



# 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](http://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.....	16
Cardiovascular Disease - Arrhythmia.....	26
Cardiovascular Disease - Cardiac Stimulant.....	26
Cardiovascular Disease - Hypertension.....	26
Cardiovascular Disease - Lipid Irregularity.....	36
Cardiovascular Disease - Miscellaneous Agents.....	39
Cardiovascular Disease - Vasodilation.....	40
Contraception/Oxytocics.....	40
Cough And Cold.....	47
Dermatology - Acne.....	48
Dermatology - Antiinfective.....	51
Dermatology - Antiinflammatory.....	53
Dermatology - Antipruritic Drugs.....	57
Dermatology - Miscellaneous.....	57
Dermatology - Psoriasis/Eczema.....	59
Diabetes.....	62
Ear - General Disorders.....	74
Electrolyte Regulation.....	75
Endocrine Disorder - Fertility.....	76
Endocrine Disorder - Other.....	77
Endocrine Disorder - Thyroid.....	81
Eye - General Disorders.....	82
Eye - Glaucoma.....	85
Eye - Miscellaneous.....	87
Fluid Replacement.....	87
Gout And Related Diseases.....	87
Hematological Disorders.....	88
Hormonal Deficiency.....	92
Immunization.....	95
Immunosuppression/Modulation.....	98
Infectious Disease - Bacterial.....	100
Infectious Disease - Fungal.....	104
Infectious Disease - Miscellaneous.....	105
Infectious Disease - Parasitic.....	106
Infectious Disease - Viral.....	107
Inflammatory Disease.....	112
Local Anesthesia.....	122
Lower Gastrointestinal Disorders - Bowel Inflammat.....	122

Lower Gastrointestinal Disorders - Other .....	123
Medical Supplies .....	125
Miscellaneous Agents .....	138
Neoplastic Disease .....	140
Neurological Disease - Miscellaneous .....	147
Oral/Pharyngeal Disorders .....	150
Other Drugs .....	150
Other Respiratory Disorders .....	161
Pain Management - Analgesics .....	162
Parkinsons Disease .....	169
Seizure Disorder .....	170
Skeletal Muscle Disorder .....	176
Smoking Cessation .....	177
Upper Gastrointestinal Disorders - Digestive .....	178
Upper Gastrointestinal Disorders - Spastic Disease .....	178
Upper Gastrointestinal Disorders - Ulcer Disease .....	179
Urinary Tract - Functional Disorders .....	182
Vaginal Disorders .....	184
Vitamin And/Or Mineral Deficiency .....	185
Weight Reduction .....	188

Drug	Status	Notes
<b>Allergy</b>		
<b>Allergenic Extracts, Therapeutics</b>		
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)
<b>Antihistamines - 1St Generation</b>		
<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	
<b>Nasal Antihistamine</b>		
<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i>	Tier 2	QL (30 ML per 25 days); Age (Max 17 Years)

Drug	Status	Notes
<i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i>	Tier 2	Age (Max 17 Years)
<i>olopatadine nasal spray,non-aerosol 0.6 %</i>	Tier 3	QL (30.5 GM per 30 days)
<b>Nasal Antihistamine &amp; Anti-Inflam. Steroid Comb.</b>		
<i>azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray</i>	Tier 3	ST: 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 (Max 17 Years)
DYMISTA NASAL SPRAY,NON-AEROSOL 137-50 MCG/SPRAY	Tier 4	ST: 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 (Max 17 Years)
RYALTRIS NASAL SPRAY,NON-AEROSOL 665-25 MCG/SPRAY	Tier 4	ST: 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 (Max 17 Years)
<b>Nasal Anti-Inflammatory Steroids</b>		
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	Tier 2	Age (Max 17 Years)
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	Tier 2	Age (Max 17 Years)
OMNARIS NASAL SPRAY,NON-AEROSOL 50 MCG	Tier 4	PA; QL (12.5 GM per 30 days); Age (Max 17 Years)
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	Tier 4	PA; QL (6.8 GM per 30 days); Age (Max 17 Years)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	Tier 4	PA; QL (10.6 GM per 30 days); Age (Max 17 Years)
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	Tier 4	PA
<b>Antiemesis/Antivertigo</b>		
<b>Antiemetic, Cannabinoid-Type</b>		
<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	
<b>Antiemetic/Antivertigo Agents</b>		
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
<i>compro rectal suppository 25 mg</i>	Tier 3	
<i>doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec) 10-10 mg</i>	Tier 3	
EMEND ORAL CAPSULE 80 MG	Tier 4	QL (4 EA per 28 days)

Drug	Status	Notes
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	
<i>promethegan rectal suppository 12.5 mg, 25 mg</i>	Tier 2	
<i>promethegan rectal suppository 50 mg</i>	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)
<b>Asthma And Copd</b>		
<b>5-Lipoxygenase Inhibitors</b>		
<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)
<b>Anticholinergic, Orally Inhaled Short Acting</b>		
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	
<b>Anticholinergics, Orally Inhaled Long Acting</b>		
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)
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)

Drug	Status	Notes
<b>Beta-Adrenergic Agents</b>		
<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	
<b>Beta-Adrenergic Agents, Inhaled, Short Acting</b>		
<i>albuterol hfa 90 mcg inhaler 90 mcg/actuation</i>	Tier 3	6.7gm/Pkg; QL (36 GM per 30 days)
<i>albuterol hfa 90 mcg inhaler 90 mcg/actuation</i>	Tier 3	8.5gm/Pkg; QL (13.4 GM per 30 days)
<i>albuterol hfa 90 mcg inhaler 90 mcg/actuation</i>	Tier 3	8.5gm/Pkg; 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 90 MCG INHALER DOSE COUNTER,200 INH 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)
<b>Beta-Adrenergic Agents, Inhaled, Ultra-Long Acting</b>		
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	Tier 3	QL (4 GM per 30 days)
<b>Beta-Adrenergic Agents, Orally Inhaled,Long Acting</b>		
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>	Tier 3	ST: 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: 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)
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	Tier 3	ST: 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)
PERFORMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	Tier 4	ST: 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
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	Tier 3	QL (60 EA per 30 days)
<b>Beta-Adrenergic And Anticholinergic Combinations</b>		
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	Tier 4	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)
<i>umeclidinium-vilanterol inhalation blister with device 62.5-25 mcg/actuation</i>	Tier 3	QL (60 EA per 30 days)
<b>Beta-Adrenergic And Glucocorticoid Combinations</b>		
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)
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	Tier 4	PA; 10.7gm/Pkg; 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)
<i>breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	Tier 3	QL (20.6 GM per 30 days)
<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)

Drug	Status	Notes
<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)
<i>wixela inhub 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)
<b>Beta-Adrenergic-Anticholinergic-Glucocort, Inhaled</b>		
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)
<b>Glucocorticoids, Orally Inhaled</b>		
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 furoate inhalation blister with device 100 mcg/actuation, 200 mcg/actuation, 50 mcg/actuation</i>	Tier 3	QL (30 EA per 30 days)
<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)
<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 REDIHALER 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)

Drug	Status	Notes
<b>Interleukin-4(IL-4) Receptor Alpha Antagonist, Mab</b>		
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)
<b>Interleukin-5(IL-5) Receptor Alpha Antagonist, Mab</b>		
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	Tier 7	PA; SP
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	Tier 7	PA; SP
<b>Leukotriene Receptor Antagonists</b>		
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	
<b>Mast Cell Stabilizers</b>		
<i>cromolyn oral concentrate 100 mg/5 ml</i>	Tier 3	
GASTROCROM ORAL CONCENTRATE 100 MG/5 ML	Tier 4	
<b>Mast Cell Stabilizers, Orally Inhaled</b>		
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	Tier 3	
<b>Monoclonal Antibodies To Immunoglobulin E(Ige)</b>		
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
<b>Monoclonal Antibody - Interleukin-5 Antagonists</b>		
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
<b>Phosphodiesterase-4 (Pde4) Inhibitors</b>		
DALIRESP ORAL TABLET 250 MCG	Tier 4	QL (30 EA per 365 days)
DALIRESP ORAL TABLET 500 MCG	Tier 4	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</i>	Tier 3	QL (30 EA per 365 days)
<i>roflumilast oral tablet 500 mcg</i>	Tier 3	QL (30 EA per 30 days)
<b>Respiratory Aids, Devices, Equipment</b>		
ACE AEROSOL CLOUD ENHANCER SPACER	Tier 3	
AEROCHAMBER MECHANICAL VENT SPACER	Tier 3	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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	
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	

Drug	Status	Notes
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	
<b>Thymic Stromal Lymphopoietin (Tslp) Inhibitors</b>		
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)
<b>Xanthines</b>		
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	Tier 2	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	Tier 3	
<i>theophylline oral elixir 80 mg/15 ml</i>	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	

Drug	Status	Notes
<b>Autonomic Nervous System Disorders</b>		
<b>Alzheimer's Therapy, Nmda Receptor Antagonists</b>		
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	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 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)
<b>Alzheimer's Thx, Nmda Recept Antag &amp; Cholines Inhib</b>		
<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)
<b>Amyloid Directed Monoclonal Antibody</b>		
LEQEMBI IQLIK SUBCUTANEOUS AUTO-INJECTOR 360 MG/1.8 ML	Tier 7	PA; SP; QL (7.2 ML per 28 days)
<b>Cholinesterase Inhibitors</b>		
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	
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	
PYRIDOSTIGMINE BROMIDE ORAL TABLET EXTENDED RELEASE 105 MG	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	

Drug	Status	Notes
ZUNVEYL ORAL TABLET, DELAYED RELEASE (DR/EC) 10 MG, 15 MG, 5 MG	Tier 4	PA
<b>Neonatal Fc Receptor (FcRn) Inhibitors</b>		
VYVGART HYTRULO SUBCUTANEOUS SOLUTION 1,008 MG-11,200 UNIT/5.6 ML	Tier 7	PA; SP
VYVGART HYTRULO SUBCUTANEOUS SYRINGE 1,000 MG-10,000 UNIT/5 ML	Tier 7	PA; SP
<b>Behavioral Health - Antidepressants</b>		
<b>Alpha-2 Receptor Antagonist Antidepressants</b>		
<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)
<b>Antidepressant - Postpartum Depression (Ppd)</b>		
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)
<b>Maois - Non-Selective &amp; Irreversible</b>		
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	
<b>Monoamine Oxidase(Mao) Inhibitors</b>		
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)
<b>Ndma Receptor Antagonist And Ndri Comb</b>		
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	Tier 4	PA; QL (60 EA per 30 days)
<b>Norepinephrine And Dopamine Reuptake Inhib (Ndris)</b>		
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	
<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)

Drug	Status	Notes
<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)
<b>Selective Serotonin Reuptake Inhibitor (Ssris)</b>		
CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG	Tier 4	
<i>citalopram oral capsule 30 mg</i>	Tier 3	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 capsule 15 mg</i>	Tier 3	PA
<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(drlec) 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)
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	
<i>sertraline oral capsule 150 mg, 200 mg</i>	Tier 3	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	

Drug	Status	Notes
<b>Serotonin-2 Antagonist/Reuptake Inhibitors (Saris)</b>		
<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)
<b>Serotonin-Norepinephrine Reuptake-Inhib (Snris)</b>		
<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	
<i>venlafaxine besylate oral tablet extended release 24hr 112.5 mg</i>	Tier 3	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	
<b>Ssri &amp; 5HT1a Partial Agonist Antidepressant</b>		
VIIBRYD 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)

Drug	Status	Notes
<b>Ssri &amp; Serotonin Receptor Modulator Antidepressant</b>		
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)
<b>Tricyclic Antidepressant/Benzodiazepine Combinatns</b>		
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	Tier 3	QL (180 EA per 30 days)
<b>Tricyclic Antidepressant/Phenothiazine Combinatns</b>		
<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)
<b>Tricyclic Antidepressants &amp; Rel. Non-Sel. Ru-Inhib</b>		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>amoxapine oral tablet 100 mg, 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	
<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)
<b>Behavioral Health - Other</b>		
<b>Adrenergics, Aromatic, Non-Catecholamine</b>		
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)

Drug	Status	Notes
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, 15 MG	Tier 4	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg</i>	Tier 3	QL (120 EA per 30 days)
<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	PA; QL (30 EA per 30 days)
<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	PA; 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 4	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)

Drug	Status	Notes
<b>Anti-Alcoholic Preparations</b>		
<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
<b>Anti-Anxiety - Benzodiazepines</b>		
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)
<i>diazepam intensol oral concentrate 5 mg/ml</i>	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	
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	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	
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)
<b>Anti-Anxiety Drugs</b>		
<i>bucapsol oral capsule 10 mg, 15 mg, 7.5 mg</i>	Tier 3	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
<b>Anti-Mania Drugs</b>		
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	

Drug	Status	Notes
<i>lithium citrate oral solution 8 meq/5 ml</i>	Tier 2	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG	Tier 4	
<b>Anti-Narcolepsy &amp; Anti-Cataplexy,Sedative-Type Agt</b>		
LUMRYZ ORAL EXTEND RELEASE GRANULES,PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM	Tier 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)
<b>Antipsych,Dopamine Antag.,Diphenylbutylpiperidines</b>		
<i>pimozide oral tablet 1 mg, 2 mg</i>	Tier 3	
<b>Antipsychotic-Atypical,D3/D2 Partial Ag-5Ht Mixed</b>		
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG	Tier 3	ST: Trial, intolerance or contraindication to ONE of the following is required: olanzapine oral tablet OR risperidone oral tablet.; QL (30 EA per 30 days)
<b>Antipsychotics, Atyp, D2 Partial Agonist/5Ht Mixed</b>		
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)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 3	ST: Trial, intolerance or contraindication to ONE of the following is required: olanzapine oral tablet OR risperidone oral tablet.; QL (30 EA per 30 days)
<b>Antipsychotics, Dopamine &amp; Serotonin Antagonists</b>		
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 2	
<b>Antipsychotics,Atypical,Dopamine,&amp; Serotonin Antag</b>		
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 3	ST: Trial, intolerance or contraindication to ONE of the following is required: olanzapine oral tablet OR risperidone oral tablet.; QL (60 EA per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	Tier 4	ST: Trial of ONE of following is required: olanzapine tab OR risperidone tab, THEN ONE of the following: paliperidone ER tab, asenapine SL, Invega tab, Rexulti tab, Saphris SL, Vraylar cap, Lybalvi tab; 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)

Drug	Status	Notes
<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 ONE of following is required: olanzapine tab OR risperidone tab, THEN ONE of the following: paliperidone ER tab, asenapine SL, Invega tab, Rexulti tab, Saphris SL, Vraylar cap, Lybalvi tab; 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 ONE of following is required: olanzapine tab OR risperidone tab, THEN ONE of the following: paliperidone ER tab, asenapine SL, Invega tab, Rexulti tab, Saphris SL, Vraylar cap, Lybalvi tab; 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 ONE of following is required: olanzapine tab OR risperidone tab, THEN ONE of the following: paliperidone ER tab, asenapine SL, Invega tab, Rexulti tab, Saphris SL, Vraylar cap, Lybalvi tab
FANAPT TITRATION PACK C ORAL TABLETS, DOSE PACK 1 MG(4)-2 MG(2) -6 MG (2)	Tier 4	ST: Trial of ONE of following is required: olanzapine tab OR risperidone tab, THEN ONE of the following: paliperidone ER tab, asenapine SL, Invega tab, Rexulti tab, Saphris SL, Vraylar cap, Lybalvi tab
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: Trial, intolerance or contraindication to ONE of the following is required: olanzapine oral tablet OR risperidone oral tablet.; QL (30 EA per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	Tier 4	ST: Trial, intolerance or contraindication to ONE of the following is required: olanzapine oral tablet OR 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	ST: Trial, intolerance or contraindication to ONE of the following is required: olanzapine oral tablet OR risperidone oral tablet.; 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	

Drug	Status	Notes
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	Tier 3	ST: Trial, intolerance or contraindication to ONE of the following is required: olanzapine oral tablet OR risperidone oral tablet.; QL (30 EA per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	Tier 3	ST: Trial, intolerance or contraindication to ONE of the following is required: olanzapine oral tablet OR 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	
<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: Trial, intolerance or contraindication to ONE of the following is required: olanzapine oral tablet OR 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 ONE of following is required: olanzapine tab OR risperidone tab, THEN ONE of the following: paliperidone ER tab, asenapine SL, Invega tab, Rexulti tab, Saphris SL, Vraylar cap, Lybalvi tab; QL (30 EA per 30 days)
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 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, 50 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 INTRAMUSCULAR RECON SOLN 10 MG	Tier 4	
ZYPREXA ORAL TABLET 2.5 MG, 20 MG, 5 MG	Tier 4	
<b>Antipsychotics, Dopamine Antagonists, Thioxanthenes</b>		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 3	

Drug	Status	Notes
<b>Antipsychotics,Dopamine Antagonists,Butyrophenones</b>		
<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	
<b>Antipsychotics,Dopamine Antagonist,Dihydroindolones</b>		
<i>molindone oral tablet 10 mg, 25 mg, 5 mg</i>	Tier 3	PA
<b>Anti-Psychotics,Phenothiazines</b>		
<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	
<b>Barbiturates</b>		
<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	
<b>Hsdd Agents-Mixed Serotonin Agonist/Antagonists</b>		
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)
<b>Hypnotics, Melatonin Mt1/Mt2 Receptor Agonists</b>		
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)
<b>Narcolepsy And Sleep Disorder Therapy Agents</b>		
<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)
<b>Narcolepsy Tx-H3-Recept.Antagonist/Inverse Agonist</b>		
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	Tier 7	PA; SP; QL (60 EA per 30 days)

Drug	Status	Notes
<b>Narcotic Antagonists</b>		
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	
ZURNAI INJECTION AUTO-INJECTOR 1.5 MG/0.5 ML	Tier 4	
<b>Sedative-Hypnotics - Benzodiazepines</b>		
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)
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	
<b>Sedative-Hypnotics, Non-Barbiturate</b>		
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

Drug	Status	Notes
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)
<b>Selective Serotonin 5-Ht2a Inverse Agonists (Ssia)</b>		
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)
<b>Ssri &amp;Antipsych,Atyp,Dopamine&amp;Serotonin Antag Comb</b>		
<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)
<b>Tx For Adhd - Selective Alpha-2A Receptor Agonist</b>		
<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
<b>Tx For Attention Deficit-Hyperact(Adhd)/Narcolepsy</b>		
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)

Drug	Status	Notes
<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)
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)
<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 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 4	PA; 120mL Bottle; QL (360 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 4	PA; 150mL Bottle; QL (360 ML per 30 days)

Drug	Status	Notes
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 4	PA; 180mL Bottle; QL (360 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 4	PA; 60mL Bottle; 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 ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 4	QL (90 EA per 30 days)
<b>Tx For Attention Deficit-Hyperact.(Adhd), Nri-Type</b>		
<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
<b>Cardiovascular Disease - Arrhythmia</b>		
<b>Antiarrhythmics</b>		
<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	
<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	
<i>pacерone oral tablet 100 mg</i>	Tier 4	
<i>pacерone oral tablet 200 mg</i>	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)
<b>Cardiovascular Disease - Cardiac Stimulant</b>		
<b>Digitalis Glycosides</b>		
DIGOXIN ORAL SOLUTION 50 MCG/ML (0.05 MG/ML)	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
<b>Cardiovascular Disease - Hypertension</b>		
<b>Ace Inhibitor/Calcium Channel Blocker Combination</b>		
<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	

Drug	Status	Notes
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
<b>Ace Inhibitor/Thiazide &amp; Thiazide-Like Diuretic</b>		
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	
<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, 20-12.5 mg</i>	Tier 3	
<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	
<b>Alpha/Beta-Adrenergic Blocking Agents</b>		
<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

Drug	Status	Notes
<b>Alpha-Adrenergic Blocking Agents</b>		
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	
<b>Angioten.Receptr Antag./Cal.Chanl Blkr/Thiazide Cb</b>		
<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
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-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	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
<b>Angiotensin Receptor Antag./Thiazide Diuretic Comb</b>		
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	

Drug	Status	Notes
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	
<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	
<b>Angiotensin Receptor Antgnst &amp; Calc.Channel Blockr</b>		
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	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
<b>Antihypertensives, Ace Inhibitors</b>		
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	Tier 4	
ALTACE ORAL CAPSULE 1.25 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	

Drug	Status	Notes
<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 3	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	Tier 3	
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	
<b>Antihypertensives, Angiotensin Receptor Antagonist</b>		
ARBLI ORAL SUSPENSION 10 MG/ML	Tier 4	
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	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 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	
<b>Antihypertensives, Miscellaneous</b>		
DEMSEER ORAL CAPSULE 250 MG	Tier 7	PA; SP
<i>metyrosine oral capsule 250 mg</i>	Tier 6	PA; SP
<b>Antihypertensives, Sympatholytic</b>		
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24 HR	Tier 4	QL (4 EA per 28 days)

Drug	Status	Notes
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	
JAVADIN ORAL SOLUTION 0.02 MG/ML (20 MCG/ML)	Tier 4	PA
<i>methyldopa oral tablet 250 mg, 500 mg</i>	Tier 2	
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HR 0.17 MG	Tier 4	PA
<b>Antihypertensives, Vasodilators</b>		
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 2	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	Tier 2	
<b>Antihypertensives, Endothelin Receptor Antagonists</b>		
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)
<b>Beta-Adrenergic Blocking Agents</b>		
<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	
LOPRESSOR ORAL TABLET 12.5 MG	Tier 3	PA
<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	

Drug	Status	Notes
<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	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	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	250mL Bottle
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)
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 200 MG, 25 MG, 50 MG	Tier 4	
<b>Beta-Adrenergic Blocking Agents/Thiazide &amp; Related</b>		
<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	
<b>Calcium Channel Blocking Agents</b>		
<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	
<i>cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	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	

Drug	Status	Notes
<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	
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	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
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	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	
<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	
SDAMLO ORAL POWDER IN CONTAINER 10 MG, 2.5 MG, 5 MG	Tier 4	PA; QL (30 EA per 30 days)
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	Tier 4	PA; QL (30 EA per 30 days)
<i>tiadyft er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	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	
<b>Loop Diuretics</b>		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2	

Drug	Status	Notes
EDECIN ORAL TABLET 25 MG	Tier 4	
ENBUMYST NASAL SPRAY, NON-AEROSOL 0.5 MG/SPRAY (0.1 ML)	Tier 4	PA
<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 ONYU SUBCUTANEOUS KIT 80 MG/2.67 ML	Tier 6	PA; SP
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG	Tier 4	
SOAAZ ORAL TABLET 40 MG	Tier 4	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	Tier 2	
<b>Potassium Sparing Diuretics</b>		
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)
INSPIRA 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	
<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
<b>Potassium Sparing Diuretics In Combination</b>		
<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	
<b>Pulm Anti-Htn, Soluble Guanylate Cyclase Stimulator</b>		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	Tier 7	PA; SP; QL (90 EA per 30 days)
<b>Pulm. Anti-Htn, Sel. C-Gmp Phosphodiesterase T5 Inhib</b>		
ADCIRCA ORAL TABLET 20 MG	Tier 4	PA; QL (60 EA per 30 days)
<i>alyq oral tablet 20 mg</i>	Tier 3	PA; QL (60 EA per 30 days)
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
<b>Pulmonary Anti-Htn, Endothelin Receptor Antagonist</b>		
<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

Drug	Status	Notes
<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
<b>Pulmonary Antihyper Agent, Actriia-Fc</b>		
WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2)	Tier 7	PA; SP
<b>Pulmonary Antihypertensives, Prostacyclin-Type</b>		
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42)	Tier 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)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 32 MCG, 48 MCG, 64 MCG, 80 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 DPI INHALATION CARTRIDGE WITH INHALER 32-64 MCG, 48-64 MCG	Tier 6	PA; SP; QL (224 EA per 28 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
<b>Pulmonary Htn-Endothelin Recept Antg-Cgmp Pde5 Inh</b>		
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG	Tier 6	PA; SP; QL (30 EA per 30 days)

Drug	Status	Notes
<b>Renin Inhibitor, Direct</b>		
<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
<b>Thiazide And Related Diuretics</b>		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 1	
DIURIL ORAL SUSPENSION 250 MG/5 ML	Tier 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
<b>Vasodilators, Combination</b>		
BIDIL ORAL TABLET 20-37.5 MG	Tier 4	
<i>isosorbide-hydralazine oral tablet 20-37.5 mg</i>	Tier 3	
<b>Cardiovascular Disease - Lipid Irregularity</b>		
<b>Antihyperlip.Hmg Coa Reduct Inhib&amp;Cholest.Ab.Inhib</b>		
<i>ezetimibe-rosuvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-5 mg</i>	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)
<b>Antihyperlipidemic - Apo B-100 Synthesis Inhibitor</b>		
REDEMPLO SUBCUTANEOUS SYRINGE 25 MG/0.5 ML	Tier 7	PA; SP; QL (0.5 ML per 90 days)
TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML	Tier 7	PA; SP
<b>Antihyperlipidemic - Atp Citrate Lyase Inhibitor</b>		
NEXLETOL ORAL TABLET 180 MG	Tier 4	ST: Trial of TWO of the following is required: atorvastatin, ezetimibe, lovastatin, pravastatin, rosuvastatin, simvastatin; QL (30 EA per 30 days)
<b>Antihyperlipidemic - Hmg Coa Reductase Inhibitors</b>		
ATORVALIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	Tier 4	PA

Drug	Status	Notes
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Tier 1	IF AGE=40 YEARS OR OLDER THEN \$0 COPAY
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; IF AGE=40 YEARS OR OLDER THEN \$0 COPAY
<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; IF AGE=40 YEARS OR OLDER THEN \$0 COPAY; QL (30 EA per 30 days)
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR 80 MG	Tier 4	ST: Trial of TWO of the following is required: atorvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin; 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	IF AGE=40 YEARS OR OLDER THEN \$0 COPAY
<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; IF AGE=40 YEARS OR OLDER THEN \$0 COPAY; QL (30 EA per 30 days)
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Tier 1	IF AGE=40 YEARS OR OLDER THEN \$0 COPAY
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	IF AGE=40 YEARS OR OLDER THEN \$0 COPAY
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	Tier 1	IF AGE=40 YEARS OR OLDER THEN \$0 COPAY
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)
<b>Antihyperlipidemic - Mtp Inhibitor</b>		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	Tier 7	PA; SP; QL (30 EA per 30 days)

Drug	Status	Notes
<b>Antihyperlipidemic - Pcsk9 Inhibitors</b>		
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
<b>Antihyperlipidemic-Acly And Choles Absorp Inhib</b>		
NEXLIZET ORAL TABLET 180-10 MG	Tier 4	PA; QL (30 EA per 30 days)
<b>Bile Salt Sequestrants</b>		
<i>cholestyramine light oral powder 4 gram</i>	Tier 2	
<i>cholestyramine light oral powder in packet 4 gram</i>	Tier 2	
<i>cholestyramine oral powder 4 gram</i>	Tier 2	
<i>cholestyramine oral powder in packet 4 gram</i>	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	
<i>prevalite oral powder 4 gram</i>	Tier 2	
<i>prevalite oral powder in packet 4 gram</i>	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	
<b>Lipotropics</b>		
<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 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(dr/lec) 135 mg, 45 mg</i>	Tier 2	
<i>fenofibric acid oral tablet 105 mg</i>	Tier 3	PA

Drug	Status	Notes
<i>fenofibric acid oral tablet 35 mg</i>	Tier 2	
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 500 mg</i>	Tier 3	PA
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	Tier 3	
<i>niacor oral tablet 500 mg</i>	Tier 3	PA
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	Tier 2	
TRICOR ORAL TABLET 145 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	
<b>Cardiovascular Disease - Miscellaneous Agents</b>		
<b>Adrenergic Vasopressor Agents</b>		
<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)
<b>Angiotensin Recept-Neprilysin Inhibitor Comb(Arni)</b>		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	Tier 4	QL (60 EA per 30 days)
ENTRESTO SPRINKLE ORAL PELLETT 15-16 MG, 6-6 MG	Tier 3	QL (240 EA per 30 days)
<i>sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg</i>	Tier 3	QL (60 EA per 30 days)
<b>Antianginal &amp; Anti-Ischemic Agents, Non-Hemodynamic</b>		
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	
<b>Antianginal, Heart Rate Reducing, I(F) Inhibitor</b>		
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)
<b>Antihyperlip - Hmg-Coa&amp;Calcium Channel Blocker Cb</b>		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 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)

Drug	Status	Notes
<b>Anti-Inflammatory - Antimitotics</b>		
LODOCO ORAL TABLET 0.5 MG	Tier 4	PA
<b>Cardiac Myosin Inhibitor</b>		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
<b>Protein Stabilizers</b>		
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)
<b>Soluble Guanylate Cyclase (Sgc) Stimulator</b>		
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 4	PA
<b>Cardiovascular Disease - Vasodilation</b>		
<b>Vasodilators, Coronary</b>		
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	
<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	
<b>Vasodilators, Peripheral</b>		
<i>ergoloid oral tablet 1 mg</i>	Tier 3	
<b>Contraception/Oxytocics</b>		
<b>Contraceptives, Intravaginal, Systemic</b>		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR	ACA	
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	ACA	
<i>enilloring vaginal ring 0.12-0.015 mg/24 hr</i>	ACA	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	ACA	
<i>haloette vaginal ring 0.12-0.015 mg/24 hr</i>	ACA	
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR	Tier 4	

Drug	Status	Notes
<b>Contraceptives, Implantable</b>		
NEXPLANON SUBDERMAL IMPLANT 68 MG	ACA	
<b>Contraceptives, Injectable</b>		
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	ACA	
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	ACA	
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	ACA	
<b>Contraceptives, Intravaginal</b>		
PHEXX VAGINAL GEL 1.8-1-0.4 %	ACA	
PHEXXI VAGINAL GEL 1.8-1-0.4 %	ACA	
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 %	ACA	
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %	ACA	
<i>vcf contraceptive gel vaginal gel 4 %</i>	ACA	
<b>Contraceptives, Oral</b>		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	ACA	
<i>after pill oral tablet 1.5 mg</i>	ACA	
<i>aftera oral tablet 1.5 mg</i>	ACA	
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	ACA	
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	ACA	
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	ACA	
<i>amethia oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	ACA	
<i>amethyst (28) oral tablet 90-20 mcg (28)</i>	ACA	
<i>apri oral tablet 0.15-0.03 mg</i>	ACA	
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	ACA	
<i>ashlyna oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	ACA	
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	ACA	
<i>aubra oral tablet 0.1-20 mg-mcg</i>	ACA	
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	ACA	
<i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>	ACA	
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	ACA	
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	ACA	
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	ACA	
<i>averi oral tablet 0.15 mg-0.03 mg (21)/36.5 mg(7)</i>	ACA	
<i>aviane oral tablet 0.1-20 mg-mcg</i>	ACA	
<i>ayuna oral tablet 0.15-0.03 mg</i>	ACA	
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	ACA	
BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)	Tier 4	QL (28 EA per 28 days)

Drug	Status	Notes
<i>balziva</i> (28) oral tablet 0.4-35 mg-mcg	ACA	
BEYAZ ORAL TABLET 3-0.02-0.451 MG (24) (4)	Tier 4	
<i>blisovi</i> 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	ACA	
<i>blisovi</i> fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	ACA	
<i>blisovi</i> fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	ACA	
<i>briellyn</i> oral tablet 0.4-35 mg-mcg	ACA	
<i>camila</i> oral tablet 0.35 mg	ACA	
<i>camrese lo</i> oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	ACA	
<i>camrese</i> oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	ACA	
<i>caziant</i> (28) oral tablet 0.1/.125/.15-25 mg-mcg	ACA	
<i>charlotte</i> 24 fe oral tablet,chewable 1 mg-20 mcg(24)/75 mg (4)	ACA	
<i>chateal eq</i> (28) oral tablet 0.15-0.03 mg	ACA	
<i>cryselle</i> (28) oral tablet 0.3-30 mg-mcg	ACA	
<i>cyred eq</i> oral tablet 0.15-0.03 mg	ACA	
<i>cyred</i> oral tablet 0.15-0.03 mg	ACA	
<i>dasetta</i> 1/35 (28) oral tablet 1-35 mg-mcg	ACA	
<i>dasetta</i> 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	ACA	
<i>daysee</i> oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	ACA	
<i>deblitane</i> oral tablet 0.35 mg	ACA	
<i>desog-e.estradiol/e.estradiol</i> oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	ACA	
<i>dolishale</i> oral tablet 90-20 mcg (28)	ACA	
<i>drospirenone-e.estradiol-lm.fa</i> oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)	ACA	
<i>drospirenone-ethinyl estradiol</i> oral tablet 3-0.02 mg, 3-0.03 mg	ACA	
<i>econtra ez</i> oral tablet 1.5 mg	ACA	
<i>econtra one-step</i> oral tablet 1.5 mg	ACA	
<i>elimest</i> oral tablet 0.3-30 mg-mcg	ACA	
ELLA ORAL TABLET 30 MG	ACA	
<i>emzahh</i> oral tablet 0.35 mg	ACA	
<i>enpresse</i> oral tablet 50-30 (6)/75-40 (5)/125-30(10)	ACA	
<i>enskyce</i> oral tablet 0.15-0.03 mg	ACA	
<i>errin</i> oral tablet 0.35 mg	ACA	
<i>estarylla</i> oral tablet 0.25-0.035 mg	ACA	
<i>ethynodiol diac-eth estradiol</i> oral tablet 1-35 mg-mcg, 1-50 mg-mcg	ACA	
<i>falmina</i> (28) oral tablet 0.1-20 mg-mcg	ACA	
<i>feirza</i> oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)	ACA	
FEMLYV ORAL TABLET,DISINTEGRATING 1 MG-20 MCG	ACA	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>finzala oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	ACA	
<i>galbriela oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	ACA	
<i>gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	ACA	
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	ACA	
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	ACA	
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	ACA	
<i>hailey oral tablet 1.5-30 mg-mcg</i>	ACA	
<i>heather oral tablet 0.35 mg</i>	ACA	
<i>iclevia oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	ACA	
<i>incassia oral tablet 0.35 mg</i>	ACA	
<i>introvale oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	ACA	
<i>isibloom oral tablet 0.15-0.03 mg</i>	ACA	
<i>jaimiess oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	ACA	
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	ACA	
<i>jencycla oral tablet 0.35 mg</i>	ACA	
<i>jolessa oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	ACA	
<i>joyeaux oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	ACA	
<i>juleber oral tablet 0.15-0.03 mg</i>	ACA	
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	ACA	
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	ACA	
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	ACA	
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	ACA	
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	ACA	
<i>kaitlib fe oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	ACA	
<i>kalliga oral tablet 0.15-0.03 mg</i>	ACA	
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	ACA	
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	ACA	
<i>kelnor 1/50 (28) oral tablet 1-50 mg-mcg</i>	ACA	
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	ACA	
<i>l norgest/e.estradiol-e.estradiol oral tablets, dose pack, 3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	ACA	
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	ACA	
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	ACA	
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	ACA	
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	ACA	
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	ACA	
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>	ACA	

Drug	Status	Notes
<i>lessina oral tablet 0.1-20 mg-mcg</i>	ACA	
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	ACA	
<i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	ACA	
<i>levonorgestrel oral tablet 1.5 mg</i>	ACA	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i>	ACA	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	ACA	
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	ACA	
<i>levora-28 oral tablet 0.15-0.03 mg</i>	ACA	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)	ACA	
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)	ACA	
LOESTRIN FE 1/20 (28-DAY) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	ACA	
<i>lojaimiess oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	ACA	
<i>loryna (28) oral tablet 3-0.02 mg</i>	ACA	
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	ACA	
<i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>	ACA	
<i>luizza oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	ACA	
<i>lutra (28) oral tablet 0.1-20 mg-mcg</i>	ACA	
<i>lyleq oral tablet 0.35 mg</i>	ACA	
<i>lyza oral tablet 0.35 mg</i>	ACA	
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	ACA	
<i>meleya oral tablet 0.35 mg</i>	ACA	
<i>mibelas 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	ACA	
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	ACA	
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	ACA	
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	ACA	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	ACA	
<i>mili oral tablet 0.25-0.035 mg</i>	ACA	
<i>minzoya oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	ACA	
<i>mono-linyah oral tablet 0.25-0.035 mg</i>	ACA	
<i>my choice oral tablet 1.5 mg</i>	ACA	
<i>my way oral tablet 1.5 mg</i>	ACA	
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG	ACA	
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	ACA	
<i>new day oral tablet 1.5 mg</i>	ACA	

Drug	Status	Notes
NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28)	ACA	
<i>nikki (28) oral tablet 3-0.02 mg</i>	ACA	
<i>nora-be oral tablet 0.35 mg</i>	ACA	
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	ACA	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	ACA	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	ACA	
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	ACA	
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	ACA	
<i>norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	ACA	
<i>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</i>	ACA	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	ACA	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	ACA	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	ACA	
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	ACA	
<i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i>	ACA	
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	ACA	
<i>ocella oral tablet 3-0.03 mg</i>	ACA	
<i>opcicon one-step oral tablet 1.5 mg</i>	ACA	
OPILL ORAL TABLET 0.075 MG	ACA	
<i>option-2 oral tablet 1.5 mg</i>	ACA	
<i>orquidea oral tablet 0.35 mg</i>	ACA	
<i>philith oral tablet 0.4-35 mg-mcg</i>	ACA	
<i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	ACA	
PLAN B ONE-STEP ORAL TABLET 1.5 MG	Tier 4	
<i>portia 28 oral tablet 0.15-0.03 mg</i>	ACA	
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	ACA	
<i>rivelsa oral tablets, dose pack, 3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	ACA	
<i>rosyrah oral tablets, dose pack, 3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	ACA	
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (21) (7)	Tier 4	QL (28 EA per 28 days)
<i>setlakina oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	ACA	
<i>sharobel oral tablet 0.35 mg</i>	ACA	
SHEWISE ORAL TABLET 1.5 MG	Tier 4	
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	ACA	
<i>simpesse oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	ACA	
SLYND ORAL TABLET 4 MG (28)	ACA	
<i>sprintec (28) oral tablet 0.25-0.035 mg</i>	ACA	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	ACA	
<i>syeda oral tablet 3-0.03 mg</i>	ACA	

