



Kaiser Permanente Insurance Company (KPIC)

Point of Service (POS)

Preferred Provider Organization (PPO) Plans

Choice Preferred Provider Organization (PPO) Plans

Choice Out of Area (OOA) Plans

NOTE: This drug formulary is updated often and is subject to change. Upon revision, all previous versions of the drug formulary are no longer in effect.

You are receiving this document because you are currently enrolled in a Kaiser Permanente POS, PPO, Choice PPO or Choice OOA Plan. Kaiser Foundation Health Plan of Colorado, Inc., is the health plan provider for the coverage comprising the Kaiser Permanente network and Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan, Inc., is the health plan provider for the coverage comprising of the MedImpact network tier and/or the Non-Participating Provider tier of the POS Plan. The PPO, Choice PPO or Choice OOA Plans are products offered solely through KPIC.

This document contains information regarding the outpatient prescription drugs that are covered under these plans. KPIC's outpatient prescription drug benefit is administered by our contracted Pharmacy Benefit Manager, MedImpact.

NOTE: The information in this Formulary does not apply to the Kaiser Permanente network tier drug benefits offered in a POS plan only.

For help with this Formulary, please call MedImpact 24 hours a day, 7 days a week, at **1-800-788-2949** (Pharmacy Help Desk) **or 711 (TTY)**.

Access to the most current version of the Formulary can be obtained by visiting <http://kp.org/kpic-colorado>. For help in your preferred language, please see page 6 in this document.

How to Use This Document (the Formulary)

This document is a list of the prescription medications covered under your Choice PPO, Choice OOA, PPO, and POS (MedImpact and Non-Participating Pharmacies only). All drugs are listed by their generic names and the most common proprietary (brand) name. The Formulary may be accessed by using the index; either by the generic name (in *italics*) or the proprietary name (in CAPITAL letters) or by the therapeutic drug category. This document applies only to outpatient prescription drugs provided to the insured through the retail pharmacies. This document does not apply to medications obtained in the doctor's office or in the hospital.

The drugs in the Formulary are grouped into categories depending on the type of medical condition that they are used to treat. Look under the category name in alphabetical order by generic name for your drug. For all drugs within the Formulary table, the tier level is denoted throughout the document using the following symbols (*refer to the Formulary Tier Definition table below*).

Formulary Tier Definition:

Symbol	Guideline	Description
T1	Tier 1	Preferred Generic Medications
T2	Tier 2	Preferred Brand Medications
T3	Tier 3	Non-Preferred Generic and Brand Medications
T4	Tier 4	Specialty Pharmaceutical Drugs
T5	Tier 5	Preventive Drugs under the Affordable Care Act.
T6	Tier 6	Diabetic Supplies

Tier Benefit Design

The Formulary may be applied to a tier benefit design, where the insured shares the cost of prescription drug therapy based on the drug's tier at a cost share-copayment or coinsurance. In most instances, generically available drugs will be covered in a separate lower tier (lower cost share), and brand drugs listed on the Formulary will be covered under a higher tier (higher cost share copay). Specialty drugs will be covered under the highest tier (coinsurance with a per prescription maximum). Preventive medications required under the Affordable Care Act will be covered as described in the BENEFITS/COVERAGE (What is Covered) and SCHEDULE OF BENEFITS (Who Pays What) sections of your Certificate of Insurance.

Maintaining and Updating the Formulary

The MedImpact Healthcare Systems Pharmacy and Therapeutics (P&T) and Formulary Committees provide physicians and pharmacists with a method to evaluate the safety, efficacy and cost-effectiveness of commercially available drug products. The MedImpact P&T and Formulary Committees meet quarterly and more often as warranted to ensure clinical relevancy of the Formulary.

This Formulary is updated by the MedImpact P&T and Formulary Committees using a structured approach to the drug tier assignment process to ensure continuing patient access to medically appropriate drug therapies.

The MedImpact P&T and Formulary Committees use the following criteria in the evaluation of drug tier assignment for the Formulary:

- Drug safety profile
- Drug efficacy
- Comparison of relevant therapeutic benefits to current formulary drugs of similar use, and to minimize therapeutic duplication where possible
- Cost-effectiveness relative to comparable therapy

What medications are covered?

KPIC will generally cover prescribed generic, brand, and specialty drugs listed on the Formulary as long as the drug is medically necessary and other coverage rules are followed. Over-the-counter (OTC) medications are not generally covered. In certain plans, some preventive OTC medications are covered when prescribed by a physician, such as aspirin and iron supplementation.

Durable medical equipment (DME) prescribed by a physician include:

- Inhaler spacers

What is a generic drug?

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. Under your PPO or POS Plan, you may pay a different copay or coinsurance for preferred generic drugs and non-preferred generic drugs. For Preferred generic drugs, your out-of-pocket cost will be less than the non-preferred generic drugs.

What is a brand-name drug?

Brand-name drugs are usually manufactured and sold by the drug company that originally researched and developed the drug. When the patent on a brand-name drug expires, other drug companies may manufacture and sell an FDA- approved generic version of the drug with the same active ingredient(s) at lower prices.

Under your Choice PPO, PPO, POS or Choice OOA Plan, you may pay a different copay or coinsurance for preferred brand drugs and non-preferred brand drugs. For Preferred brand drugs, your out-of-pocket cost will be less than the non-preferred brand drugs.

If you request a brand-name drug when a generic drug is prescribed, you may be responsible for paying the brand- name cost share plus the difference in cost between the generic drug and the brand-name drug. Please see your *Certificate of Insurance* for details.

What are specialty drugs?

Specialty drugs are high-cost prescription medications that include some drugs used to treat complex and chronic conditions, such as multiple sclerosis, rheumatoid arthritis, and hepatitis C. Specialty drugs often require special handling, administration, or monitoring.

What are Preventive Drugs?

In certain plans, medications, even over-the-counter (OTC) drugs, are covered at no charge if the insured has a prescription from his or her health care provider. The Flu Vaccine does not require a prescription, but an insurance card must be presented at the pharmacy. Some medications are only covered with no cost share for certain patients, for example, specified age range, in groups that are required or have chosen coverage for preventive drugs required under the Affordable Care Act or when a medication is used for a certain purpose. **Preventive Drugs are labeled under Tier 5 in the Formulary.**

Contraceptives

All prescribed FDA-approved contraceptive methods for women with reproductive capacity, including all eighteen (18) forms of emergency and preventive contraception approved by FDA and included in the Health Resources and Service Administration (HRSA) Women's Preventive Services Guidelines are covered at no-cost. Through your pharmacy benefit this includes oral contraceptives (sometimes known as "the pill"), patches, vaginal rings, diaphragms, sponges, cervical caps, female condoms, spermicide, and emergency contraceptives (sometimes known as "Plan B").

The pharmacy benefit covers twelve (12) months of a prescription oral contraceptive or three (3) months of a prescribed vaginal ring at one time.

If you require a different type of contraception, we will defer to your provider for medical necessity determination, and it will be covered at no cost. The exceptions process is used to request a different type of contraception that may not be available on the formulary, such as brand name medications. Upon receipt of your exception request, MedImpact will notify the licensed prescribing provider within 72 hours for non-urgent requests and within 24 hours if exigent circumstances exist of the request approval or other outcome. If MedImpact fails to respond within 72 hours for non-urgent requests and within 24 hours if exigent circumstances exist from receipt of a request form from a licensed prescribing provider, the request shall be

deemed to have been approved. If you are not satisfied with the outcome, you can request an appeal by calling MedImpact at 1-800- 788-2949 (Pharmacy Help Desk). If MedImpact does not approve a drug you or your provider has requested, you will receive an adverse benefit determination notice telling you why your request was denied and how you can appeal.

What drugs are not covered?

- Over the counter (OTC) medications or their equivalents, unless otherwise covered under your plan.
- Any drug products used for cosmetic purposes.
- Experimental drug products or any drug product used in an experimental manner.
- Replacement of lost or stolen medication.
- Medications which require administration by a clinician unless otherwise specified in the Formulary listing.
- Foreign-sourced drugs or drugs not approved by the U.S. Food & Drug Administration, except in certain cases of drug shortage, when allowed under the individual's pharmacy benefit.
- See your Certificate of Insurance for a list of all exclusions.

Are there any restrictions on the drugs covered on the Formulary?

Yes, for certain drugs within the Formulary, a recommended prescribing guideline may apply. These are denoted throughout the document using the following symbols (*refer to table below*).

Guideline Symbol Table:

Symbol	Guidelines	Description
AGE	Age Limits	Coverage depends on patient age.
PA	Prior Authorization	Requires a prior authorization based on specific clinical criteria. <i>See "What is a Prior Authorization?" below for additional information.</i>
QL	Quantity Limits	Coverage is limited to specific quantities per prescription and/or time period. Prior authorization is required for quantities exceeding the restriction.
ST	Step Therapy	Coverage depends on previous use of another drug. Prior authorization may be required. <i>See "What is Step Therapy?" below for additional information.</i>
MO	Maintenance Medication	Maintenance medications are required to be filled at a Kaiser pharmacy or the Kaiser Mail Order Pharmacy after the first fill of this maintenance medication. This doesn't apply to pharmacies that are greater than 30 miles from a Kaiser pharmacy. This applies only to the Choice PPO plan.

What is a Prior Authorization?

A prior authorization ("PA") is a technique that is used to encourage safe and cost-effective medication use. Many drugs have multiple indications, so PAs are placed on drugs to make sure the drug is appropriate and safe for the insured. The following outpatient prescription drugs shall not be subject to Prior Authorization (1) FDA-approved medications for the treatment of substance use disorder; and (2) FDA-approved medications for the prevention of HIV infection when prescribed and dispensed by a pharmacist.

How does the program work?

Drugs marked with a PA mean that your prescriber must first show that you have a medically necessary need for the prescribed drug. This means that to receive coverage your prescriber will need to work with MedImpact to receive prior authorization of the drug. Drugs subject to Prior Authorization have specific clinical criteria that you must meet in order to obtain coverage. Refer to the Requirements / Limits column in the Formulary for drugs that require a PA.

Upon receipt of your prior authorization request, MedImpact will notify the licensed prescribing provider within 72 hours for non-urgent requests and within 24 hours if exigent circumstances exist of the request approval or other outcome. If MedImpact fails to respond within 72 hours for non-urgent requests and within 24 hours if exigent circumstances exist from receipt of a request form from a licensed prescribing provider, the request shall be deemed to have been approved. If you are not satisfied with the outcome, you can request an appeal by calling MedImpact at **1-800- 788-2949** (Pharmacy Help Desk). If MedImpact does not approve a drug you or your provider has requested, you will receive an adverse benefit determination notice telling you why your request was denied and how you can appeal.

What is Step Therapy?

Selected prescription drugs require step therapy. The step therapy program encourages safe and cost-effective medication use. Under this program, a “step” approach is required to receive coverage for certain high-cost medications. This means that to receive coverage you may need to first try a proven, cost-effective medication before using a more costly treatment. The following outpatient prescription drugs shall not be subject to Step Therapy: (1) FDA-approved medications for the treatment of substance use disorder; (2) FDA-approved medications for the treatment of Stage four (4) advanced metastatic cancer; and (3) FDA-approved medications for the prevention of HIV infection when prescribed and dispensed by a pharmacist.

How does the program work? The step therapy program requires that you have a prescription history for a “first-line” medication before your benefit plan will cover a “second-line” medication. A first-line medication is recognized as safe and effective in treating a specific medical condition, as well as being cost-effective. A second-line medication is a less- preferred or sometimes more costly treatment option. Refer to Step Therapy in the Index section at the end of the Formulary for a complete list of medications requiring step therapy and its criteria.

When possible, your doctor should prescribe a first-line medication appropriate for your condition. If your doctor determines that a first-line drug is not appropriate for you or is not effective for you, your prescription drug benefit will cover a second-line drug when certain conditions are met. Prior authorization may be required. Upon receipt of your request for a second-line drug, MedImpact will notify the licensed prescribing provider within 72 hours for non-urgent requests and within 24 hours if urgent circumstances exist of the request approval or other outcome. If you are not satisfied with the outcome, you can request an appeal by calling MedImpact at **1-800-788-2949** (Pharmacy Help Desk). If MedImpact does not approve a drug you or your provider has requested, you will receive an adverse benefit determination notice telling you why it denied your request and how you can appeal.

What drugs are eligible to be mailed from the mail-order pharmacy?

Most maintenance drugs can be mailed from one of our mail-order pharmacies. Drugs eligible for mail order, however, cannot be mailed outside the United States.

- If you are enrolled in the PPO plan or Choice OOA plan you may order refills through the mail-order service online at walgreens.com/mailservice.

- If you are enrolled in the Choice PPO plan or Choice OOA plan, you may order refills through our Kaiser Permanente mail-order service online at www.kp.org or by phone, **1-866-523-6059** or 711 (TTY), Monday through Friday, 8 a.m. to 6 p.m.
- If you are a POS member, you may order refills:
 - For your Tier 1 benefit from our Kaiser Permanente mail-order service online at www.kp.org or by phone, 1-866-523-6059 or 711 (TTY) Monday through Friday, 8 a.m. to 6 p.m. Drugs ordered through this service will *not* follow this formulary, rather the [Colorado Commercial HMO Formulary](#).
 - For your Tier 2 benefit from the Walgreens mail-order service online at walgreens.com/mailservice. Drugs ordered through this service will follow this formulary.

There is no extra charge for mail order. The appropriate out-of-pocket cost according to your prescription drug benefit will apply. See your Certificate of Insurance Schedule of Benefits to determine if mail order is available in your plan.

NONDISCRIMINATION NOTICE

Kaiser Permanente Insurance Company (KPIC) complies with applicable federal civil rights law and does not discriminate on the basis of race, color, national origin, age, disability, or sex. KPIC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

- Provide no cost aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats, such as large print, audio, and accessible electronic formats
- Provide no cost language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call **1-855-364-3184 (TTY: 711)**

If you believe that Kaiser Permanente Insurance Company has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail at: KPIC Civil Rights Coordinator, PO Box 378066, Denver, CO 80237, or by phone at Member Services: 1-855-364-3184.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

HELP IN YOUR LANGUAGE

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-855-364-3184 (TTY: 711)**.

አማርኛ (Amharic) የስተምራት አገልግሎት የሚገኘውን ክፍያ የሚፈልግ ነው፡፡ ከዚህ የስተምራት አገልግሎት የሚገኘውን ክፍያ የሚፈልግ ነው፡፡ ከዚህ የስተምራት አገልግሎት የሚገኘውን ክፍያ የሚፈልግ ነው፡፡

لُعْبَيَّة (Arabic) لُجُوجُّه: إذا انتَ تَحْدِثُ الْعَرَبِيَّةَ فَإِنَّ خَدْمَاتَ الْمِنَاعَةِ لِلْعَرَبِيَّةِ مُتَاحَةٌ لِلْعَرَبِيَّةِ. 711 :TTY(1-855-364-3184

Bàsó ò Wùqù (Bassa) Dè də nìà kε dyéqdé gbo: O jù ké m̀ Bàsòò-wùqù-po-nyò jù ní, níí, à wuqu kà kò qò po-poò bénin m̀ gbo kpáa. Đá **1-855-364-3184 (TTY: 711)**

中文 (Chinese) 注意：如果您使用繁體中文，您可以免費獲得語言協助服務。請致電 **1-855-364-3184 (TTY: 711)**

فارسی (Farsi) توجه: گرایش این فارسی صفحه را داشته باشید، خدمات مخصوص زبان فارسی را در این سایت پیدا کنید. 711 :TTY(1-855-364-3184 (تماس بگیرید).

Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-855-364-3184** (TTY: 711)

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen eine kostenlose Sprachassistenz zur Verfügung. Bitte wählen Sie: **1-855-364-3184** (TTY: 711).

Igbo (Igbo) GEE NTI: Ọ bụru na ị na asụ Igbo, ọru enyemaka nkowa asusụ, du n'efu, dijiri gi. Kpoo **1-855-364-3184** (TTY: 711).

日本語 (Japanese) 注意事項: 日本語を話される場合、言語支援サービスを無料でご利用いただけます。**1-855-364-3184** (TTY: 711)まで、お電話にてご連絡ください。

한국어 (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-855-364-3184** (TTY: 711) 번으로 전화해 주십시오.

Naabehó (Navajo) Díí baa akó nínízin: Díí saad bee yániłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hól ó, koj j' hódíílnih **1-855-364-3184** (TTY: 711).

नेपाल (Nepali) यान दनुहोस: तपाईं अङ्ग्रेजी बोल्नुहोन्छ भने भाषा सहायता सेवाहरू तपाईंका लागि ननिःशुल्क उपलब्ध छन। **1-855-364-3184** (TTY: 711) मा फोन दिनुहोस।

Afaan Oromoo (Oromo) XIYYEEFFANNAA: Afaan Oromoo dubbattu taanaan, tajaajiloonni deeggarsa afaanii bilisaan isiniif ni dhiyaatu. **1-855-364-3184** (TTY: 711) irratti bilbilaa.

Русский (Russian) ВНИМАНИЕ: если вы говорите на русском языке, вам доступны бесплатные услуги перевода. Звоните **1-855-364-3184** (TTY: 711).

Español (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-855-364-3184** (TTY: 711).

Tagalog (Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-855-364-3184** (TTY: 711).

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu quý vị nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Gọi số **1-855-364-3184** (TTY: 711).

Yorùbá (Yoruba) AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun o. Pe **1-855-364-3184** (TTY: 711)

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Drug	Status	Notes
Allergy		
2Nd Gen Antihistamine & Decongestant Combinations		
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG	Tier 3	ST: Must meet any of the following requirements: Desloratadine or Levocetirizine tablets in 120 days; QL (2 EA per 1 day)
SEMPREX-D ORAL CAPSULE 8-60 MG	Tier 3	
Allergenic Extracts, Therapeutics		
GRASTEK SUBLINGUAL TABLET 2,800 BAU	Tier 2	PA; MO
ODACTRA SUBLINGUAL TABLET 12 SQ-HDM	Tier 2	PA; MO
ORALAIR SUBLINGUAL TABLET 100 INDX REACTIVITY	Tier 2	PA
ORALAIR SUBLINGUAL TABLET 100 IR (3) /300 IR (6)	Tier 3	PA
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	Tier 2	PA; MO
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3)	Tier 3	PA; MO
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6)	Tier 3	PA; MO
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1)	Tier 3	PA; MO
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG	Tier 3	PA; MO
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2)	Tier 3	PA; MO
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4)	Tier 3	PA; MO
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1)	Tier 3	PA; MO
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X1)	Tier 3	PA; MO
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2)	Tier 3	PA; MO

Drug	Status	Notes
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2)	Tier 3	PA; MO
PALFORZIA (LEVEL 11 UP-DOSE) ORAL POWDER IN PACKET 300 MG	Tier 3	PA; MO
PALFORZIA INITIAL DOSE ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG	Tier 3	PA
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG	Tier 3	PA; MO
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT	Tier 2	PA; MO
Antihistamines - 1St Generation		
carbinoxamine maleate oral liquid 4 mg/5 ml	Tier 1	Age (Min 2 Years)
carbinoxamine maleate oral tablet 4 mg	Tier 1	Age (Min 2 Years)
carbinoxamine maleate oral tablet 6 mg (RyVent)	Tier 1	ST: Must meet the following requirements: Carbinoxamine tablet (4mg) and solution (4mg/5mL) in 365 days; QL (4 EA per 1 day); Age (Min 2 Years)
clemastine oral syrup 0.5 mg/5 ml	Tier 1	
clemastine oral tablet 2.68 mg	Tier 1	
cyproheptadine oral syrup 2 mg/5 ml	Tier 1	
cyproheptadine oral tablet 4 mg	Tier 1	
dexchlorpheniramine maleate oral solution 2 mg/5 ml (Ryclora)	Tier 1	QL (236 ML per 1 FILL)
DIPHEN ORAL ELIXIR 12.5 MG/5 ML (diphenhydramine hcl)	Tier 1	
hydroxyzine hcl oral solution 10 mg/5 ml	Tier 1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	Tier 1	
hydroxyzine pamoate oral capsule 100 mg, 50 mg	Tier 1	
hydroxyzine pamoate oral capsule 25 mg (Vistaril)	Tier 1	
KARBINAL ER ORAL SUSPENSION, EXTENDED REL 12 HR 4 MG/5 ML	Tier 3	ST: Must meet the following requirement: Immediate-release Carbinoxamine Maleate oral solution in 120 days; QL (960 ML per 30 days); Age (Min 2 Years)
promethazine injection solution 25 mg/ml, 50 mg/ml (Phenergan)	Tier 1	
promethazine oral syrup 6.25 mg/5 ml	Tier 1	

Drug	Status	Notes
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
Antihistamines - 2Nd Generation		
<i>cetirizine oral solution 1 mg/ml (All Day Allergy (cetirizine))</i>	Tier 1	
<i>desloratadine oral tablet 5 mg (Claritin)</i>	Tier 1	MO; QL (1 EA per 1 day)
<i>desloratadine oral tablet,disintegrating 2.5 mg, 5 mg</i>	Tier 1	MO; ST: Must meet any of the following requirements: Desloratadine or Levocetirizine tablets in 120 days; QL (1 EA per 1 day)
<i>levocetirizine oral solution 2.5 mg/5 ml (Xyzal)</i>	Tier 1	MO; ST: Must meet any of the following requirements: Desloratadine or Levocetirizine tablets in 120 days; QL (10 ML per 1 day)
<i>levocetirizine oral tablet 5 mg (24HR Allergy Relief)</i>	Tier 1	MO
Nasal Antihistamine		
<i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i>	Tier 1	MO; QL (60 ML per 30 days)
<i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i>	Tier 1	MO; QL (60 ML per 30 days)
<i>olopatadine nasal spray,non-aerosol 0.6 % (Patanase)</i>	Tier 1	QL (30.5 GM per 30 days)
Nasal Antihistamine & Anti-Inflam.		
Steroid Comb.		
<i>azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray (Dymista)</i>	Tier 1	ST: Must meet the following requirement: Flunisolide or Fluticasone Propionate in 120 days; QL (23 GM per 30 days)
<i>RYALTRIS NASAL SPRAY,NON-AEROSOL 665-25 MCG/SPRAY</i>	Tier 3	QL (29 GM per 30 days)
Nasal Anti-Inflammatory Steroids		
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	Tier 1	MO; QL (25 ML per 30 days)
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation (24 Hour Allergy Relief)</i>	Tier 1	MO; QL (16 GM per 30 days)
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation (Nasonex 24hr Allergy)</i>	Tier 1	MO; QL (17 GM per 30 days)
<i>OMNARIS NASAL SPRAY,NON-AEROSOL 50 MCG</i>	Tier 3	MO; ST: Must meet the following requirement: Flunisolide or Fluticasone Propionate in 120 days; QL (5 GM per 12 days)

Drug	Status	Notes
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	Tier 2	MO; ST: Must meet any of the following requirements: Flunisolide, Fluticasone Propionate, or Qnasl in 120 days; QL (6.8 GM per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	Tier 2	MO; ST: Must meet any of the following requirements: Flunisolide, Fluticasone Propionate, or Qnasl Children in 120 days; QL (10.6 GM per 30 days)
TICANASE NASAL KIT,SPRAY SUSPENSION AND SPRAY 50 MCG-0.9 %	Tier 3	MO
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	Tier 2	MO; ST: Must meet any of the following requirements: Flunisolide, Fluticasone Propionate, Mometasone Furoate, or Nasonex 24hr Allergy in 120 days; QL (32 ML per 30 days)
ZETONNA NASAL HFA AEROSOL INHALER 37 MCG/ACTUATION	Tier 3	MO; ST: Must meet the following requirement: Flunisolide or Fluticasone Propionate in 120 days; QL (6.1 GM per 30 days)
Antiemesis/Antivertigo		
Antiemetic, Cannabinoid-Type		
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg (Marinol)	Tier 1	ST: Must meet any of the following requirements: 5HT3 Antagonist, Corticosteroids, Emend, or Megestrol suspension in 120 days; QL (2 EA per 1 day)
SYNDROS ORAL SOLUTION 5 MG/ML	Tier 3	ST: Must meet any of the following requirements: Dronabinol capsules or Megestrol suspension in 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)
ANTIVERT ORAL TABLET 50 MG (meclizine)	Tier 3	QL (2 EA per 1 day)

Drug	Status	Notes
ANZEMET ORAL TABLET 50 MG	Tier 3	ST: Must meet the following requirement: Ondansetron tablets or ODT in 120 days; QL (8 EA per 1 FILL)
aprepitant oral capsule 125 mg	Tier 1	QL (1 EA per 21 days)
aprepitant oral capsule 40 mg	Tier 1	QL (1 EA per 28 days)
aprepitant oral capsule 80 mg (Emend)	Tier 1	QL (2 EA per 21 days)
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2) (Emend)	Tier 1	QL (3 EA per 21 days)
BONJESTA ORAL TABLET,IR,DELAYED REL,BIPHASIC 20-20 MG	Tier 3	QL (60 EA per 30 days)
COMPRO RECTAL SUPPOSITORY 25 MG (prochlorperazine)	Tier 1	
doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec) 10-10 mg (Diclegis)	Tier 1	QL (120 EA per 30 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ML FINAL CONC.)	Tier 2	QL (3 EA per 21 days)
granisetron hcl oral tablet 1 mg	Tier 1	ST: Must meet the following requirement: Ondansetron tablets or ODT in 120 days; QL (8 EA per 30 days)
meclizine oral tablet 12.5 mg	Tier 1	
meclizine oral tablet 25 mg (Dramamine (meclizine))	Tier 1	
meclizine oral tablet 50 mg (Antivert)	Tier 1	QL (2 EA per 1 day)
ondansetron hcl oral solution 4 mg/5 ml	Tier 1	QL (50 ML per 15 days)
ondansetron hcl oral tablet 4 mg, 8 mg	Tier 1	
ondansetron oral tablet,disintegrating 4 mg, 8 mg	Tier 1	
prochlorperazine maleate oral tablet 10 mg, 5 mg (Compazine)	Tier 1	
prochlorperazine rectal suppository 25 mg (Compro)	Tier 1	
promethazine rectal suppository 12.5 mg, 25 mg, 50 mg (Promethegan)	Tier 1	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG	Tier 1	
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	Tier 3	ST: Must meet the following requirement: Ondansetron tablets or ODT in 120 days; QL (1 EA per 7 days)

Drug	Status	Notes
scopolamine base transdermal patch 3 day 1 mg over 3 days (Transderm-Scop)	Tier 1	
trimethobenzamide oral capsule 300 mg	Tier 1	
VARUBI ORAL TABLET 90 MG	Tier 3	QL (2 EA per 14 days)
Asthma And Copd		
5-Lipoxygenase Inhibitors		
zileuton oral tablet, er multiphase 12 hr 600 mg	Tier 1	MO; ST: Must meet the following requirements: Montelukast Sodium and Zafirlukast in 365 days; QL (2 EA per 1 day)
ZYFLO ORAL TABLET 600 MG	Tier 3	MO; ST: Must meet the following requirements: Montelukast Sodium and Zafirlukast in 365 days; QL (4 EA per 1 day)
Anticholinergic, Orally Inhaled Short Acting		
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	Tier 2	MO; QL (25.8 GM per 30 days)
ipratropium bromide inhalation solution 0.02 %	Tier 1	MO
Anticholinergics, Orally Inhaled Long Acting		
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	Tier 3	MO; ST: Must meet the following requirement: Spiriva in 120 days; QL (30 EA per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	Tier 2	MO; QL (4 GM per 30 days)
SPIRIVA WITH HANDIHALER (tiotropium bromide) INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	Tier 1	MO; QL (30 EA per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION	Tier 3	MO; ST: Must meet the following requirement: Spiriva in 120 days; QL (1 EA per 30 days)
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	Tier 3	MO; ST: Must meet the following requirement: Lonhala Magnair in 120 days; QL (90 ML per 30 days)
Beta-Adrenergic Agents		
albuterol sulfate oral syrup 2 mg/5 ml	Tier 1	MO
albuterol sulfate oral tablet 2 mg, 4 mg	Tier 1	MO

Drug	Status	Notes
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	Tier 1	MO
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	Tier 1	MO
Beta-Adrenergic Agents, Inhaled, Short Acting		
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	Tier 1	MO
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i>	Tier 1	MO
<i>levalbuterol hcl inhalation solution for 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	MO
<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i>	Tier 1	MO
PROAIR DIGITALER INHALATION AERO POWDR BREATH ACT W/SENSOR 90 MCG/ACTUATION	Tier 3	MO; ST: Must meet the following requirement: Generic Albuterol Sulfate 90mcg HFA inhaler in 120 days
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	Tier 3	MO; ST: Must meet the following requirement: Generic Albuterol Sulfate 90mcg HFA inhaler in 120 days
Beta-Adrenergic Agents, Inhaled, Ultra-Long Acting		
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	Tier 2	MO; QL (4 GM per 30 days)
Beta-Adrenergic Agents, Orally Inhaled, Long Acting		
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>	Tier 1	MO; ST: Must meet any of the following requirements: Formoterol Fumarate, Serevent Diskus, or Striverdi Respimat in 120 days; QL (120 ML per 30 days)
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	Tier 1	MO; QL (120 ML per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	Tier 2	MO; QL (60 EA per 30 days)

Drug	Status	Notes
Beta-Adrenergic And Anticholinergic Combinations		
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	Tier 2	MO; QL (60 EA per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	Tier 3	MO; ST: Must meet the following requirements: Anoro Ellipta and Stiolto Respimat in 365 days; QL (10.7 GM per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	Tier 2	MO
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION	Tier 3	MO; ST: Must meet the following requirements: Anoro Ellipta and Stiolto Respimat in 365 days; QL (1 EA per 30 days)
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	Tier 1	MO
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	Tier 2	MO; QL (4 GM per 30 days)
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	MO; QL (12 GM per 30 days)
AIRDUO DIGITALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	Tier 3	MO; ST: Must meet any of the following requirements: Advair HFA or Breo Ellipta in 120 days; QL (1 EA per 30 days)
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	Tier 2	MO; 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	MO; QL (60 EA per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE	Tier 2	MO; 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	MO; QL (30.6 GM per 30 days)

Drug	Status	Notes
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i> (Breyna)	Tier 1	MO; QL (30.6 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	Tier 3	MO; ST: Must meet any of the following requirements: Advair HFA or Breo Ellipta in 120 days; QL (39 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION	Tier 3	MO; ST: Must meet any of the following requirements: Advair HFA or Breo Ellipta in 120 days; QL (13 GM per 30 days)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i> (AirDuo RespiClick)	Tier 3	MO; ST: Must meet any of the following requirements: Advair HFA or Breo Ellipta in 120 days; QL (1 EA 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	MO; 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	MO; 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	MO; QL (10.7 GM per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	Tier 2	MO; QL (60 EA per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG	Tier 2	MO; QL (2 EA per 1 day)
Glucocorticoids, Orally Inhaled		
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION	Tier 3	MO; ST: Must meet the following requirement: Arnuity Ellipta in 120 days; QL (12.2 GM per 30 days)
ARMONAIR DIGITALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG/ACTUATION, 232 MCG/ACTUATION, 55 MCG/ACTUATION	Tier 3	MO; ST: Must meet the following requirement: Arnuity Ellipta in 120 days; QL (1 EA per 30 days)

Drug	Status	Notes
ARNUNITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	Tier 2	MO; QL (30 EA per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	Tier 3	MO; ST: Must meet the following requirement: Arnuity Ellipta in 120 days; QL (13 GM per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	Tier 3	MO; ST: Must meet the following requirement: Arnuity Ellipta in 120 days; QL (1 EA per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i> (Pulmicort)	Tier 1	MO; QL (120 ML per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i> (Pulmicort)	Tier 1	MO; QL (60 ML per 30 days)
<i>fluticasone propionate inhalation blister with device 100 mcg/actuation, 50 mcg/actuation</i>	Tier 1	MO; QL (60 EA per 30 days)
<i>fluticasone propionate inhalation blister with device 250 mcg/actuation</i>	Tier 1	MO; QL (120 EA per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>	Tier 1	MO; QL (12 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>	Tier 1	MO; QL (24 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	Tier 1	MO; QL (21.2 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	Tier 3	MO; ST: Must meet the following requirement: Arnuity Ellipta in 120 days; QL (1 EA per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	Tier 3	MO; ST: Must meet the following requirement: Arnuity Ellipta in 120 days; 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 3	PA; MO
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	Tier 3	PA; MO

Drug	Status	Notes
Interleukin-5(IL-5) Receptor Alpha Antagonist, Mab		
FASENRA PEN SUBCUTANEOUS AUTO-Injector 30 MG/ML	Tier 3	PA; MO
Leukotriene Receptor Antagonists		
montelukast oral granules in packet 4 mg (Singulair)	Tier 1	MO
montelukast oral tablet 10 mg (Singulair)	Tier 1	MO
montelukast oral tablet, chewable 4 mg, 5 mg (Singulair)	Tier 1	MO
zafirlukast oral tablet 10 mg, 20 mg (Accolate)	Tier 1	MO
Mast Cell Stabilizers		
cromolyn oral concentrate 100 mg/5 ml (Gastrocrom)	Tier 1	
Mast Cell Stabilizers, Orally Inhaled		
cromolyn inhalation solution for nebulization 20 mg/2 ml	Tier 1	MO
Monoclonal Antibodies To Immunoglobulin E(Ige)		
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	Tier 3	PA; MO
Monoclonal Antibody - Interleukin-5 Antagonists		
NUCALA SUBCUTANEOUS AUTO-Injector 100 MG/ML	Tier 3	PA; MO
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML	Tier 3	PA; MO
Phosphodiesterase-4 (Pde4) Inhibitors		
roflumilast oral tablet 250 mcg, 500 mcg (Daliresp)	Tier 1	MO; QL (1 EA per 1 day)
Thymic Stromal Lymphopoietin (Tslp) Inhibitors		
TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML)	Tier 3	PA; MO
Xanthines		
caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)	Tier 1	
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	Tier 1	MO
THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	Tier 2	MO
theophylline oral elixir 80 mg/15 ml (Elixophyllin)	Tier 1	MO
theophylline oral solution 80 mg/15 ml	Tier 1	MO
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg	Tier 1	MO

Drug	Status	Notes
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	Tier 1	MO
Autonomic Nervous System Disorders		
Alzheimer's Therapy, Nmda Receptor Antagonists		
memantine oral capsule,sprinkle,er 24hr (Namenda XR) 14 mg, 21 mg, 28 mg, 7 mg	Tier 1	MO; ST: Must meet the following requirement: Memantine immediate release tablets in 120 days; QL (30 EA per 30 days)
memantine oral solution 2 mg/ml	Tier 1	MO; QL (300 ML per 30 days)
memantine oral tablet 10 mg, 5 mg (Namenda)	Tier 1	MO; QL (60 EA per 30 days)
memantine oral tablets,dose pack 5-10 mg (Namenda Titration Pak)	Tier 1	QL (49 EA per 28 days)
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7-14-21-28 MG	Tier 2	ST: Must meet the following requirement: Memantine immediate release tablets in 120 days; QL (28 EA per 28 days)
Alzheimer's Thx,Nmda Recept Antag & Cholines Inhib		
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	Tier 2	ST: Must meet 2 of the following requirements: Adlarity, Donepezil HCL, Memantine HCL, or Namenda XR in 365 days; QL (28 EA per 28 days)
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	Tier 2	MO; ST: Must meet 2 of the following requirements: Adlarity, Donepezil HCL, Memantine HCL, or Namenda XR in 365 days; QL (1 EA per 1 day)
Cholinesterase Inhibitors		
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/24 HOUR, 5 MG/24 HOUR	Tier 3	PA; MO
donepezil oral tablet 10 mg, 23 mg, 5 mg (Aricept)	Tier 1	MO
donepezil oral tablet,disintegrating 10 mg, 5 mg	Tier 1	MO
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	Tier 1	MO; QL (30 EA per 30 days)
galantamine oral solution 4 mg/ml	Tier 1	MO; QL (200 ML per 30 days)

Drug	Status	Notes
galantamine oral tablet 12 mg, 4 mg, 8 mg	Tier 1	MO; QL (60 EA per 30 days)
pyridostigmine bromide oral syrup 60 mg/5 ml (Mestinon)	Tier 1	MO
pyridostigmine bromide oral tablet 30 mg	Tier 1	MO
pyridostigmine bromide oral tablet 60 mg (Mestinon)	Tier 1	MO
pyridostigmine bromide oral tablet (Mestinon Timespan) extended release 180 mg	Tier 1	MO
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	Tier 1	MO
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour (Exelon Patch)	Tier 1	MO; QL (30 EA per 30 days)
Behavioral Health - Antidepressants		
Alpha-2 Receptor Antagonist		
Antidepressants		
mirtazapine oral tablet 15 mg, 30 mg (Remeron)	Tier 1	MO
mirtazapine oral tablet 45 mg, 7.5 mg	Tier 1	MO
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg (Remeron SolTab)	Tier 1	MO
Antidepressant - Nmda Receptor Antagonist		
SPRAVATO NASAL SPRAY,NON-AEROSOL 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3)	Tier 4	PA; MO
Antidepressant - Postpartum Depression (Ppd)		
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG	Tier 2	PA
Maois - Non-Selective & Irreversible		
MARPLAN ORAL TABLET 10 MG	Tier 3	MO
phenelzine oral tablet 15 mg (Nardil)	Tier 1	MO
tranylcypromine oral tablet 10 mg (Parnate)	Tier 1	MO
Ndma Receptor Antagonist And Ndri Comb		
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	Tier 3	PA; MO
Norepinephrine And Dopamine Reuptake Inhib (Ndris)		
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG	Tier 3	MO; ST: Must meet the following requirement: Bupropion HCL in 120 days; QL (1 EA per 1 day)
bupropion hcl oral tablet 100 mg, 75 mg	Tier 1	MO

Drug		Status	Notes
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	(Wellbutrin XL)	Tier 1	MO
<i>bupropion hcl oral tablet extended release 24 hr 450 mg</i>	(Forfivo XL)	Tier 1	MO; ST: Must meet the following requirement: Bupropion HCL in 120 days; QL (1 EA per 1 day)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	(Wellbutrin SR)	Tier 1	MO
Selective Serotonin Reuptake Inhibitor (Ssris)			
<i>citalopram oral capsule 30 mg</i>		Tier 1	MO
<i>citalopram oral solution 10 mg/5 ml</i>		Tier 1	MO
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	(Celexa)	Tier 1	MO
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>		Tier 1	MO
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	(Lexapro)	Tier 1	MO
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	(Prozac)	Tier 1	MO
<i>fluoxetine oral capsule, delayed release(dr/ec) 90 mg</i>		Tier 1	MO
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>		Tier 1	MO
<i>fluoxetine oral tablet 10 mg, 20 mg, 60 mg</i>		Tier 1	MO
<i>fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg</i>		Tier 1	MO; ST: Must meet any of the following requirements: Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Fluvoxamine Maleate, Paroxetine HCL, or Sertraline HCL in 120 days; QL (2 EA per 1 day)
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>		Tier 1	MO
<i>paroxetine hcl oral suspension 10 mg/5 ml</i>	(Paxil)	Tier 1	MO
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	(Paxil)	Tier 1	MO
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	(Paxil CR)	Tier 1	MO
<i>sertraline oral capsule 150 mg, 200 mg</i>		Tier 1	MO; QL (1 EA per 1 day)
<i>sertraline oral concentrate 20 mg/ml</i>	(Zoloft)	Tier 1	MO

Drug	Status	Notes
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)	Tier 1	MO
Serotonin-2 Antagonist/Reuptake Inhibitors (Saris)		
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 1	MO
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	Tier 1	MO
Serotonin-Norepinephrine Reuptake-Inhib (Snris)		
<i>desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg</i>	Tier 1	MO; ST: Must meet 2 of the following requirements: Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine HCL in 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	MO
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	Tier 3	PA; MO
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i> (Cymbalta)	Tier 1	MO
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	Tier 1	MO; ST: Must meet the following requirement: 2-20mg generic Duloxetine capsules in 120 days; QL (1 EA per 1 day)
DULOXICAINE KIT 30 MG- 4%	Tier 3	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	Tier 2	ST: Must meet 2 of the following requirements: Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine HCL in 365 days; QL (1 EA per 1 day)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	Tier 2	MO; ST: Must meet 2 of the following requirements: Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine HCL in 365 days; QL (1 EA per 1 day)

Drug	Status	Notes
<i>venlafaxine besylate oral tablet extended release 24hr 112.5 mg</i>	Tier 1	MO; ST: Must meet the following requirement: Venlafaxine ER capsules in 120 days; QL (1 EA per 1 day)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	Tier 1	MO
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Tier 1	MO
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>	Tier 1	MO
Ssri & 5Ht1a Partial Agonist Antidepressant		
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	Tier 2	ST: Must meet any of the following requirements: Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Sertraline HCL, or Venlafaxine HCL in 120 days; QL (1 EA per 1 day)
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i> (Viibryd)	Tier 1	MO; ST: Must meet any of the following requirements: Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Sertraline HCL, or Venlafaxine HCL in 120 days
Ssri & Serotonin Receptor Modulator Antidepressant		
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 2	MO; ST: Must meet any of the following requirements: Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Sertraline HCL, or Venlafaxine HCL in 120 days; QL (1 EA per 1 day)

Drug	Status	Notes
Tricyclic		
Antidepressant/Benzodiazepine Combinatns		
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg	Tier 1	MO
Tricyclic Antidepressant/Phenothiazine Combinatns		
perphenazine-amitriptyline oral tablet 2- 10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	Tier 1	MO
Tricyclic Antidepressants & Rel. Non-Sel. Ru-Inhib		
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Tier 1	MO
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	Tier 1	MO
clomipramine oral capsule 25 mg, 50 mg, 75 mg (Anafranil)	Tier 1	MO
desipramine oral tablet 10 mg, 25 mg (Norpramin)	Tier 1	MO
desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg	Tier 1	MO
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Tier 1	MO
doxepin oral concentrate 10 mg/ml	Tier 1	MO
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	Tier 1	MO
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	Tier 1	MO
nortriptyline oral capsule 10 mg, 25 mg, (Pamelor) 50 mg, 75 mg	Tier 1	MO
nortriptyline oral solution 10 mg/5 ml	Tier 1	MO
protriptyline oral tablet 10 mg, 5 mg	Tier 1	MO
trimipramine oral capsule 100 mg, 25 mg, 50 mg	Tier 1	MO
Behavioral Health - Other		
Adrenergics, Aromatic, Non-Catecholamine		
ADZENYS XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG	Tier 3	MO; ST: Must meet 2 of the following requirements: Generic methylphenidate ER/LA/CD or dextroamphetamine/amphetamine XR/ER or lisdexamfetamine in 365 days; QL (1 EA per 1 day)

Drug	Status	Notes
amphetamine oral suspen, ir - er, biphasic 24hr 1.25 mg/ml	Tier 1	MO; ST: Must meet the following requirement: Dextroamphetamine/Amphetamine in 120 days; QL (450 ML per 30 days)
amphetamine sulfate oral tablet 10 mg, 5 mg (Evekeo)	Tier 1	PA; MO
dextroamphetamine sulfate oral capsule, (Dexedrine Spansule) extended release 10 mg	Tier 1	MO; QL (60 EA per 30 days)
dextroamphetamine sulfate oral capsule, extended release 15 mg	Tier 1	MO; QL (120 EA per 30 days)
dextroamphetamine sulfate oral capsule, extended release 5 mg	Tier 1	MO; QL (60 EA per 30 days)
dextroamphetamine sulfate oral solution (ProCentra) 5 mg/5 ml	Tier 1	MO; QL (1800 ML per 30 days)
dextroamphetamine sulfate oral tablet 10 mg (Zenzedi)	Tier 1	MO; QL (180 EA per 30 days)
dextroamphetamine sulfate oral tablet 15 mg (Zenzedi)	Tier 1	MO; ST: Must meet the following requirement: Dextroamphetamine Sulfate immediate-release tablets (5mg or 10mg) or Dextroamphetamine solution in 120 days; QL (3 EA per 1 day)
dextroamphetamine sulfate oral tablet 20 mg, 30 mg (Zenzedi)	Tier 1	MO; ST: Must meet the following requirement: Dextroamphetamine Sulfate immediate-release tablets (5mg or 10mg) or Dextroamphetamine solution in 120 days; QL (2 EA per 1 day)
dextroamphetamine sulfate oral tablet 5 mg (Zenzedi)	Tier 1	MO; QL (90 EA per 30 days)
dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg (Mydayis)	Tier 1	MO; QL (1 EA per 1 day)
dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg (Adderall XR)	Tier 1	MO; QL (1 EA per 1 day)
dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg (Adderall XR)	Tier 1	MO; QL (2 EA per 1 day)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg (Adderall)	Tier 1	MO; QL (2 EA per 1 day)

Drug	Status	Notes
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML	Tier 3	MO; ST: Must meet 2 of the following requirements: Generic methylphenidate ER/LA/CD or dextroamphetamine/amphetamine XR/ER or lisdexamfetamine in 365 days; QL (240 ML per 30 days)
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG	Tier 3	MO; ST: Must meet 2 of the following requirements: Generic methylphenidate ER/LA/CD or dextroamphetamine/amphetamine XR/ER or lisdexamfetamine in 365 days; QL (1 EA per 1 day)
EVEKEO ODT ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 20 MG, 5 MG	Tier 3	PA; MO
<i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i> (Vyvanse)	Tier 1	MO; 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	MO; QL (1 EA per 1 day)
<i>methamphetamine oral tablet 5 mg</i> (Desoxyn)	Tier 1	MO; QL (150 EA per 30 days)
XELSTRYM TRANSDERMAL PATCH 24 HOUR 13.5 MG/9 HOUR, 18 MG/9 HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR	Tier 3	MO; ST: Must meet 2 of the following requirements: Generic methylphenidate ER/LA/CD or dextroamphetamine/amphetamine XR/ER or lisdexamfetamine in 365 days; QL (1 EA per 1 day); Age (Min 6 Years)
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG	Tier 3	MO; ST: Must meet the following requirement: Dextroamphetamine Sulfate immediate-release tablets (5mg or 10mg) or Dextroamphetamine solution in 120 days; QL (90 EA per 30 days)
Anti-Alcoholic Preparations		
<i>acamprosate oral tablet,delayed release (dr/ec) 333 mg</i>	Tier 1	MO
<i>disulfiram oral tablet 250 mg, 500 mg</i>	Tier 1	MO

Drug	Status	Notes
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>	Tier 1	
<i>alprazolam oral tablet extended release (Xanax XR) 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i>	Tier 1	
<i>alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<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 (Diazepam Intensol)</i>	Tier 1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml)</i>	Tier 1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg (Valium)</i>	Tier 1	
LORAZEPAM INTENSOL ORAL (lorazepam) CONCENTRATE 2 MG/ML	Tier 1	
<i>lorazepam oral concentrate 2 mg/ml (Lorazepam Intensol)</i>	Tier 1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg (Ativan)</i>	Tier 1	
LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 1 MG, 2 MG, 3 MG	Tier 3	
LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 1.5 MG	Tier 3	ST: Must meet the following requirement: Lorazepam tablets in 120 days
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	Tier 1	
Anti-Anxiety Drugs		
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	MO
<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	MO
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	Tier 1	MO
<i>lithium carbonate oral tablet 300 mg</i>	Tier 1	MO

Drug	Status	Notes
<i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid)	Tier 1	MO
<i>lithium carbonate oral tablet extended release 450 mg</i>	Tier 1	MO
<i>lithium citrate oral solution 8 meq/5 ml</i>	Tier 1	MO
Anti-Narcolepsy & Anti-Cataplexy, Sedative-Type Agt		
LUMRYZ ORAL EXTEND RELEASE GRANULES, PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM	Tier 4	PA; MO
<i>sodium oxybate oral solution 500 mg/ml</i> (Xyrem)	Tier 3	PA; MO
XYWAV ORAL SOLUTION 0.5 GRAM/ML	Tier 3	PA; MO
Antipsych,Dopamine Antag.,Diphenylbutylpiperidines		
<i>pimozide oral tablet 1 mg, 2 mg</i>	Tier 1	MO
Antipsychotic-Atypical,D3/D2 Partial Ag-5Ht Mixed		
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	Tier 2	MO; QL (1 EA per 1 day)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	Tier 2	QL (7 EA per 28 days)
Antipsychotics, Atyp, D2 Partial Agonist/5Ht Mixed		
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET WITH SENSOR AND STRIP 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	Tier 4	PA; MO
ABILIFY MYCITE STARTER KIT ORAL TABLET WITH SENSOR, STRIP, POD 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	Tier 4	PA

Drug	Status	Notes
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 1	MO; ST: Must meet 2 of the following requirements: Abilify Asimtufii, Abilify Maintena, Abilify Mycite, Aripiprazole, Citalopram Hydrobromide, Clozapine, Drizalma Sprinkle, Duloxetine HCL, Escitalopram Oxalate, Fluoxetine HCL, Olanzapine, Paroxetidine HCL, Paroxetine Mesylate, Perseris, Pexeva, Quetiapine Fumarate, Risperidone, Seroquel XR, Sertraline HCL, Uzedry, Venlafaxine HCL, Versacloz, or Ziprasidone HCL in 365 days
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg (Abilify)</i>	Tier 1	MO
<i>aripiprazole oral tablet,disintegrating 10 mg</i>	Tier 1	MO; ST: Must meet 2 of the following requirements: Abilify Asimtufii, Abilify Maintena, Abilify Mycite, Aripiprazole, Citalopram Hydrobromide, Clozapine, Drizalma Sprinkle, Duloxetine HCL, Escitalopram Oxalate, Fluoxetine HCL, Olanzapine, Paroxetidine HCL, Paroxetine Mesylate, Perseris, Pexeva, Quetiapine Fumarate, Risperidone, Seroquel XR, Sertraline HCL, Uzedry, Venlafaxine HCL, Versacloz, or Ziprasidone HCL in 365 days; QL (3 EA per 1 day)

Drug	Status	Notes
<i>aripiprazole oral tablet,disintegrating 15 mg</i>	Tier 1	MO; ST: Must meet 2 of the following requirements: Abilify Asimtufii, Abilify Maintena, Abilify Mycite, Aripiprazole, Citalopram Hydrobromide, Clozapine, Drizalma Sprinkle, Duloxetine HCL, Escitalopram Oxalate, Fluoxetine HCL, Olanzapine, Paroxetin HCL, Paroxetine Mesylate, Perseris, Pexeva, Quetiapine Fumarate, Risperidone, Seroquel XR, Sertraline HCL, Uzedy, Venlafaxine HCL, Versacloz, or Ziprasidone HCL in 365 days; QL (2 EA per 1 day)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 2	MO; ST: Must meet any of the following requirements: Abilify Mycite, Aripiprazole, Lurasidone HCL, Olanzapine, Paliperidone, Quetiapine Fumarate, Risperidone, Seroquel XR, or Ziprasidone HCL in 120 days; QL (1 EA per 1 day)
REXULTI ORAL TABLETS,DOSE PACK 0.5 MG (7)- 1 MG (7), 1 MG (4)- 2 MG (3)	Tier 2	ST: Must meet any of the following requirements: Abilify Mycite, Aripiprazole, Lurasidone HCL, Olanzapine, Paliperidone, Quetiapine Fumarate, Risperidone, Seroquel XR, or Ziprasidone HCL in 120 days; QL (1 EA per 1 day)
Antipsychotics, Dopamine & Serotonin Antagonists		
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG	Tier 3	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	MO
Antipsychotics,Atypical,Dopamine,& Serotonin Antag		
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	MO; QL (2 EA per 1 day)

Drug	Status	Notes
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	Tier 3	MO; ST: Must meet the following requirement: Vraylar in 120 days; QL (1 EA per 1 day)
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg (Clozaril)</i>	Tier 1	MO
<i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	Tier 1	MO; QL (3 EA per 1 day)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 3	MO; ST: Must meet 2 of the following requirements: Aripiprazole, Asenapine Maleate, Clozapine, Olanzapine, Paliperidone, Quetiapine Fumarate, Risperidone, or Ziprasidone HCL in 365 days; QL (2 EA per 1 day)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	Tier 3	ST: Must meet 2 of the following requirements: Aripiprazole, Asenapine Maleate, Clozapine, Olanzapine, Paliperidone, Quetiapine Fumarate, Risperidone, or Ziprasidone HCL in 365 days; QL (8 EA per 28 days)
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg (Latuda)</i>	Tier 1	MO; QL (30 EA per 30 days)
<i>lurasidone oral tablet 80 mg (Latuda)</i>	Tier 1	MO; QL (60 EA per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	Tier 3	PA; MO
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg (Zyprexa)</i>	Tier 1	MO
<i>olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg (Zyprexa Zydis)</i>	Tier 1	MO
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	Tier 1	MO; QL (1 EA per 1 day)
<i>paliperidone oral tablet extended release 24hr 3 mg, 9 mg (Invega)</i>	Tier 1	MO; QL (1 EA per 1 day)
<i>paliperidone oral tablet extended release 24hr 6 mg (Invega)</i>	Tier 1	MO; QL (2 EA per 1 day)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg (Seroquel)</i>	Tier 1	MO
<i>quetiapine oral tablet 150 mg</i>	Tier 1	MO; QL (1 EA per 1 day)

Drug	Status	Notes
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	Tier 1	MO
risperidone oral solution 1 mg/ml (Risperdal)	Tier 1	MO
risperidone oral tablet 0.25 mg	Tier 1	MO
risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	Tier 1	MO
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	Tier 1	MO
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	Tier 3	MO; ST: Must meet 2 of the following requirements: Aripiprazole, Asenapine Maleate, Clozapine, Olanzapine, Paliperidone, Quetiapine Fumarate, Risperidone, or Ziprasidone HCL in 365 days; QL (1 EA per 1 day)
SEROQUEL XR ORAL TABLET, EXT REL 24HR DOSE PACK 50 MG(3)-200 MG (1)-300 MG(11)	Tier 3	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	Tier 3	MO; ST: Must meet 2 of the following requirements: Aripiprazole, Asenapine Maleate, Clozapine, Olanzapine, Paliperidone, Quetiapine Fumarate, Risperidone, or Ziprasidone HCL in 365 days; QL (18 ML per 1 day)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	Tier 1	MO
Antipsychotics,Dopamine Antagonists, Thioxanthenes		
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	MO
Antipsychotics,Dopamine Antagonists,Butyrophenones		
haloperidol lactate oral concentrate 2 mg/ml	Tier 1	MO
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	Tier 1	MO
Antipsychotics,Dopamine Antagonist,Dihydroindolones		
molindone oral tablet 10 mg	Tier 1	MO; QL (8 EA per 1 day)
molindone oral tablet 25 mg	Tier 1	MO; QL (9 EA per 1 day)
molindone oral tablet 5 mg	Tier 1	MO

Drug	Status	Notes
Anti-Psychotics, Phenothiazines		
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml	Tier 1	MO
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	MO
fluphenazine hcl oral concentrate 5 mg/ml	Tier 1	MO
fluphenazine hcl oral elixir 2.5 mg/5 ml	Tier 1	MO
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	Tier 1	MO
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	Tier 1	MO
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Tier 1	MO
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	MO
Barbiturates		
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	Tier 1	MO
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	Tier 1	MO
Hypnotics, Melatonin Mt1/Mt2 Receptor Agonists		
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	Tier 4	PA; MO
ramelteon oral tablet 8 mg (Rozerem)	Tier 1	ST: Must meet any of the following requirements: Eszopiclone, Zaleplon, or Zolpidem Tartrate in 120 days
tasimelteon oral capsule 20 mg (Hetzlioz)	Tier 3	PA; MO
Menopausal Symptoms Suppressant - Ssr's		
paroxetine mesylate(menop.sym) oral capsule 7.5 mg	Tier 1	MO; ST: Must meet any of the following requirements: Paroxetine HCL or Venlafaxine HCL in 120 days; QL (1 EA per 1 day)
Monoamine Oxidase(Mao) Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	Tier 3	MO; ST: Must meet any of the following requirements: Marplan, Phenelzine Sulfate, or Tranylcypromine Sulfate in 120 days; QL (1 EA per 1 day)

Drug	Status	Notes
Narcolepsy And Sleep Disorder Therapy Agents		
armodafinil oral tablet 150 mg, 200 mg, 250 mg (Nuvigil)	Tier 1	MO; QL (1 EA per 1 day)
armodafinil oral tablet 50 mg (Nuvigil)	Tier 1	MO; QL (3 EA per 1 day)
modafinil oral tablet 100 mg, 200 mg (Provigil)	Tier 1	MO; QL (2 EA per 1 day)
SUNOSI ORAL TABLET 150 MG, 75 MG	Tier 3	PA; MO
Narcolepsy Tx-H3- Recept.Antagonist/Inverse Agonist		
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	Tier 4	PA; MO
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	
naloxone injection auto-injector 10 mg/0.4 ml	Tier 1	
naloxone injection syringe 0.4 mg/ml, 1 mg/ml	Tier 1	
naloxone nasal spray, non-aerosol 4 mg/actuation (Narcan)	Tier 1	QL (4 EA per 30 days)
NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG	Tier 3	
naltrexone oral tablet 50 mg	Tier 1	MO
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)
Sedative-Hypnotics - Benzodiazepines		
estazolam oral tablet 1 mg, 2 mg	Tier 1	
flurazepam oral capsule 15 mg, 30 mg	Tier 1	
midazolam oral syrup 10 mg/5 ml (2 mg/ml), 2 mg/ml	Tier 1	
quazepam oral tablet 15 mg (Doral)	Tier 1	ST: Must meet any of the following requirements: Eszopiclone, Flurazepam HCL, Temazepam, Zaleplon, or Zolpidem Tartrate in 120 days
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg (Restoril)	Tier 1	
triazolam oral tablet 0.125 mg	Tier 1	
triazolam oral tablet 0.25 mg (Halcion)	Tier 1	

Drug	Status	Notes
Sedative-Hypnotics, Non-Barbiturate		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	Tier 2	QL (1 EA per 1 day)
DAYVIGO ORAL TABLET 10 MG, 5 MG	Tier 3	ST: Must meet any of the following requirements: Eszopiclone, Zaleplon, or Zolpidem Tartrate in 120 days; QL (1 EA per 1 day)
<i>doxepin oral tablet 3 mg, 6 mg</i> (Silenor)	Tier 1	ST: Must meet any of the following requirements: Doxepin solution or 10mg capsule, Eszopiclone, Zaleplon, or Zolpidem Tartrate in 120 days; QL (1 EA per 1 day)
EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG	Tier 3	ST: Must meet the following requirement: Edluar or Zolpidem Tartrate in 180 days; 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)
IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG	Tier 3	PA
<i>ketamine sublingual troche 100 mg</i>	Tier 1	
MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE 3-25-2 MG	Tier 1	
QUVIVIQ ORAL TABLET 25 MG, 50 MG	Tier 3	PA
<i>zaleplon oral capsule 10 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>zolpidem oral capsule 7.5 mg</i>	Tier 1	
<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 4	PA; MO
NUPLAZID ORAL TABLET 10 MG	Tier 4	PA; MO
Ssri & Antipsych, Atyp, Dopamine & Serotonin Antag Comb		
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 6-50 mg</i>	Tier 1	MO; QL (1 EA per 1 day)
<i>olanzapine-fluoxetine oral capsule 12-50 mg, 3-25 mg, 6-25 mg</i> (Symbax)	Tier 1	MO; QL (1 EA per 1 day)

Drug	Status	Notes
Tx For Adhd - Selective Alpha-2A Receptor Agonist		
clonidine hcl oral tablet extended release 12 hr 0.1 mg	Tier 1	MO
guanfacine oral tablet extended release (Intuniv ER) 24 hr 1 mg, 2 mg, 3 mg, 4 mg	Tier 1	MO
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 3	MO; ST: Must meet 2 of the following requirements: Generic methylphenidate ER/LA/CD or dextroamphetamine/amphetamine XR/ER or lisdexamfetamine in 365 days; QL (1 EA per 1 day)
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 17.3 MG, 8.6 MG	Tier 3	MO; ST: Must meet 2 of the following requirements: Generic methylphenidate ER/LA/CD or dextroamphetamine/amphetamine XR/ER or lisdexamfetamine in 365 days; QL (1 EA per 1 day)
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 25.9 MG	Tier 3	MO; ST: Must meet 2 of the following requirements: Generic methylphenidate ER/LA/CD or dextroamphetamine/amphetamine XR/ER or lisdexamfetamine in 365 days; QL (2 EA per 1 day)
dexmethylphenidate oral capsule,er (Focalin XR) biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	Tier 1	MO; QL (1 EA per 1 day)
dexmethylphenidate oral tablet 10 mg, (Focalin) 2.5 mg, 5 mg	Tier 1	MO; QL (2 EA per 1 day)
JORNAY PM ORAL CAPSULE,DEL REL,EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG	Tier 3	MO; ST: Must meet 2 of the following requirements: Generic methylphenidate ER/LA/CD or dextroamphetamine/amphetamine XR/ER or lisdexamfetamine in 365 days; QL (1 EA per 1 day)
METADATE ER ORAL TABLET (methylphenidate hcl) EXTENDED RELEASE 20 MG	Tier 1	MO; QL (90 EA per 30 days)

Drug		Status	Notes
methylphenidate hcl oral cap,er sprinkle,biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	(Aptensio XR)	Tier 3	MO; ST: Must meet the following requirement: One of the following generics: Concerta, Metadate CD, Ritalin LA, Methylin ER, or Ritalin-SR in 120 days; QL (1 EA per 1 day)
methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg		Tier 1	MO; QL (1 EA per 1 day)
methylphenidate hcl oral capsule, er biphasic 30-70 30 mg		Tier 1	MO; QL (2 EA per 1 day)
methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg	(Ritalin LA)	Tier 1	MO; QL (1 EA per 1 day)
methylphenidate hcl oral capsule,er biphasic 50-50 30 mg	(Ritalin LA)	Tier 1	MO; QL (2 EA per 1 day)
methylphenidate hcl oral capsule,er biphasic 50-50 60 mg		Tier 1	MO; QL (1 EA per 1 day)
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml	(Methylin)	Tier 1	MO
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	(Ritalin)	Tier 1	MO; QL (90 EA per 30 days)
methylphenidate hcl oral tablet extended release 10 mg		Tier 1	MO; QL (3 EA per 1 day)
methylphenidate hcl oral tablet extended release 20 mg	(Metadate ER)	Tier 1	MO; QL (90 EA per 30 days)
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg	(Relexxii)	Tier 1	MO; QL (1 EA per 1 day)
methylphenidate hcl oral tablet extended release 24hr 36 mg	(Relexxii)	Tier 1	MO; QL (2 EA per 1 day)
methylphenidate hcl oral tablet extended release 24hr 45 mg, 63 mg	(Relexxii)	Tier 3	MO; QL (1 EA per 1 day)
methylphenidate hcl oral tablet extended release 24hr 72 mg	(Relexxii)	Tier 1	MO; ST: Must meet 2 of the following requirements: Generic methylphenidate ER/LA/CD or dextroamphetamine/amphetamine XR/ER or lisdexamfetamine in 365 days; QL (1 EA per 1 day)
methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg		Tier 1	MO; QL (90 EA per 30 days)
methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr	(Daytrana)	Tier 1	MO; ST: Must meet any of the following requirements: Methylphenidate HCL or Quillivant XR in 120 days; QL (1 EA per 1 day)

Drug	Status	Notes	
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 40 MG	Tier 3	MO; ST: Must meet the following requirement: Methylphenidate HCL in 120 days; QL (1 EA per 1 day)	
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 30 MG	Tier 3	MO; ST: Must meet the following requirement: Methylphenidate HCL in 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; MO; ST: Must meet the following requirement: Methylphenidate HCL in 120 days; QL (240 ML per 30 days)	
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 3	150mL BOTTLE; MO; ST: Must meet the following requirement: Methylphenidate HCL in 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; MO; ST: Must meet the following requirement: Methylphenidate HCL in 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; MO; ST: Must meet the following requirement: Methylphenidate HCL in 120 days; QL (60 ML per 30 days)	
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 54 MG	(methylphenidate hcl)	Tier 3	MO; QL (1 EA per 1 day)
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 36 MG	(methylphenidate hcl)	Tier 3	MO; QL (2 EA per 1 day)
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 72 MG	(methylphenidate hcl)	Tier 3	MO; ST: Must meet 2 of the following requirements: Generic methylphenidate ER/LA/CD or dextroamphetamine/amphetamine XR/ER or lisdexamfetamine in 365 days; QL (1 EA per 1 day)

Drug	Status	Notes
Tx For Attention Deficit-Hyperact.(Adhd), Nri-Type		
atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg (Strattera)	Tier 1	MO
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG	Tier 3	MO; ST: Must meet any of the following requirements: Atomoxetine HCL, Clonidine HCL, Dexmethylphenidate HCL, Dextroamphetamine/amphetamine, Guanfacine Hcl, or Methylphenidate HCL in 120 days; QL (1 EA per 1 day); Age (Min 6 Years)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG	Tier 3	MO; ST: Must meet any of the following requirements: Atomoxetine HCL, Clonidine HCL, Dexmethylphenidate HCL, Dextroamphetamine/amphetamine, Guanfacine Hcl, or Methylphenidate HCL in 120 days; QL (2 EA per 1 day); Age (Min 6 Years)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	Tier 3	MO; ST: Must meet any of the following requirements: Atomoxetine HCL, Clonidine HCL, Dexmethylphenidate HCL, Dextroamphetamine/amphetamine, Guanfacine Hcl, or Methylphenidate HCL in 120 days; QL (3 EA per 1 day); Age (Min 6 Years)
Cardiovascular Disease - Arrhythmia		
Antiarrhythmics		
amiodarone oral tablet 100 mg, 200 mg, 400 mg (Pacerone)	Tier 1	MO
disopyramide phosphate oral capsule 100 mg, 150 mg (Norpace)	Tier 1	MO
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg (Tikosyn)	Tier 1	MO
flecainide oral tablet 100 mg, 150 mg, 50 mg	Tier 1	MO
mexiletine oral capsule 150 mg, 200 mg, 250 mg	Tier 1	MO
MULTAQ ORAL TABLET 400 MG	Tier 2	MO

