

What is the ClearScript Standard Formulary?

The ClearScript Formulary is a list of drugs selected by physician and pharmacist subject matter experts who collaboratively support the Pharmacy and Therapeutics (P&T) Committee. Coverage for the drugs included on the ClearScript Formulary is determined by your benefit plan design. It is important to note that this formulary is not a complete list of medications and not all listed drugs may be covered by your plan. Please refer to the benefit documents provided by your employer or health plan for information on your specific benefit coverage and copays. You may also contact the Member Service Center at the number on the back of your ID card for more information.

How is the formulary and clinical review criteria developed?

The formulary and clinical review criteria are developed based on the recommendations of the P&T Committee. This committee meets quarterly to review and select drugs and clinical criteria for additions to the formulary based on drug safety, effectiveness, scientific evidence and standards of practice, therapeutic need, and cost.

Can the Formulary (drug list) change?

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

What are generic drugs?

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

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

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

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

Drugs requiring prior authorization or step therapy may require your doctor to request a clinical review to determine coverage. Your doctor can submit a request for clinical review on your behalf by contacting the number on the back of your ID card or by completing the Authorization Request form found on the ClearScript.org member page.

Clinical review decisions are based on criteria developed by peer – reviewed publications, evidence-based research, and widely accepted medical practice.

Tier Benefit Design

A tier benefit design is where you are responsible for a portion of the cost of a prescription drug based on the drug's tier and copayment or coinsurance. Your health plan or employer determines your out-of-pocket costs or copayments for each tier. If you are prescribed a drug on a higher tier, discuss any covered lower tier options with your doctor to help save on drug costs.

Specialty drugs may be covered at a higher copay or coinsurance.

- Tier 1: Generic medications
- Tier 2: Preferred brand medications
- Tier 3: Non-preferred brand medications
- Tier 4: Specialty generic medications
- Tier 5: Specialty preferred brand medications
- Tier 6: Specialty non-preferred brand medications
- ACA Tier: Per the Affordable Care Act (ACA), some medications qualify as preventive under the Essential Health Benefit (EHB). **ACA Tier** indicates the medication qualifies as preventive under the ACA/EHB.

For plans with an ACA benefit, these medications are covered at \$0 copay. If your plan does not participate in ACA coverage, some drugs in this tier may not be covered by your plan.

How do I fill my specialty medication?

Specialty medications are typically used to treat rare or chronic conditions and often require special handling. They cost more than other drugs and may have the highest copayment applied.

To ensure the safest, most clinically appropriate and cost-effective dispensing of these medications, your plan may require you to fill your prescriptions at a designated specialty pharmacy. Specialty pharmacies provide personalized care and offer convenient delivery to your home or other approved location.

Please refer to your benefit documents for details regarding Specialty Medications or call our Member Service Center at the number on the back of your ID card to find out where you can have prescriptions for specialty medications filled.

General Exclusions:

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

The Formulary applies only to outpatient drugs provided to members and does not apply to medications used at inpatient settings. Please refer to your benefit plan documents for details regarding benefit exclusions or call our Member Service Center at the number on the back of your ID card.

Examples of benefit exclusions include:

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

What if a drug is not on the Formulary?

If a drug is not included on the formulary, you can:

1. Contact ClearScript at the number on the back of your ID card to request a list of similar drugs covered by the plan. Show it to your doctor and ask the doctor to prescribe a similar covered drug that is determined by your doctor to be an appropriate alternative drug.
2. Contact your plan to determine your options.

Can I appeal a coverage decision?

If you are not satisfied with a coverage decision, you have the right to file an appeal according to the process outlined in your plan's Summary Plan Document. Please refer to your benefit plan documents for information on your Rights of Appeal, how to file an appeal, the appeal process and the appeal levels available to you.

If you decide to file an appeal, you will be asked to provide written information to support your appeal. The appeal will be reviewed by different individuals than those who made the original decision.

For more information about the ClearScript Formulary
call our Member Service Center at the number on the back of your ID card.

Table of Contents

Allergy	3
Antiemesis/Antivertigo	6
Asthma And Copd.....	7
Autonomic Nervous System Disorders	18
Behavioral Health - Antidepressants	19
Behavioral Health - Other	23
Cardiovascular Disease - Arrhythmia	36
Cardiovascular Disease - Cardiac Stimulant.....	36
Cardiovascular Disease - Hypertension	37
Cardiovascular Disease - Lipid Irregularity	46
Cardiovascular Disease - Miscellaneous Agents.....	52
Cardiovascular Disease - Vasodilation	53
Contraception/Oxytocics.....	54
Cough And Cold.....	66
Dermatology - Acne	69
Dermatology - Antiinfective	73
Dermatology - Antiinflammatory	78
Dermatology - Miscellaneous	87
Dermatology - Psoriasis/Eczema.....	94
Diabetes	96
Ear - General Disorders.....	109
Electrolyte Regulation	110
Endocrine Disorder - Fertility.....	112
Endocrine Disorder - Other	114
Endocrine Disorder - Thyroid	118
Eye - General Disorders	120
Eye - Glaucoma	125
Eye - Miscellaneous.....	128
Fluid Replacement	128

Gout And Related Diseases	128
Hematological Disorders	129
Hormonal Deficiency	140
Immunization	144
Immunosuppression/Modulation	151
Infectious Disease - Bacterial	152
Infectious Disease - Fungal	158
Infectious Disease - Miscellaneous	160
Infectious Disease - Parasitic	161
Infectious Disease - Viral	163
Inflammatory Disease	170
Local Anesthesia	178
Lower Gastrointestinal Disorders - Bowel Inflammation	179
Lower Gastrointestinal Disorders - Other	180
Medical Supplies	184
Miscellaneous Agents	198
Neoplastic Disease	200
Neurological Disease - Miscellaneous	209
Oral/Pharyngeal Disorders	212
Other Drugs	212
Other Respiratory Disorders	222
Pain Management - Analgesics	223
Parkinsons Disease	234
Seizure Disorder	237
Skeletal Muscle Disorder	242
Smoking Cessation	243
Upper Gastrointestinal Disorders - Digestive	246
Upper Gastrointestinal Disorders - Spastic Disease	246
Upper Gastrointestinal Disorders - Ulcer Disease	247
Urinary Tract - Functional Disorders	250
Vaginal Disorders	253
Vitamin And/Or Mineral Deficiency	254
Weight Reduction	256

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

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

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> (All Day Allergy (cetirizine))	Tier 1	
<i>desloratadine oral tablet 5 mg</i> (Clarinet)	Tier 1	QL (1 EA per 1 day)
<i>desloratadine oral tablet, disintegrating 2.5 mg, 5 mg</i>	Tier 1	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (1 EA per 1 day)
<i>levocetirizine oral solution 2.5 mg/5 ml</i> (Xyzal)	Tier 1	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (10 ML per 1 day)
<i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief)	Tier 1	
Nasal Antihistamine		
<i>azelastine nasal spray, non-aerosol 137 mcg (0.1 %)</i>	Tier 1	QL (60 ML per 30 days)
<i>azelastine nasal spray, non-aerosol 205.5 mcg (0.15 %)</i> (Astepro Allergy)	Tier 1	QL (60 ML per 30 days)
<i>olopatadine nasal spray, non-aerosol 0.6 %</i> (Patanase)	Tier 1	QL (30.5 GM per 30 days)
Nasal Antihistamine & Anti-Inflam. Steroid Comb.		
<i>azelastine-fluticasone nasal spray, non-aerosol 137-50 mcg/spray</i> (Dymista)	Tier 1	ST: Requires prior prescription for nasal formulation of Flunisolide or Fluticasone Propionate within the past 120 days; QL (23 GM per 30 days)
Nasal Anti-Inflammatory Steroids		
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	Tier 1	QL (25 ML per 30 days)
<i>fluticasone propionate nasal spray, suspension 50 mcg/actuation</i> (24 Hour Allergy Relief)	Tier 1	QL (16 GM per 30 days)

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Drug	Status	Notes
<i>mometasone nasal spray, non-aerosol 50 mcg/actuation</i> (Allergy Nasal (mometasone))	Tier 1	QL (17 GM per 30 days)
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	Tier 2	QL (6.8 GM per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	Tier 2	QL (10.6 GM per 30 days)
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	Tier 2	ST: Requires prior prescription for nasal formulation of Flunisolide, Fluticasone Propionate, or Mometasone Furoate within the past 120 days; QL (32 ML per 30 days)
Antiemesis/Antivertigo		
Antiemetic, Cannabinoid-Type		
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)	Tier 1	ST: Requires prior prescription for a 5HT3 antagonist, corticosteroid, Emend, or Megestrol suspension within the past 120 days; QL (2 EA per 1 day)
SYNDROS ORAL SOLUTION 5 MG/ML	Tier 3	ST: Requires prior prescription for Dronabinol capsules or Megestrol suspension within the past 120 days; QL (60 ML per 30 days)
Antiemetic/Antivertigo Agents		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	Tier 2	QL (1 EA per 28 days)
ANZEMET ORAL TABLET 50 MG	Tier 3	ST: Requires prior prescription for Ondansetron tablets or ODT within the past 120 days; QL (8 EA per 1 FILL)
<i>aprepitant oral capsule 125 mg</i>	Tier 1	QL (1 EA per 21 days)
<i>aprepitant oral capsule 40 mg</i>	Tier 1	QL (1 EA per 28 days)
<i>aprepitant oral capsule 80 mg</i> (Emend)	Tier 1	QL (2 EA per 21 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend)	Tier 1	QL (3 EA per 21 days)

Drug	Status	Notes
COMPRO RECTAL SUPPOSITORY 25 MG (prochlorperazine)	Tier 1	
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (dr/ec) 10-10 mg</i> (Diclegis)	Tier 1	QL (120 EA per 30 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ML FINAL CONC.)	Tier 2	QL (3 EA per 21 days)
<i>granisetron hcl oral tablet 1 mg</i>	Tier 1	ST: Requires prior prescription for Ondansetron tablets or ODT within the past 120 days; QL (8 EA per 30 days)
<i>meclizine oral tablet 12.5 mg</i>	Tier 1	
<i>meclizine oral tablet 25 mg</i> (Dramamine (meclizine))	Tier 1	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	Tier 1	QL (50 ML per 15 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	Tier 1	
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	Tier 1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)	Tier 1	
<i>prochlorperazine rectal suppository 25 mg</i> (Compro)	Tier 1	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i> (Promethegan)	Tier 1	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG (promethazine)	Tier 1	
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	Tier 3	ST: Requires prior prescription for Ondansetron tablets or ODT within the past 120 days; QL (1 EA per 7 days)
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> (Transderm-Scop)	Tier 1	
<i>trimethobenzamide oral capsule 300 mg</i>	Tier 1	
VARUBI ORAL TABLET 90 MG	Tier 3	QL (2 EA per 14 days)
Asthma And Copd		
Anticholinergic, Orally Inhaled Short Acting		

Drug	Status	Notes
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	Tier 2	QL (25.8 GM per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	Tier 1	
Anticholinergics, Orally Inhaled Long Acting		
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	Tier 2	QL (4 GM per 30 days)
SPIRIVA WITH HANDIHALER (tiotropium bromide) INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	Tier 1	QL (30 EA per 30 days)
Beta-Adrenergic Agents		
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	Tier 1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	Tier 1	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	Tier 1	
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	Tier 1	
Beta-Adrenergic Agents, Inhaled, Short Acting		
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i> (Ventolin HFA)	Tier 1	
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i>	Tier 1	
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	Tier 1	
<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i> (Xopenex HFA)	Tier 1	
Beta-Adrenergic Agents, Inhaled, Ultra-Long Acting		
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	Tier 2	QL (4 GM per 30 days)
Beta-Adrenergic Agents, Orally Inhaled, Long Acting		
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i> (Brovana)	Tier 1	QL (120 ML per 30 days)
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i> (Perforomist)	Tier 1	QL (120 ML per 30 days)

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10/01/2024

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Drug	Status	Notes	
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	Tier 2	QL (60 EA per 30 days)	
Beta-Adrenergic And Anticholinergic Combinations			
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	Tier 2	QL (60 EA per 30 days)	
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	Tier 2		
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	Tier 1		
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	Tier 2	QL (4 GM per 30 days)	
Beta-Adrenergic And Glucocorticoid Combinations			
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	(fluticasone propion-salmeterol)	Tier 2	QL (12 GM per 30 days)
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION		Tier 2	QL (32.1 GM per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	(fluticasone furoate-vilanterol)	Tier 2	QL (60 EA per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE		Tier 2	QL (60 EA per 30 days)
BREYNA INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	(budesonide-formoterol)	Tier 1	QL (30.9 GM per 30 days)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	(Breyna)	Tier 1	QL (30.9 GM per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	(Wixela Inhub)	Tier 1	QL (60 EA per 30 days)
WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	(fluticasone propion-salmeterol)	Tier 1	QL (60 EA per 30 days)

Drug	Status	Notes
Beta-Adrenergic-Anticholinergic-Glucocort, Inhaled		
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	Tier 2	QL (10.7 GM per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	Tier 2	QL (60 EA per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG	Tier 2	QL (2 EA per 1 day)
Glucocorticoids, Orally Inhaled		
ARNUIITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	Tier 2	QL (30 EA per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i> (Pulmicort)	Tier 1	QL (120 ML per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i> (Pulmicort)	Tier 1	QL (60 ML per 30 days)
<i>fluticasone propionate inhalation blister with device 100 mcg/actuation, 50 mcg/actuation</i>	Tier 1	QL (60 EA per 30 days)
<i>fluticasone propionate inhalation blister with device 250 mcg/actuation</i>	Tier 1	QL (120 EA per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>	Tier 1	QL (12 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>	Tier 1	QL (24 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	Tier 1	QL (21.2 GM per 30 days)
Interleukin-4(II-4) Receptor Alpha Antagonist, Mab		
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	Tier 5	PA; SP
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	Tier 5	PA; SP
Interleukin-5(II-5) Receptor Alpha Antagonist, Mab		

Drug	Status	Notes
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	Tier 5	PA; SP
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML	Tier 5	PA; SP
Leukotriene Receptor Antagonists		
<i>montelukast oral granules in packet 4 mg</i> (Singulair)	Tier 1	
<i>montelukast oral tablet 10 mg</i> (Singulair)	Tier 1	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i> (Singulair)	Tier 1	
<i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate)	Tier 1	
Mast Cell Stabilizers		
<i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom)	Tier 1	
Mast Cell Stabilizers, Orally Inhaled		
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	Tier 1	
Monoclonal Antibodies To Immunoglobulin E(Ige)		
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	Tier 5	PA; SP
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	Tier 5	PA; SP
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	Tier 5	PA; SP
Monoclonal Antibody - Interleukin-5 Antagonists		
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	Tier 5	PA; SP
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	Tier 5	PA; SP
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML	Tier 5	PA; SP
Phosphodiesterase-4 (Pde4) Inhibitors		
OHTUVAYRE INHALATION SUSPENSION FOR NEBULIZATION 3 MG/2.5 ML	Tier 3	PA
<i>roflumilast oral tablet 250 mcg, 500 mcg</i> (Daliresp)	Tier 1	QL (1 EA per 1 day)

Drug		Status	Notes
Respiratory Aids, Devices, Equipment			
ACE AEROSOL CLOUD ENHANCER SPACER	(inhalational spacing device)	Tier 3	
AEROBIKA OSCILLATING PEP SYSTM DEVICE		Tier 3	
AEROCHAMBER MECHANICAL VENT SPACER	(inhalational spacing device)	Tier 3	
AEROCHAMBER MINI SPACER	(inhalational spacing device)	Tier 3	
AEROCHAMBER MV SPACER	(inhalational spacing device)	Tier 3	
AEROCHAMBER PLUS FLOW-VU SPACER	(inhalational spacing device)	Tier 3	
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER		Tier 3	
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER		Tier 3	
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER		Tier 3	
AEROCHAMBER PLUS Z STAT LG MSK SPACER		Tier 3	
AEROCHAMBER PLUS Z STAT MD MSK SPACER		Tier 3	
AEROCHAMBER PLUS Z STAT SM MSK SPACER		Tier 3	
AEROCHAMBER PLUS Z STAT SPACER	(inhalational spacing device)	Tier 3	
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER	(inhalational spacing device)	Tier 3	
AEROECLIPSE II NEBULIZER	(nebulizers)	Tier 3	
AEROECLIPSE XL NEBULIZER	(nebulizers)	Tier 3	
AEROGear ACTION ASTHMA KIT KIT		Tier 3	
AERONEB GO NEBULIZER	(nebulizers)	Tier 3	
AEROTRACH PLUS SPACER	(inhalational spacing device)	Tier 3	
AEROVENT PLUS SPACER	(inhalational spacing device)	Tier 3	
AIRS DISPOSABLE NEBULIZER	(nebulizers)	Tier 3	
ALTERA NEBULIZER HANDSET	(nebulizers)	Tier 3	
ALTERA NEBULIZER SYSTEM	(nebulizers)	Tier 3	

ClearScript Formulary

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

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

Drug	Status	Notes
LC PLUS (nebulizers)	Tier 3	
LC PLUS NEBULIZER-PED MASK (nebulizers)	Tier 3	
LITE TOUCH-MEDIUM MASK DEVICE	Tier 3	
LITEAIRE MDI CHAMBER SPACER (inhalational spacing device)	Tier 3	
LITETOUCH-LARGE MASK DEVICE	Tier 3	
LITETOUCH-SMALL MASK DEVICE	Tier 3	
MC 300 NEBULIZER W-MOUTHPIECE (nebulizers)	Tier 3	
MC 300 NEBULIZER-UNVRSL TUBING (nebulizers)	Tier 3	
MICROAIR MESH NEBULIZER (nebulizers)	Tier 3	
MICROCHAMBER SPACER (inhalational spacing device)	Tier 3	
MICROSPACER SPACER (inhalational spacing device)	Tier 3	
MINI PLUS NEBULIZER (nebulizers)	Tier 3	
MINI WRIGHT PEAK FLOW METER DEVICE (peak flow meter)	Tier 3	
<i>nebulizer and compressor device</i> (Clever Choice Nebulizer)	Tier 3	
OMBRA COMPRESSOR SYSTEM DEVICE (nebulizer and compressor)	Tier 3	
OPTICHAMBER ADULT MASK-LARGE DEVICE	Tier 3	
OPTICHAMBER DIAMOND LG MASK SPACER	Tier 3	
OPTICHAMBER DIAMOND VHC SPACER (inhalational spacing device)	Tier 3	
OPTICHAMBER DIAMOND-MED MSK SPACER	Tier 3	
OPTICHAMBER DIAMOND-SML MASK SPACER	Tier 3	
PARI LC SPRINT NEBULIZER SET (nebulizers)	Tier 3	
PARI LC SPRINT SINUS (nebulizers)	Tier 3	
PARI SINUS AEROSOL SYSTEM DEVICE (nebulizer and compressor)	Tier 3	
PARI TREK S COMBO PACK DEVICE (nebulizer and compressor)	Tier 3	

Drug		Status	Notes
PARI TREK S COMPACT COMPRESSOR DEVICE	(nebulizer and compressor)	Tier 3	
PEDIATRIC BEAR NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	
PEDIATRIC COMP-AIR COMPRES NEB DEVICE	(nebulizer and compressor)	Tier 3	
PEDIATRIC DINOSAUR NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	
PEDIATRIC DOG NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	
PEDIATRIC FROG NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	
PFLEX INSPIRATORY TRAINER DEVICE		Tier 3	
POCKET CHAMBER SPACER	(inhalational spacing device)	Tier 3	
PORTABLE NEBULIZER SYSTEM DEVICE	(nebulizer and compressor)	Tier 3	
PRIMEAIRE SPACER	(inhalational spacing device)	Tier 3	
PROCARE COMPRESSOR NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	
PROCARE PEDIATRIC NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	
PROCARE SPACER WITH ADULT MASK SPACER		Tier 3	
PROCARE SPACER WITH CHILD MASK SPACER		Tier 3	
PROCHAMBER SPACER	(inhalational spacing device)	Tier 3	
PRODIGY MINI-MIST NEBULIZER	(nebulizers)	Tier 3	
PRONEB MAX COMPRESSOR-LC PLUS DEVICE	(nebulizer and compressor)	Tier 3	
PRONEB MAX COMPRESSOR-LC SPRINT DEVICE	(nebulizer and compressor)	Tier 3	
PROVENT NASAL DEVICE		Tier 3	
PROVENT STARTER NASAL DEVICE		Tier 3	
PULMO-AIDE COMPRESSOR DEVICE		Tier 3	
PULMONEB LT COMPRESSOR NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	

Drug	Status	Notes
PUREAIR MINI NEBULIZER DEVICE (nebulizer and compressor)	Tier 3	
QUAKE VIBRATORY PEP DEVICE	Tier 3	
RITFLO AEROCHAMBER SPACER (inhalational spacing device)	Tier 3	
SAMI THE SEAL DEVICE (nebulizer and compressor)	Tier 3	
SIDESTREAM (nebulizers)	Tier 3	
SIDESTREAM NEBULIZER (nebulizers)	Tier 3	
SIDESTREAM PLUS (nebulizers)	Tier 3	
SILICONE MASK - INFANT DEVICE	Tier 3	
SINUSTAR NEBULIZER (nebulizers)	Tier 3	
SMARTNEB COMPRESSOR NEBULIZER DEVICE (nebulizer and compressor)	Tier 3	
SOOTHENEB COMPRESSOR NEBULIZER DEVICE (nebulizer and compressor)	Tier 3	
SOOTHENEB MESH NEBULIZER (nebulizers)	Tier 3	
SPACE CHAMBER SPACER (inhalational spacing device)	Tier 3	
SPACE CHAMBER WITH LARGE MASK SPACER	Tier 3	
SPACE CHAMBER WITH MEDIUM MASK SPACER	Tier 3	
SPACE CHAMBER WITH SMALL MASK SPACER	Tier 3	
STRIVE PEAK FLOW METER DEVICE (peak flow meter)	Tier 3	
SUNRISE COMPRESSOR-NEBULIZER DEVICE	Tier 3	
THRESHOLD IMT TRAINER DEVICE	Tier 3	
THRESHOLD PEP DEVICE DEVICE	Tier 3	
TRUNEB NEBULIZER (nebulizers)	Tier 3	
TRUZONE PEAK FLOW METER DEVICE (peak flow meter)	Tier 3	
VIOS AEROSOL DELIVERY SYSTEM DEVICE (nebulizer and compressor)	Tier 3	
VIXONE NEBULIZER (nebulizers)	Tier 3	
VIXONE NEBULIZER-ADULT MASK (nebulizers)	Tier 3	

Drug	Status	Notes
VIXONE NEBULIZER-PEDIATRIC MSK (nebulizers)	Tier 3	
VORTEX HOLDING CHAMBER SPACER (inhalational spacing device)	Tier 3	
VORTEX VHC FROG MASK-CHILD SPACER	Tier 3	
VORTEX VHC LADYBUG MASK-TODDLR SPACER	Tier 3	
WILLIS THE WHALE COMPRESSR NEB DEVICE (nebulizer and compressor)	Tier 3	
Thymic Stromal Lymphopoietin (Tslp) Inhibitors		
TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML)	Tier 5	PA; SP
Xanthines		
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	Tier 1	
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML (theophylline)	Tier 1	
THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	Tier 2	
<i>theophylline oral elixir 80 mg/15 ml</i> (Elixophyllin)	Tier 1	
<i>theophylline oral solution 80 mg/15 ml</i>	Tier 1	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	Tier 1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	Tier 1	
Autonomic Nervous System Disorders		
Alzheimer's Therapy, Nmda Receptor Antagonists		
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i> (Namenda XR)	Tier 1	ST: Requires prior prescription for Memantine immediate release tablets within the past 120 days; QL (30 EA per 30 days)
<i>memantine oral solution 2 mg/ml</i>	Tier 1	QL (300 ML per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>memantine oral tablets, dose pack 5-10 mg</i> (Namenda Titration Pak)	Tier 1	QL (49 EA per 28 days)

Drug	Status	Notes
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7-14-21-28 MG	Tier 2	ST: Requires prior prescription for Memantine immediate release tablets within the past 120 days; QL (28 EA per 28 days)
Alzheimer's Thx,Nmda Recept Antag & Cholines Inhib		
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	Tier 2	ST: At least 2 prior prescriptions for Donepezil HCL or Memantine IR/XR within the past 365 days; QL (28 EA per 28 days)
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	Tier 2	ST: At least 2 prior prescriptions for Donepezil HCL or Memantine IR/XR within the past 365 days; QL (1 EA per 1 day)
Cholinesterase Inhibitors		
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i> (Aricept)	Tier 1	
<i>donepezil oral tablet,disintegrating 10 mg, 5 mg</i>	Tier 1	
<i>galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	Tier 1	QL (200 ML per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i> (Mestinon)	Tier 1	
<i>pyridostigmine bromide oral tablet 30 mg</i>	Tier 1	
<i>pyridostigmine bromide oral tablet 60 mg</i> (Mestinon)	Tier 1	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i> (Mestinon Timespan)	Tier 1	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	Tier 1	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i> (Exelon Patch)	Tier 1	QL (30 EA per 30 days)
Behavioral Health - Antidepressants		
Alpha-2 Receptor Antagonist Antidepressants		

Drug	Status	Notes
<i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)	Tier 1	
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	Tier 1	
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab)	Tier 1	
Antidepressant - Nmda Receptor Antagonist		
SPRAVATO NASAL SPRAY, NON-AEROSOL 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3)	Tier 6	PA; SP
Antidepressant - Postpartum Depression (Ppd)		
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG	Tier 2	PA
Maois - Non-Selective & Irreversible		
MARPLAN ORAL TABLET 10 MG	Tier 3	
<i>phenelzine oral tablet 15 mg</i> (Nardil)	Tier 1	
<i>tranylcypromine oral tablet 10 mg</i> (Parnate)	Tier 1	
Monoamine Oxidase(Mao) Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	Tier 3	QL (1 EA per 1 day)
Ndma Receptor Antagonist And Ndiri Comb		
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	Tier 3	
Norepinephrine And Dopamine Reuptake Inhib (Ndris)		
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	Tier 1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL)	Tier 1	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR)	Tier 1	
Selective Serotonin Reuptake Inhibitor (Ssris)		
<i>citalopram oral solution 10 mg/5 ml</i>	Tier 1	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i> (Celexa)	Tier 1	
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	Tier 1	

Drug	Status	Notes
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (Lexapro)	Tier 1	
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i> (Prozac)	Tier 1	
<i>fluoxetine oral capsule, delayed release(dr/ec) 90 mg</i>	Tier 1	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>fluoxetine oral tablet 10 mg, 20 mg, 60 mg</i>	Tier 1	
<i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>paroxetine hcl oral suspension 10 mg/5 ml</i> (Paxil)	Tier 1	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> (Paxil)	Tier 1	
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i> (Paxil CR)	Tier 1	
<i>sertraline oral capsule 150 mg, 200 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)	Tier 1	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)	Tier 1	
Serotonin-2 Antagonist/Reuptake Inhibitors (Saris)		
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 1	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	Tier 1	
Serotonin-Norepinephrine Reuptake-Inhib (Snris)		
<i>desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg</i>	Tier 1	ST: At least 2 prior prescriptions for Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine within the past 365 days; QL (1 EA per 1 day)

Drug	Status	Notes
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq)	Tier 1	
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i> (Cymbalta)	Tier 1	
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	QL (1 EA per 1 day)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg</i> (Effexor XR)	Tier 1	
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Tier 1	
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>	Tier 1	
Ssri & 5Ht1a Partial Agonist Antidepressant		
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i> (Viibryd)	Tier 1	
Ssri & Serotonin Receptor Modulator Antidepressant		
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 2	QL (1 EA per 1 day)
Tricyclic Antidepressant/Benzodiazepine Combinatns		
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	Tier 1	
Tricyclic Antidepressant/Phenothiazine Combinatns		
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	Tier 1	
Tricyclic Antidepressants & Rel. Non-Sel. Ru-Inhib		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	Tier 1	
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil)	Tier 1	

Drug	Status	Notes
<i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)	Tier 1	
<i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxepin oral concentrate 10 mg/ml</i>	Tier 1	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	Tier 1	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor)	Tier 1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	Tier 1	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
Behavioral Health - Other		
Adrenergics, Aromatic, Non-Catecholamine		
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i> (Evekeo)	Tier 1	PA
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg</i> (Dexedrine Spansule)	Tier 1	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 15 mg</i>	Tier 1	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i> (ProCentra)	Tier 1	QL (1800 ML per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i> (Zenzedi)	Tier 1	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg</i> (Zenzedi)	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (3 EA per 1 day)

Drug	Status	Notes
<i>dextroamphetamine sulfate oral tablet</i> (Zenedi) 2.5 mg, 7.5 mg	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (90 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 20 mg, 30 mg</i> (Zenedi)	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (2 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 5 mg</i> (Zenedi)	Tier 1	QL (90 EA per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Mydayis)	Tier 1	QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i> (Adderall XR)	Tier 1	QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i> (Adderall XR)	Tier 1	QL (2 EA per 1 day)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall)	Tier 1	QL (2 EA per 1 day)
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML	Tier 3	ST: At least 2 prior prescriptions for generic methylphenidate ER/LA/CD or dextroamphetamine/amphetamine XR/ER or lisdexamfetamine within the past 365 days; QL (240 ML per 30 days)

Drug	Status	Notes
DYANA VEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG	Tier 3	ST: At least 2 prior prescriptions for generic methylphenidate ER/LA/CD or dextroamphetamine/amphetamine XR/ER or lisdexamfetamine within the past 365 days; QL (1 EA per 1 day)
<i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i> (Vyvanse)	Tier 1	QL (1 EA per 1 day)
<i>lisdexamfetamine oral tablet, chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i> (Vyvanse)	Tier 1	QL (1 EA per 1 day)
<i>methamphetamine oral tablet 5 mg</i> (Desoxyn)	Tier 1	QL (150 EA per 30 days)
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG (dextroamphetamine sulfate)	Tier 3	ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (90 EA per 30 days)
Anti-Alcoholic Preparations		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	Tier 1	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	Tier 1	
Anti-Anxiety - Benzodiazepines		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	Tier 2	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> (Xanax)	Tier 1	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i> (Xanax XR)	Tier 1	
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<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	

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

Drug	Status	Notes
<i>pimozide oral tablet 1 mg, 2 mg</i>	Tier 1	
Antipsychotic-Atypical,D3/D2 Partial Ag-5Ht Mixed		
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	Tier 2	QL (1 EA per 1 day)
Antipsychotics, Atyp, D2 Partial Agonist/5Ht Mixed		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	Tier 5	SP; QL (2.4 ML per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	Tier 5	SP; QL (3.2 ML per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	Tier 5	SP; QL (1 EA per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	Tier 5	SP; QL (1 EA per 26 days)
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 1	
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)	Tier 1	
<i>aripiprazole oral tablet,disintegrating 10 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>aripiprazole oral tablet,disintegrating 15 mg</i>	Tier 1	QL (2 EA per 1 day)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	Tier 6	SP
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	Tier 5	SP; QL (3.9 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	Tier 5	SP; QL (1.6 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	Tier 5	SP; QL (2.4 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	Tier 5	SP; QL (3.2 ML per 14 days)

Drug	Status	Notes
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 2	QL (1 EA per 1 day)
REXULTI ORAL TABLETS,DOSE PACK 0.5 MG (7)- 1 MG (7), 1 MG (4)- 2 MG (3)	Tier 2	QL (1 EA per 1 day)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML	Tier 2	QL (0.28 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML	Tier 2	QL (0.35 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML	Tier 2	QL (0.42 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML	Tier 2	QL (0.56 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	Tier 2	QL (0.7 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	Tier 2	QL (0.14 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	Tier 2	QL (0.21 ML per 28 days)
Antipsychotics, Dopamine & Serotonin Antagonists		
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG	Tier 5	SP
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	
Antipsychotics,Atypical,Dopamine,& Serotonin Antag		
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i> (Saphris)	Tier 1	QL (2 EA per 1 day)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	Tier 3	ST: Requires prior prescription for Vraylar within the past 120 days; QL (1 EA per 1 day)
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Clozaril)	Tier 1	

Drug	Status	Notes
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	Tier 1	QL (3 EA per 1 day)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 3	QL (2 EA per 1 day)
FANAPT ORAL TABLETS, DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	Tier 3	QL (8 EA per 28 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	Tier 5	SP; QL (3.5 ML per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	Tier 5	SP; QL (5 ML per 166 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	Tier 5	SP; QL (0.75 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	Tier 5	SP; QL (1 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	Tier 5	SP; QL (1.5 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	Tier 5	SP; QL (0.25 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	Tier 5	SP; QL (0.5 ML per 21 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	Tier 5	SP; QL (88 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	Tier 5	SP; QL (1.32 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	Tier 5	SP; QL (1.75 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	Tier 5	SP; QL (2.63 ML per 70 days)
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i> (Latuda)	Tier 1	QL (30 EA per 30 days)
<i>lurasidone oral tablet 80 mg</i> (Latuda)	Tier 1	QL (60 EA per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> (Zyprexa)	Tier 1	
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i> (Zyprexa Zydis)	Tier 1	

Drug	Status	Notes
<i>paliperidone oral tablet extended release</i> 24hr 1.5 mg	Tier 1	QL (1 EA per 1 day)
<i>paliperidone oral tablet extended release</i> (Invega) 24hr 3 mg, 9 mg	Tier 1	QL (1 EA per 1 day)
<i>paliperidone oral tablet extended release</i> (Invega) 24hr 6 mg	Tier 1	QL (2 EA per 1 day)
PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG	Tier 5	SP; QL (1 EA per 28 days)
<i>quetiapine oral tablet 100 mg, 200 mg,</i> (Seroquel) <i>25 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1	
<i>quetiapine oral tablet extended release</i> (Seroquel XR) <i>24 hr 150 mg, 200 mg, 300 mg, 400 mg,</i> <i>50 mg</i>	Tier 1	
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	Tier 1	
<i>risperidone oral tablet 0.25 mg</i>	Tier 1	
<i>risperidone oral tablet 0.5 mg, 1 mg, 2</i> (Risperdal) <i>mg, 3 mg, 4 mg</i>	Tier 1	
<i>risperidone oral tablet,disintegrating 0.25</i> <i>mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	Tier 3	QL (1 EA per 1 day)
SEROQUEL XR ORAL TABLET, EXT REL 24HR DOSE PACK 50 MG(3)-200 MG (1)-300 MG(11)	Tier 3	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	Tier 3	QL (18 ML per 1 day)
<i>ziprasidone hcl oral capsule 20 mg, 40</i> (Geodon) <i>mg, 60 mg, 80 mg</i>	Tier 1	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG	Tier 5	SP; QL (1 EA per 14 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	Tier 5	SP; QL (1 EA per 28 days)
Antipsychotics,Dopamine Antagonists, Thioxanthenes		
<i>thiothixene oral capsule 1 mg, 10 mg, 2</i> <i>mg, 5 mg</i>	Tier 1	
Antipsychotics,Dopamine Antagonists,Butyrophenones		

Drug	Status	Notes
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	Tier 1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	Tier 1	
Antipsychotics,Dopamine Antagonist,Dihydroindolones		
<i>molindone oral tablet 10 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>molindone oral tablet 25 mg</i>	Tier 1	QL (9 EA per 1 day)
<i>molindone oral tablet 5 mg</i>	Tier 1	
Anti-Psychotics,Phenothiazines		
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	Tier 1	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	Tier 1	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	Tier 1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	Tier 1	
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	
Barbiturates		
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	Tier 1	
Hsdd Agents-Mixed Serotonin Agonist/Antagonists		
ADDYI ORAL TABLET 100 MG	Tier 3	PA
VYLEESI SUBCUTANEOUS AUTO-INJECTOR 1.75 MG/0.3 ML	Tier 3	PA
Hypnotics, Melatonin Mt1/Mt2 Receptor Agonists		

Drug	Status	Notes
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	Tier 6	PA; SP
<i>tasimelteon oral capsule 20 mg</i> (HetlioZ)	Tier 4	PA; SP
Narcolepsy And Sleep Disorder Therapy Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i> (Nuvigil)	Tier 1	QL (1 EA per 1 day)
<i>armodafinil oral tablet 50 mg</i> (Nuvigil)	Tier 1	QL (3 EA per 1 day)
<i>modafinil oral tablet 100 mg, 200 mg</i> (Provigil)	Tier 1	QL (2 EA per 1 day)
SUNOSI ORAL TABLET 150 MG, 75 MG	Tier 3	PA
Narcolepsy Tx-H3- Recept.Antagonist/Inverse Agonist		
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	Tier 6	PA; SP
Narcotic Antagonists		
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	Tier 2	QL (4 EA per 30 days)
LOTREXONE ORAL CAPSULE 1.5 MG, 4.5 MG	Tier 3	
<i>naloxone injection 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	QL (4 EA per 30 days)
NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG	Tier 3	
<i>naltrexone oral tablet 50 mg</i>	Tier 1	
OPVEE NASAL SPRAY, NON-AEROSOL 2.7 MG/ACTUATION	Tier 3	QL (4 EA per 30 days)
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML	Tier 3	QL (2 ML per 30 days)
Sedative-Hypnotics - Benzodiazepines		
<i>estazolam oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	Tier 1	
<i>midazolam oral syrup 10 mg/5 ml (2 mg/ml), 2 mg/ml</i>	Tier 1	
<i>quazepam oral tablet 15 mg</i> (Doral)	Tier 1	

Drug	Status	Notes
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg (Restoril)	Tier 1	
triazolam oral tablet 0.125 mg	Tier 1	
triazolam oral tablet 0.25 mg (Halcion)	Tier 1	
Sedative-Hypnotics,Non-Barbiturate		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	Tier 2	QL (1 EA per 1 day)
doxepin oral tablet 3 mg, 6 mg (Silenor)	Tier 1	QL (1 EA per 1 day)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg (Lunesta)	Tier 1	QL (1 EA per 1 day)
zaleplon oral capsule 10 mg, 5 mg	Tier 1	QL (1 EA per 1 day)
zolpidem oral tablet 10 mg, 5 mg (Ambien)	Tier 1	QL (1 EA per 1 day)
zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg (Ambien CR)	Tier 1	QL (1 EA per 1 day)
zolpidem sublingual tablet 1.75 mg, 3.5 mg	Tier 1	QL (1 EA per 1 day)
Selective Serotonin 5-Ht2a Inverse Agonists (Ssia)		
NUPLAZID ORAL CAPSULE 34 MG	Tier 6	PA; SP
NUPLAZID ORAL TABLET 10 MG	Tier 6	PA; SP
Ssri &Antipsych,Atyp,Dopamine&Serotonin Antag Comb		
olanzapine-fluoxetine oral capsule 12-25 mg, 6-50 mg	Tier 1	QL (1 EA per 1 day)
olanzapine-fluoxetine oral capsule 12-50 mg, 3-25 mg, 6-25 mg (Symbyax)	Tier 1	QL (1 EA per 1 day)
Tx For Adhd - Selective Alpha-2A Receptor Agonist		
clonidine hcl oral tablet extended release 12 hr 0.1 mg	Tier 1	
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg (Intuniv ER)	Tier 1	
ONYDA XR ORAL SUSPENSION,EXTEND RELEASE 24HR 0.1 MG/ML	Tier 3	
Tx For Attention Deficit-Hyperact(Adhd)/Narcolepsy		

Drug	Status	Notes
<i>dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i> (Focalin XR)	Tier 1	QL (1 EA per 1 day)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i> (Focalin)	Tier 1	QL (2 EA per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i> (Metadate CD)	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg</i> (Metadate CD)	Tier 1	QL (2 EA per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg</i> (Ritalin LA)	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 30 mg</i> (Ritalin LA)	Tier 1	QL (2 EA per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 60 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i> (Methylin)	Tier 1	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin)	Tier 1	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 20 mg</i> (Metadate ER)	Tier 1	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i> (Concerta)	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i> (Concerta)	Tier 1	QL (2 EA per 1 day)
<i>methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr</i> (Daytrana)	Tier 1	ST: Requires prior prescription for oral Methylphenidate CD/ER/LA formulation or Methylphenidate suspension/solution within the past 120 days; QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 40 MG	Tier 3	QL (1 EA per 1 day)

Drug	Status	Notes
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 30 MG	Tier 3	QL (2 EA per 1 day)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 3	120mL BOTTLE; QL (240 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 3	150mL BOTTLE; QL (300 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 3	180mL BOTTLE; QL (360 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 3	60mL BOTTLE; QL (60 ML per 30 days)
Tx For Attention Deficit- Hyperact.(Adhd), Nri-Type		
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i> (Strattera)	Tier 1	
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG	Tier 3	ST: Requires prior prescription for Amphetamine- Dextroamphetamine, Atomoxetine, Clonidine ER, Dexmethylphenidate, Guanfacine ER, or Methylphenidate IR within the past 120 days; QL (1 EA per 1 day); Age (Min 6 Years)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG	Tier 3	ST: Requires prior prescription for Amphetamine- Dextroamphetamine, Atomoxetine, Clonidine ER, Dexmethylphenidate, Guanfacine ER, or Methylphenidate IR within the past 120 days; QL (2 EA per 1 day); Age (Min 6 Years)

Drug	Status	Notes
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	Tier 3	ST: Requires prior prescription for Amphetamine-Dextroamphetamine, Atomoxetine, Clonidine ER, Dexmethylphenidate, Guanfacine ER, or Methylphenidate IR within the past 120 days; QL (3 EA per 1 day); Age (Min 6 Years)
Cardiovascular Disease - Arrhythmia		
Antiarrhythmics		
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i> (Pacerone)	Tier 1	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> (Norpace)	Tier 1	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)	Tier 1	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 1	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	Tier 1	
MULTAQ ORAL TABLET 400 MG	Tier 2	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG	Tier 2	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 150 MG (disopyramide phosphate)	Tier 2	
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG (amiodarone)	Tier 1	
<i>propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg</i>	Tier 1	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	Tier 1	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	Tier 1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	Tier 1	
Cardiovascular Disease - Cardiac Stimulant		
Adrenergic Agents,Catecholamines		
<i>epinephrine injection syringe 0.1 mg/ml</i>	Tier 1	

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

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Drug	Status	Notes
Alpha/Beta-Adrenergic Blocking Agents		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg)	Tier 1	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i> (Coreg CR)	Tier 1	QL (1 EA per 1 day)
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	Tier 1	
Alpha-Adrenergic Blocking Agents		
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	Tier 3	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)	Tier 1	
<i>phenoxybenzamine oral capsule 10 mg</i> (Dibenzyline)	Tier 4	PA; SP
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	Tier 1	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	
Angioten.Receptr Antag./Cal.Chanl Blkr/Thiazide Cb		
<i>amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i> (Exforge HCT)	Tier 1	
<i>olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i> (Tribenzor)	Tier 1	
Angiotensin Receptor Antag./Thiazide Diuretic Comb		
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> (Atacand HCT)	Tier 1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)	Tier 1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar)	Tier 1	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> (Benicar HCT)	Tier 1	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> (Micardis HCT)	Tier 1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> (Diovan HCT)	Tier 1	

Drug	Status	Notes
Angiotensin Receptor Antgnst & Calc.Channel Blockr		
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i> (Azor)	Tier 1	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> (Exforge)	Tier 1	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	Tier 1	
Antihypertensives, Ace Inhibitors		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg</i> (Lotensin)	Tier 1	
<i>benazepril oral tablet 5 mg</i>	Tier 1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>enalapril maleate oral solution 1 mg/ml</i> (Epaned)	Tier 1	ST: Requires prior prescription for Enalapril tablets if 12 years of age or older within the past 120 days; QL (1200 ML per 30 days)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)	Tier 1	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> (Zestril)	Tier 1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	Tier 1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	Tier 1	
QBRELIS ORAL SOLUTION 1 MG/ML	Tier 3	ST: Requires prior prescription for Lisinopril tablets within the past 120 days if 12 years of age and older; QL (1200 ML per 30 days)
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril)	Tier 1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> (Altace)	Tier 1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	

Drug	Status	Notes
Antihypertensives, Angiotensin Receptor Antagonist		
<i>candesartan oral tablet 16 mg, 32 mg, 48 mg, 8 mg</i> (Atacand)	Tier 1	
<i>eprosartan oral tablet 600 mg</i>	Tier 1	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro)	Tier 1	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)	Tier 1	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)	Tier 1	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis)	Tier 1	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)	Tier 1	
Antihypertensives, Miscellaneous		
<i>metyrosine oral capsule 250 mg</i> (Demser)	Tier 1	
Antihypertensives, Sympatholytic		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	Tier 1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-TTS-1)	Tier 1	
<i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2)	Tier 1	
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3)	Tier 1	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	Tier 1	
Antihypertensives, Vasodilators		
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	Tier 1	
Antihypertensives, Endothelin Receptor Antagonists		
TRYVIO ORAL TABLET 12.5 MG	Tier 6	PA; SP
Beta-Adrenergic Blocking Agents		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	Tier 1	

Drug	Status	Notes
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin)	Tier 1	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	Tier 1	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	Tier 3	ST: Requires prior prescription for generic Propranolol oral solution within the past 120 days if 1 year of age and older; QL (360 ML per 30 days)
KAPSPARGO SPRINKLE ORAL CAPSULE, SPRINKLE, ER 24HR 100 MG, 200 MG, 25 MG, 50 MG	Tier 3	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> (Toprol XL)	Tier 1	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor)	Tier 1	
<i>metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg</i>	Tier 1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i> (Corgard)	Tier 1	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Bystolic)	Tier 1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA)	Tier 1	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	Tier 1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	
SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG (sotalol)	Tier 1	
<i>sotalol oral tablet 120 mg, 160 mg, 80 mg</i> (Sotalol AF)	Tier 1	
<i>sotalol oral tablet 240 mg</i> (Betapace)	Tier 1	
SOTYLIZE ORAL SOLUTION 5 MG/ML	Tier 3	QL: 8 BOTTLES IN 30 DAYS; ST: Requires prior prescription for Sotalol tabs within the past 120 days

Drug	Status	Notes
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
Beta-Adrenergic Blocking Agents/Thiazide & Related		
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i> (Tenoretic 100)	Tier 1	
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i> (Tenoretic 50)	Tier 1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	Tier 1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	Tier 1	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	Tier 1	
Calcium Channel Blocking Agents		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)	Tier 1	
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG (diltiazem hcl)	Tier 1	
CONJUPRI ORAL TABLET 2.5 MG (levamlodipine)	Tier 3	PA
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i> (DILT-XR)	Tier 1	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	Tier 1	
<i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (Tiadyt ER)	Tier 1	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (Cartia XT)	Tier 1	
<i>diltiazem hcl oral capsule,extended release 24hr 360 mg</i> (Cardizem CD)	Tier 1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem)	Tier 1	
<i>diltiazem hcl oral tablet 90 mg</i>	Tier 1	
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg</i> (Cardizem LA)	Tier 1	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (Matzim LA)	Tier 1	

Drug	Status	Notes
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG (diltiazem hcl)	Tier 1	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	Tier 1	
<i>levamlodipine oral tablet 2.5 mg, 5 mg</i> (Conjupri)	Tier 1	PA
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl)	Tier 1	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	Tier 1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	Tier 1	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i> (Procardia XL)	Tier 1	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	Tier 1	
<i>nimodipine oral capsule 30 mg</i>	Tier 1	
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 34 mg, 8.5 mg</i> (Sular)	Tier 1	
<i>nisoldipine oral tablet extended release 24 hr 20 mg, 25.5 mg, 30 mg, 40 mg</i>	Tier 1	
NYMALIZE ORAL SOLUTION 60 MG/10 ML	Tier 6	PA; SP
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML	Tier 6	PA; SP
TIADYLT ER ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl)	Tier 1	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i> (Verelan PM)	Tier 1	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	Tier 1	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	Tier 1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	Tier 1	
Loop Diuretics		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	

Drug	Status	Notes
<i>ethacrynic acid oral tablet 25 mg</i> (Edecrin)	Tier 1	PA
FUROSCIX SUBCUTANEOUS KIT 80 MG/10 ML	Tier 6	SP
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	Tier 1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)	Tier 1	
<i>torseamide oral tablet 10 mg, 100 mg, 5 mg</i>	Tier 1	
<i>torseamide oral tablet 20 mg</i> (Soaanz)	Tier 1	
Potassium Sparing Diuretics		
<i>amiloride oral tablet 5 mg</i>	Tier 1	
<i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)	Tier 1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)	Tier 1	
<i>triamterene oral capsule 100 mg, 50 mg</i> (Dyrenium)	Tier 1	
Potassium Sparing Diuretics In Combination		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	Tier 1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	Tier 1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	Tier 1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	Tier 1	
Pulm Anti-Htn,Soluble Guanylate Cyclase Stimulator		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	Tier 5	PA; SP
Pulm.Anti-Htn,Sel.C-Gmp Phosphodiesterase T5 Inhib		
ALYQ ORAL TABLET 20 MG (tadalafil (pulm. hypertension))	Tier 4	PA; SP
LIQREV ORAL SUSPENSION 10 MG/ML	Tier 6	PA; SP
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i>	Tier 1	PA
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i> (Revatio)	Tier 1	PA

Drug	Status	Notes
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i> (Alyq)	Tier 4	PA; SP
Pulmonary Anti-Htn, Endothelin Receptor Antagonist		
<i>ambrisentan oral tablet 10 mg, 5 mg</i> (Letairis)	Tier 4	PA; SP
<i>bosentan oral tablet 125 mg, 62.5 mg</i> (Tracleer)	Tier 4	PA; SP
OPSUMIT ORAL TABLET 10 MG	Tier 5	PA; SP
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	Tier 5	PA; SP
Pulmonary Antihyper Agent, Actriia-Fc		
WINREVAIR SUBCUTANEOUS KIT 45 MG, 60 MG	Tier 5	PA; SP
Pulmonary Antihypertensives, Prostacyclin-Type		
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42)	Tier 5	PA; SP
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210)	Tier 5	PA; SP
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)- 1MG	Tier 5	PA; SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	Tier 5	PA; SP
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i> (Remodulin)	Tier 4	PA; SP
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16 MCG (112)- 32 MCG (84), 16(112)- 32(112) -48(28) MCG, 32 MCG, 48 MCG, 64 MCG	Tier 6	PA; SP
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	Tier 6	PA; SP
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	Tier 6	PA; SP