Drug	Status	Notes
<i>take action oral tablet 1.5 mg</i>	ACA	
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	ACA	
<i>tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	ACA	
<i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	ACA	
TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	Tier 4	
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	ACA	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	ACA	
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	ACA	
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	ACA	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	ACA	
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	ACA	
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	ACA	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	ACA	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	ACA	
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	ACA	
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	ACA	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	ACA	
<i>tulana oral tablet 0.35 mg</i>	ACA	
<i>turqoz (28) oral tablet 0.3-30 mg-mcg</i>	ACA	
<i>tyblume oral tablet, chewable 0.1 mg- 20 mcg</i>	ACA	
<i>tydemy oral tablet 3-0.03-0.451 mg (21) (7)</i>	ACA	
<i>valtya oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	ACA	
<i>velivet triphasic regimen (28) oral tablet 0.1/1.125/1.15-25 mg-mcg</i>	ACA	
<i>vestura (28) oral tablet 3-0.02 mg</i>	ACA	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	ACA	
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	ACA	
<i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	ACA	
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	ACA	
<i>vylibra oral tablet 0.25-0.035 mg</i>	ACA	
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	ACA	
<i>wymzya fe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	ACA	
<i>xarah fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	ACA	
<i>xelria fe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	ACA	
YASMIN (28) ORAL TABLET 3-0.03 MG	Tier 4	
YAZ (28) ORAL TABLET 3-0.02 MG	Tier 4	
<i>zarah oral tablet 3-0.03 mg</i>	ACA	
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	ACA	
<i>zumandimine (28) oral tablet 3-0.03 mg</i>	ACA	
<b>Contraceptives, Transdermal</b>		
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>	ACA	

Drug	Status	Notes
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR	ACA	
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	ACA	
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	ACA	
<b>Diaphragms/Cervical Cap</b>		
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	ACA	
<b>Oxytocics</b>		
<i>methylergonovine oral tablet 0.2 mg</i>	Tier 3	
<b>Cough And Cold</b>		
<b>Antitussives,Non-Narcotic</b>		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	Tier 2	
<b>Narcotic Antituss-1St Gen. Antihistamine-Decongest</b>		
HISTEX-AC ORAL SYRUP 2.5-10-10 MG/5 ML	Tier 4	QL (600 ML per 30 days); Age (Min 18 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)
<b>Narcotic Antituss-Decongestant-Expectorant Comb</b>		
CODITUSSIN DAC ORAL LIQUID 30-10-200 MG/5 ML	Tier 3	QL (1200 ML per 30 days); Age (Min 18 Years)
<i>guaifenesin dac oral syrup 30-10-100 mg/5 ml</i>	Tier 3	Age (Min 18 Years)
<b>Narcotic Antitussive-1St Generation Antihistamine</b>		
DURATUSS AC ORAL LIQUID 1-10 MG/5 ML	Tier 4	QL (1200 ML per 30 days); Age (Min 18 Years)
<i>hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml</i>	Tier 2	Age (Min 18 Years)
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	Tier 2	Age (Min 18 Years)
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG	Tier 4	Age (Min 18 Years and Max 17 Years)
<b>Narcotic Antitussive-Anticholinergic Comb.</b>		
HYCODAN (WITH HOMATROPINE) ORAL SOLUTION 5-1.5 MG/5 ML	Tier 4	Age (Min 18 Years)
HYCODAN (WITH HOMATROPINE) ORAL TABLET 5-1.5 MG	Tier 4	Age (Min 18 Years)
HYCODAN ORAL SOLUTION 5-1.5 MG/5 ML (5 ML)	Tier 4	Age (Min 18 Years)
<i>hydrocodone-homatropine oral solution 5-1.5 mg/5 ml</i>	Tier 2	Age (Min 18 Years)
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	Tier 3	Age (Min 18 Years)
<i>hydromet oral solution 5-1.5 mg/5 ml</i>	Tier 2	Age (Min 18 Years)
<b>Narcotic Antitussive-Expectorant Combination</b>		
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>	Tier 2	Age (Min 18 Years)
<i>coditussin ac oral liquid 10-200 mg/5 ml</i>	Tier 3	QL (1200 ML per 30 days); Age (Min 18 Years)
<i>g tussin ac oral liquid 10-100 mg/5 ml</i>	Tier 2	Age (Min 18 Years)
<i>guaifenesin ac oral liquid 10-100 mg/5 ml</i>	Tier 2	Age (Min 18 Years)
<i>mar-cof cg oral liquid 7.5-225 mg/5 ml</i>	Tier 4	QL (1590 ML per 30 days); Age (Min 18 Years)
<i>maxi-tuss ac oral liquid 10-100 mg/5 ml</i>	Tier 2	Age (Min 18 Years)
<i>ninjacof-xg oral liquid 8-200 mg/5 ml</i>	Tier 3	QL (1800 ML per 30 days); Age (Min 18 Years)
<b>Non-Narc Antitussive-1St Gen Antihistamine Comb.</b>		
<i>promethazine-dm oral solution 6.25-15 mg/5 ml</i>	Tier 2	

Drug	Status	Notes
<b>Dermatology - Acne</b>		
<b>Acne Agents, Systemic</b>		
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)
<i>accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 3	
<i>amnesteam oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 3	
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	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)
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 3	
<b>Acne Agents, Topical</b>		
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
CABTREGO 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 (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	
<i>neuac topical gel 1.2 % (1 % base) -5 %</i>	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 (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 (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 (Max 44 Years)
<b>Rosacea Agents, Topical</b>		
<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
<i>rosadan topical cream 0.75 %</i>	Tier 2	
ROSADAN TOPICAL GEL 0.75 %	Tier 2	

Drug	Status	Notes
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
<b>Topical Antiandrogenic Agents</b>		
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, Neucac gel, or tretinoin topical cream/gel
<b>Topical Preparations, Antibacterials</b>		
<i>lugols topical solution 5-10 %</i>	Tier 2	
<b>Vitamin A Derivatives</b>		
<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 (Max 44 Years)
ATRALIN TOPICAL GEL 0.05 %	Tier 4	Age (Max 44 Years)
<i>avita topical cream 0.025 %</i>	Tier 4	Age (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 (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 (Max 44 Years)
RETIN-A TOPICAL CREAM 0.025 %, 0.05 %, 0.1 %	Tier 4	Age (Max 44 Years)
RETIN-A TOPICAL GEL 0.01 %, 0.025 %	Tier 4	Age (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 (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 (Max 44 Years)
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	Tier 2	Age (Max 44 Years)
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	Tier 3	Age (Max 44 Years)
<b>Vitamin A Derivatives, Topical Acne Agents</b>		
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 (Max 44 Years)

Drug	Status	Notes
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 (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 (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 (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 4	
CLINDACIN P TOPICAL SWAB 1 %	Tier 4	
CLINDACIN TOPICAL FOAM 1 %	Tier 4	
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	
<i>ery pads topical swab 2 %</i>	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	
EVOCLIN TOPICAL FOAM 1 %	Tier 4	
<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	

Drug	Status	Notes
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
<b>Topical Antifungal/Anti-inflammatory, Steroid Agent</b>		
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	Tier 2	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	Tier 3	
<b>Topical Antifungals</b>		
CICLODAN TOPICAL CREAM 0.77 %	Tier 4	
CICLODAN TOPICAL SOLUTION 8 %	Tier 4	
<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	
<i>econazole nitrate topical foam 1 %</i>	Tier 3	PA
ECOZA TOPICAL FOAM 1 %	Tier 4	PA
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>ketconazole topical cream 2 %</i>	Tier 2	
<i>ketconazole topical foam 2 %</i>	Tier 3	PA
<i>ketconazole topical shampoo 2 %</i>	Tier 2	
<i>ketodan topical foam 2 %</i>	Tier 3	PA
<i>klayesta topical powder 100,000 unit/gram</i>	Tier 2	
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	
<i>nyamyc topical powder 100,000 unit/gram</i>	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	

Drug	Status	Notes
<i>nystop topical powder 100,000 unit/gram</i>	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
<b>Topical Antiparasitics</b>		
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	
<b>Topical Antivirals</b>		
<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	
<b>Topical Antivirals/Anti-inflammatory, Steroid Agent</b>		
XERESE TOPICAL CREAM 5-1 %	Tier 4	PA
<b>Topical Genital Wart-Hpv Treatment Agents</b>		
VEREGEN TOPICAL OINTMENT 15 %	Tier 4	QL (30 GM per 30 days)
<b>Topical Sulfonamides</b>		
SILVADENE TOPICAL CREAM 1 %	Tier 4	
<i>silver sulfadiazine topical cream 1 %</i>	Tier 2	
<i>ssd topical cream 1 %</i>	Tier 2	
SULFAMYLON TOPICAL CREAM 85 MG/G	Tier 4	
<b>Dermatology - Anti-inflammatory</b>		
<b>Interleukin-13 (IL-13) Inhibitors, Mab</b>		
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)
<b>Interleukin-31(IL-31)Receptor Alpha Antagonist,Mab</b>		
NEMLUVIO SUBCUTANEOUS PEN INJECTOR 30 MG	Tier 7	PA; SP; QL (2 EA per 28 days)

Drug	Status	Notes
<b>Top. Anti-Inflam., Phosphodiesterase-4 (Pde4) Inhib</b>		
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 0.05 %, 0.15 %	Tier 4	PA
ZORYVE TOPICAL FOAM 0.3 %	Tier 4	PA
<b>Topical Antibiotics/Antiinflammatory, Steroidal</b>		
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	
<b>Topical Anti-Inflammatory Steroidal</b>		
<i>ala-scalp topical lotion 2 %</i>	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
<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	

Drug	Status	Notes
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
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	
<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	
<i>fluocinonide-e topical cream 0.05 %</i>	Tier 2	
<i>fluocinonide-emollient topical cream 0.05 %</i>	Tier 2	
<i>flurandrenolide topical cream 0.05 %</i>	Tier 3	PA
<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 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	

Drug	Status	Notes
<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)
LEXETTE TOPICAL FOAM 0.05 %	Tier 4	PA
LUXIQ TOPICAL FOAM 0.12 %	Tier 4	
<i>micort-hc topical cream with perineal applicator 2.5 %</i>	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>procto-med hc topical cream with perineal applicator 2.5 %</i>	Tier 2	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	Tier 2	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	Tier 2	
SCALACORT TOPICAL LOTION 2 %	Tier 3	PA
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 (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	
<i>trianex topical ointment 0.05 %</i>	Tier 2	
<i>triderm topical cream 0.5 %</i>	Tier 2	
ULTRAVATE TOPICAL LOTION 0.05 %	Tier 4	PA

Drug	Status	Notes
VANOS TOPICAL CREAM 0.1 %	Tier 4	
VERDESO TOPICAL FOAM 0.05 %	Tier 4	PA
<b>Topical Anti-Inflammatory, Nsaids</b>		
<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 /actuation(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
<b>Topical Janus Kinase (Jak) Inhibitors</b>		
ANZUPGO TOPICAL CREAM 2 %	Tier 7	PA; SP; QL (60 GM per 30 days)
OPZELURA TOPICAL CREAM 1.5 %	Tier 7	PA; SP
<b>Dermatology - Antipruritic Drugs</b>		
<b>Antipruritics, Topical</b>		
<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
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
<b>Dermatology - Miscellaneous</b>		
<b>Antiperspirants</b>		
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 %	Tier 3	
DRYSOL TOPICAL SOLUTION 20 %	Tier 3	
<b>Antiseborrheic Agents</b>		
<i>selenium sulfide topical lotion 2.5 %</i>	Tier 2	
<b>Antiseptics, General</b>		
ALCOHOL PADS TOPICAL PADS, MEDICATED	Tier 4	
ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	Tier 4	
ALCOHOL SWABS TOPICAL PADS, MEDICATED	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	

Drug	Status	Notes
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	
ULILET ALCOHOL SWAB TOPICAL PADS, MEDICATED	Tier 4	
WEBCOL TOPICAL PADS, MEDICATED	Tier 4	
<b>Irrigants</b>		
<i>acetic acid irrigation solution 0.25 %</i>	Tier 2	
<i>curity sterile water irrigation solution</i>	Tier 2	
LACTATED RINGERS IRRIGATION SOLUTION	Tier 4	
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	Tier 2	
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L	Tier 4	
PHYSIOSOL IRRIGATION 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	
<b>Keratolytics</b>		
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	
<b>Topical Anti-Inflammatory Steroid-Local Anesthetic</b>		
EPIFOAM TOPICAL FOAM 1-1 %	Tier 4	
PRAMOSONE TOPICAL CREAM 1-1 %	Tier 4	
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 %	Tier 4	
<b>Topical Antineoplastic &amp; Premalignant Lesion Agnts</b>		
<i>bexarotene topical gel 1 %</i>	Tier 6	PA; SP

Drug	Status	Notes
CARAC TOPICAL CREAM 0.5 %	Tier 4	ST: 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: 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: 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: 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: 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
TOLAK TOPICAL CREAM 4 %	Tier 4	ST: 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
<b>Topical Local Anesthetics</b>		
<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	
<i>lidocan iii topical adhesive patch,medicated 5 %</i>	Tier 3	
<i>lidocan iv topical adhesive patch,medicated 5 %</i>	Tier 3	
<i>lidocan v topical adhesive patch,medicated 5 %</i>	Tier 3	
LIDODERM TOPICAL ADHESIVE PATCH,MEDICATED 5 %	Tier 4	
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 %	Tier 4	PA
<b>Topical/Mucous Membr./Subcut. Enzymes</b>		
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	Tier 4	
<b>Dermatology - Psoriasis/Eczema</b>		
<b>Antipsoriatic Agents,Systemic</b>		
<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)

Drug	Status	Notes
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)
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
<b>Antipsoriatics Agents</b>		
<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 (Max 44 Years)
<i>tazarotene topical cream 0.1 %</i>	Tier 3	Age (Max 44 Years)

Drug	Status	Notes
<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 (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 (Max 44 Years)
TAZORAC TOPICAL CREAM 0.1 %	Tier 4	Age (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 (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
<b>II-23 Receptor Antagonist, Monoclonal Antibody</b>		
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 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, 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(2PEN) SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	Tier 7	PA; SP; QL (12 ML per 365 days)
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
<b>Topical Immunosuppressive Agents</b>		
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	

Drug	Status	Notes
<b>Topical Vit D Analog/Anti-inflammatory, Steroidal</b>		
<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
<b>Diabetes</b>		
<b>Antihypergly, (Dpp-4) Inhibitor &amp; Biguanide Comb.</b>		
<i>alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg</i>	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 (60 EA per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	Tier 3	ST: 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: 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: 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 ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	Tier 4	ST: 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: 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: 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>linagliptin-metformin oral tablet 2.5-1,000 mg, 2.5-500 mg, 2.5-850 mg</i>	Tier 3	ST: 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>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)

Drug	Status	Notes
SITAGLIPTIN-METFORMIN ORAL TABLET 50-1,000 MG, 50-500 MG	Tier 3	ST: 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)
<b>Antihypergly,Dpp-4 Enzyme Inhib &amp;Thiazolidinedione</b>		
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	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)
<b>Antihypergly,Incretin Mimetic(Glp-1 Recep.Agonist)</b>		
<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)
<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 14 MG, 3 MG, 7 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)
<b>Antihyperglycemic-Sod/Gluc Cotransport2(SglT2)Inhib</b>		
BRENZAVVY ORAL TABLET 20 MG	Tier 4	ST: 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)

Drug	Status	Notes
<i>dapagliflozin propanediol oral tablet 10 mg, 5 mg</i>	Tier 4	ST: 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: 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: 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: 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)
<b>Antihyperglycemic - Dopamine Receptor Agonists</b>		
CYCLOSET ORAL TABLET 0.8 MG	Tier 4	PA
<b>Antihyperglycemic - Incretin Mimetics Combination</b>		
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	Tier 3	PA; QL (2 ML per 28 days)
<b>Antihyperglycemic, Alpha-Glucosidase Inhib (N-S)</b>		
<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	
<b>Antihyperglycemic, Dpp-4 Inhibitors</b>		
<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: 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)

Drug	Status	Notes
TRADJENTA ORAL TABLET 5 MG	Tier 3	ST: 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)
<b>Antihyperglycemic, Insulin-Release Stimulant Type</b>		
<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	
<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	
<b>Antihyperglycemic, Insulin-Response Enhancer (N-S)</b>		
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG	Tier 4	
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	Tier 2	
<b>Antihyperglycemic, Sglt-2 &amp; Dpp-4 Inhibitor Comb.</b>		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	Tier 4	ST: 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: 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)
<b>Antihyperglycemic, Biguanide Type (Non-Sulfonylurea)</b>		
<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	
<b>Antihyperglycemic, Insulin &amp; Glp-1 Receptor Agonist</b>		
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)

Drug	Status	Notes
<b>Antihyperglycemic, Insulin-Rel Stim. &amp; Biguanide Comb</b>		
<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	
<b>Antihyperglycemic, Insulin-Response &amp; Release Comb.</b>		
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)
<b>Antihyperglycemic-Glucocorticoid Receptor Blocker</b>		
KORLYM ORAL TABLET 300 MG	Tier 7	PA; SP; QL (120 EA per 30 days)
<i>mifepristone oral tablet 300 mg</i>	Tier 7	PA; SP; QL (120 EA per 30 days)
<b>Antihyperglycemic-SglT2 Inhibitor &amp; Biguanide Comb</b>		
<i>dapaglifloz propaned-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg, 5-1,000 mg</i>	Tier 4	ST: 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: 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: 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: 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)
<b>Antihyperglycm, Insul-Resp. Enhancer &amp; Biguanide Comb</b>		
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)
<b>Antihypergly-SglT-2 Inhib, Dpp-4 Inhib, Biguanide Cb</b>		
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)

Drug	Status	Notes
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)
<b>Blood Sugar Diagnostics</b>		
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	
FREESTYLE TEST STRIP	Tier 3	
<b>Diabetic Supplies</b>		
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	
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	
CEQUR SIMPLICITY DEVICE 2 UNIT	Tier 3	
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	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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 15 DAY SENSOR 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	
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)

Drug	Status	Notes
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 3	
INCONTROL LANCING DEVICE	Tier 4	
INFINITY CONTROL SOLUTION HIGH SOLUTION	Tier 4	
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	
LANCING DEVICE	Tier 4	
LANCING DEVICE WITH LANCETS	Tier 4	
LANCING DEVICE WITH LANCETS KIT	Tier 4	
LANCING SYSTEM	Tier 4	
LANZO LANCING DEVICE KIT	Tier 4	
MINI LANCING DEVICE	Tier 4	
MINIMED 630G INSULIN PUMP	Tier 3	
MINIMED 780G INSULIN PUMP	Tier 3	
MULTI-LANCET DEVICE 2 KIT	Tier 4	
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN	Tier 4	
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE	Tier 3	
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	Tier 4	
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	Tier 3	
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	Tier 3	
OMNIPOD DASH PDM KIT (GEN 4)	Tier 3	
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	Tier 3	
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	

Drug	Status	Notes
PRODIGY CONTROL SOLUTION,HIGH SOLUTION	Tier 4	
PRODIGY LANCING DEVICE	Tier 4	
RELIAMED MINI LANCING DEVICE	Tier 4	
RIGHTTEST 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 3	
T:SLIM X2 BASAL-IQ INSULIN PMP	Tier 3	
T:SLIM X2 CONTROL-IQ	Tier 3	
T:SLIM X2 SUBCUTANEOUS CARTRIDGE	Tier 3	
TANDEM MOBI SYSTEM	Tier 3	
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	
TWIIST REFILL KT(CSST-NDL-SYR) KIT	Tier 3	
TWIIST STARTER KIT KIT	Tier 3	
ULTI-LANCE	Tier 4	
ULTI-LANCE KIT	Tier 4	
UNISTIK 2 DEVICE KIT	Tier 4	
UNISTRIP LOW CONTROL SOLUTION	Tier 4	
V-GO 20 DEVICE	Tier 3	
V-GO 30 DEVICE	Tier 3	
V-GO 40 DEVICE	Tier 3	
<b>Diabetic Ulcer Preparations, Topical</b>		
REGRANEX TOPICAL GEL 0.01 %	Tier 4	
<b>Hyperglycemics</b>		
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	
<i>glucagon emergency kit (human) injection recon soln 1 mg</i>	Tier 3	
GVOKE HYOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	Tier 4	
GVOKE HYOPEN 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	

Drug	Status	Notes
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	
<b>Insulins</b>		
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)
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-yfqn, 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-yfqn, 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)

Drug	Status	Notes
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)
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 INSULN 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)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<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)
KIRSTY PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	QL (60 ML per 30 days)
KIRSTY SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	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)
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)
MERIOLOG SOLOSTAR SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	QL (60 ML per 30 days)
MERIOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	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)

Drug	Status	Notes
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)
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)
<b>Ear - General Disorders</b>		
<b>Ear Preparations Anti-Inflammatory</b>		
DERMOTIC OIL OTIC (EAR) DROPS 0.01 %	Tier 4	
FLAC OTIC OIL OTIC (EAR) DROPS 0.01 %	Tier 4	
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	Tier 2	
<b>Ear Preparations, Misc. Anti-Infectives</b>		
<i>acetic acid otic (ear) solution 2 %</i>	Tier 2	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	Tier 3	
<b>Ear Preparations, Antibiotics</b>		
CETRAXAL OTIC (EAR) DROPPERETTE 0.2 %	Tier 4	QL (28 EA per 30 days)
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	Tier 2	QL (28 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	
<b>Otic Preparations, Anti-Inflammatory-Antibiotics</b>		
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	

Drug	Status	Notes
<i>ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025 % (0.25 ml)</i>	Tier 3	
<i>ciprofloxacin-hydrocortisone otic (ear) drops,suspension 0.2-1 %</i>	Tier 3	
OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	Tier 4	
<b>Electrolyte Regulation</b>		
<b>Arginine Vasopressin (Avp) Receptor Antagonists</b>		
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 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)
<b>Electrolyte Depleters</b>		
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	QL (90 EA per 30 days)
FOSRENOL ORAL TABLET,CHEWABLE 1,000 MG, 500 MG, 750 MG	Tier 4	QL (90 EA per 30 days)
<i>kionex (with sorbitol) oral suspension 15-20 gram/60 ml</i>	Tier 3	
<i>lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg</i>	Tier 3	QL (90 EA per 30 days)
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	Tier 3	QL (30 EA per 30 days)
REVELA ORAL POWDER IN PACKET 0.8 GRAM	Tier 4	QL (90 EA per 30 days)
REVELA ORAL POWDER IN PACKET 2.4 GRAM	Tier 4	
REVELA ORAL TABLET 800 MG	Tier 4	
<i>sevelamer carbonate oral powder in packet 0.8 gram</i>	Tier 3	QL (90 EA per 30 days)
<i>sevelamer carbonate oral powder in packet 2.4 gram</i>	Tier 3	
<i>sevelamer carbonate oral tablet 800 mg</i>	Tier 3	
<i>sevelamer hcl oral tablet 400 mg</i>	Tier 3	QL (90 EA per 30 days)
<i>sevelamer hcl oral tablet 800 mg</i>	Tier 3	
<i>sodium polystyrene sulfonate oral powder 15 gram</i>	Tier 2	
<i>sodium polystyrene sulfonate oral suspension 15 gram/60 ml</i>	Tier 3	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	Tier 3	
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML	Tier 3	
VELPHORO ORAL TABLET,CHEWABLE 500 MG	Tier 4	QL (180 EA per 30 days)
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
<b>Potassium Replacement</b>		
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	Tier 4	
KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ	Tier 4	

Drug	Status	Notes
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>	Tier 2	
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>	Tier 2	
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>	Tier 2	
KLOR-CON ORAL PACKET 20 MEQ	Tier 2	
POKONZA ORAL LIQUID 10 MEQ/15 ML	Tier 4	PA
<i>pokonza oral packet 10 meq</i>	Tier 4	PA
POKONZA ORAL PACKET 15 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 packet 40 meq</i>	Tier 3	PA
<i>potassium chloride oral tablet extended release 10 meq, 15 meq, 20 meq, 8 meq</i>	Tier 2	
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq</i>	Tier 2	
<b>Sodium/Saline Preparations</b>		
<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	
<b>Endocrine Disorder - Fertility</b>		
<b>Drugs To Treat Impotency</b>		
<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)

Drug	Status	Notes
<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)
<b>Endocrine Disorder - Other</b>		
<b>Adrenal Steroid Inhibitors</b>		
ISTURISA ORAL TABLET 1 MG, 5 MG	Tier 7	PA; SP
RECORLEV ORAL TABLET 150 MG	Tier 7	PA; SP
<b>Adrenocorticotrophic Hormones</b>		
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
<b>Antidiuretic And Vasopressor Hormones</b>		
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
<b>Antineoplastic Lhrh(Gnrh) Agonist, Pituitary Suppr.</b>		
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
<i>vabrinty (3 month) subcutaneous syringe 22.5 mg</i>	Tier 7	PA; SP
<i>vabrinty (4 month) subcutaneous syringe 30 mg</i>	Tier 7	PA; SP
<i>vabrinty (6 month) subcutaneous syringe 45 mg</i>	Tier 7	PA; SP

Drug	Status	Notes
<b>Bone Formation Agents - Sclerostin Inhibitor, Mono</b>		
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)
<b>Bone Formation Stim. Agents - Parathyroid Hormone</b>		
BONSITY SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML)	Tier 7	PA; SP; QL (2.24 ML per 28 days)
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML)	Tier 7	PA; SP; QL (2.24 ML per 28 days)
<i>teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)</i>	Tier 6	PA; SP; QL (2.24 ML per 28 days)
<b>Bone Formation Stimulating Agts - Pth Rel Peptides</b>		
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	Tier 7	PA; SP; QL (1.56 ML per 30 days)
<b>Bone Resorption Inhibitor &amp; Vitamin D Combinations</b>		
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT	Tier 4	ST: Trial, intolerance or contraindication of the following is required: alendronate sodium oral tablet
FOSAMAX PLUS D ORAL TABLET 70 MG- 5,600 UNIT	Tier 4	ST: Trial, intolerance or contraindication of the following is required: alendronate sodium oral tablet; QL (4 EA per 28 days)
<b>Bone Resorption Inhibitors</b>		
ACTONEL ORAL TABLET 150 MG, 35 MG	Tier 4	ST: Trial, intolerance or contraindication of 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: Trial, intolerance or contraindication of the following is required: alendronate sodium oral tablet; QL (4 EA per 28 days)
BILDYOS SUBCUTANEOUS SYRINGE 60 MG/ML	Tier 7	PA; SP
BILPREVDA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	Tier 7	PA; SP
BINOSTO ORAL TABLET, EFFERVESCENT 70 MG	Tier 4	ST: Trial, intolerance or contraindication of the following is required: alendronate sodium oral tablet; QL (4 EA per 28 days)
BOMYNTRA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	Tier 7	PA; SP
BOMYNTRA SUBCUTANEOUS SYRINGE 120 MG/1.7 ML (70 MG/ML)	Tier 7	PA; SP
<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	
CONEXXENCE SUBCUTANEOUS SYRINGE 60 MG/ML	Tier 7	PA; SP; QL (1 ML per 180 days)
ENOBY SUBCUTANEOUS SYRINGE 60 MG/ML	Tier 7	PA; SP
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)
JUBBONTI SUBCUTANEOUS SYRINGE 60 MG/ML	Tier 6	PA; SP; QL (1 ML per 180 days)

Drug	Status	Notes
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	Tier 4	PA
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	Tier 7	PA; SP
OSPOMYV SUBCUTANEOUS SYRINGE 60 MG/ML	Tier 7	SP; QL (1 ML per 180 days)
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	Tier 7	PA; SP
<i>raloxifene oral tablet 60 mg</i>	ACA	
<i>risedronate oral tablet 150 mg, 30 mg</i>	Tier 3	ST: Trial, intolerance or contraindication of the following is required: alendronate sodium oral tablet
<i>risedronate oral tablet 35 mg, 5 mg</i>	Tier 2	ST: Trial, intolerance or contraindication of the following is required: alendronate sodium oral tablet
<i>risedronate oral tablet, delayed release (drlec) 35 mg</i>	Tier 3	ST: Trial, intolerance or contraindication of the following is required: alendronate sodium oral tablet; QL (4 EA per 28 days)
STOBOCLO SUBCUTANEOUS SYRINGE 60 MG/ML	Tier 7	PA; SP; QL (1 ML per 180 days)
WYOST SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	Tier 6	PA; SP
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	Tier 7	PA; SP
XTRENBO SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	Tier 7	PA; SP
<b>Calcimimetic, Parathyroid Calcium Enhancer</b>		
<i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i>	Tier 3	
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG	Tier 4	
<b>Growth Hormone Receptor Antagonists</b>		
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	Tier 6	PA; SP
<b>Growth Hormone Releasing Hormone (Ghrh) &amp; Analogs</b>		
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	Tier 6	PA; SP
EGRIFTA WR SUBCUTANEOUS KIT 11.6 MG	Tier 6	PA; SP
<b>Growth Hormones</b>		
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 6	PA; SP

Drug	Status	Notes
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 7	PA; SP
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	Tier 7	PA; SP
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	Tier 7	PA; SP
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	Tier 6	PA; SP
SKYTROFA SUBCUTANEOUS CARTRIDGE 0.7 MG, 1.4 MG, 1.8 MG, 11 MG, 13.3 MG, 2.1 MG, 2.5 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
<b>Hyperparathyroid Tx Agents - Vitamin D Analog-Type</b>		
<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	
<b>Insulin-Like Growth Factor-1 (Igf-1) Hormones</b>		
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	Tier 6	PA; SP
<b>Leptin Hormone Analogs</b>		
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	Tier 7	PA; SP
<b>Lhrh (Gnrh) Antagonist,Estrogen And Progestin Comb</b>		
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)
<b>Lhrh(Gnrh) Agonist Analog Pituitary Suppressants</b>		
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
<b>Lhrh(Gnrh) Antagonist,Pituitary Suppressant Agents</b>		
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)
<b>Lhrh(Gnrh)Agnst Pit.Sup-Central Precocious Puberty</b>		
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

Drug	Status	Notes
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
<b>Menopausal Sympt Supp-Sel Estrogen Recep Modulator</b>		
OSPHENA ORAL TABLET 60 MG	Tier 3	PA
<b>Natriuretic Peptides</b>		
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
<b>Parathyroid Hormones</b>		
YORVIPATH SUBCUTANEOUS PEN INJECTOR 168 MCG/0.56 ML, 294 MCG/0.98 ML, 420 MCG/1.4 ML	Tier 7	PA; SP
<b>Pituitary Suppressive Agents</b>		
<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	
<b>Endocrine Disorder - Thyroid</b>		
<b>Antithyroid Preparations</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier 2	
<i>propylthiouracil oral tablet 50 mg</i>	Tier 2	
<b>Thyroid Hormones</b>		
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)
<i>ermeza oral solution 30 mcg/ml</i>	Tier 4	QL (300 ML per 30 days)
<i>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</i>	Tier 4	
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, 13 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	
<i>liomny oral tablet 25 mcg</i>	Tier 2	QL (30 EA per 30 days)
<i>liomny oral tablet 5 mcg</i>	Tier 2	QL (120 EA per 30 days)
<i>liomny oral tablet 50 mcg</i>	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)

Drug	Status	Notes
<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	
<b>Eye - General Disorders</b>		
<b>Eye Antibiotic-Corticoid Combinations</b>		
MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION 3.5MG/ML-10,000 UNIT/ML-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	
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	Tier 3	
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	
<i>tobramycin-lotepred ophthalmic (eye) drops,suspension 0.3-0.5 %</i>	Tier 3	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	Tier 4	
<b>Eye Antiinflammatory Agents</b>		
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

Drug	Status	Notes
<i>bromfenac ophthalmic (eye) drops 0.07 %, 0.075 %, 0.09 %</i>	Tier 3	
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	Tier 4	
<i>clobetasol ophthalmic (eye) drops,suspension 0.05 %</i>	Tier 3	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) OINTMENT 0.5 %	Tier 4	
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	Tier 4	
<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	

Drug	Status	Notes
<b>Eye Antivirals</b>		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	Tier 2	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	Tier 4	PA
<b>Eye Sulfonamides</b>		
<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	
<b>Eye Vasoconstrictors (Rx Only)</b>		
<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)
<b>Nicotinic Recept.Partial Agonist, Alpha4beta2 Spec</b>		
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY	Tier 4	ST: Trial, intolerance or contraindication to BOTH of the following are required: cyclosporine ophthalmic solution and artificial tears; QL (8.4 ML per 30 days)
<b>Ophthalmic (Eye) Antiparasitics</b>		
XDEMVIY OPHTHALMIC (EYE) DROPS 0.25 %	Tier 4	PA
<b>Ophthalmic Antibiotics</b>		
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	
<i>besifloxacin ophthalmic (eye) drops,suspension 0.6 %</i>	Tier 3	
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 3	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	Tier 2	
<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	
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	Tier 2	
OCUFLOX OPHTHALMIC (EYE) DROPS 0.3 %	Tier 4	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	Tier 2	
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>	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	

Drug	Status	Notes
VIGAMOX OPHTHALMIC (EYE) DROPS 0.5 %	Tier 4	
<b>Ophthalmic Antifungal Agents</b>		
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	Tier 4	
<b>Ophthalmic Anti-Inflammatory Immunomodulator-Type</b>		
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %	Tier 4	PA; QL (60 EA per 30 days)
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>	Tier 2	QL (60 EA per 30 days)
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	Tier 4	PA; 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	PA
VEVYE OPHTHALMIC (EYE) DROPS 0.1 %	Tier 4	PA
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	Tier 4	ST: Trial, intolerance or contraindication to BOTH of the following are required: cyclosporine ophthalmic solution and artificial tears; QL (60 EA per 30 days)
<b>Ophthalmic Human Nerve Growth Factor (Hngf)</b>		
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	Tier 7	PA; SP; QL (28 ML per 28 days)
<b>Ophthalmic Mast Cell Stabilizers</b>		
<i>cromolyn ophthalmic (eye) drops 4 %</i>	Tier 2	
<b>Eye - Glaucoma</b>		
<b>Carbonic Anhydrase Inhibitors</b>		
<i>acetazolamide oral capsule, extended release 500 mg</i>	Tier 2	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	Tier 2	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	Tier 3	
<b>Miotics/Other Intraoc. Pressure Reducers</b>		
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 0.5 %	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

Drug	Status	Notes
<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	
<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	
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
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	
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	
<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	

Drug	Status	Notes
<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	
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	Tier 3	
VUITY OPHTHALMIC (EYE) DROPS 1.25 %	Tier 4	PA
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	
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %	Tier 4	
<b>Mydriatics</b>		
<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	
<i>homatropaire ophthalmic (eye) drops 5 %</i>	Tier 2	
MYDRIACYL OPHTHALMIC (EYE) DROPS 1 %	Tier 4	
<i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>	Tier 2	
<b>Eye - Miscellaneous</b>		
<b>Ophthalmic Cystine Depleting Agents</b>		
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)
<b>Fluid Replacement</b>		
<b>Nucleic Acid/Nucleotide Supplements</b>		
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	Tier 6	PA; SP
<b>Gout And Related Diseases</b>		
<b>Colchicine</b>		
<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	
<b>Hyperuricemia Tx - Purine Inhibitors</b>		
<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	

Drug	Status	Notes
ZYLOPRIM ORAL TABLET 100 MG	Tier 4	
<b>Uricosuric Agents</b>		
<i>probenecid oral tablet 500 mg</i>	Tier 2	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	Tier 2	
<b>Hematological Disorders</b>		
<b>Agents To Tx Thrombotic Thrombocytopenic Purpura</b>		
CABLIVI INJECTION KIT 11 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
<b>Anticoagulants, Coumarin Type</b>		
<i>jantoven 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	
<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	
<b>Antifibrinolytic Agents</b>		
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)
<b>Complement (C3) Inhibitors</b>		
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML	Tier 7	PA; SP; QL (5.714 ML per 1 day)
<b>Direct Factor Xa Inhibitors</b>		
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	
ELIQUIS ORAL TABLET FOR SUSPENSION 0.5 MG, 1.5 MG (0.5 MG X 3), 2 MG (0.5 MG X 4)	Tier 3	
ELIQUIS SPRINKLE ORAL CAPSULE, SPRINKLE 0.15 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: Trial, intolerance or contraindication of 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	
<b>Hematinics, Other</b>		
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

Drug	Status	Notes
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
<b>Hemorrhologic Agents</b>		
<i>pentoxifylline oral tablet extended release 400 mg</i>	Tier 2	
<b>Heparin And Related Preparations</b>		
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	
<i>heparin lockflush(porcine)(pf) intravenous syringe 100 unit/ml</i>	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	
<b>Human Monoclonal Antibody Complement(C5) Inhibitor</b>		
FABHALTA ORAL CAPSULE 200 MG	Tier 7	PA; SP; QL (60 EA per 30 days)

Drug	Status	Notes
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)
<b>Hypoxia Inducible Factor Prolyl Hydroxylase Inh.</b>		
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)
<b>Leukocyte (Wbc) Stimulants</b>		
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 6	PA; SP
FYLNETRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 7	PA; SP
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/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

Drug	Status	Notes
<b>Platelet Aggregation Inhibitors</b>		
<i>adult aspirin regimen oral tablet, delayed release (dr/ec) 81 mg</i>	ACA	IF AGE=12-59 YEARS THEN \$0 COPAY
<i>adult low dose aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	ACA	IF AGE=12-59 YEARS THEN \$0 COPAY
<i>aspirin childrens oral tablet, chewable 81 mg</i>	ACA	IF AGE=12-59 YEARS THEN \$0 COPAY
<i>aspirin oral tablet 81 mg</i>	ACA	IF AGE=12-59 YEARS THEN \$0 COPAY
<i>aspirin oral tablet, chewable 81 mg</i>	ACA	IF AGE=12-59 YEARS THEN \$0 COPAY
<i>aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	ACA	IF AGE=12-59 YEARS THEN \$0 COPAY
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	Tier 3	
<i>bayer low dose aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	ACA	IF AGE=12-59 YEARS THEN \$0 COPAY
BRILINTA ORAL TABLET 60 MG, 90 MG	Tier 3	QL (60 EA per 30 days)
<i>children's aspirin oral tablet, chewable 81 mg</i>	ACA	IF AGE=12-59 YEARS THEN \$0 COPAY
<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	ACA	IF AGE=12-59 YEARS THEN \$0 COPAY
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	
<i>st joseph aspirin oral tablet, chewable 81 mg</i>	ACA	IF AGE=12-59 YEARS THEN \$0 COPAY
<i>st. joseph aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	ACA	IF AGE=12-59 YEARS THEN \$0 COPAY
<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)
<b>Platelet Reducing Agents</b>		
AGRYLIN ORAL CAPSULE 0.5 MG	Tier 4	
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	Tier 2	
<b>Pyruvate Kinase Activators</b>		
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)
<b>Sickle Cell Anemia Agents</b>		
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
<b>Spleen Tyrosine Kinase Inhibitors</b>		
TAVALISSE ORAL TABLET 100 MG, 150 MG	Tier 7	PA; SP
<b>Thrombin Inhibitors, Selective, Direct, &amp; Reversible</b>		
<i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i>	Tier 3	ST: Trial, intolerance or contraindication of the following is required: Eliquis (apixaban) oral tablet AND Xarelto (rivaroxaban) oral tablet.

