

**Kaiser Permanente Insurance Company (KPIC)
Point of Service (POS)
Preferred Provider Organization (PPO) Plans
Choice Preferred Provider Organization (PPO) Plans
Choice Out of Area (OOA) Plans**

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 Upon revision, all previous versions of the drug formulary are no longer in effect.

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

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

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

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

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

How to Use This Document (the Formulary)

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

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

Formulary Tier Definition:

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

Tier Benefit Design

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

Maintaining and Updating the Formulary

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

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

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

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

What medications are covered?

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

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

- Inhaler spacers

What is a generic drug?

A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs. Under your PPO or POS Plan, you may pay a different copay or coinsurance for preferred generic drugs and non-preferred generic drugs. For Preferred generic drugs, your out-of-pocket cost will be less than the non-preferred generic drugs.

What is a brand-name drug?

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

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

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

What are specialty drugs?

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

What are Preventive Drugs?

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

Preventive Drugs are labeled under Tier 5 in the Formulary.

Contraceptives

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

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

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

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

What drugs are not covered?

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

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

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

Guideline Symbol Table:

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

What is a Prior Authorization?

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

How does the program work?

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

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

What is Step Therapy?

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

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

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

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

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

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

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

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

NONDISCRIMINATION NOTICE

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

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

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

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

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

HELP IN YOUR LANGUAGE

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

አማርኛ (Amharic) ያስተውሉ: እንግሊዘኛ የሚናገሩ ከሆነ፣ የቋንቋ እርዳታ አገልግሎቶች፣ ከክፍያ ነጻ፣ ለእርስዎ ይገኛሉ። ወደ **1-855-364-3184** ይደውሉ (TTY: 711)።

العربية (Arabic) ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-855-364-3184** (TTY: 711).

Bàsɔ̀ ̀ Wùdù (Bassa) Dè ɔ̀ nìà kɛ dyédé gbo: Ɔ jũ ké m̀ Bàsɔ̀-wùdù-po-nyò jũ ní, nìí, à wuɖu kà kò dò po-poò b́éin m̀ gbo kpáa. Ɖá **1-855-364-3184** (TTY: 711)

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

فارسی (Farsi) توجه: اگر به زبان فارسی صحبت میکنید، خدمات تسهیلات زبانی بصورت رایگان برای شما فراهم میباشند. با شماره **1-855-364-3184** (TTY: 711) تماس بگیرید.

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

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

Igbo (Igbo) GEE NTI: O buru na i na asu Igbo, oru enyemaka nkowa asusu, du n'efu, diiri gi. Kpoo **1-855-364-3184** (TTY: **711**).

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

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

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

नेपाल (Nepali) यान दनुहोस: तपाईं अङ्ग्रेजी बोल्नुछ भने भाषा सहायता सेवाह तपाईंका लागि ननिःशुल्क उपलब्ध छन। 1-855-364-3184 (TTY: 711) मा फोन िनुहोस।

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

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

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

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

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

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

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

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

Drug	Status	Notes
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i> (Phenergan)	Tier 1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	Tier 1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
Antihistamines - 2Nd Generation		
<i>cetirizine oral solution 1 mg/ml</i> (Allergy Relief (cetirizine))	Tier 1	
CLARINEX ORAL TABLET 5 MG (desloratadine)	Tier 3	MO; QL (1 EA per 1 day)
<i>desloratadine oral tablet 5 mg</i> (Clarinet)	Tier 1	MO; QL (1 EA per 1 day)
<i>desloratadine oral tablet, disintegrating 2.5 mg, 5 mg</i>	Tier 1	MO; ST: Must meet any of the following requirements: Desloratadine or Levocetirizine tablets in 120 days; QL (1 EA per 1 day)
<i>levocetirizine oral solution 2.5 mg/5 ml</i> (Xyzal)	Tier 1	MO; ST: Must meet any of the following requirements: Desloratadine or Levocetirizine tablets in 120 days; QL (10 ML per 1 day)
<i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief)	Tier 1	MO
Nasal Antihistamine		
<i>azelastine nasal spray, non-aerosol 137 mcg (0.1 %)</i>	Tier 1	MO; QL (60 ML per 30 days)
<i>azelastine nasal spray, non-aerosol 205.5 mcg (0.15 %)</i> (Astepro Allergy)	Tier 1	MO; QL (60 ML per 30 days)
<i>olopatadine nasal spray, non-aerosol 0.6 %</i>	Tier 1	QL (30.5 GM per 30 days)
Nasal Antihistamine & Anti-Inflam. Steroid Comb.		
<i>azelastine-fluticasone nasal spray, non-aerosol 137-50 mcg/spray</i> (Dymista)	Tier 1	ST: Must meet the following requirement: Flunisolide or Fluticasone Propionate in 120 days; QL (23 GM per 30 days)
DYMISTA NASAL SPRAY, NON-AEROSOL 137-50 MCG/SPRAY (azelastine-fluticasone)	Tier 3	ST: Must meet the following requirement: Flunisolide or Fluticasone Propionate in 120 days; QL (23 GM per 30 days)
RYALTRIS NASAL SPRAY, NON-AEROSOL 665-25 MCG/SPRAY	Tier 3	QL (29 GM per 30 days)
Nasal Anti-Inflammatory Steroids		
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	Tier 1	MO; QL (25 ML per 30 days)

Drug	Status	Notes
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i> (24 Hour Allergy Relief)	Tier 1	MO; QL (16 GM per 30 days)
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i> (Allergy Nasal (mometasone))	Tier 1	MO; QL (17 GM per 30 days)
OMNARIS NASAL SPRAY, NON-AEROSOL 50 MCG	Tier 3	MO; ST: Must meet the following requirement: Flunisolide or Fluticasone Propionate in 120 days; QL (5 GM per 12 days)
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	Tier 2	MO; ST: Must meet any of the following requirements: Flunisolide, Fluticasone Propionate, or Qnasl in 120 days; QL (6.8 GM per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	Tier 2	MO; ST: Must meet any of the following requirements: Flunisolide, Fluticasone Propionate, or Qnasl Children in 120 days; QL (10.6 GM per 30 days)
TICANASE NASAL KIT, SPRAY SUSPENSION AND SPRAY 50 MCG-0.9 %	Tier 3	MO
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	Tier 2	MO; ST: Must meet any of the following requirements: Flunisolide, Fluticasone Propionate, Mometasone Furoate, or Nasonex 24hr Allergy in 120 days; QL (32 ML per 30 days)
ZETONNA NASAL HFA AEROSOL INHALER 37 MCG/ACTUATION	Tier 3	MO; ST: Must meet the following requirement: Flunisolide or Fluticasone Propionate in 120 days; QL (6.1 GM per 30 days)
Antiemesis/Antivertigo		
Antiemetic, Cannabinoid-Type		
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)	Tier 1	ST: Must meet any of the following requirements: 5HT3 Antagonist, Corticosteroids, Emend, or Megestrol suspension in 120 days; QL (2 EA per 1 day)

Drug	Status	Notes
MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG (dronabinol)	Tier 3	ST: Must meet any of the following requirements: 5HT3 Antagonist, Corticosteroids, Emend, or Megestrol suspension in 120 days; QL (2 EA per 1 day)
SYNDROS ORAL SOLUTION 5 MG/ML	Tier 3	ST: Must meet any of the following requirements: Dronabinol capsules or Megestrol suspension in 120 days; QL (60 ML per 30 days)
Antiemetic/Antivertigo Agents		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	Tier 2	QL (1 EA per 28 days)
<i>aprepitant oral capsule 125 mg</i>	Tier 1	QL (1 EA per 21 days)
<i>aprepitant oral capsule 40 mg</i>	Tier 1	QL (1 EA per 28 days)
<i>aprepitant oral capsule 80 mg</i> (Emend)	Tier 1	QL (2 EA per 21 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend)	Tier 1	QL (3 EA per 21 days)
BONJESTA ORAL TABLET, IR, DELAYED REL, BIPHASIC 20-20 MG	Tier 3	QL (60 EA per 30 days)
COMPAZINE ORAL TABLET 10 MG, 5 MG (prochlorperazine maleate)	Tier 3	
COMPAZINE RECTAL SUPPOSITORY 25 MG (prochlorperazine)	Tier 3	
COMPRO RECTAL SUPPOSITORY 25 MG (prochlorperazine)	Tier 1	
DICLEGIS ORAL TABLET, DELAYED RELEASE (DR/EC) 10-10 MG (doxylamine-pyridoxine (vit b6))	Tier 3	QL (120 EA per 30 days)
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (drlec) 10-10 mg</i> (Diclegis)	Tier 1	QL (120 EA per 30 days)
EMEND ORAL CAPSULE 80 MG (aprepitant)	Tier 3	QL (2 EA per 21 days)
EMEND ORAL CAPSULE, DOSE PACK 125 MG (1)- 80 MG (2) (aprepitant)	Tier 3	QL (3 EA per 21 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	Tier 2	QL (3 EA per 21 days)
<i>granisetron hcl oral tablet 1 mg</i>	Tier 1	ST: Must meet the following requirement: Ondansetron tablets or ODT in 120 days; QL (8 EA per 30 days)
<i>meclizine oral tablet 12.5 mg</i>	Tier 1	

Drug	Status	Notes
<i>meclizine oral tablet 25 mg</i> (Dramamine (meclizine))	Tier 1	
<i>meclizine oral tablet 50 mg</i> (Antivert)	Tier 1	QL (2 EA per 1 day)
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	Tier 1	QL (50 ML per 15 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	Tier 1	
<i>ondansetron oral tablet, disintegrating 16 mg, 4 mg, 8 mg</i>	Tier 1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)	Tier 1	
<i>prochlorperazine rectal suppository 25 mg</i> (Compro)	Tier 1	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i> (Promethegan)	Tier 1	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG (promethazine)	Tier 1	
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	Tier 3	ST: Must meet the following requirement: Ondansetron tablets or ODT in 120 days; QL (1 EA per 7 days)
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> (Transderm-Scop)	Tier 1	
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS (scopolamine base)	Tier 3	
<i>trimethobenzamide oral capsule 300 mg</i>	Tier 1	
VARUBI ORAL TABLET 90 MG	Tier 3	QL (2 EA per 14 days)
Asthma And Copd		
5-Lipoxygenase Inhibitors		
<i>zileuton oral tablet, er multiphase 12 hr 600 mg</i>	Tier 1	MO; ST: Must meet the following requirements: Montelukast Sodium and Zafirlukast in 365 days; QL (2 EA per 1 day)
ZYFLO ORAL TABLET 600 MG	Tier 3	MO; ST: Must meet the following requirements: Montelukast Sodium and Zafirlukast in 365 days; QL (4 EA per 1 day)
Anticholinergic, Orally Inhaled Short Acting		
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	Tier 2	MO; QL (25.8 GM per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	Tier 1	MO

Drug	Status	Notes
Anticholinergics, Orally Inhaled Long Acting		
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	Tier 3	MO; ST: Must meet the following requirement: Spiriva in 120 days; QL (30 EA per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	Tier 2	MO; QL (4 GM per 30 days)
SPIRIVA WITH HANDIHALER (tiotropium bromide) INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	Tier 1	MO; QL (30 EA per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION	Tier 3	MO; ST: Must meet the following requirement: Spiriva in 120 days; QL (1 EA per 30 days)
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	Tier 3	MO; ST: Must meet the following requirement: Lonhala Magnair in 120 days; QL (90 ML per 30 days)
Beta-Adrenergic Agents		
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	Tier 1	MO
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	Tier 1	MO
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	Tier 1	MO
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	Tier 1	MO
Beta-Adrenergic Agents, Inhaled, Short Acting		
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i> (Ventolin HFA)	Tier 1	MO
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i>	Tier 1	MO
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	Tier 1	MO
<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i> (Xopenex HFA)	Tier 1	MO
PROAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 90 MCG/ACTUATION	Tier 3	MO; ST: Must meet the following requirement: Generic Albuterol Sulfate 90mcg HFA inhaler in 120 days

Drug	Status	Notes
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	Tier 3	MO; ST: Must meet the following requirement: Generic Albuterol Sulfate 90mcg HFA inhaler in 120 days
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (albuterol sulfate)	Tier 3	MO; ST: Must meet the following requirement: Generic Albuterol Sulfate 90mcg HFA inhaler in 120 days
XOPENEX HFA INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION (levalbuterol tartrate)	Tier 3	MO
Beta-Adrenergic Agents, Inhaled, Ultra-Long Acting		
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	Tier 2	MO; QL (4 GM per 30 days)
Beta-Adrenergic Agents, Orally Inhaled, Long Acting		
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i> (Brovana)	Tier 1	MO; ST: Must meet any of the following requirements: Formoterol Fumarate, Serevent Diskus, or Striverdi Respimat in 120 days; QL (120 ML per 30 days)
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML (arformoterol)	Tier 3	MO; ST: Must meet any of the following requirements: Formoterol Fumarate, Serevent Diskus, or Striverdi Respimat in 120 days; QL (120 ML per 30 days)
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i> (Perforomist)	Tier 1	MO; QL (120 ML per 30 days)
<i>formoterol fumarate-nebulizer inhalation solution for nebulization 20 mcg/2 ml</i>	Tier 1	MO
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML (formoterol fumarate)	Tier 3	MO; QL (120 ML per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	Tier 2	MO; QL (60 EA per 30 days)
Beta-Adrenergic And Anticholinergic Combinations		
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	Tier 2	MO; QL (60 EA per 30 days)

Drug	Status	Notes	
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	Tier 3	MO; ST: Must meet the following requirements: Anoro Ellipta and Stiolto Respimat in 365 days; QL (10.7 GM per 30 days)	
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	Tier 2	MO	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION	Tier 3	MO; ST: Must meet the following requirements: Anoro Ellipta and Stiolto Respimat in 365 days; QL (1 EA per 30 days)	
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	Tier 1	MO	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	Tier 2	MO; QL (4 GM per 30 days)	
Beta-Adrenergic And Glucocorticoid Combinations			
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500- 50 MCG/DOSE	(fluticasone propion- salmeterol)	Tier 3	MO; QL (60 EA per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	(fluticasone propion- salmeterol)	Tier 2	MO; QL (12 GM per 30 days)
AIRDUO DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG-14 MCG/ACTUATION, 232-14 MCG/ACTUATION		Tier 3	MO; ST: Must meet any of the following requirements: Advair HFA or Breo Ellipta in 120 days; QL (1 EA per 30 days)
AIRDUO RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	(fluticasone propion- salmeterol)	Tier 3	MO; ST: Must meet any of the following requirements: Advair HFA or Breo Ellipta in 120 days; QL (1 EA per 30 days)
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION		Tier 2	MO; QL (32.1 GM per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	(fluticasone furoate- vilanterol)	Tier 2	MO; QL (60 EA per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE		Tier 2	MO; QL (60 EA per 30 days)

Drug	Status	Notes
BREYNA INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION (budesonide-formoterol)	Tier 1	MO; QL (30.9 GM per 30 days)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i> (Breyna)	Tier 1	MO; QL (30.9 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	Tier 3	MO; ST: Must meet any of the following requirements: Advair HFA or Breo Ellipta in 120 days; QL (39 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION	Tier 3	MO; ST: Must meet any of the following requirements: Advair HFA or Breo Ellipta in 120 days; QL (13 GM per 30 days)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i> (AirDuo RespiClick)	Tier 3	MO; ST: Must meet any of the following requirements: Advair HFA or Breo Ellipta in 120 days; QL (1 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i> (Wixela Inhub)	Tier 1	MO; QL (60 EA per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION (budesonide-formoterol)	Tier 3	MO; QL (30.9 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 1	MO; QL (60 EA per 30 days)
Beta-Adrenergic-Anticholinergic-Glucocort, Inhaled		
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	Tier 2	MO; QL (10.7 GM per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	Tier 2	MO; QL (60 EA per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG	Tier 2	MO; QL (2 EA per 1 day)
Glucocorticoids, Orally Inhaled		
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION	Tier 3	MO; ST: Must meet the following requirement: Arnuity Ellipta in 120 days; QL (12.2 GM per 30 days)

Drug	Status	Notes
ARMONAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG/ACTUATION, 232 MCG/ACTUATION	Tier 3	MO; ST: Must meet the following requirement: Arnuity Ellipta in 120 days; QL (1 EA per 30 days)
ARNUIITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	Tier 2	MO; QL (30 EA per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	Tier 3	MO; ST: Must meet the following requirement: Arnuity Ellipta in 120 days; QL (13 GM per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	Tier 3	MO; ST: Must meet the following requirement: Arnuity Ellipta in 120 days; QL (1 EA per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i> (Pulmicort)	Tier 1	MO; QL (120 ML per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i> (Pulmicort)	Tier 1	MO; QL (60 ML per 30 days)
<i>fluticasone propionate inhalation blister with device 100 mcg/actuation, 50 mcg/actuation</i>	Tier 1	MO; QL (60 EA per 30 days)
<i>fluticasone propionate inhalation blister with device 250 mcg/actuation</i>	Tier 1	MO; QL (120 EA per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>	Tier 1	MO; QL (12 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>	Tier 1	MO; QL (24 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	Tier 1	MO; QL (21.2 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	Tier 3	MO; ST: Must meet the following requirement: Arnuity Ellipta in 120 days; QL (1 EA per 30 days)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML (budesonide)	Tier 3	MO; QL (120 ML per 30 days)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 1 MG/2 ML (budesonide)	Tier 3	MO; QL (60 ML per 30 days)

Drug	Status	Notes
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	Tier 3	MO; ST: Must meet the following requirement: Arnuity Ellipta in 120 days; QL (21.2 GM per 30 days)
Interleukin-4(IL-4) Receptor Alpha Antagonist, Mab		
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	Tier 3	PA; MO
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	Tier 3	PA; MO
Interleukin-5(IL-5) Receptor Alpha Antagonist, Mab		
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	Tier 3	PA; MO
Leukotriene Receptor Antagonists		
ACCOLATE ORAL TABLET 10 MG, 20 (zafirlukast) MG	Tier 3	MO
<i>montelukast oral granules in packet 4 (Singulair) mg</i>	Tier 1	MO
<i>montelukast oral tablet 10 mg (Singulair)</i>	Tier 1	MO
<i>montelukast oral tablet, chewable 4 mg, 5 (Singulair) mg</i>	Tier 1	MO
SINGULAIR ORAL GRANULES IN (montelukast) PACKET 4 MG	Tier 3	MO
SINGULAIR ORAL TABLET 10 MG (montelukast)	Tier 3	MO
SINGULAIR ORAL (montelukast) TABLET, CHEWABLE 4 MG, 5 MG	Tier 3	MO
<i>zafirlukast oral tablet 10 mg, 20 mg (Accolate)</i>	Tier 1	MO
Mast Cell Stabilizers		
<i>cromolyn oral concentrate 100 mg/5 ml (Gastrocrom)</i>	Tier 1	
GASTROCROM ORAL CONCENTRATE (cromolyn) 100 MG/5 ML	Tier 3	
Mast Cell Stabilizers, Orally Inhaled		
<i>cromolyn inhalation solution for (Tier 1) nebulization 20 mg/2 ml</i>		MO
Monoclonal Antibodies To Immunoglobulin E(Ige)		
XOLAIR SUBCUTANEOUS AUTO- INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	Tier 3	PA; MO
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	Tier 3	PA; MO

Drug	Status	Notes
Monoclonal Antibody - Interleukin-5 Antagonists		
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	Tier 3	PA; MO
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML	Tier 3	PA; MO
Phosphodiesterase-4 (Pde4) Inhibitors		
DALIRESP ORAL TABLET 250 MCG, 500 MCG (roflumilast)	Tier 3	MO; QL (1 EA per 1 day)
OHTUVAYRE INHALATION SUSPENSION FOR NEBULIZATION 3 MG/2.5 ML	Tier 3	PA; MO
<i>roflumilast oral tablet 250 mcg, 500 mcg</i> (Daliresp)	Tier 1	MO; QL (1 EA per 1 day)
Thymic Stromal Lymphopoietin (Tslp) Inhibitors		
TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML)	Tier 3	PA; MO
Xanthines		
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	Tier 1	
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML (theophylline)	Tier 1	MO
THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	Tier 2	MO
<i>theophylline oral elixir 80 mg/15 ml</i> (Elixophyllin)	Tier 1	MO
<i>theophylline oral solution 80 mg/15 ml</i>	Tier 1	MO
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	Tier 1	MO
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	Tier 1	MO
Autonomic Nervous System Disorders		
Alzheimer's Therapy, Nmda Receptor Antagonists		
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg</i>	Tier 1	MO; ST: Must meet the following requirement: Memantine immediate release tablets in 120 days; QL (30 EA per 30 days)
<i>memantine oral capsule, sprinkle, er 24hr 7 mg</i> (Namenda XR)	Tier 1	MO; ST: Must meet the following requirement: Memantine immediate release tablets in 120 days; QL (30 EA per 30 days)

Drug	Status	Notes
<i>memantine oral solution 2 mg/ml</i>	Tier 1	MO; QL (300 ML per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i>	Tier 1	MO; QL (60 EA per 30 days)
<i>memantine oral tablets,dose pack 5-10 mg</i> (Namenda Titration Pak)	Tier 1	QL (49 EA per 28 days)
NAMENDA TITRATION PAK ORAL TABLETS,DOSE PACK 5-10 MG (memantine)	Tier 3	QL (49 EA per 28 days)
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7-14-21-28 MG	Tier 2	ST: Must meet the following requirement: Memantine immediate release tablets in 120 days; QL (28 EA per 28 days)
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR 7 MG (memantine)	Tier 3	MO; ST: Must meet the following requirement: Memantine immediate release tablets in 120 days; QL (30 EA per 30 days)
Alzheimer's Thx,Nmda Recept Antag & Cholines Inhib		
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	Tier 2	ST: Must meet 2 of the following requirements: Adlarity, Donepezil HCL, Memantine HCL, or Namenda XR in 365 days; QL (28 EA per 28 days)
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	Tier 2	MO; ST: Must meet 2 of the following requirements: Adlarity, Donepezil HCL, Memantine HCL, or Namenda XR in 365 days; QL (1 EA per 1 day)
Cholinesterase Inhibitors		
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/24 HOUR, 5 MG/24 HOUR	Tier 3	PA; MO
ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG (donepezil)	Tier 3	MO
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i> (Aricept)	Tier 1	MO
<i>donepezil oral tablet,disintegrating 10 mg, 5 mg</i>	Tier 1	MO
EXELON PATCH TRANSDERMAL PATCH 24 HOUR 13.3 MG/24 HOUR, 4.6 MG/24 HOUR, 9.5 MG/24 HOUR (rivastigmine)	Tier 3	MO; QL (30 EA per 30 days)
<i>galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	Tier 1	MO; QL (30 EA per 30 days)

Drug	Status	Notes
<i>galantamine oral solution 4 mg/ml</i>	Tier 1	MO; QL (200 ML per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	Tier 1	MO; QL (60 EA per 30 days)
MESTINON ORAL SYRUP 60 MG/5 ML (pyridostigmine bromide)	Tier 3	MO
MESTINON ORAL TABLET 60 MG (pyridostigmine bromide)	Tier 3	MO
MESTINON TIMESPAN ORAL TABLET EXTENDED RELEASE 180 MG (pyridostigmine bromide)	Tier 3	MO
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i> (Mestinon)	Tier 1	MO
<i>pyridostigmine bromide oral tablet 30 mg</i>	Tier 1	MO
<i>pyridostigmine bromide oral tablet 60 mg</i> (Mestinon)	Tier 1	MO
<i>pyridostigmine bromide oral tablet extended release 180 mg</i> (Mestinon Timespan)	Tier 1	MO
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	Tier 1	MO
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i> (Exelon Patch)	Tier 1	MO; 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 1	MO
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	Tier 1	MO
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab)	Tier 1	MO
REMERON ORAL TABLET 15 MG, 30 MG (mirtazapine)	Tier 3	MO
REMERON SOLTAB ORAL TABLET, DISINTEGRATING 15 MG, 30 MG, 45 MG (mirtazapine)	Tier 3	MO
Antidepressant - Nmda Receptor Antagonist		
SPRAVATO NASAL SPRAY, NON-AEROSOL 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3)	Tier 4	PA; MO
Antidepressant - Postpartum Depression (Ppd)		
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG	Tier 3	PA
Maois - Non-Selective & Irreversible		
MARPLAN ORAL TABLET 10 MG	Tier 3	MO
NARDIL ORAL TABLET 15 MG (phenelzine)	Tier 3	MO
PARNATE ORAL TABLET 10 MG (tranylcypromine)	Tier 3	MO
<i>phenelzine oral tablet 15 mg</i> (Nardil)	Tier 1	MO

Drug	Status	Notes
<i>tranylcypromine oral tablet 10 mg</i> (Parnate)	Tier 1	MO
Monoamine Oxidase(Mao) Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	Tier 3	MO; ST: Must meet any of the following requirements: Marplan, Phenelzine Sulfate, or Tranylcypromine Sulfate in 120 days; QL (1 EA per 1 day)
Ndma Receptor Antagonist And Ndri Comb		
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	Tier 3	MO; ST: Must meet any of the following requirements: Bupropion, Citalopram, Desvenlafaxine, Duloxetine, Escitalopram, Fluoxetine, Fluvoxamine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine IN 120 DAYS
Norepinephrine And Dopamine Reuptake Inhib (Ndris)		
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG	Tier 3	MO; ST: Must meet the following requirement: Bupropion HCL in 120 days; QL (1 EA per 1 day)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	Tier 1	MO
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL)	Tier 1	MO
<i>bupropion hcl oral tablet extended release 24 hr 450 mg</i> (Forfivo XL)	Tier 1	MO; ST: Must meet the following requirement: Bupropion HCL in 120 days; QL (1 EA per 1 day)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR)	Tier 1	MO
WELLBUTRIN SR ORAL TABLET SUSTAINED-RELEASE 12 HR 100 MG, 150 MG, 200 MG (bupropion hcl)	Tier 3	MO
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG (bupropion hcl)	Tier 3	MO
Selective Serotonin Reuptake Inhibitor (SsrIs)		
CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG (citalopram)	Tier 3	MO
<i>citalopram oral capsule 30 mg</i>	Tier 1	MO
<i>citalopram oral solution 10 mg/5 ml</i>	Tier 1	MO

Drug	Status	Notes
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i> (Celexa)	Tier 1	MO
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	Tier 1	MO
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (Lexapro)	Tier 1	MO
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i> (Prozac)	Tier 1	MO
<i>fluoxetine oral capsule, delayed release(drlec) 90 mg</i>	Tier 1	MO
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	Tier 1	MO
<i>fluoxetine oral tablet 10 mg, 20 mg, 60 mg</i>	Tier 1	MO
<i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i>	Tier 1	MO; ST: Must meet any of the following requirements: Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Fluvoxamine Maleate, Paroxetine HCL, or Sertraline HCL in 120 days; QL (2 EA per 1 day)
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	MO
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG (escitalopram oxalate)	Tier 3	MO
<i>paroxetine hcl oral suspension 10 mg/5 ml</i> (Paxil)	Tier 1	MO
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> (Paxil)	Tier 1	MO
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i> (Paxil CR)	Tier 1	MO
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG, 25 MG, 37.5 MG (paroxetine hcl)	Tier 3	MO
PAXIL ORAL SUSPENSION 10 MG/5 ML (paroxetine hcl)	Tier 3	MO
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG (paroxetine hcl)	Tier 3	MO
PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG (fluoxetine)	Tier 3	MO
<i>sertraline oral capsule 150 mg, 200 mg</i>	Tier 3	MO; QL (1 EA per 1 day)
<i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)	Tier 1	MO
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)	Tier 1	MO

Drug	Status	Notes
ZOLOFT ORAL CONCENTRATE 20 MG/ML (sertraline)	Tier 3	MO
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG (sertraline)	Tier 3	MO
Serotonin-2 Antagonist/Reuptake Inhibitors (Saris)		
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 1	MO
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	Tier 1	MO
Serotonin-Norepinephrine Reuptake-Inhib (Snris)		
CYMBALTA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 20 MG, 30 MG, 60 MG (duloxetine)	Tier 3	MO
<i>desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg</i>	Tier 1	MO; ST: Must meet 2 of the following requirements: Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine HCL in 365 days; QL (1 EA per 1 day)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq)	Tier 1	MO
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	Tier 3	PA; MO
<i>duloxetine oral capsule, delayed release (dr/ec) 20 mg, 30 mg, 60 mg</i> (Cymbalta)	Tier 1	MO
<i>duloxetine oral capsule, delayed release (dr/ec) 40 mg</i>	Tier 1	MO; ST: Must meet the following requirement: 2-20mg generic Duloxetine capsules in 120 days; QL (1 EA per 1 day)
DULOXICAIN KIT 30 MG- 4%	Tier 3	
EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR 150 MG, 37.5 MG, 75 MG (venlafaxine)	Tier 3	MO
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26), 20 MG (2)- 40 MG (5)	Tier 2	QL (1 EA per 1 day)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	Tier 2	MO; QL (1 EA per 1 day)

Drug	Status	Notes
PRISTIQ ORAL TABLET EXTENDED (desvenlafaxine succinate) RELEASE 24 HR 100 MG, 25 MG, 50 MG	Tier 3	MO
<i>venlafaxine besylate oral tablet extended release 24hr 112.5 mg</i>	Tier 1	MO; ST: Must meet the following requirement: Venlafaxine ER capsules in 120 days; QL (1 EA per 1 day)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg</i> (Effexor XR)	Tier 1	MO
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Tier 1	MO
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>	Tier 1	MO
Ssri & 5Ht1a Partial Agonist Antidepressant		
VIIBRYD ORAL TABLET 10 MG, 20 MG, (vilazodone) 40 MG	Tier 3	MO; ST: Must meet any of the following requirements: Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Sertraline HCL, or Venlafaxine HCL in 120 days
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i> (Viibryd)	Tier 1	MO; ST: Must meet any of the following requirements: Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Sertraline HCL, or Venlafaxine HCL in 120 days
Ssri & Serotonin Receptor Modulator Antidepressant		
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 2	MO; QL (1 EA per 1 day)
Tricyclic Antidepressant/Benzodiazepine Combinatns		
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	Tier 1	MO

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 1	MO
Tricyclic Antidepressants & Rel. Non- Sel. Ru-Inhib		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	MO
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	Tier 1	MO
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG (clomipramine)	Tier 3	MO
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil)	Tier 1	MO
<i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)	Tier 1	MO
<i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	Tier 1	MO
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	MO
<i>doxepin oral concentrate 10 mg/ml</i>	Tier 1	MO
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	MO
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	Tier 1	MO
NORPRAMIN ORAL TABLET 10 MG, 25 MG (desipramine)	Tier 3	MO
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor)	Tier 1	MO
<i>nortriptyline oral solution 10 mg/5 ml</i>	Tier 1	MO
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG (nortriptyline)	Tier 3	MO
<i>protriptyline oral tablet 10 mg, 5 mg</i>	Tier 1	MO
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	MO
Behavioral Health - Other		
Adrenergics, Aromatic, Non-Catecholamine		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG (dextroamphetamine-amphetamine)	Tier 3	MO; QL (2 EA per 1 day)
ADDERALL XR ORAL CAPSULE, EXTENDED RELEASE 24HR 10 MG, 15 MG, 5 MG (dextroamphetamine-amphetamine)	Tier 3	MO; QL (1 EA per 1 day)

Drug	Status	Notes
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 20 MG, 25 MG, 30 MG (dextroamphetamine-amphetamine)	Tier 3	MO; QL (2 EA per 1 day)
ADZENYS XR-ODT ORAL TABLET,DISINTEGR BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG	Tier 3	MO; ST: Must meet the following requirement: Azstarys or Jornay PM in 120 days; QL (1 EA per 1 day)
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i> (Evekeo)	Tier 1	PA; MO
DESOXYN ORAL TABLET 5 MG (methamphetamine)	Tier 3	MO; QL (150 EA per 30 days)
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG (dextroamphetamine sulfate)	Tier 3	MO; QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg</i> (Dexedrine Spansule)	Tier 1	MO; QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 15 mg</i>	Tier 1	MO; QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>	Tier 1	MO; QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i> (ProCentra)	Tier 1	MO; QL (1800 ML per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i> (Zenedi)	Tier 1	MO; QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg</i> (Zenedi)	Tier 1	MO; ST: Must meet the following requirement: Dextroamphetamine Sulfate immediate-release tablets (5mg or 10mg) or Dextroamphetamine solution in 120 days; QL (3 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 2.5 mg, 7.5 mg</i> (Zenedi)	Tier 1	MO; ST: Must meet the following requirement: Dextroamphetamine Sulfate immediate-release tablets (5mg or 10mg) or Dextroamphetamine solution in 120 days; QL (90 EA per 30 days)

Drug	Status	Notes
<i>dextroamphetamine sulfate oral tablet 20 mg, 30 mg</i> (Zenedi)	Tier 1	MO; ST: Must meet the following requirement: Dextroamphetamine Sulfate immediate-release tablets (5mg or 10mg) or Dextroamphetamine solution in 120 days; QL (2 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 5 mg</i> (Zenedi)	Tier 1	MO; QL (90 EA per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Mydayis)	Tier 1	MO; QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i> (Adderall XR)	Tier 1	MO; QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i> (Adderall XR)	Tier 1	MO; QL (2 EA per 1 day)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall)	Tier 1	MO; QL (2 EA per 1 day)
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML	Tier 3	MO; ST: Must meet the following requirement: Azstarys or Jornay PM in 120 days; QL (240 ML per 30 days)
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG	Tier 3	MO; ST: Must meet the following requirement: Azstarys or Jornay PM in 120 days; QL (1 EA per 1 day)
EVEKEO ORAL TABLET 10 MG, 5 MG (amphetamine sulfate)	Tier 3	PA; MO
<i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i> (Vyvanse)	Tier 1	MO; QL (1 EA per 1 day)
<i>lisdexamfetamine oral tablet, chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i> (Vyvanse)	Tier 1	MO; QL (1 EA per 1 day)
<i>methamphetamine oral tablet 5 mg</i> (Desoxyn)	Tier 1	MO; QL (150 EA per 30 days)
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG (dextroamphetamine-amphetamine)	Tier 3	MO; QL (1 EA per 1 day)
PROCENTRA ORAL SOLUTION 5 MG/5 ML (dextroamphetamine sulfate)	Tier 3	MO; QL (1800 ML per 30 days)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (lisdexamfetamine)	Tier 3	MO; QL (1 EA per 1 day)

Drug	Status	Notes
VYVANSE ORAL TABLET,CHEWABLE (lisdexamfetamine) 10 MG, 20 MG, 30 MG	Tier 2	MO; QL (1 EA per 1 day)
VYVANSE ORAL TABLET,CHEWABLE (lisdexamfetamine) 40 MG, 50 MG, 60 MG	Tier 3	MO; QL (1 EA per 1 day)
XELSTRYM TRANSDERMAL PATCH 24 HOUR 13.5 MG/9 HOUR, 18 MG/9 HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR	Tier 3	MO; ST: Must meet the following requirement: Azstarys or Jornay PM in 120 days; QL (1 EA per 1 day); Age (Min 6 Years)
ZENZEDI ORAL TABLET 10 MG (dextroamphetamine sulfate)	Tier 3	MO; QL (180 EA per 30 days)
ZENZEDI ORAL TABLET 15 MG (dextroamphetamine sulfate)	Tier 3	MO; ST: Must meet the following requirement: Dextroamphetamine Sulfate immediate-release tablets (5mg or 10mg) or Dextroamphetamine solution in 120 days; QL (3 EA per 1 day)
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG (dextroamphetamine sulfate)	Tier 3	MO; ST: Must meet the following requirement: Dextroamphetamine Sulfate immediate-release tablets (5mg or 10mg) or Dextroamphetamine solution in 120 days; QL (90 EA per 30 days)
ZENZEDI ORAL TABLET 20 MG, 30 MG (dextroamphetamine sulfate)	Tier 3	MO; ST: Must meet the following requirement: Dextroamphetamine Sulfate immediate-release tablets (5mg or 10mg) or Dextroamphetamine solution in 120 days; QL (2 EA per 1 day)
ZENZEDI ORAL TABLET 5 MG (dextroamphetamine sulfate)	Tier 3	MO; QL (90 EA per 30 days)
Anti-Alcoholic Preparations		
<i>acamprosate oral tablet, delayed release (drlec) 333 mg</i>	Tier 1	MO
<i>disulfiram oral tablet 250 mg, 500 mg</i>	Tier 1	MO
Anti-Anxiety - Benzodiazepines		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	Tier 2	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> (Xanax)	Tier 1	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i> (Xanax XR)	Tier 1	

Drug	Status	Notes
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG (lorazepam)	Tier 3	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	Tier 1	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	Tier 1	
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML (diazepam)	Tier 1	
<i>diazepam oral concentrate 5 mg/ml (Diazepam Intensol)</i>	Tier 1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml)</i>	Tier 1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg (Valium)</i>	Tier 1	
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML (lorazepam)	Tier 1	
<i>lorazepam oral concentrate 2 mg/ml (Lorazepam Intensol)</i>	Tier 1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg (Ativan)</i>	Tier 1	
LOREEV XR ORAL CAPSULE, EXTENDED RELEASE 24HR 1 MG, 2 MG, 3 MG	Tier 3	
LOREEV XR ORAL CAPSULE, EXTENDED RELEASE 24HR 1.5 MG	Tier 3	ST: Must meet the following requirement: Lorazepam tablets in 120 days
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	Tier 1	
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG (diazepam)	Tier 3	
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG (alprazolam)	Tier 3	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR 0.5 MG, 1 MG, 2 MG, 3 MG (alprazolam)	Tier 3	
Anti-Anxiety Drugs		
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	MO
<i>meprobamate oral tablet 200 mg, 400 mg</i>	Tier 1	
Anti-Mania Drugs		
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	Tier 3	MO
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	Tier 1	MO

Drug	Status	Notes
<i>lithium carbonate oral tablet 300 mg</i>	Tier 1	MO
<i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid)	Tier 1	MO
<i>lithium carbonate oral tablet extended release 450 mg</i>	Tier 1	MO
<i>lithium citrate oral solution 8 meq/5 ml</i>	Tier 1	MO
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG (lithium carbonate)	Tier 3	MO
Anti-Narcolepsy & Anti-Cataplexy, Sedative-Type Agt		
LUMRYZ ORAL EXTEND RELEASE GRANULES, PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM	Tier 4	PA; MO
LUMRYZ STARTER PACK ORAL GRANULES ER PACKET, DOSE PACK 4.5-6-7.5 GRAM	Tier 4	PA
<i>sodium oxybate oral solution 500 mg/ml</i> (Xyrem)	Tier 3	PA; MO
XYREM ORAL SOLUTION 500 MG/ML (sodium oxybate)	Tier 4	PA; MO
XYWAV ORAL SOLUTION 0.5 GRAM/ML	Tier 3	PA; MO
Antipsych, Dopamine Antag., Diphenylbutylpiperidines		
<i>pimozide oral tablet 1 mg, 2 mg</i>	Tier 1	MO
Antipsychotic-Atypical, D3/D2 Partial Ag-5Ht Mixed		
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	Tier 2	MO; QL (1 EA per 1 day)
Antipsychotics, Atyp, D2 Partial Agonist/5Ht Mixed		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 720 MG/2.4 ML	Tier 3	MO; QL (2.4 ML per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 960 MG/3.2 ML	Tier 3	MO; QL (3.2 ML per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 300 MG, 400 MG	Tier 3	MO; QL (1 EA per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 300 MG, 400 MG	Tier 3	MO; QL (1 EA per 26 days)
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET WITH SENSOR AND STRIP 10 MG, 15 MG, 20 MG, 30 MG, 5 MG	Tier 4	PA; MO

Drug	Status	Notes
ABILIFY MYCITE STARTER KIT ORAL TABLET WITH SENSOR, STRIP, POD 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	Tier 4	PA
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (aripiprazole)	Tier 3	MO
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 1	MO; ST: Must meet the following requirements: two generic SSRIS, SNRIS, or atypical antipsychotic in 365 days
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg (Abilify)</i>	Tier 1	MO
<i>aripiprazole oral tablet, disintegrating 10 mg</i>	Tier 1	MO; ST: Must meet the following requirements: two generic SSRIS, SNRIS, or atypical antipsychotic in 365 days; QL (3 EA per 1 day)
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	Tier 1	MO; ST: Must meet the following requirements: two generic SSRIS, SNRIS, or atypical antipsychotic in 365 days; QL (2 EA per 1 day)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 675 MG/2.4 ML	Tier 4	
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML	Tier 3	MO; QL (3.9 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML	Tier 3	MO; QL (1.6 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML	Tier 3	MO; QL (2.4 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 882 MG/3.2 ML	Tier 3	MO; QL (3.2 ML per 14 days)
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG	Tier 3	MO; ST: Must meet the following requirement: generic Aripiprazole tablets in 120 days
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 2	MO; QL (1 EA per 1 day)

Drug	Status	Notes
REXULTI ORAL TABLETS,DOSE PACK 0.5 MG (7)- 1 MG (7), 1 MG (4)- 2 MG (3)	Tier 2	QL (1 EA per 1 day)
Antipsychotics, Dopamine & Serotonin Antagonists		
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG	Tier 3	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	MO
Antipsychotics,Atypical,Dopamine,& Serotonin Antag		
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i> (Saphris)	Tier 1	MO; QL (2 EA per 1 day)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	Tier 3	MO; ST: Must meet the following requirement: Rexulti or Vraylar in 120 days; QL (1 EA per 1 day)
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Clozaril)	Tier 1	MO
<i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	Tier 1	MO; QL (3 EA per 1 day)
CLOZARIL ORAL TABLET 100 MG, 25 MG (clozapine)	Tier 3	MO
ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	Tier 4	MO; QL (0.75 ML per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 156 MG/ML	Tier 4	MO; QL (1 ML per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	Tier 4	MO; QL (1.5 ML per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	Tier 4	MO; QL (0.25 ML per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	Tier 4	MO; QL (0.5 ML per 21 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 3	MO; ST: Must meet 2 of the following requirements: Aripiprazole, Asenapine Maleate, Clozapine, Olanzapine, Paliperidone, Quetiapine Fumarate, Risperidone, or Ziprasidone HCL in 365 days; QL (2 EA per 1 day)

Drug	Status	Notes
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	Tier 3	ST: Must meet 2 of the following requirements: Aripiprazole, Asenapine Maleate, Clozapine, Olanzapine, Paliperidone, Quetiapine Fumarate, Risperidone, or Ziprasidone HCL in 365 days; QL (8 EA per 28 days)
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG (ziprasidone hcl)	Tier 3	MO
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	Tier 3	MO; QL (3.5 ML per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	Tier 3	MO; QL (5 ML per 166 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 9 MG (paliperidone)	Tier 3	MO; QL (1 EA per 1 day)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG (paliperidone)	Tier 3	MO; QL (2 EA per 1 day)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	Tier 3	MO; QL (0.75 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	Tier 3	MO; QL (1 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	Tier 3	MO; QL (1.5 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	Tier 3	MO; QL (0.25 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	Tier 3	MO; QL (0.5 ML per 21 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	Tier 3	MO; QL (88 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	Tier 3	MO; QL (1.32 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	Tier 3	MO; QL (1.75 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	Tier 3	MO; QL (2.63 ML per 70 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG (lurasidone)	Tier 3	MO; QL (30 EA per 30 days)
LATUDA ORAL TABLET 80 MG (lurasidone)	Tier 3	MO; QL (60 EA per 30 days)

Drug	Status	Notes
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i> (Latuda)	Tier 1	MO; QL (30 EA per 30 days)
<i>lurasidone oral tablet 80 mg</i> (Latuda)	Tier 1	MO; QL (60 EA per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	Tier 3	PA; MO
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> (Zyprexa)	Tier 1	MO
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i> (Zyprexa Zydis)	Tier 1	MO
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	Tier 1	MO; QL (1 EA per 1 day)
<i>paliperidone oral tablet extended release 24hr 3 mg, 9 mg</i> (Invega)	Tier 1	MO; QL (1 EA per 1 day)
<i>paliperidone oral tablet extended release 24hr 6 mg</i> (Invega)	Tier 1	MO; QL (2 EA per 1 day)
PERSERIS SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 120 MG, 90 MG	Tier 3	MO; QL (1 EA per 28 days)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel)	Tier 1	MO
<i>quetiapine oral tablet 150 mg</i>	Tier 1	MO; QL (1 EA per 1 day)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel XR)	Tier 1	MO
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML (risperidone microspheres)	Tier 4	MO; QL (1 EA per 14 days)
RISPERDAL ORAL SOLUTION 1 MG/ML (risperidone)	Tier 3	MO
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (risperidone)	Tier 3	MO
<i>risperidone microspheres intramuscular suspension, extended rel recon 12.5 mg/2 ml</i> (Risperdal Consta)	Tier 3	MO; QL (1 EA per 14 days)
<i>risperidone microspheres intramuscular suspension, extended rel recon 25 mg/2 ml, 37.5 mg/2 ml, 50 mg/2 ml</i> (Rykindo)	Tier 3	MO; QL (1 EA per 14 days)
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	Tier 1	MO
<i>risperidone oral tablet 0.25 mg</i>	Tier 1	MO
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)	Tier 1	MO
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	MO

Drug	Status	Notes
RYKINDO INTRAMUSCULAR (risperidone microspheres) SUSPENSION,EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	Tier 3	MO; QL (1 EA per 14 days)
SAPHRIS SUBLINGUAL TABLET 10 (asenapine maleate) MG, 2.5 MG, 5 MG	Tier 3	MO; QL (2 EA per 1 day)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	Tier 3	MO; ST: Must meet 2 of the following requirements: Aripiprazole, Asenapine Maleate, Clozapine, Olanzapine, Paliperidone, Quetiapine Fumarate, Risperidone, or Ziprasidone HCL in 365 days; QL (1 EA per 1 day)
SEROQUEL ORAL TABLET 100 MG, (quetiapine) 200 MG, 25 MG, 300 MG, 400 MG, 50 MG	Tier 3	MO
SEROQUEL XR ORAL TABLET (quetiapine) EXTENDED RELEASE 24 HR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG	Tier 3	MO
SEROQUEL XR ORAL TABLET, EXT REL 24HR DOSE PACK 50 MG(3)-200 MG (1)-300 MG(11)	Tier 3	
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML	Tier 3	MO; QL (0.28 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML	Tier 3	MO; QL (0.35 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML	Tier 3	MO; QL (0.42 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML	Tier 3	MO; QL (0.56 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	Tier 3	MO; QL (0.7 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	Tier 3	MO; QL (0.14 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	Tier 3	MO; QL (0.21 ML per 28 days)

Drug	Status	Notes
VERSACLOZ ORAL SUSPENSION 50 MG/ML	Tier 3	MO; ST: Must meet 2 of the following requirements: Aripiprazole, Asenapine Maleate, Clozapine, Olanzapine, Paliperidone, Quetiapine Fumarate, Risperidone, or Ziprasidone HCL in 365 days; QL (18 ML per 1 day)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon)	Tier 1	MO
ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG (olanzapine)	Tier 3	MO
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG	Tier 4	MO; QL (1 EA per 14 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	Tier 4	MO; QL (1 EA per 28 days)
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 20 MG, 5 MG (olanzapine)	Tier 3	MO
Antipsychotics,Dopamine Antagonists, Thioxanthenes		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	MO
Antipsychotics,Dopamine Antagonists,Butyrophenones		
HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/ML (haloperidol decanoate)	Tier 3	MO
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i> (Haldol Decanoate)	Tier 1	MO
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	Tier 1	MO
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	Tier 1	MO
Antipsychotics,Dopamine Antagonist,Dihydroindolones		
<i>molindone oral tablet 10 mg</i>	Tier 1	MO; QL (8 EA per 1 day)
<i>molindone oral tablet 25 mg</i>	Tier 1	MO; QL (9 EA per 1 day)
<i>molindone oral tablet 5 mg</i>	Tier 1	MO
Anti-Psychotics,Phenothiazines		
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	Tier 1	MO
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	MO

Drug	Status	Notes
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	Tier 1	MO
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	Tier 1	MO
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	Tier 1	MO
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 1	MO
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	Tier 1	MO
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	MO
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	MO
Barbiturates		
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	Tier 1	MO
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	Tier 1	MO
Cholinergic And Anticholinergic Combinations		
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG	Tier 3	MO; ST: Must meet any of the following requirements: generic atypical antipsychotic, Rexulti, or Vraylar in 120 days; QL (2 EA per 1 day)
COBENFY ORAL CAPSULE 50-20 MG	Tier 3	ST: Must meet any of the following requirements: generic atypical antipsychotic, Rexulti, or Vraylar in 120 days; QL (2 EA per 1 day)
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG	Tier 3	ST: Must meet any of the following requirements: generic atypical antipsychotic, Rexulti, or Vraylar in 120 days
Hypnotics, Melatonin Mt1/Mt2 Receptor Agonists		
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	Tier 4	PA; MO
HETLIOZ ORAL CAPSULE 20 MG (tasimelteon)	Tier 4	PA; MO

Drug	Status	Notes
<i>ramelteon oral tablet 8 mg</i> (Rozerem)	Tier 1	ST: Must meet any of the following requirements: Eszopiclone, Zaleplon, or Zolpidem Tartrate in 120 days
<i>tasimelteon oral capsule 20 mg</i> (Hetlioz)	Tier 3	PA; MO
Narcolepsy And Sleep Disorder Therapy Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i> (Nuvigil)	Tier 1	MO; QL (1 EA per 1 day)
<i>armodafinil oral tablet 50 mg</i> (Nuvigil)	Tier 1	MO; QL (3 EA per 1 day)
<i>modafinil oral tablet 100 mg, 200 mg</i> (Provigil)	Tier 1	MO; QL (2 EA per 1 day)
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG (armodafinil)	Tier 3	MO; QL (1 EA per 1 day)
NUVIGIL ORAL TABLET 50 MG (armodafinil)	Tier 3	MO; QL (3 EA per 1 day)
PROVIGIL ORAL TABLET 100 MG, 200 MG (modafinil)	Tier 3	MO; QL (2 EA per 1 day)
SUNOSI ORAL TABLET 150 MG, 75 MG	Tier 3	PA; MO
Narcolepsy Tx-H3-Recept.Antagonist/Inverse Agonist		
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	Tier 4	PA; MO
Narcotic Antagonists		
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	Tier 2	
LOTREXONE ORAL CAPSULE 1.5 MG, 4.5 MG	Tier 3	
<i>naloxone injection auto-injector 10 mg/0.4 ml</i>	Tier 1	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	Tier 1	
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i> (Narcan)	Tier 1	
NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG	Tier 3	
<i>naltrexone oral tablet 50 mg</i>	Tier 1	MO
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION (naloxone)	Tier 3	
OPVEE NASAL SPRAY, NON-AEROSOL 2.7 MG/ACTUATION	Tier 3	
REXTOVY NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION (naloxone)	Tier 3	
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML	Tier 3	

Drug	Status	Notes
Sedative-Hypnotics - Benzodiazepines		
DORAL ORAL TABLET 15 MG (quazepam)	Tier 3	ST: Must meet any of the following requirements: Eszopiclone, Flurazepam HCL, Temazepam, Zaleplon, or Zolpidem Tartrate in 120 days
<i>estazolam oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	Tier 1	
HALCION ORAL TABLET 0.25 MG (triazolam)	Tier 3	
<i>midazolam oral syrup 2 mg/ml</i>	Tier 1	
quazepam oral tablet 15 mg (Doral)	Tier 1	ST: Must meet any of the following requirements: Eszopiclone, Flurazepam HCL, Temazepam, Zaleplon, or Zolpidem Tartrate in 120 days
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG (temazepam)	Tier 3	
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	Tier 1	
<i>triazolam oral tablet 0.125 mg</i>	Tier 1	
<i>triazolam oral tablet 0.25 mg</i> (Halcion)	Tier 1	
Sedative-Hypnotics, Non-Barbiturate		
AMBIEN CR ORAL TABLET, EXT RELEASE MULTIPHASE 12.5 MG, 6.25 MG (zolpidem)	Tier 3	QL (1 EA per 1 day)
AMBIEN ORAL TABLET 10 MG, 5 MG (zolpidem)	Tier 3	QL (1 EA per 1 day)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	Tier 2	QL (1 EA per 1 day)
DAYVIGO ORAL TABLET 10 MG, 5 MG	Tier 3	ST: Must meet any of the following requirements: Eszopiclone, Zaleplon, or Zolpidem Tartrate in 120 days; QL (1 EA per 1 day)
<i>doxepin oral tablet 3 mg, 6 mg</i> (Silenor)	Tier 1	ST: Must meet any of the following requirements: Doxepin solution or 10mg capsule, Eszopiclone, Zaleplon, or Zolpidem Tartrate in 120 days; QL (1 EA per 1 day)
EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG	Tier 3	ST: Must meet the following requirement: Edluar or Zolpidem Tartrate in 180 days; QL (1 EA per 1 day)

Drug	Status	Notes
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta)	Tier 1	QL (1 EA per 1 day)
IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG	Tier 3	PA
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG (eszopiclone)	Tier 3	QL (1 EA per 1 day)
MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE 3-25-2 MG	Tier 1	
QUVIVIQ ORAL TABLET 25 MG, 50 MG	Tier 3	PA
SILENOR ORAL TABLET 3 MG, 6 MG (doxepin)	Tier 3	ST: Must meet any of the following requirements: Doxepin solution or 10mg capsule, Eszopiclone, Zaleplon, or Zolpidem Tartrate in 120 days; QL (1 EA per 1 day)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>zolpidem oral capsule 7.5 mg</i>	Tier 1	
<i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)	Tier 1	QL (1 EA per 1 day)
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i> (Ambien CR)	Tier 1	QL (1 EA per 1 day)
<i>zolpidem sublingual tablet 1.75 mg, 3.5 mg</i>	Tier 1	QL (1 EA per 1 day)
Selective Serotonin 5-Ht2a Inverse Agonists (Ssia)		
NUPLAZID ORAL CAPSULE 34 MG	Tier 4	PA; MO
NUPLAZID ORAL TABLET 10 MG	Tier 4	PA; MO
Ssri &Antipsych,Atyp,Dopamine&Serotonin Antag Comb		
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 6-50 mg</i>	Tier 1	MO; QL (1 EA per 1 day)
<i>olanzapine-fluoxetine oral capsule 12-50 mg, 3-25 mg, 6-25 mg</i> (Symbyax)	Tier 1	MO; QL (1 EA per 1 day)
SYMBYAX ORAL CAPSULE 12-50 MG, 3-25 MG, 6-25 MG (olanzapine-fluoxetine)	Tier 3	MO; QL (1 EA per 1 day)
Tx For Adhd - Selective Alpha-2A Receptor Agonist		
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	Tier 1	MO
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv ER)	Tier 1	MO
INTUNIV ER ORAL TABLET EXTENDED RELEASE 24 HR 1 MG, 2 MG, 3 MG, 4 MG (guanfacine)	Tier 3	MO

Drug	Status	Notes
ONYDA XR ORAL SUSPENSION,EXTEND RELEASE 24HR 0.1 MG/ML	Tier 3	MO; ST: Must meet the following requirement: 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		
APTENSIO XR ORAL CAP,ER (methylphenidate hcl) SPRINKLE,BIPHASIC 40-60 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	Tier 3	MO; ST: Must meet the following requirement: One of the following generics: Concerta, Metadate CD, Ritalin LA, Methylin ER, or Ritalin-SR in 120 days; QL (1 EA per 1 day)
AZSTARYS ORAL CAPSULE 26.1 MG-5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG-10.4 MG	Tier 2	MO; ST: Must meet any of the following requirements: generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER or in 120 days; QL (1 EA per 1 day)
CONCERTA ORAL TABLET (methylphenidate hcl) EXTENDED RELEASE 24HR 18 MG, 27 MG, 54 MG	Tier 3	MO; QL (1 EA per 1 day)
CONCERTA ORAL TABLET (methylphenidate hcl) EXTENDED RELEASE 24HR 36 MG	Tier 3	MO; QL (2 EA per 1 day)
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 17.3 MG, 8.6 MG	Tier 3	MO; ST: Must meet the following requirement: Azstarys or Jornay PM in 120 days; QL (1 EA per 1 day)
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 25.9 MG	Tier 3	MO; ST: Must meet the following requirement: Azstarys or Jornay PM in 120 days; QL (2 EA per 1 day)
DAYTRANA TRANSDERMAL PATCH (methylphenidate) 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR	Tier 3	MO; ST: Must meet any of the following requirements: Methylphenidate HCL or Quillivant XR in 120 days; QL (1 EA per 1 day)
<i>dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i> (Focalin XR)	Tier 1	MO; QL (1 EA per 1 day)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i> (Focalin)	Tier 1	MO; QL (2 EA per 1 day)

Drug	Status	Notes
FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG (dexamethylphenidate)	Tier 3	MO; QL (2 EA per 1 day)
FOCALIN XR ORAL CAPSULE, ER BIPHASIC 50-50 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG (dexamethylphenidate)	Tier 3	MO; QL (1 EA per 1 day)
JORNAY PM ORAL CAPSULE, DEL REL, EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG	Tier 2	MO; ST: Must meet any of the following requirements: generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER or in 120 days; QL (1 EA per 1 day)
METADATE CD ORAL CAPSULE, ER BIPHASIC 30-70 10 MG, 20 MG, 40 MG, 50 MG, 60 MG (methylphenidate hcl)	Tier 3	MO; QL (1 EA per 1 day)
METADATE CD ORAL CAPSULE, ER BIPHASIC 30-70 30 MG (methylphenidate hcl)	Tier 3	MO; QL (2 EA per 1 day)
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG (methylphenidate hcl)	Tier 1	MO; QL (90 EA per 30 days)
METHYLIN ORAL SOLUTION 10 MG/5 ML, 5 MG/5 ML (methylphenidate hcl)	Tier 3	MO
<i>methylphenidate hcl oral cap, er sprinkle, biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i> (Aptensio XR)	Tier 3	MO; ST: Must meet the following requirement: One of the following generics: Concerta, Metadate CD, Ritalin LA, Methylin ER, or Ritalin-SR in 120 days; QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i> (Metadate CD)	Tier 1	MO; QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg</i> (Metadate CD)	Tier 1	MO; QL (2 EA per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 50-50 10 mg, 20 mg, 40 mg</i> (Ritalin LA)	Tier 1	MO; QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 50-50 30 mg</i> (Ritalin LA)	Tier 1	MO; QL (2 EA per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 50-50 60 mg</i>	Tier 1	MO; QL (1 EA per 1 day)
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i> (Methylin)	Tier 1	MO
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin)	Tier 1	MO; QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	Tier 1	MO; QL (3 EA per 1 day)

Drug	Status	Notes
<i>methylphenidate hcl oral tablet extended release 20 mg</i> (Metadate ER)	Tier 1	MO; QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i> (Concerta)	Tier 1	MO; QL (1 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i> (Concerta)	Tier 1	MO; QL (2 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 45 mg</i> (Relexxii)	Tier 3	MO; QL (1 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 63 mg</i> (Relexxii)	Tier 1	MO; QL (1 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 72 mg</i> (Relexxii)	Tier 1	MO; ST: Must meet 2 of the following requirements: Generic methylphenidate ER/LA/CD or dextroamphetamine/amphetamine XR/ER or lisdexamfetamine in 365 days; QL (1 EA per 1 day)
<i>methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg</i>	Tier 1	MO; QL (90 EA per 30 days)
<i>methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr</i> (Daytrana)	Tier 1	MO; ST: Must meet any of the following requirements: Methylphenidate HCL or Quillivant XR in 120 days; QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 40 MG	Tier 3	MO; ST: Must meet any of the following requirements: generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER or in 120 days; QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 30 MG	Tier 3	MO; ST: Must meet any of the following requirements: generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER or in 120 days; QL (2 EA per 1 day)

Drug	Status	Notes
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 3	MO; 120mL BOTTLE; ST: Must meet any of the following requirements: generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER or in 120 days; QL (240 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 3	MO; 150mL BOTTLE; ST: Must meet any of the following requirements: generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER or in 120 days; QL (300 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 3	MO; 180mL BOTTLE; ST: Must meet any of the following requirements: generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER or in 120 days; QL (360 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 3	MO; 60mL BOTTLE; ST: Must meet any of the following requirements: generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER or in 120 days; QL (60 ML per 30 days)
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 54 MG (methylphenidate hcl)	Tier 3	MO; QL (1 EA per 1 day)
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 36 MG (methylphenidate hcl)	Tier 3	MO; QL (2 EA per 1 day)

Drug	Status	Notes
RELEXXII ORAL TABLET EXTENDED (methylphenidate hcl) RELEASE 24HR 72 MG	Tier 3	MO; ST: Must meet 2 of the following requirements: Generic methylphenidate ER/LA/CD or dextroamphetamine/amphetamine XR/ER or lisdexamfetamine in 365 days; QL (1 EA per 1 day)
RITALIN LA ORAL CAPSULE,ER (methylphenidate hcl) BIPHASIC 50-50 10 MG, 20 MG, 40 MG	Tier 3	MO; QL (1 EA per 1 day)
RITALIN LA ORAL CAPSULE,ER (methylphenidate hcl) BIPHASIC 50-50 30 MG	Tier 3	MO; QL (2 EA per 1 day)
RITALIN ORAL TABLET 10 MG, 20 MG, (methylphenidate hcl) 5 MG	Tier 3	MO; QL (90 EA 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 1	MO
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG	Tier 3	MO; ST: Must meet any of the following requirements: Atomoxetine HCL, Clonidine HCL, Dexmethylphenidate HCL, Dextroamphetamine/amphetamine, Guanfacine Hcl, or Methylphenidate HCL in 120 days; QL (1 EA per 1 day); Age (Min 6 Years)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG	Tier 3	MO; ST: Must meet any of the following requirements: Atomoxetine HCL, Clonidine HCL, Dexmethylphenidate HCL, Dextroamphetamine/amphetamine, Guanfacine Hcl, or Methylphenidate HCL in 120 days; QL (2 EA per 1 day); Age (Min 6 Years)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	Tier 3	MO; ST: Must meet any of the following requirements: Atomoxetine HCL, Clonidine HCL, Dexmethylphenidate HCL, Dextroamphetamine/amphetamine, Guanfacine Hcl, or Methylphenidate HCL in 120 days; QL (3 EA per 1 day); Age (Min 6 Years)

Drug	Status	Notes
STRATTERA ORAL CAPSULE 10 MG, (atomoxetine) 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG	Tier 3	MO
Cardiovascular Disease - Arrhythmia		
Antiarrhythmics		
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i> (Pacerone)	Tier 1	MO
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> (Norpace)	Tier 1	MO
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)	Tier 1	MO
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 1	MO
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	Tier 1	MO
MULTAQ ORAL TABLET 400 MG	Tier 2	MO
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG	Tier 2	MO
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 150 MG (disopyramide phosphate)	Tier 2	MO
NORPACE ORAL CAPSULE 100 MG, 150 MG (disopyramide phosphate)	Tier 3	MO
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG (amiodarone)	Tier 1	MO
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	Tier 1	MO
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	Tier 1	MO
<i>quinidine gluconate oral tablet extended release 324 mg</i>	Tier 1	MO
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	Tier 1	MO
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG (dofetilide)	Tier 3	MO
Cardiovascular Disease - Cardiac Stimulant		
Adrenergic Agents, Catecholamines		
<i>epinephrine injection syringe 0.1 mg/ml</i>	Tier 1	
Digitalis Glycosides		
DIGITEK ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) (digoxin)	Tier 1	MO
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	Tier 2	MO
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Digitek)	Tier 1	MO

Drug	Status	Notes
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i> (Lanoxin)	Tier 1	PA; MO
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) (digoxin)	Tier 3	MO
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG) (digoxin)	Tier 3	PA; MO
Cardiovascular Disease - Hypertension		
Ace Inhibitor/Calcium Channel Blocker Combination		
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg</i> (Lotrel)	Tier 1	MO
<i>amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg</i>	Tier 1	MO
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG (amlodipine-benazepril)	Tier 3	MO
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG	Tier 3	MO; ST: Must meet 2 of the following requirements: Amlodipine Besilate, Amlodipine Besylate, Amlodipine Besylate/Benazepril, Benazepril HCL, Captopril, Enalapril Maleate, Fosinopril Sodium, Lisinopril, Moexipril HCL, Norliqva, Perindopril Erbumine, Qbrelis, Quinapril HCL, Ramipril, or Trandolapril in 365 days; QL (1 EA per 1 day)
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	Tier 1	MO
Ace Inhibitor/Thiazide & Thiazide-Like Diuretic		
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (quinapril-hydrochlorothiazide)	Tier 3	MO
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Lotensin HCT)	Tier 1	MO
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	Tier 1	MO
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	Tier 1	MO
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic)	Tier 1	MO
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	Tier 1	MO

Drug	Status	Notes
<i>fosinopril-hydrochlorothiazide oral tablet</i> 10-12.5 mg, 20-12.5 mg	Tier 1	MO
<i>lisinopril-hydrochlorothiazide oral tablet</i> (Zestoretic) 10-12.5 mg, 20-12.5 mg, 20-25 mg	Tier 1	MO
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (benazepril-hydrochlorothiazide)	Tier 3	MO
<i>quinapril-hydrochlorothiazide oral tablet</i> (Accuretic) 10-12.5 mg, 20-12.5 mg, 20-25 mg	Tier 1	MO
VASERETIC ORAL TABLET 10-25 MG (enalapril-hydrochlorothiazide)	Tier 3	MO
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (lisinopril-hydrochlorothiazide)	Tier 3	MO
Alpha/Beta-Adrenergic Blocking Agents		
<i>carvedilol oral tablet</i> 12.5 mg, 25 mg, 3.125 mg, 6.25 mg (Coreg)	Tier 1	MO
<i>carvedilol phosphate oral capsule, er multiphase 24 hr</i> 10 mg, 20 mg, 40 mg, 80 mg (Coreg CR)	Tier 1	MO; QL (1 EA per 1 day)
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG, 20 MG, 40 MG, 80 MG (carvedilol phosphate)	Tier 3	MO; QL (1 EA per 1 day)
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG (carvedilol)	Tier 3	MO
<i>labetalol oral tablet</i> 100 mg, 200 mg, 300 mg	Tier 1	MO
Alpha-Adrenergic Blocking Agents		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG (doxazosin)	Tier 3	MO
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	Tier 3	MO
DIBENZYLINE ORAL CAPSULE 10 MG (phenoxybenzamine)	Tier 4	PA
<i>doxazosin oral tablet</i> 1 mg, 2 mg, 4 mg, 8 mg (Cardura)	Tier 1	MO
<i>phenoxybenzamine oral capsule</i> 10 mg (Dibenzylin)	Tier 3	PA
<i>prazosin oral capsule</i> 1 mg, 2 mg, 5 mg	Tier 1	MO
<i>terazosin oral capsule</i> 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	MO
Angioten.Receptr Antag./Cal.Chanl Blkr/Thiazide Cb		
<i>amlodipine-valsartan-hcthiamid oral tablet</i> (Exforge HCT) 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	Tier 1	MO

