



OHSU PBM SERVICES COMMERCIAL STANDARD FORMULARY

Introduction

The formulary displays coverage of drugs for plan members when filled at an in-network pharmacy. Drugs are reviewed by a team of pharmacists and physicians who review drugs for safety, effectiveness, and value. The formulary is reviewed regularly and is subject to change.

How to Search

To search for drugs on the formulary, you can search alphabetically by drug name or by use.

- Drug Name: Drugs are listed alphabetically at the end of the formulary
- By Use: Drugs used to treat the same or similar conditions are listed together

Tier Description

Tier levels are assigned to drugs that correspond with your cost share for the drug. Generally, drugs listed at lower tiers cost less than drugs listed at higher tiers.

Tier	Description
1	Valued generic drugs and brand drugs
2	Preferred generic drugs
3	Preferred brand drugs and non-preferred generic drugs
4	Non-preferred brand drugs
5	Preferred specialty generic drugs
6	Preferred specialty brand drugs and non-preferred specialty generic drugs
7	Non-preferred specialty brand drugs

For a complete description of your cost share at each tier, refer to your pharmacy benefits handbook.

Limits & Restrictions

Drugs that have limits or restrictions are listed in these ways:

Indicator	Description
Prior Authorization (PA)	Prior approval is needed from your plan before this drug is covered.
Step Therapy (ST)	Another drug or series of drugs must be tried before this drug is covered by your plan.
Quantity Limit (QL)	A limited amount of this drug is covered without prior approval.
Age Limit (AGE)	This drug is only covered for certain ages.
Specialty Drug (SP)	This drug must be filled at a specialty pharmacy.
Preventive Care (ACA)	This drug is covered under the Affordable Care Act at no member cost when prescribed by a licensed health care provider and specific criteria is met.

Authorization/ Exception Request Process

To request coverage for a drug that is not on the formulary or has limits or restrictions, your provider will need to submit an Authorization Request Form with supporting clinical documentation. This form can be found on the OHSU PBM Services website. Once the request is received, it will be reviewed to determine whether the drug is able to be covered.

Pharmacy Network

Most drugs on the formulary may be filled at an in-network retail or mail-order pharmacy. Drugs with a specialty indicator must be filled at an in-network specialty pharmacy. To locate pharmacies in-network refer to the Pharmacy Locator tool on the OHSU PBM Services website.

More Information

To access additional pharmacy resources including forms, the Member Portal, and Pharmacy Locator tool, visit the OHSU PBM Services website at www.ohsu.edu/pbm.

For questions, please contact OHSU PBM Services at 1-833-631-7991 (TTY: 1-503-494-0550).

Language Assistance

SPANISH (Español): Para obtener asistencia en Español, llame al 1-833-631-7991.

TAGALOG (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-833-631-7991.

CHINESE (中文): 如果需要中文的帮助, 请拨打这个号码 1-833-631-7991.

NAVAJO (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijjigo holne' 1-833-631-7991.

Table of Contents

Allergy	3
Antiemesis/Antivertigo	4
Asthma And Copd	5
Autonomic Nervous System Disorders	12
Behavioral Health - Antidepressants	13
Behavioral Health - Other	17
Cardiovascular Disease - Arrhythmia	26
Cardiovascular Disease - Cardiac Stimulant	27
Cardiovascular Disease - Hypertension	27
Cardiovascular Disease - Lipid Irregularity	37
Cardiovascular Disease - Miscellaneous Agents	39
Cardiovascular Disease - Vasodilation	40
Contraception/Oxytocics	41
Cough And Cold	48
Dermatology - Acne	49
Dermatology - Antiinfective	53
Dermatology - Antiinflammatory	56
Dermatology - Antipruritic Drugs	59
Dermatology - Miscellaneous	60
Dermatology - Psoriasis/Eczema	62
Diabetes	64
Ear - General Disorders	77
Electrolyte Regulation	77
Endocrine Disorder - Fertility	79
Endocrine Disorder - Other	79
Endocrine Disorder - Thyroid	83
Eye - General Disorders	84
Eye - Glaucoma	87
Eye - Miscellaneous	90
Fluid Replacement	90
Gout And Related Diseases	90
Hematological Disorders	90
Hormonal Deficiency	95
Immunization	98
Immunosuppression/Modulation	101
Infectious Disease - Bacterial	102
Infectious Disease - Fungal	107
Infectious Disease - Miscellaneous	108
Infectious Disease - Parasitic	109
Infectious Disease - Viral	110
Inflammatory Disease	115
Local Anesthesia	125
Lower Gastrointestinal Disorders - Bowel Inflammat	125

Lower Gastrointestinal Disorders - Other	126
Medical Supplies	128
Miscellaneous Agents	141
Neoplastic Disease	142
Neurological Disease - Miscellaneous	149
Oral/Pharyngeal Disorders	152
Other Drugs	153
Other Respiratory Disorders	162
Pain Management - Analgesics	163
Parkinsons Disease	170
Seizure Disorder	172
Skeletal Muscle Disorder	177
Smoking Cessation	178
Upper Gastrointestinal Disorders - Digestive	179
Upper Gastrointestinal Disorders - Spastic Disease	179
Upper Gastrointestinal Disorders - Ulcer Disease	180
Urinary Tract - Functional Disorders	183
Vaginal Disorders	186
Vitamin And/Or Mineral Deficiency	186
Weight Reduction	189

Drug	Status	Notes
Allergy		
Allergenic Extracts, Therapeutics		
GRASTEK SUBLINGUAL TABLET 2,800 BAU	Tier 4	PA; QL (30 EA per 30 days)
ODACTRA SUBLINGUAL TABLET 12 SQ-HDM	Tier 4	PA; QL (30 EA per 30 days)
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	Tier 4	PA; QL (30 EA per 30 days)
PALFORZIA (LEVEL 0) ORAL CAPSULE, SPRINKLE 1 MG	Tier 7	PA; SP
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3)	Tier 7	PA; SP
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6)	Tier 7	PA; SP
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1)	Tier 7	PA; SP
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG	Tier 7	PA; SP
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2)	Tier 7	PA; SP
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4)	Tier 7	PA; SP
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1)	Tier 7	PA; SP
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X1)	Tier 7	PA; SP
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2)	Tier 7	PA; SP
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2)	Tier 7	PA; SP
PALFORZIA (LEVEL 11 UP-DOSE) ORAL POWDER IN PACKET 300 MG	Tier 7	PA; SP
PALFORZIA INITIAL (1-3 YRS) ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3 MG	Tier 7	PA; SP
PALFORZIA INITIAL (4-17 YRS) ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG	Tier 7	PA; SP
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG	Tier 7	PA; SP
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT	Tier 4	PA; QL (30 EA per 30 days)
Antihistamines - 1St Generation		
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	Tier 2	
<i>cyproheptadine oral tablet 4 mg</i>	Tier 2	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	Tier 2	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 2	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 2	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	Tier 2	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 2	
Nasal Antihistamine		
<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i>	Tier 2	QL (30 ML per 25 days); Age (Min 18 Years and Max 17 Years)

Drug	Status	Notes
<i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i>	Tier 2	Age (Min 18 Years and Max 17 Years)
<i>olopatadine nasal spray,non-aerosol 0.6 %</i>	Tier 3	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>	Tier 3	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: flunisolide nasal spray, fluticasone propionate nasal spray, olopatadine nasal spray; QL (23 GM per 30 days); Age (Min 18 Years and Max 17 Years)
DYMISTA NASAL SPRAY,NON-AEROSOL 137-50 MCG/SPRAY	Tier 4	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: flunisolide nasal spray, fluticasone propionate nasal spray, olopatadine nasal spray; QL (23 GM per 30 days); Age (Min 18 Years and Max 17 Years)
RYALTRIS NASAL SPRAY,NON-AEROSOL 665-25 MCG/SPRAY	Tier 4	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: flunisolide nasal spray, fluticasone propionate nasal spray, olopatadine nasal spray; QL (29 GM per 30 days); Age (Min 18 Years and Max 17 Years)
Nasal Anti-Inflammatory Steroids		
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	Tier 2	Age (Min 18 Years and Max 17 Years)
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	Tier 2	Age (Min 18 Years and Max 17 Years)
OMNARIS NASAL SPRAY,NON-AEROSOL 50 MCG	Tier 4	PA; QL (12.5 GM per 30 days); Age (Min 18 Years and Max 17 Years)
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	Tier 4	PA; QL (6.8 GM per 30 days); Age (Min 18 Years and Max 17 Years)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	Tier 4	PA; QL (10.6 GM per 30 days); Age (Min 18 Years and Max 17 Years)
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	Tier 4	PA
ZETONNA NASAL HFA AEROSOL INHALER 37 MCG/ACTUATION	Tier 4	PA; QL (6.1 GM per 30 days); Age (Min 18 Years and Max 17 Years)
Antiemesis/Antivertigo		
Antiemetic, Cannabinoid-Type		
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	Tier 3	
MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG	Tier 4	
SYNDROS ORAL SOLUTION 5 MG/ML	Tier 4	
Antiemetic/Antivertigo Agents		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	Tier 4	PA; QL (4 EA per 28 days)
<i>aprepitant oral capsule 125 mg</i>	Tier 3	QL (2 EA per 28 days)
<i>aprepitant oral capsule 40 mg</i>	Tier 3	
<i>aprepitant oral capsule 80 mg</i>	Tier 3	QL (4 EA per 28 days)
<i>aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)</i>	Tier 3	QL (6 EA per 28 days)
BONJESTA ORAL TABLET,IR,DELAYED REL,BIPHASIC 20-20 MG	Tier 4	PA

Drug	Status	Notes
COMPRO RECTAL SUPPOSITORY 25 MG	Tier 3	
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (drlec) 10-10 mg</i>	Tier 3	
EMEND ORAL CAPSULE 80 MG	Tier 4	QL (4 EA per 28 days)
EMEND ORAL CAPSULE, DOSE PACK 125 MG (1)-80 MG (2)	Tier 4	QL (6 EA per 28 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	Tier 4	PA; QL (4 EA per 28 days)
<i>granisetron hcl oral tablet 1 mg</i>	Tier 3	PA
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	Tier 2	QL (150 ML per 30 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	Tier 2	QL (90 EA per 30 days)
<i>ondansetron oral tablet, disintegrating 16 mg</i>	Tier 3	PA
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	Tier 2	QL (90 EA per 30 days)
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	Tier 2	
<i>prochlorperazine rectal suppository 25 mg</i>	Tier 3	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	Tier 2	
<i>promethazine rectal suppository 50 mg</i>	Tier 3	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	Tier 2	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	Tier 3	
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	Tier 4	PA; QL (4 EA per 28 days)
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	Tier 3	
TIGAN INTRAMUSCULAR SOLUTION 100 MG/ML	Tier 4	
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS	Tier 4	
<i>trimethobenzamide oral capsule 300 mg</i>	Tier 3	
VARUBI ORAL TABLET 90 MG	Tier 4	PA; QL (4 EA per 28 days)
Asthma And Copd		
5-Lipoxygenase Inhibitors		
<i>zileuton oral tablet, er multiphase 12 hr 600 mg</i>	Tier 3	PA; QL (120 EA per 30 days)
ZYFLO ORAL TABLET 600 MG	Tier 4	PA; QL (120 EA per 30 days)
Anticholinergic, Orally Inhaled Short Acting		
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	Tier 3	QL (25.8 GM per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	Tier 2	
Anticholinergics, Orally Inhaled Long Acting		
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	Tier 3	QL (30 EA per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	Tier 3	QL (4 GM per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	Tier 4	QL (30 EA per 30 days)
<i>tiotropium bromide inhalation capsule, w/inhalation device 18 mcg</i>	Tier 3	QL (30 EA per 30 days)

Drug	Status	Notes
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION	Tier 4	ST: Trial of TWO of the following is required: Incruse Ellipta (umeclidinium bromide), Spiriva Respimat, or tiotropium bromide (Spiriva) handihaler; QL (1 EA per 30 days)
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	Tier 4	ST: Trial of TWO of the following is required: Incruse Ellipta (umeclidinium bromide), Spiriva Respimat, or tiotropium bromide (Spiriva) handihaler; QL (90 ML per 30 days)
Beta-Adrenergic Agents		
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	Tier 2	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	Tier 3	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	Tier 3	
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	Tier 3	PA
<i>terbutaline subcutaneous solution 1 mg/ml</i>	Tier 3	
Beta-Adrenergic Agents, Inhaled, Short Acting		
<i>albuterol hfa 90 mcg inhaler 90 mcg/actuation</i>	Tier 3	QL (17 GM per 30 days)
<i>albuterol hfa 90 mcg inhaler 90 mcg/actuation</i>	Tier 3	QL (36 GM per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i>	Tier 2	
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/3 ml</i>	Tier 3	QL (288 ML per 30 days)
<i>levalbuterol hcl inhalation solution for nebulization 1.25 mg/0.5 ml</i>	Tier 3	QL (288 EA per 30 days)
<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i>	Tier 2	QL (30 GM per 30 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	Tier 4	PA; QL (2 EA per 30 days)
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	Tier 4	QL (36 GM per 30 days)
XOPENEX HFA INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION	Tier 4	QL (30 GM per 30 days)
Beta-Adrenergic Agents, Inhaled, Ultra-Long Acting		
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	Tier 3	QL (4 GM per 30 days)
Beta-Adrenergic Agents, Orally Inhaled, Long Acting		
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>	Tier 3	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: Serevent Diskus (salmeterol xinafoate) inhalation powder, Striverdi Respimat (olodaterol) inhaler spray.; QL (120 ML per 30 days)
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	Tier 4	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: Serevent Diskus (salmeterol xinafoate) inhalation powder, Striverdi Respimat (olodaterol) inhaler spray.; QL (120 ML per 30 days)

Drug	Status	Notes
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	Tier 3	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: Serevent Diskus (salmeterol xinafoate) inhalation powder, Striverdi Respimat (olodaterol) inhaler spray.; QL (120 ML per 30 days)
PERFORMOMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	Tier 4	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: Serevent Diskus (salmeterol xinafoate) inhalation powder, Striverdi Respimat (olodaterol) inhaler spray.; QL (120 ML per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	Tier 3	QL (60 EA per 30 days)
Beta-Adrenergic And Anticholinergic Combinations		
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	Tier 3	QL (60 EA per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	Tier 4	ST: Trial of ONE of the following is required: Anoro Ellipta or Stiolto Respimat; QL (10.7 GM per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	Tier 3	QL (8 GM per 30 days)
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION	Tier 4	ST: Trial of ONE of the following is required: Anoro Ellipta or Stiolto Respimat; QL (1 EA per 30 days)
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	Tier 2	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	Tier 3	QL (4 GM per 30 days)
Beta-Adrenergic And Glucocorticoid Combinations		
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	Tier 4	QL (60 EA per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	Tier 4	ST: Trial of TWO of the following is required: fluticasone propionate-salmeterol (AirDuo RespiClick), fluticasone furoate-vilanterol (Breo Ellipta), or budesonide-formoterol (Symbicort) or Breyna; QL (12 GM per 30 days)
AIRDUO RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	Tier 4	QL (1 EA per 30 days)
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	Tier 4	PA; QL (21.4 GM per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE	Tier 4	QL (60 EA per 30 days)
BREYNA INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	Tier 3	QL (20.4 GM per 30 days)

Drug	Status	Notes
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	Tier 3	QL (20.4 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	Tier 4	ST: Trial of TWO of the following is required: fluticasone propionate-salmeterol (AirDuo RespiClick), fluticasone furoate-vilanterol (Breo Ellipta), or budesonide-formoterol (Symbicort) or Breyna; QL (13 GM per 30 days)
<i>fluticasone furoate-vilanterol inhalation blister with device 100-25 mcg/dose, 200-25 mcg/dose</i>	Tier 3	QL (60 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i>	Tier 2	QL (1 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	Tier 2	QL (60 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation hfa aerosol inhaler 115-21 mcg/actuation, 230-21 mcg/actuation, 45-21 mcg/actuation</i>	Tier 3	ST: Trial of TWO of the following is required: fluticasone propionate-salmeterol (AirDuo RespiClick), fluticasone furoate-vilanterol (Breo Ellipta), or budesonide-formoterol (Symbicort) or Breyna; QL (12 GM per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	Tier 4	QL (20.4 GM per 30 days)
WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	Tier 2	QL (60 EA per 30 days)
Beta-Adrenergic-Anticholinergic-Glucocort, Inhaled		
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	Tier 4	PA; QL (10.7 GM per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	Tier 3	QL (60 EA per 30 days)
Glucocorticoids, Orally Inhaled		
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION	Tier 4	ST: Trial of ONE of the following is required: Fluticasone HFA, Fluticasone diskus, or Arnuity Ellipta; QL (12.2 GM per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	Tier 1	QL (30 EA per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	Tier 4	ST: Trial of ONE of the following is required: Fluticasone HFA, Fluticasone diskus, or Arnuity Ellipta; QL (13 GM per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ACTUATION (30), 220 MCG/ACTUATION (120), 220 MCG/ACTUATION (30), 220 MCG/ACTUATION (60)	Tier 4	ST: Trial of ONE of the following is required: Fluticasone HFA, Fluticasone diskus, or Arnuity Ellipta; QL (1 EA per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	Tier 2	
<i>fluticasone propionate inhalation blister with device 100 mcg/actuation, 250 mcg/actuation, 50 mcg/actuation</i>	Tier 1	QL (60 EA per 30 days)

Drug	Status	Notes
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation, 220 mcg/actuation</i>	Tier 1	QL (12 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	Tier 1	QL (10.6 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	Tier 4	ST: Trial of ONE of the following is required: Fluticasone HFA, Fluticasone diskus, or Arnuity Ellipta; QL (2 EA per 30 days)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML, 1 MG/2 ML	Tier 4	
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	Tier 4	ST: Trial of ONE of the following is required: Fluticasone HFA, Fluticasone diskus, or Arnuity Ellipta; QL (10.6 GM per 30 days)
Interleukin-4(IL-4) Receptor Alpha Antagonist, Mab		
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	Tier 6	PA; SP; QL (2.28 ML per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	Tier 6	PA; SP; QL (4 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	Tier 6	PA; SP; QL (2.28 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	Tier 6	PA; SP; QL (4 ML per 28 days)
Interleukin-5(IL-5) Receptor Alpha Antagonist, Mab		
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	Tier 7	PA; SP
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	Tier 7	PA; SP
Leukotriene Receptor Antagonists		
ACCOLATE ORAL TABLET 10 MG, 20 MG	Tier 4	
<i>montelukast oral granules in packet 4 mg</i>	Tier 3	
<i>montelukast oral tablet 10 mg</i>	Tier 2	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	Tier 2	
SINGULAIR ORAL GRANULES IN PACKET 4 MG	Tier 4	
SINGULAIR ORAL TABLET 10 MG	Tier 4	
SINGULAIR ORAL TABLET, CHEWABLE 4 MG, 5 MG	Tier 4	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	Tier 3	
Mast Cell Stabilizers		
<i>cromolyn oral concentrate 100 mg/5 ml</i>	Tier 3	
GASTROCROM ORAL CONCENTRATE 100 MG/5 ML	Tier 4	
Mast Cell Stabilizers, Orally Inhaled		
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	Tier 3	
Monoclonal Antibodies To Immunoglobulin E(Ige)		
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	Tier 7	PA; SP
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	Tier 7	PA; SP
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	Tier 7	PA; SP

Drug	Status	Notes
Monoclonal Antibody - Interleukin-5 Antagonists		
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	Tier 7	PA; SP
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML	Tier 7	PA; SP
Phosphodiesterase-4 (Pde4) Inhibitors		
DALIRESP ORAL TABLET 250 MCG, 500 MCG	Tier 4	PA; QL (30 EA per 30 days)
OHTUVAYRE INHALATION SUSPENSION FOR NEBULIZATION 3 MG/2.5 ML	Tier 4	PA; QL (150 ML per 30 days)
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	Tier 3	PA; QL (30 EA per 30 days)
Respiratory Aids, Devices, Equipment		
ACE AEROSOL CLOUD ENHANCER SPACER	Tier 3	
AEROCHAMBER MECHANICAL VENT SPACER	Tier 3	
AEROCHAMBER MINI SPACER	Tier 3	
AEROCHAMBER MV SPACER	Tier 3	
AEROCHAMBER PLUS FLOW-VU SPACER	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	Tier 3	
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER	Tier 3	
AEROCHAMBER2GO SPACER	Tier 3	
AEROTRACH PLUS SPACER	Tier 3	
AEROVENT PLUS SPACER	Tier 3	
BREATHERITE MDI SPACER SPACER	Tier 3	
BREATHERITE SPACER-MASK, NEO. SPACER	Tier 3	
BREATHERITE SPACER-MASK, ADULT SPACER	Tier 3	
BREATHERITE SPACER-MASK, INFANT SPACER	Tier 3	
BREATHERITE SPACER-MASK, S.CHLD SPACER	Tier 3	
BREATHERITE VALVED MDI CHAMBER SPACER	Tier 3	
BREATHERITE VALVED MDI SPACER SPACER	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	
COMFORTSEAL LARGE MASK DEVICE	Tier 3	
COMFORTSEAL MEDIUM MASK DEVICE	Tier 3	
COMFORTSEAL SMALL MASK DEVICE	Tier 3	
COMPACT SPACE CHAMBER SPACER	Tier 3	
COMPACT SPACE CHAMBER-LRG MASK SPACER	Tier 3	
COMPACT SPACE CHAMBER-MED MASK SPACER	Tier 3	
COMPACT SPACE CHAMBER-SM MASK SPACER	Tier 3	
EASIVENT HOLDING CHAMBER SPACER	Tier 3	
EASIVENT MASK LARGE DEVICE	Tier 3	
EASIVENT MASK MEDIUM DEVICE	Tier 3	
EASIVENT MASK SMALL DEVICE	Tier 3	
FLEXICHAMBER SPACER	Tier 3	

Drug	Status	Notes
FLEXICHAMBER-LG CHILD MASK DEVICE	Tier 3	
FLEXICHAMBER-SM ADULT MASK DEVICE	Tier 3	
FLEXICHAMBER-SM CHILD MASK DEVICE	Tier 3	
INSPIRACHAMBER SPACER	Tier 3	
INSPIRACHAMBER WITH MASK-LARGE SPACER	Tier 3	
INSPIRACHAMBER WITH MASK-MED SPACER	Tier 3	
INSPIRACHAMBER WITH MASK-SMALL SPACER	Tier 3	
LITE TOUCH-MEDIUM MASK DEVICE	Tier 3	
LITEAIRE MDI CHAMBER SPACER	Tier 3	
LITETOUCH-LARGE MASK DEVICE	Tier 3	
LITETOUCH-SMALL MASK DEVICE	Tier 3	
MICROCHAMBER SPACER	Tier 3	
MICROSPACER SPACER	Tier 3	
MOUTHPIECE DEVICE	Tier 3	
ONE WAY VALVED MOUTHPIECE DEVICE	Tier 3	
OPTICHAMBER ADULT MASK-LARGE DEVICE	Tier 3	
OPTICHAMBER DIAMOND LG MASK SPACER	Tier 3	
OPTICHAMBER DIAMOND VHC SPACER	Tier 3	
OPTICHAMBER DIAMOND-MED MSK SPACER	Tier 3	
OPTICHAMBER DIAMOND-SML MASK SPACER	Tier 3	
PANDA MASK DEVICE	Tier 3	
PEDIATRIC MEDIUM MASK DEVICE	Tier 3	
PEDIATRIC PANDA MASK DEVICE	Tier 3	
PEDIATRIC SMALL MASK DEVICE	Tier 3	
PFLEX INSPIRATORY TRAINER DEVICE	Tier 3	
POCKET CHAMBER SPACER	Tier 3	
PRIMEAIRE SPACER	Tier 3	
PROCARE SPACER WITH ADULT MASK SPACER	Tier 3	
PROCHAMBER SPACER	Tier 3	
RITEFLO AEROCHAMBER SPACER	Tier 3	
SIDESTREAM PEDIATRIC FACE MASK DEVICE	Tier 3	
SILICONE MASK - INFANT DEVICE	Tier 3	
SILICONE MASK - PEDIATRIC DEVICE	Tier 3	
SPACE CHAMBER SPACER	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	
THRESHOLD IMT TRAINER DEVICE	Tier 3	
THRESHOLD PEP DEVICE DEVICE	Tier 3	
VORTEX ADULT MASK DEVICE	Tier 3	
VORTEX HOLDING CHAMBER SPACER	Tier 3	
VORTEX VHC PEDIATRIC MASK SPACER	Tier 3	
WINDMILL TRAINER DEVICE	Tier 3	
Thymic Stromal Lymphopoietin (Tslp) Inhibitors		
TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML)	Tier 7	PA; SP; QL (1.91 ML per 28 days)
TEZSPIRE SUBCUTANEOUS SYRINGE 210 MG/1.91 ML (110 MG/ML)	Tier 7	PA; SP; QL (1.91 ML per 28 days)

Drug	Status	Notes
Xanthines		
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	Tier 2	
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	Tier 4	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	Tier 3	
<i>theophylline oral elixir 80 mg/15 ml</i>	Tier 2	
<i>theophylline oral solution 80 mg/15 ml</i>	Tier 2	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg</i>	Tier 2	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	Tier 3	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	Tier 2	
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>	Tier 3	QL (30 EA per 30 days)
<i>memantine oral solution 2 mg/ml</i>	Tier 2	
<i>memantine oral tablet 10 mg, 5 mg</i>	Tier 2	
<i>memantine oral tablets,dose pack 5-10 mg</i>	Tier 2	
NAMENDA TITRATION PAK ORAL TABLETS,DOSE PACK 5-10 MG	Tier 4	
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7-14-21-28 MG	Tier 4	
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR 7 MG	Tier 4	QL (30 EA per 30 days)
Alzheimer's Thx,Nmda Recept Antag & Cholines Inhib		
<i>memantine-donepezil oral capsule,sprinkle,er 24hr 14-10 mg, 21-10 mg, 28-10 mg</i>	Tier 3	PA; QL (30 EA per 30 days)
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG	Tier 4	PA; QL (30 EA per 30 days)
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 7-10 MG	Tier 3	PA; QL (30 EA per 30 days)
Cholinesterase Inhibitors		
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/24 HOUR, 5 MG/24 HOUR	Tier 4	PA
ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG	Tier 4	
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i>	Tier 2	
<i>donepezil oral tablet,disintegrating 10 mg, 5 mg</i>	Tier 2	
EXELON PATCH TRANSDERMAL PATCH 24 HOUR 13.3 MG/24 HOUR, 4.6 MG/24 HOUR, 9.5 MG/24 HOUR	Tier 4	
<i>galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	Tier 3	
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	Tier 2	QL (60 EA per 30 days)
MESTINON ORAL SYRUP 60 MG/5 ML	Tier 4	
MESTINON ORAL TABLET 60 MG	Tier 4	

Drug	Status	Notes
MESTINON TIMESPAN ORAL TABLET EXTENDED RELEASE 180 MG	Tier 4	QL (30 EA per 30 days)
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	Tier 3	
<i>pyridostigmine bromide oral tablet 30 mg</i>	Tier 3	QL (90 EA per 30 days)
<i>pyridostigmine bromide oral tablet 60 mg</i>	Tier 2	
<i>pyridostigmine bromide oral tablet extended release 105 mg</i>	Tier 4	PA; QL (30 EA per 30 days)
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	Tier 3	QL (30 EA per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	Tier 2	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i>	Tier 3	
ZUNVEYL ORAL TABLET, DELAYED RELEASE (DR/EC) 10 MG, 15 MG, 5 MG	Tier 4	PA
Behavioral Health - Antidepressants		
Alpha-2 Receptor Antagonist Antidepressants		
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	Tier 2	
<i>mirtazapine oral tablet 7.5 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>mirtazapine oral tablet, disintegrating 15 mg, 45 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>mirtazapine oral tablet, disintegrating 30 mg</i>	Tier 2	QL (60 EA per 30 days)
REMERON ORAL TABLET 15 MG, 30 MG	Tier 4	
REMERON SOLTAB ORAL TABLET, DISINTEGRATING 15 MG, 45 MG	Tier 4	QL (30 EA per 30 days)
REMERON SOLTAB ORAL TABLET, DISINTEGRATING 30 MG	Tier 4	QL (60 EA per 30 days)
Antidepressant - Postpartum Depression (Ppd)		
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	Tier 7	PA; SP; QL (28 EA per 365 days)
ZURZUVAE ORAL CAPSULE 30 MG	Tier 7	PA; SP; QL (14 EA per 365 days)
Maois - Non-Selective & Irreversible		
MARPLAN ORAL TABLET 10 MG	Tier 4	ST: Trial of TWO of the following is required: citalopram, desvenlafaxine succinate ER, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, venlafaxine, or duloxetine
NARDIL ORAL TABLET 15 MG	Tier 4	
PARNATE ORAL TABLET 10 MG	Tier 4	
<i>phenelzine oral tablet 15 mg</i>	Tier 2	
<i>tranylcypromine oral tablet 10 mg</i>	Tier 2	
Monoamine Oxidase(Mao) Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	Tier 4	PA; QL (30 EA per 30 days)
Ndma Receptor Antagonist And Ndri Comb		
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	Tier 4	PA; QL (60 EA per 30 days)
Norepinephrine And Dopamine Reuptake Inhib (Ndris)		
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG	Tier 4	PA; QL (30 EA per 30 days)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	Tier 2	

Drug	Status	Notes
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	Tier 2	QL (90 EA per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 450 mg</i>	Tier 3	ST: Trial of TWO of the following is required: citalopram, desvenlafaxine succinate ER, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, venlafaxine, or duloxetine; QL (30 EA per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	Tier 2	
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	Tier 4	ST: Trial of TWO of the following is required: citalopram, desvenlafaxine succinate ER, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, venlafaxine, or duloxetine; QL (30 EA per 30 days)
WELLBUTRIN SR ORAL TABLET SUSTAINED-RELEASE 12 HR 100 MG, 150 MG, 200 MG	Tier 4	
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	Tier 4	QL (90 EA per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	Tier 4	QL (30 EA per 30 days)
Selective Serotonin Reuptake Inhibitor (Ssris)		
CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG	Tier 4	
<i>citalopram oral capsule 30 mg</i>	Tier 4	PA
<i>citalopram oral solution 10 mg/5 ml</i>	Tier 1	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	Tier 2	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 2	
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>fluoxetine oral capsule, delayed release(dr/ec) 90 mg</i>	Tier 3	PA
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	Tier 2	
<i>fluoxetine oral tablet 60 mg</i>	Tier 3	QL (30 EA per 30 days)
<i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i>	Tier 3	ST: Trial of TWO of the following is required: citalopram, desvenlafaxine succinate ER, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, venlafaxine, or duloxetine; QL (60 EA per 30 days)
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 2	
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 4	
<i>paroxetine hcl oral suspension 10 mg/5 ml</i>	Tier 3	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 2	
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg</i>	Tier 3	QL (60 EA per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 37.5 mg</i>	Tier 3	QL (30 EA per 30 days)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG, 25 MG	Tier 4	QL (60 EA per 30 days)

Drug	Status	Notes
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 37.5 MG	Tier 4	QL (30 EA per 30 days)
PAXIL ORAL SUSPENSION 10 MG/5 ML	Tier 3	
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG	Tier 4	
PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG	Tier 4	
<i>sertraline oral capsule 150 mg, 200 mg</i>	Tier 4	PA
<i>sertraline oral concentrate 20 mg/ml</i>	Tier 1	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
ZOLOFT ORAL CONCENTRATE 20 MG/ML	Tier 4	
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 4	
Serotonin-2 Antagonist/Reuptake Inhibitors (Saris)		
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 3	
RALDESY ORAL SOLUTION 10 MG/ML	Tier 4	PA
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 2	
<i>trazodone oral tablet 300 mg</i>	Tier 2	QL (60 EA per 30 days)
Serotonin-Norepinephrine Reuptake-Inhib (Snris)		
CYMBALTA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 20 MG, 30 MG, 60 MG	Tier 4	
<i>desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg</i>	Tier 3	ST: Trial of TWO of the following is required: citalopram, desvenlafaxine succinate ER, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, venlafaxine, or duloxetine
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	Tier 2	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	Tier 4	PA; QL (30 EA per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	Tier 2	
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	Tier 2	QL (30 EA per 30 days)
EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR 150 MG, 37.5 MG, 75 MG	Tier 4	
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	Tier 4	ST: Trial of TWO of the following is required: citalopram, desvenlafaxine succinate ER, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, venlafaxine, or duloxetine; QL (30 EA per 30 days)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG	Tier 4	ST: Trial of TWO of the following is required: citalopram, desvenlafaxine succinate ER, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, venlafaxine, or duloxetine; QL (28 EA per 28 days)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 20 MG, 40 MG, 80 MG	Tier 4	ST: Trial of TWO of the following is required: citalopram, desvenlafaxine succinate ER, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, venlafaxine, or duloxetine; QL (30 EA per 30 days)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 25 MG, 50 MG	Tier 4	

Drug	Status	Notes
<i>venlafaxine besylate oral tablet extended release 24hr 112.5 mg</i>	Tier 4	PA
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	Tier 2	
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Tier 2	
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>	Tier 3	
Ssri & 5Ht1a Partial Agonist Antidepressant		
VIIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	Tier 4	QL (30 EA per 30 days)
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 3	QL (30 EA per 30 days)
Ssri & Serotonin Receptor Modulator Antidepressant		
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 4	ST: Trial of TWO of the following is required: citalopram, desvenlafaxine succinate ER, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, venlafaxine, or duloxetine; QL (30 EA per 30 days)
Tricyclic Antidepressant/Benzodiazepine Combinations		
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	Tier 3	QL (180 EA per 30 days)
Tricyclic Antidepressant/Phenothiazine Combinations		
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	Tier 3	QL (120 EA per 30 days)
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 2	
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG	Tier 4	
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	Tier 2	
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 2	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 2	
<i>doxepin oral concentrate 10 mg/ml</i>	Tier 2	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 2	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	Tier 3	ST: Trial of TWO of the following is required: citalopram, desvenlafaxine succinate ER, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, venlafaxine, or duloxetine; QL (30 EA per 30 days)
NORPRAMIN ORAL TABLET 10 MG, 25 MG	Tier 4	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	Tier 2	
<i>nortriptyline oral solution 10 mg/5 ml</i>	Tier 2	
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG	Tier 4	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	Tier 3	

Drug	Status	Notes
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 3	ST: Trial of TWO of the following is required: citalopram, desvenlafaxine succinate ER, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, venlafaxine, or duloxetine; QL (90 EA per 30 days)
Behavioral Health - Other		
Adrenergics, Aromatic, Non-Catecholamine		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 5 MG, 7.5 MG	Tier 4	QL (90 EA per 30 days)
ADDERALL ORAL TABLET 30 MG	Tier 4	QL (60 EA per 30 days)
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG	Tier 4	QL (60 EA per 30 days)
ADZENYS XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG	Tier 4	PA; QL (30 EA per 30 days)
<i>amphetamine oral tablet,disinteg er biphas 24h 12.5 mg, 15.7 mg, 18.8 mg, 3.1 mg, 6.3 mg, 9.4 mg</i>	Tier 3	PA; QL (30 EA per 30 days)
<i>amphetamine sulfate oral tablet 10 mg</i>	Tier 3	PA; QL (180 EA per 30 days)
<i>amphetamine sulfate oral tablet 5 mg</i>	Tier 3	PA; QL (90 EA per 30 days)
DESOXYN ORAL TABLET 5 MG	Tier 4	PA; QL (60 EA per 30 days)
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG	Tier 4	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg</i>	Tier 3	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>	Tier 3	
<i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i>	Tier 3	QL (1200 ML per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	Tier 2	QL (90 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 30 mg</i>	Tier 3	PA; QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 2.5 mg, 7.5 mg</i>	Tier 3	PA; 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>	Tier 3	PA; QL (30 EA per 30 days)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	Tier 2	QL (60 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 2	QL (90 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 30 mg</i>	Tier 2	QL (60 EA per 30 days)
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML	Tier 4	QL (240 ML per 30 days)
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG	Tier 4	PA; QL (30 EA per 30 days)
EVEKEO ORAL TABLET 10 MG	Tier 4	PA; QL (180 EA per 30 days)
EVEKEO ORAL TABLET 5 MG	Tier 4	PA; QL (90 EA per 30 days)
<i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>	Tier 3	QL (30 EA per 30 days)
<i>lisdexamfetamine oral tablet,chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	Tier 3	QL (30 EA per 30 days)

Drug	Status	Notes
<i>methamphetamine oral tablet 5 mg</i>	Tier 3	PA; QL (60 EA per 30 days)
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG	Tier 4	PA; QL (30 EA per 30 days)
PROCENTRA ORAL SOLUTION 5 MG/5 ML	Tier 3	QL (1200 ML per 30 days)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	Tier 4	QL (30 EA per 30 days)
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	Tier 4	QL (30 EA per 30 days)
XELSTRYM TRANSDERMAL PATCH 24 HOUR 13.5 MG/9 HOUR, 18 MG/9 HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR	Tier 4	PA; QL (30 EA per 30 days)
ZENZEDI ORAL TABLET 10 MG, 5 MG	Tier 3	QL (90 EA per 30 days)
ZENZEDI ORAL TABLET 15 MG, 20 MG, 30 MG	Tier 4	PA; QL (60 EA per 30 days)
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG	Tier 4	PA; QL (90 EA per 30 days)
Anti-Alcoholic Preparations		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	Tier 2	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	Tier 2	QL (30 EA per 30 days)
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG	Tier 6	SP
Anti-Anxiety - Benzodiazepines		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	Tier 3	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 2	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>alprazolam oral tablet extended release 24 hr 2 mg, 3 mg</i>	Tier 2	QL (60 EA per 30 days)
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 3	QL (90 EA per 30 days)
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG	Tier 4	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	Tier 2	
<i>clorazepate dipotassium oral tablet 15 mg</i>	Tier 2	QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg, 7.5 mg</i>	Tier 2	QL (90 EA per 30 days)
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	Tier 2	QL (1200 ML per 30 days)
<i>diazepam oral concentrate 5 mg/ml</i>	Tier 2	QL (1200 ML per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	Tier 2	QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	Tier 2	
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	Tier 2	
<i>lorazepam oral concentrate 2 mg/ml</i>	Tier 2	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2	
LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 1 MG, 1.5 MG, 2 MG, 3 MG	Tier 4	PA
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	Tier 3	QL (120 EA per 30 days)
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG	Tier 4	
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	Tier 4	

Drug	Status	Notes
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR 0.5 MG, 1 MG	Tier 4	QL (30 EA per 30 days)
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR 2 MG, 3 MG	Tier 4	QL (60 EA per 30 days)
Anti-Anxiety Drugs		
BUCAPSOL ORAL CAPSULE 10 MG, 15 MG, 7.5 MG	Tier 4	PA
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg</i>	Tier 2	
<i>buspirone oral tablet 7.5 mg</i>	Tier 2	QL (90 EA per 30 days)
<i>meprobamate oral tablet 200 mg, 400 mg</i>	Tier 3	PA
Anti-Mania Drugs		
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	Tier 4	PA
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	Tier 2	
<i>lithium carbonate oral tablet 300 mg</i>	Tier 2	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	Tier 2	
<i>lithium citrate oral solution 8 meq/5 ml</i>	Tier 2	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG	Tier 4	
Anti-Narcolepsy & Anti-Cataplexy, Sedative-Type Agt		
LUMRYZ ORAL EXTEND RELEASE GRANULES, PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM	Tier 7	PA; SP; QL (30 EA per 30 days)
LUMRYZ STARTER PACK ORAL GRANULES ER PACKET, DOSE PACK 4.5-6-7.5 GRAM	Tier 7	PA; SP; QL (28 EA per 365 days)
<i>sodium oxybate oral solution 500 mg/ml</i>	Tier 6	PA; SP; QL (540 ML per 30 days)
XYREM ORAL SOLUTION 500 MG/ML	Tier 7	PA; SP; QL (540 ML per 30 days)
XYWAV ORAL SOLUTION 0.5 GRAM/ML	Tier 7	PA; SP; QL (540 ML per 30 days)
Antipsych, Dopamine Antag., Diphenylbutylpiperidines		
<i>pimozide oral tablet 1 mg, 2 mg</i>	Tier 3	
Antipsychotic-Atypical, D3/D2 Partial Ag-5Ht Mixed		
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	Tier 3	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: aripiprazole oral tablet, olanzapine oral tablet, quetiapine fumarate oral tablet, risperidone oral tablet.; QL (30 EA per 30 days)
Antipsychotics, Atyp, D2 Partial Agonist/5Ht Mixed		
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	Tier 4	
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 3	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	Tier 2	
<i>aripiprazole oral tablet, disintegrating 10 mg, 15 mg</i>	Tier 3	PA; QL (60 EA per 30 days)
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG	Tier 4	PA; QL (60 EA per 30 days)

Drug	Status	Notes
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 3	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: aripiprazole oral tablet, olanzapine oral tablet, quetiapine fumarate oral tablet, risperidone oral tablet.; QL (30 EA per 30 days)
Antipsychotics, Dopamine & Serotonin Antagonists		
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 2	
Antipsychotics, Atypical, Dopamine, & Serotonin Antag		
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 3	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: aripiprazole oral tablet, olanzapine oral tablet, quetiapine fumarate oral tablet, risperidone oral tablet.; QL (60 EA per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	Tier 4	ST: Trial of the following is required: aripiprazole, olanzapine, quetiapine, or risperidone AND then ONE of the following: paliperidone ER, asenapine SL, Invega, Rexulti, Saphris SL, Vraylar; QL (30 EA per 30 days)
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 2	QL (90 EA per 30 days)
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 25 mg</i>	Tier 2	QL (90 EA per 30 days)
<i>clozapine oral tablet, disintegrating 150 mg, 200 mg</i>	Tier 3	QL (90 EA per 30 days)
CLOZARIL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	Tier 4	QL (90 EA per 30 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 4	ST: Trial of the following is required: aripiprazole, olanzapine, quetiapine, or risperidone AND then ONE of the following: paliperidone ER, asenapine SL, Invega, Rexulti, Saphris SL, Vraylar; QL (60 EA per 30 days)
FANAPT TITRATION PACK A ORAL TABLETS, DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2)	Tier 4	ST: Trial of the following is required: aripiprazole, olanzapine, quetiapine, or risperidone AND then ONE of the following: paliperidone ER, asenapine SL, Invega, Rexulti, Saphris SL, Vraylar; QL (8 EA per 180 days)
FANAPT TITRATION PACK B ORAL TABLETS, DOSE PACK 1 MG(6)-2MG(2)-6 MG(2)-8 MG(2)	Tier 4	ST: Trial of the following is required: aripiprazole, olanzapine, quetiapine, or risperidone AND then ONE of the following: paliperidone ER, asenapine SL, Invega, Rexulti, Saphris SL, Vraylar
FANAPT TITRATION PACK C ORAL TABLETS, DOSE PACK 1 MG(4)-2 MG(2) -6 MG (2)	Tier 4	ST: Trial of the following is required: aripiprazole, olanzapine, quetiapine, or risperidone AND then ONE of the following: paliperidone ER, asenapine SL, Invega, Rexulti, Saphris SL, Vraylar

Drug	Status	Notes
GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.)	Tier 4	
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG	Tier 4	
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 9 MG	Tier 4	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: aripiprazole oral tablet, olanzapine oral tablet, quetiapine fumarate oral tablet, risperidone oral tablet.; QL (30 EA per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	Tier 4	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: aripiprazole oral tablet, olanzapine oral tablet, quetiapine fumarate oral tablet, risperidone oral tablet.; QL (60 EA per 30 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	Tier 4	QL (30 EA per 30 days)
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 2	QL (30 EA per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	Tier 4	PA; QL (30 EA per 30 days)
<i>olanzapine intramuscular recon soln 10 mg</i>	Tier 3	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 2	
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	Tier 2	
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	Tier 3	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: aripiprazole oral tablet, olanzapine oral tablet, quetiapine fumarate oral tablet, risperidone oral tablet.; QL (30 EA per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	Tier 3	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: aripiprazole oral tablet, olanzapine oral tablet, quetiapine fumarate oral tablet, risperidone oral tablet.; QL (60 EA per 30 days)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	Tier 2	
<i>quetiapine oral tablet 150 mg</i>	Tier 3	
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	Tier 2	QL (60 EA per 30 days)
RISPERDAL ORAL SOLUTION 1 MG/ML	Tier 4	QL (240 ML per 30 days)
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 4	
<i>risperidone oral solution 1 mg/ml</i>	Tier 2	QL (240 ML per 30 days)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 2	

Drug	Status	Notes
<i>risperidone oral tablet, disintegrating 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 2	
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 4	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: aripiprazole oral tablet, olanzapine oral tablet, quetiapine fumarate oral tablet, risperidone oral tablet.; QL (60 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	Tier 4	ST: Trial of the following is required: aripiprazole, olanzapine, quetiapine, or risperidone AND then ONE of the following: paliperidone ER, asenapine SL, Invega, Rexulti, Saphris SL, Vraylar; QL (30 EA per 30 days)
SEROQUEL ORAL TABLET 100 MG, 200 MG, 250 MG, 300 MG, 400 MG, 50 MG	Tier 4	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG	Tier 4	QL (30 EA per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 400 MG, 500 MG	Tier 4	QL (60 EA per 30 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	Tier 4	
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 2	
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i>	Tier 3	
ZYPREXA ORAL TABLET 2.5 MG, 20 MG, 50 MG	Tier 4	
Antipsychotics, Dopamine Antagonists, Thioxanthenes		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 3	
Antipsychotics, Dopamine Antagonists, Butyrophenones		
<i>haloperidol lactate injection solution 5 mg/ml</i>	Tier 3	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	Tier 3	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	Tier 2	
Antipsychotics, Dopamine Antagonists, Dihydroindolones		
<i>molindone oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 3	PA
Anti-Psychotics, Phenothiazines		
<i>chlorpromazine injection solution 25 mg/ml</i>	Tier 3	
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	Tier 3	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 3	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	Tier 3	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	Tier 3	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 3	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	Tier 2	
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 2	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 2	

Drug	Status	Notes
Barbiturates		
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	Tier 2	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	Tier 2	
Hsdd Agents-Mixed Serotonin Agonist/Antagonists		
ADDYI ORAL TABLET 100 MG	Tier 4	PA; QL (30 EA per 30 days)
VYLEESI SUBCUTANEOUS AUTO-INJECTOR 1.75 MG/0.3 ML	Tier 7	PA; SP; QL (1.8 ML per 30 days)
Hypnotics, Melatonin Mt1/Mt2 Receptor Agonists		
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	Tier 7	PA; SP; QL (150 ML per 30 days)
HETLIOZ ORAL CAPSULE 20 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
<i>ramelteon oral tablet 8 mg</i>	Tier 3	QL (30 EA per 30 days)
ROZEREM ORAL TABLET 8 MG	Tier 4	QL (30 EA per 30 days)
<i>tasimelteon oral capsule 20 mg</i>	Tier 6	PA; SP; QL (30 EA per 30 days)
Narcolepsy And Sleep Disorder Therapy Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>modafinil oral tablet 100 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>modafinil oral tablet 200 mg</i>	Tier 2	QL (60 EA per 30 days)
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG, 50 MG	Tier 4	QL (30 EA per 30 days)
PROVIGIL ORAL TABLET 100 MG	Tier 4	QL (30 EA per 30 days)
PROVIGIL ORAL TABLET 200 MG	Tier 4	QL (60 EA per 30 days)
SUNOSI ORAL TABLET 150 MG, 75 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
Narcolepsy Tx-H3-Recept.Antagonist/Inverse Agonist		
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	Tier 7	PA; SP; QL (60 EA per 30 days)
Narcotic Antagonists		
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	Tier 4	
<i>naloxone injection solution 0.4 mg/ml</i>	Tier 2	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	Tier 3	
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i>	Tier 3	
<i>naltrexone oral tablet 50 mg</i>	Tier 2	
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	Tier 4	
OPVEE NASAL SPRAY, NON-AEROSOL 2.7 MG/ACTUATION	Tier 4	
REXTOVY NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	Tier 4	
RIVIVE NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	Tier 4	
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML	Tier 4	
Sedative-Hypnotics - Benzodiazepines		
DORAL ORAL TABLET 15 MG	Tier 4	PA; QL (30 EA per 30 days)
<i>estazolam oral tablet 1 mg, 2 mg</i>	Tier 2	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	Tier 2	
HALCION ORAL TABLET 0.25 MG	Tier 4	
<i>midazolam oral syrup 2 mg/ml</i>	Tier 2	
<i>quazepam oral tablet 15 mg</i>	Tier 3	PA; QL (30 EA per 30 days)

Drug	Status	Notes
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG	Tier 4	
<i>temazepam oral capsule 15 mg, 30 mg</i>	Tier 2	
<i>temazepam oral capsule 22.5 mg, 7.5 mg</i>	Tier 3	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	Tier 3	
Sedative-Hypnotics,Non-Barbiturate		
AMBIEN CR ORAL TABLET,EXT RELEASE MULTIPHASE 12.5 MG, 6.25 MG	Tier 4	QL (30 EA per 30 days)
AMBIEN ORAL TABLET 10 MG, 5 MG	Tier 4	
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	Tier 4	PA; QL (30 EA per 30 days)
DAYVIGO ORAL TABLET 10 MG, 5 MG	Tier 4	ST: Trial of TWO of the following is required: estazolam, eszopiclone, ramelteon, temazepam, zaleplon, or zolpidem tartrate; QL (30 EA per 30 days)
<i>doxepin oral tablet 3 mg, 6 mg</i>	Tier 3	ST: Trial of TWO of the following is required: estazolam, eszopiclone, ramelteon, temazepam, zaleplon, or zolpidem tartrate; QL (30 EA per 30 days)
EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG	Tier 4	ST: Trial of TWO of the following is required: estazolam, eszopiclone, ramelteon, temazepam, zaleplon, or zolpidem tartrate; QL (30 EA per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	Tier 2	
IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG	Tier 4	PA
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG	Tier 4	
QUVIVIQ ORAL TABLET 25 MG, 50 MG	Tier 4	PA; QL (30 EA per 30 days)
SILENOR ORAL TABLET 3 MG, 6 MG	Tier 4	ST: Trial of TWO of the following is required: estazolam, eszopiclone, ramelteon, temazepam, zaleplon, or zolpidem tartrate; QL (30 EA per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	Tier 2	
<i>zolpidem oral capsule 7.5 mg</i>	Tier 3	ST: Trial of TWO of the following is required: estazolam, eszopiclone, ramelteon, temazepam, zaleplon, or zolpidem tartrate; QL (30 EA per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i>	Tier 2	
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i>	Tier 3	QL (30 EA per 30 days)
<i>zolpidem sublingual tablet 1.75 mg, 3.5 mg</i>	Tier 3	ST: Trial of TWO of the following is required: estazolam, eszopiclone, ramelteon, temazepam, zaleplon, or zolpidem tartrate; QL (30 EA per 30 days)
Selective Serotonin 5-Ht2a Inverse Agonists (Ssia)		
NUPLAZID ORAL CAPSULE 34 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
Ssri &Antipsych,Atyp,Dopamine&Serotonin Antag Comb		
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	Tier 3	PA; QL (30 EA per 30 days)

Drug	Status	Notes
Tx For Adhd - Selective Alpha-2A Receptor Agonist		
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	Tier 3	QL (120 EA per 30 days)
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 2	QL (30 EA per 30 days)
INTUNIV ER ORAL TABLET EXTENDED RELEASE 24 HR 1 MG, 2 MG, 3 MG, 4 MG	Tier 4	QL (30 EA per 30 days)
ONYDA XR ORAL SUSPENSION,EXTEND RELEASE 24HR 0.1 MG/ML	Tier 4	PA
Tx For Attention Deficit-Hyperact(Adhd)/Narcolepsy		
APTENSIO XR ORAL CAP,ER SPRINKLE,BIPHASIC 40-60 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	Tier 4	PA; QL (30 EA per 30 days)
AZSTARYS ORAL CAPSULE 26.1 MG- 5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG- 10.4 MG	Tier 4	PA; QL (30 EA per 30 days)
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 54 MG	Tier 4	QL (30 EA per 30 days)
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 36 MG	Tier 4	QL (60 EA per 30 days)
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 17.3 MG, 25.9 MG, 8.6 MG	Tier 4	PA; QL (30 EA per 30 days)
DAYTRANA TRANSDERMAL PATCH 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR	Tier 4	PA; QL (30 EA per 30 days)
<i>dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 20 mg, 5 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>dexmethylphenidate oral capsule,er biphasic 50-50 15 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	Tier 3	QL (30 EA per 30 days)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 2	QL (60 EA per 30 days)
FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 4	QL (60 EA per 30 days)
FOCALIN XR ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG	Tier 4	QL (30 EA per 30 days)
JORNAY PM ORAL CAPSULE,DEL REL,EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG	Tier 4	PA; QL (30 EA per 30 days)
METADATE CD ORAL CAPSULE, ER BIPHASIC 30-70 10 MG, 20 MG, 30 MG	Tier 4	QL (60 EA per 30 days)
METADATE CD ORAL CAPSULE, ER BIPHASIC 30-70 40 MG, 50 MG, 60 MG	Tier 4	QL (30 EA per 30 days)
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG	Tier 2	QL (90 EA per 30 days)
METHYLIN ORAL SOLUTION 10 MG/5 ML	Tier 4	QL (900 ML per 30 days)
METHYLIN ORAL SOLUTION 5 MG/5 ML	Tier 4	QL (1800 ML per 30 days)
<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	Tier 3	PA; QL (30 EA per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg</i>	Tier 2	QL (60 EA per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 40 mg, 60 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 50 mg</i>	Tier 3	QL (30 EA per 30 days)

Drug	Status	Notes
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 60 mg</i>	Tier 3	QL (30 EA per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 20 mg, 30 mg</i>	Tier 2	QL (60 EA per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 40 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5 ml</i>	Tier 2	QL (900 ML per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5 ml</i>	Tier 2	QL (1800 ML per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 2	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	Tier 2	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i>	Tier 2	QL (60 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 45 mg, 63 mg, 72 mg</i>	Tier 3	PA; QL (30 EA per 30 days)
<i>methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg</i>	Tier 3	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>	Tier 3	PA; QL (30 EA per 30 days)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 40 MG	Tier 4	PA; QL (30 EA per 30 days)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 30 MG	Tier 4	PA; QL (60 EA per 30 days)
QUILLIVANT XR ORAL SUSPENSION,EXT REL 24HR,RECON 5 MG/ML (25 MG/5 ML)	Tier 4	PA; QL (360 ML per 30 days)
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 45 MG, 54 MG, 63 MG, 72 MG	Tier 4	PA; QL (30 EA per 30 days)
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 36 MG	Tier 4	PA; QL (60 EA per 30 days)
RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 40 MG	Tier 4	QL (30 EA per 30 days)
RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50 20 MG, 30 MG	Tier 4	QL (60 EA per 30 days)
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 4	QL (90 EA per 30 days)
Tx For Attention Deficit-Hyperact.(Adhd), Nri-Type		
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	Tier 3	QL (60 EA per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	Tier 3	QL (30 EA per 30 days)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG	Tier 4	PA
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG	Tier 4	QL (60 EA per 30 days)
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG	Tier 4	QL (30 EA per 30 days)
Cardiovascular Disease - Arrhythmia		
Antiarrhythmics		
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	Tier 2	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	Tier 3	

Drug	Status	Notes
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	Tier 3	QL (60 EA per 30 days)
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 2	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	Tier 2	
MULTAQ ORAL TABLET 400 MG	Tier 4	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG	Tier 4	
NORPACE ORAL CAPSULE 100 MG, 150 MG	Tier 4	
PACERONE ORAL TABLET 100 MG, 400 MG	Tier 4	
PACERONE ORAL TABLET 200 MG	Tier 2	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	Tier 3	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	Tier 2	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	Tier 3	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	Tier 3	
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG	Tier 4	QL (60 EA per 30 days)
Cardiovascular Disease - Cardiac Stimulant		
Digitalis Glycosides		
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	Tier 3	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	Tier 2	
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i>	Tier 3	PA
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	Tier 4	
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG)	Tier 4	PA
Cardiovascular Disease - Hypertension		
Ace Inhibitor/Calcium Channel Blocker Combination		
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	Tier 2	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	Tier 4	
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG	Tier 4	ST: Trial of TWO of the following is required: bisoprolol-HCTZ, irbesartan, irbesartan-HCTZ, losartan potassium, losartan-HCTZ, olmesartan-HCTZ, valsartan, or valsartan-HCTZ; QL (30 EA per 30 days)
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	Tier 3	ST: Trial of TWO of the following is required: bisoprolol-HCTZ, irbesartan, irbesartan-HCTZ, losartan potassium, losartan-HCTZ, olmesartan-HCTZ, valsartan, or valsartan-HCTZ
Ace Inhibitor/Thiazide & Thiazide-Like Diuretic		
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	Tier 4	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	Tier 2	

Drug	Status	Notes
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	Tier 3	ST: Trial of TWO of the following is required: bisoprolol-HCTZ, irbesartan, irbesartan-HCTZ, losartan potassium, losartan-HCTZ, olmesartan-HCTZ, valsartan, or valsartan-HCTZ
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	Tier 2	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg</i>	Tier 3	
<i>fosinopril-hydrochlorothiazide oral tablet 20-12.5 mg</i>	Tier 2	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 1	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	Tier 4	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 2	
VASERETIC ORAL TABLET 10-25 MG	Tier 4	
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	Tier 4	
Alpha/Beta-Adrenergic Blocking Agents		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	Tier 1	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i>	Tier 3	ST: Trial of TWO of the following is required: bisoprolol fumarate, carvedilol, metoprolol succinate ER, or nebivolol.; QL (30 EA per 30 days)
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG, 20 MG, 40 MG, 80 MG	Tier 4	ST: Trial of TWO of the following is required: bisoprolol fumarate, carvedilol, metoprolol succinate ER, or nebivolol.; QL (30 EA per 30 days)
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG	Tier 4	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	Tier 2	
<i>labetalol oral tablet 400 mg</i>	Tier 3	PA
Alpha-Adrenergic Blocking Agents		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG	Tier 4	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	Tier 4	
DIBENZYLINE ORAL CAPSULE 10 MG	Tier 4	PA
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	Tier 2	
<i>phenoxybenzamine oral capsule 10 mg</i>	Tier 3	PA
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	Tier 2	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 2	
TEZRULY ORAL SOLUTION 1 MG/ML	Tier 4	
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>	Tier 3	ST: Trial of TWO of the following is required: bisoprolol-HCTZ, irbesartan, irbesartan-HCTZ, losartan potassium, losartan-HCTZ, olmesartan-HCTZ, valsartan, or valsartan-HCTZ

Drug	Status	Notes
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG	Tier 4	ST: Trial of TWO of the following is required: bisoprolol-HCTZ, irbesartan, irbesartan-HCTZ, losartan potassium, losartan-HCTZ, olmesartan-HCTZ, valsartan, or valsartan-HCTZ
<i>olmesartan-amlodipin-hcthiacid 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>	Tier 3	ST: Trial of TWO of the following is required: bisoprolol-HCTZ, irbesartan, irbesartan-HCTZ, losartan potassium, losartan-HCTZ, olmesartan-HCTZ, valsartan, or valsartan-HCTZ
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG	Tier 4	ST: Trial of TWO of the following is required: bisoprolol-HCTZ, irbesartan, irbesartan-HCTZ, losartan potassium, losartan-HCTZ, olmesartan-HCTZ, valsartan, or valsartan-HCTZ
Angiotensin Receptor Antag./Thiazide Diuretic Comb		
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG	Tier 4	ST: Trial of TWO of the following is required: bisoprolol-HCTZ, irbesartan, irbesartan-HCTZ, losartan potassium, losartan-HCTZ, olmesartan-HCTZ, valsartan, or valsartan-HCTZ
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	Tier 4	
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG	Tier 4	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	Tier 3	ST: Trial of TWO of the following is required: bisoprolol-HCTZ, irbesartan, irbesartan-HCTZ, losartan potassium, losartan-HCTZ, olmesartan-HCTZ, valsartan, or valsartan-HCTZ
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG	Tier 4	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	Tier 4	ST: Trial of TWO of the following is required: bisoprolol-HCTZ, irbesartan, irbesartan-HCTZ, losartan potassium, losartan-HCTZ, olmesartan-HCTZ, valsartan, or valsartan-HCTZ
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG	Tier 4	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	Tier 2	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	Tier 1	
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG	Tier 4	ST: Trial of TWO of the following is required: bisoprolol-HCTZ, irbesartan, irbesartan-HCTZ, losartan potassium, losartan-HCTZ, olmesartan-HCTZ, valsartan, or valsartan-HCTZ
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	Tier 2	

Drug	Status	Notes
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	Tier 3	ST: Trial of TWO of the following is required: bisoprolol-HCTZ, irbesartan, irbesartan-HCTZ, losartan potassium, losartan-HCTZ, olmesartan-HCTZ, valsartan, or valsartan-HCTZ
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	Tier 2	
Angiotensin Receptor Antgnst & Calc.Channel Blockr		
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	Tier 3	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	Tier 3	
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG	Tier 4	
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG	Tier 4	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	Tier 3	ST: Trial of TWO of the following is required: bisoprolol-HCTZ, irbesartan, irbesartan-HCTZ, losartan potassium, losartan-HCTZ, olmesartan-HCTZ, valsartan, or valsartan-HCTZ
Antihypertensives, Ace Inhibitors		
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	Tier 4	
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG	Tier 4	
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	Tier 2	
<i>enalapril maleate oral solution 1 mg/ml</i>	Tier 3	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 2	
EPANED ORAL SOLUTION 1 MG/ML	Tier 4	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 2	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	Tier 1	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	Tier 4	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	Tier 2	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	Tier 2	
QBRELIS ORAL SOLUTION 1 MG/ML	Tier 4	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 2	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 2	
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	Tier 4	
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG	Tier 4	
Antihypertensives, Angiotensin Receptor Antagonist		
ARBLI ORAL SUSPENSION 10 MG/ML	Tier 4	

Drug	Status	Notes
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	Tier 4	ST: Trial of TWO of the following is required: bisoprolol-HCTZ, irbesartan, irbesartan-HCTZ, losartan potassium, losartan-HCTZ, olmesartan-HCTZ, valsartan, or valsartan-HCTZ
AVAPRO ORAL TABLET 150 MG, 300 MG, 75 MG	Tier 4	
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG	Tier 4	
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Tier 3	ST: Trial of TWO of the following is required: bisoprolol-HCTZ, irbesartan, irbesartan-HCTZ, losartan potassium, losartan-HCTZ, olmesartan-HCTZ, valsartan, or valsartan-HCTZ
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 4	
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG	Tier 4	
EDARBI ORAL TABLET 40 MG, 80 MG	Tier 4	ST: Trial of TWO of the following is required: bisoprolol-HCTZ, irbesartan, irbesartan-HCTZ, losartan potassium, losartan-HCTZ, olmesartan-HCTZ, valsartan, or valsartan-HCTZ
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	Tier 2	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG	Tier 4	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	Tier 2	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 2	
<i>valsartan oral solution 4 mg/ml</i>	Tier 3	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	Tier 2	
Antihypertensives, Ganglionic Blockers		
VECAMYL ORAL TABLET 2.5 MG	Tier 6	PA; SP; QL (300 EA per 30 days)
Antihypertensives, Miscellaneous		
DEMSEER ORAL CAPSULE 250 MG	Tier 7	PA; SP
<i>metyrosine oral capsule 250 mg</i>	Tier 6	PA; SP
Antihypertensives, Sympatholytic		
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24 HR	Tier 4	QL (4 EA per 28 days)
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24 HR	Tier 4	QL (4 EA per 28 days)
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24 HR	Tier 4	QL (4 EA per 28 days)
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	Tier 2	
<i>clonidine hcl oral tablet extended release 24 hr 0.17 mg</i>	Tier 3	PA
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	Tier 3	QL (4 EA per 28 days)
<i>guanfacine oral tablet 1 mg, 2 mg</i>	Tier 2	
<i>methyl dopa oral tablet 250 mg, 500 mg</i>	Tier 2	
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HR 0.17 MG	Tier 4	PA
Antihypertensives, Vasodilators		
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 2	

Drug	Status	Notes
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	Tier 2	
Antihypertensives, Endothelin Receptor Antagonists		
TRYVIO ORAL TABLET 12.5 MG	Tier 4	PA; QL (30 EA per 30 days)
VANRAFIA ORAL TABLET 0.75 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
Beta-Adrenergic Blocking Agents		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	Tier 3	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG	Tier 4	
BETAPACE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	Tier 4	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	Tier 3	
<i>bisoprolol fumarate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 2	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	Tier 4	QL (30 EA per 30 days)
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	Tier 4	
INDERAL LA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 160 MG, 60 MG, 80 MG	Tier 4	
INDERAL XL ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG, 80 MG	Tier 4	PA
INNOPRAN XL ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG, 80 MG	Tier 4	PA
KAPSPARGO SPRINKLE ORAL CAPSULE, SPRINKLE, ER 24HR 100 MG, 200 MG, 25 MG, 50 MG	Tier 4	ST: Trial of TWO of the following is required: bisoprolol-HCTZ, irbesartan, irbesartan-HCTZ, losartan potassium, losartan-HCTZ, olmesartan-HCTZ, valsartan, or valsartan-HCTZ; QL (30 EA per 30 days)
LOPRESSOR ORAL SOLUTION 10 MG/ML	Tier 4	
LOPRESSOR ORAL TABLET 100 MG, 50 MG	Tier 4	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	Tier 3	
<i>nadolol oral tablet 20 mg</i>	Tier 2	
<i>nadolol oral tablet 40 mg, 80 mg</i>	Tier 3	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>pindolol oral tablet 10 mg, 5 mg</i>	Tier 3	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	Tier 2	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	Tier 2	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 2	
SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG	Tier 3	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	Tier 3	
SOTYLIZE ORAL SOLUTION 5 MG/ML	Tier 4	
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 4	
<i>timolol maleate oral tablet 10 mg, 5 mg</i>	Tier 3	QL (60 EA per 30 days)
<i>timolol maleate oral tablet 20 mg</i>	Tier 3	QL (90 EA per 30 days)

Drug	Status	Notes
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 200 MG, 25 MG, 50 MG	Tier 4	
Beta-Adrenergic Blocking Agents/Thiazide & Related		
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	Tier 2	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	Tier 3	PA
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	Tier 2	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	Tier 2	
TENORETIC 100 ORAL TABLET 100-25 MG	Tier 4	
TENORETIC 50 ORAL TABLET 50-25 MG	Tier 4	
Calcium Channel Blocking Agents		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	Tier 4	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Tier 4	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	Tier 4	
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG	Tier 2	
CONJUPRI ORAL TABLET 2.5 MG, 5 MG	Tier 4	PA
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	Tier 2	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	Tier 3	
<i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	Tier 2	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	Tier 2	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	Tier 2	
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	Tier 3	
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG	Tier 2	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	Tier 2	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	Tier 3	
KATERZIA ORAL SUSPENSION 1 MG/ML	Tier 4	
<i>levamlodipine oral tablet 2.5 mg, 5 mg</i>	Tier 3	PA
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Tier 3	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	Tier 3	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	Tier 3	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	Tier 2	

Drug	Status	Notes
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	Tier 2	
<i>nimodipine oral capsule 30 mg</i>	Tier 3	
<i>nimodipine oral solution 60 mg/20 ml</i>	Tier 3	
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	Tier 3	PA; QL (30 EA per 30 days)
NORLIQVA ORAL SOLUTION 1 MG/ML	Tier 4	
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 4	
NYMALIZE ORAL SOLUTION 60 MG/10 ML	Tier 4	
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML	Tier 4	
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG, 60 MG, 90 MG	Tier 4	
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	Tier 4	PA; QL (30 EA per 30 days)
TIADYL ER ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Tier 2	
TIAZAC ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Tier 4	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	Tier 3	PA
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	Tier 2	
<i>verapamil oral capsule,ext rel. pellets 24 hr 360 mg</i>	Tier 3	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	Tier 2	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	Tier 2	
Loop Diuretics		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2	
EDECRIN ORAL TABLET 25 MG	Tier 4	
<i>ethacrynic acid oral tablet 25 mg</i>	Tier 3	
FUROSCIX SUBCUTANEOUS KIT 80 MG/10 ML	Tier 4	PA
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	Tier 2	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG	Tier 4	
SOAAZ ORAL TABLET 40 MG	Tier 4	
<i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	Tier 2	
Potassium Sparing Diuretics		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 4	
<i>amiloride oral tablet 5 mg</i>	Tier 2	
CAROSPIR ORAL SUSPENSION 25 MG/5 ML	Tier 4	
DYRENIUM ORAL CAPSULE 100 MG, 50 MG	Tier 4	PA
<i>eplerenone oral tablet 25 mg, 50 mg</i>	Tier 3	QL (60 EA per 30 days)
INSPRA ORAL TABLET 25 MG, 50 MG	Tier 4	QL (60 EA per 30 days)
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG	Tier 4	PA; QL (30 EA per 30 days)
<i>spironolactone oral suspension 25 mg/5 ml</i>	Tier 3	