Drug	Status	Notes
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	Tier 6	PA; SP
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	Tier 6	PA; SP
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	Tier 5	PA; SP
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	Tier 5	PA; SP
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	Tier 6	PA; SP
Renin Inhibitor, Direct		
<i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)	Tier 1	
Thiazide And Related Diuretics		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 1	
DIURIL ORAL SUSPENSION 250 MG/5 ML	Tier 3	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	Tier 1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	Tier 1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
Vasodilators, Combination		
<i>isosorbide-hydralazine oral tablet 20-37.5 mg</i> (BiDil)	Tier 1	
Cardiovascular Disease - Lipid Irregularity		
Antihyperlip.Hmg Coa Reduct Inhib&Cholest.Ab.Inhib		
<i>ezetimibe-simvastatin oral tablet 10-10 mg</i> (Vytorin 10-10)	Tier 1	QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-20 mg</i> (Vytorin 10-20)	Tier 1	QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-40 mg</i> (Vytorin 10-40)	Tier 1	QL (1 EA per 1 day)

Drug	Status	Notes
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i> (Vytorin 10-80)	Tier 1	PA; QL (1 EA per 1 day)
Antihyperlipidemic - Atp Citrate Lyase Inhibitor		
NEXLETOL ORAL TABLET 180 MG	Tier 2	ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin within the past 120 days
Antihyperlipidemic - Hmg Coa Reductase Inhibitors		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG	Tier 3	ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; QL (1 EA per 1 day)
ATORVALIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	Tier 3	PA
<i>atorvastatin oral tablet 10 mg, 20 mg</i> (Lipitor)	ACA Tier	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>atorvastatin oral tablet 40 mg, 80 mg</i> (Lipitor)	Tier 1	QL (1 EA per 1 day)
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG	Tier 3	QL (1 EA per 1 day)
FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML) (simvastatin)	Tier 3	PA
FLOLIPID ORAL SUSPENSION 40 MG/5 ML (8 MG/ML)	Tier 3	PA

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

Drug	Status	Notes
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (pitavastatin calcium)	ACA Tier	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	ACA Tier	\$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>	ACA Tier	\$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>	ACA Tier	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>rosuvastatin oral tablet 20 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>rosuvastatin oral tablet 40 mg</i> (Crestor)	Tier 1	QL (1 EA per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor)	ACA Tier	\$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>simvastatin oral tablet 5 mg</i>	ACA Tier	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>simvastatin oral tablet 80 mg</i>	Tier 1	PA; QL (1 EA per 1 day)
Antihyperlipidemic - Mtp Inhibitor		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	Tier 5	PA; SP
Antihyperlipidemic - Pcsk9 Inhibitors		
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	Tier 2	ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin within the past 120 days
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	Tier 2	ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin within the past 120 days
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	Tier 2	ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin within the past 120 days
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	Tier 2	ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin within the past 120 days
Antihyperlipidemic-Acly And Choles Absorp Inhib		

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

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

Drug	Status	Notes
CORLANOR ORAL SOLUTION 5 MG/5 ML	Tier 2	QL (20 ML per 1 day)
<i>ivabradine oral tablet 5 mg, 7.5 mg</i> (Corlanor)	Tier 1	QL (2 EA per 1 day)
Antihyperlip - Hmg-Coa&Calcium Channel Blocker Cb		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> (Caduet)	Tier 1	QL (1 EA per 1 day)
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>	Tier 1	QL (1 EA per 1 day)
Cardiac Myosin Inhibitor		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	Tier 6	PA; SP
Protein Stabilizers		
VYNDAMAX ORAL CAPSULE 61 MG	Tier 6	PA; SP
VYNDAQEL ORAL CAPSULE 20 MG	Tier 6	PA; SP
Soluble Guanylate Cyclase (Sgc) Stimulator		
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 3	PA
Cardiovascular Disease - Vasodilation		
Vasodilators, Coronary		
<i>amyl nitrite inhalation solution 0.3 ml</i>	Tier 1	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	Tier 1	
<i>isosorbide dinitrate oral tablet 40 mg</i> (Isordil)	Tier 1	
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradose)	Tier 1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	Tier 1	
NITRO-BID TRANSDERMAL OINTMENT 2 % (nitroglycerin)	Tier 2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	Tier 2	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)	Tier 1	

Drug	Status	Notes
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (Nitro-Dur)	Tier 1	
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i> (Nitrolingual)	Tier 1	
NITROMIST TRANSLINGUAL AEROSOL, SPRAY 400 MCG/SPRAY (nitroglycerin)	Tier 3	
NITRO-TIME ORAL CAPSULE, EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG (nitroglycerin)	Tier 1	
Vasodilators, Peripheral		
<i>ergoloid oral tablet 1 mg</i>	Tier 1	
<i>papaverine injection solution 30 mg/ml</i>	Tier 1	
Contraception/Oxytocics		
Contraceptives, Intravaginal, Systemic		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR	ACA Tier	
ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR (etonogestrel-ethinyl estradiol)	ACA Tier	
ENILLORING VAGINAL RING 0.12-0.015 MG/24 HR (etonogestrel-ethinyl estradiol)	ACA Tier	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i> (EluRyng)	ACA Tier	
HALOETTE VAGINAL RING 0.12-0.015 MG/24 HR (etonogestrel-ethinyl estradiol)	ACA Tier	
Contraceptives, Implantable		
NEXPLANON SUBDERMAL IMPLANT 68 MG	ACA Tier	\$0 COPAY IF QUANTITY IS LIMITED TO 1 IN 365 DAYS
Contraceptives, Injectable		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	ACA Tier	\$0 COPAY IF DAY SUPPLY IS LIMITED TO 90; QL (0.65 ML per 84 days)
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera)	ACA Tier	\$0 COPAY IF DAY SUPPLY IS LIMITED TO 90; QL (1 ML per 84 days)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera)	ACA Tier	\$0 COPAY IF DAY SUPPLY IS LIMITED TO 90; QL (1 ML per 84 days)
Contraceptives, Intravaginal		

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

Drug		Status	Notes
AUROVELA FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	ACA Tier	\$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)	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AVIANE ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AYUNA ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	ACA Tier	\$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)	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG		ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
BLISOVI 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	ACA Tier	\$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)	ACA Tier	\$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)	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
BRIELLYN ORAL TABLET 0.4-35 MG-MCG		ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
CAMILA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	ACA Tier	\$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)	ACA Tier	\$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)	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
CAZIAN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG		ACA Tier	\$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)	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
CHATEAL (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
CHATEAL EQ (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
CRYSSELLE (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
CYRED EQ ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY

Drug	Status	Notes
CYRED ORAL TABLET 0.15-0.03 MG (desogestrel-ethinyl estradiol)	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG (norethindrone-ethin estradiol)	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
DASETTA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
DAYSEE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) (l norgest/e.estradiol-e.estrad)	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
DEBLITANE ORAL TABLET 0.35 MG (norethindrone (contraceptive))	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (Azurette (28))	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
DOLISHALE ORAL TABLET 90-20 MCG (28) (levonorgestrel-ethinyl estrad)	ACA Tier	\$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)	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)</i> (Tydemy)	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i> (Jasmiel (28))	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i> (Ocella)	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ECONTRA EZ ORAL TABLET 1.5 MG (levonorgestrel)	ACA Tier	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)	ACA Tier	
ELINEST ORAL TABLET 0.3-30 MG-MCG (norgestrel-ethinyl estradiol)	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ELLA ORAL TABLET 30 MG	ACA Tier	
EMZAHH ORAL TABLET 0.35 MG (norethindrone (contraceptive))	ACA Tier	\$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)	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ENSKYCE ORAL TABLET 0.15-0.03 MG (desogestrel-ethinyl estradiol)	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ERRIN ORAL TABLET 0.35 MG (norethindrone (contraceptive))	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG (norgestimate-ethinyl estradiol)	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY

Drug		Status	Notes
<i>ethynodiol diac-eth estradiol oral tablet</i> 1-35 mg-mcg	(Kelnor 1/35 (28))	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>ethynodiol diac-eth estradiol oral tablet</i> 1-50 mg-mcg	(Kelnor 1/50 (28))	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
FALMINA (28) ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estradiol)	ACA Tier	\$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)	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
GEMMILY ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol- iron)	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
HAILEY 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol- iron)	ACA Tier	\$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)	ACA Tier	\$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)	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
HAILEY ORAL TABLET 1.5-30 MG- MCG	(norethindrone ac-eth estradiol)	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
HEATHER ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
HER STYLE ORAL TABLET 1.5 MG	(levonorgestrel)	ACA Tier	
ICLEVIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	(levonorgestrel-ethinyl estradiol)	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
INCASSIA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ISIBLOOM ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	ACA Tier	\$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.estradiol)	ACA Tier	\$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)	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
JENCYCLA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	(levonorgestrel-ethinyl estradiol)	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
JOYEUX ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)	(levonorgest-eth.estradiol- iron)	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (28 EA per 28 days)

Drug	Status	Notes
JULEBER ORAL TABLET 0.15-0.03 MG (desogestrel-ethinyl estradiol)	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
JULIE ORAL TABLET 1.5 MG (levonorgestrel)	ACA Tier	
JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG (norethindrone ac-eth estradiol)	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG (norethindrone ac-eth estradiol)	ACA Tier	\$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)	ACA Tier	\$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)	ACA Tier	\$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)	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
KAITLIB FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4) (noreth-ethinyl estradiol-iron)	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
KALLIGA ORAL TABLET 0.15-0.03 MG (desogestrel-ethinyl estradiol)	ACA Tier	\$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)	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG (ethynodiol diac-eth estradiol)	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
KELNOR 1/50 (28) ORAL TABLET 1-50 MG-MCG (ethynodiol diac-eth estradiol)	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
KURVELO (28) ORAL TABLET 0.15-0.03 MG (levonorgestrel-ethinyl estrad)	ACA Tier	\$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)	ACA Tier	\$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> (Rivelsa)	ACA Tier	\$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)	ACA Tier	\$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)	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG (norethindrone ac-eth estradiol)	ACA Tier	\$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)	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY

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Drug		Status	Notes
LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	ACA Tier	\$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)	ACA Tier	\$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)	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG		ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LESSINA ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	ACA Tier	\$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)	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	(Joyeaux)	ACA Tier	\$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)	ACA Tier	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	(Afirmelle)	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i>	(Altavera (28))	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i>	(Amethyst (28))	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(Iclevia)	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(Enpresse)	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LEVORA-28 ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)		ACA Tier	ST: At least 2 prior prescriptions for generic oral contraceptives within the past 365 days; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LOJAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	ACA Tier	\$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)	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY

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Drug		Status	Notes
LO-ZUMANDIMINE (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LUTERA (28) ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LYLEQ ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LYZA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MARLISSA (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MERZEE ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	ACA Tier	\$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)	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MICROGESTIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	ACA Tier	\$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)	ACA Tier	\$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)	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MILI ORAL TABLET 0.25-35 MG-MCG	(norgestimate-ethinyl estradiol)	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	(norgestimate-ethinyl estradiol)	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MY CHOICE ORAL TABLET 1.5 MG	(levonorgestrel)	ACA Tier	
MY WAY ORAL TABLET 1.5 MG	(levonorgestrel)	ACA Tier	
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG		ACA Tier	ST: At least 2 prior prescriptions for generic oral contraceptives within the past 365 days; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG		ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NEW DAY ORAL TABLET 1.5 MG	(levonorgestrel)	ACA Tier	

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

Drug	Status	Notes
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG (norethindrone-ethin estradiol)	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NYLIA 1/35 (28) ORAL TABLET 1-35 MG-MCG (norethindrone-ethin estradiol)	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NYLIA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NYMYO ORAL TABLET 0.25-35 MG-MCG (norgestimate-ethinyl estradiol)	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
OCELLA ORAL TABLET 3-0.03 MG (drospirenone-ethinyl estradiol)	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
OPCICON ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)	ACA Tier	
OPILL ORAL TABLET 0.075 MG	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
OPTION-2 ORAL TABLET 1.5 MG (levonorgestrel)	ACA Tier	
PHILITH ORAL TABLET 0.4-35 MG-MCG	ACA Tier	\$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)	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
PORTIA 28 ORAL TABLET 0.15-0.03 MG (levonorgestrel-ethinyl estrad)	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG (desogestrel-ethinyl estradiol)	ACA Tier	\$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)	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91) (levonorgestrel-ethinyl estrad)	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
SHAROBEL ORAL TABLET 0.35 MG (norethindrone (contraceptive))	ACA Tier	\$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)	ACA Tier	\$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)	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)

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

Drug		Status	Notes
TRIVORA (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	ACA Tier	\$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)	ACA Tier	\$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)	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TULANA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TURQOZ (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG		ACA Tier	\$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)	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG		ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
VESTURA (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
VIENVA ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	ACA Tier	\$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)	ACA Tier	\$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)	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG		ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	(norgestimate-ethinyl estradiol)	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
WERA (28) ORAL TABLET 0.5-35 MG-MCG		ACA Tier	\$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)	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ZARAH ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ZOVIA 1-35 (28) ORAL TABLET 1-35 MG-MCG	(ethynodiol diac-eth estradiol)	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ZUMANDIMINE (28) ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	ACA Tier	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY

Contraceptives,Transdermal

Drug	Status	Notes
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i> (Xulane)	ACA Tier	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR	Tier 3	QL (3 EA per 28 days)
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR (norelgestromin-ethin.estradiol)	ACA Tier	
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR (norelgestromin-ethin.estradiol)	ACA Tier	
Diaphragms/Cervical Cap		
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	ACA Tier	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	ACA Tier	
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM 65 MM	ACA Tier	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM	ACA Tier	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM	ACA Tier	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM	ACA Tier	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM	ACA Tier	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM	ACA Tier	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM	ACA Tier	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM	ACA Tier	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM	ACA Tier	
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		

Drug	Status	Notes
PROMETHAZINE VC ORAL SYRUP 6.25-5 MG/5 ML	(promethazine-phenylephrine) Tier 1	
<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 Antituss-1St Gen. Antihistamine-Decongest		
HISTEX-AC ORAL SYRUP 2.5-10-10 MG/5 ML	Tier 3	Age (Min 12 Years)
MAR-COF BP ORAL LIQUID 2-30-7.5 MG/5 ML	Tier 1	Age (Min 12 Years)
MAXI-TUSS CD ORAL LIQUID 4-10-10 MG/5 ML	Tier 3	Age (Min 12 Years)
POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML	Tier 3	Age (Min 12 Years)
RYDEX ORAL LIQUID 1.3-10-6.3 MG/5 ML	Tier 1	Age (Min 12 Years)
Narcotic Antituss-Decongestant-Expectorant Comb		
CODITUSSIN DAC ORAL LIQUID 30-10-200 MG/5 ML	Tier 3	Age (Min 12 Years)
GUAIFENESIN DAC ORAL SYRUP 30-10-100 MG/5 ML	Tier 1	Age (Min 12 Years)
Narcotic Antitussive-1St Generation Antihistamine		
<i>hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml</i>	Tier 1	QL (10 ML per 1 day); Age (Min 18 Years)
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)

Drug	Status	Notes
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG	Tier 3	ST: Requires prior prescription for Promethazine HCL/codeine within the past 120 days; QL (2 EA per 1 day); Age (Min 18 Years)
Narcotic Antitussive-Anticholinergic Comb.		
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i> (Hydromet)	Tier 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)
Narcotic Antitussive-Expectorant Combination		
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i> (G Tussin AC)	Tier 1	Age (Min 12 Years)
CODITUSSIN AC ORAL LIQUID 10-200 MG/5 ML (codeine-guaifenesin)	Tier 1	Age (Min 12 Years)
G TUSSIN AC ORAL LIQUID 10-100 MG/5 ML (codeine-guaifenesin)	Tier 1	Age (Min 12 Years)
GUAIFENESIN AC ORAL LIQUID 10-100 MG/5 ML (codeine-guaifenesin)	Tier 1	Age (Min 12 Years)
MAR-COF CG ORAL LIQUID 7.5-225 MG/5 ML	Tier 1	Age (Min 12 Years)
MAXI-TUSS AC ORAL LIQUID 10-100 MG/5 ML (codeine-guaifenesin)	Tier 1	Age (Min 12 Years)
NINJACOF-XG ORAL LIQUID 8-200 MG/5 ML	Tier 1	Age (Min 12 Years)
Non-Narc Antituss-1St Gen. Antihistamine-Decongest		
BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML (brompheniramine-pseudoeph-dm)	Tier 1	
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i> (Bromfed DM)	Tier 1	
Non-Narc Antitussive-1St Gen Antihistamine Comb.		
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	Tier 1	
Nose Preparations, Vasoconstrictors (Rx)		

Drug	Status	Notes
<i>epinephrine hcl nasal solution 1 mg/ml</i> (Adrenalin)	Tier 1	
Dermatology - Acne		
Acne Agents, Systemic		
ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG (isotretinoin)	Tier 1	
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 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	
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG (isotretinoin)	Tier 1	
Acne Agents, Topical		
ACIOXIAY TOPICAL CREAM 15-4 % (azelaic acid-niacinamide)	Tier 3	
ADAINZOXIA TOPICAL GEL 0.3-2.5-4 % (adapalene-benzoyl peroxide-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	
CABTREO TOPICAL GEL 0.15-3.1-1.2 %	Tier 3	PA
<i>clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %</i> (Neuac)	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2 %(1 % base) -3.75 %</i> (Onexton)	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %</i> (Acanya)	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	Tier 1	
<i>dapsone topical gel 5 %</i> (Aczone)	Tier 1	
<i>dapsone topical gel with pump 7.5 %</i> (Aczone)	Tier 1	
DEOXIA TOPICAL GEL 1-4 % (clindamycin-niacinamide)	Tier 3	
DEOXIA TOPICAL LOTION 1-4 % (clindamycin-niacinamide)	Tier 3	

Drug	Status	Notes
DEOXIADEMTAR TOPICAL GEL 0.025-1-2-4 % (tretinoin-clinda-spiro-niacin)	Tier 3	
DEOXIATAR TOPICAL SOLUTION 0.025-1-4 %	Tier 3	
DEOXIAVAR TOPICAL CREAM 0.05-1-4 %	Tier 3	
DIADIMAXIA TOPICAL CREAM 6-5-2 %	Tier 3	
DIADIMAXIA TOPICAL GEL 6-5-2 % (dapsone-spiro-niacin)	Tier 3	
DIAOXIA TOPICAL CREAM 6-4 %	Tier 3	
DIAOXIA TOPICAL GEL 6-4 % (dapsone-niacinamide)	Tier 3	
DIASAXIATAR TOPICAL CREAM 0.025-8.5-2 %	Tier 3	
DIASAXIATAR TOPICAL GEL 0.025-8.5-2 %	Tier 3	
DIASDIMAXIA TOPICAL CREAM 8.5-5-2 %	Tier 3	
DIASDIMAXIA TOPICAL GEL 8.5-5-2 % (dapsone-spiro-niacin)	Tier 3	
DIASOXIA TOPICAL CREAM 8.5-4 %	Tier 3	
DIASOXIA TOPICAL GEL 8.5-4 % (dapsone-niacinamide)	Tier 3	
DIMOXIA TOPICAL GEL 5-4 % (spiro-niacinamide)	Tier 3	
DRAXACE TOPICAL SUSPENSION 2-8 % (salicylic acid-sulfacetamide)	Tier 3	
DRAXACEY TOPICAL SUSPENSION 2-8 % (salicylic acid-sulfacetamide)	Tier 3	
DRIXECE TOPICAL SUSPENSION 5-10 % (salicylic acid-sulfacetamide)	Tier 3	
IDYYXIATAR TOPICAL GEL 0.025-5 %	Tier 3	
INZDEAXIATAR TOPICAL GEL 0.025-2.5-1-2 % (tretinoin-benzoyl-clinda-niac)	Tier 3	
INZDEAXIAVAR TOPICAL GEL 0.05-2.5-1-2 %	Tier 3	
INZDEOXIA TOPICAL GEL 2.5-1-4 % (benzoyl per-clindamycin-niacin)	Tier 3	
LOUNZDOMDIOXIATAR TOPICAL GEL 0.05-10-2-4-4 %	Tier 3	
NEUAC TOPICAL GEL 1.2 % (1 % BASE) -5 % (clindamycin-benzoyl peroxide)	Tier 1	

Drug	Status	Notes
ONEXTON TOPICAL GEL 1.2 %(1 % BASE) -3.75 %	Tier 3	
ONZDEAXIADEMTAR TOPICAL GEL 0.025-5-1-2-2 %	Tier 3	
ONZDEAXIADEMVAR TOPICAL GEL 0.05-5-1-2-2 %	Tier 3	
ONZDEAXIATAR TOPICAL GEL 0.025-5-1-2 %	(tretinoin-benzoyl-clindamycin)	Tier 3
ONZDEAXIATAR TOPICAL GEL 0.05-5-1-2 %	(tretinoin-benzoyl-clindamycin)	Tier 3
ONZDEAXIAZAR TOPICAL GEL 0.1-5-1-2 %	Tier 3	
ONZDEOXIA TOPICAL GEL 5-1-4 %	(benzoyl per-clindamycin-niacin)	Tier 3
OXIATAR TOPICAL CREAM 0.025-0.5-4 %	(tretinoin-hyaluronate-niacin)	Tier 3
OXIAVAR TOPICAL CREAM 0.05-4 %	(tretinoin-niacinamide)	Tier 3
OXIAVARRY TOPICAL CREAM 0.05-0.5-4 %	(tretinoin-hyaluronate-niacin)	Tier 3
OXIAVARY TOPICAL CREAM 0.1-4 %	Tier 3	
OXIAZAR TOPICAL CREAM 0.1-0.5-4 %	(tretinoin-hyaluronate-niacin)	Tier 3
SAROXIA TOPICAL CREAM 0.05-4 %	(tretinoin-niacinamide)	Tier 3
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	(Klaron)	Tier 1
TARDEOXIA TOPICAL CREAM 0.025-1-4 %	(tretinoin-clindamycin-niacin)	Tier 3
TARDIMAXIA TOPICAL GEL 0.025-5-2 %	(tretinoin-spironolact-niacin)	Tier 3
TAROXIA TOPICAL CREAM 0.025-4 %	(tretinoin-niacinamide)	Tier 3
TAROXIA TOPICAL GEL 0.025-4 %	(tretinoin-niacinamide)	Tier 3
UNZDOMDIOXIAZAR TOPICAL GEL 0.1-10-2-4-4 %	Tier 3	
VARDIMAXIA TOPICAL GEL 0.05-5-2 %	(tretinoin-spironolact-niacin)	Tier 3
VAROXIA TOPICAL CREAM 0.05-4 %	(tretinoin-niacinamide)	Tier 3
VAROXIA TOPICAL GEL 0.05-4 %	(tretinoin-niacinamide)	Tier 3
Keratolytic-Glucocorticoid Combinations		

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

Drug	Status	Notes
NORMLGEL AG TOPICAL GEL 0.11 %	Tier 3	
SILVASORB TOPICAL GEL, EXTENDED RELEASE	Tier 1	
<i>silver nitrate topical solution 0.5 %, 25 %, 50 %</i>	Tier 1	
STRONG IODINE TOPICAL SOLUTION (iodine-potassium iodide) 5-10 %	Tier 1	
Vitamin A Derivatives		
<i>adapalene topical cream 0.1 %</i> (Differin)	Tier 1	
<i>adapalene topical gel 0.3 %</i>	Tier 1	
<i>adapalene topical gel with pump 0.3 %</i> (Differin)	Tier 1	
<i>adapalene topical lotion 0.1 %</i> (Differin)	Tier 1	Age (Max 39 Years)
ALTRENO TOPICAL LOTION 0.05 %	Tier 3	
AVITA TOPICAL CREAM 0.025 % (tretinoin)	Tier 1	
AVITA TOPICAL GEL 0.025 % (tretinoin)	Tier 1	
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i> (Retin-A Micro)	Tier 1	Age (Max 39 Years)
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.08 %, 0.1 %</i> (Retin-A Micro Pump)	Tier 1	Age (Max 39 Years)
<i>tretinoin topical cream 0.025 %</i> (Avita)	Tier 1	
<i>tretinoin topical cream 0.05 %, 0.1 %</i> (Retin-A)	Tier 1	
<i>tretinoin topical gel 0.01 %</i> (Retin-A)	Tier 1	
<i>tretinoin topical gel 0.025 %</i> (Avita)	Tier 1	
<i>tretinoin topical gel 0.05 %</i> (Atralin)	Tier 1	
Vitamin A Derivatives, Topical Acne Agents		
ETHOXIA TOPICAL CREAM 0.05-4 % (tazarotene-niacinamide)	Tier 3	
ITHOXIA TOPICAL CREAM 0.1-4 % (tazarotene-niacinamide)	Tier 3	
Dermatology - Antiinfective		
Topical Antibiotics		
CENTANY AT TOPICAL OINTMENT KIT 2 %	Tier 3	
<i>clindamycin phosphate topical foam 1 %</i> (Clindacin)	Tier 1	
<i>clindamycin phosphate topical gel 1 %</i>	Tier 1	

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

Drug	Status	Notes
Topical Antifungals		
CICLODAN KIT TOPICAL COMBO PACK 0.77 %	Tier 3	
<i>ciclopirox topical cream 0.77 %</i> (Ciclodan)	Tier 1	QL (180 GM per 1 FILL)
<i>ciclopirox topical gel 0.77 %</i>	Tier 1	
<i>ciclopirox topical shampoo 1 %</i>	Tier 1	
<i>ciclopirox topical solution 8 %</i> (Ciclodan)	Tier 1	QL (19.8 ML per 1 FILL)
<i>ciclopirox topical suspension 0.77 %</i> (Loprox (as olamine))	Tier 1	QL (180 ML per 1 FILL)
<i>ciclopirox-ure-camph-menth-euc topical solution 8 %</i> (Ciclodan Kit)	Tier 1	QL (19.8 ML per 1 FILL)
<i>clotrimazole topical cream 1 %</i> (Antifungal (clotrimazole))	Tier 1	
<i>clotrimazole topical solution 1 %</i>	Tier 1	
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	
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	
<i>ketoconazole topical cream 2 %</i>	Tier 1	QL (180 GM per 1 FILL)
<i>ketoconazole topical shampoo 2 %</i>	Tier 1	QL (360 ML per 1 FILL)
KETODAN KIT TOPICAL COMBO PACK 2 %	Tier 3	
KLAYESTA TOPICAL POWDER 100,000 UNIT/GRAM (nystatin)	Tier 1	

Drug	Status	Notes
<i>luliconazole topical cream 1 %</i> (Luzu)	Tier 1	ST: Requires prior prescriptions for Clotrimazole and Ketoconazole within the past 365 days; QL (60 GM per 28 days)
MENTAX TOPICAL CREAM 1 % (butenafine)	Tier 3	
<i>miconazole nitrate-zinc ox-pet topical ointment 0.25-15-81.35 %</i> (Vusion)	Tier 1	
<i>naftifine topical cream 1 %</i>	Tier 1	
<i>naftifine topical cream 2 %</i>	Tier 1	QL (180 GM per 1 FILL)
<i>naftifine topical gel 2 %</i> (Naftin)	Tier 1	
NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM (nystatin)	Tier 1	
<i>nystatin topical cream 100,000 unit/gram</i>	Tier 1	
<i>nystatin topical ointment 100,000 unit/gram</i>	Tier 1	QL (90 GM per 1 FILL)
<i>nystatin topical powder 100,000 unit/gram</i> (Klayesta)	Tier 1	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	Tier 1	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	Tier 1	QL (180 GM per 1 FILL)
NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM (nystatin)	Tier 1	
<i>oxiconazole topical cream 1 %</i>	Tier 1	QL (180 GM per 1 FILL)
OXISTAT TOPICAL LOTION 1 %	Tier 3	
PHEDRAX TOPICAL SHAMPOO 2-2 %	Tier 3	
PHEOXIA TOPICAL CREAM 2-4 % (ketoconazole-niacinamide)	Tier 3	
<i>sulconazole topical cream 1 %</i> (Exelderm)	Tier 1	
<i>sulconazole topical solution 1 %</i> (Exelderm)	Tier 1	
<i>tavaborole topical solution with applicator 5 %</i> (Kerydin)	Tier 1	PA
Topical Antiparasitics		
<i>malathion topical lotion 0.5 %</i> (Ovide)	Tier 1	
<i>permethrin topical cream 5 %</i> (Elimite)	Tier 1	
<i>spinosad topical suspension 0.9 %</i> (Natroba)	Tier 1	

Drug	Status	Notes
ULESFIA TOPICAL LOTION 5 %	Tier 3	
Topical Antivirals		
<i>acyclovir topical ointment 5 %</i> (Zovirax)	Tier 1	
Topical Pleuromutilin Derivatives		
ALTABAX TOPICAL OINTMENT 1 %	Tier 3	ST: Requires prior prescription for Mupirocin ointment within the past 120 days
Topical Sulfonamides		
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	
ROSULA CLEANSING CLOTHS TOPICAL PADS, MEDICATED 10-5 % (sulfacetamide sodium-sulfur)	Tier 1	
ROSULA TOPICAL CLEANSER 10-4.5 %	Tier 3	
<i>silver sulfadiazine topical cream 1 %</i> (SSD)	Tier 1	
SSD TOPICAL CREAM 1 % (silver sulfadiazine)	Tier 1	
SSS 10-5 TOPICAL CREAM 10-5 % (W/W) (sulfacetamide sodium-sulfur)	Tier 1	
SSS 10-5 TOPICAL FOAM 10-5 % (sulfacetamide sodium-sulfur)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %</i> (Avar LS)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i> (Avar)	Tier 1	QL (1419 GM per 1 FILL)
<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	

Drug	Status	Notes
sulfacetamide sodium-sulfur topical cream 10-2 %	Tier 1	
sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)	(SSS 10-5) Tier 1	
sulfacetamide sodium-sulfur topical cream 9.8-4.8 %	(Plexion) Tier 1	
sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w)	Tier 1	
sulfacetamide sodium-sulfur topical lotion 9.8-4.8 %	(Plexion) Tier 1	
sulfacetamide sodium-sulfur topical pads, medicated 10-4 %	(Sumaxin) Tier 1	
sulfacetamide sodium-sulfur topical pads, medicated 9.8-4.8 %	(Plexion Cleansing Cloths) Tier 1	
sulfacetamide sodium-sulfur topical suspension 10-5 %	Tier 1	
sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %	Tier 1	QL (1419 ML per 1 FILL)
SULFAMYLON TOPICAL CREAM 85 MG/G	Tier 3	
SULFAMYLON TOPICAL PACKET 50 GRAM	(mafenide acetate) Tier 3	
SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM 9 %-4.5 % -SPF 25	(sulfact na-sul-avobnz-otn-ocsa) Tier 3	
Dermatology - Antiinflammatory		
Interleukin-13 (Il-13) Inhibitors, Mab		
ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	Tier 5	PA; SP
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 5	PA; SP
Top. Anti-Inflam.,Phosphodiesterase-4 (Pde4) Inhib		
EUCRISA TOPICAL OINTMENT 2 %	Tier 2	
Topical Antibiotics/Antiinflammatory, Steroidal		
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	Tier 3	ST: Requires prior prescription for generic Fluocinolone Acetonide cream, oil, ointment or solution within the past 120 days

Drug	Status	Notes
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	Tier 3	ST: Requires prior prescription for generic Fluocinolone Acetonide cream, oil, ointment or solution within the past 120 days
Topical Anti-Inflammatory Steroidal		
ACIOXIA TOPICAL GEL 0.1-0.5 %	Tier 3	
ADVANCED ALLERGY COLLECT KIT TOPICAL KIT 2.5 %	Tier 1	
ALA-CORT TOPICAL CREAM 1 % (hydrocortisone)	Tier 1	
ALA-SCALP TOPICAL LOTION 2 % (hydrocortisone)	Tier 1	ST: Requires prior prescription for generic Hydrocortisone 2.5% lotion within the past 120 days
<i>alclometasone topical cream 0.05 %</i>	Tier 1	
<i>alclometasone topical ointment 0.05 %</i>	Tier 1	
<i>amcinonide topical cream 0.1 %</i>	Tier 1	ST: Requires prior prescription for Betamethasone 0.1% ointment, Fluticasone 0.005% ointment, Mometasone 0.1% ointment, or Triamcinolone 0.5% ointment or cream within the past 120 days
<i>betamethasone dipropionate topical cream 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	Tier 1	
<i>betamethasone valerate topical cream 0.1 %</i>	Tier 1	
<i>betamethasone valerate topical foam 0.12 %</i> (Luxiq)	Tier 1	
<i>betamethasone valerate topical lotion 0.1 %</i>	Tier 1	
<i>betamethasone valerate topical ointment 0.1 %</i>	Tier 1	

Drug	Status	Notes
<i>betamethasone, augmented topical cream 0.05 %</i>	Tier 1	
<i>betamethasone, augmented topical gel 0.05 %</i>	Tier 1	
<i>betamethasone, augmented topical lotion 0.05 %</i>	Tier 1	
<i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene (augmented))	Tier 1	
CAPEX TOPICAL SHAMPOO 0.01 %	Tier 3	
CHLOHUX TOPICAL SHAMPOO 0.05-2 % (clobetasol-levocetirizine)	Tier 3	
CHLOOXIA TOPICAL CREAM 0.05-4 % (clobetasol-niacinamide)	Tier 3	
CHLOOXIA TOPICAL OINTMENT 0.05-4 % (clobetasol-niacinamide)	Tier 3	
CHLOOXIA TOPICAL SOLUTION 0.05-4 % (clobetasol-niacinamide)	Tier 3	
<i>clobetasol scalp solution 0.05 %</i>	Tier 1	
<i>clobetasol topical cream 0.05 %</i>	Tier 1	
<i>clobetasol topical foam 0.05 %</i> (Olux)	Tier 1	
<i>clobetasol topical gel 0.05 %</i>	Tier 1	
<i>clobetasol topical lotion 0.05 %</i> (Clobex)	Tier 1	
<i>clobetasol topical ointment 0.05 %</i>	Tier 1	
<i>clobetasol topical shampoo 0.05 %</i> (Clobex)	Tier 1	
<i>clobetasol topical spray,non-aerosol 0.05 %</i> (Clobex)	Tier 1	
<i>clobetasol-emollient topical cream 0.05 %</i>	Tier 1	
<i>clobetasol-emollient topical foam 0.05 %</i> (Olux-E)	Tier 1	
<i>clocortolone pivalate topical cream 0.1 %</i>	Tier 1	ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days
CLODAN KIT TOPICAL KIT,SHAMPOO AND CLEANSER 0.05 %	Tier 3	

Drug	Status	Notes
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2	Tier 3	ST: Requires prior prescription for Betamethasone (ointment, gel, lotion), Clobetasol (spray, lotion, gel, ointment, cream, solution), Fluocinonide 0.1% cream, or Halobetasol 0.05% (cream, ointment) within the past 120 days; QL (2 EA per 30 days)
CORDRAN TOPICAL CREAM 0.025 %	Tier 3	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
<i>desonide topical cream 0.05 %</i> (DesOwen)	Tier 1	
<i>desonide topical gel 0.05 %</i>	Tier 1	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days
<i>desonide topical lotion 0.05 %</i>	Tier 1	
<i>desonide topical ointment 0.05 %</i>	Tier 1	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i> (Topicort)	Tier 1	
<i>desoximetasone topical gel 0.05 %</i> (Topicort)	Tier 1	
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i> (Topicort)	Tier 1	

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

Drug	Status	Notes
<i>flurandrenolide topical ointment 0.05 %</i> (Cordran)	Tier 1	ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days; QL (180 GM per 30 days)
<i>fluticasone propionate topical cream 0.05 %</i>	Tier 1	
<i>fluticasone propionate topical lotion 0.05 %</i> (Beser)	Tier 1	
<i>fluticasone propionate topical ointment 0.005 %</i>	Tier 1	
<i>halcinonide topical cream 0.1 %</i> (Halog)	Tier 1	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days
<i>halcinonide topical solution 0.1 %</i> (Halog)	Tier 1	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days
<i>halobetasol propionate topical cream 0.05 %</i>	Tier 1	
<i>halobetasol propionate topical ointment 0.05 %</i>	Tier 1	

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

Drug	Status	Notes
<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: Requires prior prescription for generic Hydrocortisone 2.5% lotion within the past 120 days
<i>hydrocortisone topical lotion 2.5 %</i>	Tier 1	
<i>hydrocortisone topical ointment 1 %</i> (Anti-Itch (HC))	Tier 1	
<i>hydrocortisone topical ointment 2.5 %</i>	Tier 1	
<i>hydrocortisone valerate topical cream 0.2 %</i>	Tier 1	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	Tier 1	ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days
<i>mometasone topical cream 0.1 %</i>	Tier 1	
<i>mometasone topical ointment 0.1 %</i>	Tier 1	
<i>mometasone topical solution 0.1 %</i>	Tier 1	
NUCORT TOPICAL LOTION 2 % (hydrocortisone acet-aloe vera)	Tier 3	
PANDEL TOPICAL CREAM 0.1 %	Tier 3	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days; QL (160 GM per 30 days)
<i>prednicarbate topical cream 0.1 %</i>	Tier 1	

Drug	Status	Notes
<i>prednicarbate topical ointment 0.1 %</i>	Tier 1	
PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % (hydrocortisone)	Tier 1	
PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % (hydrocortisone)	Tier 1	
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % (hydrocortisone)	Tier 1	
SCALACORT DK TOPICAL COMBO PACK 2-2-2 %	Tier 2	
SERNIVO TOPICAL SPRAY WITH PUMP 0.05 %	Tier 3	ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days
SYNALAR CREAM KIT TOPICAL CREAM 0.025 %	Tier 3	QL (375 GM per 30 days)
SYNALAR OINTMENT KIT TOPICAL COMBO PACK,OINTMENT AND CREAM 0.025 %	Tier 3	QL (375 GM per 30 days)
SYNALAR TS TOPICAL KIT 0.01 %	Tier 3	
TETOXIA TOPICAL CREAM 0.01-4 % (fluocinolone-niacinamide)	Tier 3	
TEXACORT TOPICAL SOLUTION 2.5 %	Tier 2	ST: Requires prior prescription for generic Hydrocortisone 2.5% lotion within the past 120 days
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i> (Kenalog)	Tier 1	
<i>triamcinolone acetonide topical cream 0.025 %</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	
TRIDERM TOPICAL CREAM 0.1 % (triamcinolone acetonide)	Tier 1	
TRIDERM TOPICAL CREAM 0.5 % (triamcinolone acetonide)	Tier 1	QL (454 GM per 30 days)

Drug	Status	Notes
Topical Anti-Inflammatory, Nsaids		
<i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i> (Flector)	Tier 1	
<i>diclofenac sodium topical drops 1.5 %</i>	Tier 1	
<i>diclofenac sodium topical gel 1 %</i> (Aleve (diclofenac))	Tier 1	
LICART TRANSDERMAL PATCH 24 HOUR 1.3 %	Tier 3	ST: Requires prior prescription for Diclofenac Epolamine within the past 120 days; QL (1 EA per 1 day)
ROAOXIA TOPICAL GEL 3-2-4 % (diclofenac-hyaluronate-niacin)	Tier 3	
Topical Janus Kinase (Jak) Inhibitors		
OPZELURA TOPICAL CREAM 1.5 %	Tier 2	PA
Dermatology - Miscellaneous		
Antiperspirants		
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 % (aluminum chloride)	Tier 2	
DRYSOL TOPICAL SOLUTION 20 % (aluminum chloride)	Tier 2	
Antiseborrheic Agents		
OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 % (sulfacetamide sodium)	Tier 2	
OVACE PLUS TOPICAL CREAM 10 %	Tier 3	
OVACE PLUS TOPICAL LOTION 9.8 %	Tier 3	ST: Requires prior prescription for Ciclopirox or Ketoconazole within the past 120 days
PLEXION NS TOPICAL SHAMPOO 9.8 % (sulfacetamide sodium)	Tier 3	
<i>selenium sulfide topical lotion 2.5 %</i>	Tier 1	
<i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>	Tier 1	
<i>sulfacetamide sodium topical cleanser 10 %</i> (Ovace)	Tier 1	
<i>sulfacetamide sodium topical cleanser, gel 10 %</i> (Ovace Plus Wash)	Tier 1	
<i>sulfacetamide sodium topical shampoo 10 %</i> (Ovace Plus Shampoo)	Tier 1	

Drug	Status	Notes
<i>sulfacetamide sodium topical shampoo 9.8 %</i> (Plexion NS)	Tier 1	
TERSI FOAM TOPICAL FOAM 2.25 %	Tier 3	
Antiseptics, Miscellaneous		
<i>guaiacol liquid</i>	Tier 3	
Emollients		
<i>ammonium lactate topical cream 12 %</i>	Tier 1	
<i>ammonium lactate topical lotion 12 %</i> (AmLactin)	Tier 1	
ATRAPRO CP TOPICAL COMBO PACK, CREAM AND GEL	Tier 3	
KERASTAT TOPICAL CREAM	Tier 3	
KERASTAT TOPICAL GEL 5 %	Tier 3	
MB HYDROGEL TOPICAL KIT, CREAM AND GEL 96.53-3-0.4 -0.066 %	Tier 1	
PRESERA TOPICAL FOAM	Tier 3	
XCLAIR TOPICAL CREAM	Tier 3	
Hypertrichotic Agents, Systemic/Incl. Combinations		
LITFULO ORAL CAPSULE 50 MG	Tier 6	PA; SP
Iodine Antiseptics		
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 % (povidone-iodine)	Tier 3	
<i>povidone-iodine ophthalmic (eye) solution 5 %</i> (Betadine Ophthalmic Prep)	Tier 1	
Irrigants		
<i>acetic acid irrigation solution 0.25 %</i>	Tier 1	
<i>lactated ringers irrigation solution</i>	Tier 3	
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	Tier 1	
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L	Tier 3	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L	Tier 3	
<i>ringer's irrigation solution</i>	Tier 1	
<i>sodium chloride irrigation solution 0.9 %</i> (Sterile Saline)	Tier 1	
<i>sorbitol irrigation solution 3 %</i>	Tier 1	

Drug	Status	Notes
<i>sorbitol-mannitol transurethral solution</i> 2.7-0.54 gram/100 ml	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</i> 0.7 %	Tier 1	
<i>methyl salicylate oil</i> (Wintergreen Oil)	Tier 1	
<i>methyl salicylate topical liquid</i>	Tier 1	
QUTENZA TOPICAL KIT 8 %	Tier 3	PA
WINTERGREEN OIL OIL (methyl salicylate)	Tier 1	
YCANTH TOPICAL SOLUTION WITH APPLICATOR 0.7 %	Tier 3	PA
Keratolytics		
<i>benzoyl peroxide topical foam</i> 9.8 % (BenzePrO)	Tier 1	
BPO TOPICAL GEL 8 % (benzoyl peroxide)	Tier 1	
CEM-UREA TOPICAL GEL 45 % (urea)	Tier 1	
HYDRO 35 TOPICAL FOAM 35 % (urea)	Tier 3	
KERALYT SCALP COMPLETE TOPICAL KIT, SHAMPOO AND GEL 6-6 %	Tier 3	
METDRAY TOPICAL GEL 17-2 %	Tier 3	
NENDRUX TOPICAL GEL 40-5 %	Tier 3	
PACNEX HP TOPICAL PADS, MEDICATED 7 %	Tier 3	
PACNEX LP TOPICAL PADS, MEDICATED 4.25 %	Tier 3	
PODOCON TOPICAL LIQUID 25 %	Tier 1	
<i>podofilox topical gel</i> 0.5 % (Condylox)	Tier 1	ST: Requires prior prescription for Podofilox 0.5% solution within the past 120 days; QL (0.5 GM per 1 day)

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

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

Drug	Status	Notes
PRAMOSONE TOPICAL CREAM 1-1 % (hydrocortisone-pramoxine)	Tier 2	ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 %	Tier 2	
PRAMOSONE TOPICAL OINTMENT 1-1 %	Tier 2	ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days
PRAMOSONE TOPICAL OINTMENT 2.5-1 % (hydrocortisone-pramoxine)	Tier 2	
Topical Antineoplastic & Premalignant Lesion Agnts		
<i>bexarotene topical gel 1 %</i> (Targretin)	Tier 4	PA; SP
<i>diclofenac sodium topical gel 3 %</i>	Tier 1	QL (100 GM per 1 FILL)
FLUOROPLEX TOPICAL CREAM 1 %	Tier 3	PA
<i>fluorouracil topical cream 0.5 %</i> (Carac)	Tier 1	PA
<i>fluorouracil topical cream 5 %</i> (Efudex)	Tier 1	
<i>fluorouracil topical solution 2 %, 5 %</i>	Tier 1	
KLISYRI TOPICAL OINTMENT IN PACKET 1 %	Tier 2	QL (5 EA per 1 FILL)
PANRETIN TOPICAL GEL 0.1 %	Tier 6	SP; QL (60 GM per 28 days)
TOLAK TOPICAL CREAM 4 %	Tier 2	
VALCHLOR TOPICAL GEL 0.016 %	Tier 5	PA; SP
Topical Local Anesthetics		
ANACAINE TOPICAL OINTMENT 10 %	Tier 3	
ANASTIA TOPICAL LOTION 2.75 %	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	

Drug	Status	Notes
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	
ENZNONUTY TOPICAL OINTMENT 10-10-20 %	Tier 3	
<i>ethyl chloride topical aerosol,spray 100 %</i>	Tier 1	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL GEL 4-0.05-0.5 %	Tier 1	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL SOLUTION 4-0.05-0.5 % (lidocaine-racepinep-tetracaine)	Tier 1	
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.09-0.5 %	Tier 1	
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.18-0.5 %	Tier 3	
<i>lidocaine hcl laryngotracheal solution 4 %</i>	Tier 1	
<i>lidocaine hcl topical cream 3 %</i> (Lidopin)	Tier 1	
<i>lidocaine topical adhesive patch,medicated 5 %</i> (DermacinRx Lidocan)	Tier 1	QL (90 EA per 30 days)
<i>lidocaine topical ointment 5 %</i>	Tier 1	QL (240 GM per 30 days)
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	Tier 1	
<i>lidocaine-racepinep-tetracaine topical solution 4-0.05-0.5 %</i> (L.E.T. (lido-epineph-tetra))	Tier 1	
LIDOCAN III TOPICAL ADHESIVE PATCH,MEDICATED 5 % (lidocaine)	Tier 1	QL (90 EA per 30 days)
LIDOCAN IV TOPICAL ADHESIVE PATCH,MEDICATED 5 % (lidocaine)	Tier 1	QL (90 EA per 30 days)
LIDOCAN V TOPICAL ADHESIVE PATCH,MEDICATED 5 % (lidocaine)	Tier 1	QL (90 EA per 30 days)
LIDOPIN TOPICAL CREAM 3.25 %	Tier 3	
LIDTOPIC MAX TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %	Tier 3	
LIDTOPIC TOPICAL CREAM, METERED-DOSE APPLICATOR 7.5 %	Tier 3	
NUMBONEX TOPICAL LOTION 2.75 %	Tier 3	

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Drug	Status	Notes
NYNUTEY TOPICAL CREAM 23-7 %	Tier 3	
PRAKETAMIDE TOPICAL CREAM, METERED-DOSE APPLICATOR 5 %	Tier 3	
REGENECARE TOPICAL GEL 2 %	Tier 3	
SPRAY AND STRETCH TOPICAL AEROSOL,SPRAY	Tier 3	
TRANZAREL TOPICAL GEL 4 %	Tier 3	
TRIDACAINE II TOPICAL ADHESIVE (lidocaine) PATCH,MEDICATED 5 %	Tier 1	QL (90 EA per 30 days)
TRIDACAINE III TOPICAL ADHESIVE (lidocaine) PATCH,MEDICATED 5 %	Tier 1	QL (90 EA per 30 days)
Topical Preparations,Miscellaneous		
<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	
NEXOBRID POWDER COMPONENT TOPICAL POWDER	Tier 3	
NEXOBRID TOPICAL GEL 8.8 %	Tier 3	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	Tier 3	PA
Dermatology - Psoriasis/Eczema		
Antipsoriatic Agents,Systemic		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	Tier 4	SP
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML	Tier 6	PA; SP
BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML	Tier 6	PA; SP
<i>methoxsalen oral capsule,liqd-filled,rapid rel 10 mg</i>	Tier 1	
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 5	PA; SP
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 5	PA; SP

Drug	Status	Notes
SOTYKTU ORAL TABLET 6 MG	Tier 5	PA; SP
SPEVIGO SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 6	PA; SP
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 5	PA; SP
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 5	PA; SP
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 5	PA; SP
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML, 80 MG/ML	Tier 5	PA; SP
TREMFYA SUBCUTANEOUS AUTO- INJECTOR 100 MG/ML	Tier 5	PA; SP
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	Tier 5	PA; SP
Antipsoriatics Agents		
<i>calcipotriene scalp solution 0.005 %</i>	Tier 1	
<i>calcipotriene topical cream 0.005 %</i>	Tier 1	
<i>calcipotriene topical ointment 0.005 %</i>	Tier 1	
<i>calcitriol topical ointment 3 mcg/gram</i> (Vectical)	Tier 1	
DIOOXIA TOPICAL CREAM 0.005-4 %	Tier 3	
DRITHOCREME HP TOPICAL CREAM 1 %	Tier 2	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
<i>tazarotene topical cream 0.1 %</i> (Tazorac)	Tier 1	
<i>tazarotene topical gel 0.05 %, 0.1 %</i> (Tazorac)	Tier 1	Age (Max 39 Years)
ZITHRANOL TOPICAL SHAMPOO 1 %	Tier 3	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
II-23 Receptor Antagonist, Monoclonal Antibody		

