



OHSU PBM SERVICES COMMERCIAL STANDARD FORMULARY

Introduction

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

How to Search

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

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

Tier Description

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

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

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

Limits & Restrictions

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

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

Authorization/ Exception Request Process

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

Pharmacy Network

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

More Information

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

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

Language Assistance

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

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

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

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

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Drug	Status	Notes
Allergy		
Allergenic Extracts, Therapeutics		
GRASTEK SUBLINGUAL TABLET 2,800 BAU	Tier 4	PA; QL (30 EA per 30 days)
ODACTRA SUBLINGUAL TABLET 12 SQ-HDM	Tier 4	PA; QL (30 EA per 30 days)
ORALAIR SUBLINGUAL TABLET 100 INDX REACTIVITY, 100 IR (3) /300 IR (6)	Tier 4	PA
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	Tier 4	PA; QL (30 EA per 30 days)
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 DOSE ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG	Tier 7	PA; SP
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG	Tier 7	PA; SP
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT	Tier 4	PA; QL (30 EA per 30 days)
Antihistamines - 1St Generation		
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	Tier 2	
<i>cyproheptadine oral tablet 4 mg</i>	Tier 2	
<i>diphenhydramine hcl injection syringe 50 mg/ml</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	
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML	Tier 4	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	Tier 2	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 2	
Nasal Antihistamine		
<i>azelastine nasal spray, non-aerosol 137 mcg (0.1 %)</i>	Tier 2	QL (30 ML per 25 days)

Drug	Status	Notes
<i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i>	Tier 2	
<i>olopatadine nasal spray,non-aerosol 0.6 %</i>	Tier 3	QL (30.5 GM per 30 days)
Nasal Antihistamine & Anti-Inflam. Steroid Comb.		
<i>azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray</i>	Tier 3	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: flunisolide nasal spray, fluticasone propionate nasal spray, olopatadine nasal spray; QL (23 GM per 30 days); Age (Max 17 Years)
DYMISTA NASAL SPRAY,NON-AEROSOL 137-50 MCG/SPRAY	Tier 4	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: flunisolide nasal spray, fluticasone propionate nasal spray, olopatadine nasal spray; QL (23 GM per 30 days); Age (Max 17 Years)
RYALTRIS NASAL SPRAY,NON-AEROSOL 665-25 MCG/SPRAY	Tier 4	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: flunisolide nasal spray, fluticasone propionate nasal spray, olopatadine nasal spray; QL (29 GM per 30 days); Age (Max 17 Years)
Nasal Anti-Inflammatory Steroids		
<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)
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	Tier 3	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
ZETONNA NASAL HFA AEROSOL INHALER 37 MCG/ACTUATION	Tier 4	PA; QL (6.1 GM per 30 days); Age (Max 17 Years)
Antiemesis/Antivertigo		
Antiemetic, Cannabinoid-Type		
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	Tier 3	
MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG	Tier 4	
SYNDROS ORAL SOLUTION 5 MG/ML	Tier 4	
Antiemetic/Antivertigo Agents		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	Tier 4	PA; QL (4 EA per 28 days)
<i>aprepitant oral capsule 125 mg</i>	Tier 3	QL (2 EA per 28 days)
<i>aprepitant oral capsule 40 mg</i>	Tier 3	
<i>aprepitant oral capsule 80 mg</i>	Tier 3	QL (4 EA per 28 days)
<i>aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)</i>	Tier 3	QL (6 EA per 28 days)

Drug	Status	Notes
BONJESTA ORAL TABLET,IR,DELAYED REL,BIPHASIC 20-20 MG	Tier 4	PA
COMPRO RECTAL SUPPOSITORY 25 MG	Tier 3	
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (drlec) 10-10 mg</i>	Tier 3	
EMEND ORAL CAPSULE 80 MG	Tier 4	QL (4 EA per 28 days)
EMEND ORAL CAPSULE,DOSE PACK 125 MG (1)-80 MG (2)	Tier 4	QL (6 EA per 28 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	Tier 4	QL (4 EA per 28 days)
<i>granisetron hcl oral tablet 1 mg</i>	Tier 3	PA
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	Tier 2	QL (150 ML per 30 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	Tier 2	QL (90 EA per 30 days)
<i>ondansetron oral tablet, disintegrating 16 mg</i>	Tier 3	PA
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	Tier 2	QL (90 EA per 30 days)
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	Tier 2	
<i>prochlorperazine rectal suppository 25 mg</i>	Tier 3	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	Tier 2	
<i>promethazine rectal suppository 50 mg</i>	Tier 3	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	Tier 2	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	Tier 3	
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	Tier 4	PA; QL (4 EA per 28 days)
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	Tier 3	
TIGAN INTRAMUSCULAR SOLUTION 100 MG/ML	Tier 4	
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS	Tier 4	
<i>trimethobenzamide oral capsule 300 mg</i>	Tier 3	
VARUBI ORAL TABLET 90 MG	Tier 4	PA; QL (4 EA per 28 days)
Asthma And Copd		
5-Lipoxygenase Inhibitors		
<i>zileuton oral tablet, er multiphase 12 hr 600 mg</i>	Tier 3	PA; QL (120 EA per 30 days)
ZYFLO ORAL TABLET 600 MG	Tier 4	PA; QL (120 EA per 30 days)
Anticholinergic, Orally Inhaled Short Acting		
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	Tier 3	QL (25.8 GM per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	Tier 2	
Anticholinergics, Orally Inhaled Long Acting		
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	Tier 3	QL (30 EA per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	Tier 3	QL (4 GM per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	Tier 4	QL (30 EA per 30 days)
<i>tiotropium bromide inhalation capsule, w/inhalation device 18 mcg</i>	Tier 3	QL (30 EA per 30 days)

Drug	Status	Notes
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION	Tier 4	ST: Trial of TWO of the following is required: Incruse Ellipta (umeclidinium bromide), Spiriva Respimat, or tiotropium bromide (Spiriva) handihaler; QL (1 EA per 30 days)
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	Tier 4	ST: Trial of TWO of the following is required: Incruse Ellipta (umeclidinium bromide), Spiriva Respimat, or tiotropium bromide (Spiriva) handihaler; QL (90 ML per 30 days)
Beta-Adrenergic Agents		
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	Tier 2	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	Tier 3	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	Tier 3	
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	Tier 3	PA
<i>terbutaline subcutaneous solution 1 mg/ml</i>	Tier 3	
Beta-Adrenergic Agents, Inhaled, Short Acting		
<i>albuterol hfa 90 mcg inhaler 90 mcg/actuation</i>	Tier 3	QL (13.4 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 DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 90 MCG/ACTUATION	Tier 4	PA; QL (2 EA per 30 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	Tier 4	PA; QL (2 EA per 30 days)
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	Tier 4	QL (36 GM per 30 days)
XOPENEX HFA INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION	Tier 4	QL (30 GM per 30 days)
Beta-Adrenergic Agents, Inhaled, Ultra-Long Acting		
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	Tier 3	QL (4 GM per 30 days)
Beta-Adrenergic Agents, Orally Inhaled, Long Acting		
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>	Tier 3	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: Serevent Diskus (salmeterol xinafoate) inhalation powder, Striverdi Respimat (olodaterol) inhaler spray.; QL (120 ML per 30 days)
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	Tier 4	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: Serevent Diskus (salmeterol xinafoate) inhalation powder, Striverdi Respimat (olodaterol) inhaler spray.; QL (120 ML per 30 days)

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

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

Drug	Status	Notes
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
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	Tier 2	
<i>fluticasone propionate inhalation blister with device 100 mcg/actuation, 250 mcg/actuation, 50 mcg/actuation</i>	Tier 1	QL (60 EA per 30 days)
<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 1	ST: Trial of ONE of the following is required: Fluticasone HFA, Fluticasone diskus, or Arnuity Ellipta; QL (10.6 GM per 30 days)
Interleukin-4(IL-4) Receptor Alpha Antagonist, Mab		
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	Tier 6	PA; SP; QL (2.28 ML per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	Tier 6	PA; SP; QL (4 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	Tier 6	PA; SP; QL (2.28 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	Tier 6	PA; SP; QL (4 ML per 28 days)
Interleukin-5(IL-5) Receptor Alpha Antagonist, Mab		
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	Tier 7	PA; SP
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	Tier 7	PA; SP
Leukotriene Receptor Antagonists		
ACCOLATE ORAL TABLET 10 MG, 20 MG	Tier 4	
<i>montelukast oral granules in packet 4 mg</i>	Tier 3	
<i>montelukast oral tablet 10 mg</i>	Tier 2	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	Tier 2	
SINGULAIR ORAL GRANULES IN PACKET 4 MG	Tier 4	
SINGULAIR ORAL TABLET 10 MG	Tier 4	
SINGULAIR ORAL TABLET, CHEWABLE 4 MG, 5 MG	Tier 4	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	Tier 3	
Mast Cell Stabilizers		
<i>cromolyn oral concentrate 100 mg/5 ml</i>	Tier 3	
GASTROCROM ORAL CONCENTRATE 100 MG/5 ML	Tier 4	
Mast Cell Stabilizers, Orally Inhaled		
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	Tier 3	

Drug	Status	Notes
Monoclonal Antibodies To Immunoglobulin E(Ige)		
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	Tier 7	PA; SP
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	Tier 7	PA; SP
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	Tier 7	PA; SP
Monoclonal Antibody - Interleukin-5 Antagonists		
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	Tier 7	PA; SP
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML	Tier 7	PA; SP
Phosphodiesterase-4 (Pde4) Inhibitors		
DALIRESP ORAL TABLET 250 MCG, 500 MCG	Tier 4	PA; QL (30 EA per 30 days)
OHTUVAYRE INHALATION SUSPENSION FOR NEBULIZATION 3 MG/2.5 ML	Tier 4	PA; QL (150 ML per 30 days)
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	Tier 3	PA; QL (30 EA per 30 days)
Respiratory Aids, Devices, Equipment		
ACE AEROSOL CLOUD ENHANCER SPACER	Tier 3	
AEROBIKA OSCILLATING PEP SYSTM DEVICE	Tier 4	
AEROCHAMBER MECHANICAL VENT SPACER	Tier 3	
AEROCHAMBER MINI SPACER	Tier 3	
AEROCHAMBER MV SPACER	Tier 3	
AEROCHAMBER PLUS FLOW-VU SPACER	Tier 3	
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER	Tier 3	
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER	Tier 3	
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER	Tier 3	
AEROCHAMBER PLUS Z STAT LG MSK SPACER	Tier 3	
AEROCHAMBER PLUS Z STAT MD MSK SPACER	Tier 3	
AEROCHAMBER PLUS Z STAT SM MSK SPACER	Tier 3	
AEROCHAMBER PLUS Z STAT SPACER	Tier 3	
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER	Tier 3	
AEROECLIPSE II NEBULIZER	Tier 4	
AEROGEAR ACTION ASTHMA KIT KIT	Tier 4	
AERONEB GO NEBULIZER	Tier 4	
AEROTRACH PLUS SPACER	Tier 3	
AEROVENT PLUS SPACER	Tier 3	
ALTERA NEBULIZER HANDSET	Tier 4	
ALTERA NEBULIZER SYSTEM	Tier 4	
ASTHMAPACK CHILDREN'S KIT	Tier 4	
AURA PORTANEB	Tier 4	
BREATHERITE MDI SPACER 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	
CLEVER CHOICE NEBULIZER DEVICE	Tier 4	
CLEVER CHOICE WHISPER AIRE PED DEVICE	Tier 4	
COMPACT SPACE CHAMBER SPACER	Tier 3	

Drug	Status	Notes
COMPACT SPACE CHAMBER-LRG MASK SPACER	Tier 3	
COMPACT SPACE CHAMBER-MED MASK SPACER	Tier 3	
COMPACT SPACE CHAMBER-SM MASK SPACER	Tier 3	
COMP-AIR NEBULIZER COMPRESSOR DEVICE	Tier 4	
DEVILBISS PULMO-AIDE COMPRESSR DEVICE	Tier 4	
DEVILBISS PULMONEB LT COMP-NEB DEVICE	Tier 4	
DEVILBISS TRAVELER COMPRESSOR DEVICE	Tier 4	
EASIVENT HOLDING CHAMBER SPACER	Tier 3	
EASIVENT MASK LARGE DEVICE	Tier 3	
EASIVENT MASK MEDIUM DEVICE	Tier 3	
EASIVENT MASK SMALL DEVICE	Tier 3	
EBASE CONTROLLER DEVICE	Tier 4	
FLEXICHAMBER SPACER	Tier 3	
INNOSPIRE DELUXE DEVICE	Tier 4	
INNOSPIRE ELEGANCE DEVICE	Tier 4	
INNOSPIRE ESSENCE DEVICE	Tier 4	
INNOSPIRE GO NEBULIZER	Tier 4	
INNOSPIRE MINI DEVICE	Tier 4	
LC PLUS	Tier 4	
LITE TOUCH-MEDIUM MASK DEVICE	Tier 3	
LITEAIRE MDI CHAMBER SPACER	Tier 3	
LITETOUCH-LARGE MASK DEVICE	Tier 3	
LITETOUCH-SMALL MASK DEVICE	Tier 3	
MICROCHAMBER SPACER	Tier 3	
MICROSPACER SPACER	Tier 3	
MINI PLUS NEBULIZER	Tier 4	
MINI WRIGHT PEAK FLOW METER DEVICE	Tier 4	
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	
PARI LC SPRINT NEBULIZER SET	Tier 4	
PARI LC SPRINT SINUS	Tier 4	
PARI SINUS AEROSOL SYSTEM DEVICE	Tier 4	
PARI TREK S COMBO PACK DEVICE	Tier 4	
PARI TREK S COMPACT COMPRESSOR DEVICE	Tier 4	
PEDIATRIC DINOSAUR NEBULIZER DEVICE	Tier 4	
PEDIATRIC DOG NEBULIZER DEVICE	Tier 4	
PEDIATRIC FROG NEBULIZER DEVICE	Tier 4	
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	

Drug	Status	Notes
PORTABLE NEBULIZER SYSTEM DEVICE	Tier 4	
PRIMEAIRE SPACER	Tier 3	
PRO COMFORT SPACER-ADULT MASK SPACER	Tier 3	
PRO COMFORT SPACER-CHILD MASK SPACER	Tier 3	
PRO COMFORT SPACER-INFANT MASK SPACER	Tier 3	
PROCARE COMPRESSOR NEBULIZER DEVICE	Tier 4	
PROCARE SPACER WITH ADULT MASK SPACER	Tier 3	
PROCARE SPACER WITH CHILD MASK SPACER	Tier 3	
PROCHAMBER SPACER	Tier 3	
PRODIGY MINI-MIST NEBULIZER	Tier 4	
PROVENT NASAL DEVICE	Tier 4	
PROVENT STARTER NASAL DEVICE	Tier 4	
PULMO-AIDE COMPRESSOR DEVICE	Tier 4	
QUAKE VIBRATORY PEP DEVICE	Tier 4	
RITFLO AEROCHAMBER SPACER	Tier 3	
SAMI THE SEAL DEVICE	Tier 4	
SIDESTREAM	Tier 4	
SIDESTREAM NEBULIZER	Tier 4	
SIDESTREAM PEDIATRIC FACE MASK DEVICE	Tier 3	
SIDESTREAM PLUS	Tier 4	
SILICONE MASK - INFANT DEVICE	Tier 3	
SILICONE MASK - PEDIATRIC DEVICE	Tier 3	
SINUSTAR NEBULIZER	Tier 4	
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	
SUNRISE COMPRESSOR-NEBULIZER DEVICE	Tier 4	
THRESHOLD IMT TRAINER DEVICE	Tier 3	
THRESHOLD PEP DEVICE DEVICE	Tier 3	
TRUNEB NEBULIZER	Tier 4	
TRUZONE PEAK FLOW METER DEVICE	Tier 4	
VIOS AEROSOL DELIVERY SYSTEM DEVICE	Tier 4	
VIXONE NEBULIZER	Tier 4	
VIXONE NEBULIZER-ADULT MASK	Tier 4	
VIXONE NEBULIZER-PEDIATRIC MSK	Tier 4	
VORTEX ADULT MASK DEVICE	Tier 3	
VORTEX HOLDING CHAMBER SPACER	Tier 3	
VORTEX VHC FROG MASK-CHILD SPACER	Tier 3	
VORTEX VHC LADYBUG MASK-TODDLR SPACER	Tier 3	
WINDMILL TRAINER DEVICE	Tier 3	
Thymic Stromal Lymphopoietin (Tslp) Inhibitors		
TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML)	Tier 7	PA; SP; QL (1.91 ML per 28 days)
TEZSPIRE SUBCUTANEOUS SYRINGE 210 MG/1.91 ML (110 MG/ML)	Tier 7	PA; SP; QL (1.91 ML per 28 days)
Xanthines		
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	Tier 2	

Drug	Status	Notes
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	Tier 4	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	Tier 3	
<i>theophylline oral elixir 80 mg/15 ml</i>	Tier 2	
<i>theophylline oral solution 80 mg/15 ml</i>	Tier 2	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg</i>	Tier 2	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	Tier 3	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	Tier 2	
Autonomic Nervous System Disorders		
Alzheimer's Therapy, Nmda Receptor Antagonists		
<i>memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	Tier 3	QL (30 EA per 30 days)
<i>memantine oral solution 2 mg/ml</i>	Tier 2	
<i>memantine oral tablet 10 mg, 5 mg</i>	Tier 2	
<i>memantine oral tablets,dose pack 5-10 mg</i>	Tier 2	
NAMENDA TITRATION PAK ORAL TABLETS,DOSE PACK 5-10 MG	Tier 4	
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7-14-21-28 MG	Tier 4	
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR 7 MG	Tier 4	QL (30 EA per 30 days)
Alzheimer's Thx,Nmda Recept Antag & Cholines Inhib		
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	Tier 3	PA; QL (30 EA per 30 days)
Cholinesterase Inhibitors		
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/24 HOUR, 5 MG/24 HOUR	Tier 4	PA
ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG	Tier 4	
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i>	Tier 2	
<i>donepezil oral tablet,disintegrating 10 mg, 5 mg</i>	Tier 2	
EXELON PATCH TRANSDERMAL PATCH 24 HOUR 13.3 MG/24 HOUR, 4.6 MG/24 HOUR, 9.5 MG/24 HOUR	Tier 4	
<i>galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	Tier 3	
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	Tier 2	QL (60 EA per 30 days)
MESTINON ORAL SYRUP 60 MG/5 ML	Tier 4	
MESTINON ORAL TABLET 60 MG	Tier 4	
MESTINON TIMESPAN ORAL TABLET EXTENDED RELEASE 180 MG	Tier 4	QL (30 EA per 30 days)
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	Tier 3	
<i>pyridostigmine bromide oral tablet 30 mg</i>	Tier 3	QL (90 EA per 30 days)
<i>pyridostigmine bromide oral tablet 60 mg</i>	Tier 2	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	Tier 3	QL (30 EA per 30 days)

Drug	Status	Notes
<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	
Behavioral Health - Antidepressants		
Alpha-2 Receptor Antagonist Antidepressants		
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	Tier 2	
<i>mirtazapine oral tablet 7.5 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>mirtazapine oral tablet, disintegrating 15 mg, 45 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>mirtazapine oral tablet, disintegrating 30 mg</i>	Tier 2	QL (60 EA per 30 days)
REMERON ORAL TABLET 15 MG, 30 MG	Tier 4	
REMERON SOLTAB ORAL TABLET, DISINTEGRATING 15 MG, 45 MG	Tier 4	QL (30 EA per 30 days)
REMERON SOLTAB ORAL TABLET, DISINTEGRATING 30 MG	Tier 4	QL (60 EA per 30 days)
Antidepressant - Postpartum Depression (Ppd)		
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	Tier 7	PA; SP; QL (28 EA per 365 days)
ZURZUVAE ORAL CAPSULE 30 MG	Tier 7	PA; SP; QL (14 EA per 365 days)
Maois - Non-Selective & Irreversible		
MARPLAN ORAL TABLET 10 MG	Tier 4	ST: Trial of TWO of the following is required: citalopram, desvenlafaxine succinate ER, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, venlafaxine, or duloxetine
NARDIL ORAL TABLET 15 MG	Tier 4	
PARNATE ORAL TABLET 10 MG	Tier 4	
<i>phenelzine oral tablet 15 mg</i>	Tier 2	
<i>tranylcypromine oral tablet 10 mg</i>	Tier 2	
Monoamine Oxidase(Mao) Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	Tier 4	PA; QL (30 EA per 30 days)
Ndma Receptor Antagonist And Ndri Comb		
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	Tier 4	PA; QL (60 EA per 30 days)
Norepinephrine And Dopamine Reuptake Inhib (Ndris)		
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG	Tier 4	PA; QL (30 EA per 30 days)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	Tier 2	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	Tier 2	QL (90 EA per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 450 mg</i>	Tier 3	ST: Trial of TWO of the following is required: citalopram, desvenlafaxine succinate ER, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, venlafaxine, or duloxetine; QL (30 EA per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	Tier 2	

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

Drug	Status	Notes
Serotonin-2 Antagonist/Reuptake Inhibitors (Saris)		
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 3	
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 2	
<i>trazodone oral tablet 300 mg</i>	Tier 2	QL (60 EA per 30 days)
Serotonin-Norepinephrine Reuptake-Inhib (Snris)		
CYMBALTA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 20 MG, 30 MG, 60 MG	Tier 4	
<i>desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg</i>	Tier 3	ST: Trial of TWO of the following is required: citalopram, desvenlafaxine succinate ER, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, venlafaxine, or duloxetine
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	Tier 2	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	Tier 4	PA; QL (30 EA per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	Tier 2	
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	Tier 2	QL (30 EA per 30 days)
EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR 150 MG, 37.5 MG, 75 MG	Tier 4	
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26), 20 MG (2)- 40 MG (5)	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 4	PA
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	Tier 2	
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Tier 2	
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>	Tier 3	
Ssri & 5HT1a Partial Agonist Antidepressant		
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
Ssri & Serotonin Receptor Modulator Antidepressant		
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 4	ST: Trial of TWO of the following is required: citalopram, desvenlafaxine succinate ER, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, venlafaxine, or duloxetine; QL (30 EA per 30 days)
Tricyclic Antidepressant/Benzodiazepine Combinatns		
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	Tier 3	QL (180 EA per 30 days)
Tricyclic Antidepressant/Phenothiazine Combinatns		
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	Tier 3	QL (120 EA per 30 days)
Tricyclic Antidepressants & Rel. Non-Sel. Ru-Inhib		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	Tier 2	
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG	Tier 4	
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	Tier 2	
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 2	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 2	
<i>doxepin oral concentrate 10 mg/ml</i>	Tier 2	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 2	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	Tier 3	ST: Trial of TWO of the following is required: citalopram, desvenlafaxine succinate ER, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, venlafaxine, or duloxetine; QL (30 EA per 30 days)
NORPRAMIN ORAL TABLET 10 MG, 25 MG	Tier 4	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	Tier 2	
<i>nortriptyline oral solution 10 mg/5 ml</i>	Tier 2	
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG	Tier 4	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	Tier 3	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 3	ST: Trial of TWO of the following is required: citalopram, desvenlafaxine succinate ER, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, venlafaxine, or duloxetine; QL (90 EA per 30 days)
Behavioral Health - Other		
Adrenergics, Aromatic, Non-Catecholamine		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 5 MG, 7.5 MG	Tier 4	QL (90 EA per 30 days)
ADDERALL ORAL TABLET 30 MG	Tier 4	QL (60 EA per 30 days)
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG	Tier 4	QL (60 EA per 30 days)

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 sulfate oral tablet 10 mg</i>	Tier 3	PA; QL (180 EA per 30 days)
<i>amphetamine sulfate oral tablet 5 mg</i>	Tier 3	PA; QL (90 EA per 30 days)
DESOXYN ORAL TABLET 5 MG	Tier 4	PA; QL (60 EA per 30 days)
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG	Tier 4	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg</i>	Tier 3	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>	Tier 3	
<i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i>	Tier 3	QL (1200 ML per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	Tier 2	QL (90 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 30 mg</i>	Tier 3	PA; QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 2.5 mg, 7.5 mg</i>	Tier 3	PA; QL (90 EA per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Tier 3	PA; QL (30 EA per 30 days)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	Tier 2	QL (60 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 2	QL (90 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 30 mg</i>	Tier 2	QL (60 EA per 30 days)
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML	Tier 4	QL (240 ML per 30 days)
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG	Tier 4	PA; QL (30 EA per 30 days)
EVEKEO ORAL TABLET 10 MG	Tier 4	PA; QL (180 EA per 30 days)
EVEKEO ORAL TABLET 5 MG	Tier 4	PA; QL (90 EA per 30 days)
<i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>	Tier 3	QL (30 EA per 30 days)
<i>lisdexamfetamine oral tablet,chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	Tier 3	QL (30 EA per 30 days)
<i>methamphetamine oral tablet 5 mg</i>	Tier 3	PA; QL (60 EA per 30 days)
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG	Tier 4	PA; QL (30 EA per 30 days)
PROCENTRA ORAL SOLUTION 5 MG/5 ML	Tier 3	QL (1200 ML per 30 days)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	Tier 4	QL (30 EA per 30 days)
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	Tier 4	QL (30 EA per 30 days)
XELSTRYM TRANSDERMAL PATCH 24 HOUR 13.5 MG/9 HOUR, 18 MG/9 HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR	Tier 4	PA; QL (30 EA per 30 days)
ZENZEDI ORAL TABLET 10 MG, 5 MG	Tier 3	QL (90 EA per 30 days)
ZENZEDI ORAL TABLET 15 MG, 20 MG, 30 MG	Tier 4	PA; QL (60 EA per 30 days)
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG	Tier 4	PA; QL (90 EA per 30 days)

Drug	Status	Notes
Anti-Alcoholic Preparations		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	Tier 2	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	Tier 2	QL (30 EA per 30 days)
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG	Tier 6	SP
Anti-Anxiety - Benzodiazepines		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	Tier 3	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 2	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>alprazolam oral tablet extended release 24 hr 2 mg, 3 mg</i>	Tier 2	QL (60 EA per 30 days)
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 3	QL (90 EA per 30 days)
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG	Tier 4	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	Tier 2	
<i>clorazepate dipotassium oral tablet 15 mg</i>	Tier 2	QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg, 7.5 mg</i>	Tier 2	QL (90 EA per 30 days)
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	Tier 2	QL (1200 ML per 30 days)
<i>diazepam oral concentrate 5 mg/ml</i>	Tier 2	QL (1200 ML per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	Tier 2	QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	Tier 2	
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	Tier 2	
<i>lorazepam oral concentrate 2 mg/ml</i>	Tier 2	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2	
LOREEV XR ORAL CAPSULE, EXTENDED RELEASE 24HR 1 MG, 1.5 MG, 2 MG, 3 MG	Tier 4	PA
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	Tier 3	QL (120 EA per 30 days)
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG	Tier 4	
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	Tier 4	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR 0.5 MG, 1 MG	Tier 4	QL (30 EA per 30 days)
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR 2 MG, 3 MG	Tier 4	QL (60 EA per 30 days)
Anti-Anxiety Drugs		
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg</i>	Tier 2	
<i>buspirone oral tablet 7.5 mg</i>	Tier 2	QL (90 EA per 30 days)
<i>meprobamate oral tablet 200 mg, 400 mg</i>	Tier 3	PA
Anti-Mania Drugs		
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	Tier 4	PA
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	Tier 2	
<i>lithium carbonate oral tablet 300 mg</i>	Tier 2	

Drug	Status	Notes
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	Tier 2	
<i>lithium citrate oral solution 8 meq/5 ml</i>	Tier 2	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG	Tier 4	
Anti-Narcolepsy & Anti-Cataplexy, Sedative-Type Agt		
LUMRYZ ORAL EXTEND RELEASE GRANULES, PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM	Tier 7	PA; SP; QL (30 EA per 30 days)
LUMRYZ STARTER PACK ORAL GRANULES ER PACKET, DOSE PACK 4.5-6-7.5 GRAM	Tier 7	PA; SP; QL (28 EA per 365 days)
<i>sodium oxybate oral solution 500 mg/ml</i>	Tier 6	PA; SP; QL (540 ML per 30 days)
XYREM ORAL SOLUTION 500 MG/ML	Tier 7	PA; SP; QL (540 ML per 30 days)
XYWAV ORAL SOLUTION 0.5 GRAM/ML	Tier 7	PA; SP; QL (540 ML per 30 days)
Antipsych, Dopamine Antag., Diphenylbutylpiperidines		
<i>pimozide oral tablet 1 mg, 2 mg</i>	Tier 3	
Antipsychotic-Atypical, D3/D2 Partial Ag-5Ht Mixed		
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	Tier 3	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: aripiprazole oral tablet, olanzapine oral tablet, quetiapine fumarate oral tablet, risperidone oral tablet.; QL (30 EA per 30 days)
Antipsychotics, Atyp, D2 Partial Agonist/5Ht Mixed		
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET WITH SENSOR AND STRIP 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	Tier 4	PA
ABILIFY MYCITE STARTER KIT ORAL TABLET WITH SENSOR, STRIP, POD 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	Tier 4	PA
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	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	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: Documentation of trial, intolerance or contraindication to ONE of the following is required: aripiprazole oral tablet, olanzapine oral tablet, quetiapine fumarate oral tablet, risperidone oral tablet.; QL (30 EA per 30 days)
REXULTI ORAL TABLETS, DOSE PACK 0.5 MG (7)-1 MG (7), 1 MG (4)-2 MG (3)	Tier 3	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: aripiprazole oral tablet, olanzapine oral tablet, quetiapine fumarate oral tablet, risperidone oral tablet.

Drug	Status	Notes
Antipsychotics, Dopamine & Serotonin Antagonists		
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 2	
Antipsychotics, Atypical, Dopamine, & Serotonin Antag		
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 3	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: aripiprazole oral tablet, olanzapine oral tablet, quetiapine fumarate oral tablet, risperidone oral tablet.; QL (60 EA per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	Tier 4	ST: Trial of the following is required: aripiprazole, olanzapine, quetiapine, or risperidone AND then ONE of the following: paliperidone ER, asenapine SL, Invega, Rexulti, Saphris SL, Vraylar; QL (30 EA per 30 days)
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 2	QL (90 EA per 30 days)
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 25 mg</i>	Tier 2	QL (90 EA per 30 days)
<i>clozapine oral tablet, disintegrating 150 mg, 200 mg</i>	Tier 3	QL (90 EA per 30 days)
CLOZARIL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	Tier 4	QL (90 EA per 30 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 4	ST: Trial of the following is required: aripiprazole, olanzapine, quetiapine, or risperidone AND then ONE of the following: paliperidone ER, asenapine SL, Invega, Rexulti, Saphris SL, Vraylar; QL (60 EA per 30 days)
FANAPT ORAL TABLETS, DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2)	Tier 4	ST: Trial of the following is required: aripiprazole, olanzapine, quetiapine, or risperidone AND then ONE of the following: paliperidone ER, asenapine SL, Invega, Rexulti, Saphris SL, Vraylar; QL (8 EA per 180 days)
GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.)	Tier 4	
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG	Tier 4	
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 9 MG	Tier 4	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: aripiprazole oral tablet, olanzapine oral tablet, quetiapine fumarate oral tablet, risperidone oral tablet.; QL (30 EA per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	Tier 4	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: aripiprazole oral tablet, olanzapine oral tablet, quetiapine fumarate oral tablet, risperidone oral tablet.; QL (60 EA per 30 days)

Drug	Status	Notes
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	Tier 3	QL (30 EA per 30 days)
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 2	QL (30 EA per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	Tier 4	PA; QL (30 EA per 30 days)
<i>olanzapine intramuscular recon soln 10 mg</i>	Tier 3	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 2	
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	Tier 2	
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	Tier 3	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: aripiprazole oral tablet, olanzapine oral tablet, quetiapine fumarate oral tablet, risperidone oral tablet.; QL (30 EA per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	Tier 3	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: aripiprazole oral tablet, olanzapine oral tablet, quetiapine fumarate oral tablet, risperidone oral tablet.; QL (60 EA per 30 days)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	Tier 2	
<i>quetiapine oral tablet 150 mg</i>	Tier 3	
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	Tier 2	QL (60 EA per 30 days)
RISPERDAL ORAL SOLUTION 1 MG/ML	Tier 4	QL (240 ML per 30 days)
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 4	
<i>risperidone oral solution 1 mg/ml</i>	Tier 2	QL (240 ML per 30 days)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 2	
<i>risperidone oral tablet, disintegrating 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 2	
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 4	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: aripiprazole oral tablet, olanzapine oral tablet, quetiapine fumarate oral tablet, risperidone oral tablet.; QL (60 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	Tier 4	ST: Trial of the following is required: aripiprazole, olanzapine, quetiapine, or risperidone AND then ONE of the following: paliperidone ER, asenapine SL, Invega, Rexulti, Saphris SL, Vraylar; QL (30 EA per 30 days)
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG	Tier 4	

Drug	Status	Notes
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 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG	Tier 4	
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 20 MG, 5 MG	Tier 4	
Antipsychotics,Dopamine Antagonists, Thioxanthenes		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 3	
Antipsychotics,Dopamine Antagonists,Butyrophenones		
<i>haloperidol decanoate intramuscular solution 100 mg/ml</i>	Tier 3	
<i>haloperidol lactate injection solution 5 mg/ml</i>	Tier 3	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	Tier 3	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	Tier 2	
Antipsychotics,Dopamine Antagonist,Dihydroindolones		
<i>molindone oral tablet 10 mg, 25 mg, 5 mg</i>	Tier 3	PA
Anti-Psychotics,Phenothiazines		
<i>chlorpromazine injection solution 25 mg/ml</i>	Tier 3	
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	Tier 3	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 3	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	Tier 3	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	Tier 3	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 3	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	Tier 2	
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 2	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 2	
Barbiturates		
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	Tier 2	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	Tier 2	
Cholinergic And Anticholinergic Combinations		
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	Tier 4	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)

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

Drug	Status	Notes
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	Tier 3	
Sedative-Hypnotics,Non-Barbiturate		
AMBIEN CR ORAL TABLET,EXT RELEASE MULTIPHASE 12.5 MG, 6.25 MG	Tier 4	QL (30 EA per 30 days)
AMBIEN ORAL TABLET 10 MG, 5 MG	Tier 4	
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	Tier 4	PA; QL (30 EA per 30 days)
DAYVIGO ORAL TABLET 10 MG, 5 MG	Tier 4	ST: Trial of TWO of the following is required: estazolam, eszopiclone, ramelteon, temazepam, zaleplon, or zolpidem tartrate; QL (30 EA per 30 days)
<i>doxepin oral tablet 3 mg, 6 mg</i>	Tier 3	ST: Trial of TWO of the following is required: estazolam, eszopiclone, ramelteon, temazepam, zaleplon, or zolpidem tartrate; QL (30 EA per 30 days)
EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG	Tier 4	ST: Trial of TWO of the following is required: estazolam, eszopiclone, ramelteon, temazepam, zaleplon, or zolpidem tartrate; QL (30 EA per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	Tier 2	
IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG	Tier 4	PA
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG	Tier 4	
QUVIVIQ ORAL TABLET 25 MG, 50 MG	Tier 4	PA; QL (30 EA per 30 days)
SILENOR ORAL TABLET 3 MG, 6 MG	Tier 4	ST: Trial of TWO of the following is required: estazolam, eszopiclone, ramelteon, temazepam, zaleplon, or zolpidem tartrate; QL (30 EA per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	Tier 2	
<i>zolpidem oral capsule 7.5 mg</i>	Tier 3	ST: Trial of TWO of the following is required: estazolam, eszopiclone, ramelteon, temazepam, zaleplon, or zolpidem tartrate
<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
Selective Serotonin 5-Ht2a Inverse Agonists (Ssia)		
NUPLAZID ORAL CAPSULE 34 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
Ssri &Antipsych,Atyp,Dopamine&Serotonin Antag Comb		
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	Tier 3	PA; QL (30 EA per 30 days)
SYMBYAX ORAL CAPSULE 12-50 MG, 3-25 MG, 6-25 MG	Tier 4	PA; QL (30 EA per 30 days)
Tx For Adhd - Selective Alpha-2A Receptor Agonist		
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	Tier 3	QL (120 EA per 30 days)
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 2	QL (30 EA per 30 days)

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

Drug	Status	Notes
<i>methylphenidate hcl oral capsule,er biphasic 50-50 40 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5 ml</i>	Tier 2	QL (900 ML per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5 ml</i>	Tier 2	QL (1800 ML per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 2	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	Tier 2	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i>	Tier 2	QL (60 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 45 mg, 63 mg, 72 mg</i>	Tier 3	PA; QL (30 EA per 30 days)
<i>methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg</i>	Tier 3	QL (90 EA per 30 days)
<i>methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr</i>	Tier 3	PA; QL (30 EA per 30 days)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 40 MG	Tier 4	PA; QL (30 EA per 30 days)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 30 MG	Tier 4	PA; QL (60 EA per 30 days)
QUILLIVANT XR ORAL SUSPENSION,EXT REL 24HR,RECON 5 MG/ML (25 MG/5 ML)	Tier 4	PA; QL (360 ML per 30 days)
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 45 MG, 54 MG, 63 MG, 72 MG	Tier 4	PA; QL (30 EA per 30 days)
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 36 MG	Tier 4	PA; QL (60 EA per 30 days)
RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 40 MG	Tier 4	QL (30 EA per 30 days)
RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50 20 MG, 30 MG	Tier 4	QL (60 EA per 30 days)
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 4	QL (90 EA per 30 days)
Tx For Attention Deficit-Hyperact.(Adhd), Nri-Type		
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	Tier 3	QL (60 EA per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	Tier 3	QL (30 EA per 30 days)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG	Tier 4	PA
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG	Tier 4	QL (60 EA per 30 days)
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG	Tier 4	QL (30 EA per 30 days)
Cardiovascular Disease - Arrhythmia		
Antiarrhythmics		
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	Tier 2	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	Tier 3	
<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	

Drug	Status	Notes
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG	Tier 4	
NORPACE ORAL CAPSULE 100 MG, 150 MG	Tier 4	
PACERONE ORAL TABLET 100 MG, 400 MG	Tier 4	
PACERONE ORAL TABLET 200 MG	Tier 2	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	Tier 3	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	Tier 2	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	Tier 3	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	Tier 3	
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG	Tier 4	QL (60 EA per 30 days)
Cardiovascular Disease - Cardiac Stimulant		
Digitalis Glycosides		
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	Tier 3	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	Tier 2	
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i>	Tier 3	PA
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	Tier 4	
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG)	Tier 4	PA
Cardiovascular Disease - Hypertension		
Ace Inhibitor/Calcium Channel Blocker Combination		
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	Tier 2	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	Tier 4	
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG	Tier 4	ST: Trial of TWO of the following is required: bisoprolol-HCTZ, irbesartan, irbesartan-HCTZ, losartan potassium, losartan-HCTZ, olmesartan-HCTZ, valsartan, or valsartan-HCTZ; QL (30 EA per 30 days)
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	Tier 3	ST: Trial of TWO of the following is required: bisoprolol-HCTZ, irbesartan, irbesartan-HCTZ, losartan potassium, losartan-HCTZ, olmesartan-HCTZ, valsartan, or valsartan-HCTZ
Ace Inhibitor/Thiazide & Thiazide-Like Diuretic		
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	Tier 4	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	Tier 2	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	Tier 3	ST: Trial of TWO of the following is required: bisoprolol-HCTZ, irbesartan, irbesartan-HCTZ, losartan potassium, losartan-HCTZ, olmesartan-HCTZ, valsartan, or valsartan-HCTZ
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	Tier 2	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg</i>	Tier 3	