Drug	Status	Notes
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>triamterene oral capsule 100 mg, 50 mg</i>	Tier 3	PA
Potassium Sparing Diuretics In Combination		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	Tier 2	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	Tier 2	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	Tier 2	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	Tier 2	
Pulm Anti-Htn,Soluble Guanylate Cyclase Stimulator		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	Tier 7	PA; SP; QL (90 EA per 30 days)
Pulm.Anti-Htn,Sel.C-Gmp Phosphodiesterase T5 Inhib		
ADCIRCA ORAL TABLET 20 MG	Tier 4	PA; QL (60 EA per 30 days)
ALYQ ORAL TABLET 20 MG	Tier 3	PA; QL (60 EA per 30 days)
LIQREV ORAL SUSPENSION 10 MG/ML	Tier 3	PA
REVATIO ORAL TABLET 20 MG	Tier 3	PA; QL (90 EA per 30 days)
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i>	Tier 3	PA; QL (60 ML per 30 days)
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	Tier 2	PA; QL (90 EA per 30 days)
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	Tier 3	PA; QL (6 EA per 30 days)
TADLIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	Tier 4	PA
Pulmonary Anti-Htn, Endothelin Receptor Antagonist		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	Tier 6	PA; SP
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	Tier 6	PA; SP
<i>bosentan oral tablet for suspension 32 mg</i>	Tier 6	PA; SP
LETAIRIS ORAL TABLET 10 MG, 5 MG	Tier 7	PA; SP
OPSUMIT ORAL TABLET 10 MG	Tier 6	PA; SP
TRACLEER ORAL TABLET 125 MG, 62.5 MG	Tier 7	PA; SP
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	Tier 6	PA; SP
Pulmonary Antihyper Agent, Actriia-Fc		
WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2)	Tier 7	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 6	PA; SP; QL (168 EA per 365 days)
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210)	Tier 6	PA; SP; QL (336 EA per 365 days)
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)-1MG	Tier 6	PA; SP; QL (252 EA per 365 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	Tier 6	PA; SP; QL (90 EA per 30 days)

Drug	Status	Notes
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 32 MCG, 48 MCG, 64 MCG	Tier 6	PA; SP; QL (112 EA per 28 days)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16(112)-32(112) -48(28) MCG	Tier 6	PA; SP; QL (252 EA per 365 days)
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
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 6	PA; SP; QL (60 EA per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	Tier 6	PA; SP; QL (200 EA per 365 days)
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	Tier 6	PA; SP
YUTREPIA INHALATION CAPSULE, W/INHALATION DEVICE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG	Tier 6	PA; SP
Pulmonary Htn-Endothelin Recept Antg-Cgmp Pde5 Inh		
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG	Tier 6	PA; SP; QL (30 EA per 30 days)
Renin Inhibitor, Direct		
<i>aliskiren oral tablet 150 mg, 300 mg</i>	Tier 3	ST: Trial of TWO of the following is required: bisoprolol-HCTZ, irbesartan, irbesartan-HCTZ, losartan potassium, losartan-HCTZ, olmesartan-HCTZ, valsartan, or valsartan-HCTZ
TEKTURNA ORAL TABLET 150 MG, 300 MG	Tier 4	ST: Trial of TWO of the following is required: bisoprolol-HCTZ, irbesartan, irbesartan-HCTZ, losartan potassium, losartan-HCTZ, olmesartan-HCTZ, valsartan, or valsartan-HCTZ
Thiazide And Related Diuretics		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 1	
DIURIL ORAL SUSPENSION 250 MG/5 ML	Tier 4	
HEMICLOR ORAL TABLET 12.5 MG	Tier 4	
<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 2	
INZIRQO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML	Tier 4	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 3	
THALITONE ORAL TABLET 15 MG	Tier 4	PA
Vasodilators, Combination		
BIDIL ORAL TABLET 20-37.5 MG	Tier 4	
<i>isosorbide-hydralazine oral tablet 20-37.5 mg</i>	Tier 3	

Drug	Status	Notes
Cardiovascular Disease - Lipid Irregularity		
Antihyperlip.Hmg Coa Reduct Inhib&Cholest.Ab.Inhib		
<i>ezetimibe-rosuvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-5 mg</i>	Tier 3	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	Tier 3	QL (30 EA per 30 days)
ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG	Tier 4	
VYTORIN 10-10 ORAL TABLET 10-10 MG	Tier 4	QL (30 EA per 30 days)
VYTORIN 10-20 ORAL TABLET 10-20 MG	Tier 4	QL (30 EA per 30 days)
VYTORIN 10-40 ORAL TABLET 10-40 MG	Tier 4	QL (30 EA per 30 days)
VYTORIN 10-80 ORAL TABLET 10-80 MG	Tier 4	QL (30 EA per 30 days)
Antihyperlipidemic - Apo B-100 Synthesis Inhibitor		
TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML	Tier 7	PA; SP
Antihyperlipidemic - Atp Citrate Lyase Inhibitor		
NEXLETOL ORAL TABLET 180 MG	Tier 4	PA; QL (30 EA per 30 days)
Antihyperlipidemic - Hmg Coa Reductase Inhibitors		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG	Tier 4	PA
ATORVALIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	Tier 4	PA
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Tier 1	\$0 COPAY IF 40 YEARS OF AGE OR OLDER
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	Tier 4	
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG	Tier 4	ST: Trial of TWO of the following is required: atorvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin; QL (30 EA per 30 days)
FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML), 40 MG/5 ML (8 MG/ML)	Tier 4	PA
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	Tier 3	ST: Trial of TWO of the following is required: atorvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin; \$0 COPAY IF 40 YEARS OF AGE OR OLDER
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	Tier 3	ST: Trial of TWO of the following is required: atorvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin; \$0 COPAY IF 40 YEARS OF AGE OR OLDER; QL (30 EA per 30 days)
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	Tier 4	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	Tier 4	ST: Trial of TWO of the following is required: atorvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin; QL (30 EA per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	\$0 COPAY IF 40 YEARS OF AGE OR OLDER

Drug	Status	Notes
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 3	ST: Trial of TWO of the following is required: atorvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin; \$0 COPAY IF 40 YEARS OF AGE OR OLDER; QL (30 EA per 30 days)
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Tier 1	\$0 COPAY IF 40 YEARS OF AGE OR OLDER
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	\$0 COPAY IF 40 YEARS OF AGE OR OLDER
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	Tier 1	\$0 COPAY IF 40 YEARS OF AGE OR OLDER
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	Tier 4	
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	Tier 4	ST: Trial of TWO of the following is required: atorvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin; QL (30 EA per 30 days)
Antihyperlipidemic - Mtp Inhibitor		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
Antihyperlipidemic - Pcsk9 Inhibitors		
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	Tier 4	ST: Trial of ONE of the following is required: atorvastatin tablet, lovastatin tablet, pravastatin tablet, rosuvastatin tablet, or simvastatin tablet
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	Tier 3	ST: Trial of ONE of the following is required: atorvastatin tablet, lovastatin tablet, pravastatin tablet, rosuvastatin tablet, or simvastatin tablet
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	Tier 3	ST: Trial of ONE of the following is required: atorvastatin tablet, lovastatin tablet, pravastatin tablet, rosuvastatin tablet, or simvastatin tablet
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	Tier 3	ST: Trial of ONE of the following is required: atorvastatin tablet, lovastatin tablet, pravastatin tablet, rosuvastatin tablet, or simvastatin tablet
Antihyperlipidemic-Acly And Choles Absorp Inhib		
NEXLIZET ORAL TABLET 180-10 MG	Tier 4	PA; QL (30 EA per 30 days)
Bile Salt Sequestrants		
<i>cholestyramine (with sugar) oral powder 4 gram</i>	Tier 2	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	Tier 2	
CHOLESTYRAMINE LIGHT ORAL POWDER 4 GRAM	Tier 2	
CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM	Tier 2	
<i>colesevelam oral powder in packet 3.75 gram</i>	Tier 3	
<i>colesevelam oral tablet 625 mg</i>	Tier 2	
COLESTID ORAL GRANULES 5 GRAM	Tier 4	
COLESTID ORAL TABLET 1 GRAM	Tier 4	
<i>colestipol oral granules 5 gram</i>	Tier 2	
<i>colestipol oral packet 5 gram</i>	Tier 2	
<i>colestipol oral tablet 1 gram</i>	Tier 2	

Drug	Status	Notes
PREVALITE ORAL POWDER 4 GRAM	Tier 2	
PREVALITE ORAL POWDER IN PACKET 4 GRAM	Tier 2	
QUESTRAN LIGHT ORAL POWDER 4 GRAM	Tier 4	
QUESTRAN ORAL POWDER 4 GRAM	Tier 4	
QUESTRAN ORAL POWDER IN PACKET 4 GRAM	Tier 4	
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM	Tier 4	
WELCHOL ORAL TABLET 625 MG	Tier 4	
Lipotropics		
<i>ezetimibe oral tablet 10 mg</i>	Tier 2	
<i>fenofibrate micronized oral capsule 130 mg</i>	Tier 3	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	Tier 2	
<i>fenofibrate micronized oral capsule 90 mg</i>	Tier 3	PA
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	Tier 2	
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	Tier 3	PA
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	Tier 3	PA
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	Tier 2	
<i>fenofibric acid (choline) oral capsule, delayed release(drlec) 135 mg, 45 mg</i>	Tier 2	
<i>fenofibric acid oral tablet 105 mg</i>	Tier 3	PA
<i>fenofibric acid oral tablet 35 mg</i>	Tier 2	
FENOGLIDE ORAL TABLET 120 MG, 40 MG	Tier 4	PA
FIBRICOR ORAL TABLET 105 MG	Tier 4	PA
FIBRICOR ORAL TABLET 35 MG	Tier 4	
<i>gemfibrozil oral tablet 600 mg</i>	Tier 2	
<i>icosapent ethyl oral capsule 0.5 gram</i>	Tier 3	PA; QL (60 EA per 30 days)
<i>icosapent ethyl oral capsule 1 gram</i>	Tier 3	PA; QL (120 EA per 30 days)
LIPOFEN ORAL CAPSULE 150 MG, 50 MG	Tier 4	PA
LOPID ORAL TABLET 600 MG	Tier 4	
LOVAZA ORAL CAPSULE 1 GRAM	Tier 4	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	Tier 3	
NIACOR ORAL TABLET 500 MG	Tier 3	PA
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	Tier 2	
TRICOR ORAL TABLET 145 MG, 48 MG	Tier 4	
VASCEPA ORAL CAPSULE 0.5 GRAM	Tier 4	PA; QL (60 EA per 30 days)
VASCEPA ORAL CAPSULE 1 GRAM	Tier 4	PA; QL (120 EA per 30 days)
ZETIA ORAL TABLET 10 MG	Tier 4	
Niacin Preparations		
<i>niacin oral tablet 500 mg</i>	Tier 3	
Cardiovascular Disease - Miscellaneous Agents		
Adrenergic Vasopressor Agents		
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	Tier 6	PA; SP; QL (90 EA per 30 days)
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 2	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	Tier 7	PA; SP; QL (90 EA per 30 days)
Angiotensin Recept-Nepriylsin Inhibitor Comb(Arni)		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	Tier 3	QL (60 EA per 30 days)

Drug	Status	Notes
ENTRESTO SPRINKLE ORAL PELLETT 15-16 MG, 6-6 MG	Tier 3	QL (240 EA per 30 days)
Antianginal & Anti-Ischemic Agents, Non-Hemodynamic		
ASPRUZYO SPRINKLE ORAL EXTEND RELEASE GRANULES, PACKET 1,000 MG, 500 MG	Tier 4	PA
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	Tier 3	
Antianginal, Heart Rate Reducing, I(F) Inhibitor		
CORLANOR ORAL SOLUTION 5 MG/5 ML	Tier 3	PA; QL (450 ML per 30 days)
CORLANOR ORAL TABLET 5 MG, 7.5 MG	Tier 4	PA; QL (60 EA per 30 days)
<i>ivabradine oral tablet 5 mg, 7.5 mg</i>	Tier 3	PA; QL (60 EA per 30 days)
Antihyperlip - Hmg-Coa&Calcium Channel Blocker Cb		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	Tier 3	PA; QL (30 EA per 30 days)
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	Tier 4	PA; QL (30 EA per 30 days)
Anti-Inflammatory - Antimitotics		
LODOCO ORAL TABLET 0.5 MG	Tier 4	PA
Cardiac Myosin Inhibitor		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
Protein Stabilizers		
ATTRUBY ORAL TABLET 356 MG	Tier 7	PA; SP; QL (120 EA per 30 days)
VYNDAMAX ORAL CAPSULE 61 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
VYNDAQEL ORAL CAPSULE 20 MG	Tier 7	PA; SP; QL (120 EA per 30 days)
Soluble Guanylate Cyclase (Sgc) Stimulator		
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 4	PA
Cardiovascular Disease - Vasodilation		
Vasodilators, Coronary		
ISORDIL ORAL TABLET 40 MG	Tier 4	PA
ISORDIL TITRADOSE ORAL TABLET 5 MG	Tier 4	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 2	
<i>isosorbide dinitrate oral tablet 40 mg</i>	Tier 3	PA
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	Tier 2	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	Tier 2	
NITRO-BID TRANSDERMAL OINTMENT 2 %	Tier 3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	Tier 4	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	Tier 4	PA
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	Tier 2	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	Tier 2	

Drug	Status	Notes
<i>nitroglycerin translingual spray,non-aerosol 400 mcg/spray</i>	Tier 3	
NITROLINGUAL TRANSLINGUAL SPRAY,NON-AEROSOL 400 MCG/SPRAY	Tier 4	
NITROMIST TRANSLINGUAL AEROSOL,SPRAY 400 MCG/SPRAY	Tier 4	
NITROSTAT SUBLINGUAL TABLET 0.3 MG, 0.4 MG, 0.6 MG	Tier 4	
Vasodilators,Peripheral		
<i>ergoloid oral tablet 1 mg</i>	Tier 3	
Contraception/Oxytocics		
Contraceptives, Intravaginal, Systemic		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR	Tier 3	
ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR	Tier 3	
ENILLORING VAGINAL RING 0.12-0.015 MG/24 HR	Tier 3	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	Tier 3	
HALOETTE VAGINAL RING 0.12-0.015 MG/24 HR	Tier 3	
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR	Tier 4	
Contraceptives,Implantable		
NEXPLANON SUBDERMAL IMPLANT 68 MG	Tier 4	
Contraceptives,Injectable		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	Tier 4	QL (1 ML per 84 days)
DEPO-PROVERA INTRAMUSCULAR SYRINGE 150 MG/ML	Tier 4	QL (1 ML per 84 days)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	Tier 4	
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	Tier 3	
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	Tier 3	
Contraceptives,Intravaginal		
PHEXXI VAGINAL GEL 1.8-1-0.4 %	Tier 4	
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 %	Tier 4	
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %	Tier 4	
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %	Tier 3	
Contraceptives,Oral		
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG	Tier 2	
AFTER PILL ORAL TABLET 1.5 MG	Tier 2	
AFTERA ORAL TABLET 1.5 MG	Tier 4	
ALTAVERA (28) ORAL TABLET 0.15-0.03 MG	Tier 2	
ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 2	
ALYACEN 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG-35 MCG	Tier 2	
AMETHIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	Tier 3	
AMETHYST (28) ORAL TABLET 90-20 MCG (28)	Tier 3	

Drug	Status	Notes
APRI ORAL TABLET 0.15-0.03 MG	Tier 2	
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG	Tier 2	
ASHLYNA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	Tier 3	
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	Tier 2	
AUBRA ORAL TABLET 0.1-20 MG-MCG	Tier 2	
AUROVELA 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	Tier 2	
AUROVELA 1/20 (21) ORAL TABLET 1-20 MG-MCG	Tier 2	
AUROVELA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	Tier 3	
AUROVELA FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	Tier 2	
AUROVELA FE 1-20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 2	
AVERI ORAL TABLET 0.15 MG-0.03 MG (21)/36.5 MG(7)	Tier 3	
AVIANE ORAL TABLET 0.1-20 MG-MCG	Tier 2	
AYUNA ORAL TABLET 0.15-0.03 MG	Tier 2	
AZURETTE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	Tier 2	
BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)	Tier 4	QL (28 EA per 28 days)
BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG	Tier 2	
BEYAZ ORAL TABLET 3-0.02-0.451 MG (24) (4)	Tier 4	
BLISOVI 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	Tier 3	
BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	Tier 2	
BLISOVI FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 2	
BRIELLYN ORAL TABLET 0.4-35 MG-MCG	Tier 2	
CAMILA ORAL TABLET 0.35 MG	Tier 2	
CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7)	Tier 3	
CAMRESE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	Tier 3	
CAZANT (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	Tier 2	
CHARLOTTE 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	Tier 3	
CHATEAL EQ (28) ORAL TABLET 0.15-0.03 MG	Tier 2	
CRYSSELLE (28) ORAL TABLET 0.3-30 MG-MCG	Tier 2	
CURAE ORAL TABLET 1.5 MG	Tier 2	
CYRED EQ ORAL TABLET 0.15-0.03 MG	Tier 2	
CYRED ORAL TABLET 0.15-0.03 MG	Tier 2	
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 2	
DASETTA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG-35 MCG	Tier 2	

Drug	Status	Notes
DAYSEE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	Tier 3	
DEBLITANE ORAL TABLET 0.35 MG	Tier 2	
<i>desog-e.estradiolle.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	Tier 2	
DOLISHALE ORAL TABLET 90-20 MCG (28)	Tier 3	
<i>drosiprenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)</i>	Tier 3	
<i>drosiprenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	Tier 2	
ECONTRA EZ ORAL TABLET 1.5 MG	Tier 2	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG	Tier 2	
ELINEST ORAL TABLET 0.3-30 MG-MCG	Tier 2	
ELLA ORAL TABLET 30 MG	Tier 4	
EMZAHH ORAL TABLET 0.35 MG	Tier 2	
ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	Tier 2	
ENSKYCE ORAL TABLET 0.15-0.03 MG	Tier 2	
ERRIN ORAL TABLET 0.35 MG	Tier 2	
ESTARYLLA ORAL TABLET 0.25-0.035 MG	Tier 2	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	Tier 2	
FALMINA (28) ORAL TABLET 0.1-20 MG-MCG	Tier 2	
FEIRZA ORAL TABLET 1 MG-20 MCG (21)/75 MG (7), 1.5 MG-30 MCG (21)/75 MG (7)	Tier 2	
FEMLYV ORAL TABLET,DISINTEGRATING 1 MG-20 MCG	Tier 4	
FINZALA ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	Tier 3	
GALBRIELA ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	Tier 3	
GEMMILY ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	Tier 3	
HAILEY 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	Tier 3	
HAILEY FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	Tier 2	
HAILEY FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 2	
HAILEY ORAL TABLET 1.5-30 MG-MCG	Tier 2	
HEATHER ORAL TABLET 0.35 MG	Tier 2	
HER STYLE ORAL TABLET 1.5 MG	Tier 2	
ICLEVIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	Tier 2	
INCASSIA ORAL TABLET 0.35 MG	Tier 2	
INTROVALE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	Tier 2	
ISIBLOOM ORAL TABLET 0.15-0.03 MG	Tier 2	
JAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	Tier 3	

Drug	Status	Notes
JASMIEL (28) ORAL TABLET 3-0.02 MG	Tier 2	
JENCYCLA ORAL TABLET 0.35 MG	Tier 2	
JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	Tier 2	
JOYEAUX ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)	Tier 3	
JULEBER ORAL TABLET 0.15-0.03 MG	Tier 2	
JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	Tier 2	
JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG	Tier 2	
JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	Tier 2	
JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 2	
JUNEL FE 24 ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	Tier 3	
KAITLIB FE ORAL TABLET,CHEWABLE 0.8MG- 25MCG(24) AND 75 MG (4)	Tier 3	
KALLIGA ORAL TABLET 0.15-0.03 MG	Tier 2	
KARIVA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	Tier 2	
KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 2	
KELNOR 1/50 (28) ORAL TABLET 1-50 MG-MCG	Tier 2	
KURVELO (28) ORAL TABLET 0.15-0.03 MG	Tier 2	
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-20 mcg/ 0.15 mg-25 mcg, 0.15 mg-30 mcg (84)/10 mcg (7)</i>	Tier 3	
LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	Tier 2	
LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	Tier 2	
LARIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	Tier 3	
LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	Tier 2	
LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 2	
LAYOLIS FE ORAL TABLET,CHEWABLE 0.8MG- 25MCG(24) AND 75 MG (4)	Tier 4	
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG	Tier 2	
LESSINA ORAL TABLET 0.1-20 MG-MCG	Tier 2	
LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	Tier 2	
<i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	Tier 3	
<i>levonorgestrel oral tablet 1.5 mg</i>	Tier 2	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg- mcg, 0.15-0.03 mg</i>	Tier 2	
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i>	Tier 3	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	Tier 2	

Drug	Status	Notes
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	Tier 2	
LEVORA-28 ORAL TABLET 0.15-0.03 MG	Tier 2	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)	Tier 4	
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	Tier 4	
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	Tier 4	
LOESTRIN FE 1.5/30 (28-DAY) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	Tier 4	
LOESTRIN FE 1/20 (28-DAY) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 4	
LOJAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7)	Tier 3	
LORYNA (28) ORAL TABLET 3-0.02 MG	Tier 2	
LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG	Tier 2	
LO-ZUMANDIMINE (28) ORAL TABLET 3-0.02 MG	Tier 2	
LUTERA (28) ORAL TABLET 0.1-20 MG-MCG	Tier 2	
LYLEQ ORAL TABLET 0.35 MG	Tier 2	
LYZA ORAL TABLET 0.35 MG	Tier 2	
MARLISSA (28) ORAL TABLET 0.15-0.03 MG	Tier 2	
MELEYA ORAL TABLET 0.35 MG	Tier 2	
MERZEE ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	Tier 3	
MIBELAS 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	Tier 3	
MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	Tier 2	
MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	Tier 2	
MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	Tier 2	
MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 2	
MILI ORAL TABLET 0.25-0.035 MG	Tier 2	
MINZOYA ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)	Tier 3	
MONO-LINYAH ORAL TABLET 0.25-0.035 MG	Tier 2	
MY CHOICE ORAL TABLET 1.5 MG	Tier 2	
MY WAY ORAL TABLET 1.5 MG	Tier 2	
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG	Tier 4	
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	Tier 2	
NEW DAY ORAL TABLET 1.5 MG	Tier 2	
NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28)	Tier 4	
NIKKI (28) ORAL TABLET 3-0.02 MG	Tier 2	
NORA-BE ORAL TABLET 0.35 MG	Tier 2	

Drug	Status	Notes
noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)	Tier 3	
norethindrone (contraceptive) oral tablet 0.35 mg	Tier 2	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	Tier 2	
norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)	Tier 3	
norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	Tier 2	
norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)	Tier 3	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28), 0.25-0.035 mg	Tier 2	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	Tier 2	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)	Tier 2	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 2	
NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG-35 MCG	Tier 2	
NYLIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 2	
NYLIA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	Tier 2	
OCELLA ORAL TABLET 3-0.03 MG	Tier 2	
OPCICON ONE-STEP ORAL TABLET 1.5 MG	Tier 2	
OPILL ORAL TABLET 0.075 MG	Tier 3	
OPTION-2 ORAL TABLET 1.5 MG	Tier 2	
ORQUIDEA ORAL TABLET 0.35 MG	Tier 2	
PHILITH ORAL TABLET 0.4-35 MG-MCG	Tier 2	
PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	Tier 2	
PLAN B ONE-STEP ORAL TABLET 1.5 MG	Tier 4	
PORTIA 28 ORAL TABLET 0.15-0.03 MG	Tier 2	
RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG	Tier 2	
RIVELSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG	Tier 3	
ROSYRAH ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG	Tier 3	
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (21) (7)	Tier 4	QL (28 EA per 28 days)
SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	Tier 2	
SHAROBEL ORAL TABLET 0.35 MG	Tier 2	
SIMLIYA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	Tier 2	
SIMPESSE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	Tier 3	
SLYND ORAL TABLET 4 MG (28)	Tier 4	
SPRINTEC (28) ORAL TABLET 0.25-0.035 MG	Tier 2	

Drug	Status	Notes
SRONYX ORAL TABLET 0.1-20 MG-MCG	Tier 2	
SYEDA ORAL TABLET 3-0.03 MG	Tier 2	
TAKE ACTION ORAL TABLET 1.5 MG	Tier 4	
TARINA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	Tier 2	
TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 2	
TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 2	
TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	Tier 4	
TILIA FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	Tier 3	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	Tier 2	
TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	Tier 3	
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	Tier 2	
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	Tier 2	
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	Tier 2	
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	Tier 2	
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	Tier 2	
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	Tier 2	
TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	Tier 2	
TRIVORA (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	Tier 2	
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	Tier 2	
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	Tier 2	
TULANA ORAL TABLET 0.35 MG	Tier 2	
TURQOZ (28) ORAL TABLET 0.3-30 MG-MCG	Tier 2	
TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG	Tier 4	
TYDEMY ORAL TABLET 3-0.03-0.451 MG (21) (7)	Tier 3	
VALTYA ORAL TABLET 1-50 MG-MCG	Tier 2	
VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	Tier 2	
VESTURA (28) ORAL TABLET 3-0.02 MG	Tier 2	
VIENVA ORAL TABLET 0.1-20 MG-MCG	Tier 2	
VIORELE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	Tier 2	

Drug	Status	Notes
VOLNEA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	Tier 2	
VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG	Tier 2	
VYLIBRA ORAL TABLET 0.25-0.035 MG	Tier 2	
WERA (28) ORAL TABLET 0.5-35 MG-MCG	Tier 2	
WYMZYA FE ORAL TABLET,CHEWABLE 0.4MG-35MCG(21) AND 75 MG (7)	Tier 3	
XARAH FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	Tier 3	
XELRIA FE ORAL TABLET,CHEWABLE 0.4MG-35MCG(21) AND 75 MG (7)	Tier 3	
YASMIN (28) ORAL TABLET 3-0.03 MG	Tier 4	
YAZ (28) ORAL TABLET 3-0.02 MG	Tier 4	
ZARAH ORAL TABLET 3-0.03 MG	Tier 2	
ZOVIA 1-35 (28) ORAL TABLET 1-35 MG-MCG	Tier 2	
ZUMANDIMINE (28) ORAL TABLET 3-0.03 MG	Tier 2	
Contraceptives,Transdermal		
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>	Tier 3	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR	Tier 4	
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	Tier 3	
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	Tier 3	
Diaphragms/Cervical Cap		
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	Tier 4	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM	Tier 4	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM	Tier 4	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM	Tier 4	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM	Tier 4	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM	Tier 4	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM	Tier 4	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM	Tier 4	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM	Tier 4	
Oxytocics		
<i>methylergonovine oral tablet 0.2 mg</i>	Tier 3	
Cough And Cold		
Antitussives,Non-Narcotic		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	Tier 2	
<i>benzonatate oral capsule 150 mg</i>	Tier 3	

Drug	Status	Notes
Narcotic Antituss-1St Gen. Antihistamine-Decongest		
HISTEX-AC ORAL SYRUP 2.5-10-10 MG/5 ML	Tier 4	QL (600 ML per 30 days); Age (Min 18 Years and Max 17 Years)
MAXI-TUSS CD ORAL LIQUID 4-10-10 MG/5 ML	Tier 4	Age (Min 18 Years and Max 17 Years)
POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML	Tier 4	QL (900 ML per 30 days); Age (Min 18 Years and Max 17 Years)
Narcotic Antituss-Decongestant-Expectorant Comb		
CODITUSSIN DAC ORAL LIQUID 30-10-200 MG/5 ML	Tier 3	QL (1200 ML per 30 days); Age (Min 18 Years and Max 17 Years)
GUAIFENESIN DAC ORAL SYRUP 30-10-100 MG/5 ML	Tier 3	Age (Min 18 Years and Max 17 Years)
Narcotic Antitussive-1St Generation Antihistamine		
<i>hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr 10-8 mg/5 ml</i>	Tier 2	Age (Min 18 Years and Max 17 Years)
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	Tier 2	Age (Min 18 Years and Max 17 Years)
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG	Tier 4	Age (Min 18 Years and Max 17 Years)
Narcotic Antitussive-Anticholinergic Comb.		
HYCODAN (WITH HOMATROPINE) ORAL SOLUTION 5-1.5 MG/5 ML	Tier 4	Age (Min 18 Years and Max 17 Years)
HYCODAN (WITH HOMATROPINE) ORAL TABLET 5-1.5 MG	Tier 4	Age (Min 18 Years and Max 17 Years)
HYCODAN ORAL SOLUTION 5-1.5 MG/5 ML (5 ML)	Tier 4	Age (Min 18 Years and Max 17 Years)
<i>hydrocodone-homatropine oral solution 5-1.5 mg/5 ml</i>	Tier 2	Age (Min 18 Years and Max 17 Years)
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	Tier 3	Age (Min 18 Years and Max 17 Years)
HYDROMET ORAL SOLUTION 5-1.5 MG/5 ML	Tier 2	Age (Min 18 Years and Max 17 Years)
Narcotic Antitussive-Expectorant Combination		
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>	Tier 2	Age (Min 18 Years and Max 17 Years)
CODITUSSIN AC ORAL LIQUID 10-200 MG/5 ML	Tier 3	QL (1200 ML per 30 days); Age (Min 18 Years and Max 17 Years)
G TUSSIN AC ORAL LIQUID 10-100 MG/5 ML	Tier 2	Age (Min 18 Years and Max 17 Years)
GUAIFENESIN AC ORAL LIQUID 10-100 MG/5 ML	Tier 2	Age (Min 18 Years and Max 17 Years)
MAR-COF CG ORAL LIQUID 7.5-225 MG/5 ML	Tier 4	QL (1590 ML per 30 days); Age (Min 18 Years and Max 17 Years)
MAXI-TUSS AC ORAL LIQUID 10-100 MG/5 ML	Tier 2	Age (Min 18 Years and Max 17 Years)
NINJACOF-XG ORAL LIQUID 8-200 MG/5 ML	Tier 3	QL (1800 ML per 30 days); Age (Min 18 Years and Max 17 Years)
Non-Narc Antitussive-1St Gen Antihistamine Comb.		
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	Tier 2	
Dermatology - Acne		
Acne Agents, Systemic		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG	Tier 4	PA; QL (60 EA per 30 days)
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 4	
ABSORICA ORAL CAPSULE 25 MG, 35 MG	Tier 4	PA; QL (90 EA per 30 days)
ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 3	

Drug	Status	Notes
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 3	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 3	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 3	
<i>isotretinoin oral capsule 25 mg, 35 mg</i>	Tier 3	PA; QL (90 EA per 30 days)
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 3	
Acne Agents, Topical		
ACZONE TOPICAL GEL 5 %	Tier 4	
ACZONE TOPICAL GEL WITH PUMP 7.5 %	Tier 4	
AZELEX TOPICAL CREAM 20 %	Tier 4	ST: Trial of TWO of the following is required: clindamycin phosphate-BPO 1-5% topical gel or gel pump, clindamycin phosphate-BPO 1.2-5% topical gel, Neuac gel, or tretinoin topical cream/gel
CABTREO TOPICAL GEL 0.15-3.1-1.2 %	Tier 4	PA
<i>clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %</i>	Tier 2	
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2 %(1 % base) -3.75 %</i>	Tier 2	ST: Trial of TWO of the following is required: clindamycin phosphate-BPO 1-5% topical gel or gel pump, clindamycin phosphate-BPO 1.2-5% topical gel, Neuac gel, or tretinoin topical cream/gel
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2-2.5 %</i>	Tier 3	
<i>clindamycin-tretinoin topical gel 1.2-0.025 %</i>	Tier 3	ST: Trial of TWO of the following is required: clindamycin phosphate-BPO 1-5% topical gel or gel pump, clindamycin phosphate-BPO 1.2-5% topical gel, Neuac gel, or tretinoin topical cream/gel; Age (Min 45 Years and Max 44 Years)
<i>dapsone topical gel 5 %, 7.5 %</i>	Tier 3	
<i>dapsone topical gel with pump 7.5 %</i>	Tier 3	
KLARON TOPICAL SUSPENSION 10 %	Tier 4	
NEUAC TOPICAL GEL 1.2 %(1 % BASE) -5 %	Tier 2	
ONEXTON TOPICAL GEL WITH PUMP 1.2 %(1 % BASE) -3.75 %	Tier 4	ST: Trial of TWO of the following is required: clindamycin phosphate-BPO 1-5% topical gel or gel pump, clindamycin phosphate-BPO 1.2-5% topical gel, Neuac gel, or tretinoin topical cream/gel
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	Tier 2	
TWYNEO TOPICAL CREAM 0.1-3 %	Tier 4	ST: Trial of TWO of the following is required: adapalene 0.1%-benzoyl peroxide 2.5% topical gel pump, tretinoin topical cream/gel, or tazarotene 0.1% topical cream; Age (Min 45 Years and Max 44 Years)

Drug	Status	Notes
VELTIN TOPICAL GEL 1.2-0.025 %	Tier 4	ST: Trial of TWO of the following is required: clindamycin phosphate-BPO 1-5% topical gel or gel pump, clindamycin phosphate-BPO 1.2-5% topical gel, Neuac gel, or tretinoin topical cream/gel; Age (Min 45 Years and Max 44 Years)
ZIANA TOPICAL GEL 1.2-0.025 %	Tier 4	ST: Trial of TWO of the following is required: clindamycin phosphate-BPO 1-5% topical gel or gel pump, clindamycin phosphate-BPO 1.2-5% topical gel, Neuac gel, or tretinoin topical cream/gel; Age (Min 45 Years and Max 44 Years)
Rosacea Agents, Topical		
<i>azelaic acid topical gel 15 %</i>	Tier 3	
<i>brimonidine topical gel with pump 0.33 %</i>	Tier 3	ST: Trial of TWO of the following is required: metronidazole topical cream, metronidazole topical gel pump, metronidazole topical gel, or azelaic acid gel
EPSOLAY TOPICAL CREAM 5 %	Tier 4	ST: Trial of TWO of the following is required: metronidazole topical cream, metronidazole topical gel pump, metronidazole topical gel, or azelaic acid gel
FINACEA TOPICAL FOAM 15 %	Tier 4	ST: Trial of TWO of the following is required: metronidazole topical cream, metronidazole topical gel pump, metronidazole topical gel, or azelaic acid gel
<i>ivermectin topical cream 1 %</i>	Tier 3	ST: Trial of TWO of the following is required: metronidazole topical cream, metronidazole topical gel pump, metronidazole topical gel, or azelaic acid gel
METROCREAM TOPICAL CREAM 0.75 %	Tier 4	
METROGEL TOPICAL GEL 1 %	Tier 4	
METROLOTION TOPICAL LOTION 0.75 %	Tier 4	ST: Trial of TWO of the following is required: metronidazole topical cream, metronidazole topical gel pump, metronidazole topical gel, or azelaic acid gel
<i>metronidazole topical cream 0.75 %</i>	Tier 2	
<i>metronidazole topical gel 0.75 %, 1 %</i>	Tier 2	
<i>metronidazole topical gel with pump 1 %</i>	Tier 2	
<i>metronidazole topical lotion 0.75 %</i>	Tier 3	ST: Trial of TWO of the following is required: metronidazole topical cream, metronidazole topical gel pump, metronidazole topical gel, or azelaic acid gel
MIRVASO TOPICAL GEL WITH PUMP 0.33 %	Tier 4	ST: Trial of TWO of the following is required: metronidazole topical cream, metronidazole topical gel pump, metronidazole topical gel, or azelaic acid gel
NORITATE TOPICAL CREAM 1 %	Tier 4	PA
RHOFADE TOPICAL CREAM 1 %	Tier 4	ST: Trial of TWO of the following is required: metronidazole topical cream, metronidazole topical gel pump, metronidazole topical gel, or azelaic acid gel

Drug	Status	Notes
ROSADAN TOPICAL CREAM 0.75 %	Tier 2	
ROSADAN TOPICAL GEL 0.75 %	Tier 2	
SOOLANTRA TOPICAL CREAM 1 %	Tier 4	ST: Trial of TWO of the following is required: metronidazole topical cream, metronidazole topical gel pump, metronidazole topical gel, or azelaic acid gel
Topical Antiandrogenic Agents		
WINLEVI TOPICAL CREAM 1 %	Tier 4	ST: Trial of TWO of the following is required: clindamycin phosphate-BPO 1-5% topical gel or gel pump, clindamycin phosphate-BPO 1.2-5% topical gel, Neuac gel, or tretinoin topical cream/gel
Topical Preparations, Antibacterials		
LUGOLS TOPICAL SOLUTION 5-10 %	Tier 2	
Vitamin A Derivatives		
<i>adapalene topical gel 0.3 %</i>	Tier 2	
ALTRENO TOPICAL LOTION 0.05 %	Tier 4	ST: Trial of TWO of the following is required: adapalene 0.1%-benzoyl peroxide 2.5% topical gel pump, tretinoin topical cream/gel, or tazarotene 0.1% topical cream; Age (Min 45 Years and Max 44 Years)
ATRALIN TOPICAL GEL 0.05 %	Tier 4	Age (Min 45 Years and Max 44 Years)
AVITA TOPICAL CREAM 0.025 %	Tier 4	Age (Min 45 Years and Max 44 Years)
AVITA TOPICAL GEL 0.025 %	Tier 4	Age (Min 45 Years and Max 44 Years)
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.04 %, 0.06 %, 0.08 %, 0.1 %	Tier 4	ST: Trial of TWO of the following is required: adapalene 0.1%-benzoyl peroxide 2.5% topical gel pump, tretinoin topical cream/gel, or tazarotene 0.1% topical cream; Age (Min 45 Years and Max 44 Years)
RETIN-A MICRO TOPICAL GEL 0.04 %, 0.1 %	Tier 4	ST: Trial of TWO of the following is required: adapalene 0.1%-benzoyl peroxide 2.5% topical gel pump, tretinoin topical cream/gel, or tazarotene 0.1% topical cream; Age (Min 45 Years and Max 44 Years)
RETIN-A TOPICAL CREAM 0.025 %, 0.05 %, 0.1 %	Tier 4	Age (Min 45 Years and Max 44 Years)
RETIN-A TOPICAL GEL 0.01 %, 0.025 %	Tier 4	Age (Min 45 Years and Max 44 Years)
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i>	Tier 3	ST: Trial of TWO of the following is required: adapalene 0.1%-benzoyl peroxide 2.5% topical gel pump, tretinoin topical cream/gel, or tazarotene 0.1% topical cream; Age (Min 45 Years and Max 44 Years)
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.08 %, 0.1 %</i>	Tier 3	ST: Trial of TWO of the following is required: adapalene 0.1%-benzoyl peroxide 2.5% topical gel pump, tretinoin topical cream/gel, or tazarotene 0.1% topical cream; Age (Min 45 Years and Max 44 Years)
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	Tier 2	Age (Min 45 Years and Max 44 Years)
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	Tier 3	Age (Min 45 Years and Max 44 Years)

Drug	Status	Notes
Vitamin A Derivatives, Topical Acne Agents		
AKLIEF TOPICAL CREAM 0.005 %	Tier 4	ST: Trial of TWO of the following is required: adapalene 0.1%-benzoyl peroxide 2.5% topical gel pump, tretinoin topical cream/gel, or tazarotene 0.1% topical cream; Age (Min 45 Years and Max 44 Years)
ARAZLO TOPICAL LOTION 0.045 %	Tier 4	ST: Trial of TWO of the following is required: adapalene 0.1%-benzoyl peroxide 2.5% topical gel pump, tretinoin topical cream/gel, or tazarotene 0.1% topical cream; Age (Min 45 Years and Max 44 Years)
FABIOR TOPICAL FOAM 0.1 %	Tier 4	ST: Trial of TWO of the following is required: adapalene 0.1%-benzoyl peroxide 2.5% topical gel pump, tretinoin topical cream/gel, or tazarotene 0.1% topical cream; Age (Min 45 Years and Max 44 Years)
<i>tazarotene topical foam 0.1 %</i>	Tier 3	ST: Trial of TWO of the following is required: adapalene 0.1%-benzoyl peroxide 2.5% topical gel pump, tretinoin topical cream/gel, or tazarotene 0.1% topical cream; Age (Min 45 Years and Max 44 Years)
Dermatology - Antiinfective		
Topical Antibiotics		
AMZEEQ TOPICAL FOAM 4 %	Tier 4	PA
BENZAMYCIN TOPICAL GEL 3-5 %	Tier 4	
CENTANY TOPICAL OINTMENT 2 %	Tier 4	
CLEOCIN T TOPICAL LOTION 1 %	Tier 4	
CLINDACIN ETZ TOPICAL SWAB 1 %	Tier 2	
CLINDACIN P TOPICAL SWAB 1 %	Tier 2	
CLINDACIN TOPICAL FOAM 1 %	Tier 3	
CLINDAGEL TOPICAL GEL, ONCE DAILY 1 %	Tier 4	ST: Trial of TWO of the following is required: clindamycin phosphate-BPO 1-5% topical gel or gel pump, clindamycin phosphate-BPO 1.2-5% topical gel, Neuac gel, or tretinoin topical cream/gel
<i>clindamycin phosphate topical foam 1 %</i>	Tier 3	
<i>clindamycin phosphate topical gel 1 %</i>	Tier 2	
<i>clindamycin phosphate topical gel, once daily 1 %</i>	Tier 3	ST: Trial of TWO of the following is required: clindamycin phosphate-BPO 1-5% topical gel or gel pump, clindamycin phosphate-BPO 1.2-5% topical gel, Neuac gel, or tretinoin topical cream/gel
<i>clindamycin phosphate topical lotion 1 %</i>	Tier 2	
<i>clindamycin phosphate topical solution 1 %</i>	Tier 2	
<i>clindamycin phosphate topical swab 1 %</i>	Tier 2	
ERY PADS TOPICAL SWAB 2 %	Tier 3	
ERYGEL TOPICAL GEL 2 %	Tier 4	
<i>erythromycin with ethanol topical gel 2 %</i>	Tier 2	
<i>erythromycin with ethanol topical solution 2 %</i>	Tier 2	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	Tier 2	
EOCLIN TOPICAL FOAM 1 %	Tier 4	

Drug	Status	Notes
<i>gentamicin topical cream 0.1 %</i>	Tier 2	
<i>gentamicin topical ointment 0.1 %</i>	Tier 2	
<i>mupirocin calcium topical cream 2 %</i>	Tier 3	
<i>mupirocin topical ointment 2 %</i>	Tier 2	
XEPI TOPICAL CREAM 1 %	Tier 4	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: mupirocin 2% cream, mupirocin 2% ointment.
ZILXI TOPICAL FOAM 1.5 %	Tier 4	ST: Trial of TWO of the following is required: metronidazole topical cream, metronidazole topical gel pump, metronidazole topical gel, or azelaic acid gel
Topical Antifungal/Anti-inflammatory, Steroid Agent		
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	Tier 2	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	Tier 3	
Topical Antifungals		
CICLODAN TOPICAL CREAM 0.77 %	Tier 2	
CICLODAN TOPICAL SOLUTION 8 %	Tier 2	
<i>ciclopirox topical cream 0.77 %</i>	Tier 2	
<i>ciclopirox topical gel 0.77 %</i>	Tier 2	
<i>ciclopirox topical shampoo 1 %</i>	Tier 2	
<i>ciclopirox topical solution 8 %</i>	Tier 2	
<i>ciclopirox topical suspension 0.77 %</i>	Tier 2	
<i>clotrimazole topical cream 1 %</i>	Tier 2	
<i>clotrimazole topical solution 1 %</i>	Tier 2	
<i>econazole nitrate topical cream 1 %</i>	Tier 2	
ECOZA TOPICAL FOAM 1 %	Tier 4	
ERTACZO TOPICAL CREAM 2 %	Tier 4	PA
EXELDERM TOPICAL CREAM 1 %	Tier 4	PA
EXELDERM TOPICAL SOLUTION 1 %	Tier 4	PA
EXTINA TOPICAL FOAM 2 %	Tier 4	PA
JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 %	Tier 4	PA; QL (4 ML per 30 days)
<i>ketoconazole topical cream 2 %</i>	Tier 2	
<i>ketoconazole topical foam 2 %</i>	Tier 3	PA
<i>ketoconazole topical shampoo 2 %</i>	Tier 2	
KETODAN TOPICAL FOAM 2 %	Tier 3	PA
KLAYESTA TOPICAL POWDER 100,000 UNIT/GRAM	Tier 3	
LOPROX (AS OLAMINE) TOPICAL CREAM 0.77 %	Tier 4	
LOPROX (AS OLAMINE) TOPICAL SUSPENSION 0.77 %	Tier 4	
<i>luliconazole topical cream 1 %</i>	Tier 3	
LUZU TOPICAL CREAM 1 %	Tier 4	
<i>miconazole nitrate-zinc ox-pet topical ointment 0.25-15-81.35 %</i>	Tier 3	PA
<i>naftifine topical cream 1 %, 2 %</i>	Tier 3	
<i>naftifine topical gel 2 %</i>	Tier 3	
NAFTIN TOPICAL GEL 2 %	Tier 4	

Drug	Status	Notes
NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM	Tier 2	
<i>nystatin topical cream 100,000 unit/gram</i>	Tier 2	
<i>nystatin topical ointment 100,000 unit/gram</i>	Tier 2	
<i>nystatin topical powder 100,000 unit/gram</i>	Tier 2	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	Tier 2	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	Tier 2	
NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM	Tier 2	
<i>oxiconazole topical cream 1 %</i>	Tier 3	PA
OXISTAT TOPICAL LOTION 1 %	Tier 4	PA
<i>sulconazole topical cream 1 %</i>	Tier 3	PA
<i>sulconazole topical solution 1 %</i>	Tier 3	PA
<i>tavaborole topical solution with applicator 5 %</i>	Tier 3	PA
VUSION TOPICAL OINTMENT 0.25-15-81.35 %	Tier 4	PA
Topical Antiparasitics		
CROTAN TOPICAL LOTION 10 %	Tier 3	
ELIMITE TOPICAL CREAM 5 %	Tier 4	
EURAX TOPICAL LOTION 10 %	Tier 4	
<i>malathion topical lotion 0.5 %</i>	Tier 3	
NATROBA TOPICAL SUSPENSION 0.9 %	Tier 4	
OVIDE TOPICAL LOTION 0.5 %	Tier 4	
<i>permethrin topical cream 5 %</i>	Tier 2	
PRURADIK TOPICAL LOTION 10 %	Tier 3	
<i>spinosad topical suspension 0.9 %</i>	Tier 3	
Topical Antivirals		
<i>acyclovir topical cream 5 %</i>	Tier 3	
<i>acyclovir topical ointment 5 %</i>	Tier 3	
DENAVIR TOPICAL CREAM 1 %	Tier 4	
<i>penciclovir topical cream 1 %</i>	Tier 3	
ZOVIRAX TOPICAL CREAM 5 %	Tier 4	
ZOVIRAX TOPICAL OINTMENT 5 %	Tier 4	
Topical Antivirals/Anti-inflammatory, Steroid Agent		
XERESE TOPICAL CREAM 5-1 %	Tier 4	PA
Topical Genital Wart-Hpv Treatment Agents		
VEREGEN TOPICAL OINTMENT 15 %	Tier 4	QL (30 GM per 30 days)
Topical Pleuromutilin Derivatives		
ALTABAX TOPICAL OINTMENT 1 %	Tier 4	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: mupirocin 2% cream, mupirocin 2% ointment.
Topical Sulfonamides		
SILVADENE TOPICAL CREAM 1 %	Tier 4	
<i>silver sulfadiazine topical cream 1 %</i>	Tier 2	
SSD TOPICAL CREAM 1 %	Tier 3	
SULFAMYLON TOPICAL CREAM 85 MG/G	Tier 4	

Drug	Status	Notes
Dermatology - Antiinflammatory		
Interleukin-13 (Il-13) Inhibitors, Mab		
ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	Tier 7	PA; SP; QL (4 ML per 28 days)
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 7	PA; SP; QL (4 ML per 28 days)
EBGLYSS PEN SUBCUTANEOUS PEN INJECTOR 250 MG/2 ML	Tier 7	PA; SP; QL (4 ML per 28 days)
EBGLYSS SYRINGE SUBCUTANEOUS SYRINGE 250 MG/2 ML	Tier 7	PA; SP; QL (4 ML per 28 days)
Interleukin-31(II-31)Receptor Alpha Antagonist, Mab		
NEMLUVIO SUBCUTANEOUS PEN INJECTOR 30 MG	Tier 7	PA; SP; QL (2 EA per 28 days)
Top. Anti-Inflam., Phosphodiesterase-4 (Pde4) Inhib		
EUCRISA TOPICAL OINTMENT 2 %	Tier 4	ST: Trial of TWO of the following is required: betamethasone dipropionate or valerate, calcipotriene , clobetasol, desoximetasone, fluocinonide, fluocinonide-emol, halobetasol, or tacrolimus oint; QL (60 GM per 30 days)
ZORYVE TOPICAL CREAM 0.15 %	Tier 4	PA
ZORYVE TOPICAL FOAM 0.3 %	Tier 4	PA
Topical Antibiotics/Antiinflammatory, Steroidal		
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	Tier 4	
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	Tier 4	
Topical Anti-Inflammatory Steroidal		
ALA-SCALP TOPICAL LOTION 2 %	Tier 4	PA
<i>alclometasone topical cream 0.05 %</i>	Tier 2	
<i>alclometasone topical ointment 0.05 %</i>	Tier 2	
<i>amcinonide topical cream 0.1 %</i>	Tier 3	PA
<i>amcinonide topical ointment 0.1 %</i>	Tier 3	PA
ANUSOL-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	Tier 2	
APEXICON E TOPICAL CREAM 0.05 %	Tier 3	PA
BESER TOPICAL LOTION 0.05 %	Tier 3	
<i>betamethasone dipropionate topical cream 0.05 %</i>	Tier 2	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	Tier 2	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	Tier 2	
<i>betamethasone valerate topical cream 0.1 %</i>	Tier 2	
<i>betamethasone valerate topical foam 0.12 %</i>	Tier 2	
<i>betamethasone valerate topical lotion 0.1 %</i>	Tier 2	
<i>betamethasone valerate topical ointment 0.1 %</i>	Tier 2	
<i>betamethasone, augmented topical cream 0.05 %</i>	Tier 2	
<i>betamethasone, augmented topical gel 0.05 %</i>	Tier 3	
<i>betamethasone, augmented topical lotion 0.05 %</i>	Tier 2	
<i>betamethasone, augmented topical ointment 0.05 %</i>	Tier 2	
BRYHALI TOPICAL LOTION 0.01 %	Tier 4	PA
CAPEX TOPICAL SHAMPOO 0.01 %	Tier 4	
<i>clobetasol scalp solution 0.05 %</i>	Tier 2	
<i>clobetasol topical cream 0.025 %</i>	Tier 3	PA

Drug	Status	Notes
<i>clobetasol topical cream 0.05 %</i>	Tier 2	
<i>clobetasol topical foam 0.05 %</i>	Tier 2	
<i>clobetasol topical gel 0.05 %</i>	Tier 2	
<i>clobetasol topical lotion 0.05 %</i>	Tier 2	
<i>clobetasol topical ointment 0.05 %</i>	Tier 2	
<i>clobetasol topical shampoo 0.05 %</i>	Tier 2	
<i>clobetasol topical spray,non-aerosol 0.05 %</i>	Tier 2	
<i>clobetasol-emollient topical cream 0.05 %</i>	Tier 2	
<i>clobetasol-emollient topical foam 0.05 %</i>	Tier 3	
CLOBEX TOPICAL LOTION 0.05 %	Tier 4	
CLOBEX TOPICAL SHAMPOO 0.05 %	Tier 4	
CLOBEX TOPICAL SPRAY, NON-AEROSOL 0.05 %	Tier 4	
<i>clocortolone pivalate topical cream 0.1 %</i>	Tier 3	PA
CLODAN TOPICAL SHAMPOO 0.05 %	Tier 2	
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2	Tier 4	PA
CORDRAN TOPICAL CREAM 0.05 %	Tier 4	PA
CORDRAN TOPICAL LOTION 0.05 %	Tier 4	
CORDRAN TOPICAL OINTMENT 0.05 %	Tier 4	PA
DERMA-SMOOTH/FS BODY OIL TOPICAL OIL 0.01 %	Tier 4	QL (120 ML per 30 days)
DERMA-SMOOTH/FS SCALP OIL SCALP OIL 0.01 %	Tier 4	QL (120 ML per 30 days)
<i>desonide topical cream 0.05 %</i>	Tier 2	
<i>desonide topical gel 0.05 %</i>	Tier 3	PA
<i>desonide topical lotion 0.05 %</i>	Tier 2	
<i>desonide topical ointment 0.05 %</i>	Tier 2	
DESOWEN TOPICAL CREAM 0.05 %	Tier 4	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i>	Tier 2	
<i>desoximetasone topical gel 0.05 %</i>	Tier 3	
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i>	Tier 2	
<i>desoximetasone topical spray,non-aerosol 0.25 %</i>	Tier 3	
<i>diflorasone topical cream 0.05 %</i>	Tier 3	PA
<i>diflorasone topical ointment 0.05 %</i>	Tier 3	PA
DIPROLENE (AUGMENTED) TOPICAL OINTMENT 0.05 %	Tier 4	
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	Tier 2	QL (120 ML per 30 days)
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	Tier 2	
<i>fluocinolone topical oil 0.01 %</i>	Tier 2	QL (120 ML per 30 days)
<i>fluocinolone topical ointment 0.025 %</i>	Tier 2	
<i>fluocinolone topical solution 0.01 %</i>	Tier 2	QL (120 ML per 30 days)
<i>fluocinonide topical cream 0.05 %, 0.1 %</i>	Tier 2	
<i>fluocinonide topical gel 0.05 %</i>	Tier 2	
<i>fluocinonide topical ointment 0.05 %</i>	Tier 2	
<i>fluocinonide topical solution 0.05 %</i>	Tier 2	
FLUOCINONIDE-E TOPICAL CREAM 0.05 %	Tier 2	
<i>fluocinonide-emollient topical cream 0.05 %</i>	Tier 2	
<i>flurandrenolide topical cream 0.05 %</i>	Tier 3	PA

Drug	Status	Notes
<i>flurandrenolide topical lotion 0.05 %</i>	Tier 3	
<i>fluticasone propionate topical cream 0.05 %</i>	Tier 2	
<i>fluticasone propionate topical lotion 0.05 %</i>	Tier 3	
<i>fluticasone propionate topical ointment 0.005 %</i>	Tier 2	
<i>halcinonide topical cream 0.1 %</i>	Tier 3	PA
<i>halobetasol propionate topical cream 0.05 %</i>	Tier 2	
<i>halobetasol propionate topical foam 0.05 %</i>	Tier 3	PA
<i>halobetasol propionate topical ointment 0.05 %</i>	Tier 2	
HALOG TOPICAL CREAM 0.1 %	Tier 4	PA
HALOG TOPICAL OINTMENT 0.1 %	Tier 4	PA
HALOG TOPICAL SOLUTION 0.1 %	Tier 4	PA
<i>hydrocortisone acetate topical cream with perineal applicator 2.5 %</i>	Tier 3	PA
<i>hydrocortisone butyrate topical cream 0.1 %</i>	Tier 2	
<i>hydrocortisone butyrate topical lotion 0.1 %</i>	Tier 3	
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	Tier 2	
<i>hydrocortisone butyrate topical solution 0.1 %</i>	Tier 3	
<i>hydrocortisone topical cream 2.5 %</i>	Tier 2	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	Tier 2	
<i>hydrocortisone topical lotion 2 %</i>	Tier 3	
<i>hydrocortisone topical lotion 2.5 %</i>	Tier 2	
<i>hydrocortisone topical ointment 2.5 %</i>	Tier 2	
<i>hydrocortisone topical solution 2.5 %</i>	Tier 3	PA
<i>hydrocortisone valerate topical cream 0.2 %</i>	Tier 2	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	Tier 2	
IMPOYZ TOPICAL CREAM 0.025 %	Tier 4	PA
KENALOG TOPICAL AEROSOL 0.147 MG/GRAM	Tier 4	Age (Min 18 Years and Max 17 Years)
LEXETTE TOPICAL FOAM 0.05 %	Tier 4	PA
LOCOID LIPOCREAM TOPICAL CREAM 0.1 %	Tier 4	
LOCOID TOPICAL LOTION 0.1 %	Tier 4	
LUXIQ TOPICAL FOAM 0.12 %	Tier 4	
MICORT-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	Tier 3	PA
<i>mometasone topical cream 0.1 %</i>	Tier 2	
<i>mometasone topical ointment 0.1 %</i>	Tier 2	
<i>mometasone topical solution 0.1 %</i>	Tier 2	
OLUX TOPICAL FOAM 0.05 %	Tier 4	
OLUX-E TOPICAL FOAM 0.05 %	Tier 4	
PANDEL TOPICAL CREAM 0.1 %	Tier 4	PA
<i>prednicarbate topical cream 0.1 %</i>	Tier 2	
<i>prednicarbate topical ointment 0.1 %</i>	Tier 2	
PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	Tier 2	
PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	Tier 2	
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	Tier 2	
SCALACORT TOPICAL LOTION 2 %	Tier 3	PA

Drug	Status	Notes
SERNIVO TOPICAL SPRAY WITH PUMP 0.05 %	Tier 4	PA
SYNALAR TOPICAL CREAM 0.025 %	Tier 4	
SYNALAR TOPICAL OINTMENT 0.025 %	Tier 4	
SYNALAR TOPICAL SOLUTION 0.01 %	Tier 4	QL (120 ML per 30 days)
TEXACORT TOPICAL SOLUTION 2.5 %	Tier 4	PA
TOPICORT TOPICAL CREAM 0.05 %, 0.25 %	Tier 4	
TOPICORT TOPICAL GEL 0.05 %	Tier 4	
TOPICORT TOPICAL OINTMENT 0.05 %, 0.25 %	Tier 4	
TOPICORT TOPICAL SPRAY, NON-AEROSOL 0.25 %	Tier 4	
TOVET EMOLLIENT TOPICAL FOAM 0.05 %	Tier 3	
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i>	Tier 3	Age (Min 18 Years and Max 17 Years)
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	Tier 2	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	Tier 2	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %</i>	Tier 2	
TRIANEX TOPICAL OINTMENT 0.05 %	Tier 2	
TRIDERM TOPICAL CREAM 0.5 %	Tier 2	
ULTRAVATE TOPICAL LOTION 0.05 %	Tier 4	PA
VANOS TOPICAL CREAM 0.1 %	Tier 4	
VERDESO TOPICAL FOAM 0.05 %	Tier 4	PA
Topical Anti-Inflammatory, Nsaids		
<i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i>	Tier 3	PA
<i>diclofenac sodium topical drops 1.5 %</i>	Tier 3	
<i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram lactuation(2 %)</i>	Tier 3	PA
FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 %	Tier 4	PA
LICART TRANSDERMAL PATCH 24 HOUR 1.3 %	Tier 4	PA
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP 20 MG/GRAM /ACTUATION(2 %)	Tier 4	PA
Topical Janus Kinase (Jak) Inhibitors		
OPZELURA TOPICAL CREAM 1.5 %	Tier 7	PA; SP
Dermatology - Antipruritic Drugs		
Antipruritics, Topical		
<i>doxepin topical cream 5 %</i>	Tier 3	ST: Trial of TWO of the following is required: betamethasone dipropionate or valerate, calcipotriene , clobetasol, desoximetasone, fluocinonide, fluocinonide-emol, halobetasol, or tacrolimus oint
PRUDOXIN TOPICAL CREAM 5 %	Tier 4	ST: Trial of TWO of the following is required: betamethasone dipropionate or valerate, calcipotriene , clobetasol, desoximetasone, fluocinonide, fluocinonide-emol, halobetasol, or tacrolimus oint

Drug	Status	Notes
ZONALON TOPICAL CREAM 5 %	Tier 4	ST: Trial of TWO of the following is required: betamethasone dipropionate or valerate, calcipotriene , clobetasol, desoximetasone, fluocinonide, fluocinonide-emol, halobetasol, or tacrolimus oint
Dermatology - Miscellaneous		
Antiperspirants		
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 %	Tier 3	
DRYSOL TOPICAL SOLUTION 20 %	Tier 3	
Antiseborrheic Agents		
<i>selenium sulfide topical lotion 2.5 %</i>	Tier 2	
Antiseptics, General		
ALCOHOL PADS TOPICAL PADS, MEDICATED	Tier 4	
ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	Tier 4	
<i>alcohol swabs topical pads, medicated</i>	Tier 4	
ALCOHOL WIPES TOPICAL PADS, MEDICATED	Tier 4	
CARETOUCH ALCOHOL PREP PAD TOPICAL PADS, MEDICATED	Tier 4	
CURITY ALCOHOL SWABS TOPICAL PADS, MEDICATED	Tier 4	
DROPSAFE ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	Tier 4	
EASY COMFORT ALCOHOL PAD TOPICAL PADS, MEDICATED	Tier 4	
EASY TOUCH ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	Tier 4	
INCONTROL ALCOHOL PADS TOPICAL PADS, MEDICATED	Tier 4	
PRO COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED	Tier 4	
PURE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED	Tier 4	
SURE COMFORT ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	Tier 4	
SURE-PREP ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	Tier 4	
TRUE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED	Tier 4	
TRUE COMFORT PRO ALCOHOL PADS TOPICAL PADS, MEDICATED	Tier 4	
ULTILET ALCOHOL SWAB TOPICAL PADS, MEDICATED	Tier 4	
WEBCOL TOPICAL PADS, MEDICATED	Tier 4	
Iodine Antiseptics		
<i>povidone-iodine ophthalmic (eye) solution 5 %</i>	Tier 3	
Irrigants		
<i>acetic acid irrigation solution 0.25 %</i>	Tier 2	
CURITY STERILE WATER IRRIGATION SOLUTION	Tier 2	
<i>lactated ringers irrigation solution</i>	Tier 4	

Drug	Status	Notes
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	Tier 2	
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L	Tier 4	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L	Tier 4	
<i>ringer's irrigation solution</i>	Tier 2	
<i>sodium chloride irrigation solution 0.9 %</i>	Tier 2	
<i>sorbitol irrigation solution 3 %</i>	Tier 2	
<i>sorbitol-mannitol transurethral solution 2.7-0.54 gram/100 ml</i>	Tier 2	
<i>water for irrigation, sterile irrigation solution</i>	Tier 2	
Keratolytics		
CONDYLOX TOPICAL GEL 0.5 %	Tier 4	PA
<i>podofilox topical gel 0.5 %</i>	Tier 3	PA
<i>podofilox topical solution 0.5 %</i>	Tier 3	
Topical Anti-Inflammatory Steroid-Local Anesthetic		
EPIFOAM TOPICAL FOAM 1-1 %	Tier 4	
PRAMOSONE TOPICAL CREAM 1-1 %	Tier 4	
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 %	Tier 4	
Topical Antineoplastic & Premalignant Lesion Agnts		
<i>bexarotene topical gel 1 %</i>	Tier 6	PA; SP
CARAC TOPICAL CREAM 0.5 %	Tier 4	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: imiquimod 5% topical cream pack, fluorouracil 5% topical cream.
<i>diclofenac sodium topical gel 3 %</i>	Tier 3	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: imiquimod 5% topical cream pack, fluorouracil 5% topical cream.
EFUDEX TOPICAL CREAM 5 %	Tier 4	
<i>fluorouracil topical cream 0.5 %</i>	Tier 3	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: imiquimod 5% topical cream pack, fluorouracil 5% topical cream.
<i>fluorouracil topical cream 5 %</i>	Tier 2	
<i>fluorouracil topical solution 2 %</i>	Tier 2	
<i>fluorouracil topical solution 5 %</i>	Tier 3	
KLISYRI (250 MG) TOPICAL OINTMENT IN PACKET 1 %	Tier 4	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: imiquimod 5% topical cream pack, fluorouracil 5% topical cream.
KLISYRI (350 MG) TOPICAL OINTMENT IN PACKET 1 %	Tier 4	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: imiquimod 5% topical cream pack, fluorouracil 5% topical cream.
PANRETIN TOPICAL GEL 0.1 %	Tier 4	
TARGRETIN TOPICAL GEL 1 %	Tier 6	PA; SP

Drug	Status	Notes
TOLAK TOPICAL CREAM 4 %	Tier 4	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: imiquimod 5% topical cream pack, fluorouracil 5% topical cream.
VALCHLOR TOPICAL GEL 0.016 %	Tier 6	PA; SP
Topical Local Anesthetics		
<i>lidocaine topical adhesive patch,medicated 5 %</i>	Tier 3	
<i>lidocaine topical ointment 5 %</i>	Tier 2	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	Tier 2	
LIDOCAN III TOPICAL ADHESIVE PATCH,MEDICATED 5 %	Tier 3	
LIDOCAN IV TOPICAL ADHESIVE PATCH,MEDICATED 5 %	Tier 3	
LIDOCAN V TOPICAL ADHESIVE PATCH,MEDICATED 5 %	Tier 3	
LIDODERM TOPICAL ADHESIVE PATCH,MEDICATED 5 %	Tier 4	
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 %	Tier 4	PA
Topical/Mucous Membr./Subcut. Enzymes		
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	Tier 4	
Dermatology - Psoriasis/Eczema		
Antipsoriatic Agents,Systemic		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	Tier 3	
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML	Tier 7	PA; SP
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 320 MG/2 ML	Tier 7	PA; SP; QL (1 ML per 56 days)
BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML	Tier 7	PA; SP
BIMZELX SUBCUTANEOUS SYRINGE 320 MG/2 ML	Tier 7	PA; SP; QL (1 ML per 56 days)
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 7	PA; SP
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 7	PA; SP
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 7	PA; SP
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	Tier 7	PA; SP
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	Tier 7	PA; SP
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML	Tier 7	PA; SP
<i>methoxsalen oral capsule,liqd-filled,rapid rel 10 mg</i>	Tier 3	PA
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML	Tier 7	PA; SP; QL (3 ML per 28 days)
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 6	PA; SP; QL (1 ML per 84 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 6	PA; SP; QL (1 ML per 84 days)
SOTYKTU ORAL TABLET 6 MG	Tier 7	PA; SP; QL (28 EA per 28 days)
SPEVIGO SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 7	PA; SP; QL (1 ML per 28 days)
SPEVIGO SUBCUTANEOUS SYRINGE 300 MG/2 ML	Tier 7	PA; SP; QL (2 ML per 28 days)

Drug	Status	Notes
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 7	PA; SP
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 7	PA; SP
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO- INJECTOR 80 MG/ML	Tier 7	PA; SP
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	Tier 7	PA; SP
Antipsoriatics Agents		
<i>calcipotriene scalp solution 0.005 %</i>	Tier 2	
<i>calcipotriene topical cream 0.005 %</i>	Tier 2	
<i>calcipotriene topical foam 0.005 %</i>	Tier 3	PA
<i>calcipotriene topical ointment 0.005 %</i>	Tier 2	
<i>calcitriol topical ointment 3 mcg/gram</i>	Tier 3	ST: Trial of TWO of the following is required: betamethasone dipropionate or valerate, calcipotriene , clobetasol, desoximetasone, fluocinonide, fluocinonide-emol, halobetasol, or tacrolimus oint
DUOBRII TOPICAL LOTION 0.01-0.045 %	Tier 4	PA
SORILUX TOPICAL FOAM 0.005 %	Tier 4	PA
<i>tazarotene topical cream 0.05 %</i>	Tier 3	ST: Trial of TWO of the following is required: adapalene 0.1%-benzoyl peroxide 2.5% topical gel pump, tretinoin topical cream/gel, or tazarotene 0.1% topical cream; Age (Min 45 Years and Max 44 Years)
<i>tazarotene topical cream 0.1 %</i>	Tier 3	Age (Min 45 Years and Max 44 Years)
<i>tazarotene topical gel 0.05 %, 0.1 %</i>	Tier 3	ST: Trial of TWO of the following is required: adapalene 0.1%-benzoyl peroxide 2.5% topical gel pump, tretinoin topical cream/gel, or tazarotene 0.1% topical cream; Age (Min 45 Years and Max 44 Years)
TAZORAC TOPICAL CREAM 0.05 %	Tier 4	ST: Trial of TWO of the following is required: adapalene 0.1%-benzoyl peroxide 2.5% topical gel pump, tretinoin topical cream/gel, or tazarotene 0.1% topical cream; Age (Min 45 Years and Max 44 Years)
TAZORAC TOPICAL CREAM 0.1 %	Tier 4	Age (Min 45 Years and Max 44 Years)
TAZORAC TOPICAL GEL 0.05 %, 0.1 %	Tier 4	ST: Trial of TWO of the following is required: adapalene 0.1%-benzoyl peroxide 2.5% topical gel pump, tretinoin topical cream/gel, or tazarotene 0.1% topical cream; Age (Min 45 Years and Max 44 Years)
VECTICAL TOPICAL OINTMENT 3 MCG/GRAM	Tier 4	ST: Trial of TWO of the following is required: betamethasone dipropionate or valerate, calcipotriene , clobetasol, desoximetasone, fluocinonide, fluocinonide-emol, halobetasol, or tacrolimus oint
VTAMA TOPICAL CREAM 1 %	Tier 4	PA
ZORYVE TOPICAL CREAM 0.3 %	Tier 4	PA