Drug	Status	Notes
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	Tier 5	PA; SP
Topical Agents, Miscellaneous		
L-MESITRAN SOFT TOPICAL GEL 40 %	Tier 3	
MUSCUSOLICE TOPICAL CREAM, METERED-DOSE APPLICATOR 2 %, 5 %	Tier 3	
NEURAPTINE TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %	Tier 3	
OMEZA TOPICAL OINTMENT IN PACKET	Tier 3	
<i>urea topical cream 20 %</i> (Gormel)	Tier 1	
Topical Immunosuppressive Agents		
HYFTOR TOPICAL GEL 0.2 %	Tier 6	PA; SP
NUJO TOPICAL SOLUTION 0.1 %	Tier 3	
NUJU TOPICAL CREAM 0.1 % (tacrolimus-vehicle base no.238)	Tier 3	
OXIANUJO (WITH HYALURONATE) TOPICAL CREAM 0.1-1-4 % (tacrolimus-hyaluronate-niacin)	Tier 3	
OXIANUJO TOPICAL OINTMENT 0.1-4 % (tacrolimus-niacinamide)	Tier 3	
<i>pimecrolimus topical cream 1 %</i> (Elidel)	Tier 1	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	Tier 1	
Topical Vit D Analog/Anti-inflammatory, Steroidal		
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	Tier 1	
<i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i> (Taclonex)	Tier 1	
DIOCHLOY TOPICAL SOLUTION 0.05-0.005 % (clobetasol-calcipotriene)	Tier 3	
ENSTILAR TOPICAL FOAM 0.005-0.064 %	Tier 3	
WYNZORA TOPICAL CREAM 0.005-0.064 %	Tier 3	
Diabetes		

Drug	Status	Notes
Antihypergly, (Dpp-4) Inhibitor & Biguanide Comb.		
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	Tier 2	QL (2 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	Tier 2	QL (1 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	Tier 2	QL (2 EA per 1 day)
Antihypergly, Incretin Mimetic (Glp-1 Recep. Agonist)		
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST; QL (0.85 ML per 7 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE (250 MCG/ML) 2.4 ML	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST; QL (2.4 ML per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST; QL (1.2 ML per 30 days)
<i>liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)</i> (Victoza 2-Pak)	Tier 3	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST; QL (9 ML per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST; QL (3 ML per 28 days)

Drug	Status	Notes
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST; QL (1 EA per 1 day)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST; QL (2 ML per 28 days)
Antihyperglycemic-Sod/Gluc Cotransport2(SglT2)Inhib		
FARXIGA ORAL TABLET 10 MG, 5 MG (dapagliflozin propanediol)	Tier 2	QL (1 EA per 1 day)
JARDIANCE ORAL TABLET 10 MG, 25 MG	Tier 2	QL (1 EA per 1 day)
Antihyperglycemic - Dopamine Receptor Agonists		
CYCLOSET ORAL TABLET 0.8 MG	Tier 3	ST: Requires prior prescription for Glipizide/Metformin, Glyburide/Metformin, Metformin, or Metformin ER within the past 180 days
Antihyperglycemic - Incretin Mimetics Combination		
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST; QL (0.5 ML per 7 days)
Antihyperglycemic, Alpha-Glucosidase Inhib (N-S)		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)	Tier 1	
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
Antihyperglycemic, Amylin Analog-Type		
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	Tier 2	
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	Tier 2	

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Drug	Status	Notes
Antihyperglycemic, Dpp-4 Inhibitors		
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 2	QL (1 EA per 1 day)
Antihyperglycemic, Insulin-Release Stimulant Type		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>glipizide oral tablet 2.5 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i> (Glucotrol XL)	Tier 1	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	Tier 1	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>nateglinide oral tablet 120 mg, 60 mg</i>	Tier 1	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
Antihyperglycemic, Insulin-Response Enhancer (N-S)		
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	Tier 1	
Antihyperglycemic, Sglit-2 & Dpp-4 Inhibitor Comb.		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	Tier 2	QL (1 EA per 1 day)
Antihyperglycemic, Biguanide Type (Non-Sulfonylurea)		
<i>metformin oral solution 500 mg/5 ml</i> (Riomet)	Tier 1	
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	Tier 1	
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	Tier 1	
Antihyperglycemic, Insulin & Glp-1 Receptor Agonist		
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	Tier 2	QL (30 ML per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	Tier 2	QL (15 ML per 28 days)

Drug	Status	Notes
Antihyperglycemic,Insulin-Rel Stim.& Biguanide Cmb		
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	
Antihyperglycemic,Insulin-Response & Release Comb.		
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i> (DUETACT)	Tier 1	ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days
Antihyperglycemic-Glucocorticoid Receptor Blocker		
KORLYM ORAL TABLET 300 MG (mifepristone)	Tier 5	PA; SP
<i>mifepristone oral tablet 300 mg</i> (Korlym)	Tier 4	PA; SP
Antihyperglycemic-SglT2 Inhibitor & Biguanide Comb		
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	Tier 2	QL (2 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	Tier 2	QL (1 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	Tier 2	QL (2 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG (dapaglifloz propaned-metformin)	Tier 2	QL (1 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG, 5-500 MG	Tier 2	QL (1 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	Tier 2	QL (2 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG (dapaglifloz propaned-metformin)	Tier 2	QL (2 EA per 1 day)
Antihyperglycm,Insul-Resp.Enhancer & Biguanide Cmb		

Drug	Status	Notes
<i>pioglitazone-metformin oral tablet 15-500 mg</i>	Tier 1	ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days
<i>pioglitazone-metformin oral tablet 15-850 mg</i> (Actoplus MET)	Tier 1	ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days
Antihypergly-Sglt-2 Inhib,Dpp-4 Inhib,Biguanide Cb		
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	Tier 2	QL (1 EA per 1 day)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	Tier 2	QL (2 EA per 1 day)
Blood Sugar Diagnostics		
FREESTYLE INSULINX STRIP (blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
FREESTYLE INSULINX TEST STRIPS STRIP (blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
FREESTYLE LITE STRIPS STRIP (blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
FREESTYLE PRECISION NEO STRIPS STRIP (blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
FREESTYLE TEST STRIP (blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
ONETOUCH ULTRA TEST STRIP (blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
ONETOUCH VERIO TEST STRIPS STRIP (blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
PRECISION XTRA TEST STRIP (blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
Diabetic Supplies		
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN	Tier 3	
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS INSULIN PEN	Tier 3	
AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS INSULIN PEN	Tier 3	

Drug	Status	Notes
AUTOSOFT 30 INFUSION SET	Tier 3	
AUTOSOFT 90 INFUSION SET	Tier 3	
AUTOSOFT XC INFUSION SET 23" INFUSION SET	Tier 3	
AUTOSOFT XC INFUSION SET 32" INFUSION SET	Tier 3	
AUTOSOFT XC INFUSION SET 43" INFUSION SET	Tier 3	
BIGFOOT UNITY KIT	Tier 3	
BIGFOOT UNITY PEN CAP-ADMELOG DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-APIDRA DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-ASPART DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-BASAGLAR DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-FIASP DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-HUMALOG DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-LANTUS DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-LISPRO DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-LYUMJEV DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-NOVOLOG DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-TOUJEO DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP- TOUJEOMX DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-TRESIBA DEVICE	Tier 3	
CEQR SIMPLICITY DEVICE 2 UNIT	Tier 3	PA
CEQR SIMPLICITY INSERTER	Tier 3	PA
DEXCOM G6 RECEIVER	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)

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Drug	Status	Notes
DEXCOM G6 SENSOR DEVICE	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER DEVICE	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 90 days)
DEXCOM G7 RECEIVER	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
DEXCOM G7 SENSOR DEVICE	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (3 EA per 30 days)
EVERSENSE E3 SMART TRANSMITTER DEVICE	Tier 3	PA
FREESTYLE LIBRE 14 DAY READER	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR KIT	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR KIT	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 PLUS SENSOR DEVICE	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 READER	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)

Drug	Status	Notes
FREESTYLE LIBRE 3 SENSOR DEVICE	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (2 EA per 28 days)
GLUCOCOM AUTOLINK	Tier 3	
GUARDIAN 4 GLUCOSE SENSOR DEVICE	Tier 3	PA
GUARDIAN 4 TRANSMITTER DEVICE	Tier 3	PA
GUARDIAN LINK 3 TRANSMITTER DEVICE	Tier 3	PA
GUARDIAN SENSOR 3 DEVICE	Tier 3	PA
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN	Tier 2	
INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN	Tier 2	
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN	Tier 2	
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN	Tier 2	
INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN	Tier 2	
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN	Tier 2	
MEDTRONIC EXT INFUSION SET 23" INFUSION SET	Tier 3	
MEDTRONIC EXT INFUSION SET 32" INFUSION SET	Tier 3	
MINIMED 630G INSULIN PUMP	Tier 3	PA
MINIMED 770G INSULIN PUMP	Tier 3	PA
MINIMED 780G INSULIN PUMP	Tier 3	PA
MINIMED MIO ADVANCE INF SET23" INFUSION SET	Tier 3	
MINIMED MIO ADVANCE INF SET43" INFUSION SET	Tier 3	
MINIMED QUICK SET 18" INFUSION SET	Tier 3	
MINIMED QUICK SET 23" INFUSION SET	Tier 3	
MINIMED QUICK SET 32" INFUSION SET	Tier 3	

Drug	Status	Notes
MINIMED QUICK SET 43" INFUSION SET	Tier 3	
MINIMED SILHOUETTE 18" INFUSION SET	Tier 3	
MINIMED SILHOUETTE 23" INFUSION SET	Tier 3	
MINIMED SILHOUETTE 32" INFUSION SET	Tier 3	
MINIMED SILHOUETTE 43" INFUSION SET	Tier 3	
MINIMED SURE T 18" INFUSION SET	Tier 3	
MINIMED SURE T 23" INFUSION SET	Tier 3	
MINIMED SURE T 32" INFUSION SET	Tier 3	
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN	Tier 3	
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE	Tier 2	QL (1 EA per 365 days)
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	Tier 2	
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	Tier 2	
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	Tier 2	QL (1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	Tier 2	QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	Tier 2	
OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	QL (10 EA per 30 days)
OMNIPOD GO PODS 15 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	QL (10 EA per 30 days)
OMNIPOD GO PODS 20 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	QL (10 EA per 30 days)
OMNIPOD GO PODS 25 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	QL (10 EA per 30 days)
OMNIPOD GO PODS 30 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	QL (10 EA per 30 days)
OMNIPOD GO PODS 40 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	QL (10 EA per 30 days)
OMNIPOD GO PODS SUBCUTANEOUS CARTRIDGE	Tier 2	QL (10 EA per 30 days)

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Drug	Status	Notes
T:FLEX SUBCUTANEOUS CARTRIDGE	Tier 3	
T:SLIM X2 BASAL-IQ INSULIN PMP	Tier 3	PA
T:SLIM X2 CONTROL-IQ	Tier 3	PA
T:SLIM X2 SUBCUTANEOUS CARTRIDGE	Tier 3	
TANDEM MOBI AUTOSOFT 30 KT 23" COMBO PACK	Tier 3	
TANDEM MOBI AUTOSOFT XC KIT 5" COMBO PACK	Tier 3	
TANDEM MOBI AUTOSOFT XC KT 23" COMBO PACK	Tier 3	
TANDEM MOBI CARTRIDGE SUBCUTANEOUS CARTRIDGE	Tier 3	
TANDEM MOBI SYSTEM	Tier 3	PA
TANDEM MOBI TRUSTEEL KIT 23" COMBO PACK	Tier 3	
TEMPO SMART BUTTON DEVICE	Tier 3	
TEMPO WELCOME KIT KIT	Tier 3	
TRUSTEEL INFUSION SET 23" INFUSION SET	Tier 3	
TRUSTEEL INFUSION SET 32" INFUSION SET	Tier 3	
VARISOFT INFUSION SET 23" INFUSION SET	Tier 3	
VARISOFT INFUSION SET 32" INFUSION SET	Tier 3	
VARISOFT INFUSION SET 43" INFUSION SET	Tier 3	
V-GO 20 DEVICE	Tier 2	
V-GO 30 DEVICE	Tier 2	
V-GO 40 DEVICE	Tier 2	
Diabetic Ulcer Preparations, Topical		
REGANEX TOPICAL GEL 0.01 %	Tier 2	
Hyperglycemics		
<i>diazoxide oral suspension 50 mg/ml</i> (Proglycem)	Tier 1	
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG (glucagon hcl)	Tier 1	QL (4 EA per 1 FILL)

Drug	Status	Notes
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	Tier 2	QL (4 EA per 1 FILL)
GVOKE HYOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	Tier 2	QL (0.4 ML per 1 FILL)
GVOKE HYOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	Tier 2	QL (0.8 ML per 1 FILL)
GVOKE HYOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	Tier 2	QL (0.4 ML per 1 FILL)
GVOKE HYOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	Tier 2	QL (0.8 ML per 1 FILL)
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	Tier 2	QL (0.8 ML per 1 FILL)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	Tier 2	QL (0.8 ML per 1 FILL)
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	Tier 2	QL (0.8 ML per 1 FILL)
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	Tier 2	QL (2.4 ML per 1 FILL)
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	Tier 2	QL (2.4 ML per 1 FILL)
Insulins		
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90)	Tier 3	PA
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Tier 2	QL (12 ML per 28 days)
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	Tier 2	QL (40 ML per 28 days)

Drug	Status	Notes	
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	Tier 2	QL (30 ML per 28 days)	
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	Tier 2	QL (40 ML per 28 days)	
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)	
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	Tier 2	QL (40 ML per 28 days)	
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	Tier 2	QL (30 ML per 28 days)	
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	QL (30 ML per 28 days)	
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)	
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	Tier 2	QL (40 ML per 28 days)	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	Tier 2	QL (24 ML per 28 days)	
<i>insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)</i>	(Humalog Mix 75-25 KwikPen)	Tier 1	QL (30 ML per 28 days)
<i>insulin lispro subcutaneous insulin pen 100 unit/ml</i>	(Admelog SoloStar U-100 Insulin)	Tier 1	QL (30 ML per 28 days)
<i>insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml</i>	(Humalog Junior KwikPen U-100)	Tier 1	QL (30 ML per 28 days)
<i>insulin lispro subcutaneous solution 100 unit/ml</i>	(Admelog U-100 Insulin lispro)	Tier 1	QL (40 ML per 28 days)
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 2	QL (30 ML per 28 days)	

Drug	Status	Notes
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Tier 2	QL (12 ML per 28 days)
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
SEMGLEE(INSULIN GLARGINE-YFGN) (insulin glargine-yfgn) SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
SEMGLEE(INSULIN GLARG- YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin glargine-yfgn)	Tier 2	QL (30 ML per 28 days)
TOUJEO MAX U-300 SOLOSTAR (insulin glargine u-300 SUBCUTANEOUS INSULIN PEN 300 conc) UNIT/ML (3 ML)	Tier 2	QL (18 ML per 28 days)
TOUJEO SOLOSTAR U-300 INSULIN (insulin glargine u-300 SUBCUTANEOUS INSULIN PEN 300 conc) UNIT/ML (1.5 ML)	Tier 2	QL (13.5 ML per 28 days)
TRESIBA FLEXTOUCH U-100 (insulin degludec) SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	QL (30 ML per 28 days)
TRESIBA FLEXTOUCH U-200 (insulin degludec) SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Tier 2	QL (18 ML per 28 days)
TRESIBA U-100 INSULIN (insulin degludec) SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)
Ear - General Disorders		
Ear Preparations Anti-Inflammatory		
<i>fluocinolone acetonide oil otic (ear)</i> (DermOtic Oil) <i>drops 0.01 %</i>	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)</i> <i>drops 1-2 %</i>	Tier 1	
Ear Preparations, Antibiotics		
<i>ciprofloxacin hcl otic (ear) dropperette</i> (Cetraxal) <i>0.2 %</i>	Tier 1	

Drug	Status	Notes
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		
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	Tier 1	
<i>ciprofloxacin-fluocinolone otic (ear)</i> (Otovel) <i>solution 0.3-0.025 % (0.25 ml)</i>	Tier 1	
Electrolyte Regulation		
Arginine Vasopressin (Avp) Receptor Antagonists		
<i>tolvaptan oral tablet 15 mg</i> (Samsca)	Tier 4	SP; QL (30 EA per 365 days)
<i>tolvaptan oral tablet 30 mg</i> (Samsca)	Tier 4	SP; QL (60 EA per 365 days)
Bicarbonate Producing/Containing Agents		
VAXCHORA BUFFER COMPONENT ORAL SUSPENSION FOR RECONSTITUTION	Tier 3	
Electrolyte Depleters		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	Tier 1	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	Tier 1	
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	Tier 3	ST: Requires prior prescription for Velphoro AND ONE of the following: generic Calcium Acetate, Lanthanum Carbonate, Sevelamer Carbonate, Sevelamer HCL within the past 365 days; QL (3 EA per 1 day)

Drug	Status	Notes
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	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	Tier 2	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i> (Renvela)	Tier 1	
<i>sevelamer carbonate oral tablet 800 mg</i> (Renvela)	Tier 1	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	Tier 1	
<i>sodium polystyrene sulfonate oral powder</i>	Tier 1	
SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML	Tier 1	
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML	Tier 3	
VELPHORO ORAL TABLET, CHEWABLE 500 MG	Tier 2	QL (6 EA per 1 day)
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	Tier 3	PA
XPHOZAH ORAL TABLET 20 MG, 30 MG	Tier 3	ST: Requires prior prescription for Velphoro AND ONE of the following: generic Calcium Acetate, Lanthanum Carbonate, Sevelamer Carbonate, Sevelamer HCL within the past 365 days; QL (2 EA per 1 day)
Potassium Replacement		
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	Tier 3	
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ (potassium bicarb-citric acid)	Tier 1	
KLOR-CON M10 ORAL TABLET, ER PARTICLES/CRYSTALS 10 MEQ (potassium chloride)	Tier 1	
KLOR-CON M15 ORAL TABLET, ER PARTICLES/CRYSTALS 15 MEQ (potassium chloride)	Tier 1	

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

Drug	Status	Notes
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG	Tier 3	QL (1 EA per 5 days)
CAVERJECT INTRACAVERNOSAL RECON SOLN 20 MCG, 40 MCG	Tier 3	QL (1 EA per 5 days)
CAVERJECT INTRACAVERNOSAL SYRINGE 10 MCG, 20 MCG	Tier 3	QL (1 EA per 5 days)
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG	Tier 3	QL: 6 INJECTIONS IN 30 DAYS
IFE-BIMIX 30/1 INTRACAVERNOSAL SOLUTION 30 MG- 1 MG/ML	(papav-phentolamine in water) Tier 1	
<i>sildenafil oral tablet 100 mg, 25 mg, 50 mg</i>	(Viagra) Tier 1	QL (1 EA per 5 days)
<i>tadalafil oral tablet 10 mg, 20 mg</i>	(Cialis) Tier 1	QL (1 EA per 5 days)
<i>tadalafil oral tablet 2.5 mg</i>	Tier 1	PA
<i>tadalafil oral tablet 5 mg</i>	(Cialis) Tier 1	PA
TRI-MIX (PAPAVRN-PHNTLMN-PGE1) INTRACAVERNOSAL RECON SOLN 150 MG-5 MG- 50 MCG	Tier 3	
Fertility Stimulating Preparations,Non- Fsh		
CLOMID ORAL TABLET 50 MG	(clomiphene citrate) Tier 3	
<i>clomiphene citrate oral tablet 50 mg</i>	(Clomid) Tier 1	
Follicle Stim./Luteinizing Hormones		
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT	Tier 5	SP
Follicle-Stimulating Hormone (Fsh)		
FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE 300 UNIT/0.36 ML, 600 UNIT/0.72 ML, 900 UNIT/1.08 ML	Tier 6	SP; ST: Requires prior prescription for Gonal-F or Gonal-f RFF within the past 120 days
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300/0.5 UNIT/ML, 450/0.75 UNIT/ML, 900/1.5 UNIT/ML	Tier 5	SP
GONAL-F RFF SUBCUTANEOUS RECON SOLN 75 UNIT	Tier 5	SP
GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT, 450 UNIT	Tier 5	SP
Human Chorionic Gonadotropin (Hcg)		

Drug	Status	Notes
<i>chorionic gonadotropin, human intramuscular recon soln 10,000 unit</i> (Pregnyl)	Tier 3	ST: Requires prior prescription for Novarel or Ovidrel within the past 120 days
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT	Tier 2	
OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML	Tier 2	
PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT (chorionic gonadotropin, human)	Tier 3	ST: Requires prior prescription for Novarel or Ovidrel within the past 120 days
Pregnancy Facilitating/Maintaining Agent, Hormonal		
CRINONE VAGINAL GEL 8 %	Tier 3	ST: Requires prior prescription for Endometrin within the past 120 days
ENDOMETRIN VAGINAL INSERT 100 MG	Tier 2	
Endocrine Disorder - Other		
Adrenal Steroid Inhibitors		
ISTURISA ORAL TABLET 1 MG, 5 MG	Tier 6	PA; SP
RECORLEV ORAL TABLET 150 MG	Tier 6	PA; SP
Adrenocorticotrophic Hormones		
ACTHAR INJECTION GEL 80 UNIT/ML	Tier 6	PA; SP
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML, 80 UNIT/ML	Tier 6	PA; SP
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	Tier 6	PA; SP
Antidiuretic And Vasopressor Hormones		
<i>desmopressin injection solution 4 mcg/ml</i> (DDAVP)	Tier 1	
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	Tier 1	
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml), 150 mcg/spray (0.1 ml)</i>	Tier 1	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)	Tier 1	

Drug	Status	Notes
NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG	Tier 3	QL (1 EA per 1 day)
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG	Tier 3	QL (1 EA per 1 day)
NOCTIVA NASAL SPRAY, NON-AEROSOL 0.83 MCG/SPRAY (0.1 ML), 1.66 MCG/SPRAY (0.1 ML)	Tier 3	QL (3.8 GM per 30 days)
Antineoplastic Lhrh(Gnrh) Agonist,Pituitary Suppr.		
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	Tier 5	PA; SP
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	Tier 5	PA; SP
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	Tier 5	PA; SP
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	Tier 5	PA; SP
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	Tier 4	PA; SP
Bone Formation Stim. Agents - Parathyroid Hormone		
<i>teriparatide subcutaneous pen injector 20 mcg/dose (600mcg/2.4ml)</i> (Forteo)	Tier 4	PA; SP
<i>teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)</i>	Tier 4	PA; SP
Bone Formation Stimulating Agts - Pth Rel Peptides		
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	Tier 5	PA; SP
Bone Resorption Inhibitor & Vitamin D Combinations		
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	Tier 2	
Bone Resorption Inhibitors		
<i>alendronate oral solution 70 mg/75 ml</i>	Tier 1	QL (75 ML per 7 days)
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg</i>	Tier 1	
<i>alendronate oral tablet 70 mg</i> (Fosamax)	Tier 1	
<i>calcitonin (salmon) injection solution 200 unit/ml</i> (Miacalcin)	Tier 1	

Drug	Status	Notes
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	Tier 1	
<i>ibandronate oral tablet 150 mg</i>	Tier 1	
<i>raloxifene oral tablet 60 mg</i> (Evista)	ACA Tier	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<i>risedronate oral tablet 150 mg</i> (Actonel)	Tier 1	ST: Requires prior prescriptions for Alendronate and Ibandronate within the past 365 days; QL (1 EA per 30 days)
<i>risedronate oral tablet 30 mg, 5 mg</i>	Tier 1	ST: Requires prior prescriptions for Alendronate and Ibandronate within the past 365 days; QL (1 EA per 1 day)
<i>risedronate oral tablet 35 mg</i> (Actonel)	Tier 1	ST: Requires prior prescriptions for Alendronate and Ibandronate within the past 365 days; QL (1 EA per 7 days)
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i> (Atelvia)	Tier 1	ST: Requires prior prescriptions for Alendronate and Ibandronate within the past 365 days; QL (1 EA per 7 days)
Calcimimetic, Parathyroid Calcium Enhancer		
<i>cinacalcet oral tablet 30 mg, 60 mg</i> (Sensipar)	Tier 4	SP; QL (2 EA per 1 day)
<i>cinacalcet oral tablet 90 mg</i> (Sensipar)	Tier 4	SP; QL (4 EA per 1 day)
Growth Hormone Receptor Antagonists		
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	Tier 5	SP
Growth Hormone Releasing Hormone (Ghrh) & Analogs		
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	Tier 6	PA; SP

Drug	Status	Notes
Growth Hormones		
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	Tier 5	PA; SP
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	Tier 5	PA; SP
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	Tier 5	PA; SP
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	Tier 6	PA; SP
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	Tier 6	PA; SP
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	Tier 6	PA; SP
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	Tier 5	PA; SP
SOGROYA SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	Tier 5	PA; SP
Hyperparathyroid Tx Agents - Vitamin D Analog-Type		
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	Tier 1	
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar)	Tier 1	
<i>paricalcitol oral capsule 4 mcg</i>	Tier 1	
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	Tier 2	QL (2 EA per 1 day)
Insulin-Like Growth Factor-1 (Igf-1) Hormones		

Drug	Status	Notes
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	Tier 6	PA; SP
Leptin Hormone Analogs		
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	Tier 6	SP; QL (1 EA per 1 day)
Lhrh (Gnrh) Antagonist,Estrogen And Progestin Comb		
MYFEMBREE ORAL TABLET 40-1-0.5 MG	Tier 2	PA
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	Tier 2	PA
Lhrh(Gnrh) Agonist Analog Pituitary Suppressants		
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	Tier 6	PA; SP
Lhrh(Gnrh) Antagonist,Pituitary Suppressant Agents		
<i>cetorelix subcutaneous kit 0.25 mg</i> (Cetrotide)	Tier 4	SP
FYREMADEL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML (ganirelix)	Tier 4	SP; ST: Requires prior prescription for Cetorelix Acetate within the past 120 days
<i>ganirelix subcutaneous syringe 250 mcg/0.5 ml</i> (Fyremadel)	Tier 4	SP; ST: Requires prior prescription for Cetorelix Acetate within the past 120 days
ORILISSA ORAL TABLET 150 MG, 200 MG	Tier 2	PA
Natriuretic Peptides		
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG	Tier 6	PA; SP
Pituitary Suppressive Agents		
<i>cabergoline oral tablet 0.5 mg</i>	Tier 1	
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	Tier 1	
Endocrine Disorder - Thyroid		
Antithyroid Preparations		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>propylthiouracil oral tablet 50 mg</i>	Tier 1	

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

Drug	Status	Notes
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML	Tier 3	PA
Eye - General Disorders		
Eye Antibiotic, Glucocorticoid And Nsaid Comb.		
<i>prednisolon-moxiflox-bromf(pf) ophthalmic (eye) drops 1-0.5-0.09 %</i>	Tier 1	
Eye Antibiotic-Corticoid Combinations		
<i>neomycin-bacitracin-poly-hc ophthalmic (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	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	Tier 2	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	Tier 1	
Eye Antihistamines		
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	Tier 1	QL (12 ML per 30 days)
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	Tier 1	QL (10 ML per 30 days)
<i>olopatadine ophthalmic (eye) drops 0.1 %</i> (Eye Allergy Itch-Redness Rlf)	Tier 1	
<i>olopatadine ophthalmic (eye) drops 0.2 %</i> (Eye Allergy Itch Relief)	Tier 1	QL (3 ML per 30 days)
Eye Antiinflammatory Agents		

Drug	Status	Notes
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %	Tier 3	QL (60 EA per 15 days)
<i>bromfenac ophthalmic (eye) drops 0.07 %</i> (Prolensa)	Tier 1	QL (3 ML per 16 days)
<i>bromfenac ophthalmic (eye) drops 0.075 %</i> (BromSite)	Tier 1	QL (5 ML per 16 days)
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	Tier 1	QL (3.4 ML per 16 days)
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	Tier 1	QL (15 ML per 14 days)
DEXTENZA INTRACANALICULAR INSERT 0.4 MG	Tier 3	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	Tier 1	QL (10 ML per 14 days)
<i>difluprednate ophthalmic (eye) drops 0.05 %</i> (Durezol)	Tier 1	QL (10 ML per 14 days)
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i> (FML Liquifilm)	Tier 1	QL (10 ML per 14 days)
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	Tier 1	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	Tier 2	QL (3.4 ML per 16 days)
<i>ketorolac ophthalmic (eye) drops 0.4 %</i> (Acular LS)	Tier 1	
<i>ketorolac ophthalmic (eye) drops 0.5 %</i> (Acular)	Tier 1	QL (20 ML per 30 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	Tier 2	QL (7 GM per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	Tier 2	QL (10 GM per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i> (Lotemax)	Tier 1	QL (10 GM per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i> (Alrex)	Tier 1	ST: Requires prior prescription for Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% within the past 120 days; QL (10 ML per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i> (Lotemax)	Tier 1	QL (20 ML per 14 days)

Drug	Status	Notes
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 3	ST: Requires prior prescription for Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% within the past 120 days; QL (25 ML per 14 days)
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> (Pred Forte)	Tier 1	QL (20 ML per 14 days)
<i>prednisolone sod ph-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)
Eye Antivirals		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	Tier 1	
Eye Local Anesthetics		
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 %	Tier 3	
ALCAINE OPHTHALMIC (EYE) DROPS 0.5 % (proparacaine)	Tier 1	
ALTACAIN OPHTHALMIC (EYE) DROPS 0.5 % (tetracaine hcl)	Tier 1	
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 % (fluorescein-benoxinate)	Tier 1	
<i>fluorescein-benoxinate ophthalmic (eye) drops 0.3-0.4 %</i>	Tier 1	
<i>fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %</i>	Tier 1	
IHEEZO (PF) OPHTHALMIC (EYE) DROPPERETTE,GEL 3 %	Tier 3	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i> (Alcaine)	Tier 1	
<i>tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i> (Altacaine)	Tier 1	
Eye Sulfonamides		
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	Tier 1	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	Tier 1	

Drug	Status	Notes
<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
Ophthalmic (Eye) Antiparasitics		
XDEMVI OPHTHALMIC (EYE) DROPS 0.25 %	Tier 6	PA; SP
Ophthalmic Antibiotics		
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	Tier 1	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i> (Polycin)	Tier 1	
BESIVANCE 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	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> (Neo-Polycin)	Tier 1	

Drug	Status	Notes
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	Tier 1	
NEO-POLYCIN OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT-UNIT/G (neomycin-bacitracin-polymyxin)	Tier 1	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i> (Ocuflox)	Tier 1	
POLYCIN OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM (bacitracin-polymyxin b)	Tier 1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	Tier 1	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	Tier 1	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	Tier 2	
<i>vancomycin in 0.9 % sodium chl ophthalmic (eye) drops 10 mg/ml</i>	Tier 1	
Ophthalmic Antifungal Agents		
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	Tier 3	
Ophthalmic Anti-Inflammatory Immunomodulator-Type		
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i> (Restasis)	Tier 1	QL (60 EA per 30 days)
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	Tier 2	QL (5.5 ML per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 % (cyclosporine)	Tier 1	QL (60 EA per 30 days)
VERKAZIA OPHTHALMIC (EYE) DROPPERETTE 0.1 %	Tier 6	PA; SP
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	Tier 2	QL (60 EA per 30 days)
Ophthalmic Human Nerve Growth Factor (Hngf)		
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	Tier 6	PA; SP
Ophthalmic Mast Cell Stabilizers		
ALOCRILOPHTHALMIC (EYE) DROPS 2 %	Tier 2	ST: Requires prior prescription for Cromolyn 4% ophthalmic drops within the past 120 days; QL (20 ML per 30 days)

Drug	Status	Notes
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %	Tier 2	ST: Requires prior prescription for Cromolyn 4% ophthalmic drops within the past 120 days; QL (40 ML per 30 days)
<i>cromolyn ophthalmic (eye) drops 4 %</i>	Tier 1	QL (50 ML per 30 days)
Eye - Glaucoma		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide oral capsule, extended release 500 mg</i>	Tier 1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	Tier 1	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	Tier 1	
Miotics/Other Intraoc. Pressure Reducers		
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	Tier 1	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 3	
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	Tier 1	QL (1 ML per 12 days)
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i> (Alphagan P)	Tier 1	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	Tier 1	
<i>brimonidine-dorzolamide ophthalmic (eye) drops 0.1-2 %</i>	Tier 1	
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i> (Combigan)	Tier 1	
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i> (Azopt)	Tier 1	
<i>carteolol ophthalmic (eye) drops 1 %</i>	Tier 1	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	Tier 1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i> (Cosopt (PF))	Tier 1	QL (2 EA per 1 day)
<i>dorzolamide-timolol ophthalmic (eye) drops 2.3-6.8 mg/ml</i> (Cosopt)	Tier 1	

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

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Drug	Status	Notes
<i>travoprost ophthalmic (eye) drops 0.004 %</i> (Travatan Z)	Tier 1	QL (2.5 ML per 25 days)
VUITY OPHTHALMIC (EYE) DROPS 1.25 %	Tier 3	PA
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	Tier 3	ST: At least 2 prior prescriptions for Bimatoprost, Latanoprost, Lumigan, or Travoprost within the past 365 days; QL (2.5 ML per 25 days)
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 %	Tier 3	ST: At least 2 prior prescriptions for Bimatoprost, Latanoprost, Lumigan, or Travoprost within the past 365 days; QL (2.5 ML per 25 days)
Mydriatics		
<i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)	Tier 1	
<i>atropine ophthalmic (eye) ointment 1 %</i>	Tier 1	
<i>atropine sulfate (pf) ophthalmic (eye) dropperette 1 %</i>	Tier 1	
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %	Tier 3	
<i>cyclopentolate ophthalmic (eye) drops 1 %</i> (Cyclogyl)	Tier 1	
<i>cyclopen-tropic-phenyleph-watr ophthalmic (eye) drops 1-1-2.5 %</i>	Tier 1	
<i>cyclopent-tropic-phen-ketr-wat ophthalmic (eye) drops 1 %-1 %-10 %-0.5 %, 1 %-1 %-2.5 %- 0.5 %</i>	Tier 1	
<i>cyclop-trop-propa-phen-ket-wat ophthalmic (eye) drops 1 %-1 %-0.1 %-2.5 %-0.4 %</i>	Tier 1	
HOMATROPAIRE OPHTHALMIC (EYE) DROPS 5 % (homatropine hbr)	Tier 1	
MYDCOMBI OPHTHALMIC (EYE) CARTRIDGE 2.5-1 %	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	

Drug	Status	Notes
<i>tropicamide ophthalmic (eye) drops 1 %</i> (Mydracyl)	Tier 1	
Ophthalmic Antifibrotic Agents		
<i>mitomycin (pf) in water ophthalmic (eye) syringe 0.2 mg/ml, 0.4 mg/ml</i>	Tier 4	SP
MITOSOL OPHTHALMIC (EYE) KIT 0.2 MG	Tier 3	
Eye - Miscellaneous		
Agents For Corneal Collagen Cross-Linking		
PHOTREXA CROSS-LINKING KIT OPHTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOUS 0.146 % -0.146 %	Tier 6	SP
PHOTREXA OPHTHALMIC (EYE) DROPS 0.146 %	Tier 6	SP
PHOTREXA VISCOUS OPHTHALMIC (EYE) DROPS, VISCOUS 0.146 %	Tier 6	SP
Artificial Tears		
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %	Tier 2	
Eye Preparations, Miscellaneous (Otc)		
GELFILM OPHTHALMIC (EYE) FILM	Tier 3	
Ophthalmic Cystine Depleting Agents		
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	Tier 5	PA; SP
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	Tier 5	PA; SP
Fluid Replacement		
Nucleic Acid/Nucleotide Supplements		
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	Tier 5	PA; SP
Gout And Related Diseases		
Colchicine		
<i>colchicine oral capsule 0.6 mg</i> (Mitigare)	Tier 1	QL (2 EA per 1 day)
<i>colchicine oral tablet 0.6 mg</i> (Colcrys)	Tier 1	QL (4 EA per 1 day)
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML	Tier 3	ST: Requires prior prescription for Colchicine capsules or tablets within the past 120 days; QL (10 ML per 1 day)

Drug	Status	Notes
Hyperuricemia Tx - Purine Inhibitors		
<i>allopurinol oral tablet 100 mg</i> (Zyloprim)	Tier 1	
<i>allopurinol oral tablet 300 mg</i>	Tier 1	
<i>febuxostat oral tablet 40 mg, 80 mg</i> (Uloric)	Tier 1	ST: Requires prior prescription for Allopurinol within the past 120 days; QL (30 EA per 30 days)
Uricosuric Agents		
<i>probenecid oral tablet 500 mg</i>	Tier 1	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	Tier 1	
Uricosuric And Xanthine Oxidase Inhibitor Comb.		
DUZALLO ORAL TABLET 200-200 MG, 200-300 MG	Tier 3	ST: Requires prior prescription for Allopurinol within the past 120 days; QL (1 EA per 1 day)
Hematological Disorders		
Agents To Tx Thrombotic Thrombocytopenic Purpura		
CABLIVI INJECTION KIT 11 MG	Tier 6	PA; SP
CABLIVI INJECTION RECON SOLN 11 MG	Tier 6	PA; SP
Anticoagulants, Coumarin Type		
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG (warfarin)	Tier 1	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> (Jantoven)	Tier 1	
Antifibrinolytic Agents		
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i> (Amicar)	Tier 1	
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i> (Amicar)	Tier 1	
<i>tranexamic acid oral tablet 650 mg</i>	Tier 1	
Antihemophilic Factors		

Drug	Status	Notes
ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	SP
ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT	Tier 5	SP
AFSTYLA INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT RANGE, 1,500 (+/-) UNIT RANGE, 2,000 (+/-) UNIT RANGE, 2,500 (+/-) UNIT RANGE, 250 (+/-) UNIT RANGE, 3,000 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	Tier 5	SP
ALPHANATE INTRAVENOUS RECON SOLN 1,000 (400 VWF) UNIT/10 ML, 1,500 (600 VWF) UNIT/10 ML, 2,000 (800 VWF) UNIT/10 ML, 250 (100 VWF) UNIT/5 ML, 500 (200 VWF) UNIT/5 ML	Tier 6	SP
ALTUVIIIIO INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4000 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	SP
ELOCTATE INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 5,000 UNIT, 500 UNIT, 6,000 UNIT, 750 UNIT	Tier 5	SP
ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	SP
FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT	Tier 6	SP
HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT	Tier 6	SP
HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT	Tier 6	SP
HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT	Tier 6	SP

Drug	Status	Notes
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501- 2,000 UNIT	Tier 6	SP
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT	Tier 6	SP
JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	SP
KOATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 6	SP
KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	SP
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	SP
NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	SP
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 6	SP
NUWIQ INTRAVENOUS RECON SOLN 1000 UNIT, 2,000 UNIT, 2,500 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	Tier 6	SP
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE	Tier 6	SP
RECOMBINATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 6	SP
SEVENFACT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 5 MG (5,000 MCG)	Tier 6	SP
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT	Tier 6	SP

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Drug	Status	Notes
XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	SP
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 5	SP
Blood Factors,Miscellaneous		
VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-) UNIT RANGE	Tier 6	SP
Citrates As Anticoagulants		
ACD SOLUTION A SOLUTION 2.45-2.2 GRAM- 800 MG/100 ML	Tier 3	
ACD-A SOLUTION , 2.45-2.2 GRAM- 730 MG/100 ML	Tier 3	
<i>anticoag citrate phos dextrose solution 2.63-222 gram-mg/100ml</i>	Tier 1	
<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 6	PA; SP
Direct Factor Xa Inhibitors		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	Tier 2	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	Tier 2	QL (2 EA per 1 day)
ELIQUIS ORAL TABLET 5 MG	Tier 2	QL (74 EA per 30 days)
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	Tier 2	QL (51 EA per 30 days)

Drug	Status	Notes
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	Tier 2	QL (20 ML per 1 day)
XARELTO ORAL TABLET 10 MG, 20 MG	Tier 2	QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG	Tier 2	QL (2 EA per 1 day)
Factor Ix Complex (Pcc) Preparations		
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 6	SP
Factor Ix Preparations		
ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 6	SP
ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	Tier 6	SP
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 6	SP
IDELVION INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 6	SP
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 6	SP
REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 6	SP
RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 6	SP
Factor X Preparations		
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	Tier 6	SP
Factor Xiii Preparations		
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT	Tier 6	SP

Drug	Status	Notes
TRETTEN INTRAVENOUS RECON SOLN 2,500 UNIT	Tier 6	SP
Hematinics, Other		
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 120 MCG/0.3 ML, 150 MCG/0.3 ML, 200 MCG/0.3 ML, 30 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML	Tier 6	PA; SP
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	Tier 5	PA; SP
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 6	PA; SP
Hemorrhologic Agents		
<i>pentoxifylline oral tablet extended release 400 mg</i>	Tier 1	
Heparin And Related Preparations		
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i> (Lovenox)	Tier 4	SP; QL (30 ML per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i> (Lovenox)	Tier 4	SP
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> (Arixtra)	Tier 4	SP; QL (24 ML per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> (Arixtra)	Tier 4	SP; QL (15 ML per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i> (Arixtra)	Tier 4	SP; QL (12 ML per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i> (Arixtra)	Tier 4	SP; QL (18 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML	Tier 5	SP; QL (8 ML per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	Tier 5	SP; QL (7.6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML	Tier 5	SP; QL (60 ML per 30 days)

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

Drug	Status	Notes
<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	
Human Monoclonal Antibody Complement(C5) Inhibitor		
FABHALTA ORAL CAPSULE 200 MG	Tier 5	PA; SP
TAVNEOS ORAL CAPSULE 10 MG	Tier 6	PA; SP
VOYDEYA ORAL TABLET 100 MG, 150 MG (50 MG X 1-100 MG X 1)	Tier 6	PA; SP
ZILBRYSQ SUBCUTANEOUS SYRINGE 16.6 MG/0.416 ML, 23 MG/0.574 ML, 32.4 MG/0.81 ML	Tier 6	PA; SP
Hypoxia Inducible Factor Prolyl Hydroxylase Inh.		
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 3	PA
Leukocyte (Wbc) Stimulants		
LEUKINE INJECTION RECON SOLN 250 MCG	Tier 5	PA; SP
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	Tier 6	PA; SP
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 6	PA; SP
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 6	PA; SP
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 6	PA; SP
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 5	PA; SP
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 5	PA; SP
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 5	PA; SP
Plasma Proteins		
RYPLAZIM INTRAVENOUS RECON SOLN 68.8 MG	Tier 6	PA; SP
Platelet Aggregation Inhibitors		

Drug	Status	Notes
ADULT ASPIRIN REGIMEN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)	ACA Tier	
ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)	ACA Tier	
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG (aspirin)	ACA Tier	
<i>aspirin oral tablet,chewable 81 mg</i> (Aspirin Childrens)	ACA Tier	
<i>aspirin oral tablet,delayed release (dr/ec) 81 mg</i> (Adult Aspirin Regimen)	ACA Tier	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	Tier 1	
BAYER LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)	ACA Tier	
BRILINTA ORAL TABLET 60 MG, 90 MG	Tier 2	QL (2 EA per 1 day)
CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG (aspirin)	ACA Tier	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Tier 1	
<i>clopidogrel oral tablet 300 mg</i>	Tier 1	QL (4 EA per 30 days)
<i>clopidogrel oral tablet 75 mg</i> (Plavix)	Tier 1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>prasugrel oral tablet 10 mg, 5 mg</i> (Effient)	Tier 1	QL (1 EA per 1 day)
ST JOSEPH ASPIRIN ORAL TABLET,CHEWABLE 81 MG (aspirin)	ACA Tier	
ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)	ACA Tier	
ZONTIVITY ORAL TABLET 2.08 MG	Tier 3	QL (1 EA per 1 day)
Platelet Reducing Agents		
<i>anagrelide oral capsule 0.5 mg</i> (Agrimol)	Tier 1	
<i>anagrelide oral capsule 1 mg</i>	Tier 1	
Pyruvate Kinase Activators		
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	Tier 6	PA; SP

Drug	Status	Notes
PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7)	Tier 6	PA; SP
Sickle Cell Anemia Agents		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	Tier 3	
ENDARI ORAL POWDER IN PACKET 5 GRAM (glutamine (sickle cell))	Tier 6	PA; SP
<i>glutamine (sickle cell) oral powder in packet 5 gram</i> (Endari)	Tier 4	PA; SP
OXBRYTA ORAL TABLET 300 MG, 500 MG	Tier 6	PA; SP
OXBRYTA ORAL TABLET FOR SUSPENSION 300 MG	Tier 6	PA; SP
SIKLOS ORAL TABLET 1,000 MG	Tier 3	ST: Requires prior prescription Droxia and Hydroxyurea within the past 365 days
SIKLOS ORAL TABLET 100 MG	Tier 3	QL (2 EA per 1 day)
Spleen Tyrosine Kinase Inhibitors		
TAVALISSE ORAL TABLET 100 MG, 150 MG	Tier 5	PA; SP
Thrombin Inhibitors, Selective, Direct, & Reversible		
<i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i> (Pradaxa)	Tier 1	QL (2 EA per 1 day)
PRADAXA ORAL PELLETS IN PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG	Tier 3	PA
Thrombopoietin Receptor Agonists		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	Tier 6	PA; SP
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	Tier 5	PA; SP
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	Tier 5	PA; SP
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	Tier 5	PA; SP
MULPLETA ORAL TABLET 3 MG	Tier 6	PA; SP
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	Tier 5	PA; SP

Drug	Status	Notes
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	Tier 5	PA; SP
Topical Hemostatics		
ASTRINGYN TOPICAL SOLUTION 259 MG/G	Tier 3	
AVITENE FLOUR TOPICAL POWDER	Tier 3	
AVITENE TOPICAL POWDER IN PACKET	Tier 3	
AVITENE TOPICAL SHEET 35 X 35 MM, 70 X 35 MM, 70 X 70 MM	Tier 3	
ENDO AVITENE TOPICAL SHEET 10 MM, 5 MM	Tier 3	
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	
GELFOAM JMI POWDER TOPICAL KIT 5,000 UNIT	Tier 3	
GELFOAM JMI SPONGE TOPICAL COMBO PACK 5,000 UNIT	Tier 3	
GELFOAM SPONGE SIZE 200 TOPICAL SPONGE 200	Tier 3	
GELFOAM TOPICAL SPONGE 4	Tier 3	
MONSEL'S TOPICAL SOLUTION WITH APPLICATOR 0.2 TO 0.22 GRAM/ML	Tier 1	
RECOTHROM SPRAY KIT TOPICAL RECON SOLN 20,000 UNIT	Tier 3	
RECOTHROM TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT	Tier 3	
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	

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Drug	Status	Notes
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 MG/0.5 ML (phytonadione (vitamin k1))	Tier 1	
VITAMIN K1 INJECTION SOLUTION 10 MG/ML (phytonadione (vitamin k1))	Tier 1	
Hormonal Deficiency		
Androgenic Agents		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR	Tier 3	PA
KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG	Tier 3	PA
METHITEST ORAL TABLET 10 MG (methyltestosterone)	Tier 3	PA
<i>methyltestosterone oral capsule 10 mg</i>	Tier 1	PA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone)	Tier 1	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	Tier 1	PA
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i> (Testim)	Tier 1	PA

Drug	Status	Notes
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation	Tier 1	PA
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %) (Vogelxo)	Tier 1	PA
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %) (AndroGel)	Tier 1	PA
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram) (AndroGel)	Tier 1	PA
testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)	Tier 1	PA
TLANDO ORAL CAPSULE 112.5 MG	Tier 3	PA
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	Tier 3	PA
Estrogen & Progestin With Antimineralocorticoid Cb		
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	Tier 3	
Estrogen & Selective Estrogen Recept Mod(Serm)Comb		
DUAVEE ORAL TABLET 0.45-20 MG	Tier 2	
Estrogen And Progestin Combinations		
BIJUVA ORAL CAPSULE 0.5-100 MG	Tier 2	QL (1 EA per 1 day)
BIJUVA ORAL CAPSULE 1-100 MG	Tier 2	QL (30 EA per 30 days)
Estrogen/Androgen Combinations		
COVARYX H.S. ORAL TABLET 0.625-1.25 MG (estrogens-methyltestosterone)	Tier 1	
COVARYX ORAL TABLET 1.25-2.5 MG (estrogens-methyltestosterone)	Tier 1	
EEMT HS ORAL TABLET 0.625-1.25 MG (estrogens-methyltestosterone)	Tier 1	
EEMT ORAL TABLET 1.25-2.5 MG (estrogens-methyltestosterone)	Tier 1	
ESTRATEST F.S. ORAL TABLET 1.25-2.5 MG (estrogens-methyltestosterone)	Tier 1	

