

## Kaiser Permanente Insurance Company (KPIC) / Added Choice Plan Formulary with Specialty Drug Tier

**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 Upon revision, all previous versions of the drug formulary are no longer in effect.

This document contains information regarding the drugs that are covered when you participate in our **Added Choice Point-of-Service** plan offered by Kaiser Permanente Insurance Company (KPIC) and Kaiser Foundation Health Plan, Inc.

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

You may access the updated KPIC Formulary by visiting <http://info.kaiserpermanente.org/html/kpic-hawaii/drugformulary.html>

For help in your preferred language, please see page 5 in this document.

### How to Use This Document (the Formulary)

This document is a list of the approved prescription medications covered under your KPIC health insurance plan. 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 you through a network pharmacy. This document does not apply to medications used 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 agents within the Formulary table, the tier level is denoted throughout the document using the following symbols (*refer to table below*).

### Tier Definition Table:

Symbol	Guideline	Description
T1	Tier 1	Generic Medications & Generic Maintenance Drug
T2	Tier 2	Preferred Brand Medications
T3	Tier 3	Non-Preferred Brand Medications
T4	Tier 4	Specialty Pharmaceutical Drug
T5	Tier 5	PPACA* Preventive Drugs

\*Federal Patient Protection and Affordable Care Act (PPACA).

## **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.

The Formulary is updated by the MedImpact P&T and Formulary Committees using a structured approach to the drug selection process to ensure continuing patient access to rational drug therapies.

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

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

## **What medications are covered?**

KPIC will generally cover prescribed generic, brand, and specialty drugs listed on the KPIC Formulary as long as the drug is medically necessary, the prescription is filled by a network pharmacy provider, and other coverage rules are followed. Over-the-counter (OTC) medications are not generally covered. Certain PPACA preventive OTC medications are eligible for coverage when prescribed by a physician such as aspirin, iron supplementation, and vitamin D.

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

- Insulin syringes
- Insulin needles
- 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.

## **What is a generic maintenance drug?**

Generic maintenance drugs are specific generic drugs used for the treatment of chronic conditions. However, not all generic drugs used for the treatment of chronic conditions are considered generic “maintenance” 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. If you request a brand-name drug when a generic drug is prescribed, you may be responsible for paying the brand-name copayment plus the difference in cost between the generic drug and the brand-name drug. Please refer to your *Certificate of Insurance* for details.

## **What is a specialty drug?**

Specialty drugs are high-cost prescription medications that are 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 PPACA Preventive Drugs?**

All medications, even over-the-counter (OTC) drugs, included under the federal Patient Protection and Affordable Care ACT (PPACA) as **preventive medications** are eligible for coverage with no cost-share if the insured has a prescription from his or her healthcare provider. The only exception to this is the Flu Vaccine which does not require a prescription, however, an insurance card must be presented at the pharmacy.

Some preventive medications are only covered with no cost share for certain patients. For example, patients within a specified age range or when a medication is used for a certain purpose. **PPACA preventative drugs are labeled as Tier 5 in the Formulary.**

**What drugs are not covered? General Exclusions**

- Over the Counter (OTC) medications or their equivalents, except for those OTC medications included in the Formulary.
- 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 administered by a clinician unless otherwise specified in the Formulary listing.
- Drugs not approved by the United States Food & Drug Administration.

**How do I request an exception to the KPIC Formulary?**

You can request an exception to obtain coverage of a drug that is not on the Formulary or are notated with a “PA” next to the drug name, by calling MedImpact at **1-800-788-2949**. Upon receipt of your exception request, MedImpact will notify you within 72 hours for non-urgent requests and within 24 hours if exigent circumstances exist of the request approval or other outcome. (Exigent circumstances exist when an insured is suffering from a health condition that may seriously jeopardize the insured’s life, health, or ability to regain maximum function or when an insured is using a drug while undergoing a current course of treatment.) If a standard exception request is granted, coverage of the non-formulary drug will be granted for the duration of the prescription, including refills. If an exception based on exigent circumstances is granted, coverage of the non-formulary drug will be granted for the duration of the exigency.

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

Yes, for certain agents 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 Edit	Coverage depends on patient age.
PA	Prior Authorization	Requires a prior authorization based on specific clinical criteria. <i>See Prior Authorization below for additional information.</i>
QL	Quantity Limit	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 Step Therapy below for additional information.</i>

**What is a Prior Authorization?**

A prior authorization (PA) is a review and approval procedure that is used to encourage safe and cost-effective medication use. Many drugs have multiple uses, so PAs are placed on drugs to make sure the drug is appropriate and safe for the insured.

**How does the program work?** Drugs marked with a prior authorization mean that your prescriber must first show that you have a medically necessary need for that particular outpatient prescription drug. This means that to receive coverage your prescriber will need to work with MedImpact to receive prior authorization of the drug. Prior authorized drugs have specific clinical criteria that you must meet in order to obtain coverage. Drugs requiring prior authorization are denoted in the Formulary by the symbol PA under the Restrictions/Limitations column.

Upon receipt of your prior authorization request, MedImpact will notify the licensed prescribing provider of the request's approval or other outcome within 72 hours for non-urgent requests or within 24 hours if exigent circumstances exist. 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 have questions about your request, you can call MedImpact at **1-800-788-2949**.

### **What is Step Therapy?**

Selected outpatient 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. Remember, treatment decisions are always between you and your doctor.

**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 keeping costs down. A second-line medication is a less-preferred or sometimes more costly treatment option. Drugs subject to Step Therapy Edits are denoted in the Formulary by the symbol ST under the Restrictions/Limitation column. The Index section at the end of the Formulary also contains a complete listing of drugs requiring Step Therapy.

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. 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 exigent circumstances exist of the request approval or other outcome. If you have questions about your request, you can call MedImpact at **1-800-788-2949**.

### **Benefit Coverage and Limitations**

The Formulary does not provide information regarding the specific coverage and limitation to which an individual insured may be subject. Specific benefit inclusions, exclusions, and cost shares are not reflected in the Formulary.

The Formulary applies only to outpatient drugs prescribed to you and does not apply to medications used in an inpatient setting. For specific questions regarding your coverage, please call KPIC Customer Service at **1-800-238-5742**.

### **Your Costs**

The amount you pay for a covered drug will depend on your coverage tier. Each covered drug is in one of several tiers. Each drug's tier amount may be different. Each drug tier may have a different copayment or coinsurance amount.

Please refer to your *Schedule of Coverage* for additional information. To find out the cost of your drugs, you may contact MedImpact at **1-800-788-2949**.

The Formulary indicates an estimated range of your cost share for each drug based on information currently available to KPIC. The estimate is based on the information the insurer has available. Cost shares may differ between plans. Cost share ranges are displayed as follows:

- A. \$100 and under: \_\_\_\_\_ \$;
- B. Over \$100 to \$250: \_\_\_\_\_ \$\$;
- C. Over \$250 to \$500: \_\_\_\_\_ \$\$\$;
- D. Over \$500 to \$1,000: \_\_\_\_\_ \$\$\$\$;
- E. Over \$1,000: \_\_\_\_\_ \$\$\$\$\$.

## 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 free 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 free 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 **1-800-238-5742** (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 or phone at: KPIC Civil Rights Coordinator, Grievance 1557, 711 Kapiolani Blvd Honolulu, HI 96813, telephone number 1 800 238 5742.

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>.

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## HELP IN YOUR LANGUAGE

**ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Call **1-800-238-5742** (TTY: **711**).

**Cebuano (Bisaya) ATENSYON:** Kung nagsulti ka og Cebuano, adunay mga serbisyo sa tabang sa pinulongan, nga walay bayad, nga magamit nimo. Tawag sa **1-800-238-5742** (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 **1-800-238-5742** (TTY: **711**)

**Chuuk (Chukese) MEI AUCHEA:** Ika iei foosun fonuomw: Foosun Chuuk, iwe en mei tongeni omw kopwe angei aninisin chiakku, ese kamo. Kori **1-800-238-5742** (TTY: **711**).

**‘Ōlelo Hawai‘i (Hawaiian) E NĀNĀ MAI:** Inā i ‘ōlelo ‘oe i ka ‘ōlelo Hawai‘i, hiki iā ‘oe ke loa‘a i ke kōkua manuahi e pili ana i ka ‘ōlelo. E kelepona aku i ka helu **1-800-238-5742** (TTY: **711**).

**Iloko (Ilocano) PAKDAAR:** No agsasaoka iti Ilokano, dagiti awan bayadna a serbisio a para iti beddeng ti lengguahe ket sidadaan para kenka. Awagan ti **1-800-238-5742** (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。**1-800-238-5742** (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. **1-800-238-5742** (TTY: 711) 번으로 전화해 주십시오.

**ລາວ (Laotian) ເຊີນຊາບ:** ຖ້າທ່ານເວົ້າພາສາລາວແມ່ນມີບໍລິການດ້ານພາສາບໍ່ເສຍຄ່າໃຫ້ກັບທ່ານ. ໂທ **1-800-238-5742** (TTY: 711).

**Kajin Pälle (Marshallese) LALE:** Ñe kwōj kōnono Kajin Pälle, kwomaroñ bōk jermal in jibañ kein, ilo ejelok onean, im rej bellok ñan eok. Kaalok **1-800-238-5742** (TTY: 711).

**Naabeehó (Navajo) Díí baa akó nínizin:** Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hól'ó, koj'í' hódíłnih **1-800-238-5742** (TTY: 711).

**Lokaiahn Pohnpei (Pohnpeian) MEHN KAIR:** Ma komw kin lokaiahn Pohnpei, wasahn sawas en palien lokaia kak sawas ni sohte isais. Eker nempe **1-800-238-5742** (TTY: 711).

**Faa-Samoa (Samoan) MO LOU SILAFIA:** Afai e te tautala i le Gagana fa'a Sāmoa, o loo iai 'au'aunaga fesoasoani, e fai fua mo oe, e leai se totogi. Telefoni mai: **1-800-238-5742** (TTY: 711).

**Español (Spanish) ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-238-5742** (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 **1-800-238-5742** (TTY: 711).

**Lea Faka-Tonga (Tongan) FAKATOKANGA:** Kapau 'oku ke Lea Faka-Tonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'etotongi, pe a te ke lava 'o ma'u ia. Telefoni mai **1-800-238-5742** (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 **1-800-238-5742** (TTY: 711).

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Drug	Status	Notes
<b>Allergy</b>		
<b>2Nd Gen Antihistamine &amp; Decongestant Combinations</b>		
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)
<b>Allergenic Extracts, Therapeutics</b>		
GRASTEK SUBLINGUAL TABLET 2,800 BAU	Tier 2	PA; \$
ODACTRA SUBLINGUAL TABLET 12 SQ-HDM	Tier 2	PA; \$\$
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; \$
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3)	Tier 4	PA; \$\$
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6)	Tier 4	PA; \$\$
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1)	Tier 4	PA; \$\$
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG	Tier 4	PA; \$\$
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2)	Tier 4	PA; \$\$
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4)	Tier 4	PA; \$\$
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1)	Tier 4	PA; \$\$
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X1)	Tier 4	PA; \$\$
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2)	Tier 4	PA; \$\$
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2)	Tier 4	PA; \$\$

Drug	Status	Notes
PALFORZIA (LEVEL 11 UP-DOSE) ORAL POWDER IN PACKET 300 MG	Tier 4	PA; \$\$
PALFORZIA INITIAL DOSE ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG	Tier 4	PA; \$
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG	Tier 4	PA; \$\$
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT	Tier 2	PA; \$\$
<b>Antihistamines - 1St Generation</b>		
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	Tier 1	\$; Age (Min 2 Years)
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 1	\$; Age (Min 2 Years)
<i>carbinoxamine maleate oral tablet 6 mg</i> (RyVent)	Tier 1	\$\$\$; ST: Must meet the following requirements: Carbinoxamine 4mg and IR solution in 365 days; QL (4 EA per 1 day); Age (Min 2 Years)
<i>clemastine oral syrup 0.5 mg/5 ml</i>	Tier 1	
<i>clemastine oral tablet 2.68 mg</i>	Tier 1	\$
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	Tier 1	\$
<i>cyproheptadine oral tablet 4 mg</i>	Tier 1	\$
<i>dexchlorpheniramine maleate oral solution 2 mg/5 ml</i> (Ryclora)	Tier 1	QL (236 ML per 1 FILL)
DIPHEN ORAL ELIXIR 12.5 MG/5 ML (diphenhydramine hcl)	Tier 1	\$
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	Tier 1	\$
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	\$
<i>hydroxyzine pamoate oral capsule 100 mg, 50 mg</i>	Tier 1	\$
<i>hydroxyzine pamoate oral capsule 25 mg</i> (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)
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i> (Phenergan)	Tier 1	\$
<i>promethazine oral syrup 6.25 mg/5 ml</i>	Tier 1	\$
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	\$

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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	Tier 2	\$. 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	\$. ST: Must meet any of the following requirements: Flunisolide, Fluticasone Propionate, or Qnasl Children in 120 days; QL (10.6 GM per 30 days)
SINUVA SINUS IMPLANT 1,350 MCG	Tier 3	PA
TICANASE NASAL KIT, SPRAY SUSPENSION AND SPRAY 50 MCG-0.9 %	Tier 3	
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	Tier 2	\$\$; 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	\$. ST: Must meet the following requirement: Flunisolide or Fluticasone Propionate in 120 days; QL (6.1 GM per 30 days)
<b>Antiemesis/Antivertigo</b>		
<b>Antiemetic, Cannabinoid-Type</b>		
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg (Marinol)</i>	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)
<b>Antiemetic/Antivertigo Agents</b>		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	Tier 2	\$\$; QL (1 EA per 28 days)

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)
<i>aprepitant oral capsule 125 mg</i>	Tier 1	\$\$; QL (1 EA per 21 days)
<i>aprepitant oral capsule 40 mg</i>	Tier 1	\$; QL (1 EA per 28 days)
<i>aprepitant oral capsule 80 mg</i> (Emend)	Tier 1	\$; QL (2 EA per 21 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend)	Tier 1	\$\$; QL (3 EA per 21 days)
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	\$
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (drlec) 10-10 mg</i> (Diclegis)	Tier 1	\$; QL (120 EA per 30 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	Tier 2	\$\$; QL (3 EA per 21 days)
<i>granisetron hcl oral tablet 1 mg</i>	Tier 1	\$; ST: Must meet the following requirement: Ondansetron tablets or ODT in 120 days; QL (8 EA per 30 days)
<i>meclizine oral tablet 12.5 mg</i>	Tier 1	\$
<i>meclizine oral tablet 25 mg</i> (Dramamine (meclizine))	Tier 1	\$
<i>meclizine oral tablet 50 mg</i> (Antivert)	Tier 1	\$; QL (2 EA per 1 day)
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	Tier 1	\$; QL (50 ML per 15 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	Tier 1	\$
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	Tier 1	\$
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)	Tier 1	\$
<i>prochlorperazine rectal suppository 25 mg</i> (Compro)	Tier 1	\$
<i>promethazine rectal suppository 12.5 mg, 25 mg</i> (Promethegan)	Tier 1	\$
<i>promethazine rectal suppository 50 mg</i> (Promethegan)	Tier 1	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG (promethazine)	Tier 1	\$

Drug	Status	Notes
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)
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> (Transderm-Scop)	Tier 1	\$
<i>trimethobenzamide oral capsule 300 mg</i>	Tier 1	\$
VARUBI ORAL TABLET 90 MG	Tier 3	\$\$; QL (2 EA per 14 days)
<b>Asthma And Copd</b>		
<b>5-Lipoxygenase Inhibitors</b>		
<i>zileuton oral tablet, er multiphase 12 hr 600 mg</i>	Tier 1	\$\$; 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	ST: Must meet the following requirements: Montelukast Sodium and Zafirlukast in 365 days; QL (4 EA per 1 day)
<b>Anticholinergic, Orally Inhaled Short Acting</b>		
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	Tier 2	\$\$; QL (25.8 GM per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	Tier 1	\$
<b>Anticholinergics, Orally Inhaled Long Acting</b>		
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	Tier 3	\$; ST: Must meet the following requirement: Spiriva in 120 days; QL (30 EA per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION	Tier 2	\$\$; QL (4 GM per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	Tier 2	\$; QL (4 GM per 30 days)
<i>tiotropium bromide inhalation capsule, w/inhalation device 18 mcg</i> (Spiriva with HandiHaler)	Tier 1	\$; QL (30 EA per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION	Tier 3	\$\$\$; ST: Must meet the following requirement: Spiriva in 120 days; QL (1 EA per 30 days)

Drug	Status	Notes
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	Tier 3	\$\$\$; ST: Must meet the following requirement: Lonhala Magnair in 120 days; QL (90 ML per 30 days)
<b>Beta-Adrenergic Agents</b>		
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	Tier 1	\$
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	Tier 1	\$
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	Tier 1	
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	Tier 1	\$
<b>Beta-Adrenergic Agents, Inhaled, Short Acting</b>		
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i> (Ventolin HFA)	Tier 1	\$
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i>	Tier 1	\$
<i>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i>	Tier 1	
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	Tier 1	\$
<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i> (Xopenex HFA)	Tier 1	\$
PROAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 90 MCG/ACTUATION	Tier 3	\$; 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	\$; ST: Must meet the following requirement: Generic Albuterol Sulfate 90mcg HFA inhaler in 120 days
<b>Beta-Adrenergic Agents, Inhaled, Ultra-Long Acting</b>		
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	Tier 2	\$; QL (4 GM per 30 days)

Drug	Status	Notes
<b>Beta-Adrenergic Agents, Orally Inhaled, Long Acting</b>		
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i> (Brovana)	Tier 1	\$. ST: Must meet the following requirement: 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> (Perforomist)	Tier 1	\$\$; QL (120 ML per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	Tier 2	\$\$; QL (60 EA per 30 days)
<b>Beta-Adrenergic And Anticholinergic Combinations</b>		
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	Tier 2	\$\$; QL (60 EA per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	Tier 3	\$. 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	\$\$
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION	Tier 3	\$\$; 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	\$
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	Tier 2	\$. QL (4 GM per 30 days)
<b>Beta-Adrenergic And Glucocorticoid Combinations</b>		
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION (fluticasone propion-salmeterol)	Tier 2	\$. QL (12 GM per 30 days)
AIRDUO DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG-14 MCG/ACTUATION	Tier 3	\$\$; ST: Must meet any of the following requirements: Advair HFA or Breo Ellipta in 120 days; QL (1 EA per 30 days)



Drug	Status	Notes
AIRDUO DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 232-14 MCG/ACTUATION	Tier 3	\$. 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	\$\$; QL (32.1 GM per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE (fluticasone furoate-vilanterol)	Tier 2	\$. QL (60 EA per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 200-25 MCG/DOSE (fluticasone furoate-vilanterol)	Tier 2	\$\$; QL (60 EA per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE	Tier 2	\$. QL (60 EA per 30 days)
BREYNA INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION (budesonide-formoterol)	Tier 1	\$. QL (30.9 GM per 30 days)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i> (Breyna)	Tier 1	\$. QL (30.9 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	Tier 3	\$. 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	\$. 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	\$. 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	\$. QL (60 EA per 30 days)
WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE (fluticasone propion-salmeterol)	Tier 1	\$. QL (60 EA per 30 days)
<b>Beta-Adrenergic-Anticholinergic-Glucocort, Inhaled</b>		
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	Tier 2	\$\$; QL (10.7 GM per 30 days)

Drug	Status	Notes
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	Tier 2	\$\$; QL (60 EA per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG	Tier 2	\$\$; QL (2 EA per 1 day)
<b>Glucocorticoids, Orally Inhaled</b>		
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTION, 80 MCG/ACTION	Tier 3	\$\$; ST: Must meet the following requirement: Arnuity Ellipta in 120 days; QL (12.2 GM per 30 days)
ARMONAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG/ACTION, 232 MCG/ACTION	Tier 3	\$\$; ST: Must meet the following requirement: Arnuity Ellipta in 120 days; QL (1 EA per 30 days)
ARNUIITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTION, 200 MCG/ACTION, 50 MCG/ACTION	Tier 2	\$\$; QL (30 EA per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTION, 200 MCG/ACTION, 50 MCG/ACTION	Tier 3	\$\$; 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/ ACTION (30), 220 MCG/ ACTION (120), 220 MCG/ ACTION (30), 220 MCG/ ACTION (60)	Tier 3	\$\$; 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	\$\$; QL (120 ML per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i> (Pulmicort)	Tier 1	\$\$; QL (60 ML per 30 days)
<i>fluticasone propionate inhalation blister with device 100 mcg/action, 50 mcg/action</i>	Tier 1	\$\$; QL (60 EA per 30 days)
<i>fluticasone propionate inhalation blister with device 250 mcg/action</i>	Tier 1	\$\$; QL (120 EA per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/action</i>	Tier 1	\$\$; QL (12 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/action</i>	Tier 1	\$\$; QL (24 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/action</i>	Tier 1	\$\$; QL (21.2 GM per 30 days)

Drug	Status	Notes
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	Tier 3	\$. 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	\$. ST: Must meet the following requirement: Arnuity Ellipta in 120 days; QL (21.2 GM per 30 days)
<b>Interleukin-4(II-4) Receptor Alpha Antagonist, Mab</b>		
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	Tier 4	PA; \$\$\$\$
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	Tier 4	PA; \$\$\$\$
<b>Interleukin-5(II-5) Receptor Alpha Antagonist, Mab</b>		
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	Tier 4	PA; \$\$\$\$
<b>Leukotriene Receptor Antagonists</b>		
<i>montelukast oral granules in packet 4 mg</i> (Singular)	Tier 1	\$
<i>montelukast oral tablet 10 mg</i> (Singular)	Tier 1	\$
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i> (Singular)	Tier 1	\$
<i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate)	Tier 1	\$
<b>Mast Cell Stabilizers</b>		
<i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom)	Tier 1	\$
<b>Mast Cell Stabilizers, Orally Inhaled</b>		
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	Tier 1	\$
<b>Monoclonal Antibodies To Immunoglobulin E(Ige)</b>		
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	Tier 4	PA; \$\$\$\$
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	Tier 4	PA
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	Tier 4	PA; \$\$\$\$
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	Tier 4	PA; \$\$\$

Drug	Status	Notes
<b>Monoclonal Antibody - Interleukin-5 Antagonists</b>		
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	Tier 4	PA; \$\$\$\$
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	Tier 4	PA; \$\$\$\$
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	Tier 4	PA; \$\$\$
<b>Phosphodiesterase-4 (Pde4) Inhibitors</b>		
<i>roflumilast oral tablet 250 mcg, 500 mcg</i> (Daliresp)	Tier 1	\$. QL (1 EA per 1 day)
<b>Respiratory Aids, Devices, Equipment</b>		
ACE AEROSOL CLOUD ENHANCER SPACER (inhalational spacing device)	Tier 3	\$
AEROBIKA OSCILLATING PEP SYSTM DEVICE	Tier 3	\$
AEROCHAMBER MINI SPACER (inhalational spacing device)	Tier 3	\$
AEROCHAMBER MV SPACER (inhalational spacing device)	Tier 3	\$
AEROCHAMBER PLUS FLOW-VU SPACER (inhalational spacing device)	Tier 3	\$
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER	Tier 3	\$
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER	Tier 3	\$
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER	Tier 3	\$
AEROCHAMBER PLUS Z STAT LG MSK SPACER	Tier 3	\$
AEROCHAMBER PLUS Z STAT MD MSK SPACER	Tier 3	\$
AEROCHAMBER PLUS Z STAT SM MSK SPACER	Tier 3	\$
AEROCHAMBER PLUS Z STAT SPACER (inhalational spacing device)	Tier 3	\$
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER (inhalational spacing device)	Tier 3	\$
AEROECLIPSE II NEBULIZER (nebulizers)	Tier 3	
AEROECLIPSE XL NEBULIZER (nebulizers)	Tier 3	
AEROGEAR ACTION ASTHMA KIT KIT	Tier 3	
AERONEB GO NEBULIZER (nebulizers)	Tier 3	
AEROTRACH PLUS SPACER (inhalational spacing device)	Tier 3	
AEROVENT PLUS SPACER (inhalational spacing device)	Tier 3	

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

<b>Drug</b>		<b>Status</b>	<b>Notes</b>
COMP-AIR NEBULIZER COMPRESSOR DEVICE	(nebulizer and compressor)	Tier 3	\$
DEVILBISS DISPOSABLE NEBULIZER	(nebulizers)	Tier 3	
DEVILBISS PULMO-AIDE COMPRESSOR DEVICE		Tier 3	
DEVILBISS PULMOMATE COMPRESSOR DEVICE		Tier 3	\$
DEVILBISS PULMONEB LT COMP-NEB DEVICE	(nebulizer and compressor)	Tier 3	
DEVILBISS TRAVELER COMPRESSOR DEVICE	(nebulizer and compressor)	Tier 3	\$
EASIVENT HOLDING CHAMBER SPACER	(inhalational spacing device)	Tier 3	\$
EASIVENT MASK LARGE DEVICE		Tier 3	\$
EASIVENT MASK MEDIUM DEVICE		Tier 3	\$
EASIVENT MASK SMALL DEVICE		Tier 3	\$
EASY NEB COMPRESSOR NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	\$
EBASE CONTROLLER DEVICE		Tier 3	\$\$
FLEXICHAMBER SPACER	(inhalational spacing device)	Tier 3	\$
FLEXICHAMBER-LG CHILD MASK DEVICE		Tier 3	
FLEXICHAMBER-SM ADULT MASK DEVICE		Tier 3	
FLEXICHAMBER-SM CHILD MASK DEVICE		Tier 3	
HOME NEBULIZER PLUS SIDESTREAM DEVICE	(nebulizer and compressor)	Tier 3	\$
INNOSPIRE DELUXE DEVICE	(nebulizer and compressor)	Tier 3	
INNOSPIRE ELEGANCE DEVICE	(nebulizer and compressor)	Tier 3	\$
INNOSPIRE ESSENCE DEVICE	(nebulizer and compressor)	Tier 3	\$
INNOSPIRE GO NEBULIZER	(nebulizers)	Tier 3	
INNOSPIRE MINI DEVICE	(nebulizer and compressor)	Tier 3	\$
LC PLUS	(nebulizers)	Tier 3	\$
LC PLUS NEBULIZER-PED MASK	(nebulizers)	Tier 3	\$
LITE TOUCH-MEDIUM MASK DEVICE		Tier 3	
LITEAIRE MDI CHAMBER SPACER	(inhalational spacing device)	Tier 3	\$
LITETOUCH-LARGE MASK DEVICE		Tier 3	

Drug	Status	Notes
LITETOUCH-SMALL MASK DEVICE	Tier 3	
MC 300 NEBULIZER W-MOUTHPIECE (nebulizers)	Tier 3	
MC 300 NEBULIZER-UNVRSL TUBING (nebulizers)	Tier 3	
MICROAIR MESH NEBULIZER (nebulizers)	Tier 3	\$
MICROCHAMBER SPACER (inhalational spacing device)	Tier 3	\$
MICROSPACER SPACER (inhalational spacing device)	Tier 3	\$
MINI PLUS NEBULIZER (nebulizers)	Tier 3	
MINI WRIGHT PEAK FLOW METER DEVICE (peak flow meter)	Tier 3	\$
<i>nebulizer and compressor device</i> (Clever Choice Nebulizer)	Tier 3	\$
OMBRA COMPRESSOR SYSTEM DEVICE (nebulizer and compressor)	Tier 3	
OPTICHAMBER ADULT MASK-LARGE DEVICE	Tier 3	\$
OPTICHAMBER DIAMOND LG MASK SPACER	Tier 3	\$
OPTICHAMBER DIAMOND VHC SPACER (inhalational spacing device)	Tier 3	\$
OPTICHAMBER DIAMOND-MED MSK SPACER	Tier 3	\$
OPTICHAMBER DIAMOND-SML MASK SPACER	Tier 3	\$
PARI LC SPRINT NEBULIZER SET (nebulizers)	Tier 3	\$
PARI LC SPRINT SINUS (nebulizers)	Tier 3	
PARI SINUS AEROSOL SYSTEM DEVICE (nebulizer and compressor)	Tier 3	
PARI TREK S COMBO PACK DEVICE (nebulizer and compressor)	Tier 3	
PARI TREK S COMPACT COMPRESSOR DEVICE (nebulizer and compressor)	Tier 3	\$
PEDIATRIC BEAR NEBULIZER DEVICE (nebulizer and compressor)	Tier 3	
PEDIATRIC COMP-AIR COMPRES NEB DEVICE (nebulizer and compressor)	Tier 3	\$
PEDIATRIC DINOSAUR NEBULIZER DEVICE (nebulizer and compressor)	Tier 3	
PEDIATRIC DOG NEBULIZER DEVICE (nebulizer and compressor)	Tier 3	
PEDIATRIC FROG NEBULIZER DEVICE (nebulizer and compressor)	Tier 3	
PFLEX INSPIRATORY TRAINER DEVICE	Tier 3	

<b>Drug</b>		<b>Status</b>	<b>Notes</b>
POCKET CHAMBER SPACER	(inhalational spacing device)	Tier 3	\$
PORTABLE NEBULIZER SYSTEM DEVICE	(nebulizer and compressor)	Tier 3	
PRIMEAIRE SPACER	(inhalational spacing device)	Tier 3	\$
PROCARE COMPRESSOR NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	\$
PROCARE PEDIATRIC NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	
PROCARE SPACER WITH ADULT MASK SPACER		Tier 3	
PROCARE SPACER WITH CHILD MASK SPACER		Tier 3	\$
PROCHAMBER SPACER	(inhalational spacing device)	Tier 3	\$
PRODIGY MINI-MIST NEBULIZER	(nebulizers)	Tier 3	\$
PRONEB MAX COMPRESSOR-LC PLUS DEVICE	(nebulizer and compressor)	Tier 3	\$
PRONEB MAX COMPRESSOR-LC SPRINT DEVICE	(nebulizer and compressor)	Tier 3	
PROVENT NASAL DEVICE		Tier 3	
PROVENT STARTER NASAL DEVICE		Tier 3	
PULMO-AIDE COMPRESSOR DEVICE		Tier 3	\$
PULMONEB LT COMPRESSOR NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	\$
PUREAIR MINI NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	\$
QUAKE VIBRATORY PEP DEVICE		Tier 3	
RITEFLO AEROCHAMBER SPACER	(inhalational spacing device)	Tier 3	
SAMI THE SEAL DEVICE	(nebulizer and compressor)	Tier 3	\$
SIDESTREAM	(nebulizers)	Tier 3	\$
SIDESTREAM NEBULIZER	(nebulizers)	Tier 3	\$
SIDESTREAM PLUS	(nebulizers)	Tier 3	
SILICONE MASK - INFANT DEVICE		Tier 3	\$
SINUSTAR NEBULIZER	(nebulizers)	Tier 3	
SMARTNEB COMPRESSOR NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	
SOOTHENEB COMPRESSOR NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	
SOOTHENEB MESH NEBULIZER	(nebulizers)	Tier 3	



Drug	Status	Notes
SPACE CHAMBER SPACER (inhalational spacing device)	Tier 3	\$
SPACE CHAMBER WITH LARGE MASK SPACER	Tier 3	\$
SPACE CHAMBER WITH MEDIUM MASK SPACER	Tier 3	\$
SPACE CHAMBER WITH SMALL MASK SPACER	Tier 3	\$
STRIVE PEAK FLOW METER DEVICE (peak flow meter)	Tier 3	
SUNRISE COMPRESSOR-NEBULIZER DEVICE	Tier 3	\$
THRESHOLD IMT TRAINER DEVICE	Tier 3	
THRESHOLD PEP DEVICE DEVICE	Tier 3	
TRUNEB NEBULIZER (nebulizers)	Tier 3	
TRUZONE PEAK FLOW METER DEVICE (peak flow meter)	Tier 3	\$
VIOS AEROSOL DELIVERY SYSTEM DEVICE (nebulizer and compressor)	Tier 3	\$
VIXONE NEBULIZER (nebulizers)	Tier 3	
VIXONE NEBULIZER-ADULT MASK (nebulizers)	Tier 3	
VIXONE NEBULIZER-PEDIATRIC MSK (nebulizers)	Tier 3	
VORTEX HOLDING CHAMBER SPACER (inhalational spacing device)	Tier 3	\$
VORTEX VHC FROG MASK-CHILD SPACER	Tier 3	\$
VORTEX VHC LADYBUG MASK-TODDLR SPACER	Tier 3	\$
WILLIS THE WHALE COMPRESSR NEB DEVICE (nebulizer and compressor)	Tier 3	
<b>Thymic Stromal Lymphopoietin (Tslp) Inhibitors</b>		
TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML)	Tier 4	PA; \$\$\$\$
<b>Xanthines</b>		
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	Tier 1	\$
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML (theophylline)	Tier 1	
THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	Tier 2	\$
<i>theophylline oral elixir 80 mg/15 ml</i> (Elixophyllin)	Tier 1	\$
<i>theophylline oral solution 80 mg/15 ml</i>	Tier 1	\$

Drug	Status	Notes
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	Tier 1	\$
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	Tier 1	\$
<b>Autonomic Nervous System Disorders</b>		
<b>Alzheimer's Therapy, Nmda Receptor Antagonists</b>		
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i> (Namenda XR)	Tier 1	\$. ST: Must meet the following requirement: Memantine immediate release tablets in 120 days; QL (30 EA per 30 days)
<i>memantine oral solution 2 mg/ml</i>	Tier 1	\$. QL (300 ML per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i>	Tier 1	\$. QL (60 EA per 30 days)
<i>memantine oral tablets, dose pack 5-10 mg</i> (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)
<b>Alzheimer's Thx, Nmda Recept Antag &amp; Cholines Inhib</b>		
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	\$\$; 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)
<b>Cholinesterase Inhibitors</b>		
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/24 HOUR, 5 MG/24 HOUR	Tier 3	PA; \$
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i> (Aricept)	Tier 1	\$
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	Tier 1	\$
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	Tier 1	\$. QL (30 EA per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	Tier 1	\$. QL (200 ML per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	Tier 1	\$. QL (60 EA per 30 days)

Drug	Status	Notes
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i> (Mestinon)	Tier 1	\$
<i>pyridostigmine bromide oral tablet 30 mg</i>	Tier 1	\$\$
<i>pyridostigmine bromide oral tablet 60 mg</i> (Mestinon)	Tier 1	\$
<i>pyridostigmine bromide oral tablet extended release 180 mg</i> (Mestinon Timespan)	Tier 1	\$
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	Tier 1	\$
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i> (Exelon Patch)	Tier 1	\$. QL (30 EA per 30 days)
<b>Behavioral Health - Antidepressants</b>		
<b>Alpha-2 Receptor Antagonist Antidepressants</b>		
<i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)	Tier 1	\$
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	Tier 1	\$
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab)	Tier 1	\$
<b>Antidepressant - Nmda Receptor Antagonist</b>		
SPRAVATO NASAL SPRAY, NON-AEROSOL 28 MG	Tier 4	PA
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2)	Tier 4	PA; \$\$
SPRAVATO NASAL SPRAY, NON-AEROSOL 84 MG (28 MG X 3)	Tier 4	PA; \$\$\$
<b>Antidepressant - Postpartum Depression (Ppd)</b>		
ZURZUVAE ORAL CAPSULE 20 MG, 30 MG	Tier 2	PA
ZURZUVAE ORAL CAPSULE 25 MG	Tier 2	PA; \$\$\$\$\$
<b>Maois - Non-Selective &amp; Irreversible</b>		
MARPLAN ORAL TABLET 10 MG	Tier 3	\$\$
<i>phenelzine oral tablet 15 mg</i> (Nardil)	Tier 1	\$
<i>tranylcypromine oral tablet 10 mg</i> (Parnate)	Tier 1	\$
<b>Monoamine Oxidase(Mao) Inhibitors</b>		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR	Tier 3	\$\$\$\$; 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
EMSAM TRANSDERMAL PATCH 24 HOUR 9 MG/24 HR	Tier 3	\$\$\$; ST: Must meet any of the following requirements: Marplan, Phenelzine Sulfate, or Tranylcypromine Sulfate in 120 days; QL (1 EA per 1 day)
<b>Ndma Receptor Antagonist And Ndri Comb</b>		
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	Tier 3	PA; \$\$
<b>Norepinephrine And Dopamine Reuptake Inhib (Ndris)</b>		
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG	Tier 3	\$\$\$\$; ST: Must meet the following requirement: Bupropion HCL in 120 days; QL (1 EA per 1 day)
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 522 MG	Tier 3	\$\$\$\$; ST: Must meet the following requirement: Bupropion HCL in 120 days; QL (1 EA per 1 day)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	Tier 1	\$
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL)	Tier 1	\$
<i>bupropion hcl oral tablet extended release 24 hr 450 mg</i> (Forfivo XL)	Tier 1	\$; 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	\$
<b>Selective Serotonin Reuptake Inhibitor (SsrIs)</b>		
<i>citalopram oral capsule 30 mg</i>	Tier 1	\$
<i>citalopram oral solution 10 mg/5 ml</i>	Tier 1	\$
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i> (Celexa)	Tier 1	\$
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	Tier 1	\$
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (Lexapro)	Tier 1	\$
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i> (Prozac)	Tier 1	\$
<i>fluoxetine oral capsule, delayed release(drlec) 90 mg</i>	Tier 1	\$
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	Tier 1	\$

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>fluoxetine oral tablet 10 mg, 20 mg, 60 mg</i>	Tier 1	\$
<i>fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg</i>	Tier 1	\$. 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	\$
<i>paroxetine hcl oral suspension 10 mg/5 ml</i> (Paxil)	Tier 1	\$
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> (Paxil)	Tier 1	\$
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i> (Paxil CR)	Tier 1	\$
<i>sertraline oral capsule 150 mg, 200 mg</i>	Tier 1	\$. QL (1 EA per 1 day)
<i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)	Tier 1	\$
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)	Tier 1	\$
<b>Serotonin-2 Antagonist/Reuptake Inhibitors (Saris)</b>		
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 1	\$
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	Tier 1	\$
<b>Serotonin-Norepinephrine Reuptake-Inhib (Snrts)</b>		
<i>desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg</i>	Tier 1	\$. 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	\$
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	Tier 3	PA
<i>duloxetine oral capsule, delayed release(drlec) 20 mg, 30 mg, 60 mg</i> (Cymbalta)	Tier 1	\$

Drug	Status	Notes
<i>duloxetine oral capsule, delayed release(drlec) 40 mg</i>	Tier 1	\$; 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), 20 MG (2)- 40 MG (5)	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	\$\$; 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>venlafaxine besylate oral tablet extended release 24hr 112.5 mg</i>	Tier 1	\$; 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> (Effexor XR)	Tier 1	\$
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Tier 1	\$
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>	Tier 1	\$
<b>Ssri &amp; 5Ht1a Partial Agonist Antidepressant</b>		
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i> (Viibryd)	Tier 1	\$; 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

Drug	Status	Notes
<b>Ssri &amp; Serotonin Receptor Modulator Antidepressant</b>		
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	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)
<b>Tricyclic Antidepressant/Benzodiazepine Combinatns</b>		
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	Tier 1	\$
<b>Tricyclic Antidepressant/Phenothiazine Combinatns</b>		
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-25 mg</i>	Tier 1	\$
<i>perphenazine-amitriptyline oral tablet 4-10 mg, 4-50 mg</i>	Tier 1	
<b>Tricyclic Antidepressants &amp; Rel. Non-Sel. Ru-Inhib</b>		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	\$
<i>amoxapine oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	\$
<i>amoxapine oral tablet 150 mg</i>	Tier 1	
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil)	Tier 1	\$
<i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)	Tier 1	\$
<i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	Tier 1	\$
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	\$
<i>doxepin oral concentrate 10 mg/ml</i>	Tier 1	\$
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	\$
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	Tier 1	\$
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor)	Tier 1	\$
<i>nortriptyline oral solution 10 mg/5 ml</i>	Tier 1	\$
<i>protriptyline oral tablet 10 mg, 5 mg</i>	Tier 1	\$

Drug	Status	Notes
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
<b>Behavioral Health - Other</b>		
<b>Adrenergics, Aromatic, Non-Catecholamine</b>		
ADZENYS XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 12.5 MG, 15.7 MG, 3.1 MG, 6.3 MG	Tier 3	\$; 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)
ADZENYS XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 18.8 MG, 9.4 MG	Tier 3	\$\$; 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)
<i>amphetamine oral suspen, ir - er, biphasic 24hr 1.25 mg/ml</i>	Tier 1	ST: Must meet the following requirement: Dextroamphetamine/Amphetamine in 120 days; QL (450 ML per 30 days)
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i> (Evekeo)	Tier 1	PA; \$
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg</i> (Dexedrine Spansule)	Tier 1	\$; QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 15 mg</i>	Tier 1	\$; QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>	Tier 1	\$; QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i> (ProCentra)	Tier 1	\$; QL (1800 ML per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i> (Zenedi)	Tier 1	\$; QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg</i> (Zenedi)	Tier 1	\$; 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)



Drug	Status	Notes
<i>dextroamphetamine sulfate oral tablet</i> (Zenedi) 2.5 mg, 7.5 mg	Tier 1	\$; 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)
<i>dextroamphetamine sulfate oral tablet 20 mg, 30 mg</i> (Zenedi)	Tier 1	\$; 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)
<i>dextroamphetamine sulfate oral tablet 5 mg</i> (Zenedi)	Tier 1	\$; QL (90 EA per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Mydayis)	Tier 1	\$; QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i> (Adderall XR)	Tier 1	\$; QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i> (Adderall XR)	Tier 1	\$; QL (2 EA per 1 day)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall)	Tier 1	\$; QL (2 EA per 1 day)
DYANA VEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML	Tier 3	\$; 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)
DYANA VEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG	Tier 3	\$; 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)
<i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i> (Vyvanse)	Tier 1	\$; QL (1 EA per 1 day)

Drug	Status	Notes
<i>lisdexamfetamine oral tablet, chewable</i> (Vyvanse) 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	Tier 1	\$. QL (1 EA per 1 day)
<i>methamphetamine oral tablet 5 mg</i> (Desoxyn)	Tier 1	\$\$; QL (150 EA per 30 days)
VYVANSE ORAL CAPSULE 10 MG (lisdexamfetamine)	Tier 2	\$\$; QL (1 EA per 1 day)
VYVANSE ORAL CAPSULE 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (lisdexamfetamine)	Tier 2	\$. QL (1 EA per 1 day)
VYVANSE ORAL TABLET, CHEWABLE (lisdexamfetamine) 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	Tier 2	\$. QL (1 EA per 1 day)
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	\$. 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 (dextroamphetamine sulfate)	Tier 3	\$. 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)
<b>Anti-Alcoholic Preparations</b>		
<i>acamprosate oral tablet, delayed release (dr/ec)</i> 333 mg	Tier 1	\$
<i>disulfiram oral tablet 250 mg, 500 mg</i>	Tier 1	\$
<b>Anti-Anxiety - Benzodiazepines</b>		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	Tier 2	\$
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> (Xanax)	Tier 1	\$
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i> (Xanax XR)	Tier 1	\$
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	\$
<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 CONCENTRATE 5 MG/ML (diazepam)	Tier 1	\$

Drug	Status	Notes
<i>diazepam oral concentrate 5 mg/ml</i> (Diazepam Intensol)	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</i> (Valium)	Tier 1	\$
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML (lorazepam)	Tier 1	\$
<i>lorazepam oral concentrate 2 mg/ml</i> (Lorazepam Intensol)	Tier 1	\$
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Ativan)	Tier 1	\$
LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 1 MG, 2 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
LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 3 MG	Tier 3	\$\$
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	Tier 1	\$
<b>Anti-Anxiety Drugs</b>		
<i>bupirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	\$
<i>meprobamate oral tablet 200 mg, 400 mg</i>	Tier 1	\$
<b>Anti-Mania Drugs</b>		
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	Tier 3	\$
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	Tier 1	\$
<i>lithium carbonate oral tablet 300 mg</i>	Tier 1	\$
<i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid)	Tier 1	\$
<i>lithium carbonate oral tablet extended release 450 mg</i>	Tier 1	\$
<i>lithium citrate oral solution 8 meq/5 ml</i>	Tier 1	\$
<b>Anti-Narcolepsy &amp; Anti-Cataplexy, Sedative-Type Agt</b>		
LUMRYZ ORAL EXTEND RELEASE GRANULES,PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM	Tier 4	PA; \$\$\$\$\$
<i>sodium oxybate oral solution 500 mg/ml</i> (Xyrem)	Tier 4	PA; \$\$\$\$\$

Drug	Status	Notes
XYWAV ORAL SOLUTION 0.5 GRAM/ML	Tier 4	PA; \$\$\$\$\$
<b>Antipsych,Dopamine Antag.,Diphenylbutylpiperidines</b>		
<i>pimozide oral tablet 1 mg, 2 mg</i>	Tier 1	\$
<b>Antipsychotic-Atypical,D3/D2 Partial Ag-5Ht Mixed</b>		
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	Tier 2	\$\$\$; QL (1 EA per 1 day)
<b>Antipsychotics, Atyp, D2 Partial Agonist/5Ht Mixed</b>		
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
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
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 1	\$; 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, Paroxetine HCL, Paroxetine Mesylate, Perseris, Pexeva, Quetiapine Fumarate, Risperidone, Seroquel XR, Sertraline HCL, Uzedy, Venlafaxine HCL, Versacloz, or Ziprasidone HCL in 365 days
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)	Tier 1	\$

Drug	Status	Notes
<i>aripiprazole oral tablet, disintegrating 10 mg</i>	Tier 1	\$\$; 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, Paroxetine HCL, Paroxetine Mesylate, Perseris, Pexeva, Quetiapine Fumarate, Risperidone, Seroquel XR, Sertraline HCL, Uzedy, Venlafaxine HCL, Versacloz, or Ziprasidone HCL in 365 days; QL (3 EA per 1 day)
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	Tier 1	\$; 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, Paroxetine 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	\$\$\$; 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	QL (1 EA per 1 day)
<b>Antipsychotics, Dopamine &amp; Serotonin Antagonists</b>		
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG	Tier 4	

Drug	Status	Notes
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	\$
<b>Antipsychotics, Atypical, Dopamine, &amp; Serotonin Antag</b>		
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i> (Saphris)	Tier 1	\$\$; QL (2 EA per 1 day)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	Tier 3	\$\$\$; 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</i> (Clozaril)	Tier 1	\$
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 25 mg</i>	Tier 1	\$\$; QL (3 EA per 1 day)
<i>clozapine oral tablet, disintegrating 200 mg</i>	Tier 1	\$\$; QL (3 EA per 1 day)
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG	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 (2 EA per 1 day)
FANAPT ORAL TABLET 10 MG, 12 MG	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 (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</i> (Latuda)	Tier 1	\$\$; QL (30 EA per 30 days)
<i>lurasidone oral tablet 80 mg</i> (Latuda)	Tier 1	\$\$; QL (60 EA per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	Tier 3	PA; \$\$\$

Drug	Status	Notes
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg (Zyprexa)	Tier 1	\$
olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg (Zyprexa Zydis)	Tier 1	\$
paliperidone oral tablet extended release 24hr 1.5 mg	Tier 1	\$. QL (1 EA per 1 day)
paliperidone oral tablet extended release 24hr 3 mg, 9 mg (Invega)	Tier 1	\$. QL (1 EA per 1 day)
paliperidone oral tablet extended release 24hr 6 mg (Invega)	Tier 1	\$. QL (2 EA per 1 day)
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg (Seroquel)	Tier 1	\$
quetiapine oral tablet 150 mg	Tier 1	\$. QL (1 EA per 1 day)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg (Seroquel XR)	Tier 1	\$
risperidone oral solution 1 mg/ml (Risperdal)	Tier 1	\$
risperidone oral tablet 0.25 mg	Tier 1	\$
risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg (Risperdal)	Tier 1	\$
risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	Tier 1	\$
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR	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 (1 EA per 1 day)
SECUADO TRANSDERMAL PATCH 24 HOUR 7.6 MG/24 HOUR	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 (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	

Drug	Status	Notes
VERSACLOZ ORAL SUSPENSION 50 MG/ML	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 (18 ML per 1 day)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg (Geodon)	Tier 1	\$
<b>Antipsychotics,Dopamine Antagonists, Thioxanthenes</b>		
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	\$
<b>Antipsychotics,Dopamine Antagonists,Butyrophenones</b>		
haloperidol lactate oral concentrate 2 mg/ml	Tier 1	\$
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	Tier 1	\$
<b>Antipsychotics,Dopamine Antagonist,Dihydroindolones</b>		
molindone oral tablet 10 mg	Tier 1	QL (8 EA per 1 day)
molindone oral tablet 25 mg	Tier 1	QL (9 EA per 1 day)
molindone oral tablet 5 mg	Tier 1	
<b>Anti-Psychotics,Phenothiazines</b>		
chlorpromazine oral concentrate 100 mg/ml	Tier 1	\$\$
chlorpromazine oral concentrate 30 mg/ml	Tier 1	\$
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	\$
fluphenazine hcl oral concentrate 5 mg/ml	Tier 1	
fluphenazine hcl oral elixir 2.5 mg/5 ml	Tier 1	\$
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	Tier 1	\$
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	Tier 1	\$
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Tier 1	\$
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	\$



Drug	Status	Notes
<b>Barbiturates</b>		
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	Tier 1	\$
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	Tier 1	\$
<b>Hypnotics, Melatonin Mt1/Mt2 Receptor Agonists</b>		
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	Tier 4	PA; \$\$\$\$\$
<i>ramelteon oral tablet 8 mg</i> (Rozerem)	Tier 1	\$; ST: Must meet any of the following requirements: Eszopiclone, Zaleplon, or Zolpidem Tartrate in 120 days
<i>tasimelteon oral capsule 20 mg</i> (HetlioZ)	Tier 4	PA; \$\$\$\$\$
<b>Narcolepsy And Sleep Disorder Therapy Agents</b>		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i> (Nuvigil)	Tier 1	\$; QL (1 EA per 1 day)
<i>armodafinil oral tablet 50 mg</i> (Nuvigil)	Tier 1	\$; QL (3 EA per 1 day)
<i>modafinil oral tablet 100 mg, 200 mg</i> (Provigil)	Tier 1	\$; QL (2 EA per 1 day)
SUNOSI ORAL TABLET 150 MG, 75 MG	Tier 3	PA; \$\$
<b>Narcolepsy Tx-H3-Recept.Antagonist/Inverse Agonist</b>		
WAKIX ORAL TABLET 17.8 MG	Tier 4	PA; \$\$\$\$\$
WAKIX ORAL TABLET 4.45 MG	Tier 4	PA; \$\$\$\$
<b>Narcotic Antagonists</b>		
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	Tier 2	\$; QL (4 EA per 30 days)
LOTREXONE ORAL CAPSULE 1.5 MG, 4.5 MG	Tier 3	
<i>naloxone injection auto-injector 10 mg/0.4 ml</i>	Tier 1	
<i>naloxone injection syringe 0.4 mg/ml</i>	Tier 1	
<i>naloxone injection syringe 1 mg/ml</i>	Tier 1	\$
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i> (Narcan)	Tier 1	\$; QL (4 EA per 30 days)
NALTREX ORAL CAPSULE 1.5 MG	Tier 3	
NALTREX ORAL CAPSULE 4.5 MG	Tier 3	\$
<i>naltrexone oral tablet 50 mg</i>	Tier 1	\$
OPVEE NASAL SPRAY, NON-AEROSOL 2.7 MG/ACTUATION	Tier 3	\$; QL (4 EA per 30 days)

Drug	Status	Notes
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML	Tier 3	\$\$; QL (2 ML per 30 days)
<b>Sedative-Hypnotics - Benzodiazepines</b>		
<i>estazolam oral tablet 1 mg, 2 mg</i>	Tier 1	\$
<i>flurazepam oral capsule 15 mg, 30 mg</i>	Tier 1	\$
<i>midazolam oral syrup 10 mg/5 ml (2 mg/ml), 2 mg/ml</i>	Tier 1	\$
<i>quazepam oral tablet 15 mg</i> (Doral)	Tier 1	\$\$\$; ST: Must meet any of the following requirements: Eszopiclone, Flurazepam HCL, Temazepam, Zaleplon, or Zolpidem Tartrate in 120 days
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i> (Restoril)	Tier 1	\$
<i>triazolam oral tablet 0.125 mg</i>	Tier 1	\$
<i>triazolam oral tablet 0.25 mg</i> (Halcion)	Tier 1	\$
<b>Sedative-Hypnotics, Non-Barbiturate</b>		
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	Tier 3	PA
IGALMI SUBLINGUAL FILM 180 MCG	Tier 3	PA; \$\$\$
MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE 3-25-2 MG	Tier 1	
QUVIVIQ ORAL TABLET 25 MG	Tier 3	PA; \$\$
QUVIVIQ ORAL TABLET 50 MG	Tier 3	PA; \$
<i>zaleplon oral capsule 10 mg, 5 mg</i>	Tier 1	\$\$; QL (1 EA per 1 day)

Drug	Status	Notes
zolpidem oral capsule 7.5 mg	Tier 1	\$
zolpidem oral tablet 10 mg, 5 mg (Ambien)	Tier 1	\$. QL (1 EA per 1 day)
zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg (Ambien CR)	Tier 1	\$. QL (1 EA per 1 day)
zolpidem sublingual tablet 1.75 mg, 3.5 mg	Tier 1	\$. QL (1 EA per 1 day)
<b>Selective Serotonin 5-Ht2a Inverse Agonists (Ssia)</b>		
NUPLAZID ORAL CAPSULE 34 MG	Tier 4	PA; \$\$\$\$
NUPLAZID ORAL TABLET 10 MG	Tier 4	PA; \$\$\$\$
<b>Ssri &amp;Antipsych,Atyp,Dopamine&amp;Serotonin Antag Comb</b>		
olanzapine-fluoxetine oral capsule 12-25 mg	Tier 1	\$\$; QL (1 EA per 1 day)
olanzapine-fluoxetine oral capsule 12-50 mg, 3-25 mg, 6-25 mg (Symbyax)	Tier 1	\$. QL (1 EA per 1 day)
olanzapine-fluoxetine oral capsule 6-50 mg	Tier 1	\$. QL (1 EA per 1 day)
<b>Tx For Adhd - Selective Alpha-2A Receptor Agonist</b>		
clonidine hcl oral tablet extended release 12 hr 0.1 mg	Tier 1	\$
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg (Intuniv ER)	Tier 1	\$
<b>Tx For Attention Deficit-Hyperact(Adhd)/Narcolepsy</b>		
AZSTARYS ORAL CAPSULE 26.1 MG- 5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG- 10.4 MG	Tier 3	\$. 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	\$\$; 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
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 25.9 MG	Tier 3	\$\$; 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)
<i>dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i> (Focalin XR)	Tier 1	\$\$; QL (1 EA per 1 day)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i> (Focalin)	Tier 1	\$\$; QL (2 EA per 1 day)
JORNAY PM ORAL CAPSULE,DEL REL,EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG	Tier 3	\$\$; 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 EXTENDED RELEASE 20 MG (methylphenidate hcl)	Tier 1	QL (90 EA per 30 days)
<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i> (Aptensio XR)	Tier 3	\$\$; 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)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i> (Metadate CD)	Tier 1	\$\$; QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg</i> (Metadate CD)	Tier 1	\$\$; QL (2 EA per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg</i> (Ritalin LA)	Tier 1	\$\$; QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 30 mg</i> (Ritalin LA)	Tier 1	\$\$; QL (2 EA per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 60 mg</i>	Tier 1	\$\$; QL (1 EA per 1 day)
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i> (Methylin)	Tier 1	\$
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin)	Tier 1	\$\$; QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	Tier 1	\$\$; QL (3 EA per 1 day)