Drug	Status	Notes
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	Tier 4	ST: Trial, intolerance or contraindication of 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: Trial, intolerance or contraindication of the following is required: Eliquis (apixaban) oral tablet AND Xarelto (rivaroxaban) oral tablet.
<b>Thrombopoietin Receptor Agonists</b>		
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
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	Tier 7	PA; SP
DOPTELET SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG	Tier 7	PA; SP; QL (60 EA per 30 days)
<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
<b>Vitamin K Preparations</b>		
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	Tier 2	
<b>Hormonal Deficiency</b>		
<b>Androgen/Estrogen Preps For Female Sexual Dysfunc</b>		
INTRAROSA VAGINAL INSERT 6.5 MG	Tier 4	PA
<b>Androgenic Agents</b>		
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 7	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

Drug	Status	Notes
<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
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)
<b>Estrogen &amp; Progestin With Antimineralocorticoid Cb</b>		
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	Tier 4	
<b>Estrogen &amp; Selective Estrogen Recept Mod(Serm)Comb</b>		
DUAVEE ORAL TABLET 0.45-20 MG	Tier 4	
<b>Estrogen And Progestin Combinations</b>		
BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG	Tier 4	
<b>Estrogenic Agents</b>		
<i>abigale lo oral tablet 0.5-0.1 mg</i>	Tier 2	
<i>abigale oral tablet 1-0.5 mg</i>	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	
<i>conjugated estrogens oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg</i>	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	

Drug	Status	Notes
<i>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</i>	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	
<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, 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
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	Tier 2	
<i>jinteli oral tablet 1-5 mg-mcg</i>	Tier 2	
<i>lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	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	
<i>mimvey oral tablet 1-0.5 mg</i>	Tier 2	
MINIVELLE TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	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 4	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	Tier 4	
VIVELLE-DOT 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 4	

Drug	Status	Notes
<b>Menopausal Symptoms Suppressant - Ssrís</b>		
<i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i>	Tier 3	
<b>Menopausal Symptoms Suppressant-Nk3 Receptor Antag</b>		
VEOZAH ORAL TABLET 45 MG	Tier 4	PA; QL (30 EA per 30 days)
<b>Progestational Agents</b>		
CRINONE VAGINAL GEL 4 %	Tier 4	
<i>gallifrey oral tablet 5 mg</i>	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	
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG	Tier 4	
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 4	
<b>Immunization</b>		
<b>Covid-19 Vaccines</b>		
COMIRNATY 2025-2026(5-11Y)(PF) INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML	ACA	
COMIRNATY 2025-26 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML	ACA	
MNEXSPIKE 2025-2026 (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.2 ML	ACA	
NUVAXOVID 2025-2026 (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	ACA	
SPIKEVAX 2025-2026(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	ACA	
SPIKEVAX 2025-26 (6M-11Y) (PF) INTRAMUSCULAR SYRINGE 25 MCG/0.25 ML	ACA	
<b>Enteric Virus Vaccines</b>		
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	ACA	
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	ACA	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	ACA	
<b>Gram Negative Cocci Vaccines</b>		
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50- 25 MCG/0.5 ML	ACA	
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	ACA	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	ACA	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	ACA	
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	ACA	
PENMENVY MEN A-B-C-W-Y (PF) INTRAMUSCULAR KIT 0.5 ML	ACA	
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	ACA	

Drug	Status	Notes
<b>Gram Positive Cocci Vaccines</b>		
CAPVAXIVE INTRAMUSCULAR SYRINGE 0.5 ML	ACA	
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	Tier 4	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	ACA	
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML	ACA	
<b>Influenza Virus Vaccines</b>		
AFLURIA 2025-2026 (3YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	ACA	
AFLURIA 2025-2026 (6MO UP) INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	ACA	
FLUAD 2025-2026 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	ACA	
FLUARIX 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	ACA	
FLUBLOK 2025-2026 (PF) INTRAMUSCULAR SYRINGE 135 MCG (45 MCG X 3)/0.5 ML	ACA	
FLUCELVAX 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	ACA	
FLUCELVAX 2025-2026 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	ACA	
FLULAVAL 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	ACA	
FLUMIST 2025-2026 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	ACA	
FLUMIST HOME 2025-2026 NASAL (HOME ADMIN) NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	ACA	
FLUZONE 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	ACA	
FLUZONE 2025-2026 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	ACA	
FLUZONE HIGH-DOSE 2025-26 (PF) INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	ACA	
<b>Neurotoxic Virus Vaccines</b>		
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	Tier 3	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	Tier 3	
<b>Vaccine/Toxoid Preparations, Combinations</b>		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	ACA	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	ACA	

Drug	Status	Notes
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)- 5LF/0.5 ML	ACA	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5- 8-5 LF-MCG-LF/0.5ML	ACA	
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG- LF/0.5ML	ACA	
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	ACA	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	ACA	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	ACA	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	ACA	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	ACA	
PENTACEL (PF) INTRAMUSCULAR KIT 15LF- 20MCG-5LF- 62 DU/0.5 ML	ACA	
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	ACA	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	ACA	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	ACA	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	ACA	
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	ACA	
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	ACA	
VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML	ACA	
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML	ACA	
<b>Viral/Tumorigenic Vaccines</b>		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	ACA	
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	Tier 4	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE; QL (1 EA per 365 days)
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	ACA	
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	ACA	
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	ACA	

Drug	Status	Notes
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	ACA	
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	ACA	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	ACA	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	Tier 4	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	ACA	
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	Tier 4	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE; QL (1 ML per 365 days)
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	ACA	
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	ACA	
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	ACA	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	Tier 4	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE; QL (2 EA per 365 days)
SHINGRIX (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	Tier 4	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE; QL (1 ML per 365 days)
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	Tier 4	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	ACA	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	ACA	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	ACA	
<b>Immunosuppression/Modulation</b>		
<b>Immunomodulators</b>		
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: 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: 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	

Drug	Status	Notes
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 %, 3.75 %	Tier 4	ST: 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: Trial, intolerance or contraindication to ONE of the following is required: imiquimod 5% topical cream pack, fluorouracil 5% topical cream.
<b>Immunosuppressives</b>		
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	
<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	
ENVARBUS 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	
<i>engraf oral capsule 100 mg, 25 mg</i>	Tier 2	
<i>engraf oral solution 100 mg/ml</i>	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 (drlec) 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	

Drug	Status	Notes
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	Tier 4	
<b>Rho Kinase Inhibitor</b>		
REZUROCK ORAL TABLET 200 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
<b>Infectious Disease - Bacterial</b>		
<b>Absorbable Sulfonamides</b>		
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	
<i>sulfatrim oral suspension 200-40 mg/5 ml</i>	Tier 3	
<b>Betalactams</b>		
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	Tier 6	PA; SP; QL (84 ML per 28 days)
<b>Carbapenems (Thienamycins)</b>		
ORLYNVAH ORAL TABLET 500-500 MG	Tier 4	PA; QL (20 EA per 365 days)
<b>Cephalosporins - 1St Generation</b>		
<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	
<b>Cephalosporins - 2Nd Generation</b>		
<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	
<b>Cephalosporins - 3Rd Generation</b>		
<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>cefixime oral tablet 400 mg</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	

Drug	Status	Notes
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
<b>Chemotherapeutics, Antibacterial, Misc.</b>		
<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	
<b>Fecal Microbiota Transplantation (Fmt)</b>		
VOWST ORAL CAPSULE 1 X 10EXP6 TO 3 X 10EXP7 CELL	Tier 7	PA; SP
<b>Macrolides</b>		
<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	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	Tier 3	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	Tier 3	ST: 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: Trial, intolerance or contraindication to ONE of the following is required: vancomycin oral capsule or vancomycin oral solution.
<i>e.e.s. 400 oral tablet 400 mg</i>	Tier 3	
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	
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 500 mg</i>	Tier 3	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 333 MG	Tier 4	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	Tier 3	
<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	

Drug	Status	Notes
<i>fidaxomicin oral tablet 200 mg</i>	Tier 3	ST: Trial, intolerance or contraindication to ONE of the following is required: vancomycin oral capsule or vancomycin oral solution.
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	
<b>Nitrofurans Derivatives</b>		
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
<b>Oxazolidinones</b>		
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	Tier 2	
<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	
<b>Penicillins</b>		
<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	

Drug	Status	Notes
<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	
<b>Pleuromutilin Derivatives</b>		
XENLETA ORAL TABLET 600 MG	Tier 4	PA; QL (10 EA per 90 days)
<b>Quinolones</b>		
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	
<b>Tetracyclines</b>		
AVIDOXY ORAL TABLET 100 MG	Tier 4	
<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

Drug	Status	Notes
<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	
<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)
<i>mondoxyne nl oral capsule 100 mg</i>	Tier 2	
<i>mondoxyne nl oral capsule 75 mg</i>	Tier 3	PA
MORGIDOX ORAL CAPSULE 50 MG	Tier 4	
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)
<b>Infectious Disease - Fungal</b>		
<b>Antifungal Agents</b>		
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	

Drug	Status	Notes
<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	
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG	Tier 4	PA
<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	
<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)
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)
<b>Antifungal Antibiotics</b>		
BREXAFEMME ORAL TABLET 150 MG	Tier 4	PA; QL (4 EA per 30 days)
<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	
<b>Infectious Disease - Miscellaneous</b>		
<b>Aminoglycosides</b>		
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)

Drug	Status	Notes
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	Tier 5	SP; QL (224 ML per 28 days)
<b>Antileprotics</b>		
<i>dapsone oral tablet 100 mg, 25 mg</i>	Tier 2	
THALOMID ORAL CAPSULE 100 MG, 50 MG	Tier 6	PA; SP
<b>Anti-Mycobacterium Agents</b>		
<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	
<i>pyrazinamide oral tablet 500 mg</i>	Tier 3	
<i>rifabutin oral capsule 150 mg</i>	Tier 2	
<b>Antitubercular Antibiotics</b>		
<i>cycloserine oral capsule 250 mg</i>	Tier 3	
PRETOMANID ORAL TABLET 200 MG	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
<b>Lincosamides</b>		
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	
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i>	Tier 2	
<b>Rifamycins And Related Derivative Antibiotics</b>		
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)
<b>Vancomycin And Derivatives</b>		
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)
VANCOGIN 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)
<b>Infectious Disease - Parasitic</b>		
<b>2Nd Gen. Anaerobic Antiprotozoal-Antibacterial</b>		
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	
<b>Amebacides</b>		
HUMATIN ORAL CAPSULE 250 MG	Tier 4	
<b>Anaerobic Antiprotozoal-Antibacterial Agents</b>		
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	
<b>Anthelmintics</b>		
<i>albendazole oral tablet 200 mg</i>	Tier 3	

Drug	Status	Notes
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	
<b>Antimalarial Drugs</b>		
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	Tier 2	
<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	
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)	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
<b>Antiparasitics</b>		
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	
<b>Antiprotozoal Drugs,Miscellaneous</b>		
<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)
<b>Infectious Disease - Viral</b>		
<b>Antiretroviral - Capsid Inhibitors</b>		
SUNLENCA ORAL TABLET 300 MG	Tier 3	QL (5 EA per 196 days)
<b>Antiretroviral - Capsid Inhibitors (Prep)</b>		
YEZTUGO ORAL TABLET 300 MG	Tier 3	\$0 COPAY IF USED FOR PREP TX. OTHER RESTRICTIONS MAY APPLY.; QL (4 EA per 365 days)
<b>Antiretroviral-Integrase Inhibitor And Nnrti Comb.</b>		
JULUCA ORAL TABLET 50-25 MG	Tier 3	QL (30 EA per 30 days)

Drug	Status	Notes
<b>Antiretroviral-Integrase Inhibitor And Nrti Comb.</b>		
DOVATO ORAL TABLET 50-300 MG	Tier 3	QL (30 EA per 30 days)
<b>Antiretroviral-Nucleoside,Nucleotide,Protease Inh.</b>		
SYMTUZA ORAL TABLET 800-150-200-10 MG	Tier 4	QL (30 EA per 30 days)
<b>Antiviral - Main Protease (Mpro) Inhibitor</b>		
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	
<b>Antiviral Monoclonal Antibodies</b>		
BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML, 50 MG/0.5 ML	ACA	
ENFLONSIA INTRAMUSCULAR SYRINGE 105 MG/0.7 ML	ACA	
<b>Antiviral Nucleotide Analogs</b>		
<i>lagevrio (eua) oral capsule 200 mg</i>	Tier 4	
<b>Antivirals, General</b>		
<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	
<b>Antivirals, Hiv-Spec, Non-Peptidic Protease Inhib</b>		
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)

Drug	Status	Notes
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)
<b>Antivirals, Hiv-Spec, Nucleoside-Nucleotide Analog</b>		
CIMDUO ORAL TABLET 300-300 MG	Tier 3	
DESCOVY ORAL TABLET 120-15 MG	Tier 3	QL (30 EA per 30 days)
DESCOVY ORAL TABLET 200-25 MG	Tier 3	\$0 COPAY IF USED FOR PREP TX. OTHER RESTRICTIONS MAY APPLY.; 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 USED FOR PREP TX. OTHER RESTRICTIONS MAY APPLY.; 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)
<b>Antivirals, Hiv-Spec., Nucleoside Analog, Rti Comb</b>		
<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)
<b>Antivirals, Hiv-Specific, Ccr5 Co-Receptor Antag.</b>		
<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	
<b>Antivirals, Hiv-Specific, Cd4 Attachment Inhibitor</b>		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	Tier 3	PA; QL (60 EA per 30 days)
<b>Antivirals, Hiv-Specific, Fusion Inhibitors</b>		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	Tier 4	PA; QL (60 EA per 30 days)
<b>Antivirals, Hiv-Specific, Non-Nucleoside, Rti</b>		
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)
<b>Antivirals, Hiv-Specific, Nucleoside Analog, Rti</b>		
<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	

Drug	Status	Notes
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	
<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	
<b>Antivirals, Hiv-Specific, Nucleotide Analog, Rti</b>		
<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	
<b>Antivirals, Hiv-Specific, Protease Inhibitor Comb</b>		
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)
<b>Antivirals, Hiv-Specific, Protease Inhibitors</b>		
<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	
<b>Antivirals, Hiv-1 Integrase Strand Transfer Inhibtr</b>		
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)
<b>Artv Cmb Nucleoside, Nucleotide, &amp; Non-Nucleoside Rti</b>		
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)

Drug	Status	Notes
<i>efavirenz-lamivu-tenofovir disoproxil fumarate oral tablet 400-300-300 mg, 600-300-300 mg</i>	Tier 3	QL (30 EA per 30 days)
<i>emtricitabine-raltegravir-tenofovir disoproxil fumarate 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 ORAL TABLET 600-300-300 MG	Tier 3	QL (30 EA per 30 days)
<b>Arv Cmb-Nrti,N(T)Rti, Integrase Inhibitor</b>		
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)
<b>Arv Comb-Nrtis &amp; Integrase Inhibitor</b>		
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	
<b>Cytochrome P450 Inhibitors</b>		
TYBOST ORAL TABLET 150 MG	Tier 3	
<b>Hep C - Ns5a, Ns3/4A, Nucleotide Ns5b Inhib Combo</b>		
VOSEVI ORAL TABLET 400-100-100 MG	Tier 6	PA; SP; QL (28 EA per 28 days)
<b>Hep C Virus - Ns5a &amp; Ns5b Polymerase Inhib. Combo.</b>		
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)
<b>Hep C Virus,Nucleotide Analog Ns5b Polymerase Inh</b>		
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
<b>Hepatitis B Treatment Agents</b>		
<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)
<b>Hepatitis C Treatment Agents</b>		
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

Drug	Status	Notes
<b>Hepatitis C Virus- Ns5a And Ns3/4A Inhibitor Comb</b>		
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)
<b>Inflammatory Disease</b>		
<b>Anti-Arthritic And Chelating Agents</b>		
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
<b>Anti-Arthritic, Folate Antagonist Agents</b>		
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
<b>Anti-Flam. Interleukin-1 Receptor Antagonist</b>		
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)
<b>Anti-Inflammatory Tumor Necrosis Factor Inhibitor</b>		
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)
<i>adalimumab-aacf(cf) pen crohns subcutaneous pen injector kit 40 mg/0.8 ml</i>	Tier 7	PA; SP; QL (3 EA per 28 days)
<i>adalimumab-aacf(cf) pen ps-uv subcutaneous pen injector kit 40 mg/0.8 ml</i>	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)
<i>adalimumab-aaty(cf) ai crohns subcutaneous auto-injector, kit 80 mg/0.8 ml</i>	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)
<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)

Drug	Status	Notes
<i>adalimumab-adbm(cf) pen crohns subcutaneous pen injector kit 40 mg/0.4 ml</i>	Tier 6	PA; SP; QL (2 EA per 28 days)
<i>adalimumab-adbm(cf) pen crohns subcutaneous pen injector kit 40 mg/0.8 ml</i>	Tier 6	PA; SP; QL (6 EA per 28 days)
<i>adalimumab-adbm(cf) pen ps-uv subcutaneous pen injector kit 40 mg/0.4 ml</i>	Tier 6	PA; SP; QL (2 EA per 28 days)
<i>adalimumab-adbm(cf) pen ps-uv subcutaneous pen injector kit 40 mg/0.8 ml</i>	Tier 6	PA; SP; QL (4 EA per 28 days)
<i>adalimumab-bwwd subcutaneous auto-injector 40 mg/0.4 ml</i>	Tier 7	PA; SP; QL (0.8 ML per 28 days)
<i>adalimumab-bwwd subcutaneous syringe 40 mg/0.4 ml</i>	Tier 7	PA; SP; QL (0.8 ML 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, 80 mg/0.8 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 200 MG/ML	Tier 6	PA; SP; QL (3 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(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML	Tier 6	PA; SP; QL (1.6 ML per 28 days)

Drug	Status	Notes
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)
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)
<b>Anti-Inflammatory, Pyrimidine Synthesis Inhibitor</b>		
ARAVA ORAL TABLET 10 MG, 20 MG	Tier 4	
<i>leflunomide oral tablet 10 mg, 20 mg</i>	Tier 2	
<b>Anti-Inflammatory, Phosphodiesterase-4(Pde4) Inhib.</b>		
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)
OTEZLA XR INITIATION ORAL TABLET AND TABLET ER DOSE PACK 10-20-30-75 MG	Tier 7	PA; SP; QL (41 EA per 365 days)
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HR 75 MG	Tier 7	PA; SP; QL (30 EA per 30 days)

Drug	Status	Notes
<b>Antinflammatory, Sel.Costim.Mod.,T-Cell Inhibitor</b>		
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)
<b>Bradykinin B2 Receptor Antagonists</b>		
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)
<i>sajazir subcutaneous syringe 30 mg/3 ml</i>	Tier 5	PA; SP; QL (18 ML per 30 days)
<b>C1 Esterase Inhibitors</b>		
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)
<b>Glucocorticoids</b>		
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
<i>dexabliss oral tablets, dose pack 1.5 mg (39 tabs)</i>	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)</i>	Tier 3	
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	Tier 2	
<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

Drug	Status	Notes
HEMADY ORAL TABLET 20 MG	Tier 4	PA
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 2	
<i>jaythari oral suspension 22.75 mg/ml</i>	Tier 6	PA; SP
<i>jaythari oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i>	Tier 6	PA; SP
KHINDIVI ORAL SOLUTION 1 MG/ML	Tier 4	
<i>kymbee oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i>	Tier 6	PA; SP
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 tablet,delayed release (dr/ec) 1 mg, 2 mg</i>	Tier 3	PA
<i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>	Tier 2	
<i>pyquvi oral suspension 22.75 mg/ml</i>	Tier 6	PA; SP
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	
<i>taperdex oral tablets,dose pack 1.5 mg (21 tabs), 1.5 mg (27 tabs), 1.5 mg (49 tabs)</i>	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	
UCERIS ORAL TABLET,DELAYED AND EXT.RELEASE 9 MG	Tier 4	
ZCORT ORAL TABLETS,DOSE PACK 1.5 MG (25 TABS)	Tier 4	PA

Drug	Status	Notes
<b>Gold Salts</b>		
<i>auranofin oral capsule 3 mg</i>	Tier 3	PA
RIDAURA ORAL CAPSULE 3 MG	Tier 4	PA
<b>Immunomodulator,B-Lymphocyte Stim(Blys)-Spec Inhib</b>		
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)
<b>Interleukin-6 (Il-6) Receptor Inhibitors</b>		
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
<b>Janus Kinase (Jak) Inhibitors</b>		
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 (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)
<b>Mineralocorticoids</b>		
<i>fludrocortisone oral tablet 0.1 mg</i>	Tier 2	
<b>Monoclonal Antibody-Human Interleukin 12/23 Inhib</b>		
IMULDOSA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	Tier 7	PA; SP
OTULFI SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	Tier 7	PA; SP
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 SOLUTION 45 MG/0.5 ML	Tier 7	PA; SP
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	Tier 7	PA; SP
STARJEMZA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	Tier 7	PA; SP
STARJEMZA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	Tier 7	PA; SP
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	Tier 7	PA; SP
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	Tier 7	PA; SP
STEQEYMA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	Tier 6	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-aaaz subcutaneous syringe 45 mg/0.5 ml, 90 mg/ml</i>	Tier 7	PA; SP
USTEKINUMAB-AEKN SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	Tier 7	PA; SP
USTEKINUMAB-TTWE SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	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
<b>Nasal Nsaids, Cox Non-Selective, Systemic Analgesic</b>		
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)
<b>Nsaid, Cox Inhibitor-Type &amp; Proton Pump Inhib Comb</b>		
<i>naproxen-esomeprazole oral tablet, ir, delayed rel, biphasic 375-20 mg, 500-20 mg</i>	Tier 3	PA; QL (60 EA per 30 days)
<b>Nsaids (Cox Non-Specific Inhib)&amp; Prostaglandin Cmb</b>		
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	

Drug	Status	Notes
<i>diclofenac-misoprostol oral tablet,ir, delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	Tier 3	PA
<b>Nsaids, Cyclooxygenase 2 Inhibitor - Type</b>		
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 50 MG	Tier 4	
CELEBREX ORAL CAPSULE 400 MG	Tier 4	QL (30 EA per 30 days)
<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)
VYSCOXA ORAL SUSPENSION 10 MG/ML	Tier 4	PA
<b>Nsaids, Cyclooxygenase Inhibitor-Type</b>		
ANAPROX DS ORAL TABLET 550 MG	Tier 4	
<i>coxanto oral capsule 300 mg</i>	Tier 4	PA
<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 (dr/ec) 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	
<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	PA
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>	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</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>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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>ketorolac oral tablet 10 mg</i>	Tier 2	
<i>kiprofen oral capsule 25 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
LODINE ORAL TABLET 400 MG	Tier 4	
<i>lofena oral tablet 25 mg</i>	Tier 3	PA
<i>lurbiro oral tablet 100 mg</i>	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 (dr/ec) 375 mg</i>	Tier 2	
<i>naproxen oral tablet, delayed release (dr/ec) 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
ORUDIS ORAL CAPSULE 75 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>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
<i>zybic oral suspension 7.5 mg/5 ml</i>	Tier 3	

Drug	Status	Notes
<b>Plasma Kallikrein Inhibitors</b>		
DAWNZERA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML	Tier 7	PA; SP; QL (0.8 ML per 28 days)
EKTERLY ORAL TABLET 300 MG	Tier 7	PA; SP; QL (8 EA per 30 days)
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
<b>Local Anesthesia</b>		
<b>Local Anesthetics</b>		
<i>glydo mucous membrane jelly in applicator 2 %</i>	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	
<i>lidocaine viscous mucous membrane solution 2 %</i>	Tier 2	
<b>Lower Gastrointestinal Disorders - Bowel Inflammation</b>		
<b>Chronic Inflammation. Colon Disease, 5-Aminosalicylate, Rectal Treatment</b>		
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	
<b>Drug Treatment-Chronic Inflammation. Colon Disease, 5-Aminosalicylate</b>		
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 del rel 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	
<b>Hemorrhoidal Prep, Anti-Infam Steroid/Local Anesth</b>		
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
<b>Ibs Agents, Mixed Opioid Recep Agonists/Antagonists</b>		
VIBERZI ORAL TABLET 100 MG, 75 MG	Tier 4	PA
<b>Integrin Receptor Antagonist, Monoclonal Antibody</b>		
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML	Tier 7	PA; SP; QL (1.36 ML per 28 days)
<b>Irritable Bowel Agents, Guanylate Cylase-C Agonist</b>		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	Tier 3	ST: 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)
<b>Local Anorectal Nitrate Preparations</b>		
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i>	Tier 3	
RECTIV RECTAL OINTMENT 0.4 % (W/W)	Tier 4	
<b>Rectal/Lower Bowel Prep., Glucocort. (Non-Hemorr)</b>		
<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	
<b>Lower Gastrointestinal Disorders - Other</b>		
<b>Ammonia Inhibitors</b>		
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
<i>enulose oral solution 10 gram/15 ml</i>	Tier 2	
<i>generlac oral solution 10 gram/15 ml</i>	Tier 2	
<i>glycerol phenylbutyrate oral liquid 1.1 gram/ml</i>	Tier 6	PA; SP; QL (500 ML per 30 days)
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 7	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
<b>Antidiarrheal - G.I. Chloride Channel Inhibitors</b>		
MYTESI ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG	Tier 4	PA; QL (60 EA per 30 days)

Drug	Status	Notes
<b>Antidiarrheal - Tryptophan Hydroxylase Inhibitor</b>		
XERMELO ORAL TABLET 250 MG	Tier 6	PA; SP; QL (90 EA per 30 days)
<b>Antidiarrheals</b>		
<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
<b>Bile Salts</b>		
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	
<b>Ibs Agents,Sodium-Hydrogen Exchanger 3(Nhe3) Inhib</b>		
IBSRELA ORAL TABLET 50 MG	Tier 4	PA; QL (60 EA per 30 days)
<b>Ileal Bile Acid Transporter (Ibat) Inhibitor</b>		
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
<b>Irritable Bowel Synd. Agent,5Ht-3 Antagonist-Type</b>		
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	Tier 2	
LOTROXEX ORAL TABLET 0.5 MG, 1 MG	Tier 4	
<b>Laxatives And Cathartics</b>		
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	IF AGE=45-75 YEARS THEN \$0 COPAY
<i>constulose oral solution 10 gram/15 ml</i>	Tier 2	
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	Tier 2	IF AGE=45-75 YEARS THEN \$0 COPAY
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	Tier 2	IF AGE=45-75 YEARS THEN \$0 COPAY
<i>gavilyte-n oral recon soln 420 gram</i>	Tier 2	IF AGE=45-75 YEARS THEN \$0 COPAY
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
<i>lactulose oral solution 10 gram/15 ml</i>	Tier 2	

Drug	Status	Notes
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	Tier 3	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	IF AGE=45-75 YEARS THEN \$0 COPAY
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i>	Tier 3	IF AGE=45-75 YEARS THEN \$0 COPAY
<i>peg-electrolyte soln oral recon soln 420 gram</i>	Tier 2	IF AGE=45-75 YEARS THEN \$0 COPAY
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	Tier 4	IF AGE=45-75 YEARS THEN \$0 COPAY
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	Tier 3	IF AGE=45-75 YEARS THEN \$0 COPAY
SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 GRAM	Tier 4	IF AGE=45-75 YEARS THEN \$0 COPAY
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	IF AGE=45-75 YEARS THEN \$0 COPAY
<b>Narcotic Antagonists, Peripherally-Acting</b>		
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	Tier 3	ST: 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: Trial, intolerance or contraindication to ONE of the following is required: polyethylene glycol 3350 powder, lactulose solution.; QL (30 EA per 30 days)
<b>Ppar Agonist</b>		
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)
<b>Sbs - Glucagon-Like Peptide-2 (Glp-2) Analogs</b>		
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	Tier 6	PA; SP
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	Tier 6	PA; SP
<b>Medical Supplies</b>		
<b>Durable Medical Equipment,Misc</b>		
PUMP IN STYLE ADVANCED DEVICE	Tier 4	IF AGE=12-59 YEARS THEN \$0 COPAY; QL (1 EA per 365 days)
PUMP IN STYLE WITH MAXFLOW DEVICE	Tier 4	IF AGE=12-59 YEARS THEN \$0 COPAY; QL (1 EA per 365 days)
<b>Durable Medical Equipment,Misc(Group 1)</b>		
2-IN-1 LANCET DEVICE 30 GAUGE	Tier 4	
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE, 28 GAUGE	Tier 4	
AGAMATRIX ULTRA-THIN LANCET 33 GAUGE	Tier 4	

Drug	Status	Notes
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	
DROPSAFE MEDLANCE PLUS 30 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	
LANCETS , 21 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE	Tier 3	
LANCETS 33 GAUGE	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	

Drug	Status	Notes
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE	Tier 4	
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 2 EXTRA LANCET 21 GAUGE	Tier 3	
UNISTIK 2 NORMAL LANCET 21 GAUGE	Tier 4	
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	
<b>Medical Supplies,Miscellaneous</b>		
LASIX ONYU REUSABLE UNIT SUBCUTANEOUS DEVICE	Tier 6	PA; SP
<b>Syringes And Accessories</b>		
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	

Drug	Status	Notes
BD ALLERGIST TRAY REG BEVEL SYRINGE 1 ML 27 X 1/2"	Tier 4	
BD ALLERGIST TRAY REG BEVEL TRAY 1/2 ML 27 X 1/2"	Tier 4	
BD ALLERGY SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2"	Tier 4	
BD BLUNT PLASTIC CANNULA SYRINGE 17 X 3 ML	Tier 4	
BD BULK SYRINGE SLIP TIP SYRINGE 1 ML, 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	

Drug	Status	Notes
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	
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 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 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	

Drug	Status	Notes
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 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 15/64", 0.5 ML 31 GAUGE X 5/16", 0.5ML 30 GAUGE X 15/64"	Tier 3	
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 15/64", 1 ML 31 GAUGE X 5/16", 1/2 ML 31 GAUGE X 15/64"	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	

Drug	Status	Notes
EASY TOUCH FLIPLOCK SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2", 10 ML 18 GAUGE X 1 1/2", 10 ML 18 GAUGE X 1", 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 10 ML 21 X 1", 10 ML 22 GAUGE X 1 1/2", 10 ML 25 GAUGE X 1", 3 ML 18 GAUGE X 1 1/2", 3 ML 18 GAUGE X 1", 3 ML 19 GAUGE X 1 1/2", 3 ML 19 GAUGE X 1", 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 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	
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	

Drug	Status	Notes
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	
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	
INSULIN SYR/NDL U100 HALF MARK SYRINGE 0.3 ML 31 GAUGE X 1/4"	Tier 3	
INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Tier 3	
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"	Tier 3	

Drug	Status	Notes
INSULIN U-500 SYRINGE-NEEDLE SYRINGE 1/2 ML 31 GAUGE X 15/64"	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	
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 SAFETY SYRNG SYRINGE 1 ML 23 GAUGE X 1", 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	

Drug	Status	Notes
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 CATHETER SYRINGE 60 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	
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	

Drug	Status	Notes
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	
SECURESAFE 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	
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	
SYRINGE (DISPOSABLE) SYRINGE 10 ML, 20 ML, 3 ML, 30 ML, 5 ML	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	

Drug	Status	Notes
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	
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"	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	
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	

Drug	Status	Notes
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	
TUBERCULIN-ALLERGY SYRINGES SYRINGE 1 ML 26 GAUGE X 3/8"	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	
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	

Drug	Status	Notes
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	
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	
<b>Miscellaneous Agents</b>		
<b>Amyloidosis Agents-Transthyretin (Ttr)</b>		
<b>Suppression</b>		
WAINUA SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.8 ML	Tier 7	PA; SP; QL (0.8 ML per 30 days)
<b>Anaphylaxis Therapy Agents</b>		
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML	Tier 4	QL (2 EA per 30 days); Age (Max 2 Years)

Drug	Status	Notes
AUVI-Q INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 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)
<b>Cxcr4 Chemokine Receptor Antagonist</b>		
XOLREMDI ORAL CAPSULE 100 MG	Tier 7	PA; SP; QL (120 EA per 30 days)
<b>Genetic D/O Tx-Exon Inclusion Antisense Oligonucle</b>		
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	Tier 7	PA; SP
EVRYSDI ORAL TABLET 5 MG	Tier 7	PA; SP
<b>Parasympathetic Agents</b>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 2	
<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	
<b>Pharmacological Chaperone-Alpha-Galactosid.A Stabz</b>		
GALAFOLD ORAL CAPSULE 123 MG	Tier 7	PA; SP
<b>Pku Treatment Agents - Phenylalanine Ammonia Lyase</b>		
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	Tier 6	PA; SP
<b>Pku Tx Agent-Cofactor Of Phenylalanine Hydroxylase</b>		
<i>javygtor oral powder in packet 100 mg, 500 mg</i>	Tier 6	PA; SP
<i>javygtor oral tablet, soluble 100 mg</i>	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
SEPHIENCE ORAL POWDER IN PACKET 1,000 MG, 250 MG	Tier 7	PA; SP
<i>zelvysia oral powder in packet 100 mg, 500 mg</i>	Tier 6	PA; SP

Drug	Status	Notes
<b>Systemic Enzyme Inhibitors</b>		
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
<b>Thyroid Hormone Receptor (Thr) Agonist</b>		
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
<b>Topical Anticholinergic Hyperhidrosis Tx Agents</b>		
QBREXZA TOPICAL TOWELETTE 2.4 %	Tier 4	PA
SOFDRA TOPICAL GEL WITH PUMP 12.45 % (72 MG /ACTUATION)	Tier 4	PA
<b>Neoplastic Disease</b>		
<b>Alkylating Agents</b>		
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 50 mg</i>	Tier 5	SP
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	Tier 7	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
<i>lomustine oral capsule 10 mg, 100 mg, 40 mg</i>	Tier 6	PA; SP
MYLERAN ORAL TABLET 2 MG	Tier 6	PA; SP
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
<b>Antiandrogenic Agents</b>		
<i>abiraterone oral tablet 250 mg, 500 mg</i>	Tier 6	PA; SP
<i>abirtega oral tablet 250 mg</i>	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

Drug	Status	Notes
<b>Antibiotic Antineoplastics</b>		
<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
<b>Antimetabolites</b>		
<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	
<b>Antineoplastic Aromatase Inhibitors</b>		
<i>anastrozole oral tablet 1 mg</i>	ACA	
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>	ACA	
FEMARA ORAL TABLET 2.5 MG	Tier 4	
<i>letrozole oral tablet 2.5 mg</i>	ACA	
<b>Antineoplastic - Braf Kinase Inhibitors</b>		
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 (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)
<b>Antineoplastic - Hedgehog Pathway Inhibitor</b>		
DAURISMO ORAL TABLET 100 MG, 25 MG	Tier 7	PA; SP; QL (30 EA per 30 days)

Drug	Status	Notes
ERIVEDGE ORAL CAPSULE 150 MG	Tier 6	PA; SP
ODOMZO ORAL CAPSULE 200 MG	Tier 6	PA; SP; QL (30 EA per 30 days)
<b>Antineoplastic - Janus Kinase (Jak) Inhibitors</b>		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	Tier 7	PA; SP
<b>Antineoplastic - Kras Protein Inhibitor</b>		
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)
<b>Antineoplastic - Mek1 And Mek2 Kinase Inhibitors</b>		
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)
KOSELUGO ORAL CAPSULE, SPRINKLE 5 MG, 7.5 MG	Tier 7	PA; SP; QL (60 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
<b>Antineoplastic - Mtor Kinase Inhibitors</b>		
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
<i>torpenz oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	Tier 6	PA; SP
<b>Antineoplastic - Protein Methyltransferase Inhibit</b>		
TAZVERIK ORAL TABLET 200 MG	Tier 7	PA; SP; QL (240 EA per 30 days)
<b>Antineoplastic - Topoisomerase I Inhibitors</b>		
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	Tier 6	PA; SP
<b>Antineoplastic Immunomodulator Agents</b>		
<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
<b>Antineoplastic Lhrh(Gnrh) Antagonist,Pituit.Suppr</b>		
ORGOVYX ORAL TABLET 120 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
<b>Antineoplastic Systemic Enzyme Inhibitors</b>		
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)

Drug	Status	Notes
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)
<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)
HERNEXEOS ORAL TABLET 60 MG	Tier 7	PA; SP; QL (90 EA per 30 days)
HYRNUO ORAL TABLET 10 MG	Tier 7	PA; SP; QL (120 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)
IBTROZI ORAL CAPSULE 200 MG	Tier 7	PA; SP; QL (90 EA per 30 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)

Drug	Status	Notes
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 (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
<i>nilotinib hcl oral capsule 50 mg</i>	Tier 6	PA; SP; QL (60 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
<i>pazopanib oral tablet 400 mg</i>	Tier 6	PA; SP; QL (60 EA per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	Tier 7	PA; SP; QL (14 EA per 21 days)
PHYRAGO ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	Tier 7	PA; SP; QL (30 EA per 30 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)

Drug	Status	Notes
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
SCEMBLIX ORAL TABLET 100 MG	Tier 7	PA; SP; QL (120 EA per 30 days)
SCEMBLIX 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 7	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)
TAGRISSE 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)
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)
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 PELLETS 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)
<b>Antineoplastic,Histone Deacetylase Inhibitors,Hdis</b>		
ZOLINZA ORAL CAPSULE 100 MG	Tier 6	PA; SP
<b>Antineoplastic-B Cell Lymphoma-2(Bcl-2) Inhibitors</b>		
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)

Drug	Status	Notes
<b>Antineoplastic-Enzyme Inhib, Antiandrogen Comb.</b>		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	Tier 7	PA; SP; QL (60 EA per 30 days)
<b>Antineoplastic-Hypoxia Inducible Factor (Hif) Inh</b>		
WELIREG ORAL TABLET 40 MG	Tier 7	PA; SP; QL (90 EA per 30 days)
<b>Antineoplastic-Isocitrate Dehydrogenase Inhibitors</b>		
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)
<b>Antineoplastics,Miscellaneous</b>		
<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	
<b>Antineoplastic-Select Inhib Of Nuclear Exp (Sine)</b>		
XPOVIO ORAL TABLET 100 MG/WEEK (50 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)	Tier 7	PA; SP; QL (16 EA per 28 days)
XPOVIO ORAL TABLET 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 80 MG/WEEK (40 MG X 2), 80 MG/WEEK (80 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)
<b>Chemotherapy Rescue/Antidote Agents</b>		
<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
MESNEX INTRAVENOUS SOLUTION 100 MG/ML	Tier 7	PA; SP
MESNEX ORAL TABLET 400 MG	Tier 7	PA; SP
<b>Photoactivated, Antineopls. &amp; Premalignant Lesions</b>		
LEVULAN TOPICAL SOLUTION 20 %	Tier 4	
<b>Selective Estrogen Receptor Modulators (Serm)</b>		
FARESTON ORAL TABLET 60 MG	Tier 4	PA
INLURIYO ORAL TABLET 200 MG	Tier 7	PA; SP; QL (56 EA per 28 days)
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>	ACA	
<i>toremifene oral tablet 60 mg</i>	Tier 3	PA
<b>Selective Retinoid X Receptor Agonists (Rxr)</b>		
<i>bexarotene oral capsule 75 mg</i>	Tier 5	PA; SP