Drug	Status	Notes
<i>estrogens-methyltestosterone oral tablet</i> (Covaryx H.S.) 0.625-1.25 mg	Tier 1	
<i>estrogens-methyltestosterone oral tablet</i> (Covaryx) 1.25-2.5 mg	Tier 1	
Estrogenic Agents		
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR	Tier 3	QL (1 EA per 7 days)
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	Tier 2	QL (2 EA per 7 days)
DEPO-ESTRADIOL INTRAMUSCULAR (estradiol cypionate) OIL 5 MG/ML	Tier 3	
DOTTI TRANSDERMAL PATCH (estradiol) SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	Tier 1	QL (2 EA per 7 days)
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION	Tier 3	ST: Requires prior prescription for Alora or Estradiol within the past 120 days; QL (52 GM per 30 days)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> (Estrace)	Tier 1	
<i>estradiol transdermal gel in metered- dose pump 1.25 gram/actuation</i> (EstroGel)	Tier 1	ST: Requires prior prescription for Alora or Estradiol within the past 120 days
<i>estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%)</i> (Divigel)	Tier 1	QL (30 EA per 30 days)
<i>estradiol transdermal gel in packet 1 mg/gram (0.1 %)</i> (Divigel)	Tier 1	QL (30 GM per 30 days)
<i>estradiol transdermal gel in packet 1.25 mg/1.25 gram (0.1 %)</i> (Divigel)	Tier 1	QL (37.5 GM per 30 days)
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Dotti)	Tier 1	QL (2 EA per 7 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Climara)	Tier 1	QL (1 EA per 7 days)
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i> (Delestrogen)	Tier 1	

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

Drug	Status	Notes
Progestational Agents		
CRINONE VAGINAL GEL 4 %	Tier 3	
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> (Provera)	Tier 1	
<i>norethindrone acetate oral tablet 5 mg</i> (Gallifrey)	Tier 1	
<i>progesterone intramuscular oil 50 mg/ml</i>	Tier 1	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)	Tier 1	
Immunization		
Antisera		
CUTAQUIG SUBCUTANEOUS SOLUTION 16.5 %	Tier 6	PA; SP
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 6	PA; SP
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	Tier 5	PA; SP
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 6	PA; SP
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 6	PA; SP
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 6	PA; SP
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 6	PA; SP
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 6	PA; SP

Drug	Status	Notes
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 6	PA; SP
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 6	PA; SP
Covid-19 Vaccines		
COMIRNATY 2024-25 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML	ACA Tier	\$0 COPAY IF QUANTITY IS LIMITED TO 0.3 AND 12 YEARS OF AGE OR OLDER
MODERNA COVID 24-25(6M-11Y)PF INTRAMUSCULAR SYRINGE 25 MCG/0.25 ML	ACA Tier	\$0 COPAY IF QUANTITY IS LIMITED TO 0.25 AND 6 MONTHS TO 11 YEARS OF AGE
NOVAVAX COVID 2024-25(PF)(EUA) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	ACA Tier	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5 AND 12 YEARS OF AGE OR OLDER
PFIZER COVID 2024-25(5Y-11Y)PF INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML	ACA Tier	\$0 COPAY IF QUANTITY IS LIMITED TO 0.3 AND 5-11 YEARS OF AGE
PFIZER COVID 2024-25(6MO-4Y)PF INTRAMUSCULAR SUSPENSION 3 MCG/0.3 ML	ACA Tier	\$0 COPAY IF QUANTITY IS LIMITED TO 0.3 AND 6 MONTHS TO 4 YEARS OF AGE
SPIKEVAX 2024-2025(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	ACA Tier	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5 AND 12 YEARS OF AGE OR OLDER
Enteric Virus Vaccines		
IPOL INJECTION SUSPENSION 40-32 UNIT/0.5 ML	ACA Tier	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5, FILL OF 3 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
Gram Negative Cocci Vaccines		

Drug	Status	Notes
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	ACA Tier	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5, FILL OF 2 IN 365 DAYS, AND 10-25 YEARS OF AGE
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	ACA Tier	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5, FILL OF 2 IN 365 DAYS, AND 11-17 YEARS OF AGE|\$0 COPAY IF QUANTITY IS LIMITED TO 0.5, FILL OF 1 IN 365 DAYS, AND 18-23 YEARS OF AGE
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	ACA Tier	\$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 2 IN 365 DAYS AND 11-17 YEARS OF AGE|\$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 1 IN 365 DAYS AND 18-23 YEARS OF AGE
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	ACA Tier	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5, FILL OF 2 IN 365 DAYS, AND 11-17 YEARS OF AGE|\$0 COPAY IF QUANTITY IS LIMITED TO 0.5, FILL OF 1 IN 365 DAYS, AND 18-23 YEARS OF AGE
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	ACA Tier	\$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 2 IN 365 DAYS, AND 18-25 YEARS OF AGE
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	ACA Tier	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5, FILL OF 3 IN 365 DAYS, AND 10-25 YEARS OF AGE
Gram Positive Cocci Vaccines		
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	ACA Tier	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5, FILL OF 1 IN 365 DAYS AND 65 YEARS OF AGE OR OLDER

Drug	Status	Notes
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	ACA Tier	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5, FILL OF 1 IN 365 DAYS AND 65 YEARS OF AGE OR OLDER
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML	ACA Tier	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5, FILL OF 1 IN 365 DAYS AND 65 YEARS OF AGE OR OLDER
Influenza Virus Vaccines		
AFLURIA TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	ACA Tier	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5 AND FILL OF 1 IN 180 DAYS
AFLURIA TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	ACA Tier	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5 AND FILL OF 1 IN 180 DAYS
FLUAD TRIV 2024-25(65Y UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	ACA Tier	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5, FILL OF 1 IN 180 DAYS, AND 65 YEARS OF AGE OR OLDER
FLUARIX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	ACA Tier	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5 AND FILL OF 1 IN 180 DAYS
FLUBLOK TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 135 MCG (45 MCG X 3)/0.5 ML	ACA Tier	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5, FILL OF 1 IN 180 DAYS, AND 18 YEARS OF AGE OR OLDER
FLUCELVAX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	ACA Tier	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5 AND FILL OF 1 IN 180 DAYS
FLUCELVAX TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	ACA Tier	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5 AND FILL OF 1 IN 180 DAYS
FLULAVAL TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	ACA Tier	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5 AND FILL OF 1 IN 180 DAYS
FLUMIST TRIVALENT 2024-2025 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	ACA Tier	\$0 COPAY IF QUANTITY IS LIMITED TO 1 AND FILL OF 1 IN 180 DAYS

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10/01/2024

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Drug	Status	Notes
FLUZONE HIGH-DOSE TRIV 24-25 INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	ACA Tier	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5, FILL OF 1 IN 180 DAYS, AND 65 YEARS OF AGE OR OLDER
FLUZONE TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	ACA Tier	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5 AND FILL OF 1 IN 180 DAYS
FLUZONE TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	ACA Tier	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5 AND FILL OF 1 IN 180 DAYS
Vaccine/Toxoid Preparations, Combinations		
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF- (2.5-5-3-5 MCG)-5LF/0.5 ML	ACA Tier	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5, FILL OF 1 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5- 5-3-5 MCG)-5LF/0.5 ML	ACA Tier	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5, FILL OF 1 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG- LF/0.5ML	ACA Tier	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5, FILL OF 1 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	ACA Tier	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5, FILL OF 1 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	ACA Tier	\$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	ACA Tier	\$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER

Drug	Status	Notes
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML (tetanus-diphtheria toxoids-td)	ACA Tier	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5, FILL OF 1 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	ACA Tier	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5, FILL OF 1 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	ACA Tier	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5, FILL OF 1 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
Viral/Tumorigenic Vaccines		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	ACA Tier	\$0 COPAY IF FEMALE, QUANTITY IS LIMITED TO 1, FILL OF 1 IN 365 DAYS, 59 YEARS OF AGE OR YOUNGER, AND NO HISTORY OF AREXVY|\$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 1 IN 365 DAYS, 60 YEARS OF AGE OR OLDER, AND NO HISTORY OF AREXVY
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	ACA Tier	\$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 1 IN 365 DAYS, AND 60 YEARS OF AGE OR OLDER
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	ACA Tier	\$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 4 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	ACA Tier	\$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 4 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER

Drug	Status	Notes
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	ACA Tier	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5, FILL OF 3 IN 365 DAYS AND 9-45 YEARS OF AGE
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	ACA Tier	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5, FILL OF 3 IN 365 DAYS AND 9-45 YEARS OF AGE
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	ACA Tier	\$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	ACA Tier	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5, FILL OF 2 IN 365 AND 18 YEARS OF AGE OR OLDER
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	ACA Tier	\$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 3 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	ACA Tier	\$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 3 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	ACA Tier	\$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 3 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	ACA Tier	\$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 2 IN 365 DAYS AND 50 YEARS OF AGE OR OLDER
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	ACA Tier	\$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 4 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER

Drug	Status	Notes
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	ACA Tier	\$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	ACA Tier	\$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	ACA Tier	\$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
Immunosuppression/Modulation		
Immunomodulators		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	Tier 6	PA; SP
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML	Tier 6	SP
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	Tier 6	PA; SP
<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
Immunosuppressives		
<i>azathioprine oral tablet 100 mg, 75 mg</i>	(Azasan)	Tier 1
<i>azathioprine oral tablet 50 mg</i>	(Imuran)	Tier 1
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i>	(Gengraf)	Tier 1
<i>cyclosporine modified oral capsule 50 mg</i>		Tier 1
<i>cyclosporine modified oral solution 100 mg/ml</i>	(Gengraf)	Tier 1
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	(Sandimmune)	Tier 1

Drug	Status	Notes
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i> (Zortress)	Tier 1	
GENGRAF ORAL CAPSULE 100 MG, 25 MG (cyclosporine modified)	Tier 1	
GENGRAF ORAL SOLUTION 100 MG/ML (cyclosporine modified)	Tier 1	
LUPKYNIS ORAL CAPSULE 7.9 MG	Tier 6	PA; SP
<i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept)	Tier 1	
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept)	Tier 1	
<i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept)	Tier 1	
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i> (Myfortic)	Tier 1	
MYHIBBIN ORAL SUSPENSION 200 MG/ML	Tier 3	PA
NEORAL ORAL CAPSULE 100 MG, 25 MG (cyclosporine modified)	Tier 3	
NEORAL ORAL SOLUTION 100 MG/ML (cyclosporine modified)	Tier 3	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (tacrolimus)	Tier 3	
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	Tier 2	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (cyclosporine)	Tier 3	
<i>sirolimus oral solution 1 mg/ml</i>	Tier 1	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	Tier 1	
<i>tacrolimus oral capsule, extended release 24hr 0.5 mg, 1 mg, 5 mg</i> (Astagraf XL)	Tier 1	ST: Requires prior prescription for generic Tacrolimus within the past 120 days
Rho Kinase Inhibitor		
REZUROCK ORAL TABLET 200 MG	Tier 5	PA; SP
Infectious Disease - Bacterial		
Absorbable Sulfonamides		
<i>sulfadiazine oral tablet 500 mg</i>	Tier 1	

Drug	Status	Notes
<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 5	PA; SP
Cephalosporins - 1St Generation		
<i>cefadroxil oral capsule 500 mg</i>	Tier 1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	Tier 1	
<i>cefadroxil oral tablet 1 gram</i>	Tier 1	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	Tier 1	
<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	

Drug	Status	Notes
<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	
Chemotherapeutics, Antibacterial, Misc.		
<i>fosfomycin tromethamine oral packet 3 gram</i>	Tier 1	
<i>methenamine hippurate oral tablet 1 gram</i> (Hiprex)	Tier 1	
<i>methenamine mandelate oral tablet 0.5 gram, 1 gram</i>	Tier 1	
<i>methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg</i> (Urogescic-Blue)	Tier 1	
PRIMSOL ORAL SOLUTION 50 MG/5 ML	Tier 2	
<i>trimethoprim oral tablet 100 mg</i>	Tier 1	
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG	Tier 2	
URIBEL TABS ORAL TABLET 81.6-0.12-10.8 MG	Tier 3	
URIMAR-T ORAL TABLET 120-10.8-0.12 MG	Tier 3	
URO-458 ORAL TABLET 81-10.8-40.8 MG	Tier 1	
UROGESIC-BLUE ORAL TABLET 81.6-40.8-0.12 MG (methen-sod phos-meth blue-hyos)	Tier 1	
URO-MP ORAL CAPSULE 118-10-40.8-36 MG	Tier 1	
Fecal Microbiota Transplantation (Fmt)		
REBYOTA RECTAL ENEMA 150 ML	Tier 6	PA; SP
VOWST ORAL CAPSULE	Tier 5	PA; SP
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	

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

Drug	Status	Notes
<i>linezolid oral tablet 600 mg</i> (Zyvox)	Tier 1	
SIVEXTRO ORAL TABLET 200 MG	Tier 2	ST: Requires prior prescription for Linezolid (600mg tablets) within the past 120 days; QL (6 EA per 6 days)
Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	Tier 1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	Tier 1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i> (Augmentin)	Tier 1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600)	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg</i> (Augmentin)	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i> (Augmentin XR)	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	Tier 1	
<i>ampicillin oral capsule 500 mg</i>	Tier 1	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	Tier 1	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG (amoxicillin)	Tier 3	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	Tier 1	
Pleuromutilin Derivatives		

Drug	Status	Notes
XENLETA ORAL TABLET 600 MG	Tier 3	PA
Quinolones		
BAXDELA ORAL TABLET 450 MG	Tier 3	PA
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML (ciprofloxacin)	Tier 2	
<i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>	Tier 1	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> (Cipro)	Tier 1	
<i>ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i> (Cipro)	Tier 1	
FACTIVE ORAL TABLET 320 MG	Tier 3	
<i>levofloxacin oral solution 250 mg/10 ml</i>	Tier 1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>moxifloxacin oral tablet 400 mg</i>	Tier 1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	Tier 1	
Tetracyclines		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	Tier 1	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i> (Morgidox)	Tier 1	QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet 100 mg</i>	Tier 1	
<i>doxycycline hyclate oral tablet 150 mg</i> (Acticlate)	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 150mg tablets within the past 120 days; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet 50 mg</i> (Targadox)	Tier 1	ST: Requires prior prescription for Doxycycline Hyclate 50mg capsules or Doxycycline Monohydrate 50mg capsules or tablets within the past 120 days; QL (4 EA per 1 day)

Drug	Status	Notes
<i>doxycycline hyclate oral tablet 75 mg</i> (Acticlate)	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxyne NL)	Tier 1	
<i>doxycycline monohydrate oral capsule 150 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 50 mg</i> (Monodox)	Tier 1	
<i>doxycycline monohydrate oral capsule 75 mg</i> (Mondoxyne NL)	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
<i>doxycycline monohydrate oral 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	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 1	
MONDOXYNE NL ORAL CAPSULE 100 MG (doxycycline monohydrate)	Tier 1	
MONDOXYNE NL ORAL CAPSULE 75 MG (doxycycline monohydrate)	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
NUZYRA ORAL TABLET 150 MG	Tier 3	PA
<i>tetracycline oral capsule 250 mg, 500 mg</i>	Tier 1	

Infectious Disease - Fungal

Drug	Status	Notes
Antifungal Agents		
<i>clotrimazole mucous membrane troche 10 mg</i>	Tier 1	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	Tier 3	PA
<i>fluconazole oral suspension for reconstitution 10 mg/ml</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	
NOXAFIL ORAL SUSP, DELAYED RELEASE FOR RECON 300 MG	Tier 3	PA
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG	Tier 3	
<i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i> (Noxafil)	Tier 1	PA
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i> (Noxafil)	Tier 1	PA
<i>terbinafine hcl oral tablet 250 mg</i>	Tier 1	
VIVJOA ORAL CAPSULE 150 MG	Tier 3	PA
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> (Vfend)	Tier 1	
<i>voriconazole oral tablet 200 mg, 50 mg</i> (Vfend)	Tier 1	
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	

Drug	Status	Notes
Infectious Disease - Miscellaneous		
Aminoglycosides		
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	Tier 6	PA; SP
<i>neomycin oral tablet 500 mg</i>	Tier 1	
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	Tier 5	PA; SP
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi)	Tier 4	PA; SP
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i> (Bethkis)	Tier 4	PA; SP
<i>tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml</i> (Kitabis Pak)	Tier 4	PA; SP
Antibacterial Agents, Miscellaneous		
<i>glycine urologic solution irrigation solution 1.5 %</i> (Glycine Urologic)	Tier 1	
Antileprotics		
<i>dapsone oral tablet 100 mg, 25 mg</i>	Tier 1	
THALOMID ORAL CAPSULE 100 MG, 50 MG	Tier 5	PA; SP
Anti-Mycobacterium Agents		
<i>ethambutol oral tablet 100 mg, 400 mg</i>	Tier 1	
<i>isoniazid oral solution 50 mg/5 ml</i>	Tier 1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	Tier 1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	Tier 3	
<i>pyrazinamide oral tablet 500 mg</i>	Tier 1	
<i>rifabutin oral capsule 150 mg</i> (Mycobutin)	Tier 1	
TRECTOR ORAL TABLET 250 MG	Tier 3	
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 6	PA; SP

Drug	Status	Notes
Lincosamides		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin HCl)	Tier 1	
<i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml</i> (Clindamycin Pediatric)	Tier 1	
CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML (clindamycin palmitate hcl)	Tier 1	
Rifamycins And Related Derivative Antibiotics		
AEMCOLO ORAL TABLET, DELAYED RELEASE (DR/EC) 194 MG	Tier 3	ST: Requires prior prescription for generic oral Azithromycin, Ciprofloxacin, Levofloxacin, or Ofloxacin within the past 120 days; QL (12 EA per 1 FILL)
XIFAXAN ORAL TABLET 200 MG	Tier 3	PA
XIFAXAN ORAL TABLET 550 MG	Tier 2	PA
Vancomycin And Derivatives		
<i>vancomycin oral capsule 125 mg</i> (Vancocin)	Tier 1	QL (56 EA per 1 FILL)
<i>vancomycin oral capsule 250 mg</i> (Vancocin)	Tier 1	QL (112 EA per 1 FILL)
<i>vancomycin oral recon soln 25 mg/ml</i> (Firvanq)	Tier 1	QL (300 ML per 1 FILL)
<i>vancomycin oral recon soln 50 mg/ml</i> (Firvanq)	Tier 1	QL (600 ML per 1 FILL)
Infectious Disease - Parasitic		
2Nd Gen. Anaerobic Antiprotozoal-Antibacterial		
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM	Tier 3	ST: At least 2 prior prescriptions for Clindamycin vaginal cream, Metronidazole vaginal gel, Tinidazole, or Vandazole gel within the past 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		

Drug	Status	Notes
LIKMEZ ORAL SUSPENSION 500 MG/5 ML	Tier 3	PA
<i>metronidazole oral capsule 375 mg</i> (Flagyl)	Tier 1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Tier 1	
Anthelmintics		
<i>albendazole oral tablet 200 mg</i>	Tier 1	
EGATEN ORAL TABLET 250 MG	Tier 3	
EMVERM ORAL TABLET,CHEWABLE 100 MG (mebendazole)	Tier 2	PA
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	Tier 1	
<i>praziquantel oral tablet 600 mg</i> (Biltricide)	Tier 1	
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	
<i>hydroxychloroquine oral tablet 100 mg</i>	Tier 1	QL (180 EA per 30 days)
<i>hydroxychloroquine oral tablet 200 mg</i> (Sovuna)	Tier 1	QL (100 EA per 30 days)
<i>hydroxychloroquine oral tablet 300 mg</i> (Sovuna)	Tier 1	QL (60 EA per 30 days)
<i>hydroxychloroquine oral tablet 400 mg</i>	Tier 1	QL (60 EA per 30 days)
KRINTAFEL ORAL TABLET 150 MG	Tier 2	QL (2 EA per 1 FILL)
<i>mefloquine oral tablet 250 mg</i>	Tier 1	
<i>primaquine oral tablet 26.3 mg (15 mg base)</i>	Tier 2	
<i>pyrimethamine oral tablet 25 mg</i> (Daraprim)	Tier 4	PA; SP
<i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)	Tier 1	
SOVUNA ORAL TABLET 200 MG (hydroxychloroquine)	Tier 2	QL (100 EA per 30 days)
SOVUNA ORAL TABLET 300 MG (hydroxychloroquine)	Tier 3	QL (60 EA per 30 days)
Antiparasitics		

Drug	Status	Notes
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	Tier 3	QL (50 ML per 1 day)
<i>nitazoxanide oral tablet 500 mg</i> (Alinia)	Tier 1	QL (2 EA per 1 day)
Antiprotozoal Drugs, Miscellaneous		
<i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron)	Tier 1	
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	Tier 1	
IMPAVIDO ORAL CAPSULE 50 MG	Tier 2	PA
LAMPIT ORAL TABLET 120 MG, 30 MG	Tier 3	
<i>pentamidine inhalation recon soln 300 mg</i> (Nebupent)	Tier 1	
Infectious Disease - Viral		
Antiretroviral - Capsid Inhibitors		
SUNLENCA ORAL TABLET 300 MG	Tier 5	PA; SP
Antiretroviral-Integrase Inhibitor And Nrti Comb.		
JULUCA ORAL TABLET 50-25 MG	Tier 5	SP; QL (1 EA per 1 day)
Antiretroviral-Integrase Inhibitor And Nrti Comb.		
DOVATO ORAL TABLET 50-300 MG	Tier 5	SP; QL (1 EA per 1 day)
Antiretroviral- Nucleoside, Nucleotide, Protease Inh.		
SYMTUZA ORAL TABLET 800-150-200-10 MG	Tier 5	SP; 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 Nucleotide Analogs		
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	Tier 1	QL (40 EA per 29 days); Age (Min 18 Years)
Antivirals, General		
<i>acyclovir oral capsule 200 mg</i>	Tier 1	
<i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)	Tier 1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	Tier 1	

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Drug	Status	Notes
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	Tier 1	
LIVTENCITY ORAL TABLET 200 MG	Tier 5	PA; SP
<i>oseltamivir oral capsule 30 mg</i> (Tamiflu)	Tier 1	QL (40 EA per 180 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i> (Tamiflu)	Tier 1	QL (20 EA per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu)	Tier 1	QL (360 ML per 180 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG	Tier 3	PA
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	Tier 3	QL (40 EA per 180 days)
<i>ribavirin inhalation recon soln 6 gram</i> (Virazole)	Tier 1	
<i>rimantadine oral tablet 100 mg</i> (Flumadine)	Tier 1	
TEMBEXA ORAL SUSPENSION 10 MG/ML	Tier 2	
TEMBEXA ORAL TABLET 100 MG	Tier 2	
TPOXX (NATIONAL STOCKPILE) ORAL CAPSULE 200 MG	Tier 2	
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	Tier 1	
<i>valganciclovir oral recon soln 50 mg/ml</i> (Valcyte)	Tier 1	
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	Tier 1	
XOFLUZA ORAL TABLET 20 MG, 40 MG	Tier 2	QL (4 EA per 180 days)
XOFLUZA ORAL TABLET 80 MG	Tier 2	QL (2 EA per 180 days)
Antivirals, Hiv-Spec, Non-Peptidic Protease Inhib		
APTIVUS ORAL CAPSULE 250 MG	Tier 5	SP; QL (4 EA per 1 day)
<i>darunavir oral tablet 600 mg</i> (Prezista)	Tier 4	SP; QL (2 EA per 1 day)
<i>darunavir oral tablet 800 mg</i> (Prezista)	Tier 4	SP; QL (1 EA per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML	Tier 5	SP; QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	Tier 5	SP; QL (8 EA per 1 day)
PREZISTA ORAL TABLET 75 MG	Tier 5	SP; QL (16 EA per 1 day)
Antivirals, Hiv-Spec, Nucleoside-Nucleotide Analog		
CIMDUO ORAL TABLET 300-300 MG	Tier 5	SP; QL (1 EA per 1 day)
DESCOVY ORAL TABLET 120-15 MG	Tier 5	SP; QL (1 EA per 1 day)

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

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Drug	Status	Notes
INTELENCE ORAL TABLET 25 MG	Tier 5	SP; QL (4 EA per 1 day)
<i>nevirapine oral suspension 50 mg/5 ml</i>	Tier 4	SP; QL (1200 ML per 30 days)
<i>nevirapine oral tablet 200 mg</i>	Tier 4	SP; QL (2 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	Tier 4	SP; QL (3 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	Tier 4	SP; QL (1 EA per 1 day)
Antivirals, Hiv-Specific, Nucleoside Analog, Rti		
<i>abacavir oral solution 20 mg/ml</i> (Ziagen)	Tier 4	SP; QL (960 ML per 30 days)
<i>abacavir oral tablet 300 mg</i>	Tier 4	SP; QL (2 EA per 1 day)
<i>emtricitabine oral capsule 200 mg</i> (Emtriva)	ACA Tier	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML	Tier 5	SP; QL (850 ML per 30 days)
<i>lamivudine oral solution 10 mg/ml</i> (EpiVir)	Tier 4	SP; QL (960 ML per 30 days)
<i>lamivudine oral tablet 150 mg</i> (EpiVir)	Tier 4	SP; QL (2 EA per 1 day)
<i>lamivudine oral tablet 300 mg</i> (EpiVir)	Tier 4	SP; QL (1 EA per 1 day)
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	Tier 4	SP; QL (2 EA per 1 day)
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	Tier 4	SP; QL (6 EA per 1 day)
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	Tier 4	SP; QL (1920 ML per 30 days)
<i>zidovudine oral tablet 300 mg</i>	Tier 4	SP; QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Nucleotide Analog, Rti		
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	ACA Tier	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	Tier 5	SP; QL (240 GM per 30 days)

Drug	Status	Notes
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Tier 5	SP; QL (1 EA per 1 day)
Antivirals, Hiv-Specific, Protease Inhibitor Comb		
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)	Tier 4	SP; QL (480 ML per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra)	Tier 4	SP; QL (10 EA per 1 day)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra)	Tier 4	SP; QL (4 EA per 1 day)
Antivirals, Hiv-Specific, Protease Inhibitors		
<i>atazanavir oral capsule 150 mg</i>	Tier 4	SP; QL (2 EA per 1 day)
<i>atazanavir oral capsule 200 mg</i> (Reyataz)	Tier 4	SP; QL (2 EA per 1 day)
<i>atazanavir oral capsule 300 mg</i> (Reyataz)	Tier 4	SP; QL (1 EA per 1 day)
EVOTAZ ORAL TABLET 300-150 MG	Tier 5	SP; QL (1 EA per 1 day)
<i>fosamprenavir oral tablet 700 mg</i>	Tier 4	SP; QL (4 EA per 1 day)
NORVIR ORAL POWDER IN PACKET 100 MG	Tier 5	SP; QL (12 EA per 1 day)
REYATAZ ORAL POWDER IN PACKET 50 MG	Tier 5	SP; QL (5 EA per 1 day)
<i>ritonavir oral tablet 100 mg</i> (Norvir)	Tier 4	SP; QL (12 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG, 625 MG	Tier 5	SP
Antivirals, Hiv-1 Integrase Strand Transfer Inhibtr		
APRETUDE INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 600 MG/3 ML (200 MG/ML) (cabotegravir)	ACA Tier	ST: Requires prior prescription for Descovy or generic Truvada within the past 120 days; \$0 COPAY IF QUANTITY 0.15 IN 1 DAY, FILL OF 7 IN 365 DAYS, AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (21 ML per 365 days); Age (Min 12 Years)

Drug	Status	Notes
<i>cabotegravir intramuscular suspension, extended release 600 mg/3 ml (200 mg/ml)</i> (Apretude)	ACA Tier	ST: Requires prior prescription for Descovy or generic Truvada within the past 120 days; \$0 COPAY IF QUANTITY 0.15 IN 1 DAY, FILL OF 7 IN 365 DAYS, AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (21 ML per 365 days); Age (Min 12 Years)
ISENTRESS HD ORAL TABLET 600 MG	Tier 5	SP; QL (2 EA per 1 day)
ISENTRESS ORAL POWDER IN PACKET 100 MG	Tier 5	SP; QL (2 EA per 1 day)
ISENTRESS ORAL TABLET 400 MG	Tier 5	SP; QL (2 EA per 1 day)
ISENTRESS ORAL TABLET, CHEWABLE 100 MG, 25 MG	Tier 5	SP; QL (6 EA per 1 day)
TIVICAY ORAL TABLET 50 MG	Tier 5	SP; QL (2 EA per 1 day)
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	Tier 5	SP; QL (6 EA per 1 day)
VOCABRIA ORAL TABLET 30 MG	Tier 5	SP; QL (1 EA per 1 day); Age (Min 12 Years)
Arv Cmb Nucleoside, Nucleotide, & Non-Nucleoside Rti		
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i> (Atripla)	Tier 4	SP; QL (1 EA per 1 day)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg</i> (Symfi Lo)	Tier 4	SP; QL (1 EA per 1 day)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 600-300-300 mg</i> (Symfi)	Tier 4	SP; QL (1 EA per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG	Tier 5	SP; QL (1 EA per 1 day)
Arv Cmb-Nrti, N(T)Rti, Integrase Inhibitor		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	Tier 5	SP; QL (1 EA per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG	Tier 5	SP; QL (1 EA per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG	Tier 5	SP; QL (1 EA per 1 day)
Arv Comb-Nrtis & Integrase Inhibitor		

Drug	Status	Notes
TRIUMEQ ORAL TABLET 600-50-300 MG	Tier 5	SP; QL (1 EA per 1 day)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	Tier 5	SP; QL (6 EA per 1 day)
Cytochrome P450 Inhibitors		
TYBOST ORAL TABLET 150 MG	Tier 2	QL (1 EA per 1 day)
Hep C - Ns5a, Ns3/4A, Nucleotide Ns5b Inhib Combo		
VOSEVI ORAL TABLET 400-100-100 MG	Tier 5	PA; SP
Hep C Virus - Ns5a & Ns5b Polymerase Inhib. Combo.		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG	Tier 5	PA; SP
EPCLUSA ORAL TABLET 200-50 MG	Tier 5	PA; SP
EPCLUSA ORAL TABLET 400-100 MG (sofosbuvir-velpatasvir)	Tier 5	PA; SP
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG	Tier 5	PA; SP
HARVONI ORAL TABLET 45-200 MG	Tier 5	PA; SP
HARVONI ORAL TABLET 90-400 MG (ledipasvir-sofosbuvir)	Tier 5	PA; SP
Hep C Virus, Nucleotide Analog Ns5b Polymerase Inh		
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG	Tier 6	PA; SP
SOVALDI ORAL TABLET 200 MG, 400 MG	Tier 6	PA; SP
Hepatitis B Treatment Agents		
<i>adefovir oral tablet 10 mg</i> (Hepsera)	Tier 4	SP; QL (1 EA per 1 day)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	Tier 5	SP; QL (630 ML per 30 days)
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	Tier 4	SP; QL (1 EA per 1 day)
<i>lamivudine oral tablet 100 mg</i>	Tier 1	QL (1 EA per 1 day)
VEMLIDY ORAL TABLET 25 MG	Tier 5	SP; QL (1 EA per 1 day)
Hepatitis C Treatment Agents		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Tier 5	PA; SP
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	Tier 5	PA; SP

Drug	Status	Notes
<i>ribavirin oral capsule 200 mg</i>	Tier 1	
<i>ribavirin oral tablet 200 mg</i>	Tier 1	
Hepatitis C Virus- Ns5a And Ns3/4A Inhibitor Comb		
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	Tier 6	PA; SP
MAVYRET ORAL TABLET 100-40 MG	Tier 6	PA; SP
Inflammatory Disease		
Anti-Arthritic And Chelating Agents		
CUPRIMINE ORAL CAPSULE 250 MG (penicillamine)	Tier 6	PA; SP
D-PENAMINE ORAL TABLET 125 MG	Tier 4	PA; SP
<i>penicillamine oral capsule 250 mg</i> (Cuprimine)	Tier 4	PA; SP
<i>penicillamine oral tablet 250 mg</i> (Depen Titratabs)	Tier 4	PA; SP
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	QL (1.6 ML per 28 days)
Anti-Flam. Interleukin-1 Receptor Antagonist		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	Tier 6	PA; SP
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	Tier 6	PA; SP
Anti-Inflammatory Tumor Necrosis Factor Inhibitor		
<i>adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml</i> (Hyrimoz(CF) Pen)	Tier 5	PA; SP
<i>adalimumab-adaz subcutaneous syringe 40 mg/0.4 ml</i> (Hyrimoz(CF))	Tier 5	PA; SP
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	Tier 5	PA; SP
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	Tier 5	PA; SP
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	Tier 6	PA; SP

Drug	Status	Notes
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	Tier 6	PA; SP
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	Tier 6	PA; SP
CYLTEZO(CF) PEN CROHN'S-UC-HS (adalimumab-adbm) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	Tier 5	PA; SP
CYLTEZO(CF) PEN PSORIASIS-UV (adalimumab-adbm) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	Tier 5	PA; SP
CYLTEZO(CF) PEN SUBCUTANEOUS (adalimumab-adbm) PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	Tier 5	PA; SP
CYLTEZO(CF) SUBCUTANEOUS (adalimumab-adbm) SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML	Tier 5	PA; SP
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	Tier 5	PA; SP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	Tier 5	PA; SP
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	Tier 5	PA; SP
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	Tier 5	PA; SP
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 5	PA; SP
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	Tier 5	PA; SP
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Tier 5	PA; SP
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Tier 5	PA; SP
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	Tier 5	PA; SP
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	Tier 5	PA; SP

Drug	Status	Notes
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	Tier 5	PA; SP
HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	Tier 5	PA; SP
HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR 80MG/0.8ML(X1)- 40 MG/0.4ML(X2)	Tier 5	PA; SP
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML, 80 MG/0.8 ML- 40 MG/0.4 ML	Tier 5	PA; SP
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML (adalimumab-adaz)	Tier 5	PA; SP
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	Tier 5	PA; SP
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML, 20 MG/0.2 ML	Tier 5	PA; SP
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML (adalimumab-adaz)	Tier 5	PA; SP
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML (adalimumab-ryvk)	Tier 5	PA; SP
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	Tier 6	PA; SP
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	Tier 6	PA; SP
Anti-Inflammatory, Pyrimidine Synthesis Inhibitor		
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	Tier 1	
Anti-Inflammatory, Phosphodiesterase-4(Pde4) Inhib.		
OTEZLA ORAL TABLET 20 MG, 30 MG	Tier 5	PA; SP
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG (19)	Tier 5	PA; SP
Anti-Inflammatory/Antiarthritics Agents, Misc.		
EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML (MW 2.4 -3.6 MILLION)	Tier 2	PA

Drug	Status	Notes
SYNVISC INTRA-ARTICULAR SYRINGE 16 MG/2 ML	Tier 2	PA
SYNVISC-ONE INTRA-ARTICULAR SYRINGE 48 MG/6 ML	Tier 2	PA
Antinflammatory, Sel.Costim.Mod.,T-Cell Inhibitor		
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	Tier 6	PA; SP
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	Tier 6	PA; SP
Bradykinin B2 Receptor Antagonists		
<i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Sajazir)	Tier 4	PA; SP
SAJAZIR SUBCUTANEOUS SYRINGE 30 MG/3 ML (icatibant)	Tier 4	PA; SP
C1 Esterase Inhibitors		
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	Tier 6	PA; SP
BERINERT INTRAVENOUS RECON SOLN 500 UNIT (10 ML)	Tier 6	PA; SP
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	Tier 6	PA; SP
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	Tier 6	PA; SP
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT	Tier 6	PA; SP
Glucocorticoids		
AGAMREE ORAL SUSPENSION 40 MG/ML	Tier 6	PA; SP
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG	Tier 6	PA; SP
BETALOAN SUIK KIT 6 MG/ML	Tier 3	
<i>budesonide oral capsule, delayed, extend.release 3 mg</i>	Tier 1	
<i>budesonide oral tablet, delayed and ext.release 9 mg</i> (Uceris)	Tier 1	ST: Requires prior prescription for Balsalazide Disodium within the past 120 days

Drug	Status	Notes
<i>cortisone oral tablet 25 mg</i>	Tier 1	
<i>deflazacort oral suspension 22.75 mg/ml</i> (Emflaza)	Tier 4	PA; SP
<i>deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i> (Emflaza)	Tier 4	PA; SP
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	Tier 3	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	Tier 1	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	Tier 1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	Tier 1	
DEXONTO IONTOPHORETIC SOLUTION 0.4 %	Tier 3	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML (deflazacort)	Tier 6	PA; SP
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)	Tier 1	
MEDROL ORAL TABLET 2 MG	Tier 2	
MEDROLOAN II SUIK KIT 40 MG/ML	Tier 3	
MEDROLOAN SUIK KIT 40 MG/ML	Tier 3	
<i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i> (Medrol)	Tier 1	
<i>methylprednisolone oral tablet 32 mg</i>	Tier 1	
<i>methylprednisolone oral tablets, dose pack 4 mg</i> (Medrol (Pak))	Tier 1	
<i>prednisolone oral solution 15 mg/5 ml</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml)</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution 20 mg/5 ml (4 mg/ml)</i> (Veripred 20)	Tier 1	
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred)	Tier 1	
<i>prednisolone sodium phosphate oral tablet, disintegrating 10 mg, 15 mg, 30 mg</i> (Orapred ODT)	Tier 1	
PREDNISON INTENSOL ORAL CONCENTRATE 5 MG/ML	Tier 2	
<i>prednisone oral solution 5 mg/5 ml</i>	Tier 1	

Drug	Status	Notes
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	Tier 1	
<i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>	Tier 1	
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 100 MG/2 ML	Tier 3	
SOLU-CORTEF INJECTION RECON SOLN 100 MG	Tier 3	
TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC) 4 MG	Tier 6	PA; SP
TRILOAN II SUIK KIT 40 MG/ML	Tier 3	
TRILOAN SUIK KIT 40 MG/ML	Tier 3	
Gold Salts		
RIDAURA ORAL CAPSULE 3 MG	Tier 3	
Immunomodulator,B-Lymphocyte Stim(Blys)-Spec Inhib		
BENLYSTA SUBCUTANEOUS AUTO- INJECTOR 200 MG/ML	Tier 6	PA; SP
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	Tier 6	PA; SP
Interleukin-6 (Il-6) Receptor Inhibitors		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	Tier 6	PA; SP
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	Tier 6	PA; SP
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	Tier 6	PA; SP
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	Tier 6	PA; SP
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	Tier 6	PA; SP
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	Tier 6	PA; SP
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	Tier 6	PA; SP
Janus Kinase (Jak) Inhibitors		

Drug	Status	Notes
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	Tier 6	PA; SP
RINVOQ LQ ORAL SOLUTION 1 MG/ML	Tier 5	PA; SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	Tier 5	PA; SP
XELJANZ ORAL SOLUTION 1 MG/ML	Tier 5	PA; SP
XELJANZ ORAL TABLET 10 MG, 5 MG	Tier 5	PA; SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	Tier 5	PA; SP
Mineralocorticoids		
<i>fludrocortisone oral tablet 0.1 mg</i>	Tier 1	
Monoclonal Antibody-Human Interleukin 12/23 Inhib		
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	Tier 5	PA; SP
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	Tier 5	PA; SP
Nsaids (Cox Non-Specific Inhib)& Prostaglandin Cmb		
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg</i> (Arthrotec 50)	Tier 1	
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg</i> (Arthrotec 75)	Tier 1	
Nsaids, Cyclooxygenase 2 Inhibitor - Type		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (Celebrex)	Tier 1	
Nsaids, Cyclooxygenase Inhibitor-Type		
<i>diclofenac potassium oral tablet 50 mg</i>	Tier 1	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	Tier 1	
<i>diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	Tier 1	
EC-NAPROXEN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG, 500 MG (naproxen)	Tier 1	
<i>etodolac oral capsule 200 mg, 300 mg</i>	Tier 1	

ClearScript Formulary

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

Drug	Status	Notes
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i> (EC-Naproxen)	Tier 1	
<i>naproxen sodium oral tablet 275 mg</i>	Tier 1	
<i>naproxen sodium oral tablet 550 mg</i> (Anaprox DS)	Tier 1	
<i>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	
<i>sulindac oral tablet 150 mg, 200 mg</i>	Tier 1	
<i>tolmetin oral capsule 400 mg</i>	Tier 1	
TORONOVA II SUIK KIT 30 MG/ML	Tier 3	
TORONOVA SUIK KIT 30 MG/ML	Tier 3	
Plasma Kallikrein Inhibitors		
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	Tier 6	PA; SP
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	Tier 6	PA; SP
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)	Tier 6	PA; SP
Local Anesthesia		
Local Anesthetics		
GLYDO MUCOUS MEMBRANE JELLY IN APPLICATOR 2 % (lidocaine hcl)	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	
MARVONA SUIK (PF) KIT 0.5 % (5 MG/ML)	Tier 3	
Periodontal Anesthetics		
ORAQIX DENTAL CARTRIDGE 2.5-2.5 %	Tier 3	

Drug	Status	Notes
Lower Gastrointestinal Disorders - Bowel Inflammation		
Chronic Inflammation. Colon Dx, 5-A-Salicylates, Rectal Tx		
<i>mesalamine rectal enema 4 gram/60 ml</i> (Rowasa)	Tier 1	
<i>mesalamine rectal suppository 1,000 mg</i> (Canasa)	Tier 1	
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i> (Rowasa)	Tier 1	
Drug Tx-Chronic Inflammation. Colon Dx, 5-Aminosalicylates		
<i>balsalazide oral capsule 750 mg</i> (Colazal)	Tier 1	
<i>mesalamine oral capsule, extended release 500 mg</i> (Pentasa)	Tier 1	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i> (Apriso)	Tier 1	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i> (Lialda)	Tier 1	
<i>mesalamine oral tablet, delayed release (dr/ec) 800 mg</i>	Tier 1	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	Tier 2	
<i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)	Tier 1	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i> (Azulfidine EN-tabs)	Tier 1	
Hemorrhoidal Prep, Anti-Inflammation Steroid/Local Anesthetic		
ANA-LEX KIT RECTAL KIT 2-2 % (lidocaine-hydrocortisone-aloe)	Tier 1	
<i>hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %</i> (Analpram-HC)	Tier 1	
<i>hydrocortisone-pramoxine rectal cream 2.5-1 % (4g)</i>	Tier 1	
<i>lidocaine hcl-hydrocortisone ac rectal cream 3-0.5 %</i>	Tier 1	
<i>lidocaine hcl-hydrocortisone ac rectal gel 3 %-2.5 % (7 gram)</i>	Tier 1	
<i>lidocaine hcl-hydrocortisone ac rectal kit 2 %-2 % (7 gram), 3-0.5 %, 3-1 % (7 gram)</i>	Tier 1	

Drug	Status	Notes
<i>lidocaine-hydrocortisone-aloe rectal gel</i> 2.8-0.55 %	Tier 1	
<i>lidocaine-hydrocortisone-aloe rectal kit</i> 3-2.5 % (7 gram)	Tier 1	
PROCORT RECTAL CREAM 1.85-1.15 %	Tier 3	
PROCTOFOAM HC RECTAL FOAM 1-1 %	Tier 2	
ZYPRAM RECTAL KIT, CREAM AND TOWELETTE 2.35-1 %	Tier 3	
Ibs Agents, Mixed Opioid Recept Agonists/Antagonists		
VIBERZI ORAL TABLET 100 MG, 75 MG	Tier 3	PA
Integrin Receptor Antagonist, Monoclonal Antibody		
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML	Tier 6	PA; SP
Irritable Bowel Agents, Guanylate Cylase-C Agonist		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	Tier 2	QL (1 EA per 1 day)
Local Anorectal Nitrate Preparations		
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i> (Rectiv)	Tier 1	
Rectal Preparations		
ANUCORT-HC RECTAL SUPPOSITORY 25 MG (hydrocortisone acetate)	Tier 1	
<i>hydrocortisone acetate rectal suppository 25 mg</i> (Anucort-HC)	Tier 1	
<i>hydrocortisone acetate rectal suppository 30 mg</i> (Hemmorex-HC)	Tier 1	
Rectal/Lower Bowel Prep., Glucocort. (Non-Hemorr)		
<i>budesonide rectal foam 2 mg/actuation</i> (Uceris)	Tier 1	
CORTIFOAM RECTAL FOAM 10 % (80 MG)	Tier 3	
<i>hydrocortisone rectal enema 100 mg/60 ml</i> (Cortenema)	Tier 1	
Lower Gastrointestinal Disorders - Other		
Ammonia Inhibitors		

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

Drug	Status	Notes
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	Tier 6	PA; SP
<i>ursodiol oral capsule 300 mg</i>	Tier 1	
<i>ursodiol oral tablet 250 mg</i>	Tier 1	
<i>ursodiol oral tablet 500 mg</i> (URSO Forte)	Tier 1	
Farnesoid X Receptor (Fxr) Agonist, Bile Ac Analog		
OALIVA ORAL TABLET 10 MG, 5 MG	Tier 5	PA; SP
Ileal Bile Acid Transporter (Ibat) Inhibitor		
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG	Tier 6	PA; SP
BYLVAY ORAL PELLETT 200 MCG, 600 MCG	Tier 6	PA; SP
LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML	Tier 6	PA; SP
Irritable Bowel Synd. Agent,5Ht-3 Antagonist-Type		
<i>alosecron oral tablet 0.5 mg, 1 mg</i> (Lotronex)	Tier 1	
Laxatives And Cathartics		
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 ML	ACA Tier	\$0 COPAY IF QUANTITY IS LIMITED TO 320, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (320 ML per 1 FILL)
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML	ACA Tier	\$0 COPAY IF QUANTITY IS LIMITED TO 350, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (350 ML per 1 FILL)
CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML (lactulose)	Tier 1	
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM (peg 3350-electrolytes)	ACA Tier	\$0 COPAY IF QUANTITY IS LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
GAVILYTE-G ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM (peg 3350-electrolytes)	ACA Tier	\$0 COPAY IF QUANTITY IS LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)

Drug	Status	Notes
GAVILYTE-N ORAL RECON SOLN 420 GRAM (peg-electrolyte soln)	ACA Tier	\$0 COPAY IF QUANTITY IS LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
<i>lactulose oral solution 10 gram/15 ml</i> (Constulose)	Tier 1	
<i>lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml</i>	Tier 1	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i> (Amitiza)	Tier 1	QL (2 EA per 1 day)
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i> (GaviLyte-G)	ACA Tier	\$0 COPAY IF QUANTITY IS LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i> (MoviPrep)	ACA Tier	\$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (1 EA per 1 FILL)
<i>peg-electrolyte soln oral recon soln 420 gram</i> (GaviLyte-N)	ACA Tier	\$0 COPAY IF QUANTITY IS LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	ACA Tier	ST: Prior prescription for Sutab, Clenpiq, or generic bowel prep within the past 120 days; \$0 COPAY IF QUANTITY IS LIMITED TO 3, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (3 EA per 1 FILL)
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i> (Suprep Bowel Prep Kit)	ACA Tier	\$0 COPAY IF QUANTITY IS LIMITED TO 354, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (354 ML per 1 FILL)

Drug	Status	Notes
SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 GRAM	ACA Tier	ST: Prior prescription for Sutab, Clenpiq, or generic bowel prep within the past 120 days; \$0 COPAY IF QUANTITY IS LIMITED TO 2, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (2 EA per 1 FILL)
SUTAB ORAL TABLET 1.479-0.188-0.225 GRAM	ACA Tier	\$0 COPAY IF QUANTITY IS LIMITED TO 24, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (24 EA per 1 FILL)
Narcotic Antagonists, Peripherally-Acting		
<i>alvimopan oral capsule 12 mg</i>	Tier 1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	Tier 2	QL (1 EA per 1 day)
RELISTOR ORAL TABLET 150 MG	Tier 3	PA
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
Ppar Agonist		
IQIRVO ORAL TABLET 80 MG	Tier 6	PA; SP
LIVDELZI ORAL CAPSULE 10 MG	Tier 6	PA; SP
Sbs - Glucagon-Like Peptide-2 (Glp-2) Analogs		
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	Tier 5	PA; SP
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	Tier 5	PA; SP
Medical Supplies		
Bandages And Related Supplies		
ACESO AG TOPICAL BANDAGE 4 X 4 "	Tier 3	
ACTICOAT DRESSING TOPICAL BANDAGE 16 X 16 ", 4 X 4 ", 4 X 48 ", 4 X 8 ", 8 X 16 "	Tier 3	
ALLEVYN LIFE DRESSING TOPICAL BANDAGE 4 X 4 ", 5 1/16 X 5 1/16 ", 6 1/16 X 6 1/16 ", 8 1/4 X 8 1/4 "	Tier 3	

Drug	Status	Notes
CARRASYN HYDROGEL WOUND DRESS TOPICAL GEL	Tier 3	
CURAD XEROFORM PETROLATM DRESS TOPICAL BANDAGE 1 X 8 "	Tier 3	
CURAFIL GEL WOUND TOPICAL GEL	Tier 3	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL SPONGE 0.2 %- 2" X 2"	Tier 3	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL STRIP 0.2 %- 1/2" X 3 FEET	Tier 3	
CURITY AMD TOPICAL BANDAGE 1 X 5 "-YARD, 1/4 X 36 "	Tier 3	
CURITY IODOFORM PACKING STRIP TOPICAL BANDAGE 1 X 5 "-YARD, 1/2 X 5 "-YARD, 1/4 X 5 "-YARD, 2 X 5 "-YARD	Tier 3	
DYNAFOAM AG TOPICAL BANDAGE 4 X 4 "	Tier 3	
DYNAGINATE AG TOPICAL BANDAGE 12 ", 2 X 2 ", 4 X 5 ", 4 X 8 "	Tier 3	
KENDALL AMD ANTIMICRFB FOAM DRS TOPICAL BANDAGE 0.5 %- 4" X 4"	Tier 3	
KERAGEL TOPICAL GEL	Tier 3	
KERLIX AMD TOPICAL BANDAGE 0.2 %- 4.5" X 4.1 YARD	Tier 3	
KERLIX AMD TOPICAL SPONGE 0.2 %- 6" X 6.75"	Tier 3	
MAXORB EXTRA TOPICAL BANDAGE 4 X 4 "	Tier 3	
MEDIHONEY (HYDROCOLLOID-HONEY) TOPICAL BANDAGE 2 X 2 ", 4 X 5 "	Tier 3	
OASIS WOUND MATRIX FENESTRATED TOPICAL SHEET 3 X 3.5 CM, 3 X 7 CM	Tier 3	
OASIS WOUND MATRIX MESHED TOPICAL SHEET 5 X 7 CM, 7 X 10 CM, 7 X 20 CM	Tier 3	