Drug	Status	Notes
II-23 Receptor Antagonist, Monoclonal Antibody		
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML (100 MG/ML X 2)	Tier 7	PA; SP; QL (1 ML per 28 days)
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 300MG/3ML(100MG /ML-200 MG/2ML)	Tier 7	PA; SP; QL (3 ML per 28 days)
OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML (100 MG/ML X 2)	Tier 7	PA; SP; QL (1 ML per 28 days)
OMVOH SUBCUTANEOUS SYRINGE 300MG/3ML(100MG /ML-200 MG/2ML)	Tier 7	PA; SP; QL (3 ML per 28 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	Tier 6	PA; SP; QL (1.2 ML per 56 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	Tier 6	PA; SP; QL (2.4 ML per 56 days)
TREMFYA ONE-PRESS SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	Tier 7	PA; SP
TREMFYA PEN INDUCTION PK-CROHN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	Tier 7	PA; SP
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML	Tier 7	PA; SP
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML	Tier 7	PA; SP
Topical Immunosuppressive Agents		
ELIDEL TOPICAL CREAM 1 %	Tier 4	
<i>pimecrolimus topical cream 1 %</i>	Tier 3	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	Tier 3	
Topical Vit D Analog/Anti-inflammatory, Steroidal		
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	Tier 3	PA
<i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i>	Tier 3	PA
ENSTILAR TOPICAL FOAM 0.005-0.064 %	Tier 4	PA
TACLONEX TOPICAL SUSPENSION 0.005-0.064 %	Tier 4	PA
WYNZORA TOPICAL CREAM 0.005-0.064 %	Tier 4	PA
Diabetes		
Antihypergly, (Dpp-4) Inhibitor & Biguanide Comb.		
<i>alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg</i>	Tier 3	ST: Trial of the following is required: Metformin AND two of the following: Januvia, Janumet, Janumet XR, Jentaduetto, Jentaduetto XR, or Tradjenta; QL (60 EA per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	Tier 4	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: metformin HCl oral tablet, metformin HCl ER oral tablet.; QL (60 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-500 MG	Tier 3	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: metformin HCl oral tablet, metformin HCl ER oral tablet.; QL (30 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG	Tier 3	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: metformin HCl oral tablet, metformin HCl ER oral tablet.; QL (60 EA per 30 days)

Drug	Status	Notes
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	Tier 3	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: metformin HCl oral tablet, metformin HCl ER oral tablet.; QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	Tier 3	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: metformin HCl oral tablet, metformin HCl ER oral tablet.; QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	Tier 3	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: metformin HCl oral tablet, metformin HCl ER oral tablet.; QL (30 EA per 30 days)
KAZANO ORAL TABLET 12.5-1,000 MG, 12.5-500 MG	Tier 4	ST: Trial of the following is required: Metformin AND two of the following: Januvia, Janumet, Janumet XR, Jentadueto, Jentadueto XR, or Tradjenta; QL (60 EA per 30 days)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg, 5-1,000 mg, 5-500 mg</i>	Tier 3	ST: Trial of the following is required: Metformin AND two of the following: Januvia, Janumet, Janumet XR, Jentadueto, Jentadueto XR, or Tradjenta; QL (30 EA per 30 days)
<i>sitagliptin-metformin oral tablet 50-1,000 mg, 50-500 mg</i>	Tier 3	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: metformin HCl oral tablet, metformin HCl ER oral tablet.; QL (60 EA per 30 days)
<i>sitagliptin-metformin oral tablet, er multiphase 24 hr 100-1,000 mg, 50-1,000 mg, 50-500 mg</i>	Tier 3	ST: Trial of the following is required: Metformin AND two of the following: Januvia, Janumet, Janumet XR, Jentadueto, Jentadueto XR, or Tradjenta; QL (30 EA per 30 days)
ZITUVIMET ORAL TABLET 50-1,000 MG, 50-500 MG	Tier 4	ST: Trial of the following is required: Metformin AND two of the following: Januvia, Janumet, Janumet XR, Jentadueto, Jentadueto XR, or Tradjenta; QL (60 EA per 30 days)
ZITUVIMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	Tier 4	ST: Trial of the following is required: Metformin AND two of the following: Januvia, Janumet, Janumet XR, Jentadueto, Jentadueto XR, or Tradjenta; QL (30 EA per 30 days)
Antihypergly,Dpp-4 Enzyme Inhib &Thiazolidinedione		
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	Tier 3	ST: Trial of the following is required: Metformin AND two of the following: Januvia, Janumet, Janumet XR, Jentadueto, Jentadueto XR, or Tradjenta; QL (30 EA per 30 days)
OSENI ORAL TABLET 12.5-30 MG, 25-45 MG	Tier 4	ST: Trial of the following is required: Metformin AND two of the following: Januvia, Janumet, Janumet XR, Jentadueto, Jentadueto XR, or Tradjenta; QL (30 EA per 30 days)
Antihypergly,Incretin Mimetic(Glp-1 Recep.Agonist)		
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	Tier 4	PA; QL (3.4 ML per 28 days)
<i>exenatide subcutaneous pen injector 10 mcg/dose(250 mcg/ml) 2.4 ml</i>	Tier 3	PA; QL (2.4 ML per 30 days)

Drug	Status	Notes
<i>exenatide subcutaneous pen injector 5 mcg/dose (250 mcg/ml) 1.2 ml</i>	Tier 3	PA; QL (1.2 ML per 30 days)
<i>liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)</i>	Tier 3	PA; QL (9 ML per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	Tier 3	PA; QL (3 ML per 28 days)
RYBELSUS ORAL TABLET 1.5 MG, 14 MG, 3 MG, 4 MG, 7 MG, 9 MG	Tier 3	PA; QL (30 EA per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	Tier 3	PA; QL (2 ML per 28 days)
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	Tier 4	PA; QL (6 ML per 30 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	Tier 4	PA; QL (9 ML per 30 days)
Antihyperglycemic-Sod/Gluc Cotransport2(SglT2)Inhib		
BRENZAVVY ORAL TABLET 20 MG	Tier 4	ST: Documentation of trial, intolerance or contraindication to TWO of the following is required: Farxiga, Jardiance, Synjardy/Synjardy XR, Sigduo XR, Trijardy XR.; QL (30 EA per 30 days)
<i>dapagliflozin propanediol oral tablet 10 mg, 5 mg</i>	Tier 4	ST: Documentation of trial, intolerance or contraindication to TWO of the following is required: Farxiga, Jardiance, Synjardy/Synjardy XR, Sigduo XR, Trijardy XR.; QL (30 EA per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG	Tier 3	QL (30 EA per 30 days)
INPEFA ORAL TABLET 200 MG, 400 MG	Tier 4	ST: Documentation of trial, intolerance or contraindication to TWO of the following is required: Farxiga, Jardiance, Synjardy/Synjardy XR, Sigduo XR, Trijardy XR.; QL (30 EA per 30 days)
INVOKANA ORAL TABLET 100 MG, 300 MG	Tier 4	ST: Documentation of trial, intolerance or contraindication to TWO of the following is required: Farxiga, Jardiance, Synjardy/Synjardy XR, Sigduo XR, Trijardy XR.; QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	Tier 3	QL (30 EA per 30 days)
STEGLATRO ORAL TABLET 15 MG, 5 MG	Tier 4	ST: Documentation of trial, intolerance or contraindication to TWO of the following is required: Farxiga, Jardiance, Synjardy/Synjardy XR, Sigduo XR, Trijardy XR.; QL (30 EA per 30 days)
Antihyperglycemic - Dopamine Receptor Agonists		
CYCLOSET ORAL TABLET 0.8 MG	Tier 4	PA
Antihyperglycemic - Incretin Mimetics Combination		
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	Tier 3	PA; QL (2 ML per 28 days)

Drug	Status	Notes
Antihyperglycemic, Alpha-Glucosidase Inhib (N-S)		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 2	
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 3	QL (90 EA per 30 days)
PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 4	
Antihyperglycemic, Amylin Analog-Type		
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	Tier 4	PA
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	Tier 4	PA
Antihyperglycemic, Dpp-4 Inhibitors		
<i>alogliptin oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	Tier 3	ST: Trial of the following is required: Metformin AND two of the following: Januvia, Janumet, Janumet XR, Jentadueto, Jentadueto XR, or Tradjenta; QL (30 EA per 30 days)
BRYNOVIN ORAL SOLUTION 25 MG/ML	Tier 4	
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 3	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: metformin HCl oral tablet, metformin HCl ER oral tablet.; QL (30 EA per 30 days)
NESINA ORAL TABLET 12.5 MG, 25 MG	Tier 4	ST: Trial of the following is required: Metformin AND two of the following: Januvia, Janumet, Janumet XR, Jentadueto, Jentadueto XR, or Tradjenta; QL (30 EA per 30 days)
<i>saxagliptin oral tablet 2.5 mg, 5 mg</i>	Tier 3	ST: Trial of the following is required: Metformin AND two of the following: Januvia, Janumet, Janumet XR, Jentadueto, Jentadueto XR, or Tradjenta; QL (30 EA per 30 days)
<i>sitagliptin oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 3	ST: Trial of the following is required: Metformin AND two of the following: Januvia, Janumet, Janumet XR, Jentadueto, Jentadueto XR, or Tradjenta; QL (30 EA per 30 days)
TRADJENTA ORAL TABLET 5 MG	Tier 3	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: metformin HCl oral tablet, metformin HCl ER oral tablet.; QL (30 EA per 30 days)
ZITUVIO ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 4	ST: Trial of the following is required: Metformin AND two of the following: Januvia, Janumet, Janumet XR, Jentadueto, Jentadueto XR, or Tradjenta; QL (30 EA per 30 days)
Antihyperglycemic, Insulin-Release Stimulant Type		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	
<i>glimepiride oral tablet 3 mg</i>	Tier 3	PA
<i>glipizide oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 5 MG	Tier 4	
<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 3	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2	

Drug	Status	Notes
Antihyperglycemic, Insulin-Response Enhancer (N-S)		
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG	Tier 4	
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	Tier 2	
Antihyperglycemic, Sglit-2 & Dpp-4 Inhibitor Comb.		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	Tier 4	ST: Documentation of trial, intolerance or contraindication to TWO of the following is required: Farxiga, Jardiance, Synjardy/Synjardy XR, Sigduo XR, Trijardy XR.; QL (30 EA per 30 days)
QTERN ORAL TABLET 10-5 MG, 5-5 MG	Tier 4	ST: Documentation of trial, intolerance or contraindication to TWO of the following is required: Farxiga, Jardiance, Synjardy/Synjardy XR, Sigduo XR, Trijardy XR.; QL (30 EA per 30 days)
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG	Tier 4	ST: Documentation of trial, intolerance or contraindication to TWO of the following is required: Farxiga, Jardiance, Synjardy/Synjardy XR, Sigduo XR, Trijardy XR.; QL (30 EA per 30 days)
Antihyperglycemic, Biguanide Type (Non-Sulfonylurea)		
<i>metformin oral solution 500 mg/5 ml</i>	Tier 3	
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	Tier 1	
<i>metformin oral tablet 625 mg, 750 mg</i>	Tier 3	PA
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	Tier 1	
<i>metformin oral tablet extended release 24hr 1,000 mg, 500 mg</i>	Tier 3	PA
<i>metformin oral tablet, er gast. retention 24 hr 1,000 mg, 500 mg</i>	Tier 3	PA
RIOMET ORAL SOLUTION 500 MG/5 ML	Tier 4	
Antihyperglycemic, Insulin & Glp-1 Receptor Agonist		
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	Tier 4	PA; QL (18 ML per 30 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	Tier 4	PA; QL (15 ML per 28 days)
Antihyperglycemic, Insulin-Rel Stim. & Biguanide Cmb		
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 2	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	
Antihyperglycemic, Insulin-Response & Release Comb.		
DUETACT ORAL TABLET 30-2 MG, 30-4 MG	Tier 4	PA; QL (45 EA per 30 days)
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	Tier 3	PA; QL (45 EA per 30 days)
Antihyperglycemic-Glucocorticoid Receptor Blocker		
KORLYM ORAL TABLET 300 MG	Tier 4	PA; SP; QL (120 EA per 30 days)

Drug	Status	Notes
<i>mifepristone oral tablet 300 mg</i>	Tier 3	PA; SP; QL (120 EA per 30 days)
Antihyperglycemic-SglT2 Inhibitor & Biguanide Comb		
<i>dapaglifloz propaned-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg, 5-1,000 mg</i>	Tier 4	ST: Documentation of trial, intolerance or contraindication to TWO of the following is required: Farxiga, Jardiance, Synjardy/Synjardy XR, Sigduo XR, Trijardy XR.; QL (30 EA per 30 days)
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	Tier 4	ST: Documentation of trial, intolerance or contraindication to TWO of the following is required: Farxiga, Jardiance, Synjardy/Synjardy XR, Sigduo XR, Trijardy XR.; QL (60 EA per 30 days)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	Tier 4	ST: Documentation of trial, intolerance or contraindication to TWO of the following is required: Farxiga, Jardiance, Synjardy/Synjardy XR, Sigduo XR, Trijardy XR.; QL (60 EA per 30 days)
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG	Tier 4	ST: Documentation of trial, intolerance or contraindication to TWO of the following is required: Farxiga, Jardiance, Synjardy/Synjardy XR, Sigduo XR, Trijardy XR.; QL (60 EA per 30 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	Tier 3	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	Tier 3	QL (30 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	Tier 3	QL (60 EA per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-1,000 MG	Tier 3	QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-500 MG	Tier 3	QL (60 EA per 30 days)
Antihyperglycm,Insul-Resp.Enhancer & Biguanide Cmb		
ACTOPLUS MET ORAL TABLET 15-850 MG	Tier 4	QL (90 EA per 30 days)
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	Tier 3	QL (90 EA per 30 days)
Antihypergly-SglT-2 Inhib,Dpp-4 Inhib,Biguanide Cb		
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	Tier 3	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	Tier 3	QL (60 EA per 30 days)
Blood Sugar Diagnostics		
CONTOUR NEXT TEST STRIPS STRIP	Tier 3	
CONTOUR PLUS TEST STRIP STRIP	Tier 3	
CONTOUR TEST STRIPS STRIP	Tier 3	
FREESTYLE INSULINX STRIP	Tier 3	
FREESTYLE INSULINX TEST STRIPS STRIP	Tier 3	
FREESTYLE LITE STRIPS STRIP	Tier 3	
FREESTYLE PRECISION NEO STRIPS STRIP	Tier 3	

Drug	Status	Notes
FREESTYLE TEST STRIP	Tier 3	
Diabetic Supplies		
ACCU-CHEK AVIVA CONTROL SOLN SOLUTION	Tier 4	
ACCU-CHEK FASTCLIX LANCING DEV KIT	Tier 4	
ACCU-CHEK GUIDE ME GLUCOSE MTR	Tier 4	QL (1 EA per 180 days)
ACCU-CHEK SMARTVIEW CONTRL SOL SOLUTION	Tier 4	
ADJUSTABLE LANCING DEVICE	Tier 4	
ADVANCED LANCING DEVICE KIT	Tier 4	
ADVOCATE LANCING DEVICE	Tier 4	
ALTERNATE SITE LANCING DEVICE	Tier 4	
AQUA LANCE LANCING DEVICE	Tier 4	
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN	Tier 4	
AUTO-LANCET MINI	Tier 4	
AUTOLET IMPRESSION LANC DEV KIT	Tier 4	
AUTOLET LANCING DEVICE	Tier 4	
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS INSULIN PEN	Tier 4	
AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS INSULIN PEN	Tier 4	
CAREONE LANCING DEVICE	Tier 4	
CARETOUCH LANCING DEVICE	Tier 4	
CHOICE DM CLARUS NORM CONTROL SOLUTION	Tier 4	
CLEVER CHOICE LEVEL 1 CONTROL SOLUTION	Tier 4	
CLEVER CHOICE LEVEL 2 CONTROL SOLUTION	Tier 4	
CLEVER CHOICE LEVEL 3 CONTROL SOLUTION	Tier 4	
CONTOUR CONTROL SOLUTION, HIGH SOLUTION	Tier 3	QL (1 EA per 180 days)
CONTOUR CONTROL SOLUTION, LOW SOLUTION	Tier 3	QL (1 EA per 180 days)
CONTOUR CONTROL SOLUTION, NML SOLUTION	Tier 3	QL (1 EA per 180 days)
CONTOUR METER	Tier 3	QL (1 EA per 180 days)
CONTOUR NEXT EZ METER	Tier 3	QL (1 EA per 180 days)
CONTOUR NEXT GEN METER	Tier 3	QL (1 EA per 180 days)
CONTOUR NEXT GEN METER KIT	Tier 3	QL (1 EA per 180 days)
CONTOUR NEXT GLUCOSE METER KIT	Tier 3	QL (1 EA per 180 days)
CONTOUR NEXT LEV 1 CONTROL SOL SOLUTION	Tier 3	
CONTOUR NEXT LEV 2 CONTROL SOL SOLUTION	Tier 3	
CONTOUR NEXT LINK 2.4 KIT	Tier 3	
CONTOUR NEXT LINK KIT	Tier 3	
CONTOUR NEXT METER	Tier 3	QL (1 EA per 180 days)
CONTOUR NEXT ONE METER	Tier 3	QL (1 EA per 180 days)
DEXCOM G6 RECEIVER	Tier 4	
DEXCOM G6 SENSOR DEVICE	Tier 4	
DEXCOM G6 TRANSMITTER DEVICE	Tier 4	
DEXCOM G7 RECEIVER	Tier 4	
DEXCOM G7 SENSOR DEVICE	Tier 4	
DIATRUE CONTROL SOLN NORMAL SOLUTION	Tier 4	
DIATRUE CONTROL SOLUTION HIGH SOLUTION	Tier 4	

Drug	Status	Notes
DIATRUE CONTROL SOLUTION LOW SOLUTION	Tier 4	
DROPLET GENTEEL LANCING DEVICE	Tier 4	
DROPLET LANCING DEVICE	Tier 4	
EASY MINI EJECT LANCING DEVICE	Tier 4	
EASY PLUS II HIGH CONTROL SOLUTION	Tier 4	
EASY PLUS II LOW CONTROL SOLUTION	Tier 4	
EASY STEP HIGH CONTROL SOLN SOLUTION	Tier 4	
EASY STEP LOW CONTROL SOLUTION SOLUTION	Tier 4	
EASY STEP NORMAL CONTROL SOLN SOLUTION	Tier 4	
EASY TALK HIGH CONTROL SOLUTION	Tier 4	
EASY TALK LOW CONTROL SOLUTION	Tier 4	
EASY TOUCH LANCING DEVICE	Tier 4	
EASY TRAK HIGH CONTROL SOLUTION	Tier 4	
EASY TRAK LOW CONTROL SOLUTION	Tier 4	
ELEMENT HIGH CONTROL SOLUTION	Tier 4	
ELEMENT LOW CONTROL SOLUTION	Tier 4	
ELEMENT NORMAL CONTROL SOLUTION	Tier 4	
EMBRACE GLUCOSE CONTROL LOW SOLUTION	Tier 4	
FORA HIGH CONTROL SOLUTION	Tier 4	
FORA LANCING DEVICE	Tier 4	
FORA LOW CONTROL SOLUTION	Tier 4	
FORACARE GDH HIGH CONTROL SOLUTION	Tier 4	
FORACARE GDH LOW CONTROL SOLUTION	Tier 4	
FORACARE GDH NORMAL CONTROL SOLUTION	Tier 4	
FREESTYLE CONTROL SOLUTION	Tier 3	
FREESTYLE FLASH SYSTEM KIT	Tier 3	QL (1 EA per 180 days)
FREESTYLE FREEDOM KIT	Tier 3	QL (1 EA per 180 days)
FREESTYLE FREEDOM LITE KIT	Tier 3	QL (1 EA per 180 days)
FREESTYLE INSULINX	Tier 3	QL (1 EA per 180 days)
FREESTYLE LIBRE 14 DAY READER	Tier 3	
FREESTYLE LIBRE 14 DAY SENSOR KIT	Tier 3	
FREESTYLE LIBRE 2 PLUS SENSOR DEVICE	Tier 3	
FREESTYLE LIBRE 2 READER	Tier 3	
FREESTYLE LIBRE 2 SENSOR KIT	Tier 3	
FREESTYLE LIBRE 3 PLUS SENSOR DEVICE	Tier 3	
FREESTYLE LIBRE 3 READER	Tier 3	
FREESTYLE LIBRE 3 SENSOR DEVICE	Tier 3	
FREESTYLE LITE METER KIT	Tier 3	QL (1 EA per 180 days)
FREESTYLE PRECISION NEO METER	Tier 3	QL (1 EA per 180 days)
FREESTYLE SIDEKICK II KIT	Tier 3	QL (1 EA per 180 days)
FREESTYLE SYSTEM KIT KIT	Tier 3	QL (1 EA per 180 days)
GENTEEL VACUUM LANCING DEVICE COMBO PACK	Tier 4	
GUARDIAN 4 GLUCOSE SENSOR DEVICE	Tier 4	
GUARDIAN 4 TRANSMITTER DEVICE	Tier 4	
ILET INSULIN PUMP	Tier 4	
INCONTROL LANCING DEVICE	Tier 4	
INFINITY CONTROL SOLUTION HIGH SOLUTION	Tier 4	

Drug	Status	Notes
INFINITY CONTROL SOLUTION LOW SOLUTION	Tier 4	
INFINITY CONTROL SOLUTION NORM SOLUTION	Tier 4	
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN	Tier 4	
INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN	Tier 4	
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN	Tier 4	
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN	Tier 4	
INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN	Tier 4	
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN	Tier 4	
<i>lancing device</i>	Tier 4	
LANCING DEVICE WITH LANCETS	Tier 4	
<i>lancing device with lancets kit</i>	Tier 4	
LANCING SYSTEM	Tier 4	
LANZO LANCING DEVICE KIT	Tier 4	
MINI LANCING DEVICE	Tier 4	
MINIMED 630G INSULIN PUMP	Tier 4	
MINIMED 780G INSULIN PUMP	Tier 4	
MULTI-LANCET DEVICE 2 KIT	Tier 4	
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN	Tier 4	
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	Tier 4	
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	Tier 4	
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	Tier 4	
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	Tier 4	
ON CALL LANCING DEVICE	Tier 4	
ONETOUCH ULTRA2 METER	Tier 4	QL (1 EA per 180 days)
ONETOUCH VERIO FLEX METER	Tier 4	QL (1 EA per 180 days)
PRODIGY CONTROL SOLUTION, LOW SOLUTION	Tier 4	
PRODIGY CONTROL SOLUTION,HIGH SOLUTION	Tier 4	
PRODIGY LANCING DEVICE	Tier 4	
RELIAMED MINI LANCING DEVICE	Tier 4	
RIGHTEST GD500 LANCING DEVICE	Tier 4	
SMARTDIABETES VANTAGE	Tier 4	
SOLUS V2 CONTROL SOLUTION, LOW SOLUTION	Tier 4	
SOLUS V2 CONTROL SOLUTION,HIGH SOLUTION	Tier 4	
SOLUS V2 LANCING DEVICE KIT	Tier 4	
SURE COMFORT LANCING PEN	Tier 4	
SUREFLEX DEVICE WITH LANCETS KIT	Tier 4	
SUREFLEX LANCING DEVICE	Tier 4	
SURE-PEN LANCING DEVICE	Tier 4	
T:FLEX SUBCUTANEOUS CARTRIDGE	Tier 4	

Drug	Status	Notes
T:SLIM X2 BASAL-IQ INSULIN PMP	Tier 4	
T:SLIM X2 CONTROL-IQ	Tier 4	
T:SLIM X2 SUBCUTANEOUS CARTRIDGE	Tier 4	
TANDEM MOBI SYSTEM	Tier 4	
TD GOLD LEVEL 1 CONTROL SOLUTION	Tier 4	
TELCARE CONTROL SOLUTION	Tier 4	
TRUE METRIX LEVEL 1 SOLUTION	Tier 4	
TRUE METRIX LEVEL 2 SOLUTION	Tier 4	
TRUE METRIX LEVEL 3 SOLUTION	Tier 4	
TRUEDRAW LANCING DEVICE	Tier 4	
ULTI-LANCE	Tier 4	
ULTI-LANCE KIT	Tier 4	
UNISTIK 2 DEVICE KIT	Tier 4	
UNISTIK 2 EXTRA LANCET 21 GAUGE	Tier 3	
UNISTIK 2 NORMAL LANCET 21 GAUGE	Tier 4	
UNISTRIP LOW CONTROL SOLUTION	Tier 4	
V-GO 20 DEVICE	Tier 4	
V-GO 30 DEVICE	Tier 4	
V-GO 40 DEVICE	Tier 4	
Diabetic Ulcer Preparations, Topical		
REGRANEX TOPICAL GEL 0.01 %	Tier 4	
Hyperglycemics		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	Tier 4	
<i>diazoxide oral suspension 50 mg/ml</i>	Tier 3	
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	Tier 3	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	Tier 3	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	Tier 4	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	Tier 4	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	Tier 4	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	Tier 4	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	Tier 4	
PROGLYCEM ORAL SUSPENSION 50 MG/ML	Tier 4	
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	Tier 4	
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	Tier 4	
Insulins		
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 4	PA; QL (60 ML per 30 days)
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 4	PA; QL (60 ML per 30 days)

Drug	Status	Notes
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT (90)/ 12 UNIT (90)	Tier 4	PA
AFREZZA INHALATION CARTRIDGE WITH INHALER 8 UNIT	Tier 4	PA; QL (630 EA per 30 days)
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 4	PA; QL (60 ML per 30 days)
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 4	PA; QL (60 ML per 30 days)
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 4	ST: Trial of ONE of the following is required: insulin glargine-yfgn, insulin degludec, Rezvoglar Kwikpen, or Lantus; QL (60 ML per 30 days)
BASAGLAR TEMPO PEN(U-100)INSLN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML (3 ML)	Tier 4	ST: Trial of ONE of the following is required: insulin glargine-yfgn, insulin degludec, Rezvoglar Kwikpen, or Lantus; QL (60 ML per 30 days)
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	QL (60 ML per 30 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	Tier 3	QL (60 ML per 30 days)
FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML)	Tier 3	
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	QL (60 ML per 30 days)
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	Tier 4	PA; QL (60 ML per 30 days)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML)	Tier 4	PA; QL (60 ML per 30 days)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	Tier 4	PA; QL (60 ML per 30 days)
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	Tier 4	PA; QL (60 ML per 30 days)
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	Tier 4	PA; QL (60 ML per 30 days)
HUMALOG TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML	Tier 4	PA; QL (60 ML per 30 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	Tier 4	PA; QL (60 ML per 30 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 4	PA; QL (60 ML per 30 days)
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	Tier 4	PA; QL (60 ML per 30 days)
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	Tier 4	PA; QL (60 ML per 30 days)

Drug	Status	Notes
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 4	PA; QL (60 ML per 30 days)
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 4	PA; QL (60 ML per 30 days)
HUMULIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML	Tier 4	PA; QL (60 ML per 30 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	Tier 2	PA; QL (20 ML per 30 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	Tier 3	PA; QL (18 ML per 30 days)
<i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i>	Tier 2	QL (60 ML per 30 days)
<i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i>	Tier 2	QL (60 ML per 30 days)
<i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i>	Tier 2	QL (60 ML per 30 days)
<i>insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)</i>	Tier 2	QL (60 ML per 30 days)
<i>insulin aspart u-100 subcutaneous solution 100 unit/ml</i>	Tier 2	QL (60 ML per 30 days)
<i>insulin degludec subcutaneous insulin pen 100 unit/ml (3 ml), 200 unit/ml (3 ml)</i>	Tier 3	QL (60 ML per 30 days)
<i>insulin degludec subcutaneous solution 100 unit/ml</i>	Tier 3	QL (60 ML per 30 days)
<i>insulin glargine u-300 conc subcutaneous insulin pen 300 unit/ml (1.5 ml), 300 unit/ml (3 ml)</i>	Tier 3	ST: Trial of ONE of the following is required: insulin glargine-yfgn, insulin degludec, Rezvoglar Kwikpen, or Lantus; QL (75 ML per 30 days)
<i>insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)</i>	Tier 3	QL (70 ML per 30 days)
<i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i>	Tier 3	QL (70 ML per 30 days)
<i>insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)</i>	Tier 4	PA; QL (60 ML per 30 days)
<i>insulin lispro subcutaneous insulin pen 100 unit/ml</i>	Tier 4	PA; QL (60 ML per 30 days)
<i>insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml</i>	Tier 4	PA; QL (60 ML per 30 days)
<i>insulin lispro subcutaneous solution 100 unit/ml</i>	Tier 4	PA; QL (60 ML per 30 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 4	QL (70 ML per 30 days)
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 4	QL (70 ML per 30 days)
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 4	PA; QL (60 ML per 30 days)
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Tier 4	PA; QL (60 ML per 30 days)

Drug	Status	Notes
LYUMJEV TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML	Tier 4	PA; QL (60 ML per 30 days)
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 4	PA; QL (60 ML per 30 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	Tier 2	QL (60 ML per 30 days)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	Tier 2	QL (60 ML per 30 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	QL (60 ML per 30 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 2	QL (60 ML per 30 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	QL (60 ML per 30 days)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	Tier 2	QL (60 ML per 30 days)
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	QL (60 ML per 30 days)
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	Tier 2	QL (60 ML per 30 days)
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	Tier 2	QL (60 ML per 30 days)
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	Tier 2	QL (60 ML per 30 days)
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	QL (60 ML per 30 days)
REZVOGLAR KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	QL (70 ML per 30 days)
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 4	ST: Trial of ONE of the following is required: insulin glargine-yfgn, insulin degludec, Rezvoglar Kwikpen, or Lantus; QL (70 ML per 30 days)
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 4	ST: Trial of ONE of the following is required: insulin glargine-yfgn, insulin degludec, Rezvoglar Kwikpen, or Lantus; QL (70 ML per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	Tier 4	ST: Trial of ONE of the following is required: insulin glargine-yfgn, insulin degludec, Rezvoglar Kwikpen, or Lantus; QL (75 ML per 30 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	Tier 4	ST: Trial of ONE of the following is required: insulin glargine-yfgn, insulin degludec, Rezvoglar Kwikpen, or Lantus; QL (75 ML per 30 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 4	ST: Trial of ONE of the following is required: insulin glargine-yfgn, insulin degludec, Rezvoglar Kwikpen, or Lantus; QL (60 ML per 30 days)

Drug	Status	Notes
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Tier 4	ST: Trial of ONE of the following is required: insulin glargine-yfgn, insulin degludec, Rezvoglar Kwikpen, or Lantus; QL (60 ML per 30 days)
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 4	ST: Trial of ONE of the following is required: insulin glargine-yfgn, insulin degludec, Rezvoglar Kwikpen, or Lantus; QL (60 ML per 30 days)
Ear - General Disorders		
Ear Preparations Anti-Inflammatory		
DERMOTIC OIL OTIC (EAR) DROPS 0.01 %	Tier 4	
FLAC OTIC OIL OTIC (EAR) DROPS 0.01 %	Tier 2	
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	Tier 2	
Ear Preparations, Misc. Anti-Infectives		
<i>acetic acid otic (ear) solution 2 %</i>	Tier 2	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	Tier 3	
Ear Preparations, Antibiotics		
CETRALAX OTIC (EAR) DROPPERETTE 0.2 %	Tier 4	QL (120 EA per 30 days)
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	Tier 2	QL (120 EA per 30 days)
CORTISPORIN-TC OTIC (EAR) DROPS, SUSPENSION 3.3-3-10-0.5 MG/ML	Tier 4	
<i>neomycin-polymyxin-hc otic (ear) drops, suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	Tier 2	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	Tier 2	
<i>ofloxacin otic (ear) drops 0.3 %</i>	Tier 2	
Otic Preparations, Anti-Inflammatory-Antibiotics		
CIPRO HC OTIC (EAR) DROPS, SUSPENSION 0.2-1 %	Tier 4	
<i>ciprofloxacin-dexamethasone otic (ear) drops, suspension 0.3-0.1 %</i>	Tier 3	
<i>ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025 % (0.25 ml)</i>	Tier 3	
OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	Tier 4	
Electrolyte Regulation		
Arginine Vasopressin (Avp) Receptor Antagonists		
SAMSCA ORAL TABLET 15 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
SAMSCA ORAL TABLET 30 MG	Tier 7	PA; SP; QL (60 EA per 30 days)
<i>tolvaptan (polycys kidney dis) oral tablet 15 mg</i>	Tier 6	PA; SP; QL (30 EA per 30 days)
<i>tolvaptan oral tablet 15 mg</i>	Tier 6	PA; SP; QL (30 EA per 30 days)
<i>tolvaptan oral tablet 30 mg</i>	Tier 6	PA; SP; QL (60 EA per 30 days)
Electrolyte Depleters		
AURYXIA ORAL TABLET 210 MG IRON	Tier 4	
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	Tier 2	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	Tier 2	
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	Tier 4	
FOSRENOL ORAL TABLET, CHEWABLE 1,000 MG, 500 MG, 750 MG	Tier 4	

Drug	Status	Notes
KIONEX (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML	Tier 3	
<i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg</i>	Tier 3	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	Tier 3	
REVELA ORAL POWDER IN PACKET 0.8 GRAM, 2.4 GRAM	Tier 4	
REVELA ORAL TABLET 800 MG	Tier 4	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	Tier 3	
<i>sevelamer carbonate oral tablet 800 mg</i>	Tier 3	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	Tier 3	
<i>sodium polystyrene sulfonate oral powder 15 gram</i>	Tier 2	
SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML	Tier 3	
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML	Tier 3	
VELPHORO ORAL TABLET, CHEWABLE 500 MG	Tier 3	
VELTASSA ORAL POWDER IN PACKET 1 GRAM	Tier 4	PA; QL (120 EA per 30 days)
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 8.4 GRAM	Tier 4	PA; QL (30 EA per 30 days)
XPHOZAH ORAL TABLET 20 MG, 30 MG	Tier 7	PA; SP
Polycystic Kidney Disease Agent, Avp Recep. Antag		
<i>tolvaptan (polycys kidney dis) oral tablet 30 mg</i>	Tier 6	PA; SP; QL (60 EA per 30 days)
Potassium Replacement		
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ, 25 MEQ	Tier 3	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	Tier 4	
KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ	Tier 4	
KLOR-CON M10 ORAL TABLET, ER PARTICLES/CRYSTALS 10 MEQ	Tier 2	
KLOR-CON M15 ORAL TABLET, ER PARTICLES/CRYSTALS 15 MEQ	Tier 4	
KLOR-CON M20 ORAL TABLET, ER PARTICLES/CRYSTALS 20 MEQ	Tier 2	
KLOR-CON ORAL PACKET 20 MEQ	Tier 2	
KLOR-CON/EF ORAL TABLET, EFFERVESCENT 25 MEQ	Tier 3	
POKONZA ORAL PACKET 10 MEQ	Tier 4	PA
<i>potassium chloride intravenous solution 2 meq/ml</i>	Tier 2	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	Tier 2	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	Tier 2	
<i>potassium chloride oral packet 20 meq</i>	Tier 2	
<i>potassium chloride oral tablet extended release 10 meq, 15 meq, 20 meq, 8 meq</i>	Tier 2	

Drug	Status	Notes
<i>potassium chloride oral tablet, er particles/crystals 10 meq, 15 meq, 20 meq</i>	Tier 2	
Sodium/Saline Preparations		
<i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i>	Tier 2	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	Tier 2	
<i>sodium chloride 0.9 % (flush) injection syringe</i>	Tier 2	
<i>sodium chloride 0.9 % injection solution</i>	Tier 2	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	Tier 2	
<i>sodium chloride 0.9 % intravenous piggyback</i>	Tier 2	
<i>sodium chloride 3 % hypertonic intravenous parenteral solution 3 %</i>	Tier 2	
<i>sodium chloride 5 % hypertonic intravenous parenteral solution 5 %</i>	Tier 2	
<i>sodium chloride injection syringe 0.9 %</i>	Tier 2	
<i>sodium chloride intravenous solution 2.5 meq/ml, 4 meq/ml</i>	Tier 2	
Endocrine Disorder - Fertility		
Drugs To Treat Impotency		
<i>avanafil oral tablet 100 mg, 200 mg, 50 mg</i>	Tier 3	PA; QL (6 EA per 30 days)
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG	Tier 4	PA; QL (6 EA per 30 days)
CAVERJECT INTRACAVERNOSAL RECON SOLN 20 MCG, 40 MCG	Tier 4	PA; QL (6 EA per 30 days)
CAVERJECT INTRACAVERNOSAL SYRINGE 10 MCG, 20 MCG	Tier 4	PA; QL (6 EA per 30 days)
CIALIS ORAL TABLET 10 MG, 20 MG	Tier 4	PA; QL (6 EA per 30 days)
CIALIS ORAL TABLET 5 MG	Tier 4	PA; QL (30 EA per 30 days)
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG	Tier 4	PA; QL (6 EA per 30 days)
<i>sildenafil oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 3	PA; QL (6 EA per 30 days)
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG	Tier 4	PA; QL (6 EA per 30 days)
<i>tadalafil oral tablet 10 mg, 20 mg</i>	Tier 3	PA; QL (6 EA per 30 days)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	Tier 3	PA; QL (30 EA per 30 days)
<i>vardenafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 3	PA; QL (6 EA per 30 days)
<i>vardenafil oral tablet, disintegrating 10 mg</i>	Tier 3	PA
VIAGRA ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 4	PA; QL (6 EA per 30 days)
Endocrine Disorder - Other		
Adrenal Steroid Inhibitors		
ISTURISA ORAL TABLET 1 MG, 5 MG	Tier 7	PA; SP
RECORLEV ORAL TABLET 150 MG	Tier 7	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
CORTROPHIN GEL SUBCUTANEOUS SYRINGE 40 UNIT/0.5 ML, 80 UNIT/ML	Tier 6	PA; SP

Drug	Status	Notes
Antidiuretic And Vasopressor Hormones		
DDAVP ORAL TABLET 0.1 MG, 0.2 MG	Tier 4	
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	Tier 3	
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	Tier 3	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	Tier 2	
NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG	Tier 4	PA
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG	Tier 4	PA
Antineoplastic Lhrh(Gnrh) Agonist,Pituitary Suppr.		
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	Tier 6	PA; SP
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	Tier 6	PA; SP
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	Tier 6	PA; SP
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	Tier 6	PA; SP
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	Tier 5	PA; SP
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	Tier 6	PA; SP
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	Tier 6	PA; SP
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	Tier 6	PA; SP
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	Tier 6	PA; SP
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	Tier 6	PA; SP
Bone Formation Agents - Sclerostin Inhibitor, Mono		
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML, 210MG/2.34ML (105MG/1.17MLX2)	Tier 7	PA; SP; QL (2.34 ML per 28 days)
Bone Formation Stim. Agents - Parathyroid Hormone		
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML)	Tier 7	PA; SP
<i>teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)</i>	Tier 6	PA; SP
Bone Formation Stimulating Agts - Pth Rel Peptides		
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	Tier 7	PA; SP; QL (1.56 ML per 30 days)
Bone Resorption Inhibitor & Vitamin D Combinations		
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT	Tier 4	ST: Documentation of trial, intolerance or contraindication to the following is required: alendronate sodium oral tablet

Drug	Status	Notes
FOSAMAX PLUS D ORAL TABLET 70 MG- 5,600 UNIT	Tier 4	ST: Documentation of trial, intolerance or contraindication to the following is required: alendronate sodium oral tablet; QL (4 EA per 28 days)
Bone Resorption Inhibitors		
ACTONEL ORAL TABLET 150 MG, 35 MG	Tier 4	ST: Documentation of trial, intolerance or contraindication to the following is required: alendronate sodium oral tablet
<i>alendronate oral solution 70 mg/75 ml</i>	Tier 3	
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	Tier 1	
AELVIA ORAL TABLET, DELAYED RELEASE (DR/EC) 35 MG	Tier 4	ST: Documentation of trial, intolerance or contraindication to the following is required: alendronate sodium oral tablet; QL (4 EA per 28 days)
BINOSTO ORAL TABLET, EFFERVESCENT 70 MG	Tier 4	ST: Documentation of trial, intolerance or contraindication to the following is required: alendronate sodium oral tablet; QL (4 EA per 28 days)
<i>calcitonin (salmon) injection solution 200 unit/ml</i>	Tier 3	PA
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	Tier 2	
EVISTA ORAL TABLET 60 MG	Tier 4	
FOSAMAX ORAL TABLET 70 MG	Tier 4	
<i>ibandronate oral tablet 150 mg</i>	Tier 3	QL (1 EA per 28 days)
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	Tier 4	PA
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	Tier 6	PA; SP
<i>raloxifene oral tablet 60 mg</i>	Tier 2	
<i>risedronate oral tablet 150 mg, 30 mg</i>	Tier 3	ST: Documentation of trial, intolerance or contraindication to the following is required: alendronate sodium oral tablet
<i>risedronate oral tablet 35 mg, 5 mg</i>	Tier 2	ST: Documentation of trial, intolerance or contraindication to the following is required: alendronate sodium oral tablet
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i>	Tier 3	ST: Documentation of trial, intolerance or contraindication to the following is required: alendronate sodium oral tablet; QL (4 EA per 28 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	Tier 6	PA; SP
Calcimimetic, Parathyroid Calcium Enhancer		
<i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i>	Tier 3	
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG	Tier 4	
Growth Hormone Receptor Antagonists		
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	Tier 6	PA; SP
Growth Hormone Releasing Hormone (Ghrh) & Analogs		
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	Tier 6	PA; SP
EGRIFTA WR SUBCUTANEOUS KIT 11.6 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 7	PA; SP
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	Tier 7	PA; SP
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)	Tier 7	PA; SP
NGENLA SUBCUTANEOUS PEN INJECTOR 24 MG/1.2 ML (20 MG/ML), 60 MG/1.2 ML (50 MG/ML)	Tier 7	PA; SP
NORDITROPIN FLEXPPO 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 7	PA; SP
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML)	Tier 6	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 7	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 7	PA; SP
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG, 5 MG	Tier 7	PA; SP
Hyperparathyroid Tx Agents - Vitamin D Analog-Type		
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	Tier 3	
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	Tier 2	
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	Tier 4	PA; QL (28 EA per 28 days)
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	Tier 4	
Insulin-Like Growth Factor-1 (Igf-1) Hormones		
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	Tier 6	PA; SP
Leptin Hormone Analogs		
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	Tier 7	PA; SP
Lhrh (Gnrh) Antagonist,Estrogen And Progestin Comb		
MYFEMBREE ORAL TABLET 40-1-0.5 MG	Tier 4	PA; QL (28 EA per 28 days)
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	Tier 4	PA; QL (56 EA per 28 days)

Drug	Status	Notes
Lhrh(Gnrh) Agonist Analog Pituitary Suppressants		
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	Tier 6	PA; SP
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	Tier 6	PA; SP
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	Tier 6	PA; SP
Lhrh(Gnrh) Antagonist, Pituitary Suppressant Agents		
ORILISSA ORAL TABLET 150 MG	Tier 4	PA; QL (30 EA per 30 days)
ORILISSA ORAL TABLET 200 MG	Tier 4	PA; QL (60 EA per 30 days)
Lhrh(Gnrh) Agnst Pit. Sup-Central Precocious Puberty		
FENSOLVI SUBCUTANEOUS SYRINGE 45 MG	Tier 7	PA; SP
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	Tier 6	PA; SP
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	Tier 6	PA; SP
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	Tier 6	PA; SP
Menopausal Sympt Supp-Sel Estrogen Recep Modulator		
OSPHENA ORAL TABLET 60 MG	Tier 3	PA
Natriuretic Peptides		
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
Parathyroid Hormones		
YORVIPATH SUBCUTANEOUS PEN INJECTOR 168 MCG/0.56 ML, 294 MCG/0.98 ML, 420 MCG/1.4 ML	Tier 7	PA; SP
Pituitary Suppressive Agents		
<i>cabergoline oral tablet 0.5 mg</i>	Tier 2	
CRENESSITY ORAL CAPSULE 100 MG, 25 MG, 50 MG	Tier 7	PA; SP
CRENESSITY ORAL SOLUTION 50 MG/ML	Tier 7	PA; SP
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	Tier 2	
Endocrine Disorder - Thyroid		
Antithyroid Preparations		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier 2	
<i>propylthiouracil oral tablet 50 mg</i>	Tier 2	
Thyroid Hormones		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	Tier 3	ST: Trial of TWO of the following is required: levothyroxine capsule, liothyronine tablet
CYTOMEL ORAL TABLET 25 MCG	Tier 4	QL (30 EA per 30 days)
CYTOMEL ORAL TABLET 5 MCG	Tier 4	QL (120 EA per 30 days)
CYTOMEL ORAL TABLET 50 MCG	Tier 4	QL (60 EA per 30 days)
ERMEZA ORAL SOLUTION 30 MCG/ML	Tier 4	QL (300 ML per 30 days)
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 4	

Drug	Status	Notes
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 4	
<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>	Tier 3	QL (30 EA per 30 days)
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Tier 2	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 4	
LIOMNY ORAL TABLET 25 MCG	Tier 2	QL (30 EA per 30 days)
LIOMNY ORAL TABLET 5 MCG	Tier 2	QL (120 EA per 30 days)
LIOMNY ORAL TABLET 50 MCG	Tier 2	QL (60 EA per 30 days)
<i>liothyronine oral tablet 25 mcg</i>	Tier 2	QL (30 EA per 30 days)
<i>liothyronine oral tablet 5 mcg</i>	Tier 2	QL (120 EA per 30 days)
<i>liothyronine oral tablet 50 mcg</i>	Tier 2	QL (60 EA per 30 days)
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 4	
THYQUIDITY ORAL SOLUTION 20 MCG/ML	Tier 4	QL (450 ML per 30 days)
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG	Tier 4	QL (30 EA per 30 days)
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML	Tier 4	QL (30 ML per 30 days)
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 4	
Eye - General Disorders		
Eye Antibiotic-Corticoid Combinations		
MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION 3.5MG/ML-10,000 UNIT/ML-0.1 %	Tier 4	
MAXITROL OPHTHALMIC (EYE) OINTMENT 3.5 MG/G-10,000 UNIT/G-0.1 %	Tier 4	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	Tier 3	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	Tier 2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	Tier 2	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	Tier 3	
NEO-POLYCYN HC OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT/G-1%	Tier 3	

Drug	Status	Notes
PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT 0.3-0.6 %	Tier 4	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	Tier 4	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	Tier 4	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	Tier 2	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	Tier 4	
Eye Antiinflammatory Agents		
ACULAR LS OPHTHALMIC (EYE) DROPS 0.4 %	Tier 4	PA
ACULAR OPHTHALMIC (EYE) DROPS 0.5 %	Tier 4	
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %	Tier 4	
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	Tier 4	PA
<i>bromfenac ophthalmic (eye) drops 0.07 %, 0.075 %</i>	Tier 3	
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	Tier 3	PA
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	Tier 4	
<i>clobetasol ophthalmic (eye) drops,suspension 0.05 %</i>	Tier 4	PA
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	Tier 2	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	Tier 2	
<i>difluprednate ophthalmic (eye) drops 0.05 %</i>	Tier 3	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	Tier 4	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 4	PA
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 3	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	Tier 3	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	Tier 2	
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 4	
FML LIQUIFILM OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 4	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	Tier 4	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	Tier 4	
<i>ketorolac ophthalmic (eye) drops 0.4 %</i>	Tier 3	PA
<i>ketorolac ophthalmic (eye) drops 0.5 %</i>	Tier 2	
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %	Tier 4	
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.5 %	Tier 4	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	Tier 4	
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	Tier 4	

Drug	Status	Notes
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i>	Tier 3	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i>	Tier 3	PA
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	Tier 3	
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 4	
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 4	
PRED FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	Tier 4	
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	Tier 4	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	Tier 2	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	Tier 2	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	Tier 4	
Eye Antivirals		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	Tier 2	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	Tier 4	PA
Eye Sulfonamides		
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	Tier 2	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	Tier 3	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	Tier 2	
Eye Vasoconstrictors (Rx Only)		
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	Tier 2	
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 %	Tier 4	PA; QL (60 EA per 30 days)
Nicotinic Recept.Partial Agonist, Alpha4beta2 Spec		
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY	Tier 4	QL (8.4 ML per 30 days)
Ophthalmic (Eye) Antiparasitics		
XDEMVIY OPHTHALMIC (EYE) DROPS 0.25 %	Tier 4	PA
Ophthalmic Antibiotics		
AZASITE OPHTHALMIC (EYE) DROPS 1 %	Tier 4	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	Tier 3	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	Tier 2	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	Tier 4	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	Tier 4	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	Tier 2	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	Tier 2	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	Tier 3	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	Tier 2	
<i>levofloxacin ophthalmic (eye) drops 0.5 %, 1.5 %</i>	Tier 2	

Drug	Status	Notes
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	Tier 3	
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	Tier 3	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	Tier 2	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	Tier 3	
NEO-POLYCIN OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT-UNIT/G	Tier 2	
OCUFLOX OPHTHALMIC (EYE) DROPS 0.3 %	Tier 4	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	Tier 2	
POLYCIN OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM	Tier 2	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	Tier 2	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	Tier 2	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	Tier 4	
VIGAMOX OPHTHALMIC (EYE) DROPS 0.5 %	Tier 4	
Ophthalmic Antifungal Agents		
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	Tier 4	
Ophthalmic Anti-Inflammatory Immunomodulator-Type		
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %	Tier 4	ST: Documentation of trial, intolerance or contraindication to the following is required: cyclosporine ophthalmic solution; QL (60 EA per 30 days)
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>	Tier 3	QL (60 EA per 30 days)
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	Tier 4	ST: Documentation of trial, intolerance or contraindication to the following is required: cyclosporine ophthalmic solution; QL (5.5 ML per 28 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	Tier 4	QL (60 EA per 30 days)
VERKAZIA OPHTHALMIC (EYE) DROPPERETTE 0.1 %	Tier 4	ST: Documentation of trial, intolerance or contraindication to the following is required: cyclosporine ophthalmic solution
VEVYE OPHTHALMIC (EYE) DROPS 0.1 %	Tier 4	ST: Documentation of trial, intolerance or contraindication to the following is required: cyclosporine ophthalmic solution
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	Tier 4	ST: Documentation of trial, intolerance or contraindication to the following is required: cyclosporine ophthalmic solution; QL (60 EA per 30 days)
Ophthalmic Human Nerve Growth Factor (Hngf)		
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	Tier 7	PA; SP; QL (28 ML per 28 days)
Ophthalmic Mast Cell Stabilizers		
<i>cromolyn ophthalmic (eye) drops 4 %</i>	Tier 2	
Eye - Glaucoma		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide oral capsule, extended release 500 mg</i>	Tier 2	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	Tier 2	

Drug	Status	Notes
<i>methazolamide oral tablet 25 mg, 50 mg</i>	Tier 3	
Miotics/Other Intraoc. Pressure Reducers		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %, 0.15 %	Tier 4	ST: Trial of TWO of the following is required: brimonidine, carteolol, dorzolamide, latanoprost, levobunolol, timolol maleate drops
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	Tier 3	ST: Trial of TWO of the following is required: brimonidine, carteolol, dorzolamide, latanoprost, levobunolol, timolol maleate drops
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	Tier 4	ST: Trial of TWO of the following is required: brimonidine, carteolol, dorzolamide, latanoprost, levobunolol, timolol maleate drops
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	Tier 3	
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %	Tier 4	ST: Trial of TWO of the following is required: brimonidine, carteolol, dorzolamide, latanoprost, levobunolol, timolol maleate drops
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 4	ST: Trial of TWO of the following is required: brimonidine, carteolol, dorzolamide, latanoprost, levobunolol, timolol maleate drops
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	Tier 3	ST: Trial of TWO of the following is required: brimonidine, carteolol, dorzolamide, latanoprost, levobunolol, timolol maleate drops
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i>	Tier 3	ST: Trial of TWO of the following is required: brimonidine, carteolol, dorzolamide, latanoprost, levobunolol, timolol maleate drops
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	Tier 2	
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>	Tier 3	ST: Trial of TWO of the following is required: brimonidine, carteolol, dorzolamide, latanoprost, levobunolol, timolol maleate drops
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i>	Tier 3	ST: Trial of TWO of the following is required: brimonidine, carteolol, dorzolamide, latanoprost, levobunolol, timolol maleate drops
<i>carteolol ophthalmic (eye) drops 1 %</i>	Tier 2	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	Tier 4	ST: Trial of TWO of the following is required: brimonidine, carteolol, dorzolamide, latanoprost, levobunolol, timolol maleate drops
COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE 2-0.5 %	Tier 4	
COSOPT OPHTHALMIC (EYE) DROPS 22.3-6.8 MG/ML	Tier 4	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	Tier 2	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	Tier 3	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	Tier 2	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	Tier 4	ST: Trial of TWO of the following is required: brimonidine, carteolol, dorzolamide, latanoprost, levobunolol, timolol maleate drops
ISTALOL OPHTHALMIC (EYE) DROPS, ONCE DAILY 0.5 %	Tier 4	ST: Trial of TWO of the following is required: brimonidine, carteolol, dorzolamide, latanoprost, levobunolol, timolol maleate drops

Drug	Status	Notes
IYUZEH (PF) OPHTHALMIC (EYE) DROPPERETTE 0.005 %	Tier 4	PA
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	Tier 2	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	Tier 2	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	Tier 4	ST: Trial of TWO of the following is required: brimonidine, carteolol, dorzolamide, latanoprost, levobunolol, timolol maleate drops
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	Tier 4	PA
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	Tier 2	
<i>pilocarpine hcl ophthalmic (eye) drops 1.25 %</i>	Tier 3	PA
QLOSI OPHTHALMIC (EYE) DROPPERETTE 0.4 %	Tier 4	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	Tier 4	ST: Trial of TWO of the following is required: brimonidine, carteolol, dorzolamide, latanoprost, levobunolol, timolol maleate drops
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	Tier 4	PA
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	Tier 4	ST: Trial of TWO of the following is required: brimonidine, carteolol, dorzolamide, latanoprost, levobunolol, timolol maleate drops
<i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i>	Tier 3	ST: Trial of TWO of the following is required: brimonidine, carteolol, dorzolamide, latanoprost, levobunolol, timolol maleate drops
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %</i>	Tier 3	ST: Trial of TWO of the following is required: brimonidine, carteolol, dorzolamide, latanoprost, levobunolol, timolol maleate drops
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	Tier 2	
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i>	Tier 3	ST: Trial of TWO of the following is required: brimonidine, carteolol, dorzolamide, latanoprost, levobunolol, timolol maleate drops
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	Tier 3	
<i>timolol ophthalmic (eye) drops 0.5 %</i>	Tier 3	ST: Trial of TWO of the following is required: brimonidine, carteolol, dorzolamide, latanoprost, levobunolol, timolol maleate drops
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %, 0.5 %	Tier 4	ST: Trial of TWO of the following is required: brimonidine, carteolol, dorzolamide, latanoprost, levobunolol, timolol maleate drops
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 %	Tier 4	ST: Trial of TWO of the following is required: brimonidine, carteolol, dorzolamide, latanoprost, levobunolol, timolol maleate drops
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	Tier 3	ST: Trial of TWO of the following is required: brimonidine, carteolol, dorzolamide, latanoprost, levobunolol, timolol maleate drops
VUITY OPHTHALMIC (EYE) DROPS 1.25 %	Tier 4	
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	Tier 4	ST: Trial of TWO of the following is required: brimonidine, carteolol, dorzolamide, latanoprost, levobunolol, timolol maleate drops
XALATAN OPHTHALMIC (EYE) DROPS 0.005 %	Tier 4	

Drug	Status	Notes
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 %	Tier 4	ST: Trial of TWO of the following is required: brimonidine, carteolol, dorzolamide, latanoprost, levobunolol, timolol maleate drops
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %	Tier 4	ST: Trial of TWO of the following is required: brimonidine, carteolol, dorzolamide, latanoprost, levobunolol, timolol maleate drops
Mydriatics		
<i>atropine ophthalmic (eye) drops 1 %</i>	Tier 2	
<i>atropine sulfate (pf) ophthalmic (eye) dropperette 1 %</i>	Tier 3	
CYCLOGYL OPHTHALMIC (EYE) DROPS 0.5 %, 1 %, 2 %	Tier 4	
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %	Tier 4	
<i>cyclopentolate ophthalmic (eye) drops 1 %</i>	Tier 2	
HOMATROPAIRE OPHTHALMIC (EYE) DROPS 5 %	Tier 2	
MYDRIACYL OPHTHALMIC (EYE) DROPS 1 %	Tier 4	
<i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>	Tier 2	
Eye - Miscellaneous		
Ophthalmic Cystine Depleting Agents		
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	Tier 7	PA; SP; QL (20 ML per 28 days)
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	Tier 6	PA; SP; QL (60 ML per 28 days)
Fluid Replacement		
Nucleic Acid/Nucleotide Supplements		
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	Tier 6	PA; SP
Gout And Related Diseases		
Colchicine		
<i>colchicine oral capsule 0.6 mg</i>	Tier 3	
<i>colchicine oral tablet 0.6 mg</i>	Tier 2	
COLCRYS ORAL TABLET 0.6 MG	Tier 4	
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML	Tier 4	
MITIGARE ORAL CAPSULE 0.6 MG	Tier 4	
Hyperuricemia Tx - Purine Inhibitors		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	Tier 2	
<i>allopurinol oral tablet 200 mg</i>	Tier 3	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	Tier 3	
ULORIC ORAL TABLET 40 MG, 80 MG	Tier 4	
ZYLOPRIM ORAL TABLET 100 MG	Tier 4	
Uricosuric Agents		
<i>probenecid oral tablet 500 mg</i>	Tier 2	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	Tier 2	
Hematological Disorders		
Agents To Tx Thrombotic Thrombocytopenic Purpura		
CABLIVI INJECTION KIT 11 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
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	Tier 2	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	Tier 2	

Drug	Status	Notes
Antifibrinolytic Agents		
AMICAR ORAL SOLUTION 250 MG/ML (25 %)	Tier 4	PA
AMICAR ORAL TABLET 1,000 MG, 500 MG	Tier 4	PA
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i>	Tier 3	PA
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i>	Tier 3	PA
<i>tranexamic acid oral tablet 650 mg</i>	Tier 2	QL (30 EA per 30 days)
Complement (C3) Inhibitors		
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML	Tier 7	PA; SP; QL (5.714 ML per 1 day)
Direct Factor Xa Inhibitors		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	Tier 3	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	Tier 3	
<i>rivaroxaban oral suspension for reconstitution 1 mg/ml</i>	Tier 3	
<i>rivaroxaban oral tablet 2.5 mg</i>	Tier 3	
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG	Tier 4	ST: Documentation of trial, intolerance or contraindication to the following is required: Eliquis (apixaban) oral tablet AND Xarelto (rivaroxaban) oral tablet.
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	Tier 3	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	Tier 3	
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	Tier 3	
Hematinics,Other		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	Tier 7	PA; SP
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML	Tier 7	PA; SP
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	Tier 7	PA; SP
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 7	PA; SP
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	Tier 7	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 6	PA; SP
Hemorrhologic Agents		
<i>pentoxifylline oral tablet extended release 400 mg</i>	Tier 2	

Drug	Status	Notes
Heparin And Related Preparations		
ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML, 2.5 MG/0.5 ML, 5 MG/0.4 ML, 7.5 MG/0.6 ML	Tier 4	
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	Tier 2	
<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>	Tier 2	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 2.5 mg/0.5 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	Tier 3	
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML, 25,000 ANTI-XA UNIT/ML	Tier 4	
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML, 7,500 ANTI-XA UNIT/0.3 ML	Tier 4	
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	Tier 2	
<i>heparin (porcine) injection solution 10,000 unit/ml, 20,000 unit/ml</i>	Tier 2	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	Tier 2	
HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 100 UNIT/ML	Tier 2	
<i>heparin, porcine (pf) injection solution 5,000 unit/0.5 ml</i>	Tier 2	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml</i>	Tier 2	
<i>heparin, porcine (pf) intravenous syringe 100 unit/ml</i>	Tier 2	
LOVENOX SUBCUTANEOUS SOLUTION 300 MG/3 ML	Tier 4	
LOVENOX SUBCUTANEOUS SYRINGE 100 MG/ML, 120 MG/0.8 ML, 150 MG/ML, 30 MG/0.3 ML, 40 MG/0.4 ML, 60 MG/0.6 ML, 80 MG/0.8 ML	Tier 4	
Human Monoclonal Antibody Complement(C5) Inhibitor		
FABHALTA ORAL CAPSULE 200 MG	Tier 7	PA; SP; QL (60 EA per 30 days)
TAVNEOS ORAL CAPSULE 10 MG	Tier 7	PA; SP; QL (180 EA per 30 days)
VOYDEYA ORAL TABLET 100 MG, 150 MG (50 MG X 1-100 MG X 1)	Tier 7	PA; SP; QL (180 EA per 30 days)
ZILBRYSQ SUBCUTANEOUS SYRINGE 16.6 MG/0.416 ML	Tier 7	PA; SP; QL (11.65 ML per 28 days)
ZILBRYSQ SUBCUTANEOUS SYRINGE 23 MG/0.574 ML	Tier 7	PA; SP; QL (16.08 ML per 28 days)
ZILBRYSQ SUBCUTANEOUS SYRINGE 32.4 MG/0.81 ML	Tier 7	PA; SP; QL (22.68 ML per 28 days)
Hypoxia Inducible Factor Prolyl Hydroxylase Inh.		
VAFSEO ORAL TABLET 150 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
VAFSEO ORAL TABLET 300 MG	Tier 7	PA; SP; QL (60 EA per 30 days)
Leukocyte (Wbc) Stimulants		
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 6	PA; SP

Drug	Status	Notes
FYLNETRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 7	PA; SP
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 6	PA; SP
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 7	PA; SP
LEUKINE INJECTION RECON SOLN 250 MCG	Tier 6	PA; SP
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 7	PA; SP
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 7	PA; SP
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 7	PA; SP
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 6	PA; SP
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 6	PA; SP
NYPOZI INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 7	PA; SP
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 7	PA; SP
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 7	PA; SP
ROLVEDON SUBCUTANEOUS SYRINGE 13.2 MG/0.6 ML	Tier 7	PA; SP
STIMUFEND SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 7	PA; SP
UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 6 MG/0.6 ML	Tier 7	PA; SP
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 7	PA; SP
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 7	PA; SP
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 7	PA; SP
Platelet Aggregation Inhibitors		
ADULT ASPIRIN REGIMEN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	Tier 3	\$0 COPAY IF 12-59 YEARS OF AGE
ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	Tier 3	\$0 COPAY IF 12-59 YEARS OF AGE
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG	Tier 3	\$0 COPAY IF 12-59 YEARS OF AGE
<i>aspirin oral tablet 81 mg</i>	Tier 3	\$0 COPAY IF 12-59 YEARS OF AGE
<i>aspirin oral tablet,chewable 81 mg</i>	Tier 3	\$0 COPAY IF 12-59 YEARS OF AGE
<i>aspirin oral tablet,delayed release (dr/ec) 81 mg</i>	Tier 3	\$0 COPAY IF 12-59 YEARS OF AGE
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	Tier 3	
BAYER LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	Tier 3	\$0 COPAY IF 12-59 YEARS OF AGE
BRILINTA ORAL TABLET 60 MG, 90 MG	Tier 3	QL (60 EA per 30 days)

Drug	Status	Notes
CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG	Tier 3	\$0 COPAY IF 12-59 YEARS OF AGE
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Tier 2	
<i>clopidogrel oral tablet 300 mg, 75 mg</i>	Tier 2	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 2	
DURLAZA ORAL CAPSULE,EXTENDED RELEASE 24HR 162.5 MG	Tier 4	PA
ECOTRIN LOW STRENGTH ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	Tier 4	\$0 COPAY IF 12-59 YEARS OF AGE
EFFIENT ORAL TABLET 10 MG, 5 MG	Tier 4	
PLAVIX ORAL TABLET 75 MG	Tier 4	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	Tier 3	
ST JOSEPH ASPIRIN ORAL TABLET,CHEWABLE 81 MG	Tier 3	\$0 COPAY IF 12-59 YEARS OF AGE
ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	Tier 3	\$0 COPAY IF 12-59 YEARS OF AGE
<i>ticagrelor oral tablet 60 mg, 90 mg</i>	Tier 3	QL (60 EA per 30 days)
ZONTIVITY ORAL TABLET 2.08 MG	Tier 4	PA; QL (30 EA per 30 days)
Platelet Reducing Agents		
AGRYLIN ORAL CAPSULE 0.5 MG	Tier 4	
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	Tier 2	
Pyruvate Kinase Activators		
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	Tier 7	PA; SP; QL (60 EA per 30 days)
PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7)	Tier 7	PA; SP; QL (60 EA per 30 days)
Sickle Cell Anemia Agents		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	Tier 4	
ENDARI ORAL POWDER IN PACKET 5 GRAM	Tier 4	
<i>glutamine (sickle cell) oral powder in packet 5 gram</i>	Tier 3	
SIKLOS ORAL TABLET 1,000 MG, 100 MG	Tier 4	PA
XROMI ORAL SOLUTION 100 MG/ML	Tier 4	PA
Spleen Tyrosine Kinase Inhibitors		
TAVALISSE ORAL TABLET 100 MG, 150 MG	Tier 7	PA; SP
Thrombin Inhibitors,Selective,Direct, & Reversible		
<i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i>	Tier 3	ST: Documentation of trial, intolerance or contraindication to the following is required: Eliquis (apixaban) oral tablet AND Xarelto (rivaroxaban) oral tablet.
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	Tier 4	ST: Documentation of trial, intolerance or contraindication to the following is required: Eliquis (apixaban) oral tablet AND Xarelto (rivaroxaban) oral tablet.
PRADAXA ORAL PELLETS IN PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG	Tier 4	ST: Documentation of trial, intolerance or contraindication to the following is required: Eliquis (apixaban) oral tablet AND Xarelto (rivaroxaban) oral tablet.
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 7	PA; SP
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	Tier 7	PA; SP

Drug	Status	Notes
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	Tier 7	PA; SP
<i>eltrombopag olamine oral powder in packet 12.5 mg, 25 mg</i>	Tier 6	PA; SP
<i>eltrombopag olamine oral tablet 12.5 mg, 25 mg, 50 mg, 75 mg</i>	Tier 6	PA; SP
MULPLETA ORAL TABLET 3 MG	Tier 7	PA; SP
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	Tier 6	PA; SP
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	Tier 6	PA; SP
Vitamin K Preparations		
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	Tier 2	
Hormonal Deficiency		
Androgen/Estrogen Preps For Female Sexual Dysfunc		
INTRAROSA VAGINAL INSERT 6.5 MG	Tier 4	PA
Androgenic Agents		
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	Tier 4	QL (150 GM per 30 days)
AZMIRO INTRAMUSCULAR SYRINGE 200 MG/ML	Tier 4	PA
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML, 200 MG/ML	Tier 4	
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG	Tier 4	PA; SP
KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG	Tier 3	QL (60 EA per 30 days)
METHITEST ORAL TABLET 10 MG	Tier 4	PA
<i>methyltestosterone oral capsule 10 mg</i>	Tier 3	PA
NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION	Tier 4	PA; QL (21.96 GM per 30 days)
TESTIM TRANSDERMAL GEL 50 MG/5 GRAM (1 %)	Tier 4	QL (150 GM per 30 days)
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	Tier 2	
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	Tier 2	
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	Tier 3	QL (150 GM per 30 days)
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	Tier 3	PA
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	Tier 3	QL (300 GM per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	Tier 3	QL (150 GM per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1.62 % (40.5 mg/2.5 gram)</i>	Tier 3	PA; QL (75 GM per 30 days)
<i>testosterone transdermal gel in packet 1 % (50 mg/5 gram)</i>	Tier 3	QL (150 GM per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	Tier 3	PA; QL (300 GM per 30 days)
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	Tier 3	PA; QL (180 ML per 30 days)
TLANDO ORAL CAPSULE 112.5 MG	Tier 4	PA

Drug	Status	Notes
UNDECATREX ORAL CAPSULE 200 MG	Tier 4	QL (60 EA per 30 days)
VOGELXO TRANSDERMAL GEL 50 MG/5 GRAM (1 %)	Tier 4	QL (150 GM per 30 days)
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %)	Tier 4	QL (300 GM per 30 days)
VOGELXO TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM)	Tier 4	QL (150 GM per 30 days)
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	Tier 4	PA; QL (2 ML per 28 days)
Estrogen & Progestin With Antimineralocorticoid Cb		
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	Tier 4	
Estrogen & Selective Estrogen Recept Mod(Serm)Comb		
DUAVEE ORAL TABLET 0.45-20 MG	Tier 4	
Estrogen And Progestin Combinations		
BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG	Tier 4	
Estrogenic Agents		
ABIGALE LO ORAL TABLET 0.5-0.1 MG	Tier 2	
ABIGALE ORAL TABLET 1-0.5 MG	Tier 2	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR	Tier 4	
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.06 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	Tier 4	
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	Tier 3	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML	Tier 4	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	Tier 4	
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%), 1 MG/GRAM (0.1 %), 1.25 MG/1.25 GRAM (0.1 %)	Tier 4	
DOTTI TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	Tier 2	
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION	Tier 4	QL (26 GM per 30 days)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2	
<i>estradiol transdermal gel in metered-dose pump 1.25 gram/actuation</i>	Tier 3	QL (50 GM per 30 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%), 1 mg/gram (0.1 %), 1.25 mg/1.25 gram (0.1 %)</i>	Tier 3	
<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>	Tier 2	

Drug	Status	Notes
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	Tier 2	
<i>estradiol valerate intramuscular oil 10 mg/ml</i>	Tier 3	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	Tier 2	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	Tier 2	
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION	Tier 4	QL (50 GM per 30 days)
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%)	Tier 4	PA
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	Tier 2	
JINTELI ORAL TABLET 1-5 MG-MCG	Tier 2	
LYLLANA TRANSDERMAL PATCH SEMI-WEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	Tier 2	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	Tier 3	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR	Tier 4	
MIMVEY ORAL TABLET 1-0.5 MG	Tier 2	
MINIVELLE TRANSDERMAL PATCH SEMI-WEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	Tier 4	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	Tier 2	
PREMARIN INJECTION RECON SOLN 25 MG	Tier 4	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	Tier 4	
PREMPHASE ORAL TABLET 0.625 MG (14)/0.625MG-5MG(14)	Tier 3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	Tier 3	
VIVELLE-DOT TRANSDERMAL PATCH SEMI-WEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	Tier 4	
Menopausal Symptoms Suppressant - Ssr1		
<i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i>	Tier 3	
Menopausal Symptoms Suppressant-Nk3 Receptor Antag		
VEOZAH ORAL TABLET 45 MG	Tier 4	PA; QL (30 EA per 30 days)
Progestational Agents		
CRINONE VAGINAL GEL 4 %	Tier 4	
GALLIFREY ORAL TABLET 5 MG	Tier 2	
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 2	
<i>norethindrone acetate oral tablet 5 mg</i>	Tier 2	
<i>progesterone intramuscular oil 50 mg/ml</i>	Tier 2	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	Tier 2	