Drug	Status	Notes
<i>fosinopril-hydrochlorothiazide oral tablet 20-12.5 mg</i>	Tier 2	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 1	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	Tier 4	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 2	
VASERETIC ORAL TABLET 10-25 MG	Tier 4	
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	Tier 4	
Alpha/Beta-Adrenergic Blocking Agents		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	Tier 1	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i>	Tier 3	ST: Trial of TWO of the following is required: bisoprolol fumarate, carvedilol, metoprolol succinate ER, or nebivolol.; QL (30 EA per 30 days)
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG, 20 MG, 40 MG, 80 MG	Tier 4	ST: Trial of TWO of the following is required: bisoprolol fumarate, carvedilol, metoprolol succinate ER, or nebivolol.; QL (30 EA per 30 days)
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG	Tier 4	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	Tier 2	
<i>labetalol oral tablet 400 mg</i>	Tier 3	PA
Alpha-Adrenergic Blocking Agents		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG	Tier 4	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	Tier 4	
DIBENZYLINE ORAL CAPSULE 10 MG	Tier 4	PA
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	Tier 2	
<i>phenoxybenzamine oral capsule 10 mg</i>	Tier 3	PA
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	Tier 2	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 2	
Angioten.Receptr Antag./Cal.Chanl Blkr/Thiazide Cb		
<i>amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	Tier 3	ST: Trial of TWO of the following is required: bisoprolol-HCTZ, irbesartan, irbesartan-HCTZ, losartan potassium, losartan-HCTZ, olmesartan-HCTZ, valsartan, or valsartan-HCTZ
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

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

Drug	Status	Notes
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	Tier 3	
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG	Tier 4	
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG	Tier 4	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	Tier 3	ST: Trial of TWO of the following is required: bisoprolol-HCTZ, irbesartan, irbesartan-HCTZ, losartan potassium, losartan-HCTZ, olmesartan-HCTZ, valsartan, or valsartan-HCTZ
Antihypertensives, Ace Inhibitors		
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	Tier 4	
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG	Tier 4	
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	Tier 2	
<i>enalapril maleate oral solution 1 mg/ml</i>	Tier 3	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 2	
EPANED ORAL SOLUTION 1 MG/ML	Tier 4	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 2	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	Tier 1	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	Tier 4	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	Tier 2	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	Tier 2	
QBRELIS ORAL SOLUTION 1 MG/ML	Tier 4	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 2	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 2	
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	Tier 4	
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG	Tier 4	
Antihypertensives, Angiotensin Receptor Antagonist		
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	Tier 4	ST: Trial of TWO of the following is required: bisoprolol-HCTZ, irbesartan, irbesartan-HCTZ, losartan potassium, losartan-HCTZ, olmesartan-HCTZ, valsartan, or valsartan-HCTZ
AVAPRO ORAL TABLET 150 MG, 300 MG, 75 MG	Tier 4	
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG	Tier 4	
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Tier 3	ST: Trial of TWO of the following is required: bisoprolol-HCTZ, irbesartan, irbesartan-HCTZ, losartan potassium, losartan-HCTZ, olmesartan-HCTZ, valsartan, or valsartan-HCTZ
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 4	

Drug	Status	Notes
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG	Tier 4	
EDARBI ORAL TABLET 40 MG, 80 MG	Tier 4	ST: Trial of TWO of the following is required: bisoprolol-HCTZ, irbesartan, irbesartan-HCTZ, losartan potassium, losartan-HCTZ, olmesartan-HCTZ, valsartan, or valsartan-HCTZ
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	Tier 2	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG	Tier 4	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	Tier 2	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 2	
<i>valsartan oral solution 4 mg/ml</i>	Tier 3	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	Tier 2	
Antihypertensives, Miscellaneous		
DEMSEER ORAL CAPSULE 250 MG	Tier 7	PA; SP
<i>metyrosine oral capsule 250 mg</i>	Tier 6	PA; SP
Antihypertensives, Sympatholytic		
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24 HR	Tier 4	QL (4 EA per 28 days)
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24 HR	Tier 4	QL (4 EA per 28 days)
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24 HR	Tier 4	QL (4 EA per 28 days)
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	Tier 2	
<i>clonidine hcl oral tablet extended release 24 hr 0.17 mg</i>	Tier 3	PA
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	Tier 3	QL (4 EA per 28 days)
<i>guanfacine oral tablet 1 mg, 2 mg</i>	Tier 2	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	Tier 2	
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HR 0.17 MG	Tier 4	PA
Antihypertensives, Vasodilators		
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 2	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	Tier 2	
Antihypertensives, Endothelin Receptor Antagonists		
TRYVIO ORAL TABLET 12.5 MG	Tier 4	PA; QL (30 EA per 30 days)
Beta-Adrenergic Blocking Agents		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	Tier 3	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG	Tier 4	
BETAPACE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	Tier 4	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	Tier 3	
<i>bisoprolol fumarate oral tablet 10 mg, 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)
CORGARD ORAL TABLET 80 MG	Tier 4	

Drug	Status	Notes
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 TABLET 100 MG, 50 MG	Tier 4	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	Tier 3	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 2	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>pindolol oral tablet 10 mg, 5 mg</i>	Tier 3	
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	Tier 2	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	Tier 2	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 2	
SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG	Tier 2	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	Tier 2	
SOTYLIZE ORAL SOLUTION 5 MG/ML	Tier 4	
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 4	
<i>timolol maleate oral tablet 10 mg, 5 mg</i>	Tier 3	QL (60 EA per 30 days)
<i>timolol maleate oral tablet 20 mg</i>	Tier 3	QL (90 EA per 30 days)
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 200 MG, 25 MG, 50 MG	Tier 4	
Beta-Adrenergic Blocking Agents/Thiazide & Related		
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	Tier 2	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	Tier 2	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	Tier 2	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	Tier 2	
TENORETIC 100 ORAL TABLET 100-25 MG	Tier 4	
TENORETIC 50 ORAL TABLET 50-25 MG	Tier 4	
Calcium Channel Blocking Agents		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	

Drug	Status	Notes
CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	Tier 4	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Tier 4	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	Tier 4	
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG	Tier 2	
CONJUPRI ORAL TABLET 2.5 MG, 5 MG	Tier 4	PA
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	Tier 2	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	Tier 3	
<i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	Tier 2	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	Tier 2	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	Tier 2	
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	Tier 3	
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG	Tier 2	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	Tier 2	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	Tier 3	
KATERZIA ORAL SUSPENSION 1 MG/ML	Tier 4	
<i>levamlodipine oral tablet 2.5 mg, 5 mg</i>	Tier 3	PA
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Tier 3	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	Tier 3	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	Tier 3	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	Tier 2	
<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>nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	Tier 3	PA; QL (30 EA per 30 days)
NORLIQVA ORAL SOLUTION 1 MG/ML	Tier 4	
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 4	
NYMALIZE ORAL SOLUTION 60 MG/10 ML	Tier 4	
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML	Tier 4	
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG, 60 MG, 90 MG	Tier 4	
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	Tier 4	PA; QL (30 EA per 30 days)

Drug	Status	Notes
TIADYL ER ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Tier 2	
TIAZAC ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Tier 4	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	Tier 3	PA
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	Tier 2	
<i>verapamil oral capsule,ext rel. pellets 24 hr 360 mg</i>	Tier 3	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	Tier 2	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	Tier 2	
VERELAN PM ORAL CAPSULE, 24 HR ER PELLETT CT 100 MG, 200 MG, 300 MG	Tier 4	PA
Loop Diuretics		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2	
EDECRIN ORAL TABLET 25 MG	Tier 4	
<i>ethacrynic acid oral tablet 25 mg</i>	Tier 3	
FUROSCIX SUBCUTANEOUS KIT 80 MG/10 ML	Tier 4	PA
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	Tier 2	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG	Tier 4	
SOANZ ORAL TABLET 40 MG	Tier 4	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	Tier 2	
Potassium Sparing Diuretics		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 4	
<i>amiloride oral tablet 5 mg</i>	Tier 2	
CAROSPIR ORAL SUSPENSION 25 MG/5 ML	Tier 4	
DYRENIUM ORAL CAPSULE 100 MG, 50 MG	Tier 4	PA
<i>eplerenone oral tablet 25 mg, 50 mg</i>	Tier 3	QL (60 EA per 30 days)
INSPIRA ORAL TABLET 25 MG, 50 MG	Tier 4	QL (60 EA per 30 days)
KERENDIA ORAL TABLET 10 MG, 20 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
Potassium Sparing Diuretics In Combination		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	Tier 2	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	Tier 2	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	Tier 2	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	Tier 2	
Pulm Anti-Htn,Soluble Guanylate Cyclase Stimulator		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	Tier 7	PA; SP; QL (90 EA per 30 days)

Drug	Status	Notes
Pulm.Anti-Htn,Sel.C-Gmp Phosphodiesterase T5 Inhib		
ADCIRCA ORAL TABLET 20 MG	Tier 4	PA; QL (60 EA per 30 days)
ALYQ ORAL TABLET 20 MG	Tier 3	PA; QL (60 EA per 30 days)
LIQREV ORAL SUSPENSION 10 MG/ML	Tier 3	PA
REVATIO ORAL TABLET 20 MG	Tier 3	PA; QL (90 EA per 30 days)
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i>	Tier 3	PA; QL (60 ML per 30 days)
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	Tier 2	PA; QL (90 EA per 30 days)
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	Tier 3	PA; QL (6 EA per 30 days)
TADLIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	Tier 4	PA
Pulmonary Anti-Htn, Endothelin Receptor Antagonist		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	Tier 6	PA; SP
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	Tier 6	PA; SP
LETAIRIS ORAL TABLET 10 MG, 5 MG	Tier 7	PA; SP
OPSUMIT ORAL TABLET 10 MG	Tier 6	PA; SP
TRACLEER ORAL TABLET 125 MG, 62.5 MG	Tier 7	PA; SP
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	Tier 6	PA; SP
Pulmonary Antihyper Agent, Actriia-Fc		
WINREVAIR SUBCUTANEOUS KIT 45 MG, 60 MG	Tier 7	PA; SP
Pulmonary Antihypertensives, Prostaglycin-Type		
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42)	Tier 6	PA; SP; QL (168 EA per 365 days)
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210)	Tier 6	PA; SP; QL (336 EA per 365 days)
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)-1MG	Tier 6	PA; SP; QL (252 EA per 365 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	Tier 6	PA; SP; QL (90 EA per 30 days)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 32 MCG, 48 MCG, 64 MCG	Tier 6	PA; SP; QL (112 EA per 28 days)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16(112)-32(112) -48(28) MCG	Tier 6	PA; SP; QL (252 EA per 365 days)
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	Tier 6	PA; SP
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	Tier 6	PA; SP
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	Tier 6	PA; SP
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	Tier 6	PA; SP
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	Tier 6	PA; SP; QL (60 EA per 30 days)

Drug	Status	Notes
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
Pulmonary Htn-Endothelin Recept Antg-Cgmp Pde5 Inh		
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG	Tier 6	PA; SP; QL (30 EA per 30 days)
Renin Inhibitor, Direct		
<i>aliskiren oral tablet 150 mg, 300 mg</i>	Tier 3	ST: Trial of TWO of the following is required: bisoprolol-HCTZ, irbesartan, irbesartan-HCTZ, losartan potassium, losartan-HCTZ, olmesartan-HCTZ, valsartan, or valsartan-HCTZ
TEKTURNA ORAL TABLET 150 MG, 300 MG	Tier 4	ST: Trial of TWO of the following is required: bisoprolol-HCTZ, irbesartan, irbesartan-HCTZ, losartan potassium, losartan-HCTZ, olmesartan-HCTZ, valsartan, or valsartan-HCTZ
Thiazide And Related Diuretics		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 1	
DIURIL ORAL SUSPENSION 250 MG/5 ML	Tier 4	
<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	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 3	
THALITONE ORAL TABLET 15 MG	Tier 4	PA
Vasodilators, Combination		
BIDIL ORAL TABLET 20-37.5 MG	Tier 4	
<i>isosorbide-hydralazine oral tablet 20-37.5 mg</i>	Tier 3	
Cardiovascular Disease - Lipid Irregularity		
Antihyperlip.Hmg Coa Reduct Inhib&Cholest.Ab.Inhib		
<i>ezetimibe-rosuvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-5 mg</i>	Tier 3	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	Tier 3	QL (30 EA per 30 days)
ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG	Tier 4	
VYTORIN 10-10 ORAL TABLET 10-10 MG	Tier 4	QL (30 EA per 30 days)
VYTORIN 10-20 ORAL TABLET 10-20 MG	Tier 4	QL (30 EA per 30 days)
VYTORIN 10-40 ORAL TABLET 10-40 MG	Tier 4	QL (30 EA per 30 days)
VYTORIN 10-80 ORAL TABLET 10-80 MG	Tier 4	QL (30 EA per 30 days)
Antihyperlipidemic - Atp Citrate Lyase Inhibitor		
NEXLETOL ORAL TABLET 180 MG	Tier 4	PA; QL (30 EA per 30 days)
Antihyperlipidemic - Hmg Coa Reductase Inhibitors		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG	Tier 4	PA
ATORVALIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	Tier 4	PA
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Tier 1	\$0 COPAY IF 40 YEARS OF AGE OR OLDER

Drug	Status	Notes
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	Tier 4	
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG	Tier 4	ST: Trial of TWO of the following is required: atorvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin; QL (30 EA per 30 days)
FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML), 40 MG/5 ML (8 MG/ML)	Tier 4	PA
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	Tier 3	ST: Trial of TWO of the following is required: atorvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin; \$0 COPAY IF 40 YEARS OF AGE OR OLDER
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	Tier 3	ST: Trial of TWO of the following is required: atorvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin; \$0 COPAY IF 40 YEARS OF AGE OR OLDER; QL (30 EA per 30 days)
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	\$0 COPAY IF 40 YEARS OF AGE OR OLDER
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 3	ST: Trial of TWO of the following is required: atorvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin; \$0 COPAY IF 40 YEARS OF AGE OR OLDER; QL (30 EA per 30 days)
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Tier 1	\$0 COPAY IF 40 YEARS OF AGE OR OLDER
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	\$0 COPAY IF 40 YEARS OF AGE OR OLDER
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	Tier 1	\$0 COPAY IF 40 YEARS OF AGE OR OLDER
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	Tier 4	
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	Tier 4	ST: Trial of TWO of the following is required: atorvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin; QL (30 EA per 30 days)
Antihyperlipidemic - Mtp Inhibitor		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
Antihyperlipidemic - Pcsk9 Inhibitors		
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	Tier 3	ST: Trial of ONE of the following is required: atorvastatin tablet, lovastatin tablet, pravastatin tablet, rosuvastatin tablet, or simvastatin tablet

Drug	Status	Notes
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	Tier 3	ST: Trial of ONE of the following is required: atorvastatin tablet, lovastatin tablet, pravastatin tablet, rosuvastatin tablet, or simvastatin tablet
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	Tier 3	ST: Trial of ONE of the following is required: atorvastatin tablet, lovastatin tablet, pravastatin tablet, rosuvastatin tablet, or simvastatin tablet
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	Tier 3	ST: Trial of ONE of the following is required: atorvastatin tablet, lovastatin tablet, pravastatin tablet, rosuvastatin tablet, or simvastatin tablet
Antihyperlipidemic-Acly And Choles Absorp Inhib		
NEXLIZET ORAL TABLET 180-10 MG	Tier 4	PA; QL (30 EA per 30 days)
Bile Salt Sequestrants		
<i>cholestyramine (with sugar) oral powder 4 gram</i>	Tier 2	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	Tier 2	
CHOLESTYRAMINE LIGHT ORAL POWDER 4 GRAM	Tier 2	
CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM	Tier 2	
<i>cholestyramine-aspartame 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	
PREVALITE ORAL POWDER 4 GRAM	Tier 2	
PREVALITE ORAL POWDER IN PACKET 4 GRAM	Tier 2	
QUESTRAN LIGHT ORAL POWDER 4 GRAM	Tier 4	
QUESTRAN ORAL POWDER 4 GRAM	Tier 4	
QUESTRAN ORAL POWDER IN PACKET 4 GRAM	Tier 4	
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM	Tier 4	
WELCHOL ORAL TABLET 625 MG	Tier 4	
Lipotropics		
<i>ezetimibe oral tablet 10 mg</i>	Tier 2	
<i>fenofibrate micronized oral capsule 130 mg</i>	Tier 3	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	Tier 2	
<i>fenofibrate micronized oral capsule 90 mg</i>	Tier 3	PA
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	Tier 2	
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	Tier 3	PA
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	Tier 3	PA
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	Tier 2	
<i>fenofibric acid (choline) oral capsule, delayed release(drlec) 135 mg, 45 mg</i>	Tier 2	

Drug	Status	Notes
<i>fenofibric acid oral tablet 105 mg</i>	Tier 3	PA
<i>fenofibric acid oral tablet 35 mg</i>	Tier 2	
FENOGLIDE ORAL TABLET 120 MG, 40 MG	Tier 4	PA
FIBRICOR ORAL TABLET 105 MG	Tier 4	PA
FIBRICOR ORAL TABLET 35 MG	Tier 4	
<i>gemfibrozil oral tablet 600 mg</i>	Tier 2	
<i>icosapent ethyl oral capsule 0.5 gram</i>	Tier 3	PA; QL (60 EA per 30 days)
<i>icosapent ethyl oral capsule 1 gram</i>	Tier 3	PA; QL (120 EA per 30 days)
LIPOFEN ORAL CAPSULE 150 MG, 50 MG	Tier 4	PA
LOPID ORAL TABLET 600 MG	Tier 4	
LOVAZA ORAL CAPSULE 1 GRAM	Tier 4	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	Tier 3	
NIACOR ORAL TABLET 500 MG	Tier 3	PA
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	Tier 2	
TRICOR ORAL TABLET 145 MG, 48 MG	Tier 4	
TRILIPIX ORAL CAPSULE, DELAYED RELEASE(DR/EC) 135 MG, 45 MG	Tier 4	
VASCEPA ORAL CAPSULE 0.5 GRAM	Tier 4	PA; QL (60 EA per 30 days)
VASCEPA ORAL CAPSULE 1 GRAM	Tier 4	PA; QL (120 EA per 30 days)
ZETIA ORAL TABLET 10 MG	Tier 4	
Niacin Preparations		
<i>niacin oral tablet 500 mg</i>	Tier 3	PA
Cardiovascular Disease - Miscellaneous Agents		
Adrenergic Vasopressor Agents		
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	Tier 6	PA; SP; QL (90 EA per 30 days)
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 2	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	Tier 7	PA; SP; QL (90 EA per 30 days)
Angiotensin Recept-Neprilysin Inhibitor Comb(Arni)		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	Tier 3	QL (60 EA per 30 days)
ENTRESTO SPRINKLE ORAL PELLETT 15-16 MG, 6-6 MG	Tier 3	QL (240 EA per 30 days)
Antianginal & Anti-Ischemic Agents, Non-Hemodynamic		
ASPRUZYO SPRINKLE ORAL EXTEND RELEASE GRANULES, PACKET 1,000 MG, 500 MG	Tier 4	PA
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	Tier 3	
Antianginal, Heart Rate Reducing, I(F) Inhibitor		
CORLANOR ORAL SOLUTION 5 MG/5 ML	Tier 3	PA; QL (450 ML per 30 days)
CORLANOR ORAL TABLET 5 MG, 7.5 MG	Tier 4	PA; QL (60 EA per 30 days)
<i>ivabradine oral tablet 5 mg, 7.5 mg</i>	Tier 3	PA; QL (60 EA per 30 days)
Antihyperlip - Hmg-Coa&Calcium Channel Blocker Cb		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	Tier 3	QL (30 EA per 30 days)

Drug	Status	Notes
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	QL (30 EA per 30 days)
Anti-Inflammatory - Antimitotics		
LODOCO ORAL TABLET 0.5 MG	Tier 4	PA
Cardiac Myosin Inhibitor		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
Protein Stabilizers		
VYNDAMAX ORAL CAPSULE 61 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
VYNDAQEL ORAL CAPSULE 20 MG	Tier 7	PA; SP; QL (120 EA per 30 days)
Soluble Guanylate Cyclase (Sgc) Stimulator		
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 4	PA
Cardiovascular Disease - Vasodilation		
Vasodilators, Coronary		
ISORDIL ORAL TABLET 40 MG	Tier 4	PA
ISORDIL TITRADOSE ORAL TABLET 5 MG	Tier 4	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 2	
<i>isosorbide dinitrate oral tablet 40 mg</i>	Tier 3	PA
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	Tier 2	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	Tier 2	
NITRO-BID TRANSDERMAL OINTMENT 2 %	Tier 3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	Tier 4	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	Tier 4	PA
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	Tier 2	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	Tier 2	
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i>	Tier 3	
NITROLINGUAL TRANSLINGUAL SPRAY, NON-AEROSOL 400 MCG/SPRAY	Tier 4	
NITROMIST TRANSLINGUAL AEROSOL, SPRAY 400 MCG/SPRAY	Tier 4	
NITROSTAT SUBLINGUAL TABLET 0.3 MG, 0.4 MG, 0.6 MG	Tier 4	
Vasodilators, Peripheral		
<i>ergoloid oral tablet 1 mg</i>	Tier 3	
Contraception/Oxytocics		
Contraceptives, Intravaginal, Systemic		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR	Tier 3	\$0 COPAY
ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR	Tier 3	\$0 COPAY
ENILLORING VAGINAL RING 0.12-0.015 MG/24 HR	Tier 3	\$0 COPAY
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	Tier 3	\$0 COPAY
HALOETTE VAGINAL RING 0.12-0.015 MG/24 HR	Tier 3	\$0 COPAY

Drug	Status	Notes
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR	Tier 4	
Contraceptives,Implantable		
NEXPLANON SUBDERMAL IMPLANT 68 MG	Tier 4	\$0 COPAY
Contraceptives,Injectable		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	Tier 4	QL (1 ML per 84 days)
DEPO-PROVERA INTRAMUSCULAR SYRINGE 150 MG/ML	Tier 4	QL (1 ML per 84 days)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	Tier 4	\$0 COPAY
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	Tier 3	\$0 COPAY
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	Tier 3	\$0 COPAY
Contraceptives,Intravaginal		
PHEXXI VAGINAL GEL 1.8-1-0.4 %	Tier 4	\$0 COPAY
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 %	Tier 4	\$0 COPAY
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %	Tier 4	\$0 COPAY
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %	Tier 3	\$0 COPAY
Contraceptives,Oral		
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG	Tier 2	\$0 COPAY
AFTER PILL ORAL TABLET 1.5 MG	Tier 2	\$0 COPAY
AFTERA ORAL TABLET 1.5 MG	Tier 4	\$0 COPAY
ALTAVERA (28) ORAL TABLET 0.15-0.03 MG	Tier 2	\$0 COPAY
ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 2	\$0 COPAY
ALYACEN 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG-35 MCG	Tier 2	\$0 COPAY
AMETHIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	Tier 3	\$0 COPAY
AMETHYST (28) ORAL TABLET 90-20 MCG (28)	Tier 3	\$0 COPAY
APRI ORAL TABLET 0.15-0.03 MG	Tier 2	\$0 COPAY
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG	Tier 2	\$0 COPAY
ASHLYNA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	Tier 3	\$0 COPAY
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	Tier 2	\$0 COPAY
AUBRA ORAL TABLET 0.1-20 MG-MCG	Tier 2	\$0 COPAY
AUROVELA 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	Tier 2	\$0 COPAY
AUROVELA 1/20 (21) ORAL TABLET 1-20 MG-MCG	Tier 2	\$0 COPAY
AUROVELA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	Tier 3	\$0 COPAY
AUROVELA FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	Tier 2	\$0 COPAY
AUROVELA FE 1-20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 2	\$0 COPAY
AVIANE ORAL TABLET 0.1-20 MG-MCG	Tier 2	\$0 COPAY
AYUNA ORAL TABLET 0.15-0.03 MG	Tier 2	\$0 COPAY

Drug	Status	Notes
AZURETTE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	Tier 2	\$0 COPAY
BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)	Tier 4	QL (28 EA per 28 days)
BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG	Tier 2	\$0 COPAY
BEYAZ ORAL TABLET 3-0.02-0.451 MG (24) (4)	Tier 4	
BLISOVI 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	Tier 3	\$0 COPAY
BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	Tier 2	\$0 COPAY
BLISOVI FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 2	\$0 COPAY
BRIELLYN ORAL TABLET 0.4-35 MG-MCG	Tier 2	\$0 COPAY
CAMILA ORAL TABLET 0.35 MG	Tier 2	\$0 COPAY
CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7)	Tier 3	\$0 COPAY
CAMRESE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	Tier 3	\$0 COPAY
CAZANT (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	Tier 2	\$0 COPAY
CHARLOTTE 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	Tier 3	\$0 COPAY
CHATEAL EQ (28) ORAL TABLET 0.15-0.03 MG	Tier 2	\$0 COPAY
CRYSELLE (28) ORAL TABLET 0.3-30 MG-MCG	Tier 2	\$0 COPAY
CURAE ORAL TABLET 1.5 MG	Tier 2	
CYRED EQ ORAL TABLET 0.15-0.03 MG	Tier 2	\$0 COPAY
CYRED ORAL TABLET 0.15-0.03 MG	Tier 2	\$0 COPAY
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 2	\$0 COPAY
DASETTA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG-35 MCG	Tier 2	\$0 COPAY
DAYSEE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	Tier 3	\$0 COPAY
DEBLITANE ORAL TABLET 0.35 MG	Tier 2	\$0 COPAY
<i>desog-e.estradiolle.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	Tier 2	\$0 COPAY
DOLISHALE ORAL TABLET 90-20 MCG (28)	Tier 3	\$0 COPAY
<i>drosiprone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)</i>	Tier 3	\$0 COPAY
<i>drosiprone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	Tier 2	\$0 COPAY
ECONTRA EZ ORAL TABLET 1.5 MG	Tier 2	\$0 COPAY
ECONTRA ONE-STEP ORAL TABLET 1.5 MG	Tier 2	\$0 COPAY
ELINEST ORAL TABLET 0.3-30 MG-MCG	Tier 2	\$0 COPAY
ELLA ORAL TABLET 30 MG	Tier 4	\$0 COPAY
EMZAHH ORAL TABLET 0.35 MG	Tier 2	\$0 COPAY
ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	Tier 2	\$0 COPAY
ENSKYCE ORAL TABLET 0.15-0.03 MG	Tier 2	\$0 COPAY
ERRIN ORAL TABLET 0.35 MG	Tier 2	\$0 COPAY
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	Tier 2	\$0 COPAY

Drug	Status	Notes
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	Tier 2	\$0 COPAY
FALMINA (28) ORAL TABLET 0.1-20 MG-MCG	Tier 2	\$0 COPAY
FEMLYV ORAL TABLET,DISINTEGRATING 1 MG-20 MCG	Tier 4	\$0 COPAY
FINZALA ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	Tier 3	\$0 COPAY
GEMMILY ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	Tier 3	\$0 COPAY
HAILEY 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	Tier 3	\$0 COPAY
HAILEY FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	Tier 2	\$0 COPAY
HAILEY FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 2	\$0 COPAY
HAILEY ORAL TABLET 1.5-30 MG-MCG	Tier 2	\$0 COPAY
HEATHER ORAL TABLET 0.35 MG	Tier 2	\$0 COPAY
HER STYLE ORAL TABLET 1.5 MG	Tier 2	\$0 COPAY
ICLEVIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	Tier 2	\$0 COPAY
INCASSIA ORAL TABLET 0.35 MG	Tier 2	\$0 COPAY
ISIBLOOM ORAL TABLET 0.15-0.03 MG	Tier 2	\$0 COPAY
JAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	Tier 3	\$0 COPAY
JASMIEL (28) ORAL TABLET 3-0.02 MG	Tier 2	\$0 COPAY
JENCYCLA ORAL TABLET 0.35 MG	Tier 2	\$0 COPAY
JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	Tier 2	\$0 COPAY
JOYEAUX ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)	Tier 3	\$0 COPAY
JULEBER ORAL TABLET 0.15-0.03 MG	Tier 2	\$0 COPAY
JULIE ORAL TABLET 1.5 MG	Tier 2	\$0 COPAY
JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	Tier 2	\$0 COPAY
JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG	Tier 2	\$0 COPAY
JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	Tier 2	\$0 COPAY
JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 2	\$0 COPAY
JUNEL FE 24 ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	Tier 3	\$0 COPAY
KAITLIB FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	Tier 3	\$0 COPAY
KALLIGA ORAL TABLET 0.15-0.03 MG	Tier 2	\$0 COPAY
KARIVA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	Tier 2	\$0 COPAY
KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 2	\$0 COPAY
KELNOR 1/50 (28) ORAL TABLET 1-50 MG-MCG	Tier 2	\$0 COPAY
KURVELO (28) ORAL TABLET 0.15-0.03 MG	Tier 2	\$0 COPAY

Drug	Status	Notes
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-20 mcg/ 0.15 mg-25 mcg, 0.15 mg-30 mcg (84)/10 mcg (7)</i>	Tier 3	\$0 COPAY
LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	Tier 2	\$0 COPAY
LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	Tier 2	\$0 COPAY
LARIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	Tier 3	\$0 COPAY
LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	Tier 2	\$0 COPAY
LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 2	\$0 COPAY
LAYOLIS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	Tier 4	\$0 COPAY
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG	Tier 2	\$0 COPAY
LESSINA ORAL TABLET 0.1-20 MG-MCG	Tier 2	\$0 COPAY
LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	Tier 2	\$0 COPAY
<i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	Tier 3	\$0 COPAY
<i>levonorgestrel oral tablet 1.5 mg</i>	Tier 2	\$0 COPAY
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	Tier 2	\$0 COPAY
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i>	Tier 3	\$0 COPAY
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	Tier 2	\$0 COPAY
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	Tier 2	\$0 COPAY
LEVORA-28 ORAL TABLET 0.15-0.03 MG	Tier 2	\$0 COPAY
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)	Tier 4	\$0 COPAY
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	Tier 4	
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	Tier 4	
LOESTRIN FE 1.5/30 (28-DAY) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	Tier 4	
LOESTRIN FE 1/20 (28-DAY) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 4	
LOJAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7)	Tier 3	\$0 COPAY
LORYNA (28) ORAL TABLET 3-0.02 MG	Tier 2	\$0 COPAY
LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG	Tier 2	\$0 COPAY
LO-ZUMANDIMINE (28) ORAL TABLET 3-0.02 MG	Tier 2	\$0 COPAY
LUTERA (28) ORAL TABLET 0.1-20 MG-MCG	Tier 2	\$0 COPAY
LYLEQ ORAL TABLET 0.35 MG	Tier 2	\$0 COPAY
LYZA ORAL TABLET 0.35 MG	Tier 2	\$0 COPAY
MARLISSA (28) ORAL TABLET 0.15-0.03 MG	Tier 2	\$0 COPAY

Drug	Status	Notes
MERZEE ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	Tier 3	\$0 COPAY
MIBELAS 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	Tier 3	\$0 COPAY
MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	Tier 2	\$0 COPAY
MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	Tier 2	\$0 COPAY
MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	Tier 2	\$0 COPAY
MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 2	\$0 COPAY
MILI ORAL TABLET 0.25-35 MG-MCG	Tier 2	\$0 COPAY
MINZOYA ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)	Tier 3	\$0 COPAY
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	Tier 2	\$0 COPAY
MY CHOICE ORAL TABLET 1.5 MG	Tier 2	\$0 COPAY
MY WAY ORAL TABLET 1.5 MG	Tier 2	\$0 COPAY
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG	Tier 4	\$0 COPAY
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	Tier 2	\$0 COPAY
NEW DAY ORAL TABLET 1.5 MG	Tier 2	\$0 COPAY
NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28)	Tier 4	\$0 COPAY
NIKKI (28) ORAL TABLET 3-0.02 MG	Tier 2	\$0 COPAY
NORA-BE ORAL TABLET 0.35 MG	Tier 2	\$0 COPAY
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)</i>	Tier 3	\$0 COPAY
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	Tier 2	\$0 COPAY
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	Tier 2	\$0 COPAY
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	Tier 3	\$0 COPAY
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</i>	Tier 2	\$0 COPAY
<i>norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	Tier 3	\$0 COPAY
<i>norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	Tier 3	\$0 COPAY
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i>	Tier 2	\$0 COPAY
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	Tier 2	\$0 COPAY
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)	Tier 2	\$0 COPAY
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 2	\$0 COPAY
NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG-35 MCG	Tier 2	\$0 COPAY
NYLIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 2	\$0 COPAY

Drug	Status	Notes
NYLIA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	Tier 2	\$0 COPAY
OCELLA ORAL TABLET 3-0.03 MG	Tier 2	\$0 COPAY
OPCICON ONE-STEP ORAL TABLET 1.5 MG	Tier 2	\$0 COPAY
OPILL ORAL TABLET 0.075 MG	Tier 3	\$0 COPAY
OPTION-2 ORAL TABLET 1.5 MG	Tier 2	\$0 COPAY
ORTHO-NOVUM 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	Tier 2	
PHILITH ORAL TABLET 0.4-35 MG-MCG	Tier 2	\$0 COPAY
PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	Tier 2	\$0 COPAY
PLAN B ONE-STEP ORAL TABLET 1.5 MG	Tier 4	
PORTIA 28 ORAL TABLET 0.15-0.03 MG	Tier 2	\$0 COPAY
QUARTETTE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG	Tier 4	QL (91 EA per 91 days)
RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG	Tier 2	\$0 COPAY
RIVELSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG	Tier 3	\$0 COPAY
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (21) (7)	Tier 4	QL (28 EA per 28 days)
SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	Tier 2	\$0 COPAY
SHAROBEL ORAL TABLET 0.35 MG	Tier 2	\$0 COPAY
SIMLIYA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	Tier 2	\$0 COPAY
SIMPESSE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	Tier 3	\$0 COPAY
SLYND ORAL TABLET 4 MG (28)	Tier 4	\$0 COPAY
SPRINTEC (28) ORAL TABLET 0.25-35 MG-MCG	Tier 2	\$0 COPAY
SRONYX ORAL TABLET 0.1-20 MG-MCG	Tier 2	\$0 COPAY
SYEDA ORAL TABLET 3-0.03 MG	Tier 2	\$0 COPAY
TAKE ACTION ORAL TABLET 1.5 MG	Tier 4	\$0 COPAY
TARINA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	Tier 2	\$0 COPAY
TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 2	\$0 COPAY
TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 2	\$0 COPAY
TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	Tier 4	
TILIA FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	Tier 3	\$0 COPAY
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	Tier 2	\$0 COPAY
TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	Tier 3	\$0 COPAY
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	Tier 2	\$0 COPAY
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 2	\$0 COPAY

Drug	Status	Notes
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 2	\$0 COPAY
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 2	\$0 COPAY
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 2	\$0 COPAY
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	Tier 2	\$0 COPAY
TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	Tier 2	\$0 COPAY
TRIVORA (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	Tier 2	\$0 COPAY
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	Tier 2	\$0 COPAY
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	Tier 2	\$0 COPAY
TULANA ORAL TABLET 0.35 MG	Tier 2	\$0 COPAY
TURQOZ (28) ORAL TABLET 0.3-30 MG-MCG	Tier 2	\$0 COPAY
TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG	Tier 4	\$0 COPAY
TYDEMY ORAL TABLET 3-0.03-0.451 MG (21) (7)	Tier 3	\$0 COPAY
VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	Tier 2	\$0 COPAY
VESTURA (28) ORAL TABLET 3-0.02 MG	Tier 2	\$0 COPAY
VIENVA ORAL TABLET 0.1-20 MG-MCG	Tier 2	\$0 COPAY
VIORELE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	Tier 2	\$0 COPAY
VOLNEA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	Tier 2	\$0 COPAY
VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG	Tier 2	\$0 COPAY
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	Tier 2	\$0 COPAY
WERA (28) ORAL TABLET 0.5-35 MG-MCG	Tier 2	\$0 COPAY
WYMZYA FE ORAL TABLET,CHEWABLE 0.4MG-35MCG(21) AND 75 MG (7)	Tier 3	\$0 COPAY
YASMIN (28) ORAL TABLET 3-0.03 MG	Tier 4	
YAZ (28) ORAL TABLET 3-0.02 MG	Tier 4	
ZARAH ORAL TABLET 3-0.03 MG	Tier 2	\$0 COPAY
ZOVIA 1-35 (28) ORAL TABLET 1-35 MG-MCG	Tier 2	\$0 COPAY
ZUMANDIMINE (28) ORAL TABLET 3-0.03 MG	Tier 2	\$0 COPAY
Contraceptives, Transdermal		
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>	Tier 3	\$0 COPAY
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR	Tier 4	\$0 COPAY
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	Tier 3	\$0 COPAY
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	Tier 3	\$0 COPAY
Diaphragms/Cervical Cap		
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	Tier 4	\$0 COPAY

Drug	Status	Notes
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM 65 MM	Tier 4	\$0 COPAY
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM	Tier 4	\$0 COPAY
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM	Tier 4	\$0 COPAY
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM	Tier 4	\$0 COPAY
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM	Tier 4	\$0 COPAY
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM	Tier 4	\$0 COPAY
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM	Tier 4	\$0 COPAY
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM	Tier 4	\$0 COPAY
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM	Tier 4	\$0 COPAY
Oxytocics		
<i>methylergonovine oral tablet 0.2 mg</i>	Tier 3	
Cough And Cold		
Antitussives,Non-Narcotic		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	Tier 2	
<i>benzonatate oral capsule 150 mg</i>	Tier 3	
Narcotic Antituss-1St Gen. Antihistamine-Decongest		
HISTEX-AC ORAL SYRUP 2.5-10-10 MG/5 ML	Tier 4	QL (600 ML per 30 days); Age (Min 18 Years)
MAXI-TUSS CD ORAL LIQUID 4-10-10 MG/5 ML	Tier 4	Age (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)
Narcotic Antituss-Decongestant-Expectorant Comb		
CODITUSSIN DAC ORAL LIQUID 30-10-200 MG/5 ML	Tier 3	QL (1200 ML per 30 days); Age (Min 18 Years)
GUAIFENESIN DAC ORAL SYRUP 30-10-100 MG/5 ML	Tier 3	Age (Min 18 Years)
Narcotic Antitussive-1St Generation Antihistamine		
<i>hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml</i>	Tier 2	Age (Min 18 Years)
<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 (Max 17 Years)
Narcotic Antitussive-Anticholinergic Comb.		
HYCODAN (WITH HOMATROPINE) ORAL SYRUP 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 SYRUP 5-1.5 MG/5 ML (5 ML)	Tier 4	Age (Min 18 Years)
<i>hydrocodone-homatropine oral syrup 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)
HYDROMET ORAL SYRUP 5-1.5 MG/5 ML	Tier 2	Age (Min 18 Years)