Drug	Status	Notes
<i>methylphenidate hcl oral tablet extended release 20 mg</i> (Metadate ER)	Tier 1	\$. QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i> (Relexxii)	Tier 1	\$. QL (1 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i> (Relexxii)	Tier 1	\$. QL (2 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 45 mg</i> (Relexxii)	Tier 3	\$\$; QL (1 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 63 mg</i> (Relexxii)	Tier 1	\$\$; QL (1 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 72 mg</i> (Relexxii)	Tier 1	\$. 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)
<i>methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg</i>	Tier 1	\$. QL (90 EA per 30 days)
<i>methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr</i> (Daytrana)	Tier 1	\$. ST: Must meet the following requirement: Methylphenidate HCL or Quillivant XR in 120 days; QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 40 MG	Tier 3	\$. 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	\$. 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; 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; ST: Must meet the following requirement: Methylphenidate HCL in 120 days; QL (300 ML per 30 days)

Drug	Status	Notes
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 3	\$; 180mL BOTTLE; 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; ST: Must meet the following requirement: Methylphenidate HCL in 120 days; QL (60 ML per 30 days)
RELEXXII ORAL TABLET EXTENDED (methylphenidate hcl) RELEASE 24HR 18 MG, 54 MG	Tier 3	QL (1 EA per 1 day)
RELEXXII ORAL TABLET EXTENDED (methylphenidate hcl) RELEASE 24HR 27 MG	Tier 3	\$; QL (1 EA per 1 day)
RELEXXII ORAL TABLET EXTENDED (methylphenidate hcl) RELEASE 24HR 36 MG	Tier 3	\$; QL (2 EA per 1 day)
RELEXXII ORAL TABLET EXTENDED (methylphenidate hcl) RELEASE 24HR 72 MG	Tier 3	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)
<b>Tx For Attention Deficit-Hyperact.(Adhd), Nri-Type</b>		
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i> (Strattera)	Tier 1	\$
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG	Tier 3	\$; 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)

Drug	Status	Notes
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG	Tier 3	\$\$; 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	\$; 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)
<b>Cardiovascular Disease - Arrhythmia</b>		
<b>Antiarrhythmics</b>		
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i> (Pacerone)	Tier 1	\$
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> (Norpace)	Tier 1	\$
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)	Tier 1	\$
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 1	\$
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	Tier 1	\$
MULTAQ ORAL TABLET 400 MG	Tier 2	\$\$
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG	Tier 2	\$\$
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 150 MG (disopyramide phosphate)	Tier 2	\$\$
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG (amiodarone)	Tier 1	\$
<i>propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg</i>	Tier 1	\$
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	Tier 1	\$
<i>quinidine gluconate oral tablet extended release 324 mg</i>	Tier 1	\$\$
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	Tier 1	\$

Drug	Status	Notes
<b>Cardiovascular Disease - Cardiac Stimulant</b>		
<b>Adrenergic Agents,Catecholamines</b>		
<i>epinephrine injection syringe 0.1 mg/ml</i>	Tier 1	\$
<b>Digitalis Glycosides</b>		
DIGITEK ORAL TABLET 125 MCG (digoxin) (0.125 MG), 250 MCG (0.25 MG)	Tier 1	
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	Tier 2	\$
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Digitek)	Tier 1	\$
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i> (Lanoxin)	Tier 1	PA; \$\$
LANOXIN ORAL TABLET 125 MCG (0.125 MG) (digoxin)	Tier 3	
LANOXIN ORAL TABLET 250 MCG (0.25 MG) (digoxin)	Tier 3	\$\$
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG) (digoxin)	Tier 3	PA
<b>Cardiovascular Disease - Hypertension</b>		
<b>Ace Inhibitor/Calcium Channel Blocker Combination</b>		
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg</i> (Lotrel)	Tier 1	\$
<i>amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg</i>	Tier 1	\$
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG	Tier 3	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	\$
<b>Ace Inhibitor/Thiazide &amp; Thiazide-Like Diuretic</b>		
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Lotensin HCT)	Tier 1	\$



Drug	Status	Notes
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	Tier 1	\$
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg</i>	Tier 1	
<i>captopril-hydrochlorothiazide oral tablet 50-25 mg</i>	Tier 1	\$
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic)	Tier 1	\$
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	Tier 1	\$
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	Tier 1	\$
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)	Tier 1	\$
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i> (Accuretic)	Tier 1	
<i>quinapril-hydrochlorothiazide oral tablet 20-25 mg</i> (Accuretic)	Tier 1	\$
<b>Alpha/Beta-Adrenergic Blocking Agents</b>		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg)	Tier 1	\$
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i> (Coreg CR)	Tier 1	\$. QL (1 EA per 1 day)
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	Tier 1	\$
<b>Alpha-Adrenergic Blocking Agents</b>		
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG	Tier 3	\$
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 8 MG	Tier 3	\$\$
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)	Tier 1	\$
<i>phenoxybenzamine oral capsule 10 mg</i> (Dibenzyline)	Tier 4	PA; \$\$\$
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	Tier 1	\$
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	\$
<b>Angioten.Receptr Antag./Cal.Chanl Blkr/Thiazide Cb</b>		
<i>amlodipine-valsartan-hcthiiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i> (Exforge HCT)	Tier 1	\$
<i>olmesartan-amlodipin-hcthiiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i> (Tribenzor)	Tier 1	\$

Drug	Status	Notes
<b>Angiotensin Receptor Antag./Thiazide Diuretic Comb</b>		
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> (Atacand HCT)	Tier 1	\$
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	Tier 3	\$. ST: Must meet any of the following requirements: An ACE-Inhibitor, ACE-Inhibitor combination, ARB, or ARB combination in 120 days
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)	Tier 1	\$
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar)	Tier 1	\$
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> (Benicar HCT)	Tier 1	\$
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> (Micardis HCT)	Tier 1	\$
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> (Diovan HCT)	Tier 1	\$
<b>Angiotensin Receptor Antgnst &amp; Calc.Channel Blockr</b>		
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i> (Azor)	Tier 1	\$
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> (Exforge)	Tier 1	\$
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	Tier 1	\$
<b>Antihypertensives, Ace Inhibitors</b>		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg</i> (Lotensin)	Tier 1	\$
<i>benazepril oral tablet 5 mg</i>	Tier 1	\$
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	Tier 1	\$
<i>enalapril maleate oral solution 1 mg/ml</i> (Epaned)	Tier 1	\$. ST: Must meet the following requirement: Enalapril tablets in 120 days unless 11 years of age or younger; QL (1200 ML per 30 days)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)	Tier 1	\$
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	\$

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> (Zestril)	Tier 1	\$
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	Tier 1	\$
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	Tier 1	\$
QBRELIS ORAL SOLUTION 1 MG/ML	Tier 3	\$\$; ST: 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, 40 mg, 5 mg</i> (Accupril)	Tier 1	\$
<i>quinapril oral tablet 20 mg</i> (Accupril)	Tier 1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> (Altace)	Tier 1	\$
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	\$
<b>Antihypertensives, Angiotensin Receptor Antagonist</b>		
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Atacand)	Tier 1	\$
EDARBI ORAL TABLET 40 MG, 80 MG	Tier 3	\$\$; 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	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro)	Tier 1	\$
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)	Tier 1	\$
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)	Tier 1	\$
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis)	Tier 1	\$
<i>valsartan oral solution 4 mg/ml</i>	Tier 1	ST: Must meet the following requirement: Valsartan tablets in 120 days
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)	Tier 1	\$
<b>Antihypertensives, Miscellaneous</b>		
<i>metyrosine oral capsule 250 mg</i> (Demser)	Tier 1	\$\$\$\$\$
<b>Antihypertensives, Sympatholytic</b>		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	Tier 1	\$

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>clonidine hcl oral tablet extended release</i> (Nexiclon XR) 24 hr 0.17 mg	Tier 1	\$
<i>clonidine transdermal patch weekly 0.1</i> (Catapres-TTS-1) mg/24 hr	Tier 1	\$
<i>clonidine transdermal patch weekly 0.2</i> (Catapres-TTS-2) mg/24 hr	Tier 1	\$
<i>clonidine transdermal patch weekly 0.3</i> (Catapres-TTS-3) mg/24 hr	Tier 1	\$
<i>guanfacine oral tablet 1 mg, 2 mg</i>	Tier 1	\$
<i>methyldopa oral tablet 250 mg, 500 mg</i>	Tier 1	\$\$
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	Tier 1	
<b>Antihypertensives, Vasodilators</b>		
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	\$
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	Tier 1	\$
<b>Antihypertensives, Endothelin Receptor Antagonists</b>		
TRYVIO ORAL TABLET 12.5 MG	Tier 4	PA
<b>Beta-Adrenergic Blocking Agents</b>		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	Tier 1	\$
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin)	Tier 1	\$
<i>betaxolol oral tablet 10 mg, 20 mg</i>	Tier 1	\$
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	Tier 1	\$
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	Tier 3	\$\$\$; ST: Must meet the following requirement: Propranolol HCL in 120 days
INDERAL XL ORAL CAPSULE, EXTENDED RELEASE 24HR 80 MG	Tier 3	\$\$\$\$; ST: Must meet the following requirement: Propranolol HCL in 120 days
INNOPRAN XL ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG	Tier 3	\$\$\$\$; ST: Must meet the following requirement: Propranolol HCL in 120 days

Drug	Status	Notes
INNOPRAN XL ORAL CAPSULE,EXTENDED RELEASE 24HR 80 MG	Tier 3	\$\$\$\$; 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	\$
<i>metoprolol succinate oral tablet</i> (Toprol XL) <i>extended release 24 hr 100 mg, 200 mg,</i> <i>25 mg, 50 mg</i>	Tier 1	\$
<i>metoprolol tartrate oral tablet 100 mg, 50</i> (Lopressor) <i>mg</i>	Tier 1	\$
<i>metoprolol tartrate oral tablet 25 mg,</i> <i>37.5 mg, 75 mg</i>	Tier 1	\$
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i> (Corgard)	Tier 1	\$
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20</i> (Bystolic) <i>mg, 5 mg</i>	Tier 1	\$
<i>pindolol oral tablet 10 mg, 5 mg</i>	Tier 1	\$
<i>propranolol oral capsule,extended</i> (Inderal LA) <i>release 24 hr 120 mg, 160 mg, 60 mg,</i> <i>80 mg</i>	Tier 1	\$
<i>propranolol oral solution 20 mg/5 ml (4</i> <i>mg/ml), 40 mg/5 ml (8 mg/ml)</i>	Tier 1	\$
<i>propranolol oral tablet 10 mg, 20 mg, 40</i> <i>mg, 60 mg, 80 mg</i>	Tier 1	\$
SOTALOL AF ORAL TABLET 120 MG, (sotalol) 160 MG, 80 MG	Tier 1	\$
<i>sotalol oral tablet 120 mg, 160 mg, 80</i> (Sotalol AF) <i>mg</i>	Tier 1	\$
<i>sotalol oral tablet 240 mg</i> (Betapace)	Tier 1	\$
SOTYLIZE ORAL SOLUTION 5 MG/ML	Tier 3	\$\$; QL: 8 BOTTLES IN 30 DAYS; ST: Must meet the following requirement: Sotalol tablets in 120 days
<i>timolol maleate oral tablet 10 mg, 20 mg,</i> <i>5 mg</i>	Tier 1	\$
<b>Beta-Adrenergic Blocking Agents/Thiazide &amp; Related</b>		
<i>atenolol-chlorthalidone oral tablet 100-25</i> (Tenoretic 100) <i>mg</i>	Tier 1	\$
<i>atenolol-chlorthalidone oral tablet 50-25</i> (Tenoretic 50) <i>mg</i>	Tier 1	\$
<i>bisoprolol-hydrochlorothiazide oral tablet</i> <i>10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	Tier 1	\$
<i>metoprolol ta-hydrochlorothiaz oral tablet</i> <i>100-25 mg, 100-50 mg, 50-25 mg</i>	Tier 1	\$

Drug	Status	Notes
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	Tier 1	
<b>Calcium Channel Blocking Agents</b>		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)	Tier 1	\$
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG (diltiazem hcl)	Tier 1	\$
CONJUPRI ORAL TABLET 2.5 MG (levamlodipine)	Tier 3	PA
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i> (DILT-XR)	Tier 1	\$
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	Tier 1	\$
<i>diltiazem hcl oral capsule,extended release 24 hr 120 mg</i> (Taztia XT)	Tier 1	\$
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (Tiadyt ER)	Tier 1	\$
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (Cartia XT)	Tier 1	\$
<i>diltiazem hcl oral capsule,extended release 24hr 360 mg</i> (Cardizem CD)	Tier 1	\$
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem)	Tier 1	\$
<i>diltiazem hcl oral tablet 90 mg</i>	Tier 1	\$
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg</i> (Cardizem LA)	Tier 1	\$
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (Matzim LA)	Tier 1	\$
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG (diltiazem hcl)	Tier 1	\$
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	Tier 1	\$
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	Tier 1	\$
KATERZIA ORAL SUSPENSION 1 MG/ML	Tier 3	PA; \$\$
<i>levamlodipine oral tablet 2.5 mg, 5 mg</i> (Conjupri)	Tier 1	PA
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl)	Tier 1	\$
<i>nicardipine oral capsule 20 mg</i>	Tier 1	\$
<i>nicardipine oral capsule 30 mg</i>	Tier 1	\$\$

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>nifedipine oral capsule 10 mg, 20 mg</i>	Tier 1	\$
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i> (Procardia XL)	Tier 1	\$
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	Tier 1	\$
<i>nimodipine oral capsule 30 mg</i>	Tier 1	\$
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 34 mg, 8.5 mg</i> (Sular)	Tier 1	\$
<i>nisoldipine oral tablet extended release 24 hr 20 mg, 25.5 mg</i>	Tier 1	\$
<i>nisoldipine oral tablet extended release 24 hr 30 mg</i>	Tier 1	\$\$\$
<i>nisoldipine oral tablet extended release 24 hr 40 mg</i>	Tier 1	
NORLIQVA ORAL SOLUTION 1 MG/ML	Tier 3	\$\$; 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	Tier 4	PA
NYMALIZE ORAL SYRINGE 60 MG/10 ML	Tier 4	PA; \$\$
TAZTIA XT ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 240 MG, 300 MG, 360 MG (diltiazem hcl)	Tier 1	\$
TAZTIA XT ORAL CAPSULE,EXTENDED RELEASE 24 HR 180 MG (diltiazem hcl)	Tier 1	
TIADYLT ER ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl)	Tier 1	\$
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i> (Verelan PM)	Tier 1	\$
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	Tier 1	\$
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	Tier 1	\$
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	Tier 1	\$
<b>Loop Diuretics</b>		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	\$
<i>ethacrynic acid oral tablet 25 mg</i> (Edecrin)	Tier 1	PA; \$

Drug	Status	Notes
FUROSCIX SUBCUTANEOUS KIT 80 MG/10 ML	Tier 3	\$\$\$\$\$
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	Tier 1	\$
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)	Tier 1	\$
SOAANZ ORAL TABLET 40 MG	Tier 3	PA; \$\$
SOAANZ ORAL TABLET 60 MG	Tier 3	PA; \$
<i>toremide oral tablet 10 mg, 100 mg, 5 mg</i>	Tier 1	\$
<i>toremide oral tablet 20 mg</i> (Soaanz)	Tier 1	\$
<b>Potassium Sparing Diuretics</b>		
<i>amiloride oral tablet 5 mg</i>	Tier 1	\$
<i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)	Tier 1	\$
KERENDIA ORAL TABLET 10 MG, 20 MG	Tier 3	PA; \$\$
<i>spironolactone oral suspension 25 mg/5 ml</i> (CaroSpir)	Tier 1	\$; ST: Must meet the following requirement: Spironolactone tablets in 120 days; QL (600 ML per 30 days)
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)	Tier 1	\$
<i>triamterene oral capsule 100 mg</i> (Dyrenium)	Tier 1	\$
<i>triamterene oral capsule 50 mg</i> (Dyrenium)	Tier 1	\$\$
<b>Potassium Sparing Diuretics In Combination</b>		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	Tier 1	\$
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	Tier 1	\$
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	Tier 1	\$
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	Tier 1	\$
<b>Pulm Anti-Htn, Soluble Guanylate Cyclase Stimulator</b>		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	Tier 4	PA; \$\$\$\$\$
<b>Pulm. Anti-Htn, Sel. C-Gmp Phosphodiesterase T5 Inhib</b>		
ALYQ ORAL TABLET 20 MG (tadalafil (pulm. hypertension))	Tier 4	PA; \$\$
LIQREV ORAL SUSPENSION 10 MG/ML	Tier 4	PA



Drug	Status	Notes
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i> (Revatio)	Tier 1	PA; \$
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i> (Revatio)	Tier 1	PA; \$
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i> (Alyq)	Tier 4	PA; \$
TADLIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	Tier 4	PA; \$\$\$
<b>Pulmonary Anti-Htn, Endothelin Receptor Antagonist</b>		
<i>ambrisentan oral tablet 10 mg, 5 mg</i> (Letairis)	Tier 4	PA; \$
<i>bosentan oral tablet 125 mg, 62.5 mg</i> (Tracleer)	Tier 4	PA; \$
OPSUMIT ORAL TABLET 10 MG	Tier 4	PA; \$\$\$\$\$
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	Tier 4	PA; \$\$\$\$\$
<b>Pulmonary Antihyper Agent, Actriia-Fc</b>		
WINREVAIR SUBCUTANEOUS KIT 45 MG, 60 MG	Tier 4	
<b>Pulmonary Antihypertensives, Prostacyclin-Type</b>		
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42)	Tier 4	PA; \$\$\$
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210)	Tier 4	PA; \$\$\$\$
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)- 1MG	Tier 4	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	Tier 4	PA; \$
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG	Tier 4	PA; \$\$\$
ORENITRAM ORAL TABLET EXTENDED RELEASE 1 MG, 2.5 MG, 5 MG	Tier 4	PA; \$\$\$\$\$
<i>treprostinil sodium injection solution 1 mg/ml</i> (Remodulin)	Tier 4	PA; \$\$\$
<i>treprostinil sodium injection solution 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i> (Remodulin)	Tier 4	PA; \$\$\$\$\$
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG (112)- 32 MCG (84)	Tier 4	PA

Drug	Status	Notes
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16(112)-32(112) -48(28) MCG, 32 MCG, 48 MCG, 64 MCG	Tier 4	PA; \$\$\$\$\$
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	Tier 4	PA
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	Tier 4	PA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	Tier 4	PA; \$\$\$\$\$
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	Tier 4	PA; \$\$\$\$\$
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	Tier 4	PA; \$\$\$\$\$
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	Tier 4	PA; \$\$\$\$\$
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML	Tier 4	PA
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 20 MCG/ML	Tier 4	PA; \$\$\$\$\$
<b>Pulmonary Htn-Endothelin Recept Antg-Cgmp Pde5 Inh</b>		
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG	Tier 4	PA
<b>Renin Inhibitor, Direct</b>		
<i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)	Tier 1	\$
<b>Thiazide And Related Diuretics</b>		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 1	\$
DIURIL ORAL SUSPENSION 250 MG/5 ML	Tier 3	\$
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	Tier 1	\$
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	\$
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	Tier 1	\$
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	\$
THALITONE ORAL TABLET 15 MG	Tier 3	\$

Drug	Status	Notes
<b>Vasodilators, Combination</b>		
<i>isosorbide-hydralazine oral tablet 20-37.5 mg</i> (BiDil)	Tier 1	\$
<b>Cardiovascular Disease - Lipid Irregularity</b>		
<b>Antihyperlip.Hmg Coa Reduct Inhib&amp;Cholest.Ab.Inhib</b>		
<i>ezetimibe-rosuvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-5 mg</i> (Roszet)	Tier 1	ST: Must meet 2 of the following requirements: Atorvaliq, Atorvastatin Calcium, or Rosuvastatin Calcium in 365 days; QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-10 mg</i> (Vytorin 10-10)	Tier 1	\$, QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-20 mg</i> (Vytorin 10-20)	Tier 1	\$, QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-40 mg</i> (Vytorin 10-40)	Tier 1	\$, QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i> (Vytorin 10-80)	Tier 1	PA; \$; QL (1 EA per 1 day)
ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG (ezetimibe-rosuvastatin)	Tier 3	ST: Must meet 2 of the following requirements: Atorvaliq, Atorvastatin Calcium, or Rosuvastatin Calcium in 365 days; QL (1 EA per 1 day)
<b>Antihyperlipidemic - Atp Citrate Lyase Inhibitor</b>		
NEXLETOL ORAL TABLET 180 MG	Tier 2	\$\$; ST: Must meet any of the following requirements: Atorvastatin Calcium, Flolipid, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin in 120 days
<b>Antihyperlipidemic - Hmg Coa Reductase Inhibitors</b>		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG	Tier 3	\$\$\$\$; 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)

Drug	Status	Notes
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 40 MG, 60 MG	Tier 3	\$\$; 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; \$
<i>atorvastatin oral tablet 10 mg, 20 mg</i> (Lipitor)	Tier 5	\$; \$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>atorvastatin oral tablet 40 mg, 80 mg</i> (Lipitor)	Tier 1	\$; QL (1 EA per 1 day)
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG	Tier 3	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
FLOLIPID ORAL SUSPENSION 40 MG/5 ML (8 MG/ML)	Tier 3	PA
<i>fluvastatin oral capsule 20 mg</i>	Tier 5	\$; 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)

Drug	Status	Notes
<i>fluvastatin oral capsule 40 mg</i>	Tier 5	\$; 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)
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i> (Lescol XL)	Tier 5	\$; 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 (1 EA per 1 day)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 5	\$; \$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>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i> (Livalo)	Tier 5	\$; \$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)

Drug	Status	Notes
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Tier 5	\$; \$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>	Tier 5	\$; \$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</i>	Tier 1	\$; QL (1 EA per 1 day)
<i>rosuvastatin oral tablet 40 mg</i> (Crestor)	Tier 1	\$; QL (1 EA per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor)	Tier 5	\$; \$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	\$; \$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; \$; QL (1 EA per 1 day)
ZYPITAMAG ORAL TABLET 2 MG	Tier 3	\$\$; ST: Must meet the following requirement: Livalo in 120 days; QL (1 EA per 1 day)
ZYPITAMAG ORAL TABLET 4 MG	Tier 3	\$; ST: Must meet the following requirement: Livalo in 120 days; QL (1 EA per 1 day)
<b>Antihyperlipidemic - Mtp Inhibitor</b>		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG	Tier 4	PA; \$\$\$\$\$
JUXTAPID ORAL CAPSULE 30 MG, 5 MG	Tier 4	PA

Drug	Status	Notes
<b>Antihyperlipidemic - Pcsk9 Inhibitors</b>		
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	Tier 2	\$\$; 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	\$\$; ST: Must meet any of the following requirements: Atorvastatin Calcium, Flolipid, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin in 120 days
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	Tier 2	\$\$; 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	\$\$; ST: Must meet any of the following requirements: Atorvastatin Calcium, Flolipid, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin in 120 days
<b>Antihyperlipidemic-Acly And Choles Absorp Inhib</b>		
NEXLIZET ORAL TABLET 180-10 MG	Tier 2	\$\$; ST: Must meet any of the following requirements: Atorvastatin Calcium, Flolipid, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin in 120 days
<b>Bile Salt Sequestrants</b>		
<i>cholestyramine (with sugar) oral powder</i> (Questran) 4 gram	Tier 1	\$
<i>cholestyramine (with sugar) oral powder</i> (Questran) <i>in packet 4 gram</i>	Tier 1	\$

Drug		Status	Notes
CHOLESTYRAMINE LIGHT ORAL POWDER 4 GRAM	(cholestyramine-aspartame)	Tier 1	\$
CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM	(cholestyramine-aspartame)	Tier 1	\$
<i>cholestyramine-aspartame oral powder in packet 4 gram</i>	(Cholestyramine Light)	Tier 1	\$
<i>colesevelam oral powder in packet 3.75 gram</i>	(WelChol)	Tier 1	\$
<i>colesevelam oral tablet 625 mg</i>	(WelChol)	Tier 1	\$
<i>colestipol oral granules 5 gram</i>	(Colestid)	Tier 1	\$
<i>colestipol oral packet 5 gram</i>		Tier 1	\$
<i>colestipol oral tablet 1 gram</i>	(Colestid)	Tier 1	\$
PREVALITE ORAL POWDER 4 GRAM	(cholestyramine-aspartame)	Tier 1	\$
PREVALITE ORAL POWDER IN PACKET 4 GRAM	(cholestyramine-aspartame)	Tier 1	\$
<b>Lipotropics</b>			
<i>ezetimibe oral tablet 10 mg</i>	(Zetia)	Tier 1	\$\$; QL (1 EA per 1 day)
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>		Tier 1	\$
<i>fenofibrate micronized oral capsule 90 mg</i>		Tier 1	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	(Tricor)	Tier 1	\$
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	(Lipofen)	Tier 1	\$
<i>fenofibrate oral tablet 120 mg</i>	(Fenoglide)	Tier 1	\$\$
<i>fenofibrate oral tablet 160 mg, 54 mg</i>		Tier 1	\$
<i>fenofibrate oral tablet 40 mg</i>	(Fenoglide)	Tier 1	\$
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i>	(Trilipix)	Tier 1	\$
<i>fenofibric acid oral tablet 105 mg</i>	(Fibracor)	Tier 1	\$
<i>fenofibric acid oral tablet 35 mg</i>	(Fibracor)	Tier 1	
<i>gemfibrozil oral tablet 600 mg</i>	(Lopid)	Tier 1	\$
<i>icosapent ethyl oral capsule 0.5 gram</i>	(Vascepa)	Tier 1	\$\$; QL (8 EA per 1 day)
<i>icosapent ethyl oral capsule 1 gram</i>	(Vascepa)	Tier 1	\$\$; QL (4 EA per 1 day)
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>		Tier 1	\$
NIACOR ORAL TABLET 500 MG	(niacin)	Tier 1	



Drug	Status	Notes
<i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)	Tier 1	\$. ST: Must meet any of the following requirements: Fenofibrate Nanocrystallized, Fenofibrate, Fenofibrate micronized, or Triglide in 120 days; QL (4 EA per 1 day)
<b>Niacin Preparations</b>		
<i>niacin oral tablet 500 mg</i> (Niacor)	Tier 1	\$
<b>Cardiovascular Disease - Miscellaneous Agents</b>		
<b>Adrenergic Vasopressor Agents</b>		
<i>droxidopa oral capsule 100 mg, 200 mg</i> (Northera)	Tier 4	PA; \$
<i>droxidopa oral capsule 300 mg</i> (Northera)	Tier 4	PA; \$\$
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	\$
<b>Angiotensin Recept-Nepriylsin Inhibitor Comb(Arni)</b>		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	Tier 2	\$\$; QL (2 EA per 1 day)
<b>Antianginal &amp; Anti-Ischemic Agents,Non-Hemodynamic</b>		
ASPRUZYO SPRINKLE ORAL EXTEND RELEASE GRANULES,PACKET 1,000 MG, 500 MG	Tier 3	PA
<i>ranolazine oral tablet extended release 12 hr 1,000 mg</i>	Tier 1	\$. QL (60 EA per 30 days)
<i>ranolazine oral tablet extended release 12 hr 500 mg</i>	Tier 1	\$. QL (120 EA per 30 days)
<b>Antianginal, Heart Rate Reducing, I(F) Inhibitor</b>		
CORLANOR ORAL SOLUTION 5 MG/5 ML	Tier 2	\$\$; QL (20 ML per 1 day)
CORLANOR ORAL TABLET 5 MG, 7.5 MG	Tier 2	\$\$; ST: Must meet any of the following requirements: Bisoprolol Fumarate, Carvedilol, or Metoprolol Succinate in 120 days; QL (2 EA per 1 day)
<b>Antihyperlip - Hmg-Coa&amp;Calcium Channel Blocker Cb</b>		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> (Caduet)	Tier 1	\$. QL (1 EA per 1 day)
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-40 mg</i>	Tier 1	\$. QL (1 EA per 1 day)

Drug	Status	Notes
<i>amlodipine-atorvastatin oral tablet 2.5-20 mg</i>	Tier 1	QL (1 EA per 1 day)
<b>Anti-Inflammatory - Antimitotics</b>		
LODOCO ORAL TABLET 0.5 MG	Tier 3	\$\$
<b>Cardiac Myosin Inhibitor</b>		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	Tier 4	PA; \$\$\$\$\$
<b>Protein Stabilizers</b>		
VYNDAMAX ORAL CAPSULE 61 MG	Tier 4	PA; \$\$\$\$\$
VYNDALIN ORAL CAPSULE 20 MG	Tier 4	PA; \$\$\$\$\$
<b>Soluble Guanylate Cyclase (Sgc) Stimulator</b>		
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 3	PA; \$\$
<b>Cardiovascular Disease - Vasodilation</b>		
<b>Vasodilators, Coronary</b>		
<i>amyl nitrite inhalation solution 0.3 ml</i>	Tier 1	
GONITRO SUBLINGUAL POWDER IN PACKET 400 MCG	Tier 3	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	\$
<i>isosorbide dinitrate oral tablet 40 mg</i> (Isordil)	Tier 1	\$\$\$
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradose)	Tier 1	\$
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	Tier 1	\$
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	Tier 1	\$
NITRO-BID TRANSDERMAL OINTMENT 2 % (nitroglycerin)	Tier 2	\$
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	Tier 2	\$\$\$
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)	Tier 1	\$
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (Nitro-Dur)	Tier 1	\$
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i> (Nitrolingual)	Tier 1	\$
NITROMIST TRANSLINGUAL AEROSOL, SPRAY 400 MCG/SPRAY (nitroglycerin)	Tier 3	

Drug	Status	Notes
NITRO-TIME ORAL CAPSULE, EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG (nitroglycerin)	Tier 1	\$
<b>Vasodilators,Peripheral</b>		
<i>ergoloid oral tablet 1 mg</i>	Tier 1	
<i>papaverine injection solution 30 mg/ml</i>	Tier 1	\$
<b>Contraception/Oxytocics</b>		
<b>Contraceptives, Intravaginal, Systemic</b>		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR	Tier 5	\$\$\$; ST: Must meet the following requirement: Etonogestrel/Ethinyl Estradiol in 120 days; QL (1 EA per 365 days)
ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR (etonogestrel-ethinyl estradiol)	Tier 5	\$\$; QL (1 EA per 28 days)
ENILLORING VAGINAL RING 0.12-0.015 MG/24 HR (etonogestrel-ethinyl estradiol)	Tier 5	\$\$; QL (1 EA per 28 days)
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i> (EluRyng)	Tier 5	\$\$; QL (1 EA per 28 days)
HALOETTE VAGINAL RING 0.12-0.015 MG/24 HR (etonogestrel-ethinyl estradiol)	Tier 5	\$\$; QL (1 EA per 28 days)
<b>Contraceptives,Implantable</b>		
NEXPLANON SUBDERMAL IMPLANT 68 MG	Tier 3	\$\$; \$0 COPAY IF QUANTITY LIMITED TO 1 IN 365 DAYS
<b>Contraceptives,Injectable</b>		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	Tier 5	\$\$; \$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	\$\$; \$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	\$\$; \$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (1 ML per 84 days)
<b>Contraceptives,Intravaginal</b>		
PHEXXI VAGINAL GEL 1.8-1-0.4 %	Tier 3	PA; \$
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 %	Tier 5	\$
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %	Tier 5	\$
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %	Tier 5	\$
<b>Contraceptives,Oral</b>		
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG (levonorgestrel-ethinyl estrad)	Tier 5	

Drug	Status	Notes
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	\$
ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG (norethindrone-ethin estradiol)	Tier 5	\$
ALYACEN 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	Tier 5	\$
AMETHIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) (l norgest/e.estradiol-e.estrad)	Tier 5	\$. QL (91 EA per 84 days)
AMETHYST (28) ORAL TABLET 90-20 MCG (28) (levonorgestrel-ethinyl estrad)	Tier 5	\$
APRI ORAL TABLET 0.15-0.03 MG (desogestrel-ethinyl estradiol)	Tier 5	\$
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG	Tier 5	\$
ASHLYNA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) (l norgest/e.estradiol-e.estrad)	Tier 5	\$. QL (91 EA per 84 days)
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG (levonorgestrel-ethinyl estrad)	Tier 5	\$
AUBRA ORAL TABLET 0.1-20 MG-MCG (levonorgestrel-ethinyl estrad)	Tier 5	
AUROVELA 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG (norethindrone ac-eth estradiol)	Tier 5	\$
AUROVELA 1/20 (21) ORAL TABLET 1-20 MG-MCG (norethindrone ac-eth estradiol)	Tier 5	
AUROVELA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4) (norethindrone-e.estradiol-iron)	Tier 5	\$
AUROVELA FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7) (norethindrone-e.estradiol-iron)	Tier 5	\$
AUROVELA FE 1-20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) (norethindrone-e.estradiol-iron)	Tier 5	\$
AVIANE ORAL TABLET 0.1-20 MG-MCG (levonorgestrel-ethinyl estrad)	Tier 5	\$
AYUNA ORAL TABLET 0.15-0.03 MG (levonorgestrel-ethinyl estrad)	Tier 5	\$
AZURETTE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5 (desog-e.estradiol/e.estradiol)	Tier 5	\$
BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG	Tier 5	\$
BLISOVI 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4) (norethindrone-e.estradiol-iron)	Tier 5	\$

Drug		Status	Notes
BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 5	\$
BLISOVI FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 5	\$
BRIELLYN ORAL TABLET 0.4-35 MG-MCG		Tier 5	\$
CAMILA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 5	\$
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	\$\$; 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	\$\$; QL (91 EA per 84 days)
CAZIAN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG		Tier 5	
CHARLOTTE 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	(norethindrone-e.estradiol-iron)	Tier 5	\$
CHATEAL (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	Tier 5	
CHATEAL EQ (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	Tier 5	\$
CRYSSELLE (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	Tier 5	\$
CYRED EQ ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	Tier 5	\$
CYRED ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	Tier 5	
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG	(norethindrone-ethin estradiol)	Tier 5	\$
DASETTA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG		Tier 5	\$
DAYSEE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	Tier 5	\$\$; QL (91 EA per 84 days)
DEBLITANE ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 5	\$
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(Azurette (28))	Tier 5	\$
DOLISHALE ORAL TABLET 90-20 MCG (28)	(levonorgestrel-ethinyl estrad)	Tier 5	\$
<i>drosiprenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i>	(Beyaz)	Tier 5	\$
<i>drosiprenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)</i>	(Tydemy)	Tier 5	\$

Drug	Status	Notes
<i>drospirenone-ethinyl estradiol oral tablet</i> (Jasmiel (28)) 3-0.02 mg	Tier 5	\$
<i>drospirenone-ethinyl estradiol oral tablet</i> (Ocella) 3-0.03 mg	Tier 5	\$
ECONTRA EZ ORAL TABLET 1.5 MG (levonorgestrel)	Tier 5	\$
ECONTRA ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)	Tier 5	\$
ELINEST ORAL TABLET 0.3-30 MG-MCG (norgestrel-ethinyl estradiol)	Tier 5	\$
ELLA ORAL TABLET 30 MG	Tier 5	\$
EMZAHH ORAL TABLET 0.35 MG (norethindrone (contraceptive))	Tier 5	
ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10) (levonorg-eth estrad triphasic)	Tier 5	\$
ENSKYCE ORAL TABLET 0.15-0.03 MG (desogestrel-ethinyl estradiol)	Tier 5	\$
ERRIN ORAL TABLET 0.35 MG (norethindrone (contraceptive))	Tier 5	\$
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG (norgestimate-ethinyl estradiol)	Tier 5	\$
<i>ethynodiol diac-eth estradiol oral tablet</i> (Kelnor 1/35 (28)) 1-35 mg-mcg	Tier 5	\$
<i>ethynodiol diac-eth estradiol oral tablet</i> (Kelnor 1-50 (28)) 1-50 mg-mcg	Tier 5	\$
FALMINA (28) ORAL TABLET 0.1-20 MG-MCG (levonorgestrel-ethinyl estrad)	Tier 5	\$
FINZALA ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4) (norethindrone-e.estradiol-iron)	Tier 5	\$
GEMMILY ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4) (norethindrone-e.estradiol-iron)	Tier 5	\$
HAILEY 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4) (norethindrone-e.estradiol-iron)	Tier 5	\$
HAILEY FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7) (norethindrone-e.estradiol-iron)	Tier 5	\$
HAILEY FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) (norethindrone-e.estradiol-iron)	Tier 5	\$
HAILEY ORAL TABLET 1.5-30 MG-MCG (norethindrone ac-eth estradiol)	Tier 5	\$
HEATHER ORAL TABLET 0.35 MG (norethindrone (contraceptive))	Tier 5	\$
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	QL (91 EA per 84 days)
INCASSIA ORAL TABLET 0.35 MG (norethindrone (contraceptive))	Tier 5	\$

Drug		Status	Notes
ISIBLOOM ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	Tier 5	\$
JAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	Tier 5	\$. QL (91 EA per 84 days)
JASMIEL (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	Tier 5	\$
JENCYCLA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 5	\$
JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	(levonorgestrel-ethinyl estrad)	Tier 5	\$. QL (91 EA per 84 days)
JOYEAUX ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)	(levonorgest-eth.estradiol-iron)	Tier 5	\$. QL (28 EA per 28 days)
JULEBER ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	Tier 5	\$
JULIE ORAL TABLET 1.5 MG	(levonorgestrel)	Tier 5	
JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	Tier 5	\$
JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	Tier 5	\$
JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 5	\$
JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 5	\$
JUNEL FE 24 ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	Tier 5	\$
KAITLIB FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	(noreth-ethinyl estradiol-iron)	Tier 5	\$
KALLIGA ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	Tier 5	
KARIVA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	Tier 5	\$
KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG	(ethynodiol diac-eth estradiol)	Tier 5	\$
KELNOR 1-50 (28) ORAL TABLET 1-50 MG-MCG	(ethynodiol diac-eth estradiol)	Tier 5	\$
KURVELO (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	Tier 5	\$
<i>l 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	\$. QL (91 EA per 84 days)
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	(Rivelsa)	Tier 5	\$



Drug	Status	Notes
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (Amethia)	Tier 5	\$. QL (91 EA per 84 days)
LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG (norethindrone ac-eth estradiol)	Tier 5	\$
LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG (norethindrone ac-eth estradiol)	Tier 5	\$
LARIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4) (norethindrone-e.estradiol-iron)	Tier 5	\$
LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7) (norethindrone-e.estradiol-iron)	Tier 5	\$
LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) (norethindrone-e.estradiol-iron)	Tier 5	\$
LAYOLIS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4) (noreth-ethinyl estradiol-iron)	Tier 5	\$
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG	Tier 5	
LESSINA ORAL TABLET 0.1-20 MG-MCG (levonorgestrel-ethinyl estrad)	Tier 5	\$
LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10) (levonorg-eth estrad triphasic)	Tier 5	\$
<i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i> (Joyeaux)	Tier 5	\$. 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	\$
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i> (Altavera (28))	Tier 5	\$
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i> (Amethyst (28))	Tier 5	\$
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> (Iclevia)	Tier 5	\$. 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	\$
LEVORA-28 ORAL TABLET 0.15-0.03 MG (levonorgestrel-ethinyl estrad)	Tier 5	\$
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)	Tier 5	\$. ST: Must meet the following requirements: Two generic oral contraceptives in 365 days
LOJAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7) (l norgest/e.estradiol-e.estradiol)	Tier 5	\$. QL (91 EA per 84 days)



Drug		Status	Notes
LORYNA (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	Tier 5	\$
LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	Tier 5	\$
LO-ZUMANDIMINE (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	Tier 5	\$
LUTERA (28) ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	Tier 5	\$
LYLEQ ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 5	\$
LYZA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 5	
MARLISSA (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	Tier 5	\$
MERZEE ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	Tier 5	\$
MIBELAS 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	(norethindrone-e.estradiol-iron)	Tier 5	\$
MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	Tier 5	\$
MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	Tier 5	\$
MICROGESTIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	Tier 5	
MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 5	\$
MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 5	\$
MILI ORAL TABLET 0.25-35 MG-MCG	(norgestimate-ethinyl estradiol)	Tier 5	\$
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	(norgestimate-ethinyl estradiol)	Tier 5	\$
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	\$\$; ST: Must meet the following requirements: Two generic oral contraceptives in 365 days
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG		Tier 5	\$
NEW DAY ORAL TABLET 1.5 MG	(levonorgestrel)	Tier 5	\$

Drug	Status	Notes
NEXTSTELLIS ORAL TABLET 3 MG-14.2 MG (28)	Tier 5	\$. ST: Must meet the following requirements: Two generic oral contraceptives in 365 days; QL (1 EA per 1 day)
NIKKI (28) ORAL TABLET 3-0.02 MG (drospirenone-ethinyl estradiol)	Tier 5	\$
NORA-BE ORAL TABLET 0.35 MG (norethindrone (contraceptive))	Tier 5	\$
noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7) (Wymzya Fe)	Tier 5	\$
noreth-ethinyl estradiol-iron oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4) (Kaitlib Fe)	Tier 5	\$
norethindrone (contraceptive) oral tablet 0.35 mg (Camila)	Tier 5	\$
norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg (Aurovela 1.5/30 (21))	Tier 5	\$
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg (Aurovela 1/20 (21))	Tier 5	\$
norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4) (Gemmy)	Tier 5	\$
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7) (Aurovela Fe 1-20 (28))	Tier 5	\$
norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7) (Aurovela Fe 1.5/30 (28))	Tier 5	\$
norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9) (Tilia Fe)	Tier 5	\$
norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4) (Charlotte 24 Fe)	Tier 5	\$
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg (Tri-Lo-Estarylla)	Tier 5	\$
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28) (Tri-Estarylla)	Tier 5	\$
norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg (Estarylla)	Tier 5	\$
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	Tier 5	\$
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)	Tier 5	\$
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG (norethindrone-ethin estradiol)	Tier 5	\$
NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	Tier 5	\$

Drug	Status	Notes
NYLIA 1/35 (28) ORAL TABLET 1-35 MG-MCG (norethindrone-ethin estradiol)	Tier 5	\$
NYLIA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	Tier 5	\$
NYMYO ORAL TABLET 0.25-35 MG-MCG (norgestimate-ethinyl estradiol)	Tier 5	\$
OCELLA ORAL TABLET 3-0.03 MG (drospirenone-ethinyl estradiol)	Tier 5	\$
OPCICON ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)	Tier 5	
OPILL ORAL TABLET 0.075 MG	Tier 5	
OPTION-2 ORAL TABLET 1.5 MG (levonorgestrel)	Tier 5	\$
PHILITH ORAL TABLET 0.4-35 MG-MCG	Tier 5	\$
PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5 (desog-e.estradiol/e.estradiol)	Tier 5	\$
PORTIA 28 ORAL TABLET 0.15-0.03 MG (levonorgestrel-ethinyl estrad)	Tier 5	\$
RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG (desogestrel-ethinyl estradiol)	Tier 5	\$
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	\$
SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91) (levonorgestrel-ethinyl estrad)	Tier 5	\$; QL (91 EA per 84 days)
SHAROBEL ORAL TABLET 0.35 MG (norethindrone (contraceptive))	Tier 5	\$
SIMLIYA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5 (desog-e.estradiol/e.estradiol)	Tier 5	
SIMPESSE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) (l norgest/e.estradiol-e.estrad)	Tier 5	\$; QL (91 EA per 84 days)
SLYND ORAL TABLET 4 MG (28)	Tier 5	\$; ST: Must meet the following requirement: Generic Norethindrone 0.35mg tablets in 120 days; QL (28 EA per 28 days)
SPRINTEC (28) ORAL TABLET 0.25-35 MG-MCG (norgestimate-ethinyl estradiol)	Tier 5	\$
SRONYX ORAL TABLET 0.1-20 MG-MCG (levonorgestrel-ethinyl estrad)	Tier 5	\$
SYEDA ORAL TABLET 3-0.03 MG (drospirenone-ethinyl estradiol)	Tier 5	\$
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	\$

Drug		Status	Notes
TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 5	
TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 5	\$
TILIA FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	(norethindrone-e.estradiol-iron)	Tier 5	\$
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	Tier 5	\$
TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	(norethindrone-e.estradiol-iron)	Tier 5	\$
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	Tier 5	\$
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	(norgestimate-ethinyl estradiol)	Tier 5	\$
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	(norgestimate-ethinyl estradiol)	Tier 5	\$
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	(norgestimate-ethinyl estradiol)	Tier 5	\$
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	(norgestimate-ethinyl estradiol)	Tier 5	\$
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	Tier 5	\$
TRI-NYMYO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	Tier 5	\$
TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	Tier 5	\$
TRIVORA (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	Tier 5	\$
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	(norgestimate-ethinyl estradiol)	Tier 5	\$
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	Tier 5	\$
TULANA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 5	
TURQOZ (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	Tier 5	\$
TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG		Tier 5	\$
TYDEMY ORAL TABLET 3-0.03-0.451 MG (21) (7)	(drospirenone-e.estradiol-lm.fa)	Tier 5	\$
VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG		Tier 5	\$
VESTURA (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	Tier 5	\$

Drug		Status	Notes
VIENVA ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	Tier 5	\$
VIORELE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	Tier 5	\$
VOLNEA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	Tier 5	\$
VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG		Tier 5	\$
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	(norgestimate-ethinyl estradiol)	Tier 5	\$
WERA (28) ORAL TABLET 0.5-35 MG-MCG		Tier 5	\$
WYMZYA FE ORAL TABLET,CHEWABLE 0.4MG-35MCG(21) AND 75 MG (7)	(noreth-ethinyl estradiol-iron)	Tier 5	\$
ZARAH ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	Tier 5	
ZOVIA 1-35 (28) ORAL TABLET 1-35 MG-MCG	(ethynodiol diac-eth estradiol)	Tier 5	\$
ZUMANDIMINE (28) ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	Tier 5	\$
<b>Contraceptives,Transdermal</b>			
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>	(Xulane)	Tier 5	\$; QL (3 EA per 28 days)
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR		Tier 3	\$; QL (3 EA per 28 days)
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	(norelgestromin-ethin.estradiol)	Tier 5	\$; QL (3 EA per 28 days)
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	(norelgestromin-ethin.estradiol)	Tier 5	\$; QL (3 EA per 28 days)
<b>Diaphragms/Cervical Cap</b>			
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	\$

Drug	Status	Notes
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	
<b>Oxytocics</b>		
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG	Tier 3	
<i>methylergonovine oral tablet 0.2 mg</i>	Tier 1	Q; QL (28 EA per 30 days)
PREPIDIL VAGINAL GEL 0.5 MG/3 G	Tier 3	
<b>Cough And Cold</b>		
<b>1St Gen Antihistamine &amp; Decongestant Combinations</b>		
PROMETHAZINE VC ORAL SYRUP 6.25-5 MG/5 ML (promethazine-phenylephrine)	Tier 1	\$
<b>1St Gen Antihist-Decongest-Anticholinergic Comb</b>		
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG	Tier 1	
<b>Antitussives,Non-Narcotic</b>		
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	Tier 1	\$
<b>Narcotic Antituss-1St Gen. Antihistamine-Decongest</b>		
HISTEX-AC ORAL SYRUP 2.5-10-10 MG/5 ML	Tier 3	Age (Min 12 Years)
MAR-COF BP ORAL LIQUID 2-30-7.5 MG/5 ML	Tier 1	Age (Min 12 Years)
MAXI-TUSS CD ORAL LIQUID 4-10-10 MG/5 ML	Tier 3	Age (Min 12 Years)
POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML	Tier 3	Q; Age (Min 12 Years)
RYDEX ORAL LIQUID 1.3-10-6.3 MG/5 ML	Tier 1	Age (Min 12 Years)
<b>Narcotic Antituss-Decongestant-Expectorant Comb</b>		
CODITUSSIN DAC ORAL LIQUID 30-10-200 MG/5 ML	Tier 3	Age (Min 12 Years)
GUAIFENESIN DAC ORAL SYRUP 30-10-100 MG/5 ML	Tier 1	Age (Min 12 Years)

Drug	Status	Notes
<b>Narcotic Antitussive-1St Generation Antihistamine</b>		
<i>hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml</i>	Tier 1	\$. QL (10 ML per 1 day); Age (Min 18 Years)
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	Tier 1	\$. QL (30 ML per 1 day); Age (Min 18 Years)
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG	Tier 3	\$. ST: Must meet the following requirement: Promethazine HCL/codeine in 120 days; QL (2 EA per 1 day); Age (Min 18 Years)
<b>Narcotic Antitussive-Anticholinergic Comb.</b>		
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i> (Hydromet)	Tier 1	\$. QL (30 ML per 1 day); Age (Min 18 Years)
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i> (Hycodan (with homatropine))	Tier 1	\$. QL (6 EA per 1 day); Age (Min 18 Years)
HYDROMET ORAL SYRUP 5-1.5 MG/5 ML (hydrocodone-homatropine)	Tier 1	\$. QL (30 ML per 1 day); Age (Min 18 Years)
<b>Narcotic Antitussive-Expectorant Combination</b>		
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i> (G Tussin AC)	Tier 1	\$. Age (Min 12 Years)
CODITUSSIN AC ORAL LIQUID 10-200 MG/5 ML (codeine-guaifenesin)	Tier 1	Age (Min 12 Years)
G TUSSIN AC ORAL LIQUID 10-100 MG/5 ML (codeine-guaifenesin)	Tier 1	Age (Min 12 Years)
GUAIFENESIN AC ORAL LIQUID 10-100 MG/5 ML (codeine-guaifenesin)	Tier 1	Age (Min 12 Years)
MAR-COF CG ORAL LIQUID 7.5-225 MG/5 ML	Tier 1	\$. Age (Min 12 Years)
MAXI-TUSS AC ORAL LIQUID 10-100 MG/5 ML (codeine-guaifenesin)	Tier 1	Age (Min 12 Years)
NINJACOF-XG ORAL LIQUID 8-200 MG/5 ML	Tier 1	Age (Min 12 Years)
<b>Non-Narc Antituss-1St Gen. Antihistamine-Decongest</b>		
BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML (brompheniramine-pseudoeph-dm)	Tier 1	\$
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i> (Bromfed DM)	Tier 1	\$
<b>Non-Narc Antitussive-1St Gen Antihistamine Comb.</b>		
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	Tier 1	\$

Drug	Status	Notes
<b>Nose Preparations, Vasoconstrictors (Rx)</b>		
<i>epinephrine hcl nasal solution 1 mg/ml</i> (Adrenalin)	Tier 1	
<b>Dermatology - Acne</b>		
<b>Acne Agents, Systemic</b>		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG	Tier 3	\$\$\$; ST: Must meet the following requirement: Preferred generic Isotretinoin in 120 days
ABSORICA LD ORAL CAPSULE 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	\$
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	\$
<b>Acne Agents, Topical</b>		
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	



Drug	Status	Notes
AZELEX TOPICAL CREAM 20 %	Tier 3	\$\$; ST: Must meet any 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 120 days
CABTREO TOPICAL GEL 0.15-3.1-1.2 %	Tier 3	PA; \$\$
<i>clindamycin-benzoyl peroxide topical gel</i> (Neuac) 1.2 %(1 % base) -5 %	Tier 1	\$
<i>clindamycin-benzoyl peroxide topical gel</i> 1-5 %	Tier 1	\$
<i>clindamycin-benzoyl peroxide topical gel with pump</i> (Onexton) 1.2 %(1 % base) -3.75 %	Tier 1	\$
<i>clindamycin-benzoyl peroxide topical gel with pump</i> (Acanya) 1.2-2.5 %	Tier 1	\$; ST: Must meet the following requirement: generic Clindamycin/Benzoyl Peroxide gel in 120 days
<i>clindamycin-benzoyl peroxide topical gel with pump</i> 1-5 %	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	\$

Drug	Status	Notes
<i>dapsone topical gel with pump 7.5 %</i> (Aczone)	Tier 1	\$; ST: Must meet any 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 120 days
DEOXIA TOPICAL GEL 1-4 % (clindamycin-niacinamide)	Tier 3	
DEOXIA TOPICAL LOTION 1-4 % (clindamycin-niacinamide)	Tier 3	
DEOXIADEMTAR TOPICAL GEL 0.025-1-2-4 % (tretinoin-clinda-spiro-niacin)	Tier 3	
DEOXIATAR TOPICAL SOLUTION 0.025-1-4 %	Tier 3	
DEOXIAVAR TOPICAL CREAM 0.05-1-4 %	Tier 3	
DIADIMAXIA TOPICAL CREAM 6-5-2 %	Tier 3	
DIADIMAXIA TOPICAL GEL 6-5-2 % (dapsone-spiro-niacin)	Tier 3	
DIAOXIA TOPICAL CREAM 6-4 %	Tier 3	
DIAOXIA TOPICAL GEL 6-4 % (dapsone-niacinamide)	Tier 3	
DIASAXIATAR TOPICAL CREAM 0.025-8.5-2 %	Tier 3	
DIASAXIATAR TOPICAL GEL 0.025-8.5-2 %	Tier 3	
DIASDIMAXIA TOPICAL CREAM 8.5-5-2 %	Tier 3	
DIASDIMAXIA TOPICAL GEL 8.5-5-2 % (dapsone-spiro-niacin)	Tier 3	
DIASOXIA TOPICAL CREAM 8.5-4 %	Tier 3	
DIASOXIA TOPICAL GEL 8.5-4 % (dapsone-niacinamide)	Tier 3	
DIMOXIA TOPICAL GEL 5-4 % (spiro-niacinamide)	Tier 3	
DRAXACE TOPICAL SUSPENSION 2-8 % (salicylic acid-sulfacetamide)	Tier 3	
DRAXACEY TOPICAL SUSPENSION 2-8 % (salicylic acid-sulfacetamide)	Tier 3	

