INTRO		LARGE.....	16
NUVESSA.....	285	KT(GEN5).....	121	OPTICHAMBER DIAMOND LG	
NUWIQ.....	151	OMNIPOD 5 G6-G7 PODS (GEN		MASK.....	17
NUZYRA.....	182	5).....	121	OPTICHAMBER DIAMOND VHC....	17
NYAMYC.....	88	OMNIPOD 5		OPTICHAMBER DIAMOND-MED	
NYLIA 1/35 (28).....	71	INTRO(G6/LIBRE2PLUS).....	121	MSK.....	17
NYLIA 7/7/7 (28).....	71	OMNIPOD DASH INTRO KIT		OPTICHAMBER DIAMOND-SML	
NYMALIZE.....	50	(GEN 4).....	121	MASK.....	17
NYNUTEY.....	107	OMNIPOD DASH PDM KIT (GEN		OPTION-2.....	72
<i>nystatin</i>	88, 89, 183	4).....	121	OPVEE.....	35
<i>nystatin-triamcinolone</i>	89	OMNIPOD DASH PODS (GEN 4).....	121	OPZELURA.....	100
NYSTOP.....	89	OMNITROPE.....	135	ORACIT.....	284
OASIS WOUND MATRIX		OMVOH.....	109	ORALAIR.....	3
FENESTRATED.....	211	OMVOH PEN.....	109	ORALONE.....	240
OASIS WOUND MATRIX		ON CALL LANCET.....	217	ORAMAGICRX.....	248
MESHED.....	211	ONAPGO.....	265	ORAVIG.....	182
OBIZUR.....	151	<i>ondansetron</i>	7	ORENCIA.....	197
OBSTETRIX DHA.....	289	<i>ondansetron hcl</i>	7	ORENCIA CLICKJECT.....	197
OBSTETRIX DHA PRENATAL		ONE DAILY PRENATAL.....	289	ORENITRAM.....	52
DUO.....	289	ONE-A-DAY PRENATAL.....	293	ORENITRAM MONTH 1	
				TITRATION KT.....	52

ORENITRAM MONTH 2 TITRATION KT	52	PACNEX LP	103	PEDIATRIC COMP-AIR COMPRES NEB	17
ORENITRAM MONTH 3 TITRATION KT	52	PALFORZIA (LEVEL 0)	3	PEDVAX HIB (PF)	170
ORFADIN	245	PALFORZIA (LEVEL 1)	3	<i>peg 3350-electrolytes</i>	208
ORGOVYX	229	PALFORZIA (LEVEL 2)	3	<i>peg3350-sod sul-nacl-kcl-asb-c</i>	208
ORIAHNN	135	PALFORZIA (LEVEL 3)	3	PEGASYS	194
ORLISSA	136	PALFORZIA (LEVEL 4)	3	<i>peg-electrolyte soln</i>	209
ORKAMBI	251	PALFORZIA (LEVEL 5)	3	PEMAZYRE	232
ORLADEYO	203	PALFORZIA (LEVEL 6)	3	PENBRAYA (PF)	167
<i>orlistat</i>	294	PALFORZIA (LEVEL 7)	3	<i>penicillamine</i>	194
ORLYNVAH	175	PALFORZIA (LEVEL 8)	3	<i>penicillin v potassium</i>	179
ORMALVI	273	PALFORZIA (LEVEL 9)	4	PENTACEL (PF)	170
<i>orphenadrine citrate</i>	274	PALFORZIA (LEVEL 10)	4	<i>pentamidine</i>	186
<i>orphenadrine-asa-caffeine</i>	274	PALFORZIA (LEVEL 11 UP- DOSE)	4	PENTASA	204
ORQUIDEA	72	PALFORZIA INITIAL (1-3 YRS)	4	<i>pentazocine-naloxone</i>	258
ORSERDU	236	PALFORZIA INITIAL (4-17 YRS)	4	<i>pentoxifylline</i>	154
OSCIMIN	278	PALFORZIA LEVEL 11 MAINTENANCE	4	<i>perampanel</i>	271
OSCIMIN SL	278	<i>paliperidone</i>	32	PERCOCET	263
<i>oseltamivir</i>	188	PALYNZIQ	224	PERFECT POINT SAFETY LANCETS	218
OSENVELT	133	PANDEL	99	<i>perindopril erbumine</i>	45
OTEZLA	197	PANRETIN	106	PERIO MED	287
OTEZLA STARTER	197	<i>pantoprazole</i>	281	PERIOGARD	240
OVACE PLUS	101	<i>papaverine</i>	62	<i>permethrin</i>	89
OVACE PLUS SHAMPOO	101	PARADIGM RESERVOIR	223	<i>perphenazine</i>	34
OVIDREL	131	PARAGARD T 380A	76	<i>perphenazine-amitriptyline</i>	25
<i>oxaprozin</i>	203	PARAGARD T380A (SINGLE HAND)	76	PERSERIS	32
<i>oxazepam</i>	28	PARI BABY CONV KIT - SIZE 1 ...	214	PETROLEUM GAUZE	211
<i>oxcarbazepine</i>	270, 271	PARI BABY CONV KIT - SIZE 2 ...	214	PFLEX INSPIRATORY TRAINER ...	17
OXERVATE	143	PARI BABY CONV KIT - SIZE 3 ...	214	PHARMABASE BARRIER	104
OXIAICE	90	PARI LC SPRINT NEBULIZER SET	17	PHASEAL ASSEMBLY FIXTURE	222
OXIANUJO	110	PARI LC SPRINT SINUS	17	PHASEAL CONNECTOR LUER LOCK	222
OXIANUJO (WITH HYALURONATE)	110	PARI TREK S COMBO PACK	17	PHASEAL INFUSION ADAPTER	222
OXIATAR	82	PARI TREK S COMPACT COMPRESSOR	17	PHASEAL INFUSION CLAMP	222
OXIAVARRY	83	PARI TREK S PORTABLE PWR KIT	214	PHASEAL INJECTOR LUER	222
OXIAVARY	83	<i>paricalcitol</i>	135	PHASEAL INJECTOR LUER LOCK	222
OXIAZAR	83	<i>paroxetine hcl</i>	23	PHASEAL SECONDARY SET	222