Drug	Status	Notes
TARGRETIN ORAL CAPSULE 75 MG	Tier 6	PA; SP
<b>Steroid Antineoplastics</b>		
<i>megestrol oral tablet 20 mg, 40 mg</i>	Tier 2	
<b>Neurological Disease - Miscellaneous</b>		
<b>Agents To Treat Multiple Sclerosis</b>		
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)
<i>cladribine(multiple sclerosis) oral tablet 10 mg</i>	Tier 6	PA; SP; QL (20 EA per 365 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(drl/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i>	Tier 5	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)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	Tier 5	PA; SP; QL (30 ML per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	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)
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)

Drug	Status	Notes
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	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)
<b>Agts Tx Neuromusc Transmission Dis,Pot-Chan Blkr</b>		
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)
<b>Amyotrophic Lateral Sclerosis Agents</b>		
RADICAVA ORS 105 MG/5 ML SUSP	Tier 7	PA; SP; QL (50 ML per 28 days)
RADICAVA ORS STARTER KIT SUSP INNER 105 MG/5 ML	Tier 7	PA; SP; QL (50 ML per 28 days)
RADICAVA ORS STARTER KIT SUSP OUTER 105 MG/5 ML	Tier 7	PA; SP; QL (50 ML per 28 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
<b>Fibromyalgia Agents,Serotonin-Norepineph Ru Inhib</b>		
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	
<b>Glypromate (Gpe) Analogs</b>		
DAYBUE ORAL SOLUTION 200 MG/ML	Tier 7	PA; SP

Drug	Status	Notes
DAYBUE STIX ORAL POWDER IN PACKET 5,000 MG, 6,000 MG, 8,000 MG	Tier 7	PA; SP
<b>Heat Shock Protein (Hsp) Modulating Agents</b>		
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG	Tier 7	PA; SP
<b>Movement Disorders(Drug Therapy)</b>		
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
<b>Neuropathic Agents</b>		
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG	Tier 4	ST: 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)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG	Tier 4	ST: 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: 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: 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)
<b>Nuclear Factor Erythroid 2-Rel. Factor 2 Activator</b>		
SKYCLARYS ORAL CAPSULE 50 MG	Tier 7	PA; SP; QL (90 EA per 30 days)

Drug	Status	Notes
<b>Postherpetic Neuralgia Agents</b>		
<i>gabapentin oral tablet extended release 24 hr 300 mg, 600 mg</i>	Tier 3	PA; QL (90 EA per 30 days)
<i>gabapentin oral tablet extended release 24 hr 450 mg, 750 mg, 900 mg</i>	Tier 3	PA
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
<b>Pseudobulbar Affect (Pba) Agents, Nmda Antagonists</b>		
NUDEXTA ORAL CAPSULE 20-10 MG	Tier 3	QL (60 EA per 30 days)
<b>Sphingosine 1-Phosphate (S1p) Receptor Modulator</b>		
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)
<b>Oral/Pharyngeal Disorders</b>		
<b>Dental Aids And Preparations</b>		
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	Tier 2	
<i>oralone dental paste 0.1 %</i>	Tier 3	
PERIDEX MUCOUS MEMBRANE MOUTHWASH 0.12 %	Tier 4	
<i>periogard mucous membrane mouthwash 0.12 %</i>	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	
<b>Nose Preparations, Miscellaneous (Rx)</b>		
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	Tier 2	
<b>Periodontal Collagenase Inhibitors</b>		
<i>doxycycline hyclate oral tablet 20 mg</i>	Tier 3	
<b>Other Drugs</b>		
<b>Abortifacient,Progesterone Receptor Antagonist-Typ</b>		
MIFEPREX ORAL TABLET 200 MG	Tier 4	
<i>mifepristone oral tablet 200 mg</i>	Tier 3	
<b>Agents For Stomatological Use</b>		
DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 %	Tier 4	
<b>Antineoplastic - Systemic Enzyme Inhibitors Combs</b>		
AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG	Tier 7	PA; SP
<b>Antineoplastic Systemic Enzyme Activators</b>		
MODEYSO ORAL CAPSULE 125 MG	Tier 7	PA; SP; QL (20 EA per 28 days)

Drug	Status	Notes
<b>Antipsychotics, Muscarinic Agonist/Antagonist Comb</b>		
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)
<b>Antiretroviral - Capsid Inhibitors (Prep)</b>		
YEZTUGO SUBCUTANEOUS SOLUTION 309 MG/ML	ACA	\$0 COPAY IF USED FOR PREP TX. OTHER RESTRICTIONS MAY APPLY.
<b>Appetite Stim. For Anorexia,Cachexia,Wasting Synd.</b>		
<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	
<b>Azapirones</b>		
EXXUA ORAL TABLET EXTENDED RELEASE 24 HR 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG	Tier 4	PA; QL (30 EA per 30 days)
EXXUA ORAL TABLET, EXT REL 24HR DOSE PACK 18.2 MG (32 TABS)	Tier 4	PA; QL (30 EA per 30 days)
<b>Cardiolipin Binding Agents</b>		
FORZINITY SUBCUTANEOUS SOLUTION 80 MG/ML	Tier 7	PA; SP; QL (14 ML per 28 days)
<b>Condoms</b>		
AIMSCO LATEX CONDOM DEVICE	ACA	
DUREX AVANTI BARE REAL FEEL	ACA	
DUREX EXTRA SENSITIVE CONDOM DEVICE	ACA	
DUREX TROPICAL CONDOM DEVICE	ACA	
FANTASY CONDOM DEVICE	ACA	
FC2 FEMALE CONDOM	ACA	
KIMONO LUBRICATED CONDOMS DEVICE	ACA	
KIMONO MICROTHIN AQUA LUBE CON DEVICE	ACA	
KIMONO MICROTHIN CONDOMS DEVICE	ACA	
KIMONO MICROTHIN LARGE CONDOMS DEVICE	ACA	
KIMONO TEXTURED CONDOMS DEVICE	ACA	
TROJAN BARESKIN DEVICE	ACA	
TROJAN ULTRA RIBBED CONDOM DEVICE	ACA	
TRUE COVER CONDOM DEVICE	ACA	
TRUSTEX LATEX CONDOM DEVICE	ACA	
TRUSTEX LUBRICATED CONDOMS DEVICE	ACA	
TRUSTEX NON-LUB CONDOMS DEVICE	ACA	
TRUSTEX-RIA LUB/SPERMICIDE DEVICE	ACA	
TRUSTEX-RIA LUBRICATED CONDOMS DEVICE	ACA	
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	ACA	
<b>Cryopreservative Agents</b>		
CRYOSERV SOLUTION 99 %	Tier 4	
<b>Cystic Fibrosis - Inhaled Osmotic Agents</b>		
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	Tier 7	PA; SP

Drug	Status	Notes
<b>Diagnostic Preparations, Misc.</b>		
GLUCAGON HCL INJECTION RECON SOLN 1 MG/ML	Tier 4	
<b>Drugs To Treat Hereditary Tyrosinemia</b>		
HARLIKU ORAL TABLET 2 MG	Tier 7	PA; SP; QL (60 EA per 30 days)
<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
<b>Drugs To Tx Gaucher Dx-Type 1, Substrate Reducing</b>		
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
<i>yargesa oral capsule 100 mg</i>	Tier 6	PA; SP
ZAVESCA ORAL CAPSULE 100 MG	Tier 7	PA; SP
<b>Factor Xii Inhibitors</b>		
ANDEMBRY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 200 MG/1.2 ML	Tier 7	PA; SP
<b>General Anesthetics - Benzodiazepine, Injectable</b>		
<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	
<b>General Inhalation Agents</b>		
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %, 7 %	Tier 4	
<i>nebusal inhalation solution for nebulization 3 %</i>	Tier 2	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 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	
<b>Genetic Disorder Therapy - Hdac Inhibitor</b>		
DUVYZAT ORAL SUSPENSION 8.86 MG/ML	Tier 7	PA; SP
<b>Metabolic Deficiency Agents</b>		
<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	

Drug	Status	Notes
<b>Metabolic Disease Enzyme Replace, Hypophosphatasia</b>		
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)
STRENSIQ SUBCUTANEOUS SOLUTION 80 MG/0.8 ML	Tier 6	PA; SP; QL (16.8 ML per 28 days)
<b>Metallic Poison, Agents To Treat</b>		
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
<b>Needles/Needleless Devices</b>		
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	

Drug	Status	Notes
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	
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	
BLUNT NEEDLE, DISPOSABLE NEEDLE 18 X 1 1/2"	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	

Drug	Status	Notes
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	
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", 31 GAUGE X 5/32"	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	

Drug	Status	Notes
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	
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	

Drug	Status	Notes
MONOJECT BLOOD COLLECTION NEEDLE 20 GAUGE X 1", 20 X 1 1/2 ", 21 GAUGE X 1", 22 GAUGE X 1"	Tier 4	
MONOJECT HYPODERMIC NEEDLES NEEDLE 14 GAUGE X 1 1/2", 14 GAUGE X 1", 14 GAUGE X 2", 15 GAUGE X 1 1/2", 16 GAUGE X 1 1/2", 16 GAUGE X 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	
NEEDLE (DISP) 16 G NEEDLE 16 GAUGE X 1"	Tier 4	
NEEDLE (DISP) 18 G NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1"	Tier 4	
NEEDLE (DISP) 19 G NEEDLE 19 GAUGE X 1 1/2"	Tier 4	
NEEDLE (DISP) 23 GAUGE NEEDLE 23 GAUGE X 1"	Tier 4	
NEEDLE (DISP) 27 GAUGE NEEDLE 27 GAUGE X 1 1/2", 27 GAUGE X 1/2"	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	
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"	Tier 3	
PEN NEEDLE, DIABETIC, SAFETY NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/32"	Tier 3	

Drug	Status	Notes
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	
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 5/16", 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	
QC UNIFINE PENTIPS 32GX5/32" STERILE 32 GAUGE X 5/32"	Tier 3	
QC UNIFINE PENTIPS 4MM 32G STERILE 32 GAUGE X 5/32"	Tier 3	
SAFETY NEEDLES NEEDLE 18 GAUGE X 1 1/2"	Tier 4	
SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	Tier 3	
SECURESAFE 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	

Drug	Status	Notes
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	
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 32G 4MM 32 GAUGE X 5/32"	Tier 3	
UNIFINE PENTIPS 32G 4MM 32 GAUGE X 5/32"	Tier 4	
UNIFINE PENTIPS 32GX5/32" 32 GAUGE X 5/32"	Tier 3	
UNIFINE PENTIPS 32GX5/32" 32GX4MM, STRL, NANO 32 GAUGE X 5/32"	Tier 3	
UNIFINE PENTIPS 32GX5/32" STERILE, SINGLE USE 32 GAUGE X 5/32"	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", 33 GAUGE X 5/32"	Tier 3	

Drug	Status	Notes
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	
YALE DISPOSABLE NEEDLES NEEDLE 21 GAUGE X 1 1/4"	Tier 4	
<b>Novel Bacterial Topoisomerase Inhibitors (Nbti)</b>		
BLUJEPAL ORAL TABLET 750 MG	Tier 4	PA; QL (40 EA per 365 days)
<b>Ophthalmic Trpm8 Agonists</b>		
TRYPTYR OPTHALMIC (EYE) DROPPERETTE 0.003 %	Tier 4	PA; QL (60 EA per 30 days)
<b>Protein Replacement</b>		
AQNEURSA ORAL GRANULES IN PACKET 1 GRAM	Tier 7	PA; SP
<b>Solvents</b>		
ISOPROPYL ALCOHOL SOLUTION 91 %	Tier 4	
<b>Somatostatic Agents</b>		
BYNFEZIA SUBCUTANEOUS PEN INJECTOR 7,000 MCG/2.8ML (2,500 MCG/ML)	Tier 7	PA; SP
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)

Drug	Status	Notes
<b>Surfactants</b>		
TRITON X-100 LIQUID	ACA	
<b>Suspending Agents</b>		
GELFILM IMPLANT FILM	Tier 4	
<b>Topical Nitric Oxide Releasing Agents</b>		
ZELSUVMI TOPICAL GEL 10.3 %	Tier 7	PA; SP; QL (31 GM per 30 days)
<b>Treatment Of Hyperphagia In Prader-Willi Syndrome</b>		
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 25 MG, 75 MG	Tier 7	PA; SP
<b>Water</b>		
<i>bacteriostatic water(parabens) injection solution</i>	Tier 2	
<i>sterile water for injection injection solution 100 %</i>	Tier 2	
<i>water for inject, bacteriostat injection solution</i>	Tier 2	
WATER FOR INJECTION, STERILE INJECTION SOLUTION 100 %	Tier 4	
<i>water for injection, sterile injection syringe 100 %</i>	Tier 2	
<i>water for injection, sterile intravenous parenteral solution 100 %</i>	Tier 2	
<b>Wound Healing Agents, Local</b>		
FILSUVEZ TOPICAL GEL 10 %	Tier 7	PA; SP
<b>Other Respiratory Disorders</b>		
<b>Antifibrotic Therapy - Pyridone Analogs</b>		
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
<b>Cystic Fib.Transmemb Conduct.Reg.(Cftr)Potentiator</b>		
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)
<b>Cystic Fibrosis-Cftr Potentiator &amp; Corrector Comb.</b>		
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)
<b>Dipeptidyl Peptidase 1 (Dpp1) Inhibitor</b>		
BRINSUPRI ORAL TABLET 10 MG, 25 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
<b>Lung Surfactants</b>		
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5 ML, 240 MG/3 ML	Tier 4	

Drug	Status	Notes
INFASURF INTRATRACHEAL SUSPENSION 35 MG/ML	Tier 4	
SURVANTA INTRATRACHEAL SUSPENSION 25 MG/ML	Tier 4	
<b>Mucolytics</b>		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	Tier 2	
PULMOZYME INHALATION SOLUTION 1 MG/ML	Tier 6	PA; SP
<b>Pulmonary Fibrosis - Systemic Enzyme Inhibitors</b>		
OFEV ORAL CAPSULE 100 MG, 150 MG	Tier 7	PA; SP
<b>Pain Management - Analgesics</b>		
<b>Analgesic, Non-Salicylate &amp; Barbiturate Comb.</b>		
<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	
<i>tencon oral tablet 50-325 mg</i>	Tier 2	
<b>Analgesic, Salicylate, Barbiturate,&amp; Xanthine Cmb</b>		
<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)
<b>Analgesic, Non-Salicylate, Barbiturate, &amp; Xanthine Cmb</b>		
<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)
<i>fioricet oral capsule 50-300-40 mg</i>	Tier 2	
<b>Analgesic/Antipyretics, Salicylates</b>		
<i>aspirin oral tablet 325 mg</i>	ACA	IF AGE=12-59 YEARS THEN \$0 COPAY
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg</i>	ACA	IF AGE=12-59 YEARS THEN \$0 COPAY
<i>bayer aspirin oral tablet 325 mg</i>	ACA	IF AGE=12-59 YEARS THEN \$0 COPAY
<i>bayer aspirin oral tablet, delayed release (dr/ec) 325 mg</i>	ACA	IF AGE=12-59 YEARS THEN \$0 COPAY
<i>diflunisal oral tablet 500 mg</i>	Tier 3	
DOLOBID ORAL TABLET 250 MG	Tier 4	PA
<i>dolobid oral tablet 375 mg</i>	Tier 4	PA
<b>Analgesics, Narcotic Agonist And Nsaid Combination</b>		
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	Tier 3	QL (150 EA per 30 days)
<b>Analgesics, Non-Narcotics</b>		
JOURNAVX ORAL TABLET 50 MG	Tier 4	PA
<b>Analgesics, Narcotics</b>		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	Tier 4	PA

Drug	Status	Notes
<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: Trial, intolerance or contraindication of 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: Trial, intolerance or contraindication of 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)
DISKETTS 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)
<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: 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
<i>methadone intensol oral concentrate 10 mg/ml</i>	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)

Drug	Status	Notes
<i>methadose oral tablet, soluble 40 mg</i>	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	
MORPHINE ORAL TABLET 15 MG, 30 MG	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 15 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: 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	
<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: 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: 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: Trial, intolerance or contraindication of 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: Trial, intolerance or contraindication of the following is required: tramadol HCl oral tablet AND tramadol HCl ER oral tablet; QL (30 EA per 30 days)

Drug	Status	Notes
<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 multiphase 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: 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>xyvona oral tablet 2 mg</i>	Tier 3	PA; QL (120 EA per 30 days)
<b>Antimigraine Preparations</b>		
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
<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)
BREKIYA SUBCUTANEOUS AUTO-INJECTOR 1 MG/ML	Tier 7	PA; SP; QL (6 ML 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)

Drug	Status	Notes
<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)
IMITREX SUBCUTANEOUS SOLUTION 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)
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)
RELPAX 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)

Drug	Status	Notes
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 7	SP; 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 30 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)
<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)
<i>zomig oral tablet 2.5 mg, 5 mg</i>	Tier 3	QL (9 EA per 30 days)
<b>Calcitonin Gene-Related Peptide (Cgrp) Inhibitors</b>		
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	Tier 6	PA; SP
<b>Narc. &amp; Non-Sal. Analgesic, Barbiturate &amp; Xanthine Cmb</b>		
<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)
<b>Narcotic &amp; Salicylate Analgesics, Barb. &amp; Xanthine</b>		
<i>ascomp with codeine oral capsule 30-50-325-40 mg</i>	Tier 2	QL (180 EA per 30 days)
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i>	Tier 2	QL (180 EA per 30 days)

Drug	Status	Notes
<b>Narcotic Analgesic &amp; Non-Salicylate Analgesic Comb</b>		
<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
<i>endocet 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>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)
<i>nalocet oral tablet 2.5-300 mg</i>	Tier 3	PA; QL (390 EA per 30 days)
<i>oxycodone-acetaminophen oral solution 10-300 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)
<i>percocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 4	QL (360 EA per 30 days)
PROLATE ORAL SOLUTION 10-300 MG/5 ML	Tier 4	PA
<i>prolate oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	Tier 3	PA
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	Tier 2	QL (180 EA per 30 days)
<b>Narcotic Analgesic, Non-Salicylate, Xanthine Comb</b>		
<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)
<b>Narcotic Withdrawal Therapy Agents</b>		
<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	

Drug	Status	Notes
<b>Opioid Withdrawal Ther, Alpha-2 Adrenergic Agonist</b>		
<i>lofexidine oral tablet 0.18 mg</i>	Tier 3	
LUCEMYRA ORAL TABLET 0.18 MG	Tier 4	
<b>Skeletal Muscle Relaxant,Salicylate,Narc Analgesic</b>		
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	Tier 3	PA; QL (240 EA per 30 days)
<b>Parkinsons Disease</b>		
<b>Antiparkinsonism Drugs,Anticholinergic</b>		
<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	
<b>Antiparkinsonism Drugs,Other</b>		
<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	
<i>carbidopa-levodopa oral capsule, extended release 23.75-95 mg, 36.25-145 mg, 48.75-195 mg, 61.25-245 mg</i>	Tier 3	
<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

Drug	Status	Notes
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	Tier 4	ST: 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: 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	
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: 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
<b>Decarboxylase Inhibitors</b>		
<i>carbidopa oral tablet 25 mg</i>	Tier 3	
LODOSYN ORAL TABLET 25 MG	Tier 4	
<b>Seizure Disorder</b>		
<b>Anticonvulsant - Benzodiazepine Type</b>		
<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	

Drug	Status	Notes
MIDAZOLAM INTRAMUSCULAR AUTO-INJECTOR 10 MG/0.7 ML	Tier 3	QL (2.8 ML per 30 days)
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)
<b>Anticonvulsant - Cannabinoid Type</b>		
EPIDIOLEX ORAL SOLUTION 100 MG/ML	Tier 6	PA; SP
<b>Anticonvulsants</b>		
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)
<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)

Drug	Status	Notes
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
<i>epitol oral tablet 200 mg</i>	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	
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	
<i>gabarone oral tablet 100 mg, 400 mg</i>	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

Drug	Status	Notes
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	
<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	
<i>levetiracetam oral tablet for suspension 250 mg, 500 mg</i>	Tier 3	PA; QL (60 EA per 30 days)
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)

Drug	Status	Notes
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 suspension 0.5 mg/ml</i>	Tier 3	PA; QL (720 ML per 30 days)
<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)
<i>phenytek oral capsule 200 mg, 300 mg</i>	Tier 2	
<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	
ROWEEPRA ORAL TABLET 500 MG	Tier 3	PA
<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 SUSPENSION 10 MG/ML	Tier 4	PA
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	Tier 2	
<i>subvenite starter (blue) kit oral tablets, dose pack 25 mg (35)</i>	Tier 3	
<i>subvenite starter (green) kit oral tablets, dose pack 25 mg (84) -100 mg (14)</i>	Tier 3	
<i>subvenite starter (orange) kit oral tablets, dose pack 25 mg (42) -100 mg (7)</i>	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

Drug	Status	Notes
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
<i>vigadrone oral powder in packet 500 mg</i>	Tier 6	PA; SP
<i>vigadrone oral tablet 500 mg</i>	Tier 6	PA; SP
VIGAFYDE ORAL SOLUTION 100 MG/ML	Tier 7	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)
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)

Drug	Status	Notes
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	
<b>Neuroactive Steroid Gaba-A Receptor Modulator</b>		
ZTALMY ORAL SUSPENSION 50 MG/ML	Tier 7	PA; SP
<b>Skeletal Muscle Disorder</b>		
<b>Agents To Tx Periodic Paralysis - Carbon Anhyd Inh</b>		
<i>dichlorphenamide oral tablet 50 mg</i>	Tier 6	PA; SP; QL (120 EA per 30 days)
KEYEYIS ORAL TABLET 50 MG	Tier 6	PA; SP; QL (120 EA per 30 days)
<i>ormalvi oral tablet 50 mg</i>	Tier 6	PA; SP; QL (120 EA per 30 days)
<b>Retinoic Acid Receptor (Rar) Agonists</b>		
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG	Tier 7	PA; SP
<b>Skeletal Muscle Relaxants</b>		
AMRIX ORAL CAPSULE,EXTENDED RELEASE 24HR 15 MG, 30 MG	Tier 4	ST: Trial, intolerance or contraindication of 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	
<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: Trial, intolerance or contraindication of 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
<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	

Drug	Status	Notes
<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 4	PA
ONTRALFY ORAL SOLUTION 2 MG/5 ML	Tier 4	PA; QL (900 ML per 30 days)
<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
<i>orphengesic forte oral tablet 50-770-60 mg</i>	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	
<i>tanlor oral tablet 1,000 mg</i>	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	
TONMYA SUBLINGUAL TABLET 2.8 MG	Tier 4	PA; QL (60 EA per 30 days)
VANADOM ORAL TABLET 350 MG	Tier 4	
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	Tier 4	QL (180 EA per 30 days)
ZANAFLEX ORAL CAPSULE 8 MG	Tier 4	PA
ZANAFLEX ORAL TABLET 4 MG	Tier 4	
<b>Smoking Cessation</b>		
<b>Smoking Deterrent Agents (Ganglionic Stim,Others)</b>		
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i>	Tier 2	IF AGE=18 YEARS OR OLDER THEN \$0 COPAY
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>	Tier 2	IF AGE=18 YEARS OR OLDER THEN \$0 COPAY
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i>	Tier 2	IF AGE=18 YEARS OR OLDER THEN \$0 COPAY
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	Tier 2	IF AGE=18 YEARS OR OLDER THEN \$0 COPAY
NICOTINE TRANSDERMAL PATCH, TD DAILY, SEQUENTIAL 21-14-7 MG/24 HR	Tier 2	IF AGE=18 YEARS OR OLDER THEN \$0 COPAY
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	ACA	
<i>quit 2 buccal gum 2 mg</i>	Tier 2	IF AGE=18 YEARS OR OLDER THEN \$0 COPAY
<i>quit 2 buccal lozenge 2 mg</i>	Tier 2	IF AGE=18 YEARS OR OLDER THEN \$0 COPAY
<i>quit 4 buccal gum 4 mg</i>	Tier 2	IF AGE=18 YEARS OR OLDER THEN \$0 COPAY
<i>quit 4 buccal lozenge 4 mg</i>	Tier 2	IF AGE=18 YEARS OR OLDER THEN \$0 COPAY
<i>stop smoking aid buccal lozenge 2 mg, 4 mg</i>	Tier 2	IF AGE=18 YEARS OR OLDER THEN \$0 COPAY
<b>Smoking Deterrent-Nicotinic Recept.Partial Agonist</b>		
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	Tier 4	QL (60 EA per 30 days)

Drug	Status	Notes
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42)	Tier 4	QL (60 EA per 30 days)
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	Tier 3	IF AGE=18 YEARS OR OLDER THEN \$0 COPAY; QL (60 EA per 30 days)
<i>varenicline tartrate oral tablets,dose pack 0.5 mg (11)- 1 mg (42)</i>	Tier 3	IF AGE=18 YEARS OR OLDER THEN \$0 COPAY; QL (60 EA per 30 days)
<b>Smoking Deterrents, Other</b>		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	Tier 2	IF AGE=18 YEARS OR OLDER THEN \$0 COPAY
<b>Upper Gastrointestinal Disorders - Digestive</b>		
<b>Gastric Enzymes</b>		
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	Tier 7	PA; SP
<b>Pancreatic Enzymes</b>		
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: Trial, intolerance or contraindication of 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: Trial, intolerance or contraindication of 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: Trial, intolerance or contraindication of 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	
<b>Upper Gastrointestinal Disorders - Spastic Disease</b>		
<b>Anticholinergics/Antispasmodics</b>		
<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
<b>Belladonna Alkaloids</b>		
ANASPAZ ORAL TABLET,DISINTEGRATING 0.125 MG	Tier 4	
<i>ed-spaz oral tablet,disintegrating 0.125 mg</i>	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	

Drug	Status	Notes
<i>hyoscyamine sulfate oral tablet, disintegrating 0.125 mg</i>	Tier 2	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	Tier 2	
LEVBIID 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 4	
<i>oscimin oral tablet 0.125 mg</i>	Tier 2	
<i>oscimin sl sublingual tablet 0.125 mg</i>	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 4	
SYMAX-SR ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG	Tier 4	
<b>Upper Gastrointestinal Disorders - Ulcer Disease</b>		
<b>Anticholinergics, Quaternary Ammonium</b>		
<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	
<b>Anti-Ulcer Preparations</b>		
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	
<b>Anti-Ulcer-H.Pylori Agents</b>		
<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

Drug	Status	Notes
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG	Tier 4	PA
<b>Histamine H2-Receptor Inhibitors</b>		
<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	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	Tier 3	PA
<b>Intestinal Motility Stimulants</b>		
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: 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: 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	
<b>Potassium-Competitive Acid Blockers (Pcabs)</b>		
VOQUEZNA ORAL TABLET 10 MG, 20 MG	Tier 4	PA
<b>Proton-Pump Inhibitors</b>		
ACIPHEX ORAL TABLET, DELAYED RELEASE (DR/EC) 20 MG	Tier 4	Age limit may apply.; QL (30 EA per 30 days)
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 10 MG, 5 MG	Tier 4	Age limit may apply.; ST: Trial of ONE of the following is required: esomeprazole, lansoprazole, omeprazole, pantoprazole sodium, or rabeprazole; QL (30 EA per 30 days)
DEXILANT ORAL CAPSULE, BIPHASE DELAYED RELEASE 30 MG, 60 MG	Tier 4	Age limit may apply.; ST: Trial of ONE of the following is required: esomeprazole, lansoprazole, omeprazole, pantoprazole sodium, or rabeprazole; QL (30 EA per 30 days)
<i>dexlansoprazole oral capsule, biphase delayed release 30 mg, 60 mg</i>	Tier 3	Age limit may apply.; ST: Trial of ONE of the following is required: esomeprazole, lansoprazole, omeprazole, pantoprazole sodium, or rabeprazole; QL (30 EA per 30 days)
<i>esomeprazole magnesium oral capsule, delayed release (drlec) 20 mg, 40 mg</i>	Tier 2	Age limit may apply.; QL (30 EA per 30 days)

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

Drug	Status	Notes
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	Tier 4	Age limit may apply.; ST: Trial of ONE of the following is required: esomeprazole, lansoprazole, omeprazole, pantoprazole sodium, or rabeprazole; QL (30 EA per 30 days)
PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG, 40 MG	Tier 4	Age limit may apply.; QL (30 EA per 30 days)
<i>rabeprazole oral capsule, delayed rel sprinkle 10 mg</i>	Tier 3	Age limit may apply.; ST: Trial of ONE of the following is required: esomeprazole, lansoprazole, omeprazole, pantoprazole sodium, or rabeprazole; QL (30 EA per 30 days)
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	Tier 3	Age limit may apply.; QL (30 EA per 30 days)
<b>Urinary Tract - Functional Disorders</b>		
<b>Arginine Vasopressin (Avp) Receptor Antagonists</b>		
<i>tolvaptan (polycys kidney dis) oral tablet 15 mg</i>	Tier 6	PA; SP; QL (30 EA per 30 days)
<b>Benign Prostatic Hypertrophy/Micturition Agents</b>		
<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	
<b>Bph Agent-5-Alpha-Reductase Inh And Pde5 Inh Comb</b>		
ENTADFI ORAL CAPSULE 5-5 MG	Tier 4	PA
<b>Bph Agents,5-Alpha-Red Inh &amp; Alpha-1-Adr Antg Cmb</b>		
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	Tier 3	PA
JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR 0.5-0.4 MG	Tier 4	PA
<b>Cystine-Depleting Agents, Nephropathic Cystinosis</b>		
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
<b>Endothelin-Angiotensin Receptor Antagonist</b>		
FILSPARI ORAL TABLET 200 MG, 400 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
<b>Kidney Stone Agents</b>		
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)

Drug	Status	Notes
THIOLA ORAL TABLET 100 MG	Tier 6	SP
<i>tiopronin oral tablet 100 mg</i>	Tier 6	SP
<i>tiopronin oral tablet, delayed release (drlec) 100 mg</i>	Tier 6	SP; QL (60 EA per 30 days)
<i>tiopronin oral tablet, delayed release (drlec) 300 mg</i>	Tier 6	SP; QL (90 EA per 30 days)
<i>venxxiva oral tablet, delayed release (drlec) 100 mg</i>	Tier 7	SP; QL (60 EA per 30 days)
<i>venxxiva oral tablet, delayed release (drlec) 300 mg</i>	Tier 7	SP; QL (90 EA per 30 days)
<b>Overactive Bladder Agents, Beta-3 Adrenergic Recep</b>		
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)
<b>Oxalosis Agent - Oxalate Inhibitor, Sirna Based</b>		
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)
<b>Polycystic Kidney Disease Agent, Avp Recep. Antag</b>		
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 tablet 30 mg</i>	Tier 6	PA; SP; QL (60 EA per 30 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)
<b>Urinary Ph Modifiers</b>		
K-PHOS NO 2 ORAL TABLET 305-700 MG	Tier 4	
K-PHOS ORIGINAL ORAL TABLET, SOLUBLE 500 MG	Tier 4	
K-PHOS-NEUTRAL ORAL TABLET 250 MG	Tier 4	
ORACIT ORAL SOLUTION 490-640 MG/5 ML	Tier 4	
<i>phospha 250 neutral oral tablet 250 mg</i>	Tier 2	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	Tier 2	

Drug	Status	Notes
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	
<b>Urinary Tract Analgesic Agents</b>		
ELMIRON ORAL CAPSULE 100 MG	Tier 3	
<b>Urinary Tract Antispasmodic, M(3) Selective Antag.</b>		
<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 ORAL TABLET 10 MG, 5 MG	Tier 4	QL (30 EA per 30 days)
<b>Urinary Tract Antispasmodic/Antiincontinence Agent</b>		
<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)
<i>trospium 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 trospium tablet; QL (30 EA per 30 days)
<i>trospium oral tablet 20 mg</i>	Tier 3	
<b>Vaginal Disorders</b>		
<b>Vaginal Antibiotics</b>		
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	

Drug	Status	Notes
<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
<b>Vaginal Antifungals</b>		
GNAZOLE-1 VAGINAL CREAM 2 %	Tier 3	
<i>miconazole-3 vaginal suppository 200 mg</i>	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	
<b>Vaginal Estrogen For Sexual Dysfunction</b>		
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	Tier 4	
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG	Tier 4	
<b>Vaginal Estrogen Preparations</b>		
ESTRACE VAGINAL CREAM 0.01 % (0.1 MG/GRAM)	Tier 4	
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	Tier 2	
<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	
<i>yuvafem vaginal tablet 10 mcg</i>	Tier 2	
<b>Vitamin And/Or Mineral Deficiency</b>		
<b>Fluoride Preparations</b>		
CLINPRO 5000 DENTAL PASTE 1.1 %	Tier 2	
<i>denta 5000 plus dental cream 1.1 %</i>	Tier 2	
<i>denta 5000 plus sensitive dental paste 1.1-5 %</i>	Tier 3	
<i>dentagel dental gel 1.1 %</i>	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	
<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	IF AGE=0-60 MONTHS THEN \$0 COPAY
<i>fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride)</i>	Tier 3	IF AGE=0-60 MONTHS THEN \$0 COPAY
<i>fluoride (sodium) oral tablet,chewable 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	Tier 2	IF AGE=0-60 MONTHS THEN \$0 COPAY
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 %	Tier 3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 %	Tier 3	

Drug	Status	Notes
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	IF AGE=0-60 MONTHS THEN \$0 COPAY
LUDENT FLUORIDE ORAL TABLET,CHEWABLE 0.5 MG (1.1 MG SODIUM FLUORID), 1 MG (2.2 MG SOD. FLUORIDE)	Tier 2	IF AGE=0-60 MONTHS THEN \$0 COPAY
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	
<i>sf 5000 plus dental cream 1.1 %</i>	Tier 2	
<i>sf dental gel 1.1 %</i>	Tier 2	
<i>sodium fluoride 5000 dry mouth dental paste 1.1 %</i>	Tier 3	
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	Tier 2	
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i>	Tier 3	
<b>Folic Acid Preparations</b>		
<i>folic acid oral tablet 1 mg</i>	Tier 2	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	ACA	IF AGE=12-59 YEARS THEN \$0 COPAY
<i>purevita folic acid oral tablet 400 mcg</i>	ACA	IF AGE=12-59 YEARS THEN \$0 COPAY
<b>Multivitamin Preparations</b>		
<i>prenatal-u oral capsule 106.5-1 mg</i>	Tier 2	
<b>Pediatric Vitamin Preparations</b>		
<i>multi-vit with fluoride-iron oral drops 0.25mg fluoride - 10 mg iron/ml</i>	Tier 2	
<i>multi-vitamin with fluoride oral drops 0.25 mg/ml, 0.5 mg/ml</i>	Tier 2	
<i>multi-vitamin with fluoride oral tablet,chewable 0.25 mg, 0.5 mg, 1 mg</i>	Tier 2	
<i>mvc-fluoride oral tablet,chewable 0.25 mg, 0.5 mg, 1 mg</i>	Tier 2	
<i>tri-vitamin (a-d-fo)-fluoride oral drops 0.25 mg/ml fluoride</i>	Tier 2	
<i>tri-vitamin with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>	Tier 2	
<i>tri-vite with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml</i>	Tier 2	

Drug	Status	Notes
<i>vitamins a,c,d and fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml</i>	Tier 2	
<b>Prenatal Vitamin Preparations</b>		
KPN ORAL TABLET 9 MG IRON- 267 MCG	Tier 4	
MINI PRENATAL ORAL TABLET 6.75 MG IRON- 200 MCG	Tier 4	
<i>m-natal plus oral tablet 27 mg iron- 1 mg</i>	Tier 2	
<i>mynatal advance oral tablet 90-1-50 mg</i>	Tier 2	
<i>mynatal oral capsule 65 mg iron- 1 mg</i>	Tier 2	
<i>mynatal plus oral tablet 65 mg iron- 1 mg</i>	Tier 2	
<i>mynatal-z oral tablet 65 mg iron- 1 mg</i>	Tier 2	
<i>one daily prenatal oral combo pack 28-800-440 mg-mcg-mg</i>	Tier 2	
<i>pnv no.95-ferrous fumarate-fa oral tablet 28 mg iron- 800 mcg</i>	Tier 2	
PRENATA ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	Tier 4	
<i>prenatal + dha oral combo pack 28 mg iron- 975 mcg- 200 mg</i>	Tier 2	
PRENATAL + DHA ORAL COMBO PACK 28 MG IRON-800 MCG-200 MG	Tier 4	
<i>prenatal 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg</i>	Tier 2	
<i>prenatal 19 oral tablet,chewable 29 mg iron- 1 mg</i>	Tier 2	
PRENATAL FORMULA ORAL TABLET 9 MG IRON- 267 MCG	Tier 4	
PRENATAL FORMULA-DHA ORAL CAPSULE 28 MG-800 MCG- 200 MG	Tier 4	
PRENATAL MULTI ORAL TABLET 27-800 MG-MCG	Tier 4	
<i>prenatal multi-dha (algal oil) oral capsule 27mg iron- 800 mcg-250 mg</i>	Tier 2	
<i>prenatal multivitamins oral tablet 28 mg iron- 800 mcg</i>	Tier 2	
<i>prenatal one daily oral tablet 27 mg iron- 800 mcg</i>	Tier 2	
<i>prenatal oral tablet 28 mg iron- 800 mcg</i>	Tier 2	
<i>prenatal plus (calcium carb) oral tablet 27 mg iron- 1 mg</i>	Tier 2	
<i>prenatal plus oral tablet 29 mg iron- 1 mg</i>	Tier 2	
<i>prenatal plus vitamin-mineral oral tablet 27 mg iron- 1 mg</i>	Tier 2	
<i>prenatal vit no.179-iron-folic oral tablet 28 mg iron- 800 mcg</i>	Tier 2	
<i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg, 27 mg iron- 800 mcg</i>	Tier 2	
<i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i>	Tier 2	
<i>prenatal vit-iron fum-folic ac oral tablet 28 mg iron- 800 mcg</i>	Tier 2	
TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG	Tier 4	
<i>trinate oral tablet 28 mg iron- 1 mg</i>	Tier 2	
<i>westab plus oral tablet 27 mg iron- 1 mg</i>	Tier 2	