Drug	Status	Notes
PETROLEUM GAUZE TOPICAL BANDAGE	Tier 3	
PIVOT SILVER ALGINATE TOPICAL BANDAGE 1 X 12 ", 2 X 2 ", 4 X 4 ", 4 X 5 ", 6 X 6 "	Tier 3	
PURACOL PLUS AG TOPICAL BANDAGE 2 X 2.2 "	Tier 3	
RESTORE CALCIUM ALGINATE TOPICAL BANDAGE 4 X 4 3/4 "	Tier 3	
RESTORE TOPICAL BANDAGE 1 X 12 ", 2 X 2 "	Tier 3	
SILIGENTLE AG TOPICAL BANDAGE 2 X 2 ", 4 X 4 ", 4 X 5 ", 6 X 6 "	Tier 3	
SILINOIN TOPICAL SHEET 5 CM X 14 CM	Tier 3	
SPECTRAGEL TOPICAL GEL	Tier 3	
STRATACTX TOPICAL GEL	Tier 3	
STRATAGRT TOPICAL GEL	Tier 3	
STRATAXRT TOPICAL GEL	Tier 3	
THERAHOONEY TOPICAL BANDAGE 4 X 5 "	Tier 3	
XEROFORM PETROLATUM DRESSING TOPICAL BANDAGE 4 X 4 ", 5 X 9 "	Tier 3	
ZENPHOR TOPICAL BANDAGE 2 X 4.7 "	Tier 3	
ZENPHOR TOPICAL GEL	Tier 3	
Blood Administration Sets		
IVENIX BLOOD PRODUCT ADMIN SET BLOOD ADMINISTRATION SET	Tier 3	
Catheters And Related Devices		
ADVANCE PLUS INTERMITTENT 10 FR, 10-16 FR-", 12 FR, 12-16 FR-", 16-16 FR-", 18-16 FR-", 6-16 FR-", 8-16 FR-"	Tier 3	
ADVANCE PLUS INTERMITTENT 14-16 (catheter) FR-"	Tier 3	
ADVANCE PLUS INTERMITTENT COMBO PACK 6 FR, 8 FR- 16"	Tier 3	
APOGEE IC INTERMIT CATHETER 14-6 FR-"	Tier 3	

Drug	Status	Notes
APOGEE PLUS INTERMITT CATHETER 16-16 FR-"	Tier 3	
BARDEX I.C. FOLEY CATHETER 24 FR	Tier 3	
CURITY DRAINAGE BAG 2,000 ML	Tier 3	
DOVER COATED LATEX FOLEY COMBO PACK	Tier 3	
DOVER FOLEY CATHETER 24 FR	Tier 3	
DOVER LATEX FOLEY CATHETER 16 FR, 28 FR	Tier 3	
DOVER RED RUBBER ROBINSON CATH 8 FR	Tier 3	
DOVER UNIVERSAL TRAY (catheterization tray)	Tier 3	
FEMALE CATHETER 14 FR	Tier 3	
KENGUARD FOLEY CATHETER 18-16 FR-"	Tier 3	
KENGUARD FOLEY CATHETER TRAY (catheterization tray)	Tier 3	
LOFRIC 12-16 FR-"	Tier 3	
LOFRIC 14-16 FR-" (catheter)	Tier 3	
LOFRIC HYDRO-KIT COMBO PACK 14 FR- 16"	Tier 3	
LOFRIC ORIGO 14-16 FR-" (catheter)	Tier 3	
LOFRIC PRIMO NELATON CATHETER 16-16 FR-"	Tier 3	
LOFRIC SENSE NELATON CATHETER 14-6 FR-"	Tier 3	
MAGIC3 INTERMITTENT CATHETER 10-16 FR-", 12-16 FR-"	Tier 3	
MONO-FLO DRAINAGE BAG 2,000 ML	Tier 3	
ROBINSON CLEAR VINYL CATHETER 16 FR	Tier 3	
SELF-CATHETER, FEMALE 14 FR	Tier 3	
SILASTIC FOLEY CATHETER 20 FR	Tier 3	
SPEEDICATH (FEMALE) 16 FR	Tier 3	
TOUCH-TROL 10 FR	Tier 3	
VAPRO PLUS INTERMITT CATHETER COMBO PACK 12 FR- 8", 14 FR- 16", 14 FR- 8"	Tier 3	

Drug	Status	Notes
Durable Medical Equipment,Misc		
ALL FLOW 1000 KIT (nebulizer accessories)	Tier 3	
ALL FLOW 1000 PFT FILTER (nebulizer accessories)	Tier 3	
ALL FLOW 3000 KIT (nebulizer accessories)	Tier 3	
ALL FLOW 3000 PFT FILTER (nebulizer accessories)	Tier 3	
ALL FLOW 4000 KIT (nebulizer accessories)	Tier 3	
ALL FLOW 4000 PFT FILTER (nebulizer accessories)	Tier 3	
ALL FLOW 5000 KIT (nebulizer accessories)	Tier 3	
ALL FLOW 5000 PFT FILTER (nebulizer accessories)	Tier 3	
ALL FLOW 6000 PFT FILTER (nebulizer accessories)	Tier 3	
AMIELLE VAGINAL TRAINER KIT	Tier 3	
ARGYLE TRACHEOSTOMY CARE TRAY	Tier 3	
CEFALY COMBO PACK	Tier 3	
CLEVER CHOICE NEB KIT-ADULT (nebulizer accessories)	Tier 3	
CLEVER CHOICE NEB KIT-CHILD (nebulizer accessories)	Tier 3	
INNOSPIRE REPLACEMENT FILTER (nebulizer accessories)	Tier 3	
INSPIRATION ELITE FILTER (nebulizer accessories)	Tier 3	
NOSE CLIP (nebulizer accessories)	Tier 3	
PARI BABY CONV KIT - SIZE 1 KIT	Tier 3	
PARI BABY CONV KIT - SIZE 2 KIT	Tier 3	
PARI BABY CONV KIT - SIZE 3 KIT	Tier 3	
PARI TREK S PORTABLE PWR KIT (nebulizer accessories)	Tier 3	
PILLOW MASK CHILD (nebulizer accessories)	Tier 3	
PRO COMFORT TENS ELECTRODE PAD	Tier 3	
PRO COMFORT TENS UNIT COMBO PACK	Tier 3	
PRO-CEPTION VAGINAL	Tier 3	
PRONEB ULTRA II FILTER ASSEM (nebulizer accessories)	Tier 3	
PTS COLLECT CAPILLARY TUBE	Tier 3	
REUSABLE NEBULIZER KIT KIT	Tier 3	
RUBBER MOUTHPIECE (nebulizer accessories)	Tier 3	
SAMI THE SEAL MASK (nebulizer accessories)	Tier 3	

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Drug	Status	Notes
SIDESTREAM MASK (nebulizer accessories)	Tier 3	
SILICONE MASK (nebulizer accessories)	Tier 3	
TENS 502 DEVICE	Tier 3	
TENS 504 DEVICE	Tier 3	
Durable Medical Equipment,Misc(Group 1)		
ACCU-CHEK FASTCLIX LANCET DRUM (lancets)	Tier 2	
ACCU-CHEK SAFE-T-PRO 23 GAUGE	Tier 2	
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE	Tier 2	
ACCU-CHEK SOFTCLIX LANCETS (lancets)	Tier 2	
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE	Tier 2	
ACTI-LANCE LANCETS 28 GAUGE (lancets)	Tier 2	
ADVANCED TRAVEL LANCETS 28 GAUGE (lancets)	Tier 2	
ADVOCATE LANCET 21 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 2	
ADVOCATE LANCET 23 GAUGE	Tier 2	
ALTERNATE SITE LANCET 26 GAUGE (lancets)	Tier 2	
ASSURE LANCE 25 GAUGE	Tier 2	
ASSURE LANCE 28 GAUGE (lancets)	Tier 2	
ASSURE LANCE PLUS 21 GAUGE, 30 GAUGE (lancets)	Tier 2	
ASSURE LANCE PLUS 25 GAUGE	Tier 2	
BD MICROTAINER LANCET 1.5 X 2 MM	Tier 2	
BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE (lancets)	Tier 2	
BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 28 GAUGE (lancets)	Tier 2	
BULLSEYE MINI SAFETY LANCETS 25 GAUGE	Tier 2	
BUTTERFLY TOUCH LANCET 30 GAUGE (lancets)	Tier 2	
CAREONE ULTRA THIN LANCET (lancets)	Tier 2	

Drug	Status	Notes
CARESENS LANCETS 30 GAUGE (lancets)	Tier 2	
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE (lancets)	Tier 2	
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 2	
CHOSEN LANCET 30 GAUGE (lancets)	Tier 2	
CHOSEN SAFETY LANCET 28 GAUGE (lancets)	Tier 2	
CLEVER CHEK LANCETS 30 GAUGE (lancets)	Tier 2	
COAGUCHEK LANCETS (lancets)	Tier 2	
COLOR LANCETS 21 GAUGE (lancets)	Tier 2	
COMFORT EZ LANCETS 21 GAUGE, 28 GAUGE (lancets)	Tier 2	
COMFORT EZ LANCETS 23 GAUGE	Tier 2	
COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE (lancets)	Tier 2	
COMFORT TOUCH ULT THIN LANCETS 31 GAUGE	Tier 2	
DROPLET LANCETS 30 GAUGE (lancets)	Tier 2	
EASY COMFORT LANCETS 30 GAUGE (lancets)	Tier 2	
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 2	
EASY TOUCH LANCETS 32 GAUGE	Tier 2	
EASY TOUCH SAFETY LANCETS 21 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 2	
EASY TOUCH SAFETY LANCETS 23 GAUGE, 32 GAUGE	Tier 2	
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 2	
EASY TOUCH TWIST LANCETS 32 GAUGE	Tier 2	
EASY TWIST AND CAP LANCETS 28 GAUGE (lancets)	Tier 2	
EMBRACE LANCETS 30 GAUGE (lancets)	Tier 2	
EMBRACE SAFETY LANCET 21 GAUGE, 28 GAUGE (lancets)	Tier 2	
E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 2	

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Drug	Status	Notes
E-Z JECT LANCETS 32 GAUGE	Tier 2	
E-Z JECT THIN LANCETS 28 GAUGE (lancets)	Tier 2	
EZ SMART LANCETS 28 GAUGE (lancets)	Tier 2	
FINGERSTIX LANCETS (lancets)	Tier 2	
FORACARE LANCETS 30 GAUGE (lancets)	Tier 2	
FREESTYLE LANCETS 28 GAUGE (lancets)	Tier 2	
FREESTYLE UNISTIK 2 (lancets)	Tier 2	
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 2	
GOJJI LANCETS 30 GAUGE (lancets)	Tier 2	
HEALTHY ACCENTS UNILET LANCET 30 GAUGE (lancets)	Tier 2	
INCONTROL SUPER THIN LANCETS 30 GAUGE (lancets)	Tier 2	
INCONTROL ULTRA THIN LANCETS 28 GAUGE (lancets)	Tier 2	
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 2	
INVACARE LANCETS 30 GAUGE (lancets)	Tier 2	
<i>lancets</i> (Accu-Chek Fastclix Lancet Drum)	Tier 2	
<i>lancets 21 gauge, 26 gauge, 30 gauge</i> (Advocate Lancet)	Tier 2	
<i>lancets 28 gauge</i> (Acti-Lance Lancets)	Tier 2	
<i>lancets 33 gauge</i> (CareTouch Twist Lancet)	Tier 2	
LANCETS, SUPER THIN (lancets)	Tier 2	
LANCETS, THIN , 28 GAUGE (lancets)	Tier 2	
LANCETS, ULTRA THIN (lancets)	Tier 2	
MEDISENSE THIN LANCETS 28 GAUGE (lancets)	Tier 2	
MEDLANCE PLUS LANCETS 21 GAUGE, 30 GAUGE (lancets)	Tier 2	
MEDLANCE PLUS LANCETS 25 GAUGE	Tier 2	
MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM	Tier 2	
MICRO THIN LANCETS 33 GAUGE (lancets)	Tier 2	

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

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

Drug	Status	Notes
TOPCARE UNIVERSAL1 LANCET , 33 GAUGE (lancets)	Tier 2	
TRUE COMFORT LANCET 30 GAUGE (lancets)	Tier 2	
TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 2	
TWIST LANCETS 30 GAUGE (lancets)	Tier 2	
TWIST LANCETS 32 GAUGE	Tier 2	
ULTILET BASIC LANCETS 30 GAUGE (lancets)	Tier 2	
ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 2	
ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 2	
ULTILET SAFETY LANCETS 23 GAUGE	Tier 2	
ULTRA FINE LANCETS 30 GAUGE (lancets)	Tier 2	
ULTRA THIN II LANCETS 30 GAUGE (lancets)	Tier 2	
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 2	
ULTRA THIN LANCETS 31 GAUGE	Tier 2	
ULTRA THIN PLUS LANCETS 33 GAUGE (lancets)	Tier 2	
ULTRA TLC LANCETS (lancets)	Tier 2	
ULTRA-CARE LANCETS 30 GAUGE (lancets)	Tier 2	
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE (lancets)	Tier 2	
ULTRA-THIN II LANCETS 28 GAUGE (lancets)	Tier 2	
UNILET COMFORTOUCH LANCET , 26 GAUGE (lancets)	Tier 2	
UNILET GP LANCET (lancets)	Tier 2	
UNILET LANCET 28 GAUGE, 33 GAUGE (lancets)	Tier 2	
UNILET LANCETS 30 GAUGE (lancets)	Tier 2	
UNILET SUPER THIN LANCETS 30 GAUGE (lancets)	Tier 2	
UNISTIK 3 COMFORT LANCET 28 GAUGE (lancets)	Tier 2	
UNISTIK 3 EXTRA LANCET 21 GAUGE (lancets)	Tier 2	
UNISTIK 3 GENTLE 30 GAUGE (lancets)	Tier 2	

Drug	Status	Notes
UNISTIK 3 NORMAL LANCET 23 GAUGE	Tier 2	
UNISTIK COMFORT LANCETS 28 GAUGE (lancets)	Tier 2	
UNISTIK CZT LANCET 23 GAUGE	Tier 2	
UNISTIK CZT LANCET 28 GAUGE (lancets)	Tier 2	
UNISTIK EXTRA LANCETS 21 GAUGE (lancets)	Tier 2	
UNISTIK NORMAL LANCETS 23 GAUGE	Tier 2	
UNISTIK PRO LANCET 21 GAUGE, 28 GAUGE (lancets)	Tier 2	
UNISTIK PRO LANCET 25 GAUGE	Tier 2	
UNISTIK SAFETY 28 GAUGE, 30 GAUGE (lancets)	Tier 2	
UNISTIK TOUCH LANCETS 21 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 2	
UNISTIK TOUCH LANCETS 23 GAUGE	Tier 2	
UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 2	
VERIFINE SAFETY LANCET MINI 21 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 2	
VERIFINE SAFETY LANCET MINI 23 GAUGE	Tier 2	
VERIFINE UNIVERSAL LANCET 28 GAUGE (lancets)	Tier 2	
VIVAGUARD LANCET 30 GAUGE (lancets)	Tier 2	
VIVAGUARD SAFETY LANCET 28 GAUGE (lancets)	Tier 2	
Feeding Devices		
ENTERAL GRAVITY BAG SET-ENFIT	Tier 3	
KANGAROO 924 SAFETY SCREW (pump set)	Tier 3	
KANGAROO EPUMP SET	Tier 3	
KANGAROO GRAVITY SET	Tier 3	
RELIZORB CARTRIDGE	Tier 3	
Incontinence Supplies		
FLEXI-SEAL SIGNAL FMS RECTAL	Tier 3	

Drug	Status	Notes
TENSCARE ITOUCH SURE VAGINAL DEVICE	Tier 3	
Medical Supplies,Miscellaneous		
VARITHENA ADMINISTRATION PACK	Tier 3	
VIBRANT ORAL CAPSULE	Tier 3	
VIBRANT STARTER KIT COMBO PACK	Tier 3	
Medical Supplies,Miscellaneous(Group 2)		
EAR POPPER INFLATION DEVICE NASAL DEVICE	Tier 3	
PCCA ACCUPEN-15 DEVICE	Tier 3	
Medical Supplies,Miscellaneous(Group 3)		
XENOVIEW EMPTY DELIVERY BAG	Tier 3	
Parenteral Administration Sets		
BD INSYTE AUTOGUARD INFUSION SET 22 GAUGE X 1", 24 GAUGE X 3/4"	Tier 3	
BD SAF-T-INTIMA INFUSION SET 22 GAUGE X 3/4"	Tier 3	
FILTERED EXTENSION SET INFUSION SET	Tier 3	
HALO B-LOCK CLOSED LINE ADAPTR	Tier 3	
HALO CLOSED BAG ADAPTOR	Tier 3	
HALO CLOSED LINE ADAPTOR	Tier 3	
HALO CLOSED SYRINGE ADAPTOR	Tier 3	
HI-VOLUME PUMPING CHAMBER SET	Tier 3	
INSUFLON INFUSION SET 25 X 18 MM	Tier 3	
INSYTE IV CATHETER INFUSION SET 14 X 1.75 ", 20 X 1.16 "	Tier 3	
I-PORT	Tier 3	
I-PORT ADVANCE 6 MM INJEC PORT	Tier 3	
I-PORT ADVANCE 9 MM INJEC PORT	Tier 3	
IVENIX ADMIN SET 2INLET 2YSITE (iv administration set) INFUSION SET	Tier 3	
IVENIX ADMIN SET 2INLET Y-SITE (iv administration set) INFUSION SET	Tier 3	
IVENIX ADMIN SET SINGLE-INLET (iv administration set) INFUSION SET	Tier 3	

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Drug	Status	Notes
MICROBORE EXTENSION SET (iv admin extension set) INFUSION SET	Tier 3	
MONOJECT LUER ADAPTER INTRAVENOUS ADMIX ACCESSORY	Tier 3	
NEXIVA INFUSION SET 18 X 1 1/4 ", 18 X 1 3/4 ", 20 GAUGE X 1", 20 X 1 1/4 ", 20 X 1 3/4 ", 22 GAUGE X 1", 24 GAUGE X 3/4", 24 X 0.56 "	Tier 3	
PHASEAL ASSEMBLY FIXTURE DEVICE	Tier 3	
PHASEAL CONNECTOR LUER LOCK	Tier 3	
PHASEAL INFUSION ADAPTER	Tier 3	
PHASEAL INFUSION CLAMP	Tier 3	
PHASEAL INJECTOR LUER	Tier 3	
PHASEAL INJECTOR LUER LOCK	Tier 3	
PHASEAL SECONDARY SET INFUSION SET	Tier 3	
PHASEAL Y-SITE	Tier 3	
RATE FLOW REGULATOR IV SET (iv administration set) INFUSION SET	Tier 3	
TRANSFER SET	Tier 3	
Syringes And Accessories		
BD INSULIN SYRINGE (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 5/16"	Tier 2	
BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64"	Tier 2	
BD INSULIN SYRINGE ULTRA-FINE (insulin syringe-needle u- SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 100) ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	Tier 2	
BD VEO INSULIN SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64"	Tier 2	
BD VEO INSULIN SYRINGE UF (insulin syringe-needle u- SYRINGE 0.3 ML 31 GAUGE X 15/64", 100) 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"	Tier 2	
EXTENDED RESERVOIR 3 ML	Tier 3	

Drug	Status	Notes
INTERLINK LEVER LOCK CANNULA	Tier 3	
KENDALL DISINFECTANT CAP	Tier 3	
PARADIGM RESERVOIR 1.8 ML, 3 ML	Tier 3	
Miscellaneous Agents		
Amyloidosis Agents-Transthyretin (Ttr) Suppression		
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML	Tier 6	PA; SP
WAINUA SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.8 ML	Tier 6	PA; SP
Anaphylaxis Therapy Agents		
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml</i> (Auvi-Q)	Tier 1	QL (4 EA per 1 FILL)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr)	Tier 1	QL (4 EA per 1 FILL)
NEFFY NASAL SPRAY, NON-AEROSOL 2 MG/SPRAY (0.1 ML)	Tier 3	QL (4 EA per 1 FILL)
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML	Tier 2	QL (4 EA per 1 FILL)
SYMJEPI INJECTION SYRINGE 0.3 MG/0.3 ML (epinephrine)	Tier 2	QL (4 EA per 1 FILL)
Cxcr4 Chemokine Receptor Antagonist		
XOLREMDI ORAL CAPSULE 100 MG	Tier 6	PA; SP
Genetic D/O Tx-Exon Inclusion Antisense Oligonucle		
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	Tier 6	PA; SP
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	
<i>cevimeline oral capsule 30 mg</i> (Evoxac)	Tier 1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> (Salagen (pilocarpine))	Tier 1	
Pharmacological Chaperone-Alpha-Galactosid.A Stabz		
GALAFOLD ORAL CAPSULE 123 MG	Tier 6	PA; SP

Drug	Status	Notes
Pku Treatment Agents - Phenylalanine Ammonia Lyase		
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	Tier 5	PA; SP
Pku Tx Agent-Cofactor Of Phenylalanine Hydroxylase		
JAVYGTOR ORAL POWDER IN PACKET 100 MG, 500 MG (sapropterin)	Tier 4	SP
JAVYGTOR ORAL TABLET,SOLUBLE 100 MG (sapropterin)	Tier 4	SP
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG (sapropterin)	Tier 5	SP
KUVAN ORAL TABLET,SOLUBLE 100 MG (sapropterin)	Tier 5	SP
<i>sapropterin oral powder in packet 100 mg, 500 mg</i> (Javygtor)	Tier 4	SP
<i>sapropterin oral tablet,soluble 100 mg</i> (Javygtor)	Tier 4	SP
Systemic Enzyme Inhibitors		
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	Tier 6	SP
JOENJA ORAL TABLET 70 MG	Tier 6	PA; SP
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+-)/20 ML	Tier 6	SP
VIJOICE ORAL GRANULES IN PACKET 50 MG	Tier 6	PA; SP
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG	Tier 6	PA; SP
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG	Tier 6	SP
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	Tier 6	PA; SP
Thyroid Hormone Receptor (Thr) Agonist		
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	Tier 6	PA; SP
Topical Anticholinergic Hyperhidrosis Tx Agents		
QBREXZA TOPICAL TOWELETTE 2.4 %	Tier 2	PA

Drug	Status	Notes
Neoplastic Disease		
Alkylating Agents		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Tier 4	SP
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	Tier 4	SP
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (Iomustine)	Tier 6	PA; SP
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	Tier 1	
LEUKERAN ORAL TABLET 2 MG	Tier 5	SP
MYLERAN ORAL TABLET 2 MG	Tier 5	SP
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	Tier 4	PA; SP
Antiandrogenic Agents		
<i>abiraterone oral tablet 250 mg, 500 mg</i> (Zytiga)	Tier 4	PA; SP
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	Tier 1	
ERLEADA ORAL TABLET 240 MG, 60 MG	Tier 5	PA; SP
<i>nilutamide oral tablet 150 mg</i> (Nilandron)	Tier 4	SP; QL (2 EA per 1 day)
NUBEQA ORAL TABLET 300 MG	Tier 5	PA; SP
XTANDI ORAL CAPSULE 40 MG	Tier 5	PA; SP
XTANDI ORAL TABLET 40 MG, 80 MG	Tier 5	PA; SP
YONSA ORAL TABLET 125 MG	Tier 6	PA; SP
Antibiotic Antineoplastics		
JELMYTO INTRA-PYELOCALYCEAL KIT 40 MG X 2	Tier 6	PA; SP
Antimetabolites		
<i>capecitabine oral tablet 150 mg, 500 mg</i> (Xeloda)	Tier 4	PA; SP
INQOVI ORAL TABLET 35-100 MG	Tier 5	PA; SP
JYLAMVO ORAL SOLUTION 2 MG/ML	Tier 3	PA
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	Tier 5	PA; SP
<i>mercaptopurine oral tablet 50 mg</i>	Tier 1	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	Tier 1	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	Tier 1	

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

Drug	Status	Notes
Antineoplastic - Hedgehog Pathway Inhibitor		
DAURISMO ORAL TABLET 100 MG, 25 MG	Tier 5	PA; SP
ERIVEDGE ORAL CAPSULE 150 MG	Tier 5	PA; SP
ODOMZO ORAL CAPSULE 200 MG	Tier 5	PA; SP
Antineoplastic - Janus Kinase (Jak) Inhibitors		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	Tier 5	PA; SP
Antineoplastic - Kras Protein Inhibitor		
KRAZATI ORAL TABLET 200 MG	Tier 5	PA; SP
LUMAKRAS ORAL TABLET 120 MG, 320 MG	Tier 5	PA; SP
Antineoplastic - Mek1 And Mek2 Kinase Inhibitors		
COTELLIC ORAL TABLET 20 MG	Tier 5	PA; SP
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	Tier 5	PA; SP
MEKINIST ORAL RECON SOLN 0.05 MG/ML	Tier 5	PA; SP
MEKINIST ORAL TABLET 0.5 MG, 2 MG	Tier 5	PA; SP
MEKTOVI ORAL TABLET 15 MG	Tier 5	PA; SP
Antineoplastic - Mtor Kinase Inhibitors		
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i> (Torpenz)	Tier 4	PA; SP
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i> (Afinitor Disperz)	Tier 4	PA; SP
TORPENZ ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG (everolimus (antineoplastic))	Tier 4	PA; SP
Antineoplastic - Protein Methyltransferase Inhibit		
TAZVERIK ORAL TABLET 200 MG	Tier 5	PA; SP
Antineoplastic - Topoisomerase I Inhibitors		
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	Tier 5	SP
Antineoplastic Immunomodulator Agents		

Drug	Status	Notes
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> (Revlimid)	Tier 4	PA; SP
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	Tier 5	PA; SP
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (lenalidomide)	Tier 5	PA; SP
Antineoplastic Lhrh(Gnrh) Antagonist,Pituit.Supprs		
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	Tier 3	QL (2 EA per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	Tier 3	QL (1 EA per 30 days)
FIRMAGON SUBCUTANEOUS RECON SOLN 120 MG	Tier 3	QL (2 EA per 365 days)
ORGOVYX ORAL TABLET 120 MG	Tier 5	PA; SP
Antineoplastic Systemic Enzyme Inhibitors		
ALECENSA ORAL CAPSULE 150 MG	Tier 5	PA; SP
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	Tier 6	PA; SP
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	Tier 6	PA; SP
AUGTYRO ORAL CAPSULE 40 MG	Tier 5	PA; SP
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	Tier 5	PA; SP
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	Tier 5	PA; SP
BOSULIF ORAL CAPSULE 100 MG, 50 MG	Tier 5	PA; SP
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	Tier 5	PA; SP
BRUKINSA ORAL CAPSULE 80 MG	Tier 5	PA; SP
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	Tier 5	PA; SP
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	Tier 5	PA; SP
CAPRELSA ORAL TABLET 100 MG, 300 MG (vandetanib)	Tier 6	PA; SP

Drug	Status	Notes
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	Tier 5	PA; SP
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	Tier 6	PA; SP
<i>erlotinib oral tablet 100 mg, 150 mg</i> (Tarceva)	Tier 4	PA; SP
<i>erlotinib oral tablet 25 mg</i>	Tier 4	PA; SP
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	Tier 5	PA; SP
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG	Tier 5	SP
GAVRETO ORAL CAPSULE 100 MG	Tier 5	PA; SP
<i>gefitinib oral tablet 250 mg</i> (Iressa)	Tier 4	PA; SP
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	Tier 5	PA; SP
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	Tier 5	PA; SP
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	Tier 5	PA; SP
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	Tier 5	PA; SP
<i>imatinib oral tablet 100 mg, 400 mg</i> (Gleevec)	Tier 4	PA; SP
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	Tier 5	PA; SP
IMBRUVICA ORAL SUSPENSION 70 MG/ML	Tier 5	PA; SP
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	Tier 5	PA; SP
INLYTA ORAL TABLET 1 MG, 5 MG	Tier 5	PA; SP
INREBIC ORAL CAPSULE 100 MG	Tier 5	PA; SP
IWILFIN ORAL TABLET 192 MG	Tier 5	PA; SP
JAYPIRCA ORAL TABLET 100 MG, 50 MG	Tier 5	PA; SP
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	Tier 5	PA; SP
<i>lapatinib oral tablet 250 mg</i> (Tykerb)	Tier 4	PA; SP
LAZCLUZE ORAL TABLET 240 MG, 80 MG	Tier 6	PA; SP

Drug	Status	Notes
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	Tier 5	PA; SP
LORBRENA ORAL TABLET 100 MG, 25 MG	Tier 5	PA; SP
LYNPARZA ORAL TABLET 100 MG, 150 MG	Tier 5	PA; SP
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	Tier 5	PA; SP
NERLYNX ORAL TABLET 40 MG	Tier 5	PA; SP
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	Tier 5	PA; SP
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG	Tier 6	PA; SP
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	Tier 5	PA; SP
<i>pazopanib oral tablet 200 mg</i> (Votrient)	Tier 4	PA; SP
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	Tier 5	PA; SP
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	Tier 5	PA; SP
QINLOCK ORAL TABLET 50 MG	Tier 5	PA; SP
RETEVMO ORAL CAPSULE 40 MG, 80 MG	Tier 5	PA; SP
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG	Tier 5	PA; SP
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	Tier 5	PA; SP
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	Tier 5	PA; SP
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	Tier 6	PA; SP
RYDAPT ORAL CAPSULE 25 MG	Tier 5	PA; SP

Drug	Status	Notes
SCSEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG	Tier 5	PA; SP
<i>sorafenib oral tablet 200 mg</i> (Nexavar)	Tier 4	PA; SP
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG (dasatinib)	Tier 5	PA; SP
STIVARGA ORAL TABLET 40 MG	Tier 5	PA; SP
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Sutent)	Tier 4	PA; SP
TABRECTA ORAL TABLET 150 MG, 200 MG	Tier 5	PA; SP
TAGRISSO ORAL TABLET 40 MG, 80 MG	Tier 5	PA; SP
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	Tier 5	PA; SP
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	Tier 5	PA; SP
TEPMETKO ORAL TABLET 225 MG	Tier 5	PA; SP
TRUQAP ORAL TABLET 160 MG, 200 MG	Tier 5	PA; SP
TUKYSA ORAL TABLET 150 MG, 50 MG	Tier 5	PA; SP
TURALIO ORAL CAPSULE 125 MG	Tier 5	PA; SP
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	Tier 5	PA; SP
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 5	PA; SP
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	Tier 5	PA; SP
VITRAKVI ORAL SOLUTION 20 MG/ML	Tier 5	PA; SP
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	Tier 5	PA; SP
VONJO ORAL CAPSULE 100 MG	Tier 5	PA; SP
XALKORI ORAL CAPSULE 200 MG, 250 MG	Tier 5	PA; SP
XALKORI ORAL PELLETT 150 MG, 20 MG, 50 MG	Tier 5	PA; SP
XOSPATA ORAL TABLET 40 MG	Tier 5	PA; SP
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	Tier 5	PA; SP

Drug	Status	Notes
ZYDELIG ORAL TABLET 100 MG, 150 MG	Tier 5	PA; SP
ZYKADIA ORAL TABLET 150 MG	Tier 5	PA; SP
Antineoplastic,Histone Deacetylase Inhibitors,Hdis		
ZOLINZA ORAL CAPSULE 100 MG	Tier 5	SP
Antineoplastic-B Cell Lymphoma-2(Bcl-2) Inhibitors		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	Tier 5	PA; SP
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG-100 MG	Tier 5	PA; SP
Antineoplastic-Enzyme Inhib, Antiandrogen Comb.		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	Tier 5	PA; SP
Antineoplastic-Hypoxia Inducible Factor (Hif) Inh		
WELIREG ORAL TABLET 40 MG	Tier 5	PA; SP
Antineoplastic-Isocitrate Dehydrogenase Inhibitors		
IDHIFA ORAL TABLET 100 MG, 50 MG	Tier 6	PA; SP
REZLIDHIA ORAL CAPSULE 150 MG	Tier 5	PA; SP
TIBSOVO ORAL TABLET 250 MG	Tier 5	PA; SP
VORANIGO ORAL TABLET 10 MG, 40 MG	Tier 5	PA; SP
Antineoplastics,Miscellaneous		
<i>etoposide oral capsule 50 mg</i>	Tier 1	
LYSODREN ORAL TABLET 500 MG	Tier 5	SP
MATULANE ORAL CAPSULE 50 MG	Tier 5	SP
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5 ML	Tier 6	PA; SP
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	Tier 4	SP
Antineoplastic-Select Inhib Of Nuclear Exp (Sine)		

Drug	Status	Notes
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	Tier 5	PA; SP
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 5	SP; QL (24 EA per 14 days)
Intrapleural Sclerosing Agents, Antineoplast. Adj.		
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER 4 GRAM	Tier 3	
<i>sterile talc intrapleural suspension for reconstitution 5 gram</i>	Tier 1	
STERITALC INTRAPLEURAL AEROSOL POWDER 3 GRAM	Tier 3	
STERITALC INTRAPLEURAL SUSPENSION FOR RECONSTITUTION 2 GRAM, 4 GRAM	Tier 3	
Photoactivated, Antineopls. & Premalignant Lesions		
AMELUZ TOPICAL GEL 10 %	Tier 3	
LEVULAN TOPICAL SOLUTION 20 %	Tier 3	
Radioactive Therapeutic Agents		
HICON ORAL KIT 1,000 MCI/ML (1 ML), 250 MCI/0.25 ML, 500 MCI/0.5 ML	Tier 3	
<i>sodium iodide-123 oral capsule 3.7 mbq (100 microci), 7.4 mbq (200 microci)</i>	Tier 1	
<i>sodium iodide-131 oral capsule 3.7 mbq (100 microci)</i>	Tier 1	
Selective Estrogen Receptor Modulators (Serm)		
ORSERDU ORAL TABLET 345 MG, 86 MG	Tier 6	PA; SP
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	Tier 2	

Drug	Status	Notes
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	ACA Tier	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
<i>toremifene oral tablet 60 mg</i> (Fareston)	Tier 4	PA; SP
Selective Retinoid X Receptor Agonists (Rxr)		
<i>bexarotene oral capsule 75 mg</i> (Targretin)	Tier 4	PA; SP
Steroid Antineoplastics		
<i>megestrol oral tablet 20 mg, 40 mg</i>	Tier 1	
Neurological Disease - Miscellaneous		
Agents To Treat Multiple Sclerosis		
AVONEX INTRAMUSCULAR PEN INJECTOR 30 MCG/0.5 ML	Tier 5	PA; SP
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	Tier 5	PA; SP
AVONEX INTRAMUSCULAR SYRINGE 30 MCG/0.5 ML	Tier 5	PA; SP
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	Tier 5	PA; SP
BETASERON SUBCUTANEOUS KIT 0.3 MG	Tier 5	PA; SP
BETASERON SUBCUTANEOUS RECON SOLN 0.3 MG (interferon beta-1b)	Tier 5	PA; SP
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML (glatiramer)	Tier 5	PA; SP
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i> (Tecfidera)	Tier 4	PA; SP
<i>fingolimod oral capsule 0.5 mg</i> (Gilenya)	Tier 4	PA; SP
GILENYA ORAL CAPSULE 0.25 MG	Tier 5	PA; SP
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i> (Glatopa)	Tier 4	PA; SP
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML (glatiramer)	Tier 4	PA; SP
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	Tier 5	PA; SP
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	Tier 5	PA; SP
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	Tier 5	PA; SP

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Drug	Status	Notes
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	Tier 5	PA; SP
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	Tier 5	PA; SP
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	Tier 5	PA; SP
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	Tier 5	PA; SP
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	Tier 5	PA; SP
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	Tier 5	PA; SP
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	Tier 5	PA; SP
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	Tier 5	PA; SP
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	Tier 5	PA; SP
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	Tier 5	PA; SP
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	Tier 5	PA; SP
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	Tier 5	PA; SP
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6)	Tier 5	PA; SP
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	Tier 5	PA; SP
<i>teriflunomide oral tablet 14 mg, 7 mg</i> (Aubagio)	Tier 4	PA; SP
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	Tier 5	PA; SP
Agts Tx Neuromusc Transmission Dis,Pot-Chan Blkr		
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	Tier 4	PA; SP

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Drug	Status	Notes
FIRDAPSE ORAL TABLET 10 MG	Tier 6	PA; SP
Amyotrophic Lateral Sclerosis Agents		
EXSERVAN ORAL FILM 50 MG	Tier 6	PA; SP
RADICAVA ORS ORAL SUSPENSION 105 MG/5 ML	Tier 6	PA; SP
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	Tier 6	PA; SP
<i>riluzole oral tablet 50 mg</i> (Rilutek)	Tier 1	
TEGLUTIK ORAL SUSPENSION 50 MG/10 ML	Tier 6	PA; SP
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	Tier 6	PA; SP
Genetic Disorder Therapy - Hdac Inhibitor		
DUVYZAT ORAL SUSPENSION 8.86 MG/ML	Tier 6	PA; SP
Glypromate (Gpe) Analogs		
DAYBUE ORAL SOLUTION 200 MG/ML	Tier 6	PA; SP
Metabolic Disease Enzyme Replacement, Mocd		
NULIBRY INTRAVENOUS RECON SOLN 9.5 MG	Tier 6	PA; SP
Movement Disorders(Drug Therapy)		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	Tier 5	PA; SP
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG	Tier 5	PA; SP
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	Tier 5	PA; SP
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	Tier 5	PA; SP
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	Tier 5	PA; SP
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	Tier 5	PA; SP

Drug	Status	Notes
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> (Xenazine)	Tier 4	PA; SP
Nuclear Factor Erythroid 2-Rel. Factor 2 Activator		
SKYCLARYS ORAL CAPSULE 50 MG	Tier 6	PA; SP
Pseudobulbar Affect (Pba) Agents, Nmda Antagonists		
NUDEXTA ORAL CAPSULE 20-10 MG	Tier 3	PA
Sphingosine 1-Phosphate (S1p) Receptor Modulator		
ZEPOSIA ORAL CAPSULE 0.92 MG	Tier 6	PA; SP
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21)	Tier 6	PA; SP
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)	Tier 6	PA; SP
Oral/Pharyngeal Disorders		
Dental Aids And Preparations		
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> (Periogard)	Tier 1	
ORALONE DENTAL PASTE 0.1 % (triamcinolone acetonide)	Tier 1	
PERIOGARD MUCOUS MEMBRANE MOUTHWASH 0.12 % (chlorhexidine gluconate)	Tier 1	
Q-CARE RX Q2 KIT 0.12 %	Tier 3	
Q-CARE RX Q4 KIT 0.12 %	Tier 3	
<i>triamcinolone acetonide dental paste 0.1 %</i> (Oralone)	Tier 1	
Nose Preparations, Miscellaneous (Rx)		
<i>cocaine nasal solution 4 %</i> (Numbrino)	Tier 1	
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	Tier 1	
NUMBRINO NASAL SOLUTION 4 % (cocaine)	Tier 1	
Periodontal Collagenase Inhibitors		
<i>doxycycline hyclate oral tablet 20 mg</i>	Tier 1	
Other Drugs		
Abortifacient,Progesterone Receptor Antagonist-Typ		

Drug	Status	Notes
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	
Antivenins		
ANASCORP INTRAVENOUS RECON SOLN 120 MG	Tier 3	
Appetite Stim. For Anorexia,Cachexia,Wasting Synd.		
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	Tier 1	
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	Tier 1	ST: Requires prior prescription for Megestrol Acetate within the past 120 days
Blood Collection Set With Local Anesthetics		
CADIRA COMPLIANT BLOOD STAT KIT 21 GAUGE X 3/4" -2.5 %-2.5 %	Tier 3	
LIDO BDK KIT 21 GAUGE X 1" - 2.5 %-2.5 %	Tier 3	
Blood Testing Preparations,In-Vitro		
COAGUCHEK XS	Tier 3	
Cardioplegic Solutions		
CARDIOPLEGIA DEL NIDO FORMULA PERFUSION SOLUTION 26 MEQ/1,052.8 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA HIGH POTASSIUM PERFUSION SOLUTION 108 MEQ/500 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA IND 4:1 PLASMALYT PERFUSION SOLUTION 30 MEQ/542 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA IND 4:1 RINGER PERFUSION SOLUTION 48 MEQ/522.8 ML (POTASSIUM)	Tier 1	
CARDIOPLEGIA IND 8:1 NON-ENRCH PERFUSION SOLUTION 70 MEQ/300 ML (POTASSIUM)	Tier 1	

Drug	Status	Notes
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+) (Plegisol)</i>	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	
Cholinesterase Reactivat.&Muscarinic Antg.Antidote		
DUODOTE INTRAMUSCULAR PEN INJECTOR 600-2.1 MG/2ML-MG/0.7ML	Tier 3	
Cholinesterase Reactivating,Organophos. Antidotes		
<i>pralidoxime intramuscular pen injector 600 mg/2 ml</i>	Tier 3	
Conception Assistance Supplies		
CONCEPTION KIT	Tier 3	
Condoms		
AIMSCO LATEX CONDOM DEVICE	ACA Tier	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
DUREX AIR CONDOM DEVICE	ACA Tier	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
DUREX AVANTI BARE REAL FEEL	ACA Tier	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
DUREX EXTRA SENSITIVE CONDOM DEVICE	ACA Tier	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
DUREX TROPICAL CONDOM DEVICE	ACA Tier	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
FANTASY CONDOM DEVICE	ACA Tier	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
FC2 FEMALE CONDOM	ACA Tier	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
KIMONO LUBRICATED CONDOMS DEVICE	ACA Tier	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
KIMONO MICROTHIN AQUA LUBE CON DEVICE	ACA Tier	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
KIMONO MICROTHIN CONDOMS DEVICE	ACA Tier	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
KIMONO MICROTHIN LARGE CONDOMS DEVICE	ACA Tier	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60

Drug	Status	Notes
KIMONO TEXTURED CONDOMS DEVICE	ACA Tier	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
KIMONO THIN LUBRICATED CONDOMS DEVICE	ACA Tier	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUE COVER CONDOM DEVICE	ACA Tier	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX LATEX CONDOM DEVICE	ACA Tier	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX LUBRICATED CONDOMS DEVICE	ACA Tier	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX NON-LUB CONDOMS DEVICE	ACA Tier	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX-RIA LUB/SPERMICIDE DEVICE	ACA Tier	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX-RIA LUBRICATED CONDOMS DEVICE	ACA Tier	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	ACA Tier	\$0 COPAY IF QUANTITY 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 6	SP; ST: Requires prior prescription for inhaled 7% Sodium Chloride Solution within the past 120 days; QL (20 EA per 1 day); Age (Min 18 Years)
Diagnostic Test Devices And Supplies		
<i>eua patient assessment</i>	Tier 3	
Diluent Solutions		
DILUENT FOR ROTARIX ORAL SYRINGE	Tier 3	
DILUTING MEDIUM FOR NOVOLOG INJECTION SOLUTION	Tier 3	
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 4	PA; SP

Drug	Status	Notes
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	Tier 5	PA; SP
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (nitisinone)	Tier 5	PA; SP
ORFADIN ORAL SUSPENSION 4 MG/ML	Tier 5	PA; SP
Drugs To Tx Gaucher Dx-Type 1, Substrate Reducing		
CERDELGA ORAL CAPSULE 84 MG	Tier 5	SP
<i>miglustat oral capsule 100 mg</i> (Yargesa)	Tier 4	PA; SP
OPFOLDA ORAL CAPSULE 65 MG	Tier 6	PA; SP
YARGESA ORAL CAPSULE 100 MG (miglustat)	Tier 4	PA; SP
Environment Allergens And Irritants, Other		
T.R.U.E. TEST ALLERGEN TOPICAL ADHESIVE PATCH, MEDICATED	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	
<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	
General Inhalation Agents		
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %	Tier 3	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 % (sodium chloride)	Tier 1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	Tier 3	
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %</i>	Tier 1	
<i>sodium chloride inhalation solution for nebulization 3 %</i> (NebuSal)	Tier 1	

Drug	Status	Notes
sodium chloride inhalation solution for nebulization 7 % (Hyper-Sal)	Tier 1	
Homeopathic Drugs		
AURUMHEEL ORAL DROPS	Tier 3	
CANTHARIS COMPOSITUM ORAL DROPS	Tier 3	
CRALONIN ORAL DROPS	Tier 3	
EYE ORAL TABLET,SOLUBLE	Tier 3	
LAMIOFLUR ORAL DROPS	Tier 3	
PLANTAGO-HOMACCORD ORAL DROPS	Tier 3	
POPULUS COMPOSITUM ORAL DROPS	Tier 3	
PSORINOHEEL ORAL DROPS	Tier 3	
RENEEL ORAL TABLET,SOLUBLE	Tier 3	
SABAL-HOMACCORD ORAL DROPS	Tier 3	
SYZYGIUM COMPOSITUM ORAL DROPS	Tier 3	
VERTIGOHEEL ORAL DROPS	Tier 3	
VERTIGOHEEL ORAL TABLET,SOLUBLE	Tier 3	
Intra-Uterine Devices (IUD's)		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG	ACA Tier	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	ACA Tier	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG	ACA Tier	
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	ACA Tier	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG	ACA Tier	
Medical Imaging Supplies		
ECOVUE HV ULTRASOUND GEL TOPICAL GEL	Tier 3	

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Drug	Status	Notes
ECOVUE ULTRASOUND GEL TOPICAL GEL	Tier 3	
Metabolic Deficiency Agents		
<i>betaine oral powder 1 gram/scoop</i> (Cystadane)	Tier 4	PA; SP
CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML (levocarnitine)	Tier 3	
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i> (Carnitor)	Tier 1	
<i>levocarnitine oral solution 100 mg/ml</i> (Carnitor (sugar-free))	Tier 1	
<i>levocarnitine oral tablet 330 mg</i> (Carnitor)	Tier 1	
Metabolic Disease Enzyme Replace, Hypophosphatasia		
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	Tier 5	PA; SP
Metabolic Dx Enzyme Replacemt, Sev. Comb. Immune Def.		
REVCIVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	Tier 6	PA; SP
Metallic Poison, Agents To Treat		
CHEMET ORAL CAPSULE 100 MG	Tier 3	
CUVRIOR ORAL TABLET 300 MG	Tier 6	PA; SP
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i> (Jadenu Sprinkle)	Tier 4	PA; SP
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i> (Jadenu)	Tier 4	PA; SP
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i> (Exjade)	Tier 4	PA; SP
<i>deferiprone oral tablet 1,000 mg, 500 mg</i> (Ferriprox)	Tier 4	PA; SP
<i>deferoxamine injection recon soln 2 gram</i>	Tier 1	PA
<i>deferoxamine injection recon soln 500 mg</i> (Desferal)	Tier 1	PA
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)	Tier 3	
RADIOGARDASE ORAL CAPSULE 0.5 GRAM	Tier 3	
<i>trientine oral capsule 250 mg</i> (Syprine)	Tier 4	PA; SP
<i>trientine oral capsule 500 mg</i>	Tier 4	PA; SP

Drug	Status	Notes
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		
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"	Tier 2	
BD NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 2	
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4" (pen needle, diabetic)	Tier 2	
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic)	Tier 2	
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 2	
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2" (pen needle, diabetic)	Tier 2	
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16" (pen needle, diabetic)	Tier 2	
HALO VIAL CONVERTER DEVICE 13 MM	Tier 3	
Ointment/Cream Bases		
RADIAGEL TOPICAL GEL	Tier 3	
Oral Lipid Supplements		
DOJOLVI ORAL LIQUID 8.3 KCAL/ML	Tier 6	PA; SP
Oral Mucositis/Stomatitis Agents		
GELX MUCOUS MEMBRANE GEL	Tier 3	
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH	Tier 3	
Saliva Stimulant Agents		
NUMOISYN MUCOUS MEMBRANE LOZENGE 0.3 GRAM	Tier 3	
Saliva Substitute Agents		
NUMOISYN MUCOUS MEMBRANE LIQUID	Tier 3	
Sexual Dysfunction Devices		
RAPPORT VACUUM THERAPY KIT	Tier 3	
Skin Tissue Replacement		

Drug	Status	Notes
APLIGRAF TOPICAL DISK	Tier 3	
EPIFIX AMNIOTIC MEMBRANE TOPICAL SHEET 14 MM, 2 X 3 CM, 4 X 4 CM, 7 X 7 CM	Tier 3	
GRAFIX CORE TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM	Tier 3	
GRAFIX PRIME TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM	Tier 3	
GRAFIX XC TOPICAL SHEET 7.5 X 15 CM	Tier 3	
MIRO3D TOPICAL SHEET 10 X 5 X 2 CM, 2 X 2 X 2 CM, 3 X 3 X 2 CM, 4 X 4 X 2 CM, 5 X 5 X 2 CM, 7 X 5 X 2 CM	Tier 3	
MIRODERM FENESTRATED PLUS TOPICAL SHEET 3 X 3 CM, 5 X 5 CM, 8 X 15 CM, 8 X 8 CM	Tier 3	
MIRODERM FENESTRATED TOPICAL SHEET 2 X 2 CM, 2 X 3 CM, 3 X 3 CM, 4 X 4 CM, 5 X 5 CM, 8 X 15 CM, 8 X 8 CM	Tier 3	
STRAVIX TOPICAL SHEET 2 X 4 CM, 3 X 6 CM	Tier 3	
TRUSKIN TOPICAL SHEET 2 X 4 CM, 4 X 8 CM	Tier 3	
Solvents		
<i>isopropyl alcohol solution 70 %</i> (Alcohol, Rubbing)	Tier 3	
<i>isopropyl alcohol solution 91 %, 99 %</i>	Tier 3	
MURI-LUBE OIL	Tier 3	
Somatostatic Agents		
MYCAPSSA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 20 MG	Tier 6	PA; SP
<i>octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml</i>	Tier 4	SP
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i> (Sandostatin)	Tier 4	SP

Drug	Status	Notes
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	Tier 4	SP
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	Tier 6	PA; SP
Support Hosiery		
T.E.D. ANTI-EMBOLISM STOCKING	Tier 3	
T.E.D. KNEE LENGTH-M-LONG	Tier 3	
T.E.D. KNEE LENGTH-S-REGULAR	Tier 3	
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	
Vehicles		
<i>citric acid anhydrous (bulk) granules 100 %</i>	Tier 3	
GEL VEHICLE FOR NEXOBRID TOPICAL GEL	Tier 3	
Wound Healing Agents, Local		
FILSUEVZ TOPICAL GEL 10 %	Tier 6	PA; SP
Other Respiratory Disorders		
Antifibrotic Therapy - Pyridone Analogs		
<i>pirfenidone oral capsule 267 mg</i> (Esbriet)	Tier 4	PA; SP
<i>pirfenidone oral tablet 267 mg, 801 mg</i> (Esbriet)	Tier 4	PA; SP
<i>pirfenidone oral tablet 534 mg</i>	Tier 4	PA; SP
Cystic Fib. Transmemb Conduct.Reg.(Cftr)Potentiator		
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	Tier 5	PA; SP
KALYDECO ORAL TABLET 150 MG	Tier 5	PA; SP

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Drug	Status	Notes
Cystic Fibrosis-Cftr Potentiator & Corrector Comb.		
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	Tier 5	PA; SP
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	Tier 5	PA; SP
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	Tier 5	PA; SP
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	Tier 5	PA; SP
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	Tier 5	PA; SP
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 5	PA; SP
Pulmonary Fibrosis - Systemic Enzyme Inhibitors		
OFEV ORAL CAPSULE 100 MG, 150 MG	Tier 5	PA; SP
Pain Management - Analgesics		
Analgesic, Non-Salicylate & Barbiturate Comb.		