<i>oxiconazole</i>	89	<i>paroxetine mesylate(menop.sym)</i> ..	165	PHASEAL Y-SITE	223
OXISTAT	89	PASER	184	PHEBURANE	206
<i>oxybutynin chloride</i>	284	PAXLOVID	187	PHEDRAX	89
<i>oxycodone</i>	257, 258	<i>pazopanib</i>	232	<i>phenazopyridine</i>	284
<i>oxycodone-acetaminophen</i>	263	PCCA ACCUPEN-15	221	<i>phendimetrazine tartrate</i>	293
OXYCONTIN	258	PEDIARIX (PF)	172	<i>phenelzine</i>	22
<i>oxymorphone</i>	258	PEDIATRIC BEAR NEBULIZER	17	<i>phenobarbital</i>	34
OXYTROL	285			<i>phenoxybenzamine</i>	44
OZEMPIC	112			<i>phentermine</i>	294
PACERONE	42			<i>phentermine-topiramate</i>	294
PACNEX HP	103				

<i>phenylephrine hcl</i>	141	<i>posaconazole</i>	182	PRENATAL GUMMIES.....	293
<i>phenyleph-tropicamide in water</i>	147	<i>potassium chloride</i>	129	PRENATAL GUMMIES(ZINC	
PHENYTEK.....	271	<i>potassium citrate</i>	284	CHELATE).....	293
<i>phenytoin</i>	271	<i>potassium iodide</i>	136	PRENATAL MULTI.....	290
<i>phenytoin sodium extended</i>	271	<i>povidone-iodine</i>	102	PRENATAL MULTI-DHA (ALGAL	
PHEODOYO.....	87	PR BENZOYL PEROXIDE.....	103	OIL).....	290
PHEOXIA.....	89	PR CREAM.....	105	PRENATAL MULTI-DHA(WITH VIT	
PHEXXI.....	62	PR NATAL 400.....	290	K).....	291
PHEYO.....	87	PR NATAL 400 EC.....	289	PRENATAL MULTIVITAMINS.....	291
PHILITH.....	72	PR NATAL 430.....	290	PRENATAL ONE DAILY.....	291
PHOS-FLUR.....	287	PR NATAL 430 EC.....	290	PRENATAL PLUS.....	291
PHOSPHOLINE IODIDE.....	145	PRADAXA.....	158	PRENATAL PLUS (CALCIUM	
PHOTREXA CROSS-LINKING KIT		PRAKETAMIDE.....	107	CARB).....	291
.....	147	<i>pralidoxime</i>	243	PRENATAL PLUS DHA.....	291
PHYSIOLYTE.....	102	<i>pramipexole</i>	265, 266	PRENATAL PLUS VITAMIN-	
PHYSIOSOL IRRIGATION.....	102	PRAMOSONE.....	105	MINERAL.....	291
<i>phytonadione (vitamin k1)</i>	160	<i>prasugrel hcl</i>	157	PRENATAL TABLET.....	291
PILLOW MASK CHILD.....	214	<i>pravastatin</i>	57	<i>prenatal vit no.179-iron-folic</i>	291
<i>pilocarpine hcl</i>	145, 224	<i>praziquantel</i>	185	PRENATAL VITAMIN.....	291
<i>pimecrolimus</i>	110	<i>prazosin</i>	44	PRENATAL VITAMIN PLUS LOW	
<i>pimozide</i>	29	PRECISION XTRA TEST.....	117	IRON.....	291
PIMTREA (28).....	72	PRED-G S.O.P.....	138	PRENATAL VITAMIN WITH	
<i>pindolol</i>	48	<i>prednicarbate</i>	99	MINERALS.....	291
<i>pioglitazone</i>	114	<i>prednisoln sp-moxiflox-bromfen</i>	138	<i>prenatal vit-iron fum-folic ac</i>	291
<i>pioglitazone-glimepiride</i>	115	<i>prednisolone</i>	199	PRENATAL WITH DHA-FOLIC	
<i>pioglitazone-metformin</i>	116	<i>prednisolone acetate</i>	140	ACID.....	291
PIP LANCET.....	218	<i>prednisolone sod ph-bromfenac</i>	140	PREPIDIL.....	76
PIQRAY.....	232	<i>prednisolone sodium phosphate</i>		PRESERA.....	101
<i>pirfenidone</i>	251	.....	140, 199	PRESSURE ACTIVATED	
<i>piroxicam</i>	203	<i>prednisolon-moxiflox-ketorolac</i>	138	LANCETS.....	218
<i>pitavastatin calcium</i>	57	<i>prednisone</i>	199	<i>pretomanid</i>	184
PLANTAGO-HOMACCORD.....	246	PREDNISONE INTENSOL.....	199	PREVALITE.....	59
PLEGRIDY.....	237	<i>pregabalin</i>	239, 271	PREVNAR 20 (PF).....	167
PLENURA.....	111	PREGNYL.....	131	PREVYMIS.....	188
PLENVU.....	209	PREMARIN.....	164, 286	PREZISTA.....	188
PLEXION NS.....	101	PREMPHASE.....	164	PRIFTIN.....	184
PNEUMOVAX-23.....	167	PREMPRO.....	165	<i>primaquine</i>	186
<i>pnv no.95-ferrous fumarate-fa</i>	289	PRENATA.....	290	PRIMEAIRE.....	17
PNV-DHA + DOCUSATE.....	289	PRENATABS FA.....	290	<i>primidone</i>	271
PNV-SELECT.....	289	PRENATABS RX.....	290	PRIMSOL.....	177
POCKET CHAMBER.....	17	PRENATAL.....	291, 293	PRIORIX (PF).....	170
PODOCON.....	103	PRENATAL + DHA.....	290	PRO COMFORT LANCET.....	218