Drug	Status	Notes
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG	Tier 2	MO
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 150 MG (disopyramide phosphate)	Tier 2	MO
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG (amiodarone)	Tier 1	MO
<i>propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg</i>	Tier 1	MO
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	Tier 1	MO
<i>quinidine gluconate oral tablet extended release 324 mg</i>	Tier 1	MO
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	Tier 1	MO
Cardiovascular Disease - Cardiac Stimulant		
Adrenergic Agents,Catecholamines		
epinephrine injection syringe 0.1 mg/ml	Tier 1	
Digitalis Glycosides		
DIGITEK ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) (digoxin)	Tier 1	MO
DIGOX ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) (digoxin)	Tier 1	MO
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	Tier 2	MO
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	Tier 1	MO
<i>digoxin oral tablet 62.5 mcg (0.0625 mg) (Lanoxin)</i>	Tier 1	PA; MO
Cardiovascular Disease - Hypertension		
Ace Inhibitor/Calcium Channel Blocker Combination		
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg (Lotrel)	Tier 1	MO
amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg	Tier 1	MO

Drug	Status	Notes
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG	Tier 3	MO; ST: Must meet 2 of the following requirements: Amlodipine Besilate, Amlodipine Besylate, Amlodipine Besylate/Benazepril, Benazepril HCL, Captopril, Enalapril Maleate, Fosinopril Sodium, Lisinopril, Moexipril HCL, Norliqva, Perindopril Erbumine, Qbrelis, Quinapril HCL, Ramipril, or Trandolapril in 365 days; QL (1 EA per 1 day)
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2- 240 mg, 4-240 mg</i>	Tier 1	MO
Ace Inhibitor/Thiazide & Thiazide-Like Diuretic		
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 1	MO
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	Tier 1	MO
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	Tier 1	MO
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i>	Tier 1	MO
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	Tier 1	MO
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	Tier 1	MO
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 1	MO
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 1	MO
Alpha/Beta-Adrenergic Blocking Agents		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	Tier 1	MO
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i>	Tier 1	MO
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	Tier 1	MO

Drug	Status	Notes
Alpha-Adrenergic Blocking Agents		
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	Tier 3	MO
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg (Cardura)	Tier 1	MO
phenoxybenzamine oral capsule 10 mg (Dibenzyline)	Tier 3	PA
prazosin oral capsule 1 mg, 2 mg, 5 mg (Minipress)	Tier 1	MO
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	MO
Angioten.Receptr Antag./Cal.Chanl Blkr/Thiazide Cb		
amlodipine-valsartan-hcthiazid oral tablet (Exforge HCT) 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	Tier 1	MO
olmesartan-amlodipin-hcthiazid oral tablet (Tribenzor) 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	Tier 1	MO
Angiotensin Receptor Antag./Thiazide Diuretic Comb		
candesartan-hydrochlorothiazid oral tablet (Atacand HCT) 16-12.5 mg, 32-12.5 mg, 32-25 mg	Tier 1	MO
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	Tier 3	MO; ST: Must meet any of the following requirements: An ACE-Inhibitor, ACE-Inhibitor combination, ARB, or ARB combination in 120 days
irbesartan-hydrochlorothiazide oral tablet (Avalide) 150-12.5 mg, 300-12.5 mg	Tier 1	MO
losartan-hydrochlorothiazide oral tablet (Hyzaar) 100-12.5 mg, 100-25 mg, 50-12.5 mg	Tier 1	MO
olmesartan-hydrochlorothiazide oral tablet (Benicar HCT) 20-12.5 mg, 40-12.5 mg, 40-25 mg	Tier 1	MO
telmisartan-hydrochlorothiazid oral tablet (Micardis HCT) 40-12.5 mg, 80-12.5 mg, 80-25 mg	Tier 1	MO
valsartan-hydrochlorothiazide oral tablet (Diovan HCT) 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	Tier 1	MO
Angiotensin Receptor Antgnst & Calc.Channel Blockr		
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg (Azor)	Tier 1	MO
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg (Exforge)	Tier 1	MO

Drug	Status	Notes
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	Tier 1	MO
Antihypertensives, Ace Inhibitors		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg</i> (Lotensin)	Tier 1	MO
<i>benazepril oral tablet 5 mg</i>	Tier 1	MO
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	Tier 1	MO
<i>enalapril maleate oral solution 1 mg/ml</i> (Epaned)	Tier 1	MO; ST: Must meet the following requirement: Enalapril tablets in 120 days if 12 years of age and older; QL (1200 ML per 30 days)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)	Tier 1	MO
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	MO
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> (Zestril)	Tier 1	MO
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	Tier 1	MO
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	Tier 1	MO
QBRELIS ORAL SOLUTION 1 MG/ML	Tier 3	MO; ST: Must meet the following requirement: Lisinopril tablets in 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	MO
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> (Altace)	Tier 1	MO
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	MO
Antihypertensives, Angiotensin Receptor Antagonist		
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Atacand)	Tier 1	MO
EDARBI ORAL TABLET 40 MG, 80 MG	Tier 3	MO; ST: Must meet any of the following requirements: An ACE-Inhibitor, ACE-Inhibitor combination, ARB, or ARB combination in 120 days
<i>eprosartan oral tablet 600 mg</i>	Tier 1	MO

Drug	Status	Notes
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg (Avapro)</i>	Tier 1	MO
<i>losartan oral tablet 100 mg, 25 mg, 50 mg (Cozaar)</i>	Tier 1	MO
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg (Benicar)</i>	Tier 1	MO
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg (Micardis)</i>	Tier 1	MO
<i>valsartan oral solution 4 mg/ml</i>	Tier 1	MO; ST: Must meet the following requirement: Valsartan tablets in 120 days
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg (Diovan)</i>	Tier 1	MO
Antihypertensives, Miscellaneous		
<i>metyrosine oral capsule 250 mg (Demser)</i>	Tier 1	
Antihypertensives, Sympatholytic		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	Tier 1	MO
<i>clonidine hcl oral tablet extended release 24 hr 0.17 mg (Nexilon XR)</i>	Tier 1	MO
<i>clonidine transdermal patch weekly 0.1 mg/24 hr (Catapres-TTS-1)</i>	Tier 1	MO
<i>clonidine transdermal patch weekly 0.2 mg/24 hr (Catapres-TTS-2)</i>	Tier 1	MO
<i>clonidine transdermal patch weekly 0.3 mg/24 hr (Catapres-TTS-3)</i>	Tier 1	MO
<i>guanfacine oral tablet 1 mg, 2 mg</i>	Tier 1	MO
<i>methyldopa oral tablet 250 mg, 500 mg</i>	Tier 1	MO
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	Tier 1	MO
Antihypertensives, Vasodilators		
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	MO
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	Tier 1	MO
Beta-Adrenergic Blocking Agents		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	Tier 1	MO
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg (Tenormin)</i>	Tier 1	MO
<i>betaxolol oral tablet 10 mg, 20 mg</i>	Tier 1	MO
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	Tier 1	MO

Drug	Status	Notes
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	Tier 3	ST: Must meet the following requirement: Propranolol HCL in 120 days if 1 year of age and older; QL (360 ML per 30 days)
INDERAL XL ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG, 80 MG	Tier 3	MO; ST: Must meet the following requirement: Propranolol HCL in 120 days
INNOPRAN XL ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG, 80 MG	Tier 3	MO; ST: Must meet the following requirement: Propranolol HCL in 120 days
KAPSPARGO SPRINKLE ORAL CAPSULE, SPRINKLE, ER 24HR 100 MG, 200 MG, 25 MG, 50 MG	Tier 3	MO
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	MO
<i>metoprolol tartrate oral tablet 100 mg, 50 mg (Lopressor)</i>	Tier 1	MO
<i>metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg</i>	Tier 1	MO
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg (Corgard)</i>	Tier 1	MO
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 1	MO
<i>pindolol oral tablet 10 mg, 5 mg</i>	Tier 1	MO
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	Tier 1	MO
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	Tier 1	MO
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	MO
<i>SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG</i>	Tier 1	MO
<i>sotalol oral tablet 120 mg, 160 mg, 80 mg</i>	Tier 1	MO
<i>sotalol oral tablet 240 mg (Betapace)</i>	Tier 1	MO
SOTYLIZE ORAL SOLUTION 5 MG/ML	Tier 3	QL: 8 BOTTLES IN 30 DAYS; MO; ST: Must meet the following requirement: Sotalol tablets in 120 days
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	MO

Drug	Status	Notes
Beta-Adrenergic Blocking Agents/Thiazide & Related		
atenolol-chlorthalidone oral tablet 100-25 (Tenoretic 100) mg	Tier 1	MO
atenolol-chlorthalidone oral tablet 50-25 (Tenoretic 50) mg	Tier 1	MO
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	Tier 1	MO
metoprolol ta-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	Tier 1	MO
propranolol-hydrochlorothiazide oral tablet 40-25 mg, 80-25 mg	Tier 1	MO
Calcium Channel Blocking Agents		
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg (Norvasc)	Tier 1	MO
CARTIA XT ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG	Tier 1	MO
CONJUPRI ORAL TABLET 2.5 MG (levamlodipine)	Tier 3	PA; MO
diltiazem hcl oral capsule, ext.rel 24h degradable 120 mg, 180 mg, 240 mg	Tier 1	MO
diltiazem hcl oral capsule, extended release 12 hr 120 mg, 60 mg, 90 mg	Tier 1	MO
diltiazem hcl oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	Tier 1	MO
diltiazem hcl oral capsule, extended release 24 hr 420 mg	Tier 1	MO
diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	Tier 1	MO
diltiazem hcl oral capsule, extended release 24hr 360 mg	Tier 1	MO
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg (Cardizem)	Tier 1	MO
diltiazem hcl oral tablet 90 mg	Tier 1	MO
diltiazem hcl oral tablet extended release 24 hr 120 mg (Cardizem LA)	Tier 1	MO
diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg (Matzim LA)	Tier 1	MO
DILT-XR ORAL CAPSULE, EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG (diltiazem hcl)	Tier 1	MO
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	Tier 1	MO

Drug	Status	Notes
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	Tier 1	MO
KATERZIA ORAL SUSPENSION 1 MG/ML	Tier 3	PA; MO
<i>levamlodipine oral tablet 2.5 mg, 5 mg (Conjupri)</i>	Tier 1	PA; MO
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Tier 1	MO
<i>nicardipine oral capsule 20 mg, 30 mg</i>	Tier 1	MO
<i>nifedipine oral capsule 10 mg, 20 mg</i>	Tier 1	MO
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg (Procardia XL)</i>	Tier 1	MO
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	Tier 1	MO
<i>nimodipine oral capsule 30 mg</i>	Tier 1	
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 34 mg, 8.5 mg (Sular)</i>	Tier 1	MO
<i>nisoldipine oral tablet extended release 24 hr 20 mg, 25.5 mg, 30 mg, 40 mg</i>	Tier 1	MO
NORLIQVA ORAL SOLUTION 1 MG/ML	Tier 3	MO; ST: Must meet the following requirement: Amlodipine tablets in 120 days
NYMALIZE ORAL SOLUTION 60 MG/10 ML	Tier 4	PA
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML	Tier 4	PA
TAZTIA XT ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	Tier 1	MO
TIADYLT ER ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Tier 1	MO
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg (Verelan PM)</i>	Tier 1	MO
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	Tier 1	MO
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	Tier 1	MO
<i>verapamil oral tablet extended release 120 mg (Calan SR)</i>	Tier 1	MO
<i>verapamil oral tablet extended release 180 mg, 240 mg</i>	Tier 1	MO

Drug	Status	Notes
Loop Diuretics		
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	MO
ethacrynic acid oral tablet 25 mg (Edecrin)	Tier 1	PA; MO
FUROSCIX SUBCUTANEOUS KIT 80 MG/10 ML	Tier 3	
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	Tier 1	MO
furosemide oral tablet 20 mg, 40 mg, 80 mg (Lasix)	Tier 1	MO
SOAANZ ORAL TABLET 40 MG, 60 MG	Tier 3	PA; MO
torsemide oral tablet 10 mg, 100 mg, 5 mg	Tier 1	MO
torsemide oral tablet 20 mg (Soaanz)	Tier 1	MO
Potassium Sparing Diuretics		
amiloride oral tablet 5 mg	Tier 1	MO
eplerenone oral tablet 25 mg, 50 mg (Inspira)	Tier 1	MO
KERENDIA ORAL TABLET 10 MG, 20 MG	Tier 3	PA; MO
spironolactone oral suspension 25 mg/5 ml (CaroSpir)	Tier 1	MO; ST: Must meet the following requirement: Spironolactone tablets in 120 days; QL (600 ML per 30 days)
spironolactone oral tablet 100 mg, 25 mg, 50 mg (Aldactone)	Tier 1	MO
triamterene oral capsule 100 mg, 50 mg (Dyrenium)	Tier 1	MO
Potassium Sparing Diuretics In Combination		
amiloride-hydrochlorothiazide oral tablet 5-50 mg	Tier 1	MO
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	Tier 1	MO
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	Tier 1	MO
triamterene-hydrochlorothiazid oral tablet (Maxzide-25mg) 37.5-25 mg	Tier 1	MO
triamterene-hydrochlorothiazid oral tablet (Maxzide) 75-50 mg	Tier 1	MO
Pulm Anti-Htn, Soluble Guanylate Cyclase Stimulator		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	Tier 3	PA; MO

Drug	Status	Notes
Pulm.Anti-Htn,Sel.C-Gmp Phosphodiesterase T5 Inhib		
ALYQ ORAL TABLET 20 MG (tadalafil (pulm. hypertension))		
LIQREV ORAL SUSPENSION 10 MG/ML	Tier 4	PA; MO
sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml (Revatio)	Tier 1	PA; MO
sildenafil (pulm.hypertension) oral tablet 20 mg (Revatio)	Tier 1	PA; MO
tadalafil (pulm. hypertension) oral tablet 20 mg (Alya)	Tier 3	PA; MO
TADLIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	Tier 4	PA; MO
Pulmonary Anti-Htn, Endothelin Receptor Antagonist		
ambrisentan oral tablet 10 mg, 5 mg (Letairis)	Tier 3	PA; MO
bosentan oral tablet 125 mg, 62.5 mg (Tracleer)	Tier 3	PA; MO
OPSUMIT ORAL TABLET 10 MG	Tier 3	PA; MO
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	Tier 3	PA; MO
Pulmonary Antihypertensives, Prostacyclin-Type		
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42)	Tier 3	PA
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210)	Tier 3	PA
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)- 1MG	Tier 3	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	Tier 3	PA; MO
treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml (Remodulin)	Tier 3	PA
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG (112)- 32 MCG (84), 16(112)-32(112) - 48(28) MCG	Tier 4	PA
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 32 MCG, 48 MCG, 64 MCG	Tier 4	PA; MO

Drug	Status	Notes
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	Tier 4	PA; MO
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	Tier 4	PA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	Tier 4	PA; MO
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	Tier 4	PA
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	Tier 3	PA; MO
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	Tier 3	PA
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	Tier 4	PA; MO
Renin Inhibitor, Direct		
aliskiren oral tablet 150 mg, 300 mg (Tekturna)	Tier 1	MO
Renin Inhibitor, Direct/Thiazide Diuretic Comb		
TEKTURNIA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	Tier 3	MO
Thiazide And Related Diuretics		
chlorthalidone oral tablet 25 mg, 50 mg	Tier 1	MO
DIURIL ORAL SUSPENSION 250 MG/5 ML	Tier 3	MO
hydrochlorothiazide oral capsule 12.5 mg	Tier 1	MO
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	Tier 1	MO
indapamide oral tablet 1.25 mg, 2.5 mg	Tier 1	MO
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	MO
THALITONE ORAL TABLET 15 MG	Tier 3	MO
Vasodilators, Combination		
isosorbide-hydralazine oral tablet 20-37.5 mg (BiDil)	Tier 1	MO

Drug	Status	Notes
Cardiovascular Disease - Lipid Irregularity		
Antihyperlip.Hmg Coa Reduct Inhib&Cholest.Ab.Inhib		
ezetimibe-rosuvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-5 mg	Tier 1	MO; ST: Must meet 2 of the following requirements: Atorvaliq, Atorvastatin Calcium, or Rosuvastatin Calcium in 365 days; QL (1 EA per 1 day)
ezetimibe-simvastatin oral tablet 10-10 mg	Tier 1	MO; QL (1 EA per 1 day)
ezetimibe-simvastatin oral tablet 10-20 mg	Tier 1	MO; QL (1 EA per 1 day)
ezetimibe-simvastatin oral tablet 10-40 mg	Tier 1	MO; QL (1 EA per 1 day)
ezetimibe-simvastatin oral tablet 10-80 mg	Tier 1	PA; MO; QL (1 EA per 1 day)
ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG	Tier 3	MO; ST: Must meet 2 of the following requirements: Atorvaliq, Atorvastatin Calcium, or Rosuvastatin Calcium in 365 days; QL (1 EA per 1 day)
Antihyperlipidemic - Atp Citrate Lyase Inhibitor		
NEXLETOL ORAL TABLET 180 MG	Tier 2	MO; ST: Must meet any of the following requirements: Atorvastatin Calcium, Flolipid, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin in 120 days
Antihyperlipidemic - Hmg Coa Reductase Inhibitors		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG	Tier 3	MO; ST: Must meet 2 of the following requirements: Altoprev, Atorvaliq, Atorvastatin Calcium, Flolipid, Lovastatin, Pravastatin Sodium, or Simvastatin in 365 days; QL (1 EA per 1 day)
ATORVALIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	Tier 3	PA; MO

Drug	Status	Notes
atorvastatin oral tablet 10 mg, 20 mg (Lipitor)	Tier 5	MO; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
atorvastatin oral tablet 40 mg, 80 mg (Lipitor)	Tier 1	MO; QL (1 EA per 1 day)
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG	Tier 3	MO; ST: Must meet the following requirement: Generic Rosuvastatin Calcium in 120 days; QL (1 EA per 1 day)
FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML) (simvastatin)	Tier 3	PA; MO
FLOLIPID ORAL SUSPENSION 40 MG/5 ML (8 MG/ML)	Tier 3	PA; MO
fluvastatin oral capsule 20 mg	Tier 5	MO; ST: Must meet 2 of the following requirements: Altoprev, Atorvaliq, Atorvastatin Calcium, Flolipid, Lovastatin, Pravastatin Sodium, or Simvastatin in 365 days; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
fluvastatin oral capsule 40 mg	Tier 5	MO; ST: Must meet 2 of the following requirements: Altoprev, Atorvaliq, Atorvastatin Calcium, Flolipid, Lovastatin, Pravastatin Sodium, or Simvastatin in 365 days; \$0 COPAY IF QUANTITY 2 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)

Drug	Status	Notes
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i> (Lescol XL)	Tier 5	MO; ST: Must meet 2 of the following requirements: Atoprev, Atorvaliq, Atorvastatin Calcium, Flolipid, Lovastatin, Pravastatin Sodium, or Simvastatin in 365 days; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (pitavastatin calcium)	Tier 5	MO; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, 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>	Tier 5	MO; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Tier 5	MO; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, 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)	Tier 5	MO; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, 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	MO; QL (1 EA per 1 day)

Drug	Status	Notes
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg (Zocor)</i>	Tier 5	MO; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>simvastatin oral tablet 5 mg</i>	Tier 5	MO; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, 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; MO; QL (1 EA per 1 day)
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	Tier 3	MO; ST: Must meet the following requirement: Livalo in 120 days; QL (1 EA per 1 day)
Antihyperlipidemic - Mtp Inhibitor		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	Tier 3	PA; MO
Antihyperlipidemic - Pcsk9 Inhibitors		
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	Tier 2	MO; ST: Must meet any of the following requirements: Atorvastatin Calcium, Flolipid, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin in 120 days
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	Tier 2	MO; ST: Must meet any of the following requirements: Atorvastatin Calcium, Flolipid, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin in 120 days

Drug	Status	Notes	
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	Tier 2	MO; ST: Must meet any of the following requirements: Atorvastatin Calcium, Flolipid, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin in 120 days	
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	Tier 2	MO; ST: Must meet any of the following requirements: Atorvastatin Calcium, Flolipid, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin in 120 days	
Antihyperlipidemic-Acyl And Choles Absorp Inhib			
NEXLIZET ORAL TABLET 180-10 MG	Tier 2	MO; ST: Must meet any of the following requirements: Atorvastatin Calcium, Flolipid, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin in 120 days	
Bile Salt Sequestrants			
cholestyramine (with sugar) oral powder (Questran) 4 gram	Tier 1	MO	
cholestyramine (with sugar) oral powder (Questran) in packet 4 gram	Tier 1	MO	
CHOLESTYRAMINE LIGHT ORAL POWDER 4 GRAM	(cholestyramine-aspartame)	Tier 1	MO
CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM	(cholestyramine-aspartame)	Tier 1	MO
cholestyramine-aspartame oral powder in packet 4 gram	(Cholestyramine Light)	Tier 1	MO
colesevelam oral powder in packet 3.75 gram	(WelChol)	Tier 1	MO
colesevelam oral tablet 625 mg	(WelChol)	Tier 1	MO
COLESTID FLAVORED ORAL PACKET 7.5 GRAM		Tier 3	MO
colestipol oral granules 5 gram	(Colestid)	Tier 1	MO
colestipol oral packet 5 gram	(Colestid)	Tier 1	MO
colestipol oral tablet 1 gram	(Colestid)	Tier 1	MO
PREVALITE ORAL POWDER 4 GRAM	(cholestyramine-aspartame)	Tier 1	MO

Drug		Status	Notes
PREVALITE ORAL POWDER IN PACKET 4 GRAM	(cholestyramine-aspartame)	Tier 1	MO
Lipotropics			
ezetimibe oral tablet 10 mg	(Zetia)	Tier 1	MO; QL (1 EA per 1 day)
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg, 90 mg		Tier 1	MO
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	(Tricor)	Tier 1	MO
fenofibrate oral capsule 150 mg, 50 mg	(Lipofen)	Tier 1	MO
fenofibrate oral tablet 120 mg, 40 mg	(Fenoglide)	Tier 1	MO
fenofibrate oral tablet 160 mg, 54 mg		Tier 1	MO
fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg	(Trilipix)	Tier 1	MO
fenofibric acid oral tablet 105 mg, 35 mg	(Fibrincor)	Tier 1	MO
gemfibrozil oral tablet 600 mg	(Lopid)	Tier 1	MO
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg		Tier 1	MO
NIACOR ORAL TABLET 500 MG	(niacin)	Tier 1	MO
omega-3 acid ethyl esters oral capsule 1 gram	(Lovaza)	Tier 1	MO; ST: Must meet any of the following requirements: Fenofibrate Nanocrystallized, Fenofibrate, Fenofibrate micronized, or Triglide in 120 days; QL (4 EA per 1 day)
TRIKLO ORAL CAPSULE 1 GRAM	(omega-3 acid ethyl esters)	Tier 1	MO; ST: Must meet any of the following requirements: Fenofibrate Nanocrystallized, Fenofibrate, Fenofibrate micronized, or Triglide in 120 days; QL (4 EA per 1 day)
VASCEPA ORAL CAPSULE 0.5 GRAM	(icosapent ethyl)	Tier 1	MO; QL (8 EA per 1 day)
VASCEPA ORAL CAPSULE 1 GRAM	(icosapent ethyl)	Tier 1	MO; QL (4 EA per 1 day)
Niacin Preparations			
niacin oral tablet 500 mg	(Niacor)	Tier 1	MO
Cardiovascular Disease - Miscellaneous Agents			
Adrenergic Vasopressor Agents			
droxidopa oral capsule 100 mg, 200 mg, 300 mg	(Northera)	Tier 3	PA; MO

Drug	Status	Notes
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	
Angiotensin Recept-Neprilysin Inhibitor Comb(Arni)		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	Tier 2	MO; QL (2 EA per 1 day)
Antianginal & Anti-Ischemic Agents,Non-Hemodynamic		
ASPRUZY SPRINKLE ORAL EXTEND RELEASE GRANULES,PACKET 1,000 MG, 500 MG	Tier 3	PA; MO
ranolazine oral tablet extended release 12 hr 1,000 mg	Tier 1	MO; QL (60 EA per 30 days)
ranolazine oral tablet extended release 12 hr 500 mg	Tier 1	MO; QL (120 EA per 30 days)
Antiangular, Heart Rate Reducing, I(F) Inhibitor		
CORLANOR ORAL SOLUTION 5 MG/5 ML	Tier 2	MO; QL (20 ML per 1 day)
CORLANOR ORAL TABLET 5 MG, 7.5 MG	Tier 2	MO; ST: Must meet any of the following requirements: Bisoprolol Fumarate, Carvedilol, or Metoprolol Succinate in 120 days; QL (2 EA per 1 day)
Antihyperlip - Hmg-Coa&Calcium Channel Blocker Cb		
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	Tier 1	MO; QL (1 EA per 1 day)
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg	Tier 1	MO; QL (1 EA per 1 day)
Anti-Inflammatory - Antimitotics		
LODOCO ORAL TABLET 0.5 MG	Tier 3	MO
Cardiac Myosin Inhibitor		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	Tier 4	PA; MO
Protein Stabilizers		
VYNDAMAX ORAL CAPSULE 61 MG	Tier 4	PA; MO
VYNDAQEL ORAL CAPSULE 20 MG	Tier 4	PA; MO
Soluble Guanylate Cyclase (Sgc) Stimulator		
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 3	PA; MO

Drug	Status	Notes
Cardiovascular Disease - Vasodilation		
Cardiovascular Diagnostics- Radiopaque		
OMNIPQUE ORAL SOLUTION 12 MG IODINE/ML, 9 MG IODINE/ML	Tier 3	
Vasodilators,Coronary		
<i>amyl nitrite inhalation solution 0.3 ml</i>	Tier 1	
GONITRO SUBLINGUAL POWDER IN PACKET 400 MCG	Tier 3	MO; ST: Must meet the following requirements: Two generic sublingual Nitroglycerin products in 365 days
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	Tier 1	MO
<i>isosorbide dinitrate oral tablet 40 mg (Isordil)</i>	Tier 1	MO
<i>isosorbide dinitrate oral tablet 5 mg (Isordil Titradose)</i>	Tier 1	MO
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	Tier 1	MO
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	Tier 1	MO
NITRO-BID TRANSDERMAL OINTMENT 2 % (nitroglycerin)	Tier 2	MO
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	Tier 2	MO
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg (Nitrostat)</i>	Tier 1	MO
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr (Nitro-Dur)</i>	Tier 1	MO
<i>nitroglycerin translingual spray,non-aerosol 400 mcg/spray (Nitrolingual)</i>	Tier 1	MO
NITROMIST TRANSLINGUAL AEROSOL,SPRAY 400 MCG/SPRAY (nitroglycerin)	Tier 3	MO
NITRO-TIME ORAL CAPSULE, EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG (nitroglycerin)	Tier 1	MO
Vasodilators,Peripheral		
<i>ergoloid oral tablet 1 mg</i>	Tier 1	MO
<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	Tier 5	MO; QL (1 EA per 365 days)

Drug		Status	Notes
ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR	(etonogestrel-ethinyl estradiol)	Tier 5	MO; QL (1 EA per 28 days)
ENILLORING VAGINAL RING 0.12-0.015 MG/24 HR	(etonogestrel-ethinyl estradiol)	Tier 5	MO; QL (4 EA per 1 FILL)
<i>etonogestrel-ethinyl estradiol vaginal ring</i> (EluRyng) 0.12-0.015 mg/24 hr		Tier 5	MO; QL (1 EA per 28 days)
HALOETTE VAGINAL RING 0.12-0.015 MG/24 HR	(etonogestrel-ethinyl estradiol)	Tier 5	MO; QL (1 EA per 28 days)
Contraceptives,Implantable			
NEXPLANON SUBDERMAL IMPLANT 68 MG		Tier 5	\$0 COPAY IF QUANTITY LIMITED TO 1 IN 365 DAYS
Contraceptives,Injectable			
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML		Tier 5	MO; \$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)	Tier 5	MO; \$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (1 ML per 84 days)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	(Depo-Provera)	Tier 5	MO; \$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (1 ML per 84 days)
Contraceptives,Intravaginal			
PHEXXI VAGINAL GEL 1.8-1-0.4 %		Tier 3	
TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE 1,000 MG		Tier 5	
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 %		Tier 5	
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %		Tier 5	
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %		Tier 5	
Contraceptives,Oral			
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	Tier 5	MO
AFTER PILL ORAL TABLET 1.5 MG	(levonorgestrel)	Tier 5	
AFTERA ORAL TABLET 1.5 MG	(levonorgestrel)	Tier 5	
ALTAVERA (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	Tier 5	MO
ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG	(norethindrone-ethin estradiol)	Tier 5	MO
ALYACEN 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG		Tier 5	MO

Drug		Status	Notes
AMETHIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	Tier 5	MO; QL (91 EA per 84 days)
AMETHYST (28) ORAL TABLET 90-20 MCG (28)	(levonorgestrel-ethinyl estrad)	Tier 5	MO
APRI ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	Tier 5	MO
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG		Tier 5	MO
ASHLYNA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	Tier 5	MO; QL (91 EA per 84 days)
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	Tier 5	MO
AUBRA ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	Tier 5	MO
AUROVELA 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	Tier 5	MO
AUROVELA 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	Tier 5	MO
AUROVELA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	Tier 5	MO
AUROVELA FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 5	MO
AUROVELA FE 1-20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 5	MO
AVIANE ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	Tier 5	MO
AYUNA ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	Tier 5	MO
AZURETTE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	Tier 5	MO
BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG		Tier 5	MO
BLISOVI 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	Tier 5	MO
BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 5	MO
BLISOVI FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 5	MO
BRIELLYN ORAL TABLET 0.4-35 MG-MCG		Tier 5	MO
CAMILA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 5	MO

Drug		Status	Notes
CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	Tier 5	MO; 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)	Tier 5	MO; QL (91 EA per 84 days)
CAZIANT (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG		Tier 5	MO
CHARLOTTE 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	(norethindrone-e.estradiol-iron)	Tier 5	MO
CHATEAL (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	Tier 5	MO
CHATEAL EQ (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	Tier 5	MO
CRYSELLE (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	Tier 5	MO
CYRED EQ ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	Tier 5	MO
CYRED ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	Tier 5	MO
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG	(norethindrone-ethin estradiol)	Tier 5	MO
DASETTA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG		Tier 5	MO
DAYSEE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	Tier 5	MO; QL (91 EA per 84 days)
DEBLITANE ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 5	MO
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(Azurette (28))	Tier 5	MO
DOLISHALE ORAL TABLET 90-20 MCG (28)	(levonorgestrel-ethinyl estrad)	Tier 5	MO
drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)	(Beyaz)	Tier 5	MO
drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)	(Tydemy)	Tier 5	MO
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg	(Jasmiel (28))	Tier 5	MO
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	(Ocella)	Tier 5	MO
ECONTRA EZ ORAL TABLET 1.5 MG	(levonorgestrel)	Tier 5	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG	(levonorgestrel)	Tier 5	

Drug		Status	Notes
ELINEST ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	Tier 5	MO
ELLA ORAL TABLET 30 MG		Tier 5	
ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	Tier 5	MO
ENSKYCE ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	Tier 5	MO
ERRIN ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 5	MO
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	(norgestimate-ethinyl estradiol)	Tier 5	MO
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>	(Kelnor 1/35 (28))	Tier 5	MO
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	(Kelnor 1-50 (28))	Tier 5	MO
FALMINA (28) ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	Tier 5	MO
FINZALA ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	(norethindrone-e.estradiol-iron)	Tier 5	MO
GEMMILY ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	Tier 5	MO
HAILEY 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	Tier 5	MO
HAILEY FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 5	MO
HAILEY FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 5	MO
HAILEY ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	Tier 5	MO
HEATHER ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 5	MO
HER STYLE ORAL TABLET 1.5 MG	(levonorgestrel)	Tier 5	
ICLEVIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	(levonorgestrel-ethinyl estrad)	Tier 5	MO; QL (91 EA per 84 days)
INCASSIA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 5	MO
ISIBLOOM ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	Tier 5	MO
JAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol- e.estrad)	Tier 5	MO; QL (91 EA per 84 days)
JASMIEL (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	Tier 5	MO
JENCYCLA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 5	MO

Drug		Status	Notes
JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	(levonorgestrel-ethinyl estrad)	Tier 5	MO; QL (91 EA per 84 days)
JOYEAX ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)	(levonorgest-eth.estradiol-iron)	Tier 5	MO; QL (28 EA per 28 days)
JULEBER ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	Tier 5	MO
JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	Tier 5	MO
JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	Tier 5	MO
JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 5	MO
JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 5	MO
JUNEL FE 24 ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	Tier 5	MO
KAITLIB FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	(noreth-ethinyl estradiol-iron)	Tier 5	MO
KALLIGA ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	Tier 5	MO
KARIVA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	Tier 5	MO
KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG	(ethynodiol diac-eth estradiol)	Tier 5	MO
KELNOR 1-50 (28) ORAL TABLET 1-50 MG-MCG	(ethynodiol diac-eth estradiol)	Tier 5	MO
KURVELO (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	Tier 5	MO
<i>I norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	(Camrese Lo)	Tier 5	MO; QL (91 EA per 84 days)
<i>I norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcgl 0.15 mg-25 mcg</i>	(Rivelsa)	Tier 5	MO
<i>I norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(Amethia)	Tier 5	MO; QL (91 EA per 84 days)
LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	Tier 5	MO
LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	Tier 5	MO
LARIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	Tier 5	MO
LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 5	MO

Drug		Status	Notes
LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estriadiol-iron)	Tier 5	MO
LAYOLIS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	(noreth-ethinyl estradiol-iron)	Tier 5	MO
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG		Tier 5	MO
LESSINA ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	Tier 5	MO
LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	Tier 5	MO
<i>levonorgest-eth.estriadiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	(Joyeaux)	Tier 5	MO; QL (28 EA per 28 days)
<i>levonorgestrel oral tablet 1.5 mg</i>	(After Pill)	Tier 5	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	(Afirmelle)	Tier 5	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i>	(Altavera (28))	Tier 5	MO
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i>	(Amethyst (28))	Tier 5	MO
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(Iclevia)	Tier 5	MO; QL (91 EA per 84 days)
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(Enpresse)	Tier 5	MO
LEVORA-28 ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	Tier 5	MO
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)		Tier 5	MO
LOJAIMIERS ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7)	(l norgest/e.estriadiol-e.estrad)	Tier 5	MO; QL (91 EA per 84 days)
LORYNA (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	Tier 5	MO
LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	Tier 5	MO
LO-ZUMANDIMINE (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	Tier 5	MO
LUTERA (28) ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	Tier 5	MO
LYLEQ ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 5	MO
LYZA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 5	MO
MARLISSA (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	Tier 5	MO

Drug		Status	Notes
MERZEE ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	Tier 5	MO
MIBELAS 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	(norethindrone-e.estradiol-iron)	Tier 5	MO
MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	Tier 5	MO
MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	Tier 5	MO
MICROGESTIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	Tier 5	MO
MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 5	MO
MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 5	MO
MILI ORAL TABLET 0.25-35 MG-MCG	(norgestimate-ethinyl estradiol)	Tier 5	MO
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	(norgestimate-ethinyl estradiol)	Tier 5	MO
MY CHOICE ORAL TABLET 1.5 MG	(levonorgestrel)	Tier 5	
MY WAY ORAL TABLET 1.5 MG	(levonorgestrel)	Tier 5	
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG		Tier 5	MO
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG		Tier 5	MO
NEW DAY ORAL TABLET 1.5 MG	(levonorgestrel)	Tier 5	
NEXTSTELLIS ORAL TABLET 3 MG-14.2 MG (28)		Tier 5	MO; \$0 COPAY IF QUANTITY 1 IN 1 DAY; QL (1 EA per 1 day)
NIKKI (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	Tier 5	MO
NORA-BE ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 5	MO
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	(Wymzya Fe)	Tier 5	MO
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	(Kaitlib Fe)	Tier 5	MO
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	(Camila)	Tier 5	MO
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i>	(Aurovela 1.5/30 (21))	Tier 5	MO
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	(Aurovela 1/20 (21))	Tier 5	MO

Drug		Status	Notes
norethindrone-e.estriadiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)	(Gemmily)	Tier 5	MO
norethindrone-e.estriadiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)	(Aurovela Fe 1-20 (28))	Tier 5	MO
norethindrone-e.estriadiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(Aurovela Fe 1.5/30 (28))	Tier 5	MO
norethindrone-e.estriadiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(Tilia Fe)	Tier 5	MO
norethindrone-e.estriadiol-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)	(Charlotte 24 Fe)	Tier 5	MO
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg	(Tri-Lo-Estarrylla)	Tier 5	MO
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(Tri-Estarrylla)	Tier 5	MO
norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg	(Estarrylla)	Tier 5	MO
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG		Tier 5	MO
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)		Tier 5	MO
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG (28)	(norethindrone-ethin estradiol)	Tier 5	MO
NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG		Tier 5	MO
NYLIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	(norethindrone-ethin estradiol)	Tier 5	MO
NYLIA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG		Tier 5	MO
NYMYO ORAL TABLET 0.25-35 MG-MCG	(norgestimate-ethinyl estradiol)	Tier 5	MO
OCELLA ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	Tier 5	MO
OPCICON ONE-STEP ORAL TABLET 1.5 MG	(levonorgestrel)	Tier 5	
OPTION-2 ORAL TABLET 1.5 MG	(levonorgestrel)	Tier 5	
PHILITH ORAL TABLET 0.4-35 MG-MCG		Tier 5	MO
PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estriadiol/e.estriadiol)	Tier 5	MO
PORTIA 28 ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	Tier 5	MO
RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	Tier 5	MO

Drug		Status	Notes
RIVELSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG	(l norgest/e.estradiol-e.estrad)	Tier 5	MO
SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	(levonorgestrel-ethinyl estrad)	Tier 5	MO; QL (91 EA per 84 days)
SHAROBEL ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 5	MO
SIMLIYA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	Tier 5	MO
SIMPESSE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	Tier 5	MO; QL (91 EA per 84 days)
SLYND ORAL TABLET 4 MG (28)		Tier 5	MO; QL (28 EA per 28 days)
SPRINTEC (28) ORAL TABLET 0.25-35 MG-MCG	(norgestimate-ethinyl estradiol)	Tier 5	MO
SRONYX ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	Tier 5	MO
SYEDA ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	Tier 5	MO
TAKE ACTION ORAL TABLET 1.5 MG	(levonorgestrel)	Tier 5	
TARINA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	Tier 5	MO
TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 5	MO
TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 5	MO
TAYSOFY ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	Tier 5	MO
TILIA FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	(norethindrone-e.estradiol-iron)	Tier 5	MO
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	Tier 5	MO
TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	(norethindrone-e.estradiol-iron)	Tier 5	MO
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	Tier 5	MO
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	(norgestimate-ethinyl estradiol)	Tier 5	MO
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	(norgestimate-ethinyl estradiol)	Tier 5	MO
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	(norgestimate-ethinyl estradiol)	Tier 5	MO
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	(norgestimate-ethinyl estradiol)	Tier 5	MO

Drug		Status	Notes
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	Tier 5	MO
TRI-NYMYO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	Tier 5	MO
TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	Tier 5	MO
TRIVORA (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	Tier 5	MO
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	(norgestimate-ethinyl estradiol)	Tier 5	MO
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	Tier 5	MO
TULANA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 5	MO
TURQOZ (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	Tier 5	MO
TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG		Tier 5	MO
TYDEMY ORAL TABLET 3-0.03-0.451 MG (21) (7)	(drospirenone-e.estriadiol- lm.fa)	Tier 5	MO
VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG		Tier 5	MO
VESTURA (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	Tier 5	MO
VIENVA ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	Tier 5	MO
VIORELE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog- e.estriadiol/e.estriadiol)	Tier 5	MO
VOLNEA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog- e.estriadiol/e.estriadiol)	Tier 5	MO
VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG		Tier 5	MO
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	(norgestimate-ethinyl estradiol)	Tier 5	MO
WERA (28) ORAL TABLET 0.5-35 MG-MCG		Tier 5	MO
WYMZYA FE ORAL TABLET,CHEWABLE 0.4MG-35MCG(21) AND 75 MG (7)	(noreth-ethinyl estradiol-iron)	Tier 5	MO
ZARAH ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	Tier 5	MO
ZOVIA 1-35 (28) ORAL TABLET 1-35 MG-MCG	(ethynodiol diac-eth estradiol)	Tier 5	MO
ZUMANDIMINE (28) ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	Tier 5	MO

Drug	Status	Notes	
Contraceptives,Transdermal			
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	(norelgestromin-ethin.estradol)	Tier 5	MO; QL (3 EA per 28 days)
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	(norelgestromin-ethin.estradol)	Tier 5	MO; QL (3 EA per 28 days)
Diaphragms/Cervical Cap			
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM		Tier 5	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM		Tier 5	
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM 65 MM		Tier 5	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM		Tier 5	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM		Tier 5	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM		Tier 5	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM		Tier 5	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM		Tier 5	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM		Tier 5	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM		Tier 5	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM		Tier 5	
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			
PROMETHAZINE VC ORAL SYRUP 6.25-5 MG/5 ML	(promethazine-phenylephrine)	Tier 1	
1St Gen Antihist-Decongest-Anticholinergic Comb			
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG		Tier 1	
Antitussives,Non-Narcotic			
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>		Tier 1	

Drug	Status	Notes
Narcotic Antituss-1St Gen.		
Antihistamine-Decongest		
PROMETHAZINE VC-CODEINE ORAL SYRUP 6.25-5-10 MG/5 ML (promethazine-phenyleph-codeine)	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
Narcotic Antitussive-1St Generation		
Antihistamine		
hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml	Tier 1	QL (10 ML per 1 day); Age (Min 18 Years)
promethazine-codeine oral syrup 6.25-10 mg/5 ml	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG	Tier 3	ST: Must meet the following requirement: Promethazine HCL/codeine in 120 days; QL (2 EA per 1 day); Age (Min 18 Years)
Narcotic Antitussive-Anticholinergic Comb.		
hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml (Hydromet)	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
hydrocodone-homatropine oral tablet 5-1.5 mg (Hycodan (with homatropine))	Tier 1	QL (6 EA per 1 day); Age (Min 18 Years)
HYDROMET ORAL SYRUP 5-1.5 MG/5 ML (hydrocodone-homatropine)	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
Non-Narc Antituss-1St Gen.		
Antihistamine-Decongest		
BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML (brompheniramine-pseudoeph-dm)	Tier 1	
brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml (Bromfed DM)	Tier 1	
Non-Narc Antitussive-1St Gen		
Antihistamine Comb.		
promethazine-dm oral syrup 6.25-15 mg/5 ml	Tier 1	
Nose Preparations, Vasoconstrictors (Rx)		
epinephrine hcl nasal solution 1 mg/ml (Adrenalin)	Tier 1	
Dermatology - Acne		
Acne Agents, Systemic		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG	Tier 3	ST: Must meet the following requirement: Preferred generic Isotretinoin in 120 days
ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG (isotretinoin)	Tier 1	

Drug	Status	Notes
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG (isotretinoin)	Tier 1	
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	
<i>isotretinoin oral capsule 25 mg, 35 mg</i> (Absorica)	Tier 1	ST: Must meet the following requirement: Preferred generic Isotretinoin in 120 days
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	
ADAINZDE TOPICAL GEL 0.3-2.5-1 % (adapalene-benzoyl-clindamycin)	Tier 3	
ADAINZOXIA TOPICAL GEL 0.3-2.5-4 % (adapalene-benzoyl perox-niacin)	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	
AZELEX TOPICAL CREAM 20 %	Tier 3	ST: Must meet any of the following requirements: Adapalene, Adapalene/Benzoyl Peroxide, Clindamycin Phophates/Benzoyl Peroxide, Clindamycin Phosphate, Erythromycin Base In Ethanol, Erythromycin/Benzoyl Peroxide, Sulfacetamide Sodium/Sulfur/Urea, Sulfacetamide Sodium, Sulfacetamide Sodium/Sulfur, or Tretinoin in 120 days
CABTREO TOPICAL GEL 0.15-3.1-1.2 %	Tier 3	PA
<i>clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %</i> (Neuac)	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2 %(1 % base) -3.75 %</i> (Onexton)	Tier 1	

Drug	Status	Notes
<i>clindamycin-benzoyl peroxide topical gel</i> (Acanya) with pump 1.2-2.5 %	Tier 1	ST: Must meet the following requirement: generic Clindamycin/Benzoyl Peroxide gel in 120 days
<i>clindamycin-benzoyl peroxide topical gel</i> with pump 1-5 %	Tier 1	
<i>clindamycin-niacinamide topical gel</i> 1-4 % (Deoxia)	Tier 1	
<i>clindamycin-niacinamide topical lotion</i> 1-4 % (Deoxia)	Tier 1	
<i>clindamycin-tretinoin topical gel</i> 1.2-0.025 % (Veltin)	Tier 1	ST: Must meet the following requirement: Clindamycin gel or Tretinoin 0.025% gel in 120 days
<i>dapsone topical gel</i> 5 % (Aczone)	Tier 1	
<i>dapsone topical gel with pump</i> 7.5 % (Aczone)	Tier 1	ST: Must meet any of the following requirements: Adapalene, Adapalene/Benzoyl Peroxide, Clindamycin Phosphates/Benzoyl Peroxide, Clindamycin Phosphate, Erythromycin Base In Ethanol, Erythromycin/Benzoyl Peroxide, Sulfacetamide Sodium/Sulfur/Urea, Sulfacetamide Sodium, Sulfacetamide Sodium/Sulfur, or Tretinoin in 120 days
<i>dapsone-niacinamide topical gel</i> 6-4 % (Diaoxia)	Tier 1	
<i>dapsone-niacinamide topical gel</i> 8.5-4 % (Diasoxia)	Tier 1	
<i>dapsone-spirolactone-niacin topical gel</i> 6-5-2 % (Diadimaxia)	Tier 1	
<i>dapsone-spirolactone-niacin topical gel</i> 8.5-5-2 % (Diasdimaxia)	Tier 1	
DEOXIA TOPICAL GEL 1-4 % (clindamycin-niacinamide)	Tier 3	
DEOXIA TOPICAL LOTION 1-4 % (clindamycin-niacinamide)	Tier 3	
DEOXIADEM TAR 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	

Drug		Status	Notes
DIADIMAXIA TOPICAL GEL 6-5-2 %	(dapsone-spirotonolactone-niacin)	Tier 3	
DIAOXIA TOPICAL GEL 6-4 %	(dapsone-niacinamide)	Tier 3	
DIASAXIATAR TOPICAL GEL 0.025-8.5-2 %		Tier 3	
DIASDIMAXIA TOPICAL GEL 8.5-5-2 %	(dapsone-spirotonolactone-niacin)	Tier 3	
DIASOXIA TOPICAL GEL 8.5-4 %	(dapsone-niacinamide)	Tier 3	
DIMOXIA TOPICAL GEL 5-4 %	(spirotolactone-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	
INZDEAXIAVAR TOPICAL GEL 0.05-2.5-1-2 %		Tier 3	
INZDEOXIA TOPICAL GEL 2.5-1-4 %	(benzoyl per-clindamycin-niacin)	Tier 3	
NEUAC KIT TOPICAL COMBO PACK, CREAM AND GEL 1.2-5 %		Tier 3	
NEUAC TOPICAL GEL 1.2 %(1 % BASE) -5 %	(clindamycin-benzoyl peroxide)	Tier 1	
NUCARACLINPAK TOPICAL KIT, GEL AND LOTION 1 %- SPF 50		Tier 3	
NUCARARXPAK TOPICAL KIT, GEL AND LOTION 1 %-2.5 %- SPF 50		Tier 3	
ONEXTON TOPICAL GEL 1.2 %(1 % BASE) -3.75 %		Tier 3	
ONZDEAXIAADEMTAR 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	
ONZDEAXIAVAR 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	

Drug		Status	Notes
OXIATAR TOPICAL CREAM 0.025-0.5-4 %	(tretinoin-hyaluronate-niacin)	Tier 3	
OXIAVAR TOPICAL CREAM 0.05-4 %	(tretinoin-niacinamide)	Tier 3	
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	
<i>salicylic acid-sulfacetamide topical suspension 2-8 %</i>	(Draxace)	Tier 1	
<i>salicylic acid-sulfacetamide topical suspension 5-10 %</i>	(Drixce)	Tier 1	
SAROXIA TOPICAL CREAM 0.05-4 %	(tretinoin-niacinamide)	Tier 3	
<i>spironolactone-niacinamide topical gel 5-4 %</i>	(Dimoxia)	Tier 1	
<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-spironolact-niacin)	Tier 3	
TAROXIA TOPICAL CREAM 0.025-4 %	(tretinoin-niacinamide)	Tier 3	
TAROXIA TOPICAL GEL 0.025-4 %	(tretinoin-niacinamide)	Tier 3	
<i>tretinoin-clindamycin-niacin topical cream 0.025-1-4 %</i>	(Tardeoxia)	Tier 1	
<i>tretinoin-niacinamide topical cream 0.025-4 %</i>	(Taroxia)	Tier 1	
<i>tretinoin-niacinamide topical cream 0.05-4 %</i>	(Oxiavar)	Tier 1	
<i>tretinoin-niacinamide topical gel 0.025-4 %</i>	(Taroxia)	Tier 1	
<i>tretinoin-niacinamide topical gel 0.05-4 %</i>	(Varoxia)	Tier 1	
<i>tretinoin-spironolact-niacin topical gel 0.025-5-2 %</i>	(Tardimaxia)	Tier 1	
<i>tretinoin-spironolact-niacin topical gel 0.05-5-2 %</i>	(Vardimaxia)	Tier 1	
TWYNEO TOPICAL CREAM 0.1-3 %		Tier 3	
VARDIMAXIA TOPICAL GEL 0.05-5-2 %	(tretinoin-spironolact-niacin)	Tier 3	
VAROXIA TOPICAL CREAM 0.05-4 %	(tretinoin-niacinamide)	Tier 3	
VAROXIA TOPICAL GEL 0.05-4 %	(tretinoin-niacinamide)	Tier 3	

Drug	Status	Notes
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	
<i>brimonidine topical gel with pump 0.33 % (Mirvaso)</i>	Tier 1	
DAZAVEIDAOXIA TOPICAL GEL 0.25-1-1-4 %	Tier 3	
DAZOMON TOPICAL GEL 0.25 %	Tier 3	
EPSOLAY TOPICAL CREAM 5 %	Tier 3	ST: Must meet the following requirement: Generic topical Metronidazole in 120 days; QL (30 GM per 30 days); Age (Min 18 Years)
FINACEA TOPICAL FOAM 15 %	Tier 2	
IDARAN TOPICAL OINTMENT 1-2 %	Tier 3	
<i>ivermectin-metronidazol-niacin topical gel 1-1-4 % (Aveidaoxia)</i>	Tier 1	
<i>metronidazole topical cream 0.75 % (Rosadan)</i>	Tier 1	
<i>metronidazole topical gel 0.75 % (Rosadan)</i>	Tier 1	
<i>metronidazole topical gel 1 % (Metrogel)</i>	Tier 1	
<i>metronidazole topical gel with pump 1 %</i>	Tier 1	
<i>metronidazole topical lotion 0.75 % (MetroLotion)</i>	Tier 1	
NORITATE TOPICAL CREAM 1 %	Tier 3	ST: Must meet the following requirement: Generic Metronidazole 0.75% gel, lotion or cream in 120 days
RHOFADE TOPICAL CREAM 1 %	Tier 3	
ROSADAN TOPICAL CREAM 0.75 % (metronidazole)	Tier 1	
ROSADAN TOPICAL KIT, CLEANSER AND GEL 0.75 %	Tier 3	
ROSADAN TOPICAL KIT,CLEANSER AND CREAM 0.75 %	Tier 3	
SOOLANTRA TOPICAL CREAM 1 % (ivermectin)	Tier 1	ST: Must meet the following requirement: Finacea gel or foam in 120 days
Topical Antiandrogenic Agents		
WINLEVI TOPICAL CREAM 1 %	Tier 3	PA

Drug	Status	Notes
Topical Preparations, Antibacterials		
ALCORTIN A TOPICAL GEL IN PACKET 2-1-1 %	Tier 3	
AZADROX TOPICAL GEL IN PACKET	Tier 3	
BASADROX TOPICAL GEL IN PACKET	Tier 3	
DERMAZENE TOPICAL CREAM IN PACKET 1-1 %	Tier 3	
<i>hydrocortisone-iodoquinol-aloe 2 topical gel 2-1-1 %</i> (Alcortin A)	Tier 1	
<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	
QUINJA TOPICAL GEL 1.25-1 %	Tier 3	
SILVASORB TOPICAL GEL, EXTENDED RELEASE	Tier 1	
<i>silver nitrate topical solution 0.5 %, 25 %, 50 %</i>	Tier 1	
SILVRSTAT TOPICAL GEL 32 PPM	Tier 3	
SOLOX GEL TOPICAL GEL 55 PPM	Tier 3	
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)
<i>adapalene topical solution 0.1 %</i>	Tier 1	ST: Must meet the following requirement: Adapalene 0.1% gel in 120 days
<i>adapalene topical swab 0.1 %</i>	Tier 1	ST: Must meet the following requirement: Adapalene 0.1% gel in 120 days; QL (1 EA per 1 day)
ALTRENO TOPICAL LOTION 0.05 %	Tier 3	
AVITA TOPICAL CREAM 0.025 % (tretinoin)	Tier 1	
AVITA TOPICAL GEL 0.025 % (tretinoin)	Tier 1	
DIFFERIN TOPICAL LOTION 0.1 % (adapalene)	Tier 3	Age (Max 39 Years)

Drug	Status	Notes
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %	Tier 3	ST: Must meet the following requirements: Generic Tretinoin Microspheres 0.04% and 0.10% in 365 days; Age (Max 39 Years)
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i>	Tier 1	Age (Max 39 Years)
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.1 %</i>	Tier 1	Age (Max 39 Years)
<i>tretinoin microspheres topical gel with pump 0.08 %</i>	Tier 1	ST: Must meet the following requirements: Generic Tretinoin Microspheres 0.04% and 0.10% in 365 days; Age (Max 39 Years)
<i>tretinoin topical cream 0.025 %</i>	Tier 1	
<i>tretinoin topical cream 0.05 %, 0.1 %</i>	Tier 1	
<i>tretinoin topical gel 0.01 %</i>	Tier 1	
<i>tretinoin topical gel 0.025 %</i>	Tier 1	
<i>tretinoin topical gel 0.05 %</i>	Tier 1	
Vitamin A Derivatives, Topical Acne Agents		
AKLIEF TOPICAL CREAM 0.005 %	Tier 3	ST: Must meet any of the following requirements: Adapalene, Differin, Tazarotene, or Tretinoin in 120 days; Age (Max 39 Years)
ARAZLO TOPICAL LOTION 0.045 %	Tier 3	ST: Must meet any of the following requirements: Adapalene, Differin, Tazarotene, or Tretinoin in 120 days
ETHOXIA TOPICAL CREAM 0.05-4 %	Tier 3	
ITHOXIA TOPICAL CREAM 0.1-4 %	Tier 3	
<i>tazarotene topical foam 0.1 %</i>	Tier 1	ST: Must meet any of the following requirements: Adapalene, Differin, Tazarotene, or Tretinoin in 120 days
<i>tazarotene-niacinamide topical cream 0.05-4 %</i>	Tier 1	
<i>tazarotene-niacinamide topical cream 0.1-4 %</i>	Tier 1	

Drug	Status	Notes
Dermatology - Antiinfective		
Topical Antibiotics		
AMZEEQ TOPICAL FOAM 4 %	Tier 3	ST: Must meet 2 of the following requirements: Adapalene, Adapalene/Benzoyl Peroxide, Clindamycin Phosphate/Benzoyl Peroxide, Clindamycin Phosphate, Erythromycin Base In Ethanol, Erythromycin/Benzoyl Peroxide, Sulfacetamide Sodium/Sulfur/Urea, Sulfacetamide Sodium, Sulfacetamide Sodium/Sulfur, or Tretinoin in 365 days; Age (Min 9 Years)
CENTANY AT TOPICAL OINTMENT KIT 2 %	Tier 3	
CLINDACIN ETZ TOPICAL KIT 1 %	Tier 3	
CLINDACIN PAC TOPICAL KIT 1 %	Tier 3	
<i>clindamycin phosphate topical foam 1 %</i> (Clindacin)	Tier 1	
<i>clindamycin phosphate topical gel 1 %</i>	Tier 1	
<i>clindamycin phosphate topical gel, once daily 1 %</i> (Clindagel)	Tier 1	ST: Must meet the following requirement: Clindamycin Phosphate 1% gel in 120 days
<i>clindamycin phosphate topical lotion 1 %</i> (Cleocin T)	Tier 1	
<i>clindamycin phosphate topical solution 1 %</i> (Cleocin T)	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	

Drug	Status	Notes
XEPI TOPICAL CREAM 1 %	Tier 3	ST: Must meet the following requirement: Mupirocin ointment in 120 days
ZILXI TOPICAL FOAM 1.5 %	Tier 3	ST: Must meet the following requirement: Generic topical Metronidazole in 120 days; QL (30 GM per 30 days)
Topical Antifungal/Antiinflammatory,Steriod Agent		
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	Tier 1	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	Tier 1	
DERMACINRX THERAZOLE PAK TOPICAL COMBO PACK 1-0.05-20 %	Tier 3	
HAXCHLO TOPICAL SHAMPOO 0.77- 0.05 % (ciclopirox-clobetasol)	Tier 3	
HAXCHLODREX TOPICAL SHAMPOO 0.77-0.05-3 % (ciclopirox-clobetasol-salicyl)	Tier 3	
<i>ketoconazole-hydrocortisone topical cream 2-2.5 %</i> (Pheyo)	Tier 1	
PHEYO TOPICAL CREAM 2-2.5 % (ketoconazole-hydrocortisone)	Tier 3	
Topical Antifungal-Antibiotic-Anti-Inflamm Steroid		
<i>ketoconazole-iodoquinol-hc topical cream 2-1-2.5 %</i> (Pheodoyo)	Tier 1	
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>	Tier 1	

Drug		Status	Notes
DIFMETIOXRIME TOPICAL SOLUTION 4-2-1-4 %	(flucona-ibuprof-itracon-terbin)	Tier 3	
econazole topical cream 1 %		Tier 1	QL (170 GM per 1 FILL)
econazole-niacinamide topical cream 1-4 %	(Imioxia)	Tier 1	
ECOZA TOPICAL FOAM 1 %		Tier 3	
ERTACZO TOPICAL CREAM 2 %		Tier 3	
EXELDERM TOPICAL CREAM 1 %	(sulconazole)	Tier 2	
EXELDERM TOPICAL SOLUTION 1 %	(sulconazole)	Tier 2	
EXODERM TOPICAL LOTION 25-1 %		Tier 1	
<i>flucona-ibuprof-itracon-terbin topical solution 4-2-1-4 %</i>	(Difmetioxrime)	Tier 1	
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	
JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 %		Tier 3	PA
<i>ketoconazole topical cream 2 %</i>		Tier 1	QL (180 GM per 1 FILL)
<i>ketoconazole topical foam 2 %</i>	(Ketodan)	Tier 1	ST: Must meet the following requirement: Ketoconazole 2% cream or shampoo in 120 days
<i>ketoconazole topical shampoo 2 %</i>		Tier 1	QL (360 ML per 1 FILL)
KETODAN KIT TOPICAL COMBO PACK 2 %		Tier 3	
KETODAN TOPICAL FOAM 2 %	(ketoconazole)	Tier 1	ST: Must meet the following requirement: Ketoconazole 2% cream or shampoo in 120 days
KLAYESTA TOPICAL POWDER 100,000 UNIT/GRAM	(nystatin)	Tier 1	
LOPROX KIT TOPICAL COMBO PACK 0.77 %		Tier 3	
LOPROX KIT TOPICAL KIT, SUSPENSION AND CLEANSER 0.77 %		Tier 3	
<i>luliconazole topical cream 1 %</i>	(Luzu)	Tier 1	ST: Must meet the following requirements: Clotrimazole and Ketoconazole in 365 days; QL (60 GM per 28 days)
MENTAX TOPICAL CREAM 1 %	(butenafine)	Tier 3	

Drug		Status	Notes
miconazole nitrate-zinc ox-pet topical ointment 0.25-15-81.35 %	(Vusion)	Tier 1	
naftifine topical cream 1 %		Tier 1	
naftifine topical cream 2 %		Tier 1	QL (180 GM per 1 FILL)
naftifine topical gel 2 %	(Naftin)	Tier 1	
NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM	(nystatin)	Tier 1	
nystatin topical cream 100,000 unit/gram		Tier 1	
nystatin topical ointment 100,000 unit/gram		Tier 1	QL (90 GM per 1 FILL)
nystatin topical powder 100,000 unit/gram	(Klayesta)	Tier 1	
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%		Tier 1	
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%		Tier 1	QL (180 GM per 1 FILL)
NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM	(nystatin)	Tier 1	
oxiconazole topical cream 1 %	(Oxistat)	Tier 1	QL (180 GM per 1 FILL)
OXISTAT TOPICAL LOTION 1 %		Tier 3	
PEDIZOL PAK TOPICAL KIT, CREAM AND SOLUTION 2-2 %		Tier 3	
PHEDRAX TOPICAL SHAMPOO 2-2 %		Tier 3	
PHEOXIA TOPICAL CREAM 2-4 %	(ketoconazole-niacinamide)	Tier 3	
sulconazole topical cream 1 %	(Exelderm)	Tier 1	
sulconazole topical solution 1 %	(Exelderm)	Tier 1	
tavaborole topical solution with applicator 5 %	(Kerydin)	Tier 1	PA
XOLEGEL TOPICAL GEL 2 %		Tier 3	ST: Must meet the following requirement: Ketoconazole 2% cream or shampoo in 120 days
Topical Antiparasitics			
CROTAN TOPICAL LOTION 10 %		Tier 3	
EURAX TOPICAL CREAM 10 %		Tier 3	
EURAX TOPICAL LOTION 10 %		Tier 3	
malathion topical lotion 0.5 %	(Ovide)	Tier 1	
permethrin topical cream 5 %	(Elimite)	Tier 1	
spinosad topical suspension 0.9 %	(Natroba)	Tier 1	
ULESFIA TOPICAL LOTION 5 %		Tier 3	

Drug	Status	Notes
Topical Antivirals		
acyclovir topical cream 5 % (Zovirax)	Tier 1	ST: Must meet 2 of the following requirements: Acyclovir, Famciclovir, or Valacyclovir HCL in 365 days
acyclovir topical ointment 5 % (Zovirax)	Tier 1	
penciclovir topical cream 1 % (Denavir)	Tier 1	
Topical Antivirals/Antiinflammatory, Steroid Agent		
XERESE TOPICAL CREAM 5-1 %	Tier 3	ST: Must meet any of the following requirements: Oral Acyclovir, Famciclovir, or Valacyclovir HCL in 120 days; QL (10 GM per 365 days)
Topical Genital Wart-Hpv Treatment Agents		
VEREGEN TOPICAL OINTMENT 15 %	Tier 3	ST: Must meet the following requirements: Imiquimod and Podofilox in 365 days; QL (30 GM per 1 FILL)
Topical Pleuromutilin Derivatives		
ALTABAX TOPICAL OINTMENT 1 %	Tier 3	ST: Must meet the following requirement: Mupirocin ointment in 120 days
Topical Sulfonamides		
BP 10-1 TOPICAL CLEANSER 10-1 % (sulfacetamide sodium-sulfur)	Tier 1	
CLEANSING WASH TOPICAL CLEANSER 10-4-10 % (sulfacetamide sod-sulfur-urea)	Tier 1	
CLENIA PLUS TOPICAL SUSPENSION 9-4.25 % (sulfacetamide sodium-sulfur)	Tier 3	
ECEOXIA TOPICAL CREAM 10-4 % (sulfacetamide-niacinamide)	Tier 3	
mafénide acetate topical packet 50 gram (Sulfamylon)	Tier 1	
OXIAICE TOPICAL LOTION 15-4 %	Tier 3	
ROSULA CLEANSING CLOTHS TOPICAL PADS, MEDICATED 10-5 % (sulfacetamide sodium-sulfur)	Tier 1	
ROSULA TOPICAL CLEANSER 10-4.5 %	Tier 3	
silver sulfadiazine topical cream 1 % (SSD)	Tier 1	
SSD TOPICAL CREAM 1 % (silver sulfadiazine)	Tier 1	

Drug		Status	Notes
SSS 10-5 TOPICAL CREAM 10-5 % (W/W)	(sulfacetamide sodium-sulfur)	Tier 1	
SSS 10-5 TOPICAL FOAM 10-5 %	(sulfacetamide sodium-sulfur)	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 sodium-sulfur topical cream 10-2 %</i>	(Avar-E LS)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)</i>	(SSS 10-5)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cream 9.8-4.8 %</i>	(Plexion)	Tier 1	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w)</i>		Tier 1	
<i>sulfacetamide sodium-sulfur topical lotion 9.8-4.8 %</i>	(Plexion)	Tier 1	
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i>	(Sumaxin)	Tier 1	
<i>sulfacetamide sodium-sulfur topical pads, medicated 9.8-4.8 %</i>	(Plexion Cleansing Cloths)	Tier 1	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %</i>		Tier 1	
<i>sulfacetamide sodium-sulfur topical suspension 8-4 %</i>	(SulfaCleanse 8-4)	Tier 1	
<i>sulfacetamide sodium-sulfur topical suspension 9-4.25 %</i>	(Clenia Plus)	Tier 1	
<i>sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %</i>		Tier 1	QL (1419 ML per 1 FILL)
<i>sulfacetamide-niacinamide topical cream 10-4 %</i>	(Eceoxia)	Tier 1	
SULFACLEANSE 8-4 TOPICAL SUSPENSION 8-4 %	(sulfacetamide sodium-sulfur)	Tier 1	
SULFAMYLYON TOPICAL CREAM 85 MG/G		Tier 3	
SULFAMYLYON TOPICAL PACKET 50 GRAM	(mafenide acetate)	Tier 3	