Drug	Status	Notes
Narcotic Antitussive-Expectorant Combination		
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>	Tier 2	Age (Min 18 Years)
CODITUSSIN AC ORAL LIQUID 10-200 MG/5 ML	Tier 3	QL (1200 ML per 30 days); Age (Min 18 Years)
G TUSSIN AC ORAL LIQUID 10-100 MG/5 ML	Tier 2	Age (Min 18 Years)
GUAIFENESIN AC ORAL LIQUID 10-100 MG/5 ML	Tier 2	Age (Min 18 Years)
MAR-COF CG ORAL LIQUID 7.5-225 MG/5 ML	Tier 4	QL (1590 ML per 30 days); Age (Min 18 Years)
MAXI-TUSS AC ORAL LIQUID 10-100 MG/5 ML	Tier 2	Age (Min 18 Years)
NINJACOF-XG ORAL LIQUID 8-200 MG/5 ML	Tier 3	QL (1800 ML per 30 days); Age (Min 18 Years)
Non-Narc Antitussive-1St Gen Antihistamine Comb.		
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	Tier 2	
Dermatology - Acne		
Acne Agents, Systemic		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG	Tier 4	PA; QL (60 EA per 30 days)
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 4	PA
ABSORICA ORAL CAPSULE 25 MG, 35 MG	Tier 4	PA; QL (90 EA per 30 days)
ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 3	
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	Tier 3	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 3	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 3	
<i>isotretinoin oral capsule 25 mg, 35 mg</i>	Tier 3	PA; QL (90 EA per 30 days)
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 3	
Acne Agents, Topical		
ACANYA TOPICAL GEL WITH PUMP 1.2-2.5 %	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
ACZONE TOPICAL GEL 5 %	Tier 4	
ACZONE TOPICAL GEL WITH PUMP 7.5 %	Tier 4	
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i>	Tier 2	Age (Max 29 Years)
<i>adapalene-benzoyl peroxide topical gel with pump 0.3-2.5 %</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 29 Years)
AZELEX TOPICAL CREAM 20 %	Tier 4	ST: Trial of TWO of the following is required: clindamycin phosphate-BPO 1-5% topical gel or gel pump, clindamycin phosphate-BPO 1.2-5% topical gel, Neuac gel, or tretinoin topical cream/gel
CABTREO TOPICAL GEL 0.15-3.1-1.2 %	Tier 4	PA

Drug	Status	Notes
<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 1.2-2.5 %</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-benzoyl peroxide topical gel with pump 1-5 %</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 29 Years)
<i>dapsone topical gel 5 %</i>	Tier 3	
<i>dapsone topical gel with pump 7.5 %</i>	Tier 3	
EPIDUO FORTE TOPICAL GEL WITH PUMP 0.3-2.5 %	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 29 Years)
EPIDUO TOPICAL GEL WITH PUMP 0.1-2.5 %	Tier 4	Age (Max 29 Years)
KLARON TOPICAL SUSPENSION 10 %	Tier 4	
NEUAC TOPICAL GEL 1.2 % (1 % BASE) -5 %	Tier 2	
ONEXTON TOPICAL GEL WITH PUMP 1.2 % (1 % BASE) -3.75 %	Tier 4	ST: Trial of TWO of the following is required: clindamycin phosphate-BPO 1-5% topical gel or gel pump, clindamycin phosphate-BPO 1.2-5% topical gel, Neuac gel, or tretinoin topical cream/gel
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	Tier 2	
TWYNEO TOPICAL CREAM 0.1-3 %	Tier 4	ST: Trial of TWO of the following is required: adapalene 0.1%-benzoyl peroxide 2.5% topical gel pump, tretinoin topical cream/gel, or tazarotene 0.1% topical cream; Age (Max 44 Years)
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 29 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 29 Years)
Rosacea Agents, Topical		
<i>azelaic acid topical gel 15 %</i>	Tier 3	

Drug	Status	Notes
<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
ROSADAN TOPICAL CREAM 0.75 %	Tier 2	
ROSADAN TOPICAL GEL 0.75 %	Tier 2	
SOOLANTRA TOPICAL CREAM 1 %	Tier 4	ST: Trial of TWO of the following is required: metronidazole topical cream, metronidazole topical gel pump, metronidazole topical gel, or azelaic acid gel
Topical Antiandrogenic Agents		
WINLEVI TOPICAL CREAM 1 %	Tier 4	ST: Trial of TWO of the following is required: clindamycin phosphate-BPO 1-5% topical gel or gel pump, clindamycin phosphate-BPO 1.2-5% topical gel, Neucac gel, or tretinoin topical cream/gel
Topical Preparations, Antibacterials		
LUGOLS TOPICAL SOLUTION 5-10 %	Tier 2	

Drug	Status	Notes
Vitamin A Derivatives		
<i>adapalene topical gel 0.3 %</i>	Tier 2	
<i>adapalene topical gel with pump 0.3 %</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
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)
AVITA TOPICAL CREAM 0.025 %	Tier 4	Age (Max 44 Years)
AVITA TOPICAL GEL 0.025 %	Tier 4	Age (Max 44 Years)
DIFFERIN TOPICAL GEL WITH PUMP 0.3 %	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
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)
Vitamin A Derivatives, Topical Acne Agents		
AKLIEF TOPICAL CREAM 0.005 %	Tier 4	ST: Trial of TWO of the following is required: adapalene 0.1%-benzoyl peroxide 2.5% topical gel pump, tretinoin topical cream/gel, or tazarotene 0.1% topical cream; Age (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 29 Years)
Dermatology - Antiinfective		
Topical Antibiotics		
AMZEEQ TOPICAL FOAM 4 %	Tier 4	PA
BENZAMYCIN TOPICAL GEL 3-5 %	Tier 4	
CENTANY TOPICAL OINTMENT 2 %	Tier 4	
CLEOCIN T TOPICAL LOTION 1 %	Tier 4	
CLINDACIN ETZ TOPICAL SWAB 1 %	Tier 2	
CLINDACIN P TOPICAL SWAB 1 %	Tier 2	
CLINDACIN TOPICAL FOAM 1 %	Tier 3	
CLINDAGEL TOPICAL GEL, ONCE DAILY 1 %	Tier 4	ST: Trial of TWO of the following is required: clindamycin phosphate-BPO 1-5% topical gel or gel pump, clindamycin phosphate-BPO 1.2-5% topical gel, Neuac gel, or tretinoin topical cream/gel
<i>clindamycin phosphate topical foam 1 %</i>	Tier 3	
<i>clindamycin phosphate topical gel 1 %</i>	Tier 2	
<i>clindamycin phosphate topical gel, once daily 1 %</i>	Tier 3	ST: Trial of TWO of the following is required: clindamycin phosphate-BPO 1-5% topical gel or gel pump, clindamycin phosphate-BPO 1.2-5% topical gel, Neuac gel, or tretinoin topical cream/gel
<i>clindamycin phosphate topical lotion 1 %</i>	Tier 2	
<i>clindamycin phosphate topical solution 1 %</i>	Tier 2	
<i>clindamycin phosphate topical swab 1 %</i>	Tier 2	
ERY PADS TOPICAL SWAB 2 %	Tier 3	
ERYGEL TOPICAL GEL 2 %	Tier 4	
<i>erythromycin with ethanol topical gel 2 %</i>	Tier 2	
<i>erythromycin with ethanol topical solution 2 %</i>	Tier 2	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	Tier 2	
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
XEPI TOPICAL CREAM 1 %	Tier 4	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: mupirocin 2% cream, mupirocin 2% ointment.
ZILXI TOPICAL FOAM 1.5 %	Tier 4	ST: Trial of TWO of the following is required: metronidazole topical cream, metronidazole topical gel pump, metronidazole topical gel, or azelaic acid gel
Topical Antifungal/Anti-inflammatory, Steroid Agent		
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	Tier 2	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	Tier 2	
Topical Antifungals		
CICLODAN TOPICAL CREAM 0.77 %	Tier 2	
CICLODAN TOPICAL SOLUTION 8 %	Tier 2	
<i>ciclopirox topical cream 0.77 %</i>	Tier 2	
<i>ciclopirox topical gel 0.77 %</i>	Tier 2	
<i>ciclopirox topical shampoo 1 %</i>	Tier 2	
<i>ciclopirox topical solution 8 %</i>	Tier 2	
<i>ciclopirox topical suspension 0.77 %</i>	Tier 2	
<i>clotrimazole topical cream 1 %</i>	Tier 2	
<i>clotrimazole topical solution 1 %</i>	Tier 2	
<i>econazole nitrate topical cream 1 %</i>	Tier 2	
ECOZA TOPICAL FOAM 1 %	Tier 4	
ERTACZO TOPICAL CREAM 2 %	Tier 4	PA
EXELDERM TOPICAL CREAM 1 %	Tier 4	PA
EXELDERM TOPICAL SOLUTION 1 %	Tier 4	PA
EXTINA TOPICAL FOAM 2 %	Tier 4	
JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 %	Tier 4	PA; QL (4 ML per 30 days)
<i>ketoconazole topical cream 2 %</i>	Tier 2	
<i>ketoconazole topical foam 2 %</i>	Tier 3	
<i>ketoconazole topical shampoo 2 %</i>	Tier 2	
KETODAN TOPICAL FOAM 2 %	Tier 3	
KLAYESTA TOPICAL POWDER 100,000 UNIT/GRAM	Tier 3	
LOPROX (AS OLAMINE) TOPICAL CREAM 0.77 %	Tier 4	
LOPROX (AS OLAMINE) TOPICAL SUSPENSION 0.77 %	Tier 4	
<i>luliconazole topical cream 1 %</i>	Tier 3	
LUZU TOPICAL CREAM 1 %	Tier 4	
<i>miconazole nitrate-zinc ox-pet topical ointment 0.25-15-81.35 %</i>	Tier 3	PA
<i>naftifine topical cream 1 %, 2 %</i>	Tier 3	
<i>naftifine topical gel 2 %</i>	Tier 3	
NAFTIN TOPICAL GEL 2 %	Tier 4	
NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM	Tier 2	
<i>nystatin topical cream 100,000 unit/gram</i>	Tier 2	
<i>nystatin topical ointment 100,000 unit/gram</i>	Tier 2	
<i>nystatin topical powder 100,000 unit/gram</i>	Tier 2	

Drug	Status	Notes
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	Tier 2	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	Tier 2	
NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM	Tier 2	
<i>oxiconazole topical cream 1 %</i>	Tier 3	
OXISTAT TOPICAL LOTION 1 %	Tier 4	PA
<i>sulconazole topical cream 1 %</i>	Tier 3	PA
<i>sulconazole topical solution 1 %</i>	Tier 3	PA
<i>tavaborole topical solution with applicator 5 %</i>	Tier 3	PA
VUSION TOPICAL OINTMENT 0.25-15-81.35 %	Tier 4	PA
Topical Antiparasitics		
CROTAN TOPICAL LOTION 10 %	Tier 3	
ELIMITE TOPICAL CREAM 5 %	Tier 4	
EURAX TOPICAL LOTION 10 %	Tier 4	
<i>malathion topical lotion 0.5 %</i>	Tier 3	
NATROBA TOPICAL SUSPENSION 0.9 %	Tier 4	
OVIDE TOPICAL LOTION 0.5 %	Tier 4	
<i>permethrin topical cream 5 %</i>	Tier 2	
<i>spinosad topical suspension 0.9 %</i>	Tier 3	
Topical Antivirals		
<i>acyclovir topical cream 5 %</i>	Tier 3	
<i>acyclovir topical ointment 5 %</i>	Tier 3	
DENAVIR TOPICAL CREAM 1 %	Tier 4	
<i>penciclovir topical cream 1 %</i>	Tier 3	
ZOVIRAX TOPICAL CREAM 5 %	Tier 4	
ZOVIRAX TOPICAL OINTMENT 5 %	Tier 4	
Topical Antivirals/Anti-inflammatory, Steroid Agent		
XERESE TOPICAL CREAM 5-1 %	Tier 4	PA
Topical Genital Wart-Hpv Treatment Agents		
VEREGEN TOPICAL OINTMENT 15 %	Tier 4	QL (30 GM per 30 days)
Topical Pleuromutilin Derivatives		
ALTABAX TOPICAL OINTMENT 1 %	Tier 4	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: mupirocin 2% cream, mupirocin 2% ointment.
Topical Sulfonamides		
SILVADENE TOPICAL CREAM 1 %	Tier 4	
<i>silver sulfadiazine topical cream 1 %</i>	Tier 2	
SSD TOPICAL CREAM 1 %	Tier 3	
SULFAMYLON TOPICAL CREAM 85 MG/G	Tier 4	
Dermatology - Anti-inflammatory		
Interleukin-13 (Il-13) Inhibitors, Mab		
ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	Tier 7	PA; SP; QL (2 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)

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

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

Drug	Status	Notes
HALOG TOPICAL OINTMENT 0.1 %	Tier 4	PA
HALOG TOPICAL SOLUTION 0.1 %	Tier 4	PA
<i>hydrocortisone butyrate topical cream 0.1 %</i>	Tier 2	
<i>hydrocortisone butyrate topical lotion 0.1 %</i>	Tier 3	
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	Tier 2	
<i>hydrocortisone butyrate topical solution 0.1 %</i>	Tier 3	
<i>hydrocortisone topical cream 2.5 %</i>	Tier 2	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	Tier 2	
<i>hydrocortisone topical lotion 2 %</i>	Tier 3	
<i>hydrocortisone topical lotion 2.5 %</i>	Tier 2	
<i>hydrocortisone topical ointment 2.5 %</i>	Tier 2	
<i>hydrocortisone 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
LOCOID LIPOCREAM TOPICAL CREAM 0.1 %	Tier 4	
LOCOID TOPICAL LOTION 0.1 %	Tier 4	
LUXIQ TOPICAL FOAM 0.12 %	Tier 4	
<i>mometasone topical cream 0.1 %</i>	Tier 2	
<i>mometasone topical ointment 0.1 %</i>	Tier 2	
<i>mometasone topical solution 0.1 %</i>	Tier 2	
OLUX TOPICAL FOAM 0.05 %	Tier 4	
OLUX-E TOPICAL FOAM 0.05 %	Tier 4	
PANDEL TOPICAL CREAM 0.1 %	Tier 4	PA
<i>prednicarbate topical cream 0.1 %</i>	Tier 2	
<i>prednicarbate topical ointment 0.1 %</i>	Tier 2	
PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	Tier 2	
PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	Tier 2	
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	Tier 2	
SCALACORT TOPICAL LOTION 2 %	Tier 3	PA
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)

Drug	Status	Notes
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	Tier 2	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	Tier 2	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %</i>	Tier 2	
TRIANEX TOPICAL OINTMENT 0.05 %	Tier 2	
TRIDERM TOPICAL CREAM 0.1 %, 0.5 %	Tier 2	
ULTRAVATE TOPICAL LOTION 0.05 %	Tier 4	PA
VANOS TOPICAL CREAM 0.1 %	Tier 4	
VERDESO TOPICAL FOAM 0.05 %	Tier 4	PA
Topical Anti-Inflammatory, Nsaids		
<i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i>	Tier 3	PA
<i>diclofenac sodium topical drops 1.5 %</i>	Tier 3	
<i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram /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
Topical Janus Kinase (Jak) Inhibitors		
OPZELURA TOPICAL CREAM 1.5 %	Tier 7	PA; SP
Dermatology - Antipruritic Drugs		
Antipruritics, Topical		
<i>doxepin topical cream 5 %</i>	Tier 3	ST: Trial of TWO of the following is required: betamethasone dipropionate or valerate, calcipotriene , clobetasol, desoximetasone, fluocinonide, fluocinonide-emol, halobetasol, or tacrolimus oint
PRUDOXIN TOPICAL CREAM 5 %	Tier 4	ST: Trial of TWO of the following is required: betamethasone dipropionate or valerate, calcipotriene , clobetasol, desoximetasone, fluocinonide, fluocinonide-emol, halobetasol, or tacrolimus oint
ZONALON TOPICAL CREAM 5 %	Tier 4	ST: Trial of TWO of the following is required: betamethasone dipropionate or valerate, calcipotriene , clobetasol, desoximetasone, fluocinonide, fluocinonide-emol, halobetasol, or tacrolimus oint
Dermatology - Miscellaneous		
Antiperspirants		
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 %	Tier 3	
DRYSOL TOPICAL SOLUTION 20 %	Tier 3	
Antiseborrheic Agents		
<i>selenium sulfide topical lotion 2.5 %</i>	Tier 2	
Antiseptics, General		
ALCOHOL PADS TOPICAL PADS, MEDICATED	Tier 4	
ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	Tier 4	
<i>alcohol swabs topical pads, medicated</i>	Tier 4	

Drug	Status	Notes
ALCOHOL WIPES TOPICAL PADS, MEDICATED	Tier 4	
CARETOUCH ALCOHOL PREP PAD TOPICAL PADS, MEDICATED	Tier 4	
CURITY ALCOHOL SWABS TOPICAL PADS, MEDICATED	Tier 4	
DROPSAFE ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	Tier 4	
EASY COMFORT ALCOHOL PAD TOPICAL PADS, MEDICATED	Tier 4	
EASY TOUCH ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	Tier 4	
INCONTROL ALCOHOL PADS TOPICAL PADS, MEDICATED	Tier 4	
PRO COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED	Tier 4	
PURE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED	Tier 4	
SURE COMFORT ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	Tier 4	
SURE-PREP ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	Tier 4	
TRUE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED	Tier 4	
TRUE COMFORT PRO ALCOHOL PADS TOPICAL PADS, MEDICATED	Tier 4	
ULTILET ALCOHOL SWAB TOPICAL PADS, MEDICATED	Tier 4	
WBCOL TOPICAL PADS, MEDICATED	Tier 4	
Iodine Antiseptics		
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 %	Tier 4	
<i>povidone-iodine ophthalmic (eye) solution 5 %</i>	Tier 3	
Irrigants		
<i>acetic acid irrigation solution 0.25 %</i>	Tier 2	
CURITY STERILE WATER IRRIGATION SOLUTION	Tier 2	
<i>lactated ringers irrigation solution</i>	Tier 4	
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	Tier 2	
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L	Tier 4	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L	Tier 4	
<i>ringer's irrigation solution</i>	Tier 2	
<i>sodium chloride irrigation solution 0.9 %</i>	Tier 2	
<i>sorbitol irrigation solution 3 %</i>	Tier 2	
<i>sorbitol-mannitol transurethral solution 2.7-0.54 gram/100 ml</i>	Tier 2	
TIS-U-SOL PENTALYTE IRRIGATION IRRIGATION SOLUTION 800-40-20-8.75- 6.25 MG/100 ML	Tier 4	
<i>water for irrigation, sterile irrigation solution</i>	Tier 2	

Drug	Status	Notes
Keratolytics		
CONDYLOX TOPICAL GEL 0.5 %	Tier 4	PA
<i>podofilox topical gel 0.5 %</i>	Tier 3	PA
<i>podofilox topical solution 0.5 %</i>	Tier 2	
<i>silver nitrate topical solution 10 %</i>	Tier 2	
Topical Anti-Inflammatory Steroid-Local Anesthetic		
ANALPRAM-HC TOPICAL LOTION 2.5-1 %	Tier 4	
EPIFOAM TOPICAL FOAM 1-1 %	Tier 4	
PRAMOSONE TOPICAL CREAM 1-1 %	Tier 4	
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 %	Tier 4	
Topical Antineoplastic & Premalignant Lesion Agnts		
<i>bexarotene topical gel 1 %</i>	Tier 6	PA; SP
CARAC TOPICAL CREAM 0.5 %	Tier 4	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: imiquimod 5% topical cream pack, fluorouracil 5% topical cream.
<i>diclofenac sodium topical gel 3 %</i>	Tier 3	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: imiquimod 5% topical cream pack, fluorouracil 5% topical cream.
EFUDEX TOPICAL CREAM 5 %	Tier 4	
FLUROPLEX TOPICAL CREAM 1 %	Tier 4	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: imiquimod 5% topical cream pack, fluorouracil 5% topical cream.
<i>fluorouracil topical cream 0.5 %</i>	Tier 3	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: imiquimod 5% topical cream pack, fluorouracil 5% topical cream.
<i>fluorouracil topical cream 5 %</i>	Tier 2	
<i>fluorouracil topical solution 2 %</i>	Tier 2	
<i>fluorouracil topical solution 5 %</i>	Tier 3	
KLISYRI TOPICAL OINTMENT IN PACKET 1 %	Tier 4	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: imiquimod 5% topical cream pack, fluorouracil 5% topical cream.
PANRETIN TOPICAL GEL 0.1 %	Tier 4	
TARGRETIN TOPICAL GEL 1 %	Tier 6	PA; SP
TOLAK TOPICAL CREAM 4 %	Tier 4	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: imiquimod 5% topical cream pack, fluorouracil 5% topical cream.
VALCHLOR TOPICAL GEL 0.016 %	Tier 6	PA; SP
Topical Local Anesthetics		
<i>lidocaine topical adhesive patch,medicated 5 %</i>	Tier 3	
<i>lidocaine topical ointment 5 %</i>	Tier 2	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	Tier 2	
LIDOCAN III TOPICAL ADHESIVE PATCH,MEDICATED 5 %	Tier 3	

Drug	Status	Notes
LIDOCAN IV TOPICAL ADHESIVE PATCH,MEDICATED 5 %	Tier 3	
LIDOCAN V TOPICAL ADHESIVE PATCH,MEDICATED 5 %	Tier 3	
LIDODERM TOPICAL ADHESIVE PATCH,MEDICATED 5 %	Tier 4	
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 %	Tier 4	PA
Topical/Mucous Membr./Subcut. Enzymes		
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	Tier 4	
Dermatology - Psoriasis/Eczema		
Antipsoriatic Agents, Systemic		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	Tier 3	
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML	Tier 7	PA; SP
BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML	Tier 7	PA; SP
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)
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
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	Tier 7	PA; SP
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	Tier 7	PA; SP
Antipsoriatics Agents		
<i>calcipotriene scalp solution 0.005 %</i>	Tier 2	
<i>calcipotriene topical cream 0.005 %</i>	Tier 2	
<i>calcipotriene topical foam 0.005 %</i>	Tier 3	PA
<i>calcipotriene topical ointment 0.005 %</i>	Tier 2	

Drug	Status	Notes
<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 29 Years)
<i>tazarotene topical gel 0.05 %, 0.1 %</i>	Tier 3	ST: Trial of TWO of the following is required: adapalene 0.1%-benzoyl peroxide 2.5% topical gel pump, tretinoin topical cream/gel, or tazarotene 0.1% topical cream; Age (Max 29 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 29 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
II-23 Receptor Antagonist, Monoclonal Antibody		
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML	Tier 7	PA; SP; QL (1 ML per 28 days)
OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML	Tier 7	PA; SP; QL (1 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 PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	Tier 7	PA; SP
TREMFYA SUBCUTANEOUS SYRINGE 200 MG/2 ML	Tier 7	PA; SP
Topical Immunosuppressive Agents		
ELIDEL TOPICAL CREAM 1 %	Tier 4	
<i>pimecrolimus topical cream 1 %</i>	Tier 3	

Drug	Status	Notes
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	Tier 3	
Topical Vit D Analog/Anti-inflammatory, Steroidal		
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	Tier 3	PA
<i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i>	Tier 3	PA
ENSTILAR TOPICAL FOAM 0.005-0.064 %	Tier 4	PA
TACLONEX TOPICAL SUSPENSION 0.005-0.064 %	Tier 4	PA
WYNZORA TOPICAL CREAM 0.005-0.064 %	Tier 4	PA
Diabetes		
Antihypergly, (Dpp-4) Inhibitor & Biguanide Comb.		
<i>alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg</i>	Tier 3	ST: Trial of the following is required: Metformin AND two of the following: Januvia, Janumet, Janumet XR, Jentadueto, Jentadueto XR, or Tradjenta; QL (60 EA per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	Tier 4	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: metformin HCl oral tablet, metformin HCl ER oral tablet.; QL (60 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-500 MG	Tier 3	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: metformin HCl oral tablet, metformin HCl ER oral tablet.; QL (30 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG	Tier 3	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: metformin HCl oral tablet, metformin HCl ER oral tablet.; QL (60 EA per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	Tier 3	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: metformin HCl oral tablet, metformin HCl ER oral tablet.; QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	Tier 3	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: metformin HCl oral tablet, metformin HCl ER oral tablet.; QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	Tier 3	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: metformin HCl oral tablet, metformin HCl ER oral tablet.; QL (30 EA per 30 days)
KAZANO ORAL TABLET 12.5-1,000 MG, 12.5-500 MG	Tier 4	ST: Trial of the following is required: Metformin AND two of the following: Januvia, Janumet, Janumet XR, Jentadueto, Jentadueto XR, or Tradjenta; QL (60 EA per 30 days)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg, 5-1,000 mg, 5-500 mg</i>	Tier 3	ST: Trial of the following is required: Metformin AND two of the following: Januvia, Janumet, Janumet XR, Jentadueto, Jentadueto XR, or Tradjenta; QL (30 EA per 30 days)
<i>sitagliptin-metformin oral tablet 50-1,000 mg, 50-500 mg</i>	Tier 3	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: metformin HCl oral tablet, metformin HCl ER oral tablet.; QL (60 EA per 30 days)

Drug	Status	Notes
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)
Antihyperglycemic, Dpp-4 Enzyme Inhibitor & Thiazolidinedione		
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	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, 25-15 MG, 25-30 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)
Antihyperglycemic, Incretin Mimetic (Glp-1 Receptor Agonist)		
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	Tier 4	ST: Trial of the following is required: Metformin AND two of the following: Trulicity, liraglutide (Victoza), Ozempic, Rybelsus, or Mounjaro; QL (3.4 ML per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE (250 MCG/ML) 2.4 ML	Tier 4	ST: Trial of the following is required: Metformin AND two of the following: Trulicity, liraglutide (Victoza), Ozempic, Rybelsus, or Mounjaro; QL (2.4 ML per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	Tier 4	ST: Trial of the following is required: Metformin AND two of the following: Trulicity, liraglutide (Victoza), Ozempic, Rybelsus, or Mounjaro; QL (1.2 ML per 30 days)
<i>exenatide subcutaneous pen injector 10 mcg/dose (250 mcg/ml) 2.4 ml</i>	Tier 3	PA; QL (2.4 ML per 30 days)
<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	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: metformin HCl oral tablet, metformin HCl ER oral tablet.; 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	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: metformin HCl oral tablet, metformin HCl ER oral tablet.; QL (3 ML per 28 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	Tier 3	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: metformin HCl oral tablet, metformin HCl ER oral tablet.; QL (30 EA per 30 days)
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	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: metformin HCl oral tablet, metformin HCl ER oral tablet.; QL (2 ML per 28 days)

Drug	Status	Notes
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	Tier 4	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: metformin HCl oral tablet, metformin HCl ER oral tablet.; QL (6 ML per 30 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	Tier 4	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: metformin HCl oral tablet, metformin HCl ER oral tablet.; QL (9 ML per 30 days)
Antihyperglycemic-Sod/Gluc Cotransport2(Sglt2)Inhib		
<i>dapagliflozin propanediol oral tablet 10 mg, 5 mg</i>	Tier 3	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: metformin HCl oral tablet, metformin HCl ER oral tablet.; QL (30 EA per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG	Tier 4	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: metformin HCl oral tablet, metformin HCl ER oral tablet.; QL (30 EA per 30 days)
INPEFA ORAL TABLET 200 MG, 400 MG	Tier 4	ST: Trial of the following is required: Metformin AND one of the following : dapagliflozin (Farxiga), dapagliflozin-metformin ER (Xigduo XR), Jardiance, Synjardy, Synjardy XR , or Trijardy XR; QL (30 EA per 30 days)
INVOKANA ORAL TABLET 100 MG, 300 MG	Tier 4	ST: Trial of the following is required: Metformin AND one of the following : dapagliflozin (Farxiga), dapagliflozin-metformin ER (Xigduo XR), Jardiance, Synjardy, Synjardy XR , or Trijardy XR; QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	Tier 3	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: metformin HCl oral tablet, metformin HCl ER oral tablet.; QL (30 EA per 30 days)
STEGLATRO ORAL TABLET 15 MG, 5 MG	Tier 4	ST: Trial of the following is required: Metformin AND one of the following : dapagliflozin (Farxiga), dapagliflozin-metformin ER (Xigduo XR), Jardiance, Synjardy, Synjardy XR , or Trijardy XR; QL (30 EA per 30 days)
Antihyperglycemic - Dopamine Receptor Agonists		
CYCLOSET ORAL TABLET 0.8 MG	Tier 4	PA
Antihyperglycemic - Incretin Mimetics Combination		
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	Tier 3	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: metformin HCl oral tablet, metformin HCl ER oral tablet.; QL (2 ML per 28 days)
Antihyperglycemic, Alpha-Glucosidase Inhib (N-S)		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 2	
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 3	QL (90 EA per 30 days)
PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 4	
Antihyperglycemic, Amylin Analog-Type		
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	Tier 4	PA

Drug	Status	Notes
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	Tier 4	PA
Antihyperglycemic, Dpp-4 Inhibitors		
<i>alogliptin oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	Tier 3	ST: Trial of the following is required: Metformin AND two of the following: Januvia, Janumet, Janumet XR, Jentadueto, Jentadueto XR, or Tradjenta; QL (30 EA per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 3	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: metformin HCl oral tablet, metformin HCl ER oral tablet.; QL (30 EA per 30 days)
NESINA ORAL TABLET 12.5 MG, 25 MG	Tier 4	ST: Trial of the following is required: Metformin AND two of the following: Januvia, Janumet, Janumet XR, Jentadueto, Jentadueto XR, or Tradjenta; QL (30 EA per 30 days)
<i>saxagliptin oral tablet 2.5 mg, 5 mg</i>	Tier 3	ST: Trial of the following is required: Metformin AND two of the following: Januvia, Janumet, Janumet XR, Jentadueto, Jentadueto XR, or Tradjenta; QL (30 EA per 30 days)
<i>sitagliptin oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 3	ST: Trial of the following is required: Metformin AND two of the following: Januvia, Janumet, Janumet XR, Jentadueto, Jentadueto XR, or Tradjenta; QL (30 EA per 30 days)
TRADJENTA ORAL TABLET 5 MG	Tier 3	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: metformin HCl oral tablet, metformin HCl ER oral tablet.; QL (30 EA per 30 days)
ZITUVIO ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 4	ST: Trial of the following is required: Metformin AND two of the following: Januvia, Janumet, Janumet XR, Jentadueto, Jentadueto XR, or Tradjenta; QL (30 EA per 30 days)
Antihyperglycemic, Insulin-Release Stimulant Type		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	
<i>glimepiride oral tablet 3 mg</i>	Tier 3	PA
<i>glipizide oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 2.5 MG, 5 MG	Tier 4	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	Tier 1	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>nateglinide oral tablet 120 mg, 60 mg</i>	Tier 3	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2	
Antihyperglycemic, Insulin-Response Enhancer (N-S)		
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG	Tier 4	
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	Tier 2	

Drug	Status	Notes
Antihyperglycemic, Sglt-2 & Dpp-4 Inhibitor Comb.		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	Tier 4	ST: Trial of the following is required: Metformin AND one of the following : dapagliflozin (Farxiga), dapagliflozin-metformin ER (Xigduo XR), Jardiance, Synjardy, Synjardy XR , or Trijardy XR; QL (30 EA per 30 days)
QTERN ORAL TABLET 10-5 MG, 5-5 MG	Tier 4	ST: Trial of the following is required: Metformin AND one of the following : dapagliflozin (Farxiga), dapagliflozin-metformin ER (Xigduo XR), Jardiance, Synjardy, Synjardy XR , or Trijardy XR; QL (30 EA per 30 days)
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG	Tier 4	ST: Trial of the following is required: Metformin AND one of the following : dapagliflozin (Farxiga), dapagliflozin-metformin ER (Xigduo XR), Jardiance, Synjardy, Synjardy XR , or Trijardy XR; QL (30 EA per 30 days)
Antihyperglycemic, Biguanide Type (Non-Sulfonylurea)		
GLUMETZA ORAL TABLET, ER GAST. RETENTION 24 HR 1,000 MG, 500 MG	Tier 4	PA
<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</i>	Tier 3	PA
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	Tier 1	
<i>metformin oral tablet extended release 24hr 1,000 mg, 500 mg</i>	Tier 3	PA
<i>metformin oral tablet, er gast. retention 24 hr 1,000 mg, 500 mg</i>	Tier 3	PA
RIOMET ORAL SOLUTION 500 MG/5 ML	Tier 4	
Antihyperglycemic, Insulin & Glp-1 Receptor Agonist		
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	Tier 4	PA; QL (18 ML per 30 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	Tier 4	PA; QL (15 ML per 28 days)
Antihyperglycemic, Insulin-Rel Stim. & Biguanide Cmb		
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 2	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	
Antihyperglycemic, Insulin-Response & Release Comb.		
DUETACT ORAL TABLET 30-2 MG, 30-4 MG	Tier 4	PA; QL (45 EA per 30 days)
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	Tier 3	PA; QL (45 EA per 30 days)
Antihyperglycemic-Glucocorticoid Receptor Blocker		
KORLYM ORAL TABLET 300 MG	Tier 4	PA; QL (120 EA per 30 days)
<i>mifepristone oral tablet 300 mg</i>	Tier 3	PA; QL (120 EA per 30 days)

Drug	Status	Notes
Antihyperglycemic-Sglt2 Inhibitor & Biguanide Comb		
<i>dapaglifloz propaned-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg, 5-1,000 mg</i>	Tier 3	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: metformin HCl oral tablet, metformin HCl ER oral tablet.; QL (30 EA per 30 days)
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	Tier 4	ST: Trial of the following is required: Metformin AND one of the following : dapagliflozin (Farxiga), dapagliflozin-metformin ER (Xigduo XR), Jardiance, Synjardy, Synjardy XR , or 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 of the following is required: Metformin AND one of the following : dapagliflozin (Farxiga), dapagliflozin-metformin ER (Xigduo XR), Jardiance, Synjardy, Synjardy XR , or 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 of the following is required: Metformin AND one of the following : dapagliflozin (Farxiga), dapagliflozin-metformin ER (Xigduo XR), Jardiance, Synjardy, Synjardy XR , or 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	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: metformin HCl oral tablet, metformin HCl ER oral tablet.; QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	Tier 3	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: metformin HCl oral tablet, metformin HCl ER oral tablet.; QL (30 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	Tier 3	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: metformin HCl oral tablet, metformin HCl ER oral tablet.; QL (60 EA per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-1,000 MG	Tier 4	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: metformin HCl oral tablet, metformin HCl ER oral tablet.; QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-500 MG	Tier 4	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: metformin HCl oral tablet, metformin HCl ER oral tablet.; QL (60 EA per 30 days)
Antihyperglycm,Insul-Resp.Enhancer & Biguanide Cmb		
ACTOPLUS MET ORAL TABLET 15-850 MG	Tier 4	QL (90 EA per 30 days)
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	Tier 3	QL (90 EA per 30 days)
Antihypergly-Sglt-2 Inhib,Dpp-4 Inhib,Biguanide Cb		
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	Tier 3	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: metformin HCl oral tablet, metformin HCl ER oral tablet.; QL (30 EA per 30 days)

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	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: metformin HCl oral tablet, metformin HCl ER oral tablet.; QL (60 EA per 30 days)
Blood Sugar Diagnostics		
CONTOUR NEXT TEST STRIPS 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	
Diabetic Supplies		
ACCU-CHEK AVIVA CONTROL SOLN SOLUTION	Tier 4	
ACCU-CHEK FASTCLIX LANCING DEV KIT	Tier 4	
ACCU-CHEK GUIDE ME GLUCOSE MTR	Tier 4	QL (1 EA per 180 days)
ACCU-CHEK SMARTVIEW CONTRL SOL SOLUTION	Tier 4	
ADJUSTABLE LANCING DEVICE	Tier 4	
ADVANCED LANCING DEVICE KIT	Tier 4	
ADVOCATE LANCING DEVICE	Tier 4	
ALTERNATE SITE LANCING DEVICE	Tier 4	
AQUA LANCE LANCING DEVICE	Tier 4	
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN	Tier 4	
AUTO-LANCET MINI	Tier 4	
AUTOLET IMPRESSION LANC DEV KIT	Tier 4	
AUTOLET LANCING DEVICE	Tier 4	
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS INSULIN PEN	Tier 4	
AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS INSULIN PEN	Tier 4	
CAREONE LANCING DEVICE	Tier 4	
CARETOUCH LANCING DEVICE	Tier 4	
CHOICE DM CLARUS NORM CONTROL SOLUTION	Tier 4	
CLEVER CHOICE LEVEL 1 CONTROL SOLUTION	Tier 4	
CLEVER CHOICE LEVEL 2 CONTROL SOLUTION	Tier 4	
CLEVER CHOICE LEVEL 3 CONTROL SOLUTION	Tier 4	
CONTOUR CONTROL SOLUTION, HIGH SOLUTION	Tier 3	QL (1 EA per 180 days)
CONTOUR CONTROL SOLUTION, LOW SOLUTION	Tier 3	QL (1 EA per 180 days)
CONTOUR CONTROL SOLUTION, NML SOLUTION	Tier 3	QL (1 EA per 180 days)
CONTOUR METER	Tier 3	QL (1 EA per 180 days)
CONTOUR METER KIT	Tier 3	QL (1 EA per 180 days)
CONTOUR NEXT EZ METER	Tier 3	QL (1 EA per 180 days)
CONTOUR NEXT EZ METER KIT	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	

Drug	Status	Notes
CONTOUR NEXT LEV 2 CONTROL SOL SOLUTION	Tier 3	
CONTOUR NEXT LINK 2.4 KIT	Tier 3	
CONTOUR NEXT LINK KIT	Tier 3	
CONTOUR NEXT METER	Tier 3	QL (1 EA per 180 days)
CONTOUR NEXT ONE METER	Tier 3	QL (1 EA per 180 days)
DEXCOM G6 RECEIVER	Tier 4	
DEXCOM G6 SENSOR DEVICE	Tier 4	
DEXCOM G6 TRANSMITTER DEVICE	Tier 4	
DEXCOM G7 RECEIVER	Tier 4	
DEXCOM G7 SENSOR DEVICE	Tier 4	
DIATRUE CONTROL SOLN NORMAL SOLUTION	Tier 4	
DIATRUE CONTROL SOLUTION HIGH SOLUTION	Tier 4	
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	

Drug	Status	Notes
FREESTYLE LIBRE 3 SENSOR DEVICE	Tier 3	
FREESTYLE LITE METER KIT	Tier 3	QL (1 EA per 180 days)
FREESTYLE PRECISION NEO METER	Tier 3	QL (1 EA per 180 days)
FREESTYLE SIDEKICK II KIT	Tier 3	QL (1 EA per 180 days)
FREESTYLE SYSTEM KIT KIT	Tier 3	QL (1 EA per 180 days)
GENTEEL VACUUM LANCING DEVICE COMBO PACK	Tier 4	
GLUCOCOM AUTOLINK	Tier 4	
GUARDIAN 4 GLUCOSE SENSOR DEVICE	Tier 4	
GUARDIAN 4 TRANSMITTER DEVICE	Tier 4	
HEALTHY ACCENTS AUTOLET	Tier 4	
ILET INSULIN PUMP	Tier 4	
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	
<i>lancing device</i>	Tier 4	
LANCING DEVICE WITH LANCETS	Tier 4	
<i>lancing device with lancets kit</i>	Tier 4	
LANCING SYSTEM	Tier 4	
LANZO LANCING DEVICE KIT	Tier 4	
MINI LANCING DEVICE	Tier 4	
MINIMED 630G INSULIN PUMP	Tier 4	
MINIMED 780G INSULIN PUMP	Tier 4	
MULTI-LANCET DEVICE 2 KIT	Tier 4	
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN	Tier 4	
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	Tier 4	
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	Tier 4	
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	Tier 4	
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	Tier 4	
ON CALL LANCING DEVICE	Tier 4	
ONETOUCH ULTRA2 METER	Tier 4	QL (1 EA per 180 days)
ONETOUCH VERIO FLEX METER	Tier 4	QL (1 EA per 180 days)