<i>podofilox</i>	103	PRENATAL 19.....	290	PRO COMFORT SAFETY	
POLYCIN.....	143	PRENATAL 19 (WITH		LANCET.....	218
<i>polymyxin b sulf-trimethoprim</i>	143	DOCUSATE).....	290	PRO COMFORT TENS	
POLY-TUSSIN AC.....	77	PRENATAL COMPLETE.....	290	ELECTRODE.....	214
POMALYST.....	229	PRENATAL ESSENTIALS.....	290	PRO COMFORT TENS UNIT.....	214
POPULUS COMPOSITUM.....	246	PRENATAL FORMULA.....	290	<i>probenecid</i>	148
PORTIA 28.....	72	PRENATAL FORMULA-DHA.....	290	<i>probenecid-colchicine</i>	148

PROCARE COMPRESSOR NEBULIZER.....	17	PROVENT STARTER.....	18	<i>rabeprazole</i>	282
PROCARE PEDIATRIC NEBULIZER.....	17	PROVIDA OB.....	291	RADIAGEL.....	248
PROCARE SPACER WITH ADULT MASK.....	17	<i>prucalopride</i>	280	RADICAVA ORS.....	238
PROCARE SPACER WITH CHILD MASK.....	17	PSORINOHEEL.....	246	RADICAVA ORS STARTER KIT SUSP.....	238
PRO-CEPTION.....	214	PULMO-AIDE COMPRESSOR.....	18	RADIOGARDASE.....	248
PROCHAMBER.....	17	PULMONEB LT COMPRESSOR NEBUL.....	18	RAGWITEK.....	4
<i>prochlorperazine</i>	7	PULMOZYME.....	252	RALDESY.....	23
<i>prochlorperazine maleate</i>	7	PURAZIL.....	109	<i>raloxifene</i>	133
PROCORT.....	205	PURE COMFORT LANCETS.....	218	<i>ramelteon</i>	35
PROCTOFOAM HC.....	205	PURE COMFORT SAFETY LANCETS.....	218	<i>ramipril</i>	46
PROCTO-MED HC.....	99	PUREAIR MINI NEBULIZER.....	18	<i>ranolazine</i>	60
PROCTOSOL HC.....	99	PUREVITA FOLIC ACID.....	288	RAPPORT VACUUM THERAPY...	249
PROCTOZONE-HC.....	99	PURIXAN.....	227	<i>rasagiline</i>	266
PROCYSBI.....	282	PUSH BUTTON SAFETY LANCETS.....	218	RASUVO (PF).....	194, 195
PRODIGY LANCETS.....	218	<i>pyrazinamide</i>	184	RAVICTI.....	206
PRODIGY MINI-MIST NEBULIZER.....	17	<i>pyridostigmine bromide</i>	21	RAYALDEE.....	135
PRODIGY TWIST TOP LANCET..	218	<i>pyrimethamine</i>	186	REBIF (WITH ALBUMIN).....	237
PROFILNINE.....	152	PYRUKYND.....	158	REBIF REBIDOSE.....	238
<i>progesterone</i>	165	QBRELIS.....	45	REBIF TITRATION PACK.....	238
<i>progesterone micronized</i>	165	QBREXZA.....	225	REBINYN.....	153
PROGRAF.....	175	Q-CARE RX Q2.....	240	REBYOTA.....	177
PROLASTIN-C.....	225	Q-CARE RX Q4.....	240	RECEDO.....	105
PROMACTA.....	159	QELBREE.....	41	RECLIPSEN (28).....	72
<i>promethazine</i>	5, 8	QFITLIA.....	154	RECOMBINATE.....	151
<i>promethazine-codeine</i>	77	QFITLIA PEN.....	154	RECOMBIVAX HB (PF).....	172, 173
<i>promethazine-dm</i>	78	QINLOCK.....	232	RECORLEV.....	131
<i>promethazine-phenylephrine</i>	76	QLOSI.....	145	RECOTHROM.....	160
PROMETHEGAN.....	8	QNASL.....	6	RECOTHROM SPRAY KIT.....	160
PRONAL.....	103	QUADRACEL (PF).....	171	REGENECARE.....	107
PRONEB MAX COMPRESSOR- LC PLUS.....	17	QUAKE VIBRATORY PEP.....	18	REGRANEX.....	123
PRONEB MAX COMPRESSR-LC SPRINT.....	18	<i>quazepam</i>	36	RELAGARD.....	286
PRONEB ULTRA II FILTER ASSEM.....	214	<i>quetiapine</i>	32	RELENZA DISKHALER.....	188
<i>propafenone</i>	42	QUIDROXZAR.....	174	RELIAMED LANCET.....	218
<i>proparacaine</i>	141	QUIHOXAXIA.....	174	RELIAMED SAFETY SEAL LANCETS.....	218
<i>propranolol</i>	48	QUIHOXVAR.....	174	RELISTOR.....	209, 210
<i>propranolol-hydrochlorothiazid</i>	48	QUILLICHEW ER.....	39	RELIZORB.....	221
<i>propylthiouracil</i>	136	QUILLIVANT XR.....	39, 40	REMODULIN.....	52
PROQUAD (PF).....	170	<i>quinapril</i>	45	REMYDA.....	84
<i>protriptyline</i>	25	<i>quinapril-hydrochlorothiazide</i>	43	RENACIDIN.....	284
PROVATE PELVIC ORGAN SUPPORT.....	222	<i>quinidine gluconate</i>	42	RENEEL.....	246
PROVENT.....	18	<i>quinidine sulfate</i>	42	RENOVAR.....	104
		<i>quinine sulfate</i>	186	<i>repaglinide</i>	114
		QUIT 2.....	276	REPATHA PUSHTRONEX.....	58