Drug	Status	Notes
SUMADAN TOPICAL KIT 9-4.5 % (sulfacetamide-sulfur-cleansr23)	Tier 3	
SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM 9 %-4.5 % -SPF 25 (sulfact na-sul-avobnz-otn-ocs)	Tier 3	
SUMAXIN CP TOPICAL KIT 10-4 %	Tier 3	
ZMA CLEAR TOPICAL SUSPENSION 9-4.5 %	Tier 1	
Dermatology - Antiinflammatory		
Interleukin-13 (IL-13) Inhibitors, Mab		
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 4	PA; MO
Top. Anti-Inflam.,Phosphodiesterase-4 (Pde4) Inhib		
EUCRISA TOPICAL OINTMENT 2 %	Tier 2	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
Topical Antibiotics/Antiinflammatory,Steroidal		
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	Tier 3	ST: Must meet the following requirement: Generic Fluocinolone Acetonide cream/oil/ointment/solution in 120 days
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	Tier 3	ST: Must meet the following requirement: Generic Fluocinolone Acetonide cream/oil/ointment/solution in 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 %	Tier 1	ST: Must meet the following requirement: Generic Hydrocortisone 2.5% lotion in 120 days
<i>alclometasone topical cream 0.05 %</i>	Tier 1	
<i>alclometasone topical ointment 0.05 %</i>	Tier 1	
<i>amcinonide topical ointment 0.1 %</i>	Tier 1	

Drug	Status	Notes
APEXICON E TOPICAL CREAM 0.05 %	Tier 3	ST: Must meet any of the following requirements: Betamethasone 0.05% ointment or augmented cream, Desoximetasone (cream, gel, ointment), or Fluocinonide 0.05% (gel, ointment, solution, cream) in 120 days; QL (180 GM per 30 days)
BESER KIT TOPICAL KIT,LOTION AND CREAM,EMOLlient 0.05 %	Tier 3	
<i>betamethasone dipropionate topical cream 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	Tier 1	
<i>betamethasone valerate topical cream 0.1 %</i>	Tier 1	
<i>betamethasone valerate topical foam (Luxiq) 0.12 %</i>	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 % (Diprolene (augmented))</i>	Tier 1	
BRYHALI TOPICAL LOTION 0.01 %	Tier 3	ST: Must meet any of the following requirements: Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol (except foam, shampoo), Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (ointment, cream) in 120 days; QL (400 GM per 1 FILL)
CAPEX TOPICAL SHAMPOO 0.01 %	Tier 3	

Drug	Status	Notes
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	
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 % (Olux)</i>	Tier 1	
<i>clobetasol topical gel 0.05 %</i>	Tier 1	
<i>clobetasol topical lotion 0.05 % (Clobex)</i>	Tier 1	
<i>clobetasol topical ointment 0.05 % (Temovate)</i>	Tier 1	
<i>clobetasol topical shampoo 0.05 % (Clobex)</i>	Tier 1	
<i>clobetasol topical spray,non-aerosol 0.05 % (Clobex)</i>	Tier 1	
<i>clobetasol-emollient topical cream 0.05 %</i>	Tier 1	
<i>clobetasol-emollient topical foam 0.05 % (Olux-E)</i>	Tier 1	
<i>clobetasol-niacinamide topical cream 0.05-4 %</i>	Tier 1	
<i>clobetasol-niacinamide topical ointment 0.05-4 %</i>	Tier 1	
<i>clobetasol-niacinamide topical solution 0.05-4 %</i>	Tier 1	
<i>clocortolone pivalate topical cream 0.1 %</i>	Tier 1	ST: Must meet the following requirement: Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment in 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: Must meet any of the following requirements: Betamethasone augmented (ointment, gel, lotion), Fluocinonide 0.1% cream, Clobetasol (spray, lotion, gel, ointment, cream, solution) or Halobetasol 0.05% (cream, ointment) in 120 days; QL (2 EA per 30 days)

Drug	Status	Notes
CORDRAN TOPICAL CREAM 0.025 %	Tier 3	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
<i>desonide topical cream 0.05 %</i> (DesOwen)	Tier 1	
<i>desonide topical gel 0.05 %</i>	Tier 1	ST: Must meet any of the following requirements: 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) in 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: Must meet any of the following requirements: Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol (except foam, shampoo), Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (ointment, cream) in 120 days
<i>diflorasone topical cream 0.05 %</i>	Tier 1	ST: Must meet any of the following requirements: Betamethasone 0.05% ointment or augmented cream, Desoximetasone (cream, gel, ointment), or Fluocinonide 0.05% (gel, ointment, solution, cream) in 120 days; QL (180 GM per 30 days)

Drug	Status	Notes
<i>diflurasone topical ointment 0.05 %</i>	Tier 1	ST: Must meet any of the following requirements: Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol (except foam, shampoo), Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (ointment, cream) in 120 days; QL (180 GM per 30 days)
ELLZIA PAK TOPICAL KIT,OINTMENT AND CREAM 0.1-5 %	Tier 1	
<i>fluocinolone and shower cap scalp oil 0.01 %</i> (Derma-Smoothe/FS Scalp Oil)	Tier 1	
<i>fluocinolone topical cream 0.01 %</i>	Tier 1	
<i>fluocinolone topical cream 0.025 %</i> (Synalar)	Tier 1	
<i>fluocinolone topical oil 0.01 %</i> (Derma-Smoothe/FS Body Oil)	Tier 1	
<i>fluocinolone topical ointment 0.025 %</i> (Synalar)	Tier 1	
<i>fluocinolone topical solution 0.01 %</i> (Synalar)	Tier 1	
<i>fluocinonide topical cream 0.05 %</i>	Tier 1	
<i>fluocinonide topical 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	
FLUOPAR TOPICAL KIT 0.1-5 %	Tier 3	
FLUOVIX PLUS TOPICAL KIT 0.1 %	Tier 3	
FLUOVIX TOPICAL KIT 0.1 %	Tier 3	
FLUXIA TOPICAL CREAM 0.05-4 %	Tier 3	
<i>flurandrenolide topical cream 0.05 %</i> (Cordran)	Tier 1	ST: Must meet any of the following requirements: 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) in 120 days
<i>flurandrenolide topical lotion 0.05 %</i> (Cordran)	Tier 1	

Drug	Status	Notes
<i>flurandrenolide topical ointment 0.05 %</i> (Cordran)	Tier 1	ST: Must meet the following requirement: Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment in 120 days; QL (180 GM per 30 days)
<i>fluticasone propionate topical cream 0.05 %</i>	Tier 1	
<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: Must meet any of the following requirements: Betamethasone 0.05% ointment or augmented cream, Desoximetasone (cream, gel, ointment), or Fluocinonide 0.05% (gel, ointment, solution, cream) in 120 days
<i>halobetasol propionate topical cream 0.05 %</i>	Tier 1	
<i>halobetasol propionate topical foam 0.05 %</i> (Lexette)	Tier 1	ST: Must meet any of the following requirements: Clobetasol foam or generic Halobetasol (cream or ointment) in 120 days; QL (100 GM per 1 FILL)
<i>halobetasol propionate topical ointment 0.05 %</i>	Tier 1	
HALOG TOPICAL OINTMENT 0.1 %	Tier 3	ST: Must meet any of the following requirements: Betamethasone 0.05% ointment or augmented cream, Desoximetasone (cream, gel, ointment), or Fluocinonide 0.05% (gel, ointment, solution, cream) in 120 days

Drug	Status	Notes
HALOG TOPICAL SOLUTION 0.1 %	Tier 3	ST: Must meet any of the following requirements: Betamethasone 0.05% ointment or augmented cream, Desoximetasone (cream, gel, ointment), or Fluocinonide 0.05% (gel, ointment, solution, cream) in 120 days
hydrocortisone butyrate topical cream 0.1 %	Tier 1	
hydrocortisone butyrate topical lotion 0.1 (Locoid) %	Tier 1	ST: Must meet any of the following requirements: 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) in 120 days; QL (236 ML per 30 days)
hydrocortisone butyrate topical ointment 0.1 %	Tier 1	ST: Must meet any of the following requirements: 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) in 120 days
hydrocortisone butyrate topical solution 0.1 %	Tier 1	
hydrocortisone butyr-emollient topical cream 0.1 % (Locoid Lipocream)	Tier 1	
HYDROCORTISONE LOTION COMPLETE TOPICAL COMBO PACK 2 %	Tier 3	
hydrocortisone topical cream 1 % (Ala-Cort)	Tier 1	
hydrocortisone topical cream 2.5 %	Tier 1	
hydrocortisone topical cream with perineal applicator 1 %	Tier 1	
hydrocortisone topical cream with perineal applicator 2.5 % (Procto-Med HC)	Tier 1	
hydrocortisone topical lotion 2.5 %	Tier 1	
hydrocortisone topical ointment 1 % (Anti-Itch (HC))	Tier 1	
hydrocortisone topical ointment 2.5 %	Tier 1	

Drug	Status	Notes
hydrocortisone valerate topical cream 0.2 %	Tier 1	
hydrocortisone valerate topical ointment 0.2 %	Tier 1	ST: Must meet the following requirement: Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment in 120 days
HYDROXYM TOPICAL GEL 2 %	Tier 3	
IMPOYZ TOPICAL CREAM 0.025 %	Tier 3	ST: Must meet any of the following requirements: Betamethasone 0.05% ointment or augmented cream, Desoximetasone (cream, gel, ointment), or Fluocinonide 0.05% (gel, ointment, solution, cream) in 120 days; QL (200 GM per 30 days)
LEXETTE TOPICAL FOAM 0.05 % (halobetasol propionate)	Tier 3	ST: Must meet any of the following requirements: Clobetasol foam or generic Halobetasol (cream or ointment) in 120 days; QL (100 GM per 1 FILL)
MOMETACURE TOPICAL KIT 0.1-5 %	Tier 3	
mometasone topical cream 0.1 %	Tier 1	
mometasone topical ointment 0.1 %	Tier 1	
mometasone topical solution 0.1 %	Tier 1	
NOXIPAK TOPICAL KIT 0.01-20 %	Tier 3	
NUCORT TOPICAL LOTION 2 % (hydrocortisone acet-aloe vera)	Tier 3	
PANDEL TOPICAL CREAM 0.1 %	Tier 3	ST: Must meet any of the following requirements: 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) in 120 days; QL (160 GM per 30 days)
prednicarbate topical cream 0.1 %	Tier 1	
prednicarbate topical ointment 0.1 %	Tier 1	
PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	Tier 1	

Drug		Status	Notes
PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	(hydrocortisone)	Tier 1	
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	(hydrocortisone)	Tier 1	
QUINIXIL TOPICAL CREAM 0.1-5 %		Tier 3	
SANADERMRX TOPICAL KIT 0.1-5 %		Tier 1	QL (1 EA per 30 days)
SCALACORT DK TOPICAL COMBO PACK 2-2-2 %		Tier 2	
SERNIVO TOPICAL SPRAY WITH PUMP 0.05 %		Tier 3	ST: Must meet the following requirement: Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment in 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	
TETOXIA TOPICAL CREAM 0.01-4 %	(fluocinolone-niacinamide)	Tier 3	
TEXACORT TOPICAL SOLUTION 2.5 %		Tier 2	ST: Must meet the following requirement: Generic Hydrocortisone 2.5% lotion in 120 days
TOVET KIT TOPICAL COMBO PACK 0.05 %		Tier 3	
<i>triamcinolone acetonide topical aerosol</i> 0.147 mg/gram	(Kenalog)	Tier 1	
<i>triamcinolone acetonide topical cream</i> 0.025 %		Tier 1	
<i>triamcinolone acetonide topical cream</i> 0.1 %	(Triderm)	Tier 1	
<i>triamcinolone acetonide topical cream</i> 0.5 %	(Triderm)	Tier 1	QL (454 GM per 30 days)
<i>triamcinolone acetonide topical lotion</i> 0.025 %, 0.1 %		Tier 1	
<i>triamcinolone acetonide topical ointment</i> 0.025 %, 0.1 %, 0.5 %		Tier 1	
<i>triamcinolone acetonide topical ointment</i> 0.05 %	(Trianex)	Tier 1	QL (430 GM per 30 days)
TRIANEX TOPICAL OINTMENT 0.05 %	(triamcinolone acetonide)	Tier 1	QL (430 GM per 30 days)
TRIASIL TOPICAL KIT 0.1 %- 4" X 4"		Tier 3	
TRIDERM TOPICAL CREAM 0.1 %	(triamcinolone acetonide)	Tier 1	
TRIDERM TOPICAL CREAM 0.5 %	(triamcinolone acetonide)	Tier 1	QL (454 GM per 30 days)

Drug	Status	Notes
ULTRAVATE TOPICAL LOTION 0.05 %	Tier 3	ST: Must meet any of the following requirements: Betamethasone augmented (ointment, gel, lotion), Fluocinonide 0.1% cream, Clobetasol (spray, lotion, gel, ointment, cream, solution) or Halobetasol 0.05% (cream, ointment) in 120 days; QL (120 ML per 30 days)
VERDESO TOPICAL FOAM 0.05 %	Tier 3	ST: Must meet the following requirement: Fluocinolone Acetonide 0.01% body oil in 120 days
WHYTEDERM TDPAK TOPICAL KIT 0.1-2 %	Tier 3	
WHYTEDERM TRILASIL PAK TOPICAL KIT 0.1-2 %	Tier 3	
XILAPAK TOPICAL KIT 0.01 %	Tier 3	
Topical Anti-Inflammatory, Nsaids		
CAPSFENAC PAK TOPICAL KIT, CREAM AND SOLUTION 1.5-0.025 %	Tier 3	
CAPSINAC TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %	Tier 3	
CLOFENAX TOPICAL KIT 1.5 %	Tier 3	
DERMACINRX LEXITRAL TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %	Tier 3	
<i>diclofenac epolamine transdermal patch (Flector) 12 hour 1.3 %</i>	Tier 1	
<i>diclofenac sodium topical drops 1.5 %</i>	Tier 1	MO
<i>diclofenac sodium topical gel 1 % (Aleve (diclofenac))</i>	Tier 1	MO
<i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)</i>	Tier 1	PA
DICLOFEX DC TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %	Tier 3	
DICLOFONO TOPICAL GEL IN PACKET 1.6 %	Tier 3	
DICLOHEAL-60 TOPICAL KIT, CREAM AND SOLUTION 1.5-0.025 %	Tier 3	
DICLOPR TOPICAL COMBO PACK,CREAM AND GEL 1-30-10 %	Tier 3	

Drug	Status	Notes
DICLOSAICIN TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %	Tier 3	
DICLOTRAL TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %	Tier 3	
DICLOTREX II TOPICAL KIT 1.5-10-4 %	Tier 3	
DICLOTREX TOPICAL KIT 1.5-10-4 %	Tier 3	
DIMENTHO TOPICAL KIT 1.5-10 %	Tier 3	
DITHOL TOPICAL COMBO PACK 1.5-10 %	Tier 3	
FENOVAR TOPICAL KIT, CREAM AND SOLUTION 1.5-15-10 %	Tier 3	
FROTEK TOPICAL CREAM IN PACKET 10 %	Tier 3	
FROTEK TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %	Tier 3	
ICLOFENAC CP TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %	Tier 3	
INFLAMMA-K TOPICAL KIT, PATCH, SOLUTION DROPS 1.5-10-6-3.1 %	Tier 3	
LEXITRAL PHARMAPAK II TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %	Tier 3	
LICART TRANSDERMAL PATCH 24 HOUR 1.3 %	Tier 3	ST: Must meet the following requirement: Diclofenac Epolamine patch in 120 days; QL (1 EA per 1 day)
NUDICLO SOLUPAK TOPICAL KIT, CREAM AND SOLUTION 1.5-0.025 %	Tier 3	
PENNSAID TOPICAL SOLUTION IN PACKET 2 %	Tier 3	PA
PROFINAC TOPICAL KIT 1.5 %	Tier 3	
ROAOXIA TOPICAL GEL 3-2-4 %	(diclofenac-hyaluronate-niacin)	Tier 3
SURE RESULT DSS PREMIUM PACK TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %	Tier 3	
VAROPHEN (DICLOFENAC) TOPICAL KIT, CREAM AND SOLUTION 1.5-15-10 %	Tier 3	
VENNGEL ONE TOPICAL KIT 1 %	Tier 1	
XRYLIX (DICLOFENAC-KINES TAPE) TOPICAL KIT 1.5 %	Tier 3	

Drug	Status	Notes
ZICLOCIN TOPICAL KIT, CREAM AND SOLUTION 1.5-0.025 %	Tier 3	
ZICLOPRO TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %	Tier 3	
Topical Janus Kinase (Jak) Inhibitors		
OPZELURA TOPICAL CREAM 1.5 %	Tier 2	PA
Dermatology - Antipruritic Drugs		
Antipruritics,Topical		
doxepin topical cream 5 % (Prudoxin)	Tier 1	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
LEVICYN ANTIPRURITIC TOPICAL GEL	Tier 3	
Dermatology - Miscellaneous		
Antiperspirants		
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 % (aluminum chloride)	Tier 2	
DRYSOL TOPICAL SOLUTION 20 % (aluminum chloride)	Tier 2	
Antiseborrheic Agents		
LOUTREX TOPICAL CREAM	Tier 1	
OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 % (sulfacetamide sodium)	Tier 2	
OVACE PLUS TOPICAL CREAM 10 %	Tier 3	
OVACE PLUS TOPICAL LOTION 9.8 %	Tier 3	ST: Must meet the following requirement: Ciclopirox (shampoo or gel) or Ketoconazole (shampoo or cream) in 120 days
PLEXION NS TOPICAL SHAMPOO 9.8 % (sulfacetamide sodium)	Tier 3	
PROMISEB TOPICAL CREAM	Tier 3	
selenium sulfide topical lotion 2.5 %	Tier 1	
selenium sulfide topical shampoo 2.25 %, 2.3 %	Tier 1	
sulfacetamide sodium topical cleanser 10 % (Ovace)	Tier 1	
sulfacetamide sodium topical cleanser, gel 10 % (Ovace Plus Wash)	Tier 1	
sulfacetamide sodium topical shampoo 10 % (Ovace Plus Shampoo)	Tier 1	
sulfacetamide sodium topical shampoo 9.8 % (Plexion NS)	Tier 1	
TERSI FOAM TOPICAL FOAM 2.25 %	Tier 3	

Drug	Status	Notes
Antiseptics,Miscellaneous		
guaiacol liquid	Tier 3	
Emollients		
ammonium lactate topical cream 12 %	Tier 1	
ammonium lactate topical lotion 12 % (Skin Treatment)	Tier 1	
ATOPADERM TOPICAL CREAM	Tier 3	
ATRAPRO CP TOPICAL COMBO PACK,CREAM AND GEL	Tier 3	
ATRAPRO HYDROGEL TOPICAL GEL	Tier 3	
AVO CREAM TOPICAL EMULSION	Tier 1	
CELACYN TOPICAL GEL WITH PUMP	Tier 3	
CERACADE TOPICAL EMULSION	Tier 3	
CERAMAX TOPICAL CREAM	Tier 3	
CERAMAX TOPICAL LOTION	Tier 3	
DEXERYL TOPICAL CREAM	Tier 3	
EMULSION SB TOPICAL EMULSION	Tier 1	
ENTTY TOPICAL SPRAY,NON-AEROSOL	Tier 3	
EPICERAM TOPICAL EMULSION, EXTENDED RELEASE	Tier 3	
HALUCORT TOPICAL GEL	Tier 3	
HAPRODERM TOPICAL GEL	Tier 3	
HPR PLUS HYDROGEL TOPICAL KIT,CREAM AND GEL	Tier 1	
HPR PLUS TOPICAL CREAM	Tier 3	
HPR PLUS TOPICAL FOAM	Tier 3	
HPR PLUS-MB HYDROGEL TOPICAL COMBO PACK,GEL AND FOAM 96.53-3-0.4 -0.066 %	Tier 1	
HPR TOPICAL FOAM	Tier 3	
HYLAGUARD TOPICAL CREAM	Tier 3	
HYLATOPICPLUS TOPICAL CREAM	Tier 3	
KERASTAT TOPICAL CREAM	Tier 3	
KERASTAT TOPICAL GEL 5 %	Tier 3	
LEVICYN ANTIPRURITIC SG TOPICAL SPRAY GEL	Tier 3	
LOYON TOPICAL SPRAY,NON-AEROSOL	Tier 3	
LUXAMEND TOPICAL CREAM	Tier 3	
MB HYDROGEL (CYCLOMETHICONE) TOPICAL KIT,CREAM AND GEL	Tier 1	
MB HYDROGEL TOPICAL KIT,CREAM AND GEL 96.53-3-0.4 -0.066 %	Tier 1	

Drug	Status	Notes
NEOSALUS TOPICAL CREAM	Tier 3	
NEOSALUS TOPICAL FOAM	Tier 3	
NEOSALUS TOPICAL LOTION	Tier 3	
NUTRASEB TOPICAL CREAM	Tier 3	
PRESERA TOPICAL FOAM	Tier 3	
PRUCLAIR TOPICAL CREAM	Tier 1	
PRUMYX TOPICAL CREAM	Tier 1	
SEBUDERM TOPICAL GEL	Tier 3	
SONAFINE TOPICAL EMULSION	Tier 1	
XCLAIR TOPICAL CREAM	Tier 3	
Gene Therapy Agents - Connective Tissue Disorders		
VYJUVEK TOPICAL GEL 5 X 10EXP9 PFU/2.5 ML	Tier 3	MO
Iodine Antiseptics		
BETADINE OPHTHALMIC PREP (povidone-iodine) OPHTHALMIC (EYE) SOLUTION 5 %	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 % (Sterile Saline)</i>	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	
TIS-U-SOL PENTALYTE IRRIGATION IRRIGATION SOLUTION 800-40-20-8.75- 6.25 MG/100 ML	Tier 3	
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

Drug	Status	Notes
<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		
BENZEPRO (MICROSPHERES) TOPICAL CLEANSER 7 %	Tier 1	
BENZEPRO TOPICAL TOWELETTE 6 %	Tier 1	
<i>benzoyl peroxide topical cleanser 7 %</i> (BP Wash)	Tier 1	
<i>benzoyl peroxide topical foam 9.8 %</i> (BenzePrO)	Tier 1	
BPO TOPICAL GEL 8 % (benzoyl peroxide)	Tier 1	
CEM-UREA TOPICAL GEL 45 % (urea)	Tier 1	
CONDYLOX TOPICAL GEL 0.5 % (podofilox)	Tier 3	ST: Must meet the following requirement: Podofilox 0.5% solution in 120 days; QL (0.5 GM per 1 day)
HYDRO 35 TOPICAL FOAM 35 % (urea)	Tier 3	
KERALYT SCALP COMPLETE TOPICAL KIT, SHAMPOO AND GEL 6-6 %	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 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	
RAYASAL TOPICAL CREAM 5.9 %	Tier 3	
RYNODERM TOPICAL CREAM 37.5 %	Tier 3	
SALICATE TOPICAL LIQUID 10 %	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/app 27.5 %</i> (Virasal)	Tier 1	
<i>salicylic acid topical film-forming soln er w/ appl 28.5 %</i> (UltraSal-ER)	Tier 1	

Drug		Status	Notes
salicylic acid topical foam 6 %	(Salvax)	Tier 1	
salicylic acid topical gel 6 %	(Keralyt Rx)	Tier 1	
salicylic acid topical liquid 26 %		Tier 1	
salicylic acid topical lotion 6 %		Tier 1	
salicylic acid topical lotion,extended release 6 %		Tier 1	
salicylic acid topical ointment 3 %		Tier 1	
salicylic acid topical shampoo 6 %	(Keralyt)	Tier 1	
salicylic acid-ceramides no.1 topical kit,cleanser and cream er 6 %		Tier 1	
SALIMEZ FORTE TOPICAL CREAM 10 %		Tier 3	
SALVAX DUO PLUS TOPICAL FOAM 6-35 %		Tier 3	
SALVAX TOPICAL FOAM 6 %	(salicylic acid)	Tier 1	
silver nitrate applicators topical stick 75-25 %		Tier 1	
silver nitrate topical solution 10 %		Tier 1	
ULTRASAL-ER TOPICAL FILM-FORMING SOLN ER W/ APPL 28.5 %	(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	
urea topical cream 39 %	(Uredeb)	Tier 1	
urea topical cream 39.5 %, 40 %, 41 %, 47 %		Tier 1	
urea topical cream 45 %	(Uramaxin)	Tier 1	
urea topical cream 50 %	(Ure-K)	Tier 1	
urea topical foam 35 %	(Hydro 35)	Tier 1	
urea topical gel 45 %	(CEM-Urea)	Tier 1	
urea topical lotion 40 %		Tier 1	
XALIX TOPICAL FILM-FORMING SOLN ER W/ APPL 28 %		Tier 3	
Oxidizing Agents			
ATRAPRO DERMAL SPRAY TOPICAL SPRAY,NON-AEROSOL 0.003-0.004 %		Tier 3	
DELUO TOPICAL SPRAY,NON-AEROSOL 0.018 %-0.004 % -0.06 %		Tier 3	
EPICYN TOPICAL SPRAY,NON-AEROSOL		Tier 3	

Drug	Status	Notes
HYCLODEX TOPICAL SPRAY, NON-AEROSOL 0.012 %-0.002 % -0.046 %	Tier 3	
<i>hydrogen peroxide solution 3 %</i>	Tier 1	
HYPOCYN DERMAL TOPICAL SPRAY, NON-AEROSOL 0.012 %-0.002 % -0.046 %	Tier 3	
LEVICYN DERMAL TOPICAL SPRAY, NON-AEROSOL 0.009 %	Tier 3	
MICROCYN TOPICAL SPRAY, NON-AEROSOL 0.003 %-0.004 % -0.023 %	Tier 3	
Protectives		
DERMELLE TOPICAL GEL	Tier 3	
DERPIXA TOPICAL GEL	Tier 3	
GENADUR (WITH LEXINAL) KIT 2,500 MCG	Tier 3	
GENADUR TOPICAL LIQUID	Tier 3	
JUVAZIN TOPICAL GEL	Tier 3	
PHARMABASE BARRIER TOPICAL OINTMENT 9.38 %	Tier 1	
PR CREAM TOPICAL CREAM	Tier 1	
PROSILK GEL TOPICAL GEL	Tier 3	
RADIAPLEXRX TOPICAL GEL	Tier 3	
RECEDO TOPICAL GEL	Tier 3	
SCARCARE TOPICAL KIT 2 X 5.5 "	Tier 3	
SCARSILK GEL TOPICAL GEL	Tier 3	
STRATAMARK TOPICAL GEL	Tier 3	
STRATATRIZ TOPICAL GEL	Tier 3	
VASELINE WHITE PETROLEUM TOPICAL OINTMENT IN PACKET	(white petrolatum) Tier 1	
WOUNDGELHA MATRIX TOPICAL GEL 2.5 %	Tier 3	
<i>zinc oxide topical ointment 20 %</i>	Tier 1	
<i>zinc oxide topical paste 25 %</i>	Tier 1	
Topical Anti-Inflammatory Nsaid-Local Anesthetic		
DICLOVIX TOPICAL KIT, PATCH, SOLUTION DROPS 1.5-2.5-4-2 %	Tier 3	
Topical Anti-Inflammatory Steroid-Local Anesthetic		
ANALPRAM-HC TOPICAL LOTION 2.5-1 %	Tier 2	

Drug	Status	Notes
EPIFOAM TOPICAL FOAM 1-1 %	Tier 3	ST: Must meet the following requirement: Hydrocortisone/Pramoxine 2.5%-1% cream in 120 days
<i>hydrocortisone-pramoxine topical cream</i> 2.35-1 %	Tier 1	
<i>hydrocortisone-pramoxine topical cream</i> (Pramosone) 2.5-1 %	Tier 1	
<i>lidocaine hcl-hydrocortison ac topical</i> (Lidocort) cream 3-0.5 %	Tier 1	
NOVACORT TOPICAL GEL WITH PERINEAL APPLICATOR 2-1 %	Tier 3	
PRAMOSONE TOPICAL CREAM 1-1 % (hydrocortisone-pramoxine)	Tier 2	ST: Must meet the following requirement: Hydrocortisone/Pramoxine 2.5%-1% cream in 120 days
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 %	Tier 2	
PRAMOSONE TOPICAL OINTMENT 1-1 %	Tier 2	ST: Must meet the following requirement: Hydrocortisone/Pramoxine 2.5%-1% cream in 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 3	PA
<i>diclofenac sodium topical gel 3 %</i>	Tier 1	QL (100 GM per 1 FILL)
FLUOROPLEX TOPICAL CREAM 1 %	Tier 3	PA
<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 TOPICAL OINTMENT IN PACKET 1 %	Tier 2	QL (5 EA per 1 FILL)
PANRETIN TOPICAL GEL 0.1 %	Tier 4	QL (60 GM per 28 days)
TOLAK TOPICAL CREAM 4 %	Tier 2	
VALCHLOR TOPICAL GEL 0.016 %	Tier 3	PA; MO
Topical Local Anesthetics		
ALADERM PLUS TOPICAL SPRAY, NON-AEROSOL	Tier 1	
ANACAINE TOPICAL OINTMENT 10 %	Tier 3	
ANASTIA TOPICAL LOTION 2.75 %	Tier 3	

Drug	Status	Notes
ANODYNE LPT TOPICAL KIT 2.5-2.5 % (lidocaine-prilocaine)	Tier 1	
ASTERO TOPICAL GEL WITH PUMP 4 %	Tier 3	
CETACAIN ANESTHETIC TOPICAL LIQUID 2-2-14 %	Tier 3	
CETACAIN 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 LIDOGEN TOPICAL GEL 2.8 %	Tier 3	
DERMACINRX LIDOREX TOPICAL GEL 2.8 %	Tier 3	
DERMACINRX PHN PAK TOPICAL KIT, PATCH, MEDICATED, CREAM 5 %	Tier 3	
DERMACINRX ZRM PAK TOPICAL KIT, PATCH, MEDICATED, CREAM 5-5 %	Tier 3	
DERMALID TOPICAL COMBO PACK 5 %	Tier 1	
DOLOTRANZ TOPICAL KIT,CREAM AND GEL 4-2.5-2.5 %	Tier 3	
ELEMAR TOPICAL KIT 5-6 %	Tier 3	
ENZNONUTY TOPICAL OINTMENT 10-10-20 %	Tier 3	
<i>ethyl chloride topical aerosol,spray 100 %</i>	Tier 1	
ILIDERM TOPICAL SPRAY,NON-AEROSOL	Tier 3	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL GEL 4-0.05-0.5 %	Tier 1	
L.E.T. (LIDO-EPINEPH-TETRA) (lidocaine-racepinep-tetracaine) TOPICAL SOLUTION 4-0.05-0.5 %	Tier 1	
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	
LDO PLUS TOPICAL GEL WITH PUMP 4 %	Tier 3	
<i>lidocaine hcl laryngotracheal solution 4 %</i>	Tier 1	

Drug		Status	Notes
<i>lidocaine hcl topical cream 3 %</i>	(Lidopin)	Tier 1	
<i>lidocaine hcl topical lotion 3 %</i>	(Lido-K)	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-prilocaine topical kit 2.5-2.5 %</i>	(Anodyne LPT)	Tier 1	
<i>lidocaine-racepinep-tetracaine topical solution 4-0.05-0.5 %</i>	(L.E.T. (lido-epineph-tetra))	Tier 1	
<i>lidocaine-tetracaine topical cream 7-7 %</i>	(Pliaglis)	Tier 1	
LIDOCAN II TOPICAL ADHESIVE PATCH,MEDICATED 5 %	(lidocaine)	Tier 1	QL (90 EA per 30 days)
LIDOPIN TOPICAL CREAM 3.25 %		Tier 3	
LIDOPURE PATCH TOPICAL COMBO PACK 5 %		Tier 1	
LIDORX TOPICAL GEL WITH PUMP 3 %		Tier 3	
LIDORXKIT TOPICAL COMBO PACK,OINTMENT AND CREAM 5 %		Tier 3	
LIDOSOL-50 TOPICAL KIT 5 %- 6 CM X 7 CM		Tier 3	
LIDTOPIC MAX TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %		Tier 3	
LMR PLUS TOPICAL KIT 5-6 %		Tier 3	
MENTHO-CAINE TOPICAL KIT,OINTMENT AND SPRAY 5-8 %		Tier 3	
MOXICAINE TOPICAL KIT 5 %		Tier 1	
NUMBONEX TOPICAL LOTION 2.75 %		Tier 3	
NYNUTEY TOPICAL CREAM 23-7 %		Tier 3	
PAIN EASE MEDIUM STREAM SPRAY TOPICAL AEROSOL,SPRAY		Tier 3	
PAIN EASE MIST SPRAY TOPICAL AEROSOL,SPRAY		Tier 3	
PAINGO KFT TOPICAL CREAM 2.5-2.5-30-10 %		Tier 3	
PRAKETAMIDE TOPICAL CREAM, METERED-DOSE APPLICATOR 5 %		Tier 3	
PRILO PATCH TOPICAL KIT, PATCH, MEDICATED, CREAM 5-2.5-2.5 %		Tier 3	
PROXIVOL TOPICAL GEL 2 %		Tier 3	
REGENECARE TOPICAL GEL 2 %		Tier 3	
REGENECARE WITH ALOE TOPICAL GEL 2 %		Tier 3	

Drug	Status	Notes
SOLUPAK TOPICAL KIT,OINTMENT AND SPRAY 5-10-3 %	Tier 3	
SPRAY AND STRETCH TOPICAL AEROSOL,SPRAY	Tier 3	
TRANZAREL TOPICAL GEL 4 %	Tier 3	
WPR PLUS TOPICAL KIT,CREAM AND GEL 4-30-10 %	Tier 3	
XYLIDERM TOPICAL KIT 5 %	Tier 3	
ZILACAINE PATCH TOPICAL COMBO PACK 5 %	Tier 3	
ZILOVAL TOPICAL KIT 5 %	Tier 1	
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 %	Tier 3	ST: Must meet the following requirement: Lidocaine 5% patch in 120 days; QL (90 EA per 30 days)
Topical Preparations,Miscellaneous		
MEDIHONEY (HONEY) TOPICAL PASTE 100 %	Tier 3	
sodium chloride topical solution 0.9 % (Saljet Saline Rinse)	Tier 1	
Topical/Mucous Membr./Subcut.		
Enzymes		
HYQVIA HY COMPONENT SUBCUTANEOUS SOLUTION 1,600 UNIT/10 ML, 2,400 UNIT/15 ML, 200 UNIT/1.25 ML, 400 UNIT/2.5 ML, 800 UNIT/5 ML	Tier 3	MO
NEXOBRID TOPICAL GEL 8.8 %	Tier 3	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	Tier 3	PA
Dermatology - Pigmentation Disorders		
Hypopigmentation Agents		
hydroquinone topical cream 4 % (Obagi Elastiderm)	Tier 1	
hydroquinone topical emulsion 4 % (Kaxm)	Tier 1	
hydroquinone topical emulsion 6 % (Kexm)	Tier 1	
hydroquinone topical emulsion 8 % (Kutea)	Tier 1	
hydroquinone-hyaluronate topical emulsion 6-1 % (Keido)	Tier 1	
hydroquinone-hydrocortisone topical emulsion 6-0.5 % (Keya)	Tier 1	
hydroquin-tretinoin-hydrocort topical emulsion 4-0.025-0.5 % (Katarya)	Tier 1	
hydroquin-tretinoin-hydrocort topical emulsion 6-0.025-0.5 % (Ketarya)	Tier 1	

Drug		Status	Notes
hydroquin-tretinoin-hydrocort topical emulsion 6-0.05-0.5 %	(Kevarya)	Tier 1	
hydroquin-tretinoin-hydrocort topical emulsion 8-0.025-0.5 %	(Kutaryaxm)	Tier 1	
hydroquin-tretinoin-hydrocort topical emulsion 8-0.05-0.5 %	(Kuvarya)	Tier 1	
hydroquin-tretinoin-hydrocort topical emulsion 8-0.05-1 %	(Kuvarye)	Tier 1	
KATARAXAP TOPICAL EMULSION 4-0.025-0.025 %		Tier 3	
KATARVIA TOPICAL EMULSION 4-0.025 %		Tier 3	
KATARYA TOPICAL EMULSION 4-0.025-0.5 %	(hydroquin-tretinoin-hydrocort)	Tier 3	
KATARYAXN TOPICAL EMULSION 4-0.025-0.5 %	(hydroquin-tretinoin-hydrocort)	Tier 3	
KAXM TOPICAL EMULSION 4 %	(hydroquinone)	Tier 3	
KEIDO TOPICAL EMULSION 6-1 %	(hydroquinone-hyaluronate)	Tier 3	
KETARYA TOPICAL EMULSION 6-0.025-0.5 %	(hydroquin-tretinoin-hydrocort)	Tier 3	
KEVARAXAP TOPICAL EMULSION 6-0.05-0.025 %		Tier 3	
KEVARTIA TOPICAL EMULSION 6-0.05 %		Tier 3	
KEVARYA TOPICAL EMULSION 6-0.05-0.5 %	(hydroquin-tretinoin-hydrocort)	Tier 3	
KEXM TOPICAL EMULSION 6 %	(hydroquinone)	Tier 3	
KEYA TOPICAL EMULSION 6-0.5 %	(hydroquinone-hydrocortisone)	Tier 3	
KOTARAXAP TOPICAL EMULSION 5-0.025-0.025 %		Tier 3	
KUTAR TOPICAL EMULSION 8-0.025 %		Tier 3	
KUTARVIA TOPICAL EMULSION 8-0.025 %		Tier 3	
KUTARYAXM TOPICAL EMULSION 8-0.025-0.5 %	(hydroquin-tretinoin-hydrocort)	Tier 3	
KUTARYAXMPA TOPICAL EMULSION 8-0.025-0.5 %	(hydroquin-tretinoin-hydrocort)	Tier 3	
KUTEA TOPICAL EMULSION 8 %	(hydroquinone)	Tier 3	
KUVARYA TOPICAL EMULSION 8-0.05-0.5 %	(hydroquin-tretinoin-hydrocort)	Tier 3	
KUVARYE TOPICAL EMULSION 8-0.05-1 %	(hydroquin-tretinoin-hydrocort)	Tier 3	

Drug		Status	Notes
KUXM TOPICAL EMULSION 8 %	(hydroquinone)	Tier 3	
OBAGI ELASTIDERM TOPICAL CREAM 4 %	(hydroquinone)	Tier 1	
OBAGI NU-DERM BLENDER TOPICAL CREAM 4 %	(hydroquinone)	Tier 1	
OBAGI NU-DERM CLEAR TOPICAL CREAM 4 %	(hydroquinone)	Tier 1	
OBAGI NU-DERM SUNFADER TOPICAL CREAM 4 %- SPF 15		Tier 3	
OBAGI-C CLARIFYING SERUM TOPICAL LIQUID 4-10 %		Tier 3	
OBAGI-C THERAPY NIGHT TOPICAL CREAM 4 %		Tier 3	
PROOXIA TOPICAL CREAM 10-4 %	(lactic acid-niacinamide)	Tier 3	
TRI-LUMA TOPICAL CREAM 0.01-4-0.05 %		Tier 3	
YAXATARXYN TOPICAL EMULSION 4-0.025-0.5 %	(hydroquin-tretinoin-hydrocort)	Tier 3	
YOKATAR TOPICAL EMULSION 4-0.025-2.5 %		Tier 3	
Dermatology - Psoriasis/Eczema			
Antipsoriatic Agents, Systemic			
acitretin oral capsule 10 mg, 17.5 mg, 25 mg		Tier 3	
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML		Tier 4	PA; MO
BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML		Tier 4	PA; MO
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML		Tier 4	PA; MO
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML		Tier 4	PA; MO
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML		Tier 4	PA; MO
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML		Tier 4	PA; MO
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (150 MG/ML)		Tier 4	PA; MO
methoxsalen oral capsule, liqd-filled, rapid rel 10 mg		Tier 1	
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML		Tier 4	PA; MO

Drug	Status	Notes
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 3	PA; MO
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 3	PA; MO
SOTYKTU ORAL TABLET 6 MG	Tier 4	PA; MO
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 3	PA; MO
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 3	PA; MO
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 3	PA; MO
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	Tier 3	PA; MO
TREMFYA SUBCUTANEOUS AUTO- INJECTOR 100 MG/ML	Tier 3	PA; MO
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	Tier 3	PA; MO
Antipsoriatics Agents		
calcipotriene scalp solution 0.005 %	Tier 1	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
calcipotriene topical cream 0.005 %	Tier 1	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
calcipotriene topical foam 0.005 % (Sorilux)	Tier 1	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
calcipotriene topical ointment 0.005 %	Tier 1	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
calcitriol topical ointment 3 mcg/gram (Vectical)	Tier 1	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
DIOOXIA TOPICAL CREAM 0.005-4 %	Tier 3	
DRITHOCREME HP TOPICAL CREAM 1 %	Tier 2	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days

Drug	Status	Notes
DUOBRII TOPICAL LOTION 0.01-0.045 %	Tier 3	ST: Must meet any of the following requirements: Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol (except foam, shampoo), Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (ointment, cream) in 120 days; QL (200 GM per 28 days)
NUDERMRXPAK TOPICAL KIT 0.005-5 %	Tier 3	
SORILUX TOPICAL FOAM 0.005 % (calcipotriene)	Tier 3	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
<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)
TAZORAC TOPICAL CREAM 0.05 %	Tier 3	Age (Max 39 Years)
TRIONEX TOPICAL KIT 0.005 %	Tier 3	
VTAMA TOPICAL CREAM 1 %	Tier 3	PA
ZITHRANOL TOPICAL SHAMPOO 1 %	Tier 3	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
ZORYVE TOPICAL CREAM 0.3 %	Tier 3	PA; MO
II-23 Receptor Antagonist, Monoclonal Antibody		
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML	Tier 4	PA; MO
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	Tier 3	PA; MO
Topical Agents,Miscellaneous		
COLLATYL TOPICAL GEL 1 %	Tier 3	
MEDIHONEY (HONEY) TOPICAL GEL 80 %	Tier 3	
MUSCUSOLICE TOPICAL CREAM, METERED-DOSE APPLICATOR 2 %, 5 %	Tier 3	
NEURAPTINE TOPICAL CREAM IN PACKET 10 %	Tier 3	
NEURAPTINE TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %	Tier 3	

Drug	Status	Notes	
OMEZA TOPICAL OINTMENT IN PACKET	Tier 3		
PROTYL AG TOPICAL GEL 1 %	Tier 3		
Topical Immunosuppressive Agents			
HYFTOR TOPICAL GEL 0.2 %	Tier 4	PA; MO	
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	ST: Must meet any of the following requirements: Clobetasol (cream or ointment), Hydrocortisone (1% or 2.5% cream or ointment), generic Mometasone (cream or ointment), or Triamcinolone (0.1% or 0.5% ointment) in 120 days
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>		Tier 1	ST: Must meet any of the following requirements: Clobetasol (cream or ointment), Hydrocortisone (1% or 2.5% cream or ointment), generic Mometasone (cream or ointment), or Triamcinolone (0.1% or 0.5% ointment) in 120 days
Topical Vit D Analog/Antiinflammatory, Steroidal			
calcipotriene-betamethasone topical ointment 0.005-0.064 %	Tier 1	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days	
calcipotriene-betamethasone topical suspension 0.005-0.064 %	(Taclonex)	Tier 1	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
DIOCHLOY TOPICAL SOLUTION 0.05-0.005 %	(clobetasol-calcipotriene)	Tier 3	
ENSTILAR TOPICAL FOAM 0.005-0.064 %		Tier 3	ST: Must meet the following requirement: Calcipotriene/Betamethasone in 120 days

Drug	Status	Notes
WYNZORA TOPICAL CREAM 0.005-0.064 %	Tier 3	ST: Must meet the following requirement: Calcipotriene/Betamethasone in 120 days
Diabetes		
Antihypergly, (Dpp-4) Inhibitor & Biguanide Comb.		
alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg (Kazano)	Tier 3	MO; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days; QL (2 EA per 1 day)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	Tier 2	MO; QL (2 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	Tier 2	MO; QL (1 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	Tier 2	MO; QL (2 EA per 1 day)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	Tier 3	MO; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days; QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	Tier 3	MO; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days; QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	Tier 3	MO; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days; QL (1 EA per 1 day)
saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg (Kombiglyze XR)	Tier 1	MO; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days; QL (2 EA per 1 day)
saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg (Kombiglyze XR)	Tier 1	MO; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days; QL (1 EA per 1 day)

Drug	Status	Notes
Antihyperglycemic DPP-4 Enzyme Inhibitor & Thiazolidinedione		
alogliptin-pioglitazone oral tablet 12.5-30 mg (Oseni) 25-15 mg, 25-30 mg, 25-45 mg	Tier 3	MO; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days; QL (1 EA per 1 day)
Antihyperglycemic Incretin Mimetic (GIP-1 Receptor Agonist)		
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	Tier 2	PA; MO
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML, 5 MCG/DOSE (250 MCG/ML) 1.2 ML	Tier 2	PA; MO
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; MO
RYBELSUS ORAL TABLET 14 MG, 7 MG	Tier 2	PA; MO
RYBELSUS ORAL TABLET 3 MG	Tier 2	PA
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; MO
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	Tier 3	PA; MO
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	Tier 3	PA; MO
Antihyperglycemic-Sodium/Glucose Cotransport 2 (SGLT2) Inhibitor		
BRENTAVALY ORAL TABLET 20 MG (bexagliflozin)	Tier 3	MO; ST: Must meet 2 of the following requirements: Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 365 days; QL (1 EA per 1 day)
FARXIGA ORAL TABLET 10 MG, 5 MG (dapagliflozin propanediol)	Tier 2	MO; QL (1 EA per 1 day)
INPEFA ORAL TABLET 200 MG	Tier 3	MO; ST: Must meet 2 of the following requirements: Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 365 days; QL (2 EA per 1 day)

Drug	Status	Notes
INPEFA ORAL TABLET 400 MG	Tier 3	MO; ST: Must meet 2 of the following requirements: Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 365 days; QL (1 EA per 1 day)
INVOKANA ORAL TABLET 100 MG, 300 MG	Tier 3	MO; ST: Must meet 2 of the following requirements: Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 365 days; QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	Tier 2	MO; QL (1 EA per 1 day)
STEGLATRO ORAL TABLET 15 MG, 5 MG	Tier 3	MO; ST: Must meet 2 of the following requirements: Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 365 days; QL (1 EA per 1 day)
Antihyperglycemic - Dopamine Receptor Agonists		
CYCLOSET ORAL TABLET 0.8 MG	Tier 3	MO; ST: Must meet any of the following requirements: Glipizide/metformin HCL, Glyburide/metformin HCL, Metformin HCL, or Riomet ER in 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, 5 MG/0.5 ML, 7.5 MG/0.5 ML	Tier 2	PA; MO
MOUNJARO SUBCUTANEOUS PEN INJECTOR 2.5 MG/0.5 ML	Tier 2	PA
Antihyperglycemic, Alpha-Glucosidase Inhib (N-S)		
acarbose oral tablet 100 mg, 25 mg, 50 mg (Precose)	Tier 1	MO
miglitol oral tablet 100 mg, 25 mg, 50 mg	Tier 1	MO
Antihyperglycemic, Amylin Analog-Type		
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	Tier 2	MO
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	Tier 2	MO

Drug	Status	Notes
Antihyperglycemic, Dpp-4 Inhibitors		
<i>alogliptin oral tablet 12.5 mg, 25 mg, 6.25 mg</i> (Nesina)	Tier 3	MO; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days; QL (1 EA per 1 day)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 2	MO; QL (1 EA per 1 day)
<i>saxagliptin oral tablet 2.5 mg, 5 mg</i> (Onglyza)	Tier 1	MO; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days; QL (1 EA per 1 day)
TRADJENTA ORAL TABLET 5 MG	Tier 3	MO; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days; QL (1 EA per 1 day)
Antihyperglycemic, Insulin-Release Stimulant Type		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	MO
<i>glipizide oral tablet 10 mg, 5 mg</i>	Tier 1	MO
<i>glipizide oral tablet 2.5 mg</i>	Tier 1	MO; QL (2 EA per 1 day)
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i> (Glucotrol XL)	Tier 1	MO
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i> (Glynase)	Tier 1	MO
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	Tier 1	MO
<i>nateglinide oral tablet 120 mg, 60 mg</i>	Tier 1	MO
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	MO
Antihyperglycemic, Insulin-Response Enhancer (N-S)		
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	Tier 1	MO
Antihyperglycemic, Sglt-2 & Dpp-4 Inhibitor Comb.		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	Tier 2	MO; QL (1 EA per 1 day)

Drug	Status	Notes
QTERN ORAL TABLET 10-5 MG, 5-5 MG	Tier 3	MO; ST: Must meet any of the following requirements: Farxiga, Janumet XR, Janumet, Januvia, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 120 days; QL (1 EA per 1 day)
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG	Tier 3	MO; ST: Must meet any of the following requirements: Farxiga, Janumet XR, Janumet, Januvia, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 120 days; QL (1 EA per 1 day)
Antihyperglycemic, Biguanide Type(Non-Sulfonylurea)		
DM2 COMBO PACK, TABLET AND STRIP 500 MG	Tier 3	
metformin oral solution 500 mg/5 ml (Riomet)	Tier 1	MO
metformin oral tablet 1,000 mg, 500 mg, 625 mg, 850 mg	Tier 1	MO
metformin oral tablet extended release 24 hr 500 mg, 750 mg	Tier 1	MO
metformin oral tablet extended release 24hr 1,000 mg, 500 mg	Tier 1	MO
metformin oral tablet,er gast.retention 24 hr 1,000 mg, 500 mg	Tier 1	MO; ST: Must meet the following requirement: Metformin Hcl in 120 days
RIOMET ER ORAL SUSPENSION,EXTENDED REL RECON 500 MG/5 ML	Tier 3	MO; ST: Must meet the following requirement: Metformin Hcl in 120 days; QL (20 ML per 1 day)
Antihyperglycemic, Insulin & Glp-1 Receptor Agonist		
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	Tier 2	MO; QL (30 ML per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	Tier 2	MO; QL (15 ML per 28 days)
Antihyperglycemic, Insulin-Rel Stim.& Biguanide Cmb		
glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	Tier 1	MO
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	Tier 1	MO

Drug	Status	Notes
Antihyperglycemic,Insulin-Response & Release Comb.		
pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg (DUETACT)	Tier 1	MO; ST: Must meet any of the following requirements: Metformin, preferred Sulfonylurea or preferred Metformin/Sulfonylurea combination in 120 days
Antihyperglycemic-Glucocorticoid Receptor Blocker		
KORLYM ORAL TABLET 300 MG (mifepristone)	Tier 3	PA; MO
Antihyperglycemic-Sglt2 Inhibitor & Biguanide Comb		
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	Tier 3	MO; ST: Must meet 2 of the following requirements: Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 365 days; QL (2 EA per 1 day)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	Tier 3	MO; ST: Must meet 2 of the following requirements: Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 365 days; QL (2 EA per 1 day)
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG	Tier 3	MO; ST: Must meet 2 of the following requirements: Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 365 days; QL (2 EA per 1 day)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	Tier 2	MO; QL (2 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	Tier 2	MO; 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	MO; QL (2 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG	(dapaglifloz propaned-metformin) Tier 2	MO; QL (1 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG, 5-500 MG	Tier 2	MO; QL (1 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	Tier 2	MO; QL (2 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	(dapaglifloz propaned-metformin) Tier 2	MO; QL (2 EA per 1 day)

Drug	Status	Notes
Antihyperglycm,Insul-Resp.Enhancer & Biguanide Cmb		
pioglitazone-metformin oral tablet 15-500 mg	Tier 1	MO; ST: Must meet any of the following requirements: Metformin, preferred Sulfonylurea or preferred Metformin/Sulfonylurea combination in 120 days
pioglitazone-metformin oral tablet 15-850 (Actoplus MET) mg	Tier 1	MO; ST: Must meet any of the following requirements: Metformin, preferred Sulfonylurea or preferred Metformin/Sulfonylurea combination in 120 days
Antihypergly-Sgt-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	MO; 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	MO; QL (2 EA per 1 day)
Blood Sugar Diagnostics		
ACCU-CHEK AVIVA PLUS TEST STRP (blood sugar diagnostic) STRIP	Tier 6	MO; QL (200 EA per 30 days)
ACCU-CHEK COMPACT PLUS TEST STRIP	Tier 6	MO; QL (200 EA per 30 days)
ACCU-CHEK GUIDE TEST STRIPS (blood sugar diagnostic) STRIP	Tier 6	MO; QL (200 EA per 30 days)
ACCU-CHEK SMARTVIEW TEST STRIP STRIP	Tier 6	MO; QL (200 EA per 30 days)
ACCUTREND GLUCOSE TEST STRIPS (blood sugar diagnostic) STRIP	Tier 6	MO; QL (200 EA per 30 days)
ADVANCED GLUC METER TEST STRIP STRIP	Tier 6	MO; QL (200 EA per 30 days)
ADVOCATE REDI-CODE PLUS STRIP (blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
AGAMATRIX AMP TEST STRIPS (blood sugar diagnostic) STRIP	Tier 6	MO; QL (200 EA per 30 days)
AGAMATRIX PRESTO TEST STRIPS (blood sugar diagnostic) STRIP	Tier 6	MO; QL (200 EA per 30 days)
ASSURE 4 STRIPS STRIP (blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
ASSURE PLATINUM TEST STRIP STRIP (blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
ASSURE PRISM MULTI STRIP STRIP (blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)

Drug		Status	Notes
BIONIME RIGHTEST TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
BLOOD GLUCOSE TEST STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
BREEZE 2 TEST STRIPS STRIP		Tier 6	MO; QL (200 EA per 30 days)
CARESENS N TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
CARETOUCH TEST STRIP STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
CHOICEDM CLARUS STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
CLEVER CHOICE MICRO TEST STRIP STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
CLEVER CHOICE PRO STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
CLEVER CHOICE TALK TEST STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
CLEVER CHOICE TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
CLEVER CHOICE VOICE PLUS TEST STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
CONTOUR NEXT TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
CONTOUR TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
COOL GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
DARIO BLOOD GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
DIATRUE PLUS TEST STRIP STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
EASY PLUS II TEST STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
EASY STEP STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
EASY TALK GLUCOSE TEST STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
EASY TALK PLUS II TEST STRIP STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
EASY TOUCH BLU LINK TEST STRIP STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
EASY TOUCH TEST STRIP STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
EASY TRAK GLUCOSE TEST STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)

Drug		Status	Notes
EASY TRAK II TEST STRIP STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
EASYGLUCO TEST STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
EASYMAX 15 TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
EASYMAX STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
ELEMENT COMPACT TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
ELEMENT TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
EMBRACE BLOOD GLUCOSE SYSTEM STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
EMBRACE EVO TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
EMBRACE PRO TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
EMBRACE TALK TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
EVENCARE G2 STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
EVENCARE G3 TEST STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
EVENCARE MINI GLUCOSE TEST STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
EVENCARE PROVIEW TEST STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
EVENCARE TEST STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
EVOLUTION TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
EZ SMART PLUS TEST STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
EZ SMART TEST STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
FIFTY50 TEST STRIP STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
FORA 6 CONNECT GLUCOSE STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
FORA 6CONN-GTEL-TN'G ADV STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
FORA D15G STRIPS STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
FORA D20 STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)

Drug		Status	Notes
FORA D40-G31 TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
FORA G20 STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
FORA G30-PREMIUM V10 TEST STRP STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
FORA GD50 TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
FORA GTEL GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
FORA TEST STRIP STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
FORA TN'G ADVAN PRO TEST STRIP STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
FORA TN'G VOICE TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
FORA V10 STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
FORA V10-V12-D10-D20 STRIPS STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
FORA V12 GLUCOSE STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
FORA V20 STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
FORA V30A STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
FORACARE GD20 STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
FORACARE GD40 TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
FORTISCARE G1 TEST STRIP STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
FORTISCARE GLUCOSE TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
FREESTYLE INSULINX STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
FREESTYLE INSULINX TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
FREESTYLE LITE STRIPS STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
FREESTYLE PRECISION NEO STRIPS STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
FREESTYLE TEST STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
GE100 BLOOD GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)

Drug	Status	Notes
GE333 BLOOD GLUCOSE TEST STRIP (blood sugar diagnostic) STRIP	Tier 6	MO; QL (200 EA per 30 days)
GENSTRIP TEST STRIP STRIP (blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
GENULTIMATE TEST STRIP STRIP (blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
GLUCO NAVII TEST STRIP STRIP (blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
GLUCOCARD 01 SENSOR PLUS STRIP (blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
GLUCOCARD EXPRESSION STRIP (blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
GLUCOCARD SHINE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
GLUCOCARD VITAL SENSOR STRIP (blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
GLUCOCARD VITAL TEST STRIPS STRIP (blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
GLUCOCOM GLUCOSE STRIP (blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
GM100 STRIP (blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
GOJJI BLOOD GLUCOSE TEST STRIP (blood sugar diagnostic) STRIP	Tier 6	MO; QL (200 EA per 30 days)
GOODLIFE AC-302 TEST STRIP STRIP (blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
HARMONY GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
HEALTHPRO TEST STRIPS STRIP (blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
IGLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
INFINITY TEST STRIPS STRIP (blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
MICRO BLOOD GLUCOSE STRIP (blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
MICRODOT BLOOD GLUCOSE SYSTEM STRIP (blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
MICRODOT XTRA BLOOD GLUCOSE STRIP (blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
MYGLUCOHEALTH STRIP (blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
NEUTEK 2TEK TEST STRIPS STRIP (blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
NOVA MAX GLUCOSE TEST STRIP (blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)

Drug		Status	Notes
ON CALL EXPRESS TEST STRIP STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
ON CALL PLUS TEST STRIP STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
ON CALL VIVID TEST STRIP STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
ONETOUCH ULTRA TEST STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
ONETOUCH VERIO TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
OPTIUM EZ STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
OPTIUM TEST STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
OPTUMRX STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
PHARMACIST CHOICE STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
PIP BLOOD GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
PRECISION PCX PLUS TEST STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
PRECISION PCX TEST STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
PRECISION POINT OF CARE TEST STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
PRECISION Q-I-D TEST STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
PRECISION XTRA TEST STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
PREMIER TEST STRIP STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
PREMIUM V10 STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
PRO VOICE V8-V9 TEST STRIP STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
PRODIGY NO CODING STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
PTS PANELS EGLU TEST STRIP STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
QUINTET AC STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
QUINTET GLUCOSE TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
REFUAH PLUS STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)

Drug		Status	Notes
RELION CONFIRM-MICRO STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
RELION PRIME TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
RELION ULTIMA STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
REVEAL TEST STRIP STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
RIGHTEST GS250S TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
RIGHTEST GS260 TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
RIGHTEST GS550 TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
RIGHTEST GS700 TEST STRIP STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
RIGHTEST GT333 TEST STRIP STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
RIGHTEST MAX TEST STRIP STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
SMART SENSE TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
SMARTEST TEST STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
SOLUS V2 TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
SURE-TEST EASYPLUS MINI STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
TD GOLD TEST STRIP STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
TELCARE TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
TEST N'GO TEST STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
TRUE METRIX GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
TRUE METRIX PRO TEST STRIP STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
TRUETEST TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
TRUETRACK TEST STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
ULTIMA TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
ULTRATRAK STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)

Drug		Status	Notes
ULTRATRAK ULTIMATE STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
UNISTRIP1 TEST STRIP STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
VIVAGUARD INO TEST STRIP STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
WAVESENSE JAZZ STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
WAVESENSE PRESTO STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
Diabetic Supplies			
2TEK GLUCOSE/BLOOD PRESSURE KIT		Tier 6	MO
ACCU-CHEK AVIVA PLUS METER	(blood-glucose meter)	Tier 6	MO
ACCU-CHEK GUIDE GLUCOSE METER	(blood-glucose meter)	Tier 6	MO
ACCU-CHEK GUIDE ME GLUCOSE MTR	(blood-glucose meter)	Tier 6	MO
ADVANCED GLUCOSE METER	(blood-glucose meter)	Tier 6	MO
ADVOCATE REDI-CODE PLUS	(blood-glucose meter)	Tier 6	MO
AGAMATRIX AMP GLUC MONITOR SYS	(blood-glucose meter)	Tier 6	MO
ALKALINE BATTERIES		Tier 6	
ASSURE PLATINUM GLUCOSE METER	(blood-glucose meter)	Tier 6	MO
ASSURE PRISM MULTI METER	(blood-glucose meter)	Tier 6	MO
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN		Tier 6	MO
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS INSULIN PEN		Tier 6	MO
AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS INSULIN PEN		Tier 6	MO
BIGFOOT UNITY KIT		Tier 3	MO
BIGFOOT UNITY PEN CAP-ADMELOG DEVICE		Tier 3	MO
BIGFOOT UNITY PEN CAP-APIDRA DEVICE		Tier 3	MO
BIGFOOT UNITY PEN CAP-ASPART DEVICE		Tier 3	MO
BIGFOOT UNITY PEN CAP-BASAGLAR DEVICE		Tier 3	MO
BIGFOOT UNITY PEN CAP-FIASP DEVICE		Tier 3	MO
BIGFOOT UNITY PEN CAP-HUMALOG DEVICE		Tier 3	MO

Drug	Status	Notes
BIGFOOT UNITY PEN CAP-LANTUS DEVICE	Tier 3	MO
BIGFOOT UNITY PEN CAP-LISPRO DEVICE	Tier 3	MO
BIGFOOT UNITY PEN CAP-LYUMJEV DEVICE	Tier 3	MO
BIGFOOT UNITY PEN CAP-NOVOLOG DEVICE	Tier 3	MO
BIGFOOT UNITY PEN CAP-TOUJEO DEVICE	Tier 3	MO
BIGFOOT UNITY PEN CAP-TOUJEOMX DEVICE	Tier 3	MO
BIGFOOT UNITY PEN CAP-TRESIBA DEVICE	Tier 3	MO
BIONIME RIGHTEST GM300 SYSTEM KIT (blood-glucose meter)	Tier 6	MO
BIOTEL CARE BGM-4 METER (blood-glucose meter)	Tier 6	MO
BLOOD GLUCOSE MONITORING KIT (blood-glucose meter)	Tier 6	MO
<i>blood-glucose meter</i> (Accu-Chek Guide Glucose Meter)	Tier 6	MO
<i>blood-glucose meter kit</i> (Bionime Rightest Gm300 System)	Tier 6	MO
CARESENS N (blood-glucose meter)	Tier 6	MO
CARESENS N VOICE (blood-glucose meter)	Tier 6	MO
CARESENS N VOICE KIT (blood-glucose meter)	Tier 6	MO
CARETOUCH GLUCOSE MONITORING KIT (blood-glucose meter)	Tier 6	MO
CARETOUCH KETONE-GLUCOSE MONIT DEVICE	Tier 6	MO
CEQUR SIMPLICITY INSERTER	Tier 6	PA
CHEMSTRIP BG LOG BOOK	Tier 6	
CHOICEDM CLARUS (blood-glucose meter)	Tier 6	MO
CLEVER CHEK BLOOD GLUCOSE (blood-glucose meter)	Tier 6	MO
CLEVER CHEK BLOOD GLUCOSE SYST KIT (blood-glucose meter)	Tier 6	MO
CLEVER CHOICE BLOOD GLUC SYS (blood-glucose meter)	Tier 6	MO
CLEVER CHOICE GLUCOSE MONITOR (blood-glucose meter)	Tier 6	MO
CLEVER CHOICE MICRO (blood-glucose meter)	Tier 6	MO
CLEVER CHOICE PRO (blood-glucose meter)	Tier 6	MO
CLEVER CHOICE TALK GLUCOSE SYS (blood-glucose meter)	Tier 6	MO
CONTOUR METER (blood-glucose meter)	Tier 6	MO
CONTOUR METER KIT (blood-glucose meter)	Tier 6	MO

Drug		Status	Notes
CONTOUR NEXT EZ METER	(blood-glucose meter)	Tier 6	MO
CONTOUR NEXT EZ METER KIT	(blood-glucose meter)	Tier 6	MO
CONTOUR NEXT GEN METER	(blood-glucose meter)	Tier 6	MO
CONTOUR NEXT GEN METER KIT	(blood-glucose meter)	Tier 6	MO
CONTOUR NEXT GLUCOSE METER KIT	(blood-glucose meter)	Tier 6	MO
CONTOUR NEXT LINK 2.4 KIT		Tier 6	MO
CONTOUR NEXT LINK KIT		Tier 6	MO
CONTOUR NEXT METER	(blood-glucose meter)	Tier 6	MO
CONTOUR NEXT ONE METER	(blood-glucose meter)	Tier 6	MO
COOL BLOOD GLUCOSE METER	(blood-glucose meter)	Tier 6	MO
COOL BLOOD GLUCOSE METER KIT	(blood-glucose meter)	Tier 6	MO
DARIO BLOOD GLUCOSE MONITOR DEVICE		Tier 6	MO
DEXCOM G6 RECEIVER		Tier 6	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; MO; QL (1 EA per 365 days)
DEXCOM G6 SENSOR DEVICE		Tier 6	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; MO; QL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER DEVICE		Tier 6	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; MO; QL (1 EA per 90 days)
DEXCOM G7 RECEIVER		Tier 6	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; MO; QL (1 EA per 365 days)
DEXCOM G7 SENSOR DEVICE		Tier 6	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; MO; QL (3 EA per 30 days)
DIATRUE PLUS BLOOD GLUCOSE MET	(blood-glucose meter)	Tier 6	MO
EASY PLUS II BLOOD GLUCOSE MET	(blood-glucose meter)	Tier 6	MO
EASY STEP BLOOD GLUCOSE METER	(blood-glucose meter)	Tier 6	MO
EASY TALK BLOOD GLUCOSE METER	(blood-glucose meter)	Tier 6	MO
EASY TOUCH BLU LINK GLUC SYST	(blood-glucose meter)	Tier 6	MO
EASY TOUCH GLUCOSE MONITOR	(blood-glucose meter)	Tier 6	MO