Drug	Status	Notes
ONETOUCH VERIO FLEX START KIT	Tier 4	
PRODIGY CONTROL SOLUTION, LOW SOLUTION	Tier 4	
PRODIGY CONTROL SOLUTION,HIGH SOLUTION	Tier 4	
PRODIGY LANCING DEVICE	Tier 4	
RELIAMED MINI LANCING DEVICE	Tier 4	
RIGHTEST GD500 LANCING DEVICE	Tier 4	
SMARTDIABETES VANTAGE	Tier 4	
SOLUS V2 CONTROL SOLUTION, LOW SOLUTION	Tier 4	
SOLUS V2 CONTROL SOLUTION,HIGH SOLUTION	Tier 4	
SOLUS V2 LANCING DEVICE KIT	Tier 4	
SURE COMFORT LANCING PEN	Tier 4	
SUREFLEX DEVICE WITH LANCETS KIT	Tier 4	
SUREFLEX LANCING DEVICE	Tier 4	
SURE-PEN LANCING DEVICE	Tier 4	
T:FLEX SUBCUTANEOUS CARTRIDGE	Tier 4	
T:SLIM X2 BASAL-IQ INSULIN PMP	Tier 4	
T:SLIM X2 CONTROL-IQ	Tier 4	
T:SLIM X2 SUBCUTANEOUS CARTRIDGE	Tier 4	
TANDEM MOBI CARTRIDGE SUBCUTANEOUS CARTRIDGE	Tier 4	
TANDEM MOBI SYSTEM	Tier 4	
TD GOLD LEVEL 1 CONTROL SOLUTION	Tier 4	
TELCARE CONTROL SOLUTION	Tier 4	
TRUE METRIX LEVEL 1 SOLUTION	Tier 4	
TRUE METRIX LEVEL 2 SOLUTION	Tier 4	
TRUE METRIX LEVEL 3 SOLUTION	Tier 4	
TRUEDRAW LANCING DEVICE	Tier 4	
ULTI-LANCE	Tier 4	
ULTI-LANCE KIT	Tier 4	
UNISTIK 2 DEVICE KIT	Tier 4	
UNISTIK 2 EXTRA LANCET 21 GAUGE	Tier 3	
UNISTIK 2 NORMAL LANCET 21 GAUGE	Tier 4	
UNISTRIP LOW CONTROL SOLUTION	Tier 4	
V-GO 20 DEVICE	Tier 4	
V-GO 30 DEVICE	Tier 4	
V-GO 40 DEVICE	Tier 4	
Diabetic Ulcer Preparations, Topical		
REGANEX TOPICAL GEL 0.01 %	Tier 4	
Hyperglycemics		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	Tier 4	
<i>diazoxide oral suspension 50 mg/ml</i>	Tier 3	
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	Tier 3	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	Tier 4	
<i>glucagon hcl injection recon soln 1 mg</i>	Tier 3	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	Tier 4	

Drug	Status	Notes
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	Tier 4	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	Tier 4	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	Tier 4	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	Tier 4	
PROGLYCEM ORAL SUSPENSION 50 MG/ML	Tier 4	
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	Tier 4	
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	Tier 4	
Insulins		
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 4	PA; QL (60 ML per 30 days)
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 4	PA; QL (60 ML per 30 days)
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT (90)/ 12 UNIT (90)	Tier 4	PA
AFREZZA INHALATION CARTRIDGE WITH INHALER 8 UNIT	Tier 4	PA; QL (630 EA per 30 days)
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 4	PA; QL (60 ML per 30 days)
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 4	PA; QL (60 ML per 30 days)
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 4	ST: Trial of ONE of the following is required: insulin glargine-yfgn, insulin degludec, Rezvoglar Kwikpen, or Lantus; QL (60 ML per 30 days)
BASAGLAR TEMPO PEN(U-100)INSLN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML (3 ML)	Tier 4	ST: Trial of ONE of the following is required: insulin glargine-yfgn, insulin degludec, Rezvoglar Kwikpen, or Lantus; QL (60 ML per 30 days)
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	QL (60 ML per 30 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	Tier 3	QL (60 ML per 30 days)
FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML)	Tier 3	
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3	QL (60 ML per 30 days)
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	Tier 4	PA; QL (60 ML per 30 days)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML)	Tier 4	PA; QL (60 ML per 30 days)

Drug	Status	Notes
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	Tier 4	PA; QL (60 ML per 30 days)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	Tier 4	PA; QL (60 ML per 30 days)
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	Tier 4	PA; QL (60 ML per 30 days)
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	Tier 4	PA; QL (60 ML per 30 days)
HUMALOG TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML	Tier 4	PA; QL (60 ML per 30 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	Tier 4	PA; QL (60 ML per 30 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 4	PA; QL (60 ML per 30 days)
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	Tier 4	PA; QL (60 ML per 30 days)
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	Tier 4	PA; QL (60 ML per 30 days)
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)

Drug	Status	Notes
<i>insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)</i>	Tier 3	QL (70 ML per 30 days)
<i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i>	Tier 3	QL (70 ML per 30 days)
<i>insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)</i>	Tier 4	PA; QL (60 ML per 30 days)
<i>insulin lispro subcutaneous insulin pen 100 unit/ml</i>	Tier 4	PA; QL (60 ML per 30 days)
<i>insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml</i>	Tier 4	PA; QL (60 ML per 30 days)
<i>insulin lispro subcutaneous solution 100 unit/ml</i>	Tier 4	PA; QL (60 ML per 30 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 4	QL (70 ML per 30 days)
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 4	QL (70 ML per 30 days)
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 4	PA; QL (60 ML per 30 days)
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Tier 4	PA; QL (60 ML per 30 days)
LYUMJEV TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML	Tier 4	PA; QL (60 ML per 30 days)
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 4	PA; QL (60 ML per 30 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	Tier 2	QL (60 ML per 30 days)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	Tier 2	QL (60 ML per 30 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	QL (60 ML per 30 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 2	QL (60 ML per 30 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	QL (60 ML per 30 days)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	Tier 2	QL (60 ML per 30 days)
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	QL (60 ML per 30 days)
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	Tier 2	QL (60 ML per 30 days)
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	Tier 2	QL (60 ML per 30 days)
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	Tier 2	QL (60 ML per 30 days)
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	QL (60 ML per 30 days)
REZVOGLAR KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 3	QL (70 ML per 30 days)

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)
Ear - General Disorders		
Ear Preparations Anti-Inflammatory		
DERMOTIC OIL OTIC (EAR) DROPS 0.01 %	Tier 4	
FLAC OTIC OIL OTIC (EAR) DROPS 0.01 %	Tier 2	
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	Tier 2	
Ear Preparations, Misc. Anti-Infectives		
<i>acetic acid otic (ear) solution 2 %</i>	Tier 2	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	Tier 3	
Ear Preparations, Antibiotics		
CETRAXAL OTIC (EAR) DROPPERETTE 0.2 %	Tier 4	QL (120 EA per 30 days)
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	Tier 2	QL (120 EA per 30 days)
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML	Tier 4	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	Tier 2	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000- 1 mg/ml-unit/ml-%</i>	Tier 2	
<i>ofloxacin otic (ear) drops 0.3 %</i>	Tier 2	
Otic Preparations, Anti-Inflammatory-Antibiotics		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	Tier 4	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	Tier 3	

Drug	Status	Notes
<i>ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025 % (0.25 ml)</i>	Tier 3	
OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	Tier 4	
Electrolyte Regulation		
Arginine Vasopressin (Avp) Receptor Antagonists		
SAMSCA ORAL TABLET 15 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
SAMSCA ORAL TABLET 30 MG	Tier 7	PA; SP; QL (60 EA per 30 days)
<i>tolvaptan oral tablet 15 mg</i>	Tier 6	PA; SP; QL (30 EA per 30 days)
<i>tolvaptan oral tablet 30 mg</i>	Tier 6	PA; SP; QL (60 EA per 30 days)
Electrolyte Depleters		
AURYXIA ORAL TABLET 210 MG IRON	Tier 4	
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	Tier 2	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	Tier 2	
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	Tier 4	
FOSRENOL ORAL TABLET,CHEWABLE 1,000 MG, 500 MG, 750 MG	Tier 4	
KIONEX (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML	Tier 3	
<i>lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg</i>	Tier 3	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	Tier 3	
REVELA ORAL POWDER IN PACKET 0.8 GRAM, 2.4 GRAM	Tier 4	
REVELA ORAL TABLET 800 MG	Tier 4	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	Tier 3	
<i>sevelamer carbonate oral tablet 800 mg</i>	Tier 3	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	Tier 3	
<i>sodium polystyrene sulfonate oral powder</i>	Tier 2	
SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML	Tier 3	
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML	Tier 3	
VELPHORO ORAL TABLET,CHEWABLE 500 MG	Tier 3	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	Tier 4	PA; QL (30 EA per 30 days)
XPHOZAH ORAL TABLET 20 MG, 30 MG	Tier 4	PA
Potassium Replacement		
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ, 25 MEQ	Tier 3	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	Tier 4	
KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ	Tier 4	
KLOR-CON M10 ORAL TABLET,ER PARTICLES/CRYSTALS 10 MEQ	Tier 2	

Drug	Status	Notes
KLOR-CON M15 ORAL TABLET,ER PARTICLES/CRYSTALS 15 MEQ	Tier 4	
KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYSTALS 20 MEQ	Tier 2	
KLOR-CON ORAL PACKET 20 MEQ	Tier 2	
KLOR-CON/EF ORAL TABLET, EFFERVESCENT 25 MEQ	Tier 3	
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ	Tier 4	
POKONZA ORAL PACKET 10 MEQ	Tier 4	PA
<i>potassium chloride intravenous solution 2 meq/ml</i>	Tier 2	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	Tier 2	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	Tier 2	
<i>potassium chloride oral packet 20 meq</i>	Tier 2	
<i>potassium chloride oral tablet extended release 10 meq, 15 meq, 20 meq, 8 meq</i>	Tier 2	
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq</i>	Tier 2	
Sodium/Saline Preparations		
<i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i>	Tier 2	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	Tier 2	
<i>sodium chloride 0.9 % (flush) injection syringe</i>	Tier 2	
<i>sodium chloride 0.9 % injection solution</i>	Tier 2	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	Tier 2	
<i>sodium chloride 0.9 % intravenous piggyback</i>	Tier 2	
<i>sodium chloride 3 % hypertonic intravenous parenteral solution 3 %</i>	Tier 2	
<i>sodium chloride 5 % hypertonic intravenous parenteral solution 5 %</i>	Tier 2	
<i>sodium chloride injection syringe 0.9 %</i>	Tier 2	
<i>sodium chloride intravenous solution 2.5 meq/ml, 4 meq/ml</i>	Tier 2	
Endocrine Disorder - Fertility		
Drugs To Treat Impotency		
<i>avanafil oral tablet 100 mg, 200 mg, 50 mg</i>	Tier 3	PA; QL (6 EA per 30 days)
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG	Tier 4	PA; QL (6 EA per 30 days)
CAVERJECT INTRACAVERNOSAL RECON SOLN 20 MCG, 40 MCG	Tier 4	PA; QL (6 EA per 30 days)
CAVERJECT INTRACAVERNOSAL SYRINGE 10 MCG, 20 MCG	Tier 4	PA; QL (6 EA per 30 days)
CIALIS ORAL TABLET 10 MG, 20 MG	Tier 4	PA; QL (6 EA per 30 days)
CIALIS ORAL TABLET 5 MG	Tier 4	PA; QL (30 EA per 30 days)
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG	Tier 4	PA; QL (6 EA per 30 days)
<i>sildenafil oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 3	PA; QL (6 EA per 30 days)

Drug	Status	Notes
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG	Tier 4	PA; QL (6 EA per 30 days)
<i>tadalafil oral tablet 10 mg, 20 mg</i>	Tier 3	PA; QL (6 EA per 30 days)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	Tier 3	PA; QL (30 EA per 30 days)
<i>vardenafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 3	PA; QL (6 EA per 30 days)
<i>vardenafil oral tablet, disintegrating 10 mg</i>	Tier 3	PA
VIAGRA ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 4	PA; QL (6 EA per 30 days)
Endocrine Disorder - Other		
Adrenal Steroid Inhibitors		
ISTURISA ORAL TABLET 1 MG, 5 MG	Tier 7	PA; SP
RECORLEV ORAL TABLET 150 MG	Tier 7	PA; SP
Adrenocorticotrophic Hormones		
ACTHAR INJECTION GEL 80 UNIT/ML	Tier 6	PA; SP
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML, 80 UNIT/ML	Tier 6	PA; SP
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	Tier 6	PA; SP
Antidiuretic And Vasopressor Hormones		
DDAVP ORAL TABLET 0.1 MG, 0.2 MG	Tier 4	
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	Tier 2	
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	Tier 2	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	Tier 2	
NOCDURNA (MEN) SUBLINGUAL TABLET, DISINTEGRATING 55.3 MCG	Tier 4	PA
NOCDURNA (WOMEN) SUBLINGUAL TABLET, DISINTEGRATING 27.7 MCG	Tier 4	PA
Antineoplastic Lhrh(Gnrh) Agonist, Pituitary Suppr.		
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	Tier 6	PA; SP
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	Tier 6	PA; SP
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	Tier 6	PA; SP
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	Tier 6	PA; SP
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	Tier 5	PA; SP
<i>leuprolide subcutaneous solution 1 mg/0.2 ml</i>	Tier 5	PA; SP
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	Tier 6	PA; SP
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	Tier 6	PA; SP
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	Tier 6	PA; SP
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	Tier 6	PA; SP
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	Tier 6	PA; SP
Bone Formation Agents - Sclerostin Inhibitor, Mono		
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML, 210MG/2.34ML (105MG/1.17MLX2)	Tier 7	PA; SP; QL (2.34 ML per 28 days)

Drug	Status	Notes
Bone Formation Stim. Agents - Parathyroid Hormone		
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	Tier 7	PA; SP
<i>teriparatide subcutaneous pen injector 20 mcg/dose (600mcg/2.4ml), 20 mcg/dose (620mcg/2.48ml)</i>	Tier 6	PA; SP
Bone Formation Stimulating Agts - Pth Rel Peptides		
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	Tier 7	PA; SP; QL (1.56 ML per 30 days)
Bone Resorption Inhibitor & Vitamin D Combinations		
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT	Tier 4	ST: Documentation of trial, intolerance or contraindication to the following is required: alendronate sodium oral tablet
FOSAMAX PLUS D ORAL TABLET 70 MG- 5,600 UNIT	Tier 4	ST: Documentation of trial, intolerance or contraindication to the following is required: alendronate sodium oral tablet; QL (4 EA per 28 days)
Bone Resorption Inhibitors		
ACTONEL ORAL TABLET 150 MG, 35 MG	Tier 4	ST: Documentation of trial, intolerance or contraindication to the following is required: alendronate sodium oral tablet
<i>alendronate oral solution 70 mg/75 ml</i>	Tier 3	
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	Tier 1	
ATELVIA ORAL TABLET, DELAYED RELEASE (DR/EC) 35 MG	Tier 4	ST: Documentation of trial, intolerance or contraindication to the following is required: alendronate sodium oral tablet; QL (4 EA per 28 days)
BINOSTO ORAL TABLET, EFFERVESCENT 70 MG	Tier 4	ST: Documentation of trial, intolerance or contraindication to the following is required: alendronate sodium oral tablet; QL (4 EA per 28 days)
<i>calcitonin (salmon) injection solution 200 unit/ml</i>	Tier 3	PA
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	Tier 2	
EVISTA ORAL TABLET 60 MG	Tier 4	
FOSAMAX ORAL TABLET 70 MG	Tier 4	
<i>ibandronate oral tablet 150 mg</i>	Tier 3	QL (1 EA per 28 days)
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	Tier 4	PA
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	Tier 6	PA; SP
<i>raloxifene oral tablet 60 mg</i>	Tier 2	\$0 COPAY
<i>risedronate oral tablet 150 mg, 30 mg</i>	Tier 3	ST: Documentation of trial, intolerance or contraindication to the following is required: alendronate sodium oral tablet
<i>risedronate oral tablet 35 mg, 5 mg</i>	Tier 2	ST: Documentation of trial, intolerance or contraindication to the following is required: alendronate sodium oral tablet
<i>risedronate oral tablet, delayed release (drlec) 35 mg</i>	Tier 3	ST: Documentation of trial, intolerance or contraindication to the following is required: alendronate sodium oral tablet; QL (4 EA per 28 days)

Drug	Status	Notes
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	Tier 6	PA; SP
Calcimimetic,Parathyroid Calcium Enhancer		
<i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i>	Tier 3	
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG	Tier 4	
Growth Hormone Receptor Antagonists		
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	Tier 6	PA; SP
Growth Hormone Releasing Hormone (Ghrh) & Analogs		
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	Tier 6	PA; SP
Growth Hormones		
GENOTROPIN MINIUICK 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
HUMATROPE INJECTION RECON SOLN 5 (15 UNIT) MG	Tier 7	PA; SP
NGENLA SUBCUTANEOUS PEN INJECTOR 24 MG/1.2 ML (20 MG/ML), 60 MG/1.2 ML (50 MG/ML)	Tier 7	PA; SP
NORDITROPIN FLEXPPO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	Tier 7	PA; SP
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML)	Tier 6	PA; SP
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	Tier 6	PA; SP
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	Tier 6	PA; SP
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	Tier 6	PA; SP
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	Tier 7	PA; SP
SOGROYA SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	Tier 7	PA; SP
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG, 5 MG	Tier 7	PA; SP
Hyperparathyroid Tx Agents - Vitamin D Analog-Type		
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	Tier 3	
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	Tier 2	

Drug	Status	Notes
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	Tier 4	PA; QL (28 EA per 28 days)
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	Tier 4	
Insulin-Like Growth Factor-1 (Igf-1) Hormones		
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	Tier 6	PA; SP
Leptin Hormone Analogs		
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	Tier 6	PA; SP
Lhrh (Gnrh) Antagonist,Estrogen And Progesterin Comb		
MYFEMBREE ORAL TABLET 40-1-0.5 MG	Tier 4	PA; QL (28 EA per 28 days)
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	Tier 4	PA; QL (56 EA per 28 days)
Lhrh(Gnrh) Agonist Analog Pituitary Suppressants		
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	Tier 6	PA; SP
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	Tier 6	PA; SP
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	Tier 6	PA; SP
Lhrh(Gnrh) Antagonist,Pituitary Suppressant Agents		
ORILISSA ORAL TABLET 150 MG	Tier 4	PA; QL (30 EA per 30 days)
ORILISSA ORAL TABLET 200 MG	Tier 4	PA; QL (60 EA per 30 days)
Lhrh(Gnrh)Agnst Pit.Sup-Central Precocious Puberty		
FENSOLVI SUBCUTANEOUS SYRINGE 45 MG	Tier 7	PA; SP
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	Tier 6	PA; SP
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	Tier 6	PA; SP
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	Tier 6	PA; SP
Menopausal Sympt Supp-Sel Estrogen Recep Modulator		
OSPHENA ORAL TABLET 60 MG	Tier 3	PA
Natriuretic Peptides		
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
Parathyroid Hormones		
YORVIPATH SUBCUTANEOUS PEN INJECTOR 168 MCG/0.56 ML, 294 MCG/0.98 ML, 420 MCG/1.4 ML	Tier 7	PA; SP
Pituitary Suppressive Agents		
<i>cabergoline oral tablet 0.5 mg</i>	Tier 2	
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	Tier 2	
Endocrine Disorder - Thyroid		
Antithyroid Preparations		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier 2	
<i>propylthiouracil oral tablet 50 mg</i>	Tier 2	

Drug	Status	Notes
Thyroid Hormones		
ARMOUR THYROID ORAL TABLET 120 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	Tier 3	
CYTOMEL ORAL TABLET 25 MCG	Tier 4	QL (30 EA per 30 days)
CYTOMEL ORAL TABLET 5 MCG	Tier 4	QL (120 EA per 30 days)
CYTOMEL ORAL TABLET 50 MCG	Tier 4	QL (60 EA per 30 days)
ERMEZA ORAL SOLUTION 30 MCG/ML	Tier 4	QL (300 ML per 30 days)
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 4	
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>liothyronine oral tablet 25 mcg</i>	Tier 2	QL (30 EA per 30 days)
<i>liothyronine oral tablet 5 mcg</i>	Tier 2	QL (120 EA per 30 days)
<i>liothyronine oral tablet 50 mcg</i>	Tier 2	QL (60 EA per 30 days)
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 4	
THYQUIDITY ORAL SOLUTION 20 MCG/ML	Tier 4	QL (450 ML per 30 days)
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG	Tier 4	QL (30 EA per 30 days)
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML	Tier 4	QL (30 ML per 30 days)
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 4	
Eye - General Disorders		
Eye Antibiotic-Corticoid Combinations		
MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION 3.5MG/ML-10,000 UNIT/ML-0.1 %	Tier 4	
MAXITROL OPHTHALMIC (EYE) OINTMENT 3.5 MG/G-10,000 UNIT/G-0.1 %	Tier 4	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	Tier 3	

Drug	Status	Notes
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	Tier 2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	Tier 2	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	Tier 3	
NEO-POLYCIN HC OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT/G-1%	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	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	Tier 4	
Eye Antiinflammatory Agents		
ACULAR LS OPHTHALMIC (EYE) DROPS 0.4 %	Tier 4	
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	
<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 4	PA
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	Tier 2	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	Tier 2	
<i>difluprednate ophthalmic (eye) drops 0.05 %</i>	Tier 3	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	Tier 4	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 4	PA
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Tier 3	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	Tier 2	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	Tier 2	
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 3	
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	

Drug	Status	Notes
<i>ketorolac ophthalmic (eye) drops 0.5 %</i>	Tier 2	
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %	Tier 4	
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.5 %	Tier 4	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	Tier 4	
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	Tier 4	
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i>	Tier 3	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %, 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 3	
<i>prednisolone acetate (pf) ophthalmic (eye) drops,suspension 1 %</i>	Tier 2	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	Tier 2	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	Tier 2	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	Tier 4	
Eye Antivirals		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	Tier 2	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	Tier 3	
Eye Sulfonamides		
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	Tier 2	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	Tier 3	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	Tier 2	
Eye Vasoconstrictors (Rx Only)		
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	Tier 2	
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 %	Tier 4	PA; QL (60 EA per 30 days)
Nicotinic Recept.Partial Agonist, Alpha4beta2 Spec		
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY	Tier 4	QL (8.4 ML per 30 days)
Ophthalmic (Eye) Antiparasitics		
XDEMVIY OPHTHALMIC (EYE) DROPS 0.25 %	Tier 4	PA
Ophthalmic Antibiotics		
AZASITE OPHTHALMIC (EYE) DROPS 1 %	Tier 4	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	Tier 3	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	Tier 2	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	Tier 4	

Drug	Status	Notes
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	Tier 3	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	Tier 2	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	Tier 2	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	Tier 3	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	Tier 2	
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	Tier 2	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	Tier 3	
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	Tier 3	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	Tier 2	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	Tier 3	
NEO-POLYCIN OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT-UNIT/G	Tier 2	
OCUFLOX OPHTHALMIC (EYE) DROPS 0.3 %	Tier 4	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	Tier 2	
POLYCIN OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM	Tier 2	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	Tier 2	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	Tier 2	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	Tier 4	
VIGAMOX OPHTHALMIC (EYE) DROPS 0.5 %	Tier 4	
Ophthalmic Antifungal Agents		
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	Tier 4	
Ophthalmic Anti-Inflammatory Immunomodulator-Type		
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %	Tier 4	
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>	Tier 3	QL (60 EA per 30 days)
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	Tier 4	ST: Documentation of trial, intolerance or contraindication to the following is required: cyclosporine ophthalmic solution; QL (5.5 ML per 28 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	Tier 4	QL (60 EA per 30 days)
VERKAZIA OPHTHALMIC (EYE) DROPPERETTE 0.1 %	Tier 4	ST: Documentation of trial, intolerance or contraindication to the following is required: cyclosporine ophthalmic solution
VEVYE OPHTHALMIC (EYE) DROPS 0.1 %	Tier 4	PA; ST: Documentation of trial, intolerance or contraindication to the following is required: cyclosporine ophthalmic solution
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	Tier 4	ST: Documentation of trial, intolerance or contraindication to the following is required: cyclosporine ophthalmic solution; QL (60 EA per 30 days)
Ophthalmic Human Nerve Growth Factor (Hngf)		
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	Tier 7	PA; SP; QL (28 ML per 28 days)

Drug	Status	Notes
Ophthalmic Mast Cell Stabilizers		
ALOCRIL OPHTHALMIC (EYE) DROPS 2 %	Tier 4	
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %	Tier 3	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	Tier 2	
Eye - Glaucoma		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide oral capsule, extended release 500 mg</i>	Tier 2	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	Tier 2	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	Tier 3	
Miotics/Other Intraoc. Pressure Reducers		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %, 0.15 %	Tier 4	ST: Trial of TWO of the following is required: brimonidine, carteolol, dorzolamide, latanoprost, levobunolol, timolol maleate drops
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	Tier 3	ST: Trial of TWO of the following is required: brimonidine, carteolol, dorzolamide, latanoprost, levobunolol, timolol maleate drops
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	Tier 4	ST: Trial of TWO of the following is required: brimonidine, carteolol, dorzolamide, latanoprost, levobunolol, timolol maleate drops
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	Tier 3	
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %	Tier 4	ST: Trial of TWO of the following is required: brimonidine, carteolol, dorzolamide, latanoprost, levobunolol, timolol maleate drops
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Tier 4	ST: Trial of TWO of the following is required: brimonidine, carteolol, dorzolamide, latanoprost, levobunolol, timolol maleate drops
<i>bimatoprost (pf) ophthalmic (eye) drops 0.01 %</i>	Tier 3	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 2	ST: Trial of TWO of the following is required: brimonidine, carteolol, dorzolamide, latanoprost, levobunolol, timolol maleate drops
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i>	Tier 3	ST: Trial of TWO of the following is required: brimonidine, carteolol, dorzolamide, latanoprost, levobunolol, timolol maleate drops
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	Tier 2	
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>	Tier 3	ST: Trial of TWO of the following is required: brimonidine, carteolol, dorzolamide, latanoprost, levobunolol, timolol maleate drops
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i>	Tier 3	ST: Trial of TWO of the following is required: brimonidine, carteolol, dorzolamide, latanoprost, levobunolol, timolol maleate drops
<i>carteolol ophthalmic (eye) drops 1 %</i>	Tier 2	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	Tier 4	ST: Trial of TWO of the following is required: brimonidine, carteolol, dorzolamide, latanoprost, levobunolol, timolol maleate drops
COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE 2-0.5 %	Tier 4	
COSOPT OPHTHALMIC (EYE) DROPS 22.3-6.8 MG/ML	Tier 4	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	Tier 2	

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

Drug	Status	Notes
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	Tier 3	ST: Trial of TWO of the following is required: brimonidine, carteolol, dorzolamide, latanoprost, levobunolol, timolol maleate drops
VUITY OPHTHALMIC (EYE) DROPS 1.25 %	Tier 4	
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	Tier 4	ST: Trial of TWO of the following is required: brimonidine, carteolol, dorzolamide, latanoprost, levobunolol, timolol maleate drops
XALATAN OPHTHALMIC (EYE) DROPS 0.005 %	Tier 4	
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 %	Tier 4	ST: Trial of TWO of the following is required: brimonidine, carteolol, dorzolamide, latanoprost, levobunolol, timolol maleate drops
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %	Tier 4	ST: Trial of TWO of the following is required: brimonidine, carteolol, dorzolamide, latanoprost, levobunolol, timolol maleate drops
Mydriatics		
<i>atropine ophthalmic (eye) drops 1 %</i>	Tier 2	
<i>atropine sulfate (pf) ophthalmic (eye) dropperette 1 %</i>	Tier 3	
CYCLOGYL OPHTHALMIC (EYE) DROPS 0.5 %, 1 %, 2 %	Tier 4	
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %	Tier 4	
<i>cyclopentolate ophthalmic (eye) drops 1 %</i>	Tier 2	
HOMATROPAIRE OPHTHALMIC (EYE) DROPS 5 %	Tier 2	
ISOPTO ATROPINE OPHTHALMIC (EYE) DROPS 1 %	Tier 4	
MYDRIACYL OPHTHALMIC (EYE) DROPS 1 %	Tier 4	
<i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>	Tier 2	
Eye - Miscellaneous		
Ophthalmic Cystine Depleting Agents		
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	Tier 7	PA; SP; QL (20 ML per 28 days)
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	Tier 6	PA; SP; QL (60 ML per 28 days)
Fluid Replacement		
Nucleic Acid/Nucleotide Supplements		
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	Tier 6	PA; SP
Gout And Related Diseases		
Colchicine		
<i>colchicine oral capsule 0.6 mg</i>	Tier 3	
<i>colchicine oral tablet 0.6 mg</i>	Tier 2	
COLCRYS ORAL TABLET 0.6 MG	Tier 4	
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML	Tier 4	
MITIGARE ORAL CAPSULE 0.6 MG	Tier 4	
Hyperuricemia Tx - Purine Inhibitors		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	Tier 2	
<i>allopurinol oral tablet 200 mg</i>	Tier 3	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	Tier 3	
ULORIC ORAL TABLET 40 MG, 80 MG	Tier 4	
ZYLOPRIM ORAL TABLET 100 MG	Tier 4	
Uricosuric Agents		
<i>probenecid oral tablet 500 mg</i>	Tier 2	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	Tier 2	

Drug	Status	Notes
Hematological Disorders		
Agents To Tx Thrombotic Thrombocytopenic Purpura		
CABLIVI INJECTION KIT 11 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
Anticoagulants, Coumarin Type		
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	Tier 2	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	Tier 2	
Antifibrinolytic Agents		
AMICAR ORAL SOLUTION 250 MG/ML (25 %)	Tier 4	PA
AMICAR ORAL TABLET 1,000 MG, 500 MG	Tier 4	PA
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i>	Tier 3	PA
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i>	Tier 3	PA
<i>tranexamic acid oral tablet 650 mg</i>	Tier 2	QL (30 EA per 30 days)
Citrates As Anticoagulants		
<i>sodium citrate intra-catheter syringe 4 % (3 ml)</i>	Tier 2	
Complement (C3) Inhibitors		
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML	Tier 7	PA; SP; QL (5.714 ML per 1 day)
Direct Factor Xa Inhibitors		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK 5 MG (74 TABS)	Tier 3	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	Tier 3	
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG	Tier 4	ST: Documentation of trial, intolerance or contraindication to the following is required: Eliquis (apixaban) oral tablet AND Xarelto (rivaroxaban) oral tablet.
XARELTO DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK 15 MG (42)- 20 MG (9)	Tier 3	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	Tier 3	
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	Tier 3	
Hematinics, Other		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	Tier 7	PA; SP
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML	Tier 7	PA; SP
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	Tier 7	PA; SP
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 120 MCG/0.3 ML, 150 MCG/0.3 ML, 200 MCG/0.3 ML, 30 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML	Tier 7	PA; SP

Drug	Status	Notes
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	Tier 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
Hemophilia Treatment Agents,Non-Factor Replacement		
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 12 MG/0.4 ML, 150 MG/ML, 30 MG/ML, 300 MG/2 ML (150 MG/ML), 60 MG/0.4 ML	Tier 6	PA; SP
Hemorrhologic Agents		
<i>pentoxifylline oral tablet extended release 400 mg</i>	Tier 2	
Heparin And Related Preparations		
ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML, 2.5 MG/0.5 ML, 5 MG/0.4 ML, 7.5 MG/0.6 ML	Tier 4	
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	Tier 2	
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i>	Tier 2	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 2.5 mg/0.5 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	Tier 3	
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML, 25,000 ANTI-XA UNIT/ML	Tier 4	
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML, 7,500 ANTI-XA UNIT/0.3 ML	Tier 4	
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	Tier 2	
<i>heparin (porcine) injection solution 10,000 unit/ml, 20,000 unit/ml</i>	Tier 2	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	Tier 2	
HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 100 UNIT/ML	Tier 2	
<i>heparin, porcine (pf) injection solution 5,000 unit/0.5 ml</i>	Tier 2	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml</i>	Tier 2	
<i>heparin, porcine (pf) intravenous syringe 100 unit/ml</i>	Tier 2	
<i>heparin, porcine (pf) subcutaneous syringe 5,000 unit/0.5 ml</i>	Tier 2	
LOVENOX SUBCUTANEOUS SOLUTION 300 MG/3 ML	Tier 4	
LOVENOX SUBCUTANEOUS SYRINGE 100 MG/ML, 120 MG/0.8 ML, 150 MG/ML, 30 MG/0.3 ML, 40 MG/0.4 ML, 60 MG/0.6 ML, 80 MG/0.8 ML	Tier 4	
Human Monoclonal Antibody Complement(C5) Inhibitor		
FABHALTA ORAL CAPSULE 200 MG	Tier 7	PA; SP; QL (60 EA per 30 days)

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)
Hypoxia Inducible Factor Prolyl Hydroxylase Inh.		
VAFSEO ORAL TABLET 150 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
VAFSEO ORAL TABLET 300 MG	Tier 7	PA; SP; QL (60 EA per 30 days)
Leukocyte (Wbc) Stimulants		
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 7	PA; SP
FYLNETRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 7	PA; SP
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 6	PA; SP
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 7	PA; SP
LEUKINE INJECTION RECON SOLN 250 MCG	Tier 6	PA; SP
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 6	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
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
STIMUFEND SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 7	PA; SP
UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 6 MG/0.6 ML	Tier 6	PA; SP
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 6	PA; SP
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML	Tier 6	PA; SP; QL (7.5 ML per 15 days)
ZARXIO INJECTION SYRINGE 480 MCG/0.8 ML	Tier 6	PA; SP; QL (12 ML per 15 days)
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 7	PA; SP
Platelet Aggregation Inhibitors		
ADULT ASPIRIN REGIMEN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	Tier 3	\$0 COPAY IF 12-59 YEARS OF AGE
ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	Tier 3	\$0 COPAY IF 12-59 YEARS OF AGE

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

Drug	Status	Notes
PRADAXA ORAL PELLETS IN PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG	Tier 4	ST: Documentation of trial, intolerance or contraindication to the following is required: Eliquis (apixaban) oral tablet AND Xarelto (rivaroxaban) oral tablet.
Thrombopoietin Receptor Agonists		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	Tier 6	PA; SP
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	Tier 7	PA; SP
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	Tier 7	PA; SP
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	Tier 7	PA; SP
MULPLETA ORAL TABLET 3 MG	Tier 7	PA; SP
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	Tier 6	PA; SP
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	Tier 6	PA; SP
Vitamin K Preparations		
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	Tier 2	
Hormonal Deficiency		
Androgen/Estrogen Preps For Female Sexual Dysfunc		
INTRAROSA VAGINAL INSERT 6.5 MG	Tier 4	PA
Androgenic Agents		
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	Tier 4	QL (150 GM per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1 % (25 MG/2.5GRAM), 1.62 % (40.5 MG/2.5 GRAM)	Tier 4	PA; QL (75 GM per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM)	Tier 4	QL (150 GM per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM)	Tier 4	PA; QL (300 GM per 30 days)
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML, 200 MG/ML	Tier 4	
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG	Tier 4	PA
KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG	Tier 3	QL (60 EA per 30 days)
METHITEST ORAL TABLET 10 MG	Tier 4	PA
<i>methyltestosterone oral capsule 10 mg</i>	Tier 3	PA
NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION	Tier 4	PA; QL (21.96 GM per 30 days)
TESTIM TRANSDERMAL GEL 50 MG/5 GRAM (1 %)	Tier 4	QL (150 GM per 30 days)
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	Tier 2	
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	Tier 2	
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	Tier 3	QL (150 GM per 30 days)
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	Tier 3	PA
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	Tier 3	QL (300 GM per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	Tier 3	QL (150 GM per 30 days)

Drug	Status	Notes
<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)
Estrogen & Progestin With Antimineralocorticoid Cb		
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	Tier 4	
Estrogen & Selective Estrogen Recept Mod(Serm)Comb		
DUAVEE ORAL TABLET 0.45-20 MG	Tier 4	
Estrogen And Progestin Combinations		
BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG	Tier 4	
Estrogenic Agents		
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR	Tier 4	
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.06 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	Tier 4	
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	Tier 3	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML, 40 MG/ML	Tier 4	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	Tier 4	
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%), 1 MG/GRAM (0.1 %), 1.25 MG/1.25 GRAM (0.1 %)	Tier 4	
DOTTI TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	Tier 2	
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION	Tier 4	QL (26 GM per 30 days)
ESTRACE ORAL TABLET 0.5 MG, 1 MG, 2 MG	Tier 4	
<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)

Drug	Status	Notes
<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</i>	Tier 3	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	Tier 2	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	Tier 2	
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION	Tier 4	QL (50 GM per 30 days)
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%)	Tier 4	PA
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	Tier 2	
JINTELI ORAL TABLET 1-5 MG-MCG	Tier 2	
LYLLANA TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	Tier 2	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	Tier 3	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR	Tier 4	
MIMVEY ORAL TABLET 1-0.5 MG	Tier 2	
MINIVELLE TRANSDERMAL PATCH 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 3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	Tier 3	
VIVELLE-DOT TRANSDERMAL PATCH 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	
Menopausal Symptoms Suppressant - Ssris		
<i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i>	Tier 3	
Menopausal Symptoms Suppressant-Nk3 Receptor Antag		
VEOZAH ORAL TABLET 45 MG	Tier 4	PA; QL (30 EA per 30 days)

Drug	Status	Notes
Progestational Agents		
CRINONE VAGINAL GEL 4 %	Tier 4	
GALLIFREY ORAL TABLET 5 MG	Tier 2	
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 2	
<i>norethindrone acetate oral tablet 5 mg</i>	Tier 2	
<i>progesterone intramuscular oil 50 mg/ml</i>	Tier 2	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	Tier 2	
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG	Tier 4	
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 4	
Immunization		
Covid-19 Vaccines		
COMIRNATY 2024-25 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML	Tier 4	\$0 COPAY
MODERNA COVID 24-25(6M-11Y)PF INTRAMUSCULAR SYRINGE 25 MCG/0.25 ML	Tier 4	\$0 COPAY
NOVAVAX COVID 2024-25(PF)(EUA) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	Tier 4	\$0 COPAY
PFIZER COVID 2024-25(5Y-11Y)PF INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML	Tier 4	\$0 COPAY
PFIZER COVID 2024-25(6MO-4Y)PF INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3 MCG/0.3 ML	Tier 4	\$0 COPAY
SPIKEVAX 2024-2025(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	Tier 4	\$0 COPAY
Enteric Virus Vaccines		
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	Tier 4	\$0 COPAY
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	Tier 4	\$0 COPAY
ROTATEQ VACCINE ORAL SOLUTION 2 ML	Tier 4	\$0 COPAY
Gram Negative Cocci Vaccines		
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	Tier 4	\$0 COPAY
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	Tier 4	\$0 COPAY
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	Tier 4	\$0 COPAY
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	Tier 4	\$0 COPAY
MENVEO MENA COMPONENT (PF) INTRAMUSCULAR RECON SOLN 10 MCG /0.5 ML (FINAL)	Tier 4	\$0 COPAY
MENVEO MENCYW-135 COMPNT (PF) INTRAMUSCULAR RECON SOLN 5 MCG X 3/ 0.5 ML (FINAL)	Tier 4	\$0 COPAY
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	Tier 4	\$0 COPAY
PENBRAYA MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 5 MCG/0.5 ML	Tier 4	\$0 COPAY