Drug	Status	Notes
<b>Vitamin B12 Preparations</b>		
<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
<i>dodex injection solution 1,000 mcg/ml</i>	Tier 2	
NASCOBAL NASAL SPRAY,NON-AEROSOL 500 MCG/SPRAY	Tier 4	PA
<b>Vitamin D Preparations</b>		
<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	
<i>decara oral capsule 1,250 mcg (50,000 unit)</i>	Tier 2	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	Tier 2	
<i>optimal d3 oral capsule 1,250 mcg (50,000 unit)</i>	Tier 2	
ROCALTRON ORAL SOLUTION 1 MCG/ML	Tier 4	
<i>vitamin d2 oral capsule 1,250 mcg (50,000 unit)</i>	Tier 2	
<i>vitamin d3 oral tablet 125 mcg (5,000 unit), 50 mcg (2,000 unit)</i>	Tier 2	
<b>Weight Reduction</b>		
<b>Anti-Obesity - Incretin Mimetics Combination</b>		
ZEPBOUND KWIKPEN SUBCUTANEOUS PEN INJECTOR 10 MG/0.6 ML (40 MG/2.4 ML), 12.5 MG/0.6 ML (50 MG/2.4 ML), 15 MG/0.6 ML (60 MG/2.4 ML), 2.5 MG/0.6 ML (10 MG/2.4 ML), 5 MG/0.6 ML (20 MG/2.4 ML), 7.5 MG/0.6 ML (30 MG/2.4 ML)	Tier 4	PA
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
<b>Anti-Obesity Glucagon-Like Peptide-1 Receptor Agonist</b>		
WEGOVY ORAL TABLET 1.5 MG, 25 MG, 4 MG, 9 MG	Tier 4	PA
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML, 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	Tier 4	PA

## Index

1ST TIER UNIFINE PENTIPS .....	153	ACTHIB (PF) .....	96	ADVOCATE PEN NEEDLE .....	153
1ST TIER UNIFINE PENTIPS PLUS .....	153	ACTI-LANCE LANCETS .....	125	ADVOCATE SYRINGES .....	127
2-IN-1 LANCET DEVICE .....	125	ACTIMMUNE .....	98	ADZENYS XR-ODT .....	17
<i>abacavir</i> .....	109	ACTONEL .....	78	AEROCHAMBER MECHANICAL VENT .....	9
<i>abacavir-lamivudine</i> .....	109	ACTOPLUS MET .....	66	AEROCHAMBER MINI .....	10
<i>abigale</i> .....	93	ACTOS .....	65	AEROCHAMBER MV .....	10
<i>abigale lo</i> .....	93	ACULAR .....	82	AEROCHAMBER PLUS FLOW-VU .....	10
ABILIFY .....	19	ACULAR LS .....	82	AEROCHAMBER PLUS FLOW- VU,L MSK .....	10
<i>abiraterone</i> .....	140	ACUVAIL (PF) .....	82	AEROCHAMBER PLUS FLOW- VU,M MSK .....	10
<i>abirtega</i> .....	140	<i>acyclovir</i> .....	53, 108	AEROCHAMBER PLUS FLOW- VU,S MSK .....	10
ABRILADA(CF) .....	112	ACZONE .....	48	AEROCHAMBER PLUS Z STAT .....	10
ABRILADA(CF) PEN .....	112	ADACEL(TDAP ADOLESN/ADULT)(PF) .....	96, 97	AEROCHAMBER PLUS Z STAT LG MSK .....	10
ABRYSVO (PF) .....	97	<i>adalimumab-aacf</i> .....	112	AEROCHAMBER PLUS Z STAT MD MSK .....	10
ABSORICA .....	48	<i>adalimumab-aacf(cf) pen crohns</i> .....	112	AEROCHAMBER PLUS Z STAT SM MSK .....	10
ABSORICA LD .....	48	<i>adalimumab-aacf(cf) pen ps-uv</i> .....	112	AEROCHAMBER Z-STAT PLUS- FLW SG .....	10
<i>acamprosate</i> .....	18	<i>adalimumab-aaty</i> .....	112	AEROCHAMBER2GO .....	10
<i>acarbose</i> .....	64	<i>adalimumab-aaty(cf) ai crohns</i> .....	112	AEROTRACH PLUS .....	10
ACCOLATE .....	9	<i>adalimumab-adaz</i> .....	112	AEROVENT PLUS .....	10
ACCU-CHEK AVIVA CONTROL SOLN .....	67	<i>adalimumab-adbm</i> .....	112	AFINITOR .....	142
ACCU-CHEK FASTCLIX LANCING DEV .....	67	<i>adalimumab-adbm(cf) pen crohns</i> .....	113	AFINITOR DISPERZ .....	142
ACCU-CHEK GUIDE ME GLUCOSE MTR .....	67	<i>adalimumab-adbm(cf) pen ps-uv</i> .....	113	<i>afirmelle</i> .....	41
ACCU-CHEK SMARTVIEW CONTRL SOL .....	67	<i>adalimumab-bwwd</i> .....	113	AFLURIA 2025-2026 (3YR UP)(PF) .....	96
ACCUPRIL .....	29	<i>adalimumab-fkjp</i> .....	113	AFLURIA 2025-2026 (6MO UP) .....	96
ACCURETIC .....	27	<i>adalimumab-ryvk</i> .....	113	AFREZZA .....	71
<i>accutane</i> .....	48	<i>adapalene</i> .....	50	<i>after pill</i> .....	41
ACE AEROSOL CLOUD ENHANCER .....	9	ADBRY .....	53	<i>aftera</i> .....	41
<i>acebutolol</i> .....	31	ADCIRCA .....	34	AGAMATRIX ULTRA-THIN LANCET .....	125
<i>acetaminophen-caff-dihydrocod</i> .....	168	ADDERALL .....	16	AGAMREE .....	116
<i>acetaminophen-codeine</i> .....	168	ADDERALL XR .....	16	AGRYLIN .....	91
<i>acetazolamide</i> .....	85	ADDYI .....	22	AIMOVIG AUTOINJECTOR .....	165
<i>acetic acid</i> .....	58, 74	<i>adefovir</i> .....	111	AIMSCO LATEX CONDOM .....	151
<i>acetylcysteine</i> .....	162	ADEMPAS .....	34	AIRSUPRA .....	7
ACIPHEX .....	180	ADJUSTABLE LANCING DEVICE .....	67	AJOVY AUTOINJECTOR .....	165
ACIPHEX SPRINKLE .....	180	ADLARITY .....	12	AJOVY SYRINGE .....	165
<i>acitretin</i> .....	59	ADMELOG SOLOSTAR U-100 INSULIN .....	71	AKEEGA .....	146
ACTEMRA .....	118	ADMELOG U-100 INSULIN LISPRO .....	71	AKLIEF .....	50
ACTEMRA ACTPEN .....	118	<i>adult aspirin regimen</i> .....	91		
ACTHAR .....	77	<i>adult low dose aspirin</i> .....	91		
ACTHAR SELFJECT .....	77	ADVAIR DISKUS .....	7		
		ADVAIR HFA .....	7		
		ADVANCED LANCING DEVICE .....	67		
		ADVOCATE LANCING DEVICE .....	67		

AKYNZEO (NETUPITANT).....	4	AMBIEN CR.....	23	APIDRA SOLOSTAR U-100	
<i>ala-scalp</i> .....	54	<i>ambrisentan</i> .....	34	INSULIN.....	71
<i>albendazole</i> .....	106	<i>amcinonide</i> .....	54	APIDRA U-100 INSULIN.....	71
<i>albuterol sulfate</i> .....	6	<i>amethia</i> .....	41	APLENZIN.....	13
<i>alclometasone</i> .....	54	<i>amethyst (28)</i> .....	41	APOKYN.....	169
ALCOHOL PADS.....	57	AMICAR.....	88	<i>apomorphine</i> .....	169
ALCOHOL PREP PADS.....	57	<i>amiloride</i> .....	34	<i>apraclonidine</i> .....	85
ALCOHOL SWABS.....	57	<i>amiloride-hydrochlorothiazide</i> .....	34	<i>aprepitant</i> .....	4
ALCOHOL WIPES.....	57	<i>aminocaproic acid</i> .....	88	<i>apri</i> .....	41
ALDACTONE.....	34	<i>amiodarone</i> .....	26	APRISO.....	122
ALECENSA.....	142	AMITIZA.....	124	APTENSIO XR.....	24
<i>alendronate</i> .....	78	<i>amitriptyline</i> .....	16	APTOM.....	171
<i>alfuzosin</i> .....	182	<i>amitriptyline-chlordiazepoxide</i> .....	16	APTIVUS.....	108
ALINIA.....	107	AMJEVITA(CF).....	113	AQINJECT PEN NEEDLE.....	153
<i>aliskiren</i> .....	36	AMJEVITA(CF) AUTOINJECTOR.....	113	AQNEURSA.....	160
ALKERAN.....	140	<i>amlodipine</i> .....	32	AQUA LANCE LANCING DEVICE..	67
ALKINDI SPRINKLE.....	116	<i>amlodipine-atorvastatin</i> .....	39	<i>aranelle (28)</i> .....	41
ALLERGIST TRAY 1/2 ML		<i>amlodipine-benazepril</i> .....	26	ARANESP (IN POLYSORBATE)....	88
27GX3/8".....	127	<i>amlodipine-olmesartan</i> .....	29	ARAVA.....	115
ALLERGIST TRAY		<i>amlodipine-valsartan</i> .....	29	ARAZLO.....	51
INTRADERMAL BEV.....	127	<i>amlodipine-valsartan-hcthiiazid</i> .....	28	ARBLI.....	30
ALLERGIST TRAY REGULAR		<i>amnesteam</i> .....	48	ARCALYST.....	112
BEVEL.....	127	<i>amoxapine</i> .....	16	AREXVY (PF).....	97
ALLERGY SYRINGE.....	127	<i>amoxicil-clarithromy-lansopraz</i> .....	179	<i>arformoterol</i> .....	6
<i>allopurinol</i> .....	87	<i>amoxicillin</i> .....	102	ARICEPT.....	12
<i>almotriptan malate</i> .....	165	<i>amoxicillin-pot clavulanate</i> .....	102	ARIKAYCE.....	105
<i>alogliptin</i> .....	64	<i>amphetamine</i> .....	17	ARIMIDEX.....	141
<i>alogliptin-metformin</i> .....	62	<i>amphetamine sulfate</i> .....	17	<i>aripiprazole</i> .....	19
<i>alogliptin-pioglitazone</i> .....	63	<i>ampicillin</i> .....	102	ARIXTRA.....	89
<i>alosetron</i> .....	124	AMPYRA.....	148	<i>armodafinil</i> .....	22
ALPHAGAN P.....	85	AMRIX.....	176	ARMOUR THYROID.....	81
<i>alprazolam</i> .....	18	AMZEEQ.....	51	ARNUITY ELLIPTA.....	8
ALPRAZOLAM INTENSOL.....	18	ANAFRANIL.....	16	AROMASIN.....	141
ALREX.....	82	<i>anagrelide</i> .....	91	ARTHROTEC 50.....	119
ALTACE.....	29	ANALPRAM-HC.....	123	ARTHROTEC 75.....	119
<i>altavera (28)</i> .....	41	ANAPROX DS.....	120	<i>ascomp with codeine</i> .....	167
ALTERNATE SITE LANCET.....	126	ANASPAZ.....	178	<i>asenapine maleate</i> .....	19
ALTERNATE SITE LANCING		<i>anastrozole</i> .....	141	<i>ashlyna</i> .....	41
DEVICE.....	67	ANCOBON.....	104	ASMANEX HFA.....	8
ALTRENO.....	50	ANDEMBRY AUTOINJECTOR.....	152	ASMANEX TWISTHALER.....	8
ALUNBRIG.....	142	ANDROGEL.....	92	<i>aspirin</i> .....	91, 162
ALVAIZ.....	92	ANGELIQ.....	93	<i>aspirin childrens</i> .....	91
ALVESCO.....	8	ANNOVERA.....	40	<i>aspirin-dipyridamole</i> .....	91
<i>alyacen 1/35 (28)</i> .....	41	ANORO ELLIPTA.....	7	ASPRUZYO SPRINKLE.....	39
<i>alyacen 7/7/7 (28)</i> .....	41	ANUSOL-HC.....	54	ASSURE ID DUO PRO SFTY PEN	
ALYFTREK.....	161	ANZUPGO.....	57	NDL.....	153
<i>alyq</i> .....	34	APADAZ.....	168	ASSURE ID PEN NEEDLE.....	153
<i>amantadine hcl</i> .....	169	APEXICON E.....	54	ASSURE ID PRO PEN NEEDLE...	153
AMBIEN.....	23			ASTAGRAF XL.....	99

ATACAND.....	30	AVIDOXY.....	103	BD ECCENTRIC TIP SYRINGE....	128
ATACAND HCT.....	28	<i>avita</i> .....	50	BD ECLIPSE.....	154
<i>atazanavir</i> .....	110	AVMAPKI-FAKZYNJA.....	150	BD ECLIPSE LUER-LOK.....	128, 153
ATELVIA.....	78	AVODART.....	182	BD FILTER NEEDLE-5 MICRON..	154
<i>atenolol</i> .....	31	AVONEX.....	147	BD INTEGRA SYRINGE.....	128
<i>atenolol-chlorthalidone</i> .....	32	<i>ayuna</i> .....	41	BD INTRADERMAL BEVEL	
ATIVAN.....	18	AYVAKIT.....	143	NEEDLES.....	154
<i>atomoxetine</i> .....	26	AZASAN.....	99	BD LUER-LOK SYRINGE.....	128
ATORVALIQ.....	36	AZASITE.....	84	BD LUER-LOK TIP CONTROL	
<i>atorvastatin</i> .....	37	<i>azathioprine</i> .....	99	SYRING.....	128
<i>atovaquone</i> .....	107	<i>azelaic acid</i> .....	49	BD PRECISIONGLIDE NON-	
<i>atovaquone-proguanil</i> .....	107	<i>azelastine</i> .....	3, 4	STERILE.....	154
ATRALIN.....	50	<i>azelastine-fluticasone</i> .....	4	BD REGULAR BEVEL NEEDLES.	154
<i>atropine</i> .....	87	AZELEX.....	48	BD SAFETYGLIDE ALLERGIST	
<i>atropine sulfate (pf)</i> .....	87	AZILECT.....	169	TRAY.....	128
ATROVENT HFA.....	5	<i>azithromycin</i> .....	101	BD SAFETYGLIDE INSULIN	
ATTRUBY.....	40	AZMIRO.....	92	SYRINGE.....	128
AUBAGIO.....	147	AZOPT.....	85	BD SAFETYGLIDE NEEDLE.....	154
<i>abra</i> .....	41	AZOR.....	29	BD SAFETYGLIDE SHIELDING	
<i>abra eq</i> .....	41	AZSTARYS.....	24	REG.....	128
AUGMENTIN.....	102	AZULFIDINE.....	122	BD SAFETYGLIDE SYRINGE.....	128
AUGMENTIN ES-600.....	102	AZULFIDINE EN-TABS.....	122	BD SAFETYGLIDE TB REG	
AUGMENTIN XR.....	102	<i>azurette (28)</i> .....	41	BEVEL.....	128
AUGTYRO.....	143	<i>bacitracin</i> .....	84	BD SAFETYGLIDE TUBERCULIN	128
<i>auranofin</i> .....	118	<i>bacitracin-polymyxin b</i> .....	84	BD SHORT BEVEL NEEDLES.....	154
<i>aurovela 1.5/30 (21)</i> .....	41	<i>baclofen</i> .....	176	BD SLIP TIP SYRINGE.....	128
<i>aurovela 1/20 (21)</i> .....	41	<i>bacteriostatic water(parabens)</i> .....	161	B-D SLIP TIP SYRINGE.....	128
<i>aurovela 24 fe</i> .....	41	BACTRIM.....	100	BD SPECIALTY USE NEEDLES...	154
<i>aurovela fe 1.5/30 (28)</i> .....	41	BACTRIM DS.....	100	BD SYRINGE.....	129
<i>aurovela fe 1-20 (28)</i> .....	41	BAFIERTAM.....	147	BD SYRINGE LUER-LOK	
AURYXIA.....	75	BALCOLTRA.....	41	NONSTERILE.....	129
AUSTEDO.....	149	<i>balsalazide</i> .....	122	BD SYRINGE LUER-LOK	
AUSTEDO XR.....	149	BALVERSA.....	143	STERILE.....	129
AUSTEDO XR TITRATION		<i>balziva (28)</i> .....	42	BD SYRINGE SLIP TIP	
KT(WK1-4).....	149	BANZEL.....	171	NONSTERILE.....	129
AUTOJECT 2 INJECTION DEVICE	67	BAQSIMI.....	70	BD TUBERCULIN SLIP-TIP.....	129
AUTOLET IMPRESSION LANC		BARACLUDGE.....	111	BD TUBERCULIN SYRINGE.....	129
DEV.....	67	BASAGLAR KWIKPEN U-100		BELBUCA.....	162
AUTOLET LANCING DEVICE.....	67	INSULIN.....	71	BELSOMRA.....	23
AUTOPEN 1 TO 21 UNITS.....	67	BASAGLAR TEMPO PEN(U-		<i>benazepril</i> .....	29
AUTOPEN 2 TO 42 UNITS.....	67	100)INSLN.....	71	<i>benazepril-hydrochlorothiazide</i> .....	27
AUTOSHIELD DUO PEN NEEDLE	153	BAXDELA.....	103	BENICAR.....	30
AUVELITY.....	13	<i>bayer aspirin</i> .....	162	BENICAR HCT.....	28
AUVI-Q.....	138, 139	<i>bayer low dose aspirin</i> .....	91	BENLYSTA.....	118
AVALIDE.....	28	BD ALLERGIST TRAY REG		BENZAMYCIN.....	51
<i>avanafil</i> .....	76	BEVEL.....	128	<i>benzhydrocodone-acetaminophen</i> ..	168
AVAPRO.....	30	BD ALLERGY SYRINGE.....	128	<i>benznidazole</i> .....	107
<i>averi</i> .....	41	BD BLUNT PLASTIC CANNULA...	128	<i>benzonatate</i> .....	47
<i>aviane</i> .....	41	BD BULK SYRINGE SLIP TIP.....	128	<i>benztropine</i> .....	169

BERINERT .....	116	BREATHERITE MDI SPACER.....	10	<i>butorphanol</i> .....	163
BESER.....	54	BREATHERITE SPACER-MASK,		BUTRANS.....	163
<i>besifloxacin</i> .....	84	NEO.....	10	BYLVAY.....	124
BESIVANCE.....	84	BREATHERITE SPACER-		BYNFEZIA.....	160
BESREMI.....	98	MASK,ADULT.....	10	BYSTOLIC.....	31
<i>betaine</i> .....	152	BREATHERITE SPACER-		<i>cabergoline</i> .....	81
<i>betamethasone dipropionate</i> .....	54	MASK,INFANT.....	10	CABLIVI.....	88
<i>betamethasone valerate</i> .....	54	BREATHERITE SPACER-		CABOMETYX.....	143
<i>betamethasone, augmented</i> .....	54	MASK,S.CHLD.....	10	CABTREO.....	48
BETAPACE.....	31	BREATHERITE VALVED MDI		CADUET.....	39
BETAPACE AF.....	31	CHAMBER.....	10	<i>caffeine citrate</i> .....	11
BETASERON.....	147	BREATHERITE VALVED MDI		<i>calcipotriene</i> .....	60
<i>betaxolol</i> .....	31, 85	SPACER.....	10	<i>calcipotriene-betamethasone</i> .....	62
<i>bethanechol chloride</i> .....	139	BREKIYA.....	165	<i>calcitonin (salmon)</i> .....	78
BETHKIS.....	105	BRENZAVVY.....	63	<i>calcitriol</i> .....	60, 188
BETIMOL.....	85	BREO ELLIPTA.....	7	<i>calcium acetate(phosphat bind)</i> .....	75
BETOPTIC S.....	85	BREXAFEMME.....	105	CALQUENCE (ACALABRUTINIB	
BEVESPI AEROSPHERE.....	7	<i>breynd</i> .....	7	MAL).....	143
<i>bexarotene</i> .....	58, 146	BREZTRI AEROSPHERE.....	8	CAMBIA.....	165
BEXSERO.....	95	<i>briellyn</i> .....	42	<i>camila</i> .....	42
BEYAZ.....	42	BRILINTA.....	91	<i>camrese</i> .....	42
BEYFORTUS.....	108	<i>brimonidine</i> .....	49, 86	<i>camrese lo</i> .....	42
<i>bicalutamide</i> .....	140	<i>brimonidine-timolol</i> .....	86	CAMZYOS.....	40
BIDIL.....	36	BRINSUPRI.....	161	CANASA.....	122
BIJUVA.....	93	<i>brinzolamide</i> .....	86	<i>candesartan</i> .....	30
BIKTARVY.....	111	BRIVIACT.....	171	<i>candesartan-hydrochlorothiazid</i> .....	28
BILDYOS.....	78	<i>bromfenac</i> .....	83	<i>capecitabine</i> .....	141
BILPREVDA.....	78	<i>bromocriptine</i> .....	169	CAPEX.....	54
BILTRICIDE.....	107	BROMSITE.....	83	CAPLYTA.....	19
<i>bimatoprost</i> .....	85	BRONCHITOL.....	151	CAPRELSA.....	143
BIMZELX.....	60	BROVANA.....	6	<i>captopril</i> .....	29
BIMZELX AUTOINJECTOR.....	59	BRUKINSA.....	143	<i>captopril-hydrochlorothiazide</i> .....	27
BINOSTO.....	78	BRYHALI.....	54	CAPVAXIVE.....	96
<i>bismuth subcit k-metronidz-tcn</i> .....	179	BRYNOVIN.....	64	CARAC.....	59
<i>bisoprolol fumarate</i> .....	31	<i>bucapsol</i> .....	18	CARAFATE.....	179
<i>bisoprolol-hydrochlorothiazide</i> .....	32	<i>budesonide</i> .....	8, 116, 123	CARBAGLU.....	123
<i>bleomycin</i> .....	141	<i>budesonide-formoterol</i> .....	7	<i>carbamazepine</i> .....	171
<i>blisovi 24 fe</i> .....	42	<i>bumetanide</i> .....	33	CARBATROL.....	171
<i>blisovi fe 1.5/30 (28)</i> .....	42	BUPHENYL.....	123	<i>carbidopa</i> .....	170
<i>blisovi fe 1/20 (28)</i> .....	42	<i>buprenorphine</i> .....	163	<i>carbidopa-levodopa</i> .....	169
BLUJEPa.....	160	<i>buprenorphine hcl</i> .....	168	<i>carbidopa-levodopa-entacapone</i> ...	169
BLUNT NEEDLE, DISPOSABLE...	154	<i>buprenorphine-naloxone</i> .....	168	CARDIZEM.....	32
BOMYNTRA.....	78	<i>bupropion hcl</i> .....	13, 14	CARDIZEM CD.....	32
BONJESTA.....	4	<i>bupropion hcl (smoking deter)</i> .....	178	CARDIZEM LA.....	32
BONSITY.....	78	<i>buspirone</i> .....	18	CARDURA.....	28
BOOSTRIX TDAP.....	97	<i>butalbital-acetaminop-caf-cod</i> .....	167	CARDURA XL.....	28
<i>bosentan</i> .....	34, 35	<i>butalbital-acetaminophen</i> .....	162	CAREFINE PEN NEEDLE.....	154
BOSULIF.....	143	<i>butalbital-acetaminophen-caff</i> .....	162	CAREONE LANCING DEVICE.....	67
BRAFTOVI.....	141	<i>butalbital-aspirin-caffeine</i> .....	162	CAREONE ULTRA THIN LANCET	126

CAREPOINT LUER LOCK SYRINGE .....	129	<i>cefprozil</i> .....	100	<i>cinacalcet</i> .....	79
CAREPOINT LUER LOCK SYR-NEEDLE .....	129	<i>cefuroxime axetil</i> .....	100	CINRYZE .....	116
CAREPOINT LUER SLIP SYRINGE .....	129	CELEBREX .....	120	CIPRO .....	103
CAREPOINT PRECISION LUER LOCK .....	129	<i>celecoxib</i> .....	120	CIPRO HC .....	74
CAREPOINT PRECISION NEEDLE .....	154	CELEXA .....	14	<i>ciprofloxacin</i> .....	103
CAREPOINT PRECISION SAFETY .....	129	CELLCEPT .....	99	<i>ciprofloxacin hcl</i> .....	74, 84, 103
CAREPOINT SAFETY LL SYR-NEEDLE .....	129	CELONTIN .....	171	<i>ciprofloxacin-dexamethasone</i> .....	74
CARETOUCH ALCOHOL PREP PAD .....	57	CENTANY .....	51	<i>ciprofloxacin-fluocinolone</i> .....	75
CARETOUCH INSULIN SYRINGE .....	129	<i>cephalexin</i> .....	100	<i>ciprofloxacin-hydrocortisone</i> .....	75
CARETOUCH LANCING DEVICE .....	67	CEQUA .....	85	<i>cisplatin</i> .....	140
CARETOUCH LUER LOCK SYRINGE .....	129	CEQUR SIMPLICITY .....	67	<i>cialopram</i> .....	14
CARETOUCH LUER LOCK SYR-NEEDLE .....	129	CERDELGA .....	152	<i>cladribine(multiple sclerosis)</i> .....	147
CARETOUCH LUER SLIP SYRINGE .....	129	CETRAXAL .....	74	<i>claravis</i> .....	48
CARETOUCH PEN NEEDLE .....	154	<i>cevimeline</i> .....	139	<i>clarithromycin</i> .....	101
<i>carglumic acid</i> .....	123	CHANTIX CONTINUING MONTH BOX .....	177	CLENPIQ .....	124
<i>carisoprodol</i> .....	176	CHANTIX STARTING MONTH BOX .....	178	CLEOCIN .....	184
<i>carisoprodol-aspirin</i> .....	176	<i>charlotte 24 fe</i> .....	42	CLEOCIN HCL .....	106
<i>carisoprodol-aspirin-codeine</i> .....	169	<i>chateal eq (28)</i> .....	42	CLEOCIN PEDIATRIC .....	106
CARNITOR .....	152	CHEMET .....	153	CLEOCIN T .....	51
CARNITOR (SUGAR-FREE) .....	152	CHENODAL .....	124	CLEVER CHOICE CHAMBER-LRG MASK .....	10
CAROSPIR .....	34	<i>children's aspirin</i> .....	91	CLEVER CHOICE CHAMBER-MED MASK .....	10
<i>carteolol</i> .....	86	<i>chlordiazepoxide hcl</i> .....	18	CLEVER CHOICE CHAMBER-SM MASK .....	10
<i>cartia xt</i> .....	32	<i>chlordiazepoxide-clidinium</i> .....	179	CLEVER CHOICE LEVEL 1 CONTROL .....	67
<i>carvedilol</i> .....	27	<i>chlorhexidine gluconate</i> .....	150	CLEVER CHOICE LEVEL 2 CONTROL .....	67
<i>carvedilol phosphate</i> .....	27	<i>chloroquine phosphate</i> .....	107	CLEVER CHOICE LEVEL 3 CONTROL .....	67
CASODEX .....	140	<i>chlorpromazine</i> .....	22	CLICKFINE PEN NEEDLE .....	154
CATAPRES-TTS-1 .....	30	<i>chlorthalidone</i> .....	36	CLIMARA .....	93
CATAPRES-TTS-2 .....	31	<i>chlorzoxazone</i> .....	176	CLIMARA PRO .....	93
CATAPRES-TTS-3 .....	31	CHOICE DM CLARUS NORM CONTROL .....	67	CLINDACIN .....	51
CAVERJECT .....	76	CHOLBAM .....	124	CLINDACIN ETZ .....	51
CAVERJECT IMPULSE .....	76	<i>cholecalciferol (vitamin d3)</i> .....	188	CLINDACIN P .....	51
CAYSTON .....	100	<i>cholestyramine</i> .....	38	CLINDAGEL .....	51
<i>caziant (28)</i> .....	42	<i>cholestyramine light</i> .....	38	<i>clindamycin hcl</i> .....	106
<i>ceftiofur</i> .....	100	CIALIS .....	76	<i>clindamycin palmitate hcl</i> .....	106
<i>cefadroxil</i> .....	100	CIBINQO .....	118	<i>clindamycin pediatric</i> .....	106
<i>cefdinir</i> .....	100	ciclopirox .....	52	<i>clindamycin phosphate</i> .....	51, 184
<i>cefixime</i> .....	100	<i>cilostazol</i> .....	91	<i>clindamycin-benzoyl peroxide</i> .....	48
<i>cefepime</i> .....	100	CILOXAN .....	84	<i>clindamycin-tretinoin</i> .....	48
<i>cefepime</i> .....	100	CIMDUO .....	109	CLINDESSE .....	184
<i>cefepime</i> .....	100	<i>cimetidine</i> .....	180	CLINPRO 5000 .....	185
<i>cefepime</i> .....	100	<i>cimetidine hcl</i> .....	180	<i>clobazam</i> .....	170
<i>cefepime</i> .....	100	CIMZIA .....	113	<i>clobetasol</i> .....	54, 83
<i>cefepime</i> .....	100	CIMZIA POWDER FOR RECONST .....	113	<i>clobetasol-emollient</i> .....	54
<i>cefepime</i> .....	100	CIMZIA STARTER KIT .....	113		

CLOBEX.....	54, 55	COMPACT SPACE CHAMBER.....	10	CORTROPHIN GEL.....	77
<i>clocortolone pivalate</i> .....	55	COMPACT SPACE CHAMBER- LRG MASK.....	10	COSENTYX.....	60
CLODAN.....	55	COMPACT SPACE CHAMBER- MED MASK.....	10	COSENTYX (2 SYRINGES).....	60
<i>clomipramine</i> .....	16	COMPACT SPACE CHAMBER-SM MASK.....	10	COSENTYX PEN.....	60
<i>clonazepam</i> .....	170	COMPLERA.....	110	COSENTYX PEN (2 PENS).....	60
<i>clonidine</i> .....	31	<i>compro</i> .....	4	COSENTYX UNOREADY PEN.....	60
<i>clonidine hcl</i> .....	24, 31	CONCERTA.....	24	COSOPT.....	86
<i>clopidogrel</i> .....	91	CONDYLOX.....	58	COSOPT (PF).....	86
<i>clorazepate dipotassium</i> .....	18	CONEXXENCE.....	78	COTELLIC.....	142
<i>clotrimazole</i> .....	52, 104	<i>conjugated estrogens</i> .....	93	COTEMPLA XR-ODT.....	24
<i>clotrimazole-betamethasone</i> .....	52	CONJUPRI.....	32	<i>coxanto</i> .....	120
<i>clozapine</i> .....	19, 20	<i>constulose</i> .....	124	COZAAR.....	30
CLOZARIL.....	20	CONTOUR CONTROL SOLUTION, HIGH.....	67	CRENESSITY.....	81
COARTEM.....	107	CONTOUR CONTROL SOLUTION, LOW.....	67	CREON.....	178
COBENFY.....	151	CONTOUR CONTROL SOLUTION, NML.....	67	CRESEMBA.....	104
COBENFY STARTER PACK.....	151	CONTOUR METER.....	67	CRESTOR.....	37
<i>codeine sulfate</i> .....	163	CONTOUR NEXT EZ METER.....	67	CREXONT.....	169
<i>codeine-butalbital-asa-caff</i> .....	167	CONTOUR NEXT GEN METER.....	67	CRINONE.....	95
<i>codeine-guaifenesin</i> .....	47	CONTOUR NEXT GLUCOSE METER.....	67	<i>cromolyn</i> .....	9, 85
<i>coditussin ac</i> .....	47	CONTOUR NEXT LEV 1 CONTROL SOL.....	67	CROTAN.....	53
CODITUSSIN DAC.....	47	CONTOUR NEXT LEV 2 CONTROL SOL.....	67	CRYOSERV.....	151
COLAZAL.....	122	CONTOUR NEXT LINK.....	67	<i>cryselle (28)</i> .....	42
<i>colchicine</i> .....	87	CONTOUR NEXT LINK 2.4.....	67	CTEXLI.....	124
COLCRYS.....	87	CONTOUR NEXT METER.....	68	CUPRIMINE.....	112
<i>colesevelam</i> .....	38	CONTOUR NEXT ONE METER.....	68	CURITY ALCOHOL SWABS.....	57
COLESTID.....	38	CONTOUR NEXT TEST STRIPS....	67	<i>curity sterile water</i> .....	58
<i>colestipol</i> .....	38	CONTOUR PLUS TEST STRIP.....	67	CUROSURF.....	161
COLOR LANCETS.....	126	CONZIP.....	163	CUVPOSA.....	179
COMBIGAN.....	86	COPAXONE.....	147	CUVRIOR.....	153
COMBIPATCH.....	93	COPIKTRA.....	143	<i>cyanocobalamin (vitamin b-12)</i> .....	188
COMBIVENT RESPIMAT.....	7	CORDRAN TAPE LARGE ROLL....	55	<i>cyclobenzaprine</i> .....	176
COMETRIQ.....	143	COREG.....	27	CYCLOGYL.....	87
COMFORT EZ INSULIN SYRINGE .....	129	COREG CR.....	27	CYCLOMYDRIL.....	87
COMFORT EZ PEN NEEDLES.....	154	CORLANOR.....	39	<i>cyclopentolate</i> .....	87
COMFORT EZ PRO SAFETY PEN NDL.....	154	CORTEF.....	116	<i>cyclophosphamide</i> .....	140
COMFORT TOUCH PEN NEEDLE .....	155	CORTENEMA.....	123	<i>cycloserine</i> .....	106
COMFORT TOUCH PLUS SAFETY LANC.....	126	CORTIFOAM.....	123	CYCLOSET.....	64
COMFORT TOUCH ULT THIN LANCETS.....	126	<i>cortisone</i> .....	116	<i>cyclosporine</i> .....	85, 99
COMFORTSEAL LARGE MASK.....	10	CORTISPORIN-TC.....	74	<i>cyclosporine modified</i> .....	99
COMFORTSEAL MEDIUM MASK... .....	10			CYLTEZO(CF).....	114
COMFORTSEAL SMALL MASK.....	10			CYLTEZO(CF) PEN.....	114
COMIRNATY 2025-2026(5- 11Y)(PF).....	95			CYLTEZO(CF) PEN CROHN'S- UC-HS.....	113
COMIRNATY 2025-26 (12Y UP)(PF).....	95			CYLTEZO(CF) PEN PSORIASIS- UV.....	113, 114
				<i>cyproheptadine</i> .....	3
				<i>cyred</i> .....	42
				<i>cyred eq</i> .....	42
				CYSTADANE.....	152

CYSTADROPS.....	87	DEPAKOTE ER.....	171	DIBENZYLINE.....	28
CYSTAGON.....	182	DEPAKOTE SPRINKLES.....	171	<i>dichlorphenamide</i> .....	176
CYSTARAN.....	87	DEPEN TITRATABS.....	112	<i>diclofenac epolamine</i> .....	57
CYTOMEL.....	81	DEPO-ESTRADIOL.....	93	<i>diclofenac potassium</i> .....	120, 165
CYTOTEC.....	179	DEPO-PROVERA.....	41	<i>diclofenac sodium</i> .....	57, 59, 83, 120
<i>dabigatran etexilate</i> .....	91	DEPO-SUBQ PROVERA 104.....	41	<i>diclofenac submicronized</i> .....	120
<i>dacarbazine</i> .....	146	DEPO-TESTOSTERONE.....	92	<i>diclofenac-misoprostol</i> .....	120
<i>dalfampridine</i> .....	148	DERMA-SMOOTH/FS BODY OIL.....	55	<i>dicloxacillin</i> .....	102
DALIRESP.....	9	DERMA-SMOOTH/FS SCALP		<i>dicyclomine</i> .....	178
<i>danazol</i> .....	81	OIL.....	55	DIFICID.....	101
DANTRIUM.....	176	DERMOTIC OIL.....	74	<i>diflorasone</i> .....	55
<i>dantrolene</i> .....	176	DESCOVY.....	109	DIFLUCAN.....	104
DANZITEN.....	143	<i>desipramine</i> .....	16	<i>diflunisal</i> .....	162
<i>dapaglifloz propaned-metformin</i> .....	66	<i>desmopressin</i> .....	77	<i>difluprednate</i> .....	83
<i>dapagliflozin propanediol</i> .....	64	<i>desog-e.estradiol/e.estradiol</i> .....	42	DIGOXIN.....	26
<i>dapsone</i> .....	48, 106	<i>desonide</i> .....	55	<i>digoxin</i> .....	26
DAPTACEL (DTAP PEDIATRIC)		<i>desoximetasone</i> .....	55	<i>dihydroergotamine</i> .....	165
(PF).....	97	DESOXYN.....	17	DILANTIN.....	172
DARAPRIM.....	107	<i>desvenlafaxine</i> .....	15	DILANTIN EXTENDED.....	172
<i>darifenacin</i> .....	184	<i>desvenlafaxine succinate</i> .....	15	DILANTIN INFATABS.....	172
DARTISLA.....	179	<i>dexabliss</i> .....	116	DILANTIN-125.....	172
<i>darunavir</i> .....	108	<i>dexamethasone</i> .....	116	DILAUDID.....	163
<i>dasatinib</i> .....	143	DEXAMETHASONE INTENSOL... ..	116	<i>diltiazem hcl</i> .....	32, 33
<i>dasetta 1/35 (28)</i> .....	42	<i>dexamethasone sodium phos (pf)</i> .....	116	<i>dilt-xr</i> .....	33
<i>dasetta 7/7/7 (28)</i> .....	42	<i>dexamethasone sodium phosphate</i>		<i>dimethyl fumarate</i> .....	147
<i>daunorubicin</i> .....	141	.....	83, 116	DIOVAN.....	30
DAURISMO.....	141	DEXCOM G6 RECEIVER.....	68	DIOVAN HCT.....	28
DAWNZERA.....	122	DEXCOM G6 SENSOR.....	68	DIPENTUM.....	122
DAYBUE.....	148	DEXCOM G6 TRANSMITTER.....	68	<i>diphenoxylate-atropine</i> .....	124
DAYBUE STIX.....	149	DEXCOM G7 15 DAY SENSOR.....	68	DIPROLENE (AUGMENTED).....	55
<i>daysee</i> .....	42	DEXCOM G7 RECEIVER.....	68	<i>dipyridamole</i> .....	91
DAYTRANA.....	24	DEXCOM G7 SENSOR.....	68	DISKETTS.....	163
DAYVIGO.....	23	DEXEDRINE SPANSULE.....	17	<i>disopyramide phosphate</i> .....	26
DDAVP.....	77	DEXILANT.....	180	<i>disulfiram</i> .....	18
DEBACTEROL.....	150	<i>dexlansoprazole</i> .....	180	DIURIL.....	36
<i>deblitane</i> .....	42	<i>dexmethylphenidate</i> .....	24, 25	<i>divalproex</i> .....	172
<i>decara</i> .....	188	<i>dextroamphetamine sulfate</i> .....	17	DIVIGEL.....	93
<i>deferasirox</i> .....	153	<i>dextroamphetamine-amphetamine</i> ..	17	<i>dodex</i> .....	188
<i>deferiprone</i> .....	153	DHIVY.....	169	<i>dofetilide</i> .....	26
<i>deflazacort</i> .....	116	DIACOMIT.....	171	<i>dolishale</i> .....	42
DELESTROGEN.....	93	DIATRUE CONTROL SOLN		DOLOBID.....	162
DELSTRIGO.....	110	NORMAL.....	68	<i>dolobid</i> .....	162
<i>demeclocycline</i> .....	103	DIATRUE CONTROL SOLUTION		<i>donepezil</i> .....	12
DEMSEER.....	30	HIGH.....	68	DOPTELET (10 TAB PACK).....	92
DENAVIR.....	53	DIATRUE CONTROL SOLUTION		DOPTELET (15 TAB PACK).....	92
<i>denta 5000 plus</i> .....	185	LOW.....	68	DOPTELET (30 TAB PACK).....	92
<i>denta 5000 plus sensitive</i> .....	185	<i>diazepam</i> .....	18, 170	DOPTELET SPRINKLE.....	92
<i>dentagel</i> .....	185	<i>diazepam intensol</i> .....	18	DORAL.....	23
DEPAKOTE.....	171	<i>diazoxide</i> .....	70	DORYX.....	103

