

KAISER PERMANENTE OF GEORGIA

2025 CHOICE FORMULARY BENEFIT

**This document includes Kaiser Permanente Georgia's
2024 Choice Benefit Formulary as of
January 1, 2025**

**For updated formulary, please call 1-855-364-3185
(TTY 771) Monday through Friday, 8:00am to 6:00pm
Eastern time.**

Kaiser Permanente Insurance Company (KPIC) Preferred Provider Organization (PPO) Plans

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 Upon revision, all previous versions of the drug formulary are no longer in effect.

You should be referring to this document if you are currently enrolled or interested in enrolling in a Kaiser Permanente of Georgia PPO Plan. Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan, Inc., solely underwrites the coverage for the PPO plan.

This document contains information regarding the outpatient prescription drugs that are covered under the PPO Plan. KPIC’s outpatient prescription drug benefit is administered by MedImpact.

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

Access to the most current version of the Formulary can be obtained by visiting <http://kp.org/kpic-georgia>. For help in your preferred language, please see the “Help in your Language” section later in this document.

How to Use This Document (the Formulary)

This document is a list of the prescription medications covered under your PPO Plan.

- Generic drugs are listed by their generic name (in *italics*) followed by the most common brand name if one exists (e.g., atorvastatin oral tablet 10 mg, 20 mg (Lipitor))
- Some generic drugs have a proprietary (brand) name and are listed in CAPITAL letters (e.g., JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG)
- Brand drugs are listed by their brand name in CAPITAL letters (e.g., JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG)

The Formulary may be accessed by using:

- **Drug Categories:** Drugs are grouped into categories according to the types of medical conditions that they are used to treat. Use the ‘Table of Contents’ to navigate to the drug category.
- **Alphabetical Index Listing:** The Index is at the end of the formulary and provides an alphabetical list of all the drugs included in this document. First, look in the Index and find the drug. Next to the drug, there is a page number where the member can find coverage information. Then turn to the page listed in the Index and find the name of the drug in the first column of the list on that page.

This document applies only to outpatient prescription drugs provided to the insured through the retail or mail order pharmacies. This document does not apply to medications obtained in the doctor’s office or in the hospital.

Formulary Tier Definition:

Symbol	Guideline	Description
T1	Tier 1	Generic Preventive
T2	Tier 2	Generic Preferred
T3	Tier 3	Brand Preferred
T4	Tier 4	Non-Preferred
T5	Tier 5	Specialty

Mandated Preventive Drugs covered under the Affordable Care Act (ACA) are identified in the formulary with “\$0”.

Tier Benefit Design

The Formulary may be applied to a tier benefit design, where the insured shares the cost of prescription drug therapy based on the drug's tier at a cost share-copayment or coinsurance. In most instances, generically available drugs will be covered in a separate preventive or preferred lower tier (lower cost share), and brand drugs listed on the Formulary will be covered under a higher tier (higher cost share copay). Specialty drugs will be covered under the highest tier (coinsurance with a per prescription maximum). Preventive medications required under the Affordable Care Act will be covered as described in the COVERED SERVICES sections of your *Certificate of Insurance and Schedule of Coverage*.

Maintaining and Updating the Formulary

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

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

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

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

What medications are covered?

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

What is a generic drug?

A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

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

What is a brand name drug?

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

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

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

What are specialty drugs?

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

What are Preventive Drugs?

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

What drugs are not covered?

- Over the counter (OTC) medications or their equivalents, unless otherwise covered under your plan.
- Any drug products used for cosmetic purposes.
- Experimental drug products or any drug product used in an experimental manner.
- Replacement of lost or stolen medication.
- Lifestyle drugs (e.g., sexual dysfunction)
- Medications which require administration by a clinician unless otherwise specified in the Formulary listing.
- Non-Diabetic supplies/Diagnostic supplies/Ostomy supplies/Devices
- See your *Certificate of Insurance and Schedule of Coverage* for a list of all exclusions.

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

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

Guideline Symbol Table:

Symbol	Guidelines	Description
AGE	Age Limits	Coverage depends on patient age.
PA	Prior Authorization	Requires a prior authorization based on specific clinical criteria. See “ <i>What is a Prior Authorization?</i> ” below for additional information.
QL	Quantity Limits	Coverage is limited to specific quantities per prescription and/or time period. Prior authorization is required for quantities exceeding the restriction.
ST	Step Therapy	Coverage depends on previous use of another drug. Prior authorization may be required. See “ <i>What is Step Therapy?</i> ” below for additional information.

What is a Prior Authorization?

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

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

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

What is Step Therapy?

Selected prescription drugs require step therapy. The step therapy program encourages safe and cost-effective medication use. Under this program, a “step” approach is required to receive coverage for certain less preferred medications. This means that to receive coverage you may need to first try a proven, cost-effective medication before using a more costly treatment.

How does the program work? The step therapy program requires that you have a prescription history for a “first-line” medication before your benefit plan will cover a “second-line” medication. A first-line medication is recognized as safe and effective in treating a specific medical condition, as well as being cost-effective. A second-line medication is a less preferred or sometimes more costly treatment option.

When possible, your doctor should prescribe a first-line medication appropriate for your condition. If your doctor determines that a first-line drug is not appropriate for you or is not effective for you, your prescription drug benefit will cover a second-line drug when certain conditions are met. Prior authorization may be required.

Upon receipt of your request for a second-line drug, MedImpact will notify the licensed prescribing provider within 72 hours for non-urgent requests and within 24 hours if urgent circumstances exist of the request approval or other outcome. If you are not satisfied with the outcome, you can request an appeal by calling MedImpact at **1-800-788-2949** (Pharmacy Help Desk) **or 711 (TTY)**. If MedImpact does not approve a drug you or your provider has requested, you will receive an adverse benefit determination notice telling you why it denied your request and how you can appeal.

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

Most maintenance drugs can be mailed from our mail-order pharmacy. Drugs eligible for mail order, however, cannot be mailed outside the United States. There is no extra charge for mail order. The appropriate out-of-pocket cost according to your prescription drug benefit will apply.

Benefit Coverage and Limitations

The Formulary does not provide information regarding the specific coverage and limitations an individual insured may be subject to. Specific benefit inclusions, exclusions, and out-of-pocket costs are not reflected in the Formulary.

The Formulary applies only to outpatient prescription drugs dispensed to the insured for self-administration and does not apply to medications which require medical administration. For specific questions regarding your coverage, please call KPIC Customer Service at **1-855-364-3185 Monday through Friday 8 a.m. – 6 p.m., Eastern Time**. To find out the cost of your drugs, you may contact MedImpact at **1- 800-788-2949** (Pharmacy Help Desk) or **711 (TTY)**. Please refer to your Certificate of Insurance and Schedule of Coverage for additional information.

NONDISCRIMINATION NOTICE

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

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

If you need these services, call **1-855-364-3185** (TTY: **711**)

If you believe that Kaiser Permanente Insurance Company has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail at: KPIC Civil Rights Coordinator, Nine Piedmont Center, 3495 Piedmont Road, NE, Atlanta, GA 30305-1736, or by phone at Member Services: 1-855-364-3185.

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

HELP IN YOUR LANGUAGE

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-855-364-3185** (TTY: **711**).

አማርኛ (Amharic) ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ **1-855-364-3185** (TTY: **711**)።

العربية (Arabic) ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-855-364-3185** (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援助服務。請致電**1-855-364-3185** (TTY: **711**) 。

فارسی (Farsi) توجه: اگر به زبان فارسی صحبت میکنید، خدمات تسهیلات زبانی بصورت رایگان برای شما فراهم میباشد. با شماره **1-855-364-3185** (TTY: **711**) تماس بگیرید.

Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-855-364-3185** (TTY: **711**).

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.
Rufnummer: **1-855-364-3185** (TTY: **711**).

ગુજરાતી (Gujarati) જાણ આપો: જો તમે અંગ્રેજી બોલો છો, તો ભાષા સહાય સેવાઓ, વધુ મળે છે, આના પર ઉપલબ્ધ છે તમે. **1-855-364-3185** (TTY: **711**) પર કોલ કરો.

Kreyòl Ayisyen (Haitian Creole) ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-855-364-3185** (TTY: **711**).

हिंदी (Hindi) ध्यान दें: यदि आप अंग्रेजी बोलते हैं, तो आपके लिये लिंगु भाषा सहायता से उपलब्ध है। **1-855-364-3185** (टीटीवाई: 711) पर कॉल कर।

日本語 (Japanese) 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。**1-855-364-3185**(TTY: **711**)まで、お電話にてご連絡ください。

한국어 (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-855-364-3185** (TTY: **711**) 번으로 전화해 주십시오.

Naabeehó (Navajo) Díí baa akó nínízin: Díí saad bee yáníłt'i'go Diné Bizaad, saad bee áká'ánída'áwo'dé é', t'áá jiił'eh, éí ná hól ó, koj i' hódíłnih **1-855-364-3185** (TTY: **711**).

Português (Portuguese) ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-855-364-3185** (TTY: **711**).

Русский (Russian) ВНИМАНИЕ: если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-855-364-3185** (TTY: **711**).

Español (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-855-364-3185** (TTY: **711**).

Tagalog (Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-855-364-3185** (TTY: **711**).

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-855-364-3185** (TTY: **711**).

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Drug	Status	Notes
Allergy		
2Nd Gen Antihistamine & Decongestant Combinations		
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG	Tier 4	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (2 EA per 1 day)
Allergenic Extracts, Therapeutics		
GRASTEK SUBLINGUAL TABLET 2,800 BAU	Tier 3	PA
ODACTRA SUBLINGUAL TABLET 12 SQ-HDM	Tier 3	PA
ORALAIR SUBLINGUAL TABLET 100 INDX REACTIVITY, 300 INDX REACTIVITY	Tier 3	PA
ORALAIR SUBLINGUAL TABLET 100 IR (3) /300 IR (6)	Tier 4	PA
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3)	Tier 5	PA
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6)	Tier 5	PA
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1)	Tier 5	PA
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG	Tier 5	PA
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2)	Tier 5	PA
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4)	Tier 5	PA
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1)	Tier 5	PA
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X1)	Tier 5	PA
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2)	Tier 5	PA
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2)	Tier 5	PA

Drug	Status	Notes
PALFORZIA (LEVEL 11 UP-DOSE) ORAL POWDER IN PACKET 300 MG	Tier 5	PA
PALFORZIA INITIAL DOSE ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG	Tier 5	PA
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG	Tier 5	PA
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT	Tier 3	PA
Antihistamines - 1St Generation		
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	Tier 2	Age (Min 2 Years)
<i>carbinoxamine maleate oral suspension,extended rel 12 hr 4 mg/5 ml</i> (Karbinal ER)	Tier 2	ST: Requires prior prescription for Carbinoxamine Maleate within the past 120 days; QL (960 ML per 30 days); Age (Min 2 Years)
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 2	Age (Min 2 Years)
<i>clemastine oral tablet 2.68 mg</i>	Tier 2	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	Tier 2	
<i>cyproheptadine oral tablet 4 mg</i>	Tier 2	
DIPHEN ORAL ELIXIR 12.5 MG/5 ML (diphenhydramine hcl)	Tier 2	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	Tier 2	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 2	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 2	
KARBINAL ER ORAL (carbinoxamine maleate) SUSPENSION,EXTENDED REL 12 HR 4 MG/5 ML	Tier 4	ST: Requires prior prescription for Carbinoxamine Maleate within the past 120 days; QL (960 ML per 30 days); Age (Min 2 Years)
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i> (Phenergan)	Tier 2	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	Tier 2	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 2	
Antihistamines - 2Nd Generation		
<i>cetirizine oral solution 1 mg/ml</i> (Allergy Relief (cetirizine))	Tier 2	
<i>desloratadine oral tablet 5 mg</i> (Clarinet)	Tier 2	QL (1 EA per 1 day)

Drug	Status	Notes
<i>desloratadine oral tablet, disintegrating</i> 2.5 mg, 5 mg	Tier 2	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (1 EA per 1 day)
<i>levocetirizine oral solution 2.5 mg/5 ml</i> (Xyzal)	Tier 2	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (10 ML per 1 day)
<i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief)	Tier 2	
Nasal Antihistamine		
<i>azelastine nasal spray, non-aerosol 137 mcg (0.1 %)</i>	Tier 2	QL (60 ML per 30 days)
<i>azelastine nasal spray, non-aerosol 205.5 mcg (0.15 %)</i> (Astepro Allergy)	Tier 2	QL (60 ML per 30 days)
<i>olopatadine nasal spray, non-aerosol 0.6 %</i>	Tier 2	QL (30.5 GM per 30 days)
Nasal Antihistamine & Anti-Inflam. Steroid Comb.		
<i>azelastine-fluticasone nasal spray, non-aerosol 137-50 mcg/spray</i> (Dymista)	Tier 2	ST: Requires prior prescription for Flunisolide or Fluticasone Propionate within the past 120 days; QL (23 GM per 30 days)
Nasal Anti-Inflammatory Steroids		
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	Tier 2	QL (25 ML per 30 days)
<i>fluticasone propionate nasal spray, suspension 50 mcg/actuation</i> (24 Hour Allergy Relief)	Tier 2	QL (16 GM per 30 days)
<i>mometasone nasal spray, non-aerosol 50 mcg/actuation</i> (Allergy Nasal (mometasone))	Tier 2	QL (17 GM per 30 days)
OMNARIS NASAL SPRAY, NON-AEROSOL 50 MCG	Tier 4	ST: Requires prior prescription for Flunisolide or Fluticasone Propionate within the past 120 days; QL (5 GM per 12 days)
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	Tier 3	QL (6.8 GM per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	Tier 3	QL (10.6 GM per 30 days)

Drug	Status	Notes
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	Tier 3	ST: Requires prior prescription for Flunisolide, Fluticasone Propionate, Mometasone Furoate, or Nasonex 24hr Allergy within the past 120 days; QL (32 ML per 30 days)
ZETONNA NASAL HFA AEROSOL INHALER 37 MCG/ACTUATION	Tier 4	ST: Requires prior prescription for Flunisolide or Fluticasone Propionate within the past 120 days; QL (6.1 GM per 30 days)
Antiemesis/Antivertigo		
Antiemetic, Cannabinoid-Type		
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)	Tier 2	ST: Requires prior prescription for a 5HT3 antagonist, corticosteroid, Emend, or Megestrol suspension within the past 120 days; QL (2 EA per 1 day)
SYNDROS ORAL SOLUTION 5 MG/ML	Tier 4	ST: Requires prior prescription for Dronabinol capsules or Megestrol suspension within the past 120 days; QL (60 ML per 30 days)
Antiemetic/Antivertigo Agents		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	Tier 3	QL (1 EA per 28 days)
<i>aprepitant oral capsule 125 mg</i>	Tier 2	QL (1 EA per 21 days)
<i>aprepitant oral capsule 40 mg</i>	Tier 2	QL (1 EA per 28 days)
<i>aprepitant oral capsule 80 mg</i> (Emend)	Tier 2	QL (2 EA per 21 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend)	Tier 2	QL (3 EA per 21 days)
COMPRO RECTAL SUPPOSITORY 25 MG (prochlorperazine)	Tier 2	
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (drlec) 10-10 mg</i> (Diclegis)	Tier 2	QL (120 EA per 30 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	Tier 3	QL (3 EA per 21 days)

Drug	Status	Notes
<i>granisetron hcl oral tablet 1 mg</i>	Tier 2	ST: Requires prior prescription for Ondansetron tablets or ODT within the past 120 days; QL (8 EA per 30 days)
<i>meclizine oral tablet 12.5 mg</i>	Tier 2	
<i>meclizine oral tablet 25 mg</i> (Dramamine (meclizine))	Tier 2	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	Tier 2	QL (50 ML per 15 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	Tier 2	
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	Tier 2	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)	Tier 2	
<i>prochlorperazine rectal suppository 25 mg</i> (Compro)	Tier 2	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i> (Promethegan)	Tier 2	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG (promethazine)	Tier 2	
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	Tier 4	ST: Requires prior prescription for Ondansetron tablets or ODT within the past 120 days; QL (1 EA per 7 days)
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> (Transderm-Scop)	Tier 2	
<i>trimethobenzamide oral capsule 300 mg</i>	Tier 2	
VARUBI ORAL TABLET 90 MG	Tier 4	QL (2 EA per 14 days)
Asthma And Copd		
Anticholinergic, Orally Inhaled Short Acting		
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	Tier 3	QL (25.8 GM per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	Tier 2	
Anticholinergics, Orally Inhaled Long Acting		
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	Tier 4	ST: Requires prior prescription for Tiotropium Bromide or Spiriva Respimat within the past 120 days; QL (30 EA per 30 days)

Drug	Status	Notes
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	Tier 3	QL (4 GM per 30 days)
<i>tiotropium bromide inhalation capsule, w/inhalation device 18 mcg</i> (Spiriva with HandiHaler)	Tier 2	QL (30 EA per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION	Tier 4	ST: Requires prior prescription for Spiriva within the past 120 days; QL (1 EA per 30 days)
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	Tier 4	ST: Requires prior prescription for Lonhala Magnair within the past 120 days; QL (90 ML per 30 days)
Beta-Adrenergic Agents		
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	Tier 2	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	Tier 2	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	Tier 2	
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	Tier 2	
Beta-Adrenergic Agents, Inhaled, Short Acting		
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i> (Ventolin HFA)	Tier 2	
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i>	Tier 2	
<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 2	
<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i> (Xopenex HFA)	Tier 2	
Beta-Adrenergic Agents, Inhaled, Ultra-Long Acting		
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	Tier 3	QL (4 GM per 30 days)
Beta-Adrenergic Agents, Orally Inhaled, Long Acting		
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i> (Brovana)	Tier 2	QL (120 ML per 30 days)
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i> (Perforomist)	Tier 2	QL (120 ML per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	Tier 3	QL (60 EA per 30 days)

Drug	Status	Notes
Beta-Adrenergic And Anticholinergic Combinations		
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	Tier 3	QL (60 EA per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	Tier 4	ST: Requires prior prescription for Anoro Ellipta and Stiolto Respimat within the past 365 days; QL (10.7 GM per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	Tier 3	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION	Tier 4	ST: Requires prior prescription for Anoro Ellipta and Stiolto Respimat within the past 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 2	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	Tier 3	QL (4 GM per 30 days)
Beta-Adrenergic And Glucocorticoid Combinations		
AIRDUO DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG-14 MCG/ACTUATION, 232-14 MCG/ACTUATION	Tier 4	ST: Requires prior prescription for Generic Advair HFA or Generic Breo Ellipta within the past 120 days; QL (1 EA per 30 days)
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	Tier 3	QL (32.1 GM per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE	Tier 3	QL (60 EA per 30 days)
BREYNA INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	(budesonide-formoterol) Tier 2	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 2	QL (30.9 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	Tier 4	ST: Requires prior prescription for Generic Advair HFA or Generic Breo Ellipta within the past 120 days; QL (39 GM per 30 days)

Drug	Status	Notes
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION	Tier 4	ST: Requires prior prescription for Generic Advair HFA or Generic Breo Ellipta within the past 120 days; QL (13 GM per 30 days)
<i>fluticasone furoate-vilanterol inhalation</i> (Breo Ellipta) <i>blister with device 100-25 mcg/dose, 200-25 mcg/dose</i>	Tier 2	QL (60 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation</i> (AirDuo RespiClick) <i>aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i>	Tier 4	ST: Requires prior prescription for Generic Advair HFA or Generic Breo Ellipta within the past 120 days; QL (1 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation</i> (Wixela Inhub) <i>blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	Tier 2	QL (60 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation</i> (Advair HFA) <i>hfa aerosol inhaler 115-21 mcg/actuation, 230-21 mcg/actuation, 45-21 mcg/actuation</i>	Tier 2	QL (12 GM 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 2	QL (60 EA per 30 days)
Beta-Adrenergic-Anticholinergic-Glucocort, Inhaled		
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	Tier 3	QL (10.7 GM per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	Tier 3	QL (60 EA per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG	Tier 3	QL (2 EA per 1 day)
Glucocorticoids, Orally Inhaled		
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION	Tier 4	ST: Requires prior prescription for Arnuity Ellipta within the past 120 DAYS; QL (12.2 GM per 30 days)
ARMONAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG/ACTUATION, 232 MCG/ACTUATION	Tier 4	ST: Requires prior prescription for Arnuity Ellipta within the past 120 DAYS; QL (1 EA per 30 days)

Drug	Status	Notes
ARNUIITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTION, 200 MCG/ACTION, 50 MCG/ACTION	Tier 3	QL (30 EA per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTION, 200 MCG/ACTION, 50 MCG/ACTION	Tier 4	ST: Requires prior prescription for Arnuity Ellipta within the past 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 4	ST: Requires prior prescription for Arnuity Ellipta within the past 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 2	QL (120 ML per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i> (Pulmicort)	Tier 2	QL (60 ML per 30 days)
<i>fluticasone propionate inhalation blister with device 100 mcg/action, 50 mcg/action</i>	Tier 2	QL (60 EA per 30 days)
<i>fluticasone propionate inhalation blister with device 250 mcg/action</i>	Tier 2	QL (120 EA per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/action</i>	Tier 2	QL (12 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/action</i>	Tier 2	QL (24 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/action</i>	Tier 2	QL (21.2 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTION, 90 MCG/ACTION	Tier 4	ST: Requires prior prescription for Arnuity Ellipta within the past 120 DAYS; QL (1 EA per 30 days)
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTION, 80 MCG/ACTION	Tier 4	ST: Requires prior prescription for Arnuity Ellipta within the past 120 DAYS; QL (21.2 GM per 30 days)
Interleukin-4(IL-4) Receptor Alpha Antagonist, Mab		
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	Tier 5	PA

Drug	Status	Notes
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	Tier 5	PA
Interleukin-5(IL-5) Receptor Alpha Antagonist, Mab		
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	Tier 5	PA
Leukotriene Receptor Antagonists		
<i>montelukast oral granules in packet 4 mg</i> (Singulair)	Tier 2	
<i>montelukast oral tablet 10 mg</i> (Singulair)	Tier 2	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i> (Singulair)	Tier 2	
<i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate)	Tier 2	
Mast Cell Stabilizers		
<i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom)	Tier 2	
Mast Cell Stabilizers, Orally Inhaled		
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	Tier 2	
Monoclonal Antibodies To Immunoglobulin E(Ige)		
XOLAIR SUBCUTANEOUS AUTO- INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	Tier 5	PA
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	Tier 5	PA
Monoclonal Antibody - Interleukin-5 Antagonists		
NUCALA SUBCUTANEOUS AUTO- INJECTOR 100 MG/ML	Tier 5	PA
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML	Tier 5	PA
Phosphodiesterase-4 (Pde4) Inhibitors		
OHTUVAYRE INHALATION SUSPENSION FOR NEBULIZATION 3 MG/2.5 ML	Tier 4	PA
<i>roflumilast oral tablet 250 mcg, 500 mcg</i> (Daliresp)	Tier 2	QL (1 EA per 1 day)
Respiratory Aids, Devices, Equipment		
ACE AEROSOL CLOUD ENHANCER SPACER (inhalational spacing device)	Tier 4	
AEROBIKA OSCILLATING PEP SYSTM DEVICE	Tier 4	
AEROCHAMBER MECHANICAL VENT SPACER (inhalational spacing device)	Tier 4	

Drug		Status	Notes
AEROCHAMBER MINI SPACER	(inhalational spacing device)	Tier 4	
AEROCHAMBER MV SPACER	(inhalational spacing device)	Tier 4	
AEROCHAMBER PLUS FLOW-VU SPACER	(inhalational spacing device)	Tier 4	
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER		Tier 4	
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER		Tier 4	
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER		Tier 4	
AEROCHAMBER PLUS Z STAT LG MSK SPACER		Tier 4	
AEROCHAMBER PLUS Z STAT MD MSK SPACER		Tier 4	
AEROCHAMBER PLUS Z STAT SM MSK SPACER		Tier 4	
AEROCHAMBER PLUS Z STAT SPACER	(inhalational spacing device)	Tier 4	
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER	(inhalational spacing device)	Tier 4	
AEROECLIPSE II NEBULIZER	(nebulizers)	Tier 4	
AEROECLIPSE XL NEBULIZER	(nebulizers)	Tier 4	
AEROGEAR ACTION ASTHMA KIT KIT		Tier 4	
AERONEB GO NEBULIZER	(nebulizers)	Tier 4	
AEROTRACH PLUS SPACER	(inhalational spacing device)	Tier 4	
AEROVENT PLUS SPACER	(inhalational spacing device)	Tier 4	
AIRS DISPOSABLE NEBULIZER	(nebulizers)	Tier 4	
ALTERA NEBULIZER HANDSET	(nebulizers)	Tier 4	
ALTERA NEBULIZER SYSTEM	(nebulizers)	Tier 4	
ASTHMAPACK CHILDREN'S KIT		Tier 4	
AURA PORTANEB	(nebulizers)	Tier 4	
BREATHERITE MDI SPACER SPACER	(inhalational spacing device)	Tier 4	
BREATHERITE SPACER-MASK, NEO. SPACER		Tier 4	
BREATHERITE SPACER-MASK,ADULT SPACER		Tier 4	
BREATHERITE SPACER-MASK,CHILD SPACER		Tier 4	
BREATHERITE SPACER-MASK,INFANT SPACER		Tier 4	

Drug		Status	Notes
BREATHERITE SPACER-MASK,S.CHLD SPACER		Tier 4	
BREATHERITE VALVED MDI CHAMBER SPACER	(inhalational spacing device)	Tier 4	
BREATHERITE VALVED MDI SPACER SPACER	(inhalational spacing device)	Tier 4	
CLEVER CHOICE CHAMBER-LRG MASK SPACER		Tier 4	
CLEVER CHOICE CHAMBER-MED MASK SPACER		Tier 4	
CLEVER CHOICE CHAMBER-SM MASK SPACER		Tier 4	
CLEVER CHOICE NEBULIZER DEVICE	(nebulizer and compressor)	Tier 4	
CLEVER CHOICE WHISPER AIRE PED DEVICE	(nebulizer and compressor)	Tier 4	
COMFORTSEAL LARGE MASK DEVICE		Tier 4	
COMFORTSEAL MEDIUM MASK DEVICE		Tier 4	
COMFORTSEAL SMALL MASK DEVICE		Tier 4	
COMPACT SPACE CHAMBER SPACER	(inhalational spacing device)	Tier 4	
COMPACT SPACE CHAMBER-LRG MASK SPACER		Tier 4	
COMPACT SPACE CHAMBER-MED MASK SPACER		Tier 4	
COMPACT SPACE CHAMBER-SM MASK SPACER		Tier 4	
COMP-AIR NEBULIZER COMPRESSOR DEVICE	(nebulizer and compressor)	Tier 4	
DEVILBISS DISPOSABLE NEBULIZER	(nebulizers)	Tier 4	
DEVILBISS PULMO-AIDE COMPRESSR DEVICE		Tier 4	
DEVILBISS PULMOMATE COMPRESSOR DEVICE		Tier 4	
DEVILBISS PULMONEB LT COMP-NEB DEVICE	(nebulizer and compressor)	Tier 4	
DEVILBISS TRAVELER COMPRESSOR DEVICE	(nebulizer and compressor)	Tier 4	
EASIVENT HOLDING CHAMBER SPACER	(inhalational spacing device)	Tier 4	
EASIVENT MASK LARGE DEVICE		Tier 4	
EASIVENT MASK MEDIUM DEVICE		Tier 4	

Drug	Status	Notes
EASIVENT MASK SMALL DEVICE	Tier 4	
EASY NEB COMPRESSOR NEBULIZER DEVICE	(nebulizer and compressor) Tier 4	
EBASE CONTROLLER DEVICE	Tier 4	
FLEXICHAMBER SPACER	(inhalational spacing device) Tier 4	
FLEXICHAMBER-LG CHILD MASK DEVICE	Tier 4	
FLEXICHAMBER-SM ADULT MASK DEVICE	Tier 4	
FLEXICHAMBER-SM CHILD MASK DEVICE	Tier 4	
HOME NEBULIZER PLUS SIDESTREAM DEVICE	(nebulizer and compressor) Tier 4	
INNOSPIRE DELUXE DEVICE	(nebulizer and compressor) Tier 4	
INNOSPIRE ELEGANCE DEVICE	(nebulizer and compressor) Tier 4	
INNOSPIRE ESSENCE DEVICE	(nebulizer and compressor) Tier 4	
INNOSPIRE GO NEBULIZER	(nebulizers) Tier 4	
INNOSPIRE MINI DEVICE	(nebulizer and compressor) Tier 4	
INSPIRACHAMBER SPACER	(inhalational spacing device) Tier 4	
INSPIRACHAMBER WITH MASK- LARGE SPACER	Tier 4	
INSPIRACHAMBER WITH MASK-MED SPACER	Tier 4	
INSPIRACHAMBER WITH MASK- SMALL SPACER	Tier 4	
LC PLUS	(nebulizers) Tier 4	
LC PLUS NEBULIZER-PED MASK	(nebulizers) Tier 4	
LITE TOUCH-MEDIUM MASK DEVICE	Tier 4	
LITEAIRE MDI CHAMBER SPACER	(inhalational spacing device) Tier 4	
LITETOUCH-LARGE MASK DEVICE	Tier 4	
LITETOUCH-SMALL MASK DEVICE	Tier 4	
MC 300 NEBULIZER W-MOUTHPIECE	(nebulizers) Tier 4	
MC 300 NEBULIZER-UNVRSL TUBING	(nebulizers) Tier 4	
MICROAIR MESH NEBULIZER	(nebulizers) Tier 4	
MICROCHAMBER SPACER	(inhalational spacing device) Tier 4	

Drug		Status	Notes
MICROSPACER SPACER	(inhalational spacing device)	Tier 4	
MINI PLUS NEBULIZER	(nebulizers)	Tier 4	
MINI WRIGHT PEAK FLOW METER DEVICE	(peak flow meter)	Tier 4	
<i>nebulizer and compressor device</i>	(Clever Choice Nebulizer)	Tier 4	
OMBRA COMPRESSOR SYSTEM DEVICE	(nebulizer and compressor)	Tier 4	
OPTICHAMBER ADULT MASK-LARGE DEVICE		Tier 4	
OPTICHAMBER DIAMOND LG MASK SPACER		Tier 4	
OPTICHAMBER DIAMOND VHC SPACER	(inhalational spacing device)	Tier 4	
OPTICHAMBER DIAMOND-MED MSK SPACER		Tier 4	
OPTICHAMBER DIAMOND-SML MASK SPACER		Tier 4	
PARI LC SPRINT NEBULIZER SET	(nebulizers)	Tier 4	
PARI LC SPRINT SINUS	(nebulizers)	Tier 4	
PARI SINUS AEROSOL SYSTEM DEVICE	(nebulizer and compressor)	Tier 4	
PARI TREK S COMBO PACK DEVICE	(nebulizer and compressor)	Tier 4	
PARI TREK S COMPACT COMPRESSOR DEVICE	(nebulizer and compressor)	Tier 4	
PEDIATRIC BEAR NEBULIZER DEVICE	(nebulizer and compressor)	Tier 4	
PEDIATRIC COMP-AIR COMPRES NEB DEVICE	(nebulizer and compressor)	Tier 4	
PEDIATRIC DINOSAUR NEBULIZER DEVICE	(nebulizer and compressor)	Tier 4	
PEDIATRIC DOG NEBULIZER DEVICE	(nebulizer and compressor)	Tier 4	
PEDIATRIC FROG NEBULIZER DEVICE	(nebulizer and compressor)	Tier 4	
PFLEX INSPIRATORY TRAINER DEVICE		Tier 4	
POCKET CHAMBER SPACER	(inhalational spacing device)	Tier 4	
PORTABLE NEBULIZER SYSTEM DEVICE	(nebulizer and compressor)	Tier 4	
PRIMEAIRE SPACER	(inhalational spacing device)	Tier 4	

Drug		Status	Notes
PROCARE COMPRESSOR NEBULIZER DEVICE	(nebulizer and compressor)	Tier 4	
PROCARE PEDIATRIC NEBULIZER DEVICE	(nebulizer and compressor)	Tier 4	
PROCARE SPACER WITH ADULT MASK SPACER		Tier 4	
PROCARE SPACER WITH CHILD MASK SPACER		Tier 4	
PROCHAMBER SPACER	(inhalational spacing device)	Tier 4	
PRODIGY MINI-MIST NEBULIZER	(nebulizers)	Tier 4	
PRONEB MAX COMPRESSOR-LC PLUS DEVICE	(nebulizer and compressor)	Tier 4	
PRONEB MAX COMPRESSOR-LC SPRINT DEVICE	(nebulizer and compressor)	Tier 4	
PROVENT NASAL DEVICE		Tier 4	
PROVENT STARTER NASAL DEVICE		Tier 4	
PULMO-AIDE COMPRESSOR DEVICE		Tier 4	
PULMONEB LT COMPRESSOR NEBULIZER DEVICE	(nebulizer and compressor)	Tier 4	
PUREAIR MINI NEBULIZER DEVICE	(nebulizer and compressor)	Tier 4	
QUAKE VIBRATORY PEP DEVICE		Tier 4	
RITFLO AEROCHAMBER SPACER	(inhalational spacing device)	Tier 4	
SAMI THE SEAL DEVICE	(nebulizer and compressor)	Tier 4	
SIDESTREAM	(nebulizers)	Tier 4	
SIDESTREAM NEBULIZER	(nebulizers)	Tier 4	
SIDESTREAM PLUS	(nebulizers)	Tier 4	
SILICONE MASK - INFANT DEVICE		Tier 4	
SINUSTAR NEBULIZER	(nebulizers)	Tier 4	
SMARTNEB COMPRESSOR NEBULIZER DEVICE	(nebulizer and compressor)	Tier 4	
SOOTHENEB COMPRESSOR NEBULIZER DEVICE	(nebulizer and compressor)	Tier 4	
SOOTHENEB MESH NEBULIZER	(nebulizers)	Tier 4	
SPACE CHAMBER SPACER	(inhalational spacing device)	Tier 4	
SPACE CHAMBER WITH LARGE MASK SPACER		Tier 4	
SPACE CHAMBER WITH MEDIUM MASK SPACER		Tier 4	

Drug	Status	Notes
SPACE CHAMBER WITH SMALL MASK SPACER	Tier 4	
STRIVE PEAK FLOW METER DEVICE (peak flow meter)	Tier 4	
SUNRISE COMPRESSOR-NEBULIZER DEVICE	Tier 4	
THRESHOLD IMT TRAINER DEVICE	Tier 4	
THRESHOLD PEP DEVICE DEVICE	Tier 4	
TRUNEB NEBULIZER (nebulizers)	Tier 4	
TRUZONE PEAK FLOW METER DEVICE (peak flow meter)	Tier 4	
VIOS AEROSOL DELIVERY SYSTEM DEVICE (nebulizer and compressor)	Tier 4	
VIXONE NEBULIZER (nebulizers)	Tier 4	
VIXONE NEBULIZER-ADULT MASK (nebulizers)	Tier 4	
VIXONE NEBULIZER-PEDIATRIC MSK (nebulizers)	Tier 4	
VORTEX HOLDING CHAMBER SPACER (inhalational spacing device)	Tier 4	
VORTEX VHC FROG MASK-CHILD SPACER	Tier 4	
VORTEX VHC LADYBUG MASK-TODDLR SPACER	Tier 4	
WILLIS THE WHALE COMPRESSR NEB DEVICE (nebulizer and compressor)	Tier 4	
Thymic Stromal Lymphopoietin (Tslp) Inhibitors		
TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML)	Tier 5	PA
Xanthines		
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	Tier 2	
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML (theophylline)	Tier 2	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	Tier 3	
<i>theophylline oral elixir 80 mg/15 ml</i> (Elixophyllin)	Tier 2	
<i>theophylline oral solution 80 mg/15 ml</i>	Tier 2	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	Tier 2	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	Tier 2	

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

Drug	Status	Notes
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	Tier 2	QL (60 EA per 30 days)
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i> (Mestinon)	Tier 2	
<i>pyridostigmine bromide oral tablet 30 mg</i>	Tier 2	
<i>pyridostigmine bromide oral tablet 60 mg</i> (Mestinon)	Tier 2	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i> (Mestinon Timespan)	Tier 2	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	Tier 2	
<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 2	QL (30 EA per 30 days)
Behavioral Health - Antidepressants		
Alpha-2 Receptor Antagonist Antidepressants		
<i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)	Tier 2	
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	Tier 2	
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab)	Tier 2	
Antidepressant - Nmda Receptor Antagonist		
SPRAVATO NASAL SPRAY, NON-AEROSOL 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3)	Tier 5	PA
Antidepressant - Postpartum Depression (Ppd)		
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG	Tier 5	PA
Maois - Non-Selective & Irreversible		
MARPLAN ORAL TABLET 10 MG	Tier 4	
<i>phenelzine oral tablet 15 mg</i> (Nardil)	Tier 2	
<i>tranylcypromine oral tablet 10 mg</i> (Parnate)	Tier 2	
Monoamine Oxidase(Mao) Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	Tier 4	QL (1 EA per 1 day)
Ndma Receptor Antagonist And Ndri Comb		
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	Tier 4	
Norepinephrine And Dopamine Reuptake Inhib (Ndris)		
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	Tier 2	

Drug	Status	Notes
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL)	Tier 2	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR)	Tier 2	
Selective Serotonin Reuptake Inhibitor (SsrIs)		
<i>citalopram oral solution 10 mg/5 ml</i>	Tier 2	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i> (Celexa)	Tier 2	
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	Tier 2	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (Lexapro)	Tier 2	
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i> (Prozac)	Tier 2	
<i>fluoxetine oral capsule, delayed release(drlec) 90 mg</i>	Tier 2	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	Tier 2	
<i>fluoxetine oral tablet 10 mg, 20 mg, 60 mg</i>	Tier 2	
<i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i>	Tier 2	QL (2 EA per 1 day)
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 2	
<i>paroxetine hcl oral suspension 10 mg/5 ml</i> (Paxil)	Tier 2	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> (Paxil)	Tier 2	
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i> (Paxil CR)	Tier 2	
<i>sertraline oral capsule 150 mg, 200 mg</i>	Tier 4	QL (1 EA per 1 day)
<i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)	Tier 2	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)	Tier 2	
Serotonin-2 Antagonist/Reuptake Inhibitors (Saris)		
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 2	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	Tier 2	

Drug	Status	Notes
Serotonin-Norepinephrine Reuptake-Inhib (Snris)		
<i>desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg</i>	Tier 2	ST: At least 2 prior prescriptions for Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Sertraline HCL, or Venlafaxine HCL within the past 365 days; QL (1 EA per 1 day)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq)	Tier 2	
<i>duloxetine oral capsule, delayed release (drlec) 20 mg, 30 mg, 60 mg</i> (Cymbalta)	Tier 2	
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26), 20 MG (2)- 40 MG (5)	Tier 3	QL (1 EA per 1 day)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	Tier 3	QL (1 EA per 1 day)
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i> (Effexor XR)	Tier 2	
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Tier 2	
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>	Tier 2	
Ssri & 5Ht1a Partial Agonist Antidepressant		
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i> (Viibryd)	Tier 2	
Ssri & Serotonin Receptor Modulator Antidepressant		
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 3	QL (1 EA per 1 day)
Tricyclic Antidepressant/Benzodiazepine Combinatns		
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	Tier 2	

Drug	Status	Notes
Tricyclic Antidepressant/Phenothiazine Combinations		
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	Tier 2	
Tricyclic Antidepressants & Rel. Non- Sel. Re-Inhib		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 2	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	Tier 2	
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil)	Tier 2	
<i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)	Tier 2	
<i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	Tier 2	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 2	
<i>doxepin oral concentrate 10 mg/ml</i>	Tier 2	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 2	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	Tier 2	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor)	Tier 2	
<i>nortriptyline oral solution 10 mg/5 ml</i>	Tier 2	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	Tier 2	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 2	
Behavioral Health - Other		
Adrenergics, Aromatic, Non-Catecholamine		
ADZENYS XR-ODT ORAL TABLET, DISINTEGRATING BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG	Tier 4	ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days; QL (1 EA per 1 day)
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i> (Evekeo)	Tier 2	PA
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg</i> (Dexedrine Spansule)	Tier 2	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 15 mg</i>	Tier 2	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>	Tier 2	QL (60 EA per 30 days)

Drug	Status	Notes
<i>dextroamphetamine sulfate oral solution</i> (ProCentra) 5 mg/5 ml	Tier 2	QL (1800 ML per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i> (Zenzedi)	Tier 2	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg</i> (Zenzedi)	Tier 2	ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (3 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 2.5 mg, 7.5 mg</i> (Zenzedi)	Tier 2	ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (90 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 20 mg, 30 mg</i> (Zenzedi)	Tier 2	ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (2 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 5 mg</i> (Zenzedi)	Tier 2	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 2	QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i> (Adderall XR)	Tier 2	QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i> (Adderall XR)	Tier 2	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 2	QL (2 EA per 1 day)
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML	Tier 4	ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days; QL (240 ML per 30 days)

Drug	Status	Notes
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG	Tier 4	ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 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 2	QL (1 EA per 1 day)
<i>lisdexamfetamine oral tablet, chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i> (Vyvanse)	Tier 2	QL (1 EA per 1 day)
<i>methamphetamine oral tablet 5 mg</i> (Desoxyn)	Tier 2	QL (150 EA per 30 days)
VYVANSE ORAL TABLET, CHEWABLE 10 MG, 20 MG, 30 MG (lisdexamfetamine)	Tier 3	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 4	ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days; QL (1 EA per 1 day); Age (Min 6 Years)
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG (dextroamphetamine sulfate)	Tier 4	ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (90 EA per 30 days)
Anti-Alcoholic Preparations		
<i>acamprosate oral tablet, delayed release (dr/lec) 333 mg</i>	Tier 2	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	Tier 2	
Anti-Anxiety - Benzodiazepines		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	Tier 3	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> (Xanax)	Tier 2	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i> (Xanax XR)	Tier 2	
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 2	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	Tier 2	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	Tier 2	
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML (diazepam)	Tier 2	
<i>diazepam oral concentrate 5 mg/ml</i> (Diazepam Intensol)	Tier 2	

Drug	Status	Notes
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml)</i>	Tier 2	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)	Tier 2	
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML (lorazepam)	Tier 2	
<i>lorazepam oral concentrate 2 mg/ml</i> (Lorazepam Intensol)	Tier 2	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Ativan)	Tier 2	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	Tier 2	
Anti-Anxiety Drugs		
<i>bupirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 2	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	Tier 2	
Anti-Mania Drugs		
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	Tier 4	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	Tier 2	
<i>lithium carbonate oral tablet 300 mg</i>	Tier 2	
<i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid)	Tier 2	
<i>lithium carbonate oral tablet extended release 450 mg</i>	Tier 2	
<i>lithium citrate oral solution 8 meq/5 ml</i>	Tier 2	
Anti-Narcolepsy & Anti-Cataplexy, Sedative-Type Agt		
LUMRYZ ORAL EXTEND RELEASE GRANULES, PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM	Tier 5	PA
LUMRYZ STARTER PACK ORAL GRANULES ER PACKET, DOSE PACK 4.5-6-7.5 GRAM	Tier 5	PA
<i>sodium oxybate oral solution 500 mg/ml</i> (Xyrem)	Tier 5	PA
XYWAV ORAL SOLUTION 0.5 GRAM/ML	Tier 5	PA
Antipsych, Dopamine Antag., Diphenylbutylpiperidines		
<i>pimozide oral tablet 1 mg, 2 mg</i>	Tier 2	
Antipsychotic-Atypical, D3/D2 Partial Ag-5Ht Mixed		
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	Tier 3	QL (1 EA per 1 day)

Drug	Status	Notes
Antipsychotics, Atyp, D2 Partial Agonist/5Ht Mixed		
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 2	
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)	Tier 2	
<i>aripiprazole oral tablet, disintegrating 10 mg</i>	Tier 2	QL (3 EA per 1 day)
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	Tier 2	QL (2 EA per 1 day)
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG	Tier 4	ST: Requires prior prescription for generic Aripiprazole tablets within the past 120 days
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 3	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 3	QL (1 EA per 1 day)
Antipsychotics, Dopamine & Serotonin Antagonists		
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG	Tier 5	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 2	
Antipsychotics, Atypical, Dopamine, & Serotonin Antag		
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i> (Saphris)	Tier 2	QL (2 EA per 1 day)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	Tier 4	ST: Requires prior prescription for Rexulti or Vraylar within the past 120 days; QL (1 EA per 1 day)
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Clozaril)	Tier 2	
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	Tier 2	QL (3 EA per 1 day)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 4	QL (2 EA per 1 day)
FANAPT ORAL TABLETS, DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	Tier 4	QL (8 EA per 28 days)
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i> (Latuda)	Tier 2	QL (30 EA per 30 days)
<i>lurasidone oral tablet 80 mg</i> (Latuda)	Tier 2	QL (60 EA per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	Tier 4	PA

Drug	Status	Notes
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> (Zyprexa)	Tier 2	
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i> (Zyprexa Zydis)	Tier 2	
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>paliperidone oral tablet extended release 24hr 3 mg, 9 mg</i> (Invega)	Tier 2	QL (1 EA per 1 day)
<i>paliperidone oral tablet extended release 24hr 6 mg</i> (Invega)	Tier 2	QL (2 EA per 1 day)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel)	Tier 2	
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel XR)	Tier 2	
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	Tier 2	
<i>risperidone oral tablet 0.25 mg</i>	Tier 2	
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)	Tier 2	
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 2	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	Tier 4	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 4	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	Tier 4	QL (18 ML per 1 day)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon)	Tier 2	
Antipsychotics, Dopamine Antagonists, Thioxanthenes		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 2	
Antipsychotics, Dopamine Antagonists, Butyrophenones		
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	Tier 2	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	Tier 2	
Antipsychotics, Dopamine Antagonist, Dihydroindolones		
<i>molindone oral tablet 10 mg</i>	Tier 2	QL (8 EA per 1 day)
<i>molindone oral tablet 25 mg</i>	Tier 2	QL (9 EA per 1 day)

Drug	Status	Notes
<i>molindone oral tablet 5 mg</i>	Tier 2	
Anti-Psychotics,Phenothiazines		
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	Tier 2	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 2	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	Tier 2	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	Tier 2	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 2	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	Tier 2	
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 2	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 2	
Barbiturates		
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	Tier 2	
<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 2	
Cholinergic And Anticholinergic Combinations		
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	Tier 4	ST: Requires prior prescription for a generic atypical antipsychotic, Rexult, or Vraylar within the past 120 days; QL (2 EA per 1 day)
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG	Tier 4	ST: Requires prior prescription for a generic atypical antipsychotic, Rexult, or Vraylar within the past 120 days
Hypnotics, Melatonin Mt1/Mt2 Receptor Agonists		
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	Tier 5	PA
<i>tasimelteon oral capsule 20 mg</i> (Hetliozi)	Tier 5	PA
Narcolepsy And Sleep Disorder Therapy Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i> (Nuvigil)	Tier 2	QL (1 EA per 1 day)
<i>armodafinil oral tablet 50 mg</i> (Nuvigil)	Tier 2	QL (3 EA per 1 day)

Drug	Status	Notes
<i>modafinil oral tablet 100 mg, 200 mg</i> (Provigil)	Tier 2	QL (2 EA per 1 day)
SUNOSI ORAL TABLET 150 MG, 75 MG	Tier 4	PA
Narcolepsy Tx-H3- Recept.Antagonist/Inverse Agonist		
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	Tier 5	PA
Narcotic Antagonists		
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	Tier 3	QL (4 EA per 30 days)
LOTREXONE ORAL CAPSULE 1.5 MG, 4.5 MG	Tier 4	
<i>naloxone injection auto-injector 10 mg/0.4 ml</i>	Tier 2	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	Tier 2	
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i> (Narcan)	Tier 2	QL (4 EA per 30 days)
NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG	Tier 4	
<i>naltrexone oral tablet 50 mg</i>	Tier 2	
OPVEE NASAL SPRAY, NON-AEROSOL 2.7 MG/ACTUATION	Tier 4	QL (4 EA per 30 days)
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML	Tier 4	QL (2 ML per 30 days)
Sedative-Hypnotics - Benzodiazepines		
<i>estazolam oral tablet 1 mg, 2 mg</i>	Tier 2	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	Tier 2	
<i>midazolam oral syrup 2 mg/ml</i>	Tier 2	
<i>quazepam oral tablet 15 mg</i> (Doral)	Tier 2	
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i> (Restoril)	Tier 2	
<i>triazolam oral tablet 0.125 mg</i>	Tier 2	
<i>triazolam oral tablet 0.25 mg</i> (Halcion)	Tier 2	
Sedative-Hypnotics, Non-Barbiturate		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	Tier 3	QL (1 EA per 1 day)
DAYVIGO ORAL TABLET 10 MG, 5 MG	Tier 4	QL (1 EA per 1 day)
<i>doxepin oral tablet 3 mg, 6 mg</i> (Silenor)	Tier 2	QL (1 EA per 1 day)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta)	Tier 2	QL (1 EA per 1 day)
IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG	Tier 4	PA

Drug	Status	Notes
MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE 3-25-2 MG	Tier 2	
QUVIVIQ ORAL TABLET 25 MG, 50 MG	Tier 4	PA
<i>zaleplon oral capsule 10 mg, 5 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)	Tier 2	QL (1 EA per 1 day)
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i> (Ambien CR)	Tier 2	QL (1 EA per 1 day)
<i>zolpidem sublingual tablet 1.75 mg, 3.5 mg</i>	Tier 2	QL (1 EA per 1 day)
Selective Serotonin 5-Ht2a Inverse Agonists (Ssia)		
NUPLAZID ORAL CAPSULE 34 MG	Tier 5	PA
NUPLAZID ORAL TABLET 10 MG	Tier 5	PA
Ssri &Antipsych,Atyp,Dopamine&Serotonin Antag Comb		
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 6-50 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>olanzapine-fluoxetine oral capsule 12-50 mg, 3-25 mg, 6-25 mg</i> (Symbyax)	Tier 2	QL (1 EA per 1 day)
Tx For Adhd - Selective Alpha-2A Receptor Agonist		
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	Tier 2	
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv ER)	Tier 2	
ONYDA XR ORAL SUSPENSION,EXTEND RELEASE 24HR 0.1 MG/ML	Tier 4	ST: Requires prior prescription for Clonidine 0.1mg ER tablets IN 120 DAYS; QL (4 ML per 1 day); Age (Min 6 Years)
Tx For Attention Deficit-Hyperact(Adhd)/Narcolepsy		
AZSTARYS ORAL CAPSULE 26.1 MG-5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG-10.4 MG	Tier 3	ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (1 EA per 1 day)

Drug	Status	Notes
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 17.3 MG, 8.6 MG	Tier 4	ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days; QL (1 EA per 1 day)
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 25.9 MG	Tier 4	ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 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 2	QL (1 EA per 1 day)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i> (Focalin)	Tier 2	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: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (1 EA per 1 day)
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG (methylphenidate hcl)	Tier 2	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 4	ST: Requires prior prescription for one of the following generics: Concerta, Metadate CD, Ritalin LA, Methylin ER OR Ritalin-SR within the past 120 days; QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i> (Metadate CD)	Tier 2	QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg</i> (Metadate CD)	Tier 2	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 2	QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 30 mg</i> (Ritalin LA)	Tier 2	QL (2 EA per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 60 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i> (Methylin)	Tier 2	

Drug	Status	Notes
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin)	Tier 2	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	Tier 2	QL (3 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 20 mg</i> (Metadate ER)	Tier 2	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i> (Concerta)	Tier 2	QL (1 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i> (Concerta)	Tier 2	QL (2 EA per 1 day)
<i>methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg</i>	Tier 2	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 2	ST: Requires prior prescription for oral Methylphenidate CD/ER/LA formulation or Methylphenidate suspension/solution within the past 120 days; QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 40 MG	Tier 4	ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 30 MG	Tier 4	ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (2 EA per 1 day)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 4	120mL BOTTLE; ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (240 ML per 30 days)

Drug	Status	Notes
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 4	150mL BOTTLE; ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (300 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 4	180mL BOTTLE; ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (360 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 4	60mL BOTTLE; ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (60 ML per 30 days)
Tx For Attention Deficit-Hyperact.(Adhd), Nri-Type		
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i> (Strattera)	Tier 2	
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG	Tier 4	ST: Requires prior prescription for Atomoxetine HCL, Clonidine HCL, Dexmethylphenidate HCL, Dextroamphetamine/Amphetamine, Guanfacine HCL, or Methylphenidate HCL within the past 120 days; QL (1 EA per 1 day); Age (Min 6 Years)

Drug	Status	Notes
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG	Tier 4	ST: Requires prior prescription for Atomoxetine HCL, Clonidine HCL, Dexmethylphenidate HCL, Dextroamphetamine/Amphetamine, Guanfacine HCL, or Methylphenidate HCL within the past 120 days; QL (2 EA per 1 day); Age (Min 6 Years)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	Tier 4	ST: Requires prior prescription for Atomoxetine HCL, Clonidine HCL, Dexmethylphenidate HCL, Dextroamphetamine/Amphetamine, Guanfacine HCL, or Methylphenidate HCL within the past 120 days; QL (3 EA per 1 day); Age (Min 6 Years)

Cardiovascular Disease - Arrhythmia

Antiarrhythmics

<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i> (Pacerone)	Tier 2	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> (Norpace)	Tier 2	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)	Tier 2	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 2	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	Tier 2	
MULTAQ ORAL TABLET 400 MG	Tier 3	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG	Tier 3	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 150 MG (disopyramide phosphate)	Tier 3	
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG (amiodarone)	Tier 2	
<i>propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg</i>	Tier 2	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	Tier 2	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	Tier 2	

Drug	Status	Notes
quinidine sulfate oral tablet 200 mg, 300 mg	Tier 2	
Cardiovascular Disease - Cardiac Stimulant		
Adrenergic Agents, Catecholamines		
epinephrine injection syringe 0.1 mg/ml	Tier 2	
Digitalis Glycosides		
DIGITEK ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) (digoxin)	Tier 2	
digoxin oral solution 50 mcg/ml (0.05 mg/ml)	Tier 3	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg) (Digitek)	Tier 2	
digoxin oral tablet 62.5 mcg (0.0625 mg) (Lanoxin)	Tier 2	PA
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) (digoxin)	Tier 3	
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG) (digoxin)	Tier 3	PA
Cardiovascular Disease - Hypertension		
Ace Inhibitor/Calcium Channel Blocker Combination		
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg (Lotrel)	Tier 1	
amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg	Tier 1	
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	Tier 2	
Ace Inhibitor/Thiazide & Thiazide-Like Diuretic		
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg (Lotensin HCT)	Tier 1	
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg	Tier 1	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	Tier 1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg (Vaseretic)	Tier 1	
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg	Tier 1	
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	Tier 1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg (Zestoretic)	Tier 1	

Drug	Status	Notes
quinapril-hydrochlorothiazide oral tablet (Accuretic) 10-12.5 mg, 20-12.5 mg, 20-25 mg	Tier 1	
Alpha/Beta-Adrenergic Blocking Agents		
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg (Coreg)	Tier 2	
carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg (Coreg CR)	Tier 2	QL (1 EA per 1 day)
labetalol oral tablet 100 mg, 200 mg, 300 mg	Tier 2	
Alpha-Adrenergic Blocking Agents		
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	Tier 4	
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg (Cardura)	Tier 2	
phenoxybenzamine oral capsule 10 mg (Dibenzyline)	Tier 5	PA
prazosin oral capsule 1 mg, 2 mg, 5 mg	Tier 2	
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Tier 2	
Angioten.Receptr Antag./Cal.Chanl Blkr/Thiazide Cb		
amlodipine-valsartan-hcthiiazid oral tablet (Exforge HCT) 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	Tier 2	
olmesartan-amlodipin-hcthiiazid oral tablet (Tribenzor) 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	Tier 2	
Angiotensin Receptor Antag./Thiazide Diuretic Comb		
candesartan-hydrochlorothiazid oral tablet (Atacand HCT) 16-12.5 mg, 32-12.5 mg, 32-25 mg	Tier 2	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	Tier 4	ST: Requires prior prescription for an ACE Inhibitor, ACE-Inhibitor combination, ARB, or ARB combination within the past 120 days
irbesartan-hydrochlorothiazide oral tablet (Avalide) 150-12.5 mg, 300-12.5 mg	Tier 1	
losartan-hydrochlorothiazide oral tablet (Hyzaar) 100-12.5 mg, 100-25 mg, 50-12.5 mg	Tier 1	
olmesartan-hydrochlorothiazide oral tablet (Benicar HCT) 20-12.5 mg, 40-12.5 mg, 40-25 mg	Tier 2	