Drug	Status	Notes
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG (amlodipine-valsartan-hcthiiazid)	Tier 3	MO
<i>olmesartan-amlodipin-hcthiiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i> (Tribenzor)	Tier 1	MO
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG (olmesartan-amlodipin-hcthiiazid)	Tier 3	MO
Angiotensin Receptor Antag./Thiazide Diuretic Comb		
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG (candesartan-hydrochlorothiazid)	Tier 3	MO
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG (irbesartan-hydrochlorothiazide)	Tier 3	MO
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG (olmesartan-hydrochlorothiazide)	Tier 3	MO
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> (Atacand HCT)	Tier 1	MO
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG (valsartan-hydrochlorothiazide)	Tier 3	MO
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	Tier 3	MO; ST: Must meet any of the following requirements: An ACE-Inhibitor, ACE-Inhibitor combination, ARB, or ARB combination in 120 days
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG (losartan-hydrochlorothiazide)	Tier 3	MO
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)	Tier 1	MO
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar)	Tier 1	MO
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG (telmisartan-hydrochlorothiazid)	Tier 3	MO
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> (Benicar HCT)	Tier 1	MO
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> (Micardis HCT)	Tier 1	MO
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> (Diovan HCT)	Tier 1	MO
Angiotensin Receptor Antgnst & Calc.Channel Blockr		
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i> (Azor)	Tier 1	MO

Drug	Status	Notes
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> (Exforge)	Tier 1	MO
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG (amlodipine-olmesartan)	Tier 3	MO
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG (amlodipine-valsartan)	Tier 3	MO
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	Tier 1	MO
Antihypertensives, Ace Inhibitors		
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (quinapril)	Tier 3	MO
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG (ramipril)	Tier 3	MO
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg</i> (Lotensin)	Tier 1	MO
<i>benazepril oral tablet 5 mg</i>	Tier 1	MO
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	Tier 1	MO
<i>enalapril maleate oral solution 1 mg/ml</i> (Epaned)	Tier 1	MO; ST: Must meet the following requirement: Enalapril tablets in 120 days if 12 years of age and older; QL (1200 ML per 30 days)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)	Tier 1	MO
EPANED ORAL SOLUTION 1 MG/ML (enalapril maleate)	Tier 3	MO; ST: Must meet the following requirement: Enalapril tablets in 120 days if 12 years of age and older; QL (1200 ML per 30 days)
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	MO
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> (Zestril)	Tier 1	MO
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG (benazepril)	Tier 3	MO
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	Tier 1	MO
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	Tier 1	MO
QBRELIS ORAL SOLUTION 1 MG/ML	Tier 3	MO; ST: Must meet the following requirement: Lisinopril tablets in 120 days if 12 years of age and older; QL (1200 ML per 30 days)

Drug	Status	Notes
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril)	Tier 1	MO
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> (Altace)	Tier 1	MO
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	MO
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (enalapril maleate)	Tier 3	MO
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG (lisinopril)	Tier 3	MO
Antihypertensives, Angiotensin Receptor Antagonist		
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG (candesartan)	Tier 3	MO
AVAPRO ORAL TABLET 150 MG, 300 MG, 75 MG (irbesartan)	Tier 3	MO
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG (olmesartan)	Tier 3	MO
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Atacand)	Tier 1	MO
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG (losartan)	Tier 3	MO
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG (valsartan)	Tier 3	MO
EDARBI ORAL TABLET 40 MG, 80 MG	Tier 3	MO; ST: Must meet any of the following requirements: An ACE-Inhibitor, ACE-Inhibitor combination, ARB, or ARB combination in 120 days
<i>eprosartan oral tablet 600 mg</i>	Tier 1	MO
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro)	Tier 1	MO
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)	Tier 1	MO
MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG (telmisartan)	Tier 3	MO
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)	Tier 1	MO
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis)	Tier 1	MO
<i>valsartan oral solution 4 mg/ml</i>	Tier 1	MO; ST: Must meet the following requirement: Valsartan tablets in 120 days
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)	Tier 1	MO

Drug	Status	Notes
Antihypertensives, Miscellaneous		
DEMSEER ORAL CAPSULE 250 MG (metyrosine)	Tier 3	
<i>metyrosine oral capsule 250 mg</i> (Demser)	Tier 1	
Antihypertensives, Sympatholytic		
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24 HR (clonidine)	Tier 3	MO
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24 HR (clonidine)	Tier 3	MO
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24 HR (clonidine)	Tier 3	MO
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	Tier 1	MO
<i>clonidine hcl oral tablet extended release 24 hr 0.17 mg</i> (Nexiclon XR)	Tier 1	MO
<i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-TTS-1)	Tier 1	MO
<i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2)	Tier 1	MO
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3)	Tier 1	MO
<i>guanfacine oral tablet 1 mg, 2 mg</i>	Tier 1	MO
<i>methyldopa oral tablet 250 mg, 500 mg</i>	Tier 1	MO
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	Tier 1	MO
Antihypertensives, Vasodilators		
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	MO
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	Tier 1	MO
Antihypertensives, Endothelin Receptor Antagonists		
TRYVIO ORAL TABLET 12.5 MG	Tier 4	PA; MO
Beta-Adrenergic Blocking Agents		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	Tier 1	MO
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin)	Tier 1	MO
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (sotalol)	Tier 3	MO
BETAPACE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG (sotalol)	Tier 3	MO
<i>betaxolol oral tablet 10 mg, 20 mg</i>	Tier 1	MO
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	Tier 1	MO
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (nebivolol)	Tier 3	MO

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

Drug	Status	Notes
<i>sotalol oral tablet 240 mg</i> (Betapace)	Tier 1	MO
SOTYLIZE ORAL SOLUTION 5 MG/ML	Tier 3	MO; QL: 8 BOTTLES IN 30 DAYS; ST: Must meet the following requirement: Sotalol tablets in 120 days
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG (atenolol)	Tier 3	MO
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	MO
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 200 MG, 25 MG, 50 MG (metoprolol succinate)	Tier 3	MO
Beta-Adrenergic Blocking Agents/Thiazide & Related		
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i> (Tenoretic 100)	Tier 1	MO
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i> (Tenoretic 50)	Tier 1	MO
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	Tier 1	MO
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	Tier 1	MO
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	Tier 1	MO
TENORETIC 100 ORAL TABLET 100-25 MG (atenolol-chlorthalidone)	Tier 3	MO
TENORETIC 50 ORAL TABLET 50-25 MG (atenolol-chlorthalidone)	Tier 3	MO
Calcium Channel Blocking Agents		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)	Tier 1	MO
CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (diltiazem hcl)	Tier 3	MO
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl)	Tier 3	MO
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG (diltiazem hcl)	Tier 3	MO
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG (diltiazem hcl)	Tier 1	MO
CONJUPRI ORAL TABLET 2.5 MG, 5 MG (levamlodipine)	Tier 3	PA; MO

Drug	Status	Notes
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i> (DILT-XR)	Tier 1	MO
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	Tier 1	MO
<i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (Tiadyt ER)	Tier 1	MO
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (Cartia XT)	Tier 1	MO
<i>diltiazem hcl oral capsule,extended release 24hr 360 mg</i> (Cardizem CD)	Tier 1	MO
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem)	Tier 1	MO
<i>diltiazem hcl oral tablet 90 mg</i>	Tier 1	MO
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg</i> (Cardizem LA)	Tier 1	MO
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (Matzim LA)	Tier 1	MO
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG (diltiazem hcl)	Tier 1	MO
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	Tier 1	MO
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	Tier 1	MO
KATERZIA ORAL SUSPENSION 1 MG/ML	Tier 3	PA; MO
<i>levamlodipine oral tablet 2.5 mg, 5 mg</i> (Conjupri)	Tier 1	PA; MO
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl)	Tier 1	MO
<i>nicardipine oral capsule 20 mg, 30 mg</i>	Tier 1	MO
<i>nifedipine oral capsule 10 mg, 20 mg</i>	Tier 1	MO
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i> (Procardia XL)	Tier 1	MO
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	Tier 1	MO
<i>nimodipine oral capsule 30 mg</i>	Tier 1	
<i>nimodipine oral solution 60 mg/20 ml</i>	Tier 3	PA
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 34 mg, 8.5 mg</i> (Sular)	Tier 1	MO
<i>nisoldipine oral tablet extended release 24 hr 20 mg, 25.5 mg, 30 mg, 40 mg</i>	Tier 1	MO

Drug	Status	Notes
NORLIQVA ORAL SOLUTION 1 MG/ML	Tier 3	MO; ST: Must meet the following requirement: Amlodipine tablets in 120 days
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG (amlodipine)	Tier 3	MO
NYMALIZE ORAL SOLUTION 60 MG/10 ML	Tier 4	PA
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML	Tier 4	PA
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG, 60 MG, 90 MG (nifedipine)	Tier 3	MO
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG (nisoldipine)	Tier 3	MO
TIADYLT ER ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl)	Tier 1	MO
TIAZAC ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl)	Tier 3	MO
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i> (Verelan PM)	Tier 1	MO
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	Tier 1	MO
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	Tier 1	MO
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	Tier 1	MO
VERELAN PM ORAL CAPSULE, 24 HR ER PELLETT CT 100 MG, 200 MG, 300 MG (verapamil)	Tier 3	MO
Loop Diuretics		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	MO
EDECRIN ORAL TABLET 25 MG (ethacrynic acid)	Tier 3	PA; MO
<i>ethacrynic acid oral tablet 25 mg</i> (Edecrin)	Tier 1	PA; MO
FUROSCIX SUBCUTANEOUS KIT 80 MG/10 ML	Tier 4	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	Tier 1	MO
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)	Tier 1	MO

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

Drug	Status	Notes
REVATIO ORAL TABLET 20 MG (sildenafil (pulm.hypertension))	Tier 3	PA; MO
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i>	Tier 1	PA; MO
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i> (Revatio)	Tier 1	PA; MO
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i> (Alyq)	Tier 3	PA; MO
TADLIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	Tier 4	PA; MO
Pulmonary Anti-Htn, Endothelin Receptor Antagonist		
<i>ambrisentan oral tablet 10 mg, 5 mg</i> (Letairis)	Tier 3	PA; MO
<i>bosentan oral tablet 125 mg, 62.5 mg</i> (Tracleer)	Tier 3	PA; MO
LETAIRIS ORAL TABLET 10 MG, 5 MG (ambrisentan)	Tier 4	PA; MO
OPSUMIT ORAL TABLET 10 MG	Tier 3	PA; MO
TRACLEER ORAL TABLET 125 MG, 62.5 MG (bosentan)	Tier 4	PA; MO
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	Tier 3	PA; MO
Pulmonary Antihyper Agent, Actriia-Fc		
WINREVAIR SUBCUTANEOUS KIT 45 MG, 60 MG	Tier 3	MO
Pulmonary Antihypertensives, Prostacyclin-Type		
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42)	Tier 3	PA
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210)	Tier 3	PA
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)- 1MG	Tier 3	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	Tier 3	PA; MO
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML (treprostinil sodium)	Tier 4	PA
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i> (Remodulin)	Tier 3	PA
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 32 MCG, 48 MCG, 64 MCG	Tier 4	PA; MO

Drug	Status	Notes
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16(112)-32(112) -48(28) MCG	Tier 4	PA
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	Tier 4	PA; MO
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	Tier 4	PA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	Tier 4	PA; MO
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	Tier 4	PA
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	Tier 3	PA; MO
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	Tier 3	PA
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	Tier 4	PA; MO
Pulmonary Htn-Endothelin Recept Antg-Cgmp Pde5 Inh		
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG	Tier 4	PA; MO
Renin Inhibitor, Direct		
<i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)	Tier 1	MO
TEKTURNA ORAL TABLET 150 MG, 300 MG (aliskiren)	Tier 3	MO
Thiazide And Related Diuretics		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 1	MO
DIURIL ORAL SUSPENSION 250 MG/5 ML	Tier 3	MO
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	Tier 1	MO
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	MO
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	Tier 1	MO
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	MO
THALITONE ORAL TABLET 15 MG	Tier 3	MO
Vasodilators, Combination		
BIDIL ORAL TABLET 20-37.5 MG (isosorbide-hydralazine)	Tier 3	MO

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

Drug	Status	Notes
Antihyperlipidemic - Hmg Coa Reductase Inhibitors		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG	Tier 3	MO; ST: Must meet 2 of the following requirements: Altoprev, Atorvaliq, Atorvastatin Calcium, Flolipid, Lovastatin, Pravastatin Sodium, or Simvastatin in 365 days; QL (1 EA per 1 day)
ATORVALIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	Tier 3	PA; MO
<i>atorvastatin oral tablet 10 mg, 20 mg</i> (Lipitor)	Tier 5	MO; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>atorvastatin oral tablet 40 mg, 80 mg</i> (Lipitor)	Tier 1	MO; QL (1 EA per 1 day)
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (rosuvastatin)	Tier 3	MO; QL (1 EA per 1 day)
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG	Tier 3	MO; ST: Must meet the following requirement: Generic Rosuvastatin Calcium in 120 days; QL (1 EA per 1 day)
FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML) (simvastatin)	Tier 3	PA; MO
FLOLIPID ORAL SUSPENSION 40 MG/5 ML (8 MG/ML)	Tier 3	PA; MO
<i>fluvastatin oral capsule 20 mg</i>	Tier 5	MO; ST: Must meet 2 of the following requirements: Altoprev, Atorvaliq, Atorvastatin Calcium, Flolipid, Lovastatin, Pravastatin Sodium, or Simvastatin in 365 days; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)

Drug	Status	Notes
<i>fluvastatin oral capsule 40 mg</i>	Tier 5	MO; ST: Must meet 2 of the following requirements: Altoprev, Atorvaliq, Atorvastatin Calcium, Flolipid, Lovastatin, Pravastatin Sodium, or Simvastatin in 365 days; \$0 COPAY IF QUANTITY 2 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i> (Lescol XL)	Tier 5	MO; ST: Must meet 2 of the following requirements: Altoprev, Atorvaliq, Atorvastatin Calcium, Flolipid, Lovastatin, Pravastatin Sodium, or Simvastatin in 365 days; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR 80 MG (fluvastatin)	Tier 3	MO; ST: Must meet 2 of the following requirements: Altoprev, Atorvaliq, Atorvastatin Calcium, Flolipid, Lovastatin, Pravastatin Sodium, or Simvastatin in 365 days; QL (1 EA per 1 day)
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG (atorvastatin)	Tier 3	MO; QL (1 EA per 1 day)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (pitavastatin calcium)	Tier 5	MO; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)

Drug	Status	Notes
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 5	MO; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Tier 5	MO; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>rosuvastatin oral tablet 10 mg, 5 mg</i> (Crestor)	Tier 5	MO; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>rosuvastatin oral tablet 20 mg, 40 mg</i> (Crestor)	Tier 1	MO; QL (1 EA per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor)	Tier 5	MO; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>simvastatin oral tablet 5 mg</i>	Tier 5	MO; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>simvastatin oral tablet 80 mg</i>	Tier 1	PA; MO; QL (1 EA per 1 day)
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG (simvastatin)	Tier 3	MO; QL (1 EA per 1 day)
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	Tier 3	MO; ST: Must meet the following requirement: Livalo in 120 days; QL (1 EA per 1 day)

Drug	Status	Notes
Antihyperlipidemic - Mtp Inhibitor		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	Tier 3	PA; MO
Antihyperlipidemic - Pcsk9 Inhibitors		
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	Tier 3	MO; ST: Must meet the following requirement: Repatha in 120 days
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	Tier 2	MO; ST: Must meet any of the following requirements: Atorvastatin Calcium, Flolipid, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin in 120 days
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	Tier 2	MO; ST: Must meet any of the following requirements: Atorvastatin Calcium, Flolipid, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin in 120 days
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	Tier 2	MO; ST: Must meet any of the following requirements: Atorvastatin Calcium, Flolipid, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin in 120 days
Antihyperlipidemic-Acly And Choles Absorp Inhib		
NEXLIZET ORAL TABLET 180-10 MG	Tier 2	MO; ST: Must meet any of the following requirements: Atorvastatin Calcium, Flolipid, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin in 120 days
Bile Salt Sequestrants		
<i>cholestyramine (with sugar) oral powder 4 gram</i> (Questran)	Tier 1	MO
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i> (Questran)	Tier 1	MO
CHOLESTYRAMINE LIGHT ORAL POWDER 4 GRAM (cholestyramine-aspartame)	Tier 1	MO

Drug		Status	Notes
CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM	(cholestyramine-aspartame)	Tier 1	MO
<i>cholestyramine-aspartame oral powder in packet 4 gram</i>	(Cholestyramine Light)	Tier 1	MO
<i>colesevelam oral powder in packet 3.75 gram</i>	(WelChol)	Tier 1	MO
<i>colesevelam oral tablet 625 mg</i>	(WelChol)	Tier 1	MO
COLESTID ORAL GRANULES 5 GRAM	(colestipol)	Tier 3	MO
COLESTID ORAL TABLET 1 GRAM	(colestipol)	Tier 3	MO
<i>colestipol oral granules 5 gram</i>	(Colestid)	Tier 1	MO
<i>colestipol oral packet 5 gram</i>		Tier 1	MO
<i>colestipol oral tablet 1 gram</i>	(Colestid)	Tier 1	MO
PREVALITE ORAL POWDER 4 GRAM	(cholestyramine-aspartame)	Tier 1	MO
PREVALITE ORAL POWDER IN PACKET 4 GRAM	(cholestyramine-aspartame)	Tier 1	MO
QUESTRAN LIGHT ORAL POWDER 4 GRAM	(cholestyramine-aspartame)	Tier 3	MO
QUESTRAN ORAL POWDER 4 GRAM	(cholestyramine (with sugar))	Tier 3	MO
QUESTRAN ORAL POWDER IN PACKET 4 GRAM	(cholestyramine (with sugar))	Tier 3	MO
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM	(colesevelam)	Tier 3	MO
WELCHOL ORAL TABLET 625 MG	(colesevelam)	Tier 3	MO
Lipotropics			
<i>ezetimibe oral tablet 10 mg</i>	(Zetia)	Tier 1	MO; QL (1 EA per 1 day)
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg, 90 mg</i>		Tier 1	MO
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	(Tricor)	Tier 1	MO
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	(Lipofen)	Tier 1	MO
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	(Fenoglide)	Tier 1	MO
<i>fenofibrate oral tablet 160 mg, 54 mg</i>		Tier 1	MO
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i>	(Trilipix)	Tier 1	MO
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	(Fibracor)	Tier 1	MO
FENOGLIDE ORAL TABLET 120 MG, 40 MG	(fenofibrate)	Tier 3	MO; ST: Must meet any of the following requirements: Fenofibrate Nanocrystallized, Fenofibrate micronized, or Gemfibrozil in 120 days

Drug	Status	Notes
FIBRICOR ORAL TABLET 105 MG, 35 MG (fenofibric acid)	Tier 3	MO
<i>gemfibrozil oral tablet 600 mg</i> (Lopid)	Tier 1	MO
LIPOFEN ORAL CAPSULE 150 MG, 50 MG (fenofibrate)	Tier 3	MO; ST: Must meet any of the following requirements: Fenofibrate Nanocrystallized, Fenofibrate micronized, or Gemfibrozil in 120 days
LOPID ORAL TABLET 600 MG (gemfibrozil)	Tier 3	MO
LOVAZA ORAL CAPSULE 1 GRAM (omega-3 acid ethyl esters)	Tier 3	MO; ST: Must meet any of the following requirements: Generic Fenofibrate in 120 days; QL (4 EA per 1 day)
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	Tier 1	MO
NIACOR ORAL TABLET 500 MG (niacin)	Tier 1	MO
<i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)	Tier 1	MO; ST: Must meet any of the following requirements: Generic Fenofibrate in 120 days; QL (4 EA per 1 day)
TRICOR ORAL TABLET 145 MG, 48 MG (fenofibrate nanocrystallized)	Tier 3	MO
TRILIPIX ORAL CAPSULE, DELAYED RELEASE(DR/EC) 135 MG, 45 MG (fenofibric acid (choline))	Tier 3	MO
VASCEPA ORAL CAPSULE 0.5 GRAM (icosapent ethyl)	Tier 1	MO; QL (8 EA per 1 day)
VASCEPA ORAL CAPSULE 1 GRAM (icosapent ethyl)	Tier 1	MO; QL (4 EA per 1 day)
ZETIA ORAL TABLET 10 MG (ezetimibe)	Tier 3	MO; QL (1 EA per 1 day)
Niacin Preparations		
<i>niacin oral tablet 500 mg</i> (Niacor)	Tier 1	MO
Cardiovascular Disease - Miscellaneous Agents		
Adrenergic Vasopressor Agents		
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i> (Northera)	Tier 3	PA; MO
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG (droxidopa)	Tier 4	PA; MO
Angiotensin Recept-Nepriylsin Inhibitor Comb(Arni)		
ENTRESTO ORAL TABLET 24-26 MG (sacubitril-valsartan)	Tier 2	MO; QL (6 EA per 1 day)
ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG (sacubitril-valsartan)	Tier 2	MO; QL (2 EA per 1 day)

Drug	Status	Notes
ENTRESTO SPRINKLE ORAL PELLETT 15-16 MG, 6-6 MG	Tier 2	MO; QL (8 EA per 1 day)
Antianginal & Anti-Ischemic Agents, Non-Hemodynamic		
ASPRUZYO SPRINKLE ORAL EXTEND RELEASE GRANULES, PACKET 1,000 MG, 500 MG	Tier 3	PA; MO
<i>ranolazine oral tablet extended release 12 hr 1,000 mg</i>	Tier 1	MO; QL (60 EA per 30 days)
<i>ranolazine oral tablet extended release 12 hr 500 mg</i>	Tier 1	MO; QL (120 EA per 30 days)
Antianginal, Heart Rate Reducing, I(F) Inhibitor		
CORLANOR ORAL SOLUTION 5 MG/5 ML	Tier 2	MO; QL (20 ML per 1 day)
CORLANOR ORAL TABLET 5 MG, 7.5 (ivabradine) MG	Tier 3	MO; ST: Must meet any of the following requirements: Bisoprolol Fumarate, Carvedilol, or Metoprolol Succinate in 120 days; QL (2 EA per 1 day)
<i>ivabradine oral tablet 5 mg, 7.5 mg</i> (Corlanor)	Tier 1	MO; ST: Must meet any of the following requirements: Bisoprolol Fumarate, Carvedilol, or Metoprolol Succinate in 120 days; QL (2 EA per 1 day)
Antihyperlip - Hmg-Coa&Calcium Channel Blocker Cb		
<i>amlodipine-atorvastatin oral tablet 10-10 (Caduet) mg, 10-20 mg, 10-40 mg, 10-80 mg, 5- 10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	Tier 1	MO; QL (1 EA per 1 day)
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>	Tier 1	MO; QL (1 EA per 1 day)
CADUET ORAL TABLET 10-10 MG, 10- (amlodipine-atorvastatin) 20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	Tier 3	MO; QL (1 EA per 1 day)
Anti-Inflammatory - Antimitotics		
LODOCO ORAL TABLET 0.5 MG	Tier 3	MO
Cardiac Myosin Inhibitor		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	Tier 4	PA; MO
Protein Stabilizers		
ATTRUBY ORAL TABLET 356 MG	Tier 4	PA; MO
VYNDAMAX ORAL CAPSULE 61 MG	Tier 4	PA; MO
VYNDAQEL ORAL CAPSULE 20 MG	Tier 4	PA; MO

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

Drug	Status	Notes
NITROMIST TRANSLINGUAL AEROSOL, SPRAY 400 MCG/SPRAY (nitroglycerin)	Tier 3	MO
NITROSTAT SUBLINGUAL TABLET 0.3 MG, 0.4 MG, 0.6 MG (nitroglycerin)	Tier 3	MO
NITRO-TIME ORAL CAPSULE, EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG (nitroglycerin)	Tier 1	MO
Vasodilators, Peripheral		
<i>ergoloid oral tablet 1 mg</i>	Tier 1	MO
<i>papaverine injection solution 30 mg/ml</i>	Tier 1	
Contraception/Oxytocics		
Contraceptives, Intravaginal, Systemic		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR	Tier 5	MO
ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR (etonogestrel-ethinyl estradiol)	Tier 5	MO
ENILLORING VAGINAL RING 0.12-0.015 MG/24 HR (etonogestrel-ethinyl estradiol)	Tier 5	MO
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i> (EluRyng)	Tier 5	MO
HALOETTE VAGINAL RING 0.12-0.015 MG/24 HR (etonogestrel-ethinyl estradiol)	Tier 5	MO
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR (etonogestrel-ethinyl estradiol)	Tier 5	MO; QL (1 EA per 28 days)
Contraceptives, Implantable		
NEXPLANON SUBDERMAL IMPLANT 68 MG	Tier 5	\$0 COPAY IF QUANTITY LIMITED TO 1 IN 365 DAYS
Contraceptives, Injectable		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML (medroxyprogesterone)	Tier 5	MO; QL (1 ML per 84 days)
DEPO-PROVERA INTRAMUSCULAR SYRINGE 150 MG/ML (medroxyprogesterone)	Tier 5	MO; QL (1 ML per 84 days)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	Tier 5	MO; \$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (0.65 ML per 84 days)
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera)	Tier 5	MO; \$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (1 ML per 84 days)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera)	Tier 5	MO; \$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (1 ML per 84 days)
Contraceptives, Intravaginal		
PHEXXI VAGINAL GEL 1.8-1-0.4 %	Tier 5	

Drug	Status	Notes
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 %	Tier 5	
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %	Tier 5	
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %	Tier 5	
Contraceptives, Oral		
AFIRMELLE ORAL TABLET 0.1-20 MG- MCG (levonorgestrel-ethinyl estradiol)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AFTER PILL ORAL TABLET 1.5 MG (levonorgestrel)	Tier 5	
AFTERA ORAL TABLET 1.5 MG (levonorgestrel)	Tier 5	
ALTAVERA (28) ORAL TABLET 0.15- 0.03 MG (levonorgestrel-ethinyl estradiol)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ALYACEN 1/35 (28) ORAL TABLET 1- 35 MG-MCG (norethindrone-ethin estradiol)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ALYACEN 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	Tier 5	MO; \$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.estradiol)	Tier 5	MO; \$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 estradiol)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
APRI ORAL TABLET 0.15-0.03 MG (desogestrel-ethinyl estradiol)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG	Tier 5	MO; \$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.estradiol)	Tier 5	MO; \$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 estradiol)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AUBRA ORAL TABLET 0.1-20 MG-MCG (levonorgestrel-ethinyl estradiol)	Tier 5	MO; \$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)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AUROVELA 1/20 (21) ORAL TABLET 1- 20 MG-MCG (norethindrone ac-eth estradiol)	Tier 5	MO; \$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)	Tier 5	MO; \$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)	Tier 5	MO; \$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)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AVIANE ORAL TABLET 0.1-20 MG- MCG (levonorgestrel-ethinyl estradiol)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY

Drug		Status	Notes
AYUNA ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	Tier 5	MO; \$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)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)	(levonorgest-eth.estradiol-iron)	Tier 5	MO; QL (28 EA per 28 days)
BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG		Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
BEYAZ ORAL TABLET 3-0.02-0.451 MG (24) (4)	(drospirenone-e.estradiol-lm.fa)	Tier 5	MO
BLISOVI 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	Tier 5	MO; \$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)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
BLISOVI FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
BRIELLYN ORAL TABLET 0.4-35 MG-MCG		Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
CAMILA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 5	MO; \$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)	Tier 5	MO; \$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)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
CAZIENT (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG		Tier 5	MO; \$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)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
CHATEAL (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
CHATEAL EQ (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
CRYSSELLE (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
CURAE ORAL TABLET 1.5 MG	(levonorgestrel)	Tier 5	
CYRED EQ ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
CYRED ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG	(norethindrone-ethin estradiol)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
DASETTA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG		Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY

Drug		Status	Notes
DAYSEE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
DEBLITANE ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>desog-e.estradiolle.estradiol oral tablet 0.15-0.02 mgx21 10.01 mg x 5</i>	(Azurette (28))	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
DOLISHALE ORAL TABLET 90-20 MCG (28)	(levonorgestrel-ethinyl estrad)	Tier 5	MO; \$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)	Tier 5	MO; \$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>	(Safyral)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	(Jasmiel (28))	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	(Ocella)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ECONTRA EZ ORAL TABLET 1.5 MG	(levonorgestrel)	Tier 5	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG	(levonorgestrel)	Tier 5	
ELINEST ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ELLA ORAL TABLET 30 MG		Tier 5	
EMZAHH ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 5	MO; \$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)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ENSKYCE ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ERRIN ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	(norgestimate-ethinyl estradiol)	Tier 5	MO; \$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))	Tier 5	MO; \$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))	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
FALMINA (28) ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
FEMLYV ORAL TABLET,DISINTEGRATING 1 MG- 20 MCG		Tier 5	MO; \$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)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
GEMMILY ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY

Drug		Status	Notes
HAILEY 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	Tier 5	MO; \$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)	Tier 5	MO; \$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)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
HAILEY ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
HEATHER ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
HER STYLE ORAL TABLET 1.5 MG	(levonorgestrel)	Tier 5	
ICLEVIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	(levonorgestrel-ethinyl estrad)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
INCASSIA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ISIBLOOM ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	Tier 5	MO; \$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)	Tier 5	MO; \$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)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
JENCYCLA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 5	MO; \$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)	Tier 5	MO; \$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)	Tier 5	MO; \$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)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
JULIE ORAL TABLET 1.5 MG	(levonorgestrel)	Tier 5	
JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	Tier 5	MO; \$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)	Tier 5	MO; \$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)	Tier 5	MO; \$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)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY

Drug		Status	Notes
KAITLIB FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	(noreth-ethinyl estradiol-iron)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
KALLIGA ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	Tier 5	MO; \$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)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG	(ethynodiol diac-eth estradiol)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
KELNOR 1/50 (28) ORAL TABLET 1-50 MG-MCG	(ethynodiol diac-eth estradiol)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
KURVELO (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	(Camrese Lo)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	(Quartette)	Tier 5	MO; \$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)	Tier 5	MO; \$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)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	Tier 5	MO; \$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)	Tier 5	MO; \$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)	Tier 5	MO; \$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)	Tier 5	MO; \$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)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG		Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LESSINA ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	Tier 5	MO; \$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)	Tier 5	MO; \$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>	(Balcoltra)	Tier 5	MO; \$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)	Tier 5	

Drug		Status	Notes
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg	(Afirmelle)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg	(Altavera (28))	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)	(Amethyst (28))	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(Iclevia)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(Enpresse)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LEVORA-28 ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)		Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	Tier 5	MO
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	Tier 5	MO
LOESTRIN FE 1.5/30 (28-DAY) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 5	MO
LOESTRIN FE 1/20 (28-DAY) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	Tier 5	MO
LOJAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	Tier 5	MO; \$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)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LO-ZUMANDIMINE (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LUTERA (28) ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LYLEQ ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LYZA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MARLISSA (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MERZEE ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	Tier 5	MO; \$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)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY

Drug	Status	Notes
MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG (norethindrone ac-eth estradiol)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG (norethindrone ac-eth estradiol)	Tier 5	MO; \$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)	Tier 5	MO; \$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)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MILI ORAL TABLET 0.25-35 MG-MCG (norgestimate-ethinyl estradiol)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG (norgestimate-ethinyl estradiol)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MY CHOICE ORAL TABLET 1.5 MG (levonorgestrel)	Tier 5	
MY WAY ORAL TABLET 1.5 MG (levonorgestrel)	Tier 5	
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NEW DAY ORAL TABLET 1.5 MG (levonorgestrel)	Tier 5	
NEXTSTELLIS ORAL TABLET 3 MG-14.2 MG (28)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (1 EA per 1 day)
NIKKI (28) ORAL TABLET 3-0.02 MG (drospirenone-ethinyl estradiol)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NORA-BE ORAL TABLET 0.35 MG (norethindrone (contraceptive))	Tier 5	MO; \$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)	Tier 5	MO; \$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)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i> (Camila)	Tier 5	MO; \$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))	Tier 5	MO; \$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))	Tier 5	MO; \$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> (Gemmyly)	Tier 5	MO; \$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))	Tier 5	MO; \$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))	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY

Drug	Status	Notes
<i>norethindrone-e.estradiol-iron oral tablet</i> (Tilia Fe) 1-20(5)/1-30(7) /1mg-35mcg (9)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>norethindrone-e.estradiol-iron oral tablet,chewable</i> (Charlotte 24 Fe) 1 mg-20 mcg(24) /75 mg (4)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>norgestimate-ethinyl estradiol oral tablet</i> (Tri-Lo-Estarylla) 0.18/0.215/0.25 mg-25 mcg	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>norgestimate-ethinyl estradiol oral tablet</i> (Ortho Tri-Cyclen (28)) 0.18/0.215/0.25 mg-35 mcg (28)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>norgestimate-ethinyl estradiol oral tablet</i> (Estarylla) 0.25-35 mg-mcg	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG (norethindrone-ethin estradiol)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NYLIA 1/35 (28) ORAL TABLET 1-35 MG-MCG (norethindrone-ethin estradiol)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NYLIA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
OCELLA ORAL TABLET 3-0.03 MG (drospirenone-ethinyl estradiol)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
OPCICON ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)	Tier 5	
OPILL ORAL TABLET 0.075 MG	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
OPTION-2 ORAL TABLET 1.5 MG (levonorgestrel)	Tier 5	
ORTHO MICRONOR ORAL TABLET 0.35 MG (norethindrone (contraceptive))	Tier 5	MO
ORTHO TRI-CYCLEN (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28) (norgestimate-ethinyl estradiol)	Tier 5	MO
ORTHO-NOVUM 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	Tier 5	MO
PHILITH ORAL TABLET 0.4-35 MG-MCG	Tier 5	MO; \$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)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
PLAN B ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)	Tier 5	
PORTIA 28 ORAL TABLET 0.15-0.03 MG (levonorgestrel-ethinyl estrad)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY

Drug	Status	Notes	
QUARTETTE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG	(l norgest/e.estradiol-e.estrad)	Tier 5	MO
RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	Tier 5	MO; \$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.estrad)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (21) (7)	(drospirenone-e.estradiol-lm.fa)	Tier 5	MO
SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	(levonorgestrel-ethinyl estrad)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
SHAROBEL ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 5	MO; \$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)	Tier 5	MO; \$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.estrad)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
SLYND ORAL TABLET 4 MG (28)		Tier 5	MO; \$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)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
SRONYX ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
SYEDA ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TAKE ACTION ORAL TABLET 1.5 MG	(levonorgestrel)	Tier 5	
TARINA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	Tier 5	MO; \$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)	Tier 5	MO; \$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)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	Tier 5	MO
TILIA FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	(norethindrone-e.estradiol-iron)	Tier 5	MO; \$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)	Tier 5	MO; \$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)	Tier 5	MO; \$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)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY

Drug		Status	Notes
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	(norgestimate-ethinyl estradiol)	Tier 5	MO; \$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)	Tier 5	MO; \$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)	Tier 5	MO; \$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)	Tier 5	MO; \$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)	Tier 5	MO; \$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)	Tier 5	MO; \$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)	Tier 5	MO; \$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)	Tier 5	MO; \$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)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TULANA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TURQOZ (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG		Tier 5	MO; \$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)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG		Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
VESTURA (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
VIENVA ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	Tier 5	MO; \$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)	Tier 5	MO; \$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)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG		Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	(norgestimate-ethinyl estradiol)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
WERA (28) ORAL TABLET 0.5-35 MG-MCG		Tier 5	MO; \$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)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY

Drug	Status	Notes
YASMIN (28) ORAL TABLET 3-0.03 MG (drospirenone-ethinyl estradiol)	Tier 5	MO
YAZ (28) ORAL TABLET 3-0.02 MG (drospirenone-ethinyl estradiol)	Tier 5	MO
ZARAH ORAL TABLET 3-0.03 MG (drospirenone-ethinyl estradiol)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ZOVIA 1-35 (28) ORAL TABLET 1-35 MG-MCG (ethynodiol diac-eth estradiol)	Tier 5	MO; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ZUMANDIMINE (28) ORAL TABLET 3-0.03 MG (drospirenone-ethinyl estradiol)	Tier 5	MO; \$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)	Tier 5	MO
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR	Tier 5	MO
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR (norelgestromin-ethin.estradiol)	Tier 5	MO
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR (norelgestromin-ethin.estradiol)	Tier 5	MO
Diaphragms/Cervical Cap		
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	Tier 5	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	Tier 5	
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM 65 MM	Tier 5	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM	Tier 5	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM	Tier 5	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM	Tier 5	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM	Tier 5	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM	Tier 5	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM	Tier 5	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM	Tier 5	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM	Tier 5	

Drug	Status	Notes	
Oxytocics			
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG	Tier 3		
<i>methylergonovine oral tablet 0.2 mg</i>	Tier 1	QL (28 EA per 30 days)	
PREPIDIL VAGINAL GEL 0.5 MG/3 G	Tier 3		
Cough And Cold			
1St Gen Antihistamine & Decongestant Combinations			
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml</i> (Promethazine VC)	Tier 1		
1St Gen Antihist-Decongest-Anticholinergic Comb			
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG	Tier 1		
Antitussives,Non-Narcotic			
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	Tier 1		
Narcotic Antitussive-1St Generation Antihistamine			
<i>hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml</i>	Tier 1	QL (10 ML per 1 day); Age (Min 18 Years)	
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG	Tier 3	ST: Must meet the following requirement: Promethazine HCL/codeine in 120 days; QL (2 EA per 1 day); Age (Min 18 Years)	
Narcotic Antitussive-Anticholinergic Comb.			
HYCODAN (WITH HOMATROPINE) ORAL TABLET 5-1.5 MG	(hydrocodone-homatropine)	Tier 3	QL (6 EA per 1 day); Age (Min 18 Years)
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	(Hydromet)	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	(Hycodan (with homatropine))	Tier 1	QL (6 EA per 1 day); Age (Min 18 Years)
HYDROMET ORAL SYRUP 5-1.5 MG/5 ML	(hydrocodone-homatropine)	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
Non-Narc Antituss-1St Gen. Antihistamine-Decongest			
BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML	(brompheniramine-pseudoeph-dm)	Tier 1	
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i>	(Bromfed DM)	Tier 1	

Drug	Status	Notes
Non-Narc Antitussive-1St Gen Antihistamine Comb.		
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	Tier 1	
Nose Preparations, Vasoconstrictors (Rx)		
ADRENALIN NASAL SOLUTION 1 MG/ML (epinephrine hcl)	Tier 3	
<i>epinephrine hcl nasal solution 1 mg/ml</i> (Adrenalin)	Tier 1	
Dermatology - Acne		
Acne Agents, Systemic		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG	Tier 3	ST: Must meet the following requirement: Preferred generic Isotretinoin in 120 days
ACUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG (isotretinoin)	Tier 1	
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG (isotretinoin)	Tier 1	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG (isotretinoin)	Tier 1	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (Accutane)	Tier 1	
<i>isotretinoin oral capsule 25 mg, 35 mg</i> (Absorica)	Tier 1	ST: Must meet the following requirement: Preferred generic Isotretinoin in 120 days
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG (isotretinoin)	Tier 1	
Acne Agents, Topical		
ACANYA TOPICAL GEL WITH PUMP 1.2-2.5 % (clindamycin-benzoyl peroxide)	Tier 3	ST: Must meet the following requirement: generic Clindamycin/Benzoyl Peroxide gel in 120 days
ACIOXIAY TOPICAL CREAM 15-4 % (azelaic acid-niacinamide)	Tier 3	
ACZONE TOPICAL GEL 5 % (dapsone)	Tier 3	

Drug	Status	Notes
ACZONE TOPICAL GEL WITH PUMP 7.5 % (dapsonsone)	Tier 3	ST: Must meet any of the following requirements: Adapalene, Adapalene/Benzoyl Peroxide, Clindamycin Phophates/Benzoyl Peroxide, Clindamycin Phosphate, Erythromycin Base In Ethanol, Erythromycin/Benzoyl Peroxide, Sulfacetamide Sodium/Sulfur/Urea, Sulfacetamide Sodium, Sulfacetamide Sodium/Sulfur, or Tretinoin in 120 days
ADAINZOXIA TOPICAL GEL 0.3-2.5-4 % (adapalene-benzoyl perox-niacin)	Tier 3	
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i> (Epiduo)	Tier 1	
<i>adapalene-benzoyl peroxide topical gel with pump 0.3-2.5 %</i> (Epiduo Forte)	Tier 1	
ADEINZDE TOPICAL GEL 0.1-2.5-1 %	Tier 3	
ALURIS TOPICAL CREAM 0.05-4 % (tretinoin-niacinamide)	Tier 3	
AZELEX TOPICAL CREAM 20 %	Tier 3	ST: Must meet any of the following requirements: Adapalene, Adapalene/Benzoyl Peroxide, Clindamycin Phophates/Benzoyl Peroxide, Clindamycin Phosphate, Erythromycin Base In Ethanol, Erythromycin/Benzoyl Peroxide, Sulfacetamide Sodium/Sulfur/Urea, Sulfacetamide Sodium, Sulfacetamide Sodium/Sulfur, or Tretinoin in 120 days
CABTREGO TOPICAL GEL 0.15-3.1-1.2 %	Tier 3	PA
<i>clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %</i> (Neuac)	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2 %(1 % base) -3.75 %</i> (Onexton)	Tier 1	

Drug	Status	Notes
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %</i> (Acanya)	Tier 1	ST: Must meet the following requirement: generic Clindamycin/Benzoyl Peroxide gel in 120 days
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	Tier 1	
<i>clindamycin-tretinoin topical gel 1.2-0.025 %</i> (Veltin)	Tier 1	ST: Must meet the following requirement: Clindamycin gel or Tretinoin 0.025% gel in 120 days
<i>dapsone topical gel 5 %</i> (Aczone)	Tier 1	
<i>dapsone topical gel with pump 7.5 %</i> (Aczone)	Tier 1	ST: Must meet any of the following requirements: Adapalene, Adapalene/Benzoyl Peroxide, Clindamycin Phosphates/Benzoyl Peroxide, Clindamycin Phosphate, Erythromycin Base In Ethanol, Erythromycin/Benzoyl Peroxide, Sulfacetamide Sodium/Sulfur/Urea, Sulfacetamide Sodium, Sulfacetamide Sodium/Sulfur, or Tretinoin in 120 days
DEOXIA TOPICAL GEL 1-4 % (clindamycin-niacinamide)	Tier 3	
DEOXIA TOPICAL LOTION 1-4 % (clindamycin-niacinamide)	Tier 3	
DEOXIADEMTAR TOPICAL GEL 0.025-1-2-4 % (tretinoin-clinda-spiro-niacin)	Tier 3	
DEOXIATAR TOPICAL SOLUTION 0.025-1-4 %	Tier 3	
DEOXIAVAR TOPICAL CREAM 0.05-1-4 %	Tier 3	
DIADIMAXIA TOPICAL CREAM 6-5-2 %	Tier 3	
DIADIMAXIA TOPICAL GEL 6-5-2 % (dapsone-spiro-niacin)	Tier 3	
DIAOXIA TOPICAL CREAM 6-4 %	Tier 3	
DIAOXIA TOPICAL GEL 6-4 % (dapsone-niacinamide)	Tier 3	
DIASAXIATAR TOPICAL CREAM 0.025-8.5-2 %	Tier 3	
DIASAXIATAR TOPICAL GEL 0.025-8.5-2 %	Tier 3	

Drug	Status	Notes
DIASDIMAXIA TOPICAL CREAM 8.5-5-2 %	Tier 3	
DIASDIMAXIA TOPICAL GEL 8.5-5-2 % (dapsone-spiro-nolactone-niacin)	Tier 3	
DIASOXIA TOPICAL CREAM 8.5-4 %	Tier 3	
DIASOXIA TOPICAL GEL 8.5-4 % (dapsone-niacinamide)	Tier 3	
DIMOXIA TOPICAL GEL 5-4 % (spironolactone-niacinamide)	Tier 3	
DRAXACE TOPICAL SUSPENSION 2-8 % (salicylic acid-sulfacetamide)	Tier 3	
DRAXACEY TOPICAL SUSPENSION 2-8 % (salicylic acid-sulfacetamide)	Tier 3	
DRIXECE TOPICAL SUSPENSION 5-10 % (salicylic acid-sulfacetamide)	Tier 3	
EPIDUO FORTE TOPICAL GEL WITH PUMP 0.3-2.5 % (adapalene-benzoyl peroxide)	Tier 3	
EPIDUO TOPICAL GEL WITH PUMP 0.1-2.5 % (adapalene-benzoyl peroxide)	Tier 3	
IDYYXIATAR TOPICAL GEL 0.025-5 %	Tier 3	
INZDEAXIATAR TOPICAL GEL 0.025-2.5-1-2 % (tretinoin-benzoyl-clindamycin)	Tier 3	
INZDEAXIATAR TOPICAL GEL 0.05-2.5-1-2 %	Tier 3	
INZDEOXIA TOPICAL GEL 2.5-1-4 % (benzoyl per-clindamycin-niacin)	Tier 3	
KLARON TOPICAL SUSPENSION 10 % (sulfacetamide sodium (acne))	Tier 3	
LOUNZDOMDIOXIATAR TOPICAL GEL 0.05-10-2-4-4 %	Tier 3	
NEUAC KIT TOPICAL COMBO PACK, CREAM AND GEL 1.2-5 %	Tier 3	
NEUAC TOPICAL GEL 1.2 % (1 % BASE) -5 % (clindamycin-benzoyl peroxide)	Tier 1	
ONEXTON TOPICAL GEL 1.2 % (1 % BASE) -3.75 %	Tier 3	
ONEXTON TOPICAL GEL WITH PUMP 1.2 % (1 % BASE) -3.75 % (clindamycin-benzoyl peroxide)	Tier 3	
ONZDEAXIADEMTAR TOPICAL GEL 0.025-5-1-2-2 %	Tier 3	
ONZDEAXIADEMVAR TOPICAL GEL 0.05-5-1-2-2 %	Tier 3	
ONZDEAXIATAR TOPICAL GEL 0.025-5-1-2 % (tretinoin-benzoyl-clindamycin)	Tier 3	
ONZDEAXIATAR TOPICAL GEL 0.05-5-1-2 % (tretinoin-benzoyl-clindamycin)	Tier 3	

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

Drug	Status	Notes
EPSOLAY TOPICAL CREAM 5 %	Tier 3	ST: Must meet the following requirement: Generic topical Metronidazole in 120 days; QL (30 GM per 30 days); Age (Min 18 Years)
FINACEA TOPICAL FOAM 15 %	Tier 2	
IDARAN TOPICAL OINTMENT 1-2 %	Tier 3	
<i>ivermectin topical cream 1 %</i> (Soolantra)	Tier 1	ST: Must meet the following requirement: Finacea gel or foam in 120 days
METROCREAM TOPICAL CREAM 0.75 % (metronidazole)	Tier 3	
METROGEL TOPICAL GEL 1 % (metronidazole)	Tier 3	
METROLOTION TOPICAL LOTION 0.75 % (metronidazole)	Tier 3	
<i>metronidazole topical cream 0.75 %</i> (Rosadan)	Tier 1	
<i>metronidazole topical gel 0.75 %</i> (Rosadan)	Tier 1	
<i>metronidazole topical gel 1 %</i> (Metrogel)	Tier 1	
<i>metronidazole topical gel with pump 1 %</i>	Tier 1	
<i>metronidazole topical lotion 0.75 %</i> (MetroLotion)	Tier 1	
MIRVASO TOPICAL GEL WITH PUMP 0.33 % (brimonidine)	Tier 3	
NORITATE TOPICAL CREAM 1 %	Tier 3	ST: Must meet the following requirement: Generic Metronidazole 0.75% gel, lotion or cream in 120 days
RHOFADE TOPICAL CREAM 1 %	Tier 3	
ROSADAN TOPICAL CREAM 0.75 % (metronidazole)	Tier 1	
ROSADAN TOPICAL GEL 0.75 % (metronidazole)	Tier 3	
ROSADAN TOPICAL KIT, CLEANSER AND GEL 0.75 %	Tier 3	
ROSADAN TOPICAL KIT, CLEANSER AND CREAM 0.75 %	Tier 3	
SOOLANTRA TOPICAL CREAM 1 % (ivermectin)	Tier 3	ST: Must meet the following requirement: Finacea gel or foam in 120 days
Topical Antiandrogenic Agents		
WINLEVI TOPICAL CREAM 1 %	Tier 3	PA
Topical Preparations, Antibacterials		
ALCORTIN A TOPICAL GEL IN PACKET 2-1-1 %	Tier 3	

Drug	Status	Notes
AZADROX TOPICAL GEL IN PACKET	Tier 3	
BASADROX TOPICAL GEL IN PACKET	Tier 3	
DERMAZENE TOPICAL CREAM IN PACKET 1-1 %	Tier 3	
<i>hydrocortisone-iodoquinol-aloe2 topical gel 2-1-1 %</i> (Alcortin A)	Tier 1	
<i>hydrocortisone-iodoquinol topical cream 1-1 %</i> (Corti-Sav)	Tier 1	
<i>hydrocortisone-iodoquinol-aloe topical cream in packet 1.9-1 %</i> (Vytone)	Tier 1	
IODOFLEX TOPICAL PADS, MEDICATED 0.9 %	Tier 3	
IODOSORB TOPICAL GEL 0.9 %	Tier 3	
LUGOLS TOPICAL SOLUTION 5-10 % (iodine-potassium iodide)	Tier 1	
NORMLGEL AG TOPICAL GEL 0.11 %	Tier 3	
QUINJA TOPICAL GEL 1.25-1 %	Tier 3	
SILVASORB TOPICAL GEL, EXTENDED RELEASE	Tier 1	
<i>silver nitrate topical solution 0.5 %, 25 %, 50 %</i>	Tier 1	
SILVRSTAT TOPICAL GEL 32 PPM	Tier 3	
SOLOX GEL TOPICAL GEL 55 PPM	Tier 3	
STRONG IODINE TOPICAL SOLUTION 5-10 % (iodine-potassium iodide)	Tier 1	
VYTONE TOPICAL CREAM IN PACKET 1.9-1 % (hydrocortisone-iodoquinol-aloe)	Tier 3	
Vitamin A Derivatives		
<i>adapalene topical cream 0.1 %</i> (Differin)	Tier 1	
<i>adapalene topical gel 0.3 %</i>	Tier 1	
<i>adapalene topical gel with pump 0.3 %</i> (Differin)	Tier 1	
<i>adapalene topical lotion 0.1 %</i> (Differin)	Tier 1	Age (Max 39 Years)
<i>adapalene topical solution 0.1 %</i>	Tier 1	ST: Must meet the following requirement: Adapalene 0.1% gel in 120 days
<i>adapalene topical swab 0.1 %</i>	Tier 1	ST: Must meet the following requirement: Adapalene 0.1% gel in 120 days; QL (1 EA per 1 day)
ALTRENO TOPICAL LOTION 0.05 %	Tier 3	
ATRALIN TOPICAL GEL 0.05 % (tretinoin)	Tier 3	
AVITA TOPICAL CREAM 0.025 % (tretinoin)	Tier 1	
AVITA TOPICAL GEL 0.025 % (tretinoin)	Tier 1	
DIFFERIN TOPICAL CREAM 0.1 % (adapalene)	Tier 3	

Drug	Status	Notes
DIFFERIN TOPICAL GEL WITH PUMP 0.3 % (adapalene)	Tier 3	
DIFFERIN TOPICAL LOTION 0.1 % (adapalene)	Tier 3	Age (Max 39 Years)
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.04 %, 0.1 % (tretinoin microspheres)	Tier 3	Age (Max 39 Years)
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %	Tier 3	ST: Must meet the following requirements: Generic Tretinoin Microspheres 0.04% and 0.10% in 365 days; Age (Max 39 Years)
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.08 % (tretinoin microspheres)	Tier 3	ST: Must meet the following requirements: Generic Tretinoin Microspheres 0.04% and 0.10% in 365 days; Age (Max 39 Years)
RETIN-A MICRO TOPICAL GEL 0.04 %, 0.1 % (tretinoin microspheres)	Tier 3	Age (Max 39 Years)
RETIN-A TOPICAL CREAM 0.025 %, 0.05 %, 0.1 % (tretinoin)	Tier 3	
RETIN-A TOPICAL GEL 0.01 %, 0.025 % (tretinoin)	Tier 3	
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i> (Retin-A Micro)	Tier 1	Age (Max 39 Years)
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.1 %</i> (Retin-A Micro Pump)	Tier 1	Age (Max 39 Years)
<i>tretinoin microspheres topical gel with pump 0.08 %</i> (Retin-A Micro Pump)	Tier 1	ST: Must meet the following requirements: Generic Tretinoin Microspheres 0.04% and 0.10% in 365 days; Age (Max 39 Years)
<i>tretinoin topical cream 0.025 %</i> (Avita)	Tier 1	
<i>tretinoin topical cream 0.05 %, 0.1 %</i> (Retin-A)	Tier 1	
<i>tretinoin topical gel 0.01 %</i> (Retin-A)	Tier 1	
<i>tretinoin topical gel 0.025 %</i> (Avita)	Tier 1	
<i>tretinoin topical gel 0.05 %</i> (Atralin)	Tier 1	
Vitamin A Derivatives, Topical Acne Agents		
AKLIEF TOPICAL CREAM 0.005 %	Tier 3	ST: Must meet any of the following requirements: Adapalene, Differin, Tazarotene, or Tretinoin in 120 days; Age (Max 39 Years)

Drug	Status	Notes
ARAZLO TOPICAL LOTION 0.045 %	Tier 3	ST: Must meet any of the following requirements: Adapalene, Differin, Tazarotene, or Tretinoin in 120 days
ETHOXIA TOPICAL CREAM 0.05-4 % (tazarotene-niacinamide)	Tier 3	
ITHOXIA TOPICAL CREAM 0.1-4 % (tazarotene-niacinamide)	Tier 3	
tazarotene topical foam 0.1 % (Fabior)	Tier 1	ST: Must meet any of the following requirements: Adapalene, Differin, Tazarotene, or Tretinoin in 120 days
Dermatology - Antiinfective		
Topical Antibiotics		
AMZEEQ TOPICAL FOAM 4 %	Tier 3	ST: Must meet 2 of the following requirements: Adapalene, Adapalene/Benzoyl Peroxide, Clindamycin Phosphate/Benzoyl Peroxide, Clindamycin Phosphate, Erythromycin Base In Ethanol, Erythromycin/Benzoyl Peroxide, Sulfacetamide Sodium/Sulfur/Urea, Sulfacetamide Sodium, Sulfacetamide Sodium/Sulfur, or Tretinoin in 365 days; Age (Min 9 Years)
BENZAMYCIN TOPICAL GEL 3-5 % (erythromycin-benzoyl peroxide)	Tier 3	
CENTANY AT TOPICAL OINTMENT KIT 2 %	Tier 3	
CENTANY TOPICAL OINTMENT 2 % (mupirocin)	Tier 3	QL (90 GM per 1 FILL)
CLEOCIN T TOPICAL LOTION 1 % (clindamycin phosphate)	Tier 3	
CLEOCIN T TOPICAL SOLUTION 1 % (clindamycin phosphate)	Tier 3	QL (180 ML per 1 FILL)
CLINDACIN ETZ TOPICAL KIT 1 %	Tier 3	
CLINDACIN ETZ TOPICAL SWAB 1 % (clindamycin phosphate)	Tier 3	
CLINDACIN P TOPICAL SWAB 1 % (clindamycin phosphate)	Tier 3	
CLINDACIN PAC TOPICAL KIT 1 %	Tier 3	
CLINDACIN TOPICAL FOAM 1 % (clindamycin phosphate)	Tier 3	
CLINDAGEL TOPICAL GEL, ONCE DAILY 1 % (clindamycin phosphate)	Tier 3	ST: Must meet the following requirement: Clindamycin Phosphate 1% gel in 120 days

Drug	Status	Notes
<i>clindamycin phosphate topical foam 1 %</i> (Clindacin)	Tier 1	
<i>clindamycin phosphate topical gel 1 %</i>	Tier 1	
<i>clindamycin phosphate topical gel, once daily 1 %</i> (Clindagel)	Tier 1	ST: Must meet the following requirement: Clindamycin Phosphate 1% gel in 120 days
<i>clindamycin phosphate topical lotion 1 %</i> (Cleocin T)	Tier 1	
<i>clindamycin phosphate topical solution 1 %</i>	Tier 1	QL (180 ML per 1 FILL)
<i>clindamycin phosphate topical swab 1 %</i> (Clindacin ETZ)	Tier 1	
ERY PADS TOPICAL SWAB 2 % (erythromycin with ethanol)	Tier 1	
ERYGEL TOPICAL GEL 2 % (erythromycin with ethanol)	Tier 3	
<i>erythromycin with ethanol topical gel 2 %</i> (Erygel)	Tier 1	
<i>erythromycin with ethanol topical solution 2 %</i>	Tier 1	QL (180 ML per 1 FILL)
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i> (Benzamycin)	Tier 1	
EVOCLIN TOPICAL FOAM 1 % (clindamycin phosphate)	Tier 3	
<i>gentamicin topical cream 0.1 %</i>	Tier 1	QL (90 GM per 1 FILL)
<i>gentamicin topical ointment 0.1 %</i>	Tier 1	QL (90 GM per 1 FILL)
<i>mupirocin calcium topical cream 2 %</i>	Tier 1	QL (90 GM per 1 FILL)
<i>mupirocin topical ointment 2 %</i> (Centany)	Tier 1	QL (90 GM per 1 FILL)
NANRAN TOPICAL OINTMENT 2-2 % (mupirocin-lidocaine)	Tier 3	
XEPI TOPICAL CREAM 1 %	Tier 3	ST: Must meet the following requirement: Mupirocin ointment in 120 days
ZILXI TOPICAL FOAM 1.5 %	Tier 3	ST: Must meet the following requirement: Generic topical Metronidazole in 120 days; QL (30 GM per 30 days)
Topical Antifungal/Anti-inflammatory, Steriod Agent		
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	Tier 1	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	Tier 1	
DERMACINRX THERAZOLE PAK TOPICAL COMBO PACK 1-0.05-20 %	Tier 3	
HAXCHLO TOPICAL SHAMPOO 0.77-0.05 % (ciclopirox-clobetasol)	Tier 3	
HAXCHLODREX TOPICAL SHAMPOO 0.77-0.05-3 % (ciclopirox-clobetasol-salicyl)	Tier 3	

Drug		Status	Notes
PHEYO TOPICAL CREAM 2-2.5 %	(ketoconazole-hydrocortisone)	Tier 3	
Topical Antifungal-Antibiotic-Anti-Inflamm Steroid			
PHEODOYO TOPICAL CREAM 2-1-2.5 %	(ketoconazole-iodoquinol-hc)	Tier 3	
Topical Antifungals			
CICLODAN KIT TOPICAL COMBO PACK 0.77 %		Tier 3	
CICLODAN KIT TOPICAL SOLUTION 8 %	(ciclopirox-ure-camph-menth-euc)	Tier 3	QL (19.8 ML per 1 FILL)
CICLODAN TOPICAL CREAM 0.77 %	(ciclopirox)	Tier 3	QL (180 GM per 1 FILL)
CICLODAN TOPICAL SOLUTION 8 %	(ciclopirox)	Tier 3	QL (19.8 ML per 1 FILL)
<i>ciclopirox topical cream 0.77 %</i>	(Ciclodan)	Tier 1	QL (180 GM per 1 FILL)
<i>ciclopirox topical gel 0.77 %</i>		Tier 1	
<i>ciclopirox topical shampoo 1 %</i>		Tier 1	
<i>ciclopirox topical solution 8 %</i>	(Ciclodan)	Tier 1	QL (19.8 ML per 1 FILL)
<i>ciclopirox topical suspension 0.77 %</i>	(Loprox (as olamine))	Tier 1	QL (180 ML per 1 FILL)
<i>ciclopirox-ure-camph-menth-euc topical solution 8 %</i>	(Ciclodan Kit)	Tier 1	QL (19.8 ML per 1 FILL)
<i>clotrimazole topical cream 1 %</i>	(Antifungal (clotrimazole))	Tier 1	
<i>clotrimazole topical solution 1 %</i>		Tier 1	
DIFMETIOXRIME TOPICAL SOLUTION 4-2-1-4 %	(flucona-ibuprof-itracon-terbin)	Tier 3	
<i>econazole topical cream 1 %</i>		Tier 1	QL (170 GM per 1 FILL)
ECOZA TOPICAL FOAM 1 %		Tier 3	
ERTACZO TOPICAL CREAM 2 %		Tier 3	
EXELDERM TOPICAL CREAM 1 %	(sulconazole)	Tier 2	
EXELDERM TOPICAL SOLUTION 1 %	(sulconazole)	Tier 2	
EXODERM TOPICAL LOTION 25-1 %		Tier 1	
HAXDRAX TOPICAL SHAMPOO 0.77-2 %	(ciclopirox-salicylic acid)	Tier 3	
HEXIOUNYL TOPICAL LOTION 3-5-20 %		Tier 3	
HIXDEFRIMA TOPICAL SOLUTION 8-1-1 %		Tier 3	
IMIOXIA TOPICAL CREAM 1-4 %	(econazole-niacinamide)	Tier 3	
JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 %		Tier 3	PA
<i>ketoconazole topical cream 2 %</i>		Tier 1	QL (180 GM per 1 FILL)
<i>ketoconazole topical foam 2 %</i>	(Ketodan)	Tier 1	ST: Must meet the following requirement: Ketoconazole 2% cream or shampoo in 120 days

Drug	Status	Notes
<i>ketoconazole topical shampoo 2 %</i>	Tier 1	QL (360 ML per 1 FILL)
KETODAN KIT TOPICAL COMBO PACK 2 %	Tier 3	
KETODAN TOPICAL FOAM 2 % (ketoconazole)	Tier 1	ST: Must meet the following requirement: Ketoconazole 2% cream or shampoo in 120 days
KLAYESTA TOPICAL POWDER 100,000 UNIT/GRAM (nystatin)	Tier 1	
LOPROX (AS OLAMINE) TOPICAL CREAM 0.77 % (ciclopirox)	Tier 3	QL (180 GM per 1 FILL)
LOPROX (AS OLAMINE) TOPICAL SUSPENSION 0.77 % (ciclopirox)	Tier 3	QL (180 ML per 1 FILL)
LOPROX KIT TOPICAL COMBO PACK 0.77 %	Tier 3	
LOPROX KIT TOPICAL KIT, SUSPENSION AND CLEANSER 0.77 %	Tier 3	
<i>luliconazole topical cream 1 %</i> (Luzu)	Tier 1	ST: Must meet the following requirements: Clotrimazole and Ketoconazole in 365 days; QL (60 GM per 28 days)
LUZU TOPICAL CREAM 1 % (luliconazole)	Tier 3	ST: Must meet the following requirements: Clotrimazole and Ketoconazole in 365 days; QL (60 GM per 28 days)
MENTAX TOPICAL CREAM 1 % (butenafine)	Tier 3	
<i>miconazole nitrate-zinc ox-pet topical ointment 0.25-15-81.35 %</i> (Vusion)	Tier 1	
<i>naftifine topical cream 1 %</i>	Tier 1	
<i>naftifine topical cream 2 %</i>	Tier 1	QL (180 GM per 1 FILL)
<i>naftifine topical gel 2 %</i> (Naftin)	Tier 1	
NAFTIN TOPICAL GEL 2 % (naftifine)	Tier 3	
NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM (nystatin)	Tier 1	
<i>nystatin topical cream 100,000 unit/gram</i>	Tier 1	
<i>nystatin topical ointment 100,000 unit/gram</i>	Tier 1	QL (90 GM per 1 FILL)
<i>nystatin topical powder 100,000 unit/gram</i> (Klayesta)	Tier 1	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	Tier 1	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	Tier 1	QL (180 GM per 1 FILL)

Drug	Status	Notes
NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM (nystatin)	Tier 1	
<i>oxiconazole topical cream 1 %</i>	Tier 1	QL (180 GM per 1 FILL)
OXISTAT TOPICAL LOTION 1 %	Tier 3	
PHEDRAX TOPICAL SHAMPOO 2-2 %	Tier 3	
PHEOXIA TOPICAL CREAM 2-4 % (ketoconazole-niacinamide)	Tier 3	
<i>sulconazole topical cream 1 %</i> (Exelderm)	Tier 1	
<i>sulconazole topical solution 1 %</i> (Exelderm)	Tier 1	
<i>tavaborole topical solution with applicator 5 %</i>	Tier 1	PA
VUSION TOPICAL OINTMENT 0.25-15-81.35 % (miconazole nitrate-zinc ox-pet)	Tier 3	
XOLEGEL TOPICAL GEL 2 %	Tier 3	ST: Must meet the following requirement: Ketoconazole 2% cream or shampoo in 120 days
Topical Antiparasitics		
CROTAN TOPICAL LOTION 10 %	Tier 3	
ELIMITE TOPICAL CREAM 5 % (permethrin)	Tier 3	
EURAX TOPICAL CREAM 10 %	Tier 3	
EURAX TOPICAL LOTION 10 %	Tier 3	
<i>malathion topical lotion 0.5 %</i> (Ovide)	Tier 1	
NATROBA TOPICAL SUSPENSION 0.9 % (spinosad)	Tier 3	
OVIDE TOPICAL LOTION 0.5 % (malathion)	Tier 3	
<i>permethrin topical cream 5 %</i> (Elimite)	Tier 1	
<i>spinosad topical suspension 0.9 %</i> (Natroba)	Tier 1	
ULESFIA TOPICAL LOTION 5 %	Tier 3	
Topical Antivirals		
<i>acyclovir topical cream 5 %</i> (Zovirax)	Tier 1	ST: Must meet 2 of the following requirements: Acyclovir, Famciclovir, or Valacyclovir HCL in 365 days
<i>acyclovir topical ointment 5 %</i> (Zovirax)	Tier 1	
<i>penciclovir topical cream 1 %</i> (Denavir)	Tier 1	
ZOVIRAX TOPICAL OINTMENT 5 % (acyclovir)	Tier 3	

Drug	Status	Notes	
Topical Antivirals/Anti-inflammatory, Steroid Agent			
XERESE TOPICAL CREAM 5-1 %	Tier 3	ST: Must meet any of the following requirements: Oral Acyclovir, Famciclovir, or Valacyclovir HCL in 120 days; QL (10 GM per 365 days)	
Topical Genital Wart-Hpv Treatment Agents			
VEREGEN TOPICAL OINTMENT 15 %	Tier 3	ST: Must meet the following requirements: Imiquimod and Podofilox in 365 days; QL (30 GM per 1 FILL)	
Topical Pleuromutilin Derivatives			
ALTABAX TOPICAL OINTMENT 1 %	Tier 3	ST: Must meet the following requirement: Mupirocin ointment in 120 days	
Topical Sulfonamides			
AVAR LS TOPICAL CLEANSER 10-2 %	(sulfacetamide sodium-sulfur)	Tier 3	
AVAR TOPICAL CLEANSER 10-5 % (W/W)	(sulfacetamide sodium-sulfur)	Tier 3	QL (1419 GM per 1 FILL)
BP 10-1 TOPICAL CLEANSER 10-1 %	(sulfacetamide sodium-sulfur)	Tier 1	
CLEANSING WASH TOPICAL CLEANSER 10-4-10 %	(sulfacetamide sod-sulfur-urea)	Tier 1	
ECEOXIA TOPICAL CREAM 10-4 %	(sulfacetamide-niacinamide)	Tier 3	
<i>mafenide acetate topical packet 50 gram</i>	(Sulfamylon)	Tier 1	
OXIAICE TOPICAL LOTION 15-4 %		Tier 3	
PLEXION CLEANSING CLOTHS TOPICAL PADS, MEDICATED 9.8-4.8 %	(sulfacetamide sodium-sulfur)	Tier 3	
PLEXION TOPICAL CLEANSER 9.8-4.8 %	(sulfacetamide sodium-sulfur)	Tier 3	
ROSULA CLEANSING CLOTHS TOPICAL PADS, MEDICATED 10-5 %	(sulfacetamide sodium-sulfur)	Tier 1	
ROSULA TOPICAL CLEANSER 10-4.5 %		Tier 3	
SILVADENE TOPICAL CREAM 1 %	(silver sulfadiazine)	Tier 3	
<i>silver sulfadiazine topical cream 1 %</i>	(SSD)	Tier 1	
SSD TOPICAL CREAM 1 %	(silver sulfadiazine)	Tier 1	