DORYX MPC.....	103	DUREX EXTRA SENSITIVE CONDOM.....	151	EASY TOUCH FLIPLOCK SYRINGE.....	131
<i>dorzolamide</i> .....	86	DUREX TROPICAL CONDOM.....	151	EASY TOUCH FLURINGE.....	131
<i>dorzolamide-timolol</i> .....	86	DUREZOL.....	83	EASY TOUCH FLURINGE FLIPLOCK.....	131
<i>dorzolamide-timolol (pf)</i> .....	86	DURLAZA.....	91	EASY TOUCH FLURINGE SHEATHLOCK.....	131
<i>dotti</i> .....	94	<i>dutasteride</i> .....	182	EASY TOUCH HYPODERMIC NEEDLE.....	155
DOVATO.....	108	<i>dutasteride-tamsulosin</i> .....	182	EASY TOUCH INSULIN SAFETY SYR.....	131
<i>doxazosin</i> .....	28	DUVYZAT.....	152	EASY TOUCH INSULIN SYRINGE.....	131
<i>doxepin</i> .....	16, 23, 57	DYANAVEL XR.....	17	EASY TOUCH LANCETS.....	126
<i>doxercalciferol</i> .....	80	DYMISTA.....	4	EASY TOUCH LANCING DEVICE..	68
<i>doxorubicin</i> .....	141	DYRENIUM.....	34	EASY TOUCH LUER LOCK INSULIN.....	131
<i>doxycycline hyclate</i> .....	103, 150	<i>e.e.s. 400</i> .....	101	EASY TOUCH LUER LOCK SYRINGE.....	131
<i>doxycycline monohydrate</i> .....	103, 104	E.E.S. GRANULES.....	101	EASY TOUCH PEN NEEDLE.....	156
<i>doxylamine-pyridoxine (vit b6)</i> .....	4	EASIVENT HOLDING CHAMBER...	10	EASY TOUCH SAFETY LANCETS .....	126
DRIZALMA SPRINKLE.....	15	EASIVENT MASK LARGE.....	10	EASY TOUCH SAFETY PEN NEEDLE.....	156
<i>dronabinol</i> .....	4	EASIVENT MASK MEDIUM.....	10	EASY TOUCH SHEATHLOCK INSULIN.....	131
DROPLET GENTEEL LANCING DEVICE.....	68	EASIVENT MASK SMALL.....	10	EASY TOUCH SHEATHLOCK SYRG-NDL.....	131
DROPLET INSULIN SYR(HALF UNIT).....	130	EASY COMFORT ALCOHOL PAD..	58	EASY TOUCH SHEATHLOCK SYRINGE.....	131
DROPLET INSULIN SYRINGE.....	130	EASY COMFORT INSULIN SYRINGE.....	130	EASY TOUCH TUBERCULIN FLIPLOCK.....	132
DROPLET LANCETS.....	126	EASY COMFORT PEN NEEDLES	155	EASY TOUCH TUBERCULIN SHEATHLK.....	132
DROPLET LANCING DEVICE.....	68	EASY COMFORT SAFETY PEN NEEDLE.....	155	EASY TOUCH TWIST LANCETS..	126
DROPLET MICRON PEN NEEDLE .....	155	EASY GLIDE INSULIN SYRINGE.	130	EASY TOUCH UNI-SLIP.....	132
DROPLET PEN NEEDLE.....	155	EASY GLIDE LUER LOCK SYRINGE.....	130	EASY TRAK HIGH CONTROL.....	68
DROPSAFE ACTI-LANCE.....	126	EASY GLIDE LUER SLIP TB SYRING.....	130	EASY TRAK LOW CONTROL.....	68
DROPSAFE ALCOHOL PREP PADS.....	57	EASY GLIDE PEN NEEDLE.....	155	EASYPOINT NEEDLE.....	156
DROPSAFE INSULIN SYRINGE...	130	EASY MINI EJECT LANCING DEVICE.....	68	EBGLYSS PEN.....	53
DROPSAFE MEDLANCE PLUS...	126	EASY PLUS II HIGH CONTROL.....	68	EBGLYSS SYRINGE.....	53
DROPSAFE PEN NEEDLE.....	155	EASY PLUS II LOW CONTROL.....	68	ECLIPSE NEEDLE.....	156
<i>drospirenone-e.estradiol-1m.fa</i> .....	42	EASY STEP HIGH CONTROL SOLN.....	68	ECLIPSE SYRINGE.....	132
<i>drospirenone-ethinyl estradiol</i> .....	42	EASY STEP LOW CONTROL SOLUTION.....	68	EC-NAPROSYN.....	120
DROXIA.....	91	EASY STEP NORMAL CONTROL SOLN.....	68	<i>econazole nitrate</i> .....	52
<i>droxidopa</i> .....	39	EASY TALK HIGH CONTROL.....	68	<i>econtra ez</i> .....	42
DRYSOL.....	57	EASY TALK LOW CONTROL.....	68	<i>econtra one-step</i> .....	42
DRYSOL DAB-O-MATIC.....	57	EASY TOUCH.....	132, 156	ECOTRIN LOW STRENGTH.....	91
DUAKLIR PRESSAIR.....	7	EASY TOUCH ALCOHOL PREP PADS.....	58	ECOZA.....	52
DUAVEE.....	93	EASY TOUCH FLIPLOCK INSULIN.....	130	EDARBI.....	30
DUETACT.....	66	EASY TOUCH FLIPLOCK NEEDLE.....	155		
DULERA.....	7				
<i>duloxetine</i> .....	15				
DUOBRII.....	60				
DUOPA.....	169				
DUPIXENT PEN.....	9				
DUPIXENT SYRINGE.....	9				
DURATUSS AC.....	47				
DUREX AVANTI BARE REAL FEEL.....	151				

EDARBYCLOR.....	29	<i>emtricitabine-tenofovir (tdf)</i> .....	109	<i>ergocalciferol (vitamin d2)</i> .....	188
EDECRIIN.....	34	<i>emtricitabine-tenofovir disoproxil fumarate</i> .....	111	<i>ergoloid</i> .....	40
EDEX.....	76	EMTRIVA.....	109	ERGOMAR.....	165
EDLUAR.....	23	EMVERM.....	107	<i>ergotamine-caffeine</i> .....	165
<i>ed-spaz</i> .....	178	<i>emzahh</i> .....	42	ERIVEDGE.....	142
EDURANT.....	109	<i>enalapril maleate</i> .....	29	ERLEADA.....	140
EDURANT PED.....	109	<i>enalapril-hydrochlorothiazide</i> .....	27	<i>erlotinib</i> .....	143
<i>efavirenz</i> .....	109	ENBREL.....	114	<i>ermeza</i> .....	81
<i>efavirenz-emtricitabine-tenofovir</i> .....	110	ENBREL MINI.....	114	<i>errin</i> .....	42
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i> .....	111	ENBREL SURECLICK.....	114	ERTACZO.....	52
EFFEXOR XR.....	15	ENBUMYST.....	34	<i>ery pads</i> .....	51
EFFIENT.....	91	ENDARI.....	91	ERYGEL.....	51
EFUDEX.....	59	<i>endocet</i> .....	168	ERYPED 200.....	101
EGRIFTA SV.....	79	ENFLONIA.....	108	ERYPED 400.....	101
EGRIFTA WR.....	79	ENGERIX-B (PF).....	97	<i>ery-tab</i> .....	101
EKTERLY.....	122	ENGERIX-B PEDIATRIC (PF).....	97	ERY-TAB.....	101
ELEMENT HIGH CONTROL.....	68	<i>enilloring</i> .....	40	<i>erythrocin (as stearate)</i> .....	101
ELEMENT LOW CONTROL.....	68	ENOBY.....	78	<i>erythromycin</i> .....	84, 101
ELEMENT NORMAL CONTROL.....	68	<i>enoxaparin</i> .....	89	<i>erythromycin ethylsuccinate</i> .....	101
ELEPSIA XR.....	172	<i>enpresse</i> .....	42	<i>erythromycin with ethanol</i> .....	51
ELESTRIN.....	94	ENSACOVE.....	143	<i>erythromycin-benzoyl peroxide</i> .....	51
<i>eletriptan</i> .....	165	<i>enskyce</i> .....	42	ESBRIET.....	161
ELIDEL.....	61	ENSPRYNG.....	118	<i>escitalopram oxalate</i> .....	14
ELIGARD.....	77	ENSTILAR.....	62	<i>eslicarbazepine</i> .....	172
ELIGARD (3 MONTH).....	77	<i>entacapone</i> .....	169	<i>esomeprazole magnesium</i> .....	180, 181
ELIGARD (4 MONTH).....	77	ENTADFI.....	182	<i>estarylla</i> .....	42
ELIGARD (6 MONTH).....	77	<i>entecavir</i> .....	111	<i>estazolam</i> .....	23
ELIMITE.....	53	ENTRESTO.....	39	ESTRACE.....	185
<i>elimest</i> .....	42	ENTRESTO SPRINKLE.....	39	<i>estradiol</i> .....	94, 185
ELIQUIS.....	88	ENTYVIO PEN.....	123	<i>estradiol valerate</i> .....	94
ELIQUIS DVT-PE TREAT 30D START.....	88	<i>enulose</i> .....	123	<i>estradiol-norethindrone acetate</i> .....	94
ELIQUIS SPRINKLE.....	88	ENVARBUS XR.....	99	ESTRING.....	185
ELLA.....	42	EOHILIA.....	116	ESTROGEL.....	94
ELMIRON.....	184	EPANED.....	29	<i>eszopiclone</i> .....	23
<i>eltrombopag olamine</i> .....	92	EPCLUSA.....	111	<i>ethacrynic acid</i> .....	34
<i>eluryng</i> .....	40	EPIDIOLEX.....	171	<i>ethambutol</i> .....	106
ELYXYB.....	165	EPIFOAM.....	58	<i>ethosuximide</i> .....	172
EMBRACE GLUCOSE CONTROL LOW.....	68	<i>epinephrine</i> .....	139	<i>ethynodiol diacetyl estradiol</i> .....	42
EMBRACE PEN NEEDLE.....	156	EPIPEN.....	139	<i>etodolac</i> .....	120
EMEND.....	4, 5	EPIPEN 2-PAK.....	139	<i>etonogestrel-ethinyl estradiol</i> .....	40
EMFLAZA.....	116	EPIPEN JR.....	139	<i>etoposide</i> .....	146
EMGALITY PEN.....	165	EPIPEN JR 2-PAK.....	139	<i>etravirine</i> .....	109
EMGALITY SYRINGE.....	165, 167	<i>epitol</i> .....	172	EUCRISA.....	54
EMPAVELI.....	88	<i>eplerenone</i> .....	34	EULEXIN.....	140
EMROSI.....	104	EPOGEN.....	89	EURAX.....	53
EMSAM.....	13	EPRONTIA.....	172	<i>euthyrox</i> .....	81
<i>emtricitabine</i> .....	109	EPSOLAY.....	49	EVAMIST.....	94
		EQUETRO.....	18	EVEKEO.....	17
				EVENITY.....	78

<i>everolimus (antineoplastic)</i> .....	142	<i>felodipine</i> .....	33	FLEXICHAMBER-SM ADULT MASK.....	10
<i>everolimus (immunosuppressive)</i> ...	99	FEMARA.....	141	FLEXICHAMBER-SM CHILD MASK.....	10
EVISTA.....	78	FEMCAP.....	47	FLOLIPID.....	37
EVOCLIN.....	51	FEMLYV.....	42	FLOMAX.....	182
EVOTAZ.....	110	FEMRING.....	185	FLORIVA (FLUORIDE-VITAMIN D3).....	185
EVOXAC.....	139	<i>fenofibrate</i> .....	38	<i>floxuridine</i> .....	141
EVRYSDI.....	139	<i>fenofibrate micronized</i> .....	38	FLUAD 2025-2026 (65 YR UP)(PF).....	96
EXCEL SYRINGE.....	132	<i>fenofibrate nanocrystallized</i> .....	38	FLUARIX 2025-2026 (PF).....	96
EXEL HYPODERMIC NEEDLES...156		<i>fenofibric acid</i> .....	38, 39	FLUBLOK 2025-2026 (PF).....	96
EXEL INSULIN.....	132	<i>fenofibric acid (choline)</i> .....	38	FLUCELVAX 2025-2026.....	96
EXEL SYRINGE.....	132	<i>fenoprofen</i> .....	120	FLUCELVAX 2025-2026 (PF).....	96
EXELDERM.....	52	FENOPRON.....	120	<i>fluconazole</i> .....	105
EXELON PATCH.....	12	FENSOLVI.....	80	<i>flucytosine</i> .....	105
<i>exemestane</i> .....	141	<i>fantanyl</i> .....	163	<i>fludrocortisone</i> .....	118
<i>exenatide</i> .....	63	<i>fantanyl citrate</i> .....	163	FLULAVAL 2025-2026 (PF).....	96
EXFORGE.....	29	FERRIPROX.....	153	FLUMADINE.....	108
EXFORGE HCT.....	28	FERRIPROX (2 TIMES A DAY)....	153	FLUMIST 2025-2026.....	96
EXJADE.....	153	<i>fesoterodine</i> .....	184	FLUMIST HOME 2025-2026.....	96
EXTENDED RESERVOIR.....	132	FETZIMA.....	15	<i>flunisolide</i> .....	4
EXTINA.....	52	FEXMID.....	176	<i>fluocinolone</i> .....	55
EXXUA.....	151	FIASP FLEXTOUCH U-100 INSULIN.....	71	<i>fluocinolone acetonide oil</i> .....	74
EYSUVIS.....	83	FIASP PENFILL U-100 INSULIN....	71	<i>fluocinolone and shower cap</i> .....	55
E-Z JECT LANCETS.....	126	FIASP PUMPCART.....	71	<i>fluocinonide</i> .....	55
E-Z JECT THIN LANCETS.....	126	FIASP U-100 INSULIN.....	71	<i>fluocinonide-e</i> .....	55
EZ SMART LANCETS.....	126	FIBRICOR.....	39	<i>fluocinonide-emollient</i> .....	55
EZALLOR SPRINKLE.....	37	<i>fidaxomicin</i> .....	102	<i>fluoride (sodium)</i> .....	185
<i>ezetimibe</i> .....	38	FILSPARI.....	182	FLUORIDEX DAILY DEFENSE....	185
<i>ezetimibe-rosuvastatin</i> .....	36	FILSUVEZ.....	161	FLUORIDEX SENSITIVITY RELIEF.....	185
<i>ezetimibe-simvastatin</i> .....	36	FINACEA.....	49	<i>fluorometholone</i> .....	83
FABHALTA.....	89	<i>finasteride</i> .....	182	<i>fluorouracil</i> .....	59
FABIOR.....	51	FINGERSTIX LANCETS.....	126	<i>fluoxetine</i> .....	14
<i>falmina (28)</i> .....	42	<i>ingolimod</i> .....	147	<i>fluphenazine hcl</i> .....	22
<i>famciclovir</i> .....	108	FINTEPLA.....	172	<i>flurandrenolide</i> .....	55
<i>famotidine</i> .....	180	<i>finzala</i> .....	43	<i>flurazepam</i> .....	23
FANAPT.....	20	<i>fioricet</i> .....	162	<i>flurbiprofen</i> .....	120
FANAPT TITRATION PACK A.....	20	FIORICET WITH CODEINE.....	167	<i>flurbiprofen sodium</i> .....	83
FANAPT TITRATION PACK B.....	20	FIRAZYR.....	116	<i>fluticasone furoate</i> .....	8
FANAPT TITRATION PACK C.....	20	FIRDAPSE.....	148	<i>fluticasone furoate-vilanterol</i> .....	7
FANTASY CONDOM.....	151	FIRVANQ.....	106	<i>fluticasone propionate</i> .....	4, 8, 55
FARESTON.....	146	FLAC OTIC OIL.....	74	<i>fluticasone propion-salmeterol</i> .....	7, 8
FARXIGA.....	64	FLAREX.....	83	<i>fluvastatin</i> .....	37
FASENRA.....	9	<i>flavoxate</i> .....	184	<i>fluvoxamine</i> .....	14
FASENRA PEN.....	9	<i>flecainide</i> .....	26	FLUZONE 2025-2026.....	96
FC2 FEMALE CONDOM.....	151	FLECTOR.....	57	FLUZONE 2025-2026 (PF).....	96
<i>febuxostat</i> .....	87	FLEQSUVY.....	176		
<i>feirza</i> .....	42	FLEXICHAMBER.....	10		
<i>felbamate</i> .....	172	FLEXICHAMBER-LG CHILD MASK.....	10		
FELBATOL.....	172				
FELDENE.....	120				

FLUZONE HIGH-DOSE 2025-26 (PF).....	96	FREESTYLE LIBRE 2 SENSOR.....	68	<i>generlac</i> .....	123
FML FORTE.....	83	FREESTYLE LIBRE 3 PLUS SENSOR.....	68	<i>gengraf</i> .....	99
FML LIQUIFILM.....	83	FREESTYLE LIBRE 3 READER.....	68	GENOTROPIN.....	79
FOCALIN.....	25	FREESTYLE LIBRE 3 SENSOR.....	68	GENOTROPIN MINIQUICK.....	79
FOCALIN XR.....	25	FREESTYLE LITE METER.....	68	<i>gentamicin</i> .....	51, 84
<i>folic acid</i> .....	186	FREESTYLE LITE STRIPS.....	67	GENTEEL VACUUM LANCING DEVICE.....	69
FOLOTYN.....	141	FREESTYLE PRECISION.....	132	GENVOYA.....	111
<i>fondaparinux</i> .....	89	FREESTYLE PRECISION NEO METER.....	69	GEODON.....	20
FORA HIGH CONTROL.....	68	FREESTYLE PRECISION NEO STRIPS.....	67	GILENYA.....	147
FORA LANCING DEVICE.....	68	FREESTYLE SIDEKICK II.....	69	GILOTRIF.....	143
FORA LOW CONTROL.....	68	FREESTYLE SYSTEM KIT.....	69	GIMOTI.....	180
FORACARE GDH HIGH CONTROL.....	68	FREESTYLE TEST.....	67	<i>glatiramer</i> .....	147
FORACARE GDH LOW CONTROL.....	68	FREESTYLE UNISTIK 2.....	126	<i>glatopa</i> .....	147
FORACARE GDH NORMAL CONTROL.....	68	FROVA.....	165	GLEEVEC.....	143
FORACARE LANCETS.....	126	<i>frovatriptan</i> .....	166	GLEOSTINE.....	140
FORFIVO XL.....	14	FRUZAQLA.....	143	<i>glimepiride</i> .....	65
<i>formoterol fumarate</i> .....	6	FULPHILA.....	90	<i>glipizide</i> .....	65
FORTEO.....	78	FURADANTIN.....	102	<i>glipizide-metformin</i> .....	66
FORZINITY.....	151	FUROSCIX.....	34	GLOPERBA.....	87
FOSAMAX.....	78	<i>furosemide</i> .....	34	GLUCAGON (HCL) EMERGENCY KIT.....	70
FOSAMAX PLUS D.....	78	FUZEON.....	109	<i>glucagon emergency kit (human)</i> .....	70
<i>fosamprenavir</i> .....	110	<i>fyavolv</i> .....	94	GLUCAGON HCL.....	152
<i>fosfomycin tromethamine</i> .....	101	FYCOMPA.....	172	GLUCOCOM LANCETS.....	126
<i>fosinopril</i> .....	29	FYLNETRA.....	90	<i>glutamine (sickle cell)</i> .....	91
<i>fosinopril-hydrochlorothiazide</i> .....	27	<i>g tussin ac</i> .....	47	<i>glyburide</i> .....	65
FOSRENOL.....	75	<i>gabapentin</i> .....	150, 172	<i>glyburide micronized</i> .....	65
FOTIVDA.....	143	<i>gabarone</i> .....	172	<i>glyburide-metformin</i> .....	66
FRAGMIN.....	89	GALAFOLD.....	139	GLYCATE.....	179
FRAICHE 5000.....	186	<i>galantamine</i> .....	12	<i>glycerol phenylbutyrate</i> .....	123
FRAICHE 5000 PREVI.....	186	<i>galbriela</i> .....	43	<i>glycopyrrolate</i> .....	179
FRAICHE 5000 SENSITIVE.....	186	<i>gallifrey</i> .....	95	<i>glydo</i> .....	122
FREESTYLE CONTROL.....	68	GALZIN.....	153	GLYXAMBI.....	65
FREESTYLE FLASH SYSTEM.....	68	GARDASIL 9 (PF).....	98	GOCOVRI.....	169
FREESTYLE FREEDOM.....	68	GASTROCROM.....	9	GOLYTELY.....	124
FREESTYLE FREEDOM LITE.....	68	<i>gatifloxacin</i> .....	84	GOMEKLI.....	142
FREESTYLE INSULINX.....	67, 68	GATTEX 30-VIAL.....	125	GRALISE.....	150
FREESTYLE INSULINX TEST STRIPS.....	67	GATTEX ONE-VIAL.....	125	<i>granisetron hcl</i> .....	5
FREESTYLE LANCETS.....	126	<i>gavilyte-c</i> .....	124	GRANIX.....	90
FREESTYLE LIBRE 14 DAY READER.....	68	<i>gavilyte-g</i> .....	124	GRASTEK.....	3
FREESTYLE LIBRE 14 DAY SENSOR.....	68	<i>gavilyte-n</i> .....	124	<i>griseofulvin microsize</i> .....	105
FREESTYLE LIBRE 2 PLUS SENSOR.....	68	GAVRETO.....	143	<i>griseofulvin ultramicrosize</i> .....	105
FREESTYLE LIBRE 2 PLUS SENSOR.....	68	<i>gefatinib</i> .....	143	<i>guaifenesin ac</i> .....	47
FREESTYLE LIBRE 2 READER.....	68	GELFILM.....	161	<i>guaifenesin dac</i> .....	47
		<i>gemfibrozil</i> .....	39	<i>guanfacine</i> .....	24, 31
		<i>gemmily</i> .....	43	GUARDIAN 4 GLUCOSE SENSOR.....	69
		GEMTESA.....	183	GUARDIAN 4 TRANSMITTER.....	69
				GVOKE.....	71

GVOKE HYPOPEN 1-PACK.....	70	HUMALOG MIX 75-25(U-100)INSULN.....	72	<i>hydroxyzine pamoate</i> .....	3
GVOKE HYPOPEN 2-PACK.....	70	HUMALOG TEMPO PEN(U-100)INSULN.....	72	<i>hyoscyamine sulfate</i> .....	178, 179
GVOKE PFS 1-PACK SYRINGE.....	70	HUMALOG U-100 INSULIN.....	72	HYPER-SAL.....	152
GVOKE PFS 2-PACK SYRINGE.....	71	HUMATIN.....	106	HYPODERMIC NEEDLES.....	156
GYNAZOLE-1.....	185	HUMATROPE.....	79	HYRIMOZ PEN CROHN'S-UC STARTER.....	114
HADLIMA.....	114	HUMIRA.....	114	HYRIMOZ PEN PSORIASIS STARTER.....	114
HADLIMA PUSH TOUCH.....	114	HUMIRA PEN.....	114	HYRIMOZ(CF).....	115
HADLIMA(CF).....	114	HUMIRA(CF).....	114	HYRIMOZ(CF) PEDI CROHN STARTER.....	114, 115
HADLIMA(CF) PUSH TOUCH.....	114	HUMIRA(CF) PEN.....	114	HYRIMOZ(CF) PEN.....	115
HAEGARDA.....	116	HUMIRA(CF) PEN CROHNS-UC-HS.....	114	HYRNUO.....	143
<i>hailey</i> .....	43	HUMIRA(CF) PEN PSOR-UV-ADOL HS.....	114	HYSINGLA ER.....	163
<i>hailey 24 fe</i> .....	43	HUMULIN 70/30 U-100 INSULIN.....	72	HYZAAR.....	29
<i>hailey fe 1.5/30 (28)</i> .....	43	HUMULIN 70/30 U-100 KWIKPEN..	72	<i>ibandronate</i> .....	78
<i>hailey fe 1/20 (28)</i> .....	43	HUMULIN N NPH INSULIN KWIKPEN.....	72	IBRANCE.....	143
<i>halcinonide</i> .....	55	HUMULIN N NPH U-100 INSULIN..	72	IBSRELA.....	124
HALCION.....	23	HUMULIN R REGULAR U-100 INSULN.....	72	IBTROZI.....	143
<i>halobetasol propionate</i> .....	55	HUMULIN R U-500 (CONC) INSULIN.....	72	<i>ibu</i> .....	120
<i>haloette</i> .....	40	HUMULIN R U-500 (CONC) KWIKPEN.....	72	<i>ibuprofen</i> .....	120
HALOG.....	55	HYCAMTIN.....	142	<i>icatibant</i> .....	116
<i>haloperidol</i> .....	22	HYCODAN.....	47	<i>iclevia</i> .....	43
<i>haloperidol lactate</i> .....	22	HYCODAN (WITH HOMATROPINE).....	47	ICLUSIG.....	143
HARLIKU.....	152	<i>hydralazine</i> .....	31	<i>icosapent ethyl</i> .....	39
HARVONI.....	111	HYDREA.....	140	IDHIFA.....	146
HAVRIX (PF).....	98	<i>hydrochlorothiazide</i> .....	36	<i>ifosfamide</i> .....	140
HEALTHWISE INSULIN SYRINGE.....	132	<i>hydrocodone bitartrate</i> .....	163	IGALMI.....	23
HEALTHWISE PEN NEEDLE.....	156	<i>hydrocodone-acetaminophen</i> .....	168	ILET INSULIN PUMP.....	69
<i>heather</i> .....	43	<i>hydrocodone-chlorpheniramine</i> .....	47	ILEVRO.....	83
HEMADY.....	117	<i>hydrocodone-homatropine</i> .....	47	ILUMYA.....	60
HEMANGEOL.....	31	<i>hydrocodone-ibuprofen</i> .....	162	<i>imatinib</i> .....	143
HEMICLOR.....	36	<i>hydrocortisone</i> .....	56, 117, 123	IMBRUVICA.....	144
<i>heparin (porcine)</i> .....	89	<i>hydrocortisone acetate</i> .....	55	<i>imipramine hcl</i> .....	16
<i>heparin lockflush(porcine)(pf)</i> .....	89	<i>hydrocortisone butyrate</i> .....	55	<i>imipramine pamoate</i> .....	16
<i>heparin, porcine (pf)</i> .....	89	<i>hydrocortisone valerate</i> .....	56	<i>imiquimod</i> .....	98
HEPLISAV-B (PF).....	98	<i>hydrocortisone-acetic acid</i> .....	74	IMITREX.....	166
HEPSERA.....	111	<i>hydrocortisone-pramoxine</i> .....	123	IMITREX STATDOSE PEN.....	166
HERNEXEOS.....	143	<i>hydromet</i> .....	47	IMITREX STATDOSE REFILL.....	166
HETLIOZ.....	22	<i>hydromorphone</i> .....	163	IMKELDI.....	144
HETLIOZ LQ.....	22	<i>hydroxychloroquine</i> .....	107	IMOVAX RABIES VACCINE (PF)...	96
HIBERIX (PF).....	97	<i>hydroxyurea</i> .....	140	IMPAVIDO.....	107
HISTEX-AC.....	47	<i>hydroxyzine hcl</i> .....	3	IMPOYZ.....	56
<i>homatropaire</i> .....	87			IMULDOSA.....	118
HORIZANT.....	149			IMURAN.....	99
HULIO(CF).....	114			IMVEXXY MAINTENANCE PACK.....	185
HULIO(CF) PEN.....	114			IMVEXXY STARTER PACK.....	185
HUMALOG JUNIOR KWIKPEN U-100.....	71			INBRIJA.....	169
HUMALOG KWIKPEN INSULIN.....	71			<i>incassia</i> .....	43
HUMALOG MIX 50-50 KWIKPEN....	71				
HUMALOG MIX 75-25 KWIKPEN....	71				

INCONTROL ALCOHOL PADS.....	58	<i>insulin asp prt-insulin aspart</i> .....	72	<i>isosorbide mononitrate</i> .....	40
INCONTROL LANCING DEVICE ....	69	<i>insulin aspart u-100</i> .....	72	<i>isosorbide-hydralazine</i> .....	36
INCONTROL PEN NEEDLE.....	156	<i>insulin degludec</i> .....	72	<i>isotretinoin</i> .....	48
INCONTROL SUPER THIN		<i>insulin glargine u-300 conc</i> .....	72	<i>isradipine</i> .....	33
LANCETS.....	126	<i>insulin glargine-yfgn</i> .....	72	ISTALOL.....	86
INCONTROL ULTRA THIN		<i>insulin lispro</i> .....	72, 73	ISTURISA.....	77
LANCETS.....	126	<i>insulin lispro protamin-lispro</i> .....	72	ITOVEBI.....	144
INCRELEX.....	80	INSULIN SYR/NDL U100 HALF		<i>itraconazole</i> .....	105
INCRUSE ELLIPTA.....	5	MARK.....	132	<i>ivabradine</i> .....	39
<i>indapamide</i> .....	36	INSULIN SYRINGE.....	132	<i>ivermectin</i> .....	49, 107
INDERAL LA.....	31	INSULIN SYRINGE-NEEDLE U-		IWILFIN.....	144
INDERAL XL.....	31	100.....	132	IYUZEH (PF).....	86
INDOCIN.....	120	INSULIN U-500 SYRINGE-		JADENU.....	153
<i>indomethacin</i> .....	120	NEEDLE.....	133	JADENU SPRINKLE.....	153
INFANRIX (DTAP) (PF).....	97	INSUPEN PEN NEEDLE.....	156	<i>jaimiess</i> .....	43
INFASURF.....	162	INTEGRA PRECISIONGLIDE		JAKAFI.....	142
INFINITY CONTROL SOLUTION		NEEDLE.....	156	JALYN.....	182
HIGH.....	69	INTEGRA SYRINGE.....	133	<i>jantoven</i> .....	88
INFINITY CONTROL SOLUTION		INTELENCE.....	109	JANUMET.....	62
LOW.....	69	INTERLINK LEVER LOCK		JANUMET XR.....	62
INFINITY CONTROL SOLUTION		CANNULA.....	133	JANUVIA.....	64
NORM.....	69	INTERLINK SYRINGE AND		JARDIANCE.....	64
INGREZZA.....	149	CANNULA.....	133	<i>jasmiel (28)</i> .....	43
INGREZZA INITIATION		INTRAROSA.....	92	JATENZO.....	92
PK(TARDIV).....	149	<i>introvale</i> .....	43	JAVADIN.....	31
INGREZZA SPRINKLE.....	149	INTUNIV ER.....	24	<i>javygtor</i> .....	139
INLURIYO.....	146	INVACARE LANCETS.....	126	JAYPIRCA.....	144
INLYTA.....	144	INVEGA.....	20	<i>jaythari</i> .....	117
INNOPRAN XL.....	31	INVELTYS.....	83	<i>jencycla</i> .....	43
INPEFA.....	64	INVOKAMET.....	66	JENTADUETO.....	62
INPEN (FOR HUMALOG) BLUE....	69	INVOKAMET XR.....	66	JENTADUETO XR.....	62
INPEN (FOR HUMALOG) GREY....	69	INVOKANA.....	64	<i>jinteli</i> .....	94
INPEN (FOR HUMALOG) PINK....	69	INZIRQO.....	36	JOENJA.....	140
INPEN (NOVOLOG OR FIASP)		IOPIDINE.....	86	<i>jolessa</i> .....	43
BLUE.....	69	IPOL.....	95	JORNAY PM.....	25
INPEN (NOVOLOG OR FIASP)		<i>ipratropium bromide</i> .....	5, 150	JOURNAVX.....	162
GREY.....	69	<i>ipratropium-albuterol</i> .....	7	<i>joyeaux</i> .....	43
INPEN (NOVOLOG OR FIASP)		IQIRVO.....	125	JUBBONTI.....	78
PINK.....	69	<i>irbesartan</i> .....	30	JUBLIA.....	52
INQOVI.....	141	<i>irbesartan-hydrochlorothiazide</i> .....	29	<i>juleber</i> .....	43
INREBIC.....	144	IRESSA.....	144	JULUCA.....	107
INSPIRACHAMBER.....	10	ISENTRESS.....	110	<i>junel 1.5/30 (21)</i> .....	43
INSPIRACHAMBER WITH MASK-		ISENTRESS HD.....	110	<i>junel 1/20 (21)</i> .....	43
LARGE.....	10	<i>isibloom</i> .....	43	<i>junel fe 1.5/30 (28)</i> .....	43
INSPIRACHAMBER WITH MASK-		<i>isoniazid</i> .....	106	<i>junel fe 1/20 (28)</i> .....	43
MED.....	10	ISOPROPYL ALCOHOL.....	160	<i>junel fe 24</i> .....	43
INSPIRACHAMBER WITH MASK-		ISORDIL.....	40	JUST RIGHT 5000.....	186
SMALL.....	10	ISORDIL TITRADOSE.....	40	JUXTAPID.....	37
INSPRA.....	34	<i>isosorbide dinitrate</i> .....	40	JYLAMVO.....	141

JYNARQUE.....	183	<i>klor-con m10</i> .....	76	LANCETS, THIN.....	126
JYNNEOS (PF).....	98	<i>klor-con m15</i> .....	76	LANCETS, ULTRA THIN.....	126
<i>kaitlib fe</i> .....	43	<i>klor-con m20</i> .....	76	LANCING DEVICE.....	69
KALBITOR.....	122	KLOXXADO.....	23	LANCING DEVICE WITH	
KALETRA.....	110	KONVOMEK.....	181	LANCETS.....	69
<i>kalliga</i> .....	43	KORLYM.....	66	LANCING SYSTEM.....	69
KALYDECO.....	161	KOSELUGO.....	142	LANOXIN.....	26
KAPSPARGO SPRINKLE.....	31	K-PHOS NO 2.....	183	<i>lansoprazole</i> .....	181
<i>kariva (28)</i> .....	43	K-PHOS ORIGINAL.....	183	<i>lanthanum</i> .....	75
KATERZIA.....	33	K-PHOS-NEUTRAL.....	183	LANTUS SOLOSTAR U-100	
KAZANO.....	62	KPN.....	187	INSULIN.....	73
<i>kelnor 1/35 (28)</i> .....	43	KRAZATI.....	142	LANTUS U-100 INSULIN.....	73
<i>kelnor 1/50 (28)</i> .....	43	KRINTAFEL.....	107	LANZO LANCING DEVICE.....	69
KENALOG.....	56	KRISTALOSE.....	124	<i>lapatinib</i> .....	144
KENDALL DISINFECTANT CAP... 133		<i>kurvelo (28)</i> .....	43	<i>larin 1.5/30 (21)</i> .....	43
KEPPRA.....	172	KUVAN.....	139	<i>larin 1/20 (21)</i> .....	43
KEPPRA XR.....	172	<i>kymbee</i> .....	117	<i>larin 24 fe</i> .....	43
KERENDIA.....	34	KYZATREX.....	92	<i>larin fe 1.5/30 (28)</i> .....	43
KESIMPTA PEN.....	147	<i>l norgest/e. estradiol-e. estrad</i> .....	43	<i>larin fe 1/20 (28)</i> .....	43
<i>ketoconazole</i> .....	52, 105	<i>labetalol</i> .....	27	LASIX.....	34
<i>ketodan</i> .....	52	<i>lacosamide</i> .....	172	LASIX ONYU.....	34
<i>ketoprofen</i> .....	120	LACTATED RINGERS.....	58	LASIX ONYU REUSABLE UNIT... 127	
<i>ketorolac</i> .....	83, 121	<i>lactulose</i> .....	124	<i>latanoprost</i> .....	86
KEVEYIS.....	176	<i>lagevrio (eua)</i> .....	108	LATUDA.....	20
KEVZARA.....	118	LAMICTAL.....	173	LAZCLUZE.....	144
KHINDIVI.....	117	LAMICTAL ODT.....	172	<i>ledipasvir-sofosbuvir</i> .....	111
KIMONO LUBRICATED		LAMICTAL ODT STARTER (BLUE)		<i>leena 28</i> .....	43
CONDOMS.....	151	LAMICTAL ODT STARTER		<i>leflunomide</i> .....	115
KIMONO MICROTHIN AQUA		(GREEN).....	173	<i>lenalidomide</i> .....	142
LUBE CON.....	151	LAMICTAL ODT STARTER		LENVIMA.....	144
KIMONO MICROTHIN CONDOMS	151	(ORANGE).....	173	LEQEMBI IQLIK.....	12
KIMONO MICROTHIN LARGE		LAMICTAL STARTER (BLUE) KIT	173	LESCOL XL.....	37
CONDOMS.....	151	LAMICTAL STARTER (GREEN)		<i>lessina</i> .....	44
KIMONO TEXTURED CONDOMS	151	LAMICTAL STARTER (ORANGE)		LETAIRIS.....	35
KINERET.....	112	KIT.....	173	<i>letrozole</i> .....	141
KINRIX (PF).....	97	LAMICTAL STARTER (ORANGE)		<i>leucovorin calcium</i> .....	146
<i>kionex (with sorbitol)</i> .....	75	KIT.....	173	LEUKERAN.....	140
<i>kiprofen</i> .....	121	LAMICTAL XR.....	173	LEUKINE.....	90
KIRSTY.....	73	LAMICTAL XR STARTER (BLUE)	173	<i>leuprolide</i> .....	77
KIRSTY PEN.....	73	LAMICTAL XR STARTER		<i>levabuterol hcl</i> .....	6
KISQALI.....	144	(GREEN).....	173	<i>levabuterol tartrate</i> .....	6
KLARON.....	48	LAMICTAL XR STARTER		<i>levamlodipine</i> .....	33
<i>klayesta</i> .....	52	(ORANGE).....	173	LEVVID.....	179
KLISYRI (250 MG).....	59	<i>lamivudine</i> .....	110, 111	<i>levetiracetam</i> .....	173
KLISYRI (350 MG).....	59	<i>lamivudine-zidovudine</i> .....	109	<i>levobunolol</i> .....	86
KLONOPIN.....	170	<i>lamotrigine</i> .....	173	<i>levocarnitine</i> .....	152
KLOR-CON.....	76	LAMPIT.....	107	<i>levocarnitine (with sugar)</i> .....	152
KLOR-CON 10.....	75	LANCETS.....	126	<i>levofloxacin</i> .....	84, 103
KLOR-CON 8.....	75	LANCETS, SUPER THIN.....	126	<i>levonest (28)</i> .....	44