Drug		Status	Notes
EASY TRAK BLOOD GLUCOSE METER	(blood-glucose meter)	Tier 6	MO
EASY TRAK II BLOOD GLUCOSE MTR	(blood-glucose meter)	Tier 6	MO
EASYGLUCO METER KIT	(blood-glucose meter)	Tier 6	MO
EASYGLUCO MONITORING SYSTEM KIT	(blood-glucose meter)	Tier 6	MO
EASymax NG	(blood-glucose meter)	Tier 6	MO
EASymax NG KIT	(blood-glucose meter)	Tier 6	MO
EASymax V SPEAKING GLUCOSE SYS	(blood-glucose meter)	Tier 6	MO
EASY-TOUCH BLOOD GLUCOSE METER	(blood-glucose meter)	Tier 6	MO
ELEMENT COMPACT GLUCOSE METER	(blood-glucose meter)	Tier 6	MO
ELEMENT COMPACT V GLUCOSE MTR	(blood-glucose meter)	Tier 6	MO
ELEMENT PLUS BLOOD GLUCOSE KIT KIT	(blood-glucose meter)	Tier 6	MO
EMBRACE BLOOD GLUCOSE SYSTEM	(blood-glucose meter)	Tier 6	MO
EMBRACE EVO BLOOD GLUCOSE KIT KIT	(blood-glucose meter)	Tier 6	MO
EMBRACE EVO GLUCOSE MONITOR	(blood-glucose meter)	Tier 6	MO
EMBRACE PRO GLUCOSE METER	(blood-glucose meter)	Tier 6	MO
EMBRACE TALK BLOOD GLUCOSE SYS KIT	(blood-glucose meter)	Tier 6	MO
EMBRACE TALK GLUCOSE MONITOR	(blood-glucose meter)	Tier 6	MO
EMBRACE WAVE PLUS GLUCOSE MTR	(blood-glucose meter)	Tier 6	MO
EVENCARE G2	(blood-glucose meter)	Tier 6	MO
EVENCARE G3 GLUCOSE METER KIT	(blood-glucose meter)	Tier 6	MO
EVENCARE KIT	(blood-glucose meter)	Tier 6	MO
EVENCARE MINI MONITOR SYSTEM	(blood-glucose meter)	Tier 6	MO
EVENCARE SOLUTION		Tier 6	MO
EVERSENSE E3 SMART TRANSMITTER DEVICE		Tier 6	PA; MO
EVOLUTION BLOOD GLUCOSE METER KIT	(blood-glucose meter)	Tier 6	MO
EZ SMART PLUS SYSTEM KIT	(blood-glucose meter)	Tier 6	MO
EZ SMART SYSTEM KIT	(blood-glucose meter)	Tier 6	MO
FORA 6 CONNECT MULTIFUNCTN MTR DEVICE		Tier 6	MO
FORA D10 KIT		Tier 6	MO

Drug	Status	Notes	
FORA D15 GLUCOSE-BP MONITOR DEVICE	Tier 6	MO	
FORA D20 KIT (blood-glucose meter)	Tier 6	MO	
FORA D40D GLUCOSE-BP MONITOR DEVICE	Tier 6	MO	
FORA G20 KIT (blood-glucose meter)	Tier 6	MO	
FORA G30A (blood-glucose meter)	Tier 6	MO	
FORA GD50 BLOOD GLUCOSE SYSTEM	(blood-glucose meter)	Tier 6	MO
FORA GTEL MULTI-FUNCTN MONITOR DEVICE		Tier 6	MO
FORA PREMIUM V10 GLUCOSE METER	(blood-glucose meter)	Tier 6	MO
FORA TEST N'GO VOICE METER	(blood-glucose meter)	Tier 6	MO
FORA TN'G ADVANCE PRO MONITOR DEVICE		Tier 6	MO
FORA TN'G VOICE METER	(blood-glucose meter)	Tier 6	MO
FORA V10 KIT	(blood-glucose meter)	Tier 6	MO
FORA V12 BLOOD GLUCOSE SYSTEM	(blood-glucose meter)	Tier 6	MO
FORA V12 BLOOD GLUCOSE SYSTEM KIT	(blood-glucose meter)	Tier 6	MO
FORA V20 KIT	(blood-glucose meter)	Tier 6	MO
FORA V30A	(blood-glucose meter)	Tier 6	MO
FORA V30A KIT	(blood-glucose meter)	Tier 6	MO
FORACARE GD20 GLUCOSE METER	(blood-glucose meter)	Tier 6	MO
FORACARE GD40A GLUCOSE METER	(blood-glucose meter)	Tier 6	MO
FORACARE GD40B GLUCOSE METER	(blood-glucose meter)	Tier 6	MO
FORTISCARE T1 BLOOD GLUC SYS	(blood-glucose meter)	Tier 6	MO
FREESTYLE FLASH SYSTEM KIT	(blood-glucose meter)	Tier 6	MO
FREESTYLE FREEDOM KIT	(blood-glucose meter)	Tier 6	MO
FREESTYLE FREEDOM LITE KIT	(blood-glucose meter)	Tier 6	MO
FREESTYLE INSULINX	(blood-glucose meter)	Tier 6	MO
FREESTYLE LIBRE 14 DAY READER		Tier 6	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; MO; QL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR KIT		Tier 6	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; MO; QL (2 EA per 28 days)

Drug	Status	Notes
FREESTYLE LIBRE 2 READER	Tier 6	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; MO; QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR KIT	Tier 6	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; MO; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 SENSOR DEVICE	Tier 6	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; MO; QL (2 EA per 28 days)
FREESTYLE LITE METER KIT (blood-glucose meter)	Tier 6	MO
FREESTYLE PRECISION NEO METER (blood-glucose meter)	Tier 6	MO
FREESTYLE SIDEKICK II KIT (blood-glucose meter)	Tier 6	MO
FREESTYLE SYSTEM KIT KIT (blood-glucose meter)	Tier 6	MO
GDRIVE KIT (blood-glucose meter)	Tier 6	MO
GE100 BLOOD GLUCOSE SYSTEM (blood-glucose meter)	Tier 6	MO
GE100 BLOOD GLUCOSE SYSTEM KIT (blood-glucose meter)	Tier 6	MO
GE333 BLOOD GLUCOSE SYSTEM (blood-glucose meter)	Tier 6	MO
GLUCO NAVII GLUCOSE MONITOR KIT (blood-glucose meter)	Tier 6	MO
GLUCOCARD 01 METER KIT (blood-glucose meter)	Tier 6	MO
GLUCOCARD EXPRESSION (blood-glucose meter)	Tier 6	MO
GLUCOCARD EXPRESSION KIT (blood-glucose meter)	Tier 6	MO
GLUCOCARD SHINE CONNEX METER (blood-glucose meter)	Tier 6	MO
GLUCOCARD SHINE EXPRESS METER (blood-glucose meter)	Tier 6	MO
GLUCOCARD SHINE METER (blood-glucose meter)	Tier 6	MO
GLUCOCARD SHINE METER KIT KIT (blood-glucose meter)	Tier 6	MO
GLUCOCARD SHINE XL METER (blood-glucose meter)	Tier 6	MO
GLUCOCARD VITAL KIT (blood-glucose meter)	Tier 6	MO
GLUCOCOM AUTOLINK	Tier 6	
GLUCOCOM BLOOD GLUCOSE KIT (blood-glucose meter)	Tier 6	MO
GM100 KIT (blood-glucose meter)	Tier 6	MO
GOJJI MULTI-FUNCTIONAL METER DEVICE	Tier 6	MO
GOJJI MULTI-FUNCTIONAL METER KIT	Tier 6	MO
GOODLIFE AC-302 GLUCOSE METER (blood-glucose meter)	Tier 6	MO
GUARDIAN 4 GLUCOSE SENSOR DEVICE	Tier 6	PA; MO

Drug		Status	Notes
GUARDIAN 4 TRANSMITTER DEVICE		Tier 6	PA; MO
GUARDIAN CONNECT TRANSMITTER DEVICE		Tier 6	PA; MO
GUARDIAN LINK 3 TRANSMITTER DEVICE		Tier 6	PA; MO
GUARDIAN SENSOR 3 DEVICE		Tier 6	PA; MO
HEALTHPRO GLUCOSE MONITOR (blood-glucose meter)		Tier 6	MO
IGLUCOSE BLOOD GLUCOSE MONITOR KIT (blood-glucose meter)		Tier 6	MO
ILET INFUSION KIT-INSET 23" COMBO PACK		Tier 3	MO
ILET INFUSION-CONTACT DTCH 23" COMBO PACK		Tier 3	MO
INFINITY METER KIT KIT (blood-glucose meter)		Tier 6	MO
INFINITY STARTER KIT KIT (blood-glucose meter)		Tier 6	MO
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN		Tier 6	MO
INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN		Tier 6	MO
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN		Tier 6	MO
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN		Tier 6	MO
INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN		Tier 6	MO
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN		Tier 6	MO
INSUL-CAP		Tier 6	
INSUL-EZE		Tier 6	
JAZZ WIRELESS 2 METER KIT KIT (blood-glucose meter)		Tier 6	MO
MEDISENSE MID CONTROL SOLUTION (blood glucose control, normal)		Tier 6	MO
MICRODOT BLOOD GLUCOSE SYSTEM	(blood-glucose meter)	Tier 6	MO
MICRODOT BLOOD GLUCOSE SYSTEM KIT	(blood-glucose meter)	Tier 6	MO
MINIMED QUICK-SERTER (MMT-395)		Tier 6	
MYGLUCOHEALTH KIT (blood-glucose meter)		Tier 6	MO
NOVA MAX PLUS GLUC-KETON METER DEVICE		Tier 6	MO
NOVA MAX PLUS GLUC-KETON METER KIT		Tier 6	MO
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN		Tier 6	MO

Drug	Status	Notes
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE	Tier 2	QL (1 EA per 365 days)
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	Tier 2	MO
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	Tier 2	QL (1 EA per 365 days)
OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	MO; QL (10 EA per 30 days)
OMNIPOD GO PODS 15 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	MO; QL (10 EA per 30 days)
OMNIPOD GO PODS 20 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	MO; QL (10 EA per 30 days)
OMNIPOD GO PODS 25 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	MO; QL (10 EA per 30 days)
OMNIPOD GO PODS 30 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	MO; QL (10 EA per 30 days)
OMNIPOD GO PODS 40 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	MO; QL (10 EA per 30 days)
OMNIPOD GO PODS SUBCUTANEOUS CARTRIDGE	Tier 2	MO; QL (10 EA per 30 days)
ON CALL EXPRESS METER (blood-glucose meter)	Tier 6	MO
ON CALL EXPRESS METER KIT (blood-glucose meter)	Tier 6	MO
ON CALL PLUS METER (blood-glucose meter)	Tier 6	MO
ON CALL PLUS METER KIT (blood-glucose meter)	Tier 6	MO
ON CALL VIVID METER (blood-glucose meter)	Tier 6	MO
ON CALL VIVID METER KIT (blood-glucose meter)	Tier 6	MO
ON CALL VIVID PAL METER (blood-glucose meter)	Tier 6	MO
ON CALL VIVID PAL METER KIT (blood-glucose meter)	Tier 6	MO
ONETOUCH ULTRA CONTROL SOLUTION (blood glucose control, normal)	Tier 6	MO
ONETOUCH ULTRA2 METER (blood-glucose meter)	Tier 6	MO
ONETOUCH ULTRA2 METER KIT (blood-glucose meter)	Tier 6	MO
ONETOUCH ULTRAMINI KIT (blood-glucose meter)	Tier 6	MO
ONETOUCH VERIO FLEX METER (blood-glucose meter)	Tier 6	MO
ONETOUCH VERIO FLEX START KIT (blood-glucose meter)	Tier 6	MO
ONETOUCH VERIO IQ METER (blood-glucose meter)	Tier 6	MO
ONETOUCH VERIO IQ METER KIT (blood-glucose meter)	Tier 6	MO
ONETOUCH VERIO REFLECT METER (blood-glucose meter)	Tier 6	MO
OPTUMRX (blood-glucose meter)	Tier 6	MO
OPTUMRX KIT (blood-glucose meter)	Tier 6	MO
OVAL TAPE	Tier 6	
PHARMACIST CHOICE GLUCOSE SYS (blood-glucose meter)	Tier 6	MO
PIP BLOOD GLUCOSE MONITOR (blood-glucose meter)	Tier 6	MO

Drug		Status	Notes
POGO AUTOMATIC BLOOD GLUC SYS	(blood-glucose meter)	Tier 6	MO
PRECISION	(blood-glucose meter)	Tier 6	MO
PRECISION XTRA KETONE-GLUCOSE KIT		Tier 6	MO
PRECISION XTRA MONITOR	(blood-glucose meter)	Tier 6	MO
PREMIER BLU GLUCOSE METER	(blood-glucose meter)	Tier 6	MO
PREMIER CLASSIC GLUCOSE METER	(blood-glucose meter)	Tier 6	MO
PREMIER COMPACT GLUCOSE METER KIT	(blood-glucose meter)	Tier 6	MO
PREMIER VOICE GLUCOSE METER	(blood-glucose meter)	Tier 6	MO
PREMIUM BLOOD GLUCOSE MONITOR	(blood-glucose meter)	Tier 6	MO
PREMIUM V10	(blood-glucose meter)	Tier 6	MO
PRESTO PRO BLOOD GLUCOSE METER	(blood-glucose meter)	Tier 6	MO
PRO VOICE V8 GLUCOSE MONITOR	(blood-glucose meter)	Tier 6	MO
PRO VOICE V9 GLUCOSE MONITOR	(blood-glucose meter)	Tier 6	MO
PRODIGY AUTOCODE METER KIT	(blood-glucose meter)	Tier 6	MO
PRODIGY AUTOCODE MONITOR SYST	(blood-glucose meter)	Tier 6	MO
PRODIGY POCKET METER KIT	(blood-glucose meter)	Tier 6	MO
PRODIGY VOICE GLUCOSE METER KIT	(blood-glucose meter)	Tier 6	MO
QUINTET AC	(blood-glucose meter)	Tier 6	MO
QUINTET BLOOD GLUCOSE METER	(blood-glucose meter)	Tier 6	MO
REFUAH PLUS GLUCOSE MONITOR KIT	(blood-glucose meter)	Tier 6	MO
RELION ALL-IN-ONE METER KIT	(blood-glucose meter)	Tier 6	MO
RELION CONFIRM KIT	(blood-glucose meter)	Tier 6	MO
RELION MICRO GLUCOSE MONITOR	(blood-glucose meter)	Tier 6	MO
RELION MICRO GLUCOSE MONITOR KIT	(blood-glucose meter)	Tier 6	MO
RELION PRIME METER	(blood-glucose meter)	Tier 6	MO
REVEAL BLOOD GLUCOSE METER KIT	(blood-glucose meter)	Tier 6	MO
RIGHTEST GM250S GLUCOSE METER	(blood-glucose meter)	Tier 6	MO
RIGHTEST GM260 GLUCOSE METER	(blood-glucose meter)	Tier 6	MO
RIGHTEST GM550 SYSTEM KIT	(blood-glucose meter)	Tier 6	MO
RIGHTEST GM700SB GLUCOSE METER	(blood-glucose meter)	Tier 6	MO
RIGHTEST GT333 GLUCOSE METER	(blood-glucose meter)	Tier 6	MO

Drug		Status	Notes
RIGHTEST MAX PLUS GLUCOSE MTR	(blood-glucose meter)	Tier 6	MO
SMART SENSE MONITORING SYSTEM	(blood-glucose meter)	Tier 6	MO
SMARTEST EJECT KIT	(blood-glucose meter)	Tier 6	MO
SMARTEST PERSONA GLUCOSE METER	(blood-glucose meter)	Tier 6	MO
SMARTEST PERSONA STARTER KIT	(blood-glucose meter)	Tier 6	MO
SMARTEST PRONTO GLUCOSE METER	(blood-glucose meter)	Tier 6	MO
SMARTEST PRONTO STARTER KIT	(blood-glucose meter)	Tier 6	MO
SMARTEST PROTEGE KIT	(blood-glucose meter)	Tier 6	MO
SMARTEST SMART CODE METER KIT	(blood-glucose meter)	Tier 6	MO
SMARTEST TALKING METER KIT	(blood-glucose meter)	Tier 6	MO
SOLUS V2 AUDIBLE METER	(blood-glucose meter)	Tier 6	MO
SOLUS V2 AUDIBLE METER KIT	(blood-glucose meter)	Tier 6	MO
SURE-TEST EASYPLUS MINI METER	(blood-glucose meter)	Tier 6	MO
TD GOLD BLOOD GLUCOSE MONITOR	(blood-glucose meter)	Tier 6	MO
TD GOLD VOICE GLUCOSE MONITOR	(blood-glucose meter)	Tier 6	MO
TEMPO SMART BUTTON DEVICE		Tier 3	MO
TEMPO WELCOME KIT KIT		Tier 3	
TEST N'GO BLOOD GLUCOSE SYSTEM	(blood-glucose meter)	Tier 6	MO
TRUE METRIX AIR GLUCOSE METER	(blood-glucose meter)	Tier 6	MO
TRUE METRIX AIR GLUCOSE METER KIT	(blood-glucose meter)	Tier 6	MO
TRUE METRIX GLUCOSE METER	(blood-glucose meter)	Tier 6	MO
TRUE METRIX GO GLUCOSE METER	(blood-glucose meter)	Tier 6	MO
TRUE2GO BLOOD GLUCOSE SYSTEM KIT	(blood-glucose meter)	Tier 6	MO
TRUERESULT BLOOD GLUCOSE SYSTM KIT	(blood-glucose meter)	Tier 6	MO
TRUETRACK BLOOD GLUCOSE SYSTEM KIT	(blood-glucose meter)	Tier 6	MO
TRUETRACK SMART SYSTEM KIT	(blood-glucose meter)	Tier 6	MO
ULTIMA MONITOR	(blood-glucose meter)	Tier 6	MO
ULTRATRAK GLUCOSE METER	(blood-glucose meter)	Tier 6	MO
ULTRATRAK GLUCOSE METER KIT	(blood-glucose meter)	Tier 6	MO
ULTRATRAK ULTIMATE	(blood-glucose meter)	Tier 6	MO
UNISTIK 2 DEVICE KIT	(lancing device with lancets)	Tier 6	MO
UNISTIK 2 EXTRA LANCET 21 GAUGE	(lancets)	Tier 6	MO

Drug		Status	Notes
UNISTIK 2 NORMAL LANCET 21 GAUGE	(lancets)	Tier 6	MO
UNISTIK 3 COMFORT LANCET 28 GAUGE	(lancets)	Tier 6	MO
UNISTIK 3 NORMAL LANCET 23 GAUGE		Tier 6	MO
VIVAGUARD INO GLUCOSE METER	(blood-glucose meter)	Tier 6	MO
VIVAGUARD INO SMART GLUC METER	(blood-glucose meter)	Tier 6	MO
WAVESENSE AMP KIT	(blood-glucose meter)	Tier 6	MO
WAVESENSE PRESTO	(blood-glucose meter)	Tier 6	MO
WAVESENSE PRESTO KIT	(blood-glucose meter)	Tier 6	MO
Diabetic Ulcer Preparations,Topical			
REGRANEX TOPICAL GEL 0.01 %		Tier 2	
Hyperglycemics			
BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION		Tier 3	ST: Must meet any of the following requirements: Glucagon Emergency Kit, Gvoke, or Zeglogue in 120 days; QL (4 EA per 1 FILL)
diazoxide oral suspension 50 mg/ml	(Proglycem)	Tier 1	MO
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	(glucagon hcl)	Tier 1	QL (4 EA per 1 FILL)
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG		Tier 2	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 0.5 MG/0.1 ML		Tier 2	QL (0.4 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)

Drug	Status	Notes
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML	Tier 2	QL (0.4 ML per 1 FILL)
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		
ADMELOG SOLOSTAR U-100 INSULIN (insulin lispro) SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 3	MO; ST: Must meet the following requirement: Lyumjev in 120 days; QL (30 ML per 28 days)
ADMELOG U-100 INSULIN LISPRO (insulin lispro) SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	MO; ST: Must meet the following requirement: Lyumjev in 120 days; QL (40 ML per 28 days)
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; MO
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 3	MO; ST: Must meet the following requirement: Lyumjev in 120 days; QL (30 ML per 28 days)
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	MO; ST: Must meet the following requirement: Lyumjev in 120 days; QL (40 ML per 28 days)
BASAGLAR KWIKPEN U-100 INSULIN (insulin glargine) SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	MO; ST: Must meet any of the following requirements: Semglee (yfgn), Toujeo, or Tresiba in 120 days; QL (30 ML per 28 days)
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	MO; ST: Must meet the following requirement: Lyumjev in 120 days; QL (30 ML per 28 days)

Drug	Status	Notes
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	Tier 3	MO; ST: Must meet the following requirement: Lyumjev in 120 days; QL (30 ML per 28 days)
FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML)	Tier 3	MO; ST: Must meet the following requirement: Lyumjev in 120 days; QL (40 ML per 28 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	MO; ST: Must meet the following requirement: Lyumjev in 120 days; QL (40 ML per 28 days)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Tier 2	MO; QL (12 ML per 28 days)
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	Tier 2	MO; QL (40 ML per 28 days)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	Tier 2	MO; QL (30 ML per 28 days)
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	Tier 2	MO; QL (40 ML per 28 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	Tier 2	MO; QL (30 ML per 28 days)
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	Tier 2	MO; QL (40 ML per 28 days)
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	Tier 2	MO; QL (30 ML per 28 days)
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	MO; QL (30 ML per 28 days)
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 2	MO; QL (40 ML per 28 days)
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	Tier 2	MO; QL (40 ML per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	Tier 2	MO; QL (40 ML per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	Tier 2	MO; QL (24 ML per 28 days)

Drug		Status	Notes
<i>insulin asp prl-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i>	(Novolog Mix 70-30FlexPen U-100)	Tier 3	MO; ST: Must meet the following requirement: Humalog Mix 75-25 or Insulin Lispro Protamin/Lispro in 120 days; QL (30 ML per 28 days)
<i>insulin asp prl-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i>	(Novolog Mix 70-30 U-100 Insulin)	Tier 3	MO; ST: Must meet the following requirement: Humalog Mix 75-25 or Insulin Lispro Protamin/Lispro in 120 days; QL (40 ML per 28 days)
<i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i>	(Novolog PenFill U-100 Insulin)	Tier 3	MO; ST: Must meet the following requirement: Lyumjev in 120 days; QL (30 ML per 28 days)
<i>insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)</i>	(Novolog FlexPen U-100 Insulin)	Tier 3	MO; ST: Must meet the following requirement: Lyumjev in 120 days; QL (30 ML per 28 days)
<i>insulin aspart u-100 subcutaneous solution 100 unit/ml</i>	(Novolog U-100 Insulin aspart)	Tier 3	MO; ST: Must meet the following requirement: Lyumjev in 120 days; QL (40 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	MO; QL (30 ML per 28 days)
<i>insulin lispro subcutaneous insulin pen 100 unit/ml</i>	(Admelog SoloStar U-100 Insulin)	Tier 1	MO; 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	MO; QL (30 ML per 28 days)
<i>insulin lispro subcutaneous solution 100 unit/ml</i>	(Admelog U-100 Insulin lispro)	Tier 1	MO; QL (40 ML per 28 days)
LEVEMIR FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		Tier 3	MO; ST: Must meet any of the following requirements: Semglee (yfgn), Toujeo, or Tresiba in 120 days; QL (30 ML per 28 days)
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML		Tier 3	MO; ST: Must meet any of the following requirements: Semglee (yfgn), Toujeo, or Tresiba in 120 days; QL (40 ML per 28 days)
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML		Tier 2	MO; QL (30 ML per 28 days)

Drug	Status	Notes
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Tier 2	MO; QL (12 ML per 28 days)
LYUMJEV TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML	Tier 3	MO; QL (30 ML per 28 days)
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	MO; QL (40 ML per 28 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	Tier 3	MO; ST: Must meet any of the following requirements: Humulin 70-30 or Humulin 70/30 Kwikpen in 120 days; QL (40 ML per 28 days)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	Tier 3	MO; ST: Must meet any of the following requirements: Humulin 70-30 or Humulin 70/30 Kwikpen in 120 days; QL (30 ML per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	MO; ST: Must meet the following requirement: Humulin N in 120 days; QL (30 ML per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 3	MO; ST: Must meet the following requirement: Humulin N in 120 days; QL (40 ML per 28 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	MO; ST: Must meet the following requirement: Humulin R or Humulin R U-500 in 120 days; QL (30 ML per 28 days)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	Tier 3	MO; ST: Must meet the following requirement: Humulin R or Humulin R U-500 in 120 days; QL (40 ML per 28 days)
REZVOGLAR KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	MO; ST: Must meet any of the following requirements: Semglee (yfgn), Toujeo, or Tresiba in 120 days; QL (30 ML per 28 days)
SEMGLEE(INSULIN GLARGINE-YFGN) (insulin glargine-yfgn) SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	MO; QL (40 ML per 28 days)
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	MO; QL (30 ML per 28 days)

Drug		Status	Notes
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	(insulin glargine u-300 conc)	Tier 2	MO; QL (18 ML per 28 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	(insulin glargine u-300 conc)	Tier 2	MO; QL (13.5 ML per 28 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin degludec)	Tier 2	MO; QL (30 ML per 28 days)
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	(insulin degludec)	Tier 2	MO; QL (18 ML per 28 days)
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin degludec)	Tier 2	MO; QL (40 ML per 28 days)
Ear - General Disorders			
Ear Preparations Anti-Inflammatory			
fluocinolone acetonide oil otic (ear) drops 0.01 %	(DermOtic Oil)	Tier 1	
Ear Preparations, Misc. Anti-Infectives			
acetic acid otic (ear) solution 2 %		Tier 1	
CORTANE-B TOPICAL LOTION 1-1-0.1 %		Tier 3	
hydrocortisone-acetic acid otic (ear) drops 1-2 %		Tier 1	
Ear Preparations, Antibiotics			
ciprofloxacin hcl otic (ear) dropperette 0.2 %	(Cetraxal)	Tier 1	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML		Tier 3	
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml- unit/ml-%		Tier 1	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%		Tier 1	
ofloxacin otic (ear) drops 0.3 %		Tier 1	
Otic Preparations,Anti-Inflammatory- Antibiotics			
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %		Tier 3	
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %		Tier 1	
ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025 % (0.25 ml)	(Otovel)	Tier 1	

Drug	Status	Notes
Electrolyte Regulation		
Arginine Vasopressin (Avp) Receptor Antagonists		
<i>tolvaptan oral tablet 15 mg</i> (Samsca)	Tier 3	MO; QL (30 EA per 365 days)
<i>tolvaptan oral tablet 30 mg</i> (Samsca)	Tier 3	MO; QL (60 EA per 365 days)
Bicarbonate Producing/Containing Agents		
VAXCHORA BUFFER COMPONENT ORAL SUSPENSION FOR RECONSTITUTION	Tier 3	
Electrolyte Depleters		
AURYXIA ORAL TABLET 210 MG IRON	Tier 3	MO; ST: Must meet 2 of the following requirements: Calcium Acetate, Lanthanum Carbonate, Sevelamer Carbonate, Sevelamer HCL, or Velphoro in 365 days; QL (12 EA per 1 day)
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	Tier 1	MO
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	Tier 1	MO
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	Tier 3	MO; ST: Must meet 2 of the following requirements: Calcium Acetate, Lanthanum Carbonate, Sevelamer Carbonate, Sevelamer HCL, or Velphoro in 365 days; QL (3 EA per 1 day)
<i>lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg</i> (Fosrenol)	Tier 1	MO
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	Tier 2	MO
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i> (Renvela)	Tier 1	MO
<i>sevelamer carbonate oral tablet 800 mg</i> (Renvela)	Tier 1	MO
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	Tier 1	MO
<i>sodium polystyrene sulfonate oral powder</i>	Tier 1	
SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML	Tier 1	

Drug	Status	Notes	
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML	Tier 3		
VELPHORO ORAL TABLET,CHEWABLE 500 MG	Tier 2	MO; QL (6 EA per 1 day)	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	Tier 3	PA; MO	
XPHOZAH ORAL TABLET 20 MG, 30 MG	Tier 3	MO; ST: Must meet 2 of the following requirements: Calcium Acetate, Lanthanum Carbonate, Sevelamer Carbonate, Sevelamer HCL, or Velphoro in 365 days; QL (2 EA per 1 day)	
Potassium Replacement			
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	Tier 3	MO	
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ	(potassium bicarb-citric acid)	Tier 1	MO
KLOR-CON M10 ORAL TABLET,ER PARTICLES/CRYSTALS 10 MEQ	(potassium chloride)	Tier 1	MO
KLOR-CON M15 ORAL TABLET,ER PARTICLES/CRYSTALS 15 MEQ	(potassium chloride)	Tier 1	MO
KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYSTALS 20 MEQ	(potassium chloride)	Tier 1	MO
POKONZA ORAL PACKET 10 MEQ		Tier 1	MO
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>		Tier 1	MO
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>		Tier 1	MO
<i>potassium chloride oral packet 20 meq</i>	(Klor-Con)	Tier 1	MO
<i>potassium chloride oral tablet extended release 10 meq</i>	(Klor-Con 10)	Tier 1	MO
<i>potassium chloride oral tablet extended release 20 meq</i>	(K-Tab)	Tier 1	MO
<i>potassium chloride oral tablet extended release 8 meq</i>	(Klor-Con 8)	Tier 1	MO
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i>	(Klor-Con M10)	Tier 1	MO
<i>potassium chloride oral tablet,er particles/crystals 15 meq</i>	(Klor-Con M15)	Tier 1	MO
<i>potassium chloride oral tablet,er particles/crystals 20 meq</i>	(Klor-Con M20)	Tier 1	MO

Drug	Status	Notes
Sodium/Saline Preparations		
BD POSIFLUSH NORMAL SALINE 0.9 INJECTION SYRINGE (sodium chloride 0.9 % (flush))	Tier 1	
CLEARSHIELD SODIUM CHLOR FLUSH 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 (BD PosiFlush Normal Saline 0.9)</i>	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	
Endocrine Disorder - Fertility		
Drugs To Treat Impotency		
tadalafil oral tablet 10 mg, 20 mg, 5 mg (Cialis)	Tier 1	PA; MO
tadalafil oral tablet 2.5 mg	Tier 1	PA; MO
Endocrine Disorder - Other		
Adrenal Steroid Inhibitors		
ISTURISA ORAL TABLET 1 MG, 5 MG	Tier 4	PA; MO
RECORLEV ORAL TABLET 150 MG	Tier 4	PA; MO
Adrenocorticotrophic Hormones		
ACTHAR INJECTION GEL 80 UNIT/ML	Tier 4	PA
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	Tier 4	PA
Antidiuretic And Vasopressor Hormones		
desmopressin injection solution 4 mcg/ml (DDAVP)	Tier 1	
desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)	Tier 1	MO
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml), 150 mcg/spray (0.1 ml)	Tier 1	MO
desmopressin oral tablet 0.1 mg, 0.2 mg (DDAVP)	Tier 1	MO
NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG	Tier 3	MO; QL (1 EA per 1 day)

Drug	Status	Notes
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG	Tier 3	MO; QL (1 EA per 1 day)
NOCTIVA NASAL SPRAY,NON-AEROSOL 0.83 MCG/SPRAY (0.1 ML), 1.66 MCG/SPRAY (0.1 ML)	Tier 3	MO; QL (3.8 GM per 30 days)
Antineoplastic Lhrh(Gnrh) Agonist,Pituitary Suppr.		
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	Tier 3	PA; MO
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	Tier 3	PA; MO
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	Tier 3	PA; MO
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	Tier 3	PA; MO
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	Tier 3	PA; MO
Bone Formation Stim. Agents - Parathyroid Hormone		
FORTEO SUBCUTANEOUS PEN (teriparatide) INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	Tier 3	PA; MO
<i>teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)</i>	Tier 4	PA; MO
Bone Formation Stimulating Agts - Pth Rel Peptides		
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	Tier 3	PA; MO
Bone Resorption Inhibitor & Vitamin D Combinations		
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	Tier 2	MO
Bone Resorption Inhibitors		
<i>alendronate oral solution 70 mg/75 ml</i>	Tier 1	MO; QL (75 ML per 7 days)
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg</i>	Tier 1	MO
<i>alendronate oral tablet 70 mg (Fosamax)</i>	Tier 1	MO
BINOSTO ORAL TABLET, EFFERVESCENT 70 MG	Tier 3	MO; ST: Must meet 2 of the following requirements: Alendronate Sodium, Fosamax Plus D, or Ibandronate Sodium in 365 days; QL (4 EA per 28 days)
<i>calcitonin (salmon) injection solution 200 (Miacalcin) unit/ml</i>	Tier 1	

Drug	Status	Notes
<i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation</i>	Tier 1	MO
<i>ibandronate oral tablet 150 mg</i>	Tier 1	MO
<i>raloxifene oral tablet 60 mg</i> (Evista)	Tier 5	MO; \$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
<i>risedronate oral tablet 150 mg</i> (Actonel)	Tier 1	MO; ST: Must meet the following requirements: Alendronate Sodium and Ibandronate Sodium in 365 days; QL (1 EA per 30 days)
<i>risedronate oral tablet 30 mg</i>	Tier 1	ST: Must meet the following requirements: Alendronate Sodium and Ibandronate Sodium in 365 days; QL (1 EA per 1 day)
<i>risedronate oral tablet 35 mg</i> (Actonel)	Tier 1	MO; ST: Must meet the following requirements: Alendronate Sodium and Ibandronate Sodium in 365 days; QL (1 EA per 7 days)
<i>risedronate oral tablet 5 mg</i>	Tier 1	MO; ST: Must meet the following requirements: Alendronate Sodium and Ibandronate Sodium in 365 days; QL (1 EA per 1 day)
<i>risedronate oral tablet,delayed release (dr/ec) 35 mg</i> (Atelvia)	Tier 1	MO; ST: Must meet the following requirements: Alendronate Sodium and Ibandronate Sodium in 365 days; QL (1 EA per 7 days)
Calcimimetic,Parathyroid Calcium Enhancer		
<i>cinacalcet oral tablet 30 mg, 60 mg</i> (Sensipar)	Tier 3	MO; QL (2 EA per 1 day)
<i>cinacalcet oral tablet 90 mg</i> (Sensipar)	Tier 3	MO; 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 3	MO
Growth Hormone Releasing Hormone (Ghrh) & Analogs		
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	Tier 4	PA; MO

Drug	Status	Notes
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 3	PA; MO
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	Tier 3	PA; MO
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)	Tier 4	PA; MO
HUMATROPE INJECTION RECON SOLN 5 (15 UNIT) MG	Tier 4	PA; MO
NGENLA SUBCUTANEOUS PEN INJECTOR 24 MG/1.2 ML (20 MG/ML), 60 MG/1.2 ML (50 MG/ML)	Tier 4	PA; MO
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 3	PA; MO
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML)	Tier 4	PA; MO
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	Tier 4	PA; MO
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	Tier 4	PA; MO
SAIZEN SAIZENPREP SUBCUTANEOUS CARTRIDGE 8.8 MG/1.51 ML (FINAL CONC.)	Tier 4	PA; MO
SAIZEN SUBCUTANEOUS RECON SOLN 5 MG, 8.8 MG	Tier 4	PA; MO
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	Tier 4	PA; MO
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 4	PA; MO
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 4	PA; MO

Drug	Status	Notes
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG, 5 MG	Tier 4	PA; MO
Hyperparathyroid Tx Agents - Vitamin D Analog-Type		
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	Tier 1	MO
<i>paricalcitol oral capsule 1 mcg, 2 mcg (Zemplar)</i>	Tier 1	MO
<i>paricalcitol oral capsule 4 mcg</i>	Tier 1	MO
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	Tier 2	MO; QL (2 EA per 1 day)
Insulin-Like Growth Factor-1 (Igf-1) Hormones		
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	Tier 4	PA
Leptin Hormone Analogs		
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	Tier 4	MO; QL (1 EA per 1 day)
Lhrh (Gnrh) Antagonist,Estrogen And Progestin Comb		
MYFEMBREE ORAL TABLET 40-1-0.5 MG	Tier 2	PA; MO
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	Tier 2	PA; MO
Lhrh(Gnrh) Agonist Analog Pituitary Suppressants		
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML	Tier 4	PA
Lhrh(Gnrh) Antagonist,Pituitary Suppressant Agents		
ORILISSA ORAL TABLET 150 MG	Tier 2	PA; MO
ORILISSA ORAL TABLET 200 MG	Tier 2	PA
Natriuretic Peptides		
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG	Tier 4	PA; MO
Pituitary Suppressive Agents		
<i>cabergoline oral tablet 0.5 mg</i>	Tier 1	MO
<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	MO
<i>propylthiouracil oral tablet 50 mg</i>	Tier 1	MO

Drug	Status	Notes
Iodine Containing Agents		
LUGOLS ORAL SOLUTION 5 %	Tier 3	
<i>potassium iodide oral solution 1 gram/ml (SSKI)</i>	Tier 1	
SSKI ORAL SOLUTION 1 GRAM/ML (potassium iodide)	Tier 1	
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	MO
ARMOUR THYROID ORAL TABLET (thyroid (pork)) 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	Tier 3	MO; ST: Must meet any of the following requirements: NP Thyroid, Nature-Throid, WP Thyroid, Westhroid, or Thyroid tablets in 120 days
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG	Tier 3	MO; ST: Must meet any of the following requirements: NP Thyroid, Nature-Throid, WP Thyroid, Westhroid, or Thyroid tablets in 120 days
ERMEZA ORAL SOLUTION 30 MCG/ML	Tier 1	PA; MO
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 1	MO; 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>	Tier 1	PA; MO
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Tier 1	MO; QL (2 EA per 1 day)
<i>levothyroxine oral tablet 300 mcg (Levo-T)</i>	Tier 1	MO; QL (2 EA per 1 day)
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	Tier 1	MO
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	Tier 1	MO
THYQUIDITY ORAL SOLUTION 20 MCG/ML	Tier 3	MO; ST: Must meet the following requirement: generic Levothyroxine tablets in 120 days; QL (20 ML per 1 day)
<i>thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	Tier 1	MO
TIROSINT ORAL CAPSULE 37.5 MCG, 44 MCG, 62.5 MCG	Tier 3	PA; MO

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; MO
Eye - General Disorders		
Eye Antibiotic, Glucocorticoid And Nsaid Comb.		
<i>prednisol ace-gatiflox-bromfen ophthalmic (eye) drops,suspension 1- 0.5-0.075 %</i>	Tier 1	
<i>prednisoln sp-gatiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %</i>	Tier 1	
<i>prednisoln sp-moxiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %</i>	Tier 1	
<i>prednisolone-moxiflo-nepafenac ophthalmic (eye) drops,suspension 1- 0.5-0.1 %</i>	Tier 1	
<i>prednisolone-moxiflox-bromfen ophthalmic (eye) drops,suspension 1- 0.5-0.075 %</i>	Tier 1	
<i>prednisolon-moxiflox-bromf(pf) ophthalmic (eye) drops 1-0.5-0.09 %</i>	Tier 1	
Eye Antibiotic-Corticoid Combinations		
<i>neomycin-bacitracin-poly-hc ophthalmic (Neo-Polycin HC) (eye) ointment 3.5-400-10,000 mg- unit/g-1%</i>	Tier 1	
<i>neomycin-polymyxin b-dexameth (Maxitrol) ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	Tier 1	
<i>neomycin-polymyxin b-dexameth (Maxitrol) ophthalmic (eye) ointment 3.5 mg/g- 10,000 unit/g-0.1 %</i>	Tier 1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg- unit-mg/ml</i>	Tier 1	
<i>NEO-POLYCIN HC OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG- UNIT/G-1%</i>	Tier 1	
<i>prednisolone sod ph-moxiflox ophthalmic (eye) drops 1-0.5 %</i>	Tier 1	
<i>prednisolone-moxifloxacin hcl ophthalmic (eye) drops,suspension 1-0.5 %</i>	Tier 1	

Drug	Status	Notes
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	Tier 2	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	Tier 3	ST: Must meet the following requirement: Generic ophthalmic Tobramycin/dexamethasone drops in 120 days
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	Tier 1	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	Tier 3	
Eye Antihistamines		
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	Tier 1	QL (12 ML per 30 days)
<i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i>	Tier 1	ST: Must meet any of the following requirements: Azelastine HCL, Epinastine HCL, or Olopatadine HCL in 120 days; QL (10 ML per 30 days)
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	Tier 1	QL (10 ML per 30 days)
LASTACRAFT OPHTHALMIC (EYE) DROPS 0.25 %	Tier 3	ST: Must meet any of the following requirements: Azelastine HCL, Epinastine HCL, or Olopatadine HCL in 120 days; QL (6 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> (Eye Allergy Itch Relief)	Tier 1	QL (3 ML per 30 days)
ZERVIATE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	Tier 3	QL (60 EA per 30 days)
Eye Antiinflammatory Agents		
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %	Tier 3	ST: Must meet 2 of the following requirements: Diclofenac Sodium, Ilevro, or Ketorolac Tromethamine in 365 days; QL (60 EA per 15 days)
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 % (loteprednol etabonate)	Tier 3	ST: Must meet any of the following requirements: Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% in 120 days; QL (10 ML per 14 days)

Drug	Status	Notes
bromfenac ophthalmic (eye) drops 0.09 %	Tier 1	ST: Must meet any of the following requirements: Diclofenac Sodium or Ketorolac Tromethamine in 120 days; QL (3.4 ML per 16 days)
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	Tier 3	ST: Must meet 2 of the following requirements: Diclofenac Sodium, Ilevro, or Ketorolac Tromethamine in 365 days; QL (5 ML per 16 days)
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %	Tier 1	QL (15 ML per 14 days)
DEXTENZA INTRACANALICULAR INSERT 0.4 MG	Tier 3	
diclofenac sodium ophthalmic (eye) drops 0.1 %	Tier 1	QL (10 ML per 14 days)
difluprednate ophthalmic (eye) drops (Durezol) 0.05 %	Tier 1	QL (10 ML per 14 days)
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 3	PA
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 3	ST: Must meet any of the following requirements: Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% in 120 days; QL (15 ML per 14 days)
fluorometholone ophthalmic (eye) drops,suspension 0.1 % (FML Liquifilm)	Tier 1	QL (10 ML per 14 days)
flurbiprofen sodium ophthalmic (eye) drops 0.03 %	Tier 1	
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 3	ST: Must meet any of the following requirements: Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% in 120 days; QL (10 ML per 14 days)
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	Tier 2	QL (3.4 ML per 16 days)

Drug	Status	Notes
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	Tier 3	ST: Must meet any of the following requirements: Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% in 120 days; QL (5.6 ML per 14 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)
KLARITY-L (LOTEPRED-CHOND)(PF) OPHTHALMIC (EYE) DROPS 0.5-0.25 %	Tier 3	
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 0.5 %</i> (Lotemax)	Tier 1	QL (20 ML per 14 days)
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 3	ST: Must meet any of the following requirements: Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% in 120 days; QL (25 ML per 14 days)
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 3	ST: Must meet 2 of the following requirements: Diclofenac Sodium, Ilevro, or Ketonolac Tromethamine in 365 days; QL (9 ML per 16 days)
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	Tier 3	ST: Must meet any of the following requirements: Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% in 120 days; QL (20 ML per 14 days)
<i>prednisolone acetate (pf) ophthalmic (eye) drops,suspension 1 %</i>	Tier 1	QL (20 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 acetate-bromfenac ophthalmic (eye) drops,suspension 1-0.075 %</i>	Tier 1	

Drug	Status	Notes
<i>prednisolone acetate-nepafenac ophthalmic (eye) drops,suspension 1-0.1 %</i>	Tier 1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	Tier 1	QL (20 ML per 14 days)
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 % (bromfenac)	Tier 3	ST: Must meet 2 of the following requirements: Diclofenac Sodium, Ilevro, or Ketorolac Tromethamine in 365 days; QL (3 ML per 16 days)
Eye Antivirals		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	Tier 1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	Tier 3	ST: Must meet any of the following requirements: Oral Acyclovir, Famciclovir, or Valacyclovir HCL in 120 days
Eye Local Anesthetics		
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 %	Tier 3	
ALCAINE OPHTHALMIC (EYE) DROPS (proparacaine) 0.5 %	Tier 1	
ALTACAINE OPHTHALMIC (EYE) DROPS (tetracaine hcl) 0.5 %	Tier 1	
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 % (fluorescein-benoxinate)	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 (Alcaine) %</i>	Tier 1	
<i>tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>tetracaine hcl ophthalmic (eye) drops 0.5 (Altacaine) %</i>	Tier 1	
Eye Sulfonamides		
<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	

Drug	Status	Notes
Eye Vasoconstrictors (Rx Only)		
phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %	Tier 1	
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 %	Tier 3	PA
Nicotinic Recept.Partial Agonist, Alpha4beta2 Spec		
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY	Tier 3	PA; MO
Ophthalmic (Eye) Antiparasitics		
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 %	Tier 4	PA
Ophthalmic Antibiotics		
AZASITE OPHTHALMIC (EYE) DROPS 1 %	Tier 3	
bacitracin ophthalmic (eye) ointment 500 unit/gram	Tier 1	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	Tier 1	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	Tier 2	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	Tier 2	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	Tier 1	
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	Tier 1	
gatifloxacin ophthalmic (eye) drops 0.5 % (Zymaxid)	Tier 1	
gentamicin ophthalmic (eye) drops 0.3 %	Tier 1	
KLARITY-A (AZITHRO-CHONDR)(PF) OPHTHALMIC (EYE) DROPS 1-0.25 %	Tier 3	
levofloxacin ophthalmic (eye) drops 1.5 %	Tier 1	
moxifloxacin ophthalmic (eye) drops 0.5 % (Vigamox)	Tier 1	
moxifloxacin ophthalmic (eye) drops, viscous 0.5 %	Tier 1	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g (Neo-Polycin)	Tier 1	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml	Tier 1	

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>	(Ocuflax)	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	
<i>tobramycin-vancomycin ophthalmic (eye) drops 1.5-5 %</i>		Tier 1	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %		Tier 2	
<i>vancomycin in 0.9 % sodium chl ophthalmic (eye) drops 10 mg/ml</i>		Tier 1	
Ophthalmic Antifungal Agents			
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %		Tier 3	
Ophthalmic Anti-Inflammatory Immunomodulator-Type			
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %		Tier 3	MO; ST: Must meet 2 of the following requirements: Cyclosporine, Restasis Multidose, or Xiidra in 365 days; QL (60 EA per 30 days)
CYCLOSPORINE IN KLARITY OPHTHALMIC (EYE) DROPS 0.1-0.25 %		Tier 1	MO
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %		Tier 2	MO; QL (5.5 ML per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	(cyclosporine)	Tier 1	MO; QL (60 EA per 30 days)
VERKAZIA OPHTHALMIC (EYE) DROPPERETTE 0.1 %		Tier 4	PA; MO
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %		Tier 2	MO; QL (60 EA per 30 days)
Ophthalmic Human Nerve Growth Factor (Hngf)			
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %		Tier 4	PA

Drug	Status	Notes
Ophthalmic Mast Cell Stabilizers		
ALOCRIL OPHTHALMIC (EYE) DROPS 2 %	Tier 2	ST: Must meet the following requirement: Cromolyn 4% ophthalmic drops in 120 days; QL (20 ML per 30 days)
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %	Tier 2	ST: Must meet the following requirement: Cromolyn 4% ophthalmic drops in 120 days; QL (40 ML per 30 days)
cromolyn ophthalmic (eye) drops 4 %	Tier 1	QL (50 ML per 30 days)
Ophthalmic Preparations, Miscellaneous		
ACUICYN TOPICAL SPRAY, NON-AEROSOL 0.01 %	Tier 3	
AMVISC INTRAOCULAR SYRINGE 12 MG/ML	Tier 3	
AMVISC PLUS INTRAOCULAR SYRINGE 16 MG/ML	Tier 3	
AVENOVA TOPICAL SPRAY, NON-AEROSOL 0.01 %	Tier 3	
BIOLON INTRAOCULAR SYRINGE 10 MG/ML	Tier 3	
HEALON ENDOCOAT INTRAOCULAR SYRINGE 30 MG/ML	Tier 3	
HEALON GV PRO INTRAOCULAR SYRINGE 18 MG/ML	Tier 3	
HEALON PRO INTRAOCULAR SYRINGE 10 MG/ML	Tier 3	
HEALON5 PRO INTRAOCULAR SYRINGE 23 MG/ML	Tier 3	
PROVISC INTRAOCULAR SYRINGE 10 MG/ML	Tier 3	
TOTALVISC INTRAOCULAR SYRINGE 2.5 % (1 ML) 1 % (1 ML)	Tier 3	
Eye - Glaucoma		
Carbonic Anhydrase Inhibitors		
acetazolamide oral capsule, extended release 500 mg	Tier 1	MO
acetazolamide oral tablet 125 mg, 250 mg	Tier 1	MO
methazolamide oral tablet 25 mg, 50 mg	Tier 1	MO

Drug	Status	Notes
Miotics/Other Intraoc. Pressure Reducers		
apraclonidine ophthalmic (eye) drops 0.5 %	Tier 1	
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	Tier 1	MO
betaxolol ophthalmic (eye) drops 0.5 %	Tier 1	MO
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %	Tier 3	MO
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 3	MO
bimatoprost ophthalmic (eye) drops 0.03 %	Tier 1	MO; QL (1 ML per 12 days)
brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %	Tier 1	MO
brimonidine ophthalmic (eye) drops 0.2 %	Tier 1	MO
brimonidine-dorzolamide (pf) ophthalmic (eye) drops 0.15-2 %	Tier 1	MO
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %	Tier 1	MO
carteolol ophthalmic (eye) drops 1 %	Tier 1	MO
dorzolamide (pf) ophthalmic (eye) drops 2 %	Tier 1	MO
dorzolamide ophthalmic (eye) drops 2 %	Tier 1	MO
dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %	Tier 1	MO; ST: Must meet the following requirement: Dorzolamide HCL/Timolol Maleate in 120 days; QL (2 EA per 1 day)
dorzolamide-timolol (pf) ophthalmic (eye) drops 2-0.5 %	Tier 1	MO
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	Tier 1	MO
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	Tier 3	
YUZEH OPHTHALMIC (EYE) DROPPERETTE 0.005 %	Tier 3	MO; ST: Must meet 3 of the following requirements: Bimatoprost, Latanoprost, Latanoprost/pf, Lumigan, or Travoprost in 365 days; QL (1 EA per 1 day)
latanoprost ophthalmic (eye) drops 0.005 % (Xalatan)	Tier 1	MO
levobunolol ophthalmic (eye) drops 0.5 %	Tier 1	MO

Drug	Status	Notes
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	Tier 2	MO; QL (2.5 ML per 25 days)
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	Tier 3	MO
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	Tier 1	MO
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	Tier 3	MO; ST: Must meet 2 of the following requirements: Brimonidine Tartrate, Brimonidine Tartrate/Timolol, Brinzolamide, Latanoprost, Lumigan, Simbrinza, or Travoprost in 365 days; QL (2.5 ML per 30 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	Tier 3	MO; ST: Must meet 2 of the following requirements: Brimonidine Tartrate, Brimonidine Tartrate/Timolol, Brinzolamide, Latanoprost, Lumigan, Simbrinza, or Travoprost in 365 days; QL (2.5 ML per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	Tier 2	MO
tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %	(Zioptan (PF)) Tier 1	MO; QL (1 EA per 1 day)
timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %	(Timoptic Ocudose (PF)) Tier 1	MO; QL (2 EA per 1 day)
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %	Tier 1	MO
timolol maleate ophthalmic (eye) drops, once daily 0.5 %	(Istalol) Tier 1	MO
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %	Tier 1	MO
timolol-brimonidi-dorzolam(pf) ophthalmic (eye) drops 0.5-0.15-2 %	Tier 1	MO
travoprost ophthalmic (eye) drops 0.004 %	(Travatan Z) Tier 1	MO; QL (2.5 ML per 25 days)
VUITY OPHTHALMIC (EYE) DROPS 1.25 %	Tier 3	PA; MO
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	Tier 3	MO; ST: Must meet 3 of the following requirements: Bimatoprost, Latanoprost, Latanoprost/pf, Lumigan, or Travoprost in 365 days; QL (5 ML per 30 days)

Drug	Status	Notes
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 %	Tier 3	MO; ST: Must meet 3 of the following requirements: Bimatoprost, Latanoprost, Latanoprost/pf, Lumigan, or Travoprost in 365 days; QL (5 ML per 30 days)
Mydriatics		
atropine in 0.9 % sod chloride ophthalmic (eye) drops 0.01 %	Tier 1	
atropine ophthalmic (eye) drops 1 % (Isopto Atropine)	Tier 1	MO
atropine ophthalmic (eye) ointment 1 %	Tier 1	MO
atropine sulfate (pf) ophthalmic (eye) dropperette 1 %	Tier 1	MO
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %	Tier 3	
cyclopentolate ophthalmic (eye) drops 1 (Cyclogyl) %	Tier 1	
cyclopent-tropic-phenyleph-watr ophthalmic (eye) drops 1-1-2.5 %	Tier 1	
cyclopent-tropic-phen-ketr-wat ophthalmic (eye) drops 1 %-1 %-10 %- 0.5 %, 1 %-1 %-2.5 %-0.5 %	Tier 1	
cyclop-trop-propa-phen-ket-wat ophthalmic (eye) drops 1 %-1 %-0.1 %- 2.5 %-0.4 %	Tier 1	
HOMATROPAIRE OPHTHALMIC (EYE) (homatropine hbr) DROPS 5 %	Tier 1	MO
phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 %	Tier 1	
tropicamide ophthalmic (eye) drops 0.5 %	Tier 1	
tropicamide ophthalmic (eye) drops 1 % (Mydriacyl)	Tier 1	
Ophthalmic Antifibrotic Agents		
mitomycin (pf) in water ophthalmic (eye) syringe 0.2 mg/ml, 0.4 mg/ml	Tier 3	
Eye - Miscellaneous		
Agents For Corneal Collagen Cross-Linking		
PHOTREXA CROSS-LINKING KIT OPHTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOUS 0.146 % -0.146 %	Tier 3	
PHOTREXA OPHTHALMIC (EYE) DROPS 0.146 %	Tier 3	
PHOTREXA VISCOUS OPHTHALMIC (EYE) DROPS, VISCOUS 0.146 %	Tier 3	

Drug	Status	Notes
Artificial Tears		
acetylcysteine (pf) in water ophthalmic (eye) drops 10 %	Tier 1	
KLARITY (CHONDROITIN) (PF) OPHTHALMIC (EYE) DROPS 0.25 %	Tier 3	
LACRISERT OPHTHALMIC (EYE) INSERT 5 MG	Tier 3	
MIEBO OPHTHALMIC (EYE) DROPS 100 %	Tier 3	PA
Eye Diagnostic Agents		
BIOGLO OPHTHALMIC (EYE) STRIP 1 MG	Tier 1	
GLOSTRIPS OPHTHALMIC (EYE) STRIP 0.6 MG, 1 MG	Tier 1	
GREEN GLO OPHTHALMIC (EYE) (lissamine green) STRIP 1.5 MG	Tier 1	
Eye Mydriatic And Nsaid Combinations		
MYDRIATIC4(TROP-PROP-PE-KTRLC) (tropic-proparacai-pe-OPHTHALMIC (EYE) DROPS 1-0.5-2.5-0.5 %)	Tier 1	
tropic-proparacai-pe-ketor-wat (Mydriatic4(trop-prop-PE-ophthalmic (eye) drops 1-0.5-2.5-0.5 % ktrlc))	Tier 1	
Eye Preparations, Miscellaneous (Otc)		
GELFILM OPHTHALMIC (EYE) FILM	Tier 3	
Ophthalmic Cystine Depleting Agents		
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	Tier 3	PA; MO
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	Tier 3	PA; MO
Fluid Replacement		
Nucleic Acid/Nucleotide Supplements		
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	Tier 3	PA; MO
Gout And Related Diseases		
Colchicine		
colchicine oral capsule 0.6 mg (Mitigare)	Tier 1	MO; QL (2 EA per 1 day)
colchicine oral tablet 0.6 mg (Colcrys)	Tier 1	MO; QL (4 EA per 1 day)
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML	Tier 3	MO; ST: Must meet the following requirement: Colchicine capsules or tablets in 120 days; QL (10 ML per 1 day)
Hyperuricemia Tx - Purine Inhibitors		
allopurinol oral tablet 100 mg (Zyloprim)	Tier 1	MO
allopurinol oral tablet 200 mg, 300 mg	Tier 1	MO

Drug	Status	Notes
febuxostat oral tablet 40 mg, 80 mg (Uloric)	Tier 1	MO; ST: Must meet the following requirement: Allopurinol in 120 days; QL (30 EA per 30 days)
Uricosuric Agents		
probencid oral tablet 500 mg	Tier 1	MO
probencid-colchicine oral tablet 500-0.5 mg	Tier 1	MO
Uricosuric And Xanthine Oxidase Inhibitor Comb.		
DUZALLO ORAL TABLET 200-200 MG, 200-300 MG	Tier 3	MO; ST: Must meet the following requirement: Allopurinol in 120 days; QL (1 EA per 1 day)
Hematological Disorders		
Agents To Tx Thrombotic Thrombocytopenic Purpura		
CABLIVI INJECTION KIT 11 MG	Tier 4	PA
CABLIVI INJECTION RECON SOLN 11 MG	Tier 4	PA
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	MO
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg (Jantoven)	Tier 1	MO
Antifibrinolytic Agents		
aminocaproic acid oral solution 250 mg/ml (25 %) (Amicar)	Tier 1	
aminocaproic acid oral tablet 1,000 mg, 500 mg (Amicar)	Tier 1	
tranexamic acid oral tablet 650 mg	Tier 1	MO
Antihemophilic Factors		
ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	MO
ADYNNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT	Tier 3	MO

Drug	Status	Notes
AFSTYLA INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT RANGE, 1,500 (+/-) UNIT RANGE, 2,000 (+/-) UNIT RANGE, 2,500 (+/-) UNIT RANGE, 250 (+/-) UNIT RANGE, 3,000 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	Tier 3	MO
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	MO
ALTUVIPIO INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4000 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	MO
ELOCTATE INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 5,000 UNIT, 500 UNIT, 6,000 UNIT, 750 UNIT	Tier 3	MO
ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	MO
FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT	Tier 3	
HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT	Tier 3	MO
HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT	Tier 3	MO
HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT	Tier 3	MO
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501- 2,000 UNIT	Tier 3	MO
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT	Tier 3	MO
JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	MO
KOATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	MO

Drug	Status	Notes
KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	MO
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	MO
NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	MO
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	
NUWIQ INTRAVENOUS RECON SOLN 1000 UNIT, 2,000 UNIT, 2,500 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	Tier 3	MO
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE	Tier 3	
RECOMBINATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	MO
SEVENFACT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 5 MG (5,000 MCG)	Tier 3	
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT	Tier 3	
XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	MO
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	MO
Blood Factors,Miscellaneous		
VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-)) UNIT RANGE	Tier 4	
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	

Drug	Status	Notes
<i>anticoag citrate phos dextrose solution 2.63-222 gram-mg/100ml</i>	Tier 1	
<i>citicric-sod citrat-sod phos-dex solution 0.327-2.63 gram/100 ml</i>	Tier 1	
REGIOCIT (EUA) SOLUTION 5.03-5.29 GRAM/L	Tier 3	
<i>sodium citrate in 0.9 % nacl solution 0.5 %</i>	Tier 1	
<i>sodium citrate intra-catheter solution 4 %</i>	Tier 1	
<i>sodium citrate intra-catheter syringe 4 % (3 ml), 4 % (5 ml)</i>	Tier 1	
<i>sodium citrate solution 4 gram /100 ml (4 %)</i>	Tier 1	
Complement (C3) Inhibitors		
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML	Tier 4	PA; MO
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	MO; QL (2 EA per 1 day)
ELIQUIS ORAL TABLET 5 MG	Tier 2	MO; QL (74 EA per 30 days)
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG	Tier 3	MO; ST: Must meet the following requirements: Eliquis and Xarelto in 365 days; QL (30 EA per 30 days)
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	Tier 2	MO; QL (20 ML per 1 day)
XARELTO ORAL TABLET 10 MG, 20 MG	Tier 2	MO; QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG	Tier 2	MO; 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	MO
Factor IX Preparations		
ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	MO

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	MO
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 3	MO
IDELVION INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	MO
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 3	MO
REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	
RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 3	MO
Factor X Preparations		
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	Tier 4	
Factor XIII Preparations		
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT	Tier 4	MO
TRETTEEN INTRAVENOUS RECON SOLN 2,500 UNIT	Tier 4	MO
Hematinics, Other		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	Tier 4	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML	Tier 4	PA; MO
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	Tier 4	PA; MO

Drug	Status	Notes
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 4	PA; MO
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	Tier 4	PA; MO
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 3	PA; MO
Hemophilia Treatment Agents, Non-Factor Replacement		
HELIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4 ML	Tier 3	PA; MO
Hemorrhologic Agents		
<i>pentoxifylline oral tablet extended release 400 mg</i>	Tier 1	MO
Heparin And Related Preparations		
enoxaparin subcutaneous solution 300 (Lovenox) mg/3 ml	Tier 3	QL (30 ML per 30 days)
enoxaparin subcutaneous syringe 100 (Lovenox) 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	Tier 3	
ENOXILUV SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	Tier 4	
fondaparinux subcutaneous syringe 10 (Arixtra) mg/0.8 ml	Tier 3	QL (24 ML per 30 days)
fondaparinux subcutaneous syringe 2.5 (Arixtra) mg/0.5 ml	Tier 3	QL (15 ML per 30 days)
fondaparinux subcutaneous syringe 5 (Arixtra) mg/0.4 ml	Tier 3	QL (12 ML per 30 days)
fondaparinux subcutaneous syringe 7.5 (Arixtra) mg/0.6 ml	Tier 3	QL (18 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML	Tier 3	QL (8 ML per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	Tier 3	QL (7.6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML	Tier 3	QL (60 ML per 30 days)

Drug	Status	Notes
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML	Tier 3	QL (30 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML	Tier 3	QL (36 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML	Tier 3	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 3	QL (12 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML	Tier 3	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, 100 unit/ml</i>	Tier 1	
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 solution 100 unit/ml (1 ml)</i>	Tier 1	
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml</i>	Tier 1	
<i>heparin, porcine (pf) intravenous syringe (Heparin 10 unit/ml, 100 unit/ml LockFlush(Porcine)(PF))</i>	Tier 1	
<i>heparin, porcine (pf) subcutaneous syringe 5,000 unit/0.5 ml</i>	Tier 1	

Drug	Status	Notes
Human Monoclonal Antibody Complement(C5) Inhibitor		
TAVNEOS ORAL CAPSULE 10 MG	Tier 4	PA; MO
Hypoxia Inducible Factor Prolyl Hydroxylase Inh.		
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 3	PA; MO
Leukocyte (Wbc) Stimulants		
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 4	PA
FYLNETRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 4	PA
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 4	PA
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 4	PA
LEUKINE INJECTION RECON SOLN 250 MCG	Tier 3	PA
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	Tier 4	PA
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 4	PA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 4	PA
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 4	PA
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 3	PA
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 3	PA
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 3	PA
RELEUKO INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 4	PA
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 4	PA
ROLVEDON SUBCUTANEOUS SYRINGE 13.2 MG/0.6 ML	Tier 4	PA
STIMUFEND SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 4	PA
UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 6 MG/0.6 ML	Tier 4	PA

Drug	Status	Notes
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 4	PA
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 4	PA
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 4	PA
Plasma Proteins		
RYPLAZIM INTRAVENOUS RECON SOLN 68.8 MG	Tier 4	PA; MO
Platelet Aggregation Inhibitors		
ADULT ASPIRIN REGIMENT ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)	Tier 5	MO
ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)	Tier 5	MO
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG (aspirin)	Tier 5	MO
<i>aspirin oral tablet,chewable 81 mg</i> (Aspirin Childrens)	Tier 5	MO
<i>aspirin oral tablet,delayed release (dr/ec)</i> (Adult Aspirin Regimen) 81 mg	Tier 5	MO
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	Tier 1	MO
<i>aspirin-omeprazole oral tablet,ir,delayed rel,biphasic 81-40 mg</i> (Yosprala)	Tier 1	PA; MO
BAYER LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)	Tier 5	MO
BRILINTA ORAL TABLET 60 MG, 90 MG	Tier 2	MO; QL (2 EA per 1 day)
CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG (aspirin)	Tier 5	MO
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Tier 1	MO
<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	MO
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 1	MO
DURLAZA ORAL CAPSULE,EXTENDED RELEASE 24HR 162.5 MG	Tier 3	PA; MO
<i>prasugrel oral tablet 10 mg, 5 mg</i> (Effient)	Tier 1	MO; QL (1 EA per 1 day)
ST JOSEPH ASPIRIN ORAL TABLET,CHEWABLE 81 MG (aspirin)	Tier 5	MO