Drug	Status	Notes
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	\$
ONEXTON TOPICAL GEL 1.2 % (1 % BASE) -3.75 %	Tier 3	
ONZDEAXIADEMTAR TOPICAL GEL 0.025-5-1-2-2 %	Tier 3	
ONZDEAXIADEMVAR TOPICAL GEL 0.05-5-1-2-2 %	Tier 3	
ONZDEAXIATAR TOPICAL GEL 0.025-5-1-2 % (tretinoin-benzoyl-clindamycin)	Tier 3	
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	
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	
SAROXIA TOPICAL CREAM 0.05-4 % (tretinoin-niacinamide)	Tier 3	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i> (Klaron)	Tier 1	\$
TARDEOXIA TOPICAL CREAM 0.025-1-4 % (tretinoin-clindamycin-niacin)	Tier 3	
TARDIMAXIA TOPICAL GEL 0.025-5-2 % (tretinoin-spironolact-niacin)	Tier 3	
TAROXIA TOPICAL CREAM 0.025-4 % (tretinoin-niacinamide)	Tier 3	
TAROXIA TOPICAL GEL 0.025-4 % (tretinoin-niacinamide)	Tier 3	
TWYNEO TOPICAL CREAM 0.1-3 %	Tier 3	\$

Drug	Status	Notes
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	
<b>Keratolytic-Glucocorticoid Combinations</b>		
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 %	Tier 2	
<b>Rosacea Agents, Topical</b>		
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 %</i> (Mirvaso)	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 topical cream 1 %</i> (Soolantra)	Tier 1	\$; ST: Must meet the following requirement: Azelaic Acid or Finacea gel or foam in 120 days
<i>metronidazole topical cream 0.75 %</i> (Rosadan)	Tier 1	\$
<i>metronidazole topical gel 0.75 %</i> (Rosadan)	Tier 1	\$
<i>metronidazole topical gel 1 %</i> (Metrogel)	Tier 1	\$
<i>metronidazole topical gel with pump 1 %</i>	Tier 1	\$
<i>metronidazole topical lotion 0.75 %</i> (MetroLotion)	Tier 1	\$
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	\$\$
ROSDAN TOPICAL CREAM 0.75 % (metronidazole)	Tier 1	
ROSDAN TOPICAL KIT, CLEANSER AND GEL 0.75 %	Tier 3	
ROSDAN TOPICAL KIT,CLEANSER AND CREAM 0.75 %	Tier 3	

Drug	Status	Notes
<b>Topical Antiandrogenic Agents</b>		
WINLEVI TOPICAL CREAM 1 %	Tier 3	PA; \$\$
<b>Topical Preparations, Antibacterials</b>		
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-aloe2 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 %</i>	Tier 1	\$
<i>silver nitrate topical solution 25 %, 50 %</i>	Tier 1	
SILVRSTAT TOPICAL GEL 32 PPM	Tier 3	\$
SOLOX GEL TOPICAL GEL 55 PPM	Tier 3	
STRONG IODINE TOPICAL SOLUTION 5-10 % (iodine-potassium iodide)	Tier 1	
<b>Vitamin A Derivatives</b>		
<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	

Drug	Status	Notes
AVITA TOPICAL GEL 0.025 % (tretinoin)	Tier 1	
DIFFERIN TOPICAL LOTION 0.1 % (adapalene)	Tier 3	Age (Max 39 Years)
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> (Retin-A Micro)	Tier 1	\$\$; Age (Max 39 Years)
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.1 %</i> (Retin-A Micro Pump)	Tier 1	\$\$; Age (Max 39 Years)
<i>tretinoin microspheres topical gel with pump 0.08 %</i> (Retin-A Micro Pump)	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> (Avita)	Tier 1	\$
<i>tretinoin topical cream 0.05 %, 0.1 %</i> (Retin-A)	Tier 1	\$
<i>tretinoin topical gel 0.01 %</i> (Retin-A)	Tier 1	\$
<i>tretinoin topical gel 0.025 %</i> (Avita)	Tier 1	\$
<i>tretinoin topical gel 0.05 %</i> (Atralin)	Tier 1	\$
<b>Vitamin A Derivatives, Topical Acne Agents</b>		
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 % (tazarotene-niacinamide)	Tier 3	
ITHOXIA TOPICAL CREAM 0.1-4 % (tazarotene-niacinamide)	Tier 3	
<i>tazarotene topical foam 0.1 %</i> (Fabior)	Tier 1	\$\$; ST: Must meet any of the following requirements: Adapalene, Differin, Tazarotene, or Tretinoin in 120 days

Drug	Status	Notes
<b>Dermatology - Antiinfective</b>		
<b>Topical Antibiotics</b>		
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>	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)
<b>Topical Antifungal/Anti-inflammatory, Steriod Agent</b>		
<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	
PHEYO TOPICAL CREAM 2-2.5 % (ketoconazole-hydrocortisone)	Tier 3	
<b>Topical Antifungal-Antibiotic-Anti-Inflamm Steroid</b>		
PHEODOYO TOPICAL CREAM 2-1-2.5 % (ketoconazole-iodoquinol-hc)	Tier 3	
<b>Topical Antifungals</b>		
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	\$
DIFMETIOXRIME TOPICAL SOLUTION 4-2-1-4 % (flucona-ibuprof-itracon-terbin)	Tier 3	
<i>econazole topical cream 1 %</i>	Tier 1	\$. QL (170 GM per 1 FILL)
ECOZA TOPICAL FOAM 1 %	Tier 3	\$\$
ERTACZO TOPICAL CREAM 2 %	Tier 3	\$\$\$



Drug	Status	Notes
EXELDERM TOPICAL CREAM 1 % (sulconazole)	Tier 2	\$
EXELDERM TOPICAL SOLUTION 1 % (sulconazole)	Tier 2	
EXODERM TOPICAL LOTION 25-1 %	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 requirement: Clotrimazole and Ketoconazole in 365 days; QL (60 GM per 28 days)
MENTAX TOPICAL CREAM 1 % (butenafine)	Tier 3	
<i>miconazole nitrate-zinc ox-pet topical ointment 0.25-15-81.35 %</i> (Vusion)	Tier 1	\$
<i>naftifine topical cream 1 %</i>	Tier 1	\$
<i>naftifine topical cream 2 %</i>	Tier 1	\$. QL (180 GM per 1 FILL)
<i>naftifine topical gel 2 %</i> (Naftin)	Tier 1	\$
NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM (nystatin)	Tier 1	\$
<i>nystatin topical cream 100,000 unit/gram</i>	Tier 1	\$

Drug	Status	Notes
<i>nystatin topical ointment 100,000 unit/gram</i>	Tier 1	\$. QL (90 GM per 1 FILL)
<i>nystatin topical powder 100,000 unit/gram</i> (Klayesta)	Tier 1	\$
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	Tier 1	\$
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	Tier 1	\$. QL (180 GM per 1 FILL)
NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM (nystatin)	Tier 1	\$
<i>oxiconazole topical cream 1 %</i>	Tier 1	\$. QL (180 GM per 1 FILL)
OXISTAT TOPICAL LOTION 1 %	Tier 3	\$\$
PHEDRAX TOPICAL SHAMPOO 2-2 %	Tier 3	
PHEOXIA TOPICAL CREAM 2-4 % (ketoconazole-niacinamide)	Tier 3	
<i>sulconazole topical cream 1 %</i> (Exelderm)	Tier 1	\$
<i>sulconazole topical solution 1 %</i> (Exelderm)	Tier 1	\$
<i>tavaborole topical solution with applicator 5 %</i> (Kerydin)	Tier 1	PA; \$
XOLEGEL TOPICAL GEL 2 %	Tier 3	\$\$; ST: Must meet the following requirement: Ketoconazole 2% cream or shampoo in 120 days
<b>Topical Antiparasitics</b>		
CROTAN TOPICAL LOTION 10 %	Tier 3	
EURAX TOPICAL CREAM 10 %	Tier 3	
EURAX TOPICAL LOTION 10 %	Tier 3	
<i>malathion topical lotion 0.5 %</i> (Ovide)	Tier 1	\$
<i>permethrin topical cream 5 %</i> (Elimite)	Tier 1	\$
<i>spinosad topical suspension 0.9 %</i> (Natroba)	Tier 1	\$
ULESFIA TOPICAL LOTION 5 %	Tier 3	
<b>Topical Antivirals</b>		
<i>acyclovir topical cream 5 %</i> (Zovirax)	Tier 1	\$. ST: Must meet 2 of the following requirements: Acyclovir, Famciclovir, or Valacyclovir HCL in 365 days
<i>acyclovir topical ointment 5 %</i> (Zovirax)	Tier 1	\$
<i>penciclovir topical cream 1 %</i> (Denavir)	Tier 1	\$\$

Drug	Status	Notes
<b>Topical Antivirals/Anti-inflammatory, Steroid Agent</b>		
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)
<b>Topical Genital Wart-Hpv Treatment Agents</b>		
VEREGEN TOPICAL OINTMENT 15 %	Tier 3	\$\$\$; ST: Must meet the following requirements: Imiquimod and Podofilox in 365 days; QL (30 GM per 1 FILL)
<b>Topical Pleuromutilin Derivatives</b>		
ALTABAX TOPICAL OINTMENT 1 %	Tier 3	\$\$; ST: Must meet the following requirement: Mupirocin ointment in 120 days
<b>Topical Sulfonamides</b>		
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	
<i>mafenide acetate topical packet 50 gram</i> (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	
<i>silver sulfadiazine topical cream 1 %</i> (SSD)	Tier 1	\$
SSD TOPICAL CREAM 1 % (silver sulfadiazine)	Tier 1	\$
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)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<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)
SULFACLEANSE 8-4 TOPICAL SUSPENSION 8-4 % (sulfacetamide sodium-sulfur)	Tier 1	
SULFAMYLON TOPICAL CREAM 85 MG/G	Tier 3	\$
SULFAMYLON TOPICAL PACKET 50 GRAM (mafenide acetate)	Tier 3	
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-ocsa)	Tier 3	
SUMAXIN CP TOPICAL KIT 10-4 %	Tier 3	
ZMA CLEAR TOPICAL SUSPENSION 9-4.5 %	Tier 1	

Drug	Status	Notes
<b>Dermatology - Antiinflammatory</b>		
<b>Interleukin-13 (Il-13) Inhibitors, Mab</b>		
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 4	PA; \$\$\$\$
<b>Top. Anti-Inflam., Phosphodiesterase-4 (Pde4) Inhib</b>		
EUCRISA TOPICAL OINTMENT 2 %	Tier 2	\$\$; ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
ZORYVE TOPICAL FOAM 0.3 %	Tier 3	PA; \$\$
<b>Topical Antibiotics/Antiinflammatory, Steroidal</b>		
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
<b>Topical Anti-Inflammatory Steroidal</b>		
ACIOXIA TOPICAL GEL 0.1-0.5 %	Tier 3	
ADVANCED ALLERGY COLLECT KIT TOPICAL KIT 2.5 %	Tier 1	
ALA-CORT TOPICAL CREAM 1 % (hydrocortisone)	Tier 1	\$
ALA-SCALP TOPICAL LOTION 2 % (hydrocortisone)	Tier 1	\$\$; ST: 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 cream 0.1 %</i>	Tier 1	ST: Must meet any of the following requirements: Betamethasone 0.1% ointment, Fluticasone 0.005% ointment, Mometasone 0.1% ointment, or Triamcinolone 0.5% ointment or cream in 120 days
<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 %</i> (Diprolene (augmented))	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 %</i> (Olux)	Tier 1	\$
<i>clobetasol topical gel 0.05 %</i>	Tier 1	\$
<i>clobetasol topical lotion 0.05 %</i> (Clobex)	Tier 1	\$
<i>clobetasol topical ointment 0.05 %</i>	Tier 1	\$
<i>clobetasol topical shampoo 0.05 %</i> (Clobex)	Tier 1	\$
<i>clobetasol topical spray,non-aerosol 0.05 %</i> (Clobex)	Tier 1	\$
<i>clobetasol-emollient topical cream 0.05 %</i>	Tier 1	\$
<i>clobetasol-emollient topical foam 0.05 %</i> (Olux-E)	Tier 1	\$
<i>clocortolone pivalate topical cream 0.1 %</i>	Tier 1	\$; ST: Must meet any of the following requirements: 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)
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	\$

Drug	Status	Notes
<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>diflorasone 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	
FLUOXIA 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 any of the following requirements: 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 the following requirement: Clobetasol foam or generic Halobetasol cream/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
<i>hydrocortisone butyrate topical cream 0.1 %</i>	Tier 1	\$
<i>hydrocortisone butyrate topical lotion 0.1 %</i> (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)
<i>hydrocortisone butyrate topical ointment 0.1 %</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>hydrocortisone butyrate topical solution 0.1 %</i>	Tier 1	\$
HYDROCORTISONE LOTION COMPLETE TOPICAL COMBO PACK 2 %	Tier 3	
<i>hydrocortisone topical cream 1 %</i> (Ala-Cort)	Tier 1	\$
<i>hydrocortisone topical cream 2.5 %</i>	Tier 1	\$
<i>hydrocortisone topical cream with perineal applicator 1 %</i>	Tier 1	\$
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i> (Procto-Med HC)	Tier 1	\$
<i>hydrocortisone topical lotion 2.5 %</i>	Tier 1	\$
<i>hydrocortisone topical ointment 1 %</i> (Anti-Itch (HC))	Tier 1	\$
<i>hydrocortisone topical ointment 2.5 %</i>	Tier 1	\$
<i>hydrocortisone valerate topical cream 0.2 %</i>	Tier 1	\$

Drug	Status	Notes
<i>hydrocortisone valerate topical ointment 0.2 %</i>	Tier 1	\$; ST: Must meet any of the following requirements: 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 the following requirement: Clobetasol foam or generic Halobetasol cream/ointment in 120 days; QL (100 GM per 1 FILL)
MOMETACURE TOPICAL KIT 0.1-5 %	Tier 3	
<i>mometasone topical cream 0.1 %</i>	Tier 1	\$
<i>mometasone topical ointment 0.1 %</i>	Tier 1	\$
<i>mometasone topical solution 0.1 %</i>	Tier 1	\$
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)
<i>prednicarbate topical cream 0.1 %</i>	Tier 1	
<i>prednicarbate topical ointment 0.1 %</i>	Tier 1	
PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % (hydrocortisone)	Tier 1	\$
PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % (hydrocortisone)	Tier 1	\$

Drug	Status	Notes
PROCTOZONE-HC TOPICAL CREAM (hydrocortisone) WITH PERINEAL APPLICATOR 2.5 %	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 any of the following requirements: 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 0.147 mg/gram</i> (Kenalog)	Tier 1	\$
<i>triamcinolone acetonide topical cream 0.025 %</i>	Tier 1	\$
<i>triamcinolone acetonide topical cream 0.1 %</i> (Triderm)	Tier 1	\$
<i>triamcinolone acetonide topical cream 0.5 %</i> (Triderm)	Tier 1	\$. QL (454 GM per 30 days)
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	Tier 1	\$
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	Tier 1	\$
<i>triamcinolone acetonide topical ointment 0.05 %</i> (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 TDKIT TOPICAL KIT 0.1-2 %	Tier 3	
WHYTEDERM TRILASIL PAK TOPICAL KIT 0.1-2 %	Tier 3	
XILAPAK TOPICAL KIT 0.01 %	Tier 3	
<b>Topical Anti-Inflammatory, Nsaids</b>		
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	
DICLAREAL TOPICAL COMBO PACK 2-0.025 %	Tier 3	
<i>diclofenac epolamine transdermal patch</i> (Flector) 12 hour 1.3 %	Tier 1	\$
<i>diclofenac sodium topical drops</i> 1.5 %	Tier 1	\$
<i>diclofenac sodium topical gel</i> 1 % (Aleve (diclofenac))	Tier 1	\$
<i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram lactuation</i> (2 %) (Pennsaid)	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	

Drug	Status	Notes
DICLOPR TOPICAL COMBO PACK,CREAM AND GEL 1-30-10 %	Tier 3	
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)
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	
<b>Topical Janus Kinase (Jak) Inhibitors</b>		
OPZELURA TOPICAL CREAM 1.5 %	Tier 2	PA; \$\$\$
<b>Dermatology - Antipruritic Drugs</b>		
<b>Antipruritics, Topical</b>		
<i>doxepin topical cream 5 %</i> (Prudoxin)	Tier 1	\$. ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
LEVICYN ANTIPRURITIC TOPICAL GEL	Tier 3	
<b>Dermatology - Miscellaneous</b>		
<b>Antiperspirants</b>		
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 % (aluminum chloride)	Tier 2	\$
DRYSOL TOPICAL SOLUTION 20 % (aluminum chloride)	Tier 2	\$
<b>Antiseborrheic Agents</b>		
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	\$\$\$\$\$
<i>selenium sulfide topical lotion 2.5 %</i>	Tier 1	\$
<i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>	Tier 1	\$
<i>sulfacetamide sodium topical cleanser 10 %</i> (Ovace)	Tier 1	\$
<i>sulfacetamide sodium topical cleanser, gel 10 %</i> (Ovace Plus Wash)	Tier 1	\$
<i>sulfacetamide sodium topical shampoo 10 %</i> (Ovace Plus Shampoo)	Tier 1	\$
<i>sulfacetamide sodium topical shampoo 9.8 %</i> (Plexion NS)	Tier 1	
TERSI FOAM TOPICAL FOAM 2.25 %	Tier 3	\$



Drug	Status	Notes
<b>Antiseptics,Miscellaneous</b>		
<i>guaiacol liquid</i>	Tier 3	
<b>Emollients</b>		
<i>ammonium lactate topical cream 12 %</i>	Tier 1	\$
<i>ammonium lactate topical lotion 12 %</i> (Skin Treatment)	Tier 1	\$
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	
DERMASO PLUS TOPICAL CREAM	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	
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	
NEOSALUS TOPICAL CREAM	Tier 3	\$

Drug	Status	Notes
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	
<b>Gene Therapy Agents - Connective Tissue Disorders</b>		
VYJUVEK TOPICAL GEL 5 X 10EXP9 PFU/2.5 ML	Tier 3	\$\$\$\$\$
<b>Hypertrichotic Agents, Systemic/Incl. Combinations</b>		
LITFULO ORAL CAPSULE 50 MG	Tier 4	PA; \$\$\$\$
<b>Iodine Antiseptics</b>		
BETADINE OPHTHALMIC PREP (povidone-iodine) OPHTHALMIC (EYE) SOLUTION 5 %	Tier 3	\$
<i>povidone-iodine ophthalmic (eye) solution 5 %</i> (Betadine Ophthalmic Prep)	Tier 1	
<b>Irrigants</b>		
<i>acetic acid irrigation solution 0.25 %</i>	Tier 1	\$
<i>lactated ringers irrigation solution</i>	Tier 3	
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	Tier 1	\$
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L	Tier 3	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L	Tier 3	
<i>ringer's irrigation solution</i>	Tier 1	
<i>sodium chloride irrigation solution 0.9 %</i> (Sterile Saline)	Tier 1	\$
<i>sorbitol irrigation solution 3 %</i>	Tier 1	
<i>sorbitol-mannitol transurethral solution 2.7-0.54 gram/100 ml</i>	Tier 1	
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	\$

Drug	Status	Notes
<b>Irritants/Counter-Irritants</b>		
<i>cantharidin in acetone topical solution</i> 0.7 %	Tier 1	
<i>methyl salicylate oil</i> (Wintergreen Oil)	Tier 1	
<i>methyl salicylate topical liquid</i>	Tier 1	
QUTENZA TOPICAL KIT 8 %	Tier 3	PA; \$\$\$\$
WINTERGREEN OIL OIL (methyl salicylate)	Tier 1	
YCANTH TOPICAL SOLUTION WITH APPLICATOR 0.7 %	Tier 3	PA; \$\$
<b>Keratolytics</b>		
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	
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 gel 0.5 %</i> (Condylox)	Tier 1	\$; ST: Must meet the following requirement: Podofilox 0.5% solution in 120 days; QL (0.5 GM per 1 day)
<i>podofilox topical solution 0.5 %</i>	Tier 1	\$; QL (0.5 ML per 1 day)
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 %	Tier 1	
PRONAL TOPICAL GEL 10-40 %	Tier 3	
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	

Drug	Status	Notes
salicylic acid topical film forming liquid w/appl 27.5 % (Virasal)	Tier 1	\$
salicylic acid topical film-forming soln er w/ appl 28.5 % (UltraSal-ER)	Tier 1	\$
salicylic acid topical foam 6 % (Salvax)	Tier 1	\$
salicylic acid topical gel 6 % (Salynta)	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	
SALYNTRA TOPICAL GEL 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 %, 41 %	Tier 1	
urea topical cream 40 %, 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	\$

Drug	Status	Notes
<b>Oxidizing Agents</b>		
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	\$
HYCLODEX TOPICAL SPRAY, NON-AEROSOL 0.012 %-0.002 % -0.046 %	Tier 3	
HYPOCYN ANTIPRURITIC TOPICAL SPRAY GEL 0.012 %	Tier 3	
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	
<b>Protectives</b>		
DERMELLE TOPICAL GEL	Tier 3	
DERPIXA TOPICAL GEL	Tier 3	
GENADUR (WITH LEXINAL) KIT 2,500 MCG	Tier 3	
GENADUR TOPICAL LIQUID	Tier 3	\$\$
HYALO4 CARE CLEAR TOPICAL GEL 0.2 % (sodium hyaluronate)	Tier 3	
HYALO4 CARE TOPICAL GEL 0.2 % (sodium hyaluronate)	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	\$

Drug	Status	Notes
<b>Topical Anti-Inflammatory Nsaid-Local Anesthetic</b>		
DICLOVIX TOPICAL KIT, PATCH, SOLUTION DROPS 1.5-2.5-4-2 %	Tier 3	
<b>Topical Anti-Inflammatory Steroid-Local Anesthetic</b>		
ANALPRAM-HC TOPICAL LOTION 2.5-1 %	Tier 2	\$\$
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 cream</i> 3-0.5 % (Lidocort)	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	\$
<b>Topical Antineoplastic &amp; Premalignant Lesion Agnts</b>		
<i>bexarotene topical gel</i> 1 % (Targretin)	Tier 4	PA; \$\$\$\$\$
<i>diclofenac sodium topical gel</i> 3 %	Tier 1	\$. QL (100 GM per 1 FILL)
FLUOROPLEX TOPICAL CREAM 1 %	Tier 3	PA
<i>fluorouracil topical cream</i> 0.5 % (Carac)	Tier 1	PA
<i>fluorouracil topical cream</i> 5 % (Efudex)	Tier 1	\$
<i>fluorouracil topical solution</i> 2 %, 5 %	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)

Drug	Status	Notes
TOLAK TOPICAL CREAM 4 %	Tier 2	
VALCHLOR TOPICAL GEL 0.016 %	Tier 4	PA; \$\$\$\$\$
<b>Topical Local Anesthetics</b>		
ALADERM PLUS TOPICAL SPRAY, NON-AEROSOL	Tier 1	
ANACAINE TOPICAL OINTMENT 10 %	Tier 3	
ANASTIA TOPICAL LOTION 2.75 %	Tier 3	
ANODYNE LPT TOPICAL KIT 2.5-2.5 % (lidocaine-prilocaine)	Tier 1	
ASTERO TOPICAL GEL WITH PUMP 4 %	Tier 3	
CETACAINE ANESTHETIC TOPICAL LIQUID 2-2-14 %	Tier 3	
CETACAINE TOPICAL AEROSOL, SPRAY 2 %-2 %-14 % (200 MG/SEC)	Tier 3	\$
CRYODOSE TA MEDIUM STREAM SPR TOPICAL AEROSOL, SPRAY	Tier 3	\$
CRYODOSE TA MIST SPRAY TOPICAL AEROSOL, SPRAY	Tier 3	\$
DERMACINRX LIDOCAN TOPICAL (lidocaine) ADHESIVE PATCH, MEDICATED 5 %	Tier 1	QL (90 EA per 30 days)
DERMACINRX LIDOGEL TOPICAL GEL 2.8 %	Tier 3	
DERMACINRX LIDOREX TOPICAL GEL 2.8 %	Tier 3	
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-racepineph- TOPICAL SOLUTION 4-0.05-0.5 % tetracaine)	Tier 1	

Drug	Status	Notes
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.09-0.5 %	Tier 1	
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.18-0.5 %	Tier 3	
LDO PLUS TOPICAL GEL WITH PUMP 4 %	Tier 3	
<i>lidocaine hcl laryngotracheal solution 4 %</i>	Tier 1	\$\$\$
<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 III TOPICAL ADHESIVE PATCH,MEDICATED 5 % (lidocaine)	Tier 1	;\$ QL (90 EA per 30 days)
LIDOCAN IV TOPICAL ADHESIVE PATCH,MEDICATED 5 % (lidocaine)	Tier 1	QL (90 EA per 30 days)
LIDOCAN V TOPICAL ADHESIVE PATCH,MEDICATED 5 % (lidocaine)	Tier 1	QL (90 EA per 30 days)
LIDOPIN TOPICAL CREAM 3.25 %	Tier 3	
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	\$



Drug	Status	Notes
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	\$
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)
<b>Topical Preparations,Miscellaneous</b>		
MEDIHONEY (HONEY) TOPICAL PASTE 100 %	Tier 3	\$
<i>sodium chloride topical solution 0.9 %</i> (Saljet Saline Rinse)	Tier 1	
<b>Topical/Mucous Membr./Subcut. Enzymes</b>		
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	
NEXOBRID POWDER COMPONENT TOPICAL POWDER	Tier 3	
NEXOBRID TOPICAL GEL 8.8 %	Tier 3	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	Tier 3	PA; \$

Drug	Status	Notes
<b>Dermatology - Pigmentation Disorders</b>		
<b>Hypopigmentation Agents</b>		
<i>hydroquinone topical cream 4 %</i> (Obagi Elastiderm)	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	
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	

Drug	Status	Notes
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	
<b>Dermatology - Psoriasis/Eczema</b>		
<b>Antipsoriatic Agents, Systemic</b>		
<i>acitretin oral capsule 10 mg, 25 mg</i>	Tier 4	\$
<i>acitretin oral capsule 17.5 mg</i>	Tier 4	\$\$
<i>acitretin oral capsule 22.5 mg</i>	Tier 4	
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML	Tier 4	PA; \$\$\$\$\$
BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML	Tier 4	PA; \$\$\$\$\$
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 4	PA; \$\$\$\$\$
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 4	PA; \$\$\$\$
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 4	PA; \$\$\$\$\$
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 4	PA; \$\$\$\$\$
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	Tier 4	PA; \$\$\$\$
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (150 MG/ML)	Tier 4	PA; \$\$\$\$\$
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	Tier 1	\$\$\$
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML	Tier 4	PA; \$\$\$\$\$

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

Drug	Status	Notes
DRITHOCREME HP TOPICAL CREAM 1 %	Tier 2	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
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)
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; \$\$
<b>II-23 Receptor Antagonist, Monoclonal Antibody</b>		
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML	Tier 4	PA
OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML	Tier 4	PA
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	Tier 4	PA; \$\$\$\$\$
<b>Topical Agents, Miscellaneous</b>		
COLLATYL TOPICAL GEL 1 %	Tier 3	
L-MESITRAN SOFT TOPICAL GEL 40 %	Tier 3	
MEDIHONEY (HONEY) TOPICAL GEL 80 %	Tier 3	\$

Drug	Status	Notes
MUSCUSOLICE TOPICAL CREAM, METERED-DOSE APPLICATOR 2 %, 5 %	Tier 3	
NEURAPTINE TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %	Tier 3	
OMEZA TOPICAL OINTMENT IN PACKET	Tier 3	
PROTYL AG TOPICAL GEL 1 %	Tier 3	
<i>urea topical cream 20 %</i> (Gormel)	Tier 1	\$
<b>Topical Immunosuppressive Agents</b>		
HYFTOR TOPICAL GEL 0.2 %	Tier 4	PA; \$\$\$\$
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), 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), Mometasone (cream or ointment), or Triamcinolone (0.1% or 0.5% ointment) in 120 days
<b>Topical Vit D Analog/Anti-inflammatory, Steroidal</b>		
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	Tier 1	\$; ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
<i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i> (Taclonex)	Tier 1	\$; ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days

Drug	Status	Notes
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
WYNZORA TOPICAL CREAM 0.005-0.064 %	Tier 3	\$\$\$; ST: Must meet the following requirement: Calcipotriene/betamethasone in 120 days
<b>Diabetes</b>		
<b>Antihypergly, (Dpp-4) Inhibitor &amp; Biguanide Comb.</b>		
<i>alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg</i> (Kazano)	Tier 3	\$. ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	Tier 2	\$\$
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	Tier 2	\$\$
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	Tier 3	\$\$; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	Tier 3	\$\$; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg, 5-1,000 mg, 5-500 mg</i>	Tier 1	\$\$; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days
<b>Antihypergly,Dpp-4 Enzyme Inhib &amp;Thiazolidinedione</b>		
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg</i> (Oseni)	Tier 3	\$. ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days
<b>Antihypergly,Incretin Mimetic(Glp-1 Recep.Agonist)</b>		
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	Tier 2	PA; \$\$

Drug	Status	Notes
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; \$\$
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; \$\$
RYBELSUS ORAL TABLET 14 MG, 7 MG	Tier 2	PA; \$\$\$
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; \$\$
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	Tier 3	PA; \$\$
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	Tier 3	PA; \$\$
<b>Antihyperglycemic-Sod/Gluc Cotransport2(Sglt2)Inhib</b>		
BRENZAVVY ORAL TABLET 20 MG (bexagliflozin)	Tier 3	ST: Must meet 2 of the following requirements: Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 365 days
FARXIGA ORAL TABLET 10 MG, 5 MG (dapagliflozin propanediol)	Tier 2	\$\$
INPEFA ORAL TABLET 200 MG	Tier 3	\$\$; ST: Must meet 2 of the following requirements: Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 365 days
INPEFA ORAL TABLET 400 MG	Tier 3	\$\$\$\$; ST: Must meet 2 of the following requirements: Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 365 days
INVOKANA ORAL TABLET 100 MG, 300 MG	Tier 3	\$\$; ST: Must meet 2 of the following requirements: Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 365 days
JARDIANCE ORAL TABLET 10 MG, 25 MG	Tier 2	\$\$



Drug	Status	Notes
STEGLATRO ORAL TABLET 15 MG, 5 MG	Tier 3	\$. ST: Must meet 2 of the following requirements: Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 365 days
<b>Antihyperglycemic - Dopamine Receptor Agonists</b>		
CYCLOSET ORAL TABLET 0.8 MG	Tier 3	\$\$; ST: Must meet any of the following requirements: Glipizide/metformin HCL, Glyburide/metformin HCL, Metformin HCL, or Riomet ER in 180 days
<b>Antihyperglycemic - Incretin Mimetics Combination</b>		
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	Tier 2	PA; \$\$
<b>Antihyperglycemic, Alpha-Glucosidase Inhib (N-S)</b>		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)	Tier 1	\$
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	\$
<b>Antihyperglycemic, Amylin Analog-Type</b>		
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	Tier 2	\$\$\$\$
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	Tier 2	\$\$\$
<b>Antihyperglycemic, Dpp-4 Inhibitors</b>		
<i>alogliptin oral tablet 12.5 mg, 25 mg, 6.25 mg</i> (Nesina)	Tier 3	\$. ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 2	\$\$
<i>saxagliptin oral tablet 2.5 mg</i>	Tier 1	\$. ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days
<i>saxagliptin oral tablet 5 mg</i> (Onglyza)	Tier 1	\$. ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>sitagliptin oral tablet 100 mg, 25 mg, 50 mg</i> (Zituvio)	Tier 3	ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days
TRADJENTA ORAL TABLET 5 MG	Tier 3	\$\$; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days
ZITUVIO ORAL TABLET 100 MG, 50 MG (sitagliptin)	Tier 3	ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days
ZITUVIO ORAL TABLET 25 MG (sitagliptin)	Tier 3	\$\$\$\$; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days
<b>Antihyperglycemic, Insulin-Release Stimulant Type</b>		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	\$
<i>glipizide oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	\$
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i> (Glucotrol XL)	Tier 1	\$
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	Tier 1	\$
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	Tier 1	\$
<i>nateglinide oral tablet 120 mg, 60 mg</i>	Tier 1	\$
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	\$
<b>Antihyperglycemic, Insulin-Response Enhancer (N-S)</b>		
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	Tier 1	\$
<b>Antihyperglycemic, Sglt-2 &amp; Dpp-4 Inhibitor Comb.</b>		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	Tier 2	\$\$
QTERN ORAL TABLET 10-5 MG, 5-5 MG	Tier 3	\$\$\$; ST: Must meet any of the following requirements: Farxiga, Janumet XR, Janumet, Januvia, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 120 days

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

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

Drug	Status	Notes
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG, 2.5-1,000 MG, 5-500 MG	Tier 2	\$\$
<b>Antihyperglycm,Insul-Resp.Enhancer &amp; Biguanide Cmb</b>		
<i>pioglitazone-metformin oral tablet 15-500 mg</i>	Tier 1	\$. ST: Must meet any of the following requirements: Metformin, preferred Sulfonylurea or preferred Metformin/Sulfonylurea combination in 120 days
<i>pioglitazone-metformin oral tablet 15-850 mg (Actoplus MET)</i>	Tier 1	\$. ST: Must meet any of the following requirements: Metformin, preferred Sulfonylurea or preferred Metformin/Sulfonylurea combination in 120 days
<b>Antihypergly-Sglt-2 Inhib,Dpp-4 Inhib,Biguanide Cb</b>		
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 12.5-2.5-1,000 MG, 25-5-1,000 MG, 5-2.5-1,000 MG	Tier 2	\$\$
<b>Blood Sugar Diagnostics</b>		
ACCU-CHEK AVIVA PLUS TEST STRP STRIP (blood sugar diagnostic)	Tier 3	\$
ACCU-CHEK GUIDE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	\$
ACCU-CHEK SMARTVIEW TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	\$
ACCUTREND GLUCOSE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
ADVANCED GLUC METER TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
ADVOCATE REDI-CODE PLUS STRIP (blood sugar diagnostic)	Tier 3	\$
AGAMATRIX AMP TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
AGAMATRIX PRESTO TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
ASSURE 4 STRIPS STRIP (blood sugar diagnostic)	Tier 3	
ASSURE PLATINUM TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	\$
ASSURE PRISM MULTI STRIP STRIP (blood sugar diagnostic)	Tier 3	
BIONIME RIGHTEST TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
BLOOD GLUCOSE TEST STRIP (blood sugar diagnostic)	Tier 3	

<b>Drug</b>		<b>Status</b>	<b>Notes</b>
BLULINK GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	\$
BREEZE 2 TEST STRIPS STRIP		Tier 3	
CARESENS N TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	
CARETOUCH TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	
CHOICEDM CLARUS STRIP	(blood sugar diagnostic)	Tier 3	
CLEVER CHOICE MICRO TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	
CLEVER CHOICE PRO STRIP	(blood sugar diagnostic)	Tier 3	
CLEVER CHOICE TALK TEST STRIP	(blood sugar diagnostic)	Tier 3	
CLEVER CHOICE TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	
CLEVER CHOICE VOICE PLUS TEST STRIP	(blood sugar diagnostic)	Tier 3	\$
CONTOUR NEXT TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	\$
CONTOUR PLUS TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	
CONTOUR TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	\$
DARIO BLOOD GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	
DIATRUE PLUS TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	
EASY PLUS II TEST STRIP	(blood sugar diagnostic)	Tier 3	
EASY STEP STRIP	(blood sugar diagnostic)	Tier 3	
EASY TALK GLUCOSE TEST STRIP	(blood sugar diagnostic)	Tier 3	
EASY TALK PLUS II TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	
EASY TOUCH BLULINK TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	
EASY TOUCH TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	\$
EASY TRAK GLUCOSE TEST STRIP	(blood sugar diagnostic)	Tier 3	
EASY TRAK II TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	
EASYGLUCO TEST STRIP	(blood sugar diagnostic)	Tier 3	
EASYMAX 15 TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	
EASYMAX STRIP	(blood sugar diagnostic)	Tier 3	\$
ELEMENT COMPACT TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	
ELEMENT TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	
EMBRACE BLOOD GLUCOSE SYSTEM STRIP	(blood sugar diagnostic)	Tier 3	
EMBRACE EVO TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	
EMBRACE PRO TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	\$
EMBRACE TALK TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	\$
EMBRACE WAVE GLUCOSE TEST STRP STRIP	(blood sugar diagnostic)	Tier 3	
EVENCARE G2 STRIP	(blood sugar diagnostic)	Tier 3	

<b>Drug</b>		<b>Status</b>	<b>Notes</b>
EVENCARE G3 TEST STRIP	(blood sugar diagnostic)	Tier 3	
EVENCARE MINI GLUCOSE TEST STRIP	(blood sugar diagnostic)	Tier 3	
EVENCARE PROVIEW TEST STRIP	(blood sugar diagnostic)	Tier 3	
EVENCARE TEST STRIP	(blood sugar diagnostic)	Tier 3	
EVOLUTION TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	
EZ SMART PLUS TEST STRIP	(blood sugar diagnostic)	Tier 3	
EZ SMART TEST STRIP	(blood sugar diagnostic)	Tier 3	
FORA 6 CONNECT GLUCOSE STRIP	(blood sugar diagnostic)	Tier 3	
FORA 6CONN-GTEL-TN'G ADV STRIP	(blood sugar diagnostic)	Tier 3	
FORA D15G STRIPS STRIP	(blood sugar diagnostic)	Tier 3	
FORA D20 STRIP	(blood sugar diagnostic)	Tier 3	
FORA D40-G31 TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	
FORA G20 STRIP	(blood sugar diagnostic)	Tier 3	\$
FORA G30-PREMIUM V10 TEST STRIP	(blood sugar diagnostic)	Tier 3	
FORA GD50 TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	
FORA GTEL GLUCOSE TEST STRIP	(blood sugar diagnostic)	Tier 3	
FORA TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	\$
FORA TN'G ADVAN PRO TEST STRIP	(blood sugar diagnostic)	Tier 3	
FORA TN'G VOICE TEST STRIPS	(blood sugar diagnostic)	Tier 3	
FORA V10 STRIP	(blood sugar diagnostic)	Tier 3	
FORA V10-V12-D10-D20 STRIPS	(blood sugar diagnostic)	Tier 3	
FORA V12 GLUCOSE STRIP	(blood sugar diagnostic)	Tier 3	
FORA V20 STRIP	(blood sugar diagnostic)	Tier 3	
FORA V30A STRIP	(blood sugar diagnostic)	Tier 3	
FORACARE GD20 STRIP	(blood sugar diagnostic)	Tier 3	
FORACARE GD40 TEST STRIPS	(blood sugar diagnostic)	Tier 3	
FREESTYLE INSULINX STRIP	(blood sugar diagnostic)	Tier 2	\$
FREESTYLE INSULINX TEST STRIPS	(blood sugar diagnostic)	Tier 2	\$
FREESTYLE LITE STRIPS STRIP	(blood sugar diagnostic)	Tier 2	\$
FREESTYLE PRECISION NEO STRIPS	(blood sugar diagnostic)	Tier 2	\$
FREESTYLE TEST STRIP	(blood sugar diagnostic)	Tier 2	\$

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
GE100 BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	\$
GE333 BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
GENULTIMATE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
GLUCO NAVII TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
GLUCOCARD 01 SENSOR PLUS STRIP (blood sugar diagnostic)	Tier 3	
GLUCOCARD EXPRESSION STRIP (blood sugar diagnostic)	Tier 3	\$
GLUCOCARD SHINE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	\$
GLUCOCARD VITAL SENSOR STRIP (blood sugar diagnostic)	Tier 3	
GLUCOCARD VITAL TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	\$
GLUCOCOM GLUCOSE STRIP (blood sugar diagnostic)	Tier 3	
GM100 STRIP (blood sugar diagnostic)	Tier 3	
GOJJI BLOOD GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
GOODLIFE AC-302 TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
HARMONY GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
HEALTHPRO TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	\$
IGLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	\$
INFINITY TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	\$
MICRO BLOOD GLUCOSE STRIP (blood sugar diagnostic)	Tier 3	
MICRODOT BLOOD GLUCOSE SYSTEM STRIP (blood sugar diagnostic)	Tier 3	
MICRODOT XTRA BLOOD GLUCOSE STRIP (blood sugar diagnostic)	Tier 3	
MYGLUCOHEALTH STRIP (blood sugar diagnostic)	Tier 3	
NEUTEK 2TEK TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	
NOVA MAX GLUCOSE TEST STRIP (blood sugar diagnostic)	Tier 3	
ON CALL EXPRESS TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
ON CALL PLUS TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
ON CALL VIVID TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	
ONETOUCH ULTRA TEST STRIP (blood sugar diagnostic)	Tier 3	\$
ONETOUCH VERIO TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	\$
OPTIUM EZ STRIP (blood sugar diagnostic)	Tier 3	
OPTIUM TEST STRIP (blood sugar diagnostic)	Tier 3	
OPTUMRX STRIP (blood sugar diagnostic)	Tier 3	
PHARMACIST CHOICE STRIP (blood sugar diagnostic)	Tier 3	



<b>Drug</b>		<b>Status</b>	<b>Notes</b>
PIP BLOOD GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	
PLATINUM TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	
PRECISION PCX PLUS TEST STRIP	(blood sugar diagnostic)	Tier 3	
PRECISION PCX TEST STRIP	(blood sugar diagnostic)	Tier 3	
PRECISION POINT OF CARE TEST STRIP	(blood sugar diagnostic)	Tier 3	
PRECISION Q-I-D TEST STRIP	(blood sugar diagnostic)	Tier 3	\$
PRECISION XTRA TEST STRIP	(blood sugar diagnostic)	Tier 2	\$
PREMIER TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	\$
PREMIUM V10 STRIP	(blood sugar diagnostic)	Tier 3	\$
PRO VOICE V8-V9 TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	
PRODIGY NO CODING STRIP	(blood sugar diagnostic)	Tier 3	\$
PTS PANELS EGLU TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	
QUINTET AC STRIP	(blood sugar diagnostic)	Tier 3	
QUINTET GLUCOSE TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	
REFUAH PLUS STRIP	(blood sugar diagnostic)	Tier 3	
RELION CONFIRM-MICRO STRIP	(blood sugar diagnostic)	Tier 3	
RELION PRIME TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	\$
RELION ULTIMA STRIP	(blood sugar diagnostic)	Tier 3	
REVEAL TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	
RIGHTEST GS250S TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	
RIGHTEST GS260 TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	
RIGHTEST GS550 TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	
RIGHTEST GS700 TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	
RIGHTEST GT333 TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	\$
RIGHTEST MAX TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	
SMART SENSE TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	
SMARTEST TEST STRIP	(blood sugar diagnostic)	Tier 3	
SOLUS V2 TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	
SURE-TEST EASYPLUS MINI STRIP	(blood sugar diagnostic)	Tier 3	
TD GOLD TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	
TELCARE TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	
TEST N'GO TEST STRIP	(blood sugar diagnostic)	Tier 3	
TRUE METRIX GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	\$
TRUE METRIX PRO TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	\$

Drug		Status	Notes
TRUETEST TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	
TRUETRACK TEST STRIP	(blood sugar diagnostic)	Tier 3	\$
ULTIMA TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	
ULTRATRAK STRIP	(blood sugar diagnostic)	Tier 3	
ULTRATRAK ULTIMATE STRIP	(blood sugar diagnostic)	Tier 3	
UNISTRIP1 TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	
VIVAGUARD INO TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	
WAVESENSE JAZZ STRIP	(blood sugar diagnostic)	Tier 3	\$
WAVESENSE PRESTO STRIP	(blood sugar diagnostic)	Tier 3	\$
<b>Diabetic Supplies</b>			
2TEK CONTROL (HIGH-NORMAL) SOLUTION	(blood glucose contrl hi,normal)	Tier 3	
ACCU-CHEK AVIVA CONTROL SOLN SOLUTION		Tier 3	\$
ACCU-CHEK GUIDE L1-L2 CTRL SOL SOLUTION		Tier 3	\$
ACCU-CHEK SMARTVIEW CONTRL SOL SOLUTION	(blood glucose control, normal)	Tier 3	\$
ACCUTREND GLUCOSE CONTROL SOLUTION		Tier 3	
ADVOCATE REDI-CODE PLUS CTRL L SOLUTION	(blood glucose control, low)	Tier 3	
ADVOCATE REDI-CODE+ CTRL HIGH SOLUTION	(blood glucose control, high)	Tier 3	
AGAMATRIX CONTROL HIGH SOLUTION	(blood glucose control, high)	Tier 3	
AGAMATRIX CONTROL NORM-HI SOLUTION	(blood glucose contrl hi,normal)	Tier 3	
AGAMATRIX CONTROL SOLN-LEVEL 2 SOLUTION	(blood glucose control, normal)	Tier 3	
AGAMATRIX CONTROL SOLN-LEVEL 4 SOLUTION	(blood glucose control, high)	Tier 3	
ASSURE 4 CONTROL SOLUTION COMBO PACK		Tier 3	
ASSURE DOSE NORMAL CONTROL SOLUTION	(blood glucose control, normal)	Tier 3	
ASSURE DOSE NORM-HI CONTROL SOLUTION	(blood glucose contrl hi,normal)	Tier 3	
ASSURE PRISM CONTROL 1-2 SOLN SOLUTION	(blood glucose contrl hi,normal)	Tier 3	
AUTOSOFT 30 INFUSION SET		Tier 3	\$
AUTOSOFT 90 INFUSION SET		Tier 3	\$
AUTOSOFT XC INFUSION SET 23" INFUSION SET		Tier 3	\$

Drug	Status	Notes
AUTOSOFT XC INFUSION SET 32" INFUSION SET	Tier 3	\$
AUTOSOFT XC INFUSION SET 43" INFUSION SET	Tier 3	\$
BIGFOOT UNITY KIT	Tier 3	
BIGFOOT UNITY PEN CAP-ADMELOG DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-APIDRA DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-ASPART DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-BASAGLAR DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-FIASP DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-HUMALOG DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-LANTUS DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-LISPRO DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-LYUMJEV DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-NOVOLOG DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-TOUJEO DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-TOUJEOMX DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-TRESIBA DEVICE	Tier 3	
<i>blood glucose contrl hi,normal solution</i> (2Tek Control (High-Normal))	Tier 3	
<i>blood glucose control, normal solution</i> (Accu-Chek SmartView Contrl Sol)	Tier 3	\$
<i>blood glucose ctl high,nml,low solution</i> (Myglucohealth Control Solution)	Tier 3	\$
BREEZE 2 CONTROL SOLUTION, LOW SOLUTION (blood glucose control, low)	Tier 3	
BREEZE 2 CONTROL SOLUTION, NML SOLUTION (blood glucose control, normal)	Tier 3	
BREEZE 2 CONTROL SOLUTION,HIGH SOLUTION (blood glucose control, high)	Tier 3	
CARESENS CONTROL A AND B SOLUTION (blood glucose contrl hi,normal)	Tier 3	

<b>Drug</b>		<b>Status</b>	<b>Notes</b>
CARETOUCH CONTROL SOLN L2-L3 SOLUTION	(blood glucose contrl hi,normal)	Tier 3	
CEQR SIMPLICITY DEVICE 2 UNIT		Tier 3	PA; \$
CEQR SIMPLICITY INSERTER		Tier 3	PA; \$
CHOICE DM CLARUS NORM CONTROL SOLUTION	(blood glucose control, normal)	Tier 3	
CLEVER CHOICE LEVEL 1 CONTROL SOLUTION	(blood glucose control, low)	Tier 3	\$
CLEVER CHOICE LEVEL 2 CONTROL SOLUTION	(blood glucose control, normal)	Tier 3	\$
CLEVER CHOICE LEVEL 3 CONTROL SOLUTION	(blood glucose control, high)	Tier 3	\$
CONTOUR CONTROL SOLUTION, HIGH SOLUTION	(blood glucose control, high)	Tier 3	\$
CONTOUR CONTROL SOLUTION, LOW SOLUTION	(blood glucose control, low)	Tier 3	\$
CONTOUR CONTROL SOLUTION, NML SOLUTION	(blood glucose control, normal)	Tier 3	\$
CONTOUR NEXT LEV 1 CONTROL SOL SOLUTION	(blood glucose control, low)	Tier 3	\$
CONTOUR NEXT LEV 2 CONTROL SOL SOLUTION	(blood glucose control, normal)	Tier 3	\$
DEXCOM G6 RECEIVER		Tier 2	\$; HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
DEXCOM G6 SENSOR DEVICE		Tier 2	\$\$; HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
DEXCOM G6 TRANSMITTER DEVICE		Tier 2	\$; HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
DEXCOM G7 RECEIVER		Tier 2	\$; HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
DEXCOM G7 SENSOR DEVICE		Tier 2	\$; HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
DIATRUE CONTROL SOLN NORMAL SOLUTION	(blood glucose control, normal)	Tier 3	
DIATRUE CONTROL SOLUTION HIGH SOLUTION	(blood glucose control, high)	Tier 3	
DIATRUE CONTROL SOLUTION LOW SOLUTION	(blood glucose control, low)	Tier 3	
EASY PLUS II HIGH CONTROL SOLUTION	(blood glucose control, high)	Tier 3	

<b>Drug</b>		<b>Status</b>	<b>Notes</b>
EASY PLUS II LOW CONTROL SOLUTION	(blood glucose control, low)	Tier 3	
EASY STEP HIGH CONTROL SOLN SOLUTION	(blood glucose control, high)	Tier 3	
EASY STEP LOW CONTROL SOLUTION SOLUTION	(blood glucose control, low)	Tier 3	
EASY STEP NORMAL CONTROL SOLN SOLUTION	(blood glucose control, normal)	Tier 3	
EASY TALK HIGH CONTROL SOLUTION	(blood glucose control, high)	Tier 3	
EASY TALK LOW CONTROL SOLUTION	(blood glucose control, low)	Tier 3	
EASY TALK PLUS II HIGH CONTROL SOLUTION	(blood glucose control, high)	Tier 3	
EASY TALK PLUS II LOW CONTROL SOLUTION	(blood glucose control, low)	Tier 3	
EASY TOUCH BLU CTRL SOLN-L1,L3 SOLUTION		Tier 3	
EASY TOUCH HIGH-LOW CONTROL SOLUTION		Tier 3	\$
EASY TRAK HIGH CONTROL SOLUTION	(blood glucose control, high)	Tier 3	
EASY TRAK II CTRL SOLN-NORMAL SOLUTION	(blood glucose control, normal)	Tier 3	
EASY TRAK LOW CONTROL SOLUTION	(blood glucose control, low)	Tier 3	
EASYMAX 15 LEVEL 2 SOLUTION	(blood glucose control, normal)	Tier 3	
EASYMAX NORMAL CONTROL SOLUTION	(blood glucose control, normal)	Tier 3	
ELEMENT COMPACT HIGH CONTROL SOLUTION	(blood glucose control, high)	Tier 3	
ELEMENT COMPACT NORMAL CONTROL SOLUTION	(blood glucose control, normal)	Tier 3	
ELEMENT HIGH CONTROL SOLUTION	(blood glucose control, high)	Tier 3	
ELEMENT LOW CONTROL SOLUTION	(blood glucose control, low)	Tier 3	
ELEMENT NORMAL CONTROL SOLUTION	(blood glucose control, normal)	Tier 3	
EMBRACE EVO LEVEL 1 SOLUTION	(blood glucose control, low)	Tier 3	
EMBRACE GLUCOSE CONTROL HIGH SOLUTION	(blood glucose control, high)	Tier 3	
EMBRACE GLUCOSE CONTROL LOW SOLUTION	(blood glucose control, low)	Tier 3	

<b>Drug</b>		<b>Status</b>	<b>Notes</b>
EMBRACE PRO SOLUTION	(blood glucose control hi,normal)	Tier 3	
EMBRACE TALK CONTROL-HIGH (L2) SOLUTION	(blood glucose control, high)	Tier 3	
EMBRACE TALK CONTROL-LOW (L1) SOLUTION	(blood glucose control, low)	Tier 3	
EVENCARE G2 SOLUTION		Tier 3	
EVENCARE G3 CONTROL SOLUTION		Tier 3	
EVENCARE MINI GLUCOSE CONTROL SOLUTION	(blood glucose control, normal)	Tier 3	
EVENCARE PROVIEW CONTROL- L2,L3 SOLUTION		Tier 3	
EVENCARE SOLUTION		Tier 3	
EVERSENSE E3 SMART TRANSMITTER DEVICE		Tier 3	PA
EVOLUTION NORMAL CONTROL SOLUTION	(blood glucose control, normal)	Tier 3	
EZ SMART CONTROL SOLUTION	(blood glucose control, low)	Tier 3	
FORA HIGH CONTROL SOLUTION	(blood glucose control, high)	Tier 3	\$
FORA LOW CONTROL SOLUTION	(blood glucose control, low)	Tier 3	\$
FORA NORMAL CONTROL SOLUTION	(blood glucose control, normal)	Tier 3	
FORACARE GDH HIGH CONTROL SOLUTION	(blood glucose control, high)	Tier 3	
FORACARE GDH LOW CONTROL SOLUTION	(blood glucose control, low)	Tier 3	
FORACARE GDH NORMAL CONTROL SOLUTION	(blood glucose control, normal)	Tier 3	
FREESTYLE CONTROL SOLUTION		Tier 3	\$
FREESTYLE LIBRE 14 DAY READER		Tier 2	\$. HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
FREESTYLE LIBRE 14 DAY SENSOR KIT		Tier 2	\$. HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
FREESTYLE LIBRE 2 READER		Tier 2	\$. HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
FREESTYLE LIBRE 2 SENSOR KIT		Tier 2	\$. HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST

Drug		Status	Notes
FREESTYLE LIBRE 3 READER		Tier 2	\$. HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
FREESTYLE LIBRE 3 SENSOR DEVICE		Tier 2	\$. HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST
GE100 CONTROL SOLUTION NORMAL SOLUTION	(blood glucose control, normal)	Tier 3	
GE333 CONTROL SOLUTION NORMAL SOLUTION	(blood glucose control, normal)	Tier 3	
GLUCOCARD 01 HI-NORMAL CONTROL SOLUTION	(blood glucose control hi,normal)	Tier 3	
GLUCOCARD 01 NORMAL CONTROL SOLUTION	(blood glucose control, normal)	Tier 3	
GLUCOCARD EXPRESSION SOLUTION	(blood glucose control, normal)	Tier 3	
GLUCOCARD SHINE SOLUTION	(blood glucose control, normal)	Tier 3	
GLUCOCOM AUTOLINK		Tier 3	
GLUCOCOM CONTROL HIGH SOLUTION	(blood glucose control, high)	Tier 3	
GLUCOCOM CONTROL NORMAL SOLUTION	(blood glucose control, normal)	Tier 3	
GLUCOSE CONTROL SOLUTION	(blood glucose control, normal)	Tier 3	
GLUCOSE KETONE CONTROL SOLN SOLUTION	(blood glucose control, normal)	Tier 3	
GOJJI GLUCOSE CNTRL SOL-NORMAL SOLUTION	(blood glucose control, normal)	Tier 3	
GUARDIAN 4 GLUCOSE SENSOR DEVICE		Tier 3	PA; \$\$
GUARDIAN 4 TRANSMITTER DEVICE		Tier 3	PA; \$\$
GUARDIAN CONNECT TRANSMITTER DEVICE		Tier 3	PA
GUARDIAN LINK 3 TRANSMITTER DEVICE		Tier 3	PA; \$\$
GUARDIAN SENSOR 3 DEVICE		Tier 3	PA; \$\$
HARMONY CONTROL L1,L3 SOLUTION		Tier 3	
HEALTHPRO HIGH-LOW CONTROL SOLUTION		Tier 3	
INFINITY CONTROL SOLUTION HIGH SOLUTION	(blood glucose control, high)	Tier 3	
INFINITY CONTROL SOLUTION LOW SOLUTION	(blood glucose control, low)	Tier 3	

Drug	Status	Notes
INFINITY CONTROL SOLUTION NORM SOLUTION (blood glucose control, normal)	Tier 3	
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN	Tier 3	\$\$
INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN	Tier 3	\$\$
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN	Tier 3	\$\$
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN	Tier 3	\$\$
INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN	Tier 3	\$\$
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN	Tier 3	\$\$
MEDISENSE COMBO PACK	Tier 3	
MEDISENSE CONTROLS 1-HI 1-LO COMBO PACK	Tier 3	
MEDISENSE GLUCOSE KETONE COMBO PACK	Tier 3	
MEDISENSE MID CONTROL SOLUTION (blood glucose control, normal)	Tier 3	
MEDPOINT NORMAL CONTROL SOLUTION (blood glucose control, normal)	Tier 3	\$
MEDTRONIC EXT INFUSION SET 23" INFUSION SET	Tier 3	\$
MEDTRONIC EXT INFUSION SET 32" INFUSION SET	Tier 3	\$
METER-CHECK SOLUTION (blood glucose control, normal)	Tier 3	
MICRODOT HIGH-LOW CONTROL SOLUTION	Tier 3	
MICRODOT NORMAL CONTROL SOLUTION (blood glucose control, normal)	Tier 3	
MINIMED 630G INSULIN PUMP	Tier 3	PA
MINIMED 770G INSULIN PUMP	Tier 3	PA
MINIMED 780G INSULIN PUMP	Tier 3	PA
MINIMED MIO ADVANCE INF SET23" INFUSION SET	Tier 3	\$
MINIMED MIO ADVANCE INF SET43" INFUSION SET	Tier 3	\$
MINIMED QUICK SET 18" INFUSION SET	Tier 3	\$
MINIMED QUICK SET 23" INFUSION SET	Tier 3	\$



Drug	Status	Notes
MINIMED QUICK SET 32" INFUSION SET	Tier 3	\$
MINIMED QUICK SET 43" INFUSION SET	Tier 3	\$
MINIMED SILHOUETTE 18" INFUSION SET	Tier 3	\$
MINIMED SILHOUETTE 23" INFUSION SET	Tier 3	\$
MINIMED SILHOUETTE 32" INFUSION SET	Tier 3	\$
MINIMED SILHOUETTE 43" INFUSION SET	Tier 3	\$
MINIMED SURE T 18" INFUSION SET	Tier 3	\$
MINIMED SURE T 23" INFUSION SET	Tier 3	\$
MINIMED SURE T 32" INFUSION SET	Tier 3	\$
MYGLUCOHEALTH CONTROL SOLUTION SOLUTION	Tier 3	(blood glucose ctl high,nml,low)
NOVAMAX PLUS GLU-KET SOLUTION	Tier 3	
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN	Tier 3	\$
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE	Tier 2	\$\$
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	Tier 2	\$\$
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	Tier 2	\$\$
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	Tier 2	
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	Tier 2	\$\$
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	Tier 2	
OMNIPOD DASH PDM KIT (GEN 4)	Tier 2	\$\$
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	Tier 2	\$\$
OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	\$
OMNIPOD GO PODS 15 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	\$
OMNIPOD GO PODS 20 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	\$
OMNIPOD GO PODS 25 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	\$
OMNIPOD GO PODS 30 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	\$

Drug		Status	Notes
OMNIPOD GO PODS 40 UNITS/DAY SUBCUTANEOUS CARTRIDGE		Tier 2	\$
OMNIPOD GO PODS SUBCUTANEOUS CARTRIDGE		Tier 2	\$
ON CALL EXPRESS CONTROL SOLUTION	(blood glucose ctl high,nml,low)	Tier 3	
ON CALL PLUS CONTROL SOLUTION	(blood glucose contrl hi,normal)	Tier 3	
ON CALL VIVID CONTROL SOLUTION	(blood glucose contrl hi,normal)	Tier 3	
ONETOUCH ULTRA CONTROL SOLUTION	(blood glucose control, normal)	Tier 3	\$
ONETOUCH VERIO HIGH CONTROL SOLUTION	(blood glucose control, high)	Tier 3	\$
ONETOUCH VERIO MID CONTROL SOLUTION	(blood glucose control, normal)	Tier 3	\$
OPTUMRX SOLUTION	(blood glucose contrl hi,normal)	Tier 3	
PIP GLUCOSE CONTROL SOLN L1-L2 SOLUTION		Tier 3	
PRECISION GLUCOSE CONTROL SOLN COMBO PACK		Tier 3	
PRECISION GLUCOSE/KETONE CONTR COMBO PACK		Tier 3	
PRODIGY CONTROL SOLUTION, LOW SOLUTION	(blood glucose control, low)	Tier 3	\$
PRODIGY CONTROL SOLUTION,HIGH SOLUTION	(blood glucose control, high)	Tier 3	\$
REFUAH PLUS GLUCOSE CONTROL SOLUTION	(blood glucose control, high)	Tier 3	
RIGHTEST CONTROL SOLUTION HIGH SOLUTION	(blood glucose control, high)	Tier 3	
RIGHTEST CONTROL SOLUTION NORM SOLUTION	(blood glucose control, normal)	Tier 3	
RIGHTEST GC250S CNTRL SOL NORM SOLUTION	(blood glucose control, normal)	Tier 3	
RIGHTEST GC700 LEV 2 CTRL SOLN SOLUTION	(blood glucose control, normal)	Tier 3	
RIGHTEST GT333 LEV 2 CTRL SOLN SOLUTION	(blood glucose control, normal)	Tier 3	
SMARTEST CONTROL SOLUTION	(blood glucose control, normal)	Tier 3	
SOLUS V2 CONTROL SOLUTION, LOW SOLUTION	(blood glucose control, low)	Tier 3	
SOLUS V2 CONTROL SOLUTION,HIGH SOLUTION	(blood glucose control, high)	Tier 3	

<b>Drug</b>		<b>Status</b>	<b>Notes</b>
SURE-TEST EASYPLUS MINI SOLUTION	(blood glucose control, normal)	Tier 3	
T:FLEX SUBCUTANEOUS CARTRIDGE		Tier 3	
T:SLIM X2 BASAL-IQ INSULIN PMP		Tier 3	PA
T:SLIM X2 CONTROL-IQ		Tier 3	PA; \$\$\$\$\$
T:SLIM X2 SUBCUTANEOUS CARTRIDGE		Tier 3	\$
TD GOLD LEVEL 1 CONTROL SOLUTION	(blood glucose control, low)	Tier 3	
TD GOLD LEVEL 2 CONTROL SOLUTION	(blood glucose control, normal)	Tier 3	
TD GOLD LEVEL 3 CONTROL SOLUTION	(blood glucose control, high)	Tier 3	
TELCARE CONTROL SOLUTION		Tier 3	
TEMPO SMART BUTTON DEVICE		Tier 3	\$
TEMPO WELCOME KIT KIT		Tier 3	\$
TRUE METRIX LEVEL 1 SOLUTION	(blood glucose control, low)	Tier 3	\$
TRUE METRIX LEVEL 2 SOLUTION	(blood glucose control, normal)	Tier 3	\$
TRUE METRIX LEVEL 3 SOLUTION	(blood glucose control, high)	Tier 3	\$
TRUSTEEL INFUSION SET 23" INFUSION SET		Tier 3	\$
TRUSTEEL INFUSION SET 32" INFUSION SET		Tier 3	\$
ULTRATRAK HIGH-LOW CONTROL SOLUTION		Tier 3	
ULTRATRAK NORMAL CONTROL SOLUTION	(blood glucose control, normal)	Tier 3	
ULTRATRAK ULTIMATE SOLUTION		Tier 3	
UNISTRIP LOW CONTROL SOLUTION	(blood glucose control, low)	Tier 3	
VARISOFT INFUSION SET 23" INFUSION SET		Tier 3	\$
VARISOFT INFUSION SET 32" INFUSION SET		Tier 3	\$
VARISOFT INFUSION SET 43" INFUSION SET		Tier 3	\$
V-GO 20 DEVICE		Tier 2	\$\$
V-GO 30 DEVICE		Tier 2	\$\$
V-GO 40 DEVICE		Tier 2	\$\$
VIVAGUARD INO CTRL SOLN-L1,2,3 SOLUTION	(blood glucose ctl high,nml,low)	Tier 3	

Drug	Status	Notes
VIVAGUARD INO CTRL SOLN-L1,L3 SOLUTION	Tier 3	
VIVAGUARD INO CTRL SOLN-L2 SOLUTION	(blood glucose control, normal)	Tier 3
WAVESENSE CONTROL SOLUTION SOLUTION	(blood glucose control, normal)	Tier 3
<b>Diabetic Ulcer Preparations, Topical</b>		
REGRANEX TOPICAL GEL 0.01 %	Tier 2	
<b>Hyperglycemics</b>		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	Tier 3	\$. ST: Must meet any of the following requirements: Glucagon Emergency Kit, Gvoke, or Zegalogue in 120 days
<i>diazoxide oral suspension 50 mg/ml</i>	(Proglycem)	Tier 1
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	(glucagon hcl)	Tier 1
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	Tier 2	\$
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	Tier 2	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	Tier 2	\$
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	Tier 2	\$\$
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	Tier 2	\$
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	Tier 2	\$\$
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	Tier 2	\$
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	Tier 2	\$
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	Tier 2	\$

Drug	Status	Notes
<b>Insulins</b>		
ADMELOG SOLOSTAR U-100 INSULIN (insulin lispro) SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 3	\$; ST: Must meet the following requirement: Lyumjev in 120 days
ADMELOG U-100 INSULIN LISPRO (insulin lispro) SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	\$; ST: Must meet the following requirement: Lyumjev in 120 days
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT (90)/ 8 UNIT (90), 8 UNIT	Tier 3	PA; \$\$\$
AFREZZA INHALATION CARTRIDGE WITH INHALER 4 UNIT	Tier 3	PA; \$\$
AFREZZA INHALATION CARTRIDGE WITH INHALER 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT (90)/ 12 UNIT (90)	Tier 3	PA; \$\$\$\$
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 3	\$; ST: Must meet the following requirement: Lyumjev in 120 days
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	\$; ST: Must meet the following requirement: Lyumjev in 120 days
BASAGLAR KWIKPEN U-100 INSULIN (insulin glargine) SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	\$; ST: Must meet any of the following requirements: Semglee (yfng), Toujeo, or Tresiba in 120 days
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	\$\$; ST: Must meet the following requirement: Lyumjev in 120 days
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	Tier 3	\$\$; ST: Must meet the following requirement: Lyumjev in 120 days
FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML)	Tier 3	\$\$\$; ST: Must meet the following requirement: Lyumjev in 120 days
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	\$\$; ST: Must meet the following requirement: Lyumjev in 120 days
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Tier 2	\$\$\$
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	Tier 2	
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	Tier 2	\$

Drug	Status	Notes	
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	Tier 2	\$	
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	Tier 2	\$	
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	Tier 2	\$	
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	Tier 2	\$	
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	\$	
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 2	\$	
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	Tier 2	\$	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	Tier 2	\$\$\$	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	Tier 2	\$\$\$	
<i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i>	(Novolog Mix 70- 30FlexPen U-100)	Tier 3	\$; ST: Must meet any of the following requirements: Humalog Mix 75-25 or Insulin Lispro Protamin/Lispro in 120 days
<i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70- 30)</i>	(Novolog Mix 70-30 U-100 Insulin)	Tier 3	\$; ST: Must meet any of the following requirements: Humalog Mix 75-25 or Insulin Lispro Protamin/Lispro in 120 days
<i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i>	(Novolog PenFill U-100 Insulin)	Tier 3	\$; ST: Must meet the following requirement: Lyumjev in 120 days
<i>insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)</i>	(Novolog FlexPen U-100 Insulin)	Tier 3	\$; ST: Must meet the following requirement: Lyumjev in 120 days
<i>insulin aspart u-100 subcutaneous solution 100 unit/ml</i>	(Novolog U-100 Insulin aspart)	Tier 3	\$; ST: Must meet the following requirement: Lyumjev in 120 days

Drug	Status	Notes
<i>insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)</i>	(Humalog Mix 75-25 KwikPen) Tier 1	\$
<i>insulin lispro subcutaneous insulin pen 100 unit/ml</i>	(Admelog SoloStar U-100 Insulin) Tier 1	\$
<i>insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml</i>	(Humalog Junior KwikPen U-100) Tier 1	\$
<i>insulin lispro subcutaneous solution 100 unit/ml</i>	(Admelog U-100 Insulin lispro) Tier 1	\$
LEVEMIR FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	\$; ST: Must meet any of the following requirements: Semglee (yfgn), Toujeo, or Tresiba in 120 days
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	\$; ST: Must meet any of the following requirements: Semglee (yfgn), Toujeo, or Tresiba in 120 days
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 2	\$\$
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Tier 2	\$\$\$
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	\$\$
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	Tier 3	\$; ST: Must meet any of the following requirements: Humulin 70-30 or Humulin 70/30 Kwikpen in 120 days
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	Tier 3	\$; ST: Must meet any of the following requirements: Humulin 70-30 or Humulin 70/30 Kwikpen in 120 days
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	\$; ST: Must meet the following requirement: Humulin N in 120 days
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 3	\$; ST: Must meet the following requirement: Humulin N in 120 days
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	\$; ST: Must meet the following requirement: Humulin R or Humulin R U-500 in 120 days
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	Tier 3	\$; ST: Must meet the following requirement: Humulin R or Humulin R U-500 in 120 days

Drug	Status	Notes
SEMGLEE(INSULIN GLARGINE-YFGN) (insulin glargine-yfgn) SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	\$\$
SEMGLEE(INSULIN GLARG- (insulin glargine-yfgn) YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	\$
TOUJEO MAX U-300 SOLOSTAR (insulin glargine u-300 SUBCUTANEOUS INSULIN PEN 300 conc) UNIT/ML (3 ML)	Tier 2	\$\$
TOUJEO SOLOSTAR U-300 INSULIN (insulin glargine u-300 SUBCUTANEOUS INSULIN PEN 300 conc) UNIT/ML (1.5 ML)	Tier 2	\$\$
TRESIBA FLEXTOUCH U-100 (insulin degludec) SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	\$\$
TRESIBA FLEXTOUCH U-200 (insulin degludec) SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Tier 2	\$\$
TRESIBA U-100 INSULIN (insulin degludec) SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	\$\$
<b>Urine Glucose Test Aids</b>		
DIASTIX STRIP	Tier 3	
NO-STICK GLUCOSE STRIP	Tier 3	
<b>Ear - General Disorders</b>		
<b>Ear Preparations Anti-Inflammatory</b>		
<i>fluocinolone acetonide oil otic (ear) (DermOtic Oil) drops 0.01 %</i>	Tier 1	\$
<b>Ear Preparations, Misc. Anti-Infectives</b>		
<i>acetic acid otic (ear) solution 2 %</i>	Tier 1	\$
CORTANE-B TOPICAL LOTION 1-1-0.1 %	Tier 3	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	Tier 1	\$
<b>Ear Preparations, Antibiotics</b>		
<i>ciprofloxacin hcl otic (ear) dropperette (Cetraxal) 0.2 %</i>	Tier 1	\$
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML	Tier 3	\$
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml- unit/ml-%</i>	Tier 1	\$
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	Tier 1	\$
<i>ofloxacin otic (ear) drops 0.3 %</i>	Tier 1	\$



Drug	Status	Notes
<b>Otic Preparations, Anti-Inflammatory-Antibiotics</b>		
CIPRO HC OTIC (EAR) DROPS, SUSPENSION 0.2-1 %	Tier 3	\$
<i>ciprofloxacin-dexamethasone otic (ear) drops, suspension 0.3-0.1 %</i>	Tier 1	\$
<i>ciprofloxacin-fluocinolone otic (ear)</i> (Otovel) <i>solution 0.3-0.025 % (0.25 ml)</i>	Tier 1	\$
<b>Electrolyte Regulation</b>		
<b>Arginine Vasopressin (Avp) Receptor Antagonists</b>		
<i>tolvaptan oral tablet 15 mg</i> (Samsca)	Tier 4	\$\$\$; QL (30 EA per 365 days)
<i>tolvaptan oral tablet 30 mg</i> (Samsca)	Tier 4	\$\$\$\$; QL (60 EA per 365 days)
<b>Bicarbonate Producing/Containing Agents</b>		
VAXCHORA BUFFER COMPONENT ORAL SUSPENSION FOR RECONSTITUTION	Tier 3	
<b>Electrolyte Depleters</b>		
AURYXIA ORAL TABLET 210 MG IRON	Tier 3	\$\$\$; 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	\$
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	Tier 1	\$
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	Tier 3	\$\$\$; 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)
KIONEX (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML	Tier 1	
<i>lanthanum oral tablet, chewable 1,000 mg, 500 mg</i> (Fosrenol)	Tier 1	\$
<i>lanthanum oral tablet, chewable 750 mg</i> (Fosrenol)	Tier 1	\$\$

Drug	Status	Notes
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	Tier 2	\$\$
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i> (Renvela)	Tier 1	\$
<i>sevelamer carbonate oral tablet 800 mg</i> (Renvela)	Tier 1	\$
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	Tier 1	\$\$
<i>sodium polystyrene sulfonate oral powder</i>	Tier 1	\$
SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML	Tier 1	\$
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML	Tier 3	\$
VELPHORO ORAL TABLET,CHEWABLE 500 MG	Tier 2	\$\$\$\$; QL (6 EA per 1 day)
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	Tier 3	PA; \$\$
XPHOZAH ORAL TABLET 20 MG, 30 MG	Tier 3	\$\$\$\$; 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)
<b>Potassium Replacement</b>		
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	Tier 3	\$
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ (potassium bicarb-citric acid)	Tier 1	\$
KLOR-CON M10 ORAL TABLET,ER PARTICLES/CRYSTALS 10 MEQ (potassium chloride)	Tier 1	\$
KLOR-CON M15 ORAL TABLET,ER PARTICLES/CRYSTALS 15 MEQ (potassium chloride)	Tier 1	\$
KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYSTALS 20 MEQ (potassium chloride)	Tier 1	\$
POKONZA ORAL PACKET 10 MEQ	Tier 1	\$\$\$
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	Tier 1	\$
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	Tier 1	\$
<i>potassium chloride oral packet 20 meq</i> (Klor-Con)	Tier 1	\$
<i>potassium chloride oral tablet extended release 10 meq</i> (Klor-Con 10)	Tier 1	\$

Drug	Status	Notes
potassium chloride oral tablet extended release 20 meq (K-Tab)	Tier 1	\$
potassium chloride oral tablet extended release 8 meq (Klor-Con 8)	Tier 1	\$
potassium chloride oral tablet,er particles/crystals 10 meq (Klor-Con M10)	Tier 1	\$
potassium chloride oral tablet,er particles/crystals 15 meq (Klor-Con M15)	Tier 1	\$
potassium chloride oral tablet,er particles/crystals 20 meq (Klor-Con M20)	Tier 1	\$
<b>Sodium/Saline Preparations</b>		
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	\$
sodium chlor 0.9% bacteriostat injection solution 0.9 %	Tier 1	\$
sodium chloride 0.45 % intravenous parenteral solution 0.45 %	Tier 1	\$
sodium chloride 0.9 % (flush) injection syringe (BD PosiFlush Normal Saline 0.9)	Tier 1	\$
sodium chloride 0.9 % injection solution	Tier 1	\$
sodium chloride 0.9 % intravenous parenteral solution	Tier 1	\$
sodium chloride 0.9 % intravenous piggyback	Tier 1	\$
sodium chloride injection syringe 0.9 %	Tier 1	\$
<b>Endocrine Disorder - Fertility</b>		
<b>Drugs To Treat Impotency</b>		
tadalafil oral tablet 10 mg, 20 mg, 5 mg (Cialis)	Tier 1	PA; \$
tadalafil oral tablet 2.5 mg	Tier 1	PA; \$
<b>Fertility Stimulating Preparations,Non-Fsh</b>		
CLOMID ORAL TABLET 50 MG (clomiphene citrate)	Tier 3	\$
clomiphene citrate oral tablet 50 mg (Clomid)	Tier 1	\$
<b>Follicle Stim./Luteinizing Hormones</b>		
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT	Tier 4	\$\$\$

Drug	Status	Notes
<b>Follicle-Stimulating Hormone (Fsh)</b>		
FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE 300 UNIT/0.36 ML, 600 UNIT/0.72 ML	Tier 4	\$\$\$\$; ST: Must meet any of the following requirements: Gonal-f Rff, Gonal-f Rff Redi-ject, or Gonal-f in 120 days
FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE 900 UNIT/1.08 ML	Tier 4	\$\$\$\$; ST: Must meet any of the following requirements: Gonal-f Rff, Gonal-f Rff Redi-ject, or Gonal-f in 120 days
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300/0.5 UNIT/ML, 450/0.75 UNIT/ML, 900/1.5 UNIT/ML	Tier 4	\$\$\$\$
GONAL-F RFF SUBCUTANEOUS RECON SOLN 75 UNIT	Tier 4	\$
GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT, 450 UNIT	Tier 4	\$\$\$\$
<b>Human Chorionic Gonadotropin (Hcg)</b>		
<i>chorionic gonadotropin, human</i> (Pregnyl) <i>intramuscular recon soln 10,000 unit</i>	Tier 3	\$\$; ST: Must meet the following requirement: Novarel or Ovidrel in 120 days
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT	Tier 2	\$
OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML	Tier 2	\$
PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT (chorionic gonadotropin, human)	Tier 3	\$; ST: Must meet the following requirement: Novarel or Ovidrel in 120 days
<b>Pregnancy Facilitating/Maintaining Agent,Hormonal</b>		
CRINONE VAGINAL GEL 8 %	Tier 3	\$\$; ST: Must meet the following requirement: Endometrin in 120 days
ENDOMETRIN VAGINAL INSERT 100 MG	Tier 2	
<b>Endocrine Disorder - Other</b>		
<b>Adrenal Steroid Inhibitors</b>		
ISTURISA ORAL TABLET 1 MG, 5 MG	Tier 4	PA; \$\$\$\$\$
RECORLEV ORAL TABLET 150 MG	Tier 4	PA; \$\$\$\$\$
<b>Adrenocorticotrophic Hormones</b>		
ACTHAR INJECTION GEL 80 UNIT/ML	Tier 4	PA; \$\$\$\$\$

Drug	Status	Notes
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	Tier 4	PA; \$\$\$\$\$
<b>Antidiuretic And Vasopressor Hormones</b>		
<i>desmopressin injection solution 4 mcg/ml</i> (DDAVP)	Tier 1	\$\$
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	Tier 1	\$
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	Tier 1	\$
<i>desmopressin nasal spray,non-aerosol 150 mcg/spray (0.1 ml)</i>	Tier 1	\$\$
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)	Tier 1	\$
NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG	Tier 3	\$. QL (1 EA per 1 day)
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG	Tier 3	\$. QL (1 EA per 1 day)
NOCTIVA NASAL SPRAY,NON-AEROSOL 0.83 MCG/SPRAY (0.1 ML)	Tier 3	\$. QL (3.8 GM per 30 days)
NOCTIVA NASAL SPRAY,NON-AEROSOL 1.66 MCG/SPRAY (0.1 ML)	Tier 3	QL (3.8 GM per 30 days)
<b>Antineoplastic Lhrh(Gnrh) Agonist,Pituitary Suppr.</b>		
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	Tier 4	PA; \$\$
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	Tier 4	PA; \$\$\$
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	Tier 4	PA; \$\$\$\$
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	Tier 4	PA; \$
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	Tier 4	PA; \$
<b>Bone Formation Stim. Agents - Parathyroid Hormone</b>		
<i>teriparatide subcutaneous pen injector 20 mcg/dose (600mcg/2.4ml)</i> (Forteo)	Tier 4	PA; \$\$\$\$
<i>teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)</i>	Tier 4	PA; \$\$\$\$
<b>Bone Formation Stimulating Agts - Pth Rel Peptides</b>		
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	Tier 4	PA; \$\$\$\$

Drug	Status	Notes
<b>Bone Resorption Inhibitor &amp; Vitamin D Combinations</b>		
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT	Tier 2	\$
FOSAMAX PLUS D ORAL TABLET 70 MG- 5,600 UNIT	Tier 2	\$\$
<b>Bone Resorption Inhibitors</b>		
<i>alendronate oral solution 70 mg/75 ml</i>	Tier 1	\$; QL (75 ML per 7 days)
<i>alendronate oral tablet 10 mg, 35 mg</i>	Tier 1	\$
<i>alendronate oral tablet 5 mg</i>	Tier 1	
<i>alendronate oral tablet 70 mg</i> (Fosamax)	Tier 1	\$
BINOSTO ORAL TABLET, EFFERVESCENT 70 MG	Tier 3	\$; 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 unit/ml</i> (Miacalcin)	Tier 1	\$\$\$\$
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	Tier 1	\$
<i>ibandronate oral tablet 150 mg</i>	Tier 1	\$
<i>raloxifene oral tablet 60 mg</i> (Evista)	Tier 5	\$; \$0 COPAY IF QUANTITY 1 IN 1 DAY
<i>risedronate oral tablet 150 mg</i> (Actonel)	Tier 1	\$; 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	\$; 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	\$; ST: Must meet the following requirements: Alendronate Sodium and Ibandronate Sodium in 365 days; QL (1 EA per 1 day)

Drug	Status	Notes
<i>risedronate oral tablet, delayed release (Atelvia) (dr/ec) 35 mg</i>	Tier 1	\$. ST: Must meet the following requirements: Alendronate Sodium and Ibandronate Sodium in 365 days; QL (1 EA per 7 days)
<b>Calcimimetic, Parathyroid Calcium Enhancer</b>		
<i>cinacalcet oral tablet 30 mg, 60 mg (Sensipar)</i>	Tier 4	\$. QL (2 EA per 1 day)
<i>cinacalcet oral tablet 90 mg (Sensipar)</i>	Tier 4	\$. QL (4 EA per 1 day)
<b>Growth Hormone Receptor Antagonists</b>		
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	Tier 4	\$\$\$\$\$
<b>Growth Hormone Releasing Hormone (Ghrh) &amp; Analogs</b>		
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	Tier 4	PA; \$\$\$\$\$
<b>Growth Hormones</b>		
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 1.4 MG/0.25 ML	Tier 4	PA; \$\$
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.4 MG/0.25 ML, 0.6 MG/0.25 ML	Tier 4	PA; \$\$\$
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.6 MG/0.25 ML	Tier 4	PA; \$\$\$\$
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 1.8 MG/0.25 ML	Tier 4	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 2 MG/0.25 ML	Tier 4	PA; \$\$\$\$\$
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML)	Tier 4	PA; \$\$\$\$\$
GENOTROPIN SUBCUTANEOUS CARTRIDGE 5 MG/ML (15 UNIT/ML)	Tier 4	PA; \$\$\$\$
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT)	Tier 4	PA; \$\$\$\$
HUMATROPE INJECTION CARTRIDGE 24 MG (72 UNIT)	Tier 4	PA; \$\$\$\$\$
HUMATROPE INJECTION CARTRIDGE 6 MG (18 UNIT)	Tier 4	PA; \$\$\$
HUMATROPE INJECTION RECON SOLN 5 (15 UNIT) MG	Tier 4	PA

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
NGENLA SUBCUTANEOUS PEN INJECTOR 24 MG/1.2 ML (20 MG/ML)	Tier 4	PA
NGENLA SUBCUTANEOUS PEN INJECTOR 60 MG/1.2 ML (50 MG/ML)	Tier 4	PA; \$\$\$\$\$
NORDITROPIN FLEXP SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML)	Tier 4	PA; \$\$\$\$
NORDITROPIN FLEXP SUBCUTANEOUS PEN INJECTOR 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML)	Tier 4	PA; \$\$\$\$\$
NORDITROPIN FLEXP SUBCUTANEOUS PEN INJECTOR 5 MG/1.5 ML (3.3 MG/ML)	Tier 4	PA; \$\$\$
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML)	Tier 4	PA; \$\$\$\$
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 20 MG/2 ML (10 MG/ML)	Tier 4	PA; \$\$\$\$\$
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 5 MG/2 ML (2.5 MG/ML)	Tier 4	PA; \$\$
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML)	Tier 4	PA; \$\$\$
OMNITROPE SUBCUTANEOUS CARTRIDGE 5 MG/1.5 ML (3.3 MG/ML)	Tier 4	PA; \$\$
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	Tier 4	PA; \$\$
SAIZEN SAIZENPREP SUBCUTANEOUS CARTRIDGE 8.8 MG/1.51 ML (FINAL CONC.)	Tier 4	PA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 6 MG	Tier 4	PA; \$\$\$\$\$
SEROSTIM SUBCUTANEOUS RECON SOLN 5 MG	Tier 4	PA
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	Tier 4	PA; \$\$\$\$\$
SKYTROFA SUBCUTANEOUS CARTRIDGE 3 MG, 3.6 MG, 4.3 MG	Tier 4	PA; \$\$\$\$
SOGROYA SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML)	Tier 4	PA; \$\$\$\$
SOGROYA SUBCUTANEOUS PEN INJECTOR 15 MG/1.5 ML (10 MG/ML)	Tier 4	PA; \$\$\$\$\$



Drug	Status	Notes
SOGROYA SUBCUTANEOUS PEN INJECTOR 5 MG/1.5 ML (3.3 MG/ML)	Tier 4	PA; \$\$
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG	Tier 4	PA; \$\$\$
ZOMACTON SUBCUTANEOUS RECON SOLN 5 MG	Tier 4	PA; \$
<b>Hyperparathyroid Tx Agents - Vitamin D Analog-Type</b>		
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg</i>	Tier 1	\$\$
<i>doxercalciferol oral capsule 2.5 mcg</i>	Tier 1	
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar)	Tier 1	\$
<i>paricalcitol oral capsule 4 mcg</i>	Tier 1	
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	Tier 2	\$\$\$; QL (2 EA per 1 day)
<b>Insulin-Like Growth Factor-1 (Igf-1) Hormones</b>		
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	Tier 4	PA
<b>Leptin Hormone Analogs</b>		
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	Tier 4	\$\$\$\$\$; QL (1 EA per 1 day)
<b>Lhrh (Gnrh) Antagonist,Estrogen And Progestin Comb</b>		
MYFEMBREE ORAL TABLET 40-1-0.5 MG	Tier 2	PA; \$\$\$
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	Tier 2	PA; \$\$
<b>Lhrh(Gnrh) Agonist Analog Pituitary Suppressants</b>		
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML	Tier 4	PA
<b>Lhrh(Gnrh) Antagonist,Pituitary Suppressant Agents</b>		
<i>cetorelix subcutaneous kit 0.25 mg</i> (Cetrotide)	Tier 4	\$\$
FYREMADEL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML (ganirelix)	Tier 4	\$\$; ST: Must meet the following requirements: Cetorelix Acetate in 120 days
<i>ganirelix subcutaneous syringe 250 mcg/0.5 ml</i> (Fyremadel)	Tier 4	\$\$; ST: Must meet the following requirements: Cetorelix Acetate in 120 days
ORILISSA ORAL TABLET 150 MG	Tier 2	PA; \$\$\$

Drug	Status	Notes
ORLISSA ORAL TABLET 200 MG	Tier 2	PA; \$\$
<b>Lhrh(Gnrh)Agnst Pit.Sup-Central Precocious Puberty</b>		
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)	Tier 4	\$\$\$\$\$
<b>Natriuretic Peptides</b>		
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG	Tier 4	PA; \$\$\$\$\$
<b>Pituitary Suppressive Agents</b>		
<i>cabergoline oral tablet 0.5 mg</i>	Tier 1	\$
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	Tier 1	\$
<b>Thymus Tissue Replacement</b>		
RETHYMIC IMPLANT IMPLANT	Tier 3	
<b>Endocrine Disorder - Thyroid</b>		
<b>Antithyroid Preparations</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier 1	\$
<i>propylthiouracil oral tablet 50 mg</i>	Tier 1	\$
<b>Iodine Containing Agents</b>		
LUGOLS ORAL SOLUTION 5 %	Tier 3	\$
<i>potassium iodide oral solution 1 gram/ml</i> (SSKI)	Tier 1	\$
SSKI ORAL SOLUTION 1 GRAM/ML (potassium iodide)	Tier 1	\$
STRONG IODINE ORAL SOLUTION 5 %	Tier 1	\$
<b>Thyroid Hormones</b>		
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG	Tier 3	\$
ARMOUR THYROID ORAL TABLET (thyroid (pork)) 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	Tier 3	\$; ST: Must meet any of the following requirements: NP Thyroid, Nature-Throid, WP Thyroid, Westthroid, or Thyroid tablets in 120 days
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG	Tier 3	\$; ST: Must meet any of the following requirements: NP Thyroid, Nature-Throid, WP Thyroid, Westthroid, or Thyroid tablets in 120 days
ERMEZA ORAL SOLUTION 30 MCG/ML	Tier 1	PA; \$
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine)	Tier 1	\$; QL (2 EA per 1 day)

Drug	Status	Notes
<i>levothyroxine oral capsule 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Tirosint)	Tier 1	PA; \$
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Euthyrox)	Tier 1	\$. QL (2 EA per 1 day)
<i>levothyroxine oral tablet 300 mcg</i> (Levo-T)	Tier 1	\$. QL (2 EA per 1 day)
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel)	Tier 1	\$
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (thyroid (pork))	Tier 1	\$
THYQUIDITY ORAL SOLUTION 20 MCG/ML	Tier 3	\$. ST: 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> (NP Thyroid)	Tier 1	\$
TIROSINT ORAL CAPSULE 37.5 MCG, 44 MCG, 62.5 MCG	Tier 3	PA; \$
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; \$
<b>Eye - General Disorders</b>		
<b>Eye Antibiotic, Glucocorticoid And Nsaid Comb.</b>		
<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	
<b>Eye Antibiotic-Corticoid Combinations</b>		
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> (Neo-Polycin HC)	Tier 1	\$

Drug	Status	Notes
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> (Maxitrol)	Tier 1	\$
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i> (Maxitrol)	Tier 1	\$
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	Tier 1	\$
NEO-POLYICIN HC OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT/G-1% (neomycin-bacitracin-poly-hc)	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	
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	\$
<b>Eye Antihistamines</b>		
<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> (Bepreve)	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)
<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)
ZERVIAE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	Tier 3	\$; QL (60 EA per 30 days)

Drug	Status	Notes
<b>Eye Antiinflammatory Agents</b>		
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)
<i>bromfenac ophthalmic (eye) drops 0.07 %</i> (Prolensa)	Tier 1	\$; ST: Must meet any of the following requirements: Diclofenac Sodium or Ketorolac Tromethamine in 120 days; QL (3 ML per 16 days)
<i>bromfenac ophthalmic (eye) drops 0.075 %</i> (BromSite)	Tier 1	\$; ST: Must meet any of the following requirements: Diclofenac Sodium or Ketorolac Tromethamine in 120 days; QL (5 ML per 16 days)
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	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)
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	Tier 1	\$; QL (15 ML per 14 days)
DEXTENZA INTRACANALICULAR INSERT 0.4 MG	Tier 3	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	Tier 1	\$; QL (10 ML per 14 days)
<i>difluprednate ophthalmic (eye) drops 0.05 %</i> (Durezol)	Tier 1	\$; QL (10 ML per 14 days)
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)
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i> (FML Liquifilm)	Tier 1	\$; QL (10 ML per 14 days)
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	Tier 1	\$

Drug	Status	Notes
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)
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)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	Tier 2	\$. QL (7 GM per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	Tier 2	\$. QL (10 GM per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i> (Lotemax)	Tier 1	\$. QL (10 GM per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i> (Alrex)	Tier 1	\$. ST: 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)
<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 Ketorolac Tromethamine in 365 days; QL (9 ML per 16 days)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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	
<i>prednisolone acetate-nepafenac ophthalmic (eye) drops,suspension 1-0.1 %</i>	Tier 1	
<i>prednisolone sod ph-bromf (pf) ophthalmic (eye) drops 1-0.09 %</i>	Tier 1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	Tier 1	\$. QL (20 ML per 14 days)
<b>Eye Antivirals</b>		
<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
<b>Eye Local Anesthetics</b>		
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 %	Tier 3	
ALCAINE OPHTHALMIC (EYE) DROPS 0.5 % (proparacaine)	Tier 1	
ALTACAIN OPHTHALMIC (EYE) DROPS 0.5 % (tetracaine hcl)	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 %</i> (Alcaine)	Tier 1	\$

Drug	Status	Notes
tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %	Tier 1	\$
tetracaine hcl ophthalmic (eye) drops 0.5 % (Altacaine)	Tier 1	\$
<b>Eye Sulfonamides</b>		
sulfacetamide sodium ophthalmic (eye) drops 10 %	Tier 1	\$
sulfacetamide sodium ophthalmic (eye) ointment 10 %	Tier 1	\$\$\$
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)	Tier 1	\$
<b>Eye Vasoconstrictors (Rx Only)</b>		
phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %	Tier 1	\$
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 %	Tier 3	PA; \$
<b>Nicotinic Recept.Partial Agonist, Alpha4beta2 Spec</b>		
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY	Tier 3	PA; \$\$
<b>Ophthalmic (Eye) Antiparasitics</b>		
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 %	Tier 4	PA; \$\$\$
<b>Ophthalmic Antibiotics</b>		
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 (Polycin)	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 %	Tier 1	\$
gentamicin ophthalmic (eye) drops 0.3 %	Tier 1	\$
levofloxacin ophthalmic (eye) drops 1.5 %	Tier 1	
moxifloxacin ophthalmic (eye) drops 0.5 % (Vigamox)	Tier 1	\$



Drug	Status	Notes
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	Tier 1	\$
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> (Neo-Polycin)	Tier 1	\$
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	Tier 1	\$
NEO-POLYCYN OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT-UNIT/G (neomycin-bacitracin-polymyxin)	Tier 1	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i> (Ocuflox)	Tier 1	\$
POLYCYN 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	
<b>Ophthalmic Antifungal Agents</b>		
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	Tier 3	\$
<b>Ophthalmic Anti-Inflammatory Immunomodulator-Type</b>		
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %	Tier 3	\$\$; 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	
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i> (Restasis)	Tier 1	\$; QL (60 EA per 30 days)
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	Tier 2	\$\$; QL (5.5 ML per 30 days)
VERKAZIA OPHTHALMIC (EYE) DROPPERETTE 0.1 %	Tier 4	PA; \$\$\$
VEVYE OPHTHALMIC (EYE) DROPS 0.1 %	Tier 3	PA; \$\$\$

Drug	Status	Notes
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	Tier 2	\$\$; QL (60 EA per 30 days)
<b>Ophthalmic Human Nerve Growth Factor (Hngf)</b>		
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	Tier 4	PA; \$\$\$\$\$
<b>Ophthalmic Mast Cell Stabilizers</b>		
ALOCRILOPHTHALMIC (EYE) DROPS 2 %	Tier 2	\$; ST: Must meet the following requirement: Cromolyn 4% ophthalmic drops in 120 days; QL (20 ML per 30 days)
ALOMIDOPHTHALMIC (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)
<i>cromolyn ophthalmic (eye) drops 4 %</i>	Tier 1	\$; QL (50 ML per 30 days)
<b>Ophthalmic Preparations, Miscellaneous</b>		
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	
<b>Eye - Glaucoma</b>		
<b>Carbonic Anhydrase Inhibitors</b>		
<i>acetazolamide oral capsule, extended release 500 mg</i>	Tier 1	\$

Drug	Status	Notes
acetazolamide oral tablet 125 mg, 250 mg	Tier 1	\$
methazolamide oral tablet 25 mg, 50 mg	Tier 1	\$
<b>Miotics/Other Intraoc. Pressure Reducers</b>		
apraclonidine ophthalmic (eye) drops 0.5 %	Tier 1	\$
betaxolol ophthalmic (eye) drops 0.5 %	Tier 1	\$
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %	Tier 3	\$
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 3	\$
bimatoprost ophthalmic (eye) drops 0.03 %	Tier 1	\$\$; QL (1 ML per 12 days)
brimonidine ophthalmic (eye) drops 0.1 %, 0.15 % (Alphagan P)	Tier 1	\$
brimonidine ophthalmic (eye) drops 0.2 %	Tier 1	\$
brimonidine-dorzolamide (pf) ophthalmic (eye) drops 0.15-2 %	Tier 1	
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 % (Combigan)	Tier 1	\$
brinzolamide ophthalmic (eye) drops,suspension 1 % (Azopt)	Tier 1	\$
carteolol ophthalmic (eye) drops 1 %	Tier 1	\$
dorzolamide (pf) ophthalmic (eye) drops 2 %	Tier 1	
dorzolamide ophthalmic (eye) drops 2 %	Tier 1	\$
dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 % (Cosopt (PF))	Tier 1	\$\$; ST: Must meet the following requirement: Dorzolamide HCL/Timolol Maleate in 120 days; QL (2 EA per 1 day)
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml (Cosopt)	Tier 1	\$
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	Tier 3	\$\$
IYUZEH (PF) OPHTHALMIC (EYE) DROPPERETTE 0.005 %	Tier 3	\$\$; 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	\$

Drug	Status	Notes
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	Tier 1	\$
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	Tier 2	\$\$; QL (2.5 ML per 25 days)
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	Tier 3	\$\$\$
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	Tier 1	\$
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	Tier 3	\$\$; 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	\$\$; 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	\$
<i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i> (Zioptan (PF))	Tier 1	\$\$; QL (1 EA per 1 day)
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %</i> (Timoptic Ocudose (PF))	Tier 1	\$\$; QL (2 EA per 1 day)
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	Tier 1	\$
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i> (Istalol)	Tier 1	\$
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	Tier 1	\$
<i>travoprost ophthalmic (eye) drops 0.004 %</i> (Travatan Z)	Tier 1	\$\$; QL (2.5 ML per 25 days)
VUITY OPHTHALMIC (EYE) DROPS 1.25 %	Tier 3	PA; \$
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	Tier 3	\$\$; ST: Must meet 3 of the following requirements: Bimatoprost, Latanoprost, Latanoprost/pf, Lumigan, or Travoprost in 365 days; QL (2.5 ML per 25 days)

Drug	Status	Notes
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 %	Tier 3	\$; ST: Must meet 3 of the following requirements: Bimatoprost, Latanoprost, Latanoprost/pf, Lumigan, or Travoprost in 365 days; QL (2.5 ML per 25 days)
<b>Mydriatics</b>		
<i>atropine ophthalmic (eye) drops 0.01 %, 0.025 %, 0.05 %</i>	Tier 1	
<i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)	Tier 1	\$
<i>atropine ophthalmic (eye) ointment 1 %</i>	Tier 1	\$
<i>atropine sulfate (pf) ophthalmic (eye) dropperette 1 %</i>	Tier 1	\$
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %	Tier 3	\$
<i>cyclopentolate ophthalmic (eye) drops 1 %</i> (Cyclogyl)	Tier 1	\$
<i>cyclopen-tropic-phenyleph-watr ophthalmic (eye) drops 1-1-2.5 %</i>	Tier 1	
<i>cyclopent-tropic-phen-ketr-wat ophthalmic (eye) drops 1 %-1 %-10 %-0.5 %, 1 %-1 %-2.5 %-0.5 %</i>	Tier 1	
<i>cyclop-trop-propa-phen-ket-wat ophthalmic (eye) drops 1 %-1 %-0.1 %-2.5 %-0.4 %</i>	Tier 1	
HOMATROPAIRE OPHTHALMIC (EYE) (homatropine hbr) DROPS 5 %	Tier 1	
<i>phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 %</i>	Tier 1	
<i>tropicamide ophthalmic (eye) drops 0.5 %</i>	Tier 1	\$
<i>tropicamide ophthalmic (eye) drops 1 %</i> (Mydriacyl)	Tier 1	\$
<b>Ophthalmic Antifibrotic Agents</b>		
<i>mitomycin (pf) in water ophthalmic (eye) syringe 0.2 mg/ml, 0.4 mg/ml</i>	Tier 4	
MITOSOL OPHTHALMIC (EYE) KIT 0.2 MG	Tier 3	
<b>Eye - Miscellaneous</b>		
<b>Agents For Corneal Collagen Cross-Linking</b>		
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	

Drug	Status	Notes
PHOTREXA VISCOUS OPHTHALMIC (EYE) DROPS, VISCOUS 0.146 %	Tier 3	
<b>Artificial Tears</b>		
KLARITY (CHONDROITIN) (PF) OPHTHALMIC (EYE) DROPS 0.25 %	Tier 3	
LACRISERT OPHTHALMIC (EYE) INSERT 5 MG	Tier 3	\$
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %	Tier 3	PA; \$\$
<b>Eye Mydriatic And Nsaid Combinations</b>		
MYDRIATIC4(TROP-PROP-PE-KTRLC) OPHTHALMIC (EYE) DROPS 1-0.5-2.5-0.5 % (tropic-propracaï-peketor-wat)	Tier 1	
<b>Eye Preparations, Miscellaneous (Otc)</b>		
GELFILM OPHTHALMIC (EYE) FILM	Tier 3	
<b>Ophth. Vegf-A Receptor Antag. Rcmb Mc Antibody</b>		
SUSVIMO (INITIAL FILL) INTRAVITREAL SOLUTION 10 MG/0.1 ML	Tier 4	PA
SUSVIMO INTRAVITREAL SOLUTION 10 MG/0.1 ML	Tier 4	PA
<b>Ophthalmic Cystine Depleting Agents</b>		
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	Tier 4	PA; \$\$\$\$\$
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	Tier 4	PA; \$\$\$\$\$
<b>Fluid Replacement</b>		
<b>Nucleic Acid/Nucleotide Supplements</b>		
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	Tier 4	PA
<b>Gout And Related Diseases</b>		
<b>Colchicine</b>		
<i>colchicine oral capsule 0.6 mg</i> (Mitigare)	Tier 1	\$; QL (2 EA per 1 day)
<i>colchicine oral tablet 0.6 mg</i> (Colcrys)	Tier 1	\$; QL (4 EA per 1 day)
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML	Tier 3	ST: Must meet the following requirement: Colchicine capsules or tablets in 120 days; QL (10 ML per 1 day)
<b>Hyperuricemia Tx - Purine Inhibitors</b>		
<i>allopurinol oral tablet 100 mg</i> (Zyloprim)	Tier 1	\$
<i>allopurinol oral tablet 200 mg, 300 mg</i>	Tier 1	\$

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

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 4	
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	Tier 4	\$\$\$\$\$
ALPHANATE INTRAVENOUS RECON SOLN 250 (100 VWF) UNIT/5 ML	Tier 4	\$\$\$
ALPHANATE INTRAVENOUS RECON SOLN 500 (200 VWF) UNIT/5 ML	Tier 4	\$\$\$\$
ALTUVIIIIO INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4000 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	\$\$\$\$\$
ELOCTATE INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 3,000 UNIT, 4,000 UNIT, 6,000 UNIT	Tier 4	\$\$\$\$\$
ELOCTATE INTRAVENOUS RECON SOLN 250 UNIT, 5,000 UNIT	Tier 4	
ELOCTATE INTRAVENOUS RECON SOLN 500 UNIT	Tier 4	\$\$
ELOCTATE INTRAVENOUS RECON SOLN 750 UNIT	Tier 4	\$\$\$\$
ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	\$\$\$\$\$
FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT	Tier 4	
FEIBA NF INTRAVENOUS RECON SOLN 700-1,300 UNIT	Tier 4	\$\$\$\$\$
HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT	Tier 4	
HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT	Tier 4	
HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT	Tier 4	
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT	Tier 4	



Drug	Status	Notes
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 500-1,200 UNIT	Tier 4	\$\$\$\$\$
HUMATE-P INTRAVENOUS RECON SOLN 250-600 UNIT	Tier 4	\$\$\$
JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT	Tier 4	
JIVI INTRAVENOUS RECON SOLN 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	\$\$\$\$\$
KOATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	
KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	\$\$\$\$\$
KOVALTRY INTRAVENOUS RECON SOLN 250 (+/-) UNIT	Tier 4	\$\$\$\$
NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	
NOVOEIGHT INTRAVENOUS RECON SOLN 250 (+/-) UNIT	Tier 4	\$\$\$\$\$
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 4	\$\$\$\$\$
NUWIQ INTRAVENOUS RECON SOLN 1000 UNIT	Tier 4	\$\$\$\$
NUWIQ INTRAVENOUS RECON SOLN 2,000 UNIT, 2,500 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT	Tier 4	
NUWIQ INTRAVENOUS RECON SOLN 500 UNIT	Tier 4	\$\$\$\$\$
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE	Tier 4	
RECOMBINATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT	Tier 4	
RECOMBINATE INTRAVENOUS RECON SOLN 500 (+/-) UNIT	Tier 4	\$\$\$\$\$

Drug	Status	Notes
SEVENFACT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG)	Tier 4	
SEVENFACT INTRAVENOUS RECON SOLN 5 MG (5,000 MCG)	Tier 4	\$\$\$\$\$
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT	Tier 4	\$\$\$\$\$
WILATE INTRAVENOUS RECON SOLN 500-500 UNIT	Tier 4	\$\$\$
XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	
XYNTHA INTRAVENOUS SOLUTION 2,000 (+/-) UNIT	Tier 3	\$\$\$\$\$
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT	Tier 4	\$\$\$\$\$
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 250 (+/-) UNIT	Tier 4	\$\$
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 500 (+/-) UNIT	Tier 4	\$\$\$
<b>Blood Factors,Miscellaneous</b>		
VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-) UNIT RANGE	Tier 4	\$\$\$\$\$
<b>Citrates As Anticoagulants</b>		
ACD SOLUTION A SOLUTION 2.45-2.2 GRAM- 800 MG/100 ML	Tier 3	
ACD-A SOLUTION , 2.45-2.2 GRAM- 730 MG/100 ML	Tier 3	
<i>anticoag citrate phos dextrose solution 2.63-222 gram-mg/100ml</i>	Tier 1	
<i>citric-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	
<b>Complement (C3) Inhibitors</b>		
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML	Tier 4	PA; \$\$\$\$\$

Drug	Status	Notes
<b>Direct Factor Xa Inhibitors</b>		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	Tier 2	\$\$; QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	Tier 2	\$\$; QL (2 EA per 1 day)
ELIQUIS ORAL TABLET 5 MG	Tier 2	\$\$; QL (74 EA per 30 days)
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG	Tier 3	\$\$; 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	\$\$; QL (20 ML per 1 day)
XARELTO ORAL TABLET 10 MG, 20 MG	Tier 2	\$\$; QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG	Tier 2	\$\$; QL (2 EA per 1 day)
<b>Factor Ix Complex (Pcc) Preparations</b>		
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	
<b>Factor Ix Preparations</b>		
ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	
ALPHANINE SD INTRAVENOUS RECON SOLN 1,500 (+/-) UNIT	Tier 4	\$\$\$\$\$
ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	Tier 4	\$\$\$\$\$
ALPROLIX INTRAVENOUS RECON SOLN 250 UNIT	Tier 4	\$\$\$\$
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 3,000 UNIT	Tier 4	\$\$\$\$\$
BENEFIX INTRAVENOUS RECON SOLN 250 UNIT, 500 UNIT	Tier 4	\$\$\$
IDELVION INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	\$\$\$\$\$

Drug	Status	Notes
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 4	
REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 4	
REBINYN INTRAVENOUS RECON SOLN 2,000 (+/-) UNIT	Tier 4	\$\$\$\$\$
RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 4	
<b>Factor X Preparations</b>		
COAGADDEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	Tier 4	\$\$\$\$\$
<b>Factor XIII Preparations</b>		
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT	Tier 4	
TRETEN INTRAVENOUS RECON SOLN 2,500 UNIT	Tier 4	
<b>Hematinics, Other</b>		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML	Tier 4	PA; \$\$\$\$
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 200 MCG/ML	Tier 4	PA; \$\$\$\$\$
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML	Tier 4	PA; \$
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 40 MCG/ML, 60 MCG/ML	Tier 4	PA; \$\$
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML	Tier 4	PA; \$
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100 MCG/0.5 ML, 300 MCG/0.6 ML, 60 MCG/0.3 ML	Tier 4	PA; \$\$\$
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 150 MCG/0.3 ML, 200 MCG/0.4 ML, 500 MCG/ML	Tier 4	PA; \$\$\$\$
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 25 MCG/0.42 ML, 40 MCG/0.4 ML	Tier 4	PA; \$\$
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 4,000 UNIT/ML	Tier 4	PA; \$
EPOGEN INJECTION SOLUTION 20,000 UNIT/2 ML, 20,000 UNIT/ML	Tier 4	PA; \$\$