Drug		Status	Notes
SSS 10-5 TOPICAL CREAM 10-5 % (W/W)	(sulfacetamide sodium-sulfur)	Tier 1	
SSS 10-5 TOPICAL FOAM 10-5 %	(sulfacetamide sodium-sulfur)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %</i>	(Avar LS)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i>	(Avar)	Tier 1	QL (1419 GM per 1 FILL)
<i>sulfacetamide sodium-sulfur topical cleanser 8-4 %</i>		Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 9.8-4.8 %</i>	(Plexion)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 9-4 %</i>	(Sumaxin)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 9-4.5 %</i>	(Sumadan)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cream 10-2 %</i>		Tier 1	
<i>sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)</i>	(SSS 10-5)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cream 9.8-4.8 %</i>	(Plexion)	Tier 1	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w)</i>		Tier 1	
<i>sulfacetamide sodium-sulfur topical lotion 9.8-4.8 %</i>	(Plexion)	Tier 1	
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i>	(Sumaxin)	Tier 1	
<i>sulfacetamide sodium-sulfur topical pads, medicated 9.8-4.8 %</i>	(Plexion Cleansing Cloths)	Tier 1	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %</i>		Tier 1	
<i>sulfacetamide sodium-sulfur topical suspension 8-4 %</i>	(SulfaCleanse 8-4)	Tier 1	
<i>sulfacetamide sodium-sulfur topical suspension 9-4.25 %</i>	(Clenia Plus)	Tier 1	
<i>sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %</i>		Tier 1	QL (1419 ML per 1 FILL)
SULFACLEANSE 8-4 TOPICAL SUSPENSION 8-4 %	(sulfacetamide sodium-sulfur)	Tier 1	
SULFAMYLON TOPICAL CREAM 85 MG/G		Tier 3	
SULFAMYLON TOPICAL PACKET 50 GRAM	(mafenide acetate)	Tier 3	
SUMADAN TOPICAL CLEANSER 9-4.5 %	(sulfacetamide sodium-sulfur)	Tier 3	

Drug	Status	Notes
SUMADAN TOPICAL KIT 9-4.5 % (sulfacetamide-sulfur-cleansr23)	Tier 3	
SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM 9 %-4.5 % -SPF 25 (sulfact na-sul-avobnz-otn-ocsa)	Tier 3	
SUMAXIN CP TOPICAL KIT 10-4 %	Tier 3	
SUMAXIN TOPICAL CLEANSER 9-4 % (sulfacetamide sodium-sulfur)	Tier 3	
ZMA CLEAR TOPICAL SUSPENSION 9-4.5 %	Tier 1	
Dermatology - Antiinflammatory		
Interleukin-13 (Il-13) Inhibitors, Mab		
ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	Tier 3	PA; MO
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 3	PA; MO
EBGLYSS PEN SUBCUTANEOUS PEN INJECTOR 250 MG/2 ML	Tier 4	PA; MO
EBGLYSS SYRINGE SUBCUTANEOUS SYRINGE 250 MG/2 ML	Tier 4	PA; MO
Interleukin-31(II-31)Receptor Alpha Antagonist,Mab		
NEMLUVIO SUBCUTANEOUS PEN INJECTOR 30 MG	Tier 4	PA; MO
Top. Anti-Inflam.,Phosphodiesterase-4 (Pde4) Inhib		
EUCRISA TOPICAL OINTMENT 2 %	Tier 2	ST: Must meet the following requirement: Topical Corticosteroid or Calcineurin Inhibitor in 120 days
ZORYVE TOPICAL CREAM 0.15 %	Tier 3	PA
ZORYVE TOPICAL FOAM 0.3 %	Tier 3	PA
Topical Antibiotics/Antiinflammatory,Steroidal		
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	Tier 3	ST: Must meet the following requirement: Generic Fluocinolone Acetonide cream/oil/ointment/solution in 120 days
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	Tier 3	ST: Must meet the following requirement: Generic Fluocinolone Acetonide cream/oil/ointment/solution in 120 days

Drug	Status	Notes
Topical Anti-Inflammatory Steroidal		
ACIOXIA TOPICAL GEL 0.1-0.5 %	Tier 3	
ADVANCED ALLERGY COLLECT KIT TOPICAL KIT 2.5 %	Tier 1	
ALA-CORT TOPICAL CREAM 1 % (hydrocortisone)	Tier 1	
ALA-SCALP TOPICAL LOTION 2 % (hydrocortisone)	Tier 1	ST: Must meet the following requirement: Generic Hydrocortisone 2.5% lotion in 120 days
<i>alclometasone topical cream 0.05 %</i>	Tier 1	
<i>alclometasone topical ointment 0.05 %</i>	Tier 1	
<i>amcinonide topical cream 0.1 %</i>	Tier 1	ST: Must meet any of the following requirements: Betamethasone 0.1% ointment, Fluticasone 0.005% ointment, Mometasone 0.1% ointment, or Triamcinolone 0.5% ointment or cream in 120 days
<i>amcinonide topical ointment 0.1 %</i>	Tier 1	
ANUSOL-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % (hydrocortisone)	Tier 3	
APEXICON E TOPICAL CREAM 0.05 %	Tier 3	ST: Must meet any of the following requirements: Betamethasone 0.05% ointment or augmented cream, Desoximetasone (cream, gel, ointment), or Fluocinonide 0.05% (gel, ointment, solution, cream) in 120 days; QL (180 GM per 30 days)
BESER KIT TOPICAL KIT, LOTION AND CREAM, EMOLLIENT 0.05 %	Tier 3	
BESER TOPICAL LOTION 0.05 % (fluticasone propionate)	Tier 3	
<i>betamethasone dipropionate topical cream 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	Tier 1	
<i>betamethasone valerate topical cream 0.1 %</i>	Tier 1	
<i>betamethasone valerate topical foam 0.12 %</i> (Luxiq)	Tier 1	

Drug	Status	Notes
<i>betamethasone valerate topical lotion 0.1 %</i>	Tier 1	
<i>betamethasone valerate topical ointment 0.1 %</i>	Tier 1	
<i>betamethasone, augmented topical cream 0.05 %</i>	Tier 1	
<i>betamethasone, augmented topical gel 0.05 %</i>	Tier 1	
<i>betamethasone, augmented topical lotion 0.05 %</i>	Tier 1	
<i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene (augmented))	Tier 1	
BRYHALI TOPICAL LOTION 0.01 %	Tier 3	ST: Must meet any of the following requirements: Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol (except foam, shampoo), Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (ointment, cream) in 120 days; QL (400 GM per 1 FILL)
CAPEX TOPICAL SHAMPOO 0.01 %	Tier 3	
CHLOHUX TOPICAL SHAMPOO 0.05-2 % (clobetasol-levocetirizine)	Tier 3	
CHLOOXIA TOPICAL CREAM 0.05-4 % (clobetasol-niacinamide)	Tier 3	
CHLOOXIA TOPICAL OINTMENT 0.05-4 % (clobetasol-niacinamide)	Tier 3	
CHLOOXIA TOPICAL SOLUTION 0.05-4 % (clobetasol-niacinamide)	Tier 3	
<i>clobetasol scalp solution 0.05 %</i>	Tier 1	
<i>clobetasol topical cream 0.05 %</i>	Tier 1	
<i>clobetasol topical foam 0.05 %</i> (Olux)	Tier 1	
<i>clobetasol topical gel 0.05 %</i>	Tier 1	
<i>clobetasol topical lotion 0.05 %</i> (Clobex)	Tier 1	
<i>clobetasol topical ointment 0.05 %</i>	Tier 1	
<i>clobetasol topical shampoo 0.05 %</i> (Clobex)	Tier 1	
<i>clobetasol topical spray,non-aerosol 0.05 %</i> (Clobex)	Tier 1	
<i>clobetasol-emollient topical cream 0.05 %</i>	Tier 1	
<i>clobetasol-emollient topical foam 0.05 %</i> (Olux-E)	Tier 1	
CLOBEX TOPICAL LOTION 0.05 % (clobetasol)	Tier 3	

Drug	Status	Notes
CLOBEX TOPICAL SHAMPOO 0.05 % (clobetasol)	Tier 3	
CLOBEX TOPICAL SPRAY, NON-AEROSOL 0.05 % (clobetasol)	Tier 3	
<i>clocortolone pivalate topical cream 0.1 %</i>	Tier 1	ST: Must meet the following requirement: Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment in 120 days
CLODAN KIT TOPICAL KIT, SHAMPOO AND CLEANSER 0.05 %	Tier 3	
CLODAN TOPICAL SHAMPOO 0.05 % (clobetasol)	Tier 3	
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2	Tier 3	ST: Must meet any of the following requirements: Betamethasone augmented (ointment, gel, lotion), Fluocinonide 0.1% cream, Clobetasol (spray, lotion, gel, ointment, cream, solution) or Halobetasol 0.05% (cream, ointment) in 120 days; QL (2 EA per 30 days)
CORDRAN TOPICAL CREAM 0.025 %	Tier 3	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
CORDRAN TOPICAL CREAM 0.05 % (flurandrenolide)	Tier 3	ST: Must meet any of the following requirements: Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) in 120 days
CORDRAN TOPICAL LOTION 0.05 % (flurandrenolide)	Tier 3	
CORDRAN TOPICAL OINTMENT 0.05 % (flurandrenolide)	Tier 3	ST: Must meet the following requirement: Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment in 120 days; QL (180 GM per 30 days)
DERMA-SMOOTH/FS BODY OIL TOPICAL OIL 0.01 % (fluocinolone)	Tier 3	

Drug	Status	Notes
DERMA-SMOOTH/FS SCALP OIL SCALP OIL 0.01 %	(fluocinolone and shower cap) Tier 3	
<i>desonide topical cream 0.05 %</i>	(DesOwen) Tier 1	
<i>desonide topical gel 0.05 %</i>	Tier 1	ST: Must meet any of the following requirements: Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) in 120 days
<i>desonide topical lotion 0.05 %</i>	Tier 1	
<i>desonide topical ointment 0.05 %</i>	Tier 1	
DESOWEN TOPICAL CREAM 0.05 %	(desonide) Tier 3	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i>	(Topicort) Tier 1	
<i>desoximetasone topical gel 0.05 %</i>	(Topicort) Tier 1	
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i>	(Topicort) Tier 1	
<i>desoximetasone topical spray, non-aerosol 0.25 %</i>	(Topicort) Tier 1	ST: Must meet any of the following requirements: Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol (except foam, shampoo), Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (ointment, cream) in 120 days
<i>diflorasone topical cream 0.05 %</i>	Tier 1	ST: Must meet any of the following requirements: Betamethasone 0.05% ointment or augmented cream, Desoximetasone (cream, gel, ointment), or Fluocinonide 0.05% (gel, ointment, solution, cream) in 120 days; QL (180 GM per 30 days)

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

Drug	Status	Notes
<i>flurandrenolide topical cream 0.05 %</i> (Cordran)	Tier 1	ST: Must meet any of the following requirements: Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) in 120 days
<i>flurandrenolide topical lotion 0.05 %</i> (Cordran)	Tier 1	
<i>flurandrenolide topical ointment 0.05 %</i> (Cordran)	Tier 1	ST: Must meet the following requirement: Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment in 120 days; QL (180 GM per 30 days)
<i>fluticasone propionate topical cream 0.05 %</i>	Tier 1	
<i>fluticasone propionate topical lotion 0.05 %</i> (Beser)	Tier 1	
<i>fluticasone propionate topical ointment 0.005 %</i>	Tier 1	
<i>halcinonide topical cream 0.1 %</i> (Halog)	Tier 1	ST: Must meet any of the following requirements: Betamethasone 0.05% ointment or augmented cream, Desoximetasone (cream, gel, ointment), or Fluocinonide 0.05% (gel, ointment, solution, cream) in 120 days
<i>halcinonide topical solution 0.1 %</i> (Halog)	Tier 1	ST: Must meet any of the following requirements: Betamethasone 0.05% ointment or augmented cream, Desoximetasone (cream, gel, ointment), or Fluocinonide 0.05% (gel, ointment, solution, cream) in 120 days
<i>halobetasol propionate topical cream 0.05 %</i>	Tier 1	

Drug	Status	Notes
<i>halobetasol propionate topical foam 0.05 %</i> (Lexette)	Tier 1	ST: Must meet the following requirement: Clobetasol foam or generic Halobetasol cream/ointment in 120 days; QL (100 GM per 1 FILL)
<i>halobetasol propionate topical ointment 0.05 %</i>	Tier 1	
HALOG TOPICAL CREAM 0.1 % (halcinonide)	Tier 3	ST: Must meet any of the following requirements: Betamethasone 0.05% ointment or augmented cream, Desoximetasone (cream, gel, ointment), or Fluocinonide 0.05% (gel, ointment, solution, cream) in 120 days
HALOG TOPICAL OINTMENT 0.1 %	Tier 3	ST: Must meet any of the following requirements: Betamethasone 0.05% ointment or augmented cream, Desoximetasone (cream, gel, ointment), or Fluocinonide 0.05% (gel, ointment, solution, cream) in 120 days
HALOG TOPICAL SOLUTION 0.1 % (halcinonide)	Tier 3	ST: Must meet any of the following requirements: Betamethasone 0.05% ointment or augmented cream, Desoximetasone (cream, gel, ointment), or Fluocinonide 0.05% (gel, ointment, solution, cream) in 120 days
<i>hydrocortisone butyrate topical cream 0.1 %</i>	Tier 1	
<i>hydrocortisone butyrate topical lotion 0.1 %</i> (Locoid)	Tier 1	ST: Must meet any of the following requirements: Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) in 120 days; QL (236 ML per 30 days)

Drug	Status	Notes
<i>hydrocortisone butyrate topical ointment</i> 0.1 %	Tier 1	ST: Must meet any of the following requirements: Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) in 120 days
<i>hydrocortisone butyrate topical solution</i> 0.1 %	Tier 1	
HYDROCORTISONE LOTION COMPLETE TOPICAL COMBO PACK 2 %	Tier 3	
<i>hydrocortisone topical cream 1 %</i> (Ala-Cort)	Tier 1	
<i>hydrocortisone topical cream 2.5 %</i>	Tier 1	
<i>hydrocortisone topical cream with perineal applicator 1 %</i>	Tier 1	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i> (Procto-Med HC)	Tier 1	
<i>hydrocortisone topical lotion 2 %</i> (Ala-Scalp)	Tier 1	ST: Must meet the following requirement: Generic Hydrocortisone 2.5% lotion in 120 days
<i>hydrocortisone topical lotion 2.5 %</i>	Tier 1	
<i>hydrocortisone topical ointment 1 %</i> (Anti-Itch (HC))	Tier 1	
<i>hydrocortisone topical ointment 2.5 %</i>	Tier 1	
<i>hydrocortisone valerate topical cream</i> 0.2 %	Tier 1	
<i>hydrocortisone valerate topical ointment</i> 0.2 %	Tier 1	ST: Must meet the following requirement: Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment in 120 days
HYDROXYM TOPICAL GEL 2 %	Tier 3	
IMPOYZ TOPICAL CREAM 0.025 %	Tier 3	ST: Must meet any of the following requirements: Betamethasone 0.05% ointment or augmented cream, Desoximetasone (cream, gel, ointment), or Fluocinonide 0.05% (gel, ointment, solution, cream) in 120 days; QL (200 GM per 30 days)

Drug	Status	Notes
KENALOG TOPICAL AEROSOL 0.147 MG/GRAM (triamcinolone acetonide)	Tier 3	
LEXETTE TOPICAL FOAM 0.05 % (halobetasol propionate)	Tier 3	ST: Must meet the following requirement: Clobetasol foam or generic Halobetasol cream/ointment in 120 days; QL (100 GM per 1 FILL)
LOCOID LIPOCREAM TOPICAL CREAM 0.1 % (hydrocortisone butyr-emollient)	Tier 3	
LOCOID TOPICAL LOTION 0.1 % (hydrocortisone butyrate)	Tier 3	ST: Must meet any of the following requirements: Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) in 120 days; QL (236 ML per 30 days)
LUXIQ TOPICAL FOAM 0.12 % (betamethasone valerate)	Tier 3	
<i>mometasone topical cream 0.1 %</i>	Tier 1	
<i>mometasone topical ointment 0.1 %</i>	Tier 1	
<i>mometasone topical solution 0.1 %</i>	Tier 1	
NOXIPAK TOPICAL KIT 0.01-20 %	Tier 3	
NUCORT TOPICAL LOTION 2 % (hydrocortisone acet-aloe vera)	Tier 3	
OLUX TOPICAL FOAM 0.05 % (clobetasol)	Tier 3	
OLUX-E TOPICAL FOAM 0.05 % (clobetasol-emollient)	Tier 3	
PANDEL TOPICAL CREAM 0.1 %	Tier 3	ST: Must meet any of the following requirements: Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) in 120 days; QL (160 GM per 30 days)
<i>prednicarbate topical cream 0.1 %</i>	Tier 1	
<i>prednicarbate topical ointment 0.1 %</i>	Tier 1	
PROCTOCORT TOPICAL CREAM 1 % (hydrocortisone)	Tier 3	
PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % (hydrocortisone)	Tier 1	

Drug	Status	Notes
PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % (hydrocortisone)	Tier 1	
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % (hydrocortisone)	Tier 1	
QUINIXIL TOPICAL CREAM 0.1-5 %	Tier 3	
SANADERMRX TOPICAL KIT 0.1-5 %	Tier 1	QL (1 EA per 30 days)
SCALACORT DK TOPICAL COMBO PACK 2-2-2 %	Tier 2	
SCALACORT TOPICAL LOTION 2 % (hydrocortisone)	Tier 3	ST: Must meet the following requirement: Generic Hydrocortisone 2.5% lotion in 120 days
SERNIVO TOPICAL SPRAY WITH PUMP 0.05 %	Tier 3	ST: Must meet the following requirement: Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment in 120 days
SYNALAR CREAM KIT TOPICAL CREAM 0.025 %	Tier 3	QL (375 GM per 30 days)
SYNALAR OINTMENT KIT TOPICAL COMBO PACK,OINTMENT AND CREAM 0.025 %	Tier 3	QL (375 GM per 30 days)
SYNALAR TOPICAL CREAM 0.025 % (fluocinolone)	Tier 3	
SYNALAR TOPICAL OINTMENT 0.025 % (fluocinolone)	Tier 3	
SYNALAR TOPICAL SOLUTION 0.01 % (fluocinolone)	Tier 3	
SYNALAR TS TOPICAL KIT 0.01 %	Tier 3	
TETOXIA TOPICAL CREAM 0.01-4 % (fluocinolone-niacinamide)	Tier 3	
TEXACORT TOPICAL SOLUTION 2.5 %	Tier 2	ST: Must meet the following requirement: Generic Hydrocortisone 2.5% lotion in 120 days
TOPICORT TOPICAL CREAM 0.05 %, 0.25 % (desoximetasone)	Tier 3	
TOPICORT TOPICAL GEL 0.05 % (desoximetasone)	Tier 3	
TOPICORT TOPICAL OINTMENT 0.05 %, 0.25 % (desoximetasone)	Tier 3	

Drug	Status	Notes
TOPICORT TOPICAL SPRAY, NON-AEROSOL 0.25 % (desoximetasone)	Tier 3	ST: Must meet any of the following requirements: Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol (except foam, shampoo), Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (ointment, cream) in 120 days
TOVET EMOLLIENT TOPICAL FOAM 0.05 % (clobetasol-emollient)	Tier 3	
TOVET KIT TOPICAL COMBO PACK 0.05 %	Tier 3	
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i> (Kenalog)	Tier 1	
<i>triamcinolone acetonide topical cream 0.025 %</i>	Tier 1	
<i>triamcinolone acetonide topical cream 0.1 %</i> (Triderm)	Tier 1	
<i>triamcinolone acetonide topical cream 0.5 %</i> (Triderm)	Tier 1	QL (454 GM per 30 days)
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	Tier 1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	Tier 1	
<i>triamcinolone acetonide topical ointment 0.05 %</i> (Trianex)	Tier 1	QL (430 GM per 30 days)
TRIANEX TOPICAL OINTMENT 0.05 % (triamcinolone acetonide)	Tier 1	QL (430 GM per 30 days)
TRIASIL TOPICAL KIT 0.1 %- 4" X 4"	Tier 3	
TRIDERM TOPICAL CREAM 0.1 % (triamcinolone acetonide)	Tier 1	
TRIDERM TOPICAL CREAM 0.5 % (triamcinolone acetonide)	Tier 1	QL (454 GM per 30 days)
ULTRAVATE TOPICAL LOTION 0.05 %	Tier 3	ST: Must meet any of the following requirements: Betamethasone augmented (ointment, gel, lotion), Fluocinonide 0.1% cream, Clobetasol (spray, lotion, gel, ointment, cream, solution) or Halobetasol 0.05% (cream, ointment) in 120 days; QL (120 ML per 30 days)
VANOS TOPICAL CREAM 0.1 % (fluocinonide)	Tier 3	

Drug	Status	Notes
VERDESO TOPICAL FOAM 0.05 %	Tier 3	ST: Must meet the following requirement: Fluocinolone Acetonide 0.01% body oil in 120 days
WHYTEDERM TDKIT TOPICAL KIT 0.1-2 %	Tier 3	
WHYTEDERM TRILASIL PAK TOPICAL KIT 0.1-2 %	Tier 3	
XILAPAK TOPICAL KIT 0.01 %	Tier 3	
Topical Anti-Inflammatory, Nsaids		
CAPSFENAC PAK TOPICAL KIT, CREAM AND SOLUTION 1.5-0.025 %	Tier 3	
CAPSINAC TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5- 0.025 %	Tier 3	
CLOFENAX TOPICAL KIT 1.5 %	Tier 3	
DERMACINRX LEXITRAL TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %	Tier 3	
<i>diclofenac epolamine transdermal patch</i> (Flector) 12 hour 1.3 %	Tier 1	
<i>diclofenac sodium topical drops</i> 1.5 %	Tier 1	MO
<i>diclofenac sodium topical gel</i> 1 % (Aleve (diclofenac))	Tier 1	MO
<i>diclofenac sodium topical solution in</i> (Pennsaid) <i>metered-dose pump 20 mg/gram</i> <i>actuation(2 %)</i>	Tier 1	PA
DICLOFEX DC TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5- 0.025 %	Tier 3	
DICLOFONO TOPICAL GEL IN PACKET 1.6 %	Tier 3	
DICLOGEN TOPICAL KIT 1.5-10-4 %	Tier 3	
DICLOPR TOPICAL COMBO PACK,CREAM AND GEL 1-30-10 %	Tier 3	
DICLOSAICIN TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5- 0.025 %	Tier 3	
DICLOTRAL TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5- 0.025 %	Tier 3	
DICLOTREX TOPICAL KIT 1.5-10-4 %	Tier 3	
DIMENTHO TOPICAL KIT 1.5-10 %	Tier 3	
DITHOL TOPICAL COMBO PACK 1.5- 10 %	Tier 3	
FENOVAR TOPICAL KIT, CREAM AND SOLUTION 1.5-15-10 %	Tier 3	

Drug	Status	Notes
FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 % (diclofenac epolamine)	Tier 3	
FROTEK TOPICAL CREAM IN PACKET 10 %	Tier 3	
FROTEK TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %	Tier 3	
ICLOFENAC CP TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %	Tier 3	
INFLAMMA-K TOPICAL KIT, PATCH, SOLUTION DROPS 1.5-10-6-3.1 %	Tier 3	
LICART TRANSDERMAL PATCH 24 HOUR 1.3 %	Tier 3	ST: Must meet the following requirement: Diclofenac Epolamine patch in 120 days; QL (1 EA per 1 day)
PROFINAC TOPICAL KIT 1.5 %	Tier 3	
ROAOXIA TOPICAL GEL 3-2-4 % (diclofenac-hyaluronate-niacin)	Tier 3	
SURE RESULT DSS PREMIUM PACK TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %	Tier 3	
VAROPHEN (DICLOFENAC) TOPICAL KIT, CREAM AND SOLUTION 1.5-15-10 %	Tier 3	
VENNGEL ONE TOPICAL KIT 1 %	Tier 1	
XRYLIX (DICLOFENAC-KINES TAPE) TOPICAL KIT 1.5 %	Tier 3	
ZICLOCIN TOPICAL KIT, CREAM AND SOLUTION 1.5-0.025 %	Tier 3	
ZICLOPRO TOPICAL COMBO PACK,SOLUTION AND CREAM 1.5-0.025 %	Tier 3	
Topical Janus Kinase (Jak) Inhibitors		
OPZELURA TOPICAL CREAM 1.5 %	Tier 2	PA
Dermatology - Antipruritic Drugs		
Antipruritics, Topical		
doxepin topical cream 5 % (Prudoxin)	Tier 1	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
LEVICYN ANTIPRURITIC TOPICAL GEL	Tier 3	

Drug	Status	Notes
Dermatology - Miscellaneous		
Antiperspirants		
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 % (aluminum chloride)	Tier 2	
DRYSOL TOPICAL SOLUTION 20 % (aluminum chloride)	Tier 2	
Antiseborrheic Agents		
LOUTREX TOPICAL CREAM	Tier 1	
MICURADERM TOPICAL EMULSION	Tier 3	
OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 % (sulfacetamide sodium)	Tier 2	
OVACE PLUS TOPICAL CLEANSER 10 % (sulfacetamide sodium)	Tier 3	
OVACE PLUS TOPICAL CREAM 10 %	Tier 3	
OVACE PLUS TOPICAL LOTION 9.8 %	Tier 3	ST: Must meet the following requirement: Ciclopirox (shampoo or gel) or Ketoconazole (shampoo or cream) in 120 days
OVACE PLUS WASH TOPICAL CLEANSER, GEL 10 % (sulfacetamide sodium)	Tier 3	
OVACE TOPICAL CLEANSER 10 % (sulfacetamide sodium)	Tier 3	
PLEXION NS TOPICAL SHAMPOO 9.8 % (sulfacetamide sodium)	Tier 3	
PROMISEB TOPICAL CREAM	Tier 3	
<i>selenium sulfide topical lotion 2.5 %</i>	Tier 1	
<i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>	Tier 1	
<i>sulfacetamide sodium topical cleanser 10 %</i> (Ovace)	Tier 1	
<i>sulfacetamide sodium topical cleanser, gel 10 %</i> (Ovace Plus Wash)	Tier 1	
<i>sulfacetamide sodium topical shampoo 10 %</i> (Ovace Plus Shampoo)	Tier 1	
<i>sulfacetamide sodium topical shampoo 9.8 %</i> (Plexion NS)	Tier 1	
TERSI FOAM TOPICAL FOAM 2.25 %	Tier 3	
Antiseptics, Miscellaneous		
<i>guaiacol liquid</i>	Tier 3	
Emollients		
<i>ammonium lactate topical cream 12 %</i>	Tier 1	
<i>ammonium lactate topical lotion 12 %</i> (AmLactin)	Tier 1	
ATRAPRO CP TOPICAL COMBO PACK, CREAM AND GEL	Tier 3	
ATRAPRO HYDROGEL TOPICAL GEL	Tier 3	

Drug	Status	Notes
AVO CREAM TOPICAL EMULSION	Tier 1	
CELACYN TOPICAL GEL WITH PUMP	Tier 3	
CERACADE TOPICAL EMULSION	Tier 3	
CERAMAX TOPICAL CREAM	Tier 3	
CERAMAX TOPICAL LOTION	Tier 3	
DERMASO PLUS TOPICAL CREAM	Tier 3	
DEXERYL TOPICAL CREAM	Tier 3	
EMULSION SB TOPICAL EMULSION	Tier 1	
ENTTY TOPICAL SPRAY, NON- AEROSOL	Tier 3	
EPICERAM TOPICAL EMULSION, EXTENDED RELEASE	Tier 3	
HALUCORT TOPICAL GEL	Tier 3	
HAPRODERM TOPICAL GEL	Tier 3	
HPR PLUS HYDROGEL TOPICAL KIT, CREAM AND GEL	Tier 1	
HPR PLUS TOPICAL CREAM	Tier 3	
HPR PLUS TOPICAL FOAM	Tier 3	
HPR PLUS-MB HYDROGEL TOPICAL COMBO PACK, GEL AND FOAM 96.53- 3-0.4 -0.066 %	Tier 1	
HPR TOPICAL FOAM	Tier 3	
KERASTAT TOPICAL CREAM	Tier 3	
KERASTAT TOPICAL GEL 5 %	Tier 3	
LEVICYN ANTIPRURITIC SG TOPICAL SPRAY GEL	Tier 3	
LOYON TOPICAL SPRAY, NON- AEROSOL	Tier 3	
LUXAMEND TOPICAL CREAM	Tier 3	
MB HYDROGEL (CYCLOMETHICONE) TOPICAL KIT, CREAM AND GEL	Tier 1	
MB HYDROGEL TOPICAL KIT, CREAM AND GEL 96.53-3-0.4 -0.066 %	Tier 1	
MIMYX TOPICAL CREAM	Tier 3	
NEOSALUS TOPICAL CREAM	Tier 3	
NEOSALUS TOPICAL LOTION	Tier 3	
NUTRASEB TOPICAL CREAM	Tier 3	
PRESERA TOPICAL FOAM	Tier 3	
PRUCLAIR TOPICAL CREAM	Tier 1	
PRUMYX TOPICAL CREAM	Tier 1	
SEBUDERM TOPICAL GEL	Tier 3	
SONAFINE TOPICAL EMULSION	Tier 1	
XCLAIR TOPICAL CREAM	Tier 3	

Drug	Status	Notes
Hypertrichotic Agents, Systemic/Incl. Combinations		
LITFULO ORAL CAPSULE 50 MG	Tier 4	PA; MO
Iodine Antiseptics		
BETADINE OPHTHALMIC PREP (povidone-iodine) OPHTHALMIC (EYE) SOLUTION 5 %	Tier 3	
<i>povidone-iodine ophthalmic (eye) solution 5 %</i> (Betadine Ophthalmic Prep)	Tier 1	
Irrigants		
<i>acetic acid irrigation solution 0.25 %</i>	Tier 1	
<i>lactated ringers irrigation solution</i>	Tier 3	
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	Tier 1	
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L	Tier 3	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L	Tier 3	
<i>ringer's irrigation solution</i>	Tier 1	
<i>sodium chloride irrigation solution 0.9 %</i> (Sterile Saline)	Tier 1	
<i>sorbitol irrigation solution 3 %</i>	Tier 1	
<i>sorbitol-mannitol transurethral solution 2.7-0.54 gram/100 ml</i>	Tier 1	
TIS-U-SOL PENTALYTE IRRIGATION IRRIGATION SOLUTION 800-40-20-8.75- 6.25 MG/100 ML	Tier 3	
VASHE IRRIGATION IRRIGATION SOLUTION 0.033 %	Tier 3	
<i>water for irrigation, sterile irrigation solution</i> (Curity Sterile Water)	Tier 1	
Irritants/Counter-Irritants		
<i>cantharidin in acetone topical solution 0.7 %</i>	Tier 1	
<i>methyl salicylate oil</i> (Wintergreen Oil)	Tier 1	
<i>methyl salicylate topical liquid</i>	Tier 1	
QUTENZA TOPICAL KIT 8 %	Tier 3	PA
WINTERGREEN OIL OIL (methyl salicylate)	Tier 1	
YCANTH TOPICAL SOLUTION WITH APPLICATOR 0.7 %	Tier 3	PA
Keratolytics		
BENZEPRO (MICROSPHERES) TOPICAL CLEANSER 7 %	Tier 1	
BENZEPRO TOPICAL TOWELETTE 6 %	Tier 1	
<i>benzoyl peroxide topical cleanser 7 %</i> (BP Wash)	Tier 1	

Drug	Status	Notes
<i>benzoyl peroxide topical foam 9.8 %</i> (BenzePrO)	Tier 1	
BPO TOPICAL GEL 8 % (benzoyl peroxide)	Tier 1	
CEM-UREA TOPICAL GEL 45 % (urea)	Tier 1	
CONDYLOX TOPICAL GEL 0.5 % (podofilox)	Tier 3	ST: Must meet the following requirement: Podofilox 0.5% solution in 120 days; QL (0.5 GM per 1 day)
HYDRO 35 TOPICAL FOAM 35 % (urea)	Tier 3	
HYDRO 40 TOPICAL FOAM 40 %	Tier 3	
KERALYT TOPICAL SHAMPOO 6 % (salicylic acid)	Tier 3	
METDRAY TOPICAL GEL 17-2 %	Tier 3	
NENDRUX TOPICAL GEL 40-5 %	Tier 3	
PACNEX HP TOPICAL PADS, MEDICATED 7 %	Tier 3	
PACNEX LP TOPICAL PADS, MEDICATED 4.25 %	Tier 3	
PODOCON TOPICAL LIQUID 25 %	Tier 1	
<i>podofilox topical gel 0.5 %</i> (Condylox)	Tier 1	ST: Must meet the following requirement: Podofilox 0.5% solution in 120 days; QL (0.5 GM per 1 day)
<i>podofilox topical solution 0.5 %</i>	Tier 1	QL (0.5 ML per 1 day)
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 %	Tier 1	
PRONAL TOPICAL GEL 10-40 %	Tier 3	
RAYASAL TOPICAL CREAM 5.9 %	Tier 3	
RYNODERM TOPICAL CREAM 37.5 %	Tier 3	
SALICATE TOPICAL LIQUID 10 %	Tier 3	
<i>salicylic acid topical cream 6 %</i> (Salimez)	Tier 1	
<i>salicylic acid topical cream, extended release 6 %</i>	Tier 1	
<i>salicylic acid topical film forming liquid w/appl 27.5 %</i> (Virasal)	Tier 1	
<i>salicylic acid topical film-forming soln er w/ appl 28.5 %</i> (UltraSal-ER)	Tier 1	
<i>salicylic acid topical foam 6 %</i> (Salvax)	Tier 1	
<i>salicylic acid topical gel 6 %</i> (Salynta)	Tier 1	
<i>salicylic acid topical liquid 26 %</i>	Tier 1	
<i>salicylic acid topical lotion 6 %</i>	Tier 1	
<i>salicylic acid topical lotion, extended release 6 %</i>	Tier 1	
<i>salicylic acid topical ointment 3 %</i>	Tier 1	

Drug	Status	Notes
<i>salicylic acid topical shampoo 6 %</i> (Keralyt)	Tier 1	
<i>salicylic acid-ceramides no.1 topical kit,cleanser and cream er 6 %</i>	Tier 1	
SALIMEZ FORTE TOPICAL CREAM 10 %	Tier 3	
SALIMEZ TOPICAL CREAM 6 % (salicylic acid)	Tier 3	
SALVAX DUO PLUS TOPICAL FOAM 6-35 %	Tier 3	
SALVAX TOPICAL FOAM 6 % (salicylic acid)	Tier 1	
SALYCIM TOPICAL CREAM 6 % (salicylic acid)	Tier 3	
SALYNTRA TOPICAL GEL 6 % (salicylic acid)	Tier 1	
<i>silver nitrate applicators topical stick 75-25 %</i>	Tier 1	
<i>silver nitrate topical solution 10 %</i>	Tier 1	
ULTRASAL-ER TOPICAL FILM-FORMING SOLN ER W/ APPL 28.5 % (salicylic acid)	Tier 3	
URAMAXIN GT TOPICAL GEL 45 % (urea)	Tier 3	
URAMAXIN GT TOPICAL KIT,CREAM AND GEL 45 %	Tier 3	
URAMAXIN TOPICAL CREAM 45 % (urea)	Tier 3	
URAMAXIN TOPICAL FOAM 20 %	Tier 3	
URAMAXIN TOPICAL GEL 45 % (urea)	Tier 3	
URAMAXIN TOPICAL LOTION 45 % (urea)	Tier 3	
UREA NAIL STICK TOPICAL SOLUTION 50 % (urea)	Tier 1	
<i>urea topical cream 39 %</i> (Uredeb)	Tier 1	
<i>urea topical cream 39.5 %, 40 %, 41 %, 47 %</i>	Tier 1	
<i>urea topical cream 45 %</i> (Uramaxin)	Tier 1	
<i>urea topical cream 50 %</i> (Ure-K)	Tier 1	
<i>urea topical foam 35 %</i> (Hydro 35)	Tier 1	
<i>urea topical gel 45 %</i> (CEM-Urea)	Tier 1	
<i>urea topical lotion 40 %</i>	Tier 1	
UREDEB TOPICAL CREAM 39 % (urea)	Tier 3	
VIRASAL TOPICAL FILM FORMING LIQUID W/APPL 27.5 % (salicylic acid)	Tier 3	
XALIX TOPICAL FILM-FORMING SOLN ER W/ APPL 28 %	Tier 3	
XUREA TOPICAL CREAM 39 % (urea)	Tier 3	
Oxidizing Agents		
ATRAPRO DERMAL SPRAY TOPICAL SPRAY,NON-AEROSOL 0.003-0.004 %	Tier 3	

Drug	Status	Notes
DELUO TOPICAL SPRAY, NON-AEROSOL 0.018 %-0.004 % -0.06 %	Tier 3	
EPICYN TOPICAL SPRAY, NON-AEROSOL	Tier 3	
HYCLODEX TOPICAL SPRAY, NON-AEROSOL 0.012 %-0.002 % -0.046 %	Tier 3	
HYPOCYN ANTIPRURITIC TOPICAL SPRAY GEL 0.012 %	Tier 3	
HYPOCYN DERMAL TOPICAL SPRAY, NON-AEROSOL 0.012 %-0.002 % -0.046 %	Tier 3	
LEVICYN DERMAL TOPICAL SPRAY, NON-AEROSOL 0.009 %	Tier 3	
MICROCYN TOPICAL SPRAY, NON-AEROSOL 0.003 %-0.004 % -0.023 %	Tier 3	
Protectives		
DERMELLE TOPICAL GEL	Tier 3	
DERPIXA TOPICAL GEL	Tier 3	
GENADUR (WITH LEXINAL) KIT 2,500 MCG	Tier 3	
GENADUR TOPICAL LIQUID	Tier 3	
HYALO4 CARE CLEAR TOPICAL GEL 0.2 % (sodium hyaluronate)	Tier 3	
HYALO4 CARE TOPICAL GEL 0.2 % (sodium hyaluronate)	Tier 3	
JUVAZIN TOPICAL GEL	Tier 3	
PHARMABASE BARRIER TOPICAL OINTMENT 9.38 %	Tier 1	
PR CREAM TOPICAL CREAM	Tier 1	
PROSILK GEL TOPICAL GEL	Tier 3	
RADIAPLEXRX TOPICAL GEL	Tier 3	
RECEDO TOPICAL GEL	Tier 3	
SCARCARE TOPICAL KIT 2 X 5.5 "	Tier 3	
SCARSILK GEL TOPICAL GEL	Tier 3	
SCARTRATE TOPICAL CREAM 5-2.25 %	Tier 3	
STRATAMARK TOPICAL GEL	Tier 3	
STRATATRIZ TOPICAL GEL	Tier 3	
VASELINE WHITE PETROLEUM TOPICAL OINTMENT IN PACKET (white petrolatum)	Tier 1	
WOUNDGELHA MATRIX TOPICAL GEL 2.5 %	Tier 3	
<i>zinc oxide topical ointment 20 %</i> (Endit (zinc oxide))	Tier 1	
<i>zinc oxide topical paste 25 %</i>	Tier 1	

Drug	Status	Notes
Topical Anti-Inflammatory Nsaid-Local Anesthetic		
DICLOVIX TOPICAL KIT, PATCH, SOLUTION DROPS 1.5-2.5-4-2 %	Tier 3	
Topical Anti-Inflammatory Steroid-Local Anesthetic		
ANALPRAM-HC TOPICAL LOTION 2.5-1 %	Tier 2	
EPIFOAM TOPICAL FOAM 1-1 %	Tier 3	ST: Must meet the following requirement: Hydrocortisone/Pramoxine 2.5%-1% cream in 120 days
<i>hydrocortisone-pramoxine topical cream 2.35-1 %, 2.5-1 %</i>	Tier 1	
<i>lidocaine hcl-hydrocortison ac topical cream 3-0.5 %</i> (Lidocort)	Tier 1	
NOVACORT TOPICAL GEL WITH PERINEAL APPLICATOR 2-1 %	Tier 3	
PRAMOSONE TOPICAL CREAM 1-1 % (hydrocortisone-pramoxine)	Tier 2	ST: Must meet the following requirement: Hydrocortisone/Pramoxine 2.5%-1% cream in 120 days
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 %	Tier 2	
PRAMOSONE TOPICAL OINTMENT 1-1 %	Tier 2	ST: Must meet the following requirement: Hydrocortisone/Pramoxine 2.5%-1% cream in 120 days
PRAMOSONE TOPICAL OINTMENT 2.5-1 % (hydrocortisone-pramoxine)	Tier 2	
Topical Antineoplastic & Premalignant Lesion Agnts		
<i>bexarotene topical gel 1 %</i> (Targretin)	Tier 3	PA
CARAC TOPICAL CREAM 0.5 % (fluorouracil)	Tier 3	PA
<i>diclofenac sodium topical gel 3 %</i>	Tier 1	QL (100 GM per 1 FILL)
EFUDEX TOPICAL CREAM 5 % (fluorouracil)	Tier 3	
FLUROPLEX TOPICAL CREAM 1 %	Tier 3	PA
<i>fluorouracil topical cream 0.5 %</i> (Carac)	Tier 1	PA
<i>fluorouracil topical cream 5 %</i> (Efudex)	Tier 1	
<i>fluorouracil topical solution 2 %, 5 %</i>	Tier 1	
KLISYRI TOPICAL OINTMENT IN PACKET 1 %	Tier 2	QL (5 EA per 1 FILL)
PANRETIN TOPICAL GEL 0.1 %	Tier 4	QL (60 GM per 28 days)

Drug	Status	Notes
TARGRETIN TOPICAL GEL 1 % (bexarotene)	Tier 4	PA
TOLAK TOPICAL CREAM 4 %	Tier 2	
VALCHLOR TOPICAL GEL 0.016 %	Tier 3	PA; MO
Topical Local Anesthetics		
ALADERM PLUS TOPICAL SPRAY, NON-AEROSOL	Tier 1	
ANACAINE TOPICAL OINTMENT 10 %	Tier 3	
ANASTIA TOPICAL LOTION 2.75 %	Tier 3	
ANODYNE LPT TOPICAL KIT 2.5-2.5 % (lidocaine-prilocaine)	Tier 1	
ASTERO TOPICAL GEL WITH PUMP 4 %	Tier 3	
CETACAINE ANESTHETIC TOPICAL LIQUID 2-2-14 %	Tier 3	
CETACAINE TOPICAL AEROSOL, SPRAY 2 %-2 %-14 % (200 MG/SEC)	Tier 3	
CRYODOSE TA MEDIUM STREAM SPR TOPICAL AEROSOL, SPRAY	Tier 3	
CRYODOSE TA MIST SPRAY TOPICAL AEROSOL, SPRAY	Tier 3	
DERMACINRX LIDOCAN TOPICAL ADHESIVE PATCH, MEDICATED 5 % (lidocaine)	Tier 1	QL (90 EA per 30 days)
DERMACINRX LIDOGEL TOPICAL GEL 2.8 %	Tier 3	
DERMACINRX LIDOREX TOPICAL GEL 2.8 %	Tier 3	
DERMACINRX PHN PAK TOPICAL KIT, PATCH, MEDICATED, CREAM 5 %	Tier 3	
DERMACINRX ZRM PAK TOPICAL KIT, PATCH, MEDICATED, CREAM 5-5 %	Tier 3	
DERMALID TOPICAL COMBO PACK 5 %	Tier 1	
DOLOTRANZ TOPICAL KIT, CREAM AND GEL 4-2.5-2.5 %	Tier 3	
ELEMAR TOPICAL KIT 5-6 %	Tier 3	
ENZNONUTY TOPICAL OINTMENT 10-10-20 %	Tier 3	
<i>ethyl chloride topical aerosol, spray 100 %</i>	Tier 1	
ILIDERM TOPICAL SPRAY, NON-AEROSOL	Tier 3	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL GEL 4-0.05-0.5 %	Tier 1	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL SOLUTION 4-0.05-0.5 % (lidocaine-racepinep-tetracaine)	Tier 1	

Drug	Status	Notes
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.09-0.5 %	Tier 1	
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.18-0.5 %	Tier 3	
LDO PLUS TOPICAL GEL WITH PUMP 4 %	Tier 3	
<i>lidocaine hcl laryngotracheal solution 4 %</i>	Tier 1	
<i>lidocaine hcl topical cream 3 %</i> (Lidopin)	Tier 1	
<i>lidocaine hcl topical lotion 3 %</i> (Lido-K)	Tier 1	
<i>lidocaine topical adhesive patch,medicated 5 %</i> (DermacinRx Lidocan)	Tier 1	QL (90 EA per 30 days)
<i>lidocaine topical ointment 5 %</i>	Tier 1	QL (240 GM per 30 days)
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	Tier 1	
<i>lidocaine-prilocaine topical kit 2.5-2.5 %</i> (Anodyne LPT)	Tier 1	
<i>lidocaine-racepinep-tetracaine topical solution 4-0.05-0.5 %</i> (L.E.T. (lido-epineph-tetra))	Tier 1	
<i>lidocaine-tetracaine topical cream 7-7 %</i> (Pliaglis)	Tier 1	
LIDOCAN III TOPICAL ADHESIVE PATCH,MEDICATED 5 % (lidocaine)	Tier 1	QL (90 EA per 30 days)
LIDOCAN IV TOPICAL ADHESIVE PATCH,MEDICATED 5 % (lidocaine)	Tier 1	QL (90 EA per 30 days)
LIDOCAN V TOPICAL ADHESIVE PATCH,MEDICATED 5 % (lidocaine)	Tier 1	QL (90 EA per 30 days)
LIDODERM TOPICAL ADHESIVE PATCH,MEDICATED 5 % (lidocaine)	Tier 3	QL (90 EA per 30 days)
LIDOPIN TOPICAL CREAM 3 % (lidocaine hcl)	Tier 3	
LIDOPIN TOPICAL CREAM 3.25 %	Tier 3	
LIDOPURE PATCH TOPICAL COMBO PACK 5 %	Tier 1	
LIDORX TOPICAL GEL WITH PUMP 3 %	Tier 3	
LIDORXKIT TOPICAL COMBO PACK,OINTMENT AND CREAM 5 %	Tier 3	
LIDTOPIC MAX TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %	Tier 3	
LIDTOPIC TOPICAL CREAM, METERED-DOSE APPLICATOR 7.5 %	Tier 3	
LMR PLUS TOPICAL KIT 5-6 %	Tier 3	
MENTHO-CAINE TOPICAL KIT,OINTMENT AND SPRAY 5-8 %	Tier 3	
MOXICAINE TOPICAL KIT 5 %	Tier 1	
NUMBONEX TOPICAL LOTION 2.75 %	Tier 3	

Drug	Status	Notes
NYNUTEY TOPICAL CREAM 23-7 %	Tier 3	
PAIN EASE MEDIUM STREAM SPRAY TOPICAL AEROSOL,SPRAY	Tier 3	
PAIN EASE MIST SPRAY TOPICAL AEROSOL,SPRAY	Tier 3	
PAINGO KFT TOPICAL CREAM 2.5- 2.5-30-10 %	Tier 3	
PRAKETAMIDE TOPICAL CREAM, METERED-DOSE APPLICATOR 5 %	Tier 3	
PRILO PATCH TOPICAL KIT, PATCH, MEDICATED, CREAM 5-2.5-2.5 %	Tier 3	
PROXIVOL TOPICAL GEL 2 %	Tier 3	
REGENECARE TOPICAL GEL 2 %	Tier 3	
REGENECARE WITH ALOE TOPICAL GEL 2 %	Tier 3	
SOLUPAK TOPICAL KIT,OINTMENT AND SPRAY 5-10-3 %	Tier 3	
SPRAY AND STRETCH TOPICAL AEROSOL,SPRAY	Tier 3	
TRANZAREL TOPICAL GEL 4 %	Tier 3	
WPR PLUS TOPICAL KIT,CREAM AND GEL 4-30-10 %	Tier 3	
XYLIDERM TOPICAL KIT 5 %	Tier 3	
ZILACAINE PATCH TOPICAL COMBO PACK 5 %	Tier 3	
ZILOVAL TOPICAL KIT 5 %	Tier 1	
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 %	Tier 3	ST: Must meet the following requirement: Lidocaine 5% patch in 120 days; QL (90 EA per 30 days)
Topical Preparations,Miscellaneous		
MEDIHONEY (HONEY) TOPICAL PASTE 100 %	Tier 3	
<i>sodium chloride topical solution 0.9 %</i> (Saljet Saline Rinse)	Tier 1	
Topical/Mucous Membr./Subcut. Enzymes		
HYQVIA HY COMPONENT SUBCUTANEOUS SOLUTION 1,600 UNIT/10 ML, 2,400 UNIT/15 ML, 200 UNIT/1.25 ML, 400 UNIT/2.5 ML, 800 UNIT/5 ML	Tier 3	MO
NEXOBRID POWDER COMPONENT TOPICAL POWDER	Tier 3	
NEXOBRID TOPICAL GEL 8.8 %	Tier 3	

Drug	Status	Notes
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	Tier 3	PA
Dermatology - Pigmentation Disorders		
Hypopigmentation Agents		
BLANCHE TOPICAL CREAM 4 % (hydroquinone)	Tier 3	
<i>hydroquinone topical cream 4 %</i> (Obagi Elastiderm)	Tier 1	
KATARAXAP TOPICAL EMULSION 4-0.025-0.025 %	Tier 3	
KATARVIA TOPICAL EMULSION 4-0.025 %	Tier 3	
KATARYA TOPICAL EMULSION 4-0.025-0.5 % (hydroquin-tretinoin-hydrocort)	Tier 3	
KATARYAXN TOPICAL EMULSION 4-0.025-0.5 % (hydroquin-tretinoin-hydrocort)	Tier 3	
KAXM TOPICAL EMULSION 4 % (hydroquinone)	Tier 3	
KEIDO TOPICAL EMULSION 6-1 % (hydroquinone-hyaluronate)	Tier 3	
KETARYA TOPICAL EMULSION 6-0.025-0.5 % (hydroquin-tretinoin-hydrocort)	Tier 3	
KEVARAXAP TOPICAL EMULSION 6-0.05-0.025 %	Tier 3	
KEVARTIA TOPICAL EMULSION 6-0.05 %	Tier 3	
KEVARYA TOPICAL EMULSION 6-0.05-0.5 % (hydroquin-tretinoin-hydrocort)	Tier 3	
KEXM TOPICAL EMULSION 6 % (hydroquinone)	Tier 3	
KEYA TOPICAL EMULSION 6-0.5 % (hydroquinone-hydrocortisone)	Tier 3	
KOTARAXAP TOPICAL EMULSION 5-0.025-0.025 %	Tier 3	
KUTAR TOPICAL EMULSION 8-0.025 %	Tier 3	
KUTARVIA TOPICAL EMULSION 8-0.025 %	Tier 3	
KUTARYAXM TOPICAL EMULSION 8-0.025-0.5 % (hydroquin-tretinoin-hydrocort)	Tier 3	
KUTARYAXMPA TOPICAL EMULSION 8-0.025-0.5 % (hydroquin-tretinoin-hydrocort)	Tier 3	
KUTEA TOPICAL EMULSION 8 % (hydroquinone)	Tier 3	
KUVARYA TOPICAL EMULSION 8-0.05-0.5 % (hydroquin-tretinoin-hydrocort)	Tier 3	
KUVARYE TOPICAL EMULSION 8-0.05-1 % (hydroquin-tretinoin-hydrocort)	Tier 3	
KUXM TOPICAL EMULSION 8 % (hydroquinone)	Tier 3	

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

Drug	Status	Notes
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 3	PA; MO
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 3	PA; MO
SOTYKTU ORAL TABLET 6 MG	Tier 3	PA; MO
SPEVIGO SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 4	MO
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 3	PA; MO
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 3	PA; MO
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 3	PA; MO
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML, 80 MG/ML	Tier 3	PA; MO
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	Tier 3	PA; MO
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	Tier 3	PA; MO
Antipsoriatics Agents		
<i>calcipotriene scalp solution 0.005 %</i>	Tier 1	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
<i>calcipotriene topical cream 0.005 %</i>	Tier 1	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
<i>calcipotriene topical foam 0.005 %</i> (Sorilux)	Tier 1	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
<i>calcipotriene topical ointment 0.005 %</i>	Tier 1	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
<i>calcitriol topical ointment 3 mcg/gram</i> (Vectical)	Tier 1	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
DIOOXIA TOPICAL CREAM 0.005-4 %	Tier 3	

Drug	Status	Notes
DRITHOCREME HP TOPICAL CREAM 1 %	Tier 2	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
DUOBRII TOPICAL LOTION 0.01-0.045 %	Tier 3	ST: Must meet any of the following requirements: Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol (except foam, shampoo), Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (ointment, cream) in 120 days; QL (200 GM per 28 days)
SORILUX TOPICAL FOAM 0.005 % (calcipotriene)	Tier 3	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
<i>tazarotene topical cream 0.05 %</i> (Tazorac)	Tier 1	Age (Max 39 Years)
<i>tazarotene topical cream 0.1 %</i> (Tazorac)	Tier 1	
<i>tazarotene topical gel 0.05 %, 0.1 %</i> (Tazorac)	Tier 1	Age (Max 39 Years)
TAZORAC TOPICAL CREAM 0.05 % (tazarotene)	Tier 3	Age (Max 39 Years)
TAZORAC TOPICAL CREAM 0.1 % (tazarotene)	Tier 3	
TAZORAC TOPICAL GEL 0.05 %, 0.1 % (tazarotene)	Tier 3	Age (Max 39 Years)
TRIONEX TOPICAL KIT 0.005 %	Tier 3	
VECTICAL TOPICAL OINTMENT 3 MCG/GRAM (calcitriol)	Tier 3	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
VTAMA TOPICAL CREAM 1 %	Tier 3	PA
ZITHRANOL TOPICAL SHAMPOO 1 %	Tier 3	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
ZORYVE TOPICAL CREAM 0.3 %	Tier 3	PA
II-23 Receptor Antagonist, Monoclonal Antibody		
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML	Tier 4	PA; MO
OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML	Tier 4	PA; MO
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	Tier 3	PA; MO

Drug	Status	Notes
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	Tier 3	PA; MO
TREMFYA SUBCUTANEOUS SYRINGE 200 MG/2 ML	Tier 3	PA; MO
Topical Agents, Miscellaneous		
COLLATYL TOPICAL GEL 1 %	Tier 3	
L-MESITRAN SOFT TOPICAL GEL 40 %	Tier 3	
MEDIHONEY (HONEY) TOPICAL GEL 80 %	Tier 3	
MUSCUSOLICE TOPICAL CREAM, METERED-DOSE APPLICATOR 2 %, 5 %	Tier 3	
NEURAPTINE TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %	Tier 3	
OMEZA TOPICAL OINTMENT IN PACKET	Tier 3	
<i>urea topical cream 20 %</i> (Gormel)	Tier 1	
Topical Immunosuppressive Agents		
ELIDEL TOPICAL CREAM 1 % (pimecrolimus)	Tier 3	ST: Must meet any of the following requirements: Clobetasol (cream or ointment), Hydrocortisone (1% or 2.5% cream or ointment), generic Mometasone (cream or ointment), or Triamcinolone (0.1% or 0.5% ointment) in 120 days
HYFTOR TOPICAL GEL 0.2 %	Tier 4	PA; MO
NUJO TOPICAL SOLUTION 0.1 %	Tier 3	
NUJU TOPICAL CREAM 0.1 % (tacrolimus-vehicle base no.238)	Tier 3	
OXIANUJO (WITH HYALURONATE) TOPICAL CREAM 0.1-1-4 % (tacrolimus-hyaluronate-niacin)	Tier 3	
OXIANUJO TOPICAL OINTMENT 0.1-4 % (tacrolimus-niacinamide)	Tier 3	
<i>pimecrolimus topical cream 1 %</i> (Elidel)	Tier 1	ST: Must meet any of the following requirements: Clobetasol (cream or ointment), Hydrocortisone (1% or 2.5% cream or ointment), generic Mometasone (cream or ointment), or Triamcinolone (0.1% or 0.5% ointment) in 120 days

Drug	Status	Notes
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	Tier 1	ST: Must meet any of the following requirements: Clobetasol (cream or ointment), Hydrocortisone (1% or 2.5% cream or ointment), generic Mometasone (cream or ointment), or Triamcinolone (0.1% or 0.5% ointment) in 120 days
Topical Vit D Analog/Anti-inflammatory, Steroidal		
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	Tier 1	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
<i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i> (Taclonex)	Tier 1	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
DIOCHLOY TOPICAL SOLUTION 0.05-0.005 % (clobetasol-calcipotriene)	Tier 3	
ENSTILAR TOPICAL FOAM 0.005-0.064 %	Tier 3	ST: Must meet the following requirement: Calcipotriene/Betamethasone in 120 days
TACLONEX TOPICAL SUSPENSION 0.005-0.064 % (calcipotriene-betamethasone)	Tier 3	ST: Must meet the following requirement: Topical Anti-inflammatory Steroidal in 120 days
WYNZORA TOPICAL CREAM 0.005-0.064 %	Tier 3	ST: Must meet the following requirement: Calcipotriene/Betamethasone in 120 days
Diabetes		
Antihypergly, (Dpp-4) Inhibitor & Biguanide Comb.		
<i>alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg</i> (Kazano)	Tier 3	MO; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days; QL (2 EA per 1 day)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	Tier 2	MO; QL (2 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	Tier 2	MO; QL (1 EA per 1 day)

Drug	Status	Notes
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	Tier 2	MO; QL (2 EA per 1 day)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	Tier 3	MO; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days; QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	Tier 3	MO; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days; QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	Tier 3	MO; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days; QL (1 EA per 1 day)
KAZANO ORAL TABLET 12.5-1,000 MG, 12.5-500 MG (alogliptin-metformin)	Tier 3	MO; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days; QL (2 EA per 1 day)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg</i>	Tier 1	MO; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days; QL (2 EA per 1 day)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg</i>	Tier 1	MO; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days; QL (1 EA per 1 day)
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 3	MO; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days; QL (1 EA per 1 day)
OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG (alogliptin-pioglitazone)	Tier 3	MO; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days; QL (1 EA per 1 day)

Drug	Status	Notes
Antihypergly, Incretin Mimetic (Glp-1 Recep. Agonist)		
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	Tier 2	PA; MO; QL (0.85 ML per 7 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE (250 MCG/ML) 2.4 ML (exenatide)	Tier 2	PA; MO; QL (2.4 ML per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML (exenatide)	Tier 2	PA; MO; QL (1.2 ML per 30 days)
<i>liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)</i> (Victoza 2-Pak)	Tier 3	PA; MO; QL (9 ML per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	Tier 2	PA; MO; QL (3 ML per 28 days)
RYBELSUS ORAL TABLET 14 MG, 7 MG	Tier 2	PA; MO; QL (1 EA per 1 day)
RYBELSUS ORAL TABLET 3 MG	Tier 2	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 2	PA; MO; QL (2 ML per 28 days)
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) (liraglutide)	Tier 3	PA; MO; QL (9 ML per 30 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) (liraglutide)	Tier 3	PA; MO; QL (9 ML per 30 days)
Antihyperglycemic-Sod/Gluc Cotransport2(SglT2)Inhib		
<i>bexagliflozin oral tablet 20 mg</i> (Brenzavvy)	Tier 1	MO; ST: Must meet 2 of the following requirements: Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 365 days; QL (1 EA per 1 day)
BRENZAVVY ORAL TABLET 20 MG (bexagliflozin)	Tier 3	MO; ST: Must meet 2 of the following requirements: Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 365 days; QL (1 EA per 1 day)
FARXIGA ORAL TABLET 10 MG, 5 MG (dapagliflozin propanediol)	Tier 2	MO; QL (1 EA per 1 day)

Drug	Status	Notes
INPEFA ORAL TABLET 200 MG	Tier 3	MO; ST: Must meet 2 of the following requirements: Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 365 days; QL (2 EA per 1 day)
INPEFA ORAL TABLET 400 MG	Tier 3	MO; ST: Must meet 2 of the following requirements: Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 365 days; QL (1 EA per 1 day)
INVOKANA ORAL TABLET 100 MG, 300 MG	Tier 3	MO; ST: Must meet 2 of the following requirements: Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 365 days; QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	Tier 2	MO; QL (1 EA per 1 day)
STEGLATRO ORAL TABLET 15 MG, 5 MG	Tier 3	MO; ST: Must meet 2 of the following requirements: Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 365 days; QL (1 EA per 1 day)
Antihyperglycemic - Dopamine Receptor Agonists		
CYCLOSET ORAL TABLET 0.8 MG	Tier 3	MO; ST: Must meet any of the following requirements: Glipizide/metformin HCL, Glyburide/metformin HCL, Metformin HCL, or Riomet ER in 180 days
Antihyperglycemic - Incretin Mimetics Combination		
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	Tier 2	PA; MO; QL (0.5 ML per 7 days)
MOUNJARO SUBCUTANEOUS PEN INJECTOR 2.5 MG/0.5 ML	Tier 2	PA; QL (0.5 ML per 7 days)
Antihyperglycemic, Alpha-Glucosidase Inhib (N-S)		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)	Tier 1	MO
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	MO

Drug	Status	Notes
PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG (acarbose)	Tier 3	MO
Antihyperglycemic, Amylin Analog-Type		
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	Tier 2	MO
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	Tier 2	MO
Antihyperglycemic, Dpp-4 Inhibitors		
<i>alogliptin oral tablet 12.5 mg, 25 mg, 6.25 mg</i> (Nesina)	Tier 3	MO; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days; QL (1 EA per 1 day)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 2	MO; QL (1 EA per 1 day)
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG (alogliptin)	Tier 3	MO; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days; QL (1 EA per 1 day)
<i>saxagliptin oral tablet 2.5 mg, 5 mg</i>	Tier 1	MO; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days; QL (1 EA per 1 day)
<i>sitagliptin oral tablet 100 mg, 25 mg, 50 mg</i> (Zituvio)	Tier 3	MO; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days; QL (1 EA per 1 day)
TRADJENTA ORAL TABLET 5 MG	Tier 3	MO; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days; QL (1 EA per 1 day)
ZITUVIO ORAL TABLET 100 MG, 25 MG, 50 MG (sitagliptin)	Tier 3	MO; ST: Must meet any of the following requirements: Janumet, Janumet XR, or Januvia in 120 days; QL (1 EA per 1 day)
Antihyperglycemic, Insulin-Release Stimulant Type		
<i>glimepiride oral tablet 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	MO
<i>glipizide oral tablet 10 mg, 5 mg</i>	Tier 1	MO
<i>glipizide oral tablet 2.5 mg</i>	Tier 1	MO; QL (2 EA per 1 day)

Drug	Status	Notes
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i> (Glucotrol XL)	Tier 1	MO
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 2.5 MG, 5 MG (glipizide)	Tier 3	MO
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	Tier 1	MO
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	Tier 1	MO
<i>nateglinide oral tablet 120 mg, 60 mg</i>	Tier 1	MO
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	MO
Antihyperglycemic, Insulin-Response Enhancer (N-S)		
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG (pioglitazone)	Tier 3	MO
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	Tier 1	MO
Antihyperglycemic, Sglt-2 & Dpp-4 Inhibitor Comb.		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	Tier 2	MO; QL (1 EA per 1 day)
QTERN ORAL TABLET 10-5 MG, 5-5 MG	Tier 3	MO; ST: Must meet any of the following requirements: Farxiga, Janumet XR, Janumet, Januvia, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 120 days; QL (1 EA per 1 day)
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG	Tier 3	MO; ST: Must meet any of the following requirements: Farxiga, Janumet XR, Janumet, Januvia, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 120 days; QL (1 EA per 1 day)
Antihyperglycemic, Biguanide Type(Non-Sulfonylurea)		
DM2 COMBO PACK, TABLET AND STRIP 500 MG	Tier 3	
<i>metformin oral solution 500 mg/5 ml</i> (Riomet)	Tier 1	MO
<i>metformin oral tablet 1,000 mg, 500 mg, 625 mg, 850 mg</i>	Tier 1	MO
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	Tier 1	MO

Drug	Status	Notes
<i>metformin oral tablet extended release 24hr 1,000 mg, 500 mg</i>	Tier 1	MO
<i>metformin oral tablet,er gast.retention 24 hr 1,000 mg, 500 mg</i> (Glumetza)	Tier 1	MO; ST: Must meet the following requirement: Metformin Hcl in 120 days
RIOMET ORAL SOLUTION 500 MG/5 ML (metformin)	Tier 3	MO
Antihyperglycemic,Insulin & Glp-1 Receptor Agonist		
SOLQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	Tier 2	MO; QL (30 ML per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	Tier 2	MO; QL (15 ML per 28 days)
Antihyperglycemic,Insulin-Rel Stim.& Biguanide Cmb		
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	MO
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	MO
Antihyperglycemic,Insulin-Response & Release Comb.		
DUETACT ORAL TABLET 30-2 MG, 30-4 MG (pioglitazone-glimepiride)	Tier 3	MO; ST: Must meet any of the following requirements: Metformin, preferred Sulfonylurea or preferred Metformin/Sulfonylurea combination in 120 days
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i> (DUETACT)	Tier 1	MO; ST: Must meet any of the following requirements: Metformin, preferred Sulfonylurea or preferred Metformin/Sulfonylurea combination in 120 days
Antihyperglycemic-Glucocorticoid Receptor Blocker		
KORLYM ORAL TABLET 300 MG (mifepristone)	Tier 3	PA; MO
<i>mifepristone oral tablet 300 mg</i> (Korlym)	Tier 3	PA; MO
Antihyperglycemic-SglT2 Inhibitor & Biguanide Comb		
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	Tier 3	MO; ST: Must meet 2 of the following requirements: Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 365 days; QL (2 EA per 1 day)