Drug	Status	Notes
ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)	Tier 5	MO
YOSPRALA ORAL TABLET,IR,DELAYED REL,BIPHASIC 325-40 MG, 81-40 MG (aspirin-omeprazole)	Tier 3	PA; MO
ZONTIVITY ORAL TABLET 2.08 MG	Tier 3	MO; QL (1 EA per 1 day)
Platelet Reducing Agents		
<i>anagrelide oral capsule 0.5 mg</i> (Agrylin)	Tier 1	MO
<i>anagrelide oral capsule 1 mg</i>	Tier 1	MO
Pyruvate Kinase Activators		
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	Tier 4	PA; MO
PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7)	Tier 4	PA
Sickle Cell Anemia Agents		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	Tier 3	MO
ENDARI ORAL POWDER IN PACKET 5 GRAM	Tier 4	PA; MO
OXBRYTA ORAL TABLET 300 MG, 500 MG	Tier 4	PA; MO
OXBRYTA ORAL TABLET FOR SUSPENSION 300 MG	Tier 4	PA; MO
SIKLOS ORAL TABLET 1,000 MG	Tier 3	MO; ST: Must meet the following requirement: Generic Droxia or Generic Hydroxyurea in 365 days
SIKLOS ORAL TABLET 100 MG	Tier 3	MO; QL (2 EA per 1 day)
Spleen Tyrosine Kinase Inhibitors		
TAVALISSE ORAL TABLET 100 MG, 150 MG	Tier 4	PA
Thrombin Inhibitors,Selective,Direct, & Reversible		
<i>dabigatran etexilate oral capsule 150 mg, 75 mg</i> (Pradaxa)	Tier 1	MO; ST: Must meet the following requirements: Eliquis and Xarelto in 365 days; QL (2 EA per 1 day)
PRADAXA ORAL CAPSULE 110 MG	Tier 3	MO; ST: Must meet the following requirements: Eliquis and Xarelto in 365 days; 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; MO

Drug	Status	Notes
Thrombopoietin Receptor Agonists		
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	Tier 4	PA
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	Tier 4	PA
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	Tier 4	PA
MULPLETA ORAL TABLET 3 MG	Tier 4	PA
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	Tier 3	PA; MO
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	Tier 3	PA; MO
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	
EVARREST TOPICAL ADHESIVE PATCH, MEDICATED 2 X 4 ", 4 X 4 "	Tier 3	
EVICEL TOPICAL SOLUTION 800-1,200 UNIT /ML (1 ML X 2), 800-1,200 UNIT /ML(2ML X 2), 800-1,200 UNIT /ML(5 ML X 2)	Tier 3	
FLOSEAL TOPICAL KIT 2,500 UNIT	Tier 3	
GEL-FLOW NT TOPICAL SYRINGE	Tier 3	
GEL-FLOW TOPICAL SYRINGE KIT 5,000 UNIT	Tier 3	
GELFOAM JMI POWDER TOPICAL KIT 5,000 UNIT	Tier 3	
GELFOAM JMI SPONGE TOPICAL COMBO PACK 5,000 UNIT	Tier 3	
GELFOAM SPONGE SIZE 200 TOPICAL SPONGE 200	Tier 3	
GELFOAM TOPICAL SPONGE 4	Tier 3	
MONSEL'S TOPICAL SOLUTION WITH APPLICATOR 0.2 TO 0.22 GRAM/ML	Tier 1	
RECOTHROM SPRAY KIT TOPICAL RECON SOLN 20,000 UNIT	Tier 3	
RECOTHROM TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT	Tier 3	

Drug	Status	Notes
SURGIFLO TOPICAL SYRINGE	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 CM ² , 100 CM ² , 40 CM ²	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		
phytonadione (vitamin k1) injection solution 10 mg/ml	(Vitamin K1)	Tier 1
phytonadione (vitamin k1) injection syringe 1 mg/0.5 ml		Tier 1
phytonadione (vitamin k1) oral tablet 5 mg	(Mephyton)	Tier 1
VITAMIN K INJECTION SOLUTION 1 MG/0.5 ML	(phytonadione (vitamin k1))	Tier 1
VITAMIN K1 INJECTION SOLUTION 10 MG/ML	(phytonadione (vitamin k1))	Tier 1
Hormonal Deficiency		
Androgenic Agents		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR	Tier 3	PA; MO
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG	Tier 3	PA; MO
KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG	Tier 3	PA; MO

Drug	Status	Notes
METHITEST ORAL TABLET 10 MG (methyltestosterone)	Tier 3	PA; MO
<i>methyltestosterone oral capsule 10 mg</i>	Tier 1	PA; MO
NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION	Tier 3	PA; MO
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	Tier 1	PA; MO
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	Tier 1	PA
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	Tier 1	PA; MO
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	Tier 1	PA; MO
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	Tier 1	PA; MO
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	Tier 1	PA; MO
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i>	Tier 1	PA; MO
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	Tier 1	PA; MO
TLANDO ORAL CAPSULE 112.5 MG	Tier 3	PA; MO
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	Tier 3	PA; MO
Estrogen & Progestin With Antimineralocorticoid Cb		
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	Tier 3	MO
Estrogen & Selective Estrogen Recept Mod(Serm)Comb		
DUAVEE ORAL TABLET 0.45-20 MG	Tier 2	MO
Estrogen And Progestin Combinations		
BIJUVA ORAL CAPSULE 1-100 MG	Tier 3	MO; ST: Must meet the following requirement: Duavée or Premarin in 120 days; QL (30 EA per 30 days)
Estrogen/Androgen Combinations		
COVARYX H.S. ORAL TABLET 0.625- 1.25 MG	Tier 1	MO

Drug		Status	Notes
COVARYX ORAL TABLET 1.25-2.5 MG	(estrogens-methyltestosterone)	Tier 1	MO
EEMT HS ORAL TABLET 0.625-1.25 MG	(estrogens-methyltestosterone)	Tier 1	MO
EEMT ORAL TABLET 1.25-2.5 MG	(estrogens-methyltestosterone)	Tier 1	MO
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg</i>	(Covaryx H.S.)	Tier 1	MO
<i>estrogens-methyltestosterone oral tablet 1.25-2.5 mg</i>	(Covaryx)	Tier 1	MO
Estrogenic Agents			
AMABELZ ORAL TABLET 0.5-0.1 MG, 1-0.5 MG	(estradiol-norethindrone acet)	Tier 1	MO
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR		Tier 3	MO; QL (1 EA per 7 days)
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR		Tier 2	MO; QL (2 EA per 7 days)
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	(estradiol cypionate)	Tier 3	
DOTTI TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	(estradiol)	Tier 1	MO; QL (2 EA per 7 days)
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION		Tier 3	MO; ST: Must meet any of the following requirements: Alora or Estradiol in 120 days; QL (52 GM per 30 days)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	(Estrace)	Tier 1	MO
<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	MO; QL (30 EA per 30 days)
<i>estradiol transdermal gel in packet 1 mg/gram (0.1 %)</i>	(Divigel)	Tier 1	MO; QL (30 GM per 30 days)
<i>estradiol transdermal gel in packet 1.25 mg/1.25 gram (0.1 %)</i>	(Divigel)	Tier 1	MO; 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	MO; QL (2 EA per 7 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	(Climara)	Tier 1	MO; QL (1 EA per 7 days)
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	(Delestrogen)	Tier 1	

Drug	Status	Notes
estradiol-norethindrone acet oral tablet (Amabelz) 0.5-0.1 mg, 1-0.5 mg	Tier 1	MO
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION	Tier 3	MO; ST: Must meet any of the following requirements: Alora or Estradiol in 120 days
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%)	Tier 3	MO; ST: Must meet any of the following requirements: Alora or Estradiol in 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	MO
JINTELI ORAL TABLET 1-5 MG-MCG (norethindrone ac-eth estradiol)	Tier 1	MO
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	MO; QL (2 EA per 7 days)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	Tier 3	MO
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR	Tier 3	MO; QL (1 EA per 7 days)
MIMVEY ORAL TABLET 1-0.5 MG (estradiol-norethindrone acet)	Tier 1	MO
norethindrone ac-eth estradiol oral tablet (Fyavolv) 0.5-2.5 mg-mcg, 1-5 mg-mcg	Tier 1	MO
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG	Tier 2	MO
PREMARIN ORAL TABLET 0.625 MG, 1.25 MG (conjugated estrogens)	Tier 2	MO
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	Tier 2	MO
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	Tier 2	MO
Menopausal Symptoms Suppressant- Nk3 Receptor Antag		
VEOZAH ORAL TABLET 45 MG	Tier 3	PA; MO
Progestational Agents		
CRINONE VAGINAL GEL 4 %	Tier 3	
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg (Provera)	Tier 1	MO
norethindrone acetate oral tablet 5 mg	Tier 1	MO
progesterone intramuscular oil 50 mg/ml	Tier 1	
progesterone micronized oral capsule 100 mg, 200 mg (Prometrium)	Tier 1	MO

Drug	Status	Notes
Immunization		
Antisera		
CUTAQUIG SUBCUTANEOUS SOLUTION 16.5 %	Tier 4	PA; MO
CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), 8 GRAM/40 ML (20 %)	Tier 4	PA; MO
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	Tier 4	PA; MO
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 4	PA; MO
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 4	PA; MO
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 4	PA; MO
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 4	PA; MO
HYQVIA IG COMPONENT SUBCUTANEOUS SOLUTION 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 30 GRAM/300 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 4	PA; MO
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	Tier 4	PA; MO
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 4	PA; MO
Covid-19 Vaccines		
COMIRNATY 2023-24 (12Y UP)(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML	Tier 5	QL (0.3 ML per 1 FILL); Age (Min 12 Years)

Drug	Status	Notes
COMIRNATY 2023-24 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML	Tier 5	QL (0.3 ML per 1 FILL); Age (Min 12 Years)
MODERNA COVID 23-24(6M-11Y)PF INTRAMUSCULAR SUSPENSION 25 MCG/0.25 ML	Tier 5	AGE: 6 MONTHS TO 11 YEARS; QL (0.25 ML per 1 FILL)
NOVAVAX COVID 2023-24(PF)(EUA) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML	Tier 5	QL (0.5 ML per 1 FILL); Age (Min 12 Years)
PFIZER COVID 2023-24(5Y-11Y)PF INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML	Tier 5	QL (0.3 ML per 1 FILL); Age (Min 5 Years and Max 11 Years)
PFIZER COVID 2023-24(6MO-4Y)PF INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3 MCG/0.3 ML	Tier 5	AGE: 6 MONTHS TO 4 YEARS; QL (0.3 ML per 1 FILL)
SPIKEVAX 2023-2024(12Y UP)(PF) INTRAMUSCULAR SUSPENSION 50 MCG/0.5 ML	Tier 5	QL (0.5 ML per 1 FILL); Age (Min 12 Years)
SPIKEVAX 2023-2024(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	Tier 5	QL (0.5 ML per 1 FILL); Age (Min 12 Years)
Enteric Virus Vaccines		
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	Tier 3	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	Tier 3	
Gram (-) Bacilli (Non-Enteric) Vaccines		
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	Tier 3	
Gram Negative Cocci Vaccines		
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	Tier 3	
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	Tier 3	
Influenza Virus Vaccines		
AFLURIA QD 2023-24(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Tier 5	\$0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
AFLURIA QUAD 2023-2024(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	Tier 5	\$0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
FLUAD QUAD 2023-24(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Tier 5	\$0 COPAY IF QUANTITY IS 0.5, FILL OF 1 IN 180 DAYS, AND 65 YEARS OF AGE OR OLDER

Drug	Status	Notes
FLUARIX QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Tier 5	\$0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
FLUBLOK QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	Tier 5	\$0 COPAY IF QUANTITY IS 0.5, FILL OF 1 IN 180 DAYS AND 18 YEARS OF AGE OR OLDER
FLUCELVAX QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Tier 5	\$0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
FLUCELVAX QUAD 2023-2024 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	Tier 5	\$0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
FLULALVAL QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Tier 5	\$0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
FLUMIST QUAD 2023-2024 NASAL NASAL SPRAY SYRINGE 10EXP6.5- 7.5 FF UNIT/0.2 ML	Tier 5	\$0 COPAY IF QUANTITY IS 1 AND FILL OF 1 IN 180 DAYS
FLUZONE HIGHDOSE QUAD 23-24 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML	Tier 5	\$0 COPAY IF QUANTITY IS 0.7, FILL OF 1 IN 180 DAYS, AND 65 YEARS OF AGE OR OLDER
FLUZONE QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Tier 5	\$0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
FLUZONE QUAD 2023-2024 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	Tier 5	\$0 COPAY IF QUANTITY IS 0.5 AND FILL OF 1 IN 180 DAYS
Toxin-Producing Bacilli Vaccines/Toxoids		
VAXCHORA ACTIVE COMPONENT ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	Tier 3	
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	Tier 3	
Viral/Tumorigenic Vaccines		
ABRYSVO INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	Tier 3	
<i>adenovirus vac live type-4, 7 oral tablet,delayed release (dr/ec)</i>	Tier 3	
<i>adenovirus vaccine live type-4 oral tablet,delayed release (dr/ec)</i>	Tier 3	
<i>adenovirus vaccine live type-7 oral tablet,delayed release (dr/ec)</i>	Tier 3	

Drug	Status	Notes
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	Tier 3	
Immunosuppression/Modulation		
Immunomodulators		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	Tier 4	PA
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML	Tier 4	
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	Tier 4	PA; MO
<i>imiquimod topical cream in metered-dose pump 3.75 %</i> (Zyclara)	Tier 1	PA
<i>imiquimod topical cream in packet 3.75 %</i> (Zyclara)	Tier 1	PA
<i>imiquimod topical cream in packet 5 %</i>	Tier 1	QL (2 EA per 1 day)
QUIDROXZAR TOPICAL GEL 5-0.1-30 %	Tier 3	
QUIHOXAXIA TOPICAL GEL 5-1-2 % (imiquimod-levocetirizine-niacin)	Tier 3	
QUIHOXVAR TOPICAL GEL 5-0.05-1 % (imiquimod-tretinoin-levocetir)	Tier 3	
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 %	Tier 3	PA
Immunosuppressives		
ASTAGRAF XL ORAL CAPSULE, EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	Tier 3	MO; ST: Must meet the following requirement: generic Tacrolimus in 120 days
<i>azathioprine oral tablet 100 mg, 75 mg</i> (Azasan)	Tier 3	MO
<i>azathioprine oral tablet 50 mg</i> (Imuran)	Tier 3	MO
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i> (Gengraf)	Tier 1	MO
<i>cyclosporine modified oral capsule 50 mg</i>	Tier 1	MO
<i>cyclosporine modified oral solution 100 mg/ml</i> (Gengraf)	Tier 1	MO
<i>cyclosporine oral capsule 100 mg, 25 mg</i> (Sandimmune)	Tier 1	MO
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	Tier 3	MO; ST: Must meet the following requirement: generic Tacrolimus in 120 days
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i> (Zortress)	Tier 1	MO

Drug	Status	Notes
GENGRAF ORAL CAPSULE 100 MG, 25 MG (cyclosporine modified)	Tier 1	MO
GENGRAF ORAL SOLUTION 100 MG/ML (cyclosporine modified)	Tier 1	MO
LUPKYNIS ORAL CAPSULE 7.9 MG	Tier 4	PA; MO
<i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept)	Tier 1	MO
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept)	Tier 1	MO
<i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept)	Tier 1	MO
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i> (Myfortic)	Tier 1	MO
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	Tier 2	MO
SANDIMMUNE ORAL SOLUTION 100 MG/ML (cyclosporine)	Tier 2	MO
<i>sirolimus oral solution 1 mg/ml</i> (Rapamune)	Tier 1	MO
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i> (Rapamune)	Tier 1	MO
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	Tier 1	MO
Rho Kinase Inhibitor		
REZUROCK ORAL TABLET 200 MG	Tier 3	PA; MO
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 3	PA
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
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1	
cephalexin oral tablet 250 mg, 500 mg	Tier 1	
Cephalosporins - 2Nd Generation		
cefaclor oral capsule 250 mg, 500 mg	Tier 1	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	Tier 1	
cefaclor oral tablet extended release 12 hr 500 mg	Tier 1	
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1	
cefprozil oral tablet 250 mg, 500 mg	Tier 1	
cefuroxime axetil oral tablet 250 mg, 500 mg	Tier 1	
Cephalosporins - 3Rd Generation		
cefdinir oral capsule 300 mg	Tier 1	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1	
cefixime oral capsule 400 mg	Tier 1	
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	Tier 1	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	Tier 1	
cefpodoxime oral tablet 100 mg, 200 mg	Tier 1	
Chemotherapeutics, Antibacterial, Misc.		
fosfomycin tromethamine oral packet 3 gram	Tier 1	
methenamine hippurate oral tablet 1 gram (Hiprex)	Tier 1	
methenamine mandelate oral tablet 0.5 g, 1 gram	Tier 1	
methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg (Urogesic-Blue)	Tier 1	
PRIMSOL ORAL SOLUTION 50 MG/5 ML	Tier 2	
trimethoprim oral tablet 100 mg	Tier 1	
TRIMPEX ORAL SOLUTION 50 MG/5 ML	Tier 2	
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG	Tier 2	
URIBEL TABS ORAL TABLET 81.6-0.12-10.8 MG	Tier 3	

Drug	Status	Notes
URIMAR-T ORAL CAPSULE 120-10.8-40.8 MG	Tier 3	
URIMAR-T ORAL TABLET 120-10.8-0.12 MG	Tier 3	
URNEVA ORAL CAPSULE 120-10.8-40.8 MG	Tier 3	
URO-458 ORAL TABLET 81-10.8-40.8 MG	Tier 1	
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 4	PA
VOWST ORAL CAPSULE	Tier 3	PA
Macrolides		
azithromycin oral packet 1 gram (Zithromax)	Tier 1	
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml (Zithromax)	Tier 1	
azithromycin oral tablet 250 mg, 500 mg (Zithromax)	Tier 1	
azithromycin oral tablet 600 mg	Tier 1	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1	
clarithromycin oral tablet 250 mg, 500 mg	Tier 1	
clarithromycin oral tablet extended release 24 hr 500 mg	Tier 1	
DIFCID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	Tier 2	QL (10 ML per 1 day)
DIFCID ORAL TABLET 200 MG	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	
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml	Tier 1	
erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml	Tier 1	
erythromycin ethylsuccinate oral tablet 400 mg (EryPed 400)	Tier 1	
erythromycin ethylsuccinate oral tablet 400 mg (E.E.S. 400)	Tier 1	

Drug	Status	Notes
<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 (Ery-Tab) (dr/ec) 250 mg, 333 mg, 500 mg</i>	Tier 1	
Nitrofuran Derivatives		
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg (Macrodantin)</i>	Tier 1	
<i>nitrofurantoin macrocrystal oral capsule 25 mg (Macrodantin)</i>	Tier 1	QL (4 EA per 1 day)
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg (Macrobid)</i>	Tier 1	
<i>nitrofurantoin oral suspension 25 mg/5 ml (Furadantin)</i>	Tier 1	
<i>nitrofurantoin oral suspension 50 mg/5 ml</i>	Tier 1	
Oxazolidinones		
<i>linezolid oral suspension for reconstitution 100 mg/5 ml (Zyvox)</i>	Tier 1	
<i>linezolid oral tablet 600 mg (Zyvox)</i>	Tier 1	
<i>SIVEXTRO ORAL TABLET 200 MG</i>	Tier 2	ST: Must meet the following requirement: Linezolid 600mg tablets in 120 days; QL (6 EA per 6 days)
Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	Tier 1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	Tier 1	
<i>amoxicillin oral tablet,chewable 125 mg, 250 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml (Augmentin)</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml (Augmentin ES-600)</i>	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 (Augmentin)</i>	Tier 1	

Drug	Status	Notes
<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	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	Tier 3	ST: Must meet the following requirement: Amoxicillin/potassium Clavulanate in 120 days; QL (150 ML per 30 days)
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	Tier 1	
MOXATAG ORAL TABLET, ER (amoxicillin) MULTIPHASE 24 HR 775 MG	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
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	
FACTIVE ORAL TABLET 320 MG	Tier 3	
<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		
AVIDOXY DK KIT 100 MG-2 % -SPF 30	Tier 3	ST: Must meet the following requirement: Generic Doxycycline Monohydrate 100mg capsules in 120 days; QL (1 EA per 30 days)

Drug	Status	Notes
BENZODOX 30 KIT, CLEANSER ER AND TABLET 100-4.4 MG-%	Tier 3	ST: Must meet the following requirement: Generic Doxycycline Monohydrate 100mg capsules in 120 days; QL (1 EA per 30 days)
BENZODOX 60 KIT, CLEANSER ER AND TABLET 100-4.4 MG-%	Tier 3	ST: Must meet the following requirement: Generic Doxycycline Monohydrate 100mg capsules in 120 days; QL (1 EA per 30 days)
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	Tier 1	
DORYX MPC ORAL TABLET,DELAYED RELEASE (DR/EC) 60 MG	Tier 3	ST: Must meet any of the following requirements: Doxycycline Monohydrate or Hyclate 50mg/100mg IR tablets or capsules in 120 days; QL (2 EA per 1 day)
DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 80 MG (doxycycline hydiate)	Tier 3	ST: Must meet the following requirement: Generic Doxycycline Monohydrate 75mg tablets in 120 days; QL (2 EA per 1 day)
<i>doxycycline hydiate oral capsule 100 mg, (Morgidox) 50 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>doxycycline hydiate oral tablet 100 mg (LymePak)</i>	Tier 1	QL (2 EA per 1 day)
<i>doxycycline hydiate oral tablet 150 mg (Acticlate)</i>	Tier 1	ST: Must meet the following requirement: Generic Doxycycline Monohydrate 150mg tablets in 120 days; QL (2 EA per 1 day)
<i>doxycycline hydiate oral tablet 50 mg (Targadox)</i>	Tier 1	ST: Must meet any of the following requirements: Doxycycline Hydiate 50mg capsules or Doxycycline Monohydrate 50mg capsules or tablets in 120 days; QL (4 EA per 1 day)
<i>doxycycline hydiate oral tablet 75 mg (Acticlate)</i>	Tier 1	ST: Must meet the following requirement: Generic Doxycycline Monohydrate 75mg tablets in 120 days; QL (2 EA per 1 day)

Drug	Status	Notes
<i>doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg</i>	Tier 1	ST: Must meet any of the following requirements: Doxycycline Monohydrate or Hyclate 100mg tablets or capsules in 120 days; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet,delayed release (dr/ec) 150 mg</i>	Tier 1	ST: Must meet the following requirement: Generic Doxycycline Monohydrate 150mg tablets in 120 days; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet,delayed release (dr/ec) 200 mg</i> (Doryx)	Tier 1	ST: Must meet any of the following requirements: Doxycycline Monohydrate or Hyclate 100mg tablets or capsules in 120 days; QL (1 EA per 1 day)
<i>doxycycline hyclate oral tablet,delayed release (dr/ec) 50 mg</i>	Tier 1	ST: Must meet any of the following requirements: Doxycycline Hyclate 50mg tablets or Doxycycline Monohydrate 50mg capsules or tablets in 120 days; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet,delayed release (dr/ec) 75 mg</i>	Tier 1	ST: Must meet the following requirement: Generic Doxycycline Monohydrate 75mg tablets in 120 days; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet,delayed release (dr/ec) 80 mg</i> (Doryx)	Tier 1	ST: Must meet the following requirement: Generic Doxycycline Monohydrate 75mg tablets in 120 days; QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 100 mg</i> (Modoxyne NL)	Tier 1	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 150 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 50 mg</i> (Monodox)	Tier 1	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 75 mg</i> (Modoxyne NL)	Tier 1	ST: Must meet the following requirement: Generic Doxycycline Monohydrate 75mg tablets in 120 days; QL (2 EA per 1 day)

Drug	Status	Notes
<i>doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg</i> (Oracea)	Tier 1	ST: Must meet the following requirement: Generic Doxycycline Monohydrate 50mg capsules in 120 days; QL (1 EA per 1 day); Age (Min 18 Years)
<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, 50 mg, 75 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>minocycline oral capsule,extended release 24hr 135 mg, 45 mg, 90 mg</i> (Ximino)	Tier 1	ST: Must meet the following requirement: Generic immediate-release Minocycline in 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 55 mg, 65 mg, 80 mg</i> (Solodyn)	Tier 1	ST: Must meet the following requirement: Generic immediate-release Minocycline in 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
<i>minocycline oral tablet extended release 24 hr 135 mg, 45 mg, 90 mg</i>	Tier 1	ST: Must meet the following requirement: Generic immediate-release Minocycline in 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
<i>MONDOXYNE NL ORAL CAPSULE 100 MG</i> (doxycycline monohydrate)	Tier 1	QL (2 EA per 1 day)
<i>MONDOXYNE NL ORAL CAPSULE 75 MG</i> (doxycycline monohydrate)	Tier 1	ST: Must meet the following requirement: Generic Doxycycline Monohydrate 75mg tablets in 120 days; QL (2 EA per 1 day)

Drug	Status	Notes
MORGIDOX 1X 50 KIT 50 MG	Tier 3	ST: Must meet the following requirement: Generic Doxycycline Monohydrate 100mg capsules in 120 days; QL (1 EA per 30 days)
MORGIDOX 1X100 KIT 100 MG	Tier 3	ST: Must meet the following requirement: Generic Doxycycline Monohydrate 100mg capsules in 120 days; QL (1 EA per 30 days)
MORGIDOX 2X100 KIT 100 MG	Tier 3	ST: Must meet the following requirement: Generic Doxycycline Monohydrate 100mg capsules in 120 days; QL (1 EA per 30 days)
NUZYRA ORAL TABLET 150 MG	Tier 3	PA
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG	Tier 3	ST: Must meet any of the following requirements: Doryx Mpc, Doxycycline Hyclate, Doxycycline Monohydrate, Minocycline HCL, or Vibramycin in 120 days; QL (1 EA per 1 day); Age (Min 9 Years)
<i>tetracycline oral capsule 250 mg, 500 mg</i>	Tier 1	
XIMINO ORAL CAPSULE,EXTENDED RELEASE 24HR 135 MG, 45 MG, 90 MG	(minocycline) Tier 3	ST: Must meet the following requirement: Generic immediate-release Minocycline in 120 days; QL (1 EA per 1 day); Age (Min 12 Years)

Infectious Disease - Fungal

Antifungal Agents

<i>clotrimazole mucous membrane troche 10 mg</i>	Tier 1	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	Tier 3	PA
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	(Diflucan) Tier 1	
<i>fluconazole oral tablet 100 mg, 200 mg</i>	(Diflucan) Tier 1	
<i>fluconazole oral tablet 150 mg, 50 mg</i>	Tier 1	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	(Ancobon) Tier 1	
<i>itraconazole oral capsule 100 mg</i>	(Sporanox) Tier 1	

Drug	Status	Notes
<i>itraconazole oral solution 10 mg/ml</i> (Sporanox)	Tier 1	
<i>ketoconazole oral tablet 200 mg</i>	Tier 1	
<i>NOXAFL ORAL SUSP,DELAYED RELEASE FOR RECON 300 MG</i>	Tier 3	PA
<i>ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG</i>	Tier 3	
<i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i>	Tier 1	PA
<i>posaconazole oral tablet,delayed release (drlec) 100 mg</i>	Tier 1	PA
<i>terbinafine hcl oral tablet 250 mg</i>	Tier 1	
<i>TOLSURA ORAL CAPSULE, SOLID DISPERSION 65 MG</i>	Tier 3	PA
<i>VIVJOA ORAL CAPSULE 150 MG</i>	Tier 3	PA
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	Tier 1	
<i>voriconazole oral tablet 200 mg, 50 mg (Vfend)</i>	Tier 1	
Antifungal Antibiotics		
<i>BREXAFEMME ORAL TABLET 150 MG</i>	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		
<i>ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML</i>	Tier 4	PA
<i>neomycin oral tablet 500 mg</i>	Tier 1	
<i>TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG</i>	Tier 3	PA; MO
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	Tier 3	PA; MO
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	Tier 3	PA; MO
<i>tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml</i>	Tier 3	PA; MO
Antibacterial Agents,Miscellaneous		
<i>glycine urologic solution irrigation solution 1.5 %</i> (Glycine Urologic)	Tier 1	

Drug	Status	Notes
Antileprotics		
dapsone oral tablet 100 mg, 25 mg	Tier 1	MO
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	Tier 3	PA; MO
Anti-Mycobacterium Agents		
ethambutol oral tablet 100 mg	Tier 1	
ethambutol oral tablet 400 mg (Myambutol)	Tier 1	
isoniazid oral solution 50 mg/5 ml	Tier 1	
isoniazid oral tablet 100 mg, 300 mg	Tier 1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	Tier 3	
pyrazinamide oral tablet 500 mg	Tier 1	
rifabutin oral capsule 150 mg (Mycobutin)	Tier 1	
TRECATOR ORAL TABLET 250 MG	Tier 3	
Antitubercular Antibiotics		
cycloserine oral capsule 250 mg	Tier 1	
pretomanid oral tablet 200 mg	Tier 3	QL (1 EA per 1 day)
PRIFTIN ORAL TABLET 150 MG	Tier 3	
rifampin oral capsule 150 mg, 300 mg	Tier 1	
SIRTURO ORAL TABLET 100 MG, 20 MG	Tier 4	PA
Lincosamides		
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg (Cleocin HCl)	Tier 1	
clindamycin palmitate hcl oral recon soln 75 mg/5 ml (Clindamycin Pediatric)	Tier 1	
CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML (clindamycin palmitate hcl)	Tier 1	
Rifamycins And Related Derivative Antibiotics		
AEMCOLO ORAL TABLET,DELAYED RELEASE (DR/EC) 194 MG	Tier 3	ST: Must meet any of the following requirements: Azithromycin, Cipro, Ciprofloxacin HCL, Ciprofloxacin, Ciprofloxacin/ciprofloxacin HCL, Levofloxacin, or Ofloxacin in 120 days; QL (12 EA per 1 FILL)
XIFAXAN ORAL TABLET 200 MG	Tier 3	PA
XIFAXAN ORAL TABLET 550 MG	Tier 2	PA; MO
Vancomycin And Derivatives		
vancomycin oral capsule 125 mg (Vancocin)	Tier 1	QL (56 EA per 1 FILL)
vancomycin oral capsule 250 mg (Vancocin)	Tier 1	QL (112 EA per 1 FILL)

Drug	Status	Notes
vancomycin oral recon soln 25 mg/ml (Firvanq)	Tier 1	QL (300 ML per 1 FILL)
vancomycin oral recon soln 50 mg/ml (Firvanq)	Tier 1	QL (600 ML per 1 FILL)
Infectious Disease - Parasitic		
2Nd Gen. Anaerobic Antiprotozoal-Antibacterial		
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM	Tier 3	ST: Must meet 2 of the following requirements: Clindamycin HCL, Clindamycin Palmitate HCL, Clindamycin Phosphate, Metronidazole, or Tinidazole in 365 days; QL (1 EA per 30 days)
tinidazole oral tablet 250 mg, 500 mg	Tier 1	
Amebacides		
paromomycin oral capsule 250 mg (Humatin)	Tier 1	
Anaerobic Antiprotozoal-Antibacterial Agents		
LIKMEZ ORAL SUSPENSION 500 MG/5 ML	Tier 3	PA
metronidazole oral capsule 375 mg (Flagyl)	Tier 1	
metronidazole oral tablet 250 mg, 500 mg	Tier 1	
Anthelmintics		
albendazole oral tablet 200 mg	Tier 1	
EGATEN ORAL TABLET 250 MG	Tier 3	
EMVERM ORAL TABLET,CHEWABLE (mebendazole) 100 MG	Tier 2	PA
ivermectin oral tablet 3 mg (Stromectol)	Tier 1	
praziquantel oral tablet 600 mg (Biltricide)	Tier 1	
Antimalarial Drugs		
ARAKODA ORAL TABLET 100 MG	Tier 3	
atovaquone-proguanil oral tablet 250-100 mg (Malarone)	Tier 1	
atovaquone-proguanil oral tablet 62.5-25 mg (Malarone Pediatric)	Tier 1	
chloroquine phosphate oral tablet 250 mg	Tier 1	QL (36 EA per 16 days)
chloroquine phosphate oral tablet 500 mg	Tier 1	QL (18 EA per 16 days)
COARTEM ORAL TABLET 20-120 MG	Tier 3	
hydroxychloroquine oral tablet 100 mg	Tier 1	MO; QL (180 EA per 30 days)
hydroxychloroquine oral tablet 200 mg (Plaquenil)	Tier 1	MO; QL (100 EA per 30 days)

Drug	Status	Notes
hydroxychloroquine oral tablet 300 mg, 400 mg	Tier 1	MO; QL (60 EA per 30 days)
KRINTAFEL ORAL TABLET 150 MG	Tier 2	QL (2 EA per 1 FILL)
mefloquine oral tablet 250 mg	Tier 1	
primaquine oral tablet 26.3 mg	Tier 2	
pyrimethamine oral tablet 25 mg (Daraprim)	Tier 3	PA
quinine sulfate oral capsule 324 mg (Qualaquin)	Tier 1	
Antiparasitics		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	Tier 3	QL (50 ML per 1 day)
nitazoxanide oral tablet 500 mg (Alinia)	Tier 1	QL (2 EA per 1 day)
Antiprotozoal Drugs,Miscellaneous		
atovaquone oral suspension 750 mg/5 ml	Tier 1	
benznidazole oral tablet 100 mg, 12.5 mg	Tier 1	
IMPAVIDO ORAL CAPSULE 50 MG	Tier 2	PA
LAMPIT ORAL TABLET 120 MG, 30 MG	Tier 3	
pentamidine inhalation recon soln 300 mg	Tier 1	MO
Infectious Disease - Viral		
Antiretroviral - Capsid Inhibitors		
SUNLENCA ORAL TABLET 300 MG	Tier 2	PA
Antiretroviral-Integrase Inhibitor And Nnrti Comb.		
JULUCA ORAL TABLET 50-25 MG	Tier 2	MO; QL (1 EA per 1 day)
Antiretroviral-Integrase Inhibitor And Nrty Comb.		
DOVATO ORAL TABLET 50-300 MG	Tier 2	MO; QL (1 EA per 1 day)
Antiretroviral- Nucleoside,Nucleotide,Protease inh.		
SYMTUZA ORAL TABLET 800-150-200- 10 MG	Tier 2	MO; QL (1 EA per 1 day)
Antiviral - Main Protease (Mpro) Inhibitor		
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG	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, 50 MG/0.5 ML	Tier 3	

Drug	Status	Notes
Antiviral Nucleotide Analogs		
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	Tier 1	QL (40 EA per 29 days); Age (Min 18 Years)
Antivirals, General		
acyclovir oral capsule 200 mg	Tier 1	MO
acyclovir oral suspension 200 mg/5 ml (Zovirax)	Tier 1	MO
acyclovir oral tablet 400 mg, 800 mg	Tier 1	MO
famciclovir oral tablet 125 mg, 250 mg, 500 mg	Tier 1	MO
LIVTENCITY ORAL TABLET 200 MG	Tier 3	PA
oseltamivir oral capsule 30 mg (Tamiflu)	Tier 1	QL (40 EA per 180 days)
oseltamivir oral capsule 45 mg, 75 mg (Tamiflu)	Tier 1	QL (20 EA per 180 days)
oseltamivir oral suspension for reconstitution 6 mg/ml (Tamiflu)	Tier 1	QL (360 ML per 180 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG	Tier 3	PA
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	Tier 3	QL (40 EA per 180 days)
ribavirin inhalation recon soln 6 gram (Virazole)	Tier 1	
rimantadine oral tablet 100 mg (Flumadine)	Tier 1	
TEMBEXA ORAL SUSPENSION 10 MG/ML	Tier 2	
TEMBEXA ORAL TABLET 100 MG	Tier 2	
TPOXX (NATIONAL STOCKPILE) ORAL CAPSULE 200 MG	Tier 2	
valacyclovir oral tablet 1 gram, 500 mg (Valtrex)	Tier 1	MO
valganciclovir oral recon soln 50 mg/ml (Valcyte)	Tier 1	MO
valganciclovir oral tablet 450 mg (Valcyte)	Tier 1	MO
XOFLUZA ORAL TABLET 20 MG, 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		
APTVUS ORAL CAPSULE 250 MG	Tier 2	MO; QL (4 EA per 1 day)
darunavir oral tablet 600 mg (Prezista)	Tier 1	MO; QL (2 EA per 1 day)
darunavir oral tablet 800 mg (Prezista)	Tier 1	MO; QL (1 EA per 1 day)
PREZCOBIX ORAL TABLET 800-150 MG-MG	Tier 3	MO; QL (1 EA per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML	Tier 2	MO; QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	Tier 2	MO; QL (8 EA per 1 day)
PREZISTA ORAL TABLET 75 MG	Tier 2	MO; QL (16 EA per 1 day)

Drug	Status	Notes
Antivirals, Hiv-Spec, Nucleoside-Nucleotide Analog		
CIMDUO ORAL TABLET 300-300 MG	Tier 2	MO; QL (1 EA per 1 day)
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	Tier 2	\$0 COPAY IF NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; MO; QL (1 EA per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	Tier 1	MO; QL (1 EA per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	Tier 5	MO; \$0 COPAY IF QUANTITY 1 IN 1 DAY 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 600-300 mg</i>	Tier 1	MO; QL (1 EA per 1 day)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	Tier 1	MO; QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Ccr5 Co-Receptor Antag.		
<i>maraviroc oral tablet 150 mg</i>	Tier 1	MO; QL (2 EA per 1 day)
<i>maraviroc oral tablet 300 mg</i>	Tier 1	MO; QL (4 EA per 1 day)
SELZENTRY ORAL SOLUTION 20 MG/ML	Tier 2	MO; QL (31 ML per 1 day)
SELZENTRY ORAL TABLET 25 MG	Tier 2	MO; QL (4 EA per 1 day)
SELZENTRY ORAL TABLET 75 MG	Tier 2	MO; QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Cd4 Attachment Inhibitor		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	Tier 2	PA; MO
Antivirals, Hiv-Specific, Fusion Inhibitors		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	Tier 2	MO; QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Non-Nucleoside, Rti		
EDURANT ORAL TABLET 25 MG	Tier 2	MO; QL (1 EA per 1 day)
<i>efavirenz oral tablet 600 mg</i>	Tier 1	MO
<i>etravirine oral tablet 100 mg</i>	Tier 1	MO; QL (4 EA per 1 day)
<i>etravirine oral tablet 200 mg</i>	Tier 1	MO; QL (2 EA per 1 day)
INTELENCE ORAL TABLET 25 MG	Tier 2	MO; QL (4 EA per 1 day)

Drug	Status	Notes
<i>nevirapine oral suspension 50 mg/5 ml</i>	Tier 1	MO; QL (1200 ML per 30 days)
<i>nevirapine oral tablet 200 mg</i>	Tier 1	MO; QL (2 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	Tier 1	MO; QL (3 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	Tier 1	MO; QL (1 EA per 1 day)
PIFELTRO ORAL TABLET 100 MG	Tier 3	MO; QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Nucleoside Analog, Rti		
<i>abacavir oral solution 20 mg/ml (Ziagen)</i>	Tier 1	MO; QL (960 ML per 30 days)
<i>abacavir oral tablet 300 mg</i>	Tier 1	MO; QL (2 EA per 1 day)
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	Tier 1	MO; QL (1 EA per 1 day)
<i>emtricitabine oral capsule 200 mg (Emtriva)</i>	Tier 5	MO; \$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML	Tier 2	MO; QL (850 ML per 30 days)
<i>lamivudine oral solution 10 mg/ml (Epivir)</i>		
<i>lamivudine oral tablet 150 mg (Epivir)</i>	Tier 1	MO; QL (960 ML per 30 days)
<i>lamivudine oral tablet 300 mg (Epivir)</i>	Tier 1	MO; QL (1 EA per 1 day)
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	MO; QL (2 EA per 1 day)
<i>zidovudine oral capsule 100 mg (Retrovir)</i>	Tier 1	MO; QL (6 EA per 1 day)
<i>zidovudine oral syrup 10 mg/ml (Retrovir)</i>	Tier 1	MO; QL (1920 ML per 30 days)
<i>zidovudine oral tablet 300 mg</i>	Tier 1	MO; QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Nucleotide Analog, Rti		
<i>tenofovir disoproxil fumarate oral tablet (Viread) 300 mg</i>	Tier 5	MO; \$0 COPAY IF QUANTITY 1 IN 1 DAY 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	MO; QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Tier 2	MO; QL (1 EA per 1 day)

Drug	Status	Notes
Antivirals, Hiv-Specific, Protease Inhibitor Comb		
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)	Tier 1	MO; QL (480 ML per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra)	Tier 1	MO; QL (10 EA per 1 day)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra)	Tier 1	MO; QL (4 EA per 1 day)
Antivirals, Hiv-Specific, Protease Inhibitors		
<i>atazanavir oral capsule 150 mg</i>	Tier 1	MO; QL (2 EA per 1 day)
<i>atazanavir oral capsule 200 mg</i> (Reyataz)	Tier 1	MO; QL (2 EA per 1 day)
<i>atazanavir oral capsule 300 mg</i> (Reyataz)	Tier 1	MO; QL (1 EA per 1 day)
<i>EVOTAZ ORAL TABLET 300-150 MG</i>	Tier 2	MO; QL (1 EA per 1 day)
<i>fosamprenavir oral tablet 700 mg</i>	Tier 1	MO; QL (4 EA per 1 day)
<i>LEXIVA ORAL SUSPENSION 50 MG/ML</i>	Tier 2	MO; QL (1800 ML per 30 days)
<i>NORVIR ORAL POWDER IN PACKET 100 MG</i>	Tier 2	MO; QL (12 EA per 1 day)
<i>REYATAZ ORAL POWDER IN PACKET 50 MG</i>	Tier 2	MO; QL (5 EA per 1 day)
<i>ritonavir oral tablet 100 mg</i> (Norvir)	Tier 1	MO; QL (12 EA per 1 day)
<i>VIRACEPT ORAL TABLET 250 MG, 625 MG</i>	Tier 2	MO
Antivirals,Hiv-1 Integrase Strand Transfer Inhibtr		
<i>ISENTRESS HD ORAL TABLET 600 MG</i>	Tier 2	MO; QL (2 EA per 1 day)
<i>ISENTRESS ORAL POWDER IN PACKET 100 MG</i>	Tier 2	MO; QL (2 EA per 1 day)
<i>ISENTRESS ORAL TABLET 400 MG</i>	Tier 2	MO; QL (2 EA per 1 day)
<i>ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG</i>	Tier 2	MO; QL (6 EA per 1 day)
<i>TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG</i>	Tier 2	MO; QL (2 EA per 1 day)
<i>TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG</i>	Tier 2	MO; QL (6 EA per 1 day)
<i>VOCABRIA ORAL TABLET 30 MG</i>	Tier 2	QL (1 EA per 1 day); Age (Min 12 Years)
Arv Cmb Nucleoside,Nucleotide,&Non-Nucleoside Rti		
<i>COMPLERA ORAL TABLET 200-25-300 MG</i>	Tier 3	MO; QL (1 EA per 1 day)
<i>DELSTRIGO ORAL TABLET 100-300-300 MG</i>	Tier 3	MO; QL (1 EA per 1 day)
<i>efavirenz-emtricitabin-tenofovir oral tablet (Atripla) 600-200-300 mg</i>	Tier 1	MO; QL (1 EA per 1 day)

Drug	Status	Notes
efavirenz-lamivu-tenofovir disop oral tablet 400-300-300 mg (Symfi Lo)	Tier 1	MO; QL (1 EA per 1 day)
efavirenz-lamivu-tenofovir disop oral tablet 600-300-300 mg (Symfi)	Tier 1	MO; QL (1 EA per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG	Tier 2	MO; 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	MO; QL (1 EA per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG	Tier 2	MO; QL (1 EA per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG	Tier 2	MO; QL (1 EA per 1 day)
Arv Comb-Nrtis & Integrase Inhibitor		
TRIUMEQ ORAL TABLET 600-50-300 MG	Tier 2	MO; QL (1 EA per 1 day)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	Tier 2	MO; QL (6 EA per 1 day)
Cytochrome P450 Inhibitors		
TYBOST ORAL TABLET 150 MG	Tier 2	MO; QL (1 EA per 1 day)
Hep C - Ns5a, Ns3/4A, Nucleotide Ns5b Inhib Combo		
VOSEVI ORAL TABLET 400-100-100 MG	Tier 3	PA
Hep C Virus - Ns5a & Ns5b Polymerase Inhib. Combo.		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG	Tier 3	PA
EPCLUSA ORAL TABLET 200-50 MG	Tier 3	PA
EPCLUSA ORAL TABLET 400-100 MG (sofosbuvir-velpatasvir)	Tier 3	PA
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG	Tier 3	PA
HARVONI ORAL TABLET 45-200 MG	Tier 3	PA
HARVONI ORAL TABLET 90-400 MG (ledipasvir-sofosbuvir)	Tier 3	PA
Hep C Virus,Nucleotide Analog Ns5b Polymerase Inh		
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG	Tier 4	PA
SOVALDI ORAL TABLET 200 MG, 400 MG	Tier 4	PA
Hepatitis B Treatment Agents		
adefovir oral tablet 10 mg (Hepsera)	Tier 3	QL (1 EA per 1 day)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	Tier 3	MO; QL (630 ML per 30 days)

Drug	Status	Notes
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	Tier 3	MO; QL (1 EA per 1 day)
<i>lamivudine oral tablet 100 mg</i>	Tier 1	MO; QL (1 EA per 1 day)
VEMLIDY ORAL TABLET 25 MG	Tier 3	MO; ST: Must meet the following requirement: Tenofovir 300mg in 120 days; QL (1 EA per 1 day)
Hepatitis C Treatment Agents		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Tier 3	PA
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	Tier 3	PA
<i>ribavirin oral capsule 200 mg</i>	Tier 1	
<i>ribavirin oral tablet 200 mg</i>	Tier 1	
Hepatitis C Virus - Ns5a, Ns3/4A, Ns5b Inhib Cmb.		
VIEKIRA PAK ORAL TABLETS,DOSE PACK 12.5 MG-75 MG -50 MG/250 MG	Tier 4	PA
Hepatitis C Virus- Ns5a And Ns3/4A Inhibitor Comb		
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	Tier 4	PA
MAVYRET ORAL TABLET 100-40 MG	Tier 4	PA
ZEPATIER ORAL TABLET 50-100 MG	Tier 4	PA
Inflammatory Disease		
Anti-Arthritic And Chelating Agents		
CUPRIMINE ORAL CAPSULE 250 MG (penicillamine)	Tier 4	PA; MO
D-PENAMINE ORAL TABLET 125 MG	Tier 3	PA; MO
<i>penicillamine oral capsule 250 mg</i> (Cuprimine)	Tier 3	PA; MO
<i>penicillamine oral tablet 250 mg</i> (Depen Titratabs)	Tier 3	PA; MO
Anti-Arthritic, Folate Antagonist Agents		
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML	Tier 2	MO; QL (1.6 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML	Tier 3	MO; ST: Must meet the following requirement: Otrexup in 120 days; QL (0.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 12.5 MG/0.25 ML	Tier 3	MO; ST: Must meet the following requirement: Otrexup in 120 days; QL (1 ML per 28 days)

Drug	Status	Notes
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 15 MG/0.3 ML	Tier 3	MO; ST: Must meet the following requirement: Otrexup in 120 days; QL (1.2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 17.5 MG/0.35 ML	Tier 3	MO; ST: Must meet the following requirement: Otrexup in 120 days; QL (1.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 20 MG/0.4 ML	Tier 3	MO; ST: Must meet the following requirement: Otrexup in 120 days; QL (1.6 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 22.5 MG/0.45 ML	Tier 3	MO; ST: Must meet the following requirement: Otrexup in 120 days; QL (1.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 25 MG/0.5 ML	Tier 3	MO; ST: Must meet the following requirement: Otrexup in 120 days; QL (2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 30 MG/0.6 ML	Tier 3	MO; ST: Must meet the following requirement: Otrexup in 120 days; QL (2.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 7.5 MG/0.15 ML	Tier 3	MO; ST: Must meet the following requirement: Otrexup in 120 days; QL (0.6 ML per 28 days)
Anti-Flam. Interleukin-1 Receptor Antagonist		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	Tier 4	PA; MO
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	Tier 4	PA; MO
Anti-Inflammatory Tumor Necrosis Factor Inhibitor		
ABRILADA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 4	PA; MO
ABRILADA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML	Tier 4	PA; MO
<i>adalimumab-aacf subcutaneous pen injector kit 40 mg/0.8 ml</i>	Tier 3	PA; MO
<i>adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml</i>	Tier 3	PA; MO
<i>adalimumab-adaz subcutaneous syringe 40 mg/0.4 ml</i>	Tier 3	PA; MO

Drug		Status	Notes
adalimumab-adbm subcutaneous pen injector kit 40 mg/0.8 ml	(adalimumab-adbm(CF) pen Crohns)	Tier 3	PA; MO
adalimumab-adbm subcutaneous syringe kit 10 mg/0.2 ml, 20 mg/0.4 ml, 40 mg/0.8 ml	(Cyltezo(CF))	Tier 3	PA; MO
ADALIMUMAB-ADBM(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	(adalimumab-adbm)	Tier 3	PA; MO
ADALIMUMAB-ADBM(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	(adalimumab-adbm)	Tier 3	PA; MO
adalimumab-fkjp subcutaneous pen injector kit 40 mg/0.8 ml	(Hulio(CF) Pen)	Tier 3	PA; MO
adalimumab-fkjp subcutaneous syringe kit 20 mg/0.4 ml, 40 mg/0.8 ml	(Hulio(CF))	Tier 3	PA; MO
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML		Tier 4	PA; MO
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML		Tier 3	PA; MO
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML		Tier 3	PA; MO
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 20 MG/0.2 ML, 40 MG/0.4 ML		Tier 4	PA; MO
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)		Tier 3	PA; MO
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)		Tier 3	PA; MO
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)		Tier 3	PA; MO
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	(adalimumab-adbm)	Tier 3	PA; MO
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	(adalimumab-adbm)	Tier 3	PA; MO
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	(adalimumab-adbm)	Tier 3	PA; MO
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	(adalimumab-adbm)	Tier 3	PA; MO
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)		Tier 3	PA; MO

Drug	Status	Notes
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	Tier 3	PA; MO
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	Tier 3	PA; MO
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	Tier 3	PA; MO
HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	Tier 4	PA; MO
HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	Tier 4	PA; MO
HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML	Tier 4	PA; MO
HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	Tier 4	PA; MO
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 3	PA; MO
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 3	PA; MO
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 3	PA; MO
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	Tier 3	PA; MO
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	Tier 3	PA; MO
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	Tier 3	PA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Tier 3	PA
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Tier 3	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	Tier 3	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	Tier 3	PA; MO
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Tier 3	PA

Drug	Status	Notes
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	Tier 3	PA; MO
HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	Tier 3	PA; MO
HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR 80MG/0.8ML(X1)- 40 MG/0.4ML(X2)	Tier 3	PA
HYRIMOZ PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.8 ML	Tier 3	PA; MO
HYRIMOZ SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	Tier 3	PA; MO
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML	Tier 3	PA; MO
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML- 40 MG/0.4 ML	Tier 3	PA
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	Tier 3	PA; MO
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML, 20 MG/0.2 ML	Tier 3	PA; MO
IDACIO(CF) PEN CROHN-UC STARTR (adalimumab-aacf) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 4	PA; MO
IDACIO(CF) PEN PSORIASIS START (adalimumab-aacf) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 4	PA; MO
IDACIO(CF) PEN SUBCUTANEOUS (adalimumab-aacf) PEN INJECTOR KIT 40 MG/0.8 ML	Tier 4	PA; MO
IDACIO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	Tier 4	PA; MO
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	Tier 3	PA; MO
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	Tier 3	PA; MO
YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	Tier 4	PA; MO
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML	Tier 4	PA; MO
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	Tier 4	PA; MO
YUSIMRY(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.8 ML	Tier 4	PA; MO

Drug	Status	Notes
Anti-Inflammatory, Pyrimidine Synthesis Inhibitor		
LEFLUNICLO KIT,GEL AND TABLET 20 MG- 1 %	Tier 3	
<i>leflunomide oral tablet 10 mg, 20 mg (Arava)</i>	Tier 1	MO
Anti-Inflammatory,Phosphodiesterase-4(Pde4) Inhib.		
OTEZLA ORAL TABLET 30 MG	Tier 3	PA; MO
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	Tier 3	PA
Anti-Inflammatory/Antiarthritis Agents, Misc.		
DUROLANE INTRA-ARTICULAR SYRINGE 60 MG/3 ML	Tier 3	PA
EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML(MW 2.4 -3.6 MILLION)	Tier 2	PA
GEL-ONE INTRA-ARTICULAR SYRINGE 30 MG/3 ML	Tier 3	PA
GELSYN-3 INTRA-ARTICULAR SYRINGE 16.8 MG/2 ML	Tier 3	PA
GENVISC 850 INTRA-ARTICULAR SYRINGE 10 MG/ML (sodium hyaluronate (viscosup))	Tier 3	PA
HYALGAN INTRA-ARTICULAR SOLUTION 10 MG/ML	Tier 3	PA
HYALGAN INTRA-ARTICULAR SYRINGE 10 MG/ML (sodium hyaluronate (viscosup))	Tier 3	PA
HYMOVIS INTRA-ARTICULAR SYRINGE 24 MG/3 ML	Tier 3	PA
MONOVISC INTRA-ARTICULAR SYRINGE 88 MG/4 ML	Tier 3	PA
ORTHOVISC INTRA-ARTICULAR SYRINGE 30 MG/2 ML	Tier 3	PA
SUPARTZ FX INTRA-ARTICULAR SYRINGE 10 MG/ML (sodium hyaluronate (viscosup))	Tier 3	PA
SYNOJOYNT INTRA-ARTICULAR SYRINGE 10 MG/ML (sodium hyaluronate (viscosup))	Tier 3	PA
SYNVISC INTRA-ARTICULAR SYRINGE 16 MG/2 ML	Tier 2	PA
SYNVISC-ONE INTRA-ARTICULAR SYRINGE 48 MG/6 ML	Tier 2	PA
TRILURON INTRA-ARTICULAR SYRINGE 10 MG/ML (sodium hyaluronate (viscosup))	Tier 3	PA

Drug	Status	Notes
TRIVISC INTRA-ARTICULAR SYRINGE 10 MG/ML (sodium hyaluronate (viscosup))	Tier 3	PA
VISCO-3 INTRA-ARTICULAR SYRINGE 10 MG/ML (sodium hyaluronate (viscosup))	Tier 3	PA
Antinflammatory, Sel.Costim.Mod.,T-Cell Inhibitor		
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-Injector 125 MG/ML	Tier 4	PA; MO
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	Tier 4	PA; MO
Bradykinin B2 Receptor Antagonists		
<i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Sajazir)	Tier 3	PA
SAJAZIR SUBCUTANEOUS SYRINGE 30 MG/3 ML (icatibant)	Tier 3	PA
C1 Esterase Inhibitors		
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	Tier 4	PA; MO
BERINERT INTRAVENOUS RECON SOLN 500 UNIT (10 ML)	Tier 4	PA; MO
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	Tier 4	PA; MO
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	Tier 4	PA; MO
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT	Tier 4	PA
Glucocorticoids		
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG	Tier 4	PA; MO
<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: Must meet the following requirement: Balsalazide Disodium in 120 days
<i>cortisone oral tablet 25 mg</i>	Tier 1	
DEXABLISS ORAL TABLETS,DOSE PACK 1.5 MG (39 TABS)	Tier 1	ST: Must meet the following requirement: generic Dexamethasone 1.5mg tablets in 120 days
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	Tier 3	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	Tier 1	

Drug	Status	Notes
dexamethasone oral solution 0.5 mg/5 ml	Tier 1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	Tier 1	
dexamethasone oral tablets,dose pack 1.5 mg (21 tabs) (TaperDex)	Tier 1	ST: Must meet the following requirement: generic Dexamethasone 1.5mg tablets in 120 days
dexamethasone oral tablets,dose pack 1.5 mg (35 tabs), 1.5 mg (51 tabs)	Tier 1	ST: Must meet the following requirement: generic Dexamethasone 1.5mg tablets in 120 days
DEXONTO IONTOPHORETIC SOLUTION 0.4 %	Tier 3	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	Tier 4	PA; MO
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG	Tier 4	PA; MO
HEMADY ORAL TABLET 20 MG	Tier 3	QL (2 EA per 1 day)
hydrocortisone oral tablet 10 mg, 20 mg, (Cortef) 5 mg	Tier 1	MO
MEDROL ORAL TABLET 2 MG	Tier 2	
methylprednisolone oral tablet 16 mg, 4 mg, 8 mg (Medrol)	Tier 1	
methylprednisolone oral tablet 32 mg	Tier 1	
methylprednisolone oral tablets,dose pack 4 mg (Medrol (Pak))	Tier 1	
ORTIKOS ORAL CAPSULE, EXTENDED RELEASE 6 MG, 9 MG	Tier 3	PA
prednisolone oral solution 15 mg/5 ml	Tier 1	
prednisolone oral tablet 5 mg (Millipred)	Tier 1	ST: Must meet 2 of the following requirements: Methylprednisolone, Prednisolone, or Prednisone in 365 days
prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml)	Tier 1	
prednisolone sodium phosphate oral solution 20 mg/5 ml (4 mg/ml) (Veripred 20)	Tier 1	
prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml) (Pediapred)	Tier 1	
prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg (Orapred ODT)	Tier 1	

Drug	Status	Notes
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	
RAYOS ORAL TABLET,DELAYED RELEASE (DR/EC) 1 MG, 2 MG, 5 MG	Tier 3	PA
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 100 MG/2 ML	Tier 3	
SOLU-CORTEF INJECTION RECON SOLN 100 MG	Tier 3	
TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (21 TABS)	Tier 1	ST: Must meet the following requirement: generic Dexamethasone 1.5mg tablets in 120 days
TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (27 TABS), 1.5 MG (49 TABS)	Tier 1	ST: Must meet the following requirement: generic Dexamethasone 1.5mg tablets in 120 days
TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC) 4 MG	Tier 4	PA
ZCORT ORAL TABLETS,DOSE PACK 1.5 MG (25 TABS)	Tier 3	ST: Must meet the following requirement: generic Dexamethasone 1.5mg tablets in 120 days
Gold Salts		
RIDAURA ORAL CAPSULE 3 MG	Tier 3	MO
Hypertrichotic Agents, Systemic/Incl. Combinations		
LITFULO ORAL CAPSULE 50 MG	Tier 4	PA; MO
Immunomodulator,B-Lymphocyte Stim(Blys)-Spec Inhib		
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	Tier 4	PA; MO
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	Tier 4	PA; MO
Interleukin-6 (IL-6) Receptor Inhibitors		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	Tier 4	PA; MO
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	Tier 4	PA; MO
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	Tier 4	PA; MO

Drug	Status	Notes
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	Tier 4	PA; MO
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	Tier 4	PA; MO
Janus Kinase (Jak) Inhibitors		
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	Tier 4	PA; MO
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	Tier 4	PA; MO
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	Tier 3	PA; MO
XELJANZ ORAL SOLUTION 1 MG/ML	Tier 3	PA; MO
XELJANZ ORAL TABLET 10 MG, 5 MG	Tier 3	PA; MO
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	Tier 3	PA; MO
Mineralocorticoids		
<i>fludrocortisone oral tablet 0.1 mg</i>	Tier 1	MO
Monoclonal Antibody-Human Interleukin 12/23 Inhib		
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	Tier 3	PA; MO
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	Tier 3	PA; MO
Nasal Nsaids, Cox Non- Selective, Systemic Analgesic		
<i>ketorolac nasal spray, non-aerosol 15.75 (Sprix) mg/spray</i>	Tier 1	ST: Must meet the following requirement: Generic nonsteroidal anti- inflammatory in 120 days; QL (5 EA per 30 days)
SPRIX NASAL SPRAY, NON-AEROSOL (ketorolac) 15.75 MG/SPRAY	Tier 3	ST: Must meet the following requirement: Generic nonsteroidal anti- inflammatory in 120 days; QL (5 EA per 30 days)
Nsaid & Histamine H2 Receptor Antagonist Comb.		
<i>ibuprofen-famotidine oral tablet 800-26.6 (Duexis) mg</i>	Tier 1	MO; ST: Must meet the following requirement: Generic prescription strength Ibuprofen 400, 600, or 800mg in 120 days; QL (3 EA per 1 day)

Drug	Status	Notes
Nsaid & Topical Irritant Counter-Irritant Comb.		
INFLAMMACIN KIT 75 MG- 0.025 %	Tier 3	
INFATHERM(DICLOFENAC-MENTHOL) KIT, GEL AND TABLET DELAY REL 75 MG-3 %- 3 %	Tier 3	
NAPROTIN KIT 500 MG- 0.025 %	Tier 3	
NUDICLO TABPAK KIT 75 MG- 0.025 %	Tier 3	
NUDROXIPAK DSDR-50 KIT, LIQUID AND TABLET DEL REL 50 MG-0.025 %- 25 %-6 %	Tier 3	
NUDROXIPAK DSDR-75 KIT, LIQUID AND TABLET DEL REL 75 MG-0.025 %- 25 %-6 %	Tier 3	
NUDROXIPAK E-400 KIT, LIQUID AND TABLET 400 MG-0.025 %- 25 %-6 %	Tier 3	
NUDROXIPAK I-800 KIT, LIQUID AND TABLET 800 MG-0.025 %- 25 %-6 %	Tier 3	
NUDROXIPAK N-500 KIT, LIQUID AND TABLET 500 MG-0.025 %- 25 %-6 %	Tier 3	
Nsaid, Cox Inhibitor-Type & Proton Pump Inhib Comb		
naproxen-esomeprazole oral tablet,ir,delayed rel,biphasic 375-20 mg, 500-20 mg	(Vimovo)	Tier 1 MO; ST: Must meet any of the following requirements: Generic Naproxen in 120 days
Nsaids (Cox Non-Specific Inhib)& Prostaglandin Cmb		
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg	(Arthrotec 50)	Tier 1
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg	(Arthrotec 75)	Tier 1
Nsaids, Cyclooxygenase 2 Inhibitor - Type		
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	(Celebrex)	Tier 1 MO
Nsaids, Cyclooxygenase Inhibitor-Type		
diclofenac potassium oral capsule 25 mg	(Zipsor)	Tier 1 ST: Must meet any of the following requirements: Diclo Gel, Diclofenac Sodium, Diclofenac Sodium/misoprostol, Diclofono, Diclozor, or Pennsaid in 120 days; QL (4 EA per 1 day)

Drug		Status	Notes
<i>diclofenac potassium oral tablet 25 mg</i>	(Lofena)	Tier 1	QL (8 EA per 1 day)
<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	
<i>diclofenac submicronized oral capsule 35 mg</i>	(Zorvolex)	Tier 1	ST: Must meet any of the following requirements: Diclo Gel, Diclofenac Sodium, Diclofona, Diclozor, or Pennsaid in 120 days; QL (3 EA per 1 day)
EC-NAPROXEN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG, 500 MG	(naproxen)	Tier 1	MO
<i>etodolac oral capsule 200 mg, 300 mg</i>		Tier 1	MO
<i>etodolac oral tablet 400 mg</i>	(Lodine)	Tier 1	MO
<i>etodolac oral tablet 500 mg</i>		Tier 1	MO
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>		Tier 1	MO
<i>fenoprofen oral capsule 200 mg</i>		Tier 1	
<i>fenoprofen oral capsule 400 mg</i>	(Nalfon)	Tier 1	
<i>fenoprofen oral tablet 600 mg</i>	(Nalfon)	Tier 1	
<i>flurbiprofen oral tablet 100 mg</i>		Tier 1	
IBU ORAL TABLET 400 MG, 600 MG, 800 MG	(ibuprofen)	Tier 1	MO
IBUPAK ORAL KIT 600 MG		Tier 3	
<i>ibuprofen oral suspension 100 mg/5 ml</i>	(Children's Advil)	Tier 1	MO
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	(IBU)	Tier 1	MO
INDOCIN ORAL SUSPENSION 25 MG/5 ML	(indomethacin)	Tier 3	PA
INDOCIN RECTAL SUPPOSITORY 50 MG	(indomethacin)	Tier 3	
<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>indomethacin rectal suppository 50 mg</i>	(Indocin)	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	

Drug	Status	Notes
ketorolac injection solution 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml)	Tier 1	
ketorolac injection syringe 15 mg/ml, 30 mg/ml	Tier 1	
ketorolac intramuscular solution 60 mg/2 ml	Tier 1	
ketorolac intramuscular syringe 60 mg/2 ml	Tier 1	
ketorolac oral tablet 10 mg	Tier 1	QL (20 EA per 5 days)
LOFENA ORAL TABLET 25 MG (diclofenac potassium)	Tier 1	QL (8 EA per 1 day)
meclofenamate oral capsule 100 mg, 50 mg	Tier 1	
mefenamic acid oral capsule 250 mg	Tier 1	
meloxicam oral suspension 7.5 mg/5 ml	Tier 1	MO
meloxicam oral tablet 15 mg, 7.5 mg	Tier 1	MO
meloxicam submicronized oral capsule 10 mg, 5 mg (Vivlodex)	Tier 1	MO; ST: Must meet 2 of the following requirements: Diclofenac Potassium, Diclofenac Sodium, or Meloxicam in 365 days; QL (1 EA per 1 day)
nabumetone oral tablet 500 mg, 750 mg	Tier 1	
naproxen oral suspension 125 mg/5 ml (Naprosyn)	Tier 1	MO
naproxen oral tablet 250 mg, 375 mg	Tier 1	MO
naproxen oral tablet 500 mg (Naprosyn)	Tier 1	MO
naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg (EC-Naproxen)	Tier 1	MO
naproxen sodium oral tablet 275 mg	Tier 1	MO
naproxen sodium oral tablet 550 mg (Anaprox DS)	Tier 1	MO
naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg, 750 mg (Naprelan CR)	Tier 1	MO
oxaprozin oral tablet 600 mg (Daypro)	Tier 1	
piroxicam oral capsule 10 mg, 20 mg (Feldene)	Tier 1	
RELAFEN DS ORAL TABLET 1,000 MG	Tier 3	ST: Must meet the following requirement: Nabumetone tablets in 120 days; QL (2 EA per 1 day); Age (Min 18 Years)
sulindac oral tablet 150 mg, 200 mg	Tier 1	
TIVORBEX ORAL CAPSULE 20 MG (indomethacin submicronized)	Tier 3	ST: Must meet the following requirement: Indomethacin capsules in 120 days; QL (3 EA per 1 day)