Drug	Status	Notes
PENBRAYA MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	Tier 4	\$0 COPAY
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	Tier 4	\$0 COPAY
Gram Positive Cocci Vaccines		
CAPVAXIVE INTRAMUSCULAR SYRINGE 0.5 ML	Tier 4	\$0 COPAY
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	Tier 4	\$0 COPAY IF 65 YEARS OF AGE OR OLDER
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	Tier 4	\$0 COPAY
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML	Tier 4	\$0 COPAY
Influenza Virus Vaccines		
AFLURIA TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	Tier 4	\$0 COPAY
AFLURIA TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	Tier 4	\$0 COPAY
FLUAD TRIV 2024-25(65Y UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	Tier 4	\$0 COPAY
FLUARIX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	Tier 4	\$0 COPAY
FLUBLOK TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 135 MCG (45 MCG X 3)/0.5 ML	Tier 4	\$0 COPAY
FLUCELVAX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	Tier 4	\$0 COPAY
FLUCELVAX TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	Tier 4	\$0 COPAY
FLULAVAL TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	Tier 4	\$0 COPAY
FLUMIST TRIVALENT 2024-2025 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	Tier 4	\$0 COPAY
FLUZONE HIGH-DOSE TRIV 24-25 INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	Tier 4	\$0 COPAY
FLUZONE QUAD SOUTH HEM2024(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Tier 4	\$0 COPAY
FLUZONE QUAD SOUTHERN HEM 2024 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	Tier 4	\$0 COPAY
FLUZONE TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	Tier 4	\$0 COPAY
FLUZONE TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	Tier 4	\$0 COPAY
Neurotoxic Virus Vaccines		
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	Tier 3	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	Tier 3	

Drug	Status	Notes
Vaccine/Toxoid Preparations, Combinations		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	Tier 4	\$0 COPAY
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	Tier 4	\$0 COPAY
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	Tier 4	\$0 COPAY
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	Tier 4	\$0 COPAY
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	Tier 4	\$0 COPAY
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	Tier 4	\$0 COPAY
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	Tier 4	\$0 COPAY
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	Tier 4	\$0 COPAY
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	Tier 4	\$0 COPAY
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	Tier 4	\$0 COPAY
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	Tier 4	\$0 COPAY
PENTACEL ACTHIB COMPONENT (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	Tier 4	\$0 COPAY
PENTACEL DTAP-IPV COMPNT (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 62 DU/0.5 ML	Tier 4	\$0 COPAY
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2-3.3CCID50/0.5ML	Tier 4	\$0 COPAY
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	Tier 4	\$0 COPAY
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	Tier 4	\$0 COPAY
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	Tier 4	\$0 COPAY
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	Tier 3	\$0 COPAY
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	Tier 4	\$0 COPAY
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	Tier 4	\$0 COPAY
VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML	Tier 4	\$0 COPAY
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML	Tier 4	\$0 COPAY

Drug	Status	Notes
Viral/Tumorigenic Vaccines		
ABRYSV0 (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	Tier 4	\$0 COPAY
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	Tier 4	\$0 COPAY IF 60 YEARS OF AGE OR OLDER; QL (1 EA per 365 days)
AREXVY ANTIGEN COMPONENT INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG	Tier 4	\$0 COPAY IF 60 YEARS OF AGE OR OLDER; QL (1 EA per 365 days)
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	Tier 4	\$0 COPAY
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	Tier 4	\$0 COPAY
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	Tier 4	\$0 COPAY
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	Tier 4	\$0 COPAY
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	Tier 4	\$0 COPAY
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	Tier 4	\$0 COPAY
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	Tier 4	\$0 COPAY IF 18 YEARS OF AGE OR OLDER
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	Tier 4	\$0 COPAY
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	Tier 4	\$0 COPAY IF 60 YEARS OF AGE OR OLDER; QL (1 ML per 365 days)
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	Tier 4	\$0 COPAY
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	Tier 4	\$0 COPAY
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	Tier 4	\$0 COPAY
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	Tier 4	\$0 COPAY IF 50 YEARS OF AGE OR OLDER; QL (2 EA per 365 days)
SHINGRIX GE ANTIGEN COMPONENT INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG	Tier 4	\$0 COPAY IF 50 YEARS OF AGE OR OLDER
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	Tier 4	\$0 COPAY IF 18 YEARS OF AGE OR OLDER
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	Tier 4	\$0 COPAY
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	Tier 4	\$0 COPAY
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	Tier 4	\$0 COPAY
Immunosuppression/Modulation		
Immunomodulators		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	Tier 6	PA; SP

Drug	Status	Notes
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	Tier 7	PA; SP; QL (2 ML per 28 days)
<i>imiquimod topical cream in metered-dose pump 3.75 %</i>	Tier 3	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: imiquimod 5% topical cream pack, fluorouracil 5% topical cream.
<i>imiquimod topical cream in packet 3.75 %</i>	Tier 3	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: imiquimod 5% topical cream pack, fluorouracil 5% topical cream.
<i>imiquimod topical cream in packet 5 %</i>	Tier 2	
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 %, 3.75 %	Tier 4	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: imiquimod 5% topical cream pack, fluorouracil 5% topical cream.
ZYCLARA TOPICAL CREAM IN PACKET 3.75 %	Tier 4	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: imiquimod 5% topical cream pack, fluorouracil 5% topical cream.
Immunosuppressives		
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	Tier 4	
AZASAN ORAL TABLET 100 MG, 75 MG	Tier 4	
<i>azathioprine oral tablet 100 mg, 75 mg</i>	Tier 3	
<i>azathioprine oral tablet 50 mg</i>	Tier 2	
CELLCEPT ORAL CAPSULE 250 MG	Tier 4	
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML	Tier 4	
CELLCEPT ORAL TABLET 500 MG	Tier 4	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 2	
<i>cyclosporine modified oral solution 100 mg/ml</i>	Tier 2	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	Tier 2	
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	Tier 4	
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	Tier 3	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	Tier 2	
GENGRAF ORAL SOLUTION 100 MG/ML	Tier 2	
IMURAN ORAL TABLET 50 MG	Tier 4	
LUPKYNIS ORAL CAPSULE 7.9 MG	Tier 7	PA; SP; QL (180 EA per 30 days)
<i>mycophenolate mofetil oral capsule 250 mg</i>	Tier 2	
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	Tier 2	
<i>mycophenolate mofetil oral tablet 500 mg</i>	Tier 2	
<i>mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg</i>	Tier 2	
MYFORTIC ORAL TABLET,DELAYED RELEASE (DR/EC) 180 MG, 360 MG	Tier 4	
MYHIBBIN ORAL SUSPENSION 200 MG/ML	Tier 4	

Drug	Status	Notes
NEORAL ORAL CAPSULE 100 MG, 25 MG	Tier 4	
NEORAL ORAL SOLUTION 100 MG/ML	Tier 4	
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	Tier 4	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG	Tier 4	
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	Tier 4	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	Tier 4	
<i>sirolimus oral solution 1 mg/ml</i>	Tier 3	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 3	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	Tier 2	
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	Tier 4	
Rho Kinase Inhibitor		
REZUROCK ORAL TABLET 200 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
Infectious Disease - Bacterial		
Absorbable Sulfonamides		
BACTRIM DS ORAL TABLET 800-160 MG	Tier 4	
BACTRIM ORAL TABLET 400-80 MG	Tier 4	
<i>sulfadiazine oral tablet 500 mg</i>	Tier 3	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	Tier 2	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	Tier 2	
SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML	Tier 3	
Betalactams		
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	Tier 6	PA; SP; QL (84 ML per 28 days)
Cephalosporins - 1St Generation		
<i>cefadroxil oral capsule 500 mg</i>	Tier 2	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	Tier 2	
<i>cefadroxil oral tablet 1 gram</i>	Tier 3	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	Tier 2	
<i>cephalexin oral capsule 750 mg</i>	Tier 3	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 2	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	Tier 3	
Cephalosporins - 2Nd Generation		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	Tier 3	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	Tier 3	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	Tier 3	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 2	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	Tier 2	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	Tier 2	
Cephalosporins - 3Rd Generation		
<i>cefdinir oral capsule 300 mg</i>	Tier 2	

Drug	Status	Notes
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 2	
<i>cefixime oral capsule 400 mg</i>	Tier 3	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	Tier 3	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	Tier 3	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	Tier 3	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	Tier 4	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	Tier 4	PA
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG	Tier 4	PA
Chemotherapeutics, Antibacterial, Misc.		
<i>fosfomycin tromethamine oral packet 3 gram</i>	Tier 3	
<i>methenamine hippurate oral tablet 1 gram</i>	Tier 3	
MONUROL ORAL PACKET 3 GRAM	Tier 4	
<i>trimethoprim oral tablet 100 mg</i>	Tier 2	
Fecal Microbiota Transplantation (Fmt)		
VOWST ORAL CAPSULE	Tier 7	PA; SP
Macrolides		
<i>azithromycin oral packet 1 gram</i>	Tier 3	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	Tier 2	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	Tier 2	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 2	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	Tier 2	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	Tier 3	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	Tier 3	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: vancomycin oral capsule or vancomycin oral solution.
DIFICID ORAL TABLET 200 MG	Tier 3	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: vancomycin oral capsule or vancomycin oral solution.
E.E.S. 400 ORAL TABLET 400 MG	Tier 4	
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	Tier 4	
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	Tier 4	
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML	Tier 4	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 250 MG, 333 MG, 500 MG	Tier 4	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG	Tier 4	

Drug	Status	Notes
<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 2	
<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	
ZITHROMAX ORAL PACKET 1 GRAM	Tier 4	
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML	Tier 4	
ZITHROMAX ORAL TABLET 250 MG, 500 MG	Tier 4	
ZITHROMAX TRI-PAK ORAL TABLET 500 MG	Tier 4	
ZITHROMAX Z-PAK ORAL TABLET 250 MG	Tier 4	
Nitrofurans Derivatives		
FURADANTIN ORAL SUSPENSION 25 MG/5 ML	Tier 4	
MACROBID ORAL CAPSULE 100 MG	Tier 4	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 2	
<i>nitrofurantoin monohydr/m-cryst oral capsule 100 mg</i>	Tier 2	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	Tier 2	
<i>nitrofurantoin oral suspension 50 mg/5 ml</i>	Tier 3	
Oxazolidinones		
<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	
Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Tier 2	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	Tier 2	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	Tier 2	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	Tier 2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	Tier 2	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	Tier 2	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	Tier 3	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	Tier 3	
<i>ampicillin oral capsule 500 mg</i>	Tier 2	
AUGMENTIN ES-600 ORAL SUSPENSION FOR RECONSTITUTION 600-42.9 MG/5 ML	Tier 4	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	Tier 3	

Drug	Status	Notes
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 250-62.5 MG/5 ML	Tier 4	
AUGMENTIN ORAL TABLET 500-125 MG	Tier 4	
AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HR 1,000-62.5 MG	Tier 4	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	Tier 3	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	Tier 2	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	Tier 2	
Pleuromutilin Derivatives		
XENLETA ORAL TABLET 600 MG	Tier 4	PA; QL (10 EA per 90 days)
Quinolones		
BAXDELA ORAL TABLET 450 MG	Tier 4	PA; QL (60 EA per 30 days)
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML	Tier 4	
CIPRO ORAL TABLET 250 MG, 500 MG	Tier 4	
<i>ciprofloxacin hcl oral tablet 100 mg</i>	Tier 3	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 2	
<i>ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>	Tier 2	
FACTIVE ORAL TABLET 320 MG	Tier 4	QL (7 EA per 30 days)
<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	
Tetracyclines		
ACTICLATE ORAL TABLET 150 MG, 75 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
AVIDOXY ORAL TABLET 100 MG	Tier 2	
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	Tier 3	
DORYX MPC ORAL TABLET,DELAYED RELEASE (DR/EC) 60 MG	Tier 4	ST: Trial of ONE of the following is required: doxycycline monohydrate oral capsule, doxycycline monohydrate oral tablet, minocycline HCl oral capsule, or minocycline HCl oral tablet
DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 200 MG, 80 MG	Tier 4	ST: Trial of ONE of the following is required: doxycycline monohydrate oral capsule, doxycycline monohydrate oral tablet, minocycline HCl oral capsule, or minocycline HCl oral tablet
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	Tier 2	
<i>doxycycline hyclate oral tablet 100 mg</i>	Tier 2	
<i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i>	Tier 3	ST: Trial of ONE of the following is required: doxycycline monohydrate oral capsule, doxycycline monohydrate oral tablet, minocycline HCl oral capsule, or minocycline HCl oral tablet

Drug	Status	Notes
<i>doxycycline hyclate oral tablet, delayed release (drlec) 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, biphasic 40 mg</i>	Tier 3	ST: Trial of ONE of the following is required: doxycycline monohydrate oral capsule, doxycycline monohydrate oral tablet, minocycline HCl oral capsule, or minocycline HCl oral tablet
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	Tier 2	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 2	
<i>doxycycline monohydrate oral tablet 150 mg</i>	Tier 3	
<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)
MONDOXYNE NL ORAL CAPSULE 100 MG	Tier 2	
MONDOXYNE NL ORAL CAPSULE 75 MG	Tier 3	PA
MONODOX ORAL CAPSULE 100 MG, 50 MG	Tier 4	
MONODOX ORAL CAPSULE 75 MG	Tier 4	PA
MORGIDOX ORAL CAPSULE 50 MG	Tier 2	
NUZYRA ORAL TABLET 150 MG	Tier 4	PA; 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

Drug	Status	Notes
XIMINO ORAL CAPSULE,EXTENDED RELEASE 24HR 135 MG, 45 MG, 90 MG	Tier 4	ST: Trial of ONE of the following is required: doxycycline monohydrate oral capsule, doxycycline monohydrate oral tablet, minocycline HCl oral capsule, or minocycline HCl oral tablet; QL (30 EA per 30 days)
Infectious Disease - Fungal		
Antifungal Agents		
ANCOBON ORAL CAPSULE 250 MG, 500 MG	Tier 4	
<i>clotrimazole mucous membrane troche 10 mg</i>	Tier 2	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	Tier 6	PA; SP
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	Tier 4	
DIFLUCAN ORAL TABLET 100 MG, 200 MG	Tier 4	
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	Tier 2	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Tier 2	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	Tier 2	
<i>itraconazole oral capsule 100 mg</i>	Tier 2	
<i>itraconazole oral solution 10 mg/ml</i>	Tier 3	
<i>ketoconazole oral tablet 200 mg</i>	Tier 2	
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON 300 MG	Tier 4	PA
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	Tier 4	
NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG	Tier 4	
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG	Tier 4	PA
<i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i>	Tier 3	
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	Tier 3	
SPORANOX ORAL CAPSULE 100 MG	Tier 4	
SPORANOX ORAL SOLUTION 10 MG/ML	Tier 4	
<i>terbinafine hcl oral tablet 250 mg</i>	Tier 2	QL (30 EA per 30 days)
TOLSURA ORAL CAPSULE, SOLID DISPERSION 65 MG	Tier 4	PA
VFEND ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (40 MG/ML)	Tier 3	QL (450 ML per 30 days)
VFEND ORAL TABLET 50 MG	Tier 3	QL (90 EA per 30 days)
VIVJOA ORAL CAPSULE 150 MG	Tier 7	PA; SP
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	Tier 3	QL (450 ML per 30 days)
<i>voriconazole oral tablet 200 mg, 50 mg</i>	Tier 2	QL (90 EA per 30 days)
Antifungal Antibiotics		
BREXAFEMME ORAL TABLET 150 MG	Tier 4	PA; QL (4 EA per 30 days)
<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, 250 mg</i>	Tier 3	

Drug	Status	Notes
<i>nystatin oral suspension 100,000 unit/ml</i>	Tier 2	
<i>nystatin oral tablet 500,000 unit</i>	Tier 2	
Infectious Disease - Miscellaneous		
Aminoglycosides		
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	Tier 7	PA; SP; QL (235.2 ML per 28 days)
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML	Tier 7	SP; QL (224 ML per 28 days)
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	Tier 7	SP; QL (280 ML per 28 days)
<i>neomycin oral tablet 500 mg</i>	Tier 2	
TOBI INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	Tier 7	SP; QL (280 ML per 28 days)
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	Tier 7	SP; QL (224 EA per 28 days)
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	Tier 5	SP; QL (280 ML per 28 days)
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	Tier 5	SP; QL (224 ML per 28 days)
<i>tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml</i>	Tier 5	SP; QL (280 ML per 28 days)
Antileprotics		
<i>dapsone oral tablet 100 mg, 25 mg</i>	Tier 2	
THALOMID ORAL CAPSULE 100 MG, 50 MG	Tier 6	PA; SP
Anti-Mycobacterium Agents		
<i>ethambutol oral tablet 100 mg, 400 mg</i>	Tier 2	
<i>isoniazid oral solution 50 mg/5 ml</i>	Tier 2	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	Tier 2	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	Tier 4	
<i>pyrazinamide oral tablet 500 mg</i>	Tier 3	
<i>rifabutin oral capsule 150 mg</i>	Tier 2	
TRECTOR ORAL TABLET 250 MG	Tier 4	
Antitubercular Antibiotics		
<i>cycloserine oral capsule 250 mg</i>	Tier 3	
<i>pretomanid oral tablet 200 mg</i>	Tier 4	PA; QL (30 EA per 30 days)
PRIFTIN ORAL TABLET 150 MG	Tier 4	
<i>rifampin oral capsule 150 mg, 300 mg</i>	Tier 2	
SIRTURO ORAL TABLET 100 MG, 20 MG	Tier 7	PA; SP
Lincosamides		
CLEOCIN HCL ORAL CAPSULE 150 MG, 300 MG, 75 MG	Tier 4	
CLEOCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	Tier 4	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	Tier 2	
<i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml</i>	Tier 2	
CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	Tier 2	
Rifamycins And Related Derivative Antibiotics		
XIFAXAN ORAL TABLET 200 MG	Tier 4	PA; QL (90 EA per 30 days)

Drug	Status	Notes
XIFAXAN ORAL TABLET 550 MG	Tier 4	PA; QL (60 EA per 30 days)
Vancomycin And Derivatives		
FIRVANQ ORAL RECON SOLN 25 MG/ML	Tier 3	QL (900 ML per 10 days)
FIRVANQ ORAL RECON SOLN 50 MG/ML	Tier 3	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)
Infectious Disease - Parasitic		
2Nd Gen. Anaerobic Antiprotozoal-Antibacterial		
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM	Tier 4	QL (2 EA per 28 days)
<i>tinidazole oral tablet 250 mg, 500 mg</i>	Tier 3	
Amebicides		
HUMATIN ORAL CAPSULE 250 MG	Tier 4	
<i>paromomycin oral capsule 250 mg</i>	Tier 2	
Anaerobic Antiprotozoal-Antibacterial Agents		
FLAGYL ORAL CAPSULE 375 MG	Tier 4	PA
LIKMEZ ORAL SUSPENSION 500 MG/5 ML	Tier 4	PA
<i>metronidazole oral capsule 375 mg</i>	Tier 3	PA
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Tier 2	
Anthelmintics		
<i>albendazole oral tablet 200 mg</i>	Tier 3	
BILTRICIDE ORAL TABLET 600 MG	Tier 4	
EMVERM ORAL TABLET,CHEWABLE 100 MG	Tier 4	
<i>ivermectin oral tablet 3 mg</i>	Tier 2	
<i>praziquantel oral tablet 600 mg</i>	Tier 2	
STROMECTOL ORAL TABLET 3 MG	Tier 4	
Antimalarial Drugs		
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	Tier 2	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	Tier 2	
COARTEM ORAL TABLET 20-120 MG	Tier 4	
DARAPRIM ORAL TABLET 25 MG	Tier 4	PA
<i>hydroxychloroquine oral tablet 100 mg, 300 mg, 400 mg</i>	Tier 3	
<i>hydroxychloroquine oral tablet 200 mg</i>	Tier 2	
KRINTAFEL ORAL TABLET 150 MG	Tier 4	
MALARONE ORAL TABLET 250-100 MG	Tier 4	
MALARONE PEDIATRIC ORAL TABLET 62.5-25 MG	Tier 4	
<i>mefloquine oral tablet 250 mg</i>	Tier 2	
PLAQUENIL ORAL TABLET 200 MG	Tier 4	
<i>primaquine oral tablet 26.3 mg (15 mg base)</i>	Tier 3	
<i>pyrimethamine oral tablet 25 mg</i>	Tier 3	PA
QUALAQUIN ORAL CAPSULE 324 MG	Tier 4	
<i>quinine sulfate oral capsule 324 mg</i>	Tier 2	
SOVUNA ORAL TABLET 200 MG, 300 MG	Tier 4	PA

Drug	Status	Notes
Antiparasitics		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	Tier 4	
ALINIA ORAL TABLET 500 MG	Tier 4	
<i>nitazoxanide oral tablet 500 mg</i>	Tier 3	
Antiprotozoal Drugs, Miscellaneous		
<i>atovaquone oral suspension 750 mg/5 ml</i>	Tier 2	
<i>benznidazole oral tablet 100 mg</i>	Tier 3	QL (240 EA per 365 days)
<i>benznidazole oral tablet 12.5 mg</i>	Tier 3	QL (360 EA per 365 days)
IMPAVIDO ORAL CAPSULE 50 MG	Tier 6	PA; SP
LAMPIT ORAL TABLET 120 MG, 30 MG	Tier 4	PA
MEPRON ORAL SUSPENSION 750 MG/5 ML	Tier 4	
NEBUPENT INHALATION RECON SOLN 300 MG	Tier 7	SP; QL (1 EA per 28 days)
<i>pentamidine inhalation recon soln 300 mg</i>	Tier 6	SP; QL (1 EA per 28 days)
Infectious Disease - Viral		
Antiretroviral - Capsid Inhibitors		
SUNLENCA ORAL TABLET 300 MG	Tier 3	PA; QL (5 EA per 196 days)
Antiretroviral-Integrase Inhibitor And Nrti Comb.		
JULUCA ORAL TABLET 50-25 MG	Tier 3	QL (30 EA per 30 days)
Antiretroviral-Integrase Inhibitor And Nrti Comb.		
DOVATO ORAL TABLET 50-300 MG	Tier 3	QL (30 EA per 30 days)
Antiretroviral-Nucleoside, Nucleotide, Protease Inh.		
SYMTUZA ORAL TABLET 800-150-200-10 MG	Tier 4	QL (30 EA per 30 days)
Antiviral - Main Protease (Mpro) Inhibitor		
PAXLOVID ORAL TABLETS, DOSE PACK 150-100 MG, 300 MG (150 MG X 2)-100 MG	Tier 3	
Antiviral Monoclonal Antibodies		
BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML, 50 MG/0.5 ML	Tier 7	SP; \$0 COPAY
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	Tier 6	PA; SP
Antiviral Nucleotide Analogs		
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	Tier 4	
Antivirals, General		
<i>acyclovir oral capsule 200 mg</i>	Tier 2	
<i>acyclovir oral suspension 200 mg/5 ml</i>	Tier 2	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	Tier 2	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	Tier 2	QL (64 EA per 30 days)
FLUMADINE ORAL TABLET 100 MG	Tier 4	
LIVTENCITY ORAL TABLET 200 MG	Tier 7	PA; SP; QL (120 EA per 30 days)
<i>oseltamivir oral capsule 30 mg</i>	Tier 2	QL (28 EA per 90 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	Tier 2	QL (14 EA per 90 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	Tier 3	QL (252 ML per 90 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG	Tier 4	PA; 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)

Drug	Status	Notes
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 20 MG, 40 MG, 80 MG	Tier 4	QL (2 EA per 90 days)
ZOVIRAX ORAL SUSPENSION 200 MG/5 ML	Tier 4	
Antivirals, Hiv-Spec, Non-Peptidic Protease Inhib		
APTIVUS ORAL CAPSULE 250 MG	Tier 4	
<i>darunavir oral tablet 600 mg</i>	Tier 3	
<i>darunavir oral tablet 800 mg</i>	Tier 3	QL (30 EA per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG-MG	Tier 3	QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	Tier 3	
PREZISTA ORAL TABLET 150 MG, 75 MG	Tier 3	
PREZISTA ORAL TABLET 600 MG	Tier 4	
PREZISTA ORAL TABLET 800 MG	Tier 4	QL (30 EA per 30 days)
Antivirals, Hiv-Spec, Nucleoside-Nucleotide Analog		
CIMDUO ORAL TABLET 300-300 MG	Tier 3	
DESCOVY ORAL TABLET 120-15 MG	Tier 3	QL (30 EA per 30 days)
DESCOVY ORAL TABLET 200-25 MG	Tier 3	\$0 COPAY IF NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (30 EA per 30 days)
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	Tier 3	QL (30 EA per 30 days)
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	Tier 3	\$0 COPAY IF NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (30 EA per 30 days)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	Tier 4	QL (30 EA per 30 days)
Antivirals, Hiv-Spec., Nucleoside Analog, Rti Comb		
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	Tier 2	QL (60 EA per 30 days)
Antivirals, Hiv-Specific, Ccr5 Co-Receptor Antag.		
<i>maraviroc oral tablet 150 mg, 300 mg</i>	Tier 3	
SELZENTRY ORAL SOLUTION 20 MG/ML	Tier 3	
SELZENTRY ORAL TABLET 150 MG, 300 MG	Tier 3	
Antivirals, Hiv-Specific, Cd4 Attachment Inhibitor		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	Tier 3	PA; QL (60 EA per 30 days)
Antivirals, Hiv-Specific, Fusion Inhibitors		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	Tier 4	PA; QL (60 EA per 30 days)
Antivirals, Hiv-Specific, Non-Nucleoside, Rti		
EDURANT ORAL TABLET 25 MG	Tier 3	
<i>efavirenz oral tablet 600 mg</i>	Tier 2	
<i>etravirine oral tablet 100 mg, 200 mg</i>	Tier 3	

Drug	Status	Notes
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG	Tier 3	
<i>nevirapine oral suspension 50 mg/5 ml</i>	Tier 2	
<i>nevirapine oral tablet 200 mg</i>	Tier 2	
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	Tier 2	QL (90 EA per 30 days)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	Tier 2	
PIFELTRO ORAL TABLET 100 MG	Tier 3	QL (30 EA per 30 days)
Antivirals, Hiv-Specific, Nucleoside Analog, Rti		
<i>abacavir oral solution 20 mg/ml</i>	Tier 2	
<i>abacavir oral tablet 300 mg</i>	Tier 2	
<i>emtricitabine oral capsule 200 mg</i>	Tier 3	
EMTRIVA ORAL CAPSULE 200 MG	Tier 4	
EMTRIVA ORAL SOLUTION 10 MG/ML	Tier 4	
EPIVIR ORAL SOLUTION 10 MG/ML	Tier 4	
EPIVIR ORAL TABLET 150 MG, 300 MG	Tier 4	
<i>lamivudine oral solution 10 mg/ml</i>	Tier 2	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	Tier 2	
RETROVIR ORAL CAPSULE 100 MG	Tier 4	
RETROVIR ORAL SYRUP 10 MG/ML	Tier 4	
<i>stavudine oral capsule 15 mg, 20 mg</i>	Tier 2	
ZIAGEN ORAL SOLUTION 20 MG/ML	Tier 4	
<i>zidovudine oral capsule 100 mg</i>	Tier 2	
<i>zidovudine oral syrup 10 mg/ml</i>	Tier 2	
<i>zidovudine oral tablet 300 mg</i>	Tier 2	
Antivirals, Hiv-Specific, Nucleotide Analog, Rti		
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	Tier 2	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	Tier 3	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Tier 3	
VIREAD ORAL TABLET 300 MG	Tier 4	
Antivirals, Hiv-Specific, Protease Inhibitor Comb		
KALETRA ORAL SOLUTION 400-100 MG/5 ML	Tier 4	
KALETRA ORAL TABLET 100-25 MG	Tier 4	QL (150 EA per 30 days)
KALETRA ORAL TABLET 200-50 MG	Tier 4	QL (120 EA per 30 days)
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	Tier 2	
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	Tier 3	QL (150 EA per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	Tier 3	QL (120 EA per 30 days)
Antivirals, Hiv-Specific, Protease Inhibitors		
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	Tier 2	
EVOTAZ ORAL TABLET 300-150 MG	Tier 3	QL (30 EA per 30 days)
<i>fosamprenavir oral tablet 700 mg</i>	Tier 3	
NORVIR ORAL CAPSULE 100 MG	Tier 4	
NORVIR ORAL POWDER IN PACKET 100 MG	Tier 3	
NORVIR ORAL TABLET 100 MG	Tier 4	
REYATAZ ORAL CAPSULE 200 MG, 300 MG	Tier 4	
REYATAZ ORAL POWDER IN PACKET 50 MG	Tier 3	
<i>ritonavir oral tablet 100 mg</i>	Tier 2	
VIRACEPT ORAL TABLET 250 MG, 625 MG	Tier 4	

Drug	Status	Notes
Antivirals,Hiv-1 Integrase Strand Transfer Inhibtr		
ISENTRESS HD ORAL TABLET 600 MG	Tier 3	QL (60 EA per 30 days)
ISENTRESS ORAL POWDER IN PACKET 100 MG	Tier 3	
ISENTRESS ORAL TABLET 400 MG	Tier 3	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	Tier 3	
TIVICAY ORAL TABLET 50 MG	Tier 3	QL (60 EA per 30 days)
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	Tier 3	QL (180 EA per 30 days)
Artv Cmb Nucleoside,Nucleotide,&Non-Nucleoside Rti		
ATRIPLA ORAL TABLET 600-200-300 MG	Tier 4	QL (30 EA per 30 days)
COMPLERA ORAL TABLET 200-25-300 MG	Tier 3	QL (30 EA per 30 days)
DELSTRIGO ORAL TABLET 100-300-300 MG	Tier 3	QL (30 EA per 30 days)
<i>efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg</i>	Tier 3	QL (30 EA per 30 days)
<i>efavirenz-lamivu-tenofov disop oral tablet 400-300- 300 mg, 600-300-300 mg</i>	Tier 3	QL (30 EA per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	Tier 3	QL (30 EA per 30 days)
SYMFI LO ORAL TABLET 400-300-300 MG	Tier 3	QL (30 EA per 30 days)
SYMFI ORAL TABLET 600-300-300 MG	Tier 3	QL (30 EA per 30 days)
Arv Cmb-Nrti,N(T)Rti, Integrase Inhibitor		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	Tier 3	QL (30 EA per 30 days)
GENVOYA ORAL TABLET 150-150-200-10 MG	Tier 3	QL (30 EA per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	Tier 3	QL (30 EA per 30 days)
Arv Comb-Nrtis & Integrase Inhibitor		
TRIUMEQ ORAL TABLET 600-50-300 MG	Tier 3	QL (30 EA per 30 days)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	Tier 3	
Cytochrome P450 Inhibitors		
TYBOST ORAL TABLET 150 MG	Tier 3	
Hep C - Ns5a, Ns3/4A, Nucleotide Ns5b Inhib Combo		
VOSEVI ORAL TABLET 400-100-100 MG	Tier 6	PA; SP; QL (28 EA per 28 days)
Hep C Virus - Ns5a & Ns5b Polymerase Inhib. Combo.		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG	Tier 6	PA; SP; QL (28 EA per 28 days)
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	Tier 6	PA; SP; QL (28 EA per 28 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG	Tier 7	PA; SP; QL (28 EA per 28 days)
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	Tier 7	PA; SP; QL (28 EA per 28 days)
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i>	Tier 7	PA; SP; QL (28 EA per 28 days)
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	Tier 6	PA; SP; QL (28 EA per 28 days)
Hep C Virus,Nucleotide Analog Ns5b Polymerase Inh		
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG	Tier 7	PA; SP; QL (28 EA per 28 days)
SOVALDI ORAL TABLET 200 MG	Tier 7	PA; SP; QL (28 EA per 28 days)

Drug	Status	Notes
SOVALDI ORAL TABLET 400 MG	Tier 7	PA; SP
Hepatitis B Treatment Agents		
<i>adefovir oral tablet 10 mg</i>	Tier 3	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	Tier 4	
BARACLUDE ORAL TABLET 0.5 MG, 1 MG	Tier 4	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	Tier 3	
HEPSERA ORAL TABLET 10 MG	Tier 4	
<i>lamivudine oral tablet 100 mg</i>	Tier 2	
VEMLIDY ORAL TABLET 25 MG	Tier 4	QL (30 EA per 30 days)
Hepatitis C Treatment Agents		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Tier 6	PA; SP
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	Tier 6	PA; SP; QL (2 ML per 28 days)
<i>ribavirin oral capsule 200 mg</i>	Tier 5	PA; SP
<i>ribavirin oral tablet 200 mg</i>	Tier 5	PA; SP
Hepatitis C Virus- Ns5a And Ns3/4A Inhibitor Comb		
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	Tier 6	PA; SP; QL (84 EA per 28 days)
MAVYRET ORAL TABLET 100-40 MG	Tier 6	PA; SP; QL (84 EA per 28 days)
ZEPATIER ORAL TABLET 50-100 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
Inflammatory Disease		
Anti-Arthritic And Chelating Agents		
CUPRIMINE ORAL CAPSULE 250 MG	Tier 7	PA; SP
DEPEN TITRATABS ORAL TABLET 250 MG	Tier 7	PA; SP
<i>penicillamine oral capsule 250 mg</i>	Tier 6	PA; SP
<i>penicillamine oral tablet 250 mg</i>	Tier 6	PA; SP
Anti-Arthritic, Folate Antagonist Agents		
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML	Tier 7	PA; SP
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	Tier 7	PA; SP
Anti-Flam. Interleukin-1 Receptor Antagonist		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	Tier 6	PA; SP
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	Tier 7	PA; SP; QL (18.76 ML per 28 days)
Anti-Inflammatory Tumor Necrosis Factor Inhibitor		
ABRILADA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 7	PA; SP; QL (2 EA per 28 days)
ABRILADA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML	Tier 7	PA; SP; QL (2 EA per 28 days)
<i>adalimumab-aacf subcutaneous pen injector kit 40 mg/0.8 ml</i>	Tier 7	PA; SP; QL (2 EA per 28 days)
<i>adalimumab-aacf subcutaneous syringe 40 mg/0.8 ml</i>	Tier 7	PA; SP; QL (0.8 ML per 28 days)
<i>adalimumab-aacf subcutaneous syringe kit 40 mg/0.8 ml</i>	Tier 7	PA; SP; QL (1 EA per 28 days)

Drug	Status	Notes
ADALIMUMAB-AACF(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 7	PA; SP; QL (3 EA per 28 days)
ADALIMUMAB-AACF(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 7	PA; SP; QL (2 EA per 28 days)
<i>adalimumab-aaty subcutaneous auto-injector, kit 40 mg/0.4 ml, 80 mg/0.8 ml</i>	Tier 7	PA; SP; QL (2 EA per 28 days)
<i>adalimumab-aaty subcutaneous syringe kit 20 mg/0.2 ml, 40 mg/0.4 ml</i>	Tier 7	PA; SP; QL (2 EA per 28 days)
<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 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)
ADALIMUMAB-ADBM(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	Tier 6	PA; SP; QL (2 EA per 28 days)
ADALIMUMAB-ADBM(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 6	PA; SP; QL (6 EA per 28 days)
ADALIMUMAB-ADBM(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	Tier 6	PA; SP; QL (2 EA per 28 days)
ADALIMUMAB-ADBM(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 6	PA; SP; QL (4 EA per 28 days)
<i>adalimumab-fkjp subcutaneous pen injector kit 40 mg/0.8 ml</i>	Tier 7	PA; SP; QL (2 EA per 28 days)
<i>adalimumab-fkjp subcutaneous syringe kit 20 mg/0.4 ml, 40 mg/0.8 ml</i>	Tier 7	PA; SP; QL (2 EA per 28 days)
<i>adalimumab-ryvk subcutaneous auto-injector, kit 40 mg/0.4 ml</i>	Tier 7	PA; SP; QL (2 EA per 28 days)
<i>adalimumab-ryvk subcutaneous syringe kit 40 mg/0.4 ml</i>	Tier 7	PA; SP; QL (2 EA per 28 days)
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML	Tier 7	PA; SP; QL (0.8 ML per 28 days)
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	Tier 7	PA; SP; QL (1.6 EA per 28 days)
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML	Tier 7	PA; SP; QL (1.6 ML per 28 days)
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.2 ML	Tier 7	PA; SP; QL (0.4 ML per 28 days)
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 20 MG/0.4 ML	Tier 7	PA; SP; QL (0.8 EA per 28 days)
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	Tier 7	PA; SP; QL (0.8 ML per 28 days)

Drug	Status	Notes
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 (3 EA per 365 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 (3 EA per 365 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)
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)

Drug	Status	Notes
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 PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Tier 7	PA; SP; QL (4 EA per 365 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	Tier 7	PA; SP; QL (3 EA per 365 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	Tier 7	PA; SP; QL (2 EA per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	Tier 7	PA; SP; QL (2 EA per 28 days)
HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	Tier 6	PA; SP; QL (1.6 ML per 28 days)
HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR 80MG/0.8ML(X1)- 40 MG/0.4ML(X2)	Tier 6	PA; SP; QL (1.6 ML per 28 days)
HYRIMOZ PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.8 ML	Tier 6	PA; SP; QL (1.6 ML per 28 days)
HYRIMOZ SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	Tier 6	PA; SP; QL (1.6 ML per 28 days)
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML	Tier 6	PA; SP; QL (1.6 ML per 28 days)
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML- 40 MG/0.4 ML	Tier 6	PA; SP; QL (1.2 ML per 28 days)
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML	Tier 6	PA; SP; QL (0.8 ML per 28 days)
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	Tier 6	PA; SP; QL (1.6 ML per 28 days)
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML	Tier 6	PA; SP
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 20 MG/0.2 ML	Tier 6	PA; SP; QL (0.4 ML per 28 days)
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	Tier 6	PA; SP; QL (0.8 ML per 28 days)
IDACIO(CF) PEN CROHN-UC STARTR SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 7	PA; SP; QL (2 EA per 28 days)
IDACIO(CF) PEN PSORIASIS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 7	PA; SP; QL (2 EA per 28 days)
IDACIO(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.8 ML	Tier 7	PA; SP; QL (2 ML per 28 days)
IDACIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 7	PA; SP; QL (2 EA per 28 days)
IDACIO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	Tier 7	PA; SP; QL (2 EA per 28 days)

Drug	Status	Notes
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	Tier 7	PA; SP; QL (2 EA per 28 days)
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 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)
Anti-Inflammatory, Pyrimidine Synthesis Inhibitor		
ARAVA ORAL TABLET 10 MG, 20 MG	Tier 4	
<i>leflunomide oral tablet 10 mg, 20 mg</i>	Tier 2	
Anti-Inflammatory, Phosphodiesterase-4(Pde4) Inhib.		
OTEZLA ORAL TABLET 20 MG, 30 MG	Tier 7	PA; SP; QL (60 EA per 30 days)
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	Tier 7	PA; SP; QL (55 EA per 365 days)
Anti-inflammatory, Sel.Costim.Mod., T-Cell Inhibitor		
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	Tier 7	PA; SP; QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	Tier 7	PA; SP; QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	Tier 7	PA; SP; QL (1.6 ML per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	Tier 7	PA; SP; QL (2.8 ML per 28 days)
Bradykinin B2 Receptor Antagonists		
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML	Tier 7	PA; SP; QL (18 ML per 30 days)
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	Tier 5	PA; SP; QL (18 ML per 30 days)
SAJAZIR SUBCUTANEOUS SYRINGE 30 MG/3 ML	Tier 5	PA; SP; QL (18 ML per 30 days)
C1 Esterase Inhibitors		
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	Tier 7	PA; SP
BERINERT INTRAVENOUS RECON SOLN 500 UNIT (10 ML)	Tier 7	PA; SP
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	Tier 6	PA; SP