Drug	Status	Notes
<i>telmisartan-hydrochlorothiazid oral tablet</i> (Micardis HCT) 40-12.5 mg, 80-12.5 mg, 80-25 mg	Tier 2	
<i>valsartan-hydrochlorothiazide oral tablet</i> (Diovan HCT) 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	Tier 1	
Angiotensin Receptor Antgnst & Calc.Channel Blockr		
<i>amlodipine-olmesartan oral tablet</i> 10-20 (Azor) mg, 10-40 mg, 5-20 mg, 5-40 mg	Tier 2	
<i>amlodipine-valsartan oral tablet</i> 10-160 (Exforge) mg, 10-320 mg, 5-160 mg, 5-320 mg	Tier 1	
<i>telmisartan-amlodipine oral tablet</i> 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	Tier 2	
Antihypertensives, Ace Inhibitors		
<i>benazepril oral tablet</i> 10 mg, 20 mg, 40 (Lotensin) mg	Tier 1	
<i>benazepril oral tablet</i> 5 mg	Tier 1	
<i>captopril oral tablet</i> 100 mg, 12.5 mg, 25 mg, 50 mg	Tier 2	
<i>enalapril maleate oral solution</i> 1 mg/ml (Epaned)	Tier 2	ST: Requires prior prescription for Enalapril tablets if 12 years of age or older within the past 120 days; QL (1200 ML per 30 days)
<i>enalapril maleate oral tablet</i> 10 mg, 2.5 (Vasotec) mg, 20 mg, 5 mg	Tier 1	
<i>fosinopril oral tablet</i> 10 mg, 20 mg, 40 mg	Tier 1	
<i>lisinopril oral tablet</i> 10 mg, 2.5 mg, 20 (Zestril) mg, 30 mg, 40 mg, 5 mg	Tier 1	
<i>moexipril oral tablet</i> 15 mg, 7.5 mg	Tier 1	
<i>perindopril erbumine oral tablet</i> 2 mg, 4 mg, 8 mg	Tier 1	
QBRELIS ORAL SOLUTION 1 MG/ML	Tier 4	ST: Requires prior prescription for Lisinopril tablets within the past 120 days if 12 years of age and older; QL (1200 ML per 30 days)
<i>quinapril oral tablet</i> 10 mg, 20 mg, 40 (Accupril) mg, 5 mg	Tier 1	
<i>ramipril oral capsule</i> 1.25 mg, 10 mg, 2.5 (Altace) mg, 5 mg	Tier 1	
<i>trandolapril oral tablet</i> 1 mg, 2 mg, 4 mg	Tier 1	

Drug	Status	Notes
Antihypertensives, Angiotensin Receptor Antagonist		
<i>candesartan oral tablet 16 mg, 32 mg, 48 mg, 8 mg</i> (Atacand)	Tier 2	
EDARBI ORAL TABLET 40 MG, 80 MG	Tier 4	ST: Requires prior prescription for an ACE Inhibitor, ACE-Inhibitor combination, ARB, or ARB combination within the past 120 days
<i>eprosartan oral tablet 600 mg</i>	Tier 2	
<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 2	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis)	Tier 1	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)	Tier 1	
Antihypertensives, Miscellaneous		
<i>metyrosine oral capsule 250 mg</i> (Demser)	Tier 2	
Antihypertensives, Sympatholytic		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	Tier 2	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-TTS-1)	Tier 2	
<i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2)	Tier 2	
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3)	Tier 2	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	Tier 2	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	Tier 2	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	Tier 2	
Antihypertensives, Vasodilators		
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 2	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	Tier 2	
Antihypertensives, Endothelin Receptor Antagonists		
TRYVIO ORAL TABLET 12.5 MG	Tier 5	PA
Beta-Adrenergic Blocking Agents		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	Tier 2	

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

Drug	Status	Notes
Beta-Adrenergic Blocking Agents/Thiazide & Related		
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i> (Tenoretic 100)	Tier 2	
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i> (Tenoretic 50)	Tier 2	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	Tier 2	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	Tier 2	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	Tier 2	
Calcium Channel Blocking Agents		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)	Tier 2	
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG (diltiazem hcl)	Tier 2	
CONJUPRI ORAL TABLET 2.5 MG (levamlodipine)	Tier 4	PA
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i> (DILT-XR)	Tier 2	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	Tier 2	
<i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (Tiadylt ER)	Tier 2	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (Cartia XT)	Tier 2	
<i>diltiazem hcl oral capsule,extended release 24hr 360 mg</i> (Cardizem CD)	Tier 2	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem)	Tier 2	
<i>diltiazem hcl oral tablet 90 mg</i>	Tier 2	
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg</i> (Cardizem LA)	Tier 2	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (Matzim LA)	Tier 2	
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG (diltiazem hcl)	Tier 2	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	Tier 2	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	Tier 2	
<i>levamlodipine oral tablet 2.5 mg, 5 mg</i> (Conjupri)	Tier 2	PA

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

Drug	Status	Notes
<i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)	Tier 2	
KERENDIA ORAL TABLET 10 MG, 20 MG	Tier 4	PA
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)	Tier 2	
<i>triamterene oral capsule 100 mg, 50 mg</i> (Dyrenium)	Tier 2	
Potassium Sparing Diuretics In Combination		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	Tier 2	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	Tier 2	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	Tier 2	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	Tier 2	
Pulm Anti-Htn, Soluble Guanylate Cyclase Stimulator		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	Tier 5	PA
Pulm. Anti-Htn, Sel. C-Gmp Phosphodiesterase T5 Inhib		
ALYQ ORAL TABLET 20 MG (tadalafil (pulm. hypertension))	Tier 5	PA
LIQREV ORAL SUSPENSION 10 MG/ML	Tier 5	PA
<i>sildenafil (pulm. hypertension) oral suspension for reconstitution 10 mg/ml</i>	Tier 2	PA
<i>sildenafil (pulm. hypertension) oral tablet 20 mg</i> (Revatio)	Tier 2	PA
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i> (Alyq)	Tier 5	PA
Pulmonary Anti-Htn, Endothelin Receptor Antagonist		
<i>ambisentan oral tablet 10 mg, 5 mg</i> (Letairis)	Tier 5	PA
<i>bosentan oral tablet 125 mg, 62.5 mg</i> (Tracleer)	Tier 5	PA
OPSUMIT ORAL TABLET 10 MG	Tier 5	PA
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	Tier 5	PA
Pulmonary Antihyper Agent, Actriia-Fc		
WINREVAIR SUBCUTANEOUS KIT 45 MG, 60 MG	Tier 5	PA

Drug	Status	Notes
Pulmonary Antihypertensives, Prostacyclin-Type		
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42)	Tier 5	PA
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210)	Tier 5	PA
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)- 1MG	Tier 5	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	Tier 5	PA
REMODULIN INJECTION SOLUTION 1 (treprostinil sodium) MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	Tier 5	PA
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i> (Remodulin)	Tier 5	PA
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16(112)-32(112) -48(28) MCG, 32 MCG, 48 MCG, 64 MCG	Tier 5	PA
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	Tier 5	PA
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	Tier 5	PA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	Tier 5	PA
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	Tier 5	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 5	PA
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	Tier 5	PA
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	Tier 5	PA

Drug	Status	Notes
Pulmonary Htn-Endothelin Recept Antg-Cgmp Pde5 Inh		
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG	Tier 5	PA
Renin Inhibitor, Direct		
<i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)	Tier 2	
Thiazide And Related Diuretics		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 2	
DIURIL ORAL SUSPENSION 250 MG/5 ML	Tier 4	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	Tier 2	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 2	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	Tier 2	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 2	
Vasodilators, Combination		
<i>isosorbide-hydralazine oral tablet 20-37.5 mg</i> (BiDil)	Tier 2	
Cardiovascular Disease - Lipid Irregularity		
Antihyperlip.Hmg Coa Reduct Inhib&Cholest.Ab.Inhib		
<i>ezetimibe-simvastatin oral tablet 10-10 mg</i> (Vytorin 10-10)	Tier 2	QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-20 mg</i> (Vytorin 10-20)	Tier 2	QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-40 mg</i> (Vytorin 10-40)	Tier 2	QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i> (Vytorin 10-80)	Tier 2	PA; QL (1 EA per 1 day)
Antihyperlipidemic - Atp Citrate Lyase Inhibitor		
NEXLETOL ORAL TABLET 180 MG	Tier 3	ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin within the past 120 days

Drug	Status	Notes
Antihyperlipidemic - Hmg Coa Reductase Inhibitors		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG	Tier 4	ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; QL (1 EA per 1 day)
ATORVALIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	Tier 4	PA
<i>atorvastatin oral tablet 10 mg, 20 mg</i> (Lipitor)	\$0 COPAY	\$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 4	QL (1 EA per 1 day)
FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML) (simvastatin)	Tier 4	PA
FLOLIPID ORAL SUSPENSION 40 MG/5 ML (8 MG/ML)	Tier 4	PA
<i>fluvastatin oral capsule 20 mg</i>	\$0 COPAY	ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; \$0 COPAY IF QUANTITY 1 IN 1 DAY, 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>	\$0 COPAY	ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; \$0 COPAY IF QUANTITY 2 IN 1 DAY, 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)	\$0 COPAY	ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; \$0 COPAY IF QUANTITY 1 IN 1 DAY, 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>	\$0 COPAY	\$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)	\$0 COPAY	\$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>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	\$0 COPAY	\$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>rosuvastatin oral tablet 10 mg, 5 mg</i> (Crestor)	\$0 COPAY	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>rosuvastatin oral tablet 20 mg, 40 mg</i> (Crestor)	Tier 1	QL (1 EA per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor)	\$0 COPAY	\$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>	\$0 COPAY	\$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)
Antihyperlipidemic - Mtp Inhibitor		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	Tier 5	PA
Antihyperlipidemic - Pcsk9 Inhibitors		
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	Tier 4	ST: Requires prior prescription for Repatha within the past 120 days
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	Tier 3	ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin within the past 120 days
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	Tier 3	ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin within the past 120 days

Drug	Status	Notes
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	Tier 3	ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin within the past 120 days
Antihyperlipidemic-Acyl And Choles Absorp Inhib		
NEXLIZET ORAL TABLET 180-10 MG	Tier 3	ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin within the past 120 days
Bile Salt Sequestrants		
<i>cholestyramine (with sugar) oral powder 4 gram</i> (Questran)	Tier 2	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i> (Questran)	Tier 2	
CHOLESTYRAMINE LIGHT ORAL POWDER 4 GRAM (cholestyramine-aspartame)	Tier 2	
CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM (cholestyramine-aspartame)	Tier 2	
<i>cholestyramine-aspartame oral powder in packet 4 gram</i> (Cholestyramine Light)	Tier 2	
<i>colesevelam oral powder in packet 3.75 gram</i> (WelChol)	Tier 2	
<i>colesevelam oral tablet 625 mg</i> (WelChol)	Tier 2	
<i>colestipol oral granules 5 gram</i> (Colestid)	Tier 2	
<i>colestipol oral packet 5 gram</i>	Tier 2	
<i>colestipol oral tablet 1 gram</i> (Colestid)	Tier 2	
PREVALITE ORAL POWDER 4 GRAM (cholestyramine-aspartame)	Tier 2	
PREVALITE ORAL POWDER IN PACKET 4 GRAM (cholestyramine-aspartame)	Tier 2	
Lipotropics		
<i>ezetimibe oral tablet 10 mg</i> (Zetia)	Tier 2	QL (1 EA per 1 day)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	Tier 2	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i> (Tricor)	Tier 2	
<i>fenofibrate oral capsule 150 mg, 50 mg</i> (Lipofen)	Tier 2	
<i>fenofibrate oral tablet 120 mg, 40 mg</i> (Fenoglide)	Tier 2	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	Tier 2	

Drug	Status	Notes
<i>fenofibric acid (choline) oral capsule, delayed release (dr/ec) 135 mg, 45 mg</i> (Trilipix)	Tier 2	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i> (Fibricor)	Tier 2	
<i>gemfibrozil oral tablet 600 mg</i> (Lopid)	Tier 2	
<i>icosapent ethyl oral capsule 0.5 gram</i> (Vascepa)	Tier 2	QL (8 EA per 1 day)
<i>icosapent ethyl oral capsule 1 gram</i> (Vascepa)	Tier 2	QL (4 EA per 1 day)
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	Tier 2	
NIACOR ORAL TABLET 500 MG (niacin)	Tier 2	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)	Tier 2	ST: Requires prior prescription for generic Fenofibrate within the past 120 days; QL (4 EA per 1 day)
Niacin Preparations		
<i>niacin oral tablet 500 mg</i> (Niacor)	Tier 2	
Cardiovascular Disease - Miscellaneous Agents		
Adrenergic Vasopressor Agents		
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i> (Northera)	Tier 5	PA
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 2	
Angiotensin Recept-Nepriylsin Inhibitor Comb(Arni)		
ENTRESTO SPRINKLE ORAL PELLETT 15-16 MG, 6-6 MG	Tier 3	QL (8 EA per 1 day)
<i>sacubitril-valsartan oral tablet 24-26 mg</i> (Entresto)	Tier 2	QL (6 EA per 1 day)
<i>sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg</i> (Entresto)	Tier 2	QL (2 EA per 1 day)
Antianginal & Anti-Ischemic Agents, Non-Hemodynamic		
<i>ranolazine oral tablet extended release 12 hr 1,000 mg</i>	Tier 2	QL (60 EA per 30 days)
<i>ranolazine oral tablet extended release 12 hr 500 mg</i>	Tier 2	QL (120 EA per 30 days)
Antianginal, Heart Rate Reducing, I(F) Inhibitor		
CORLANOR ORAL SOLUTION 5 MG/5 ML	Tier 3	QL (20 ML per 1 day)
<i>ivabradine oral tablet 5 mg, 7.5 mg</i> (Corlanor)	Tier 2	QL (2 EA per 1 day)

Drug	Status	Notes
Antihyperlip - Hmg-Coa&Calcium Channel Blocker Cb		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> (Caduet)	Tier 2	QL (1 EA per 1 day)
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>	Tier 2	QL (1 EA per 1 day)
Cardiac Myosin Inhibitor		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	Tier 5	PA
Protein Stabilizers		
ATTRUBY ORAL TABLET 356 MG	Tier 5	PA
VYNDAMAX ORAL CAPSULE 61 MG	Tier 5	PA
VYNDAQEL ORAL CAPSULE 20 MG	Tier 5	PA
Soluble Guanylate Cyclase (Sgc) Stimulator		
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 4	PA
Cardiovascular Disease - Vasodilation		
Vasodilators, Coronary		
<i>amyl nitrite inhalation solution 0.3 ml</i>	Tier 2	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	Tier 2	
<i>isosorbide dinitrate oral tablet 40 mg</i> (Isordil)	Tier 2	
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradose)	Tier 2	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	Tier 2	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	Tier 2	
NITRO-BID TRANSDERMAL OINTMENT 2 % (nitroglycerin)	Tier 3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	Tier 3	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)	Tier 2	
<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 2	
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i> (Nitrolingual)	Tier 2	
NITROMIST TRANSLINGUAL AEROSOL, SPRAY 400 MCG/SPRAY (nitroglycerin)	Tier 4	

Drug	Status	Notes
NITRO-TIME ORAL CAPSULE, EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG (nitroglycerin)	Tier 2	
Vasodilators, Peripheral		
<i>ergoloid oral tablet 1 mg</i>	Tier 2	
<i>papaverine injection solution 30 mg/ml</i>	Tier 2	
Contraception/Oxytocics		
Contraceptives, Intravaginal, Systemic		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR	\$0 COPAY	
ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR (etonogestrel-ethinyl estradiol)	\$0 COPAY	
ENILLORING VAGINAL RING 0.12-0.015 MG/24 HR (etonogestrel-ethinyl estradiol)	\$0 COPAY	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i> (EluRyng)	\$0 COPAY	
HALOETTE VAGINAL RING 0.12-0.015 MG/24 HR (etonogestrel-ethinyl estradiol)	\$0 COPAY	
Contraceptives, Implantable		
NEXPLANON SUBDERMAL IMPLANT 68 MG	\$0 COPAY	\$0 COPAY IF QUANTITY LIMITED TO 1 IN 365 DAYS
Contraceptives, Injectable		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	\$0 COPAY	\$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (0.65 ML per 84 days)
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera)	\$0 COPAY	\$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (1 ML per 84 days)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera)	\$0 COPAY	\$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (1 ML per 84 days)
Contraceptives, Intravaginal		
PHEXXI VAGINAL GEL 1.8-1-0.4 %	\$0 COPAY	
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 %	\$0 COPAY	
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %	\$0 COPAY	
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %	\$0 COPAY	
Contraceptives, Oral		
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG (levonorgestrel-ethinyl estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AFTER PILL ORAL TABLET 1.5 MG (levonorgestrel)	\$0 COPAY	
AFTERA ORAL TABLET 1.5 MG (levonorgestrel)	\$0 COPAY	

Drug		Status	Notes
ALTAVERA (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG	(norethindrone-ethin estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ALYACEN 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG		\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AMETHIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
AMETHYST (28) ORAL TABLET 90-20 MCG (28)	(levonorgestrel-ethinyl estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
APRI ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG		\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ASHLYNA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AUBRA ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AUROVELA 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AUROVELA 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AUROVELA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AUROVELA FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AUROVELA FE 1-20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AVIANE ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AYUNA ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AZURETTE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG		\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
BLISOVI 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY

Drug	Status	Notes
BLISOVI FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0 COPAY \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
BRIELLYN ORAL TABLET 0.4-35 MG-MCG		\$0 COPAY \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
CAMILA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0 COPAY \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	\$0 COPAY \$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
CAMRESE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	\$0 COPAY \$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
CAZIAN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG		\$0 COPAY \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
CHARLOTTE 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	(norethindrone-e.estradiol-iron)	\$0 COPAY \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
CHATEAL (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	\$0 COPAY \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
CHATEAL EQ (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	\$0 COPAY \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
CRYSSELLE (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	\$0 COPAY \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
CYRED EQ ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	\$0 COPAY \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
CYRED ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	\$0 COPAY \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG	(norethindrone-ethin estradiol)	\$0 COPAY \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
DASETTA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG		\$0 COPAY \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
DAYSEE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	\$0 COPAY \$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
DEBLITANE ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0 COPAY \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(Azurette (28))	\$0 COPAY \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
DOLISHALE ORAL TABLET 90-20 MCG (28)	(levonorgestrel-ethinyl estrad)	\$0 COPAY \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i>	(Beyaz)	\$0 COPAY \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)</i>	(Tydemy)	\$0 COPAY \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	(Jasmiel (28))	\$0 COPAY \$0 COPAY IF QUANTITY 1.34 IN 1 DAY

Drug	Status	Notes
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i> (Ocella)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ECONTRA EZ ORAL TABLET 1.5 MG (levonorgestrel)	\$0 COPAY	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)	\$0 COPAY	
ELINEST ORAL TABLET 0.3-30 MG-MCG (norgestrel-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ELLA ORAL TABLET 30 MG	\$0 COPAY	
EMZAHH ORAL TABLET 0.35 MG (norethindrone (contraceptive))	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10) (levonorg-eth estrad triphasic)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ENSKYCE ORAL TABLET 0.15-0.03 MG (desogestrel-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ERRIN ORAL TABLET 0.35 MG (norethindrone (contraceptive))	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG (norgestimate-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i> (Kelnor 1/35 (28))	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i> (Kelnor 1/50 (28))	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
FALMINA (28) ORAL TABLET 0.1-20 MG-MCG (levonorgestrel-ethinyl estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
FEMLYV ORAL TABLET,DISINTEGRATING 1 MG- 20 MCG	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
FINZALA ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4) (norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
GEMMILY ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4) (norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
HAILEY 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4) (norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
HAILEY FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7) (norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
HAILEY FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) (norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
HAILEY ORAL TABLET 1.5-30 MG-MCG (norethindrone ac-eth estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
HEATHER ORAL TABLET 0.35 MG (norethindrone (contraceptive))	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
HER STYLE ORAL TABLET 1.5 MG (levonorgestrel)	\$0 COPAY	
ICLEVIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91) (levonorgestrel-ethinyl estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)

Drug		Status	Notes
INCASSIA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ISIBLOOM ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
JAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
JASMIEL (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
JENCYCLA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	(levonorgestrel-ethinyl estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
JOYEAUX ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)	(levonorgest-eth.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (28 EA per 28 days)
JULEBER ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
JULIE ORAL TABLET 1.5 MG	(levonorgestrel)	\$0 COPAY	
JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
JUNEL FE 24 ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
KAITLIB FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	(noreth-ethinyl estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
KALLIGA ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
KARIVA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG	(ethynodiol diac-eth estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
KELNOR 1/50 (28) ORAL TABLET 1-50 MG-MCG	(ethynodiol diac-eth estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
KURVELO (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<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)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)

Drug		Status	Notes
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	(Rivelsa)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(Amethia)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LARIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LAYOLIS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	(noreth-ethinyl estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG		\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LESSINA ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	(Joyeaux)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (28 EA per 28 days)
<i>levonorgestrel oral tablet 1.5 mg</i>	(After Pill)	\$0 COPAY	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	(Afirmelle)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i>	(Altavera (28))	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i>	(Amethyst (28))	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(Iclevia)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(Enpresse)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LEVORA-28 ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY

Drug		Status	Notes
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)		\$0 COPAY	ST: At least 2 prior prescriptions for generic oral contraceptives within the past 365 days; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LOJAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
LORYNA (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LO-ZUMANDIMINE (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LUTERA (28) ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LYLEQ ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LYZA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MARLISSA (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MERZEE ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MIBELAS 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	(norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MILI ORAL TABLET 0.25-35 MG-MCG	(norgestimate-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	(norgestimate-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MY CHOICE ORAL TABLET 1.5 MG	(levonorgestrel)	\$0 COPAY	
MY WAY ORAL TABLET 1.5 MG	(levonorgestrel)	\$0 COPAY	

Drug	Status	Notes
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG	\$0 COPAY	ST: At least 2 prior prescriptions for generic oral contraceptives within the past 365 days; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NEW DAY ORAL TABLET 1.5 MG (levonorgestrel)	\$0 COPAY	
NEXTSTELLIS ORAL TABLET 3 MG-14.2 MG (28)	\$0 COPAY	ST: At least 2 prior prescriptions for generic oral contraceptives within the past 365 days; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (1 EA per 1 day)
NIKKI (28) ORAL TABLET 3-0.02 MG (drospirenone-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NORA-BE ORAL TABLET 0.35 MG (norethindrone (contraceptive))	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i> (Wymzya Fe)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i> (Kaitlib Fe)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i> (Camila)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i> (Aurovela 1.5/30 (21))	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i> (Aurovela 1/20 (21))	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i> (Gemmy)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (Aurovela Fe 1-20 (28))	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> (Aurovela Fe 1.5/30 (28))	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i> (Tilia Fe)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i> (Charlotte 24 Fe)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (Tri-Lo-Estarylla)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (Tri-Estarylla)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY

Drug	Status	Notes
<i>norgestimate-ethinyl estradiol oral tablet</i> (Estarylla) 0.25-35 mg-mcg	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NORTREL 1/35 (21) ORAL TABLET 1- 35 MG-MCG (21)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NORTREL 1/35 (28) ORAL TABLET 1- 35 MG-MCG (norethindrone-ethin estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NYLIA 1/35 (28) ORAL TABLET 1-35 MG-MCG (norethindrone-ethin estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NYLIA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
OCELLA ORAL TABLET 3-0.03 MG (drospirenone-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
OPCICON ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)	\$0 COPAY	
OPILL ORAL TABLET 0.075 MG	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
OPTION-2 ORAL TABLET 1.5 MG (levonorgestrel)	\$0 COPAY	
PHILITH ORAL TABLET 0.4-35 MG- MCG	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5 (desog- e.estradiol/e.estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
PORTIA 28 ORAL TABLET 0.15-0.03 MG (levonorgestrel-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
RECLIPSEN (28) ORAL TABLET 0.15- 0.03 MG (desogestrel-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
RIVELSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG (l norgest/e.estradiol- e.estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91) (levonorgestrel-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
SHAROBEL ORAL TABLET 0.35 MG (norethindrone (contraceptive))	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
SIMLIYA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5 (desog- e.estradiol/e.estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
SIMPESSE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) (l norgest/e.estradiol- e.estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)

Drug	Status	Notes
SLYND ORAL TABLET 4 MG (28)	\$0 COPAY	ST: Requires prior prescription for a generic Norethindrone 0.35mg tablets within the past 120 days; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (28 EA per 28 days)
SPRINTEC (28) ORAL TABLET 0.25-35 MG-MCG (norgestimate-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
SRONYX ORAL TABLET 0.1-20 MG-MCG (levonorgestrel-ethinyl estrad)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
SYEDA ORAL TABLET 3-0.03 MG (drospirenone-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TAKE ACTION ORAL TABLET 1.5 MG (levonorgestrel)	\$0 COPAY	
TARINA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4) (norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) (norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) (norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TILIA FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9) (norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28) (norgestimate-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9) (norethindrone-e.estradiol-iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28) (norgestimate-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG (norgestimate-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG (norgestimate-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG (norgestimate-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG (norgestimate-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28) (norgestimate-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28) (norgestimate-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRIVORA (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10) (levonorg-eth estrad triphasic)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG (norgestimate-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28) (norgestimate-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY

Drug		Status	Notes
TULANA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TURQOZ (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG		\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TYDEMY ORAL TABLET 3-0.03-0.451 MG (21) (7)	(drospirenone-e.estradiol- lm.fa)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG- MCG		\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
VESTURA (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
VIENVA ORAL TABLET 0.1-20 MG- MCG	(levonorgestrel-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
VIORELE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog- e.estradiol/e.estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
VOLNEA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog- e.estradiol/e.estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG		\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
VYLIBRA ORAL TABLET 0.25-35 MG- MCG	(norgestimate-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
WERA (28) ORAL TABLET 0.5-35 MG- MCG		\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
WYMZYA FE ORAL TABLET,CHEWABLE 0.4MG- 35MCG(21) AND 75 MG (7)	(noreth-ethinyl estradiol- iron)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ZARAH ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ZOVIA 1-35 (28) ORAL TABLET 1-35 MG-MCG	(ethynodiol diac-eth estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ZUMANDIMINE (28) ORAL TABLET 3- 0.03 MG	(drospirenone-ethinyl estradiol)	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
Contraceptives, Transdermal			
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>	(Xulane)	\$0 COPAY	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR		\$0 COPAY	
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	(norelgestromin- ethin.estradiol)	\$0 COPAY	
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	(norelgestromin- ethin.estradiol)	\$0 COPAY	

Drug	Status	Notes
Diaphragms/Cervical Cap		
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	\$0 COPAY	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	\$0 COPAY	
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM 65 MM	\$0 COPAY	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM	\$0 COPAY	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM	\$0 COPAY	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM	\$0 COPAY	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM	\$0 COPAY	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM	\$0 COPAY	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM	\$0 COPAY	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM	\$0 COPAY	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM	\$0 COPAY	
Oxytocics		
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG	Tier 4	
<i>methylergonovine oral tablet 0.2 mg</i>	Tier 2	QL (28 EA per 30 days)
PREPIDIL VAGINAL GEL 0.5 MG/3 G	Tier 4	
Cough And Cold		
1st Gen Antihistamine & Decongestant Combinations		
<i>promethazine-phenylephrine oral syrup (Promethazine VC) 6.25-5 mg/5 ml</i>	Tier 2	
1st Gen Antihist-Decongest-Anticholinergic Comb		
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG	Tier 2	
Antitussives, Non-Narcotic		
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	Tier 2	
Narcotic Antituss-1st Gen. Antihistamine-Decongest		
HISTEX-AC ORAL SYRUP 2.5-10-10 MG/5 ML	Tier 4	Age (Min 12 Years)

Drug	Status	Notes	
MAR-COF BP ORAL LIQUID 2-30-7.5 MG/5 ML	Tier 2	Age (Min 12 Years)	
MAXI-TUSS CD ORAL LIQUID 4-10-10 MG/5 ML	Tier 4	Age (Min 12 Years)	
POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML	Tier 4	Age (Min 12 Years)	
RYDEX ORAL LIQUID 1.3-10-6.3 MG/5 ML	Tier 2	Age (Min 12 Years)	
Narcotic Antituss-Decongestant-Expectorant Comb			
CODITUSSIN DAC ORAL LIQUID 30-10-200 MG/5 ML	Tier 4	Age (Min 12 Years)	
GUAIFENESIN DAC ORAL SYRUP 30-10-100 MG/5 ML	Tier 2	Age (Min 12 Years)	
Narcotic Antitussive-1St Generation Antihistamine			
<i>hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr 10-8 mg/5 ml</i>	Tier 2	QL (10 ML per 1 day); Age (Min 18 Years)	
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	Tier 2	QL (30 ML per 1 day); Age (Min 18 Years)	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG	Tier 4	ST: Requires prior prescription for Promethazine HCL/codeine within the past 120 days; QL (2 EA per 1 day); Age (Min 18 Years)	
Narcotic Antitussive-Anticholinergic Comb.			
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	(Hydromet)	Tier 2	QL (30 ML per 1 day); Age (Min 18 Years)
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	(Hycodan (with homatropine))	Tier 2	QL (6 EA per 1 day); Age (Min 18 Years)
HYDROMET ORAL SYRUP 5-1.5 MG/5 ML	(hydrocodone-homatropine)	Tier 2	QL (30 ML per 1 day); Age (Min 18 Years)
Narcotic Antitussive-Expectorant Combination			
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>	(G Tussin AC)	Tier 2	Age (Min 12 Years)
CODITUSSIN AC ORAL LIQUID 10-200 MG/5 ML	(codeine-guaifenesin)	Tier 2	Age (Min 12 Years)
G TUSSIN AC ORAL LIQUID 10-100 MG/5 ML	(codeine-guaifenesin)	Tier 2	Age (Min 12 Years)
GUAIFENESIN AC ORAL LIQUID 10-100 MG/5 ML	(codeine-guaifenesin)	Tier 2	Age (Min 12 Years)

Drug	Status	Notes
MAR-COF CG ORAL LIQUID 7.5-225 MG/5 ML	Tier 2	Age (Min 12 Years)
MAXI-TUSS AC ORAL LIQUID 10-100 MG/5 ML (codeine-guaifenesin)	Tier 2	Age (Min 12 Years)
NINJACOF-XG ORAL LIQUID 8-200 MG/5 ML	Tier 2	Age (Min 12 Years)
Non-Narc Antituss-1St Gen. Antihistamine-Decongest		
BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML (brompheniramine-pseudoeph-dm)	Tier 2	
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i> (Bromfed DM)	Tier 2	
Non-Narc Antitussive-1St Gen Antihistamine Comb.		
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	Tier 2	
Nose Preparations, Vasoconstrictors (Rx)		
<i>epinephrine hcl nasal solution 1 mg/ml</i> (Adrenalin)	Tier 2	
Dermatology - Acne		
Acne Agents, Systemic		
ACUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG (isotretinoin)	Tier 2	
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG (isotretinoin)	Tier 2	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG (isotretinoin)	Tier 2	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (Accutane)	Tier 2	
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG (isotretinoin)	Tier 2	
Acne Agents, Topical		
ACIOXIAY TOPICAL CREAM 15-4 % (azelaic acid-niacinamide)	Tier 4	
ADAINZOXIA TOPICAL GEL 0.3-2.5-4 % (adapalene-benzoyl perox-niacin)	Tier 4	
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i> (Epiduo)	Tier 2	
<i>adapalene-benzoyl peroxide topical gel with pump 0.3-2.5 %</i> (Epiduo Forte)	Tier 2	
ADEINZDE TOPICAL GEL 0.1-2.5-1 %	Tier 4	
ALURIS TOPICAL CREAM 0.05-4 % (tretinoin-niacinamide)	Tier 4	
AZELEX TOPICAL CREAM 20 %	Tier 4	
CABTREO TOPICAL GEL 0.15-3.1-1.2 %	Tier 4	PA

Drug	Status	Notes
<i>clindamycin-benzoyl peroxide topical gel</i> (Neuac) 1.2 %(1 % base) -5 %	Tier 2	
<i>clindamycin-benzoyl peroxide topical gel</i> 1-5 %	Tier 2	
<i>clindamycin-benzoyl peroxide topical gel</i> (Onexton) with pump 1.2 %(1 % base) -3.75 %	Tier 2	
<i>clindamycin-benzoyl peroxide topical gel</i> (Acanya) with pump 1.2-2.5 %	Tier 2	
<i>clindamycin-benzoyl peroxide topical gel</i> with pump 1-5 %	Tier 2	
<i>dapsone topical gel</i> 5 % (Aczone)	Tier 2	
<i>dapsone topical gel with pump</i> 7.5 % (Aczone)	Tier 2	
DEOXIA TOPICAL GEL 1-4 % (clindamycin-niacinamide)	Tier 4	
DEOXIA TOPICAL LOTION 1-4 % (clindamycin-niacinamide)	Tier 4	
DEOXIADENTAR TOPICAL GEL 0.025-1-2-4 % (tretinoin-clinda-spiro-niacin)	Tier 4	
DEOXIATAR TOPICAL SOLUTION 0.025-1-4 %	Tier 4	
DEOXIAVAR TOPICAL CREAM 0.05-1-4 %	Tier 4	
DIADIMAXIA TOPICAL CREAM 6-5-2 %	Tier 4	
DIADIMAXIA TOPICAL GEL 6-5-2 % (dapsone-spiro-niacin)	Tier 4	
DIAOXIA TOPICAL CREAM 6-4 %	Tier 4	
DIAOXIA TOPICAL GEL 6-4 % (dapsone-niacinamide)	Tier 4	
DIASAXIATAR TOPICAL CREAM 0.025-8.5-2 %	Tier 4	
DIASAXIATAR TOPICAL GEL 0.025-8.5-2 %	Tier 4	
DIASDIMAXIA TOPICAL CREAM 8.5-5-2 %	Tier 4	
DIASDIMAXIA TOPICAL GEL 8.5-5-2 % (dapsone-spiro-niacin)	Tier 4	
DIASOXIA TOPICAL CREAM 8.5-4 %	Tier 4	
DIASOXIA TOPICAL GEL 8.5-4 % (dapsone-niacinamide)	Tier 4	
DIMOXIA TOPICAL GEL 5-4 % (spiro-niacinamide)	Tier 4	
DRAXACE TOPICAL SUSPENSION 2-8 % (salicylic acid-sulfacetamide)	Tier 4	
DRAXACEY TOPICAL SUSPENSION 2-8 % (salicylic acid-sulfacetamide)	Tier 4	
DRIXECE TOPICAL SUSPENSION 5-10 % (salicylic acid-sulfacetamide)	Tier 4	
IDYXXIATAR TOPICAL GEL 0.025-5 %	Tier 4	

Drug		Status	Notes
INZDEAXIATAR TOPICAL GEL 0.025-2.5-1-2 %	(tretinoin-benzoyl-clindamycin)	Tier 4	
INZDEAXIAVAR TOPICAL GEL 0.05-2.5-1-2 %		Tier 4	
INZDEOXIA TOPICAL GEL 2.5-1-4 %	(benzoyl per-clindamycin-niacin)	Tier 4	
LOUNZDOMDIOXIATAR TOPICAL GEL 0.05-10-2-4-4 %		Tier 4	
NEUAC TOPICAL GEL 1.2 %(1 % BASE) -5 %	(clindamycin-benzoyl peroxide)	Tier 2	
ONEXTON TOPICAL GEL 1.2 %(1 % BASE) -3.75 %		Tier 4	
ONZDEAXIADEMTAR TOPICAL GEL 0.025-5-1-2-2 %		Tier 4	
ONZDEAXIADEMVAR TOPICAL GEL 0.05-5-1-2-2 %		Tier 4	
ONZDEAXIATAR TOPICAL GEL 0.025-5-1-2 %	(tretinoin-benzoyl-clindamycin)	Tier 4	
ONZDEAXIAVAR TOPICAL GEL 0.05-5-1-2 %	(tretinoin-benzoyl-clindamycin)	Tier 4	
ONZDEAXIAZAR TOPICAL GEL 0.1-5-1-2 %		Tier 4	
ONZDEOXIA TOPICAL GEL 5-1-4 %	(benzoyl per-clindamycin-niacin)	Tier 4	
OXIATAR TOPICAL CREAM 0.025-0.5-4 %	(tretinoin-hyaluronate-niacin)	Tier 4	
OXIAVARRY TOPICAL CREAM 0.05-0.5-4 %	(tretinoin-hyaluronate-niacin)	Tier 4	
OXIAVARY TOPICAL CREAM 0.1-4 %		Tier 4	
OXIAZAR TOPICAL CREAM 0.1-0.5-4 %	(tretinoin-hyaluronate-niacin)	Tier 4	
SAROXIA TOPICAL CREAM 0.05-4 %	(tretinoin-niacinamide)	Tier 4	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	(Klaron)	Tier 2	
TARDEOXIA TOPICAL CREAM 0.025-1-4 %	(tretinoin-clindamycin-niacin)	Tier 4	
TARDIMAXIA TOPICAL GEL 0.025-5-2 %	(tretinoin-spironolact-niacin)	Tier 4	
TAROXIA TOPICAL CREAM 0.025-4 %	(tretinoin-niacinamide)	Tier 4	
TAROXIA TOPICAL GEL 0.025-4 %	(tretinoin-niacinamide)	Tier 4	
UNZDOMDIOXIAZAR TOPICAL GEL 0.1-10-2-4-4 %		Tier 4	
VARDIMAXIA TOPICAL GEL 0.05-5-2 %	(tretinoin-spironolact-niacin)	Tier 4	
VAROXIA TOPICAL CREAM 0.05-4 %	(tretinoin-niacinamide)	Tier 4	

Drug	Status	Notes
VAROXIA TOPICAL GEL 0.05-4 % (tretinoin-niacinamide)	Tier 4	
Keratolytic-Glucocorticoid Combinations		
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 %	Tier 3	
Rosacea Agents, Topical		
AVEIDA TOPICAL GEL 1-1 %	Tier 4	
AVEIDAOXIA TOPICAL GEL 1-1-4 % (ivermectin-metronidazol-niacin)	Tier 4	
<i>azelaic acid topical gel 15 %</i>	Tier 2	
<i>brimonidine topical gel with pump 0.33 %</i> (Mirvaso)	Tier 2	
DAZAVEIDAOXIA TOPICAL GEL 0.25-1-1-4 %	Tier 4	
DAZOMON TOPICAL GEL 0.25 %	Tier 4	
FINACEA TOPICAL FOAM 15 %	Tier 3	
IDARAN TOPICAL OINTMENT 1-2 %	Tier 4	
<i>ivermectin topical cream 1 %</i> (Soolantra)	Tier 2	ST: Requires prior prescription for Azelaic Acid or Finacea gel or foam within the past 120 days
<i>metronidazole topical cream 0.75 %</i> (Rosadan)	Tier 2	
<i>metronidazole topical gel 0.75 %</i> (Rosadan)	Tier 2	
<i>metronidazole topical gel 1 %</i> (Metrogel)	Tier 2	
<i>metronidazole topical gel with pump 1 %</i>	Tier 2	
<i>metronidazole topical lotion 0.75 %</i> (MetroLotion)	Tier 2	
ROSADAN TOPICAL CREAM 0.75 % (metronidazole)	Tier 2	
Topical Antiandrogenic Agents		
WINLEVI TOPICAL CREAM 1 %	Tier 4	PA
Topical Preparations, Antibacterials		
BASADROX TOPICAL GEL IN PACKET	Tier 4	
DERMAZENE TOPICAL CREAM IN PACKET 1-1 %	Tier 4	
<i>hydrocortisone-iodoquinol topical cream 1-1 %</i> (Corti-Sav)	Tier 2	
<i>hydrocortisone-iodoquinol-aloe topical cream in packet 1.9-1 %</i> (Vytone)	Tier 2	
IODOFLEX TOPICAL PADS, MEDICATED 0.9 %	Tier 4	
IODOSORB TOPICAL GEL 0.9 %	Tier 4	
LUGOLS TOPICAL SOLUTION 5-10 % (iodine-potassium iodide)	Tier 2	
NORMLGEL AG TOPICAL GEL 0.11 %	Tier 4	
SILVASORB TOPICAL GEL, EXTENDED RELEASE	Tier 2	

Drug	Status	Notes
<i>silver nitrate topical solution 0.5 %, 25 %, 50 %</i>	Tier 2	
STRONG IODINE TOPICAL SOLUTION (iodine-potassium iodide) 5-10 %	Tier 2	
Vitamin A Derivatives		
<i>adapalene topical cream 0.1 %</i> (Differin)	Tier 2	
<i>adapalene topical gel 0.3 %</i>	Tier 2	
<i>adapalene topical gel with pump 0.3 %</i> (Differin)	Tier 2	
<i>adapalene topical lotion 0.1 %</i> (Differin)	Tier 2	Age (Max 39 Years)
ALTRENO TOPICAL LOTION 0.05 %	Tier 4	
AVITA TOPICAL CREAM 0.025 % (tretinoin)	Tier 2	
AVITA TOPICAL GEL 0.025 % (tretinoin)	Tier 2	
DIFFERIN TOPICAL LOTION 0.1 % (adapalene)	Tier 4	Age (Max 39 Years)
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %	Tier 4	Age (Max 39 Years)
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i> (Retin-A Micro)	Tier 2	Age (Max 39 Years)
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.08 %, 0.1 %</i> (Retin-A Micro Pump)	Tier 2	Age (Max 39 Years)
<i>tretinoin topical cream 0.025 %</i> (Avita)	Tier 2	
<i>tretinoin topical cream 0.05 %, 0.1 %</i> (Retin-A)	Tier 2	
<i>tretinoin topical gel 0.01 %</i> (Retin-A)	Tier 2	
<i>tretinoin topical gel 0.025 %</i> (Avita)	Tier 2	
<i>tretinoin topical gel 0.05 %</i> (Atralin)	Tier 2	
Vitamin A Derivatives, Topical Acne Agents		
AKLIEF TOPICAL CREAM 0.005 %	Tier 4	Age (Max 39 Years)
ETHOXIA TOPICAL CREAM 0.05-4 % (tazarotene-niacinamide)	Tier 4	
ITHOXIA TOPICAL CREAM 0.1-4 % (tazarotene-niacinamide)	Tier 4	
Dermatology - Antiinfective		
Topical Antibiotics		
CENTANY AT TOPICAL OINTMENT KIT 2 %	Tier 4	
<i>clindamycin phosphate topical foam 1 %</i> (Clindacin)	Tier 2	
<i>clindamycin phosphate topical gel 1 %</i>	Tier 2	
<i>clindamycin phosphate topical gel, once daily 1 %</i> (Clindagel)	Tier 2	ST: Requires prior prescription for Clindamycin 1% gel within the past 120 days
<i>clindamycin phosphate topical lotion 1 %</i> (Cleocin T)	Tier 2	
<i>clindamycin phosphate topical solution 1 %</i>	Tier 2	QL (180 ML per 1 FILL)
<i>clindamycin phosphate topical swab 1 %</i> (Clindacin ETZ)	Tier 2	

Drug	Status	Notes
ERY PADS TOPICAL SWAB 2 % (erythromycin with ethanol)	Tier 2	
<i>erythromycin with ethanol topical gel 2 %</i> (Erygel)	Tier 2	
<i>erythromycin with ethanol topical solution 2 %</i>	Tier 2	QL (180 ML per 1 FILL)
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i> (Benzamycin)	Tier 2	
<i>gentamicin topical cream 0.1 %</i>	Tier 2	QL (90 GM per 1 FILL)
<i>gentamicin topical ointment 0.1 %</i>	Tier 2	QL (90 GM per 1 FILL)
<i>mupirocin calcium topical cream 2 %</i>	Tier 2	QL (90 GM per 1 FILL)
<i>mupirocin topical ointment 2 %</i> (Centany)	Tier 2	QL (90 GM per 1 FILL)
NANRAN TOPICAL OINTMENT 2-2 % (mupirocin-lidocaine)	Tier 4	
XEPI TOPICAL CREAM 1 %	Tier 4	ST: Requires prior prescription for Mupirocin ointment within the past 120 days
Topical Antifungal/Anti-inflammatory, Steriod Agent		
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	Tier 2	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	Tier 2	
HAXCHLO TOPICAL SHAMPOO 0.77-0.05 % (ciclopirox-clobetasol)	Tier 4	
HAXCHLODREX TOPICAL SHAMPOO 0.77-0.05-3 % (ciclopirox-clobetasol-salicyl)	Tier 4	
PHEYO TOPICAL CREAM 2-2.5 % (ketoconazole-hydrocortisone)	Tier 4	
Topical Antifungal-Antibiotic-Anti-Inflamm Steroid		
PHEODOYO TOPICAL CREAM 2-1-2.5 % (ketoconazole-iodoquinol-hc)	Tier 4	
Topical Antifungals		
CICLODAN KIT TOPICAL COMBO PACK 0.77 %	Tier 4	
<i>ciclopirox topical cream 0.77 %</i> (Ciclodan)	Tier 2	QL (180 GM per 1 FILL)
<i>ciclopirox topical gel 0.77 %</i>	Tier 2	
<i>ciclopirox topical shampoo 1 %</i>	Tier 2	
<i>ciclopirox topical solution 8 %</i> (Ciclodan)	Tier 2	QL (19.8 ML per 1 FILL)
<i>ciclopirox topical suspension 0.77 %</i> (Loprox (as olamine))	Tier 2	QL (180 ML per 1 FILL)
<i>ciclopirox-ure-camph-menth-euc topical solution 8 %</i> (Ciclodan Kit)	Tier 2	QL (19.8 ML per 1 FILL)
<i>clotrimazole topical cream 1 %</i> (Antifungal (clotrimazole))	Tier 2	
<i>clotrimazole topical solution 1 %</i>	Tier 2	

Drug	Status	Notes
DIFMETIOXRIME TOPICAL SOLUTION 4-2-1-4 % (flucona-ibuprof-itracon-terbin)	Tier 4	
<i>econazole topical cream 1 %</i>	Tier 2	QL (170 GM per 1 FILL)
ECOZA TOPICAL FOAM 1 %	Tier 4	
EXELDERM TOPICAL CREAM 1 % (sulconazole)	Tier 3	
EXELDERM TOPICAL SOLUTION 1 % (sulconazole)	Tier 3	
EXODERM TOPICAL LOTION 25-1 %	Tier 2	
HAXDRAX TOPICAL SHAMPOO 0.77-2 % (ciclopirox-salicylic acid)	Tier 4	
HEXIOUNYL TOPICAL LOTION 3-5-20 %	Tier 4	
HIXDEFRIMA TOPICAL SOLUTION 8-1-1 %	Tier 4	
IMIOXIA TOPICAL CREAM 1-4 % (econazole-niacinamide)	Tier 4	
<i>ketoconazole topical cream 2 %</i>	Tier 2	QL (180 GM per 1 FILL)
<i>ketoconazole topical shampoo 2 %</i>	Tier 2	QL (360 ML per 1 FILL)
KETODAN KIT TOPICAL COMBO PACK 2 %	Tier 4	
KLAYESTA TOPICAL POWDER 100,000 UNIT/GRAM (nystatin)	Tier 2	
<i>luliconazole topical cream 1 %</i> (Luzu)	Tier 2	ST: Requires prior prescriptions for Clotrimazole and Ketoconazole within the past 365 days; QL (60 GM per 28 days)
MENTAX TOPICAL CREAM 1 % (butenafine)	Tier 4	
<i>miconazole nitrate-zinc ox-pet topical ointment 0.25-15-81.35 %</i> (Vusion)	Tier 2	
<i>naftifine topical cream 1 %</i>	Tier 2	
<i>naftifine topical cream 2 %</i>	Tier 2	QL (180 GM per 1 FILL)
<i>naftifine topical gel 2 %</i> (Naftin)	Tier 2	
NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM (nystatin)	Tier 2	
<i>nystatin topical cream 100,000 unit/gram</i>	Tier 2	
<i>nystatin topical ointment 100,000 unit/gram</i>	Tier 2	QL (90 GM per 1 FILL)
<i>nystatin topical powder 100,000 unit/gram</i> (Klayesta)	Tier 2	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	Tier 2	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	Tier 2	QL (180 GM per 1 FILL)
NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM (nystatin)	Tier 2	

Drug	Status	Notes
<i>oxiconazole topical cream 1 %</i>	Tier 2	QL (180 GM per 1 FILL)
OXISTAT TOPICAL LOTION 1 %	Tier 4	
PHEDRAX TOPICAL SHAMPOO 2-2 %	Tier 4	
PHEOXIA TOPICAL CREAM 2-4 % (ketoconazole-niacinamide)	Tier 4	
<i>sulconazole topical cream 1 %</i> (Exelderm)	Tier 2	
<i>sulconazole topical solution 1 %</i> (Exelderm)	Tier 2	
<i>tavaborole topical solution with applicator 5 %</i>	Tier 2	PA
Topical Antiparasitics		
<i>malathion topical lotion 0.5 %</i> (Ovide)	Tier 2	
<i>permethrin topical cream 5 %</i> (Elimite)	Tier 2	
<i>spinosad topical suspension 0.9 %</i> (Natroba)	Tier 2	
ULESFIA TOPICAL LOTION 5 %	Tier 4	
Topical Antivirals		
<i>acyclovir topical ointment 5 %</i> (Zovirax)	Tier 2	
Topical Pleuromutilin Derivatives		
ALTABAX TOPICAL OINTMENT 1 %	Tier 4	ST: Requires prior prescription for Mupirocin ointment within the past 120 days
Topical Sulfonamides		
CLEANSING WASH TOPICAL CLEANSER 10-4-10 % (sulfacetamide sod-sulfur-urea)	Tier 2	
ECEOXIA TOPICAL CREAM 10-4 % (sulfacetamide-niacinamide)	Tier 4	
<i>mafenide acetate topical packet 50 gram</i> (Sulfamylon)	Tier 2	
OXIAICE TOPICAL LOTION 15-4 %	Tier 4	
ROSULA TOPICAL CLEANSER 10-4.5 %	Tier 4	
<i>silver sulfadiazine topical cream 1 %</i> (SSD)	Tier 2	
SSD TOPICAL CREAM 1 % (silver sulfadiazine)	Tier 2	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %</i> (Avar LS)	Tier 2	
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i> (Avar)	Tier 2	QL (1419 GM per 1 FILL)
<i>sulfacetamide sodium-sulfur topical cleanser 8-4 %</i>	Tier 2	
<i>sulfacetamide sodium-sulfur topical cleanser 9.8-4.8 %</i> (Plexion)	Tier 2	
<i>sulfacetamide sodium-sulfur topical cleanser 9-4 %</i> (Sumaxin)	Tier 2	
<i>sulfacetamide sodium-sulfur topical cleanser 9-4.5 %</i> (Sumadan)	Tier 2	

Drug	Status	Notes
<i>sulfacetamide sodium-sulfur topical pads, medicated 9.8-4.8 %</i> (Plexion Cleansing Cloths)	Tier 2	
<i>sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %</i>	Tier 2	QL (1419 ML per 1 FILL)
SULFAMYLON TOPICAL CREAM 85 MG/G	Tier 4	
SULFAMYLON TOPICAL PACKET 50 GRAM (mafenide acetate)	Tier 4	
SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM 9 %-4.5 % -SPF 25 (sulfact na-sul-avobnz-otn-ocsa)	Tier 4	
Dermatology - Antiinflammatory		
Interleukin-13 (Il-13) Inhibitors, Mab		
ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	Tier 5	PA
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 5	PA
EBGLYSS PEN SUBCUTANEOUS PEN INJECTOR 250 MG/2 ML	Tier 5	PA
EBGLYSS SYRINGE SUBCUTANEOUS SYRINGE 250 MG/2 ML	Tier 5	PA
Interleukin-31(II-31)Receptor Alpha Antagonist,Mab		
NEMLUVIO SUBCUTANEOUS PEN INJECTOR 30 MG	Tier 5	PA
Top. Anti-Inflam.,Phosphodiesterase-4 (Pde4) Inhib		
EUCRISA TOPICAL OINTMENT 2 %	Tier 3	
ZORYVE TOPICAL CREAM 0.15 %	Tier 4	PA
ZORYVE TOPICAL FOAM 0.3 %	Tier 4	PA
Topical Antibiotics/Antiinflammatory,Steroidal		
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	Tier 4	ST: Requires prior prescription for generic Fluocinolone cream/oil/ointment/solution within the past 120 days
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	Tier 4	ST: Requires prior prescription for generic Fluocinolone cream/oil/ointment/solution within the past 120 days
Topical Anti-Inflammatory Steroidal		
ACIOXIA TOPICAL GEL 0.1-0.5 %	Tier 4	
ADVANCED ALLERGY COLLECT KIT TOPICAL KIT 2.5 %	Tier 2	

Drug	Status	Notes
ALA-CORT TOPICAL CREAM 1 % (hydrocortisone)	Tier 2	
ALA-SCALP TOPICAL LOTION 2 % (hydrocortisone)	Tier 2	ST: Requires prior prescription for generic Hydrocortisone 2.5% lotion within the past 120 days
<i>alclometasone topical cream 0.05 %</i>	Tier 2	
<i>alclometasone topical ointment 0.05 %</i>	Tier 2	
<i>amcinonide topical cream 0.1 %</i>	Tier 2	ST: Requires prior prescription for Betamethasone 0.1% ointment, Fluticasone 0.005% ointment, Mometasone 0.1% ointment, or Triamcinolone 0.5% ointment or cream within the past 120 days
<i>betamethasone dipropionate topical cream 0.05 %</i>	Tier 2	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	Tier 2	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	Tier 2	
<i>betamethasone valerate topical cream 0.1 %</i>	Tier 2	
<i>betamethasone valerate topical foam 0.12 %</i> (Luxiq)	Tier 2	
<i>betamethasone valerate topical lotion 0.1 %</i>	Tier 2	
<i>betamethasone valerate topical ointment 0.1 %</i>	Tier 2	
<i>betamethasone, augmented topical cream 0.05 %</i>	Tier 2	
<i>betamethasone, augmented topical gel 0.05 %</i>	Tier 2	
<i>betamethasone, augmented topical lotion 0.05 %</i>	Tier 2	
<i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene (augmented))	Tier 2	
CAPEX TOPICAL SHAMPOO 0.01 %	Tier 4	
CHLOHUX TOPICAL SHAMPOO 0.05-2 % (clobetasol-levocetirizine)	Tier 4	
CHLOOXIA TOPICAL CREAM 0.05-4 % (clobetasol-niacinamide)	Tier 4	
CHLOOXIA TOPICAL OINTMENT 0.05-4 % (clobetasol-niacinamide)	Tier 4	
CHLOOXIA TOPICAL SOLUTION 0.05-4 % (clobetasol-niacinamide)	Tier 4	

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

Drug	Status	Notes
<i>desonide topical gel 0.05 %</i>	Tier 2	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days
<i>desonide topical lotion 0.05 %</i>	Tier 2	
<i>desonide topical ointment 0.05 %</i>	Tier 2	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i> (Topicort)	Tier 2	
<i>desoximetasone topical gel 0.05 %</i> (Topicort)	Tier 2	
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i> (Topicort)	Tier 2	
<i>desoximetasone topical spray, non-aerosol 0.25 %</i> (Topicort)	Tier 2	ST: Requires prior prescription for Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol, Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) within the past 120 days
<i>fluocinolone and shower cap scalp oil 0.01 %</i> (Derma-Smoothe/FS Scalp Oil)	Tier 2	
<i>fluocinolone topical cream 0.01 %</i>	Tier 2	
<i>fluocinolone topical cream 0.025 %</i> (Synalar)	Tier 2	
<i>fluocinolone topical oil 0.01 %</i> (Derma-Smoothe/FS Body Oil)	Tier 2	
<i>fluocinolone topical ointment 0.025 %</i> (Synalar)	Tier 2	
<i>fluocinolone topical solution 0.01 %</i> (Synalar)	Tier 2	
<i>fluocinonide topical cream 0.05 %</i>	Tier 2	
<i>fluocinonide topical cream 0.1 %</i> (Vanos)	Tier 2	
<i>fluocinonide topical gel 0.05 %</i>	Tier 2	
<i>fluocinonide topical ointment 0.05 %</i>	Tier 2	
<i>fluocinonide topical solution 0.05 %</i>	Tier 2	
FLUOCINONIDE-E TOPICAL CREAM 0.05 % (fluocinonide-emollient)	Tier 2	
<i>fluocinonide-emollient topical cream 0.05 %</i> (Fluocinonide-E)	Tier 2	