<i>levonorgest-eth.estradiol-iron</i> .....	44	LIVMARLI .....	124	<i>luliconazole</i> .....	52
<i>levonorgestrel</i> .....	44	LIVTENCITY .....	108	LUMAKRAS .....	142
<i>levonorgestrel-ethinyl estrad</i> .....	44	LO LOESTRIN FE .....	44	LUMIGAN .....	86
<i>levonorg-eth estrad triphasic</i> .....	44	LODINE .....	121	LUMRYZ .....	19
<i>levora-28</i> .....	44	LODOCO .....	40	LUMRYZ STARTER PACK .....	19
<i>levorphanol tartrate</i> .....	163	LODOSYN .....	170	LUNESTA .....	24
LEVO-T .....	81	LOESTRIN 1.5/30 (21) .....	44	LUPKYNIS .....	99
<i>levothyroxine</i> .....	81	LOESTRIN 1/20 (21) .....	44	LUPRON DEPOT .....	77, 80
LEVOXYL .....	81	LOESTRIN FE 1.5/30 (28-DAY) .....	44	LUPRON DEPOT (3 MONTH) ...	77, 80
LEVSIN .....	179	LOESTRIN FE 1/20 (28-DAY) .....	44	LUPRON DEPOT (4 MONTH) .....	77
LEVSIN/SL .....	179	<i>lofena</i> .....	121	LUPRON DEPOT (6 MONTH) .....	77
LEVULAN .....	146	<i>lofexidine</i> .....	169	LUPRON DEPOT-PED .....	81
LEXAPRO .....	14	<i>lojaimiess</i> .....	44	LUPRON DEPOT-PED (3 MONTH)	80
LEXETTE .....	56	LOKELMA .....	75	<i>lurasidone</i> .....	20
LIALDA .....	122	LOMOTIL .....	124	<i>lurbiro</i> .....	121
LIBRAX (WITH CLIDINIUM) .....	179	<i>lomustine</i> .....	140	<i>lutera (28)</i> .....	44
LICART .....	57	LONSURF .....	141	LUXIQ .....	56
<i>lidocaine</i> .....	59	<i>loperamide</i> .....	124	LUZU .....	52
<i>lidocaine hcl</i> .....	122	LOPID .....	39	LYBALVI .....	20
<i>lidocaine viscous</i> .....	122	<i>lopinavir-ritonavir</i> .....	110	<i>lyleq</i> .....	44
<i>lidocaine-prilocaine</i> .....	59	LOPRESSOR .....	31	<i>lyllana</i> .....	94
<i>lidocan iii</i> .....	59	LOPROX (AS OLAMINE) .....	52	LYNPARZA .....	144
<i>lidocan iv</i> .....	59	<i>lorazepam</i> .....	18	LYRICA .....	173, 174
<i>lidocan v</i> .....	59	<i>lorazepam intensol</i> .....	18	LYRICA CR .....	149
LIDODERM .....	59	LORBRENA .....	144	LYSODREN .....	146
LIFESHIELD BLUNT CANNULA		LOREEV XR .....	18	LYTGOBI .....	144
.....	133, 156	<i>loryna (28)</i> .....	44	LYUMJEV KWIKPEN U-100	
LIKMEZ .....	106	LORZONE .....	176	INSULIN .....	73
<i>linagliptin-metformin</i> .....	62	<i>losartan</i> .....	30	LYUMJEV KWIKPEN U-200	
<i>linezolid</i> .....	102	<i>losartan-hydrochlorothiazide</i> .....	29	INSULIN .....	73
LINZESS .....	123	LOTEMAX .....	83	LYUMJEV TEMPO PEN(U-	
<i>liomny</i> .....	81	LOTEMAX SM .....	83	100)INSULN .....	73
<i>liothyronine</i> .....	81, 82	LOTENSIN .....	30	LYUMJEV U-100 INSULIN .....	73
LIPITOR .....	37	LOTENSIN HCT .....	27	<i>lyza</i> .....	44
LIPOFEN .....	39	<i>loteprednol etabonate</i> .....	83	MACROBID .....	102
<i>liraglutide</i> .....	63	LOTREL .....	27	MAGELLAN INSULIN SAFETY	
<i>lisdexamfetamine</i> .....	17	LOTRONEX .....	124	SYRNG .....	133
<i>lisinopril</i> .....	30	<i>lovastatin</i> .....	37	MAGELLAN SYRINGE .....	133
<i>lisinopril-hydrochlorothiazide</i> .....	27	LOVAZA .....	39	MAGELLAN TUBERCULIN	
LITE TOUCH-MEDIUM MASK .....	10	LOVENOX .....	89	SAFETY SYR .....	133
LITEAIRE MDI CHAMBER .....	10	<i>low-ogestrel (28)</i> .....	44	MALARONE .....	107
LITETOUCH-LARGE MASK .....	10	<i>loxapine succinate</i> .....	19	MALARONE PEDIATRIC .....	107
LITETOUCH-SMALL MASK .....	10	<i>lo-zumandimine (28)</i> .....	44	<i>malathion</i> .....	53
<i>lithium carbonate</i> .....	18	<i>lubiprostone</i> .....	125	<i>maraviroc</i> .....	109
<i>lithium citrate</i> .....	19	LUCEMYRA .....	169	<i>mar-cof cg</i> .....	47
LITHOBID .....	19	LUDENT FLUORIDE .....	186	MARINOL .....	4
LITHOSTAT .....	123	LUER SLIP TIP SYRINGE TRAY ..	133	<i>marlissa (28)</i> .....	44
LIVALO .....	37	<i>lugols</i> .....	50	MARPLAN .....	13
LIVDELZI .....	125	<i>luizza</i> .....	44	MATULANE .....	146

<i>matzim la</i> .....	33	<i>mercaptapurine</i> .....	141	<i>miconazole nitrate-zinc ox-pet</i> .....	52
MAVENCLAD (10 TABLET PACK)	147	MERILOG.....	73	<i>miconazole-3</i> .....	185
MAVENCLAD (4 TABLET PACK) ..	147	MERILOG SOLOSTAR.....	73	<i>micort-hc</i> .....	56
MAVENCLAD (5 TABLET PACK) ..	147	<i>mesalamine</i> .....	122	MICRO THIN LANCETS.....	126
MAVENCLAD (6 TABLET PACK) ..	147	<i>mesalamine with cleansing wipe</i> ...	122	MICROCHAMBER.....	10
MAVENCLAD (7 TABLET PACK) ..	147	<i>mesna</i> .....	146	<i>microgestin 1.5/30 (21)</i> .....	44
MAVENCLAD (8 TABLET PACK) ..	147	MESNEX.....	146	<i>microgestin 1/20 (21)</i> .....	44
MAVENCLAD (9 TABLET PACK) ..	147	MESTINON.....	12	<i>microgestin fe 1.5/30 (28)</i> .....	44
MAVYRET.....	112	MESTINON TIMESPAN.....	12	<i>microgestin fe 1/20 (28)</i> .....	44
MAXALT.....	166	METADATE CD.....	25	MICROLET LANCET.....	126
MAXALT-MLT.....	166	<i>metaxalone</i> .....	176	MICROSPACER.....	11
MAXICOMFORT II PEN NEEDLE .	156	<i>metformin</i> .....	65	<i>midazolam</i> .....	23, 152
MAXICOMFORT INSULIN		<i>methadone</i> .....	163	MIDAZOLAM.....	171
SYRINGE.....	133	<i>methadone intensol</i> .....	163	<i>midazolam (pf)</i> .....	152
MAXI-COMFORT INSULIN		METHADOSE.....	163	<i>midodrine</i> .....	39
SYRINGE.....	133	<i>methadose</i> .....	164	MIFEPREX.....	150
MAXICOMFORT SAFETY PEN		<i>methamphetamine</i> .....	17	<i>mifepristone</i> .....	66, 150
NEEDLE.....	156	<i>methazolamide</i> .....	85	MIGERGOT.....	166
MAXIDEX.....	83	<i>methenamine hippurate</i> .....	101	<i>miglitol</i> .....	64
MAXITROL.....	82	<i>methimazole</i> .....	81	<i>miglustat</i> .....	152
<i>maxi-tuss ac</i> .....	47	METHITEST.....	92	MIGRANAL.....	166
MAXI-TUSS CD.....	47	<i>methocarbamol</i> .....	176, 177	<i>mili</i> .....	44
MAYZENT.....	147	<i>methotrexate sodium</i> .....	141	<i>mimvey</i> .....	94
MAYZENT STARTER(FOR 1MG		<i>methotrexate sodium (pf)</i> .....	141	MINI LANCING DEVICE.....	69
MAINT).....	147	<i>methoxsalen</i> .....	60	MINI PRENATAL.....	187
MAYZENT STARTER(FOR 2MG		<i>methscopolamine</i> .....	179	MINI ULTRA-THIN II.....	156
MAINT).....	147	<i>methsuximide</i> .....	174	MINIMED 630G INSULIN PUMP....	69
<i>meclofenamate</i> .....	121	<i>methylidopa</i> .....	31	MINIMED 780G INSULIN PUMP....	69
MEDISENSE THIN LANCETS.....	126	<i>methylergonovine</i> .....	47	MINIVELLE.....	94
MEDROL.....	117	METHYLIN.....	25	<i>minocycline</i> .....	104
MEDROL (PAK).....	117	<i>methylphenidate</i> .....	25	<i>minoxidil</i> .....	31
<i>medroxyprogesterone</i> .....	41, 95	<i>methylphenidate hcl</i> .....	25	<i>minzoya</i> .....	44
<i>mefenamic acid</i> .....	121	<i>methylprednisolone</i> .....	117	MIPLYFFA.....	149
<i>mefloquine</i> .....	107	<i>methyltestosterone</i> .....	92	<i>mirabegron</i> .....	183
<i>megestrol</i> .....	147, 151	<i>metoclopramide hcl</i> .....	180	MIRAPEX ER.....	169
MEKINIST.....	142	<i>metolazone</i> .....	36	MIRCERA.....	89
MEKTOVI.....	142	<i>metoprolol succinate</i> .....	31	<i>mirtazapine</i> .....	13
<i>meleya</i> .....	44	<i>metoprolol ta-hydrochlorothiaz</i> .....	32	MIRVASO.....	49
<i>meloxicam</i> .....	121	<i>metoprolol tartrate</i> .....	31, 32	<i>misoprostol</i> .....	179
<i>meloxicam submicronized</i> .....	121	METROCREAM.....	49	MITIGARE.....	87
<i>memantine</i> .....	12	METROGEL.....	49	M-M-R II (PF).....	97
<i>memantine-donepezil</i> .....	12	METROLOTION.....	49	<i>m-natal plus</i> .....	187
MENEST.....	94	<i>metronidazole</i> .....	49, 106, 185	MNEXSPIKE 2025-2026 (PF).....	95
MENOSTAR.....	94	<i>metyrosine</i> .....	30	MOBILE LANCETS.....	126
MENQUADFI (PF).....	95	<i>mexiletine</i> .....	26	<i>modafinil</i> .....	22
MENVEO A-C-Y-W-135-DIP (PF)....	95	MIACALCIN.....	79	MODEYSO.....	150
<i>meperidine</i> .....	163	<i>mibelas 24 fe</i> .....	44	<i>moexipril</i> .....	30
<i>meprobamate</i> .....	18	MICARDIS.....	30	<i>molindone</i> .....	22
MEPRON.....	107	MICARDIS HCT.....	29	<i>mometasone</i> .....	56

<i>mondoxyne nl</i> .....	104	<i>montelukast</i> .....	9	<i>nalocet</i> .....	168
MONOJECT 35CC SYRINGE		MONUROL.....	101	<i>naloxone</i> .....	23
CATH TIP.....	133	MORGIDOX.....	104	<i>naltrexone</i> .....	23
MONOJECT 3CC SYR 25GX1".....	133	<i>morphine</i> .....	164	NAMENDA XR.....	12
MONOJECT BLOOD		MORPHINE.....	164	NAMZARIC.....	12
COLLECTION.....	157	<i>morphine concentrate</i> .....	164	NANO 2ND GEN PEN NEEDLE....	157
MONOJECT CONTROL SYRINGE		MOTEGRITY.....	180	NANO PEN NEEDLE.....	157
LUER.....	133	MOTOFEN.....	124	NAPRELAN CR.....	121
MONOJECT DISPOSABLE		MOTPOLY XR.....	174	NAPROSYN.....	121
SYRINGE.....	133	MOUNJARO.....	64	<i>naproxen</i> .....	121
MONOJECT HYPODERMIC		MOUTHPIECE.....	11	<i>naproxen sodium</i> .....	121
NEEDLES.....	157	MOVANTIK.....	125	<i>naproxen-esomeprazole</i> .....	119
MONOJECT HYPODERMIC		MOVIPREP.....	125	<i>naratriptan</i> .....	166
POLYPROPYL.....	157	<i>moxifloxacin</i> .....	84, 103	NARCAN.....	23
MONOJECT INSULIN SAFETY		MRESVIA (PF).....	98	NARDIL.....	13
SYRING.....	133	MS CONTIN.....	164	NASCOBAL.....	188
MONOJECT INSULIN SYRINGE..	133	MULPLETA.....	92	NATACYN.....	85
MONOJECT LUER-LOCK TIP.....	133	MULTAQ.....	26	NATAZIA.....	44
MONOJECT MAGELLAN SAFETY		MULTI-LANCET DEVICE 2.....	69	<i>nateglinide</i> .....	65
SYRNG.....	133	<i>multi-vit with fluoride-iron</i> .....	186	NATESTO.....	92
MONOJECT PHARMACY TRAY		<i>multi-vitamin with fluoride</i> .....	186	NATROBA.....	53
LUER.....	133	<i>mupirocin</i> .....	51	NAYZILAM.....	171
MONOJECT PHARMACY TRAY		<i>mupirocin calcium</i> .....	51	<i>nebivolol</i> .....	32
REG TIP.....	133	<i>myc-fluoride</i> .....	186	NEBUPENT.....	107
MONOJECT REG TIP NON-		<i>my choice</i> .....	44	<i>nebusal</i> .....	152
STERILE.....	134	<i>my way</i> .....	44	NEBUSAL.....	152
MONOJECT REGULAR LUER.....	134	MYALEPT.....	80	<i>necon 0.5/35 (28)</i> .....	44
MONOJECT SAFETY SYRINGES	134	MYCAPSSA.....	160	NEEDLE (DISP) 16 G.....	157
MONOJECT SMARTIP CANNULA	134	<i>mycophenolate mofetil</i> .....	99	NEEDLE (DISP) 18 G.....	157
MONOJECT SYRINGE.....	134	<i>mycophenolate sodium</i> .....	99	NEEDLE (DISP) 19 G.....	157
MONOJECT SYRINGE		MYDAYIS.....	17	NEEDLE (DISP) 23 GAUGE.....	157
CATHETER.....	134	MYDRIACYL.....	87	NEEDLE (DISP) 27 GAUGE.....	157
MONOJECT SYRINGE LUER LOK		MYFEMBREE.....	80	<i>nefazodone</i> .....	15
.....	134	MYFORTIC.....	99	NEFFY.....	139
MONOJECT SYRINGE REGULAR		MYGLUCOHEALTH LANCETS....	126	NEMLUVIO.....	53
LUER.....	134	MYHIBBIN.....	99	<i>neomycin</i> .....	105
MONOJECT SYRINGE TOOMEY		MYLERAN.....	140	<i>neomycin-bacitracin-poly-hc</i> .....	82
TYPE.....	134	<i>mynatal</i> .....	187	<i>neomycin-bacitracin-polymyxin</i> .....	84
MONOJECT TB.....	134	<i>mynatal advance</i> .....	187	<i>neomycin-polymyxin b gu</i> .....	58
MONOJECT TB LUER LOK.....	134	<i>mynatal plus</i> .....	187	<i>neomycin-polymyxin b-dexameth</i> ....	82
MONOJECT TB REGULAR LUER		<i>mynatal-z</i> .....	187	<i>neomycin-polymyxin-gramicidin</i> .....	84
TIP.....	134	MYRBETRIQ.....	183	<i>neomycin-polymyxin-hc</i> .....	74, 82
MONOJECT TB SAFETY		MYSOLINE.....	174	<i>neo-polycin</i> .....	84
SYRINGE.....	134	MYTESI.....	123	<i>neo-polycin hc</i> .....	82
MONOJECT TUBERCULIN		<i>nabumetone</i> .....	121	NEORAL.....	99
SYRINGE.....	134	<i>nadolol</i> .....	32	NEO-SYNALAR.....	54
MONOJECT ULTRA COMFORT		<i>naftifine</i> .....	52	NEO-SYNALAR KIT.....	54
INSULIN.....	134	NAFTIN.....	52	NERLYNX.....	144
<i>mono-lyyah</i> .....	44	NALFON.....	121	NESINA.....	64

<i>neuac</i> .....	48	<i>nora-be</i> .....	45	NUCYNTA.....	164
NEULASTA.....	90	NORDITROPIN FLEXPRO.....	79	NUCYNTA ER.....	164
NEUPOGEN.....	90	<i>norelgestromin-ethin.estradiol</i> .....	46	NUEDEXTA.....	150
NEUPRO.....	170	<i>noreth-ethinyl estradiol-iron</i> .....	45	NULEV.....	179
NEURONTIN.....	174	<i>norethindrone (contraceptive)</i> .....	45	NUPLAZID.....	24
NEVANAC.....	83	<i>norethindrone acetate</i> .....	95	NURTEC ODT.....	166
<i>nevirapine</i> .....	109	<i>norethindrone ac-eth estradiol</i> ... 45, 94		NUTROPIN AQ NUSPIN.....	80
<i>new day</i> .....	44	<i>norethindrone-e.estradiol-iron</i> .....	45	NUVARING.....	40
NEXAVAR.....	144	NORGESIC.....	177	NUVAXOVID 2025-2026 (PF).....	95
NEXICLON XR.....	31	NORGESIC FORTE.....	177	NUVESSA.....	185
NEXIUM.....	181	<i>norgestimate-ethinyl estradiol</i> .....	45	NUVIGIL.....	22
NEXIUM PACKET.....	181	NORITATE.....	49	NUZYRA.....	104
NEXLETOL.....	36	NORLIQVA.....	33	<i>nyamyc</i> .....	52
NEXLIZET.....	38	NORPACE.....	26	<i>nylia 1/35 (28)</i> .....	45
NEXPLANON.....	41	NORPACE CR.....	26	<i>nylia 7/7/7 (28)</i> .....	45
NEXTSTELLIS.....	45	NORPRAMIN.....	16	NYMALIZE.....	33
NGENLA.....	79	NORTHERA.....	39	NYPOZI.....	90
<i>niacin</i> .....	39	<i>nortrel 0.5/35 (28)</i> .....	45	<i>nystatin</i> .....	52, 105
<i>niacor</i> .....	39	<i>nortrel 1/35 (21)</i> .....	45	<i>nystatin-triamcinolone</i> .....	52
<i>nicardipine</i> .....	33	<i>nortrel 1/35 (28)</i> .....	45	<i>nystop</i> .....	53
<i>nicotine</i> .....	177	<i>nortrel 7/7/7 (28)</i> .....	45	NYVEPRIA.....	90
NICOTINE.....	177	<i>nortriptyline</i> .....	16	<i>ocella</i> .....	45
<i>nicotine (polacrilex)</i> .....	177	NORVASC.....	33	<i>octreotide acetate</i> .....	160
NICOTROL NS.....	177	NORVIR.....	110	<i>octreotide,microspheres</i> .....	160
<i>nifedipine</i> .....	33	NOURIANZ.....	170	OCUFLOX.....	84
<i>nikki (28)</i> .....	45	NOVA SUREFLEX LANCETS.....	126	ODACTRA.....	3
NILANDRON.....	140	NOVOFINE 32.....	157	ODEFSEY.....	111
<i>nilotinib hcl</i> .....	144	NOVOFINE PLUS.....	157	ODOMZO.....	142
<i>nilutamide</i> .....	140	NOVOLIN 70/30 U-100 INSULIN....	73	OFEV.....	162
<i>nimodipine</i> .....	33	NOVOLIN 70-30 FLEXPEN U-100..	73	<i>ofloxacin</i> .....	74, 84, 103
<i>ninjacof-xg</i> .....	47	NOVOLIN N FLEXPEN.....	73	OGSIVEO.....	144
NINLARO.....	144	NOVOLIN N NPH U-100 INSULIN...73		OHTUVAYRE.....	9
<i>nisoldipine</i> .....	33	NOVOLIN R FLEXPEN.....	73	OJEMDA.....	141
<i>nifazoxanide</i> .....	107	NOVOLIN R REGULAR U100		OJJAARA.....	144
<i>nitisinone</i> .....	152	INSULIN.....	73	<i>olanzapine</i> .....	20
NITRO-BID.....	40	NOVOLOG FLEXPEN U-100		<i>olanzapine-fluoxetine</i> .....	24
NITRO-DUR.....	40	INSULIN.....	73	<i>olmesartan</i> .....	30
<i>nitrofurantoin</i> .....	102	NOVOLOG MIX 70-30 U-100		<i>olmesartan-amlodipin-hcthiazid</i> .....	28
<i>nitrofurantoin macrocrystal</i> .....	102	INSULN.....	73	<i>olmesartan-hydrochlorothiazide</i> .....	29
<i>nitrofurantoin monohyd/m-cryst</i> ....	102	NOVOLOG MIX 70-30FLEXPEN		<i>olopatadine</i> .....	4
<i>nitroglycerin</i> .....	40, 123	U-100.....	73	OLPRUVA.....	123
NITROLINGUAL.....	40	NOVOLOG PENFILL U-100		OLUMIANT.....	118
NITROMIST.....	40	INSULIN.....	73	OLUX.....	56
NITROSTAT.....	40	NOVOLOG U-100 INSULIN		OLUX-E.....	56
NITYR.....	152	ASPART.....	73	OMECLAMOX-PAK.....	179
NIVESTYM.....	90	NOVOPEN ECHO.....	69	<i>omega-3 acid ethyl esters</i> .....	39
<i>nizatidine</i> .....	180	NOXAFIL.....	105	<i>omeprazole</i> .....	181
NOCDURNA (MEN).....	77	NUBEQA.....	140	<i>omeprazole-sodium bicarbonate</i> ....	181
NOCDURNA (WOMEN).....	77	NUCALA.....	9	OMNARIS.....	4

OMNIPOD 5 (G6/LIBRE 2 PLUS)....	69	<i>optimal d3</i> .....	188	<i>oxazepam</i> .....	18
OMNIPOD 5 G6-G7 INTRO		<i>option-2</i> .....	45	<i>oxcarbazepine</i> .....	174
KT(GEN5).....	69	OPVEE.....	23	OXERVATE.....	85
OMNIPOD 5 G6-G7 PODS (GEN		OPZELURA.....	57	<i>oxiconazole</i> .....	53
5).....	69	ORACEA.....	104	OXISTAT.....	53
OMNIPOD DASH INTRO KIT		ORACIT.....	183	OXTELLAR XR.....	174
(GEN 4).....	69	ORALAIR.....	3	<i>oxybutynin chloride</i> .....	184
OMNIPOD DASH PDM KIT (GEN		<i>oralone</i> .....	150	<i>oxycodone</i> .....	164
4).....	69	ORAPRED ODT.....	117	<i>oxycodone-acetaminophen</i> .....	168
OMNIPOD DASH PODS (GEN 4)...	69	ORAVIG.....	105	OXYCONTIN.....	164
OMNITROPE.....	80	ORENCIA.....	116	<i>oxymorphone</i> .....	164
OMVOH.....	61	ORENCIA CLICKJECT.....	116	OXYTROL.....	184
OMVOH PEN.....	61	ORENITRAM.....	35	OZEMPIC.....	63
ON CALL LANCING DEVICE.....	69	ORENITRAM MONTH 1		OZOBAX.....	177
<i>ondansetron</i> .....	5	TITRATION KT.....	35	OZOBAX DS.....	177
<i>ondansetron hcl</i> .....	5	ORENITRAM MONTH 2		<i>pacerone</i> .....	26
<i>one daily prenatal</i> .....	187	TITRATION KT.....	35	PALFORZIA (LEVEL 0).....	3
ONE WAY VALVED		ORENITRAM MONTH 3		PALFORZIA (LEVEL 1).....	3
MOUTHPIECE.....	11	TITRATION KT.....	35	PALFORZIA (LEVEL 2).....	3
ONETOUCH DELICA PLUS		ORFADIN.....	152	PALFORZIA (LEVEL 3).....	3
LANCET.....	126	ORGOVYX.....	142	PALFORZIA (LEVEL 4).....	3
ONETOUCH DELICA SAFETY		ORIAHNN.....	80	PALFORZIA (LEVEL 5).....	3
LANCET.....	126	ORLISSA.....	80	PALFORZIA (LEVEL 6).....	3
ONETOUCH ULTRA2 METER.....	69	ORKAMBI.....	161	PALFORZIA (LEVEL 7).....	3
ONETOUCH ULTRASOFT 2		ORLADEYO.....	122	PALFORZIA (LEVEL 8).....	3
LANCET.....	126	ORLYNVAH.....	100	PALFORZIA (LEVEL 9).....	3
ONETOUCH VERIO FLEX METER.	69	<i>ormalvi</i> .....	176	PALFORZIA (LEVEL 10).....	3
ONEXTON.....	48	<i>orphenadrine citrate</i> .....	177	PALFORZIA (LEVEL 11 UP-	
ONFI.....	171	<i>orphenadrine-asa-caffeine</i> .....	177	DOSE).....	3
ONGENTYS.....	170	<i>orphengesic forte</i> .....	177	PALFORZIA INITIAL (1-3 YRS).....	3
ONTRALFY.....	177	<i>orquidea</i> .....	45	PALFORZIA INITIAL (4-17 YRS).....	3
ONUREG.....	141	ORSERDU.....	146	PALFORZIA LEVEL 11	
ONYDA XR.....	24	ORUDIS.....	121	MAINTENANCE.....	3
ONZETRA XSAIL.....	166	<i>oscimin</i> .....	179	<i>paliperidone</i> .....	21
<i>opcicon one-step</i> .....	45	<i>oscimin sl</i> .....	179	PALYNZIQ.....	139
OPFOLDA.....	152	<i>oseltamivir</i> .....	108	PAMELOR.....	16
OPILL.....	45	OSENI.....	63	PANCREAZE.....	178
OPIPZA.....	19	OSENVELT.....	79	PANDA MASK.....	11
OPSUMIT.....	35	OSMOLEX ER.....	170	PANDEL.....	56
OPSYNVI.....	35	OSPHENA.....	81	PANRETIN.....	59
OPTICHAMBER ADULT MASK-		OSPOMYV.....	79	<i>pantoprazole</i> .....	181
LARGE.....	11	OTEZLA.....	115	PARADIGM RESERVOIR.....	134
OPTICHAMBER DIAMOND LG		OTEZLA STARTER.....	115	<i>paricalcitol</i> .....	80
MASK.....	11	OTEZLA XR.....	115	PARNATE.....	13
OPTICHAMBER DIAMOND VHC....	11	OTEZLA XR INITIATION.....	115	<i>paroxetine hcl</i> .....	14
OPTICHAMBER DIAMOND-MED		OTOVEL.....	75	<i>paroxetine mesylate(menop.sym)</i> ....	95
MSK.....	11	OTULFI.....	118	PAXIL.....	14
OPTICHAMBER DIAMOND-SML		OVIDE.....	53	PAXIL CR.....	14
MASK.....	11	<i>oxaprozin</i> .....	121	PAXLOVID.....	108

<i>pazopanib</i> .....	144	PHEXXI .....	41	<i>pramipexole</i> .....	170
PEDIAPRED .....	117	<i>philith</i> .....	45	PRAMOSONE .....	58
PEDIARIX (PF) .....	98	<i>phospha 250 neutral</i> .....	183	<i>prasugrel hcl</i> .....	91
PEDIATRIC MEDIUM MASK .....	11	PHOSPHOLINE IODIDE .....	86	<i>pravastatin</i> .....	37
PEDIATRIC PANDA MASK .....	11	PHYRAGO .....	144	<i>praziquantel</i> .....	107
PEDIATRIC SMALL MASK .....	11	PHYSIOLYTE .....	58	<i>prazosin</i> .....	28
PEDVAX HIB (PF) .....	97	PHYSIOSOL IRRIGATION .....	58	PRECOSE .....	64
<i>peg 3350-electrolytes</i> .....	125	<i>phytonadione (vitamin k1)</i> .....	92	PRED FORTE .....	83
<i>peg3350-sod sul-nacl-kcl-asb-c</i> .....	125	PIFELTRO .....	109	PRED MILD .....	83
PEGASYS .....	111	<i>pilocarpine hcl</i> .....	86, 139	PRED-G S.O.P .....	82
<i>peg-electrolyte soln</i> .....	125	<i>pimecrolimus</i> .....	61	<i>prednicarbate</i> .....	56
PEMAZYRE .....	144	<i>pimozide</i> .....	19	<i>prednisolone</i> .....	117
PEN NEEDLE .....	157	<i>pimtree (28)</i> .....	45	<i>prednisolone acetate</i> .....	83
PEN NEEDLE, DIABETIC .....	157	<i>pindolol</i> .....	32	<i>prednisolone sodium phosphate</i> .....	83, 117
PEN NEEDLE, DIABETIC, SAFETY .....	157	<i>pioglitazone</i> .....	65	<i>prednisone</i> .....	117
PENBRAYA (PF) .....	95	<i>pioglitazone-glimepiride</i> .....	66	PREDNISONE INTENSOL .....	117
<i>penciclovir</i> .....	53	<i>pioglitazone-metformin</i> .....	66	<i>pregabalin</i> .....	149, 174
<i>penicillamine</i> .....	112	PIP LANCET .....	126	PREMARIN .....	94, 185
<i>penicillin v potassium</i> .....	103	PIP PEN NEEDLE .....	158	PREMPHASE .....	94
PENMENVY MEN A-B-C-W-Y (PF) .....	95	PIQRAY .....	144	PREMPRO .....	94
PENNSAID .....	57	<i>pirfenidone</i> .....	161	PRENATA .....	187
PENTACEL (PF) .....	97	<i>piroxicam</i> .....	121	<i>prenatal</i> .....	187
<i>pentamidine</i> .....	107	<i>pitavastatin calcium</i> .....	37	<i>prenatal + dha</i> .....	187
PENTASA .....	122	PLAN B ONE-STEP .....	45	PRENATAL + DHA .....	187
<i>pentazocine-naloxone</i> .....	164	PLAQUENIL .....	107	<i>prenatal 19</i> .....	187
PENTIPS PEN NEEDLE .....	158	PLAVIX .....	91	<i>prenatal 19 (with docusate)</i> .....	187
<i>pentoxifylline</i> .....	89	PLEGRIDY .....	148	PRENATAL FORMULA .....	187
PEPCID .....	180	PLENVU .....	125	PRENATAL FORMULA-DHA .....	187
<i>perampanel</i> .....	174	PNEUMOVAX-23 .....	96	PRENATAL MULTI .....	187
<i>percocet</i> .....	168	<i>pnv no.95-ferrous fumarate-fa</i> .....	187	<i>prenatal multi-dha (algal oil)</i> .....	187
PERFOROMIST .....	6	POCKET CHAMBER .....	11	<i>prenatal multivitamins</i> .....	187
PERIDEX .....	150	<i>podofilox</i> .....	58	<i>prenatal one daily</i> .....	187
<i>perindopril erbumine</i> .....	30	POKONZA .....	76	<i>prenatal plus</i> .....	187
<i>periogard</i> .....	150	<i>pokonza</i> .....	76	<i>prenatal plus (calcium carb)</i> .....	187
<i>permethrin</i> .....	53	POLY HUB NEEDLE .....	158	<i>prenatal plus vitamin-mineral</i> .....	187
<i>perphenazine</i> .....	22	<i>polycin</i> .....	84	<i>prenatal vit no.179-iron-folic</i> .....	187
<i>perphenazine-amitriptyline</i> .....	16	<i>polymyxin b sulf-trimethoprim</i> .....	84	<i>prenatal vitamin</i> .....	187
PERTZYE .....	178	POLY-TUSSIN AC .....	47	<i>prenatal vitamin plus low iron</i> .....	187
PFLEX INSPIRATORY TRAINER... ..	11	POMALYST .....	142	<i>prenatal vit-iron fum-folic ac</i> .....	187
PHEBURANE .....	123	PONVORY .....	148	<i>prenatal-u</i> .....	186
<i>phenelzine</i> .....	13	PONVORY 14-DAY STARTER PACK .....	148	PRESTALIA .....	27
<i>phenobarbital</i> .....	22	<i>portia 28</i> .....	45	PRETOMANID .....	106
<i>phenoxybenzamine</i> .....	28	<i>posaconazole</i> .....	105	PREVACID .....	181
<i>phenylephrine hcl</i> .....	84	<i>potassium chloride</i> .....	76	PREVACID SOLUTAB .....	181
<i>phenytek</i> .....	174	<i>potassium citrate</i> .....	183	<i>prevalite</i> .....	38
<i>phenytoin</i> .....	174	PRADAXA .....	92	PREVENT DROPSAFE PEN NEEDLE .....	158
<i>phenytoin sodium extended</i> .....	174	<i>pralatrexate</i> .....	141	PREVIDENT .....	186
PHEXX .....	41	PRALUENT PEN .....	38		

PREVIDENT 5000 BOOSTER PLUS.....	186	<i>progesterone</i> .....	95	PYZCHIVA AUTOINJECTOR.....	118
PREVIDENT 5000 DRY MOUTH...186		<i>progesterone micronized</i> .....	95	QBRELIS.....	30
PREVIDENT 5000 ENAMEL		PROGLYCEM.....	71	QBREXZA.....	140
PROTECT.....	186	PROGRAF.....	99	Q-CARE RX Q2.....	150
PREVIDENT 5000 ORTHO		PROLATE.....	168	Q-CARE RX Q4.....	150
DEFENSE.....	186	<i>prolate</i> .....	168	QDOLO.....	164
PREVIDENT 5000 PLUS.....	186	PROLENSA.....	83	QELBREE.....	26
PREVIDENT 5000 SENSITIVE.....	186	PROLIA.....	79	QINLOCK.....	144
PREVIDENT KIDS.....	186	PROMACTA.....	92	QLOSI.....	86
PREVNAR 20 (PF).....	96	<i>promethazine</i> .....	3, 5	QNASL.....	4
PREVYMIS.....	108	<i>promethazine-codeine</i> .....	47	QUADRACEL (PF).....	97
PREZCOBIX.....	108	<i>promethazine-dm</i> .....	47	QUALAQUIN.....	107
PREZISTA.....	109	<i>promethegan</i> .....	5	<i>quazepam</i> .....	23
PRIFTIN.....	106	PROMETRIUM.....	95	QUESTRAN.....	38
PRILOSEC.....	181	<i>propafenone</i> .....	26	QUESTRAN LIGHT.....	38
PRIMAQUINE.....	107	<i>propranolol</i> .....	32	<i>quetiapine</i> .....	21
PRIMEAIRE.....	11	<i>propranolol-hydrochlorothiazid</i> .....	32	QUILLICHEW ER.....	25
<i>primidone</i> .....	174	<i>propylthiouracil</i> .....	81	QUILLIVANT XR.....	25, 26
PRIORIX (PF).....	97	PROQUAD (PF).....	97	<i>quinapril</i> .....	30
PRISTIQ.....	15	PROSCAR.....	182	<i>quinapril-hydrochlorothiazide</i> .....	27
PRO COMFORT ALCOHOL PADS. 58		PROTONIX.....	182	<i>quinidine gluconate</i> .....	26
PRO COMFORT INSULIN		<i>protriptyline</i> .....	16	<i>quinidine sulfate</i> .....	26
SYRINGE.....	134	PROVERA.....	95	<i>quinine sulfate</i> .....	107
PRO COMFORT PEN NEEDLE ... 158		PROVIGIL.....	22	<i>quit 2</i> .....	177
PRO COMFORT SAFETY		<i>prucalopride</i> .....	180	<i>quit 4</i> .....	177
LANCET.....	126	PRUDOXIN.....	57	QULIPTA.....	166
PROAIR RESPICCLICK.....	6	PRURADIK.....	53	QUVIVIQ.....	24
<i>probenecid</i> .....	88	PULMICORT.....	8	QVAR REDIHALER.....	8
<i>probenecid-colchicine</i> .....	88	PULMICORT FLEXHALER.....	8	RABAVERT (PF).....	96
PROCARDIA XL.....	33	PULMOSAL.....	152	<i>rabeprazole</i> .....	182
PROCARE SPACER WITH ADULT		PULMOZYME.....	162	RADICAVA ORS.....	148
MASK.....	11	PUMP IN STYLE ADVANCED.....	125	RADICAVA ORS STARTER KIT	
PROCENTRA.....	17	PUMP IN STYLE WITH MAXFLOW		SUSP.....	148
PROCHAMBER.....	11	.....	125	RADIOGARDASE.....	153
<i>prochlorperazine</i> .....	5	PURE COMFORT ALCOHOL		RAGWITEK.....	3
<i>prochlorperazine maleate</i> .....	5	PADS.....	58	RALDESY.....	15
PROCRIT.....	89	PURE COMFORT PEN NEEDLE .. 158		<i>raloxifene</i> .....	79
PROCTOFOAM HC.....	123	PURE COMFORT SAFETY PEN		<i>ramelteon</i> .....	22
<i>procto-med hc</i> .....	56	NEEDLE.....	158	<i>ramipril</i> .....	30
<i>proctosol hc</i> .....	56	<i>purevita folic acid</i> .....	186	<i>ranitidine hcl</i> .....	180
<i>proctozone-hc</i> .....	56	PURIXAN.....	141	<i>ranolazine</i> .....	39
PROCYSBI.....	182	PYLERA.....	179	RAPAFLO.....	182
PRODIGY CONTROL SOLUTION,		<i>pyquvi</i> .....	117	<i>rasagiline</i> .....	170
LOW.....	69	<i>pyrazinamide</i> .....	106	RASUVO (PF).....	112
PRODIGY CONTROL		<i>pyridostigmine bromide</i> .....	12	RAVICTI.....	123
SOLUTION,HIGH.....	70	PYRIDOSTIGMINE BROMIDE.....	12	RAYALDEE.....	80
PRODIGY INSULIN SYRINGE.....	134	<i>pyrimethamine</i> .....	107	RAYOS.....	117
PRODIGY LANCING DEVICE.....	70	PYRUKYND.....	91	REBIF (WITH ALBUMIN).....	148
		PYZCHIVA.....	118, 119	REBIF REBIDOSE.....	148