Drug	Status	Notes
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG	Tier 4	
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 4	
Immunization		
Covid-19 Vaccines		
COMIRNATY 2025-2026(5-11Y)(PF) INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML	Tier 4	
COMIRNATY 2025-26 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML	Tier 4	
MNEXSPIKE 2025-2026 (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.2 ML	Tier 4	
MODERNA COVID 24-25(6M-11Y)PF INTRAMUSCULAR SYRINGE 25 MCG/0.25 ML	Tier 4	
NOVAVAX COVID 2024-25(PF)(EUA) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	Tier 4	
NUVAXOVID 2025-2026 (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	Tier 4	
SPIKEVAX 2024-2025(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	Tier 4	
SPIKEVAX 2025-2026(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	Tier 4	
SPIKEVAX 2025-26 (6M-11Y) (PF) INTRAMUSCULAR SYRINGE 25 MCG/0.25 ML	Tier 4	
Enteric Virus Vaccines		
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	Tier 4	
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	Tier 4	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	Tier 4	
Gram Negative Cocci Vaccines		
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50- 25 MCG/0.5 ML	Tier 4	
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	Tier 4	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	Tier 4	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	Tier 4	
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	Tier 4	
PENMENVY MEN A-B-C-W-Y (PF) INTRAMUSCULAR KIT 0.5 ML	Tier 4	
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	Tier 4	
Gram Positive Cocci Vaccines		
CAPVAXIVE INTRAMUSCULAR SYRINGE 0.5 ML	Tier 4	
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	Tier 4	\$0 COPAY IF 65 YEARS OF AGE OR OLDER
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	Tier 4	
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML	Tier 4	

Drug	Status	Notes
Influenza Virus Vaccines		
AFLURIA 2025-2026 (3YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	Tier 4	
AFLURIA 2025-2026 (6MO UP) INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	Tier 4	
FLUAD 2025-2026 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	Tier 4	
FLUARIX 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	Tier 4	
FLUBLOK 2025-2026 (PF) INTRAMUSCULAR SYRINGE 135 MCG (45 MCG X 3)/0.5 ML	Tier 4	
FLUCELVAX 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	Tier 4	
FLUCELVAX 2025-2026 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	Tier 4	
FLULAVAL 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	Tier 4	
FLUMIST 2025-2026 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	Tier 4	
FLUMIST HOME 2025-2026 NASAL (HOME ADMIN) NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	Tier 4	
FLUZONE 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	Tier 4	
FLUZONE 2025-2026 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	Tier 4	
FLUZONE HIGH-DOSE 2025-26 (PF) INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	Tier 4	
Neurotoxic Virus Vaccines		
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	Tier 3	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	Tier 3	
Vaccine/Toxoid Preparations, Combinations		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	Tier 4	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	Tier 4	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)- 5LF/0.5 ML	Tier 4	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5- 8-5 LF-MCG-LF/0.5ML	Tier 4	
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG- LF/0.5ML	Tier 4	
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	Tier 4	

Drug	Status	Notes
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	Tier 4	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	Tier 4	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	Tier 4	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	Tier 4	
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML	Tier 4	
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2-3.3CCID50/0.5ML	Tier 4	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	Tier 4	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	Tier 4	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	Tier 4	
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	Tier 4	
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	Tier 4	
VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML	Tier 4	
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML	Tier 4	
Viral/Tumorigenic Vaccines		
ABRYVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	Tier 4	
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	Tier 4	\$0 COPAY IF 60 YEARS OF AGE OR OLDER; QL (1 EA per 365 days)
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	Tier 4	
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	Tier 4	
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	Tier 4	
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	Tier 4	
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	Tier 4	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	Tier 4	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	Tier 4	\$0 COPAY IF 18 YEARS OF AGE OR OLDER
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	Tier 4	
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	Tier 4	\$0 COPAY IF 60 YEARS OF AGE OR OLDER; QL (1 ML per 365 days)

Drug	Status	Notes
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	Tier 4	
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	Tier 4	
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	Tier 4	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	Tier 4	\$0 COPAY IF 50 YEARS OF AGE OR OLDER; QL (2 EA per 365 days)
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	Tier 4	\$0 COPAY IF 18 YEARS OF AGE OR OLDER
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	Tier 4	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	Tier 4	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	Tier 4	
Immunosuppression/Modulation		
Immunomodulators		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	Tier 6	PA; SP
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	Tier 7	PA; SP; QL (2 ML per 28 days)
<i>imiquimod topical cream in metered-dose pump 3.75 %</i>	Tier 3	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: imiquimod 5% topical cream pack, fluorouracil 5% topical cream.
<i>imiquimod topical cream in packet 3.75 %</i>	Tier 3	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: imiquimod 5% topical cream pack, fluorouracil 5% topical cream.
<i>imiquimod topical cream in packet 5 %</i>	Tier 2	
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 %, 3.75 %	Tier 4	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: imiquimod 5% topical cream pack, fluorouracil 5% topical cream.
ZYCLARA TOPICAL CREAM IN PACKET 3.75 %	Tier 4	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: imiquimod 5% topical cream pack, fluorouracil 5% topical cream.
Immunosuppressives		
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	Tier 4	
AZASAN ORAL TABLET 100 MG, 75 MG	Tier 4	
<i>azathioprine oral tablet 100 mg, 75 mg</i>	Tier 3	
<i>azathioprine oral tablet 50 mg</i>	Tier 2	
CELLCEPT ORAL CAPSULE 250 MG	Tier 4	
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML	Tier 4	
CELLCEPT ORAL TABLET 500 MG	Tier 4	

Drug	Status	Notes
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 2	
<i>cyclosporine modified oral solution 100 mg/ml</i>	Tier 2	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	Tier 2	
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	Tier 4	
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	Tier 3	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	Tier 2	
GENGRAF ORAL SOLUTION 100 MG/ML	Tier 2	
IMURAN ORAL TABLET 50 MG	Tier 4	
LUPKYNIS ORAL CAPSULE 7.9 MG	Tier 7	PA; SP; QL (180 EA per 30 days)
<i>mycophenolate mofetil oral capsule 250 mg</i>	Tier 2	
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	Tier 2	
<i>mycophenolate mofetil oral tablet 500 mg</i>	Tier 2	
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	Tier 2	
MYFORTIC ORAL TABLET, DELAYED RELEASE (DR/EC) 180 MG, 360 MG	Tier 4	
MYHIBBIN ORAL SUSPENSION 200 MG/ML	Tier 4	
NEORAL ORAL CAPSULE 100 MG, 25 MG	Tier 4	
NEORAL ORAL SOLUTION 100 MG/ML	Tier 4	
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	Tier 4	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG	Tier 4	
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	Tier 4	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	Tier 4	
<i>sirolimus oral solution 1 mg/ml</i>	Tier 3	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 3	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	Tier 2	
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	Tier 4	
Rho Kinase Inhibitor		
REZUROCK ORAL TABLET 200 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
Infectious Disease - Bacterial		
Absorbable Sulfonamides		
BACTRIM DS ORAL TABLET 800-160 MG	Tier 4	
BACTRIM ORAL TABLET 400-80 MG	Tier 4	
<i>sulfadiazine oral tablet 500 mg</i>	Tier 3	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	Tier 2	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	Tier 2	
SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML	Tier 3	
Betalactams		
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	Tier 6	PA; SP; QL (84 ML per 28 days)

Drug	Status	Notes
Cephalosporins - 1St Generation		
<i>cefadroxil oral capsule 500 mg</i>	Tier 2	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	Tier 2	
<i>cefadroxil oral tablet 1 gram</i>	Tier 3	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	Tier 2	
<i>cephalexin oral capsule 750 mg</i>	Tier 3	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 2	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	Tier 3	
Cephalosporins - 2Nd Generation		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	Tier 3	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	Tier 3	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	Tier 3	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 2	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	Tier 2	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	Tier 2	
Cephalosporins - 3Rd Generation		
<i>cefdinir oral capsule 300 mg</i>	Tier 2	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 2	
<i>cefixime oral capsule 400 mg</i>	Tier 3	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	Tier 3	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	Tier 3	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	Tier 3	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	Tier 4	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	Tier 4	PA
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG	Tier 4	PA
Chemotherapeutics, Antibacterial, Misc.		
<i>fosfomycin tromethamine oral packet 3 gram</i>	Tier 3	
<i>methenamine hippurate oral tablet 1 gram</i>	Tier 3	
MONUROL ORAL PACKET 3 GRAM	Tier 4	
<i>trimethoprim oral tablet 100 mg</i>	Tier 2	
Fecal Microbiota Transplantation (Fmt)		
VOWST ORAL CAPSULE	Tier 7	PA; SP
Macrolides		
<i>azithromycin oral packet 1 gram</i>	Tier 3	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	Tier 2	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	Tier 2	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 2	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	Tier 2	

Drug	Status	Notes
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	Tier 3	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	Tier 3	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: vancomycin oral capsule or vancomycin oral solution.
DIFICID ORAL TABLET 200 MG	Tier 4	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: vancomycin oral capsule or vancomycin oral solution.
E.E.S. 400 ORAL TABLET 400 MG	Tier 4	
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	Tier 4	
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	Tier 4	
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML	Tier 4	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 250 MG, 333 MG, 500 MG	Tier 4	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG	Tier 4	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml</i>	Tier 3	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	Tier 3	
<i>erythromycin oral capsule, delayed release (dr/ec) 250 mg</i>	Tier 3	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	Tier 3	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	Tier 3	
<i>fidaxomicin oral tablet 200 mg</i>	Tier 3	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: vancomycin oral capsule or vancomycin oral solution.
ZITHROMAX ORAL PACKET 1 GRAM	Tier 4	
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML	Tier 4	
ZITHROMAX ORAL TABLET 250 MG, 500 MG	Tier 4	
ZITHROMAX TRI-PAK ORAL TABLET 500 MG	Tier 4	
ZITHROMAX Z-PAK ORAL TABLET 250 MG	Tier 4	
Nitrofurans Derivatives		
FURADANTIN ORAL SUSPENSION 25 MG/5 ML	Tier 4	
MACROBID ORAL CAPSULE 100 MG	Tier 4	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 2	
<i>nitrofurantoin monohydr/m-cryst oral capsule 100 mg</i>	Tier 2	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	Tier 3	
<i>nitrofurantoin oral suspension 50 mg/5 ml</i>	Tier 3	PA
Oxazolidinones		
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	Tier 2	

Drug	Status	Notes
<i>linezolid oral tablet 600 mg</i>	Tier 2	
SIVEXTRO ORAL TABLET 200 MG	Tier 4	PA
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	Tier 4	
ZYVOX ORAL TABLET 600 MG	Tier 4	
Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Tier 2	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	Tier 2	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	Tier 2	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	Tier 2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	Tier 2	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	Tier 2	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	Tier 3	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	Tier 3	
<i>ampicillin oral capsule 500 mg</i>	Tier 2	
AUGMENTIN ES-600 ORAL SUSPENSION FOR RECONSTITUTION 600-42.9 MG/5 ML	Tier 4	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	Tier 3	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 250-62.5 MG/5 ML	Tier 4	
AUGMENTIN ORAL TABLET 500-125 MG	Tier 4	
AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HR 1,000-62.5 MG	Tier 4	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	Tier 3	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	Tier 2	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	Tier 2	
Pleuromutilin Derivatives		
XENLETA ORAL TABLET 600 MG	Tier 4	PA; QL (10 EA per 90 days)
Quinolones		
BAXDELA ORAL TABLET 450 MG	Tier 4	PA; QL (60 EA per 30 days)
CIPRO ORAL SUSPENSION, MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML	Tier 4	
CIPRO ORAL TABLET 250 MG, 500 MG	Tier 4	
<i>ciprofloxacin hcl oral tablet 100 mg</i>	Tier 3	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 2	
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>	Tier 2	
<i>levofloxacin oral solution 250 mg/10 ml</i>	Tier 2	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 2	
<i>moxifloxacin oral tablet 400 mg</i>	Tier 2	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	Tier 3	

Drug	Status	Notes
Tetracyclines		
AVIDOXY ORAL TABLET 100 MG	Tier 2	
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	Tier 3	
DORYX MPC ORAL TABLET,DELAYED RELEASE (DR/EC) 60 MG	Tier 4	ST: Trial of ONE of the following is required: doxycycline monohydrate oral capsule, doxycycline monohydrate oral tablet, minocycline HCl oral capsule, or minocycline HCl oral tablet
DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 200 MG, 80 MG	Tier 4	ST: Trial of ONE of the following is required: doxycycline monohydrate oral capsule, doxycycline monohydrate oral tablet, minocycline HCl oral capsule, or minocycline HCl oral tablet
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	Tier 2	
<i>doxycycline hyclate oral tablet 100 mg</i>	Tier 2	
<i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i>	Tier 3	ST: Trial of ONE of the following is required: doxycycline monohydrate oral capsule, doxycycline monohydrate oral tablet, minocycline HCl oral capsule, or minocycline HCl oral tablet
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg, 80 mg</i>	Tier 3	ST: Trial of ONE of the following is required: doxycycline monohydrate oral capsule, doxycycline monohydrate oral tablet, minocycline HCl oral capsule, or minocycline HCl oral tablet
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	Tier 2	
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	Tier 3	PA
<i>doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg</i>	Tier 3	ST: Trial of ONE of the following is required: doxycycline monohydrate oral capsule, doxycycline monohydrate oral tablet, minocycline HCl oral capsule, or minocycline HCl oral tablet
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	Tier 2	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 2	
<i>doxycycline monohydrate oral tablet 150 mg</i>	Tier 3	
EMROSI ORAL CAPSULE,IR -EXTEND REL,BIPHASE 40 MG	Tier 4	ST: Trial of ONE of the following is required: doxycycline monohydrate oral capsule, doxycycline monohydrate oral tablet, minocycline HCl oral capsule, or minocycline HCl oral tablet; QL (30 EA per 30 days)
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 2	
<i>minocycline oral capsule,extended release 24hr 135 mg, 45 mg, 90 mg</i>	Tier 3	ST: Trial of ONE of the following is required: doxycycline monohydrate oral capsule, doxycycline monohydrate oral tablet, minocycline HCl oral capsule, or minocycline HCl oral tablet; QL (30 EA per 30 days)
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 3	

Drug	Status	Notes
<i>minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	Tier 3	ST: Trial of ONE of the following is required: doxycycline monohydrate oral capsule, doxycycline monohydrate oral tablet, minocycline HCl oral capsule, or minocycline HCl oral tablet; QL (30 EA per 30 days)
MONDOXYNE NL ORAL CAPSULE 100 MG	Tier 2	
MONDOXYNE NL ORAL CAPSULE 75 MG	Tier 3	PA
MORGIDOX ORAL CAPSULE 50 MG	Tier 2	
NUZYRA ORAL TABLET 150 MG	Tier 7	PA; SP; QL (30 EA per 90 days)
ORACEA ORAL CAPSULE,IR - DELAY REL,BIPHASE 40 MG	Tier 4	ST: Trial of ONE of the following is required: doxycycline monohydrate oral capsule, doxycycline monohydrate oral tablet, minocycline HCl oral capsule, or minocycline HCl oral tablet
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG	Tier 4	PA; QL (30 EA per 30 days)
TARGADOX ORAL TABLET 50 MG	Tier 4	ST: Trial of ONE of the following is required: doxycycline monohydrate oral capsule, doxycycline monohydrate oral tablet, minocycline HCl oral capsule, or minocycline HCl oral tablet
<i>tetracycline oral capsule 250 mg, 500 mg</i>	Tier 3	
<i>tetracycline oral tablet 250 mg, 500 mg</i>	Tier 3	PA
XIMINO ORAL CAPSULE,EXTENDED RELEASE 24HR 135 MG, 45 MG, 90 MG	Tier 4	ST: Trial of ONE of the following is required: doxycycline monohydrate oral capsule, doxycycline monohydrate oral tablet, minocycline HCl oral capsule, or minocycline HCl oral tablet; QL (30 EA per 30 days)
Infectious Disease - Fungal		
Antifungal Agents		
ANCOBON ORAL CAPSULE 250 MG, 500 MG	Tier 4	
<i>clotrimazole mucous membrane troche 10 mg</i>	Tier 2	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	Tier 6	PA; SP
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	Tier 4	
DIFLUCAN ORAL TABLET 100 MG	Tier 4	
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	Tier 2	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Tier 2	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	Tier 2	
<i>itraconazole oral capsule 100 mg</i>	Tier 2	
<i>itraconazole oral solution 10 mg/ml</i>	Tier 3	
<i>ketoconazole oral tablet 200 mg</i>	Tier 2	
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON 300 MG	Tier 4	PA
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	Tier 4	
NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG	Tier 4	
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG	Tier 4	PA

Drug	Status	Notes
<i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i>	Tier 3	
<i>posaconazole oral tablet, delayed release (drlec) 100 mg</i>	Tier 3	
SPORANOX ORAL CAPSULE 100 MG	Tier 4	
SPORANOX ORAL SOLUTION 10 MG/ML	Tier 4	
<i>terbinafine hcl oral tablet 250 mg</i>	Tier 2	QL (30 EA per 30 days)
TOLSURA ORAL CAPSULE, SOLID DISPERSION 65 MG	Tier 4	PA
VFEND ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (40 MG/ML)	Tier 3	QL (450 ML per 30 days)
VFEND ORAL TABLET 50 MG	Tier 3	QL (90 EA per 30 days)
VIVJOA ORAL CAPSULE 150 MG	Tier 7	PA; SP
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	Tier 3	QL (450 ML per 30 days)
<i>voriconazole oral tablet 200 mg, 50 mg</i>	Tier 2	QL (90 EA per 30 days)
Antifungal Antibiotics		
BREXAFEMME ORAL TABLET 150 MG	Tier 4	PA; QL (4 EA per 30 days)
FULVICIN P/G ORAL TABLET 165 MG	Tier 3	
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	Tier 3	
<i>griseofulvin microsize oral tablet 500 mg</i>	Tier 3	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 165 mg, 250 mg</i>	Tier 3	
<i>nystatin oral suspension 100,000 unit/ml</i>	Tier 2	
<i>nystatin oral tablet 500,000 unit</i>	Tier 2	
Infectious Disease - Miscellaneous		
Aminoglycosides		
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	Tier 7	PA; SP; QL (235.2 ML per 28 days)
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML	Tier 7	SP; QL (224 ML per 28 days)
<i>neomycin oral tablet 500 mg</i>	Tier 2	
TOBI INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	Tier 7	SP; QL (280 ML per 28 days)
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	Tier 7	SP; QL (224 EA per 28 days)
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	Tier 5	SP; QL (280 ML per 28 days)
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	Tier 5	SP; QL (224 ML per 28 days)
Antileprotics		
<i>dapsone oral tablet 100 mg, 25 mg</i>	Tier 2	
THALOMID ORAL CAPSULE 100 MG, 50 MG	Tier 6	PA; SP
Anti-Mycobacterium Agents		
<i>ethambutol oral tablet 100 mg, 400 mg</i>	Tier 2	
<i>isoniazid oral solution 50 mg/5 ml</i>	Tier 2	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	Tier 2	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	Tier 4	
<i>pyrazinamide oral tablet 500 mg</i>	Tier 3	

Drug	Status	Notes
<i>rifabutin oral capsule 150 mg</i>	Tier 2	
TRECTOR ORAL TABLET 250 MG	Tier 4	
Antitubercular Antibiotics		
<i>cycloserine oral capsule 250 mg</i>	Tier 3	
<i>pretomanid oral tablet 200 mg</i>	Tier 4	PA; QL (30 EA per 30 days)
PRIFTIN ORAL TABLET 150 MG	Tier 4	
<i>rifampin oral capsule 150 mg, 300 mg</i>	Tier 2	
SIRTURO ORAL TABLET 100 MG, 20 MG	Tier 7	PA; SP
Lincosamides		
CLEOCIN HCL ORAL CAPSULE 150 MG, 300 MG, 75 MG	Tier 4	
CLEOCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	Tier 4	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	Tier 2	
<i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml</i>	Tier 2	
CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	Tier 2	
Rifamycins And Related Derivative Antibiotics		
XIFAXAN ORAL TABLET 200 MG	Tier 4	PA; QL (90 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	Tier 4	PA; QL (60 EA per 30 days)
Vancomycin And Derivatives		
FIRVANQ ORAL RECON SOLN 25 MG/ML	Tier 4	QL (900 ML per 10 days)
FIRVANQ ORAL RECON SOLN 50 MG/ML	Tier 4	QL (600 ML per 10 days)
VANCOCCIN ORAL CAPSULE 125 MG, 250 MG	Tier 4	
<i>vancomycin oral capsule 125 mg, 250 mg</i>	Tier 2	
<i>vancomycin oral recon soln 25 mg/ml</i>	Tier 3	QL (900 ML per 10 days)
<i>vancomycin oral recon soln 50 mg/ml</i>	Tier 3	QL (600 ML per 10 days)
Infectious Disease - Parasitic		
2Nd Gen. Anaerobic Antiprotozoal-Antibacterial		
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM	Tier 4	PA; QL (2 EA per 28 days)
<i>tinidazole oral tablet 250 mg, 500 mg</i>	Tier 3	
Amebicides		
HUMATIN ORAL CAPSULE 250 MG	Tier 4	
Anaerobic Antiprotozoal-Antibacterial Agents		
LIKMEZ ORAL SUSPENSION 500 MG/5 ML	Tier 4	PA
<i>metronidazole oral capsule 375 mg</i>	Tier 3	PA
<i>metronidazole oral tablet 125 mg</i>	Tier 3	PA
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Tier 2	
Anthelmintics		
<i>albendazole oral tablet 200 mg</i>	Tier 3	
BILTRICIDE ORAL TABLET 600 MG	Tier 4	
EMVERM ORAL TABLET,CHEWABLE 100 MG	Tier 4	
<i>ivermectin oral tablet 3 mg</i>	Tier 2	
<i>praziquantel oral tablet 600 mg</i>	Tier 2	
STROMECTOL ORAL TABLET 3 MG	Tier 4	
Antimalarial Drugs		
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	Tier 2	

Drug	Status	Notes
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	Tier 2	
COARTEM ORAL TABLET 20-120 MG	Tier 4	
DARAPRIM ORAL TABLET 25 MG	Tier 4	PA
<i>hydroxychloroquine oral tablet 100 mg, 300 mg, 400 mg</i>	Tier 3	
<i>hydroxychloroquine oral tablet 200 mg</i>	Tier 2	
KRINTAFEL ORAL TABLET 150 MG	Tier 4	
MALARONE ORAL TABLET 250-100 MG	Tier 4	
MALARONE PEDIATRIC ORAL TABLET 62.5-25 MG	Tier 4	
<i>mefloquine oral tablet 250 mg</i>	Tier 2	
PLAQUENIL ORAL TABLET 200 MG	Tier 4	
<i>primaquine oral tablet 26.3 mg (15 mg base)</i>	Tier 3	
<i>pyrimethamine oral tablet 25 mg</i>	Tier 3	PA
QUALAQUIN ORAL CAPSULE 324 MG	Tier 4	
<i>quinine sulfate oral capsule 324 mg</i>	Tier 2	
SOVUNA ORAL TABLET 200 MG, 300 MG	Tier 4	PA
Antiparasitics		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	Tier 4	
ALINIA ORAL TABLET 500 MG	Tier 4	
<i>nitazoxanide oral tablet 500 mg</i>	Tier 3	
Antiprotozoal Drugs, Miscellaneous		
<i>atovaquone oral suspension 750 mg/5 ml</i>	Tier 2	
<i>benznidazole oral tablet 100 mg</i>	Tier 3	QL (240 EA per 365 days)
<i>benznidazole oral tablet 12.5 mg</i>	Tier 3	QL (360 EA per 365 days)
IMPAVIDO ORAL CAPSULE 50 MG	Tier 6	PA; SP
LAMPIT ORAL TABLET 120 MG, 30 MG	Tier 4	PA
MEPRON ORAL SUSPENSION 750 MG/5 ML	Tier 4	
NEBUPENT INHALATION RECON SOLN 300 MG	Tier 7	SP; QL (1 EA per 28 days)
<i>pentamidine inhalation recon soln 300 mg</i>	Tier 6	SP; QL (1 EA per 28 days)
Infectious Disease - Viral		
Antiretroviral - Capsid Inhibitors		
SUNLENCA ORAL TABLET 300 MG	Tier 3	QL (5 EA per 196 days)
YEZTUGO ORAL TABLET 300 MG	Tier 3	\$0 COPAY IF NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (4 EA per 365 days)
YEZTUGO SUBCUTANEOUS SOLUTION 309 MG/ML	Tier 4	\$0 COPAY IF NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS
Antiretroviral-Integrase Inhibitor And Nrti Comb.		
JULUCA ORAL TABLET 50-25 MG	Tier 3	QL (30 EA per 30 days)
Antiretroviral-Integrase Inhibitor And Nrti Comb.		
DOVATO ORAL TABLET 50-300 MG	Tier 3	QL (30 EA per 30 days)
Antiretroviral-Nucleoside, Nucleotide, Protease Inh.		
SYMTUZA ORAL TABLET 800-150-200-10 MG	Tier 4	QL (30 EA per 30 days)
Antiviral - Main Protease (Mpro) Inhibitor		
PAXLOVID ORAL TABLETS, DOSE PACK 150 MG (10)- 100 MG (10), 150 MG (6)- 100 MG (5), 300 MG (150 MG X 2)-100 MG	Tier 3	

Drug	Status	Notes
Antiviral Monoclonal Antibodies		
BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML, 50 MG/0.5 ML	Tier 7	SP
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	Tier 6	PA; SP
Antiviral Nucleotide Analogs		
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	Tier 4	
Antivirals, General		
<i>acyclovir oral capsule 200 mg</i>	Tier 2	
<i>acyclovir oral suspension 200 mg/5 ml</i>	Tier 2	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	Tier 2	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	Tier 2	QL (64 EA per 30 days)
FLUMADINE ORAL TABLET 100 MG	Tier 4	
LIVTENCITY ORAL TABLET 200 MG	Tier 7	PA; SP; QL (120 EA per 30 days)
<i>oseltamivir oral capsule 30 mg</i>	Tier 2	QL (28 EA per 90 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	Tier 2	QL (14 EA per 90 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	Tier 3	QL (252 ML per 90 days)
PREVYMIS ORAL PELLETS IN PACKET 120 MG, 20 MG	Tier 7	SP; QL (800 EA per 365 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG	Tier 7	PA; SP; QL (200 EA per 365 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	Tier 3	QL (20 EA per 60 days)
<i>rimantadine oral tablet 100 mg</i>	Tier 2	
TAMIFLU ORAL CAPSULE 30 MG	Tier 4	QL (28 EA per 90 days)
TAMIFLU ORAL CAPSULE 45 MG, 75 MG	Tier 4	QL (14 EA per 90 days)
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML	Tier 4	QL (252 ML per 90 days)
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	Tier 2	
VALCYTE ORAL RECON SOLN 50 MG/ML	Tier 4	
VALCYTE ORAL TABLET 450 MG	Tier 4	
<i>valganciclovir oral recon soln 50 mg/ml</i>	Tier 2	
<i>valganciclovir oral tablet 450 mg</i>	Tier 2	
VALTREX ORAL TABLET 1 GRAM, 500 MG	Tier 4	
XOFLUZA ORAL TABLET 40 MG, 80 MG	Tier 4	QL (2 EA per 90 days)
ZOVIRAX ORAL SUSPENSION 200 MG/5 ML	Tier 4	
Antivirals, Hiv-Spec, Non-Peptidic Protease Inhib		
APTIVUS ORAL CAPSULE 250 MG	Tier 4	
<i>darunavir oral tablet 600 mg</i>	Tier 3	
<i>darunavir oral tablet 800 mg</i>	Tier 3	QL (30 EA per 30 days)
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG-MG	Tier 3	QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	Tier 3	
PREZISTA ORAL TABLET 150 MG, 75 MG	Tier 3	
PREZISTA ORAL TABLET 600 MG	Tier 4	
PREZISTA ORAL TABLET 800 MG	Tier 4	QL (30 EA per 30 days)
Antivirals, Hiv-Spec, Nucleoside-Nucleotide Analog		
CIMDUO ORAL TABLET 300-300 MG	Tier 3	
DESCOVY ORAL TABLET 120-15 MG	Tier 3	QL (30 EA per 30 days)

Drug	Status	Notes
DESCOVY ORAL TABLET 200-25 MG	Tier 3	\$0 COPAY IF NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (30 EA per 30 days)
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	Tier 3	QL (30 EA per 30 days)
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	Tier 3	\$0 COPAY IF NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (30 EA per 30 days)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	Tier 4	QL (30 EA per 30 days)
Antivirals, Hiv-Spec., Nucleoside Analog, Rti Comb		
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	Tier 2	QL (60 EA per 30 days)
Antivirals, Hiv-Specific, Ccr5 Co-Receptor Antag.		
<i>maraviroc oral tablet 150 mg, 300 mg</i>	Tier 3	
SELZENTRY ORAL SOLUTION 20 MG/ML	Tier 3	
SELZENTRY ORAL TABLET 150 MG, 300 MG	Tier 3	
Antivirals, Hiv-Specific, Cd4 Attachment Inhibitor		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	Tier 3	PA; QL (60 EA per 30 days)
Antivirals, Hiv-Specific, Fusion Inhibitors		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	Tier 4	PA; QL (60 EA per 30 days)
Antivirals, Hiv-Specific, Non-Nucleoside, Rti		
EDURANT ORAL TABLET 25 MG	Tier 3	
EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG	Tier 3	
<i>efavirenz oral tablet 600 mg</i>	Tier 2	
<i>etravirine oral tablet 100 mg, 200 mg</i>	Tier 3	
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG	Tier 3	
<i>nevirapine oral suspension 50 mg/5 ml</i>	Tier 2	
<i>nevirapine oral tablet 200 mg</i>	Tier 2	
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	Tier 2	QL (90 EA per 30 days)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	Tier 2	
PIFELTRO ORAL TABLET 100 MG	Tier 3	QL (30 EA per 30 days)
Antivirals, Hiv-Specific, Nucleoside Analog, Rti		
<i>abacavir oral solution 20 mg/ml</i>	Tier 2	
<i>abacavir oral tablet 300 mg</i>	Tier 2	
<i>emtricitabine oral capsule 200 mg</i>	Tier 3	
EMTRIVA ORAL CAPSULE 200 MG	Tier 4	
EMTRIVA ORAL SOLUTION 10 MG/ML	Tier 4	
EPIVIR ORAL SOLUTION 10 MG/ML	Tier 4	
EPIVIR ORAL TABLET 150 MG, 300 MG	Tier 4	
<i>lamivudine oral solution 10 mg/ml</i>	Tier 2	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	Tier 2	
RETROVIR ORAL CAPSULE 100 MG	Tier 4	
RETROVIR ORAL SYRUP 10 MG/ML	Tier 4	
<i>stavudine oral capsule 15 mg, 20 mg</i>	Tier 2	
ZIAGEN ORAL SOLUTION 20 MG/ML	Tier 4	

Drug	Status	Notes
<i>zidovudine oral capsule 100 mg</i>	Tier 2	
<i>zidovudine oral syrup 10 mg/ml</i>	Tier 2	
<i>zidovudine oral tablet 300 mg</i>	Tier 2	
Antivirals, Hiv-Specific, Nucleotide Analog, Rti		
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	Tier 2	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	Tier 3	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Tier 3	
VIREAD ORAL TABLET 300 MG	Tier 4	
Antivirals, Hiv-Specific, Protease Inhibitor Comb		
KALETRA ORAL SOLUTION 400-100 MG/5 ML	Tier 4	
KALETRA ORAL TABLET 100-25 MG	Tier 4	QL (150 EA per 30 days)
KALETRA ORAL TABLET 200-50 MG	Tier 4	QL (120 EA per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	Tier 3	QL (150 EA per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	Tier 3	QL (120 EA per 30 days)
Antivirals, Hiv-Specific, Protease Inhibitors		
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	Tier 2	
EVOTAZ ORAL TABLET 300-150 MG	Tier 3	QL (30 EA per 30 days)
<i>fosamprenavir oral tablet 700 mg</i>	Tier 3	
NORVIR ORAL CAPSULE 100 MG	Tier 4	
NORVIR ORAL POWDER IN PACKET 100 MG	Tier 3	
NORVIR ORAL TABLET 100 MG	Tier 4	
REYATAZ ORAL CAPSULE 200 MG, 300 MG	Tier 4	
REYATAZ ORAL POWDER IN PACKET 50 MG	Tier 3	
<i>ritonavir oral tablet 100 mg</i>	Tier 2	
VIRACEPT ORAL TABLET 250 MG, 625 MG	Tier 4	
Antivirals,Hiv-1 Integrase Strand Transfer Inhibtr		
ISENTRESS HD ORAL TABLET 600 MG	Tier 3	QL (60 EA per 30 days)
ISENTRESS ORAL POWDER IN PACKET 100 MG	Tier 3	
ISENTRESS ORAL TABLET 400 MG	Tier 3	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	Tier 3	
TIVICAY ORAL TABLET 50 MG	Tier 3	QL (60 EA per 30 days)
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	Tier 3	QL (180 EA per 30 days)
Artv Cmb Nucleoside,Nucleotide,&Non-Nucleoside Rti		
COMPLERA ORAL TABLET 200-25-300 MG	Tier 3	QL (30 EA per 30 days)
DELSTRIGO ORAL TABLET 100-300-300 MG	Tier 3	QL (30 EA per 30 days)
<i>efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg</i>	Tier 3	QL (30 EA per 30 days)
<i>efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg</i>	Tier 3	QL (30 EA per 30 days)
<i>emtricitita- rilpivirine-tenof df oral tablet 200-25-300 mg</i>	Tier 3	QL (30 EA per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	Tier 3	QL (30 EA per 30 days)
SYMFI LO ORAL TABLET 400-300-300 MG	Tier 3	QL (30 EA per 30 days)
SYMFI ORAL TABLET 600-300-300 MG	Tier 3	QL (30 EA per 30 days)

Drug	Status	Notes
Arv Cmb-Nrti,N(T)Rti, Integrase Inhibitor		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	Tier 3	QL (30 EA per 30 days)
GENVOYA ORAL TABLET 150-150-200-10 MG	Tier 3	QL (30 EA per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	Tier 3	QL (30 EA per 30 days)
Arv Comb-Nrtis & Integrase Inhibitor		
TRIUMEQ ORAL TABLET 600-50-300 MG	Tier 3	QL (30 EA per 30 days)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	Tier 3	
Cytochrome P450 Inhibitors		
TYBOST ORAL TABLET 150 MG	Tier 3	
Hep C - Ns5a, Ns3/4A, Nucleotide Ns5b Inhib Combo		
VOSEVI ORAL TABLET 400-100-100 MG	Tier 6	PA; SP; QL (28 EA per 28 days)
Hep C Virus - Ns5a & Ns5b Polymerase Inhib. Combo.		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG	Tier 6	PA; SP; QL (28 EA per 28 days)
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	Tier 6	PA; SP; QL (28 EA per 28 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG	Tier 7	PA; SP; QL (28 EA per 28 days)
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	Tier 7	PA; SP; QL (28 EA per 28 days)
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i>	Tier 7	PA; SP; QL (28 EA per 28 days)
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	Tier 6	PA; SP; QL (28 EA per 28 days)
Hep C Virus,Nucleotide Analog Ns5b Polymerase Inh		
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG	Tier 7	PA; SP; QL (28 EA per 28 days)
SOVALDI ORAL TABLET 200 MG	Tier 7	PA; SP; QL (28 EA per 28 days)
SOVALDI ORAL TABLET 400 MG	Tier 7	PA; SP
Hepatitis B Treatment Agents		
<i>adefovir oral tablet 10 mg</i>	Tier 3	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	Tier 4	
BARACLUDE ORAL TABLET 0.5 MG, 1 MG	Tier 4	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	Tier 3	
HEPSERA ORAL TABLET 10 MG	Tier 4	
<i>lamivudine oral tablet 100 mg</i>	Tier 2	
VEMLIDY ORAL TABLET 25 MG	Tier 4	QL (30 EA per 30 days)
Hepatitis C Treatment Agents		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Tier 6	PA; SP
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	Tier 6	PA; SP; QL (2 ML per 28 days)
<i>ribavirin oral capsule 200 mg</i>	Tier 5	PA; SP
<i>ribavirin oral tablet 200 mg</i>	Tier 5	PA; SP
Hepatitis C Virus- Ns5a And Ns3/4A Inhibitor Comb		
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	Tier 6	PA; SP; QL (84 EA per 28 days)
MAVYRET ORAL TABLET 100-40 MG	Tier 6	PA; SP; QL (84 EA per 28 days)
ZEPATIER ORAL TABLET 50-100 MG	Tier 7	PA; SP; QL (30 EA per 30 days)

Drug	Status	Notes
Inflammatory Disease		
Anti-Arthritic And Chelating Agents		
CUPRIMINE ORAL CAPSULE 250 MG	Tier 7	PA; SP
DEPEN TITRATABS ORAL TABLET 250 MG	Tier 7	PA; SP
<i>penicillamine oral capsule 250 mg</i>	Tier 6	PA; SP
<i>penicillamine oral tablet 250 mg</i>	Tier 6	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 7	PA; SP
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	Tier 7	PA; SP
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 7	PA; SP; QL (18.76 ML per 28 days)
Anti-Inflammatory Tumor Necrosis Factor Inhibitor		
ABRILADA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 7	PA; SP; QL (2 EA per 28 days)
ABRILADA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML	Tier 7	PA; SP; QL (2 EA per 28 days)
<i>adalimumab-aacf subcutaneous pen injector kit 40 mg/0.8 ml</i>	Tier 7	PA; SP; QL (2 EA per 28 days)
<i>adalimumab-aacf subcutaneous syringe kit 40 mg/0.8 ml</i>	Tier 7	PA; SP; QL (2 EA per 28 days)
ADALIMUMAB-AACF(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 7	PA; SP; QL (3 EA per 28 days)
ADALIMUMAB-AACF(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 7	PA; SP; QL (2 EA per 28 days)
<i>adalimumab-aaty subcutaneous auto-injector, kit 40 mg/0.4 ml, 80 mg/0.8 ml</i>	Tier 7	PA; SP; QL (2 EA per 28 days)
<i>adalimumab-aaty subcutaneous syringe kit 20 mg/0.2 ml, 40 mg/0.4 ml</i>	Tier 7	PA; SP; QL (2 EA per 28 days)
ADALIMUMAB-AATY(CF) AI CROHNS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	Tier 7	PA; SP; QL (2 EA per 28 days)
<i>adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml</i>	Tier 6	PA; SP; QL (0.8 ML per 28 days)
<i>adalimumab-adaz subcutaneous pen injector 80 mg/0.8 ml</i>	Tier 6	PA; SP; QL (1.6 ML per 28 days)
<i>adalimumab-adaz subcutaneous syringe 10 mg/0.1 ml</i>	Tier 6	PA; SP; QL (0.2 ML per 28 days)
<i>adalimumab-adaz subcutaneous syringe 20 mg/0.2 ml</i>	Tier 6	PA; SP; QL (0.4 ML per 28 days)
<i>adalimumab-adaz subcutaneous syringe 40 mg/0.4 ml</i>	Tier 6	PA; SP; QL (0.8 ML per 28 days)
<i>adalimumab-adbm subcutaneous pen injector kit 40 mg/0.4 ml, 40 mg/0.8 ml</i>	Tier 6	PA; SP; QL (2 EA per 28 days)

Drug	Status	Notes
<i>adalimumab-adbm subcutaneous syringe kit 10 mg/0.2 ml, 20 mg/0.4 ml, 40 mg/0.4 ml, 40 mg/0.8 ml</i>	Tier 6	PA; SP; QL (2 EA per 28 days)
ADALIMUMAB-ADBM(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	Tier 6	PA; SP; QL (2 EA per 28 days)
ADALIMUMAB-ADBM(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 6	PA; SP; QL (6 EA per 28 days)
ADALIMUMAB-ADBM(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	Tier 6	PA; SP; QL (2 EA per 28 days)
ADALIMUMAB-ADBM(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 6	PA; SP; QL (4 EA per 28 days)
<i>adalimumab-fkjp subcutaneous pen injector kit 40 mg/0.8 ml</i>	Tier 7	PA; SP; QL (2 EA per 28 days)
<i>adalimumab-fkjp subcutaneous syringe kit 20 mg/0.4 ml, 40 mg/0.8 ml</i>	Tier 7	PA; SP; QL (2 EA per 28 days)
<i>adalimumab-ryvk subcutaneous auto-injector, kit 40 mg/0.4 ml</i>	Tier 7	PA; SP; QL (2 EA per 28 days)
<i>adalimumab-ryvk subcutaneous syringe kit 40 mg/0.4 ml</i>	Tier 7	PA; SP; QL (2 EA per 28 days)
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML	Tier 7	PA; SP; QL (0.8 ML per 28 days)
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	Tier 7	PA; SP; QL (1.6 EA per 28 days)
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML	Tier 7	PA; SP; QL (1.6 ML per 28 days)
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.2 ML	Tier 7	PA; SP; QL (0.4 ML per 28 days)
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 20 MG/0.4 ML	Tier 7	PA; SP; QL (0.8 EA per 28 days)
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	Tier 7	PA; SP; QL (0.8 ML per 28 days)
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	Tier 7	PA; SP; QL (1.6 EA per 28 days)
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	Tier 6	PA; SP; QL (1 EA per 28 days)
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	Tier 6	PA; SP; QL (1 EA per 28 days)
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	Tier 6	PA; SP; QL (1 EA per 28 days)
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	Tier 6	PA; SP; QL (2 EA per 28 days)
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 6	PA; SP; QL (6 EA per 28 days)
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	Tier 6	PA; SP; QL (2 EA per 28 days)

Drug	Status	Notes
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 6	PA; SP; QL (4 EA per 28 days)
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	Tier 6	PA; SP; QL (2 EA per 28 days)
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML	Tier 6	PA; SP; QL (2 EA per 28 days)
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	Tier 7	PA; SP; QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	Tier 7	PA; SP; QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5)	Tier 7	PA; SP; QL (4.08 ML per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML)	Tier 7	PA; SP; QL (4 ML per 28 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	Tier 7	PA; SP; QL (4 ML per 28 days)
HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO- INJECTOR 40 MG/0.8 ML	Tier 7	PA; SP; QL (1.6 ML per 28 days)
HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	Tier 7	PA; SP; QL (1.6 ML per 28 days)
HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML	Tier 7	PA; SP; QL (0.8 ML per 28 days)
HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	Tier 7	PA; SP; QL (0.8 ML per 28 days)
HULIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 7	PA; SP; QL (2 EA per 28 days)
HULIO(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML	Tier 7	PA; SP; QL (2 EA per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 7	PA; SP; QL (2 EA per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	Tier 7	PA; SP; QL (2 EA per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Tier 7	PA; SP; QL (3 EA per 365 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	Tier 7	PA; SP; QL (3 EA per 365 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	Tier 7	PA; SP; QL (2 EA per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	Tier 7	PA; SP; QL (2 EA per 28 days)
HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	Tier 6	PA; SP; QL (1.6 ML per 28 days)
HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR 80MG/0.8ML(X1)- 40 MG/0.4ML(X2)	Tier 6	PA; SP; QL (1.6 ML per 28 days)
HYRIMOZ PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.8 ML	Tier 6	PA; SP; QL (1.6 ML per 28 days)

Drug	Status	Notes
HYRIMOZ SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	Tier 6	PA; SP; QL (1.6 ML per 28 days)
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML	Tier 6	PA; SP; QL (1.6 ML per 28 days)
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML- 40 MG/0.4 ML	Tier 6	PA; SP; QL (1.2 ML per 28 days)
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML	Tier 6	PA; SP; QL (0.8 ML per 28 days)
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	Tier 6	PA; SP; QL (1.6 ML per 28 days)
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML	Tier 6	PA; SP
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 20 MG/0.2 ML	Tier 6	PA; SP; QL (0.4 ML per 28 days)
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	Tier 6	PA; SP; QL (0.8 ML per 28 days)
IDACIO(CF) PEN CROHN-UC STARTR SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 7	PA; SP; QL (2 EA per 28 days)
IDACIO(CF) PEN PSORIASIS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 7	PA; SP; QL (2 EA per 28 days)
IDACIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 7	PA; SP; QL (2 EA per 28 days)
IDACIO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	Tier 7	PA; SP; QL (2 EA per 28 days)
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML	Tier 7	PA; SP; QL (2 EA per 28 days)
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML, 80 MG/0.8 ML	Tier 7	PA; SP; QL (2 EA per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	Tier 6	PA; SP; QL (1 ML per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	Tier 6	PA; SP; QL (0.5 ML per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	Tier 6	PA; SP; QL (1 ML per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	Tier 6	PA; SP; QL (0.5 ML per 28 days)
YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	Tier 7	PA; SP; QL (2 EA per 28 days)
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML	Tier 7	PA; SP; QL (2 EA per 28 days)
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML	Tier 7	PA; SP; QL (2 EA per 28 days)
YUSIMRY(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.8 ML	Tier 7	PA; SP; QL (1.6 ML per 28 days)
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML	Tier 7	PA; SP; QL (2 EA per 28 days)
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML	Tier 7	PA; SP; QL (2 EA per 28 days)

Drug	Status	Notes
Anti-Inflammatory, Pyrimidine Synthesis Inhibitor		
ARAVA ORAL TABLET 10 MG, 20 MG	Tier 4	
<i>leflunomide oral tablet 10 mg, 20 mg</i>	Tier 2	
Anti-Inflammatory, Phosphodiesterase-4(Pde4) Inhib.		
OTEZLA ORAL TABLET 20 MG, 30 MG	Tier 7	PA; SP; QL (60 EA per 30 days)
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	Tier 7	PA; SP; QL (55 EA per 365 days)
Antiinflammatory, Sel.Costim.Mod.,T-Cell Inhibitor		
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	Tier 7	PA; SP; QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	Tier 7	PA; SP; QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	Tier 7	PA; SP; QL (1.6 ML per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	Tier 7	PA; SP; QL (2.8 ML per 28 days)
Bradykinin B2 Receptor Antagonists		
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML	Tier 7	PA; SP; QL (18 ML per 30 days)
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	Tier 5	PA; SP; QL (18 ML per 30 days)
SAJAZIR SUBCUTANEOUS SYRINGE 30 MG/3 ML	Tier 5	PA; SP; QL (18 ML per 30 days)
C1 Esterase Inhibitors		
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	Tier 7	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 7	PA; SP; QL (2 EA per 30 days)
Glucocorticoids		
AGAMREE ORAL SUSPENSION 40 MG/ML	Tier 7	PA; SP
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG	Tier 4	PA
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	Tier 3	
<i>budesonide oral tablet, delayed and ext. release 9 mg</i>	Tier 3	
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 4	
<i>cortisone oral tablet 25 mg</i>	Tier 3	PA
<i>deflazacort oral suspension 22.75 mg/ml</i>	Tier 6	PA; SP
<i>deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i>	Tier 6	PA; SP
DEXABLISS ORAL TABLETS, DOSE PACK 1.5 MG (39 TABS)	Tier 3	
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	Tier 2	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	Tier 2	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	Tier 2	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	Tier 2	
<i>dexamethasone oral tablets, dose pack 1.5 mg (21 tabs), 1.5 mg (35 tabs), 1.5 mg (51 tabs)</i>	Tier 3	
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	Tier 2	

Drug	Status	Notes
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	Tier 2	
<i>dexamethasone sodium phosphate injection syringe 4 mg/ml</i>	Tier 2	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	Tier 7	PA; SP
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG	Tier 7	PA; SP
EOHILIA ORAL SUSPENSION IN PACKET 2 MG/10 ML	Tier 4	PA
HEMADY ORAL TABLET 20 MG	Tier 4	PA
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 2	
KHINDIVI ORAL SOLUTION 1 MG/ML	Tier 4	
MEDROL (PAK) ORAL TABLETS,DOSE PACK 4 MG	Tier 4	
MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG	Tier 4	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Tier 2	
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	Tier 2	
ORAPRED ODT ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 30 MG	Tier 4	PA
PEDIAPRED ORAL SOLUTION 5 MG BASE/5 ML (6.7 MG/5 ML)	Tier 4	
<i>prednisolone oral solution 15 mg/5 ml</i>	Tier 2	
<i>prednisolone oral tablet 5 mg</i>	Tier 3	PA
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml)</i>	Tier 3	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	Tier 2	
<i>prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg</i>	Tier 3	PA
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	Tier 2	
<i>prednisone oral solution 5 mg/5 ml</i>	Tier 2	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	Tier 2	
<i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>	Tier 2	
RAYOS ORAL TABLET,DELAYED RELEASE (DR/EC) 1 MG, 2 MG, 5 MG	Tier 4	PA
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML	Tier 4	
SOLU-CORTEF INJECTION RECON SOLN 100 MG	Tier 4	
TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (21 TABS), 1.5 MG (27 TABS), 1.5 MG (49 TABS)	Tier 3	
TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC) 4 MG	Tier 7	PA; SP; QL (120 EA per 30 days)
<i>triamcinol ac (pf) in 0.9%nacl injection suspension 40 mg/ml</i>	Tier 3	
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	Tier 3	

Drug	Status	Notes
UCERIS ORAL TABLET,DELAYED AND EXT.RELEASE 9 MG	Tier 4	
ZCORT ORAL TABLETS,DOSE PACK 1.5 MG (25 TABS)	Tier 4	PA
Gold Salts		
<i>auranofin oral capsule 3 mg</i>	Tier 3	PA
RIDAURA ORAL CAPSULE 3 MG	Tier 4	PA
Immunomodulator,B-Lymphocyte Stim(Blys)-Spec Inhib		
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	Tier 7	PA; SP; QL (4 ML per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	Tier 7	PA; SP; QL (4 ML per 28 days)
Interleukin-6 (Il-6) Receptor Inhibitors		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	Tier 7	PA; SP
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	Tier 7	PA; SP
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	Tier 7	PA; SP; QL (1 ML per 28 days)
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	Tier 7	PA; SP
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	Tier 7	PA; SP
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	Tier 7	PA; SP
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	Tier 7	PA; SP
Janus Kinase (Jak) Inhibitors		
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
OLUMIANT ORAL TABLET 1 MG, 2 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
RINVOQ LQ ORAL SOLUTION 1 MG/ML	Tier 7	PA; SP; QL (360 ML per 30 days); Age (Min 13 Years and Max 12 Years)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	Tier 6	PA; SP; QL (30 EA per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	Tier 6	PA; SP; QL (56 EA per 365 days)
XELJANZ ORAL SOLUTION 1 MG/ML	Tier 7	PA; SP; QL (300 ML per 30 days)
XELJANZ ORAL TABLET 10 MG, 5 MG	Tier 7	PA; SP; QL (60 EA per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
Mineralocorticoids		
<i>fludrocortisone oral tablet 0.1 mg</i>	Tier 2	
Monoclonal Antibody-Human Interleukin 12/23 Inhib		
OTULFI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	Tier 7	PA; SP
PYZCHIVA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.5 ML, 90 MG/ML	Tier 7	PA; SP
PYZCHIVA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	Tier 7	PA; SP

Drug	Status	Notes
PYZCHIVA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	Tier 7	PA; SP
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	Tier 6	PA; SP
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	Tier 6	PA; SP
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	Tier 6	PA; SP
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	Tier 6	PA; SP
STEQEYMA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	Tier 7	PA; SP
<i>ustekinumab subcutaneous solution 45 mg/0.5 ml</i>	Tier 7	PA; SP
<i>ustekinumab subcutaneous syringe 45 mg/0.5 ml, 90 mg/ml</i>	Tier 7	PA; SP
<i>ustekinumab-aekn subcutaneous syringe 45 mg/0.5 ml, 90 mg/ml</i>	Tier 7	PA; SP
<i>ustekinumab-ttwe subcutaneous syringe 45 mg/0.5 ml, 90 mg/ml</i>	Tier 7	PA; SP
WEZLANA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	Tier 7	PA; SP
WEZLANA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	Tier 7	PA; SP
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	Tier 6	PA; SP
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	Tier 6	PA; SP
Nasal Nsaids, Cox Non-Selective, Systemic Analgesic		
SPRIX NASAL SPRAY, NON-AEROSOL 15.75 MG/SPRAY	Tier 4	ST: Trial of TWO of the following is required: diclofenac potassium, diclofenac sodium DR/ER, ibuprofen, indomethacin, meloxicam, nabumetone, naproxen, naproxen DR, oxaprozin, piroxicam, or sulindac; QL (5 EA per 30 days)
Nsaid, Cox Inhibitor-Type & Proton Pump Inhib Comb		
<i>naproxen-esomeprazole oral tablet, ir, delayed rel, biphasic 375-20 mg, 500-20 mg</i>	Tier 3	PA; QL (60 EA per 30 days); Age (Min 18 Years and Max 17 Years)
Nsaids (Cox Non-Specific Inhib)& Prostaglandin Cmb		
ARTHROTEC 50 ORAL TABLET, IR, DELAYED REL, BIPHASIC 50-200 MG-MCG	Tier 4	
ARTHROTEC 75 ORAL TABLET, IR, DELAYED REL, BIPHASIC 75-200 MG-MCG	Tier 4	
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	Tier 3	PA
Nsaids, Cyclooxygenase 2 Inhibitor - Type		
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 50 MG	Tier 4	
CELEBREX ORAL CAPSULE 400 MG	Tier 4	QL (30 EA per 30 days)

Drug	Status	Notes
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	Tier 2	
<i>celecoxib oral capsule 400 mg</i>	Tier 2	QL (30 EA per 30 days)
Nsaids, Cyclooxygenase Inhibitor-Type		
ANAPROX DS ORAL TABLET 550 MG	Tier 4	
COXANTO ORAL CAPSULE 300 MG	Tier 4	PA
DAYPRO ORAL TABLET 600 MG	Tier 4	ST: Trial of TWO of the following is required: diclofenac potassium, diclofenac sodium DR/ER, ibuprofen, indomethacin, meloxicam, nabumetone, naproxen, naproxen DR, oxaprozin, piroxicam, or sulindac
<i>diclofenac potassium oral capsule 25 mg</i>	Tier 3	PA
<i>diclofenac potassium oral tablet 25 mg</i>	Tier 3	PA
<i>diclofenac potassium oral tablet 50 mg</i>	Tier 2	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	Tier 2	
<i>diclofenac sodium oral tablet, delayed release (drlec) 25 mg, 50 mg, 75 mg</i>	Tier 2	
<i>diclofenac submicronized oral capsule 35 mg</i>	Tier 3	PA
EC-NAPROSYN ORAL TABLET, DELAYED RELEASE (DR/EC) 375 MG, 500 MG	Tier 4	
EC-NAPROXEN ORAL TABLET, DELAYED RELEASE (DR/EC) 375 MG	Tier 2	
EC-NAPROXEN ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	Tier 3	
<i>etodolac oral capsule 200 mg, 300 mg</i>	Tier 3	
<i>etodolac oral tablet 400 mg, 500 mg</i>	Tier 3	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	Tier 3	
FELDENE ORAL CAPSULE 20 MG	Tier 4	
<i>fenoprofen oral capsule 200 mg, 400 mg</i>	Tier 3	PA
<i>fenoprofen oral tablet 600 mg</i>	Tier 3	PA
FENOPRON ORAL CAPSULE 300 MG	Tier 4	PA
<i>flurbiprofen oral tablet 100 mg</i>	Tier 3	
IBU ORAL TABLET 400 MG, 600 MG, 800 MG	Tier 2	
<i>ibuprofen oral tablet 300 mg, 400 mg, 600 mg, 800 mg</i>	Tier 2	
INDOCIN ORAL SUSPENSION 25 MG/5 ML	Tier 4	PA
INDOCIN RECTAL SUPPOSITORY 50 MG	Tier 4	PA
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Tier 2	
<i>indomethacin oral capsule, extended release 75 mg</i>	Tier 2	
<i>indomethacin oral suspension 25 mg/5 ml</i>	Tier 3	PA
<i>indomethacin rectal suppository 50 mg</i>	Tier 3	PA
<i>ketoprofen oral capsule 25 mg, 50 mg, 75 mg</i>	Tier 3	ST: Trial of TWO of the following is required: diclofenac potassium, diclofenac sodium DR/ER, ibuprofen, indomethacin, meloxicam, nabumetone, naproxen, naproxen DR, oxaprozin, piroxicam, or sulindac

Drug	Status	Notes
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	Tier 3	ST: Trial of TWO of the following is required: diclofenac potassium, diclofenac sodium DR/ER, ibuprofen, indomethacin, meloxicam, nabumetone, naproxen, naproxen DR, oxaprozin, piroxicam, or sulindac
<i>ketorolac oral tablet 10 mg</i>	Tier 2	
KIPROFEN ORAL CAPSULE 25 MG	Tier 3	ST: Trial of TWO of the following is required: diclofenac potassium, diclofenac sodium DR/ER, ibuprofen, indomethacin, meloxicam, nabumetone, naproxen, naproxen DR, oxaprozin, piroxicam, or sulindac
LODINE ORAL TABLET 400 MG	Tier 4	
LOFENA ORAL TABLET 25 MG	Tier 3	PA
LURBIPR ORAL TABLET 100 MG	Tier 3	
LURBIRO ORAL TABLET 100 MG	Tier 3	PA
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	Tier 3	ST: Trial of TWO of the following is required: diclofenac potassium, diclofenac sodium DR/ER, ibuprofen, indomethacin, meloxicam, nabumetone, naproxen, naproxen DR, oxaprozin, piroxicam, or sulindac
<i>mefenamic acid oral capsule 250 mg</i>	Tier 3	QL (112 EA per 28 days)
<i>meloxicam oral suspension 7.5 mg/5 ml</i>	Tier 3	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	Tier 2	
<i>meloxicam submicronized oral capsule 10 mg, 5 mg</i>	Tier 3	PA
<i>nabumetone oral tablet 500 mg, 750 mg</i>	Tier 2	
NALFON ORAL CAPSULE 400 MG	Tier 4	PA
NALFON ORAL TABLET 600 MG	Tier 4	PA
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 375 MG, 500 MG, 750 MG	Tier 4	PA
NAPROSYN ORAL SUSPENSION 125 MG/5 ML	Tier 4	
NAPROSYN ORAL TABLET 500 MG	Tier 4	
<i>naproxen oral suspension 125 mg/5 ml</i>	Tier 3	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	Tier 2	
<i>naproxen oral tablet,delayed release (drlec) 375 mg</i>	Tier 2	
<i>naproxen oral tablet,delayed release (drlec) 500 mg</i>	Tier 3	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	Tier 2	
<i>naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg, 750 mg</i>	Tier 3	PA
<i>oxaprozin oral capsule 300 mg</i>	Tier 3	PA
<i>oxaprozin oral tablet 600 mg</i>	Tier 3	ST: Trial of TWO of the following is required: diclofenac potassium, diclofenac sodium DR/ER, ibuprofen, indomethacin, meloxicam, nabumetone, naproxen, naproxen DR, oxaprozin, piroxicam, or sulindac
<i>piroxicam oral capsule 10 mg, 20 mg</i>	Tier 2	
<i>sulindac oral tablet 150 mg, 200 mg</i>	Tier 2	
TOLECTIN 600 ORAL TABLET 600 MG	Tier 3	PA; QL (90 EA per 30 days)
<i>tolmetin oral capsule 400 mg</i>	Tier 3	PA
ZIPSOR ORAL CAPSULE 25 MG	Tier 4	PA

Drug	Status	Notes
Plasma Kallikrein Inhibitors		
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (1 ML)	Tier 7	PA; SP
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	Tier 7	PA; SP; QL (28 EA per 28 days)
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	Tier 7	PA; SP
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)	Tier 7	PA; SP
Local Anesthesia		
Local Anesthetics		
GLYDO MUCOUS MEMBRANE JELLY IN APPLICATOR 2 %	Tier 2	
<i>lidocaine hcl mucous membrane jelly 2 %</i>	Tier 2	
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i>	Tier 2	
<i>lidocaine hcl mucous membrane solution 2 %, 4 % (40 mg/ml)</i>	Tier 2	
LIDOCAINE VISCOUS MUCOUS MEMBRANE SOLUTION 2 %	Tier 2	
Lower Gastrointestinal Disorders - Bowel Inflammation		
Chronic Inflammation. Colon Disease, 5-Aminosalicylate, Rectal Treatment		
CANASA RECTAL SUPPOSITORY 1,000 MG	Tier 3	
<i>mesalamine rectal enema 4 gram/60 ml</i>	Tier 2	
<i>mesalamine rectal suppository 1,000 mg</i>	Tier 3	
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	Tier 2	
ROWASA RECTAL ENEMA KIT 4 GRAM/60 ML	Tier 4	
SFROWASA RECTAL ENEMA 4 GRAM/60 ML	Tier 4	
Drug Treatment-Chronic Inflammation. Colon Disease, 5-Aminosalicylate		
APRISO ORAL CAPSULE, EXTENDED RELEASE 24HR 0.375 GRAM	Tier 4	
AZULFIDINE EN-TABS ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	Tier 4	
AZULFIDINE ORAL TABLET 500 MG	Tier 4	
<i>balsalazide oral capsule 750 mg</i>	Tier 2	
COLAZAL ORAL CAPSULE 750 MG	Tier 4	
DIPENTUM ORAL CAPSULE 250 MG	Tier 4	PA
LIALDA ORAL TABLET, DELAYED RELEASE (DR/EC) 1.2 GRAM	Tier 4	
<i>mesalamine oral capsule (with delayed release tablets) 400 mg</i>	Tier 3	QL (180 EA per 30 days)
<i>mesalamine oral capsule, extended release 500 mg</i>	Tier 3	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i>	Tier 3	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i>	Tier 3	
<i>mesalamine oral tablet, delayed release (dr/ec) 800 mg</i>	Tier 3	QL (180 EA per 30 days)
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG	Tier 4	
<i>sulfasalazine oral tablet 500 mg</i>	Tier 2	

Drug	Status	Notes
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	Tier 2	
Hemorrhoidal Prep, Anti-Infam Steroid/Local Anesth		
ANALPRAM-HC RECTAL CREAM 1-1 %	Tier 4	
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	Tier 3	
PROCTOFOAM HC RECTAL FOAM 1-1 %	Tier 4	PA
Ibs Agents, Mixed Opioid Recep Agonists/Antagonists		
VIBERZI ORAL TABLET 100 MG, 75 MG	Tier 4	PA
Integrin Receptor Antagonist, Monoclonal Antibody		
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML	Tier 7	PA; SP; QL (1.36 ML per 28 days)
Irritable Bowel Agents, Guanylate Cylase-C Agonist		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	Tier 3	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: polyethylene glycol 3350 powder, lactulose solution.; QL (30 EA per 30 days)
TRULANCE ORAL TABLET 3 MG	Tier 4	ST: Trial of the following is required: PEG 3350 powder or lactulose solution AND one of the following: Linzess, Motegrity, Movantik, Prucalopride, or Symproic; QL (30 EA per 30 days)
Local Anorectal Nitrate Preparations		
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i>	Tier 3	
RECTIV RECTAL OINTMENT 0.4 % (W/W)	Tier 4	
Rectal/Lower Bowel Prep., Glucocort. (Non-Hemorr)		
<i>budesonide rectal foam 2 mg/actuation</i>	Tier 3	
CORTENEMA RECTAL ENEMA 100 MG/60 ML	Tier 4	
CORTIFOAM RECTAL FOAM 10 % (80 MG)	Tier 4	
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	Tier 2	
UCERIS RECTAL FOAM 2 MG/ACTUATION	Tier 4	
Lower Gastrointestinal Disorders - Other		
Ammonia Inhibitors		
BUPHENYL ORAL POWDER 0.94 GRAM/GRAM	Tier 7	PA; SP
BUPHENYL ORAL TABLET 500 MG	Tier 7	PA; SP
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	Tier 7	PA; SP
<i>carglumic acid oral tablet, dispersible 200 mg</i>	Tier 6	PA; SP
ENULOSE ORAL SOLUTION 10 GRAM/15 ML	Tier 2	
GENERLAC ORAL SOLUTION 10 GRAM/15 ML	Tier 2	
LITHOSTAT ORAL TABLET 250 MG	Tier 4	
OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM	Tier 7	PA; SP
PHEBURANE ORAL GRANULES 483 MG/GRAM	Tier 7	PA; SP
RAVICTI ORAL LIQUID 1.1 GRAM/ML	Tier 6	PA; SP; QL (500 ML per 30 days)
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	Tier 5	PA; SP
<i>sodium phenylbutyrate oral tablet 500 mg</i>	Tier 5	PA; SP
Antidiarrheal - G.I. Chloride Channel Inhibitors		
MYTESI ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG	Tier 4	PA; QL (60 EA per 30 days)

Drug	Status	Notes
Antidiarrheal - Tryptophan Hydroxylase Inhibitor		
XERMELO ORAL TABLET 250 MG	Tier 6	PA; SP; QL (90 EA per 30 days)
Antidiarrheals		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	Tier 2	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Tier 2	
LOMOTIL ORAL TABLET 2.5-0.025 MG	Tier 4	
<i>loperamide oral capsule 2 mg</i>	Tier 2	
MOTOFEN ORAL TABLET 1-0.025 MG	Tier 4	PA
Bile Salts		
CHENODAL ORAL TABLET 250 MG	Tier 6	PA; SP
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	Tier 6	PA; SP
CTEXLI ORAL TABLET 250 MG	Tier 7	PA; SP; QL (90 EA per 30 days)
RELTONE ORAL CAPSULE 200 MG, 400 MG	Tier 4	PA
URSO FORTE ORAL TABLET 500 MG	Tier 4	
<i>ursodiol oral capsule 200 mg, 400 mg</i>	Tier 3	PA
<i>ursodiol oral capsule 300 mg</i>	Tier 2	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	Tier 2	
Farnesoid X Receptor (Fxr) Agonist, Bile Ac Analog		
OCALIVA ORAL TABLET 10 MG, 5 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
Ibs Agents,Sodium-Hydrogen Exchanger 3(Nhe3) Inhib		
IBSRELA ORAL TABLET 50 MG	Tier 4	PA; QL (60 EA per 30 days)
Ileal Bile Acid Transporter (Ibat) Inhibitor		
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG	Tier 7	PA; SP; QL (30 EA per 30 days)
BYLVAY ORAL PELLETT 200 MCG, 600 MCG	Tier 7	PA; SP; QL (30 EA per 30 days)
LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML	Tier 7	PA; SP
LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG	Tier 7	PA; SP
Irritable Bowel Synd. Agent,5Ht-3 Antagonist-Type		
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	Tier 2	
LOTRONEX ORAL TABLET 0.5 MG, 1 MG	Tier 4	
Laxatives And Cathartics		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	Tier 4	ST: Trial of the following is required: PEG 3350 powder or lactulose solution AND one of the following: Linzess, Motegrity, Movantik, Prucalopride, or Symproic; QL (60 EA per 30 days)
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML	Tier 3	\$0 COPAY 45 TO 75 YEARS OF AGE
CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML	Tier 2	
GAVILAX ORAL POWDER IN PACKET 8.5 GRAM	Tier 4	
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 - 5.84 GRAM	Tier 2	\$0 COPAY 45 TO 75 YEARS OF AGE
GAVILYTE-G ORAL RECON SOLN 236-22.74-6.74 - 5.86 GRAM	Tier 2	\$0 COPAY 45 TO 75 YEARS OF AGE
GAVILYTE-N ORAL RECON SOLN 420 GRAM	Tier 2	\$0 COPAY 45 TO 75 YEARS OF AGE
GOLYTELY ORAL RECON SOLN 236-22.74-6.74 - 5.86 GRAM	Tier 3	
KRISTALOSE ORAL PACKET 10 GRAM, 20 GRAM	Tier 4	PA
<i>lactulose oral packet 10 gram, 20 gram</i>	Tier 3	PA

Drug	Status	Notes
<i>lactulose oral solution 10 gram/15 ml</i>	Tier 2	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	Tier 4	ST: Trial of the following is required: PEG 3350 powder or lactulose solution AND one of the following: Linzess, Motegrity, Movantik, Prucalopride, or Symproic; QL (60 EA per 30 days)
MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM	Tier 4	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 - 5.86 gram</i>	Tier 2	\$0 COPAY 45 TO 75 YEARS OF AGE
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i>	Tier 3	\$0 COPAY 45 TO 75 YEARS OF AGE
<i>peg-electrolyte soln oral recon soln 420 gram</i>	Tier 2	\$0 COPAY 45 TO 75 YEARS OF AGE
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	Tier 4	\$0 COPAY 45 TO 75 YEARS OF AGE
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	Tier 3	\$0 COPAY 45 TO 75 YEARS OF AGE
SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 GRAM	Tier 4	\$0 COPAY 45 TO 75 YEARS OF AGE
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	Tier 4	
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM	Tier 3	\$0 COPAY 45 TO 75 YEARS OF AGE
Narcotic Antagonists, Peripherally-Acting		
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	Tier 3	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: polyethylene glycol 3350 powder, lactulose solution.; QL (30 EA per 30 days)
RELISTOR ORAL TABLET 150 MG	Tier 4	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	Tier 4	PA
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	Tier 4	PA
SYMPROIC ORAL TABLET 0.2 MG	Tier 3	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: polyethylene glycol 3350 powder, lactulose solution.; QL (30 EA per 30 days)
Ppar Agonist		
IQIRVO ORAL TABLET 80 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
LIVDELZI ORAL CAPSULE 10 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
Sbs - Glucagon-Like Peptide-2 (Glp-2) Analogs		
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	Tier 6	PA; SP
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	Tier 6	PA; SP
Medical Supplies		
Durable Medical Equipment,Misc		
PUMP IN STYLE ADVANCED DEVICE	Tier 4	\$0 COPAY IF 12-59 YEARS OF AGE; QL (1 EA per 365 days)
PUMP IN STYLE WITH MAXFLOW DEVICE	Tier 4	\$0 COPAY IF 12-59 YEARS OF AGE; QL (1 EA per 365 days)
Durable Medical Equipment,Misc(Group 1)		
2-IN-1 LANCET DEVICE 30 GAUGE	Tier 4	
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE, 28 GAUGE	Tier 4	