Drug	Status	Notes
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	Tier 6	PA; SP
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT	Tier 7	PA; SP; QL (2 EA per 30 days)
Glucocorticoids		
AGAMREE ORAL SUSPENSION 40 MG/ML	Tier 7	PA; SP
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG	Tier 4	PA
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	Tier 3	
<i>budesonide oral tablet, delayed and ext. release 9 mg</i>	Tier 3	
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 4	
<i>cortisone oral tablet 25 mg</i>	Tier 3	PA
<i>deflazacort oral suspension 22.75 mg/ml</i>	Tier 6	PA; SP
<i>deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i>	Tier 6	PA; SP
DEXABLISS ORAL TABLETS, DOSE PACK 1.5 MG (39 TABS)	Tier 3	
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	Tier 2	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	Tier 2	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	Tier 2	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	Tier 2	
<i>dexamethasone oral tablets, dose pack 1.5 mg (21 tabs), 1.5 mg (35 tabs), 1.5 mg (51 tabs)</i>	Tier 3	
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	Tier 2	
<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	
<i>dexamethasone-0.9 % sod. chlor intravenous piggyback 20 mg/50 ml</i>	Tier 2	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	Tier 7	PA; SP
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG	Tier 7	PA; SP
EOHILIA ORAL SUSPENSION IN PACKET 2 MG/10 ML	Tier 4	PA
HEMADY ORAL TABLET 20 MG	Tier 4	PA
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 2	
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

Drug	Status	Notes
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml)</i>	Tier 3	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	Tier 2	
<i>prednisolone sodium phosphate oral tablet, disintegrating 10 mg, 15 mg, 30 mg</i>	Tier 3	PA
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	Tier 2	
<i>prednisone oral solution 5 mg/5 ml</i>	Tier 2	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	Tier 2	
<i>prednisone oral tablets, dose pack 10 mg, 5 mg</i>	Tier 2	
RAYOS ORAL TABLET, DELAYED RELEASE (DR/EC) 1 MG, 2 MG, 5 MG	Tier 4	PA
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML	Tier 4	
SOLU-CORTEF INJECTION RECON SOLN 100 MG	Tier 4	
TAPERDEX ORAL TABLETS, DOSE PACK 1.5 MG (21 TABS), 1.5 MG (27 TABS), 1.5 MG (49 TABS)	Tier 3	
TARPEYO ORAL CAPSULE, DELAYED RELEASE (DR/EC) 4 MG	Tier 7	PA; SP; QL (120 EA per 30 days)
<i>triamcinol ac (pf) in 0.9% nacl injection suspension 40 mg/ml</i>	Tier 3	
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	Tier 3	
UCERIS ORAL TABLET, DELAYED AND EXT. RELEASE 9 MG	Tier 4	
ZCORT ORAL TABLETS, DOSE PACK 1.5 MG (25 TABS)	Tier 4	PA
Gold Salts		
RIDAURA ORAL CAPSULE 3 MG	Tier 4	PA
Immunomodulator, B-Lymphocyte Stim(Blys)-Spec Inhib		
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	Tier 7	PA; SP; QL (4 ML per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	Tier 7	PA; SP; QL (4 ML per 28 days)
Interleukin-6 (Il-6) Receptor Inhibitors		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	Tier 7	PA; SP
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	Tier 7	PA; SP
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	Tier 7	PA; SP; QL (1 ML per 28 days)
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	Tier 7	PA; SP
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	Tier 7	PA; SP
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	Tier 7	PA; SP

Drug	Status	Notes
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	Tier 7	PA; SP
Janus Kinase (Jak) Inhibitors		
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
OLUMIANT ORAL TABLET 1 MG, 2 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
RINVOQ LQ ORAL SOLUTION 1 MG/ML	Tier 7	PA; SP; QL (360 ML per 30 days); Age (Max 12 Years)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	Tier 6	PA; SP; QL (30 EA per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	Tier 6	PA; SP; QL (56 EA per 365 days)
XELJANZ ORAL SOLUTION 1 MG/ML	Tier 7	PA; SP; QL (300 ML per 30 days)
XELJANZ ORAL TABLET 10 MG, 5 MG	Tier 7	PA; SP; QL (60 EA per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
Mineralocorticoids		
<i>fludrocortisone oral tablet 0.1 mg</i>	Tier 2	
Monoclonal Antibody-Human Interleukin 12/23 Inhib		
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	Tier 6	PA; SP
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	Tier 6	PA; SP
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	Tier 6	PA; SP
Nasal Nsaids, Cox Non-Selective, Systemic Analgesic		
SPRIX NASAL SPRAY, NON-AEROSOL 15.75 MG/SPRAY	Tier 4	ST: Trial of TWO of the following is required: diclofenac potassium, diclofenac sodium DR/ER, ibuprofen, indomethacin, meloxicam, nabumetone, naproxen, naproxen DR, oxaprozin, piroxicam, or sulindac; QL (5 EA per 30 days)
Nsaid, Cox Inhibitor-Type & Proton Pump Inhib Comb		
<i>naproxen-esomeprazole oral tablet, ir, delayed rel, biphasic 375-20 mg, 500-20 mg</i>	Tier 3	PA; QL (60 EA per 30 days); Age (Max 17 Years)
Nsaids (Cox Non-Specific Inhib)& Prostaglandin Cmb		
ARTHROTEC 50 ORAL TABLET, IR, DELAYED REL, BIPHASIC 50-200 MG-MCG	Tier 4	
ARTHROTEC 75 ORAL TABLET, IR, DELAYED REL, BIPHASIC 75-200 MG-MCG	Tier 4	
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	Tier 3	PA
Nsaids, Cyclooxygenase 2 Inhibitor - Type		
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 50 MG	Tier 4	
CELEBREX ORAL CAPSULE 400 MG	Tier 4	QL (30 EA per 30 days)
<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)

Drug	Status	Notes
Nsaids, Cyclooxygenase Inhibitor-Type		
ANAPROX DS ORAL TABLET 550 MG	Tier 4	
COXANTO ORAL CAPSULE 300 MG	Tier 4	PA
DAYPRO ORAL TABLET 600 MG	Tier 4	ST: Trial of TWO of the following is required: diclofenac potassium, diclofenac sodium DR/ER, ibuprofen, indomethacin, meloxicam, nabumetone, naproxen, naproxen DR, oxaprozin, piroxicam, or sulindac
<i>diclofenac potassium oral capsule 25 mg</i>	Tier 3	PA
<i>diclofenac potassium oral tablet 25 mg</i>	Tier 3	PA
<i>diclofenac potassium oral tablet 50 mg</i>	Tier 2	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	Tier 2	
<i>diclofenac sodium oral tablet, delayed release (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	
EC-NAPROXEN ORAL TABLET, DELAYED RELEASE (DR/EC) 375 MG	Tier 2	
EC-NAPROXEN ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	Tier 3	
<i>etodolac oral capsule 200 mg, 300 mg</i>	Tier 3	
<i>etodolac oral tablet 400 mg, 500 mg</i>	Tier 3	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	Tier 3	
FELDENE ORAL CAPSULE 20 MG	Tier 4	
<i>fenoprofen oral capsule 200 mg, 400 mg</i>	Tier 3	PA
<i>fenoprofen oral tablet 600 mg</i>	Tier 3	PA
<i>flurbiprofen oral tablet 100 mg</i>	Tier 3	
IBU ORAL TABLET 400 MG, 600 MG, 800 MG	Tier 2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	Tier 2	
INDOCIN ORAL SUSPENSION 25 MG/5 ML	Tier 4	PA
INDOCIN RECTAL SUPPOSITORY 50 MG	Tier 4	PA
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Tier 2	
<i>indomethacin oral capsule, extended release 75 mg</i>	Tier 2	
<i>indomethacin oral suspension 25 mg/5 ml</i>	Tier 3	PA
<i>indomethacin rectal suppository 50 mg</i>	Tier 3	PA
<i>ketoprofen oral capsule 25 mg, 50 mg, 75 mg</i>	Tier 3	ST: Trial of TWO of the following is required: diclofenac potassium, diclofenac sodium DR/ER, ibuprofen, indomethacin, meloxicam, nabumetone, naproxen, naproxen DR, oxaprozin, piroxicam, or sulindac
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	Tier 3	ST: Trial of TWO of the following is required: diclofenac potassium, diclofenac sodium DR/ER, ibuprofen, indomethacin, meloxicam, nabumetone, naproxen, naproxen DR, oxaprozin, piroxicam, or sulindac
<i>ketorolac oral tablet 10 mg</i>	Tier 2	

Drug	Status	Notes
KIPROFEN ORAL CAPSULE 25 MG	Tier 3	ST: Trial of TWO of the following is required: diclofenac potassium, diclofenac sodium DR/ER, ibuprofen, indomethacin, meloxicam, nabumetone, naproxen, naproxen DR, oxaprozin, piroxicam, or sulindac
LODINE ORAL TABLET 400 MG	Tier 4	
LOFENA ORAL TABLET 25 MG	Tier 3	PA
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	Tier 3	ST: Trial of TWO of the following is required: diclofenac potassium, diclofenac sodium DR/ER, ibuprofen, indomethacin, meloxicam, nabumetone, naproxen, naproxen DR, oxaprozin, piroxicam, or sulindac
<i>mefenamic acid oral capsule 250 mg</i>	Tier 3	QL (112 EA per 28 days)
<i>meloxicam oral suspension 7.5 mg/5 ml</i>	Tier 3	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	Tier 2	
<i>meloxicam submicronized oral capsule 10 mg, 5 mg</i>	Tier 3	PA
<i>nabumetone oral tablet 500 mg, 750 mg</i>	Tier 2	
NALFON ORAL CAPSULE 400 MG	Tier 4	PA
NALFON ORAL TABLET 600 MG	Tier 4	PA
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 375 MG, 500 MG, 750 MG	Tier 4	PA
NAPROSYN ORAL SUSPENSION 125 MG/5 ML	Tier 4	
NAPROSYN ORAL TABLET 500 MG	Tier 4	
<i>naproxen oral suspension 125 mg/5 ml</i>	Tier 3	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	Tier 2	
<i>naproxen oral tablet, delayed release (drlec) 375 mg</i>	Tier 2	
<i>naproxen oral tablet, delayed release (drlec) 500 mg</i>	Tier 3	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	Tier 2	
<i>naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg, 750 mg</i>	Tier 3	PA
<i>oxaprozin oral capsule 300 mg</i>	Tier 3	PA
<i>oxaprozin oral tablet 600 mg</i>	Tier 3	ST: Trial of TWO of the following is required: diclofenac potassium, diclofenac sodium DR/ER, ibuprofen, indomethacin, meloxicam, nabumetone, naproxen, naproxen DR, oxaprozin, piroxicam, or sulindac
<i>piroxicam oral capsule 10 mg, 20 mg</i>	Tier 2	
<i>sulindac oral tablet 150 mg, 200 mg</i>	Tier 2	
TOLECTIN 600 ORAL TABLET 600 MG	Tier 3	PA; QL (90 EA per 30 days)
<i>tolmetin oral capsule 400 mg</i>	Tier 3	PA
ZIPSOR ORAL CAPSULE 25 MG	Tier 4	PA
Plasma Kallikrein Inhibitors		
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (1 ML)	Tier 7	PA; SP
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	Tier 7	PA; SP; QL (28 EA per 28 days)
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	Tier 7	PA; SP
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)	Tier 7	PA; SP

Drug	Status	Notes
Local Anesthesia		
Local Anesthetics		
GLYDO MUCOUS MEMBRANE JELLY IN APPLICATOR 2 %	Tier 2	
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i>	Tier 2	
<i>lidocaine hcl mucous membrane solution 2 %, 4 % (40 mg/ml)</i>	Tier 2	
LIDOCAINE VISCOUS MUCOUS MEMBRANE SOLUTION 2 %	Tier 2	
Lower Gastrointestinal Disorders - Bowel Inflammation		
Chronic Inflammation. Colon Dx, 5-A-Salicylate, Rectal Tx		
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 4 GRAM/60 ML	Tier 4	
ROWASA RECTAL ENEMA KIT 4 GRAM/60 ML	Tier 4	
SFROWASA RECTAL ENEMA 4 GRAM/60 ML	Tier 4	
Drug Tx-Chronic Inflammation. Colon Dx, 5-Aminosalicylate		
APRISO ORAL CAPSULE, EXTENDED RELEASE 24HR 0.375 GRAM	Tier 4	
AZULFIDINE EN-TABS ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	Tier 4	
AZULFIDINE ORAL TABLET 500 MG	Tier 4	
<i>balsalazide oral capsule 750 mg</i>	Tier 2	
COLAZAL ORAL CAPSULE 750 MG	Tier 4	
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS) 400 MG	Tier 4	QL (180 EA per 30 days)
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	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	Tier 2	
Hemorrhoidal Prep, Anti-Inflammation Steroid/Local Anesthesia		
ANALPRAM-HC RECTAL CREAM 2.5-1 %	Tier 4	
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	Tier 3	
PROCTOFOAM HC RECTAL FOAM 1-1 %	Tier 4	PA

Drug	Status	Notes
Ibs Agents,Mixed Opioid Recep Agonists/Antagonists		
VIBERZI ORAL TABLET 100 MG, 75 MG	Tier 4	PA
Integrin Receptor Antagonist, Monoclonal Antibody		
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML	Tier 7	PA; SP; QL (1.36 ML per 28 days)
Irritable Bowel Agents,Guanylate Cylase-C Agonist		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	Tier 3	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: polyethylene glycol 3350 powder, lactulose solution.; QL (30 EA per 30 days)
TRULANCE ORAL TABLET 3 MG	Tier 4	ST: Trial of the following is required: PEG 3350 powder or lactulose solution AND one of the following: Linzess, Motegrity, Movantik, or Symproic; QL (30 EA per 30 days)
Local Anorectal Nitrate Preparations		
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i>	Tier 3	
RECTIV RECTAL OINTMENT 0.4 % (W/W)	Tier 4	
Rectal/Lower Bowel Prep.,Glucocort. (Non-Hemorr)		
<i>budesonide rectal foam 2 mg/actuation</i>	Tier 3	
CORTENEMA RECTAL ENEMA 100 MG/60 ML	Tier 4	
CORTIFOAM RECTAL FOAM 10 % (80 MG)	Tier 4	
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	Tier 2	
UCERIS RECTAL FOAM 2 MG/ACTUATION	Tier 4	
Lower Gastrointestinal Disorders - Other		
Ammonia Inhibitors		
BUPHENYL ORAL POWDER 0.94 GRAM/GRAM	Tier 7	PA; SP
BUPHENYL ORAL TABLET 500 MG	Tier 7	PA; SP
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	Tier 7	PA; SP
<i>carglumic acid oral tablet, dispersible 200 mg</i>	Tier 6	PA; SP
ENULOSE ORAL SOLUTION 10 GRAM/15 ML	Tier 2	
GENERLAC ORAL SOLUTION 10 GRAM/15 ML	Tier 2	
LITHOSTAT ORAL TABLET 250 MG	Tier 4	
OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM	Tier 7	PA; SP
PHEBURANE ORAL GRANULES 483 MG/GRAM	Tier 7	PA; SP
RAVICTI ORAL LIQUID 1.1 GRAM/ML	Tier 6	PA; SP; QL (500 ML per 30 days)
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	Tier 5	PA; SP
<i>sodium phenylbutyrate oral tablet 500 mg</i>	Tier 5	PA; SP
Antidiarrheal - G.I. Chloride Channel Inhibitors		
MYTESI ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG	Tier 4	PA; QL (60 EA per 30 days)
Antidiarrheal - Tryptophan Hydroxylase Inhibitor		
XERMELO ORAL TABLET 250 MG	Tier 6	PA; SP; QL (90 EA per 30 days)
Antidiarrheals		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	Tier 2	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Tier 2	
LOMOTIL ORAL TABLET 2.5-0.025 MG	Tier 4	
<i>loperamide oral capsule 2 mg</i>	Tier 2	
MOTOFEN ORAL TABLET 1-0.025 MG	Tier 4	PA

Drug	Status	Notes
Bile Salts		
CHENODAL ORAL TABLET 250 MG	Tier 6	PA; SP
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	Tier 6	PA; SP
RELTONE ORAL CAPSULE 200 MG, 400 MG	Tier 4	PA
URSO FORTE ORAL TABLET 500 MG	Tier 4	
<i>ursodiol oral capsule 200 mg, 400 mg</i>	Tier 3	PA
<i>ursodiol oral capsule 300 mg</i>	Tier 2	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	Tier 2	
Farnesoid X Receptor (Fxr) Agonist, Bile Ac Analog		
OCALIVA ORAL TABLET 10 MG, 5 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
Ibs Agents,Sodium-Hydrogen Exchanger 3(Nhe3) Inhib		
IBSRELA ORAL TABLET 50 MG	Tier 4	PA; QL (60 EA per 30 days)
Ileal Bile Acid Transporter (Ibat) Inhibitor		
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG	Tier 7	PA; SP; QL (30 EA per 30 days)
BYLVAY ORAL PELLETT 200 MCG, 600 MCG	Tier 7	PA; SP; QL (30 EA per 30 days)
LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML	Tier 7	PA; SP
Irritable Bowel Synd. Agent,5Ht-3 Antagonist-Type		
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	Tier 2	
LOTRONEX ORAL TABLET 0.5 MG, 1 MG	Tier 4	
Laxatives And Cathartics		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	Tier 4	ST: Trial of the following is required: PEG 3350 powder or lactulose solution AND one of the following: Linzess, Motegrity, Movantik, or Symproic; QL (60 EA per 30 days)
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML	Tier 3	\$0 COPAY 45 TO 75 YEARS OF AGE
CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML	Tier 2	
GAVILAX ORAL POWDER IN PACKET 8.5 GRAM	Tier 4	
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 - 5.84 GRAM	Tier 2	\$0 COPAY 45 TO 75 YEARS OF AGE
GAVILYTE-G ORAL RECON SOLN 236-22.74-6.74 - 5.86 GRAM	Tier 2	\$0 COPAY 45 TO 75 YEARS OF AGE
GAVILYTE-N ORAL RECON SOLN 420 GRAM	Tier 2	\$0 COPAY 45 TO 75 YEARS OF AGE
GOLYTELY ORAL RECON SOLN 236-22.74-6.74 - 5.86 GRAM	Tier 3	
KRISTALOSE ORAL PACKET 10 GRAM, 20 GRAM	Tier 4	PA
<i>lactulose oral packet 10 gram</i>	Tier 3	PA
<i>lactulose oral solution 10 gram/15 ml, 10 gram/15 ml (15 ml), 20 gram/30 ml</i>	Tier 2	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	Tier 4	ST: Trial of the following is required: PEG 3350 powder or lactulose solution AND one of the following: Linzess, Motegrity, Movantik, or Symproic; QL (60 EA per 30 days)
MOVIPREP ORAL POWDER IN PACKET 100-7.5- 2.691 GRAM	Tier 4	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 - 5.86 gram</i>	Tier 2	\$0 COPAY 45 TO 75 YEARS OF AGE
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i>	Tier 3	\$0 COPAY 45 TO 75 YEARS OF AGE

Drug	Status	Notes
<i>peg-electrolyte soln oral recon soln 420 gram</i>	Tier 2	\$0 COPAY 45 TO 75 YEARS OF AGE
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	Tier 4	\$0 COPAY 45 TO 75 YEARS OF AGE
<i>polyethylene glycol 3350 oral powder in packet 17 gram</i>	Tier 3	
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	Tier 3	\$0 COPAY 45 TO 75 YEARS OF AGE
SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 GRAM	Tier 4	\$0 COPAY 45 TO 75 YEARS OF AGE
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	Tier 4	
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM	Tier 3	\$0 COPAY 45 TO 75 YEARS OF AGE
Narcotic Antagonists, Peripherally-Acting		
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	Tier 3	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: polyethylene glycol 3350 powder, lactulose solution.; QL (30 EA per 30 days)
RELISTOR ORAL TABLET 150 MG	Tier 4	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	Tier 4	PA
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	Tier 4	PA
SYMPROIC ORAL TABLET 0.2 MG	Tier 3	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: polyethylene glycol 3350 powder, lactulose solution.; QL (30 EA per 30 days)
Ppar Agonist		
IQIRVO ORAL TABLET 80 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
LIVDELZI ORAL CAPSULE 10 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
Sbs - Glucagon-Like Peptide-2 (Glp-2) Analogs		
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	Tier 6	PA; SP
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	Tier 6	PA; SP
Medical Supplies		
Bandages And Related Supplies		
ACTICOAT 7 DRESSING TOPICAL BANDAGE 2 X 2 ", 4 X 5 ", 6 X 6 "	Tier 4	
ACTICOAT DRESSING TOPICAL BANDAGE 16 X 16 ", 2 X 2 ", 4 X 4 ", 4 X 48 ", 4 X 8 ", 5 X 5 ", 8 X 16 "	Tier 4	
ACTICOAT FLEX 3 DRESSING TOPICAL BANDAGE 16 X 16 ", 2 X 2 ", 4 X 4 ", 4 X 48 ", 4 X 8 ", 8 X 16 "	Tier 4	
ACTICOAT FLEX 7 DRESSING TOPICAL BANDAGE 1 X 24 ", 16 X 16 ", 2 X 2 ", 4 X 5 ", 6 X 6 ", 8 X 16 "	Tier 4	
ACTICOAT SURGICAL DRESSING TOPICAL BANDAGE 4 X 10 ", 4 X 13 3/4 ", 4 X 4 3/4 ", 4 X 8 "	Tier 4	
ALLEVYN ADHESIVE DRESSING TOPICAL BANDAGE 3 X 3 ", 5 X 5 ", 7 X 7 ", 9 X 9 "	Tier 4	
ALLEVYN AG ADHESIVE TOPICAL BANDAGE 5 %-3" X 3", 5 %- 5" X 5", 5 %- 7" X 7"	Tier 4	
ALLEVYN AG GENTLE DRESSING TOPICAL BANDAGE 5 %- 2" X 2", 5 %- 4" X 4", 5 %- 6" X 6", 5 %- 8" X 8"	Tier 4	

Drug	Status	Notes
ALLEVYN AG TOPICAL BANDAGE 5 %- 2" X 2", 5 %- 4" X 4", 5 %- 6" X 6", 5 %- 8" X 8"	Tier 4	
ALLEVYN HEEL TOPICAL BANDAGE 4 1/2 X 5 1/2 "	Tier 4	
ALLEVYN LIFE DRESSING TOPICAL BANDAGE 4 X 4 ", 5 1/16 X 5 1/16 ", 6 1/16 X 6 1/16 ", 8 1/4 X 8 1/4 "	Tier 4	
ALLEVYN TOPICAL BANDAGE 2 X 2 ", 4 X 4 ", 6 X 6 ", 8 X 8 "	Tier 4	
BIOSTEP AG TOPICAL BANDAGE 2 X 2 ", 4 X 4 "	Tier 4	
BIOSTEP TOPICAL BANDAGE 2 X 2 ", 4 X 4 "	Tier 4	
CARRASYN HYDROGEL WOUND DRESS TOPICAL GEL	Tier 4	
CURAFIL GEL WOUND TOPICAL GEL	Tier 4	
CURITY IODOFORM PACKING STRIP TOPICAL BANDAGE 1 X 5 "-YARD, 1/2 X 5 "-YARD, 1/4 X 5 "-YARD, 2 X 5 "-YARD	Tier 4	
KERAGEL TOPICAL GEL	Tier 4	
KERAGELT TOPICAL GEL	Tier 4	
KERLIX AMD TOPICAL BANDAGE 0.2 %- 4.5" X 4.1 YARD	Tier 4	
KERLIX AMD TOPICAL SPONGE 0.2 %- 6" X 6.75"	Tier 4	
OASIS WOUND MATRIX FENESTRATED TOPICAL SHEET 3 X 3.5 CM, 3 X 7 CM	Tier 4	
REPLICARE DRESSING TOPICAL BANDAGE 1 1/2 X 2 1/2 ", 4 X 4 ", 6 X 6 ", 8 X 8 "	Tier 4	
REPLICARE THIN TOPICAL BANDAGE 2 X 2 3/4 ", 3 1/2 X 5 1/2 ", 6 X 8 "	Tier 4	
REPLICARE ULTRA DRESSING TOPICAL BANDAGE 4 X 4 ", 6 X 6 ", 7 X 8 "	Tier 4	
RESTORE CALCIUM ALGINATE TOPICAL BANDAGE 4 X 4 3/4 "	Tier 4	
RESTORE TOPICAL BANDAGE 1 X 12 ", 2 X 2 "	Tier 4	
SPECTRAGEL TOPICAL GEL	Tier 4	
XEROFORM TOPICAL BANDAGE 5 X 9 "	Tier 4	
Catheters And Related Devices		
ADVANCE PLUS INTERMITTENT 10 FR, 10-16 FR-", 12 FR, 12-16 FR-", 14-16 FR-", 16-16 FR-", 18-16 FR-", 6-16 FR-", 8-16 FR-"	Tier 4	
ADVANCE PLUS INTERMITTENT COMBO PACK 6 FR, 8 FR- 16"	Tier 4	
CURITY DRAINAGE BAG 2,000 ML	Tier 4	
DOVER COATED LATEX FOLEY COMBO PACK	Tier 4	
DOVER LATEX FOLEY CATHETER 16 FR, 28 FR	Tier 4	
DOVER RED RUBBER ROBINSON CATH 8 FR	Tier 4	
DOVER UNIVERSAL TRAY	Tier 4	
FEMALE CATHETER 14 FR	Tier 4	
KENGUARD FOLEY CATHETER 18-16 FR-"	Tier 4	
KENGUARD FOLEY CATHETER TRAY	Tier 4	
MONO-FLO DRAINAGE BAG 2,000 ML	Tier 4	
ROBINSON CLEAR VINYL CATHETER 16 FR	Tier 4	

Drug	Status	Notes
SELF-CATHETER, FEMALE 14 FR	Tier 4	
TOUCH-TROL 10 FR	Tier 4	
Durable Medical Equipment,Misc		
AERONEB GO	Tier 4	
ALL FLOW 1000 KIT	Tier 4	
ALL FLOW 1000 PFT FILTER	Tier 4	
ALL FLOW 3000 KIT	Tier 4	
ALL FLOW 3000 PFT FILTER	Tier 4	
ALL FLOW 4000 KIT	Tier 4	
ALL FLOW 4000 PFT FILTER	Tier 4	
ALL FLOW 5000 KIT	Tier 4	
ALL FLOW 5000 PFT FILTER	Tier 4	
ALL FLOW 6000 PFT FILTER	Tier 4	
AMIELLE VAGINAL TRAINER KIT	Tier 4	
ARGYLE TRACHEOSTOMY CARE TRAY	Tier 4	
BABY BUDDHA BREAST PUMP DEVICE	Tier 4	\$0 COPAY IF 12-59 YEARS OF AGE; QL (1 EA per 365 days)
INNOSPIRE REPLACEMENT FILTER	Tier 4	
INSPIRATION ELITE FILTER	Tier 4	
NOSE CLIP	Tier 4	
PARI BABY CONV KIT - SIZE 1 KIT	Tier 4	
PARI BABY CONV KIT - SIZE 2 KIT	Tier 4	
PARI BABY CONV KIT - SIZE 3 KIT	Tier 4	
PARI TREK S PORTABLE PWR KIT	Tier 4	
PILLOW MASK CHILD	Tier 4	
PRO-CEPTION VAGINAL	Tier 4	
PRONEB ULTRA II FILTER ASSEM	Tier 4	
PUMP IN STYLE ADVANCED DEVICE	Tier 4	\$0 COPAY IF 12-59 YEARS OF AGE; QL (1 EA per 365 days)
PUMP IN STYLE WITH MAXFLOW DEVICE	Tier 4	\$0 COPAY IF 12-59 YEARS OF AGE; QL (1 EA per 365 days)
REUSABLE NEBULIZER KIT KIT	Tier 4	
RUBBER MOUTHPIECE	Tier 4	
SAMI THE SEAL MASK	Tier 4	
SIDESTREAM ADULT FACE MASK	Tier 4	
SIDESTREAM MASK	Tier 4	
SILICONE MASK	Tier 3	
TENS 502 DEVICE	Tier 4	
TENS 504 DEVICE	Tier 4	
Durable Medical Equipment,Misc(Group 1)		
2-IN-1 LANCET DEVICE 30 GAUGE	Tier 4	
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE, 28 GAUGE	Tier 4	
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	

Drug	Status	Notes
DROPLET LANCETS 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	
HEALTHY ACCENTS UNILET LANCET 30 GAUGE	Tier 4	
INCONTROL SUPER THIN LANCETS 30 GAUGE	Tier 4	
INCONTROL ULTRA THIN LANCETS 28 GAUGE	Tier 4	
INVACARE LANCETS 30 GAUGE	Tier 4	
<i>lancets , 21 gauge, 26 gauge, 28 gauge, 30 gauge</i>	Tier 3	
<i>lancets 33 gauge</i>	Tier 4	
LANCETS, SUPER THIN	Tier 4	
LANCETS,THIN , 28 GAUGE	Tier 4	
LANCETS,ULTRA THIN	Tier 4	
MEDISENSE THIN LANCETS 28 GAUGE	Tier 4	
MICRO THIN LANCETS 33 GAUGE	Tier 4	
MICROLET LANCET	Tier 4	
MOBILE LANCETS 30 GAUGE	Tier 4	
MYGLUCOHEALTH LANCETS 30 GAUGE	Tier 4	
NOVA SUREFLEX LANCETS	Tier 4	
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE	Tier 4	
ONETOUCH DELICA SAFETY LANCET 30 GAUGE	Tier 4	
ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE	Tier 4	
PIP LANCET 28 GAUGE, 30 GAUGE	Tier 3	
PRO COMFORT SAFETY LANCET 30 GAUGE	Tier 4	
RELIAMED LANCET 23 GAUGE, 28 GAUGE, 30 GAUGE	Tier 4	
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE	Tier 4	
RELIAMED TWIST AND CAP LANCET 28 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	

Drug	Status	Notes
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, 33 GAUGE	Tier 4	
ULTRA THIN PLUS LANCETS 33 GAUGE	Tier 4	
ULTRA-CARE LANCETS 30 GAUGE	Tier 3	
UNISTIK COMFORT LANCETS 28 GAUGE	Tier 4	
UNISTIK EXTRA LANCETS 21 GAUGE	Tier 4	
UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE	Tier 4	
VERIFINE SAFETY LANCET MINI 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE	Tier 4	
VERIFINE UNIVERSAL LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 4	
Feeding Devices		
KANGAROO 924 SAFETY SCREW	Tier 4	
Incontinence Supplies		
FLEXI-SEAL SIGNAL FMS RECTAL	Tier 4	
Medical Supplies,Miscellaneous		
VARITHENA ADMINISTRATION PACK	Tier 4	
Medical Supplies,Miscellaneous(Group 2)		
EAR POPPER INFLATION DEVICE NASAL DEVICE	Tier 4	
PCCA ACCUPEN-15 DEVICE	Tier 4	
Parenteral Administration Sets		
FILTERED EXTENSION SET INFUSION SET	Tier 4	
HI-VOLUME PUMPING CHAMBER SET	Tier 4	
INSYTE IV CATHETER INFUSION SET 14 X 1.75 ", 20 X 1.16 "	Tier 4	
I-PORT	Tier 4	
I-PORT ADVANCE 6 MM INJEC PORT	Tier 4	
I-PORT ADVANCE 9 MM INJEC PORT	Tier 4	
MICROBORE EXTENSION SET INFUSION SET	Tier 4	
MONOJECT LUER ADAPTER INTRAVENOUS ADMIX ACCESSORY	Tier 4	
NERIA MULTI (BI-FURCATED) SUBCUTANEOUS INFUSION SET 10 X 90 MM-CM	Tier 4	
NERIA MULTI (QUAD-FURCATED) SUBCUTANEOUS INFUSION SET 10 X 90 MM-CM	Tier 4	
NERIA MULTI (TRI-FURCATED) SUBCUTANEOUS INFUSION SET 10 X 90 MM-CM	Tier 4	

Drug	Status	Notes
NERIA SUBCUTANEOUS INFUSION SET 10 X 110 MM-CM, 6 MM X 110 CM, 8 X 110 MM-CM	Tier 4	
NEXIVA INFUSION SET 18 X 1 1/4 ", 18 X 1 3/4 ", 20 GAUGE X 1", 20 X 1 1/4 ", 20 X 1 3/4 ", 22 GAUGE X 1", 24 GAUGE X 3/4", 24 X 0.56 "	Tier 4	
PHASEAL ASSEMBLY FIXTURE DEVICE	Tier 4	
PHASEAL CONNECTOR LUER LOCK	Tier 4	
PHASEAL INFUSION ADAPTER	Tier 4	
PHASEAL INFUSION CLAMP	Tier 4	
PHASEAL INJECTOR LUER	Tier 4	
PHASEAL INJECTOR LUER LOCK	Tier 4	
PHASEAL SECONDARY SET INFUSION SET	Tier 4	
PHASEAL Y-SITE	Tier 4	
RATE FLOW REGULATOR IV SET INFUSION SET	Tier 4	
Syringes And Accessories		
ADVOCATE SYRINGES SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	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	
AQINJECT 3.0 LOCK SYRINGE SYRINGE 3 ML	Tier 3	
AQINJECT LUER LOCK SYRINGE SYRINGE 10 ML, 20 ML, 5 ML	Tier 3	
AQINJECT SAFETY SYRINGE SYRINGE 1 ML 23 GAUGE X 1", 1 ML 25 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1"	Tier 3	
BD ALLERGIST TRAY REG BEVEL SYRINGE 1 ML 27 X 1/2"	Tier 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 INSULIN SYRINGE (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 5/16"	Tier 3	

Drug	Status	Notes
BD INSULIN SYRINGE MICRO-FINE SYRINGE 1 ML 28 GAUGE X 1/2"	Tier 3	
BD INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2"	Tier 3	
BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64"	Tier 3	
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16"	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 LO-DOSE MICRO-FINE IV SYRINGE 1/2 ML 28 GAUGE X 1/2"	Tier 3	
BD LUER-LOK SYRINGE SYRINGE 1 ML	Tier 3	
BD LUER-LOK SYRINGE SYRINGE 1 ML 20 GAUGE X 1", 10 ML, 10 ML 20 X 1 1/2", 10 ML 20 X 1", 10 ML 21 GAUGE X 1", 10 ML 21 X 1 1/2", 20 ML, 3 ML, 3 ML 18 X 1 1/2", 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/2", 3 ML 25 X 5/8", 3 ML 26 X 5/8", 5 ML, 5 ML 20 X 1 1/2", 5 ML 20 X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1"	Tier 4	
BD LUER-LOK TIP CONTROL SYRING SYRINGE 10 ML	Tier 4	
BD SAFETYGLIDE ALLERGIST TRAY SYRINGE 1 ML 26 GAUGE X 3/8", 1 ML 27 X 1/2"	Tier 4	
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64"	Tier 3	
BD SAFETYGLIDE SHIELDING REG SYRINGE 1 ML 25 GAUGE X 5/8", 3 ML 21 GAUGE X 1 1/2"	Tier 4	
BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8"	Tier 3	
BD SAFETYGLIDE SYRINGE SYRINGE 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8"	Tier 4	
BD SAFETYGLIDE TB REG BEVEL SYRINGE 1 ML 27 X 1/2"	Tier 4	
BD SAFETYGLIDE TUBERCULIN SYRINGE 1 ML 27 GAUGE X 3/8"	Tier 3	
BD SLIP TIP SYRINGE SYRINGE 1 ML 26 GAUGE X 5/8", 10 ML, 3 ML	Tier 4	
B-D SLIP TIP SYRINGE SYRINGE 20 ML	Tier 4	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 10 ML, 20 ML, 5 ML	Tier 4	
BD SYRINGE LUER-LOK STERILE SYRINGE 10 ML	Tier 4	

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

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

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

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

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

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

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

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

Drug	Status	Notes
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, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29, 1/2 ML 30 GAUGE	Tier 3	
ULTRA FLO INSUL SYR(HALF UNIT) SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	Tier 3	
ULTRA FLO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2"	Tier 3	
ULTRACARE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Tier 3	
ULTRA-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	

Drug	Status	Notes
VERIFINE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	Tier 3	
Miscellaneous Agents		
Amyloidosis Agents-Transthyretin (Ttr)		
Suppression		
WAINUA SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.8 ML	Tier 7	PA; SP; QL (0.8 ML per 30 days)
Anaphylaxis Therapy Agents		
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML	Tier 4	QL (2 EA per 30 days); Age (Max 2 Years)
AUVI-Q INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML	Tier 4	PA; QL (2 EA per 30 days)
AUVI-Q INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	Tier 4	QL (2 EA per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	Tier 2	QL (2 EA per 30 days)
EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	Tier 4	QL (2 EA per 30 days)
EPIPEN INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	Tier 4	QL (2 EA per 30 days)
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	Tier 4	QL (2 EA per 30 days)
EPIPEN JR INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	Tier 4	QL (2 EA per 30 days)
NEFFY NASAL SPRAY, NON-AEROSOL 2 MG/SPRAY (0.1 ML)	Tier 4	PA; QL (2 EA per 28 days)
Cxcr4 Chemokine Receptor Antagonist		
XOLREMDI ORAL CAPSULE 100 MG	Tier 7	PA; SP; QL (120 EA per 30 days)
Genetic D/O Tx-Exon Inclusion Antisense Oligonucle		
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	Tier 7	PA; SP
Parasympathetic Agents		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 2	
<i>cevimeline oral capsule 30 mg</i>	Tier 2	
EVOXAC ORAL CAPSULE 30 MG	Tier 4	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	Tier 2	
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG, 7.5 MG	Tier 4	
Pharmacological Chaperone-Alpha-Galactosid.A Stabz		
GALAFOLD ORAL CAPSULE 123 MG	Tier 7	PA; SP
Pku Treatment Agents - Phenylalanine Ammonia Lyase		
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	Tier 6	PA; SP