Drug	Status	Notes
FLUOXIA TOPICAL CREAM 0.05-4 %	Tier 4	
<i>flurandrenolide topical cream 0.05 %</i> (Cordran)	Tier 2	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days
<i>flurandrenolide topical lotion 0.05 %</i> (Cordran)	Tier 2	
<i>flurandrenolide topical ointment 0.05 %</i> (Cordran)	Tier 2	ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days; QL (180 GM per 30 days)
<i>fluticasone propionate topical cream 0.05 %</i>	Tier 2	
<i>fluticasone propionate topical lotion 0.05 %</i> (Beser)	Tier 2	
<i>fluticasone propionate topical ointment 0.005 %</i>	Tier 2	
<i>halcinonide topical cream 0.1 %</i> (Halog)	Tier 2	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days
<i>halcinonide topical solution 0.1 %</i> (Halog)	Tier 2	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days
<i>halobetasol propionate topical cream 0.05 %</i>	Tier 2	
<i>halobetasol propionate topical ointment 0.05 %</i>	Tier 2	

Drug	Status	Notes
HALOG TOPICAL OINTMENT 0.1 %	Tier 4	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days
HALOG TOPICAL SOLUTION 0.1 % (halcinonide)	Tier 4	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days
<i>hydrocortisone butyrate topical cream 0.1 %</i>	Tier 2	
<i>hydrocortisone butyrate topical lotion 0.1 %</i> (Locoid)	Tier 2	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days; QL (236 ML per 30 days)
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	Tier 2	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days
<i>hydrocortisone butyrate topical solution 0.1 %</i>	Tier 2	
<i>hydrocortisone topical cream 1 %</i> (Ala-Cort)	Tier 2	
<i>hydrocortisone topical cream 2.5 %</i>	Tier 2	
<i>hydrocortisone topical cream with perineal applicator 1 %</i>	Tier 2	

Drug		Status	Notes
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	(Procto-Med HC)	Tier 2	
<i>hydrocortisone topical lotion 2 %</i>	(Ala-Scalp)	Tier 2	ST: Requires prior prescription for generic Hydrocortisone 2.5% lotion within the past 120 days
<i>hydrocortisone topical lotion 2.5 %</i>		Tier 2	
<i>hydrocortisone topical ointment 1 %</i>	(Anti-Itch (HC))	Tier 2	
<i>hydrocortisone topical ointment 2.5 %</i>		Tier 2	
<i>hydrocortisone valerate topical cream 0.2 %</i>		Tier 2	
<i>hydrocortisone valerate topical ointment 0.2 %</i>		Tier 2	ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days
<i>mometasone topical cream 0.1 %</i>		Tier 2	
<i>mometasone topical ointment 0.1 %</i>		Tier 2	
<i>mometasone topical solution 0.1 %</i>		Tier 2	
NUCORT TOPICAL LOTION 2 %	(hydrocortisone acet-aloe vera)	Tier 4	
PANDEL TOPICAL CREAM 0.1 %		Tier 4	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days; QL (160 GM per 30 days)
<i>prednicarbate topical cream 0.1 %</i>		Tier 2	
<i>prednicarbate topical ointment 0.1 %</i>		Tier 2	
PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	(hydrocortisone)	Tier 2	
PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	(hydrocortisone)	Tier 2	
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	(hydrocortisone)	Tier 2	
SCALACORT DK TOPICAL COMBO PACK 2-2-2 %		Tier 3	

Drug	Status	Notes
SERNIVO TOPICAL SPRAY WITH PUMP 0.05 %	Tier 4	ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days
SYNALAR CREAM KIT TOPICAL CREAM 0.025 %	Tier 4	QL (375 GM per 30 days)
SYNALAR OINTMENT KIT TOPICAL COMBO PACK,OINTMENT AND CREAM 0.025 %	Tier 4	QL (375 GM per 30 days)
SYNALAR TS TOPICAL KIT 0.01 %	Tier 4	
TETOXIA TOPICAL CREAM 0.01-4 % (fluocinolone-niacinamide)	Tier 4	
TEXACORT TOPICAL SOLUTION 2.5 %	Tier 3	ST: Requires prior prescription for generic Hydrocortisone 2.5% lotion within the past 120 days
<i>triamcinolone acetonide topical aerosol</i> 0.147 mg/gram (Kenalog)	Tier 2	
<i>triamcinolone acetonide topical cream</i> 0.025 %	Tier 2	
<i>triamcinolone acetonide topical cream</i> 0.1 % (Triderm)	Tier 2	
<i>triamcinolone acetonide topical cream</i> 0.5 % (Triderm)	Tier 2	QL (454 GM per 30 days)
<i>triamcinolone acetonide topical lotion</i> 0.025 %, 0.1 %	Tier 2	
<i>triamcinolone acetonide topical ointment</i> 0.025 %, 0.1 %, 0.5 %	Tier 2	
TRIDERM TOPICAL CREAM 0.1 % (triamcinolone acetonide)	Tier 2	
TRIDERM TOPICAL CREAM 0.5 % (triamcinolone acetonide)	Tier 2	QL (454 GM per 30 days)
Topical Anti-Inflammatory, Nsaids		
<i>diclofenac epolamine transdermal patch</i> 12 hour 1.3 % (Flector)	Tier 2	
<i>diclofenac sodium topical drops</i> 1.5 %	Tier 2	
<i>diclofenac sodium topical gel</i> 1 % (Aleve (diclofenac))	Tier 2	
LICART TRANSDERMAL PATCH 24 HOUR 1.3 %	Tier 4	ST: Requires prior prescription for Diclofenac Epolamine within the past 120 days; QL (1 EA per 1 day)
ROAOXIA TOPICAL GEL 3-2-4 % (diclofenac-hyaluronate-niacin)	Tier 4	
Topical Janus Kinase (Jak) Inhibitors		
OPZELURA TOPICAL CREAM 1.5 %	Tier 3	PA

Drug	Status	Notes
Dermatology - Miscellaneous		
Antiperspirants		
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 % (aluminum chloride)	Tier 3	
DRYSOL TOPICAL SOLUTION 20 % (aluminum chloride)	Tier 3	
Antiseborrheic Agents		
OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 % (sulfacetamide sodium)	Tier 3	
OVACE PLUS TOPICAL CREAM 10 %	Tier 4	
OVACE PLUS TOPICAL LOTION 9.8 %	Tier 4	ST: Requires prior prescription for Ciclopirox or Ketoconazole within the past 120 days
PLEXION NS TOPICAL SHAMPOO 9.8 % (sulfacetamide sodium)	Tier 4	
<i>selenium sulfide topical lotion 2.5 %</i>	Tier 2	
<i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>	Tier 2	
<i>sulfacetamide sodium topical cleanser 10 %</i> (Ovace)	Tier 2	
<i>sulfacetamide sodium topical cleanser, gel 10 %</i> (Ovace Plus Wash)	Tier 2	
<i>sulfacetamide sodium topical shampoo 10 %</i> (Ovace Plus Shampoo)	Tier 2	
<i>sulfacetamide sodium topical shampoo 9.8 %</i> (Plexion NS)	Tier 2	
TERSI FOAM TOPICAL FOAM 2.25 %	Tier 4	
Antiseptics, General		
ALCOHOL PADS TOPICAL PADS, MEDICATED (alcohol swabs)	Tier 4	
ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (alcohol swabs)	Tier 4	
<i>alcohol swabs topical pads, medicated</i> (Alcohol Pads)	Tier 4	
ALCOHOL WIPES TOPICAL PADS, MEDICATED (alcohol swabs)	Tier 4	
BD ALCOHOL SWABS TOPICAL PADS, MEDICATED (alcohol swabs)	Tier 4	
CARETOUCH ALCOHOL PREP PAD TOPICAL PADS, MEDICATED (alcohol swabs)	Tier 4	
CURITY ALCOHOL SWABS TOPICAL PADS, MEDICATED (alcohol swabs)	Tier 4	
DROPSAFE ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (alcohol swabs)	Tier 4	
EASY COMFORT ALCOHOL PAD TOPICAL PADS, MEDICATED (alcohol swabs)	Tier 4	

Drug	Status	Notes
EASY TOUCH ALCOHOL PREP PADS (alcohol swabs) TOPICAL PADS, MEDICATED	Tier 4	
INCONTROL ALCOHOL PADS (alcohol swabs) TOPICAL PADS, MEDICATED	Tier 4	
IV PREP WIPES TOPICAL PADS, MEDICATED	Tier 4	
PRO COMFORT ALCOHOL PADS (alcohol swabs) TOPICAL PADS, MEDICATED	Tier 4	
PURE COMFORT ALCOHOL PADS (alcohol swabs) TOPICAL PADS, MEDICATED	Tier 4	
SURE COMFORT ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	Tier 4	
SURE-PREP ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	Tier 4	
TRUE COMFORT ALCOHOL PADS (alcohol swabs) TOPICAL PADS, MEDICATED	Tier 4	
TRUE COMFORT PRO ALCOHOL PADS TOPICAL PADS, MEDICATED	Tier 4	
ULTILET ALCOHOL SWAB TOPICAL PADS, MEDICATED	Tier 4	
WEBCOL TOPICAL PADS, MEDICATED	Tier 4	
Antiseptics, Miscellaneous		
<i>guaiacol liquid</i>	Tier 4	
Emollients		
<i>ammonium lactate topical cream 12 %</i>	Tier 2	
<i>ammonium lactate topical lotion 12 %</i> (AmLactin)	Tier 2	
ATRAPRO CP TOPICAL COMBO PACK, CREAM AND GEL	Tier 4	
KERASTAT TOPICAL CREAM	Tier 4	
KERASTAT TOPICAL GEL 5 %	Tier 4	
MB HYDROGEL TOPICAL KIT, CREAM AND GEL 96.53-3-0.4 -0.066 %	Tier 2	
PRESERA TOPICAL FOAM	Tier 4	
XCLAIR TOPICAL CREAM	Tier 4	
Hypertrichotic Agents, Systemic/Incl. Combinations		
LITFULO ORAL CAPSULE 50 MG	Tier 5	PA
Iodine Antiseptics		
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 % (povidone-iodine)	Tier 4	
<i>povidone-iodine ophthalmic (eye) solution 5 %</i> (Betadine Ophthalmic Prep)	Tier 2	

Drug	Status	Notes
Irrigants		
<i>acetic acid irrigation solution 0.25 %</i>	Tier 2	
<i>lactated ringers irrigation solution</i>	Tier 4	
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	Tier 2	
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L	Tier 4	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L	Tier 4	
<i>ringer's irrigation solution</i>	Tier 2	
<i>sodium chloride irrigation solution 0.9 %</i> (Sterile Saline)	Tier 2	
<i>sorbitol irrigation solution 3 %</i>	Tier 2	
<i>sorbitol-mannitol transurethral solution 2.7-0.54 gram/100 ml</i>	Tier 2	
TIS-U-SOL PENTALYTE IRRIGATION IRRIGATION SOLUTION 800-40-20-8.75- 6.25 MG/100 ML	Tier 4	
VASHE IRRIGATION IRRIGATION SOLUTION 0.033 %	Tier 4	
<i>water for irrigation, sterile irrigation solution</i> (Curity Sterile Water)	Tier 2	
Irritants/Counter-Irritants		
<i>cantharidin in acetone topical solution 0.7 %</i>	Tier 2	
<i>methyl salicylate oil</i> (Wintergreen Oil)	Tier 2	
<i>methyl salicylate topical liquid</i>	Tier 2	
QUTENZA TOPICAL KIT 8 %	Tier 4	PA
WINTERGREEN OIL OIL (methyl salicylate)	Tier 2	
YCANTH TOPICAL SOLUTION WITH APPLICATOR 0.7 %	Tier 4	PA
Keratolytics		
<i>benzoyl peroxide topical foam 9.8 %</i> (BenzePrO)	Tier 2	
BPO TOPICAL GEL 8 % (benzoyl peroxide)	Tier 2	
CEM-UREA TOPICAL GEL 45 % (urea)	Tier 2	
HYDRO 35 TOPICAL FOAM 35 % (urea)	Tier 4	
METDRAY TOPICAL GEL 17-2 %	Tier 4	
NENDRUX TOPICAL GEL 40-5 %	Tier 4	
PACNEX HP TOPICAL PADS, MEDICATED 7 %	Tier 4	
PACNEX LP TOPICAL PADS, MEDICATED 4.25 %	Tier 4	
PODOCON TOPICAL LIQUID 25 %	Tier 2	

Drug	Status	Notes
<i>podofilox topical gel 0.5 %</i> (Condylox)	Tier 2	ST: Requires prior prescription for Podofilox 0.5% solution within the past 120 days; QL (0.5 GM per 1 day)
<i>podofilox topical solution 0.5 %</i>	Tier 2	QL (0.5 ML per 1 day)
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 %	Tier 2	
PRONAL TOPICAL GEL 10-40 %	Tier 4	
<i>salicylic acid topical cream 6 %</i> (Salimez)	Tier 2	
<i>salicylic acid topical cream,extended release 6 %</i>	Tier 2	
<i>salicylic acid topical film forming liquid w/appl 27.5 %</i> (Virasal)	Tier 2	
<i>salicylic acid topical film-forming soln er w/ appl 28.5 %</i> (UltraSal-ER)	Tier 2	
<i>salicylic acid topical foam 6 %</i> (Salvax)	Tier 2	
<i>salicylic acid topical liquid 26 %</i>	Tier 2	
<i>salicylic acid topical lotion 6 %</i>	Tier 2	
<i>salicylic acid topical lotion,extended release 6 %</i>	Tier 2	
<i>salicylic acid topical ointment 3 %</i>	Tier 2	
<i>salicylic acid topical shampoo 6 %</i> (Keralyt)	Tier 2	
SALIMEZ FORTE TOPICAL CREAM 10 %	Tier 4	
SALVAX DUO PLUS TOPICAL FOAM 6-35 %	Tier 4	
SALVAX TOPICAL FOAM 6 % (salicylic acid)	Tier 2	
<i>silver nitrate applicators topical stick 75-25 %</i>	Tier 2	
<i>silver nitrate topical solution 10 %</i>	Tier 2	
ULTRASAL-ER TOPICAL FILM-FORMING SOLN ER W/ APPL 28.5 % (salicylic acid)	Tier 4	
URAMAXIN GT TOPICAL KIT,CREAM AND GEL 45 %	Tier 4	
URAMAXIN TOPICAL FOAM 20 %	Tier 4	
URAMAXIN TOPICAL LOTION 45 % (urea)	Tier 4	
UREA NAIL STICK TOPICAL SOLUTION 50 % (urea)	Tier 2	
<i>urea topical cream 39 %</i> (Uredeb)	Tier 2	
<i>urea topical cream 40 %, 47 %</i>	Tier 2	
<i>urea topical cream 45 %</i> (Uramaxin)	Tier 2	
<i>urea topical cream 50 %</i> (Ure-K)	Tier 2	
<i>urea topical foam 35 %</i> (Hydro 35)	Tier 2	

Drug	Status	Notes
<i>urea topical gel 45 %</i> (CEM-Urea)	Tier 2	
<i>urea topical lotion 40 %</i>	Tier 2	
XALIX TOPICAL FILM-FORMING SOLN ER W/ APPL 28 %	Tier 4	
Oxidizing Agents		
HYPOCYN ANTIPRURITIC TOPICAL SPRAY GEL 0.012 %	Tier 4	
Protectives		
GENADUR (WITH LEXINAL) KIT 2,500 MCG	Tier 4	
PHARMABASE BARRIER TOPICAL OINTMENT 9.38 %	Tier 2	
PR CREAM TOPICAL CREAM	Tier 2	
RECEDO TOPICAL GEL	Tier 4	
VASELINE WHITE PETROLEUM (white petrolatum) TOPICAL OINTMENT IN PACKET	Tier 2	
WOUNDGELHA MATRIX TOPICAL GEL 2.5 %	Tier 4	
<i>zinc oxide topical ointment 20 %</i> (Endit (zinc oxide))	Tier 2	
<i>zinc oxide topical paste 25 %</i>	Tier 2	
Topical Anti-Inflammatory Steroid- Local Anesthetic		
ANALPRAM-HC TOPICAL LOTION 2.5- 1 %	Tier 3	
EPIFOAM TOPICAL FOAM 1-1 %	Tier 4	ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	Tier 2	
<i>lidocaine hcl-hydrocortison ac topical cream 3-0.5 %</i> (Lidocort)	Tier 2	
PRAMOSONE TOPICAL CREAM 1-1 % (hydrocortisone-pramoxine)	Tier 3	ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 %	Tier 3	
PRAMOSONE TOPICAL OINTMENT 1-1 %	Tier 3	ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days

Drug	Status	Notes
PRAMOSONE TOPICAL OINTMENT 2.5-1 % (hydrocortisone-pramoxine)	Tier 3	
Topical Antineoplastic & Premalignant Lesion Agnts		
<i>bexarotene topical gel 1 %</i> (Targretin)	Tier 5	PA
<i>diclofenac sodium topical gel 3 %</i>	Tier 2	QL (100 GM per 1 FILL)
FLUOROPLEX TOPICAL CREAM 1 %	Tier 4	PA
<i>fluorouracil topical cream 0.5 %</i> (Carac)	Tier 2	PA
<i>fluorouracil topical cream 5 %</i> (Efudex)	Tier 2	
<i>fluorouracil topical solution 2 %, 5 %</i>	Tier 2	
KLISYRI TOPICAL OINTMENT IN PACKET 1 %	Tier 3	QL (5 EA per 1 FILL)
PANRETIN TOPICAL GEL 0.1 %	Tier 5	QL (60 GM per 28 days)
TOLAK TOPICAL CREAM 4 %	Tier 3	
VALCHLOR TOPICAL GEL 0.016 %	Tier 5	PA
Topical Local Anesthetics		
ANACAINE TOPICAL OINTMENT 10 %	Tier 4	
ANASTIA TOPICAL LOTION 2.75 %	Tier 4	
CETACAINE ANESTHETIC TOPICAL LIQUID 2-2-14 %	Tier 4	
CETACAINE TOPICAL AEROSOL, SPRAY 2 %-2 %-14 % (200 MG/SEC)	Tier 4	
CRYODOSE TA MEDIUM STREAM SPR TOPICAL AEROSOL, SPRAY	Tier 4	
CRYODOSE TA MIST SPRAY TOPICAL AEROSOL, SPRAY	Tier 4	
DERMACINRX LIDOCAN TOPICAL ADHESIVE PATCH, MEDICATED 5 % (lidocaine)	Tier 2	QL (90 EA per 30 days)
DERMACINRX LIDOGEL TOPICAL GEL 2.8 %	Tier 4	
DERMACINRX LIDOREX TOPICAL GEL 2.8 %	Tier 4	
ENZNONUTY TOPICAL OINTMENT 10-10-20 %	Tier 4	
<i>ethyl chloride topical aerosol, spray 100 %</i>	Tier 2	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL GEL 4-0.05-0.5 %	Tier 2	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL SOLUTION 4-0.05-0.5 % (lidocaine-racepinep-tetracaine)	Tier 2	
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.09-0.5 %	Tier 2	

Drug	Status	Notes
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.18-0.5 %	Tier 4	
<i>lidocaine hcl laryngotracheal solution 4 %</i>	Tier 2	
<i>lidocaine hcl topical cream 3 %</i> (Lidopin)	Tier 2	
<i>lidocaine topical adhesive patch,medicated 5 %</i> (DermacinRx Lidocan)	Tier 2	QL (90 EA per 30 days)
<i>lidocaine topical ointment 5 %</i>	Tier 2	QL (240 GM per 30 days)
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	Tier 2	
<i>lidocaine-racepinep-tetracaine topical solution 4-0.05-0.5 %</i> (L.E.T. (lido-epineph-tetra))	Tier 2	
LIDOCAN III TOPICAL ADHESIVE PATCH,MEDICATED 5 % (lidocaine)	Tier 2	QL (90 EA per 30 days)
LIDOCAN IV TOPICAL ADHESIVE PATCH,MEDICATED 5 % (lidocaine)	Tier 2	QL (90 EA per 30 days)
LIDOCAN V TOPICAL ADHESIVE PATCH,MEDICATED 5 % (lidocaine)	Tier 2	QL (90 EA per 30 days)
LIDOPIN TOPICAL CREAM 3.25 %	Tier 4	
LIDTOPIC MAX TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %	Tier 4	
LIDTOPIC TOPICAL CREAM, METERED-DOSE APPLICATOR 7.5 %	Tier 4	
NUMBONEX TOPICAL LOTION 2.75 %	Tier 4	
NYNUTEY TOPICAL CREAM 23-7 %	Tier 4	
PRAKETAMIDE TOPICAL CREAM, METERED-DOSE APPLICATOR 5 %	Tier 4	
REGENECARE TOPICAL GEL 2 %	Tier 4	
SPRAY AND STRETCH TOPICAL AEROSOL,SPRAY	Tier 4	
TRANZAREL TOPICAL GEL 4 %	Tier 4	
Topical Preparations,Miscellaneous		
<i>sodium chloride topical solution 0.9 %</i> (Saljet Saline Rinse)	Tier 2	
Topical/Mucous Membr./Subcut. Enzymes		
HYQVIA HY COMPONENT SUBCUTANEOUS SOLUTION 1,600 UNIT/10 ML, 2,400 UNIT/15 ML, 200 UNIT/1.25 ML, 400 UNIT/2.5 ML, 800 UNIT/5 ML	Tier 4	
NEXOBRID POWDER COMPONENT TOPICAL POWDER	Tier 4	
NEXOBRID TOPICAL GEL 8.8 %	Tier 4	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	Tier 4	PA

Drug	Status	Notes
Dermatology - Pigmentation Disorders		
Hypopigmentation Agents		
<i>hydroquinone topical cream 4 %</i> (Obagi Elastiderm)	Tier 2	
KATARAXAP TOPICAL EMULSION 4-0.025-0.025 %	Tier 4	
KATARVIA TOPICAL EMULSION 4-0.025 %	Tier 4	
KATARYA TOPICAL EMULSION 4-0.025-0.5 % (hydroquin-tretinoin-hydrocort)	Tier 4	
KATARYAXN TOPICAL EMULSION 4-0.025-0.5 % (hydroquin-tretinoin-hydrocort)	Tier 4	
KAXM TOPICAL EMULSION 4 % (hydroquinone)	Tier 4	
KEIDO TOPICAL EMULSION 6-1 % (hydroquinone-hyaluronate)	Tier 4	
KETARYA TOPICAL EMULSION 6-0.025-0.5 % (hydroquin-tretinoin-hydrocort)	Tier 4	
KEVARAXAP TOPICAL EMULSION 6-0.05-0.025 %	Tier 4	
KEVARTIA TOPICAL EMULSION 6-0.05 %	Tier 4	
KEVARYA TOPICAL EMULSION 6-0.05-0.5 % (hydroquin-tretinoin-hydrocort)	Tier 4	
KEXM TOPICAL EMULSION 6 % (hydroquinone)	Tier 4	
KEYA TOPICAL EMULSION 6-0.5 % (hydroquinone-hydrocortisone)	Tier 4	
KOTARAXAP TOPICAL EMULSION 5-0.025-0.025 %	Tier 4	
KUTAR TOPICAL EMULSION 8-0.025 %	Tier 4	
KUTARVIA TOPICAL EMULSION 8-0.025 %	Tier 4	
KUTARYAXM TOPICAL EMULSION 8-0.025-0.5 % (hydroquin-tretinoin-hydrocort)	Tier 4	
KUTARYAXMPA TOPICAL EMULSION 8-0.025-0.5 % (hydroquin-tretinoin-hydrocort)	Tier 4	
KUTEA TOPICAL EMULSION 8 % (hydroquinone)	Tier 4	
KUVARYA TOPICAL EMULSION 8-0.05-0.5 % (hydroquin-tretinoin-hydrocort)	Tier 4	
KUVARYE TOPICAL EMULSION 8-0.05-1 % (hydroquin-tretinoin-hydrocort)	Tier 4	
KUXM TOPICAL EMULSION 8 % (hydroquinone)	Tier 4	
OBAGI ELASTIDERM TOPICAL CREAM 4 % (hydroquinone)	Tier 2	
OBAGI NU-DERM BLENDER TOPICAL CREAM 4 % (hydroquinone)	Tier 2	

Drug	Status	Notes
OBAGI NU-DERM CLEAR TOPICAL CREAM 4 % (hydroquinone)	Tier 2	
OBAGI NU-DERM SUNFADER TOPICAL CREAM 4 %- SPF 15	Tier 4	
OBAGI-C CLARIFYING SERUM TOPICAL LIQUID 4-10 %	Tier 4	
OBAGI-C THERAPY NIGHT TOPICAL CREAM 4 %	Tier 4	
PROOXIA TOPICAL CREAM 10-4 % (lactic acid-niacinamide)	Tier 4	
TRI-LUMA TOPICAL CREAM 0.01-4-0.05 %	Tier 4	
YAXATARXYN TOPICAL EMULSION 4-0.025-0.5 % (hydroquin-tretinoin-hydrocort)	Tier 4	
YOKATAR TOPICAL EMULSION 4-0.025-2.5 %	Tier 4	
Dermatology - Psoriasis/Eczema		
Antipsoriatic Agents, Systemic		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	Tier 5	
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML	Tier 5	PA
BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML	Tier 5	PA
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 5	PA
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 5	PA
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 5	PA
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	Tier 5	PA
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (150 MG/ML)	Tier 5	PA
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	Tier 2	
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML	Tier 5	PA
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 5	PA
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 5	PA
SOTYKTU ORAL TABLET 6 MG	Tier 5	PA

Drug	Status	Notes
SPEVIGO SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 5	PA
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 5	PA
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 5	PA
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 5	PA
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML, 80 MG/ML	Tier 5	PA
TREMFYA SUBCUTANEOUS AUTO- INJECTOR 100 MG/ML	Tier 5	PA
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	Tier 5	PA
Antipsoriatics Agents		
<i>calcipotriene scalp solution 0.005 %</i>	Tier 2	
<i>calcipotriene topical cream 0.005 %</i>	Tier 2	
<i>calcipotriene topical foam 0.005 %</i> (Sorilux)	Tier 2	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
<i>calcipotriene topical ointment 0.005 %</i>	Tier 2	
<i>calcitriol topical ointment 3 mcg/gram</i> (Vectical)	Tier 2	
DIOOXIA TOPICAL CREAM 0.005-4 %	Tier 4	
DRITHOCREME HP TOPICAL CREAM 1 %	Tier 3	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
DUOBRII TOPICAL LOTION 0.01-0.045 %	Tier 4	ST: Requires prior prescription for Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol, Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) within the past 120 days; QL (200 GM per 28 days)

Drug	Status	Notes
SORILUX TOPICAL FOAM 0.005 % (calcipotriene)	Tier 4	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
<i>tazarotene topical cream 0.05 %</i> (Tazorac)	Tier 2	Age (Max 39 Years)
<i>tazarotene topical cream 0.1 %</i> (Tazorac)	Tier 2	
<i>tazarotene topical gel 0.05 %, 0.1 %</i> (Tazorac)	Tier 2	Age (Max 39 Years)
VTAMA TOPICAL CREAM 1 %	Tier 4	PA
ZITHRANOL TOPICAL SHAMPOO 1 %	Tier 4	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
ZORYVE TOPICAL CREAM 0.3 %	Tier 4	PA
II-23 Receptor Antagonist, Monoclonal Antibody		
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML	Tier 5	PA
OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML	Tier 5	PA
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	Tier 5	PA
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	Tier 5	PA
TREMFYA SUBCUTANEOUS SYRINGE 200 MG/2 ML	Tier 5	PA
Topical Agents, Miscellaneous		
L-MESITRAN SOFT TOPICAL GEL 40 %	Tier 4	
MUSCUSOLICE TOPICAL CREAM, METERED-DOSE APPLICATOR 2 %, 5 %	Tier 4	
NEURAPTINE TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %	Tier 4	
OMEZA TOPICAL OINTMENT IN PACKET	Tier 4	
<i>urea topical cream 20 %</i> (Gormel)	Tier 2	
Topical Immunosuppressive Agents		
HYFTOR TOPICAL GEL 0.2 %	Tier 5	PA
NUJO TOPICAL SOLUTION 0.1 %	Tier 4	
NUJU TOPICAL CREAM 0.1 % (tacrolimus-vehicle base no.238)	Tier 4	
OXIANUJO (WITH HYALURONATE) TOPICAL CREAM 0.1-1-4 % (tacrolimus-hyaluronate-niacin)	Tier 4	

Drug	Status	Notes
OXIANUJO TOPICAL OINTMENT 0.1-4 % (tacrolimus-niacinamide)	Tier 4	
<i>pimecrolimus topical cream 1 %</i> (Elidel)	Tier 2	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	Tier 2	
Topical Vit D Analog/Anti-inflammatory, Steroidal		
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	Tier 2	
<i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i> (Taclonex)	Tier 2	
DIOCHLOY TOPICAL SOLUTION 0.05-0.005 % (clobetasol-calcipotriene)	Tier 4	
ENSTILAR TOPICAL FOAM 0.005-0.064 %	Tier 4	
WYNZORA TOPICAL CREAM 0.005-0.064 %	Tier 4	
Diabetes		
Antihypergly, (Dpp-4) Inhibitor & Biguanide Comb.		
<i>alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg</i> (Kazano)	Tier 4	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (2 EA per 1 day)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	Tier 3	QL (2 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	Tier 3	QL (1 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	Tier 3	QL (2 EA per 1 day)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	Tier 4	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	Tier 4	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	Tier 4	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)

Drug	Status	Notes
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg</i>	Tier 2	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (2 EA per 1 day)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg</i>	Tier 2	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
Antihyperglycemic-Dpp-4 Enzyme Inhibitor & Thiazolidinedione		
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg</i> (Oseni)	Tier 4	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
Antihyperglycemic-Incretin Mimetic (Glp-1 Receptor Agonist)		
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	Tier 3	PA; QL (0.85 ML per 7 days)
<i>exenatide subcutaneous pen injector 10 mcg/dose (250 mcg/ml) 2.4 ml</i> (Byetta)	Tier 2	PA; QL (2.4 ML per 30 days)
<i>exenatide subcutaneous pen injector 5 mcg/dose (250 mcg/ml) 1.2 ml</i> (Byetta)	Tier 2	PA; QL (1.2 ML per 30 days)
<i>liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)</i> (Victoza 2-Pak)	Tier 4	PA; QL (9 ML per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	Tier 3	PA; QL (3 ML per 28 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	Tier 3	PA; QL (1 EA per 1 day)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	Tier 3	PA; QL (2 ML per 28 days)
Antihyperglycemic-Sodium/Glucose Cotransporter 2 (SGLT2) Inhibitor		
<i>bexagliflozin oral tablet 20 mg</i> (Brenzavvy)	Tier 2	ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 DAYS; QL (1 EA per 1 day)

Drug	Status	Notes
BRENZAVVY ORAL TABLET 20 MG (bexagliflozin)	Tier 4	ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 DAYS; QL (1 EA per 1 day)
<i>dapagliflozin propanediol oral tablet 10 mg, 5 mg</i> (Farxiga)	Tier 2	QL (1 EA per 1 day)
INPEFA ORAL TABLET 200 MG	Tier 4	ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 DAYS; QL (2 EA per 1 day)
INPEFA ORAL TABLET 400 MG	Tier 4	ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 DAYS; QL (1 EA per 1 day)
INVOKANA ORAL TABLET 100 MG, 300 MG	Tier 4	ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 DAYS; QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	Tier 3	QL (1 EA per 1 day)
STEGLATRO ORAL TABLET 15 MG, 5 MG	Tier 4	ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 DAYS; QL (1 EA per 1 day)
Antihyperglycemic - Dopamine Receptor Agonists		
CYCLOSET ORAL TABLET 0.8 MG	Tier 4	ST: Requires prior prescription for Glipizide/Metformin HCL, Glyburide/Metformin HCL, Metformin HCL, or Riomet ER within the past 180 days
Antihyperglycemic - Incretin Mimetics Combination		
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	Tier 3	PA; QL (0.5 ML per 7 days)

Drug	Status	Notes
Antihyperglycemic, Alpha-Glucosidase Inhib (N-S)		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)	Tier 2	
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 2	
Antihyperglycemic, Amylin Analog-Type		
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	Tier 3	
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	Tier 3	
Antihyperglycemic, Dpp-4 Inhibitors		
<i>alogliptin oral tablet 12.5 mg, 25 mg, 6.25 mg</i> (Nesina)	Tier 4	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 3	QL (1 EA per 1 day)
<i>saxagliptin oral tablet 2.5 mg, 5 mg</i>	Tier 2	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
<i>sitagliptin oral tablet 100 mg, 25 mg, 50 mg</i> (Zituvio)	Tier 4	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
TRADJENTA ORAL TABLET 5 MG	Tier 4	ST: Requires prior prescription for Janumet XR, Janumet, or Januvia within the past 120 days; QL (1 EA per 1 day)
Antihyperglycemic, Insulin-Release Stimulant Type		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>glipizide oral tablet 2.5 mg</i>	Tier 2	QL (2 EA per 1 day)
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i> (Glucotrol XL)	Tier 1	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	Tier 1	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>nateglinide oral tablet 120 mg, 60 mg</i>	Tier 1	

Drug	Status	Notes
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
Antihyperglycemic, Insulin-Response Enhancer (N-S)		
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	Tier 1	
Antihyperglycemic, Sglt-2 & Dpp-4 Inhibitor Comb.		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	Tier 3	QL (1 EA per 1 day)
QTERN ORAL TABLET 10-5 MG, 5-5 MG	Tier 4	ST: Requires prior prescription for Farxiga, Janumet XR, Janumet, Januvia, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 120 DAYS; QL (1 EA per 1 day)
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG	Tier 4	ST: Requires prior prescription for Farxiga, Janumet XR, Janumet, Januvia, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 120 DAYS; QL (1 EA per 1 day)
Antihyperglycemic, Biguanide Type (Non-Sulfonylurea)		
DM2 COMBO PACK, TABLET AND STRIP 500 MG	Tier 4	
<i>metformin oral solution 500 mg/5 ml</i> (Riomet)	Tier 2	
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	Tier 1	
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	Tier 1	
Antihyperglycemic, Insulin & Glp-1 Receptor Agonist		
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	Tier 3	QL (30 ML per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	Tier 3	QL (15 ML per 28 days)
Antihyperglycemic, Insulin-Rel Stim. & Biguanide Cmb		
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	

Drug	Status	Notes
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	
Antihyperglycemic, Insulin-Response & Release Comb.		
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i> (DUETACT)	Tier 2	ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days
Antihyperglycemic-Glucocorticoid Receptor Blocker		
KORLYM ORAL TABLET 300 MG (mifepristone)	Tier 5	PA
<i>mifepristone oral tablet 300 mg</i> (Korlym)	Tier 5	PA
Antihyperglycemic-SglT2 Inhibitor & Biguanide Comb		
<i>dapaglifloz propaned-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg</i> (Xigduo XR)	Tier 2	QL (1 EA per 1 day)
<i>dapaglifloz propaned-metformin oral tablet, ir - er, biphasic 24hr 5-1,000 mg</i> (Xigduo XR)	Tier 2	QL (2 EA per 1 day)
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	Tier 4	ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 DAYS; QL (2 EA per 1 day)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	Tier 4	ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 DAYS; QL (2 EA per 1 day)
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG	Tier 4	ST: At least 2 prior prescriptions for Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 365 DAYS; QL (2 EA per 1 day)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	Tier 3	QL (2 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	Tier 3	QL (1 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	Tier 3	QL (2 EA per 1 day)

Drug	Status	Notes
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG, 5-500 MG	Tier 3	QL (1 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	Tier 3	QL (2 EA per 1 day)
Antihyperglycm,Insul-Resp.Enhancer & Biguanide Cmb		
<i>pioglitazone-metformin oral tablet 15-500 mg</i>	Tier 2	ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days
<i>pioglitazone-metformin oral tablet 15-850 mg</i> (Actoplus MET)	Tier 2	ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days
Antihypergly-Sglt-2 Inhib,Dpp-4 Inhib,Biguanide Cb		
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	Tier 3	QL (1 EA per 1 day)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	Tier 3	QL (2 EA per 1 day)
Blood Sugar Diagnostics		
ACCU-CHEK AVIVA PLUS TEST STRP STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
ACCU-CHEK GUIDE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
ACCU-CHEK SMARTVIEW TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
ACCUTREND GLUCOSE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
ADVANCED GLUC METER TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
ADVOCATE REDI-CODE PLUS STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
AGAMATRIX AMP TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
AGAMATRIX PRESTO TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
ASSURE 4 STRIPS STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
ASSURE PLATINUM TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)

Drug		Status	Notes
ASSURE PRISM MULTI STRIP STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
BIONIME RIGHTEST TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
BLOOD GLUCOSE TEST STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
BLULINK GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
BREEZE 2 TEST STRIPS STRIP		Tier 3	QL (200 EA per 30 days)
CARESENS N TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
CARESENS S TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
CARETOUCH TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
CHOICEDM CLARUS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
CLEVER CHOICE MICRO TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
CLEVER CHOICE PRO STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
CLEVER CHOICE TALK TEST STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
CLEVER CHOICE TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
CLEVER CHOICE VOICE PLUS TEST STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
CONTOUR NEXT TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
CONTOUR PLUS TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
CONTOUR TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
DARIO BLOOD GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
DIATRUE PLUS TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
EASY PLUS II TEST STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
EASY STEP STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
EASY TALK GLUCOSE TEST STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
EASY TALK PLUS II TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
EASY TOUCH BLULINK TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
EASY TOUCH TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
EASY TRAK GLUCOSE TEST STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
EASY TRAK II TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
EASYGLUCO TEST STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
EASYMAX 15 TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
EASYMAX STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
ELEMENT COMPACT TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
ELEMENT TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
EMBRACE BLOOD GLUCOSE SYSTEM STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
EMBRACE EVO TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)

Drug		Status	Notes
EMBRACE PRO TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
EMBRACE TALK TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
EMBRACE WAVE GLUCOSE TEST STRP STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
EVENCARE G2 STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
EVENCARE G3 TEST STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
EVENCARE MINI GLUCOSE TEST STR STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
EVENCARE PROVIEW TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
EVENCARE TEST STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
EVOLUTION TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
EZ SMART PLUS TEST STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
EZ SMART TEST STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
FORA 6 CONNECT GLUCOSE STRIP STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
FORA 6CONN-GTEL-TN'G ADV STRIP STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
FORA D15G STRIPS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
FORA D20 STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
FORA D40-G31 TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
FORA G20 STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
FORA G30-PREMIUM V10 TEST STRP STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
FORA GD50 TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
FORA GTEL GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
FORA TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
FORA TN'G ADVAN PRO TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
FORA TN'G VOICE TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
FORA V10 STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
FORA V10-V12-D10-D20 STRIPS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
FORA V12 GLUCOSE STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
FORA V20 STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
FORA V30A STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
FORACARE GD20 STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
FORACARE GD40 TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
FREESTYLE INSULINX STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)

Drug		Status	Notes
FREESTYLE INSULINX TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
FREESTYLE LITE STRIPS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
FREESTYLE PRECISION NEO STRIPS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
FREESTYLE TEST STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
GE100 BLOOD GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
GE333 BLOOD GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
GENULTIMATE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
GLUCO NAVII TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
GLUCOCARD 01 SENSOR PLUS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
GLUCOCARD EXPRESSION STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
GLUCOCARD SHINE TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
GLUCOCARD VITAL SENSOR STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
GLUCOCARD VITAL TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
GLUCOCOM GLUCOSE STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
GM100 STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
GOJJI BLOOD GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
GOODLIFE AC-302 TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
HARMONY GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
HEALTHPRO TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
IHEALTH GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
INFINITY TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
MICRO BLOOD GLUCOSE STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
MICRODOT BLOOD GLUCOSE SYSTEM STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
MICRODOT XTRA BLOOD GLUCOSE STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
MYGLUCOHEALTH STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
NEUTEK 2TEK TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
NOVA MAX GLUCOSE TEST STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
ON CALL EXPRESS TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
ONETOUCH ULTRA TEST STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
ONETOUCH VERIO TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)

Drug		Status	Notes
OPTIUM EZ STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
OPTIUM TEST STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
PHARMACIST CHOICE STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
PIP BLOOD GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
PLATINUM TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
PRECISION PCX PLUS TEST STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
PRECISION PCX TEST STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
PRECISION POINT OF CARE TEST STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
PRECISION Q-I-D TEST STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
PRECISION XTRA TEST STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
PREMIER TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
PREMIUM V10 STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
PRO VOICE V8-V9 TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
PRODIGY NO CODING STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
PTS PANELS EGLU TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
QUINTET AC STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
QUINTET GLUCOSE TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
REFUAH PLUS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
RELION CONFIRM-MICRO STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
RELION PRIME TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
RELION ULTIMA STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
REVEAL TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
RIGHTEST GS550 TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
RIGHTEST GS700 TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
RIGHTEST GT333 TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
RIGHTEST MAX TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
SMART SENSE TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
SMARTEST TEST STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
SOLUS V2 TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
SURE-TEST EASYPLUS MINI STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
TD GOLD TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
TELCARE TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
TEST N'GO TEST STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
TRUE METRIX GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
TRUE METRIX PRO TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)

Drug		Status	Notes
TRUETEST TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
TRUETRACK TEST STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
ULTIMA TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
ULTRATRAK STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
ULTRATRAK ULTIMATE STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
UNISTRIP1 TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
VIVAGUARD INO TEST STRIP STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
WAVESENSE JAZZ STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
WAVESENSE PRESTO STRIP	(blood sugar diagnostic)	Tier 3	QL (200 EA per 30 days)
Diabetic Supplies			
2TEK GLUCOSE/BLOOD PRESSURE KIT		Tier 3	
ACCU-CHEK GUIDE GLUCOSE METER	(blood-glucose meter)	Tier 3	
ACCU-CHEK GUIDE ME GLUCOSE MTR	(blood-glucose meter)	Tier 3	
ADVANCED GLUCOSE METER	(blood-glucose meter)	Tier 3	
ADVOCATE REDI-CODE PLUS	(blood-glucose meter)	Tier 3	
AGAMATRIX AMP GLUC MONITOR SYS	(blood-glucose meter)	Tier 3	
ASSURE PLATINUM GLUCOSE METER	(blood-glucose meter)	Tier 3	
ASSURE PRISM MULTI METER	(blood-glucose meter)	Tier 3	
BIONIME RIGHTEST GM300 SYSTEM KIT	(blood-glucose meter)	Tier 3	
BIOTEL CARE BGM-4 METER	(blood-glucose meter)	Tier 3	
BLOOD GLUCOSE MONITORING KIT	(blood-glucose meter)	Tier 3	
<i>blood-glucose meter</i>	(Accu-Chek Guide Glucose Meter)	Tier 3	
<i>blood-glucose meter kit</i>	(Bionime Righest Gm300 System)	Tier 3	
BLULINK DIABETIC TEST BUNDLE KIT	(blood-glucose meter)	Tier 3	
BLULINK GLUCOSE MONITOR SYSTEM	(blood-glucose meter)	Tier 3	
CARESENS N	(blood-glucose meter)	Tier 3	
CARESENS N FELIZ BT GLUC METER	(blood-glucose meter)	Tier 3	
CARESENS N FELIZ GLUCOSE METER	(blood-glucose meter)	Tier 3	
CARESENS N VOICE	(blood-glucose meter)	Tier 3	
CARESENS S FIT GLUCOSE METER	(blood-glucose meter)	Tier 3	
CARETOUCH GLUCOSE MONITORING KIT	(blood-glucose meter)	Tier 3	

Drug	Status	Notes
CARETOUCH KETONE-GLUCOSE MONIT DEVICE	Tier 3	
CHOICEDM CLARUS (blood-glucose meter)	Tier 3	
CLEVER CHEK BLOOD GLUCOSE (blood-glucose meter)	Tier 3	
CLEVER CHEK BLOOD GLUCOSE SYST KIT (blood-glucose meter)	Tier 3	
CLEVER CHOICE BLOOD GLUC SYS (blood-glucose meter)	Tier 3	
CLEVER CHOICE GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
CLEVER CHOICE MICRO (blood-glucose meter)	Tier 3	
CLEVER CHOICE PRO (blood-glucose meter)	Tier 3	
CLEVER CHOICE TALK GLUCOSE SYS (blood-glucose meter)	Tier 3	
CONTOUR METER (blood-glucose meter)	Tier 3	
CONTOUR METER KIT (blood-glucose meter)	Tier 3	
CONTOUR NEXT EZ METER (blood-glucose meter)	Tier 3	
CONTOUR NEXT EZ METER KIT (blood-glucose meter)	Tier 3	
CONTOUR NEXT GEN METER (blood-glucose meter)	Tier 3	
CONTOUR NEXT GEN METER KIT (blood-glucose meter)	Tier 3	
CONTOUR NEXT GLUCOSE METER KIT (blood-glucose meter)	Tier 3	
CONTOUR NEXT LINK 2.4 KIT	Tier 3	
CONTOUR NEXT LINK KIT	Tier 3	
CONTOUR NEXT METER (blood-glucose meter)	Tier 3	
CONTOUR NEXT ONE METER (blood-glucose meter)	Tier 3	
CONTOUR PLUS BLUE METER (blood-glucose meter)	Tier 3	
DARIO BLOOD GLUCOSE MONITOR DEVICE	Tier 3	
DIATRUE PLUS BLOOD GLUCOSE MET (blood-glucose meter)	Tier 3	
EASY PLUS II BLOOD GLUCOSE MET (blood-glucose meter)	Tier 3	
EASY STEP BLOOD GLUCOSE METER (blood-glucose meter)	Tier 3	
EASY TALK BLOOD GLUCOSE METER (blood-glucose meter)	Tier 3	
EASY TOUCH BLULINK GLUC SYST (blood-glucose meter)	Tier 3	
EASY TOUCH GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
EASY TRAK BLOOD GLUCOSE METER (blood-glucose meter)	Tier 3	
EASY TRAK II BLOOD GLUCOSE MTR (blood-glucose meter)	Tier 3	
EASYGLUCO METER KIT (blood-glucose meter)	Tier 3	
EASYGLUCO MONITORING SYSTEM KIT (blood-glucose meter)	Tier 3	
EASYMAX NG (blood-glucose meter)	Tier 3	

Drug		Status	Notes
EASYMAX NG KIT	(blood-glucose meter)	Tier 3	
EASYMAX T1 KIT	(blood-glucose meter)	Tier 3	
EASYMAX V SPEAKING GLUCOSE SYS	(blood-glucose meter)	Tier 3	
EASY-TOUCH BLOOD GLUCOSE METER	(blood-glucose meter)	Tier 3	
ELEMENT COMPACT GLUCOSE METER	(blood-glucose meter)	Tier 3	
ELEMENT COMPACT V GLUCOSE MTR	(blood-glucose meter)	Tier 3	
ELEMENT PLUS BLOOD GLUCOSE KIT KIT	(blood-glucose meter)	Tier 3	
EMBRACE BLOOD GLUCOSE SYSTEM	(blood-glucose meter)	Tier 3	
EMBRACE EVO BLOOD GLUCOSE KIT KIT	(blood-glucose meter)	Tier 3	
EMBRACE EVO GLUCOSE MONITOR	(blood-glucose meter)	Tier 3	
EMBRACE PRO GLUCOSE METER	(blood-glucose meter)	Tier 3	
EMBRACE TALK BLOOD GLUCOSE SYS KIT	(blood-glucose meter)	Tier 3	
EMBRACE TALK GLUCOSE MONITOR	(blood-glucose meter)	Tier 3	
EMBRACE WAVE PLUS GLUCOSE MTR	(blood-glucose meter)	Tier 3	
EVENCARE G2	(blood-glucose meter)	Tier 3	
EVENCARE G3 GLUCOSE METER KIT	(blood-glucose meter)	Tier 3	
EVENCARE KIT	(blood-glucose meter)	Tier 3	
EVENCARE MINI MONITOR SYSTEM	(blood-glucose meter)	Tier 3	
EVOLUTION BLOOD GLUCOSE METER KIT	(blood-glucose meter)	Tier 3	
EZ SMART PLUS SYSTEM KIT	(blood-glucose meter)	Tier 3	
EZ SMART SYSTEM KIT	(blood-glucose meter)	Tier 3	
FORA 6 CONNECT MULTIFUNCTN MTR DEVICE		Tier 3	
FORA D10 KIT		Tier 3	
FORA D15 GLUCOSE-BP MONITOR DEVICE		Tier 3	
FORA D20 KIT	(blood-glucose meter)	Tier 3	
FORA D40D GLUCOSE-BP MONITOR DEVICE		Tier 3	
FORA D40G GLUCOSE-BP MONITOR DEVICE		Tier 3	
FORA G20 KIT	(blood-glucose meter)	Tier 3	
FORA G30A	(blood-glucose meter)	Tier 3	

Drug	Status	Notes
FORA GD50 BLOOD GLUCOSE SYSTEM (blood-glucose meter)	Tier 3	
FORA GTEL MULTI-FUNCTN MONITOR DEVICE	Tier 3	
FORA PREMIUM V10 GLUCOSE METER (blood-glucose meter)	Tier 3	
FORA TEST N'GO VOICE METER (blood-glucose meter)	Tier 3	
FORA TN'G ADV MOBILE MULTI MTR DEVICE	Tier 3	
FORA TN'G ADVANCE PRO MONITOR DEVICE	Tier 3	
FORA TN'G VOICE METER (blood-glucose meter)	Tier 3	
FORA V10 KIT (blood-glucose meter)	Tier 3	
FORA V12 BLOOD GLUCOSE SYSTEM (blood-glucose meter)	Tier 3	
FORA V12 BLOOD GLUCOSE SYSTEM KIT (blood-glucose meter)	Tier 3	
FORA V20 KIT (blood-glucose meter)	Tier 3	
FORA V30A (blood-glucose meter)	Tier 3	
FORA V30A KIT (blood-glucose meter)	Tier 3	
FORACARE GD20 GLUCOSE METER (blood-glucose meter)	Tier 3	
FORACARE GD40A GLUCOSE METER (blood-glucose meter)	Tier 3	
FORACARE GD40B GLUCOSE METER (blood-glucose meter)	Tier 3	
FREESTYLE FLASH SYSTEM KIT (blood-glucose meter)	Tier 3	
FREESTYLE FREEDOM KIT (blood-glucose meter)	Tier 3	
FREESTYLE FREEDOM LITE KIT (blood-glucose meter)	Tier 3	
FREESTYLE INSULINX (blood-glucose meter)	Tier 3	
FREESTYLE LITE METER KIT (blood-glucose meter)	Tier 3	
FREESTYLE PRECISION NEO METER (blood-glucose meter)	Tier 3	
FREESTYLE SIDEKICK II KIT (blood-glucose meter)	Tier 3	
FREESTYLE SYSTEM KIT KIT (blood-glucose meter)	Tier 3	
GDRIVE KIT (blood-glucose meter)	Tier 3	
GE100 BLOOD GLUCOSE SYSTEM (blood-glucose meter)	Tier 3	
GE100 BLOOD GLUCOSE SYSTEM KIT (blood-glucose meter)	Tier 3	
GE333 BLOOD GLUCOSE SYSTEM (blood-glucose meter)	Tier 3	
GLUCO NAVII GLUCOSE MONITOR KIT (blood-glucose meter)	Tier 3	
GLUCOCARD 01 METER KIT (blood-glucose meter)	Tier 3	
GLUCOCARD EXPRESSION (blood-glucose meter)	Tier 3	
GLUCOCARD EXPRESSION KIT (blood-glucose meter)	Tier 3	
GLUCOCARD SHINE CONNEX METER (blood-glucose meter)	Tier 3	
GLUCOCARD SHINE EXPRESS METER (blood-glucose meter)	Tier 3	

Drug		Status	Notes
GLUCOCARD SHINE METER	(blood-glucose meter)	Tier 3	
GLUCOCARD SHINE METER KIT KIT	(blood-glucose meter)	Tier 3	
GLUCOCARD SHINE XL METER	(blood-glucose meter)	Tier 3	
GLUCOCARD VITAL KIT	(blood-glucose meter)	Tier 3	
GLUCOCOM BLOOD GLUCOSE KIT	(blood-glucose meter)	Tier 3	
GM100 KIT	(blood-glucose meter)	Tier 3	
GOJJI MULTI-FUNCTIONAL METER DEVICE		Tier 3	
GOJJI MULTI-FUNCTIONAL METER KIT		Tier 3	
GOODLIFE AC-302 GLUCOSE METER	(blood-glucose meter)	Tier 3	
HEALTHPRO GLUCOSE MONITOR	(blood-glucose meter)	Tier 3	
IHEALTH GLUCO PLUS METER KIT	(blood-glucose meter)	Tier 3	
INFINITY METER KIT KIT	(blood-glucose meter)	Tier 3	
INFINITY STARTER KIT KIT	(blood-glucose meter)	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	
JAZZ WIRELESS 2 METER KIT KIT	(blood-glucose meter)	Tier 3	
MICRODOT BLOOD GLUCOSE SYSTEM	(blood-glucose meter)	Tier 3	
MICRODOT BLOOD GLUCOSE SYSTEM KIT	(blood-glucose meter)	Tier 3	
MYGLUCOHEALTH KIT	(blood-glucose meter)	Tier 3	
NOVA MAX PLUS GLUC-KETON METER DEVICE		Tier 3	
NOVA MAX PLUS GLUC-KETON METER KIT		Tier 3	
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN		Tier 4	
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE		Tier 3	QL (1 EA per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE		Tier 3	

Drug	Status	Notes
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	Tier 3	
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	Tier 3	QL (1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	Tier 3	QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	Tier 3	
OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 3	QL (10 EA per 30 days)
OMNIPOD GO PODS 15 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 3	QL (10 EA per 30 days)
OMNIPOD GO PODS 20 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 3	QL (10 EA per 30 days)
OMNIPOD GO PODS 25 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 3	QL (10 EA per 30 days)
OMNIPOD GO PODS 30 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 3	QL (10 EA per 30 days)
OMNIPOD GO PODS 40 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 3	QL (10 EA per 30 days)
OMNIPOD GO PODS SUBCUTANEOUS CARTRIDGE	Tier 3	QL (10 EA per 30 days)
ON CALL EXPRESS METER (blood-glucose meter)	Tier 3	
ON CALL EXPRESS METER KIT (blood-glucose meter)	Tier 3	
ONETOUCH ULTRA2 METER (blood-glucose meter)	Tier 3	
ONETOUCH VERIO FLEX METER (blood-glucose meter)	Tier 3	
ONETOUCH VERIO FLEX START KIT (blood-glucose meter)	Tier 3	
ONETOUCH VERIO REFLECT KIT (blood-glucose meter)	Tier 3	
ONETOUCH VERIO REFLECT METER (blood-glucose meter)	Tier 3	
PHARMACIST CHOICE GLUCOSE SYS (blood-glucose meter)	Tier 3	
PIP BLOOD GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
PLATINUM GLUCOSE METER KIT (blood-glucose meter)	Tier 3	
PRECISION (blood-glucose meter)	Tier 3	
PRECISION XTRA KETONE-GLUCOSE KIT	Tier 3	
PRECISION XTRA MONITOR (blood-glucose meter)	Tier 3	
PREMIER BLU GLUCOSE METER (blood-glucose meter)	Tier 3	
PREMIER CLASSIC GLUCOSE METER (blood-glucose meter)	Tier 3	
PREMIER COMPACT GLUCOSE METER KIT (blood-glucose meter)	Tier 3	
PREMIER VOICE GLUCOSE METER (blood-glucose meter)	Tier 3	
PREMIUM BLOOD GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
PREMIUM V10 (blood-glucose meter)	Tier 3	