		QUIT 4.....	276	REPATHA SURECLICK.....	58
		QULIPTA.....	260	REPATHA SYRINGE.....	58
		QUTENZA.....	102	RESPA-AR.....	76
				RESTASIS.....	143

RESTASIS MULTIDOSE	143	ROSYRAH	72	SEMGLEE(INSULIN GLARGINE- YFGN).....	125
RESTIMO	84	ROTARIX	166	SEMGLEE(INSULIN GLARG- YFGN)PEN	125
RESTORE	211	ROTATEQ VACCINE	166	SE-NATAL 19	292
RESTORE CALCIUM ALGINATE	211	ROVIS	84	SE-NATAL 19 CHEWABLE	292
RETACRIT	154	ROXYBOND	258	SEPHIENCE	224
RETEVMO	232	ROZLYTREK	233	SEREVENT DISKUS	9
REUSABLE NEBULIZER KIT	214	RUBBER MOUTHPIECE	214	SERNIVO	99
REVCOVI	247	RUBRACA	233	SEROSTIM	135
REVLIMID	229	RUCONEST	197	<i>sertraline</i>	23
REVUFORJ	232	<i>rufinamide</i>	271	SETLAKIN	72
REXULTI	30	RUKOBIA	189	<i>sevelamer carbonate</i>	128
REYATAZ	191	RUMILO	83	<i>sevelamer hcl</i>	128
REYVOW	261	RYBELSUS	112	SEVENFACT	151
REZDIFFRA	225	RYDAPT	233	<i>sevoflurane</i>	246
REZLIDHIA	234	RYDEX	77	SF	287
REZUROCK	175	RYLAZE	235	SF 5000 PLUS	287
RHOPRESSA	145	RYPLAZIM	157	SHAROBEL	72
<i>ribavirin</i>	188, 194	RYTARY	266	SHINGRIX (PF)	173
RIDAURA	200	SABAL-HOMACCORD	246	SIDESTREAM	18
<i>rifabutin</i>	184	SABRIL	272	SIDESTREAM MASK	214
<i>rifampin</i>	184	<i>sacubitril-valsartan</i>	60	SIDESTREAM NEBULIZER	18
RIGHTEST GL300 LANCETS	218	SAFETY LANCETS	218	SIDESTREAM PLUS	18
<i>riluzole</i>	238	SAFETY SEAL LANCETS	218	SIGNIFOR	250
<i>rimantadine</i>	188	SAFETY-LET LANCETS	218	SIKLOS	158
<i>ringer's</i>	102	SAJAZIR	197	SILASTIC FOLEY CATHETER	213
RINVOQ	200	<i>salicylic acid</i>	103	<i>sildenafil</i>	130
RINVOQ LQ	200	SALIMEZ FORTE	103	<i>sildenafil (pulm.hypertension)</i>	51
<i>risedronate</i>	133, 134	<i>salsalate</i>	253	SILICONE MASK	214
<i>risperidone</i>	32, 33	SALVAX	104	SILICONE MASK - INFANT	18
RITEFLO AEROCHAMBER	18	SALVAX DUO PLUS	103	SILIGENTLE AG	211
<i>ritonavir</i>	191	SAMI THE SEAL	18	<i>silodosin</i>	282
<i>rivaroxaban</i>	152	SAMI THE SEAL MASK	214	<i>silver nitrate</i>	84, 104
<i>rivastigmine</i>	21	SANCUSO	8	<i>silver nitrate applicators</i>	104
<i>rivastigmine tartrate</i>	21	SANDIMMUNE	175	<i>silver sulfadiazine</i>	90
RIVELSA	72	SANTYL	108	SIMBRINZA	145
RIVFLOZA	283	<i>sapropterin</i>	224	SIMILAC PRENATAL	292
RIXUBIS	153	SAROXIA	83	SIMLANDI(CF)	196
<i>rizatriptan</i>	261	SAXENDA	294	SIMLANDI(CF) AUTOINJECTOR	196
ROAOXIA	100	SCALACORT DK	99	SIMLIYA (28)	72
ROBINSON CLEAR VINYL CATHETER	213	SCEMBLIX	233	SIMPESSE	72
ROCKLATAN	145	SCLEROSOL INTRAPLEURAL	235	SIMPLERA SENSOR	121
<i>roflumilast</i>	12	<i>scopolamine base</i>	8	SIMPLERA SYNC SENSOR	121
ROMVIMZA	232	SECUADO	33	SIMPONI	196
<i>ropinirole</i>	266	SELARSDI	201	<i>simvastatin</i>	57, 58
ROSADAN	84	<i>selegiline hcl</i>	266	SINGLE-LET	218
ROSITARA	84	<i>selenium sulfide</i>	101	SINUSTAR NEBULIZER	18
ROSULA	90	SELF-CATHETER, FEMALE	213	<i>sirolimus</i>	175
<i>rosuvastatin</i>	57	SELZENTRY	189		

SIRTURO.....	184	SOVUNA.....	186	<i>sulfacetamide sodium</i>	101, 141
SIRVANA.....	83	SPACE CHAMBER.....	18	<i>sulfacetamide sodium (acne)</i>	83
SIVEXTRO.....	178	SPACE CHAMBER WITH LARGE		<i>sulfacetamide sodium-sulfur</i>	90
SKYCLARYS.....	240	MASK.....	18	<i>sulfacetamide sod-sulfur-urea</i>	90
SKYLA.....	76	SPACE CHAMBER WITH		<i>sulfacetamide-prednisolone</i>	141
SKYRIZI.....	108, 109	MEDIUM MASK.....	18	<i>sulfadiazine</i>	175
SKYTROFA.....	135	SPACE CHAMBER WITH SMALL		<i>sulfamethoxazole-trimethoprim</i>	175
SLYND.....	72	MASK.....	18	SULFAMYLON.....	90
SMART SENSE LANCETS.....	218	SPECTRAGEL.....	211	<i>sulfasalazine</i>	204
SMARTEST LANCET.....	219	SPEEDICATH (FEMALE).....	213	SULFATRIM.....	175
SMARTNEB COMPRESSOR		SPEVIGO.....	108	<i>sulindac</i>	203