Drug	Status	Notes	
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	Tier 3	MO; ST: Must meet 2 of the following requirements: Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 365 days; QL (2 EA per 1 day)	
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG	Tier 3	MO; ST: Must meet 2 of the following requirements: Farxiga, Jardiance, Synjardy XR, Synjardy, or Xigduo XR in 365 days; QL (2 EA per 1 day)	
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	Tier 2	MO; QL (2 EA per 1 day)	
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	Tier 2	MO; QL (1 EA per 1 day)	
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	Tier 2	MO; QL (2 EA per 1 day)	
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG	(dapaglifloz propaned-metformin)	Tier 2	MO; QL (1 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG, 5-500 MG	Tier 2	MO; QL (1 EA per 1 day)	
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	Tier 2	MO; QL (2 EA per 1 day)	
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	(dapaglifloz propaned-metformin)	Tier 2	MO; QL (2 EA per 1 day)
Antihyperglycm,Insul-Resp.Enhancer & Biguanide Cmb			
ACTOPLUS MET ORAL TABLET 15-850 MG	(pioglitazone-metformin)	Tier 3	MO; ST: Must meet any of the following requirements: Metformin, preferred Sulfonylurea or preferred Metformin/Sulfonylurea combination in 120 days
<i>pioglitazone-metformin oral tablet 15-500 mg</i>		Tier 1	MO; ST: Must meet any of the following requirements: Metformin, preferred Sulfonylurea or preferred Metformin/Sulfonylurea combination in 120 days

Drug	Status	Notes
<i>pioglitazone-metformin oral tablet 15-850 mg</i> (Actoplus MET)	Tier 1	MO; ST: Must meet any of the following requirements: Metformin, preferred Sulfonylurea or preferred Metformin/Sulfonylurea combination in 120 days
Antihypergly-Sglt-2 Inhib,Dpp-4 Inhib,Biguanide Cb		
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	Tier 2	MO; QL (1 EA per 1 day)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	Tier 2	MO; QL (2 EA per 1 day)
Blood Sugar Diagnostics		
ACCU-CHEK AVIVA PLUS TEST STRP STRIP (blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
ACCU-CHEK GUIDE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
ACCU-CHEK SMARTVIEW TEST STRIP STRIP (blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
ACCUTREND GLUCOSE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
ADVANCED GLUC METER TEST STRIP STRIP (blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
ADVOCATE REDI-CODE PLUS STRIP (blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
AGAMATRIX AMP TEST STRIPS STRIP (blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
AGAMATRIX PRESTO TEST STRIPS STRIP (blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
ASSURE 4 STRIPS STRIP (blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
ASSURE PLATINUM TEST STRIP STRIP (blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
ASSURE PRISM MULTI STRIP STRIP (blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
BIONIME RIGHTEST TEST STRIPS STRIP (blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
BLOOD GLUCOSE TEST STRIP (blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
BLULINK GLUCOSE TEST STRIP STRIP (blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
BREEZE 2 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)

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

Drug		Status	Notes
EASYMAX 15 TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
EASYMAX STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
ELEMENT COMPACT TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
ELEMENT TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
EMBRACE BLOOD GLUCOSE SYSTEM STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
EMBRACE EVO TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
EMBRACE PRO TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
EMBRACE TALK TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
EMBRACE WAVE GLUCOSE TEST STRP STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
EVENCARE G2 STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
EVENCARE G3 TEST STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
EVENCARE MINI GLUCOSE TEST STR STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
EVENCARE PROVIEW TEST STRIP STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
EVENCARE TEST STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
EVOLUTION TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
EZ SMART PLUS TEST STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
EZ SMART TEST STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
FORA 6 CONNECT GLUCOSE STRIP STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
FORA 6CONN-GTEL-TN'G ADV STRIP STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
FORA D15G STRIPS STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
FORA D20 STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
FORA D40-G31 TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
FORA G20 STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)

Drug		Status	Notes
FORA G30-PREMIUM V10 TEST STRP STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
FORA GD50 TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
FORA GTEL GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
FORA TEST STRIP STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
FORA TN'G ADVAN PRO TEST STRIP STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
FORA TN'G VOICE TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
FORA V10 STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
FORA V10-V12-D10-D20 STRIPS STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
FORA V12 GLUCOSE STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
FORA V20 STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
FORA V30A STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
FORACARE GD20 STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
FORACARE GD40 TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
FREESTYLE INSULINX STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
FREESTYLE INSULINX TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
FREESTYLE LITE STRIPS STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
FREESTYLE PRECISION NEO STRIPS STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
FREESTYLE TEST STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
GE100 BLOOD GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
GE333 BLOOD GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
GENULTIMATE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
GLUCO NAVII TEST STRIP STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
GLUCOCARD 01 SENSOR PLUS STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)

Drug		Status	Notes
GLUCOCARD EXPRESSION STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
GLUCOCARD SHINE TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
GLUCOCARD VITAL SENSOR STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
GLUCOCARD VITAL TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
GLUCOCOM GLUCOSE STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
GM100 STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
GOJJI BLOOD GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
GOODLIFE AC-302 TEST STRIP STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
HARMONY GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
HEALTHPRO TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
IHEALTH GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
INFINITY TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
MICRO BLOOD GLUCOSE STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
MICRODOT BLOOD GLUCOSE SYSTEM STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
MICRODOT XTRA BLOOD GLUCOSE STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
MYGLUCOHEALTH STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
NEUTEK 2TEK TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
NOVA MAX GLUCOSE TEST STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
ON CALL EXPRESS TEST STRIP STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
ONETOUCH ULTRA TEST STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
ONETOUCH VERIO TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
OPTIUM EZ STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
OPTIUM TEST STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)

Drug		Status	Notes
PHARMACIST CHOICE STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
PIP BLOOD GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
PLATINUM TEST STRIP STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
PRECISION PCX PLUS TEST STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
PRECISION PCX TEST STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
PRECISION POINT OF CARE TEST STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
PRECISION Q-I-D TEST STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
PRECISION XTRA TEST STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
PREMIER TEST STRIP STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
PREMIUM V10 STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
PRO VOICE V8-V9 TEST STRIP STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
PRODIGY NO CODING STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
PTS PANELS EGLU TEST STRIP STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
QUINTET AC STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
QUINTET GLUCOSE TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
REFUAH PLUS STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
RELION CONFIRM-MICRO STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
RELION PRIME TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
RELION ULTIMA STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
REVEAL TEST STRIP STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
RIGHTEST GS550 TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
RIGHTEST GS700 TEST STRIP STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
RIGHTEST GT333 TEST STRIP STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)

Drug		Status	Notes
RIGHTEST MAX TEST STRIP STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
SMART SENSE TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
SMARTEST TEST STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
SOLUS V2 TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
SURE-TEST EASYPLUS MINI STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
TD GOLD TEST STRIP STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
TELCARE TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
TEST N'GO TEST STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
TRUE METRIX GLUCOSE TEST STRIP STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
TRUE METRIX PRO TEST STRIP STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
TRUETEST TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
TRUETRACK TEST STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
ULTIMA TEST STRIPS STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
ULTRATRAK STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
ULTRATRAK ULTIMATE STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
UNISTRIP1 TEST STRIP STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
VIVAGUARD INO TEST STRIP STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
WAVESENSE JAZZ STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
WAVESENSE PRESTO STRIP	(blood sugar diagnostic)	Tier 6	MO; QL (200 EA per 30 days)
Diabetic Supplies			
2TEK GLUCOSE/BLOOD PRESSURE KIT		Tier 6	MO
ACCU-CHEK GUIDE GLUCOSE METER	(blood-glucose meter)	Tier 6	MO
ACCU-CHEK GUIDE ME GLUCOSE MTR	(blood-glucose meter)	Tier 6	MO

Drug	Status	Notes
ADVANCED GLUCOSE METER (blood-glucose meter)	Tier 6	MO
ADVOCATE REDI-CODE PLUS (blood-glucose meter)	Tier 6	MO
AGAMATRIX AMP GLUC MONITOR SYS (blood-glucose meter)	Tier 6	MO
ALKALINE BATTERIES	Tier 6	
ASSURE PLATINUM GLUCOSE METER (blood-glucose meter)	Tier 6	MO
ASSURE PRISM MULTI METER (blood-glucose meter)	Tier 6	MO
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN	Tier 6	MO
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS INSULIN PEN	Tier 6	MO
AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS INSULIN PEN	Tier 6	MO
BIGFOOT UNITY KIT	Tier 3	MO
BIGFOOT UNITY PEN CAP-ADMELOG DEVICE	Tier 3	MO
BIGFOOT UNITY PEN CAP-APIDRA DEVICE	Tier 3	MO
BIGFOOT UNITY PEN CAP-ASPART DEVICE	Tier 3	MO
BIGFOOT UNITY PEN CAP-BASAGLAR DEVICE	Tier 3	MO
BIGFOOT UNITY PEN CAP-FIASP DEVICE	Tier 3	MO
BIGFOOT UNITY PEN CAP-HUMALOG DEVICE	Tier 3	MO
BIGFOOT UNITY PEN CAP-LANTUS DEVICE	Tier 3	MO
BIGFOOT UNITY PEN CAP-LISPRO DEVICE	Tier 3	MO
BIGFOOT UNITY PEN CAP-LYUMJEV DEVICE	Tier 3	MO
BIGFOOT UNITY PEN CAP-NOVOLOG DEVICE	Tier 3	MO
BIGFOOT UNITY PEN CAP-TOUJEO DEVICE	Tier 3	MO
BIGFOOT UNITY PEN CAP-TOUJEOMX DEVICE	Tier 3	MO
BIGFOOT UNITY PEN CAP-TRESIBA DEVICE	Tier 3	MO
BIONIME RIGHTEST GM300 SYSTEM KIT (blood-glucose meter)	Tier 6	MO
BIOTEL CARE BGM-4 METER (blood-glucose meter)	Tier 6	MO
BLOOD GLUCOSE MONITORING KIT (blood-glucose meter)	Tier 6	MO

Drug		Status	Notes
<i>blood-glucose meter</i>	(Accu-Chek Guide Glucose Meter)	Tier 6	MO
<i>blood-glucose meter kit</i>	(Bionime Rightest Gm300 System)	Tier 6	MO
BLULINK DIABETIC TEST BUNDLE KIT	(blood-glucose meter)	Tier 6	MO
BLULINK GLUCOSE MONITOR SYSTEM	(blood-glucose meter)	Tier 6	MO
CARESENS N	(blood-glucose meter)	Tier 6	MO
CARESENS N FELIZ BT GLUC METER	(blood-glucose meter)	Tier 6	MO
CARESENS N FELIZ GLUCOSE METER	(blood-glucose meter)	Tier 6	MO
CARESENS N VOICE	(blood-glucose meter)	Tier 6	MO
CARESENS S FIT GLUCOSE METER	(blood-glucose meter)	Tier 6	MO
CARETOUCH GLUCOSE MONITORING KIT	(blood-glucose meter)	Tier 6	MO
CARETOUCH KETONE-GLUCOSE MONIT DEVICE		Tier 6	MO
CEQR SIMPLICITY INSERTER		Tier 6	PA
CHEMSTRIP BG LOG BOOK		Tier 6	
CHOICEDM CLARUS	(blood-glucose meter)	Tier 6	MO
CLEVER CHEK BLOOD GLUCOSE	(blood-glucose meter)	Tier 6	MO
CLEVER CHEK BLOOD GLUCOSE SYST KIT	(blood-glucose meter)	Tier 6	MO
CLEVER CHOICE BLOOD GLUC SYS	(blood-glucose meter)	Tier 6	MO
CLEVER CHOICE GLUCOSE MONITOR	(blood-glucose meter)	Tier 6	MO
CLEVER CHOICE MICRO	(blood-glucose meter)	Tier 6	MO
CLEVER CHOICE PRO	(blood-glucose meter)	Tier 6	MO
CLEVER CHOICE TALK GLUCOSE SYS	(blood-glucose meter)	Tier 6	MO
CONTOUR METER	(blood-glucose meter)	Tier 6	MO
CONTOUR METER KIT	(blood-glucose meter)	Tier 6	MO
CONTOUR NEXT EZ METER	(blood-glucose meter)	Tier 6	MO
CONTOUR NEXT EZ METER KIT	(blood-glucose meter)	Tier 6	MO
CONTOUR NEXT GEN METER	(blood-glucose meter)	Tier 6	MO
CONTOUR NEXT GEN METER KIT	(blood-glucose meter)	Tier 6	MO
CONTOUR NEXT GLUCOSE METER KIT	(blood-glucose meter)	Tier 6	MO
CONTOUR NEXT LINK 2.4 KIT		Tier 6	MO
CONTOUR NEXT LINK KIT		Tier 6	MO
CONTOUR NEXT METER	(blood-glucose meter)	Tier 6	MO
CONTOUR NEXT ONE METER	(blood-glucose meter)	Tier 6	MO
CONTOUR PLUS BLUE METER	(blood-glucose meter)	Tier 6	MO

Drug	Status	Notes
DARIO BLOOD GLUCOSE MONITOR DEVICE	Tier 6	MO
DEXCOM G6 RECEIVER	Tier 6	MO; HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
DEXCOM G6 SENSOR DEVICE	Tier 6	MO; HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER DEVICE	Tier 6	MO; HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 90 days)
DEXCOM G7 RECEIVER	Tier 6	MO; HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
DEXCOM G7 SENSOR DEVICE	Tier 6	MO; HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (3 EA per 30 days)
DIATRUE PLUS BLOOD GLUCOSE MET (blood-glucose meter)	Tier 6	MO
EASY PLUS II BLOOD GLUCOSE MET (blood-glucose meter)	Tier 6	MO
EASY STEP BLOOD GLUCOSE METER (blood-glucose meter)	Tier 6	MO
EASY TALK BLOOD GLUCOSE METER (blood-glucose meter)	Tier 6	MO
EASY TOUCH BLULINK GLUC SYST (blood-glucose meter)	Tier 6	MO
EASY TOUCH GLUCOSE MONITOR (blood-glucose meter)	Tier 6	MO
EASY TRAK BLOOD GLUCOSE METER (blood-glucose meter)	Tier 6	MO
EASY TRAK II BLOOD GLUCOSE MTR (blood-glucose meter)	Tier 6	MO
EASYGLUCO METER KIT (blood-glucose meter)	Tier 6	MO
EASYGLUCO MONITORING SYSTEM KIT (blood-glucose meter)	Tier 6	MO
EASYMAX NG (blood-glucose meter)	Tier 6	MO
EASYMAX NG KIT (blood-glucose meter)	Tier 6	MO
EASYMAX T1 KIT (blood-glucose meter)	Tier 6	MO
EASYMAX V SPEAKING GLUCOSE SYS (blood-glucose meter)	Tier 6	MO

Drug		Status	Notes
EASY-TOUCH BLOOD GLUCOSE METER	(blood-glucose meter)	Tier 6	MO
ELEMENT COMPACT GLUCOSE METER	(blood-glucose meter)	Tier 6	MO
ELEMENT COMPACT V GLUCOSE MTR	(blood-glucose meter)	Tier 6	MO
ELEMENT PLUS BLOOD GLUCOSE KIT KIT	(blood-glucose meter)	Tier 6	MO
EMBRACE BLOOD GLUCOSE SYSTEM	(blood-glucose meter)	Tier 6	MO
EMBRACE EVO BLOOD GLUCOSE KIT KIT	(blood-glucose meter)	Tier 6	MO
EMBRACE EVO GLUCOSE MONITOR	(blood-glucose meter)	Tier 6	MO
EMBRACE PRO GLUCOSE METER	(blood-glucose meter)	Tier 6	MO
EMBRACE TALK BLOOD GLUCOSE SYS KIT	(blood-glucose meter)	Tier 6	MO
EMBRACE TALK GLUCOSE MONITOR	(blood-glucose meter)	Tier 6	MO
EMBRACE WAVE PLUS GLUCOSE MTR	(blood-glucose meter)	Tier 6	MO
EVENCARE G2	(blood-glucose meter)	Tier 6	MO
EVENCARE G3 GLUCOSE METER KIT	(blood-glucose meter)	Tier 6	MO
EVENCARE KIT	(blood-glucose meter)	Tier 6	MO
EVENCARE MINI MONITOR SYSTEM	(blood-glucose meter)	Tier 6	MO
EVENCARE SOLUTION		Tier 6	MO
EVERSENSE E3 SMART TRANSMITTER DEVICE		Tier 6	PA; MO
EVOLUTION BLOOD GLUCOSE METER KIT	(blood-glucose meter)	Tier 6	MO
EZ SMART PLUS SYSTEM KIT	(blood-glucose meter)	Tier 6	MO
EZ SMART SYSTEM KIT	(blood-glucose meter)	Tier 6	MO
FORA 6 CONNECT MULTIFUNCTN MTR DEVICE		Tier 6	MO
FORA D10 KIT		Tier 6	MO
FORA D15 GLUCOSE-BP MONITOR DEVICE		Tier 6	MO
FORA D20 KIT	(blood-glucose meter)	Tier 6	MO
FORA D40D GLUCOSE-BP MONITOR DEVICE		Tier 6	MO
FORA D40G GLUCOSE-BP MONITOR DEVICE		Tier 6	MO
FORA G20 KIT	(blood-glucose meter)	Tier 6	MO
FORA G30A	(blood-glucose meter)	Tier 6	MO
FORA GD50 BLOOD GLUCOSE SYSTEM	(blood-glucose meter)	Tier 6	MO

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

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

Drug	Status	Notes
GOJJI MULTI-FUNCTIONAL METER DEVICE	Tier 6	MO
GOJJI MULTI-FUNCTIONAL METER KIT	Tier 6	MO
GOODLIFE AC-302 GLUCOSE METER (blood-glucose meter)	Tier 6	MO
GUARDIAN 4 GLUCOSE SENSOR DEVICE	Tier 6	PA; MO
GUARDIAN 4 TRANSMITTER DEVICE	Tier 6	PA; MO
GUARDIAN CONNECT TRANSMITTER DEVICE	Tier 6	PA; MO
GUARDIAN LINK 3 TRANSMITTER DEVICE	Tier 6	PA; MO
GUARDIAN SENSOR 3 DEVICE	Tier 6	PA; MO
HEALTHPRO GLUCOSE MONITOR (blood-glucose meter)	Tier 6	MO
IHEALTH GLUCO PLUS METER KIT (blood-glucose meter)	Tier 6	MO
ILET INFUSION KIT-INSET 23" COMBO PACK	Tier 3	PA; MO
ILET INFUSION KIT-INSET 32" COMBO PACK	Tier 3	PA; MO
ILET INFUSION-CONTACT DTCH 23" COMBO PACK	Tier 3	PA; MO
ILET STARTER KIT CONTACT KIT	Tier 3	PA
ILET STARTER KIT-INSET KIT	Tier 3	PA
INFINITY METER KIT KIT (blood-glucose meter)	Tier 6	MO
INFINITY STARTER KIT KIT (blood-glucose meter)	Tier 6	MO
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN	Tier 6	MO
INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN	Tier 6	MO
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN	Tier 6	MO
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN	Tier 6	MO
INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN	Tier 6	MO
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN	Tier 6	MO
INSUL-CAP	Tier 6	
INSUL-EZE	Tier 6	
JAZZ WIRELESS 2 METER KIT KIT (blood-glucose meter)	Tier 6	MO
MEDISENSE MID CONTROL SOLUTION (blood glucose control, normal)	Tier 6	MO
MICRODOT BLOOD GLUCOSE SYSTEM (blood-glucose meter)	Tier 6	MO

Drug	Status	Notes
MICRODOT BLOOD GLUCOSE SYSTEM KIT (blood-glucose meter)	Tier 6	MO
MINIMED QUICK-SERTER (MMT-395)	Tier 6	
MYGLUCOHEALTH KIT (blood-glucose meter)	Tier 6	MO
NOVA MAX PLUS GLUC-KETON METER DEVICE	Tier 6	MO
NOVA MAX PLUS GLUC-KETON METER KIT	Tier 6	MO
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN	Tier 6	MO
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	Tier 2	QL (1 EA per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	Tier 2	MO
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	Tier 2	QL (1 EA per 365 days)
OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	MO; QL (10 EA per 30 days)
OMNIPOD GO PODS 15 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	MO; QL (10 EA per 30 days)
OMNIPOD GO PODS 20 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	MO; QL (10 EA per 30 days)
OMNIPOD GO PODS 25 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	MO; QL (10 EA per 30 days)
OMNIPOD GO PODS 30 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	MO; QL (10 EA per 30 days)
OMNIPOD GO PODS 40 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	MO; QL (10 EA per 30 days)
OMNIPOD GO PODS SUBCUTANEOUS CARTRIDGE	Tier 2	MO; QL (10 EA per 30 days)
ON CALL EXPRESS METER (blood-glucose meter)	Tier 6	MO
ON CALL EXPRESS METER KIT (blood-glucose meter)	Tier 6	MO
ONETOUCH ULTRA CONTROL SOLUTION (blood glucose control, normal)	Tier 6	MO
ONETOUCH ULTRA2 METER (blood-glucose meter)	Tier 6	MO
ONETOUCH VERIO FLEX METER (blood-glucose meter)	Tier 6	MO
ONETOUCH VERIO FLEX START KIT (blood-glucose meter)	Tier 6	MO
ONETOUCH VERIO REFLECT KIT (blood-glucose meter)	Tier 6	MO
ONETOUCH VERIO REFLECT METER (blood-glucose meter)	Tier 6	MO
OVAL TAPE	Tier 6	
PHARMACIST CHOICE GLUCOSE SYS (blood-glucose meter)	Tier 6	MO
PIP BLOOD GLUCOSE MONITOR (blood-glucose meter)	Tier 6	MO
PLATINUM GLUCOSE METER KIT (blood-glucose meter)	Tier 6	MO
PRECISION (blood-glucose meter)	Tier 6	MO

Drug	Status	Notes
PRECISION XTRA KETONE-GLUCOSE KIT	Tier 6	MO
PRECISION XTRA MONITOR (blood-glucose meter)	Tier 6	MO
PREMIER BLU GLUCOSE METER (blood-glucose meter)	Tier 6	MO
PREMIER CLASSIC GLUCOSE METER (blood-glucose meter)	Tier 6	MO
PREMIER COMPACT GLUCOSE METER KIT (blood-glucose meter)	Tier 6	MO
PREMIER VOICE GLUCOSE METER (blood-glucose meter)	Tier 6	MO
PREMIUM BLOOD GLUCOSE MONITOR (blood-glucose meter)	Tier 6	MO
PREMIUM V10 (blood-glucose meter)	Tier 6	MO
PRESTO PRO BLOOD GLUCOSE METER (blood-glucose meter)	Tier 6	MO
PRO VOICE V8 GLUCOSE MONITOR (blood-glucose meter)	Tier 6	MO
PRO VOICE V9 GLUCOSE MONITOR (blood-glucose meter)	Tier 6	MO
PRODIGY AUTOCODE METER KIT (blood-glucose meter)	Tier 6	MO
PRODIGY AUTOCODE MONITOR SYST (blood-glucose meter)	Tier 6	MO
PRODIGY POCKET METER KIT (blood-glucose meter)	Tier 6	MO
PRODIGY VOICE GLUCOSE METER KIT (blood-glucose meter)	Tier 6	MO
QUINTET AC (blood-glucose meter)	Tier 6	MO
QUINTET BLOOD GLUCOSE METER (blood-glucose meter)	Tier 6	MO
REFUAH PLUS GLUCOSE MONITOR KIT (blood-glucose meter)	Tier 6	MO
RELION ALL-IN-ONE METER KIT (blood-glucose meter)	Tier 6	MO
RELION CONFIRM KIT (blood-glucose meter)	Tier 6	MO
RELION MICRO GLUCOSE MONITOR (blood-glucose meter)	Tier 6	MO
RELION MICRO GLUCOSE MONITOR KIT (blood-glucose meter)	Tier 6	MO
RELION PRIME METER (blood-glucose meter)	Tier 6	MO
REVEAL BLOOD GLUCOSE METER KIT (blood-glucose meter)	Tier 6	MO
RIGHTEST GM550 SYSTEM KIT (blood-glucose meter)	Tier 6	MO
RIGHTEST GM700SB GLUCOSE METER (blood-glucose meter)	Tier 6	MO
RIGHTEST GT333 GLUCOSE METER (blood-glucose meter)	Tier 6	MO
RIGHTEST MAX PLUS GLUCOSE MTR (blood-glucose meter)	Tier 6	MO
SMART SENSE MONITORING SYSTEM (blood-glucose meter)	Tier 6	MO
SMARTEST EJECT KIT (blood-glucose meter)	Tier 6	MO
SMARTEST PERSONA GLUCOSE METER (blood-glucose meter)	Tier 6	MO

Drug		Status	Notes
SMARTEST PERSONA STARTER KIT	(blood-glucose meter)	Tier 6	MO
SMARTEST PRONTO GLUCOSE METER	(blood-glucose meter)	Tier 6	MO
SMARTEST PRONTO STARTER KIT	(blood-glucose meter)	Tier 6	MO
SMARTEST PROTEGE KIT	(blood-glucose meter)	Tier 6	MO
SMARTEST SMART CODE METER KIT	(blood-glucose meter)	Tier 6	MO
SMARTEST TALKING METER KIT	(blood-glucose meter)	Tier 6	MO
SOLUS V2 AUDIBLE METER	(blood-glucose meter)	Tier 6	MO
SOLUS V2 AUDIBLE METER KIT	(blood-glucose meter)	Tier 6	MO
SURE-TEST EASYPLUS MINI METER	(blood-glucose meter)	Tier 6	MO
TANDEM MOBI AUTOSOFT 30 KT 23" COMBO PACK		Tier 3	MO
TANDEM MOBI AUTOSOFT XC KIT 5" COMBO PACK		Tier 3	MO
TANDEM MOBI AUTOSOFT XC KT 23" COMBO PACK		Tier 3	MO
TANDEM MOBI TRUSTEEL KIT 23" COMBO PACK		Tier 3	MO
TD GOLD BLOOD GLUCOSE MONITOR	(blood-glucose meter)	Tier 6	MO
TD GOLD VOICE GLUCOSE MONITOR	(blood-glucose meter)	Tier 6	MO
TEMPO SMART BUTTON DEVICE		Tier 3	MO
TEMPO WELCOME KIT KIT		Tier 3	
TEST N'GO BLOOD GLUCOSE SYSTEM	(blood-glucose meter)	Tier 6	MO
TRUE METRIX AIR GLUCOSE METER	(blood-glucose meter)	Tier 6	MO
TRUE METRIX AIR GLUCOSE METER KIT	(blood-glucose meter)	Tier 6	MO
TRUE METRIX GLUCOSE METER	(blood-glucose meter)	Tier 6	MO
TRUE METRIX GO GLUCOSE METER	(blood-glucose meter)	Tier 6	MO
TRUE2GO BLOOD GLUCOSE SYSTEM KIT	(blood-glucose meter)	Tier 6	MO
TRUERESULT BLOOD GLUCOSE SYSTEM KIT	(blood-glucose meter)	Tier 6	MO
TRUETRACK BLOOD GLUCOSE SYSTEM KIT	(blood-glucose meter)	Tier 6	MO
TRUETRACK SMART SYSTEM KIT	(blood-glucose meter)	Tier 6	MO
TWIIST REFILL KT(CSST-NDL-SYR) KIT		Tier 6	MO
TWIIST RFL(INFUS-CSST-NDL-SYR) KIT		Tier 3	MO
TWIIST STARTER KIT KIT		Tier 3	
ULTIMA MONITOR	(blood-glucose meter)	Tier 6	MO
ULTRATRAK GLUCOSE METER	(blood-glucose meter)	Tier 6	MO

Drug	Status	Notes
ULTRATRAK GLUCOSE METER KIT (blood-glucose meter)	Tier 6	MO
ULTRATRAK ULTIMATE (blood-glucose meter)	Tier 6	MO
UNISTIK 2 DEVICE KIT (lancing device with lancets)	Tier 6	MO
UNISTIK 2 EXTRA LANCET 21 GAUGE (lancets)	Tier 6	MO
UNISTIK 2 NORMAL LANCET 21 GAUGE (lancets)	Tier 6	MO
UNISTIK 3 COMFORT LANCET 28 GAUGE (lancets)	Tier 6	MO
UNISTIK 3 NORMAL LANCET 23 GAUGE	Tier 6	MO
VIVAGUARD INO GLUCOSE METER (blood-glucose meter)	Tier 6	MO
VIVAGUARD INO SMART GLUC METER (blood-glucose meter)	Tier 6	MO
WAVESENSE AMP KIT (blood-glucose meter)	Tier 6	MO
WAVESENSE PRESTO (blood-glucose meter)	Tier 6	MO
WAVESENSE PRESTO KIT (blood-glucose meter)	Tier 6	MO
Diabetic Ulcer Preparations, Topical		
REGRANEX TOPICAL GEL 0.01 %	Tier 2	
Hyperglycemics		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	Tier 3	ST: Must meet any of the following requirements: Glucagon Emergency Kit, Gvoke, or Zegalogue in 120 days; QL (4 EA per 1 FILL)
<i>diazoxide oral suspension 50 mg/ml</i> (Proglycem)	Tier 1	MO
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG (glucagon hcl)	Tier 1	QL (4 EA per 1 FILL)
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	Tier 2	QL (4 EA per 1 FILL)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	Tier 2	QL (0.4 ML per 1 FILL)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	Tier 2	QL (0.8 ML per 1 FILL)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	Tier 2	QL (0.4 ML per 1 FILL)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	Tier 2	QL (0.8 ML per 1 FILL)

Drug	Status	Notes
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	Tier 2	QL (0.8 ML per 1 FILL)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	Tier 2	QL (0.8 ML per 1 FILL)
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	Tier 2	QL (0.8 ML per 1 FILL)
PROGLYCEM ORAL SUSPENSION 50 (diazoxide) MG/ML	Tier 3	MO
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	Tier 2	QL (2.4 ML per 1 FILL)
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	Tier 2	QL (2.4 ML per 1 FILL)
Insulins		
ADMELOG SOLOSTAR U-100 INSULIN (insulin lispro) SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 3	MO; ST: Must meet the following requirement: Lyumjev in 120 days; QL (30 ML per 28 days)
ADMELOG U-100 INSULIN LISPRO (insulin lispro) SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	MO; ST: Must meet the following requirement: Lyumjev in 120 days; QL (40 ML per 28 days)
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90)	Tier 3	PA; MO
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 3	MO; ST: Must meet the following requirement: Lyumjev in 120 days; QL (30 ML per 28 days)
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	MO; ST: Must meet the following requirement: Lyumjev in 120 days; QL (40 ML per 28 days)
BASAGLAR KWIKPEN U-100 INSULIN (insulin glargine) SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	MO; ST: Must meet any of the following requirements: Semglee (yfgn), Toujeo, or Tresiba in 120 days; QL (30 ML per 28 days)
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	MO; ST: Must meet the following requirement: Lyumjev in 120 days; QL (30 ML per 28 days)

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

Drug	Status	Notes
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 2	MO; QL (40 ML per 28 days)
HUMULIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML	Tier 2	MO; QL (40 ML per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	Tier 2	MO; QL (40 ML per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	Tier 2	MO; QL (24 ML per 28 days)
<i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i> (Novolog Mix 70-30FlexPen U-100)	Tier 3	MO; ST: Must meet the following requirement: Humalog Mix 75-25 or Insulin Lispro Protamin/Lispro in 120 days; QL (30 ML per 28 days)
<i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i> (Novolog Mix 70-30 U-100 Insulin)	Tier 3	MO; ST: Must meet the following requirement: Humalog Mix 75-25 or Insulin Lispro Protamin/Lispro in 120 days; QL (40 ML per 28 days)
<i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i> (Novolog PenFill U-100 Insulin)	Tier 3	MO; ST: Must meet the following requirement: Lyumjev in 120 days; QL (30 ML per 28 days)
<i>insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)</i> (Novolog FlexPen U-100 Insulin)	Tier 3	MO; ST: Must meet the following requirement: Lyumjev in 120 days; QL (30 ML per 28 days)
<i>insulin aspart u-100 subcutaneous solution 100 unit/ml</i> (Novolog U-100 Insulin aspart)	Tier 3	MO; ST: Must meet the following requirement: Lyumjev in 120 days; QL (40 ML per 28 days)
<i>insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)</i> (Humalog Mix 75-25 KwikPen)	Tier 1	MO; QL (30 ML per 28 days)
<i>insulin lispro subcutaneous insulin pen 100 unit/ml</i> (Admelog SoloStar U-100 Insulin)	Tier 1	MO; QL (30 ML per 28 days)
<i>insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml</i> (Humalog Junior KwikPen U-100)	Tier 1	MO; QL (30 ML per 28 days)
<i>insulin lispro subcutaneous solution 100 unit/ml</i> (Admelog U-100 Insulin lispro)	Tier 1	MO; QL (40 ML per 28 days)

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

Drug	Status	Notes
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	MO; ST: Must meet the following requirement: Lyumjev in 120 days; QL (30 ML per 28 days)
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	Tier 3	MO; ST: Must meet the following requirement: Humalog Mix 75-25 or Insulin Lispro Protamin/Lispro in 120 days; QL (40 ML per 28 days)
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	Tier 3	MO; ST: Must meet the following requirement: Humalog Mix 75-25 or Insulin Lispro Protamin/Lispro in 120 days; QL (30 ML per 28 days)
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	Tier 3	MO; ST: Must meet the following requirement: Lyumjev in 120 days; QL (30 ML per 28 days)
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	MO; ST: Must meet the following requirement: Lyumjev in 120 days; QL (40 ML per 28 days)
REZVOGLAR KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	MO; ST: Must meet any of the following requirements: Semglee (yfgn), Toujeo, or Tresiba in 120 days; QL (30 ML per 28 days)
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	MO; QL (40 ML per 28 days)
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	MO; QL (30 ML per 28 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	Tier 2	MO; QL (18 ML per 28 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	Tier 2	MO; QL (13.5 ML per 28 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	MO; QL (30 ML per 28 days)

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

Drug	Status	Notes
Electrolyte Regulation		
Arginine Vasopressin (Avp) Receptor Antagonists		
SAMSCA ORAL TABLET 15 MG (tolvaptan)	Tier 4	MO; QL (30 EA per 365 days)
SAMSCA ORAL TABLET 30 MG (tolvaptan)	Tier 4	MO; QL (60 EA per 365 days)
<i>tolvaptan oral tablet 15 mg</i> (Samsca)	Tier 3	MO; QL (30 EA per 365 days)
<i>tolvaptan oral tablet 30 mg</i> (Samsca)	Tier 3	MO; QL (60 EA per 365 days)
Bicarbonate Producing/Containing Agents		
VAXCHORA BUFFER COMPONENT ORAL SUSPENSION FOR RECONSTITUTION	Tier 3	
Electrolyte Depleters		
AURYXIA ORAL TABLET 210 MG IRON	Tier 3	MO; ST: Must meet 2 of the following requirements: Calcium Acetate, Lanthanum Carbonate, Sevelamer Carbonate, Sevelamer HCL, or Velphoro in 365 days; QL (12 EA per 1 day)
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	Tier 1	MO
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	Tier 1	MO
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	Tier 3	MO; ST: Must meet 2 of the following requirements: Calcium Acetate, Lanthanum Carbonate, Sevelamer Carbonate, Sevelamer HCL, or Velphoro in 365 days; QL (3 EA per 1 day)
FOSRENOL ORAL TABLET,CHEWABLE 1,000 MG, 500 MG, 750 MG (lanthanum)	Tier 3	MO
KIONEX (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML	Tier 1	
<i>lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg</i> (Fosrenol)	Tier 1	MO
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	Tier 2	MO

Drug	Status	Notes
RENVELA ORAL POWDER IN PACKET (sevelamer carbonate) 0.8 GRAM, 2.4 GRAM	Tier 3	MO
RENVELA ORAL TABLET 800 MG (sevelamer carbonate)	Tier 3	MO
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i> (Renvela)	Tier 1	MO
<i>sevelamer carbonate oral tablet 800 mg</i> (Renvela)	Tier 1	MO
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	Tier 1	MO
<i>sodium polystyrene sulfonate oral powder</i>	Tier 1	
SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML	Tier 1	
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML	Tier 3	
VELPHORO ORAL TABLET,CHEWABLE 500 MG	Tier 2	MO; QL (6 EA per 1 day)
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	Tier 3	PA; MO
XPHOZAH ORAL TABLET 20 MG, 30 MG	Tier 3	MO; ST: Must meet 2 of the following requirements: Calcium Acetate, Lanthanum Carbonate, Sevelamer Carbonate, Sevelamer HCL, or Velporo in 365 days; QL (2 EA per 1 day)
Potassium Replacement		
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	Tier 3	MO
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ (potassium bicarb-citric acid)	Tier 1	MO
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (potassium chloride)	Tier 3	MO
KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ (potassium chloride)	Tier 3	MO
KLOR-CON M10 ORAL TABLET,ER PARTICLES/CRYSTALS 10 MEQ (potassium chloride)	Tier 1	MO
KLOR-CON M15 ORAL TABLET,ER PARTICLES/CRYSTALS 15 MEQ (potassium chloride)	Tier 1	MO
KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYSTALS 20 MEQ (potassium chloride)	Tier 1	MO
KLOR-CON ORAL PACKET 20 MEQ (potassium chloride)	Tier 3	MO
KLOR-CON/EF ORAL TABLET, EFFERVESCENT 25 MEQ (potassium bicarb-citric acid)	Tier 3	MO

Drug	Status	Notes
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ (potassium chloride)	Tier 3	MO
POKONZA ORAL PACKET 10 MEQ	Tier 1	MO
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	Tier 1	MO
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	Tier 1	MO
<i>potassium chloride oral packet 20 meq</i> (Klor-Con)	Tier 1	MO
<i>potassium chloride oral tablet extended release 10 meq</i> (Klor-Con 10)	Tier 1	MO
<i>potassium chloride oral tablet extended release 15 meq</i>	Tier 1	MO
<i>potassium chloride oral tablet extended release 20 meq</i> (K-Tab)	Tier 1	MO
<i>potassium chloride oral tablet extended release 8 meq</i> (Klor-Con 8)	Tier 1	MO
<i>potassium chloride oral tablet, er particles/crystals 10 meq</i> (Klor-Con M10)	Tier 1	MO
<i>potassium chloride oral tablet, er particles/crystals 15 meq</i> (Klor-Con M15)	Tier 1	MO
<i>potassium chloride oral tablet, er particles/crystals 20 meq</i> (Klor-Con M20)	Tier 1	MO
Sodium/Saline Preparations		
AQUASTAT 0.9% SODIUM CHLORIDE INJECTION SYRINGE (sodium chloride 0.9 % (flush))	Tier 3	
AQUASTAT SFR 0.9% SODIUM CHLOR INJECTION SYRINGE (sodium chloride 0.9 % (flush))	Tier 3	
BD POSIFLUSH NORMAL SALINE 0.9 INJECTION SYRINGE (sodium chloride 0.9 % (flush))	Tier 1	
CLEARSHIELD SODIUM CHLOR FLUSH INJECTION SYRINGE (sodium chloride 0.9 % (flush))	Tier 1	
MONOJECT 0.9% SODIUM CHLORIDE INJECTION SYRINGE (sodium chloride 0.9 % (flush))	Tier 3	
MONOJECT PREFILL ADVANCED NS INJECTION SYRINGE (sodium chloride 0.9 % (flush))	Tier 3	
NORMAL SALINE FLUSH INJECTION SYRINGE (sodium chloride 0.9 % (flush))	Tier 1	
<i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i>	Tier 1	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	Tier 1	
<i>sodium chloride 0.9 % (flush) injection syringe</i> (BD PosiFlush Normal Saline 0.9)	Tier 1	
<i>sodium chloride 0.9 % injection solution</i>	Tier 1	

Drug	Status	Notes
sodium chloride 0.9 % intravenous parenteral solution	Tier 1	
sodium chloride 0.9 % intravenous piggyback	Tier 1	
sodium chloride injection syringe 0.9 %	Tier 1	
Endocrine Disorder - Fertility		
Drugs To Treat Impotency		
CIALIS ORAL TABLET 10 MG, 20 MG, 5 MG (tadalafil)	Tier 3	PA; MO
tadalafil oral tablet 10 mg, 20 mg, 5 mg (Cialis)	Tier 1	PA; MO
tadalafil oral tablet 2.5 mg	Tier 1	PA; MO
Endocrine Disorder - Other		
Adrenal Steroid Inhibitors		
ISTURISA ORAL TABLET 1 MG, 5 MG	Tier 4	PA; MO
RECORLEV ORAL TABLET 150 MG	Tier 4	PA; MO
Adrenocorticotrophic Hormones		
ACTHAR INJECTION GEL 80 UNIT/ML	Tier 4	PA
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML, 80 UNIT/ML	Tier 4	PA
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	Tier 4	PA
Antidiuretic And Vasopressor Hormones		
DDAVP INJECTION SOLUTION 4 MCG/ML (desmopressin)	Tier 3	
DDAVP ORAL TABLET 0.1 MG, 0.2 MG (desmopressin)	Tier 3	MO
desmopressin injection solution 4 mcg/ml (DDAVP)	Tier 1	
desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)	Tier 1	MO
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml), 150 mcg/spray (0.1 ml)	Tier 1	MO
desmopressin oral tablet 0.1 mg, 0.2 mg (DDAVP)	Tier 1	MO
NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG	Tier 3	MO; QL (1 EA per 1 day)
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG	Tier 3	MO; QL (1 EA per 1 day)
Antineoplastic Lhrh(Gnrh) Agonist,Pituitary Suppr.		
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	Tier 3	PA; MO
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	Tier 3	PA; MO

Drug	Status	Notes
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	Tier 3	PA; MO
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	Tier 3	PA; MO
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	Tier 3	PA; MO
Bone Formation Stim. Agents - Parathyroid Hormone		
FORTEO SUBCUTANEOUS PEN (teriparatide) INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	Tier 4	PA; MO
<i>teriparatide subcutaneous pen injector 20 mcg/dose (600mcg/2.4ml)</i> (Forteo)	Tier 3	PA; MO
<i>teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)</i>	Tier 3	PA; MO
Bone Formation Stimulating Agts - Pth Rel Peptides		
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	Tier 3	PA; MO
Bone Resorption Inhibitor & Vitamin D Combinations		
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	Tier 2	MO
Bone Resorption Inhibitors		
ACTONEL ORAL TABLET 150 MG (risedronate)	Tier 3	MO; ST: Must meet the following requirements: Alendronate Sodium and Ibandronate Sodium in 365 days; QL (1 EA per 30 days)
ACTONEL ORAL TABLET 35 MG (risedronate)	Tier 3	MO; ST: Must meet the following requirements: Alendronate Sodium and Ibandronate Sodium in 365 days; QL (1 EA per 7 days)
<i>alendronate oral solution 70 mg/75 ml</i>	Tier 1	MO; QL (75 ML per 7 days)
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg</i>	Tier 1	MO
<i>alendronate oral tablet 70 mg</i> (Fosamax)	Tier 1	MO
AELVIA ORAL TABLET, DELAYED RELEASE (DR/EC) 35 MG (risedronate)	Tier 3	MO; ST: Must meet the following requirements: Alendronate Sodium and Ibandronate Sodium in 365 days; QL (1 EA per 7 days)

Drug	Status	Notes
BINOSTO ORAL TABLET, EFFERVESCENT 70 MG	Tier 3	MO; ST: Must meet 2 of the following requirements: Alendronate Sodium, Fosamax Plus D, or Ibandronate Sodium in 365 days; QL (4 EA per 28 days)
<i>calcitonin (salmon) injection solution 200 unit/ml</i> (Miacalcin)	Tier 1	
<i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation</i>	Tier 1	MO
EVISTA ORAL TABLET 60 MG (raloxifene)	Tier 5	MO
FOSAMAX ORAL TABLET 70 MG (alendronate)	Tier 3	MO
<i>ibandronate oral tablet 150 mg</i>	Tier 1	MO
MIACALCIN INJECTION SOLUTION 200 UNIT/ML (calcitonin (salmon))	Tier 3	
<i>raloxifene oral tablet 60 mg</i> (Evista)	Tier 5	MO
<i>risedronate oral tablet 150 mg</i> (Actonel)	Tier 1	MO; ST: Must meet the following requirements: Alendronate Sodium and Ibandronate Sodium in 365 days; QL (1 EA per 30 days)
<i>risedronate oral tablet 30 mg</i>	Tier 1	ST: Must meet the following requirements: Alendronate Sodium and Ibandronate Sodium in 365 days; QL (1 EA per 1 day)
<i>risedronate oral tablet 35 mg</i> (Actonel)	Tier 1	MO; ST: Must meet the following requirements: Alendronate Sodium and Ibandronate Sodium in 365 days; QL (1 EA per 7 days)
<i>risedronate oral tablet 5 mg</i>	Tier 1	MO; ST: Must meet the following requirements: Alendronate Sodium and Ibandronate Sodium in 365 days; QL (1 EA per 1 day)
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i> (Atelvia)	Tier 1	MO; ST: Must meet the following requirements: Alendronate Sodium and Ibandronate Sodium in 365 days; QL (1 EA per 7 days)
Calcimimetic, Parathyroid Calcium Enhancer		
<i>cinacalcet oral tablet 30 mg, 60 mg</i> (Sensipar)	Tier 3	MO; QL (2 EA per 1 day)
<i>cinacalcet oral tablet 90 mg</i> (Sensipar)	Tier 3	MO; QL (4 EA per 1 day)

Drug	Status	Notes
SENSIPAR ORAL TABLET 30 MG, 60 MG (cinacalcet)	Tier 4	MO; QL (2 EA per 1 day)
SENSIPAR ORAL TABLET 90 MG (cinacalcet)	Tier 4	MO; QL (4 EA per 1 day)
Growth Hormone Receptor Antagonists		
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	Tier 3	MO
Growth Hormone Releasing Hormone (Ghrh) & Analogs		
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	Tier 4	PA; MO
Growth Hormones		
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	Tier 3	PA; MO
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	Tier 3	PA; MO
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)	Tier 4	PA; MO
HUMATROPE INJECTION RECON SOLN 5 (15 UNIT) MG	Tier 4	PA; MO
NGENLA SUBCUTANEOUS PEN INJECTOR 24 MG/1.2 ML (20 MG/ML), 60 MG/1.2 ML (50 MG/ML)	Tier 4	PA; MO
NORDITROPIN FLEXPLO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	Tier 3	PA; MO
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML)	Tier 4	PA; MO
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	Tier 4	PA; MO
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	Tier 4	PA; MO
SAIZEN SAIZENPREP SUBCUTANEOUS CARTRIDGE 8.8 MG/1.51 ML (FINAL CONC.)	Tier 4	PA; MO

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

Drug	Status	Notes
Natriuretic Peptides		
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG	Tier 4	PA; MO
Parathyroid Hormones		
YORVIPATH SUBCUTANEOUS PEN INJECTOR 168 MCG/0.56 ML, 294 MCG/0.98 ML, 420 MCG/1.4 ML	Tier 4	PA; MO
Pituitary Suppressive Agents		
<i>cabergoline oral tablet 0.5 mg</i>	Tier 1	MO
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	Tier 1	
Endocrine Disorder - Thyroid		
Antithyroid Preparations		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier 1	MO
<i>propylthiouracil oral tablet 50 mg</i>	Tier 1	MO
Iodine Containing Agents		
LUGOLS ORAL SOLUTION 5 %	Tier 3	
<i>potassium iodide oral solution 1 gram/ml</i> (SSKI)	Tier 1	
SSKI ORAL SOLUTION 1 GRAM/ML (potassium iodide)	Tier 1	
STRONG IODINE ORAL SOLUTION 5 %	Tier 1	
Thyroid Hormones		
ADTHYZA ORAL TABLET 120 MG, 15 MG, 60 MG (thyroid (pork))	Tier 3	MO; ST: Must meet the following requirements: NP Thyroid tablets in 120 days
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG	Tier 3	MO
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (thyroid (pork))	Tier 3	MO; ST: Must meet the following requirements: NP Thyroid tablets in 120 days
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG	Tier 3	MO; ST: Must meet the following requirements: NP Thyroid tablets in 120 days
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG (liothyronine)	Tier 3	MO; ST: Must meet the following requirement: generic Liothyronine tablets in 120 days
ERMEZA ORAL SOLUTION 30 MCG/ML	Tier 1	PA; MO
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine)	Tier 1	MO; QL (2 EA per 1 day)

Drug	Status	Notes
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine)	Tier 3	MO; ST: Must meet the following requirement: generic Levothyroxine tablets in 120 days; QL (2 EA per 1 day)
<i>levothyroxine oral capsule 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Tirosint)	Tier 1	PA; MO
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Euthyrox)	Tier 1	MO; QL (2 EA per 1 day)
<i>levothyroxine oral tablet 300 mcg</i> (Levo-T)	Tier 1	MO; QL (2 EA per 1 day)
LEVOXYL 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 3	MO; ST: Must meet the following requirement: generic Levothyroxine tablets in 120 days; QL (2 EA per 1 day)
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel)	Tier 1	MO
NIVA THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (thyroid (pork))	Tier 3	MO; ST: Must meet the following requirements: NP Thyroid tablets in 120 days
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (thyroid (pork))	Tier 1	MO
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine)	Tier 3	MO; ST: Must meet the following requirement: generic Levothyroxine tablets in 120 days; QL (2 EA per 1 day)
THYQUIDITY ORAL SOLUTION 20 MCG/ML	Tier 3	MO; ST: Must meet the following requirement: generic Levothyroxine tablets in 120 days; QL (20 ML per 1 day)
<i>thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i> (NP Thyroid)	Tier 1	MO
TIROSINT 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 (levothyroxine)	Tier 3	PA; MO
TIROSINT ORAL CAPSULE 37.5 MCG, 44 MCG, 62.5 MCG	Tier 3	PA; MO

Drug	Status	Notes
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML	Tier 3	PA; MO
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine)	Tier 3	MO; ST: Must meet the following requirement: generic Levothyroxine tablets in 120 days; QL (2 EA per 1 day)
Eye - General Disorders		
Eye Antibiotic, Glucocorticoid And Nsaid Comb.		
<i>prednisoln sp-moxiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %</i>	Tier 1	
<i>prednisolone-moxiflo-nepafenac ophthalmic (eye) drops,suspension 1-0.5-0.1 %</i>	Tier 1	
<i>prednisolone-moxiflox-bromfen ophthalmic (eye) drops,suspension 1-0.5-0.075 %</i>	Tier 1	
<i>prednisolon-moxiflox-bromf(pf) ophthalmic (eye) drops 1-0.5-0.09 %</i>	Tier 1	
Eye Antibiotic-Corticoid Combinations		
MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION 3.5MG/ML-10,000 UNIT/ML-0.1 % (neomycin-polymyxin b-dexameth)	Tier 3	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> (Neo-Polycin HC)	Tier 1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> (Maxitrol)	Tier 1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i> (Maxitrol)	Tier 1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	Tier 1	
NEO-POLYICIN HC OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT/G-1% (neomycin-bacitracin-poly-hc)	Tier 1	
PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT 0.3-0.6 %	Tier 3	

Drug	Status	Notes
<i>prednisolone sod ph-moxiflox ophthalmic (eye) drops 1-0.5 %</i>	Tier 1	
<i>prednisolone-moxifloxacin hcl ophthalmic (eye) drops,suspension 1-0.5 %</i>	Tier 1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	Tier 2	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	Tier 3	ST: Must meet the following requirement: Generic ophthalmic Tobramycin/dexamethasone drops in 120 days
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	Tier 1	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	Tier 3	
Eye Antihistamines		
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	Tier 1	QL (12 ML per 30 days)
<i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i> (Bepreve)	Tier 1	ST: Must meet any of the following requirements: Azelastine HCL, Epinastine HCL, or Olopatadine HCL in 120 days; QL (10 ML per 30 days)
BEPREVE OPHTHALMIC (EYE) DROPS 1.5 % (bepotastine besilate)	Tier 3	ST: Must meet any of the following requirements: Azelastine HCL, Epinastine HCL, or Olopatadine HCL in 120 days; QL (10 ML per 30 days)
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	Tier 1	QL (10 ML per 30 days)
<i>olopatadine ophthalmic (eye) drops 0.1 %</i> (Eye Allergy Itch-Redness Rlf)	Tier 1	
<i>olopatadine ophthalmic (eye) drops 0.2 %</i> (Eye Allergy Itch Relief)	Tier 1	QL (3 ML per 30 days)
ZERVIAE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	Tier 3	QL (60 EA per 30 days)
Eye Antiinflammatory Agents		
ACULAR LS OPHTHALMIC (EYE) DROPS 0.4 % (ketorolac)	Tier 3	
ACULAR OPHTHALMIC (EYE) DROPS 0.5 % (ketorolac)	Tier 3	QL (20 ML per 30 days)

Drug	Status	Notes
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %	Tier 3	ST: Must meet 2 of the following requirements: Diclofenac Sodium, Ilevro, or Ketorolac Tromethamine in 365 days; QL (60 EA per 15 days)
ALREX OPHTHALMIC (EYE) (loteprednol etabonate) DROPS,SUSPENSION 0.2 %	Tier 3	ST: Must meet any of the following requirements: generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% in 120 days; QL (10 ML per 14 days)
<i>bromfenac ophthalmic (eye) drops 0.07 %</i> (Prolensa)	Tier 1	ST: Must meet any of the following requirements: Diclofenac Sodium or Ketorolac Tromethamine in 120 days; QL (3 ML per 16 days)
<i>bromfenac ophthalmic (eye) drops 0.075 %</i> (BromSite)	Tier 1	ST: Must meet any of the following requirements: Diclofenac Sodium or Ketorolac Tromethamine in 120 days; QL (5 ML per 16 days)
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	Tier 1	ST: Must meet any of the following requirements: Diclofenac Sodium or Ketorolac Tromethamine in 120 days; QL (3.4 ML per 16 days)
BROMSITE OPHTHALMIC (EYE) (bromfenac) DROPS 0.075 %	Tier 3	ST: Must meet any of the following requirements: Diclofenac Sodium or Ketorolac Tromethamine in 120 days; QL (5 ML per 16 days)
<i>clobetasol ophthalmic (eye) drops,suspension 0.05 %</i>	Tier 1	ST: Must meet any of the following requirements: generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% in 120 days; QL (3.5 ML per 14 days)
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	Tier 1	QL (15 ML per 14 days)

Drug	Status	Notes
DEXTENZA INTRACANALICULAR INSERT 0.4 MG	Tier 3	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	Tier 1	QL (10 ML per 14 days)
<i>difluprednate ophthalmic (eye) drops 0.05 %</i> (Durezol)	Tier 1	QL (10 ML per 14 days)
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 % (difluprednate)	Tier 3	QL (10 ML per 14 days)
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 3	PA
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 3	ST: Must meet any of the following requirements: generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% in 120 days; QL (15 ML per 14 days)
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i> (FML Liquifilm)	Tier 1	QL (10 ML per 14 days)
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	Tier 1	
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 3	ST: Must meet any of the following requirements: generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% in 120 days; QL (10 ML per 14 days)
FML LIQUIFILM OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (fluorometholone)	Tier 3	QL (10 ML per 14 days)
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	Tier 2	QL (3.4 ML per 16 days)
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	Tier 3	ST: Must meet any of the following requirements: generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% in 120 days; QL (5.6 ML per 14 days)
<i>ketorolac ophthalmic (eye) drops 0.4 %</i> (Acular LS)	Tier 1	
<i>ketorolac ophthalmic (eye) drops 0.5 %</i> (Acular)	Tier 1	QL (20 ML per 30 days)
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 % (loteprednol etabonate)	Tier 3	QL (10 GM per 14 days)

Drug	Status	Notes
LOTEMAX OPHTHALMIC (EYE) (loteprednol etabonate) DROPS,SUSPENSION 0.5 %	Tier 3	QL (20 ML per 14 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	Tier 2	QL (7 GM per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	Tier 2	QL (10 GM per 14 days)
<i>loteprednol etabonate ophthalmic (eye) (Lotemax) drops,gel 0.5 %</i>	Tier 1	QL (10 GM per 14 days)
<i>loteprednol etabonate ophthalmic (eye) (Alrex) drops,suspension 0.2 %</i>	Tier 1	ST: Must meet any of the following requirements: generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% in 120 days; QL (10 ML per 14 days)
<i>loteprednol etabonate ophthalmic (eye) (Lotemax) drops,suspension 0.5 %</i>	Tier 1	QL (20 ML per 14 days)
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 3	ST: Must meet any of the following requirements: generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% in 120 days; QL (25 ML per 14 days)
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 3	ST: Must meet 2 of the following requirements: Diclofenac Sodium, Ilevro, or Ketorolac Tromethamine in 365 days; QL (9 ML per 16 days)
PRED FORTE OPHTHALMIC (EYE) (prednisolone acetate) DROPS,SUSPENSION 1 %	Tier 3	QL (20 ML per 14 days)
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	Tier 3	ST: Must meet any of the following requirements: generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% in 120 days; QL (20 ML per 14 days)
<i>prednisolone acetate (pf) ophthalmic (eye) drops,suspension 1 %</i>	Tier 1	QL (20 ML per 14 days)
<i>prednisolone acetate ophthalmic (eye) (Pred Forte) drops,suspension 1 %</i>	Tier 1	QL (20 ML per 14 days)

Drug	Status	Notes
<i>prednisolone acetate-bromfenac ophthalmic (eye) drops,suspension 1-0.075 %</i>	Tier 1	
<i>prednisolone acetate-nepafenac ophthalmic (eye) drops,suspension 1-0.1 %</i>	Tier 1	
<i>prednisolone sod ph-bromf (pf) ophthalmic (eye) drops 1-0.09 %</i>	Tier 1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	Tier 1	QL (20 ML per 14 days)
PROLENSA OPHTHALMIC (EYE) (bromfenac) DROPS 0.07 %	Tier 3	ST: Must meet any of the following requirements: Diclofenac Sodium or Ketorolac Tromethamine in 120 days; QL (3 ML per 16 days)
Eye Antivirals		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	Tier 1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	Tier 3	ST: Must meet any of the following requirements: Oral Acyclovir, Famciclovir, or Valacyclovir HCL in 120 days
Eye Local Anesthetics		
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 %	Tier 3	
ALCAINE OPHTHALMIC (EYE) DROPS (proparacaine) 0.5 %	Tier 1	
ALTACAIN OPHTHALMIC (EYE) (tetracaine hcl) DROPS 0.5 %	Tier 1	
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 % (fluorescein-benoxinate)	Tier 1	
<i>fluorescein-benoxinate ophthalmic (eye) drops 0.3-0.4 %</i>	Tier 1	
<i>fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %</i>	Tier 1	
IHEEZO (PF) OPHTHALMIC (EYE) DROPPERETTE,GEL 3 %	Tier 3	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i> (Alcaine)	Tier 1	
<i>tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i> (Altacaine)	Tier 1	

Drug	Status	Notes
Eye Sulfonamides		
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 %	Tier 2	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	Tier 1	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	Tier 1	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	Tier 1	
Eye Vasoconstrictors (Rx Only)		
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	Tier 1	
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 %	Tier 3	PA
Nicotinic Recept.Partial Agonist, Alpha4beta2 Spec		
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY	Tier 2	PA; MO
Ophthalmic (Eye) Antiparasitics		
XDEMVI OPHTHALMIC (EYE) DROPS 0.25 %	Tier 4	PA
Ophthalmic Antibiotics		
AZASITE OPHTHALMIC (EYE) DROPS 1 %	Tier 3	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	Tier 1	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i> (Polycin)	Tier 1	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	Tier 2	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	Tier 2	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	Tier 1	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	Tier 1	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	Tier 1	
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	Tier 1	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i> (Vigamox)	Tier 1	
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	Tier 1	

Drug	Status	Notes
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> (Neo-Polycin)	Tier 1	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	Tier 1	
NEO-POLYICIN OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT-UNIT/G (neomycin-bacitracin-polymyxin)	Tier 1	
OCUFLOX OPHTHALMIC (EYE) DROPS 0.3 % (ofloxacin)	Tier 3	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i> (Ocuflox)	Tier 1	
POLYICIN OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM (bacitracin-polymyxin b)	Tier 1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	Tier 1	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	Tier 1	
<i>tobramycin-vancomycin ophthalmic (eye) drops 1-2.5 %, 1.5-5 %</i>	Tier 1	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	Tier 2	
<i>vancomycin in 0.9 % sodium chl ophthalmic (eye) drops 10 mg/ml</i>	Tier 1	
VIGAMOX OPHTHALMIC (EYE) DROPS 0.5 % (moxifloxacin)	Tier 3	
Ophthalmic Antifungal Agents		
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	Tier 3	
Ophthalmic Anti-Inflammatory Immunomodulator-Type		
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %	Tier 3	MO; ST: Must meet 2 of the following requirements: Cyclosporine, Restasis Multidose, or Xiidra in 365 days; QL (60 EA per 30 days)
CYCLOSPORINE IN KLARITY OPHTHALMIC (EYE) DROPS 0.1-0.25 %	Tier 1	MO
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i> (Restasis)	Tier 1	MO; QL (60 EA per 30 days)
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	Tier 2	MO; QL (5.5 ML per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 % (cyclosporine)	Tier 1	MO; QL (60 EA per 30 days)

Drug	Status	Notes
VERKAZIA OPHTHALMIC (EYE) DROPPERETTE 0.1 %	Tier 4	PA; MO
VEVYE OPHTHALMIC (EYE) DROPS 0.1 %	Tier 3	PA; MO
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	Tier 2	MO; QL (60 EA per 30 days)
Ophthalmic Human Nerve Growth Factor (Hngf)		
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	Tier 4	PA
Ophthalmic Mast Cell Stabilizers		
ALOCRILOPHTHALMIC (EYE) DROPS 2 %	Tier 2	ST: Must meet the following requirement: Cromolyn 4% ophthalmic drops in 120 days; QL (20 ML per 30 days)
ALOMIDOPHTHALMIC (EYE) DROPS 0.1 %	Tier 2	ST: Must meet the following requirement: Cromolyn 4% ophthalmic drops in 120 days; QL (40 ML per 30 days)
<i>cromolyn ophthalmic (eye) drops 4 %</i>	Tier 1	QL (50 ML per 30 days)
Ophthalmic Preparations, Miscellaneous		
ACUICYN TOPICAL SPRAY, NON-AEROSOL 0.01 %	Tier 3	
AMVISC INTRAOCULAR SYRINGE 12 MG/ML	Tier 3	
AMVISC PLUS INTRAOCULAR SYRINGE 16 MG/ML	Tier 3	
AVENOVA TOPICAL SPRAY, NON-AEROSOL 0.01 %	Tier 3	
BIOLON INTRAOCULAR SYRINGE 10 MG/ML	Tier 3	
HEALON ENDOCOAT INTRAOCULAR SYRINGE 30 MG/ML	Tier 3	
HEALON GV PRO INTRAOCULAR SYRINGE 18 MG/ML	Tier 3	
HEALON PRO INTRAOCULAR SYRINGE 10 MG/ML	Tier 3	
HEALON5 PRO INTRAOCULAR SYRINGE 23 MG/ML	Tier 3	
PROVISC INTRAOCULAR SYRINGE 10 MG/ML	Tier 3	
RYZUMVI OPHTHALMIC (EYE) DROPPERETTE 0.75 %	Tier 3	

Drug	Status	Notes
TOTALVISC INTRAOCULAR SYRINGE 2.5 % (1 ML) 1 % (1 ML)	Tier 3	
Eye - Glaucoma		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide oral capsule, extended release 500 mg</i>	Tier 1	MO
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	Tier 1	MO
<i>methazolamide oral tablet 25 mg, 50 mg</i>	Tier 1	MO
Miotics/Other Intraoc. Pressure Reducers		
ALPHAGAN P OPHTHALMIC (EYE) (brimonidine) DROPS 0.1 %, 0.15 %	Tier 3	MO
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	Tier 1	
AZOPT OPHTHALMIC (EYE) (brinzolamide) DROPS,SUSPENSION 1 %	Tier 3	MO
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	Tier 1	MO
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %	Tier 3	MO
BETIMOL OPHTHALMIC (EYE) DROPS (timolol) 0.5 %	Tier 3	MO
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 3	MO
<i>bimatoprost (pf) ophthalmic (eye) drops 0.01 %</i>	Tier 1	MO
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	Tier 1	MO; QL (1 ML per 12 days)
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i> (Alphagan P)	Tier 1	MO
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	Tier 1	MO
<i>brimonidine-dorzolamide (pf) ophthalmic (eye) drops 0.15-2 %</i>	Tier 1	MO
<i>brimonidine-dorzolamide ophthalmic (eye) drops 0.1-2 %</i>	Tier 1	MO
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i> (Combigan)	Tier 1	MO
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i> (Azopt)	Tier 1	MO
<i>carteolol ophthalmic (eye) drops 1 %</i>	Tier 1	MO
COMBIGAN OPHTHALMIC (EYE) (brimonidine-timolol) DROPS 0.2-0.5 %	Tier 3	MO

Drug	Status	Notes
COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE 2-0.5 % (dorzolamide-timolol (pf))	Tier 3	MO; ST: Must meet the following requirement: Dorzolamide HCL/Timolol Maleate in 120 days; QL (2 EA per 1 day)
COSOPT OPHTHALMIC (EYE) DROPS 22.3-6.8 MG/ML (dorzolamide-timolol)	Tier 3	MO
<i>dorzolamide (pf) ophthalmic (eye) drops 2 %</i>	Tier 1	MO
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	Tier 1	MO
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i> (Cosopt (PF))	Tier 1	MO; ST: Must meet the following requirement: Dorzolamide HCL/Timolol Maleate in 120 days; QL (2 EA per 1 day)
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i> (Cosopt)	Tier 1	MO
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	Tier 3	
ISTALOL OPHTHALMIC (EYE) DROPS, ONCE DAILY 0.5 % (timolol maleate)	Tier 3	MO
IYUZEH (PF) OPHTHALMIC (EYE) DROPPERETTE 0.005 %	Tier 3	MO; ST: Must meet 2 of the following requirements: Bimatoprost, Latanoprost, Latanoprost/pf, Lumigan, or Travoprost in 365 days; QL (1 EA per 1 day)
<i>latanoprost ophthalmic (eye) drops 0.005 %</i> (Xalatan)	Tier 1	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	Tier 1	MO
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	Tier 2	MO; QL (2.5 ML per 25 days)
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	Tier 4	MO
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	Tier 1	MO
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	Tier 3	MO; ST: Must meet 2 of the following requirements: Brimonidine Tartrate, Brimonidine Tartrate/Timolol, Brinzolamide, Latanoprost, Lumigan, Simbrinza, or Travoprost in 365 days; QL (2.5 ML per 30 days)