Drug		Status	Notes
PRESTO PRO BLOOD GLUCOSE METER	(blood-glucose meter)	Tier 3	
PRO VOICE V8 GLUCOSE MONITOR	(blood-glucose meter)	Tier 3	
PRO VOICE V9 GLUCOSE MONITOR	(blood-glucose meter)	Tier 3	
PRODIGY AUTOCODE METER KIT	(blood-glucose meter)	Tier 3	
PRODIGY AUTOCODE MONITOR SYST	(blood-glucose meter)	Tier 3	
PRODIGY POCKET METER KIT	(blood-glucose meter)	Tier 3	
PRODIGY VOICE GLUCOSE METER KIT	(blood-glucose meter)	Tier 3	
QUINTET AC	(blood-glucose meter)	Tier 3	
QUINTET BLOOD GLUCOSE METER	(blood-glucose meter)	Tier 3	
REFUAH PLUS GLUCOSE MONITOR KIT	(blood-glucose meter)	Tier 3	
RELION ALL-IN-ONE METER KIT	(blood-glucose meter)	Tier 3	
RELION CONFIRM KIT	(blood-glucose meter)	Tier 3	
RELION MICRO GLUCOSE MONITOR	(blood-glucose meter)	Tier 3	
RELION MICRO GLUCOSE MONITOR KIT	(blood-glucose meter)	Tier 3	
RELION PRIME METER	(blood-glucose meter)	Tier 3	
REVEAL BLOOD GLUCOSE METER KIT	(blood-glucose meter)	Tier 3	
RIGHTEST GM550 SYSTEM KIT	(blood-glucose meter)	Tier 3	
RIGHTEST GM700SB GLUCOSE METER	(blood-glucose meter)	Tier 3	
RIGHTEST GT333 GLUCOSE METER	(blood-glucose meter)	Tier 3	
RIGHTEST MAX PLUS GLUCOSE MTR	(blood-glucose meter)	Tier 3	
SMART SENSE MONITORING SYSTEM	(blood-glucose meter)	Tier 3	
SMARTEST EJECT KIT	(blood-glucose meter)	Tier 3	
SMARTEST PERSONA GLUCOSE METER	(blood-glucose meter)	Tier 3	
SMARTEST PERSONA STARTER KIT	(blood-glucose meter)	Tier 3	
SMARTEST PRONTO GLUCOSE METER	(blood-glucose meter)	Tier 3	
SMARTEST PRONTO STARTER KIT	(blood-glucose meter)	Tier 3	
SMARTEST PROTEGE KIT	(blood-glucose meter)	Tier 3	
SMARTEST SMART CODE METER KIT	(blood-glucose meter)	Tier 3	
SMARTEST TALKING METER KIT	(blood-glucose meter)	Tier 3	
SOLUS V2 AUDIBLE METER	(blood-glucose meter)	Tier 3	
SOLUS V2 AUDIBLE METER KIT	(blood-glucose meter)	Tier 3	
SURE-TEST EASYPLUS MINI METER	(blood-glucose meter)	Tier 3	

Drug	Status	Notes
TD GOLD BLOOD GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
TD GOLD VOICE GLUCOSE MONITOR (blood-glucose meter)	Tier 3	
TEMPO SMART BUTTON DEVICE	Tier 4	
TEST N'GO BLOOD GLUCOSE SYSTEM (blood-glucose meter)	Tier 3	
TRUE METRIX AIR GLUCOSE METER (blood-glucose meter)	Tier 3	
TRUE METRIX AIR GLUCOSE METER KIT (blood-glucose meter)	Tier 3	
TRUE METRIX GLUCOSE METER (blood-glucose meter)	Tier 3	
TRUE METRIX GO GLUCOSE METER (blood-glucose meter)	Tier 3	
TRUE2GO BLOOD GLUCOSE SYSTEM KIT (blood-glucose meter)	Tier 3	
TRUERESULT BLOOD GLUCOSE SYSTM KIT (blood-glucose meter)	Tier 3	
TRUETRACK BLOOD GLUCOSE SYSTEM KIT (blood-glucose meter)	Tier 3	
TRUETRACK SMART SYSTEM KIT (blood-glucose meter)	Tier 3	
TWIIST REFILL KT(CSST-NDL-SYR) KIT	Tier 4	
ULTIMA MONITOR (blood-glucose meter)	Tier 3	
ULTRATRAK GLUCOSE METER (blood-glucose meter)	Tier 3	
ULTRATRAK GLUCOSE METER KIT (blood-glucose meter)	Tier 3	
ULTRATRAK ULTIMATE (blood-glucose meter)	Tier 3	
V-GO 20 DEVICE	Tier 3	
V-GO 30 DEVICE	Tier 3	
V-GO 40 DEVICE	Tier 3	
VIVAGUARD INO GLUCOSE METER (blood-glucose meter)	Tier 3	
VIVAGUARD INO SMART GLUC METER (blood-glucose meter)	Tier 3	
WAVESENSE AMP KIT (blood-glucose meter)	Tier 3	
WAVESENSE PRESTO (blood-glucose meter)	Tier 3	
WAVESENSE PRESTO KIT (blood-glucose meter)	Tier 3	
Diabetic Ulcer Preparations, Topical		
REGANEX TOPICAL GEL 0.01 %	Tier 3	
Hyperglycemics		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	Tier 4	ST: Requires prior prescriptions for Glucagon Emergency Kit, Gvoke, or Zegalogue within the past 120 days; QL (4 EA per 1 FILL)
<i>diazoxide oral suspension 50 mg/ml</i> (Proglycem)	Tier 2	

Drug	Status	Notes
GLUCAGON (HCL) EMERGENCY KIT (glucagon hcl) INJECTION RECON SOLN 1 MG	Tier 2	QL (4 EA per 1 FILL)
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	Tier 3	QL (4 EA per 1 FILL)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	Tier 3	QL (0.4 ML per 1 FILL)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	Tier 3	QL (0.8 ML per 1 FILL)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	Tier 3	QL (0.4 ML per 1 FILL)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	Tier 3	QL (0.8 ML per 1 FILL)
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	Tier 3	QL (0.8 ML per 1 FILL)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	Tier 3	QL (0.8 ML per 1 FILL)
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	Tier 3	QL (0.8 ML per 1 FILL)
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	Tier 3	QL (2.4 ML per 1 FILL)
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	Tier 3	QL (2.4 ML per 1 FILL)
Insulins		
ADMELOG SOLOSTAR U-100 INSULIN (insulin lispro) SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 4	ST: Requires prior prescription for Lyumjev within the past 120 days; QL (30 ML per 28 days)
ADMELOG U-100 INSULIN LISPRO (insulin lispro) SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 4	ST: Requires prior prescription for Lyumjev within the past 120 days; QL (40 ML per 28 days)
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90)	Tier 4	PA

Drug	Status	Notes
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 4	ST: Requires prior prescription for Lyumjev within the past 120 days; QL (30 ML per 28 days)
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 4	ST: Requires prior prescription for Lyumjev within the past 120 days; QL (40 ML per 28 days)
BASAGLAR KWIKPEN U-100 INSULIN (insulin glargine) SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 4	ST: Requires prior prescription for Generic Semglee (yfgn), Generic Toujeo, or Generic Tresiba within the past 120 days; QL (30 ML per 28 days)
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 4	ST: Requires prior prescription for Lyumjev within the past 120 days; QL (30 ML per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	Tier 4	ST: Requires prior prescription for Lyumjev within the past 120 days; QL (30 ML per 28 days)
FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML)	Tier 4	ST: Requires prior prescription for Lyumjev within the past 120 days; QL (40 ML per 28 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 4	ST: Requires prior prescription for Lyumjev within the past 120 days; QL (40 ML per 28 days)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Tier 3	QL (12 ML per 28 days)
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	Tier 3	QL (40 ML per 28 days)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	Tier 3	QL (30 ML per 28 days)
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	Tier 3	QL (40 ML per 28 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	Tier 3	QL (30 ML per 28 days)
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	Tier 3	QL (40 ML per 28 days)

Drug	Status	Notes	
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	Tier 3	QL (30 ML per 28 days)	
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	QL (30 ML per 28 days)	
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 3	QL (40 ML per 28 days)	
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	Tier 3	QL (40 ML per 28 days)	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	Tier 3	QL (40 ML per 28 days)	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	Tier 3	QL (24 ML per 28 days)	
<i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i>	(Novolog Mix 70- 30FlexPen U-100)	Tier 4	ST: Requires prior prescription for Humalog Mix 75-25 within the past 120 days; QL (30 ML per 28 days)
<i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70- 30)</i>	(Novolog Mix 70-30 U-100 Insulin)	Tier 4	ST: Requires prior prescription for Humalog Mix 75-25 within the past 120 days; QL (40 ML per 28 days)
<i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i>	(Novolog PenFill U-100 Insulin)	Tier 4	ST: Requires prior prescription for Lyumjev within the past 120 days; QL (30 ML per 28 days)
<i>insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)</i>	(Novolog FlexPen U-100 Insulin)	Tier 4	ST: Requires prior prescription for Lyumjev within the past 120 days; QL (30 ML per 28 days)
<i>insulin aspart u-100 subcutaneous solution 100 unit/ml</i>	(Novolog U-100 Insulin aspart)	Tier 4	ST: Requires prior prescription for Lyumjev within the past 120 days; QL (40 ML per 28 days)
<i>insulin degludec subcutaneous insulin pen 100 unit/ml (3 ml)</i>	(Tresiba FlexTouch U-100)	Tier 2	QL (30 ML per 28 days)
<i>insulin degludec subcutaneous insulin pen 200 unit/ml (3 ml)</i>	(Tresiba FlexTouch U-200)	Tier 2	QL (18 ML per 28 days)
<i>insulin degludec subcutaneous solution 100 unit/ml</i>	(Tresiba U-100 Insulin)	Tier 2	QL (40 ML per 28 days)
<i>insulin glargine u-300 conc subcutaneous insulin pen 300 unit/ml (1.5 ml)</i>	(Toujeo SoloStar U-300 Insulin)	Tier 2	QL (13.5 ML per 28 days)

Drug	Status	Notes
<i>insulin glargine u-300 conc subcutaneous insulin pen 300 unit/ml (3 ml)</i> (Toujeo Max U-300 SoloStar)	Tier 2	QL (18 ML per 28 days)
<i>insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)</i> (Semglee(insulin glarg-yfgn)Pen)	Tier 2	QL (30 ML per 28 days)
<i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i> (Semglee(insulin glargine-yfgn))	Tier 2	QL (40 ML per 28 days)
<i>insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)</i> (Humalog Mix 75-25 KwikPen)	Tier 2	QL (30 ML per 28 days)
<i>insulin lispro subcutaneous insulin pen 100 unit/ml</i> (Admelog SoloStar U-100 Insulin)	Tier 2	QL (30 ML per 28 days)
<i>insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml</i> (Humalog Junior KwikPen U-100)	Tier 2	QL (30 ML per 28 days)
<i>insulin lispro subcutaneous solution 100 unit/ml</i> (Admelog U-100 Insulin lispro)	Tier 2	QL (40 ML per 28 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin glargine)	Tier 4	QL (30 ML per 28 days)
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin glargine)	Tier 4	QL (40 ML per 28 days)
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 4	ST: Requires prior prescription for Generic Semglee (yfgn), Generic Toujeo, or Generic Tresiba within the past 120 days; QL (40 ML per 28 days)
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 3	QL (30 ML per 28 days)
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Tier 3	QL (12 ML per 28 days)
LYUMJEV TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML	Tier 4	QL (30 ML per 28 days)
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	QL (40 ML per 28 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	Tier 4	ST: Requires prior prescription for Humulin 70-30 or Humulin 70/30 Kwikpen within the past 120 days; QL (40 ML per 28 days)

Drug	Status	Notes
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	Tier 4	ST: Requires prior prescription for Humulin 70-30 or Humulin 70/30 Kwikpen within the past 120 days; QL (30 ML per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 4	ST: Requires prior prescription for Humulin N within the past 120 days; QL (30 ML per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 4	ST: Requires prior prescription for Humulin N within the past 120 days; QL (40 ML per 28 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 4	ST: Requires prior prescription for Humulin R within the past 120 days; QL (30 ML per 28 days)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	Tier 4	ST: Requires prior prescription for Humulin R within the past 120 days; QL (40 ML per 28 days)
REZVOGLAR KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 4	ST: Requires prior prescription for Generic Semglee (yfgn), Generic Toujeo, or Generic Tresiba within the past 120 days; QL (30 ML per 28 days)
Urine Glucose Test Aids		
DIASTIX STRIP	Tier 4	
NO-STICK GLUCOSE STRIP	Tier 4	
Urine Glucose/Acetone Test Aids, Strips		
KETO-DIASTIX STRIP	Tier 4	
Ear - General Disorders		
Ear Preparations Anti-Inflammatory		
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i> (DermOtic Oil)	Tier 2	
Ear Preparations, Misc. Anti-Infectives		
<i>acetic acid otic (ear) solution 2 %</i>	Tier 2	
CORTANE-B TOPICAL LOTION 1-1-0.1 %	Tier 4	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	Tier 2	
Ear Preparations, Antibiotics		
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i> (Cetraxal)	Tier 2	

Drug	Status	Notes
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML	Tier 4	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml- unit/ml-%</i>	Tier 2	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	Tier 2	
<i>ofloxacin otic (ear) drops 0.3 %</i>	Tier 2	
Otic Preparations, Anti-Inflammatory-Antibiotics		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	Tier 4	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	Tier 2	
<i>ciprofloxacin-fluocinolone otic (ear) (Otovel) solution 0.3-0.025 % (0.25 ml)</i>	Tier 2	
Electrolyte Regulation		
Arginine Vasopressin (Avp) Receptor Antagonists		
<i>tolvaptan oral tablet 15 mg (Samsca)</i>	Tier 5	QL (30 EA per 365 days)
<i>tolvaptan oral tablet 30 mg (Samsca)</i>	Tier 5	QL (60 EA per 365 days)
Bicarbonate Producing/Containing Agents		
VAXCHORA BUFFER COMPONENT ORAL SUSPENSION FOR RECONSTITUTION	Tier 4	
Electrolyte Depleters		
AURYXIA ORAL TABLET 210 MG IRON	Tier 4	ST: Requires prior prescription for Velphoro AND ONE of the following: generic Calcium Acetate, Lanthanum Carbonate, Sevelamer Carbonate, Sevelamer HCL within the past 365 days; QL (12 EA per 1 day)
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	Tier 2	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	Tier 2	

Drug	Status	Notes
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	Tier 4	ST: Requires prior prescription for Velphoro AND ONE of the following: generic Calcium Acetate, Lanthanum Carbonate, Sevelamer Carbonate, Sevelamer HCL within the past 365 days; QL (3 EA per 1 day)
KIONEX (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML	Tier 2	
<i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg</i> (Fosrenol)	Tier 2	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	Tier 3	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i> (Renvela)	Tier 2	
<i>sevelamer carbonate oral tablet 800 mg</i> (Renvela)	Tier 2	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	Tier 2	
<i>sodium polystyrene sulfonate oral powder</i>	Tier 2	
SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML	Tier 2	
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML	Tier 4	
VELPHORO ORAL TABLET, CHEWABLE 500 MG	Tier 3	QL (6 EA per 1 day)
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	Tier 4	PA
XPHOZAH ORAL TABLET 20 MG, 30 MG	Tier 4	ST: Requires prior prescription for Velphoro AND ONE of the following: generic Calcium Acetate, Lanthanum Carbonate, Sevelamer Carbonate, Sevelamer HCL within the past 365 days; QL (2 EA per 1 day)
Potassium Replacement		
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	Tier 4	
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ (potassium bicarb-citric acid)	Tier 2	
KLOR-CON M10 ORAL TABLET, ER PARTICLES/CRYSTALS 10 MEQ (potassium chloride)	Tier 2	

Drug		Status	Notes
KLOR-CON M15 ORAL TABLET,ER PARTICLES/CRYSTALS 15 MEQ	(potassium chloride)	Tier 2	
KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYSTALS 20 MEQ	(potassium chloride)	Tier 2	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>		Tier 2	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>		Tier 2	
<i>potassium chloride oral packet 20 meq</i>	(Klor-Con)	Tier 2	
<i>potassium chloride oral tablet extended release 10 meq</i>	(Klor-Con 10)	Tier 2	
<i>potassium chloride oral tablet extended release 15 meq</i>		Tier 2	
<i>potassium chloride oral tablet extended release 20 meq</i>	(K-Tab)	Tier 2	
<i>potassium chloride oral tablet extended release 8 meq</i>	(Klor-Con 8)	Tier 2	
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i>	(Klor-Con M10)	Tier 2	
<i>potassium chloride oral tablet,er particles/crystals 15 meq</i>	(Klor-Con M15)	Tier 2	
<i>potassium chloride oral tablet,er particles/crystals 20 meq</i>	(Klor-Con M20)	Tier 2	
Sodium/Saline Preparations			
BD POSIFLUSH NORMAL SALINE 0.9 INJECTION SYRINGE	(sodium chloride 0.9 % (flush))	Tier 2	
CLEARSHIELD SODIUM CHLOR FLUSH INJECTION SYRINGE	(sodium chloride 0.9 % (flush))	Tier 2	
NORMAL SALINE FLUSH INJECTION SYRINGE	(sodium chloride 0.9 % (flush))	Tier 2	
<i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i>		Tier 2	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>		Tier 2	
<i>sodium chloride 0.9 % (flush) injection syringe</i>	(BD PosiFlush Normal Saline 0.9)	Tier 2	
<i>sodium chloride 0.9 % injection solution</i>		Tier 2	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>		Tier 2	
<i>sodium chloride 0.9 % intravenous piggyback</i>		Tier 2	
<i>sodium chloride injection syringe 0.9 %</i>		Tier 2	
Endocrine Disorder - Fertility			
Drugs To Treat Impotency			
<i>tadalafil oral tablet 2.5 mg</i>		Tier 2	PA

Drug	Status	Notes
<i>tadalafil oral tablet 5 mg</i> (Cialis)	Tier 2	PA
Endocrine Disorder - Other		
Adrenal Steroid Inhibitors		
ISTURISA ORAL TABLET 1 MG, 5 MG	Tier 5	PA
RECORLEV ORAL TABLET 150 MG	Tier 5	PA
Adrenocorticotrophic Hormones		
ACTHAR INJECTION GEL 80 UNIT/ML	Tier 5	PA
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML, 80 UNIT/ML	Tier 5	PA
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	Tier 5	PA
Antidiuretic And Vasopressor Hormones		
<i>desmopressin injection solution 4 mcg/ml</i> (DDAVP)	Tier 2	
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	Tier 2	
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml), 150 mcg/spray (0.1 ml)</i>	Tier 2	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)	Tier 2	
NOCDURNA (MEN) SUBLINGUAL TABLET, DISINTEGRATING 55.3 MCG	Tier 4	QL (1 EA per 1 day)
NOCDURNA (WOMEN) SUBLINGUAL TABLET, DISINTEGRATING 27.7 MCG	Tier 4	QL (1 EA per 1 day)
Antineoplastic Lhrh(Gnrh) Agonist, Pituitary Suppr.		
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	Tier 5	PA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	Tier 5	PA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	Tier 5	PA
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	Tier 5	PA
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	Tier 5	PA
Bone Formation Stim. Agents - Parathyroid Hormone		
<i>teriparatide subcutaneous pen injector 20 mcg/dose (600mcg/2.4ml)</i> (Forteo)	Tier 5	PA
<i>teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)</i>	Tier 5	PA

Drug	Status	Notes
Bone Formation Stimulating Agts - Pth Rel Peptides		
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	Tier 5	PA
Bone Resorption Inhibitor & Vitamin D Combinations		
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	Tier 3	
Bone Resorption Inhibitors		
<i>alendronate oral solution 70 mg/75 ml</i>	Tier 2	QL (75 ML per 7 days)
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg</i>	Tier 2	
<i>alendronate oral tablet 70 mg</i> (Fosamax)	Tier 2	
<i>calcitonin (salmon) injection solution 200 unit/ml</i> (Miacalcin)	Tier 2	
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	Tier 2	
<i>ibandronate oral tablet 150 mg</i>	Tier 2	
<i>raloxifene oral tablet 60 mg</i> (Evista)	\$0 COPAY	\$0 COPAY IF QUANTITY 1 IN 1 DAY; QL (1 EA per 1 day)
<i>risedronate oral tablet 150 mg</i> (Actonel)	Tier 2	ST: Requires prior prescriptions for Alendronate Sodium and Ibandronate Sodium within the past 365 days; QL (1 EA per 30 days)
<i>risedronate oral tablet 30 mg, 5 mg</i>	Tier 2	ST: Requires prior prescriptions for Alendronate Sodium and Ibandronate Sodium within the past 365 days; QL (1 EA per 1 day)
<i>risedronate oral tablet 35 mg</i> (Actonel)	Tier 2	ST: Requires prior prescriptions for Alendronate Sodium and Ibandronate Sodium within the past 365 days; QL (1 EA per 7 days)
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i> (Atelvia)	Tier 2	ST: Requires prior prescriptions for Alendronate Sodium and Ibandronate Sodium within the past 365 days; QL (1 EA per 7 days)

Drug	Status	Notes
Calcimimetic, Parathyroid Calcium Enhancer		
<i>cinacalcet oral tablet 30 mg, 60 mg</i> (Sensipar)	Tier 5	QL (2 EA per 1 day)
<i>cinacalcet oral tablet 90 mg</i> (Sensipar)	Tier 5	QL (4 EA per 1 day)
Growth Hormone Receptor Antagonists		
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	Tier 5	
Growth Hormone Releasing Hormone (Ghrh) & Analogs		
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	Tier 5	PA
Growth Hormones		
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	Tier 5	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	Tier 5	PA
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)	Tier 5	PA
HUMATROPE INJECTION RECON SOLN 5 (15 UNIT) MG	Tier 5	PA
NGENLA SUBCUTANEOUS PEN INJECTOR 24 MG/1.2 ML (20 MG/ML), 60 MG/1.2 ML (50 MG/ML)	Tier 5	PA
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	Tier 5	PA
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML)	Tier 5	PA
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	Tier 5	PA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	Tier 5	PA

Drug	Status	Notes
SAIZEN SAIZENPREP SUBCUTANEOUS CARTRIDGE 8.8 MG/1.51 ML (FINAL CONC.)	Tier 5	PA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	Tier 5	PA
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	Tier 5	PA
SOGROYA SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	Tier 5	PA
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG, 5 MG	Tier 5	PA
Hyperparathyroid Tx Agents - Vitamin D Analog-Type		
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	Tier 2	
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar)	Tier 2	
<i>paricalcitol oral capsule 4 mcg</i>	Tier 2	
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	Tier 3	QL (2 EA per 1 day)
Insulin-Like Growth Factor-1 (Igf-1) Hormones		
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	Tier 5	PA
Leptin Hormone Analogs		
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	Tier 5	QL (1 EA per 1 day)
Lhrh (Gnrh) Antagonist,Estrogen And Progestin Comb		
MYFEMBREE ORAL TABLET 40-1-0.5 MG	Tier 3	PA
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	Tier 3	PA
Lhrh(Gnrh) Agonist Analog Pituitary Suppressants		
SYNAREL NASAL SPRAY,NON- AEROSOL 2 MG/ML	Tier 5	PA
Lhrh(Gnrh) Antagonist,Pituitary Suppressant Agents		
ORLISSA ORAL TABLET 150 MG, 200 MG	Tier 3	PA

Drug	Status	Notes
Natriuretic Peptides		
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG	Tier 5	PA
Parathyroid Hormones		
YORVIPATH SUBCUTANEOUS PEN INJECTOR 168 MCG/0.56 ML, 294 MCG/0.98 ML, 420 MCG/1.4 ML	Tier 5	PA
Pituitary Suppressive Agents		
<i>cabergoline oral tablet 0.5 mg</i>	Tier 2	
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	Tier 2	
Endocrine Disorder - Thyroid		
Antithyroid Preparations		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier 2	
<i>propylthiouracil oral tablet 50 mg</i>	Tier 2	
Iodine Containing Agents		
LUGOLS ORAL SOLUTION 5 %	Tier 4	
<i>potassium iodide oral solution 1 gram/ml</i> (SSKI)	Tier 2	
SSKI ORAL SOLUTION 1 GRAM/ML (potassium iodide)	Tier 2	
STRONG IODINE ORAL SOLUTION 5 %	Tier 2	
Thyroid Hormones		
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG	Tier 4	
ARMOUR THYROID ORAL TABLET 120 MG, 30 MG, 60 MG, 90 MG (thyroid (pork))	Tier 4	ST: Requires prior prescription for NP Thyroid, Nature-Throid, WP Thyroid, Westhroid, or Thyroid tablets within the past 120 days
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG	Tier 4	ST: Requires prior prescription for NP Thyroid, Nature-Throid, WP Thyroid, Westhroid, or Thyroid tablets within the past 120 days
ERMEZA ORAL SOLUTION 30 MCG/ML	Tier 2	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 2	QL (2 EA per 1 day)
<i>levothyroxine oral capsule 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Tirosint)	Tier 2	PA

Drug	Status	Notes
<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 2	QL (2 EA per 1 day)
<i>levothyroxine oral tablet 300 mcg</i> (Levo-T)	Tier 2	QL (2 EA per 1 day)
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel)	Tier 2	
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (thyroid (pork))	Tier 2	
THYQUIDITY ORAL SOLUTION 20 MCG/ML	Tier 4	ST: Requires prior prescription for generic Levothyroxine tablets within the past 120 days; QL (20 ML per 1 day)
<i>thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i> (NP Thyroid)	Tier 2	
TIROSINT ORAL CAPSULE 37.5 MCG, 44 MCG, 62.5 MCG	Tier 4	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 4	PA
Eye - General Disorders		
Eye Antibiotic, Glucocorticoid And Nsaid Comb.		
<i>prednisoln sp-moxiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %</i>	Tier 2	
<i>prednisolone-moxiflo-nepafenac ophthalmic (eye) drops,suspension 1-0.5-0.1 %</i>	Tier 2	
<i>prednisolone-moxiflox-bromfen ophthalmic (eye) drops,suspension 1-0.5-0.075 %</i>	Tier 2	
<i>prednisolon-moxiflox-bromf(pf) ophthalmic (eye) drops 1-0.5-0.09 %</i>	Tier 2	
Eye Antibiotic-Corticoid Combinations		
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> (Neo-Polycin HC)	Tier 2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> (Maxitrol)	Tier 2	

Drug	Status	Notes
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g- 10,000 unit/g-0.1 % (Maxitrol)	Tier 2	
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg- unit-mg/ml	Tier 2	
NEO-POLYCIN HC OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG- UNIT/G-1% (neomycin-bacitracin-poly- hc)	Tier 2	
PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT 0.3-0.6 %	Tier 4	
prednisolone sod ph-moxiflox ophthalmic (eye) drops 1-0.5 %	Tier 2	
prednisolone-moxifloxacin hcl ophthalmic (eye) drops,suspension 1-0.5 %	Tier 2	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	Tier 3	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	Tier 4	ST: Requires prior prescription for generic ophthalmic Tobramycin/Dexamethason e drops within the past 120 days
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %	Tier 2	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	Tier 4	
Eye Antihistamines		
azelastine ophthalmic (eye) drops 0.05 %	Tier 2	QL (12 ML per 30 days)
bepotastine besilate ophthalmic (eye) drops 1.5 % (Bepreve)	Tier 2	ST: Requires prior prescription for Azelastine HCL, Epinastine HCL, or Olopatadine HCL within the past 120 days; QL (10 ML per 30 days)
epinastine ophthalmic (eye) drops 0.05 %	Tier 2	QL (10 ML per 30 days)
olopatadine ophthalmic (eye) drops 0.1 % (Eye Allergy Itch-Redness Rlf)	Tier 2	
olopatadine ophthalmic (eye) drops 0.2 % (Eye Allergy Itch Relief)	Tier 2	QL (3 ML per 30 days)
Eye Antiinflammatory Agents		
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %	Tier 4	QL (60 EA per 15 days)

Drug	Status	Notes
<i>bromfenac ophthalmic (eye) drops 0.07 %</i> (Prolensa)	Tier 2	QL (3 ML per 16 days)
<i>bromfenac ophthalmic (eye) drops 0.075 %</i> (BromSite)	Tier 2	QL (5 ML per 16 days)
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	Tier 2	QL (3.4 ML per 16 days)
<i>clobetasol ophthalmic (eye) drops,suspension 0.05 %</i>	Tier 2	ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (3.5 ML per 14 days)
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	Tier 2	QL (15 ML per 14 days)
DEXTENZA INTRACANALICULAR INSERT 0.4 MG	Tier 4	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	Tier 2	QL (10 ML per 14 days)
<i>difluprednate ophthalmic (eye) drops 0.05 %</i> (Durezol)	Tier 2	QL (10 ML per 14 days)
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 4	PA
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 4	ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (15 ML per 14 days)
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i> (FML Liquifilm)	Tier 2	QL (10 ML per 14 days)
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	Tier 2	
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 4	ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (10 ML per 14 days)
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	Tier 3	QL (3.4 ML per 16 days)

Drug	Status	Notes
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	Tier 4	ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (5.6 ML per 14 days)
<i>ketorolac ophthalmic (eye) drops 0.4 %</i> (Acular LS)	Tier 2	
<i>ketorolac ophthalmic (eye) drops 0.5 %</i> (Acular)	Tier 2	QL (20 ML per 30 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	Tier 3	QL (7 GM per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	Tier 3	QL (10 GM per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i> (Lotemax)	Tier 2	QL (10 GM per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i> (Alrex)	Tier 2	ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (10 ML per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i> (Lotemax)	Tier 2	QL (20 ML per 14 days)
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 4	ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (25 ML per 14 days)
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 4	QL (9 ML per 16 days)
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	Tier 4	ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (20 ML per 14 days)
<i>prednisolone acetate (pf) ophthalmic (eye) drops,suspension 1 %</i>	Tier 2	QL (20 ML per 14 days)
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> (Pred Forte)	Tier 2	QL (20 ML per 14 days)

Drug	Status	Notes
<i>prednisolone acetate-bromfenac ophthalmic (eye) drops,suspension 1-0.075 %</i>	Tier 2	
<i>prednisolone acetate-nepafenac ophthalmic (eye) drops,suspension 1-0.1 %</i>	Tier 2	
<i>prednisolone sod ph-bromf (pf) ophthalmic (eye) drops 1-0.09 %</i>	Tier 2	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	Tier 2	QL (20 ML per 14 days)
Eye Antivirals		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	Tier 2	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	Tier 4	ST: Requires prior prescription for Acyclovir, Famciclovir, or Valacyclovir HCL within the past 120 days
Eye Local Anesthetics		
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 %	Tier 4	
ALCAINE OPHTHALMIC (EYE) DROPS (proparacaine) 0.5 %	Tier 2	
ALTACAIN OPHTHALMIC (EYE) DROPS 0.5 % (tetracaine hcl)	Tier 2	
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 % (fluorescein-benoxinate)	Tier 2	
<i>fluorescein-benoxinate ophthalmic (eye) drops 0.3-0.4 %</i>	Tier 2	
<i>fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %</i>	Tier 2	
IHEEZO (PF) OPHTHALMIC (EYE) DROPPERETTE,GEL 3 %	Tier 4	
<i>proparacaine ophthalmic (eye) drops 0.5 % (Alcaine)</i>	Tier 2	
<i>tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %</i>	Tier 2	
<i>tetracaine hcl ophthalmic (eye) drops 0.5 % (Altacaine)</i>	Tier 2	
Eye Sulfonamides		
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 %	Tier 3	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	Tier 2	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	Tier 2	

Drug	Status	Notes
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	Tier 2	
Eye Vasoconstrictors (Rx Only)		
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	Tier 2	
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 %	Tier 4	PA
Nicotinic Recept.Partial Agonist, Alpha4beta2 Spec		
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY	Tier 3	PA
Ophthalmic (Eye) Antiparasitics		
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 %	Tier 5	PA
Ophthalmic Antibiotics		
AZASITE OPHTHALMIC (EYE) DROPS 1 %	Tier 4	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	Tier 2	
<i>bacitracin-polymyxin b ophthalmic (eye) (Polycin) ointment 500-10,000 unit/gram</i>	Tier 2	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	Tier 3	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	Tier 3	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	Tier 2	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	Tier 2	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	Tier 2	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	Tier 2	
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	Tier 2	
<i>moxifloxacin ophthalmic (eye) drops 0.5 (Vigamox) %</i>	Tier 2	
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	Tier 2	
<i>neomycin-bacitracin-polymyxin (Neo-Polycin) ophthalmic (eye) ointment 3.5-400- 10,000 mg-unit-unit/g</i>	Tier 2	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	Tier 2	

Drug	Status	Notes
NEO-POLYCIN OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT-UNIT/G (neomycin-bacitracin-polymyxin)	Tier 2	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i> (Ocuflox)	Tier 2	
POLYCIN OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM (bacitracin-polymyxin b)	Tier 2	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	Tier 2	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	Tier 2	
<i>tobramycin-vancomycin ophthalmic (eye) drops 1-2.5 %, 1.5-5 %</i>	Tier 2	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	Tier 3	
<i>vancomycin in 0.9 % sodium chl ophthalmic (eye) drops 10 mg/ml</i>	Tier 2	
Ophthalmic Antifungal Agents		
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	Tier 4	
Ophthalmic Anti-Inflammatory Immunomodulator-Type		
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %	Tier 4	ST: At least 2 prior prescriptions for Cyclosporine, Restasis Multidose, or Xiidra within the past 365 days; QL (60 EA per 30 days)
CYCLOSPORINE IN KLARITY OPHTHALMIC (EYE) DROPS 0.1-0.25 %	Tier 2	
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i> (Restasis)	Tier 2	QL (60 EA per 30 days)
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	Tier 3	QL (5.5 ML per 30 days)
VERKAZIA OPHTHALMIC (EYE) DROPPERETTE 0.1 %	Tier 5	PA
VEVYE OPHTHALMIC (EYE) DROPS 0.1 %	Tier 4	PA
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	Tier 3	QL (60 EA per 30 days)
Ophthalmic Human Nerve Growth Factor (Hngf)		
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	Tier 5	PA

Drug	Status	Notes
Ophthalmic Mast Cell Stabilizers		
ALOCRILOPHthalmic (EYE) DROPS 2 %	Tier 3	ST: Requires prior prescription for Cromolyn 4% ophthalmic drops within the past 120 days; QL (20 ML per 30 days)
ALOMIDOPHthalmic (EYE) DROPS 0.1 %	Tier 3	ST: Requires prior prescription for Cromolyn 4% ophthalmic drops within the past 120 days; QL (40 ML per 30 days)
<i>cromolyn ophthalmic (eye) drops 4 %</i>	Tier 2	QL (50 ML per 30 days)
Ophthalmic Preparations, Miscellaneous		
AMVISC INTRAOCULAR SYRINGE 12 MG/ML	Tier 4	
AMVISC PLUS INTRAOCULAR SYRINGE 16 MG/ML	Tier 4	
BIOLON INTRAOCULAR SYRINGE 10 MG/ML	Tier 4	
HEALON ENDOCOAT INTRAOCULAR SYRINGE 30 MG/ML	Tier 4	
HEALON GV PRO INTRAOCULAR SYRINGE 18 MG/ML	Tier 4	
HEALON PRO INTRAOCULAR SYRINGE 10 MG/ML	Tier 4	
HEALON5 PRO INTRAOCULAR SYRINGE 23 MG/ML	Tier 4	
PROVISC INTRAOCULAR SYRINGE 10 MG/ML	Tier 4	
RYZUMVI OPHthalmic (EYE) DROPPERETTE 0.75 %	Tier 4	
TOTALVISC INTRAOCULAR SYRINGE 2.5 % (1 ML) 1 % (1 ML)	Tier 4	
Eye - Glaucoma		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide oral capsule, extended release 500 mg</i>	Tier 2	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	Tier 2	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	Tier 2	
Miotics/Other Intraoc. Pressure Reducers		
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	Tier 2	
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	Tier 2	

Drug	Status	Notes
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %	Tier 4	
BETIMOL OPHTHALMIC (EYE) DROPS (timolol) 0.5 %	Tier 4	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 4	
<i>bimatoprost (pf) ophthalmic (eye) drops</i> 0.01 %	Tier 2	
<i>bimatoprost ophthalmic (eye) drops</i> 0.03 %	Tier 2	QL (1 ML per 12 days)
<i>brimonidine ophthalmic (eye) drops</i> 0.1 (Alphagan P) %, 0.15 %	Tier 2	
<i>brimonidine ophthalmic (eye) drops</i> 0.2 %	Tier 2	
<i>brimonidine-dorzolamide (pf) ophthalmic</i> <i>(eye) drops</i> 0.15-2 %	Tier 2	
<i>brimonidine-dorzolamide ophthalmic</i> <i>(eye) drops</i> 0.1-2 %	Tier 2	
<i>brimonidine-timolol ophthalmic (eye)</i> (Combigan) <i>drops</i> 0.2-0.5 %	Tier 2	
<i>brinzolamide ophthalmic (eye)</i> (Azopt) <i>drops,suspension</i> 1 %	Tier 2	
<i>carteolol ophthalmic (eye) drops</i> 1 %	Tier 2	
<i>dorzolamide (pf) ophthalmic (eye) drops</i> 2 %	Tier 2	
<i>dorzolamide ophthalmic (eye) drops</i> 2 %	Tier 2	
<i>dorzolamide-timolol (pf) ophthalmic (eye)</i> (Cosopt (PF)) <i>dropperette</i> 2-0.5 %	Tier 2	QL (2 EA per 1 day)
<i>dorzolamide-timolol ophthalmic (eye)</i> (Cosopt) <i>drops</i> 22.3-6.8 mg/ml	Tier 2	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	Tier 4	
IYUZEH (PF) OPHTHALMIC (EYE) DROPPERETTE 0.005 %	Tier 4	ST: At least 2 prior prescriptions for Bimatoprost, Latanoprost, Latanoprost p/f, Lumigan, or Travoprost within the past 365 days; QL (1 EA per 1 day)
<i>latanoprost ophthalmic (eye) drops</i> 0.005 (Xalatan) %	Tier 2	
<i>levobunolol ophthalmic (eye) drops</i> 0.5 %	Tier 2	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	Tier 3	QL (2.5 ML per 25 days)

Drug	Status	Notes
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	Tier 5	
<i>pilocarpine hcl ophthalmic (eye) drops 1 % , 2 % , 4 %</i>	Tier 2	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	Tier 4	ST: At least 2 prior prescriptions for Brimonidine Tartrate, Brimonidine Tartrate/Timolol, Brinzolamide, Latanoprost, Lumigan, Simbrinza, or Travoprost within the past 365 days; QL (2.5 ML per 30 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	Tier 4	ST: At least 2 prior prescriptions for Brimonidine Tartrate, Brimonidine Tartrate/Timolol, Brinzolamide, Latanoprost, Lumigan, Simbrinza, or Travoprost within the past 365 days; QL (2.5 ML per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	Tier 3	
<i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i> (Zioptan (PF))	Tier 2	QL (1 EA per 1 day)
<i>timol-brimon-dorzol-bimato(pf) ophthalmic (eye) drops 0.5 %-0.15 %- 2 %-0.01 %</i>	Tier 2	
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %</i> (Timoptic Ocudose (PF))	Tier 2	QL (2 EA per 1 day)
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	Tier 2	
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i> (Istalol)	Tier 2	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	Tier 2	
<i>timolol ophthalmic (eye) drops 0.5 %</i> (Betimol)	Tier 2	
<i>timolol-bimatoprost (pf) ophthalmic (eye) drops 0.5-0.01 %</i>	Tier 2	
<i>timolol-brimonidi-dorzolam(pf) ophthalmic (eye) drops 0.5-0.15-2 %</i>	Tier 2	
<i>timolol-dorzolam-bimatopro(pf) ophthalmic (eye) drops 0.5-2-0.01 %</i>	Tier 2	

Drug	Status	Notes
<i>travoprost ophthalmic (eye) drops 0.004 %</i> (Travatan Z)	Tier 2	QL (2.5 ML per 25 days)
VUITY OPHTHALMIC (EYE) DROPS 1.25 %	Tier 4	PA
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	Tier 4	ST: At least 2 prior prescriptions for Bimatoprost, Latanoprost, Latanoprost p/f, Lumigan, or Travoprost within the past 365 days; QL (2.5 ML per 25 days)
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 %	Tier 4	ST: At least 2 prior prescriptions for Bimatoprost, Latanoprost, Latanoprost p/f, Lumigan, or Travoprost within the past 365 days; QL (2.5 ML per 25 days)
Mydriatics		
<i>atropine ophthalmic (eye) drops 0.01 %, 0.025 %, 0.05 %</i>	Tier 2	
<i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)	Tier 2	
<i>atropine ophthalmic (eye) ointment 1 %</i>	Tier 2	
<i>atropine sulfate (pf) ophthalmic (eye) dropperette 1 %</i>	Tier 2	
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %	Tier 4	
<i>cyclopentolate ophthalmic (eye) drops 1 %</i> (Cyclogyl)	Tier 2	
<i>cyclopen-tropic-phenyleph-watr ophthalmic (eye) drops 1-1-2.5 %</i>	Tier 2	
<i>cyclopent-tropic-phen-ketr-wat ophthalmic (eye) drops 1 %-1 %-10 %-0.5 %, 1 %-1 %-2.5 %-0.5 %</i>	Tier 2	
<i>cyclop-trop-propa-phen-ket-wat ophthalmic (eye) drops 1 %-1 %-0.1 %-2.5 %-0.4 %</i>	Tier 2	
HOMATROPAIRE OPHTHALMIC (EYE) DROPS 5 % (homatropine hbr)	Tier 2	
MYDCOMBI OPHTHALMIC (EYE) CARTRIDGE 2.5-1 %	Tier 4	
<i>phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 %</i>	Tier 2	
<i>tropicamide ophthalmic (eye) drops 0.5 %</i>	Tier 2	
<i>tropicamide ophthalmic (eye) drops 1 %</i> (Mydriacyl)	Tier 2	

Drug	Status	Notes
Ophthalmic Antifibrotic Agents		
<i>mitomycin (pf) in water ophthalmic (eye) syringe 0.2 mg/ml, 0.4 mg/ml</i>	Tier 5	
MITOSOL OPHTHALMIC (EYE) KIT 0.2 MG	Tier 4	
Eye - Miscellaneous		
Agents For Corneal Collagen Cross-Linking		
PHOTREXA CROSS-LINKING KIT OPHTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOUS 0.146 % -0.146 %	Tier 5	
Artificial Tears		
KLARITY (CHONDROITIN) (PF) OPHTHALMIC (EYE) DROPS 0.25 %	Tier 4	
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %	Tier 3	
Eye Mydriatic And Nsaid Combinations		
MYDRIATIC4(TROP-PROP-PE-KTRLC) OPHTHALMIC (EYE) DROPS 1-0.5-2.5-0.5 % (tropic-propracaï-peketor-wat)	Tier 2	
Eye Preparations, Miscellaneous (Otc)		
GELFILM OPHTHALMIC (EYE) FILM	Tier 4	
Ophthalmic Cystine Depleting Agents		
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	Tier 5	PA
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	Tier 5	PA
Fluid Replacement		
Nucleic Acid/Nucleotide Supplements		
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	Tier 5	PA
Gout And Related Diseases		
Colchicine		
<i>colchicine oral capsule 0.6 mg</i> (Mitigare)	Tier 2	QL (2 EA per 1 day)
<i>colchicine oral tablet 0.6 mg</i> (Colcrys)	Tier 2	QL (4 EA per 1 day)
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML	Tier 4	ST: Requires prior prescription for Colchicine capsule or tablets within the past 120 days; QL (10 ML per 1 day)
Hyperuricemia Tx - Purine Inhibitors		
<i>allopurinol oral tablet 100 mg</i> (Zyloprim)	Tier 2	
<i>allopurinol oral tablet 300 mg</i>	Tier 2	

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

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 5	
ALPHANATE INTRAVENOUS RECON SOLN 1,000 (400 VWF) UNIT/10 ML, 1,500 (600 VWF) UNIT/10 ML, 2,000 (800 VWF) UNIT/10 ML, 250 (100 VWF) UNIT/5 ML, 500 (200 VWF) UNIT/5 ML	Tier 5	
ALTUVIIIIO INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4000 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	
ELOCTATE INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 5,000 UNIT, 500 UNIT, 6,000 UNIT, 750 UNIT	Tier 5	
ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	
FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT	Tier 5	
HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT	Tier 5	
HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT	Tier 5	
HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT	Tier 5	
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT	Tier 5	
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT	Tier 5	
JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	
KOATE INTRAVENOUS RECON SOLN 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	
KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	

Drug	Status	Notes
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	
NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	
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 5	
NUWIQ INTRAVENOUS RECON SOLN 1000 UNIT, 2,000 UNIT, 2,500 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	Tier 5	
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE	Tier 5	
RECOMBINATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	
SEVENFACT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 5 MG (5,000 MCG)	Tier 5	
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT	Tier 5	
XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	
Blood Factors,Miscellaneous		
VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-) UNIT RANGE	Tier 5	
Citrates As Anticoagulants		
ACD SOLUTION A SOLUTION 2.45-2.2 GRAM- 800 MG/100 ML	Tier 4	
ACD-A SOLUTION , 2.45-2.2 GRAM- 730 MG/100 ML	Tier 4	
<i>anticoag citrate phos dextrose solution 2.63-222 gram-mg/100ml</i>	Tier 2	
<i>citric-sod citrat-sod phos-dex solution 0.327-2.63 gram/100 ml</i>	Tier 2	

Drug	Status	Notes
REGIOCIT (EUA) SOLUTION 5.03-5.29 GRAM/L	Tier 4	
sodium citrate in 0.9 % nacl solution 0.5 %	Tier 2	
sodium citrate intra-catheter solution 4 %	Tier 2	
sodium citrate intra-catheter syringe 4 % (3 ml), 4 % (5 ml)	Tier 2	
sodium citrate solution 4 gram /100 ml (4 %)	Tier 2	
Complement (C3) Inhibitors		
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML	Tier 5	PA
Direct Factor Xa Inhibitors		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	Tier 3	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	Tier 3	QL (2 EA per 1 day)
ELIQUIS ORAL TABLET 5 MG	Tier 3	QL (74 EA per 30 days)
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG	Tier 4	ST: Requires prior prescriptions for Eliquis and Xarelto within the past 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 3	QL (51 EA per 30 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	Tier 3	QL (20 ML per 1 day)
XARELTO ORAL TABLET 10 MG, 20 MG	Tier 3	QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG	Tier 3	QL (2 EA per 1 day)
Factor Ix Complex (Pcc) Preparations		
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	
Factor Ix Preparations		
ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	
ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	Tier 5	

Drug	Status	Notes
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 5	
IDELVION INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 5	
REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	
RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 5	
Factor X Preparations		
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	Tier 5	
Factor Xiii Preparations		
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT	Tier 5	
TRETEN INTRAVENOUS RECON SOLN 2,500 UNIT	Tier 5	
Hematinics,Other		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	Tier 5	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML	Tier 5	PA
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	Tier 5	PA
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 120 MCG/0.3 ML, 150 MCG/0.3 ML, 200 MCG/0.3 ML, 30 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML	Tier 5	PA

Drug	Status	Notes
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	Tier 5	PA
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	Tier 5	PA
Hemophilia Treatment Agents, Non-Factor Replacement		
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 12 MG/0.4 ML, 150 MG/ML, 30 MG/ML, 300 MG/2 ML (150 MG/ML), 60 MG/0.4 ML	Tier 5	PA
HYMPAVZI PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 5	PA
Hemorrhologic Agents		
<i>pentoxifylline oral tablet extended release 400 mg</i>	Tier 2	
Heparin And Related Preparations		
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i> (Lovenox)	Tier 5	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 5	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> (Arixtra)	Tier 5	QL (24 ML per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> (Arixtra)	Tier 5	QL (15 ML per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i> (Arixtra)	Tier 5	QL (12 ML per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i> (Arixtra)	Tier 5	QL (18 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML	Tier 5	QL (8 ML per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	Tier 5	QL (7.6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML	Tier 5	QL (60 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML	Tier 5	QL (30 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML	Tier 5	QL (36 ML per 30 days)

Drug	Status	Notes
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML	Tier 5	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 5	QL (12 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML	Tier 5	QL (18 ML per 30 days)
HEP FLUSH-10 (PF) INTRAVENOUS SOLUTION 10 UNIT/ML	Tier 2	
<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 2	
<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 2	
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	Tier 2	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	Tier 2	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	Tier 2	
<i>heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml</i>	Tier 2	
HEPARIN LOCKFLUSH(PORCINE)(PF) (heparin, porcine (pf)) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML	Tier 2	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	Tier 2	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml</i>	Tier 2	
<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>	Tier 2	
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml</i>	Tier 2	
<i>heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml</i> (Heparin LockFlush(Porcine)(PF))	Tier 2	
<i>heparin, porcine (pf) subcutaneous syringe 5,000 unit/0.5 ml</i>	Tier 2	
Human Monoclonal Antibody Complement(C5) Inhibitor		
FABHALTA ORAL CAPSULE 200 MG	Tier 5	PA
TAVNEOS ORAL CAPSULE 10 MG	Tier 5	PA

Drug	Status	Notes
VOYDEYA ORAL TABLET 100 MG, 150 MG (50 MG X 1-100 MG X 1)	Tier 5	PA
ZILBRYSQ SUBCUTANEOUS SYRINGE 16.6 MG/0.416 ML, 23 MG/0.574 ML, 32.4 MG/0.81 ML	Tier 5	PA
Hypoxia Inducible Factor Prolyl Hydroxylase Inh.		
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 4	PA
VAFSEO ORAL TABLET 150 MG, 300 MG	Tier 4	PA
Leukocyte (Wbc) Stimulants		
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 5	PA
FYLNETRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 5	PA
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 5	PA
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 5	PA
LEUKINE INJECTION RECON SOLN 250 MCG	Tier 5	PA
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	Tier 5	PA
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 5	PA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 5	PA
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 5	PA
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 5	PA
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 5	PA
NYPOZI INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 5	PA
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 5	PA
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 5	PA
ROLVEDON SUBCUTANEOUS SYRINGE 13.2 MG/0.6 ML	Tier 5	PA
STIMUFEND SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 5	PA

Drug	Status	Notes
UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 6 MG/0.6 ML	Tier 5	PA
UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	Tier 5	PA
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 5	PA
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 5	PA
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 5	PA
Plasma Proteins		
RYPLAZIM INTRAVENOUS RECON SOLN 68.8 MG	Tier 5	PA
Platelet Aggregation Inhibitors		
ADULT ASPIRIN REGIMEN ORAL (aspirin) TABLET,DELAYED RELEASE (DR/EC) 81 MG	\$0 COPAY	
ADULT LOW DOSE ASPIRIN ORAL (aspirin) TABLET,DELAYED RELEASE (DR/EC) 81 MG	\$0 COPAY	
ASPIRIN CHILDRENS ORAL (aspirin) TABLET,CHEWABLE 81 MG	\$0 COPAY	
<i>aspirin oral tablet,chewable 81 mg</i> (Aspirin Childrens)	\$0 COPAY	
<i>aspirin oral tablet,delayered release (dr/ec) 81 mg</i> (Adult Aspirin Regimen)	\$0 COPAY	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	Tier 2	
BAYER LOW DOSE ASPIRIN ORAL (aspirin) TABLET,DELAYED RELEASE (DR/EC) 81 MG	\$0 COPAY	
BRILINTA ORAL TABLET 60 MG, 90 MG	Tier 3	QL (2 EA per 1 day)
CHILDREN'S ASPIRIN ORAL (aspirin) TABLET,CHEWABLE 81 MG	\$0 COPAY	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Tier 2	
<i>clopidogrel oral tablet 300 mg</i>	Tier 2	QL (4 EA per 30 days)
<i>clopidogrel oral tablet 75 mg</i> (Plavix)	Tier 2	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 2	
<i>prasugrel oral tablet 10 mg, 5 mg</i> (Effient)	Tier 2	QL (1 EA per 1 day)
ST JOSEPH ASPIRIN ORAL (aspirin) TABLET,CHEWABLE 81 MG	\$0 COPAY	

Drug	Status	Notes
ST. JOSEPH ASPIRIN ORAL (aspirin) TABLET,DELAYED RELEASE (DR/EC) 81 MG	\$0 COPAY	
ZONTIVITY ORAL TABLET 2.08 MG	Tier 4	QL (1 EA per 1 day)
Platelet Reducing Agents		
<i>anagrelide oral capsule 0.5 mg</i> (Agrylin)	Tier 2	
<i>anagrelide oral capsule 1 mg</i>	Tier 2	
Pyruvate Kinase Activators		
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	Tier 5	PA
PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7)	Tier 5	PA
Sickle Cell Anemia Agents		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	Tier 4	
ENDARI ORAL POWDER IN PACKET 5 (glutamine (sickle cell)) GRAM	Tier 5	PA
<i>glutamine (sickle cell) oral powder in packet 5 gram</i> (Endari)	Tier 5	PA
SIKLOS ORAL TABLET 1,000 MG	Tier 4	ST: Requires prior prescription for Droxia or Hydroxyurea within the past 365 days
SIKLOS ORAL TABLET 100 MG	Tier 4	QL (2 EA per 1 day)
Spleen Tyrosine Kinase Inhibitors		
TAVALISSE ORAL TABLET 100 MG, 150 MG	Tier 5	PA
Thrombin Inhibitors, Selective, Direct, & Reversible		
<i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i> (Pradaxa)	Tier 2	QL (2 EA per 1 day)
PRADAXA ORAL PELLETS IN PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG	Tier 4	PA
Thrombopoietin Receptor Agonists		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	Tier 5	PA
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	Tier 5	PA
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	Tier 5	PA
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	Tier 5	PA
MULPLETA ORAL TABLET 3 MG	Tier 5	PA

Drug	Status	Notes
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	Tier 5	PA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	Tier 5	PA
Topical Hemostatics		
ASTRINGYN TOPICAL SOLUTION 259 MG/G	Tier 4	
AVITENE FLOUR TOPICAL POWDER	Tier 4	
AVITENE TOPICAL POWDER IN PACKET	Tier 4	
AVITENE TOPICAL SHEET 35 X 35 MM, 70 X 35 MM, 70 X 70 MM	Tier 4	
ENDO AVITENE TOPICAL SHEET 10 MM, 5 MM	Tier 4	
EVARREST TOPICAL ADHESIVE PATCH,MEDICATED 2 X 4 ", 4 X 4 "	Tier 4	
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 4	
GELFOAM JMI POWDER TOPICAL KIT 5,000 UNIT	Tier 4	
GELFOAM JMI SPONGE TOPICAL COMBO PACK 5,000 UNIT	Tier 4	
GELFOAM SPONGE SIZE 200 TOPICAL SPONGE 200	Tier 4	
GELFOAM TOPICAL SPONGE 4	Tier 4	
MONSEL'S TOPICAL SOLUTION WITH APPLICATOR 0.2 TO 0.22 GRAM/ML	Tier 2	
RECOTHROM SPRAY KIT TOPICAL RECON SOLN 20,000 UNIT	Tier 4	
RECOTHROM TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT	Tier 4	
SYRINGE AVITENE TOPICAL POWDER	Tier 4	
TACHOSIL TOPICAL ADHESIVE PATCH,MEDICATED 4.8 X 4.8 CM, 9.5 X 4.8 CM	Tier 4	
THROMBI-GEL TOPICAL PADS, MEDICATED 10 CM2, 100 CM2, 40 CM2	Tier 2	
THROMBIN-JMI NASAL NASAL SPRAY SYRINGE 5,000 UNIT	Tier 2	
THROMBIN-JMI TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT	Tier 2	

Drug	Status	Notes
THROMBIN-JMI TOPICAL SPRAY SYRINGE 20,000 UNIT, 5,000 UNIT	Tier 2	
THROMBIN-JMI TOPICAL SPRAY, NON-AEROSOL 20,000 UNIT	Tier 2	
THROMBI-PAD TOPICAL PADS, MEDICATED 3 X 3 "	Tier 2	
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 4	
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 4	
Vitamin K Preparations		
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i> (Vitamin K1)	Tier 2	
<i>phytonadione (vitamin k1) injection syringe 1 mg/0.5 ml</i>	Tier 2	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	Tier 2	
VITAMIN K INJECTION SOLUTION 1 MG/0.5 ML (phytonadione (vitamin k1))	Tier 2	
VITAMIN K1 INJECTION SOLUTION 10 MG/ML (phytonadione (vitamin k1))	Tier 2	
Hormonal Deficiency		
Androgenic Agents		
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG	Tier 4	PA
KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG	Tier 4	PA
METHITEST ORAL TABLET 10 MG (methyltestosterone)	Tier 4	PA
<i>methyltestosterone oral capsule 10 mg</i>	Tier 2	PA
NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION	Tier 4	PA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone)	Tier 2	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	Tier 2	PA
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i> (Testim)	Tier 2	PA
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	Tier 2	PA
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i> (Vogelxo)	Tier 2	PA