NEBULIZER.....	18	SPIKEVAX 2024-2025(12Y		SUMADAN XLT.....	90
<i>sodium chlor 0.9% bacteriostat</i>	129	UP)(PF).....	166	<i>sumatriptan</i>	261
<i>sodium chloride</i>	102, 129, 246	<i>spinosad</i>	89	<i>sumatriptan succinate</i>	261
<i>sodium chloride 0.45 %</i>	129	SPIRIVA RESPIMAT.....	8	<i>sunitinib malate</i>	233
<i>sodium chloride 0.9 %</i>	129	SPIRIVA WITH HANDIHALER.....	8	SUNLENCA.....	186
<i>sodium chloride 0.9 % (flush)</i>	129	<i>spironolactone</i>	51	SUNOSI.....	35
<i>sodium citrate</i>	152	<i>spironolacton-hydrochlorothiaz</i>	51	SUNRISE COMPRESSOR-	
<i>sodium citrate in 0.9 % nacl</i>	152	SPRAVATO.....	22	NEBULIZER.....	18
<i>sodium citrate-citric acid</i>	284	SPRAY AND STRETCH.....	107	SUPER THIN LANCETS.....	219
SODIUM FLUORIDE 5000 DRY		SPRINTEC (28).....	72	SUPRANE.....	246
MOUTH.....	287	SPS (WITH SORBITOL).....	128	SUPRAX.....	176
SODIUM FLUORIDE 5000 PLUS..	287	SRONYX.....	73	SURE COMFORT LANCETS.....	219
<i>sodium fluoride-pot nitrate</i>	288	SSD.....	90	SURE-LANCE.....	219
<i>sodium oxybate</i>	29	SSKI.....	136	SURE-LANCE ULTRA THIN.....	219
<i>sodium phenylbutyrate</i>	206	ST JOSEPH ASPIRIN.....	157	SURE-TOUCH LANCET.....	219
<i>sodium polystyrene sulfonate</i>	128	ST. JOSEPH ASPIRIN.....	157	SURVANTA.....	252
<i>sodium,potassium,mag sulfates</i>	209	<i>stavudine</i>	190	SUTAB.....	209
SOGROYA.....	135	STELARA.....	201	SYEDA.....	73
SOHONOS.....	273	STERILANCE TL.....	219	SYMAX DUOTAB.....	278
<i>solifenacin</i>	284	<i>sterile talc</i>	235	SYMDEKO.....	251
SOLIUQA 100/33.....	114	STERITALC.....	235	SYMPROIC.....	210
SOLOSEC.....	185	STIOLTO RESPIMAT.....	9	SYM TUZA.....	187
SOLTAMOX.....	236	STIVARGA.....	233	SYNALAR CREAM KIT.....	99
SOLU-CORTEF ACT-O-VIAL (PF)	199	STOBOCLO.....	134	SYNALAR OINTMENT KIT.....	99
SOLUS V2 LANCETS.....	219	STOP SMOKING AID.....	276	SYNALAR TS.....	99
SOMAVERT.....	134	STRATACTX.....	211	SYNAREL.....	136
SOOTHENEB COMPRESSOR		STRATAGRT.....	211	SYNDROS.....	7
NEBULIZER.....	18	STRATAXRT.....	211	SYNJARDY.....	115
SOOTHENEB MESH NEBULIZER..	18	STRAVIX.....	249	SYNJARDY XR.....	115
<i>sorafenib</i>	233	STRENSIQ.....	247	SYNVISC.....	197
<i>sorbitol</i>	102	STRIBILD.....	193	SYNVISC-ONE.....	197
<i>sorbitol-mannitol</i>	102	STRIVERDI RESPIMAT.....	9	SYRINGE AVITENE.....	160
SORIXIA.....	83	STRONG IODINE.....	85, 137	SYZYGIUM COMPOSITUM.....	247
<i>sotalol</i>	48	STUART ONE.....	292	T.E.D. ANTI-EMBOLISM	
SOTALOL AF.....	48	SUCRAID.....	277	STOCKING.....	250
SOTYKTU.....	108	<i>sucralfate</i>	279	T.E.D. KNEE LENGTH-M-LONG..	250
SOTYLIZE.....	48	SUFLAVE.....	209	T.E.D. KNEE LENGTH-S-	
SOVALDI.....	193	<i>sulconazole</i>	89	REGULAR.....	250

T.R.U.E. TEST ALLERGEN	245	TANDEM T:SLIM ASFT XC PK14	<i>testosterone cypionate</i>	161
T:FLEX	121	23"	<i>testosterone enanthate</i>	161
T:SLIM X2	122	TANDEM T:SLIM TRUSTL PK10	TETOXIA	99
T:SLIM X2 BASAL-IQ INSULIN		23"	<i>tetrabenazine</i>	239
PMP	121	TARDEOXIA	<i>tetracaine hcl</i>	141
T:SLIM X2 CONTROL-IQ	121	TARDIMAXIA	<i>tetracaine hcl (pf)</i>	141
TABLOID	227	TARINA 24 FE	<i>tetracycline</i>	182
TABRECTA	233	TARINA FE 1/20 (28)	TEXACORT	100
TACHOSIL	160	TARINA FE 1-20 EQ (28)	TEZRULY	44
<i>tacrolimus</i>	111, 175	TAROXIA	TEZSPIRE	19
<i>tadalafil</i>	130	TARPEYO	THALITONE	54
<i>tadalafil (pulm. hypertension)</i>	52	<i>tasimelteon</i>	THALOMID	183
TAFINLAR	227	<i>tavorole</i>	THEO-24	19
<i>tafluprost (pf)</i>	145	TAVALISSE	<i>theophylline</i>	19
TAGRISSO	233	TAVNEOS	THERAHONEY	211
TAKE ACTION	73	<i>tazarotene</i>	THERANATAL	292
TAKHZYRO	203	TAZVERIK	THERANATAL COMPLETE	292
TALICIA	279	TECHLITE LANCETS	THERANATAL ONE	292