Drug	Status	Notes
Pku Tx Agent-Cofactor Of Phenylalanine Hydroxylase		
JAVYGTOR ORAL POWDER IN PACKET 100 MG, 500 MG	Tier 6	PA; SP
JAVYGTOR ORAL TABLET,SOLUBLE 100 MG	Tier 6	PA; SP
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG	Tier 6	PA; SP
KUVAN ORAL TABLET,SOLUBLE 100 MG	Tier 6	PA; SP
<i>sapropterin oral powder in packet 100 mg, 500 mg</i>	Tier 6	PA; SP
<i>sapropterin oral tablet,soluble 100 mg</i>	Tier 6	PA; SP
Systemic Enzyme Inhibitors		
JOENJA ORAL TABLET 70 MG	Tier 7	PA; SP; QL (60 EA per 30 days)
VIJOICE ORAL GRANULES IN PACKET 50 MG	Tier 7	PA; SP; QL (28 EA per 28 days)
VIJOICE ORAL TABLET 125 MG, 50 MG	Tier 7	PA; SP; QL (28 EA per 28 days)
VIJOICE ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	Tier 7	PA; SP; QL (56 EA per 28 days)
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	Tier 7	PA; SP
Thyroid Hormone Receptor (Thr) Agonist		
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
Topical Anticholinergic Hyperhidrosis Tx Agents		
QBREXZA TOPICAL TOWELETTE 2.4 %	Tier 4	PA
SOFDRA TOPICAL GEL WITH PUMP 12.45 % (72 MG /ACTUATION)	Tier 4	PA
Neoplastic Disease		
Alkylating Agents		
ALKERAN ORAL TABLET 2 MG	Tier 7	PA; SP
<i>cisplatin intravenous solution 1 mg/ml</i>	Tier 3	
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Tier 5	SP
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	Tier 5	SP
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	Tier 6	PA; SP
HYDREA ORAL CAPSULE 500 MG	Tier 4	
<i>hydroxyurea oral capsule 500 mg</i>	Tier 2	
<i>ifosfamide intravenous recon soln 1 gram, 3 gram</i>	Tier 3	PA
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	Tier 3	PA
LEUKERAN ORAL TABLET 2 MG	Tier 6	PA; SP
MYLERAN ORAL TABLET 2 MG	Tier 6	PA; SP
TEMODAR INTRAVENOUS RECON SOLN 100 MG	Tier 7	PA; SP
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	Tier 5	PA; SP
Antiandrogenic Agents		
<i>abiraterone oral tablet 250 mg, 500 mg</i>	Tier 6	PA; SP
<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

Drug	Status	Notes
<i>nilutamide oral tablet 150 mg</i>	Tier 5	PA; SP
NUBEQA ORAL TABLET 300 MG	Tier 7	PA; SP; QL (120 EA per 30 days)
XTANDI ORAL CAPSULE 40 MG	Tier 7	PA; SP; QL (120 EA per 30 days)
XTANDI ORAL TABLET 40 MG	Tier 7	PA; SP; QL (120 EA per 30 days)
XTANDI ORAL TABLET 80 MG	Tier 7	PA; SP; QL (60 EA per 30 days)
YONSA ORAL TABLET 125 MG	Tier 7	PA; SP
ZYTIGA ORAL TABLET 250 MG, 500 MG	Tier 7	PA; SP
Antibiotic Antineoplastics		
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	Tier 3	
<i>daunorubicin intravenous solution 5 mg/ml</i>	Tier 3	
<i>doxorubicin intravenous recon soln 10 mg, 50 mg</i>	Tier 3	
<i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	Tier 3	
<i>valrubicin intravesical solution 40 mg/ml</i>	Tier 3	
VALSTAR INTRAVESICAL SOLUTION 40 MG/ML	Tier 4	
Antimetabolites		
<i>capecitabine oral tablet 150 mg, 500 mg</i>	Tier 5	SP
<i>floxuridine injection recon soln 0.5 gram</i>	Tier 3	
FOLOTYN INTRAVENOUS SOLUTION 40 MG/2 ML (20 MG/ML)	Tier 7	SP
INQOVI ORAL TABLET 35-100 MG	Tier 7	PA; SP; QL (5 EA per 28 days)
JYLAMVO ORAL SOLUTION 2 MG/ML	Tier 4	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	Tier 7	PA; SP; QL (80 EA per 28 days)
<i>mercaptopurine oral tablet 50 mg</i>	Tier 2	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	Tier 3	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	Tier 3	
<i>methotrexate sodium injection solution 25 mg/ml</i>	Tier 3	
<i>methotrexate sodium oral tablet 2.5 mg</i>	Tier 2	
ONUREG ORAL TABLET 200 MG, 300 MG	Tier 7	PA; SP; QL (14 EA per 28 days)
<i>pralatrexate intravenous solution 20 mg/ml (1 ml), 40 mg/2 ml (20 mg/ml)</i>	Tier 6	SP
PURIXAN ORAL SUSPENSION 20 MG/ML	Tier 4	
TABLOID ORAL TABLET 40 MG	Tier 6	PA; SP
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	Tier 4	
XATMEP ORAL SOLUTION 2.5 MG/ML	Tier 4	
XELODA ORAL TABLET 150 MG, 500 MG	Tier 7	PA; SP
Antineoplastic Aromatase Inhibitors		
<i>anastrozole oral tablet 1 mg</i>	Tier 2	\$0 COPAY
ARIMIDEX ORAL TABLET 1 MG	Tier 4	
AROMASIN ORAL TABLET 25 MG	Tier 4	QL (30 EA per 30 days)
<i>exemestane oral tablet 25 mg</i>	Tier 2	\$0 COPAY
FEMARA ORAL TABLET 2.5 MG	Tier 4	
<i>letrozole oral tablet 2.5 mg</i>	Tier 2	
Antineoplastic - Braf Kinase Inhibitors		
BRAFTOVI ORAL CAPSULE 75 MG	Tier 6	PA; SP; QL (180 EA per 30 days)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	Tier 7	PA; SP; Age (Max 12 Years)

Drug	Status	Notes
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6)	Tier 7	PA; SP
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	Tier 6	PA; SP; QL (120 EA per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	Tier 6	PA; SP
ZELBORAF ORAL TABLET 240 MG	Tier 6	PA; SP; QL (240 EA per 30 days)
Antineoplastic - Hedgehog Pathway Inhibitor		
DAURISMO ORAL TABLET 100 MG, 25 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
ERIVEDGE ORAL CAPSULE 150 MG	Tier 6	PA; SP
ODOMZO ORAL CAPSULE 200 MG	Tier 6	PA; SP; QL (30 EA per 30 days)
Antineoplastic - Janus Kinase (Jak) Inhibitors		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	Tier 7	PA; SP
Antineoplastic - Kras Protein Inhibitor		
KRAZATI ORAL TABLET 200 MG	Tier 7	PA; SP; QL (180 EA per 30 days)
LUMAKRAS ORAL TABLET 120 MG	Tier 7	PA; SP; QL (240 EA per 30 days)
LUMAKRAS ORAL TABLET 240 MG	Tier 7	PA; SP; QL (120 EA per 30 days)
LUMAKRAS ORAL TABLET 320 MG	Tier 7	PA; SP; QL (90 EA per 30 days)
Antineoplastic - Mek1 And Mek2 Kinase Inhibitors		
COTELLIC ORAL TABLET 20 MG	Tier 7	PA; SP
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	Tier 7	PA; SP; QL (120 EA per 30 days)
MEKINIST ORAL RECON SOLN 0.05 MG/ML	Tier 6	PA; SP
MEKINIST ORAL TABLET 0.5 MG, 2 MG	Tier 6	PA; SP; QL (30 EA per 30 days)
MEKTOVI ORAL TABLET 15 MG	Tier 7	PA; SP
Antineoplastic - Mtor Kinase Inhibitors		
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	Tier 6	PA; SP
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	Tier 6	PA; SP
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	Tier 6	PA; SP
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i>	Tier 6	PA; SP
TORPENZ ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	Tier 6	PA; SP
Antineoplastic - Protein Methyltransferase Inhibit		
TAZVERIK ORAL TABLET 200 MG	Tier 7	PA; SP; QL (240 EA per 30 days)
Antineoplastic - Topoisomerase I Inhibitors		
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	Tier 6	PA; SP
Antineoplastic Immunomodulator Agents		
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	Tier 6	PA; SP
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	Tier 6	PA; SP; QL (21 EA per 28 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	Tier 7	PA; SP
Antineoplastic Lhrh(Gnrh) Antagonist,Pituit.Suppr		
ORGOVYX ORAL TABLET 120 MG	Tier 7	PA; SP; QL (30 EA per 30 days)

Drug	Status	Notes
Antineoplastic Systemic Enzyme Inhibitors		
ALECENSA ORAL CAPSULE 150 MG	Tier 6	PA; SP; QL (240 EA per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	Tier 6	PA; SP; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG	Tier 6	PA; SP; QL (60 EA per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)-180 MG (23)	Tier 6	PA; SP; QL (30 EA per 30 days)
AUGTYRO ORAL CAPSULE 160 MG	Tier 7	PA; SP; QL (60 EA per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	Tier 7	PA; SP; QL (240 EA per 30 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
BALVERSA ORAL TABLET 3 MG	Tier 7	PA; SP; QL (84 EA per 28 days)
BALVERSA ORAL TABLET 4 MG	Tier 7	PA; SP; QL (56 EA per 28 days)
BALVERSA ORAL TABLET 5 MG	Tier 7	PA; SP; QL (28 EA per 28 days)
BOSULIF ORAL CAPSULE 100 MG	Tier 7	PA; SP; QL (90 EA per 30 days)
BOSULIF ORAL CAPSULE 50 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
BOSULIF ORAL TABLET 100 MG	Tier 6	PA; SP; QL (120 EA per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	Tier 6	PA; SP; QL (30 EA per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	Tier 7	PA; SP; QL (120 EA per 30 days)
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)
<i>dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg</i>	Tier 6	PA; SP
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>	Tier 6	PA; SP; QL (30 EA per 30 days)
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	Tier 7	PA; SP; QL (21 EA per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	Tier 7	PA; SP; QL (84 EA per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	Tier 7	PA; SP; QL (21 EA per 28 days)
GAVRETO ORAL CAPSULE 100 MG	Tier 7	PA; SP; QL (120 EA per 30 days)
<i>gefitinib oral tablet 250 mg</i>	Tier 6	PA; SP; QL (30 EA per 30 days)
GILOTRIF ORAL TABLET 20 MG	Tier 6	PA; SP; QL (60 EA per 30 days)
GILOTRIF ORAL TABLET 30 MG, 40 MG	Tier 6	PA; SP; QL (30 EA per 30 days)
GLEEVEC ORAL TABLET 100 MG	Tier 7	PA; SP; QL (90 EA per 30 days)
GLEEVEC ORAL TABLET 400 MG	Tier 7	PA; SP; QL (60 EA per 30 days)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	Tier 6	PA; SP; QL (21 EA per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	Tier 6	PA; SP; QL (21 EA per 28 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
<i>imatinib oral tablet 100 mg</i>	Tier 5	PA; SP; QL (90 EA per 30 days)
<i>imatinib oral tablet 400 mg</i>	Tier 5	PA; SP; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	Tier 7	PA; SP; QL (120 EA per 30 days)

Drug	Status	Notes
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)
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)
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
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	Tier 6	PA; SP
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG	Tier 7	PA; SP; QL (60 EA per 30 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
<i>pazopanib oral tablet 200 mg</i>	Tier 6	PA; SP
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	Tier 7	PA; SP; QL (14 EA per 21 days)
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	Tier 7	PA; SP; QL (56 EA per 28 days)
QINLOCK ORAL TABLET 50 MG	Tier 7	PA; SP; QL (90 EA per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG	Tier 7	PA; SP; QL (60 EA per 30 days)
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 6	PA; SP
STIVARGA ORAL TABLET 40 MG	Tier 7	PA; SP; QL (84 EA per 28 days)

Drug	Status	Notes
<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)
TARCEVA ORAL TABLET 100 MG	Tier 6	PA; SP; QL (30 EA per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG	Tier 6	PA; SP
TASIGNA ORAL CAPSULE 50 MG	Tier 6	PA; SP; QL (60 EA per 30 days)
TEPMETKO ORAL TABLET 225 MG	Tier 7	PA; SP; QL (60 EA per 30 days)
TRUQAP ORAL TABLET 160 MG, 200 MG	Tier 7	PA; SP; QL (64 EA per 28 days)
TUKYSA ORAL TABLET 150 MG, 50 MG	Tier 7	PA; SP; QL (120 EA per 30 days)
TURALIO ORAL CAPSULE 125 MG	Tier 7	PA; SP; QL (120 EA per 30 days)
TYKERB ORAL TABLET 250 MG	Tier 7	PA; SP
VANFLYTA ORAL TABLET 17.7 MG	Tier 7	PA; SP; QL (28 EA per 28 days)
VANFLYTA ORAL TABLET 26.5 MG	Tier 7	PA; SP; QL (56 EA per 28 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 6	PA; SP; QL (56 EA per 28 days)
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	Tier 7	PA; SP; QL (60 EA per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	Tier 7	PA; SP; QL (60 ML per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	Tier 6	PA; SP; QL (30 EA per 30 days)
VONJO ORAL CAPSULE 100 MG	Tier 7	PA; SP; QL (120 EA per 30 days)
VOTRIENT ORAL TABLET 200 MG	Tier 7	PA; SP
XALKORI ORAL CAPSULE 200 MG, 250 MG	Tier 7	PA; SP
XALKORI ORAL PELLETT 150 MG, 20 MG, 50 MG	Tier 7	PA; SP
XOSPATA ORAL TABLET 40 MG	Tier 7	PA; SP; QL (90 EA per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	Tier 6	PA; SP
ZYDELIG ORAL TABLET 100 MG, 150 MG	Tier 6	PA; SP; QL (60 EA per 30 days)
ZYKADIA ORAL TABLET 150 MG	Tier 7	PA; SP; QL (150 EA per 30 days)
Antineoplastic,Histone Deacetylase Inhibitors,Hdis		
ZOLINZA ORAL CAPSULE 100 MG	Tier 6	PA; SP
Antineoplastic-B Cell Lymphoma-2(Bcl-2) Inhibitors		
VENCLEXTA ORAL TABLET 10 MG, 50 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
VENCLEXTA ORAL TABLET 100 MG	Tier 7	PA; SP; QL (180 EA per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	Tier 7	PA; SP; QL (42 EA per 28 days)
Antineoplastic-Enzyme Inhib, Antiandrogen Comb.		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	Tier 7	PA; SP; QL (60 EA per 30 days)
Antineoplastic-Hypoxia Inducible Factor (Hif) Inh		
WELIREG ORAL TABLET 40 MG	Tier 7	PA; SP; QL (90 EA per 30 days)
Antineoplastic-Isocitrate Dehydrogenase Inhibitors		
IDHIFA ORAL TABLET 100 MG, 50 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	Tier 7	PA; SP; QL (60 EA per 30 days)
TIBSOVO ORAL TABLET 250 MG	Tier 7	PA; SP
VORANIGO ORAL TABLET 10 MG	Tier 7	PA; SP; QL (60 EA per 30 days)
VORANIGO ORAL TABLET 40 MG	Tier 7	PA; SP; QL (30 EA per 30 days)

Drug	Status	Notes
Antineoplastics, Miscellaneous		
<i>dacarbazine intravenous recon soln 100 mg, 200 mg</i>	Tier 3	
<i>etoposide oral capsule 50 mg</i>	Tier 5	PA; SP
LYSODREN ORAL TABLET 500 MG	Tier 3	
MATULANE ORAL CAPSULE 50 MG	Tier 6	PA; SP
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	Tier 2	
Antineoplastic-Select Inhib Of Nuclear Exp (Sine)		
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2)	Tier 7	PA; SP; QL (8 EA per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)	Tier 7	PA; SP; QL (4 EA per 28 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	Tier 7	PA; SP; QL (24 EA per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	Tier 7	PA; SP; QL (32 EA per 28 days)
Chemotherapy Rescue/Antidote Agents		
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	Tier 3	
<i>leucovorin calcium 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
MESNEX INTRAVENOUS SOLUTION 100 MG/ML	Tier 7	PA; SP
MESNEX ORAL TABLET 400 MG	Tier 6	PA; SP
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	Tier 6	SP
Photoactivated, Antineopls. & Premalignant Lesions		
LEVULAN TOPICAL SOLUTION 20 %	Tier 4	
Selective Estrogen Receptor Modulators (Serm)		
FARESTON ORAL TABLET 60 MG	Tier 4	PA
ORSERDU ORAL TABLET 345 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
ORSERDU ORAL TABLET 86 MG	Tier 7	PA; SP; QL (90 EA per 30 days)
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	Tier 4	PA
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	Tier 2	\$0 COPAY
<i>toremifene oral tablet 60 mg</i>	Tier 3	PA
Selective Retinoid X Receptor Agonists (Rxr)		
<i>bexarotene oral capsule 75 mg</i>	Tier 5	PA; SP
TARGRETIN ORAL CAPSULE 75 MG	Tier 6	PA; SP
Steroid Antineoplastics		
<i>megestrol oral tablet 20 mg, 40 mg</i>	Tier 2	
Neurological Disease - Miscellaneous		
Agents To Treat Multiple Sclerosis		
AUBAGIO ORAL TABLET 14 MG, 7 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
AVONEX INTRAMUSCULAR PEN INJECTOR 30 MCG/0.5 ML	Tier 6	PA; SP
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	Tier 6	PA; SP; QL (1 EA per 28 days)
AVONEX INTRAMUSCULAR SYRINGE 30 MCG/0.5 ML	Tier 6	PA; SP

Drug	Status	Notes
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)
BETASERON SUBCUTANEOUS RECON SOLN 0.3 MG	Tier 7	PA; SP; QL (15 EA per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	Tier 7	PA; SP; QL (30 ML per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	Tier 7	PA; SP; QL (12 ML per 28 days)
<i>dimethyl fumarate oral capsule, delayed release(dri/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i>	Tier 5	PA; SP; QL (60 EA per 30 days)
<i>fingolimod oral capsule 0.5 mg</i>	Tier 5	PA; SP; QL (30 EA per 30 days)
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	Tier 5	PA; SP; QL (30 ML per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	Tier 5	PA; SP; QL (12 ML per 28 days)
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML	Tier 5	PA; SP; QL (30 ML per 30 days)
GLATOPA SUBCUTANEOUS SYRINGE 40 MG/ML	Tier 5	PA; SP; QL (12 ML per 28 days)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	Tier 6	PA; SP; QL (0.4 ML per 28 days)
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	Tier 7	PA; SP; QL (20 EA per 365 days)
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	Tier 7	PA; SP; QL (20 EA per 365 days)
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	Tier 7	PA; SP; QL (20 EA per 365 days)
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	Tier 7	PA; SP; QL (20 EA per 365 days)
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	Tier 7	PA; SP; QL (20 EA per 365 days)
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	Tier 7	PA; SP; QL (20 EA per 365 days)
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	Tier 7	PA; SP; QL (20 EA per 365 days)
MAYZENT ORAL TABLET 0.25 MG	Tier 7	PA; SP; QL (120 EA per 30 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	Tier 7	PA; SP; QL (7 EA per 365 days)
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	Tier 7	PA; SP; QL (12 EA per 365 days)
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	Tier 7	PA; SP; QL (1 ML per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	Tier 7	PA; SP; QL (0.5 ML per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	Tier 7	PA; SP; QL (1 ML per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	Tier 7	PA; SP; QL (1 ML per 28 days)
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK 2 MG (2) - 10 MG (3)	Tier 7	PA; SP; QL (14 EA per 365 days)
PONVORY ORAL TABLET 20 MG	Tier 7	PA; SP; QL (30 EA per 30 days)

Drug	Status	Notes
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	Tier 7	PA; SP; QL (6 ML per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	Tier 7	PA; SP; QL (6 ML per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	Tier 7	PA; SP; QL (4.2 ML per 180 days)
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	Tier 7	PA; SP; QL (4.2 ML per 180 days)
TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.25 MG, 0.5 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 120 MG (14)- 240 MG (46), 240 MG	Tier 7	PA; SP; QL (60 EA per 30 days)
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	Tier 5	PA; SP; QL (30 EA per 30 days)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	Tier 7	PA; SP; QL (120 EA per 30 days)
Agts Tx Neuromusc Transmission Dis,Pot-Chan Blkr		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG	Tier 4	
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	Tier 3	
FIRDAPSE ORAL TABLET 10 MG	Tier 7	PA; SP; QL (240 EA per 30 days)
Amyotrophic Lateral Sclerosis Agents		
RADICAVA ORS 105 MG/5 ML SUSP	Tier 7	PA; SP; QL (70 ML per 365 days)
RADICAVA ORS STARTER KIT SUSP INNER 105 MG/5 ML	Tier 7	PA; SP; QL (70 ML per 365 days)
RADICAVA ORS STARTER KIT SUSP OUTER 105 MG/5 ML	Tier 7	PA; SP; QL (70 ML per 365 days)
RILUTEK ORAL TABLET 50 MG	Tier 7	PA; SP; QL (60 EA per 30 days)
<i>riluzole oral tablet 50 mg</i>	Tier 5	PA; SP; QL (60 EA per 30 days)
TEGLUTIK ORAL SUSPENSION 50 MG/10 ML	Tier 7	PA; SP
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	Tier 7	PA; SP
Fibromyalgia Agents,Serotonin-Norepineph Ru Inhib		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	Tier 3	
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	Tier 3	
Genetic Disorder Therapy - Hdac Inhibitor		
DUVYZAT ORAL SUSPENSION 8.86 MG/ML	Tier 7	PA; SP
Glypromate (Gpe) Analogs		
DAYBUE ORAL SOLUTION 200 MG/ML	Tier 7	PA; SP
Movement Disorders(Drug Therapy)		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	Tier 7	PA; SP; QL (120 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG	Tier 7	PA; SP; QL (60 EA per 30 days)

Drug	Status	Notes
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	Tier 7	PA; SP; QL (28 EA per 365 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG	Tier 4	PA
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	Tier 7	PA; SP
INGREZZA ORAL CAPSULE 40 MG	Tier 7	PA; SP; QL (60 EA per 30 days)
INGREZZA ORAL CAPSULE 60 MG, 80 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG	Tier 7	PA; SP; QL (60 EA per 30 days)
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 60 MG, 80 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	Tier 5	PA; SP
XENAZINE ORAL TABLET 12.5 MG, 25 MG	Tier 7	PA; SP
Neuropathic Agents		
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG	Tier 4	ST: Documentation of trial, intolerance or contraindication to TWO of the following is required: duloxetine HCl DR oral capsule, gabapentin oral capsule, gabapentin oral solution, gabapentin oral tablet.; QL (30 EA per 30 days)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG	Tier 4	ST: Documentation of trial, intolerance or contraindication to TWO of the following is required: duloxetine HCl DR oral capsule, gabapentin oral capsule, gabapentin oral solution, gabapentin oral tablet.; QL (60 EA per 30 days)
<i>pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg</i>	Tier 3	ST: Documentation of trial, intolerance or contraindication to TWO of the following is required: duloxetine HCl DR oral capsule, gabapentin oral capsule, gabapentin oral solution, gabapentin oral tablet.; QL (30 EA per 30 days)
<i>pregabalin oral tablet extended release 24 hr 330 mg</i>	Tier 3	ST: Documentation of trial, intolerance or contraindication to TWO of the following is required: duloxetine HCl DR oral capsule, gabapentin oral capsule, gabapentin oral solution, gabapentin oral tablet.; QL (60 EA per 30 days)
Nuclear Factor Erythroid 2-Rel. Factor 2 Activator		
SKYCLARYS ORAL CAPSULE 50 MG	Tier 7	PA; SP; QL (90 EA per 30 days)
Postherpetic Neuralgia Agents		
<i>gabapentin oral tablet extended release 24 hr 300 mg, 600 mg</i>	Tier 3	PA; QL (90 EA per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 600 MG	Tier 4	PA; QL (90 EA per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 450 MG, 750 MG, 900 MG	Tier 4	PA
Pseudobulbar Affect (Pba) Agents, Nmda Antagonists		
NUEDEXTA ORAL CAPSULE 20-10 MG	Tier 3	QL (60 EA per 30 days)

Drug	Status	Notes
Sphingosine 1-Phosphate (S1p) Receptor Modulator		
VELSIPITY ORAL TABLET 2 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
ZEPOSIA ORAL CAPSULE 0.92 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21)	Tier 7	PA; SP; QL (28 EA per 28 days)
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)	Tier 7	PA; SP; QL (7 EA per 180 days)
Oral/Pharyngeal Disorders		
Dental Aids And Preparations		
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	Tier 2	
ORALONE DENTAL PASTE 0.1 %	Tier 3	
PERIDEX MUCOUS MEMBRANE MOUTHWASH 0.12 %	Tier 4	
PERIOGARD MUCOUS MEMBRANE MOUTHWASH 0.12 %	Tier 2	
Q-CARE RX Q2 KIT 0.12 %	Tier 4	
Q-CARE RX Q4 KIT 0.12 %	Tier 4	
<i>triamcinolone acetonide dental paste 0.1 %</i>	Tier 3	
Nose Preparations, Miscellaneous (Rx)		
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	Tier 2	
Periodontal Collagenase Inhibitors		
<i>doxycycline hyclate oral tablet 20 mg</i>	Tier 3	
Other Drugs		
Abortifacient,Progesterone Receptor Antagonist-Typ		
MIFEPREX ORAL TABLET 200 MG	Tier 4	
<i>mifepristone oral tablet 200 mg</i>	Tier 3	
Agents For Stomatological Use		
DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 %	Tier 4	
Antidotes,Miscellaneous		
<i>acetylcysteine intravenous solution 200 mg/ml (20 %)</i>	Tier 2	
Appetite Stim. For Anorexia,Cachexia,Wasting Synd.		
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	Tier 2	
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	Tier 3	
Conception Assistance Supplies		
CONCEPTION KIT	Tier 4	
Condoms		
AIMSCO LATEX CONDOM DEVICE	Tier 4	\$0 COPAY
DUREX AIR CONDOM DEVICE	Tier 4	\$0 COPAY
DUREX AVANTI BARE REAL FEEL	Tier 4	\$0 COPAY
DUREX EXTRA SENSITIVE CONDOM DEVICE	Tier 4	\$0 COPAY
DUREX TROPICAL CONDOM DEVICE	Tier 4	\$0 COPAY
FANTASY CONDOM DEVICE	Tier 4	\$0 COPAY
FC2 FEMALE CONDOM	Tier 4	\$0 COPAY
KIMONO LUBRICATED CONDOMS DEVICE	Tier 4	\$0 COPAY

Drug	Status	Notes
KIMONO MICROTHIN AQUA LUBE CON DEVICE	Tier 4	\$0 COPAY
KIMONO MICROTHIN CONDOMS DEVICE	Tier 4	\$0 COPAY
KIMONO MICROTHIN LARGE CONDOMS DEVICE	Tier 4	\$0 COPAY
KIMONO TEXTURED CONDOMS DEVICE	Tier 4	\$0 COPAY
TROJAN BARESKIN DEVICE	Tier 4	\$0 COPAY
TROJAN EXTENDED PLEASURE DEVICE	Tier 4	\$0 COPAY
TROJAN PLEASURE PACK DEVICE	Tier 4	\$0 COPAY
TROJAN ULTRA RIBBED CONDOM DEVICE	Tier 4	\$0 COPAY
TROJAN ULTRA THIN DEVICE	Tier 4	\$0 COPAY
TRUE COVER CONDOM DEVICE	Tier 4	\$0 COPAY
TRUSTEX LATEX CONDOM DEVICE	Tier 4	\$0 COPAY
TRUSTEX LUBRICATED CONDOMS DEVICE	Tier 4	\$0 COPAY
TRUSTEX NON-LUB CONDOMS DEVICE	Tier 4	\$0 COPAY
TRUSTEX-RIA LUB/SPERMICIDE DEVICE	Tier 4	\$0 COPAY
TRUSTEX-RIA LUBRICATED CONDOMS DEVICE	Tier 4	\$0 COPAY
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	Tier 4	\$0 COPAY
Cryopreservative Agents		
CRYOSERV SOLUTION 99 %	Tier 4	
Cystic Fibrosis - Inhaled Osmotic Agents		
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	Tier 7	PA; SP
Diluent Solutions		
DILUENT FOR IMOVAX INTRAMUSCULAR SYRINGE	Tier 3	
Drugs To Treat Hereditary Tyrosinemia		
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	Tier 6	PA; SP
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	Tier 6	PA; SP
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	Tier 7	PA; SP
ORFADIN ORAL SUSPENSION 4 MG/ML	Tier 6	PA; SP
Drugs To Tx Gaucher Dx-Type 1, Substrate Reducing		
CERDELGA ORAL CAPSULE 84 MG	Tier 6	PA; SP; QL (60 EA per 30 days)
<i>miglustat oral capsule 100 mg</i>	Tier 5	PA; SP
OPFOLDA ORAL CAPSULE 65 MG	Tier 6	PA; SP
YARGESA ORAL CAPSULE 100 MG	Tier 6	PA; SP
ZAVESCA ORAL CAPSULE 100 MG	Tier 7	PA; SP
General Anesthetics - Benzodiazepine, Injectable		
<i>midazolam (pf) injection solution 1 mg/ml, 5 mg/ml</i>	Tier 2	
<i>midazolam (pf) injection syringe 2 mg/2 ml (1 mg/ml), 5 mg/ml</i>	Tier 2	
<i>midazolam in nacl, iso-osmotic injection syringe 5 mg/5 ml (1 mg/ml)</i>	Tier 2	
<i>midazolam injection solution 1 mg/ml, 5 mg/ml</i>	Tier 2	
General Inhalation Agents		
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %, 7 %	Tier 4	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 %, 6 %	Tier 2	

Drug	Status	Notes
PULMOSAL INHALATION SOLUTION FOR NEBULIZATION 7 %	Tier 4	
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %</i>	Tier 2	
Metabolic Deficiency Agents		
<i>betaine oral powder 1 gram/scoop</i>	Tier 6	PA; SP
CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML	Tier 4	
CARNITOR ORAL SOLUTION 100 MG/ML	Tier 4	
CARNITOR ORAL TABLET 330 MG	Tier 4	
CYSTADANE ORAL POWDER 1 GRAM/SCOOP	Tier 7	PA; SP
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	Tier 2	
<i>levocarnitine oral solution 100 mg/ml</i>	Tier 3	
<i>levocarnitine oral tablet 330 mg</i>	Tier 3	
Metabolic Disease Enzyme Replace, Hypophosphatasia		
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML	Tier 6	PA; SP; QL (10.8 ML per 28 days)
STRENSIQ SUBCUTANEOUS SOLUTION 80 MG/0.8 ML	Tier 6	PA; SP; QL (16.8 ML per 28 days)
Metallic Poison, Agents To Treat		
CHEMET ORAL CAPSULE 100 MG	Tier 4	
CUVRIOR ORAL TABLET 300 MG	Tier 7	PA; SP
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	Tier 6	PA; SP
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	Tier 6	PA; SP
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	Tier 6	PA; SP
<i>deferiprone oral tablet 1,000 mg, 500 mg</i>	Tier 6	PA; SP
EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG	Tier 6	PA; SP
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG	Tier 6	PA; SP
FERRIPROX ORAL SOLUTION 100 MG/ML	Tier 6	PA; SP
FERRIPROX ORAL TABLET 1,000 MG, 500 MG	Tier 6	PA; SP
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)	Tier 4	
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG	Tier 6	PA; SP
JADENU SPRINKLE ORAL GRANULES IN PACKET 180 MG, 360 MG, 90 MG	Tier 6	PA; SP
RADIOGARDASE ORAL CAPSULE 0.5 GRAM	Tier 4	
SYPRINE ORAL CAPSULE 250 MG	Tier 7	PA; SP
<i>trientine oral capsule 250 mg</i>	Tier 6	SP
<i>trientine oral capsule 500 mg</i>	Tier 6	PA; SP
Needles/Needleless Devices		
1ST TIER UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 3	

Drug	Status	Notes
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	
AQINJECT SAFETY NEEDLE NEEDLE 18 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1"	Tier 3	
AQINJECT STANDARD NEEDLE NEEDLE 18 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1"	Tier 4	
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	
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"	Tier 3	
BD ECLIPSE LUER-LOK NEEDLE 21 GAUGE X 1 1/2", 25 GAUGE X 1 1/2", 30 X 1/2 "	Tier 4	
BD ECLIPSE NEEDLE 18 GAUGE X 1 1/2", 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 NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	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	
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	Tier 4	

Drug	Status	Notes
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	Tier 4	
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2"	Tier 4	
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	Tier 4	
<i>blunt needle, disposable needle 18 x 1 1/2 "</i>	Tier 4	
CAREFINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 3	
CAREPOINT PRECISION NEEDLE NEEDLE 21 GAUGE X 1"	Tier 3	
CARETOUCH PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Tier 3	
CLICKFINE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 3	
COMFORT EZ PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/16", 33 GAUGE X 5/32"	Tier 3	
COMFORT EZ PRO SAFETY PEN NDL NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/32"	Tier 3	
COMFORT TOUCH PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 31 GAUGE X 5/32", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	Tier 4	
DROPLET MICRON PEN NEEDLE NEEDLE 34 GAUGE X 9/64"	Tier 3	
DROPLET PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 3	
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16"	Tier 3	
EASY COMFORT PEN NEEDLES NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 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	

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

Drug	Status	Notes
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	
<i>filter needles needle 19 x 1 ", 19 x 1 1/2 "</i>	Tier 4	
HEALTHWISE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 3	
HEALTHY ACCENTS UNIFINE PENTIP NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16"	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 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	
MAGELLAN SAFETY NEEDLE NEEDLE 18 GAUGE X 1 1/2", 23 GAUGE X 5/8", 25 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	
MICRODOT READYGARD PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	Tier 3	
MINI ULTRA-THIN II NEEDLE 31 GAUGE X 3/16"	Tier 3	
MONOJECT BLOOD COLLECTION NEEDLE 20 GAUGE X 1", 20 X 1 1/2 ", 21 GAUGE X 1", 22 GAUGE X 1"	Tier 4	

Drug	Status	Notes
MONOJECT HYPODERMIC NEEDLES NEEDLE 14 GAUGE X 1 1/2", 14 GAUGE X 1", 14 GAUGE X 2", 15 GAUGE X 1 1/2", 16 GAUGE X 1 1/2", 16 GAUGE X 1", 16 GAUGE X 3/4", 16 GAUGE X 5/8", 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 21 GAUGE X 2", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1 1/4", 25 GAUGE X 1", 25 GAUGE X 5/8", 25 X 2", 26 GAUGE X 1 1/2", 27 GAUGE X 1 1/2", 27 GAUGE X 1 1/4", 27 GAUGE X 1/2", 30 GAUGE X 3/4"	Tier 4	
MONOJECT HYPODERMIC POLYPROPYL NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1", 23 GAUGE X 3/4", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2", 30 GAUGE X 3/4"	Tier 4	
<i>needle (disp) 16 g needle 16 gauge x 1"</i>	Tier 4	
<i>needle (disp) 18 g needle 18 gauge x 1"</i>	Tier 4	
<i>needle (disp) 19 g needle 19 gauge x 1 1/2"</i>	Tier 4	
<i>needle (disp) 23 gauge needle 23 gauge x 1"</i>	Tier 4	
NOVOFINE 32 NEEDLE 32 GAUGE X 1/4"	Tier 3	
NOVOFINE PLUS NEEDLE 32 GAUGE X 1/6"	Tier 3	
PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 3	
<i>pen needle, diabetic needle 29 gauge x 1/2", 29 gauge x 15/32", 30 gauge x 3/16", 30 gauge x 5/16", 31 gauge x 1/3", 31 gauge x 1/4", 31 gauge x 1/6", 31 gauge x 13/64", 31 gauge x 15/64", 31 gauge x 3/16", 31 gauge x 5/16", 31 gauge x 5/32", 32 gauge x 1/4", 32 gauge x 3/16", 32 gauge x 5/16", 32 gauge x 5/32", 33 gauge x 1/4", 33 gauge x 3/16", 33 gauge x 5/32"</i>	Tier 3	
<i>pen needle, diabetic, safety needle 31 gauge x 3/16", 31 gauge x 5/32"</i>	Tier 3	
PHASEAL PROTECTOR DEVICE 13 MM, 20 MM, 28 MM	Tier 4	
PIP PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32"	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	

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

Drug	Status	Notes
ULTICARE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	Tier 3	
ULTICARE SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16"	Tier 3	
ULTIGUARD SAFEPAK-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-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 NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Tier 3	
UNIFINE PENTIPS PLUS 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 NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16", 32 GAUGE X 5/32"	Tier 4	
UNIFINE SAFECONTROL PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16"	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 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	
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	
Sexual Dysfunction Devices		
RAPPORT VACUUM THERAPY KIT	Tier 4	

Drug	Status	Notes
Solvents		
<i>isopropyl alcohol solution 91 %</i>	Tier 4	
Somatostatic Agents		
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	Tier 7	PA; SP; QL (112 EA per 28 days)
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	Tier 5	PA; SP
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	Tier 5	PA; SP
<i>octreotide,microspheres intramuscular suspension,extended rel recon 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)
Support Hosiery		
T.E.D. ANTI-EMBOLISM STOCKING	Tier 4	
T.E.D. KNEE LENGTH-M-LONG	Tier 4	
T.E.D. KNEE LENGTH-S-REGULAR	Tier 4	
Surfactants		
TRITON X-100 LIQUID	Tier 4	\$0 COPAY
Suspending Agents		
GELFILM IMPLANT FILM	Tier 4	
Vaccine Adjuvants		
AREXVY ADJUVANT COMPONENT (PF) INTRAMUSCULAR SUSPENSION	Tier 4	\$0 COPAY IF 60 YEARS OF AGE OR OLDER; QL (1 EA per 365 days)
SHINGRIX ADJUVANT COMPONENT-PF INTRAMUSCULAR SUSPENSION	Tier 4	\$0 COPAY
Water		
BACTERIOSTATIC WATER(PARABENS) INJECTION SOLUTION	Tier 2	
STERILE WATER DILUNT-WINREVAIR INJECTION SYRINGE	Tier 2	
STERILE WATER FOR INJECTION INJECTION SOLUTION	Tier 2	
<i>water for inject, bacteriostat injection solution</i>	Tier 2	
<i>water for injection, sterile injection solution</i>	Tier 2	
<i>water for injection, sterile injection syringe</i>	Tier 2	
<i>water for injection, sterile intravenous parenteral solution</i>	Tier 2	
Wound Healing Agents, Local		
FILSUEVZ TOPICAL GEL 10 %	Tier 7	PA; SP
Other Respiratory Disorders		
Antifibrotic Therapy - Pyridone Analogs		
ESBRIET ORAL CAPSULE 267 MG	Tier 7	PA; SP
ESBRIET ORAL TABLET 267 MG, 801 MG	Tier 7	PA; SP
<i>pirfenidone oral capsule 267 mg</i>	Tier 6	PA; SP

Drug	Status	Notes
<i>pirfenidone oral tablet 267 mg, 534 mg, 801 mg</i>	Tier 6	PA; SP
Cystic Fib. Transmemb Conduct. Reg. (Cftr) Potentiator		
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	Tier 6	PA; SP; QL (60 EA per 30 days)
KALYDECO ORAL TABLET 150 MG	Tier 6	PA; SP; QL (60 EA per 30 days)
Cystic Fibrosis-Cftr Potentiator & Corrector Comb.		
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	Tier 6	PA; SP
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	Tier 6	PA; SP; QL (120 EA per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	Tier 6	PA; SP; QL (56 EA per 28 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	Tier 6	PA; SP; QL (56 EA per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	Tier 6	PA; SP; QL (84 EA per 28 days)
Lung Surfactants		
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5 ML, 240 MG/3 ML	Tier 4	
INFASURF INTRATRACHEAL SUSPENSION 35 MG/ML	Tier 4	
SURVANTA INTRATRACHEAL SUSPENSION 25 MG/ML	Tier 4	
Mucolytics		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	Tier 2	
PULMOZYME INHALATION SOLUTION 1 MG/ML	Tier 6	PA; SP
Pulmonary Fibrosis - Systemic Enzyme Inhibitors		
OFEV ORAL CAPSULE 100 MG, 150 MG	Tier 7	PA; SP
Pain Management - Analgesics		
Analgesic, Non-Salicylate & Barbiturate Comb.		
<i>butalbital-acetaminophen oral capsule 50-300 mg</i>	Tier 3	PA; QL (180 EA per 30 days)
<i>butalbital-acetaminophen oral tablet 50-300 mg</i>	Tier 3	PA; QL (180 EA per 30 days)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	Tier 2	
TENCON ORAL TABLET 50-325 MG	Tier 2	
Analgesic, Salicylate, Barbiturate, & Xanthine Cmb		
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	Tier 2	QL (180 EA per 30 days)
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	Tier 2	QL (180 EA per 30 days)
Analgesic, Non-Salicylate, Barbiturate, & Xanthine Cmb		
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg</i>	Tier 2	
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	Tier 2	QL (180 EA per 30 days)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	Tier 2	QL (180 EA per 30 days)
ESGIC ORAL TABLET 50-325-40 MG	Tier 4	QL (180 EA per 30 days)
FIORICET ORAL CAPSULE 50-300-40 MG	Tier 2	