Drug	Status	Notes
AGAMATRIX ULTRA-THIN LANCET 33 GAUGE	Tier 4	
ALTERNATE SITE LANCET 26 GAUGE	Tier 4	
CAREONE ULTRA THIN LANCET	Tier 4	
COLOR LANCETS 21 GAUGE	Tier 4	
COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE	Tier 4	
COMFORT TOUCH ULT THIN LANCETS 31 GAUGE	Tier 4	
DROPLET LANCETS 30 GAUGE	Tier 4	
DROPSAFE ACTI-LANCE 23 GAUGE	Tier 4	
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE	Tier 4	
EASY TOUCH SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE	Tier 4	
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE	Tier 4	
E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE	Tier 4	
E-Z JECT THIN LANCETS 28 GAUGE	Tier 4	
EZ SMART LANCETS 28 GAUGE	Tier 4	
FINGERSTIX LANCETS	Tier 3	
FORACARE LANCETS 30 GAUGE	Tier 4	
FREESTYLE LANCETS 28 GAUGE	Tier 3	
FREESTYLE UNISTIK 2	Tier 3	
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 4	
INCONTROL SUPER THIN LANCETS 30 GAUGE	Tier 4	
INCONTROL ULTRA THIN LANCETS 28 GAUGE	Tier 4	
INVACARE LANCETS 30 GAUGE	Tier 4	
<i>lancets , 21 gauge, 26 gauge, 28 gauge, 30 gauge</i>	Tier 3	
<i>lancets 33 gauge</i>	Tier 4	
LANCETS, SUPER THIN	Tier 4	
LANCETS,THIN , 28 GAUGE	Tier 4	
LANCETS,ULTRA THIN	Tier 4	
MEDISENSE THIN LANCETS 28 GAUGE	Tier 4	
MICRO THIN LANCETS 33 GAUGE	Tier 4	
MICROLET LANCET	Tier 4	
MOBILE LANCETS 30 GAUGE	Tier 4	
MYGLUCOHEALTH LANCETS 30 GAUGE	Tier 4	
NOVA SUREFLEX LANCETS	Tier 4	
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE	Tier 4	
ONETOUCH DELICA SAFETY LANCET 30 GAUGE	Tier 4	
ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE	Tier 4	
PIP LANCET 28 GAUGE, 30 GAUGE	Tier 3	
PRO COMFORT SAFETY LANCET 30 GAUGE	Tier 4	
RELIAMED LANCET 28 GAUGE, 30 GAUGE	Tier 4	
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE	Tier 4	

Drug	Status	Notes
RIGHTEST GL300 LANCETS 30 GAUGE	Tier 4	
SINGLE-LET	Tier 4	
SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE	Tier 4	
STERILANCE TL 30 GAUGE, 32 GAUGE	Tier 4	
SUPER THIN LANCETS 28 GAUGE, 30 GAUGE	Tier 4	
SURE COMFORT LANCETS 18 GAUGE, 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE	Tier 4	
TECHLITE LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE	Tier 4	
TELCARE LANCETS 30 GAUGE	Tier 4	
THIN LANCETS 26 GAUGE	Tier 4	
TOPCARE UNIVERSAL1 LANCET , 33 GAUGE	Tier 4	
TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 4	
TWIST LANCETS 30 GAUGE, 32 GAUGE	Tier 4	
ULTILET BASIC LANCETS 30 GAUGE	Tier 4	
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 31 GAUGE	Tier 4	
ULTRA THIN PLUS LANCETS 33 GAUGE	Tier 4	
ULTRA-CARE LANCETS 30 GAUGE	Tier 3	
UNISTIK COMFORT LANCETS 28 GAUGE	Tier 4	
UNISTIK EXTRA LANCETS 21 GAUGE	Tier 4	
UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE	Tier 4	
VERIFINE SAFETY LANCET MINI 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE	Tier 4	
VERIFINE UNIVERSAL LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 4	
Syringes And Accessories		
ADVOCATE SYRINGES SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 3	
ALLERGIST TRAY 1/2 ML 27GX3/8" SYRINGE 1/2 ML 27 GAUGE X 3/8"	Tier 4	
ALLERGIST TRAY INTRADERMAL BEV SYRINGE 1 ML 26 GAUGE X 1/2", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 3/8"	Tier 4	
ALLERGIST TRAY REGULAR BEVEL SYRINGE 1 ML 27 GAUGE X 3/8"	Tier 4	
ALLERGY SYRINGE SYRINGE 1 ML 27 GAUGE X 3/8", 1 ML 27 X 1/2"	Tier 4	
BD ALLERGIST TRAY REG BEVEL SYRINGE 1 ML 27 X 1/2"	Tier 4	
BD ALLERGIST TRAY REG BEVEL TRAY 1/2 ML 27 X 1/2"	Tier 4	
BD ALLERGY SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2"	Tier 4	
BD BLUNT PLASTIC CANNULA SYRINGE 17 X 3 ML	Tier 4	

Drug	Status	Notes
BD BULK SYRINGE SLIP TIP SYRINGE 1 ML, 5 ML	Tier 4	
BD ECCENTRIC TIP SYRINGE SYRINGE 10 ML	Tier 4	
BD ECLIPSE LUER-LOK SYRINGE 1 ML 27 X 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 X 5/8"	Tier 4	
BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2"	Tier 3	
BD INTEGRA SYRINGE SYRINGE 3 ML 21 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8"	Tier 4	
BD LUER-LOK SYRINGE SYRINGE 1 ML	Tier 3	
BD LUER-LOK SYRINGE SYRINGE 1 ML 20 GAUGE X 1", 10 ML, 10 ML 20 X 1 1/2", 10 ML 20 X 1", 10 ML 21 GAUGE X 1", 10 ML 21 X 1 1/2", 20 ML, 3 ML, 3 ML 18 X 1 1/2", 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/2", 3 ML 25 X 5/8", 3 ML 26 X 5/8", 5 ML, 5 ML 20 X 1 1/2", 5 ML 20 X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1"	Tier 4	
BD LUER-LOK TIP CONTROL SYRING SYRINGE 10 ML	Tier 4	
BD SAFETYGLIDE ALLERGIST TRAY SYRINGE 1 ML 26 GAUGE X 3/8", 1 ML 27 X 1/2"	Tier 4	
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64"	Tier 3	
BD SAFETYGLIDE SHIELDING REG SYRINGE 1 ML 25 GAUGE X 5/8", 3 ML 21 GAUGE X 1 1/2"	Tier 4	
BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8"	Tier 3	
BD SAFETYGLIDE SYRINGE SYRINGE 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8"	Tier 4	
BD SAFETYGLIDE TB REG BEVEL SYRINGE 1 ML 27 X 1/2"	Tier 4	
BD SAFETYGLIDE TUBERCULIN SYRINGE 1 ML 27 GAUGE X 3/8"	Tier 3	
BD SLIP TIP SYRINGE SYRINGE 1 ML 26 GAUGE X 5/8", 10 ML, 3 ML	Tier 4	
B-D SLIP TIP SYRINGE SYRINGE 20 ML	Tier 4	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 10 ML, 20 ML, 5 ML	Tier 4	
BD SYRINGE LUER-LOK STERILE SYRINGE 10 ML	Tier 4	
BD SYRINGE SLIP TIP NONSTERILE SYRINGE 10 ML, 20 ML	Tier 4	
BD SYRINGE SYRINGE 1 ML	Tier 4	
BD TUBERCULIN SLIP-TIP SYRINGE 1 ML	Tier 4	

Drug	Status	Notes
BD TUBERCULIN SYRINGE SYRINGE 1 ML 21 GAUGE X 1", 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 X 1/2", 1/2 ML 27 X 1/2 "	Tier 4	
CAREPOINT LUER LOCK SYRINGE SYRINGE 3 ML	Tier 4	
CAREPOINT LUER LOCK SYR-NEEDLE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8"	Tier 4	
CAREPOINT LUER SLIP SYRINGE SYRINGE 1 ML	Tier 4	
CAREPOINT PRECISION LUER LOCK SYRINGE 3 ML	Tier 3	
CAREPOINT PRECISION SAFETY SYRINGE 1 ML 23 GAUGE X 1"	Tier 3	
CAREPOINT SAFETY LL SYR-NEEDLE SYRINGE 1 ML 25 GAUGE X 1"	Tier 4	
CARETOUCH INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 X 5/16", 1 ML 29 GAUGE X 5/16, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 3	
CARETOUCH LUER LOCK SYRINGE SYRINGE 1 ML, 3 ML, 5 ML	Tier 4	
CARETOUCH LUER LOCK SYR-NEEDLE SYRINGE 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/2 ", 3 ML 25 X 5/8"	Tier 4	
CARETOUCH LUER SLIP SYRINGE SYRINGE 1 ML, 10 ML, 3 ML, 5 ML	Tier 4	
COMFORT EZ INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 15/64"	Tier 3	
DROPLET INSULIN SYR(HALF UNIT) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 0.5ML 30 GAUGE X 15/64"	Tier 3	

Drug	Status	Notes
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16", 1/2 ML 31 GAUGE X 1/4"	Tier 3	
DROPSAFE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16"	Tier 3	
EASY COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.3 ML 31 X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16", 1 ML 32 GAUGE X 5/16", 1/2 ML 29 X5/16 ", 1/2 ML 32 GAUGE X 5/16"	Tier 3	
EASY GLIDE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"	Tier 3	
EASY GLIDE LUER LOCK SYRINGE SYRINGE 1 ML, 10 ML, 3 ML, 60 ML	Tier 4	
EASY GLIDE LUER SLIP TB SYRING SYRINGE 1 ML	Tier 4	
EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16"	Tier 3	
EASY TOUCH FLIPLOCK SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2", 10 ML 18 GAUGE X 1 1/2", 10 ML 18 GAUGE X 1", 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 10 ML 21 X 1", 10 ML 22 GAUGE X 1 1/2", 10 ML 25 GAUGE X 1", 3 ML 18 GAUGE X 1 1/2", 3 ML 18 GAUGE X 1", 3 ML 19 GAUGE X 1 1/2", 3 ML 19 GAUGE X 1", 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8", 5 ML 18 GAUGE X 1", 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 25 GAUGE X 1", 5 ML 25 GAUGE X 5/8"	Tier 4	
EASY TOUCH FLURINGE FLIPLOCK SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8"	Tier 4	
EASY TOUCH FLURINGE SHEATHLOCK SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8"	Tier 4	

Drug	Status	Notes
EASY TOUCH FLURINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8"	Tier 4	
EASY TOUCH INSULIN SAFETY SYR SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2"	Tier 3	
EASY TOUCH INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 27 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	Tier 3	
EASY TOUCH LUER LOCK INSULIN SYRINGE 1 ML	Tier 3	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 1 ML, 10 ML, 20 ML, 3 ML, 5 ML, 60 ML	Tier 4	
EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16"	Tier 3	
EASY TOUCH SHEATHLOCK SYRG-NDL SYRINGE 10 ML 21 GAUGE X 1 1/2", 10 ML 22 GAUGE X 1 1/2", 10 ML 25 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8", 5 ML 21 GAUGE X 1 1/2", 5 ML 22 GAUGE X 1 1/2", 5 ML 25 GAUGE X 1"	Tier 4	
EASY TOUCH SHEATHLOCK SYRINGE SYRINGE 10 ML, 3 ML	Tier 4	
EASY TOUCH SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8"	Tier 4	
EASY TOUCH TUBERCULIN FLIPLOCK SYRINGE 1 ML 26 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2"	Tier 4	
EASY TOUCH TUBERCULIN SHEATHLK SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2"	Tier 4	
EASY TOUCH UNI-SLIP SYRINGE 1 ML	Tier 3	
EASY TOUCH UNI-SLIP SYRINGE 3 ML, 5 ML	Tier 4	
ECLIPSE SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 3 ML 21 GAUGE X 1", 3 ML 25 GAUGE X 1"	Tier 4	
EXCEL SYRINGE SYRINGE 3 ML 23 X 1"	Tier 4	
EXEL INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	Tier 3	
EXEL SYRINGE SYRINGE 10 ML, 3 ML 23 GAUGE X 1 1/2", 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4", 30 ML, 50 ML	Tier 4	

Drug	Status	Notes
EXTENDED RESERVOIR 3 ML	Tier 4	
FREESTYLE PRECISION SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 3	
HEALTHWISE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 3	
<i>insulin syr/ndl u100 half mark syringe 0.3 ml 31 gauge x 1/4"</i>	Tier 3	
INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 3	
<i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge, 0.3 ml 29 gauge x 1/2", 0.3 ml 30, 0.3 ml 30 gauge x 1/2", 0.3 ml 30 gauge x 5/16", 0.3 ml 31 gauge x 1/4", 0.3 ml 31 gauge x 15/64", 0.3 ml 31 gauge x 5/16", 0.5 ml 29 gauge x 1/2", 0.5 ml 30 gauge x 1/2", 0.5 ml 30 gauge x 5/16", 0.5 ml 31 gauge x 5/16", 1 ml 27 gauge x 1/2", 1 ml 27 gauge x 5/8", 1 ml 28 gauge, 1 ml 28 gauge x 1/2", 1 ml 29 gauge x 1/2", 1 ml 29 gauge x 7/16", 1 ml 30 gauge x 1/2", 1 ml 30 gauge x 3/8", 1 ml 30 gauge x 5/16, 1 ml 30 gauge x 7/16", 1 ml 31 gauge x 1/4", 1 ml 31 gauge x 15/64", 1 ml 31 gauge x 5/16, 1/2 ml 27 gauge x 1/2", 1/2 ml 28 gauge, 1/2 ml 28 gauge x 1/2", 1/2 ml 29, 1/2 ml 30 gauge, 1/2 ml 31 gauge x 1/4", 1/2 ml 31 gauge x 15/64"</i>	Tier 3	
<i>insulin u-500 syringe-needle syringe 1/2 ml 31 gauge x 15/64"</i>	Tier 3	
INTEGRA SYRINGE SYRINGE 3 ML 21 GAUGE X 1"	Tier 4	
INTERLINK LEVER LOCK CANNULA	Tier 4	
INTERLINK SYRINGE AND CANNULA SYRINGE 15 X 10 ML	Tier 4	
KENDALL DISINFECTANT CAP	Tier 4	
LIFESHIELD BLUNT CANNULA SYRINGE 1 ML 18 GAUGE X 1", 3 ML 18 X 1"	Tier 4	
LUER SLIP TIP SYRINGE TRAY SYRINGE 1 ML	Tier 4	
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"	Tier 3	
MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16"	Tier 3	
MAGELLAN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2"	Tier 4	
MAGELLAN TUBERCULIN SAFETY SYR SYRINGE 1 ML 28 GAUGE X 1/2"	Tier 4	
MAXICOMFORT INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2"	Tier 4	
MAXI-COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	Tier 3	
MONOJECT 35CC SYRINGE CATH TIP SYRINGE 35 ML	Tier 4	

Drug	Status	Notes
MONOJECT 3CC SYR 25GX1" SYRINGE 3 ML 25 GAUGE X 1"	Tier 4	
MONOJECT CONTROL SYRINGE LUER SYRINGE 12 ML	Tier 4	
MONOJECT DISPOSABLE SYRINGE SYRINGE 20 ML	Tier 4	
MONOJECT INSULIN SAFETY SYRING SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16"	Tier 3	
MONOJECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML , 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	Tier 3	
MONOJECT LUER-LOCK TIP SYRINGE 12 ML, 3 ML	Tier 4	
MONOJECT MAGELLAN SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8", 3 ML 20 GAUGE X 1"	Tier 4	
MONOJECT PHARMACY TRAY LUER SYRINGE 60 ML	Tier 4	
MONOJECT PHARMACY TRAY REG TIP SYRINGE 1 ML	Tier 4	
MONOJECT REG TIP NON-STERILE SYRINGE 3 ML, 6 ML	Tier 4	
MONOJECT REGULAR LUER SYRINGE 12 ML, 3 ML, 35 ML, 6 ML	Tier 4	
MONOJECT SAFETY SYRINGES SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 5/8", 6 ML	Tier 4	
MONOJECT SMARTIP CANNULA SYRINGE 12 ML, 3 ML, 6 ML	Tier 4	
MONOJECT SYRINGE LUER LOK SYRINGE 35 ML, 6 ML, 60 ML	Tier 4	
MONOJECT SYRINGE REGULAR LUER SYRINGE 60 ML	Tier 4	
MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE, 12 ML 18 GAUGE X 1", 12 ML 20 X 1 1/2", 12 ML 21 GAUGE X 1 1/2", 12 ML 21 GAUGE X 1", 140 ML, 3 ML, 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 20 X 3/4", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/4", 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4", 6 ML, 6 ML 20 X 1 1/2", 6 ML 21 X 1 1/2", 6 ML 21 X 1", 6 ML 22 X 1 1/2"	Tier 4	
MONOJECT SYRINGE TOOMEY TYPE SYRINGE 60 ML	Tier 4	
MONOJECT TB LUER LOK SYRINGE 1 ML	Tier 4	

Drug	Status	Notes
MONOJECT TB REGULAR LUER TIP SYRINGE 1 ML	Tier 4	
MONOJECT TB SAFETY SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2"	Tier 4	
MONOJECT TB SYRINGE 1 ML 28 GAUGE X 1/2"	Tier 4	
MONOJECT TUBERCULIN SYRINGE SYRINGE 1 ML, 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 X 1/2", 1 ML 28 GAUGE X 1/2", 1/2 ML 28 X 1/2"	Tier 4	
MONOJECT ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE	Tier 3	
PARADIGM RESERVOIR 1.8 ML, 3 ML	Tier 4	
PRO COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 3	
PRODIGY INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2"	Tier 3	
SAFESNAP INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 3	
SAFESNAP SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 10 ML, 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 10 ML 21 GAUGE X 1", 10 ML 22 GAUGE X 1 1/2", 10 ML 22 GAUGE X 1", 3 ML, 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8", 5 ML, 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 22 GAUGE X 1"	Tier 4	
SECURES SAFE INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 3	
SURE COMFORT INS. SYR. U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	Tier 3	
SURE COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 1/4"	Tier 3	

Drug	Status	Notes
SURE-JECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"	Tier 3	
SURGUARD2 SAFETY SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2", 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8", 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2"	Tier 4	
<i>syringe (disposable) syringe 10 ml, 20 ml, 3 ml, 30 ml, 5 ml</i>	Tier 4	
SYRINGE 3CC/20GX1" SYRINGE 3 ML 20 GAUGE X 1"	Tier 4	
SYRINGE 3CC/21GX1" SYRINGE 3 ML 21 GAUGE X 1"	Tier 4	
SYRINGE 3CC/21GX1-1/2" SYRINGE 3 ML 21 GAUGE X 1 1/2"	Tier 4	
SYRINGE 3CC/22GX1" SYRINGE 3 ML 22 GAUGE X 1"	Tier 4	
SYRINGE 3CC/22GX3/4" SYRINGE 3 ML 22 GAUGE X 3/4"	Tier 4	
SYRINGE 3CC/25GX1" SYRINGE 3 ML 25 GAUGE X 1"	Tier 4	
<i>syringe with needle syringe 1 ml 25 gauge x 1", 10 ml 20 x 1", 3 ml 20 gauge x 1 1/2", 3 ml 22 x 1 1/2"</i>	Tier 4	
TECHLITE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16"	Tier 3	
TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16"	Tier 3	
TERUMO ALLERGY SYRINGE SYRINGE 1 ML 27 X 1/2"	Tier 4	
TERUMO INSULIN SYRINGE SYRINGE 0.3 ML 30 X 3/8", 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	Tier 3	
TERUMO SYRINGE SYRINGE 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8", 30 ML	Tier 4	

Drug	Status	Notes
THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8", 0.3 ML 31 X 3/8", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 X 3/8", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1 ML 31 X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	Tier 3	
TOOMEY SYRINGE SYRINGE 70 ML	Tier 4	
TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 3	
TRUE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16	Tier 3	
TRUE COMFORT PRO INS SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1 ML 32 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16"	Tier 4	
TRUE COMFORT SAFE INSULIN SYRG SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16", 1 ML 32 GAUGE X 5/16"	Tier 4	
TRUEPLUS INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	Tier 3	
TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 1"	Tier 3	
TUBERCULIN SYRINGE SYRINGE 1 ML, 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2"	Tier 4	
<i>tuberculin-allergy syringes syringe 1 ml 26 gauge x 3/8"</i>	Tier 4	
ULTICARE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 1/4"	Tier 3	
ULTICARE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 1/4"	Tier 3	
ULTICARE SAFETY SYRINGE SYRINGE 3 ML, 3 ML 21 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8"	Tier 4	
ULTICARE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 25 GAUGE X 5/8", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	Tier 3	

Drug	Status	Notes
ULTICARE TB SAFETY SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2"	Tier 4	
ULTIGUARD SAFEPACK-INSULIN SYR SYRINGE 0.3 ML 30 X 1/2", 0.3 ML 31 X 5/16", 1 ML 30 X 1/2", 1 ML 31 X 5/16", 1/2 ML 30 X 1/2", 1/2 ML 31 X 5/16"	Tier 3	
ULTILET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 29	Tier 3	
ULTRA CMFT INS SYR (HALF UNIT) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16"	Tier 3	
ULTRA COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29 , 1/2 ML 30 GAUGE	Tier 3	
ULTRA FLO INSUL SYR(HALF UNIT) SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	Tier 3	
ULTRA FLO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2"	Tier 3	
ULTRACARE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 3	
ULTRA-FINE INS SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16"	Tier 3	
ULTRA-FINE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 31 GAUGE X 15/64"	Tier 3	
ULTRA-THIN II (SHORT) INS SYR SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 3	
ULTRA-THIN II INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 3	
VANISHPOINT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 3/16"	Tier 4	

Drug	Status	Notes
VANISHPOINT SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 3	
VANISHPOINT SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1 1/2", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2"	Tier 4	
VANISHPOINT TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2"	Tier 4	
VERIFINE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	Tier 3	
Miscellaneous Agents		
Amyloidosis Agents-Transthyretin (Ttr)		
Suppression		
WAINUA SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.8 ML	Tier 7	PA; SP; QL (0.8 ML per 30 days)
Anaphylaxis Therapy Agents		
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML	Tier 4	QL (2 EA per 30 days); Age (Min 3 Years and Max 2 Years)
AUVI-Q INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML	Tier 4	PA; QL (2 EA per 30 days)
AUVI-Q INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	Tier 4	QL (2 EA per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	Tier 2	QL (2 EA per 30 days)
EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	Tier 4	QL (2 EA per 30 days)
EPIPEN INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	Tier 4	QL (2 EA per 30 days)
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	Tier 4	QL (2 EA per 30 days)
EPIPEN JR INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	Tier 4	QL (2 EA per 30 days)
NEFFY NASAL SPRAY, NON-AEROSOL 1 MG/SPRAY (0.1 ML)	Tier 4	PA; QL (2 EA per 30 days)
NEFFY NASAL SPRAY, NON-AEROSOL 2 MG/SPRAY (0.1 ML)	Tier 4	PA; QL (2 EA per 28 days)
Cxcr4 Chemokine Receptor Antagonist		
XOLREMDI ORAL CAPSULE 100 MG	Tier 7	PA; SP; QL (120 EA per 30 days)
Genetic D/O Tx-Exon Inclusion Antisense Oligonucle		
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	Tier 7	PA; SP
EVRYSDI ORAL TABLET 5 MG	Tier 7	PA; SP
Parasympathetic Agents		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 2	

Drug	Status	Notes
<i>cevimeline oral capsule 30 mg</i>	Tier 2	
EVOXAC ORAL CAPSULE 30 MG	Tier 4	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	Tier 2	
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG, 7.5 MG	Tier 4	
Pharmacological Chaperone-Alpha-Galactosid.A Stabz		
GALAFOLD ORAL CAPSULE 123 MG	Tier 7	PA; SP
Pku Treatment Agents - Phenylalanine Ammonia Lyase		
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	Tier 6	PA; SP
Pku Tx Agent-Cofactor Of Phenylalanine Hydroxylase		
JAVYGTOR ORAL POWDER IN PACKET 100 MG, 500 MG	Tier 6	PA; SP
JAVYGTOR ORAL TABLET,SOLUBLE 100 MG	Tier 6	PA; SP
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG	Tier 6	PA; SP
KUVAN ORAL TABLET,SOLUBLE 100 MG	Tier 6	PA; SP
<i>sapropterin oral powder in packet 100 mg, 500 mg</i>	Tier 6	PA; SP
<i>sapropterin oral tablet,soluble 100 mg</i>	Tier 6	PA; SP
Systemic Enzyme Inhibitors		
JOENJA ORAL TABLET 70 MG	Tier 7	PA; SP; QL (60 EA per 30 days)
VIJOICE ORAL GRANULES IN PACKET 50 MG	Tier 7	PA; SP; QL (28 EA per 28 days)
VIJOICE ORAL TABLET 125 MG, 50 MG	Tier 7	PA; SP; QL (28 EA per 28 days)
VIJOICE ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	Tier 7	PA; SP; QL (56 EA per 28 days)
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	Tier 7	PA; SP
Thyroid Hormone Receptor (Thr) Agonist		
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
Topical Anticholinergic Hyperhidrosis Tx Agents		
QBREXZA TOPICAL TOWELETTE 2.4 %	Tier 4	PA
SOFDRA TOPICAL GEL WITH PUMP 12.45 % (72 MG /ACTUATION)	Tier 4	PA
Neoplastic Disease		
Alkylating Agents		
ALKERAN ORAL TABLET 2 MG	Tier 7	PA; SP
<i>cisplatin intravenous solution 1 mg/ml</i>	Tier 3	
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Tier 5	SP
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	Tier 5	SP
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	Tier 6	PA; SP
HYDREA ORAL CAPSULE 500 MG	Tier 4	
<i>hydroxyurea oral capsule 500 mg</i>	Tier 2	
<i>ifosfamide intravenous recon soln 1 gram, 3 gram</i>	Tier 3	PA
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	Tier 3	PA
LEUKERAN ORAL TABLET 2 MG	Tier 6	PA; SP
MYLERAN ORAL TABLET 2 MG	Tier 6	PA; SP

Drug	Status	Notes
TEMODAR INTRAVENOUS RECON SOLN 100 MG	Tier 7	PA; SP
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	Tier 5	PA; SP
Antiandrogenic Agents		
<i>abiraterone oral tablet 250 mg, 500 mg</i>	Tier 6	PA; SP
ABIRTEGA ORAL TABLET 250 MG	Tier 6	PA; SP
<i>bicalutamide oral tablet 50 mg</i>	Tier 2	
CASODEX ORAL TABLET 50 MG	Tier 4	
ERLEADA ORAL TABLET 240 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
ERLEADA ORAL TABLET 60 MG	Tier 7	PA; SP; QL (120 EA per 30 days)
EULEXIN ORAL CAPSULE 125 MG	Tier 4	PA
NILANDRON ORAL TABLET 150 MG	Tier 7	PA; SP
<i>nilutamide oral tablet 150 mg</i>	Tier 5	PA; SP
NUBEQA ORAL TABLET 300 MG	Tier 7	PA; SP; QL (120 EA per 30 days)
XTANDI ORAL CAPSULE 40 MG	Tier 7	PA; SP; QL (120 EA per 30 days)
XTANDI ORAL TABLET 40 MG	Tier 7	PA; SP; QL (120 EA per 30 days)
XTANDI ORAL TABLET 80 MG	Tier 7	PA; SP; QL (60 EA per 30 days)
YONSA ORAL TABLET 125 MG	Tier 7	PA; SP
ZYTIGA ORAL TABLET 250 MG, 500 MG	Tier 7	PA; SP
Antibiotic Antineoplastics		
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	Tier 3	
<i>daunorubicin intravenous solution 5 mg/ml</i>	Tier 3	
<i>doxorubicin intravenous recon soln 10 mg, 50 mg</i>	Tier 3	
<i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	Tier 3	
<i>valrubicin intravesical solution 40 mg/ml</i>	Tier 3	
VALSTAR INTRAVESICAL SOLUTION 40 MG/ML	Tier 7	SP
Antimetabolites		
<i>capecitabine oral tablet 150 mg, 500 mg</i>	Tier 5	SP
<i>floxuridine injection recon soln 0.5 gram</i>	Tier 3	
FOLOTYN INTRAVENOUS SOLUTION 40 MG/2 ML (20 MG/ML)	Tier 7	SP
INQOVI ORAL TABLET 35-100 MG	Tier 7	PA; SP; QL (5 EA per 28 days)
JYLAMVO ORAL SOLUTION 2 MG/ML	Tier 4	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	Tier 7	PA; SP; QL (80 EA per 28 days)
<i>mercaptopurine oral tablet 50 mg</i>	Tier 2	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	Tier 3	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	Tier 3	
<i>methotrexate sodium injection solution 25 mg/ml</i>	Tier 3	
<i>methotrexate sodium oral tablet 2.5 mg</i>	Tier 2	
ONUREG ORAL TABLET 200 MG, 300 MG	Tier 7	PA; SP; QL (14 EA per 28 days)
<i>pralatrexate intravenous solution 20 mg/ml (1 ml), 40 mg/2 ml (20 mg/ml)</i>	Tier 6	SP
PURIXAN ORAL SUSPENSION 20 MG/ML	Tier 4	
TABLOID ORAL TABLET 40 MG	Tier 6	PA; SP
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	Tier 4	
XATMEP ORAL SOLUTION 2.5 MG/ML	Tier 4	
XELODA ORAL TABLET 150 MG, 500 MG	Tier 7	PA; SP

Drug	Status	Notes
Antineoplastic Aromatase Inhibitors		
<i>anastrozole oral tablet 1 mg</i>	Tier 2	
ARIMIDEX ORAL TABLET 1 MG	Tier 4	
AROMASIN ORAL TABLET 25 MG	Tier 4	QL (30 EA per 30 days)
<i>exemestane oral tablet 25 mg</i>	Tier 2	
FEMARA ORAL TABLET 2.5 MG	Tier 4	
<i>letrozole oral tablet 2.5 mg</i>	Tier 2	
Antineoplastic - Braf Kinase Inhibitors		
BRAFTOVI ORAL CAPSULE 75 MG	Tier 6	PA; SP; QL (180 EA per 30 days)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	Tier 7	PA; SP; Age (Min 13 Years and Max 12 Years)
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 7	PA; SP
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	Tier 6	PA; SP; QL (120 EA per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	Tier 6	PA; SP
ZELBORAF ORAL TABLET 240 MG	Tier 6	PA; SP; QL (240 EA per 30 days)
Antineoplastic - Hedgehog Pathway Inhibitor		
DAURISMO ORAL TABLET 100 MG, 25 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
ERIVEDGE ORAL CAPSULE 150 MG	Tier 6	PA; SP
ODOMZO ORAL CAPSULE 200 MG	Tier 6	PA; SP; QL (30 EA per 30 days)
Antineoplastic - Janus Kinase (Jak) Inhibitors		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	Tier 7	PA; SP
Antineoplastic - Kras Protein Inhibitor		
KRAZATI ORAL TABLET 200 MG	Tier 7	PA; SP; QL (180 EA per 30 days)
LUMAKRAS ORAL TABLET 120 MG	Tier 7	PA; SP; QL (240 EA per 30 days)
LUMAKRAS ORAL TABLET 240 MG	Tier 7	PA; SP; QL (120 EA per 30 days)
LUMAKRAS ORAL TABLET 320 MG	Tier 7	PA; SP; QL (90 EA per 30 days)
Antineoplastic - Mek1 And Mek2 Kinase Inhibitors		
COTELLIC ORAL TABLET 20 MG	Tier 7	PA; SP
GOMEKLI ORAL CAPSULE 1 MG	Tier 7	PA; SP; QL (42 EA per 28 days)
GOMEKLI ORAL CAPSULE 2 MG	Tier 7	PA; SP; QL (84 EA per 28 days)
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG	Tier 7	PA; SP; QL (42 EA per 28 days)
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	Tier 7	PA; SP; QL (120 EA per 30 days)
MEKINIST ORAL RECON SOLN 0.05 MG/ML	Tier 6	PA; SP
MEKINIST ORAL TABLET 0.5 MG, 2 MG	Tier 6	PA; SP; QL (30 EA per 30 days)
MEKTOVI ORAL TABLET 15 MG	Tier 7	PA; SP
Antineoplastic - Mtor Kinase Inhibitors		
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	Tier 6	PA; SP
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	Tier 6	PA; SP
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	Tier 6	PA; SP
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i>	Tier 6	PA; SP
TORPENZ ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	Tier 6	PA; SP

Drug	Status	Notes
Antineoplastic - Protein Methyltransferase Inhibit		
TAZVERIK ORAL TABLET 200 MG	Tier 7	PA; SP; QL (240 EA per 30 days)
Antineoplastic - Topoisomerase I Inhibitors		
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	Tier 6	PA; SP
Antineoplastic Immunomodulator Agents		
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	Tier 6	PA; SP
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	Tier 6	PA; SP; QL (21 EA per 28 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	Tier 7	PA; SP
Antineoplastic Lhrh(Gnrh) Antagonist,Pituit.Supprs		
ORGOVYX ORAL TABLET 120 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
Antineoplastic Systemic Enzyme Inhibitors		
ALECENSA ORAL CAPSULE 150 MG	Tier 6	PA; SP; QL (240 EA per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	Tier 6	PA; SP; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG	Tier 6	PA; SP; QL (60 EA per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)-180 MG (23)	Tier 6	PA; SP; QL (30 EA per 30 days)
AUGTYRO ORAL CAPSULE 160 MG	Tier 7	PA; SP; QL (60 EA per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	Tier 7	PA; SP; QL (240 EA per 30 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
BALVERSA ORAL TABLET 3 MG	Tier 7	PA; SP; QL (84 EA per 28 days)
BALVERSA ORAL TABLET 4 MG	Tier 7	PA; SP; QL (56 EA per 28 days)
BALVERSA ORAL TABLET 5 MG	Tier 7	PA; SP; QL (28 EA per 28 days)
BOSULIF ORAL CAPSULE 100 MG	Tier 7	PA; SP; QL (90 EA per 30 days)
BOSULIF ORAL CAPSULE 50 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
BOSULIF ORAL TABLET 100 MG	Tier 6	PA; SP; QL (120 EA per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	Tier 6	PA; SP; QL (30 EA per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	Tier 7	PA; SP; QL (120 EA per 30 days)
BRUKINSA ORAL TABLET 160 MG	Tier 7	PA; SP; QL (60 EA per 30 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	Tier 6	PA; SP; QL (30 EA per 30 days)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	Tier 7	PA; SP; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG	Tier 7	PA; SP; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	Tier 7	PA; SP; QL (56 EA per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	Tier 7	PA; SP; QL (112 EA per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	Tier 7	PA; SP
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	Tier 6	PA; SP; QL (56 EA per 28 days)
DANZITEN ORAL TABLET 71 MG, 95 MG	Tier 7	PA; SP; QL (120 EA per 30 days)
<i>dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg</i>	Tier 6	PA; SP
ENSACOVE ORAL CAPSULE 100 MG	Tier 6	PA; SP; QL (56 EA per 28 days)
ENSACOVE ORAL CAPSULE 25 MG	Tier 6	PA; SP; QL (28 EA per 28 days)

Drug	Status	Notes
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>	Tier 6	PA; SP; QL (30 EA per 30 days)
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	Tier 7	PA; SP; QL (21 EA per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	Tier 7	PA; SP; QL (84 EA per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	Tier 7	PA; SP; QL (21 EA per 28 days)
GAVRETO ORAL CAPSULE 100 MG	Tier 7	PA; SP; QL (120 EA per 30 days)
<i>gefitinib oral tablet 250 mg</i>	Tier 6	PA; SP; QL (30 EA per 30 days)
GILOTRIF ORAL TABLET 20 MG	Tier 6	PA; SP; QL (60 EA per 30 days)
GILOTRIF ORAL TABLET 30 MG, 40 MG	Tier 6	PA; SP; QL (30 EA per 30 days)
GLEEVEC ORAL TABLET 100 MG	Tier 7	PA; SP; QL (90 EA per 30 days)
GLEEVEC ORAL TABLET 400 MG	Tier 7	PA; SP; QL (60 EA per 30 days)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	Tier 6	PA; SP; QL (21 EA per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	Tier 6	PA; SP; QL (21 EA per 28 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
<i>imatinib oral tablet 100 mg</i>	Tier 5	PA; SP; QL (90 EA per 30 days)
<i>imatinib oral tablet 400 mg</i>	Tier 5	PA; SP; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	Tier 7	PA; SP; QL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	Tier 7	PA; SP
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
IMKELDI ORAL SOLUTION 80 MG/ML	Tier 7	PA; SP; Age (Min 13 Years and Max 12 Years)
INLYTA ORAL TABLET 1 MG, 5 MG	Tier 6	PA; SP
INREBIC ORAL CAPSULE 100 MG	Tier 7	PA; SP; QL (120 EA per 30 days)
IRESSA ORAL TABLET 250 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
ITOVEBI ORAL TABLET 3 MG	Tier 7	PA; SP; QL (56 EA per 28 days)
ITOVEBI ORAL TABLET 9 MG	Tier 7	PA; SP; QL (28 EA per 28 days)
IWILFIN ORAL TABLET 192 MG	Tier 7	PA; SP; QL (240 EA per 30 days)
JAYPIRCA ORAL TABLET 100 MG, 50 MG	Tier 7	PA; SP; QL (60 EA per 30 days)
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 6	PA; SP; QL (63 EA per 28 days)
<i>lapatinib oral tablet 250 mg</i>	Tier 6	PA; SP
LAZCLUZE ORAL TABLET 240 MG	Tier 6	PA; SP; QL (30 EA per 30 days)
LAZCLUZE ORAL TABLET 80 MG	Tier 6	PA; SP; QL (60 EA per 30 days)
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 7	PA; SP
LORBRENA ORAL TABLET 100 MG, 25 MG	Tier 6	PA; SP; QL (30 EA per 30 days)
LYNPARZA ORAL TABLET 100 MG, 150 MG	Tier 7	PA; SP
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)	Tier 7	PA; SP; QL (84 EA per 28 days)
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4)	Tier 7	PA; SP; QL (112 EA per 28 days)
LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5)	Tier 7	PA; SP; QL (140 EA per 28 days)
NERLYNX ORAL TABLET 40 MG	Tier 7	PA; SP
NEXAVAR ORAL TABLET 200 MG	Tier 7	PA; SP
<i>nilotinib hcl oral capsule 150 mg, 200 mg</i>	Tier 6	PA; SP

Drug	Status	Notes
<i>nilotinib hcl oral capsule 50 mg</i>	Tier 6	PA; SP; QL (60 EA per 30 days)
<i>nilotinib tartrate oral capsule 150 mg, 200 mg, 50 mg</i>	Tier 7	PA; SP; QL (120 EA per 30 days)
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	Tier 6	PA; SP
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG	Tier 7	PA; SP; QL (60 EA per 30 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
<i>pazopanib oral tablet 200 mg</i>	Tier 6	PA; SP
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	Tier 7	PA; SP; QL (14 EA per 21 days)
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 7	PA; SP; QL (56 EA per 28 days)
QINLOCK ORAL TABLET 50 MG	Tier 7	PA; SP; QL (90 EA per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG	Tier 7	PA; SP; QL (60 EA per 30 days)
REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG	Tier 7	PA; SP
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	Tier 7	PA; SP; QL (8 EA per 28 days)
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	Tier 7	PA; SP; QL (90 EA per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	Tier 7	PA; SP; QL (180 EA per 30 days)
RUBRACA ORAL TABLET 200 MG, 300 MG	Tier 6	PA; SP; QL (120 EA per 30 days)
RUBRACA ORAL TABLET 250 MG	Tier 6	PA; SP
RYDAPT ORAL CAPSULE 25 MG	Tier 7	PA; SP
SCSEMBLIX ORAL TABLET 100 MG	Tier 7	PA; SP; QL (120 EA per 30 days)
SCSEMBLIX ORAL TABLET 20 MG, 40 MG	Tier 7	PA; SP; QL (60 EA per 30 days)
<i>sorafenib oral tablet 200 mg</i>	Tier 6	PA; SP
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	Tier 6	PA; SP
STIVARGA ORAL TABLET 40 MG	Tier 7	PA; SP; QL (84 EA per 28 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Tier 6	PA; SP
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	Tier 6	PA; SP
TABRECTA ORAL TABLET 150 MG, 200 MG	Tier 7	PA; SP; QL (120 EA per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	Tier 6	PA; SP; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
TARCEVA ORAL TABLET 100 MG	Tier 6	PA; SP; QL (30 EA per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG	Tier 6	PA; SP
TASIGNA ORAL CAPSULE 50 MG	Tier 6	PA; SP; QL (60 EA per 30 days)
TEPMETKO ORAL TABLET 225 MG	Tier 7	PA; SP; QL (60 EA per 30 days)
TRUQAP ORAL TABLET 160 MG, 200 MG	Tier 7	PA; SP; QL (64 EA per 28 days)
TUKYSA ORAL TABLET 150 MG, 50 MG	Tier 7	PA; SP; QL (120 EA per 30 days)
TURALIO ORAL CAPSULE 125 MG	Tier 7	PA; SP; QL (120 EA per 30 days)
TYKERB ORAL TABLET 250 MG	Tier 7	PA; SP
VANFLYTA ORAL TABLET 17.7 MG	Tier 7	PA; SP; QL (28 EA per 28 days)
VANFLYTA ORAL TABLET 26.5 MG	Tier 7	PA; SP; QL (56 EA per 28 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 6	PA; SP; QL (56 EA per 28 days)
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	Tier 7	PA; SP; QL (60 EA per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	Tier 7	PA; SP; QL (60 ML per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	Tier 6	PA; SP; QL (30 EA per 30 days)

Drug	Status	Notes
VONJO ORAL CAPSULE 100 MG	Tier 7	PA; SP; QL (120 EA per 30 days)
VOTRIENT ORAL TABLET 200 MG	Tier 7	PA; SP
XALKORI ORAL CAPSULE 200 MG, 250 MG	Tier 7	PA; SP
XALKORI ORAL PELLETT 150 MG, 20 MG, 50 MG	Tier 7	PA; SP
XOSPATA ORAL TABLET 40 MG	Tier 7	PA; SP; QL (90 EA per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	Tier 6	PA; SP
ZYDELIG ORAL TABLET 100 MG, 150 MG	Tier 6	PA; SP; QL (60 EA per 30 days)
ZYKADIA ORAL TABLET 150 MG	Tier 7	PA; SP; QL (150 EA per 30 days)
Antineoplastic,Histone Deacetylase Inhibitors,Hdis		
ZOLINZA ORAL CAPSULE 100 MG	Tier 6	PA; SP
Antineoplastic-B Cell Lymphoma-2(Bcl-2) Inhibitors		
VENCLEXTA ORAL TABLET 10 MG, 50 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
VENCLEXTA ORAL TABLET 100 MG	Tier 7	PA; SP; QL (180 EA per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	Tier 7	PA; SP; QL (42 EA per 28 days)
Antineoplastic-Enzyme Inhib, Antiandrogen Comb.		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	Tier 7	PA; SP; QL (60 EA per 30 days)
Antineoplastic-Hypoxia Inducible Factor (Hif) Inh		
WELIREG ORAL TABLET 40 MG	Tier 7	PA; SP; QL (90 EA per 30 days)
Antineoplastic-Isocitrate Dehydrogenase Inhibitors		
IDHIFA ORAL TABLET 100 MG, 50 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	Tier 7	PA; SP; QL (60 EA per 30 days)
TIBSOVO ORAL TABLET 250 MG	Tier 7	PA; SP
VORANIGO ORAL TABLET 10 MG	Tier 7	PA; SP; QL (60 EA per 30 days)
VORANIGO ORAL TABLET 40 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
Antineoplastics,Miscellaneous		
<i>dacarbazine intravenous recon soln 100 mg, 200 mg</i>	Tier 3	
<i>etoposide oral capsule 50 mg</i>	Tier 5	PA; SP
LYSODREN ORAL TABLET 500 MG	Tier 3	
MATULANE ORAL CAPSULE 50 MG	Tier 6	PA; SP
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	Tier 2	
Antineoplastic-Select Inhib Of Nuclear Exp (Sine)		
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2)	Tier 7	PA; SP; QL (8 EA per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (10 MG X 4), 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)	Tier 7	PA; SP; QL (4 EA per 28 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	Tier 7	PA; SP; QL (24 EA per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	Tier 7	PA; SP; QL (32 EA per 28 days)
Chemotherapy Rescue/Antidote Agents		
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	Tier 3	
<i>leucovorin calcium injection solution 10 mg/ml</i>	Tier 3	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	Tier 2	
<i>mesna intravenous solution 100 mg/ml</i>	Tier 5	PA; SP
<i>mesna oral tablet 400 mg</i>	Tier 6	PA; SP

Drug	Status	Notes
MESNEX INTRAVENOUS SOLUTION 100 MG/ML	Tier 7	PA; SP
MESNEX ORAL TABLET 400 MG	Tier 7	PA; SP
Photoactivated, Antineopls. & Premalignant Lesions		
LEVULAN TOPICAL SOLUTION 20 %	Tier 4	
Selective Estrogen Receptor Modulators (Serm)		
FARESTON ORAL TABLET 60 MG	Tier 4	PA
ORSERDU ORAL TABLET 345 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
ORSERDU ORAL TABLET 86 MG	Tier 7	PA; SP; QL (90 EA per 30 days)
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	Tier 4	PA
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	Tier 2	
<i>toremifene oral tablet 60 mg</i>	Tier 3	PA
Selective Retinoid X Receptor Agonists (Rxr)		
<i>bexarotene oral capsule 75 mg</i>	Tier 5	PA; SP
TARGRETIN ORAL CAPSULE 75 MG	Tier 6	PA; SP
Steroid Antineoplastics		
<i>megestrol oral tablet 20 mg, 40 mg</i>	Tier 2	
Neurological Disease - Miscellaneous		
Agents To Treat Multiple Sclerosis		
AUBAGIO ORAL TABLET 14 MG, 7 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
AVONEX INTRAMUSCULAR PEN INJECTOR 30 MCG/0.5 ML	Tier 6	PA; SP
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	Tier 6	PA; SP; QL (1 EA per 28 days)
AVONEX INTRAMUSCULAR SYRINGE 30 MCG/0.5 ML	Tier 6	PA; SP
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	Tier 6	PA; SP; QL (1 EA per 28 days)
BAFIERTAM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 95 MG	Tier 7	PA; SP
BETASERON SUBCUTANEOUS KIT 0.3 MG	Tier 7	PA; SP; QL (15 EA per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	Tier 7	PA; SP; QL (30 ML per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	Tier 7	PA; SP; QL (12 ML per 28 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i>	Tier 5	PA; SP; QL (60 EA per 30 days)
<i>fingolimod oral capsule 0.5 mg</i>	Tier 5	PA; SP; QL (30 EA per 30 days)
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	Tier 5	PA; SP; QL (30 ML per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	Tier 5	PA; SP; QL (12 ML per 28 days)
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML	Tier 5	PA; SP; QL (30 ML per 30 days)
GLATOPA SUBCUTANEOUS SYRINGE 40 MG/ML	Tier 5	PA; SP; QL (12 ML per 28 days)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	Tier 6	PA; SP; QL (0.4 ML per 28 days)
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	Tier 7	PA; SP; QL (20 EA per 365 days)
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	Tier 7	PA; SP; QL (20 EA per 365 days)
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	Tier 7	PA; SP; QL (20 EA per 365 days)
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	Tier 7	PA; SP; QL (20 EA per 365 days)

Drug	Status	Notes
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	Tier 7	PA; SP; QL (20 EA per 365 days)
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	Tier 7	PA; SP; QL (20 EA per 365 days)
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	Tier 7	PA; SP; QL (20 EA per 365 days)
MAYZENT ORAL TABLET 0.25 MG	Tier 7	PA; SP; QL (120 EA per 30 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	Tier 7	PA; SP; QL (7 EA per 365 days)
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	Tier 7	PA; SP; QL (12 EA per 365 days)
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	Tier 7	PA; SP; QL (1 ML per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	Tier 7	PA; SP; QL (0.5 ML per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	Tier 7	PA; SP; QL (1 ML per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	Tier 7	PA; SP; QL (1 ML per 28 days)
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK 2 MG (2) - 10 MG (3)	Tier 7	PA; SP; QL (14 EA per 365 days)
PONVORY ORAL TABLET 20 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	Tier 7	PA; SP; QL (6 ML per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	Tier 7	PA; SP; QL (6 ML per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	Tier 7	PA; SP; QL (4.2 ML per 180 days)
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	Tier 7	PA; SP; QL (4.2 ML per 180 days)
TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.25 MG, 0.5 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 120 MG (14)- 240 MG (46), 240 MG	Tier 7	PA; SP; QL (60 EA per 30 days)
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	Tier 5	PA; SP; QL (30 EA per 30 days)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	Tier 7	PA; SP; QL (120 EA per 30 days)
Agts Tx Neuromusc Transmission Dis,Pot-Chan Blkr		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG	Tier 4	
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	Tier 3	
FIRDAPSE ORAL TABLET 10 MG	Tier 7	PA; SP; QL (240 EA per 30 days)
Amyotrophic Lateral Sclerosis Agents		
RADICAVA ORS 105 MG/5 ML SUSP	Tier 7	PA; SP; QL (70 ML per 365 days)
RADICAVA ORS STARTER KIT SUSP INNER 105 MG/5 ML	Tier 7	PA; SP; QL (70 ML per 365 days)

Drug	Status	Notes
RADICAVA ORS STARTER KIT SUSP OUTER 105 MG/5 ML	Tier 7	PA; SP; QL (70 ML per 365 days)
RILUTEK ORAL TABLET 50 MG	Tier 7	PA; SP; QL (60 EA per 30 days)
<i>riluzole oral tablet 50 mg</i>	Tier 5	PA; SP; QL (60 EA per 30 days)
TEGLUTIK ORAL SUSPENSION 50 MG/10 ML	Tier 7	PA; SP
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	Tier 7	PA; SP
Fibromyalgia Agents,Serotonin-Norepineph Ru Inhib		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	Tier 3	
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	Tier 3	
Glypromate (Gpe) Analogs		
DAYBUE ORAL SOLUTION 200 MG/ML	Tier 7	PA; SP
Heat Shock Protein (Hsp) Modulating Agents		
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG	Tier 7	PA; SP
Movement Disorders(Drug Therapy)		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	Tier 7	PA; SP; QL (120 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG	Tier 7	PA; SP; QL (60 EA per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	Tier 7	PA; SP; QL (28 EA per 365 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG	Tier 4	PA
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	Tier 7	PA; SP
INGREZZA ORAL CAPSULE 40 MG	Tier 7	PA; SP; QL (60 EA per 30 days)
INGREZZA ORAL CAPSULE 60 MG, 80 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG	Tier 7	PA; SP; QL (60 EA per 30 days)
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 60 MG, 80 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	Tier 5	PA; SP
XENAZINE ORAL TABLET 12.5 MG, 25 MG	Tier 7	PA; SP
Neuropathic Agents		
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG	Tier 4	ST: Documentation of trial, intolerance or contraindication to TWO of the following is required: duloxetine HCl DR oral capsule, gabapentin oral capsule, gabapentin oral solution, gabapentin oral tablet.; QL (30 EA per 30 days)

Drug	Status	Notes
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG	Tier 4	ST: Documentation of trial, intolerance or contraindication to TWO of the following is required: duloxetine HCl DR oral capsule, gabapentin oral capsule, gabapentin oral solution, gabapentin oral tablet.; QL (60 EA per 30 days)
<i>pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg</i>	Tier 3	ST: Documentation of trial, intolerance or contraindication to TWO of the following is required: duloxetine HCl DR oral capsule, gabapentin oral capsule, gabapentin oral solution, gabapentin oral tablet.; QL (30 EA per 30 days)
<i>pregabalin oral tablet extended release 24 hr 330 mg</i>	Tier 3	ST: Documentation of trial, intolerance or contraindication to TWO of the following is required: duloxetine HCl DR oral capsule, gabapentin oral capsule, gabapentin oral solution, gabapentin oral tablet.; QL (60 EA per 30 days)
Nuclear Factor Erythroid 2-Rel. Factor 2 Activator		
SKYCLARYS ORAL CAPSULE 50 MG	Tier 7	PA; SP; QL (90 EA per 30 days)
Postherpetic Neuralgia Agents		
<i>gabapentin oral tablet extended release 24 hr 300 mg, 600 mg</i>	Tier 3	PA; QL (90 EA per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 600 MG	Tier 4	PA; QL (90 EA per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 450 MG, 750 MG, 900 MG	Tier 4	PA
Pseudobulbar Affect (Pba) Agents, Nmda Antagonists		
NUEDEXTA ORAL CAPSULE 20-10 MG	Tier 3	QL (60 EA per 30 days)
Sphingosine 1-Phosphate (S1p) Receptor Modulator		
VELSIPITY ORAL TABLET 2 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
ZEPOSIA ORAL CAPSULE 0.92 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21)	Tier 7	PA; SP; QL (28 EA per 28 days)
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)	Tier 7	PA; SP; QL (7 EA per 180 days)
Oral/Pharyngeal Disorders		
Dental Aids And Preparations		
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	Tier 2	
ORALONE DENTAL PASTE 0.1 %	Tier 3	
PERIDEX MUCOUS MEMBRANE MOUTHWASH 0.12 %	Tier 4	
PERIOGARD MUCOUS MEMBRANE MOUTHWASH 0.12 %	Tier 2	
Q-CARE RX Q2 KIT 0.12 %	Tier 4	
Q-CARE RX Q4 KIT 0.12 %	Tier 4	
<i>triamcinolone acetonide dental paste 0.1 %</i>	Tier 3	

Drug	Status	Notes
Nose Preparations, Miscellaneous (Rx)		
<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	Tier 2	
Periodontal Collagenase Inhibitors		
<i>doxycycline hyclate oral tablet 20 mg</i>	Tier 3	
Other Drugs		
Abortifacient, Progesterone Receptor Antagonist- Typ		
MIFEPREX ORAL TABLET 200 MG	Tier 4	
<i>mifepristone oral tablet 200 mg</i>	Tier 3	
Agents For Stomatological Use		
DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 %	Tier 4	
Antineoplastic - Systemic Enzyme Inhibitors Combs		
AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG	Tier 7	PA; SP
Antipsychotics, Muscarinic Agonist/Antagonist Comb		
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	Tier 4	PA; QL (60 EA per 30 days)
COBENFY STARTER PACK ORAL CAPSULE, DOSE PACK 50 MG-20 MG /100 MG-20 MG	Tier 4	PA; QL (56 EA per 180 days)
Appetite Stim. For Anorexia, Cachexia, Wasting Synd.		
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)</i>	Tier 2	
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	Tier 3	
Condoms		
AIMSCO LATEX CONDOM DEVICE	Tier 4	
DUREX AVANTI BARE REAL FEEL	Tier 4	
DUREX EXTRA SENSITIVE CONDOM DEVICE	Tier 4	
DUREX TROPICAL CONDOM DEVICE	Tier 4	
FANTASY CONDOM DEVICE	Tier 4	
FC2 FEMALE CONDOM	Tier 4	
KIMONO LUBRICATED CONDOMS DEVICE	Tier 4	
KIMONO MICROTHIN AQUA LUBE CON DEVICE	Tier 4	
KIMONO MICROTHIN CONDOMS DEVICE	Tier 4	
KIMONO MICROTHIN LARGE CONDOMS DEVICE	Tier 4	
KIMONO TEXTURED CONDOMS DEVICE	Tier 4	
TROJAN ULTRA RIBBED CONDOM DEVICE	Tier 4	
TRUE COVER CONDOM DEVICE	Tier 4	
TRUSTEX LATEX CONDOM DEVICE	Tier 4	
TRUSTEX LUBRICATED CONDOMS DEVICE	Tier 4	
TRUSTEX NON-LUB CONDOMS DEVICE	Tier 4	
TRUSTEX-RIA LUB/SPERMICIDE DEVICE	Tier 4	
TRUSTEX-RIA LUBRICATED CONDOMS DEVICE	Tier 4	
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	Tier 4	
Cryopreservative Agents		
CRYOSERV SOLUTION 99 %	Tier 4	

Drug	Status	Notes
Cystic Fibrosis - Inhaled Osmotic Agents		
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	Tier 7	PA; SP
Diagnostic Preparations, Misc.		
<i>glucagon hcl injection recon soln 1 mg/ml</i>	Tier 4	
Drugs To Treat Hereditary Tyrosinemia		
HARLIKU ORAL TABLET 2 MG	Tier 7	PA; SP
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	Tier 6	PA; SP
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	Tier 6	PA; SP
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	Tier 7	PA; SP
ORFADIN ORAL SUSPENSION 4 MG/ML	Tier 6	PA; SP
Drugs To Tx Gaucher Dx-Type 1, Substrate Reducing		
CERDELGA ORAL CAPSULE 84 MG	Tier 6	PA; SP; QL (60 EA per 30 days)
<i>miglustat oral capsule 100 mg</i>	Tier 5	PA; SP
OPFOLDA ORAL CAPSULE 65 MG	Tier 6	PA; SP
YARGESA ORAL CAPSULE 100 MG	Tier 6	PA; SP
ZAVESCA ORAL CAPSULE 100 MG	Tier 7	PA; SP
General Anesthetics - Benzodiazepine, Injectable		
<i>midazolam (pf) injection solution 1 mg/ml, 5 mg/ml</i>	Tier 2	
<i>midazolam (pf) injection syringe 2 mg/2 ml (1 mg/ml), 5 mg/ml</i>	Tier 2	
<i>midazolam injection solution 1 mg/ml, 5 mg/ml</i>	Tier 2	
General Inhalation Agents		
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %, 7 %	Tier 4	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 %, 6 %	Tier 2	
PULMOSAL INHALATION SOLUTION FOR NEBULIZATION 7 %	Tier 4	
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %</i>	Tier 2	
Genetic Disorder Therapy - Hdac Inhibitor		
DUVYZAT ORAL SUSPENSION 8.86 MG/ML	Tier 7	PA; SP
Metabolic Deficiency Agents		
<i>betaine oral powder 1 gram/scoop</i>	Tier 6	PA; SP
CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML	Tier 4	
CARNITOR ORAL SOLUTION 100 MG/ML	Tier 4	
CARNITOR ORAL TABLET 330 MG	Tier 4	
CYSTADANE ORAL POWDER 1 GRAM/SCOOP	Tier 7	PA; SP
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	Tier 2	
<i>levocarnitine oral solution 100 mg/ml</i>	Tier 3	
<i>levocarnitine oral tablet 330 mg</i>	Tier 3	
Metabolic Disease Enzyme Replace, Hypophosphatasia		
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML	Tier 6	PA; SP; QL (10.8 ML per 28 days)

Drug	Status	Notes
STRENSIQ SUBCUTANEOUS SOLUTION 80 MG/0.8 ML	Tier 6	PA; SP; QL (16.8 ML per 28 days)
Metallic Poison, Agents To Treat		
CHEMET ORAL CAPSULE 100 MG	Tier 4	
CUVRIOR ORAL TABLET 300 MG	Tier 7	PA; SP
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	Tier 6	PA; SP
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	Tier 6	PA; SP
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	Tier 6	PA; SP
<i>deferiprone oral tablet 1,000 mg, 500 mg</i>	Tier 6	PA; SP
EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG	Tier 6	PA; SP
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG	Tier 6	PA; SP
FERRIPROX ORAL SOLUTION 100 MG/ML	Tier 6	PA; SP
FERRIPROX ORAL TABLET 1,000 MG, 500 MG	Tier 6	PA; SP
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)	Tier 4	
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG	Tier 6	PA; SP
JADENU SPRINKLE ORAL GRANULES IN PACKET 180 MG, 360 MG, 90 MG	Tier 6	PA; SP
RADIOGARDASE ORAL CAPSULE 0.5 GRAM	Tier 4	
SYPRINE ORAL CAPSULE 250 MG	Tier 7	PA; SP
<i>trientine oral capsule 250 mg, 500 mg</i>	Tier 6	PA; SP
Needles/Needleless Devices		
1ST TIER UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 3	
1ST TIER UNIFINE PENTIPS PLUS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 3	
ADVOCATE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Tier 3	
AQINJECT PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 3	
ASSURE ID DUO PRO SFTY PEN NDL NEEDLE 31 GAUGE X 3/16"	Tier 3	
ASSURE ID PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	Tier 3	
ASSURE ID PRO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"	Tier 3	
AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"	Tier 3	
BD ECLIPSE LUER-LOK NEEDLE 21 GAUGE X 1 1/2", 25 GAUGE X 1 1/2", 30 X 1/2 "	Tier 4	
BD ECLIPSE NEEDLE 18 GAUGE X 1 1/2", 21 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1"	Tier 4	

Drug	Status	Notes
BD FILTER NEEDLE-5 MICRON NEEDLE 19 X 1 1/2 "	Tier 4	
BD INTRADERMAL BEVEL NEEDLES NEEDLE 26 GAUGE X 3/8"	Tier 4	
BD PRECISIONGLIDE NON-STERILE NEEDLE 18 GAUGE X 1 1/2", 19 GAUGE X 1 1/2", 20 GAUGE X 1 1/2", 21 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1", 25 GAUGE X 5/8"	Tier 4	
BD REGULAR BEVEL NEEDLES NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 23 GAUGE X 3/4", 25 GAUGE X 1 1/2", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2"	Tier 4	
BD SAFETYGLIDE NEEDLE NEEDLE 18 GAUGE X 1 1/2", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 23 GAUGE X 1", 25 GAUGE X 1", 25 GAUGE X 5/8", 27 GAUGE X 5/8"	Tier 4	
BD SHORT BEVEL NEEDLES NEEDLE 18 GAUGE X 1 1/2", 20 GAUGE X 1 1/2", 20 GAUGE X 1"	Tier 4	
BD SPECIALTY USE NEEDLES NEEDLE 16 GAUGE X 1 1/2", 16 GAUGE X 1", 21 GAUGE X 2", 23 GAUGE X 1 1/4", 25 GAUGE X 7/8", 27 GAUGE X 1 1/4", 30 GAUGE X 1", 30 GAUGE X 1/2"	Tier 4	
<i>blunt needle, disposable needle 18 x 1 1/2 "</i>	Tier 4	
CAREFINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 3	
CAREPOINT PRECISION NEEDLE NEEDLE 20 GAUGE X 1", 21 GAUGE X 1"	Tier 3	
CARETOUCH PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 3	
CLICKFINE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 3	
COMFORT EZ PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/16", 33 GAUGE X 5/32"	Tier 3	
COMFORT EZ PRO SAFETY PEN NDL NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/32"	Tier 3	
COMFORT TOUCH PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 31 GAUGE X 5/32", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	Tier 4	

Drug	Status	Notes
DROPLET MICRON PEN NEEDLE NEEDLE 34 GAUGE X 9/64"	Tier 3	
DROPLET PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 3	
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16"	Tier 3	
EASY COMFORT PEN NEEDLES NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/32", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	Tier 3	
EASY COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 4	
EASY GLIDE PEN NEEDLE NEEDLE 33 GAUGE X 5/32"	Tier 3	
EASY TOUCH FLIPLOCK NEEDLE NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 22 GAUGE X 3/4", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 23 GAUGE X 5/8", 26 GAUGE X 1", 26 GAUGE X 1/2", 27 GAUGE X 1", 27 GAUGE X 1/2", 28 GAUGE X 1/2", 29 GAUGE X 1/2", 30 GAUGE X 5/16", 30 X 1/2", 31 GAUGE X 5/16"	Tier 4	
EASY TOUCH HYPODERMIC NEEDLE NEEDLE 16 GAUGE X 1 1/2", 16 GAUGE X 1", 18 GAUGE X 1 1/2", 18 GAUGE X 1 1/4", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1 1/4", 23 GAUGE X 1", 23 GAUGE X 3/4", 24 GAUGE X 1 1/4", 24 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 26 GAUGE X 3/8", 26 GAUGE X 5/8", 27 GAUGE X 1 1/2", 27 GAUGE X 1 1/4", 27 GAUGE X 1/2", 30 GAUGE X 1", 30 GAUGE X 1/2", 31 GAUGE X 5/16", 32 GAUGE X 5/16"	Tier 4	
EASY TOUCH NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 3	
EASY TOUCH PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	Tier 3	
EASY TOUCH SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16", 30 GAUGE X 1/4", 30 GAUGE X 3/16", 30 GAUGE X 5/16"	Tier 3	

Drug	Status	Notes
EASYPPOINT NEEDLE NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8"	Tier 3	
ECLIPSE NEEDLE NEEDLE 23 GAUGE X 1", 25 GAUGE X 5/8"	Tier 4	
EMBRACE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 3	
EXEL HYPODERMIC NEEDLES NEEDLE 18 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 20 X 3/4 ", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 21 GAUGE X 2", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 22 GAUGE X 3/4", 23 GAUGE X 1 1/2", 23 GAUGE X 3/4", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 3/4", 25 GAUGE X 5/8", 26 GAUGE X 1 1/2", 26 GAUGE X 1/2", 26 GAUGE X 3/8", 26 GAUGE X 5/8", 27 GAUGE X 1/2", 30 GAUGE X 1/2"	Tier 4	
HEALTHWISE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 3	
HYPODERMIC NEEDLES NEEDLE 18 GAUGE X 1 1/2", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 26 GAUGE X 5/8"	Tier 4	
INCONTROL PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 3	
INSUPEN PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	Tier 3	
INTEGRA PRECISIONGLIDE NEEDLE NEEDLE 25 GAUGE X 5/8"	Tier 4	
LIFESHIELD BLUNT CANNULA NEEDLE 18 GAUGE X 1"	Tier 4	
MAXICOMFORT II PEN NEEDLE NEEDLE 31 GAUGE X 1/4"	Tier 4	
MAXICOMFORT SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16"	Tier 4	
MINI ULTRA-THIN II NEEDLE 31 GAUGE X 3/16"	Tier 3	
MONOJECT BLOOD COLLECTION NEEDLE 20 GAUGE X 1", 20 X 1 1/2 ", 21 GAUGE X 1", 22 GAUGE X 1"	Tier 4	

Drug	Status	Notes
MONOJECT HYPODERMIC NEEDLES NEEDLE 14 GAUGE X 1 1/2", 14 GAUGE X 1", 14 GAUGE X 2", 15 GAUGE X 1 1/2", 16 GAUGE X 1 1/2", 16 GAUGE X 1", 16 GAUGE X 3/4", 16 GAUGE X 5/8", 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 21 GAUGE X 2", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1 1/4", 25 GAUGE X 1", 25 GAUGE X 5/8", 25 X 2", 26 GAUGE X 1 1/2", 27 GAUGE X 1 1/2", 27 GAUGE X 1 1/4", 27 GAUGE X 1/2", 30 GAUGE X 3/4"	Tier 4	
MONOJECT HYPODERMIC POLYPROPYL NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1", 23 GAUGE X 3/4", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2", 30 GAUGE X 3/4"	Tier 4	
NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	Tier 4	
NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	Tier 3	
<i>needle (disp) 16 g needle 16 gauge x 1"</i>	Tier 4	
<i>needle (disp) 18 g needle 18 gauge x 1"</i>	Tier 4	
<i>needle (disp) 19 g needle 19 gauge x 1 1/2"</i>	Tier 4	
<i>needle (disp) 23 gauge needle 23 gauge x 1"</i>	Tier 4	
NOVOFINE 32 NEEDLE 32 GAUGE X 1/4"	Tier 3	
NOVOFINE PLUS NEEDLE 32 GAUGE X 1/6"	Tier 3	
PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 3	
<i>pen needle, diabetic needle 29 gauge x 1/2", 29 gauge x 15/32", 30 gauge x 3/16", 30 gauge x 5/16", 31 gauge x 1/3", 31 gauge x 1/4", 31 gauge x 1/6", 31 gauge x 13/64", 31 gauge x 15/64", 31 gauge x 3/16", 31 gauge x 5/16", 31 gauge x 5/32", 32 gauge x 1/4", 32 gauge x 3/16", 32 gauge x 5/16", 32 gauge x 5/32", 33 gauge x 1/4", 33 gauge x 3/16", 33 gauge x 5/32"</i>	Tier 3	
<i>pen needle, diabetic, safety needle 31 gauge x 3/16", 31 gauge x 5/32"</i>	Tier 3	
PENTIPS PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	Tier 3	
PIP PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 4	
POLY HUB NEEDLE NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 27 GAUGE X 1 1/4", 27 GAUGE X 1/2", 30 GAUGE X 1/2"	Tier 4	