Drug	Status	Notes
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	Tier 3	MO; ST: Must meet 2 of the following requirements: Brimonidine Tartrate, Brimonidine Tartrate/Timolol, Brinzolamide, Latanoprost, Lumigan, Simbrinza, or Travoprost in 365 days; QL (2.5 ML per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	Tier 2	MO
<i>tafluprost (pf) ophthalmic (eye)</i> <i>dropperette 0.0015 %</i> (Zioptan (PF))	Tier 1	MO; QL (1 EA per 1 day)
<i>timol-brimon-dorzol-bimato(pf)</i> <i>ophthalmic (eye) drops 0.5 %-0.15 %- 2</i> <i>%-0.01 %</i>	Tier 1	MO
<i>timolol maleate (pf) ophthalmic (eye)</i> <i>dropperette 0.25 %, 0.5 %</i> (Timoptic Ocudose (PF))	Tier 1	MO; QL (2 EA per 1 day)
<i>timolol maleate ophthalmic (eye) drops</i> <i>0.25 %, 0.5 %</i>	Tier 1	MO
<i>timolol maleate ophthalmic (eye) drops,</i> <i>once daily 0.5 %</i> (Istalol)	Tier 1	MO
<i>timolol maleate ophthalmic (eye) gel</i> <i>forming solution 0.25 %, 0.5 %</i>	Tier 1	MO
<i>timolol ophthalmic (eye) drops 0.5 %</i> (Betimol)	Tier 1	MO
<i>timolol-bimatoprost (pf) ophthalmic (eye)</i> <i>drops 0.5-0.01 %</i>	Tier 1	MO
<i>timolol-brimonidi-dorzolam(pf)</i> <i>ophthalmic (eye) drops 0.5-0.15-2 %</i>	Tier 1	MO
<i>timolol-dorzolam-bimatopro(pf)</i> <i>ophthalmic (eye) drops 0.5-2-0.01 %</i>	Tier 1	MO
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %, 0.5 % (timolol maleate (pf))	Tier 3	MO; QL (2 EA per 1 day)
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 % (travoprost)	Tier 3	MO; QL (2.5 ML per 25 days)
<i>travoprost ophthalmic (eye) drops 0.004</i> <i>%</i> (Travatan Z)	Tier 1	MO; QL (2.5 ML per 25 days)
VUIITY OPHTHALMIC (EYE) DROPS 1.25 %	Tier 3	PA; MO
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	Tier 3	MO; ST: Must meet 2 of the following requirements: Bimatoprost, Latanoprost, Latanoprost/pf, Lumigan, or Travoprost in 365 days; QL (5 ML per 30 days)

Drug	Status	Notes
XALATAN OPHTHALMIC (EYE) DROPS (latanoprost) 0.005 %	Tier 3	MO
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 %	Tier 3	MO; ST: Must meet 2 of the following requirements: Bimatoprost, Latanoprost, Latanoprost/pf, Lumigan, or Travoprost in 365 days; QL (5 ML per 30 days)
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 % (tafluprost (pf))	Tier 3	MO; QL (1 EA per 1 day)
Mydriatics		
<i>atropine ophthalmic (eye) drops 0.01 %, 0.025 %, 0.05 %</i>	Tier 1	MO
<i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)	Tier 1	MO
<i>atropine ophthalmic (eye) ointment 1 %</i>	Tier 1	MO
<i>atropine sulfate (pf) ophthalmic (eye) dropperette 1 %</i>	Tier 1	MO
CYCLOGYL OPHTHALMIC (EYE) DROPS 0.5 %, 1 %, 2 % (cyclopentolate)	Tier 3	
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %	Tier 3	
<i>cyclopentolate ophthalmic (eye) drops 1 %</i> (Cyclogyl)	Tier 1	
<i>cyclopen-tropic-phenyleph-watr ophthalmic (eye) drops 1-1-2.5 %</i>	Tier 3	
<i>cyclopent-tropic-phen-ketr-wat ophthalmic (eye) drops 1 %-1 %-10 %-0.5 %, 1 %-1 %-2.5 %-0.5 %</i>	Tier 1	
<i>cyclop-trop-propa-phen-ket-wat ophthalmic (eye) drops 1 %-1 %-0.1 %-2.5 %-0.4 %</i>	Tier 1	
HOMATROPAIRE OPHTHALMIC (EYE) DROPS 5 % (homatropine hbr)	Tier 1	MO
ISOPTO ATROPINE OPHTHALMIC (EYE) DROPS 1 % (atropine)	Tier 3	MO
MYDCOMBI OPHTHALMIC (EYE) CARTRIDGE 2.5-1 %	Tier 3	
MYDRIACYL OPHTHALMIC (EYE) DROPS 1 % (tropicamide)	Tier 3	
<i>phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 %</i>	Tier 1	
<i>tropicamide ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>tropicamide ophthalmic (eye) drops 1 %</i> (Mydriacyl)	Tier 1	

Drug	Status	Notes
Ophthalmic Antifibrotic Agents		
<i>mitomycin (pf) in water ophthalmic (eye) syringe 0.2 mg/ml, 0.4 mg/ml</i>	Tier 3	
Eye - Miscellaneous		
Agents For Corneal Collagen Cross-Linking		
PHOTREXA CROSS-LINKING KIT OPTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOUS 0.146 % -0.146 %	Tier 4	
Artificial Tears		
KLARITY (CHONDROITIN) (PF) OPTHALMIC (EYE) DROPS 0.25 %	Tier 3	
MIEBO (PF) OPTHALMIC (EYE) DROPS 100 %	Tier 2	
Eye Diagnostic Agents		
BIOGLO OPTHALMIC (EYE) STRIP 1 MG	Tier 1	
GLOSTRIPS OPTHALMIC (EYE) STRIP 0.6 MG, 1 MG	Tier 1	
GREEN GLO OPTHALMIC (EYE) STRIP 1.5 MG (lissamine green)	Tier 1	
Eye Mydriatic And Nsaid Combinations		
MYDRIATIC4(TROP-PROP-PE-KTRLC) OPTHALMIC (EYE) DROPS 1-0.5-2.5-0.5 % (tropic-proparacai-peketor-wat)	Tier 1	
Eye Preparations, Miscellaneous (Otc)		
GELFILM OPTHALMIC (EYE) FILM	Tier 3	
Ophthalmic Cystine Depleting Agents		
CYSTADROPS OPTHALMIC (EYE) DROPS 0.37 %	Tier 3	PA; MO
CYSTARAN OPTHALMIC (EYE) DROPS 0.44 %	Tier 3	PA; MO
Fluid Replacement		
Nucleic Acid/Nucleotide Supplements		
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	Tier 3	PA; MO
Gout And Related Diseases		
Colchicine		
<i>colchicine oral capsule 0.6 mg</i> (Mitigare)	Tier 1	MO; QL (2 EA per 1 day)
<i>colchicine oral tablet 0.6 mg</i> (Colcrys)	Tier 1	MO; QL (4 EA per 1 day)
COLCRYS ORAL TABLET 0.6 MG (colchicine)	Tier 3	MO; QL (4 EA per 1 day)

Drug	Status	Notes
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML	Tier 3	MO; ST: Must meet the following requirement: Colchicine capsules or tablets in 120 days; QL (10 ML per 1 day)
MITIGARE ORAL CAPSULE 0.6 MG (colchicine)	Tier 3	MO; QL (2 EA per 1 day)
Hyperuricemia Tx - Purine Inhibitors		
<i>allopurinol oral tablet 100 mg</i> (Zyloprim)	Tier 1	MO
<i>allopurinol oral tablet 200 mg, 300 mg</i>	Tier 1	MO
<i>febuxostat oral tablet 40 mg, 80 mg</i> (Uloric)	Tier 1	MO; ST: Must meet the following requirement: Allopurinol in 120 days; QL (30 EA per 30 days)
ULORIC ORAL TABLET 40 MG, 80 MG (febuxostat)	Tier 3	MO; ST: Must meet the following requirement: Allopurinol or Febuxostat in 120 days; QL (30 EA per 30 days)
ZYLOPRIM ORAL TABLET 100 MG (allopurinol)	Tier 3	MO
Uricosuric Agents		
<i>probenecid oral tablet 500 mg</i>	Tier 1	MO
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	Tier 1	MO
Uricosuric And Xanthine Oxidase Inhibitor Comb.		
DUZALLO ORAL TABLET 200-200 MG, 200-300 MG	Tier 3	MO; ST: Must meet the following requirement: Allopurinol in 120 days; QL (1 EA per 1 day)
Hematological Disorders		
Agents To Tx Thrombotic Thrombocytopenic Purpura		
CABLIVI INJECTION KIT 11 MG	Tier 4	PA
CABLIVI INJECTION RECON SOLN 11 MG	Tier 4	PA
Anticoagulants, Coumarin Type		
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG (warfarin)	Tier 1	MO
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> (Jantoven)	Tier 1	MO
Antifibrinolytic Agents		
AMICAR ORAL SOLUTION 250 MG/ML (25 %) (aminocaproic acid)	Tier 3	
AMICAR ORAL TABLET 1,000 MG, 500 MG (aminocaproic acid)	Tier 3	

Drug	Status	Notes
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i> (Amicar)	Tier 1	
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i> (Amicar)	Tier 1	
<i>tranexamic acid oral tablet 650 mg</i>	Tier 1	MO
Antihemophilic Factors		
ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	MO
ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT	Tier 3	MO
AFSTYLA INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT RANGE, 1,500 (+/-) UNIT RANGE, 2,000 (+/-) UNIT RANGE, 2,500 (+/-) UNIT RANGE, 250 (+/-) UNIT RANGE, 3,000 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	Tier 3	MO
ALPHANATE INTRAVENOUS RECON SOLN 1,000 (400 VWF) UNIT/10 ML, 1,500 (600 VWF) UNIT/10 ML, 2,000 (800 VWF) UNIT/10 ML, 250 (100 VWF) UNIT/5 ML, 500 (200 VWF) UNIT/5 ML	Tier 3	MO
ALTUVIIIIO INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4000 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	MO
ELOCTATE INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 5,000 UNIT, 500 UNIT, 6,000 UNIT, 750 UNIT	Tier 3	MO
ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	MO
FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT	Tier 3	
HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT	Tier 3	MO
HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT	Tier 3	MO

Drug	Status	Notes
HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT	Tier 3	MO
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT	Tier 3	MO
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT	Tier 3	MO
JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	MO
KOATE INTRAVENOUS RECON SOLN 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	MO
KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	MO
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	MO
NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	MO
NOVOSEVEN RT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG), 8 MG (8,000 MCG)	Tier 3	
NUWIQ INTRAVENOUS RECON SOLN 1000 UNIT, 2,000 UNIT, 2,500 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	Tier 3	MO
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE	Tier 3	
RECOMBINATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	MO
SEVENFACT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 5 MG (5,000 MCG)	Tier 3	
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT	Tier 3	
XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	MO

Drug	Status	Notes
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	MO
Blood Factors,Miscellaneous		
VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-) UNIT RANGE	Tier 4	
Citrates As Anticoagulants		
ACD SOLUTION A SOLUTION 2.45-2.2 GRAM- 800 MG/100 ML	Tier 3	
ACD-A SOLUTION , 2.45-2.2 GRAM- 730 MG/100 ML	Tier 3	
<i>anticoag citrate phos dextrose solution 2.63-222 gram-mg/100ml</i>	Tier 1	
<i>citric-sod citrat-sod phos-dex solution 0.327-2.63 gram/100 ml</i>	Tier 1	
REGIOCIT (EUA) SOLUTION 5.03-5.29 GRAM/L	Tier 3	
<i>sodium citrate in 0.9 % nacl solution 0.5 %</i>	Tier 1	
<i>sodium citrate intra-catheter solution 4 %</i>	Tier 1	
<i>sodium citrate intra-catheter syringe 4 % (3 ml), 4 % (5 ml)</i>	Tier 1	
<i>sodium citrate solution 4 gram /100 ml (4 %)</i>	Tier 1	
Complement (C3) Inhibitors		
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML	Tier 4	PA; MO
Direct Factor Xa Inhibitors		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	Tier 2	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	Tier 2	MO; QL (2 EA per 1 day)
ELIQUIS ORAL TABLET 5 MG	Tier 2	MO; QL (74 EA per 30 days)
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG	Tier 3	MO; ST: Must meet the following requirements: Eliquis and Xarelto in 365 days; QL (30 EA per 30 days)
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	Tier 2	QL (51 EA per 30 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	Tier 2	MO; QL (20 ML per 1 day)

Drug	Status	Notes
XARELTO ORAL TABLET 10 MG, 20 MG	Tier 2	MO; QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG	Tier 2	MO; QL (2 EA per 1 day)
Factor Ix Complex (Pcc) Preparations		
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	MO
Factor Ix Preparations		
ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	MO
ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	Tier 3	MO
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 3	MO
IDELVION INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	MO
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 3	MO
REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	
RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 3	MO
Factor X Preparations		
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	Tier 4	
Factor Xiii Preparations		
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT	Tier 4	MO
TRETEN INTRAVENOUS RECON SOLN 2,500 UNIT	Tier 4	MO
Hematinics, Other		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	Tier 4	PA; MO

Drug	Status	Notes
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML	Tier 4	PA; MO
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	Tier 4	PA; MO
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 120 MCG/0.3 ML, 150 MCG/0.3 ML, 200 MCG/0.3 ML, 30 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML	Tier 4	PA; MO
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	Tier 4	PA; MO
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	Tier 3	PA; MO
Hemophilia Treatment Agents, Non-Factor Replacement		
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 12 MG/0.4 ML, 150 MG/ML, 30 MG/ML, 300 MG/2 ML (150 MG/ML), 60 MG/0.4 ML	Tier 3	PA; MO
HYMPAVZI PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 3	PA; MO
Hemorrhologic Agents		
<i>pentoxifylline oral tablet extended release 400 mg</i>	Tier 1	MO
Heparin And Related Preparations		
ARIXTRA SUBCUTANEOUS SYRINGE (fondaparinux) 10 MG/0.8 ML	Tier 4	QL (24 ML per 30 days)
ARIXTRA SUBCUTANEOUS SYRINGE (fondaparinux) 2.5 MG/0.5 ML	Tier 4	QL (15 ML per 30 days)
ARIXTRA SUBCUTANEOUS SYRINGE (fondaparinux) 5 MG/0.4 ML	Tier 4	QL (12 ML per 30 days)
ARIXTRA SUBCUTANEOUS SYRINGE (fondaparinux) 7.5 MG/0.6 ML	Tier 4	QL (18 ML per 30 days)
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i> (Lovenox)	Tier 3	QL (30 ML per 30 days)

Drug	Status	Notes
<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 3	
ENOXILUV SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	Tier 4	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> (Arixtra)	Tier 3	QL (24 ML per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> (Arixtra)	Tier 3	QL (15 ML per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i> (Arixtra)	Tier 3	QL (12 ML per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i> (Arixtra)	Tier 3	QL (18 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML	Tier 3	QL (8 ML per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	Tier 3	QL (7.6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML	Tier 3	QL (60 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML	Tier 3	QL (30 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML	Tier 3	QL (36 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML	Tier 3	QL (43.2 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML	Tier 3	QL (12 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML	Tier 3	QL (18 ML per 30 days)
HEP FLUSH-10 (PF) INTRAVENOUS SOLUTION 10 UNIT/ML	Tier 1	
<i>heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/500 ml (5 unit/ml), 5,000 unit/500 ml (10 unit/ml)</i>	Tier 1	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	Tier 1	
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	Tier 1	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	Tier 1	

Drug	Status	Notes
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	Tier 1	
<i>heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml</i>	Tier 1	
HEPARIN LOCKFLUSH(PORCINE)(PF) (heparin, porcine (pf)) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML	Tier 1	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	Tier 1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml</i>	Tier 1	
<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>	Tier 1	
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml</i>	Tier 1	
<i>heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml</i>	(Heparin LockFlush(Porcine)(PF)) Tier 1	
<i>heparin, porcine (pf) subcutaneous syringe 5,000 unit/0.5 ml</i>	Tier 1	
LOVENOX SUBCUTANEOUS SOLUTION 300 MG/3 ML (enoxaparin)	Tier 4	QL (30 ML per 30 days)
LOVENOX 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 (enoxaparin)	Tier 4	
Human Monoclonal Antibody Complement(C5) Inhibitor		
FABHALTA ORAL CAPSULE 200 MG	Tier 3	PA; MO
TAVNEOS ORAL CAPSULE 10 MG	Tier 4	PA; MO
VOYDEYA ORAL TABLET 100 MG, 150 MG (50 MG X 1-100 MG X 1)	Tier 4	PA; MO
ZILBRYSQ SUBCUTANEOUS SYRINGE 16.6 MG/0.416 ML, 23 MG/0.574 ML, 32.4 MG/0.81 ML	Tier 4	PA; MO
Hypoxia Inducible Factor Prolyl Hydroxylase Inh.		
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 3	PA; MO
VAFSEO ORAL TABLET 150 MG, 300 MG	Tier 3	PA; MO
Leukocyte (Wbc) Stimulants		
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 4	PA
FYLNTRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 4	PA

Drug	Status	Notes
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 4	PA
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 4	PA
LEUKINE INJECTION RECON SOLN 250 MCG	Tier 4	PA
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	Tier 4	PA
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 4	PA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 4	PA
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 4	PA
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 3	PA
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 3	PA
NYPOZI INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 4	PA
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 4	PA
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 4	PA
ROLVEDON SUBCUTANEOUS SYRINGE 13.2 MG/0.6 ML	Tier 4	PA
STIMUFEND SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 4	PA
UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 6 MG/0.6 ML	Tier 4	PA
UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	Tier 4	PA
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 4	PA
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 4	PA
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 3	PA
Plasma Proteins		
RYPLAZIM INTRAVENOUS RECON SOLN 68.8 MG	Tier 4	PA; MO

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

Drug	Status	Notes
<i>anagrelide oral capsule 0.5 mg</i> (Agrylin)	Tier 1	MO
<i>anagrelide oral capsule 1 mg</i>	Tier 1	MO
Pyruvate Kinase Activators		
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	Tier 4	PA; MO
PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7)	Tier 4	PA
Sickle Cell Anemia Agents		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	Tier 3	MO
ENDARI ORAL POWDER IN PACKET 5 GRAM (glutamine (sickle cell))	Tier 4	PA; MO
<i>glutamine (sickle cell) oral powder in packet 5 gram</i> (Endari)	Tier 3	PA; MO
SIKLOS ORAL TABLET 1,000 MG	Tier 3	MO; ST: Must meet the following requirement: Generic Droxia or Generic Hydroxyurea in 365 days
SIKLOS ORAL TABLET 100 MG	Tier 3	MO; QL (2 EA per 1 day)
Spleen Tyrosine Kinase Inhibitors		
TAVALISSE ORAL TABLET 100 MG, 150 MG	Tier 3	PA
Thrombin Inhibitors, Selective, Direct, & Reversible		
<i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i> (Pradaxa)	Tier 1	MO; QL (2 EA per 1 day)
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG (dabigatran etexilate)	Tier 3	MO; ST: Must meet the following requirements: Eliquis and Xarelto in 365 days; QL (2 EA per 1 day)
PRADAXA ORAL PELLETS IN PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG	Tier 3	PA; MO
Thrombopoietin Receptor Agonists		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	Tier 4	PA; MO
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	Tier 3	PA
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	Tier 3	PA
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	Tier 3	PA
MULPLETA ORAL TABLET 3 MG	Tier 4	PA
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	Tier 3	PA; MO

Drug	Status	Notes
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	Tier 3	PA; MO
Topical Hemostatics		
ASTRINGYN TOPICAL SOLUTION 259 MG/G	Tier 3	
AVITENE FLOUR TOPICAL POWDER	Tier 3	
AVITENE TOPICAL POWDER IN PACKET	Tier 3	
AVITENE TOPICAL SHEET 35 X 35 MM, 70 X 35 MM, 70 X 70 MM	Tier 3	
ENDO AVITENE TOPICAL SHEET 10 MM, 5 MM	Tier 3	
EVARREST TOPICAL ADHESIVE PATCH,MEDICATED 2 X 4 ", 4 X 4 "	Tier 3	
EVICEL TOPICAL SOLUTION 800-1,200 UNIT /ML (1 ML X 2), 800-1,200 UNIT /ML(2ML X 2), 800-1,200 UNIT /ML(5 ML X 2)	Tier 3	
GEL-FLOW NT TOPICAL SYRINGE	Tier 3	
GEL-FLOW TOPICAL SYRINGE KIT 5,000 UNIT	Tier 3	
GELFOAM COMPRESSED SIZE 100 TOPICAL SPONGE 100 CM	Tier 3	
GELFOAM JMI POWDER TOPICAL KIT 5,000 UNIT	Tier 3	
GELFOAM JMI SPONGE TOPICAL COMBO PACK 5,000 UNIT	Tier 3	
GELFOAM MUCOUS MEMBRANE POWDER	Tier 3	
GELFOAM SPONGE SIZE 100 TOPICAL SPONGE 100	Tier 3	
GELFOAM SPONGE SIZE 12-7MM TOPICAL SPONGE 12-7 MM	Tier 3	
GELFOAM SPONGE SIZE 200 TOPICAL SPONGE 200	Tier 3	
GELFOAM SPONGE SIZE 50 TOPICAL SPONGE 50	Tier 3	
GELFOAM TOPICAL SPONGE 4	Tier 3	
MONSEL'S TOPICAL SOLUTION WITH APPLICATOR 0.2 TO 0.22 GRAM/ML	Tier 1	
RECOTHROM SPRAY KIT TOPICAL RECON SOLN 20,000 UNIT	Tier 3	
RECOTHROM TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT	Tier 3	
SURGIFLO TOPICAL SYRINGE	Tier 3	

Drug	Status	Notes
SURGIFOAM TOPICAL SPONGE 100 , 100 CM, 12-7 MM, 50	Tier 3	
SYRINGE AVITENE TOPICAL POWDER	Tier 3	
TACHOSIL TOPICAL ADHESIVE PATCH,MEDICATED 4.8 X 4.8 CM, 9.5 X 4.8 CM	Tier 3	
THROMBI-GEL TOPICAL PADS, MEDICATED 10 CM2, 100 CM2, 40 CM2	Tier 1	
THROMBIN-JMI NASAL NASAL SPRAY SYRINGE 5,000 UNIT	Tier 1	
THROMBIN-JMI TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT	Tier 1	
THROMBIN-JMI TOPICAL SPRAY SYRINGE 20,000 UNIT, 5,000 UNIT	Tier 1	
THROMBIN-JMI TOPICAL SPRAY,NON-AEROSOL 20,000 UNIT	Tier 1	
THROMBI-PAD TOPICAL PADS, MEDICATED 3 X 3 "	Tier 1	
ULTRAFOAM TOPICAL SPONGE 2 X 6.25 X 7 CM-CM-MM, 8 X 12.5 X 1 CM, 8 X 12.5 X 3 CM-CM-MM, 8 X 6.25 X 1 CM	Tier 3	
VISTASEAL-FIBRIN SEALANT TOPICAL SYRINGE 500 UNIT-80 MG /ML (10 ML), 500 UNIT-80 MG /ML (2 ML), 500 UNIT-80 MG /ML (4 ML)	Tier 3	
Vitamin K Preparations		
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i> (Vitamin K1)	Tier 1	
<i>phytonadione (vitamin k1) injection syringe 1 mg/0.5 ml</i>	Tier 1	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	Tier 1	
VITAMIN K INJECTION SOLUTION 1 (phytonadione (vitamin k1)) MG/0.5 ML	Tier 1	
VITAMIN K1 INJECTION SOLUTION 10 (phytonadione (vitamin k1)) MG/ML	Tier 1	
Hormonal Deficiency		
Androgenic Agents		
ANDROGEL TRANSDERMAL GEL IN (testosterone) METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	Tier 3	PA; MO

Drug	Status	Notes
ANDROGEL 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) (testosterone)	Tier 3	PA; MO
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML, 200 MG/ML (testosterone cypionate)	Tier 3	PA; MO
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG	Tier 3	PA; MO
KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG	Tier 3	PA; MO
METHITEST ORAL TABLET 10 MG (methyltestosterone)	Tier 3	PA; MO
<i>methyltestosterone oral capsule 10 mg</i>	Tier 1	PA; MO
NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION	Tier 3	PA; MO
TESTIM TRANSDERMAL GEL 50 MG/5 GRAM (1 %) (testosterone)	Tier 3	PA; MO
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone)	Tier 1	PA; MO
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	Tier 1	PA
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i> (Testim)	Tier 1	PA; MO
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	Tier 1	PA; MO
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i> (Vogelxo)	Tier 1	PA; MO
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i> (AndroGel)	Tier 1	PA; MO
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i> (AndroGel)	Tier 1	PA; MO
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	Tier 1	PA; MO
TLANDO ORAL CAPSULE 112.5 MG	Tier 3	PA; MO
VOGELXO TRANSDERMAL GEL 50 MG/5 GRAM (1 %) (testosterone)	Tier 3	PA; MO
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %) (testosterone)	Tier 3	PA; MO

Drug	Status	Notes
VOGELXO TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM) (testosterone)	Tier 3	PA; MO
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	Tier 3	PA; MO
Estrogen & Progestin With Antimineralocorticoid Cb		
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	Tier 3	MO
Estrogen & Selective Estrogen Recept Mod(Serm)Comb		
DUAVEE ORAL TABLET 0.45-20 MG	Tier 2	MO
Estrogen And Progestin Combinations		
BIJUVA ORAL CAPSULE 0.5-100 MG	Tier 2	MO; QL (1 EA per 1 day)
BIJUVA ORAL CAPSULE 1-100 MG	Tier 2	MO; QL (30 EA per 30 days)
Estrogen/Androgen Combinations		
COVARYX H.S. ORAL TABLET 0.625-1.25 MG (estrogens-methyltestosterone)	Tier 1	MO
COVARYX ORAL TABLET 1.25-2.5 MG (estrogens-methyltestosterone)	Tier 1	MO
EEMT HS ORAL TABLET 0.625-1.25 MG (estrogens-methyltestosterone)	Tier 1	MO
EEMT ORAL TABLET 1.25-2.5 MG (estrogens-methyltestosterone)	Tier 1	MO
ESTRATEST F.S. ORAL TABLET 1.25-2.5 MG (estrogens-methyltestosterone)	Tier 1	MO
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg</i> (Covaryx H.S.)	Tier 1	MO
<i>estrogens-methyltestosterone oral tablet 1.25-2.5 mg</i> (Covaryx)	Tier 1	MO
Estrogenic Agents		
ACTIVELLA ORAL TABLET 1-0.5 MG (estradiol-norethindrone acet)	Tier 3	MO
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR	Tier 3	MO; ST: Must meet the following requirement: Combipatch in 120 days; QL (1 EA per 7 days)
CLIMARA 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 (estradiol)	Tier 3	MO; QL (1 EA per 7 days)
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	Tier 2	MO; QL (2 EA per 7 days)

Drug	Status	Notes
DELESTROGEN INTRAMUSCULAR OIL 20 MG/ML, 40 MG/ML (estradiol valerate)	Tier 3	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (estradiol cypionate)	Tier 3	
DIVIGEL 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%) (estradiol)	Tier 3	MO; ST: Must meet any of the following requirements: generic Climara, Minivelle, Vivelle-Dot in 120 days; QL (30 EA per 30 days)
DIVIGEL TRANSDERMAL GEL IN PACKET 1 MG/GRAM (0.1 %) (estradiol)	Tier 3	MO; ST: Must meet any of the following requirements: generic Climara, Minivelle, Vivelle-Dot in 120 days; QL (30 GM per 30 days)
DIVIGEL TRANSDERMAL GEL IN PACKET 1.25 MG/1.25 GRAM (0.1 %) (estradiol)	Tier 3	MO; ST: Must meet any of the following requirements: generic Climara, Minivelle, Vivelle-Dot in 120 days; QL (37.5 GM per 30 days)
DOTTI TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR (estradiol)	Tier 1	MO; QL (2 EA per 7 days)
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION (estradiol)	Tier 3	MO; ST: Must meet any of the following requirements: generic Climara, Minivelle, Vivelle-Dot in 120 days; QL (52 GM per 30 days)
ESTRACE ORAL TABLET 0.5 MG, 1 MG, 2 MG (estradiol)	Tier 3	MO
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> (Estrace)	Tier 1	MO
<i>estradiol transdermal gel in metered-dose pump 1.25 gram/actuation</i> (EstroGel)	Tier 1	MO; ST: Must meet any of the following requirements: generic Climara, Minivelle, Vivelle-Dot in 120 days
<i>estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%)</i> (Divigel)	Tier 1	MO; ST: Must meet any of the following requirements: generic Climara, Minivelle, Vivelle-Dot in 120 days; QL (30 EA per 30 days)
<i>estradiol transdermal gel in packet 1 mg/gram (0.1 %)</i> (Divigel)	Tier 1	MO; ST: Must meet any of the following requirements: generic Climara, Minivelle, Vivelle-Dot in 120 days; QL (30 GM per 30 days)

Drug	Status	Notes
<i>estradiol transdermal gel in packet 1.25 mg/1.25 gram (0.1 %)</i> (Divigel)	Tier 1	MO; ST: Must meet any of the following requirements: generic Climara, Minivelle, Vivelle-Dot in 120 days; QL (37.5 GM per 30 days)
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Dotti)	Tier 1	MO; QL (2 EA per 7 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Climara)	Tier 1	MO; QL (1 EA per 7 days)
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i> (Delestrogen)	Tier 1	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i>	Tier 1	MO
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i> (Mimvey)	Tier 1	MO
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION (estradiol)	Tier 3	MO; ST: Must meet any of the following requirements: generic Climara, Minivelle, Vivelle-Dot in 120 days
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%)	Tier 3	MO; ST: Must meet any of the following requirements: generic Climara, Minivelle, Vivelle-Dot in 120 days; QL (16.2 ML per 30 days)
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG (norethindrone ac-eth estradiol)	Tier 5	MO
JINTELI ORAL TABLET 1-5 MG-MCG (norethindrone ac-eth estradiol)	Tier 5	MO
LYLLANA TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR (estradiol)	Tier 1	MO; QL (2 EA per 7 days)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	Tier 3	MO
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR	Tier 3	MO; QL (1 EA per 7 days)
MIMVEY ORAL TABLET 1-0.5 MG (estradiol-norethindrone acet)	Tier 1	MO
MINIVELLE 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 3	MO; QL (2 EA per 7 days)
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> (Fyavolv)	Tier 5	MO

Drug	Status	Notes
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG	Tier 2	MO
PREMARIN ORAL TABLET 0.625 MG, 1.25 MG (conjugated estrogens)	Tier 2	MO
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	Tier 2	MO
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	Tier 2	MO
VIVELLE-DOT TRANSDERMAL PATCH (estradiol) SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	Tier 3	MO; QL (2 EA per 7 days)
Menopausal Symptoms Suppressant - Ssris		
<i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i>	Tier 1	MO; ST: Must meet any of the following requirements: Paroxetine HCL or Venlafaxine HCL in 120 days; QL (1 EA per 1 day)
Menopausal Symptoms Suppressant- Nk3 Receptor Antag		
VEOZAH ORAL TABLET 45 MG	Tier 3	MO
Progestational Agents		
CRINONE VAGINAL GEL 4 %	Tier 2	
GALLIFREY ORAL TABLET 5 MG (norethindrone acetate)	Tier 1	MO
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> (Provera)	Tier 1	MO
<i>norethindrone acetate oral tablet 5 mg</i> (Gallifrey)	Tier 1	MO
<i>progesterone intramuscular oil 50 mg/ml</i>	Tier 1	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)	Tier 1	MO
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG (progesterone micronized)	Tier 3	MO
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG (medroxyprogesterone)	Tier 3	MO
Immunization		
Antisera		
CUTAQUIG SUBCUTANEOUS SOLUTION 16.5 %	Tier 4	PA; MO
CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), 8 GRAM/40 ML (20 %)	Tier 4	PA; MO
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	Tier 3	PA; MO

Drug	Status	Notes
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 4	PA; MO
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 4	PA; MO
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 4	PA; MO
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 4	PA; MO
HYQVIA IG COMPONENT SUBCUTANEOUS SOLUTION 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 30 GRAM/300 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 4	PA; MO
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	Tier 4	PA; MO
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 4	PA; MO
Covid-19 Vaccines		
COMIRNATY 2024-25 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML	Tier 5	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MODERNA COVID 24-25(6M-11Y)PF INTRAMUSCULAR SYRINGE 25 MCG/0.25 ML	Tier 5	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
NOVAVAX COVID 2024-25(PF)(EUA) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	Tier 5	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Drug	Status	Notes
PFIZER COVID 2024-25(5Y-11Y)PF INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML	Tier 5	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PFIZER COVID 2024-25(6MO-4Y)PF INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3 MCG/0.3 ML	Tier 5	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SPIKEVAX 2024-2025(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	Tier 5	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Enteric Virus Vaccines		
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	Tier 3	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	Tier 3	
Gram (-) Bacilli (Non-Enteric) Vaccines		
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	Tier 3	
Gram Negative Cocci Vaccines		
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	Tier 3	
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	Tier 3	
Influenza Virus Vaccines		
AFLURIA TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	Tier 5	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
AFLURIA TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	Tier 5	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
AUDENZ (NATIONAL STOCKPILE) INTRAMUSCULAR EMULSION 7.5 MCG/0.5 ML	Tier 2	
AUDENZ(PF)(NATIONAL STOCKPILE) INTRAMUSCULAR SYRINGE 7.5 MCG/0.5 ML	Tier 2	
FLUAD TRIV 2024-25(65Y UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	Tier 5	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Drug	Status	Notes
FLUARIX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	Tier 5	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUBLOK TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 135 MCG (45 MCG X 3)/0.5 ML	Tier 5	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUCELVAX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	Tier 5	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUCELVAX TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	Tier 5	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLULAVAL TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	Tier 5	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUMIST TRIVALENT 2024-2025 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	Tier 5	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE HIGH-DOSE TRIV 24-25 INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	Tier 5	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE QUAD SOUTH HEM2024(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Tier 5	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE QUAD SOUTHERN HEM 2024 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	Tier 5	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	Tier 5	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	Tier 5	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Drug	Status	Notes
Toxin-Producing Bacilli Vaccines/Toxoids		
VAXCHORA ACTIVE COMPONENT ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	Tier 3	
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	Tier 3	
Viral/Tumorigenic Vaccines		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	Tier 3	
<i>adenovirus vac live type-4, 7 oral tablet, delayed release (drlec)</i>	Tier 3	
<i>adenovirus vaccine live type-4 oral tablet, delayed release (drlec)</i>	Tier 3	
<i>adenovirus vaccine live type-7 oral tablet, delayed release (drlec)</i>	Tier 3	
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	Tier 3	
Immunosuppression/Modulation		
Immunomodulators		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	Tier 4	PA
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML	Tier 4	
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	Tier 4	PA; MO
<i>imiquimod topical cream in metered-dose pump 3.75 %</i> (Zyclara)	Tier 1	PA
<i>imiquimod topical cream in packet 3.75 %</i> (Zyclara)	Tier 1	PA
<i>imiquimod topical cream in packet 5 %</i>	Tier 1	QL (2 EA per 1 day)
QUIDROXZAR TOPICAL GEL 5-0.1-30 %	Tier 3	
QUIHOXAXIA TOPICAL GEL 5-1-2 % (imiquimod-levocetiriziniacin)	Tier 3	
QUIHOXVAR TOPICAL GEL 5-0.05-1 % (imiquimod-tretinoin-levocetir)	Tier 3	
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 %	Tier 3	PA

Drug	Status	Notes
Immunosuppressives		
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG (tacrolimus)	Tier 3	MO; ST: Must meet the following requirement: generic Tacrolimus in 120 days
AZASAN ORAL TABLET 100 MG, 75 MG (azathioprine)	Tier 3	MO
<i>azathioprine oral tablet 100 mg, 75 mg</i> (Azasan)	Tier 1	MO
<i>azathioprine oral tablet 50 mg</i> (Imuran)	Tier 1	MO
CELLCEPT ORAL CAPSULE 250 MG (mycophenolate mofetil)	Tier 3	MO
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML (mycophenolate mofetil)	Tier 3	MO
CELLCEPT ORAL TABLET 500 MG (mycophenolate mofetil)	Tier 3	MO
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i> (Gengraf)	Tier 1	MO
<i>cyclosporine modified oral capsule 50 mg</i>	Tier 1	MO
<i>cyclosporine modified oral solution 100 mg/ml</i> (Gengraf)	Tier 1	MO
<i>cyclosporine oral capsule 100 mg, 25 mg</i> (Sandimmune)	Tier 1	MO
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	Tier 3	MO; ST: Must meet the following requirement: generic Tacrolimus in 120 days
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i> (Zortress)	Tier 1	MO
GENGRAF ORAL CAPSULE 100 MG, 25 MG (cyclosporine modified)	Tier 1	MO
GENGRAF ORAL SOLUTION 100 MG/ML (cyclosporine modified)	Tier 1	MO
IMURAN ORAL TABLET 50 MG (azathioprine)	Tier 3	MO
LUPKYNIS ORAL CAPSULE 7.9 MG	Tier 4	PA; MO
<i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept)	Tier 1	MO
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept)	Tier 1	MO
<i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept)	Tier 1	MO
<i>mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg</i> (Myfortic)	Tier 1	MO
MYFORTIC ORAL TABLET,DELAYED RELEASE (DR/EC) 180 MG, 360 MG (mycophenolate sodium)	Tier 3	MO
MYHIBBIN ORAL SUSPENSION 200 MG/ML	Tier 3	PA; MO

Drug	Status	Notes
NEORAL ORAL CAPSULE 100 MG, 25 MG (cyclosporine modified)	Tier 3	MO
NEORAL ORAL SOLUTION 100 MG/ML (cyclosporine modified)	Tier 3	MO
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (tacrolimus)	Tier 3	MO
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	Tier 2	MO
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (cyclosporine)	Tier 3	MO
<i>sirolimus oral solution 1 mg/ml</i>	Tier 1	MO
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	MO
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	Tier 1	MO
<i>tacrolimus oral capsule, extended release 24hr 0.5 mg, 1 mg, 5 mg</i> (Astagraf XL)	Tier 1	MO; ST: Must meet the following requirement: generic Tacrolimus in 120 days
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG (everolimus (immunosuppressive))	Tier 3	MO
Rho Kinase Inhibitor		
REZUROCK ORAL TABLET 200 MG	Tier 3	PA; MO
Infectious Disease - Bacterial		
Absorbable Sulfonamides		
BACTRIM DS ORAL TABLET 800-160 MG (sulfamethoxazole-trimethoprim)	Tier 3	
BACTRIM ORAL TABLET 400-80 MG (sulfamethoxazole-trimethoprim)	Tier 3	
<i>sulfadiazine oral tablet 500 mg</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim)	Tier 1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)	Tier 1	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS)	Tier 1	
SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML (sulfamethoxazole-trimethoprim)	Tier 1	
Betalactams		
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	Tier 3	PA
Cephalosporins - 1St Generation		
<i>cefadroxil oral capsule 500 mg</i>	Tier 1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	Tier 1	
<i>cefadroxil oral tablet 1 gram</i>	Tier 1	

Drug	Status	Notes
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	Tier 1	
Cephalosporins - 2Nd Generation		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	Tier 1	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	Tier 1	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	Tier 1	
Cephalosporins - 3Rd Generation		
<i>cefdinir oral capsule 300 mg</i>	Tier 1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>cefixime oral capsule 400 mg</i>	Tier 1	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	Tier 1	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	Tier 1	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	Tier 1	
SUPRAX ORAL CAPSULE 400 MG (cefixime)	Tier 3	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (cefixime)	Tier 3	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	Tier 2	
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG	Tier 2	
Chemotherapeutics, Antibacterial, Misc.		
<i>fosfomycin tromethamine oral packet 3 gram</i>	Tier 1	
<i>methenamine hippurate oral tablet 1 gram</i>	Tier 1	
<i>methenamine mandelate oral tablet 0.5 gram, 1 gram</i>	Tier 1	
<i>methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg</i> (Urogesic-Blue)	Tier 1	
MONUROL ORAL PACKET 3 GRAM (fosfomycin tromethamine)	Tier 3	

Drug	Status	Notes
PRIMSOL ORAL SOLUTION 50 MG/5 ML	Tier 2	
<i>trimethoprim oral tablet 100 mg</i>	Tier 1	
URELLE ORAL TABLET 81-10.8-40.8 MG	Tier 3	
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG	Tier 2	
URIBEL TABS ORAL TABLET 81.6-0.12-10.8 MG	Tier 3	
URIMAR-T ORAL CAPSULE 120-10.8-40.8 MG	Tier 3	
URIMAR-T ORAL TABLET 120-10.8-0.12 MG	Tier 3	
URNEVA ORAL CAPSULE 120-10.8-40.8 MG	Tier 3	
UROGESIC-BLUE ORAL TABLET 81.6-40.8-0.12 MG	(methen-sod phos-meth blue-hyos)	Tier 1
URO-MP ORAL CAPSULE 118-10-40.8-36 MG	Tier 1	
URO-SP ORAL CAPSULE 118-10-40.8-36 MG	Tier 3	
URYL ORAL TABLET 81.6-40.8-0.12 MG	(methen-sod phos-meth blue-hyos)	Tier 3
Fecal Microbiota Transplantation (Fmt)		
REBYOTA RECTAL ENEMA 150 ML	Tier 4	PA
VOWST ORAL CAPSULE	Tier 3	PA
Macrolides		
<i>azithromycin oral packet 1 gram</i>	(Zithromax)	Tier 1
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	(Zithromax)	Tier 1
<i>azithromycin oral tablet 250 mg, 500 mg</i>	(Zithromax)	Tier 1
<i>azithromycin oral tablet 600 mg</i>		Tier 1
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>		Tier 1
<i>clarithromycin oral tablet 250 mg, 500 mg</i>		Tier 1
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>		Tier 1
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML		Tier 2
DIFICID ORAL TABLET 200 MG		Tier 2
E.E.S. 400 ORAL TABLET 400 MG	(erythromycin ethylsuccinate)	Tier 1
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML	(erythromycin ethylsuccinate)	Tier 3

Drug	Status	Notes
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 250 MG, 500 MG (erythromycin)	Tier 1	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 333 MG (erythromycin)	Tier 3	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG (erythromycin stearate)	Tier 1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> (E.E.S. Granules)	Tier 1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i> (EryPed 400)	Tier 1	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i> (E.E.S. 400)	Tier 1	
<i>erythromycin oral capsule, delayed release(drlec) 250 mg</i>	Tier 1	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>erythromycin oral tablet, delayed release (drlec) 250 mg, 333 mg, 500 mg</i> (Ery-Tab)	Tier 1	
ZITHROMAX ORAL PACKET 1 GRAM (azithromycin)	Tier 3	
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML (azithromycin)	Tier 3	
ZITHROMAX ORAL TABLET 250 MG, 500 MG (azithromycin)	Tier 3	
ZITHROMAX TRI-PAK ORAL TABLET 500 MG (azithromycin)	Tier 3	
ZITHROMAX Z-PAK ORAL TABLET 250 MG (azithromycin)	Tier 3	
Nitrofurantoin Derivatives		
FURADANTIN ORAL SUSPENSION 25 MG/5 ML (nitrofurantoin)	Tier 3	PA
MACROBID ORAL CAPSULE 100 MG (nitrofurantoin monohyd/m-cryst)	Tier 3	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i> (Macrobid)	Tier 1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i> (Furadantin)	Tier 1	PA
<i>nitrofurantoin oral suspension 50 mg/5 ml</i>	Tier 1	

Drug	Status	Notes
Oxazolidinones		
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i> (Zyvox)	Tier 1	
<i>linezolid oral tablet 600 mg</i> (Zyvox)	Tier 1	
SIVEXTRO ORAL TABLET 200 MG	Tier 2	PA
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML (linezolid)	Tier 3	
ZYVOX ORAL TABLET 600 MG (linezolid)	Tier 3	
Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	Tier 1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	Tier 1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i> (Augmentin)	Tier 1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600)	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg</i> (Augmentin)	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i> (Augmentin XR)	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	Tier 1	
<i>ampicillin oral capsule 500 mg</i>	Tier 1	
AUGMENTIN ES-600 ORAL SUSPENSION FOR RECONSTITUTION 600-42.9 MG/5 ML (amoxicillin-pot clavulanate)	Tier 3	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	Tier 3	ST: Must meet the following requirement: Amoxicillin/potassium Clavulanate in 120 days; QL (150 ML per 30 days)
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 250-62.5 MG/5 ML (amoxicillin-pot clavulanate)	Tier 3	

Drug		Status	Notes
AUGMENTIN ORAL TABLET 500-125 MG	(amoxicillin-pot clavulanate)	Tier 3	
AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HR 1,000-62.5 MG	(amoxicillin-pot clavulanate)	Tier 3	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>		Tier 1	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG	(amoxicillin)	Tier 3	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>		Tier 1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>		Tier 1	
PIVYA ORAL TABLET 185 MG		Tier 3	PA
Pleuromutilin Derivatives			
XENLETA ORAL TABLET 600 MG		Tier 3	PA
Quinolones			
BAXDELA ORAL TABLET 450 MG		Tier 3	PA
CIPRO ORAL SUSPENSION, MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML	(ciprofloxacin)	Tier 2	
CIPRO ORAL TABLET 250 MG, 500 MG	(ciprofloxacin hcl)	Tier 3	
<i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>		Tier 1	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	(Cipro)	Tier 1	
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>	(Cipro)	Tier 1	
FACTIVE ORAL TABLET 320 MG		Tier 3	
<i>levofloxacin oral solution 250 mg/10 ml</i>		Tier 1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>		Tier 1	
<i>moxifloxacin oral tablet 400 mg</i>		Tier 1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>		Tier 1	
Tetracyclines			
ACTICLATE ORAL TABLET 150 MG	(doxycycline hyclate)	Tier 3	ST: Must meet the following requirement: Generic Doxycycline Monohydrate 150mg tablets in 120 days; QL (2 EA per 1 day)

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

Drug	Status	Notes
<i>doxycycline hyclate oral tablet 50 mg</i> (Targadox)	Tier 1	ST: Must meet any of the following requirements: Doxycycline Hyclate 50mg capsules or Doxycycline Monohydrate 50mg capsules or tablets in 120 days; QL (4 EA per 1 day)
<i>doxycycline hyclate oral tablet 75 mg</i> (Acticlate)	Tier 1	ST: Must meet the following requirement: Generic Doxycycline Monohydrate 75mg tablets in 120 days; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg</i>	Tier 1	ST: Must meet any of the following requirements: Doxycycline Monohydrate or Hyclate 100mg tablets or capsules in 120 days; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 150 mg</i>	Tier 1	ST: Must meet the following requirement: Generic Doxycycline Monohydrate 150mg tablets in 120 days; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 200 mg</i> (Doryx)	Tier 1	ST: Must meet any of the following requirements: Doxycycline Monohydrate or Hyclate 100mg tablets or capsules in 120 days; QL (1 EA per 1 day)
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 50 mg</i>	Tier 1	ST: Must meet any of the following requirements: Doxycycline Hyclate 50mg tablets or Doxycycline Monohydrate 50mg capsules or tablets in 120 days; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 75 mg</i>	Tier 1	ST: Must meet the following requirement: Generic Doxycycline Monohydrate 75mg tablets in 120 days; QL (2 EA per 1 day)

Drug	Status	Notes
<i>doxycycline hyclate oral tablet, delayed release (drlec) 80 mg</i> (Doryx)	Tier 1	ST: Must meet the following requirement: Generic Doxycycline Monohydrate 75mg tablets in 120 days; QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxyne NL)	Tier 1	
<i>doxycycline monohydrate oral capsule 150 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 50 mg</i> (Monodox)	Tier 1	
<i>doxycycline monohydrate oral capsule 75 mg</i> (Mondoxyne NL)	Tier 1	ST: Must meet the following requirement: Generic Doxycycline Monohydrate 75mg tablets in 120 days; QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule, ir - delay rel, biphase 40 mg</i> (Oracea)	Tier 1	ST: Must meet the following requirement: Generic Doxycycline or Minocycline in 120 days; QL (1 EA per 1 day); Age (Min 18 Years)
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	Tier 1	
<i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)	Tier 1	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral tablet 150 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral tablet 50 mg, 75 mg</i>	Tier 1	
EMROSI ORAL CAPSULE, IR -EXTEND REL, BIPHASE 40 MG	Tier 3	PA
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>minocycline oral capsule, extended release 24hr 135 mg, 45 mg, 90 mg</i> (Ximino)	Tier 1	ST: Must meet the following requirement: Generic immediate-release Minocycline in 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 1	

Drug	Status	Notes
<i>minocycline oral tablet extended release</i> 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg	Tier 1	ST: Must meet the following requirement: Generic immediate-release Minocycline in 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
MONDOXYNE NL ORAL CAPSULE 100 MG (doxycycline monohydrate)	Tier 1	
MONDOXYNE NL ORAL CAPSULE 75 MG (doxycycline monohydrate)	Tier 1	ST: Must meet the following requirement: Generic Doxycycline Monohydrate 75mg tablets in 120 days; QL (2 EA per 1 day)
MONODOX ORAL CAPSULE 100 MG, 50 MG (doxycycline monohydrate)	Tier 3	
MONODOX ORAL CAPSULE 75 MG (doxycycline monohydrate)	Tier 3	ST: Must meet the following requirement: Generic Doxycycline Monohydrate 75mg tablets in 120 days; QL (2 EA per 1 day)
MORGIDOX 1X 50 KIT 50 MG	Tier 3	ST: Must meet the following requirement: Generic Doxycycline Monohydrate 100mg capsules in 120 days; QL (1 EA per 30 days)
MORGIDOX 1X100 KIT 100 MG	Tier 3	ST: Must meet the following requirement: Generic Doxycycline Monohydrate 100mg capsules in 120 days; QL (1 EA per 30 days)
MORGIDOX 2X100 KIT 100 MG	Tier 3	ST: Must meet the following requirement: Generic Doxycycline Monohydrate 100mg capsules in 120 days; QL (1 EA per 30 days)
MORGIDOX ORAL CAPSULE 50 MG (doxycycline hyclate)	Tier 3	QL (2 EA per 1 day)
NUZYRA ORAL TABLET 150 MG	Tier 3	PA
ORACEA ORAL CAPSULE,IR - DELAY REL,BIPHASE 40 MG (doxycycline monohydrate)	Tier 3	ST: Must meet the following requirement: Generic Doxycycline or Minocycline in 120 days; QL (1 EA per 1 day); Age (Min 18 Years)

Drug	Status	Notes
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG	Tier 3	ST: Must meet any of the following requirements: Doryx Mpc, Doxycycline Hyclate, Doxycycline Monohydrate, Minocycline HCL, or Vibramycin in 120 days; QL (1 EA per 1 day); Age (Min 9 Years)
TARGADOX ORAL TABLET 50 MG (doxycycline hyclate)	Tier 3	ST: Must meet any of the following requirements: Doxycycline Hyclate 50mg capsules or Doxycycline Monohydrate 50mg capsules or tablets in 120 days; QL (4 EA per 1 day)
<i>tetracycline oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>tetracycline oral tablet 250 mg, 500 mg</i>	Tier 1	
XIMINO ORAL CAPSULE, EXTENDED RELEASE 24HR 135 MG, 45 MG, 90 MG (minocycline)	Tier 3	ST: Must meet the following requirement: Generic immediate-release Minocycline in 120 days; QL (1 EA per 1 day); Age (Min 12 Years)
Infectious Disease - Fungal		
Antifungal Agents		
ANCOBON ORAL CAPSULE 250 MG, 500 MG (flucytosine)	Tier 3	
<i>clotrimazole mucous membrane troche 10 mg</i>	Tier 1	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	Tier 3	PA
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML (fluconazole)	Tier 3	
DIFLUCAN ORAL TABLET 100 MG, 200 MG (fluconazole)	Tier 3	
<i>fluconazole oral suspension for reconstitution 10 mg/ml</i>	Tier 1	
<i>fluconazole oral suspension for reconstitution 40 mg/ml</i> (Diflucan)	Tier 1	
<i>fluconazole oral tablet 100 mg, 200 mg</i> (Diflucan)	Tier 1	
<i>fluconazole oral tablet 150 mg, 50 mg</i>	Tier 1	
<i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)	Tier 1	
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	Tier 1	
<i>itraconazole oral solution 10 mg/ml</i> (Sporanox)	Tier 1	
<i>ketoconazole oral tablet 200 mg</i>	Tier 1	

Drug	Status	Notes
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON 300 MG	Tier 3	PA
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML) (posaconazole)	Tier 3	PA
NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG (posaconazole)	Tier 3	PA
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG	Tier 3	
<i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i> (Noxafil)	Tier 1	PA
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i> (Noxafil)	Tier 1	PA
SPORANOX ORAL CAPSULE 100 MG (itraconazole)	Tier 3	
SPORANOX ORAL SOLUTION 10 MG/ML (itraconazole)	Tier 3	
<i>terbinafine hcl oral tablet 250 mg</i>	Tier 1	
TOLSURA ORAL CAPSULE, SOLID DISPERSION 65 MG	Tier 3	PA
VFEND ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (40 MG/ML) (voriconazole)	Tier 3	
VFEND ORAL TABLET 50 MG (voriconazole)	Tier 3	
VIVJOA ORAL CAPSULE 150 MG	Tier 3	PA
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> (Vfend)	Tier 1	
<i>voriconazole oral tablet 200 mg</i>	Tier 1	
<i>voriconazole oral tablet 50 mg</i> (Vfend)	Tier 1	
Antifungal Antibiotics		
BREXAFEMME ORAL TABLET 150 MG	Tier 3	PA
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	Tier 1	
<i>griseofulvin microsize oral tablet 500 mg</i>	Tier 1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	Tier 1	
<i>nystatin oral suspension 100,000 unit/ml</i>	Tier 1	
<i>nystatin oral tablet 500,000 unit</i>	Tier 1	
Infectious Disease - Miscellaneous		
Aminoglycosides		
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	Tier 4	PA
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML (tobramycin)	Tier 4	PA; MO
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML (tobramycin with nebulizer)	Tier 4	PA; MO

Drug	Status	Notes
<i>neomycin oral tablet 500 mg</i>	Tier 1	
TOBI INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML (tobramycin in 0.225 % nacl)	Tier 4	PA; MO
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	Tier 3	PA; MO
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi)	Tier 3	PA; MO
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i> (Bethkis)	Tier 3	PA; MO
<i>tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml</i> (Kitabis Pak)	Tier 3	PA; MO
Antibacterial Agents, Miscellaneous		
GLYCINE UROLOGIC IRRIGATION SOLUTION 1.5 % (glycine urologic solution)	Tier 3	
<i>glycine urologic solution irrigation solution 1.5 %</i> (Glycine Urologic)	Tier 1	
Antileprotics		
<i>dapsone oral tablet 100 mg, 25 mg</i>	Tier 1	MO
THALOMID ORAL CAPSULE 100 MG, 50 MG	Tier 3	PA; MO
Anti-Mycobacterium Agents		
<i>ethambutol oral tablet 100 mg, 400 mg</i>	Tier 1	
<i>isoniazid oral solution 50 mg/5 ml</i>	Tier 1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	Tier 1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	Tier 3	
<i>pyrazinamide oral tablet 500 mg</i>	Tier 1	
<i>rifabutin oral capsule 150 mg</i>	Tier 1	
TRECTOR ORAL TABLET 250 MG	Tier 3	
Antitubercular Antibiotics		
<i>cycloserine oral capsule 250 mg</i>	Tier 1	
<i>pretomanid oral tablet 200 mg</i>	Tier 3	QL (1 EA per 1 day)
PRIFTIN ORAL TABLET 150 MG	Tier 3	
<i>rifampin oral capsule 150 mg, 300 mg</i>	Tier 1	
SIRTURO ORAL TABLET 100 MG, 20 MG	Tier 4	PA
Lincosamides		
CLEOCIN HCL ORAL CAPSULE 150 MG, 300 MG, 75 MG (clindamycin hcl)	Tier 3	
CLEOCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML (clindamycin palmitate hcl)	Tier 3	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin HCl)	Tier 1	

Drug	Status	Notes
<i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml</i> (Clindamycin Pediatric)	Tier 1	
CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML (clindamycin palmitate hcl)	Tier 1	
Rifamycins And Related Derivative Antibiotics		
AEMCOLO ORAL TABLET, DELAYED RELEASE (DR/EC) 194 MG	Tier 3	ST: Must meet any of the following requirements: Generic oral Ciprofloxacin, Azithromycin, Ofloxacin, or Levofloxacin in 120 days; QL (12 EA per 1 FILL)
XIFAXAN ORAL TABLET 200 MG	Tier 3	PA
XIFAXAN ORAL TABLET 550 MG	Tier 2	PA; MO
Vancomycin And Derivatives		
FIRVANQ ORAL RECON SOLN 25 MG/ML (vancomycin)	Tier 3	QL (300 ML per 1 FILL)
FIRVANQ ORAL RECON SOLN 50 MG/ML (vancomycin)	Tier 3	QL (600 ML per 1 FILL)
VANCOGIN ORAL CAPSULE 125 MG (vancomycin)	Tier 3	QL (56 EA per 1 FILL)
VANCOGIN ORAL CAPSULE 250 MG (vancomycin)	Tier 3	QL (112 EA per 1 FILL)
<i>vancomycin oral capsule 125 mg</i> (Vancocin)	Tier 1	QL (56 EA per 1 FILL)
<i>vancomycin oral capsule 250 mg</i> (Vancocin)	Tier 1	QL (112 EA per 1 FILL)
<i>vancomycin oral recon soln 25 mg/ml</i> (Firvanq)	Tier 1	QL (300 ML per 1 FILL)
<i>vancomycin oral recon soln 50 mg/ml</i> (Firvanq)	Tier 1	QL (600 ML per 1 FILL)
Infectious Disease - Parasitic		
2Nd Gen. Anaerobic Antiprotozoal-Antibacterial		
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM	Tier 3	ST: Must meet 2 of the following requirements: Clindamycin HCL, Clindamycin Palmitate HCL, Clindamycin Phosphate, Metronidazole, or Tinidazole in 365 days; QL (1 EA per 30 days)
<i>tinidazole oral tablet 250 mg, 500 mg</i>	Tier 1	
Amebacides		
<i>paromomycin oral capsule 250 mg</i> (Humatin)	Tier 1	
Anaerobic Antiprotozoal-Antibacterial Agents		
FLAGYL ORAL CAPSULE 375 MG (metronidazole)	Tier 3	
LIKMEZ ORAL SUSPENSION 500 MG/5 ML	Tier 3	PA
<i>metronidazole oral capsule 375 mg</i> (Flagyl)	Tier 1	

Drug	Status	Notes
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Tier 1	
Anthelmintics		
<i>albendazole oral tablet 200 mg</i>	Tier 1	
BILTRICIDE ORAL TABLET 600 MG (praziquantel)	Tier 3	
EGATEN ORAL TABLET 250 MG	Tier 3	
EMVERM ORAL TABLET,CHEWABLE 100 MG (mebendazole)	Tier 2	PA
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	Tier 1	
<i>praziquantel oral tablet 600 mg</i> (Biltricide)	Tier 1	
STROMECTOL ORAL TABLET 3 MG (ivermectin)	Tier 3	
Antimalarial Drugs		
ARAKODA ORAL TABLET 100 MG	Tier 3	
<i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone)	Tier 1	
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric)	Tier 1	
<i>chloroquine phosphate oral tablet 250 mg</i>	Tier 1	QL (36 EA per 16 days)
<i>chloroquine phosphate oral tablet 500 mg</i>	Tier 1	QL (18 EA per 16 days)
COARTEM ORAL TABLET 20-120 MG	Tier 3	
DARAPRIM ORAL TABLET 25 MG (pyrimethamine)	Tier 4	PA
<i>hydroxychloroquine oral tablet 100 mg</i>	Tier 1	MO; QL (180 EA per 30 days)
<i>hydroxychloroquine oral tablet 200 mg</i> (Sovuna)	Tier 1	MO; QL (100 EA per 30 days)
<i>hydroxychloroquine oral tablet 300 mg</i> (Sovuna)	Tier 1	MO; QL (60 EA per 30 days)
<i>hydroxychloroquine oral tablet 400 mg</i>	Tier 1	MO; QL (60 EA per 30 days)
KRINTAFEL ORAL TABLET 150 MG	Tier 2	QL (2 EA per 1 FILL)
MALARONE ORAL TABLET 250-100 MG (atovaquone-proguanil)	Tier 3	
MALARONE PEDIATRIC ORAL TABLET 62.5-25 MG (atovaquone-proguanil)	Tier 3	
<i>mefloquine oral tablet 250 mg</i>	Tier 1	
PLAQUENIL ORAL TABLET 200 MG (hydroxychloroquine)	Tier 3	MO; QL (100 EA per 30 days)
<i>primaquine oral tablet 26.3 mg (15 mg base)</i>	Tier 2	
<i>pyrimethamine oral tablet 25 mg</i> (Daraprim)	Tier 3	PA
QUALAQUIN ORAL CAPSULE 324 MG (quinine sulfate)	Tier 3	
<i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)	Tier 1	

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

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

Drug	Status	Notes
XOFLUZA ORAL TABLET 80 MG	Tier 2	QL (2 EA per 180 days)
ZOVIRAX ORAL SUSPENSION 200 MG/5 ML (acyclovir)	Tier 3	MO
Antivirals, Hiv-Spec, Non-Peptidic Protease Inhib		
APTIVUS ORAL CAPSULE 250 MG	Tier 2	MO; QL (4 EA per 1 day)
<i>darunavir oral tablet 600 mg</i> (Prezista)	Tier 1	MO; QL (2 EA per 1 day)
<i>darunavir oral tablet 800 mg</i> (Prezista)	Tier 1	MO; QL (1 EA per 1 day)
PREZCOBIX ORAL TABLET 800-150 MG-MG	Tier 3	MO; QL (1 EA per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML	Tier 2	MO; QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	Tier 2	MO; QL (8 EA per 1 day)
PREZISTA ORAL TABLET 600 MG (darunavir)	Tier 3	MO; QL (2 EA per 1 day)
PREZISTA ORAL TABLET 75 MG	Tier 2	MO; QL (16 EA per 1 day)
PREZISTA ORAL TABLET 800 MG (darunavir)	Tier 3	MO; QL (1 EA per 1 day)
Antivirals, Hiv-Spec, Nucleoside-Nucleotide Analog		
CIMDUO ORAL TABLET 300-300 MG	Tier 2	MO; QL (1 EA per 1 day)
DESCOVY ORAL TABLET 120-15 MG	Tier 2	MO; QL (1 EA per 1 day)
DESCOVY ORAL TABLET 200-25 MG	Tier 5	MO; \$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i> (Truvada)	Tier 1	MO; QL (1 EA per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i> (Truvada)	Tier 5	MO; \$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG (emtricitabine-tenofovir (tdf))	Tier 3	MO; QL (1 EA per 1 day)
Antivirals, Hiv-Spec., Nucleoside Analog, Rti Comb		
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	Tier 1	MO; QL (1 EA per 1 day)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	Tier 1	MO; QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Ccr5 Co-Receptor Antag.		
<i>maraviroc oral tablet 150 mg</i> (Selzentry)	Tier 1	MO; QL (2 EA per 1 day)

Drug	Status	Notes
<i>maraviroc oral tablet 300 mg</i> (Selzentry)	Tier 1	MO; QL (4 EA per 1 day)
SELZENTRY ORAL SOLUTION 20 MG/ML	Tier 2	MO; QL (31 ML per 1 day)
SELZENTRY ORAL TABLET 150 MG (maraviroc)	Tier 3	MO; QL (2 EA per 1 day)
SELZENTRY ORAL TABLET 300 MG (maraviroc)	Tier 3	MO; QL (4 EA per 1 day)
Antivirals, Hiv-Specific, Cd4 Attachment Inhibitor		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	Tier 2	MO
Antivirals, Hiv-Specific, Fusion Inhibitors		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	Tier 2	MO; QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Non-Nucleoside, Rti		
EDURANT ORAL TABLET 25 MG	Tier 2	MO; QL (1 EA per 1 day)
<i>efavirenz oral tablet 600 mg</i>	Tier 1	MO
<i>etravirine oral tablet 100 mg</i> (Intelence)	Tier 1	MO; QL (4 EA per 1 day)
<i>etravirine oral tablet 200 mg</i> (Intelence)	Tier 1	MO; QL (2 EA per 1 day)
INTELENCE ORAL TABLET 100 MG (etravirine)	Tier 3	MO; QL (4 EA per 1 day)
INTELENCE ORAL TABLET 200 MG (etravirine)	Tier 3	MO; QL (2 EA per 1 day)
INTELENCE ORAL TABLET 25 MG	Tier 2	MO; QL (4 EA per 1 day)
<i>nevirapine oral suspension 50 mg/5 ml</i>	Tier 1	MO; QL (1200 ML per 30 days)
<i>nevirapine oral tablet 200 mg</i>	Tier 1	MO; QL (2 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	Tier 1	MO; QL (3 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	Tier 1	MO; QL (1 EA per 1 day)
PIFELTRO ORAL TABLET 100 MG	Tier 3	MO; QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Nucleoside Analog, Rti		
<i>abacavir oral solution 20 mg/ml</i> (Ziagen)	Tier 1	MO; QL (960 ML per 30 days)
<i>abacavir oral tablet 300 mg</i>	Tier 1	MO; QL (2 EA per 1 day)
<i>emtricitabine oral capsule 200 mg</i> (Emtriva)	Tier 5	MO; \$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
EMTRIVA ORAL CAPSULE 200 MG (emtricitabine)	Tier 3	MO; QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML	Tier 2	MO; QL (850 ML per 30 days)

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

Drug	Status	Notes
<i>atazanavir oral capsule 200 mg</i> (Reyataz)	Tier 1	MO; QL (2 EA per 1 day)
<i>atazanavir oral capsule 300 mg</i> (Reyataz)	Tier 1	MO; QL (1 EA per 1 day)
EVOTAZ ORAL TABLET 300-150 MG	Tier 2	MO; QL (1 EA per 1 day)
<i>fosamprenavir oral tablet 700 mg</i>	Tier 1	MO; QL (4 EA per 1 day)
NORVIR ORAL CAPSULE 100 MG	Tier 2	MO; QL (12 EA per 1 day)
NORVIR ORAL POWDER IN PACKET 100 MG	Tier 2	MO; QL (12 EA per 1 day)
NORVIR ORAL TABLET 100 MG (ritonavir)	Tier 3	MO; QL (12 EA per 1 day)
REYATAZ ORAL CAPSULE 200 MG (atazanavir)	Tier 3	MO; QL (2 EA per 1 day)
REYATAZ ORAL CAPSULE 300 MG (atazanavir)	Tier 3	MO; QL (1 EA per 1 day)
REYATAZ ORAL POWDER IN PACKET 50 MG	Tier 2	MO; QL (5 EA per 1 day)
<i>ritonavir oral tablet 100 mg</i> (Norvir)	Tier 1	MO; QL (12 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG, 625 MG	Tier 2	MO
Antivirals,Hiv-1 Integrase Strand Transfer Inhibtr		
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML) (cabotegravir)	Tier 5	MO; \$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)	Tier 5	MO; \$0 COPAY IF QUANTITY 0.15 IN 1 DAY, FILL OF 7 IN 365 DAYS, AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (21 ML per 365 days); Age (Min 12 Years)
ISENTRESS HD ORAL TABLET 600 MG	Tier 2	MO; QL (2 EA per 1 day)
ISENTRESS ORAL POWDER IN PACKET 100 MG	Tier 2	MO; QL (2 EA per 1 day)
ISENTRESS ORAL TABLET 400 MG	Tier 2	MO; QL (2 EA per 1 day)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	Tier 2	MO; QL (6 EA per 1 day)
TIVICAY ORAL TABLET 50 MG	Tier 2	MO; QL (2 EA per 1 day)
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	Tier 2	MO; QL (6 EA per 1 day)
VOCABRIA ORAL TABLET 30 MG	Tier 2	QL (1 EA per 1 day); Age (Min 12 Years)