Drug	Status	Notes
<i>tolmetin oral capsule 400 mg</i>	Tier 1	
<i>tolmetin oral tablet 600 mg</i>	Tier 1	
ZORVOLEX ORAL CAPSULE 18 MG	Tier 3	ST: Must meet any of the following requirements: Diclo Gel, Diclofenac Sodium, Diclofona, Diclozor, or Pennsaid in 120 days; QL (3 EA per 1 day)
ZORVOLEX ORAL CAPSULE 35 MG (diclofenac submicronized)	Tier 3	ST: Must meet any of the following requirements: Diclo Gel, Diclofenac Sodium, Diclofona, Diclozor, or Pennsaid in 120 days; QL (3 EA per 1 day)
Nsaids,Cox-2 Sel.Inhib.(Syst)-Top.Irritant Ctr-Irr		
NUDROXIPAK KIT, LIQUID AND CAPSULE 200 MG-0.025 %- 25 %-6 %	Tier 3	
Plasma Kallikrein Inhibitors		
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	Tier 4	PA; MO
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	Tier 4	PA; MO
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)	Tier 4	PA; MO
Local Anesthesia		
Local Anesthetics		
ACCUCAINE KIT KIT 10 MG/ML (1 %)	Tier 3	
<i>bupivacaine in nacl(pf) epidural solution 0.125 % (1,250 mcg/ml)</i>	Tier 1	
<i>bupivacaine in nacl(pf) epidural syringe 25 mg/10 ml (2.5mg/ml)0.25%</i>	Tier 1	
GLYDO MUCOUS MEMBRANE JELLY (lidocaine hcl) IN APPLICATOR 2 %	Tier 1	
KOVANAZE NASAL NASAL SPRAY SYRINGE 6-0.1 MG/0.2 ML	Tier 3	
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i>	Tier 1	
<i>lidocaine hcl mucous membrane solution (Lidocaine Viscous) 2 %</i>	Tier 1	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	Tier 1	

Drug	Status	Notes
LIDOCAINE VISCOS MUCOUS MEMBRANE SOLUTION 2 % (lidocaine hcl)	Tier 1	
LIDOMARK 1-5 KIT 10 MG/ML (1 %)	Tier 3	
LIDOMARK 2-5 KIT 20 MG/ML (2 %)	Tier 3	
<i>ropivacaine (pf)-nacl,iso-osm epidural solution 0.2 % (2 mg/ml)</i>	Tier 1	
<i>ropivacaine(pf)-0.9 % sodchlor epidural prefilled pump reservoir 0.2 % (2 mg/ml)</i>	Tier 1	
<i>ropivacaine(pf)-0.9 % sodchlor epidural solution 0.15 %, 0.2 %</i>	Tier 1	
Periodontal Anesthetics		
ORAQIX DENTAL CARTRIDGE 2.5-2.5 %	Tier 3	
Lower Gastrointestinal Disorders - Bowel Inflamm		
Chronic Inflam. Colon Dx, 5-A- Salicylat,Rectal Tx		
<i>mesalamine rectal enema 4 gram/60 ml (Rowasa)</i>	Tier 1	MO
<i>mesalamine rectal suppository 1,000 mg (Canasa)</i>	Tier 1	MO
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml (Rowasa)</i>	Tier 1	MO
Drug Tx-Chronic Inflam. Colon Dx,5- Aminosalicylat		
<i>balsalazide oral capsule 750 mg (Colazal)</i>	Tier 1	
DIPENTUM ORAL CAPSULE 250 MG	Tier 3	MO; ST: Must meet the following requirements: Mesalamine in 120 days
<i>mesalamine oral capsule (with del rel tablets) 400 mg (Delzicol)</i>	Tier 1	MO
<i>mesalamine oral capsule, extended release 500 mg (Pentasa)</i>	Tier 1	MO
<i>mesalamine oral capsule,extended release 24hr 0.375 gram (Apriso)</i>	Tier 1	MO
<i>mesalamine oral tablet,delayed release (dr/ec) 1.2 gram (Lialda)</i>	Tier 1	MO
<i>mesalamine oral tablet,delayed release (dr/ec) 800 mg (Azulfidine)</i>	Tier 1	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	Tier 2	MO
<i>sulfasalazine oral tablet 500 mg (Azulfidine)</i>	Tier 1	MO
<i>sulfasalazine oral tablet,delayed release (dr/ec) 500 mg (Azulfidine EN-tabs)</i>	Tier 1	MO

Drug	Status	Notes
Hemorrhoidal Prep, Anti-Infam Steroid/Local Anest		
ANA-LEX KIT RECTAL KIT 2-2 % (lidocaine-hydrocortisone-aloe)		
hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %	(Analpram-HC)	Tier 1
hydrocortisone-pramoxine rectal cream 2.5-1 % (4g)	(Analpram-HC Singles)	Tier 1
hydrocortisone-pramoxine rectal suppository 25-18 mg		Tier 1
lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %		Tier 1
lidocaine hcl-hydrocortison ac rectal gel 3 %-2.5 % (7 gram)		Tier 1
lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram), 3-0.5 %, 3-1 % (7 gram)		Tier 1
lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %		Tier 1
lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)		Tier 1
PROCORT RECTAL CREAM 1.85-1.15 %		Tier 3
PROCTOFOAM HC RECTAL FOAM 1-1 %		Tier 2
ZYPRAM RECTAL KIT,CREAM AND TOWELETTE 2.35-1 %		Tier 3
Ibs Agents,Mixed Opioid Recep Agonists/Antagonists		
VIBERZI ORAL TABLET 100 MG, 75 MG	Tier 3	PA; MO
Integrin Receptor Antagonist, Monoclonal Antibody		
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML	Tier 4	MO
Irritable Bowel Agents,Guanylate Cylase-C Agonist		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	Tier 2	MO; QL (1 EA per 1 day)
TRULANCE ORAL TABLET 3 MG	Tier 3	MO; ST: Must meet the following requirements: Linzess and Lubiprostone in 365 days; QL (1 EA per 1 day)

Drug	Status	Notes
Local Anorectal Nitrate Preparations		
RECTIV RECTAL OINTMENT 0.4 % (W/W)	Tier 3	
Rectal Preparations		
ANUCORT-HC RECTAL SUPPOSITORY 25 MG (hydrocortisone acetate)	Tier 1	
hydrocortisone acetate rectal suppository 25 mg (Anucort-HC)	Tier 1	
hydrocortisone acetate rectal suppository 30 mg (Hemmorex-HC)	Tier 1	
Rectal/Lower Bowel Prep.,Glucocort. (Non-Hemorr)		
budesonide rectal foam 2 mg/actuation (Uceris)	Tier 1	
CORTIFOAM RECTAL FOAM 10 % (80 MG)	Tier 3	
hydrocortisone rectal enema 100 mg/60 ml (Cortenema)	Tier 1	
Lower Gastrointestinal Disorders - Other		
Ammonia Inhibitors		
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG (carglumic acid)	Tier 4	PA; MO
carglumic acid oral tablet, dispersible 200 mg (Carbaglu)	Tier 3	PA; MO
ENULOSE ORAL SOLUTION 10 GRAM/15 ML (lactulose)	Tier 1	MO
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 4	PA; MO
PHEBURANE ORAL GRANULES 483 MG/GRAM	Tier 4	PA; MO
RAVICTI ORAL LIQUID 1.1 GRAM/ML	Tier 4	PA; MO
sodium phenylbutyrate oral powder 0.94 gram/gram (Buphenyl)	Tier 3	PA; MO
sodium phenylbutyrate oral tablet 500 mg (Buphenyl)	Tier 3	PA; MO
Antidiarrheal - G.I. Chloride Channel Inhibitors		
MYTESI ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG	Tier 2	ST: Must meet the following requirement: Antiretrovirals in 120 days; QL (2 EA per 1 day)

Drug	Status	Notes
Antidiarrheal - Tryptophan Hydroxylase Inhibitor		
XERMELO ORAL TABLET 250 MG	Tier 3	PA
Antidiarrheals		
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml	Tier 1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg (Lomotil)	Tier 1	
loperamide oral capsule 2 mg (Anti-Diarrheal (loperamide))	Tier 1	MO
MOTOFEN ORAL TABLET 1-0.025 MG	Tier 3	ST: Must meet the following requirement: Diphenoxylate HCL/Atropine in 120 days; QL (8 EA per 1 day)
opium tincture oral tincture 10 mg/ml (morphine)	Tier 1	
Bile Salts		
CHENODAL ORAL TABLET 250 MG	Tier 4	PA
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	Tier 4	PA; MO
RELTONE ORAL CAPSULE 200 MG, 400 MG (ursodiol)	Tier 3	PA; MO
ursodiol oral capsule 200 mg, 400 mg (Reltone)	Tier 1	PA; MO
ursodiol oral capsule 300 mg	Tier 1	MO
ursodiol oral tablet 250 mg (URSO 250)	Tier 1	MO
ursodiol oral tablet 500 mg (URSO Forte)	Tier 1	MO
Farnesoid X Receptor (Fxr) Agonist, Bile Ac Analog		
OCALIVA ORAL TABLET 10 MG, 5 MG	Tier 3	PA; MO
IBS Agents, Sodium-Hydrogen Exchanger 3(Nhe3) Inhib		
IBSRELA ORAL TABLET 50 MG	Tier 3	PA; MO
Ileal Bile Acid Transporter (Ibat) Inhibitor		
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG	Tier 4	PA; MO
BYLVAY ORAL PELLET 200 MCG, 600 MCG	Tier 4	PA; MO
LIVMARLI ORAL SOLUTION 9.5 MG/ML	Tier 4	PA; MO
Irritable Bowel Synd. Agent, 5Ht-3 Antagonist-Type		
alosetron oral tablet 0.5 mg, 1 mg (Lotronex)	Tier 1	

Drug	Status	Notes
Irritable Bowel Synd. Agent,5Ht-4 Partial Agonist		
ZELNORM ORAL TABLET 6 MG	Tier 3	ST: Must meet the following requirements: Linzess and Lubiprostone in 365 days; QL (2 EA per 1 day); Age (Max 64 Years)
Laxatives And Cathartics		
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 ML	Tier 5	\$0 COPAY IF QUANTITY IS 320, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (320 ML per 1 FILL)
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML	Tier 5	\$0 COPAY IF QUANTITY IS 350, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (350 ML per 1 FILL)
CONSTULOSE ORAL SOLUTION 10 (lactulose) GRAM/15 ML	Tier 1	MO
GAVILYTE-C ORAL RECON SOLN 240- (peg 3350-electrolytes) 22.72-6.72 -5.84 GRAM	Tier 5	\$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (4000 ML per 1 FILL)
GAVILYTE-G ORAL RECON SOLN 236- (peg 3350-electrolytes) 22.74-6.74 -5.86 GRAM	Tier 5	\$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (4000 ML per 1 FILL)
KRISTALOSE ORAL PACKET 10 (lactulose) GRAM	Tier 3	MO; ST: Must meet the following requirement: Generic Lactulose solution in 120 days; QL (3 EA per 1 day)
KRISTALOSE ORAL PACKET 20 GRAM	Tier 3	MO; ST: Must meet the following requirement: Generic Lactulose solution in 120 days; QL (2 EA per 1 day)
<i>lactulose oral packet 10 gram</i> (Kristalose)	Tier 1	MO; ST: Must meet the following requirement: Generic Lactulose solution in 120 days; QL (3 EA per 1 day)
<i>lactulose oral solution 10 gram/15 ml</i> (Constulose)	Tier 1	MO
<i>lactulose oral solution 10 gram/15 ml (15 ml)</i>	Tier 1	MO

Drug	Status	Notes
<i>lubiprostone oral capsule 24 mcg, 8 mcg (Amitiza)</i>	Tier 1	MO; QL (2 EA per 1 day)
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram (GaviLyte-G)</i>	Tier 5	\$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND 45 TO 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 (MoviPrep)</i>	Tier 5	\$0 COPAY IF QUANTITY IS 1, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (1 EA per 1 FILL)
<i>peg-electrolyte soln oral recon soln 420 gram</i>	Tier 5	\$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (4000 ML per 1 FILL)
PLENU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	Tier 5	ST: Must meet the following requirement: Sutab, Clenpiq, or generic bowel prep in 120 days; \$0 COPAY IF QUANTITY IS 3, FILL OF 2 IN 365 DAYS, AND 45 TO 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 (Suprep Bowel Prep Kit)</i>	Tier 5	\$0 COPAY IF QUANTITY IS 354, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (354 ML per 1 FILL)
SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 GRAM	Tier 5	ST: Must meet the following requirement: Sutab, Clenpiq, or generic bowel prep in 120 days; \$0 COPAY IF QUANTITY IS 1, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (2 EA per 1 FILL)
SUTAB ORAL TABLET 1.479-0.188-0.225 GRAM	Tier 5	\$0 COPAY IF QUANTITY IS 24, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (24 EA per 1 FILL)
Narcotic Antagonists, Peripherally-Acting		
<i>alvimopan oral capsule 12 mg (Entereg)</i>	Tier 1	
<i>ENTEREG ORAL CAPSULE 12 MG (alvimopan)</i>	Tier 3	
<i>MOVANTIK ORAL TABLET 12.5 MG, 25 MG</i>	Tier 2	QL (1 EA per 1 day)

Drug	Status	Notes
RELISTOR ORAL TABLET 150 MG	Tier 3	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	Tier 3	PA
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	Tier 3	PA
SYMPROIC ORAL TABLET 0.2 MG	Tier 3	ST: Must meet the following requirement: Movantik in 120 days; QL (1 EA per 1 day)
Sbs - Glucagon-Like Peptide-2 (Glp-2) Analogs		
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	Tier 3	PA; MO
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	Tier 3	PA; MO
Medical Supplies		
Blood Administration Sets		
IVENIX BLOOD PRODUCT ADMIN SET BLOOD ADMINISTRATION SET	Tier 3	
Durable Medical Equipment,Misc(Group 1)		
ACCU-CHEK FASTCLIX LANCET (lancets) DRUM	Tier 6	MO
ACCU-CHEK SAFE-T-PRO 23 GAUGE	Tier 6	MO
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE	Tier 6	MO
ACCU-CHEK SOFTCLIX LANCETS (lancets)	Tier 6	MO
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE	Tier 6	MO
ACTI-LANCE LANCETS 28 GAUGE (lancets)	Tier 6	MO
ADVANCED TRAVEL LANCETS 28 (lancets) GAUGE	Tier 6	MO
ADVOCATE LANCET 26 GAUGE, 30 (lancets) GAUGE	Tier 6	MO
ALTERNATE SITE LANCET 26 GAUGE (lancets)	Tier 6	MO
ASSURE HAEMOLANCE PLUS 1.2 MM, 18 GAUGE, 25 GAUGE	Tier 6	MO
ASSURE HAEMOLANCE PLUS 21 (lancets) GAUGE, 28 GAUGE	Tier 6	MO
ASSURE LANCE 25 GAUGE	Tier 6	MO
ASSURE LANCE 28 GAUGE (lancets)	Tier 6	MO
ASSURE LANCE PLUS 21 GAUGE, 30 (lancets) GAUGE	Tier 6	MO
ASSURE LANCE PLUS 25 GAUGE	Tier 6	MO

Drug	Status	Notes
BD MICROTAINER LANCET 1.5 X 2 MM	Tier 6	MO
BD MICROTAINER LANCET 21 (lancets) GAUGE, 30 GAUGE	Tier 6	MO
BULLSEYE MINI SAFETY LANCETS 21 (lancets) GAUGE, 28 GAUGE	Tier 6	MO
BULLSEYE MINI SAFETY LANCETS 25 GAUGE	Tier 6	MO
BUTTERFLY TOUCH LANCET 30 (lancets) GAUGE	Tier 6	MO
CAREONE ULTRA THIN LANCET (lancets)	Tier 6	MO
CARESENS LANCETS 30 GAUGE (lancets)	Tier 6	MO
CARETOUCH SAFETY LANCETS 26 (lancets) GAUGE, 28 GAUGE	Tier 6	MO
CARETOUCH TWIST LANCET 28 (lancets) GAUGE, 30 GAUGE, 33 GAUGE	Tier 6	MO
CLEVER CHEK LANCETS 30 GAUGE (lancets)	Tier 6	MO
COAGUCHEK LANCETS (lancets)	Tier 6	MO
COLOR LANCETS 21 GAUGE (lancets)	Tier 6	MO
COMFORT EZ LANCETS 21 GAUGE, 28 GAUGE (lancets)	Tier 6	MO
COMFORT EZ LANCETS 23 GAUGE	Tier 6	MO
COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE (lancets)	Tier 6	MO
COMFORT TOUCH ULT THIN LANCETS 31 GAUGE	Tier 6	MO
DROPLET LANCETS 30 GAUGE (lancets)	Tier 6	MO
EASY COMFORT LANCETS 30 GAUGE (lancets)	Tier 6	MO
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 6	MO
EASY TOUCH LANCETS 32 GAUGE	Tier 6	MO
EASY TOUCH SAFETY LANCETS 21 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 6	MO
EASY TOUCH SAFETY LANCETS 23 GAUGE, 32 GAUGE	Tier 6	MO
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 6	MO
EASY TOUCH TWIST LANCETS 32 GAUGE	Tier 6	MO
EASY TWIST AND CAP LANCETS 28 GAUGE (lancets)	Tier 6	MO
EMBRACE LANCETS 30 GAUGE (lancets)	Tier 6	MO

Drug		Status	Notes
EMBRACE SAFETY LANCET 21 GAUGE, 28 GAUGE	(lancets)	Tier 6	MO
E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 33 GAUGE	(lancets)	Tier 6	MO
E-Z JECT LANCETS 32 GAUGE		Tier 6	MO
E-Z JECT THIN LANCETS 28 GAUGE	(lancets)	Tier 6	MO
EZ SMART LANCETS 28 GAUGE	(lancets)	Tier 6	MO
FIFTY50 SAFETY SEAL LANCETS 30 GAUGE	(lancets)	Tier 6	MO
FIFTY50 SAFETY SEAL LANCETS 32 GAUGE		Tier 6	MO
FINGERSTIX LANCETS	(lancets)	Tier 6	MO
FORACARE LANCETS 30 GAUGE	(lancets)	Tier 6	MO
FREESTYLE LANCETS 28 GAUGE	(lancets)	Tier 6	MO
FREESTYLE UNISTIK 2	(lancets)	Tier 6	MO
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	(lancets)	Tier 6	MO
GOJJI LANCETS 30 GAUGE	(lancets)	Tier 6	MO
HEALTHY ACCENTS UNILET LANCET 30 GAUGE	(lancets)	Tier 6	MO
INCONTROL SUPER THIN LANCETS 30 GAUGE	(lancets)	Tier 6	MO
INCONTROL ULTRA THIN LANCETS 28 GAUGE	(lancets)	Tier 6	MO
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE	(lancets)	Tier 6	MO
INVACARE LANCETS 30 GAUGE	(lancets)	Tier 6	MO
<i>lancets</i>	(Accu-Chek Fastclix Lancet Drum)	Tier 6	MO
<i>lancets 21 gauge</i>	(Assure Lance Plus)	Tier 6	MO
<i>lancets 26 gauge, 30 gauge</i>	(Advocate Lancet)	Tier 6	MO
<i>lancets 28 gauge</i>	(Acti-Lance Lancets)	Tier 6	MO
<i>lancets 33 gauge</i>	(CareTouch Twist Lancet)	Tier 6	MO
LANCETS, SUPER THIN	(lancets)	Tier 6	MO
LANCETS,THIN , 28 GAUGE	(lancets)	Tier 6	MO
LANCETS,ULTRA THIN	(lancets)	Tier 6	MO
LITE TOUCH LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	(lancets)	Tier 6	MO
MEDISENSE THIN LANCETS 28 GAUGE	(lancets)	Tier 6	MO
MEDLANCE PLUS LANCETS 21 GAUGE, 30 GAUGE	(lancets)	Tier 6	MO
MEDLANCE PLUS LANCETS 25 GAUGE		Tier 6	MO

Drug	Status	Notes
MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM	Tier 6	MO
MICRO THIN LANCETS 33 GAUGE (lancets)	Tier 6	MO
MICROLET LANCET (lancets)	Tier 6	MO
MOBILE LANCETS 30 GAUGE (lancets)	Tier 6	MO
MONOLET LANCETS 21 GAUGE (lancets)	Tier 6	MO
MONOLET THIN LANCETS 28 GAUGE (lancets)	Tier 6	MO
MYGLUCOHEALTH LANCETS 30 GAUGE (lancets)	Tier 6	MO
NOVA SAFETY LANCETS 23 GAUGE	Tier 6	MO
NOVA SAFETY LANCETS 28 GAUGE (lancets)	Tier 6	MO
NOVA SUREFLEX LANCETS (lancets)	Tier 6	MO
ON CALL LANCET 30 GAUGE (lancets)	Tier 6	MO
ON CALL PLUS LANCET 30 GAUGE (lancets)	Tier 6	MO
ONETOUCH DELICA LANCETS 30 GAUGE, 33 GAUGE (lancets)	Tier 6	MO
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE (lancets)	Tier 6	MO
ONETOUCH DELICA SAFETY LANCET 30 GAUGE (lancets)	Tier 6	MO
ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE (lancets)	Tier 6	MO
ON-THE-GO LANCETS 30 GAUGE (lancets)	Tier 6	MO
PIP LANCET 28 GAUGE, 30 GAUGE (lancets)	Tier 6	MO
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE (lancets)	Tier 6	MO
PRO COMFORT LANCET 30 GAUGE (lancets)	Tier 6	MO
PRO COMFORT LANCET 31 GAUGE	Tier 6	MO
PRO COMFORT SAFETY LANCET 30 GAUGE (lancets)	Tier 6	MO
PRODIGY LANCETS 26 GAUGE, 28 GAUGE (lancets)	Tier 6	MO
PRODIGY TWIST TOP LANCET 28 GAUGE (lancets)	Tier 6	MO
PURE COMFORT LANCETS 30 GAUGE (lancets)	Tier 6	MO
PURE COMFORT SAFETY LANCETS 30 GAUGE (lancets)	Tier 6	MO
PUSH BUTTON SAFETY LANCETS 21 GAUGE, 28 GAUGE (lancets)	Tier 6	MO
READYLANCE SAFETY LANCETS 21 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 6	MO

Drug	Status	Notes
READYLANCE SAFETY LANCETS 23 GAUGE	Tier 6	MO
RELIAMED LANCET 23 GAUGE	Tier 6	MO
RELIAMED LANCET 28 GAUGE, 30 (lancets) GAUGE	Tier 6	MO
RELIAMED SAFETY SEAL LANCETS (lancets) 28 GAUGE, 30 GAUGE	Tier 6	MO
RELIAMED TWIST AND CAP LANCET (lancets) 28 GAUGE	Tier 6	MO
RIGHTEST GL300 LANCETS 30 (lancets) GAUGE	Tier 6	MO
SAFETY LANCETS 21 GAUGE, 28 (lancets) GAUGE	Tier 6	MO
SAFETY SEAL LANCETS 28 GAUGE, (lancets) 30 GAUGE	Tier 6	MO
SAFETY-LET LANCETS 30 GAUGE (lancets)	Tier 6	MO
SINGLE-LET (lancets)	Tier 6	MO
SMART SENSE LANCETS 21 GAUGE, (lancets) 26 GAUGE, 33 GAUGE	Tier 6	MO
SMARTEST LANCET (lancets)	Tier 6	MO
SOFT TOUCH LANCETS (lancets)	Tier 6	MO
SOLUS V2 LANCETS 28 GAUGE, 30 (lancets) GAUGE	Tier 6	MO
STERILANCE TL 30 GAUGE (lancets)	Tier 6	MO
STERILANCE TL 32 GAUGE	Tier 6	MO
SUPER THIN LANCETS 28 GAUGE, 30 (lancets) GAUGE	Tier 6	MO
SURE COMFORT LANCETS 18 GAUGE, 23 GAUGE	Tier 6	MO
SURE COMFORT LANCETS 21 (lancets) GAUGE, 28 GAUGE, 30 GAUGE	Tier 6	MO
SURE-LANCE , 26 GAUGE, 28 GAUGE (lancets)	Tier 6	MO
SURE-LANCE ULTRA THIN 30 GAUGE (lancets)	Tier 6	MO
SURE-TOUCH LANCET (lancets)	Tier 6	MO
TECHLITE LANCETS 25 GAUGE	Tier 6	MO
TECHLITE LANCETS 26 GAUGE, 28 (lancets) GAUGE, 30 GAUGE	Tier 6	MO
TEL CARE LANCETS 30 GAUGE (lancets)	Tier 6	MO
TEMPO REFILL KIT WITH GAUZE KIT	Tier 6	MO
THIN LANCETS 26 GAUGE (lancets)	Tier 6	MO
TOPCARE UNIVERSAL1 LANCET , 33 (lancets) GAUGE	Tier 6	MO
TRUE COMFORT LANCET 30 GAUGE (lancets)	Tier 6	MO

Drug		Status	Notes
TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	(lancets)	Tier 6	MO
TWIST LANCETS 30 GAUGE	(lancets)	Tier 6	MO
TWIST LANCETS 32 GAUGE		Tier 6	MO
ULTILET BASIC LANCETS 30 GAUGE	(lancets)	Tier 6	MO
ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE	(lancets)	Tier 6	MO
ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	(lancets)	Tier 6	MO
ULTILET SAFETY LANCETS 23 GAUGE		Tier 6	MO
ULTRA FINE LANCETS 30 GAUGE	(lancets)	Tier 6	MO
ULTRA THIN II LANCETS 30 GAUGE	(lancets)	Tier 6	MO
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE	(lancets)	Tier 6	MO
ULTRA THIN LANCETS 31 GAUGE		Tier 6	MO
ULTRA THIN PLUS LANCETS 33 GAUGE	(lancets)	Tier 6	MO
ULTRA TLC LANCETS	(lancets)	Tier 6	MO
ULTRA-CARE LANCETS 30 GAUGE	(lancets)	Tier 6	MO
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE	(lancets)	Tier 6	MO
ULTRA-THIN II LANCETS 28 GAUGE	(lancets)	Tier 6	MO
UNILET COMFORTOUCH LANCET , 26 GAUGE	(lancets)	Tier 6	MO
UNILET GP LANCET	(lancets)	Tier 6	MO
UNILET LANCET 28 GAUGE, 33 GAUGE	(lancets)	Tier 6	MO
UNILET LANCETS 30 GAUGE	(lancets)	Tier 6	MO
UNILET SUPER THIN LANCETS 30 GAUGE	(lancets)	Tier 6	MO
UNISTIK 3 EXTRA LANCET 21 GAUGE	(lancets)	Tier 6	MO
UNISTIK 3 GENTLE 30 GAUGE	(lancets)	Tier 6	MO
UNISTIK COMFORT LANCETS 28 GAUGE	(lancets)	Tier 6	MO
UNISTIK CZT LANCET 23 GAUGE		Tier 6	MO
UNISTIK CZT LANCET 28 GAUGE	(lancets)	Tier 6	MO
UNISTIK EXTRA LANCETS 21 GAUGE	(lancets)	Tier 6	MO
UNISTIK NORMAL LANCETS 23 GAUGE		Tier 6	MO
UNISTIK PRO LANCET 21 GAUGE, 28 GAUGE	(lancets)	Tier 6	MO
UNISTIK PRO LANCET 25 GAUGE		Tier 6	MO

Drug		Status	Notes
UNISTIK SAFETY 28 GAUGE, 30 GAUGE	(lancets)	Tier 6	MO
UNISTIK TOUCH LANCETS 21 GAUGE, 28 GAUGE, 30 GAUGE	(lancets)	Tier 6	MO
UNISTIK TOUCH LANCETS 23 GAUGE		Tier 6	MO
UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE	(lancets)	Tier 6	MO
VERIFINE SAFETY LANCET MINI 21 GAUGE, 28 GAUGE, 30 GAUGE	(lancets)	Tier 6	MO
VERIFINE SAFETY LANCET MINI 23 GAUGE		Tier 6	MO
VERIFINE UNIVERSAL LANCET 28 GAUGE	(lancets)	Tier 6	MO
VIVAGUARD LANCET 30 GAUGE	(lancets)	Tier 6	MO
Incontinence Supplies			
TENS CARE ITOUCH SURE VAGINAL DEVICE		Tier 3	
Syringes And Accessories			
ADVOCATE SYRINGES SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	Tier 6	MO
ALLERGIST TRAY 1/2 ML 27GX3/8" SYRINGE 1/2 ML 27 GAUGE X 3/8"		Tier 3	
ALLERGIST TRAY INTRADERMAL BEV SYRINGE 1 ML 26 GAUGE X 1/2", 1 ML 27 GAUGE X 3/8"		Tier 3	
ALLERGIST TRAY INTRADERMAL BEV SYRINGE 1 ML 26 GAUGE X 3/8"	(tuberculin-allergy syringes)	Tier 3	
ALLERGIST TRAY REGULAR BEVEL SYRINGE 1 ML 27 GAUGE X 3/8"		Tier 3	
ALLERGY SYRINGE SYRINGE 1 ML 27 GAUGE X 3/8", 1 ML 27 X 1/2"		Tier 3	
AQINJECT 3.0 LOCK SYRINGE SYRINGE 3 ML	(syringe (disposable))	Tier 3	
AQINJECT LUER LOCK SYRINGE SYRINGE 10 ML		Tier 3	
AQINJECT LUER LOCK SYRINGE SYRINGE 20 ML, 5 ML	(syringe (disposable))	Tier 3	
AQINJECT SAFETY SYRINGE SYRINGE 1 ML 23 GAUGE X 1", 1 ML 25 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1"		Tier 3	

Drug	Status	Notes
ASSURE ID INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64"	Tier 6	MO
BD ALLERGIST TRAY REG BEVEL SYRINGE 1 ML 27 X 1/2"	Tier 3	
BD ALLERGIST TRAY REG BEVEL TRAY 1/2 ML 27 X 1/2"	Tier 3	
BD ALLERGY SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2"	Tier 3	
BD BLUNT PLASTIC CANNULA SYRINGE 17 X 3 ML	Tier 3	
BD BULK SYRINGE SLIP TIP SYRINGE 1 ML	Tier 3	
BD BULK SYRINGE SLIP TIP SYRINGE (syringe (disposable)) 5 ML	Tier 3	
BD ECCENTRIC TIP SYRINGE SYRINGE 10 ML	Tier 3	
BD ECLIPSE LUER-LOK SYRINGE 1 ML 27 X 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 X 5/8"	Tier 3	
BD ECLIPSE LUER-LOK SYRINGE 1 (insulin syringe-needle u-ML 30 GAUGE X 1/2" 100)	Tier 6	MO
BD INSULIN SYRINGE (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 5/16"	Tier 6	MO
BD INSULIN SYRINGE MICRO-FINE (insulin syringe-needle u-SYRINGE 1 ML 28 GAUGE X 1/2" 100)	Tier 6	MO
BD INSULIN SYRINGE SYRINGE 0.3 (insulin syringe-needle u-ML 29 GAUGE X 1/2", 0.5 ML 29 100) GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 6	MO
BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64"	Tier 6	
BD INSULIN SYRINGE ULTRA-FINE (insulin syringe-needle u-SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 100) ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	Tier 6	MO
BD INTEGRA SYRINGE SYRINGE 3 ML (syringe with needle) 21 GAUGE X 1 1/2"	Tier 3	
BD INTEGRA SYRINGE SYRINGE 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8"	Tier 3	

Drug	Status	Notes
BD INTERLINK BLUNT PLASTIC CAN SYRINGE 17 X 5 ML	Tier 3	
BD INTERLINK SYRINGE SYRINGE 17 X 10 ML	Tier 3	
BD LO-DOSE MICRO-FINE IV SYRINGE 1/2 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	Tier 6	MO
BD LUER-LOK BULK SYRINGE SYRINGE 20 ML (syringe (disposable))	Tier 3	
BD LUER-LOK SYRINGE SYRINGE 1 ML, 1 ML 20 GAUGE X 1", 10 ML, 10 ML 20 X 1 1/2", 10 ML 20 X 1", 10 ML 21 GAUGE X 1", 10 ML 21 X 1 1/2", 3 ML 18 X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/2", 3 ML 25 X 5/8", 3 ML 26 X 5/8", 5 ML 20 X 1 1/2", 5 ML 20 X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 50 ML	Tier 3	
BD LUER-LOK SYRINGE SYRINGE 20 ML, 3 ML, 5 ML (syringe (disposable))	Tier 3	
BD LUER-LOK SYRINGE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1 1/2" (syringe with needle)	Tier 3	
BD LUER-LOK TIP CONTROL SYRINGE SYRINGE 10 ML	Tier 3	
BD SAFETYGLIDE ALLERGIST TRAY SYRINGE 1 ML 26 GAUGE X 3/8" (tuberculin-allergy syringes)	Tier 3	
BD SAFETYGLIDE ALLERGIST TRAY SYRINGE 1 ML 27 X 1/2"	Tier 3	
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64"	Tier 6	MO
BD SAFETYGLIDE SHIELDING REG SYRINGE 1 ML 25 GAUGE X 5/8", 3 ML 21 GAUGE X 1 1/2"	Tier 3	
BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8"	Tier 6	MO
BD SAFETYGLIDE SYRINGE SYRINGE 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8"	Tier 3	
BD SAFETYGLIDE TB REG BEVEL SYRINGE 1 ML 27 X 1/2"	Tier 3	

Drug		Status	Notes
BD SAFETYGLIDE TUBERCULIN SYRINGE 1 ML 26 GAUGE X 3/8"	(tuberculin-allergy syringes)	Tier 3	
BD SLIP TIP SYRINGE SYRINGE 1 ML 26 GAUGE X 5/8", 10 ML, 50 ML		Tier 3	
B-D SLIP TIP SYRINGE SYRINGE 20 ML	(syringe (disposable))	Tier 3	
BD SLIP TIP SYRINGE SYRINGE 3 ML	(syringe (disposable))	Tier 3	
BD SYRINGE CATH TIP NONSTERILE SYRINGE 50 ML		Tier 3	
BD SYRINGE CATHETER TIP SYRINGE 50 ML		Tier 3	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 10 ML, 50 ML		Tier 3	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 20 ML, 5 ML	(syringe (disposable))	Tier 3	
BD SYRINGE LUER-LOK STERILE SYRINGE 10 ML, 50 ML		Tier 3	
BD SYRINGE SLIP TIP NONSTERILE SYRINGE 10 ML, 50 ML		Tier 3	
BD SYRINGE SLIP TIP NONSTERILE SYRINGE 20 ML	(syringe (disposable))	Tier 3	
BD SYRINGE SYRINGE 1 ML		Tier 3	
BD SYRINGE-DUAL CANNULA SYRINGE 10 ML 20 GAUGE AND 17 GAUGE		Tier 3	
BD TUBERCULIN SLIP-TIP SYRINGE 1 ML		Tier 3	
BD TUBERCULIN SYRINGE SYRINGE 1 ML 21 GAUGE X 1", 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2", 1/2 ML 27 X 1/2 "		Tier 3	
BD TUBERCULIN SYRINGE SYRINGE 1 ML 26 GAUGE X 3/8"	(tuberculin-allergy syringes)	Tier 3	
BD VEO INSULIN SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64"		Tier 6	MO
BD VEO INSULIN SYRINGE UF SYRINGE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	Tier 6	MO
CAREPOINT LUER LOCK SYRINGE SYRINGE 3 ML	(syringe (disposable))	Tier 3	
CAREPOINT LUER LOCK SYR- NEEDLE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2"	(syringe with needle)	Tier 3	

Drug	Status	Notes	
CAREPOINT LUER LOCK SYR- NEEDLE SYRINGE 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8"	Tier 3		
CAREPOINT LUER SLIP SYRINGE SYRINGE 1 ML	Tier 3		
CAREPOINT LUER SLIP SYRINGE-NDL SYRINGE 1 ML 25 GAUGE X 5/8"	Tier 3		
CAREPOINT SAFETY LL SYR-NEEDLE SYRINGE 1 ML 25 GAUGE X 1"	Tier 3		
CARETOUCH INSULIN SYRINGE (insulin syringe-needle u- SYRINGE 0.3 ML 31 GAUGE X 5/16", 100) 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 6	MO	
CARETOUCH INSULIN SYRINGE SYRINGE 1 ML 28 X 5/16", 1 ML 29 GAUGE X 5/16	Tier 6	MO	
CARETOUCH LUER LOCK SYRINGE SYRINGE 1 ML	Tier 3		
CARETOUCH LUER LOCK SYRINGE (syringe (disposable)) SYRINGE 3 ML, 5 ML	Tier 3		
CARETOUCH LUER LOCK SYR- NEEDLE SYRINGE 3 ML 22 GAUGE X 1", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/2 ", 3 ML 25 X 5/8"	Tier 3		
CARETOUCH LUER LOCK SYR- NEEDLE SYRINGE 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2"	(syringe with needle)	Tier 3	
CARETOUCH LUER SLIP SYRINGE SYRINGE 1 ML, 10 ML	Tier 3		
CARETOUCH LUER SLIP SYRINGE (syringe (disposable)) SYRINGE 3 ML, 5 ML	Tier 3		
COMFORT EZ INSULIN SYRINGE (insulin syringe-needle u- SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 100) ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	Tier 6	MO	
DAVOL IRRIGATION SYRINGE SYRINGE	Tier 3		
DAVOL PISTON IRRIGATION SYRINGE	Tier 3		

Drug	Status	Notes
DOVER BULB SYRINGE SYRINGE 60 ML	Tier 3	
DROPLET INSULIN SYR(HALF UNIT) SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 0.5ML 30 GAUGE X 15/64"	Tier 6	MO
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16"	Tier 6	MO
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 15/64"	Tier 6	MO
DROPSAFE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16"	Tier 6	MO
EASY COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16"	Tier 6	MO
EASY COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 31 X 1/2", 1 ML 32 GAUGE X 5/16"	Tier 6	MO
EASY GLIDE CATHETER TIP SYRINGE SYRINGE 60 ML	Tier 3	
EASY GLIDE DENTAL IRRIG SYRINGE SYRINGE 10 ML	Tier 3	
EASY GLIDE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"	Tier 6	MO
EASY GLIDE LUER LOCK SYRINGE SYRINGE 1 ML, 10 ML	Tier 3	

Drug	Status	Notes	
EASY GLIDE LUER LOCK SYRINGE SYRINGE 3 ML, 60 ML	Tier 3		
EASY GLIDE LUER SLIP TB SYRINGE SYRINGE 1 ML	Tier 3		
EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16"	Tier 6	MO	
EASY TOUCH FLIPLOCK SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2", 10 ML 18 GAUGE X 1 1/2", 10 ML 18 GAUGE X 1", 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 10 ML 21 X 1", 10 ML 22 GAUGE X 1 1/2", 10 ML 25 GAUGE X 1", 3 ML 18 GAUGE X 1 1/2", 3 ML 18 GAUGE X 1", 3 ML 19 GAUGE X 1 1/2", 3 ML 19 GAUGE X 1", 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8", 5 ML 18 GAUGE X 1", 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 25 GAUGE X 1", 5 ML 25 GAUGE X 5/8"	Tier 3		
EASY TOUCH FLIPLOCK SYRINGE SYRINGE 3 ML 22 GAUGE X 1"	(syringe with needle, safety)	Tier 3	
EASY TOUCH FLURINGE FLIPLOCK SYRINGE 1 ML 25 GAUGE X 1"		Tier 3	
EASY TOUCH FLURINGE FLIPLOCK SYRINGE 1 ML 25 GAUGE X 5/8"	(syringe with needle, safety)	Tier 3	
EASY TOUCH FLURINGE FLU TRAY TRAY 1 ML 25 GAUGE X 1"		Tier 3	
EASY TOUCH FLURINGE SHEATHLOCK SYRINGE 1 ML 25 GAUGE X 1"		Tier 3	
EASY TOUCH FLURINGE SHEATHLOCK SYRINGE 1 ML 25 GAUGE X 5/8"	(syringe with needle, safety)	Tier 3	
EASY TOUCH FLURINGE SYRINGE 1 ML 25 GAUGE X 1"	(syringe with needle)	Tier 3	
EASY TOUCH FLURINGE SYRINGE 1 ML 25 GAUGE X 5/8"		Tier 3	

Drug	Status	Notes
EASY TOUCH INSULIN SAFETY SYR SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2"	Tier 6	MO
EASY TOUCH INSULIN SYRINGE (insulin syringe-needle u- SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 100) ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	Tier 6	MO
EASY TOUCH INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8"	Tier 6	MO
EASY TOUCH LUER LOCK INSULIN (insulin syringe needleless) SYRINGE 1 ML	Tier 6	MO
EASY TOUCH LUER LOCK SYRINGE SYRINGE 1 ML, 10 ML	Tier 3	
EASY TOUCH LUER LOCK SYRINGE (syringe (disposable)) SYRINGE 20 ML, 3 ML, 5 ML, 60 ML	Tier 3	
EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16"	Tier 6	MO
EASY TOUCH SHEATHLOCK SYRG- NDL SYRINGE 10 ML 21 GAUGE X 1 1/2", 10 ML 22 GAUGE X 1 1/2", 10 ML 25 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8", 5 ML 21 GAUGE X 1 1/2", 5 ML 22 GAUGE X 1 1/2", 5 ML 25 GAUGE X 1"	Tier 3	
EASY TOUCH SHEATHLOCK SYRG- NDL SYRINGE 3 ML 22 GAUGE X 1" (syringe with needle, safety)	Tier 3	
EASY TOUCH SHEATHLOCK SYRINGE SYRINGE 10 ML	Tier 3	
EASY TOUCH SHEATHLOCK (syringe (disposable)) SYRINGE SYRINGE 3 ML, 5 ML	Tier 3	
EASY TOUCH SYR ALLERGY TRAY TRAY 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2"	Tier 3	

Drug	Status	Notes
EASY TOUCH SYRINGE 1 ML 25 GAUGE X 1", 3 ML 22 X 1 1/2" (syringe with needle)	Tier 3	
EASY TOUCH SYRINGE 1 ML 25 GAUGE X 5/8", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8"	Tier 3	
EASY TOUCH TUBERCULIN FLIPLOCK SYRINGE 1 ML 26 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2"	Tier 3	
EASY TOUCH TUBERCULIN SHEATHLK SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle, safety)	Tier 3	
EASY TOUCH TUBERCULIN SHEATHLK SYRINGE 1 ML 26 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2"	Tier 3	
EASY TOUCH UNI-SLIP SYRINGE 1 ML (insulin syringe needleless)	Tier 6	MO
EASY TOUCH UNI-SLIP SYRINGE 10 ML	Tier 3	
EASY TOUCH UNI-SLIP SYRINGE 3 ML, 5 ML (syringe (disposable))	Tier 3	
ECLIPSE SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 3 ML 21 GAUGE X 1", 3 ML 25 GAUGE X 1"	Tier 3	
EXCEL SYRINGE SYRINGE 3 ML 23 X 1"	Tier 3	
EXEL INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	Tier 6	MO
EXEL SYRINGE SYRINGE 10 ML, 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4", 50 ML	Tier 3	
EXEL SYRINGE SYRINGE 3 ML 23 GAUGE X 1 1/2" (syringe with needle)	Tier 3	
EXEL SYRINGE SYRINGE 30 ML (syringe (disposable))	Tier 3	
FREESTYLE PRECISION SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	Tier 6	MO

Drug		Status	Notes
HEALTHWISE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	Tier 6	MO
<i>insulin syrlndl u100 half mark syringe 0.3 ml 31 gauge x 1/4"</i>	(UltiCare Insulin Syr(half unit))	Tier 6	MO
INSULIN SYRINGE MICROFINE SYRINGE 1 ML 27 GAUGE X 5/8"		Tier 6	MO
INSULIN SYRINGE MICROFINE SYRINGE 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	Tier 6	MO
INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	(insulin syringe-needle u-100)	Tier 6	MO
<i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge x 1/2", 0.5 ml 29 gauge x 1/2", 1 ml 27 gauge x 1/2", 1 ml 28 gauge x 1/2", 1 ml 29 gauge x 1/2"</i>	(BD Insulin Syringe)	Tier 6	MO
<i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge, 1/2 ml 29</i>	(Ultilet Insulin Syringe)	Tier 6	MO
<i>insulin syringe-needle u-100 syringe 0.3 ml 30 gauge x 1/2", 0.5 ml 30 gauge x 1/2"</i>	(BD Insulin Syringe Ultra-Fine)	Tier 6	MO
<i>insulin syringe-needle u-100 syringe 0.3 ml 30 gauge x 5/16", 0.3 ml 31 gauge x 5/16", 0.5 ml 30 gauge x 5/16", 0.5 ml 31 gauge x 5/16", 1 ml 30 gauge x 5/16, 1 ml 31 gauge x 5/16</i>	(Advocate Syringes)	Tier 6	MO
<i>insulin syringe-needle u-100 syringe 0.3 ml 30, 1 ml 28 gauge, 1 ml 30 gauge x 7/16", 1/2 ml 30 gauge</i>	(Ultra Comfort Insulin Syringe)	Tier 6	MO
<i>insulin syringe-needle u-100 syringe 0.3 ml 31 gauge x 1/4", 1 ml 31 gauge x 1/4", 1/2 ml 31 gauge x 1/4"</i>	(Sure Comfort Insulin Syringe)	Tier 6	MO
<i>insulin syringe-needle u-100 syringe 0.3 ml 31 gauge x 15/64", 1 ml 31 gauge x 15/64", 1/2 ml 31 gauge x 15/64"</i>	(BD Veo Insulin Syringe UF)	Tier 6	MO
<i>insulin syringe-needle u-100 syringe 1 ml 29 gauge x 7/16"</i>		Tier 6	MO
<i>insulin syringe-needle u-100 syringe 1 ml 30 gauge x 1/2"</i>	(BD Eclipse Luer-Lok)	Tier 6	MO
<i>insulin syringe-needle u-100 syringe 1 ml 30 gauge x 3/8"</i>	(Thinpro Insulin Syringe)	Tier 6	MO
<i>insulin syringe-needle u-100 syringe 1/2 ml 27 gauge x 1/2"</i>	(Easy Touch Insulin Syringe)	Tier 6	MO

Drug	Status	Notes
insulin syringe-needle u-100 syringe 1/2 ml 28 gauge (Monoject Syringe)	Tier 6	MO
insulin syringe-needle u-100 syringe 1/2 ml 28 gauge x 1/2" (BD Lo-Dose Micro-Fine IV)	Tier 6	MO
INTEGRA SYRINGE SYRINGE 3 ML 21 GAUGE X 1"	Tier 3	
INTERLINK SYRINGE AND CANNULA SYRINGE 15 X 10 ML	Tier 3	
IRRIGATION SYRINGE SYRINGE	Tier 3	
LIFESHIELD BLUNT CANNULA SYRINGE 1 ML 18 GAUGE X 1", 3 ML 18 X 1"	Tier 3	
LITE TOUCH INSULIN SYRINGE (insulin syringe-needle u-SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 100) ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29 , 1/2 ML 30 GAUGE	Tier 6	MO
LITE TOUCH INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE	Tier 6	MO
LUER LOCK SYRINGE SYRINGE 30 (syringe (disposable)) ML, 60 ML	Tier 3	
LUER SLIP TIP SYRINGE TRAY SYRINGE 1 ML	Tier 3	
LUER-LOK TIP SYRINGE 30 ML (syringe (disposable))	Tier 3	
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"	Tier 6	MO
MAGELLAN SAFETY SYRINGE SYRINGE 1 ML 23 GAUGE X 1"	Tier 3	
MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16"	Tier 6	MO
MAGELLAN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2"	Tier 3	
MAGELLAN TUBERCULIN SAFETY SYR SYRINGE 1 ML 28 GAUGE X 1/2"	Tier 3	
MAXICOMFORT INSULIN SYRINGE (insulin syringe-needle u-SYRINGE 1 ML 27 GAUGE X 1/2", 1/2 100) ML 27 GAUGE X 1/2"	Tier 6	MO

Drug		Status	Notes
MAXI-COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u- 100)	Tier 6	MO
MONOJECT 140CC PISTON SYRINGE SYRINGE		Tier 3	
MONOJECT 35CC SYRINGE CATH TIP SYRINGE 35 ML		Tier 3	
MONOJECT 3CC SYR 25GX1" SYRINGE 3 ML 25 GAUGE X 1"		Tier 3	
MONOJECT ALLERGY TRAY DETACH TRAY 1 ML 27 X 1/2"		Tier 3	
MONOJECT ALLERGY TRAY TRAY 0.5 ML 28 X 1/2", 1 ML 28 X 1/2"		Tier 3	
MONOJECT CONTROL SYRINGE LUEER SYRINGE 12 ML		Tier 3	
MONOJECT DISPOSABLE SYRINGE SYRINGE 20 ML	(syringe (disposable))	Tier 3	
MONOJECT ECCENTRIC NON- STERILE SYRINGE 12 ML, 35 ML		Tier 3	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 1 ML, 3 ML, 35 ML, 6 ML, 60 ML		Tier 3	
MONOJECT ENFIT SYRINGE CAP		Tier 3	
MONOJECT ENFIT SYRINGE SYRINGE 1 ML, 12 ML, 3 ML, 35 ML, 6 ML, 60 ML		Tier 3	
MONOJECT INSULIN SAFETY SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16"	(insulin syringe-needle u- 100)	Tier 6	MO
MONOJECT INSULIN SAFETY SYRINGE SYRINGE 29 GAUGE X 1/2"		Tier 6	MO
MONOJECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u- 100)	Tier 6	MO
MONOJECT INSULIN SYRINGE SYRINGE 1 ML	(insulin syringes (disposable))	Tier 6	MO

Drug		Status	Notes
MONOJECT LUER-LOCK TIP SYRINGE 12 ML		Tier 3	
MONOJECT LUER-LOCK TIP SYRINGE 3 ML	(syringe (disposable))	Tier 3	
MONOJECT MAGELLAN SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 3 ML 20 GAUGE X 1"		Tier 3	
MONOJECT MAGELLAN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8"	(syringe with needle, safety)	Tier 3	
MONOJECT PHARMACY TRAY LUER SYRINGE 12 ML, 35 ML, 6 ML		Tier 3	
MONOJECT PHARMACY TRAY LUER SYRINGE 20 ML, 3 ML, 60 ML	(syringe (disposable))	Tier 3	
MONOJECT PHARMACY TRAY REG TIP SYRINGE 1 ML		Tier 3	
MONOJECT REG TIP NON-STERILE SYRINGE 12 ML, 6 ML		Tier 3	
MONOJECT REG TIP NON-STERILE SYRINGE 20 ML, 3 ML	(syringe (disposable))	Tier 3	
MONOJECT REGULAR LUER SYRINGE 12 ML, 35 ML, 6 ML		Tier 3	
MONOJECT REGULAR LUER SYRINGE 3 ML	(syringe (disposable))	Tier 3	
MONOJECT SAFETY LUER LOCK TIP SYRINGE 3 ML	(syringe (disposable))	Tier 3	
MONOJECT SAFETY SYRINGES SYRINGE , 12 ML, 12 ML 20 X 1 1/2", 12 ML 21X 1 1/2", 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 5/8", 6 ML		Tier 3	
MONOJECT SAFETY SYRINGES SYRINGE 3 ML 22 GAUGE X 1"	(syringe with needle, safety)	Tier 3	
MONOJECT SMARTIP CANNULA SYRINGE 12 ML, 3 ML, 6 ML		Tier 3	
MONOJECT SYRINGE ECCENTRI LUER SYRINGE 60 ML	(syringe (disposable))	Tier 3	
MONOJECT SYRINGE LUER LOK SYRINGE 35 ML, 6 ML		Tier 3	
MONOJECT SYRINGE LUER LOK SYRINGE 60 ML	(syringe (disposable))	Tier 3	
MONOJECT SYRINGE REGULAR LUER SYRINGE 60 ML	(syringe (disposable))	Tier 3	
MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE	(insulin syringe-needle u-100)	Tier 6	MO

Drug	Status	Notes
MONOJECT SYRINGE SYRINGE 12 ML 18 GAUGE X 1", 12 ML 20 X 1 1/2", 12 ML 21 GAUGE X 1 1/2", 12 ML 21 GAUGE X 1", 140 ML, 3 ML 20 GAUGE X 1", 3 ML 20 X 3/4", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/4", 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4", 6 ML, 6 ML 20 X 1 1/2", 6 ML 21 X 1 1/2", 6 ML 21 X 1", 6 ML 22 X 1 1/2"	Tier 3	
MONOJECT SYRINGE SYRINGE 3 ML (syringe (disposable))	Tier 3	
MONOJECT SYRINGE SYRINGE 3 ML (syringe with needle) 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 22 X 1 1/2"	Tier 3	
MONOJECT SYRINGE TOOMEY TYPE SYRINGE 60 ML (syringe (disposable))	Tier 3	
MONOJECT TB LUER LOK SYRINGE 1 ML	Tier 3	
MONOJECT TB REGULAR LUER TIP SYRINGE 1 ML	Tier 3	
MONOJECT TB SAFETY SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2"	Tier 3	
MONOJECT TB SYRINGE 1 ML 28 GAUGE X 1/2"	Tier 3	
MONOJECT TUBERCULIN SYRINGE SYRINGE 1 ML 26 GAUGE X 3/8" (tuberculin-allergy syringes)	Tier 3	
MONOJECT TUBERCULIN SYRINGE SYRINGE 1 ML, 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2", 1 ML 28 GAUGE X 1/2", 1/2 ML 28 X 1/2"	Tier 3	
MONOJECT ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE (insulin syringe-needle u-100)	Tier 6	MO
NORM-JECT SYRINGE 10 ML	Tier 3	
NORM-JECT SYRINGE 20 ML (syringe (disposable))	Tier 3	
NORM-JECT TUBERKULIN SYRINGE 1 ML	Tier 3	
PISTON SYRINGE WITH ENFIT SYRINGE 60 ML	Tier 3	
PRO COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16"	Tier 6	MO

Drug		Status	Notes
PRODIGY INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2"	(insulin syringe-needle u- 100)	Tier 6	MO
SAFESNAP INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"		Tier 6	MO
SAFESNAP SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8"	(syringe-needle,safety,disp unt)	Tier 3	
SAFESNAP SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 10 ML, 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 10 ML 21 GAUGE X 1", 10 ML 22 GAUGE X 1 1/2", 10 ML 22 GAUGE X 1", 3 ML, 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8", 5 ML, 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 22 GAUGE X 1"		Tier 3	
SECURESAFE INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"		Tier 6	MO
SURE COMFORT INS. SYR. U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	(insulin syringe-needle u- 100)	Tier 6	MO
SURE COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 1/4"	(insulin syringe-needle u- 100)	Tier 6	MO

Drug		Status	Notes
SURE-JECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	Tier 6	MO
SURGUARD2 SAFETY SYRINGE 1 ML 25 GAUGE X 5/8", 3 ML 22 GAUGE X 1"	(syringe with needle, safety)	Tier 3	
SURGUARD2 SAFETY SYRINGE 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2", 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8", 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2"		Tier 3	
syringe (disposable) syringe 20 ml, 5 ml	(Aqinject Luer Lock Syringe)	Tier 3	
syringe (disposable) syringe 3 ml	(Aqinject 3.0 Lock Syringe)	Tier 3	
syringe (disposable) syringe 30 ml	(Exel Syringe)	Tier 3	
syringe (disposable) syringe 60 ml	(Easy Glide Catheter Tip Syring)	Tier 3	
SYRINGE 3CC/20GX1" SYRINGE 3 ML 20 GAUGE X 1"		Tier 3	
SYRINGE 3CC/21GX1" SYRINGE 3 ML 21 GAUGE X 1"		Tier 3	
SYRINGE 3CC/21GX1-1/2" SYRINGE 3 ML 21 GAUGE X 1 1/2"	(syringe with needle)	Tier 3	
SYRINGE 3CC/22GX1" SYRINGE 3 ML 22 GAUGE X 1"		Tier 3	
SYRINGE 3CC/22GX3/4" SYRINGE 3 ML 22 GAUGE X 3/4"		Tier 3	
SYRINGE 3CC/25GX1" SYRINGE 3 ML 25 GAUGE X 1"		Tier 3	
syringe with needle syringe 1 ml 25 gauge x 1"	(Easy Touch)	Tier 3	
syringe with needle syringe 3 ml 20 gauge x 1 1/2", 3 ml 23 gauge x 1 1/2"	(BD Luer-Lok Syringe)	Tier 3	
syringe with needle syringe 3 ml 21 gauge x 1 1/2"	(BD Integra Syringe)	Tier 3	

Drug	Status	Notes
syringe with needle syringe 3 ml 22 x 1 1/2" (Carepoint Luer Lock Syr- needle)	Tier 3	
syringe with needle, safety syringe 0.5 ml 30 gauge x 1/2"	Tier 3	
SYRINGE WITHOUT NEEDLE SYRINGE	Tier 3	
TECHLITE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u- 100)	Tier 6	MO
TECHLITE INSULIN SYR(HALF UNIT) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16"	Tier 6	MO
TERUMO ALLERGY SYRINGE SYRINGE 1 ML 27 X 1/2"	Tier 3	
TERUMO HYPODERMIC NEEDLE/SYRIN SYRINGE 5 ML 20 X 1 1/2", 5 ML 20 X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 22 X 1"	Tier 3	
TERUMO INSULIN SYRINGE SYRINGE 0.3 ML 30 X 3/8", 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" (insulin syringe-needle u- 100)	Tier 6	MO
TERUMO SYRINGE SYRINGE 3 ML 23 GAUGE X 1 1/2" (syringe with needle)	Tier 3	
TERUMO SYRINGE SYRINGE 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8"	Tier 3	
TERUMO SYRINGE SYRINGE 30 ML (syringe (disposable))	Tier 3	
THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8", 0.5 ML 29 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" (insulin syringe-needle u- 100)	Tier 6	MO
THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 31 X 3/8", 0.5 ML 31 X 3/8", 1 ML 31 X 3/8"	Tier 6	MO
TOOMEY SYRINGE SYRINGE 70 ML	Tier 3	

Drug		Status	Notes
TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	Tier 6	MO
TRUE COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	Tier 6	MO
TRUE COMFORT PRO INS SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100)	Tier 6	MO
TRUE COMFORT PRO INS SYRINGE 1 ML 32 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16"		Tier 6	MO
TRUEPLUS INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	(insulin syringe-needle u-100)	Tier 6	MO
TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 1"	(syringe with needle)	Tier 3	
TUBERCULIN SYRINGE SYRINGE 1 ML, 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2"		Tier 3	
tuberculin-allergy syringes syringe 1 ml 26 gauge x 3/8"	(Allergist Tray Intradermal Bev)	Tier 3	
ULTICARE INSULIN SYRINGE 0.3 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 1/4"	(insulin syringe-needle u-100)	Tier 6	MO
ULTICARE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 1/4"	(insulin syr/ndl u100 half mark)	Tier 6	MO
ULTICARE LOW DEAD SPACE SYRING SYRINGE 1 ML 22 GAUGE X 1 1/2"		Tier 3	
ULTICARE LOW DEAD SPACE SYRING SYRINGE 3 ML 22 X 1 1/2"	(syringe with needle)	Tier 3	

Drug		Status	Notes
ULTICARE SAFETY SYRINGE SYRINGE 3 ML 22 GAUGE X 1"	(syringe with needle, safety)	Tier 3	
ULTICARE SAFETY SYRINGE SYRINGE 3 ML, 3 ML 21 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8"		Tier 3	
ULTICARE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u- 100)	Tier 6	MO
ULTICARE SYRINGE 1 ML 25 GAUGE X 5/8"		Tier 3	
ULTICARE TB SAFETY SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2"		Tier 3	
ULTIGUARD SAFEPACK-INSULIN SYR SYRINGE 0.3 ML 30 X 1/2", 0.3 ML 31 X 5/16", 1 ML 30 X 1/2", 1 ML 31 X 5/16", 1/2 ML 30 X 1/2", 1/2 ML 31 X 5/16"		Tier 6	MO
ULTILET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 29	(insulin syringe-needle u- 100)	Tier 6	MO
ULTILET INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE		Tier 6	MO
ULTRA CMFT INS SYR (HALF UNIT) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16"		Tier 6	MO
ULTRA COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29 , 1/2 ML 30 GAUGE	(insulin syringe-needle u- 100)	Tier 6	MO
ULTRA COMFORT INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE		Tier 6	MO

Drug	Status	Notes
ULTRA FLO INSUL SYR(HALF UNIT) SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	Tier 6	MO
ULTRA FLO INSULIN SYRINGE (insulin syringe-needle u- SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 100) ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2"	Tier 6	MO
ULTRACARE INSULIN SYRINGE (insulin syringe-needle u- SYRINGE 0.3 ML 30 GAUGE X 5/16", 100) 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 6	MO
ULTRA-THIN II (SHORT) INS SYR (insulin syringe-needle u- SYRINGE 0.3 ML 30 GAUGE X 5/16", 100) 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 6	MO
ULTRA-THIN II INSULIN SYRINGE (insulin syringe-needle u- SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 100) ML 29 GAUGE X 1/2"	Tier 6	MO
VANISHPOINT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 3/16"	Tier 6	MO
VANISHPOINT SYRINGE SYRINGE 0.5 (insulin syringe-needle u- ML 30 GAUGE X 1/2", 1 ML 29 GAUGE 100) X 1/2"	Tier 6	MO
VANISHPOINT SYRINGE SYRINGE 1 (syringe with needle) ML 25 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2"	Tier 3	
VANISHPOINT SYRINGE SYRINGE 10 ML 21 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 23 X 1", 3 ML 25 GAUGE X 1 1/2", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2"	Tier 3	
VANISHPOINT TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2"	Tier 3	

Drug		Status	Notes
VERIFINE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u- 100)	Tier 6	MO
Miscellaneous Agents			
Amyloidosis Agents-Transthyretin (Ttr) Suppression			
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML		Tier 4	PA; MO
Anaphylaxis Therapy Agents			
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML		Tier 3	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 3	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)
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML		Tier 2	QL (4 EA per 1 FILL)
SYMJEPI INJECTION SYRINGE 0.3 MG/0.3 ML	(epinephrine)	Tier 2	QL (4 EA per 1 FILL)
Genetic D/O Tx-Exon Inclusion Antisense Oligonucle			
EVRYSDI ORAL RECON SOLN 0.75 MG/ML		Tier 4	MO
Miscellaneous Agents			
NEXAVIR INJECTION SOLUTION 25.5 MG/ML		Tier 3	
Parasympathetic Agents			
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>		Tier 1	MO
<i>cevimeline oral capsule 30 mg</i>	(Evoxac)	Tier 1	MO
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	(Salagen (pilocarpine))	Tier 1	MO
Pharmacological Chaperone-Alpha- Galactosid.A Stabz			
GALAFOLD ORAL CAPSULE 123 MG		Tier 4	PA; MO
Pku Treatment Agents - Phenylalanine Ammonia Lyase			
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 20 MG/ML		Tier 3	PA; MO
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML		Tier 3	PA

Drug	Status	Notes
Pku Tx Agent-Cofactor Of Phenylalanine Hydroxylase		
JAVYGTOR ORAL POWDER IN PACKET 100 MG, 500 MG (sapropterin)	Tier 3	MO
JAVYGTOR ORAL TABLET,SOLUBLE 100 MG (sapropterin)	Tier 3	MO
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG (sapropterin)	Tier 3	MO
KUVAN ORAL TABLET,SOLUBLE 100 MG (sapropterin)	Tier 3	MO
<i>sapropterin oral powder in packet 100 mg, 500 mg</i> (Javygtor)	Tier 3	MO
<i>sapropterin oral tablet,soluble 100 mg</i> (Javygtor)	Tier 3	MO
Systemic Enzyme Inhibitors		
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	Tier 4	MO
JOENJA ORAL TABLET 70 MG	Tier 4	PA; MO
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	Tier 4	MO
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	Tier 4	MO
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG	Tier 4	PA; MO
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG	Tier 4	MO
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	Tier 4	PA; MO
Topical Anticholinergic Hyperhidrosis Tx Agents		
QBREXZA TOPICAL TOWELETTE 2.4 %	Tier 2	PA
Neoplastic Disease		
Alkylating Agents		
cyclophosphamide oral capsule 25 mg, 50 mg	Tier 3	
cyclophosphamide oral tablet 25 mg, 50 mg	Tier 3	
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (lomustine)	Tier 4	PA
hydroxyurea oral capsule 500 mg (Hydrea)	Tier 1	MO
LEUKERAN ORAL TABLET 2 MG	Tier 3	
melphalan oral tablet 2 mg (Alkeran)	Tier 1	
MYLERAN ORAL TABLET 2 MG	Tier 3	

Drug	Status	Notes
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	Tier 3	PA
Antiandrogenic Agents		
<i>abiraterone oral tablet 250 mg, 500 mg (Zytiga)</i>	Tier 3	PA; MO
<i>bicalutamide oral tablet 50 mg (Casodex)</i>	Tier 1	MO
<i>ERLEADA ORAL TABLET 240 MG, 60 MG</i>	Tier 3	PA; MO
<i>nilutamide oral tablet 150 mg (Nilandron)</i>	Tier 3	MO; QL (2 EA per 1 day)
<i>NUBEQA ORAL TABLET 300 MG</i>	Tier 3	PA; MO
<i>XTANDI ORAL CAPSULE 40 MG</i>	Tier 3	PA; MO
<i>XTANDI ORAL TABLET 40 MG, 80 MG</i>	Tier 3	PA; MO
<i>YONSA ORAL TABLET 125 MG</i>	Tier 4	PA; MO
Antibiotic Antineoplastics		
<i>JELMYTO INTRA-PYELOCALYCEAL KIT 40 MG X 2</i>	Tier 4	PA
Antimetabolites		
<i>capecitabine oral tablet 150 mg, 500 mg (Xeloda)</i>	Tier 3	PA
<i>INQOVI ORAL TABLET 35-100 MG</i>	Tier 3	PA; MO
<i>JYLAMVO ORAL SOLUTION 2 MG/ML</i>	Tier 3	MO
<i>LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG</i>	Tier 3	PA
<i>mercaptopurine oral tablet 50 mg</i>	Tier 1	MO
<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	MO
<i>ONUREG ORAL TABLET 200 MG, 300 MG</i>	Tier 3	PA; MO
<i>PURIXAN ORAL SUSPENSION 20 MG/ML</i>	Tier 3	MO; ST: Must meet the following requirement: Mercaptopurine tablets in 120 days
<i>TABLOID ORAL TABLET 40 MG (thioguanine)</i>	Tier 3	
<i>TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG</i>	Tier 2	MO
<i>XATMEP ORAL SOLUTION 2.5 MG/ML</i>	Tier 3	MO; ST: Must meet any of the following requirements: Methotrexate tablets or injection solution in 120 days if 12 years of age and older; QL (120 ML per 60 days)