Drug	Status	Notes
EPOGEN INJECTION SOLUTION 3,000 UNIT/ML	Tier 4	PA
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 150 MCG/0.3 ML	Tier 4	PA; \$\$
MIRCERA INJECTION SYRINGE 120 MCG/0.3 ML, 200 MCG/0.3 ML, 30 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML	Tier 4	PA
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	Tier 4	PA; \$
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML	Tier 4	PA; \$\$
PROCRIT INJECTION SOLUTION 40,000 UNIT/ML	Tier 4	PA; \$\$\$
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	Tier 4	PA; \$
RETACRIT INJECTION SOLUTION 20,000 UNIT/2 ML	Tier 4	PA
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	Tier 4	PA; \$\$
<b>Hemophilia Treatment Agents, Non-Factor Replacement</b>		
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4 ML	Tier 4	PA; \$\$\$\$\$
HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4 ML, 300 MG/2 ML (150 MG/ML)	Tier 4	PA
<b>Hemorrhologic Agents</b>		
<i>pentoxifylline oral tablet extended release 400 mg</i>	Tier 1	\$
<b>Heparin And Related Preparations</b>		
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i> (Lovenox)	Tier 4	\$; QL (30 ML per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i> (Lovenox)	Tier 4	\$
ENOXILUV SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	Tier 4	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> (Arixtra)	Tier 4	\$\$; QL (24 ML per 30 days)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> (Arixtra)	Tier 4	\$; QL (15 ML per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i> (Arixtra)	Tier 4	\$\$; QL (12 ML per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i> (Arixtra)	Tier 4	\$; QL (18 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML	Tier 4	QL (8 ML per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	Tier 4	QL (7.6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML	Tier 4	QL (60 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML	Tier 4	\$\$\$\$; QL (30 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML	Tier 4	QL (36 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML	Tier 4	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 4	QL (12 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML	Tier 4	\$\$\$; 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</i>	Tier 1	\$\$
<i>heparin (porcine) injection solution 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	Tier 1	\$
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	Tier 1	\$
<i>heparin lock flush (porcine) intravenous solution 10 unit/ml</i>	Tier 1	
<i>heparin lock flush (porcine) intravenous solution 100 unit/ml</i>	Tier 1	\$

Drug	Status	Notes
HEPARIN LOCKFLUSH(PORCINE)(PF) (heparin, porcine (pf)) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML	Tier 1	\$
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	Tier 1	\$\$
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml</i>	Tier 1	\$
<i>heparin, porcine (pf) intravenous 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 10 unit/ml</i> (Heparin LockFlush(Porcine)(PF))	Tier 1	\$
<i>heparin, porcine (pf) intravenous syringe 100 unit/ml</i> (Heparin LockFlush(Porcine)(PF))	Tier 1	
<i>heparin, porcine (pf) subcutaneous syringe 5,000 unit/0.5 ml</i>	Tier 1	\$
<b>Human Monoclonal Antibody Complement(C5) Inhibitor</b>		
FABHALTA ORAL CAPSULE 200 MG	Tier 4	PA; \$\$\$\$\$
TAVNEOS ORAL CAPSULE 10 MG	Tier 4	PA; \$\$\$\$\$
VOYDEYA ORAL TABLET 100 MG, 150 MG (50 MG X 1-100 MG X 1)	Tier 4	PA
ZILBRYSQ SUBCUTANEOUS SYRINGE 16.6 MG/0.416 ML, 23 MG/0.574 ML, 32.4 MG/0.81 ML	Tier 4	PA
<b>Hypoxia Inducible Factor Prolyl Hydroxylase Inh.</b>		
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 3	PA
<b>Leukocyte (Wbc) Stimulants</b>		
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 4	PA; \$\$\$
FYLNTRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 4	PA; \$\$\$
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML	Tier 4	PA; \$\$
GRANIX SUBCUTANEOUS SOLUTION 480 MCG/1.6 ML	Tier 4	PA
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML	Tier 4	PA; \$\$\$\$
GRANIX SUBCUTANEOUS SYRINGE 480 MCG/0.8 ML	Tier 4	PA; \$\$\$
LEUKINE INJECTION RECON SOLN 250 MCG	Tier 4	PA; \$\$\$\$

Drug	Status	Notes
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 4	PA; \$\$\$
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 4	PA; \$\$
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 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; \$\$\$\$
UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	Tier 4	PA
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 4	PA; \$\$\$\$
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML	Tier 4	PA; \$\$
ZARXIO INJECTION SYRINGE 480 MCG/0.8 ML	Tier 4	PA; \$\$\$
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 4	PA
<b>Plasma Proteins</b>		
RYPLAZIM INTRAVENOUS RECON SOLN 68.8 MG	Tier 4	PA
<b>Platelet Aggregation Inhibitors</b>		
ADULT ASPIRIN REGIMEN ORAL (aspirin) TABLET, DELAYED RELEASE (DR/EC) 81 MG	Tier 5	\$
ADULT LOW DOSE ASPIRIN ORAL (aspirin) TABLET, DELAYED RELEASE (DR/EC) 81 MG	Tier 5	



Drug	Status	Notes
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG (aspirin)	Tier 5	\$
<i>aspirin oral tablet,chewable 81 mg</i> (Aspirin Childrens)	Tier 5	\$
<i>aspirin oral tablet,delayed release (drlec) 81 mg</i> (Adult Aspirin Regimen)	Tier 5	\$
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	Tier 1	\$
<i>aspirin-omeprazole oral tablet,ir,delayed rel,biphasic 81-40 mg</i> (Yosprala)	Tier 1	PA
BAYER LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)	Tier 5	\$
BRILINTA ORAL TABLET 60 MG, 90 MG	Tier 2	\$\$; QL (2 EA per 1 day)
CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG (aspirin)	Tier 5	\$
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Tier 1	\$
<i>clopidogrel oral tablet 300 mg</i>	Tier 1	\$\$; QL (4 EA per 30 days)
<i>clopidogrel oral tablet 75 mg</i> (Plavix)	Tier 1	\$
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 1	\$
DURLAZA ORAL CAPSULE,EXTENDED RELEASE 24HR 162.5 MG	Tier 3	PA
<i>prasugrel oral tablet 10 mg, 5 mg</i> (Effient)	Tier 1	\$\$; QL (1 EA per 1 day)
ST JOSEPH ASPIRIN ORAL TABLET,CHEWABLE 81 MG (aspirin)	Tier 5	\$
ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)	Tier 5	\$
YOSPRALA ORAL TABLET,IR,DELAYED REL,BIPHASIC 325-40 MG, 81-40 MG (aspirin-omeprazole)	Tier 3	PA
ZONTIVITY ORAL TABLET 2.08 MG	Tier 3	QL (1 EA per 1 day)
<b>Platelet Reducing Agents</b>		
<i>anagrelide oral capsule 0.5 mg</i> (Agraylin)	Tier 1	\$
<i>anagrelide oral capsule 1 mg</i>	Tier 1	\$
<b>Pyruvate Kinase Activators</b>		
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	Tier 4	PA; \$\$\$\$\$
PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7)	Tier 4	PA

Drug	Status	Notes
<b>Sickle Cell Anemia Agents</b>		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	Tier 3	\$
ENDARI ORAL POWDER IN PACKET 5 GRAM	Tier 4	PA; \$\$\$
OXBRYTA ORAL TABLET 300 MG, 500 MG	Tier 4	PA; \$\$\$\$\$
OXBRYTA ORAL TABLET FOR SUSPENSION 300 MG	Tier 4	PA; \$\$\$\$\$
SIKLOS ORAL TABLET 1,000 MG	Tier 3	\$\$\$; ST: Must meet the following requirement: Generic Droxia or Generic Hydroxyurea in 365 days
SIKLOS ORAL TABLET 100 MG	Tier 3	\$\$; QL (2 EA per 1 day)
<b>Spleen Tyrosine Kinase Inhibitors</b>		
TAVALISSE ORAL TABLET 100 MG, 150 MG	Tier 4	PA; \$\$\$\$\$
<b>Thrombin Inhibitors, Selective, Direct, &amp; Reversible</b>		
<i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i> (Pradaxa)	Tier 1	\$\$; QL (2 EA per 1 day)
PRADAXA ORAL CAPSULE 110 MG (dabigatran etexilate)	Tier 3	\$\$; 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	Tier 3	PA; \$\$\$\$\$
PRADAXA ORAL PELLETS IN PACKET 150 MG	Tier 3	PA; \$
PRADAXA ORAL PELLETS IN PACKET 20 MG, 30 MG, 40 MG, 50 MG	Tier 3	PA
<b>Thrombopoietin Receptor Agonists</b>		
ALVAIZ ORAL TABLET 18 MG, 54 MG	Tier 4	PA; \$\$\$\$
ALVAIZ ORAL TABLET 36 MG	Tier 4	PA; \$\$\$\$\$
ALVAIZ ORAL TABLET 9 MG	Tier 4	PA
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 4	PA; \$\$\$\$\$

Drug	Status	Notes
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	Tier 4	PA; \$\$\$\$\$
<b>Topical Hemostatics</b>		
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	
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 CM2, 100 CM2, 40 CM2	Tier 1	

Drug	Status	Notes
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	
<b>Vitamin K Preparations</b>		
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i> (Vitamin K1)	Tier 1	\$
<i>phytonadione (vitamin k1) injection syringe 1 mg/0.5 ml</i>	Tier 1	\$
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	Tier 1	\$
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	\$
<b>Hormonal Deficiency</b>		
<b>Androgenic Agents</b>		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR	Tier 3	PA; \$\$
JATENZO ORAL CAPSULE 158 MG, 198 MG	Tier 3	PA; \$\$
JATENZO ORAL CAPSULE 237 MG	Tier 3	PA; \$\$\$
KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG	Tier 3	PA
METHITEST ORAL TABLET 10 MG (methyltestosterone)	Tier 3	PA
<i>methyltestosterone oral capsule 10 mg</i>	Tier 1	PA
NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION	Tier 3	PA; \$\$
TESTOPEL IMPLANT PELLET 75 MG	Tier 3	\$\$

Drug	Status	Notes
<i>testosterone cypionate intramuscular oil</i> (Depo-Testosterone) 100 mg/ml, 200 mg/ml	Tier 1	PA; \$
<i>testosterone enanthate intramuscular oil</i> 200 mg/ml	Tier 1	PA; \$
<i>testosterone implant pellet 100 mg, 200 mg, 50 mg</i>	Tier 1	
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i> (Testim)	Tier 1	PA; \$
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram lactuation</i>	Tier 1	PA; \$
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i> (Vogelxo)	Tier 1	PA; \$
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i> (AndroGel)	Tier 1	PA; \$
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i> (AndroGel)	Tier 1	PA; \$
<i>testosterone transdermal solution in metered pump w/app 30 mg/lactuation (1.5 ml)</i>	Tier 1	PA; \$
TLANDO ORAL CAPSULE 112.5 MG	Tier 3	PA; \$\$
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	Tier 3	PA; \$\$
<b>Estrogen &amp; Progestin With Antimineralocorticoid Cb</b>		
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	Tier 3	\$
<b>Estrogen &amp; Selective Estrogen Recept Mod(Serm)Comb</b>		
DUAVEE ORAL TABLET 0.45-20 MG	Tier 2	\$
<b>Estrogen And Progestin Combinations</b>		
BIJUVA ORAL CAPSULE 0.5-100 MG	Tier 3	\$; ST: Must meet the following requirement: Duavee or Premarin in 120 days; QL (1 EA per 1 day)
BIJUVA ORAL CAPSULE 1-100 MG	Tier 3	\$; ST: Must meet the following requirement: Duavee or Premarin in 120 days; QL (30 EA per 30 days)
<b>Estrogen/Androgen Combinations</b>		
COVARYX H.S. ORAL TABLET 0.625-1.25 MG (estrogens-methyltestosterone)	Tier 1	

Drug	Status	Notes
COVARYX ORAL TABLET 1.25-2.5 MG (estrogens-methyltestosterone)	Tier 1	
EEMT HS ORAL TABLET 0.625-1.25 MG (estrogens-methyltestosterone)	Tier 1	
EEMT ORAL TABLET 1.25-2.5 MG (estrogens-methyltestosterone)	Tier 1	
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg</i> (Covaryx H.S.)	Tier 1	\$
<i>estrogens-methyltestosterone oral tablet 1.25-2.5 mg</i> (Covaryx)	Tier 1	\$
<b>Estrogenic Agents</b>		
AMABELZ ORAL TABLET 0.5-0.1 MG, 1-0.5 MG (estradiol-norethindrone acet)	Tier 1	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR	Tier 3	\$. QL (1 EA per 7 days)
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	Tier 2	\$. QL (2 EA per 7 days)
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	\$. QL (2 EA per 7 days)
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION	Tier 3	\$. ST: Must meet the following requirement: Alora or Estradiol in 120 days; QL (52 GM per 30 days)
<i>estradiol implant pellet 10 mg, 12.5 mg, 25 mg, 37.5 mg, 50 mg, 6 mg</i>	Tier 1	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> (Estrace)	Tier 1	\$
<i>estradiol transdermal gel in metered-dose pump 1.25 gram/actuation</i> (EstroGel)	Tier 1	ST: Must meet the following requirement: Alora or Estradiol in 120 days
<i>estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%)</i> (Divigel)	Tier 1	\$. QL (30 EA per 30 days)
<i>estradiol transdermal gel in packet 1 mg/gram (0.1 %)</i> (Divigel)	Tier 1	\$. QL (30 GM per 30 days)
<i>estradiol transdermal gel in packet 1.25 mg/1.25 gram (0.1 %)</i> (Divigel)	Tier 1	\$. QL (37.5 GM per 30 days)
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Dotti)	Tier 1	\$. QL (2 EA per 7 days)

Drug	Status	Notes
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Climara)	Tier 1	\$. QL (1 EA per 7 days)
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i> (Delestrogen)	Tier 1	\$
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i> (Amabelz)	Tier 1	\$
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION (estradiol)	Tier 3	\$. ST: Must meet the following requirement: Alora or Estradiol in 120 days
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%)	Tier 3	\$. ST: Must meet the following requirement: 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	\$
JINTELI ORAL TABLET 1-5 MG-MCG (norethindrone ac-eth estradiol)	Tier 1	\$
LYLLANA TRANSDERMAL PATCH SEMI-WEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR (estradiol)	Tier 1	\$. QL (2 EA per 7 days)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	Tier 3	\$
MENEST ORAL TABLET 2.5 MG	Tier 3	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR	Tier 3	\$. QL (1 EA per 7 days)
MIMVEY ORAL TABLET 1-0.5 MG (estradiol-norethindrone acet)	Tier 1	\$
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> (Fyavolv)	Tier 1	\$
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG	Tier 2	\$
PREMARIN ORAL TABLET 0.625 MG, 1.25 MG (conjugated estrogens)	Tier 2	\$
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	Tier 2	\$
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	Tier 2	\$

Drug	Status	Notes
<b>Menopausal Symptoms Suppressant - Ssris</b>		
<i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i>	Tier 1	\$. ST: Must meet any of the following requirements: Paroxetine HCL or Venlafaxine HCL in 120 days; QL (1 EA per 1 day)
<b>Menopausal Symptoms Suppressant- Nk3 Receptor Antag</b>		
VEOZAH ORAL TABLET 45 MG	Tier 3	PA; \$\$
<b>Pregestational Agents</b>		
CRINONE VAGINAL GEL 4 %	Tier 3	\$
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> (Provera)	Tier 1	\$
<i>norethindrone acetate oral tablet 5 mg</i>	Tier 1	\$
<i>progesterone intramuscular oil 50 mg/ml</i>	Tier 1	\$
<i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)	Tier 1	\$
<b>Immunization</b>		
<b>Antisera</b>		
CUTAQUIG SUBCUTANEOUS SOLUTION 16.5 %	Tier 4	PA; \$\$\$\$
CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %)	Tier 4	PA; \$\$
CUVITRU SUBCUTANEOUS SOLUTION 10 GRAM/50 ML (20 %), 8 GRAM/40 ML (20 %)	Tier 4	PA; \$\$\$\$\$
CUVITRU SUBCUTANEOUS SOLUTION 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 4	PA; \$\$\$\$
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	Tier 4	PA; \$\$\$\$\$
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %)	Tier 4	PA
GAMMAKED INJECTION SOLUTION 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 4	PA; \$\$\$\$\$
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	Tier 4	PA; \$\$
GAMUNEX-C INJECTION SOLUTION 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 4	PA; \$\$\$\$\$
GAMUNEX-C INJECTION SOLUTION 2.5 GRAM/25 ML (10 %)	Tier 4	PA



Drug	Status	Notes
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 2 GRAM/10 ML (20 %)	Tier 4	PA; \$\$\$
HIZENTRA SUBCUTANEOUS SOLUTION 10 GRAM/50 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 4	PA; \$\$\$\$\$
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %)	Tier 4	PA; \$\$\$
HIZENTRA SUBCUTANEOUS SYRINGE 2 GRAM/10 ML (20 %)	Tier 4	PA; \$\$\$\$
HIZENTRA SUBCUTANEOUS SYRINGE 4 GRAM/20 ML (20 %)	Tier 4	PA; \$\$\$\$\$
HYQVIA IG COMPONENT SUBCUTANEOUS SOLUTION 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 30 GRAM/300 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 4	PA
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %)	Tier 4	PA; \$\$\$\$\$
HYQVIA SUBCUTANEOUS SOLUTION 2.5 GRAM /25 ML (10 %)	Tier 4	PA; \$\$
HYQVIA SUBCUTANEOUS SOLUTION 5 GRAM /50 ML (10 %)	Tier 4	PA; \$\$\$\$
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %)	Tier 4	PA; \$\$
XEMBIFY SUBCUTANEOUS SOLUTION 10 GRAM/50 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 4	PA; \$\$\$\$\$
XEMBIFY SUBCUTANEOUS SOLUTION 2 GRAM/10 ML (20 %)	Tier 4	PA; \$\$\$\$
<b>Covid-19 Vaccines</b>		
COMIRNATY 2023-24 (12Y UP)(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML	Tier 5	\$; \$0 COPAY IF QUANTITY IS 0.3 AND 12 YEARS OF AGE OR OLDER
COMIRNATY 2023-24 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML	Tier 5	\$; \$0 COPAY IF QUANTITY IS 0.3 AND 12 YEARS OF AGE OR OLDER
MODERNA COVID 23-24(6M-11Y)PF INTRAMUSCULAR SUSPENSION 25 MCG/0.25 ML	Tier 5	\$; \$0 COPAY IF QUANTITY IS 0.25 AND 6 MONTHS TO 11 YEARS OF AGE

Drug	Status	Notes
NOVAVAX COVID 2023-24(PF)(EUA) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML	Tier 5	\$. \$0 COPAY IF QUANTITY IS 0.5 AND 12 YEARS OF AGE OR OLDER
PFIZER COVID 2023-24(5Y-11Y)PF INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML	Tier 5	\$. \$0 COPAY IF QUANTITY IS 0.3 AND 5- 11 YEARS OF AGE
PFIZER COVID 2023-24(6MO-4Y)PF INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3 MCG/0.3 ML	Tier 5	\$. \$0 COPAY IF QUANTITY IS 0.3 AND 6 MONTHS TO 4 YEARS OF AGE
SPIKEVAX 2023-2024(12Y UP)(PF) INTRAMUSCULAR SUSPENSION 50 MCG/0.5 ML	Tier 5	\$. \$0 COPAY IF QUANTITY IS 0.5 AND 12 YEARS OF AGE OR OLDER
SPIKEVAX 2023-2024(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	Tier 5	\$. \$0 COPAY IF QUANTITY IS 0.5 AND 12 YEARS OF AGE OR OLDER
<b>Enteric Virus Vaccines</b>		
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	Tier 3	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	Tier 3	
<b>Gram (-) Bacilli (Non-Enteric) Vaccines</b>		
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	Tier 3	\$
<b>Influenza Virus Vaccines</b>		
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
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

Drug	Status	Notes
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
FLULAVAL 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
<b>Toxin-Producing Bacilli Vaccines/Toxoids</b>		
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	
<b>Viral/Tumorigenic Vaccines</b>		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	Tier 3	\$
<i>adenovirus vac live type-4, 7 oral tablet, delayed release (drlec)</i>	Tier 3	
<i>adenovirus vaccine live type-4 oral tablet, delayed release (drlec)</i>	Tier 3	
<i>adenovirus vaccine live type-7 oral tablet, delayed release (drlec)</i>	Tier 3	
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	Tier 3	\$

Drug	Status	Notes
<b>Immunosuppression/Modulation</b>		
<b>Immunomodulators</b>		
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; \$\$\$\$\$
<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-levocetiriziniacin)	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; \$\$\$
<b>Immunosuppressives</b>		
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG	Tier 3	\$\$; ST: Must meet the following requirement: generic Tacrolimus in 120 days
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 1 MG	Tier 3	\$\$\$; ST: Must meet the following requirement: generic Tacrolimus in 120 days
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 5 MG	Tier 3	\$\$\$\$; ST: Must meet the following requirement: generic Tacrolimus in 120 days
<i>azathioprine oral tablet 100 mg</i> (Azasan)	Tier 1	\$
<i>azathioprine oral tablet 50 mg</i> (Imuran)	Tier 1	\$
<i>azathioprine oral tablet 75 mg</i> (Azasan)	Tier 1	\$\$
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i> (Gengraf)	Tier 1	\$
<i>cyclosporine modified oral capsule 50 mg</i>	Tier 1	\$
<i>cyclosporine modified oral solution 100 mg/ml</i> (Gengraf)	Tier 1	\$
<i>cyclosporine oral capsule 100 mg, 25 mg</i> (Sandimmune)	Tier 1	\$

Drug	Status	Notes
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG	Tier 3	\$\$; ST: Must meet the following requirement: generic Tacrolimus in 120 days
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HR 4 MG	Tier 3	\$\$\$; ST: Must meet the following requirement: generic Tacrolimus in 120 days
<i>everolimus (immunosuppressive) oral tablet 0.25 mg</i> (Zortress)	Tier 1	\$
<i>everolimus (immunosuppressive) oral tablet 0.5 mg</i> (Zortress)	Tier 1	\$\$
<i>everolimus (immunosuppressive) oral tablet 0.75 mg</i> (Zortress)	Tier 1	\$\$\$
<i>everolimus (immunosuppressive) oral tablet 1 mg</i> (Zortress)	Tier 1	\$\$\$\$
GENGRAF ORAL CAPSULE 100 MG, 25 MG (cyclosporine modified)	Tier 1	\$
GENGRAF ORAL SOLUTION 100 MG/ML (cyclosporine modified)	Tier 1	\$
LUPKYNIS ORAL CAPSULE 7.9 MG	Tier 4	PA; \$\$\$\$\$
<i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept)	Tier 1	\$
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept)	Tier 1	\$
<i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept)	Tier 1	\$
<i>mycophenolate sodium oral tablet, delayed release (drlec) 180 mg, 360 mg</i> (Myfortic)	Tier 1	\$
MYHIBBIN ORAL SUSPENSION 200 MG/ML	Tier 3	PA
NEORAL ORAL CAPSULE 100 MG, 25 MG (cyclosporine modified)	Tier 3	\$\$
NEORAL ORAL SOLUTION 100 MG/ML (cyclosporine modified)	Tier 3	\$\$
PROGRAF ORAL CAPSULE 0.5 MG (tacrolimus)	Tier 3	\$
PROGRAF ORAL CAPSULE 1 MG (tacrolimus)	Tier 3	\$\$\$
PROGRAF ORAL CAPSULE 5 MG (tacrolimus)	Tier 3	\$\$
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	Tier 2	\$\$
RAPAMUNE ORAL SOLUTION 1 MG/ML (sirolimus)	Tier 3	\$\$\$
RAPAMUNE ORAL TABLET 0.5 MG (sirolimus)	Tier 3	\$\$
RAPAMUNE ORAL TABLET 1 MG (sirolimus)	Tier 3	\$\$\$
RAPAMUNE ORAL TABLET 2 MG (sirolimus)	Tier 3	

Drug	Status	Notes
SANDIMMUNE ORAL CAPSULE 100 MG (cyclosporine)	Tier 3	\$\$\$
SANDIMMUNE ORAL CAPSULE 25 MG (cyclosporine)	Tier 3	\$\$
SANDIMMUNE ORAL SOLUTION 100 MG/ML (cyclosporine)	Tier 2	
sirolimus oral solution 1 mg/ml (Rapamune)	Tier 1	\$\$
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg (Rapamune)	Tier 1	\$
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg (Prograf)	Tier 1	\$
<b>Rho Kinase Inhibitor</b>		
REZUROCK ORAL TABLET 200 MG	Tier 4	PA; \$\$\$\$\$
<b>Infectious Disease - Bacterial</b>		
<b>Absorbable Sulfonamides</b>		
sulfadiazine oral tablet 500 mg	Tier 1	\$\$\$
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml (Sulfatrim)	Tier 1	\$
sulfamethoxazole-trimethoprim oral tablet 400-80 mg (Bactrim)	Tier 1	\$
sulfamethoxazole-trimethoprim oral tablet 800-160 mg (Bactrim DS)	Tier 1	\$
SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML (sulfamethoxazole-trimethoprim)	Tier 1	\$
<b>Betalactams</b>		
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	Tier 4	PA; \$\$\$\$\$
<b>Cephalosporins - 1St Generation</b>		
cefadroxil oral capsule 500 mg	Tier 1	\$
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	Tier 1	\$
cefadroxil oral tablet 1 gram	Tier 1	\$
cephalexin oral capsule 250 mg, 500 mg, 750 mg	Tier 1	\$
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1	\$
cephalexin oral tablet 250 mg, 500 mg	Tier 1	\$
<b>Cephalosporins - 2Nd Generation</b>		
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	\$

Drug	Status	Notes
<i>cefprozil oral tablet 250 mg, 500 mg</i>	Tier 1	\$
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	Tier 1	\$
<b>Cephalosporins - 3Rd Generation</b>		
<i>cefdinir oral capsule 300 mg</i>	Tier 1	\$
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	\$
<i>cefixime oral capsule 400 mg</i>	Tier 1	\$
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	Tier 1	\$
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	Tier 1	\$
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	Tier 1	\$
<b>Chemotherapeutics, Antibacterial, Misc.</b>		
<i>fosfomycin tromethamine oral packet 3 gram</i>	Tier 1	\$
<i>methenamine hippurate oral tablet 1 gram</i> (Hiprex)	Tier 1	\$
<i>methenamine mandelate oral tablet 0.5 gram, 1 gram</i>	Tier 1	\$
<i>methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg</i> (Urogescic-Blue)	Tier 1	\$
PRIMSOL ORAL SOLUTION 50 MG/5 ML	Tier 2	
<i>trimethoprim oral tablet 100 mg</i>	Tier 1	\$
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG	Tier 2	\$
URIBEL TABS ORAL TABLET 81.6-0.12-10.8 MG	Tier 3	\$
URIMAR-T ORAL 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	\$
<b>Fecal Microbiota Transplantation (Fmt)</b>		
REBYOTA RECTAL ENEMA 150 ML	Tier 4	PA
VOWST ORAL CAPSULE	Tier 4	PA; \$\$\$\$\$

Drug	Status	Notes
<b>Macrolides</b>		
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	\$
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	Tier 2	\$\$\$\$; QL (10 ML per 1 day)
DIFICID 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 (erythromycin)	Tier 1	\$\$
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 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 (E.E.S. Granules)	Tier 1	\$
erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml (EryPed 400)	Tier 1	\$
erythromycin ethylsuccinate oral tablet 400 mg (E.E.S. 400)	Tier 1	\$\$
erythromycin oral capsule, delayed release (drlec) 250 mg	Tier 1	\$
erythromycin oral tablet 250 mg, 500 mg	Tier 1	\$
erythromycin oral tablet, delayed release (drlec) 250 mg, 500 mg (Ery-Tab)	Tier 1	\$
erythromycin oral tablet, delayed release (drlec) 333 mg (Ery-Tab)	Tier 1	\$\$
<b>Nitrofurantoin Derivatives</b>		
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg (Macrochantin)	Tier 1	\$
nitrofurantoin macrocrystal oral capsule 25 mg (Macrochantin)	Tier 1	\$; QL (4 EA per 1 day)



Drug	Status	Notes
<i>nitrofurantoin monohydr/m-cryst oral capsule 100 mg</i> (Macrobid)	Tier 1	\$
<i>nitrofurantoin oral suspension 25 mg/5 ml</i> (Furadantin)	Tier 1	PA; \$\$
<i>nitrofurantoin oral suspension 50 mg/5 ml</i>	Tier 1	\$\$\$
<b>Oxazolidinones</b>		
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i> (Zyvox)	Tier 1	\$\$
<i>linezolid oral tablet 600 mg</i> (Zyvox)	Tier 1	\$
SIVEXTRO ORAL TABLET 200 MG	Tier 2	\$\$\$\$; ST: Must meet the following requirement: Linezolid 600mg tablets in 120 days; QL (6 EA per 6 days)
<b>Penicillins</b>		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Tier 1	\$
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	Tier 1	\$
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	Tier 1	\$
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	Tier 1	\$
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>	Tier 1	\$
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i> (Augmentin)	Tier 1	\$
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600)	Tier 1	\$
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg</i>	Tier 1	\$
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg</i> (Augmentin)	Tier 1	\$
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i> (Augmentin XR)	Tier 1	\$
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	Tier 1	\$
<i>ampicillin oral capsule 500 mg</i>	Tier 1	\$
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)

Drug	Status	Notes
<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	\$
<b>Pleuromutilin Derivatives</b>		
XENLETA ORAL TABLET 600 MG	Tier 3	PA
<b>Quinolones</b>		
BAXDELA ORAL TABLET 450 MG	Tier 3	PA; \$\$\$\$
CIPRO ORAL (ciprofloxacin) SUSPENSION, MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML	Tier 2	\$
<i>ciprofloxacin hcl oral tablet 100 mg</i>	Tier 1	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> (Cipro)	Tier 1	\$
<i>ciprofloxacin hcl oral tablet 750 mg</i>	Tier 1	\$
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i> (Cipro)	Tier 1	\$
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	\$
<b>Tetracyclines</b>		
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)
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)

Drug	Status	Notes
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 hyclate)	Tier 3	ST: Must meet the following requirement: Generic Doxycycline Monohydrate 75mg tablets in 120 days; QL (2 EA per 1 day)
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i> (Morgidox)	Tier 1	\$; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet 100 mg</i>	Tier 1	\$; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet 150 mg</i> (Acticlate)	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 50 mg</i> (Targadox)	Tier 1	\$; ST: Must meet any of the following requirements: Doxycycline Hyclate 50mg capsules or Doxycycline Monohydrate 50mg capsules or tablets in 120 days; QL (4 EA per 1 day)
<i>doxycycline hyclate oral tablet 75 mg</i> (Acticlate)	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) 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)

Drug	Status	Notes
<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> (Mondoxyne 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> (Mondoxyne 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</i> (Oracea) <i>- delay rel,biphase 40 mg</i>	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, 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</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>minocycline oral tablet extended release 24 hr 45 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>minocycline oral tablet extended release 24 hr 65 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)

Drug	Status	Notes
<i>minocycline oral tablet extended release</i> <i>24 hr 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)
MONDOXYNE NL ORAL CAPSULE 100 (doxycycline monohydrate) MG	Tier 1	QL (2 EA per 1 day)
MONDOXYNE NL ORAL CAPSULE 75 (doxycycline monohydrate) MG	Tier 1	ST: Must meet the following requirement: Generic Doxycycline Monohydrate 75mg tablets in 120 days; QL (2 EA per 1 day)
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	\$
<i>tetracycline oral tablet 250 mg, 500 mg</i>	Tier 1	

Drug	Status	Notes
XIMINO ORAL CAPSULE,EXTENDED RELEASE 24HR 135 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)
XIMINO ORAL CAPSULE,EXTENDED RELEASE 24HR 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)
<b>Infectious Disease - Fungal</b>		
<b>Antifungal Agents</b>		
<i>clotrimazole mucous membrane troche 10 mg</i>	Tier 1	\$
CRESEMBA ORAL CAPSULE 186 MG	Tier 3	PA; \$\$\$\$
CRESEMBA ORAL CAPSULE 74.5 MG	Tier 3	PA
<i>fluconazole oral suspension for reconstitution 10 mg/ml</i>	Tier 1	\$
<i>fluconazole oral suspension for reconstitution 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</i> (Ancobon)	Tier 1	\$\$\$
<i>flucytosine oral capsule 500 mg</i> (Ancobon)	Tier 1	\$\$
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	Tier 1	\$
<i>itraconazole oral solution 10 mg/ml</i> (Sporanox)	Tier 1	\$\$
<i>ketoconazole oral tablet 200 mg</i>	Tier 1	\$
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON 300 MG	Tier 3	PA; \$\$\$\$\$
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG	Tier 3	
<i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i> (Noxafil)	Tier 1	PA; \$\$\$
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i> (Noxafil)	Tier 1	PA; \$
<i>terbinafine hcl oral tablet 250 mg</i>	Tier 1	\$
TOLSURA ORAL CAPSULE, SOLID DISPERSION 65 MG	Tier 3	PA; \$\$\$\$
VIVJOA ORAL CAPSULE 150 MG	Tier 3	PA; \$\$\$\$
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> (Vfend)	Tier 1	\$\$
<i>voriconazole oral tablet 200 mg, 50 mg</i> (Vfend)	Tier 1	\$

Drug	Status	Notes
<b>Antifungal Antibiotics</b>		
BREXAFEMME ORAL TABLET 150 MG	Tier 3	PA
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	Tier 1	\$
<i>griseofulvin microsize oral tablet 500 mg</i>	Tier 1	\$
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	Tier 1	\$
<i>nystatin oral suspension 100,000 unit/ml</i>	Tier 1	\$
<i>nystatin oral tablet 500,000 unit</i>	Tier 1	\$
<b>Infectious Disease - Miscellaneous</b>		
<b>Aminoglycosides</b>		
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	Tier 4	PA; \$\$\$\$\$
<i>neomycin oral tablet 500 mg</i>	Tier 1	\$
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	Tier 4	PA; \$\$\$\$\$
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi)	Tier 4	PA; \$\$\$\$\$
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i> (Bethkis)	Tier 4	PA; \$\$\$
<i>tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml</i> (Kitabis Pak)	Tier 4	PA; \$\$\$\$\$
<b>Antibacterial Agents, Miscellaneous</b>		
<i>glycine urologic solution irrigation solution 1.5 %</i> (Glycine Urologic)	Tier 1	
<b>Antileptotics</b>		
<i>dapsone oral tablet 100 mg, 25 mg</i>	Tier 1	\$
THALOMID ORAL CAPSULE 100 MG	Tier 4	PA; \$\$\$\$\$
THALOMID ORAL CAPSULE 50 MG	Tier 4	PA; \$\$\$\$
<b>Anti-Mycobacterium Agents</b>		
<i>ethambutol oral tablet 100 mg</i>	Tier 1	\$
<i>ethambutol oral tablet 400 mg</i> (Myambutol)	Tier 1	\$
<i>isoniazid oral solution 50 mg/5 ml</i>	Tier 1	\$
<i>isoniazid oral tablet 100 mg, 300 mg</i>	Tier 1	\$
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	Tier 3	
<i>pyrazinamide oral tablet 500 mg</i>	Tier 1	\$\$
<i>rifabutin oral capsule 150 mg</i> (Mycobutin)	Tier 1	\$
TRECTOR ORAL TABLET 250 MG	Tier 3	\$\$
<b>Antitubercular Antibiotics</b>		
<i>cycloserine oral capsule 250 mg</i>	Tier 1	\$\$\$\$\$
<i>pretomanid oral tablet 200 mg</i>	Tier 3	\$; QL (1 EA per 1 day)



Drug	Status	Notes
PRIFTIN ORAL TABLET 150 MG	Tier 3	\$
<i>rifampin oral capsule 150 mg, 300 mg</i>	Tier 1	\$
SIRTURO ORAL TABLET 100 MG	Tier 4	PA; \$\$\$\$\$
SIRTURO ORAL TABLET 20 MG	Tier 4	PA
<b>Lincosamides</b>		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin HCl)	Tier 1	\$
<i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml</i> (Clindamycin Pediatric)	Tier 1	\$
CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML (clindamycin palmitate hcl)	Tier 1	\$
<b>Rifamycins And Related Derivative Antibiotics</b>		
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; \$\$\$\$
<b>Vancomycin And Derivatives</b>		
<i>vancomycin oral capsule 125 mg</i> (Vancocin)	Tier 1	\$; QL (56 EA per 1 FILL)
<i>vancomycin oral capsule 250 mg</i> (Vancocin)	Tier 1	\$; QL (112 EA per 1 FILL)
<i>vancomycin oral recon soln 25 mg/ml</i> (Firvanq)	Tier 1	\$; QL (300 ML per 1 FILL)
<i>vancomycin oral recon soln 50 mg/ml</i> (Firvanq)	Tier 1	\$; QL (600 ML per 1 FILL)
<b>Infectious Disease - Parasitic</b>		
<b>2Nd Gen. Anaerobic Antiprotozoal-Antibacterial</b>		
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)
<i>tinidazole oral tablet 250 mg, 500 mg</i>	Tier 1	\$
<b>Amebacides</b>		
<i>paromomycin oral capsule 250 mg</i> (Humatin)	Tier 1	

Drug	Status	Notes
<b>Anaerobic Antiprotozoal-Antibacterial Agents</b>		
LIKMEZ ORAL SUSPENSION 500 MG/5 ML	Tier 3	PA; \$\$
<i>metronidazole oral capsule 375 mg</i> (Flagyl)	Tier 1	\$
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Tier 1	\$
<b>Anthelmintics</b>		
<i>albendazole oral tablet 200 mg</i>	Tier 1	\$
EGATEN ORAL TABLET 250 MG	Tier 3	
EMVERM ORAL TABLET,CHEWABLE 100 MG (mebendazole)	Tier 2	PA; \$\$\$
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	Tier 1	\$
<i>praziquantel oral tablet 600 mg</i> (Biltricide)	Tier 1	\$\$
<b>Antimalarial Drugs</b>		
ARAKODA ORAL TABLET 100 MG	Tier 3	\$
<i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone)	Tier 1	\$
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric)	Tier 1	\$
<i>chloroquine phosphate oral tablet 250 mg</i>	Tier 1	Q; QL (36 EA per 16 days)
<i>chloroquine phosphate oral tablet 500 mg</i>	Tier 1	Q; QL (18 EA per 16 days)
COARTEM ORAL TABLET 20-120 MG	Tier 3	\$
<i>hydroxychloroquine oral tablet 100 mg</i>	Tier 1	Q; QL (180 EA per 30 days)
<i>hydroxychloroquine oral tablet 200 mg</i> (Sovuna)	Tier 1	Q; QL (100 EA per 30 days)
<i>hydroxychloroquine oral tablet 300 mg</i> (Sovuna)	Tier 1	Q; QL (60 EA per 30 days)
<i>hydroxychloroquine oral tablet 400 mg</i>	Tier 1	Q; QL (60 EA per 30 days)
KRINTAFEL ORAL TABLET 150 MG	Tier 2	QL (2 EA per 1 FILL)
<i>mefloquine oral tablet 250 mg</i>	Tier 1	\$
<i>primaquine oral tablet 26.3 mg (15 mg base)</i>	Tier 2	\$
<i>pyrimethamine oral tablet 25 mg</i> (Daraprim)	Tier 4	PA; \$\$\$\$
<i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)	Tier 1	\$
SOVUNA ORAL TABLET 200 MG (hydroxychloroquine)	Tier 2	QL (100 EA per 30 days)
SOVUNA ORAL TABLET 300 MG (hydroxychloroquine)	Tier 3	QL (60 EA per 30 days)
<b>Antiparasitics</b>		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	Tier 3	QL (50 ML per 1 day)
<i>nitazoxanide oral tablet 500 mg</i> (Alinia)	Tier 1	\$\$\$; QL (2 EA per 1 day)

Drug	Status	Notes
<b>Antiprotozoal Drugs, Miscellaneous</b>		
<i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron)	Tier 1	\$
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	Tier 1	
IMPAVIDO ORAL CAPSULE 50 MG	Tier 2	PA
LAMPIT ORAL TABLET 120 MG, 30 MG	Tier 3	
<i>pentamidine inhalation recon soln 300 mg</i> (Nebupent)	Tier 1	\$
<b>Infectious Disease - Viral</b>		
<b>Antiretroviral - Capsid Inhibitors</b>		
SUNLENCA ORAL TABLET 300 MG	Tier 2	PA; \$\$\$
<b>Antiretroviral-Integrase Inhibitor And Nrti Comb.</b>		
JULUCA ORAL TABLET 50-25 MG	Tier 2	\$\$\$\$\$
<b>Antiretroviral-Integrase Inhibitor And Nrti Comb.</b>		
DOVATO ORAL TABLET 50-300 MG	Tier 2	\$\$\$\$
<b>Antiretroviral- Nucleoside, Nucleotide, Protease Inh.</b>		
SYMTUZA ORAL TABLET 800-150-200-10 MG	Tier 2	\$\$\$\$\$
<b>Antiviral - Main Protease (Mpro) Inhibitor</b>		
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)
<b>Antiviral Monoclonal Antibodies</b>		
BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML, 50 MG/0.5 ML	Tier 3	
<b>Antiviral Nucleotide Analogs</b>		
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	Tier 1	\$\$; QL (40 EA per 29 days); Age (Min 18 Years)
<b>Antivirals, General</b>		
<i>acyclovir oral capsule 200 mg</i>	Tier 1	\$
<i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)	Tier 1	\$
<i>acyclovir oral tablet 400 mg, 800 mg</i>	Tier 1	\$
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	Tier 1	\$
LIVTENCITY ORAL TABLET 200 MG	Tier 4	PA; \$\$\$\$\$
<i>oseltamivir oral capsule 30 mg</i> (Tamiflu)	Tier 1	\$\$; QL (40 EA per 180 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i> (Tamiflu)	Tier 1	\$\$; QL (20 EA per 180 days)

Drug	Status	Notes
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (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)
<i>ribavirin inhalation recon soln 6 gram</i> (Virazole)	Tier 1	
<i>rimantadine oral tablet 100 mg</i> (Flumadine)	Tier 1	\$
TEMBEXA ORAL SUSPENSION 10 MG/ML	Tier 2	
TEMBEXA ORAL TABLET 100 MG	Tier 2	
TPOXX (NATIONAL STOCKPILE) ORAL CAPSULE 200 MG	Tier 2	\$
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	Tier 1	\$
<i>valganciclovir oral recon soln 50 mg/ml</i> (Valcyte)	Tier 1	\$
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	Tier 1	\$
XOFLUZA ORAL TABLET 20 MG	Tier 2	QL (4 EA per 180 days)
XOFLUZA ORAL TABLET 40 MG	Tier 2	\$\$; QL (4 EA per 180 days)
XOFLUZA ORAL TABLET 80 MG	Tier 2	\$\$; QL (2 EA per 180 days)
<b>Antivirals, Hiv-Spec, Non-Peptidic Protease Inhib</b>		
APTIVUS ORAL CAPSULE 250 MG	Tier 2	\$\$\$
<i>darunavir oral tablet 600 mg, 800 mg</i> (Prezista)	Tier 1	\$
PREZCOBIX ORAL TABLET 800-150 MG-MG	Tier 3	\$\$\$\$
PREZISTA ORAL SUSPENSION 100 MG/ML	Tier 2	\$\$\$
PREZISTA ORAL TABLET 150 MG, 75 MG	Tier 2	
<b>Antivirals, Hiv-Spec, Nucleoside-Nucleotide Analog</b>		
CIMDUO ORAL TABLET 300-300 MG	Tier 2	\$\$\$\$
DESCOVY ORAL TABLET 120-15 MG	Tier 2	\$\$\$
DESCOVY ORAL TABLET 200-25 MG	Tier 5	\$\$\$\$; \$0 COPAY IF QUANTITY IS 1 IN 1 DAY AND IF USED FOR PREVENTION OF HIV
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg</i> (Truvada)	Tier 1	\$
<i>emtricitabine-tenofovir (tdf) oral tablet 167-250 mg</i> (Truvada)	Tier 1	\$\$

Drug	Status	Notes
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i> (Truvada)	Tier 5	\$. \$0 COPAY IF QUANTITY IS 1 IN 1 DAY AND IF USED FOR PREVENTION OF HIV
<b>Antivirals, Hiv-Spec., Nucleoside Analog, Rti Comb</b>		
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	Tier 1	\$
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	Tier 1	\$
<b>Antivirals, Hiv-Specific, Ccr5 Co-Receptor Antag.</b>		
<i>maraviroc oral tablet 150 mg</i> (Selzentry)	Tier 1	\$\$\$
<i>maraviroc oral tablet 300 mg</i> (Selzentry)	Tier 1	\$\$\$\$
SELZENTRY ORAL SOLUTION 20 MG/ML	Tier 2	
<b>Antivirals, Hiv-Specific, Cd4 Attachment Inhibitor</b>		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	Tier 2	PA; \$\$\$\$\$
<b>Antivirals, Hiv-Specific, Fusion Inhibitors</b>		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	Tier 2	
<b>Antivirals, Hiv-Specific, Non-Nucleoside, Rti</b>		
EDURANT ORAL TABLET 25 MG	Tier 2	\$\$\$\$
<i>efavirenz oral capsule 200 mg</i>	Tier 1	\$
<i>efavirenz oral capsule 50 mg</i>	Tier 1	
<i>efavirenz oral tablet 600 mg</i>	Tier 1	\$
<i>etravirine oral tablet 100 mg, 200 mg</i> (Intelence)	Tier 1	\$\$
INTELENCE ORAL TABLET 25 MG	Tier 2	
<i>nevirapine oral suspension 50 mg/5 ml</i>	Tier 1	\$
<i>nevirapine oral tablet 200 mg</i>	Tier 1	\$
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	Tier 1	
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	Tier 1	\$
PIFELTRO ORAL TABLET 100 MG	Tier 3	\$\$\$\$
<b>Antivirals, Hiv-Specific, Nucleoside Analog, Rti</b>		
<i>abacavir oral solution 20 mg/ml</i> (Ziagen)	Tier 1	\$
<i>abacavir oral tablet 300 mg</i>	Tier 1	\$
<i>didanosine oral capsule, delayed release(drlec) 250 mg, 400 mg</i>	Tier 1	

Drug	Status	Notes
<i>emtricitabine oral capsule 200 mg</i> (Emtriva)	Tier 5	\$\$; \$0 COPAY IF QUANTITY IS 1 IN 1 DAY AND IF USED FOR PREVENTION OF HIV
EMTRIVA ORAL SOLUTION 10 MG/ML	Tier 2	\$
<i>lamivudine oral solution 10 mg/ml</i> (EpiVir)	Tier 1	\$
<i>lamivudine oral tablet 150 mg, 300 mg</i> (EpiVir)	Tier 1	\$
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	Tier 1	\$
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	Tier 1	\$
<i>zidovudine oral tablet 300 mg</i>	Tier 1	\$
<b>Antivirals, Hiv-Specific, Nucleotide Analog, Rti</b>		
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	Tier 5	\$\$; \$0 COPAY IF QUANTITY IS 1 IN 1 DAY AND IF USED FOR PREVENTION OF HIV
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	Tier 2	
VIREAD ORAL TABLET 150 MG, 250 MG	Tier 2	\$\$
VIREAD ORAL TABLET 200 MG	Tier 2	\$\$\$
<b>Antivirals, Hiv-Specific, Protease Inhibitor Comb</b>		
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)	Tier 1	
<i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra)	Tier 1	
<i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra)	Tier 1	\$\$
<b>Antivirals, Hiv-Specific, Protease Inhibitors</b>		
<i>atazanavir oral capsule 150 mg</i>	Tier 1	
<i>atazanavir oral capsule 200 mg, 300 mg</i> (Reyataz)	Tier 1	\$
EVOTAZ ORAL TABLET 300-150 MG	Tier 2	\$\$\$
<i>fosamprenavir oral tablet 700 mg</i>	Tier 1	\$\$
NORVIR ORAL POWDER IN PACKET 100 MG	Tier 2	\$
REYATAZ ORAL POWDER IN PACKET 50 MG	Tier 2	
<i>ritonavir oral tablet 100 mg</i> (Norvir)	Tier 1	\$
VIRACEPT ORAL TABLET 250 MG	Tier 2	
VIRACEPT ORAL TABLET 625 MG	Tier 2	\$\$\$\$

Drug	Status	Notes
<b>Antivirals,Hiv-1 Integrase Strand Transfer Inhibtr</b>		
APRETUDE INTRAMUSCULAR (cabotegravir) SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)	Tier 5	\$\$\$\$; ST: Must meet the following requirement: Descovy lor generic Truvada in 120 days; \$0 COPAY IF QUANTITY IS 3, DAY SUPPLY LIMITED TO 21, FILL OF 7 IN 365 DAYS, AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; Age (Min 12 Years)
<i>cabotegravir intramuscular suspension,extended release 600 mg/3 ml (200 mg/ml)</i> (Apretude)	Tier 5	ST: Must meet the following requirement: Descovy lor generic Truvada in 120 days; \$0 COPAY IF QUANTITY IS 3, DAY SUPPLY LIMITED TO 21, FILL OF 7 IN 365 DAYS, AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; Age (Min 12 Years)
ISENTRESS HD ORAL TABLET 600 MG	Tier 2	\$\$\$\$
ISENTRESS ORAL POWDER IN PACKET 100 MG	Tier 2	\$\$
ISENTRESS ORAL TABLET 400 MG	Tier 2	\$\$\$\$
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	Tier 2	\$\$
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	Tier 2	
TIVICAY ORAL TABLET 50 MG	Tier 2	\$\$\$\$
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	Tier 2	\$\$
VOCABRIA ORAL TABLET 30 MG	Tier 2	Age (Min 12 Years)
<b>Artv Cmb Nucleoside,Nucleotide,&amp;Non-Nucleoside Rti</b>		
COMPLERA ORAL TABLET 200-25-300 MG	Tier 3	\$\$\$\$\$
DELSTRIGO ORAL TABLET 100-300-300 MG	Tier 3	\$\$\$\$
<i>efavirenz-emtricitabin-tenofof oral tablet 600-200-300 mg</i> (Atripla)	Tier 1	\$
<i>efavirenz-lamivu-tenofof disop oral tablet 400-300-300 mg</i> (Symfi Lo)	Tier 1	

Drug	Status	Notes
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 600-300-300 mg</i> (Symfi)	Tier 1	\$\$\$\$
ODEFSEY ORAL TABLET 200-25-25 MG	Tier 2	\$\$\$\$\$
<b>Arv Cmb-Nrti,N(T)Rti, Integrase Inhibitor</b>		
BIKTARVY ORAL TABLET 30-120-15 MG	Tier 2	\$\$\$\$
BIKTARVY ORAL TABLET 50-200-25 MG	Tier 2	\$\$\$\$\$
GENVOYA ORAL TABLET 150-150-200-10 MG	Tier 2	\$\$\$\$\$
STRIBILD ORAL TABLET 150-150-200-300 MG	Tier 2	\$\$\$\$\$
<b>Arv Comb-Nrtis &amp; Integrase Inhibitor</b>		
TRIUMEQ ORAL TABLET 600-50-300 MG	Tier 2	\$\$\$\$\$
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	Tier 2	\$\$\$
<b>Cytochrome P450 Inhibitors</b>		
TYBOST ORAL TABLET 150 MG	Tier 2	\$\$
<b>Hep C - Ns5a, Ns3/4A, Nucleotide Ns5b Inhib Combo</b>		
VOSEVI ORAL TABLET 400-100-100 MG	Tier 4	PA; \$\$\$\$\$
<b>Hep C Virus - Ns5a &amp; Ns5b Polymerase Inhib. Combo.</b>		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	Tier 4	PA
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	Tier 4	PA; \$\$\$\$\$
EPCLUSA ORAL TABLET 200-50 MG	Tier 4	PA; \$\$\$\$\$
EPCLUSA ORAL TABLET 400-100 MG (sofosbuvir-velpatasvir)	Tier 4	PA; \$\$\$\$\$
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG	Tier 4	PA
HARVONI ORAL TABLET 45-200 MG	Tier 4	PA
HARVONI ORAL TABLET 90-400 MG (ledipasvir-sofosbuvir)	Tier 4	PA; \$\$\$\$\$
<b>Hep C Virus,Nucleotide Analog Ns5b Polymerase Inh</b>		
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG	Tier 4	PA
SOVALDI ORAL TABLET 200 MG, 400 MG	Tier 4	PA
<b>Hepatitis B Treatment Agents</b>		
<i>adefovir oral tablet 10 mg</i> (Hepsera)	Tier 4	\$\$\$; QL (1 EA per 1 day)



Drug	Status	Notes
BARACLUDE ORAL SOLUTION 0.05 MG/ML	Tier 4	\$\$; QL (630 ML per 30 days)
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	Tier 4	\$\$; QL (1 EA per 1 day)
<i>lamivudine oral tablet 100 mg</i>	Tier 1	\$\$; QL (1 EA per 1 day)
VEMLIDY ORAL TABLET 25 MG	Tier 4	\$\$\$; QL (1 EA per 1 day)
<b>Hepatitis C Treatment Agents</b>		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Tier 4	PA; \$\$\$\$
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	Tier 4	PA; \$\$\$\$
<i>ribavirin oral capsule 200 mg</i>	Tier 1	\$
<i>ribavirin oral tablet 200 mg</i>	Tier 1	\$
<b>Hepatitis C Virus - Ns5a, Ns3/4A, Ns5b Inhib Cmb.</b>		
VIEKIRA PAK ORAL TABLETS, DOSE PACK 12.5 MG-75 MG -50 MG/250 MG	Tier 4	
<b>Hepatitis C Virus- Ns5a And Ns3/4A Inhibitor Comb</b>		
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
<b>Inflammatory Disease</b>		
<b>Anti-Arthritic And Chelating Agents</b>		
CUPRIMINE ORAL CAPSULE 250 MG (penicillamine)	Tier 4	PA
D-PENAMINE ORAL TABLET 125 MG	Tier 4	PA
<i>penicillamine oral capsule 250 mg</i> (Cuprimine)	Tier 4	PA; \$\$
<i>penicillamine oral tablet 250 mg</i> (Depen Titratabs)	Tier 4	PA; \$\$\$\$
<b>Anti-Arthritic, Folate Antagonist Agents</b>		
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML	Tier 2	\$\$; QL (1.6 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML	Tier 3	\$\$; 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	\$\$; 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	\$. 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	\$\$; 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	\$\$; 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	\$\$; 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	\$\$; 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	\$\$; 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	\$. ST: Must meet the following requirement: Otrexup in 120 days; QL (0.6 ML per 28 days)	
<b>Anti-Flam. Interleukin-1 Receptor Antagonist</b>			
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	Tier 4	PA; \$\$\$\$\$	
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	Tier 4	PA; \$\$\$\$\$	
<b>Anti-Inflammatory Tumor Necrosis Factor Inhibitor</b>			
ABRILADA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 4	PA	
ABRILADA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML	Tier 4	PA	
<i>adalimumab-aacf subcutaneous pen injector kit 40 mg/0.8 ml</i>	(Idacio(CF) Pen)	Tier 4	PA
<i>adalimumab-aaty subcutaneous auto-injector, kit 40 mg/0.4 ml</i>	(Yuflyma(CF) Autoinjector)	Tier 4	PA
<i>adalimumab-aaty subcutaneous auto-injector, kit 80 mg/0.8 ml</i>	(Yuflyma(CF) AI Crohn's-UC-HS)	Tier 4	PA