Drug	Status	Notes
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	(AndroGel) Tier 2	PA
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)	(AndroGel) Tier 2	PA
testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)	Tier 2	PA
TLANDO ORAL CAPSULE 112.5 MG	Tier 4	PA
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	Tier 4	PA
Estrogen & Progestin With Antimineralocorticoid Cb		
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	Tier 4	
Estrogen & Selective Estrogen Recept Mod(Serm)Comb		
DUAVEE ORAL TABLET 0.45-20 MG	Tier 3	
Estrogen And Progestin Combinations		
BIJUVA ORAL CAPSULE 0.5-100 MG	Tier 3	QL (1 EA per 1 day)
BIJUVA ORAL CAPSULE 1-100 MG	Tier 3	QL (30 EA per 30 days)
Estrogen/Androgen Combinations		
COVARYX H.S. ORAL TABLET 0.625-1.25 MG	(estrogens-methyltestosterone) Tier 2	
COVARYX ORAL TABLET 1.25-2.5 MG	(estrogens-methyltestosterone) Tier 2	
EEMT HS ORAL TABLET 0.625-1.25 MG	(estrogens-methyltestosterone) Tier 2	
EEMT ORAL TABLET 1.25-2.5 MG	(estrogens-methyltestosterone) Tier 2	
ESTRATEST F.S. ORAL TABLET 1.25-2.5 MG	(estrogens-methyltestosterone) Tier 2	
estrogens-methyltestosterone oral tablet 0.625-1.25 mg	(Covaryx H.S.) Tier 2	
estrogens-methyltestosterone oral tablet 1.25-2.5 mg	(Covaryx) Tier 2	
Estrogenic Agents		
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR	Tier 4	ST: Requires prior prescription for Combipatch within the past 120 days; QL (1 EA per 7 days)

Drug	Status	Notes
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	Tier 3	QL (2 EA per 7 days)
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (estradiol cypionate)	Tier 4	
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 2	QL (2 EA per 7 days)
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION	Tier 4	ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (52 GM per 30 days)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> (Estrace)	Tier 2	
<i>estradiol transdermal gel in metered-dose pump 1.25 gram/actuation</i> (EstroGel)	Tier 2	ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days
<i>estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%)</i> (Divigel)	Tier 2	ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (30 EA per 30 days)
<i>estradiol transdermal gel in packet 1 mg/gram (0.1 %)</i> (Divigel)	Tier 2	ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (30 GM per 30 days)
<i>estradiol transdermal gel in packet 1.25 mg/1.25 gram (0.1 %)</i> (Divigel)	Tier 2	ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (37.5 GM per 30 days)
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Dotti)	Tier 2	QL (2 EA per 7 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Climara)	Tier 2	QL (1 EA per 7 days)
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i> (Delestrogen)	Tier 2	

Drug	Status	Notes
<i>estradiol-norethindrone acet oral tablet</i> 0.5-0.1 mg	Tier 2	
<i>estradiol-norethindrone acet oral tablet</i> (Mimvey) 1-0.5 mg	Tier 2	
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%)	Tier 4	ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (16.2 ML per 30 days)
FYAVOLV ORAL TABLET 0.5-2.5 MG- MCG, 1-5 MG-MCG (norethindrone ac-eth estradiol)	Tier 2	
JINTELI ORAL TABLET 1-5 MG-MCG (norethindrone ac-eth estradiol)	Tier 2	
LYLLANA TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR (estradiol)	Tier 2	QL (2 EA per 7 days)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	Tier 4	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR	Tier 4	QL (1 EA per 7 days)
MIMVEY ORAL TABLET 1-0.5 MG (estradiol-norethindrone acet)	Tier 2	
<i>norethindrone ac-eth estradiol oral tablet</i> (Fyavolv) 0.5-2.5 mg-mcg, 1-5 mg-mcg	Tier 2	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG	Tier 3	
PREMARIN ORAL TABLET 0.625 MG, 1.25 MG (conjugated estrogens)	Tier 3	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	Tier 3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	Tier 3	
Menopausal Symptoms Suppressant - Ssris		
<i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i>	Tier 2	ST: Requires prior prescription for Paroxetine or Venlafaxine within the past 120 days; QL (1 EA per 1 day)
Menopausal Symptoms Suppressant- Nk3 Receptor Antag		
VEOZAH ORAL TABLET 45 MG	Tier 4	
Progestational Agents		
CRINONE VAGINAL GEL 4 %	Tier 3	

Drug	Status	Notes
GALLIFREY ORAL TABLET 5 MG (norethindrone acetate)	Tier 2	
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg (Provera)	Tier 2	
norethindrone acetate oral tablet 5 mg (Gallifrey)	Tier 2	
progesterone intramuscular oil 50 mg/ml	Tier 2	
progesterone micronized oral capsule 100 mg, 200 mg (Prometrium)	Tier 2	
Immunization		
Antisera		
CUTAQUIG SUBCUTANEOUS SOLUTION 16.5 %	Tier 5	PA
CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), 8 GRAM/40 ML (20 %)	Tier 5	PA
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	Tier 5	PA
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 5	PA
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 5	PA
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 5	PA
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 5	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 5	PA
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	Tier 5	PA

Drug	Status	Notes
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 5	PA
Enteric Virus Vaccines		
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	Tier 4	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	Tier 4	
Gram (-) Bacilli (Non-Enteric) Vaccines		
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	Tier 4	
Toxin-Producing Bacilli Vaccines/Toxoids		
VAXCHORA ACTIVE COMPONENT ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	Tier 4	
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	Tier 4	
Viral/Tumorigenic Vaccines		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	Tier 4	
<i>adenovirus vac live type-4, 7 oral tablet, delayed release (drlec)</i>	Tier 4	
<i>adenovirus vaccine live type-4 oral tablet, delayed release (drlec)</i>	Tier 4	
<i>adenovirus vaccine live type-7 oral tablet, delayed release (drlec)</i>	Tier 4	
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	Tier 4	
Immunosuppression/Modulation		
Immunomodulators		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	Tier 5	PA
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML	Tier 5	
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	Tier 5	PA
<i>imiquimod topical cream in packet 5 %</i>	Tier 2	QL (2 EA per 1 day)
QUIDROXZAR TOPICAL GEL 5-0.1-30 %	Tier 4	
QUIHOXAXIA TOPICAL GEL 5-1-2 % (imiquimod-levocetirizin-niacin)	Tier 4	

Drug	Status	Notes
QUIHOXVAR TOPICAL GEL 5-0.05-1 % (imiquimod-tretinoin-levocetir)	Tier 4	
Immunosuppressives		
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG (tacrolimus)	Tier 4	ST: Requires prior prescription for generic Tacrolimus within the past 120 days
azathioprine oral tablet 100 mg, 75 mg (Azasan)	Tier 2	
azathioprine oral tablet 50 mg (Imuran)	Tier 2	
cyclosporine modified oral capsule 100 mg, 25 mg (Gengraf)	Tier 2	
cyclosporine modified oral capsule 50 mg	Tier 2	
cyclosporine modified oral solution 100 mg/ml (Gengraf)	Tier 2	
cyclosporine oral capsule 100 mg, 25 mg (Sandimmune)	Tier 2	
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	Tier 4	ST: Requires prior prescription for generic Tacrolimus within the past 120 days
everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg (Zortress)	Tier 2	
GENGRAF ORAL CAPSULE 100 MG, 25 MG (cyclosporine modified)	Tier 2	
GENGRAF ORAL SOLUTION 100 MG/ML (cyclosporine modified)	Tier 2	
LUPKYNIS ORAL CAPSULE 7.9 MG	Tier 5	PA
mycophenolate mofetil oral capsule 250 mg (CellCept)	Tier 2	
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml (CellCept)	Tier 2	
mycophenolate mofetil oral tablet 500 mg (CellCept)	Tier 2	
mycophenolate sodium oral tablet,delayed release (drlec) 180 mg, 360 mg (Myfortic)	Tier 2	
MYHIBBIN ORAL SUSPENSION 200 MG/ML	Tier 4	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, 1 MG, 5 MG (tacrolimus)	Tier 3	
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	Tier 3	

Drug	Status	Notes
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (cyclosporine)	Tier 3	
<i>sirolimus oral solution 1 mg/ml</i>	Tier 2	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	Tier 2	
<i>tacrolimus oral capsule, extended release 24hr 0.5 mg, 1 mg, 5 mg</i> (Astagraf XL)	Tier 2	ST: Requires prior prescription for generic Tacrolimus within the past 120 days
Rho Kinase Inhibitor		
REZUROCK ORAL TABLET 200 MG	Tier 5	PA
Infectious Disease - Bacterial		
Absorbable Sulfonamides		
<i>sulfadiazine oral tablet 500 mg</i>	Tier 2	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim)	Tier 2	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)	Tier 2	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS)	Tier 2	
SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML (sulfamethoxazole-trimethoprim)	Tier 2	
Betalactams		
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	Tier 5	PA
Cephalosporins - 1St Generation		
<i>cefadroxil oral capsule 500 mg</i>	Tier 2	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	Tier 2	
<i>cefadroxil oral tablet 1 gram</i>	Tier 2	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	Tier 2	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 2	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	Tier 2	
Cephalosporins - 2Nd Generation		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	Tier 2	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	Tier 2	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	Tier 2	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 2	

Drug	Status	Notes
<i>cefprozil oral tablet 250 mg, 500 mg</i>	Tier 2	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	Tier 2	
Cephalosporins - 3Rd Generation		
<i>cefdinir oral capsule 300 mg</i>	Tier 2	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 2	
<i>cefixime oral capsule 400 mg</i>	Tier 2	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	Tier 2	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	Tier 2	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	Tier 2	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	Tier 3	
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG	Tier 3	
Chemotherapeutics, Antibacterial, Misc.		
<i>fosfomycin tromethamine oral packet 3 gram</i>	Tier 2	
<i>methenamine hippurate oral tablet 1 gram</i>	Tier 2	
<i>methenamine mandelate oral tablet 0.5 gram, 1 gram</i>	Tier 2	
<i>methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg</i> (Urogesic-Blue)	Tier 2	
PRIMSOL ORAL SOLUTION 50 MG/5 ML	Tier 3	
<i>trimethoprim oral tablet 100 mg</i>	Tier 2	
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG	Tier 3	
URIBEL TABS ORAL TABLET 81.6-0.12-10.8 MG	Tier 4	
URIMAR-T ORAL TABLET 120-10.8-0.12 MG	Tier 4	
UROGESIC-BLUE ORAL TABLET 81.6-40.8-0.12 MG (methen-sod phos-meth blue-hyos)	Tier 2	
URO-MP ORAL CAPSULE 118-10-40.8-36 MG	Tier 2	
Fecal Microbiota Transplantation (Fmt)		
REBYOTA RECTAL ENEMA 150 ML	Tier 5	PA
VOWST ORAL CAPSULE	Tier 5	PA
Macrolides		
<i>azithromycin oral packet 1 gram</i> (Zithromax)	Tier 2	

Drug	Status	Notes
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml (Zithromax)	Tier 2	
azithromycin oral tablet 250 mg, 500 mg (Zithromax)	Tier 2	
azithromycin oral tablet 600 mg	Tier 2	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 2	
clarithromycin oral tablet 250 mg, 500 mg	Tier 2	
clarithromycin oral tablet extended release 24 hr 500 mg	Tier 2	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	Tier 3	QL (10 ML per 1 day)
DIFICID ORAL TABLET 200 MG	Tier 3	QL (20 EA per 10 days)
E.E.S. 400 ORAL TABLET 400 MG (erythromycin ethylsuccinate)	Tier 2	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 250 MG, 500 MG (erythromycin)	Tier 2	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG (erythromycin stearate)	Tier 2	
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml (E.E.S. Granules)	Tier 2	
erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml (EryPed 400)	Tier 2	
erythromycin ethylsuccinate oral tablet 400 mg (E.E.S. 400)	Tier 2	
erythromycin oral capsule, delayed release (drlec) 250 mg	Tier 2	
erythromycin oral tablet 250 mg, 500 mg	Tier 2	
erythromycin oral tablet, delayed release (drlec) 250 mg, 333 mg, 500 mg (Ery-Tab)	Tier 2	
Nitrofurantoin Derivatives		
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	Tier 2	
nitrofurantoin macrocrystal oral capsule 25 mg	Tier 2	QL (4 EA per 1 day)
nitrofurantoin monohydr/m-cryst oral capsule 100 mg (Macrobid)	Tier 2	
nitrofurantoin oral suspension 25 mg/5 ml (Furadantin)	Tier 2	PA
Oxazolidinones		
linezolid oral suspension for reconstitution 100 mg/5 ml (Zyvox)	Tier 2	
linezolid oral tablet 600 mg (Zyvox)	Tier 2	

Drug	Status	Notes
SIVEXTRO ORAL TABLET 200 MG	Tier 3	PA
Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Tier 2	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	Tier 2	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	Tier 2	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	Tier 2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>	Tier 2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i> (Augmentin)	Tier 2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600)	Tier 2	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg</i>	Tier 2	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg</i> (Augmentin)	Tier 2	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i> (Augmentin XR)	Tier 2	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	Tier 2	
<i>ampicillin oral capsule 500 mg</i>	Tier 2	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	Tier 2	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG (amoxicillin)	Tier 4	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	Tier 2	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	Tier 2	
PIVYA ORAL TABLET 185 MG	Tier 4	PA
Pleuromutilin Derivatives		
XENLETA ORAL TABLET 600 MG	Tier 4	PA
Quinolones		
BAXDELA ORAL TABLET 450 MG	Tier 4	PA
CIPRO ORAL SUSPENSION, MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML (ciprofloxacin)	Tier 3	
<i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>	Tier 2	

Drug	Status	Notes
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> (Cipro)	Tier 2	
<i>ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i> (Cipro)	Tier 2	
FACTIVE ORAL TABLET 320 MG	Tier 4	
<i>levofloxacin oral solution 250 mg/10 ml</i>	Tier 2	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 2	
<i>moxifloxacin oral tablet 400 mg</i>	Tier 2	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	Tier 2	
Tetracyclines		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	Tier 2	
<i>doxycycline hyclate oral capsule 100 mg</i>	Tier 2	QL (2 EA per 1 day)
<i>doxycycline hyclate oral capsule 50 mg</i> (Morgidox)	Tier 2	QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet 100 mg</i>	Tier 2	
<i>doxycycline hyclate oral tablet 150 mg</i> (Acticlate)	Tier 2	ST: Requires prior prescription for generic Doxycycline Monohydrate 150mg tablets within the past 120 days; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet 50 mg</i> (Targadox)	Tier 2	ST: Requires prior prescription for Doxycycline Hyclate 50mg capsules or Doxycycline Monohydrate 50mg capsules or tablets within the past 120 days; QL (4 EA per 1 day)
<i>doxycycline hyclate oral tablet 75 mg</i> (Acticlate)	Tier 2	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxyne NL)	Tier 2	
<i>doxycycline monohydrate oral capsule 150 mg</i>	Tier 2	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 50 mg</i> (Monodox)	Tier 2	

Drug	Status	Notes
<i>doxycycline monohydrate oral capsule</i> (Mondoxyne NL) 75 mg	Tier 2	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule,ir</i> (Oracea) - delay rel,biphase 40 mg	Tier 2	ST: Requires prior prescription for generic Doxycycline or Minocycline within the past 120 days; QL (1 EA per 1 day); Age (Min 18 Years)
<i>doxycycline monohydrate oral suspension for reconstitution</i> 25 mg/5 ml	Tier 2	
<i>doxycycline monohydrate oral tablet</i> 100 mg (Avidoxy)	Tier 2	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral tablet</i> 150 mg	Tier 2	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral tablet</i> 50 mg, 75 mg	Tier 2	
EMROSI ORAL CAPSULE,IR -EXTEND REL,BIPHASE 40 MG	Tier 4	PA
<i>minocycline oral capsule</i> 100 mg, 50 mg, 75 mg	Tier 2	
<i>minocycline oral tablet</i> 100 mg, 50 mg, 75 mg	Tier 2	
MONDOXYNE NL ORAL CAPSULE 100 MG (doxycycline monohydrate)	Tier 2	
MONDOXYNE NL ORAL CAPSULE 75 MG (doxycycline monohydrate)	Tier 2	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
NUZYRA ORAL TABLET 150 MG	Tier 4	PA
<i>tetracycline oral capsule</i> 250 mg, 500 mg	Tier 2	
Infectious Disease - Fungal		
Antifungal Agents		
<i>clotrimazole mucous membrane troche</i> 10 mg	Tier 2	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	Tier 4	PA
<i>fluconazole oral suspension for reconstitution</i> 10 mg/ml	Tier 2	
<i>fluconazole oral suspension for reconstitution</i> 40 mg/ml (Diflucan)	Tier 2	

Drug	Status	Notes
<i>fluconazole oral tablet 100 mg, 200 mg</i> (Diflucan)	Tier 2	
<i>fluconazole oral tablet 150 mg, 50 mg</i>	Tier 2	
<i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)	Tier 2	
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	Tier 2	
<i>itraconazole oral solution 10 mg/ml</i> (Sporanox)	Tier 2	
<i>ketoconazole oral tablet 200 mg</i>	Tier 2	
NOXAFIL ORAL SUSP, DELAYED RELEASE FOR RECON 300 MG	Tier 4	PA
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG	Tier 4	
<i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i> (Noxafil)	Tier 2	PA
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i> (Noxafil)	Tier 2	PA
<i>terbinafine hcl oral tablet 250 mg</i>	Tier 2	
VIVJOA ORAL CAPSULE 150 MG	Tier 4	PA
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> (Vfend)	Tier 2	
<i>voriconazole oral tablet 200 mg</i>	Tier 2	
<i>voriconazole oral tablet 50 mg</i> (Vfend)	Tier 2	
Antifungal Antibiotics		
BREXAFEMME ORAL TABLET 150 MG	Tier 4	PA
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	Tier 2	
<i>griseofulvin microsize oral tablet 500 mg</i>	Tier 2	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	Tier 2	
<i>nystatin oral suspension 100,000 unit/ml</i>	Tier 2	
<i>nystatin oral tablet 500,000 unit</i>	Tier 2	
Infectious Disease - Miscellaneous		
Aminoglycosides		
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	Tier 5	PA
<i>neomycin oral tablet 500 mg</i>	Tier 2	
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	Tier 5	PA
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi)	Tier 5	PA
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i> (Bethkis)	Tier 5	PA
<i>tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml</i> (Kitabis Pak)	Tier 5	PA

Drug	Status	Notes
Antibacterial Agents, Miscellaneous		
<i>glycine urologic solution irrigation solution 1.5 %</i> (Glycine Urologic)	Tier 2	
Antileptotics		
<i>dapsone oral tablet 100 mg, 25 mg</i>	Tier 2	
THALOMID ORAL CAPSULE 100 MG, 50 MG	Tier 5	PA
Anti-Mycobacterium Agents		
<i>ethambutol oral tablet 100 mg, 400 mg</i>	Tier 2	
<i>isoniazid oral solution 50 mg/5 ml</i>	Tier 2	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	Tier 2	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	Tier 4	
<i>pyrazinamide oral tablet 500 mg</i>	Tier 2	
<i>rifabutin oral capsule 150 mg</i>	Tier 2	
TRECATOR ORAL TABLET 250 MG	Tier 4	
Antitubercular Antibiotics		
<i>cycloserine oral capsule 250 mg</i>	Tier 2	
<i>pretomanid oral tablet 200 mg</i>	Tier 4	QL (1 EA per 1 day)
PRIFTIN ORAL TABLET 150 MG	Tier 4	
<i>rifampin oral capsule 150 mg, 300 mg</i>	Tier 2	
SIRTURO ORAL TABLET 100 MG, 20 MG	Tier 5	PA
Lincosamides		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin HCl)	Tier 2	
<i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml</i> (Clindamycin Pediatric)	Tier 2	
CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML (clindamycin palmitate hcl)	Tier 2	
Rifamycins And Related Derivative Antibiotics		
AEMCOLO ORAL TABLET, DELAYED RELEASE (DR/EC) 194 MG	Tier 4	ST: Requires prior prescription for generic oral Ciprofloxacin, Azithromycin, Levofloxacin, or Ofloxacin within the past 120 days; QL (12 EA per 1 FILL)
XIFAXAN ORAL TABLET 200 MG	Tier 4	PA
XIFAXAN ORAL TABLET 550 MG	Tier 3	PA
Vancomycin And Derivatives		
<i>vancomycin oral capsule 125 mg</i> (Vancocin)	Tier 2	QL (56 EA per 1 FILL)
<i>vancomycin oral capsule 250 mg</i> (Vancocin)	Tier 2	QL (112 EA per 1 FILL)

Drug	Status	Notes
<i>vancomycin oral recon soln 25 mg/ml</i> (Firvanq)	Tier 2	QL (300 ML per 1 FILL)
<i>vancomycin oral recon soln 50 mg/ml</i> (Firvanq)	Tier 2	QL (600 ML per 1 FILL)
Infectious Disease - Parasitic		
2Nd Gen. Anaerobic Antiprotozoal-Antibacterial		
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM	Tier 4	ST: At least 2 prior prescriptions for Clindamycin HCL, Clindamycin Palmitate HCL, Clindamycin Phosphate, Metronidazole, or Tinidazole within the past 365 days; QL (1 EA per 30 days)
<i>tinidazole oral tablet 250 mg, 500 mg</i>	Tier 2	
Amebicides		
<i>paromomycin oral capsule 250 mg</i> (Humatin)	Tier 2	
Anaerobic Antiprotozoal-Antibacterial Agents		
LIKMEZ ORAL SUSPENSION 500 MG/5 ML	Tier 4	PA
<i>metronidazole oral capsule 375 mg</i> (Flagyl)	Tier 2	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Tier 2	
Anthelmintics		
<i>albendazole oral tablet 200 mg</i>	Tier 2	
EGATEN ORAL TABLET 250 MG	Tier 4	
EMVERM ORAL TABLET,CHEWABLE 100 MG (mebendazole)	Tier 3	PA
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	Tier 2	
<i>praziquantel oral tablet 600 mg</i> (Biltricide)	Tier 2	
Antimalarial Drugs		
ARAKODA ORAL TABLET 100 MG	Tier 4	
<i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone)	Tier 2	
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric)	Tier 2	
<i>chloroquine phosphate oral tablet 250 mg</i>	Tier 2	QL (36 EA per 16 days)
<i>chloroquine phosphate oral tablet 500 mg</i>	Tier 2	QL (18 EA per 16 days)
COARTEM ORAL TABLET 20-120 MG	Tier 4	
<i>hydroxychloroquine oral tablet 100 mg</i>	Tier 2	QL (180 EA per 30 days)
<i>hydroxychloroquine oral tablet 200 mg</i> (Sovuna)	Tier 2	QL (100 EA per 30 days)
<i>hydroxychloroquine oral tablet 300 mg</i> (Sovuna)	Tier 2	QL (60 EA per 30 days)

Drug	Status	Notes
<i>hydroxychloroquine oral tablet 400 mg</i>	Tier 2	QL (60 EA per 30 days)
KRINTAFEL ORAL TABLET 150 MG	Tier 3	QL (2 EA per 1 FILL)
<i>mefloquine oral tablet 250 mg</i>	Tier 2	
<i>primaquine oral tablet 26.3 mg (15 mg base)</i>	Tier 3	
<i>pyrimethamine oral tablet 25 mg</i> (Daraprim)	Tier 5	PA
<i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)	Tier 2	
SOVUNA ORAL TABLET 200 MG (hydroxychloroquine)	Tier 3	QL (100 EA per 30 days)
SOVUNA ORAL TABLET 300 MG (hydroxychloroquine)	Tier 4	QL (60 EA per 30 days)
Antiparasitics		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	Tier 4	QL (50 ML per 1 day)
<i>nitazoxanide oral tablet 500 mg</i> (Alinia)	Tier 2	QL (2 EA per 1 day)
Antiprotozoal Drugs,Miscellaneous		
<i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron)	Tier 2	
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	Tier 2	
IMPAVIDO ORAL CAPSULE 50 MG	Tier 3	PA
LAMPIT ORAL TABLET 120 MG, 30 MG	Tier 4	
<i>pentamidine inhalation recon soln 300 mg</i> (Nebupent)	Tier 2	
Infectious Disease - Viral		
Antiretroviral - Capsid Inhibitors		
SUNLENCA ORAL TABLET 300 MG	Tier 5	PA
Antiretroviral-Integrase Inhibitor And Nrti Comb.		
JULUCA ORAL TABLET 50-25 MG	Tier 5	QL (1 EA per 1 day)
Antiretroviral-Integrase Inhibitor And Nrti Comb.		
DOVATO ORAL TABLET 50-300 MG	Tier 5	QL (1 EA per 1 day)
Antiretroviral-Nucleoside,Nucleotide,Protease Inh.		
SYMTUZA ORAL TABLET 800-150-200-10 MG	Tier 5	QL (1 EA per 1 day)
Antiviral - Main Protease (Mpro) Inhibitor		
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG	Tier 3	QL (20 EA per 28 days); Age (Min 12 Years)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	Tier 3	QL (30 EA per 28 days); Age (Min 12 Years)
Antiviral Monoclonal Antibodies		
BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML, 50 MG/0.5 ML	Tier 4	PA

Drug	Status	Notes
Antiviral Nucleotide Analogs		
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	Tier 2	QL (40 EA per 29 days); Age (Min 18 Years)
Antivirals, General		
<i>acyclovir oral capsule 200 mg</i>	Tier 2	
<i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)	Tier 2	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	Tier 2	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	Tier 2	
LIVTENCITY ORAL TABLET 200 MG	Tier 5	PA
<i>oseltamivir oral capsule 30 mg</i> (Tamiflu)	Tier 2	QL (40 EA per 180 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i> (Tamiflu)	Tier 2	QL (20 EA per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu)	Tier 2	QL (360 ML per 180 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG	Tier 4	PA
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	Tier 4	QL (40 EA per 180 days)
<i>ribavirin inhalation recon soln 6 gram</i> (Virazole)	Tier 2	
<i>rimantadine oral tablet 100 mg</i> (Flumadine)	Tier 2	
TEMBEXA ORAL SUSPENSION 10 MG/ML	Tier 3	
TEMBEXA ORAL TABLET 100 MG	Tier 3	
TPOXX (NATIONAL STOCKPILE) ORAL CAPSULE 200 MG	Tier 3	
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	Tier 2	
<i>valganciclovir oral recon soln 50 mg/ml</i> (Valcyte)	Tier 2	
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	Tier 2	
XOFLUZA ORAL TABLET 20 MG, 40 MG	Tier 3	QL (4 EA per 180 days)
XOFLUZA ORAL TABLET 80 MG	Tier 3	QL (2 EA per 180 days)
Antivirals, Hiv-Spec, Non-Peptidic Protease Inhib		
APTIVUS ORAL CAPSULE 250 MG	Tier 5	QL (4 EA per 1 day)
<i>darunavir oral tablet 600 mg</i> (Prezista)	Tier 5	QL (2 EA per 1 day)
<i>darunavir oral tablet 800 mg</i> (Prezista)	Tier 5	QL (1 EA per 1 day)
PREZCOBIX ORAL TABLET 800-150 MG-MG	Tier 5	QL (1 EA per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML	Tier 5	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	Tier 5	QL (8 EA per 1 day)
PREZISTA ORAL TABLET 75 MG	Tier 5	QL (16 EA per 1 day)

Drug	Status	Notes
Antivirals, Hiv-Spec, Nucleoside-Nucleotide Analog		
CIMDUO ORAL TABLET 300-300 MG	Tier 5	QL (1 EA per 1 day)
DESCOVY ORAL TABLET 120-15 MG	Tier 5	QL (1 EA per 1 day)
DESCOVY ORAL TABLET 200-25 MG	\$0 COPAY	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet</i> (Truvada) 100-150 mg, 133-200 mg, 167-250 mg	Tier 5	QL (1 EA per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet</i> (Truvada) 200-300 mg	\$0 COPAY	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
Antivirals, Hiv-Spec., Nucleoside Analog, Rti Comb		
<i>abacavir-lamivudine oral tablet</i> 600-300 mg	Tier 5	QL (1 EA per 1 day)
<i>lamivudine-zidovudine oral tablet</i> 150-300 mg	Tier 5	QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Ccr5 Co-Receptor Antag.		
<i>maraviroc oral tablet</i> 150 mg (Selzentry)	Tier 5	QL (2 EA per 1 day)
<i>maraviroc oral tablet</i> 300 mg (Selzentry)	Tier 5	QL (4 EA per 1 day)
SELZENTRY ORAL SOLUTION 20 MG/ML	Tier 5	QL (31 ML per 1 day)
Antivirals, Hiv-Specific, Cd4 Attachment Inhibitor		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	Tier 5	PA
Antivirals, Hiv-Specific, Fusion Inhibitors		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	Tier 5	QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Non-Nucleoside, Rti		
EDURANT ORAL TABLET 25 MG	Tier 5	QL (1 EA per 1 day)
<i>efavirenz oral tablet</i> 600 mg	Tier 5	
<i>etravirine oral tablet</i> 100 mg (Intelence)	Tier 5	QL (4 EA per 1 day)
<i>etravirine oral tablet</i> 200 mg (Intelence)	Tier 5	QL (2 EA per 1 day)
INTELENCE ORAL TABLET 25 MG	Tier 5	QL (4 EA per 1 day)
<i>nevirapine oral suspension</i> 50 mg/5 ml	Tier 5	QL (1200 ML per 30 days)

Drug	Status	Notes
<i>nevirapine oral tablet 200 mg</i>	Tier 5	QL (2 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	Tier 5	QL (3 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	Tier 5	QL (1 EA per 1 day)
PIFELTRO ORAL TABLET 100 MG	Tier 5	QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Nucleoside Analog, Rti		
<i>abacavir oral solution 20 mg/ml</i> (Ziagen)	Tier 5	QL (960 ML per 30 days)
<i>abacavir oral tablet 300 mg</i>	Tier 5	QL (2 EA per 1 day)
<i>emtricitabine oral capsule 200 mg</i> (Emtriva)	\$0 COPAY	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML	Tier 5	QL (850 ML per 30 days)
<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	Tier 5	QL (960 ML per 30 days)
<i>lamivudine oral tablet 150 mg</i> (Epivir)	Tier 5	QL (2 EA per 1 day)
<i>lamivudine oral tablet 300 mg</i> (Epivir)	Tier 5	QL (1 EA per 1 day)
<i>stavudine oral capsule 15 mg, 20 mg</i>	Tier 5	QL (2 EA per 1 day)
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	Tier 5	QL (6 EA per 1 day)
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	Tier 5	QL (1920 ML per 30 days)
<i>zidovudine oral tablet 300 mg</i>	Tier 5	QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Nucleotide Analog, Rti		
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	\$0 COPAY	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	Tier 5	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Tier 5	QL (1 EA per 1 day)
Antivirals, Hiv-Specific, Protease Inhibitor Comb		
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)	Tier 5	QL (480 ML per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra)	Tier 5	QL (10 EA per 1 day)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra)	Tier 5	QL (4 EA per 1 day)
Antivirals, Hiv-Specific, Protease Inhibitors		
<i>atazanavir oral capsule 150 mg</i>	Tier 5	QL (2 EA per 1 day)

Drug	Status	Notes
<i>atazanavir oral capsule 200 mg</i> (Reyataz)	Tier 5	QL (2 EA per 1 day)
<i>atazanavir oral capsule 300 mg</i> (Reyataz)	Tier 5	QL (1 EA per 1 day)
EVOTAZ ORAL TABLET 300-150 MG	Tier 5	QL (1 EA per 1 day)
<i>fosamprenavir oral tablet 700 mg</i>	Tier 5	QL (4 EA per 1 day)
NORVIR ORAL CAPSULE 100 MG	Tier 5	QL (12 EA per 1 day)
NORVIR ORAL POWDER IN PACKET 100 MG	Tier 5	QL (12 EA per 1 day)
REYATAZ ORAL POWDER IN PACKET 50 MG	Tier 5	QL (5 EA per 1 day)
<i>ritonavir oral tablet 100 mg</i> (Norvir)	Tier 5	QL (12 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG, 625 MG	Tier 5	
Antivirals,Hiv-1 Integrase Strand Transfer Inhibtr		
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML) (cabotegravir)	\$0 COPAY	ST: Requires prior prescription for Descovy or generic Truvada within the past 120 days; \$0 COPAY IF QUANTITY 0.15 IN 1 DAY, FILL OF 7 IN 365 DAYS, AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (21 ML per 365 days); Age (Min 12 Years)
<i>cabotegravir intramuscular suspension,extended release 600 mg/3 ml (200 mg/ml)</i> (Apretude)	\$0 COPAY	ST: Requires prior prescription for Descovy or generic Truvada within the past 120 days; \$0 COPAY IF QUANTITY 0.15 IN 1 DAY, FILL OF 7 IN 365 DAYS, AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (21 ML per 365 days); Age (Min 12 Years)
ISENTRESS HD ORAL TABLET 600 MG	Tier 5	QL (2 EA per 1 day)
ISENTRESS ORAL POWDER IN PACKET 100 MG	Tier 5	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET 400 MG	Tier 5	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	Tier 5	QL (6 EA per 1 day)
TIVICAY ORAL TABLET 50 MG	Tier 5	QL (2 EA per 1 day)
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	Tier 5	QL (6 EA per 1 day)

Drug	Status	Notes
VOCABRIA ORAL TABLET 30 MG	Tier 5	QL (1 EA per 1 day); Age (Min 12 Years)
Artv Cmb Nucleoside,Nucleotide,&Non-Nucleoside Rti		
COMPLERA ORAL TABLET 200-25-300 MG	Tier 5	QL (1 EA per 1 day)
DELSTRIGO ORAL TABLET 100-300-300 MG	Tier 5	QL (1 EA per 1 day)
<i>efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg</i> (Atripla)	Tier 5	QL (1 EA per 1 day)
<i>efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg</i> (Symfi Lo)	Tier 5	QL (1 EA per 1 day)
<i>efavirenz-lamivu-tenofov disop oral tablet 600-300-300 mg</i> (Symfi)	Tier 5	QL (1 EA per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG	Tier 5	QL (1 EA per 1 day)
Arv Cmb-Nrti,N(T)Rti, Integrase Inhibitor		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	Tier 5	QL (1 EA per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG	Tier 5	QL (1 EA per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG	Tier 5	QL (1 EA per 1 day)
Arv Comb-Nrtis & Integrase Inhibitor		
TRIUMEQ ORAL TABLET 600-50-300 MG	Tier 5	QL (1 EA per 1 day)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	Tier 5	QL (6 EA per 1 day)
Cytochrome P450 Inhibitors		
TYBOST ORAL TABLET 150 MG	Tier 3	QL (1 EA per 1 day)
Hep C - Ns5a, Ns3/4A, Nucleotide Ns5b Inhib Combo		
VOSEVI ORAL TABLET 400-100-100 MG	Tier 5	PA
Hep C Virus - Ns5a & Ns5b Polymerase Inhib. Combo.		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG	Tier 5	PA
EPCLUSA ORAL TABLET 200-50 MG	Tier 5	PA
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG	Tier 5	PA
HARVONI ORAL TABLET 45-200 MG	Tier 5	PA
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i> (Harvoni)	Tier 5	PA

Drug	Status	Notes
sofosbuvir-velpatasvir oral tablet 400-100 mg (Eplclusa)	Tier 5	PA
Hep C Virus,Nucleotide Analog Ns5b Polymerase Inh		
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG	Tier 5	PA
SOVALDI ORAL TABLET 200 MG, 400 MG	Tier 5	PA
Hepatitis B Treatment Agents		
adefovir oral tablet 10 mg (Hepsera)	Tier 5	QL (1 EA per 1 day)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	Tier 5	QL (630 ML per 30 days)
entecavir oral tablet 0.5 mg, 1 mg (Baraclude)	Tier 5	QL (1 EA per 1 day)
lamivudine oral tablet 100 mg	Tier 2	QL (1 EA per 1 day)
VEMLIDY ORAL TABLET 25 MG	Tier 5	QL (1 EA per 1 day)
Hepatitis C Treatment Agents		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Tier 5	PA
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	Tier 5	PA
ribavirin oral capsule 200 mg	Tier 2	
ribavirin oral tablet 200 mg	Tier 2	
Hepatitis C Virus- Ns5a And Ns3/4A Inhibitor Comb		
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	Tier 5	PA
MAVYRET ORAL TABLET 100-40 MG	Tier 5	PA
ZEPATIER ORAL TABLET 50-100 MG	Tier 5	PA
Inflammatory Disease		
Anti-Arthritic And Chelating Agents		
CUPRIMINE ORAL CAPSULE 250 MG (penicillamine)	Tier 5	PA
D-PENAMINE ORAL TABLET 125 MG	Tier 5	PA
penicillamine oral capsule 250 mg (Cuprimine)	Tier 5	PA
penicillamine oral tablet 250 mg (Depen Titratabs)	Tier 5	PA
Anti-Arthritic, Folate Antagonist Agents		
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML	Tier 3	QL (1.6 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML	Tier 4	ST: Requires prior prescription for Otrexup within the past 120 days; QL (0.8 ML per 28 days)

Drug	Status	Notes
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 12.5 MG/0.25 ML	Tier 4	ST: Requires prior prescription for Otrexup within the past 120 days; QL (1 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 15 MG/0.3 ML	Tier 4	ST: Requires prior prescription for Otrexup within the past 120 days; QL (1.2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 17.5 MG/0.35 ML	Tier 4	ST: Requires prior prescription for Otrexup within the past 120 days; QL (1.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 20 MG/0.4 ML	Tier 4	ST: Requires prior prescription for Otrexup within the past 120 days; QL (1.6 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 22.5 MG/0.45 ML	Tier 4	ST: Requires prior prescription for Otrexup within the past 120 days; QL (1.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 25 MG/0.5 ML	Tier 4	ST: Requires prior prescription for Otrexup within the past 120 days; QL (2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 30 MG/0.6 ML	Tier 4	ST: Requires prior prescription for Otrexup within the past 120 days; QL (2.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 7.5 MG/0.15 ML	Tier 4	ST: Requires prior prescription for Otrexup within the past 120 days; QL (0.6 ML per 28 days)
Anti-Flam. Interleukin-1 Receptor Antagonist		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	Tier 5	PA
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	Tier 5	PA
Anti-Inflammatory Tumor Necrosis Factor Inhibitor		
<i>adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml</i> (Hyrimoz(CF) Pen)	Tier 5	PA
<i>adalimumab-adaz subcutaneous syringe 40 mg/0.4 ml</i> (Hyrimoz(CF))	Tier 5	PA
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	Tier 5	PA

Drug	Status	Notes
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	Tier 5	PA
CIMZIA SUBCUTANEOUS SYRINGE KIT 200 MG/ML, 400 MG/2 ML (200 MG/ML X 2)	Tier 5	PA
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	Tier 5	PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	Tier 5	PA
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	Tier 5	PA
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	Tier 5	PA
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 5	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	Tier 5	PA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Tier 5	PA
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Tier 5	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	Tier 5	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	Tier 5	PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	Tier 5	PA
SIMLANDI(CF) AUTOINJECTOR (adalimumab-ryvk) SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	Tier 5	PA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	Tier 5	PA
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	Tier 5	PA
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML	Tier 5	PA
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML	Tier 5	PA

Drug	Status	Notes
Anti-Inflammatory, Pyrimidine Synthesis Inhibitor		
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	Tier 2	
Anti-Inflammatory, Phosphodiesterase-4(Pde4) Inhib.		
OTEZLA ORAL TABLET 20 MG, 30 MG	Tier 5	PA
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	Tier 5	PA
Anti-Inflammatory/Antiarthritics Agents, Misc.		
DUROLANE INTRA-ARTICULAR SYRINGE 60 MG/3 ML	Tier 4	PA
EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML(MW 2.4 -3.6 MILLION)	Tier 3	PA
GEL-ONE INTRA-ARTICULAR SYRINGE 30 MG/3 ML	Tier 4	PA
GELSYN-3 INTRA-ARTICULAR SYRINGE 16.8 MG/2 ML	Tier 4	PA
GENVISC 850 INTRA-ARTICULAR SYRINGE 10 MG/ML (sodium hyaluronate (viscosup))	Tier 4	PA
HYALGAN INTRA-ARTICULAR SOLUTION 10 MG/ML	Tier 4	PA
HYALGAN INTRA-ARTICULAR SYRINGE 10 MG/ML (sodium hyaluronate (viscosup))	Tier 4	PA
HYMOVIS INTRA-ARTICULAR SYRINGE 24 MG/3 ML	Tier 4	PA
MONOVISC INTRA-ARTICULAR SYRINGE 88 MG/4 ML	Tier 4	PA
ORTHOVISC INTRA-ARTICULAR SYRINGE 30 MG/2 ML	Tier 4	PA
SUPARTZ FX INTRA-ARTICULAR SYRINGE 10 MG/ML (sodium hyaluronate (viscosup))	Tier 4	PA
SYNOJOYNT INTRA-ARTICULAR SYRINGE 10 MG/ML (sodium hyaluronate (viscosup))	Tier 4	PA
SYNVISC INTRA-ARTICULAR SYRINGE 16 MG/2 ML	Tier 3	PA
SYNVISC-ONE INTRA-ARTICULAR SYRINGE 48 MG/6 ML	Tier 3	PA
TRILURON INTRA-ARTICULAR SYRINGE 10 MG/ML (sodium hyaluronate (viscosup))	Tier 4	PA
TRIVISC INTRA-ARTICULAR SYRINGE 10 MG/ML (sodium hyaluronate (viscosup))	Tier 4	PA

Drug	Status	Notes
VISCO-3 INTRA-ARTICULAR SYRINGE (sodium hyaluronate 10 MG/ML (viscosup))	Tier 4	PA
Antinflammatory, Sel.Costim.Mod.,T-Cell Inhibitor		
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	Tier 5	PA
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	Tier 5	PA
Bradykinin B2 Receptor Antagonists		
<i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Sajazir)	Tier 5	PA
SAJAZIR SUBCUTANEOUS SYRINGE (icatibant) 30 MG/3 ML	Tier 5	PA
C1 Esterase Inhibitors		
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	Tier 5	PA
BERINERT INTRAVENOUS RECON SOLN 500 UNIT (10 ML)	Tier 5	PA
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	Tier 5	PA
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	Tier 5	PA
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT	Tier 5	PA
Glucocorticoids		
AGAMREE ORAL SUSPENSION 40 MG/ML	Tier 5	PA
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG	Tier 5	PA
BETALOAN SUIK KIT 6 MG/ML	Tier 4	
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	Tier 2	
<i>budesonide oral tablet, delayed and ext. release 9 mg</i> (Uceris)	Tier 2	ST: Requires prior prescription for Balsalazide Disodium within the past 120 days
<i>cortisone oral tablet 25 mg</i>	Tier 2	
<i>deflazacort oral suspension 22.75 mg/ml</i> (Emflaza)	Tier 5	PA
<i>deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i> (Emflaza)	Tier 5	PA
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	Tier 4	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	Tier 2	

Drug	Status	Notes
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	Tier 2	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	Tier 2	
DEXONTO IONTOPHORETIC SOLUTION 0.4 %	Tier 4	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML (deflazacort)	Tier 5	PA
EOHILIA ORAL SUSPENSION IN PACKET 2 MG/10 ML	Tier 5	PA
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)	Tier 2	
<i>hydrocortisone sod succinate injection recon soln 100 mg</i> (Solu-Cortef)	Tier 2	
MEDROL ORAL TABLET 2 MG	Tier 3	
MEDROLOAN II SUIK KIT 40 MG/ML	Tier 4	
MEDROLOAN SUIK KIT 40 MG/ML	Tier 4	
<i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i> (Medrol)	Tier 2	
<i>methylprednisolone oral tablet 32 mg</i>	Tier 2	
<i>methylprednisolone oral tablets,dose pack 4 mg</i> (Medrol (Pak))	Tier 2	
<i>prednisolone oral solution 15 mg/5 ml</i>	Tier 2	
<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 2	
<i>prednisolone sodium phosphate oral solution 20 mg/5 ml (4 mg/ml)</i> (Veripred 20)	Tier 2	
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred)	Tier 2	
<i>prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg</i> (Orapred ODT)	Tier 2	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	Tier 3	
<i>prednisone oral solution 5 mg/5 ml</i>	Tier 2	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	Tier 2	
<i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>	Tier 2	
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 100 MG/2 ML	Tier 4	

Drug	Status	Notes
SOLU-CORTEF INJECTION RECON SOLN 100 MG (hydrocortisone sod succinate)	Tier 4	
TARPEYO ORAL CAPSULE, DELAYED RELEASE(DR/EC) 4 MG	Tier 5	PA
TRILOAN II SUIK KIT 40 MG/ML	Tier 4	
TRILOAN SUIK KIT 40 MG/ML	Tier 4	
Gold Salts		
RIDAURA ORAL CAPSULE 3 MG	Tier 4	
Immunomodulator, B-Lymphocyte Stim(Blys)-Spec Inhib		
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	Tier 5	PA
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	Tier 5	PA
Interleukin-6 (Il-6) Receptor Inhibitors		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	Tier 5	PA
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	Tier 5	PA
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	Tier 5	PA
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	Tier 5	PA
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	Tier 5	PA
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	Tier 5	PA
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	Tier 5	PA
Janus Kinase (Jak) Inhibitors		
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	Tier 5	PA
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	Tier 5	PA
RINVOQ LQ ORAL SOLUTION 1 MG/ML	Tier 5	PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	Tier 5	PA
XELJANZ ORAL SOLUTION 1 MG/ML	Tier 5	PA
XELJANZ ORAL TABLET 10 MG, 5 MG	Tier 5	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	Tier 5	PA

Drug	Status	Notes
Mineralocorticoids		
<i>fludrocortisone oral tablet 0.1 mg</i>	Tier 2	
Monoclonal Antibody-Human Interleukin 12/23 Inhib		
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	Tier 5	PA
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	Tier 5	PA
Nsaids (Cox Non-Specific Inhib)& Prostaglandin Cmb		
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg</i> (Arthrotec 50)	Tier 2	
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg</i> (Arthrotec 75)	Tier 2	
Nsaids, Cyclooxygenase 2 Inhibitor - Type		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (Celebrex)	Tier 2	
Nsaids, Cyclooxygenase Inhibitor-Type		
<i>diclofenac potassium oral tablet 50 mg</i>	Tier 2	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	Tier 2	
<i>diclofenac sodium oral tablet,delayed release (drlec) 25 mg, 50 mg, 75 mg</i>	Tier 2	
EC-NAPROXEN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG, 500 MG (naproxen)	Tier 2	
<i>etodolac oral capsule 200 mg, 300 mg</i>	Tier 2	
<i>etodolac oral tablet 400 mg</i> (Lodine)	Tier 2	
<i>etodolac oral tablet 500 mg</i>	Tier 2	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	Tier 2	
<i>flurbiprofen oral tablet 100 mg</i>	Tier 2	
IBU ORAL TABLET 400 MG, 600 MG, 800 MG (ibuprofen)	Tier 2	
<i>ibuprofen oral suspension 100 mg/5 ml</i> (Children's Advil)	Tier 2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> (IBU)	Tier 2	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Tier 2	
<i>indomethacin oral capsule, extended release 75 mg</i>	Tier 2	
<i>indomethacin rectal suppository 100 mg</i>	Tier 2	
<i>ketoprofen oral capsule 25 mg</i> (Kiprofen)	Tier 2	

Drug	Status	Notes
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	Tier 2	
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	Tier 2	
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml)</i>	Tier 2	
<i>ketorolac injection syringe 15 mg/ml, 30 mg/ml</i>	Tier 2	
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	Tier 2	
<i>ketorolac intramuscular syringe 60 mg/2 ml</i>	Tier 2	
<i>ketorolac oral tablet 10 mg</i>	Tier 2	QL (20 EA per 5 days)
KIPROFEN ORAL CAPSULE 25 MG (ketoprofen)	Tier 2	
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	Tier 2	
<i>mefenamic acid oral capsule 250 mg</i>	Tier 2	
<i>meloxicam oral suspension 7.5 mg/5 ml</i>	Tier 2	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	Tier 2	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	Tier 2	
<i>naproxen oral tablet 250 mg, 375 mg</i>	Tier 2	
<i>naproxen oral tablet 500 mg</i> (Naprosyn)	Tier 2	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i> (EC-Naproxen)	Tier 2	
<i>naproxen sodium oral tablet 275 mg</i>	Tier 2	
<i>naproxen sodium oral tablet 550 mg</i> (Anaprox DS)	Tier 2	
<i>oxaprozin oral tablet 600 mg</i> (Daypro)	Tier 2	
<i>piroxicam oral capsule 10 mg</i>	Tier 2	
<i>piroxicam oral capsule 20 mg</i> (Feldene)	Tier 2	
<i>sulindac oral tablet 150 mg, 200 mg</i>	Tier 2	
<i>tolmetin oral capsule 400 mg</i>	Tier 2	
TORONOVA II SUIK KIT 30 MG/ML	Tier 4	
TORONOVA SUIK KIT 30 MG/ML	Tier 4	
Plasma Kallikrein Inhibitors		
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	Tier 5	PA
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	Tier 5	PA
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)	Tier 5	PA

Drug	Status	Notes
Local Anesthesia		
Local Anesthetics		
GLYDO MUCOUS MEMBRANE JELLY (lidocaine hcl) IN APPLICATOR 2 %	Tier 2	
KOVANAZE NASAL NASAL SPRAY SYRINGE 6-0.1 MG/0.2 ML	Tier 4	
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i> (Glydo)	Tier 2	
<i>lidocaine hcl mucous membrane solution 2 %</i> (Lidocaine Viscous)	Tier 2	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	Tier 2	
LIDOCAINE VISCOUS MUCOUS MEMBRANE SOLUTION 2 % (lidocaine hcl)	Tier 2	
MARVONA SUIK (PF) KIT 0.5 % (5 MG/ML)	Tier 4	
Periodontal Anesthetics		
ORAQIX DENTAL CARTRIDGE 2.5-2.5 %	Tier 4	
Lower Gastrointestinal Disorders - Bowel Inflammation		
Chronic Inflammation. Colon Disease, 5-Aminosalicylates, Rectal Treatment		
<i>mesalamine rectal enema 4 gram/60 ml</i> (Rowasa)	Tier 2	
<i>mesalamine rectal suppository 1,000 mg</i> (Canasa)	Tier 2	
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i> (Rowasa)	Tier 2	
Drug Treatment-Chronic Inflammation. Colon Disease, 5-Aminosalicylates		
<i>balsalazide oral capsule 750 mg</i> (Colazal)	Tier 2	
DIPENTUM ORAL CAPSULE 250 MG	Tier 4	ST: Requires prior prescription for Mesalamine within the past 120 days
<i>mesalamine oral capsule (with delayed release tablets) 400 mg</i> (Delzicol)	Tier 2	
<i>mesalamine oral capsule, extended release 500 mg</i> (Pentasa)	Tier 2	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i> (Apriso)	Tier 2	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i> (Lialda)	Tier 2	
<i>mesalamine oral tablet, delayed release (dr/ec) 800 mg</i>	Tier 2	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	Tier 3	

Drug	Status	Notes
sulfasalazine oral tablet 500 mg (Azulfidine)	Tier 2	
sulfasalazine oral tablet, delayed release (dr/ec) 500 mg (Azulfidine EN-tabs)	Tier 2	
Hemorrhoidal Prep, Anti-Inflam Steroid/Local Anesth		
ANA-LEX KIT RECTAL KIT 2-2 %	Tier 2	
hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 % (Analpram-HC)	Tier 2	
hydrocortisone-pramoxine rectal cream 2.5-1 % (4g)	Tier 2	
lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %	Tier 2	
lidocaine hcl-hydrocortison ac rectal gel 3 %-2.5 % (7 gram)	Tier 2	
lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram), 3-0.5 %, 3-1 % (7 gram)	Tier 2	
lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %	Tier 2	
lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)	Tier 2	
PROCORT RECTAL CREAM 1.85-1.15 %	Tier 4	
PROCTOFOAM HC RECTAL FOAM 1-1 %	Tier 3	
ZYPRAM RECTAL KIT, CREAM AND TOWELETTE 2.35-1 %	Tier 4	
Ibs Agents, Mixed Opioid Recep Agonists/Antagonists		
VIBERZI ORAL TABLET 100 MG, 75 MG	Tier 3	
Integrin Receptor Antagonist, Monoclonal Antibody		
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML	Tier 5	PA
Irritable Bowel Agents, Guanylate Cylase-C Agonist		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	Tier 3	QL (1 EA per 1 day)
TRULANCE ORAL TABLET 3 MG	Tier 3	QL (1 EA per 1 day)
Local Anorectal Nitrate Preparations		
nitroglycerin rectal ointment 0.4 % (w/w) (Rectiv)	Tier 2	
Rectal Preparations		
ANUCORT-HC RECTAL SUPPOSITORY 25 MG (hydrocortisone acetate)	Tier 2	

Drug	Status	Notes
<i>hydrocortisone acetate rectal suppository 25 mg</i> (Anucort-HC)	Tier 2	
<i>hydrocortisone acetate rectal suppository 30 mg</i> (Hemmorex-HC)	Tier 2	
Rectal/Lower Bowel Prep.,Glucocort. (Non-Hemorr)		
<i>budesonide rectal foam 2 mg/actuation</i> (Uceris)	Tier 2	
CORTIFOAM RECTAL FOAM 10 % (80 MG)	Tier 4	
<i>hydrocortisone rectal enema 100 mg/60 ml</i> (Cortenema)	Tier 2	
Lower Gastrointestinal Disorders - Other		
Ammonia Inhibitors		
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG (carglumic acid)	Tier 5	PA
<i>carglumic acid oral tablet, dispersible 200 mg</i> (Carbaglu)	Tier 5	PA
ENULOSE ORAL SOLUTION 10 GRAM/15 ML (lactulose)	Tier 2	
GENERLAC ORAL SOLUTION 10 GRAM/15 ML (lactulose)	Tier 2	
LITHOSTAT ORAL TABLET 250 MG	Tier 4	
OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM	Tier 5	PA
PHEBURANE ORAL GRANULES 483 MG/GRAM	Tier 5	PA
RAVICTI ORAL LIQUID 1.1 GRAM/ML	Tier 5	PA
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i> (Buphenyl)	Tier 5	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i> (Buphenyl)	Tier 5	PA
Antidiarrheal - G.I. Chloride Channel Inhibitors		
MYTESI ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG	Tier 5	ST: Requires prior prescription for Antiretrovirals within the past 120 days; QL (2 EA per 1 day)
Antidiarrheal - Tryptophan Hydroxylase Inhibitor		
XERMELO ORAL TABLET 250 MG	Tier 5	PA
Antidiarrheals		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	Tier 2	

Drug	Status	Notes
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil)	Tier 2	
<i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide))	Tier 2	
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	Tier 2	
Bile Salts		
CHENODAL ORAL TABLET 250 MG	Tier 5	PA
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	Tier 5	PA
<i>ursodiol oral capsule 300 mg</i>	Tier 2	
<i>ursodiol oral tablet 250 mg</i>	Tier 2	
<i>ursodiol oral tablet 500 mg</i> (URSO Forte)	Tier 2	
Farnesoid X Receptor (Fxr) Agonist, Bile Ac Analog		
OALIVA ORAL TABLET 10 MG, 5 MG	Tier 5	PA
Ibs Agents,Sodium-Hydrogen Exchanger 3(Nhe3) Inhib		
IBSRELA ORAL TABLET 50 MG	Tier 4	PA
Ileal Bile Acid Transporter (Ibat) Inhibitor		
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG	Tier 5	PA
BYLVAY ORAL PELLETT 200 MCG, 600 MCG	Tier 5	PA
LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML	Tier 5	PA
Irritable Bowel Synd. Agent,5Ht-3 Antagonist-Type		
<i>alosetron oral tablet 0.5 mg, 1 mg</i> (Lotronex)	Tier 2	
Laxatives And Cathartics		
CLEARLAX ORAL POWDER 17 GRAM/DOSE (polyethylene glycol 3350)	Tier 2	
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML	\$0 COPAY	\$0 COPAY IF QUANTITY IS 350, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (350 ML per 1 FILL)
CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML (lactulose)	Tier 2	
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM (peg 3350-electrolytes)	\$0 COPAY	\$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)