Drug	Status	Notes
<i>butalbital-acetaminophen oral tablet 50-300 mg</i>	Tier 1	ST: Requires prior prescription for generic Butalbital/acetaminophen 50mg-325mg combination product within the past 120 days; QL (6 EA per 1 day)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i> (Tencon)	Tier 1	
TENCON ORAL TABLET 50-325 MG (butalbital-acetaminophen)	Tier 1	
Analgesic, Salicylate, Barbiturate, & Xanthine Cmb		
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	Tier 1	
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	Tier 1	
Analgesic, Non-Salicylate, Barbiturate, & Xanthine Cmb		
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg</i> (Fioricet)	Tier 1	
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i> (Esgic)	Tier 1	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i> (Esgic)	Tier 1	
FIORICET ORAL CAPSULE 50-300-40 MG (butalbital-acetaminophen-caff)	Tier 1	
Analgesic/Antipyretics, Salicylates		
<i>aspirin oral tablet 325 mg</i> (Bayer Aspirin)	ACA Tier	
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg</i> (Bayer Aspirin)	ACA Tier	
BAYER ASPIRIN ORAL TABLET 325 MG (aspirin)	ACA Tier	
BAYER ASPIRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG (aspirin)	ACA Tier	
<i>choline, magnesium salicylate oral liquid 500 mg/5 ml</i>	Tier 1	
<i>diflunisal oral tablet 500 mg</i>	Tier 1	
ECOTRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG (aspirin)	ACA Tier	
<i>salsalate oral tablet 500 mg, 750 mg</i> (Disalcid)	Tier 1	

Drug	Status	Notes
Analgesics, Narcotic Agonist And Nsaid Combination		
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	Tier 1	
Analgesics, Narcotics		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG (buprenorphine hcl)	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i>	Tier 1	
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i> (Butrans)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 28 days)
<i>butorphanol injection solution 1 mg/ml, 2 mg/ml</i>	Tier 1	
<i>butorphanol nasal spray, non-aerosol 10 mg/ml</i>	Tier 1	
<i>codeine sulfate oral tablet 15 mg, 30 mg</i>	Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)
<i>codeine sulfate oral tablet 60 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
DEMEROL (PF) INJECTION SYRINGE 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML	Tier 3	
DILAUDID (PF) INJECTION SYRINGE 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML, 4 MG/ML (hydromorphone (pf))	Tier 3	
<i>fentanyl citrate (pf) intravenous patient control analgesia soln 1,500 mcg/30 ml (50 mcg/ml)</i>	Tier 1	

Drug	Status	Notes
<i>fentanyl citrate (pf)-0.9%nacl intravenous pt controlled analgesia syring 1,000 mcg/50 ml (20 mcg/ml), 500 mcg/50 ml (10 mcg/ml)</i>	Tier 1	
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 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: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i> (Hysingla ER)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<i>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: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>hydromorphone rectal suppository 3 mg</i>	Tier 1	
<i>levorphanol tartrate oral tablet 2 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	Tier 1	
<i>meperidine oral solution 50 mg/5 ml</i>	Tier 1	QL (30 ML per 1 day)
<i>meperidine oral tablet 50 mg</i>	Tier 1	QL (6 EA per 1 day)

Drug	Status	Notes
<i>methadone injection solution 10 mg/ml</i>	Tier 1	QL (4 ML per 1 day)
METHADONE INTENSOL ORAL (methadone) CONCENTRATE 10 MG/ML	Tier 1	QL (4 ML per 1 day)
<i>methadone oral concentrate 10 mg/ml</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 (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 syringe 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: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>morphine oral tablet 15 mg</i>	Tier 1	
<i>morphine oral tablet 30 mg</i>	Tier 2	

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

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: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>oxymorphone oral tablet extended release 12 hr 30 mg, 40 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	Tier 1	
ROXYBOND ORAL TABLET, ORAL ONLY 15 MG (oxycodone)	Tier 3	
ROXYBOND ORAL TABLET, ORAL ONLY 30 MG, 5 MG	Tier 3	
<i>tramadol oral solution 5 mg/ml</i> (Qdolo)	Tier 1	PA
<i>tramadol oral tablet 50 mg</i>	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet extended release 24 hr 100 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet extended release 24 hr 200 mg, 300 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet, er multiphase 24 hr 100 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet, er multiphase 24 hr 200 mg, 300 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)

Drug	Status	Notes
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (8 EA per 1 day)
Antimigraine Preparations		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	Tier 2	PA
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	Tier 2	PA
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	Tier 2	PA
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (18 EA per 30 days)
<i>dihydroergotamine injection solution 1 mg/ml</i>	Tier 1	QL (15 ML per 14 days)
<i>dihydroergotamine nasal spray,non- aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal)	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (8 ML per 28 days)
<i>eletriptan oral tablet 20 mg, 40 mg</i> (Relpax)	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (18 EA per 30 days)

Drug	Status	Notes
ELYXYB ORAL SOLUTION 120 MG/4.8 ML (25 MG/ML)	Tier 3	PA
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	Tier 2	PA
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	Tier 2	PA
ERGOMAR SUBLINGUAL TABLET 2 MG	Tier 3	QL (10 EA per 7 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	Tier 1	QL (10 EA per 7 days)
<i>frovatriptan oral tablet 2.5 mg</i> (Frova)	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (18 EA per 30 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	Tier 1	QL (18 EA per 30 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	Tier 2	PA
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	Tier 2	PA
REYVOW ORAL TABLET 100 MG, 50 MG	Tier 2	PA
<i>rizatriptan oral tablet 10 mg</i> (Maxalt)	Tier 1	QL (27 EA per 30 days)
<i>rizatriptan oral tablet 5 mg</i>	Tier 1	QL (27 EA per 30 days)
<i>rizatriptan oral tablet, disintegrating 10 mg</i> (Maxalt-MLT)	Tier 1	QL (27 EA per 30 days)
<i>rizatriptan oral tablet, disintegrating 5 mg</i>	Tier 1	QL (27 EA per 30 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i>	Tier 1	QL (36 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg</i> (Imitrex)	Tier 1	QL (18 EA per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i> (Imitrex)	Tier 1	QL (3 EA per 5 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Refill)	Tier 1	QL (18 ML per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Pen)	Tier 1	QL (18 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i> (Imitrex)	Tier 1	QL (18 ML per 30 days)

Drug	Status	Notes
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	Tier 1	QL (18 ML per 30 days)
TRUDHESA NASAL SPRAY, NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML)	Tier 3	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 ML per 28 days); Age (Min 18 Years)
UBRELVY ORAL TABLET 100 MG, 50 MG	Tier 2	PA
ZAVZPRET NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION	Tier 3	PA
<i>zolmitriptan nasal spray, non-aerosol 5 mg</i> (Zomig)	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (18 EA per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i> (Zomig)	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (18 EA per 30 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (18 EA per 30 days)
ZOMIG ORAL TABLET 2.5 MG, 5 MG (zolmitriptan)	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (18 EA per 30 days)
Calcitonin Gene-Related Peptide (Cgrp) Inhibitors		
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	Tier 2	PA
Narc. & Non-Sal. Analgesic, Barbiturate & Xanthine Cmb		

Drug	Status	Notes
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg</i> (Fioricet with Codeine)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
Narcotic & Salicylate Analgesics, Barb.& Xanthine		
ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG (codeine-butalbital-asa-caff)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i> (Ascomp with Codeine)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
Narcotic Analgesic & Non-Salicylate Analgesic Comb		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	Tier 1	QL (150 ML per 1 day); Age (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG (benzhydrocodone-acetaminophen)	Tier 3	ST: Requires prior prescription for generic Hydrocodone/acetaminophen tablets within the past 120 days; QL (12 EA per 1 day)
<i>benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg</i> (Apadaz)	Tier 1	ST: Requires prior prescription for generic Hydrocodone/acetaminophen tablets within the past 120 days; QL (12 EA per 1 day)
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG (oxycodone-acetaminophen)	Tier 1	QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	Tier 1	QL (184 ML per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	Tier 1	QL (13 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	Tier 1	QL (61 ML per 1 day)

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

Drug	Status	Notes
<i>apomorphine subcutaneous cartridge 10 mg/ml</i> (APOKYN)	Tier 4	PA; SP
<i>bromocriptine oral capsule 5 mg</i> (Parlodel)	Tier 1	
<i>bromocriptine oral tablet 2.5 mg</i> (Parlodel)	Tier 1	
<i>carbidopa-levodopa oral tablet 10-100 mg</i> (Sinemet)	Tier 1	
<i>carbidopa-levodopa oral tablet 25-100 mg</i> (Dhivy)	Tier 1	
<i>carbidopa-levodopa oral tablet 25-250 mg</i>	Tier 1	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	Tier 1	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	Tier 1	
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML	Tier 6	PA; SP
<i>entacapone oral tablet 200 mg</i>	Tier 1	
INBRIJA INHALATION CAPSULE 42 MG	Tier 6	PA; SP
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	Tier 6	PA; SP
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	Tier 2	ST: Requires prior prescription for immediate-release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day)
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	Tier 3	PA
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	Tier 1	

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

Drug	Status	Notes
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG	Tier 3	ST: Requires prior prescription for generic Selegiline capsules or tablets within the past 120 days; QL (2 EA per 1 day)
Decarboxylase Inhibitors		
<i>carbidopa oral tablet 25 mg</i> (Lodosyn)	Tier 1	
Seizure Disorder		
Anticonvulsant - Benzodiazepine Type		
<i>clobazam oral suspension 2.5 mg/ml</i> (Onfi)	Tier 1	QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)	Tier 1	QL (2 EA per 1 day)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Klonopin)	Tier 1	
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	Tier 1	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	Tier 3	QL (10 EA per 30 days)
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	Tier 3	QL (10 EA per 30 days)
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	Tier 3	QL (10 EA per 30 days)
Anticonvulsant - Cannabinoid Type		
EPIDIOLEX ORAL SOLUTION 100 MG/ML	Tier 5	SP; ST: At least 2 prior prescriptions for Clobazam, Lamotrigine, Levetiracetam, Topiramate, or Valproic Acid within the past 365 days
Anticonvulsants		
APTOM ORAL TABLET 200 MG, 400 MG	Tier 3	QL (1 EA per 1 day)
APTOM ORAL TABLET 600 MG, 800 MG	Tier 3	QL (2 EA per 1 day)
BRIVIACT ORAL SOLUTION 10 MG/ML	Tier 2	QL (600 ML per 30 days)

Drug	Status	Notes
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	Tier 2	QL (2 EA per 1 day)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> (Carbatrol)	Tier 1	
<i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)	Tier 1	
<i>carbamazepine oral tablet 200 mg</i> (Epitol)	Tier 1	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR)	Tier 1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	Tier 1	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (carbamazepine)	Tier 3	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG (divalproex)	Tier 3	
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG (divalproex)	Tier 3	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG (divalproex)	Tier 3	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	Tier 6	PA; SP
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	Tier 6	PA; SP
DILANTIN EXTENDED ORAL CAPSULE 100 MG (phenytoin sodium extended)	Tier 3	
DILANTIN INFATABS ORAL TABLET, CHEWABLE 50 MG (phenytoin)	Tier 3	
DILANTIN ORAL CAPSULE 30 MG	Tier 3	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML (phenytoin)	Tier 3	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i> (Depakote Sprinkles)	Tier 1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER)	Tier 1	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i> (Depakote)	Tier 1	
EPITOL ORAL TABLET 200 MG (carbamazepine)	Tier 1	

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

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

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Drug	Status	Notes
<i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125)	Tier 1	
<i>phenytoin oral tablet, chewable 50 mg</i> (Dilantin Infatabs)	Tier 1	
<i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin Extended)	Tier 1	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek)	Tier 1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i> (Lyrica)	Tier 1	
<i>pregabalin oral solution 20 mg/ml</i> (Lyrica)	Tier 1	
<i>primidone oral tablet 125 mg</i>	Tier 1	
<i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)	Tier 1	
<i>rufinamide oral suspension 40 mg/ml</i> (Banzel)	Tier 1	QL (80 ML per 1 day)
<i>rufinamide oral tablet 200 mg</i> (Banzel)	Tier 1	QL (16 EA per 1 day)
<i>rufinamide oral tablet 400 mg</i> (Banzel)	Tier 1	QL (8 EA per 1 day)
SABRIL ORAL TABLET 500 MG (vigabatrin)	Tier 6	PA; SP
TEGRETOL ORAL SUSPENSION 100 MG/5 ML (carbamazepine)	Tier 3	
TEGRETOL ORAL TABLET 200 MG (carbamazepine)	Tier 3	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG (carbamazepine)	Tier 3	
<i>tiagabine oral tablet 12 mg, 2 mg, 4 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>tiagabine oral tablet 16 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)	Tier 1	
<i>topiramate oral capsule, extended release 24hr 100 mg, 200 mg</i> (Trokendi XR)	Tier 1	QL (2 EA per 1 day)
<i>topiramate oral capsule, extended release 24hr 25 mg</i> (Trokendi XR)	Tier 1	QL (8 EA per 1 day)
<i>topiramate oral capsule, extended release 24hr 50 mg</i> (Trokendi XR)	Tier 1	QL (4 EA per 1 day)
<i>topiramate oral capsule, sprinkle, er 24hr 100 mg, 25 mg, 50 mg</i> (Qudexy XR)	Tier 1	QL (1 EA per 1 day)
<i>topiramate oral capsule, sprinkle, er 24hr 150 mg, 200 mg</i> (Qudexy XR)	Tier 1	QL (2 EA per 1 day)
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)	Tier 1	

Drug	Status	Notes
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	Tier 1	
<i>valproic acid oral capsule 250 mg</i>	Tier 1	
<i>vigabatrin oral powder in packet 500 mg</i> (Vigadrone)	Tier 4	PA; SP
<i>vigabatrin oral tablet 500 mg</i> (Vigadrone)	Tier 4	PA; SP
VIGADRONE ORAL POWDER IN PACKET 500 MG (vigabatrin)	Tier 4	PA; SP
VIGADRONE ORAL TABLET 500 MG (vigabatrin)	Tier 4	PA; SP
VIGAFYDE ORAL SOLUTION 100 MG/ML	Tier 6	PA; SP
VIGPODER ORAL POWDER IN PACKET 500 MG (vigabatrin)	Tier 4	PA; SP
VIMPAT ORAL TABLETS,DOSE PACK 50 MG (14)- 100 MG (14)	Tier 2	
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	Tier 2	QL (2 EA per 1 day)
XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG	Tier 2	QL (1 EA per 1 day)
XCOPRI ORAL TABLET 200 MG	Tier 2	QL (2 EA per 1 day)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)-25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	Tier 2	QL (1 EA per 1 day)
ZONISADE ORAL SUSPENSION 100 MG/5 ML	Tier 3	PA
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	Tier 1	
<i>zonisamide oral capsule 50 mg</i>	Tier 1	
Neuroactive Steroid Gaba-A Receptor Modulator		
ZTALMY ORAL SUSPENSION 50 MG/ML	Tier 6	PA; SP
Skeletal Muscle Disorder		
Agents To Tx Periodic Paralysis - Carbon Anhyd Inh		
<i>dichlorphenamide oral tablet 50 mg</i> (Ormalvi)	Tier 4	PA; SP
KEVEYIS ORAL TABLET 50 MG (dichlorphenamide)	Tier 5	PA; SP
ORMALVI ORAL TABLET 50 MG (dichlorphenamide)	Tier 4	PA; SP
Retinoic Acid Receptor (Rar) Agonists		

Drug	Status	Notes
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG	Tier 6	PA; SP
Skeletal Muscle Relaxants		
<i>baclofen oral solution 10 mg/5 ml (2 mg/ml)</i> (Ozobax DS)	Tier 1	PA
<i>baclofen oral solution 5 mg/5 ml</i> (Ozobax)	Tier 1	PA
<i>baclofen oral suspension 25 mg/5 ml (5 mg/ml)</i> (Fleqsuvy)	Tier 1	PA
<i>baclofen oral tablet 10 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>baclofen oral tablet 20 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>baclofen oral tablet 5 mg</i>	Tier 1	QL (16 EA per 1 day)
<i>carisoprodol oral tablet 250 mg, 350 mg</i> (Soma)	Tier 1	QL (4 EA per 1 day)
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	Tier 1	
<i>chlorzoxazone oral tablet 500 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>dantrolene oral capsule 100 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>dantrolene oral capsule 25 mg</i> (Dantrium)	Tier 1	QL (3 EA per 1 day)
<i>dantrolene oral capsule 50 mg</i>	Tier 1	QL (3 EA per 1 day)
<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 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)
<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)
<i>tizanidine oral capsule 2 mg</i> (Zanaflex)	Tier 1	QL (18 EA per 1 day)
<i>tizanidine oral capsule 4 mg</i> (Zanaflex)	Tier 1	QL (9 EA per 1 day)
<i>tizanidine oral capsule 6 mg</i> (Zanaflex)	Tier 1	QL (6 EA per 1 day)
<i>tizanidine oral tablet 2 mg</i>	Tier 1	QL (18 EA per 1 day)
<i>tizanidine oral tablet 4 mg</i> (Zanaflex)	Tier 1	QL (9 EA per 1 day)
Smoking Cessation		
Smoking Deterrent Agents (Ganglionic Stim,Others)		

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

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

Drug	Status	Notes
<i>varenicline oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i> (Chantix Starting Month Box)	ACA Tier	\$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
Smoking Deterrents, Other		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	ACA Tier	\$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
Upper Gastrointestinal Disorders - Digestive		
Gastric Enzymes		
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	Tier 6	PA; SP
Pancreatic Enzymes		
CREON ORAL CAPSULE, DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	Tier 2	
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300-78,300 UNIT	Tier 3	
ZENPEP ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	Tier 2	
Upper Gastrointestinal Disorders - Spastic Disease		
Anticholinergics/Antispasmodics		
<i>dicyclomine oral capsule 10 mg</i>	Tier 1	
<i>dicyclomine oral solution 10 mg/5 ml</i>	Tier 1	
<i>dicyclomine oral tablet 20 mg</i>	Tier 1	
Belladonna Alkaloids		

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

Drug	Status	Notes
<i>glycopyrrolate oral tablet 1 mg</i> (Robinul)	Tier 1	
<i>glycopyrrolate oral tablet 2 mg</i> (Robinul Forte)	Tier 1	
GLYRX-PF INJECTION SYRINGE 0.6 MG/3 ML (0.2 MG/ML) (glycopyrrolate (pf))	Tier 3	
Anti-Ulcer Preparations		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)	Tier 1	
<i>sucralfate oral suspension 100 mg/ml</i> (Carafate)	Tier 1	
<i>sucralfate oral tablet 1 gram</i> (Carafate)	Tier 1	
Anti-Ulcer-H.Pylori Agents		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	Tier 1	QL (112 EA per 10 days)
<i>bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg</i> (Pylera)	Tier 1	
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40)	Tier 3	
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG	Tier 3	QL (168 EA per 14 days); Age (Min 18 Years)
VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84)	Tier 3	PA
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG	Tier 3	PA
Histamine H2-Receptor Inhibitors		
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	Tier 1	
<i>cimetidine oral tablet 200 mg</i> (Acid Reducer (cimetidine))	Tier 1	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	Tier 1	
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>	Tier 1	
<i>famotidine oral tablet 20 mg</i> (Acid Controller)	Tier 1	
<i>famotidine oral tablet 40 mg</i> (Pepcid)	Tier 1	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	Tier 1	
Intestinal Motility Stimulants		
GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY	Tier 6	PA; SP
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	Tier 1	

Drug	Status	Notes
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)	Tier 1	
Potassium-Competitive Acid Blockers (Pcabs)		
VOQUEZNA ORAL TABLET 10 MG, 20 MG	Tier 3	PA
Proton-Pump Inhibitors		
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 10 MG (rabeprazole)	Tier 3	ST: At least 2 prior prescriptions for Lansoprazole, Omeprazole, or Pantoprazole within the past 365 days; QL (1 EA per 1 day)
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 5 MG	Tier 3	ST: At least 2 prior prescriptions for Lansoprazole, Omeprazole, or Pantoprazole within the past 365 days; QL (1 EA per 1 day)
<i>dexlansoprazole oral capsule, biphase delayed releas 30 mg, 60 mg</i> (Dexilant)	Tier 1	ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days; QL (1 EA per 1 day)
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i> (Acid Reducer (esomeprazole))	Tier 1	QL (1 EA per 1 day)
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i> (Nexium)	Tier 1	QL (2 EA per 1 day)
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i> (Nexium Packet)	Tier 1	QL (1 EA per 1 day)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i> (Nexium Packet)	Tier 1	QL (2 EA per 1 day)
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i> (Acid Reducer (lansoprazole))	Tier 1	
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i> (Prevacid)	Tier 1	
<i>lansoprazole oral tablet, disintegrat, delay rel 15 mg, 30 mg</i> (Prevacid SoluTab)	Tier 1	ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days

Drug	Status	Notes
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG	Tier 2	QL (1 EA per 1 day)
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram</i> (Zegerid)	Tier 1	ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days; QL (1 EA per 1 day)
<i>pantoprazole oral granules dr for susp in packet 40 mg</i> (Protonix)	Tier 1	ST: Requires prior prescription for Omeprazole, Pantoprazole caps/tabs, or Prilosec Suspension within the past 120 days
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i> (Protonix)	Tier 1	
<i>rabeprazole oral capsule, delayed rel sprinkle 10 mg</i> (AcipHex Sprinkle)	Tier 1	ST: At least 2 prior prescriptions for Lansoprazole, Omeprazole, or Pantoprazole within the past 365 days; QL (1 EA per 1 day)
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i> (AcipHex)	Tier 1	QL (1 EA per 1 day)
Urinary Tract - Functional Disorders		
Benign Prostatic Hypertrophy/Micturition Agents		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	Tier 1	
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	Tier 1	
<i>finasteride oral tablet 5 mg</i> (Proscar)	Tier 1	
<i>silodosin oral capsule 4 mg, 8 mg</i> (Rapaflo)	Tier 1	
<i>tamsulosin oral capsule 0.4 mg</i> (Flomax)	Tier 1	
Bph Agents,5-Alpha-Red Inh & Alpha-1-Adr Antg Cmb		

Drug	Status	Notes
<i>dutasteride-tamsulosin oral capsule, er</i> (Jalyn) <i>multiphase 24 hr 0.5-0.4 mg</i>	Tier 1	ST: Requires prior prescription for Alfuzosin, Doxazosin, Finasteride 5mg, Prazosin, Silodosin, Tamsulosin, or Terazosin within the past 120 days
Cystine-Depleting Agents, Nephropathic Cystinosis		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	Tier 6	SP
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG	Tier 5	PA; SP
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG	Tier 5	PA; SP
Endothelin-Angiotensin Receptor Antagonist		
FILSPARI ORAL TABLET 200 MG, 400 MG	Tier 6	PA; SP
Kidney Stone Agents		
THIOLA EC ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG, 300 MG (tiopronin)	Tier 5	SP
<i>tiopronin oral tablet 100 mg</i> (Thiola)	Tier 4	SP
<i>tiopronin oral tablet, delayed release (dr/ec) 100 mg, 300 mg</i> (Thiola EC)	Tier 4	SP
Overactive Bladder Agents, Beta-3 Adrenergic Recep		
MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON 8 MG/ML	Tier 2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG (mirabegron)	Tier 1	QL (1 EA per 1 day)
Oxalosis Agent - Oxalate Inhibitor, Sirna Based		
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML)	Tier 6	PA; SP
RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML	Tier 6	PA; SP
Polycystic Kidney Disease Agent, Avp Recep. Antag		

Drug	Status	Notes
JYNARQUE ORAL TABLET 15 MG, 30 MG	Tier 5	PA; SP
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	Tier 5	PA; SP
Urinary Ph Modifiers		
K-PHOS NO 2 ORAL TABLET 305-700 MG	Tier 3	
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG	Tier 3	
ORACIT ORAL SOLUTION 490-640 MG/5 ML (sodium citrate-citric acid)	Tier 3	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10)	Tier 1	
<i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15)	Tier 1	
<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i>	Tier 1	
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	Tier 3	
<i>sodium citrate-citric acid oral solution 490-640 mg/5 ml</i> (Oracit)	Tier 1	
UROQID-ACID NO.2 ORAL TABLET 500-500 MG	Tier 3	
Urinary Tract Analgesic Agents		
ELMIRON ORAL CAPSULE 100 MG	Tier 2	PA
Urinary Tract Anesthetic/Analgesic Agnt (Azo-Dye)		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i> (Pyridium)	Tier 1	
Urinary Tract Antispasmodic, M(3) Selective Antag.		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	Tier 1	
<i>solifenacin oral tablet 10 mg, 5 mg</i> (Vesicare)	Tier 1	
Urinary Tract Antispasmodic/Antiincontinence Agent		
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i> (Toviaz)	Tier 1	QL (1 EA per 1 day)

Drug	Status	Notes
<i>flavoxate oral tablet 100 mg</i>	Tier 1	
GELNIQUE TRANSDERMAL GEL IN PACKET 10 % (100 MG/GRAM)	Tier 3	ST: Requires prior prescriptions for Myrbetriq and Oxybutynin Chloride within the past 365 days; QL (1 GM per 1 day)
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	Tier 1	
<i>oxybutynin chloride oral tablet 2.5 mg, 5 mg</i>	Tier 1	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	Tier 1	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR	Tier 3	ST: Requires prior prescriptions for Myrbetriq and Oxybutynin Chloride within the past 365 days
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i> (Detrol LA)	Tier 1	
<i>tolterodine oral tablet 1 mg, 2 mg</i> (Detrol)	Tier 1	
<i>tropium oral capsule,extended release 24hr 60 mg</i>	Tier 1	
<i>tropium oral tablet 20 mg</i>	Tier 1	
Vaginal Disorders		
Vaginal Antibiotics		
CLEOCIN VAGINAL SUPPOSITORY 100 MG	Tier 3	ST: At least 2 prior prescriptions for Clindamycin vaginal cream, Metronidazole vaginal gel, Tinidazole, or Vandazole gel within the past 365 days; QL (3 EA per 30 days)
<i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)	Tier 1	
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 %	Tier 3	ST: Requires prior prescription for Clindamycin vaginal cream within the past 120 days
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i> (Vandazole)	Tier 1	
<i>metronidazole vaginal gel 1.3 % (65 mg/5 gram)</i> (Nuversa)	Tier 1	

Drug	Status	Notes
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM) (metronidazole)	Tier 3	
Vaginal Antifungals		
GYNAZOLE-1 VAGINAL CREAM 2 %	Tier 2	
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG	Tier 1	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	Tier 1	
<i>terconazole vaginal suppository 80 mg</i>	Tier 1	
Vaginal Antiseptics		
FEM PH VAGINAL GEL 0.9-0.025 %	Tier 3	
RELAGARD VAGINAL GEL 0.9-0.025 %	Tier 3	
TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 %	Tier 3	
Vaginal Estrogen For Sexual Dysfunction		
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	Tier 3	ST: Requires prior prescriptions for Estradiol Vaginal and Estrogens Conjugated Vaginal within the past 365 days; QL (18 EA per 28 days)
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG	Tier 3	ST: Requires prior prescriptions for Estradiol Vaginal and Estrogens Conjugated Vaginal within the past 365 days; QL (18 EA per 28 days)
Vaginal Estrogen Preparations		
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> (Estrace)	Tier 1	
<i>estradiol vaginal tablet 10 mcg</i> (Yuvafem)	Tier 1	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	Tier 2	
YUVAFEM VAGINAL TABLET 10 MCG (estradiol)	Tier 1	
Vitamin And/Or Mineral Deficiency		
Fluoride Preparations		
CLINPRO 5000 DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 3	
DENTA 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))	Tier 1	

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

Drug	Status	Notes
SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))	Tier 1	
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i> (Denta 5000 Plus Sensitive)	Tier 1	
Folic Acid Preparations		
<i>folic acid injection solution 5 mg/ml</i>	Tier 1	
<i>folic acid oral tablet 1 mg</i>	Tier 1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	ACA Tier	
Iron Replacement		
TRIFERIC HEMODIALYSIS POWDER IN PACKET 272 MG IRON	Tier 3	
TRIFERIC HEMODIALYSIS SOLUTION 27.2 MG IRON/5 ML	Tier 3	
Vitamin D Preparations		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> (Rocaltrol)	Tier 1	
<i>calcitriol oral solution 1 mcg/ml</i> (Rocaltrol)	Tier 1	
Weight Reduction		
Anorexic Agents		
<i>benzphetamine oral tablet 50 mg</i>	Tier 1	QL (3 EA per 1 day); Age (Min 18 Years)
<i>diethylpropion oral tablet 25 mg</i>	Tier 1	QL (3 EA per 1 day); Age (Min 18 Years)
<i>diethylpropion oral tablet extended release 75 mg</i>	Tier 1	QL (1 EA per 1 day); Age (Min 18 Years)
LOMAIRA ORAL TABLET 8 MG (phentermine)	Tier 1	QL (3 EA per 1 day); Age (Min 18 Years)
<i>phendimetrazine tartrate oral capsule, extended release 105 mg</i>	Tier 1	QL (1 EA per 1 day); Age (Min 18 Years)
<i>phendimetrazine tartrate oral tablet 35 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 18 Years)
<i>phentermine oral capsule 15 mg, 30 mg, 37.5 mg</i>	Tier 1	QL (1 EA per 1 day); Age (Min 18 Years)
<i>phentermine oral tablet 37.5 mg</i> (Adipex-P)	Tier 1	QL (1 EA per 1 day); Age (Min 18 Years)
Anti-Obesity - Incretin Mimetics Combination		
ZEPBOUND SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	Tier 2	PA

Drug	Status	Notes
Anti-Obesity - Melanocortin 4 Receptor Agonists		
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML	Tier 6	PA; SP
Anti-Obesity Glucagon-Like Peptide-1 Recep Agonist		
SAXENDA SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML (18 MG/3 ML)	Tier 2	PA
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML, 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	Tier 2	PA
Fat Absorption Decreasing Agents		
<i>orlistat oral capsule 120 mg</i> (Xenical)	Tier 1	PA

Index

A		
<i>abacavir</i>	168	
<i>abacavir-lamivudine</i>	167	
ABILIFY ASIMTUFII	27	
ABILIFY MAINTENA.....	28	
<i>abiraterone</i>	202	
ABRYSVO (PF)	151	
<i>acamprosate</i>	26	
<i>acarbose</i>	99	
ACCU-CHEK FASTCLIX LANCET DRUM.....	191	
ACCU-CHEK SAFE-T-PRO	191	
ACCU-CHEK SAFE-T-PRO PLUS	191	
ACCU-CHEK SOFTCLIX LANCETS.....	191	
AC CUTANE.....	69	
ACD SOLUTION A	133	
ACD-A	133	
ACE AEROSOL CLOUD ENHANCER	12	
<i>acebutolol</i>	41	
ACESO AG.....	186	
<i>acetaminophen-codeine</i> ...	235, 236	
<i>acetazolamide</i>	126	
<i>acetic acid</i>	89, 111	
<i>acetylcysteine</i>	226	
ACIOXIA	80	
ACIOXIAY.....	70	
ACIPHEX SPRINKLE	252	
<i>acitretin</i>	95	
ACTEMRA	177	
ACTEMRA ACTPEN	177	
ACTHAR	115	
ACTHAR SELFJECT.....	115	
ACTICOAT DRESSING.....	187	
ACTI-LANCE LANCETS	191	
ACTIMMUNE.....	153	
ACUVAIL (PF)	122	
<i>acyclovir</i>	77, 165	
ADACEL(TDAP ADOLESN/ADULT)(PF)149, 150		
ADAINZOXIA.....	70	
<i>adalimumab-adaz</i>	172	
<i>adapalene</i>	74	
<i>adapalene-benzoyl peroxide</i>	70	
ADASUVE	29	
ADBRY	79	
ADDYI	32	
<i>adefovir</i>	171	
ADEINZDE	70	
ADEMPAS.....	45	
ADTHYZA.....	120	
ADULT ASPIRIN REGIMEN	138	
ADULT LOW DOSE ASPIRIN...138		
ADVAIR HFA.....	9	
ADVANCE PLUS INTERMITTENT	189	
ADVANCED ALLERGY COLLECT KIT	80	
ADVANCED TRAVEL LANCETS	191	
ADVATE	131	
ADVOCATE LANCET	191	
ADYNOVATE	131	
AEMCOLO	163	
AEROBIKA OSCILLATING PEP SYSTM.....	12	
AEROCHAMBER MECHANICAL VENT	12	
AEROCHAMBER MINI	12	
AEROCHAMBER MV.....	12	
AEROCHAMBER PLUS FLOW-VU	12	
AEROCHAMBER PLUS FLOW- VU,L MSK	12	
AEROCHAMBER PLUS FLOW- VU,M MSK	12	
AEROCHAMBER PLUS FLOW- VU,S MSK.....	12	
AEROCHAMBER PLUS Z STAT 13		
AEROCHAMBER PLUS Z STAT LG MSK	12	
AEROCHAMBER PLUS Z STAT MD MSK.....	12	
AEROCHAMBER PLUS Z STAT SM MSK.....	12	
AEROCHAMBER Z-STAT PLUS- FLW SG	13	
AEROECLIPSE II NEBULIZER...13		
AEROECLIPSE XL NEBULIZER 13		
AEROGEAR ACTION ASTHMA KIT	13	
AERONEB GO NEBULIZER	13	
AEROTRACH PLUS	13	
AEROVENT PLUS.....	13	
AFIRMELLE	55	
AFLURIA TRIV 2024-2025	148	
AFLURIA TRIV 2024-2025 (PF)148		
AFREZZA.....	109	
AFSTYLA	131	
AFTER PILL.....	55	
AFTERA.....	55	
AGAMREE	175	
AIMOVIQ AUTOINJECTOR	232	
AIMSCO LATEX CONDOM.....	218	
AIRS DISPOSABLE NEBULIZER	13	
AIRSUPRA.....	9	
AJOVY AUTOINJECTOR	233	
AJOVY SYRINGE	233	
AKEEGA	209	
AKTEN (PF)	123	
AKYNZEO (NETUPITANT).....	6	
ALA-CORT	80	
ALA-SCALP	80	
<i>al bendazole</i>	163	
<i>albuterol sulfate</i>	8	
ALCAINE.....	123	
<i>alclometasone</i>	80	
ALECENSA.....	205	
<i>alendronate</i>	117	
ALFERON N	153	
<i>alfuzosin</i>	253	
ALINIA.....	164	
<i>aliskiren</i>	47	
ALKINDI SPRINKLE	175	
ALL FLOW 1000 KIT.....	190	
ALL FLOW 1000 PFT FILTER..190		
ALL FLOW 3000 KIT.....	190	
ALL FLOW 3000 PFT FILTER..190		
ALL FLOW 4000 KIT.....	190	
ALL FLOW 4000 PFT FILTER..190		
ALL FLOW 5000 KIT.....	190	
ALL FLOW 5000 PFT FILTER..190		

ALL FLOW 6000 PFT FILTER .	190	<i>ammonium lactate</i>	89	ASCOMP WITH CODEINE.....	235
ALLEVYN LIFE DRESSING.....	187	AMNESTEEM	69	<i>asenapine maleate</i>	29
<i>allopurinol</i>	130	<i>amoxapine</i>	23	ASHLYNA	56
<i>almotriptan malate</i>	233	<i>amoxicil-clarithromy-lansopraz</i>	251	<i>aspirin</i>	138, 227
ALOCRIAL	126	<i>amoxicillin</i>	157, 158	ASPIRIN CHILDRENS.....	138
ALOMIDE	126	<i>amoxicillin-pot clavulanate</i>	158	<i>aspirin-dipyridamole</i>	138
<i>alosepron</i>	184	<i>amphetamine sulfate</i>	24	ASSURE LANCE	191
ALPHANATE	131	<i>ampicillin</i>	158	ASSURE LANCE PLUS.....	191
ALPHANINE SD	134	<i>amyl nitrite</i>	54	ASTHMAPACK CHILDREN'S.....	13
<i>alprazolam</i>	26	ANACAINE	93	ASTRINGYN	140
ALPRAZOLAM INTENSOL	26	<i>anagrelide</i>	139	<i>atazanavir</i>	169
ALPROLIX	134	ANA-LEX KIT	181	<i>atenolol</i>	41
ALTABAX	78	ANALPRAM-HC	92	<i>atenolol-chlorthalidone</i>	42
ALTACAINE.....	123	ANASCORP	215	<i>atomoxetine</i>	35
ALTAFLUOR BENOX.....	123	ANASTIA.....	93	ATORVALIQ	48
ALTAVERA (28)	55	<i>anastrozole</i>	203	<i>atorvastatin</i>	48
ALTERA NEBULIZER HANDSET		ANDRODERM.....	142	<i>atovaquone</i>	164
.....	13	ANGELIQ	142	<i>atovaquone-proguanil</i>	164
ALTERA NEBULIZER SYSTEM	13	ANNOVERA	55	ATRAPRO CP.....	89
ALTERNATE SITE LANCET	191	ANORO ELLIPTA.....	9	ATROPEN.....	222
ALTOPREV	48	<i>anticoag citrate phos dextrose</i> ..	133	<i>atropine</i>	128
ALTRENO	74	ANUCORT-HC	182	<i>atropine sulfate (pf)</i>	128
ALTUVIIIO	131	ANZEMET	7	ATROVENT HFA	8
ALUNBRIG	205	APADAZ	236	AUBRA.....	56
ALVAIZ	140	APLIGRAF.....	223	AUBRA EQ	56
<i>alvimopan</i>	186	APOGEE IC INTERMIT		AUGTYRO	206
ALYACEN 1/35 (28)	56	CATHETER.....	189	AURA PORTANEB	13
ALYACEN 7/7/7 (28)	56	APOGEE PLUS INTERMITT		AUROVELA 1.5/30 (21).....	56
ALYQ	45	CATHETER.....	189	AUROVELA 1/20 (21).....	56
<i>amantadine hcl</i>	237	<i>apomorphine</i>	237	AUROVELA 24 FE.....	56
<i>ambrisentan</i>	45	<i>apraclonidine</i>	126	AUROVELA FE 1.5/30 (28)	56
<i>amcinonide</i>	80	<i>aprepitant</i>	7	AUROVELA FE 1-20 (28)	56
AMELUZ	211	APRETUDE	169	AURUMHEEL	220
AMETHIA.....	56	APRI	56	AUSTEDO.....	214
AMETHYST (28).....	56	APTIOM.....	240	AUSTEDO XR.....	214
AMIELLE VAGINAL TRAINER.	190	APTIVUS.....	166	AUSTEDO XR TITRATION	
<i>amiloride</i>	45	ARAKODA.....	164	KT(WK1-4).....	214
<i>amiloride-hydrochlorothiazide</i>	45	ARALAST NP	201	AUTOJECT 2 INJECTION DEVICE	
<i>aminocaproic acid</i>	131	ARANELLE (28)	56	.....	103
<i>amiodarone</i>	36	ARCALYST	172	AUTOPEN 1 TO 21 UNITS.....	103
<i>amitriptyline</i>	23	AREXVY (PF).....	151	AUTOPEN 2 TO 42 UNITS.....	103
<i>amitriptyline-chlordiazepoxide</i>	23	<i>arformoterol</i>	9	AUTOSOFT 30	103
AMJEVITA(CF).....	172	ARGYLE TRACHEOSTOMY		AUTOSOFT 90	103
AMJEVITA(CF) AUTOINJECTOR		CARE TRAY	190	AUTOSOFT XC INFUSION SET	23
.....	172	ARIKAYCE	161	.....	103
<i>amlodipine</i>	43	<i>aripiprazole</i>	28	AUTOSOFT XC INFUSION SET	32
<i>amlodipine-atorvastatin</i>	53	ARISTADA	28	.....	103
<i>amlodipine-benazepril</i>	37, 38	ARISTADA INITIO.....	28	AUTOSOFT XC INFUSION SET	43
<i>amlodipine-olmesartan</i>	39	<i>armodafinil</i>	32	.....	103
<i>amlodipine-valsartan</i>	39	ARNUIVY ELLIPTA	10	AUVELITY.....	21
<i>amlodipine-valsartan-hcthiiazid</i> ...	39	ARTISS	225	AVEIDA.....	72

AVEIDAOXIA.....	73	NEEDLE.....	223	BIGFOOT UNITY PEN CAP-	
AVIANE	56	BD VEO INSULIN SYR (HALF		LISPRO.....	103
AVITA	74	UNIT)	200	BIGFOOT UNITY PEN CAP-	
AVITENE	140	BD VEO INSULIN SYRINGE UF		LYUMJEV	103
AVITENE FLOUR	140	.....	200	BIGFOOT UNITY PEN CAP-	
AVONEX.....	211	BELBUCA.....	227	NOVOLOG	103
AYUNA	56	<i>belladonna alkaloids-opium</i>	227	BIGFOOT UNITY PEN CAP-	
AYVAKIT	206	BELSOMRA	33	TOUJEO	103
<i>azathioprine</i>	153	<i>benazepril</i>	39	BIGFOOT UNITY PEN CAP-	
<i>azelaic acid</i>	73	<i>benazepril-hydrochlorothiazide</i> ...	38	TOUJEOMX.....	103
<i>azelastine</i>	5, 122	BENEFIX.....	134	BIGFOOT UNITY PEN CAP-	
<i>azelastine-fluticasone</i>	6	BENLYSTA.....	177	TRESIBA	104
<i>azithromycin</i>	156	<i>benzhydrocodone-acetaminophen</i>		BIJUVA	143
AZURETTE (28)	56	.....	236	BIKTARVY	170
B		<i>benznidazole</i>	164	<i>bimatoprost</i>	126
<i>bacitracin</i>	124	<i>benzonatate</i>	68	BIMZELX.....	95
<i>bacitracin-polymyxin b</i>	124	<i>benzoyl peroxide</i>	90	BIMZELX AUTOINJECTOR	95
<i>baclofen</i>	245, 246	<i>benzphetamine</i>	259	<i>bismuth subcit k-metronidz-tcn</i> .	251
<i>balsalazide</i>	181	<i>benztropine</i>	237	<i>bisoprolol fumarate</i>	41
BALVERSA.....	206	BERINERT	175	<i>bisoprolol-hydrochlorothiazide</i>	42
BALZIVA (28)	56	BESIVANCE.....	124	BLISOVI 24 FE	56
BARACLUDE.....	171	BESREMI	153	BLISOVI FE 1.5/30 (28).....	57
BARDEX I.C. FOLEY CATHETER		BETADINE OPHTHALMIC PREP		BLISOVI FE 1/20 (28).....	57
.....	189	.....	89	BOOSTRIX TDAP.....	150
BASADROX.....	73	<i>betaine</i>	221	<i>bosentan</i>	45
BAXDELA	158	BETALOAN SUIK.....	175	BOSULIF.....	206
BAYER ASPIRIN	227	<i>betamethasone dipropionate</i>	80	BP 10-1	78
BAYER LOW DOSE ASPIRIN .	138	<i>betamethasone valerate</i>	80	BPO.....	90
BD AUTOSHIELD DUO PEN		<i>betamethasone, augmented</i>	81	BRAFTOVI	204
NEEDLE	222	BETASERON	212	BREATHERITE MDI SPACER ...	13
BD INSULIN SYRINGE (HALF		<i>betaxolol</i>	41, 126	BREATHERITE SPACER-MASK,	
UNIT).....	199	<i>bethanechol chloride</i>	201	NEO.....	13
BD INSULIN SYRINGE U-500 .	199	BETOPTIC S.....	126	BREATHERITE SPACER-	
BD INSULIN SYRINGE ULTRA-		<i>bexarotene</i>	93, 211	MASK,ADULT.....	13
FINE	200	BEXSERO	147	BREATHERITE SPACER-	
BD INSYTE AUTOGUARD	198	<i>bicalutamide</i>	202	MASK,CHILD.....	13
BD MICROTAINER LANCET ...	192	BIGFOOT UNITY	103	BREATHERITE SPACER-	
BD NANO 2ND GEN PEN		BIGFOOT UNITY PEN CAP-		MASK,INFANT	13
NEEDLE	222	ADMELOG	103	BREATHERITE SPACER-	
BD POSIFLUSH NORMAL SALINE		BIGFOOT UNITY PEN CAP-		MASK,S.CHLD	13
0.9	113	APIDRA.....	103	BREATHERITE VALVED MDI	
BD SAF-T-INTIMA.....	198	BIGFOOT UNITY PEN CAP-		CHAMBER.....	13
BD ULTRA-FINE MICRO PEN		ASPART.....	103	BREATHERITE VALVED MDI	
NEEDLE	222	BIGFOOT UNITY PEN CAP-		SPACER.....	13
BD ULTRA-FINE MINI PEN		BASAGLAR.....	103	BREO ELLIPTA	9, 10
NEEDLE.....	223	BIGFOOT UNITY PEN CAP-FIASP		BREXAFEMME	161
BD ULTRA-FINE NANO PEN		.....	103	BREYNA	10
NEEDLE	223	BIGFOOT UNITY PEN CAP-		BREZTRI AEROSPHERE	10
BD ULTRA-FINE ORIG PEN		HUMALOG.....	103	BRIELLYN.....	57
NEEDLE	223	BIGFOOT UNITY PEN CAP-		BRILINTA.....	138
BD ULTRA-FINE SHORT PEN		LANTUS.....	103	<i>brimonidine</i>	73, 126

<i>brimonidine-dorzolamide</i>	126	<i>candesartan</i>	40	1)217
<i>brimonidine-timolol</i>	126	<i>candesartan-hydrochlorothiazid</i> ..	39	<i>cardioplegic no.19 (maint 4</i>
<i>brinzolamide</i>	127	<i>cantharidin in acetone</i>	90	1)217
BRIVIACT	240	CANTHARIS COMPOSITUM....	220	<i>cardioplegic soln</i>
BROMFED DM	69	<i>capecitabine</i>	203	<i>cardioplegic solution no.25</i>
<i>bromfenac</i>	122	CAPEX	81	CARDURA XL.....
<i>bromocriptine</i>	237	CAPLYTA	29	CAREONE ULTRA THIN LANCET
<i>brompheniramine-pseudoeph-dm</i>	69	CAPRELSA	206	.....
BRONCHITOL	219	<i>captopril</i>	39	CARESENS LANCETS.....
BRUKINSA	206	<i>captopril-hydrochlorothiazide</i>	38	CARETOUCH SAFETY LANCETS
<i>budesonide</i>	10, 175, 182	CARBAGLU.....	183	.....
<i>budesonide-formoterol</i>	10	<i>carbamazepine</i>	240	CARETOUCH TWIST LANCET
BULLSEYE MINI SAFETY		CARBATROL	240	<i>carglumic acid</i>
LANCETS.....	192	<i>carbidopa</i>	239	<i>carisoprodol</i>
<i>bumetanide</i>	44	<i>carbidopa-levodopa</i>	237, 238	<i>carisoprodol-aspirin</i>
<i>buprenorphine</i>	228	<i>carbidopa-levodopa-entacapone</i>	238	<i>carisoprodol-aspirin-codeine</i>
<i>buprenorphine hcl</i>	227, 228, 236	.....	238	CARNITOR (SUGAR-FREE)
<i>buprenorphine-naloxone</i>	236	<i>carbinoxamine maleate</i>	4	CARRASYN HYDROGEL WOUND
<i>bupropion hcl</i>	21	CARDIOPLEGIA DEL NIDO		DRESS
<i>bupropion hcl (smoking deter)</i> ..	249	FORMULA	216	<i>carteolol</i>
<i>buspirone</i>	27	CARDIOPLEGIA HIGH		CARTIA XT
<i>butalbital-acetaminop-caf-cod</i> ..	235	POTASSIUM.....	216	<i>carvedilol</i>
<i>butalbital-acetaminophen</i>	226	CARDIOPLEGIA IND 4		<i>carvedilol phosphate</i>
<i>butalbital-acetaminophen-caff</i> ..	227	1 PLASMALYT	216	CAVERJECT.....
<i>butalbital-aspirin-caffeine</i>	226	1 RINGER	216	CAVERJECT IMPULSE.....
<i>butorphanol</i>	228	CARDIOPLEGIA IND 8		CAYA CONTOURED
BUTTERFLY TOUCH LANCET	192	1 NON-ENRCH	216	CAYSTON.....
BYDUREON BCISE	98	CARDIOPLEGIA INDUCTION 4		CAZANT (28)
BYETTA.....	98	1 216		<i>cefaclor</i>
BYLVAY.....	184	CARDIOPLEGIA INDUCTION 8		<i>cefadroxil</i>
C		1 216		154, 155
<i>cabergoline</i>	120	CARDIOPLEGIA MAIN 8		CEFALY
CABLIVI.....	130	1 NO-ENRCH.....	216	190
CABOMETYX.....	206	CARDIOPLEGIA MAINT 4		<i>cefdinir</i>
<i>cabotegravir</i>	169	1 PLASMA.....	216	155
CABTREEO	70	1 RINGER	216	<i>cefprozil</i>
CADIRA COMPLIANT BLOOD		CARDIOPLEGIA MAINTENANCE		<i>cefuroxime axetil</i>
STAT	216	4		155
<i>caffeine citrate</i>	18	1 217		<i>celecoxib</i>
<i>calcipotriene</i>	96	CARDIOPLEGIA MAINTENANCE		178
<i>calcipotriene-betamethasone</i>	97	8		CEM-UREA.....
<i>calcitonin (salmon)</i>	117	1 217		CENTANY AT
<i>calcitriol</i>	96, 259	CARDIOPLEGIA REPERFUSATE		<i>cephalexin</i>
<i>calcium acetate(phosphat bind)</i>	111	4		155
CALQUENCE (ACALABRUTINIB		1 217		CEQUR SIMPLICITY
MAL).....	206	CARDIOPLEGIA WARM INDUCT		104
CAMILA	57	4		CEQUR SIMPLICITY INSERTER
CAMRESE	57	1 217		.....
CAMRESE LO	57	<i>cardioplegic no.17(induct 4</i>		CERDELGA
CAMZYOS.....	53			219
				CERVIDIL
				67
				CETACAINE
				93
				CETACAINE ANESTHETIC
				93
				<i>cetirizine</i>
				5
				<i>cetorelix</i>
				119
				<i>cevimeline</i>
				201
				CHARLOTTE 24 FE.....
				57