Drug	Status	Notes
<i>adalimumab-aaty subcutaneous syringe kit 20 mg/0.2 ml, 40 mg/0.4 ml</i> (Yuflyma(CF))	Tier 4	PA
<i>adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml</i> (Hyrimoz(CF) Pen)	Tier 4	PA; \$\$\$
<i>adalimumab-adaz subcutaneous syringe 40 mg/0.4 ml</i> (Hyrimoz(CF))	Tier 4	PA; \$\$
<i>adalimumab-adbm subcutaneous pen injector kit 40 mg/0.4 ml</i> (adalimumab-adbm(CF) pen Crohns)	Tier 4	PA
<i>adalimumab-adbm subcutaneous pen injector kit 40 mg/0.8 ml</i> (adalimumab-adbm(CF) pen Crohns)	Tier 4	PA; \$\$
<i>adalimumab-adbm subcutaneous syringe kit 10 mg/0.2 ml, 20 mg/0.4 ml, 40 mg/0.4 ml</i> (Cyltezo(CF))	Tier 4	PA
<i>adalimumab-adbm subcutaneous syringe kit 40 mg/0.8 ml</i> (Cyltezo(CF))	Tier 4	PA; \$\$\$
ADALIMUMAB-ADBM(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (adalimumab-adbm)	Tier 4	PA
ADALIMUMAB-ADBM(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML (adalimumab-adbm)	Tier 4	PA
ADALIMUMAB-ADBM(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab-adbm)	Tier 4	PA; \$\$\$
<i>adalimumab-fkjp subcutaneous pen injector kit 40 mg/0.8 ml</i> (Hulio(CF) Pen)	Tier 4	PA; \$\$\$
<i>adalimumab-fkjp subcutaneous syringe kit 20 mg/0.4 ml, 40 mg/0.8 ml</i> (Hulio(CF))	Tier 4	PA
<i>adalimumab-ryvk subcutaneous auto-injector, kit 40 mg/0.4 ml</i> (Simlandi(CF) Autoinjector)	Tier 4	PA
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML, 40 MG/0.8 ML, 80 MG/0.8 ML	Tier 4	PA; \$\$\$
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.2 ML, 40 MG/0.8 ML	Tier 4	PA; \$\$\$
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 20 MG/0.4 ML	Tier 4	PA; \$\$\$\$
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	Tier 4	PA
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	Tier 4	PA; \$\$\$\$\$

Drug	Status	Notes
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	Tier 4	PA; \$\$\$\$\$
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	Tier 4	PA; \$\$\$\$\$
CYLTEZO(CF) PEN CROHN'S-UC-HS (adalimumab-adbm) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	Tier 4	PA
CYLTEZO(CF) PEN PSORIASIS-UV (adalimumab-adbm) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	Tier 4	PA
CYLTEZO(CF) PEN SUBCUTANEOUS (adalimumab-adbm) PEN INJECTOR KIT 40 MG/0.4 ML	Tier 4	PA
CYLTEZO(CF) PEN SUBCUTANEOUS (adalimumab-adbm) PEN INJECTOR KIT 40 MG/0.8 ML	Tier 4	PA; \$\$\$\$\$
CYLTEZO(CF) SUBCUTANEOUS (adalimumab-adbm) SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML	Tier 4	PA
CYLTEZO(CF) SUBCUTANEOUS (adalimumab-adbm) SYRINGE KIT 40 MG/0.8 ML	Tier 4	PA; \$\$\$\$\$
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	Tier 4	PA; \$\$\$\$\$
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	Tier 4	PA; \$\$\$\$
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5)	Tier 4	PA; \$\$\$\$
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML)	Tier 4	PA; \$\$\$\$\$
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	Tier 4	PA; \$\$\$\$\$
HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	Tier 4	PA; \$\$
HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	Tier 4	PA
HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML	Tier 4	PA; \$\$
HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	Tier 4	PA; \$\$
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 4	PA; \$\$\$\$\$
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	Tier 4	PA; \$\$\$\$\$

Drug	Status	Notes
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	Tier 4	PA; \$\$\$\$\$
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	Tier 4	PA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Tier 4	PA; \$\$\$\$\$
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Tier 4	PA; \$\$\$\$\$
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	Tier 4	PA; \$\$\$\$\$
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	Tier 4	PA; \$\$\$\$\$
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	Tier 4	PA; \$\$\$\$\$
HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	Tier 4	PA; \$\$\$\$\$
HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR 80MG/0.8ML(X1)- 40 MG/0.4ML(X2)	Tier 4	PA
HYRIMOZ PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.8 ML	Tier 4	PA; \$\$\$
HYRIMOZ SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	Tier 4	PA
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML	Tier 4	PA; \$\$\$\$\$
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML- 40 MG/0.4 ML	Tier 4	PA
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	Tier 4	PA; \$\$\$\$\$
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML	Tier 4	PA
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 20 MG/0.2 ML	Tier 4	PA; \$\$\$\$\$
IDACIO(CF) PEN CROHN-UC STARTR (adalimumab-aacf) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 4	PA

Drug	Status	Notes
IDACIO(CF) PEN PSORIASIS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab-aacf)	Tier 4	PA
IDACIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab-aacf)	Tier 4	PA
IDACIO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	Tier 4	PA
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML (adalimumab-ryvk)	Tier 4	PA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	Tier 4	PA; \$\$\$\$\$
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	Tier 4	PA; \$\$\$\$\$
YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML (adalimumab-aaty)	Tier 4	PA
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML (adalimumab-aaty)	Tier 4	PA
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML (adalimumab-aaty)	Tier 4	PA
YUSIMRY(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.8 ML	Tier 4	PA; \$\$\$
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML	Tier 4	PA; \$\$\$\$\$
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML	Tier 4	PA
<b>Anti-Inflammatory, Pyrimidine Synthesis Inhibitor</b>		
LEFLUNICLO KIT,GEL AND TABLET 20 MG- 1 %	Tier 3	
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	Tier 1	\$
<b>Anti-Inflammatory,Phosphodiesterase- 4(Pde4) Inhib.</b>		
OTEZLA ORAL TABLET 30 MG	Tier 4	PA; \$\$\$\$
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	Tier 4	PA; \$\$\$\$
<b>Anti-Inflammatory/Antiarthritics Agents, Misc.</b>		
DUROLANE INTRA-ARTICULAR SYRINGE 60 MG/3 ML	Tier 3	PA; \$\$\$

Drug	Status	Notes
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
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; \$\$
<b>Antiinflammatory, Sel.Costim.Mod.,T-Cell Inhibitor</b>		
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	Tier 4	PA; \$\$\$\$
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	Tier 4	PA; \$\$\$\$
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML, 87.5 MG/0.7 ML	Tier 4	PA; \$\$\$\$\$
<b>Bradykinin B2 Receptor Antagonists</b>		
<i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Sajazir)	Tier 4	PA; \$\$

Drug	Status	Notes
SAJAZIR SUBCUTANEOUS SYRINGE (icatibant) 30 MG/3 ML	Tier 4	PA; \$\$\$\$\$
<b>C1 Esterase Inhibitors</b>		
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	Tier 4	PA; \$\$\$\$\$
BERINERT INTRAVENOUS RECON SOLN 500 UNIT (10 ML)	Tier 4	PA
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	Tier 4	PA; \$\$\$\$\$
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	Tier 4	PA; \$\$\$\$\$
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT	Tier 4	PA; \$\$\$\$\$
<b>Glucocorticoids</b>		
AGAMREE ORAL SUSPENSION 40 MG/ML	Tier 4	PA
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG	Tier 4	PA; \$\$
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 2 MG	Tier 4	PA; \$\$\$\$
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 5 MG	Tier 4	PA; \$\$\$\$\$
BETALOEAN SUIK KIT 6 MG/ML	Tier 3	
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	Tier 1	\$
<i>budesonide oral tablet, delayed and ext. release 9 mg</i> (Uceris)	Tier 1	\$\$; ST: Must meet the following requirement: Balsalazide Disodium in 120 days
<i>cortisone oral tablet 25 mg</i>	Tier 1	
<i>deflazacort oral suspension 22.75 mg/ml</i> (Emflaza)	Tier 4	PA
<i>deflazacort oral tablet 18 mg, 36 mg</i> (Emflaza)	Tier 4	PA; \$\$\$\$\$
<i>deflazacort oral tablet 30 mg</i> (Emflaza)	Tier 4	PA
<i>deflazacort oral tablet 6 mg</i> (Emflaza)	Tier 4	PA; \$\$\$\$
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	\$
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	Tier 1	\$
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	Tier 1	\$



Drug	Status	Notes
<i>dexamethasone oral tablets,dose pack 1.5 mg (21 tabs)</i> (TaperDex)	Tier 1	\$. ST: Must meet the following requirement: generic Dexamethasone 1.5mg tablets in 120 days
<i>dexamethasone oral tablets,dose pack 1.5 mg (35 tabs), 1.5 mg (51 tabs)</i>	Tier 1	\$. ST: Must meet the following requirement: generic Dexamethasone 1.5mg tablets in 120 days
DEXONTO IONTOPHORETIC SOLUTION 0.4 %	Tier 3	\$
DMT SUIK KIT 10 MG/ML	Tier 3	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML (deflazacort)	Tier 4	PA; \$\$\$\$\$
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG (deflazacort)	Tier 4	PA; \$\$\$\$\$
EMFLAZA ORAL TABLET 6 MG (deflazacort)	Tier 4	PA; \$\$\$\$
EOHILIA ORAL SUSPENSION IN PACKET 2 MG/10 ML	Tier 4	PA; \$\$\$
HEMADY ORAL TABLET 20 MG	Tier 3	\$. QL (2 EA per 1 day)
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)	Tier 1	\$
MEDROL ORAL TABLET 2 MG	Tier 2	
MEDROLOAN II SUIK KIT 40 MG/ML	Tier 3	
MEDROLOAN SUIK KIT 40 MG/ML	Tier 3	
<i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i> (Medrol)	Tier 1	\$
<i>methylprednisolone oral tablet 32 mg</i>	Tier 1	\$
<i>methylprednisolone oral tablets,dose pack 4 mg</i> (Medrol (Pak))	Tier 1	\$
ORTIKOS ORAL CAPSULE, EXTENDED RELEASE 6 MG	Tier 3	PA
ORTIKOS ORAL CAPSULE, EXTENDED RELEASE 9 MG	Tier 3	PA; \$\$\$
<i>prednisolone oral solution 15 mg/5 ml</i>	Tier 1	\$
<i>prednisolone oral tablet 5 mg</i> (Millipred)	Tier 1	\$\$; ST: Must meet 2 of the following requirements: Methylprednisolone, Prednisolone, or Prednisone in 365 days
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml)</i>	Tier 1	\$
<i>prednisolone sodium phosphate oral solution 20 mg/5 ml (4 mg/ml)</i> (Veripred 20)	Tier 1	\$

Drug	Status	Notes
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred)	Tier 1	\$
<i>prednisolone sodium phosphate oral tablet, disintegrating 10 mg, 15 mg, 30 mg</i> (Orapred ODT)	Tier 1	\$
PREDNISONO 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) (dexamethasone)	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; \$\$\$\$\$
TRILOAN II SUIK KIT 40 MG/ML	Tier 3	
TRILOAN SUIK KIT 40 MG/ML	Tier 3	
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
<b>Gold Salts</b>		
RIDAURA ORAL CAPSULE 3 MG	Tier 3	\$\$
<b>Immunomodulator, B-Lymphocyte Stim(Blys)-Spec Inhib</b>		
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	Tier 4	PA; \$\$\$\$
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	Tier 4	PA; \$\$\$\$
<b>Interleukin-6 (IL-6) Receptor Inhibitors</b>		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	Tier 4	PA; \$\$\$\$

Drug	Status	Notes
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	Tier 4	PA; \$\$\$\$
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	Tier 4	PA; \$\$\$\$\$
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	Tier 4	PA; \$\$\$\$
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	Tier 4	PA; \$\$\$\$
<b>Janus Kinase (Jak) Inhibitors</b>		
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	Tier 4	PA; \$\$\$\$\$
OLUMIANT ORAL TABLET 1 MG, 2 MG	Tier 4	PA; \$\$\$\$
OLUMIANT ORAL TABLET 4 MG	Tier 4	PA; \$\$\$\$\$
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	Tier 4	PA; \$\$\$\$\$
XELJANZ ORAL SOLUTION 1 MG/ML	Tier 4	PA; \$\$\$\$
XELJANZ ORAL TABLET 10 MG	Tier 4	PA; \$\$\$\$
XELJANZ ORAL TABLET 5 MG	Tier 4	PA; \$\$\$\$\$
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	Tier 4	PA; \$\$\$\$\$
<b>Mineralocorticoids</b>		
<i>fludrocortisone oral tablet 0.1 mg</i>	Tier 1	\$
<b>Monoclonal Antibody-Human Interleukin 12/23 Inhib</b>		
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	Tier 4	PA; \$\$\$\$\$
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	Tier 4	PA; \$\$\$\$\$
<b>Nasal Nsaids, Cox Non-Selective, Systemic Analgesic</b>		
<i>ketorolac nasal spray, non-aerosol 15.75 mg/spray</i> (Sprix)	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 15.75 MG/SPRAY (ketorolac)	Tier 3	\$\$\$; ST: Must meet the following requirement: Generic nonsteroidal anti-inflammatory in 120 days; QL (5 EA per 30 days)

Drug	Status	Notes
<b>Nsaid &amp; Histamine H2 Receptor Antagonist Comb.</b>		
<i>ibuprofen-famotidine oral tablet 800-26.6 mg</i> (Duexis)	Tier 1	\$\$; ST: Must meet the following requirement: Ibuprofen 400, 600, or 800mg in 120 days; QL (3 EA per 1 day)
<b>Nsaid &amp; Topical Irritant Counter-Irritant Comb.</b>		
INFLAMMACIN KIT 75 MG- 0.025 %	Tier 3	
INFLATHERM(DICLOFENAC-MENTHOL) KIT, GEL AND TABLET DELAY REL 75 MG-3 %- 3 %	Tier 3	
NAPROTIN KIT 500 MG- 0.025 %	Tier 3	
<b>Nsaid, Cox Inhibitor-Type &amp; Proton Pump Inhib Comb</b>		
<i>naproxen-esomeprazole oral tablet,ir, delayed rel,biphasic 375-20 mg, 500-20 mg</i> (Vimovo)	Tier 1	\$\$\$; ST: Must meet the following requirement: Generic Naproxen in 120 days
<b>Nsaids (Cox Non-Specific Inhib)&amp; Prostaglandin Cmb</b>		
<i>diclofenac-misoprostol oral tablet,ir, delayed rel,biphasic 50-200 mcg</i> (Arthrotec 50)	Tier 1	\$
<i>diclofenac-misoprostol oral tablet,ir, delayed rel,biphasic 75-200 mcg</i> (Arthrotec 75)	Tier 1	\$
<b>Nsaids, Cyclooxygenase 2 Inhibitor - Type</b>		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (Celebrex)	Tier 1	\$
<b>Nsaids, Cyclooxygenase Inhibitor-Type</b>		
COXANTO ORAL CAPSULE 300 MG (oxaprozin)	Tier 1	
<i>diclofenac potassium oral capsule 25 mg</i> (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)
<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	\$

Drug	Status	Notes
<i>diclofenac sodium oral tablet, delayed release (drlec) 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, Diclofono, Diclozor, or Pennsaid in 120 days; QL (3 EA per 1 day)
EC-NAPROXEN ORAL TABLET, DELAYED RELEASE (DR/EC) 375 MG (naproxen)	Tier 1	
EC-NAPROXEN ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG (naproxen)	Tier 1	\$
<i>etodolac oral capsule 200 mg, 300 mg</i>	Tier 1	\$
<i>etodolac oral tablet 400 mg</i> (Lodine)	Tier 1	\$
<i>etodolac oral tablet 500 mg</i>	Tier 1	\$
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	Tier 1	\$
<i>fenopropfen oral capsule 200 mg</i>	Tier 1	
<i>fenopropfen oral capsule 400 mg</i> (Nalfon)	Tier 1	\$
<i>fenopropfen 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	\$
IBUPAK ORAL KIT 600 MG	Tier 3	
<i>ibuprofen oral suspension 100 mg/5 ml</i> (Children's Advil)	Tier 1	\$
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> (IBU)	Tier 1	\$
INDOCIN ORAL SUSPENSION 25 MG/5 ML (indomethacin)	Tier 3	\$\$\$\$
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 oral suspension 25 mg/5 ml</i> (Indocin)	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</i> (Kiprofen)	Tier 1	
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	Tier 1	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	Tier 1	\$

Drug	Status	Notes
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)</i>	Tier 1	\$
<i>ketorolac injection solution 30 mg/ml</i>	Tier 1	
<i>ketorolac injection syringe 15 mg/ml</i>	Tier 1	
<i>ketorolac injection syringe 30 mg/ml</i>	Tier 1	\$
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	Tier 1	\$
<i>ketorolac intramuscular syringe 60 mg/2 ml</i>	Tier 1	\$
<i>ketorolac oral tablet 10 mg</i>	Tier 1	\$\$; QL (20 EA per 5 days)
KIPROFEN ORAL CAPSULE 25 MG (ketoprofen)	Tier 1	
LOFENA ORAL TABLET 25 MG (diclofenac potassium)	Tier 1	\$\$\$\$; QL (8 EA per 1 day)
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	Tier 1	\$
<i>mefenamic acid oral capsule 250 mg</i>	Tier 1	\$
<i>meloxicam oral suspension 7.5 mg/5 ml</i>	Tier 1	\$
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	Tier 1	\$
<i>meloxicam submicronized oral capsule 10 mg, 5 mg</i> (Vivlodex)	Tier 1	\$\$; ST: Must meet 2 of the following requirements: Diclofenac Potassium, Diclofenac Sodium, or Meloxicam in 365 days; QL (1 EA per 1 day)
<i>nabumetone oral tablet 500 mg, 750 mg</i>	Tier 1	\$
<i>naproxen oral suspension 125 mg/5 ml</i> (Naprosyn)	Tier 1	\$
<i>naproxen oral tablet 250 mg, 375 mg</i>	Tier 1	\$
<i>naproxen oral tablet 500 mg</i> (Naprosyn)	Tier 1	\$
<i>naproxen oral tablet, delayed release (drlec) 375 mg, 500 mg</i> (EC-Naproxen)	Tier 1	\$
<i>naproxen sodium oral tablet 275 mg</i>	Tier 1	\$
<i>naproxen sodium oral tablet 550 mg</i> (Anaprox DS)	Tier 1	\$
<i>naproxen sodium oral tablet, er multiphase 24 hr 375 mg</i> (Naprelan CR)	Tier 1	\$\$
<i>naproxen sodium oral tablet, er multiphase 24 hr 500 mg</i> (Naprelan CR)	Tier 1	\$
<i>naproxen sodium oral tablet, er multiphase 24 hr 750 mg</i> (Naprelan CR)	Tier 1	
<i>oxaprozin oral capsule 300 mg</i> (Coxanto)	Tier 1	
<i>oxaprozin oral tablet 600 mg</i> (Daypro)	Tier 1	\$
<i>piroxicam oral capsule 10 mg, 20 mg</i> (Feldene)	Tier 1	\$

Drug	Status	Notes
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)
<i>sulindac oral tablet 150 mg, 200 mg</i>	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)
<i>tolmetin oral capsule 400 mg</i>	Tier 1	
TORONOVA II SUIK KIT 30 MG/ML	Tier 3	
TORONOVA SUIK KIT 30 MG/ML	Tier 3	
ZORVOLEX ORAL CAPSULE 18 MG	Tier 3	\$; ST: Must meet any of the following requirements: Diclo Gel, Diclofenac Sodium, Diclofono, 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, Diclofono, Diclozor, or Pennsaid in 120 days; QL (3 EA per 1 day)
<b>Plasma Kallikrein Inhibitors</b>		
ORLADEYO ORAL CAPSULE 110 MG	Tier 4	PA
ORLADEYO ORAL CAPSULE 150 MG	Tier 4	PA; \$\$\$\$\$
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	Tier 4	PA; \$\$\$\$\$
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)	Tier 4	PA; \$\$\$\$\$
<b>Local Anesthesia</b>		
<b>Local Anesthetics</b>		
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 IN APPLICATOR 2 % (lidocaine hcl)	Tier 1	\$

Drug	Status	Notes
KOVANAZE NASAL NASAL SPRAY SYRINGE 6-0.1 MG/0.2 ML	Tier 3	
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i> (Glydo)	Tier 1	\$
<i>lidocaine hcl mucous membrane solution 2 %</i> (Lidocaine Viscous)	Tier 1	\$
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	Tier 1	\$
LIDOCAINE VISCOUS MUCOUS MEMBRANE SOLUTION 2 % (lidocaine hcl)	Tier 1	\$
LIDOMARK 1-5 KIT 10 MG/ML (1 %)	Tier 3	
LIDOMARK 2-5 KIT 20 MG/ML (2 %)	Tier 3	
MARVONA SUIK (PF) KIT 0.5 % (5 MG/ML)	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	
XARACOLL IMPLANT IMPLANT 100 MG	Tier 3	
ZYNRELEF SURGICAL SITE INSTILLATION SOLUTION,EXTENDED RELEASE 200 MG-6 MG /7 ML, 400 MG-12 MG /14 ML	Tier 3	
<b>Periodontal Anesthetics</b>		
ORAQIX DENTAL CARTRIDGE 2.5-2.5 %	Tier 3	
<b>Lower Gastrointestinal Disorders - Bowel Inflammation</b>		
<b>Chronic Inflammation. Colon Disease, 5-Aminosalicylates, Rectal Treatment</b>		
<i>mesalamine rectal enema 4 gram/60 ml</i> (Rowasa)	Tier 1	\$
<i>mesalamine rectal suppository 1,000 mg</i> (Canasa)	Tier 1	\$
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i> (Rowasa)	Tier 1	\$
<b>Drug Treatment-Chronic Inflammation. Colon Disease, 5-Aminosalicylates</b>		
<i>balsalazide oral capsule 750 mg</i> (Colazal)	Tier 1	\$
DIPENTUM ORAL CAPSULE 250 MG	Tier 3	\$\$\$; ST: Must meet the following requirement: Mesalamine in 120 days
<i>mesalamine oral capsule (with delayed release tablets) 400 mg</i> (Delzicol)	Tier 1	\$



Drug	Status	Notes
mesalamine oral capsule, extended release 500 mg (Pentasa)	Tier 1	\$\$
mesalamine oral capsule, extended release 24hr 0.375 gram (Apriso)	Tier 1	\$
mesalamine oral tablet, delayed release (dr/ec) 1.2 gram (Lialda)	Tier 1	\$
mesalamine oral tablet, delayed release (dr/ec) 800 mg	Tier 1	\$\$
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	Tier 2	\$\$
sulfasalazine oral tablet 500 mg (Azulfidine)	Tier 1	\$
sulfasalazine oral tablet, delayed release (dr/ec) 500 mg (Azulfidine EN-tabs)	Tier 1	\$
<b>Hemorrhoidal Prep, Anti-Infam Steroid/Local Anesth</b>		
ANA-LEX KIT RECTAL KIT 2-2 % (lidocaine-hydrocortisone-aloe)	Tier 1	
hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 % (Analpram-HC)	Tier 1	\$
hydrocortisone-pramoxine rectal cream 2.5-1 % (4g) (Analpram-HC Singles)	Tier 1	\$
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	
<b>Ibs Agents, Mixed Opioid Recep Agonists/Antagonists</b>		
VIBERZI ORAL TABLET 100 MG, 75 MG	Tier 3	PA; \$\$\$

Drug	Status	Notes
<b>Integrin Receptor Antagonist, Monoclonal Antibody</b>		
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML	Tier 4	\$\$\$\$\$
<b>Irritable Bowel Agents, Guanylate Cylase-C Agonist</b>		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	Tier 2	\$\$; QL (1 EA per 1 day)
TRULANCE ORAL TABLET 3 MG	Tier 3	\$\$; ST: Must meet the following requirements: Linzess and Lubiprostone in 365 days; QL (1 EA per 1 day)
<b>Local Anorectal Nitrate Preparations</b>		
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i> (Rectiv)	Tier 1	\$\$
RECTIV RECTAL OINTMENT 0.4 % (W/W) (nitroglycerin)	Tier 3	\$\$
<b>Rectal Preparations</b>		
ANUCORT-HC RECTAL SUPPOSITORY 25 MG (hydrocortisone acetate)	Tier 1	\$
<i>hydrocortisone acetate rectal suppository 25 mg</i> (Anucort-HC)	Tier 1	\$
<i>hydrocortisone acetate rectal suppository 30 mg</i> (Hemmorex-HC)	Tier 1	\$
<b>Rectal/Lower Bowel Prep., Glucocort. (Non-Hemorr)</b>		
<i>budesonide rectal foam 2 mg/actuation</i> (Uceris)	Tier 1	\$\$
CORTIFOAM RECTAL FOAM 10 % (80 MG)	Tier 3	\$\$
<i>hydrocortisone rectal enema 100 mg/60 ml</i> (Cortenema)	Tier 1	\$
<b>Lower Gastrointestinal Disorders - Other</b>		
<b>Ammonia Inhibitors</b>		
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG (carglumic acid)	Tier 4	PA; \$\$\$\$\$
<i>carglumic acid oral tablet, dispersible 200 mg</i> (Carbaglu)	Tier 4	PA; \$\$\$\$\$
ENULOSE ORAL SOLUTION 10 GRAM/15 ML (lactulose)	Tier 1	\$
LITHOSTAT ORAL TABLET 250 MG	Tier 3	\$\$
OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM	Tier 4	PA
PHEBURANE ORAL GRANULES 483 MG/GRAM	Tier 4	PA

Drug	Status	Notes
RAVICTI ORAL LIQUID 1.1 GRAM/ML	Tier 4	PA; \$\$\$\$\$
sodium phenylbutyrate oral powder 0.94 gram/gram (Buphenyl)	Tier 4	PA; \$\$\$\$\$
sodium phenylbutyrate oral tablet 500 mg (Buphenyl)	Tier 4	PA; \$\$\$\$\$
<b>Antidiarrheal - G.I. Chloride Channel Inhibitors</b>		
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)
<b>Antidiarrheal - Tryptophan Hydroxylase Inhibitor</b>		
XERMELO ORAL TABLET 250 MG	Tier 4	PA; \$\$\$\$\$
<b>Antidiarrheals</b>		
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	\$
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	\$
<b>Bile Salts</b>		
CHENODAL ORAL TABLET 250 MG	Tier 4	PA; \$\$\$\$\$
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	Tier 4	PA; \$\$\$\$\$
RELTONE ORAL CAPSULE 200 MG, 400 MG (ursodiol)	Tier 3	PA; \$\$\$
ursodiol oral capsule 200 mg, 400 mg (Reltone)	Tier 1	PA
ursodiol oral capsule 300 mg	Tier 1	\$
ursodiol oral tablet 250 mg (URSO 250)	Tier 1	\$
ursodiol oral tablet 500 mg (URSO Forte)	Tier 1	\$
<b>Farnesoid X Receptor (Fxr) Agonist, Bile Ac Analog</b>		
OCALIVA ORAL TABLET 10 MG, 5 MG	Tier 4	PA; \$\$\$\$\$
<b>Ibs Agents,Sodium-Hydrogen Exchanger 3(Nhe3) Inhib</b>		
IBSRELA ORAL TABLET 50 MG	Tier 3	PA; \$\$\$

Drug	Status	Notes
<b>Ileal Bile Acid Transporter (Ibat) Inhibitor</b>		
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG	Tier 4	PA; \$\$\$\$\$
BYLVAY ORAL PELLETT 200 MCG	Tier 4	PA
BYLVAY ORAL PELLETT 600 MCG	Tier 4	PA; \$\$\$\$\$
LIVMARLI ORAL SOLUTION 9.5 MG/ML	Tier 4	PA; \$\$\$\$\$
<b>Irritable Bowel Synd. Agent,5Ht-3 Antagonist-Type</b>		
<i>alosetron oral tablet 0.5 mg, 1 mg</i> (Lotronex)	Tier 1	\$
<b>Irritable Bowel Synd. Agent,5Ht-4 Partial Agonist</b>		
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)
<b>Laxatives And Cathartics</b>		
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 GRAM/15 ML (lactulose)	Tier 1	\$
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM (peg 3350-electrolytes)	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 236-22.74-6.74 -5.86 GRAM (peg 3350-electrolytes)	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 20 GRAM	Tier 3	\$; ST: Must meet the following requirement: Generic Lactulose solution in 120 days; QL (2 EA per 1 day)

Drug	Status	Notes
<i>lactulose oral packet 10 gram</i> (Kristalose)	Tier 1	\$\$; 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	\$
<i>lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml</i>	Tier 1	\$
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i> (Amitiza)	Tier 1	\$; QL (2 EA per 1 day)
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i> (GaviLyte-G)	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</i> (MoviPrep)	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> (GaviLyte-N)	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)
PLENVU 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</i> (Suprep Bowel Prep Kit)	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 2, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (2 EA per 1 FILL)

Drug	Status	Notes
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)
<b>Narcotic Antagonists, Peripherally-Acting</b>		
<i>alvimopan oral capsule 12 mg</i>	Tier 1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	Tier 2	\$; QL (1 EA per 1 day)
RELISTOR ORAL TABLET 150 MG	Tier 3	PA; \$\$\$
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	Tier 3	PA; \$\$\$
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	Tier 3	PA; \$\$\$\$
RELISTOR SUBCUTANEOUS SYRINGE 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)
<b>Sbs - Glucagon-Like Peptide-2 (Glp-2) Analogs</b>		
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	Tier 4	PA; \$\$\$\$\$
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	Tier 4	PA; \$\$\$\$\$
<b>Tissue Bulking Implants - Non-Cosmetic</b>		
SOLESTA IMPLANT GEL FOR IMPLANT IN SYRINGE 50-15 MG/ML (4)	Tier 4	
<b>Medical Supplies</b>		
<b>Bandages And Related Supplies</b>		
ACESO AG TOPICAL BANDAGE 4 X 4 "	Tier 3	
ACTICOAT 7 DRESSING TOPICAL BANDAGE 2 X 2 ", 4 X 5 ", 6 X 6 "	Tier 3	
ACTICOAT DRESSING TOPICAL BANDAGE 16 X 16 ", 2 X 2 ", 4 X 4 ", 4 X 48 ", 4 X 8 ", 5 X 5 ", 8 X 16 "	Tier 3	
ACTICOAT FLEX 3 DRESSING TOPICAL BANDAGE 16 X 16 ", 2 X 2 ", 4 X 4 ", 4 X 48 ", 4 X 8 ", 8 X 16 "	Tier 3	
ACTICOAT FLEX 7 DRESSING TOPICAL BANDAGE 1 X 24 ", 16 X 16 ", 2 X 2 ", 4 X 5 ", 6 X 6 ", 8 X 16 "	Tier 3	

Drug	Status	Notes
ACTICOAT SURGICAL DRESSING TOPICAL BANDAGE 4 X 10 ", 4 X 13 3/4 ", 4 X 4 3/4 ", 4 X 8 "	Tier 3	
ALLEVYN ADHESIVE DRESSING TOPICAL BANDAGE 3 X 3 ", 5 X 5 ", 7 X 7 ", 9 X 9 "	Tier 3	
ALLEVYN AG ADHESIVE TOPICAL BANDAGE 5 %- 3" X 3", 5 %- 5" X 5", 5 %- 7" X 7"	Tier 3	
ALLEVYN AG GENTLE DRESSING TOPICAL BANDAGE 5 %- 2" X 2", 5 %- 4" X 4", 5 %- 6" X 6", 5 %- 8" X 8"	Tier 3	
ALLEVYN AG TOPICAL BANDAGE 5 %- 2" X 2", 5 %- 4" X 4", 5 %- 6" X 6", 5 %- 8" X 8"	Tier 3	
ALLEVYN HEEL TOPICAL BANDAGE 4 1/2 X 5 1/2 "	Tier 3	
ALLEVYN LIFE DRESSING TOPICAL BANDAGE 4 X 4 ", 5 1/16 X 5 1/16 ", 6 1/16 X 6 1/16 ", 8 1/4 X 8 1/4 "	Tier 3	
ALLEVYN TOPICAL BANDAGE 2 X 2 ", 4 X 4 ", 6 X 6 ", 8 X 8 "	Tier 3	
BIOSTEP AG TOPICAL BANDAGE 2 X 2 ", 4 X 4 "	Tier 3	
BIOSTEP TOPICAL BANDAGE 2 X 2 ", 4 X 4 "	Tier 3	
CARRASYN HYDROGEL WOUND DRESS TOPICAL GEL	Tier 3	
CELLPAD TOPICAL PAD 2 X 5.5 "	Tier 3	
CICASIL TOPICAL PAD 2 X 5.5 "	Tier 3	
CICATRACE PAD TOPICAL PAD 4.7 X 5.7 "	Tier 3	
CURAD XEROFORM PETROLATM DRESS TOPICAL BANDAGE 1 X 8 "	Tier 3	
CURAFIL GEL WOUND TOPICAL GEL	Tier 3	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL SPONGE 0.2 %- 2" X 2"	Tier 3	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL STRIP 0.2 %- 1/2" X 3 FEET	Tier 3	
CURITY AMD TOPICAL BANDAGE 1 X 5 "-YARD, 1/4 X 36 "	Tier 3	

Drug	Status	Notes
CURITY IODOFORM PACKING STRIP TOPICAL BANDAGE 1 X 5 "-YARD, 1/2 X 5 "-YARD, 1/4 X 5 "-YARD, 2 X 5 "- YARD	Tier 3	
DERM-SILK TOPICAL PAD 2.5 X 2 "	Tier 3	
DYNAFOAM AG TOPICAL BANDAGE 4 X 4 "	Tier 3	
DYNAGINATE AG TOPICAL BANDAGE 12 ", 2 X 2 ", 4 X 5 ", 4 X 8 "	Tier 3	
KELOTOP TOPICAL PAD 4.7 X 5.7 "	Tier 3	
KERAGEL TOPICAL GEL	Tier 3	
KERAGELT TOPICAL GEL	Tier 3	
KERLIX AMD TOPICAL BANDAGE 0.2 %- 4.5" X 4.1 YARD	Tier 3	
KERLIX AMD TOPICAL SPONGE 0.2 %- 6" X 6.75"	Tier 3	
MAXORB EXTRA TOPICAL BANDAGE 4 X 4 "	Tier 3	
MEDIHONEY (CAL ALGINATE-HONEY) TOPICAL BANDAGE 2 X 2 ", 3/4 X 12 ", 4 X 5 "	Tier 3	
MEDIHONEY (HYDROCOLLOID- HONEY) TOPICAL BANDAGE 2 X 2 ", 4 X 5 "	Tier 3	
NUVA III TOPICAL SHEET 10 CM X 12 CM	Tier 3	
NUVAGEL TOPICAL SHEET 10 CM X 12 CM	Tier 3	
NUVAZIL II TOPICAL SHEET 10 CM X 12 CM	Tier 3	
OASIS ULTRA FENESTRATED TOPICAL SHEET 3 X 3.5 CM, 3 X 7 CM	Tier 3	
OASIS WOUND MATRIX FENESTRATED TOPICAL SHEET 3 X 3.5 CM, 3 X 7 CM	Tier 3	
OASIS WOUND MATRIX MESHED TOPICAL SHEET 5 X 7 CM, 7 X 10 CM, 7 X 20 CM	Tier 3	
PETROLEUM GAUZE TOPICAL BANDAGE	Tier 3	
PIVOT SILVER ALGINATE TOPICAL BANDAGE 1 X 12 ", 2 X 2 ", 4 X 4 ", 4 X 5 ", 6 X 6 "	Tier 3	
PROSILK TOPICAL PAD 2 X 5.5 "	Tier 3	
PURACOL PLUS AG TOPICAL BANDAGE 2 X 2.2 "	Tier 3	



Drug	Status	Notes
REPLICARE DRESSING TOPICAL BANDAGE 1 1/2 X 2 1/2 "	Tier 3	
REPLICARE DRESSING TOPICAL BANDAGE 4 X 4 ", 6 X 6 ", 8 X 8 " (hydrocolloid dressing)	Tier 3	
REPLICARE THIN TOPICAL BANDAGE 2 X 2 3/4 ", 3 1/2 X 5 1/2 "	Tier 3	
REPLICARE THIN TOPICAL BANDAGE 6 X 8 " (hydrocolloid dressing)	Tier 3	
REPLICARE ULTRA DRESSING TOPICAL BANDAGE 4 X 4 ", 6 X 6 " (hydrocolloid dressing)	Tier 3	
REPLICARE ULTRA DRESSING TOPICAL BANDAGE 7 X 8 "	Tier 3	
RESTORE CALCIUM ALGINATE TOPICAL BANDAGE 4 X 4 3/4 "	Tier 3	
RESTORE TOPICAL BANDAGE 1 X 12 ", 2 X 2 "	Tier 3	
SCARCIN PAD PLUS TOPICAL PAD 1.57 X 5.12 "	Tier 3	
SCARCINPAD TOPICAL PAD 1.57 X 5.12 "	Tier 3	\$
SCARHEAL TOPICAL SHEET 2 X 2.5 "	Tier 3	
SCARSILK TOPICAL PAD 2 X 5.5 "	Tier 3	
SILADERM TOPICAL SHEET 5 CM X 14 CM	Tier 3	
SILADONE TOPICAL SHEET 2 X 2.5 "	Tier 3	
SILIGENTLE AG TOPICAL BANDAGE 2 X 2 ", 4 X 4 ", 4 X 5 ", 6 X 6 "	Tier 3	
SILINOIN TOPICAL SHEET 5 CM X 14 CM	Tier 3	
SIL-K TOPICAL PAD 2 X 5.5 "	Tier 3	
SILTREX TOPICAL PAD 2 X 5.5 "	Tier 3	
SKARLITE TOPICAL PAD 1.57 X 5.12 "	Tier 3	
SPECTRAGEL TOPICAL GEL	Tier 3	
STRATACTX TOPICAL GEL	Tier 3	
STRATAGRT TOPICAL GEL	Tier 3	
STRATAXRT TOPICAL GEL	Tier 3	
SZOSIL TOPICAL SHEET 5 CM X 14 CM	Tier 3	
SZOSIL TOPICAL STRIP 1.4 X 6 "	Tier 3	
THERAHONEY TOPICAL BANDAGE 4 X 5 "	Tier 3	
XEROFORM NON-OCCLUSIVE TOPICAL BANDAGE 4 X 3 "-YARD	Tier 3	

Drug	Status	Notes
XEROFORM PETROLATUM DRESSING TOPICAL BANDAGE 1 X 8 ", 2 X 2 ", 4 X 4 ", 5 X 9 "	Tier 3	\$
XEROFORM PETROLATUM DRESSING TOPICAL BANDAGE 4 X 3 "-YARD	Tier 3	
XEROFORM PETROLATUM OVERWRAP TOPICAL BANDAGE 1 X 8 ", 5 X 9 "	Tier 3	\$
XEROFORM TOPICAL BANDAGE 5 X 9 "	Tier 3	
ZENPHOR TOPICAL BANDAGE 2 X 4.7 "	Tier 3	
ZENPHOR TOPICAL GEL	Tier 3	
<b>Blood Administration Sets</b>		
IVENIX BLOOD PRODUCT ADMIN SET BLOOD ADMINISTRATION SET	Tier 3	
<b>Blood Sugar Diagnostics</b>		
BLULINK BG SYSTEM REFILL KIT 32 GAUGE	Tier 3	
<b>Catheters And Related Devices</b>		
ADVANCE PLUS INTERMITTENT 10 FR, 10-16 FR-", 12 FR, 12-16 FR-", 16- 16 FR-", 18-16 FR-", 6-16 FR-", 8-16 FR- "	Tier 3	
ADVANCE PLUS INTERMITTENT 14-16 (catheter) FR-"	Tier 3	
ADVANCE PLUS INTERMITTENT COMBO PACK 6 FR, 8 FR- 16"	Tier 3	
APOGEE IC INTERMIT CATHETER 14- 6 FR-"	Tier 3	
APOGEE PLUS INTERMITT CATHETER 16-16 FR-"	Tier 3	
BARDEX I.C. FOLEY CATHETER 24 FR	Tier 3	
CURITY DRAINAGE BAG 2,000 ML	Tier 3	
DOVER COATED LATEX FOLEY COMBO PACK	Tier 3	
DOVER FOLEY CATHETER 24 FR	Tier 3	
DOVER LATEX FOLEY CATHETER 16 FR, 28 FR	Tier 3	
DOVER RED RUBBER ROBINSON CATH 8 FR	Tier 3	
DOVER UNIVERSAL TRAY (catheterization tray)	Tier 3	
FEMALE CATHETER 14 FR	Tier 3	

Drug	Status	Notes
KENGUARD FOLEY CATHETER 18-16 FR-"	Tier 3	
KENGUARD FOLEY CATHETER TRAY (catheterization tray)	Tier 3	
LOFRIC 12-16 FR-"	Tier 3	
LOFRIC 14-16 FR-" (catheter)	Tier 3	
LOFRIC HYDRO-KIT COMBO PACK 14 FR- 16"	Tier 3	
LOFRIC ORIGO 14-16 FR-" (catheter)	Tier 3	
LOFRIC PRIMO NELATON CATHETER 16-16 FR-"	Tier 3	
LOFRIC SENSE NELATON CATHETER 14-6 FR-"	Tier 3	
MAGIC3 INTERMITTENT CATHETER 10-16 FR-", 12-16 FR-"	Tier 3	
MONO-FLO DRAINAGE BAG 2,000 ML	Tier 3	
ROBINSON CLEAR VINYL CATHETER 16 FR	Tier 3	
SELF-CATHETER, FEMALE 14 FR	Tier 3	
SILASTIC FOLEY CATHETER 20 FR	Tier 3	
SPEEDICATH (FEMALE) 16 FR	Tier 3	
TOUCH-TROL 10 FR	Tier 3	
VAPRO PLUS INTERMITT CATHETER COMBO PACK 12 FR- 8", 14 FR- 16", 14 FR- 8"	Tier 3	
<b>Durable Medical Equipment,Misc</b>		
AERONEB GO (nebulizer accessories)	Tier 3	
ALL FLOW 1000 KIT (nebulizer accessories)	Tier 3	
ALL FLOW 1000 PFT FILTER (nebulizer accessories)	Tier 3	
ALL FLOW 3000 KIT (nebulizer accessories)	Tier 3	
ALL FLOW 3000 PFT FILTER (nebulizer accessories)	Tier 3	
ALL FLOW 4000 KIT (nebulizer accessories)	Tier 3	
ALL FLOW 4000 PFT FILTER (nebulizer accessories)	Tier 3	
ALL FLOW 5000 KIT (nebulizer accessories)	Tier 3	
ALL FLOW 5000 PFT FILTER (nebulizer accessories)	Tier 3	
ALL FLOW 6000 PFT FILTER (nebulizer accessories)	Tier 3	
AMIELLE VAGINAL TRAINER KIT	Tier 3	
ARGYLE TRACHEOSTOMY CARE TRAY	Tier 3	
CEFALY COMBO PACK	Tier 3	
CLEVER CHOICE NEB KIT-ADULT (nebulizer accessories)	Tier 3	\$
CLEVER CHOICE NEB KIT-CHILD (nebulizer accessories)	Tier 3	
INNOSPIRE REPLACEMENT FILTER (nebulizer accessories)	Tier 3	
INSPIRATION ELITE FILTER (nebulizer accessories)	Tier 3	

Drug	Status	Notes
NOSE CLIP (nebulizer accessories)	Tier 3	
PARI BABY CONV KIT - SIZE 1 KIT	Tier 3	\$
PARI BABY CONV KIT - SIZE 2 KIT	Tier 3	\$
PARI BABY CONV KIT - SIZE 3 KIT	Tier 3	\$
PARI TREK S PORTABLE PWR KIT (nebulizer accessories)	Tier 3	
PILLOW MASK CHILD (nebulizer accessories)	Tier 3	
PRO COMFORT TENS ELECTRODE PAD	Tier 3	
PRO COMFORT TENS UNIT COMBO PACK	Tier 3	
PRO-CEPTION VAGINAL	Tier 3	
PRONEB ULTRA II FILTER ASSEM (nebulizer accessories)	Tier 3	
PTS COLLECT CAPILLARY TUBE	Tier 3	
REUSABLE NEBULIZER KIT KIT	Tier 3	\$
RUBBER MOUTHPIECE (nebulizer accessories)	Tier 3	
SAMI THE SEAL MASK (nebulizer accessories)	Tier 3	\$
SIDESTREAM MASK (nebulizer accessories)	Tier 3	
SILICONE MASK (nebulizer accessories)	Tier 3	\$
TENS 502 DEVICE	Tier 3	
TENS 504 DEVICE	Tier 3	
<b>Durable Medical Equipment,Misc(Group 1)</b>		
ACCU-CHEK FASTCLIX LANCET DRUM (lancets)	Tier 2	\$
ACCU-CHEK SAFE-T-PRO 23 GAUGE	Tier 2	
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE	Tier 2	\$
ACCU-CHEK SOFTCLIX LANCETS (lancets)	Tier 2	\$
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE	Tier 2	
ACTI-LANCE LANCETS 28 GAUGE (lancets)	Tier 2	\$
ADVANCED TRAVEL LANCETS 28 GAUGE (lancets)	Tier 2	
ADVOCATE LANCET 21 GAUGE, 28 GAUGE (lancets)	Tier 2	
ADVOCATE LANCET 23 GAUGE	Tier 2	
ADVOCATE LANCET 26 GAUGE, 30 GAUGE (lancets)	Tier 2	\$
ALTERNATE SITE LANCET 26 GAUGE (lancets)	Tier 2	
ASSURE LANCE 25 GAUGE	Tier 2	\$
ASSURE LANCE 28 GAUGE (lancets)	Tier 2	\$
ASSURE LANCE PLUS 21 GAUGE, 30 GAUGE (lancets)	Tier 2	

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

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

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

Drug	Status	Notes
RELIAMED LANCET 28 GAUGE (lancets)	Tier 2	\$
RELIAMED LANCET 30 GAUGE (lancets)	Tier 2	
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 2	
RELIAMED TWIST AND CAP LANCET 28 GAUGE (lancets)	Tier 2	\$
RIGHTEST GL300 LANCETS 30 GAUGE (lancets)	Tier 2	\$
SAFETY LANCETS 21 GAUGE, 28 GAUGE (lancets)	Tier 2	\$
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 2	\$
SAFETY-LET LANCETS 30 GAUGE (lancets)	Tier 2	
SINGLE-LET (lancets)	Tier 2	
SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE (lancets)	Tier 2	
SMARTEST LANCET (lancets)	Tier 2	
SOFT TOUCH LANCETS (lancets)	Tier 2	\$
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 2	
STERILANCE TL 30 GAUGE (lancets)	Tier 2	\$
STERILANCE TL 32 GAUGE	Tier 2	
SUPER THIN LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 2	\$
SURE COMFORT LANCETS 18 GAUGE, 23 GAUGE	Tier 2	
SURE COMFORT LANCETS 21 GAUGE (lancets)	Tier 2	
SURE COMFORT LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 2	\$
SURE-LANCE , 26 GAUGE, 28 GAUGE (lancets)	Tier 2	
SURE-LANCE ULTRA THIN 30 GAUGE (lancets)	Tier 2	
SURE-TOUCH LANCET (lancets)	Tier 2	
TECHLITE LANCETS 26 GAUGE, 30 GAUGE (lancets)	Tier 2	
TECHLITE LANCETS 28 GAUGE (lancets)	Tier 2	\$
TELCARE LANCETS 30 GAUGE (lancets)	Tier 2	
TEMPO REFILL KIT WITH GAUZE KIT	Tier 2	
THIN LANCETS 26 GAUGE (lancets)	Tier 2	
TOPCARE UNIVERSAL1 LANCET , 33 GAUGE (lancets)	Tier 2	
TRUE COMFORT LANCET 30 GAUGE (lancets)	Tier 2	\$
TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 2	\$



Drug	Status	Notes
TWIST LANCETS 30 GAUGE (lancets)	Tier 2	\$
TWIST LANCETS 32 GAUGE	Tier 2	\$
ULTILET BASIC LANCETS 30 GAUGE (lancets)	Tier 2	
ULTILET CLASSIC LANCETS , 33 GAUGE (lancets)	Tier 2	
ULTILET CLASSIC LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 2	\$
ULTILET LANCETS 28 GAUGE (lancets)	Tier 2	\$
ULTILET LANCETS 30 GAUGE, 33 GAUGE (lancets)	Tier 2	
ULTILET SAFETY LANCETS 23 GAUGE	Tier 2	
ULTRA FINE LANCETS 30 GAUGE (lancets)	Tier 2	
ULTRA THIN II LANCETS 30 GAUGE (lancets)	Tier 2	\$
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 2	\$
ULTRA THIN LANCETS 31 GAUGE	Tier 2	\$
ULTRA THIN PLUS LANCETS 33 GAUGE (lancets)	Tier 2	\$
ULTRA TLC LANCETS (lancets)	Tier 2	
ULTRA-CARE LANCETS 30 GAUGE (lancets)	Tier 2	\$
ULTRALANCE LANCETS 26 GAUGE (lancets)	Tier 2	
ULTRALANCE LANCETS 28 GAUGE (lancets)	Tier 2	\$
ULTRA-THIN II LANCETS 28 GAUGE (lancets)	Tier 2	\$
UNILET COMFORTOUCH LANCET , 26 GAUGE (lancets)	Tier 2	\$
UNILET GP LANCET (lancets)	Tier 2	\$
UNILET LANCET 28 GAUGE, 33 GAUGE (lancets)	Tier 2	\$
UNILET LANCETS 30 GAUGE (lancets)	Tier 2	\$
UNILET SUPER THIN LANCETS 30 GAUGE (lancets)	Tier 2	\$
UNISTIK 3 COMFORT LANCET 28 GAUGE (lancets)	Tier 2	\$
UNISTIK 3 EXTRA LANCET 21 GAUGE (lancets)	Tier 2	\$
UNISTIK 3 GENTLE 30 GAUGE (lancets)	Tier 2	\$
UNISTIK 3 NORMAL LANCET 23 GAUGE	Tier 2	\$
UNISTIK COMFORT LANCETS 28 GAUGE (lancets)	Tier 2	
UNISTIK CZT LANCET 23 GAUGE	Tier 2	
UNISTIK CZT LANCET 28 GAUGE (lancets)	Tier 2	\$
UNISTIK EXTRA LANCETS 21 GAUGE (lancets)	Tier 2	\$

Drug	Status	Notes
UNISTIK NORMAL LANCETS 23 GAUGE	Tier 2	\$
UNISTIK PRO LANCET 21 GAUGE, 28 GAUGE (lancets)	Tier 2	
UNISTIK PRO LANCET 25 GAUGE	Tier 2	
UNISTIK SAFETY 28 GAUGE (lancets)	Tier 2	\$
UNISTIK SAFETY 30 GAUGE (lancets)	Tier 2	
UNISTIK TOUCH LANCETS 21 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 2	
UNISTIK TOUCH LANCETS 23 GAUGE	Tier 2	
UNIVERSAL 1 LANCETS 21 GAUGE, 33 GAUGE (lancets)	Tier 2	\$
UNIVERSAL 1 LANCETS 26 GAUGE, 30 GAUGE (lancets)	Tier 2	
VERIFINE SAFETY LANCET MINI 21 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 2	
VERIFINE SAFETY LANCET MINI 23 GAUGE	Tier 2	
VERIFINE UNIVERSAL LANCET 28 GAUGE (lancets)	Tier 2	
VIVAGUARD LANCET 30 GAUGE (lancets)	Tier 2	
VIVAGUARD SAFETY LANCET 28 GAUGE (lancets)	Tier 2	
<b>Feeding Devices</b>		
ENTERAL GRAVITY BAG SET-ENFIT	Tier 3	
KANGAROO 924 SAFETY SCREW (pump set)	Tier 3	
KANGAROO EPUMP SET	Tier 3	
KANGAROO GRAVITY SET	Tier 3	
RELIZORB CARTRIDGE	Tier 3	
<b>Incontinence Supplies</b>		
FLEXI-SEAL SIGNAL FMS RECTAL	Tier 3	
TENSCARE ITOUCH SURE VAGINAL DEVICE	Tier 3	
<b>Medical Supplies,Miscellaneous</b>		
VARITHENA ADMINISTRATION PACK	Tier 3	
VIBRANT ORAL CAPSULE	Tier 3	
VIBRANT STARTER KIT COMBO PACK	Tier 3	
<b>Medical Supplies,Miscellaneous(Group 2)</b>		
EAR POPPER INFLATION DEVICE	Tier 3	
NASAL DEVICE		
PCCA ACCUPEN-15 DEVICE	Tier 3	

Drug	Status	Notes
<b>Medical Supplies,Miscellaneous(Group 3)</b>		
XENOVIEW EMPTY DELIVERY BAG	Tier 3	
<b>Parenteral Administration Sets</b>		
BD INSYTE AUTOGUARD INFUSION SET 22 GAUGE X 1"	Tier 3	\$
BD INSYTE AUTOGUARD INFUSION SET 24 GAUGE X 3/4"	Tier 3	
BD SAF-T-INTIMA INFUSION SET 22 GAUGE X 3/4"	Tier 3	
FILTERED EXTENSION SET INFUSION SET	Tier 3	
HALO B-LOCK CLOSED LINE ADAPTR	Tier 3	
HALO CLOSED BAG ADAPTOR	Tier 3	
HALO CLOSED LINE ADAPTOR	Tier 3	
HALO CLOSED SYRINGE ADAPTOR	Tier 3	
HI-VOLUME PUMPING CHAMBER SET	Tier 3	
INSUFLON INFUSION SET 25 X 18 MM	Tier 3	
INSYTE IV CATHETER INFUSION SET 14 X 1.75 ", 20 X 1.16 "	Tier 3	
I-PORT	Tier 3	
I-PORT ADVANCE 6 MM INJEC PORT	Tier 3	
I-PORT ADVANCE 9 MM INJEC PORT	Tier 3	
IVENIX ADMIN SET 2INLET 2YSITE (iv administration set) INFUSION SET	Tier 3	
IVENIX ADMIN SET 2INLET Y-SITE (iv administration set) INFUSION SET	Tier 3	
IVENIX ADMIN SET SINGLE-INLET (iv administration set) INFUSION SET	Tier 3	
IVENIX LVP EPIDURAL ADMIN SET EPIDURAL INFUSION SET	Tier 3	
IVENIX LVP EPIDURAL SET NRFIT EPIDURAL INFUSION SET	Tier 3	
MICROBORE EXTENSION SET (iv admin extension set) INFUSION SET	Tier 3	
MONOJECT LUER ADAPTER INTRAVENOUS ADMIX ACCESSORY	Tier 3	
NEXIVA INFUSION SET 18 X 1 1/4 ", 18 X 1 3/4 ", 20 GAUGE X 1", 20 X 1 1/4 ", 20 X 1 3/4 ", 22 GAUGE X 1", 24 GAUGE X 3/4", 24 X 0.56 "	Tier 3	
PHASEAL ASSEMBLY FIXTURE DEVICE	Tier 3	
PHASEAL CONNECTOR LUER LOCK	Tier 3	