Drug	Status	Notes
GAVILYTE-G ORAL RECON SOLN 236- (peg 3350-electrolytes) 22.74-6.74 -5.86 GRAM	\$0 COPAY	\$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
GAVILYTE-N ORAL RECON SOLN 420 (peg-electrolyte soln) GRAM	\$0 COPAY	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (4000 ML per 1 FILL)
GENTLELAX ORAL POWDER 17 (polyethylene glycol 3350) GRAM/DOSE	Tier 2	
<i>lactulose oral solution 10 gram/15 ml</i> (Constulose)	Tier 2	
<i>lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml</i>	Tier 2	
LAXACLEAR ORAL POWDER 17 (polyethylene glycol 3350) GRAM/DOSE	Tier 2	
LAXATIVE PEG 3350 ORAL POWDER (polyethylene glycol 3350) 17 GRAM/DOSE	Tier 2	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i> (Amitiza)	Tier 2	QL (2 EA per 1 day)
NATURA-LAX ORAL POWDER 17 (polyethylene glycol 3350) GRAM/DOSE	Tier 2	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i> (GaviLyte-G)	\$0 COPAY	\$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i> (MoviPrep)	\$0 COPAY	\$0 COPAY IF QUANTITY IS 1, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (1 EA per 1 FILL)
<i>peg-electrolyte soln oral recon soln 420 gram</i> (GaviLyte-N)	\$0 COPAY	\$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	\$0 COPAY	ST: Prior prescription for Sutab, Clenpiq, or generic bowel prep within the past 120 days; \$0 COPAY IF QUANTITY IS 3, FILL OF 2 IN 365 DAYS, TRIAL OF CLENPIQ, SUTAB, OR A GENERIC BOWEL PREP, AND 45-75 YEARS OF AGE; QL (3 EA per 1 FILL)
<i>polyethylene glycol 3350 oral powder 17 gram/dose</i> (ClearLax)	Tier 2	

Drug	Status	Notes
POWDERLAX ORAL POWDER 17 GRAM/DOSE (polyethylene glycol 3350)	Tier 2	
PURELAX ORAL POWDER 17 GRAM/DOSE (polyethylene glycol 3350)	Tier 2	
SMOOTHLAX ORAL POWDER 17 GRAM/DOSE (polyethylene glycol 3350)	Tier 2	
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i> (Suprep Bowel Prep Kit)	\$0 COPAY	\$0 COPAY IF QUANTITY IS 354, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (354 ML per 1 FILL)
SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 GRAM	\$0 COPAY	ST: Prior prescription for Sutab, Clenpiq, or generic bowel prep within the past 120 days; \$0 COPAY IF QUANTITY IS 2, FILL OF 2 IN 365 DAYS, TRIAL OF SUTAB, CLENPIQ OR GENERIC BOWEL PREP, AND 45-75 YEARS OF AGE; QL (2 EA per 1 FILL)
SUTAB ORAL TABLET 1.479-0.188-0.225 GRAM	\$0 COPAY	\$0 COPAY IF QUANTITY IS 24, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (24 EA per 1 FILL)
Narcotic Antagonists, Peripherally-Acting		
<i>alvimopan oral capsule 12 mg</i>	Tier 2	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	Tier 3	QL (1 EA per 1 day)
RELISTOR ORAL TABLET 150 MG	Tier 4	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	Tier 4	PA
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	Tier 4	PA
SYMPROIC ORAL TABLET 0.2 MG	Tier 3	QL (1 EA per 1 day)
Ppar Agonist		
IQIRVO ORAL TABLET 80 MG	Tier 5	PA
LIVDELZI ORAL CAPSULE 10 MG	Tier 5	PA
Sbs - Glucagon-Like Peptide-2 (Glp-2) Analogs		
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	Tier 5	PA
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	Tier 5	PA

Drug	Status	Notes
Medical Supplies		
Bandages And Related Supplies		
ACESO AG TOPICAL BANDAGE 4 X 4 "	Tier 4	
ACTICOAT DRESSING TOPICAL BANDAGE 16 X 16 ", 4 X 4 ", 4 X 48 ", 4 X 8 ", 8 X 16 "	Tier 4	
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 4	
CARRASYN HYDROGEL WOUND DRESS TOPICAL GEL	Tier 4	
CURAD XEROFORM PETROLATM DRESS TOPICAL BANDAGE 1 X 8 "	Tier 4	
CURAFIL GEL WOUND TOPICAL GEL	Tier 4	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL SPONGE 0.2 %- 2" X 2"	Tier 4	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL STRIP 0.2 %- 1/2" X 3 FEET	Tier 4	
CURITY AMD TOPICAL BANDAGE 1 X 5 "-YARD, 1/4 X 36 "	Tier 4	
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 4	
DYNAFOAM AG TOPICAL BANDAGE 4 X 4 "	Tier 4	
DYNAGINATE AG TOPICAL BANDAGE 12 ", 2 X 2 ", 4 X 5 ", 4 X 8 "	Tier 4	
KENDALL AMD ANTIMICRBF OASIS DRS TOPICAL BANDAGE 0.5 %- 4" X 4"	Tier 4	
KERAGEL TOPICAL GEL	Tier 4	
KERLIX AMD TOPICAL BANDAGE 0.2 %- 4.5" X 4.1 YARD	Tier 4	
KERLIX AMD TOPICAL SPONGE 0.2 %- 6" X 6.75"	Tier 4	
MAXORB EXTRA TOPICAL BANDAGE 4 X 4 "	Tier 4	
MEDIHONEY (HYDROCOLLOID-HONEY) TOPICAL BANDAGE 2 X 2 ", 4 X 5 "	Tier 4	
OASIS WOUND MATRIX FENESTRATED TOPICAL SHEET 3 X 3.5 CM, 3 X 7 CM	Tier 4	

Drug	Status	Notes
OASIS WOUND MATRIX MESHED TOPICAL SHEET 5 X 7 CM, 7 X 10 CM, 7 X 20 CM	Tier 4	
PETROLEUM GAUZE TOPICAL BANDAGE	Tier 4	
PIVOT SILVER ALGINATE TOPICAL BANDAGE 1 X 12 ", 2 X 2 ", 4 X 4 ", 4 X 5 ", 6 X 6 "	Tier 4	
PURACOL PLUS AG TOPICAL BANDAGE 2 X 2.2 "	Tier 4	
RESTORE CALCIUM ALGINATE TOPICAL BANDAGE 4 X 4 3/4 "	Tier 4	
RESTORE TOPICAL BANDAGE 1 X 12 ", 2 X 2 "	Tier 4	
SILIGENTLE AG TOPICAL BANDAGE 2 X 2 ", 4 X 4 ", 4 X 5 ", 6 X 6 "	Tier 4	
SILINOIN TOPICAL SHEET 5 CM X 14 CM	Tier 4	
SPECTRAGEL TOPICAL GEL	Tier 4	
STRATACTX TOPICAL GEL	Tier 4	
STRATAGRT TOPICAL GEL	Tier 4	
STRATAXRT TOPICAL GEL	Tier 4	
THERAHONEY TOPICAL BANDAGE 4 X 5 "	Tier 4	
XEROFORM PETROLATUM DRESSING TOPICAL BANDAGE 4 X 4 ", 5 X 9 "	Tier 4	
ZENPHOR TOPICAL BANDAGE 2 X 4.7 "	Tier 4	
ZENPHOR TOPICAL GEL	Tier 4	
Blood Administration Sets		
IVENIX BLOOD PRODUCT ADMIN SET BLOOD ADMINISTRATION SET	Tier 4	
Blood Sugar Diagnostics		
BLULINK BG SYSTEM REFILL KIT 32 GAUGE	Tier 3	QL (200 EA per 30 days)
Catheters And Related Devices		
ADVANCE PLUS INTERMITTENT 10 FR, 10-16 FR-", 12 FR, 12-16 FR-", 16-16 FR-", 18-16 FR-", 6-16 FR-", 8-16 FR-"	Tier 4	
ADVANCE PLUS INTERMITTENT 14-16 (catheter) FR-"	Tier 4	
ADVANCE PLUS INTERMITTENT COMBO PACK 6 FR, 8 FR- 16"	Tier 4	

Drug	Status	Notes
APOGEE IC INTERMIT CATHETER 14-6 FR-"	Tier 4	
APOGEE PLUS INTERMITT CATHETER 16-16 FR-"	Tier 4	
BARDEX I.C. FOLEY CATHETER 24 FR	Tier 4	
CURITY DRAINAGE BAG 2,000 ML	Tier 4	
DOVER COATED LATEX FOLEY COMBO PACK	Tier 4	
DOVER FOLEY CATHETER 24 FR	Tier 4	
DOVER LATEX FOLEY CATHETER 16 FR, 28 FR	Tier 4	
DOVER RED RUBBER ROBINSON CATH 8 FR	Tier 4	
DOVER UNIVERSAL TRAY (catheterization tray)	Tier 4	
FEMALE CATHETER 14 FR	Tier 4	
KENGUARD FOLEY CATHETER 18-16 FR-"	Tier 4	
KENGUARD FOLEY CATHETER TRAY (catheterization tray)	Tier 4	
LOFRIC 12-16 FR-"	Tier 4	
LOFRIC 14-16 FR-" (catheter)	Tier 4	
LOFRIC HYDRO-KIT COMBO PACK 14 FR- 16"	Tier 4	
LOFRIC ORIGO 14-16 FR-" (catheter)	Tier 4	
LOFRIC PRIMO NELATON CATHETER 16-16 FR-"	Tier 4	
LOFRIC SENSE NELATON CATHETER 14-6 FR-"	Tier 4	
MAGIC3 INTERMITTENT CATHETER 10-16 FR-", 12-16 FR-"	Tier 4	
MONO-FLO DRAINAGE BAG 2,000 ML	Tier 4	
ROBINSON CLEAR VINYL CATHETER 16 FR	Tier 4	
SELF-CATHETER, FEMALE 14 FR	Tier 4	
SILASTIC FOLEY CATHETER 20 FR	Tier 4	
SPEEDICATH (FEMALE) 16 FR	Tier 4	
TOUCH-TROL 10 FR	Tier 4	
VAPRO PLUS INTERMITT CATHETER COMBO PACK 12 FR- 8", 14 FR- 16", 14 FR- 8"	Tier 4	
Durable Medical Equipment,Misc		
AIRS ADULT AEROSOL MASK (nebulizer accessories)	Tier 4	
ALL FLOW 1000 KIT (nebulizer accessories)	Tier 4	
ALL FLOW 1000 PFT FILTER (nebulizer accessories)	Tier 4	
ALL FLOW 3000 KIT (nebulizer accessories)	Tier 4	

Drug	Status	Notes
ALL FLOW 3000 PFT FILTER (nebulizer accessories)	Tier 4	
ALL FLOW 4000 KIT (nebulizer accessories)	Tier 4	
ALL FLOW 4000 PFT FILTER (nebulizer accessories)	Tier 4	
ALL FLOW 5000 KIT (nebulizer accessories)	Tier 4	
ALL FLOW 5000 PFT FILTER (nebulizer accessories)	Tier 4	
ALL FLOW 6000 PFT FILTER (nebulizer accessories)	Tier 4	
AMIELLE VAGINAL TRAINER KIT	Tier 4	
ARGYLE TRACHEOSTOMY CARE TRAY	Tier 4	
CEFALY COMBO PACK	Tier 4	
CLEVER CHOICE NEB KIT-ADULT (nebulizer accessories)	Tier 4	
CLEVER CHOICE NEB KIT-CHILD (nebulizer accessories)	Tier 4	
ENFIT MEDICINE BOTTLE ADAPTER (adapter cap for bottle)	Tier 4	
INNOSPIRE REPLACEMENT FILTER (nebulizer accessories)	Tier 4	
INSPIRATION ELITE FILTER (nebulizer accessories)	Tier 4	
NOSE CLIP (nebulizer accessories)	Tier 4	
PARI BABY CONV KIT - SIZE 1 KIT	Tier 4	
PARI BABY CONV KIT - SIZE 2 KIT	Tier 4	
PARI BABY CONV KIT - SIZE 3 KIT	Tier 4	
PARI TREK S PORTABLE PWR KIT (nebulizer accessories)	Tier 4	
PILLOW MASK CHILD (nebulizer accessories)	Tier 4	
PRO COMFORT TENS ELECTRODE PAD	Tier 4	
PRO COMFORT TENS UNIT COMBO PACK	Tier 4	
PRO-CEPTION VAGINAL	Tier 4	
PRONEB ULTRA II FILTER ASSEM (nebulizer accessories)	Tier 4	
PTS COLLECT CAPILLARY TUBE	Tier 4	
REUSABLE NEBULIZER KIT KIT	Tier 4	
RUBBER MOUTHPIECE (nebulizer accessories)	Tier 4	
SAMI THE SEAL MASK (nebulizer accessories)	Tier 4	
SIDESTREAM MASK (nebulizer accessories)	Tier 4	
SILICONE MASK (nebulizer accessories)	Tier 4	
TENS 502 DEVICE	Tier 4	
TENS 504 DEVICE	Tier 4	
Durable Medical Equipment,Misc(Group 1)		
ACCU-CHEK FASTCLIX LANCET DRUM (lancets)	Tier 3	
ACCU-CHEK SAFE-T-PRO 23 GAUGE	Tier 3	
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE	Tier 3	

Drug	Status	Notes
ACCU-CHEK SOFTCLIX LANCETS (lancets)	Tier 3	
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE	Tier 3	
ACTI-LANCE LANCETS 28 GAUGE (lancets)	Tier 3	
ADVANCED TRAVEL LANCETS 28 GAUGE (lancets)	Tier 3	
ADVOCATE LANCET 21 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
ADVOCATE LANCET 23 GAUGE	Tier 3	
ALTERNATE SITE LANCET 26 GAUGE (lancets)	Tier 3	
ASSURE LANCE 25 GAUGE	Tier 3	
ASSURE LANCE 28 GAUGE (lancets)	Tier 3	
ASSURE LANCE PLUS 21 GAUGE, 30 GAUGE (lancets)	Tier 3	
ASSURE LANCE PLUS 25 GAUGE	Tier 3	
BD MICROTAINER LANCET 1.5 X 2 MM	Tier 3	
BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE (lancets)	Tier 3	
BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 28 GAUGE (lancets)	Tier 3	
BULLSEYE MINI SAFETY LANCETS 25 GAUGE	Tier 3	
BUTTERFLY TOUCH LANCET 30 GAUGE (lancets)	Tier 3	
CAREONE ULTRA THIN LANCET (lancets)	Tier 3	
CARESENS LANCETS 30 GAUGE (lancets)	Tier 3	
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE (lancets)	Tier 3	
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
CHOSEN LANCET 30 GAUGE (lancets)	Tier 3	
CHOSEN SAFETY LANCET 28 GAUGE (lancets)	Tier 3	
CLEVER CHEK LANCETS 30 GAUGE (lancets)	Tier 3	
COAGUCHEK LANCETS (lancets)	Tier 3	
COLOR LANCETS 21 GAUGE (lancets)	Tier 3	
COMFORT EZ LANCETS 21 GAUGE, 28 GAUGE (lancets)	Tier 3	
COMFORT EZ LANCETS 23 GAUGE	Tier 3	
COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE (lancets)	Tier 3	
COMFORT TOUCH ULT THIN LANCETS 31 GAUGE	Tier 3	
DROPLET LANCETS 30 GAUGE (lancets)	Tier 3	

Drug	Status	Notes
EASY COMFORT LANCETS 30 GAUGE (lancets)	Tier 3	
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
EASY TOUCH LANCETS 32 GAUGE	Tier 3	
EASY TOUCH SAFETY LANCETS 21 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
EASY TOUCH SAFETY LANCETS 23 GAUGE, 32 GAUGE	Tier 3	
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
EASY TOUCH TWIST LANCETS 32 GAUGE	Tier 3	
EASY TWIST AND CAP LANCETS 28 GAUGE (lancets)	Tier 3	
EMBRACE LANCETS 30 GAUGE (lancets)	Tier 3	
EMBRACE SAFETY LANCET 21 GAUGE, 28 GAUGE (lancets)	Tier 3	
E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
E-Z JECT LANCETS 32 GAUGE	Tier 3	
E-Z JECT THIN LANCETS 28 GAUGE (lancets)	Tier 3	
EZ SMART LANCETS 28 GAUGE (lancets)	Tier 3	
FINGERSTIX LANCETS (lancets)	Tier 3	
FORACARE LANCETS 30 GAUGE (lancets)	Tier 3	
FREESTYLE LANCETS 28 GAUGE (lancets)	Tier 3	
FREESTYLE UNISTIK 2 (lancets)	Tier 3	
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
GOJJI LANCETS 30 GAUGE (lancets)	Tier 3	
HEALTHY ACCENTS UNILET LANCET 30 GAUGE (lancets)	Tier 3	
INCONTROL SUPER THIN LANCETS 30 GAUGE (lancets)	Tier 3	
INCONTROL ULTRA THIN LANCETS 28 GAUGE (lancets)	Tier 3	
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
INVACARE LANCETS 30 GAUGE (lancets)	Tier 3	
<i>lancets</i> (Accu-Chek Fastclix Lancet Drum)	Tier 3	
<i>lancets 21 gauge, 26 gauge, 30 gauge</i> (Advocate Lancet)	Tier 3	
<i>lancets 28 gauge</i> (Acti-Lance Lancets)	Tier 3	

Drug		Status	Notes
<i>lancets 33 gauge</i>	(CareTouch Twist Lancet)	Tier 3	
LANCETS, SUPER THIN	(lancets)	Tier 3	
LANCETS, THIN , 28 GAUGE	(lancets)	Tier 3	
LANCETS, ULTRA THIN	(lancets)	Tier 3	
MEDISENSE THIN LANCETS 28 GAUGE	(lancets)	Tier 3	
MEDLANCE PLUS LANCETS 21 GAUGE, 30 GAUGE	(lancets)	Tier 3	
MEDLANCE PLUS LANCETS 25 GAUGE		Tier 3	
MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM		Tier 3	
MICRO THIN LANCETS 33 GAUGE	(lancets)	Tier 3	
MICRODOT LANCET 28 GAUGE	(lancets)	Tier 3	
MICROLET LANCET	(lancets)	Tier 3	
MOBILE LANCETS 30 GAUGE	(lancets)	Tier 3	
MONOLET LANCETS 21 GAUGE	(lancets)	Tier 3	
MONOLET THIN LANCETS 28 GAUGE	(lancets)	Tier 3	
MYGLUCOHEALTH LANCETS 30 GAUGE	(lancets)	Tier 3	
NOVA SAFETY LANCETS 23 GAUGE		Tier 3	
NOVA SAFETY LANCETS 28 GAUGE	(lancets)	Tier 3	
NOVA SUREFLEX LANCETS	(lancets)	Tier 3	
ON CALL LANCET 30 GAUGE	(lancets)	Tier 3	
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE	(lancets)	Tier 3	
ONETOUCH DELICA SAFETY LANCET 30 GAUGE	(lancets)	Tier 3	
ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE	(lancets)	Tier 3	
ON-THE-GO LANCETS 30 GAUGE	(lancets)	Tier 3	
PERFECT POINT SAFETY LANCETS 28 GAUGE, 30 GAUGE	(lancets)	Tier 3	
PIP LANCET 28 GAUGE, 30 GAUGE	(lancets)	Tier 3	
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE	(lancets)	Tier 3	
PRO COMFORT LANCET 30 GAUGE	(lancets)	Tier 3	
PRO COMFORT LANCET 31 GAUGE		Tier 3	
PRO COMFORT SAFETY LANCET 30 GAUGE	(lancets)	Tier 3	
PRODIGY LANCETS 26 GAUGE, 28 GAUGE	(lancets)	Tier 3	
PRODIGY TWIST TOP LANCET 28 GAUGE	(lancets)	Tier 3	

Drug	Status	Notes
PURE COMFORT LANCETS 30 GAUGE (lancets)	Tier 3	
PURE COMFORT SAFETY LANCETS 30 GAUGE (lancets)	Tier 3	
PUSH BUTTON SAFETY LANCETS 21 GAUGE, 28 GAUGE (lancets)	Tier 3	
RELIAMED LANCET 23 GAUGE	Tier 3	
RELIAMED LANCET 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
RELIAMED TWIST AND CAP LANCET 28 GAUGE (lancets)	Tier 3	
RIGHTEST GL300 LANCETS 30 GAUGE (lancets)	Tier 3	
SAFETY LANCETS 21 GAUGE, 28 GAUGE (lancets)	Tier 3	
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
SAFETY-LET LANCETS 30 GAUGE (lancets)	Tier 3	
SINGLE-LET (lancets)	Tier 3	
SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE (lancets)	Tier 3	
SMARTEST LANCET (lancets)	Tier 3	
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
STERILANCE TL 30 GAUGE (lancets)	Tier 3	
STERILANCE TL 32 GAUGE	Tier 3	
SUPER THIN LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
SURE COMFORT LANCETS 18 GAUGE, 23 GAUGE	Tier 3	
SURE COMFORT LANCETS 21 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
SURE-LANCE , 26 GAUGE, 28 GAUGE (lancets)	Tier 3	
SURE-LANCE ULTRA THIN 30 GAUGE (lancets)	Tier 3	
SURE-TOUCH LANCET (lancets)	Tier 3	
TECHLITE LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
TELCARE LANCETS 30 GAUGE (lancets)	Tier 3	
TEMPO REFILL KIT WITH GAUZE KIT	Tier 3	
THIN LANCETS 26 GAUGE (lancets)	Tier 3	
TOPCARE UNIVERSAL1 LANCET , 33 GAUGE (lancets)	Tier 3	

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

Drug	Status	Notes
UNISTIK NORMAL LANCETS 23 GAUGE	Tier 3	
UNISTIK PRO LANCET 21 GAUGE, 28 GAUGE (lancets)	Tier 3	
UNISTIK PRO LANCET 25 GAUGE	Tier 3	
UNISTIK SAFETY 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
UNISTIK TOUCH LANCETS 21 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
UNISTIK TOUCH LANCETS 23 GAUGE	Tier 3	
UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 3	
VERIFINE SAFETY LANCET MINI 21 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 3	
VERIFINE SAFETY LANCET MINI 23 GAUGE	Tier 3	
VERIFINE UNIVERSAL LANCET 28 GAUGE (lancets)	Tier 3	
VIVAGUARD LANCET 30 GAUGE (lancets)	Tier 3	
VIVAGUARD SAFETY LANCET 28 GAUGE (lancets)	Tier 3	
Feeding Devices		
ENTERAL GRAVITY BAG SET-ENFIT	Tier 4	
KANGAROO 924 SAFETY SCREW (pump set)	Tier 4	
KANGAROO EPUMP SET	Tier 4	
KANGAROO GRAVITY SET	Tier 4	
RELIZORB CARTRIDGE	Tier 4	
Incontinence Supplies		
FLEXI-SEAL SIGNAL FMS RECTAL	Tier 4	
TENS CARE ITOUCH SURE VAGINAL DEVICE	Tier 4	
Medical Supplies, Miscellaneous		
VARITHENA ADMINISTRATION PACK	Tier 4	
VIBRANT ORAL CAPSULE	Tier 4	
VIBRANT STARTER KIT COMBO PACK	Tier 4	
Medical Supplies, Miscellaneous (Group 2)		
EAR POPPER INFLATION DEVICE	Tier 4	
NASAL DEVICE		
PCCA ACCUPEN-15 DEVICE	Tier 4	
Medical Supplies, Miscellaneous (Group 3)		
XENOVUE EMPTY DELIVERY BAG	Tier 4	

Drug	Status	Notes
Parenteral Administration Sets		
BD INSYTE AUTOGUARD INFUSION SET 22 GAUGE X 1", 24 GAUGE X 3/4"	Tier 4	
BD SAF-T-INTIMA INFUSION SET 22 GAUGE X 3/4"	Tier 4	
FILTERED EXTENSION SET INFUSION SET	Tier 4	
HALO B-LOCK CLOSED LINE ADAPTR	Tier 4	
HALO CLOSED BAG ADAPTOR	Tier 4	
HALO CLOSED LINE ADAPTOR	Tier 4	
HALO CLOSED SYRINGE ADAPTOR	Tier 4	
HI-VOLUME PUMPING CHAMBER SET	Tier 4	
INSUFLON INFUSION SET 25 X 18 MM	Tier 4	
INSYTE IV CATHETER INFUSION SET 14 X 1.75 ", 20 X 1.16 "	Tier 4	
I-PORT	Tier 4	
I-PORT ADVANCE 6 MM INJEC PORT	Tier 4	
I-PORT ADVANCE 9 MM INJEC PORT	Tier 4	
IVENIX ADMIN SET 2INLET 2YSITE (iv administration set) INFUSION SET	Tier 4	
IVENIX ADMIN SET 2INLET Y-SITE (iv administration set) INFUSION SET	Tier 4	
IVENIX ADMIN SET SINGLE-INLET (iv administration set) INFUSION SET	Tier 4	
MICROBORE EXTENSION SET (iv admin extension set) INFUSION SET	Tier 4	
MONOJECT LUER ADAPTER INTRAVENOUS ADMIX ACCESSORY	Tier 4	
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 4	
PHASEAL ASSEMBLY FIXTURE DEVICE	Tier 4	
PHASEAL CONNECTOR LUER LOCK	Tier 4	
PHASEAL INFUSION ADAPTER	Tier 4	
PHASEAL INFUSION CLAMP	Tier 4	
PHASEAL INJECTOR LUER	Tier 4	
PHASEAL INJECTOR LUER LOCK	Tier 4	
PHASEAL SECONDARY SET INFUSION SET	Tier 4	
PHASEAL Y-SITE	Tier 4	
RATE FLOW REGULATOR IV SET (iv administration set) INFUSION SET	Tier 4	

Drug	Status	Notes
TRANSFER SET	Tier 4	
Syringes And Accessories		
ADVOCATE SYRINGES SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100) Tier 4	
ALLERGIST TRAY 1/2 ML 27GX3/8" SYRINGE 1/2 ML 27 GAUGE X 3/8"	Tier 4	
ALLERGIST TRAY INTRADERMAL BEV SYRINGE 1 ML 26 GAUGE X 1/2", 1 ML 27 GAUGE X 3/8"	Tier 4	
ALLERGIST TRAY INTRADERMAL BEV SYRINGE 1 ML 26 GAUGE X 3/8"	(tuberculin-allergy syringes) Tier 4	
ALLERGIST TRAY REGULAR BEVEL SYRINGE 1 ML 27 GAUGE X 3/8"	Tier 4	
ALLERGY SYRINGE SYRINGE 1 ML 27 GAUGE X 3/8", 1 ML 27 X 1/2"	Tier 4	
AQINJECT 3.0 LOCK SYRINGE SYRINGE 3 ML	(syringe (disposable)) Tier 4	
AQINJECT LUER LOCK SYRINGE SYRINGE 10 ML	Tier 4	
AQINJECT LUER LOCK SYRINGE SYRINGE 20 ML, 5 ML	(syringe (disposable)) Tier 4	
AQINJECT SAFETY SYRINGE SYRINGE 1 ML 23 GAUGE X 1", 1 ML 25 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1"	Tier 4	
BD ALLERGIST TRAY REG BEVEL SYRINGE 1 ML 27 X 1/2"	Tier 4	
BD ALLERGIST TRAY REG BEVEL TRAY 1/2 ML 27 X 1/2"	Tier 4	
BD ALLERGY SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2"	Tier 4	
BD BLUNT PLASTIC CANNULA SYRINGE 17 X 3 ML	Tier 4	
BD BULK SYRINGE SLIP TIP SYRINGE 1 ML	Tier 4	
BD BULK SYRINGE SLIP TIP SYRINGE 5 ML	(syringe (disposable)) Tier 4	
BD ECCENTRIC TIP SYRINGE SYRINGE 10 ML	Tier 4	
BD ECLIPSE LUER-LOK SYRINGE 1 ML 27 X 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 X 5/8"	Tier 4	

Drug	Status	Notes
BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	Tier 4	
BD INSULIN SYRINGE (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 5/16"	Tier 3	
BD INSULIN SYRINGE MICRO-FINE SYRINGE 1 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	Tier 4	
BD INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	Tier 4	
BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64"	Tier 3	
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	Tier 4	
BD INTEGRA SYRINGE SYRINGE 3 ML 21 GAUGE X 1 1/2" (syringe with needle)	Tier 4	
BD INTEGRA SYRINGE SYRINGE 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8"	Tier 4	
BD INTERLINK BLUNT PLASTIC CAN SYRINGE 17 X 5 ML	Tier 4	
BD INTERLINK SYRINGE SYRINGE 17 X 10 ML	Tier 4	
BD LO-DOSE MICRO-FINE IV SYRINGE 1/2 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	Tier 4	
BD LUER-LOK BULK SYRINGE SYRINGE 20 ML (syringe (disposable))	Tier 4	
BD LUER-LOK SYRINGE SYRINGE 1 ML, 1 ML 20 GAUGE X 1", 10 ML, 10 ML 20 X 1 1/2", 10 ML 20 X 1", 10 ML 21 GAUGE X 1", 10 ML 21 X 1 1/2", 3 ML 18 X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/2", 3 ML 25 X 5/8", 3 ML 26 X 5/8", 5 ML 20 X 1 1/2", 5 ML 20 X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 50 ML	Tier 4	
BD LUER-LOK SYRINGE SYRINGE 20 ML, 3 ML, 5 ML (syringe (disposable))	Tier 4	
BD LUER-LOK SYRINGE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1 1/2" (syringe with needle)	Tier 4	
BD LUER-LOK TIP CONTROL SYRINGE SYRINGE 10 ML	Tier 4	

Drug	Status	Notes
BD SAFETYGLIDE ALLERGIST TRAY SYRINGE 1 ML 26 GAUGE X 3/8" (tuberculin-allergy syringes)	Tier 4	
BD SAFETYGLIDE ALLERGIST TRAY SYRINGE 1 ML 27 X 1/2"	Tier 4	
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64"	Tier 4	
BD SAFETYGLIDE SHIELDING REG SYRINGE 1 ML 25 GAUGE X 5/8", 3 ML 21 GAUGE X 1 1/2"	Tier 4	
BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8"	Tier 4	
BD SAFETYGLIDE TB REG BEVEL SYRINGE 1 ML 27 X 1/2"	Tier 4	
BD SAFETYGLIDE TUBERCULIN SYRINGE 1 ML 27 GAUGE X 3/8"	Tier 4	
BD SLIP TIP SYRINGE SYRINGE 1 ML 26 GAUGE X 5/8", 10 ML, 50 ML	Tier 4	
B-D SLIP TIP SYRINGE SYRINGE 20 ML (syringe (disposable))	Tier 4	
BD SLIP TIP SYRINGE SYRINGE 3 ML (syringe (disposable))	Tier 4	
BD SYRINGE CATH TIP NONSTERILE SYRINGE 50 ML	Tier 4	
BD SYRINGE CATHETER TIP SYRINGE 50 ML	Tier 4	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 10 ML, 50 ML	Tier 4	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 20 ML, 5 ML (syringe (disposable))	Tier 4	
BD SYRINGE LUER-LOK STERILE SYRINGE 10 ML, 50 ML	Tier 4	
BD SYRINGE SLIP TIP NONSTERILE SYRINGE 10 ML, 50 ML	Tier 4	
BD SYRINGE SLIP TIP NONSTERILE SYRINGE 20 ML (syringe (disposable))	Tier 4	
BD SYRINGE SYRINGE 1 ML	Tier 4	
BD SYRINGE-DUAL CANNULA SYRINGE 10 ML 20 GAUGE AND 17 GAUGE	Tier 4	
BD TUBERCULIN SLIP-TIP SYRINGE 1 ML, 1 ML 27 GAUGE X 3/8"	Tier 4	

Drug	Status	Notes
BD TUBERCULIN SYRINGE SYRINGE 1 ML 21 GAUGE X 1", 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2", 1/2 ML 27 X 1/2 "	Tier 4	
BD TUBERCULIN SYRINGE SYRINGE 1 ML 26 GAUGE X 3/8"	(tuberculin-allergy syringes) Tier 4	
BD VEO INSULIN SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64"	Tier 3	
BD VEO INSULIN SYRINGE UF SYRINGE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u- 100) Tier 4	
CAREPOINT LUER LOCK SYRINGE SYRINGE 3 ML	(syringe (disposable)) Tier 4	
CAREPOINT LUER LOCK SYR- NEEDLE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2"	(syringe with needle) Tier 4	
CAREPOINT LUER LOCK SYR- NEEDLE SYRINGE 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8"	Tier 4	
CAREPOINT LUER SLIP SYRINGE SYRINGE 1 ML	Tier 4	
CAREPOINT LUER SLIP SYRING-NDL SYRINGE 1 ML 25 GAUGE X 5/8"	Tier 4	
CAREPOINT SAFETY LL SYR-NEEDLE SYRINGE 1 ML 25 GAUGE X 1"	Tier 4	
CARETOUCH INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u- 100) Tier 4	
CARETOUCH INSULIN SYRINGE SYRINGE 1 ML 28 X 5/16", 1 ML 29 GAUGE X 5/16	Tier 4	
CARETOUCH LUER LOCK SYRINGE SYRINGE 1 ML	Tier 4	
CARETOUCH LUER LOCK SYRINGE SYRINGE 3 ML, 5 ML	(syringe (disposable)) Tier 4	
CARETOUCH LUER LOCK SYR- NEEDLE SYRINGE 3 ML 22 GAUGE X 1", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/2 ", 3 ML 25 X 5/8"	Tier 4	
CARETOUCH LUER LOCK SYR- NEEDLE SYRINGE 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2"	(syringe with needle) Tier 4	

Drug	Status	Notes
CARETOUCH LUER SLIP SYRINGE SYRINGE 1 ML, 10 ML	Tier 4	
CARETOUCH LUER SLIP SYRINGE (syringe (disposable)) SYRINGE 3 ML, 5 ML	Tier 4	
COMFORT EZ INSULIN SYRINGE (insulin syringe-needle u- SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 100) ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 15/64"	Tier 4	
DAVOL IRRIGATION SYRINGE SYRINGE	Tier 4	
DAVOL PISTON IRRIGATION SYRINGE	Tier 4	
DOVER BULB SYRINGE SYRINGE 60 ML	Tier 4	
DROPLET INSULIN SYR(HALF UNIT) SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 0.5ML 30 GAUGE X 15/64"	Tier 4	
DROPLET INSULIN SYRINGE (insulin syringe-needle u- SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 100) ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16	Tier 4	
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 15/64"	Tier 4	
DROPSAFE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16"	Tier 4	

Drug	Status	Notes
EASY COMFORT INSULIN SYRINGE (insulin syringe-needle u-100) SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 4	
EASY COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 31 X 1/2", 1 ML 32 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16"	Tier 4	
EASY GLIDE CATHETER TIP SYRING (syringe (disposable)) SYRINGE 60 ML	Tier 4	
EASY GLIDE DENTAL IRRIG SYRING SYRINGE 10 ML	Tier 4	
EASY GLIDE INSULIN SYRINGE (insulin syringe-needle u-100) SYRINGE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"	Tier 4	
EASY GLIDE LUER LOCK SYRINGE SYRINGE 1 ML, 10 ML	Tier 4	
EASY GLIDE LUER LOCK SYRINGE (syringe (disposable)) SYRINGE 3 ML, 60 ML	Tier 4	
EASY GLIDE LUER SLIP TB SYRING SYRINGE 1 ML	Tier 4	
EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16"	Tier 4	

Drug	Status	Notes
EASY TOUCH FLIPLOCK SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2", 10 ML 18 GAUGE X 1 1/2", 10 ML 18 GAUGE X 1", 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 10 ML 21 X 1", 10 ML 22 GAUGE X 1 1/2", 10 ML 25 GAUGE X 1", 3 ML 18 GAUGE X 1 1/2", 3 ML 18 GAUGE X 1", 3 ML 19 GAUGE X 1 1/2", 3 ML 19 GAUGE X 1", 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8", 5 ML 18 GAUGE X 1", 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 25 GAUGE X 1", 5 ML 25 GAUGE X 5/8"	Tier 4	
EASY TOUCH FLIPLOCK SYRINGE SYRINGE 3 ML 22 GAUGE X 1" (syringe with needle, safety)	Tier 4	
EASY TOUCH FLURINGE FLIPLOCK SYRINGE 1 ML 25 GAUGE X 1"	Tier 4	
EASY TOUCH FLURINGE FLIPLOCK SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle, safety)	Tier 4	
EASY TOUCH FLURINGE FLU TRAY TRAY 1 ML 25 GAUGE X 1"	Tier 4	
EASY TOUCH FLURINGE SHEATHLOCK SYRINGE 1 ML 25 GAUGE X 1"	Tier 4	
EASY TOUCH FLURINGE SHEATHLOCK SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle, safety)	Tier 4	
EASY TOUCH FLURINGE SYRINGE 1 ML 25 GAUGE X 1" (syringe with needle)	Tier 4	
EASY TOUCH FLURINGE SYRINGE 1 ML 25 GAUGE X 5/8"	Tier 4	
EASY TOUCH INSULIN SAFETY SYR SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2"	Tier 4	

Drug	Status	Notes
EASY TOUCH INSULIN SYRINGE (insulin syringe-needle u-100) SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	Tier 4	
EASY TOUCH INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8"	Tier 4	
EASY TOUCH LUER LOCK INSULIN SYRINGE 1 ML (insulin syringe needleless)	Tier 4	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 1 ML, 10 ML	Tier 4	
EASY TOUCH LUER LOCK SYRINGE (syringe (disposable)) SYRINGE 20 ML, 3 ML, 5 ML, 60 ML	Tier 4	
EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16"	Tier 4	
EASY TOUCH SHEATHLOCK SYRG-NDL SYRINGE 10 ML 21 GAUGE X 1 1/2", 10 ML 22 GAUGE X 1 1/2", 10 ML 25 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8", 5 ML 21 GAUGE X 1 1/2", 5 ML 22 GAUGE X 1 1/2", 5 ML 25 GAUGE X 1"	Tier 4	
EASY TOUCH SHEATHLOCK SYRG-NDL SYRINGE 3 ML 22 GAUGE X 1" (syringe with needle, safety)	Tier 4	
EASY TOUCH SHEATHLOCK SYRINGE SYRINGE 10 ML	Tier 4	
EASY TOUCH SHEATHLOCK SYRINGE SYRINGE 3 ML, 5 ML (syringe (disposable))	Tier 4	
EASY TOUCH SYR ALLERGY TRAY TRAY 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2"	Tier 4	
EASY TOUCH SYRINGE 1 ML 25 GAUGE X 1", 3 ML 22 X 1 1/2" (syringe with needle)	Tier 4	

Drug	Status	Notes
EASY TOUCH SYRINGE 1 ML 25 GAUGE X 5/8", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8"	Tier 4	
EASY TOUCH TUBERCULIN FLIPLOCK SYRINGE 1 ML 26 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2"	Tier 4	
EASY TOUCH TUBERCULIN SHEATHLK SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle, safety)	Tier 4	
EASY TOUCH TUBERCULIN SHEATHLK SYRINGE 1 ML 26 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2"	Tier 4	
EASY TOUCH UNI-SLIP SYRINGE 1 ML (insulin syringe needleless)	Tier 4	
EASY TOUCH UNI-SLIP SYRINGE 10 ML	Tier 4	
EASY TOUCH UNI-SLIP SYRINGE 3 ML, 5 ML (syringe (disposable))	Tier 4	
ECLIPSE SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 3 ML 21 GAUGE X 1", 3 ML 25 GAUGE X 1"	Tier 4	
ENFIT THUMB CONTROL RING SYRINGE 60 ML (syringe, enfit, non-sterile)	Tier 4	
EXCEL SYRINGE SYRINGE 3 ML 23 X 1"	Tier 4	
EXEL INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	Tier 4	
EXEL SYRINGE SYRINGE 10 ML, 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4", 50 ML	Tier 4	
EXEL SYRINGE SYRINGE 3 ML 23 GAUGE X 1 1/2" (syringe with needle)	Tier 4	
EXEL SYRINGE SYRINGE 30 ML (syringe (disposable))	Tier 4	
EXTENDED RESERVOIR 3 ML	Tier 4	
FREESTYLE PRECISION SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	Tier 4	

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

Drug	Status	Notes
<i>insulin syringe-needle u-100 syringe 1/2 ml 28 gauge</i> (Monoject Syringe)	Tier 4	
<i>insulin syringe-needle u-100 syringe 1/2 ml 28 gauge x 1/2"</i> (BD Lo-Dose Micro-Fine IV)	Tier 4	
INTEGRA SYRINGE SYRINGE 3 ML 21 GAUGE X 1"	Tier 4	
INTERLINK LEVER LOCK CANNULA	Tier 4	
INTERLINK SYRINGE AND CANNULA SYRINGE 15 X 10 ML	Tier 4	
IRRIGATION SYRINGE SYRINGE	Tier 4	
KENDALL DISINFECTANT CAP	Tier 4	
LIFESHIELD BLUNT CANNULA SYRINGE 1 ML 18 GAUGE X 1", 3 ML 18 X 1"	Tier 4	
LUER LOCK SYRINGE SYRINGE 30 ML, 60 ML (syringe (disposable))	Tier 4	
LUER SLIP TIP SYRINGE TRAY SYRINGE 1 ML	Tier 4	
LUER-LOK TIP SYRINGE 30 ML (syringe (disposable))	Tier 4	
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"	Tier 4	
MAGELLAN SAFETY SYRINGE SYRINGE 1 ML 23 GAUGE X 1"	Tier 4	
MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16", 1 ML 27 GAUGE X 1/2"	Tier 4	
MAGELLAN TUBERCULIN SAFETY SYR SYRINGE 1 ML 28 GAUGE X 1/2"	Tier 4	
MAXICOMFORT INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2" (insulin syringe-needle u-100)	Tier 4	
MAXI-COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	Tier 4	
MONOJECT 140CC PISTON SYRINGE SYRINGE	Tier 4	
MONOJECT 35CC SYRINGE CATH TIP SYRINGE 35 ML	Tier 4	
MONOJECT 3CC SYR 25GX1" SYRINGE 3 ML 25 GAUGE X 1"	Tier 4	
MONOJECT ALLERGY TRAY DETACH TRAY 1 ML 27 X 1/2"	Tier 4	
MONOJECT ALLERGY TRAY TRAY 0.5 ML 28 X 1/2", 1 ML 28 X 1/2"	Tier 4	

Drug	Status	Notes
MONOJECT CONTROL SYRINGE LUER SYRINGE 12 ML	Tier 4	
MONOJECT DISPOSABLE SYRINGE (syringe (disposable)) SYRINGE 20 ML	Tier 4	
MONOJECT ECCENTRIC NON- STERILE SYRINGE 12 ML, 35 ML	Tier 4	
MONOJECT ENFIT STERILE SYRINGE (syringe, enfit, sterile) SYRINGE 1 ML, 3 ML, 35 ML, 60 ML	Tier 4	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 6 ML	Tier 4	
MONOJECT ENFIT SYRINGE CAP	Tier 4	
MONOJECT ENFIT SYRINGE (syringe, enfit, non-sterile) SYRINGE 1 ML, 3 ML, 35 ML, 60 ML	Tier 4	
MONOJECT ENFIT SYRINGE SYRINGE 12 ML, 6 ML	Tier 4	
MONOJECT INSULIN SAFETY SYRING (insulin syringe-needle u- SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 100) ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16"	Tier 4	
MONOJECT INSULIN SAFETY SYRING SYRINGE 29 GAUGE X 1/2"	Tier 4	
MONOJECT INSULIN SYRINGE (insulin syringe-needle u- SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 100) ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	Tier 4	
MONOJECT INSULIN SYRINGE (insulin syringes SYRINGE 1 ML (disposable))	Tier 4	
MONOJECT LUER-LOCK TIP SYRINGE 12 ML	Tier 4	
MONOJECT LUER-LOCK TIP (syringe (disposable)) SYRINGE 3 ML	Tier 4	
MONOJECT MAGELLAN SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 3 ML 20 GAUGE X 1"	Tier 4	
MONOJECT MAGELLAN SYRINGE (syringe with needle, SYRINGE 1 ML 25 GAUGE X 5/8" safety)	Tier 4	
MONOJECT PHARMACY TRAY LUER SYRINGE 12 ML, 35 ML, 6 ML	Tier 4	

Drug	Status	Notes
MONOJECT PHARMACY TRAY LUER SYRINGE 20 ML, 3 ML, 60 ML (syringe (disposable))	Tier 4	
MONOJECT PHARMACY TRAY REG TIP SYRINGE 1 ML	Tier 4	
MONOJECT REG TIP NON-STERILE SYRINGE 12 ML, 6 ML	Tier 4	
MONOJECT REG TIP NON-STERILE SYRINGE 20 ML, 3 ML (syringe (disposable))	Tier 4	
MONOJECT REGULAR LUER SYRINGE 12 ML, 35 ML, 6 ML	Tier 4	
MONOJECT REGULAR LUER SYRINGE 3 ML (syringe (disposable))	Tier 4	
MONOJECT SAFETY LUER LOCK TIP SYRINGE 3 ML (syringe (disposable))	Tier 4	
MONOJECT SAFETY SYRINGES SYRINGE , 12 ML, 12 ML 20 X 1 1/2", 12 ML 21X 1 1/2", 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 5/8", 6 ML	Tier 4	
MONOJECT SAFETY SYRINGES SYRINGE 3 ML 22 GAUGE X 1" (syringe with needle, safety)	Tier 4	
MONOJECT SMARTIP CANNULA SYRINGE 12 ML, 3 ML, 6 ML	Tier 4	
MONOJECT SYRINGE ECCENTRI LUER SYRINGE 60 ML (syringe (disposable))	Tier 4	
MONOJECT SYRINGE LUER LOK SYRINGE 35 ML, 6 ML	Tier 4	
MONOJECT SYRINGE LUER LOK SYRINGE 60 ML (syringe (disposable))	Tier 4	
MONOJECT SYRINGE REGULAR LUER SYRINGE 60 ML (syringe (disposable))	Tier 4	
MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE (insulin syringe-needle u-100)	Tier 4	
MONOJECT SYRINGE SYRINGE 12 ML 18 GAUGE X 1", 12 ML 20 X 1 1/2", 12 ML 21 GAUGE X 1 1/2", 12 ML 21 GAUGE X 1", 140 ML, 3 ML 20 GAUGE X 1", 3 ML 20 X 3/4", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/4", 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4", 6 ML, 6 ML 20 X 1 1/2", 6 ML 21 X 1 1/2", 6 ML 21 X 1", 6 ML 22 X 1 1/2"	Tier 4	
MONOJECT SYRINGE SYRINGE 3 ML (syringe (disposable))	Tier 4	

Drug	Status	Notes
MONOJECT SYRINGE SYRINGE 3 ML (syringe with needle) 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 22 X 1 1/2"	Tier 4	
MONOJECT SYRINGE TOOMEY TYPE (syringe (disposable)) SYRINGE 60 ML	Tier 4	
MONOJECT TB LUER LOK SYRINGE 1 ML	Tier 4	
MONOJECT TB REGULAR LUER TIP SYRINGE 1 ML	Tier 4	
MONOJECT TB SAFETY SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2"	Tier 4	
MONOJECT TB SYRINGE 1 ML 28 GAUGE X 1/2"	Tier 4	
MONOJECT TUBERCULIN SYRINGE (tuberculin-allergy SYRINGE 1 ML 26 GAUGE X 3/8" syringes)	Tier 4	
MONOJECT TUBERCULIN SYRINGE SYRINGE 1 ML, 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2", 1 ML 28 GAUGE X 1/2", 1/2 ML 28 X 1/2"	Tier 4	
MONOJECT ULTRA COMFORT (insulin syringe-needle u- INSULIN SYRINGE 1/2 ML 28 GAUGE 100)	Tier 4	
NORM-JECT SYRINGE 10 ML	Tier 4	
NORM-JECT SYRINGE 20 ML (syringe (disposable))	Tier 4	
NORM-JECT TUBERKULIN SYRINGE 1 ML	Tier 4	
PARADIGM RESERVOIR 1.8 ML, 3 ML	Tier 4	
PISTON SYRINGE WITH ENFIT (syringe, enfit, non-sterile) SYRINGE 60 ML	Tier 4	
PRO COMFORT INSULIN SYRINGE (insulin syringe-needle u- SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 100) ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 4	
PRODIGY INSULIN SYRINGE (insulin syringe-needle u- SYRINGE 0.3 ML 31 GAUGE X 5/16", 100) 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2"	Tier 4	
SAFESNAP INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 4	
SAFESNAP SYRINGE SYRINGE 1 ML (syringe-needle,safety,disp 25 GAUGE X 5/8" unt)	Tier 4	

Drug	Status	Notes
SAFESNAP SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 10 ML, 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 10 ML 21 GAUGE X 1", 10 ML 22 GAUGE X 1 1/2", 10 ML 22 GAUGE X 1", 3 ML, 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8", 5 ML, 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 22 GAUGE X 1"	Tier 4	
SECURES SAFE INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 4	
SURE COMFORT INS. SYR. U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	Tier 4	
SURE COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 1/4"	Tier 4	
SURE-JECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	Tier 4	
SURGUARD2 SAFETY SYRINGE 1 ML 25 GAUGE X 5/8", 3 ML 22 GAUGE X 1" (syringe with needle, safety)	Tier 4	

Drug	Status	Notes
SURGUARD2 SAFETY SYRINGE 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2", 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8", 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2"	Tier 4	
<i>syringe (disposable) syringe 20 ml, 5 ml</i> (Aqinject Luer Lock Syringe)	Tier 4	
<i>syringe (disposable) syringe 3 ml</i> (Aqinject 3.0 Lock Syringe)	Tier 4	
<i>syringe (disposable) syringe 30 ml</i> (Exel Syringe)	Tier 4	
<i>syringe (disposable) syringe 60 ml</i> (Easy Glide Catheter Tip Syringe)	Tier 4	
SYRINGE 3CC/20GX1" SYRINGE 3 ML 20 GAUGE X 1"	Tier 4	
SYRINGE 3CC/21GX1" SYRINGE 3 ML 21 GAUGE X 1"	Tier 4	
SYRINGE 3CC/21GX1-1/2" SYRINGE 3 ML 21 GAUGE X 1 1/2" (syringe with needle)	Tier 4	
SYRINGE 3CC/22GX1" SYRINGE 3 ML 22 GAUGE X 1"	Tier 4	
SYRINGE 3CC/22GX3/4" SYRINGE 3 ML 22 GAUGE X 3/4"	Tier 4	
SYRINGE 3CC/25GX1" SYRINGE 3 ML 25 GAUGE X 1"	Tier 4	
<i>syringe with needle syringe 1 ml 25 gauge x 1"</i> (Easy Touch)	Tier 4	
<i>syringe with needle syringe 3 ml 20 gauge x 1 1/2", 3 ml 23 gauge x 1 1/2"</i> (BD Luer-Lok Syringe)	Tier 4	
<i>syringe with needle syringe 3 ml 21 gauge x 1 1/2"</i> (BD Integra Syringe)	Tier 4	
<i>syringe with needle syringe 3 ml 22 x 1 1/2"</i> (Carepoint Luer Lock Syringe)	Tier 4	
<i>syringe with needle, safety syringe 0.5 ml 30 gauge x 1/2"</i>	Tier 4	
SYRINGE WITHOUT NEEDLE SYRINGE	Tier 4	
<i>syringe, enfit, non-sterile syringe 0.5 ml, 10 ml, 20 ml, 5 ml</i>	Tier 4	
<i>syringe, enfit, non-sterile syringe 1 ml, 3 ml, 35 ml</i> (Monoject ENFit Syringe)	Tier 4	

Drug	Status	Notes
syringe, enfit, non-sterile syringe 60 ml (ENFit Thumb Control Ring Syrin)	Tier 4	
syringe, enfit, sterile syringe 1 ml, 3 ml, 35 ml, 60 ml (Monoject ENFit Sterile Syringe)	Tier 4	
syringe, enfit, sterile syringe 10 ml, 20 ml, 5 ml	Tier 4	
TECHLITE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	Tier 4	
TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16"	Tier 4	
TERUMO ALLERGY SYRINGE SYRINGE 1 ML 27 X 1/2"	Tier 4	
TERUMO HYPODERMIC NEEDLE/SYRIN SYRINGE 5 ML 20 X 1 1/2", 5 ML 20 X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 22 X 1"	Tier 4	
TERUMO INSULIN SYRINGE SYRINGE 0.3 ML 30 X 3/8", 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" (insulin syringe-needle u-100)	Tier 4	
TERUMO SYRINGE SYRINGE 3 ML 23 GAUGE X 1 1/2" (syringe with needle)	Tier 4	
TERUMO SYRINGE SYRINGE 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8"	Tier 4	
TERUMO SYRINGE SYRINGE 30 ML (syringe (disposable))	Tier 4	
THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8", 0.5 ML 29 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" (insulin syringe-needle u-100)	Tier 4	
THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 31 X 3/8", 0.5 ML 31 X 3/8", 1 ML 31 X 3/8"	Tier 4	
TOOMEY SYRINGE SYRINGE 70 ML	Tier 4	

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

Drug	Status	Notes
ULTICARE LOW DEAD SPACE SYRINGE SYRINGE 1 ML 22 GAUGE X 1 1/2"	Tier 4	
ULTICARE LOW DEAD SPACE SYRINGE SYRINGE 3 ML 22 X 1 1/2"	(syringe with needle) Tier 4	
ULTICARE SAFETY SYRINGE SYRINGE 3 ML 22 GAUGE X 1"	(syringe with needle, safety) Tier 4	
ULTICARE SAFETY SYRINGE SYRINGE 3 ML, 3 ML 21 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8"	Tier 4	
ULTICARE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16"	(insulin syringe-needle u-100) Tier 4	
ULTICARE SYRINGE 1 ML 25 GAUGE X 5/8"	Tier 4	
ULTICARE TB SAFETY SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2"	Tier 4	
ULTIGUARD SAFEPACK-INSULIN SYR SYRINGE 0.3 ML 30 X 1/2", 0.3 ML 31 X 5/16", 1 ML 30 X 1/2", 1 ML 31 X 5/16", 1/2 ML 30 X 1/2", 1/2 ML 31 X 5/16"	Tier 4	
ULTILET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 29	(insulin syringe-needle u-100) Tier 4	
ULTILET INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE	Tier 4	
ULTRA CMFT INS SYR (HALF UNIT) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16"	Tier 4	

Drug	Status	Notes
ULTRA COMFORT INSULIN SYRINGE (insulin syringe-needle u-100) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29, 1/2 ML 30 GAUGE	Tier 4	
ULTRA COMFORT INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE	Tier 4	
ULTRA FLO INSUL SYR(HALF UNIT) SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	Tier 4	
ULTRA FLO INSULIN SYRINGE (insulin syringe-needle u-100) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2"	Tier 4	
ULTRACARE INSULIN SYRINGE (insulin syringe-needle u-100) SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 4	
ULTRA-THIN II (SHORT) INS SYR (insulin syringe-needle u-100) SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 4	
ULTRA-THIN II INSULIN SYRINGE (insulin syringe-needle u-100) SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 4	
VANISHPOINT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 3/16"	Tier 4	
VANISHPOINT SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	Tier 4	
VANISHPOINT SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2" (syringe with needle)	Tier 4	

Drug	Status	Notes
VANISHPOINT SYRINGE SYRINGE 10 ML 21 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 23 X 1", 3 ML 25 GAUGE X 1 1/2", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2"	Tier 4	
VANISHPOINT TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2"	Tier 4	
VERIFINE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	Tier 4	
Miscellaneous Agents		
Amyloidosis Agents-Transthyretin (Ttr) Suppression		
WAINUA SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.8 ML	Tier 5	PA
Anaphylaxis Therapy Agents		
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml</i> (Auvi-Q)	Tier 2	QL (4 EA per 1 FILL)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr)	Tier 2	QL (4 EA per 1 FILL)
NEFFY NASAL SPRAY, NON-AEROSOL 2 MG/SPRAY (0.1 ML)	Tier 4	QL (4 EA per 1 FILL)
Cxcr4 Chemokine Receptor Antagonist		
XOLREMDI ORAL CAPSULE 100 MG	Tier 5	PA
Genetic D/O Tx-Exon Inclusion Antisense Oligonucle		
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	Tier 5	PA
Miscellaneous Agents		
NEXAVIR INJECTION SOLUTION 25.5 MG/ML	Tier 4	
Parasympathetic Agents		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 2	
<i>cevimeline oral capsule 30 mg</i> (Evoxac)	Tier 2	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> (Salagen (pilocarpine))	Tier 2	
Pharmacological Chaperone-Alpha-Galactosid.A Stabz		
GALAFOLD ORAL CAPSULE 123 MG	Tier 5	PA