TALTZ AUTOINJECTOR	108	TEGLUTIK	THERANATAL OVAVITE	293
TALTZ AUTOINJECTOR (2 PACK)		TEGRETOL	THERANATAL PLUS	292
.....	108	TEGRETOL XR	THIN LANCETS	219
TALTZ AUTOINJECTOR (3 PACK)		TELCARE LANCETS	THIOLA EC	283
.....	108	TELIORA	<i>thioridazine</i>	34
TALTZ SYRINGE	109	<i>telmisartan</i>	<i>thiothixene</i>	33
TALZENNA	233	<i>telmisartan-amlodipine</i>	THRESHOLD IMT TRAINER	18
<i>tamoxifen</i>	236	<i>telmisartan-hydrochlorothiazid</i>	THRESHOLD PEP DEVICE	18
<i>tamsulosin</i>	282	<i>temazepam</i>	THRIVITE RX	292
TANDEM MOBI AUTOSOFT 30 KT		TEMBEXA	THROMBI-GEL	160
23"	122	<i>temozolomide</i>	THROMBIN-JMI	160
TANDEM MOBI AUTOSOFT XC		TEMPO REFILL KIT WITH GAUZE	THROMBI-PAD	160
KIT 5"	122	.....	THYQUIDITY	137
TANDEM MOBI AUTOSOFT XC		TEMPO SMART BUTTON	<i>thyroid (pork)</i>	137
KT 23"	122	TEMPO WELCOME KIT	TIADYLT ER	50
TANDEM MOBI AUTOSOFT30		TENCON	<i>tiagabine</i>	272
14PK 23	122	TENIVAC (PF)	TIBSOVO	234
TANDEM MOBI AUTOSOFTXC		<i>tenofovir disoproxil fumarate</i>	<i>ticagrelor</i>	157
14PK 23	122	TENS 502	TIGLUTIK	238
TANDEM MOBI AUTOSOFTXC		TENS 504	TILIA FE	73
14PK 5"	122	TENSCARE ITOUCH SURE	<i>timolol</i>	146
TANDEM MOBI SYSTEM	122	TEPMETKO	<i>timolol maleate</i>	48, 145, 146
TANDEM MOBI TRUSTEEL KIT		<i>terazosin</i>	<i>timolol maleate (pf)</i>	145
23"	122	<i>terbinafine hcl</i>	<i>timolol-bimatoprost</i>	146
TANDEM T:SLIM ASFT 30 PK10		<i>terbutaline</i>	<i>timolol-brimonon-dorzol-bimatop</i>	146
23"	122	<i>terconazole</i>	<i>timolol-brimonidine-dorzolamid</i>	146
TANDEM T:SLIM ASFT 30 PK14		<i>teriflunomide</i>	<i>tinidazole</i>	185
23"	122	<i>teriparatide</i>	<i>tiopronin</i>	283
TANDEM T:SLIM ASFT XC PK10		TERRELL	TIROSINT	137
23"	122	TERS FOAM	TIROSINT-SOL	138
		<i>testosterone</i>		

TISSEEL VHSD (APROTININ, SYN).....	250	TRESIBA FLEXTOUCH U-200.....	126	TRUDHESA.....	261
TIVICAY.....	192	TRESIBA U-100 INSULIN.....	126	TRUE COMFORT LANCET.....	219
TIVICAY PD.....	192	<i>tretinoin</i>	85	TRUE COVER CONDOM.....	244
<i>tizanidine</i>	274	<i>tretinoin (antineoplastic)</i>	235	TRUEPLUS LANCETS.....	219
TLANDO.....	161	<i>tretinoin microspheres</i>	85	TRULANCE.....	205
TOBI PODHALER.....	183	TRETTEN.....	153	TRULICITY.....	112
TOBRADEX.....	138	TREXALL.....	227	TRUMENBA.....	167
<i>tobramycin</i>	143, 183	<i>triamcinolone acetonide</i>	100, 199, 240	TRUQAP.....	233
<i>tobramycin in 0.225 % nacl</i>	183	<i>triamterene</i>	51	TRUSKIN.....	250
<i>tobramycin with nebulizer</i>	183	<i>triamterene-hydrochlorothiazid</i>	51	TRUSTEEL INFUSION SET 23" ...	122
<i>tobramycin-dexamethasone</i>	138	<i>triazolam</i>	36	TRUSTEEL INFUSION SET 32" ...	122
TOBREX.....	143	TRICARE.....	292	TRUSTEX LATEX CONDOM.....	244
TOLAK.....	106	TRIDERM.....	100	TRUSTEX LUBRICATED	
<i>tolcapone</i>	266	<i>trientine</i>	248	CONDOMS.....	244
<i>tolmetin</i>	203	TRI-ESTARYLLA.....	73	TRUSTEX NON-LUB CONDOMS.....	244
<i>tolterodine</i>	285	TRIFERIC.....	288	TRUSTEX-RIA LUB/SPERMICIDE.....	244
<i>tolvaptan</i>	127	<i>trifluoperazine</i>	34	TRUSTEX-RIA LUBRICATED	
TOPCARE UNIVERSAL1 LANCET		<i>trifluridine</i>	140	CONDOMS.....	244
.....	219	<i>trihexyphenidyl</i>	264	TRUSTEX-RIA NON-LUB	
<i>topiramate</i>	272	TRIJARDY XR.....	116	CONDOMS.....	244
<i>toremifene</i>	236	TRIKAFTA.....	251, 252	TRUZONE PEAK FLOW METER... 19	
TORONOVA II SUIK.....	203	TRI-LEGEST FE.....	73	TRYNGOLZA.....	54
TORONOVA SUIK.....	203	TRI-LINYAH.....	73	TRYVIO.....	47
TORPENZ.....	228	TRILOAN II SUIK.....	199	TUKYSA.....	233
<i>torseamide</i>	51	TRILOAN SUIK.....	199	TULANA.....	74
TOUCH-TROL.....	213	TRI-LO-ESTARYLLA.....	73	TURALIO.....	233