Drug	Status	Notes
PHASEAL INFUSION ADAPTER	Tier 3	
PHASEAL INFUSION CLAMP	Tier 3	
PHASEAL INJECTOR LUER	Tier 3	
PHASEAL INJECTOR LUER LOCK	Tier 3	
PHASEAL SECONDARY SET INFUSION SET	Tier 3	
PHASEAL Y-SITE	Tier 3	
RATE FLOW REGULATOR IV SET (iv administration set) INFUSION SET	Tier 3	
TRANSFER SET	Tier 3	
<b>Syringes And Accessories</b>		
BD INSULIN SYRINGE (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 5/16"	Tier 2	\$
BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64"	Tier 2	\$
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 2	\$
BD VEO INSULIN SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64"	Tier 2	\$
BD VEO INSULIN SYRINGE UF (insulin syringe-needle u- SYRINGE 0.3 ML 31 GAUGE X 15/64", 100) 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"	Tier 2	\$
EXTENDED RESERVOIR 3 ML	Tier 3	\$
INTERLINK LEVER LOCK CANNULA	Tier 3	
KENDALL DISINFECTANT CAP	Tier 3	
PARADIGM RESERVOIR 1.8 ML, 3 ML	Tier 3	\$
<b>Miscellaneous Agents</b>		
<b>Amyloidosis Agents-Transthyretin (Ttr) Suppression</b>		
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML	Tier 4	PA
WAINUA SUBCUTANEOUS AUTO- INJECTOR 45 MG/0.8 ML	Tier 4	PA
<b>Anaphylaxis Therapy Agents</b>		
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML	Tier 3	\$\$; QL (2 EA per 365 days)
AUVI-Q INJECTION AUTO-INJECTOR (epinephrine) 0.15 MG/0.15 ML, 0.3 MG/0.3 ML	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)

Drug	Status	Notes
<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)
<b>Cxcr4 Chemokine Receptor Antagonist</b>		
XOLREMDI ORAL CAPSULE 100 MG	Tier 4	PA
<b>Genetic D/O Tx-Exon Inclusion Antisense Oligonucle</b>		
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	Tier 4	\$\$\$\$\$
<b>Miscellaneous Agents</b>		
NEXAVIR INJECTION SOLUTION 25.5 MG/ML	Tier 3	
<b>Parasympathetic Agents</b>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	\$
<i>cevimeline oral capsule 30 mg</i> (Evoxac)	Tier 1	\$
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> (Salagen (pilocarpine))	Tier 1	\$
<b>Pharmacological Chaperone-Alpha-Galactosid.A Stabz</b>		
GALAFOLD ORAL CAPSULE 123 MG	Tier 4	PA; \$\$\$\$\$
<b>Pku Treatment Agents - Phenylalanine Ammonia Lyase</b>		
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 20 MG/ML	Tier 4	PA; \$\$\$\$\$
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	Tier 4	PA; \$\$\$
<b>Pku Tx Agent-Cofactor Of Phenylalanine Hydroxylase</b>		
JAVYGTOR ORAL POWDER IN PACKET 100 MG (sapropterin)	Tier 4	\$\$\$
JAVYGTOR ORAL POWDER IN PACKET 500 MG (sapropterin)	Tier 4	\$\$\$\$\$
JAVYGTOR ORAL TABLET,SOLUBLE 100 MG (sapropterin)	Tier 4	\$\$\$\$\$
<i>sapropterin oral powder in packet 100 mg</i> (Javygtor)	Tier 4	\$\$
<i>sapropterin oral powder in packet 500 mg</i> (Javygtor)	Tier 4	\$\$\$\$\$
<i>sapropterin oral tablet,soluble 100 mg</i> (Javygtor)	Tier 4	\$\$\$\$
<b>Systemic Enzyme Inhibitors</b>		
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG	Tier 4	\$\$\$\$

Drug	Status	Notes
ARALAST NP INTRAVENOUS RECON SOLN 500 MG	Tier 4	
JOENJA ORAL TABLET 70 MG	Tier 4	PA; \$\$\$\$\$
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+-)/20 ML	Tier 4	\$\$\$\$\$
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG	Tier 4	PA; \$\$\$\$\$
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG	Tier 4	\$\$\$\$\$
ZOKINVY ORAL CAPSULE 50 MG	Tier 4	PA; \$\$\$\$\$
ZOKINVY ORAL CAPSULE 75 MG	Tier 4	PA
<b>Thyroid Hormone Receptor (Thr) Agonist</b>		
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	Tier 4	PA
<b>Topical Anticholinergic Hyperhidrosis Tx Agents</b>		
QBREXZA TOPICAL TOWELETTE 2.4 %	Tier 2	PA; \$\$
<b>Neoplastic Disease</b>		
<b>Alkylating Agents</b>		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Tier 4	\$
<i>cyclophosphamide oral tablet 25 mg</i>	Tier 4	
<i>cyclophosphamide oral tablet 50 mg</i>	Tier 4	\$
GLEOSTINE ORAL CAPSULE 10 MG (lomustine)	Tier 4	PA; \$
GLEOSTINE ORAL CAPSULE 100 MG (lomustine)	Tier 4	PA; \$\$\$
GLEOSTINE ORAL CAPSULE 40 MG (lomustine)	Tier 4	PA; \$\$
GLIADEL WAFER IMPLANT WAFER 7.7 MG	Tier 4	
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	Tier 1	\$
LEUKERAN ORAL TABLET 2 MG	Tier 4	\$\$\$\$\$
MYLERAN ORAL TABLET 2 MG	Tier 4	\$\$\$\$\$
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	Tier 4	PA; \$
<b>Antiandrogenic Agents</b>		
<i>abiraterone oral tablet 250 mg</i> (Zytiga)	Tier 4	PA; \$
<i>abiraterone oral tablet 500 mg</i> (Zytiga)	Tier 4	PA; \$\$\$
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	Tier 1	\$
ERLEADA ORAL TABLET 240 MG, 60 MG	Tier 4	PA; \$\$\$\$\$
<i>nilutamide oral tablet 150 mg</i> (Nilandron)	Tier 4	QL (2 EA per 1 day)
NUBEQA ORAL TABLET 300 MG	Tier 4	PA; \$\$\$\$\$

Drug	Status	Notes
XTANDI ORAL CAPSULE 40 MG	Tier 4	PA; \$\$\$\$\$
XTANDI ORAL TABLET 40 MG, 80 MG	Tier 4	PA; \$\$\$\$\$
YONSA ORAL TABLET 125 MG	Tier 4	PA; \$\$\$\$\$
<b>Antibiotic Antineoplastics</b>		
JELMYTO INTRA-PYELOCALYCEAL KIT 40 MG X 2	Tier 4	PA
<b>Antimetabolites</b>		
<i>capecitabine oral tablet 150 mg, 500 mg</i> (Xeloda)	Tier 4	PA; \$
INQOVI ORAL TABLET 35-100 MG	Tier 4	PA; \$\$\$\$\$
JYLAMVO ORAL SOLUTION 2 MG/ML	Tier 3	PA
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	Tier 4	PA; \$\$\$\$\$
<i>mercaptopurine oral tablet 50 mg</i>	Tier 1	\$
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	Tier 1	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	Tier 1	\$
<i>methotrexate sodium injection solution 25 mg/ml</i>	Tier 1	\$
<i>methotrexate sodium oral tablet 2.5 mg</i>	Tier 1	\$
ONUREG ORAL TABLET 200 MG	Tier 4	PA
ONUREG ORAL TABLET 300 MG	Tier 4	PA; \$\$\$\$\$
PURIXAN ORAL SUSPENSION 20 MG/ML	Tier 4	\$\$\$; ST: Must meet the following requirement: Mercaptopurine tablets in 120 days
TABLOID ORAL TABLET 40 MG (thioguanine)	Tier 4	\$\$\$\$\$
TREXALL ORAL TABLET 10 MG, 15 MG, 7.5 MG	Tier 2	\$
TREXALL ORAL TABLET 5 MG	Tier 2	\$\$
XATMEP ORAL SOLUTION 2.5 MG/ML	Tier 3	\$\$; 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)
<b>Antineoplastic Aromatase Inhibitors</b>		
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	Tier 5	\$; \$0 COPAY IF QUANTITY 1 IN 1 DAY
<i>exemestane oral tablet 25 mg</i> (Aromasin)	Tier 5	\$; \$0 COPAY IF QUANTITY 1 IN 1 DAY
<i>letrozole oral tablet 2.5 mg</i> (Femara)	Tier 1	\$
<b>Antineoplastic - Braf Kinase Inhibitors</b>		
BRAFTOVI ORAL CAPSULE 75 MG	Tier 4	PA; \$\$\$\$\$

Drug	Status	Notes
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	Tier 4	PA
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6)	Tier 4	PA
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	Tier 4	PA; \$\$\$\$\$
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	Tier 4	PA; \$\$\$\$
ZELBORAF ORAL TABLET 240 MG	Tier 4	PA; \$\$\$\$\$
<b>Antineoplastic - Hedgehog Pathway Inhibitor</b>		
DAURISMO ORAL TABLET 100 MG, 25 MG	Tier 4	PA
ERIVEDGE ORAL CAPSULE 150 MG	Tier 4	PA; \$\$\$\$\$
ODOMZO ORAL CAPSULE 200 MG	Tier 4	PA; \$\$\$\$\$
<b>Antineoplastic - Janus Kinase (Jak) Inhibitors</b>		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	Tier 4	PA; \$\$\$\$\$
<b>Antineoplastic - Kras Protein Inhibitor</b>		
KRAZATI ORAL TABLET 200 MG	Tier 4	PA; \$\$\$\$\$
LUMAKRAS ORAL TABLET 120 MG, 320 MG	Tier 4	PA; \$\$\$\$\$
<b>Antineoplastic - Mek1 And Mek2 Kinase Inhibitors</b>		
COTELLIC ORAL TABLET 20 MG	Tier 4	PA; \$\$\$\$\$
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	Tier 4	PA; \$\$\$\$\$
MEKINIST ORAL RECON SOLN 0.05 MG/ML	Tier 4	PA; \$\$\$\$\$
MEKINIST ORAL TABLET 0.5 MG, 2 MG	Tier 4	PA; \$\$\$\$\$
MEKTOVI ORAL TABLET 15 MG	Tier 4	PA; \$\$\$\$\$
<b>Antineoplastic - Mtor Kinase Inhibitors</b>		
<i>everolimus (antineoplastic) oral tablet 10 mg, 5 mg</i> (Afinitor)	Tier 4	PA; \$\$
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 7.5 mg</i> (Afinitor)	Tier 4	PA; \$
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i> (Afinitor Disperz)	Tier 4	PA; \$\$\$\$\$
<b>Antineoplastic - Protein Methyltransferase Inhibit</b>		
TAZVERIK ORAL TABLET 200 MG	Tier 4	PA; \$\$\$\$\$



Drug	Status	Notes
<b>Antineoplastic - Topoisomerase I Inhibitors</b>		
HYCAMTIN ORAL CAPSULE 0.25 MG	Tier 4	\$\$\$
HYCAMTIN ORAL CAPSULE 1 MG	Tier 4	\$\$\$\$\$
<b>Antineoplastic Comb - Kinase And Aromatase Inhibit</b>		
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	Tier 4	PA
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG	Tier 4	PA; \$\$\$\$\$
<b>Antineoplastic Immunomodulator Agents</b>		
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> (Revlimid)	Tier 4	PA; \$\$\$\$\$
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	Tier 4	PA; \$\$\$\$\$
<b>Antineoplastic Lhrh(Gnrh) Antagonist,Pituit.Supprs</b>		
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	Tier 3	\$\$; QL (2 EA per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	Tier 3	QL (1 EA per 30 days)
FIRMAGON SUBCUTANEOUS RECON SOLN 120 MG	Tier 3	\$\$; QL (2 EA per 365 days)
ORGOVYX ORAL TABLET 120 MG	Tier 4	PA; \$\$\$\$
<b>Antineoplastic Systemic Enzyme Inhibitors</b>		
ALECENSA ORAL CAPSULE 150 MG	Tier 4	PA; \$\$\$\$\$
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	Tier 4	PA; \$\$\$\$\$
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	Tier 4	PA
AUGTYRO ORAL CAPSULE 40 MG	Tier 4	PA; \$\$\$\$\$
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	Tier 4	PA; \$\$\$\$\$
BALVERSA ORAL TABLET 3 MG	Tier 4	PA; \$\$\$\$\$
BALVERSA ORAL TABLET 4 MG	Tier 4	PA; \$\$\$\$
BALVERSA ORAL TABLET 5 MG	Tier 4	PA; \$
BOSULIF ORAL CAPSULE 100 MG	Tier 4	PA; \$\$\$\$\$
BOSULIF ORAL CAPSULE 50 MG	Tier 4	PA

Drug	Status	Notes
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	Tier 4	PA; \$\$\$\$\$
BRUKINSA ORAL CAPSULE 80 MG	Tier 4	PA; \$\$\$\$\$
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	Tier 4	PA; \$\$\$\$\$
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	Tier 4	PA; \$\$\$\$\$
CAPRELSA ORAL TABLET 100 MG, 300 MG (vandetanib)	Tier 4	PA; \$\$\$\$\$
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3)	Tier 4	PA
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	Tier 4	PA; \$\$\$\$\$
COPIKTRA ORAL CAPSULE 15 MG	Tier 4	PA
COPIKTRA ORAL CAPSULE 25 MG	Tier 4	PA; \$\$\$\$\$
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i> (Tarceva)	Tier 4	PA; \$
EXKIVITY ORAL CAPSULE 40 MG	Tier 4	PA; \$\$\$\$\$
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	Tier 4	PA; \$\$\$\$\$
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG	Tier 4	\$\$\$\$\$
GAVRETO ORAL CAPSULE 100 MG	Tier 4	PA; \$\$\$\$\$
<i>gefitinib oral tablet 250 mg</i> (Iressa)	Tier 4	PA; \$\$
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	Tier 4	PA; \$\$\$\$\$
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	Tier 4	PA; \$\$\$\$\$
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	Tier 4	PA; \$\$\$\$\$
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	Tier 4	PA; \$\$\$\$\$
<i>imatinib oral tablet 100 mg, 400 mg</i> (Gleevec)	Tier 4	PA; \$
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	Tier 4	PA; \$\$\$\$\$
IMBRUVICA ORAL SUSPENSION 70 MG/ML	Tier 4	PA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	Tier 4	PA; \$\$\$\$\$
INLYTA ORAL TABLET 1 MG, 5 MG	Tier 4	PA; \$\$\$\$\$
INREBIC ORAL CAPSULE 100 MG	Tier 4	PA; \$\$\$\$\$
IWILFIN ORAL TABLET 192 MG	Tier 4	PA
JAYPIRCA ORAL TABLET 100 MG	Tier 4	PA; \$\$\$\$\$

Drug	Status	Notes
JAYPIRCA ORAL TABLET 50 MG	Tier 4	PA
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	Tier 4	PA; \$\$\$\$\$
<i>lapatinib oral tablet 250 mg</i> (Tykerb)	Tier 4	PA; \$\$\$\$
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	Tier 4	PA; \$\$\$\$\$
LORBRENA ORAL TABLET 100 MG, 25 MG	Tier 4	PA; \$\$\$\$\$
LYNPARZA ORAL TABLET 100 MG, 150 MG	Tier 4	PA; \$\$\$\$\$
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)	Tier 4	PA; \$\$\$\$
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	Tier 4	PA
NERLYNX ORAL TABLET 40 MG	Tier 4	PA; \$\$\$\$\$
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	Tier 4	PA; \$\$\$\$\$
OGSIVEO ORAL TABLET 100 MG, 150 MG	Tier 4	PA
OGSIVEO ORAL TABLET 50 MG	Tier 4	PA; \$\$\$\$\$
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	Tier 4	PA; \$\$\$\$\$
<i>pazopanib oral tablet 200 mg</i> (Votrient)	Tier 4	PA; \$\$\$\$
PEMAZYRE ORAL TABLET 13.5 MG, 9 MG	Tier 4	PA; \$\$\$\$\$
PEMAZYRE ORAL TABLET 4.5 MG	Tier 4	PA; \$\$\$\$
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 4	PA; \$\$\$\$\$
QINLOCK ORAL TABLET 50 MG	Tier 4	PA; \$\$\$\$\$
RETEVMO ORAL CAPSULE 40 MG, 80 MG	Tier 4	PA; \$\$\$\$\$
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	Tier 4	PA; \$\$\$\$\$
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	Tier 4	PA
RUBRACA ORAL TABLET 200 MG, 300 MG	Tier 4	PA; \$\$\$\$\$
RUBRACA ORAL TABLET 250 MG	Tier 4	PA

Drug	Status	Notes
RYDAPT ORAL CAPSULE 25 MG	Tier 4	PA; \$\$\$\$\$
SCSEMBLIX ORAL TABLET 20 MG, 40 MG	Tier 4	PA; \$\$\$\$\$
<i>sorafenib oral tablet 200 mg</i> (Nexavar)	Tier 4	PA; \$\$\$
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	Tier 4	PA; \$\$\$\$\$
STIVARGA ORAL TABLET 40 MG	Tier 4	PA; \$\$\$\$\$
<i>sunitinib malate oral capsule 12.5 mg</i> (Sutent)	Tier 4	PA; \$
<i>sunitinib malate oral capsule 25 mg, 37.5 mg</i> (Sutent)	Tier 4	PA; \$\$
<i>sunitinib malate oral capsule 50 mg</i> (Sutent)	Tier 4	PA; \$\$\$\$
TABRECTA ORAL TABLET 150 MG, 200 MG	Tier 4	PA; \$\$\$\$\$
TAGRISSO ORAL TABLET 40 MG, 80 MG	Tier 4	PA; \$\$\$\$\$
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	Tier 4	PA
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	Tier 4	PA; \$\$\$\$\$
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	Tier 4	PA; \$\$\$\$\$
TEPMETKO ORAL TABLET 225 MG	Tier 4	PA; \$\$\$\$\$
TRUQAP ORAL TABLET 160 MG, 200 MG	Tier 4	PA; \$\$\$\$\$
TUKYSA ORAL TABLET 150 MG, 50 MG	Tier 4	PA; \$\$\$\$\$
TURALIO ORAL CAPSULE 125 MG	Tier 4	PA; \$\$\$\$\$
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	Tier 4	PA; \$\$\$\$\$
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 4	PA; \$\$\$\$\$
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	Tier 4	PA; \$\$\$\$\$
VITRAKVI ORAL SOLUTION 20 MG/ML	Tier 4	PA; \$\$\$\$\$
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	Tier 4	PA
VONJO ORAL CAPSULE 100 MG	Tier 4	PA; \$\$\$\$\$
XALKORI ORAL CAPSULE 200 MG, 250 MG	Tier 4	PA; \$\$\$\$\$
XALKORI ORAL PELLETT 150 MG, 20 MG, 50 MG	Tier 4	PA
XOSPATA ORAL TABLET 40 MG	Tier 4	PA; \$\$\$\$\$
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	Tier 4	PA; \$\$\$\$\$

Drug	Status	Notes
ZYDELIG ORAL TABLET 100 MG	Tier 4	PA; \$\$\$
ZYDELIG ORAL TABLET 150 MG	Tier 4	PA; \$\$\$\$\$
ZYKADIA ORAL TABLET 150 MG	Tier 4	PA; \$\$\$\$\$
<b>Antineoplastic,Histone Deacetylase Inhibitors,Hdis</b>		
ZOLINZA ORAL CAPSULE 100 MG	Tier 4	\$\$\$\$\$
<b>Antineoplastic-B Cell Lymphoma-2(Bcl-2) Inhibitors</b>		
VENCLEXTA ORAL TABLET 10 MG	Tier 4	PA; \$
VENCLEXTA ORAL TABLET 100 MG	Tier 4	PA; \$\$\$\$\$
VENCLEXTA ORAL TABLET 50 MG	Tier 4	PA; \$\$
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG-100 MG	Tier 4	PA; \$\$\$\$
<b>Antineoplastic-Enzyme Inhib, Antiandrogen Comb.</b>		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	Tier 4	PA
<b>Antineoplastic-Hypoxia Inducible Factor (Hif) Inh</b>		
WELIREG ORAL TABLET 40 MG	Tier 4	PA; \$\$\$\$\$
<b>Antineoplastic-Isocitrate Dehydrogenase Inhibitors</b>		
IDHIFA ORAL TABLET 100 MG, 50 MG	Tier 4	PA; \$\$\$\$\$
REZLIDHIA ORAL CAPSULE 150 MG	Tier 4	PA; \$\$\$\$\$
TIBSOVO ORAL TABLET 250 MG	Tier 4	PA; \$\$\$\$\$
<b>Antineoplastics,Miscellaneous</b>		
<i>etoposide oral capsule 50 mg</i>	Tier 1	\$\$
LYSODREN ORAL TABLET 500 MG	Tier 4	\$\$\$\$
MATULANE ORAL CAPSULE 50 MG	Tier 4	\$\$\$\$
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5 ML	Tier 4	
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	Tier 4	\$\$\$\$
<b>Antineoplastic-Select Inhib Of Nuclear Exp (Sine)</b>		
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), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	Tier 4	PA; \$\$\$\$\$
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	Tier 4	PA

Drug	Status	Notes
<b>Chemotherapy Rescue/Antidote Agents</b>		
<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 4	QL (24 EA per 14 days)
<b>Intrapleural Sclerosing Agents, Antineoplast. Adj.</b>		
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER 4 GRAM	Tier 3	
<i>sterile talc intrapleural suspension for reconstitution 5 gram</i>	Tier 1	
STERITALC INTRAPLEURAL AEROSOL POWDER 3 GRAM	Tier 3	
STERITALC INTRAPLEURAL SUSPENSION FOR RECONSTITUTION 2 GRAM, 4 GRAM	Tier 3	
<b>Photoactivated, Antineopls. &amp; Premalignant Lesions</b>		
AMELUZ TOPICAL GEL 10 %	Tier 3	
LEVULAN TOPICAL SOLUTION 20 %	Tier 3	
<b>Radioactive Therapeutic Agents</b>		
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	
<b>Selective Estrogen Receptor Modulators (Serm)</b>		
ORSERDU ORAL TABLET 345 MG, 86 MG	Tier 4	PA; \$\$\$\$\$
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	Tier 2	\$\$
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	Tier 5	%; \$0 COPAY IF QUANTITY 1 IN 1 DAY
<i>toremifene oral tablet 60 mg</i> (Fareston)	Tier 4	PA; \$\$
<b>Selective Retinoid X Receptor Agonists (Rxr)</b>		
<i>bexarotene oral capsule 75 mg</i> (Targretin)	Tier 4	PA; \$\$
<b>Steroid Antineoplastics</b>		
EMCYT ORAL CAPSULE 140 MG	Tier 4	
<i>megestrol oral tablet 20 mg, 40 mg</i>	Tier 1	\$

Drug	Status	Notes
<b>Neurological Disease - Miscellaneous</b>		
<b>Agents To Treat Multiple Sclerosis</b>		
AVONEX INTRAMUSCULAR PEN INJECTOR 30 MCG/0.5 ML	Tier 4	PA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	Tier 4	PA; \$\$\$\$\$
AVONEX INTRAMUSCULAR SYRINGE 30 MCG/0.5 ML	Tier 4	PA
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	Tier 4	PA; \$\$\$\$\$
BAFIERTAM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 95 MG	Tier 4	PA; \$\$\$\$\$
BETASERON SUBCUTANEOUS KIT 0.3 MG	Tier 4	PA; \$\$\$\$\$
BETASERON SUBCUTANEOUS (interferon beta-1b) RECON SOLN 0.3 MG	Tier 4	PA
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i> (Tecfidera)	Tier 4	PA; \$
<i>fingolimod oral capsule 0.5 mg</i> (Gilenya)	Tier 4	PA; \$\$\$
GILENYA ORAL CAPSULE 0.25 MG	Tier 4	PA; \$\$\$\$\$
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i> (Glatopa)	Tier 4	PA; \$\$\$
GLATOPA SUBCUTANEOUS SYRINGE (glatiramer) 20 MG/ML, 40 MG/ML	Tier 4	PA; \$\$
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	Tier 4	PA; \$\$\$\$\$
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	Tier 4	PA; \$\$\$\$\$
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	Tier 4	PA; \$\$\$\$\$
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	Tier 4	PA; \$\$\$\$\$
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	Tier 4	PA; \$\$\$\$\$
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	Tier 4	PA; \$\$\$\$\$
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	Tier 4	PA; \$\$\$\$\$
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	Tier 4	PA; \$\$\$\$\$
MAYZENT ORAL TABLET 0.25 MG	Tier 4	PA; \$\$\$
MAYZENT ORAL TABLET 1 MG, 2 MG	Tier 4	PA; \$\$\$\$\$

Drug	Status	Notes
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	Tier 4	PA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	Tier 4	PA; \$\$
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	Tier 4	PA
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	Tier 4	PA; \$\$\$\$\$
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	Tier 4	PA; \$\$\$\$\$
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; \$\$\$\$\$
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	Tier 4	PA; \$\$\$\$\$
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6)	Tier 4	PA; \$\$\$\$\$
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	Tier 4	PA
TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.25 MG	Tier 4	PA
TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.5 MG	Tier 4	PA; \$\$\$\$\$
<i>teriflunomide oral tablet 14 mg</i> (Aubagio)	Tier 4	PA; \$\$
<i>teriflunomide oral tablet 7 mg</i> (Aubagio)	Tier 4	PA; \$\$\$
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	Tier 4	PA; \$\$\$\$\$
<b>Agts Tx Neuromusc Transmission</b>		
<b>Dis,Pot-Chan Blkr</b>		
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	Tier 4	PA; \$
FIRDAPSE ORAL TABLET 10 MG	Tier 4	PA; \$\$\$\$\$
<b>Amyotrophic Lateral Sclerosis Agents</b>		
EXSERVAN ORAL FILM 50 MG	Tier 4	PA
RADICAVA ORS ORAL SUSPENSION 105 MG/5 ML	Tier 4	\$\$\$\$\$



Drug	Status	Notes
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	Tier 4	\$\$\$\$\$
<i>riluzole oral tablet 50 mg</i> (Rilutek)	Tier 1	\$
TEGLUTIK ORAL SUSPENSION 50 MG/10 ML	Tier 4	PA; \$\$\$\$
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	Tier 4	PA
<b>Fibromyalgia Agents,Serotonin- Norepineph Ru Inhib</b>		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	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)
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)
<b>Glypromate (Gpe) Analogs</b>		
DAYBUE ORAL SOLUTION 200 MG/ML	Tier 4	PA; \$\$\$\$\$
<b>Metabolic Disease Enzyme Replacement, Mocd</b>		
NULIBRY INTRAVENOUS RECON SOLN 9.5 MG	Tier 4	PA
<b>Movement Disorders(Drug Therapy)</b>		
AUSTEDO 12MG START TITR(WK1-4) ORAL TABLETS,DOSE PACK 6MG(28)- 9MG(28) -12 MG (14)	Tier 4	PA
AUSTEDO ORAL TABLET 12 MG, 9 MG	Tier 4	PA; \$\$\$\$\$
AUSTEDO ORAL TABLET 6 MG	Tier 4	PA; \$\$\$\$
AUSTEDO TD TITRATN PK (WK 1-2) ORAL TABLETS,DOSE PACK 6 MG (14)- 9 MG (14)	Tier 4	PA
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	Tier 4	PA; \$\$\$\$
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG	Tier 4	PA; \$\$\$\$\$
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	Tier 4	PA; \$\$\$

Drug	Status	Notes
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 6 MG (14)-12 MG (14)-24 MG (14)	Tier 4	PA; \$\$\$\$\$
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	Tier 3	\$\$; 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	\$\$; 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 PK(TARDIV) 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; \$\$\$\$\$
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	Tier 4	PA
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> (Xenazine)	Tier 4	PA; \$
<b>Neuropathic Agents</b>		
<i>pregabalin oral tablet extended release</i> (Lyrica CR) <i>24 hr 165 mg, 82.5 mg</i>	Tier 1	\$; 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
<p><i>pregabalin oral tablet extended release</i> (Lyrica CR)  24 hr 330 mg</p>	Tier 1	\$; 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)
<b>Nuclear Factor Erythroid 2-Rel. Factor 2 Activator</b>		
SKYCLARYS ORAL CAPSULE 50 MG	Tier 4	PA; \$\$\$\$\$
<b>Postherpetic Neuralgia Agents</b>		
<p><i>gabapentin oral tablet extended release</i> (Gralise)  24 hr 300 mg</p>	Tier 1	\$; ST: Must meet the following requirements: Gabapentin immediate release in 120 days; QL (1 EA per 1 day)
<p><i>gabapentin oral tablet extended release</i> (Gralise)  24 hr 600 mg</p>	Tier 1	\$; ST: Must meet the following requirements: Gabapentin immediate release in 120 days; QL (2 EA per 1 day)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	Tier 3	\$; ST: Must meet the following requirements: Gabapentin immediate release in 120 days; QL (1 EA per 1 day)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 750 MG, 900 MG	Tier 3	\$\$; ST: Must meet the following requirements: 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 requirements: Gabapentin immediate release in 120 days; QL (33 EA per 15 days)

Drug	Status	Notes
<b>Pseudobulbar Affect (Pba) Agents, Nmda Antagonists</b>		
NUEDEXTA ORAL CAPSULE 20-10 MG	Tier 3	PA; \$\$\$
<b>Sphingosine 1-Phosphate (S1p) Receptor Modulator</b>		
VELSIPITY ORAL TABLET 2 MG	Tier 4	PA
ZEPOSIA ORAL CAPSULE 0.92 MG	Tier 4	PA; \$\$\$\$\$
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21)	Tier 4	PA; \$\$\$\$\$
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)	Tier 4	PA; \$\$\$\$
<b>Oral/Pharyngeal Disorders</b>		
<b>Dental Aids And Preparations</b>		
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> (Periogard)	Tier 1	\$
ORALONE DENTAL PASTE 0.1 % (triamcinolone acetonide)	Tier 1	
PERIOGARD MUCOUS MEMBRANE MOUTHWASH 0.12 % (chlorhexidine gluconate)	Tier 1	\$
Q-CARE RX Q2 KIT 0.12 %	Tier 3	
Q-CARE RX Q4 KIT 0.12 %	Tier 3	
<i>triamcinolone acetonide dental paste 0.1 %</i> (Oralone)	Tier 1	\$
<b>Nose Preparations, Miscellaneous (Rx)</b>		
<i>cocaine nasal solution 4 %</i> (Goprelto)	Tier 1	\$
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	Tier 1	\$
<b>Periodontal Collagenase Inhibitors</b>		
<i>doxycycline hyclate oral tablet 20 mg</i>	Tier 1	\$
<b>Periodontal Tetracycline Antiinfective, Local</b>		
ARESTIN DENTAL CARTRIDGE 1 MG	Tier 4	PA; \$\$\$\$\$
<b>Other Drugs</b>		
<b>Abortifacient,Progesterone Receptor Antagonist-Typ</b>		
MIFEPREX ORAL TABLET 200 MG (mifepristone)	Tier 3	\$
<i>mifepristone oral tablet 200 mg</i> (Mifeprex)	Tier 1	\$
<b>Agents For Stomatological Use</b>		
DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 %	Tier 3	
ORAFATE MUCOUS MEMBRANE PASTE 1 GRAM/10 ML	Tier 3	

Drug	Status	Notes
PROTHELIAL MUCOUS MEMBRANE PASTE 1 GRAM/10 ML	Tier 3	
<b>Antivenins</b>		
ANASCORP INTRAVENOUS RECON SOLN 120 MG	Tier 3	
<b>Appetite Stim. For Anorexia,Cachexia,Wasting Synd.</b>		
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	Tier 1	\$
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	Tier 1	\$. ST: Must meet the following requirement: Megestrol Acetate 40mg/mL suspension in 120 days
<b>Blood Collection Set With Local Anesthetics</b>		
CADIRA COMPLIANT BLOOD STAT KIT 21 GAUGE X 3/4" -2.5 %-2.5 %	Tier 3	
LIDO BDK KIT 21 GAUGE X 1" - 2.5 %-2.5 %	Tier 3	
<b>Blood Testing Preparations,In-Vitro</b>		
COAGUCHEK XS	Tier 3	\$\$
<b>Bulk Chemicals</b>		
<i>alum, ammonium (bulk) powder</i>	Tier 3	
<i>ascorbic acid(vitamin c)(bulk) granules 100 %</i>	Tier 3	
<i>balsam peru (bulk) liquid</i>	Tier 3	
<i>benzoin (bulk) topical tincture</i>	Tier 3	\$
<i>citric acid anhydrous (bulk) granules 100 %</i>	Tier 3	
TRI-CHLOR TOPICAL SOLUTION 80 %	Tier 3	
<i>trichloroacetic acid topical recon soln 100 %, 20 %, 25 %, 30 %, 35 %, 40 %, 50 %, 75 %, 80 %, 90 %</i>	Tier 3	
<b>Calcium Channel Blocker And Nsaid, Cox-2 Inhibitor</b>		
CONSENSI ORAL TABLET 10-200 MG, 2.5-200 MG, 5-200 MG	Tier 3	PA
<b>Cardioplegic Solutions</b>		
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	

Drug	Status	Notes
CARDIOPLEGIA IND 4:1 PLASMALYT PERFUSION SOLUTION 30 MEQ/542 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA IND 4:1 RINGER PERFUSION SOLUTION 48 MEQ/522.8 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA IND 8:1 NON-ENRCH PERFUSION SOLUTION 70 MEQ/300 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA INDUCTION 4:1 PERFUSION SOLUTION 30 MEQ/415 ML (POTASSIUM), 36 MEQ/500 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA INDUCTION 8:1 PERFUSION SOLUTION 100 MEQ/500 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA MAIN 8:1 NO-ENRCH PERFUSION SOLUTION 24 MEQ/300 ML (POTASSIUM)	Tier 1	
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	

Drug	Status	Notes
<i>cardioplegic soln perfusion solution 16 meq/l (= k+)</i> (Plegisol)	Tier 1	
<i>cardioplegic solution no.25 perfusion solution 29 mmol/l (potassium)</i>	Tier 1	
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	
<b>Cholinesterase Reactivat.&amp;Muscarinic Antg.Antidote</b>		
DUODOTE INTRAMUSCULAR PEN INJECTOR 600-2.1 MG/2ML-MG/0.7ML	Tier 3	
<b>Cholinesterase Reactivating,Organophos. Antidotes</b>		
<i>pralidoxime intramuscular pen injector 600 mg/2 ml</i>	Tier 3	
<b>Conception Assistance Supplies</b>		
CONCEPTION KIT	Tier 3	
<b>Condoms</b>		
AIMSCO LATEX CONDOM DEVICE	Tier 5	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
DUREX AIR CONDOM DEVICE	Tier 5	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
DUREX AVANTI BARE REAL FEEL	Tier 5	;\$ \$0 COPAY IF QUANTITY DOES NOT EXCEED 60
DUREX EXTRA SENSITIVE CONDOM DEVICE	Tier 5	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
DUREX TROPICAL CONDOM DEVICE	Tier 5	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
FANTASY CONDOM DEVICE	Tier 5	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
FC2 FEMALE CONDOM	Tier 5	;\$ \$0 COPAY IF QUANTITY DOES NOT EXCEED 60
KIMONO CONDOMS(NON-LUBRICATED) DEVICE	Tier 5	;\$ \$0 COPAY IF QUANTITY DOES NOT EXCEED 60
KIMONO LUBRICATED CONDOMS DEVICE	Tier 5	;\$ \$0 COPAY IF QUANTITY DOES NOT EXCEED 60

Drug	Status	Notes
KIMONO MICROTHIN AQUA LUBE CON DEVICE	Tier 5	\$; \$0 COPAY IF QUANTITY DOES NOT EXCEED 60
KIMONO MICROTHIN CONDOMS DEVICE	Tier 5	\$; \$0 COPAY IF QUANTITY DOES NOT EXCEED 60
KIMONO MICROTHIN LARGE CONDOMS DEVICE	Tier 5	\$; \$0 COPAY IF QUANTITY DOES NOT EXCEED 60
KIMONO TEXTURED CONDOMS DEVICE	Tier 5	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUE COVER CONDOM DEVICE	Tier 5	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX LATEX CONDOM DEVICE	Tier 5	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX LUBRICATED CONDOMS DEVICE	Tier 5	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX NON-LUB CONDOMS DEVICE	Tier 5	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX-RIA LUB/SPERMICIDE DEVICE	Tier 5	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX-RIA LUBRICATED CONDOMS DEVICE	Tier 5	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	Tier 5	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
<b>Cryopreservative Agents</b>		
CRYOSERV SOLUTION 99 %	Tier 3	
<b>Cystic Fibrosis - Inhaled Osmotic Agents</b>		
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	Tier 4	ST: Must meet the following requirement: Inhaled 7% Sodium Chloride solution in 120 days; QL (20 EA per 1 day); Age (Min 18 Years)
<b>Diagnostic Test Devices And Supplies</b>		
BD VERITOR SARS-COV-2, FLU A-B KIT	Tier 5	\$
<i>covid19 test adm.by pharmacist</i>	Tier 5	\$
<i>eua patient assessment</i>	Tier 5	
EVERLYWELL COVID19 HOM COLLECT (covid-19 test specimen collect)	Tier 5	
MIDASPOT COVID19 ANTIBODY TEST KIT	Tier 5	
PIXEL COVID19 HOME COLLECT KIT (covid-19 test specimen collect)	Tier 5	



Drug	Status	Notes
SOFIA2 FLU-SARS ANTIGEN FIA KIT	Tier 5	
<b>Digital Therapeutics, Software</b>		
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	
<b>Diluent Solutions</b>		
DILUENT FOR ROTARIX ORAL SYRINGE	Tier 3	
DILUTING MEDIUM FOR NOVOLOG INJECTION SOLUTION	Tier 3	
STERILE HYDROGEL FOR JELMYTO INTRA-PYELOCALYCEAL SOLUTION	Tier 3	
<b>Drugs To Treat Hereditary Tyrosinemia</b>		
<i>nitisinone oral capsule 10 mg, 5 mg</i> (Orfadin)	Tier 4	PA; \$\$\$\$\$
<i>nitisinone oral capsule 2 mg</i> (Orfadin)	Tier 4	PA; \$\$\$\$
<i>nitisinone oral capsule 20 mg</i> (Orfadin)	Tier 4	PA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	Tier 4	PA
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (nitisinone)	Tier 4	PA
ORFADIN ORAL SUSPENSION 4 MG/ML	Tier 4	PA; \$\$\$\$\$
<b>Drugs To Tx Gaucher Dx-Type 1, Substrate Reducing</b>		
CERDELGA ORAL CAPSULE 84 MG	Tier 4	\$\$\$\$\$
<i>miglustat oral capsule 100 mg</i> (Yargesa)	Tier 4	PA; \$\$\$\$\$
OPFOLDA ORAL CAPSULE 65 MG	Tier 4	PA; \$
YARGESA ORAL CAPSULE 100 MG (miglustat)	Tier 4	PA
<b>Environment Allergens And Irritants, Other</b>		
T.R.U.E. TEST ALLERGEN TOPICAL ADHESIVE PATCH, MEDICATED	Tier 3	
<b>General Anesthetics - Benzodiazepine, Injectable</b>		
<i>midazolam (pf) injection solution 5 mg/ml</i>	Tier 1	\$
<i>midazolam injection solution 5 mg/ml</i>	Tier 1	\$
<b>General Anesthetics, Inhalant</b>		
<i>desflurane inhalation liquid 100 %</i> (Suprane)	Tier 1	
<i>isoflurane inhalation liquid 99.9 %</i> (Terrell)	Tier 1	
<i>sevoflurane inhalation liquid</i> (Ultane)	Tier 1	

Drug	Status	Notes
SUPRANE INHALATION LIQUID 100 % (desflurane)	Tier 3	
TERRELL INHALATION LIQUID 99.9 % (isoflurane)	Tier 1	
<b>General Inhalation Agents</b>		
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %	Tier 3	\$
NEBUSAL INHALATION SOLUTION (sodium chloride) FOR NEBULIZATION 3 %	Tier 1	\$
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	Tier 3	\$
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %</i>	Tier 1	\$
<i>sodium chloride inhalation solution for nebulization 3 %</i> (NebuSal)	Tier 1	\$
<i>sodium chloride inhalation solution for nebulization 7 %</i> (Hyper-Sal)	Tier 1	\$
<b>Homeopathic Drugs</b>		
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	
SYZYGIIUM COMPOSITUM ORAL DROPS	Tier 3	
VERTIGOHEEL ORAL DROPS	Tier 3	
VERTIGOHEEL ORAL TABLET,SOLUBLE	Tier 3	
<b>Intra-Uterine Devices (IUD's)</b>		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG	Tier 5	\$\$
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	Tier 5	\$\$
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24 HR (8 YRS) 52 MG	Tier 5	\$\$

Drug	Status	Notes
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	Tier 5	\$\$
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG	Tier 5	\$\$
<b>Joint Tissue Replacement</b>		
MACI IMPLANT SHEET 500,000 CELL/ CM2 (3CM X 5CM)	Tier 3	
<b>Metabolic Deficiency Agents</b>		
<i>betaine oral powder 1 gram/scoop</i> (Cystadane)	Tier 4	PA; \$\$\$
CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML (levocarnitine)	Tier 3	\$
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i> (Carnitor)	Tier 1	\$
<i>levocarnitine oral solution 100 mg/ml</i> (Carnitor (sugar-free))	Tier 1	\$
<i>levocarnitine oral tablet 330 mg</i> (Carnitor)	Tier 1	\$
<b>Metabolic Disease Enzyme Replace, Hypophosphatasia</b>		
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	Tier 4	PA; \$\$\$\$\$
<b>Metabolic Dx Enzyme Replacemt, Sev. Comb. Immune Def.</b>		
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	Tier 4	PA; \$\$\$\$\$
<b>Metallic Poison, Agents To Treat</b>		
CHEMET ORAL CAPSULE 100 MG	Tier 3	\$\$\$
CUVRIOR ORAL TABLET 300 MG	Tier 4	PA; \$\$\$\$\$
<i>deferasirox oral granules in packet 180 mg</i> (Jadenu Sprinkle)	Tier 4	PA; \$\$
<i>deferasirox oral granules in packet 360 mg</i> (Jadenu Sprinkle)	Tier 4	PA; \$\$\$
<i>deferasirox oral granules in packet 90 mg</i> (Jadenu Sprinkle)	Tier 4	PA; \$\$\$
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i> (Jadenu)	Tier 4	PA; \$
<i>deferasirox oral tablet, dispersible 125 mg</i> (Exjade)	Tier 4	PA; \$\$
<i>deferasirox oral tablet, dispersible 250 mg, 500 mg</i> (Exjade)	Tier 4	PA; \$
<i>deferiprone oral tablet 1,000 mg</i> (Ferriprox)	Tier 4	PA; \$\$\$\$\$
<i>deferiprone oral tablet 500 mg</i> (Ferriprox)	Tier 4	PA; \$\$\$\$
<i>deferoxamine injection recon soln 2 gram</i>	Tier 1	PA; \$

Drug	Status	Notes
<i>deferoxamine injection recon soln 500 mg</i> (Desferal)	Tier 1	PA
FERRIPROX ORAL SOLUTION 100 MG/ML	Tier 4	PA; \$\$\$\$\$
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)	Tier 3	\$
RADIOGARDASE ORAL CAPSULE 0.5 GRAM	Tier 3	
<i>trientine oral capsule 250 mg</i> (Syprine)	Tier 4	PA; \$\$
<i>trientine oral capsule 500 mg</i>	Tier 4	PA
WILZIN ORAL CAPSULE 25 MG (ZINC)	Tier 3	
<b>Muscarinic Receptor Antagonists</b>		
ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML	Tier 3	
<b>Needles/Needleless Devices</b>		
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"	Tier 2	\$
BD NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 2	\$
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4" (pen needle, diabetic)	Tier 2	\$
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic)	Tier 2	\$
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 2	\$
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2" (pen needle, diabetic)	Tier 2	\$
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16" (pen needle, diabetic)	Tier 2	\$
HALO VIAL CONVERTER DEVICE 13 MM	Tier 3	
<b>Ointment/Cream Bases</b>		
RADIAGEL TOPICAL GEL	Tier 3	
<b>Oral Lipid Supplements</b>		
DOJOLVI ORAL LIQUID 8.3 KCAL/ML	Tier 4	PA; \$\$\$\$\$
<b>Oral Mucositis/Stomatitis Agents</b>		
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	\$

Drug	Status	Notes
ORAPEUTIC MUCOUS MEMBRANE GEL	Tier 3	
<b>Saliva Stimulant Agents</b>		
NUMOISYN MUCOUS MEMBRANE LOZENGE 0.3 GRAM	Tier 3	
<b>Saliva Substitute Agents</b>		
AQUORAL MUCOUS MEMBRANE AEROSOL, SPRAY	Tier 3	
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	
<b>Sexual Dysfunction Devices</b>		
RAPPORT VACUUM THERAPY KIT	Tier 3	
<b>Skin Tissue Replacement</b>		
APLIGRAF TOPICAL DISK	Tier 3	
EPIFIX AMNIOTIC MEMBRANE TOPICAL SHEET 14 MM, 2 X 3 CM, 4 X 4 CM, 7 X 7 CM	Tier 3	
GRAFIX CORE TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM	Tier 3	
GRAFIX PRIME TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM	Tier 3	
GRAFIX XC TOPICAL SHEET 7.5 X 15 CM	Tier 3	
KERAMATRIX TOPICAL SHEET 2 X 2 ", 3/4 X 1 ", 4 X 4 "	Tier 3	
MIRO3D TOPICAL SHEET 10 X 5 X 2 CM, 2 X 2 X 2 CM, 3 X 3 X 2 CM, 5 X 5 X 2 CM	Tier 3	
MIRODERM FENESTRATED PLUS TOPICAL SHEET 3 X 3 CM, 5 X 5 CM, 8 X 15 CM, 8 X 8 CM	Tier 3	
MIRODERM FENESTRATED TOPICAL SHEET 2 X 2 CM, 2 X 3 CM, 3 X 3 CM, 4 X 4 CM, 5 X 5 CM, 8 X 15 CM, 8 X 8 CM	Tier 3	
STRAVIX TOPICAL SHEET 2 X 4 CM, 3 X 6 CM	Tier 3	

Drug	Status	Notes
TRUSKIN TOPICAL SHEET 2 X 4 CM, 4 X 8 CM	Tier 3	
XCELLISTEM TOPICAL POWDER 250 MG	Tier 3	
<b>Solvents</b>		
<i>isopropyl alcohol solution 70 %</i> (Alcohol, Rubbing)	Tier 3	
<i>isopropyl alcohol solution 91 %</i>	Tier 3	
<i>isopropyl alcohol solution 99 %</i>	Tier 3	\$
MURI-LUBE OIL	Tier 3	
<b>Somatostatic Agents</b>		
MYCAPSSA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 20 MG	Tier 4	PA; \$\$\$\$\$
<i>octreotide acetate injection solution 1,000 mcg/ml</i>	Tier 4	\$\$
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml</i> (Sandostatin)	Tier 4	\$
<i>octreotide acetate injection solution 200 mcg/ml</i>	Tier 4	\$
<i>octreotide acetate injection solution 500 mcg/ml</i> (Sandostatin)	Tier 4	\$\$
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	Tier 4	\$
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	Tier 4	PA
<b>Support Hosiery</b>		
T.E.D. ANTI-EMBOLISM STOCKING	Tier 3	\$
T.E.D. KNEE LENGTH-M-LONG	Tier 3	\$
T.E.D. KNEE LENGTH-S-REGULAR	Tier 3	\$
<b>Suspending Agents</b>		
GELFILM IMPLANT FILM	Tier 3	
<i>hydroxypropyl cellulose powder</i>	Tier 3	
<b>Tissue/Wound Adhesives</b>		
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	
<b>Urine Acetone Test Aids</b>		
KETONE CARE STRIP	Tier 3	

Drug	Status	Notes
KETONE URINE TEST STRIP	Tier 3	\$
KETOSTIX STRIP	Tier 3	\$
TRUEPLUS KETONE STRIP	Tier 3	\$
<b>Vehicles</b>		
GEL VEHICLE FOR NEXOBRID TOPICAL GEL	Tier 3	
<b>Wound Healing Agents, Local</b>		
<i>balsam peru-castor oil topical ointment</i> (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	
FILSUVEZ TOPICAL GEL 10 %	Tier 4	PA; \$\$\$\$\$
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	
<b>Other Respiratory Disorders</b>		
<b>Antifibrotic Therapy - Pyridone Analogs</b>		
<i>pirfenidone oral capsule 267 mg</i> (Esbriet)	Tier 4	PA; \$\$
<i>pirfenidone oral tablet 267 mg, 801 mg</i> (Esbriet)	Tier 4	PA; \$
<i>pirfenidone oral tablet 534 mg</i>	Tier 4	PA
<b>Cystic Fib. Transmemb Conduct.Reg.(Cftr)Potentiator</b>		
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 50 MG, 75 MG	Tier 4	PA; \$\$\$\$\$
KALYDECO ORAL GRANULES IN PACKET 5.8 MG	Tier 4	PA
KALYDECO ORAL TABLET 150 MG	Tier 4	PA; \$\$\$\$\$

Drug	Status	Notes
<b>Cystic Fibrosis-Cftr Potentiator &amp; Corrector Comb.</b>		
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	Tier 4	PA; \$\$\$\$\$
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	Tier 4	PA; \$\$\$\$\$
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N)	Tier 4	PA; \$\$\$\$\$
SYMDEKO ORAL TABLETS, SEQUENTIAL 50-75 MG (D)/ 75 MG (N)	Tier 4	PA
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	Tier 4	PA; \$\$\$\$\$
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	Tier 4	PA; \$\$\$\$\$
<b>Lung Surfactants</b>		
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	
<b>Mucolytics</b>		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	Tier 1	\$
PULMOZYME INHALATION SOLUTION 1 MG/ML	Tier 4	PA; \$\$\$\$
<b>Pulmonary Fibrosis - Systemic Enzyme Inhibitors</b>		
OFEV ORAL CAPSULE 100 MG, 150 MG	Tier 4	PA; \$\$\$\$\$
<b>Pain Management - Analgesics</b>		
<b>Analgesic, Non-Salicylate &amp; Barbiturate Comb.</b>		
<i>butalbital-acetaminophen oral capsule 50-300 mg</i>	Tier 1	\$; QL (6 EA per 1 day)



Drug	Status	Notes
<i>butalbital-acetaminophen oral tablet 50-300 mg</i> (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)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i> (Tencon)	Tier 1	\$
TENCON ORAL TABLET 50-325 MG (butalbital-acetaminophen)	Tier 1	
<b>Analgesic, Salicylate, Barbiturate, &amp; Xanthine Cmb</b>		
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	Tier 1	\$
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	Tier 1	\$
<b>Analgesic, Non-Salicylate, Barbiturate, &amp; Xanthine Cmb</b>		
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg</i> (Fioricet)	Tier 1	\$
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i> (Esgic)	Tier 1	\$
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i> (Esgic)	Tier 1	\$
FIORICET ORAL CAPSULE 50-300-40 MG (butalbital-acetaminophen-caff)	Tier 1	\$
<b>Analgesic/Antipyretics, Salicylates</b>		
<i>aspirin oral tablet 325 mg</i> (Bayer Aspirin)	Tier 5	\$
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg</i> (Bayer Aspirin)	Tier 5	\$
BAYER ASPIRIN ORAL TABLET 325 MG (aspirin)	Tier 5	\$
BAYER ASPIRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG (aspirin)	Tier 5	\$
<i>choline, magnesium salicylate oral liquid 500 mg/5 ml</i>	Tier 1	
<i>diflunisal oral tablet 500 mg</i>	Tier 1	\$
ECOTRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG (aspirin)	Tier 5	\$
<i>salsalate oral tablet 500 mg, 750 mg</i> (Disalcid)	Tier 1	\$
<b>Analgesics, Narcotic Agonist And Nsaid Combination</b>		
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	Tier 1	\$
SEGLENTIS ORAL TABLET 44-56 MG	Tier 3	\$

Drug	Status	Notes
<b>Analgesics, Non-Narcotics</b>		
<i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)</i> (Duraclon (PF))	Tier 1	
<i>clonidine (pf) epidural solution 5,000 mcg/10 ml</i>	Tier 1	
<b>Analgesics, Narcotics</b>		
BELBUCA BUCCAL FILM 150 MCG, 75 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)
BELBUCA BUCCAL FILM 300 MCG, 450 MCG, 600 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)
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	Tier 1	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	Tier 1	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i> (Butrans)	Tier 1	§; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 28 days)
<i>butorphanol injection solution 1 mg/ml</i>	Tier 1	
<i>butorphanol injection solution 2 mg/ml</i>	Tier 1	\$
<i>butorphanol nasal spray, non-aerosol 10 mg/ml</i>	Tier 1	\$
<i>codeine sulfate oral tablet 15 mg, 30 mg</i>	Tier 1	§; QL (12 EA per 1 day); Age (Min 12 Years)
<i>codeine sulfate oral tablet 60 mg</i>	Tier 1	§; QL (6 EA per 1 day); Age (Min 12 Years)
DEMEROL (PF) INJECTION SYRINGE 100 MG/ML, 50 MG/ML, 75 MG/ML	Tier 3	
DEMEROL (PF) INJECTION SYRINGE 25 MG/ML	Tier 3	\$