CHATEAL (28).....	57	CLENPIQ.....	184	<i>colesevelam</i>	52
CHATEAL EQ (28)	57	CLEOCIN	256	<i>colestipol</i>	52
CHEMET	222	CLEVER CHEK LANCETS	192	COLOR LANCETS.....	192
CHENODAL.....	184	CLEVER CHOICE CHAMBER- LRG MASK	13	COMBIPATCH	143
CHILDREN'S ASPIRIN.....	138	CLEVER CHOICE CHAMBER- MED MASK.....	13	COMBIVENT RESPIMAT	9
CHLOHUX.....	81	CLEVER CHOICE CHAMBER-SM MASK.....	14	COMETRIQ.....	206
CHLOOXIA	81	CLEVER CHOICE NEB KIT- ADULT	190	COMFORT EZ LANCETS	192
<i>chlordiazepoxide hcl</i>	26	CLEVER CHOICE NEB KIT-CHILD	190	COMFORT TOUCH PLUS SAFETY LANC	192
<i>chlordiazepoxide-clidinium</i>	250	CLEVER CHOICE NEBULIZER..	14	COMFORT TOUCH ULT THIN LANCETS	192
<i>chlorhexidine gluconate</i>	215	CLEVER CHOICE WHISPER AIRE PED.....	14	COMFORTSEAL LARGE MASK	14
<i>chloroquine phosphate</i>	164	CLIMARA PRO	143	COMFORTSEAL MEDIUM MASK	14
<i>chlorpromazine</i>	31, 32	<i>clindamycin hcl</i>	162	COMFORTSEAL SMALL MASK	14
<i>chlorthalidone</i>	47	<i>clindamycin palmitate hcl</i>	162	COMIRNATY 2024-25 (12Y UP)(PF).....	146
<i>chlorzoxazone</i>	246	CLINDAMYCIN PEDIATRIC	162	COMPACT SPACE CHAMBER..	14
CHOLBAM.....	184	<i>clindamycin phosphate</i> ..74, 75,	256	COMPACT SPACE CHAMBER- LRG MASK	14
<i>cholestyramine (with sugar)</i>	51	<i>clindamycin benzoyl peroxide</i>	70	COMPACT SPACE CHAMBER- MED MASK	14
CHOLESTYRAMINE LIGHT 51, 52		CLINDESSE	256	COMPACT SPACE CHAMBER-SM MASK.....	14
<i>cholestyramine-aspartame</i>	52	CLINPRO 5000	257	COMP-AIR NEBULIZER COMPRESSOR.....	14
<i>choline,magnesium salicylate</i> ...	227	<i>clobazam</i>	239	COMPRO.....	7
<i>chorionic gonadotropin, human</i>	115	<i>clobetasol</i>	81	CONCEPTION	218
CHOSEN LANCET	192	<i>clobetasol-emollient</i>	81	CONJUPRI.....	43
CHOSEN SAFETY LANCET	192	<i>clocortolone pivalate</i>	81	CONSTULOSE	184
CICLODAN KIT	75	CLODAN KIT.....	81	COPAXONE.....	212
<i>ciclopirox</i>	75, 76	CLOMID	114	COPIKTRA.....	206
<i>ciclopirox-ure-camph-menth-euc</i>	76	<i>clomiphene citrate</i>	114	CORDRAN.....	82
<i>cilostazol</i>	138	<i>clomipramine</i>	23	CORDRAN TAPE LARGE ROLL	82
CILOXAN.....	124	<i>clonazepam</i>	239	CORIFACT	135
CIMDUO	166	<i>clonidine</i>	41	CORLANOR.....	53
<i>cimetidine</i>	251	<i>clonidine hcl</i>	34, 41	CORTANE-B.....	111
<i>cimetidine hcl</i>	251	<i>clopidogrel</i>	138	CORTIFOAM	182
CIMZIA	172	<i>clorazepate dipotassium</i>	26	<i>cortisone</i>	175
CIMZIA POWDER FOR RECONST	172	<i>clotrimazole</i>	76, 160	CORTISPORIN-TC	111
CIMZIA STARTER KIT	172	<i>clotrimazole-betamethasone</i>	75	CORTROPHIN GEL.....	115
<i>cinacalcet</i>	118	<i>clozapine</i>	29	COTELLIC	204
CINRYZE.....	175	COAGADEx.....	135	COVARYX	143
CIPRO	158	COAGUCHEK LANCETS	192	COVARYX H.S.	143
<i>ciprofloxacin</i>	159	COAGUCHEK XS	216	CRALONIN	220
<i>ciprofloxacin hcl</i>	111, 124, 158	COARTEM	164	CREON	249
<i>ciprofloxacin-dexamethasone</i> ...	111	<i>cocaine</i>	215	CRESEMBA.....	160
<i>ciprofloxacin-fluocinolone</i>	111	<i>codeine sulfate</i>	228	CRINONE	115, 145
<i>citalopram</i>	21	<i>codeine-butalbital-asa-caff</i>	235	<i>cromolyn</i>	11, 126
<i>citric acid anhydrous (bulk)</i>	225	<i>codeine-guaifenesin</i>	69	CRYODOSE TA MEDIUM STREAM SPR	93
<i>citric-sod citrat-sod phos-dex</i> ...	133	CODITUSSIN AC	69		
CLARAVIS.....	70	CODITUSSIN DAC	68		
CLARINEX-D 12 HOUR	3	<i>colchicine</i>	130		
<i>clarithromycin</i>	156				
CLEANSING WASH.....	78				
CLEARSHIELD SODIUM CHLOR FLUSH.....	113				
<i>clemastine</i>	4				

CRYODOSE TA MIST SPRAY .. 94	DASETTA 7/7/7 (28) .....57	<i>dexamethasone</i> 176
CRYOSERV 219	DAURISMO .....204	DEXAMETHASONE INTENSOL
CRYSSELLE (28) 57	DAYBUE.....214	..... 176
CUPRIMINE 172	DAYSEE .....57	<i>dexamethasone sodium phosphate</i>
CURAD XEROFORM	DAZAVEIDAOXIA .....73	..... 122
PETROLATM DRESS..... 187	DAZOMON .....73	DEXCOM G6 RECEIVER 104
CURAFIL GEL WOUND 187	DEBACTEROL.....215	DEXCOM G6 SENSOR 104
CURITY AMD 187	DEBLITANE .....57	DEXCOM G6 TRANSMITTER.. 104
CURITY AMD (WITH	<i>deferasirox</i>.....222	DEXCOM G7 RECEIVER 104
POLYHEXAMETH) 187	<i>deferiprone</i> .....222	DEXCOM G7 SENSOR 104
CURITY DRAINAGE BAG..... 189	<i>deferroxamine</i> .....222	<i>dexlansoprazole</i>.....252
CURITY IODOFORM PACKING	<i>deflazacort</i>.....175	<i>dexmethylphenidate</i> 34
STRIP 187	<i>demeclocycline</i>.....159	DEXONTO 176
CUROSURF 226	DEMEROL (PF) .....228	DEXTENZA 122
CUSTODIOL HTK 217	DENTA 5000 PLUS.....257	<i>dextroamphetamine sulfate</i> 24
CUTAQUIG..... 145	DENTA 5000 PLUS SENSITIVE	<i>dextroamphetamine-amphetamine</i>
CUVITRU..... 145	.....257	..... 25
CUVRIOR 222	DENTAGEL .....257	DIACOMIT 241
<i>cyclobenzaprine</i> 246	DEOXIA.....70	DIADIMAXIA 70, 71
CYCLOMYDRIL..... 128	DEOXIADEMTAR .....70	DIAOXIA 71
<i>cyclopentolate</i> 128	DEOXIATAR.....70	DIASAXIATAR 71
<i>cyclopen-tropic-phenyleph-watr</i> 128	DEOXIAVAR .....70	DIASDIMAXIA..... 71
<i>cyclopent-tropic-phen-ketr-wat</i> . 128	DEPAKOTE .....241	DIASOXIA 71
<i>cyclophosphamide</i> 202	DEPAKOTE ER.....241	<i>diazepam</i> .....26, 240
<i>cyclop-propa-phen-ket-wat</i> 129	DEPAKOTE SPRINKLES .....241	DIAZEPAM INTENSOL.....26
<i>cycloserine</i> 162	DEPO-ESTRADIOL .....143	<i>diazoxide</i> 108
CYCLOSET 99	DEPO-SUBQ PROVERA 104 ....55	<i>dichlorphenamide</i>.....245
<i>cyclosporine</i> 125, 153	DERMACINRX LIDOCAN .....94	<i>diclofenac epolamine</i> 88
<i>cyclosporine modified</i> 153	DERMACINRX LIDOGEL .....94	<i>diclofenac potassium</i> 178
CYLTEZO(CF)..... 173	DERMACINRX LIDOREX .....94	<i>diclofenac sodium</i> .88, 93, 122, 178
CYLTEZO(CF) PEN 173	DERMAZENE.....73	<i>diclofenac-misoprostol</i> 178
CYLTEZO(CF) PEN CROHN'S-	DESCOVY .....166	<i>dicloxacillin</i> 158
UC-HS 172	<i>desflurane</i>.....220	<i>dicyclomine</i> .....249
CYLTEZO(CF) PEN PSORIASIS-	<i>desipramine</i>.....23	<i>diethylpropion</i>.....259
UV 173	<i>desloratadine</i>.....5	DIFICID 156
<i>cyproheptadine</i> 4	<i>desmopressin</i>.....116	<i>diflunisal</i> 227
CYRED 57	<i>desog-e.estradiol/e.estradiol</i> .....57	<i>difluprednate</i> 122
CYRED EQ..... 57	<i>desonide</i>.....82	DIFMETIOXRIME 76
CYSTADROPS..... 129	<i>desoximetasone</i> .....82, 83	DIGITEK.....37
CYSTAGON 254	<i>desvenlafaxine</i> .....22	<i>digoxin</i>.....37
CYSTARAN 129	<i>desvenlafaxine succinate</i>.....22	<i>dihydroergotamine</i> .....233
D	DEVILBISS DISPOSABLE	DILANTIN.....241
<i>dabigatran etexilate</i> 139	NEBULIZER..... 14	DILANTIN EXTENDED 241
<i>dalfampridine</i> 213	DEVILBISS PULMO-AIDE	DILANTIN INFATABS 241
<i>danazol</i> 120	COMPRESSR .....14	DILANTIN-125 241
<i>dantrolene</i> 246	DEVILBISS PULMOMATE	DILAUDID (PF) 228
<i>dapsone</i> 70, 162	COMPRESSOR .....14	<i>diltiazem hcl</i> 43
<i>darifenacin</i> 255	DEVILBISS PULMONEB LT	DILT-XR 43
DARTISLA 250	COMP-NEB.....14	DILUENT FOR ROTARIX .....219
<i>darunavir</i> 166	DEVILBISS TRAVELER	DILUTING MEDIUM FOR
DASETTA 1/35 (28)..... 57	COMPRESSOR .....14	NOVOLOG 219

<i>dimethyl fumarate</i>	212	<i>duloxetine</i>	22	EEMT	143
DIMOXIA	71	DUODOTE	217	EEMT HS	143
DIOCHLOY	97	DUOPA.....	238	<i>efavirenz</i>	167
DIOOXIA.....	96	DUPIXENT PEN.....	11	<i>efavirenz-emtricitabin-tenofov</i> ... 170	
DIPHEN	4	DUPIXENT SYRINGE.....	11	<i>efavirenz-lamivu-tenofov disop</i> . 170	
<i>diphenoxylate-atropine</i>	183	DUREX AIR CONDOM	218	EFFER-K.....	113
<i>dipyridamole</i>	138	DUREX AVANTI BARE REAL		EGATEN	164
<i>disopyramide phosphate</i>	36	FEEL	218	EGRIFTA SV.....	118
<i>disulfiram</i>	26	DUREX EXTRA SENSITIVE		ELESTRIN	143
DIURIL.....	47	CONDOM.....	218	<i>eletriptan</i>	233
<i>divalproex</i>	241	DUREX TROPICAL CONDOM .	218	ELIGARD	116
<i>dofetilide</i>	36	<i>dutasteride</i>	253	ELIGARD (3 MONTH).....	116
DOJOLVI	223	<i>dutasteride-tamsulosin</i>	253	ELIGARD (4 MONTH).....	116
DOLISHALE	58	DUVYZAT.....	213	ELIGARD (6 MONTH).....	116
<i>donepezil</i>	19, 20	DUZALLO.....	130	ELINEST	58
DOPTELET (10 TAB PACK) ...	140	DYANAVEL XR.....	25	ELIQUIS.....	134
DOPTELET (15 TAB PACK) ...	140	DYNAFOAM AG.....	187	ELIQUIS DVT-PE TREAT 30D	
DOPTELET (30 TAB PACK) ...	140	DYNAGINATE AG.....	187	START	134
<i>dorzolamide</i>	127	E		ELIXOPHYLLIN	18
<i>dorzolamide-timolol</i>	127	E.E.S. 400	156	ELLA	58
<i>dorzolamide-timolol (pf)</i>	127	EAR POPPER INFLATION		ELMIRON.....	255
DOTTI.....	143	DEVICE	198	ELOCTATE	131
DOVATO	165	EASIVENT HOLDING CHAMBER		ELURNG.....	55
DOVER COATED LATEX FOLEY		.....	14	ELYXYB.....	233
.....	189	EASIVENT MASK LARGE	14	EMBRACE LANCETS.....	193
DOVER FOLEY CATHETER ...	189	EASIVENT MASK MEDIUM.....	14	EMBRACE SAFETY LANCET ..	193
DOVER LATEX FOLEY		EASIVENT MASK SMALL	14	EMEND	7
CATHETER.....	189	EASY COMFORT LANCETS....	192	EMFLAZA	176
DOVER RED RUBBER		EASY NEB COMPRESSOR		EMGALITY PEN	233
ROBINSON CATH	189	NEBULIZER.....	14	EMGALITY SYRINGE.....	233, 235
DOVER UNIVERSAL	189	EASY TOUCH LANCETS	192	EMPAVELI	133
<i>doxazosin</i>	38	EASY TOUCH SAFETY LANCETS		EMSAM	21
<i>doxepin</i>	23, 33	.....	192	<i>emtricitabine</i>	168
<i>doxercalciferol</i>	119	EASY TOUCH TWIST LANCETS		<i>emtricitabine-tenofovir (tdf)</i>	167
<i>doxycycline hyclate</i>	159, 215	.....	193	EMTRIVA	168
<i>doxycycline monohydrate</i> .	159, 160	EASY TWIST AND CAP LANCETS		EMVERM	164
<i>doxylamine-pyridoxine (vit b6)</i>	7	.....	193	EMZAHH.....	58
D-PENAMINE	172	EBASE CONTROLLER.....	14	<i>enalapril maleate</i>	40
DRAXACE	71	ECEOXIA	78	<i>enalapril-hydrochlorothiazide</i>	38
DRAXACEY.....	71	EC-NAPROXEN.....	178	ENBREL.....	173
DRITHOCREME HP.....	96	<i>econazole</i>	76	ENBREL MINI	173
DRIXECE.....	71	ECONTRA EZ	58	ENBREL SURECLICK.....	173
<i>dronabinol</i>	6	ECONTRA ONE-STEP	58	ENDARI	139
DROPLET LANCETS.....	192	ECOTRIN	227	ENDO AVITENE	140
<i>drospirenone-e.estradiol-lm.fa</i>	58	ECOVUE HV ULTRASOUND GEL		ENDOCET	236
<i>drospirenone-ethinyl estradiol</i>	58	.....	221	ENDOMETRIN.....	115
DROXIA	139	ECOVUE ULTRASOUND GEL .	221	ENGERIX-B (PF)	151
<i>droxidopa</i>	53	ECOZA	76	ENILLORING	55
DRYSOL.....	88	EDEX.....	114	<i>enoxaparin</i>	135
DRYSOL DAB-O-MATIC	88	ED-SPAZ.....	249	ENPRESSE	58
DUAVEE	142	EDURANT	167	ENSKYCE.....	58

ENSPRYNG	177	<i>ethacrynic acid</i>	44	<i>felodipine</i>	43
ENSTILAR	97	<i>ethambutol</i>	162	FEM PH	257
<i>entacapone</i>	238	<i>ethosuximide</i>	241	FEMALE CATHETER	189
<i>entecavir</i>	171	ETHOXIA.....	74	FEMCAP	67
ENTERAL GRAVITY BAG SET-		<i>ethyl chloride</i>	94	<i>fenofibrate</i>	52
ENFIT	198	<i>ethynodiol diac-eth estradiol</i>	58	<i>fenofibrate micronized</i>	52
ENTRESTO	53	<i>etodolac</i>	178, 179	<i>fenofibrate nanocrystallized</i>	52
ENTRESTO SPRINKLE	53	<i>etonogestrel-ethinyl estradiol</i>	55	<i>fenofibric acid</i>	52
ENTYVIO PEN	182	<i>etoposide</i>	210	<i>fenofibric acid (choline)</i>	52
ENULOSE	183	<i>etravirine</i>	167	<i>fentanyl</i>	228
ENZNONUTY	94	<i>eua patient assessment</i>	219	<i>fentanyl citrate</i>	228
EPCLUSA.....	171	EUCRISA	79	<i>fentanyl citrate (pf)</i>	228
EPIDIOLEX.....	240	EUFLEXXA.....	174	<i>fentanyl citrate (pf)-0.9%nacl</i>	228
EPIFIX AMNIOTIC MEMBRANE		EUTHYROX	120	<i>fesoterodine</i>	255
.....	223	EVAMIST.....	144	FETZIMA.....	22
EPIFOAM	92	EVARREST.....	140	FILSPARI	254
<i>epinastine</i>	122	<i>everolimus (antineoplastic)</i>	205	FILSUVEZ.....	225
<i>epinephrine</i>	37, 200	<i>everolimus (immunosuppressive)</i>	153	FILTERED EXTENSION SET... 198	
<i>epinephrine hcl</i>	69	EVERSENSE E3 SMART		FINACEA	73
EPITOL.....	241	TRANSMITTER	104	<i>finasteride</i>	253
<i>eplerenone</i>	45	EVICEL.....	140	FINGERSTIX LANCETS.....	193
EPRONTIA	241	EVOTAZ.....	169	<i>finngolimod</i>	212
<i>eprosartan</i>	40	EVRYSDI.....	201	FINTEPLA	241
EQUETRO.....	27	EXELDERM.....	76	FINZALA	58
<i>ergoloid</i>	54	<i>exemestane</i>	203	FIORICET	227
ERGOMAR	233	EXODERM	76	FIRDAPSE	213
<i>ergotamine-caffeine</i>	233	EXSERVAN.....	213	FIRMAGON.....	205
ERIVEDGE	204	EXTENDED RESERVOIR	200	FIRMAGON KIT W DILUENT	
ERLEADA.....	202	EYE	220	SYRINGE.....	205
<i>erlotinib</i>	206	E-Z JECT LANCETS.....	193	<i>flavoxate</i>	255
ERMEZA.....	120	E-Z JECT THIN LANCETS	193	<i>flecainide</i>	36
ERRIN	58	EZ SMART LANCETS	193	FLEXICHAMBER	15
ERY PADS	75	EZALLOR SPRINKLE	48	FLEXICHAMBER-LG CHILD	
ERY-TAB	157	<i>ezetimibe</i>	52	MASK.....	15
ERYTHROCIN (AS STEARATE)		<i>ezetimibe-simvastatin</i>	47	FLEXICHAMBER-SM ADULT	
.....	157	F		MASK.....	15
<i>erythromycin</i>	124, 157	FABHALTA.....	137	FLEXICHAMBER-SM CHILD	
<i>erythromycin ethylsuccinate</i>	157	FACTIVE	159	MASK.....	15
<i>erythromycin with ethanol</i>	75	FALMINA (28)	58	FLEXI-SEAL SIGNAL FMS.....	198
<i>erythromycin-benzoyl peroxide</i> ..	75	<i>famciclovir</i>	165	FLOLIPID	48
<i>escitalopram oxalate</i>	21	<i>famotidine</i>	251	FLORIVA (FLUORIDE-VITAMIN	
<i>esomeprazole magnesium</i>	252	FANAPT	29	D3).....	257
ESPEROCT.....	131	FANTASY CONDOM	218	FLUAD TRIV 2024-25(65Y	
ESTARYLLA.....	58	FARXIGA.....	99	UP)(PF).....	149
<i>estazolam</i>	33	FASENRA	11	FLUARIX TRIV 2024-2025 (PF)149	
<i>estradiol</i>	143, 144, 257	FANTASY PEN.....	11	FLUBLOK TRIV 2024-2025 (PF)	
<i>estradiol valerate</i>	144	FC2 FEMALE CONDOM.....	218	.....	149
<i>estradiol-norethindrone acet</i>	144	<i>febuxostat</i>	130	FLUCELVAX TRIV 2024-2025 . 149	
ESTRATEST F.S.....	143	FEIBA NF	132	FLUCELVAX TRIV 2024-2025 (PF)	
<i>estrogens-methyltestosterone</i> ..	143	<i>felbamate</i>	241	.....	149
<i>eszopiclone</i>	33			<i>fluconazole</i>	160, 161

<i>flucytosine</i>	161	FOTIVDA.....	206	GAVRETO	206
<i>fludrocortisone</i>	178	FRAGMIN.....	136	<i>gefitinib</i>	206
FLULAVAL TRIV 2024-2025 (PF)		FRAICHE 5000 PREVI.....	258	GEL VEHICLE FOR NEXOBRID	
.....	149	FREESTYLE INSULINX.....	102	.....	225
FLUMIST TRIVALENT 2024-2025		FREESTYLE INSULINX TEST		GELFILM.....	129, 224
.....	149	STRIPS	102	GELFOAM	140
<i>flunisolide</i>	6	FREESTYLE LANCETS.....	193	GELFOAM JMI POWDER	140
<i>fluocinolone</i>	83	FREESTYLE LIBRE 14 DAY		GELFOAM JMI SPONGE	140
<i>fluocinolone acetonide oil</i>	110	READER	104	GELFOAM SPONGE SIZE 200	140
<i>fluocinolone and shower cap</i>	83	FREESTYLE LIBRE 14 DAY		GEL-KAM.....	258
<i>fluocinonide</i>	83	SENSOR.....	104	GELNIQUE	255
FLUOCINONIDE-E.....	83	FREESTYLE LIBRE 2 READER		GELX	223
<i>fluocinonide-emollient</i>	83	.....	104	<i>gemfibrozil</i>	52
<i>fluorescein-benoxinate</i>	123	FREESTYLE LIBRE 2 SENSOR		GEMMILY	58
<i>fluorescein-propraracaine</i>	123	.....	104	GENADUR (WITH LEXINAL)	92
<i>fluoride (sodium)</i>	258	FREESTYLE LIBRE 3 PLUS		GENERLAC	183
FLUORIDEX DAILY DEFENSE	258	SENSOR.....	105	GENGRAF	153
FLUORIDEX SENSITIVITY		FREESTYLE LIBRE 3 READER		GENOTROPIN.....	118
RELIEF.....	258	.....	105	GENOTROPIN MINIQUEEK.....	118
FLUORIMAX 5000.....	258	FREESTYLE LIBRE 3 SENSOR		<i>gentamicin</i>	75, 124
FLUORIMAX 5000 SENSITIVE	258	.....	105	GENVOYA	170
<i>fluorometholone</i>	122	FREESTYLE LITE STRIPS.....	102	GILENYA	212
FLUOROPLEX	93	FREESTYLE PRECISION NEO		GILOTRIF	206
<i>fluorouracil</i>	93	STRIPS	102	GIMOTI	251
<i>fluoxetine</i>	21	FREESTYLE TEST	102	<i>glatiramer</i>	212
FLUOXIA	83	FREESTYLE UNISTIK 2	193	GLATOPA	212
<i>fluphenazine hcl</i>	32	<i>frovatriptan</i>	233	GLEOSTINE	202
<i>flurandrenolide</i>	83, 84	FRUZAQLA	206	<i>glimepiride</i>	100
<i>flurazepam</i>	33	FUROSCIX.....	44	<i>glipizide</i>	100
<i>flurbiprofen</i>	179	<i>furosemide</i>	44	<i>glipizide-metformin</i>	101
<i>flurbiprofen sodium</i>	122	FUZEON.....	167	GLOPERBA	130
<i>fluticasone propionate</i> 6, 10, 11, 84		FYAVOLV.....	144	GLUCAGON (HCL) EMERGENCY	
<i>fluticasone propion-salmeterol</i> ...	10	FYCOMPA.....	241, 242	KIT	108
<i>fluvastatin</i>	48, 49	FYREMADEL	119	GLUCAGON EMERGENCY KIT	
<i>fluvoxamine</i>	21	G		(HUMAN)	108
FLUZONE HIGH-DOSE TRIV 24-		G TUSSIN AC	69	GLUCOCOM AUTOLINK.....	105
25	149	<i>gabapentin</i>	242	GLUCOCOM LANCETS	193
FLUZONE TRIV 2024-2025	149	GALAFOLD	201	<i>glutamine (sickle cell)</i>	139
FLUZONE TRIV 2024-2025 (PF)		<i>galantamine</i>	20	<i>glyburide</i>	100
.....	149	GALZIN	222	<i>glyburide micronized</i>	100
<i>folic acid</i>	258, 259	GAMMAGARD LIQUID	145	<i>glyburide-metformin</i>	101
FOLLISTIM AQ.....	114	GAMMAKED	145	<i>glycine urologic solution</i>	162
<i>fondaparinux</i>	135, 136	GAMUNEX-C	146	<i>glycopyrrolate</i>	250
FORACARE LANCETS	193	<i>ganirelix</i>	119	<i>glycopyrrolate (pf)</i>	250
<i>formoterol fumarate</i>	9	GARDASIL 9 (PF)	151	GLYDO	180
FOSAMAX PLUS D.....	117	<i>gatifloxacin</i>	124	GLYRX-PF	250
<i>fosamprenavir</i>	169	GATTEX 30-VIAL	186	GLYXAMBI.....	100
<i>fosfomycin tromethamine</i>	155	GATTEX ONE-VIAL	186	GOJJI LANCETS	193
<i>fosinopril</i>	40	GAVILYTE-C.....	185	GONAL-F	115
<i>fosinopril-hydrochlorothiazide</i>	38	GAVILYTE-G.....	185	GONAL-F RFF	115
FOSRENOL.....	112	GAVILYTE-N.....	185	GONAL-F RFF REDI-JECT	115

GRAFIX CORE.....	223	HEALTHY ACCENTS UNILET		HUMULIN 70/30 U-100 INSULIN	
GRAFIX PRIME.....	223	LANCET.....	193	.....	109
GRAFIX XC.....	223	HEATHER.....	59	HUMULIN 70/30 U-100 KWIKPEN	
<i>granisetron hcl</i>	7	HEMANGEOL.....	41	.....	109
GRASTEK.....	3	HEMLIBRA.....	135	HUMULIN N NPH INSULIN	
<i>griseofulvin microsize</i>	161	HEMOPIL M HIGH.....	132	KWIKPEN.....	109
<i>griseofulvin ultramicrosize</i>	161	HEMOPIL M LOW.....	132	HUMULIN N NPH U-100 INSULIN	
<i>guaiaacol</i>	89	HEMOPIL M MID.....	132	.....	109
GUAIFENESIN AC.....	69	HEMOPIL M SUPER HIGH.....	132	HUMULIN R REGULAR U-100	
GUAIFENESIN DAC.....	68	HEP FLUSH-10 (PF).....	136	INSULN.....	109
<i>guanfacine</i>	34, 41	<i>heparin (porcine)</i>	136	HUMULIN R U-500 (CONC)	
GUARDIAN 4 GLUCOSE SENSOR		<i>heparin (porcine) in 0.9% nacl</i> ..	136	INSULIN.....	109
.....	105	<i>heparin (porcine) in 5 % dex</i>	136	HUMULIN R U-500 (CONC)	
GUARDIAN 4 TRANSMITTER.....	105	<i>heparin lock flush (porcine)</i>	136	KWIKPEN.....	109
GUARDIAN LINK 3		HEPARIN		HYCAMTIN.....	205
TRANSMITTER.....	105	LOCKFLUSH(PORCINE)(PF)		<i>hydralazine</i>	41
GUARDIAN SENSOR 3.....	105	.....	137	HYDRO 35.....	90
GVOKE.....	108	<i>heparin, porcine (pf)</i>	137	<i>hydrochlorothiazide</i>	47
GVOKE HYPOPEN 1-PACK....	108	HEPLISAV-B (PF).....	151	<i>hydrocodone bitartrate</i>	228, 229
GVOKE HYPOPEN 2-PACK....	108	HER STYLE.....	59	<i>hydrocodone-acetaminophen</i> ...	236
GVOKE PFS 1-PACK SYRINGE		HETLIOZ LQ.....	32	<i>hydrocodone-chlorpheniramine</i> ..	68
.....	108	HEXIOUNYL.....	76	<i>hydrocodone-homatropine</i>	68, 69
GVOKE PFS 2-PACK SYRINGE		HICON.....	211	<i>hydrocodone-ibuprofen</i>	227
.....	108	HISTEX-AC.....	68	<i>hydrocortisone</i>	86, 176, 183
GYNAZOLE-1.....	256	HI-VOLUME PUMPING CHAMBER		<i>hydrocortisone acetate</i>	182
H		SET.....	198	<i>hydrocortisone butyrate</i>	85
HAEGARDA.....	175	HIXDEFRIMA.....	76	<i>hydrocortisone valerate</i>	86
HAILEY.....	59	HIZENTRA.....	146	<i>hydrocortisone-acetic acid</i>	111
HAILEY 24 FE.....	58	HOMATROPAIRE.....	129	<i>hydrocortisone-iodoquinol</i>	73
HAILEY FE 1.5/30 (28).....	58	HOME NEBULIZER PLUS		<i>hydrocortisone-iodoquinol-aloe</i> ..	73
HAILEY FE 1/20 (28).....	59	SIDESTREAM.....	15	<i>hydrocortisone-pramoxine</i> ..	92, 181
<i>halcinonide</i>	84	HUMALOG KWIKPEN INSULIN		HYDROMET.....	69
HALO B-LOCK CLOSED LINE		.....	109	<i>hydromorphone</i>	229
ADAPTR.....	198	HUMALOG MIX 50-50 INSULN U-		<i>hydromorphone (pf)</i>	229
HALO CLOSED BAG ADAPTOR		100.....	109	<i>hydromorphone (pf)-0.9 % nacl</i>	229
.....	198	HUMALOG MIX 50-50 KWIKPEN		<i>hydroxychloroquine</i>	164
HALO CLOSED LINE ADAPTOR		.....	109	<i>hydroxypropyl cellulose</i>	224
.....	198	HUMALOG MIX 75-25(U-		<i>hydroxyurea</i>	202
HALO CLOSED SYRINGE		100)INSULN.....	109	<i>hydroxyzine hcl</i>	4
ADAPTOR.....	198	HUMALOG U-100 INSULIN.....	109	<i>hydroxyzine pamoate</i>	4
HALO VIAL CONVERTER.....	223	HUMATE-P.....	132	HYFTOR.....	97
<i>halobetasol propionate</i>	84	HUMIRA.....	173	<i>hyoscyamine sulfate</i>	249, 250
HALOETTE.....	55	HUMIRA PEN.....	173	HYOSYNE.....	250
HALOG.....	85	HUMIRA(CF).....	173	HYPER-SAL.....	220
<i>haloperidol</i>	31	HUMIRA(CF) PEN.....	173	HYPOCYN ANTIPRURITIC.....	92
<i>haloperidol lactate</i>	31	HUMIRA(CF) PEN CROHNS-UC-		HYQVIA.....	146
HARVONI.....	171	HS.....	173	HYQVIA HY COMPONENT.....	95
HAVRIX (PF).....	151	HUMIRA(CF) PEN PEDIATRIC UC		HYQVIA IG COMPONENT.....	146
HAXCHLO.....	75	.....	173	HYRIMOZ PEN CROHN'S-UC	
HAXCHLODREX.....	75	HUMIRA(CF) PEN PSOR-UV-		STARTER.....	173
HAXDRAX.....	76	ADOL HS.....	173	HYRIMOZ PEN PSORIASIS	

STARTER	174	INNOSPIRE MINI	15	<i>isosorbide dinitrate</i>	54
HYRIMOZ(CF)	174	INNOSPIRE REPLACEMENT		<i>isosorbide mononitrate</i>	54
HYRIMOZ(CF) PEDI CROHN		FILTER	190	<i>isosorbide-hydralazine</i>	47
STARTER	174	INPEN (FOR HUMALOG) BLUE		<i>isotretinoin</i>	70
HYRIMOZ(CF) PEN	174	.....	105	<i>isradipine</i>	43
I		INPEN (FOR HUMALOG) GREY		ISTURISA	115
<i>ibandronate</i>	117	.....	105	ITHOXIA	74
IBRANCE	206	INPEN (FOR HUMALOG) PINK	105	<i>itraconazole</i>	161
IBU	179	INPEN (NOVOLOG OR FIASP)		<i>ivabradine</i>	53
<i>ibuprofen</i>	179	BLUE	105	IVENIX ADMIN SET 2INLET	
<i>icatibant</i>	175	INPEN (NOVOLOG OR FIASP)		2YSITE	199
ICLEVIA	59	GREY	105	IVENIX ADMIN SET 2INLET Y-	
ICLUSIG	206	INPEN (NOVOLOG OR FIASP)		SITE	199
IDARAN	73	PINK	105	IVENIX ADMIN SET SINGLE-	
IDELVION	134	INQOVI	203	INLET	199
IDHIFA	210	INREBIC	207	IVENIX BLOOD PRODUCT ADMIN	
IDYYXIATAR	71	INSPIRATION ELITE FILTER...	190	SET	188
IFE-BIMIX 30/1	114	INSUFLON	199	<i>ivermectin</i>	73, 164
IHEEZO (PF)	123	<i>insulin lispro</i>	110	IWILFIN	207
ILEVRO	122	<i>insulin lispro protamin-lispro</i>	109	IXINITY	134
<i>imatinib</i>	206	INSYTE IV CATHETER	199	J	
IMBRUVICA	207	INTELENCE	167	JAIMIESS	59
IMCIVREE	259	INTERLINK LEVER LOCK		JAKAFI	204
IMIOXIA	76	CANNULA	200	JANTOVEN	130
<i>imipramine hcl</i>	23	INVACARE LANCETS	193	JANUMET	98
<i>imipramine pamoate</i>	23	INVEGA HAFYERA	29	JANUMET XR	98
<i>imiquimod</i>	153	INVEGA SUSTENNA	29, 30	JANUVIA	100
IMPAVIDO	165	INVEGA TRINZA	30	JARDIANCE	99
IMVEXXY MAINTENANCE PACK		INZDEAXIATAR	71	JASMIEL (28)	59
.....	257	INZDEAXIAVAR	71	JAVYGTOR	201
IMVEXXY STARTER PACK	257	INZDEOXIA	71	JAYPIRCA	207
INBRIJA	238	IODOFLEX	73	JELMYTO	203
INCASSIA	59	IODOSORB	73	JENCYCLA	59
INCONTROL SUPER THIN		IOPIDINE	127	JESDUVROQ	137
LANCETS	193	IPOL	147	JINTELI	144
INCONTROL ULTRA THIN		I-PORT	199	JIVI	132
LANCETS	193	I-PORT ADVANCE 6 MM INJEC		JOENJA	201
INCRELEX	119	PORT	199	JOLESSA	59
<i>indapamide</i>	47	I-PORT ADVANCE 9 MM INJEC		JOYEAX	59
<i>indomethacin</i>	179	PORT	199	JULEBER	59
INFASURF	226	<i>ipratropium bromide</i>	8, 215	JULIE	59
INGREZZA	214	<i>ipratropium-albuterol</i>	9	JULUCA	165
INGREZZA INITIATION		IQIRVO	186	JUNEL 1.5/30 (21)	59
PK(TARDIV)	214	<i>irbesartan</i>	40	JUNEL 1/20 (21)	59
INGREZZA SPRINKLE	214	<i>irbesartan-hydrochlorothiazide</i>	39	JUNEL FE 1.5/30 (28)	59
INJECT EASE LANCETS	193	ISENTRESS	170	JUNEL FE 1/20 (28)	59
INLYTA	207	ISENTRESS HD	170	JUNEL FE 24	59
INNOSPIRE DELUXE	15	ISIBLOOM	59	JUST RIGHT 5000	258
INNOSPIRE ELEGANCE	15	<i>isoflurane</i>	220	JUXTAPID	50
INNOSPIRE ESSENCE	15	<i>isoniazid</i>	162	JYLAMVO	203
INNOSPIRE GO NEBULIZER	15	<i>isopropyl alcohol</i>	224	JYNARQUE	254

K		
KAITLIB FE.....	60	
KALLIGA.....	60	
KALYDECO.....	225	
KANGAROO 924 SAFETY SCREW.....	198	
KANGAROO EPUMP SET.....	198	
KANGAROO GRAVITY SET....	198	
KAPSPARGO SPRINKLE.....	41	
KARBINAL ER.....	5	
KARIVA (28).....	60	
KELNOR 1/35 (28).....	60	
KELNOR 1/50 (28).....	60	
KENDALL AMD ANTIMICRB FOAM DRS.....	187	
KENDALL DISINFECTANT CAP	200	
KENGUARD FOLEY CATHETER	189	
KERAGEL.....	187	
KERALYT SCALP COMPLETE .	90	
KERASTAT.....	89	
KERLIX AMD.....	187	
KESIMPTA PEN.....	212	
<i>ketoconazole</i>	76, 161	
KETODAN KIT.....	76	
<i>ketoprofen</i>	179	
<i>ketorolac</i>	122, 179	
KEVEYIS.....	245	
KEVZARA.....	177	
KIMONO LUBRICATED CONDOMS.....	218	
KIMONO MICROTHIN AQUA LUBE CON.....	218	
KIMONO MICROTHIN CONDOMS	218	
KIMONO MICROTHIN LARGE CONDOMS.....	218	
KIMONO TEXTURED CONDOMS	218	
KIMONO THIN LUBRICATED CONDOMS.....	218	
KINERET.....	172	
KIONEX (WITH SORBITOL)....	112	
KIPROFEN.....	179	
KISQALI.....	207	
KLAYESTA.....	76	
KLISYRI.....	93	
KLOR-CON M10.....	113	
KLOR-CON M15.....	113	
KLOR-CON M20.....	113	
KLOXXADO.....	33	
KOATE.....	132	
KOGENATE FS.....	132	
KORLYM.....	101	
KOSELUGO.....	204	
KOVALTRY.....	132	
KOVANAZE.....	180	
K-PHOS NO 2.....	255	
K-PHOS ORIGINAL.....	255	
KRAZATI.....	204	
KRINTAFEL.....	164	
KURVELO (28).....	60	
KUVAN.....	201	
KYLEENA.....	221	
KYZATREX.....	142	
L		
<i>l norgest/e.estradiol-e.estrad</i>	60	
L.E.T. (LIDO-EPINEPH-TETRA).94		
L.E.T.(LIDO-EPINEPH BIT- TETRA).....	94	
<i>labetalol</i>	38	
<i>lacosamide</i>	242	
<i>lactated ringers</i>	89	
<i>lactulose</i>	185	
LAGEVRIO (EUA).....	165	
LAMICTAL XR STARTER (BLUE)	242	
LAMICTAL XR STARTER (GREEN).....	242	
LAMICTAL XR STARTER (ORANGE).....	242	
LAMIOFLUR.....	220	
<i>lamivudine</i>	168, 171	
<i>lamivudine-zidovudine</i>	167	
<i>lamotrigine</i>	242, 243	
LAMPIT.....	165	
<i>lancets</i>	193	
LANCETS, SUPER THIN.....	193	
LANCETS, THIN.....	194	
LANCETS, ULTRA THIN.....	194	
LANOXIN.....	37	
<i>lansoprazole</i>	252	
<i>lanthanum</i>	112	
<i>lapatinib</i>	207	
LARIN 1.5/30 (21).....	60	
LARIN 1/20 (21).....	60	
LARIN 24 FE.....	60	
LARIN FE 1.5/30 (28).....	60	
LARIN FE 1/20 (28).....	60	
<i>latanoprost</i>	127	
LAYOLIS FE.....	60	
LAZCLUZE.....	207	
LC PLUS.....	15	
LC PLUS NEBULIZER-PED MASK	15	
LEENA 28.....	60	
<i>leflunomide</i>	174	
<i>lenalidomide</i>	205	
LENVIMA.....	207	
LESSINA.....	60	
<i>letrozole</i>	204	
<i>leucovorin calcium</i>	210	
LEUKERAN.....	202	
LEUKINE.....	137	
<i>leuprolide</i>	116	
<i>levabuterol hcl</i>	9	
<i>levabuterol tartrate</i>	9	
<i>levamlodipine</i>	43	
<i>levetiracetam</i>	243	
<i>levobunolol</i>	127	
<i>levocarnitine</i>	221	
<i>levocarnitine (with sugar)</i>	221	
<i>levocetirizine</i>	5	
<i>levofloxacin</i>	125, 159	
LEVONEST (28).....	60	
<i>levonorgest-eth.estradiol-iron</i>	61	
<i>levonorgestrel</i>	61	
<i>levonorgestrel-ethinyl estrad</i>	61	
<i>levonorg-eth estrad triphasic</i>	61	
LEVORA-28.....	61	
<i>levorphanol tartrate</i>	229	
<i>levothyroxine</i>	120	
LEVULAN.....	211	
LIBERVANT.....	240	
LICART.....	88	
LIDO BDK.....	216	
<i>lidocaine</i>	94	
<i>lidocaine hcl</i>	94, 180	
<i>lidocaine hcl-hydrocortison ac</i> ...92, 181, 182		
LIDOCAINE VISCOUS.....	180	
<i>lidocaine-hydrocortisone-aloe</i> ...182		
<i>lidocaine-prilocaine</i>	94	
<i>lidocaine-racepinep-tetracaine</i>....94		
LIDOCAN III.....	94	
LIDOCAN IV.....	94	
LIDOCAN V.....	94	
LIDOPIN.....	94	
LIDTOPIC.....	95	
LIDTOPIC MAX.....	94	
LIKMEZ.....	163	
LILETTA.....	221	

<i>linezolid</i>	157	<i>lubiprostone</i>	185	MAXI-TUSS CD	68
LINZESS.....	182	LUCEMYRA	237	MAXORB EXTRA	187
<i>liothyronine</i>	120	LUGOLS.....	73, 120	MAYZENT.....	212
LIQREV	45	<i>luliconazole</i>	76	MAYZENT STARTER(FOR 1MG	
<i>liraglutide</i>	98	LUMAKRAS.....	204	MAINT)	212
<i>lisdexamfetamine</i>	25	LUMIGAN	127	MAYZENT STARTER(FOR 2MG	
<i>lisinopril</i>	40	LUMRYZ.....	27	MAINT)	212
<i>lisinopril-hydrochlorothiazide</i>	38	LUPKYNIS.....	153	MB HYDROGEL	89
LITE TOUCH-MEDIUM MASK ...	15	<i>lurasidone</i>	30	MC 300 NEBULIZER W-	
LITEAIRE MDI CHAMBER.....	15	LUTERA (28).....	61	MOUTHPIECE.....	15
LITETOUCH-LARGE MASK	15	LYLEQ.....	61	MC 300 NEBULIZER-UNVRSL	
LITETOUCH-SMALL MASK.....	15	LYLLANA.....	144	TUBING	15
LITFULO	89	LYNPARZA	207	<i>meclizine</i>	7
<i>lithium carbonate</i>	27	LYSODREN.....	210	<i>meclofenamate</i>	179
<i>lithium citrate</i>	27	LYTGOBI.....	207	MEDIHONEY (HYDROCOLLOID-	
LITHOSTAT.....	183	LYUMJEV KWIKPEN U-100		HONEY).....	187
LIVALO	49	INSULIN.....	110	MEDISENSE THIN LANCETS..	194
LIVDELZI	186	LYUMJEV KWIKPEN U-200		MEDLANCE PLUS LANCETS..	194
LIVMARLI	184	INSULIN.....	110	MEDLANCE PLUS SPECIAL	
LIVTENCITY.....	165	LYUMJEV U-100 INSULIN.....	110	BLADE	194
L-MESITRAN SOFT	97	LYZA	61	MEDROL.....	176
LO LOESTRIN FE	61	M		MEDROLOAN II SUIK	176
<i>lofexidine</i>	237	<i>mafenide acetate</i>	78	MEDROLOAN SUIK	176
LOFRIC	189	MAGIC3 INTERMITTENT		<i>medroxyprogesterone</i>	55, 145
LOFRIC HYDRO-KIT.....	189	CATHETER.....	189	MEDTRONIC EXT INFUSION SET	
LOFRIC ORIGO	189	<i>malathion</i>	77	23.....	105
LOFRIC PRIMO NELATON		<i>maraviroc</i>	167	MEDTRONIC EXT INFUSION SET	
CATHETER.....	189	MAR-COF BP.....	68	32.....	105
LOFRIC SENSE NELATON		MAR-COF CG	69	<i>mefenamic acid</i>	179
CATHETER.....	189	MARLISSA (28).....	61	<i>mefloquine</i>	164
LOJAIMIESS	61	MARPLAN	20	<i>megestrol</i>	211, 215
LOKELMA.....	112	MARVONA SUIK (PF).....	180	MEKINIST	204
LOMAIRA	259	MATULANE	210	MEKTOVI.....	204
LONSURF	203	MATZIM LA	43	<i>meloxicam</i>	179
<i>loperamide</i>	184	MAVENCLAD (10 TABLET PACK)		<i>memantine</i>	19
<i>lopinavir-ritonavir</i>	169	.....	212	MENOPUR.....	114
<i>lorazepam</i>	26	MAVENCLAD (4 TABLET PACK)		MENOSTAR.....	144
LORAZEPAM INTENSOL	26	.....	212	MENQUADFI (PF)	147
LORBRENA.....	207	MAVENCLAD (5 TABLET PACK)		MENTAX	76
LORYNA (28)	61	.....	212	MENVEO A-C-Y-W-135-DIP (PF)	
<i>losartan</i>	40	MAVENCLAD (6 TABLET PACK)		.....	147, 148
<i>losartan-hydrochlorothiazide</i>	39	.....	212	<i>meperidine</i>	229
LOTEMAX	122	MAVENCLAD (7 TABLET PACK)		<i>meperidine (pf)</i>	229
LOTEMAX SM	122	.....	212	<i>meprobamate</i>	27
<i>loteprednol etabonate</i>	122, 123	MAVENCLAD (8 TABLET PACK)		<i>mercaptopurine</i>	203
LOTREXONE	33	.....	212	MERZEE	62
LOUNZDOMDIOXIATAR	71	MAVENCLAD (9 TABLET PACK)		<i>mesalamine</i>	181
<i>lovastatin</i>	49	.....	212	<i>mesalamine with cleansing wipe</i>	
LOW-OGESTREL (28)	61	MAVYRET	171	.....	181
<i>loxapine succinate</i>	29	MAXIDEX	123	MESNEX.....	210
LO-ZUMANDIMINE (28).....	61	MAXI-TUSS AC.....	69	<i>metaxalone</i>	246