TOUJEO MAX U-300 SOLOSTAR		TRI-LO-MARZIA.....	73	TURQOZ (28).....	74
INSULIN.....	126	TRI-LO-MILI.....	73	TUXARIN ER.....	77
TPOXX (NATIONAL STOCKPILE)	188	TRI-LO-SPRINTEC.....	73	TWINRIX (PF).....	173
TRACLEER.....	52	<i>trimethobenzamide</i>	8	TWIRLA.....	75
<i>tramadol</i>	258, 259	<i>trimethoprim</i>	177	TWIST LANCETS.....	219
<i>tramadol-acetaminophen</i>	263	TRI-MILI.....	73	TYBLUME.....	74
<i>trandolapril</i>	46	<i>trimipramine</i>	25	TYBOST.....	193
<i>trandolapril-verapamil</i>	43	TRI-MIX (PAPAVRN-PHNTLMN-		TYDEMY.....	74
<i>tranexamic acid</i>	149	PGE1).....	130	TYENNE.....	200
<i>tranylcypromine</i>	22	TRIMO-SAN JELLY.....	286	TYENNE AUTOINJECTOR.....	200
TRANZAREL.....	107	TRINATAL RX 1.....	292	TYMLOS.....	132
<i>travoprost</i>	146	TRINATE.....	292	TYRVAYA.....	142
<i>trazodone</i>	23	TRINTELLIX.....	24	TYVASO.....	53
TRECTOR.....	184	TRI-SPRINTEC (28).....	73	TYVASO DPI.....	53
TRELEGY ELLIPTA.....	10	TRIUMEQ.....	193	TYVASO INSTITUTIONAL START	
TREMFYA.....	109, 110	TRIUMEQ PD.....	193	KIT.....	53
TREMFYA PEN.....	110	TRIVORA (28).....	73	TYVASO REFILL KIT.....	53
TREMFYA PEN INDUCTION PK-		TRI-VYLIBRA.....	73	TYVASO STARTER KIT.....	53
CROHN.....	110	TRI-VYLIBRA LO.....	73	UBRELVY.....	261
<i>treprostinil sodium</i>	52	TROJAN ULTRA RIBBED		UDENYCA ONBODY.....	156
TRESIBA FLEXTOUCH U-100.....	126	CONDOM.....	244	ULESFIA.....	89
		<i>tropicamide</i>	147	ULTILET BASIC LANCETS.....	219
		<i>trospium</i>	285	ULTILET CLASSIC LANCETS.....	219

ULTILET LANCETS	219	URO-MP	177	VEOZAH	165
ULTILET SAFETY LANCETS	219	UROQID-ACID NO.2	284	<i>verapamil</i>	50
ULTRA PRENATAL PLUS DHA	292	<i>ursodiol</i>	207	VERIFINE SAFETY LANCET MINI	221
ULTRA THIN II LANCETS	219	UZEDY	33	VERIFINE UNIVERSAL LANCET ..	221
ULTRA THIN LANCETS	219, 220	VAFSEO	156	VERKAZIA	143
ULTRA THIN PLUS LANCETS	220	VAGINAL CONTRACEPTIVE FILM	62	VERQUVO	61
ULTRA TLC LANCETS	220	<i>valacyclovir</i>	188	VERSACLOZ	33
ULTRA-CARE LANCETS	220	VALCHLOR	106	VERTIGOHEEL	247
ULTRA-FINE INS SYR (HALF		<i>valganciclovir</i>	188	VERZENIO	233
UNIT)	223	<i>valproic acid</i>	272	VESTURA (28)	74
ULTRA-FINE INSULIN SYRINGE	223	<i>valproic acid (as sodium salt)</i>	272	VEVEN	111
ULTRA-FINE PEN NEEDLE	248	<i>valsartan</i>	46	V-GO 20	123
ULTRAFOAM	160	<i>valsartan-hydrochlorothiazide</i>	44	V-GO 30	123
ULTRALANCE LANCETS	220	VALTOCO	267	V-GO 40	123
ULTRASAL-ER	104	VALTYA	74	VIBERZI	205
ULTRA-THIN II LANCETS	220	<i>vancomycin</i>	184	VIBRANT	221
UNIFINE PENTIPS	248	VANFLYTA	233	VIBRANT STARTER KIT	221
UNILET COMFORTOUCH		VANOXIDE-HC	83	VIENVA	74
LANCET	220	VANRAFIA	47	<i>vigabatrin</i>	272
UNILET GP LANCET	220	VAPRO PLUS INTERMITT		VIGADRONE	273
UNILET LANCET	220	CATHETER	213	VIGAFYDE	273
UNILET LANCETS	220	VAQTA (PF)	173	VIGPODER	273
UNILET SUPER THIN LANCETS	220	VARDIMAXIA	83	VIJOICE	225
UNISTIK 2 EXTRA LANCET	122	<i>varenicline tartrate</i>	276	<i>vilazodone</i>	24
UNISTIK 2 NORMAL LANCET	122	VARISOFT INFUSION SET 23" ...	123	VIOKACE	277
UNISTIK 3 COMFORT LANCET ..	213	VARISOFT INFUSION SET 32" ...	123	VIORELE (28)	74
UNISTIK 3 EXTRA LANCET	220	VARISOFT INFUSION SET 43" ...	123	VIOS AEROSOL DELIVERY	
UNISTIK 3 GENTLE	220	VARITHENA ADMINISTRATION		SYSTEM	19
UNISTIK 3 NORMAL LANCET	220	PACK	221	VIRACEPT	191
UNISTIK COMFORT LANCETS ...	220	VARIVAX (PF)	173	VIREAD	191
UNISTIK CZT LANCET	220	VAROXIA	83	VISTASEAL-FIBRIN SEALANT	160
UNISTIK EXTRA LANCETS	220	VARUBI	8	VISTOGARD	235
UNISTIK NORMAL LANCETS	220	VASELINE WHITE PETROLEUM	105	VITAFOL GUMMIES	293
UNISTIK PRO LANCET	220	VASHE	102	VITAMIN K	161
UNISTIK SAFETY	220	VAXELIS (PF)	171	VITAMIN K1	161