Drug	Status	Notes
Pku Treatment Agents - Phenylalanine Ammonia Lyase		
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	Tier 5	PA
Pku Tx Agent-Cofactor Of Phenylalanine Hydroxylase		
JAVYGTOR ORAL POWDER IN PACKET 100 MG, 500 MG (sapropterin)	Tier 5	
JAVYGTOR ORAL TABLET,SOLUBLE 100 MG (sapropterin)	Tier 5	
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG (sapropterin)	Tier 5	
KUVAN ORAL TABLET,SOLUBLE 100 MG (sapropterin)	Tier 5	
<i>sapropterin oral powder in packet 100 mg, 500 mg</i> (Javygtor)	Tier 5	
<i>sapropterin oral tablet,soluble 100 mg</i> (Javygtor)	Tier 5	
Systemic Enzyme Inhibitors		
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	Tier 5	
JOENJA ORAL TABLET 70 MG	Tier 5	PA
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+-)/20 ML	Tier 5	
VIJOICE ORAL GRANULES IN PACKET 50 MG	Tier 5	PA
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG	Tier 5	PA
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG	Tier 5	
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	Tier 5	PA
Thyroid Hormone Receptor (Thr) Agonist		
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	Tier 5	PA
Topical Anticholinergic Hyperhidrosis Tx Agents		
QBREXZA TOPICAL TOWELETTE 2.4 %	Tier 3	PA
SOFDRA TOPICAL GEL WITH PUMP 12.45 % (72 MG /ACTUATION)	Tier 4	PA

Drug	Status	Notes
Neoplastic Disease		
Alkylating Agents		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Tier 5	
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	Tier 5	
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (Iomustine)	Tier 5	PA
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	Tier 2	
LEUKERAN ORAL TABLET 2 MG	Tier 5	
MYLERAN ORAL TABLET 2 MG	Tier 5	
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	Tier 5	PA
Antiandrogenic Agents		
<i>abiraterone oral tablet 250 mg, 500 mg</i> (Zytiga)	Tier 5	PA
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	Tier 2	
ERLEADA ORAL TABLET 240 MG, 60 MG	Tier 5	PA
<i>nilutamide oral tablet 150 mg</i> (Nilandron)	Tier 5	QL (2 EA per 1 day)
NUBEQA ORAL TABLET 300 MG	Tier 5	PA
XTANDI ORAL CAPSULE 40 MG	Tier 5	PA
XTANDI ORAL TABLET 40 MG, 80 MG	Tier 5	PA
YONSA ORAL TABLET 125 MG	Tier 5	PA
Antibiotic Antineoplastics		
JELMYTO INTRA-PYELOCALYCEAL KIT 40 MG X 2	Tier 5	PA
Antimetabolites		
<i>capecitabine oral tablet 150 mg, 500 mg</i> (Xeloda)	Tier 5	PA
INQOVI ORAL TABLET 35-100 MG	Tier 5	PA
JYLAMVO ORAL SOLUTION 2 MG/ML	Tier 4	PA
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	Tier 5	PA
<i>mercaptopurine oral tablet 50 mg</i>	Tier 2	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	Tier 2	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	Tier 2	
<i>methotrexate sodium injection solution 25 mg/ml</i>	Tier 2	
<i>methotrexate sodium oral tablet 2.5 mg</i>	Tier 2	
ONUREG ORAL TABLET 200 MG, 300 MG	Tier 5	PA

Drug	Status	Notes
PURIXAN ORAL SUSPENSION 20 MG/ML	Tier 5	ST: Requires prior prescription for Mercaptopurine within the past 120 days
TABLOID ORAL TABLET 40 MG (thioguanine)	Tier 5	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	Tier 3	
XATMEP ORAL SOLUTION 2.5 MG/ML	Tier 4	ST: Requires prior prescription for Methotrexate tablets or injection solution within the past 120 days if 12 years of age and older; QL (120 ML per 60 days)
Antineoplastic Aromatase Inhibitors		
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	\$0 COPAY	\$0 COPAY IF QUANTITY 1 IN 1 DAY
<i>exemestane oral tablet 25 mg</i> (Aromasin)	\$0 COPAY	\$0 COPAY IF QUANTITY 1 IN 1 DAY
<i>letrozole oral tablet 2.5 mg</i> (Femara)	Tier 2	
Antineoplastic - Braf Kinase Inhibitors		
BRAFTOVI ORAL CAPSULE 75 MG	Tier 5	PA
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	Tier 5	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 5	PA
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	Tier 5	PA
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	Tier 5	PA
ZELBORAF ORAL TABLET 240 MG	Tier 5	PA
Antineoplastic - Hedgehog Pathway Inhibitor		
DAURISMO ORAL TABLET 100 MG, 25 MG	Tier 5	PA
ERIVEDGE ORAL CAPSULE 150 MG	Tier 5	PA
ODOMZO ORAL CAPSULE 200 MG	Tier 5	PA
Antineoplastic - Janus Kinase (Jak) Inhibitors		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	Tier 5	PA
Antineoplastic - Kras Protein Inhibitor		
KRAZATI ORAL TABLET 200 MG	Tier 5	PA

Drug	Status	Notes
LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG	Tier 5	PA
Antineoplastic - Mek1 And Mek2 Kinase Inhibitors		
COTELLIC ORAL TABLET 20 MG	Tier 5	PA
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	Tier 5	PA
MEKINIST ORAL RECON SOLN 0.05 MG/ML	Tier 5	PA
MEKINIST ORAL TABLET 0.5 MG, 2 MG	Tier 5	PA
MEKTOVI ORAL TABLET 15 MG	Tier 5	PA
Antineoplastic - Mtor Kinase Inhibitors		
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i> (Torpenz)	Tier 5	PA
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i> (Afinitor Disperz)	Tier 5	PA
TORPENZ ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG (everolimus (antineoplastic))	Tier 5	PA
Antineoplastic - Protein Methyltransferase Inhibit		
TAZVERIK ORAL TABLET 200 MG	Tier 5	PA
Antineoplastic - Topoisomerase I Inhibitors		
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	Tier 5	
Antineoplastic Immunomodulator Agents		
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> (Revlimid)	Tier 5	PA
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	Tier 5	PA
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (lenalidomide)	Tier 5	PA
Antineoplastic Lhrh(Gnrh) Antagonist,Pituit.Supprs		
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	Tier 4	QL (2 EA per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	Tier 4	QL (1 EA per 30 days)
FIRMAGON SUBCUTANEOUS RECON SOLN 120 MG	Tier 4	QL (2 EA per 365 days)
ORGOVYX ORAL TABLET 120 MG	Tier 5	PA

Drug	Status	Notes
Antineoplastic Systemic Enzyme Inhibitors		
ALECENSA ORAL CAPSULE 150 MG	Tier 5	PA
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	Tier 5	PA
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	Tier 5	PA
AUGTYRO ORAL CAPSULE 160 MG, 40 MG	Tier 5	PA
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	Tier 5	PA
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	Tier 5	PA
BOSULIF ORAL CAPSULE 100 MG, 50 MG	Tier 5	PA
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	Tier 5	PA
BRUKINSA ORAL CAPSULE 80 MG	Tier 5	PA
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	Tier 5	PA
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	Tier 5	PA
CAPRELSA ORAL TABLET 100 MG, 300 MG (vandetanib)	Tier 5	PA
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	Tier 5	PA
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	Tier 5	PA
DANZITEN ORAL TABLET 71 MG, 95 MG	Tier 5	PA
<i>dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg</i> (Sprycel)	Tier 5	PA
<i>erlotinib oral tablet 100 mg</i> (Tarceva)	Tier 5	PA
<i>erlotinib oral tablet 150 mg, 25 mg</i>	Tier 5	PA
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	Tier 5	PA
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG	Tier 5	
GAVRETO ORAL CAPSULE 100 MG	Tier 5	PA
<i>gefitinib oral tablet 250 mg</i> (Iressa)	Tier 5	PA
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	Tier 5	PA

Drug	Status	Notes
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	Tier 5	PA
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	Tier 5	PA
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	Tier 5	PA
<i>imatinib oral tablet 100 mg, 400 mg</i> (Gleevec)	Tier 5	PA
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	Tier 5	PA
IMBRUVICA ORAL SUSPENSION 70 MG/ML	Tier 5	PA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	Tier 5	PA
INLYTA ORAL TABLET 1 MG, 5 MG	Tier 5	PA
INREBIC ORAL CAPSULE 100 MG	Tier 5	PA
ITOVEBI ORAL TABLET 3 MG, 9 MG	Tier 5	PA
IWILFIN ORAL TABLET 192 MG	Tier 5	PA
JAYPIRCA ORAL TABLET 100 MG, 50 MG	Tier 5	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 5	PA
<i>lapatinib oral tablet 250 mg</i> (Tykerb)	Tier 5	PA
LAZCLUZE ORAL TABLET 240 MG, 80 MG	Tier 5	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 5	PA
LORBRENA ORAL TABLET 100 MG, 25 MG	Tier 5	PA
LYNPARZA ORAL TABLET 100 MG, 150 MG	Tier 5	PA
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	Tier 5	PA
NERLYNX ORAL TABLET 40 MG	Tier 5	PA
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	Tier 5	PA
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG	Tier 5	PA
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	Tier 5	PA

Drug	Status	Notes
<i>pazopanib oral tablet 200 mg</i> (Votrient)	Tier 5	PA
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	Tier 5	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 5	PA
QINLOCK ORAL TABLET 50 MG	Tier 5	PA
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG	Tier 5	PA
REVUFORJ ORAL TABLET 110 MG, 160 MG	Tier 5	PA
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	Tier 5	PA
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	Tier 5	PA
RUBRACA ORAL TABLET 250 MG, 300 MG	Tier 5	PA
RYDAPT ORAL CAPSULE 25 MG	Tier 5	PA
SCSEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG	Tier 5	PA
<i>sorafenib oral tablet 200 mg</i> (Nexavar)	Tier 5	PA
STIVARGA ORAL TABLET 40 MG	Tier 5	PA
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Sutent)	Tier 5	PA
TABRECTA ORAL TABLET 150 MG, 200 MG	Tier 5	PA
TAGRISSEO ORAL TABLET 40 MG, 80 MG	Tier 5	PA
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	Tier 5	PA
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	Tier 5	PA
TEPMETKO ORAL TABLET 225 MG	Tier 5	PA
TRUQAP ORAL TABLET 160 MG, 200 MG	Tier 5	PA
TUKYSA ORAL TABLET 150 MG, 50 MG	Tier 5	PA
TURALIO ORAL CAPSULE 125 MG	Tier 5	PA
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	Tier 5	PA
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 5	PA

Drug	Status	Notes
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	Tier 5	PA
VITRAKVI ORAL SOLUTION 20 MG/ML	Tier 5	PA
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	Tier 5	PA
VONJO ORAL CAPSULE 100 MG	Tier 5	PA
XALKORI ORAL CAPSULE 200 MG, 250 MG	Tier 5	PA
XALKORI ORAL PELLET 150 MG, 20 MG, 50 MG	Tier 5	PA
XOSPATA ORAL TABLET 40 MG	Tier 5	PA
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	Tier 5	PA
ZYDELIG ORAL TABLET 100 MG, 150 MG	Tier 5	PA
ZYKADIA ORAL TABLET 150 MG	Tier 5	PA
Antineoplastic,Histone Deacetylase Inhibitors,Hdis		
ZOLINZA ORAL CAPSULE 100 MG	Tier 5	
Antineoplastic-B Cell Lymphoma-2(Bcl-2) Inhibitors		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	Tier 5	PA
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG-100 MG	Tier 5	PA
Antineoplastic-Enzyme Inhib, Antiandrogen Comb.		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	Tier 5	PA
Antineoplastic-Hypoxia Inducible Factor (Hif) Inh		
WELIREG ORAL TABLET 40 MG	Tier 5	PA
Antineoplastic-Isocitrate Dehydrogenase Inhibitors		
IDHIFA ORAL TABLET 100 MG, 50 MG	Tier 5	PA
REZLIDHIA ORAL CAPSULE 150 MG	Tier 5	PA
TIBSOVO ORAL TABLET 250 MG	Tier 5	PA
VORANIGO ORAL TABLET 10 MG, 40 MG	Tier 5	PA
Antineoplastics,Miscellaneous		
<i>etoposide oral capsule 50 mg</i>	Tier 2	
LYSODREN ORAL TABLET 500 MG	Tier 5	
MATULANE ORAL CAPSULE 50 MG	Tier 5	

Drug	Status	Notes
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5 ML	Tier 5	PA
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	Tier 5	
Antineoplastic-Select Inhib Of Nuclear Exp (Sine)		
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	Tier 5	PA
Chemotherapy Rescue/Antidote Agents		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	Tier 2	
MESNEX ORAL TABLET 400 MG	Tier 4	
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	Tier 5	QL (24 EA per 14 days)
Intrapleural Sclerosing Agents, Antineoplast. Adj.		
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER 4 GRAM	Tier 4	
<i>sterile talc intrapleural suspension for reconstitution 5 gram</i>	Tier 2	
STERITALC INTRAPLEURAL AEROSOL POWDER 3 GRAM	Tier 4	
STERITALC INTRAPLEURAL SUSPENSION FOR RECONSTITUTION 2 GRAM, 4 GRAM	Tier 4	
Photoactivated, Antineopls. & Premalignant Lesions		
AMELUZ TOPICAL GEL 10 %	Tier 4	
LEVULAN TOPICAL SOLUTION 20 %	Tier 4	
Radioactive Therapeutic Agents		
HICON ORAL KIT 1,000 MCI/ML (1 ML), 250 MCI/0.25 ML, 500 MCI/0.5 ML	Tier 4	
<i>sodium iodide-123 oral capsule 3.7 mbq (100 microci), 7.4 mbq (200 microci)</i>	Tier 2	
<i>sodium iodide-131 oral capsule 3.7 mbq (100 microci)</i>	Tier 2	
Selective Estrogen Receptor Modulators (Serm)		
ORSERDU ORAL TABLET 345 MG, 86 MG	Tier 5	PA

Drug	Status	Notes
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	Tier 3	
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	\$0 COPAY	\$0 COPAY IF QUANTITY 1 IN 1 DAY
<i>toremifene oral tablet 60 mg</i> (Fareston)	Tier 5	PA
Selective Retinoid X Receptor Agonists (Rxr)		
<i>bexarotene oral capsule 75 mg</i> (Targretin)	Tier 5	PA
Steroid Antineoplastics		
<i>megestrol oral tablet 20 mg, 40 mg</i>	Tier 2	
Neurological Disease - Miscellaneous		
Agents To Treat Multiple Sclerosis		
AVONEX INTRAMUSCULAR PEN INJECTOR 30 MCG/0.5 ML	Tier 5	PA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	Tier 5	PA
AVONEX INTRAMUSCULAR SYRINGE 30 MCG/0.5 ML	Tier 5	PA
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	Tier 5	PA
BAFIERTAM ORAL CAPSULE, DELAYED RELEASE (DR/EC) 95 MG	Tier 5	PA
BETASERON SUBCUTANEOUS KIT 0.3 MG	Tier 5	PA
BETASERON SUBCUTANEOUS RECON SOLN 0.3 MG (interferon beta-1b)	Tier 5	PA
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML (glatiramer)	Tier 5	PA
<i>dimethyl fumarate oral capsule, delayed release (dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i> (Tecfidera)	Tier 5	PA
<i> fingolimod oral capsule 0.5 mg</i> (Gilenya)	Tier 5	PA
GILENYA ORAL CAPSULE 0.25 MG	Tier 5	PA
<i>glatiramer subcutaneous syringe 20 mg/ml</i> (Glatopa)	Tier 5	PA
<i>glatiramer subcutaneous syringe 40 mg/ml</i> (Copaxone)	Tier 5	PA
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML (glatiramer)	Tier 5	PA
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	Tier 5	PA
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	Tier 5	PA

Drug	Status	Notes
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	Tier 5	PA
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	Tier 5	PA
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	Tier 5	PA
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	Tier 5	PA
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	Tier 5	PA
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	Tier 5	PA
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	Tier 5	PA
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	Tier 5	PA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	Tier 5	PA
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	Tier 5	PA
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	Tier 5	PA
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	Tier 5	PA
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK 2 MG (2) - 10 MG (3)	Tier 5	PA
PONVORY ORAL TABLET 20 MG	Tier 5	PA
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	Tier 5	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 5	PA
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	Tier 5	PA
TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.25 MG, 0.5 MG	Tier 5	PA
<i>teriflunomide oral tablet 14 mg, 7 mg</i> (Aubagio)	Tier 5	PA

Drug	Status	Notes
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	Tier 5	PA
Agts Tx Neuromusc Transmission Dis,Pot-Chan Blkr		
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	Tier 5	PA
FIRDAPSE ORAL TABLET 10 MG	Tier 5	PA
Amyotrophic Lateral Sclerosis Agents		
RADICAVA ORS ORAL SUSPENSION 105 MG/5 ML	Tier 5	PA
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	Tier 5	PA
<i>riluzole oral tablet 50 mg</i> (Rilutek)	Tier 2	
TEGLUTIK ORAL SUSPENSION 50 MG/10 ML	Tier 5	PA
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	Tier 5	PA
Fibromyalgia Agents,Serotonin-Norepineph Ru Inhib		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	Tier 4	ST: At least 2 prior prescriptions for Amitriptyline HCL, Cyclobenzaprine HCL, Duloxetine HCL, Gabapentin, or Pregabalin within the past 365 days; QL (2 EA per 1 day)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	Tier 4	ST: At least 2 prior prescriptions for Amitriptyline HCL, Cyclobenzaprine HCL, Duloxetine HCL, Gabapentin, or Pregabalin within the past 365 days; QL (2 EA per 1 day)
Genetic Disorder Therapy - Hdac Inhibitor		
DUVYZAT ORAL SUSPENSION 8.86 MG/ML	Tier 5	PA
Glypromate (Gpe) Analogs		
DAYBUE ORAL SOLUTION 200 MG/ML	Tier 5	PA
Heat Shock Protein (Hsp) Modulating Agents		
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG	Tier 5	PA

Drug	Status	Notes
Metabolic Disease Enzyme Replacement, Moccd		
NULIBRY INTRAVENOUS RECON SOLN 9.5 MG	Tier 5	PA
Movement Disorders(Drug Therapy)		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	Tier 5	PA
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG	Tier 5	PA
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	Tier 5	PA
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	Tier 5	PA
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	Tier 5	PA
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	Tier 5	PA
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> (Xenazine)	Tier 5	PA
Nuclear Factor Erythroid 2-Rel. Factor 2 Activator		
SKYCLARYS ORAL CAPSULE 50 MG	Tier 5	PA
Pseudobulbar Affect (Pba) Agents, Nmda Antagonists		
NUDEXTA ORAL CAPSULE 20-10 MG	Tier 4	PA
Sphingosine 1-Phosphate (S1p) Receptor Modulator		
VELSIPITY ORAL TABLET 2 MG	Tier 5	PA
ZEPOSIA ORAL CAPSULE 0.92 MG	Tier 5	PA
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21)	Tier 5	PA
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)	Tier 5	PA
Oral/Pharyngeal Disorders		
Dental Aids And Preparations		
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> (Periogard)	Tier 2	
ORALONE DENTAL PASTE 0.1 % (triamcinolone acetonide)	Tier 2	
PERIOGARD MUCOUS MEMBRANE MOUTHWASH 0.12 % (chlorhexidine gluconate)	Tier 2	

Drug	Status	Notes
Q-CARE RX Q2 KIT 0.12 %	Tier 4	
Q-CARE RX Q4 KIT 0.12 %	Tier 4	
<i>triamcinolone acetonide dental paste 0.1 %</i> (Oralone)	Tier 2	
Nose Preparations, Miscellaneous (Rx)		
<i>cocaine nasal solution 4 %</i> (Numbrino)	Tier 2	
<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	Tier 2	
NUMBRINO NASAL SOLUTION 4 % (cocaine)	Tier 2	
Periodontal Collagenase Inhibitors		
<i>doxycycline hyclate oral tablet 20 mg</i>	Tier 2	
Other Drugs		
Abortifacient, Progesterone Receptor Antagonist-Typ		
MIFEPREX ORAL TABLET 200 MG (mifepristone)	Tier 4	
<i>mifepristone oral tablet 200 mg</i> (Mifeprex)	Tier 2	
Agents For Stomatological Use		
DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 %	Tier 4	
Antivenins		
ANASCORP INTRAVENOUS RECON SOLN 120 MG	Tier 4	
Appetite Stim. For Anorexia, Cachexia, Wasting Synd.		
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	Tier 2	
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	Tier 2	ST: Requires prior prescription for Megestrol Acetate within the past 120 days
Blood Collection Set With Local Anesthetics		
CADIRA COMPLIANT BLOOD STAT KIT 21 GAUGE X 3/4" -2.5 %-2.5 %	Tier 4	
LIDO BDK KIT 21 GAUGE X 1"- 2.5 %-2.5 %	Tier 4	
Blood Testing Preparations, In-Vitro		
COAGUCHEK XS	Tier 4	
Bulk Chemicals		
<i>alum, ammonium (bulk) powder</i>	Tier 4	
<i>ascorbic acid (vitamin c) (bulk) granules 100 %</i>	Tier 4	
<i>balsam peru (bulk) liquid</i>	Tier 4	

Drug	Status	Notes
<i>benzoin (bulk) topical tincture</i>	Tier 4	
<i>citric acid anhydrous (bulk) granules 100 %</i>	Tier 4	
TRI-CHLOR TOPICAL SOLUTION 80 %	Tier 4	
<i>trichloroacetic acid topical recon soln 100 %, 20 %, 25 %, 30 %, 35 %, 40 %, 50 %, 75 %, 80 %, 90 %</i>	Tier 4	
Cardioplegic Solutions		
CARDIOPLEGIA DEL NIDO FORMULA PERFUSION SOLUTION 26 MEQ/1,052.8 ML (POTASSIUM)	Tier 2	
CARDIOPLEGIA HIGH POTASSIUM PERFUSION SOLUTION 108 MEQ/500 ML (POTASSIUM)	Tier 2	
CARDIOPLEGIA IND 4:1 PLASMALYT PERFUSION SOLUTION 30 MEQ/542 ML (POTASSIUM)	Tier 2	
CARDIOPLEGIA IND 4:1 RINGER PERFUSION SOLUTION 48 MEQ/522.8 ML (POTASSIUM)	Tier 2	
CARDIOPLEGIA IND 8:1 NON-ENRCH PERFUSION SOLUTION 70 MEQ/300 ML (POTASSIUM)	Tier 2	
CARDIOPLEGIA INDUCTION 4:1 PERFUSION SOLUTION 30 MEQ/415 ML (POTASSIUM), 36 MEQ/500 ML (POTASSIUM), 60 MEQ/830 ML (POTASSIUM)	Tier 2	
CARDIOPLEGIA INDUCTION 8:1 PERFUSION SOLUTION 100 MEQ/500 ML (POTASSIUM)	Tier 2	
CARDIOPLEGIA MAIN 8:1 NO-ENRCH PERFUSION SOLUTION 24 MEQ/300 ML (POTASSIUM)	Tier 2	
CARDIOPLEGIA MAINT 4:1 PLASMA PERFUSION SOLUTION 30 MEQ/1,047 ML (POTASSIUM)	Tier 4	
CARDIOPLEGIA MAINT 4:1 RINGER PERFUSION SOLUTION 12 MEQ/504.8 ML (POTASSIUM)	Tier 2	
CARDIOPLEGIA MAINTENANCE 4:1 PERFUSION SOLUTION 20 MEQ/810 ML (POTASSIUM), 36 MEQ/L (POTASSIUM)	Tier 2	
CARDIOPLEGIA MAINTENANCE 8:1 PERFUSION SOLUTION 36 MEQ/500 ML (POTASSIUM)	Tier 2	

Drug	Status	Notes
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/477.5 ML (POTASSIUM)	Tier 2	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/500 ML (POTASSIUM), 7.5 MEQ/238.75 ML (POTASSIUM)	Tier 4	
CARDIOPLEGIA WARM INDUCT 4:1 PERFUSION SOLUTION 40 MEQ/500 ML (POTASSIUM)	Tier 4	
<i>cardioplegic no.17(induct 4:1) perfusion solution 50 meq/500 ml (potassium)</i>	Tier 2	
<i>cardioplegic no.19 (maint 4:1) perfusion solution 40 meq/l (potassium)</i>	Tier 2	
<i>cardioplegic soln perfusion solution 16 meq/l (= k+)</i> (Plegisol)	Tier 2	
<i>cardioplegic solution no.25 perfusion solution 29 mmol/l (potassium)</i>	Tier 2	
CUSTODIOL HTK PERFUSION SOLUTION 9 MMOL-198 MMOL -2 MMOL/L	Tier 4	
<i>microplegic solution no.1 perfusion solution 7.84 %-8.56 % (0.92 molar)</i>	Tier 2	
<i>microplegic solution no.1-cp2d perfusion solution 7.84 %-8.56 % (0.92 molar)</i>	Tier 2	
Cholinesterase Reactivat.&Muscarinic Antg.Antidote		
DUODOTE INTRAMUSCULAR PEN INJECTOR 600-2.1 MG/2ML-MG/0.7ML	Tier 4	
Cholinesterase Reactivating,Organophos. Antidotes		
<i>pralidoxime intramuscular pen injector 600 mg/2 ml</i>	Tier 4	
Conception Assistance Supplies		
CONCEPTION KIT	Tier 4	
Condoms		
AIMSCO LATEX CONDOM DEVICE	\$0 COPAY	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
DUREX AIR CONDOM DEVICE	\$0 COPAY	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
DUREX AVANTI BARE REAL FEEL	\$0 COPAY	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60

Drug	Status	Notes
DUREX EXTRA SENSITIVE CONDOM DEVICE	\$0 COPAY	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
DUREX TROPICAL CONDOM DEVICE	\$0 COPAY	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
FANTASY CONDOM DEVICE	\$0 COPAY	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
FC2 FEMALE CONDOM	\$0 COPAY	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
KIMONO LUBRICATED CONDOMS DEVICE	\$0 COPAY	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
KIMONO MICROTHIN AQUA LUBE CON DEVICE	\$0 COPAY	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
KIMONO MICROTHIN CONDOMS DEVICE	\$0 COPAY	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
KIMONO MICROTHIN LARGE CONDOMS DEVICE	\$0 COPAY	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
KIMONO TEXTURED CONDOMS DEVICE	\$0 COPAY	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
KIMONO THIN LUBRICATED CONDOMS DEVICE	\$0 COPAY	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
TROJAN BARESKIN DEVICE	\$0 COPAY	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
TROJAN EXTENDED PLEASURE DEVICE	\$0 COPAY	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
TROJAN PLEASURE PACK DEVICE	\$0 COPAY	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
TROJAN ULTRA RIBBED CONDOM DEVICE	\$0 COPAY	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
TROJAN ULTRA THIN DEVICE	\$0 COPAY	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60

Drug	Status	Notes
TRUE COVER CONDOM DEVICE	\$0 COPAY	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
TRUSTEX LATEX CONDOM DEVICE	\$0 COPAY	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
TRUSTEX LUBRICATED CONDOMS DEVICE	\$0 COPAY	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
TRUSTEX NON-LUB CONDOMS DEVICE	\$0 COPAY	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
TRUSTEX-RIA LUB/SPERMICIDE DEVICE	\$0 COPAY	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
TRUSTEX-RIA LUBRICATED CONDOMS DEVICE	\$0 COPAY	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	\$0 COPAY	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
Cryopreservative Agents		
CRYOSERV SOLUTION 99 %	Tier 4	
Cystic Fibrosis - Inhaled Osmotic Agents		
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	Tier 5	ST: Requires prior prescription for inhaled 7% Sodium Chloride solution within the past 120 days; QL (20 EA per 1 day); Age (Min 18 Years)
Diagnostic Test Devices And Supplies		
<i>eua patient assessment</i>	Tier 4	
Diluent Solutions		
DILUENT FOR ROTARIX ORAL SYRINGE	Tier 4	
DILUTING MEDIUM FOR NOVOLOG INJECTION SOLUTION	Tier 4	
STERILE HYDROGEL FOR JELMYTO INTRA-PYELOCALYCEAL SOLUTION	Tier 4	
Drugs To Treat Hereditary Tyrosinemia		
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i> (Orfadin)	Tier 5	PA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	Tier 5	PA

Drug	Status	Notes
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (nitisinone)	Tier 5	PA
ORFADIN ORAL SUSPENSION 4 MG/ML	Tier 5	PA
Drugs To Tx Gaucher Dx-Type 1, Substrate Reducing		
CERDELGA ORAL CAPSULE 84 MG	Tier 5	
<i>miglustat oral capsule 100 mg</i> (Yargesa)	Tier 5	PA
OPFOLDA ORAL CAPSULE 65 MG	Tier 5	PA
YARGESA ORAL CAPSULE 100 MG (miglustat)	Tier 5	PA
Environment Allergens And Irritants, Other		
T.R.U.E. TEST ALLERGEN TOPICAL ADHESIVE PATCH, MEDICATED	Tier 4	
General Anesthetics - Benzodiazepine, Injectable		
<i>midazolam (pf) injection solution 5 mg/ml</i>	Tier 2	
<i>midazolam injection solution 5 mg/ml</i>	Tier 2	
General Anesthetics, Inhalant		
<i>desflurane inhalation liquid 100 %</i> (Suprane)	Tier 2	
<i>isoflurane inhalation liquid 99.9 %</i> (Terrell)	Tier 2	
<i>sevoflurane inhalation liquid</i> (Ultane)	Tier 2	
SUPRANE INHALATION LIQUID 100 % (desflurane)	Tier 4	
TERRELL INHALATION LIQUID 99.9 % (isoflurane)	Tier 2	
General Inhalation Agents		
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %	Tier 4	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 % (sodium chloride)	Tier 2	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	Tier 4	
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %</i>	Tier 2	
<i>sodium chloride inhalation solution for nebulization 3 %</i> (NebuSal)	Tier 2	
<i>sodium chloride inhalation solution for nebulization 7 %</i> (Hyper-Sal)	Tier 2	
Homeopathic Drugs		
AURUMHEEL ORAL DROPS	Tier 4	
CANTHARIS COMPOSITUM ORAL DROPS	Tier 4	
CRALONIN ORAL DROPS	Tier 4	
EYE ORAL TABLET, SOLUBLE	Tier 4	
LAMIOFLUR ORAL DROPS	Tier 4	

Drug	Status	Notes
PLANTAGO-HOMACCORD ORAL DROPS	Tier 4	
POPULUS COMPOSITUM ORAL DROPS	Tier 4	
PSORINOHEEL ORAL DROPS	Tier 4	
RENEEL ORAL TABLET,SOLUBLE	Tier 4	
SABAL-HOMACCORD ORAL DROPS	Tier 4	
SYZYGIUM COMPOSITUM ORAL DROPS	Tier 4	
VERTIGOHEEL ORAL DROPS	Tier 4	
VERTIGOHEEL ORAL TABLET,SOLUBLE	Tier 4	
Intra-Uterine Devices (IUD's)		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG	\$0 COPAY	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	\$0 COPAY	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG	\$0 COPAY	
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	\$0 COPAY	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG	\$0 COPAY	
Medical Imaging Supplies		
ECOVUE HV ULTRASOUND GEL TOPICAL GEL	Tier 4	
ECOVUE ULTRASOUND GEL TOPICAL GEL	Tier 4	
Metabolic Deficiency Agents		
<i>betaine oral powder 1 gram/scoop</i> (Cystadane)	Tier 5	PA
CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML (levocarnitine)	Tier 4	
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i> (Carnitor)	Tier 2	
<i>levocarnitine oral solution 100 mg/ml</i> (Carnitor (sugar-free))	Tier 2	
<i>levocarnitine oral tablet 330 mg</i> (Carnitor)	Tier 2	

Drug	Status	Notes
Metabolic Disease Enzyme Replace, Hypophosphatasia		
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	Tier 5	PA
Metabolic Dx Enzyme Replacemt,Sev.Comb.Immune Def.		
REVCIVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	Tier 5	PA
Metallic Poison,Agents To Treat		
CHEMET ORAL CAPSULE 100 MG	Tier 4	
CUVRIOR ORAL TABLET 300 MG	Tier 5	PA
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i> (Jadenu Sprinkle)	Tier 5	PA
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i> (Jadenu)	Tier 5	PA
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i> (Exjade)	Tier 5	PA
<i>deferiprone oral tablet 1,000 mg, 500 mg</i> (Ferriprox)	Tier 5	PA
<i>deferoxamine injection recon soln 2 gram</i>	Tier 2	PA
<i>deferoxamine injection recon soln 500 mg</i> (Desferal)	Tier 2	PA
FERRIPROX ORAL SOLUTION 100 MG/ML	Tier 5	PA
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)	Tier 4	
RADIOGARDASE ORAL CAPSULE 0.5 GRAM	Tier 4	
<i>trientine oral capsule 250 mg</i> (Syprine)	Tier 5	PA
<i>trientine oral capsule 500 mg</i>	Tier 5	PA
WILZIN ORAL CAPSULE 25 MG (ZINC)	Tier 4	
Muscarinic Receptor Antagonists		
ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML	Tier 4	
Needles/Needleless Devices		
1ST TIER UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 4	
1ST TIER UNIFINE PENTIPS PLUS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 4	

Drug	Status	Notes
ADVOCATE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Tier 4	
AQINJECT PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 4	
AQINJECT SAFETY NEEDLE NEEDLE 18 GAUGE X 1 1/2"	Tier 4	
AQINJECT SAFETY NEEDLE NEEDLE 23 GAUGE X 1", 25 GAUGE X 1"	Tier 4	
AQINJECT STANDARD NEEDLE NEEDLE 18 GAUGE X 1 1/2"	Tier 4	
AQINJECT STANDARD NEEDLE NEEDLE 23 GAUGE X 1"	Tier 4	
AQINJECT STANDARD NEEDLE NEEDLE 25 GAUGE X 1"	Tier 4	
ASSURE ID DUO PRO SFTY PEN NDL NEEDLE 31 GAUGE X 3/16"	Tier 4	
ASSURE ID PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	Tier 4	
ASSURE ID PRO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"	Tier 4	
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"	Tier 3	
BD ECLIPSE LUER-LOK NEEDLE 21 GAUGE X 1 1/2", 25 GAUGE X 1 1/2", 30 X 1/2 "	Tier 4	
BD ECLIPSE NEEDLE 18 GAUGE X 1 1/2"	Tier 4	
BD ECLIPSE NEEDLE 21 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1"	Tier 4	
BD FILTER NEEDLE 5-MICRON NOKO NEEDLE 18 GAUGE X 1 1/2"	Tier 4	
BD FILTER NEEDLE-5 MICRON NEEDLE 19 X 1 1/2 "	Tier 4	
BD INTEGRA NEEDLE NEEDLE 23 GAUGE X 1"	Tier 4	
BD INTRADERMAL BEVEL NEEDLES NEEDLE 26 GAUGE X 3/8"	Tier 4	
BD NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	Tier 3	
BD NOKOR ADMIX NEEDLE NEEDLE 18 GAUGE X 1 1/2"	Tier 4	
BD PRECISIONGLIDE NEEDLE 25 GAUGE X 1", 27 GAUGE X 1 1/2", 27 GAUGE X 3/8"	Tier 4	

Drug	Status	Notes
BD PRECISIONGLIDE NON-STERILE NEEDLE 18 GAUGE X 1 1/2" (needle (disp) 18 g)	Tier 4	
BD PRECISIONGLIDE NON-STERILE NEEDLE 19 GAUGE X 1 1/2" (needle (disp) 19 g)	Tier 4	
BD PRECISIONGLIDE NON-STERILE NEEDLE 20 GAUGE X 1 1/2", 21 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8"	Tier 4	
BD PRECISIONGLIDE NON-STERILE NEEDLE 23 GAUGE X 1" (needle (disp) 23 gauge)	Tier 4	
BD REGULAR BEVEL NEEDLES NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1" (needle (disp) 18 g)	Tier 4	
BD REGULAR BEVEL NEEDLES NEEDLE 19 GAUGE X 1 1/2" (needle (disp) 19 g)	Tier 4	
BD REGULAR BEVEL NEEDLES NEEDLE 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 23 GAUGE X 3/4", 25 GAUGE X 1 1/2", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2"	Tier 4	
BD SAFETYGLIDE NEEDLE NEEDLE 18 GAUGE X 1 1/2" (safety needles)	Tier 4	
BD SAFETYGLIDE NEEDLE NEEDLE 21 GAUGE X 1 1/2", 21 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1", 25 GAUGE X 5/8", 27 GAUGE X 5/8"	Tier 4	
BD SHORT BEVEL NEEDLES NEEDLE 18 GAUGE X 1 1/2" (needle (disp) 18 g)	Tier 4	
BD SHORT BEVEL NEEDLES NEEDLE 20 GAUGE X 1 1/2", 20 GAUGE X 1"	Tier 4	
BD SHORT BEVEL THIN WALL NEEDLE 19 GAUGE X 1 1/2" (needle (disp) 19 g)	Tier 4	
BD SHORT BEVEL THIN WALL NEEDLE 19 GAUGE X 1"	Tier 4	
BD SPECIALTY USE NEEDLES NEEDLE 16 GAUGE X 1 1/2", 21 GAUGE X 2", 23 GAUGE X 1 1/4", 25 GAUGE X 7/8", 27 GAUGE X 1 1/4", 30 GAUGE X 1", 30 GAUGE X 1/2"	Tier 4	
BD SPECIALTY USE NEEDLES NEEDLE 16 GAUGE X 1" (needle (disp) 16 g)	Tier 4	
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4" (pen needle, diabetic)	Tier 3	

Drug	Status	Notes
BD ULTRA-FINE MINI PEN NEEDLE (pen needle, diabetic) NEEDLE 31 GAUGE X 3/16"	Tier 3	
BD ULTRA-FINE NANO PEN NEEDLE (pen needle, diabetic) NEEDLE 32 GAUGE X 5/32"	Tier 3	
BD ULTRA-FINE ORIG PEN NEEDLE (pen needle, diabetic) NEEDLE 29 GAUGE X 1/2"	Tier 4	
BD ULTRA-FINE SHORT PEN NEEDLE (pen needle, diabetic) NEEDLE 31 GAUGE X 5/16"	Tier 3	
<i>blunt needle, disposable needle 18 x 1 1/2", 22 x 1 1/2", 23 x 1"</i>	Tier 4	
CAREFINE PEN NEEDLE NEEDLE 29 (pen needle, diabetic) GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 4	
CAREPOINT PRECISION NEEDLE NEEDLE 21 GAUGE X 1"	Tier 4	
CARETOUCH HYPODERMIC NEEDLE (needle (disp) 18 g) NEEDLE 18 GAUGE X 1 1/2"	Tier 4	
CARETOUCH HYPODERMIC NEEDLE NEEDLE 20 GAUGE X 1", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1"	Tier 4	
CARETOUCH HYPODERMIC NEEDLE (needle (disp) 23 gauge) NEEDLE 23 GAUGE X 1"	Tier 4	
CARETOUCH PEN NEEDLE NEEDLE (pen needle, diabetic) 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 4	
CLICKFINE PEN NEEDLE NEEDLE 31 (pen needle, diabetic) GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 4	
COMFORT EZ PEN NEEDLES NEEDLE (pen needle, diabetic) 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	Tier 4	
COMFORT EZ PEN NEEDLES NEEDLE 33 GAUGE X 5/16"	Tier 4	
COMFORT EZ PRO SAFETY PEN NDL NEEDLE 30 GAUGE X 5/16"	Tier 4	
COMFORT EZ PRO SAFETY PEN NDL (pen needle, diabetic, NEEDLE 31 GAUGE X 3/16", 31 safety) GAUGE X 5/32"	Tier 4	

Drug	Status	Notes
COMFORT TOUCH PEN NEEDLE (pen needle, diabetic) NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 31 GAUGE X 5/32", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	Tier 4	
DROPLET MICRON PEN NEEDLE NEEDLE 34 GAUGE X 9/64"	Tier 4	
DROPLET PEN NEEDLE NEEDLE 29 (pen needle, diabetic) GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 4	
DROPLET PEN NEEDLE NEEDLE 29 GAUGE X 3/8"	Tier 4	
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	Tier 4	
DROPSAFE PEN NEEDLE NEEDLE 31 (pen needle, diabetic, safety) GAUGE X 3/16"	Tier 4	
DROPSAFE SICURA SAFETY NEEDLE NEEDLE 25 GAUGE X 1"	Tier 4	
EASY COMFORT PEN NEEDLES (pen needle, diabetic) NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	Tier 4	
EASY COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32"	Tier 4	
EASY COMFORT SAFETY PEN (pen needle, diabetic, safety) NEEDLE NEEDLE 31 GAUGE X 3/16"	Tier 4	
EASY GLIDE PEN NEEDLE NEEDLE (pen needle, diabetic) 33 GAUGE X 5/32"	Tier 4	
EASY TOUCH FLIPLOCK NEEDLE (safety needles) NEEDLE 18 GAUGE X 1 1/2"	Tier 4	

Drug	Status	Notes
EASY TOUCH FLIPLOCK NEEDLE NEEDLE 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 22 GAUGE X 3/4", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 23 GAUGE X 5/8", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1", 26 GAUGE X 1/2", 27 GAUGE X 1", 27 GAUGE X 1/2", 28 GAUGE X 1/2", 29 GAUGE X 1/2", 30 GAUGE X 5/16", 30 X 1/2 ", 31 GAUGE X 5/16"	Tier 4	
EASY TOUCH HYPODERMIC NEEDLE NEEDLE 16 GAUGE X 1 1/2", 18 GAUGE X 1 1/4", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1 1/4", 23 GAUGE X 3/4", 24 GAUGE X 1 1/4", 24 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 26 GAUGE X 5/8", 27 GAUGE X 1 1/2", 27 GAUGE X 1 1/4", 27 GAUGE X 1/2", 30 GAUGE X 1", 30 GAUGE X 1/2", 31 GAUGE X 5/16", 32 GAUGE X 5/16"	Tier 4	
EASY TOUCH HYPODERMIC NEEDLE (needle (disp) 16 g) NEEDLE 16 GAUGE X 1"	Tier 4	
EASY TOUCH HYPODERMIC NEEDLE (needle (disp) 18 g) NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1"	Tier 4	
EASY TOUCH HYPODERMIC NEEDLE (needle (disp) 19 g) NEEDLE 19 GAUGE X 1 1/2"	Tier 4	
EASY TOUCH HYPODERMIC NEEDLE (needle (disp) 23 gauge) NEEDLE 23 GAUGE X 1"	Tier 4	
EASY TOUCH HYPODERMIC NEEDLE (needle (disp) 26 gauge) NEEDLE 26 GAUGE X 3/8"	Tier 4	
EASY TOUCH NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	(pen needle, diabetic) Tier 4	
EASY TOUCH PEN NEEDLE NEEDLE (pen needle, diabetic) 30 GAUGE X 5/16"	Tier 4	

Drug	Status	Notes
EASY TOUCH SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16", 30 GAUGE X 1/4", 30 GAUGE X 3/16", 30 GAUGE X 5/16"	Tier 4	
EASYPPOINT NEEDLE NEEDLE 18 (safety needles) GAUGE X 1 1/2"	Tier 4	
EASYPPOINT NEEDLE NEEDLE 18 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8"	Tier 4	
ECLIPSE NEEDLE NEEDLE 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 5/8"	Tier 4	
EMBRACE PEN NEEDLE NEEDLE 29 (pen needle, diabetic) GAUGE X 1/2", 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 4	
EXEL HYPODERMIC NEEDLES (needle (disp) 18 g) NEEDLE 18 GAUGE X 1 1/2"	Tier 4	
EXEL HYPODERMIC NEEDLES NEEDLE 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 20 X 3/4 ", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 21 GAUGE X 2", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 22 GAUGE X 3/4", 23 GAUGE X 1 1/2", 23 GAUGE X 3/4", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 3/4", 25 GAUGE X 5/8", 26 GAUGE X 1 1/2", 26 GAUGE X 1/2", 26 GAUGE X 5/8", 27 GAUGE X 1/2", 30 GAUGE X 1/2"	Tier 4	
EXEL HYPODERMIC NEEDLES (needle (disp) 26 gauge) NEEDLE 26 GAUGE X 3/8"	Tier 4	
<i>filter needles needle 18 gauge x 1 1/2"</i> (BD Filter Needle 5-Micron Noko)	Tier 4	
<i>filter needles needle 19 x 1 "</i>	Tier 4	
<i>filter needles needle 19 x 1 1/2 "</i> (BD Filter Needle-5 Micron)	Tier 4	
FLOW-EZE VENTED NEEDLE NEEDLE	Tier 4	
FREEFLEX PLUS TRANSFER ADAPTER DEVICE 20 MM	Tier 4	
HALO CLOSED VIAL ADAPTOR DEVICE 13 MM, 20 MM, 28 MM	Tier 4	

Drug	Status	Notes
HALO VIAL CONVERTER DEVICE 13 MM	Tier 4	
HEALTHWISE PEN NEEDLE NEEDLE (pen needle, diabetic) 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 4	
HEALTHY ACCENTS UNIFINE PENTIP NEEDLE 29 GAUGE X 1/2"	Tier 4	
HEALTHY ACCENTS UNIFINE PENTIP NEEDLE (pen needle, diabetic) 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16"	Tier 4	
<i>huber safety needles (disp.) needle 22 x 3/4 "</i>	Tier 4	
HYPODERMIC NEEDLES NEEDLE 18 GAUGE X 1 1/2" (needle (disp) 18 g)	Tier 4	
HYPODERMIC NEEDLES NEEDLE 21 GAUGE X 1 1/2", 21 GAUGE X 1", 23 GAUGE X 1 1/2", 26 GAUGE X 5/8"	Tier 4	
HYPODERMIC NEEDLES NEEDLE 23 GAUGE X 1" (needle (disp) 23 gauge)	Tier 4	
INCONTROL PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 4	
INSUPEN PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 4	
INTEGRA PRECISIONGLIDE NEEDLE NEEDLE 25 GAUGE X 5/8"	Tier 4	
LIFESHIELD BLUNT CANNULA NEEDLE 18 GAUGE X 1" (needle (disp) 18 g)	Tier 4	
MAGELLAN SAFETY NEEDLE NEEDLE 18 GAUGE X 1 1/2" (safety needles)	Tier 4	
MAGELLAN SAFETY NEEDLE NEEDLE 23 GAUGE X 5/8", 25 GAUGE X 1"	Tier 4	
MAXICOMFORT II PEN NEEDLE NEEDLE 31 GAUGE X 1/4" (pen needle, diabetic)	Tier 4	
MAXICOMFORT SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16"	Tier 4	
MICRODOT READYGARD PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	Tier 4	
MINI ULTRA-THIN II NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic)	Tier 4	
MONOJECT BLOOD COLLECTION NEEDLE 20 GAUGE X 1", 20 X 1 1/2 ", 21 GAUGE X 1", 22 GAUGE X 1"	Tier 4	

Drug	Status	Notes
MONOJECT FILTER ASPIRATOR NEEDLE 18 X 3 "	Tier 4	
MONOJECT FILTER NEEDLE NEEDLE (filter needles) 5 MICRON 20 X 1 1/2"	Tier 4	
MONOJECT HYPODERMIC NEEDLES NEEDLE 14 GAUGE X 1 1/2", 14 GAUGE X 1", 14 GAUGE X 2", 15 GAUGE X 1 1/2", 16 GAUGE X 1 1/2", 16 GAUGE X 3/4", 16 GAUGE X 5/8", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 21 GAUGE X 2", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1 1/4", 25 GAUGE X 1", 25 GAUGE X 5/8", 25 X 2 ", 26 GAUGE X 1 1/2", 27 GAUGE X 1 1/2", 27 GAUGE X 1 1/4", 27 GAUGE X 1/2", 30 GAUGE X 3/4"	Tier 4	
MONOJECT HYPODERMIC NEEDLES (needle (disp) 16 g) NEEDLE 16 GAUGE X 1"	Tier 4	
MONOJECT HYPODERMIC NEEDLES (needle (disp) 18 g) NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1"	Tier 4	
MONOJECT HYPODERMIC NEEDLES (needle (disp) 19 g) NEEDLE 19 GAUGE X 1 1/2"	Tier 4	
MONOJECT HYPODERMIC NEEDLES (needle (disp) 23 gauge) NEEDLE 23 GAUGE X 1"	Tier 4	
MONOJECT HYPODERMIC (needle (disp) 18 g) POLYPROPYL NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1"	Tier 4	
MONOJECT HYPODERMIC (needle (disp) 19 g) POLYPROPYL NEEDLE 19 GAUGE X 1 1/2"	Tier 4	
MONOJECT HYPODERMIC POLYPROPYL NEEDLE 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 3/4", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2", 30 GAUGE X 3/4"	Tier 4	
MONOJECT HYPODERMIC (needle (disp) 23 gauge) POLYPROPYL NEEDLE 23 GAUGE X 1"	Tier 4	
MONOJECT MEDICATION TRANSF NDL NEEDLE 20 X 1 "	Tier 4	

Drug	Status	Notes
MULTI-DRAW NEEDLE NEEDLE 20 GAUGE X 1", 21 GAUGE X 1", 22 GAUGE X 1"	Tier 4	
<i>needle (disp) 16 g needle 16 gauge x 1"</i> (BD Specialty Use Needles)	Tier 4	
<i>needle (disp) 18 g needle 18 gauge x 1"</i> (BD Regular Bevel Needles)	Tier 4	
<i>needle (disp) 19 g needle 19 gauge x 1 1/2"</i> (BD PrecisionGlide Non-Sterile)	Tier 4	
<i>needle (disp) 23 gauge needle 23 gauge x 1"</i> (Aqinject Standard Needle)	Tier 4	
<i>needles, huber disposable needle 22 x 1"</i>	Tier 4	
NOKOR NEEDLE NEEDLE 16 GAUGE X 1" (needle (disp) 16 g)	Tier 4	
NOKOR NEEDLE NEEDLE 18 GAUGE X 1" (needle (disp) 18 g)	Tier 4	
NOVOFINE 32 NEEDLE 32 GAUGE X 1/4" (pen needle, diabetic)	Tier 4	
NOVOFINE PLUS NEEDLE 32 GAUGE X 1/6"	Tier 4	
PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 4	
<i>pen needle, diabetic needle 29 gauge x 1/2", 31 gauge x 1/4"</i> (1st Tier Unifine Pentips)	Tier 4	
<i>pen needle, diabetic needle 29 gauge x 15/32", 31 gauge x 1/3", 31 gauge x 1/6", 31 gauge x 13/64", 31 gauge x 15/64"</i>	Tier 4	
<i>pen needle, diabetic needle 30 gauge x 3/16"</i> (Embrace Pen Needle)	Tier 4	
<i>pen needle, diabetic needle 30 gauge x 5/16", 32 gauge x 3/16"</i> (CareFine Pen Needle)	Tier 4	
<i>pen needle, diabetic needle 31 gauge x 3/16"</i> (BD Ultra-Fine Mini Pen Needle)	Tier 4	
<i>pen needle, diabetic needle 31 gauge x 5/16"</i> (BD Ultra-Fine Short Pen Needle)	Tier 4	
<i>pen needle, diabetic needle 31 gauge x 5/32"</i> (Comfort Touch Pen Needle)	Tier 4	
<i>pen needle, diabetic needle 32 gauge x 1/4"</i> (BD Ultra-Fine Micro Pen Needle)	Tier 4	
<i>pen needle, diabetic needle 32 gauge x 5/16", 33 gauge x 1/4", 33 gauge x 3/16"</i> (Comfort EZ Pen Needles)	Tier 4	
<i>pen needle, diabetic needle 32 gauge x 5/32"</i> (BD Nano 2nd Gen Pen Needle)	Tier 4	

Drug	Status	Notes
<i>pen needle, diabetic needle 33 gauge x 5/32"</i> (Advocate Pen Needle)	Tier 4	
<i>pen needle, diabetic, safety needle 31 gauge x 3/16"</i> (Assure ID Duo Pro Sfty Pen Ndl)	Tier 4	
<i>pen needle, diabetic, safety needle 31 gauge x 5/32"</i> (Comfort EZ PRO Safety Pen Ndl)	Tier 4	
PENTIPS PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 4	
PERFECT POINT SAFETY NEEDLE NEEDLE 25 GAUGE X 1"	Tier 4	
PHASEAL PROTECTOR DEVICE 13 MM, 20 MM, 28 MM	Tier 4	
PIP PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 4	
POLY HUB NEEDLE NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1" (needle (disp) 18 g)	Tier 4	
POLY HUB NEEDLE NEEDLE 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 27 GAUGE X 1 1/4", 27 GAUGE X 1/2", 30 GAUGE X 1/2"	Tier 4	
POLY HUB NEEDLE NEEDLE 23 GAUGE X 1" (needle (disp) 23 gauge)	Tier 4	
PREVENT DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	Tier 4	
PRO COMFORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 4	
PURE COMFORT PEN NEEDLE NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 4	
PURE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32"	Tier 4	
PURE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic, safety)	Tier 4	
<i>safety needles needle 18 gauge x 1 1/2"</i> (Aqinject Safety Needle)	Tier 4	
SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic, safety)	Tier 4	

Drug	Status	Notes
SECURES SAFE PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	Tier 4	
SKY SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16"	Tier 4	
SURE COMFORT PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 4	
SURE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32"	Tier 4	
SURE-FINE PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16" (pen needle, diabetic)	Tier 4	
SURGUARD2 SAFETY NEEDLE 18 GAUGE X 1 1/2" (safety needles)	Tier 4	
SURGUARD2 SAFETY NEEDLE 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2", 30 GAUGE X 1 1/2"	Tier 4	
TECHLITE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 4	
TECHLITE PLUS PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 4	
TOPCARE CLICKFINE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" (pen needle, diabetic)	Tier 4	
TRUE COMFORT PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32" (pen needle, diabetic)	Tier 4	
TRUE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32"	Tier 4	
TRUE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic, safety)	Tier 4	

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

Drug	Status	Notes
UNIFINE PROTECT NEEDLE 30 GAUGE X 3/16"	Tier 4	
UNIFINE SAFECONTROL PEN (pen needle, diabetic) NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16"	Tier 4	
UNIFINE ULTRA PEN NEEDLE (pen needle, diabetic) NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 4	
VERIFINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 4	
VERIFINE PLUS PEN NEEDLE (pen needle, diabetic) NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 4	
VERIFINE PLUS PEN NEEDLE-SHARP NEEDLE 32 GAUGE X 5/32"	Tier 4	
YALE DISPOSABLE NEEDLES NEEDLE 21 GAUGE X 1 1/4"	Tier 4	
Neuromuscular Blocking Agents		
BOTOX INJECTION RECON SOLN 100 UNIT, 200 UNIT	Tier 5	PA
Ointment/Cream Bases		
RADIAGEL TOPICAL GEL	Tier 4	
Oral Lipid Supplements		
DOJOLVI ORAL LIQUID 8.3 KCAL/ML	Tier 5	PA
Oral Mucositis/Stomatitis Agents		
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH	Tier 4	
Protein Replacement		
AQNEURSA ORAL GRANULES IN PACKET 1 GRAM	Tier 5	PA
Saliva Stimulant Agents		
NUMOISYN MUCOUS MEMBRANE LOZENGE 0.3 GRAM	Tier 4	
Saliva Substitute Agents		
NUMOISYN MUCOUS MEMBRANE LIQUID	Tier 4	
Sexual Dysfunction Devices		
RAPPORT VACUUM THERAPY KIT	Tier 4	
Skin Tissue Replacement		
APLIGRAF TOPICAL DISK	Tier 4	

Drug	Status	Notes
EPIFIX AMNIOTIC MEMBRANE TOPICAL SHEET 14 MM, 2 X 3 CM, 4 X 4 CM, 7 X 7 CM	Tier 4	
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 4	
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 4	
GRAFIX XC TOPICAL SHEET 7.5 X 15 CM	Tier 4	
MIRO3D TOPICAL SHEET 10 X 5 X 2 CM, 2 X 2 X 2 CM, 3 X 3 X 2 CM, 4 X 4 X 2 CM, 5 X 5 X 2 CM, 7 X 5 X 2 CM	Tier 4	
MIRODERM FENESTRATED PLUS TOPICAL SHEET 3 X 3 CM, 5 X 5 CM, 8 X 15 CM, 8 X 8 CM	Tier 4	
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 4	
MIROTRACT TOPICAL SHEET 3 MM X 5 CM, 3 MM X 9 CM, 5 MM X 5 CM, 5 MM X 9 CM	Tier 4	
STRAVIX TOPICAL SHEET 2 X 4 CM, 3 X 6 CM	Tier 4	
TRUSKIN TOPICAL SHEET 2 X 4 CM, 4 X 8 CM	Tier 4	
Solvents		
MURI-LUBE OIL	Tier 4	
Somatostatic Agents		
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	Tier 5	PA
<i>octreotide acetate injection solution</i> <i>1,000 mcg/ml, 200 mcg/ml</i>	Tier 5	
<i>octreotide acetate injection solution 100</i> (Sandostatin) <i>mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	Tier 5	
<i>octreotide acetate injection syringe 100</i> <i>mcg/ml (1 ml), 50 mcg/ml (1 ml), 500</i> <i>mcg/ml (1 ml)</i>	Tier 5	
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	Tier 5	PA
Support Hosiery		
T.E.D. ANTI-EMBOLISM STOCKING	Tier 4	