Drug	Status	Notes
Artv Cmb Nucleoside,Nucleotide,&Non-Nucleoside Rti		
ATRIPLA ORAL TABLET 600-200-300 MG (efavirenz-emtricitabin-tenofov)	Tier 3	MO; QL (1 EA per 1 day)
COMPLERA ORAL TABLET 200-25-300 MG	Tier 3	MO; QL (1 EA per 1 day)
DELSTRIGO ORAL TABLET 100-300-300 MG	Tier 3	MO; QL (1 EA per 1 day)
<i>efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg</i> (Atripla)	Tier 1	MO; QL (1 EA per 1 day)
<i>efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg</i> (Symfi Lo)	Tier 1	MO; QL (1 EA per 1 day)
<i>efavirenz-lamivu-tenofov disop oral tablet 600-300-300 mg</i> (Symfi)	Tier 1	MO; QL (1 EA per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG	Tier 2	MO; QL (1 EA per 1 day)
SYMFI LO ORAL TABLET 400-300-300 MG (efavirenz-lamivu-tenofov disop)	Tier 3	MO; QL (1 EA per 1 day)
SYMFI ORAL TABLET 600-300-300 MG (efavirenz-lamivu-tenofov disop)	Tier 3	MO; QL (1 EA per 1 day)
Arv Cmb-Nrti,N(T)Rti, Integrase Inhibitor		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	Tier 2	MO; QL (1 EA per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG	Tier 2	MO; QL (1 EA per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG	Tier 2	MO; QL (1 EA per 1 day)
Arv Comb-Nrtis & Integrase Inhibitor		
TRIUMEQ ORAL TABLET 600-50-300 MG	Tier 2	MO; QL (1 EA per 1 day)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	Tier 2	MO; QL (6 EA per 1 day)
Cytochrome P450 Inhibitors		
TYBOST ORAL TABLET 150 MG	Tier 2	MO; QL (1 EA per 1 day)
Hep C - Ns5a, Ns3/4A, Nucleotide Ns5b Inhib Combo		
VOSEVI ORAL TABLET 400-100-100 MG	Tier 3	PA
Hep C Virus - Ns5a & Ns5b Polymerase Inhib. Combo.		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG	Tier 3	PA
EPCLUSA ORAL TABLET 200-50 MG	Tier 3	PA
EPCLUSA ORAL TABLET 400-100 MG (sofosbuvir-velpatasvir)	Tier 3	PA

Drug	Status	Notes
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG	Tier 3	PA
HARVONI ORAL TABLET 45-200 MG	Tier 3	PA
HARVONI ORAL TABLET 90-400 MG (ledipasvir-sofosbuvir)	Tier 3	PA
Hep C Virus,Nucleotide Analog Ns5b Polymerase Inh		
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG	Tier 4	PA
SOVALDI ORAL TABLET 200 MG, 400 MG	Tier 4	PA
Hepatitis B Treatment Agents		
<i>adefovir oral tablet 10 mg</i> (Hepsera)	Tier 3	QL (1 EA per 1 day)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	Tier 3	MO; QL (630 ML per 30 days)
BARACLUDE ORAL TABLET 0.5 MG, 1 (entecavir) MG	Tier 4	MO; QL (1 EA per 1 day)
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	Tier 3	MO; QL (1 EA per 1 day)
HEPSERA ORAL TABLET 10 MG (adefovir)	Tier 4	QL (1 EA per 1 day)
<i>lamivudine oral tablet 100 mg</i>	Tier 1	MO; QL (1 EA per 1 day)
VEMLIDY ORAL TABLET 25 MG	Tier 3	MO; QL (1 EA per 1 day)
Hepatitis C Treatment Agents		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Tier 3	PA
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	Tier 3	PA
<i>ribavirin oral capsule 200 mg</i>	Tier 1	
<i>ribavirin oral tablet 200 mg</i>	Tier 1	
Hepatitis C Virus - Ns5a, Ns3/4A, Ns5b Inhib Cmb.		
VIEKIRA PAK ORAL TABLETS,DOSE PACK 12.5 MG-75 MG -50 MG/250 MG	Tier 4	
Hepatitis C Virus- Ns5a And Ns3/4A Inhibitor Comb		
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	Tier 4	PA
MAVYRET ORAL TABLET 100-40 MG	Tier 4	PA
ZEPATIER ORAL TABLET 50-100 MG	Tier 4	PA
Inflammatory Disease		
Anti-Arthritic And Chelating Agents		
CUPRIMINE ORAL CAPSULE 250 MG (penicillamine)	Tier 4	PA; MO
DEPEN TITRATABS ORAL TABLET (penicillamine) 250 MG	Tier 4	PA; MO
D-PENAMINE ORAL TABLET 125 MG	Tier 3	PA; MO
<i>penicillamine oral capsule 250 mg</i> (Cuprimine)	Tier 3	PA; MO

Drug	Status	Notes
<i>penicillamine oral tablet 250 mg</i> (Depen Titratabs)	Tier 3	PA; MO
Anti-Arthritic, Folate Antagonist Agents		
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML	Tier 2	MO; QL (1.6 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML	Tier 3	MO; ST: Must meet the following requirement: Otrexup in 120 days; QL (0.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 12.5 MG/0.25 ML	Tier 3	MO; ST: Must meet the following requirement: Otrexup in 120 days; QL (1 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 15 MG/0.3 ML	Tier 3	MO; ST: Must meet the following requirement: Otrexup in 120 days; QL (1.2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 17.5 MG/0.35 ML	Tier 3	MO; ST: Must meet the following requirement: Otrexup in 120 days; QL (1.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 20 MG/0.4 ML	Tier 3	MO; ST: Must meet the following requirement: Otrexup in 120 days; QL (1.6 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 22.5 MG/0.45 ML	Tier 3	MO; ST: Must meet the following requirement: Otrexup in 120 days; QL (1.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 25 MG/0.5 ML	Tier 3	MO; ST: Must meet the following requirement: Otrexup in 120 days; QL (2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 30 MG/0.6 ML	Tier 3	MO; ST: Must meet the following requirement: Otrexup in 120 days; QL (2.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 7.5 MG/0.15 ML	Tier 3	MO; ST: Must meet the following requirement: Otrexup in 120 days; QL (0.6 ML per 28 days)
Anti-Flam. Interleukin-1 Receptor Antagonist		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	Tier 4	PA; MO

Drug	Status	Notes
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	Tier 4	PA; MO
Anti-Inflammatory Tumor Necrosis Factor Inhibitor		
<i>adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml</i> (Hyrimoz(CF) Pen)	Tier 3	PA; MO
<i>adalimumab-adaz subcutaneous syringe 40 mg/0.4 ml</i> (Hyrimoz(CF))	Tier 3	PA; MO
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	Tier 4	PA; MO
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	Tier 4	PA; MO
CIMZIA SUBCUTANEOUS SYRINGE KIT 200 MG/ML, 400 MG/2 ML (200 MG/ML X 2)	Tier 4	PA; MO
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	Tier 3	PA; MO
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	Tier 3	PA; MO
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	Tier 3	PA; MO
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	Tier 3	PA; MO
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 3	PA; MO
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	Tier 3	PA; MO
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Tier 3	PA; MO
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Tier 3	PA; MO
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	Tier 3	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	Tier 3	PA; MO
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	Tier 3	PA; MO

Drug	Status	Notes
SIMLANDI(CF) AUTOINJECTOR (adalimumab-ryvk) SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	Tier 3	PA; MO
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	Tier 4	PA; MO
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	Tier 4	PA; MO
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML	Tier 4	PA; MO
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML	Tier 4	PA; MO
Anti-Inflammatory, Pyrimidine Synthesis Inhibitor		
ARAVA ORAL TABLET 10 MG, 20 MG (leflunomide)	Tier 3	MO
LEFLUNICLO KIT,GEL AND TABLET 20 MG- 1 %	Tier 3	
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	Tier 1	MO
Anti-Inflammatory,Phosphodiesterase- 4(Pde4) Inhib.		
OTEZLA ORAL TABLET 20 MG, 30 MG	Tier 3	PA; MO
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 3	PA
Anti-Inflammatory/Antiarthritics Agents, Misc.		
DUROLANE INTRA-ARTICULAR SYRINGE 60 MG/3 ML	Tier 3	PA
EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML(MW 2.4 -3.6 MILLION)	Tier 2	PA
GEL-ONE INTRA-ARTICULAR SYRINGE 30 MG/3 ML	Tier 3	PA
GELSYN-3 INTRA-ARTICULAR SYRINGE 16.8 MG/2 ML	Tier 3	PA
GENVISC 850 INTRA-ARTICULAR (sodium hyaluronate SYRINGE 10 MG/ML (viscosup))	Tier 3	PA
HYALGAN INTRA-ARTICULAR SOLUTION 10 MG/ML	Tier 3	PA
HYALGAN INTRA-ARTICULAR (sodium hyaluronate SYRINGE 10 MG/ML (viscosup))	Tier 3	PA
HYMOVIS INTRA-ARTICULAR SYRINGE 24 MG/3 ML	Tier 3	PA
MONOVISC INTRA-ARTICULAR SYRINGE 88 MG/4 ML	Tier 3	PA

Drug	Status	Notes
ORTHOVISC INTRA-ARTICULAR SYRINGE 30 MG/2 ML	Tier 3	PA
SUPARTZ FX INTRA-ARTICULAR SYRINGE 10 MG/ML	(sodium hyaluronate (viscosup)) Tier 3	PA
SYNOJOYNT INTRA-ARTICULAR SYRINGE 10 MG/ML	(sodium hyaluronate (viscosup)) Tier 3	PA
SYNVISC INTRA-ARTICULAR SYRINGE 16 MG/2 ML	Tier 2	PA
SYNVISC-ONE INTRA-ARTICULAR SYRINGE 48 MG/6 ML	Tier 2	PA
TRILURON INTRA-ARTICULAR SYRINGE 10 MG/ML	(sodium hyaluronate (viscosup)) Tier 3	PA
TRIVISC INTRA-ARTICULAR SYRINGE 10 MG/ML	(sodium hyaluronate (viscosup)) Tier 3	PA
VISCO-3 INTRA-ARTICULAR SYRINGE 10 MG/ML	(sodium hyaluronate (viscosup)) Tier 3	PA
Antinflammatory, Sel.Costim.Mod.,T-Cell Inhibitor		
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	Tier 4	PA; MO
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	Tier 4	PA; MO
Bradykinin B2 Receptor Antagonists		
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML	(icatibant) Tier 4	PA
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	(Sajazir) Tier 3	PA
SAJAZIR SUBCUTANEOUS SYRINGE 30 MG/3 ML	(icatibant) Tier 3	PA
C1 Esterase Inhibitors		
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	Tier 4	PA; MO
BERINERT INTRAVENOUS RECON SOLN 500 UNIT (10 ML)	Tier 4	PA; MO
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	Tier 4	PA; MO
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	Tier 4	PA; MO
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT	Tier 4	PA
Glucocorticoids		
AGAMREE ORAL SUSPENSION 40 MG/ML	Tier 4	PA; MO

Drug	Status	Notes
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG	Tier 4	PA; MO
<i>budesonide oral capsule, delayed, extend.release 3 mg</i>	Tier 1	
<i>budesonide oral tablet, delayed and ext.release 9 mg</i> (Uceris)	Tier 1	ST: Must meet the following requirement: Balsalazide Disodium in 120 days
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG (hydrocortisone)	Tier 3	MO
<i>cortisone oral tablet 25 mg</i>	Tier 1	
<i>deflazacort oral suspension 22.75 mg/ml</i> (Emflaza)	Tier 3	PA; MO
<i>deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i> (Emflaza)	Tier 3	PA; MO
DEXABLISS ORAL TABLETS, DOSE PACK 1.5 MG (39 TABS)	Tier 1	ST: Must meet the following requirement: generic Dexamethasone 1.5mg tablets in 120 days
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	Tier 3	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	Tier 1	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	Tier 1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	Tier 1	
<i>dexamethasone oral tablets, dose pack 1.5 mg (21 tabs)</i> (TaperDex)	Tier 1	ST: Must meet the following requirement: generic Dexamethasone 1.5mg tablets in 120 days
<i>dexamethasone oral tablets, dose pack 1.5 mg (35 tabs), 1.5 mg (51 tabs)</i>	Tier 1	ST: Must meet the following requirement: generic Dexamethasone 1.5mg tablets in 120 days
DEXONTO IONTOPHORETIC SOLUTION 0.4 %	Tier 3	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML (deflazacort)	Tier 4	PA; MO
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG (deflazacort)	Tier 4	PA; MO
EOHILIA ORAL SUSPENSION IN PACKET 2 MG/10 ML	Tier 4	PA
HEMADY ORAL TABLET 20 MG	Tier 3	QL (2 EA per 1 day)
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)	Tier 1	MO
<i>hydrocortisone sod succinate injection recon soln 100 mg</i> (Solu-Cortef)	Tier 1	

Drug	Status	Notes
MEDROL (PAK) ORAL TABLETS,DOSE (methylprednisolone) PACK 4 MG	Tier 3	
MEDROL ORAL TABLET 16 MG, 4 MG, (methylprednisolone) 8 MG	Tier 3	
MEDROL ORAL TABLET 2 MG	Tier 2	
<i>methylprednisolone oral tablet 16 mg, 4 (Medrol) mg, 8 mg</i>	Tier 1	
<i>methylprednisolone oral tablet 32 mg</i>	Tier 1	
<i>methylprednisolone oral tablets,dose (Medrol (Pak)) pack 4 mg</i>	Tier 1	
ORAPRED ODT ORAL (prednisolone sodium TABLET,DISINTEGRATING 10 MG, 15 phosphate) MG, 30 MG	Tier 3	
ORTIKOS ORAL CAPSULE, EXTENDED RELEASE 6 MG, 9 MG	Tier 3	PA
PEDIAPRED ORAL SOLUTION 5 MG (prednisolone sodium BASE/5 ML (6.7 MG/5 ML) phosphate)	Tier 3	
<i>prednisolone oral solution 15 mg/5 ml</i>	Tier 1	
<i>prednisolone oral tablet 5 mg (Millipred)</i>	Tier 1	ST: Must meet 2 of the following requirements: Methylprednisolone, Prednisolone, or Prednisone in 365 days
<i>prednisolone sodium phosphate oral (Tier 1 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>		
<i>prednisolone sodium phosphate oral (Veripred 20) solution 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>prednisolone sodium phosphate oral (Pediapred) solution 5 mg base/5 ml (6.7 mg/5 ml)</i>	Tier 1	
<i>prednisolone sodium phosphate oral (Orapred ODT) tablet,disintegrating 10 mg, 15 mg, 30 mg</i>	Tier 1	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	Tier 2	
<i>prednisone oral solution 5 mg/5 ml</i>	Tier 1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	Tier 1	
<i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>	Tier 1	
RAYOS ORAL TABLET,DELAYED RELEASE (DR/EC) 1 MG, 2 MG, 5 MG	Tier 3	PA
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 100 MG/2 ML	Tier 3	

Drug	Status	Notes
SOLU-CORTEF INJECTION RECON SOLN 100 MG (hydrocortisone sod succinate)	Tier 3	
TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (21 TABS) (dexamethasone)	Tier 1	ST: Must meet the following requirement: generic Dexamethasone 1.5mg tablets in 120 days
TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (27 TABS), 1.5 MG (49 TABS)	Tier 1	ST: Must meet the following requirement: generic Dexamethasone 1.5mg tablets in 120 days
TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC) 4 MG	Tier 4	PA
UCERIS ORAL TABLET,DELAYED AND EXT.RELEASE 9 MG (budesonide)	Tier 3	ST: Must meet the following requirement: Balsalazide Disodium in 120 days
VERIPRED 20 ORAL SOLUTION 20 MG/5 ML (4 MG/ML) (prednisolone sodium phosphate)	Tier 3	
ZCORT ORAL TABLETS,DOSE PACK 1.5 MG (25 TABS)	Tier 3	ST: Must meet the following requirement: generic Dexamethasone 1.5mg tablets in 120 days
Gold Salts		
RIDAURA ORAL CAPSULE 3 MG	Tier 3	MO
Immunomodulator,B-Lymphocyte Stim(Blys)-Spec Inhib		
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	Tier 4	PA; MO
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	Tier 4	PA; MO
Interleukin-6 (Il-6) Receptor Inhibitors		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	Tier 4	PA; MO
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	Tier 4	PA; MO
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	Tier 4	PA; MO
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	Tier 4	PA; MO
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	Tier 4	PA; MO
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	Tier 4	MO

Drug	Status	Notes
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	Tier 4	MO
Janus Kinase (Jak) Inhibitors		
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	Tier 4	PA; MO
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	Tier 4	PA; MO
RINVOQ LQ ORAL SOLUTION 1 MG/ML	Tier 3	PA; MO
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	Tier 3	PA; MO
XELJANZ ORAL SOLUTION 1 MG/ML	Tier 3	PA; MO
XELJANZ ORAL TABLET 10 MG, 5 MG	Tier 3	PA; MO
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	Tier 3	PA; MO
Mineralocorticoids		
<i>fludrocortisone oral tablet 0.1 mg</i>	Tier 1	MO
Monoclonal Antibody-Human Interleukin 12/23 Inhib		
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	Tier 3	PA; MO
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	Tier 3	PA; MO
Nasal Nsaids, Cox Non- Selective, Systemic Analgesic		
SPRIX NASAL SPRAY, NON-AEROSOL (ketorolac) 15.75 MG/SPRAY	Tier 3	ST: Must meet the following requirement: Generic nonsteroidal anti- inflammatory in 120 days; QL (5 EA per 30 days)
Nsaid & Histamine H2 Receptor Antagonist Comb.		
<i>ibuprofen-famotidine oral tablet 800-26.6 (Duexis) mg</i>	Tier 1	MO; ST: Must meet the following requirement: Generic prescription strength Ibuprofen 400, 600, or 800mg in 120 days; QL (3 EA per 1 day)
Nsaid & Topical Irritant Counter-Irritant Comb.		
INFLAMMACIN KIT 75 MG- 0.025 %	Tier 3	
INFLATHERM(DICLOFENAC- MENTHOL) KIT, GEL AND TABLET DELAY REL 75 MG-3 %- 3 %	Tier 3	
NAPROTIN KIT 500 MG- 0.025 %	Tier 3	

Drug	Status	Notes
Nsaid, Cox Inhibitor-Type & Proton Pump Inhib Comb		
<i>naproxen-esomeprazole oral tablet,ir,delayed rel,biphasic 375-20 mg</i>	Tier 1	MO; ST: Must meet any of the following requirements: Generic Naproxen in 120 days
<i>naproxen-esomeprazole oral tablet,ir,delayed rel,biphasic 500-20 mg</i> (Vimovo)	Tier 1	MO; ST: Must meet any of the following requirements: Generic Naproxen in 120 days
Nsaids (Cox Non-Specific Inhib)& Prostaglandin Cmb		
ARTHROTEC 50 ORAL TABLET,IR,DELAYED REL,BIPHASIC 50-200 MG-MCG (diclofenac-misoprostol)	Tier 3	
ARTHROTEC 75 ORAL TABLET,IR,DELAYED REL,BIPHASIC 75-200 MG-MCG (diclofenac-misoprostol)	Tier 3	
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg</i> (Arthrotec 50)	Tier 1	
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg</i> (Arthrotec 75)	Tier 1	
Nsaids, Cyclooxygenase 2 Inhibitor - Type		
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG (celecoxib)	Tier 3	MO
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (Celebrex)	Tier 1	MO
Nsaids, Cyclooxygenase Inhibitor-Type		
ANAPROX DS ORAL TABLET 550 MG (naproxen sodium)	Tier 3	MO
COXANTO ORAL CAPSULE 300 MG (oxaprozin)	Tier 1	
DAYPRO ORAL TABLET 600 MG (oxaprozin)	Tier 3	
<i>diclofenac potassium oral capsule 25 mg</i> (Zipsor)	Tier 1	ST: Must meet any of the following requirements: Diclo Gel, Diclofenac Sodium, Diclofenac Sodium/misoprostol, Diclofono, Diclozor, or Pennsaid in 120 days; QL (4 EA per 1 day)
<i>diclofenac potassium oral tablet 25 mg</i> (Lofena)	Tier 1	QL (8 EA per 1 day)
<i>diclofenac potassium oral tablet 50 mg</i>	Tier 1	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	Tier 1	

Drug	Status	Notes
<i>diclofenac sodium oral tablet, delayed release (drlec) 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>diclofenac submicronized oral capsule 35 mg</i> (Zorvolex)	Tier 1	ST: Must meet any of the following requirements: Diclo Gel, Diclofenac Sodium, Diclofono, Diclozor, or Pennsaid in 120 days; QL (3 EA per 1 day)
EC-NAPROSYN ORAL TABLET, DELAYED RELEASE (DR/EC) 375 MG, 500 MG (naproxen)	Tier 3	MO
EC-NAPROXEN ORAL TABLET, DELAYED RELEASE (DR/EC) 375 MG, 500 MG (naproxen)	Tier 1	MO
<i>etodolac oral capsule 200 mg, 300 mg</i>	Tier 1	MO
<i>etodolac oral tablet 400 mg</i> (Lodine)	Tier 1	MO
<i>etodolac oral tablet 500 mg</i>	Tier 1	MO
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	Tier 1	MO
FELDENE ORAL CAPSULE 20 MG (piroxicam)	Tier 3	
<i>fenoprofen oral capsule 200 mg</i>	Tier 1	
<i>fenoprofen oral capsule 400 mg</i> (Nalfon)	Tier 1	
<i>fenoprofen oral tablet 600 mg</i> (Nalfon)	Tier 1	
<i>flurbiprofen oral tablet 100 mg</i>	Tier 1	
IBU ORAL TABLET 400 MG, 600 MG, 800 MG (ibuprofen)	Tier 1	MO
IBUPAK ORAL KIT 600 MG	Tier 3	
<i>ibuprofen oral suspension 100 mg/5 ml</i> (Children's Advil)	Tier 1	MO
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> (IBU)	Tier 1	MO
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Tier 1	
<i>indomethacin oral capsule, extended release 75 mg</i>	Tier 1	
<i>indomethacin oral suspension 25 mg/5 ml</i> (Indocin)	Tier 1	
<i>indomethacin rectal suppository 100 mg</i>	Tier 1	
<i>indomethacin rectal suppository 50 mg</i> (Indocin)	Tier 1	
<i>ketoprofen oral capsule 25 mg</i> (Kiprofen)	Tier 1	
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	Tier 1	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	Tier 1	
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml)</i>	Tier 1	

Drug	Status	Notes
<i>ketorolac injection syringe 15 mg/ml, 30 mg/ml</i>	Tier 1	
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	Tier 1	
<i>ketorolac intramuscular syringe 60 mg/2 ml</i>	Tier 1	
<i>ketorolac oral tablet 10 mg</i>	Tier 1	QL (20 EA per 5 days)
KIPROFEN ORAL CAPSULE 25 MG (ketoprofen)	Tier 1	
LODINE ORAL TABLET 400 MG (etodolac)	Tier 3	MO
LOFENA ORAL TABLET 25 MG (diclofenac potassium)	Tier 1	QL (8 EA per 1 day)
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>mefenamic acid oral capsule 250 mg</i>	Tier 1	
<i>meloxicam oral suspension 7.5 mg/5 ml</i>	Tier 1	MO
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	Tier 1	MO
<i>meloxicam submicronized oral capsule 10 mg, 5 mg</i> (Vivlodex)	Tier 1	MO; ST: Must meet 2 of the following requirements: Diclofenac Potassium, Diclofenac Sodium, or Meloxicam in 365 days; QL (1 EA per 1 day)
<i>nabumetone oral tablet 500 mg, 750 mg</i>	Tier 1	
NAPROSYN ORAL TABLET 500 MG (naproxen)	Tier 3	MO
<i>naproxen oral suspension 125 mg/5 ml</i> (Naprosyn)	Tier 1	MO
<i>naproxen oral tablet 250 mg, 375 mg</i>	Tier 1	MO
<i>naproxen oral tablet 500 mg</i> (Naprosyn)	Tier 1	MO
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i> (EC-Naproxen)	Tier 1	MO
<i>naproxen sodium oral tablet 275 mg</i>	Tier 1	MO
<i>naproxen sodium oral tablet 550 mg</i> (Anaprox DS)	Tier 1	MO
<i>naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg, 750 mg</i> (Naprelan CR)	Tier 1	MO
<i>oxaprozin oral capsule 300 mg</i> (Coxanto)	Tier 1	
<i>oxaprozin oral tablet 600 mg</i> (Daypro)	Tier 1	
<i>piroxicam oral capsule 10 mg</i>	Tier 1	
<i>piroxicam oral capsule 20 mg</i> (Feldene)	Tier 1	
RELAFEN DS ORAL TABLET 1,000 MG	Tier 3	ST: Must meet the following requirement: Nabumetone tablets in 120 days; QL (2 EA per 1 day); Age (Min 18 Years)
<i>sulindac oral tablet 150 mg, 200 mg</i>	Tier 1	
<i>tolmetin oral capsule 400 mg</i>	Tier 1	

Drug	Status	Notes
ZORVOLEX ORAL CAPSULE 18 MG	Tier 3	ST: Must meet any of the following requirements: Diclo Gel, Diclofenac Sodium, Diclofono, Diclozor, or Pennsaid in 120 days; QL (3 EA per 1 day)
ZORVOLEX ORAL CAPSULE 35 MG (diclofenac submicronized)	Tier 3	ST: Must meet any of the following requirements: Diclo Gel, Diclofenac Sodium, Diclofono, Diclozor, or Pennsaid in 120 days; QL (3 EA per 1 day)
Plasma Kallikrein Inhibitors		
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	Tier 4	PA; MO
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	Tier 4	PA; MO
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)	Tier 4	PA; MO
Local Anesthesia		
Local Anesthetics		
ACCUCAINE KIT KIT 10 MG/ML (1 %)	Tier 3	
<i>bupivacaine in nacl(pf) epidural solution 0.125 % (1,250 mcg/ml)</i>	Tier 1	
<i>bupivacaine in nacl(pf) epidural syringe 25 mg/10 ml (2.5mg/ml)0.25%</i>	Tier 1	
GLYDO MUCOUS MEMBRANE JELLY (lidocaine hcl) IN APPLICATOR 2 %	Tier 1	
KOVANAZE NASAL NASAL SPRAY SYRINGE 6-0.1 MG/0.2 ML	Tier 3	
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i> (Glydo)	Tier 1	
<i>lidocaine hcl mucous membrane solution 2 %</i> (Lidocaine Viscous)	Tier 1	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	Tier 1	
LIDOCAINE VISCOUS MUCOUS MEMBRANE SOLUTION 2 % (lidocaine hcl)	Tier 1	
LIDOMARK 1-5 KIT 10 MG/ML (1 %)	Tier 3	
LIDOMARK 2-5 KIT 20 MG/ML (2 %)	Tier 3	
<i>ropivacaine (pf)-nacl,iso-osm epidural solution 0.2 % (2 mg/ml)</i>	Tier 1	

Drug	Status	Notes
<i>ropivacaine(pf)-0.9 % sodchlor epidural prefilled pump reservoir 0.2 % (2 mg/ml)</i>	Tier 1	
<i>ropivacaine(pf)-0.9 % sodchlor epidural solution 0.15 %, 0.2 %</i>	Tier 1	
Periodontal Anesthetics		
ORAQIX DENTAL CARTRIDGE 2.5-2.5 %	Tier 3	
Lower Gastrointestinal Disorders - Bowel Inflammation		
Chronic Inflammation of the Colon, 5-Aminosalicylates, Rectal Treatment		
CANASA RECTAL SUPPOSITORY 1,000 MG (mesalamine)	Tier 3	MO
<i>mesalamine rectal enema 4 gram/60 ml (Rowasa)</i>	Tier 1	MO
<i>mesalamine rectal suppository 1,000 mg (Canasa)</i>	Tier 1	MO
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml (Rowasa)</i>	Tier 1	MO
ROWASA RECTAL ENEMA 4 GRAM/60 ML (mesalamine)	Tier 3	MO
ROWASA RECTAL ENEMA KIT 4 GRAM/60 ML (mesalamine with cleansing wipe)	Tier 3	MO
SFROWASA RECTAL ENEMA 4 GRAM/60 ML (mesalamine)	Tier 3	MO
Drug Treatment of Chronic Inflammation of the Colon, 5-Aminosalicylates		
APRISO ORAL CAPSULE, EXTENDED RELEASE 24HR 0.375 GRAM (mesalamine)	Tier 3	MO
AZULFIDINE EN-TABS ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG (sulfasalazine)	Tier 3	MO
AZULFIDINE ORAL TABLET 500 MG (sulfasalazine)	Tier 3	MO
<i>balsalazide oral capsule 750 mg (Colazal)</i>	Tier 1	
COLAZAL ORAL CAPSULE 750 MG (balsalazide)	Tier 3	
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS) 400 MG (mesalamine)	Tier 3	MO
DIPENTUM ORAL CAPSULE 250 MG	Tier 3	MO; ST: Must meet the following requirements: Mesalamine in 120 days
LIALDA ORAL TABLET, DELAYED RELEASE (DR/EC) 1.2 GRAM (mesalamine)	Tier 3	MO
<i>mesalamine oral capsule (with del rel tablets) 400 mg (Delzicol)</i>	Tier 1	MO
<i>mesalamine oral capsule, extended release 500 mg (Pentasa)</i>	Tier 1	MO

Drug	Status	Notes
<i>mesalamine oral capsule,extended release 24hr 0.375 gram</i> (Apriso)	Tier 1	MO
<i>mesalamine oral tablet,delayed release (dr/ec) 1.2 gram</i> (Lialda)	Tier 1	MO
<i>mesalamine oral tablet,delayed release (dr/ec) 800 mg</i>	Tier 1	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	Tier 2	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG (mesalamine)	Tier 3	MO
<i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)	Tier 1	MO
<i>sulfasalazine oral tablet,delayed release (dr/ec) 500 mg</i> (Azulfidine EN-tabs)	Tier 1	MO
Hemorrhoidal Prep, Anti-Infam Steroid/Local Anesth		
ANA-LEX KIT RECTAL KIT 2-2 %	Tier 1	
ANALPRAM-HC RECTAL CREAM 1-1 %, 2.5-1 % (hydrocortisone-pramoxine)	Tier 3	
<i>hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %</i> (Analpram-HC)	Tier 1	
<i>hydrocortisone-pramoxine rectal cream 2.5-1 % (4g)</i>	Tier 1	
<i>hydrocortisone-pramoxine rectal suppository 25-18 mg</i>	Tier 1	
<i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</i>	Tier 1	
<i>lidocaine hcl-hydrocortison ac rectal gel 3 %-2.5 % (7 gram)</i>	Tier 1	
<i>lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram), 3-0.5 %, 3-1 % (7 gram)</i>	Tier 1	
<i>lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %</i>	Tier 1	
<i>lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)</i>	Tier 1	
PROCORT RECTAL CREAM 1.85-1.15 %	Tier 3	
PROCTOFOAM HC RECTAL FOAM 1-1 %	Tier 2	
ZYPRAM RECTAL KIT,CREAM AND TOWELETTE 2.35-1 %	Tier 3	
Ibs Agents,Mixed Opioid Recep Agonists/Antagonists		
VIBERZI ORAL TABLET 100 MG, 75 MG	Tier 2	MO

Drug	Status	Notes
Integrin Receptor Antagonist, Monoclonal Antibody		
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML	Tier 4	MO
Irritable Bowel Agents, Guanylate Cylase-C Agonist		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	Tier 2	MO; QL (1 EA per 1 day)
TRULANCE ORAL TABLET 3 MG	Tier 2	MO; QL (1 EA per 1 day)
Local Anorectal Nitrate Preparations		
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i> (Rectiv)	Tier 1	
RECTIV RECTAL OINTMENT 0.4 % (W/W) (nitroglycerin)	Tier 3	
Rectal Preparations		
ANUCORT-HC RECTAL SUPPOSITORY 25 MG (hydrocortisone acetate)	Tier 1	
ANUSOL-HC RECTAL SUPPOSITORY 25 MG (hydrocortisone acetate)	Tier 3	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG, 30 MG (hydrocortisone acetate)	Tier 3	
<i>hydrocortisone acetate rectal suppository 25 mg</i> (Anucort-HC)	Tier 1	
<i>hydrocortisone acetate rectal suppository 30 mg</i> (Hemmorex-HC)	Tier 1	
PROCTOCORT RECTAL SUPPOSITORY 30 MG (hydrocortisone acetate)	Tier 3	
Rectal/Lower Bowel Prep., Glucocort. (Non-Hemorr)		
<i>budesonide rectal foam 2 mg/actuation</i> (Uceris)	Tier 1	
CORTENEMA RECTAL ENEMA 100 MG/60 ML (hydrocortisone)	Tier 3	
CORTIFOAM RECTAL FOAM 10 % (80 MG)	Tier 3	
<i>hydrocortisone rectal enema 100 mg/60 ml</i> (Cortenema)	Tier 1	
UCERIS RECTAL FOAM 2 MG/ACTUATION (budesonide)	Tier 3	
Lower Gastrointestinal Disorders - Other		
Ammonia Inhibitors		
BUPHENYL ORAL POWDER 0.94 GRAM/GRAM (sodium phenylbutyrate)	Tier 4	PA; MO
BUPHENYL ORAL TABLET 500 MG (sodium phenylbutyrate)	Tier 4	PA; MO
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG (carglumic acid)	Tier 4	PA; MO

Drug	Status	Notes
<i>carglumic acid oral tablet, dispersible 200 mg</i> (Carbaglu)	Tier 3	PA; MO
ENULOSE ORAL SOLUTION 10 GRAM/15 ML (lactulose)	Tier 1	MO
GENERLAC ORAL SOLUTION 10 GRAM/15 ML (lactulose)	Tier 1	MO
LITHOSTAT ORAL TABLET 250 MG	Tier 3	
OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM	Tier 4	PA; MO
PHEBURANE ORAL GRANULES 483 MG/GRAM	Tier 4	PA; MO
RAVICTI ORAL LIQUID 1.1 GRAM/ML	Tier 4	PA; MO
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i> (Buphenyl)	Tier 3	PA; MO
<i>sodium phenylbutyrate oral tablet 500 mg</i> (Buphenyl)	Tier 3	PA; MO
Antidiarrheal - G.I. Chloride Channel Inhibitors		
MYTESI ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG	Tier 2	ST: Must meet the following requirement: Antiretrovirals in 120 days; QL (2 EA per 1 day)
Antidiarrheal - Tryptophan Hydroxylase Inhibitor		
XERMELO ORAL TABLET 250 MG	Tier 3	PA
Antidiarrheals		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	Tier 1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil)	Tier 1	
LOMOTIL ORAL TABLET 2.5-0.025 MG (diphenoxylate-atropine)	Tier 3	
<i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide))	Tier 1	MO
MOTOFEN ORAL TABLET 1-0.025 MG	Tier 3	ST: Must meet the following requirement: Diphenoxylate HCL/Atropine in 120 days; QL (8 EA per 1 day)
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	Tier 1	
Bile Salts		
CHENODAL ORAL TABLET 250 MG	Tier 4	PA
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	Tier 4	PA; MO

Drug	Status	Notes
RELTONE ORAL CAPSULE 200 MG, 400 MG (ursodiol)	Tier 3	PA; MO
URSO FORTE ORAL TABLET 500 MG (ursodiol)	Tier 3	MO
<i>ursodiol oral capsule 200 mg, 400 mg</i> (Reltone)	Tier 1	PA; MO
<i>ursodiol oral capsule 300 mg</i>	Tier 1	MO
<i>ursodiol oral tablet 250 mg</i>	Tier 1	MO
<i>ursodiol oral tablet 500 mg</i> (URSO Forte)	Tier 1	MO
Farnesoid X Receptor (Fxr) Agonist, Bile Ac Analog		
OCALIVA ORAL TABLET 10 MG, 5 MG	Tier 3	PA; MO
Ibs Agents,Sodium-Hydrogen Exchanger 3(Nhe3) Inhib		
IBSRELA ORAL TABLET 50 MG	Tier 3	PA; MO
Ileal Bile Acid Transporter (Ibat) Inhibitor		
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG	Tier 4	PA; MO
BYLVAY ORAL PELLETT 200 MCG, 600 MCG	Tier 4	PA; MO
LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML	Tier 4	PA; MO
Irritable Bowel Synd. Agent,5Ht-3 Antagonist-Type		
<i>alose tron oral tablet 0.5 mg, 1 mg</i> (Lotronex)	Tier 1	
LOTRONEX ORAL TABLET 0.5 MG, 1 MG (alose tron)	Tier 3	
Laxatives And Cathartics		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG (lubiprostone)	Tier 3	MO; QL (2 EA per 1 day)
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML	Tier 5	\$0 COPAY IF QUANTITY IS 350, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (350 ML per 1 FILL)
CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML (lactulose)	Tier 1	MO
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM (peg 3350-electrolytes)	Tier 5	\$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (4000 ML per 1 FILL)
GAVILYTE-G ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM (peg 3350-electrolytes)	Tier 5	\$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (4000 ML per 1 FILL)

Drug	Status	Notes
GAVILYTE-N ORAL RECON SOLN 420 (peg-electrolyte soln) GRAM	Tier 5	\$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (4000 ML per 1 FILL)
GOLYTELY ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM (peg 3350-electrolytes)	Tier 3	QL (4000 ML per 1 FILL)
KRISTALOSE ORAL PACKET 20 GRAM	Tier 3	MO; ST: Must meet the following requirement: Generic Lactulose solution in 120 days; QL (2 EA per 1 day)
<i>lactulose oral packet 10 gram</i> (Kristalose)	Tier 1	MO; ST: Must meet the following requirement: Generic Lactulose solution in 120 days; QL (3 EA per 1 day)
<i>lactulose oral solution 10 gram/15 ml</i> (Constulose)	Tier 1	MO
<i>lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml</i>	Tier 1	MO
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i> (Amitiza)	Tier 1	MO; QL (2 EA per 1 day)
MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM (peg3350-sod sul-nacl-kcl-asb-c)	Tier 3	QL (1 EA per 1 FILL)
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i> (Golytely)	Tier 5	\$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (4000 ML per 1 FILL)
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i> (MoviPrep)	Tier 5	\$0 COPAY IF QUANTITY IS 1, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (1 EA per 1 FILL)
<i>peg-electrolyte soln oral recon soln 420 gram</i> (GaviLyte-N)	Tier 5	\$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (4000 ML per 1 FILL)

Drug	Status	Notes
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	Tier 5	ST: Must meet the following requirement: Sutab, Clenpiq, or generic bowel prep in 120 days; \$0 COPAY IF QUANTITY IS 3, FILL OF 2 IN 365 DAYS, TRIAL OF CLENPIQ, SUTAB, OR A GENERIC BOWEL PREP, AND 45 TO 75 YEARS OF AGE; QL (3 EA per 1 FILL)
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i> (Suprep Bowel Prep Kit)	Tier 5	\$0 COPAY IF QUANTITY IS 354, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (354 ML per 1 FILL)
SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 GRAM	Tier 5	ST: Must meet the following requirement: Sutab, Clenpiq, or generic bowel prep in 120 days; \$0 COPAY IF QUANTITY IS 2, FILL OF 2 IN 365 DAYS, TRIAL OF CLENPIQ, SUTAB, OR A GENERIC BOWEL PREP, AND 45 TO 75 YEARS OF AGE; QL (2 EA per 1 FILL)
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM (sodium,potassium,mag sulfates)	Tier 3	QL (354 ML per 1 FILL)
SUTAB ORAL TABLET 1.479-0.188-0.225 GRAM	Tier 5	\$0 COPAY IF QUANTITY IS 24, FILL OF 2 IN 365 DAYS, AND 45 TO 75 YEARS OF AGE; QL (24 EA per 1 FILL)
Narcotic Antagonists, Peripherally-Acting		
<i>alvimopan oral capsule 12 mg</i>	Tier 1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	Tier 2	QL (1 EA per 1 day)
RELISTOR ORAL TABLET 150 MG	Tier 3	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	Tier 3	PA
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	Tier 3	PA
SYMPROIC ORAL TABLET 0.2 MG	Tier 2	QL (1 EA per 1 day)
Ppar Agonist		
IQIRVO ORAL TABLET 80 MG	Tier 4	PA; MO
LIVDELZI ORAL CAPSULE 10 MG	Tier 4	PA; MO

Drug	Status	Notes
Sbs - Glucagon-Like Peptide-2 (Glp-2)		
Analogs		
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	Tier 3	PA; MO
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	Tier 3	PA; MO
Medical Supplies		
Blood Administration Sets		
IVENIX BLOOD PRODUCT ADMIN SET BLOOD ADMINISTRATION SET	Tier 3	
Blood Sugar Diagnostics		
BLULINK BG SYSTEM REFILL KIT 32 GAUGE	Tier 6	MO; QL (200 EA per 30 days)
Durable Medical Equipment,Misc(Group 1)		
ACCU-CHEK FASTCLIX LANCET (lancets) DRUM	Tier 6	MO
ACCU-CHEK SAFE-T-PRO 23 GAUGE	Tier 6	MO
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE	Tier 6	MO
ACCU-CHEK SOFTCLIX LANCETS (lancets)	Tier 6	MO
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE	Tier 6	MO
ACTI-LANCE LANCETS 28 GAUGE (lancets)	Tier 6	MO
ADVANCED TRAVEL LANCETS 28 (lancets) GAUGE	Tier 6	MO
ADVOCATE LANCET 21 GAUGE, 26 (lancets) GAUGE, 28 GAUGE, 30 GAUGE	Tier 6	MO
ADVOCATE LANCET 23 GAUGE	Tier 6	MO
ALTERNATE SITE LANCET 26 GAUGE (lancets)	Tier 6	MO
ASSURE LANCE 25 GAUGE	Tier 6	MO
ASSURE LANCE 28 GAUGE (lancets)	Tier 6	MO
ASSURE LANCE PLUS 21 GAUGE, 30 (lancets) GAUGE	Tier 6	MO
ASSURE LANCE PLUS 25 GAUGE	Tier 6	MO
BD MICROTAINER LANCET 1.5 X 2 MM	Tier 6	MO
BD MICROTAINER LANCET 21 (lancets) GAUGE, 30 GAUGE	Tier 6	MO
BULLSEYE MINI SAFETY LANCETS 21 (lancets) GAUGE, 28 GAUGE	Tier 6	MO
BULLSEYE MINI SAFETY LANCETS 25 GAUGE	Tier 6	MO
BUTTERFLY TOUCH LANCET 30 (lancets) GAUGE	Tier 6	MO

Drug		Status	Notes
CAREONE ULTRA THIN LANCET	(lancets)	Tier 6	MO
CARESENS LANCETS 30 GAUGE	(lancets)	Tier 6	MO
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE	(lancets)	Tier 6	MO
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE	(lancets)	Tier 6	MO
CHOSEN LANCET 30 GAUGE	(lancets)	Tier 6	MO
CHOSEN SAFETY LANCET 28 GAUGE	(lancets)	Tier 6	MO
CLEVER CHEK LANCETS 30 GAUGE	(lancets)	Tier 6	MO
COAGUCHEK LANCETS	(lancets)	Tier 6	MO
COLOR LANCETS 21 GAUGE	(lancets)	Tier 6	MO
COMFORT EZ LANCETS 21 GAUGE, 28 GAUGE	(lancets)	Tier 6	MO
COMFORT EZ LANCETS 23 GAUGE		Tier 6	MO
COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE	(lancets)	Tier 6	MO
COMFORT TOUCH ULT THIN LANCETS 31 GAUGE		Tier 6	MO
DROPLET LANCETS 30 GAUGE	(lancets)	Tier 6	MO
EASY COMFORT LANCETS 30 GAUGE	(lancets)	Tier 6	MO
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE	(lancets)	Tier 6	MO
EASY TOUCH LANCETS 32 GAUGE		Tier 6	MO
EASY TOUCH SAFETY LANCETS 21 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE	(lancets)	Tier 6	MO
EASY TOUCH SAFETY LANCETS 23 GAUGE, 32 GAUGE		Tier 6	MO
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 33 GAUGE	(lancets)	Tier 6	MO
EASY TOUCH TWIST LANCETS 32 GAUGE		Tier 6	MO
EASY TWIST AND CAP LANCETS 28 GAUGE	(lancets)	Tier 6	MO
EMBRACE LANCETS 30 GAUGE	(lancets)	Tier 6	MO
EMBRACE SAFETY LANCET 21 GAUGE, 28 GAUGE	(lancets)	Tier 6	MO
E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 33 GAUGE	(lancets)	Tier 6	MO
E-Z JECT LANCETS 32 GAUGE		Tier 6	MO
E-Z JECT THIN LANCETS 28 GAUGE	(lancets)	Tier 6	MO
EZ SMART LANCETS 28 GAUGE	(lancets)	Tier 6	MO
FINGERSTIX LANCETS	(lancets)	Tier 6	MO

Drug	Status	Notes
FORACARE LANCETS 30 GAUGE (lancets)	Tier 6	MO
FREESTYLE LANCETS 28 GAUGE (lancets)	Tier 6	MO
FREESTYLE UNISTIK 2 (lancets)	Tier 6	MO
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 6	MO
GOJJI LANCETS 30 GAUGE (lancets)	Tier 6	MO
HEALTHY ACCENTS UNILET LANCET 30 GAUGE (lancets)	Tier 6	MO
INCONTROL SUPER THIN LANCETS 30 GAUGE (lancets)	Tier 6	MO
INCONTROL ULTRA THIN LANCETS 28 GAUGE (lancets)	Tier 6	MO
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 6	MO
INVACARE LANCETS 30 GAUGE (lancets)	Tier 6	MO
<i>lancets</i> (Accu-Chek Fastclix Lancet Drum)	Tier 6	MO
<i>lancets 21 gauge, 26 gauge, 30 gauge</i> (Advocate Lancet)	Tier 6	MO
<i>lancets 28 gauge</i> (Acti-Lance Lancets)	Tier 6	MO
<i>lancets 33 gauge</i> (CareTouch Twist Lancet)	Tier 6	MO
LANCETS, SUPER THIN (lancets)	Tier 6	MO
LANCETS, THIN , 28 GAUGE (lancets)	Tier 6	MO
LANCETS, ULTRA THIN (lancets)	Tier 6	MO
MEDISENSE THIN LANCETS 28 GAUGE (lancets)	Tier 6	MO
MEDLANCE PLUS LANCETS 21 GAUGE, 30 GAUGE (lancets)	Tier 6	MO
MEDLANCE PLUS LANCETS 25 GAUGE	Tier 6	MO
MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM	Tier 6	MO
MICRO THIN LANCETS 33 GAUGE (lancets)	Tier 6	MO
MICRODOT LANCET 28 GAUGE (lancets)	Tier 6	MO
MICROLET LANCET (lancets)	Tier 6	MO
MOBILE LANCETS 30 GAUGE (lancets)	Tier 6	MO
MONOLET LANCETS 21 GAUGE (lancets)	Tier 6	MO
MONOLET THIN LANCETS 28 GAUGE (lancets)	Tier 6	MO
MYGLUCOHEALTH LANCETS 30 GAUGE (lancets)	Tier 6	MO
NOVA SAFETY LANCETS 23 GAUGE	Tier 6	MO
NOVA SAFETY LANCETS 28 GAUGE (lancets)	Tier 6	MO
NOVA SUREFLEX LANCETS (lancets)	Tier 6	MO
ON CALL LANCET 30 GAUGE (lancets)	Tier 6	MO

Drug	Status	Notes
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE (lancets)	Tier 6	MO
ONETOUCH DELICA SAFETY LANCET 30 GAUGE (lancets)	Tier 6	MO
ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE (lancets)	Tier 6	MO
ON-THE-GO LANCETS 30 GAUGE (lancets)	Tier 6	MO
PERFECT POINT SAFETY LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 6	MO
PIP LANCET 28 GAUGE, 30 GAUGE (lancets)	Tier 6	MO
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE (lancets)	Tier 6	MO
PRO COMFORT LANCET 30 GAUGE (lancets)	Tier 6	MO
PRO COMFORT LANCET 31 GAUGE	Tier 6	MO
PRO COMFORT SAFETY LANCET 30 GAUGE (lancets)	Tier 6	MO
PRODIGY LANCETS 26 GAUGE, 28 GAUGE (lancets)	Tier 6	MO
PRODIGY TWIST TOP LANCET 28 GAUGE (lancets)	Tier 6	MO
PURE COMFORT LANCETS 30 GAUGE (lancets)	Tier 6	MO
PURE COMFORT SAFETY LANCETS 30 GAUGE (lancets)	Tier 6	MO
PUSH BUTTON SAFETY LANCETS 21 GAUGE, 28 GAUGE (lancets)	Tier 6	MO
RELIAMED LANCET 23 GAUGE	Tier 6	MO
RELIAMED LANCET 28 GAUGE, 30 GAUGE (lancets)	Tier 6	MO
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 6	MO
RELIAMED TWIST AND CAP LANCET 28 GAUGE (lancets)	Tier 6	MO
RIGHTEST GL300 LANCETS 30 GAUGE (lancets)	Tier 6	MO
SAFETY LANCETS 21 GAUGE, 28 GAUGE (lancets)	Tier 6	MO
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 6	MO
SAFETY-LET LANCETS 30 GAUGE (lancets)	Tier 6	MO
SINGLE-LET (lancets)	Tier 6	MO
SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE (lancets)	Tier 6	MO
SMARTEST LANCET (lancets)	Tier 6	MO

Drug	Status	Notes
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 6	MO
STERILANCE TL 30 GAUGE (lancets)	Tier 6	MO
STERILANCE TL 32 GAUGE	Tier 6	MO
SUPER THIN LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 6	MO
SURE COMFORT LANCETS 18 GAUGE, 23 GAUGE	Tier 6	MO
SURE COMFORT LANCETS 21 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 6	MO
SURE-LANCE , 26 GAUGE, 28 GAUGE (lancets)	Tier 6	MO
SURE-LANCE ULTRA THIN 30 GAUGE (lancets)	Tier 6	MO
SURE-TOUCH LANCET (lancets)	Tier 6	MO
TECHLITE LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 6	MO
TELCARE LANCETS 30 GAUGE (lancets)	Tier 6	MO
TEMPO REFILL KIT WITH GAUZE KIT	Tier 6	MO
THIN LANCETS 26 GAUGE (lancets)	Tier 6	MO
TOPCARE UNIVERSAL1 LANCET , 33 GAUGE (lancets)	Tier 6	MO
TRUE COMFORT LANCET 30 GAUGE (lancets)	Tier 6	MO
TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 6	MO
TWIST LANCETS 30 GAUGE (lancets)	Tier 6	MO
TWIST LANCETS 32 GAUGE	Tier 6	MO
ULTILET BASIC LANCETS 30 GAUGE (lancets)	Tier 6	MO
ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 6	MO
ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 6	MO
ULTILET SAFETY LANCETS 23 GAUGE	Tier 6	MO
ULTRA FINE LANCETS 30 GAUGE (lancets)	Tier 6	MO
ULTRA THIN II LANCETS 30 GAUGE (lancets)	Tier 6	MO
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 6	MO
ULTRA THIN LANCETS 31 GAUGE	Tier 6	MO
ULTRA THIN PLUS LANCETS 33 GAUGE (lancets)	Tier 6	MO
ULTRA TLC LANCETS (lancets)	Tier 6	MO
ULTRA-CARE LANCETS 30 GAUGE (lancets)	Tier 6	MO
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE (lancets)	Tier 6	MO
ULTRA-THIN II LANCETS 28 GAUGE (lancets)	Tier 6	MO

Drug	Status	Notes
UNILET COMFORTOUCH LANCET , (lancets) 26 GAUGE	Tier 6	MO
UNILET GP LANCET (lancets)	Tier 6	MO
UNILET LANCET 28 GAUGE, 33 (lancets) GAUGE	Tier 6	MO
UNILET LANCETS 30 GAUGE (lancets)	Tier 6	MO
UNILET SUPER THIN LANCETS 30 (lancets) GAUGE	Tier 6	MO
UNISTIK 3 EXTRA LANCET 21 GAUGE (lancets)	Tier 6	MO
UNISTIK 3 GENTLE 30 GAUGE (lancets)	Tier 6	MO
UNISTIK COMFORT LANCETS 28 (lancets) GAUGE	Tier 6	MO
UNISTIK CZT LANCET 23 GAUGE	Tier 6	MO
UNISTIK CZT LANCET 28 GAUGE (lancets)	Tier 6	MO
UNISTIK EXTRA LANCETS 21 GAUGE (lancets)	Tier 6	MO
UNISTIK NORMAL LANCETS 23 GAUGE	Tier 6	MO
UNISTIK PRO LANCET 21 GAUGE, 28 (lancets) GAUGE	Tier 6	MO
UNISTIK PRO LANCET 25 GAUGE	Tier 6	MO
UNISTIK SAFETY 28 GAUGE, 30 (lancets) GAUGE	Tier 6	MO
UNISTIK TOUCH LANCETS 21 (lancets) GAUGE, 28 GAUGE, 30 GAUGE	Tier 6	MO
UNISTIK TOUCH LANCETS 23 GAUGE	Tier 6	MO
UNIVERSAL 1 LANCETS 21 GAUGE, (lancets) 26 GAUGE, 30 GAUGE, 33 GAUGE	Tier 6	MO
VERIFINE SAFETY LANCET MINI 21 (lancets) GAUGE, 28 GAUGE, 30 GAUGE	Tier 6	MO
VERIFINE SAFETY LANCET MINI 23 GAUGE	Tier 6	MO
VERIFINE UNIVERSAL LANCET 28 (lancets) GAUGE	Tier 6	MO
VIVAGUARD LANCET 30 GAUGE (lancets)	Tier 6	MO
VIVAGUARD SAFETY LANCET 28 (lancets) GAUGE	Tier 6	MO
Incontinence Supplies		
TENSCARE ITOUCH SURE VAGINAL DEVICE	Tier 3	

Drug	Status	Notes
Syringes And Accessories		
ADVOCATE SYRINGES SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	(insulin syringe-needle u-100) Tier 6	MO
ALLERGIST TRAY 1/2 ML 27GX3/8" SYRINGE 1/2 ML 27 GAUGE X 3/8"	Tier 3	
ALLERGIST TRAY INTRADERMAL BEV SYRINGE 1 ML 26 GAUGE X 1/2", 1 ML 27 GAUGE X 3/8"	Tier 3	
ALLERGIST TRAY INTRADERMAL BEV SYRINGE 1 ML 26 GAUGE X 3/8"	(tuberculin-allergy syringes) Tier 3	
ALLERGIST TRAY REGULAR BEVEL SYRINGE 1 ML 27 GAUGE X 3/8"	Tier 3	
ALLERGY SYRINGE SYRINGE 1 ML 27 GAUGE X 3/8", 1 ML 27 X 1/2"	Tier 3	
AQINJECT 3.0 LOCK SYRINGE SYRINGE 3 ML	(syringe (disposable)) Tier 3	
AQINJECT LUER LOCK SYRINGE SYRINGE 10 ML	Tier 3	
AQINJECT LUER LOCK SYRINGE SYRINGE 20 ML, 5 ML	(syringe (disposable)) Tier 3	
AQINJECT SAFETY SYRINGE SYRINGE 1 ML 23 GAUGE X 1", 1 ML 25 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1"	Tier 3	
BD ALLERGIST TRAY REG BEVEL SYRINGE 1 ML 27 X 1/2"	Tier 3	
BD ALLERGIST TRAY REG BEVEL TRAY 1/2 ML 27 X 1/2"	Tier 3	
BD ALLERGY SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2"	Tier 3	
BD BLUNT PLASTIC CANNULA SYRINGE 17 X 3 ML	Tier 3	
BD BULK SYRINGE SLIP TIP SYRINGE 1 ML	Tier 3	
BD BULK SYRINGE SLIP TIP SYRINGE 5 ML	(syringe (disposable)) Tier 3	
BD ECCENTRIC TIP SYRINGE SYRINGE 10 ML	Tier 3	
BD ECLIPSE LUER-LOK SYRINGE 1 ML 27 X 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 X 5/8"	Tier 3	

Drug	Status	Notes
BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2" (insulin syringe-needle u-100)	Tier 6	MO
BD INSULIN SYRINGE (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 5/16"	Tier 6	MO
BD INSULIN SYRINGE MICRO-FINE SYRINGE 1 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	Tier 6	MO
BD INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	Tier 6	MO
BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64"	Tier 6	
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 6	MO
BD INTEGRA SYRINGE SYRINGE 3 ML 21 GAUGE X 1 1/2" (syringe with needle)	Tier 3	
BD INTEGRA SYRINGE SYRINGE 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8"	Tier 3	
BD INTERLINK BLUNT PLASTIC CAN SYRINGE 17 X 5 ML	Tier 3	
BD INTERLINK SYRINGE SYRINGE 17 X 10 ML	Tier 3	
BD LO-DOSE MICRO-FINE IV SYRINGE 1/2 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	Tier 6	MO
BD LUER-LOK BULK SYRINGE SYRINGE 20 ML (syringe (disposable))	Tier 3	
BD LUER-LOK SYRINGE SYRINGE 1 ML, 1 ML 20 GAUGE X 1", 10 ML, 10 ML 20 X 1 1/2", 10 ML 20 X 1", 10 ML 21 GAUGE X 1", 10 ML 21 X 1 1/2", 3 ML 18 X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/2", 3 ML 25 X 5/8", 3 ML 26 X 5/8", 5 ML 20 X 1 1/2", 5 ML 20 X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 50 ML	Tier 3	
BD LUER-LOK SYRINGE SYRINGE 20 ML, 3 ML, 5 ML (syringe (disposable))	Tier 3	
BD LUER-LOK SYRINGE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1 1/2" (syringe with needle)	Tier 3	
BD LUER-LOK TIP CONTROL SYRINGE SYRINGE 10 ML	Tier 3	

Drug	Status	Notes
BD SAFETYGLIDE ALLERGIST TRAY SYRINGE 1 ML 26 GAUGE X 3/8" (tuberculin-allergy syringes)	Tier 3	
BD SAFETYGLIDE ALLERGIST TRAY SYRINGE 1 ML 27 X 1/2"	Tier 3	
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64"	Tier 6	MO
BD SAFETYGLIDE SHIELDING REG SYRINGE 1 ML 25 GAUGE X 5/8", 3 ML 21 GAUGE X 1 1/2"	Tier 3	
BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8"	Tier 6	MO
BD SAFETYGLIDE SYRINGE SYRINGE 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8"	Tier 3	
BD SAFETYGLIDE TB REG BEVEL SYRINGE 1 ML 27 X 1/2"	Tier 3	
BD SAFETYGLIDE TUBERCULIN SYRINGE 1 ML 27 GAUGE X 3/8"	Tier 3	
BD SLIP TIP SYRINGE SYRINGE 1 ML 26 GAUGE X 5/8", 10 ML, 50 ML	Tier 3	
B-D SLIP TIP SYRINGE SYRINGE 20 ML (syringe (disposable))	Tier 3	
BD SLIP TIP SYRINGE SYRINGE 3 ML (syringe (disposable))	Tier 3	
BD SYRINGE CATH TIP NONSTERILE SYRINGE 50 ML	Tier 3	
BD SYRINGE CATHETER TIP SYRINGE 50 ML	Tier 3	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 10 ML, 50 ML	Tier 3	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 20 ML, 5 ML (syringe (disposable))	Tier 3	
BD SYRINGE LUER-LOK STERILE SYRINGE 10 ML, 50 ML	Tier 3	
BD SYRINGE SLIP TIP NONSTERILE SYRINGE 10 ML, 50 ML	Tier 3	
BD SYRINGE SLIP TIP NONSTERILE SYRINGE 20 ML (syringe (disposable))	Tier 3	
BD SYRINGE SYRINGE 1 ML	Tier 3	
BD SYRINGE-DUAL CANNULA SYRINGE 10 ML 20 GAUGE AND 17 GAUGE	Tier 3	

Drug	Status	Notes
BD TUBERCULIN SLIP-TIP SYRINGE 1 ML, 1 ML 27 GAUGE X 3/8"	Tier 3	
BD TUBERCULIN SYRINGE SYRINGE 1 ML 21 GAUGE X 1", 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2", 1/2 ML 27 X 1/2 "	Tier 3	
BD TUBERCULIN SYRINGE SYRINGE 1 ML 26 GAUGE X 3/8" (tuberculin-allergy syringes)	Tier 3	
BD VEO INSULIN SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64"	Tier 6	MO
BD VEO INSULIN SYRINGE UF SYRINGE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64" (insulin syringe-needle u-100)	Tier 6	MO
CAREPOINT LUER LOCK SYRINGE SYRINGE 3 ML (syringe (disposable))	Tier 3	
CAREPOINT LUER LOCK SYR-NEEDLE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2" (syringe with needle)	Tier 3	
CAREPOINT LUER LOCK SYR-NEEDLE SYRINGE 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8"	Tier 3	
CAREPOINT LUER SLIP SYRINGE SYRINGE 1 ML	Tier 3	
CAREPOINT LUER SLIP SYRING-NDL SYRINGE 1 ML 25 GAUGE X 5/8"	Tier 3	
CAREPOINT SAFETY LL SYR-NEEDLE SYRINGE 1 ML 25 GAUGE X 1"	Tier 3	
CARETOUCH INSULIN SYRINGE 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 6	MO
CARETOUCH INSULIN SYRINGE SYRINGE 1 ML 28 X 5/16", 1 ML 29 GAUGE X 5/16	Tier 6	MO
CARETOUCH LUER LOCK SYRINGE SYRINGE 1 ML	Tier 3	
CARETOUCH LUER LOCK SYRINGE SYRINGE 3 ML, 5 ML (syringe (disposable))	Tier 3	
CARETOUCH LUER LOCK SYR-NEEDLE SYRINGE 3 ML 22 GAUGE X 1", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/2 ", 3 ML 25 X 5/8"	Tier 3	

Drug	Status	Notes
CARETOUCH LUER LOCK SYR-NEEDLE SYRINGE 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2" (syringe with needle)	Tier 3	
CARETOUCH LUER SLIP SYRINGE SYRINGE 1 ML, 10 ML	Tier 3	
CARETOUCH LUER SLIP SYRINGE SYRINGE 3 ML, 5 ML (syringe (disposable))	Tier 3	
COMFORT EZ INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 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" (insulin syringe-needle u-100)	Tier 6	MO
DAVOL IRRIGATION SYRINGE SYRINGE	Tier 3	
DAVOL PISTON IRRIGATION SYRINGE	Tier 3	
DOVER BULB SYRINGE SYRINGE 60 ML	Tier 3	
DROPLET INSULIN SYR(HALF UNIT) SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 0.5ML 30 GAUGE X 15/64"	Tier 6	MO
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	Tier 6	MO
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 15/64"	Tier 6	MO

Drug	Status	Notes
DROPSAFE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16"	Tier 6	MO
EASY COMFORT INSULIN SYRINGE (insulin syringe-needle u- SYRINGE 0.3 ML 31 GAUGE X 5/16", 100) 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 6	MO
EASY COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 31 X 1/2", 1 ML 32 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16"	Tier 6	MO
EASY GLIDE CATHETER TIP SYRING (syringe (disposable)) SYRINGE 60 ML	Tier 3	
EASY GLIDE DENTAL IRRIG SYRING SYRINGE 10 ML	Tier 3	
EASY GLIDE INSULIN SYRINGE (insulin syringe-needle u- SYRINGE 0.3 ML 31 GAUGE X 15/64", 100) 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"	Tier 6	MO
EASY GLIDE LUER LOCK SYRINGE SYRINGE 1 ML, 10 ML	Tier 3	
EASY GLIDE LUER LOCK SYRINGE (syringe (disposable)) SYRINGE 3 ML, 60 ML	Tier 3	
EASY GLIDE LUER SLIP TB SYRING SYRINGE 1 ML	Tier 3	
EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16"	Tier 6	MO

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 3	
EASY TOUCH FLIPLOCK SYRINGE SYRINGE 3 ML 22 GAUGE X 1" (syringe with needle, safety)	Tier 3	
EASY TOUCH FLURINGE FLIPLOCK SYRINGE 1 ML 25 GAUGE X 1"	Tier 3	
EASY TOUCH FLURINGE FLIPLOCK SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle, safety)	Tier 3	
EASY TOUCH FLURINGE FLU TRAY TRAY 1 ML 25 GAUGE X 1"	Tier 3	
EASY TOUCH FLURINGE SHEATHLOCK SYRINGE 1 ML 25 GAUGE X 1"	Tier 3	
EASY TOUCH FLURINGE SHEATHLOCK SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle, safety)	Tier 3	
EASY TOUCH FLURINGE SYRINGE 1 ML 25 GAUGE X 1" (syringe with needle)	Tier 3	
EASY TOUCH FLURINGE SYRINGE 1 ML 25 GAUGE X 5/8"	Tier 3	
EASY TOUCH INSULIN SAFETY SYR SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2"	Tier 6	MO

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

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 3	
EASY TOUCH TUBERCULIN FLIPLOCK SYRINGE 1 ML 26 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2"	Tier 3	
EASY TOUCH TUBERCULIN SHEATHLK SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle, safety)	Tier 3	
EASY TOUCH TUBERCULIN SHEATHLK SYRINGE 1 ML 26 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2"	Tier 3	
EASY TOUCH UNI-SLIP SYRINGE 1 ML (insulin syringe needleless)	Tier 6	MO
EASY TOUCH UNI-SLIP SYRINGE 10 ML	Tier 3	MO
EASY TOUCH UNI-SLIP SYRINGE 3 ML, 5 ML (syringe (disposable))	Tier 3	MO
ECLIPSE SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 3 ML 21 GAUGE X 1", 3 ML 25 GAUGE X 1"	Tier 3	
ENFIT THUMB CONTROL RING SYRINGE 60 ML (syringe, enfit, non-sterile)	Tier 3	
EXCEL SYRINGE SYRINGE 3 ML 23 X 1"	Tier 3	
EXEL INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	Tier 6	MO
EXEL SYRINGE SYRINGE 10 ML, 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4", 50 ML	Tier 3	
EXEL SYRINGE SYRINGE 3 ML 23 GAUGE X 1 1/2" (syringe with needle)	Tier 3	
EXEL SYRINGE SYRINGE 30 ML (syringe (disposable))	Tier 3	
FREESTYLE PRECISION SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (insulin syringe-needle u-100)	Tier 6	MO