Drug	Status	Notes
PREVENT DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	Tier 3	
PRO COMFORT PEN NEEDLE NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 4	
PURE COMFORT PEN NEEDLE NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 4	
PURE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 4	
<i>safety needles needle 18 gauge x 1 1/2"</i>	Tier 4	
SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	Tier 3	
SECURES SAFE PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	Tier 4	
SIMPLI PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	Tier 3	
SKY SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16"	Tier 4	
SURE COMFORT PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	Tier 3	
SURE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32"	Tier 3	
SURE-FINE PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16"	Tier 3	
SURGUARD2 SAFETY NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2", 30 GAUGE X 1 1/2"	Tier 4	
TECHLITE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	Tier 3	
TECHLITE PLUS PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	Tier 3	
TOPCARE CLICKFINE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	Tier 3	
TRUE COMFORT PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	Tier 3	
TRUE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 3	
TRUEPLUS PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 3	

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

Drug	Status	Notes
YALE DISPOSABLE NEEDLES NEEDLE 21 GAUGE X 1 1/4"	Tier 4	
Protein Replacement		
AQNEURSA ORAL GRANULES IN PACKET 1 GRAM	Tier 7	PA; SP
Solvents		
<i>isopropyl alcohol solution 91 %</i>	Tier 4	
Somatostatic Agents		
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	Tier 7	PA; SP; QL (112 EA per 28 days)
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	Tier 5	PA; SP
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	Tier 5	PA; SP
<i>octreotide,microspheres intramuscular suspension,extended rel recon 10 mg, 20 mg, 30 mg</i>	Tier 6	PA; SP
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	Tier 7	PA; SP
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 10 MG, 20 MG, 30 MG	Tier 6	PA; 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; QL (60 ML per 30 days)
Surfactants		
TRITON X-100 LIQUID	Tier 4	
Suspending Agents		
GELFILM IMPLANT FILM	Tier 4	
Treatment Of Hyperphagia In Prader-Willi Syndrome		
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 25 MG, 75 MG	Tier 7	PA; SP
Water		
BACTERIOSTATIC WATER(PARABENS) INJECTION SOLUTION	Tier 2	
STERILE WATER FOR INJECTION INJECTION SOLUTION	Tier 2	
<i>water for inject, bacteriostat injection solution</i>	Tier 2	
<i>water for injection, sterile injection solution</i>	Tier 2	
<i>water for injection, sterile injection syringe</i>	Tier 2	
<i>water for injection, sterile intravenous parenteral solution</i>	Tier 2	
Wound Healing Agents, Local		
FILSUEVZ TOPICAL GEL 10 %	Tier 7	PA; SP
Other Respiratory Disorders		
Antifibrotic Therapy - Pyridone Analogs		
ESBRIET ORAL CAPSULE 267 MG	Tier 7	PA; SP
ESBRIET ORAL TABLET 267 MG, 801 MG	Tier 7	PA; SP
<i>pirfenidone oral capsule 267 mg</i>	Tier 6	PA; SP
<i>pirfenidone oral tablet 267 mg, 534 mg, 801 mg</i>	Tier 6	PA; SP

Drug	Status	Notes
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 6	PA; SP; QL (60 EA per 30 days)
KALYDECO ORAL TABLET 150 MG	Tier 6	PA; SP; QL (60 EA per 30 days)
Cystic Fibrosis-Cftr Potentiator & Corrector Comb.		
ALYFTREK ORAL TABLET 10-50-125 MG	Tier 6	PA; SP; QL (56 EA per 28 days)
ALYFTREK ORAL TABLET 4-20-50 MG	Tier 6	PA; SP; QL (84 EA per 28 days)
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	Tier 6	PA; SP
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	Tier 6	PA; SP; QL (120 EA per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	Tier 6	PA; SP; QL (56 EA per 28 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	Tier 6	PA; SP; QL (56 EA per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	Tier 6	PA; SP; QL (84 EA per 28 days)
Lung Surfactants		
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5 ML, 240 MG/3 ML	Tier 4	
INFASURF INTRATRACHEAL SUSPENSION 35 MG/ML	Tier 4	
SURVANTA INTRATRACHEAL SUSPENSION 25 MG/ML	Tier 4	
Mucolytics		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	Tier 2	
PULMOZYME INHALATION SOLUTION 1 MG/ML	Tier 6	PA; SP
Pulmonary Fibrosis - Systemic Enzyme Inhibitors		
OFEV ORAL CAPSULE 100 MG, 150 MG	Tier 7	PA; SP
Pain Management - Analgesics		
Analgesic, Non-Salicylate & Barbiturate Comb.		
<i>butalbital-acetaminophen oral capsule 50-300 mg</i>	Tier 3	PA; QL (180 EA per 30 days)
<i>butalbital-acetaminophen oral tablet 50-300 mg</i>	Tier 3	PA; QL (180 EA per 30 days)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	Tier 2	
TENCON ORAL TABLET 50-325 MG	Tier 2	
Analgesic, Salicylate, Barbiturate,& Xanthine Cmb		
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	Tier 2	QL (180 EA per 30 days)
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	Tier 2	QL (180 EA per 30 days)
Analgesic,Non-Salicylate,Barbiturate,&Xanthine Cmb		
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg</i>	Tier 2	
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	Tier 2	QL (180 EA per 30 days)
<i>butalbital-acetaminophen-caff oral solution 50-325-40 mg/15 ml</i>	Tier 3	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	Tier 2	QL (180 EA per 30 days)

Drug	Status	Notes
ESGIC ORAL TABLET 50-325-40 MG	Tier 4	QL (180 EA per 30 days)
FIORICET ORAL CAPSULE 50-300-40 MG	Tier 2	
Analgesic/Antipyretics, Salicylates		
<i>aspirin oral tablet 325 mg</i>	Tier 3	\$0 COPAY IF 12-59 YEARS OF AGE
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg</i>	Tier 3	\$0 COPAY IF 12-59 YEARS OF AGE
BAYER ASPIRIN ORAL TABLET 325 MG	Tier 3	\$0 COPAY IF 12-59 YEARS OF AGE
BAYER ASPIRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG	Tier 3	\$0 COPAY IF 12-59 YEARS OF AGE
<i>diflunisal oral tablet 500 mg</i>	Tier 3	
DOLOBID ORAL TABLET 250 MG, 375 MG	Tier 4	PA
Analgesics, Narcotic Agonist And Nsaid Combination		
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	Tier 3	QL (150 EA per 30 days)
SEGLENTIS ORAL TABLET 44-56 MG	Tier 4	PA
Analgesics, Non-Narcotics		
JOURNAVX ORAL TABLET 50 MG	Tier 4	PA
Analgesics, Narcotics		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	Tier 4	PA
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	Tier 3	QL (4 EA per 28 days)
<i>butorphanol nasal spray, non-aerosol 10 mg/ml</i>	Tier 3	PA
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR, 7.5 MCG/HOUR	Tier 4	QL (4 EA per 28 days)
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	Tier 2	QL (180 EA per 30 days)
CONZIP ORAL CAPSULE, ER BIPHASE 24 HR 17-83 300 MG	Tier 4	ST: Documentation of trial, intolerance or contraindication to the following is required: tramadol HCl oral tablet AND tramadol HCl ER oral tablet; QL (30 EA per 30 days)
CONZIP ORAL CAPSULE, ER BIPHASE 24 HR 25-75 100 MG, 200 MG	Tier 4	ST: Documentation of trial, intolerance or contraindication to the following is required: tramadol HCl oral tablet AND tramadol HCl ER oral tablet; QL (30 EA per 30 days)
DILAUDID ORAL LIQUID 1 MG/ML	Tier 4	
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG	Tier 4	QL (180 EA per 30 days)
DISKETS ORAL TABLET, SOLUBLE 40 MG	Tier 4	QL (30 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 200 mcg</i>	Tier 3	PA; QL (120 EA per 30 days)
<i>fentanyl citrate buccal tablet, effervescent 400 mcg, 600 mcg, 800 mcg</i>	Tier 3	PA; QL (120 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	Tier 2	
<i>fentanyl transdermal patch 72 hour 37.5 mcg/hour, 62.5 mcg/hour, 87.5 mcg/hour</i>	Tier 3	QL (10 EA per 30 days)
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	Tier 3	PA; QL (60 EA per 30 days)

Drug	Status	Notes
<i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	Tier 3	PA; QL (30 EA per 30 days)
<i>hydromorphone oral liquid 1 mg/ml</i>	Tier 2	
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	Tier 2	QL (180 EA per 30 days)
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg</i>	Tier 3	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: fentanyl transdermal patch, morphine sulfate ER oral tablet, morphine sulfate ER oral capsule
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	Tier 4	PA; QL (30 EA per 30 days)
<i>levorphanol tartrate oral tablet 2 mg, 3 mg</i>	Tier 3	PA; QL (120 EA per 30 days)
<i>meperidine oral solution 50 mg/5 ml</i>	Tier 3	PA
<i>meperidine oral tablet 50 mg</i>	Tier 3	PA
METHADONE INTENSOL ORAL CONCENTRATE 10 MG/ML	Tier 2	QL (90 ML per 30 days)
<i>methadone oral concentrate 10 mg/ml</i>	Tier 2	QL (90 ML per 30 days)
<i>methadone oral solution 10 mg/5 ml, 5 mg/5 ml</i>	Tier 2	QL (450 ML per 30 days)
<i>methadone oral tablet 10 mg, 5 mg</i>	Tier 2	
<i>methadone oral tablet,soluble 40 mg</i>	Tier 2	QL (30 EA per 30 days)
METHADOSE ORAL CONCENTRATE 10 MG/ML	Tier 4	QL (90 ML per 30 days)
METHADOSE ORAL TABLET,SOLUBLE 40 MG	Tier 2	QL (30 EA per 30 days)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	Tier 2	
<i>morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	Tier 3	QL (60 EA per 30 days)
<i>morphine oral capsule,extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	Tier 3	QL (60 EA per 30 days)
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	Tier 2	
<i>morphine oral tablet 15 mg, 30 mg</i>	Tier 3	
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	Tier 2	QL (60 EA per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 15 MG, 200 MG, 30 MG, 60 MG	Tier 4	QL (60 EA per 30 days)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	Tier 4	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: fentanyl transdermal patch, morphine sulfate ER oral tablet, morphine sulfate ER oral capsule; QL (60 EA per 30 days)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	Tier 4	PA
<i>oxycodone oral capsule 5 mg</i>	Tier 3	
<i>oxycodone oral concentrate 20 mg/ml</i>	Tier 3	
<i>oxycodone oral solution 5 mg/5 ml</i>	Tier 2	
<i>oxycodone oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 2	
<i>oxycodone oral tablet 15 mg, 30 mg</i>	Tier 3	

Drug	Status	Notes
<i>oxycodone oral tablet, oral only 10 mg, 15 mg, 30 mg, 5 mg</i>	Tier 3	PA
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	Tier 4	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: fentanyl transdermal patch, morphine sulfate ER oral tablet, morphine sulfate ER oral capsule; QL (90 EA per 30 days)
<i>oxymorphone oral tablet 10 mg, 5 mg</i>	Tier 2	
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	Tier 3	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: fentanyl transdermal patch, morphine sulfate ER oral tablet, morphine sulfate ER oral capsule; QL (60 EA per 30 days)
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	Tier 3	PA
QDOLO ORAL SOLUTION 5 MG/ML	Tier 4	PA
ROXICODONE ORAL TABLET 15 MG, 30 MG	Tier 4	
ROXYBOND ORAL TABLET, ORAL ONLY 10 MG, 15 MG, 30 MG, 5 MG	Tier 4	PA
<i>tramadol oral capsule,er biphasic 24 hr 17-83 300 mg</i>	Tier 3	ST: Documentation of trial, intolerance or contraindication to the following is required: tramadol HCl oral tablet AND tramadol HCl ER oral tablet; QL (30 EA per 30 days)
<i>tramadol oral capsule,er biphasic 24 hr 25-75 100 mg, 200 mg</i>	Tier 3	ST: Documentation of trial, intolerance or contraindication to the following is required: tramadol HCl oral tablet AND tramadol HCl ER oral tablet; QL (30 EA per 30 days)
<i>tramadol oral solution 5 mg/ml</i>	Tier 3	PA
<i>tramadol oral tablet 100 mg</i>	Tier 3	
<i>tramadol oral tablet 25 mg, 75 mg</i>	Tier 3	PA
<i>tramadol oral tablet 50 mg</i>	Tier 2	
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>tramadol oral tablet, er multiphasic 24 hr 100 mg, 200 mg, 300 mg</i>	Tier 3	PA; QL (30 EA per 30 days)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG	Tier 4	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: fentanyl transdermal patch, morphine sulfate ER oral tablet, morphine sulfate ER oral capsule; QL (60 EA per 30 days)
Antimigraine Preparations		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	Tier 6	PA; SP
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	Tier 6	PA; SP
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	Tier 6	PA; SP

Drug	Status	Notes
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	Tier 3	ST: Trial of TWO of the following is required: naratriptan, rizatriptan, rizatriptan orally disintegrating tablet, or sumatriptan tablet; QL (9 EA per 30 days)
CAMBIA ORAL POWDER IN PACKET 50 MG	Tier 4	PA
<i>diclofenac potassium oral powder in packet 50 mg</i>	Tier 3	PA
<i>dihydroergotamine injection solution 1 mg/ml</i>	Tier 3	PA; QL (8 ML per 28 days)
<i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	Tier 3	ST: Trial of TWO of the following is required: naratriptan, rizatriptan, rizatriptan orally disintegrating tablet, or sumatriptan tablet; QL (8 ML per 28 days)
<i>eletriptan oral tablet 20 mg, 40 mg</i>	Tier 3	ST: Trial of TWO of the following is required: naratriptan, rizatriptan, rizatriptan orally disintegrating tablet, or sumatriptan tablet; QL (9 EA per 30 days)
ELYXYB ORAL SOLUTION 120 MG/4.8 ML (25 MG/ML)	Tier 4	PA
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	Tier 6	PA; SP
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	Tier 6	PA; SP
ERGOMAR SUBLINGUAL TABLET 2 MG	Tier 4	PA; QL (10 EA per 30 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	Tier 3	QL (10 EA per 30 days)
FROVA ORAL TABLET 2.5 MG	Tier 4	ST: Trial of TWO of the following is required: naratriptan, rizatriptan, rizatriptan orally disintegrating tablet, or sumatriptan tablet; QL (9 EA per 30 days)
<i>frovatriptan oral tablet 2.5 mg</i>	Tier 3	ST: Trial of TWO of the following is required: naratriptan, rizatriptan, rizatriptan orally disintegrating tablet, or sumatriptan tablet; QL (9 EA per 30 days)
IMITREX ORAL TABLET 100 MG, 50 MG	Tier 4	QL (9 EA per 30 days)
IMITREX ORAL TABLET 25 MG	Tier 4	QL (9 EA per 28 days)
IMITREX STATDOSE PEN SUBCUTANEOUS PEN INJECTOR 4 MG/0.5 ML, 6 MG/0.5 ML	Tier 4	QL (4 ML per 28 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE 4 MG/0.5 ML, 6 MG/0.5 ML	Tier 4	QL (4 ML per 28 days)
MAXALT ORAL TABLET 10 MG	Tier 4	QL (12 EA per 30 days)
MAXALT-MLT ORAL TABLET,DISINTEGRATING 10 MG	Tier 4	QL (12 EA per 30 days)
MIGERGOT RECTAL SUPPOSITORY 2-100 MG	Tier 3	PA; QL (10 EA per 30 days)
MIGRANAL NASAL SPRAY,NON-AEROSOL 0.5 MG/PUMP ACT. (4 MG/ML)	Tier 4	ST: Trial of TWO of the following is required: naratriptan, rizatriptan, rizatriptan orally disintegrating tablet, or sumatriptan tablet; QL (8 ML per 28 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	Tier 2	QL (9 EA per 30 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	Tier 7	PA; SP; QL (8 EA per 30 days)

Drug	Status	Notes
ONZETRA XSAIL NASAL AEROSOL POWDR BREATH ACTIVATED 11 MG	Tier 4	ST: Trial of TWO of the following: naratriptan, rizatriptan, or sumatriptan AND one of the following: almotriptan, eletriptan, frovatriptan, DHE spray, sumatriptan/zolmitriptan spray, or zolmitriptan ODT; QL (16 EA per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
RELPAK ORAL TABLET 20 MG, 40 MG	Tier 4	ST: Trial of TWO of the following is required: naratriptan, rizatriptan, rizatriptan orally disintegrating tablet, or sumatriptan tablet; QL (9 EA per 30 days)
REYVOW ORAL TABLET 100 MG, 50 MG	Tier 7	PA; SP; QL (8 EA per 30 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	Tier 2	QL (12 EA per 30 days)
<i>rizatriptan oral tablet,disintegrating 10 mg, 5 mg</i>	Tier 2	QL (12 EA per 30 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation</i>	Tier 3	ST: Trial of TWO of the following is required: naratriptan, rizatriptan, rizatriptan orally disintegrating tablet, or sumatriptan tablet; QL (6 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 50 mg</i>	Tier 2	QL (9 EA per 30 days)
<i>sumatriptan succinate oral tablet 25 mg</i>	Tier 2	QL (9 EA per 28 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	Tier 3	QL (4 ML per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	Tier 3	QL (4 ML per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	Tier 3	QL (4 ML per 28 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	Tier 3	QL (4 ML per 28 days)
<i>sumatriptan-naproxen oral tablet 85-500 mg</i>	Tier 3	PA; QL (9 EA per 30 days)
SYMBRAVO ORAL TABLET 10-20 MG	Tier 4	PA
TOSYMRA NASAL SPRAY,NON-AEROSOL 10 MG/ACTUATION	Tier 4	ST: Trial of TWO of the following: naratriptan, rizatriptan, or sumatriptan AND one of the following: almotriptan, eletriptan, frovatriptan, DHE spray, sumatriptan/zolmitriptan spray, or zolmitriptan ODT; QL (6 EA per 30 days)
TREXIMET ORAL TABLET 85-500 MG	Tier 4	PA; QL (9 EA per 30 days)
TRUDHESA NASAL SPRAY,NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML)	Tier 4	ST: Trial of TWO of the following: naratriptan, rizatriptan, or sumatriptan AND one of the following: almotriptan, eletriptan, frovatriptan, DHE spray, sumatriptan/zolmitriptan spray, or zolmitriptan ODT; QL (8 ML per 28 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	Tier 6	PA; SP; QL (8 EA per 30 days)
ZAVZPRET NASAL SPRAY,NON-AEROSOL 10 MG/ACTUATION	Tier 7	PA; SP; QL (6 EA per 30 days)
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML	Tier 4	ST: Trial of TWO of the following: naratriptan, rizatriptan, or sumatriptan AND one of the following: almotriptan, eletriptan, frovatriptan, DHE spray, sumatriptan/zolmitriptan spray, or zolmitriptan ODT; QL (4 ML per 28 days)

Drug	Status	Notes
<i>zolmitriptan nasal spray,non-aerosol 5 mg</i>	Tier 3	ST: Trial of TWO of the following is required: naratriptan, rizatriptan, rizatriptan orally disintegrating tablet, or sumatriptan tablet; QL (6 EA per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	Tier 3	QL (9 EA per 30 days)
<i>zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg</i>	Tier 3	ST: Trial of TWO of the following is required: naratriptan, rizatriptan, rizatriptan orally disintegrating tablet, or sumatriptan tablet; QL (9 EA per 30 days)
ZOMIG NASAL SPRAY,NON-AEROSOL 2.5 MG, 5 MG	Tier 4	ST: Trial of TWO of the following is required: naratriptan, rizatriptan, rizatriptan orally disintegrating tablet, or sumatriptan tablet; QL (6 EA per 30 days)
ZOMIG ORAL TABLET 2.5 MG, 5 MG	Tier 3	QL (9 EA per 30 days)
Calcitonin Gene-Related Peptide (Cgrp) Inhibitors		
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	Tier 6	PA; SP
Narc.& Non-Sal.Analgesic,Barbiturate &Xanthine Cmb		
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg</i>	Tier 3	PA; QL (180 EA per 30 days)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	Tier 2	QL (180 EA per 30 days)
FIORICET WITH CODEINE ORAL CAPSULE 50-300-40-30 MG	Tier 4	PA; QL (180 EA per 30 days)
Narcotic & Salicylate Analgesics, Barb.& Xanthine		
ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG	Tier 2	QL (180 EA per 30 days)
<i>codeine-bitalbital-asa-caff oral capsule 30-50-325-40 mg</i>	Tier 2	QL (180 EA per 30 days)
Narcotic Analgesic & Non-Salicylate Analgesic Comb		
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml</i>	Tier 2	
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	Tier 2	QL (360 EA per 30 days)
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG	Tier 4	PA
<i>benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg</i>	Tier 3	PA
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	Tier 2	QL (360 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 10-300 mg/15 ml</i>	Tier 3	
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	Tier 2	
<i>hydrocodone-acetaminophen oral tablet 10-300 mg</i>	Tier 3	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 2	
<i>hydrocodone-acetaminophen oral tablet 5-300 mg, 7.5-300 mg</i>	Tier 3	QL (390 EA per 30 days)

Drug	Status	Notes
NALOCET ORAL TABLET 2.5-300 MG	Tier 3	PA; QL (390 EA per 30 days)
<i>oxycodone-acetaminophen oral solution 10-300 mg/5 ml, 5-325 mg/5 ml</i>	Tier 3	PA
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	Tier 3	PA
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 2	QL (360 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-300 mg</i>	Tier 3	PA; QL (390 EA per 30 days)
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	Tier 4	QL (360 EA per 30 days)
PROLATE ORAL SOLUTION 10-300 MG/5 ML	Tier 4	PA
PROLATE ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG	Tier 3	PA
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	Tier 2	QL (180 EA per 30 days)
Narcotic Analgesic,Non-Salicylate,Xanthine Comb		
<i>acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg</i>	Tier 3	QL (300 EA per 30 days)
TREZIX ORAL CAPSULE 320.5-30-16 MG	Tier 4	QL (300 EA per 30 days)
Narcotic Withdrawal Therapy Agents		
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	Tier 2	
<i>buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	Tier 2	
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	Tier 2	
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG	Tier 3	
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG	Tier 4	
Opioid Withdrawal Ther, Alpha-2 Adrenergic Agonist		
<i>lofexidine oral tablet 0.18 mg</i>	Tier 3	
LUCEMYRA ORAL TABLET 0.18 MG	Tier 4	
Skeletal Muscle Relaxant,Salicylate,Narc Analgesic		
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	Tier 3	PA; QL (240 EA per 30 days)
Parkinsons Disease		
Antiparkinsonism Drugs,Anticholinergic		
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	Tier 2	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	Tier 2	
Antiparkinsonism Drugs,Other		
<i>amantadine hcl oral capsule 100 mg</i>	Tier 2	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	Tier 2	
<i>amantadine hcl oral tablet 100 mg</i>	Tier 2	
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	Tier 7	PA; SP; QL (60 ML per 30 days)
<i>apomorphine subcutaneous cartridge 10 mg/ml</i>	Tier 6	PA; SP; QL (60 ML per 30 days)
AZILECT ORAL TABLET 0.5 MG, 1 MG	Tier 4	
<i>bromocriptine oral capsule 5 mg</i>	Tier 3	
<i>bromocriptine oral tablet 2.5 mg</i>	Tier 3	

Drug	Status	Notes
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 2	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	Tier 2	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 3	
<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 3	
CREXONT ORAL CAPSULE, IR -EXTEND REL, BIPHASE 35-140 MG, 52.5-210 MG, 70-280 MG, 87.5-350 MG	Tier 4	
DHIVY ORAL TABLET 25-100 MG	Tier 4	
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML	Tier 4	
<i>entacapone oral tablet 200 mg</i>	Tier 2	
GOCOVRI ORAL CAPSULE, EXTENDED RELEASE 24HR 137 MG, 68.5 MG	Tier 4	PA
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	Tier 7	PA; SP; QL (300 EA per 30 days)
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HR 1.5 MG, 2.25 MG, 3 MG, 3.75 MG	Tier 4	PA
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	Tier 4	ST: Documentation of trial, intolerance or contraindication to TWO of the following is required: entacapone oral tablet, pramipexole oral tablet, ropinirole oral tablet, selegiline capsule or tablet.; QL (30 EA per 30 days)
NOURIANZ ORAL TABLET 20 MG, 40 MG	Tier 4	PA
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	Tier 4	ST: Documentation of trial, intolerance or contraindication to TWO of the following is required: entacapone oral tablet, pramipexole oral tablet, ropinirole oral tablet, selegiline capsule or tablet.; QL (30 EA per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 258 MG, 322 MG/DAY(129 MG X1-193MG X1)	Tier 4	PA
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	Tier 2	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	Tier 3	PA
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	Tier 3	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	Tier 2	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	Tier 3	
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	Tier 4	
<i>selegiline hcl oral capsule 5 mg</i>	Tier 2	
<i>selegiline hcl oral tablet 5 mg</i>	Tier 2	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	Tier 4	

Drug	Status	Notes
TASMAR ORAL TABLET 100 MG	Tier 4	PA; QL (90 EA per 30 days)
<i>tolcapone oral tablet 100 mg</i>	Tier 3	PA; QL (90 EA per 30 days)
XADAGO ORAL TABLET 100 MG, 50 MG	Tier 4	ST: Documentation of trial, intolerance or contraindication to TWO of the following is required: entacapone oral tablet, pramipexole oral tablet, ropinirole oral tablet, selegiline capsule or tablet.; QL (30 EA per 30 days)
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG	Tier 4	PA
Decarboxylase Inhibitors		
<i>carbidopa oral tablet 25 mg</i>	Tier 3	
LODOSYN ORAL TABLET 25 MG	Tier 4	
Seizure Disorder		
Anticonvulsant - Benzodiazepine Type		
<i>clobazam oral suspension 2.5 mg/ml</i>	Tier 2	
<i>clobazam oral tablet 10 mg, 20 mg</i>	Tier 2	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2	
<i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 3	
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	Tier 3	QL (2 EA per 30 days)
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG	Tier 4	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	Tier 4	PA; Age (Min 13 Years and Max 12 Years)
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)	Tier 3	QL (4 EA per 30 days)
ONFI ORAL SUSPENSION 2.5 MG/ML	Tier 4	
ONFI ORAL TABLET 10 MG, 20 MG	Tier 4	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	Tier 4	PA
VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	Tier 4	PA; QL (2 EA per 30 days)
Anticonvulsant - Cannabinoid Type		
EPIDIOLEX ORAL SOLUTION 100 MG/ML	Tier 6	PA; SP
Anticonvulsants		
APTIOM ORAL TABLET 200 MG, 400 MG	Tier 4	ST: Trial of TWO of the following is required: carbamazepine, gabapentin, lacosamide, oxcarbazepine, phenobarbital, phenytoin, pregabalin, or primidone; QL (30 EA per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	Tier 4	ST: Trial of TWO of the following is required: carbamazepine, gabapentin, lacosamide, oxcarbazepine, phenobarbital, phenytoin, pregabalin, or primidone; QL (60 EA per 30 days)
BANZEL ORAL SUSPENSION 40 MG/ML	Tier 4	PA
BANZEL ORAL TABLET 200 MG, 400 MG	Tier 4	PA
BRIVIACT ORAL SOLUTION 10 MG/ML	Tier 4	QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	Tier 4	QL (60 EA per 30 days)

Drug	Status	Notes
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	Tier 3	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	Tier 2	
<i>carbamazepine oral tablet 200 mg</i>	Tier 2	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	Tier 2	
<i>carbamazepine oral tablet, chewable 100 mg</i>	Tier 2	
<i>carbamazepine oral tablet, chewable 200 mg</i>	Tier 3	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	Tier 4	
CELONTIN ORAL CAPSULE 300 MG	Tier 4	PA
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	Tier 4	
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG	Tier 4	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG	Tier 4	
DIACOMIT ORAL CAPSULE 250 MG	Tier 7	PA; SP; QL (90 EA per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	Tier 7	PA; SP; QL (180 EA per 30 days)
DIACOMIT ORAL POWDER IN PACKET 250 MG	Tier 7	PA; SP; QL (90 EA per 30 days)
DIACOMIT ORAL POWDER IN PACKET 500 MG	Tier 7	PA; SP; QL (180 EA per 30 days)
DILANTIN EXTENDED ORAL CAPSULE 100 MG	Tier 4	
DILANTIN INFATABS ORAL TABLET, CHEWABLE 50 MG	Tier 4	
DILANTIN ORAL CAPSULE 30 MG	Tier 4	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	Tier 4	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	Tier 2	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	Tier 2	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	Tier 2	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG, 1,500 MG	Tier 4	PA
EPITOL ORAL TABLET 200 MG	Tier 2	
EPRONTIA ORAL SOLUTION 25 MG/ML	Tier 4	
<i>eslicarbazepine oral tablet 200 mg, 400 mg</i>	Tier 3	ST: Trial of TWO of the following is required: carbamazepine, gabapentin, lacosamide, oxcarbazepine, phenobarbital, phenytoin, pregabalin, or primidone; QL (30 EA per 30 days)
<i>eslicarbazepine oral tablet 600 mg, 800 mg</i>	Tier 3	ST: Trial of TWO of the following is required: carbamazepine, gabapentin, lacosamide, oxcarbazepine, phenobarbital, phenytoin, pregabalin, or primidone; QL (60 EA per 30 days)
<i>ethosuximide oral capsule 250 mg</i>	Tier 2	
<i>ethosuximide oral solution 250 mg/5 ml</i>	Tier 2	
<i>felbamate oral suspension 600 mg/5 ml</i>	Tier 3	
<i>felbamate oral tablet 400 mg, 600 mg</i>	Tier 3	
FELBATOL ORAL TABLET 400 MG, 600 MG	Tier 4	

Drug	Status	Notes
FINTEPLA ORAL SOLUTION 2.2 MG/ML	Tier 7	PA; SP; QL (360 ML per 30 days)
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	Tier 4	PA; QL (720 ML per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 4	PA; QL (30 EA per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	Tier 2	
<i>gabapentin oral solution 250 mg/5 ml</i>	Tier 2	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	Tier 2	
GABARONE ORAL TABLET 100 MG, 400 MG	Tier 4	PA
KEPPRA ORAL SOLUTION 100 MG/ML	Tier 4	
KEPPRA ORAL TABLET 1,000 MG, 250 MG, 500 MG, 750 MG	Tier 4	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG	Tier 4	
<i>lacosamide oral solution 10 mg/ml</i>	Tier 3	
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Tier 3	QL (60 EA per 30 days)
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 100 MG, 200 MG, 25 MG, 50 MG	Tier 4	PA
LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG (21) -50 MG (7)	Tier 4	PA
LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK 50 MG (42) -100 MG (14)	Tier 4	PA
LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG(14)-50 MG (14)-100 MG (7)	Tier 4	PA
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	Tier 4	
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	Tier 4	
LAMICTAL STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35)	Tier 4	
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14)	Tier 4	
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7)	Tier 4	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG	Tier 4	
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7)	Tier 4	
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)	Tier 4	
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7)	Tier 4	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	Tier 2	

Drug	Status	Notes
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)</i>	Tier 3	PA
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	Tier 3	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	Tier 2	
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 3	PA
<i>lamotrigine oral tablets, dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)</i>	Tier 3	
<i>levetiracetam oral solution 100 mg/ml</i>	Tier 2	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	Tier 2	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	Tier 2	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	Tier 4	QL (90 EA per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	Tier 4	QL (60 EA per 30 days)
LYRICA ORAL SOLUTION 20 MG/ML	Tier 4	QL (900 ML per 30 days)
<i>methsuximide oral capsule 300 mg</i>	Tier 3	PA
MOTPOLY XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG	Tier 4	PA
MYSOLINE ORAL TABLET 250 MG, 50 MG	Tier 4	
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG	Tier 4	
NEURONTIN ORAL SOLUTION 250 MG/5 ML	Tier 4	
NEURONTIN ORAL TABLET 600 MG, 800 MG	Tier 4	
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	Tier 2	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	Tier 2	
<i>oxcarbazepine oral tablet extended release 24 hr 150 mg, 300 mg, 600 mg</i>	Tier 3	PA
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 600 MG	Tier 4	PA
<i>perampanel oral tablet 10 mg, 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	Tier 3	PA; QL (30 EA per 30 days)
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	Tier 4	
<i>phenytoin oral suspension 125 mg/5 ml</i>	Tier 2	
<i>phenytoin oral tablet, chewable 50 mg</i>	Tier 2	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	Tier 2	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	Tier 2	QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	Tier 2	QL (60 EA per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	Tier 2	QL (900 ML per 30 days)
<i>primidone oral tablet 125 mg, 250 mg, 50 mg</i>	Tier 2	
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	Tier 4	PA
ROWEEPRA ORAL TABLET 500 MG	Tier 3	PA

Drug	Status	Notes
<i>rufinamide oral suspension 40 mg/ml</i>	Tier 3	PA
<i>rufinamide oral tablet 200 mg, 400 mg</i>	Tier 3	PA
SABRIL ORAL POWDER IN PACKET 500 MG	Tier 7	PA; SP
SABRIL ORAL TABLET 500 MG	Tier 7	PA; SP
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	Tier 4	PA; QL (60 EA per 30 days)
SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	Tier 2	
SUBVENITE STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35)	Tier 3	
SUBVENITE STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14)	Tier 3	
SUBVENITE STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7)	Tier 3	
TEGRETOL ORAL SUSPENSION 100 MG/5 ML	Tier 4	
TEGRETOL ORAL TABLET 200 MG	Tier 4	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG	Tier 4	
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	Tier 3	PA
TOPAMAX ORAL CAPSULE, SPRINKLE 15 MG, 25 MG	Tier 4	
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	Tier 4	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	Tier 2	
<i>topiramate oral capsule, sprinkle 50 mg</i>	Tier 3	PA
<i>topiramate oral capsule,extended release 24hr 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 3	PA
<i>topiramate oral capsule,sprinkle,er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	Tier 3	PA
<i>topiramate oral solution 25 mg/ml</i>	Tier 3	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 2	
TRILEPTAL ORAL SUSPENSION 300 MG/5 ML (60 MG/ML)	Tier 4	
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG	Tier 4	
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 50 MG	Tier 4	PA
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	Tier 2	
<i>valproic acid oral capsule 250 mg</i>	Tier 2	
<i>vigabatrin oral powder in packet 500 mg</i>	Tier 6	PA; SP
<i>vigabatrin oral tablet 500 mg</i>	Tier 6	PA; SP
VIGADRONE ORAL POWDER IN PACKET 500 MG	Tier 6	PA; SP
VIGADRONE ORAL TABLET 500 MG	Tier 6	PA; SP
VIGAFYDE ORAL SOLUTION 100 MG/ML	Tier 7	PA; SP
VIGPODER ORAL POWDER IN PACKET 500 MG	Tier 6	PA; SP
VIMPAT ORAL SOLUTION 10 MG/ML	Tier 3	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 4	QL (60 EA per 30 days)

Drug	Status	Notes
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	Tier 4	ST: Trial of TWO of the following is required: carbamazepine, gabapentin, lacosamide, oxcarbazepine, phenobarbital, phenytoin, pregabalin, or primidone; QL (56 EA per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 4	ST: Trial of TWO of the following is required: carbamazepine, gabapentin, lacosamide, oxcarbazepine, phenobarbital, phenytoin, pregabalin, or primidone; QL (30 EA per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	Tier 4	ST: Trial of TWO of the following is required: carbamazepine, gabapentin, lacosamide, oxcarbazepine, phenobarbital, phenytoin, pregabalin, or primidone; QL (60 EA per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 50 MG (14)- 100 MG (14)	Tier 4	ST: Trial of TWO of the following is required: carbamazepine, gabapentin, lacosamide, oxcarbazepine, phenobarbital, phenytoin, pregabalin, or primidone; QL (28 EA per 180 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14)	Tier 4	ST: Trial of TWO of the following is required: carbamazepine, gabapentin, lacosamide, oxcarbazepine, phenobarbital, phenytoin, pregabalin, or primidone; QL (56 EA per 28 days)
ZARONTIN ORAL CAPSULE 250 MG	Tier 4	
ZARONTIN ORAL SOLUTION 250 MG/5 ML	Tier 4	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	Tier 4	
ZONISADE ORAL SUSPENSION 100 MG/5 ML	Tier 4	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 2	
Neuroactive Steroid Gaba-A Receptor Modulator		
ZTALMY ORAL SUSPENSION 50 MG/ML	Tier 7	PA; SP
Skeletal Muscle Disorder		
Agents To Tx Periodic Paralysis - Carbon Anhyd Inh		
<i>dichlorphenamide oral tablet 50 mg</i>	Tier 6	PA; SP; QL (120 EA per 30 days)
KEVEYIS ORAL TABLET 50 MG	Tier 6	PA; SP; QL (120 EA per 30 days)
ORMALVI ORAL TABLET 50 MG	Tier 6	PA; SP; QL (120 EA per 30 days)
Retinoic Acid Receptor (Rar) Agonists		
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG	Tier 7	PA; SP
Skeletal Muscle Relaxants		
AMRIX ORAL CAPSULE,EXTENDED RELEASE 24HR 15 MG, 30 MG	Tier 4	ST: Documentation of trial, intolerance or contraindication to the following is required: cyclobenzaprine oral tablet.; QL (30 EA per 30 days)
<i>baclofen oral solution 10 mg/5 ml (2 mg/ml), 5 mg/5 ml</i>	Tier 3	
<i>baclofen oral suspension 25 mg/5 ml (5 mg/ml)</i>	Tier 3	PA
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 2	
<i>baclofen oral tablet 15 mg</i>	Tier 3	
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	Tier 2	

Drug	Status	Notes
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	Tier 3	
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg</i>	Tier 3	PA
<i>chlorzoxazone oral tablet 500 mg</i>	Tier 2	
<i>cyclobenzaprine oral capsule,extended release 24hr 15 mg, 30 mg</i>	Tier 3	ST: Documentation of trial, intolerance or contraindication to the following is required: cyclobenzaprine oral tablet.; QL (30 EA per 30 days)
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	Tier 2	
<i>cyclobenzaprine oral tablet 7.5 mg</i>	Tier 3	
DANTRIUM ORAL CAPSULE 25 MG	Tier 4	QL (90 EA per 30 days)
<i>dantrolene oral capsule 100 mg</i>	Tier 2	QL (120 EA per 30 days)
<i>dantrolene oral capsule 25 mg</i>	Tier 2	QL (90 EA per 30 days)
<i>dantrolene oral capsule 50 mg</i>	Tier 2	
FEXMID ORAL TABLET 7.5 MG	Tier 4	
FLEQSUVY ORAL SUSPENSION 25 MG/5 ML (5 MG/ML)	Tier 4	PA
LORZONE ORAL TABLET 375 MG, 750 MG	Tier 4	PA
LYVISPAH ORAL GRANULES IN PACKET 10 MG, 20 MG, 5 MG	Tier 4	PA
<i>metaxalone oral tablet 400 mg, 640 mg</i>	Tier 3	PA
<i>metaxalone oral tablet 800 mg</i>	Tier 3	
<i>methocarbamol injection solution 100 mg/ml</i>	Tier 2	
<i>methocarbamol oral tablet 1,000 mg</i>	Tier 3	PA
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	Tier 2	
NORGESIC FORTE ORAL TABLET 50-770-60 MG	Tier 4	PA
NORGESIC ORAL TABLET 25-385-30 MG	Tier 3	PA
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	Tier 2	
<i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i>	Tier 3	PA
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG	Tier 3	PA
OZOBAX DS ORAL SOLUTION 10 MG/5 ML (2 MG/ML)	Tier 4	
OZOBAX ORAL SOLUTION 5 MG/5 ML	Tier 4	
ROBAXIN INJECTION SOLUTION 100 MG/ML	Tier 4	
SOMA ORAL TABLET 250 MG, 350 MG	Tier 4	
TANLOR ORAL TABLET 1,000 MG	Tier 3	PA
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i>	Tier 2	QL (180 EA per 30 days)
<i>tizanidine oral tablet 2 mg, 4 mg</i>	Tier 2	
VANADOM ORAL TABLET 350 MG	Tier 2	
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	Tier 4	QL (180 EA per 30 days)
ZANAFLEX ORAL TABLET 4 MG	Tier 4	
Smoking Cessation		
Smoking Deterrent Agents (Ganglionic Stim,Others)		
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i>	Tier 2	\$0 COPAY IF 18 YEARS OF AGE OR OLDER
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>	Tier 2	\$0 COPAY IF 18 YEARS OF AGE OR OLDER
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i>	Tier 2	\$0 COPAY IF 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>	Tier 2	\$0 COPAY IF 18 YEARS OF AGE OR OLDER

Drug	Status	Notes
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	Tier 2	\$0 COPAY IF 18 YEARS OF AGE OR OLDER
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	Tier 4	
QUIT 2 BUCCAL GUM 2 MG	Tier 2	\$0 COPAY IF 18 YEARS OF AGE OR OLDER
QUIT 2 BUCCAL LOZENGE 2 MG	Tier 2	\$0 COPAY IF 18 YEARS OF AGE OR OLDER
QUIT 4 BUCCAL GUM 4 MG	Tier 2	\$0 COPAY IF 18 YEARS OF AGE OR OLDER
QUIT 4 BUCCAL LOZENGE 4 MG	Tier 2	\$0 COPAY IF 18 YEARS OF AGE OR OLDER
STOP SMOKING AID BUCCAL LOZENGE 2 MG, 4 MG	Tier 2	\$0 COPAY IF 18 YEARS OF AGE OR OLDER
Smoking Deterrent-Nicotinic Recept.Partial Agonist		
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	Tier 3	\$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (60 EA per 30 days)
<i>varenicline tartrate oral tablets, dose pack 0.5 mg (11)-1 mg (42)</i>	Tier 3	\$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (60 EA per 30 days)
Smoking Deterrents, Other		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	Tier 2	\$0 COPAY IF 18 YEARS OF AGE OR OLDER
Upper Gastrointestinal Disorders - Digestive		
Gastric Enzymes		
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	Tier 7	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 3	
PANCREAZE ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200-14,200- 24,600 UNIT	Tier 4	ST: Documentation of trial, intolerance or contraindication to the following is required: Creon oral capsule AND Zenpep oral capsule.
PERTZYE ORAL CAPSULE, DELAYED RELEASE(DR/EC) 16,000-57,500- 60,500 UNIT, 24,000-86,250- 90,750 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT	Tier 4	ST: Documentation of trial, intolerance or contraindication to the following is required: Creon oral capsule AND Zenpep oral capsule.
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT	Tier 4	ST: Documentation of trial, intolerance or contraindication to the following is required: Creon oral capsule AND Zenpep oral capsule.
ZENPEP ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	Tier 3	
Upper Gastrointestinal Disorders - Spastic Disease		
Anticholinergics/Antispasmodics		
<i>dicyclomine oral capsule 10 mg</i>	Tier 2	
<i>dicyclomine oral solution 10 mg/5 ml</i>	Tier 2	
<i>dicyclomine oral tablet 20 mg</i>	Tier 2	
<i>dicyclomine oral tablet 40 mg</i>	Tier 3	PA

Drug	Status	Notes
Belladonna Alkaloids		
ANASPAZ ORAL TABLET,DISINTEGRATING 0.125 MG	Tier 4	
ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG	Tier 2	
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i>	Tier 2	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>	Tier 2	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	Tier 2	
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i>	Tier 2	
<i>hyoscyamine sulfate oral tablet,disintegrating 0.125 mg</i>	Tier 2	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	Tier 2	
LEVBID ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG	Tier 4	
LEVSIN ORAL TABLET 0.125 MG	Tier 4	
LEVSIN/SL SUBLINGUAL TABLET 0.125 MG	Tier 4	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	Tier 3	
NULEV ORAL TABLET,DISINTEGRATING 0.125 MG	Tier 2	
OSCIMIN ORAL TABLET 0.125 MG	Tier 2	
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG	Tier 2	
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG)	Tier 4	PA
SYMAX-SL SUBLINGUAL TABLET 0.125 MG	Tier 2	
SYMAX-SR ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG	Tier 2	
Upper Gastrointestinal Disorders - Ulcer Disease		
Anticholinergics,Quaternary Ammonium		
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	Tier 2	
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML)	Tier 4	
DARTISLA ORAL TABLET,DISINTEGRATING 1.7 MG	Tier 4	PA
GLYCATE ORAL TABLET 1.5 MG	Tier 4	PA
<i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i>	Tier 3	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier 2	
<i>glycopyrrolate oral tablet 1.5 mg</i>	Tier 3	PA
LIBRAX (WITH CLIDINIUM) ORAL CAPSULE 5-2.5 MG	Tier 4	
ROBINUL FORTE ORAL TABLET 2 MG	Tier 4	
ROBINUL ORAL TABLET 1 MG	Tier 4	
Anti-Ulcer Preparations		
CARAFATE ORAL SUSPENSION 100 MG/ML	Tier 4	
CARAFATE ORAL TABLET 1 GRAM	Tier 4	
CYTOTEC ORAL TABLET 100 MCG, 200 MCG	Tier 4	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	Tier 2	
<i>sucralfate oral suspension 100 mg/ml</i>	Tier 2	
<i>sucralfate oral tablet 1 gram</i>	Tier 2	

Drug	Status	Notes
Anti-Ulcer-H.Pylori Agents		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	Tier 3	PA
<i>bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg</i>	Tier 3	PA
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40)	Tier 4	PA
PYLERA ORAL CAPSULE 140-125-125 MG	Tier 4	PA
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG	Tier 4	PA
VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84)	Tier 4	PA
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG	Tier 4	PA
Histamine H2-Receptor Inhibitors		
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	Tier 3	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	Tier 2	
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>	Tier 3	
<i>famotidine oral tablet 20 mg, 40 mg</i>	Tier 2	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	Tier 2	
PEPCID ORAL TABLET 20 MG, 40 MG	Tier 4	
Intestinal Motility Stimulants		
GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY	Tier 4	PA; QL (9.8 ML per 28 days)
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	Tier 2	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	Tier 2	
MOTTEGRITY ORAL TABLET 1 MG, 2 MG	Tier 4	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: polyethylene glycol 3350 powder, lactulose solution.; QL (30 EA per 30 days)
<i>prucalopride oral tablet 1 mg, 2 mg</i>	Tier 3	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: polyethylene glycol 3350 powder, lactulose solution.; QL (30 EA per 30 days)
REGLAN ORAL TABLET 10 MG, 5 MG	Tier 4	
Potassium-Competitive Acid Blockers (Pcabs)		
VOQUEZNA ORAL TABLET 10 MG, 20 MG	Tier 4	PA
Proton-Pump Inhibitors		
ACIPHEX ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG	Tier 4	QL (30 EA per 30 days); Age (Min 18 Years and Max 17 Years)
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 10 MG, 5 MG	Tier 4	ST: Trial of ONE of the following is required: esomeprazole, lansoprazole, omeprazole, pantoprazole sodium, or rabeprazole; QL (30 EA per 30 days); Age (Min 18 Years and Max 17 Years)
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG, 60 MG	Tier 4	ST: Trial of ONE of the following is required: esomeprazole, lansoprazole, omeprazole, pantoprazole sodium, or rabeprazole; QL (30 EA per 30 days); Age (Min 18 Years and Max 17 Years)

Drug	Status	Notes
<i>dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg</i>	Tier 3	ST: Trial of ONE of the following is required: esomeprazole, lansoprazole, omeprazole, pantoprazole sodium, or rabeprazole; QL (30 EA per 30 days); Age (Min 18 Years and Max 17 Years)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg, 40 mg</i>	Tier 2	QL (30 EA per 30 days); Age (Min 18 Years and Max 17 Years)
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 2.5 mg, 20 mg, 40 mg, 5 mg</i>	Tier 3	ST: Trial of ONE of the following is required: esomeprazole, lansoprazole, omeprazole, pantoprazole sodium, or rabeprazole; QL (30 EA per 30 days); Age (Min 18 Years and Max 17 Years)
KONVOMEF ORAL SUSPENSION FOR RECONSTITUTION 2-84 MG/ML	Tier 4	PA; Age (Min 18 Years and Max 17 Years)
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg, 30 mg</i>	Tier 2	QL (60 EA per 30 days); Age (Min 18 Years and Max 17 Years)
<i>lansoprazole oral tablet,disintegrat, delay rel 30 mg</i>	Tier 3	ST: Trial of ONE of the following is required: esomeprazole, lansoprazole, omeprazole, pantoprazole sodium, or rabeprazole; QL (60 EA per 30 days); Age (Min 18 Years and Max 17 Years)
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG, 40 MG	Tier 4	QL (30 EA per 30 days); Age (Min 18 Years and Max 17 Years)
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG	Tier 4	ST: Trial of ONE of the following is required: esomeprazole, lansoprazole, omeprazole, pantoprazole sodium, or rabeprazole; QL (30 EA per 30 days); Age (Min 18 Years and Max 17 Years)
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	Tier 2	Age (Min 18 Years and Max 17 Years)
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram</i>	Tier 3	QL (30 EA per 30 days); Age (Min 18 Years and Max 17 Years)
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	Tier 3	QL (60 EA per 30 days); Age (Min 18 Years and Max 17 Years)
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg, 40-1,680 mg</i>	Tier 3	PA; QL (30 EA per 30 days); Age (Min 18 Years and Max 17 Years)
<i>pantoprazole oral granules dr for susp in packet 40 mg</i>	Tier 3	ST: Trial of ONE of the following is required: esomeprazole, lansoprazole, omeprazole, pantoprazole sodium, or rabeprazole; QL (30 EA per 30 days); Age (Min 18 Years and Max 17 Years)
<i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg</i>	Tier 2	QL (30 EA per 30 days); Age (Min 18 Years and Max 17 Years)
PREVACID ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 MG	Tier 4	QL (60 EA per 30 days); Age (Min 18 Years and Max 17 Years)
PREVACID SOLUTAB ORAL TABLET,DISINTEGRAT, DELAY REL 15 MG, 30 MG	Tier 4	ST: Trial of ONE of the following is required: esomeprazole, lansoprazole, omeprazole, pantoprazole sodium, or rabeprazole; QL (60 EA per 30 days); Age (Min 18 Years and Max 17 Years)

Drug	Status	Notes
PRIOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 10 MG, 2.5 MG	Tier 4	ST: Trial of ONE of the following is required: esomeprazole, lansoprazole, omeprazole, pantoprazole sodium, or rabeprazole; QL (60 EA per 30 days); Age (Min 18 Years and Max 17 Years)
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	Tier 4	ST: Trial of ONE of the following is required: esomeprazole, lansoprazole, omeprazole, pantoprazole sodium, or rabeprazole; QL (30 EA per 30 days); Age (Min 18 Years and Max 17 Years)
PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG, 40 MG	Tier 4	QL (30 EA per 30 days); Age (Min 18 Years and Max 17 Years)
<i>rabeprazole oral capsule, delayed rel sprinkle 10 mg</i>	Tier 3	ST: Trial of ONE of the following is required: esomeprazole, lansoprazole, omeprazole, pantoprazole sodium, or rabeprazole; QL (30 EA per 30 days); Age (Min 18 Years and Max 17 Years)
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	Tier 3	QL (30 EA per 30 days); Age (Min 18 Years and Max 17 Years)
Urinary Tract - Functional Disorders		
Benign Prostatic Hypertrophy/Micturition Agents		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	Tier 2	
AVODART ORAL CAPSULE 0.5 MG	Tier 4	
<i>dutasteride oral capsule 0.5 mg</i>	Tier 2	
<i>finasteride oral tablet 5 mg</i>	Tier 2	
FLOMAX ORAL CAPSULE 0.4 MG	Tier 4	
PROSCAR ORAL TABLET 5 MG	Tier 4	
RAPAFLO ORAL CAPSULE 4 MG, 8 MG	Tier 4	
<i>silodosin oral capsule 4 mg, 8 mg</i>	Tier 3	
<i>tamsulosin oral capsule 0.4 mg</i>	Tier 2	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HR 10 MG	Tier 4	
Bph Agent-5-Alpha-Reductase Inh And Pde5 Inh Comb		
ENTADFI ORAL CAPSULE 5-5 MG	Tier 4	PA
Bph Agents,5-Alpha-Red Inh & Alpha-1-Adr Antg Cmb		
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	Tier 3	PA
JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR 0.5-0.4 MG	Tier 4	PA
Cystine-Depleting Agents, Nephropathic Cystinosis		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	Tier 6	PA; SP
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG	Tier 7	PA; SP
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG	Tier 7	PA; SP
Endothelin-Angiotensin Receptor Antagonist		
FILSPARI ORAL TABLET 200 MG, 400 MG	Tier 7	PA; SP; QL (30 EA per 30 days)

Drug	Status	Notes
Kidney Stone Agents		
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG	Tier 7	SP; QL (60 EA per 30 days)
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 300 MG	Tier 7	SP; QL (90 EA per 30 days)
THIOLA ORAL TABLET 100 MG	Tier 6	SP
<i>tiopronin oral tablet 100 mg</i>	Tier 6	SP
<i>tiopronin oral tablet, delayed release (dr/ec) 100 mg</i>	Tier 6	SP; QL (60 EA per 30 days)
<i>tiopronin oral tablet, delayed release (dr/ec) 300 mg</i>	Tier 6	SP; QL (90 EA per 30 days)
VENXXIVA ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG	Tier 7	SP; QL (60 EA per 30 days)
VENXXIVA ORAL TABLET,DELAYED RELEASE (DR/EC) 300 MG	Tier 7	SP; QL (90 EA per 30 days)
Overactive Bladder Agents, Beta-3 Adrenergic Recep		
GEMTESA ORAL TABLET 75 MG	Tier 4	ST: Trial of TWO of the following is required: oxybutynin, oxybutynin ER, solifenacin, tolterodine, or trospium tablet; QL (30 EA per 30 days)
<i>mirabegron oral tablet extended release 24 hr 25 mg, 50 mg</i>	Tier 3	ST: Trial of TWO of the following is required: oxybutynin, oxybutynin ER, solifenacin, tolterodine, or trospium tablet; QL (30 EA per 30 days)
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML	Tier 4	ST: Trial of TWO of the following is required: oxybutynin, oxybutynin ER, solifenacin, tolterodine, or trospium tablet; QL (240 ML per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	Tier 4	ST: Trial of TWO of the following is required: oxybutynin, oxybutynin ER, solifenacin, tolterodine, or trospium tablet; QL (30 EA per 30 days)
Oxalosis Agent - Oxalate Inhibitor, Sirna Based		
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML)	Tier 7	PA; SP
RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML	Tier 7	PA; SP; QL (0.8 ML per 30 days)
RIVFLOZA SUBCUTANEOUS SYRINGE 160 MG/ML	Tier 7	PA; SP; QL (1 ML per 30 days)
Polycystic Kidney Disease Agent, Avp Recep. Antag		
JYNARQUE ORAL TABLET 15 MG, 30 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
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 7	PA; SP; QL (56 EA per 28 days)
<i>tolvaptan (polycys kidney dis) 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)</i>	Tier 6	PA; SP; QL (56 EA per 28 days)
Urinary Ph Modifiers		
K-PHOS NO 2 ORAL TABLET 305-700 MG	Tier 4	
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG	Tier 4	

Drug	Status	Notes
K-PHOS-NEUTRAL ORAL TABLET 250 MG	Tier 4	
ORACIT ORAL SOLUTION 490-640 MG/5 ML	Tier 4	
PHOSPHA 250 NEUTRAL ORAL TABLET 250 MG	Tier 2	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	Tier 2	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1,080 MG)	Tier 4	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ	Tier 4	
UROQID-ACID NO.2 ORAL TABLET 500-500 MG	Tier 4	
Urinary Tract Analgesic Agents		
ELMIRON ORAL CAPSULE 100 MG	Tier 3	
Urinary Tract Antispasmodic, M(3) Selective Antag.		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	Tier 3	ST: Trial of TWO of the following is required: oxybutynin, oxybutynin ER, solifenacin, tolterodine, or trospium tablet; QL (30 EA per 30 days)
<i>solifenacin oral tablet 10 mg, 5 mg</i>	Tier 2	QL (30 EA per 30 days)
VESICARE LS ORAL SUSPENSION 1 MG/ML	Tier 4	ST: Trial of TWO of the following is required: oxybutynin, oxybutynin ER, solifenacin, tolterodine, or trospium tablet; QL (300 ML per 30 days)
VESICARE ORAL TABLET 10 MG, 5 MG	Tier 4	QL (30 EA per 30 days)
Urinary Tract Antispasmodic/Antiincontinence Agent		
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i>	Tier 3	ST: Trial of TWO of the following is required: oxybutynin, oxybutynin ER, solifenacin, tolterodine, or trospium tablet; QL (30 EA per 30 days)
<i>flavoxate oral tablet 100 mg</i>	Tier 3	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	Tier 2	
<i>oxybutynin chloride oral tablet 2.5 mg</i>	Tier 3	PA
<i>oxybutynin chloride oral tablet 5 mg</i>	Tier 2	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg</i>	Tier 2	QL (60 EA per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 5 mg</i>	Tier 2	QL (30 EA per 30 days)
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR	Tier 4	ST: Trial of TWO of the following is required: oxybutynin, oxybutynin ER, solifenacin, tolterodine, or trospium tablet; QL (8 EA per 28 days)
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>	Tier 3	QL (30 EA per 30 days)
<i>tolterodine oral tablet 1 mg, 2 mg</i>	Tier 3	QL (60 EA per 30 days)
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	Tier 4	ST: Trial of TWO of the following is required: oxybutynin, oxybutynin ER, solifenacin, tolterodine, or trospium tablet; QL (30 EA per 30 days)

Drug	Status	Notes
<i>trosipium oral capsule,extended release 24hr 60 mg</i>	Tier 3	ST: Trial of TWO of the following is required: oxybutynin, oxybutynin ER, solifenacin, tolterodine, or trosipium tablet; QL (30 EA per 30 days)
<i>trosipium oral tablet 20 mg</i>	Tier 3	
Vaginal Disorders		
Vaginal Antibiotics		
CLEOCIN VAGINAL CREAM 2 %	Tier 4	
CLEOCIN VAGINAL SUPPOSITORY 100 MG	Tier 4	
<i>clindamycin phosphate vaginal cream 2 %</i>	Tier 2	
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 %	Tier 4	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	Tier 2	
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM)	Tier 4	
VANAZOLE VAGINAL GEL 0.75 % (37.5MG/5 GRAM)	Tier 4	
XACIATO VAGINAL GEL 2 %	Tier 4	PA
Vaginal Antifungals		
GNAZOLE-1 VAGINAL CREAM 2 %	Tier 3	
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG	Tier 2	
<i>terconazole vaginal cream 0.4 %</i>	Tier 2	QL (45 GM per 30 days)
<i>terconazole vaginal cream 0.8 %</i>	Tier 2	QL (20 GM per 30 days)
<i>terconazole vaginal suppository 80 mg</i>	Tier 3	
Vaginal Estrogen For Sexual Dysfunction		
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	Tier 4	
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG	Tier 4	
Vaginal Estrogen Preparations		
ESTRACE VAGINAL CREAM 0.01 % (0.1 MG/GRAM)	Tier 4	
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	Tier 3	
<i>estradiol vaginal tablet 10 mcg</i>	Tier 2	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	Tier 3	QL (1 EA per 84 days)
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	Tier 3	QL (1 EA per 84 days)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	Tier 4	
VAGIFEM VAGINAL TABLET 10 MCG	Tier 4	
YUVAFEM VAGINAL TABLET 10 MCG	Tier 2	
Vitamin And/Or Mineral Deficiency		
Fluoride Preparations		
CLINPRO 5000 DENTAL PASTE 1.1 %	Tier 2	
DENTA 5000 PLUS DENTAL CREAM 1.1 %	Tier 2	
DENTA 5000 PLUS SENSITIVE DENTAL PASTE 1.1-5 %	Tier 3	
DENTAGEL DENTAL GEL 1.1 %	Tier 2	
FLORIVA (FLUORIDE-VITAMIN D3) ORAL DROPS 0.25 MG (0.55 MG)-400 UNIT/ML	Tier 4	
<i>fluoride (sodium) dental cream 1.1 %</i>	Tier 2	

Drug	Status	Notes
<i>fluoride (sodium) dental gel 1.1 %</i>	Tier 2	
<i>fluoride (sodium) dental paste 1.1 %</i>	Tier 3	
<i>fluoride (sodium) dental solution 0.2 %</i>	Tier 3	
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	Tier 2	\$0 COPAY IF 5 YEARS OF AGE OR YOUNGER
<i>fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride)</i>	Tier 3	\$0 COPAY IF 5 YEARS OF AGE OR YOUNGER
<i>fluoride (sodium) oral tablet,chewable 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	Tier 2	\$0 COPAY IF 5 YEARS OF AGE OR YOUNGER
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 %	Tier 3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 %	Tier 3	
FRAICHE 5000 DENTAL GEL 1.1 %	Tier 4	
FRAICHE 5000 PREVI DENTAL GEL 1.1-3 %	Tier 3	
FRAICHE 5000 SENSITIVE DENTAL GEL 1.1-4.5 %	Tier 3	
JUST RIGHT 5000 DENTAL PASTE 1.1 %	Tier 3	
LUDENT FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG(0.55 MG SOD. FLUORIDE)	Tier 3	\$0 COPAY IF 5 YEARS OF AGE OR YOUNGER
LUDENT FLUORIDE ORAL TABLET,CHEWABLE 0.5 MG (1.1 MG SODIUM FLUORID), 1 MG (2.2 MG SOD. FLUORIDE)	Tier 2	\$0 COPAY IF 5 YEARS OF AGE OR YOUNGER
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 %	Tier 4	
PREVIDENT 5000 DRY MOUTH DENTAL PASTE 1.1 %	Tier 4	
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE 1.1-5 %	Tier 4	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 %	Tier 4	
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 %	Tier 4	
PREVIDENT 5000 SENSITIVE DENTAL PASTE 1.1-5 %	Tier 4	
PREVIDENT DENTAL GEL 1.1 %	Tier 4	
PREVIDENT DENTAL SOLUTION 0.2 %	Tier 4	
PREVIDENT KIDS DENTAL PASTE 1.1 %	Tier 4	
SF 5000 PLUS DENTAL CREAM 1.1 %	Tier 2	
SF DENTAL GEL 1.1 %	Tier 2	
SODIUM FLUORIDE 5000 DRY MOUTH DENTAL PASTE 1.1 %	Tier 3	
SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 %	Tier 2	
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i>	Tier 3	
Folic Acid Preparations		
<i>folic acid oral tablet 1 mg</i>	Tier 2	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	Tier 3	\$0 COPAY IF 12-59 YEARS OF AGE
PUREVITA FOLIC ACID ORAL TABLET 400 MCG	Tier 3	\$0 COPAY IF 12-59 YEARS OF AGE
Multivitamin Preparations		
CONCEPT OB ORAL CAPSULE 85-1 MG	Tier 4	
FOLIVANE-OB ORAL CAPSULE 85-1 MG	Tier 2	

Drug	Status	Notes
PRENATAL-U ORAL CAPSULE 106.5-1 MG	Tier 2	
Pediatric Vitamin Preparations		
MULTI-VIT WITH FLUORIDE-IRON ORAL DROPS 0.25MG FLUORIDE -10 MG IRON/ML	Tier 2	
MULTI-VITAMIN WITH FLUORIDE ORAL DROPS 0.25 MG/ML, 0.5 MG/ML	Tier 2	
MULTI-VITAMIN WITH FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG, 0.5 MG, 1 MG	Tier 2	
MVC-FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG, 0.5 MG, 1 MG	Tier 2	
TRI-VITAMIN (A-D-FOL)-FLUORIDE ORAL DROPS 0.25 MG/ML FLUORIDE	Tier 2	
TRI-VITAMIN WITH FLUORIDE ORAL DROPS 0.25 MG FLUOR. (0.55 MG)/ML, 0.5 MG FLUORIDE (1.1 MG)/ML	Tier 2	
TRI-VITE WITH FLUORIDE ORAL DROPS 0.25 MG FLUOR. (0.55 MG)/ML, 0.5 MG FLUORIDE (1.1 MG)/ML	Tier 2	
VITAMINS A,C,D AND FLUORIDE ORAL DROPS 0.25 MG FLUOR. (0.55 MG)/ML, 0.5 MG FLUORIDE (1.1 MG)/ML	Tier 2	
Prenatal Vitamin Preparations		
MARNATAL-F ORAL CAPSULE 60 MG IRON-1 MG	Tier 2	
M-NATAL PLUS ORAL TABLET 27 MG IRON- 1 MG	Tier 2	
MYNATAL ORAL CAPSULE 65 MG IRON- 1 MG	Tier 2	
MYNATAL PLUS ORAL TABLET 65 MG IRON- 1 MG	Tier 2	
MYNATAL-Z ORAL TABLET 65 MG IRON- 1 MG	Tier 2	
OB COMPLETE ONE ORAL CAPSULE 40-10-1-300 MG	Tier 4	
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG	Tier 4	
PRENATA ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	Tier 2	
PRENATABS FA ORAL TABLET 29-1 MG	Tier 2	
PRENATAL 19 ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	Tier 2	
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG	Tier 2	
PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG	Tier 2	
PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET 27 MG IRON- 1 MG	Tier 2	
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG	Tier 2	
SELECT-OB (FOLIC ACID) ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	Tier 2	
SELECT-OB ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	Tier 2	
SE-NATAL 19 CHEWABLE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	Tier 2	
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG	Tier 2	

Drug	Status	Notes
TRICARE ORAL TABLET 27 MG IRON- 1 MG	Tier 4	
TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG	Tier 4	
TRINATE ORAL TABLET 28 MG IRON- 1 MG	Tier 2	
VITAFOL-OB ORAL TABLET 65-1 MG	Tier 4	
VITAFOL-ONE ORAL CAPSULE 29 MG IRON- 1 MG-200 MG	Tier 4	
WESTAB PLUS ORAL TABLET 27 MG IRON- 1 MG	Tier 2	
Vitamin B12 Preparations		
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	Tier 2	
<i>cyanocobalamin (vitamin b-12) nasal spray,non-aerosol 500 mcg/spray</i>	Tier 3	PA
DODEX INJECTION SOLUTION 1,000 MCG/ML	Tier 2	
NASCOBAL NASAL SPRAY,NON-AEROSOL 500 MCG/SPRAY	Tier 4	PA
Vitamin D Preparations		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Tier 2	
<i>calcitriol oral solution 1 mcg/ml</i>	Tier 2	
<i>cholecalciferol (vitamin d3) oral capsule 1,250 mcg (50,000 unit), 125 mcg (5,000 unit)</i>	Tier 2	
<i>cholecalciferol (vitamin d3) oral tablet 125 mcg (5,000 unit), 50 mcg (2,000 unit)</i>	Tier 2	
DECARA ORAL CAPSULE 1,250 MCG (50,000 UNIT)	Tier 2	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	Tier 2	
OPTIMAL D3 ORAL CAPSULE 1,250 MCG (50,000 UNIT)	Tier 2	
ROCALTROL ORAL SOLUTION 1 MCG/ML	Tier 4	
VITAMIN D2 ORAL CAPSULE 1,250 MCG (50,000 UNIT)	Tier 2	
VITAMIN D3 ORAL TABLET 125 MCG (5,000 UNIT), 50 MCG (2,000 UNIT)	Tier 2	
Weight Reduction		
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 4	PA
ZEPBOUND SUBCUTANEOUS SOLUTION 12.5 MG/0.5 ML, 15 MG/0.5 ML	Tier 4	PA
Anti-Obesity Glucagon-Like Peptide-1 Receptor Agonist		
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML, 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	Tier 4	PA

Index

1ST TIER UNIFINE PENTIPS	155	ACTHIB (PF)	99	ADVAIR DISKUS	7
1ST TIER UNIFINE PENTIPS PLUS	155	ACTI-LANCE LANCETS	128	ADVAIR HFA	7
2-IN-1 LANCET DEVICE	128	ACTIMMUNE	101	ADVANCED LANCING DEVICE	70
<i>abacavir</i>	112	ACTONEL	81	ADVOCATE LANCING DEVICE	70
<i>abacavir-lamivudine</i>	112	ACTOPLUS MET	69	ADVOCATE PEN NEEDLE	155
ABIGALE	96	ACTOS	68	ADVOCATE SYRINGES	130
ABIGALE LO	96	ACULAR	85	ADZENYS XR-ODT	17
ABILIFY	19	ACULAR LS	85	AEROCHAMBER MECHANICAL VENT	10
<i>abiraterone</i>	143	ACUVAIL (PF)	85	AEROCHAMBER MINI	10
ABIRTEGA	143	<i>acyclovir</i>	55, 111	AEROCHAMBER MV	10
ABRILADA(CF)	115	ACZONE	50	AEROCHAMBER PLUS FLOW-VU	10
ABRILADA(CF) PEN	115	ADACEL(TDAP		AEROCHAMBER PLUS FLOW-VU,L MSK	10
ABRYSVO (PF)	100	ADOLESN/ADULT)(PF)	99	AEROCHAMBER PLUS FLOW-VU,M MSK	10
ABSORICA	49	<i>adalimumab-aacf</i>	115	AEROCHAMBER PLUS FLOW-VU,S MSK	10
ABSORICA LD	49	ADALIMUMAB-AACF(CF) PEN CROHNS	115	AEROCHAMBER PLUS Z STAT	10
<i>acamprosate</i>	18	ADALIMUMAB-AACF(CF) PEN PS-UV	115	AEROCHAMBER PLUS Z STAT LG MSK	10
<i>acarbose</i>	67	<i>adalimumab-aaty</i>	115	AEROCHAMBER PLUS Z STAT MD MSK	10
ACCOLATE	9	ADALIMUMAB-AATY(CF) AI CROHNS	115	AEROCHAMBER PLUS Z STAT SM MSK	10
ACCU-CHEK AVIVA CONTROL SOLN	70	<i>adalimumab-adaz</i>	115	AEROCHAMBER Z-STAT PLUS-FLW SG	10
ACCU-CHEK FASTCLIX LANCING DEV	70	<i>adalimumab-adbm</i>	115, 116	AEROCHAMBER2GO	10
ACCU-CHEK GUIDE ME GLUCOSE MTR	70	ADALIMUMAB-ADB(MCF) PEN CROHNS	116	AEROTRACH PLUS	10
ACCU-CHEK SMARTVIEW CONTRL SOL	70	ADALIMUMAB-ADB(MCF) PEN PS-UV	116	AEROVENT PLUS	10
ACCUPRIL	30	<i>adalimumab-fkjp</i>	116	AFINITOR	144
ACCURETIC	27	<i>adalimumab-ryvk</i>	116	AFINITOR DISPERZ	144
AC CUTANE	49	<i>adapalene</i>	52	AFIRMELLE	41
ACE AEROSOL CLOUD ENHANCER	10	ADBRY	56	AFLURIA 2025-2026 (3YR UP)(PF)	99
<i>acebutolol</i>	32	ADCIRCA	35	AFLURIA 2025-2026 (6MO UP)	99
<i>acetaminophen-caff-dihydrocod</i>	170	ADDERALL	17	AFREZZA	74
<i>acetaminophen-codeine</i>	169	ADDERALL XR	17	AFTER PILL	41
<i>acetazolamide</i>	87	ADDYI	23	AFTERA	41
<i>acetic acid</i>	60, 77	<i>adefovir</i>	114	AGAMATRIX ULTRA-THIN LANCET	129
<i>acetylcysteine</i>	163	ADEMPAS	35	AGAMREE	119
ACIPHEX	181	ADJUSTABLE LANCING DEVICE	70	AGRYLIN	94
ACIPHEX SPRINKLE	181	ADLARITY	12	AIMOVIG AUTOINJECTOR	166
<i>acitretin</i>	62	ADMELOG SOLOSTAR U-100 INSULIN	73	AIMSCO LATEX CONDOM	153
ACTEMRA	121	ADMELOG U-100 INSULIN LISPRO	73	AIRDUO RESPICLICK	7
ACTEMRA ACTPEN	121	ADULT ASPIRIN REGIMEN	93		
ACTHAR	79	ADULT LOW DOSE ASPIRIN	93		
ACTHAR SELFJECT	79				