Drug	Status	Notes
DILAUDID (PF) INJECTION SYRINGE (hydromorphone (pf)) 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML, 4 MG/ML	Tier 3	
DSUVIA SUBLINGUAL TABLET IN APPLICATOR 30 MCG	Tier 3	PA
<i>fentanyl (pf)-bupivacaine-nacl epidural prefilled pump reservoir 2 mcg/ml- 0.1 %, 2 mcg/ml- 0.125 %</i>	Tier 1	
<i>fentanyl (pf)-bupivacaine-nacl epidural syringe 1.5 mcg/ml- 0.125 %, 2 mcg/ml- 0.125 %</i>	Tier 1	
<i>fentanyl citrate (pf) intravenous patient control.analgesia soln 1,500 mcg/30 ml (50 mcg/ml)</i>	Tier 1	
<i>fentanyl citrate (pf)-0.9%nacl intravenous pt controlled analgesia syring 1,000 mcg/50 ml (20 mcg/ml), 500 mcg/50 ml (10 mcg/ml)</i>	Tier 1	
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 600 mcg, 800 mcg</i>	Tier 1	PA
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	Tier 1	PA; \$\$
<i>fentanyl citrate buccal lozenge on a handle 400 mcg</i>	Tier 1	PA; \$
<i>fentanyl citrate buccal tablet, effervescent 100 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i> (Fentora)	Tier 1	PA
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 75 mcg/hr</i>	Tier 1	PA; \$; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription
<i>fentanyl transdermal patch 72 hour 62.5 mcg/hour, 87.5 mcg/hour</i>	Tier 1	PA; \$\$; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription
<i>fentanyl-ropivacaine-nacl (pf) epidural prefilled pump reservoir 2-0.2 mcg/ml-%</i>	Tier 1	
<i>fentanyl-ropivacaine-nacl (pf) epidural solution 2-0.1 mcg/ml-%, 2-0.125 mcg/ml-%</i>	Tier 1	
<i>fentanyl-ropivacaine-nacl (pf) epidural syringe 100 mcg/50 ml (2 mcg/ml)-0.1%, 100 mcg/50 ml (2mcg/ml)-0.15%</i>	Tier 1	

Drug	Status	Notes
FENTORA BUCCAL TABLET, EFFERVESCENT 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (fentanyl citrate)	Tier 3	PA
hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 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 capsule, oral only, er 12hr 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)
hydrocodone bitartrate oral tablet, oral only, ext.rel.24 hr 100 mg, 120 mg, 20 mg, 80 mg (Hysingla ER)	Tier 1	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
hydrocodone bitartrate oral tablet, oral only, ext.rel.24 hr 30 mg (Hysingla ER)	Tier 1	\$. ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
hydrocodone bitartrate oral tablet, oral only, ext.rel.24 hr 40 mg, 60 mg (Hysingla ER)	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) injection syringe 0.5 mg/0.5 ml, 1 mg/ml, 2 mg/ml (Dilaudid (PF))	Tier 1	
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	\$
hydromorphone oral tablet extended release 24 hr 12 mg, 8 mg	Tier 1	PA; \$. ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription

Drug	Status	Notes
<i>hydromorphone oral tablet extended release 24 hr 16 mg, 32 mg</i>	Tier 1	PA; \$\$; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription
<i>hydromorphone rectal suppository 3 mg</i>	Tier 1	\$
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 120 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)
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 20 MG, 30 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)
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 40 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)
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 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)
<i>levorphanol tartrate oral tablet 2 mg</i>	Tier 1	\$\$\$\$; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription
<i>levorphanol tartrate oral tablet 3 mg</i>	Tier 1	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription
<i>meperidine (pf) injection solution 100 mg/ml, 50 mg/ml</i>	Tier 1	\$
<i>meperidine (pf) injection solution 25 mg/ml</i>	Tier 1	
<i>meperidine oral solution 50 mg/5 ml</i>	Tier 1	\$; QL (30 ML per 1 day)
<i>meperidine oral tablet 50 mg</i>	Tier 1	\$; QL (6 EA per 1 day)
<i>methadone injection solution 10 mg/ml</i>	Tier 1	QL (4 ML per 1 day)

Drug	Status	Notes
METHADONE INTENSOL ORAL CONCENTRATE 10 MG/ML (methadone)	Tier 1	\$. QL (4 ML per 1 day)
<i>methadone oral concentrate 10 mg/ml</i> (Methadone Intensol)	Tier 1	\$. QL (4 ML per 1 day)
<i>methadone oral solution 10 mg/5 ml</i>	Tier 1	\$. QL (20 ML per 1 day)
<i>methadone oral solution 5 mg/5 ml</i>	Tier 1	\$. QL (40 ML per 1 day)
<i>methadone oral tablet 10 mg</i>	Tier 1	\$. QL (4 EA per 1 day)
<i>methadone oral tablet 5 mg</i>	Tier 1	\$. QL (8 EA per 1 day)
<i>methadone oral tablet, soluble 40 mg</i> (Methadose)	Tier 1	QL (1 EA per 1 day)
METHADOSE ORAL TABLET, SOLUBLE 40 MG (methadone)	Tier 1	QL (1 EA per 1 day)
<i>morphine (pf) intravenous syringe 1 mg/2 ml</i>	Tier 1	
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	Tier 1	PA; \$
<i>morphine in 0.9 % sodium chlor intravenous pt controlled analgesia syring 275 mg/55 ml (5 mg/ml)</i>	Tier 1	
<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, 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, er multiphase 24 hr 75 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, 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)

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

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



Drug	Status	Notes
<i>tramadol oral capsule,er biphase 24 hr</i> (ConZip) <i>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</i> (ConZip) <i>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> (Qdolo)	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 25 mg</i>	Tier 1	\$
<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)
<i>tramadol oral tablet, er multiphase 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)

Drug	Status	Notes
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 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) 18 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)
<b>Antimigraine Preparations</b>		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	Tier 2	PA; \$\$
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	Tier 2	PA; \$\$
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	Tier 2	PA; \$\$
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	Tier 1	\$; ST: Must meet the following requirement: Oral Rizatriptan or Sumatriptan in 180 days; QL (18 EA per 30 days)
<i>diclofenac potassium oral powder in packet 50 mg</i> (Cambia)	Tier 1	\$
<i>dihydroergotamine injection solution 1 mg/ml</i>	Tier 1	\$\$; QL (15 ML per 14 days)
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal)	Tier 1	\$; ST: Must meet the following requirement: Oral Rizatriptan or Sumatriptan in 180 days; QL (8 ML per 28 days)

Drug	Status	Notes
<i>eletriptan oral tablet 20 mg, 40 mg</i> (Relpax)	Tier 1	\$. ST: Must meet the following requirement: Oral Rizatriptan or Sumatriptan in 180 days; QL (18 EA per 30 days)
ELYXYB ORAL SOLUTION 120 MG/4.8 ML (25 MG/ML)	Tier 3	PA; \$\$\$
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	Tier 2	PA; \$\$
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	Tier 2	PA; \$\$
ERGOMAR SUBLINGUAL TABLET 2 MG	Tier 3	\$\$\$; QL (10 EA per 7 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	Tier 1	\$. QL (10 EA per 7 days)
<i>frovatriptan oral tablet 2.5 mg</i> (Frova)	Tier 1	\$. ST: 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 (32 EA per 30 days)
QULIPTA ORAL TABLET 10 MG	Tier 2	PA; \$\$\$
QULIPTA ORAL TABLET 30 MG, 60 MG	Tier 2	PA; \$\$
REYVOW ORAL TABLET 100 MG, 50 MG	Tier 2	PA; \$\$
<i>rizatriptan oral tablet 10 mg</i> (Maxalt)	Tier 1	\$. QL (27 EA per 30 days)
<i>rizatriptan oral tablet 5 mg</i>	Tier 1	\$. QL (27 EA per 30 days)
<i>rizatriptan oral tablet,disintegrating 10 mg</i> (Maxalt-MLT)	Tier 1	\$. QL (27 EA per 30 days)
<i>rizatriptan oral tablet,disintegrating 5 mg</i>	Tier 1	\$. QL (27 EA per 30 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation</i>	Tier 1	\$. QL (36 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg</i> (Imitrex)	Tier 1	\$. QL (18 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 (Imitrex STATdose Refill)	Tier 1	\$\$; QL (18 ML per 30 days)
sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml (Imitrex STATdose Refill)	Tier 1	\$\$; QL (18 ML per 30 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml (Imitrex STATdose Pen)	Tier 1	\$\$; QL (18 ML per 30 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml (Imitrex)	Tier 1	\$\$; QL (18 ML per 30 days)
sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml	Tier 1	QL (18 ML per 30 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, Onzetra Xsail, Rizatriptan Benzoate, Sumatriptan Succ/naproxen Sodium, Sumatriptan Succinate, Sumatriptan, Tosymra, Zembrace Symtouch, or Zolmitriptan in 180 days; QL (18 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 (24 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 (18 ML per 30 days)

Drug	Status	Notes
<i>zolmitriptan nasal spray,non-aerosol 5 mg</i> (Zomig)	Tier 1	\$\$; ST: Must meet the following requirement: Oral Rizatriptan or Sumatriptan in 180 days; QL (18 EA per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i> (Zomig)	Tier 1	\$; ST: Must meet the following requirement: Oral Rizatriptan or Sumatriptan in 180 days; QL (18 EA per 30 days)
<i>zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg</i>	Tier 1	\$; ST: Must meet the following requirement: Oral Rizatriptan or Sumatriptan in 180 days; QL (18 EA per 30 days)
ZOMIG ORAL TABLET 2.5 MG (zolmitriptan)	Tier 1	ST: Must meet the following requirement: Oral Rizatriptan or Sumatriptan in 180 days; QL (18 EA per 30 days)
ZOMIG ORAL TABLET 5 MG (zolmitriptan)	Tier 1	\$\$; ST: Must meet the following requirement: Oral Rizatriptan or Sumatriptan in 180 days; QL (18 EA per 30 days)
<b>Calcitonin Gene-Related Peptide (Cgrp) Inhibitors</b>		
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	Tier 2	PA; \$\$\$
<b>Narc.&amp; Non-Sal.Analgesic,Barbiturate &amp;Xanthine Cmb</b>		
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg</i> (Fioricet with Codeine)	Tier 1	\$; QL (6 EA per 1 day); Age (Min 12 Years)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	Tier 1	\$; QL (6 EA per 1 day); Age (Min 12 Years)
<b>Narcotic &amp; Salicylate Analgesics, Barb.&amp; Xanthine</b>		
ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG (codeine-butalbital-asa-caff)	Tier 1	\$; QL (6 EA per 1 day); Age (Min 12 Years)
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i> (Ascomp with Codeine)	Tier 1	\$; QL (6 EA per 1 day); Age (Min 12 Years)
<b>Narcotic Analgesic &amp; Non-Salicylate Analgesic Comb</b>		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	Tier 1	\$; QL (150 ML per 1 day); Age (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	Tier 1	\$; QL (12 EA per 1 day); Age (Min 12 Years)

Drug	Status	Notes
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	Tier 1	\$; QL (6 EA per 1 day); Age (Min 12 Years)
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG (benzhydrocodone-acetaminophen)	Tier 3	ST: 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)</i>	Tier 1	QL (184 ML per 1 day)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	Tier 1	\$; QL (184 ML per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	Tier 1	\$; QL (13 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	\$; QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 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)

Drug	Status	Notes
<i>oxycodone-acetaminophen oral tablet</i> (Nalocet) 2.5-300 mg	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 tablet 5-</i> (Prolate) 300 mg, 7.5-300 mg	Tier 1	\$\$\$\$; ST: Must meet the following requirements: Oxycodone HCL and Oxycodone HCL/Acetaminophen in 365 days; QL (13 EA per 1 day)
PERCOCET ORAL TABLET 10-325 MG (oxycodone-acetaminophen)	Tier 1	\$\$\$; QL (12 EA per 1 day)
PERCOCET ORAL TABLET 2.5-325 MG (oxycodone-acetaminophen)	Tier 1	QL (12 EA per 1 day)
PERCOCET ORAL TABLET 5-325 MG, 7.5-325 MG (oxycodone-acetaminophen)	Tier 1	\$; QL (12 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 (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)
PROLATE ORAL TABLET 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)
<i>tramadol-acetaminophen oral tablet</i> 37.5-325 mg	Tier 1	\$; QL (10 EA per 1 day); Age (Min 12 Years)

Drug	Status	Notes
<b>Narcotic Analgesic,Non-Salicylate,Xanthine Comb</b>		
<i>acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg</i> (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)
<b>Narcotic Withdrawal Therapy Agents</b>		
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	Tier 1	\$
<i>buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i> (Suboxone)	Tier 1	\$
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	Tier 1	\$
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, 8.6-2.1 MG	Tier 2	\$
<b>Opioid Withdrawal Ther, Alpha-2 Adrenergic Agonist</b>		
LUCEMYRA ORAL TABLET 0.18 MG	Tier 3	PA; \$\$
<b>Skeletal Muscle Relaxant,Salicylate,Narc Analgesic</b>		
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
<b>Parkinsons Disease</b>		
<b>Antiparkinsonism Drugs,Anticholinergic</b>		
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	\$
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	Tier 1	\$
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	Tier 1	\$
<b>Antiparkinsonism Drugs,Other</b>		
<i>amantadine hcl oral capsule 100 mg</i>	Tier 1	\$
<i>amantadine hcl oral solution 50 mg/5 ml</i>	Tier 1	\$
<i>amantadine hcl oral tablet 100 mg</i>	Tier 1	\$
<i>apomorphine subcutaneous cartridge 10 mg/ml</i> (APOKYN)	Tier 4	PA; \$\$\$\$\$
<i>bromocriptine oral capsule 5 mg</i> (Parlodel)	Tier 1	\$
<i>bromocriptine oral tablet 2.5 mg</i> (Parlodel)	Tier 1	\$
<i>carbidopa-levodopa oral tablet 10-100 mg</i> (Sinemet)	Tier 1	\$
<i>carbidopa-levodopa oral tablet 25-100 mg</i> (Dhivy)	Tier 1	\$



Drug	Status	Notes
<i>carbidopa-levodopa oral tablet 25-250 mg</i>	Tier 1	\$
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	Tier 1	\$
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 1	\$
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	Tier 1	\$
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML	Tier 4	PA; \$\$\$\$\$
<i>entacapone oral tablet 200 mg</i>	Tier 1	\$
GOCOVRI ORAL CAPSULE, EXTENDED RELEASE 24HR 137 MG	Tier 4	PA; \$\$\$\$
GOCOVRI ORAL CAPSULE, EXTENDED RELEASE 24HR 68.5 MG	Tier 4	PA; \$\$\$
INBRIJA INHALATION CAPSULE 42 MG	Tier 4	PA
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	Tier 4	PA; \$\$\$
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	Tier 2	\$\$; 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; \$\$\$
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	Tier 3	PA; \$\$
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG	Tier 3	PA; \$\$
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 258 MG, 322 MG/DAY(129 MG X1-193MG X1)	Tier 3	PA
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	Tier 1	\$
<i>pramipexole oral tablet extended release (Mirapex ER) 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 3.75 mg</i>	Tier 1	\$\$; ST: Must meet any of the following requirements: Immediate-release Pramipexole or immediate-release Ropinirole in 120 days; QL (1 EA per 1 day)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>pramipexole oral tablet extended release</i> (Mirapex ER) 24 hr 2.25 mg, 3 mg, 4.5 mg	Tier 1	\$\$; 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	\$\$; QL (1 EA per 1 day)
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	Tier 1	\$
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	Tier 1	\$\$; ST: 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	\$\$\$; 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	\$
<i>selegiline hcl oral tablet 5 mg</i>	Tier 1	\$
<i>tolcapone oral tablet 100 mg</i> (Tasmar)	Tier 1	\$\$\$\$; ST: Must meet the following requirement: Entacapone in 120 days; QL (3 EA per 1 day)
XADAGO ORAL TABLET 100 MG	Tier 3	\$\$; ST: Must meet any of the following requirements: Carbidopa/levodopa, Duopa, or Rytary in 120 days; QL (1 EA per 1 day)
XADAGO ORAL TABLET 50 MG	Tier 3	\$\$\$; 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	ST: Must meet the following requirement: Selegiline capsules or tablets in 120 days; QL (2 EA per 1 day)
<b>Decarboxylase Inhibitors</b>		
<i>carbidopa oral tablet 25 mg</i> (Lodosyn)	Tier 1	\$
<b>Seizure Disorder</b>		
<b>Anticonvulsant - Benzodiazepine Type</b>		
<i>clobazam oral suspension 2.5 mg/ml</i> (Onfi)	Tier 1	\$\$; QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)	Tier 1	\$\$; QL (2 EA per 1 day)

Drug	Status	Notes
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg (Klonopin)	Tier 1	\$
clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 1	\$
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	Tier 1	\$
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	Tier 3	QL (10 EA per 30 days)
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	Tier 3	\$\$; QL (10 EA per 30 days)
SYMPAZAN ORAL FILM 10 MG	Tier 3	PA; \$\$\$
SYMPAZAN ORAL FILM 20 MG	Tier 3	PA
SYMPAZAN ORAL FILM 5 MG	Tier 3	PA; \$\$
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	Tier 3	\$\$; QL (10 EA per 30 days)
<b>Anticonvulsant - Cannabinoid Type</b>		
EPIDIOLEX ORAL SOLUTION 100 MG/ML	Tier 4	\$\$\$\$; ST: Must meet 2 of the following requirements: Clobazam, Lamotrigine, Levetiracetam, Topiramate, Valproic Acid (as Sodium Salt), or Valproic Acid in 365 days
<b>Anticonvulsants</b>		
ACTIVE-PAC KIT, GEL AND CAPSULE 300-4-1 MG-%-%	Tier 3	
APTiom ORAL TABLET 200 MG	Tier 3	\$\$\$\$; 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)

Drug	Status	Notes
APTIOM ORAL TABLET 400 MG	Tier 3	\$\$\$; 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	\$\$\$; 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)
BRIVIACT ORAL SOLUTION 10 MG/ML	Tier 2	\$\$\$; QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	Tier 2	\$\$\$; QL (2 EA per 1 day)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	(Carbatrol)	Tier 1
<i>carbamazepine oral suspension 100 mg/5 ml</i>	(Tegretol)	Tier 1
<i>carbamazepine oral tablet 200 mg</i>	(Eptol)	Tier 1
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	(Tegretol XR)	Tier 1
<i>carbamazepine oral tablet, chewable 100 mg</i>		Tier 1
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	(carbamazepine)	Tier 3

Drug	Status	Notes
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG (divalproex)	Tier 3	\$\$
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 500 MG (divalproex)	Tier 3	\$
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG (divalproex)	Tier 3	\$
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC) 250 MG, 500 MG (divalproex)	Tier 3	\$\$
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG (divalproex)	Tier 3	\$
DIACOMIT ORAL CAPSULE 250 MG	Tier 4	PA; \$\$\$
DIACOMIT ORAL CAPSULE 500 MG	Tier 4	PA; \$\$\$\$\$
DIACOMIT ORAL POWDER IN PACKET 250 MG	Tier 4	PA; \$\$\$\$\$
DIACOMIT ORAL POWDER IN PACKET 500 MG	Tier 4	PA; \$\$\$\$\$
DILANTIN EXTENDED ORAL CAPSULE 100 MG (phenytoin sodium extended)	Tier 3	\$
DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG (phenytoin)	Tier 3	\$
DILANTIN ORAL CAPSULE 30 MG	Tier 3	\$
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML (phenytoin)	Tier 3	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i> (Depakote Sprinkles)	Tier 1	\$
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER)	Tier 1	\$
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i> (Depakote)	Tier 1	\$
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG	Tier 3	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	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	\$
EPRONTIA ORAL SOLUTION 25 MG/ML	Tier 3	PA; \$
<i>ethosuximide oral capsule 250 mg</i> (Zarontin)	Tier 1	\$

Drug	Status	Notes
<i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)	Tier 1	\$
<i>felbamate oral suspension 600 mg/5 ml</i>	Tier 1	\$; QL (30 ML per 1 day)
<i>felbamate oral tablet 400 mg</i> (Felbatol)	Tier 1	\$; QL (9 EA per 1 day)
<i>felbamate oral tablet 600 mg</i> (Felbatol)	Tier 1	\$; QL (6 EA per 1 day)
FINTEPLA ORAL SOLUTION 2.2 MG/ML	Tier 4	PA; \$\$\$\$
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	Tier 3	\$\$\$; ST: Must meet 3 of the following requirements: Carbamazepine, Divalproex Sodium, Gabapentin, Lacosamide, Lamotrigine, Levetiracetam, Oxcarbazepine, Valproate, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide in 365 days; QL (680 ML per 28 days)
FYCOMPA ORAL TABLET 10 MG, 8 MG	Tier 3	\$\$\$; ST: Must meet 3 of the following requirements: Carbamazepine, Divalproex Sodium, Gabapentin, Lacosamide, Lamotrigine, Levetiracetam, Oxcarbazepine, Valproate, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide in 365 days; QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 12 MG	Tier 3	\$\$; ST: Must meet 3 of the following requirements: Carbamazepine, Divalproex Sodium, Gabapentin, Lacosamide, Lamotrigine, Levetiracetam, Oxcarbazepine, Valproate, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide in 365 days; QL (30 EA per 30 days)

Drug	Status	Notes
FYCOMPA ORAL TABLET 2 MG	Tier 3	\$\$; ST: Must meet 3 of the following requirements: Carbamazepine, Divalproex Sodium, Gabapentin, Lacosamide, Lamotrigine, Levetiracetam, Oxcarbazepine, Valproate, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide in 365 days; QL (120 EA per 30 days)
FYCOMPA ORAL TABLET 4 MG	Tier 3	\$\$\$; ST: Must meet 3 of the following requirements: Carbamazepine, Divalproex Sodium, Gabapentin, Lacosamide, Lamotrigine, Levetiracetam, Oxcarbazepine, Valproate, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide in 365 days; QL (60 EA per 30 days)
FYCOMPA ORAL TABLET 6 MG	Tier 3	\$\$; ST: Must meet 3 of the following requirements: Carbamazepine, Divalproex Sodium, Gabapentin, Lacosamide, Lamotrigine, Levetiracetam, Oxcarbazepine, Valproate, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, 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	\$
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	Tier 1	\$
<i>gabapentin oral solution 300 mg/6 ml (6 ml)</i>	Tier 1	\$
<i>gabapentin oral tablet 600 mg, 800 mg</i> (Neurontin)	Tier 1	\$
<i>lacosamide oral solution 10 mg/ml</i> (Vimpat)	Tier 1	\$; QL (1200 ML per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Vimpat)	Tier 1	\$; QL (2 EA per 1 day)

Drug	Status	Notes
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
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> (Subvenite)	Tier 1	\$
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7)</i> (Lamictal ODT Starter (Blue))	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> (Lamictal ODT Starter (Orange))	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> (Lamictal ODT Starter (Green))	Tier 1	ST: Must meet the following requirement: Immediate-release Lamotrigine in 120 days
<i>lamotrigine oral tablet extended release 24hr 100 mg</i> (Lamictal XR)	Tier 1	\$\$; 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> (Lamictal XR)	Tier 1	\$\$; 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> (Lamictal XR)	Tier 1	\$\$; 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> (Lamictal)	Tier 1	\$
<i>lamotrigine oral tablet, disintegrating 100 mg</i> (Lamictal ODT)	Tier 1	\$\$; ST: Must meet the following requirement: Immediate-release Lamotrigine in 120 days; QL (3 EA per 1 day)



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>lamotrigine oral tablet, disintegrating 200 mg</i> (Lamictal ODT)	Tier 1	\$. 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	\$. 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> (Keppra)	Tier 1	\$
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> (Keppra)	Tier 1	\$
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> (Keppra XR)	Tier 1	\$
<i>methsuximide oral capsule 300 mg</i> (Celontin)	Tier 1	\$\$\$
MOTPOLY XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG	Tier 3	PA
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> (Trileptal)	Tier 1	\$
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal)	Tier 1	\$
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	Tier 3	\$\$; 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, 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	\$\$\$; 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, Valproic Acid, Zonisade, or Zonisamide in 365 days; QL (4 EA per 1 day)
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	Tier 3	\$
<i>phenytoin oral suspension 125 mg/5 ml</i>	(Dilantin-125)	Tier 1
<i>phenytoin oral tablet, chewable 50 mg</i>	(Dilantin Infatabs)	Tier 1
<i>phenytoin sodium extended oral capsule 100 mg</i>	(Dilantin Extended)	Tier 1
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	(Phenytek)	Tier 1
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	(Lyrica)	Tier 1
<i>pregabalin oral solution 20 mg/ml</i>	(Lyrica)	Tier 1
<i>primidone oral tablet 125 mg</i>		Tier 1
<i>primidone oral tablet 250 mg, 50 mg</i>	(Mysoline)	Tier 1
<i>rufinamide oral suspension 40 mg/ml</i>	(Banzel)	Tier 1
<i>rufinamide oral tablet 200 mg</i>	(Banzel)	Tier 1
<i>rufinamide oral tablet 400 mg</i>	(Banzel)	Tier 1

Drug	Status	Notes
SABRIL ORAL TABLET 500 MG (vigabatrin)	Tier 4	PA; \$\$\$\$\$
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 500 MG	Tier 3	PA; \$\$
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG	Tier 3	PA
SPRITAM ORAL TABLET FOR SUSPENSION 750 MG	Tier 3	PA; \$\$\$
SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG (lamotrigine)	Tier 3	\$
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	\$\$
TEGRETOL ORAL SUSPENSION 100 MG/5 ML (carbamazepine)	Tier 3	\$
TEGRETOL ORAL TABLET 200 MG (carbamazepine)	Tier 3	\$\$
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG (carbamazepine)	Tier 3	\$
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 200 MG, 400 MG (carbamazepine)	Tier 3	\$\$
<i>tiagabine oral tablet 12 mg</i>	Tier 1	\$\$; 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, Valproic Acid, Zonisade, or Zonisamide in 365 days; QL (4 EA per 1 day)

Drug	Status	Notes
<i>tiagabine oral tablet 16 mg</i>	Tier 1	\$\$; 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, Valproic Acid, Zonisade, or Zonisamide in 365 days; QL (3 EA per 1 day)
<i>tiagabine oral tablet 2 mg, 4 mg</i>	Tier 1	\$; 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, Valproic Acid, Zonisade, or Zonisamide in 365 days; QL (4 EA per 1 day)
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)	Tier 1	\$
<i>topiramate oral capsule, extended release 24hr 100 mg, 200 mg</i> (Trokendi XR)	Tier 1	\$\$; QL (2 EA per 1 day)
<i>topiramate oral capsule, extended release 24hr 25 mg</i> (Trokendi XR)	Tier 1	\$\$; QL (8 EA per 1 day)
<i>topiramate oral capsule, extended release 24hr 50 mg</i> (Trokendi XR)	Tier 1	\$\$; QL (4 EA per 1 day)
<i>topiramate oral capsule, sprinkle, er 24hr 100 mg</i> (Qudexy XR)	Tier 1	\$\$; 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	\$\$; ST: Must meet the following requirement: Topiramate immediate-release (tablets, sprinkles, capsules) in 120 days; QL (2 EA per 1 day)

Drug	Status	Notes
topiramate oral capsule, sprinkle, er 24hr (Qudexy XR) 25 mg, 50 mg	Tier 1	\$; ST: Must meet the following requirement: Topiramate immediate-release (tablets, sprinkles, capsules) in 120 days; QL (1 EA per 1 day)
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg (Topamax)	Tier 1	\$
valproic acid (as sodium salt) oral solution 250 mg/5 ml	Tier 1	\$
valproic acid oral capsule 250 mg	Tier 1	\$
vigabatrin oral powder in packet 500 mg (Vigadrone)	Tier 4	PA; \$
vigabatrin oral tablet 500 mg (Sabril)	Tier 4	PA; \$\$\$\$
VIGADRONE ORAL POWDER IN PACKET 500 MG (vigabatrin)	Tier 4	PA; \$\$\$\$
VIGADRONE ORAL TABLET 500 MG (vigabatrin)	Tier 4	PA
VIGPODER ORAL POWDER IN PACKET 500 MG (vigabatrin)	Tier 4	PA
VIMPAT ORAL TABLETS, DOSE PACK 50 MG (14)- 100 MG (14)	Tier 2	
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	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, Sodium Valproate, Spritam, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide in 120 days; QL (1 EA per 1 day)

Drug	Status	Notes
XCOPRI ORAL TABLET 100 MG, 150 MG, 50 MG	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, Sodium Valproate, 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	\$\$\$; 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, Sodium Valproate, Spritam, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide in 120 days; QL (2 EA per 1 day)
XCOPRI ORAL TABLET 25 MG	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, Sodium Valproate, Spritam, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide in 120 days; QL (1 EA per 1 day)

Drug	Status	Notes
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)-25 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, Sodium Valproate, Spritam, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide in 120 days; QL (1 EA per 1 day)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 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, Sodium Valproate, 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; \$\$
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	Tier 1	\$
<i>zonisamide oral capsule 50 mg</i>	Tier 1	\$
<b>Neuroactive Steroid Gaba-A Receptor Modulator</b>		
ZTALMY ORAL SUSPENSION 50 MG/ML	Tier 4	PA; \$\$\$\$\$
<b>Skeletal Muscle Disorder</b>		
<b>Agents To Tx Periodic Paralysis - Carbon Anhyd Inh</b>		
<i>dichlorphenamide oral tablet 50 mg</i> (Keveyis)	Tier 4	PA; \$\$\$\$\$
KEVEYIS ORAL TABLET 50 MG (dichlorphenamide)	Tier 4	PA; \$\$\$\$\$
ORMALVI ORAL TABLET 50 MG (dichlorphenamide)	Tier 4	PA

Drug	Status	Notes
<b>Retinoic Acid Receptor (Rar) Agonists</b>		
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG	Tier 4	PA
<b>Skeletal Muscle Relax.&amp; Top.Irritant Counter-Irritant</b>		
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	
<b>Skeletal Muscle Relaxants</b>		
<i>baclofen oral solution 10 mg/5 ml (2 mg/ml)</i> (Ozobax DS)	Tier 1	PA; \$\$
<i>baclofen oral solution 5 mg/5 ml</i> (Ozobax)	Tier 1	PA; \$\$
<i>baclofen oral suspension 25 mg/5 ml (5 mg/ml)</i> (Fleqsuvy)	Tier 1	PA; \$\$
<i>baclofen oral tablet 10 mg</i>	Tier 1	\$. QL (8 EA per 1 day)
<i>baclofen oral tablet 15 mg</i>	Tier 1	
<i>baclofen oral tablet 20 mg</i>	Tier 1	\$. QL (4 EA per 1 day)
<i>baclofen oral tablet 5 mg</i>	Tier 1	\$. QL (16 EA per 1 day)
<i>carisoprodol oral tablet 250 mg, 350 mg</i> (Soma)	Tier 1	\$. QL (4 EA per 1 day)
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	Tier 1	
<i>chlorzoxazone oral tablet 250 mg</i>	Tier 1	\$\$\$; ST: Must meet the following requirement: Chlorzoxazone 500mg in 120 days; QL (4 EA per 1 day)
<i>chlorzoxazone oral tablet 375 mg, 750 mg</i> (Lorzone)	Tier 1	\$. ST: Must meet the following requirement: Chlorzoxazone 500mg in 120 days; QL (4 EA per 1 day)
<i>chlorzoxazone oral tablet 500 mg</i>	Tier 1	\$. QL (4 EA per 1 day)
<i>cyclobenzaprine oral capsule,extended release 24hr 15 mg, 30 mg</i> (Amrix)	Tier 1	\$. QL (1 EA per 1 day)
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	Tier 1	\$. QL (3 EA per 1 day)
<i>cyclobenzaprine oral tablet 7.5 mg</i> (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	
<i>dantrolene oral capsule 100 mg</i>	Tier 1	\$. QL (4 EA per 1 day)
<i>dantrolene oral capsule 25 mg</i> (Dantrium)	Tier 1	\$. QL (3 EA per 1 day)
<i>dantrolene oral capsule 50 mg</i>	Tier 1	\$. QL (3 EA per 1 day)
LYVISPAH ORAL GRANULES IN PACKET 10 MG, 20 MG	Tier 3	PA



Drug	Status	Notes
LYVISPAH ORAL GRANULES IN PACKET 5 MG	Tier 3	PA; \$
<i>metaxalone oral tablet 400 mg</i>	Tier 1	\$; QL (8 EA per 1 day)
<i>metaxalone oral tablet 800 mg</i>	Tier 1	\$; QL (4 EA per 1 day)
<i>methocarbamol oral tablet 1,000 mg</i>	Tier 1	\$\$\$
<i>methocarbamol oral tablet 500 mg</i>	Tier 1	\$; QL (8 EA per 1 day)
<i>methocarbamol oral tablet 750 mg</i>	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)
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	Tier 1	\$; QL (2 EA per 1 day)
<i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i> (Norgesic)	Tier 1	\$; QL (8 EA per 1 day)
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG (orphenadrine-asa-caffeine)	Tier 1	QL (4 EA per 1 day)
<i>tizanidine oral capsule 2 mg</i> (Zanaflex)	Tier 1	\$; QL (18 EA per 1 day)
<i>tizanidine oral capsule 4 mg</i> (Zanaflex)	Tier 1	\$; QL (9 EA per 1 day)
<i>tizanidine oral capsule 6 mg</i> (Zanaflex)	Tier 1	\$; QL (6 EA per 1 day)
<i>tizanidine oral tablet 2 mg</i>	Tier 1	\$; QL (18 EA per 1 day)
<i>tizanidine oral tablet 4 mg</i> (Zanaflex)	Tier 1	\$; QL (9 EA per 1 day)
<b>Smoking Cessation</b>		
<b>Smoking Deterrent Agents (Ganglionic Stim,Others)</b>		
<i>nicotine (polacrilex) buccal gum 2 mg</i> (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
<i>nicotine (polacrilex) buccal gum 4 mg</i> (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
<i>nicotine (polacrilex) buccal lozenge 2 mg</i> (Quit 2)	Tier 5	\$; \$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine (polacrilex) buccal lozenge 4 mg</i> (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

Drug	Status	Notes
<i>nicotine (polacrilex) buccal mini lozenge</i> (Nicorette) 2 mg, 4 mg	Tier 5	\$; \$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i> (Nicoderm CQ)	Tier 5	\$; \$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	Tier 5	\$; \$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
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 OF 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

Drug	Status	Notes
<b>Smoking Deterrent-Nicotinic Recept.Partial Agonist</b>		
<i>varenicline oral tablet 0.5 mg</i>	Tier 5	\$. \$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
<i>varenicline oral tablet 1 mg</i> (Chantix)	Tier 5	\$. \$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
<i>varenicline oral tablets,dose pack 0.5 mg (11)- 1 mg (42)</i> (Chantix Starting Month Box)	Tier 5	\$. \$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
<b>Smoking Deterrents, Other</b>		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	Tier 5	\$. \$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<b>Upper Gastrointestinal Disorders - Digestive</b>		
<b>Gastric Enzymes</b>		
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	Tier 4	PA; \$\$\$\$\$
<b>Pancreatic Enzymes</b>		
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 6,000-19,000 -30,000 UNIT	Tier 2	\$\$
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 24,000-76,000 - 120,000 UNIT, 36,000-114,000- 180,000 UNIT	Tier 2	\$\$\$
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 3,000-9,500- 15,000 UNIT	Tier 2	\$
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 2,600-8,800- 15,200 UNIT, 4,200-14,200- 24,600 UNIT	Tier 3	\$

Drug	Status	Notes
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,800-56,800-98,400 UNIT, 21,000-54,700- 83,900 UNIT	Tier 3	\$\$\$
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 37,000-97,300-149,900 UNIT	Tier 3	\$\$\$\$
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,000-57,500-60,500 UNIT	Tier 3	\$\$\$\$
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 24,000-86,250-90,750 UNIT	Tier 3	\$\$\$\$\$
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 4,000-14,375-15,125 UNIT	Tier 3	\$\$
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 8,000-28,750-30,250 UNIT	Tier 3	\$\$\$
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT	Tier 3	\$\$
VIOKACE ORAL TABLET 20,880-78,300- 78,300 UNIT	Tier 3	\$\$\$\$
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 3,000-10,000 -14,000-UNIT	Tier 2	\$\$
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 15,000-47,000 - 63,000 UNIT, 60,000-189,600- 252,600 UNIT	Tier 2	\$\$\$
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20,000-63,000-84,000 UNIT, 25,000-79,000- 105,000 UNIT, 40,000-126,000- 168,000 UNIT	Tier 2	\$\$\$\$
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 5,000-17,000-24,000 UNIT	Tier 2	\$
<b>Upper Gastrointestinal Disorders - Spastic Disease</b>		
<b>Anticholinergics/Antispasmodics</b>		
<i>dicyclomine oral capsule 10 mg</i>	Tier 1	\$
<i>dicyclomine oral solution 10 mg/5 ml</i>	Tier 1	\$
<i>dicyclomine oral tablet 20 mg</i>	Tier 1	\$

Drug	Status	Notes
<b>Belladonna Alkaloids</b>		
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
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i>	(Hyosyne)	Tier 1 \$
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>	(Hyosyne)	Tier 1 \$
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	(Oscimin)	Tier 1 \$
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i>	(Levbid)	Tier 1 \$
<i>hyoscyamine sulfate oral tablet,disintegrating 0.125 mg</i>	(Ed-Spaz)	Tier 1 \$
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	(Oscimin SL)	Tier 1 \$
HYOSYNE ORAL DROPS 0.125 MG/ML	(hyoscyamine sulfate)	Tier 1 \$
HYOSYNE ORAL ELIXIR 0.125 MG/5 ML	(hyoscyamine sulfate)	Tier 1 \$
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>		Tier 1 \$
OSCIMIN ORAL TABLET 0.125 MG	(hyoscyamine sulfate)	Tier 1 \$
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG	(hyoscyamine sulfate)	Tier 1 \$
<i>phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 -0.0194 mg/5 ml</i>	(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)
<i>phenobarb-hyoscy-atropine-scop oral tablet 16.2-0.1037 -0.0194 mg</i>	(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)

Drug		Status	Notes
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	\$
<b>Upper Gastrointestinal Disorders - Ulcer Disease</b>			
<b>Anticholinergics, Quaternary Ammonium</b>			
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	(Librax (with clidinium))	Tier 1	\$
DARTISLA ORAL TABLET, DISINTEGRATING 1.7 MG		Tier 3	ST: Must meet the following requirement: Glycopyrrolate 2mg in 120 days; QL (4 EA per 1 day); Age (Min 18 Years)
<i>glycopyrrolate (pf) injection syringe 0.6 mg/3 ml (0.2 mg/ml)</i>	(Glyrx-PF)	Tier 1	
<i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i>	(Cuvposa)	Tier 1	\$
<i>glycopyrrolate oral tablet 1 mg</i>	(Robinul)	Tier 1	\$
<i>glycopyrrolate oral tablet 1.5 mg</i>	(Glycate)	Tier 1	ST: Must meet the following requirement: Glycopyrrolate 2mg in 120 days; QL (3 EA per 1 day)
<i>glycopyrrolate oral tablet 2 mg</i>	(Robinul Forte)	Tier 1	\$
GLYRX-PF INJECTION SYRINGE 0.6 MG/3 ML (0.2 MG/ML)	(glycopyrrolate (pf))	Tier 3	
<b>Anti-Ulcer Preparations</b>			
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	(Cytotec)	Tier 1	\$
<i>sucralfate oral suspension 100 mg/ml</i>	(Carafate)	Tier 1	\$
<i>sucralfate oral tablet 1 gram</i>	(Carafate)	Tier 1	\$
<b>Anti-Ulcer-H.Pylori Agents</b>			
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>		Tier 1	\$\$; QL (112 EA per 10 days)

Drug	Status	Notes
<i>bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg</i> (Pylera)	Tier 1	\$\$
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40)	Tier 3	
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG	Tier 3	\$\$; QL (168 EA per 14 days); Age (Min 18 Years)
VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84)	Tier 3	PA; \$\$
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG	Tier 3	PA; \$\$
<b>Histamine H2-Receptor Inhibitors</b>		
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	Tier 1	
<i>cimetidine oral tablet 200 mg</i> (Acid Reducer (cimetidine))	Tier 1	\$
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	Tier 1	\$
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>	Tier 1	\$
<i>famotidine oral tablet 20 mg</i> (Acid Controller)	Tier 1	\$
<i>famotidine oral tablet 40 mg</i> (Pepcid)	Tier 1	\$
<i>nizatidine oral capsule 150 mg, 300 mg</i>	Tier 1	\$
<b>Intestinal Motility Stimulants</b>		
GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY	Tier 4	PA; \$\$\$
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	Tier 1	\$
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)	Tier 1	\$
MOTEGRITY ORAL TABLET 1 MG, 2 MG	Tier 3	\$\$; ST: Must meet the following requirement: Linzess in 120 days; QL (1 EA per 1 day)
<b>Potassium-Competitive Acid Blockers (Pcabs)</b>		
VOQUEZNA ORAL TABLET 10 MG, 20 MG	Tier 3	PA; \$\$
<b>Proton-Pump Inhibitors</b>		
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 10 MG (rabeprazole)	Tier 3	ST: Must meet 2 of the following requirements: Lansoprazole, Omeprazole, or Pantoprazole Sodium in 365 days; QL (1 EA per 1 day)

Drug	Status	Notes
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 5 MG	Tier 3	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,biphase</i> (Dexilant) <i>delayed releas 30 mg, 60 mg</i>	Tier 1	\$. ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, 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> (Nexium)	Tier 1	\$. QL (1 EA per 1 day)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i> (Nexium)	Tier 1	\$. QL (2 EA per 1 day)
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i> (Nexium Packet)	Tier 1	\$. ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, 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> (Nexium Packet)	Tier 1	\$. ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Pantoprazole Sodium, or Prilosec OTC in 120 days; QL (2 EA per 1 day)
KONVOMEF ORAL SUSPENSION FOR RECONSTITUTION 2-84 MG/ML	Tier 3	\$\$; ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, 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	\$
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i> (Prevacid)	Tier 1	\$
<i>lansoprazole oral tablet,disintegrat, delay rel 15 mg, 30 mg</i> (Prevacid SoluTab)	Tier 1	\$. ST: Must meet any of the following requirements: Lansoprazole, Omeprazole Magnesium, Omeprazole, or Pantoprazole Sodium in 120 days



Drug	Status	Notes
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG	Tier 2	\$. ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, 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	\$
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram</i> (Zegerid)	Tier 1	\$. ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, 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	\$\$; ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, 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	\$. 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	\$
PRILOSEC ORAL SUSP, DELAYED RELEASE FOR RECON 10 MG, 2.5 MG	Tier 3	\$\$; ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Pantoprazole Sodium, or Prilosec OTC in 120 days
<i>rabeprazole oral capsule, delayed rel sprinkle 10 mg</i> (AcipHex Sprinkle)	Tier 1	ST: Must meet 2 of the following requirements: Lansoprazole, Omeprazole, or Pantoprazole Sodium in 365 days; QL (1 EA per 1 day)
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i> (AcipHex)	Tier 1	\$. QL (1 EA per 1 day)
<b>Urinary Tract - Functional Disorders</b>		
<b>Benign Prostatic Hypertrophy/Micturition Agents</b>		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	Tier 1	\$
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	Tier 1	\$
<i>finasteride oral tablet 5 mg</i> (Proscar)	Tier 1	\$

Drug	Status	Notes
<i>silodosin oral capsule 4 mg, 8 mg</i> (Rapaflo)	Tier 1	\$
<i>tamsulosin oral capsule 0.4 mg</i> (Flomax)	Tier 1	\$
<b>Bph Agent-5-Alpha-Reductase Inh And Pde5 Inh Comb</b>		
ENTADFI ORAL CAPSULE 5-5 MG	Tier 3	PA
<b>Bph Agents,5-Alpha-Red Inh &amp; Alpha-1-Adr Antg Cmb</b>		
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i> (Jalyn)	Tier 1	\$\$; 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
<b>Cystine-Depleting Agents, Nephropathic Cystinosis</b>		
CYSTAGON ORAL CAPSULE 150 MG	Tier 4	\$\$
CYSTAGON ORAL CAPSULE 50 MG	Tier 4	\$
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG	Tier 4	PA; \$\$\$\$\$
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG	Tier 4	PA; \$\$\$\$\$
<b>Endothelin-Angiotensin Receptor Antagonist</b>		
FILSPARI ORAL TABLET 200 MG, 400 MG	Tier 4	PA; \$\$\$\$\$
<b>Kidney Stone Agents</b>		
THIOLA EC ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG (tiopronin)	Tier 4	\$\$\$\$
THIOLA EC ORAL TABLET, DELAYED RELEASE (DR/EC) 300 MG (tiopronin)	Tier 4	\$\$\$\$
<i>tiopronin oral tablet 100 mg</i> (Thiola)	Tier 4	\$\$\$\$
<i>tiopronin oral tablet, delayed release (dr/ec) 100 mg, 300 mg</i> (Thiola EC)	Tier 4	
<b>Overactive Bladder Agents, Beta-3 Adrenergic Recep</b>		
GEMTESA ORAL TABLET 75 MG	Tier 3	\$\$; ST: Must meet the following requirements: Myrbetriq and Oxybutynin Chloride in 365 days; QL (1 EA per 1 day)
<i>mirabegron oral tablet extended release 24 hr 25 mg, 50 mg</i> (Myrbetriq)	Tier 1	QL (1 EA per 1 day)

Drug	Status	Notes
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML	Tier 3	PA; \$
<b>Oxalosis Agent - Oxalate Inhibitor, Sirna Based</b>		
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML)	Tier 4	
RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML	Tier 4	
<b>Polycystic Kidney Disease Agent, Avp Recep. Antag</b>		
JYNARQUE ORAL TABLET 15 MG, 30 MG	Tier 4	PA; \$\$\$\$\$
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 4	PA; \$\$\$\$\$
<b>Tissue Bulking Implants - Ureteral</b>		
DEFLUX IMPLANT GEL FOR IMPLANT IN SYRINGE 50-15 MG/ML (1)	Tier 4	
<b>Urinary Ph Modifiers</b>		
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 (sodium citrate-citric acid) MG/5 ML	Tier 3	\$
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10)	Tier 1	\$
<i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15)	Tier 1	\$
<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i> (Urocit-K 5)	Tier 1	\$
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	Tier 3	\$
<i>sodium citrate-citric acid oral solution 490-640 mg/5 ml</i> (Oracit)	Tier 1	
UROQID-ACID NO.2 ORAL TABLET 500-500 MG	Tier 3	
<b>Urinary Tract Analgesic Agents</b>		
ELMIRON ORAL CAPSULE 100 MG	Tier 2	PA; \$\$
<b>Urinary Tract Anesthetic/Analgesic Agnt (Azo-Dye)</b>		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i> (Pyridium)	Tier 1	\$

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

Drug	Status	Notes
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	\$
<i>metronidazole vaginal gel 1.3 % (65 mg/5 gram)</i> (Nuversa)	Tier 1	
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM) (metronidazole)	Tier 3	\$
XACIATO VAGINAL GEL 2 %	Tier 3	\$
<b>Vaginal Antifungals</b>		
GYNAZOLE-1 VAGINAL CREAM 2 %	Tier 2	\$
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG	Tier 1	\$
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	Tier 1	\$
<i>terconazole vaginal suppository 80 mg</i>	Tier 1	\$
<b>Vaginal Antiseptics</b>		
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	\$
<b>Vaginal Estrogen Preparations</b>		
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> (Estrace)	Tier 1	\$
<i>estradiol vaginal tablet 10 mcg</i> (Yuvafem)	Tier 1	\$
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	Tier 3	\$\$; ST: Must meet the following requirements: Estradiol and Premarin cream in 365 days; QL (1 EA per 90 days)
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	Tier 3	\$\$; ST: Must meet the following requirements: Estradiol and Premarin cream in 365 days; QL (1 EA per 84 days)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	Tier 2	\$
YUVAFEM VAGINAL TABLET 10 MCG (estradiol)	Tier 1	\$
<b>Vitamin And/Or Mineral Deficiency</b>		
<b>Fluoride Preparations</b>		
CLINPRO 5000 DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 3	\$
DENTA 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))	Tier 1	\$

Drug	Status	Notes
DENTA 5000 PLUS SENSITIVE DENTAL PASTE 1.1-5 % (sodium fluoride-pot nitrate)	Tier 1	
DENTAGEL DENTAL GEL 1.1 % (fluoride (sodium))	Tier 1	\$
fluoride (sodium) dental cream 1.1 % (Denta 5000 Plus)	Tier 1	\$
fluoride (sodium) dental gel 1.1 % (DentaGel)	Tier 1	\$
fluoride (sodium) dental paste 1.1 % (Sodium Fluoride 5000 Dry Mouth)	Tier 1	\$
fluoride (sodium) dental solution 0.2 % (PreviDent)	Tier 1	\$
fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml	Tier 5	;\$ \$0 COPAY IF 6 MONTHS TO 6 YEARS OF AGE
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)	Tier 5	;\$ \$0 COPAY IF 6 MONTHS TO 6 YEARS OF AGE
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 3	\$
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 % (sodium fluoride-pot nitrate)	Tier 3	
FLUORIMAX 5000 DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 3	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 % (sodium fluoride-pot nitrate)	Tier 3	
FRAICHE 5000 PREVI DENTAL GEL 1.1-3 %	Tier 3	
FRAICHE 5000 SENSITIVE DENTAL GEL 1.1-4.5 %	Tier 3	
JUST RIGHT 5000 DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 3	
SF 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))	Tier 1	\$
SF DENTAL GEL 1.1 % (fluoride (sodium))	Tier 1	\$
SODIUM FLUORIDE 5000 DRY MOUTH DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 1	\$
SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))	Tier 1	\$
sodium fluoride-pot nitrate dental paste 1.1-5 % (Denta 5000 Plus Sensitive)	Tier 1	\$
<b>Folic Acid Preparations</b>		
folic acid injection solution 5 mg/ml	Tier 1	\$
folic acid oral tablet 1 mg	Tier 1	\$
folic acid oral tablet 400 mcg, 800 mcg	Tier 5	\$
<b>Iron Replacement</b>		
ACCRUFER ORAL CAPSULE 30 MG	Tier 3	PA; \$\$
TRIFERIC HEMODIALYSIS POWDER IN PACKET 272 MG IRON	Tier 3	

Drug	Status	Notes
TRIFERIC HEMODIALYSIS SOLUTION 27.2 MG IRON/5 ML	Tier 3	
<b>Multivitamin Preparations</b>		
FOLET ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG	Tier 3	
OBSTETRIX ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG	Tier 3	\$
TARON-PREX PRENATAL-DHA ORAL CAPSULE 30 MG IRON-1.2 MG-55 MG- 265 MG	Tier 1	
<b>Prenatal Vitamin Preparations</b>		
CITRANATAL (DUAL-IRON) ORAL TABLET 27 MG IRON-1 MG -50 MG	Tier 3	
CITRANATAL 90 DHA (ALGAL OIL) ORAL COMBO PACK 90 MG IRON-1 MG -50 MG-300 MG	Tier 3	\$
CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG -50 MG-300 MG	Tier 3	\$
CITRANATAL DHA (ALGAL OIL) ORAL COMBO PACK 27 MG IRON-1 MG -50 MG-250 MG	Tier 3	
CITRANATAL HARMONY (IRON FUM) ORAL CAPSULE 27 MG IRON-1 MG - 50 MG-260 MG	Tier 3	\$
MYNATAL ADVANCE ORAL TABLET 90-1-50 MG	Tier 1	
MYNATAL ORAL TABLET 90-1-50 MG	Tier 1	
MYNATE 90 PLUS ORAL TABLET EXTENDED RELEASE 90 MG IRON-1 MG	Tier 1	
NEXA PLUS ORAL CAPSULE 29 MG IRON-1.25 MG-55 MG	Tier 3	
OBSTETRIX DHA ORAL COMBO PACK, TABLET AND CAP, DR 29 MG IRON-1 MG -50 MG	Tier 1	
OBSTETRIX EC ORAL TABLET, DELAYED RELEASE (DR/EC) 29 MG IRON-1 MG -50 MG	Tier 3	\$
PNV-DHA + DOCUSATE ORAL CAPSULE 27-1.25-55-300 MG	Tier 1	\$
PRENAISSANCE ORAL CAPSULE 29- 1.25-55-325 MG	Tier 1	\$
PRENAISSANCE PLUS ORAL CAPSULE 28-1-50-250 MG	Tier 1	\$

Drug	Status	Notes
PRENATAL 19 (WITH DOCUSATE) ORAL TABLET 29 MG IRON- 1 MG-25 MG	Tier 1	
VITAFOL FE+ (WITH DOCUSATE) ORAL CAPSULE 90 MG IRON-1 MG - 50 MG-200 MG	Tier 3	\$
VP-CH-PNV ORAL CAPSULE 30 MG IRON-1 MG -50 MG-260 MG	Tier 1	
<b>Vitamin B Preparations</b>		
B COMPLEX 100 INJECTION SOLUTION 100-2-100-2-2 MG/ML	Tier 1	\$
B-COMPLEX INJECTION INJECTION SOLUTION 100-2-100-2-2 MG/ML	Tier 1	\$
<b>Vitamin B1 Preparations</b>		
<i>thiamine hcl (vitamin b1) injection solution 100 mg/ml</i>	Tier 1	\$
<b>Vitamin B12 Preparations</b>		
<i>cyanocobalamin (vitamin b-12) injection (Dodex) solution 1,000 mcg/ml</i>	Tier 1	\$
<i>cyanocobalamin (vitamin b-12) nasal (Nascobal) spray,non-aerosol 500 mcg/spray</i>	Tier 1	\$\$
DODEX INJECTION SOLUTION 1,000 MCG/ML (cyanocobalamin (vitamin b-12))	Tier 1	\$
<i>hydroxocobalamin intramuscular solution 1,000 mcg/ml</i>	Tier 1	\$
<i>mecobalamin (vitamin b12) injection recon soln 10,000 mcg</i>	Tier 1	
<b>Vitamin B6 Preparations</b>		
<i>pyridoxine (vitamin b6) injection solution 100 mg/ml</i>	Tier 1	\$
<b>Vitamin C Preparations</b>		
ASCOR INTRAVENOUS SOLUTION 500 MG/ML	Tier 3	
<i>ascorbic acid (vitamin c) injection solution 500 mg/ml</i>	Tier 1	
<b>Vitamin D Preparations</b>		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg (Rocaltrol)</i>	Tier 1	\$
<i>calcitriol oral solution 1 mcg/ml (Rocaltrol)</i>	Tier 1	\$
<i>ergocalciferol (vitamin d2) oral capsule (Vitamin D2) 1,250 mcg (50,000 unit)</i>	Tier 1	\$
VITAMIN D2 ORAL CAPSULE 1,250 MCG (50,000 UNIT) (ergocalciferol (vitamin d2))	Tier 1	\$



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