METDRAY	90	<i>microplegic solution no.1-cp2d</i>	217	MODERNA COVID 24-25(6M-11Y)PF.....	146
<i>metformin</i>	100	MICROSPACER	15	<i>moexipril</i>	40
<i>methadone</i>	229	<i>midazolam</i>	33, 220	<i>molindone</i>	31
METHADONE INTENSOL	229	<i>midazolam (pf)</i>	220	<i>mometasone</i>	6, 86
METHADOSE	229	<i>midodrine</i>	53	MONDOXYNE NL.....	160
<i>methamphetamine</i>	25	MIEBO (PF).....	129	MONO-FLO DRAINAGE BAG ..	189
<i>methazolamide</i>	126	MIFEPREX	215	MONOJECT LUER ADAPTER ..	199
<i>methenamine hippurate</i>	155	<i>mifepristone</i>	101, 215	MONOLET LANCETS.....	194
<i>methenamine mandelate</i>	155	<i>miglitol</i>	100	MONOLET THIN LANCETS	194
<i>methen-sod phos-meth blue-hyos</i>	156	<i>miglustat</i>	219	MONO-LINYAH.....	62
<i>methimazole</i>	120	MILI	62	MONSEL'S.....	140
METHITEST	142	MIMVEY	144	<i>montelukast</i>	11
<i>methocarbamol</i>	246	MINI PLUS NEBULIZER	15	<i>morphine</i>	230
<i>methotrexate sodium</i>	203	METER	15	<i>morphine (pf)</i>	229
<i>methotrexate sodium (pf)</i>	203	MINIMED 630G INSULIN PUMP	105	<i>morphine concentrate</i>	230
<i>methoxsalen</i>	95	MINIMED 770G INSULIN PUMP	105	<i>morphine in 0.9 % sodium chlor</i>	230
<i>methscopolamine</i>	250	MINIMED 780G INSULIN PUMP	105	MOUNJARO	99
<i>methsuximide</i>	243	MINIMED MIO ADVANCE INF SET23	105	MOVANTIK	186
<i>methyl salicylate</i>	90	MINIMED MIO ADVANCE INF SET43	106	MOXATAG	158
<i>methyl dopa</i>	41	MINIMED QUICK SET 18	106	<i>moxifloxacin</i>	125, 159
<i>methyl dopa-hydrochlorothiazide</i>	41	MINIMED QUICK SET 23	106	MULPLETA	140
<i>methyl ergonovine</i>	67	MINIMED QUICK SET 32	106	MULTAQ	37
<i>methylphenidate</i>	35	MINIMED QUICK SET 43	106	<i>mupirocin</i>	75
<i>methylphenidate hcl</i>	34, 35	MINIMED SILHOUETTE 18	106	<i>mupirocin calcium</i>	75
<i>methylprednisolone</i>	176	MINIMED SILHOUETTE 23	106	MURI-LUBE	224
<i>methyltestosterone</i>	142	MINIMED SILHOUETTE 32	106	MUSCUSOLICE.....	97
<i>metoclopramide hcl</i>	251	MINIMED SILHOUETTE 43	106	MY CHOICE.....	62
<i>metolazone</i>	47	MINIMED SURE T 18	106	MY WAY	62
<i>metoprolol succinate</i>	42	MINIMED SURE T 23	106	MYALEPT	119
<i>metoprolol ta-hydrochlorothiaz</i>	42	MINIMED SURE T 32	106	MYCAPSSA	224
<i>metoprolol tartrate</i>	42	<i>minocycline</i>	160	<i>mycophenolate mofetil</i>	153
<i>metronidazole</i>	73, 163, 256	<i>minoxidil</i>	41	<i>mycophenolate sodium</i>	153
<i>metyrosine</i>	41	MIRCERA.....	135	MYDCOMBI	129
<i>mexiletine</i>	37	MIRENA	221	MYFEMBREE	119
MIBELAS 24 FE	62	MIRO3D	224	MYGLUCOHEALTH LANCETS	194
<i>miconazole nitrate-zinc ox-pet</i>	76	MIRODERM FENESTRATED...224		MYHIBBIN.....	154
MICONAZOLE-3.....	256	MIRODERM FENESTRATED PLUS.....	224	MYLERAN.....	202
MICRO THIN LANCETS	194	<i>mirtazapine</i>	20	MYRBETRIQ.....	254
MICROAIR MESH NEBULIZER. 15		<i>misoprostol</i>	251	MYTESI.....	183
MICROBORE EXTENSION SET	199	<i>mitomycin (pf) in water</i>	129	N	
MICROCHAMBER.....	15	MITOSOL	129	<i>nabumetone</i>	179
MICRODOT LANCET	194	M-M-R II (PF)	150	<i>nadolol</i>	42
MICROGESTIN 1.5/30 (21).....	62	MOBILE LANCETS	194	<i>naftifine</i>	77
MICROGESTIN 1/20 (21).....	62	<i>modafinil</i>	32	<i>nalbuphine</i>	230
MICROGESTIN 24 FE.....	62			<i>naloxone</i>	33
MICROGESTIN FE 1.5/30 (28) ..	62			NALTREX	33
MICROGESTIN FE 1/20 (28)	62			<i>naltrexone</i>	33
MICROLET LANCET	194			NAMENDA XR	19
<i>microplegic solution no.1</i>	217			NAMZARIC	19

<i>naproxen</i>	179, 180	NICOTROL NS.....	247	NOVOSEVEN RT	132
<i>naproxen sodium</i>	180	<i>nifedipine</i>	44	NOXAFIL.....	161
<i>naratriptan</i>	233	NIKKI (28).....	62	NP THYROID.....	120
NATACYN	125	<i>nilutamide</i>	202	NUBEQA.....	202
NATAZIA	62	<i>nimodipine</i>	44	NUCALA	12
<i>nateglinide</i>	100	NINJACOF-XG	69	NUCORT.....	86
NAYZILAM.....	240	NINLARO	207	NUCYNTA.....	230
<i>nebivolol</i>	42	<i>nisoldipine</i>	44	NUCYNTA ER.....	230
<i>nebulizer and compressor</i>	15	<i>nitazoxanide</i>	164	NUDEXTA	214
NEBUSAL.....	220	<i>nitisinone</i>	219	NUJO	97
NECON 0.5/35 (28)	62	NITRO-BID	54	NUJU.....	97
<i>nefazodone</i>	22	NITRO-DUR	54	NULIBRY	214
NEFFY	200	<i>nitrofurantoin</i>	157	NUMBONEX	95
NENDRUX.....	90	<i>nitrofurantoin macrocrystal</i>	157	NUMBRINO	215
<i>neomycin</i>	161	<i>nitrofurantoin monohyd/m-cryst</i>	157	NUMOISYN.....	223
<i>neomycin-bacitracin-poly-hc</i>	121	<i>nitroglycerin</i>	54, 182	NUPLAZID	34
<i>neomycin-bacitracin-polymyxin</i>	125	NITROMIST.....	54	NURTEC ODT	234
<i>neomycin-polymyxin b gu</i>	89	NITRO-TIME	54	NUVESSA.....	256
<i>neomycin-polymyxin b-dexameth</i>	121	NITYR.....	219	NUWIQ.....	132
<i>neomycin-polymyxin-gramicidin</i>	125	NIVESTYM	138	NUZYRA	160
<i>neomycin-polymyxin-hc</i>	111, 121	<i>nizatidine</i>	251	NYAMYC.....	77
NEO-POLYCIN	125	NOCDURNA (MEN)	116	NYLIA 1/35 (28)	63
NEO-POLYCIN HC.....	121	NOCDURNA (WOMEN).....	116	NYLIA 7/7/7 (28).....	64
NEORAL	154	NOCTIVA	116	NYMALIZE	44
NEO-SYNALAR.....	80	NORA-BE	63	NYMYO.....	64
NEO-SYNALAR KIT	79	NORDITROPIN FLEXPRO	118	NYNUTEY	95
NERLYNX.....	207	<i>norelgestromin-ethin.estradiol</i>	66	<i>nystatin</i>	77, 161
NEUAC	71	<i>noreth-ethinyl estradiol-iron</i>	63	<i>nystatin-triamcinolone</i>	77
NEULASTA.....	137	<i>norethindrone (contraceptive)</i>	63	NYSTOP	77
NEULASTA ONPRO	137	<i>norethindrone acetate</i>	145	NYVEPRIA.....	138
NEUPOGEN.....	137	<i>norethindrone ac-eth estradiol</i>	63,	O	
NEUPRO	238	144	<i>norethindrone-e.estradiol-iron</i>	OASIS WOUND MATRIX	
NEURAPTINE	97	<i>norgestimate-ethinyl estradiol</i>	63	FENESTRATED	188
<i>nevirapine</i>	167, 168	NORMAL SALINE FLUSH	113	OASIS WOUND MATRIX	
NEW DAY.....	62	NORMLGEL AG.....	73	MESHED	188
NEXAVIR.....	201	NORPACE CR	37	OBIZUR	132
NEXIUM PACKET	252	NORTREL 0.5/35 (28).....	63	OCALIVA	184
NEXIVA	199	NORTREL 1/35 (21).....	63	OCELLA.....	64
NEXLETOL.....	47	NORTREL 1/35 (28).....	63	<i>octreotide acetate</i>	224
NEXLIZET	51	NORTREL 7/7/7 (28).....	63	ODACTRA	3
NEXOBRID.....	95	<i>nortriptyline</i>	23	ODEFSEY.....	170
NEXOBRID POWDER		NORVIR	169	ODOMZO.....	204
COMPONENT	95	NOSE CLIP	190	OFEV	226
NEXPLANON	55	NOVA SAFETY LANCETS	194	<i>ofloxacin</i>	111, 125, 159
NEXTSTELLIS.....	62	NOVA SUREFLEX LANCETS ..	194	OGSIVEO	207
<i>niacin</i>	52, 53	NOVAREL	115	OHTUVAYRE.....	12
NIACOR.....	52	NOVAVAX COVID 2024-		OJEMDA	204
<i>nicardipine</i>	43	25(PF)(EUA)	146	OJJAARA.....	207
<i>nicotine</i>	247	NOVOEIGHT	132	<i>olanzapine</i>	30
<i>nicotine (polacrilex)</i>	246, 247	NOVOPEN ECHO.....	106	<i>olanzapine-fluoxetine</i>	34
				<i>olmesartan</i>	40

<i>olmesartan-amlodipin-hcthiazid..</i>	39	ONETOUCH VERIO TEST STRIPS	102	ORLADEYO	180
<i>olmesartan-hydrochlorothiazide</i>	39	ONEXTON.....	71	<i>orlistat</i>	260
<i>olopatadine</i>	5, 122	ONGENTYS	238	ORMALVI.....	245
OLPRUVA	183	ON-THE-GO LANCETS	194	<i>orphenadrine citrate</i>	246
OLUMIANT	177	ONUREG.....	203	<i>orphenadrine-asa-caffeine</i>	246
OMBRA COMPRESSOR SYSTEM	16	ONYDA XR.....	34	ORSERDU	211
OMECLAMOX-PAK.....	251	ONZDEAXIADEMTAR	71	OSCIMIN.....	250
<i>omega-3 acid ethyl esters</i>	52	ONZDEAXIADEMVAR	71	OSCIMIN SL	250
<i>omeprazole</i>	252	ONZDEAXIATAR	72	<i>oseltamivir</i>	165
<i>omeprazole-sodium bicarbonate</i>	253	ONZDEAXIAVAR	72	OTEZLA	174
OMEZA.....	97	ONZDEAXIAZAR	72	OTEZLA STARTER	174
OMNIFLEX DIAPHRAGM	67	ONZDEOXIA	72	OTREXUP (PF).....	172
OMNIPOD 5 G6 INTRO KIT (GEN 5)	106	OPCICON ONE-STEP	64	OVACE PLUS	88
OMNIPOD 5 G6 PODS (GEN 5)	106	OPFOLDA	219	OVACE PLUS SHAMPOO	88
OMNIPOD CLASSIC PODS (GEN 3)	106	OPILL	64	OVIDREL	115
OMNIPOD DASH INTRO KIT (GEN 4)	106	<i>opium tincture</i>	184	<i>oxaprozin</i>	180
OMNIPOD DASH PDM KIT (GEN 4)	106	OPSUMIT	45	<i>oxazepam</i>	26
OMNIPOD DASH PODS (GEN 4)	106	OPTICHAMBER ADULT MASK-LARGE	16	OXBRYTA	139
OMNIPOD GO PODS.....	107	OPTICHAMBER DIAMOND LG MASK.....	16	<i>oxcarbazepine</i>	243
OMNIPOD GO PODS 10 UNITS/DAY	106	OPTICHAMBER DIAMOND VHC	16	OXERVATE	126
OMNIPOD GO PODS 15 UNITS/DAY	106	OPTICHAMBER DIAMOND-MED MSK	16	OXIAICE	78
OMNIPOD GO PODS 20 UNITS/DAY	106	OPTICHAMBER DIAMOND-SML MASK.....	16	OXIANUJO.....	97
OMNIPOD GO PODS 25 UNITS/DAY	107	OPTION-2	64	OXIANUJO (WITH HYALURONATE)	97
OMNIPOD GO PODS 30 UNITS/DAY	107	OPVEE	33	OXIATAR	72
OMNIPOD GO PODS 40 UNITS/DAY	107	OPZELURA.....	88	OXIAVAR	72
OMNITROPE.....	118	ORACIT.....	255	OXIAVARRY	72
ON CALL LANCET.....	194	ORALAIR.....	3	OXIAVARY.....	72
ON CALL PLUS LANCET	194	ORALONE.....	215	OXIAZAR	72
<i>ondansetron</i>	7	ORAMAGICRX.....	223	<i>oxiconazole</i>	77
<i>ondansetron hcl</i>	7	ORAQIX	181	OXISTAT.....	77
ONETOUCH DELICA PLUS LANCET	194	ORAVIG	161	OXTELLAR XR	243
ONETOUCH DELICA SAFETY LANCET	194	ORENCIA	175	<i>oxybutynin chloride</i>	255, 256
ONETOUCH ULTRA TEST.....	102	ORENCIA CLICKJECT	175	<i>oxycodone</i>	230, 231
ONETOUCH ULTRASOFT 2 LANCET	194	ORENITRAM.....	46	<i>oxycodone-acetaminophen</i>	236
		ORENITRAM MONTH 1 TITRATION KT	46	OXYCONTIN.....	231
		ORENITRAM MONTH 2 TITRATION KT	46	<i>oxymorphone</i>	231
		ORENITRAM MONTH 3 TITRATION KT	46	OXYTROL	256
		ORFADIN	219	OZEMPIC.....	99
		ORGOVYX	205	P	
		ORIAHNN.....	119	PACERONE	37
		ORLISSA.....	119	PACNEX HP	90
		ORKAMBI.....	225	PACNEX LP	90
				PALFORZIA (LEVEL 1)	3
				PALFORZIA (LEVEL 2)	3
				PALFORZIA (LEVEL 3)	3
				PALFORZIA (LEVEL 4)	3
				PALFORZIA (LEVEL 5)	3
				PALFORZIA (LEVEL 6)	3
				PALFORZIA (LEVEL 7)	3
				PALFORZIA (LEVEL 8)	3

PALFORZIA (LEVEL 9).....	4	PEMAZYRE.....	208	PHEYO	75
PALFORZIA (LEVEL 10).....	4	PENBRAYA (PF).....	148	PHILITH	64
PALFORZIA (LEVEL 11 UP- DOSE).....	4	<i>penicillamine</i>	172	PHOS-FLUR	258
PALFORZIA INITIAL DOSE	4	<i>penicillin v potassium</i>	158	PHOSPHOLINE IODIDE.....	127
PALFORZIA LEVEL 11 MAINTENANCE	4	<i>pentamidine</i>	165	PHOTREXA	129
<i>paliperidone</i>	30	PENTASA.....	181	PHOTREXA CROSS-LINKING KIT	129
PALYNZIQ.....	201	<i>pentazocine-naloxone</i>	231	PHOTREXA VISCOUS	129
PANDEL	86	<i>pentoxifylline</i>	135	PHYSIOLYTE	89
PANRETIN	93	PERCOCET	236	PHYSIOSOL IRRIGATION	89
<i>pantoprazole</i>	253	<i>perindopril erbumine</i>	40	<i>phytonadione (vitamin k1)</i>	141
<i>papaverine</i>	54	PERIO MED	258	PILLOW MASK CHILD	190
PARADIGM RESERVOIR	200	PERIOGARD.....	215	<i>pilocarpine hcl</i>	127, 201
PARAGARD T 380A.....	221	<i>permethrin</i>	77	<i>pimecrolimus</i>	97
PARI BABY CONV KIT - SIZE 1	190	<i>perphenazine</i>	32	<i>pimozide</i>	27
PARI BABY CONV KIT - SIZE 2	190	<i>perphenazine-amitriptyline</i>	23	PIMTREA (28).....	64
PARI BABY CONV KIT - SIZE 3	190	PERSERIS	30	<i>pindolol</i>	42
PARI LC SPRINT NEBULIZER SET	16	PETROLEUM GAUZE	188	<i>pioglitazone</i>	100
PARI LC SPRINT SINUS	16	PFIZER COVID 2024-25(5Y- 11Y)PF.....	147	<i>pioglitazone-glimepiride</i>	101
PARI SINUS AEROSOL SYSTEM	16	PFIZER COVID 2024-25(6MO- 4Y)PF.....	147	<i>pioglitazone-metformin</i>	102
PARI TREK S COMBO PACK....	16	PFLEX INSPIRATORY TRAINER	16	PIP LANCET	194
PARI TREK S COMPACT COMPRESSOR	16	PHARMABASE BARRIER	92	PIQRAY	208
PARI TREK S PORTABLE PWR KIT.....	190	PHASEAL ASSEMBLY FIXTURE	199	<i>pirfenidone</i>	225
<i>paricalcitol</i>	119	PHASEAL CONNECTOR LUER LOCK	199	<i>piroxicam</i>	180
<i>paromomycin</i>	163	PHASEAL INFUSION ADAPTER	199	PIVOT SILVER ALGINATE	188
<i>paroxetine hcl</i>	21, 22	PHASEAL INFUSION CLAMP..	199	PLANTAGO-HOMACCORD	220
<i>paroxetine mesylate(menop.sym)</i>	145	PHASEAL INJECTOR LUER	199	PLEGRIDY.....	212, 213
PASER	162	PHASEAL INJECTOR LUER LOCK	199	PLENVU.....	185
PAXLOVID.....	165	PHASEAL SECONDARY SET..	199	PLEXION NS	88
<i>pazopanib</i>	207	PHASEAL Y-SITE	199	PNEUMOVAX-23.....	148
PCCA ACCUPEN-15.....	198	PHEBURANE	183	POCKET CHAMBER	16
PEDIATRIC BEAR NEBULIZER	16	PHEDRAX	77	PODOCON	90
PEDIATRIC COMP-AIR COMPRES NEB.....	16	<i>phenazopyridine</i>	255	<i>podofilox</i>	90, 91
PEDIATRIC DINOSAUR NEBULIZER	16	<i>phendimetrazine tartrate</i>	259	POLYCIDIN	125
PEDIATRIC DOG NEBULIZER..	16	<i>phenelzine</i>	20	<i>polymyxin b sulf-trimethoprim</i> ...	125
PEDIATRIC FROG NEBULIZER	16	<i>phenobarbital</i>	32	POLY-TUSSIN AC	68
<i>peg 3350-electrolytes</i>	185	<i>phenoxybenzamine</i>	38	POMALYST	205
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	185	<i>phentermine</i>	259	POPULUS COMPOSITUM.....	220
PEGASYS	171	<i>phenylephrine hcl</i>	124	PORTABLE NEBULIZER SYSTEM	16
<i>peg-electrolyte soln</i>	185	<i>phenyleph-tropicamide in water</i>	129	PORTIA 28.....	64
		PHENYTEK.....	243	<i>posaconazole</i>	161
		<i>phenytoin</i>	243	<i>potassium chloride</i>	113
		<i>phenytoin sodium extended</i>	243	<i>potassium citrate</i>	255
		PHEODOYO.....	75	<i>potassium iodide</i>	120
		PHEOXIA	77	<i>povidone-iodine</i>	89
				PR BENZOYL PEROXIDE	91
				PR CREAM	92
				PRADAXA	139
				PRAKETAMIDE	95
				<i>pralidoxime</i>	217

PRALUENT PEN	51	MASK.....	17	PULMOZYME	226
<i>pramipexole</i>	238	PROCARE SPACER WITH CHILD		PURACOL PLUS AG	188
PRAMOSONE	93	MASK.....	17	PURE COMFORT LANCETS ...	195
<i>prasugrel</i>	138	PRO-CEPTION	191	PURE COMFORT SAFETY	
<i>pravastatin</i>	50	PROCHAMBER	17	LANCETS	195
<i>praziquantel</i>	164	<i>prochlorperazine</i>	7	PUREAIR MINI NEBULIZER	17
<i>prazosin</i>	38	<i>prochlorperazine maleate</i>	7	PURIXAN	203
PRECISION XTRA TEST	102	PROCORT	182	PUSH BUTTON SAFETY	
<i>prednicarbate</i>	86, 87	PROCTOFOAM HC	182	LANCETS	195
<i>prednisolone</i>	176	PROCTO-MED HC	87	<i>pyrazinamide</i>	162
<i>prednisolone acetate</i>	123	PROCTOSOL HC	87	<i>pyridostigmine bromide</i>	20
<i>prednisolone sod ph-bromf (pf)</i>	123	PROCTOZONE-HC	87	<i>pyrimethamine</i>	164
<i>prednisolone sodium phosphate</i>		PROCYSBI.....	254	PYRUKYND	139
.....	123, 176	PRODIGY LANCETS	195	Q	
<i>prednisolon-moxiflox-bromf(pf)</i>	121	PRODIGY MINI-MIST NEBULIZER		QBRELIS	40
<i>prednisone</i>	176, 177	.....	17	QBREXZA.....	202
PREDNISONONE INTENSOL.....	176	PRODIGY TWIST TOP LANCET		Q-CARE RX Q2	215
<i>pregabalin</i>	243, 244	.....	195	Q-CARE RX Q4	215
PREGNYL	115	PROFILNINE.....	134	QELBREE	36
PREHEVBRIO (PF)	152	<i>progesterone</i>	145	QINLOCK.....	208
PREMARIN.....	144, 145, 257	<i>progesterone micronized</i>	145	QNASL	6
PREMPHASE	145	PROGRAF	154	QUAKE VIBRATORY PEP	17
PREMPRO	145	PROLASTIN-C	201	<i>quazepam</i>	33
PREPIDIL	67	PROMACTA	140	<i>quetiapine</i>	30
PRESERA	89	<i>promethazine</i>	5, 7	QUIDROXZAR	153
PRESSURE ACTIVATED		PROMETHAZINE VC.....	67	QUIHOXAXIA.....	153
LANCETS.....	194	<i>promethazine-codeine</i>	68	QUIHOXVAR	153
<i>pretomanid</i>	162	<i>promethazine-dm</i>	69	QUILLICHEW ER.....	35
PREVALITE	52	<i>promethazine-phenylephrine</i>	67	QUILLIVANT XR	35
PREVNAR 20 (PF)	148	PROMETHEGAN	7	<i>quinapril</i>	40
PREVYMIS	166	PRONAL.....	91	<i>quinapril-hydrochlorothiazide</i>	38
PREZISTA	166	PRONEB MAX COMPRESSOR-LC		<i>quinidine gluconate</i>	37
PRIFTIN.....	162	PLUS.....	17	<i>quinidine sulfate</i>	37
<i>primaquine</i>	164	PRONEB MAX COMPRESSOR-LC		<i>quinine sulfate</i>	164
PRIMEAIRE.....	16	SPRINT	17	QUIT 2	247, 248
<i>primidone</i>	244	PRONEB ULTRA II FILTER		QUIT 4	248
PRIMSOL	156	ASSEM	191	QULIPTA.....	234
PRIORIX (PF)	150	<i>propafenone</i>	37	QUTENZA	90
PRO COMFORT LANCET	194	<i>proparacaine</i>	123	R	
PRO COMFORT SAFETY		<i>propranolol</i>	42	<i>rabeprazole</i>	253
LANCET	195	<i>propranolol-hydrochlorothiazid</i>	43	RADIAGEL	223
PRO COMFORT TENS		<i>propylthiouracil</i>	120	RADICAVA ORS.....	213
ELECTRODE	191	<i>protriptyline</i>	23	RADICAVA ORS STARTER KIT	
PRO COMFORT TENS UNIT ..	191	PROVENT	17	SUSP	213
<i>probenecid</i>	130	PROVENT STARTER	17	RADIOGARDASE	222
<i>probenecid-colchicine</i>	130	PSORINOHEEL	220	RAGWITEK.....	4
PROCARE COMPRESSOR		PTS COLLECT CAPILLARY TUBE		<i>raloxifene</i>	117
NEBULIZER	16	.....	191	<i>ramipril</i>	40
PROCARE PEDIATRIC		PULMO-AIDE COMPRESSOR...17		<i>ranolazine</i>	53
NEBULIZER	17	PULMONEB LT COMPRESSOR		RAPPORT VACUUM THERAPY	
PROCARE SPACER WITH ADULT		NEBUL	17	.....	223

<i>rasagiline</i>	238	REZUROCK	154	SAJAZIR	175
RATE FLOW REGULATOR IV SET	199	RHOPRESSA.....	127	<i>salicylic acid</i>	91
RAVICTI	183	<i>ribavirin</i>	166, 171	SALIMEZ FORTE	91
RAYALDEE	119	RIDAURA	177	<i>salsalate</i>	227
REBIF (WITH ALBUMIN)	213	<i>rifabutin</i>	162	SALVAX	91
REBIF REBIDOSE	213	<i>rifampin</i>	162	SALVAX DUO PLUS.....	91
REBIF TITRATION PACK	213	RIGHTEST GL300 LANCETS...	195	SAMI THE SEAL.....	17
REBINYN.....	134	<i>riluzole</i>	213	SAMI THE SEAL MASK	191
REBYOTA	156	<i>rimantadine</i>	166	SANCUSO	8
RECEDO	92	<i>ringer's</i>	89	SANDIMMUNE	154
RECLIPSEN (28).....	64	RINVOQ	178	SANTYL	95
RECOMBINATE	133	RINVOQ LQ	178	<i>sapropterin</i>	201
RECOMBIVAX HB (PF).....	152	<i>risedronate</i>	117	SAROXIA	72
RECORLEV.....	115	<i>risperidone</i>	31	SAXENDA	260
RECOTHROM.....	141	RITEFLO AEROCHAMBER.....	17	SCALACORT DK.....	87
RECOTHROM SPRAY KIT	141	<i>ritonavir</i>	169	SCSEMBLIX.....	208
REGENECARE	95	<i>rivastigmine</i>	20	SCLEROSOL INTRAPLEURAL	210
REGIOCIT (EUA)	133	<i>rivastigmine tartrate</i>	20	<i>scopolamine base</i>	8
REGRANEX	108	RIVELSA	64	SECUADO	31
RELAGARD.....	257	RIVFLOZA.....	254	<i>selegiline hcl</i>	239
RELENZA DISKHALER	166	RIXUBIS.....	135	<i>selenium sulfide</i>	88
RELIAMED LANCET	195	<i>rizatriptan</i>	234	SELF-CATHETER, FEMALE	190
RELIAMED SAFETY SEAL	195	ROAOXIA.....	88	SELZENTRY	167
LANCETS.....	195	ROBINSON CLEAR VINYL	190	SEMGLEE(INSULIN GLARGINE- YFGN).....	110
RELIAMED TWIST AND CAP	195	ROCKLATAN	127	SEMGLEE(INSULIN GLARG- YFGN)PEN	110
LANCET	195	<i>roflumilast</i>	12	SEREVENT DISKUS	9
RELISTOR.....	186	<i>ropinirole</i>	238, 239	SERNIVO.....	87
RELIZORB.....	198	ROSDAN.....	73	SEROQUEL XR	31
RENACIDIN.....	255	ROSULA.....	78	SEROSTIM	118
RENEEL	221	ROSULA CLEANSING CLOTHS	78	<i>sertraline</i>	22
<i>repaglinide</i>	100	<i>rosuvastatin</i>	50	SETLAKIN.....	64
REPATHA PUSHTRONEX	51	ROXYBOND.....	231	<i>sevelamer carbonate</i>	112
REPATHA SURECLICK.....	51	ROZLYTREK.....	208	<i>sevelamer hcl</i>	112
REPATHA SYRINGE	51	RUBBER MOUTHPIECE	191	SEVENFACT	133
RESPA-AR	68	RUBRACA.....	208	<i>sevoflurane</i>	220
RESTASIS.....	125	RUCONEST	175	SF.....	258
RESTASIS MULTIDOSE.....	125	<i>rufinamide</i>	244	SF 5000 PLUS	258
RESTORE	188	RUKOBIA	167	SHAROBEL	64
RESTORE CALCIUM ALGINATE	188	RYBELSUS	99	SHINGRIX (PF).....	152
RETACRIT.....	135	RYDAPT	208	SIDESTREAM.....	17
RETEVMO.....	208	RYDEX.....	68	SIDESTREAM MASK	191
REUSABLE NEBULIZER KIT ..	191	RYLAZE	210	SIDESTREAM NEBULIZER	17
REVCovi	222	RYPLAZIM	138	SIDESTREAM PLUS	17
REVLIMID.....	205	RYTARY	239	SIGNIFOR.....	224
REXULTI	28	S		SIKLOS	139
REYATAZ	169	SABAL-HOMACCORD	221	SILASTIC FOLEY CATHETER.	190
REYVOW.....	234	SABRIL.....	244	<i>sildenafil</i>	114
REZDIFFRA	202	SAFETY LANCETS.....	195	<i>sildenafil (pulm.hypertension)</i>	45
REZLIDHIA.....	210	SAFETY SEAL LANCETS	195	SILICONE MASK.....	191
		SAFETY-LET LANCETS.....	195		

SILICONE MASK - INFANT	17	<i>solifenacin</i>	255	STELARA.....	178
SILIGENTLE AG.....	188	SOLQUA 100/33	101	STERILANCE TL	195
SILINOIN	188	SOLOSEC	163	STERILE HYDROGEL FOR	
<i>silodosin</i>	253	SOLTAMOX	211	JELMYTO	219
SILVASORB	73	SOLU-CORTEF	177	<i>sterile talc</i>	210
<i>silver nitrate</i>	74, 91	SOLU-CORTEF ACT-O-VIAL (PF)		STERITALC	210, 211
<i>silver nitrate applicators</i>	91	.....	177	STIOLTO RESPIMAT	9
<i>silver sulfadiazine</i>	78	SOLUS V2 LANCETS	195	STIVARGA	208
SIMBRINZA	127	SOMAVERT	118	STOP SMOKING AID	248
SIMLANDI(CF) AUTOINJECTOR		SOOTHENEB COMPRESSOR		STRATACTX.....	188
.....	174	NEBULIZER.....	17	STRATAGRT	188
SIMLIYA (28).....	64	SOOTHENEB MESH NEBULIZER		STRATAXRT.....	188
SIMPESSE	64	.....	17	STRAVIX.....	224
SIMPONI	174	<i>sorafenib</i>	208	STRENSIQ.....	222
<i>simvastatin</i>	50	<i>sorbitol</i>	89	STRIBILD.....	170
SINGLE-LET.....	195	<i>sorbitol-mannitol</i>	90	STRIVE PEAK FLOW METER ...	18
SINUSTAR NEBULIZER	17	<i>sotalol</i>	42	STRIVERDI RESPIMAT	9
<i>sirolimus</i>	154	SOTALOL AF	42	STRONG IODINE	74, 120
SIRTURO	162	SOTYKTU	96	SUCRAID	249
SIVEXTRO	157	SOTYLIZE	42	<i>sucralfate</i>	251
SKYCLARYS.....	214	SOVALDI.....	171	SUFLAVE.....	186
SKYLA	221	SOVUNA	164	<i>sulconazole</i>	77
SKYRIZI.....	96, 97	SPACE CHAMBER	17	<i>sulfacetamide sodium</i> ...	88, 89, 124
SKYTROFA	118	SPACE CHAMBER WITH LARGE		<i>sulfacetamide sodium (acne)</i>	72
SLYND.....	64	MASK.....	18	<i>sulfacetamide sodium-sulfur</i> .	78, 79
SMART SENSE LANCETS	195	SPACE CHAMBER WITH		<i>sulfacetamide sod-sulfur-urea</i> ...	79
SMARTEST LANCET.....	195	MEDIUM MASK	18	<i>sulfacetamide-prednisolone</i>	124
SMARTNEB COMPRESSOR		SPACE CHAMBER WITH SMALL		<i>sulfadiazine</i>	154
NEBULIZER	17	MASK.....	18	<i>sulfamethoxazole-trimethoprim</i> .	154
<i>sodium chlor 0.9% bacteriostat</i>	113	SPECTRAGEL	188	SULFAMYLON.....	79
<i>sodium chloride</i>	89, 95, 114, 220	SPEEDICATH (FEMALE)	190	<i>sulfasalazine</i>	181
<i>sodium chloride 0.45 %</i>	113	SPEVIGO	96	SULFATRIM.....	154
<i>sodium chloride 0.9 %</i>	114	SPIKEVAX 2024-2025(12Y		<i>sulindac</i>	180
<i>sodium chloride 0.9 % (flush)</i> ...	113	UP)(PF).....	147	SUMADAN XLT	79
<i>sodium citrate</i>	133	<i>spinosad</i>	77	<i>sumatriptan</i>	234
<i>sodium citrate in 0.9 % nacl</i>	133	SPIRIVA RESPIMAT	8	<i>sumatriptan succinate</i>	234
<i>sodium citrate-citric acid</i>	255	SPIRIVA WITH HANDIHALER.....	8	<i>sunitinib malate</i>	208
SODIUM FLUORIDE 5000 DRY		<i>spironolactone</i>	45	SUNLENCA	165
MOUTH	258	<i>spironolacton-hydrochlorothiaz</i> ...	45	SUNOSI	32
SODIUM FLUORIDE 5000 PLUS		SPRAVATO.....	20	SUNRISE COMPRESSOR-	
.....	258	SPRAY AND STRETCH	95	NEBULIZER	18
<i>sodium fluoride-pot nitrate</i>	258	SPRINTEC (28).....	64	SUPER THIN LANCETS.....	195
<i>sodium iodide-123</i>	211	SPRYCEL.....	208	SUPRANE.....	220
<i>sodium iodide-131</i>	211	SPS (WITH SORBITOL)	112	SURE COMFORT LANCETS ..	195,
<i>sodium oxybate</i>	27	SRONYX	65	196	
<i>sodium phenylbutyrate</i>	183	SSD	78	SURE-LANCE	196
<i>sodium polystyrene sulfonate</i> ...	112	SSKI	120	SURE-LANCE ULTRA THIN	196
<i>sodium,potassium,mag sulfates</i>	186	SSS 10-5.....	78	SURE-TOUCH LANCET	196
SOFT TOUCH LANCETS	195	ST JOSEPH ASPIRIN	138	SURVANTA	226
SOGROYA	118	ST. JOSEPH ASPIRIN.....	139	SUTAB	186
SOHONOS	245	<i>stavudine</i>	168	SYEDA.....	65

SYMAX DUOTAB	250	<i>tamoxifen</i>	211	<i>terbinafine hcl</i>	161
SYMDEKO	225	<i>tamsulosin</i>	253	<i>terbutaline</i>	8
SYMJEPI	200	TANDEM MOBI AUTOSOFT 30 KT		<i>terconazole</i>	257
SYMLINPEN 120.....	100	23	107	<i>teriflunomide</i>	213
SYMLINPEN 60.....	100	TANDEM MOBI AUTOSOFT XC		<i>teriparatide</i>	116
SYMTUZA	165	KIT 5	107	TERRELL	220
SYNALAR CREAM KIT	87	TANDEM MOBI AUTOSOFT XC		TERSİ FOAM	89
SYNALAR OINTMENT KIT	87	KT 23	107	<i>testosterone</i>	142
SYNALAR TS	87	TANDEM MOBI CARTRIDGE... 107		<i>testosterone cypionate</i>	142
SYNAREL.....	119	TANDEM MOBI SYSTEM	107	<i>testosterone enanthate</i>	142
SYNDROS.....	6	TANDEM MOBI TRUSTEEL KIT 23		TETOXIA.....	87
SYNJARDY	101	.....	107	<i>tetrabenazine</i>	214
SYNJARDY XR	101	TARDEOXIA.....	72	<i>tetracaine hcl</i>	124
SYNVISC	174	TARDIMAXIA	72	<i>tetracaine hcl (pf)</i>	124
SYNVISC-ONE.....	174	TARINA 24 FE	65	<i>tetracycline</i>	160
SYRINGE AVITENE.....	141	TARINA FE 1/20 (28).....	65	TEXACORT	87
SYZYGIUM COMPOSITUM.....	221	TARINA FE 1-20 EQ (28).....	65	TEZSPIRE	18
T		TAROXIA.....	72	THALOMID	162
T		TARPEYO	177	THEO-24	19
FLEX.....	107	TASIGNA.....	208	<i>theophylline</i>	19
SLIM X2.....	107	<i>tasimelteon</i>	32	THERAHONEY	188
SLIM X2 BASAL-IQ INSULIN		<i>tavaborole</i>	77	THIN LANCETS	196
PMP	107	TAVALISSE	139	THIOLA EC	254
SLIM X2 CONTROL-IQ ...	107	TAVNEOS	137	<i>thioridazine</i>	32
T.E.D. ANTI-EMBOLISM		<i>tazarotene</i>	96	<i>thiothixene</i>	31
STOCKING	224	TAZVERIK.....	205	THRESHOLD IMT TRAINER.....	18
T.E.D. KNEE LENGTH-M-LONG		TDVAX	150	THRESHOLD PEP DEVICE	18
.....	224	TECHLITE LANCETS	196	THROMBI-GEL	141
T.E.D. KNEE LENGTH-S-		TEGLUTIK.....	213	THROMBIN-JMI.....	141
REGULAR.....	224	TEGRETOL.....	244	THROMBI-PAD.....	141
T.R.U.E. TEST ALLERGEN	220	TEGRETOL XR.....	244	THYQUIDITY	121
TABLOID	203	TEGSEDI.....	200	<i>thyroid (pork)</i>	121
TABRECTA	208	TELCARE LANCETS	196	TIADYLT ER	44
TACHOSIL.....	141	<i>telmisartan</i>	40	<i>tiagabine</i>	244
<i>tacrolimus</i>	97, 154	<i>telmisartan-amlodipine</i>	39	TIBSOVO	210
<i>tadalafil</i>	114	<i>telmisartan-hydrochlorothiazid</i>	39	TIGLUTIK.....	213
<i>tadalafil (pulm. hypertension)</i>	45	<i>temazepam</i>	33	TILIA FE	65
TAFINLAR	204	TEMBEXA	166	<i>timolol maleate</i>	42, 128
<i>tafluprost (pf)</i>	128	<i>temozolomide</i>	202	<i>timolol maleate (pf)</i>	128
TAGRISSE	208	TEMPO REFILL KIT WITH GAUZE		<i>tinidazole</i>	163
TAKE ACTION.....	65	.....	196	<i>tiopronin</i>	254
TAKHZYRO	180	TEMPO SMART BUTTON	107	TIROSINT	121
TALICIA	251	TEMPO WELCOME KIT	107	TIROSINT-SOL.....	121
TALTZ AUTOINJECTOR	96	TENCON	226	TISSEEL VHSD (APROTININ,	
TALTZ AUTOINJECTOR (2 PACK)		TENIVAC (PF).....	150	SYN)	225
.....	96	<i>tenofovir disoproxil fumarate</i>	168	TIS-U-SOL PENTALYTE	90
TALTZ AUTOINJECTOR (3 PACK)		TENS 502.....	191	TIVICAY	170
.....	96	TENS 504.....	191	TIVICAY PD	170
TALTZ SYRINGE	96	TENSCARE ITOUCH SURE	198	<i>tizanidine</i>	246
TALZENNA.....	208	TEPMETKO.....	208	TLANDO	142
		<i>terazosin</i>	39	TOBI PODHALER.....	161

TOBRADEX.....	121	<i>triamterene-hydrochlorothiazid</i>	45	CONDOMS.....	218
<i>tobramycin</i>	125, 162	<i>triazolam</i>	33	TRUSTEX NON-LUB CONDOMS	
<i>tobramycin in 0.225 % nacl</i>	162	TRIDACAINE II	95	.....	218
<i>tobramycin with nebulizer</i>	162	TRIDACAINE III	95	TRUSTEX-RIA LUB/SPERMICIDE	
<i>tobramycin-dexamethasone</i>	121	TRIDERM.....	87, 88	.....	218
TOBREX.....	125	<i>trientine</i>	222	TRUSTEX-RIA LUBRICATED	
TOLAK.....	93	TRI-ESTARYLLA	65	CONDOMS.....	218
<i>tolcapone</i>	239	TRIFERIC.....	259	TRUSTEX-RIA NON-LUB	
<i>tolmetin</i>	180	<i>trifluoperazine</i>	32	CONDOMS.....	219
<i>tolterodine</i>	256	<i>trifluridine</i>	123	TRUZONE PEAK FLOW METER	
<i>tolvaptan</i>	111	<i>trihexyphenidyl</i>	237	.....	18
TOPCARE UNIVERSAL1 LANCET		TRIJARDY XR.....	102	TRYVIO.....	41
.....	196	TRIKAFTA.....	225, 226	TUKYSA.....	208
<i>topiramate</i>	244	TRI-LEGEST FE	65	TULANA.....	65
<i>toremifene</i>	211	TRI-LINYAH	65	TURALIO	209
TORONOVA II SUIK.....	180	TRILOAN II SUIK	177	TURQOZ (28)	66
TORONOVA SUIK.....	180	TRILOAN SUIK	177	TUXARIN ER	68
TORPENZ	205	TRI-LO-ESTARYLLA	65	TWINRIX (PF).....	152
<i>torseamide</i>	44	TRI-LO-MARZIA.....	65	TWIRLA	66
TOUCH-TROL.....	190	TRI-LO-MILI	65	TWIST LANCETS	196
TOUJEO MAX U-300 SOLOSTAR		TRI-LO-SPRINTEC	65	TYBLUME	66
.....	110	<i>trimethobenzamide</i>	8	TYBOST.....	170
TOUJEO SOLOSTAR U-300		<i>trimethoprim</i>	156	TYDEMY	66
INSULIN	110	TRI-MILI	65	TYENNE	177
TPOXX (NATIONAL STOCKPILE)		<i>trimipramine</i>	23	TYENNE AUTOINJECTOR	177
.....	166	TRI-MIX (PAPAVRN-PHNTLMN-		TYMLOS	116
TRACLEER	45	PGE1)	114	TYRVAYA	124
<i>tramadol</i>	232	TRIMO-SAN JELLY	257	TYVASO	46
<i>tramadol-acetaminophen</i>	236	TRINTELLIX.....	23	TYVASO DPI	46
<i>trandolapril</i>	40	TRI-NYMYO	65	TYVASO INSTITUTIONAL START	
<i>trandolapril-verapamil</i>	38	TRI-SPRINTEC (28).....	65	KIT	46
<i>tranexamic acid</i>	131	TRIUMEQ.....	170	TYVASO REFILL KIT.....	46
TRANSFER SET	199	TRIUMEQ PD.....	170	TYVASO STARTER KIT	46
<i>tranylcypramine</i>	20	TRIVORA (28).....	65	U	
TRANZAREL	95	TRI-VYLIBRA	65	UBRELVY	234
<i>travoprost</i>	128	TRI-VYLIBRA LO	65	ULESFIA	77
<i>trazodone</i>	22	<i>tropicamide</i>	129	ULTILET BASIC LANCETS	196
TRECTOR.....	162	<i>tropium</i>	256	ULTILET CLASSIC LANCETS ..	196
TRELEGY ELLIPTA	10	TRUDHESA.....	234	ULTILET LANCETS.....	196
TREMFYA	96	TRUE COMFORT LANCET	196	ULTILET SAFETY LANCETS...	196
<i>treprostinil sodium</i>	46	TRUE COVER CONDOM	218	ULTRA FINE LANCETS	196
TRESIBA FLEXTOUCH U-100	110	TRUEPLUS LANCETS	196	ULTRA THIN II LANCETS	196
TRESIBA FLEXTOUCH U-200	110	TRULICITY.....	99	ULTRA THIN LANCETS	196
TRESIBA U-100 INSULIN	110	TRUMENBA	148	ULTRA THIN PLUS LANCETS.	196
<i>tretinoin</i>	74	TRUNEB NEBULIZER	18	ULTRA TLC LANCETS.....	196
<i>tretinoin (antineoplastic)</i>	210	TRUQAP	208	ULTRA-CARE LANCETS	196
<i>tretinoin microspheres</i>	74	TRUSKIN.....	224	ULTRAFOAM.....	141
TRETTEN	135	TRUSTEEL INFUSION SET 23	107	ULTRALANCE LANCETS	196
TREXALL.....	203	TRUSTEEL INFUSION SET 32	107	ULTRASAL-ER	91
<i>triamcinolone acetonide</i>	87, 215	TRUSTEX LATEX CONDOM....	218	ULTRA-THIN II LANCETS.....	196
<i>triamterene</i>	45	TRUSTEX LUBRICATED		UNILET COMFORTOUCH	

LANCET	197	VANOXIDE-HC	72	VIENVA	66
UNILET GP LANCET	197	VAPRO PLUS INTERMITT		<i>vigabatrin</i>	244
UNILET LANCET.....	197	CATHETER.....	190	VIGADRONE	244
UNILET LANCETS.....	197	VAQTA (PF)	152	VIGAFYDE.....	245
UNILET SUPER THIN LANCETS		VARDIMAXIA	72	VIGPODER.....	245
.....	197	<i>varenicline</i>	248	VIJOICE	201, 202
UNISTIK 3 COMFORT LANCET		VARISOFT INFUSION SET 23.107		<i>vilazodone</i>	23
.....	197	VARISOFT INFUSION SET 32.107		VIMPAT.....	245
UNISTIK 3 EXTRA LANCET	197	VARISOFT INFUSION SET 43.107		VIOKACE	249
UNISTIK 3 GENTLE	197	VARITHENA ADMINISTRATION		VIORELE (28).....	66
UNISTIK 3 NORMAL LANCET.	197	PACK	198	VIOS AEROSOL DELIVERY	
UNISTIK COMFORT LANCETS		VARIVAX (PF).....	152	SYSTEM.....	18
.....	197	VAROXIA	72	VIRACEPT	169
UNISTIK CZT LANCET	197	VARUBI.....	8	VIREAD.....	168
UNISTIK EXTRA LANCETS.....	197	VASCEPA	52	VISTASEAL-FIBRIN SEALANT	141
UNISTIK NORMAL LANCETS .	197	VASELINE WHITE PETROLEUM		VISTOGARD.....	210
UNISTIK PRO LANCET	197	.....	92	VITAMIN K.....	141
UNISTIK SAFETY	197	VASHE	90	VITAMIN K1	141
UNISTIK TOUCH LANCETS....	197	VAXCHORA BUFFER		VITRAKVI.....	209
UNIVERSAL 1 LANCETS	197	COMPONENT.....	111	VIVAGUARD LANCET.....	197
UNZDOMDIOXIAZAR	72	VAXNEUVANCE (PF).....	148	VIVAGUARD SAFETY LANCET	
UPNEEQ (PF)	124	VCF CONTRACEPTIVE FILM....	55	.....	198
UPTRAVI	46	VCF CONTRACEPTIVE GEL....	55	VIVJOA	161
URAMAXIN.....	91	VELIVET TRIPHASIC REGIMEN		VIXONE NEBULIZER	18
URAMAXIN GT.....	91	(28).....	66	VIXONE NEBULIZER-ADULT	
<i>urea</i>	91, 92, 97	VELPHORO	112	MASK.....	18
UREA NAIL STICK.....	91	VELTASSA.....	112	VIXONE NEBULIZER-PEDIATRIC	
URETRON D-S.....	156	VEMLIDY.....	171	MSK.....	18
URIBEL TABS	156	VENCLEXTA.....	209	VIZIMPRO.....	209
URIMAR-T.....	156	VENCLEXTA STARTING PACK		VOCABRIA	170
URO-458	156	.....	209	VOLNEA (28).....	66
UROGESIC-BLUE.....	156	<i>venlafaxine</i>	22	VONJO	209
URO-MP	156	VENTAVIS.....	47	VONVENDI	133
UROQID-ACID NO.2.....	255	VEOZAH.....	145	VOQUEZNA.....	251
<i>ursodiol</i>	184	<i>verapamil</i>	44	VOQUEZNA DUAL PAK.....	251
UZEDY	28, 29	VERIFINE SAFETY LANCET MINI		VOQUEZNA TRIPLE PAK.....	251
V		.....	197	VORANIGO.....	210
VAGINAL CONTRACEPTIVE FILM		VERIFINE UNIVERSAL LANCET		<i>voriconazole</i>	161
.....	55	.....	197	VORTEX HOLDING CHAMBER.	18
<i>valacyclovir</i>	166	VERKAZIA.....	125	VORTEX VHC FROG MASK-	
VALCHLOR	93	VERQUVO	54	CHILD	18
<i>valganciclovir</i>	166	VERSACLOZ.....	31	VORTEX VHC LADYBUG MASK-	
<i>valproic acid</i>	244	VERTIGOHEEL.....	221	TODDLR.....	18
<i>valproic acid (as sodium salt)</i> ...	244	VERZENIO	209	VOSEVI.....	171
<i>valsartan</i>	40	VESTURA (28).....	66	VOWST	156
<i>valsartan-hydrochlorothiazide</i>	39	V-GO 20	107	VOXZOGO.....	120
VALTOCO	240	V-GO 30	107	VOYDEYA.....	137
<i>vancomycin</i>	163	V-GO 40	108	VRAYLAR	27
<i>vancomycin in 0.9 % sodium chl</i>		VIBERZI	182	VUITY	128
.....	125	VIBRANT.....	198	VUMERITY	213
VANFLYTA.....	209	VIBRANT STARTER KIT	198	VYFEMLA (28).....	66