AIRSUPRA.....	7	ALVESCO.....	8	ANORO ELLIPTA.....	7
AJOVY AUTOINJECTOR.....	166	ALYACEN 1/35 (28).....	41	ANUSOL-HC.....	56
AJOVY SYRINGE.....	166	ALYACEN 7/7/7 (28).....	41	APADAZ.....	169
AKEEGA.....	148	ALYFTREK.....	163	APEXICON E.....	56
AKLIEF.....	53	ALYQ.....	35	APIDRA SOLOSTAR U-100	
AKYNZEO (NETUPITANT).....	4	<i>amantadine hcl</i>	170	INSULIN.....	74
ALA-SCALP.....	56	AMBIEN.....	24	APIDRA U-100 INSULIN.....	74
<i>albendazole</i>	109	AMBIEN CR.....	24	APLENZIN.....	13
<i>albuterol sulfate</i>	6	<i>ambrisentan</i>	35	APOKYN.....	170
<i>alclometasone</i>	56	<i>amcinonide</i>	56	<i>apomorphine</i>	170
ALCOHOL PADS.....	60	AMETHIA.....	41	<i>apraclonidine</i>	88
ALCOHOL PREP PADS.....	60	AMETHYST (28).....	41	<i>aprepitant</i>	4
<i>alcohol swabs</i>	60	AMICAR.....	91	APRI.....	42
ALCOHOL WIPES.....	60	<i>amiloride</i>	34	APRISO.....	125
ALDACTONE.....	34	<i>amiloride-hydrochlorothiazide</i>	35	APTENSIO XR.....	25
ALECENSA.....	145	<i>aminocaproic acid</i>	91	APTIOM.....	172
<i>alendronate</i>	81	<i>amiodarone</i>	26	APTIVUS.....	111
<i>alfuzosin</i>	183	AMITIZA.....	127	AQINJECT PEN NEEDLE.....	155
ALINIA.....	110	<i>amitriptyline</i>	16	AQNEURSA.....	162
<i>aliskiren</i>	36	<i>amitriptyline-chlordiazepoxide</i>	16	AQUA LANCE LANCING DEVICE..	70
ALKERAN.....	142	AMJEVITA(CF).....	116	ARANELLE (28).....	42
ALKINDI SPRINKLE.....	119	AMJEVITA(CF) AUTOINJECTOR.....	116	ARANESP (IN POLYSORBATE)....	91
ALLERGIST TRAY 1/2 ML		<i>amlodipine</i>	33	ARAVA.....	119
27GX3/8".....	130	<i>amlodipine-atorvastatin</i>	40	ARAZLO.....	53
ALLERGIST TRAY		<i>amlodipine-benazepril</i>	27	ARBLI.....	30
INTRADERMAL BEV.....	130	<i>amlodipine-olmesartan</i>	30	ARCALYST.....	115
ALLERGIST TRAY REGULAR		<i>amlodipine-valsartan</i>	30	AREXVY (PF).....	100
BEVEL.....	130	<i>amlodipine-valsartan-hcthiazid</i>	28	<i>arformoterol</i>	6
ALLERGY SYRINGE.....	130	AMNESTEEM.....	50	ARICEPT.....	12
<i>allopurinol</i>	90	<i>amoxapine</i>	16	ARIKAYCE.....	108
<i>almotriptan malate</i>	167	<i>amoxicil-clarithromy-lansopraz</i>	181	ARIMIDEX.....	144
<i>alogliptin</i>	67	<i>amoxicillin</i>	105	<i>aripiprazole</i>	19
<i>alogliptin-metformin</i>	64	<i>amoxicillin-pot clavulanate</i>	105	ARIXTRA.....	92
<i>alogliptin-pioglitazone</i>	65	<i>amphetamine</i>	17	<i>armodafinil</i>	23
<i>alosetron</i>	127	<i>amphetamine sulfate</i>	17	ARMOUR THYROID.....	83
ALPHAGAN P.....	88	<i>ampicillin</i>	105	ARNUITY ELLIPTA.....	8
<i>alprazolam</i>	18	AMPYRA.....	150	AROMASIN.....	144
ALPRAZOLAM INTENSOL.....	18	AMRIX.....	177	ARTHROTEC 50.....	122
ALREX.....	85	AMZEEQ.....	53	ARTHROTEC 75.....	122
ALTABAX.....	55	ANAFRANIL.....	16	ASCOMP WITH CODEINE.....	169
ALTACE.....	30	<i>anagrelide</i>	94	<i>asenapine maleate</i>	20
ALTAVERA (28).....	41	ANALPRAM-HC.....	126	ASHLYNA.....	42
ALTERNATE SITE LANCET.....	129	ANAPROX DS.....	123	ASMANEX HFA.....	8
ALTERNATE SITE LANCING		ANASPAZ.....	180	ASMANEX TWISTHALER.....	8
DEVICE.....	70	<i>anastrozole</i>	144	<i>aspirin</i>	93, 164
ALTOPREV.....	37	ANCOBON.....	107	ASPIRIN CHILDRENS.....	93
ALTRENO.....	52	ANDROGEL.....	95	<i>aspirin-dipyridamole</i>	93
ALUNBRIG.....	145	ANGELIQ.....	96	ASPRUZYO SPRINKLE.....	40
ALVAIZ.....	94	ANNOVERA.....	41		

ASSURE ID DUO PRO SFTY PEN NDL.....	155	AUVI-Q.....	141	BAYER ASPIRIN.....	164
ASSURE ID PEN NEEDLE.....	155	AVALIDE.....	29	BAYER LOW DOSE ASPIRIN.....	93
ASSURE ID PRO PEN NEEDLE...	155	<i>avanafil</i>	79	BD ALLERGIST TRAY REG	
ASTAGRAF XL.....	101	AVAPRO.....	31	BEVEL.....	130
ATACAND.....	31	AVERI.....	42	BD ALLERGY SYRINGE.....	130
ATACAND HCT.....	29	AVIANE.....	42	BD BLUNT PLASTIC CANNULA...	130
<i>atazanavir</i>	113	AVIDOXY.....	106	BD BULK SYRINGE SLIP TIP.....	131
ATELVIA.....	81	AVITA.....	52	BD ECCENTRIC TIP SYRINGE...	131
<i>atenolol</i>	32	AVMAPKI-FAKZYNJA.....	153	BD ECLIPSE.....	155
<i>atenolol-chlorthalidone</i>	33	AVODART.....	183	BD ECLIPSE LUER-LOK.....	131, 155
ATIVAN.....	18	AVONEX.....	149	BD FILTER NEEDLE-5 MICRON..	156
<i>atomoxetine</i>	26	AYUNA.....	42	BD INTEGRA SYRINGE.....	131
ATORVALIQ.....	37	AYVAKIT.....	145	BD INTRADERMAL BEVEL NEEDLES.....	156
<i>atorvastatin</i>	37	AZASAN.....	101	BD LUER-LOK SYRINGE.....	131
<i>atovaquone</i>	110	AZASITE.....	86	BD LUER-LOK TIP CONTROL SYRINGE.....	131
<i>atovaquone-proguanil</i>	109	<i>azathioprine</i>	101	BD PRECISIONGLIDE NON- STERILE.....	156
ATRALIN.....	52	<i>azelaic acid</i>	51	BD REGULAR BEVEL NEEDLES..	156
<i>atropine</i>	90	<i>azelastine</i>	3, 4	BD SAFETYGLIDE ALLERGIST TRAY.....	131
<i>atropine sulfate (pf)</i>	90	<i>azelastine-fluticasone</i>	4	BD SAFETYGLIDE INSULIN SYRINGE.....	131
ATROVENT HFA.....	5	AZELEX.....	50	BD SAFETYGLIDE NEEDLE.....	156
ATTRUBY.....	40	AZILECT.....	170	BD SAFETYGLIDE SHIELDING REG.....	131
AUBAGIO.....	149	<i>azithromycin</i>	103	BD SAFETYGLIDE SYRINGE.....	131
AUBRA.....	42	AZMIRO.....	95	BD SAFETYGLIDE TB REG	
AUBRA EQ.....	42	AZOPT.....	88	BEVEL.....	131
AUGMENTIN.....	105	AZOR.....	30	BD SAFETYGLIDE TUBERCULIN	131
AUGMENTIN ES-600.....	105	AZSTARYS.....	25	BD SHORT BEVEL NEEDLES.....	156
AUGMENTIN XR.....	105	AZULFIDINE.....	125	BD SLIP TIP SYRINGE.....	131
AUGTYRO.....	145	AZULFIDINE EN-TABS.....	125	B-D SLIP TIP SYRINGE.....	131
<i>auranofin</i>	121	AZURETTE (28).....	42	BD SPECIALTY USE NEEDLES...	156
AUROVELA 1.5/30 (21).....	42	<i>bacitracin</i>	86	BD SYRINGE.....	131
AUROVELA 1/20 (21).....	42	<i>bacitracin-polymyxin b</i>	86	BD SYRINGE LUER-LOK NONSTERILE.....	131
AUROVELA 24 FE.....	42	<i>baclofen</i>	177	BD SYRINGE LUER-LOK STERILE.....	131
AUROVELA FE 1.5/30 (28).....	42	BACTERIOSTATIC WATER(PARABENS).....	162	BD SYRINGE SLIP TIP NONSTERILE.....	131
AUROVELA FE 1-20 (28).....	42	BACTRIM.....	102	BD TUBERCULIN SLIP-TIP.....	131
AURYXIA.....	77	BACTRIM DS.....	102	BD TUBERCULIN SYRINGE.....	132
AUSTEDO.....	151	BAFIERTAM.....	149	BELBUCA.....	164
AUSTEDO XR.....	151	BALCOLTRA.....	42	BELSOMRA.....	24
AUSTEDO XR TITRATION KT(WK1-4).....	151	<i>balsalazide</i>	125	<i>benazepril</i>	30
AUTOJECT 2 INJECTION DEVICE..	70	BALVERSA.....	145	<i>benazepril-hydrochlorothiazide</i>	27
AUTO-LANCET MINI.....	70	BALZIVA (28).....	42	BENICAR.....	31
AUTOLET IMPRESSION LANC DEV.....	70	BANZEL.....	172		
AUTOLET LANCING DEVICE.....	70	BAQSIMI.....	73		
AUTOPEN 1 TO 21 UNITS.....	70	BARACLUDGE.....	114		
AUTOPEN 2 TO 42 UNITS.....	70	BASAGLAR KWIKPEN U-100 INSULIN.....	74		
AUTOSHIELD DUO PEN NEEDLE	155	BASAGLAR TEMPO PEN(U- 100)INSLN.....	74		
AUVELITY.....	13	BAXDELA.....	105		

BENICAR HCT	29	BRAFTOVI	144	BUTRANS	164
BENLYSTA	121	BREATHERITE MDI SPACER	10	BYDUREON BCISE	65
BENZAMYCIN	53	BREATHERITE SPACER-MASK, NEO	10	BYLVAY	127
<i>benzhydrocodone-acetaminophen</i>	169	BREATHERITE SPACER- MASK,ADULT	10	BYSTOLIC	32
<i>benznidazole</i>	110	BREATHERITE SPACER- MASK,INFANT	10	<i>cabergoline</i>	83
<i>benzonatate</i>	48	BREATHERITE SPACER- MASK,S.CHLD	10	CABLIVI	90
<i>benztropine</i>	170	BREATHERITE VALVED MDI CHAMBER	10	CABOMETYX	145
BERINERT	119	BREATHAVVY	66	CABTREO	50
BESER	56	BREO ELLIPTA	7	CADUET	40
BESIVANCE	86	BREXAFEMME	108	<i>caffeine citrate</i>	12
BESREMI	101	BREYNA	7	<i>calcipotriene</i>	63
<i>betaine</i>	154	BREZTRI AEROSPHERE	8	<i>calcipotriene-betamethasone</i>	64
<i>betamethasone dipropionate</i>	56	BRIELLYN	42	<i>calcitonin (salmon)</i>	81
<i>betamethasone valerate</i>	56	BRILINTA	93	<i>calcitriol</i>	63, 189
<i>betamethasone, augmented</i>	56	<i>brimonidine</i>	51, 88	<i>calcium acetate(phosphat bind)</i>	77
BETAPACE	32	<i>brimonidine-timolol</i>	88	CALQUENCE (ACALABRUTINIB MAL)	145
BETAPACE AF	32	<i>brinzolamide</i>	88	CAMBIA	167
BETASERON	149	BRIVIACT	172	CAMILA	42
<i>betaxolol</i>	32, 88	<i>bromfenac</i>	85	CAMRESE	42
<i>bethanechol chloride</i>	141	<i>bromocriptine</i>	170	CAMRESE LO	42
BETHKIS	108	BROMSITE	85	CAMZYOS	40
BETIMOL	88	BRONCHITOL	154	CANASA	125
BETOPTIC S	88	BROVANA	6	<i>candesartan</i>	31
BEVESPI AEROSPHERE	7	BRUKINSA	145	<i>candesartan-hydrochlorothiazid</i>	29
<i>bexarotene</i>	61, 149	BRYHALI	56	<i>capecitabine</i>	143
BEXSERO	98	BRYNOVIN	67	CAPEX	56
BEYAZ	42	BUCAPSOL	19	CAPLYTA	20
BEYFORTUS	111	<i>budesonide</i>	8, 119, 126	CAPRELSA	145
<i>bicalutamide</i>	143	<i>budesonide-formoterol</i>	8	<i>captopril</i>	30
BIDIL	36	<i>bumetanide</i>	34	<i>captopril-hydrochlorothiazide</i>	28
BIJUVA	96	BUPHENYL	126	CAPVAXIVE	98
BIKTARVY	114	<i>buprenorphine</i>	164	CARAC	61
BILTRICIDE	109	<i>buprenorphine hcl</i>	170	CARAFATE	180
<i>bimatoprost</i>	88	<i>buprenorphine-naloxone</i>	170	CARBAGLU	126
BIMZELX	62	<i>bupropion hcl</i>	13, 14	<i>carbamazepine</i>	173
BIMZELX AUTOINJECTOR	62	<i>bupropion hcl (smoking deter)</i>	179	CARBATROL	173
BINOSTO	81	<i>buspirone</i>	19	<i>carbidopa</i>	172
<i>bismuth subcit k-metronidz-tcn</i>	181	<i>butalbital-acetaminop-caf-cod</i>	169	<i>carbidopa-levodopa</i>	171
<i>bisoprolol fumarate</i>	32	<i>butalbital-acetaminophen</i>	163	<i>carbidopa-levodopa-entacapone</i>	171
<i>bisoprolol-hydrochlorothiazide</i>	33	<i>butalbital-acetaminophen-caff</i>	163	CARDIZEM	33
<i>bleomycin</i>	143	<i>butalbital-aspirin-caffeine</i>	163	CARDIZEM CD	33
BLISOVI 24 FE	42	<i>butorphanol</i>	164	CARDIZEM LA	33
BLISOVI FE 1.5/30 (28)	42			CARDURA	28
BLISOVI FE 1/20 (28)	42			CARDURA XL	28
<i>blunt needle, disposable</i>	156			CAREFINE PEN NEEDLE	156
BONJESTA	4			CAREONE LANCING DEVICE	70
BOOSTRIX TDAP	99			CAREONE ULTRA THIN LANCET	129
<i>bosentan</i>	35				
BOSULIF	145				

CAREPOINT LUER LOCK SYRINGE	132	<i>cefprozil</i>	103	<i>ciprofloxacin hcl</i>	77, 86, 105
CAREPOINT LUER LOCK SYR-NEEDLE	132	<i>cefuroxime axetil</i>	103	<i>ciprofloxacin-dexamethasone</i>	77
CAREPOINT LUER SLIP SYRINGE	132	CELEBREX	122	<i>ciprofloxacin-fluocinolone</i>	77
CAREPOINT PRECISION LUER LOCK	132	<i>celecoxib</i>	123	<i>cisplatin</i>	142
CAREPOINT PRECISION NEEDLE	156	CELEXA	14	<i>citalopram</i>	14
CAREPOINT PRECISION SAFETY	132	CELLCEPT	101	CLARAVIS	50
CAREPOINT SAFETY LL SYR-NEEDLE	132	CELONTIN	173	<i>clarithromycin</i>	103, 104
CARETOUCH ALCOHOL PREP PAD	60	CENTANY	53	CLENPIQ	127
CARETOUCH INSULIN SYRINGE	132	<i>cephalexin</i>	103	CLEOCIN	186
CARETOUCH LANCING DEVICE	70	CEQUA	87	CLEOCIN HCL	109
CARETOUCH LUER LOCK SYRINGE	132	CERDELGA	154	CLEOCIN PEDIATRIC	109
CARETOUCH LUER LOCK SYR-NEEDLE	132	CETRAXAL	77	CLEOCIN T	53
CARETOUCH LUER SLIP SYRINGE	132	<i>cevimeline</i>	142	CLEVER CHOICE CHAMBER-LRG MASK	10
CARETOUCH PEN NEEDLE	156	CHARLOTTE 24 FE	42	CLEVER CHOICE CHAMBER-MED MASK	10
<i>carglumic acid</i>	126	CHATEAL EQ (28)	42	CLEVER CHOICE CHAMBER-SM MASK	10
<i>carisoprodol</i>	177	CHEMET	155	CLEVER CHOICE LEVEL 1 CONTROL	70
<i>carisoprodol-aspirin</i>	178	CHENODAL	127	CLEVER CHOICE LEVEL 2 CONTROL	70
<i>carisoprodol-aspirin-codeine</i>	170	CHILDREN'S ASPIRIN	94	CLEVER CHOICE LEVEL 3 CONTROL	70
CARNITOR	154	<i>chlordiazepoxide hcl</i>	18	CLICKFINE PEN NEEDLE	156
CARNITOR (SUGAR-FREE)	154	<i>chlordiazepoxide-clidinium</i>	180	CLIMARA	96
CAROSPIR	34	<i>chlorhexidine gluconate</i>	152	CLIMARA PRO	96
<i>carteolol</i>	88	<i>chloroquine phosphate</i>	110	CLINDACIN	53
CARTIA XT	33	<i>chlorpromazine</i>	22	CLINDACIN ETZ	53
<i>carvedilol</i>	28	<i>chlorthalidone</i>	36	CLINDACIN P	53
<i>carvedilol phosphate</i>	28	<i>chlorzoxazone</i>	178	CLINDAGEL	53
CASODEX	143	CHOICE DM CLARUS NORM CONTROL	70	<i>clindamycin hcl</i>	109
CATAPRES-TTS-1	31	CHOLBAM	127	<i>clindamycin palmitate hcl</i>	109
CATAPRES-TTS-2	31	<i>cholecalciferol (vitamin d3)</i>	189	CLINDAMYCIN PEDIATRIC	109
CATAPRES-TTS-3	31	<i>cholestyramine (with sugar)</i>	38	<i>clindamycin phosphate</i>	53, 186
CAVERJECT	79	CHOLESTYRAMINE LIGHT	38	<i>clindamycin-benzoyl peroxide</i>	50
CAVERJECT IMPULSE	79	CIALIS	79	<i>clindamycin-tretinoin</i>	50
CAYSTON	102	CIBINQO	121	CLINDESSE	186
CAZIAN (28)	42	CICLODAN	54	CLINPRO 5000	186
<i>ceftazidime</i>	103	<i>ciclopirox</i>	54	<i>clobazam</i>	172
<i>cefadroxil</i>	103	<i>cilostazol</i>	94	<i>clobetasol</i>	56, 57, 85
<i>cefdinir</i>	103	CILOXAN	86	<i>clobetasol-emollient</i>	57
<i>cefixime</i>	103	CIMDUO	111	CLOBEX	57
<i>cefepime</i>	103	<i>cimetidine</i>	181	<i>clocortolone pivalate</i>	57
<i>cefepime</i>	103	<i>cimetidine hcl</i>	181	CLODAN	57
<i>cefepime</i>	103	CIMZIA	116	<i>clomipramine</i>	16
<i>cefepime</i>	103	CIMZIA POWDER FOR RECONST	116	<i>clonazepam</i>	172
<i>cefepime</i>	103	.....	116	<i>clonidine</i>	31
<i>cefepime</i>	103	CIMZIA STARTER KIT	116	<i>clonidine hcl</i>	25, 31
<i>cefepime</i>	103	<i>cinacalcet</i>	81		
<i>cefepime</i>	103	CINRYZE	119		
<i>cefepime</i>	103	CIPRO	105		
<i>cefepime</i>	103	CIPRO HC	77		
<i>cefepime</i>	103	<i>ciprofloxacin</i>	105		

<i>clopidogrel</i>	94	COMPLERA.....	113	COSOPT (PF).....	88
<i>clorazepate dipotassium</i>	18	COMPRO.....	5	COTELLIC.....	144
<i>clotrimazole</i>	54, 107	CONCEPT OB.....	187	COTEMPLA XR-ODT.....	25
<i>clotrimazole-betamethasone</i>	54	CONCERTA.....	25	COXANTO.....	123
<i>clozapine</i>	20	CONDYLOX.....	61	COZAAR.....	31
CLOZARIL.....	20	CONJUPRI.....	33	CRENESSITY.....	83
COARTEM.....	110	CONSTULOSE.....	127	CREON.....	179
COBENFY.....	153	CONTOUR CONTROL		CRESEMBA.....	107
COBENFY STARTER PACK.....	153	SOLUTION, HIGH.....	70	CRESTOR.....	37
<i>codeine sulfate</i>	164	CONTOUR CONTROL		CREXONT.....	171
<i>codeine-butalbital-asa-caff</i>	169	SOLUTION, LOW.....	70	CRINONE.....	97
<i>codeine-guaifenesin</i>	49	CONTOUR CONTROL		<i>cromolyn</i>	9, 87
CODITUSSIN AC.....	49	SOLUTION, NML.....	70	CROTAN.....	55
CODITUSSIN DAC.....	49	CONTOUR METER.....	70	CRYOSERV.....	153
COLAZAL.....	125	CONTOUR NEXT EZ METER.....	70	CRYSSELLE (28).....	42
<i>colchicine</i>	90	CONTOUR NEXT GEN METER.....	70	CTEXLI.....	127
COLCRYS.....	90	CONTOUR NEXT GLUCOSE		CUPRIMINE.....	115
<i>colesevelam</i>	38	METER.....	70	CURAE.....	42
COLESTID.....	38	CONTOUR NEXT LEV 1		CURITY ALCOHOL SWABS.....	60
<i>colestipol</i>	38	CONTROL SOL.....	70	CURITY STERILE WATER.....	60
COLOR LANCETS.....	129	CONTOUR NEXT LEV 2		CUROSURF.....	163
COMBIGAN.....	88	CONTROL SOL.....	70	CUVPOSA.....	180
COMBIPATCH.....	96	CONTOUR NEXT LINK.....	70	CUVRIOR.....	155
COMBIVENT RESPIMAT.....	7	CONTOUR NEXT LINK 2.4.....	70	<i>cyanocobalamin (vitamin b-12)</i>	189
COMETRIQ.....	145	CONTOUR NEXT METER.....	70	<i>cyclobenzaprine</i>	178
COMFORT EZ INSULIN SYRINGE		CONTOUR NEXT ONE METER.....	70	CYCLOGYL.....	90
.....	132	CONTOUR NEXT TEST STRIPS....	69	CYCLOMYDRIL.....	90
COMFORT EZ PEN NEEDLES.....	156	CONTOUR PLUS TEST STRIP.....	69	<i>cyclopentolate</i>	90
COMFORT EZ PRO SAFETY PEN		CONTOUR TEST STRIPS.....	69	<i>cyclophosphamide</i>	142
NDL.....	156	CONZIP.....	164	<i>cycloserine</i>	109
COMFORT TOUCH PEN NEEDLE		COPAXONE.....	149	CYCLOSET.....	66
COMFORT TOUCH PLUS		COPIKTRA.....	145	<i>cyclosporine</i>	87, 102
SAFETY LANC.....	129	CORDRAN.....	57	<i>cyclosporine modified</i>	102
COMFORT TOUCH ULT THIN		CORDRAN TAPE LARGE ROLL.....	57	CYLTEZO(CF).....	117
LANCETS.....	129	COREG.....	28	CYLTEZO(CF) PEN.....	117
COMFORTSEAL LARGE MASK.....	10	COREG CR.....	28	CYLTEZO(CF) PEN CROHN'S-	
COMFORTSEAL MEDIUM MASK...	10	CORLANOR.....	40	UC-HS.....	116
COMFORTSEAL SMALL MASK.....	10	CORTEF.....	119	CYLTEZO(CF) PEN PSORIASIS-	
COMIRNATY 2025-2026(5-		CORTENEMA.....	126	UV.....	116, 117
11Y)(PF).....	98	CORTIFOAM.....	126	CYMBALTA.....	15
COMIRNATY 2025-26 (12Y		<i>cortisone</i>	119	<i>cyproheptadine</i>	3
UP)(PF).....	98	CORTISPORIN-TC.....	77	CYRED.....	42
COMPACT SPACE CHAMBER.....	10	CORTROPHIN GEL.....	79	CYRED EQ.....	42
COMPACT SPACE CHAMBER-		COSENTYX.....	62	CYSTADANE.....	154
LRG MASK.....	10	COSENTYX (2 SYRINGES).....	62	CYSTADROPS.....	90
COMPACT SPACE CHAMBER-		COSENTYX PEN.....	62	CYSTAGON.....	183
MED MASK.....	10	COSENTYX PEN (2 PENS).....	62	CYSTARAN.....	90
COMPACT SPACE CHAMBER-SM		COSENTYX UNOREADY PEN.....	62	CYTOMEL.....	83
MASK.....	10	COSOPT.....	88	CYTOTEC.....	180

<i>dabigatran etexilate</i>	94	DEPO-TESTOSTERONE.....	95	<i>diclofenac-misoprostol</i>	122
<i>dacarbazine</i>	148	DERMA-SMOOTH/FS BODY OIL..	57	<i>dicloxacillin</i>	105
<i>dalfampridine</i>	150	DERMA-SMOOTH/FS SCALP		<i>dicyclomine</i>	179
DALIRESP.....	10	OIL.....	57	DIFICID.....	104
<i>danazol</i>	83	DERMOTIC OIL.....	77	<i>diflorasone</i>	57
DANTRIUM.....	178	DESCOVY.....	111, 112	DIFLUCAN.....	107
<i>dantrolene</i>	178	<i>desipramine</i>	16	<i>diflunisal</i>	164
DANZITEN.....	145	<i>desmopressin</i>	80	<i>difluprednate</i>	85
<i>dapaglifloz propaned-metformin</i>	69	<i>desog-e.estradiol/e.estradiol</i>	43	<i>digoxin</i>	27
<i>dapagliflozin propanediol</i>	66	<i>desonide</i>	57	<i>dihydroergotamine</i>	167
<i>dapsone</i>	50, 108	DESOWEN.....	57	DILANTIN.....	173
DAPTACEL (DTAP PEDIATRIC)		<i>desoximetasone</i>	57	DILANTIN EXTENDED.....	173
(PF).....	99	DESOXYN.....	17	DILANTIN INFATABS.....	173
DARAPRIM.....	110	<i>desvenlafaxine</i>	15	DILANTIN-125.....	173
<i>darifenacin</i>	185	<i>desvenlafaxine succinate</i>	15	DILAUDID.....	164
DARTISLA.....	180	DEXABLISS.....	119	<i>diltiazem hcl</i>	33
<i>darunavir</i>	111	<i>dexamethasone</i>	119	DILT-XR.....	33
<i>dasatinib</i>	145	DEXAMETHASONE INTENSOL...	119	<i>dimethyl fumarate</i>	149
DASETTA 1/35 (28).....	42	<i>dexamethasone sodium phos (pf)</i> ..	119	DIOVAN.....	31
DASETTA 7/7/7 (28).....	42	<i>dexamethasone sodium phosphate</i>		DIOVAN HCT.....	29
<i>daunorubicin</i>	143	.....	85, 120	DIPENTUM.....	125
DAURISMO.....	144	DEXCOM G6 RECEIVER.....	70	<i>diphenoxylate-atropine</i>	127
DAYBUE.....	151	DEXCOM G6 SENSOR.....	70	DIPROLENE (AUGMENTED).....	57
DAYPRO.....	123	DEXCOM G6 TRANSMITTER.....	70	<i>dipyridamole</i>	94
DAYSEE.....	43	DEXCOM G7 RECEIVER.....	70	DISKETS.....	164
DAYTRANA.....	25	DEXCOM G7 SENSOR.....	70	<i>disopyramide phosphate</i>	26
DAYVIGO.....	24	DEXEDRINE SPANSULE.....	17	<i>disulfiram</i>	18
DDAVP.....	80	DEXILANT.....	181	DIURIL.....	36
DEBACTEROL.....	153	<i>dexlansoprazole</i>	182	<i>divalproex</i>	173
DEBLITANE.....	43	<i>dexmethylphenidate</i>	25	DIVIGEL.....	96
DECARA.....	189	<i>dextroamphetamine sulfate</i>	17	DODEX.....	189
<i>deferasirox</i>	155	<i>dextroamphetamine-amphetamine</i> ..	17	<i>dofetilide</i>	27
<i>deferiprone</i>	155	DHIVY.....	171	DOLISHALE.....	43
<i>deflazacort</i>	119	DIACOMIT.....	173	DOLOBID.....	164
DELESTROGEN.....	96	DIATRUE CONTROL SOLN		<i>donepezil</i>	12
DELSTRIGO.....	113	NORMAL.....	70	DOPTELET (10 TAB PACK).....	94
<i>demeclocycline</i>	106	DIATRUE CONTROL SOLUTION		DOPTELET (15 TAB PACK).....	94
DEMSEER.....	31	HIGH.....	70	DOPTELET (30 TAB PACK).....	95
DENAVIR.....	55	DIATRUE CONTROL SOLUTION		DORAL.....	23
DENTA 5000 PLUS.....	186	LOW.....	71	DORYX.....	106
DENTA 5000 PLUS SENSITIVE...	186	<i>diazepam</i>	18, 172	DORYX MPC.....	106
DENTAGEL.....	186	DIAZEPAM INTENSOL.....	18	<i>dorzolamide</i>	88
DEPAKOTE.....	173	<i>diazoxide</i>	73	<i>dorzolamide-timolol</i>	88
DEPAKOTE ER.....	173	DIBENZYLIN.....	28	<i>dorzolamide-timolol (pf)</i>	88
DEPAKOTE SPRINKLES.....	173	<i>dichlorphenamide</i>	177	DOTTI.....	96
DEPEN TITRATABS.....	115	<i>diclofenac epolamine</i>	59	DOVATO.....	110
DEPO-ESTRADIOL.....	96	<i>diclofenac potassium</i>	123, 167	<i>doxazosin</i>	28
DEPO-PROVERA.....	41	<i>diclofenac sodium</i>	59, 61, 85, 123	<i>doxepin</i>	16, 24, 59
DEPO-SUBQ PROVERA 104.....	41	<i>diclofenac submicronized</i>	123	<i>doxercalciferol</i>	82

<i>doxorubicin</i>	143	E.E.S. 400.....	104	EASY TOUCH LANCETS.....	129
<i>doxycycline hyclate</i>	106, 153	E.E.S. GRANULES.....	104	EASY TOUCH LANCING DEVICE..	71
<i>doxycycline monohydrate</i>	106	EASIVENT HOLDING CHAMBER...10		EASY TOUCH LUER LOCK	
<i>doxylamine-pyridoxine (vit b6)</i>	5	EASIVENT MASK LARGE.....	10	INSULIN.....	134
DRIZALMA SPRINKLE.....	15	EASIVENT MASK MEDIUM.....	10	EASY TOUCH LUER LOCK	
<i>dronabinol</i>	4	EASIVENT MASK SMALL.....	10	SYRINGE.....	134
DROPLET GENTEEL LANCING		EASY COMFORT ALCOHOL PAD..60		EASY TOUCH PEN NEEDLE.....	157
DEVICE.....	71	EASY COMFORT INSULIN		EASY TOUCH SAFETY LANCETS	
DROPLET INSULIN SYR(HALF		SYRINGE.....	133	.....	129
UNIT).....	132	EASY COMFORT PEN NEEDLES	157	EASY TOUCH SAFETY PEN	
DROPLET INSULIN SYRINGE.....	133	EASY COMFORT SAFETY PEN		NEEDLE.....	157
DROPLET LANCETS.....	129	NEEDLE.....	157	EASY TOUCH SHEATHLOCK	
DROPLET LANCING DEVICE.....	71	EASY GLIDE INSULIN SYRINGE.	133	INSULIN.....	134
DROPLET MICRON PEN NEEDLE		EASY GLIDE LUER LOCK		EASY TOUCH SHEATHLOCK	
.....	157	SYRINGE.....	133	SYRG-NDL.....	134
DROPLET PEN NEEDLE.....	157	EASY GLIDE LUER SLIP TB		EASY TOUCH SHEATHLOCK	
DROPSAFE ACTI-LANCE.....	129	SYRING.....	133	SYRINGE.....	134
DROPSAFE ALCOHOL PREP		EASY GLIDE PEN NEEDLE.....	157	EASY TOUCH TUBERCULIN	
PADS.....	60	EASY MINI EJECT LANCING		FLIPLOCK.....	134
DROPSAFE INSULIN SYRINGE...133		DEVICE.....	71	EASY TOUCH TUBERCULIN	
DROPSAFE PEN NEEDLE.....	157	EASY PLUS II HIGH CONTROL.....	71	SHEATHLK.....	134
<i>drospirenone-e.estradiol-lm.fa</i>	43	EASY PLUS II LOW CONTROL.....	71	EASY TOUCH TWIST LANCETS..	129
<i>drospirenone-ethinyl estradiol</i>	43	EASY STEP HIGH CONTROL		EASY TOUCH UNI-SLIP.....	134
DROXIA.....	94	SOLN.....	71	EASY TRAK HIGH CONTROL.....	71
<i>droxidopa</i>	39	EASY STEP LOW CONTROL		EASY TRAK LOW CONTROL.....	71
DRYSOL.....	60	SOLUTION.....	71	EASYPOINT NEEDLE.....	158
DRYSOL DAB-O-MATIC.....	60	EASY STEP NORMAL CONTROL		EBGLYSS PEN.....	56
DUAKLIR PRESSAIR.....	7	SOLN.....	71	EBGLYSS SYRINGE.....	56
DUAVEE.....	96	EASY TALK HIGH CONTROL.....	71	ECLIPSE NEEDLE.....	158
DUETACT.....	68	EASY TALK LOW CONTROL.....	71	ECLIPSE SYRINGE.....	134
DULERA.....	8	EASY TOUCH.....	134, 157	EC-NAPROSYN.....	123
<i>duloxetine</i>	15	EASY TOUCH ALCOHOL PREP		EC-NAPROXEN.....	123
DUOBRII.....	63	PADS.....	60	<i>econazole nitrate</i>	54
DUOPA.....	171	EASY TOUCH FLIPLOCK		ECONTRA EZ.....	43
DUPIXENT PEN.....	9	INSULIN.....	133	ECONTRA ONE-STEP.....	43
DUPIXENT SYRINGE.....	9	EASY TOUCH FLIPLOCK		ECOTRIN LOW STRENGTH.....	94
DUREX AVANTI BARE REAL		NEEDLE.....	157	ECOZA.....	54
FEEL.....	153	EASY TOUCH FLIPLOCK		EDARBI.....	31
DUREX EXTRA SENSITIVE		SYRINGE.....	133	EDARBYCLOR.....	29
CONDOM.....	153	EASY TOUCH FLURINGE.....	134	EDECIN.....	34
DUREX TROPICAL CONDOM.....	153	EASY TOUCH FLURINGE		EDEX.....	79
DUREZOL.....	85	FLIPLOCK.....	133	EDLUAR.....	24
DURLAZA.....	94	EASY TOUCH FLURINGE		ED-SPAZ.....	180
<i>dutasteride</i>	183	SHEATHLOCK.....	133	EDURANT.....	112
<i>dutasteride-tamsulosin</i>	183	EASY TOUCH HYPODERMIC		EDURANT PED.....	112
DUVYZAT.....	154	NEEDLE.....	157	<i>efavirenz</i>	112
DYANAVEL XR.....	17	EASY TOUCH INSULIN SAFETY		<i>efavirenz-emtricitabin-tenofov</i>	113
DYMISTA.....	4	SYR.....	134	<i>efavirenz-lamivu-tenofov disop</i>	113
DYRENIUM.....	34	EASY TOUCH INSULIN SYRINGE	134	EFFER-K.....	78

EFFEXOR XR.....	15	ENDOCET.....	169	ERY-TAB.....	104
EFFIENT.....	94	ENGERIX-B (PF).....	100	ERYTHROCIN (AS STEARATE)...	104
EFUDEX.....	61	ENGERIX-B PEDIATRIC (PF).....	100	<i>erythromycin</i>	86, 104
EGRIFTA SV.....	81	ENILLORING.....	41	<i>erythromycin ethylsuccinate</i>	104
EGRIFTA WR.....	81	<i>enoxaparin</i>	92	<i>erythromycin with ethanol</i>	53
ELEMENT HIGH CONTROL.....	71	ENPRESSE.....	43	<i>erythromycin-benzoyl peroxide</i>	53
ELEMENT LOW CONTROL.....	71	ENSACOVE.....	145	ESBRIET.....	162
ELEMENT NORMAL CONTROL.....	71	ENSKYCE.....	43	<i>escitalopram oxalate</i>	14
ELEPSIA XR.....	173	ENSPRYNG.....	121	ESGIC.....	164
ELESTRIN.....	96	ENSTILAR.....	64	<i>eslicarbazepine</i>	173
<i>eletriptan</i>	167	<i>entacapone</i>	171	<i>esomeprazole magnesium</i>	182
ELIDEL.....	64	ENTADFI.....	183	ESTARYLLA.....	43
ELIGARD.....	80	<i>entecavir</i>	114	<i>estazolam</i>	23
ELIGARD (3 MONTH).....	80	ENTRESTO.....	39	ESTRACE.....	186
ELIGARD (4 MONTH).....	80	ENTRESTO SPRINKLE.....	40	<i>estradiol</i>	96, 97, 186
ELIGARD (6 MONTH).....	80	ENTYVIO PEN.....	126	<i>estradiol valerate</i>	97
ELIMITE.....	55	ENULOSE.....	126	<i>estradiol-norethindrone acet</i>	97
ELINEST.....	43	ENVARBUS XR.....	102	ESTRING.....	186
ELIQUIS.....	91	EOHILIA.....	120	ESTROGEL.....	97
ELIQUIS DVT-PE TREAT 30D START.....	91	EPANED.....	30	<i>eszopiclone</i>	24
ELIXOPHYLLIN.....	12	EPCLUSA.....	114	<i>ethacrynic acid</i>	34
ELLA.....	43	EPIDIOLEX.....	172	<i>ethambutol</i>	108
ELMIRON.....	185	EPIFOAM.....	61	<i>ethosuximide</i>	173
<i>eltrombopag olamine</i>	95	<i>epinephrine</i>	141	<i>ethynodiol diac-eth estradiol</i>	43
ELURYNG.....	41	EPIPEN.....	141	<i>etodolac</i>	123
ELYXYB.....	167	EPIPEN 2-PAK.....	141	<i>etonogestrel-ethinyl estradiol</i>	41
EMBRACE GLUCOSE CONTROL LOW.....	71	EPIPEN JR.....	141	<i>etoposide</i>	148
EMBRACE PEN NEEDLE.....	158	EPIPEN JR 2-PAK.....	141	<i>etravirine</i>	112
EMEND.....	5	EPITOL.....	173	EUCRISA.....	56
EMFLAZA.....	120	EPIVIR.....	112	EULEXIN.....	143
EMGALITY PEN.....	167	<i>eplerenone</i>	34	EURAX.....	55
EMGALITY SYRINGE.....	167, 169	EPOGEN.....	91	EUTHYROX.....	83
EMPAVELI.....	91	EPRONTIA.....	173	EVAMIST.....	97
EMROSI.....	106	EPSOLAY.....	51	EVEKEO.....	17
EMSAM.....	13	EQUETRO.....	19	EVENITY.....	80
<i>emtricitabine</i>	112	<i>ergocalciferol (vitamin d2)</i>	189	<i>everolimus (antineoplastic)</i>	144
<i>emtricitabine-tenofovir (tdf)</i>	112	<i>ergoloid</i>	41	<i>everolimus (immunosuppressive)</i> ..	102
<i>emtricitabine-tenofovir (tdf)</i>	113	ERGOMAR.....	167	EVISTA.....	81
EMTRIVA.....	112	<i>ergotamine-caffeine</i>	167	EVOCLIN.....	53
EMVERM.....	109	ERIVEDGE.....	144	EVOTAZ.....	113
EMZAHH.....	43	ERLEADA.....	143	EVOXAC.....	142
<i>enalapril maleate</i>	30	<i>erlotinib</i>	146	EVRYSDI.....	141
<i>enalapril-hydrochlorothiazide</i>	28	ERMEZA.....	83	EXCEL SYRINGE.....	134
ENBREL.....	117	ERRIN.....	43	EXEL HYPODERMIC NEEDLES...158	
ENBREL MINI.....	117	ERTACZO.....	54	EXEL INSULIN.....	134
ENBREL SURECLICK.....	117	ERY PADS.....	53	EXEL SYRINGE.....	134
ENDARI.....	94	ERYGEL.....	53	EXELDERM.....	54
		ERYPED 200.....	104	EXELON PATCH.....	12
		ERYPED 400.....	104	<i>exemestane</i>	144

<i>exenatide</i>	65, 66	<i>fentanyl citrate</i>	164	<i>fluconazole</i>	107
EXFORGE.....	30	FERRIPROX.....	155	<i>flucytosine</i>	107
EXFORGE HCT.....	29	FERRIPROX (2 TIMES A DAY).....	155	<i>fludrocortisone</i>	121
EXJADE.....	155	<i>fesoterodine</i>	185	FLULAVAL 2025-2026 (PF).....	99
EXTENDED RESERVOIR.....	135	FETZIMA.....	15	FLUMADINE.....	111
EXTINA.....	54	FEXMID.....	178	FLUMIST 2025-2026.....	99
EYSUVIS.....	85	FIASP FLEXTOUCH U-100		FLUMIST HOME 2025-2026.....	99
E-Z JECT LANCETS.....	129	INSULIN.....	74	<i>flunisolide</i>	4
E-Z JECT THIN LANCETS.....	129	FIASP PENFILL U-100 INSULIN.....	74	<i>fluocinolone</i>	57
EZ SMART LANCETS.....	129	FIASP PUMPCART.....	74	<i>fluocinolone acetone oil</i>	77
EZALLOR SPRINKLE.....	37	FIASP U-100 INSULIN.....	74	<i>fluocinolone and shower cap</i>	57
<i>ezetimibe</i>	39	FIBRICOR.....	39	<i>fluocinonide</i>	57
<i>ezetimibe-rosuvastatin</i>	37	<i>fidaxomicin</i>	104	FLUOCINONIDE-E.....	57
<i>ezetimibe-simvastatin</i>	37	FILSPARI.....	183	<i>fluocinonide-emollient</i>	57
FABHALTA.....	92	FILSUVEZ.....	162	<i>fluoride (sodium)</i>	186, 187
FABIOR.....	53	FINACEA.....	51	FLUORIDEX DAILY DEFENSE.....	187
FALMINA (28).....	43	<i>finasteride</i>	183	FLUORIDEX SENSITIVITY	
<i>famciclovir</i>	111	FINGERSTIX LANCETS.....	129	RELIEF.....	187
<i>famotidine</i>	181	<i>ingolimod</i>	149	<i>fluorometholone</i>	85
FANAPT.....	20	FINTEPLA.....	174	<i>fluorouracil</i>	61
FANAPT TITRATION PACK A.....	20	FINZALA.....	43	<i>fluoxetine</i>	14
FANAPT TITRATION PACK B.....	20	FIORICET.....	164	<i>fluphenazine hcl</i>	22
FANAPT TITRATION PACK C.....	20	FIORICET WITH CODEINE.....	169	<i>flurandrenolide</i>	57, 58
FANTASY CONDOM.....	153	FIRAZYR.....	119	<i>flurazepam</i>	23
FARESTON.....	149	FIRDAPSE.....	150	<i>flurbiprofen</i>	123
FARXIGA.....	66	FIRVANQ.....	109	<i>flurbiprofen sodium</i>	85
FASENRA.....	9	FLAC OTIC OIL.....	77	<i>fluticasone furoate-vilanterol</i>	8
FASENRA PEN.....	9	FLAREX.....	85	<i>fluticasone propionate</i>	4, 8, 9, 58
FC2 FEMALE CONDOM.....	153	<i>flavoxate</i>	185	<i>fluticasone propion-salmeterol</i>	8
<i>febuxostat</i>	90	<i>flecainide</i>	27	<i>fluvastatin</i>	37
FEIRZA.....	43	FLECTOR.....	59	<i>fluvoxamine</i>	14
<i>felbamate</i>	173	FLEQSUVY.....	178	FLUZONE 2025-2026.....	99
FELBATOL.....	173	FLEXICHAMBER.....	10	FLUZONE 2025-2026 (PF).....	99
FELDENE.....	123	FLEXICHAMBER-LG CHILD		FLUZONE HIGH-DOSE 2025-26	
<i>felodipine</i>	33	MASK.....	11	(PF).....	99
FEMARA.....	144	FLEXICHAMBER-SM ADULT		FML FORTE.....	85
FEMCAP.....	48	MASK.....	11	FML LIQUIFILM.....	85
FEMLYV.....	43	FLEXICHAMBER-SM CHILD		FOCALIN.....	25
FEMRING.....	186	MASK.....	11	FOCALIN XR.....	25
<i>fenofibrate</i>	39	FLOLIPID.....	37	<i>folic acid</i>	187
<i>fenofibrate micronized</i>	39	FLOMAX.....	183	FOLIVANE-OB.....	187
<i>fenofibrate nanocrystallized</i>	39	FLORIVA (FLUORIDE-VITAMIN		FOLOTYN.....	143
<i>fenofibric acid</i>	39	D3).....	186	<i>fondaparinux</i>	92
<i>fenofibric acid (choline)</i>	39	<i>floxuridine</i>	143	FORA HIGH CONTROL.....	71
FENOGLIDE.....	39	FLUAD 2025-2026 (65 YR UP)(PF).....	99	FORA LANCING DEVICE.....	71
<i>fenoprofen</i>	123	FLUARIX 2025-2026 (PF).....	99	FORA LOW CONTROL.....	71
FENOPRON.....	123	FLUBLOK 2025-2026 (PF).....	99	FORACARE GDH HIGH	
FENSOLVI.....	83	FLUCELVAX 2025-2026.....	99	CONTROL.....	71
<i>fentanyl</i>	164	FLUCELVAX 2025-2026 (PF).....	99	FORACARE GDH LOW CONTROL	71

FORACARE GDH NORMAL CONTROL.....	71	FROVA.....	167	GLEEVEC.....	146
FORACARE LANCETS.....	129	<i>frovatriptan</i>	167	GLEOSTINE.....	142
FORFIVO XL.....	14	FRUZAQLA.....	146	<i>glimepiride</i>	67
<i>formoterol fumarate</i>	7	FULPHILA.....	92	<i>glipizide</i>	67
FORTEO.....	80	FULVICIN P/G.....	108	<i>glipizide-metformin</i>	68
FOSAMAX.....	81	FURADANTIN.....	104	GLOPERBA.....	90
FOSAMAX PLUS D.....	80, 81	FUROSCIX.....	34	GLUCAGON (HCL) EMERGENCY KIT.....	73
<i>fosamprenavir</i>	113	<i>furosemide</i>	34	GLUCAGON EMERGENCY KIT (HUMAN).....	73
<i>fosfomycin tromethamine</i>	103	FUZEON.....	112	<i>glucagon hcl</i>	154
<i>fosinopril</i>	30	FYAVOLV.....	97	GLUCOCOM LANCETS.....	129
<i>fosinopril-hydrochlorothiazide</i>	28	FYCOMPA.....	174	GLUCOTROL XL.....	67
FOSRENOL.....	77	FYLNETRA.....	93	<i>glutamine (sickle cell)</i>	94
FOTIVDA.....	146	G TUSSIN AC.....	49	<i>glyburide</i>	67
FRAGMIN.....	92	<i>gabapentin</i>	152, 174	<i>glyburide micronized</i>	67
FRAICHE 5000.....	187	GABARONE.....	174	<i>glyburide-metformin</i>	68
FRAICHE 5000 PREVI.....	187	GALAFOLD.....	142	GLYCATE.....	180
FRAICHE 5000 SENSITIVE.....	187	<i>galantamine</i>	12	<i>glycopyrrolate</i>	180
FREESTYLE CONTROL.....	71	GALBRIELA.....	43	GLYDO.....	125
FREESTYLE FLASH SYSTEM.....	71	GALLIFREY.....	97	GLYXAMBI.....	68
FREESTYLE FREEDOM.....	71	GALZIN.....	155	GOCOVRI.....	171
FREESTYLE FREEDOM LITE.....	71	GARDASIL 9 (PF).....	100	GOLYTELY.....	127
FREESTYLE INSULINX.....	69, 71	GASTROCROM.....	9	GOMEKLI.....	144
FREESTYLE INSULINX TEST STRIPS.....	69	<i>gatifloxacin</i>	86	GRALISE.....	152
FREESTYLE LANCETS.....	129	GATTEX 30-VIAL.....	128	<i>granisetron hcl</i>	5
FREESTYLE LIBRE 14 DAY READER.....	71	GATTEX ONE-VIAL.....	128	GRANIX.....	93
FREESTYLE LIBRE 14 DAY SENSOR.....	71	GAVILAX.....	127	GRASTEK.....	3
FREESTYLE LIBRE 2 PLUS SENSOR.....	71	GAVILYTE-C.....	127	<i>griseofulvin microsize</i>	108
FREESTYLE LIBRE 2 READER.....	71	GAVILYTE-G.....	127	<i>griseofulvin ultramicrosize</i>	108
FREESTYLE LIBRE 2 SENSOR.....	71	GAVILYTE-N.....	127	GUAIFENESIN AC.....	49
FREESTYLE LIBRE 3 PLUS SENSOR.....	71	GAVRETO.....	146	GUAIFENESIN DAC.....	49
FREESTYLE LIBRE 3 READER.....	71	<i>gefitinib</i>	146	<i>guanfacine</i>	25, 31
FREESTYLE LIBRE 3 SENSOR.....	71	<i>gemfibrozil</i>	39	GUARDIAN 4 GLUCOSE SENSOR.....	71
FREESTYLE LITE METER.....	71	GEMMILY.....	43	GUARDIAN 4 TRANSMITTER.....	71
FREESTYLE LITE STRIPS.....	69	GEMTESA.....	184	GVOKE.....	73
FREESTYLE PRECISION.....	135	GENERLAC.....	126	GVOKE HYPOPEN 1-PACK.....	73
FREESTYLE PRECISION NEO METER.....	71	GENGRAF.....	102	GVOKE HYPOPEN 2-PACK.....	73
FREESTYLE PRECISION NEO STRIPS.....	69	GENOTROPIN.....	82	GVOKE PFS 1-PACK SYRINGE.....	73
FREESTYLE SIDEKICK II.....	71	GENOTROPIN MINIQUICK.....	82	GVOKE PFS 2-PACK SYRINGE.....	73
FREESTYLE SYSTEM KIT.....	71	<i>gentamicin</i>	54, 86	GYNAZOLE-1.....	186
FREESTYLE TEST.....	70	GENTEEL VACUUM LANCING DEVICE.....	71	HADLIMA.....	117
FREESTYLE UNISTIK 2.....	129	GENVOYA.....	114	HADLIMA PUSHTOUCH.....	117
		GEODON.....	21	HADLIMA(CF).....	117
		GILENYA.....	149	HADLIMA(CF) PUSHTOUCH.....	117
		GILOTRIF.....	146	HAEGARDA.....	119
		GIMOTI.....	181	HAILEY.....	43
		<i>glatiramer</i>	149	HAILEY 24 FE.....	43
		GLATOPA.....	149	HAILEY FE 1.5/30 (28).....	43

HAILEY FE 1/20 (28).....	43	HUMIRA(CF) PEN CROHNS-UC- HS.....	117	HYRIMOZ(CF) PEDI CROHN STARTER.....	118
<i>halcinonide</i>	58	HUMIRA(CF) PEN PSOR-UV- ADOL HS.....	117	HYRIMOZ(CF) PEN.....	118
HALCION.....	23	HUMULIN 70/30 U-100 INSULIN....	74	HYSINGLA ER.....	165
<i>halobetasol propionate</i>	58	HUMULIN 70/30 U-100 KWIKPEN..	74	HYZAAR.....	29
HALOETTE.....	41	HUMULIN N NPH INSULIN KWIKPEN.....	75	<i>ibandronate</i>	81
HALOG.....	58	HUMULIN N NPH U-100 INSULIN..	75	IBRANCE.....	146
<i>haloperidol</i>	22	HUMULIN R REGULAR U-100 INSULN.....	75	IBSRELA.....	127
<i>haloperidol lactate</i>	22	HUMULIN R U-500 (CONC) INSULIN.....	75	IBU.....	123
HARLIKU.....	154	HUMULIN R U-500 (CONC) KWIKPEN.....	75	<i>ibuprofen</i>	123
HARVONI.....	114	HYCAMTIN.....	145	<i>icatibant</i>	119
HAVRIX (PF).....	100	HYCODAN.....	49	ICLEVIA.....	43
HEALTHWISE INSULIN SYRINGE	135	HYCODAN (WITH HOMATROPINE).....	49	ICLUSIG.....	146
HEALTHWISE PEN NEEDLE.....	158	<i>hydralazine</i>	31	<i>icosapent ethyl</i>	39
HEATHER.....	43	HYDREA.....	142	IDACIO(CF).....	118
HEMADY.....	120	<i>hydrochlorothiazide</i>	36	IDACIO(CF) PEN.....	118
HEMANGEOL.....	32	<i>hydrocodone bitartrate</i>	164, 165	IDACIO(CF) PEN CROHN-UC STARTR.....	118
HEMICLOR.....	36	<i>hydrocodone-acetaminophen</i>	169	IDACIO(CF) PEN PSORIASIS START.....	118
<i>heparin (porcine)</i>	92	<i>hydrocodone-chlorpheniramine</i>	49	IDHIFA.....	148
HEPARIN		<i>hydrocodone-homatropine</i>	49	<i>ifosfamide</i>	142
LOCKFLUSH(PORCINE)(PF).....	92	<i>hydrocodone-ibuprofen</i>	164	IGALMI.....	24
<i>heparin, porcine (pf)</i>	92	<i>hydrocortisone</i>	58, 120, 126	ILET INSULIN PUMP.....	71
HEPLISAV-B (PF).....	100	<i>hydrocortisone acetate</i>	58	ILEVRO.....	85
HEPSERA.....	114	<i>hydrocortisone butyrate</i>	58	ILUMYA.....	62
HER STYLE.....	43	<i>hydrocortisone valerate</i>	58	<i>imatinib</i>	146
HETLIOZ.....	23	<i>hydrocortisone valerate</i>	58	IMBRUVICA.....	146
HETLIOZ LQ.....	23	<i>hydrocortisone-acetic acid</i>	77	<i>imipramine hcl</i>	16
HIBERIX (PF).....	99	<i>hydrocortisone-pramoxine</i>	126	<i>imipramine pamoate</i>	16
HISTEX-AC.....	49	HYDROMET.....	49	<i>imiquimod</i>	101
HOMATROPAIRE.....	90	<i>hydromorphone</i>	165	IMITREX.....	167
HORIZANT.....	151	<i>hydroxychloroquine</i>	110	IMITREX STATDOSE PEN.....	167
HULIO(CF).....	117	<i>hydroxyurea</i>	142	IMITREX STATDOSE REFILL.....	167
HULIO(CF) PEN.....	117	<i>hydroxyzine hcl</i>	3	IMKELDI.....	146
HUMALOG JUNIOR KWIKPEN U- 100.....	74	<i>hydroxyzine pamoate</i>	3	IMOVAX RABIES VACCINE (PF)...	99
HUMALOG KWIKPEN INSULIN....	74	<i>hyoscyamine sulfate</i>	180	IMPAVIDO.....	110
HUMALOG MIX 50-50 KWIKPEN...74	74	HYPERSAL.....	154	IMPOYZ.....	58
HUMALOG MIX 75-25 KWIKPEN...74	74	HYPODERMIC NEEDLES.....	158	IMURAN.....	102
HUMALOG MIX 75-25(U- 100)INSULN.....	74	HYRIMOZ.....	118	IMVEXXY MAINTENANCE PACK.....	186
HUMALOG TEMPO PEN(U- 100)INSULN.....	74	HYRIMOZ PEN.....	117	IMVEXXY STARTER PACK.....	186
HUMALOG U-100 INSULIN.....	74	HYRIMOZ PEN CROHN'S-UC STARTER.....	117	INBRIJA.....	171
HUMATIN.....	109	HYRIMOZ PEN PSORIASIS STARTER.....	117	INCASSIA.....	43
HUMATROPE.....	82	HYRIMOZ(CF).....	118	INCONTROL ALCOHOL PADS.....	60
HUMIRA.....	117			INCONTROL LANCING DEVICE....	71
HUMIRA PEN.....	117			INCONTROL PEN NEEDLE.....	158
HUMIRA(CF).....	117			INCONTROL SUPER THIN LANCETS.....	129
HUMIRA(CF) PEN.....	117				

INCONTROL ULTRA THIN		<i>ivermectin</i>	51, 109
LANCETS.....	129	IWILFIN.....	146
INCRELEX.....	82	IYUZEH (PF).....	89
INCRUSE ELLIPTA.....	5	JADENU.....	155
<i>indapamide</i>	36	JADENU SPRINKLE.....	155
INDERAL LA.....	32	JAIMIESS.....	43
INDERAL XL.....	32	JAKAFI.....	144
INDOCIN.....	123	JALYN.....	183
<i>indomethacin</i>	123	JANTOVEN.....	90
INFANRIX (DTAP) (PF).....	100	JANUMET.....	64
INFASURF.....	163	JANUMET XR.....	64
INFINITY CONTROL SOLUTION		JANUVIA.....	67
HIGH.....	71	JARDIANCE.....	66
INFINITY CONTROL SOLUTION		JASMIEL (28).....	44
LOW.....	72	JATENZO.....	95
INFINITY CONTROL SOLUTION		JAVYGTOR.....	142
NORM.....	72	JAYPIRCA.....	146
INGREZZA.....	151	JENCYCLA.....	44
INGREZZA INITIATION		JENTADUETO.....	65
PK(TARDIV).....	151	JENTADUETO XR.....	65
INGREZZA SPRINKLE.....	151	JINTELI.....	97
INLYTA.....	146	JOENJA.....	142
INNOPRAN XL.....	32	JOLESSA.....	44
INPEFA.....	66	JORNAY PM.....	25
INPEN (FOR HUMALOG) BLUE.....	72	JOURNAVX.....	164
INPEN (FOR HUMALOG) GREY.....	72	JOYEAX.....	44
INPEN (FOR HUMALOG) PINK.....	72	JUBLIA.....	54
INPEN (NOVOLOG OR FIASP)		JULEBER.....	44
BLUE.....	72	JULUCA.....	110
INPEN (NOVOLOG OR FIASP)		JUNEL 1.5/30 (21).....	44
GREY.....	72	JUNEL 1/20 (21).....	44
INPEN (NOVOLOG OR FIASP)		JUNEL FE 1.5/30 (28).....	44
PINK.....	72	JUNEL FE 1/20 (28).....	44
INQOVI.....	143	JUNEL FE 24.....	44
INREBIC.....	146	JUST RIGHT 5000.....	187
INSPIRACHAMBER.....	11	JUXTAPID.....	38
INSPIRACHAMBER WITH MASK-		JYLAMVO.....	143
LARGE.....	11	JYNARQUE.....	184
INSPIRACHAMBER WITH MASK-		JYNNEOS (PF).....	100
MED.....	11	KAITLIB FE.....	44
INSPIRACHAMBER WITH MASK-		KALBITOR.....	125
SMALL.....	11	KALETRA.....	113
INSPRA.....	34	KALLIGA.....	44
<i>insulin asp prt-insulin aspart</i>	75	KALYDECO.....	163
<i>insulin aspart u-100</i>	75	KAPSPARGO SPRINKLE.....	32
<i>insulin degludec</i>	75	KARIVA (28).....	44
<i>insulin glargine u-300 conc</i>	75	KATERZIA.....	33
<i>insulin glargine-yfgn</i>	75	KAZANO.....	65
<i>insulin lispro</i>	75	KELNOR 1/35 (28).....	44
<i>insulin lispro protamin-lispro</i>	75		
<i>insulin syrlndl u100 half mark</i>	135		
INSULIN SYRINGE.....	135		
<i>insulin syringe-needle u-100</i>	135		
<i>insulin u-500 syringe-needle</i>	135		
INSUPEN PEN NEEDLE.....	158		
INTEGRA PRECISIONGLIDE			
NEEDLE.....	158		
INTEGRA SYRINGE.....	135		
INTELENCE.....	112		
INTERLINK LEVER LOCK			
CANNULA.....	135		
INTERLINK SYRINGE AND			
CANNULA.....	135		
INTRAROSA.....	95		
INTROVALE.....	43		
INTUNIV ER.....	25		
INVACARE LANCETS.....	129		
INVEGA.....	21		
INVELTYS.....	85		
INVOKAMET.....	69		
INVOKAMET XR.....	69		
INVOKANA.....	66		
INZIRQO.....	36		
IOPIDINE.....	88		
IPOL.....	98		
<i>ipratropium bromide</i>	5, 153		
<i>ipratropium-albuterol</i>	7		
IQIRVO.....	128		
<i>irbesartan</i>	31		
<i>irbesartan-hydrochlorothiazide</i>	29		
IRESSA.....	146		
ISENTRESS.....	113		
ISENTRESS HD.....	113		
ISIBLOOM.....	43		
<i>isoniazid</i>	108		
<i>isopropyl alcohol</i>	162		
ISORDIL.....	40		
ISORDIL TITRADOSE.....	40		
<i>isosorbide dinitrate</i>	40		
<i>isosorbide mononitrate</i>	40		
<i>isosorbide-hydralazine</i>	36		
<i>isotretinoin</i>	50		
<i>isradipine</i>	33		
ISTALOL.....	88		
ISTURISA.....	79		
ITOVEBI.....	146		
<i>itraconazole</i>	107		
<i>ivabradine</i>	40		

KELNOR 1/50 (28).....	44	KURVELO (28).....	44	LARIN 1.5/30 (21).....	44
KENALOG.....	58	KUVAN.....	142	LARIN 1/20 (21).....	44
KENDALL DISINFECTANT CAP ...	135	KYZATREX.....	95	LARIN 24 FE.....	44
KEPPRA.....	174	<i>l norgest/e.estradiol-e.estrad</i>	44	LARIN FE 1.5/30 (28).....	44
KEPPRA XR.....	174	<i>labetalol</i>	28	LARIN FE 1/20 (28).....	44
KERENDIA.....	34	<i>lacosamide</i>	174	LASIX.....	34
KESIMPTA PEN.....	149	<i>lactated ringers</i>	60	<i>latanoprost</i>	89
<i>ketoconazole</i>	54, 107	<i>lactulose</i>	127, 128	LATUDA.....	21
KETODAN.....	54	LAGEVRIO (EUA).....	111	LAYOLIS FE.....	44
<i>ketoprofen</i>	123, 124	LAMICTAL.....	174	LAZCLUZE.....	146
<i>ketorolac</i>	85, 124	LAMICTAL ODT.....	174	<i>ledipasvir-sofosbuvir</i>	114
KEVEYIS.....	177	LAMICTAL ODT STARTER (BLUE)		LEENA 28.....	44
KEVZARA.....	121	.....	174	<i>leflunomide</i>	119
KHINDIVI.....	120	LAMICTAL ODT STARTER		<i>lenalidomide</i>	145
KIMONO LUBRICATED		(GREEN).....	174	LENVIMA.....	146
CONDOMS.....	153	LAMICTAL ODT STARTER		LESSINA.....	44
KIMONO MICROTHIN AQUA		(ORANGE).....	174	LETAIRIS.....	35
LUBE CON.....	153	LAMICTAL STARTER (BLUE) KIT	174	<i>letrozole</i>	144
KIMONO MICROTHIN CONDOMS	153	LAMICTAL STARTER (GREEN)		<i>leucovorin calcium</i>	148
KIMONO MICROTHIN LARGE		KIT.....	174	LEUKERAN.....	142
CONDOMS.....	153	LAMICTAL STARTER (ORANGE)		LEUKINE.....	93
KIMONO TEXTURED CONDOMS	153	KIT.....	174	<i>leuprolide</i>	80
KINERET.....	115	LAMICTAL XR.....	174	<i>levabuterol hcl</i>	6
KINRIX (PF).....	100	LAMICTAL XR STARTER (BLUE)	174	<i>levabuterol tartrate</i>	6
KIONEX (WITH SORBITOL).....	78	LAMICTAL XR STARTER		<i>levamlodipine</i>	33
KIPROFEN.....	124	(GREEN).....	174	LEVBID.....	180
KISQALI.....	146	LAMICTAL XR STARTER		<i>levetiracetam</i>	175
KLARON.....	50	(ORANGE).....	174	<i>levobunolol</i>	89
KLAYESTA.....	54	<i>lamivudine</i>	112, 114	<i>levocarnitine</i>	154
KLISYRI (250 MG).....	61	<i>lamivudine-zidovudine</i>	112	<i>levocarnitine (with sugar)</i>	154
KLISYRI (350 MG).....	61	<i>lamotrigine</i>	174, 175	<i>levofloxacin</i>	86, 105
KLONOPIN.....	172	LAMPIT.....	110	LEVONEST (28).....	44
KLOR-CON.....	78	<i>lancets</i>	129	<i>levonorgest-eth.estradiol-iron</i>	44
KLOR-CON 10.....	78	LANCETS, SUPER THIN.....	129	<i>levonorgestrel</i>	44
KLOR-CON 8.....	78	LANCETS, THIN.....	129	<i>levonorgestrel-ethinyl estrad</i>	44
KLOR-CON M10.....	78	LANCETS, ULTRA THIN.....	129	<i>levonorg-eth estrad triphasic</i>	45
KLOR-CON M15.....	78	<i>lancing device</i>	72	LEVORA-28.....	45
KLOR-CON M20.....	78	LANCING DEVICE WITH		<i>levorphanol tartrate</i>	165
KLOR-CON/EF.....	78	LANCETS.....	72	LEVO-T.....	84
KLOXXADO.....	23	<i>lancing device with lancets</i>	72	<i>levothyroxine</i>	84
KONVOMEPEP.....	182	LANCING SYSTEM.....	72	LEVOXYL.....	84
KORLYM.....	68	LANOXIN.....	27	LEVSIN.....	180
KOSELUGO.....	144	<i>lansoprazole</i>	182	LEVSIN/SL.....	180
K-PHOS NO 2.....	184	<i>lanthanum</i>	78	LEVULAN.....	149
K-PHOS ORIGINAL.....	184	LANTUS SOLOSTAR U-100		LEXAPRO.....	14
K-PHOS-NEUTRAL.....	185	INSULIN.....	75	LEXETTE.....	58
KRAZATI.....	144	LANTUS U-100 INSULIN.....	75	LIALDA.....	125
KRINTAFEL.....	110	LANZO LANCING DEVICE.....	72	LIBERVANT.....	172
KRISTALOSE.....	127	<i>lapatinib</i>	146	LIBRAX (WITH CLIDINIUM).....	180