Drug	Status	Notes
Antineoplastic Aromatase Inhibitors		
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	Tier 5	MO; \$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
<i>exemestane oral tablet 25 mg</i> (Aromasin)	Tier 5	MO; \$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	MO
Antineoplastic - Braf Kinase Inhibitors		
BRAFTOVI ORAL CAPSULE 75 MG	Tier 3	PA; MO
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	Tier 3	PA; MO
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	Tier 3	PA; MO
ZELBORAF ORAL TABLET 240 MG	Tier 3	PA; MO
Antineoplastic - Hedgehog Pathway Inhibitor		
DAURISMO ORAL TABLET 100 MG, 25 MG	Tier 3	PA; MO
ERIVEDGE ORAL CAPSULE 150 MG	Tier 3	PA; MO
ODOMZO ORAL CAPSULE 200 MG	Tier 3	PA; MO
Antineoplastic - Janus Kinase (Jak) Inhibitors		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	Tier 3	PA; MO
Antineoplastic - Kras Protein Inhibitor		
KRAZATI ORAL TABLET 200 MG	Tier 3	PA; MO
LUMAKRAS ORAL TABLET 120 MG, 320 MG	Tier 3	PA; MO
Antineoplastic - Mek1 And Mek2 Kinase Inhibitors		
COTELLIC ORAL TABLET 20 MG	Tier 3	PA; MO
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	Tier 3	PA; MO
MEKINIST ORAL RECON SOLN 0.05 MG/ML	Tier 3	PA; MO
MEKINIST ORAL TABLET 0.5 MG, 2 MG	Tier 3	PA; MO
MEKTOVI ORAL TABLET 15 MG	Tier 3	PA; MO
Antineoplastic - Mtor Kinase Inhibitors		
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i> (Afinitor)	Tier 3	PA; MO

Drug	Status	Notes
everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg (Afinitor Disperz)	Tier 3	PA; MO
Antineoplastic - Protein Methyltransferase Inhibit		
TAZVERIK ORAL TABLET 200 MG	Tier 3	PA; MO
Antineoplastic - Topoisomerase I Inhibitors		
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	Tier 3	
Antineoplastic Comb - Kinase And Aromatase Inhibit		
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG	Tier 3	PA; MO
Antineoplastic Immunomodulator Agents		
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg (Revlimid)	Tier 3	PA; MO
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	Tier 3	PA; MO
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	MO; QL (1 EA per 30 days)
FIRMAGON SUBCUTANEOUS RECON SOLN 120 MG	Tier 3	QL (2 EA per 365 days)
ORGOVYX ORAL TABLET 120 MG	Tier 3	PA; MO
Antineoplastic Systemic Enzyme Inhibitors		
ALECensa ORAL CAPSULE 150 MG	Tier 3	PA; MO
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	Tier 4	PA; MO
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	Tier 4	PA
AUGTYRO ORAL CAPSULE 40 MG	Tier 3	PA; MO
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	Tier 3	PA; MO
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	Tier 3	PA; MO
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	Tier 3	PA; MO

Drug	Status	Notes
BRUKINSA ORAL CAPSULE 80 MG	Tier 3	PA; MO
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	Tier 3	PA; MO
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	Tier 3	PA; MO
CAPRELSA ORAL TABLET 100 MG, (vandetanib) 300 MG	Tier 4	PA; MO
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 3	PA; MO
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	Tier 4	PA; MO
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i> (Tarceva)	Tier 3	PA; MO
EXKIVITY ORAL CAPSULE 40 MG	Tier 3	PA; MO
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	Tier 3	PA; MO
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG	Tier 3	MO
GAVRETO ORAL CAPSULE 100 MG	Tier 3	PA; MO
<i>gefitinib oral tablet 250 mg</i> (Iressa)	Tier 3	PA
GILOTrif ORAL TABLET 20 MG, 30 MG, 40 MG	Tier 3	PA; MO
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	Tier 3	PA; MO
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	Tier 3	PA; MO
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	Tier 3	PA; MO
<i>imatinib oral tablet 100 mg, 400 mg</i> (Gleevec)	Tier 3	PA; MO
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	Tier 3	PA; MO
IMBRUVICA ORAL SUSPENSION 70 MG/ML	Tier 3	PA; MO
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	Tier 3	PA; MO
INLYTA ORAL TABLET 1 MG, 5 MG	Tier 3	PA; MO
INREBIC ORAL CAPSULE 100 MG	Tier 3	PA; MO
JAYPIRCA ORAL TABLET 100 MG, 50 MG	Tier 3	PA; MO
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	Tier 3	PA; MO
<i>lapatinib oral tablet 250 mg</i> (Tykerb)	Tier 3	PA; MO

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 3	PA; MO
LORBRENA ORAL TABLET 100 MG, 25 MG	Tier 3	PA; MO
LYNPARZA ORAL TABLET 100 MG, 150 MG	Tier 3	PA; MO
LYTGOBI ORAL TABLET 4 MG	Tier 3	PA; MO
NERLYNX ORAL TABLET 40 MG	Tier 3	PA
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	Tier 3	PA; MO
OGSIVEO ORAL TABLET 50 MG	Tier 4	PA; MO
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	Tier 3	PA; MO
<i>pazopanib oral tablet 200 mg</i> (Votrient)	Tier 3	PA; MO
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	Tier 3	PA; MO
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 3	PA; MO
QINLOCK ORAL TABLET 50 MG	Tier 3	PA; MO
RETEVMO ORAL CAPSULE 40 MG, 80 MG	Tier 3	PA; MO
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	Tier 3	PA; MO
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	Tier 3	PA; MO
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	Tier 4	PA; MO
RYDAPT ORAL CAPSULE 25 MG	Tier 3	PA; MO
SCEMBLIX ORAL TABLET 20 MG, 40 MG	Tier 3	PA; MO
<i>sorafenib oral tablet 200 mg</i> (Nexavar)	Tier 3	PA
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	Tier 3	PA; MO
STIVARGA ORAL TABLET 40 MG	Tier 3	PA
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Sutent)	Tier 3	PA
TABRECTA ORAL TABLET 150 MG, 200 MG	Tier 3	PA; MO

Drug	Status	Notes
TAGRISSO ORAL TABLET 40 MG, 80 MG	Tier 3	PA
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	Tier 3	PA
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	Tier 3	PA; MO
TEPMETKO ORAL TABLET 225 MG	Tier 3	PA; MO
TRUQAP ORAL TABLET 160 MG, 200 MG	Tier 3	PA; MO
TUKYSA ORAL TABLET 150 MG, 50 MG	Tier 3	PA; MO
TURALIO ORAL CAPSULE 125 MG	Tier 3	PA; MO
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	Tier 3	PA; MO
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 3	PA; MO
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	Tier 3	PA; MO
VITRAKVI ORAL SOLUTION 20 MG/ML	Tier 3	PA; MO
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	Tier 3	PA; MO
VONJO ORAL CAPSULE 100 MG	Tier 3	PA
XALKORI ORAL CAPSULE 200 MG, 250 MG	Tier 3	PA; MO
XALKORI ORAL PELLET 150 MG, 20 MG, 50 MG	Tier 3	PA; MO
XOSPATA ORAL TABLET 40 MG	Tier 3	PA; MO
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	Tier 3	PA; MO
ZYDELIG ORAL TABLET 100 MG, 150 MG	Tier 3	PA; MO
ZYKADIA ORAL TABLET 150 MG	Tier 3	PA; MO
Antineoplastic,Histone Deacetylase Inhibitors,Hdis		
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	Tier 3	PA
ZOLINZA ORAL CAPSULE 100 MG	Tier 3	
Antineoplastic-B Cell Lymphoma-2(Bcl-2) Inhibitors		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	Tier 3	PA; MO
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG-100 MG	Tier 3	PA

Drug	Status	Notes
Antineoplastic-Enzyme Inhib, Antiandrogen Comb.		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	Tier 3	PA; MO
Antineoplastic-Hypoxia Inducible Factor (Hif) Inh		
WELIREG ORAL TABLET 40 MG	Tier 3	PA; MO
Antineoplastic-Isocitrate Dehydrogenase Inhibitors		
IDHIFA ORAL TABLET 100 MG, 50 MG	Tier 4	PA; MO
REZLIDHIA ORAL CAPSULE 150 MG	Tier 3	PA; MO
TIBSOVO ORAL TABLET 250 MG	Tier 3	PA; MO
Antineoplastics,Miscellaneous		
<i>etoposide oral capsule 50 mg</i>	Tier 1	
LYSODREN ORAL TABLET 500 MG	Tier 3	MO
MATULANE ORAL CAPSULE 50 MG	Tier 3	
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5 ML	Tier 4	
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	Tier 3	
Antineoplastic-Select Inhib Of Nuclear Exp (Sine)		
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 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 3	PA; MO
Chemotherapy Rescue/Antidote Agents		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	Tier 1	
MESNEX ORAL TABLET 400 MG	Tier 3	
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	Tier 3	QL (24 EA per 14 days)
Intrapleural 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	

Drug	Status	Notes
STERITALC INTRAPLEURAL SUSPENSION FOR RECONSTITUTION 2 GRAM, 4 GRAM	Tier 3	
Photoactivated, Antineopls. & Premalignant Lesions		
AMELUZ TOPICAL GEL 10 %	Tier 3	
LEVULAN TOPICAL SOLUTION 20 %	Tier 3	
Radioactive Therapeutic Agents		
HICON ORAL KIT 1,000 MCI/ML (1 ML), 250 MCI/0.25 ML, 500 MCI/0.5 ML	Tier 3	
<i>sodium iodide-123 oral capsule 3.7 mbq (100 microci), 7.4 mbq (200 microci)</i>	Tier 1	
<i>sodium iodide-131 oral capsule 3.7 mbq (100 microci)</i>	Tier 1	
Selective Estrogen Receptor Modulators (Serm)		
ORSERDU ORAL TABLET 345 MG, 86 MG	Tier 4	PA; MO
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	Tier 5	MO
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	Tier 5	MO; \$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
<i>toremifene oral tablet 60 mg (Fareston)</i>	Tier 3	PA; MO
Selective Retinoid X Receptor Agonists (Rxr)		
<i>bexarotene oral capsule 75 mg (Targretin)</i>	Tier 3	PA; MO
Steroid Antineoplastics		
EMCYT ORAL CAPSULE 140 MG	Tier 3	
<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 3	PA; MO
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	Tier 3	PA; MO
AVONEX INTRAMUSCULAR SYRINGE 30 MCG/0.5 ML	Tier 3	PA; MO
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	Tier 3	PA; MO
BAFIERTAM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 95 MG	Tier 4	PA; MO

Drug	Status	Notes
BETASERON SUBCUTANEOUS KIT 0.3 MG	Tier 3	PA; MO
BETASERON SUBCUTANEOUS RECON SOLN 0.3 MG (interferon beta-1b)	Tier 3	PA; MO
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML (glatiramer)	Tier 3	PA; MO
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i> (Tecfidera)	Tier 3	PA
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 240 mg</i> (Tecfidera)	Tier 3	PA; MO
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	Tier 4	PA; MO
EXTAVIA SUBCUTANEOUS RECON SOLN 0.3 MG (interferon beta-1b)	Tier 4	PA; MO
<i> fingolimod oral capsule 0.5 mg</i> (Gilenya)	Tier 3	PA; MO
GILENYA ORAL CAPSULE 0.25 MG	Tier 3	PA; MO
<i> glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i> (Copaxone)	Tier 3	PA; MO
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML (glatiramer)	Tier 3	PA; MO
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	Tier 3	PA; MO
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	Tier 3	PA; MO
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	Tier 3	PA; MO
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	Tier 3	PA; MO
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	Tier 3	PA; MO
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	Tier 3	PA; MO
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	Tier 3	PA; MO
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	Tier 3	PA; MO
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	Tier 3	PA; MO
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	Tier 3	PA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	Tier 3	PA
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	Tier 3	PA; MO

Drug	Status	Notes
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	Tier 3	PA; MO
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML - 94 MCG/0.5 ML	Tier 3	PA
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	Tier 3	PA; MO
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	Tier 3	PA
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK 2 MG (2) - 10 MG (3)	Tier 4	PA
PONVORY ORAL TABLET 20 MG	Tier 4	PA; MO
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	Tier 3	PA; MO
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	Tier 3	PA; MO
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	Tier 3	PA
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	Tier 3	PA
TASCENO ODT ORAL TABLET,DISINTEGRATING 0.25 MG, 0.5 MG	Tier 4	PA; MO
<i>teriflunomide oral tablet 14 mg, 7 mg</i> (Aubagio)	Tier 3	PA; MO
VUMERTY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	Tier 3	PA; MO
Agts Tx Neuromusc Transmission Dis,Pot-Chan Blkr		
dalfampridine oral tablet extended release 12 hr 10 mg	Tier 3	PA; MO
FIRDAPSE ORAL TABLET 10 MG	Tier 4	PA; MO
Amyotrophic Lateral Sclerosis Agents		
EXSERVAN ORAL FILM 50 MG	Tier 4	PA; MO
RADICAVA ORS ORAL SUSPENSION 105 MG/5 ML	Tier 4	MO
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	Tier 4	MO
RELYVRIO ORAL POWDER IN PACKET 3-1 GRAM	Tier 4	PA; MO
<i>riluzole oral tablet 50 mg</i> (Rilutek)	Tier 1	MO

Drug	Status	Notes
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	Tier 4	PA; MO
Fibromyalgia Agents, Serotonin-Norepineph Ru Inhib		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	Tier 3	MO; ST: Must meet 2 of the following requirements: Amitriptyline HCL, Cyclobenzaprine HCL, Duloxetine HCL, Gabapentin, or Pregabalin in 365 days; QL (2 EA per 1 day)
SAVELLA ORAL TABLETS, DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	Tier 3	ST: Must meet 2 of the following requirements: Amitriptyline HCL, Cyclobenzaprine HCL, Duloxetine HCL, Gabapentin, or Pregabalin in 365 days; QL (2 EA per 1 day)
Glypromate (Gpe) Analogs		
DAYBUE ORAL SOLUTION 200 MG/ML	Tier 4	PA; MO
Metabolic Disease Enzyme Replacement, Modc		
NULIBRY INTRAVENOUS RECON SOLN 9.5 MG	Tier 4	PA; MO
Movement Disorders(Drug Therapy)		
AUSTEDO 12MG START TITR(WK1-4) ORAL TABLETS, DOSE PACK 6MG(28)-9MG(28) -12 MG (14)	Tier 3	PA
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	Tier 3	PA; MO
AUSTEDO TD TITRATN PK (WK 1-2) ORAL TABLETS, DOSE PACK 6 MG (14)- 9 MG (14)	Tier 3	PA
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 24 MG, 6 MG	Tier 3	PA; MO
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 6 MG (14)-12 MG (14)-24 MG (14)	Tier 3	PA

Drug	Status	Notes
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	Tier 3	MO; ST: Must meet any of the following requirements: Gabapentin, Gralise, Neuraptine, Pramipexole Di-HCL, or Ropinirole HCL in 120 days; QL (30 EA per 30 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG	Tier 3	MO; ST: Must meet any of the following requirements: Gabapentin, Gralise, Neuraptine, Pramipexole Di-HCL, or Ropinirole HCL in 120 days; QL (2 EA per 1 day)
INGREZZA INITIATION PACK ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	Tier 4	PA
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	Tier 4	PA; MO
<i>tetrabenazine oral tablet 12.5 mg, 25 mg (Xenazine)</i>	Tier 3	PA; MO
Neuropathic Agents		
<i>pregabalin oral tablet extended release (Lyrica CR) 24 hr 165 mg, 82.5 mg</i>	Tier 1	MO; ST: Must meet 2 of the following requirements: Amitriptyline HCL, Desipramine HCL, Divalproex Sodium, Doxepin HCL, Drizalma Sprinkle, Duloxetine HCL, Gabapentin, Gralise, Imipramine HCL, Imipramine Pamoate, Maprotiline HCL, Neuraptine, Nortriptyline HCL, Pregabalin, Sodium Valproate, Valproic Acid (as Sodium Salt), Valproic Acid, or Venlafaxine HCL in 365 days; QL (3 EA per 1 day)

Drug	Status	Notes
pregabalin oral tablet extended release (Lyrica CR) 24 hr 330 mg	Tier 1	MO; ST: Must meet 2 of the following requirements: Amitriptyline HCL, Desipramine HCL, Divalproex Sodium, Doxepin HCL, Drizalma Sprinkle, Duloxetine HCL, Gabapentin, Gralise, Imipramine HCL, Imipramine Pamoate, Maprotiline HCL, Neuraptine, Nortriptyline HCL, Pregabalin, Sodium Valproate, Valproic Acid (as Sodium Salt), Valproic Acid, or Venlafaxine HCL in 365 days; QL (2 EA per 1 day)
Nuclear Factor Erythroid 2-Rel. Factor 2 Activator		
SKYCLARYS ORAL CAPSULE 50 MG	Tier 4	PA; MO
Postherpetic Neuralgia Agents		
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 450 MG	Tier 3	ST: Must meet the following requirement: Gabapentin immediate release in 120 days; QL (1 EA per 1 day)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG, 750 MG, 900 MG	Tier 3	ST: Must meet the following requirement: Gabapentin immediate release in 120 days; QL (2 EA per 1 day)
GRALISE ORAL TABLET, EXT REL 24HR DOSE PACK 300 MG (9)- 600 MG (24)	Tier 3	ST: Must meet the following requirement: Gabapentin immediate release in 120 days; QL (33 EA per 15 days)
Pseudobulbar Affect (Pba) Agents, Nmda Antagonists		
NUEDEXTA ORAL CAPSULE 20-10 MG	Tier 3	PA
Sphingosine 1-Phosphate (S1p) Receptor Modulator		
VELSIPITY ORAL TABLET 2 MG	Tier 4	PA; MO
ZEPOSIA ORAL CAPSULE 0.92 MG	Tier 4	PA; MO
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21)	Tier 4	PA

Drug	Status	Notes
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)	Tier 4	PA
Oral/Pharyngeal Disorders		
Dental Aids And Preparations		
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	(Paroex Oral Rinse)	Tier 1
ORALONE DENTAL PASTE 0.1 %	(triamcinolone acetonide)	Tier 1
PAROEX ORAL RINSE MUCOUS MEMBRANE MOUTHWASH 0.12 %	(chlorhexidine gluconate)	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
triamcinolone acetonide dental paste 0.1 %	(Oralone)	Tier 1
Nose Preparations, Miscellaneous (Rx)		
cocaine nasal solution 4 %	(Numbrino)	Tier 1
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)		Tier 1 MO
ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)		Tier 1
NUMBRINO NASAL SOLUTION 4 %	(cocaine)	Tier 1
Periodontal Collagenase Inhibitors		
doxycycline hyclate oral tablet 20 mg		Tier 1
Other Drugs		
Abortifacient,Progesterone Receptor Antagonist-Typ		
MIFEPREX ORAL TABLET 200 MG	(mifepristone)	Tier 3
mifepristone oral tablet 200 mg	(Mifeprex)	Tier 1
Agents For Stomatological Use		
DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 %		Tier 3
DEBACTEROL MUCOUS MEMBRANE SWAB 30-50 %		Tier 3
ORAFATE MUCOUS MEMBRANE PASTE 1 GRAM/10 ML		Tier 3
PROTHELIAL MUCOUS MEMBRANE PASTE 1 GRAM/10 ML		Tier 3
Antivenins		
ANASCORP INTRAVENOUS RECON SOLN 120 MG		Tier 3

Drug	Status	Notes
Appetite Stim. For Anorexia,Cachexia,Wasting Synd.		
megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)	Tier 1	MO
megestrol oral suspension 625 mg/5 ml (125 mg/ml)	Tier 1	MO; ST: Must meet the following requirement: Megestrol Acetate 40mg/mL suspension in 120 days
Bulk Chemicals		
alum, ammonium (bulk) powder	Tier 3	
ascorbic acid(vitamin c)(bulk) granules 100 %	Tier 3	
balsam peru (bulk) liquid	Tier 3	
benzoin (bulk) topical tincture	Tier 3	
citric acid anhydrous (bulk) granules 100 %	Tier 3	
TRI-CHLOR TOPICAL SOLUTION 80 %	Tier 3	
trichloroacetic acid topical recon soln 100 %, 20 %, 25 %, 30 %, 35 %, 40 %, 50 %, 75 %, 80 %, 90 %	Tier 3	
Calcium Channel Blocker And Nsaid, Cox-2 Inhibitor		
CONSENSI ORAL TABLET 10-200 MG, 2.5-200 MG, 5-200 MG	Tier 3	PA; MO
Cardioplegic Solutions		
CARDIOPLEGIA DEL NIDO FORMULA PERFUSION SOLUTION 26 MEQ/1,052.8 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA HIGH POTASSIUM PERFUSION SOLUTION 108 MEQ/500 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA IND 4:1 PLASMALYT PERFUSION SOLUTION 30 MEQ/542 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA IND 4:1 RINGER PERFUSION SOLUTION 48 MEQ/522.8 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA IND 8:1 NON-ENRCH PERFUSION SOLUTION 70 MEQ/300 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA INDUCTION 4:1 PERFUSION SOLUTION 30 MEQ/415 ML (POTASSIUM), 36 MEQ/500 ML (POTASSIUM)	Tier 1	

Drug	Status	Notes
CARDIOPLEGIA INDUCTION 8:1 PERFUSION SOLUTION 100 MEQ/500 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA MAIN 8:1 NO-ENRCH PERFUSION SOLUTION 24 MEQ/300 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA MAINT 4:1 PLASMA PERFUSION SOLUTION 30 MEQ/1,047 ML (POTASSIUM)	Tier 3	
CARDIOPLEGIA MAINT 4:1 RINGER PERFUSION SOLUTION 12 MEQ/504.8 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA MAINTENANCE 4:1 PERFUSION SOLUTION 20 MEQ/810 ML (POTASSIUM), 36 MEQ/L (POTASSIUM)	Tier 1	
CARDIOPLEGIA MAINTENANCE 8:1 PERFUSION SOLUTION 36 MEQ/500 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/477.5 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/500 ML (POTASSIUM), 7.5 MEQ/238.75 ML (POTASSIUM)	Tier 3	
CARDIOPLEGIA WARM INDUCT 4:1 PERFUSION SOLUTION 40 MEQ/500 ML (POTASSIUM)	Tier 3	
<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 (Plegisol) meq/l (= k+)</i>	Tier 1	
<i>cardioplegic solution no.25 perfusion solution 29 mmol/l (potassium)</i>	Tier 1	
CUSTODIOL HTK PERFUSION SOLUTION 9 MMOL-198 MMOL -2 MMOL/L	Tier 3	
<i>microplegic solution no.1 perfusion solution 7.84 %-8.56 % (0.92 molar)</i>	Tier 1	
<i>microplegic solution no.1-cp2d perfusion solution 7.84 %-8.56 % (0.92 molar)</i>	Tier 1	

Drug	Status	Notes
Cholinesterase Reactivat.&Muscarinic Antg.Antidote		
DUODOTE INTRAMUSCULAR PEN INJECTOR 600-2.1 MG/2ML-MG/0.7ML	Tier 3	
Cholinesterase Reactivating,Organophos. Antidotes		
pralidoxime intramuscular pen injector 600 mg/2 ml	Tier 3	
Condoms		
AIMSCO LATEX CONDOM DEVICE	Tier 5	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
DUREX AVANTI BARE REAL FEEL	Tier 5	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
FANTASY CONDOM DEVICE	Tier 5	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
FC2 FEMALE CONDOM	Tier 5	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
KIMONO CONDOMS(NON-LUBRICATED) DEVICE	Tier 5	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
KIMONO LUBRICATED CONDOMS DEVICE	Tier 5	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
KIMONO MAXX CONDOMS DEVICE	Tier 5	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
KIMONO MICROTHIN AQUA LUBE CON DEVICE	Tier 5	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
KIMONO MICROTHIN CONDOMS DEVICE	Tier 5	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
KIMONO MICROTHIN LARGE CONDOMS DEVICE	Tier 5	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
KIMONO TEXTURED CONDOMS DEVICE	Tier 5	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
TRUSTEX LATEX CONDOM DEVICE	Tier 5	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60

Drug	Status	Notes
TRUSTEX LUBRICATED CONDOMS DEVICE	Tier 5	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
TRUSTEX NON-LUB CONDOMS DEVICE	Tier 5	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
TRUSTEX-RIA LUB/SPERMICIDE DEVICE	Tier 5	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
TRUSTEX-RIA LUBRICATED CONDOMS DEVICE	Tier 5	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	Tier 5	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
Cryopreservative Agents		
CRYOSERV SOLUTION 99 %	Tier 3	
Cystic Fibrosis - Inhaled Osmotic Agents		
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	Tier 4	MO; ST: Must meet the following requirement: Inhaled 7% Sodium Chloride solution in 120 days; QL (20 EA per 1 day); Age (Min 18 Years)
Diagnostic Preparations,Misc.		
ARIDOL BRONCHIAL CHALLENGE INHALATION CAPSULE, W/INHALATION DEVICE 0-5-10-20-40 MG	Tier 3	
kit for tc 99m-sod thiosulfate recon soln 2 mg	Tier 3	
methacholine chloride inhalation solution (Provocholine) for nebulization 0 mg/3 ml (0 mg/ml), 0 to 48 mg/3 ml, 0.1875 mg/3 ml (0.0625 mg/ml), 0.75 mg/3 ml (0.25 mg/ml), 12 mg/3 ml (4 mg/ml), 3 mg/3 ml (1 mg/ml), 48 mg/3 ml (16 mg/ml)	Tier 1	
PRO DNA COLLECTION MUCOUS MEMBRANE KIT 2 %	Tier 1	
PROVOCHOLINE INHALATION RECON SOLN 100 MG	Tier 3	
PYTEST KIT ORAL CAPSULE 37 KBQ (1 MICROCI)	Tier 3	
PYTEST ORAL CAPSULE 37 KBQ (1 MICROCI)	Tier 3	

Drug	Status	Notes
TOXICOLOGY SALIVA COLLECTION ORAL KIT 600 MG	Tier 3	
XENOVIEW PATIENT DOSE INHALATION GAS 1,000 ML	Tier 3	
XENOVIEW PREPARATION GAS BLEND INHALATION GAS 1,000 ML	Tier 3	
Diagnostic Test Devices And Supplies		
BD VERITOR SARS-COV-2, FLU A-B KIT	Tier 5	
BD VERITOR SYSTEM SARS-COV-2 KIT	Tier 5	
BINAXNOW COVID-19 AG CARD KIT	Tier 5	
<i>covid19 test adm.by pharmacist</i>	Tier 5	
<i>covid-19 test specimen collect</i> (EverlyWell COVID19 Hom Collect)	Tier 5	
CUE COVID-19 HOME TEST KIT	Tier 5	
CUE MPOX MOLECULAR TEST KIT	Tier 5	
<i>eua patient assessment</i>	Tier 5	
EVERLYWELL COVID19 HOM COLLECT (covid-19 test specimen collect)	Tier 5	
ID NOW COVID-19 TEST KIT KIT	Tier 5	
LUCIRA COVID-19 AND FLU TEST KIT	Tier 5	
MIDASpot COVID19 ANTIBODY TEST KIT	Tier 5	
PIXEL COVID19 HOME COLLECT KIT (covid-19 test specimen collect)	Tier 5	
QUICKVUE SARS ANTIGEN KIT	Tier 5	
SOFIA SARS ANTIGEN FIA KIT	Tier 5	
SOFIA2 FLU-SARS ANTIGEN FIA KIT	Tier 5	
Digital Therapeutics, Software		
ASPYRERX DIGITAL APP (90-DAY)	Tier 3	
ENDEAVORRX	Tier 3	
LUMINOPIA DIGITAL APP (30-DAY)	Tier 3	
MAHANA IBS	Tier 3	
NERIVIO DIGITAL APP (MIGRAINE)	Tier 3	
REGULORA IBS DIGITAL APP	Tier 3	
RESET APP (SUD) (NON-MON CM)	Tier 3	
RESET DIGITAL APP (SUD)	Tier 3	
RESET-O APP (OUD) (NON-MON CM)	Tier 3	
RESET-O DIGITAL APP (OUD)	Tier 3	
SOMRYST	Tier 3	

Drug	Status	Notes
Diluent Solutions		
DILUENT FOR ROTARIX ORAL SYRINGE	Tier 3	
DILUTING MEDIUM FOR NOVOLOG INJECTION SOLUTION	Tier 3	MO
STERILE HYDROGEL FOR JELMYTO INTRA-PYELOCALYCEAL SOLUTION	Tier 3	
Drugs To Treat Hereditary Tyrosinemia		
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i> (Orfadin)	Tier 3	PA; MO
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	Tier 3	PA; MO
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (nitisinone)	Tier 3	PA; MO
ORFADIN ORAL SUSPENSION 4 MG/ML	Tier 3	PA; MO
Drugs To Tx Gaucher Dx-Type 1, Substrate Reducing		
CERDELGA ORAL CAPSULE 84 MG	Tier 3	MO
<i>miglustat oral capsule 100 mg</i> (Yargesa)	Tier 3	PA; MO
OPFOLDA ORAL CAPSULE 65 MG	Tier 4	PA; MO
YARGESA ORAL CAPSULE 100 MG (miglustat)	Tier 3	PA; MO
Environment Allergens And Irritants, Other		
T.R.U.E. TEST ALLERGEN TOPICAL ADHESIVE PATCH, MEDICATED	Tier 3	
Fallopian Tube Ultrasound Contrast Agents		
EXEM INTRAUTERINE INFUSION FOAM IN SYRINGE	Tier 3	
Fluorescence Imaging Agents - Malignant Tissue		
GLEOLAN ORAL RECON SOLN 30 MG/ML	Tier 3	
Gastrointestinal Radiopaque Diagnostics		
ENTERO VU ORAL SUSPENSION 24 %	Tier 3	
E-Z DISK ORAL TABLET 700 MG	Tier 3	
E-Z-HD BARIUM ORAL SUSPENSION FOR RECONSTITUTION 98 %	Tier 3	
E-Z-PAQUE ORAL SUSPENSION FOR RECONSTITUTION 96 % (W/W)	Tier 3	
E-Z-PASTE ORAL CREAM 60 %	Tier 3	

Drug	Status	Notes
GASTROMARK ORAL SUSPENSION 175 MCG/ML IRON	Tier 3	
LIQUID E-Z PAQUE ORAL SUSPENSION 60 % (W/V)	Tier 3	
LIQUID POLIBAR PLUS ORAL SUSPENSION 105 % (W/V), 58 % (W/W)	Tier 3	
MD-GASTROVIEW ORAL SOLUTION 66-10 %	Tier 1	
NEULUMEX ORAL SUSPENSION 0.1 %	Tier 3	
POLIBAR ACB RECTAL ENEMA 96 %	Tier 3	
READI-CAT 2 ORAL SUSPENSION 2 % (W/V)	Tier 3	
SITZMARKS ORAL CAPSULE 24 MARKERS	Tier 3	
TAGITOL V ORAL SUSPENSION 40 % (W/V)	Tier 3	
VARIBAR HONEY ORAL SUSPENSION 40 % (W/V) 29% (W/W)	Tier 3	
VARIBAR NECTAR ORAL SUSPENSION 40 % (W/V)	Tier 3	
VARIBAR PUDDING ORAL PASTE 40 % (W/V), 30% (W/W)	Tier 3	
VARIBAR THIN HONEY ORAL SUSPENSION 40 %(W/V), 29% (W/W)(1500 CPS)	Tier 3	
VARIBAR THIN LIQUID ORAL POWDER 81 % (W/W)	Tier 3	
General Anesthetics - Benzodiazepine, Injectable		
midazolam (pf) injection solution 5 mg/ml	Tier 1	
midazolam injection solution 5 mg/ml	Tier 1	
General Anesthetics,Inhalant		
desflurane inhalation liquid 100 % (Suprane)	Tier 1	
isoflurane inhalation liquid 99.9 % (Terrell)	Tier 1	
sevoflurane inhalation liquid (Ultane)	Tier 1	
SUPRANE INHALATION LIQUID 100 % (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	

Drug	Status	Notes
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	Tier 3	
sodium chloride inhalation solution for nebulization 0.9 %, 10 %	Tier 1	
sodium chloride inhalation solution for nebulization 3 % (NebuSal)	Tier 1	
sodium chloride inhalation solution for nebulization 7 % (Hyper-Sal)	Tier 1	
Homeopathic Drugs		
AURUMHEEL ORAL DROPS	Tier 3	
CANTHARIS COMPOSITUM ORAL DROPS	Tier 3	
CRALONIN ORAL DROPS	Tier 3	
EYE ORAL TABLET,SOLUBLE	Tier 3	
LAMIOFLUR ORAL DROPS	Tier 3	
PLANTAGO-HOMACCORD ORAL DROPS	Tier 3	
POPULUS COMPOSITUM ORAL DROPS	Tier 3	
PSORINOHEEL ORAL DROPS	Tier 3	
RENEEL ORAL TABLET,SOLUBLE	Tier 3	
SABAL-HOMACCORD ORAL DROPS	Tier 3	
SYZYGIUM COMPOSITUM ORAL DROPS	Tier 3	
VERTIGOHEEL ORAL DROPS	Tier 3	
VERTIGOHEEL ORAL TABLET,SOLUBLE	Tier 3	
Intra-Uterine Devices (IUD's)		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HRS (5 YRS) 19.5 MG	Tier 5	MO
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HRS (8 YRS) 52 MG	Tier 5	MO
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24 HOURS (8 YRS) 52 MG	Tier 5	MO
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	Tier 5	MO
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HRS (3 YRS) 13.5 MG	Tier 5	MO
Metabolic Deficiency Agents		
betaine oral powder 1 gram/scoop (Cystadane)	Tier 3	PA; MO

Drug	Status	Notes
CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML <i>(levocarnitine)</i>	Tier 3	MO
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	Tier 1	MO
<i>levocarnitine oral solution 100 mg/ml</i>	Tier 1	MO
<i>levocarnitine oral tablet 330 mg</i>	Tier 1	MO
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 3	PA; MO
Metabolic Dx Enzyme Replacemt,Sev.Comb.Immune Def.		
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	Tier 4	PA; MO
Metabolic Function Diagnostics		
METOPIRONE ORAL CAPSULE 250 MG	Tier 4	
Metallic Poison,Agents To Treat		
CHEMET ORAL CAPSULE 100 MG	Tier 3	
CUVRIOR ORAL TABLET 300 MG	Tier 4	PA; MO
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	Tier 3	PA; MO
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	Tier 3	PA; MO
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	Tier 3	PA; MO
<i>deferiprone oral tablet 1,000 mg, 500 mg</i>	Tier 3	PA; MO
<i>deferoxamine injection recon soln 2 gram</i>	Tier 1	PA
<i>deferoxamine injection recon soln 500 mg</i>	Tier 1	PA
FERRIPROX ORAL SOLUTION 100 MG/ML	Tier 4	PA; MO
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>	Tier 3	PA; MO
<i>trientine oral capsule 500 mg</i>	Tier 3	PA; MO
WILZIN ORAL CAPSULE 25 MG (ZINC)	Tier 3	
Muscarinic Receptor Antagonists		
ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML	Tier 3	

Drug	Status	Notes
Needles/Needleless Devices		
1ST TIER UNIFINE PENTIPS NEEDLE (pen needle, diabetic) 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 6	MO
1ST TIER UNIFINE PENTIPS PLUS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 6	MO
ADVOCATE PEN NEEDLE NEEDLE 31 (pen needle, diabetic) GAUGE X 3/16", 31 GAUGE X 5/16", 33 GAUGE X 5/32"	Tier 6	MO
AQINJECT PEN NEEDLE NEEDLE 31 (pen needle, diabetic) GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 6	MO
ASSURE ID PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16"	Tier 6	MO
ASSURE ID PEN NEEDLE NEEDLE 31 (pen needle, diabetic, GAUGE X 3/16" safety)	Tier 6	MO
ASSURE ID PRO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"	Tier 6	MO
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"	Tier 6	MO
BD NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	Tier 6	MO
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4"	Tier 6	MO
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	Tier 6	MO
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	Tier 6	MO
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2"	Tier 6	MO
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	Tier 6	MO
CAREFINE PEN NEEDLE NEEDLE 29 (pen needle, diabetic) GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 6	MO
CARETOUCH PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 6	MO
CLICKFINE PEN NEEDLE NEEDLE 31 (pen needle, diabetic) GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 6	MO

Drug	Status	Notes
COMFORT EZ PEN NEEDLES NEEDLE (pen needle, diabetic) 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	Tier 6	MO
COMFORT EZ PEN NEEDLES NEEDLE 33 GAUGE X 5/16"	Tier 6	MO
COMFORT EZ PRO SAFETY PEN NDL NEEDLE 30 GAUGE X 5/16"	Tier 6	MO
COMFORT EZ PRO SAFETY PEN NDL (pen needle, diabetic, NEEDLE 31 GAUGE X 3/16", 31 safety) GAUGE X 5/32"	Tier 6	MO
COMFORT TOUCH PEN NEEDLE (pen needle, diabetic) NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 31 GAUGE X 5/32", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	Tier 6	MO
DROPLET MICRON PEN NEEDLE NEEDLE 34 GAUGE X 9/64"	Tier 6	MO
DROPLET PEN NEEDLE NEEDLE 29 (pen needle, diabetic) GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 6	MO
DROPLET PEN NEEDLE NEEDLE 29 GAUGE X 3/8"	Tier 6	MO
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	Tier 6	MO
DROPSAFE PEN NEEDLE NEEDLE 31 (pen needle, diabetic, GAUGE X 3/16" safety)	Tier 6	MO
EASY COMFORT PEN NEEDLES (pen needle, diabetic) NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	Tier 6	MO
EASY GLIDE PEN NEEDLE NEEDLE (pen needle, diabetic) 33 GAUGE X 5/32"	Tier 6	MO
EASY TOUCH NEEDLE 29 GAUGE X (pen needle, diabetic) 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 6	MO

Drug	Status	Notes
EASY TOUCH PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	Tier 6	MO
EASY TOUCH SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16", 30 GAUGE X 1/4", 30 GAUGE X 3/16", 30 GAUGE X 5/16"	Tier 6	MO
EMBRACE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 6	MO
HALO VIAL CONVERTER DEVICE 13 MM	Tier 3	
HEALTHWISE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 6	MO
HEALTHY ACCENTS UNIFINE PENTIP NEEDLE 29 GAUGE X 1/2"	Tier 6	MO
HEALTHY ACCENTS UNIFINE PENTIP NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16"	Tier 6	MO
INCONTROL PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 6	MO
INSUPEN PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 6	MO
LITE TOUCH INSULIN PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16"	Tier 6	MO
MAXICOMFORT II PEN NEEDLE NEEDLE 31 GAUGE X 1/4"	Tier 6	MO
MAXICOMFORT SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16"	Tier 6	MO
MICRODOT INSULIN PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Tier 6	MO
MINI ULTRA-THIN II NEEDLE 31 GAUGE X 3/16"	Tier 6	MO
NOVOFINE 32 NEEDLE 32 GAUGE X 1/4"	Tier 6	MO
NOVOFINE AUTOCOVER NEEDLE 30 GAUGE X 1/3"	Tier 6	MO

Drug	Status	Notes
NOVOFINE PLUS NEEDLE 32 GAUGE X 1/6"	Tier 6	MO
PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 6	MO
pen needle, diabetic needle 29 gauge x 1/2", 31 gauge x 1/4", 31 gauge x 3/16", 31 gauge x 5/16", 32 gauge x 5/32" (1st Tier Unifine Pentips)	Tier 6	MO
pen needle, diabetic needle 29 gauge x 15/32", 31 gauge x 1/3", 31 gauge x 1/6", 31 gauge x 13/64", 31 gauge x 15/64"	Tier 6	MO
pen needle, diabetic needle 30 gauge x 3/16" (Embrace Pen Needle)	Tier 6	MO
pen needle, diabetic needle 30 gauge x 5/16", 32 gauge x 3/16" (CareFine Pen Needle)	Tier 6	MO
pen needle, diabetic needle 31 gauge x 5/32" (Comfort Touch Pen Needle)	Tier 6	MO
pen needle, diabetic needle 32 gauge x 1/4" (BD Ultra-Fine Micro Pen Needle)	Tier 6	MO
pen needle, diabetic needle 32 gauge x 5/16", 33 gauge x 1/4", 33 gauge x 3/16" (Comfort EZ Pen Needles)	Tier 6	MO
pen needle, diabetic needle 33 gauge x 5/32" (Advocate Pen Needle)	Tier 6	MO
pen needle, diabetic, safety needle 31 gauge x 3/16", 31 gauge x 5/32" (Comfort EZ PRO Safety Pen Ndl)	Tier 6	MO
PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 6	MO
PIP PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 6	MO
PREVENT DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	Tier 6	MO
PRO COMFORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 6	MO
PURE COMFORT PEN NEEDLE NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 6	MO
PURE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32"	Tier 6	MO

Drug		Status	Notes
PURE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	Tier 6	MO
SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	Tier 6	MO
SECURESAFE PEN NEEDLE NEEDLE 30 GAUGE X 5/16"		Tier 6	MO
SKY SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16"		Tier 6	MO
SURE COMFORT PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	(pen needle, diabetic)	Tier 6	MO
SURE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32"		Tier 6	MO
SURE-FINE PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16"	(pen needle, diabetic)	Tier 6	MO
TECHLITE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	(pen needle, diabetic)	Tier 6	MO
TECHLITE PEN NEEDLE NEEDLE 29 GAUGE X 3/8"		Tier 6	MO
TOPCARE CLICKFINE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	(pen needle, diabetic)	Tier 6	MO
TRUE COMFORT PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	(pen needle, diabetic)	Tier 6	MO
TRUE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32"		Tier 6	MO
TRUE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	(pen needle, diabetic, safety)	Tier 6	MO
TRUEPLUS PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	(pen needle, diabetic)	Tier 6	MO
ULTICARE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	(pen needle, diabetic)	Tier 6	MO

Drug	Status	Notes
ULTICARE SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16"	Tier 6	MO
ULTIGUARD SAFEPACK-PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	Tier 6	MO
ULTILET PEN NEEDLE NEEDLE 29 GAUGE	Tier 6	MO
ULTILET PEN NEEDLE NEEDLE 32 (pen needle, diabetic)	Tier 6	MO
ULTRA FLO PEN NEEDLE NEEDLE 29 (pen needle, diabetic) GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Tier 6	MO
ULTRA THIN PEN NEEDLE NEEDLE 32 (pen needle, diabetic) GAUGE X 5/32"	Tier 6	MO
ULTRACARE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Tier 6	MO
ULTRA-THIN II (SHORT) PEN NDL NEEDLE 31 GAUGE X 5/16"	Tier 6	MO
ULTRA-THIN II INS PEN NEEDLES NEEDLE 29 GAUGE X 1/2"	Tier 6	MO
UNIFINE PENTIPS MAXFLOW NEEDLE 30 GAUGE X 3/16"	Tier 6	MO
UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Tier 6	MO
UNIFINE PENTIPS PLUS MAXFLOW NEEDLE 30 GAUGE X 3/16"	Tier 6	MO
UNIFINE PENTIPS PLUS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Tier 6	MO
UNIFINE ULTRA PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 6	MO

Drug	Status	Notes
VERIFINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 6	MO
VERIFINE PLUS PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 6	MO
Ointment/Cream Bases		
RADIAGEL TOPICAL GEL	Tier 3	
Ophthalmic Surgical Aids		
<i>edetate disodium ophthalmic (eye) drops</i> 3 %	Tier 1	
Oral Lipid Supplements		
DOJOLVI ORAL LIQUID 8.3 KCAL/ML	Tier 4	PA; MO
Oral Mucositis/Stomatitis Agents		
FIRST-MOUTHWASH BLM MUCOUS MEMBRANE MOUTHWASH 200-25- 400-40 MG/30 ML	Tier 3	
GELCLAIR MUCOUS MEMBRANE GEL IN PACKET	Tier 3	
GELX MUCOUS MEMBRANE GEL	Tier 3	
MUGARD MUCOUS MEMBRANE SOLUTION	Tier 3	
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH	Tier 3	
ORAPEUTIC MUCOUS MEMBRANE GEL	Tier 3	
Radioactive Diagnostics, General		
XENON XE-133 INHALATION GAS 370 MBQ (10 MCI), 740 MBQ (20 MCI)	Tier 3	
<i>xenon-133 in air inhalation gas 370 mbq</i> (10 mci), 740 mbq (20 mci)	Tier 1	
Radiopharmaceuticals Elements		
INDICLOR SOLUTION 5 MCI/0.5 ML (indium-111 chloride) (185 MBQ)	Tier 3	
<i>indium-111 chloride solution 5 mci/0.5 ml</i> (Indiclor) (185 mbq)	Tier 1	
Saliva Stimulant Agents		
NUMOISYN MUCOUS MEMBRANE LOZENGE 0.3 GRAM	Tier 3	
Saliva Substitute Agents		
AQUORAL MUCOUS MEMBRANE AEROSOL, SPRAY	Tier 3	

Drug	Status	Notes
CAPHOSOL MUCOUS MEMBRANE SOLUTION	Tier 3	
MUCOSITISRX MUCOUS MEMBRANE POWDER IN PACKET 351 MG	Tier 3	
NUMOISYN MUCOUS MEMBRANE LIQUID	Tier 3	
SALIVAMAX MUCOUS MEMBRANE POWDER IN PACKET 351 MG	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 4	PA; MO
<i>octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml</i>	Tier 3	MO
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i> (Sandostatin)	Tier 3	MO
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	Tier 3	MO
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	Tier 4	PA; MO
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	
Urinary Tract Radiopaque Diagnostics		
CYSTO-CONRAY II URETHRAL SOLUTION 17.2 %	Tier 3	
CYSTOGRAFIN URETHRAL SOLUTION 30 %	Tier 3	
CYSTOGRAFIN-DILUTE URETHRAL SOLUTION 18 %	Tier 3	

Drug	Status	Notes
Urine Acetone Test Aids		
KETONE CARE STRIP	Tier 3	MO
KETONE URINE TEST STRIP	Tier 3	MO
KETOSTIX STRIP	Tier 3	MO
TRUEPLUS KETONE STRIP	Tier 3	MO
Wound Healing Agents, Local		
balsam peru-castor oil topical ointment (BPCO)	Tier 1	
BPCO TOPICAL OINTMENT (balsam peru-castor oil)	Tier 1	
DERMACINRX CLORHEXACIN TOPICAL KIT 2-4-5 %	Tier 3	
DERMACINRX SURGICAL PHARMAPAK TOPICAL KIT 2-4-5 %	Tier 3	
DERMAWERX SURGICAL PLUS PAK TOPICAL KIT 2-4-5 %	Tier 3	
DERMULCERA TOPICAL OINTMENT (balsam peru-castor oil)	Tier 3	
NUSURGEPAK SURGICAL PREP TOPICAL KIT 2-4-5 %	Tier 3	
PS1 ACIURGY PACK TOPICAL KIT 2-4-10-70 %	Tier 3	
PS2 ACIURGY PACK TOPICAL KIT 2-4-10-70 %	Tier 3	
RAYASORE KIT TOPICAL KIT 1-10 %	Tier 3	
VENELEX TOPICAL OINTMENT (balsam peru-castor oil)	Tier 3	
VENELEX TOPICAL OINTMENT IN PACKET	Tier 3	
WHYTEDERM SURGIPAK TOPICAL KIT 2-4-2 %	Tier 3	
Other Respiratory Disorders		
Antifibrotic Therapy - Pyridone Analogs		
pirfenidone oral capsule 267 mg (Esbriet)	Tier 3	PA; MO
pirfenidone oral tablet 267 mg, 801 mg (Esbriet)	Tier 3	PA; MO
pirfenidone oral tablet 534 mg	Tier 3	PA; MO
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 3	PA; MO
KALYDECO ORAL TABLET 150 MG	Tier 3	PA; MO
Cystic Fibrosis-Cftr Potentiator & Corrector Comb.		
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	Tier 3	PA; MO

Drug	Status	Notes
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	Tier 3	PA; MO
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	Tier 3	PA; MO
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	Tier 3	PA; MO
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	Tier 3	PA; MO
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		
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	Tier 1	
PULMOZYME INHALATION SOLUTION 1 MG/ML	Tier 3	PA; MO
Pulmonary Fibrosis - Systemic Enzyme Inhibitors		
OFEV ORAL CAPSULE 100 MG, 150 MG	Tier 3	PA; MO
Pain Management - Analgesics		
Analgesic, Non-Salicylate & Barbiturate Comb.		
butalbital-acetaminophen oral capsule 50-300 mg	Tier 1	QL (6 EA per 1 day)
butalbital-acetaminophen oral tablet 50- 300 mg (Bupap)	Tier 1	ST: Must meet the following requirement: Generic Butalbital/acetaminophen 50mg-325mg combination product in 120 days; QL (6 EA per 1 day)
butalbital-acetaminophen oral tablet 50- 325 mg (Tencon)	Tier 1	
TENCON ORAL TABLET 50-325 MG (butalbital-acetaminophen)	Tier 1	

Drug	Status	Notes
Analgesic, Salicylate, Barbiturate,& Xanthine Cmb		
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	Tier 1	
butalbital-aspirin-caffeine oral tablet 50-325-40 mg	Tier 1	
Analgesic, Non-Salicylate,Barbiturate,&Xanthine Cmb		
butalbital-acetaminophen-caff oral capsule 50-300-40 mg (Fioricet)	Tier 1	
butalbital-acetaminophen-caff oral capsule 50-325-40 mg (Esgic)	Tier 1	
butalbital-acetaminophen-caff oral tablet (Esgic) 50-325-40 mg	Tier 1	
FIORICET ORAL CAPSULE 50-300-40 (butalbital-acetaminophen-MG)	Tier 1	
ZEBUTAL ORAL CAPSULE 50-325-40 (butalbital-acetaminophen-caff)	Tier 1	
Analgesic/Antipyretics, Salicylates		
aspirin oral tablet 325 mg (Bayer Aspirin)	Tier 5	MO
aspirin oral tablet,delayed release (dr/ec) 325 mg (Aspir-Trin)	Tier 5	MO
ASPIR-TRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (aspirin)	Tier 5	MO
BAYER ASPIRIN ORAL TABLET 325 MG (aspirin)	Tier 5	MO
BAYER ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (aspirin)	Tier 5	MO
choline,magnesium salicylate oral liquid 500 mg/5 ml	Tier 1	
diflunisal oral tablet 500 mg	Tier 1	
E.C. PRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (aspirin)	Tier 5	MO
ECOTRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (aspirin)	Tier 5	MO
salsalate oral tablet 500 mg, 750 mg (Disalcid)	Tier 1	
Analgesics, Narcotic Agonist And Nsaid Combination		
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	Tier 1	
SEGLENTIS ORAL TABLET 44-56 MG	Tier 3	
Analgesics, Non-Narcotics		
clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml) (Duraclon (PF))	Tier 1	

Drug	Status	Notes
clonidine (pf) epidural solution 5,000 mcg/10 ml	Tier 1	
Analgesics,Narcotics		
BELBUCA Buccal Film 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG (buprenorphine hcl)	Tier 3	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg	Tier 1	
buprenorphine hcl injection solution 0.3 mg/ml	Tier 1	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription
buprenorphine hcl injection syringe 0.3 mg/ml	Tier 1	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription
buprenorphine transdermal patch weekly (Butrans) 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	Tier 1	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 28 days)
butorphanol injection solution 1 mg/ml, 2 mg/ml	Tier 1	
butorphanol nasal spray,non-aerosol 10 mg/ml	Tier 1	
codeine sulfate oral tablet 15 mg, 30 mg	Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)
codeine sulfate oral tablet 60 mg	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
DEMEROL (PF) INJECTION SYRINGE 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML	Tier 3	
DILAUDID (PF) INJECTION SYRINGE 0.5 MG/0.5 ML	Tier 3	
DILAUDID (PF) INJECTION SYRINGE 1 (hydromorphone (pf)) MG/ML, 2 MG/ML, 4 MG/ML	Tier 3	
DSUVIA SUBLINGUAL TABLET IN APPLICATOR 30 MCG	Tier 3	PA
fentanyl (pf)-bupivacaine-nacl epidural prefilled pump reservoir 2 mcg/ml- 0.1 %, 2 mcg/ml- 0.125 %	Tier 1	

Drug	Status	Notes
fentanyl (pf)-bupivacaine-nacl epidural syringe 1.5 mcg/ml- 0.125 %, 2 mcg/ml- 0.125 %	Tier 1	
fentanyl citrate (pf) intravenous patient control.analgesia soln 1,500 mcg/30 ml (50 mcg/ml)	Tier 1	
fentanyl citrate (pf)-0.9%nacl intravenous pt controlled analgesia syring 500 mcg/50 ml (10 mcg/ml)	Tier 1	
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	Tier 1	PA
fentanyl citrate buccal tablet, (Fentora) effervescent 100 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	Tier 1	PA
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	Tier 1	PA; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription
fentanyl-ropivacaine-nacl (pf) epidural prefilled pump reservoir 2-0.2 mcg/ml-%	Tier 1	
fentanyl-ropivacaine-nacl (pf) epidural solution 2-0.1 mcg/ml-%, 2-0.125 mcg/ml-%	Tier 1	
fentanyl-ropivacaine-nacl (pf) epidural syringe 100 mcg/50 ml (2 mcg/ml)-0.1%	Tier 1	
FENTORA BUCCAL TABLET, (fentanyl citrate) EFFERVESCENT 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	Tier 3	PA
hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg	Tier 1	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	Tier 1	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)	Tier 1	
hydromorphone oral liquid 1 mg/ml (Dilaudid)	Tier 1	
hydromorphone oral tablet 2 mg, 4 mg, 8 mg (Dilaudid)	Tier 1	

Drug	Status	Notes	
hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg	Tier 1	PA; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription	
hydromorphone rectal suppository 3 mg	Tier 1		
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 80 MG	(hydrocodone bitartrate)	Tier 3	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
KADIAN ORAL CAPSULE,EXTEND.RELEASE PELLETS 200 MG		Tier 3	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
levorphanol tartrate oral tablet 2 mg, 3 mg	Tier 1	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription	
meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml	Tier 1		
meperidine oral solution 50 mg/5 ml	Tier 1	QL (30 ML per 1 day)	
meperidine oral tablet 50 mg	Tier 1	QL (6 EA per 1 day)	
methadone injection solution 10 mg/ml	Tier 1	QL (4 ML per 1 day)	
METHADONE INTENSOL ORAL CONCENTRATE 10 MG/ML	(methadone)	Tier 1	QL (4 ML per 1 day)
methadone oral concentrate 10 mg/ml	(Methadone Intensol)	Tier 1	QL (4 ML per 1 day)
methadone oral solution 10 mg/5 ml		Tier 1	QL (20 ML per 1 day)
methadone oral solution 5 mg/5 ml		Tier 1	QL (40 ML per 1 day)
methadone oral tablet 10 mg		Tier 1	QL (4 EA per 1 day)
methadone oral tablet 5 mg		Tier 1	QL (8 EA per 1 day)
methadone oral tablet,soluble 40 mg	(Methadose)	Tier 1	QL (1 EA per 1 day)
METHADOSE ORAL TABLET,SOLUBLE 40 MG	(methadone)	Tier 1	QL (1 EA per 1 day)
morphine (pf) intravenous syringe 1 mg/2 ml		Tier 1	
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)		Tier 1	PA
morphine in 0.9 % sodium chlor intravenous pt controlled analgesia syring 275 mg/55 ml (5 mg/ml)		Tier 1	

Drug	Status	Notes
<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: Must meet the following requirement: 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: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<i>morphine oral capsule, extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	Tier 1	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>morphine oral tablet 15 mg, 30 mg</i>	Tier 2	
<i>morphine oral tablet extended release (MS Contin) 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	Tier 1	ST: Must meet the following requirement: 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	
<i>NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG</i>	Tier 3	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG</i>	Tier 3	QL (6 EA per 1 day)
<i>OXAYDO ORAL TABLET, ORAL ONLY 5 MG, 7.5 MG</i>	Tier 3	
<i>oxycodone oral capsule 5 mg</i>	Tier 1	
<i>oxycodone oral concentrate 20 mg/ml</i>	Tier 1	PA

Drug	Status	Notes
oxycodone oral solution 5 mg/5 ml	Tier 1	
oxycodone oral tablet 10 mg, 20 mg, 5 mg	Tier 1	
oxycodone oral tablet 15 mg, 30 mg (Roxicodone)	Tier 1	
oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 20 mg, 40 mg	Tier 1	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
oxycodone oral tablet,oral only,ext.rel.12 hr 80 mg	Tier 1	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	Tier 2	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG	Tier 2	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
oxymorphone oral tablet 10 mg, 5 mg	Tier 1	
oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	Tier 1	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
oxymorphone oral tablet extended release 12 hr 30 mg, 40 mg	Tier 1	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
pentazocine-naloxone oral tablet 50-0.5 mg	Tier 1	
ROXYBOND ORAL TABLET, ORAL ONLY 15 MG, 30 MG, 5 MG	Tier 3	

Drug	Status	Notes
SUBSYS SUBLINGUAL SPRAY, NON-AEROSOL 1,200 MCG (600 MCG/SPRAY X 2), 1,600 MCG (800 MCG/SPRAY X 2), 100 MCG/SPRAY, 200 MCG/SPRAY, 400 MCG/SPRAY, 600 MCG/SPRAY, 800 MCG/SPRAY	Tier 3	PA
<i>tramadol oral capsule, er biphase 24 hr 17-83 300 mg</i>	Tier 1	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral capsule, er biphase 24 hr 25-75 100 mg, 200 mg</i>	Tier 1	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral solution 5 mg/ml</i>	Tier 1	PA
<i>tramadol oral tablet 100 mg</i>	Tier 1	QL (4 EA per 1 day); Age (Min 12 Years)
<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: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet extended release 24 hr 200 mg, 300 mg</i>	Tier 1	ST: Must meet the following requirement: 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: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years)

Drug	Status	Notes	
tramadol oral tablet, er multiphase 24 hr 200 mg, 300 mg	Tier 1	ST: Must meet the following requirement: 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: Must meet the following requirement: 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: Must meet the following requirement: 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: Must meet the following requirement: 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; MO	
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	Tier 3	PA; MO	
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	Tier 3	PA; MO	
almotriptan malate oral tablet 12.5 mg, 6.25 mg	Tier 1	ST: Must meet the following requirement: Oral Rizatriptan or Sumatriptan in 180 days; QL (12 EA per 30 days)	
diclofenac potassium oral powder in packet 50 mg	(Cambia)	Tier 1	
dihydroergotamine injection solution 1 mg/ml		Tier 1	QL (15 ML per 14 days)
dihydroergotamine nasal spray,non- aerosol 0.5 mg/pump act. (4 mg/ml)	(Migranal)	Tier 1	ST: Must meet the following requirement: Oral Rizatriptan or Sumatriptan in 180 days; QL (8 ML per 28 days)

Drug		Status	Notes
<i>eletiptan oral tablet 20 mg, 40 mg</i>	(Relpax)	Tier 1	ST: Must meet the following requirement: Oral Rizatriptan or Sumatriptan in 180 days; QL (12 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; MO
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML		Tier 2	PA; MO
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: Must meet the following requirement: Oral Rizatriptan or Sumatriptan in 180 days; QL (18 EA per 30 days)
MIGERGOT RECTAL SUPPOSITORY 2-100 MG		Tier 3	PA
MIGRANOW KIT,GEL AND TABLET 50 MG- 10 %-4 %		Tier 3	
<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
ONZETRA XSAIL NASAL AEROSOL POWDR BREATH ACTIVATED 11 MG		Tier 3	ST: Must meet the following requirement: Generic Sumatriptan nasal spray in 180 days; QL (16 EA per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG		Tier 2	PA; MO
REYVOW ORAL TABLET 100 MG, 50 MG		Tier 2	PA
<i>rizatriptan oral tablet 10 mg</i>	(Maxalt)	Tier 1	QL (18 EA per 30 days)
<i>rizatriptan oral tablet 5 mg</i>		Tier 1	QL (18 EA per 30 days)
<i>rizatriptan oral tablet,disintegrating 10 mg</i>	(Maxalt-MLT)	Tier 1	QL (18 EA per 30 days)
<i>rizatriptan oral tablet,disintegrating 5 mg</i>		Tier 1	QL (18 EA per 30 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation</i>		Tier 1	QL (6 EA per 15 days)
<i>sumatriptan succinate oral tablet 100 mg</i>	(Imitrex)	Tier 1	QL (9 EA per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i>	(Imitrex)	Tier 1	QL (3 EA per 5 days)

Drug	Status	Notes
sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml (Imitrex STATdose Refill)	Tier 1	QL (4 ML per 28 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml (Imitrex STATdose Pen)	Tier 1	QL (4 ML per 28 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml (Imitrex)	Tier 1	QL (5 ML per 28 days)
sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml	Tier 1	QL (4 ML per 28 days)
sumatriptan-naproxen oral tablet 85-500 mg (TrexiMet)	Tier 1	ST: Must meet any of the following requirements: Almotriptan Malate, Eletriptan Hydrobromide, Frovatriptan Succinate, Naratriptan HCL, Onzeta Xsail, Rizatriptan Benzoate, Sumatriptan Succ/naproxen Sodium, Sumatriptan Succinate, Sumatriptan, Sumavel Dosepro, Tosymra, Zembrace Symtouch, or Zolmitriptan in 180 days; QL (9 EA per 30 days)
TOSYMRA NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION	Tier 3	ST: Must meet the following requirement: Oral Rizatriptan or Sumatriptan in 180 days; QL (12 EA per 30 days)
TRUDHESA NASAL SPRAY, NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML)	Tier 3	ST: Must meet the following requirement: Oral Rizatriptan or Sumatriptan in 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
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML	Tier 3	ST: Must meet the following requirement: Generic Sumatriptan injection in 120 days; QL (8 ML per 28 days)
zolmitriptan nasal spray, non-aerosol 5 mg (Zomig)	Tier 1	ST: Must meet the following requirement: Oral Rizatriptan or Sumatriptan in 180 days; QL (6 EA per 15 days)

Drug	Status	Notes
zolmitriptan oral tablet 2.5 mg, 5 mg (Zomig)	Tier 1	ST: Must meet the following requirement: Oral Rizatriptan or Sumatriptan in 180 days; QL (12 EA per 30 days)
zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg	Tier 1	ST: Must meet the following requirement: Oral Rizatriptan or Sumatriptan in 180 days; QL (12 EA per 30 days)
ZOMIG ORAL TABLET 2.5 MG, 5 MG (zolmitriptan)	Tier 1	ST: Must meet the following requirement: Oral Rizatriptan or Sumatriptan in 180 days; QL (12 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		
butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg (Fioricet with Codeine)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
Narcotic & Salicylate Analgesics, Barb.& Xanthine		
ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG (codeine-butalbital-asa-caff)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
BUTALBITAL COMPOUND W/CODEINE ORAL CAPSULE 30-50-325-40 MG (codeine-butalbital-asa-caff)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg (Ascomp with Codeine)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
Narcotic Analgesic & Non-Salicylate Analgesic Comb		
acetaminophen-codeine oral solution 120-12 mg/5 ml	Tier 1	QL (150 ML per 1 day); Age (Min 12 Years)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)
acetaminophen-codeine oral tablet 300-60 mg	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)

Drug	Status	Notes
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG (benzhydrocodone-acetaminophen)	Tier 3	ST: Must meet the following requirement: Hydrocodone/acetaminophen tablets in 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: Must meet the following requirement: Hydrocodone/acetaminophen tablets in 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 10-325 mg/15 ml(15 ml), 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)
NALOCET ORAL TABLET 2.5-300 MG (oxycodone-acetaminophen)	Tier 1	ST: Must meet the following requirements: Oxycodone HCL and Oxycodone HCL/Acetaminophen IN 365 DAYS; QL (12 EA per 1 day)
<i>oxycodone-acetaminophen oral solution 10-300 mg/5 ml</i> (Prolate)	Tier 1	QL (66 ML 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 10-300 mg</i> (Primlev)	Tier 1	ST: Must meet the following requirements: Oxycodone HCL and Oxycodone HCL/Acetaminophen IN 365 DAYS; QL (13 EA 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)
<i>oxycodone-acetaminophen oral tablet 2.5-300 mg</i> (Nalocet)	Tier 1	ST: Must meet the following requirements: Oxycodone HCL and Oxycodone HCL/Acetaminophen IN 365 DAYS; QL (12 EA per 1 day)