REBIF TITRATION PACK.....	148	RIDAURA.....	118	<i>rufinamide</i> .....	174
<i>reclipsen (28)</i> .....	45	<i>rifabutin</i> .....	106	RUKOBIA.....	109
RECOMBIVAX HB (PF).....	98	<i>rifampin</i> .....	106	RYALTRIS.....	4
RECORLEV.....	77	RIGHTEST GD500 LANCING		RYBELSUS.....	63
RECTIV.....	123	DEVICE.....	70	RYDAPT.....	145
REDEMPLO.....	36	RIGHTEST GL300 LANCETS.....	127	RYTARY.....	170
REGLAN.....	180	<i>riluzole</i> .....	148	SABRIL.....	174
REGRANEX.....	70	<i>rimantadine</i> .....	108	<i>sacubitril-valsartan</i> .....	39
RELENZA DISKHALER.....	108	<i>ringer's</i> .....	58	SAFESNAP INSULIN SYRINGE...	134
RELEUKO.....	90	RINVOQ.....	118	SAFESNAP SYRINGE.....	135
RELEXXII.....	26	RINVOQ LQ.....	118	SAFETY NEEDLES.....	158
RELIAMED LANCET.....	126	RIOMET.....	65	SAFETY PEN NEEDLE.....	158
RELIAMED MINI LANCING		<i>risedronate</i> .....	79	SAFYRAL.....	45
DEVICE.....	70	RISPERDAL.....	21	<i>sajazir</i> .....	116
RELIAMED SAFETY SEAL		<i>risperidone</i> .....	21	SALAGEN (PILOCARPINE).....	139
LANCETS.....	127	RITALIN.....	26	SAMSCA.....	75
RELISTOR.....	125	RITEFLO AEROCHAMBER.....	11	SANCUSO.....	5
RELPAK.....	166	<i>ritonavir</i> .....	110	SANDIMMUNE.....	99
RELTONE.....	124	<i>rivaroxaban</i> .....	88	SANDOSTATIN.....	160
REMERON.....	13	<i>rivastigmine</i> .....	12	SANDOSTATIN LAR DEPOT.....	160
REMERON SOLTAB.....	13	<i>rivastigmine tartrate</i> .....	12	SANTYL.....	59
REVELA.....	75	<i>rivelsa</i> .....	45	SAPHRIS.....	21
<i>repaglinide</i> .....	65	RIVFLOZA.....	183	<i>sapropterin</i> .....	139
REPATHA PUSHTRONEX.....	38	RIVIVE.....	23	SAVAYSA.....	88
REPATHA SURECLICK.....	38	<i>rizatriptan</i> .....	166	SAVELLA.....	148
REPATHA SYRINGE.....	38	ROBAXIN.....	177	<i>saxagliptin</i> .....	64
RESTASIS.....	85	ROBINUL.....	179	<i>saxagliptin-metformin</i> .....	62
RESTASIS MULTIDOSE.....	85	ROBINUL FORTE.....	179	SCALACORT.....	56
RESTORIL.....	23	ROCALTROL.....	188	SCEMBLIX.....	145
RETACRIT.....	89	ROCKLATAN.....	86	<i>scopolamine base</i> .....	5
RETEVMO.....	144	<i>roflumilast</i> .....	9	SDAMLO.....	33
RETIN-A.....	50	ROLVEDON.....	90	SECUADO.....	21
RETIN-A MICRO.....	50	ROMVIMZA.....	144	SECURESAFE INSULIN SYRINGE	
RETIN-A MICRO PUMP.....	50	<i>ropinirole</i> .....	170	.....	135
RETROVIR.....	110	<i>rosadan</i> .....	49	SECURESAFE PEN NEEDLE.....	158
REVATIO.....	34	ROSADAN.....	49	SEGLUROMET.....	66
REVLIMID.....	142	<i>rosuvastatin</i> .....	37	SELARSDI.....	119
REVUFORJ.....	144	<i>rosyrah</i> .....	45	<i>selegiline hcl</i> .....	170
REXTOVY.....	23	ROSZET.....	36	<i>selenium sulfide</i> .....	57
REXULTI.....	19	ROTARIX.....	95	SELZENTRY.....	109
REYATAZ.....	110	ROTATEQ VACCINE.....	95	SEMGLEE(INSULIN GLARGINE-	
REYVOW.....	166	ROWASA.....	122	YFGN).....	74
REZDIFFRA.....	140	ROWEEPRA.....	174	SEMGLEE(INSULIN GLARG-	
REZLIDHIA.....	146	ROXICODONE.....	164	YFGN)PEN.....	74
REZUROCK.....	100	ROXYBOND.....	164	SENSIPAR.....	79
REZVOGLAR KWIKPEN.....	73	ROZEREM.....	22	SEPHIENCE.....	139
RHOFADE.....	49	ROZLYTREK.....	145	SEREVENT DISKUS.....	7
RHOPRESSA.....	86	RUBRACA.....	145	SERNIVO.....	56
<i>ribavirin</i> .....	111	RUCONEST.....	116	SEROQUEL.....	21

SEROQUEL XR.....	21	SMARTDIABETES VANTAGE.....	70	SPACE CHAMBER WITH SMALL	
SEROSTIM.....	80	SOAANZ.....	34	MASK.....	11
<i>sertraline</i> .....	14	<i>sodium chlor 0.9% bacteriostat</i> .....	76	SPEVIGO.....	60
<i>setlakin</i> .....	45	<i>sodium chloride</i> .....	58, 76, 152	SPIKEVAX 2025-2026(12Y	
<i>sevelamer carbonate</i> .....	75	<i>sodium chloride 0.45 %</i> .....	76	UP)(PF).....	95
<i>sevelamer hcl</i> .....	75	<i>sodium chloride 0.9 %</i> .....	76	SPIKEVAX 2025-26 (6M-11Y) (PF) .	95
SEYSARA.....	104	<i>sodium chloride 0.9 % (flush)</i> .....	76	<i>spinosad</i> .....	53
<i>sf</i> .....	186	<i>sodium chloride 3 % hypertonic</i> .....	76	SPIRIVA RESPIMAT.....	5
<i>sf 5000 plus</i> .....	186	<i>sodium chloride 5 % hypertonic</i> .....	76	SPIRIVA WITH HANDIHALER.....	5
SFROWASA.....	122	<i>sodium fluoride 5000 dry mouth</i> .....	186	<i>spironolactone</i> .....	34
<i>sharobel</i> .....	45	<i>sodium fluoride 5000 plus</i> .....	186	<i>spironolacton-hydrochlorothiaz</i> .....	34
SHEWISE.....	45	<i>sodium fluoride-pot nitrate</i> .....	186	SPORANOX.....	105
SHINGRIX (PF).....	98	<i>sodium oxybate</i> .....	19	<i>sprintec (28)</i> .....	45
SIDESTREAM PEDIATRIC FACE		<i>sodium phenylbutyrate</i> .....	123	SPRITAM.....	174
MASK.....	11	<i>sodium polystyrene sulfonate</i> .....	75	SPRIX.....	119
SIGNIFOR.....	160	<i>sodium,potassium,mag sulfates</i> .....	125	SPRYCEL.....	145
SIKLOS.....	91	SOFDRA.....	140	<i>sps (with sorbitol)</i> .....	75
<i>sildenafil</i> .....	76	<i>sofosbuvir-velpatasvir</i> .....	111	SPS (WITH SORBITOL).....	75
<i>sildenafil (pulm.hypertension)</i> .....	34	SOGROYA.....	80	<i>sronyx</i> .....	45
SILENOR.....	24	SOHONOS.....	176	<i>ssd</i> .....	53
SILICONE MASK - INFANT.....	11	<i>solifenacin</i> .....	184	<i>st joseph aspirin</i> .....	91
SILICONE MASK - PEDIATRIC.....	11	SOLQUA 100/33.....	65	<i>st. joseph aspirin</i> .....	91
SILIQ.....	60	SOLOSEC.....	106	STARJEMZA.....	119
<i>silodosin</i> .....	182	SOLTAMOX.....	146	<i>stavudine</i> .....	110
SILVADENE.....	53	SOLU-CORTEF.....	117	STEGLATRO.....	64
<i>silver sulfadiazine</i> .....	53	SOLU-CORTEF ACT-O-VIAL (PF).....	117	STEGLUJAN.....	65
SIMBRINZA.....	86	SOLUS V2 CONTROL SOLUTION,		STELARA.....	119
SIMLANDI(CF).....	115	LOW.....	70	STENDRA.....	76
SIMLANDI(CF) AUTOINJECTOR..	115	SOLUS V2 CONTROL		STEQEYMA.....	119
<i>simliya (28)</i> .....	45	SOLUTION,HIGH.....	70	STERILANCE TL.....	127
<i>simpesse</i> .....	45	SOLUS V2 LANCING DEVICE.....	70	<i>sterile water for injection</i> .....	161
SIMPLI PEN NEEDLE.....	158	SOMA.....	177	STIMUFEND.....	90
SIMPONI.....	115	SOMAVERT.....	79	STIOLTO RESPIMAT.....	7
<i>simvastatin</i> .....	37	SOOLANTRA.....	50	STIVARGA.....	145
SINEMET.....	170	<i>sorafenib</i> .....	145	STOBOCLO.....	79
SINGLE-LET.....	127	<i>sorbitol</i> .....	58	<i>stop smoking aid</i> .....	177
SINGULAIR.....	9	<i>sorbitol-mannitol</i> .....	58	STRENSIQ.....	153
<i>sirolimus</i> .....	99	SORILUX.....	60	STRIBILD.....	111
SIRTURO.....	106	<i>sotalol</i> .....	32	STRIVERDI RESPIMAT.....	6
<i>sitagliptin</i> .....	64	<i>sotalol af</i> .....	32	STROMECTOL.....	107
SITAGLIPTIN-METFORMIN.....	63	SOTYKTU.....	60	SUBOXONE.....	168
<i>sitagliptin-metformin</i> .....	63	SOTYLIZE.....	32	SUBVENITE.....	174
SIVEXTRO.....	102	SOVALDI.....	111	<i>subvenite</i> .....	174
SKY SAFETY PEN NEEDLE.....	158	SOVUNA.....	107	<i>subvenite starter (blue) kit</i> .....	174
SKYCLARYS.....	149	SPACE CHAMBER.....	11	<i>subvenite starter (green) kit</i> .....	174
SKYRIZI.....	60, 61	SPACE CHAMBER WITH LARGE		<i>subvenite starter (orange) kit</i> .....	174
SKYTROFA.....	80	MASK.....	11	SUCRAID.....	178
SLYND.....	45	SPACE CHAMBER WITH		<i>sucrafate</i> .....	179
SMART SENSE LANCETS.....	127	MEDIUM MASK.....	11	SUFLAVE.....	125

SULAR.....	33	SYMDEKO.....	161	TARGADOX.....	104
<i>sulconazole</i> .....	53	SYMFI.....	111	TARGRETIN.....	59, 147
<i>sulfacetamide sodium</i> .....	84	SYMPAZAN.....	171	<i>tarina 24 fe</i> .....	46
<i>sulfacetamide sodium (acne)</i> .....	48	SYMPROIC.....	125	<i>tarina fe 1/20 (28)</i> .....	46
<i>sulfacetamide-prednisolone</i> .....	84	SYMTUZA.....	108	<i>tarina fe 1-20 eq (28)</i> .....	46
<i>sulfadiazine</i> .....	100	SYNALAR.....	56	TARPEYO.....	117
<i>sulfamethoxazole-trimethoprim</i> .....	100	SYNAREL.....	80	TASCENSO ODT.....	148
SULFAMYLON.....	53	SYNDROS.....	4	TASIGNA.....	145
<i>sulfasalazine</i> .....	122, 123	SYNJARDY.....	66	<i>tasimelteon</i> .....	22
<i>sulfatrim</i> .....	100	SYNJARDY XR.....	66	TASMAR.....	170
<i>sulindac</i> .....	121	SYNTHROID.....	82	<i>tavorole</i> .....	53
<i>sumatriptan</i> .....	166	SYPRINE.....	153	TAVALISSE.....	91
<i>sumatriptan succinate</i> .....	166	SYRINGE (DISPOSABLE).....	135	TAVNEOS.....	90
<i>sumatriptan-naproxen</i> .....	166	SYRINGE 3CC/20GX1".....	135	TAYTULLA.....	46
<i>sunitinib malate</i> .....	145	SYRINGE 3CC/21GX1".....	135	<i>tazarotene</i> .....	51, 60, 61
SUNLENCA.....	107	SYRINGE 3CC/21GX1-1/2".....	135	TAZORAC.....	61
SUNOSI.....	22	SYRINGE 3CC/22GX1".....	135	TAZVERIK.....	142
SUPER THIN LANCETS.....	127	SYRINGE 3CC/22GX3/4".....	136	TD GOLD LEVEL 1 CONTROL.....	70
SUPRAX.....	101	SYRINGE 3CC/25GX1".....	136	TECFIDERA.....	148
SUPREP BOWEL PREP KIT.....	125	SYRINGE WITH NEEDLE.....	136	TECHLITE INSULIN SYRINGE.....	136
SURE COMFORT ALCOHOL PREP PADS.....	58	T/FLEX.....	70	TECHLITE INSULN SYR(HALF UNIT).....	136
SURE COMFORT INS. SYR. U- 100.....	135	T/SLIM X2.....	70	TECHLITE LANCETS.....	127
SURE COMFORT INSULIN SYRINGE.....	135	T/SLIM X2 BASAL-IQ INSULIN PMP.....	70	TECHLITE PEN NEEDLE.....	158
SURE COMFORT LANCETS.....	127	T/SLIM X2 CONTROL-IQ.....	70	TECHLITE PLUS PEN NEEDLE... ..	159
SURE COMFORT LANCING PEN..	70	TABLOID.....	141	TEGLUTIK.....	148
SURE COMFORT PEN NEEDLE..	158	TABRECTA.....	145	TEGRETOL.....	174
SURE COMFORT SAFETY PEN NEEDLE.....	158	TACLONEX.....	62	TEGRETOL XR.....	174
SURE-FINE PEN NEEDLES.....	158	<i>tacrolimus</i> .....	61, 99	TEKTRUNA.....	36
SUREFLEX DEVICE WITH LANCETS.....	70	<i>tadalafil</i> .....	76, 77	TELCARE CONTROL.....	70
SUREFLEX LANCING DEVICE.....	70	<i>tadalafil (pulm. hypertension)</i> .....	34	TELCARE LANCETS.....	127
SURE-JECT INSULIN SYRINGE..	135	TADLIQ.....	34	<i>telmisartan</i> .....	30
SURE-PEN LANCING DEVICE.....	70	TAFINLAR.....	141	<i>telmisartan-amlodipine</i> .....	29
SURE-PREP ALCOHOL PREP PADS.....	58	<i>tafluprost (pf)</i> .....	86	<i>telmisartan-hydrochlorothiazid</i> .....	29
SURGUARD2 SAFETY.....	135, 158	TAGRISSO.....	145	<i>temazepam</i> .....	23
SURVANTA.....	162	<i>take action</i> .....	46	TEMODAR.....	140
SUTAB.....	125	TAKHZYRO.....	122	<i>temozolomide</i> .....	140
SUTENT.....	145	TALICIA.....	179	<i>tencon</i> .....	162
<i>syeda</i> .....	45	TALTZ AUTOINJECTOR.....	60	TENIVAC (PF).....	97
SYMAX DUOTAB.....	179	TALTZ AUTOINJECTOR (2 PACK).....	60	<i>tenofovir disoproxil fumarate</i> .....	110
SYMAX-SL.....	179	TALTZ AUTOINJECTOR (3 PACK).....	60	TENORETIC 100.....	32
SYMAX-SR.....	179	TALTZ SYRINGE.....	60	TENORETIC 50.....	32
SYMBICORT.....	8	TALZENNA.....	145	TENORMIN.....	32
SYMBRAVO.....	167	TAMIFLU.....	108	TEPMETKO.....	145
		<i>tamoxifen</i> .....	146	<i>terazosin</i> .....	28
		<i>tamsulosin</i> .....	182	<i>terbinafine hcl</i> .....	105
		TANDEM MOBI SYSTEM.....	70	<i>terbutaline</i> .....	6
		<i>tanlor</i> .....	177	<i>terconazole</i> .....	185
		<i>taperdex</i> .....	117	<i>teriflunomide</i> .....	148

<i>teriparatide</i> .....	78	TOBI PODHALER.....	105	TREMFYA.....	61
TERUMO ALLERGY SYRINGE.....	136	TOBRADEX.....	82	TREMFYA ONE-PRESS.....	61
TERUMO INSULIN SYRINGE.....	136	TOBRADEX ST.....	82	TREMFYA PEN.....	61
TERUMO SYRINGE.....	136	<i>tobramycin</i> .....	84, 106	TREMFYA PEN INDUCTION	
TESTIM.....	92	<i>tobramycin in 0.225 % nacl</i> .....	105	PK(2PEN).....	61
<i>testosterone</i> .....	92, 93	<i>tobramycin-dexamethasone</i> .....	82	TRESIBA FLEXTOUCH U-100.....	74
<i>testosterone cypionate</i> .....	92	<i>tobramycin-lotepred</i> .....	82	TRESIBA FLEXTOUCH U-200.....	74
<i>testosterone enanthate</i> .....	92	TOBREX.....	84	TRESIBA U-100 INSULIN.....	74
<i>tetrabenazine</i> .....	149	TOLAK.....	59	<i>tretinoin</i> .....	50
<i>tetracycline</i> .....	104	<i>tolcapone</i> .....	170	<i>tretinoin (antineoplastic)</i> .....	146
TEXACORT.....	56	TOLECTIN 600.....	121	<i>tretinoin microspheres</i> .....	50
TEZRULY.....	28	<i>tolmetin</i> .....	121	TREXALL.....	141
TEZSPIRE.....	11	TOLSURA.....	105	TREXIMET.....	167
THALITONE.....	36	<i>tolterodine</i> .....	184	TREZIX.....	168
THALOMID.....	106	<i>tolvaptan</i> .....	75	<i>triamcinol ac (pf) in 0.9%nacl</i> .....	117
THEO-24.....	11	<i>tolvaptan (polycys kidney dis)</i> .....	182, 183	<i>triamcinolone acetonide</i> ... 56, 117, 150	
<i>theophylline</i> .....	11	TONMYA.....	177	<i>triamterene</i> .....	34
THIN LANCETS.....	127	TOOMEY SYRINGE.....	136	<i>triamterene-hydrochlorothiazid</i> .....	34
THINPRO INSULIN SYRINGE.....	136	TOPAMAX.....	175	<i>trianex</i> .....	56
THIOLA.....	183	TOPCARE CLICKFINE.....	159	<i>triazolam</i> .....	23
THIOLA EC.....	182	TOPCARE ULTRA COMFORT.....	136	TRIBENZOR.....	28
<i>thioridazine</i> .....	22	TOPCARE UNIVERSAL1 LANCET		TRICOR.....	39
<i>thiothixene</i> .....	21	.....	127	<i>triderm</i> .....	56
THRESHOLD IMT TRAINER.....	11	TOPICORT.....	56	<i>trientine</i> .....	153
THRESHOLD PEP DEVICE.....	11	<i>topiramate</i> .....	175	<i>tri-estarylla</i> .....	46
THYQUIDITY.....	82	TOPROL XL.....	32	<i>trifluoperazine</i> .....	22
<i>tiadylt er</i> .....	33	<i>toremifene</i> .....	146	<i>trifluridine</i> .....	84
<i>tiagabine</i> .....	174	<i>torpenz</i> .....	142	<i>trihexyphenidyl</i> .....	169
TIAZAC.....	33	<i>torsemide</i> .....	34	TRIJARDY XR.....	66, 67
TIBSOVO.....	146	TOSYMRA.....	167	TRIKAFTA.....	161
<i>ticagrelor</i> .....	91	TOUJEO MAX U-300 SOLOSTAR..	74	<i>tri-legest fe</i> .....	46
TIGAN.....	5	TOUJEO SOLOSTAR U-300		TRILEPTAL.....	175
TIGLUTIK.....	148	INSULIN.....	74	<i>tri-linyah</i> .....	46
TIKOSYN.....	26	TOVET EMOLLIENT.....	56	<i>tri-lo-estarylla</i> .....	46
<i>tilia fe</i> .....	46	TOVIAZ.....	184	<i>tri-lo-marzia</i> .....	46
<i>timolol</i> .....	87	TRACLEER.....	35	<i>tri-lo-mili</i> .....	46
<i>timolol maleate</i> .....	32, 86, 87	TRADJENTA.....	65	<i>tri-lo-sprintec</i> .....	46
<i>timolol maleate (pf)</i> .....	86	<i>tramadol</i> .....	164, 165	<i>trimethobenzamide</i> .....	5
TIMOPTIC OCUDOSE (PF).....	87	<i>tramadol-acetaminophen</i> .....	168	<i>trimethoprim</i> .....	101
<i>tinidazole</i> .....	106	<i>trandolapril</i> .....	30	<i>tri-mili</i> .....	46
<i>tiopronin</i> .....	183	<i>trandolapril-verapamil</i> .....	27	<i>trimipramine</i> .....	16
<i>tiotropium bromide</i> .....	5	<i>tranexamic acid</i> .....	88	TRINATAL RX 1.....	187
TIROSINT.....	82	TRANSDERM-SCOP.....	5	<i>trinate</i> .....	187
TIROSINT-SOL.....	82	<i>tranylcypromine</i> .....	13	TRINTELLIX.....	16
TIVICAY.....	110	TRAVATAN Z.....	87	<i>tri-sprintec (28)</i> .....	46
TIVICAY PD.....	110	<i>travoprost</i> .....	87	TRITON X-100.....	161
<i>tizanidine</i> .....	177	<i>trazodone</i> .....	15	TRIUMEQ.....	111
TLANDO.....	93	TRELEGY ELLIPTA.....	8	TRIUMEQ PD.....	111
TOBI.....	105	TRELSTAR.....	77	<i>tri-vitamin (a-d-fol)-fluoride</i> .....	186

<i>tri-vitamin with fluoride</i> .....	186	TUBERCULIN SYRINGE.....	137	ULTILET ALCOHOL SWAB.....	58
<i>tri-vite with fluoride</i> .....	186	TUBERCULIN-ALLERGY		ULTILET BASIC LANCETS.....	127
<i>tri-vylibra</i> .....	46	SYRINGES.....	137	ULTILET INSULIN SYRINGE.....	137
<i>tri-vylibra lo</i> .....	46	TUDORZA PRESSAIR.....	5	ULTILET PEN NEEDLE.....	159
TROJAN BARESKIN.....	151	TUKYSA.....	145	ULTRA CMFT INS SYR (HALF	
TROJAN ULTRA RIBBED		<i>tulana</i> .....	46	UNIT).....	137
CONDOM.....	151	TURALIO.....	145	ULTRA COMFORT INSULIN	
TROKENDI XR.....	175	<i>turqoz (28)</i> .....	46	SYRINGE.....	137
<i>tropicamide</i> .....	87	TUXARIN ER.....	47	ULTRA FLO INSUL SYR(HALF	
<i>trospium</i> .....	184	TWIIST REFILL KT(CSST-NDL-		UNIT).....	138
TRUDHESA.....	167	SYR).....	70	ULTRA FLO INSULIN SYRINGE...138	
TRUE COMFORT ALCOHOL		TWIIST STARTER KIT.....	70	ULTRA FLO PEN NEEDLE.....	159
PADS.....	58	TWINRIX (PF).....	98	ULTRA THIN LANCETS.....	127
TRUE COMFORT INSULIN		TWIRLA.....	47	ULTRA THIN PEN NEEDLE.....	159
SYRINGE.....	136	TWIST LANCETS.....	127	ULTRA THIN PLUS LANCETS.....127	
TRUE COMFORT PEN NEEDLE..	159	TWYNEO.....	48	ULTRACARE INSULIN SYRINGE..138	
TRUE COMFORT PRO ALCOHOL		<i>tyblume</i> .....	46	ULTRA-CARE LANCETS.....	127
PADS.....	58	TYBOST.....	111	ULTRA-FINE INS SYR (HALF	
TRUE COMFORT PRO INS		<i>tydemy</i> .....	46	UNIT).....	138
SYRINGE.....	136	TYENNE.....	118	ULTRA-FINE INSULIN SYRINGE..138	
TRUE COMFORT SAFE INSULIN		TYENNE AUTOINJECTOR.....	118	ULTRA-FINE PEN NEEDLE.....	159
SYRG.....	136	TYKERB.....	145	ULTRA-THIN II (SHORT) INS SYR138	
TRUE COMFORT SAFETY PEN		TYMLOS.....	78	ULTRA-THIN II (SHORT) PEN	
NEEDLE.....	159	TYRVAYA.....	84	NDL.....	159
TRUE COVER CONDOM.....	151	TYVASO.....	35	ULTRA-THIN II INS PEN	
TRUE METRIX LEVEL 1.....	70	TYVASO DPI.....	35	NEEDLES.....	159
TRUE METRIX LEVEL 2.....	70	TYVASO INSTITUTIONAL START		ULTRA-THIN II INSULIN SYRINGE	
TRUE METRIX LEVEL 3.....	70	KIT.....	35	.....	138
TRUEDRAW LANCING DEVICE....	70	TYVASO REFILL KIT.....	35	ULTRAVATE.....	56
TRUEPLUS INSULIN.....	137	TYVASO STARTER KIT.....	35	<i>umeclidinium-vilanterol</i> .....	7
TRUEPLUS LANCETS.....	127	UBRELVY.....	167	UNDECATREX.....	93
TRUEPLUS PEN NEEDLE.....	159	UCERIS.....	117, 123	UNIFINE PENTIPS.....	158, 159
TRULANCE.....	123	UDENYCA.....	90	UNIFINE PENTIPS MAXFLOW....	159
TRULICITY.....	63	UDENYCA AUTOINJECTOR.....	90	UNIFINE PENTIPS PLUS.....	160
TRUMENBA.....	95	ULORIC.....	87	UNIFINE PENTIPS PLUS	
TRUQAP.....	145	ULTICARE.....	137	MAXFLOW.....	160
TRUSTEX LATEX CONDOM.....	151	ULTICARE INSULIN SYRINGE....	137	UNIFINE PROTECT.....	160
TRUSTEX LUBRICATED		ULTICARE INSULN SYR(HALF		UNIFINE SAFECONTROL PEN	
CONDOMS.....	151	UNIT).....	137	NEEDLE.....	160
TRUSTEX NON-LUB CONDOMS..	151	ULTICARE PEN NEEDLE.....	159	UNIFINE ULTRA PEN NEEDLE....	160
TRUSTEX-RIA LUB/SPERMICIDE	151	ULTICARE SAFETY PEN NEEDLE		UNISTIK 2 DEVICE.....	70
TRUSTEX-RIA LUBRICATED		.....	159	UNISTIK 2 EXTRA LANCET.....	127
CONDOMS.....	151	ULTICARE SAFETY SYRINGE....	137	UNISTIK 2 NORMAL LANCET.....	127
TRUSTEX-RIA NON-LUB		ULTICARE TB SAFETY SYRINGE	137	UNISTIK COMFORT LANCETS....	127
CONDOMS.....	151	ULTIGUARD SAFEPACK-INSULIN		UNISTIK EXTRA LANCETS.....	127
TRUVADA.....	109	SYR.....	137	UNISTRIP LOW CONTROL.....	70
TRYNGOLZA.....	36	ULTIGUARD SAFEPACK-PEN		UNITHROID.....	82
TRYPTYR.....	160	NEEDLE.....	159	UNIVERSAL 1 LANCETS.....	127
TRYVIO.....	31	ULTI-LANCE.....	70	UPNEEQ (PF).....	84

UPTRAVI.....	35	VASERETIC.....	27	VIGAFYDE.....	175
UROCIT-K 10.....	184	VASOTEC.....	30	VIGAMOX.....	85
UROCIT-K 15.....	184	VAXELIS (PF).....	97	VIIBRYD.....	15
UROQID-ACID NO.2.....	184	VAXNEUVANCE (PF).....	96	VIJOICE.....	140
UROXATRAL.....	182	VCF CONTRACEPTIVE FILM.....	41	<i>vilazodone</i> .....	15
URSO FORTE.....	124	<i>vcf contraceptive gel</i> .....	41	VIMPAT.....	175
<i>ursodiol</i> .....	124	VECTICAL.....	61	VIOKACE.....	178
<i>ustekinumab</i> .....	119	<i>velivet triphasic regimen (28)</i> .....	46	<i>viorele (28)</i> .....	46
<i>ustekinumab-aauz</i> .....	119	VELPHORO.....	75	VIRACEPT.....	110
USTEKINUMAB-AEKN.....	119	VELSIPITY.....	150	VIREAD.....	110
USTEKINUMAB-TTWE.....	119	VELTASSA.....	75	<i>vitamin d2</i> .....	188
<i>vabrinty (3 month)</i> .....	77	VELTIN.....	49	<i>vitamin d3</i> .....	188
<i>vabrinty (4 month)</i> .....	77	VEMLIDY.....	111	<i>vitamins a,c,d and fluoride</i> .....	187
<i>vabrinty (6 month)</i> .....	77	VENCLEXTA.....	145	VITRAKVI.....	145
VAFSEO.....	90	VENCLEXTA STARTING PACK...145		VIVELLE-DOT.....	94
VAGIFEM.....	185	<i>venlafaxine</i> .....	15	VIVITROL.....	18
VAGINAL CONTRACEPTIVE FILM.41		<i>venlafaxine besylate</i> .....	15	VIVJOA.....	105
<i>valacyclovir</i> .....	108	VENTAVIS.....	35	VIZIMPRO.....	145
VALCHLOR.....	59	VENTOLIN HFA.....	6	VOGELXO.....	93
VALCYTE.....	108	<i>venxxiva</i> .....	183	<i>volnea (28)</i> .....	46
<i>valganciclovir</i> .....	108	VEOZAH.....	95	VONJO.....	145
VALIUM.....	18	<i>verapamil</i> .....	33	VOQUEZNA.....	180
<i>valproic acid</i> .....	175	VERDESO.....	57	VOQUEZNA DUAL PAK.....	179
<i>valproic acid (as sodium salt)</i> .....	175	VEREGEN.....	53	VOQUEZNA TRIPLE PAK.....	180
<i>valrubicin</i> .....	141	VERIFINE INSULIN SYRINGE.....	138	VORANIGO.....	146
<i>valsartan</i> .....	30	VERIFINE PEN NEEDLE.....	160	<i>voriconazole</i> .....	105
<i>valsartan-hydrochlorothiazide</i> .....	29	VERIFINE PLUS PEN NEEDLE...160		VORTEX ADULT MASK.....	11
VALSTAR.....	141	VERIFINE PLUS PEN NEEDLE- SHARP.....	160	VORTEX HOLDING CHAMBER.....	11
VALTOCO.....	171	VERIFINE SAFETY LANCET MINI127		VORTEX VHC PEDIATRIC MASK..11	
VALTREX.....	108	VERIFINE UNIVERSAL LANCET..127		VOSEVI.....	111
<i>valtya</i> .....	46	VERKAZIA.....	85	VOTRIENT.....	145
VANADOM.....	177	VERQUVO.....	40	VOWST.....	101
VANOCOCIN.....	106	VERSACLOZ.....	21	VOXZOGO.....	81
<i>vancomycin</i> .....	106	VERZENIO.....	145	VOYDEYA.....	90
VANDAZOLE.....	185	VESICARE.....	184	VRAYLAR.....	19
VANFLYTA.....	145	<i>vestura (28)</i> .....	46	VTAMA.....	61
VANISHPOINT INSULIN SYRINGE .....	138	VEVYE.....	85	VUITY.....	87
VANISHPOINT SYRINGE.....	138	VFEND.....	105	VUMERITY.....	148
VANISHPOINT TUBERCULIN SYRINGE.....	138	V-GO 20.....	70	VUSION.....	53
VANOS.....	57	V-GO 30.....	70	<i>vyfemla (28)</i> .....	46
VANRAFIA.....	31	V-GO 40.....	70	VYKAT XR.....	161
VAQTA (PF).....	98	VIAGRA.....	77	VYLEESI.....	22
<i>vardenafil</i> .....	77	VIBERZI.....	123	<i>vylibra</i> .....	46
<i>varenicline tartrate</i> .....	178	VICTOZA.....	63	VYNDAMAX.....	40
VARIVAX (PF).....	98	VICTOZA 2-PAK.....	63	VYNDAQEL.....	40
VARUBI.....	5	<i>vienva</i> .....	46	VYSCOXA.....	120
VASCEPA.....	39	<i>vigabatrin</i> .....	175	VYTORIN 10-10.....	36
		<i>vigadrone</i> .....	175	VYTORIN 10-20.....	36
				VYTORIN 10-40.....	36

VYTORIN 10-80.....	36	XERESE.....	53	ZAVESCA.....	152
VYVANSE.....	17	XERMELLO.....	124	ZAVZPRET.....	167
VYVGART HYTRULO.....	13	XGEVA.....	79	ZCORT.....	117
VYZULTA.....	87	XHANCE.....	4	ZEGALOGUE AUTOINJECTOR.....	71
WAINUA.....	138	XIFAXAN.....	106	ZEGALOGUE SYRINGE.....	71
WAKIX.....	22	XIGDUO XR.....	66	ZEJULA.....	145
<i>warfarin</i> .....	88	XIIDRA.....	85	ZELAPAR.....	170
<i>water for inject, bacteriostat</i> .....	161	XIMINO.....	104	ZELBORAF.....	141
WATER FOR INJECTION, STERILE.....	161	XOFLUZA.....	108	ZELSUVMI.....	161
<i>water for injection, sterile</i> .....	161	XOLAIR.....	9	<i>zelvysia</i> .....	139
<i>water for irrigation, sterile</i> .....	58	XOLREMDI.....	139	ZEMBRACE SYMTOUCH.....	167
WEBCOL.....	58	XOPENEX HFA.....	6	ZEMPLAR.....	80
WEGOVY.....	188	XOSPATA.....	145	<i>zenatane</i> .....	48
WELCHOL.....	38	XPHOZAH.....	75	ZENPEP.....	178
WELIREG.....	146	XPOVIO.....	146	ZENZEDI.....	17
WELLBUTRIN SR.....	14	XRROMI.....	91	ZEPATIER.....	112
WELLBUTRIN XL.....	14	XTAMPZA ER.....	165	ZEPBOUND.....	188
<i>wera (28)</i> .....	46	XTANDI.....	140	ZEPBOUND KWIKPEN.....	188
<i>westab plus</i> .....	187	XTRENBO.....	79	ZEPOSIA.....	150
WEZLANA.....	119	<i>xulane</i> .....	47	ZEPOSIA STARTER KIT (28-DAY) .....	150
WINDMILL TRAINER.....	11	XULTOPHY 100/3.6.....	65	ZEPOSIA STARTER PACK (7- DAY).....	150
WINLEVI.....	50	XURIDEN.....	87	ZESTORETIC.....	27
WINREVAIR.....	35	XYOSTED.....	93	ZESTRIL.....	30
<i>wixela inhub</i> .....	8	XYREM.....	19	ZETIA.....	39
<i>wymzya fe</i> .....	46	<i>xyvona</i> .....	165	ZIAGEN.....	110
WYNZORA.....	62	XYWAV.....	19	ZIANA.....	49
WYOST.....	79	YALE DISPOSABLE NEEDLES... ..	160	<i>zidovudine</i> .....	110
XACIATO.....	185	<i>yargesa</i> .....	152	ZIEXTENZO.....	90
XADAGO.....	170	YASMIN (28).....	46	ZILBRYSQ.....	90
XALATAN.....	87	YAZ (28).....	46	<i>zileuton</i> .....	5
XALKORI.....	145	YESINTEK.....	119	ZILXI.....	52
XANAX.....	18	YEZTUGO.....	107, 151	ZIMHI.....	23
XANAX XR.....	18	YONSA.....	140	ZIOPTAN (PF).....	87
<i>xarah fe</i> .....	46	YORVIPATH.....	81	<i>ziprasidone hcl</i> .....	21
XARELTO.....	88	YUFLYMA(CF).....	115	<i>ziprasidone mesylate</i> .....	21
XARELTO DVT-PE TREAT 30D START.....	88	YUFLYMA(CF) AI CROHN'S-UC- HS.....	115	ZIPSOR.....	121
XATMEP.....	141	YUFLYMA(CF) AUTOINJECTOR..	115	ZIRGAN.....	84
XCOPRI.....	175	YUPELRI.....	5	ZITHROMAX.....	102
XCOPRI MAINTENANCE PACK... ..	175	YUSIMRY(CF) PEN.....	115	ZITHROMAX TRI-PAK.....	102
XCOPRI TITRATION PACK..	175, 176	YUTREPIA.....	35	ZITHROMAX Z-PAK.....	102
XDEMZY.....	84	<i>yuvaferm</i> .....	185	ZITUVIMET.....	63
XELJANZ.....	118	<i>zafemy</i> .....	47	ZITUVIMET XR.....	63
XELJANZ XR.....	118	<i>zafirlukast</i> .....	9	ZITUVIO.....	65
<i>xelria fe</i> .....	46	<i>zaleplon</i> .....	24	ZOCOR.....	37
XELSTRYM.....	17	ZANAFLEX.....	177	ZOKINVY.....	140
XENAZINE.....	149	<i>zarah</i> .....	46	ZOLINZA.....	145
XENLETA.....	103	ZARONTIN.....	176	<i>zolmitriptan</i> .....	167
		ZARXIO.....	90		

ZOLOFT .....	14
<i>zolpidem</i> .....	24
ZOMACTON .....	80
ZOMIG .....	167
<i>zomig</i> .....	167
ZONALON .....	57
ZONEGRAN .....	176
ZONISADE .....	176
<i>zonisamide</i> .....	176
ZONTIVITY .....	91
ZORTRESS .....	100
ZORYVE .....	54, 61
<i>zovia 1-35 (28)</i> .....	46
ZOVIRAX .....	53, 108
ZTALMY .....	176
ZTLIDO .....	59
ZUBSOLV .....	168
<i>zumandimine (28)</i> .....	46
ZUNVEYL .....	13
ZURNAI .....	23
ZURZUVAE .....	13
<i>zybic</i> .....	121
ZYCLARA .....	99
ZYDELIG .....	145
ZYFLO .....	5
ZYKADIA .....	145
ZYLET .....	82
ZYLOPRIM .....	88
ZYMFENTRA .....	115
ZYPITAMAG .....	37
ZYPREXA .....	21
ZYTIGA .....	140
ZYVOX .....	102