LICART.....	59	LOMOTIL.....	127	LUTERA (28).....	45
<i>lidocaine</i>	62	LONSURF.....	143	LUXIQ.....	58
<i>lidocaine hcl</i>	125	<i>loperamide</i>	127	LUZU.....	54
LIDOCAINE VISCOUS.....	125	LOPID.....	39	LYBALVI.....	21
<i>lidocaine-prilocaine</i>	62	<i>lopinavir-ritonavir</i>	113	LYLEQ.....	45
LIDOCAN III.....	62	LOPRESSOR.....	32	LYLLANA.....	97
LIDOCAN IV.....	62	LOPROX (AS OLAMINE).....	54	LYNPARZA.....	146
LIDOCAN V.....	62	<i>lorazepam</i>	18	LYRICA.....	175
LIDODERM.....	62	LORAZEPAM INTENSOL.....	18	LYRICA CR.....	151, 152
LIFESHIELD BLUNT CANNULA		LORBRENA.....	146	LYSODREN.....	148
.....	135, 158	LOREEV XR.....	18	LYTGOBI.....	146
LIKMEZ.....	109	LORYNA (28).....	45	LYUMJEV KWIKPEN U-100	
<i>linezolid</i>	104, 105	LORZONE.....	178	INSULIN.....	75
LINZESS.....	126	<i>losartan</i>	31	LYUMJEV KWIKPEN U-200	
LIOMNY.....	84	<i>losartan-hydrochlorothiazide</i>	29	INSULIN.....	75
<i>liothyronine</i>	84	LOTEMAX.....	85	LYUMJEV TEMPO PEN(U-	
LIPITOR.....	37	LOTEMAX SM.....	85	100)INSULN.....	76
LIPOFEN.....	39	LOTENSIN.....	30	LYUMJEV U-100 INSULIN.....	76
LIQREV.....	35	LOTENSIN HCT.....	28	LYVISPAH.....	178
<i>liraglutide</i>	66	<i>loteprednol etabonate</i>	86	LYZA.....	45
<i>lisdexamfetamine</i>	17	LOTREL.....	27	MACROBID.....	104
<i>lisinopril</i>	30	LOTRONEX.....	127	MAGELLAN INSULIN SAFETY	
<i>lisinopril-hydrochlorothiazide</i>	28	<i>lovastatin</i>	37	SYRNG.....	135
LITE TOUCH-MEDIUM MASK.....	11	LOVAZA.....	39	MAGELLAN SYRINGE.....	135
LITEAIRE MDI CHAMBER.....	11	LOVENOX.....	92	MAGELLAN TUBERCULIN	
LITETOUCH-LARGE MASK.....	11	LOW-OGESTREL (28).....	45	SAFETY SYR.....	135
LITETOUCH-SMALL MASK.....	11	<i>loxapine succinate</i>	20	MALARONE.....	110
<i>lithium carbonate</i>	19	LO-ZUMANDIMINE (28).....	45	MALARONE PEDIATRIC.....	110
<i>lithium citrate</i>	19	<i>lubiprostone</i>	128	<i>malathion</i>	55
LITHOBID.....	19	LUCEMYRA.....	170	<i>maraviroc</i>	112
LITHOSTAT.....	126	LUDENT FLUORIDE.....	187	MAR-COF CG.....	49
LIVALO.....	37	LUER SLIP TIP SYRINGE TRAY..	135	MARINOL.....	4
LIVDELZI.....	128	LUGOLS.....	52	MARLISSA (28).....	45
LIVMARLI.....	127	<i>luliconazole</i>	54	MARNATAL-F.....	188
LIVTENCITY.....	111	LUMAKRAS.....	144	MARPLAN.....	13
LO LOESTRIN FE.....	45	LUMIGAN.....	89	MATULANE.....	148
LOCOID.....	58	LUMRYZ.....	19	MATZIM LA.....	33
LOCOID LIPOCREAM.....	58	LUMRYZ STARTER PACK.....	19	MAVENCLAD (10 TABLET PACK)	149
LODINE.....	124	LUNESTA.....	24	MAVENCLAD (4 TABLET PACK) ..	149
LODOCO.....	40	LUPKYNIS.....	102	MAVENCLAD (5 TABLET PACK) ..	149
LODOSYN.....	172	LUPRON DEPOT.....	80, 83	MAVENCLAD (6 TABLET PACK) ..	149
LOESTRIN 1.5/30 (21).....	45	LUPRON DEPOT (3 MONTH) ..	80, 83	MAVENCLAD (7 TABLET PACK) ..	150
LOESTRIN 1/20 (21).....	45	LUPRON DEPOT (4 MONTH).....	80	MAVENCLAD (8 TABLET PACK) ..	150
LOESTRIN FE 1.5/30 (28-DAY).....	45	LUPRON DEPOT (6 MONTH).....	80	MAVENCLAD (9 TABLET PACK) ..	150
LOESTRIN FE 1/20 (28-DAY).....	45	LUPRON DEPOT-PED.....	83	MAVYRET.....	114
LOFENA.....	124	LUPRON DEPOT-PED (3 MONTH)	83	MAXALT.....	167
<i>lofexidine</i>	170	<i>lurasidone</i>	21	MAXALT-MLT.....	167
LOJAIMIESS.....	45	LURBIPR.....	124	MAXICOMFORT II PEN NEEDLE..	158
LOKELMA.....	78	LURBIRO.....	124		

MAXICOMFORT INSULIN SYRINGE.....	135	<i>methadone</i>	165	<i>midodrine</i>	39
MAXI-COMFORT INSULIN SYRINGE.....	135	METHADONE INTENSOL.....	165	MIFEPREX.....	153
MAXICOMFORT SAFETY PEN NEEDLE.....	158	METHADOSE.....	165	<i>mifepristone</i>	69, 153
MAXIDEX.....	86	<i>methamphetamine</i>	18	MIGERGOT.....	167
MAXITROL.....	84	<i>methazolamide</i>	88	<i>miglitol</i>	67
MAXI-TUSS AC.....	49	<i>methenamine hippurate</i>	103	<i>miglustat</i>	154
MAXI-TUSS CD.....	49	<i>methimazole</i>	83	MIGRANAL.....	167
MAYZENT.....	150	METHITEST.....	95	MILI.....	45
MAYZENT STARTER(FOR 1MG MAINT).....	150	<i>methocarbamol</i>	178	MIMVEY.....	97
MAYZENT STARTER(FOR 2MG MAINT).....	150	<i>methotrexate sodium</i>	143	MINI LANCING DEVICE.....	72
<i>meclofenamate</i>	124	<i>methotrexate sodium (pf)</i>	143	MINI ULTRA-THIN II.....	158
MEDISENSE THIN LANCETS.....	129	<i>methoxsalen</i>	62	MINIMED 630G INSULIN PUMP.....	72
MEDROL.....	120	<i>methscopolamine</i>	180	MINIMED 780G INSULIN PUMP.....	72
MEDROL (PAK).....	120	<i>methsuximide</i>	175	MINIVELLE.....	97
<i>medroxyprogesterone</i>	41, 97	<i>methylidopa</i>	31	<i>minocycline</i>	106, 107
<i>mefenamic acid</i>	124	<i>methylergonovine</i>	48	<i>minoxidil</i>	32
<i>mefloquine</i>	110	METHYLIN.....	25	MINZOYA.....	45
<i>megestrol</i>	149, 153	<i>methylphenidate</i>	26	MIPLYFFA.....	151
MEKINIST.....	144	<i>methylphenidate hcl</i>	25, 26	<i>mirabegron</i>	184
MEKTOVI.....	144	<i>methylprednisolone</i>	120	MIRAPEX ER.....	171
MELEYA.....	45	<i>methyltestosterone</i>	95	MIRCERA.....	91
<i>meloxicam</i>	124	<i>metoclopramide hcl</i>	181	<i>mirtazapine</i>	13
<i>meloxicam submicronized</i>	124	<i>metolazone</i>	36	MIRVASO.....	51
<i>memantine</i>	12	<i>metoprolol succinate</i>	32	<i>misoprostol</i>	180
<i>memantine-donepezil</i>	12	<i>metoprolol ta-hydrochlorothiaz</i>	33	MITIGARE.....	90
MENEST.....	97	<i>metoprolol tartrate</i>	32	M-M-R II (PF).....	100
MENOSTAR.....	97	METROCREAM.....	51	M-NATAL PLUS.....	188
MENQUADFI (PF).....	98	METROGEL.....	51	MNEXSPIKE 2025-2026 (PF).....	98
MENVEO A-C-Y-W-135-DIP (PF).....	98	METROLOTION.....	51	MOBILE LANCETS.....	129
<i>mepерidine</i>	165	<i>metronidazole</i>	51, 109, 186	<i>modafinil</i>	23
<i>meprobamate</i>	19	<i>metyrosine</i>	31	MODERNA COVID 24-25(6M-11Y)PF.....	98
MEPRON.....	110	<i>mexiletine</i>	27	<i>moexipril</i>	30
<i>mercaptapurine</i>	143	MIACALCIN.....	81	<i>molindone</i>	22
MERZEE.....	45	MIBELAS 24 FE.....	45	<i>mometasone</i>	58
<i>mesalamine</i>	125	MICARDIS.....	31	MONDOXYNE NL.....	107
<i>mesalamine with cleansing wipe</i>	125	MICARDIS HCT.....	29	MONOJECT 35CC SYRINGE CATH TIP.....	135
<i>mesna</i>	148	<i>miconazole nitrate-zinc ox-pet</i>	54	MONOJECT 3CC SYR 25GX1".....	136
MESNEX.....	149	MICONAZOLE-3.....	186	MONOJECT BLOOD COLLECTION.....	158
MESTINON.....	12	MICORT-HC.....	58	MONOJECT CONTROL SYRINGE LUER.....	136
MESTINON TIMESPAN.....	13	MICRO THIN LANCETS.....	129	MONOJECT DISPOSABLE SYRINGE.....	136
METADATE CD.....	25	MICROCHAMBER.....	11	MONOJECT HYPODERMIC NEEDLES.....	159
METADATE ER.....	25	MICROGESTIN 1.5/30 (21).....	45	MONOJECT HYPODERMIC POLYPROPYL.....	159
<i>metaxalone</i>	178	MICROGESTIN 1/20 (21).....	45		
<i>metformin</i>	68	MICROGESTIN FE 1.5/30 (28).....	45		
		MICROGESTIN FE 1/20 (28).....	45		
		MICROLET LANCET.....	129		
		MICROSPACER.....	11		
		<i>midazolam</i>	23, 154		
		<i>midazolam (pf)</i>	154		

MONOJECT INSULIN SAFETY SYRINGE	136	MULTAQ	27	NASCOBAL	189
MONOJECT INSULIN SYRINGE ..	136	MULTI-LANCET DEVICE 2	72	NATACYN	87
MONOJECT LUER-LOCK TIP	136	MULTI-VIT WITH FLUORIDE-IRON	188	NATAZIA	45
MONOJECT MAGELLAN SYRINGE	136	MULTI-VITAMIN WITH FLUORIDE	188	<i>nateglinide</i>	67
MONOJECT PHARMACY TRAY LUER	136	<i>mupirocin</i>	54	NATESTO	95
MONOJECT PHARMACY TRAY REG TIP	136	<i>mupirocin calcium</i>	54	NATROBA	55
MONOJECT REG TIP NON-STERILE	136	MVC-FLUORIDE	188	NAYZILAM	172
MONOJECT REGULAR LUER	136	MY CHOICE	45	<i>nebivolol</i>	32
MONOJECT SAFETY SYRINGES	136	MY WAY	45	NEBUPENT	110
MONOJECT SMARTIP CANNULA	136	MYALEPT	82	NEBUSAL	154
MONOJECT SYRINGE	136	MYCAPSSA	162	NECON 0.5/35 (28)	45
MONOJECT SYRINGE LUER LOK	136	<i>mycophenolate mofetil</i>	102	<i>needle (disp) 16 g</i>	159
MONOJECT SYRINGE REGULAR LUER	136	<i>mycophenolate sodium</i>	102	<i>needle (disp) 18 g</i>	159
MONOJECT SYRINGE TOOMEY TYPE	136	MYDAYIS	18	<i>needle (disp) 19 g</i>	159
MONOJECT TB	137	MYDRIACYL	90	<i>needle (disp) 23 gauge</i>	159
MONOJECT TB LUER LOK	136	MYFEMBREE	82	<i>nefazodone</i>	15
MONOJECT TB REGULAR LUER TIP	137	MYFORTIC	102	NEFFY	141
MONOJECT TB SAFETY SYRINGE	137	MYGLUCOHEALTH LANCETS	129	NEMLUVIO	56
MONOJECT TUBERCULIN SYRINGE	137	MYHIBBIN	102	<i>neomycin</i>	108
MONOJECT ULTRA COMFORT INSULIN	137	MYLERAN	142	<i>neomycin-bacitracin-poly-hc</i>	84
MONO-LINYAH	45	MYNATAL	188	<i>neomycin-bacitracin-polymyxin</i>	87
<i>montelukast</i>	9	MYNATAL PLUS	188	<i>neomycin-polymyxin b gu</i>	61
MONUROL	103	MYNATAL-Z	188	<i>neomycin-polymyxin b-dexameth</i>	84
MORGIDOX	107	MYRBETRIQ	184	<i>neomycin-polymyxin-gramicidin</i>	87
<i>morphine</i>	165	MYSOLINE	175	<i>neomycin-polymyxin-hc</i>	77, 84
<i>morphine concentrate</i>	165	MYTESI	126	NEO-POLYCIN	87
MOTEGRITY	181	<i>nabumetone</i>	124	NEO-POLYCIN HC	84
MOTOFEN	127	<i>nadolol</i>	32	NEORAL	102
MOTPOLY XR	175	<i>naftifine</i>	54	NEO-SYNALAR	56
MOUNJARO	66	NAFTIN	54	NEO-SYNALAR KIT	56
MOUTHPIECE	11	NALFON	124	NERLYNX	146
MOVANTIK	128	NALOCET	170	NESINA	67
MOVIPREP	128	<i>naloxone</i>	23	NEUAC	50
<i>moxifloxacin</i>	87, 105	<i>naltrexone</i>	23	NEULASTA	93
MRESVIA (PF)	100	NAMENDA TITRATION PAK	12	NEUPOGEN	93
MS CONTIN	165	NAMENDA XR	12	NEUPRO	171
MULPLETA	95	NAMZARIC	12	NEURONTIN	175
		NANO 2ND GEN PEN NEEDLE ...	159	NEVANAC	86
		NANO PEN NEEDLE	159	<i>nevirapine</i>	112
		NAPRELAN CR	124	NEW DAY	45
		NAPROSYN	124	NEXAVAR	146
		<i>naproxen</i>	124	NEXICLON XR	31
		<i>naproxen sodium</i>	124	NEXIUM	182
		<i>naproxen-esomeprazole</i>	122	NEXIUM PACKET	182
		<i>naratriptan</i>	167	NEXLETOL	37
		NARCAN	23	NEXLIZET	38
		NARDIL	13	NEXPLANON	41
				NEXTSTELLIS	45
				NGENLA	82

<i>niacin</i>	39	NORTREL 0.5/35 (28).....	46	NYMALIZE.....	34
NIACOR.....	39	NORTREL 1/35 (21).....	46	NYPOZI.....	93
<i>nicardipine</i>	33	NORTREL 1/35 (28).....	46	<i>nystatin</i>	55, 108
<i>nicotine</i>	178, 179	NORTREL 7/7/7 (28).....	46	<i>nystatin-triamcinolone</i>	55
<i>nicotine (polacrilex)</i>	178	<i>nortriptyline</i>	16	NYSTOP.....	55
NICOTROL NS.....	179	NORVASC.....	34	NYVEPRIA.....	93
<i>nifedipine</i>	33, 34	NORVIR.....	113	OB COMPLETE ONE.....	188
NIKKI (28).....	45	NOURIANZ.....	171	OB COMPLETE PREMIER.....	188
NILANDRON.....	143	NOVA SUREFLEX LANCETS.....	129	OCALIVA.....	127
<i>nilotinib hcl</i>	146, 147	NOVAVAX COVID 2024- 25(PF)(EUA).....	98	OCELLA.....	46
<i>nilotinib tartrate</i>	147	NOVOFINE 32.....	159	<i>octreotide acetate</i>	162
<i>nilutamide</i>	143	NOVOFINE PLUS.....	159	<i>octreotide, microspheres</i>	162
<i>nimodipine</i>	34	NOVOLIN 70/30 U-100 INSULIN.....	76	OCUFLOX.....	87
NINJACOF-XG.....	49	NOVOLIN 70-30 FLEXPEN U-100..	76	ODACTRA.....	3
NINLARO.....	147	NOVOLIN N FLEXPEN.....	76	ODEFSEY.....	113
<i>nisoldipine</i>	34	NOVOLIN N NPH U-100 INSULIN...	76	ODOMZO.....	144
<i>nifazoxanide</i>	110	NOVOLIN R FLEXPEN.....	76	OFEV.....	163
<i>nitisinone</i>	154	NOVOLIN R REGULAR U100 INSULIN.....	76	<i>ofloxacin</i>	77, 87, 105
NITRO-BID.....	40	NOVOLOG FLEXPEN U-100 INSULIN.....	76	OGSIVEO.....	147
NITRO-DUR.....	40	NOVOLOG MIX 70-30 U-100 INSULIN.....	76	OHTUVAYRE.....	10
<i>nitrofurantoin</i>	104	NOVOLOG MIX 70-30FLEXPEN U-100.....	76	OJEMDA.....	144
<i>nitrofurantoin macrocrystal</i>	104	NOVOLOG PENFILL U-100 INSULIN.....	76	OJJAARA.....	147
<i>nitrofurantoin monohyd/m-cryst</i>	104	NOVOLOG U-100 INSULIN ASPART.....	76	<i>olanzapine</i>	21
<i>nitroglycerin</i>	40, 41, 126	NOVOPEN ECHO.....	72	<i>olanzapine-fluoxetine</i>	24
NITROLINGUAL.....	41	NOXAFIL.....	107	<i>olmesartan</i>	31
NITROMIST.....	41	NUBEQA.....	143	<i>olmesartan-amlodipin-hcthiazyd</i>	29
NITROSTAT.....	41	NUCALA.....	10	<i>olmesartan-hydrochlorothiazide</i>	29
NITYR.....	154	NUCYNTA.....	165	<i>olopatadine</i>	4
NIVESTYM.....	93	NUCYNTA ER.....	165	OLPRUVA.....	126
<i>nizatidine</i>	181	NUEDEXTA.....	152	OLUMIANT.....	121
NOCDURNA (MEN).....	80	NULEV.....	180	OLUX.....	58
NOCDURNA (WOMEN).....	80	NUPLAZID.....	24	OLUX-E.....	58
NORA-BE.....	45	NURTEC ODT.....	167	OMECLAMOX-PAK.....	181
NORDITROPIN FLEXPEN.....	82	NUTROPIN AQ NUSPIN.....	82	<i>omega-3 acid ethyl esters</i>	39
<i>norelgestromin-ethin.estradiol</i>	48	NUVARING.....	41	<i>omeprazole</i>	182
<i>noreth-ethinyl estradiol-iron</i>	46	NUVAXOVID 2025-2026 (PF).....	98	<i>omeprazole-sodium bicarbonate</i>	182
<i>norethindrone (contraceptive)</i>	46	NUVESSA.....	186	OMNARIS.....	4
<i>norethindrone acetate</i>	97	NUVIGIL.....	23	OMNIPOD 5 G6-G7 INTRO KT(GEN5).....	72
<i>norethindrone ac-eth estradiol</i> ...	46, 97	NUZYRA.....	107	OMNIPOD 5 G6-G7 PODS (GEN 5).....	72
<i>norethindrone-e.estradiol-iron</i>	46	NYAMYC.....	55	OMNIPOD DASH INTRO KIT (GEN 4).....	72
NORGESIC.....	178	NYLIA 1/35 (28).....	46	OMNIPOD DASH PODS (GEN 4)...	72
NORGESIC FORTE.....	178	NYLIA 7/7/7 (28).....	46	OMNITROPE.....	82
<i>norgestimate-ethinyl estradiol</i>	46			OMVOH.....	64
NORITATE.....	51			OMVOH PEN.....	64
NORLIQVA.....	34			ON CALL LANCING DEVICE.....	72
NORPACE.....	27			<i>ondansetron</i>	5
NORPACE CR.....	27				
NORPRAMIN.....	16				
NORTHERA.....	39				

<i>ondansetron hcl</i>	5	ORENITRAM MONTH 3 TITRATION KT	35	PALFORZIA (LEVEL 6).....	3
ONE WAY VALVED MOUTHPIECE.....	11	ORFADIN.....	154	PALFORZIA (LEVEL 7).....	3
ONETOUCH DELICA PLUS LANCET.....	129	ORGOVYX.....	145	PALFORZIA (LEVEL 8).....	3
ONETOUCH DELICA SAFETY LANCET.....	129	ORIAHNN.....	82	PALFORZIA (LEVEL 9).....	3
ONETOUCH ULTRA2 METER.....	72	ORILISSA.....	83	PALFORZIA (LEVEL 10).....	3
ONETOUCH ULTRASOFT 2 LANCET.....	129	ORKAMBI.....	163	PALFORZIA (LEVEL 11 UP- DOSE).....	3
ONETOUCH VERIO FLEX METER.....	72	ORLADEYO.....	125	PALFORZIA INITIAL (1-3 YRS).....	3
ONEXTON.....	50	ORMALVI.....	177	PALFORZIA INITIAL (4-17 YRS).....	3
ONFI.....	172	<i>orphenadrine citrate</i>	178	PALFORZIA LEVEL 11 MAINTENANCE.....	3
ONGENTYS.....	171	<i>orphenadrine-asa-caffeine</i>	178	<i>paliperidone</i>	21
ONUREG.....	143	ORPHENGESIC FORTE.....	178	PALYNZIQ.....	142
ONYDA XR.....	25	ORQUIDEA.....	46	PAMELOR.....	16
ONZETRA XSAIL.....	168	ORSERDU.....	149	PANCREAZE.....	179
OPCICON ONE-STEP.....	46	OSCIMIN.....	180	PANDA MASK.....	11
OPFOLDA.....	154	OSCIMIN SL.....	180	PANDEL.....	58
OPILL.....	46	<i>oseltamivir</i>	111	PANRETIN.....	61
OPIPZA.....	19	OSENI.....	65	<i>pantoprazole</i>	182
OPSUMIT.....	35	OSMOLEX ER.....	171	PARADIGM RESERVOIR.....	137
OPSYNVI.....	36	OSPHENA.....	83	<i>paricalcitol</i>	82
OPTICAMBER ADULT MASK- LARGE.....	11	OTEZLA.....	119	PARNATE.....	13
OPTICAMBER DIAMOND LG MASK.....	11	OTEZLA STARTER.....	119	<i>paroxetine hcl</i>	14
OPTICAMBER DIAMOND VHC.....	11	OTOVEL.....	77	<i>paroxetine mesylate(menop.sym)</i>	97
OPTICAMBER DIAMOND-MED MSK.....	11	OTREXUP (PF).....	115	PASER.....	108
OPTICAMBER DIAMOND-SML MASK.....	11	OTULFI.....	121	PAXIL.....	15
OPTIMAL D3.....	189	OVIDE.....	55	PAXIL CR.....	14, 15
OPTION-2.....	46	<i>oxaprozin</i>	124	PAXLOVID.....	110
OPVEE.....	23	<i>oxazepam</i>	18	<i>pazopanib</i>	147
OPZELURA.....	59	<i>oxcarbazepine</i>	175	PEDIAPRED.....	120
ORACEA.....	107	OXERVATE.....	87	PEDIARIX (PF).....	101
ORACIT.....	185	<i>oxiconazole</i>	55	PEDIATRIC MEDIUM MASK.....	11
ORALAIR.....	3	OXISTAT.....	55	PEDIATRIC PANDA MASK.....	11
ORALONE.....	152	OXTELLAR XR.....	175	PEDIATRIC SMALL MASK.....	11
ORAPRED ODT.....	120	<i>oxybutynin chloride</i>	185	PEDVAX HIB (PF).....	100
ORAVIG.....	107	<i>oxycodone</i>	165, 166	<i>peg 3350-electrolytes</i>	128
ORENCIA.....	119	<i>oxycodone-acetaminophen</i>	170	<i>peg3350-sod sul-nacl-kcl-asb-c</i>	128
ORENCIA CLICKJECT.....	119	OXYCONTIN.....	166	PEGASYS.....	114
ORENITRAM.....	35	<i>oxymorphone</i>	166	<i>peg-electrolyte soln</i>	128
ORENITRAM MONTH 1 TITRATION KT	35	OXYTROL.....	185	PEMAZYRE.....	147
ORENITRAM MONTH 2 TITRATION KT	35	OZEMPIC.....	66	PEN NEEDLE.....	159
		OZOBAX.....	178	<i>pen needle, diabetic</i>	159
		OZOBAX DS.....	178	<i>pen needle, diabetic, safety</i>	159
		PACERONE.....	27	PENBRAYA (PF).....	98
		PALFORZIA (LEVEL 0).....	3	<i>penciclovir</i>	55
		PALFORZIA (LEVEL 1).....	3	<i>penicillamine</i>	115
		PALFORZIA (LEVEL 2).....	3	<i>penicillin v potassium</i>	105
		PALFORZIA (LEVEL 3).....	3	PENMENVY MEN A-B-C-W-Y (PF).....	98
		PALFORZIA (LEVEL 4).....	3	PENNSAID.....	59
		PALFORZIA (LEVEL 5).....	3		

PENTACEL (PF).....	100	PLAQUENIL.....	110	PRENATAL PLUS (CALCIUM	
<i>pentamidine</i>	110	PLAVIX.....	94	CARB).....	188
PENTASA.....	125	PLEGRIDY.....	150	PRENATAL PLUS VITAMIN-	
<i>pentazocine-naloxone</i>	166	PLENVU.....	128	MINERAL.....	188
PENTIPS PEN NEEDLE.....	159	PNEUMOVAX-23.....	98	PRENATAL VITAMIN PLUS LOW	
<i>pentoxifylline</i>	91	POCKET CHAMBER.....	11	IRON.....	188
PEPCID.....	181	<i>podofilox</i>	61	PRENATAL-U.....	188
<i>perampanel</i>	175	POKONZA.....	78	PRESTALIA.....	27
PERCOCET.....	170	POLY HUB NEEDLE.....	159	<i>pretomanid</i>	109
PERFOROMIST.....	7	POLYCYN.....	87	PREVACID.....	182
PERIDEX.....	152	<i>polymyxin b sulf-trimethoprim</i>	87	PREVACID SOLUTAB.....	182
<i>perindopril erbumine</i>	30	POLY-TUSSIN AC.....	49	PREVALITE.....	39
PERIOGARD.....	152	POMALYST.....	145	PREVENT DROPSAFE PEN	
<i>permethrin</i>	55	PONVORY.....	150	NEEDLE.....	160
<i>perphenazine</i>	22	PONVORY 14-DAY STARTER		PREVIDENT.....	187
<i>perphenazine-amitriptyline</i>	16	PACK.....	150	PREVIDENT 5000 BOOSTER	
PERTZYE.....	179	PORTIA 28.....	46	PLUS.....	187
PFLEX INSPIRATORY TRAINER... 11		<i>posaconazole</i>	108	PREVIDENT 5000 DRY MOUTH...187	
PHEBURANE.....	126	<i>potassium chloride</i>	78, 79	PREVIDENT 5000 ENAMEL	
<i>phenelzine</i>	13	<i>potassium citrate</i>	185	PROTECT.....	187
<i>phenobarbital</i>	23	<i>povidone-iodine</i>	60	PREVIDENT 5000 ORTHO	
<i>phenoxybenzamine</i>	28	PRADAXA.....	94	DEFENSE.....	187
<i>phenylephrine hcl</i>	86	<i>pralatrexate</i>	143	PREVIDENT 5000 PLUS.....	187
PHENYTEK.....	175	PRALUENT PEN.....	38	PREVIDENT 5000 SENSITIVE.....187	
<i>phenytoin</i>	175	<i>pramipexole</i>	171	PREVIDENT KIDS.....	187
<i>phenytoin sodium extended</i>	175	PRAMOSONE.....	61	PREVNAR 20 (PF).....	98
PHEXXI.....	41	<i>prasugrel hcl</i>	94	PREVYMIS.....	111
PHILITH.....	46	<i>pravastatin</i>	38	PREZCOBIX.....	111
PHOSPHA 250 NEUTRAL.....	185	<i>praziquantel</i>	109	PREZISTA.....	111
PHOSPHOLINE IODIDE.....	89	<i>prazosin</i>	28	PRIFTIN.....	109
PHYSIOLYTE.....	61	PRECOSE.....	67	PRIOLOSEC.....	183
PHYSIOSOL IRRIGATION.....	61	PRED FORTE.....	86	<i>primaquine</i>	110
<i>phytonadione (vitamin k1)</i>	95	PRED MILD.....	86	PRIMEAIRE.....	11
PIFELTRO.....	112	PRED-G S.O.P.....	85	<i>primidone</i>	175
<i>pilocarpine hcl</i>	89, 142	<i>prednicarbate</i>	58	PRIORIX (PF).....	100
<i>pimecrolimus</i>	64	<i>prednisolone</i>	120	PRISTIQ.....	15
<i>pimozide</i>	19	<i>prednisolone acetate</i>	86	PRO COMFORT ALCOHOL PADS.60	
PIMTREA (28).....	46	<i>prednisolone sodium phosphate</i>		PRO COMFORT INSULIN	
<i>pindolol</i>	32	.....	86, 120	SYRINGE.....	137
<i>pioglitazone</i>	68	<i>prednisone</i>	120	PRO COMFORT PEN NEEDLE 160	
<i>pioglitazone-glimepiride</i>	68	PREDNISONE INTENSOL.....	120	PRO COMFORT SAFETY	
<i>pioglitazone-metformin</i>	69	<i>pregabalin</i>	152, 175	LANCET.....	129
PIP LANCET.....	129	PREMARIN.....	97, 186	PROAIR RESPICLICK.....	6
PIP PEN NEEDLE.....	159	PREMPHASE.....	97	<i>probenecid</i>	90
PIQRAY.....	147	PREMPRO.....	97	<i>probenecid-colchicine</i>	90
<i>pirfenidone</i>	162	PRENATA.....	188	PROCARDIA XL.....	34
<i>piroxicam</i>	124	PRENATABS FA.....	188	PROCARE SPACER WITH ADULT	
<i>pitavastatin calcium</i>	38	PRENATAL 19.....	188	MASK.....	11
PLAN B ONE-STEP.....	46	PRENATAL PLUS.....	188	PROCENTRA.....	18

PROCHAMBER.....	11	PUMP IN STYLE WITH MAXFLOW		RADICAVA ORS STARTER KIT	
<i>prochlorperazine</i>	5	.....	128	SUSP.....	150, 151
<i>prochlorperazine maleate</i>	5	PURE COMFORT ALCOHOL		RADIOGARDASE.....	155
PROCRIT.....	91	PADS.....	60	RAGWITEK.....	3
PROCTOFOAM HC.....	126	PURE COMFORT PEN NEEDLE..	160	RALDESY.....	15
PROCTO-MED HC.....	58	PURE COMFORT SAFETY PEN		<i>raloxifene</i>	81
PROCTOSOL HC.....	58	NEEDLE.....	160	<i>ramelteon</i>	23
PROCTOZONE-HC.....	58	PUREVITA FOLIC ACID.....	187	<i>ramipril</i>	30
PROCYSBI.....	183	PURIXAN.....	143	<i>ranolazine</i>	40
PRODIGY CONTROL SOLUTION,		PYLERA.....	181	RAPAFLO.....	183
LOW.....	72	<i>pyrazinamide</i>	108	<i>rasagiline</i>	171
PRODIGY CONTROL		<i>pyridostigmine bromide</i>	13	RASUVO (PF).....	115
SOLUTION,HIGH.....	72	<i>pyrimethamine</i>	110	RAVICTI.....	126
PRODIGY INSULIN SYRINGE.....	137	PYRUKYND.....	94	RAYALDEE.....	82
PRODIGY LANCING DEVICE.....	72	PYZCHIVA.....	121, 122	RAYOS.....	120
<i>progesterone</i>	97	PYZCHIVA AUTOINJECTOR.....	121	REBIF (WITH ALBUMIN).....	150
<i>progesterone micronized</i>	97	QBRELIS.....	30	REBIF REBIDOSE.....	150
PROGLYCEM.....	73	QBREXZA.....	142	REBIF TITRATION PACK.....	150
PROGRAF.....	102	Q-CARE RX Q2.....	152	RECLIPSEN (28).....	46
PROLATE.....	170	Q-CARE RX Q4.....	152	RECOMBIVAX HB (PF).....	101
PROLENSA.....	86	QDOLO.....	166	RECORLEV.....	79
PROLIA.....	81	QELBREE.....	26	RECTIV.....	126
PROMACTA.....	95	QINLOCK.....	147	REGLAN.....	181
<i>promethazine</i>	3, 5	QLOSI.....	89	REGRANEX.....	73
<i>promethazine-codeine</i>	49	QNASL.....	4	RELENZA DISKHALER.....	111
<i>promethazine-dm</i>	49	QTERN.....	68	RELEUKO.....	93
PROMETHEGAN.....	5	QUADRACEL (PF).....	100	RELEXXII.....	26
PROMETRIUM.....	98	QUALAQUIN.....	110	RELIAMED LANCET.....	129
<i>propafenone</i>	27	<i>quazepam</i>	23	RELIAMED MINI LANCING	
<i>propranolol</i>	32	QUDEXY XR.....	175	DEVICE.....	72
<i>propranolol-hydrochlorothiazid</i>	33	QUESTRAN.....	39	RELIAMED SAFETY SEAL	
<i>propylthiouracil</i>	83	QUESTRAN LIGHT.....	39	LANCETS.....	129
PROQUAD (PF).....	100	<i>quetiapine</i>	21	RELISTOR.....	128
PROSCAR.....	183	QUILLICHEW ER.....	26	RELPAK.....	168
PROTONIX.....	183	QUILLIVANT XR.....	26	RELTONE.....	127
<i>protriptyline</i>	16	<i>quinapril</i>	30	REMERON.....	13
PROVERA.....	98	<i>quinapril-hydrochlorothiazide</i>	28	REMERON SOLTAB.....	13
PROVIGIL.....	23	<i>quinidine gluconate</i>	27	REVELA.....	78
PROZAC.....	15	<i>quinidine sulfate</i>	27	<i>repaglinide</i>	67
<i>prucalopride</i>	181	<i>quinine sulfate</i>	110	REPATHA PUSHTRONEX.....	38
PRUDOXIN.....	59	QUIT 2.....	179	REPATHA SURECLICK.....	38
PRURADIK.....	55	QUIT 4.....	179	REPATHA SYRINGE.....	38
PULMICORT.....	9	QULIPTA.....	168	RESTASIS.....	87
PULMICORT FLEXHALER.....	9	QUVIVIQ.....	24	RESTASIS MULTIDOSE.....	87
PULMOSAL.....	154	QVAR REDHALER.....	9	RESTORIL.....	24
PULMOZYME.....	163	RABAVERT (PF).....	99	RETACRIT.....	91
PUMP IN STYLE ADVANCED.....	128	<i>rabeprazole</i>	183	RETEVMO.....	147
		RADICAVA ORS.....	150	RETIN-A.....	52
				RETIN-A MICRO.....	52

RETIN-A MICRO PUMP	52	ROLVEDON	93	SECURESAFE INSULIN SYRINGE	137
RETROVIR	112	ROMVIMZA	147	SECURESAFE PEN NEEDLE	160
REVATIO	35	<i>ropinirole</i>	171	SEGLENTIS	164
REVLIMID	145	ROSDAN	52	SEGLUROMET	69
REVUFORJ	147	<i>rosuvastatin</i>	38	SELARSDI	122
REXTOVY	23	ROSYRAH	46	SELECT-OB	188
REXULTI	20	ROSZET	37	SELECT-OB (FOLIC ACID)	188
REYATAZ	113	ROTARIX	98	<i>selegiline hcl</i>	171
REYVOW	168	ROTATEQ VACCINE	98	<i>selenium sulfide</i>	60
REZDIFFRA	142	ROWASA	125	SELZENTRY	112
REZLIDHIA	148	ROWEEPRA	175	SEMGLEE(INSULIN GLARGINE-YFGN)	76
REZUROCK	102	ROXICODONE	166	SEMGLEE(INSULIN GLARG-YFGN)PEN	76
REZVOGLAR KWIKPEN	76	ROXYBOND	166	SE-NATAL 19 CHEWABLE	188
RHOFADE	51	ROZEREM	23	SENSIPAR	81
RHOPRESSA	89	ROZLYTREK	147	SEREVENT DISKUS	7
<i>ribavirin</i>	114	RUBRACA	147	SERNIVO	59
RIDAURA	121	RUCONEST	119	SEROQUEL	22
<i>rifabutin</i>	109	<i>rufinamide</i>	176	SEROQUEL XR	22
<i>rifampin</i>	109	RUKOBIA	112	SEROSTIM	82
RIGHTEST GD500 LANCING DEVICE	72	RYALTRIS	4	<i>sertraline</i>	15
RIGHTEST GL300 LANCETS	130	RYBELSUS	66	SETLAKIN	46
RILUTEK	151	RYDAPT	147	<i>sevelamer carbonate</i>	78
<i>riluzole</i>	151	RYTARY	171	<i>sevelamer hcl</i>	78
<i>rimantadine</i>	111	SABRIL	176	SEYSARA	107
<i>ringer's</i>	61	SAFESNAP INSULIN SYRINGE	137	SF	187
RINVOQ	121	SAFESNAP SYRINGE	137	SF 5000 PLUS	187
RINVOQ LQ	121	<i>safety needles</i>	160	SFROWASA	125
RIOMET	68	SAFYRAL	46	SHAROBEL	46
<i>risedronate</i>	81	SAJAZIR	119	SHINGRIX (PF)	101
RISPERDAL	21	SALAGEN (PILOCARPINE)	142	SIDESTREAM PEDIATRIC FACE MASK	11
<i>risperidone</i>	21, 22	SAMSCA	77	SIGNIFOR	162
RITALIN	26	SANCUSO	5	SIKLOS	94
RITALIN LA	26	SANDIMMUNE	102	<i>sildenafil</i>	79
RITEFLO AEROCHAMBER	11	SANDOSTATIN	162	<i>sildenafil (pulm.hypertension)</i>	35
<i>ritonavir</i>	113	SANDOSTATIN LAR DEPOT	162	SILENOR	24
<i>rivaroxaban</i>	91	SANTYL	62	SILICONE MASK - INFANT	11
<i>rivastigmine</i>	13	SAPHRIS	22	SILICONE MASK - PEDIATRIC	11
<i>rivastigmine tartrate</i>	13	<i>sapropterin</i>	142	SILIQ	62
RIVELSA	46	SAVAYSA	91	<i>silodosin</i>	183
RIVFLOZA	184	SAVELLA	151	SILVADENE	55
RIVIVE	23	<i>saxagliptin</i>	67	<i>silver sulfadiazine</i>	55
<i>rizatriptan</i>	168	<i>saxagliptin-metformin</i>	65	SIMBRINZA	89
ROBAXIN	178	SCALACORT	58	SIMLANDI(CF)	118
ROBINUL	180	SCEMBLIX	147	SIMLANDI(CF) AUTOINJECTOR	118
ROBINUL FORTE	180	<i>scopolamine base</i>	5	SIMLIYA (28)	46
ROCALTROL	189	SECUADO	22		
ROCKLATAN	89				
<i>roflumilast</i>	10				

SIMPESSE.....	46	SOLUS V2 LANCING DEVICE.....	72	STERILE WATER FOR	
SIMPLI PEN NEEDLE.....	160	SOMA.....	178	INJECTION.....	162
SIMPONI.....	118	SOMAVERT.....	81	STIMUFEND.....	93
<i>simvastatin</i>	38	SOOLANTRA.....	52	STIOLTO RESPIMAT.....	7
SINEMET.....	171	<i>sorafenib</i>	147	STIVARGA.....	147
SINGLE-LET.....	130	<i>sorbitol</i>	61	STOP SMOKING AID.....	179
SINGULAIR.....	9	<i>sorbitol-mannitol</i>	61	STRATTERA.....	26
<i>sirolimus</i>	102	SORILUX.....	63	STRENSIQ.....	154, 155
SIRTURO.....	109	<i>sotalol</i>	32	STRIBILD.....	114
<i>sitagliptin</i>	67	SOTALOL AF.....	32	STRIVERDI RESPIMAT.....	6
<i>sitagliptin-metformin</i>	65	SOTYKTU.....	62	STROMECTOL.....	109
SIVEXTRO.....	105	SOTYLIZE.....	32	SUBOXONE.....	170
SKY SAFETY PEN NEEDLE.....	160	SOVALDI.....	114	SUBVENITE.....	176
SKYCLARYS.....	152	SOVUNA.....	110	SUBVENITE STARTER (BLUE)	
SKYRIZI.....	62, 64	SPACE CHAMBER.....	11	KIT.....	176
SKYTROFA.....	82	SPACE CHAMBER WITH LARGE		SUBVENITE STARTER (GREEN)	
SLYND.....	46	MASK.....	11	KIT.....	176
SMART SENSE LANCETS.....	130	SPACE CHAMBER WITH		SUBVENITE STARTER	
SMARTDIABETES VANTAGE.....	72	MEDIUM MASK.....	11	(ORANGE) KIT.....	176
SOAAZ.....	34	SPACE CHAMBER WITH SMALL		SUCRAID.....	179
<i>sodium chlor 0.9% bacteriostat</i>	79	MASK.....	11	<i>sucralfate</i>	180
<i>sodium chloride</i>	61, 79, 154	SPEVIGO.....	62	SUFLAVE.....	128
<i>sodium chloride 0.45 %</i>	79	SPIKEVAX 2024-2025(12Y		SULAR.....	34
<i>sodium chloride 0.9 %</i>	79	UP)(PF).....	98	<i>sulconazole</i>	55
<i>sodium chloride 0.9 % (flush)</i>	79	SPIKEVAX 2025-2026(12Y		<i>sulfacetamide sodium</i>	86
<i>sodium chloride 3 % hypertonic</i>	79	UP)(PF).....	98	<i>sulfacetamide sodium (acne)</i>	50
<i>sodium chloride 5 % hypertonic</i>	79	SPIKEVAX 2025-26 (6M-11Y) (PF)		<i>sulfacetamide-prednisolone</i>	86
SODIUM FLUORIDE 5000 DRY		<i>spinosad</i>	55	<i>sulfadiazine</i>	102
MOUTH.....	187	SPIRIVA RESPIMAT.....	5	<i>sulfamethoxazole-trimethoprim</i>	102
SODIUM FLUORIDE 5000 PLUS..	187	SPIRIVA WITH HANDIHALER.....	5	SULFAMYLON.....	55
<i>sodium fluoride-pot nitrate</i>	187	<i>spironolactone</i>	34, 35	<i>sulfasalazine</i>	125, 126
<i>sodium oxybate</i>	19	<i>spironolacton-hydrochlorothiaz</i>	35	SULFATRIM.....	102
<i>sodium phenylbutyrate</i>	126	SPORANOX.....	108	<i>sulindac</i>	124
<i>sodium polystyrene sulfonate</i>	78	SPRINTEC (28).....	46	<i>sumatriptan</i>	168
<i>sodium,potassium,mag sulfates</i>	128	SPRITAM.....	176	<i>sumatriptan succinate</i>	168
SOFDRA.....	142	SPRIX.....	122	<i>sumatriptan-naproxen</i>	168
<i>sofosbuvir-velpatasvir</i>	114	SPRYCEL.....	147	<i>sunitinib malate</i>	147
SOGROYA.....	82	SPS (WITH SORBITOL).....	78	SUNLENCA.....	110
SOHONOS.....	177	SRONYX.....	47	SUNOSI.....	23
<i>solifenacin</i>	185	SSD.....	55	SUPER THIN LANCETS.....	130
SOLIUQA 100/33.....	68	ST JOSEPH ASPIRIN.....	94	SUPRAX.....	103
SOLOSEC.....	109	ST. JOSEPH ASPIRIN.....	94	SUPREP BOWEL PREP KIT.....	128
SOLTAMOX.....	149	<i>stavudine</i>	112	SURE COMFORT ALCOHOL	
SOLU-CORTEF.....	120	STEGLATRO.....	66	PREP PADS.....	60
SOLU-CORTEF ACT-O-VIAL (PF)	120	STEGLUJAN.....	68	SURE COMFORT INS. SYR. U-	
SOLUS V2 CONTROL SOLUTION,		STELARA.....	122	100.....	137
LOW.....	72	STENDRA.....	79	SURE COMFORT INSULIN	
SOLUS V2 CONTROL		STEQEYMA.....	122	SYRINGE.....	137
SOLUTION,HIGH.....	72	STERILANCE TL.....	130	SURE COMFORT LANCETS.....	130

SURE COMFORT LANCING PEN..	72	T:SLIM X2 BASAL-IQ INSULIN		TECHLITE INSULN SYR(HALF	
SURE COMFORT PEN NEEDLE..	160	PMP	73	UNIT).....	138
SURE COMFORT SAFETY PEN		T:SLIM X2 CONTROL-IQ.....	73	TECHLITE LANCETS.....	130
NEEDLE.....	160	TABLOID.....	143	TECHLITE PEN NEEDLE.....	160
SURE-FINE PEN NEEDLES.....	160	TABRECTA.....	147	TECHLITE PLUS PEN NEEDLE...	160
SUREFLEX DEVICE WITH		TACLONEX.....	64	TEGLUTIK.....	151
LANCETS.....	72	<i>tacrolimus</i>	64, 102	TEGRETOL.....	176
SUREFLEX LANCING DEVICE.....	72	<i>tadalafil</i>	79	TEGRETOL XR.....	176
SURE-JECT INSULIN SYRINGE..	138	<i>tadalafil (pulm. hypertension)</i>	35	TEKURNA.....	36
SURE-PEN LANCING DEVICE.....	72	TADLIQ.....	35	TELCARE CONTROL.....	73
SURE-PREP ALCOHOL PREP		TAFINLAR.....	144	TELCARE LANCETS.....	130
PADS.....	60	<i>tafluprost (pf)</i>	89	<i>telmisartan</i>	31
SURGUARD2 SAFETY.....	138, 160	TAGRISSO.....	147	<i>telmisartan-amlodipine</i>	30
SURVANTA.....	163	TAKE ACTION.....	47	<i>telmisartan-hydrochlorothiazid</i>	30
SUTAB.....	128	TAKHZYRO.....	125	<i>temazepam</i>	24
SUTENT.....	147	TALICIA.....	181	TEMODAR.....	143
SYEDA.....	47	TALTZ AUTOINJECTOR.....	63	<i>temozolomide</i>	143
SYMAX DUOTAB.....	180	TALTZ AUTOINJECTOR (2 PACK).	63	TENCON.....	163
SYMAX-SL.....	180	TALTZ AUTOINJECTOR (3 PACK).	63	TENIVAC (PF).....	100
SYMAX-SR.....	180	TALTZ SYRINGE.....	63	<i>tenofovir disoproxil fumarate</i>	113
SYMBICORT.....	8	TALZENNA.....	147	TENORETIC 100.....	33
SYMBRAVO.....	168	TAMIFLU.....	111	TENORETIC 50.....	33
SYMDEKO.....	163	<i>tamoxifen</i>	149	TENORMIN.....	32
SYMFI.....	113	<i>tamsulosin</i>	183	TEPMETKO.....	147
SYMFI LO.....	113	TANDEM MOBI SYSTEM.....	73	<i>terazosin</i>	28
SYMLINPEN 120.....	67	TANLOR.....	178	<i>terbinafine hcl</i>	108
SYMLINPEN 60.....	67	TAPERDEX.....	120	<i>terbutaline</i>	6
SYMPAZAN.....	172	TARCEVA.....	147	<i>terconazole</i>	186
SYMPROIC.....	128	TARGADOX.....	107	<i>teriflunomide</i>	150
SYMITUZA.....	110	TARGRETIN.....	61, 149	<i>teriparatide</i>	80
SYNAGIS.....	111	TARINA 24 FE.....	47	TERUMO ALLERGY SYRINGE.....	138
SYNALAR.....	59	TARINA FE 1/20 (28).....	47	TERUMO INSULIN SYRINGE.....	138
SYNAREL.....	83	TARINA FE 1-20 EQ (28).....	47	TERUMO SYRINGE.....	138
SYNDROS.....	4	TARPEYO.....	120	TESTIM.....	95
SYNJARDY.....	69	TASCENSO ODT.....	150	<i>testosterone</i>	95
SYNJARDY XR.....	69	TASIGNA.....	147	<i>testosterone cypionate</i>	95
SYNTHROID.....	84	<i>tasimelteon</i>	23	<i>testosterone enanthate</i>	95
SYPRINE.....	155	TASMAR.....	172	<i>tetrabenazine</i>	151
<i>syringe (disposable)</i>	138	<i>tavaborole</i>	55	<i>tetracycline</i>	107
SYRINGE 3CC/20GX1".....	138	TAVALISSE.....	94	TEXACORT.....	59
SYRINGE 3CC/21GX1".....	138	TAVNEOS.....	92	TEZRULY.....	28
SYRINGE 3CC/21GX1-1/2".....	138	TAYTULLA.....	47	TEZSPIRE.....	11
SYRINGE 3CC/22GX1".....	138	<i>tazarotene</i>	53, 63	THALITONE.....	36
SYRINGE 3CC/22GX3/4".....	138	TAZORAC.....	63	THALOMID.....	108
SYRINGE 3CC/25GX1".....	138	TAZVERIK.....	145	THEO-24.....	12
<i>syringe with needle</i>	138	TD GOLD LEVEL 1 CONTROL.....	73	<i>theophylline</i>	12
T:FLEX.....	72	TECFIDERA.....	150	THIN LANCETS.....	130
T:SLIM X2.....	73	TECHLITE INSULIN SYRINGE.....	138	THINPRO INSULIN SYRINGE.....	139
				THIOLA.....	184

THIOLA EC.....	184	TOPCARE ULTRA COMFORT.....	139	<i>triazolam</i>	24
<i>thioridazine</i>	22	TOPCARE UNIVERSAL1 LANCET		TRIBENZOR.....	29
<i>thiothixene</i>	22	.....	130	TRICARE.....	189
THRESHOLD IMT TRAINER.....	11	TOPICORT.....	59	TRICOR.....	39
THRESHOLD PEP DEVICE.....	11	<i>topiramate</i>	176	TRIDERM.....	59
THRIVITE RX.....	188	TOPROL XL.....	33	<i>trientine</i>	155
THYQUIDITY.....	84	<i>toremifene</i>	149	TRI-ESTARYLLA.....	47
TIADYL T ER.....	34	TORPENZ.....	144	<i>trifluoperazine</i>	22
<i>tiagabine</i>	176	<i>torseamide</i>	34	<i>trifluridine</i>	86
TIAZAC.....	34	TOSYMRA.....	168	<i>trihexyphenidyl</i>	170
TIBSOVO.....	148	TOUJEO MAX U-300 SOLOSTAR..	76	TRIJARDY XR.....	69
<i>ticagrelor</i>	94	TOUJEO SOLOSTAR U-300		TRIKAFTA.....	163
TIGAN.....	5	INSULIN.....	76	TRI-LEGEST FE.....	47
TIGLUTIK.....	151	TOVET EMOLLIENT.....	59	TRILEPTAL.....	176
TIKOSYN.....	27	TOVIAZ.....	185	TRI-LINYAH.....	47
TILIA FE.....	47	TRACLEER.....	35	TRI-LO-ESTARYLLA.....	47
<i>timolol</i>	89	TRADJENTA.....	67	TRI-LO-MARZIA.....	47
<i>timolol maleate</i>	32, 89	<i>tramadol</i>	166	TRI-LO-MILI.....	47
<i>timolol maleate (pf)</i>	89	<i>tramadol-acetaminophen</i>	170	TRI-LO-SPRINTEC.....	47
TIMOPTIC OCUDOSE (PF).....	89	<i>trandolapril</i>	30	<i>trimethobenzamide</i>	5
<i>tinidazole</i>	109	<i>trandolapril-verapamil</i>	27	<i>trimethoprim</i>	103
<i>tiopronin</i>	184	<i>tranexamic acid</i>	91	TRI-MILI.....	47
<i>tiotropium bromide</i>	5	TRANSDERM-SCOP.....	5	<i>trimipramine</i>	17
TIROSINT.....	84	<i>tranylcypromine</i>	13	TRINATAL RX 1.....	189
TIROSINT-SOL.....	84	TRAVATAN Z.....	89	TRINATE.....	189
TIVICAY.....	113	<i>travoprost</i>	89	TRINTELLIX.....	16
TIVICAY PD.....	113	<i>trazodone</i>	15	TRI-SPRINTEC (28).....	47
<i>tizanidine</i>	178	TRECTOR.....	109	TRITON X-100.....	162
TLANDO.....	95	TRELEGY ELLIPTA.....	8	TRIUMEQ.....	114
TOBI.....	108	TRELSTAR.....	80	TRIUMEQ PD.....	114
TOBI PODHALER.....	108	TREMFYA.....	64	TRI-VITAMIN (A-D-FOL)-	
TOBRADEX.....	85	TREMFYA ONE-PRESS.....	64	FLUORIDE.....	188
TOBRADEX ST.....	85	TREMFYA PEN.....	64	TRI-VITAMIN WITH FLUORIDE ...	188
<i>tobramycin</i>	87, 108	TREMFYA PEN INDUCTION PK-		TRI-VITE WITH FLUORIDE.....	188
<i>tobramycin in 0.225 % nacl</i>	108	CROHN.....	64	TRIVORA (28).....	47
<i>tobramycin-dexamethasone</i>	85	TRESIBA FLEXTOUCH U-100.....	76	TRI-VYLIBRA.....	47
TOBREX.....	87	TRESIBA FLEXTOUCH U-200.....	77	TRI-VYLIBRA LO.....	47
TOLAK.....	62	TRESIBA U-100 INSULIN.....	77	TROJAN ULTRA RIBBED	
<i>tolcapone</i>	172	<i>tretinoin</i>	52	CONDOM.....	153
TOLECTIN 600.....	124	<i>tretinoin (antineoplastic)</i>	148	TROKENDI XR.....	176
<i>tolmetin</i>	124	<i>tretinoin microspheres</i>	52	<i>tropicamide</i>	90
TOLSURA.....	108	TREXALL.....	143	<i>tropium</i>	186
<i>tolterodine</i>	185	TREXIMET.....	168	TRUDHESA.....	168
<i>tolvaptan</i>	77	TREZIX.....	170	TRUE COMFORT ALCOHOL	
<i>tolvaptan (polycys kidney dis)</i>		<i>triamcinol ac (pf) in 0.9%nacl</i>	120	PADS.....	60
.....	77, 78, 184	<i>triamcinolone acetamide</i> ... 59, 120, 152		TRUE COMFORT INSULIN	
TOOMEY SYRINGE.....	139	<i>triamterene</i>	35	SYRINGE.....	139
TOPAMAX.....	176	<i>triamterene-hydrochlorothiazid</i>	35	TRUE COMFORT PEN NEEDLE..	160
TOPCARE CLICKFINE.....	160	TRIANEX.....	59		

TRUE COMFORT PRO ALCOHOL PADS.....	60	TYKERB.....	147	ULTRA-THIN II (SHORT) INS SYR	140
TRUE COMFORT PRO INS SYRINGE.....	139	TYMLOS.....	80	ULTRA-THIN II (SHORT) PEN NDL.....	161
TRUE COMFORT SAFE INSULIN SYRG.....	139	TYRVAYA.....	86	ULTRA-THIN II INS PEN NEEDLES.....	161
TRUE COMFORT SAFETY PEN NEEDLE.....	160	TYVASO.....	36	ULTRA-THIN II INSULIN SYRINGE	140
TRUE COVER CONDOM.....	153	TYVASO DPI.....	36	ULTRAVATE.....	59
TRUE METRIX LEVEL 1.....	73	TYVASO INSTITUTIONAL START KIT.....	36	UNDECATREX.....	96
TRUE METRIX LEVEL 2.....	73	TYVASO REFILL KIT.....	36	UNIFINE PENTIPS.....	161
TRUE METRIX LEVEL 3.....	73	TYVASO STARTER KIT.....	36	UNIFINE PENTIPS MAXFLOW.....	161
TRUEDRAW LANCING DEVICE.....	73	UBRELVY.....	168	UNIFINE PENTIPS PLUS.....	161
TRUEPLUS INSULIN.....	139	UCERIS.....	121, 126	UNIFINE PENTIPS PLUS MAXFLOW.....	161
TRUEPLUS LANCETS.....	130	UDENYCA.....	93	UNIFINE PROTECT.....	161
TRUEPLUS PEN NEEDLE.....	160	UDENYCA AUTOINJECTOR.....	93	UNIFINE SAFECONTROL PEN NEEDLE.....	161
TRULANCE.....	126	ULORIC.....	90	UNIFINE ULTRA PEN NEEDLE.....	161
TRULICITY.....	66	ULTICARE.....	139	UNISTIK 2 DEVICE.....	73
TRUMENBA.....	98	ULTICARE INSULIN SYRINGE.....	139	UNISTIK 2 EXTRA LANCET.....	73
TRUQAP.....	147	ULTICARE INSULN SYR(HALF UNIT).....	139	UNISTIK 2 NORMAL LANCET.....	73
TRUSTEX LATEX CONDOM.....	153	ULTICARE PEN NEEDLE.....	161	UNISTIK COMFORT LANCETS.....	130
TRUSTEX LUBRICATED CONDOMS.....	153	ULTICARE SAFETY PEN NEEDLE	161	UNISTIK EXTRA LANCETS.....	130
TRUSTEX NON-LUB CONDOMS.....	153	ULTICARE SAFETY SYRINGE.....	139	UNISTRIK LOW CONTROL.....	73
TRUSTEX-RIA LUB/SPERMICIDE.....	153	ULTICARE TB SAFETY SYRINGE.....	140	UNITHROID.....	84
TRUSTEX-RIA LUBRICATED CONDOMS.....	153	ULTIGUARD SAFEPACK-INSULIN SYR.....	140	UNIVERSAL 1 LANCETS.....	130
TRUSTEX-RIA NON-LUB CONDOMS.....	153	ULTIGUARD SAFEPACK-PEN NEEDLE.....	161	UPNEEQ (PF).....	86
TRUVADA.....	112	ULTI-LANCE.....	73	UPTRAVI.....	36
TRYNGOLZA.....	37	ULTILET ALCOHOL SWAB.....	60	UROCIT-K 10.....	185
TRYVIO.....	32	ULTILET BASIC LANCETS.....	130	UROCIT-K 15.....	185
TUBERCULIN SYRINGE.....	139	ULTILET INSULIN SYRINGE.....	140	UROQID-ACID NO.2.....	185
<i>tuberculin-allergy syringes</i>	139	ULTILET PEN NEEDLE.....	161	UROXATRAL.....	183
TUDORZA PRESSAIR.....	6	ULTRA CMFT INS SYR (HALF UNIT).....	140	URSO FORTE.....	127
TUKYSA.....	147	ULTRA COMFORT INSULIN SYRINGE.....	140	<i>ursodiol</i>	127
TULANA.....	47	ULTRA FLO INSUL SYR(HALF UNIT).....	140	<i>ustekinumab</i>	122
TURALIO.....	147	ULTRA FLO INSULIN SYRINGE.....	140	<i>ustekinumab-aekn</i>	122
TURQOZ (28).....	47	ULTRA FLO PEN NEEDLE.....	161	<i>ustekinumab-ttwe</i>	122
TUXARIN ER.....	49	ULTRA THIN LANCETS.....	130	VAFSEO.....	92
TWINRIX (PF).....	101	ULTRA THIN PEN NEEDLE.....	161	VAGIFEM.....	186
TWIRLA.....	48	ULTRA THIN PLUS LANCETS.....	130	VAGINAL CONTRACEPTIVE FILM.....	41
TWIST LANCETS.....	130	ULTRACARE INSULIN SYRINGE.....	140	<i>valacyclovir</i>	111
TWYNEO.....	50	ULTRA-CARE LANCETS.....	130	VALCHLOR.....	62
TYBLUME.....	47	ULTRA-FINE INS SYR (HALF UNIT).....	140	VALCYTE.....	111
TYBOST.....	114	ULTRA-FINE INSULIN SYRINGE.....	140	<i>valganciclovir</i>	111
TYDEMY.....	47	ULTRA-FINE PEN NEEDLE.....	161	VALIUM.....	18
TYENNE.....	121			<i>valproic acid</i>	176
TYENNE AUTOINJECTOR.....	121			<i>valproic acid (as sodium salt)</i>	176
				<i>valrubicin</i>	143
				<i>valsartan</i>	31

<i>valsartan-hydrochlorothiazide</i>	30	VERIFINE INSULIN SYRINGE	141	VONJO	148
VALSTAR	143	VERIFINE PEN NEEDLE	161	VOQUEZNA	181
VALTOCO	172	VERIFINE PLUS PEN NEEDLE ...	161	VOQUEZNA DUAL PAK	181
VALTREX	111	VERIFINE PLUS PEN NEEDLE-		VOQUEZNA TRIPLE PAK	181
VALTYA	47	SHARP	161	VORANIGO	148
VANADOM	178	VERIFINE SAFETY LANCET MINI	130	<i>voriconazole</i>	108
VANCOCIN	109	VERIFINE UNIVERSAL LANCET ..	130	VORTEX ADULT MASK	11
<i>vancomycin</i>	109	VERKAZIA	87	VORTEX HOLDING CHAMBER	11
VANDAZOLE	186	VERQUVO	40	VORTEX VHC PEDIATRIC MASK ..	11
VANFLYTA	147	VERSACLOZ	22	VOSEVI	114
VANISHPOINT INSULIN SYRINGE		VERZENIO	147	VOTRIENT	148
.....	140	VESICARE	185	VOWST	103
VANISHPOINT SYRINGE	141	VESICARE LS	185	VOXZOGO	83
VANISHPOINT TUBERCULIN		VESTURA (28)	47	VOYDEYA	92
SYRINGE	141	VEVYE	87	VRAYLAR	19
VANOS	59	VFEND	108	VTAMA	63
VANRAFIA	32	V-GO 20	73	VUITY	89
VAQTA (PF)	101	V-GO 30	73	VUMERITY	150
<i>ildenafil</i>	79	V-GO 40	73	VUSION	55
<i>varenicline tartrate</i>	179	VIAGRA	79	VYFEMLA (28)	48
VARIVAX (PF)	101	VIBERZI	126	VYKAT XR	162
VARUBI	5	VICTOZA	66	VYLEESI	23
VASCEPA	39	VICTOZA 2-PAK	66	VYLIBRA	48
VASERETIC	28	VIENVA	47	VYNDAMAX	40
VASOTEC	30	<i>vigabatrin</i>	176	VYNDAAQEL	40
VAXELIS (PF)	100	VIGADRONE	176	VYTORIN 10-10	37
VAXNEUVANCE (PF)	98	VIGAFYDE	176	VYTORIN 10-20	37
VCF CONTRACEPTIVE FILM	41	VIGAMOX	87	VYTORIN 10-40	37
VCF CONTRACEPTIVE GEL	41	VIGODER	176	VYTORIN 10-80	37
VECAMYL	31	VIIIBRYD	16	VYVANSE	18
VECTICAL	63	VIJOICE	142	VYZULTA	89
VELIVET TRIPHASIC REGIMEN		<i>vilazodone</i>	16	WAINUA	141
(28)	47	VIMPAT	176	WAKIX	23
VELPHORO	78	VIOKACE	179	<i>warfarin</i>	90
VELSIPITY	152	VIORELE (28)	47	<i>water for inject, bacteriostat</i>	162
VELTASSA	78	VIRACEPT	113	<i>water for injection, sterile</i>	162
VELTIN	51	VIREAD	113	<i>water for irrigation, sterile</i>	61
VEMLIDY	114	VITAFOL-OB	189	WEBCOL	60
VENCLEXTA	148	VITAFOL-ONE	189	WEGOVY	189
VENCLEXTA STARTING PACK ...	148	VITAMIN D2	189	WELCHOL	39
<i>venlafaxine</i>	16	VITAMIN D3	189	WELIREG	148
<i>venlafaxine besylate</i>	16	VITAMINS A,C,D AND FLUORIDE	188	WELLBUTRIN SR	14
VENTAVIS	36	VITRAKVI	147	WELLBUTRIN XL	14
VENTOLIN HFA	6	VIVELLE-DOT	97	WERA (28)	48
VENXXIVA	184	VIVITROL	18	WESTAB PLUS	189
VEOZAH	97	VIVJOA	108	WEZLANA	122
<i>verapamil</i>	34	VIZIMPRO	147	WIDE-SEAL DIAPHRAGM 60	48
VERDES0	59	VOGELX0	96	WIDE-SEAL DIAPHRAGM 65	48
VEREGEN	55	VOLNEA (28)	48	WIDE-SEAL DIAPHRAGM 70	48

WIDE-SEAL DIAPHRAGM 75.....	48	XPOVIO.....	148	ZEPOSIA STARTER KIT (28-DAY)	
WIDE-SEAL DIAPHRAGM 80.....	48	XROMI.....	94	.....	152
WIDE-SEAL DIAPHRAGM 85.....	48	XTAMPZA ER.....	166	ZEPOSIA STARTER PACK (7-	
WIDE-SEAL DIAPHRAGM 90.....	48	XTANDI.....	143	DAY).....	152
WIDE-SEAL DIAPHRAGM 95.....	48	XULANE.....	48	ZESTORETIC.....	28
WINDMILL TRAINER.....	11	XULTOPHY 100/3.6.....	68	ZESTRIL.....	30
WINLEVI.....	52	XURIDEN.....	90	ZETIA.....	39
WINREVAIR.....	35	XYOSTED.....	96	ZETONNA.....	4
WIXELA INHUB.....	8	XYREM.....	19	ZIAGEN.....	112
WYMZYA FE.....	48	XYWAV.....	19	ZIANA.....	51
WYNZORA.....	64	YALE DISPOSABLE NEEDLES...	162	<i>zidovudine</i>	113
XACIATO.....	186	YARGESA.....	154	ZIEXTENZO.....	93
XADAGO.....	172	YASMIN (28).....	48	ZILBRYSQ.....	92
XALATAN.....	89	YAZ (28).....	48	<i>zileuton</i>	5
XALKORI.....	148	YESINTEK.....	122	ZILXI.....	54
XANAX.....	18	YEZTUGO.....	110	ZIMHI.....	23
XANAX XR.....	19	YONSA.....	143	ZIOPTAN (PF).....	90
XARAH FE.....	48	YORVIPATH.....	83	<i>ziprasidone hcl</i>	22
XARELTO.....	91	YUFLYMA(CF).....	118	<i>ziprasidone mesylate</i>	22
XARELTO DVT-PE TREAT 30D		YUFLYMA(CF) AI CROHN'S-UC-		ZIPSOR.....	124
START.....	91	HS.....	118	ZIRGAN.....	86
XATMEP.....	143	YUFLYMA(CF) AUTOINJECTOR..	118	ZITHROMAX.....	104
XCOPRI.....	177	YUPELRI.....	6	ZITHROMAX TRI-PAK.....	104
XCOPRI MAINTENANCE PACK...	177	YUSIMRY(CF) PEN.....	118	ZITHROMAX Z-PAK.....	104
XCOPRI TITRATION PACK.....	177	YUTREPIA.....	36	ZITUVIMET.....	65
XDEMVIY.....	86	YUVAFEM.....	186	ZITUVIMET XR.....	65
XELJANZ.....	121	ZAFEMY.....	48	ZITUVIO.....	67
XELJANZ XR.....	121	<i>zafirlukast</i>	9	ZOCOR.....	38
XELODA.....	143	<i>zaleplon</i>	24	ZOKINVY.....	142
XELPROS.....	90	ZANAFLEX.....	178	ZOLINZA.....	148
XELRIA FE.....	48	ZARAH.....	48	<i>zolmitriptan</i>	169
XELSTRYM.....	18	ZARONTIN.....	177	ZOLOFT.....	15
XENAZINE.....	151	ZARXIO.....	93	<i>zolpidem</i>	24
XENLETA.....	105	ZAVESCA.....	154	ZOMACTON.....	82
XEPI.....	54	ZAVZPRET.....	168	ZOMIG.....	169
XERESE.....	55	ZCORT.....	121	ZONALON.....	60
XERMELO.....	127	ZEGALOGUE AUTOINJECTOR....	73	ZONEGRAN.....	177
XGEVA.....	81	ZEGALOGUE SYRINGE.....	73	ZONISADE.....	177
XHANCE.....	4	ZEJULA.....	148	<i>zonisamide</i>	177
XIFAXAN.....	109	ZELAPAR.....	172	ZONTIVITY.....	94
XIGDUO XR.....	69	ZELBORAF.....	144	ZORTRESS.....	102
XIIDRA.....	87	ZEMBRACE SYMTOUCH.....	168	ZORYVE.....	56, 63
XIMINO.....	107	ZEMPLAR.....	82	ZOVIA 1-35 (28).....	48
XOFLUZA.....	111	ZENATANE.....	50	ZOVIRAX.....	55, 111
XOLAIR.....	9	ZENPEP.....	179	ZTALMY.....	177
XOLREMDI.....	141	ZENZEDI.....	18	ZTLIDO.....	62
XOPENEX HFA.....	6	ZEPATIER.....	114	ZUBSOLV.....	170
XOSPATA.....	148	ZEPBOUND.....	189	ZUMANDIMINE (28).....	48
XPHOZAH.....	78	ZEPOSIA.....	152	ZUNVEYL.....	13

ZURZUVAE.....	13
ZYCLARA.....	101
ZYDELIG.....	148
ZYFLO.....	5
ZYKADIA.....	148
ZYLET.....	85
ZYLOPRIM.....	90
ZYMFENTRA.....	118
ZYPITAMAG.....	38
ZYPREXA.....	22
ZYTIGA.....	143
ZYVOX.....	105