Drug	Status	Notes
oxycodone-acetaminophen oral tablet 5- 300 mg, 7.5-300 mg (Prolate)	Tier 1	ST: Must meet the following requirements: Oxycodone HCL and Oxycodone HCL/Acetaminophen IN 365 DAYS; QL (13 EA per 1 day)
PRIMLEV ORAL TABLET 10-300 MG (oxycodone-acetaminophen)	Tier 1	ST: Must meet the following requirements: Oxycodone HCL and Oxycodone HCL/Acetaminophen IN 365 DAYS; QL (13 EA per 1 day)
PRIMLEV ORAL TABLET 5-300 MG, 7.5-300 MG (oxycodone-acetaminophen)	Tier 3	ST: Must meet the following requirements: Oxycodone HCL and Oxycodone HCL/Acetaminophen IN 365 DAYS; QL (13 EA per 1 day)
PROLATE ORAL SOLUTION 10-300 MG/5 ML (oxycodone-acetaminophen)	Tier 3	QL (66 ML per 1 day)
PROLATE ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG (oxycodone-acetaminophen)	Tier 1	ST: Must meet the following requirements: Oxycodone HCL and Oxycodone HCL/Acetaminophen IN 365 DAYS; QL (13 EA per 1 day)
tramadol-acetaminophen oral tablet 37.5-325 mg	Tier 1	QL (10 EA per 1 day); Age (Min 12 Years)
Narcotic Analgesic, Non-Salicylate, Xanthine Comb		
acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg (Trezix)	Tier 1	ST: Must meet the following requirement: Acetaminophen With Codeine tablets in 120 days; QL (10 EA per 1 day); Age (Min 12 Years)
Narcotic Withdrawal Therapy Agents		
buprenorphine hcl sublingual tablet 2 mg, 8 mg	Tier 1	QL (3 EA per 1 day)
buprenorphine-naloxone sublingual film 12-3 mg, 8-2 mg (Suboxone)	Tier 1	MO; QL (2 EA per 1 day)
buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg (Suboxone)	Tier 1	MO; QL (1 EA per 1 day)

Drug	Status	Notes
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg	Tier 1	MO; 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	MO; QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	Tier 2	MO; QL (2 EA per 1 day)
Opioid Withdrawal Ther, Alpha-2 Adrenergic Agonist		
LUCEMYRA ORAL TABLET 0.18 MG	Tier 3	PA
Skeletal Muscle Relaxant, Salicylate, Narc Analgesic		
carisoprodol-aspirin-codeine oral tablet 200-325-16 mg	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
Parkinsons Disease		
Antiparkinsonism Drugs, Anticholinergic		
benztropine oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	MO
trihexyphenidyl oral elixir 0.4 mg/ml	Tier 1	MO
trihexyphenidyl oral tablet 2 mg, 5 mg	Tier 1	MO
Antiparkinsonism Drugs, Other		
amantadine hcl oral capsule 100 mg	Tier 1	MO
amantadine hcl oral solution 50 mg/5 ml	Tier 1	MO
amantadine hcl oral tablet 100 mg	Tier 1	MO
apomorphine subcutaneous cartridge 10 mg/ml (APOKYN)	Tier 3	PA; MO
bromocriptine oral capsule 5 mg (Parlodel)	Tier 1	MO
bromocriptine oral tablet 2.5 mg (Parlodel)	Tier 1	MO
carbidopa-levodopa oral tablet 10-100 mg	Tier 1	MO
carbidopa-levodopa oral tablet 25-100 mg	Tier 1	MO
carbidopa-levodopa oral tablet 25-250 mg	Tier 1	MO
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	Tier 1	MO
carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg	Tier 1	MO
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg	Tier 1	MO
carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg	Tier 1	MO

Drug		Status	Notes
<i>carbidopa-levodopa-entacapone oral tablet 25-100-200 mg</i>	(Stalevo 100)	Tier 1	MO
<i>carbidopa-levodopa-entacapone oral tablet 31.25-125-200 mg</i>	(Stalevo 125)	Tier 1	MO
<i>carbidopa-levodopa-entacapone oral tablet 37.5-150-200 mg</i>	(Stalevo 150)	Tier 1	MO
<i>carbidopa-levodopa-entacapone oral tablet 50-200-200 mg</i>	(Stalevo 200)	Tier 1	MO
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML		Tier 4	PA; MO
<i>entacapone oral tablet 200 mg</i>	(Comtan)	Tier 1	MO
GOCOVRI ORAL CAPSULE, EXTENDED RELEASE 24HR 137 MG, 68.5 MG		Tier 4	PA; MO
INBRIJA INHALATION CAPSULE 42 MG		Tier 4	PA; MO
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG		Tier 4	PA; MO
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR		Tier 2	MO; ST: Must meet any of the following requirements: Immediate-release Pramipexole or immediate-release Ropinirole in 120 days; QL (1 EA per 1 day)
NOURIANZ ORAL TABLET 20 MG, 40 MG		Tier 4	PA; MO
ONGENTYS ORAL CAPSULE 25 MG, 50 MG		Tier 3	PA; MO
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 258 MG, 322 MG/DAY(129 MG X1-193MG X1)		Tier 3	PA; MO
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>		Tier 1	MO
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	(Mirapex ER)	Tier 1	MO; ST: Must meet any of the following requirements: Immediate-release Pramipexole or immediate-release Ropinirole in 120 days; QL (1 EA per 1 day)
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	(Azilect)	Tier 1	MO; QL (1 EA per 1 day)
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>		Tier 1	MO

Drug	Status	Notes
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	Tier 1	MO; ST: Must meet any of the following requirements: Immediate-release Pramipexole or immediate-release Ropinirole in 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	MO; ST: Must meet the following requirement: Carbidopa/levodopa in 120 days; QL (10 EA per 1 day)
<i>selegiline hcl oral capsule 5 mg</i>	Tier 1	MO
<i>selegiline hcl oral tablet 5 mg</i>	Tier 1	MO
<i>tolcapone oral tablet 100 mg (Tasmar)</i>	Tier 1	MO; ST: Must meet the following requirement: Entacapone in 120 days; QL (3 EA per 1 day)
XADAGO ORAL TABLET 100 MG, 50 MG	Tier 3	MO; ST: Must meet any of the following requirements: Carbidopa/levodopa, Duopa, or Rytary in 120 days; QL (1 EA per 1 day)
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG	Tier 3	MO; ST: Must meet the following requirement: Selegiline capsules or tablets in 120 days; QL (2 EA per 1 day)
Decarboxylase Inhibitors		
<i>carbidopa oral tablet 25 mg (Lodosyn)</i>	Tier 1	MO
Seizure Disorder		
Anticonvulsant - Benzodiazepine Type		
<i>clobazam oral suspension 2.5 mg/ml (Onfi)</i>	Tier 1	MO; QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg (Onfi)</i>	Tier 1	MO; QL (2 EA per 1 day)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg (Klonopin)</i>	Tier 1	MO
<i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	MO
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	Tier 1	
<i>NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)</i>	Tier 3	QL (10 EA per 30 days)
<i>SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG</i>	Tier 3	PA; MO

Drug	Status	Notes
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	Tier 3	QL (10 EA per 30 days)
Anticonvulsant - Cannabinoid Type		
EPIDIOLEX ORAL SOLUTION 100 MG/ML	Tier 3	MO; ST: Must meet 2 of the following requirements: Clobazam, Lamotrigine, Levetiracetam, Topiramate, Valproic Acid (as Sodium Salt), or Valproic Acid in 365 days
Anticonvulsants		
ACTIVE-PAC KIT, GEL AND CAPSULE 300-4-1 MG-%-%	Tier 3	
APTIOM ORAL TABLET 200 MG, 400 MG	Tier 3	MO; ST: Must meet 2 of the following requirements: Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Sodium Valproate, Spritam, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide in 365 days; QL (1 EA per 1 day)
APTIOM ORAL TABLET 600 MG, 800 MG	Tier 3	MO; ST: Must meet 2 of the following requirements: Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Sodium Valproate, Spritam, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide in 365 days; QL (2 EA per 1 day)

Drug	Status	Notes
BRIVIACT ORAL SOLUTION 10 MG/ML	Tier 2	MO; QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	Tier 2	MO; QL (2 EA per 1 day)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	Tier 1	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	Tier 1	MO
<i>carbamazepine oral tablet 200 mg</i>	Tier 1	MO
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	Tier 1	MO
<i>carbamazepine oral tablet, chewable 100 mg</i>	Tier 1	MO
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	Tier 4	PA; MO
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	Tier 4	PA; MO
DILANTIN ORAL CAPSULE 30 MG	Tier 3	MO
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	Tier 1	MO
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	Tier 1	MO
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	Tier 1	MO
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG	Tier 3	MO; ST: Must meet the following requirement: Generic Levetiracetam oral solution in 120 days; QL (3 EA per 1 day); Age (Min 12 Years)
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,500 MG	Tier 3	MO; ST: Must meet the following requirement: Generic Levetiracetam oral solution in 120 days; QL (2 EA per 1 day); Age (Min 12 Years)
EPITOL ORAL TABLET 200 MG (carbamazepine)	Tier 1	MO
EPRONTIA ORAL SOLUTION 25 MG/ML	Tier 3	PA; MO
<i>ethosuximide oral capsule 250 mg</i>	Tier 1	MO
<i>ethosuximide oral solution 250 mg/5 ml</i>	Tier 1	MO
<i>felbamate oral suspension 600 mg/5 ml</i>	Tier 1	MO; QL (30 ML per 1 day)
<i>felbamate oral tablet 400 mg</i>	Tier 1	MO; QL (9 EA per 1 day)
<i>felbamate oral tablet 600 mg</i>	Tier 1	MO; QL (6 EA per 1 day)

Drug	Status	Notes
FINTEPLA ORAL SOLUTION 2.2 MG/ML	Tier 4	PA; MO
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	Tier 3	MO; ST: Must meet 3 of the following requirements: Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lacosamide, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Sodium Valproate, Spritam, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Vimpat, Zonisade, or Zonisamide in 365 days; QL (680 ML per 28 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	Tier 3	MO; ST: Must meet 3 of the following requirements: Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lacosamide, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Sodium Valproate, Spritam, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Vimpat, Zonisade, or Zonisamide in 365 days; QL (30 EA per 30 days)

Drug	Status	Notes
FYCOMPA ORAL TABLET 2 MG	Tier 3	MO; ST: Must meet 3 of the following requirements: Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lacosamide, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Sodium Valproate, Spritam, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Vimpat, Zonisade, or Zonisamide in 365 days; QL (120 EA per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	Tier 3	MO; ST: Must meet 3 of the following requirements: Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lacosamide, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Sodium Valproate, Spritam, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Vimpat, Zonisade, or Zonisamide in 365 days; QL (60 EA per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i> (Neurontin)	Tier 1	MO
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	Tier 1	MO
<i>gabapentin oral solution 300 mg/6 ml (6 ml)</i>	Tier 1	MO
<i>gabapentin oral tablet 600 mg, 800 mg</i> (Neurontin)	Tier 1	MO
<i>lacosamide oral solution 10 mg/ml</i> (Vimpat)	Tier 1	MO; QL (1200 ML per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Vimpat)	Tier 1	MO; QL (2 EA per 1 day)
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7)	Tier 3	ST: Must meet the following requirement: Immediate-release Lamotrigine in 120 days

Drug	Status	Notes
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)	Tier 3	ST: Must meet the following requirement: Immediate-release Lamotrigine in 120 days
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7)	Tier 3	ST: Must meet the following requirement: Immediate-release Lamotrigine in 120 days
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	Tier 1	MO
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7)</i>	Tier 1	ST: Must meet the following requirement: Immediate-release Lamotrigine in 120 days
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)</i>	Tier 1	ST: Must meet the following requirement: Immediate-release Lamotrigine in 120 days
<i>lamotrigine oral tablet disintegrating, dose pk 50 mg (42) -100 mg (14)</i>	Tier 1	ST: Must meet the following requirement: Immediate-release Lamotrigine in 120 days
<i>lamotrigine oral tablet extended release 24hr 100 mg</i>	Tier 1	MO; ST: Must meet the following requirement: Immediate-release Lamotrigine in 120 days; QL (3 EA per 1 day)
<i>lamotrigine oral tablet extended release 24hr 200 mg, 250 mg, 300 mg</i>	Tier 1	MO; ST: Must meet the following requirement: Immediate-release Lamotrigine in 120 days; QL (2 EA per 1 day)
<i>lamotrigine oral tablet extended release 24hr 25 mg, 50 mg</i>	Tier 1	MO; ST: Must meet the following requirement: Immediate-release Lamotrigine in 120 days; QL (6 EA per 1 day)
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	Tier 1	MO
<i>lamotrigine oral tablet,disintegrating 100 mg</i>	Tier 1	MO; ST: Must meet the following requirement: Immediate-release Lamotrigine in 120 days; QL (3 EA per 1 day)

Drug	Status	Notes
<i>lamotrigine oral tablet,disintegrating 200 mg</i> (Lamictal ODT)	Tier 1	MO; ST: Must meet the following requirement: Immediate-release Lamotrigine in 120 days; QL (2 EA per 1 day)
<i>lamotrigine oral tablet,disintegrating 25 mg, 50 mg</i> (Lamictal ODT)	Tier 1	MO; ST: Must meet the following requirement: Immediate-release Lamotrigine in 120 days; QL (6 EA per 1 day)
<i>lamotrigine oral tablets,dose pack 25 mg (35)</i> (Subvenite Starter (Blue) Kit)	Tier 1	
<i>lamotrigine oral tablets,dose pack 25 mg (42) -100 mg (7)</i> (Subvenite Starter (Orange) Kit)	Tier 1	
<i>lamotrigine oral tablets,dose pack 25 mg (84) -100 mg (14)</i> (Subvenite Starter (Green) Kit)	Tier 1	
<i>levetiracetam oral solution 100 mg/ml</i> (Kepra)	Tier 1	MO
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> (Kepra)	Tier 1	MO
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	Tier 1	MO
<i>methsuximide oral capsule 300 mg</i> (Celontin)	Tier 1	MO
MOTPOLY XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG	Tier 3	PA; MO
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> (Trileptal)	Tier 1	MO
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal)	Tier 1	MO
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	Tier 3	MO; ST: Must meet 2 of the following requirements: Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, Zonisade, or Zonisamide in 365 days; QL (1 EA per 1 day)

Drug	Status	Notes
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	Tier 3	MO; ST: Must meet 2 of the following requirements: Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, Zonisade, or Zonisamide in 365 days; QL (4 EA per 1 day)
<i>phenytoin oral suspension 100 mg/4 ml</i>	Tier 1	MO
<i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125)	Tier 1	MO
<i>phenytoin oral tablet, chewable 50 mg</i> (Dilantin Infatabs)	Tier 1	MO
<i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin Extended)	Tier 1	MO
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek)	Tier 1	MO
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i> (Lyrica)	Tier 1	MO
<i>pregabalin oral solution 20 mg/ml</i> (Lyrica)	Tier 1	MO
<i>primidone oral tablet 125 mg</i>	Tier 1	MO
<i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)	Tier 1	MO
<i>rufinamide oral suspension 40 mg/ml</i> (Banzel)	Tier 1	MO; ST: Must meet 2 of the following requirements: Clobazam, Clonazepam, Epidiolex, Felbamate, Lamotrigine, or Topiramate in 365 days; QL (80 ML per 1 day)
<i>rufinamide oral tablet 200 mg</i> (Banzel)	Tier 1	MO; ST: Must meet 2 of the following requirements: Clobazam, Clonazepam, Epidiolex, Felbamate, Lamotrigine, or Topiramate in 365 days; QL (16 EA per 1 day)
<i>rufinamide oral tablet 400 mg</i> (Banzel)	Tier 1	MO; ST: Must meet 2 of the following requirements: Clobazam, Clonazepam, Epidiolex, Felbamate, Lamotrigine, or Topiramate in 365 days; QL (8 EA per 1 day)

Drug	Status	Notes
SABRIL ORAL TABLET 500 MG (vigabatrin)	Tier 4	PA; MO
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	Tier 3	PA; MO
SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG (lamotrigine)	Tier 3	MO
SUBVENITE STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35) (lamotrigine)	Tier 3	
SUBVENITE STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14) (lamotrigine)	Tier 3	
SUBVENITE STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7) (lamotrigine)	Tier 3	
<i>tiagabine oral tablet 12 mg, 2 mg, 4 mg</i>	Tier 1	MO; ST: Must meet 2 of the following requirements: Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, Zonisade, or Zonisamide in 365 days; QL (4 EA per 1 day)
<i>tiagabine oral tablet 16 mg</i>	Tier 1	MO; ST: Must meet 2 of the following requirements: Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, Zonisade, or Zonisamide in 365 days; QL (3 EA per 1 day)
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg (Topamax)</i>	Tier 1	MO
<i>topiramate oral capsule,extended release 24hr 100 mg, 200 mg (Trokendi XR)</i>	Tier 1	MO; QL (2 EA per 1 day)
<i>topiramate oral capsule,extended release 24hr 25 mg (Trokendi XR)</i>	Tier 1	MO; QL (8 EA per 1 day)

Drug		Status	Notes
<i>topiramate oral capsule,extended release 24hr 50 mg</i>	(Trokendi XR)	Tier 1	MO; QL (4 EA per 1 day)
<i>topiramate oral capsule,sprinkle,er 24hr 100 mg, 25 mg, 50 mg</i>	(Qudexy XR)	Tier 1	MO; ST: Must meet the following requirement: Topiramate immediate-release (tablets, sprinkles, capsules) in 120 days; QL (1 EA per 1 day)
<i>topiramate oral capsule,sprinkle,er 24hr 150 mg, 200 mg</i>	(Qudexy XR)	Tier 1	MO; ST: Must meet the following requirement: Topiramate immediate-release (tablets, sprinkles, capsules) in 120 days; QL (2 EA per 1 day)
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	(Topamax)	Tier 1	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>		Tier 1	MO
<i>valproic acid oral capsule 250 mg</i>		Tier 1	MO
<i>vigabatrin oral powder in packet 500 mg</i>	(Vigadron)	Tier 3	PA; MO
<i>vigabatrin oral tablet 500 mg</i>	(Vigadron)	Tier 3	PA; MO
<i>VIGADRONE ORAL POWDER IN PACKET 500 MG</i>	(vigabatrin)	Tier 3	PA; MO
<i>VIGADRONE ORAL TABLET 500 MG</i>	(vigabatrin)	Tier 3	PA; MO
<i>VIMPAT ORAL TABLETS,DOSE PACK 50 MG (14)- 100 MG (14)</i>		Tier 2	
<i>XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1)</i>		Tier 2	MO; ST: Must meet any of the following requirements: Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, , Spritam, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide in 120 days; QL (2 EA per 1 day)

Drug	Status	Notes
XCOPRI MAINTENANCE PACK ORAL TABLET 350 MG/DAY (200 MG X1-150MG X1)	Tier 2	MO; ST: Must meet any of the following requirements: Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, , Spritam, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide in 120 days; QL (1 EA per 1 day)
XCOPRI ORAL TABLET 100 MG, 150 MG, 50 MG	Tier 2	MO; ST: Must meet any of the following requirements: Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, , Spritam, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide in 120 days; QL (1 EA per 1 day)
XCOPRI ORAL TABLET 200 MG	Tier 2	MO; ST: Must meet any of the following requirements: Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, , Spritam, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide in 120 days; QL (2 EA per 1 day)

Drug	Status	Notes
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	ST: Must meet any of the following requirements: Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, , Spritam, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide in 120 days; QL (1 EA per 1 day)
ZONISADE ORAL SUSPENSION 100 MG/5 ML	Tier 3	PA; MO
zonisamide oral capsule 100 mg, 25 mg (Zonegran)	Tier 1	MO
zonisamide oral capsule 50 mg	Tier 1	MO
Neuroactive Steroid Gaba-A Receptor Modulator		
ZTALMY ORAL SUSPENSION 50 MG/ML	Tier 4	PA; MO
Skeletal Muscle Disorder		
Agents To Tx Periodic Paralysis - Carbon Anhyd Inh		
dichlorphenamide oral tablet 50 mg (Keveyis)	Tier 3	PA; MO
KEVEYIS ORAL TABLET 50 MG (dichlorphenamide)	Tier 3	PA; MO
Retinoic Acid Receptor (Rar) Agonists		
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG	Tier 4	PA; MO
Skeletal Muscle Relax.& Top.Irritant Counter-Irritant		
CYCLOPAK KIT 5 MG-2.5 %- 2.5 %	Tier 3	
NOPIOID-LMC KIT COMBO PACK, TABLET AND PATCH 7.5 MG- 4 %-4 %	Tier 3	
Skeletal Muscle Relaxants		
baclofen oral solution 10 mg/5 ml (2 mg/ml) (Ozobax DS)	Tier 1	PA; MO
baclofen oral solution 5 mg/5 ml (Ozobax)	Tier 1	PA; MO
baclofen oral suspension 25 mg/5 ml (5 mg/ml) (Fleqsuvy)	Tier 1	PA; MO
baclofen oral tablet 10 mg	Tier 1	MO; QL (8 EA per 1 day)
baclofen oral tablet 20 mg	Tier 1	MO; QL (4 EA per 1 day)
baclofen oral tablet 5 mg	Tier 1	MO; QL (16 EA per 1 day)
carisoprodol oral tablet 250 mg, 350 mg (Soma)	Tier 1	QL (4 EA per 1 day)

Drug	Status	Notes
carisoprodol-aspirin oral tablet 200-325 mg	Tier 1	
chlorzoxazone oral tablet 250 mg	Tier 1	ST: Must meet the following requirement: Chlorzoxazone 500mg in 120 days; QL (4 EA per 1 day)
chlorzoxazone oral tablet 375 mg, 750 mg (Lorzone)	Tier 1	ST: Must meet the following requirement: Chlorzoxazone 500mg in 120 days; QL (4 EA per 1 day)
chlorzoxazone oral tablet 500 mg	Tier 1	QL (4 EA per 1 day)
cyclobenzaprine oral capsule,extended release 24hr 15 mg, 30 mg (Amrix)	Tier 1	QL (1 EA per 1 day)
cyclobenzaprine oral tablet 10 mg, 5 mg	Tier 1	QL (3 EA per 1 day)
cyclobenzaprine oral tablet 7.5 mg (Fexmid)	Tier 1	QL (3 EA per 1 day)
CYCLOTENS REFILL COMBO PACK 10 MG	Tier 3	
CYCLOTENS STARTER COMBO PACK 10 MG	Tier 3	
dantrolene oral capsule 100 mg	Tier 1	MO; QL (4 EA per 1 day)
dantrolene oral capsule 25 mg (Dantrium)	Tier 1	MO; QL (3 EA per 1 day)
dantrolene oral capsule 50 mg	Tier 1	MO; QL (3 EA per 1 day)
LYVISPAN ORAL GRANULES IN PACKET 10 MG, 20 MG, 5 MG	Tier 3	PA; MO
metaxalone oral tablet 400 mg	Tier 1	QL (8 EA per 1 day)
metaxalone oral tablet 800 mg	Tier 1	QL (4 EA per 1 day)
methocarbamol oral tablet 1,000 mg	Tier 1	
methocarbamol oral tablet 500 mg	Tier 1	QL (8 EA per 1 day)
methocarbamol oral tablet 750 mg	Tier 1	QL (6 EA per 1 day)
NORGESIC FORTE ORAL TABLET 50-770-60 MG (orphenadrine-asa-caffeine)	Tier 3	QL (4 EA per 1 day)
orphenadrine citrate oral tablet extended release 100 mg	Tier 1	QL (2 EA per 1 day)
orphenadrine-asa-caffeine oral tablet 25-385-30 mg (Norgesic)	Tier 1	QL (8 EA per 1 day)
orphenadrine-asa-caffeine oral tablet 50-770-60 mg (Orphengesic Forte)	Tier 1	QL (4 EA per 1 day)
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG (orphenadrine-asa-caffeine)	Tier 1	QL (4 EA per 1 day)
tizanidine oral capsule 2 mg (Zanaflex)	Tier 1	MO; QL (18 EA per 1 day)
tizanidine oral capsule 4 mg (Zanaflex)	Tier 1	MO; QL (9 EA per 1 day)
tizanidine oral capsule 6 mg (Zanaflex)	Tier 1	MO; QL (6 EA per 1 day)
tizanidine oral tablet 2 mg	Tier 1	MO; QL (18 EA per 1 day)

Drug		Status	Notes
tizanidine oral tablet 4 mg	(Zanaflex)	Tier 1	MO; QL (9 EA per 1 day)
Smoking Cessation			
Smoking Deterrent Agents (Ganglionic Stim,Others)			
NICORETTE BUCCAL LOZENGE 2 MG	(nicotine (polacrilex))	Tier 5	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine (polacrilex) buccal gum 2 mg	(Quit 2)	Tier 5	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine (polacrilex) buccal gum 4 mg	(Quit 4)	Tier 5	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine (polacrilex) buccal lozenge 2 mg	(Nicorette)	Tier 5	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine (polacrilex) buccal lozenge 4 mg	(Quit 4)	Tier 5	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg	(Nicorette)	Tier 5	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr	(Nicoderm CQ)	Tier 5	\$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr		Tier 5	\$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER

Drug	Status	Notes
NICOTROL INHALATION CARTRIDGE 10 MG	Tier 5	\$0 COPAY IF QUANTITY 168 IN 10 DAYS, LIMITED TO 180 DAYS IN 365, AND 18 YEARS IF AGE OR OLDER; QL (168 EA per 10 days)
NICOTROL NS NASAL SPRAY, NON- AEROSOL 10 MG/ML	Tier 5	\$0 COPAY IF QUANTITY 10 IN 2 DAYS, LIMITED TO 180 DAYS IN 365, AND 18 YEARS IF AGE OR OLDER; QL (10 ML per 2 days)
QUIT 2 BUCCAL GUM 2 MG (nicotine (polacrilex))	Tier 5	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
QUIT 2 BUCCAL LOZENGE 2 MG (nicotine (polacrilex))	Tier 5	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
QUIT 4 BUCCAL GUM 4 MG (nicotine (polacrilex))	Tier 5	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
QUIT 4 BUCCAL LOZENGE 4 MG (nicotine (polacrilex))	Tier 5	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
STOP SMOKING AID BUCCAL LOZENGE 2 MG, 4 MG (nicotine (polacrilex))	Tier 5	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
Smoking Deterrent-Nicotinic Recept.Partial Agonist		
varenicline oral tablet 0.5 mg	Tier 5	\$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS IF AGE OR OLDER; QL (2 EA per 1 day)

Drug		Status	Notes
varenicline oral tablet 1 mg	(Chantix)	Tier 5	\$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS IF AGE OR OLDER; QL (2 EA per 1 day)
varenicline oral tablets,dose pack 0.5 mg (11)- 1 mg (42)	(Chantix Starting Month Box)	Tier 5	\$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS IF AGE OR OLDER; QL (2 EA per 1 day)
Smoking Deterrents, Other			
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg		Tier 5	\$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS IF AGE OR OLDER
Upper Gastrointestinal Disorders - Digestive			
Gastric Enzymes			
SUCRAID ORAL SOLUTION 8,500 UNIT/ML		Tier 4	PA; MO
Pancreatic Enzymes			
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000- 19,000 -30,000 UNIT		Tier 2	MO
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000- 97,300- 149,900 UNIT, 4,200-14,200- 24,600 UNIT		Tier 3	MO
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,000-57,500- 60,500 UNIT, 24,000-86,250- 90,750 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT		Tier 3	MO
VIOKACE ORAL TABLET 10,440- 39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT		Tier 3	MO

Drug	Status	Notes
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000- 10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT	Tier 2	MO
Upper Gastrointestinal Disorders - Spastic Disease		
Anticholinergics/Antispasmodics		
dicyclomine oral capsule 10 mg	Tier 1	MO
dicyclomine oral solution 10 mg/5 ml	Tier 1	MO
dicyclomine oral tablet 20 mg	Tier 1	MO
Belladonna Alkaloids		
DONNATAL ORAL ELIXIR 16.2 MG- 0.1037 MG/5 ML (5 ML), 16.2-0.1037 - 0.0194 MG/5 ML (phenobarb-hyoscy- atropine-scop)	Tier 3	ST: Must meet 2 of the following requirements: Dicyclomine HCL, Hyoscyamine Sulfate, or Symax Duotab in 365 days; QL (1200 ML per 30 days)
DONNATAL ORAL TABLET 16.2-0.1037 -0.0194 MG (phenobarb-hyoscy- atropine-scop)	Tier 3	ST: Must meet 2 of the following requirements: Dicyclomine HCL, Hyoscyamine Sulfate, or Symax Duotab in 365 days; QL (8 EA per 1 day)
ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG (hyoscyamine sulfate)	Tier 1	MO
hyoscyamine sulfate oral drops 0.125 mg/ml (Hyosyne)	Tier 1	MO
hyoscyamine sulfate oral elixir 0.125 mg/5 ml (Hyosyne)	Tier 1	MO
hyoscyamine sulfate oral tablet 0.125 mg (Oscimin)	Tier 1	MO
hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg (Levbid)	Tier 1	MO
hyoscyamine sulfate oral tablet,disintegrating 0.125 mg (Ed-Spaz)	Tier 1	MO
hyoscyamine sulfate sublingual tablet 0.125 mg (Oscimin SL)	Tier 1	MO
HYOSYNE ORAL DROPS 0.125 MG/ML (hyoscyamine sulfate)	Tier 1	MO
HYOSYNE ORAL ELIXIR 0.125 MG/5 ML (hyoscyamine sulfate)	Tier 1	MO
methscopolamine oral tablet 2.5 mg, 5 mg	Tier 1	
OSCIMIN ORAL TABLET 0.125 MG (hyoscyamine sulfate)	Tier 1	MO

Drug		Status	Notes
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG	(hyoscyamine sulfate)	Tier 1	MO
phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 -0.0194 mg/5 ml	(Donnatal)	Tier 3	ST: Must meet 2 of the following requirements: Dicyclomine HCL, Hyoscyamine Sulfate, or Symax Duotab in 365 days; QL (1200 ML per 30 days)
phenobarb-hyoscy-atropine-scop oral tablet 16.2-0.1037 -0.0194 mg	(Donnatal)	Tier 1	ST: Must meet 2 of the following requirements: Dicyclomine HCL, Hyoscyamine Sulfate, or Symax Duotab in 365 days; QL (8 EA per 1 day)
PHENOHYTRO ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML	(phenobarb-hyoscy-atropine-scop)	Tier 3	ST: Must meet 2 of the following requirements: Dicyclomine HCL, Hyoscyamine Sulfate, or Symax Duotab in 365 days; QL (1200 ML per 30 days)
PHENOHYTRO ORAL TABLET 16.2-0.1037 -0.0194 MG	(phenobarb-hyoscy-atropine-scop)	Tier 3	ST: Must meet 2 of the following requirements: Dicyclomine HCL, Hyoscyamine Sulfate, or Symax Duotab in 365 days; QL (8 EA per 1 day)
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG)	(hyoscyamine sulfate)	Tier 3	MO
Upper Gastrointestinal Disorders - Ulcer Disease			
Anticholinergics,Quaternary Ammonium			
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	(Librax (with clidinium))	Tier 1	
DARTISLA ORAL TABLET,DISINTEGRATING 1.7 MG		Tier 3	ST: Must meet the following requirement: Glycopyrrolate 2mg in 120 days; QL (4 EA per 1 day); Age (Min 18 Years)
glycopyrrolate (pf) injection syringe 0.6 mg/3 ml (0.2 mg/ml)	(Glyrx-PF)	Tier 1	
glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)	(Cuvposa)	Tier 1	MO
glycopyrrolate oral tablet 1 mg	(Robinul)	Tier 1	MO

Drug		Status	Notes
glycopyrrolate oral tablet 1.5 mg	(Glycate)	Tier 1	MO; ST: Must meet the following requirement: Glycopyrrolate 2mg in 120 days; QL (3 EA per 1 day)
glycopyrrolate oral tablet 2 mg	(Robinul Forte)	Tier 1	MO
GLYRX-PF INJECTION SYRINGE 0.6 MG/3 ML (0.2 MG/ML)	(glycopyrrolate (pf))	Tier 3	
Anti-Ulcer Preparations			
misoprostol oral tablet 100 mcg, 200 mcg	(Cytotec)	Tier 1	MO
sucralfate oral suspension 100 mg/ml	(Carafate)	Tier 1	MO
sucralfate oral tablet 1 gram	(Carafate)	Tier 1	MO
Anti-Ulcer-H.Pylori Agents			
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg		Tier 1	QL (112 EA per 10 days)
bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg	(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			
cimetidine oral tablet 200 mg	(Acid Reducer (cimetidine))	Tier 1	MO
cimetidine oral tablet 300 mg, 400 mg, 800 mg		Tier 1	MO
famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)		Tier 1	MO
famotidine oral tablet 20 mg	(Acid Controller)	Tier 1	MO
famotidine oral tablet 40 mg	(Pepcid)	Tier 1	MO
nizatidine oral capsule 150 mg, 300 mg		Tier 1	MO
Intestinal Motility Stimulants			
GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY		Tier 4	PA
metoclopramide hcl oral solution 5 mg/5 ml		Tier 1	
metoclopramide hcl oral tablet 10 mg, 5 mg	(Reglan)	Tier 1	

Drug	Status	Notes
MOTEGRITY ORAL TABLET 1 MG, 2 MG	Tier 3	MO; ST: Must meet the following requirement: Linzess in 120 days; QL (1 EA per 1 day)
Potassium-Competitive Acid Blockers (Pcabs)		
VOQUEZNA ORAL TABLET 10 MG, 20 MG	Tier 3	PA; MO
Proton-Pump Inhibitors		
ACIPHEX SPRINKLE ORAL CAPSULE, (rabeprazole) DELAYED REL SPRINKLE 10 MG	Tier 3	MO; ST: Must meet 2 of the following requirements: Lansoprazole, Omeprazole, or Pantoprazole Sodium in 365 days; QL (1 EA per 1 day)
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 5 MG	Tier 3	MO; ST: Must meet 2 of the following requirements: Lansoprazole, Omeprazole, or Pantoprazole Sodium in 365 days; QL (1 EA per 1 day)
<i>dexlansoprazole oral capsule,biphasic delayed release 30 mg, 60 mg</i>	Tier 1	MO; ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Omeprazole Magnesium, Pantoprazole Sodium, or Prilosec OTC in 120 days; QL (1 EA per 1 day)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	Tier 1	MO; QL (1 EA per 1 day)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	Tier 1	MO; QL (2 EA per 1 day)
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i>	Tier 1	MO; ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Omeprazole Magnesium, Pantoprazole Sodium, or Prilosec OTC in 120 days; QL (1 EA per 1 day)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	Tier 1	MO; ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Omeprazole Magnesium, Pantoprazole Sodium, or Prilosec OTC in 120 days; QL (2 EA per 1 day)

Drug		Status	Notes
KONVOMEP ORAL SUSPENSION FOR RECONSTITUTION 2-84 MG/ML		Tier 3	MO; ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Omeprazole Magnesium, Pantoprazole Sodium, or Prilosec OTC in 120 days; QL (1 ML per 1 day)
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i>	(Acid Reducer (lansoprazole))	Tier 1	MO
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	(Prevacid)	Tier 1	MO
<i>lansoprazole oral tablet,disintegrat, delay rel 15 mg, 30 mg</i>	(Prevacid SoluTab)	Tier 1	MO; ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, or Pantoprazole Sodium in 120 days
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG		Tier 2	MO; ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Omeprazole Magnesium, Pantoprazole Sodium, or Prilosec OTC in 120 days; QL (1 EA per 1 day)
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>		Tier 1	MO
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram</i>	(Zegerid)	Tier 1	MO; ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Omeprazole Magnesium, Pantoprazole Sodium, or Prilosec OTC in 120 days; QL (1 EA per 1 day)
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg, 40-1,680 mg</i>	(Zegerid)	Tier 1	MO; ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Omeprazole Magnesium, Pantoprazole Sodium, or Prilosec OTC in 120 days; QL (1 EA per 1 day)
<i>pantoprazole oral granules dr for susp in packet 40 mg</i>	(Protonix)	Tier 1	MO; ST: Must meet any of the following requirements: Omeprazole Magnesium, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Prilosec in 120 days
<i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg</i>	(Protonix)	Tier 1	MO

Drug	Status	Notes
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 10 MG, 2.5 MG	Tier 3	MO; ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Omeprazole Magnesium, Pantoprazole Sodium, or Prilosec OTC in 120 days
rabeprazole oral capsule, delayed rel sprinkle 10 mg (AcipHex Sprinkle)	Tier 1	MO; ST: Must meet 2 of the following requirements: Lansoprazole, Omeprazole, or Pantoprazole Sodium in 365 days; QL (1 EA per 1 day)
rabeprazole oral tablet,delayed release (dr/ec) 20 mg (AcipHex)	Tier 1	MO; QL (1 EA per 1 day)
Urinary Tract - Functional Disorders		
Benign Prostatic Hypertrophy/Micturition Agents		
alfuzosin oral tablet extended release 24 hr 10 mg (Uroxatral)	Tier 1	MO
dutasteride oral capsule 0.5 mg (Avodart)	Tier 1	MO
finasteride oral tablet 5 mg (Proscar)	Tier 1	MO
silodosin oral capsule 4 mg, 8 mg (Rapaflo)	Tier 1	MO
tamsulosin oral capsule 0.4 mg (Flomax)	Tier 1	MO
Bph Agent-5-Alpha-Reductase Inh And Pde5 Inh Comb		
ENTADFI ORAL CAPSULE 5-5 MG	Tier 3	PA
Bph Agents,5-Alpha-Red Inh & Alpha-1-Adr Antg Cmb		
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg (Jalyn)	Tier 1	MO; ST: Must meet any of the following requirements: Alfuzosin HCL, Doxazosin Mesylate, Finasteride 5mg, Prazosin HCL, Silodosin, Tamsulosin HCL, or Terazosin HCL in 120 days
Cystine-Depleting Agents, Nephropathic Cystinosis		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	Tier 4	MO
PROCYSSI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG	Tier 3	PA; MO
PROCYSSI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG	Tier 3	PA; MO

Drug	Status	Notes
Endothelin-Angiotensin Receptor Antagonist		
FILSPARI ORAL TABLET 200 MG, 400 MG	Tier 4	PA; MO
Kidney Stone Agents		
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG, 300 MG	Tier 3	MO
<i>tiopronin oral tablet 100 mg</i> (Thiola)	Tier 3	MO
Overactive Bladder Agents, Beta-3 Adrenergic Recep		
GEMTESA ORAL TABLET 75 MG	Tier 3	MO; ST: Must meet the following requirements: Myrbetriq and Oxybutynin Chloride in 365 days; QL (1 EA per 1 day)
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML	Tier 3	PA; MO
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	Tier 2	MO
Polycystic Kidney Disease Agent, Avp Recep. Antag		
JYNARQUE ORAL TABLET 15 MG, 30 MG	Tier 3	PA; MO
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)	Tier 3	PA; MO
Urinary Ph Modifiers		
K-PHOS NO 2 ORAL TABLET 305-700 MG	Tier 3	
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG	Tier 3	
ORACIT ORAL SOLUTION 490-640 MG/5 ML	Tier 3	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10)	Tier 1	MO
<i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15)	Tier 1	MO
<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i> (Urocit-K 5)	Tier 1	MO
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	Tier 3	

Drug	Status	Notes
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)		
phenazopyridine oral tablet 100 mg, 200 mg (Pyridium)	Tier 1	
Urinary Tract Antispasmodic, M(3) Selective Antag.		
darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg	Tier 1	MO
solifenacin oral tablet 10 mg, 5 mg (Vesicare)	Tier 1	MO
VESICARE LS ORAL SUSPENSION 1 MG/ML	Tier 3	PA; MO
Urinary Tract Antispasmodic/Antiincontinence Agent		
fesoterodine oral tablet extended release (Toviaz) 24 hr 4 mg, 8 mg	Tier 1	MO
flavoxate oral tablet 100 mg	Tier 1	MO
GELNIQUE TRANSDERMAL GEL IN PACKET 10 % (100 MG/GRAM)	Tier 3	MO; ST: Must meet the following requirements: Myrbetriq and Oxybutynin Chloride in 365 days
oxybutynin chloride oral syrup 5 mg/5 ml	Tier 1	MO
oxybutynin chloride oral tablet 2.5 mg, 5 mg	Tier 1	MO
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg	Tier 1	MO
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR	Tier 3	MO; ST: Must meet the following requirements: Myrbetriq and Oxybutynin Chloride in 365 days
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg (Detrol LA)	Tier 1	MO
tolterodine oral tablet 1 mg, 2 mg (Detrol)	Tier 1	MO
trospium oral capsule,extended release 24hr 60 mg	Tier 1	MO
trospium oral tablet 20 mg	Tier 1	MO

Drug	Status	Notes
Vaginal Disorders		
Vaginal Antibiotics		
CLEOCIN VAGINAL SUPPOSITORY 100 MG	Tier 3	ST: Must meet 2 of the following requirements: Clindamycin HCL, Clindamycin Palmitate HCL, Clindamycin Phosphate, Metronidazole, or Tinidazole in 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: Must meet the following requirement: Generic Clindamycin vaginal cream in 120 days
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i> (Vandazole)	Tier 1	
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM)	Tier 3	
XACIATO VAGINAL GEL 2 %	Tier 3	
Vaginal Antifungals		
GYNIAZOLE-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	
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 Preparations		
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> (Estrace)	Tier 1	MO
<i>estradiol vaginal tablet 10 mcg</i> (Yuvafem)	Tier 1	MO
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	Tier 3	MO; ST: Must meet the following requirements: Estradiol and Premarin in 365 days; QL (1 EA per 90 days)
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	Tier 3	MO; ST: Must meet the following requirements: Estradiol and Premarin in 365 days; QL (1 EA per 84 days)

Drug	Status	Notes
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	Tier 2	MO
YUVAFEM VAGINAL TABLET 10 MCG (estradiol)	Tier 1	MO
Vitamin And/Or Mineral Deficiency		
Fluoride Preparations		
CLINPRO 5000 DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 3	MO
DENTA 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))	Tier 1	MO
DENTAGEL DENTAL GEL 1.1 % (fluoride (sodium))	Tier 1	MO
<i>fluoride (sodium) dental cream 1.1 %</i> (Denta 5000 Plus)	Tier 1	MO
<i>fluoride (sodium) dental gel 1.1 %</i> (DentaGel)	Tier 1	MO
<i>fluoride (sodium) dental paste 1.1 %</i> (Sodium Fluoride 5000 Dry Mouth)	Tier 1	MO
<i>fluoride (sodium) dental solution 0.2 %</i> (PreviDent)	Tier 1	MO
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	Tier 5	MO; \$0 COPAY IF 6 MONTHS TO 6 YEARS
<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>	Tier 5	MO; \$0 COPAY IF 6 MONTHS TO 6 YEARS
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 3	MO
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 % (sodium fluoride-pot nitrate)	Tier 3	MO
FLUORIMAX 5000 DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 3	MO
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 % (sodium fluoride-pot nitrate)	Tier 3	MO
JUST RIGHT 5000 DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 3	MO
SF 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))	Tier 1	MO
SF DENTAL GEL 1.1 % (fluoride (sodium))	Tier 1	MO
SODIUM FLUORIDE 5000 DRY MOUTH DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 1	MO
SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))	Tier 1	MO
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i> (Fluoridex Sensitivity Relief)	Tier 1	MO
Folic Acid Preparations		
<i>folic acid injection solution 5 mg/ml</i>	Tier 1	
<i>folic acid oral tablet 1 mg</i>	Tier 1	MO
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	Tier 5	MO
Iron Replacement		
ACCRUFER ORAL CAPSULE 30 MG	Tier 3	PA

Drug	Status	Notes
TRIFERIC HEMODIALYSIS POWDER IN PACKET 272 MG IRON	Tier 3	MO
TRIFERIC HEMODIALYSIS SOLUTION 27.2 MG IRON/5 ML	Tier 3	MO
Multivitamin Preparations		
FOLET ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG	Tier 3	MO
OBSTETRIX ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG	Tier 3	MO
TARON-PREX PRENATAL-DHA ORAL CAPSULE 30 MG IRON-1.2 MG-55 MG- 265 MG	Tier 1	MO
Prenatal Vitamin Preparations		
CITRANATAL (DUAL-IRON) ORAL TABLET 27 MG IRON-1 MG -50 MG	Tier 3	MO
CITRANATAL 90 DHA (ALGAL OIL) ORAL COMBO PACK 90 MG IRON-1 MG -50 MG-300 MG	Tier 3	MO
CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG -50 MG-300 MG	Tier 3	MO
CITRANATAL DHA (ALGAL OIL) ORAL COMBO PACK 27 MG IRON-1 MG -50 MG-250 MG	Tier 3	MO
CITRANATAL HARMONY (IRON FUM) ORAL CAPSULE 27 MG IRON-1 MG - 50 MG-260 MG	Tier 3	MO
MYNATAL ADVANCE ORAL TABLET 90-1-50 MG	Tier 1	MO
MYNATAL ORAL TABLET 90-1-50 MG	Tier 1	MO
MYNATE 90 PLUS ORAL TABLET EXTENDED RELEASE 90 MG IRON-1 MG	Tier 1	MO
NEXA PLUS ORAL CAPSULE 29 MG IRON-1.25 MG-55 MG	Tier 3	MO
OBSTETRIX DHA ORAL COMBO PACK, TABLET AND CAP, DR 29 MG IRON-1 MG -50 MG	Tier 1	MO
OBSTETRIX EC ORAL TABLET, DELAYED RELEASE (DR/EC) 29 MG IRON-1 MG -50 MG	Tier 3	MO
PNV-DHA + DOCUSATE ORAL CAPSULE 27-1.25-55-300 MG	Tier 1	MO
PRENAISSANCE ORAL CAPSULE 29- 1.25-55-325 MG	Tier 1	MO

Drug	Status	Notes
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PRENATAL 19 (WITH DOCUSATE) ORAL TABLET 29 MG IRON- 1 MG-25 MG	Tier 1	MO
VITAFOL FE+ (WITH DOCUSATE) ORAL CAPSULE 90 MG IRON-1 MG - 50 MG-200 MG	Tier 3	MO
VP-CH-PNV ORAL CAPSULE 30 MG IRON-1 MG -50 MG-260 MG	Tier 1	MO
Vitamin B Preparations		
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B-COMPLEX INJECTION INJECTION SOLUTION 100-2-100-2-2 MG/ML	Tier 1	
Vitamin B1 Preparations		
<i>thiamine hcl (vitamin b1) injection solution 100 mg/ml</i>	Tier 1	
Vitamin B12 Preparations		
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	Tier 1	MO
DODEX INJECTION SOLUTION 1,000 MCG/ML (cyanocobalamin (vitamin b-12))	Tier 1	MO
<i>hydroxocobalamin intramuscular solution 1,000 mcg/ml</i>	Tier 1	
<i>mecobalamin (vitamin b12) injection recon soln 10,000 mcg</i>	Tier 1	
NASCOBAL NASAL SPRAY,NON-AEROSOL 500 MCG/SPRAY (cyanocobalamin (vitamin b-12))	Tier 3	MO
Vitamin B6 Preparations		
<i>pyridoxine (vitamin b6) injection solution 100 mg/ml</i>	Tier 1	
Vitamin C Preparations		
ASCOR INTRAVENOUS SOLUTION 500 MG/ML	Tier 3	
<i>ascorbic acid (vitamin c) injection solution 500 mg/ml</i>	Tier 1	
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<i>calcitriol oral solution 1 mcg/ml (Rocaltrol)</i>	Tier 1	MO
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	Tier 1	MO
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KEVARYA	100	KUTARYAXMPA	100	LESSINA	59
KEVEYIS	298	KUTEA	100	<i>letrozole</i>	240
KEVZARA	200	KUVAN	238	<i>leucovorin calcium</i>	245
KEXM	100	KUVARYA	100	LEUKERAN	238
KEYA	100	KUVARYE	100	LEUKINE	161
KIMONO CONDOMS(NON-LUBRICATED)	255	KUXM	101	<i>leuprolide</i>	137
KIMONO LUBRICATED CONDOMS	255	KYLEENA	260	<i>levalbuterol hcl</i>	9
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KIMONO MICROTHIN CONDOMS	255	L.E.T. (LIDO-EPINEPH-TETRA)	97	LEVEMIR FLEXPEN	131
KIMONO MICROTHIN LARGE CONDOMS	255	L.E.T.(LIDO-EPINEPH BIT-TETRA)	97	LEVEMIR U-100 INSULIN	131
KIMONO TEXTURED CONDOMS	255	<i>labetalol</i>	36	<i>levetiracetam</i>	293
KINERET	192	<i>lacosamide</i>	291	LEVICYN ANTIPRURITIC	90
KISQALI	242	LACRISERT	153	LEVICYN ANTIPRURITIC SG	91
KISQALI FEMARA CO-PACK	241	<i>lactated ringers</i>	92	LEVICYN DERMAL	95
kit for tc 99m-sod thiosulfate	256	<i>lactulose</i>	209	<i>levobunolol</i>	150
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KLARITY-A (AZITHRO-CHONDR)(PF)	147	LAMICTAL XR STARTER (BLUE)	291	<i>levocarnitine (with sugar)</i>	261
KLARITY-L (LOTEPRED-CHOND)(PF)	145	LAMICTAL XR STARTER (GREEN)	292	<i>levocetirizine</i>	5
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KLOR-CON M15	135	<i>lamivudine-zidovudine</i>	187	<i>levonorgestrel</i>	59
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KOGENATE FS	156	LANCETS, SUPER THIN	213	<i>levorphanol tartrate</i>	275
KONVOMEP	307	LANCETS, THIN	213	<i>levothyroxine</i>	141
KORLYM	110	LANCETS, ULTRA THIN	213	LEVULAN	246
KOSELUGO	240	<i>lansoprazole</i>	307	LEXETTE	86
KOTARAXAP	100	<i>lanthanum</i>	134	LEXITRAL PHARMAPAK II	89
		<i>lapatinib</i>	242	LEXIVA	189
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<i>lidocaine-racepinep-tetracaine</i>	98	<i>losartan</i>	39	MAGELLAN SYRINGE	227
<i>lidocaine-tetracaine</i>	98	<i>losartan-hydrochlorothiazide</i>	37	MAGELLAN TUBERCULIN	
LIDOCAN II	98	LOTEMAX	145	SAFETY SYR.	227
LIDOMARK 1-5	205	LOTEMAX SM	145	MAHANA IBS	257
LIDOMARK 2-5	205	<i>loteprednol etabonate</i>	145	<i>malathion</i>	76
LIDOPIN	98	LOTREXONE	29	<i>maraviroc</i>	187
LIDOPURE PATCH	98	LOUTREX	90	MARLISSA (28)	59
LIDORX	98	<i>lovastatin</i>	48	MARPLAN	15
LIDORXKIT	98	LOW-OGESTREL (28)	59	MATULANE	245
LIDOSOL-50	98	<i>loxapine succinate</i>	25	MATZIM LA	42
LIDTOPIC MAX	98	LOYON	91	MAVENCLAD (10 TABLET PACK)	247
LIFESHIELD BLUNT CANNULA	227	LO-ZUMANDIMINE (28)	59	MAVENCLAD (4 TABLET PACK)	247
LIKMEZ	184	<i>lubiprostone</i>	210	MAVENCLAD (5 TABLET PACK)	247
ILETTA	260	LUCEMYRA	285	MAVENCLAD (6 TABLET PACK)	247
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<i>timolol maleate (pf)</i>	151	TRADJENTA	108	TRI-LUMA	101
<i>timolol-brimonidi-dorzolam(pf)</i>	151	tramadol	278, 279	TRILURON	196
<i>tinidazole</i>	184	tramadol-acetaminophen	284	<i>trimethobenzamide</i>	8
<i>tiopronin</i>	309	trandolapril	38	<i>trimethoprim</i>	174
TIROSINT	141	trandolapril-verapamil	36	TRI-MILI	63
TIROSINT-SOL	142	tranexamic acid	154	<i>trimipramine</i>	19
TISSEEL VHSD (APROTININ, SYN)	269	tranylcypromine	15	TRIMO-SAN JELLY	311
TIS-U-SOL PENTALYTE	92	TRANZAREL	99	TRIMPEX	174
TIVICAY	189	travoprost	151	TRINTELLIX	18
TIVICAY PD	189	trazodone	17	TRI-NYMYO	63
TIVORBEX	203	TRECATOR	183	TRIONEX	103
<i>tizanidine</i>	299, 300	TRELEGY ELLIPTA	11	TRI-SPRINTEC (28)	63
TLANDO	166	TREMFYA	102	TRIUMEQ	190
TOBI PODHALER	182	<i>treprostinil sodium</i>	44	TRIUMEQ PD	190
TOBRADEX	143	TRESIBA FLEXTOUCH U-100	133	TRIVISC	197
TOBRADEX ST	143	TRESIBA FLEXTOUCH U-200	133	TRIVORA (28)	63
<i>tobramycin</i>	148, 182	TRESIBA U-100 INSULIN	133	TRI-VYLIBRA	63
<i>tobramycin</i> in 0.225 % nacl	182	<i>tretinoin</i>	72	TRI-VYLIBRA LO	63
<i>tobramycin</i> with nebulizer	182	<i>tretinoin (antineoplastic)</i>	245	<i>tropicamide</i>	152
<i>tobramycin-dexamethasone</i>	143	<i>tretinoin microspheres</i>	72	<i>tropic-proparacai-pe-ketor-wat</i>	153
<i>tobramycin-vancomycin</i>	148	<i>tretinoin-clindamycin-niacin</i>	69	<i>trospium</i>	310
TOBREX	148	<i>tretinoin-niacinamide</i>	69	TRUDHESA	281
TODAY CONTRACEPTIVE SPONGE	54	<i>tretinoin-spiroisolact-niacin</i>	69	TRUE COMFORT INSULIN SYRINGE	234
TOLAK	96	TRETEN	158	TRUE COMFORT LANCET	215
<i>tolcapone</i>	287	TREXALL	239	TRUE COMFORT PEN NEEDLE	266
<i>tolmetin</i>	204	<i>triamcinolone acetonide</i>	87, 252	TRUE COMFORT PRO INS SYRINGE	234
TOLSURA	182	<i>triamterene</i>	43	TRUE COMFORT SAFETY PEN NEEDLE	266
<i>tolterodine</i>	310	<i>triamterene-hydrochlorothiazid</i>	43	TRUE METRIX AIR GLUCOSE METER	127
<i>tolvaptan</i>	134	TRIANEX	87	TRUE METRIX GLUCOSE METER	127
TOOMEY SYRINGE	233	TRIASIL	87	TRUE METRIX GLUCOSE TEST STRIP	117
TOPCARE CLICKFINE	266	<i>triazolam</i>	29	TRUE METRIX GO GLUCOSE METER	127
TOPCARE ULTRA COMFORT	234	TRI-CHLOR	253	TRUE METRIX PRO TEST STRIP	117
TOPCARE UNIVERSAL1 LANCET	215	<i>trichloroacetic acid</i>	253		
<i>topiramate</i>	295, 296	TRIDERM	87		
<i>toremifene</i>	246	<i>trientine</i>	261		
<i>torsemide</i>	43	TRI-ESTARYLLA	62		
TOSYMRA	281	TRIFERIC	313		
		<i>trifluoperazine</i>	28		
		<i>trifluridine</i>	146		
		<i>trihexyphenidyl</i>	285		

TRUE2GO BLOOD GLUCOSE SYSTEM	127	UDENYCA AUTOINJECTOR	161	ULTRA-THIN II INS PEN NEEDLES	267
TRUEPLUS INSULIN	234	ULESFIA	76	ULTRA-THIN II INSULIN SYRINGE	236
TRUEPLUS KETONE	270	ULTICARE	235	ULTRA-THIN II LANCETS	216
TRUEPLUS LANCETS	216	ULTICARE INSULIN SYR(HALF UNIT)	234	ULTRATRAK	117
TRUEPLUS PEN NEEDLE	266	ULTICARE LOW DEAD SPACE SYRINGE	234	ULTRATRAK GLUCOSE METER	127
TRUERESULT BLOOD GLUCOSE SYSTEM	127	ULTICARE PEN NEEDLE	266	ULTRATRAK ULTIMATE	118, 127
TRUETEST TEST STRIPS	117	ULTICARE SAFETY PEN NEEDLE	267	ULTRAVATE	88
TRUETRACK BLOOD GLUCOSE SYSTEM	127	ULTICARE SAFETY SYRINGE	235	UNIFINE PENTIPS	267
TRUETRACK SMART SYSTEM	127	ULTICARE TB SAFETY SYRINGE	235	UNIFINE PENTIPS MAXFLOW	267
TRUETRACK TEST	117	ULTIGUARD SAFEPACK-INSULIN SYR	235	UNIFINE PENTIPS PLUS	267
TRULANCE	206	ULTIGUARD SAFEPACK-PEN NEEDLE	267	UNIFINE PENTIPS PLUS MAXFLOW	267
TRULICITY	106	ULTILET BASIC LANCETS	216	UNIFINE ULTRA PEN NEEDLE	267
TRUMENBA	170	ULTILET CLASSIC LANCETS	216	UNILET COMFORTOUCH LANCET	216
TRUQAP	244	ULTILET INSULIN SYRINGE	235	UNILET GP LANCET	216
TRUSTEX LATEX CONDOM	255	ULTILET LANCETS	216	UNILET LANCET	216
TRUSTEX LUBRICATED CONDOMS	256	ULTILET PEN NEEDLE	267	UNILET LANCETS	216
TRUSTEX NON-LUB CONDOMS	256	ULTILET SAFETY LANCETS	216	UNILET SUPER THIN LANCETS	216
TRUSTEX-RIA LUB/SPERMICIDE	256	ULTIMA MONITOR	127	UNISTIK 2 DEVICE	127
TRUSTEX-RIA LUBRICATED CONDOMS	256	ULTIMA TEST STRIPS	117	UNISTIK 2 EXTRA LANCET	127
TRUSTEX-RIA NON-LUB CONDOMS	256	ULTRA CMFT INS SYR (HALF UNIT)	235	UNISTIK 2 NORMAL LANCET	128
TUBERCULIN SYRINGE	234	ULTRA COMFORT INSULIN SYRINGE	235	UNISTIK 3 COMFORT LANCET	128
<i>tuberculin-allergy syringes</i>	234	ULTRA FINE LANCETS	216	UNISTIK 3 EXTRA LANCET	216
TUDORZA PRESSAIR	8	ULTRA FLO INSUL SYR(HALF UNIT)	236	UNISTIK 3 GENTLE	216
TUKYSA	244	ULTRA FLO INSULIN SYRINGE	236	UNISTIK 3 NORMAL LANCET	128
TULANA	63	ULTRA FLO PEN NEEDLE	267	UNISTIK COMFORT LANCETS	216
TURALIO	244	ULTRA THIN II LANCETS	216	UNISTIK CZT LANCET	216
TURQOZ (28)	63	ULTRA THIN LANCETS	216	UNISTIK EXTRA LANCETS	216
TUXARIN ER	65	ULTRA THIN PEN NEEDLE	267	UNISTIK NORMAL LANCETS	216
TWIST LANCETS	216	ULTRA THIN PLUS LANCETS	216	UNISTIK PRO LANCET	216
TWYNEO	69	ULTRA TLC LANCETS	216	UNISTIK SAFETY	217
TYBLUME	63	ULTRACARE INSULIN SYRINGE	236	UNISTIK TOUCH LANCETS	217
TYBOST	190	ULTRACARE LANCETS	216	UNISTRIP1 TEST STRIP	118
TYDEMY	63	ULTRACARE PEN NEEDLE	267	UNIVERSAL 1 LANCETS	217
TYMLOS	137	ULTRAFOAM	165	UPNEEQ (PF)	147
TYRVAYA	147	ULTRALANCE LANCETS	216	UPTRAVI	45
TYVASO	45	ULTRASAL-ER	94	URAMAXIN	94
TYVASO DPI	44	ULTRA-THIN II (SHORT) INS SYR	236	URAMAXIN GT	94
TYVASO INSTITUTIONAL START KIT	45	ULTRA-THIN II (SHORT) PEN	267	<i>urea</i>	94
TYVASO REFILL KIT	45	NDL	267	UREA NAIL STICK	94
TYVASO STARTER KIT	45			URETRON D-S	174
UBRELVY	281			URIBEL TABS	174
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				URNEVA	175
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				UROGESIC-BLUE	175

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UROQID-ACID NO.2	310	venlafaxine	18	VIVAGUARD LANCET	217
ursodiol	208	venlafaxine besylate	18	VIVJOA	182
VAGINAL CONTRACEPTIVE FILM	54	VENNGEL ONE	89	VIVOTIF	170
valacyclovir	186	VENTAVIS	45	VIZIMPRO	244
VALCHLOR	96	VEOZAH	168	VOCABRIA	189
valganciclovir	186	verapamil	42	VOLNEA (28)	63
valproic acid	296	VERDESO	88	VONJO	244
valproic acid (as sodium salt)	296	VEREGEN	77	VONVENDI	156
valsartan	39	VERIFINE INSULIN SYRINGE	237	VOQUEZNA	306
valsartan-hydrochlorothiazide	37	VERIFINE PEN NEEDLE	268	VOQUEZNA DUAL PAK	305
VALTOCO	288	VERIFINE PLUS PEN NEEDLE	268	VOQUEZNA TRIPLE PAK	305
vancomycin	183, 184	VERIFINE SAFETY LANCET MINI	217	voriconazole	182
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VANISHPOINT INSULIN SYRINGE	236	VERQUVO	52	VOXZOGO	140
VANISHPOINT SYRINGE	236	VERSACLOZ	27	VP-CH-PNV	314
VANISHPOINT TUBERCULIN SYRINGE	236	VERTIGOHEEL	260	VRAYLAR	23
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VARIBAR NECTAR	259	VIBERZI	206	VYFEMLA (28)	63
VARIBAR PUDDING	259	VICTOZA 2-PAK	106	VYJUVEK	92
VARIBAR THIN HONEY	259	VICTOZA 3-PAK	106	VYLIBRA	63
VARIBAR THIN LIQUID	259	VIEKIRA PAK	191	VYNDAMAX	52
VAROPHEN (DICLOFENAC)	89	VIENVA	63	VYNDAQEL	52
VAROXIA	69	vigabatrin	296	VYZULTA	151
VARUBI	8	VIGADRONE	296	WAKIX	29
VASCEPA	51	VIIBRYD	18	warfarin	154
VASELINE WHITE PETROLEUM ...	95	VIJOICE	238	water for irrigation, sterile	92
VASHE	92	vilazodone	18	WAVESENSE AMP	128
VAXCHORA ACTIVE COMPONENT	171	VIMPAT	296	WAVESENSE JAZZ	118
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VAXCHORA VACCINE	171	VIORELE (28)	63	WELIREG	245
VCF CONTRACEPTIVE FILM	54	VIRACEPT	189	WERA (28)	63
VCF CONTRACEPTIVE GEL	54	VIREAD	188	WHYTEDERM SURGIPAK	270
VELIVET TRIPHASIC REGIMEN (28)	63	VISCO-3	197	WHYTEDERM TDPAK	88
VELPHORO	135	VISTASEAL-FIBRIN SEALANT	165	WHYTEDERM TRILASIL PAK	88
VELSIPITY	251	VISTOGARD	245	WIDE-SEAL DIAPHRAGM 60	64
VELTASSA	135	VITAFOL FE+ (WITH DOCUSATE)	314	WIDE-SEAL DIAPHRAGM 65	64
VEMLIDY	191	VITAMIN D2	314	WIDE-SEAL DIAPHRAGM 70	64
VENCLEXTA	244	VITAMIN K	165	WIDE-SEAL DIAPHRAGM 75	64
VENCLEXTA STARTING PACK ...	244	VITAMIN K1	165	WIDE-SEAL DIAPHRAGM 80	64
		VITRAKVI	244	WIDE-SEAL DIAPHRAGM 85	64
		VIVAGUARD INO GLUCOSE METER	128	WIDE-SEAL DIAPHRAGM 90	64
		VIVAGUARD INO SMART GLUC METER	128	WIDE-SEAL DIAPHRAGM 95	64
		WINLEVI	70	WILATE	156
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WINTERGREEN OIL	93	XTANDI	239	ZICLOCIN	90
WIXELA INHUB	11	XULANE	64	ZICLOPRO	90
WOUNDGELHA MATRIX	95	XULTOPHY 100/3.6	109	zidovudine	188
WPR PLUS	99	XURIDEN	153	ZIEXTENZO	162
WYMZYA FE	63	XYLIDERM	99	ZILACAINE PATCH	99
WYNZORA	105	XYNTHA	156	zileuton	8
XACIATO	311	XYNTHA SOLOFUSE	156	ZILOVAL	99
XADAGO	287	XYOSTED	166	ZILXI	74
XALIX	94	XYWAV	23	ZIMHI	29
XALKORI	244	YARGESA	258	zinc oxide	95
XARELTO	157	YAXATARXYN	101	ziprasidone hcl	27
XARELTO DVT-PE TREAT 30D		YCANTH	93	ZIRGAN	146
START	157	YOKATAR	101	ZITHRANOL	103
XATMEP	239	YONSA	239	ZMA CLEAR	79
XCLAIR	92	YOSPRALA	163	ZOKINVY	238
XCOPRI	297	YUFLYMA(CF)	195	ZOLINZA	244
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XELJANZ	200	YUSIMRY(CF) PEN	195	ZONISADE	298
XELJANZ XR	200	YUVAFEM	312	zonisamide	298
XELPROS	152	ZAFEMY	64	ZONTIVITY	163
XELSTRYM	21	zafirlukast	13	ZORVOLEX	204
XEMBIFY	169	zaleplon	30	ZORYVE	103
XENLETA	177	ZARAH	63	ZOVIA 1-35 (28)	63
XENON XE-133	268	ZARXIO	162	ZTALMY	298
xenon-133 in air	268	ZAVZPRET	281	ZTLIDO	99
XENOVIEW PATIENT DOSE	257	ZCORT	199	ZUBSOLV	285
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XERESE	77	ZEJULA	244	ZYDELIG	244
XERMELO	208	ZELAPAR	287	ZYFLO	8
XHANCE	6	ZELBORAF	240	ZYKADIA	244
XIFAXAN	183	ZELNORM	209	ZYLET	143
XIGDUO XR	110	ZEMAIRA	238	ZYPITAMAG	49
XXIDRA	148	ZEMBRACE SYMTOUCH	281	ZYPRAM	206
XILAPAK	88	ZENATANE	66		
XIMINO	181	ZENPEP	303		
XOFLUZA	186	ZENZEDI	21		
XOLAIR	13	ZEPATIER	191		
XOLEGEL	76	ZEPOSIA	251		
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