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

Drug	Status	Notes
<i>insulin syringe-needle u-100 syringe 1/2 ml 28 gauge</i> (Monoject Syringe)	Tier 6	MO
<i>insulin syringe-needle u-100 syringe 1/2 ml 28 gauge x 1/2"</i> (BD Lo-Dose Micro-Fine IV)	Tier 6	MO
INTEGRA SYRINGE SYRINGE 3 ML 21 GAUGE X 1"	Tier 3	
INTERLINK SYRINGE AND CANNULA SYRINGE 15 X 10 ML	Tier 3	
IRRIGATION SYRINGE SYRINGE	Tier 3	
LIFESHIELD BLUNT CANNULA SYRINGE 1 ML 18 GAUGE X 1", 3 ML 18 X 1"	Tier 3	
LUER LOCK SYRINGE SYRINGE 30 ML, 60 ML (syringe (disposable))	Tier 3	
LUER SLIP TIP SYRINGE TRAY SYRINGE 1 ML	Tier 3	
LUER-LOK TIP SYRINGE 30 ML (syringe (disposable))	Tier 3	
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"	Tier 6	MO
MAGELLAN SAFETY SYRINGE SYRINGE 1 ML 23 GAUGE X 1"	Tier 3	
MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16"	Tier 6	MO
MAGELLAN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2"	Tier 3	
MAGELLAN TUBERCULIN SAFETY SYR SYRINGE 1 ML 28 GAUGE X 1/2"	Tier 3	
MAXICOMFORT INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2" (insulin syringe-needle u-100)	Tier 6	MO
MAXI-COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	Tier 6	MO
MONOJECT 140CC PISTON SYRINGE SYRINGE	Tier 3	
MONOJECT 35CC SYRINGE CATH TIP SYRINGE 35 ML	Tier 3	
MONOJECT 3CC SYR 25GX1" SYRINGE 3 ML 25 GAUGE X 1"	Tier 3	
MONOJECT ALLERGY TRAY DETACH TRAY 1 ML 27 X 1/2"	Tier 3	
MONOJECT ALLERGY TRAY TRAY 0.5 ML 28 X 1/2", 1 ML 28 X 1/2"	Tier 3	

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

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

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 3	
MONOJECT SYRINGE TOOMEY TYPE (syringe (disposable)) SYRINGE 60 ML	Tier 3	
MONOJECT TB LUER LOK SYRINGE 1 ML	Tier 3	
MONOJECT TB REGULAR LUER TIP SYRINGE 1 ML	Tier 3	
MONOJECT TB SAFETY SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2"	Tier 3	
MONOJECT TB SYRINGE 1 ML 28 GAUGE X 1/2"	Tier 3	
MONOJECT TUBERCULIN SYRINGE (tuberculin-allergy SYRINGE 1 ML 26 GAUGE X 3/8" syringes)	Tier 3	
MONOJECT TUBERCULIN SYRINGE SYRINGE 1 ML, 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2", 1 ML 28 GAUGE X 1/2", 1/2 ML 28 X 1/2"	Tier 3	
MONOJECT ULTRA COMFORT (insulin syringe-needle u- INSULIN SYRINGE 1/2 ML 28 GAUGE 100)	Tier 6	MO
NORM-JECT SYRINGE 10 ML	Tier 3	
NORM-JECT SYRINGE 20 ML (syringe (disposable))	Tier 3	
NORM-JECT TUBERKULIN SYRINGE 1 ML	Tier 3	
PISTON SYRINGE WITH ENFIT (syringe, enfit, non-sterile) SYRINGE 60 ML	Tier 3	
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 6	MO
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 6	MO
SAFESNAP INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 6	MO
SAFESNAP SYRINGE SYRINGE 1 ML (syringe-needle,safety,disp 25 GAUGE X 5/8" unt)	Tier 3	

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 3	
SECURES SAFE INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 6	MO
SURE COMFORT INS. SYR. U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	Tier 6	MO
SURE COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 1/4"	Tier 6	MO
SURE-JECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" (insulin syringe-needle u-100)	Tier 6	MO
SURGUARD2 SAFETY SYRINGE 1 ML 25 GAUGE X 5/8", 3 ML 22 GAUGE X 1" (syringe with needle, safety)	Tier 3	

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

Drug	Status	Notes
syringe, enfit, non-sterile syringe 60 ml (ENFit Thumb Control Ring Syrin)	Tier 3	
syringe, enfit, sterile syringe 1 ml, 3 ml, 35 ml, 60 ml (Monoject ENFit Sterile Syringe)	Tier 3	
syringe, enfit, sterile syringe 10 ml, 20 ml, 5 ml	Tier 3	
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 6	MO
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 6	MO
TERUMO ALLERGY SYRINGE SYRINGE 1 ML 27 X 1/2"	Tier 3	
TERUMO HYPODERMIC NEEDLE/SYRIN SYRINGE 5 ML 20 X 1 1/2", 5 ML 20 X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 22 X 1"	Tier 3	
TERUMO INSULIN SYRINGE SYRINGE 0.3 ML 30 X 3/8", 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" (insulin syringe-needle u-100)	Tier 6	MO
TERUMO SYRINGE SYRINGE 3 ML 23 GAUGE X 1 1/2" (syringe with needle)	Tier 3	
TERUMO SYRINGE SYRINGE 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8"	Tier 3	
TERUMO SYRINGE SYRINGE 30 ML (syringe (disposable))	Tier 3	
THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8", 0.5 ML 29 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8" (insulin syringe-needle u-100)	Tier 6	MO
THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 31 X 3/8", 0.5 ML 31 X 3/8", 1 ML 31 X 3/8"	Tier 6	MO
TOOMEY SYRINGE SYRINGE 70 ML	Tier 3	

Drug	Status	Notes
TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 6	MO
TRUE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16	Tier 6	MO
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	Tier 6	MO
TRUE COMFORT PRO INS SYRINGE SYRINGE 1 ML 32 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16"	Tier 6	MO
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 6	MO
TRUEPLUS INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	Tier 6	MO
TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 1"	Tier 3	
TUBERCULIN SYRINGE SYRINGE 1 ML, 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2"	Tier 3	
<i>tuberculin-allergy syringes syringe 1 ml 26 gauge x 3/8"</i>	Tier 3	
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"	Tier 6	MO
ULTICARE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 1/4"	Tier 6	MO

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

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 6	MO
ULTRA COMFORT INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE	Tier 6	MO
ULTRA FLO INSUL SYR(HALF UNIT) SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	Tier 6	MO
ULTRA FLO INSULIN SYRINGE (insulin syringe-needle u-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 6	MO
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 6	MO
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 6	MO
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 6	MO
VANISHPOINT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 3/16"	Tier 6	MO
VANISHPOINT SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" (insulin syringe-needle u-100)	Tier 6	MO
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 3	

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 3	
VANISHPOINT TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2"	Tier 3	
VERIFINE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16" (insulin syringe-needle u-100)	Tier 6	MO
Tissue Bulking Implants		
BARRIGEL IMPLANT GEL FOR IMPLANT IN SYRINGE 60 MG/3 ML	Tier 3	PA
Miscellaneous Agents		
Amyloidosis Agents-Transthyretin (Ttr) Suppression		
WAINUA SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.8 ML	Tier 4	PA; MO
Anaphylaxis Therapy Agents		
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML	Tier 3	QL (2 EA per 365 days)
AUVI-Q INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.3 MG/0.3 ML (epinephrine)	Tier 3	QL (2 EA per 365 days)
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml</i> (Auvi-Q)	Tier 1	QL (4 EA per 1 FILL)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr)	Tier 1	QL (4 EA per 1 FILL)
EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML (epinephrine)	Tier 3	QL (4 EA per 1 FILL)
EPIPEN INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML (epinephrine)	Tier 3	QL (4 EA per 1 FILL)
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML (epinephrine)	Tier 3	QL (4 EA per 1 FILL)
EPIPEN JR INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML (epinephrine)	Tier 3	QL (4 EA per 1 FILL)
NEFFY NASAL SPRAY, NON-AEROSOL 2 MG/SPRAY (0.1 ML)	Tier 3	QL (4 EA per 1 FILL)
Cxcr4 Chemokine Receptor Antagonist		
XOLREMDI ORAL CAPSULE 100 MG	Tier 4	PA; MO

Drug	Status	Notes
Genetic D/O Tx-Exon Inclusion Antisense Oligonucle		
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	Tier 4	MO
Miscellaneous Agents		
NEXAVIR INJECTION SOLUTION 25.5 MG/ML	Tier 3	
Parasympathetic Agents		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	MO
<i>cevimeline oral capsule 30 mg</i> (Evoxac)	Tier 1	MO
EVOXAC ORAL CAPSULE 30 MG (cevimeline)	Tier 3	MO
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> (Salagen (pilocarpine))	Tier 1	MO
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG, 7.5 MG (pilocarpine hcl)	Tier 3	MO
Pharmacological Chaperone-Alpha-Galactosid.A Stabz		
GALAFOLD ORAL CAPSULE 123 MG	Tier 4	PA; MO
Pku Treatment Agents - Phenylalanine Ammonia Lyase		
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 20 MG/ML	Tier 3	PA; MO
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	Tier 3	PA
Pku Tx Agent-Cofactor Of Phenylalanine Hydroxylase		
JAVYGTOR ORAL POWDER IN PACKET 100 MG, 500 MG (sapropterin)	Tier 3	MO
JAVYGTOR ORAL TABLET,SOLUBLE 100 MG (sapropterin)	Tier 3	MO
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG (sapropterin)	Tier 3	MO
KUVAN ORAL TABLET,SOLUBLE 100 MG (sapropterin)	Tier 3	MO
<i>sapropterin oral powder in packet 100 mg, 500 mg</i> (Javygtor)	Tier 3	MO
<i>sapropterin oral tablet,soluble 100 mg</i> (Javygtor)	Tier 3	MO
Systemic Enzyme Inhibitors		
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	Tier 4	MO
JOENJA ORAL TABLET 70 MG	Tier 4	PA; MO
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+-)/20 ML	Tier 4	MO
VIJOICE ORAL GRANULES IN PACKET 50 MG	Tier 4	PA; MO

Drug	Status	Notes
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG	Tier 4	PA; MO
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG	Tier 4	MO
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	Tier 4	PA; MO
Thyroid Hormone Receptor (Thr) Agonist		
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	Tier 4	PA; MO
Topical Anticholinergic Hyperhidrosis Tx Agents		
QBREXZA TOPICAL TOWELETTE 2.4 %	Tier 2	PA
SOFDRA TOPICAL GEL WITH PUMP 12.45 % (72 MG /ACTUATION)	Tier 3	PA
Neoplastic Disease		
Alkylating Agents		
ALKERAN ORAL TABLET 2 MG (melphalan)	Tier 3	
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Tier 3	
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	Tier 3	
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (lomustine)	Tier 4	PA
HYDREA ORAL CAPSULE 500 MG (hydroxyurea)	Tier 3	MO
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	Tier 1	MO
LEUKERAN ORAL TABLET 2 MG	Tier 3	
MYLERAN ORAL TABLET 2 MG	Tier 3	
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	Tier 3	PA
Antiandrogenic Agents		
<i>abiraterone oral tablet 250 mg, 500 mg</i> (Zytiga)	Tier 3	PA; MO
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	Tier 1	MO
CASODEX ORAL TABLET 50 MG (bicalutamide)	Tier 3	MO
ERLEADA ORAL TABLET 240 MG, 60 MG	Tier 3	PA; MO
NILANDRON ORAL TABLET 150 MG (nilutamide)	Tier 4	MO; QL (2 EA per 1 day)
<i>nilutamide oral tablet 150 mg</i> (Nilandron)	Tier 3	MO; QL (2 EA per 1 day)
NUBEQA ORAL TABLET 300 MG	Tier 3	PA; MO
XTANDI ORAL CAPSULE 40 MG	Tier 3	PA; MO
XTANDI ORAL TABLET 40 MG, 80 MG	Tier 3	PA; MO
YONSA ORAL TABLET 125 MG	Tier 4	PA; MO

Drug	Status	Notes
ZYTIGA ORAL TABLET 250 MG, 500 MG (abiraterone)	Tier 4	PA; MO
Antibiotic Antineoplastics		
JELMYTO INTRA-PYELOCALYCEAL KIT 40 MG X 2	Tier 4	PA
Antimetabolites		
<i>capecitabine oral tablet 150 mg, 500 mg</i> (Xeloda)	Tier 3	PA
INQOVI ORAL TABLET 35-100 MG	Tier 3	PA; MO
JYLAMVO ORAL SOLUTION 2 MG/ML	Tier 3	PA; MO
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	Tier 3	PA
<i>mercaptopurine oral tablet 50 mg</i>	Tier 1	MO
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	Tier 1	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	Tier 1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	Tier 1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	Tier 1	MO
ONUREG ORAL TABLET 200 MG, 300 MG	Tier 3	PA; MO
PURIXAN ORAL SUSPENSION 20 MG/ML	Tier 3	MO; ST: Must meet the following requirement: Mercaptopurine tablets in 120 days
TABLOID ORAL TABLET 40 MG (thioguanine)	Tier 3	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	Tier 2	MO
XATMEP ORAL SOLUTION 2.5 MG/ML	Tier 3	MO; ST: Must meet any of the following requirements: Methotrexate tablets or injection solution in 120 days if 12 years of age and older; QL (120 ML per 60 days)
XELODA ORAL TABLET 150 MG, 500 MG (capecitabine)	Tier 4	PA
Antineoplastic Aromatase Inhibitors		
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	Tier 5	MO
ARIMIDEX ORAL TABLET 1 MG (anastrozole)	Tier 5	MO
AROMASIN ORAL TABLET 25 MG (exemestane)	Tier 5	MO
<i>exemestane oral tablet 25 mg</i> (Aromasin)	Tier 5	MO
FEMARA ORAL TABLET 2.5 MG (letrozole)	Tier 3	MO
<i>letrozole oral tablet 2.5 mg</i> (Femara)	Tier 1	MO

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

Drug	Status	Notes
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i> (Afinitor Disperz)	Tier 3	PA; MO
TORPENZ ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG (everolimus (antineoplastic))	Tier 3	PA; MO
Antineoplastic - Protein Methyltransferase Inhibit		
TAZVERIK ORAL TABLET 200 MG	Tier 3	PA; MO
Antineoplastic - Topoisomerase I Inhibitors		
HYCANTIN ORAL CAPSULE 0.25 MG, 1 MG	Tier 3	
Antineoplastic Immunomodulator Agents		
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> (Revlimid)	Tier 3	PA; MO
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	Tier 3	PA; MO
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (lenalidomide)	Tier 3	PA; MO
Antineoplastic Lhrh(Gnrh) Antagonist,Pituit.Supprs		
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	Tier 3	QL (2 EA per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	Tier 3	MO; QL (1 EA per 30 days)
FIRMAGON SUBCUTANEOUS RECON SOLN 120 MG	Tier 3	QL (2 EA per 365 days)
ORGOVYX ORAL TABLET 120 MG	Tier 3	PA; MO
Antineoplastic Systemic Enzyme Inhibitors		
ALECENSA ORAL CAPSULE 150 MG	Tier 3	PA; MO
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	Tier 4	PA; MO
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	Tier 4	PA
AUGTYRO ORAL CAPSULE 160 MG, 40 MG	Tier 3	PA; MO
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	Tier 3	PA; MO
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	Tier 3	PA; MO
BOSULIF ORAL CAPSULE 100 MG, 50 MG	Tier 3	PA; MO

Drug	Status	Notes
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	Tier 3	PA; MO
BRUKINSA ORAL CAPSULE 80 MG	Tier 3	PA; MO
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	Tier 3	PA; MO
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	Tier 3	PA; MO
CAPRELSA ORAL TABLET 100 MG, 300 MG (vandetanib)	Tier 4	PA; MO
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	Tier 3	PA; MO
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	Tier 4	PA; MO
DANZITEN ORAL TABLET 71 MG, 95 MG	Tier 3	PA; MO
<i>dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg</i> (Sprycel)	Tier 3	PA; MO
<i>erlotinib oral tablet 100 mg</i> (Tarceva)	Tier 3	PA; MO
<i>erlotinib oral tablet 150 mg, 25 mg</i>	Tier 3	PA; MO
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	Tier 3	PA; MO
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG	Tier 3	MO
GAVRETO ORAL CAPSULE 100 MG	Tier 3	PA; MO
<i>gefitinib oral tablet 250 mg</i> (Iressa)	Tier 3	PA
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	Tier 3	PA; MO
GLEEVEC ORAL TABLET 100 MG, 400 MG (imatinib)	Tier 4	PA; MO
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	Tier 4	PA; MO
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	Tier 4	PA; MO
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	Tier 3	PA; MO
<i>imatinib oral tablet 100 mg, 400 mg</i> (Gleevec)	Tier 3	PA; MO
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	Tier 3	PA; MO
IMBRUVICA ORAL SUSPENSION 70 MG/ML	Tier 3	PA; MO
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	Tier 3	PA; MO
INLYTA ORAL TABLET 1 MG, 5 MG	Tier 3	PA; MO

Drug	Status	Notes
INREBIC ORAL CAPSULE 100 MG	Tier 3	PA; MO
IRESSA ORAL TABLET 250 MG (gefitinib)	Tier 4	PA
ITOVEBI ORAL TABLET 3 MG, 9 MG	Tier 3	PA; MO
IWILFIN ORAL TABLET 192 MG	Tier 3	PA; MO
JAYPIRCA ORAL TABLET 100 MG, 50 MG	Tier 3	PA; MO
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	Tier 3	PA; MO
<i>lapatinib oral tablet 250 mg</i> (Tykerb)	Tier 3	PA; MO
LAZCLUZE ORAL TABLET 240 MG, 80 MG	Tier 4	PA; MO
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	Tier 3	PA; MO
LORBRENA ORAL TABLET 100 MG, 25 MG	Tier 3	PA; MO
LYNPARZA ORAL TABLET 100 MG, 150 MG	Tier 3	PA; MO
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	Tier 3	PA; MO
NERLYNX ORAL TABLET 40 MG	Tier 3	PA
NEXAVAR ORAL TABLET 200 MG (sorafenib)	Tier 4	PA
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	Tier 3	PA; MO
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG	Tier 4	PA; MO
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	Tier 3	PA; MO
<i>pazopanib oral tablet 200 mg</i> (Votrient)	Tier 3	PA; MO
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	Tier 3	PA; MO
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	Tier 3	PA; MO
QINLOCK ORAL TABLET 50 MG	Tier 3	PA; MO
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG	Tier 3	PA; MO
REVUFORJ ORAL TABLET 110 MG, 160 MG	Tier 4	PA; MO

Drug	Status	Notes
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	Tier 3	PA; MO
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	Tier 3	PA; MO
RUBRACA ORAL TABLET 250 MG, 300 MG	Tier 4	PA; MO
RYDAPT ORAL CAPSULE 25 MG	Tier 3	PA; MO
SCSEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG	Tier 3	PA; MO
<i>sorafenib oral tablet 200 mg</i> (Nexavar)	Tier 3	PA
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG (dasatinib)	Tier 4	PA; MO
STIVARGA ORAL TABLET 40 MG	Tier 3	PA
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Sutent)	Tier 3	PA
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG (sunitinib malate)	Tier 4	PA
TABRECTA ORAL TABLET 150 MG, 200 MG	Tier 3	PA; MO
TAGRISSEO ORAL TABLET 40 MG, 80 MG	Tier 3	PA
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	Tier 3	PA
TARCEVA ORAL TABLET 100 MG (erlotinib)	Tier 4	PA; MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	Tier 3	PA; MO
TEPMETKO ORAL TABLET 225 MG	Tier 3	PA; MO
TRUQAP ORAL TABLET 160 MG, 200 MG	Tier 3	PA; MO
TUKYSA ORAL TABLET 150 MG, 50 MG	Tier 3	PA; MO
TURALIO ORAL CAPSULE 125 MG	Tier 3	PA; MO
TYKERB ORAL TABLET 250 MG (lapatinib)	Tier 4	PA; MO
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	Tier 3	PA; MO
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 3	PA; MO
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	Tier 3	PA; MO
VITRAKVI ORAL SOLUTION 20 MG/ML	Tier 3	PA; MO
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	Tier 3	PA; MO
VONJO ORAL CAPSULE 100 MG	Tier 3	PA
VOTRIENT ORAL TABLET 200 MG (pazopanib)	Tier 4	PA; MO

Drug	Status	Notes
XALKORI ORAL CAPSULE 200 MG, 250 MG	Tier 3	PA; MO
XALKORI ORAL PELLETT 150 MG, 20 MG, 50 MG	Tier 3	PA; MO
XOSPATA ORAL TABLET 40 MG	Tier 3	PA; MO
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	Tier 3	PA; MO
ZYDELIG ORAL TABLET 100 MG, 150 MG	Tier 3	PA; MO
ZYKADIA ORAL TABLET 150 MG	Tier 3	PA; MO
Antineoplastic,Histone Deacetylase Inhibitors,Hdis		
ZOLINZA ORAL CAPSULE 100 MG	Tier 3	
Antineoplastic-B Cell Lymphoma-2(Bcl-2) Inhibitors		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	Tier 3	PA; MO
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG-100 MG	Tier 3	PA
Antineoplastic-Enzyme Inhib, Antiandrogen Comb.		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	Tier 3	PA; MO
Antineoplastic-Hypoxia Inducible Factor (Hif) Inh		
WELIREG ORAL TABLET 40 MG	Tier 3	PA; MO
Antineoplastic-Isocitrate Dehydrogenase Inhibitors		
IDHIFA ORAL TABLET 100 MG, 50 MG	Tier 4	PA; MO
REZLIDHIA ORAL CAPSULE 150 MG	Tier 3	PA; MO
TIBSOVO ORAL TABLET 250 MG	Tier 3	PA; MO
VORANIGO ORAL TABLET 10 MG, 40 MG	Tier 3	PA; MO
Antineoplastics,Miscellaneous		
<i>etoposide oral capsule 50 mg</i>	Tier 1	
LYSODREN ORAL TABLET 500 MG	Tier 3	MO
MATULANE ORAL CAPSULE 50 MG	Tier 3	
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5 ML	Tier 4	
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	Tier 3	

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

Drug	Status	Notes
<i>toremifene oral tablet 60 mg</i> (Fareston)	Tier 3	PA; MO
Selective Retinoid X Receptor Agonists (Rxr)		
<i>bexarotene oral capsule 75 mg</i> (Targretin)	Tier 3	PA; MO
TARGRETIN ORAL CAPSULE 75 MG (bexarotene)	Tier 4	PA; MO
Steroid Antineoplastics		
<i>megestrol oral tablet 20 mg, 40 mg</i>	Tier 1	
Neurological Disease - Miscellaneous		
Agents To Treat Multiple Sclerosis		
AUBAGIO ORAL TABLET 14 MG, 7 MG (teriflunomide)	Tier 4	PA; MO
AVONEX INTRAMUSCULAR PEN INJECTOR 30 MCG/0.5 ML	Tier 3	PA; MO
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	Tier 3	PA; MO
AVONEX INTRAMUSCULAR SYRINGE 30 MCG/0.5 ML	Tier 3	PA; MO
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	Tier 3	PA; MO
BAFIERTAM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 95 MG	Tier 4	PA; MO
BETASERON SUBCUTANEOUS KIT 0.3 MG	Tier 3	PA; MO
BETASERON SUBCUTANEOUS RECON SOLN 0.3 MG (interferon beta-1b)	Tier 3	PA; MO
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML (glatiramer)	Tier 4	PA; MO
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML (glatiramer)	Tier 3	PA; MO
<i>dimethyl fumarate oral capsule, delayed release(drlec) 120 mg (14)- 240 mg (46)</i> (Tecfidera)	Tier 3	PA
<i>dimethyl fumarate oral capsule, delayed release(drlec) 120 mg, 240 mg</i> (Tecfidera)	Tier 3	PA; MO
<i>fingolimod oral capsule 0.5 mg</i> (Gilenya)	Tier 3	PA; MO
GILENYA ORAL CAPSULE 0.25 MG	Tier 4	PA; MO
GILENYA ORAL CAPSULE 0.5 MG (fingolimod)	Tier 4	PA; MO
<i>glatiramer subcutaneous syringe 20 mg/ml</i> (Glatopa)	Tier 3	PA; MO
<i>glatiramer subcutaneous syringe 40 mg/ml</i> (Copaxone)	Tier 3	PA; MO
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML (glatiramer)	Tier 3	PA; MO
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	Tier 3	PA; MO

Drug	Status	Notes
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	Tier 3	PA; MO
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	Tier 3	PA; MO
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	Tier 3	PA; MO
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	Tier 3	PA; MO
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	Tier 3	PA; MO
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	Tier 3	PA; MO
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	Tier 3	PA; MO
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	Tier 3	PA; MO
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	Tier 3	PA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	Tier 3	PA
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	Tier 3	PA; MO
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	Tier 3	PA; MO
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	Tier 3	PA
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	Tier 3	PA; MO
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	Tier 3	PA
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK 2 MG (2) - 10 MG (3)	Tier 4	PA
PONVORY ORAL TABLET 20 MG	Tier 4	PA; MO
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	Tier 3	PA; MO
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	Tier 3	PA; MO

Drug	Status	Notes
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	Tier 3	PA
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	Tier 3	PA
TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.25 MG, 0.5 MG	Tier 4	PA; MO
TECFIDERA ORAL (dimethyl fumarate) CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46)	Tier 4	PA
TECFIDERA ORAL (dimethyl fumarate) CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 240 MG	Tier 4	PA; MO
<i>teriflunomide oral tablet 14 mg, 7 mg</i> (Aubagio)	Tier 3	PA; MO
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	Tier 3	PA; MO
Agts Tx Neuromusc Transmission Dis,Pot-Chan Blkr		
AMPYRA ORAL TABLET EXTENDED (dalfampridine) RELEASE 12 HR 10 MG	Tier 4	PA; MO
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	Tier 3	PA; MO
FIRDAPSE ORAL TABLET 10 MG	Tier 4	PA; MO
Amyotrophic Lateral Sclerosis Agents		
RADICAVA ORS ORAL SUSPENSION 105 MG/5 ML	Tier 4	MO
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	Tier 4	MO
RILUTEK ORAL TABLET 50 MG (riluzole)	Tier 3	MO
<i>riluzole oral tablet 50 mg</i> (Rilutek)	Tier 1	MO
TEGLUTIK ORAL SUSPENSION 50 MG/10 ML	Tier 4	PA; MO
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	Tier 4	PA; MO

Drug	Status	Notes
Fibromyalgia Agents,Serotonin-Norepineph Ru Inhib		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	Tier 3	MO; ST: Must meet 2 of the following requirements: Amitriptyline HCL, Cyclobenzaprine HCL, Duloxetine HCL, Gabapentin, or Pregabalin in 365 days; QL (2 EA per 1 day)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	Tier 3	ST: Must meet 2 of the following requirements: Amitriptyline HCL, Cyclobenzaprine HCL, Duloxetine HCL, Gabapentin, or Pregabalin in 365 days; QL (2 EA per 1 day)
Genetic Disorder Therapy - Hdac Inhibitor		
DUVYZAT ORAL SUSPENSION 8.86 MG/ML	Tier 4	PA; MO
Glypromate (Gpe) Analogs		
DAYBUE ORAL SOLUTION 200 MG/ML	Tier 4	PA; MO
Heat Shock Protein (Hsp) Modulating Agents		
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG	Tier 3	PA; MO
Metabolic Disease Enzyme Replacement, Mocd		
NULIBRY INTRAVENOUS RECON SOLN 9.5 MG	Tier 4	PA; MO
Movement Disorders(Drug Therapy)		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	Tier 3	PA; MO
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 3	PA; MO
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	Tier 3	PA

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

Drug	Status	Notes
<p><i>pregabalin oral tablet extended release</i> (Lyrica CR) 24 hr 330 mg</p>	Tier 1	MO; ST: Must meet 2 of the following requirements: Amitriptyline HCL, Desipramine HCL, Divalproex Sodium, Doxepin HCL, Drizalma Sprinkle, Duloxetine HCL, Gabapentin, Gralise, Imipramine HCL, Imipramine Pamoate, Maprotiline HCL, Neuraptine, Nortriptyline HCL, Pregabalin, Sodium Valproate, Valproic Acid (as Sodium Salt), Valproic Acid, or Venlafaxine HCL in 365 days; QL (2 EA per 1 day)
Nuclear Factor Erythroid 2-Rel. Factor 2 Activator		
SKYCLARYS ORAL CAPSULE 50 MG	Tier 4	PA; MO
Postherpetic Neuralgia Agents		
<p><i>gabapentin oral tablet extended release</i> (Gralise) 24 hr 300 mg</p>	Tier 1	ST: Must meet the following requirement: Gabapentin immediate release in 120 days; QL (1 EA per 1 day)
<p><i>gabapentin oral tablet extended release</i> (Gralise) 24 hr 600 mg</p>	Tier 1	ST: Must meet the following requirement: Gabapentin immediate release in 120 days; QL (2 EA per 1 day)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	Tier 3	ST: Must meet the following requirement: Gabapentin immediate release in 120 days; QL (1 EA per 1 day)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 750 MG, 900 MG	Tier 3	ST: Must meet the following requirement: Gabapentin immediate release in 120 days; QL (2 EA per 1 day)
GRALISE ORAL TABLET, EXT REL 24HR DOSE PACK 300 MG (9)- 600 MG (24)	Tier 3	ST: Must meet the following requirement: Gabapentin immediate release in 120 days; QL (33 EA per 15 days)

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

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

Drug	Status	Notes
CARDIOPLEGIA IND 8:1 NON-ENRCH PERFUSION SOLUTION 70 MEQ/300 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA INDUCTION 4:1 PERFUSION SOLUTION 30 MEQ/415 ML (POTASSIUM), 36 MEQ/500 ML (POTASSIUM), 60 MEQ/830 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA INDUCTION 8:1 PERFUSION SOLUTION 100 MEQ/500 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA MAIN 8:1 NO-ENRCH PERFUSION SOLUTION 24 MEQ/300 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA MAINT 4:1 PLASMA PERFUSION SOLUTION 30 MEQ/1,047 ML (POTASSIUM)	Tier 3	
CARDIOPLEGIA MAINT 4:1 RINGER PERFUSION SOLUTION 12 MEQ/504.8 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA MAINTENANCE 4:1 PERFUSION SOLUTION 20 MEQ/810 ML (POTASSIUM), 36 MEQ/L (POTASSIUM)	Tier 1	
CARDIOPLEGIA MAINTENANCE 8:1 PERFUSION SOLUTION 36 MEQ/500 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/477.5 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/500 ML (POTASSIUM), 7.5 MEQ/238.75 ML (POTASSIUM)	Tier 3	
CARDIOPLEGIA WARM INDUCT 4:1 PERFUSION SOLUTION 40 MEQ/500 ML (POTASSIUM)	Tier 3	
<i>cardioplegic no.17(induct 4:1) perfusion solution 50 meq/500 ml (potassium)</i>	Tier 1	
<i>cardioplegic no.19 (maint 4:1) perfusion solution 40 meq/l (potassium)</i>	Tier 1	
<i>cardioplegic soln perfusion solution 16 meq/l (= k+)</i> (Plegisol)	Tier 1	
<i>cardioplegic solution no.25 perfusion solution 29 mmol/l (potassium)</i>	Tier 1	

Drug	Status	Notes
CUSTODIOL HTK PERFUSION SOLUTION 9 MMOL-198 MMOL -2 MMOL/L	Tier 3	
<i>microplegic solution no.1 perfusion solution 7.84 %-8.56 % (0.92 molar)</i>	Tier 1	
<i>microplegic solution no.1-cp2d perfusion solution 7.84 %-8.56 % (0.92 molar)</i>	Tier 1	
PLEGISOL PERFUSION SOLUTION 16 (cardioplegic soln) MEQ/L (= K+)	Tier 3	
Cholinesterase Reactivat.&Muscarinic Antg.Antidote		
DUODOTE INTRAMUSCULAR PEN INJECTOR 600-2.1 MG/2ML-MG/0.7ML	Tier 3	
Cholinesterase Reactivating,Organophos. Antidotes		
<i>pralidoxime intramuscular pen injector 600 mg/2 ml</i>	Tier 3	
Condoms		
AIMSCO LATEX CONDOM DEVICE	Tier 5	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
DUREX AIR CONDOM DEVICE	Tier 5	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
DUREX AVANTI BARE REAL FEEL	Tier 5	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
DUREX EXTRA SENSITIVE CONDOM DEVICE	Tier 5	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
DUREX TROPICAL CONDOM DEVICE	Tier 5	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
FANTASY CONDOM DEVICE	Tier 5	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
FC2 FEMALE CONDOM	Tier 5	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
KIMONO LUBRICATED CONDOMS DEVICE	Tier 5	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
KIMONO MICROTHIN AQUA LUBE CON DEVICE	Tier 5	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60

Drug	Status	Notes
KIMONO MICROTHIN CONDOMS DEVICE	Tier 5	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
KIMONO MICROTHIN LARGE CONDOMS DEVICE	Tier 5	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
KIMONO TEXTURED CONDOMS DEVICE	Tier 5	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
KIMONO THIN LUBRICATED CONDOMS DEVICE	Tier 5	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
TROJAN BARESKIN DEVICE	Tier 5	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
TROJAN EXTENDED PLEASURE DEVICE	Tier 5	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
TROJAN PLEASURE PACK DEVICE	Tier 5	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
TROJAN ULTRA RIBBED CONDOM DEVICE	Tier 5	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
TROJAN ULTRA THIN DEVICE	Tier 5	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
TRUE COVER CONDOM DEVICE	Tier 5	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
TRUSTEX LATEX CONDOM DEVICE	Tier 5	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
TRUSTEX LUBRICATED CONDOMS DEVICE	Tier 5	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
TRUSTEX NON-LUB CONDOMS DEVICE	Tier 5	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
TRUSTEX-RIA LUB/SPERMICIDE DEVICE	Tier 5	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
TRUSTEX-RIA LUBRICATED CONDOMS DEVICE	Tier 5	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60

Drug	Status	Notes
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	Tier 5	\$0 COPAY IF QUANTITY SUPPLY DOES NOT EXCEED 60
Cryopreservative Agents		
CRYOSERV SOLUTION 99 %	Tier 3	
Cystic Fibrosis - Inhaled Osmotic Agents		
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	Tier 4	MO; ST: Must meet the following requirement: Inhaled 7% Sodium Chloride solution in 120 days; QL (20 EA per 1 day); Age (Min 18 Years)
Diagnostic Preparations,Misc.		
ADVANCED DNA MEDICATED COLLECT MUCOUS MEMBRANE KIT 2 %	Tier 3	
ARIDOL BRONCHIAL CHALLENGE INHALATION CAPSULE, W/INHALATION DEVICE 0-5-10-20-40 MG	Tier 3	
<i>kit for tc 99m-sod thiosulfate recon soln 2 mg</i>	Tier 3	
<i>methacholine chloride inhalation solution (Provocholine) for nebulization 0 mg/3 ml (0 mg/ml), 0 to 48 mg/3 ml, 0.1875 mg/3 ml (0.0625 mg/ml), 0.75 mg/3 ml (0.25 mg/ml), 12 mg/3 ml (4 mg/ml), 3 mg/3 ml (1 mg/ml), 48 mg/3 ml (16 mg/ml)</i>	Tier 1	
PRO DNA COLLECTION MUCOUS MEMBRANE KIT 2 %	Tier 3	
PROVOCHOLINE INHALATION RECON SOLN 100 MG	Tier 3	
PYTEST KIT ORAL CAPSULE 37 KBQ (1 MICROCI)	Tier 3	
PYTEST ORAL CAPSULE 37 KBQ (1 MICROCI)	Tier 3	
TOXICOLOGY SALIVA COLLECTION ORAL KIT 600 MG	Tier 3	
VUEBLU SOLUTION 0.5 %	Tier 3	
XENOVIEW PATIENT DOSE INHALATION GAS 1,000 ML	Tier 3	
XENOVIEW PREPARATION GAS BLEND INHALATION GAS 1,000 ML	Tier 3	
Diagnostic Test Devices And Supplies		
BD VERITOR SARS-COV-2, FLU A-B KIT	Tier 5	

Drug	Status	Notes
BD VERITOR SYSTEM SARS-COV-2 KIT	Tier 5	
BINAXNOW COVID-19 AG CARD KIT	Tier 5	
CORDX TYFAST COVID-19 AG TEST KIT	Tier 5	
CORDX TYFAST FLU-COVID-19 TEST KIT	Tier 5	
COVID-19 AT-HOME TEST KIT	Tier 5	
<i>covid19 test adm.by pharmacist</i>	Tier 5	
CUE COVID-19 HOME TEST KIT	Tier 5	
CUE MPOX MOLECULAR TEST KIT	Tier 5	
<i>eua patient assessment</i>	Tier 5	
EVERLYWELL COVID19 HOM COLLECT (covid-19 test specimen collect)	Tier 5	
FASTEP COVID-19 AG HOME TEST KIT	Tier 5	
FLOWFLEX PLUS COVID-19 AND FLU KIT	Tier 5	
ID NOW COVID-19 TEST KIT KIT	Tier 5	
LUCIRA COVID-19 AND FLU TEST KIT	Tier 5	
MIDASPOT COVID19 ANTIBODY TEST KIT	Tier 5	
NANO-CHECK COVID-19 AG TEST KIT	Tier 5	
PIXEL COVID19 HOME COLLECT KIT (covid-19 test specimen collect)	Tier 5	
QUICKVUE SARS ANTIGEN KIT	Tier 5	
SOFIA SARS ANTIGEN FIA KIT	Tier 5	
SOFIA2 FLU-SARS ANTIGEN FIA KIT	Tier 5	
SPEEDYSWAB COVID-19 AND FLU KIT	Tier 5	
Diluent Solutions		
DILUENT FOR ROTARIX ORAL SYRINGE	Tier 3	
DILUTING MEDIUM FOR NOVOLOG INJECTION SOLUTION	Tier 3	MO
STERILE HYDROGEL FOR JELMYTO INTRA-PYELOCALYCEAL SOLUTION	Tier 3	
Drugs To Treat Hereditary Tyrosinemia		
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i> (Orfadin)	Tier 3	PA; MO
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	Tier 3	PA; MO
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (nitisinone)	Tier 3	PA; MO

Drug	Status	Notes
ORFADIN ORAL SUSPENSION 4 MG/ML	Tier 3	PA; MO
Drugs To Tx Gaucher Dx-Type 1, Substrate Reducing		
CERDELGA ORAL CAPSULE 84 MG	Tier 3	MO
<i>miglustat oral capsule 100 mg</i> (Yargesa)	Tier 3	PA; MO
OPFOLDA ORAL CAPSULE 65 MG	Tier 4	PA; MO
YARGESA ORAL CAPSULE 100 MG (miglustat)	Tier 3	PA; MO
ZAVESCA ORAL CAPSULE 100 MG (miglustat)	Tier 4	PA; MO
Environment Allergens And Irritants, Other		
T.R.U.E. TEST ALLERGEN TOPICAL ADHESIVE PATCH, MEDICATED	Tier 3	
Fallopian Tube Ultrasound Contrast Agents		
EXEM INTRAUTERINE INFUSION FOAM IN SYRINGE	Tier 3	
Fluorescence Imaging Agents - Malignant Tissue		
GLEOLAN ORAL RECON SOLN 30 MG/ML	Tier 3	
Gastrointestinal Radiopaque Diagnostics		
<i>diatrizoate meg-diatrizoat sod oral solution 66-10 %</i> (MD-Gastroview)	Tier 1	
ENTERO VU ORAL SUSPENSION 24 %	Tier 3	
E-Z DISK ORAL TABLET 700 MG	Tier 3	
E-Z-HD BARIUM ORAL SUSPENSION FOR RECONSTITUTION 98 %	Tier 3	
E-Z-PAQUE ORAL SUSPENSION FOR RECONSTITUTION 96 % (W/W)	Tier 3	
E-Z-PASTE ORAL CREAM 60 %	Tier 3	
GASTROGRAFIN ORAL SOLUTION 66-10 % (diatrizoate meg-diatrizoat sod)	Tier 3	
GASTROMARK ORAL SUSPENSION 175 MCG/ML IRON	Tier 3	
LIQUID E-Z PAQUE ORAL SUSPENSION 60 % (W/V)	Tier 3	
LIQUID POLIBAR PLUS ORAL SUSPENSION 105 % (W/V), 58 % (W/W)	Tier 3	
MD-GASTROVIEW ORAL SOLUTION 66-10 % (diatrizoate meg-diatrizoat sod)	Tier 1	

Drug	Status	Notes
NEULUMEX ORAL SUSPENSION 0.1 %	Tier 3	
POLIBAR ACB RECTAL ENEMA 96 %	Tier 3	
READI-CAT 2 ORAL SUSPENSION 2 % (W/V)	Tier 3	
SITZMARKS FOR KIDS ORAL CAPSULE 24 MARKERS	Tier 3	
SITZMARKS ORAL CAPSULE 24 MARKERS	Tier 3	
TAGITOL V ORAL SUSPENSION 40 % (W/V)	Tier 3	
VARIBAR HONEY ORAL SUSPENSION 40 % (W/V) 29% (W/W)	Tier 3	
VARIBAR NECTAR ORAL SUSPENSION 40 % (W/V)	Tier 3	
VARIBAR PUDDING ORAL PASTE 40 % (W/V), 30% (W/W)	Tier 3	
VARIBAR THIN HONEY ORAL SUSPENSION 40 %(W/V), 29% (W/W)(1500 CPS)	Tier 3	
VARIBAR THIN LIQUID ORAL POWDER 81 % (W/W)	Tier 3	
General Anesthetics - Benzodiazepine, Injectable		
<i>midazolam (pf) injection solution 5 mg/ml</i>	Tier 1	
<i>midazolam injection solution 5 mg/ml</i>	Tier 1	
General Anesthetics, Inhalant		
<i>desflurane inhalation liquid 100 %</i> (Suprane)	Tier 1	
FORANE INHALATION LIQUID 99.9 % (isoflurane)	Tier 3	
<i>isoflurane inhalation liquid 99.9 %</i> (Terrell)	Tier 1	
<i>sevoflurane inhalation liquid</i> (Ultane)	Tier 1	
SUPRANE INHALATION LIQUID 100 % (desflurane)	Tier 3	
TERRELL INHALATION LIQUID 99.9 % (isoflurane)	Tier 1	
ULTANE INHALATION LIQUID (sevoflurane)	Tier 3	
General Inhalation Agents		
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %	Tier 3	
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 7 % (sodium chloride)	Tier 3	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 % (sodium chloride)	Tier 1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	Tier 3	

Drug	Status	Notes
PULMOSAL INHALATION SOLUTION (sodium chloride) FOR NEBULIZATION 7 %	Tier 3	
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %</i>	Tier 1	
<i>sodium chloride inhalation solution for nebulization 3 %</i> (NebuSal)	Tier 1	
<i>sodium chloride inhalation solution for nebulization 7 %</i> (Hyper-Sal)	Tier 1	
Homeopathic Drugs		
AURUMHEEL ORAL DROPS	Tier 3	
CANTHARIS COMPOSITUM ORAL DROPS	Tier 3	
CRALONIN ORAL DROPS	Tier 3	
EYE ORAL TABLET,SOLUBLE	Tier 3	
LAMIOFLUR ORAL DROPS	Tier 3	
PLANTAGO-HOMACCORD ORAL DROPS	Tier 3	
POPULUS COMPOSITUM ORAL DROPS	Tier 3	
PSORINOHEEL ORAL DROPS	Tier 3	
RENEEL ORAL TABLET,SOLUBLE	Tier 3	
SABAL-HOMACCORD ORAL DROPS	Tier 3	
SYZYGIIUM COMPOSITUM ORAL DROPS	Tier 3	
VERTIGOHEEL ORAL DROPS	Tier 3	
VERTIGOHEEL ORAL TABLET,SOLUBLE	Tier 3	
Intra-Uterine Devices (IUD's)		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG	Tier 5	MO
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	Tier 5	MO
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG	Tier 5	MO
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	Tier 5	MO
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG	Tier 5	MO

Drug	Status	Notes
Medical Imaging Supplies		
ECOVUE HV ULTRASOUND GEL TOPICAL GEL	Tier 3	
ECOVUE ULTRASOUND GEL TOPICAL GEL	Tier 3	
Metabolic Deficiency Agents		
<i>betaine oral powder 1 gram/scoop</i> (Cystadane)	Tier 3	PA; MO
CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML	(levocarnitine) Tier 3	MO
CARNITOR ORAL SOLUTION 100 MG/ML	(levocarnitine (with sugar)) Tier 3	MO
CARNITOR ORAL TABLET 330 MG	(levocarnitine) Tier 3	MO
CYSTADANE ORAL POWDER 1 GRAM/SCOOP	(betaine) Tier 4	PA; MO
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	(Carnitor) Tier 1	MO
<i>levocarnitine oral solution 100 mg/ml</i>	(Carnitor (sugar-free)) Tier 1	MO
<i>levocarnitine oral tablet 330 mg</i>	(Carnitor) Tier 1	MO
Metabolic Disease Enzyme Replace, Hypophosphatasia		
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	Tier 3	PA; MO
Metabolic Dx Enzyme Replacemt,Sev.Comb.Immune Def.		
REVCIVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	Tier 4	PA; MO
Metabolic Function Diagnostics		
METOPIRONE ORAL CAPSULE 250 MG	Tier 4	
Metallic Poison,Agents To Treat		
CHEMET ORAL CAPSULE 100 MG	Tier 3	
CUVRIOR ORAL TABLET 300 MG	Tier 4	PA; MO
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i> (Jadenu Sprinkle)	Tier 3	PA; MO
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i> (Jadenu)	Tier 3	PA; MO
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i> (Exjade)	Tier 3	PA; MO
<i>deferiprone oral tablet 1,000 mg, 500 mg</i> (Ferriprox)	Tier 3	PA; MO
<i>deferoxamine injection recon soln 2 gram</i>	Tier 1	PA
<i>deferoxamine injection recon soln 500 mg</i> (Desferal)	Tier 1	PA

Drug	Status	Notes
DESFERAL INJECTION RECON SOLN (deferoxamine) 500 MG	Tier 3	PA
EXJADE ORAL TABLET, DISPERSIBLE (deferasirox) 125 MG, 250 MG, 500 MG	Tier 4	PA; MO
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG	Tier 4	PA; MO
FERRIPROX ORAL SOLUTION 100 MG/ML	Tier 4	PA; MO
FERRIPROX ORAL TABLET 1,000 MG, (deferiprone) 500 MG	Tier 4	PA; MO
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)	Tier 3	
JADENU ORAL TABLET 180 MG, 360 (deferasirox) MG, 90 MG	Tier 4	PA; MO
JADENU SPRINKLE ORAL GRANULES (deferasirox) IN PACKET 180 MG, 360 MG, 90 MG	Tier 4	PA; MO
RADIOGARDASE ORAL CAPSULE 0.5 GRAM	Tier 3	
SYPRINE ORAL CAPSULE 250 MG (trientine)	Tier 4	PA; MO
<i>trientine oral capsule 250 mg</i> (Syprine)	Tier 3	PA; MO
<i>trientine oral capsule 500 mg</i>	Tier 3	PA; MO
WILZIN ORAL CAPSULE 25 MG (ZINC)	Tier 3	
Muscarinic Receptor Antagonists		
ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML	Tier 3	
Needles/Needleless Devices		
1ST TIER UNIFINE PENTIPS NEEDLE (pen needle, diabetic) 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 6	MO
1ST TIER UNIFINE PENTIPS PLUS (pen needle, diabetic) NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 6	MO
ADVOCATE PEN NEEDLE NEEDLE 31 (pen needle, diabetic) GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Tier 6	MO
AQINJECT PEN NEEDLE NEEDLE 31 (pen needle, diabetic) GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 6	MO
ASSURE ID DUO PRO SFTY PEN NDL (pen needle, diabetic, NEEDLE 31 GAUGE X 3/16" safety)	Tier 6	MO
ASSURE ID PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	Tier 6	MO

Drug	Status	Notes
ASSURE ID PRO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"	Tier 6	MO
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"	Tier 6	MO
BD NANO 2ND GEN PEN NEEDLE (pen needle, diabetic) NEEDLE 32 GAUGE X 5/32"	Tier 6	MO
BD ULTRA-FINE MICRO PEN NEEDLE (pen needle, diabetic) NEEDLE 32 GAUGE X 1/4"	Tier 6	MO
BD ULTRA-FINE MINI PEN NEEDLE (pen needle, diabetic) NEEDLE 31 GAUGE X 3/16"	Tier 6	MO
BD ULTRA-FINE NANO PEN NEEDLE (pen needle, diabetic) NEEDLE 32 GAUGE X 5/32"	Tier 6	MO
BD ULTRA-FINE ORIG PEN NEEDLE (pen needle, diabetic) NEEDLE 29 GAUGE X 1/2"	Tier 6	MO
BD ULTRA-FINE SHORT PEN NEEDLE (pen needle, diabetic) NEEDLE 31 GAUGE X 5/16"	Tier 6	MO
CAREFINE PEN NEEDLE NEEDLE 29 (pen needle, diabetic) GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 6	MO
CARETOUCH PEN NEEDLE NEEDLE (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 6	MO
CLICKFINE PEN NEEDLE NEEDLE 31 (pen needle, diabetic) GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 6	MO
COMFORT EZ PEN NEEDLES NEEDLE (pen needle, diabetic) 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	Tier 6	MO
COMFORT EZ PEN NEEDLES NEEDLE 33 GAUGE X 5/16"	Tier 6	MO
COMFORT EZ PRO SAFETY PEN NDL NEEDLE 30 GAUGE X 5/16"	Tier 6	MO
COMFORT EZ PRO SAFETY PEN NDL (pen needle, diabetic, NEEDLE 31 GAUGE X 3/16", 31 safety) GAUGE X 5/32"	Tier 6	MO

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

Drug	Status	Notes
EMBRACE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 6	MO
HALO VIAL CONVERTER DEVICE 13 MM	Tier 3	
HEALTHWISE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 6	MO
HEALTHY ACCENTS UNIFINE PENTIP NEEDLE 29 GAUGE X 1/2"	Tier 6	MO
HEALTHY ACCENTS UNIFINE PENTIP NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16" (pen needle, diabetic)	Tier 6	MO
INCONTROL PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 6	MO
INSUPEN PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 6	MO
MAXICOMFORT II PEN NEEDLE NEEDLE 31 GAUGE X 1/4" (pen needle, diabetic)	Tier 6	MO
MAXICOMFORT SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16"	Tier 6	MO
MICRODOT READYGARD PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	Tier 6	MO
MINI ULTRA-THIN II NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic)	Tier 6	MO
NOVOFINE 32 NEEDLE 32 GAUGE X 1/4" (pen needle, diabetic)	Tier 6	MO
NOVOFINE PLUS NEEDLE 32 GAUGE X 1/6"	Tier 6	MO
PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 6	MO
<i>pen needle, diabetic needle 29 gauge x 1/2", 31 gauge x 1/4", 31 gauge x 3/16", 31 gauge x 5/16", 32 gauge x 5/32"</i> (1st Tier Unifine Pentips)	Tier 6	MO
<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 6	MO
<i>pen needle, diabetic needle 30 gauge x 3/16"</i> (Embrace Pen Needle)	Tier 6	MO

Drug	Status	Notes
<i>pen needle, diabetic needle 30 gauge x 5/16", 32 gauge x 3/16"</i> (CareFine Pen Needle)	Tier 6	MO
<i>pen needle, diabetic needle 31 gauge x 5/32"</i> (Comfort Touch Pen Needle)	Tier 6	MO
<i>pen needle, diabetic needle 32 gauge x 1/4"</i> (BD Ultra-Fine Micro Pen Needle)	Tier 6	MO
<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 6	MO
<i>pen needle, diabetic needle 33 gauge x 5/32"</i> (Advocate Pen Needle)	Tier 6	MO
<i>pen needle, diabetic, safety needle 31 gauge x 3/16"</i> (Assure ID Duo Pro Sfty Pen Ndl)	Tier 6	MO
<i>pen needle, diabetic, safety needle 31 gauge x 5/32"</i> (Comfort EZ PRO Safety Pen Ndl)	Tier 6	MO
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 6	MO
PIP PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 6	MO
PREVENT DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	Tier 6	MO
PRO COMFORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 6	MO
PURE COMFORT PEN NEEDLE NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 6	MO
PURE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32"	Tier 6	MO
PURE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic, safety)	Tier 6	MO
SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic, safety)	Tier 6	MO
SECURESAFE PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	Tier 6	MO
SKY SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16"	Tier 6	MO
SURE COMFORT PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 6	MO

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

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

Drug	Status	Notes
Ointment/Cream Bases		
RADIAGEL TOPICAL GEL	Tier 3	
Oral Lipid Supplements		
DOJOLVI ORAL LIQUID 8.3 KCAL/ML	Tier 4	PA; MO
Oral Mucositis/Stomatitis Agents		
GELCLAIR MUCOUS MEMBRANE GEL IN PACKET	Tier 3	
MUGARD MUCOUS MEMBRANE SOLUTION	Tier 3	
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH	Tier 3	
ORAPEUTIC MUCOUS MEMBRANE GEL	Tier 3	
Protein Replacement		
AQNEURSA ORAL GRANULES IN PACKET 1 GRAM	Tier 3	PA; MO
Radioactive Diagnostics, General		
XENON XE-133 INHALATION GAS 370 MBQ (10 MCI), 740 MBQ (20 MCI)	Tier 3	
<i>xenon-133 in air inhalation gas 370 mbq (10 mci), 740 mbq (20 mci)</i>	Tier 1	
Radiopharmaceuticals Elements		
INDICLOR SOLUTION 5 MCI/0.5 ML (indium-111 chloride) (185 MBQ)	Tier 3	
<i>indium-111 chloride solution 5 mci/0.5 ml (Indiclor) (185 mbq)</i>	Tier 1	
Saliva Stimulant Agents		
NUMOISYN MUCOUS MEMBRANE LOZENGE 0.3 GRAM	Tier 3	
Saliva Substitute Agents		
AQUORAL MUCOUS MEMBRANE AEROSOL, SPRAY	Tier 3	
CAPHOSOL MUCOUS MEMBRANE SOLUTION	Tier 3	
MUCOSITISRX MUCOUS MEMBRANE POWDER IN PACKET 351 MG	Tier 3	
NUMOISYN MUCOUS MEMBRANE LIQUID	Tier 3	
SALIVAMAX MUCOUS MEMBRANE POWDER IN PACKET 351 MG	Tier 3	
Solvents		
<i>isopropyl alcohol solution 70 % (Alcohol, Rubbing)</i>	Tier 3	
<i>isopropyl alcohol solution 91 %, 99 %</i>	Tier 3	
MURI-LUBE OIL	Tier 3	

Drug	Status	Notes
Somatostatic Agents		
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	Tier 4	PA; MO
<i>octreotide acetate injection solution</i> 1,000 mcg/ml, 200 mcg/ml	Tier 3	MO
<i>octreotide acetate injection solution 100</i> (Sandostatin) <i>mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	Tier 3	MO
<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 3	MO
SANDOSTATIN INJECTION SOLUTION (octreotide acetate) 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	Tier 4	MO
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	Tier 4	PA; MO
Suspending Agents		
GELFILM IMPLANT FILM	Tier 3	
<i>hydroxypropyl cellulose powder</i>	Tier 3	
Tissue/Wound Adhesives		
ARTISS TOPICAL SYRINGE 2.5 TO 6.5 UNIT/ML (10ML), 2.5 TO 6.5 UNIT/ML (2 ML), 2.5 TO 6.5 UNIT/ML (4 ML)	Tier 3	
TISSEEL VHSD (APROTININ, SYN) TOPICAL KIT 10 ML, 2 ML, 4 ML	Tier 3	
TISSEEL VHSD (APROTININ, SYN) TOPICAL SYRINGE 10 ML, 2 ML, 4 ML	Tier 3	
Urinary Tract Radiopaque Diagnostics		
CYSTO-CONRAY II URETHRAL SOLUTION 17.2 %	Tier 3	
CYSTOGRAFIN URETHRAL SOLUTION 30 %	Tier 3	
CYSTOGRAFIN-DILUTE URETHRAL SOLUTION 18 %	Tier 3	
Urine Acetone Test Aids		
KETONE CARE STRIP	Tier 3	MO
KETONE URINE TEST STRIP	Tier 3	MO
KETOSTIX STRIP	Tier 3	MO
TRUEPLUS KETONE STRIP	Tier 3	MO
Vehicles		
GEL VEHICLE FOR NEXOBRID TOPICAL GEL	Tier 3	
Wound Healing Agents, Local		
<i>balsam peru-castor oil topical ointment</i> (BPCO)	Tier 1	

Drug	Status	Notes
BPCO TOPICAL OINTMENT (balsam peru-castor oil)	Tier 1	
DERMACINRX CLORHEXACIN TOPICAL KIT 2-4-5 %	Tier 3	
DERMACINRX SURGICAL PHARMAPAK TOPICAL KIT 2-4-5 %	Tier 3	
DERMAWERX SURGICAL PLUS PAK TOPICAL KIT 2-4-5 %	Tier 3	
DERMULCERA TOPICAL OINTMENT (balsam peru-castor oil)	Tier 3	
FILSUVEZ TOPICAL GEL 10 %	Tier 4	PA; MO
PS1 ACIURGY PACK TOPICAL KIT 2-4-10-70 %	Tier 3	
PS2 ACIURGY PACK TOPICAL KIT 2-4-10-70 %	Tier 3	
VENELEX TOPICAL OINTMENT (balsam peru-castor oil)	Tier 3	
VENELEX TOPICAL OINTMENT IN PACKET	Tier 3	
WHYTEDERM SURGIPAK TOPICAL KIT 2-4-2 %	Tier 3	
Other Respiratory Disorders		
Antifibrotic Therapy - Pyridone Analogs		
ESBRIET ORAL CAPSULE 267 MG (pirfenidone)	Tier 4	PA; MO
ESBRIET ORAL TABLET 267 MG, 801 MG (pirfenidone)	Tier 4	PA; MO
<i>pirfenidone oral capsule 267 mg</i> (Esbriet)	Tier 3	PA; MO
<i>pirfenidone oral tablet 267 mg, 801 mg</i> (Esbriet)	Tier 3	PA; MO
<i>pirfenidone oral tablet 534 mg</i>	Tier 3	PA; MO
Cystic Fib. Transmemb Conduct.Reg.(Cftr)Potentiator		
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	Tier 3	PA; MO
KALYDECO ORAL TABLET 150 MG	Tier 3	PA; MO
Cystic Fibrosis-Cftr Potentiator & Corrector Comb.		
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	Tier 3	PA; MO
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	Tier 3	PA; MO
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	Tier 3	PA; MO

Drug	Status	Notes
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	Tier 3	PA; MO
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	Tier 3	PA; MO
Lung Surfactants		
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5 ML, 240 MG/3 ML	Tier 3	
INFASURF INTRATRACHEAL SUSPENSION 35 MG/ML	Tier 3	
SURVANTA INTRATRACHEAL SUSPENSION 25 MG/ML	Tier 3	
Mucolytics		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	Tier 1	
PULMOZYME INHALATION SOLUTION 1 MG/ML	Tier 3	PA; MO
Pulmonary Fibrosis - Systemic Enzyme Inhibitors		
OFEV ORAL CAPSULE 100 MG, 150 MG	Tier 3	PA; MO
Pain Management - Analgesics		
Analgesic, Non-Salicylate & Barbiturate Comb.		
<i>butalbital-acetaminophen oral capsule 50-300 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>butalbital-acetaminophen oral tablet 50-300 mg</i>	Tier 1	ST: Must meet the following requirement: Generic Butalbital/acetaminophen 50mg-325mg combination product in 120 days; QL (6 EA per 1 day)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i> (Tencon)	Tier 1	
TENCON ORAL TABLET 50-325 MG (butalbital-acetaminophen)	Tier 1	
Analgesic, Salicylate, Barbiturate, & Xanthine Cmb		
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	Tier 1	
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	Tier 1	

Drug	Status	Notes
Analgesic, Non-Salicylate, Barbiturate, & Xanthine Cmb		
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg</i> (Fioricet)	Tier 1	
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	Tier 1	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i> (Esgic)	Tier 1	
ESGIC ORAL TABLET 50-325-40 MG (butalbital-acetaminophen-caff)	Tier 3	
FIORICET ORAL CAPSULE 50-300-40 MG (butalbital-acetaminophen-caff)	Tier 1	
Analgesic/Antipyretics, Salicylates		
<i>aspirin oral tablet 325 mg</i> (Bayer Aspirin)	Tier 5	MO
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg</i> (Bayer Aspirin)	Tier 5	MO
BAYER ASPIRIN ORAL TABLET 325 MG (aspirin)	Tier 5	MO
BAYER ASPIRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG (aspirin)	Tier 5	MO
<i>choline, magnesium salicylate oral liquid 500 mg/5 ml</i>	Tier 1	
<i>diflunisal oral tablet 500 mg</i>	Tier 1	
DISALCID ORAL TABLET 500 MG, 750 MG (salsalate)	Tier 3	
DOLOBID ORAL TABLET 250 MG (diflunisal)	Tier 3	
ECOTRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG (aspirin)	Tier 5	MO
<i>salsalate oral tablet 500 mg, 750 mg</i> (Disalcid)	Tier 1	
Analgesics, Narcotic Agonist And Nsaid Combination		
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	Tier 1	
SEGLENTIS ORAL TABLET 44-56 MG	Tier 3	
Analgesics, Non-Narcotics		
<i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)</i> (Duraclon (PF))	Tier 1	
<i>clonidine (pf) epidural solution 5,000 mcg/10 ml</i>	Tier 1	
DURACLON (PF) EPIDURAL SOLUTION 1,000 MCG/10 ML (100 MCG/ML) (clonidine (pf))	Tier 3	

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

Drug	Status	Notes
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG (hydromorphone)	Tier 3	
DISKETS ORAL TABLET,SOLUBLE 40 MG (methadone)	Tier 3	QL (1 EA per 1 day)
DSUVIA SUBLINGUAL TABLET IN APPLICATOR 30 MCG	Tier 3	PA
<i>fentanyl (pf)-bupivacaine-nacl epidural prefilled pump reservoir 2 mcg/ml- 0.1 %, 2 mcg/ml- 0.125 %</i>	Tier 1	
<i>fentanyl (pf)-bupivacaine-nacl epidural syringe 1.5 mcg/ml- 0.125 %, 2 mcg/ml- 0.125 %</i>	Tier 1	
<i>fentanyl citrate (pf) intravenous patient control.analgesia soln 1,500 mcg/30 ml (50 mcg/ml)</i>	Tier 1	
<i>fentanyl citrate (pf)-0.9%nacl intravenous pt controlled analgesia syring 1,000 mcg/50 ml (20 mcg/ml), 500 mcg/50 ml (10 mcg/ml)</i>	Tier 1	
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 200 mcg, 600 mcg</i>	Tier 1	PA
<i>fentanyl citrate buccal tablet, effervescent 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	Tier 1	PA
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour</i>	Tier 1	PA; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription
<i>fentanyl-ropivacaine-nacl (pf) epidural prefilled pump reservoir 2-0.2 mcg/ml-%</i>	Tier 1	
<i>fentanyl-ropivacaine-nacl (pf) epidural solution 2-0.1 mcg/ml-%, 2-0.125 mcg/ml-%</i>	Tier 1	
<i>fentanyl-ropivacaine-nacl (pf) epidural syringe 100 mcg/50 ml (2 mcg/ml)-0.1%, 100 mcg/50 ml (2mcg/ml)-0.15%</i>	Tier 1	
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	Tier 1	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)

Drug	Status	Notes
<i>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 1	ST: Must meet the following requirement: 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 1	
<i>hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)</i>	Tier 1	
<i>hydromorphone oral liquid 1 mg/ml</i> (Dilaudid)	Tier 1	
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid)	Tier 1	
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg</i>	Tier 1	PA; ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription
<i>hydromorphone rectal suppository 3 mg</i>	Tier 1	
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (hydrocodone bitartrate)	Tier 3	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<i>levorphanol tartrate oral tablet 2 mg, 3 mg</i>	Tier 1	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription
<i>meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	Tier 1	
<i>meperidine oral solution 50 mg/5 ml</i>	Tier 1	QL (30 ML per 1 day)
<i>meperidine oral tablet 50 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>methadone injection solution 10 mg/ml</i>	Tier 1	QL (4 ML per 1 day)
METHADONE INTENSOL ORAL CONCENTRATE 10 MG/ML (methadone)	Tier 1	QL (4 ML per 1 day)
<i>methadone oral concentrate 10 mg/ml</i> (Methadone Intensol)	Tier 1	QL (4 ML per 1 day)
<i>methadone oral solution 10 mg/5 ml</i>	Tier 1	QL (20 ML per 1 day)
<i>methadone oral solution 5 mg/5 ml</i>	Tier 1	QL (40 ML per 1 day)
<i>methadone oral tablet 10 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>methadone oral tablet 5 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>methadone oral tablet,soluble 40 mg</i> (Methadose)	Tier 1	QL (1 EA per 1 day)
METHADOSE ORAL CONCENTRATE 10 MG/ML (methadone)	Tier 3	QL (4 ML per 1 day)

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

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

Drug	Status	Notes
<i>oxymorphone oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 1	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>oxymorphone oral tablet extended release 12 hr 30 mg, 40 mg</i>	Tier 1	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	Tier 1	
QDOLO ORAL SOLUTION 5 MG/ML (tramadol)	Tier 3	PA
ROXICODONE ORAL TABLET 15 MG, 30 MG (oxycodone)	Tier 3	
ROXYBOND ORAL TABLET, ORAL ONLY 10 MG, 15 MG, 30 MG, 5 MG (oxycodone)	Tier 3	
<i>tramadol oral capsule,er biphasic 24 hr 17-83 300 mg</i> (ConZip)	Tier 1	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral capsule,er biphasic 24 hr 25-75 100 mg, 200 mg</i> (ConZip)	Tier 1	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral solution 5 mg/ml</i> (Qdolo)	Tier 1	PA
<i>tramadol oral tablet 100 mg</i>	Tier 1	QL (4 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet 25 mg, 75 mg</i>	Tier 1	
<i>tramadol oral tablet 50 mg</i>	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet extended release 24 hr 100 mg</i>	Tier 1	ST: Must meet the following requirement: 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years)

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

Drug	Status	Notes
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	Tier 1	ST: Must meet the following requirement: oral Sumatriptan or Rizatripta in 180 days; QL (18 EA per 30 days)
<i>diclofenac potassium oral powder in packet 50 mg</i> (Cambia)	Tier 1	
<i>dihydroergotamine injection solution 1 mg/ml</i>	Tier 1	QL (15 ML per 14 days)
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal)	Tier 1	ST: Must meet the following requirement: oral Sumatriptan or Rizatripta in 180 days; QL (8 ML per 28 days)
<i>eletriptan oral tablet 20 mg, 40 mg</i> (Relpax)	Tier 1	ST: Must meet the following requirement: oral Sumatriptan or Rizatripta in 180 days; QL (18 EA per 30 days)
ELYXYB ORAL SOLUTION 120 MG/4.8 ML (25 MG/ML)	Tier 3	PA
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	Tier 2	PA; MO
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	Tier 2	PA; MO
ERGOMAR SUBLINGUAL TABLET 2 MG	Tier 3	QL (10 EA per 7 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	Tier 1	QL (10 EA per 7 days)
FROVA ORAL TABLET 2.5 MG (frovatriptan)	Tier 3	ST: Must meet the following requirement: oral Sumatriptan or Rizatripta in 180 days; QL (18 EA per 30 days)
<i>frovatriptan oral tablet 2.5 mg</i> (Frova)	Tier 1	ST: Must meet the following requirement: oral Sumatriptan or Rizatripta in 180 days; QL (18 EA per 30 days)
IMITREX ORAL TABLET 100 MG (sumatriptan succinate)	Tier 3	QL (18 EA per 30 days)
IMITREX ORAL TABLET 25 MG, 50 MG (sumatriptan succinate)	Tier 3	QL (3 EA per 5 days)
IMITREX STATDOSE PEN SUBCUTANEOUS PEN INJECTOR 4 MG/0.5 ML, 6 MG/0.5 ML (sumatriptan succinate)	Tier 3	QL (18 ML per 30 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE 4 MG/0.5 ML, 6 MG/0.5 ML (sumatriptan succinate)	Tier 3	QL (18 ML per 30 days)