Drug	Status	Notes
T.E.D. KNEE LENGTH-M-LONG	Tier 4	
T.E.D. KNEE LENGTH-S-REGULAR	Tier 4	
Suspending Agents		
GELFILM IMPLANT FILM	Tier 4	
<i>hydroxypropyl cellulose powder</i>	Tier 4	
Tissue/Wound Adhesives		
ARTISS TOPICAL SYRINGE 2.5 TO 6.5 UNIT/ML (10ML), 2.5 TO 6.5 UNIT/ML (2 ML), 2.5 TO 6.5 UNIT/ML (4 ML)	Tier 4	
TISSEEL VHSD (APROTININ, SYN) TOPICAL KIT 10 ML, 2 ML, 4 ML	Tier 4	
TISSEEL VHSD (APROTININ, SYN) TOPICAL SYRINGE 10 ML, 2 ML, 4 ML	Tier 4	
Urine Acetone Test Aids		
KETONE CARE STRIP	Tier 4	
KETONE URINE TEST STRIP	Tier 4	
KETOSTIX STRIP	Tier 4	
TRUEPLUS KETONE STRIP	Tier 4	
Urine Multiple Test Aids		
CHEK-STIX CONTROL STRIP	Tier 4	
CHEMSTRIP 10 MD STRIP	Tier 4	
CHEMSTRIP 10/SG STRIP	Tier 4	
CHEMSTRIP 2 GP STRIP	Tier 4	
CHEMSTRIP 50B STRIP	Tier 4	
CHEMSTRIP 7 STRIP	Tier 4	
CHEMSTRIP 9 STRIP	Tier 4	
COMBISTIX REAGENT STRIP	Tier 4	
HEMA-COMBISTIX STRIP	Tier 4	
LABSTIX REAGENT STRIP	Tier 4	
MULTISTIX 10 SG STRIP	Tier 4	
MULTISTIX 5 STRIP	Tier 4	
MULTISTIX 7 STRIP	Tier 4	
MULTISTIX 8 SG STRIP	Tier 4	
MULTISTIX 9 SG STRIP	Tier 4	
MULTISTIX 9 STRIP	Tier 4	
MULTISTIX STRIP	Tier 4	
URISTIX 4 STRIP	Tier 4	
URISTIX REAGENT STRIP	Tier 4	
Vehicles		
GEL VEHICLE FOR NEXOBRID TOPICAL GEL	Tier 4	

Drug	Status	Notes
Wound Healing Agents, Local		
FILSUEVZ TOPICAL GEL 10 %	Tier 5	PA
Other Respiratory Disorders		
Antifibrotic Therapy - Pyridone Analogs		
<i>pirfenidone oral capsule 267 mg</i> (Esbriet)	Tier 5	PA
<i>pirfenidone oral tablet 267 mg, 801 mg</i> (Esbriet)	Tier 5	PA
<i>pirfenidone oral tablet 534 mg</i>	Tier 5	PA
Cystic Fib. Transmemb Conduct. Reg. (Cftr) Potentiator		
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	Tier 5	PA
KALYDECO ORAL TABLET 150 MG	Tier 5	PA
Cystic Fibrosis-Cftr Potentiator & Corrector Comb.		
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	Tier 5	PA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	Tier 5	PA
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	Tier 5	PA
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	Tier 5	PA
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	Tier 5	PA
Lung Surfactants		
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5 ML, 240 MG/3 ML	Tier 4	
INFASURF INTRATRACHEAL SUSPENSION 35 MG/ML	Tier 4	
SURVANTA INTRATRACHEAL SUSPENSION 25 MG/ML	Tier 4	
Mucolytics		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	Tier 2	
PULMOZYME INHALATION SOLUTION 1 MG/ML	Tier 5	PA

Drug	Status	Notes
Pulmonary Fibrosis - Systemic Enzyme Inhibitors		
OFEV ORAL CAPSULE 100 MG, 150 MG	Tier 5	PA
Pain Management - Analgesics		
Analgesic, Non-Salicylate & Barbiturate Comb.		
<i>butalbital-acetaminophen oral tablet 50-300 mg</i>	Tier 2	ST: Requires prior prescription for generic Butalbital/acetaminophen 50mg-325mg combination product within the past 120 days; QL (6 EA per 1 day)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i> (Tencon)	Tier 2	
TENCON ORAL TABLET 50-325 MG (butalbital-acetaminophen)	Tier 2	
Analgesic, Salicylate, Barbiturate, & Xanthine Cmb		
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	Tier 2	
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	Tier 2	
Analgesic, Non-Salicylate, Barbiturate, & Xanthine Cmb		
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg</i> (Fioricet)	Tier 2	
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	Tier 2	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i> (Esgic)	Tier 2	
FIORICET ORAL CAPSULE 50-300-40 MG (butalbital-acetaminophen-caff)	Tier 2	
Analgesic/Antipyretics, Salicylates		
<i>aspirin oral tablet 325 mg</i> (Bayer Aspirin)	\$0 COPAY	
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg</i> (Bayer Aspirin)	\$0 COPAY	
BAYER ASPIRIN ORAL TABLET 325 MG (aspirin)	\$0 COPAY	
BAYER ASPIRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG (aspirin)	\$0 COPAY	
<i>choline, magnesium salicylate oral liquid 500 mg/5 ml</i>	Tier 2	
<i>diflunisal oral tablet 500 mg</i>	Tier 2	
ECOTRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG (aspirin)	\$0 COPAY	

Drug	Status	Notes
<i>salsalate oral tablet 500 mg, 750 mg</i> (Disalcid)	Tier 2	
Analgesics, Narcotic Agonist And Nsaid Combination		
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	Tier 2	
Analgesics, Narcotics		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG (buprenorphine hcl)	Tier 4	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i>	Tier 2	
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i> (Butrans)	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 28 days)
<i>butorphanol injection solution 1 mg/ml, 2 mg/ml</i>	Tier 2	
<i>butorphanol nasal spray, non-aerosol 10 mg/ml</i>	Tier 2	
<i>codeine sulfate oral tablet 15 mg, 30 mg</i>	Tier 2	QL (12 EA per 1 day); Age (Min 12 Years)
<i>codeine sulfate oral tablet 60 mg</i>	Tier 2	QL (6 EA per 1 day); Age (Min 12 Years)
DEMEROL (PF) INJECTION SYRINGE 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML	Tier 4	
DILAUDID (PF) INJECTION SYRINGE 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML, 4 MG/ML (hydromorphone (pf))	Tier 4	
<i>fentanyl citrate (pf) intravenous patient control. analgesia soln 1,500 mcg/30 ml (50 mcg/ml)</i>	Tier 2	
<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 2	

Drug	Status	Notes
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 200 mcg, 600 mcg</i>	Tier 2	PA
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour</i>	Tier 2	PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i> (Hysingla ER)	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<i>hydromorphone (pf) injection syringe 0.5 mg/0.5 ml, 1 mg/ml, 2 mg/ml</i> (Dilaudid (PF))	Tier 2	
<i>hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)</i>	Tier 2	
<i>hydromorphone oral liquid 1 mg/ml</i> (Dilaudid)	Tier 2	
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid)	Tier 2	
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg</i>	Tier 2	PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>hydromorphone rectal suppository 3 mg</i>	Tier 2	
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 80 MG (hydrocodone bitartrate)	Tier 4	ST: Requires 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 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	Tier 2	
<i>meperidine oral solution 50 mg/5 ml</i>	Tier 2	QL (30 ML per 1 day)
<i>meperidine oral tablet 50 mg</i>	Tier 2	QL (6 EA per 1 day)
<i>methadone injection solution 10 mg/ml</i>	Tier 2	QL (4 ML per 1 day)
METHADONE INTENSOL ORAL CONCENTRATE 10 MG/ML (methadone)	Tier 2	QL (4 ML per 1 day)
<i>methadone oral concentrate 10 mg/ml</i> (Methadone Intensol)	Tier 2	QL (4 ML per 1 day)
<i>methadone oral solution 10 mg/5 ml</i>	Tier 2	QL (20 ML per 1 day)

Drug	Status	Notes
<i>methadone oral solution 5 mg/5 ml</i>	Tier 2	QL (40 ML per 1 day)
<i>methadone oral tablet 10 mg</i>	Tier 2	QL (4 EA per 1 day)
<i>methadone oral tablet 5 mg</i>	Tier 2	QL (8 EA per 1 day)
<i>methadone oral tablet, soluble 40 mg</i> (Methadose)	Tier 2	QL (1 EA per 1 day)
METHADOSE ORAL TABLET, SOLUBLE 40 MG (methadone)	Tier 2	QL (1 EA per 1 day)
<i>morphine (pf) intravenous syringe 1 mg/2 ml</i>	Tier 2	
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	Tier 2	PA
<i>morphine in 0.9 % sodium chlor intravenous pt controlled analgesia syring 275 mg/55 ml (5 mg/ml)</i>	Tier 2	
<i>morphine in 0.9 % sodium chlor intravenous solution 1 mg/ml, 5 mg/ml</i>	Tier 2	
<i>morphine intramuscular pen injector 10 mg/0.7 ml</i>	Tier 2	
<i>morphine oral capsule, er multiphase 24 hr 120 mg</i>	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<i>morphine oral capsule, extend. release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	Tier 2	ST: Requires 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 2	
<i>morphine oral tablet 15 mg</i>	Tier 2	
<i>morphine oral tablet 30 mg</i>	Tier 3	
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i> (MS Contin)	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day)
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 2	
<i>nalbuphine injection solution 10 mg/ml, 20 mg/ml</i>	Tier 2	

Drug	Status	Notes
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	Tier 4	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	Tier 4	QL (6 EA per 1 day)
<i>oxycodone oral capsule 5 mg</i>	Tier 2	
<i>oxycodone oral concentrate 20 mg/ml</i>	Tier 2	PA
<i>oxycodone oral solution 5 mg/5 ml</i>	Tier 2	
<i>oxycodone oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 2	
<i>oxycodone oral tablet 15 mg, 30 mg</i> (Roxicodone)	Tier 2	
<i>oxycodone oral tablet, oral only 15 mg, 30 mg, 5 mg</i> (RoxyBond)	Tier 2	
<i>oxycodone oral tablet, oral only, ext. rel. 12 hr 10 mg, 20 mg, 40 mg</i> (OxyContin)	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>oxycodone oral tablet, oral only, ext. rel. 12 hr 80 mg</i> (OxyContin)	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG (oxycodone)	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR 80 MG (oxycodone)	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
<i>oxymorphone oral tablet 10 mg, 5 mg</i>	Tier 2	
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>oxymorphone oral tablet extended release 12 hr 30 mg, 40 mg</i>	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)

Drug	Status	Notes
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	Tier 2	
ROXYBOND ORAL TABLET, ORAL ONLY 10 MG, 15 MG, 30 MG, 5 MG (oxycodone)	Tier 4	
<i>tramadol oral solution 5 mg/ml</i> (Qdolo)	Tier 2	PA
<i>tramadol oral tablet 50 mg</i>	Tier 2	QL (8 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet extended release 24 hr 100 mg</i>	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet extended release 24 hr 200 mg, 300 mg</i>	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet, er multiphase 24 hr 100 mg</i>	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet, er multiphase 24 hr 200 mg, 300 mg</i>	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG	Tier 4	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG	Tier 4	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG	Tier 4	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (8 EA per 1 day)
Antimigraine Preparations		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	Tier 3	PA

Drug	Status	Notes
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	Tier 3	PA
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	Tier 3	PA
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	Tier 2	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)
<i>dihydroergotamine injection solution 1 mg/ml</i>	Tier 2	QL (15 ML per 14 days)
<i>dihydroergotamine nasal spray, non- aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal)	Tier 2	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (8 ML per 28 days)
<i>eletriptan oral tablet 20 mg, 40 mg</i> (Relpax)	Tier 2	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)
ELYXYB ORAL SOLUTION 120 MG/4.8 ML (25 MG/ML)	Tier 4	PA
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	Tier 3	PA
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	Tier 3	PA
ERGOMAR SUBLINGUAL TABLET 2 MG	Tier 4	QL (10 EA per 7 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	Tier 2	QL (10 EA per 7 days)
<i>frovatriptan oral tablet 2.5 mg</i> (Frova)	Tier 2	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	Tier 2	QL (18 EA per 30 days)
NURTEC ODT ORAL TABLET, DISINTEGRATING 75 MG	Tier 3	PA
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	Tier 3	PA
REYVOW ORAL TABLET 100 MG, 50 MG	Tier 3	PA
<i>rizatriptan oral tablet 10 mg</i> (Maxalt)	Tier 2	QL (27 EA per 30 days)
<i>rizatriptan oral tablet 5 mg</i>	Tier 2	QL (27 EA per 30 days)

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

Drug	Status	Notes
Calcitonin Gene-Related Peptide (Cgrp) Inhibitors		
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	Tier 3	PA
Narc.& Non-Sal.Analgesic,Barbiturate &Xanthine Cmb		
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg</i> (Fioricet with Codeine)	Tier 2	QL (6 EA per 1 day); Age (Min 12 Years)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	Tier 2	QL (6 EA per 1 day); Age (Min 12 Years)
Narcotic & Salicylate Analgesics, Barb.& Xanthine		
ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG (codeine-butalbital-asa-caff)	Tier 2	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 2	QL (6 EA per 1 day); Age (Min 12 Years)
Narcotic Analgesic & Non-Salicylate Analgesic Comb		
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml</i>	Tier 2	QL (150 ML per 1 day); Age (Min 12 Years)
<i>acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml</i>	Tier 2	Age (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	Tier 2	QL (12 EA per 1 day); Age (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	Tier 2	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 4	ST: Requires prior prescription for Hydrocodone/acetaminophen tablets within the past 120 days; QL (12 EA per 1 day)
<i>benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg</i> (Apadaz)	Tier 2	ST: Requires prior prescription for Hydrocodone/acetaminophen tablets within the past 120 days; QL (12 EA per 1 day)
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG (oxycodone-acetaminophen)	Tier 2	QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	Tier 2	QL (184 ML per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	Tier 2	QL (13 EA per 1 day)

Drug	Status	Notes
<i>hydrocodone-acetaminophen oral tablet</i> 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	Tier 2	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen oral solution</i> 5-325 mg/5 ml	Tier 2	QL (61 ML per 1 day)
<i>oxycodone-acetaminophen oral tablet</i> (Endocet) 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	Tier 2	QL (12 EA per 1 day)
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG (oxycodone-acetaminophen)	Tier 2	QL (12 EA per 1 day)
<i>tramadol-acetaminophen oral tablet</i> 37.5-325 mg	Tier 2	QL (10 EA per 1 day); Age (Min 12 Years)
Narcotic Withdrawal Therapy Agents		
<i>buprenorphine hcl sublingual tablet</i> 2 mg, 8 mg	Tier 2	QL (3 EA per 1 day)
<i>buprenorphine-naloxone sublingual film</i> (Suboxone) 12-3 mg, 8-2 mg	Tier 2	QL (2 EA per 1 day)
<i>buprenorphine-naloxone sublingual film</i> (Suboxone) 2-0.5 mg, 4-1 mg	Tier 2	QL (1 EA per 1 day)
<i>buprenorphine-naloxone sublingual tablet</i> 2-0.5 mg, 8-2 mg	Tier 2	QL (3 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	Tier 3	QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	Tier 3	QL (2 EA per 1 day)
Opioid Withdrawal Ther, Alpha-2 Adrenergic Agonist		
<i>lofexidine oral tablet</i> 0.18 mg (Lucemyra)	Tier 2	PA
Skeletal Muscle Relaxant,Salicylate,Narc Analgesic		
<i>carisoprodol-aspirin-codeine oral tablet</i> 200-325-16 mg	Tier 2	QL (8 EA per 1 day); Age (Min 12 Years)
Parkinsons Disease		
Antiparkinsonism Drugs,Anticholinergic		
<i>benztropine oral tablet</i> 0.5 mg, 1 mg, 2 mg	Tier 2	
<i>trihexyphenidyl oral elixir</i> 0.4 mg/ml	Tier 2	
<i>trihexyphenidyl oral tablet</i> 2 mg, 5 mg	Tier 2	
Antiparkinsonism Drugs,Other		
<i>amantadine hcl oral capsule</i> 100 mg	Tier 2	
<i>amantadine hcl oral solution</i> 50 mg/5 ml	Tier 2	
<i>amantadine hcl oral tablet</i> 100 mg	Tier 2	

Drug	Status	Notes
<i>apomorphine subcutaneous cartridge 10 mg/ml</i> (APOKYN)	Tier 5	PA
<i>bromocriptine oral capsule 5 mg</i>	Tier 2	
<i>bromocriptine oral tablet 2.5 mg</i>	Tier 2	
<i>carbidopa-levodopa oral tablet 10-100 mg</i> (Sinemet)	Tier 2	
<i>carbidopa-levodopa oral tablet 25-100 mg</i> (Dhivy)	Tier 2	
<i>carbidopa-levodopa oral tablet 25-250 mg</i>	Tier 2	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	Tier 2	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 2	
<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 2	
CREXONT ORAL CAPSULE,IR - EXTEND REL,BIPHASE 35-140 MG	Tier 4	ST: Requires prior prescription for generic Carbidopa/Levodopa ER within the past 120 days; QL (4 EA per 1 day)
CREXONT ORAL CAPSULE,IR - EXTEND REL,BIPHASE 52.5-210 MG	Tier 4	ST: Requires prior prescription for generic Carbidopa/Levodopa ER within the past 120 days; QL (10 EA per 1 day)
CREXONT ORAL CAPSULE,IR - EXTEND REL,BIPHASE 70-280 MG	Tier 4	ST: Requires prior prescription for generic Carbidopa/Levodopa ER within the past 120 days; QL (7 EA per 1 day)
CREXONT ORAL CAPSULE,IR - EXTEND REL,BIPHASE 87.5-350 MG	Tier 4	ST: Requires prior prescription for generic Carbidopa/Levodopa ER within the past 120 days; QL (6 EA per 1 day)
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML	Tier 5	PA
<i>entacapone oral tablet 200 mg</i>	Tier 2	
INBRIJA INHALATION CAPSULE 42 MG	Tier 5	PA
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	Tier 5	PA

Drug	Status	Notes
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 3	ST: Requires prior prescription for immediate-release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day)
NOURIANZ ORAL TABLET 20 MG, 40 MG	Tier 5	PA
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	Tier 4	PA
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	Tier 2	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 4.5 mg</i>	Tier 2	ST: Requires prior prescription for immediate-release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day)
<i>pramipexole oral tablet extended release (Mirapex ER) 24 hr 1.5 mg, 2.25 mg, 3 mg, 3.75 mg</i>	Tier 2	ST: Requires prior prescription for immediate-release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day)
<i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)	Tier 2	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 2	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	Tier 2	ST: Requires prior prescription for immediate-release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day)
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	Tier 4	ST: Requires prior prescription for generic Carbidopa/Levodopa ER within the past 120 days; QL (10 EA per 1 day)
<i>selegiline hcl oral capsule 5 mg</i>	Tier 2	
<i>selegiline hcl oral tablet 5 mg</i>	Tier 2	
<i>tolcapone oral tablet 100 mg</i> (Tasmar)	Tier 2	ST: Requires prior prescription for Entacapone within the past 120 days; QL (3 EA per 1 day)

Drug	Status	Notes
VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML	Tier 5	PA
XADAGO ORAL TABLET 100 MG, 50 MG	Tier 4	ST: Requires prior prescription for Carbidopa/Levodopa (Sinemet IR, Sinemet CR, Duopa, Parcopa, or Rytary) within the past 120 days; QL (1 EA per 1 day)
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG	Tier 4	ST: Requires prior prescription for generic Selegiline capsules or tablets within the past 120 days; QL (2 EA per 1 day)
Decarboxylase Inhibitors		
<i>carbidopa oral tablet 25 mg</i> (Lodosyn)	Tier 2	
Seizure Disorder		
Anticonvulsant - Benzodiazepine Type		
<i>clobazam oral suspension 2.5 mg/ml</i> (Onfi)	Tier 2	QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)	Tier 2	QL (2 EA per 1 day)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Klonopin)	Tier 2	
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 2	
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	Tier 2	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	Tier 4	QL (10 EA per 30 days)
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	Tier 4	QL (10 EA per 30 days)
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	Tier 4	QL (10 EA per 30 days)
Anticonvulsant - Cannabinoid Type		
EPIDIOLEX ORAL SOLUTION 100 MG/ML	Tier 5	ST: At least 2 prior prescriptions for Clobazam, Lamotrigine, Levetiracetam, Topiramate, Valproic Acid (as Sodium Salt), or Valproic Acid within the past 365 days
Anticonvulsants		
APTIOM ORAL TABLET 200 MG, 400 MG	Tier 4	QL (1 EA per 1 day)

Drug	Status	Notes
APTIOM ORAL TABLET 600 MG, 800 MG	Tier 4	QL (2 EA per 1 day)
BRIVIACT ORAL SOLUTION 10 MG/ML	Tier 3	QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	Tier 3	QL (2 EA per 1 day)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> (Carbatrol)	Tier 2	
<i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)	Tier 2	
<i>carbamazepine oral tablet 200 mg</i> (Epitol)	Tier 2	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR)	Tier 2	
<i>carbamazepine oral tablet, chewable 100 mg, 200 mg</i>	Tier 2	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (carbamazepine)	Tier 3	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG (divalproex)	Tier 3	
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG (divalproex)	Tier 3	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG (divalproex)	Tier 3	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	Tier 5	PA
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	Tier 5	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 4	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML (phenytoin)	Tier 3	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i> (Depakote Sprinkles)	Tier 2	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER)	Tier 2	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i> (Depakote)	Tier 2	
EPITOL ORAL TABLET 200 MG (carbamazepine)	Tier 2	

Drug	Status	Notes
EPRONTIA ORAL SOLUTION 25 MG/ML	Tier 4	PA
<i>ethosuximide oral capsule 250 mg</i> (Zarontin)	Tier 2	
<i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)	Tier 2	
<i>felbamate oral suspension 600 mg/5 ml</i>	Tier 2	QL (30 ML per 1 day)
<i>felbamate oral tablet 400 mg</i> (Felbatol)	Tier 2	QL (9 EA per 1 day)
<i>felbamate oral tablet 600 mg</i> (Felbatol)	Tier 2	QL (6 EA per 1 day)
FINTEPLA ORAL SOLUTION 2.2 MG/ML	Tier 5	PA
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	Tier 3	QL (680 ML per 28 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	Tier 3	QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG	Tier 3	QL (120 EA per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	Tier 3	QL (60 EA per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i> (Neurontin)	Tier 2	
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	Tier 2	
<i>gabapentin oral solution 300 mg/6 ml (6 ml)</i>	Tier 2	
<i>gabapentin oral tablet 600 mg, 800 mg</i> (Neurontin)	Tier 2	
<i>lacosamide oral solution 10 mg/ml</i> (Vimpat)	Tier 2	QL (1200 ML per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Vimpat)	Tier 2	QL (2 EA per 1 day)
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7)	Tier 4	
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)	Tier 4	
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7)	Tier 4	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Subvenite)	Tier 2	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7)</i> (Lamictal ODT Starter (Blue))	Tier 2	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)</i> (Lamictal ODT Starter (Orange))	Tier 2	
<i>lamotrigine oral tablet disintegrating, dose pk 50 mg (42) -100 mg (14)</i> (Lamictal ODT Starter (Green))	Tier 2	

Drug	Status	Notes
<i>lamotrigine oral tablet extended release 24hr 100 mg</i> (Lamictal XR)	Tier 2	QL (3 EA per 1 day)
<i>lamotrigine oral tablet extended release 24hr 200 mg, 250 mg, 300 mg</i> (Lamictal XR)	Tier 2	QL (2 EA per 1 day)
<i>lamotrigine oral tablet extended release 24hr 25 mg, 50 mg</i> (Lamictal XR)	Tier 2	QL (6 EA per 1 day)
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> (Lamictal)	Tier 2	
<i>lamotrigine oral tablet, disintegrating 100 mg</i> (Lamictal ODT)	Tier 2	QL (3 EA per 1 day)
<i>lamotrigine oral tablet, disintegrating 200 mg</i> (Lamictal ODT)	Tier 2	QL (2 EA per 1 day)
<i>lamotrigine oral tablet, disintegrating 25 mg, 50 mg</i> (Lamictal ODT)	Tier 2	QL (6 EA per 1 day)
<i>lamotrigine oral tablets, dose pack 25 mg (35)</i> (Subvenite Starter (Blue) Kit)	Tier 2	
<i>lamotrigine oral tablets, dose pack 25 mg (42) -100 mg (7)</i> (Subvenite Starter (Orange) Kit)	Tier 2	
<i>lamotrigine oral tablets, dose pack 25 mg (84) -100 mg (14)</i> (Subvenite Starter (Green) Kit)	Tier 2	
<i>levetiracetam oral solution 100 mg/ml</i> (Keppra)	Tier 2	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> (Keppra)	Tier 2	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> (Keppra XR)	Tier 2	
<i>methsuximide oral capsule 300 mg</i> (Celontin)	Tier 2	
MOTPOLY XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG	Tier 4	PA
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> (Trileptal)	Tier 2	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal)	Tier 2	
<i>oxcarbazepine oral tablet extended release 24 hr 150 mg, 300 mg</i> (Oxtellar XR)	Tier 2	QL (1 EA per 1 day)
<i>oxcarbazepine oral tablet extended release 24 hr 600 mg</i> (Oxtellar XR)	Tier 2	QL (4 EA per 1 day)
PHENYTEK ORAL CAPSULE 200 MG, 300 MG (phenytoin sodium extended)	Tier 3	
<i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125)	Tier 2	
<i>phenytoin oral tablet, chewable 50 mg</i> (Dilantin Infatabs)	Tier 2	
<i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin Extended)	Tier 2	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek)	Tier 2	

Drug	Status	Notes
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i> (Lyrica)	Tier 2	
<i>pregabalin oral solution 20 mg/ml</i> (Lyrica)	Tier 2	
<i>primidone oral tablet 125 mg</i>	Tier 2	
<i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)	Tier 2	
<i>rufinamide oral suspension 40 mg/ml</i> (Banzel)	Tier 2	QL (80 ML per 1 day)
<i>rufinamide oral tablet 200 mg</i> (Banzel)	Tier 2	QL (16 EA per 1 day)
<i>rufinamide oral tablet 400 mg</i> (Banzel)	Tier 2	QL (8 EA per 1 day)
SABRIL ORAL TABLET 500 MG (vigabatrin)	Tier 5	PA
SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG (lamotrigine)	Tier 4	
SUBVENITE STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35) (lamotrigine)	Tier 4	
SUBVENITE STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14) (lamotrigine)	Tier 4	
SUBVENITE STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7) (lamotrigine)	Tier 4	
TEGRETOL ORAL SUSPENSION 100 MG/5 ML (carbamazepine)	Tier 3	
TEGRETOL ORAL TABLET 200 MG (carbamazepine)	Tier 3	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG (carbamazepine)	Tier 3	
<i>tiagabine oral tablet 12 mg, 2 mg, 4 mg</i>	Tier 2	QL (4 EA per 1 day)
<i>tiagabine oral tablet 16 mg</i>	Tier 2	QL (3 EA per 1 day)
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)	Tier 2	
<i>topiramate oral capsule,extended release 24hr 100 mg, 200 mg</i> (Trokendi XR)	Tier 2	QL (2 EA per 1 day)
<i>topiramate oral capsule,extended release 24hr 25 mg</i> (Trokendi XR)	Tier 2	QL (8 EA per 1 day)
<i>topiramate oral capsule,extended release 24hr 50 mg</i> (Trokendi XR)	Tier 2	QL (4 EA per 1 day)
<i>topiramate oral capsule,sprinkle,er 24hr 100 mg, 25 mg, 50 mg</i> (Qudexy XR)	Tier 2	QL (1 EA per 1 day)
<i>topiramate oral capsule,sprinkle,er 24hr 150 mg, 200 mg</i> (Qudexy XR)	Tier 2	QL (2 EA per 1 day)
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)	Tier 2	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	Tier 2	

Drug	Status	Notes
<i>valproic acid oral capsule 250 mg</i>	Tier 2	
<i>vigabatrin oral powder in packet 500 mg</i> (Vigadrone)	Tier 5	PA
<i>vigabatrin oral tablet 500 mg</i> (Sabril)	Tier 5	PA
VIGADRONE ORAL POWDER IN PACKET 500 MG (vigabatrin)	Tier 5	PA
VIGADRONE ORAL TABLET 500 MG (vigabatrin)	Tier 5	PA
VIGAFYDE ORAL SOLUTION 100 MG/ML	Tier 5	PA
VIGPODER ORAL POWDER IN PACKET 500 MG (vigabatrin)	Tier 5	PA
VIMPAT ORAL TABLETS,DOSE PACK 50 MG (14)- 100 MG (14)	Tier 3	
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	Tier 3	QL (2 EA per 1 day)
XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG	Tier 3	QL (1 EA per 1 day)
XCOPRI ORAL TABLET 200 MG	Tier 3	QL (2 EA per 1 day)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	Tier 3	QL (1 EA per 1 day)
ZONISADE ORAL SUSPENSION 100 MG/5 ML	Tier 4	PA
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	Tier 2	
<i>zonisamide oral capsule 50 mg</i>	Tier 2	
Neuroactive Steroid Gaba-A Receptor Modulator		
ZTALMY ORAL SUSPENSION 50 MG/ML	Tier 5	PA
Skeletal Muscle Disorder		
Agents To Tx Periodic Paralysis - Carbon Anhyd Inh		
<i>dichlorphenamide oral tablet 50 mg</i> (Keveyis)	Tier 5	PA
KEVEYIS ORAL TABLET 50 MG (dichlorphenamide)	Tier 5	PA
ORMALVI ORAL TABLET 50 MG (dichlorphenamide)	Tier 5	PA
Retinoic Acid Receptor (Rar) Agonists		
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG	Tier 5	PA
Skeletal Muscle Relaxants		
<i>baclofen oral solution 10 mg/5 ml (2 mg/ml)</i> (Ozobax DS)	Tier 2	PA
<i>baclofen oral solution 5 mg/5 ml</i> (Ozobax)	Tier 2	PA

Drug	Status	Notes
<i>baclofen oral suspension 25 mg/5 ml (5 mg/ml)</i> (Fleqsuvy)	Tier 2	PA
<i>baclofen oral tablet 10 mg</i>	Tier 2	QL (8 EA per 1 day)
<i>baclofen oral tablet 20 mg</i>	Tier 2	QL (4 EA per 1 day)
<i>baclofen oral tablet 5 mg</i>	Tier 2	QL (16 EA per 1 day)
<i>carisoprodol oral tablet 250 mg, 350 mg</i> (Soma)	Tier 2	QL (4 EA per 1 day)
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	Tier 2	
<i>chlorzoxazone oral tablet 500 mg</i>	Tier 2	QL (4 EA per 1 day)
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	Tier 2	QL (3 EA per 1 day)
<i>dantrolene oral capsule 100 mg</i>	Tier 2	QL (4 EA per 1 day)
<i>dantrolene oral capsule 25 mg</i> (Dantrium)	Tier 2	QL (3 EA per 1 day)
<i>dantrolene oral capsule 50 mg</i>	Tier 2	QL (3 EA per 1 day)
<i>metaxalone oral tablet 400 mg</i>	Tier 2	QL (8 EA per 1 day)
<i>metaxalone oral tablet 800 mg</i>	Tier 2	QL (4 EA per 1 day)
<i>methocarbamol oral tablet 500 mg</i>	Tier 2	QL (8 EA per 1 day)
<i>methocarbamol oral tablet 750 mg</i>	Tier 2	QL (6 EA per 1 day)
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	Tier 2	QL (2 EA per 1 day)
<i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i> (Norgesic)	Tier 2	QL (8 EA per 1 day)
<i>tizanidine oral capsule 2 mg</i> (Zanaflex)	Tier 2	QL (18 EA per 1 day)
<i>tizanidine oral capsule 4 mg</i> (Zanaflex)	Tier 2	QL (9 EA per 1 day)
<i>tizanidine oral capsule 6 mg</i> (Zanaflex)	Tier 2	QL (6 EA per 1 day)
<i>tizanidine oral tablet 2 mg</i>	Tier 2	QL (18 EA per 1 day)
<i>tizanidine oral tablet 4 mg</i> (Zanaflex)	Tier 2	QL (9 EA per 1 day)
Smoking Cessation		
Smoking Deterrent Agents (Ganglionic Stim,Others)		
<i>nicotine (polacrilex) buccal gum 2 mg</i> (Quit 2)	\$0 COPAY	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE AND OLDER
<i>nicotine (polacrilex) buccal gum 4 mg</i> (Quit 4)	\$0 COPAY	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE AND OLDER
<i>nicotine (polacrilex) buccal lozenge 2 mg</i> (Quit 2)	\$0 COPAY	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE AND OLDER

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

Drug	Status	Notes
STOP SMOKING AID BUCCAL LOZENGE 2 MG, 4 MG (nicotine (polacrilex))	\$0 COPAY	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE AND OLDER
Smoking Deterrent-Nicotinic Recept.Partial Agonist		
varenicline oral tablet 0.5 mg	\$0 COPAY	\$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE AND OLDER; QL (2 EA per 1 day)
varenicline oral tablet 1 mg (Chantix)	\$0 COPAY	\$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE AND OLDER; QL (2 EA per 1 day)
varenicline oral tablets,dose pack 0.5 mg (11)- 1 mg (42) (Chantix Starting Month Box)	\$0 COPAY	\$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE AND OLDER; QL (2 EA per 1 day)
Smoking Deterrents, Other		
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg	\$0 COPAY	\$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE AND OLDER
Upper Gastrointestinal Disorders - Digestive		
Gastric Enzymes		
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	Tier 5	PA
Pancreatic Enzymes		
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	Tier 3	

Drug	Status	Notes
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500-61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200-14,200-24,600 UNIT	Tier 4	
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,000-57,500-60,500 UNIT, 24,000-86,250- 90,750 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT	Tier 4	
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300-78,300 UNIT	Tier 4	
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	Tier 3	
Upper Gastrointestinal Disorders - Spastic Disease		
Anticholinergics/Antispasmodics		
<i>dicyclomine oral capsule 10 mg</i>	Tier 2	
<i>dicyclomine oral solution 10 mg/5 ml</i>	Tier 2	
<i>dicyclomine oral tablet 20 mg</i>	Tier 2	
Belladonna Alkaloids		
ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG (hyoscyamine sulfate)	Tier 2	
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i> (Hyosyne)	Tier 2	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i> (Hyosyne)	Tier 2	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i> (Oscimin)	Tier 2	
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i> (Levbid)	Tier 2	
<i>hyoscyamine sulfate oral tablet,disintegrating 0.125 mg</i> (Ed-Spaz)	Tier 2	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i> (Oscimin SL)	Tier 2	
HYOSYNE ORAL DROPS 0.125 MG/ML (hyoscyamine sulfate)	Tier 2	
HYOSYNE ORAL ELIXIR 0.125 MG/5 ML (hyoscyamine sulfate)	Tier 2	

Drug	Status	Notes
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	Tier 2	
OSCIMIN ORAL TABLET 0.125 MG (hyoscyamine sulfate)	Tier 2	
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG (hyoscyamine sulfate)	Tier 2	
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG) (hyoscyamine sulfate)	Tier 4	
Upper Gastrointestinal Disorders - Ulcer Disease		
Anticholinergics,Quaternary Ammonium		
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i> (Librax (with clidinium))	Tier 2	
DARTISLA ORAL TABLET,DISINTEGRATING 1.7 MG	Tier 4	ST: Requires prior prescription for Glycopyrrolate 2mg within the past 120 days; QL (4 EA per 1 day); Age (Min 18 Years)
<i>glycopyrrolate (pf) injection syringe 0.6 mg/3 ml (0.2 mg/ml)</i> (Glyrx-PF)	Tier 2	
<i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i> (Cuvposa)	Tier 2	
<i>glycopyrrolate oral tablet 1 mg</i> (Robinul)	Tier 2	
<i>glycopyrrolate oral tablet 2 mg</i> (Robinul Forte)	Tier 2	
GLYRX-PF INJECTION SYRINGE 0.6 MG/3 ML (0.2 MG/ML) (glycopyrrolate (pf))	Tier 4	
Anti-Ulcer Preparations		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)	Tier 2	
<i>sucralfate oral suspension 100 mg/ml</i> (Carafate)	Tier 2	
<i>sucralfate oral tablet 1 gram</i> (Carafate)	Tier 2	
Anti-Ulcer-H.Pylori Agents		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	Tier 2	QL (112 EA per 10 days)
<i>bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg</i> (Pylera)	Tier 2	
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40)	Tier 4	
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG	Tier 4	QL (168 EA per 14 days); Age (Min 18 Years)
VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84)	Tier 4	PA

Drug	Status	Notes
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG	Tier 4	PA
Histamine H2-Receptor Inhibitors		
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	Tier 2	
<i>cimetidine oral tablet 200 mg</i> (Acid Reducer (cimetidine))	Tier 2	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	Tier 2	
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>	Tier 2	
<i>famotidine oral tablet 20 mg</i> (Acid Controller)	Tier 2	
<i>famotidine oral tablet 40 mg</i> (Pepcid)	Tier 2	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	Tier 2	
Intestinal Motility Stimulants		
GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY	Tier 5	PA
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	Tier 2	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)	Tier 2	
MOTEGRITY ORAL TABLET 1 MG, 2 MG	Tier 4	ST: Requires prior prescription for Linzess and Trulance within the past 365 days; QL (1 EA per 1 day)
Potassium-Competitive Acid Blockers (Pcabs)		
VOQUEZNA ORAL TABLET 10 MG, 20 MG	Tier 4	PA
Proton-Pump Inhibitors		
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 10 MG (rabeprazole)	Tier 4	ST: At least 2 prior prescriptions for Lansoprazole, Omeprazole, or Pantoprazole Sodium within the past 365 days; QL (1 EA per 1 day)
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 5 MG	Tier 4	ST: At least 2 prior prescriptions for Lansoprazole, Omeprazole, or Pantoprazole Sodium within the past 365 days; QL (1 EA per 1 day)

Drug		Status	Notes
<i>dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg</i>	(Dexilant)	Tier 2	ST: Requires prior prescription for Lansoprazole, Omeprazole, Pantoprazole Sodium, or Prilosec OTC within the past 120 days; QL (1 EA per 1 day)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	(Acid Reducer (esomeprazole))	Tier 2	QL (1 EA per 1 day)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	(Nexium)	Tier 2	QL (2 EA per 1 day)
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i>	(Nexium Packet)	Tier 2	QL (1 EA per 1 day)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	(Nexium Packet)	Tier 2	QL (2 EA per 1 day)
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i>	(Acid Reducer (lansoprazole))	Tier 2	
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>	(Prevacid)	Tier 2	
<i>lansoprazole oral tablet,disintegrat, delay rel 15 mg, 30 mg</i>	(Prevacid SoluTab)	Tier 2	ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole Sodium within the past 120 days
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG		Tier 3	QL (1 EA per 1 day)
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>		Tier 2	
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram</i>	(Zegerid)	Tier 2	ST: Requires prior prescription for Lansoprazole, Omeprazole, Pantoprazole Sodium, or Prilosec OTC within the past 120 days; QL (1 EA per 1 day)
<i>pantoprazole oral granules dr for susp in packet 40 mg</i>	(Protonix)	Tier 2	ST: Requires prior prescription for Omeprazole Magnesium, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Prilosec within the past 120 days
<i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg</i>	(Protonix)	Tier 2	
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 10 MG, 2.5 MG		Tier 4	

Drug	Status	Notes
<i>rabeprazole oral capsule, delayed rel sprinkle 10 mg</i> (AcipHex Sprinkle)	Tier 2	ST: At least 2 prior prescriptions for Lansoprazole, Omeprazole, or Pantoprazole Sodium within the past 365 days; QL (1 EA per 1 day)
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i> (AcipHex)	Tier 2	QL (1 EA per 1 day)
Urinary Tract - Functional Disorders		
Benign Prostatic Hypertrophy/Micturition Agents		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	Tier 2	
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	Tier 2	
<i>finasteride oral tablet 5 mg</i> (Proscar)	Tier 2	
<i>silodosin oral capsule 4 mg, 8 mg</i> (Rapaflo)	Tier 2	
<i>tamsulosin oral capsule 0.4 mg</i> (Flomax)	Tier 2	
Bph Agent-5-Alpha-Reductase Inh And Pde5 Inh Comb		
ENTADFI ORAL CAPSULE 5-5 MG	Tier 4	PA
Bph Agents,5-Alpha-Red Inh & Alpha-1-Adr Antg Cmb		
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i> (Jalyn)	Tier 2	ST: Requires prior prescription for Alfuzosin HCL, Doxazosin Mesylate, Finasteride, Prazosin HCL, Silodosin, Tamsulosin HCL, or Terazosin HCL within the past 120 days
Cystine-Depleting Agents, Nephropathic Cystinosis		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	Tier 5	
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG	Tier 5	PA
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG	Tier 5	PA
Endothelin-Angiotensin Receptor Antagonist		
FILSPARI ORAL TABLET 200 MG, 400 MG	Tier 5	PA
Kidney Stone Agents		
THIOLA EC ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG, 300 MG (tiopronin)	Tier 5	
<i>tiopronin oral tablet 100 mg</i> (Thiola)	Tier 5	

Drug	Status	Notes
<i>tiopronin oral tablet, delayed release (dltec) 100 mg, 300 mg</i> (Thiola EC)	Tier 5	
Overactive Bladder Agents, Beta-3 Adrenergic Recep		
GEMTESA ORAL TABLET 75 MG	Tier 4	ST: Requires prior prescriptions for Myrbetriq and Oxybutynin Chloride within the past 365 days; QL (1 EA per 1 day)
<i>mirabegron oral tablet extended release 24 hr 25 mg, 50 mg</i> (Myrbetriq)	Tier 2	QL (1 EA per 1 day)
MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON 8 MG/ML	Tier 3	
Oxalosis Agent - Oxalate Inhibitor, Sirna Based		
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML)	Tier 5	PA
RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML	Tier 5	PA
Polycystic Kidney Disease Agent, Avp Recep. Antag		
JYNARQUE ORAL TABLET 15 MG, 30 MG	Tier 5	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 5	PA
Urinary Ph Modifiers		
K-PHOS NO 2 ORAL TABLET 305-700 MG	Tier 4	
K-PHOS ORIGINAL ORAL TABLET, SOLUBLE 500 MG	Tier 4	
ORACIT ORAL SOLUTION 490-640 MG/5 ML (sodium citrate-citric acid)	Tier 4	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10)	Tier 2	
<i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15)	Tier 2	
<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i>	Tier 2	
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	Tier 4	
<i>sodium citrate-citric acid oral solution 490-640 mg/5 ml</i> (Oracit)	Tier 2	

Drug	Status	Notes
UROQID-ACID NO.2 ORAL TABLET 500-500 MG	Tier 4	
Urinary Tract Analgesic Agents		
ELMIRON ORAL CAPSULE 100 MG	Tier 3	PA
Urinary Tract Anesthetic/Analgesic Agnt (Azo-Dye)		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i> (Pyridium)	Tier 2	
Urinary Tract Antispasmodic, M(3) Selective Antag.		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	Tier 2	
<i>solifenacin oral tablet 10 mg, 5 mg</i> (Vesicare)	Tier 2	
VESICARE LS ORAL SUSPENSION 1 MG/ML	Tier 4	PA
Urinary Tract Antispasmodic/Antiincontinence Agent		
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i> (Toviaz)	Tier 2	QL (1 EA per 1 day)
<i>flavoxate oral tablet 100 mg</i>	Tier 2	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	Tier 2	
<i>oxybutynin chloride oral tablet 2.5 mg, 5 mg</i>	Tier 2	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	Tier 2	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR	Tier 4	ST: Requires prior prescriptions for Myrbetriq and Oxybutynin Chloride within the past 365 days
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i> (Detrol LA)	Tier 2	
<i>tolterodine oral tablet 1 mg, 2 mg</i> (Detrol)	Tier 2	
<i>trospium oral capsule,extended release 24hr 60 mg</i>	Tier 2	
<i>trospium oral tablet 20 mg</i>	Tier 2	
Vaginal Disorders		
Vaginal Antibiotics		
CLEOCIN VAGINAL SUPPOSITORY 100 MG	Tier 4	ST: At least 2 prior prescriptions for Clindamycin HCL, Clindamycin Palmitate HCL, Clindamycin Phosphate, Metronidazole, or Tinidazole within the past 365 days; QL (3 EA per 30 days)

Drug	Status	Notes
<i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)	Tier 2	
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 %	Tier 4	ST: Requires prior prescription for Clindamycin 1% gel within the past 120 days
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i> (Vandazole)	Tier 2	
<i>metronidazole vaginal gel 1.3 % (65 mg/5 gram)</i> (Nuessa)	Tier 2	
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM) (metronidazole)	Tier 4	
Vaginal Antifungals		
GYNAZOLE-1 VAGINAL CREAM 2 %	Tier 3	
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG	Tier 2	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	Tier 2	
<i>terconazole vaginal suppository 80 mg</i>	Tier 2	
Vaginal Antiseptics		
FEM PH VAGINAL GEL 0.9-0.025 %	Tier 4	
RELAGARD VAGINAL GEL 0.9-0.025 %	Tier 4	
TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 %	Tier 4	
Vaginal Estrogen Preparations		
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> (Estrace)	Tier 2	
<i>estradiol vaginal tablet 10 mcg</i> (Yuvafem)	Tier 2	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	Tier 4	ST: Requires prior prescriptions for Estradiol and Premarin within the past 365 days; QL (1 EA per 90 days)
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	Tier 4	ST: Requires prior prescriptions for Estradiol and Premarin within the past 365 days; QL (1 EA per 84 days)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	Tier 3	
YUVAFEM VAGINAL TABLET 10 MCG (estradiol)	Tier 2	
Vitamin And/Or Mineral Deficiency		
Fluoride Preparations		
CLINPRO 5000 DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 4	
DENTA 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))	Tier 2	

Drug		Status	Notes
DENTA 5000 PLUS SENSITIVE DENTAL PASTE 1.1-5 %	(sodium fluoride-pot nitrate)	Tier 2	
DENTAGEL DENTAL GEL 1.1 %	(fluoride (sodium))	Tier 2	
<i>fluoride (sodium) dental cream 1.1 %</i>	(Denta 5000 Plus)	Tier 2	
<i>fluoride (sodium) dental gel 1.1 %</i>	(DentaGel)	Tier 2	
<i>fluoride (sodium) dental paste 1.1 %</i>	(Sodium Fluoride 5000 Dry Mouth)	Tier 2	
<i>fluoride (sodium) dental solution 0.2 %</i>	(PreviDent)	Tier 2	
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	(SoluVita)	\$0 COPAY	\$0 COPAY IF 6 MONTH TO 6 YEARS OF AGE
<i>fluoride (sodium) oral tablet, chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	(Ludent Fluoride)	\$0 COPAY	\$0 COPAY IF 6 MONTH TO 6 YEARS OF AGE
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 %	(fluoride (sodium))	Tier 4	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 %	(sodium fluoride-pot nitrate)	Tier 4	
FLUORIMAX 5000 DENTAL PASTE 1.1 %	(fluoride (sodium))	Tier 4	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 %	(sodium fluoride-pot nitrate)	Tier 4	
FRAICHE 5000 KIDS PLUS DENTAL GEL 1.1-4 %		Tier 4	
FRAICHE 5000 PREVI DENTAL GEL 1.1-3 %		Tier 4	
JUST RIGHT 5000 DENTAL PASTE 1.1 %	(fluoride (sodium))	Tier 4	
PHOS-FLUR DENTAL SOLUTION 0.02 % (0.044 % SOD. FLUORIDE)		Tier 4	
SF 5000 PLUS DENTAL CREAM 1.1 %	(fluoride (sodium))	Tier 2	
SF DENTAL GEL 1.1 %	(fluoride (sodium))	Tier 2	
SODIUM FLUORIDE 5000 DRY MOUTH DENTAL PASTE 1.1 %	(fluoride (sodium))	Tier 2	
SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 %	(fluoride (sodium))	Tier 2	
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i>	(Denta 5000 Plus Sensitive)	Tier 2	
Folic Acid Preparations			
FA-8 ORAL CAPSULE 0.8 MG	(folic acid)	Tier 2	
<i>folic acid injection solution 5 mg/ml</i>		Tier 2	
<i>folic acid oral capsule 20 mg</i>		Tier 4	
<i>folic acid oral tablet 1 mg</i>		Tier 2	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>		\$0 COPAY	

Drug	Status	Notes
Iron Replacement		
FEOSOL ORAL TABLET 325 MG (65 MG IRON) (ferrous sulfate)	Tier 2	
FEROSUL ORAL TABLET 325 MG (65 MG IRON) (ferrous sulfate)	Tier 2	
FERRO-TIME ORAL TABLET 325 MG (65 MG IRON) (ferrous sulfate)	Tier 2	
<i>ferrous sulfate oral drops 15 mg iron (75 mg)/ml</i> (Fe-Vite)	Tier 2	
<i>ferrous sulfate oral elixir 220 mg (44 mg iron)/5 ml</i>	Tier 2	
<i>ferrous sulfate oral liquid 300 mg (60 mg iron)/5 ml</i>	Tier 2	
<i>ferrous sulfate oral solution 220 mg (44 mg iron)/5 ml</i>	Tier 2	
<i>ferrous sulfate oral tablet 325 mg (65 mg iron)</i> (Feosol)	Tier 2	
<i>ferrous sulfate oral tablet extended release 142 mg (45 mg iron)</i> (Slow Release Iron)	Tier 2	
<i>ferrous sulfate oral tablet, delayed release (drlec) 324 mg (65 mg iron), 325 mg (65 mg iron)</i>	Tier 2	
FE-VITE ORAL DROPS 15 MG IRON (75 MG)/ML (ferrous sulfate)	Tier 2	
HIGH POTENCY IRON ORAL TABLET 134 MG (27 MG IRON) (ferrous sulfate)	Tier 2	
HIGH POTENCY IRON ORAL TABLET 27 MG IRON	Tier 2	
IRON (FERROUS SULFATE) ORAL TABLET 325 MG (65 MG IRON) (ferrous sulfate)	Tier 2	
IRON ORAL TABLET 325 MG (65 MG IRON) (ferrous sulfate)	Tier 2	
PEDIA IRON ORAL DROPS 15 MG IRON (75 MG)/ML (ferrous sulfate)	Tier 2	
SLOW FE ORAL TABLET EXTENDED RELEASE 137 MG (45 MG IRON)	Tier 4	
SLOW RELEASE IRON ORAL TABLET EXTENDED RELEASE 140 MG (45 MG IRON), 142 MG (45 MG IRON) (ferrous sulfate)	Tier 2	
SLOW RELEASE IRON ORAL TABLET EXTENDED RELEASE 143 MG (45 MG IRON), 168 MG (50 MG IRON), 250 MG (50 MG IRON)	Tier 2	
TRIFERIC HEMODIALYSIS POWDER IN PACKET 272 MG IRON	Tier 4	

Drug	Status	Notes
TRIFERIC HEMODIALYSIS SOLUTION 27.2 MG IRON/5 ML	Tier 4	
Multivitamin Preparations		
FOLET ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG	Tier 4	
OBSTETRIX ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG	Tier 4	
TARON-PREX PRENATAL-DHA ORAL CAPSULE 30 MG IRON-1.2 MG-55 MG- 265 MG	Tier 2	
Prenatal Vitamin Preparations		
CITRANATAL (DUAL-IRON) ORAL TABLET 27 MG IRON-1 MG -50 MG	Tier 4	
CITRANATAL 90 DHA (ALGAL OIL) ORAL COMBO PACK 90 MG IRON-1 MG -50 MG-300 MG	Tier 4	
CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG -50 MG-300 MG	Tier 4	
CITRANATAL DHA (ALGAL OIL) ORAL COMBO PACK 27 MG IRON-1 MG -50 MG-250 MG	Tier 4	
CITRANATAL HARMONY (IRON FUM) ORAL CAPSULE 27 MG IRON-1 MG - 50 MG-260 MG	Tier 4	
MYNATAL ADVANCE ORAL TABLET 90-1-50 MG	Tier 2	
MYNATAL ORAL TABLET 90-1-50 MG	Tier 2	
MYNATE 90 PLUS ORAL TABLET EXTENDED RELEASE 90 MG IRON-1 MG	Tier 2	
NEXA PLUS ORAL CAPSULE 29 MG IRON-1.25 MG-55 MG	Tier 4	
OBSTETRIX DHA ORAL COMBO PACK, TABLET AND CAP, DR 29 MG IRON-1 MG -50 MG	Tier 2	
OBSTETRIX EC ORAL TABLET, DELAYED RELEASE (DR/EC) 29 MG IRON-1 MG -50 MG	Tier 4	
PNV-DHA + DOCUSATE ORAL CAPSULE 27-1.25-55-300 MG	Tier 2	
PRENAISSANCE ORAL CAPSULE 29- 1.25-55-325 MG	Tier 2	
PRENAISSANCE PLUS ORAL CAPSULE 28-1-50-250 MG	Tier 2	

Drug	Status	Notes
PRENATAL 19 (WITH DOCUSATE) ORAL TABLET 29 MG IRON- 1 MG-25 MG	Tier 2	
VITAFOL FE+ (WITH DOCUSATE) ORAL CAPSULE 90 MG IRON-1 MG - 50 MG-200 MG	Tier 4	
VP-CH-PNV ORAL CAPSULE 30 MG IRON-1 MG -50 MG-260 MG	Tier 2	
Vitamin B Preparations		
B COMPLEX 100 INJECTION SOLUTION 100-2-100-2-2 MG/ML	Tier 2	
B-COMPLEX INJECTION INJECTION SOLUTION 100-2-100-2-2 MG/ML	Tier 2	
Vitamin B1 Preparations		
<i>thiamine hcl (vitamin b1) injection solution 100 mg/ml</i>	Tier 2	
Vitamin B12 Preparations		
<i>cyanocobalamin (vitamin b-12) injection (Dodex) solution 1,000 mcg/ml</i>	Tier 2	
DODEX INJECTION SOLUTION 1,000 (cyanocobalamin (vitamin MCG/ML b-12))	Tier 2	
<i>hydroxocobalamin intramuscular solution 1,000 mcg/ml</i>	Tier 2	
<i>mecobalamin (vitamin b12) injection recon soln 10,000 mcg</i>	Tier 2	
Vitamin B6 Preparations		
<i>pyridoxine (vitamin b6) injection solution 100 mg/ml</i>	Tier 2	
Vitamin C Preparations		
ASCOR INTRAVENOUS SOLUTION 500 MG/ML	Tier 4	
<i>ascorbic acid (vitamin c) injection solution 500 mg/ml</i>	Tier 2	
Vitamin D Preparations		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Tier 2	
<i>calcitriol oral solution 1 mcg/ml (Rocaltrol)</i>	Tier 2	
<i>ergocalciferol (vitamin d2) oral capsule (Vitamin D2) 1,250 mcg (50,000 unit)</i>	Tier 2	
VITAMIN D2 ORAL CAPSULE 1,250 (ergocalciferol (vitamin MCG (50,000 UNIT) d2))	Tier 2	

Drug	Status	Notes
Weight Reduction		
Anti-Obesity Glucagon-Like Peptide-1 Recep Agonist		
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML, 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	Tier 3	PA

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		TALZENNA	222	<i>terbinafine hcl</i>	160
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<i>terconazole</i>	281	<i>timolol-bimatoprost (pf)</i>	133	<i>tranexamic acid</i>	136
<i>teriflunomide</i>	226	<i>timolol-brimonidi-dorzolam(pf)</i>	133	TRANSFER SET	195
<i>teriparatide</i>	119	<i>timolol-dorzolam-bimatopro(pf)</i>	133	<i>tranylcypramine</i>	20
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