UNISTIK TOUCH LANCETS	220	VAXNEUVANCE (PF)	168	VITRAKVI	233
UNIVERSAL 1 LANCETS	221	VCF CONTRACEPTIVE FILM	62	VIVAGUARD LANCET	221
UNZDOMDIOXIAZAR	83	VCF CONTRACEPTIVE GEL	63	VIVAGUARD SAFETY LANCET ..	221
UPNEEQ (PF)	141	VECAMYL	46	VIVJOA	182
UPTRAVI	53	VELIVET TRIPHASIC REGIMEN		VIZIMPRO	233
URAMAXIN	104	(28)	74	VIZZ	146
URAMAXIN GT	104	VELPHORO	128	VOLNEA (28)	74
<i>urea</i>	104, 110	VELTASSA	128	VONJO	233
UREA NAIL STICK	104	VEMLIDY	194	VONVENDI	151
URELLE	177	VENCLEXTA	234	VOQUEZNA	280
URETRON D-S	177	VENCLEXTA STARTING PACK ..	234	VOQUEZNA DUAL PAK	279
URIBEL TABS	177	<i>venlafaxine</i>	24	VOQUEZNA TRIPLE PAK	279
URIMAR-T	177	VENTAVIS	53	VORANIGO	234
UROGESIC-BLUE	177	VENXXIVA	283	<i>voriconazole</i>	182, 183

VORTEX HOLDING CHAMBER.....	19	XALIX.....	104	YORVIPATH.....	136
VORTEX VHC PEDIATRIC MASK..	19	XALKORI.....	234	YUPELRI.....	8
VOSEVI.....	193	XARAH FE.....	74	YUVAFEM.....	286
VOWST.....	177	XARELTO.....	152	ZAFEMY.....	75
VOXZOGO.....	136	XARELTO DVT-PE TREAT 30D		<i>zafirlukast</i>	12
VOYDEYA.....	156	START.....	152	<i>zaleplon</i>	36
VRAYLAR.....	29	XATMEP.....	227	ZARAH.....	74
VUMERITY.....	238	XCLAIR.....	102	ZAVZPRET.....	261
VYALEV.....	266	XCOPRI.....	273	ZEGALOGUE AUTOINJECTOR..	124
VYFEMLA (28).....	74	XCOPRI MAINTENANCE PACK..	273	ZEGALOGUE SYRINGE.....	124
VYKAT XR.....	251	XCOPRI TITRATION PACK.....	273	ZEJULA.....	234
VYLEESI.....	34	XDEMVY.....	142	ZELAPAR.....	267
VYLIBRA.....	74	XELJANZ.....	200	ZELBORAF.....	227
VYNDAMAX.....	61	XELJANZ XR.....	200	ZELSUVM I.....	251
VYNDAQEL.....	61	XELPROS.....	146	ZEMAIRA.....	225
VYVGART HYTRULO.....	21	XELRIA FE.....	74	ZENATANE.....	79
VYZULTA.....	146	XEMBIFY.....	166	ZENPEP.....	277
WAINUA.....	223	XENLETA.....	179	ZENPHOR.....	211
WAKIX.....	35	XEPI.....	86	ZENZEDI.....	27
<i>warfarin</i>	148	XERMELO.....	207	ZEPBOUND.....	294
<i>water for irrigation, sterile</i>	102	XEROFORM PETROLATUM		ZEPOSIA.....	240
WAYZEN.....	104	DRESSING.....	211	ZEPOSIA STARTER KIT (28-DAY)	
WEGOVY.....	294	XHANCE.....	6	.....	240
WELERIS.....	104	XIFAXAN.....	184	ZEPOSIA STARTER PACK (7-	
WELIREG.....	234	XIGDUO XR.....	115	DAY).....	240
WERA (28).....	74	XIIDRA.....	143	<i>zidovudine</i>	190, 191
WESNATAL DHA COMPLETE.....	292	XIRUN.....	104	ZIEXTENZO.....	156
WESTAB PLUS.....	292	XOFLUZA.....	188	ZILBRYSQ.....	156
WIDE-SEAL DIAPHRAGM 60.....	75	XOLAIR.....	12	ZIMHI.....	35
WIDE-SEAL DIAPHRAGM 65.....	75	XOLREMDI.....	224	<i>zinc oxide</i>	105
WIDE-SEAL DIAPHRAGM 70.....	75	XOSPATA.....	234	<i>ziprasidone hcl</i>	33
WIDE-SEAL DIAPHRAGM 75.....	75	XPHOZAH.....	128	ZITHRANOL.....	109
WIDE-SEAL DIAPHRAGM 80.....	75	XPOVIO.....	235	ZOKINVY.....	225
WIDE-SEAL DIAPHRAGM 85.....	75	XROMI.....	158	ZOLINZA.....	234
WIDE-SEAL DIAPHRAGM 90.....	75	XTAMPZA ER.....	259	<i>zolmitriptan</i>	261, 262
WIDE-SEAL DIAPHRAGM 95.....	75	XTANDI.....	226	<i>zolpidem</i>	36
WILATE.....	151	XULANE.....	75	ZOMIG.....	262
WILLIS THE WHALE		XULTOPHY 100/3.6.....	114	ZONISADE.....	273
COMPRESSR NEB.....	19	XURIDEN.....	148	<i>zonisamide</i>	273
WINLEVI.....	84	XYNTHA.....	151	ZONTIVITY.....	157
WINREVAIR.....	52	XYNTHA SOLOFUSE.....	151	ZOVIA 1-35 (28).....	75
WINTERGREEN OIL.....	102	XYOSTED.....	161	ZTALMY.....	273
WIXELA INHUB.....	10	XYWAV.....	29	ZUBSOLV.....	264
WOMEN'S PRENATAL PLUS DHA		YARGESA.....	245	ZUMANDIMINE (28).....	75
.....	292	YCANTH.....	102	ZUNVEYL.....	21
WOUNDGELHA MATRIX.....	105	YESINTEK.....	201	ZURZUVAE.....	22
WYMZYA FE.....	74	YEZTUGO.....	186	ZYDELIG.....	234
WYNZORA.....	111	YONI FIT BLADDER SUPPORT..	222	ZYKADIA.....	234
XADAGO.....	266	YONSA.....	226	ZYPRAM.....	205