Drug	Status	Notes
IMITREX SUBCUTANEOUS SOLUTION (sumatriptan succinate) 6 MG/0.5 ML	Tier 3	QL (18 ML per 30 days)
MAXALT ORAL TABLET 10 MG (rizatriptan)	Tier 3	QL (27 EA per 30 days)
MAXALT-MLT ORAL TABLET,DISINTEGRATING 10 MG (rizatriptan)	Tier 3	QL (27 EA per 30 days)
MIGERGOT RECTAL SUPPOSITORY 2-100 MG	Tier 3	PA
MIGRANAL NASAL SPRAY, NON-AEROSOL 0.5 MG/PUMP ACT. (4 MG/ML) (dihydroergotamine)	Tier 3	ST: Must meet the following requirement: oral Sumatriptan or Rizatripta in 180 days; QL (8 ML per 28 days)
MIGRANOW KIT, GEL AND TABLET 50 MG- 10 %-4 %	Tier 3	
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	Tier 1	QL (18 EA per 30 days)
NURTEC ODT ORAL TABLET, DISINTEGRATING 75 MG	Tier 2	PA
ONZETRA XSAIL NASAL AEROSOL POWDR BREATH ACTIVATED 11 MG	Tier 3	ST: Must meet the following requirement: Generic Sumatriptan nasal spray in 180 days; QL (32 EA per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	Tier 2	PA; MO
RELPAK ORAL TABLET 20 MG, 40 MG (eletriptan)	Tier 3	ST: Must meet the following requirement: oral Sumatriptan or Rizatripta in 180 days; QL (18 EA per 30 days)
REYVOW ORAL TABLET 100 MG, 50 MG	Tier 2	PA
<i>rizatriptan oral tablet 10 mg (Maxalt)</i>	Tier 1	QL (27 EA per 30 days)
<i>rizatriptan oral tablet 5 mg</i>	Tier 1	QL (27 EA per 30 days)
<i>rizatriptan oral tablet, disintegrating 10 mg (Maxalt-MLT)</i>	Tier 1	QL (27 EA per 30 days)
<i>rizatriptan oral tablet, disintegrating 5 mg</i>	Tier 1	QL (27 EA per 30 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i>	Tier 1	QL (36 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg (Imitrex)</i>	Tier 1	QL (18 EA per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg (Imitrex)</i>	Tier 1	QL (3 EA per 5 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml (Imitrex STATdose Refill)</i>	Tier 1	QL (18 ML per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml (Imitrex STATdose Pen)</i>	Tier 1	QL (18 ML per 30 days)

Drug	Status	Notes
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i> (Imitrex)	Tier 1	QL (18 ML per 30 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	Tier 1	QL (18 ML per 30 days)
<i>sumatriptan-naproxen oral tablet 85-500 mg</i> (Treximet)	Tier 1	ST: Must meet any of the following requirements: Almotriptan Malate, Eletriptan Hydrobromide, Frovatriptan Succinate, Naratriptan HCL, Onzetra Xsail, Rizatriptan Benzoate, Sumatriptan Succ/naproxen Sodium, Sumatriptan Succinate, Sumatriptan, Tosymra, Zembrace Syntouch, or Zolmitriptan in 180 days; QL (18 EA per 30 days)
TOSYMRA NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION	Tier 3	ST: Must meet the following requirement: oral Sumatriptan or Rizatripta in 180 days; QL (24 EA per 30 days)
TRUDHESA NASAL SPRAY, NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML)	Tier 3	ST: Must meet the following requirement: oral Sumatriptan or Rizatripta in 180 days; QL (12 ML per 28 days); Age (Min 18 Years)
UBRELVY ORAL TABLET 100 MG, 50 MG	Tier 2	PA
ZAVZPRET NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION	Tier 3	PA
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML	Tier 3	ST: Must meet the following requirement: Generic Sumatriptan injection in 120 days; QL (18 ML per 30 days)
<i>zolmitriptan nasal spray, non-aerosol 2.5 mg, 5 mg</i> (Zomig)	Tier 1	ST: Must meet the following requirement: oral Sumatriptan or Rizatripta in 180 days; QL (18 EA per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i> (Zomig)	Tier 1	ST: Must meet the following requirement: oral Sumatriptan or Rizatripta in 180 days; QL (18 EA per 30 days)

Drug	Status	Notes
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	Tier 1	ST: Must meet the following requirement: oral Sumatriptan or Rizatripta in 180 days; QL (18 EA per 30 days)
ZOMIG NASAL SPRAY, NON-AEROSOL (zolmitriptan) 2.5 MG, 5 MG	Tier 3	ST: Must meet the following requirement: oral Sumatriptan or Rizatripta in 180 days; QL (18 EA per 30 days)
ZOMIG ORAL TABLET 2.5 MG, 5 MG (zolmitriptan)	Tier 1	ST: Must meet the following requirement: oral Sumatriptan or Rizatripta in 180 days; QL (18 EA per 30 days)
Calcitonin Gene-Related Peptide (Cgrp) Inhibitors		
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	Tier 2	PA
Narc. & Non-Sal. Analgesic, Barbiturate & Xanthine Cmb		
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg</i> (Fioricet with Codeine)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
FIORICET WITH CODEINE ORAL CAPSULE 50-300-40-30 MG (butalbital-acetaminop-caf-cod)	Tier 3	QL (6 EA per 1 day); Age (Min 12 Years)
Narcotic & Salicylate Analgesics, Barb. & Xanthine		
ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG (codeine-butalbital-asa-caff)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i> (Ascomp with Codeine)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
Narcotic Analgesic & Non-Salicylate Analgesic Comb		
<i>acetaminophen-codeine oral solution 120 mg-12 mg / 5 ml (5 ml), 120-12 mg / 5 ml</i>	Tier 1	QL (150 ML per 1 day); Age (Min 12 Years)
<i>acetaminophen-codeine oral solution 300 mg-30 mg / 12.5 ml</i>	Tier 1	Age (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)

Drug		Status	Notes
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG	(benzhydrocodone-acetaminophen)	Tier 3	ST: Must meet the following requirement: Hydrocodone/acetaminophen tablets in 120 days; QL (12 EA per 1 day)
<i>benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg</i>	(Apadaz)	Tier 1	ST: Must meet the following requirement: Hydrocodone/acetaminophen tablets in 120 days; QL (12 EA per 1 day)
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	(oxycodone-acetaminophen)	Tier 1	QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml, 10-325 mg/15 ml(15 ml), 7.5-325 mg/15 ml</i>		Tier 1	QL (184 ML per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>		Tier 1	QL (13 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>		Tier 1	QL (12 EA per 1 day)
NALOCET ORAL TABLET 2.5-300 MG	(oxycodone-acetaminophen)	Tier 1	ST: Must meet the following requirements: Oxycodone HCL and Oxycodone HCL/Acetaminophen IN 365 DAYS; QL (12 EA per 1 day)
<i>oxycodone-acetaminophen oral solution 10-300 mg/5 ml</i>	(Prolate)	Tier 1	QL (66 ML per 1 day)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>		Tier 1	QL (61 ML per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-300 mg</i>	(Primlev)	Tier 1	ST: Must meet the following requirements: Oxycodone HCL and Oxycodone HCL/Acetaminophen IN 365 DAYS; QL (13 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	(Endocet)	Tier 1	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 2.5-300 mg</i>	(Nalocet)	Tier 1	ST: Must meet the following requirements: Oxycodone HCL and Oxycodone HCL/Acetaminophen IN 365 DAYS; QL (12 EA per 1 day)

Drug	Status	Notes
<i>oxycodone-acetaminophen oral tablet 5-300 mg, 7.5-300 mg</i> (Prolate)	Tier 1	ST: Must meet the following requirements: Oxycodone HCL and Oxycodone HCL/Acetaminophen IN 365 DAYS; QL (13 EA per 1 day)
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG (oxycodone-acetaminophen)	Tier 1	QL (12 EA per 1 day)
PRIMLEV ORAL TABLET 10-300 MG (oxycodone-acetaminophen)	Tier 1	ST: Must meet the following requirements: Oxycodone HCL and Oxycodone HCL/Acetaminophen IN 365 DAYS; QL (13 EA per 1 day)
PRIMLEV ORAL TABLET 5-300 MG, 7.5-300 MG (oxycodone-acetaminophen)	Tier 3	ST: Must meet the following requirements: Oxycodone HCL and Oxycodone HCL/Acetaminophen IN 365 DAYS; QL (13 EA per 1 day)
PROLATE ORAL SOLUTION 10-300 MG/5 ML (oxycodone-acetaminophen)	Tier 3	QL (66 ML per 1 day)
PROLATE ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG (oxycodone-acetaminophen)	Tier 1	ST: Must meet the following requirements: Oxycodone HCL and Oxycodone HCL/Acetaminophen IN 365 DAYS; QL (13 EA per 1 day)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	Tier 1	QL (10 EA per 1 day); Age (Min 12 Years)
Narcotic Analgesic, Non-Salicylate, Xanthine Comb		
<i>acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg</i> (Trezix)	Tier 1	ST: Must meet the following requirement: Acetaminophen With Codeine tablets in 120 days; QL (10 EA per 1 day); Age (Min 12 Years)
Narcotic Withdrawal Therapy Agents		
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	Tier 1	
<i>buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i> (Suboxone)	Tier 1	MO

Drug	Status	Notes
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	Tier 1	MO
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG (buprenorphine-naloxone)	Tier 3	MO
SUBOXONE SUBLINGUAL FILM 8-2 MG (buprenorphine-naloxone)	Tier 2	MO
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG	Tier 2	MO
Opioid Withdrawal Ther, Alpha-2 Adrenergic Agonist		
<i>lofexidine oral tablet 0.18 mg</i> (Lucemyra)	Tier 1	
LUCEMYRA ORAL TABLET 0.18 MG (lofexidine)	Tier 3	
Skeletal Muscle Relaxant, Salicylate, Narc Analgesic		
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
Parkinsons Disease		
Antiparkinsonism Drugs, Anticholinergic		
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	MO
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	Tier 1	MO
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	Tier 1	MO
Antiparkinsonism Drugs, Other		
<i>amantadine hcl oral capsule 100 mg</i>	Tier 1	MO
<i>amantadine hcl oral solution 50 mg/5 ml</i>	Tier 1	MO
<i>amantadine hcl oral tablet 100 mg</i>	Tier 1	MO
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML (apomorphine)	Tier 4	PA; MO
<i>apomorphine subcutaneous cartridge 10 mg/ml</i> (APOKYN)	Tier 3	PA; MO
AZILECT ORAL TABLET 0.5 MG, 1 MG (rasagiline)	Tier 3	MO; QL (1 EA per 1 day)
<i>bromocriptine oral capsule 5 mg</i>	Tier 1	MO
<i>bromocriptine oral tablet 2.5 mg</i>	Tier 1	MO
<i>carbidopa-levodopa oral tablet 10-100 mg</i> (Sinemet)	Tier 1	MO
<i>carbidopa-levodopa oral tablet 25-100 mg</i> (Dhivy)	Tier 1	MO
<i>carbidopa-levodopa oral tablet 25-250 mg</i>	Tier 1	MO
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	Tier 1	MO

Drug	Status	Notes
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 1	MO
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	Tier 1	MO
CREXONT ORAL CAPSULE, IR - EXTEND REL, BIPHASE 35-140 MG	Tier 3	MO; ST: Must meet any the following requirement: generic Carbidopa/Levodopa ER in 120 days; QL (4 EA per 1 day)
CREXONT ORAL CAPSULE, IR - EXTEND REL, BIPHASE 52.5-210 MG	Tier 3	MO; ST: Must meet any the following requirement: generic Carbidopa/Levodopa ER in 120 days; QL (10 EA per 1 day)
CREXONT ORAL CAPSULE, IR - EXTEND REL, BIPHASE 70-280 MG	Tier 3	MO; ST: Must meet any the following requirement: generic Carbidopa/Levodopa ER in 120 days; QL (7 EA per 1 day)
CREXONT ORAL CAPSULE, IR - EXTEND REL, BIPHASE 87.5-350 MG	Tier 3	MO; ST: Must meet any the following requirement: generic Carbidopa/Levodopa ER in 120 days; QL (6 EA per 1 day)
DHIVY ORAL TABLET 25-100 MG (carbidopa-levodopa)	Tier 3	MO
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML	Tier 4	PA; MO
<i>entacapone oral tablet 200 mg</i>	Tier 1	MO
GOCOVRI ORAL CAPSULE, EXTENDED RELEASE 24HR 137 MG, 68.5 MG	Tier 4	PA; MO
INBRIJA INHALATION CAPSULE 42 MG	Tier 4	PA; MO
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	Tier 4	PA; MO
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HR 1.5 MG, 2.25 MG, 3 MG, 3.75 MG (pramipexole)	Tier 3	MO; ST: Must meet any of the following requirements: Immediate-release Pramipexole or immediate-release Ropinirole in 120 days; QL (1 EA per 1 day)

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 2	MO; ST: Must meet any of the following requirements: Immediate-release Pramipexole or immediate-release Ropinirole in 120 days; QL (1 EA per 1 day)
NOURIANZ ORAL TABLET 20 MG, 40 MG	Tier 4	PA; MO
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	Tier 3	PA; MO
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 258 MG, 322 MG/DAY(129 MG X1-193MG X1)	Tier 3	PA; MO
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	Tier 1	MO
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 4.5 mg</i>	Tier 1	MO; ST: Must meet any of the following requirements: Immediate-release Pramipexole or immediate-release Ropinirole in 120 days; QL (1 EA per 1 day)
<i>pramipexole oral tablet extended release (Mirapex ER) 24 hr 1.5 mg, 2.25 mg, 3 mg, 3.75 mg</i>	Tier 1	MO; ST: Must meet any of the following requirements: Immediate-release Pramipexole or immediate-release Ropinirole in 120 days; QL (1 EA per 1 day)
<i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)	Tier 1	MO; QL (1 EA per 1 day)
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	Tier 1	MO
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	Tier 1	MO; ST: Must meet any of the following requirements: Immediate-release Pramipexole or immediate-release Ropinirole in 120 days; QL (1 EA per 1 day)
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	Tier 3	MO; ST: Must meet any the following requirement: generic Carbidopa/Levodopa ER in 120 days; QL (10 EA per 1 day)
<i>selegiline hcl oral capsule 5 mg</i>	Tier 1	MO
<i>selegiline hcl oral tablet 5 mg</i>	Tier 1	MO
SINEMET ORAL TABLET 10-100 MG, 25-100 MG (carbidopa-levodopa)	Tier 3	MO

Drug	Status	Notes
TASMAR ORAL TABLET 100 MG (tolcapone)	Tier 3	MO; ST: Must meet the following requirement: Entacapone in 120 days; QL (3 EA per 1 day)
<i>tolcapone oral tablet 100 mg</i> (Tasmar)	Tier 1	MO; ST: Must meet the following requirement: Entacapone in 120 days; QL (3 EA per 1 day)
VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML	Tier 4	PA; MO
XADAGO ORAL TABLET 100 MG, 50 MG	Tier 3	MO; ST: Must meet any of the following requirements: Carbidopa/levodopa (Sinemet IR, Sinemet CR, Duopa, Parcopa, or Rytary) in 120 days; QL (1 EA per 1 day)
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG	Tier 3	MO; ST: Must meet the following requirement: Selegiline capsules or tablets in 120 days; QL (2 EA per 1 day)
Decarboxylase Inhibitors		
<i>carbidopa oral tablet 25 mg</i> (Lodosyn)	Tier 1	MO
LODOSYN ORAL TABLET 25 MG (carbidopa)	Tier 3	MO
Seizure Disorder		
Anticonvulsant - Benzodiazepine Type		
<i>clobazam oral suspension 2.5 mg/ml</i> (Onfi)	Tier 1	MO; QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)	Tier 1	MO; QL (2 EA per 1 day)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Klonopin)	Tier 1	MO
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	MO
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	Tier 1	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG (clonazepam)	Tier 3	MO
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	Tier 3	QL (10 EA per 30 days)
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	Tier 3	QL (10 EA per 30 days)
ONFI ORAL SUSPENSION 2.5 MG/ML (clobazam)	Tier 3	MO; QL (480 ML per 30 days)
ONFI ORAL TABLET 10 MG, 20 MG (clobazam)	Tier 3	MO; QL (2 EA per 1 day)

Drug	Status	Notes
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	Tier 3	PA; MO
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	Tier 3	QL (10 EA per 30 days)
Anticonvulsant - Cannabinoid Type		
EPIDIOLEX ORAL SOLUTION 100 MG/ML	Tier 3	MO; ST: Must meet 2 of the following requirements: Clobazam, Lamotrigine, Levetiracetam, Topiramate, Valproic Acid (as Sodium Salt), or Valproic Acid in 365 days
Anticonvulsants		
ACTIVE-PAC KIT, GEL AND CAPSULE 300-4-1 MG-%-%	Tier 3	
APTIOM ORAL TABLET 200 MG, 400 MG	Tier 3	MO; QL (1 EA per 1 day)
APTIOM ORAL TABLET 600 MG, 800 MG	Tier 3	MO; QL (2 EA per 1 day)
BANZEL ORAL SUSPENSION 40 MG/ML (rufinamide)	Tier 3	MO; ST: Must meet 2 of the following requirements: Clobazam, Clonazepam, Epidiolex, Felbamate, Lamotrigine, or Topiramate in 365 days; QL (80 ML per 1 day)
BANZEL ORAL TABLET 200 MG (rufinamide)	Tier 3	MO; ST: Must meet 2 of the following requirements: Clobazam, Clonazepam, Epidiolex, Felbamate, Lamotrigine, or Topiramate in 365 days; QL (16 EA per 1 day)
BANZEL ORAL TABLET 400 MG (rufinamide)	Tier 3	MO; ST: Must meet 2 of the following requirements: Clobazam, Clonazepam, Epidiolex, Felbamate, Lamotrigine, or Topiramate in 365 days; QL (8 EA per 1 day)
BRIVIACT ORAL SOLUTION 10 MG/ML	Tier 2	MO; QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	Tier 2	MO; QL (2 EA per 1 day)

Drug	Status	Notes
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> (Carbatrol)	Tier 1	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)	Tier 1	MO
<i>carbamazepine oral tablet 200 mg</i> (Eptol)	Tier 1	MO
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR)	Tier 1	MO
<i>carbamazepine oral tablet, chewable 100 mg, 200 mg</i>	Tier 1	MO
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (carbamazepine)	Tier 3	MO
CELONTIN ORAL CAPSULE 300 MG (methsuximide)	Tier 3	MO
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG (divalproex)	Tier 3	MO
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG (divalproex)	Tier 3	MO
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG (divalproex)	Tier 3	MO
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	Tier 4	PA; MO
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	Tier 4	PA; MO
DILANTIN EXTENDED ORAL CAPSULE 100 MG (phenytoin sodium extended)	Tier 3	MO
DILANTIN INFATABS ORAL TABLET, CHEWABLE 50 MG (phenytoin)	Tier 3	MO
DILANTIN ORAL CAPSULE 30 MG	Tier 3	MO
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML (phenytoin)	Tier 3	MO
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i> (Depakote Sprinkles)	Tier 1	MO
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER)	Tier 1	MO
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i> (Depakote)	Tier 1	MO
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG	Tier 3	MO; ST: Must meet the following requirement: Generic Levetiracetam oral solution in 120 days; QL (3 EA per 1 day); Age (Min 12 Years)

Drug	Status	Notes
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,500 MG	Tier 3	MO; ST: Must meet the following requirement: Generic Levetiracetam oral solution in 120 days; QL (2 EA per 1 day); Age (Min 12 Years)
EPITOL ORAL TABLET 200 MG (carbamazepine)	Tier 1	MO
EPRONTIA ORAL SOLUTION 25 MG/ML	Tier 3	PA; MO
<i>ethosuximide oral capsule 250 mg</i> (Zarontin)	Tier 1	MO
<i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)	Tier 1	MO
<i>felbamate oral suspension 600 mg/5 ml</i>	Tier 1	MO; QL (30 ML per 1 day)
<i>felbamate oral tablet 400 mg</i> (Felbatol)	Tier 1	MO; QL (9 EA per 1 day)
<i>felbamate oral tablet 600 mg</i> (Felbatol)	Tier 1	MO; QL (6 EA per 1 day)
FELBATOL ORAL TABLET 400 MG (felbamate)	Tier 3	MO; QL (9 EA per 1 day)
FELBATOL ORAL TABLET 600 MG (felbamate)	Tier 3	MO; QL (6 EA per 1 day)
FINTEPLA ORAL SOLUTION 2.2 MG/ML	Tier 4	PA; MO
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	Tier 2	MO; QL (680 ML per 28 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	Tier 2	MO; QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG	Tier 2	MO; QL (120 EA per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	Tier 2	MO; QL (60 EA per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i> (Neurontin)	Tier 1	MO
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	Tier 1	MO
<i>gabapentin oral solution 300 mg/6 ml (6 ml)</i>	Tier 1	MO
<i>gabapentin oral tablet 600 mg, 800 mg</i> (Neurontin)	Tier 1	MO
KEPPRA ORAL SOLUTION 100 MG/ML (levetiracetam)	Tier 3	MO
KEPPRA ORAL TABLET 1,000 MG, 250 MG, 500 MG, 750 MG (levetiracetam)	Tier 3	MO
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG (levetiracetam)	Tier 3	MO
<i>lacosamide oral solution 10 mg/ml</i> (Vimpat)	Tier 1	MO; QL (1200 ML per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Vimpat)	Tier 1	MO; QL (2 EA per 1 day)

Drug	Status	Notes
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 100 MG (lamotrigine)	Tier 3	MO; ST: Must meet the following requirement: immediate-release Lamotrigine in 120 days; QL (3 EA per 1 day)
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 200 MG (lamotrigine)	Tier 3	MO; ST: Must meet the following requirement: immediate-release Lamotrigine in 120 days; QL (2 EA per 1 day)
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 25 MG, 50 MG (lamotrigine)	Tier 3	MO; ST: Must meet the following requirement: immediate-release Lamotrigine in 120 days; QL (6 EA per 1 day)
LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG (21) -50 MG (7) (lamotrigine)	Tier 3	ST: Must meet the following requirement: immediate-release Lamotrigine in 120 days
LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK 50 MG (42) -100 MG (14) (lamotrigine)	Tier 3	ST: Must meet the following requirement: immediate-release Lamotrigine in 120 days
LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG(14)-50 MG (14)-100 MG (7) (lamotrigine)	Tier 3	ST: Must meet the following requirement: immediate-release Lamotrigine in 120 days
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG (lamotrigine)	Tier 3	MO
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG (lamotrigine)	Tier 3	MO
LAMICTAL STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35) (lamotrigine)	Tier 3	
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14) (lamotrigine)	Tier 3	
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7) (lamotrigine)	Tier 3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 100 MG (lamotrigine)	Tier 3	MO; ST: Must meet the following requirement: immediate-release Lamotrigine in 120 days; QL (3 EA per 1 day)

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

Drug	Status	Notes
<i>lamotrigine oral tablet extended release</i> (Lamictal XR) 24hr 25 mg, 50 mg	Tier 1	MO; ST: Must meet the following requirement: Immediate-release Lamotrigine in 120 days; QL (6 EA per 1 day)
<i>lamotrigine oral tablet, chewable dispersible</i> 25 mg, 5 mg (Lamictal)	Tier 1	MO
<i>lamotrigine oral tablet, disintegrating</i> 100 mg (Lamictal ODT)	Tier 1	MO; ST: Must meet the following requirement: Immediate-release Lamotrigine in 120 days; QL (3 EA per 1 day)
<i>lamotrigine oral tablet, disintegrating</i> 200 mg (Lamictal ODT)	Tier 1	MO; ST: Must meet the following requirement: Immediate-release Lamotrigine in 120 days; QL (2 EA per 1 day)
<i>lamotrigine oral tablet, disintegrating</i> 25 mg, 50 mg (Lamictal ODT)	Tier 1	MO; ST: Must meet the following requirement: Immediate-release Lamotrigine in 120 days; QL (6 EA per 1 day)
<i>lamotrigine oral tablets, dose pack</i> 25 mg (35) (Lamictal Starter (Blue) Kit)	Tier 1	
<i>lamotrigine oral tablets, dose pack</i> 25 mg (42) -100 mg (7) (Lamictal Starter (Orange) Kit)	Tier 1	
<i>lamotrigine oral tablets, dose pack</i> 25 mg (84) -100 mg (14) (Lamictal Starter (Green) Kit)	Tier 1	
<i>levetiracetam oral solution</i> 100 mg/ml (Keppra)	Tier 1	MO
<i>levetiracetam oral tablet</i> 1,000 mg, 250 mg, 500 mg, 750 mg (Keppra)	Tier 1	MO
<i>levetiracetam oral tablet extended release</i> 24 hr 500 mg, 750 mg (Keppra XR)	Tier 1	MO
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG (pregabalin)	Tier 3	MO
LYRICA ORAL SOLUTION 20 MG/ML (pregabalin)	Tier 3	MO
<i>methsuximide oral capsule</i> 300 mg (Celontin)	Tier 1	MO
MOTPOLY XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG	Tier 3	PA; MO
MYSOLINE ORAL TABLET 250 MG, 50 MG (primidone)	Tier 3	MO
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG (gabapentin)	Tier 3	MO
NEURONTIN ORAL SOLUTION 250 MG/5 ML (gabapentin)	Tier 3	MO

Drug	Status	Notes
NEURONTIN ORAL TABLET 600 MG, 800 MG (gabapentin)	Tier 3	MO
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> (Trileptal)	Tier 1	MO
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal)	Tier 1	MO
<i>oxcarbazepine oral tablet extended release 24 hr 150 mg, 300 mg</i> (Oxtellar XR)	Tier 1	MO; ST: Must meet 2 of the following requirements: Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam IR/ER, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide in 365 days; QL (1 EA per 1 day)
<i>oxcarbazepine oral tablet extended release 24 hr 600 mg</i> (Oxtellar XR)	Tier 1	MO; ST: Must meet 2 of the following requirements: Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam IR/ER, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide in 365 days; QL (4 EA per 1 day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG (oxcarbazepine)	Tier 3	MO; ST: Must meet 2 of the following requirements: Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam IR/ER, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide in 365 days; QL (1 EA per 1 day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG (oxcarbazepine)	Tier 3	MO; ST: Must meet 2 of the following requirements: Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam IR/ER, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide in 365 days; QL (4 EA per 1 day)
PHENYTEK ORAL CAPSULE 200 MG, 300 MG (phenytoin sodium extended)	Tier 3	MO
<i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125)	Tier 1	MO
<i>phenytoin oral tablet, chewable 50 mg</i> (Dilantin Infatabs)	Tier 1	MO
<i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin Extended)	Tier 1	MO

Drug	Status	Notes
<i>phenytoin sodium extended oral capsule</i> (Phenytek) 200 mg, 300 mg	Tier 1	MO
<i>pregabalin oral capsule</i> 100 mg, 150 mg, (Lyrica) 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	Tier 1	MO
<i>pregabalin oral solution</i> 20 mg/ml (Lyrica)	Tier 1	MO
<i>primidone oral tablet</i> 125 mg	Tier 1	MO
<i>primidone oral tablet</i> 250 mg, 50 mg (Mysoline)	Tier 1	MO
QUDEXY XR ORAL (topiramate) CAPSULE,SPRINKLE,ER 24HR 100 MG, 25 MG, 50 MG	Tier 3	MO; ST: Must meet the following requirement: Topiramate immediate-release (tablets, sprinkles, capsules) in 120 days; QL (1 EA per 1 day)
QUDEXY XR ORAL (topiramate) CAPSULE,SPRINKLE,ER 24HR 150 MG, 200 MG	Tier 3	MO; ST: Must meet the following requirement: Topiramate immediate-release (tablets, sprinkles, capsules) in 120 days; QL (2 EA per 1 day)
ROWEEPRA ORAL TABLET 500 MG (levetiracetam)	Tier 3	MO
ROWEEPRA XR ORAL TABLET (levetiracetam) EXTENDED RELEASE 24 HR 500 MG, 750 MG	Tier 3	MO
<i>rufinamide oral suspension</i> 40 mg/ml (Banzel)	Tier 1	MO; ST: Must meet 2 of the following requirements: Clobazam, Clonazepam, Epidiolex, Felbamate, Lamotrigine, or Topiramate in 365 days; QL (80 ML per 1 day)
<i>rufinamide oral tablet</i> 200 mg (Banzel)	Tier 1	MO; ST: Must meet 2 of the following requirements: Clobazam, Clonazepam, Epidiolex, Felbamate, Lamotrigine, or Topiramate in 365 days; QL (16 EA per 1 day)
<i>rufinamide oral tablet</i> 400 mg (Banzel)	Tier 1	MO; ST: Must meet 2 of the following requirements: Clobazam, Clonazepam, Epidiolex, Felbamate, Lamotrigine, or Topiramate in 365 days; QL (8 EA per 1 day)
SABRIL ORAL POWDER IN PACKET (vigabatrin) 500 MG	Tier 4	PA; MO
SABRIL ORAL TABLET 500 MG (vigabatrin)	Tier 4	PA; MO

Drug	Status	Notes
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	Tier 3	PA; MO
SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG (lamotrigine)	Tier 3	MO
SUBVENITE STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35) (lamotrigine)	Tier 3	
SUBVENITE STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14) (lamotrigine)	Tier 3	
SUBVENITE STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7) (lamotrigine)	Tier 3	
TEGRETOL ORAL SUSPENSION 100 MG/5 ML (carbamazepine)	Tier 3	MO
TEGRETOL ORAL TABLET 200 MG (carbamazepine)	Tier 3	MO
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG (carbamazepine)	Tier 3	MO
<i>tiagabine oral tablet 12 mg, 2 mg, 4 mg</i>	Tier 1	MO; ST: Must meet 2 of the following requirements: Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam IR/ER, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide in 365 days; QL (4 EA per 1 day)
<i>tiagabine oral tablet 16 mg</i>	Tier 1	MO; ST: Must meet 2 of the following requirements: Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam IR/ER, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide in 365 days; QL (3 EA per 1 day)
TOPAMAX ORAL CAPSULE, SPRINKLE 15 MG, 25 MG (topiramate)	Tier 3	MO
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG (topiramate)	Tier 3	MO
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)	Tier 1	MO
<i>topiramate oral capsule,extended release 24hr 100 mg, 200 mg</i> (Trokendi XR)	Tier 1	MO; QL (2 EA per 1 day)
<i>topiramate oral capsule,extended release 24hr 25 mg</i> (Trokendi XR)	Tier 1	MO; QL (8 EA per 1 day)

Drug	Status	Notes
<i>topiramate oral capsule,extended release 24hr 50 mg</i> (Trokendi XR)	Tier 1	MO; QL (4 EA per 1 day)
<i>topiramate oral capsule,sprinkle,er 24hr 100 mg, 25 mg, 50 mg</i> (Qudexy XR)	Tier 1	MO; ST: Must meet the following requirement: Topiramate immediate-release (tablets, sprinkles, capsules) in 120 days; QL (1 EA per 1 day)
<i>topiramate oral capsule,sprinkle,er 24hr 150 mg, 200 mg</i> (Qudexy XR)	Tier 1	MO; ST: Must meet the following requirement: Topiramate immediate-release (tablets, sprinkles, capsules) in 120 days; QL (2 EA per 1 day)
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)	Tier 1	MO
TRILEPTAL ORAL SUSPENSION 300 MG/5 ML (60 MG/ML) (oxcarbazepine)	Tier 3	MO
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG (oxcarbazepine)	Tier 3	MO
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG (topiramate)	Tier 3	MO; QL (2 EA per 1 day)
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 25 MG (topiramate)	Tier 3	MO; QL (8 EA per 1 day)
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 50 MG (topiramate)	Tier 3	MO; QL (4 EA per 1 day)
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	Tier 1	MO
<i>valproic acid oral capsule 250 mg</i>	Tier 1	MO
<i>vigabatrin oral powder in packet 500 mg</i> (Vigadrone)	Tier 3	PA; MO
<i>vigabatrin oral tablet 500 mg</i> (Vigadrone)	Tier 3	PA; MO
VIGADRONE ORAL POWDER IN PACKET 500 MG (vigabatrin)	Tier 3	PA; MO
VIGADRONE ORAL TABLET 500 MG (vigabatrin)	Tier 3	PA; MO
VIGAFYDE ORAL SOLUTION 100 MG/ML	Tier 4	PA
VIGPODER ORAL POWDER IN PACKET 500 MG (vigabatrin)	Tier 3	PA; MO
VIMPAT ORAL SOLUTION 10 MG/ML (lacosamide)	Tier 3	MO; QL (1200 ML per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (lacosamide)	Tier 3	MO; QL (2 EA per 1 day)

Drug	Status	Notes
VIMPAT ORAL TABLETS,DOSE PACK 50 MG (14)- 100 MG (14)	Tier 2	
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1)	Tier 2	MO; QL (1 EA per 1 day)
XCOPRI MAINTENANCE PACK ORAL TABLET 350 MG/DAY (200 MG X1-150MG X1)	Tier 2	MO; QL (2 EA per 1 day)
XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG	Tier 2	MO; QL (1 EA per 1 day)
XCOPRI ORAL TABLET 200 MG	Tier 2	MO; QL (2 EA per 1 day)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	Tier 2	QL (1 EA per 1 day)
ZARONTIN ORAL CAPSULE 250 MG (ethosuximide)	Tier 3	MO
ZARONTIN ORAL SOLUTION 250 MG/5 ML (ethosuximide)	Tier 3	MO
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG (zonisamide)	Tier 3	MO
ZONISADE ORAL SUSPENSION 100 MG/5 ML	Tier 3	PA; MO
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	Tier 1	MO
<i>zonisamide oral capsule 50 mg</i>	Tier 1	MO
Neuroactive Steroid Gaba-A Receptor Modulator		
ZTALMY ORAL SUSPENSION 50 MG/ML	Tier 4	PA; MO
Skeletal Muscle Disorder		
Agents To Tx Periodic Paralysis - Carbon Anhyd Inh		
<i>dichlorphenamide oral tablet 50 mg</i> (Keveyis)	Tier 3	PA; MO
KEVEYIS ORAL TABLET 50 MG (dichlorphenamide)	Tier 3	PA; MO
ORMALVI ORAL TABLET 50 MG (dichlorphenamide)	Tier 3	PA; MO
Retinoic Acid Receptor (Rar) Agonists		
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG	Tier 4	PA; MO
Skeletal Muscle Relax.& Top.Irritant Counter-Irritant		
CYCLOPAK KIT 5 MG-2.5 %- 2.5 %	Tier 3	
NOPIOID-LMC KIT COMBO PACK, TABLET AND PATCH 7.5 MG- 4 %-4 %	Tier 3	
Skeletal Muscle Relaxants		
<i>baclofen oral solution 10 mg/5 ml</i> (2 mg/ml) (Ozobax DS)	Tier 1	PA; MO

Drug	Status	Notes
<i>baclofen oral solution 5 mg/5 ml</i> (Ozobax)	Tier 1	PA; MO
<i>baclofen oral suspension 25 mg/5 ml (5 mg/ml)</i> (Fleqsuvy)	Tier 1	PA; MO
<i>baclofen oral tablet 10 mg</i>	Tier 1	MO; QL (8 EA per 1 day)
<i>baclofen oral tablet 15 mg</i>	Tier 1	MO
<i>baclofen oral tablet 20 mg</i>	Tier 1	MO; QL (4 EA per 1 day)
<i>baclofen oral tablet 5 mg</i>	Tier 1	MO; QL (16 EA per 1 day)
<i>carisoprodol oral tablet 250 mg, 350 mg</i> (Soma)	Tier 1	QL (4 EA per 1 day)
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	Tier 1	
<i>chlorzoxazone oral tablet 250 mg</i>	Tier 1	ST: Must meet the following requirement: Chlorzoxazone 500mg in 120 days; QL (4 EA per 1 day)
<i>chlorzoxazone oral tablet 375 mg, 750 mg</i> (Lorzone)	Tier 1	ST: Must meet the following requirement: Chlorzoxazone 500mg in 120 days; QL (4 EA per 1 day)
<i>chlorzoxazone oral tablet 500 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>cyclobenzaprine oral capsule, extended release 24hr 15 mg, 30 mg</i> (Amrix)	Tier 1	QL (1 EA per 1 day)
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>cyclobenzaprine oral tablet 7.5 mg</i> (Fexmid)	Tier 1	QL (3 EA per 1 day)
CYCLOTENS REFILL COMBO PACK 10 MG	Tier 3	
CYCLOTENS STARTER COMBO PACK 10 MG	Tier 3	
DANTRIUM ORAL CAPSULE 25 MG (dantrolene)	Tier 3	MO; QL (3 EA per 1 day)
<i>dantrolene oral capsule 100 mg</i>	Tier 1	MO; QL (4 EA per 1 day)
<i>dantrolene oral capsule 25 mg</i> (Dantrium)	Tier 1	MO; QL (3 EA per 1 day)
<i>dantrolene oral capsule 50 mg</i>	Tier 1	MO; QL (3 EA per 1 day)
FLEQSUVY ORAL SUSPENSION 25 MG/5 ML (5 MG/ML) (baclofen)	Tier 3	PA; MO
LYVISPAH ORAL GRANULES IN PACKET 10 MG, 20 MG, 5 MG	Tier 3	PA; MO
<i>metaxalone oral tablet 400 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>metaxalone oral tablet 800 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>methocarbamol oral tablet 1,000 mg</i> (Tanlor)	Tier 1	
<i>methocarbamol oral tablet 500 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>methocarbamol oral tablet 750 mg</i>	Tier 1	QL (6 EA per 1 day)
NORGESIC FORTE ORAL TABLET 50-770-60 MG (orphenadrine-asa-caffeine)	Tier 3	QL (4 EA per 1 day)

Drug	Status	Notes
NORGESIC ORAL TABLET 25-385-30 MG (orphenadrine-asa-caffeine)	Tier 3	QL (8 EA per 1 day)
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i> (Norgesic)	Tier 1	QL (8 EA per 1 day)
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG (orphenadrine-asa-caffeine)	Tier 1	QL (4 EA per 1 day)
OZOBAX ORAL SOLUTION 5 MG/5 ML (baclofen)	Tier 3	PA; MO
SOMA ORAL TABLET 250 MG, 350 MG (carisoprodol)	Tier 3	QL (4 EA per 1 day)
TANLOR ORAL TABLET 1,000 MG (methocarbamol)	Tier 1	
<i>tizanidine oral capsule 2 mg</i> (Zanaflex)	Tier 1	MO; QL (18 EA per 1 day)
<i>tizanidine oral capsule 4 mg</i> (Zanaflex)	Tier 1	MO; QL (9 EA per 1 day)
<i>tizanidine oral capsule 6 mg</i> (Zanaflex)	Tier 1	MO; QL (6 EA per 1 day)
<i>tizanidine oral tablet 2 mg</i>	Tier 1	MO; QL (18 EA per 1 day)
<i>tizanidine oral tablet 4 mg</i> (Zanaflex)	Tier 1	MO; QL (9 EA per 1 day)
VANADOM ORAL TABLET 350 MG (carisoprodol)	Tier 3	QL (4 EA per 1 day)
ZANAFLEX ORAL CAPSULE 2 MG (tizanidine)	Tier 3	MO; QL (18 EA per 1 day)
ZANAFLEX ORAL CAPSULE 4 MG (tizanidine)	Tier 3	MO; QL (9 EA per 1 day)
ZANAFLEX ORAL CAPSULE 6 MG (tizanidine)	Tier 3	MO; QL (6 EA per 1 day)
ZANAFLEX ORAL TABLET 4 MG (tizanidine)	Tier 3	MO; QL (9 EA per 1 day)
Smoking Cessation		
Smoking Deterrent Agents (Ganglionic Stim,Others)		
<i>nicotine (polacrilex) buccal gum 2 mg</i> (Quit 2)	Tier 5	
<i>nicotine (polacrilex) buccal gum 4 mg</i> (Quit 4)	Tier 5	
<i>nicotine (polacrilex) buccal lozenge 2 mg</i> (Quit 2)	Tier 5	
<i>nicotine (polacrilex) buccal lozenge 4 mg</i> (Quit 4)	Tier 5	
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i> (Nicorette)	Tier 5	
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i> (Nicoderm CQ)	Tier 5	
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	Tier 5	
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	Tier 5	
QUIT 2 BUCCAL GUM 2 MG (nicotine (polacrilex))	Tier 5	
QUIT 2 BUCCAL LOZENGE 2 MG (nicotine (polacrilex))	Tier 5	
QUIT 4 BUCCAL GUM 4 MG (nicotine (polacrilex))	Tier 5	
QUIT 4 BUCCAL LOZENGE 4 MG (nicotine (polacrilex))	Tier 5	
STOP SMOKING AID BUCCAL LOZENGE 2 MG, 4 MG (nicotine (polacrilex))	Tier 5	

Drug	Status	Notes
Smoking Deterrent-Nicotinic Recept.Partial Agonist		
<i>varenicline oral tablet 0.5 mg</i>	Tier 5	
<i>varenicline oral tablet 1 mg</i> (Chantix)	Tier 5	
<i>varenicline oral tablets,dose pack 0.5 mg (11)- 1 mg (42)</i> (Chantix Starting Month Box)	Tier 5	
Smoking Deterrents, Other		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	Tier 5	
Upper Gastrointestinal Disorders - Digestive		
Gastric Enzymes		
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	Tier 4	PA; MO
Pancreatic Enzymes		
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	Tier 2	MO
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200-14,200- 24,600 UNIT	Tier 3	MO
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,000-57,500- 60,500 UNIT, 24,000-86,250- 90,750 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT	Tier 3	MO
VIKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT	Tier 3	MO
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	Tier 2	MO

Drug	Status	Notes
Upper Gastrointestinal Disorders - Spastic Disease		
Anticholinergics/Antispasmodics		
<i>dicyclomine oral capsule 10 mg</i>	Tier 1	MO
<i>dicyclomine oral solution 10 mg/5 ml</i>	Tier 1	MO
<i>dicyclomine oral tablet 20 mg</i>	Tier 1	MO
Belladonna Alkaloids		
ANASPAZ ORAL TABLET,DISINTEGRATING 0.125 MG (hyoscyamine sulfate)	Tier 3	MO
DONNATAL ORAL ELIXIR 16.2 MG-0.1037 MG/5 ML (5 ML), 16.2-0.1037 - 0.0194 MG/5 ML (phenobarb-hyoscy-atropine-scop)	Tier 3	ST: Must meet 2 of the following requirements: Dicyclomine HCL, Hyoscyamine Sulfate, or Symax Duotab in 365 days; QL (1200 ML per 30 days)
DONNATAL ORAL TABLET 16.2-0.1037 -0.0194 MG (phenobarb-hyoscy-atropine-scop)	Tier 3	ST: Must meet 2 of the following requirements: Dicyclomine HCL, Hyoscyamine Sulfate, or Symax Duotab in 365 days; QL (8 EA per 1 day)
ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG (hyoscyamine sulfate)	Tier 1	MO
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i> (Hyosyne)	Tier 1	MO
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i> (Hyosyne)	Tier 1	MO
<i>hyoscyamine sulfate oral tablet 0.125 mg</i> (Oscimin)	Tier 1	MO
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i> (Levbid)	Tier 1	MO
<i>hyoscyamine sulfate oral tablet,disintegrating 0.125 mg</i> (Ed-Spaz)	Tier 1	MO
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i> (Oscimin SL)	Tier 1	MO
HYOSYNE ORAL DROPS 0.125 MG/ML (hyoscyamine sulfate)	Tier 1	MO
HYOSYNE ORAL ELIXIR 0.125 MG/5 ML (hyoscyamine sulfate)	Tier 1	MO
LEVVID ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG (hyoscyamine sulfate)	Tier 3	MO
LEVSIN ORAL TABLET 0.125 MG (hyoscyamine sulfate)	Tier 3	MO
LEVSIN/SL SUBLINGUAL TABLET 0.125 MG (hyoscyamine sulfate)	Tier 3	MO
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	Tier 1	
NULEV ORAL TABLET,DISINTEGRATING 0.125 MG (hyoscyamine sulfate)	Tier 3	MO

Drug		Status	Notes
OSCIMIN ORAL TABLET 0.125 MG	(hyoscyamine sulfate)	Tier 1	MO
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG	(hyoscyamine sulfate)	Tier 1	MO
<i>phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 -0.0194 mg/5 ml</i>	(Donnatal)	Tier 3	ST: Must meet 2 of the following requirements: Dicyclomine HCL, Hyoscyamine Sulfate, or Symax Duotab in 365 days; QL (1200 ML per 30 days)
<i>phenobarb-hyoscy-atropine-scop oral tablet 16.2-0.1037 -0.0194 mg</i>	(Donnatal)	Tier 1	ST: Must meet 2 of the following requirements: Dicyclomine HCL, Hyoscyamine Sulfate, or Symax Duotab in 365 days; QL (8 EA per 1 day)
PHENOHYTRO ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML	(phenobarb-hyoscy-atropine-scop)	Tier 3	ST: Must meet 2 of the following requirements: Dicyclomine HCL, Hyoscyamine Sulfate, or Symax Duotab in 365 days; QL (1200 ML per 30 days)
PHENOHYTRO ORAL TABLET 16.2-0.1037 -0.0194 MG	(phenobarb-hyoscy-atropine-scop)	Tier 3	ST: Must meet 2 of the following requirements: Dicyclomine HCL, Hyoscyamine Sulfate, or Symax Duotab in 365 days; QL (8 EA per 1 day)
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG)	(hyoscyamine sulfate)	Tier 3	MO
SYMAX FASTABS ORAL TABLET,DISINTEGRATING 0.125 MG	(hyoscyamine sulfate)	Tier 3	MO
SYMAX-SL SUBLINGUAL TABLET 0.125 MG	(hyoscyamine sulfate)	Tier 3	MO
SYMAX-SR ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG	(hyoscyamine sulfate)	Tier 3	MO
Upper Gastrointestinal Disorders - Ulcer Disease			
Anticholinergics, Quaternary Ammonium			
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	(Librax (with clidinium))	Tier 1	
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML)	(glycopyrrolate)	Tier 3	MO

Drug	Status	Notes
DARTISLA ORAL TABLET,DISINTEGRATING 1.7 MG	Tier 3	ST: Must meet the following requirement: Glycopyrrolate 2mg in 120 days; QL (4 EA per 1 day); Age (Min 18 Years)
<i>glycopyrrolate (pf) injection syringe 0.6 mg/3 ml (0.2 mg/ml)</i> (Glyrx-PF)	Tier 1	
<i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i> (Cuvposa)	Tier 1	MO
<i>glycopyrrolate oral tablet 1 mg</i> (Robinul)	Tier 1	MO
<i>glycopyrrolate oral tablet 1.5 mg</i> (Glycate)	Tier 1	MO; ST: Must meet the following requirement: Glycopyrrolate 2mg in 120 days; QL (3 EA per 1 day)
<i>glycopyrrolate oral tablet 2 mg</i> (Robinul Forte)	Tier 1	MO
GLYRX-PF INJECTION SYRINGE 0.6 MG/3 ML (0.2 MG/ML)	Tier 3	
LIBRAX (WITH CLIDINIUM) ORAL CAPSULE 5-2.5 MG (chlordiazepoxide-clidinium)	Tier 3	
ROBINUL FORTE ORAL TABLET 2 MG (glycopyrrolate)	Tier 3	MO
ROBINUL ORAL TABLET 1 MG (glycopyrrolate)	Tier 3	MO
Anti-Ulcer Preparations		
CARAFATE ORAL SUSPENSION 100 MG/ML (sucralfate)	Tier 3	MO
CARAFATE ORAL TABLET 1 GRAM (sucralfate)	Tier 3	MO
CYTOTEC ORAL TABLET 100 MCG, 200 MCG (misoprostol)	Tier 3	MO
<i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)	Tier 1	MO
<i>sucralfate oral suspension 100 mg/ml</i> (Carafate)	Tier 1	MO
<i>sucralfate oral tablet 1 gram</i> (Carafate)	Tier 1	MO
Anti-Ulcer-H.Pylori Agents		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	Tier 1	QL (112 EA per 10 days)
<i>bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg</i> (Pylera)	Tier 1	
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40)	Tier 3	
PYLERA ORAL CAPSULE 140-125-125 MG (bismuth subcit k-metronidz-tcn)	Tier 3	
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG	Tier 3	QL (168 EA per 14 days); Age (Min 18 Years)
VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84)	Tier 3	PA

Drug	Status	Notes
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG	Tier 3	PA
Histamine H2-Receptor Inhibitors		
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	Tier 1	MO
<i>cimetidine oral tablet 200 mg</i> (Acid Reducer (cimetidine))	Tier 1	MO
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	Tier 1	MO
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>	Tier 1	MO
<i>famotidine oral tablet 20 mg, 40 mg</i> (Pepcid)	Tier 1	MO
<i>nizatidine oral capsule 150 mg, 300 mg</i>	Tier 1	MO
PEPCID ORAL TABLET 20 MG, 40 MG (famotidine)	Tier 3	MO
Intestinal Motility Stimulants		
GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY	Tier 4	PA
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	Tier 1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)	Tier 1	
MOTEGRITY ORAL TABLET 1 MG, 2 MG	Tier 3	MO; ST: Must meet the following requirement: Linzess and Trulance in 365 days; QL (1 EA per 1 day)
REGLAN ORAL TABLET 10 MG, 5 MG (metoclopramide hcl)	Tier 3	
Potassium-Competitive Acid Blockers (Pcabs)		
VOQUEZNA ORAL TABLET 10 MG, 20 MG	Tier 3	PA
Proton-Pump Inhibitors		
ACIPHEX ORAL TABLET, DELAYED RELEASE (DR/EC) 20 MG (rabeprazole)	Tier 3	MO; QL (1 EA per 1 day)
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 10 MG (rabeprazole)	Tier 3	MO; ST: Must meet 2 of the following requirements: Lansoprazole, Omeprazole, or Pantoprazole Sodium in 365 days; QL (1 EA per 1 day)
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 5 MG	Tier 3	MO; ST: Must meet 2 of the following requirements: Lansoprazole, Omeprazole, or Pantoprazole Sodium in 365 days; QL (1 EA per 1 day)

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

Drug		Status	Notes
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	(esomeprazole magnesium)	Tier 3	MO; QL (1 EA per 1 day)
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 40 MG	(esomeprazole magnesium)	Tier 3	MO; QL (2 EA per 1 day)
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 20 MG	(esomeprazole magnesium)	Tier 3	MO; ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Omeprazole Magnesium, Pantoprazole Sodium, or Prilosec OTC in 120 days; QL (1 EA per 1 day)
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG		Tier 2	MO; ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Omeprazole Magnesium, Pantoprazole Sodium, or Prilosec OTC in 120 days; QL (1 EA per 1 day)
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	(esomeprazole magnesium)	Tier 3	MO; ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Omeprazole Magnesium, Pantoprazole Sodium, or Prilosec OTC in 120 days; QL (2 EA per 1 day)
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>		Tier 1	MO
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram</i>	(Zegerid)	Tier 1	MO; ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Omeprazole Magnesium, Pantoprazole Sodium, or Prilosec OTC in 120 days; QL (1 EA per 1 day)
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg, 40-1,680 mg</i>	(Zegerid)	Tier 1	MO; ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Omeprazole Magnesium, Pantoprazole Sodium, or Prilosec OTC in 120 days; QL (1 EA per 1 day)
<i>pantoprazole oral granules dr for susp in packet 40 mg</i>	(Protonix)	Tier 1	MO; ST: Must meet any of the following requirements: Omeprazole Magnesium, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Prilosec in 120 days
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i>	(Protonix)	Tier 1	MO

Drug	Status	Notes
PREVACID ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 MG (lansoprazole)	Tier 3	MO
PREVACID SOLUTAB ORAL TABLET,DISINTEGRAT, DELAY REL 15 MG, 30 MG (lansoprazole)	Tier 3	MO; ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, or Pantoprazole Sodium in 120 days
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 10 MG, 2.5 MG	Tier 3	MO; ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Omeprazole Magnesium, Pantoprazole Sodium, or Prilosec OTC in 120 days
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET 40 MG (pantoprazole)	Tier 3	MO; ST: Must meet any of the following requirements: Omeprazole Magnesium, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Prilosec in 120 days
PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG, 40 MG (pantoprazole)	Tier 3	MO
<i>rabeprazole oral capsule, delayed rel sprinkle 10 mg</i> (AcipHex Sprinkle)	Tier 1	MO; ST: Must meet 2 of the following requirements: Lansoprazole, Omeprazole, or Pantoprazole Sodium in 365 days; QL (1 EA per 1 day)
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i> (AcipHex)	Tier 1	MO; QL (1 EA per 1 day)
ZEGERID ORAL CAPSULE 20-1.1 MG-GRAM, 40-1.1 MG-GRAM (omeprazole-sodium bicarbonate)	Tier 3	MO; ST: Must meet any of the following requirements: Lansoprazole, Omeprazole, Omeprazole Magnesium, Pantoprazole Sodium, or Prilosec OTC in 120 days; QL (1 EA per 1 day)
Urinary Tract - Functional Disorders		
Benign Prostatic Hypertrophy/Micturition Agents		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	Tier 1	MO
AVODART ORAL CAPSULE 0.5 MG (dutasteride)	Tier 3	MO
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	Tier 1	MO
<i>finasteride oral tablet 5 mg</i> (Proscar)	Tier 1	MO
FLOMAX ORAL CAPSULE 0.4 MG (tamsulosin)	Tier 3	MO
PROSCAR ORAL TABLET 5 MG (finasteride)	Tier 3	MO

Drug	Status	Notes
RAPAFLO ORAL CAPSULE 4 MG, 8 MG (silodosin)	Tier 3	MO
<i>silodosin oral capsule 4 mg, 8 mg</i> (Rapaflo)	Tier 1	MO
<i>tamsulosin oral capsule 0.4 mg</i> (Flomax)	Tier 1	MO
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HR 10 MG (alfuzosin)	Tier 3	MO
Bph Agent-5-Alpha-Reductase Inh And Pde5 Inh Comb		
ENTADFI ORAL CAPSULE 5-5 MG	Tier 3	PA
Bph Agents,5-Alpha-Red Inh & Alpha-1-Adr Antg Cmb		
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i> (Jalyn)	Tier 1	MO; ST: Must meet any of the following requirements: Alfuzosin HCL, Doxazosin Mesylate, Finasteride 5mg, Prazosin HCL, Silodosin, Tamsulosin HCL, or Terazosin HCL in 120 days
JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR 0.5-0.4 MG (dutasteride-tamsulosin)	Tier 3	MO; ST: Must meet any of the following requirements: Alfuzosin HCL, Doxazosin Mesylate, Finasteride 5mg, Prazosin HCL, Silodosin, Tamsulosin HCL, or Terazosin HCL in 120 days
Cystine-Depleting Agents, Nephropathic Cystinosis		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	Tier 4	MO
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG	Tier 3	PA; MO
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG	Tier 3	PA; MO
Endothelin-Angiotensin Receptor Antagonist		
FILSPARI ORAL TABLET 200 MG, 400 MG	Tier 4	PA; MO
Kidney Stone Agents		
THIOLA EC ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG, 300 MG (tiopronin)	Tier 3	MO
THIOLA ORAL TABLET 100 MG (tiopronin)	Tier 4	MO
<i>tiopronin oral tablet 100 mg</i> (Thiola)	Tier 3	MO
<i>tiopronin oral tablet, delayed release (dr/ec) 100 mg, 300 mg</i> (Thiola EC)	Tier 3	MO

Drug	Status	Notes
Overactive Bladder Agents, Beta-3 Adrenergic Recep		
GEMTESA ORAL TABLET 75 MG	Tier 3	MO; ST: Must meet the following requirements: Myrbetriq and Oxybutynin Chloride in 365 days; QL (1 EA per 1 day)
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML	Tier 2	MO
MYRBETRIQ ORAL TABLET (mirabegron) EXTENDED RELEASE 24 HR 25 MG, 50 MG	Tier 1	MO; QL (1 EA per 1 day)
Oxalosis Agent - Oxalate Inhibitor, Sirna Based		
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML)	Tier 4	MO
RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML	Tier 4	MO
Polycystic Kidney Disease Agent, Avp Recep. Antag		
JYNARQUE ORAL TABLET 15 MG, 30 MG	Tier 3	PA; MO
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	Tier 3	PA; MO
Urinary Ph Modifiers		
K-PHOS NO 2 ORAL TABLET 305-700 MG	Tier 3	
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG	Tier 3	
ORACIT ORAL SOLUTION 490-640 (sodium citrate-citric acid) MG/5 ML	Tier 3	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10)	Tier 1	MO
<i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15)	Tier 1	MO
<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i>	Tier 1	MO
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	Tier 3	
<i>sodium citrate-citric acid oral solution 490-640 mg/5 ml</i> (Oracit)	Tier 1	

Drug	Status	Notes
UROCIT-K 10 ORAL TABLET (potassium citrate) EXTENDED RELEASE 10 MEQ (1,080 MG)	Tier 3	MO
UROCIT-K 15 ORAL TABLET (potassium citrate) EXTENDED RELEASE 15 MEQ	Tier 3	MO
UROQID-ACID NO.2 ORAL TABLET 500-500 MG	Tier 3	
Urinary Tract Analgesic Agents		
ELMIRON ORAL CAPSULE 100 MG	Tier 2	PA
Urinary Tract Anesthetic/Analgesic Agnt (Azo-Dye)		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i> (Pyridium)	Tier 1	
PYRIDIUM ORAL TABLET 100 MG, 200 MG (phenazopyridine)	Tier 3	
Urinary Tract Antispasmodic, M(3) Selective Antag.		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	Tier 1	MO
<i>solifenacin oral tablet 10 mg, 5 mg</i> (Vesicare)	Tier 1	MO
VESICARE LS ORAL SUSPENSION 1 MG/ML	Tier 3	PA; MO
VESICARE ORAL TABLET 10 MG, 5 MG (solifenacin)	Tier 3	MO
Urinary Tract Antispasmodic/Antiincontinence Agent		
DETROL LA ORAL CAPSULE,EXTENDED RELEASE 24HR 2 MG, 4 MG (tolterodine)	Tier 3	MO
DETROL ORAL TABLET 1 MG, 2 MG (tolterodine)	Tier 3	MO
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i> (Toviaz)	Tier 1	MO; QL (1 EA per 1 day)
<i>flavoxate oral tablet 100 mg</i>	Tier 1	MO
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	Tier 1	MO
<i>oxybutynin chloride oral tablet 2.5 mg, 5 mg</i>	Tier 1	MO
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	Tier 1	MO
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR	Tier 3	MO; ST: Must meet the following requirements: Myrbetriq and Oxybutynin Chloride in 365 days
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i> (Detrol LA)	Tier 1	MO
<i>tolterodine oral tablet 1 mg, 2 mg</i> (Detrol)	Tier 1	MO

Drug	Status	Notes
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG (fesoterodine)	Tier 3	MO; QL (1 EA per 1 day)
<i>trospium oral capsule, extended release 24hr 60 mg</i>	Tier 1	MO
<i>trospium oral tablet 20 mg</i>	Tier 1	MO
Vaginal Disorders		
Vaginal Antibiotics		
CLEOCIN VAGINAL CREAM 2 % (clindamycin phosphate)	Tier 3	
CLEOCIN VAGINAL SUPPOSITORY 100 MG	Tier 3	ST: Must meet 2 of the following requirements: Clindamycin HCL, Clindamycin Palmitate HCL, Clindamycin Phosphate, Metronidazole, or Tinidazole in 365 days; QL (3 EA per 30 days)
<i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)	Tier 1	
CLINDESSE VAGINAL CREAM, EXTENDED RELEASE 2 %	Tier 3	ST: Must meet the following requirement: Generic Clindamycin vaginal cream in 120 days
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i> (Vandazole)	Tier 1	
<i>metronidazole vaginal gel 1.3 % (65 mg/5 gram)</i> (Nuessa)	Tier 1	
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM) (metronidazole)	Tier 3	
VANDAZOLE VAGINAL GEL 0.75 % (37.5MG/5 GRAM) (metronidazole)	Tier 3	
XACIATO VAGINAL GEL 2 %	Tier 3	
Vaginal Antifungals		
GYNAZOLE-1 VAGINAL CREAM 2 %	Tier 2	
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG	Tier 1	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	Tier 1	
<i>terconazole vaginal suppository 80 mg</i>	Tier 1	
Vaginal Antiseptics		
FEM PH VAGINAL GEL 0.9-0.025 %	Tier 3	
RELAGARD VAGINAL GEL 0.9-0.025 %	Tier 3	
TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 %	Tier 3	
Vaginal Estrogen Preparations		
ESTRACE VAGINAL CREAM 0.01 % (0.1 MG/GRAM) (estradiol)	Tier 3	MO

Drug	Status	Notes
estradiol vaginal cream 0.01 % (0.1 mg/gram) (Estrace)	Tier 1	MO
estradiol vaginal tablet 10 mcg (Yuvaferm)	Tier 1	MO
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	Tier 3	MO; ST: Must meet the following requirements: Estradiol and Premarin in 365 days; QL (1 EA per 90 days)
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	Tier 3	MO; ST: Must meet the following requirements: Estradiol and Premarin in 365 days; QL (1 EA per 84 days)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	Tier 2	MO
VAGIFEM VAGINAL TABLET 10 MCG (estradiol)	Tier 3	MO
YUVAFEM VAGINAL TABLET 10 MCG (estradiol)	Tier 1	MO
Vitamin And/Or Mineral Deficiency		
Fluoride Preparations		
CLINPRO 5000 DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 3	MO
DENTA 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))	Tier 1	MO
DENTA 5000 PLUS SENSITIVE DENTAL PASTE 1.1-5 % (sodium fluoride-pot nitrate)	Tier 1	MO
DENTAGEL DENTAL GEL 1.1 % (fluoride (sodium))	Tier 1	MO
fluoride (sodium) dental cream 1.1 % (Denta 5000 Plus)	Tier 1	MO
fluoride (sodium) dental gel 1.1 % (DentaGel)	Tier 1	MO
fluoride (sodium) dental paste 1.1 % (Sodium Fluoride 5000 Dry Mouth)	Tier 1	MO
fluoride (sodium) dental solution 0.2 % (PreviDent)	Tier 1	MO
fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml (SoluVita)	Tier 5	MO; \$0 COPAY IF 6 MONTHS TO 6 YEARS OF AGE
fluoride (sodium) oral tablet, chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride) (Ludent Fluoride)	Tier 5	MO; \$0 COPAY IF 6 MONTHS TO 6 YEARS OF AGE
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 3	MO
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 % (sodium fluoride-pot nitrate)	Tier 3	MO
FLUORIMAX 5000 DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 3	MO
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 % (sodium fluoride-pot nitrate)	Tier 3	MO

Drug	Status	Notes
FRAICHE 5000 DENTAL GEL 1.1 % (fluoride (sodium))	Tier 3	MO
FRAICHE 5000 KIDS PLUS DENTAL GEL 1.1-4 %	Tier 3	MO
FRAICHE 5000 PREVI DENTAL GEL 1.1-3 %	Tier 3	MO
FRAICHE 5000 SENSITIVE DENTAL GEL 1.1-4.5 %	Tier 3	MO
JUST RIGHT 5000 DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 3	MO
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 3	MO
PREVIDENT 5000 DRY MOUTH DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 3	MO
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE 1.1-5 % (sodium fluoride-pot nitrate)	Tier 3	MO
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 3	MO
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))	Tier 3	MO
PREVIDENT 5000 SENSITIVE DENTAL PASTE 1.1-5 % (sodium fluoride-pot nitrate)	Tier 3	MO
PREVIDENT DENTAL GEL 1.1 % (fluoride (sodium))	Tier 3	MO
PREVIDENT DENTAL SOLUTION 0.2 % (fluoride (sodium))	Tier 3	MO
PREVIDENT KIDS DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 3	MO
SF 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))	Tier 1	MO
SF DENTAL GEL 1.1 % (fluoride (sodium))	Tier 1	MO
SODIUM FLUORIDE 5000 DRY MOUTH DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 1	MO
SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))	Tier 1	MO
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i> (Denta 5000 Plus Sensitive)	Tier 1	MO
Folic Acid Preparations		
<i>folic acid injection solution 5 mg/ml</i>	Tier 1	
<i>folic acid oral tablet 1 mg</i>	Tier 1	MO
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	Tier 5	MO
Iron Replacement		
ACCRUFER ORAL CAPSULE 30 MG	Tier 3	PA
CITRANATAL BLOOM ORAL TABLET 90-1-12-50 MG-MG-MCG-MG	Tier 3	
TRIFERIC HEMODIALYSIS POWDER IN PACKET 272 MG IRON	Tier 3	MO

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

Drug	Status	Notes
PRENAISSANCE PLUS ORAL CAPSULE 28-1-50-250 MG	Tier 1	MO
PRENATAL 19 (WITH DOCUSATE) ORAL TABLET 29 MG IRON- 1 MG-25 MG	Tier 1	MO
VITAFOL FE+ (WITH DOCUSATE) ORAL CAPSULE 90 MG IRON-1 MG - 50 MG-200 MG	Tier 3	MO
VP-CH-PNV ORAL CAPSULE 30 MG IRON-1 MG -50 MG-260 MG	Tier 1	MO
Vitamin B Preparations		
B COMPLEX 100 INJECTION SOLUTION 100-2-100-2-2 MG/ML	Tier 1	
B-COMPLEX INJECTION INJECTION SOLUTION 100-2-100-2-2 MG/ML	Tier 1	
Vitamin B1 Preparations		
<i>thiamine hcl (vitamin b1) injection solution 100 mg/ml</i>	Tier 1	
Vitamin B12 Preparations		
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i> (Dodex)	Tier 1	MO
<i>cyanocobalamin (vitamin b-12) nasal spray,non-aerosol 500 mcg/spray</i> (Nascobal)	Tier 1	MO
DODEX INJECTION SOLUTION 1,000 MCG/ML (cyanocobalamin (vitamin b-12))	Tier 1	MO
<i>hydroxocobalamin intramuscular solution 1,000 mcg/ml</i>	Tier 1	
<i>mecobalamin (vitamin b12) injection recon soln 10,000 mcg</i>	Tier 1	
Vitamin B6 Preparations		
<i>pyridoxine (vitamin b6) injection solution 100 mg/ml</i>	Tier 1	
Vitamin C Preparations		
ASCOR INTRAVENOUS SOLUTION 500 MG/ML	Tier 3	
<i>ascorbic acid (vitamin c) injection solution 500 mg/ml</i>	Tier 1	
Vitamin D Preparations		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Tier 1	MO
<i>calcitriol oral solution 1 mcg/ml</i> (Rocaltrol)	Tier 1	MO
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i> (Vitamin D2)	Tier 1	MO
ROCALTROL ORAL SOLUTION 1 MCG/ML (calcitriol)	Tier 3	MO

Drug	Status	Notes
VITAMIN D2 ORAL CAPSULE 1,250 MCG (50,000 UNIT) (ergocalciferol (vitamin d2))	Tier 1	MO
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	Tier 2	PA
WEGOVY SUBCUTANEOUS PEN INJECTOR 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	Tier 2	PA; MO

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