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

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

Drug	Status	Notes
<i>oxymorphone oral tablet 10 mg, 5 mg</i>	Tier 2	
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	Tier 3	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: fentanyl transdermal patch, morphine sulfate ER oral tablet, morphine sulfate ER oral capsule; QL (60 EA per 30 days)
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	Tier 3	PA
QDOLO ORAL SOLUTION 5 MG/ML	Tier 4	PA
ROXICODONE ORAL TABLET 15 MG, 30 MG	Tier 4	
ROXYBOND ORAL TABLET, ORAL ONLY 10 MG, 15 MG, 30 MG, 5 MG	Tier 4	PA
<i>tramadol oral capsule,er biphasic 24 hr 17-83 300 mg</i>	Tier 3	ST: Documentation of trial, intolerance or contraindication to the following is required: tramadol HCl oral tablet AND tramadol HCl ER oral tablet; QL (30 EA per 30 days)
<i>tramadol oral capsule,er biphasic 24 hr 25-75 100 mg, 200 mg</i>	Tier 3	ST: Documentation of trial, intolerance or contraindication to the following is required: tramadol HCl oral tablet AND tramadol HCl ER oral tablet; QL (30 EA per 30 days)
<i>tramadol oral solution 5 mg/ml</i>	Tier 3	PA
<i>tramadol oral tablet 100 mg</i>	Tier 3	
<i>tramadol oral tablet 25 mg, 75 mg</i>	Tier 3	PA
<i>tramadol oral tablet 50 mg</i>	Tier 2	
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg</i>	Tier 2	QL (30 EA per 30 days)
<i>tramadol oral tablet, er multiphasic 24 hr 100 mg, 200 mg, 300 mg</i>	Tier 3	PA; QL (30 EA per 30 days)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG	Tier 4	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: fentanyl transdermal patch, morphine sulfate ER oral tablet, morphine sulfate ER oral capsule; QL (60 EA per 30 days)
Antimigraine Preparations		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	Tier 6	PA; SP
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	Tier 6	PA; SP
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	Tier 6	PA; SP
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	Tier 3	ST: Trial of TWO of the following is required: naratriptan, rizatriptan, rizatriptan orally disintegrating tablet, or sumatriptan tablet; QL (9 EA per 30 days)
CAMBIA ORAL POWDER IN PACKET 50 MG	Tier 4	PA
<i>diclofenac potassium oral powder in packet 50 mg</i>	Tier 3	PA
<i>dihydroergotamine injection solution 1 mg/ml</i>	Tier 3	PA; QL (8 ML per 28 days)

Drug	Status	Notes
<i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	Tier 3	ST: Trial of TWO of the following is required: naratriptan, rizatriptan, rizatriptan orally disintegrating tablet, or sumatriptan tablet; QL (8 ML per 28 days)
<i>eletriptan oral tablet 20 mg, 40 mg</i>	Tier 3	ST: Trial of TWO of the following is required: naratriptan, rizatriptan, rizatriptan orally disintegrating tablet, or sumatriptan tablet; QL (9 EA per 30 days)
ELYXYB ORAL SOLUTION 120 MG/4.8 ML (25 MG/ML)	Tier 4	PA
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	Tier 6	PA; SP
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	Tier 6	PA; SP
ERGOMAR SUBLINGUAL TABLET 2 MG	Tier 4	PA; QL (10 EA per 30 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	Tier 3	QL (10 EA per 30 days)
FROVA ORAL TABLET 2.5 MG	Tier 4	ST: Trial of TWO of the following is required: naratriptan, rizatriptan, rizatriptan orally disintegrating tablet, or sumatriptan tablet; QL (9 EA per 30 days)
<i>frovatriptan oral tablet 2.5 mg</i>	Tier 3	ST: Trial of TWO of the following is required: naratriptan, rizatriptan, rizatriptan orally disintegrating tablet, or sumatriptan tablet; QL (9 EA per 30 days)
IMITREX ORAL TABLET 100 MG, 50 MG	Tier 4	QL (9 EA per 30 days)
IMITREX ORAL TABLET 25 MG	Tier 4	QL (9 EA per 28 days)
IMITREX STATDOSE PEN SUBCUTANEOUS PEN INJECTOR 4 MG/0.5 ML, 6 MG/0.5 ML	Tier 4	QL (4 ML per 28 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE 4 MG/0.5 ML, 6 MG/0.5 ML	Tier 4	QL (4 ML per 28 days)
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)

Drug	Status	Notes
RELPAZ 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)
TOSYMRA NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION	Tier 4	ST: Trial of TWO of the following: naratriptan, rizatriptan, or sumatriptan AND one of the following: almotriptan, eletriptan, frovatriptan, DHE spray, sumatriptan/zolmitriptan spray, or zolmitriptan ODT; QL (6 EA per 30 days)
TREXIMET ORAL TABLET 85-500 MG	Tier 4	PA; QL (9 EA per 30 days)
TRUDHESA NASAL SPRAY, NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML)	Tier 4	ST: Trial of TWO of the following: naratriptan, rizatriptan, or sumatriptan AND one of the following: almotriptan, eletriptan, frovatriptan, DHE spray, sumatriptan/zolmitriptan spray, or zolmitriptan ODT; QL (8 ML per 28 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	Tier 6	PA; SP; QL (8 EA per 30 days)
ZAVZPRET NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION	Tier 7	PA; SP; QL (6 EA per 30 days)
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML	Tier 4	ST: Trial of TWO of the following: naratriptan, rizatriptan, or sumatriptan AND one of the following: almotriptan, eletriptan, frovatriptan, DHE spray, sumatriptan/zolmitriptan spray, or zolmitriptan ODT; QL (4 ML per 28 days)
<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)

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

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

Drug	Status	Notes
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 42 MG	Tier 7	PA; SP; QL (300 EA per 30 days)
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	Tier 7	PA; SP; QL (300 EA per 30 days)
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HR 1.5 MG, 2.25 MG, 3 MG, 3.75 MG	Tier 4	PA
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	Tier 4	QL (30 EA per 30 days)
NOURIANZ ORAL TABLET 20 MG, 40 MG	Tier 4	PA
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	Tier 4	ST: Documentation of trial, intolerance or contraindication to TWO of the following is required: entacapone oral tablet, pramipexole oral tablet, ropinirole oral tablet, selegiline capsule or tablet.; QL (30 EA per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 258 MG, 322 MG/DAY(129 MG X1-193MG X1)	Tier 4	PA
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	Tier 2	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	Tier 3	PA
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	Tier 3	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	Tier 2	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	Tier 3	
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	Tier 4	
<i>selegiline hcl oral capsule 5 mg</i>	Tier 2	
<i>selegiline hcl oral tablet 5 mg</i>	Tier 2	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	Tier 4	
TASMAR ORAL TABLET 100 MG	Tier 4	PA; QL (90 EA per 30 days)
<i>tolcapone oral tablet 100 mg</i>	Tier 3	PA; QL (90 EA per 30 days)
XADAGO ORAL TABLET 100 MG, 50 MG	Tier 4	ST: Documentation of trial, intolerance or contraindication to TWO of the following is required: entacapone oral tablet, pramipexole oral tablet, ropinirole oral tablet, selegiline capsule or tablet.; QL (30 EA per 30 days)
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG	Tier 4	PA

Drug	Status	Notes
Decarboxylase Inhibitors		
<i>carbidopa oral tablet 25 mg</i>	Tier 3	
LODOSYN ORAL TABLET 25 MG	Tier 4	
Seizure Disorder		
Anticonvulsant - Benzodiazepine Type		
<i>clobazam oral suspension 2.5 mg/ml</i>	Tier 2	
<i>clobazam oral tablet 10 mg, 20 mg</i>	Tier 2	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2	
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 3	
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	Tier 3	QL (2 EA per 30 days)
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG	Tier 4	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	Tier 4	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	Tier 3	QL (4 EA per 30 days)
ONFI ORAL SUSPENSION 2.5 MG/ML	Tier 4	
ONFI ORAL TABLET 10 MG, 20 MG	Tier 4	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	Tier 4	PA
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	Tier 4	PA; QL (2 EA per 30 days)
Anticonvulsant - Cannabinoid Type		
EPIDIOLEX ORAL SOLUTION 100 MG/ML	Tier 6	PA; SP
Anticonvulsants		
APTIOM ORAL TABLET 200 MG, 400 MG	Tier 4	ST: Trial of TWO of the following is required: carbamazepine, gabapentin, lacosamide, oxcarbazepine, phenobarbital, phenytoin, pregabalin, or primidone; QL (30 EA per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	Tier 4	ST: Trial of TWO of the following is required: carbamazepine, gabapentin, lacosamide, oxcarbazepine, phenobarbital, phenytoin, pregabalin, or primidone; QL (60 EA per 30 days)
BANZEL ORAL SUSPENSION 40 MG/ML	Tier 4	PA
BANZEL ORAL TABLET 200 MG, 400 MG	Tier 4	PA
BRIVIACT ORAL SOLUTION 10 MG/ML	Tier 4	QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	Tier 4	QL (60 EA per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	Tier 2	
<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	

Drug	Status	Notes
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	Tier 4	
CELONTIN ORAL CAPSULE 300 MG	Tier 4	PA
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	Tier 4	
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG	Tier 4	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG	Tier 4	
DIACOMIT ORAL CAPSULE 250 MG	Tier 7	PA; SP; QL (90 EA per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	Tier 7	PA; SP; QL (180 EA per 30 days)
DIACOMIT ORAL POWDER IN PACKET 250 MG	Tier 7	PA; SP; QL (90 EA per 30 days)
DIACOMIT ORAL POWDER IN PACKET 500 MG	Tier 7	PA; SP; QL (180 EA per 30 days)
DILANTIN EXTENDED ORAL CAPSULE 100 MG	Tier 4	
DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG	Tier 4	
DILANTIN ORAL CAPSULE 30 MG	Tier 4	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	Tier 4	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	Tier 2	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	Tier 2	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	Tier 2	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG, 1,500 MG	Tier 4	PA
EPITOL ORAL TABLET 200 MG	Tier 2	
EPRONTIA ORAL SOLUTION 25 MG/ML	Tier 4	
<i>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	QL (720 ML per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 4	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	
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	

Drug	Status	Notes
LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG (21) -50 MG (7)	Tier 4	
LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK 50 MG (42) -100 MG (14)	Tier 4	
LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG(14)-50 MG (14)-100 MG (7)	Tier 4	
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	
<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	
<i>lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)</i>	Tier 3	
<i>levetiracetam oral solution 100 mg/ml</i>	Tier 2	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	Tier 2	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	Tier 2	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	Tier 4	QL (90 EA per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	Tier 4	QL (60 EA per 30 days)

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
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	Tier 4	
<i>phenytoin oral suspension 125 mg/5 ml</i>	Tier 2	
<i>phenytoin oral tablet,chewable 50 mg</i>	Tier 2	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	Tier 2	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	Tier 2	QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	Tier 2	QL (60 EA per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	Tier 2	QL (900 ML per 30 days)
<i>primidone oral tablet 125 mg, 250 mg, 50 mg</i>	Tier 2	
QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	Tier 4	PA
ROWEEPRA ORAL TABLET 500 MG	Tier 2	
<i>rufinamide oral suspension 40 mg/ml</i>	Tier 3	PA
<i>rufinamide oral tablet 200 mg, 400 mg</i>	Tier 3	PA
SABRIL ORAL POWDER IN PACKET 500 MG	Tier 7	PA; SP
SABRIL ORAL TABLET 500 MG	Tier 7	PA; SP
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	Tier 4	PA; QL (60 EA per 30 days)
SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	Tier 2	
SUBVENITE STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35)	Tier 3	
SUBVENITE STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14)	Tier 3	
SUBVENITE STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7)	Tier 3	
TEGRETOL ORAL SUSPENSION 100 MG/5 ML	Tier 4	
TEGRETOL ORAL TABLET 200 MG	Tier 4	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG	Tier 4	
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	Tier 3	PA
TOPAMAX ORAL CAPSULE, SPRINKLE 15 MG, 25 MG	Tier 4	

Drug	Status	Notes
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, 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 tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 2	
TRILEPTAL ORAL SUSPENSION 300 MG/5 ML (60 MG/ML)	Tier 4	
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG	Tier 4	
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 50 MG	Tier 4	PA
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	Tier 2	
<i>valproic acid oral capsule 250 mg</i>	Tier 2	
<i>vigabatrin oral powder in packet 500 mg</i>	Tier 6	PA; SP
<i>vigabatrin oral tablet 500 mg</i>	Tier 6	PA; SP
VIGADRONE ORAL POWDER IN PACKET 500 MG	Tier 6	PA; SP
VIGADRONE ORAL TABLET 500 MG	Tier 6	PA; SP
VIGAFYDE ORAL SOLUTION 100 MG/ML	Tier 7	PA; SP
VIGPODER ORAL POWDER IN PACKET 500 MG	Tier 6	PA; SP
VIMPAT ORAL SOLUTION 10 MG/ML	Tier 3	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 4	QL (60 EA per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	Tier 4	ST: Trial of TWO of the following is required: carbamazepine, gabapentin, lacosamide, oxcarbazepine, phenobarbital, phenytoin, pregabalin, or primidone; QL (56 EA per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 4	ST: Trial of TWO of the following is required: carbamazepine, gabapentin, lacosamide, oxcarbazepine, phenobarbital, phenytoin, pregabalin, or primidone; QL (30 EA per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	Tier 4	ST: Trial of TWO of the following is required: carbamazepine, gabapentin, lacosamide, oxcarbazepine, phenobarbital, phenytoin, pregabalin, or primidone; QL (60 EA per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14)- 25 MG (14), 50 MG (14)- 100 MG (14)	Tier 4	ST: Trial of TWO of the following is required: carbamazepine, gabapentin, lacosamide, oxcarbazepine, phenobarbital, phenytoin, pregabalin, or primidone; QL (28 EA per 180 days)
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 150 MG (14)- 200 MG (14)	Tier 4	ST: Trial of TWO of the following is required: carbamazepine, gabapentin, lacosamide, oxcarbazepine, phenobarbital, phenytoin, pregabalin, or primidone; QL (56 EA per 28 days)

Drug	Status	Notes
ZARONTIN ORAL CAPSULE 250 MG	Tier 4	
ZARONTIN ORAL SOLUTION 250 MG/5 ML	Tier 4	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	Tier 4	
ZONISADE ORAL SUSPENSION 100 MG/5 ML	Tier 4	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 2	
Neuroactive Steroid Gaba-A Receptor Modulator		
ZTALMY ORAL SUSPENSION 50 MG/ML	Tier 7	PA; SP
Skeletal Muscle Disorder		
Agents To Tx Periodic Paralysis - Carbon Anhyd Inh		
<i>dichlorphenamide oral tablet 50 mg</i>	Tier 6	PA; SP; QL (120 EA per 30 days)
KEVEYIS ORAL TABLET 50 MG	Tier 6	PA; SP; QL (120 EA per 30 days)
ORMALVI ORAL TABLET 50 MG	Tier 6	PA; SP; QL (120 EA per 30 days)
Retinoic Acid Receptor (Rar) Agonists		
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG	Tier 7	PA; SP
Skeletal Muscle Relaxants		
AMRIX ORAL CAPSULE,EXTENDED RELEASE 24HR 15 MG, 30 MG	Tier 4	ST: Documentation of trial, intolerance or contraindication to the following is required: cyclobenzaprine oral tablet.; QL (30 EA per 30 days)
<i>baclofen oral solution 10 mg/5 ml (2 mg/ml), 5 mg/5 ml</i>	Tier 3	
<i>baclofen oral suspension 25 mg/5 ml (5 mg/ml)</i>	Tier 3	PA
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 2	
<i>baclofen oral tablet 15 mg</i>	Tier 3	
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	Tier 2	
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg</i>	Tier 3	PA
<i>chlorzoxazone oral tablet 500 mg</i>	Tier 2	
<i>cyclobenzaprine oral capsule,extended release 24hr 15 mg, 30 mg</i>	Tier 3	ST: Documentation of trial, intolerance or contraindication to the following is required: cyclobenzaprine oral tablet.; QL (30 EA per 30 days)
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	Tier 2	
<i>cyclobenzaprine oral tablet 7.5 mg</i>	Tier 3	
DANTRIUM ORAL CAPSULE 25 MG	Tier 4	QL (90 EA per 30 days)
<i>dantrolene oral capsule 100 mg</i>	Tier 2	QL (120 EA per 30 days)
<i>dantrolene oral capsule 25 mg</i>	Tier 2	QL (90 EA per 30 days)
<i>dantrolene oral capsule 50 mg</i>	Tier 2	
FEXMID ORAL TABLET 7.5 MG	Tier 4	
FLEQSUVY ORAL SUSPENSION 25 MG/5 ML (5 MG/ML)	Tier 4	PA
LORZONE ORAL TABLET 375 MG, 750 MG	Tier 4	PA
LYVISPAH ORAL GRANULES IN PACKET 10 MG, 20 MG, 5 MG	Tier 4	PA
<i>metaxalone oral tablet 400 mg</i>	Tier 3	PA
<i>metaxalone oral tablet 800 mg</i>	Tier 3	
<i>methocarbamol injection solution 100 mg/ml</i>	Tier 2	
<i>methocarbamol oral tablet 1,000 mg</i>	Tier 3	PA
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	Tier 2	

Drug	Status	Notes
NORGESIC FORTE ORAL TABLET 50-770-60 MG	Tier 4	PA
NORGESIC ORAL TABLET 25-385-30 MG	Tier 3	PA
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	Tier 2	
<i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i>	Tier 3	PA
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG	Tier 3	PA
OZOBAX DS ORAL SOLUTION 10 MG/5 ML (2 MG/ML)	Tier 4	
OZOBAX ORAL SOLUTION 5 MG/5 ML	Tier 4	
ROBAXIN INJECTION SOLUTION 100 MG/ML	Tier 4	
SOMA ORAL TABLET 250 MG, 350 MG	Tier 4	
TANLOR ORAL TABLET 1,000 MG	Tier 3	PA
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i>	Tier 2	QL (180 EA per 30 days)
<i>tizanidine oral tablet 2 mg, 4 mg</i>	Tier 2	
VANADOM ORAL TABLET 350 MG	Tier 2	
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	Tier 4	QL (180 EA per 30 days)
ZANAFLEX ORAL TABLET 4 MG	Tier 4	
Smoking Cessation		
Smoking Deterrent Agents (Ganglionic Stim,Others)		
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i>	Tier 2	\$0 COPAY IF 18 YEARS OF AGE OR OLDER
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>	Tier 2	\$0 COPAY IF 18 YEARS OF AGE OR OLDER
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i>	Tier 2	\$0 COPAY IF 18 YEARS OF AGE OR OLDER
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	Tier 2	\$0 COPAY IF 18 YEARS OF AGE OR OLDER
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	Tier 2	\$0 COPAY IF 18 YEARS OF AGE OR OLDER
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	Tier 4	\$0 COPAY
QUIT 2 BUCCAL GUM 2 MG	Tier 2	\$0 COPAY IF 18 YEARS OF AGE OR OLDER
QUIT 2 BUCCAL LOZENGE 2 MG	Tier 2	\$0 COPAY IF 18 YEARS OF AGE OR OLDER
QUIT 4 BUCCAL GUM 4 MG	Tier 2	\$0 COPAY IF 18 YEARS OF AGE OR OLDER
QUIT 4 BUCCAL LOZENGE 4 MG	Tier 2	\$0 COPAY IF 18 YEARS OF AGE OR OLDER
STOP SMOKING AID BUCCAL LOZENGE 2 MG, 4 MG	Tier 2	\$0 COPAY IF 18 YEARS OF AGE OR OLDER
Smoking Deterrent-Nicotinic Recept.Partial Agonist		
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	Tier 3	\$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (60 EA per 30 days)
<i>varenicline tartrate oral tablets, dose pack 0.5 mg (11)-1 mg (42)</i>	Tier 3	\$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (60 EA per 30 days)
Smoking Deterrents, Other		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	Tier 2	\$0 COPAY IF 18 YEARS OF AGE OR OLDER
Upper Gastrointestinal Disorders - Digestive		
Gastric Enzymes		
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	Tier 7	PA; SP

Drug	Status	Notes
Pancreatic Enzymes		
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 - 30,000 UNIT	Tier 3	
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200-14,200- 24,600 UNIT	Tier 4	ST: Documentation of trial, intolerance or contraindication to the following is required: Creon oral capsule AND Zenpep oral capsule.
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,000-57,500- 60,500 UNIT, 24,000-86,250- 90,750 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT	Tier 4	ST: Documentation of trial, intolerance or contraindication to the following is required: Creon oral capsule AND Zenpep oral capsule.
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT	Tier 4	ST: Documentation of trial, intolerance or contraindication to the following is required: Creon oral capsule AND Zenpep oral capsule.
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000- 17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	Tier 3	
Upper Gastrointestinal Disorders - Spastic Disease		
Anticholinergics/Antispasmodics		
<i>dicyclomine oral capsule 10 mg</i>	Tier 2	
<i>dicyclomine oral solution 10 mg/5 ml</i>	Tier 2	
<i>dicyclomine oral tablet 20 mg</i>	Tier 2	
Belladonna Alkaloids		
ANASPAZ ORAL TABLET,DISINTEGRATING 0.125 MG	Tier 4	
ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG	Tier 2	
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i>	Tier 2	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>	Tier 2	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	Tier 2	
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i>	Tier 2	
<i>hyoscyamine sulfate oral tablet,disintegrating 0.125 mg</i>	Tier 2	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	Tier 2	
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 2	
OSCIMIN ORAL TABLET 0.125 MG	Tier 2	
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG	Tier 2	

Drug	Status	Notes
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG)	Tier 4	PA
SYMAX-SL SUBLINGUAL TABLET 0.125 MG	Tier 2	
SYMAX-SR ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG	Tier 2	
Upper Gastrointestinal Disorders - Ulcer Disease		
Anticholinergics,Quaternary Ammonium		
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	Tier 2	
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML)	Tier 4	
DARTISLA ORAL TABLET,DISINTEGRATING 1.7 MG	Tier 4	PA
GLYCATE ORAL TABLET 1.5 MG	Tier 4	PA
<i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i>	Tier 3	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier 2	
<i>glycopyrrolate oral tablet 1.5 mg</i>	Tier 3	PA
LIBRAX (WITH CLIDINIUM) ORAL CAPSULE 5-2.5 MG	Tier 4	
ROBINUL FORTE ORAL TABLET 2 MG	Tier 4	
ROBINUL ORAL TABLET 1 MG	Tier 4	
Anti-Ulcer Preparations		
CARAFATE ORAL SUSPENSION 100 MG/ML	Tier 4	
CARAFATE ORAL TABLET 1 GRAM	Tier 4	
CYTOTEC ORAL TABLET 100 MCG, 200 MCG	Tier 4	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	Tier 2	
<i>sucralfate oral suspension 100 mg/ml</i>	Tier 2	
<i>sucralfate oral tablet 1 gram</i>	Tier 2	
Anti-Ulcer-H.Pylori Agents		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	Tier 3	PA
<i>bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg</i>	Tier 3	PA
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40)	Tier 4	PA
PYLERA ORAL CAPSULE 140-125-125 MG	Tier 4	PA
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG	Tier 4	PA
VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84)	Tier 4	PA
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG	Tier 4	PA
Histamine H2-Receptor Inhibitors		
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	Tier 3	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	Tier 2	
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>	Tier 3	
<i>famotidine oral tablet 20 mg, 40 mg</i>	Tier 2	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	Tier 2	
PEPCID ORAL TABLET 20 MG, 40 MG	Tier 4	

Drug	Status	Notes
Intestinal Motility Stimulants		
GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY	Tier 4	PA; QL (9.8 ML per 28 days)
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	Tier 2	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	Tier 2	
MOTEGRITY ORAL TABLET 1 MG, 2 MG	Tier 4	ST: Documentation of trial, intolerance or contraindication to ONE of the following is required: polyethylene glycol 3350 powder, lactulose solution.; QL (30 EA per 30 days)
REGLAN ORAL TABLET 10 MG, 5 MG	Tier 4	
Potassium-Competitive Acid Blockers (Pcabs)		
VOQUEZNA ORAL TABLET 10 MG, 20 MG	Tier 4	PA
Proton-Pump Inhibitors		
ACIPHEX ORAL TABLET, DELAYED RELEASE (DR/EC) 20 MG	Tier 4	QL (30 EA per 30 days); Age (Max 17 Years)
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 10 MG, 5 MG	Tier 4	ST: Trial of ONE of the following is required: esomeprazole, lansoprazole, omeprazole, pantoprazole sodium, or rabeprazole; QL (30 EA per 30 days); Age (Max 17 Years)
DEXILANT ORAL CAPSULE, BIPHASE DELAYED RELEASE 30 MG, 60 MG	Tier 4	ST: Trial of ONE of the following is required: esomeprazole, lansoprazole, omeprazole, pantoprazole sodium, or rabeprazole; QL (30 EA per 30 days); Age (Max 17 Years)
<i>dexlansoprazole oral capsule, biphase delayed release 30 mg, 60 mg</i>	Tier 3	ST: Trial of ONE of the following is required: esomeprazole, lansoprazole, omeprazole, pantoprazole sodium, or rabeprazole; QL (30 EA per 30 days); Age (Max 17 Years)
<i>esomeprazole magnesium oral capsule, delayed release (dr/ec) 20 mg, 40 mg</i>	Tier 3	QL (30 EA per 30 days); Age (Max 17 Years)
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg, 40 mg</i>	Tier 3	ST: Trial of ONE of the following is required: esomeprazole, lansoprazole, omeprazole, pantoprazole sodium, or rabeprazole; QL (30 EA per 30 days); Age (Max 17 Years)
KONVOMEF ORAL SUSPENSION FOR RECONSTITUTION 2-84 MG/ML	Tier 4	PA; Age (Max 17 Years)
<i>lansoprazole oral capsule, delayed release (dr/ec) 15 mg, 30 mg</i>	Tier 2	QL (60 EA per 30 days); Age (Max 17 Years)
<i>lansoprazole oral tablet, disintegrat, delay rel 30 mg</i>	Tier 3	ST: Trial of ONE of the following is required: esomeprazole, lansoprazole, omeprazole, pantoprazole sodium, or rabeprazole; QL (60 EA per 30 days); Age (Max 17 Years)
NEXIUM ORAL CAPSULE, DELAYED RELEASE (DR/EC) 20 MG, 40 MG	Tier 4	QL (30 EA per 30 days); Age (Max 17 Years)
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG	Tier 4	ST: Trial of ONE of the following is required: esomeprazole, lansoprazole, omeprazole, pantoprazole sodium, or rabeprazole; QL (30 EA per 30 days); Age (Max 17 Years)
<i>omeprazole oral capsule, delayed release (dr/ec) 10 mg, 20 mg, 40 mg</i>	Tier 2	Age (Max 17 Years)
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram</i>	Tier 3	QL (30 EA per 30 days); Age (Max 17 Years)

Drug	Status	Notes
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	Tier 3	QL (60 EA per 30 days); Age (Max 17 Years)
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg, 40-1,680 mg</i>	Tier 3	PA; QL (30 EA per 30 days); Age (Max 17 Years)
<i>pantoprazole oral granules dr for susp in packet 40 mg</i>	Tier 3	ST: Trial of ONE of the following is required: esomeprazole, lansoprazole, omeprazole, pantoprazole sodium, or rabeprazole; QL (30 EA per 30 days); Age (Max 17 Years)
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i>	Tier 2	QL (30 EA per 30 days); Age (Max 17 Years)
PREVACID ORAL CAPSULE, DELAYED RELEASE (DR/EC) 30 MG	Tier 4	QL (60 EA per 30 days); Age (Max 17 Years)
PREVACID SOLUTAB ORAL TABLET, DISINTEGRAT, DELAY REL 15 MG, 30 MG	Tier 4	ST: Trial of ONE of the following is required: esomeprazole, lansoprazole, omeprazole, pantoprazole sodium, or rabeprazole; QL (60 EA per 30 days); Age (Max 17 Years)
PRIOSEC ORAL SUSP, DELAYED RELEASE FOR RECON 10 MG, 2.5 MG	Tier 4	ST: Trial of ONE of the following is required: esomeprazole, lansoprazole, omeprazole, pantoprazole sodium, or rabeprazole; QL (60 EA per 30 days); Age (Max 17 Years)
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	Tier 4	ST: Trial of ONE of the following is required: esomeprazole, lansoprazole, omeprazole, pantoprazole sodium, or rabeprazole; QL (30 EA per 30 days); Age (Max 17 Years)
PROTONIX ORAL TABLET, DELAYED RELEASE (DR/EC) 20 MG, 40 MG	Tier 4	QL (30 EA per 30 days); Age (Max 17 Years)
<i>rabeprazole oral capsule, delayed rel sprinkle 10 mg</i>	Tier 3	ST: Trial of ONE of the following is required: esomeprazole, lansoprazole, omeprazole, pantoprazole sodium, or rabeprazole; QL (30 EA per 30 days); Age (Max 17 Years)
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	Tier 3	QL (30 EA per 30 days); Age (Max 17 Years)
ZEGERID ORAL CAPSULE 20-1.1 MG-GRAM	Tier 4	QL (30 EA per 30 days); Age (Max 17 Years)
ZEGERID ORAL CAPSULE 40-1.1 MG-GRAM	Tier 4	QL (60 EA per 30 days); Age (Max 17 Years)
ZEGERID ORAL PACKET 20-1,680 MG, 40-1,680 MG	Tier 4	PA; QL (30 EA per 30 days); Age (Max 17 Years)
Urinary Tract - Functional Disorders		
Benign Prostatic Hypertrophy/Micturition Agents		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	Tier 2	
AVODART ORAL CAPSULE 0.5 MG	Tier 4	
<i>dutasteride oral capsule 0.5 mg</i>	Tier 2	
<i>finasteride oral tablet 5 mg</i>	Tier 2	
FLOMAX ORAL CAPSULE 0.4 MG	Tier 4	
PROSCAR ORAL TABLET 5 MG	Tier 4	
RAPAFLO ORAL CAPSULE 4 MG, 8 MG	Tier 4	
<i>silodosin oral capsule 4 mg, 8 mg</i>	Tier 3	
<i>tamsulosin oral capsule 0.4 mg</i>	Tier 2	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HR 10 MG	Tier 4	
Bph Agent-5-Alpha-Reductase Inh And Pde5 Inh Comb		
ENTADFI ORAL CAPSULE 5-5 MG	Tier 4	PA

Drug	Status	Notes
Bph Agents,5-Alpha-Red Inh & Alpha-1-Adr Antg Cmb		
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	Tier 3	PA
JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR 0.5-0.4 MG	Tier 4	PA
Cystine-Depleting Agents, Nephropathic Cystinosis		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	Tier 6	PA; SP
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG	Tier 7	PA; SP
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG	Tier 7	PA; SP
Endothelin-Angiotensin Receptor Antagonist		
FILSPARI ORAL TABLET 200 MG, 400 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
Kidney Stone Agents		
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG	Tier 7	SP; QL (60 EA per 30 days)
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 300 MG	Tier 7	SP; QL (90 EA per 30 days)
THIOLA ORAL TABLET 100 MG	Tier 6	SP
<i>tiopronin oral tablet 100 mg</i>	Tier 6	SP
<i>tiopronin oral tablet,delayed release (dr/ec) 100 mg</i>	Tier 6	SP; QL (60 EA per 30 days)
<i>tiopronin oral tablet,delayed release (dr/ec) 300 mg</i>	Tier 6	SP; QL (90 EA per 30 days)
VENXXIVA ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG	Tier 7	SP; QL (60 EA per 30 days)
VENXXIVA ORAL TABLET,DELAYED RELEASE (DR/EC) 300 MG	Tier 7	SP; QL (90 EA per 30 days)
Overactive Bladder Agents, Beta-3 Adrenergic Recep		
GEMTESA ORAL TABLET 75 MG	Tier 4	ST: Trial of TWO of the following is required: oxybutynin, oxybutynin ER, solifenacin, tolterodine, or trospium tablet; QL (30 EA per 30 days)
<i>mirabegron oral tablet extended release 24 hr 25 mg, 50 mg</i>	Tier 3	ST: Trial of TWO of the following is required: oxybutynin, oxybutynin ER, solifenacin, tolterodine, or trospium tablet; QL (30 EA per 30 days)
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML	Tier 4	ST: Trial of TWO of the following is required: oxybutynin, oxybutynin ER, solifenacin, tolterodine, or trospium tablet; QL (240 ML per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	Tier 4	ST: Trial of TWO of the following is required: oxybutynin, oxybutynin ER, solifenacin, tolterodine, or trospium tablet; QL (30 EA per 30 days)
Oxalosis Agent - Oxalate Inhibitor, Sirna Based		
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML)	Tier 7	PA; SP
RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML	Tier 7	PA; SP; QL (0.8 ML per 30 days)
RIVFLOZA SUBCUTANEOUS SYRINGE 160 MG/ML	Tier 7	PA; SP; QL (1 ML per 30 days)

Drug	Status	Notes
Polycystic Kidney Disease Agent, Avp Recep. Antag		
JYNARQUE ORAL TABLET 15 MG, 30 MG	Tier 7	PA; SP; QL (30 EA per 30 days)
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	Tier 7	PA; SP; QL (56 EA per 28 days)
Urinary Ph Modifiers		
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	
PHOSPHA 250 NEUTRAL ORAL TABLET 250 MG	Tier 2	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	Tier 2	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1,080 MG)	Tier 4	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ	Tier 4	
UROQID-ACID NO.2 ORAL TABLET 500-500 MG	Tier 4	
Urinary Tract Analgesic Agents		
ELMIRON ORAL CAPSULE 100 MG	Tier 3	
Urinary Tract Antispasmodic, M(3) Selective Antag.		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	Tier 3	ST: Trial of TWO of the following is required: oxybutynin, oxybutynin ER, solifenacin, tolterodine, or trospium tablet; QL (30 EA per 30 days)
<i>solifenacin oral tablet 10 mg, 5 mg</i>	Tier 2	QL (30 EA per 30 days)
VESICARE LS ORAL SUSPENSION 1 MG/ML	Tier 4	ST: Trial of TWO of the following is required: oxybutynin, oxybutynin ER, solifenacin, tolterodine, or trospium tablet; QL (300 ML per 30 days)
VESICARE ORAL TABLET 10 MG, 5 MG	Tier 4	QL (30 EA per 30 days)
Urinary Tract Antispasmodic/Antiincontinence Agent		
DETROL LA ORAL CAPSULE, EXTENDED RELEASE 24HR 2 MG, 4 MG	Tier 4	QL (30 EA per 30 days)
DETROL ORAL TABLET 1 MG, 2 MG	Tier 4	QL (60 EA per 30 days)
<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)

Drug	Status	Notes
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	
Vaginal Disorders		
Vaginal Antibiotics		
CLEOCIN VAGINAL CREAM 2 %	Tier 4	
CLEOCIN VAGINAL SUPPOSITORY 100 MG	Tier 4	
<i>clindamycin phosphate vaginal cream 2 %</i>	Tier 2	
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 %	Tier 4	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	Tier 2	
<i>metronidazole vaginal gel 1.3 % (65 mg/5 gram)</i>	Tier 3	
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM)	Tier 4	
VANAZOLE VAGINAL GEL 0.75 % (37.5MG/5 GRAM)	Tier 4	
XACIATO VAGINAL GEL 2 %	Tier 4	PA
Vaginal Antifungals		
GNAZOLE-1 VAGINAL CREAM 2 %	Tier 3	
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG	Tier 2	
<i>terconazole vaginal cream 0.4 %</i>	Tier 2	QL (45 GM per 30 days)
<i>terconazole vaginal cream 0.8 %</i>	Tier 2	QL (20 GM per 30 days)
<i>terconazole vaginal suppository 80 mg</i>	Tier 3	
Vaginal Estrogen For Sexual Dysfunction		
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	Tier 4	
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG	Tier 4	
Vaginal Estrogen Preparations		
ESTRACE VAGINAL CREAM 0.01 % (0.1 MG/GRAM)	Tier 4	
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	Tier 3	
<i>estradiol vaginal tablet 10 mcg</i>	Tier 2	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	Tier 3	QL (1 EA per 84 days)
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	Tier 3	QL (1 EA per 84 days)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	Tier 4	

Drug	Status	Notes
VAGIFEM VAGINAL TABLET 10 MCG	Tier 4	
YUVAFEM VAGINAL TABLET 10 MCG	Tier 2	
Vitamin And/Or Mineral Deficiency		
Fluoride Preparations		
CLINPRO 5000 DENTAL PASTE 1.1 %	Tier 2	
DENTA 5000 PLUS DENTAL CREAM 1.1 %	Tier 2	
DENTA 5000 PLUS SENSITIVE DENTAL PASTE 1.1-5 %	Tier 3	
DENTAGEL DENTAL GEL 1.1 %	Tier 2	
FLORIVA (FLUORIDE-VITAMIN D3) ORAL DROPS 0.25 MG (0.55 MG)-400 UNIT/ML	Tier 4	
<i>fluoride (sodium) dental cream 1.1 %</i>	Tier 2	
<i>fluoride (sodium) dental gel 1.1 %</i>	Tier 2	
<i>fluoride (sodium) dental paste 1.1 %</i>	Tier 3	
<i>fluoride (sodium) dental solution 0.2 %</i>	Tier 3	
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	Tier 2	\$0 COPAY IF 5 YEARS OF AGE OR YOUNGER
<i>fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride)</i>	Tier 3	\$0 COPAY IF 5 YEARS OF AGE OR YOUNGER
<i>fluoride (sodium) oral tablet,chewable 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	Tier 2	\$0 COPAY IF 5 YEARS OF AGE OR YOUNGER
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 %	Tier 3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 %	Tier 3	
FRAICHE 5000 DENTAL GEL 1.1 %	Tier 4	
FRAICHE 5000 PREVI DENTAL GEL 1.1-3 %	Tier 3	
FRAICHE 5000 SENSITIVE DENTAL GEL 1.1-4.5 %	Tier 3	
JUST RIGHT 5000 DENTAL PASTE 1.1 %	Tier 3	
LUDENT FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG(0.55 MG SOD. FLUORIDE)	Tier 3	\$0 COPAY IF 5 YEARS OF AGE OR YOUNGER
LUDENT FLUORIDE ORAL TABLET,CHEWABLE 0.5 MG (1.1 MG SODIUM FLUORID), 1 MG (2.2 MG SOD. FLUORIDE)	Tier 2	\$0 COPAY IF 5 YEARS OF AGE OR YOUNGER
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 %	Tier 4	
PREVIDENT 5000 DRY MOUTH DENTAL PASTE 1.1 %	Tier 4	
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE 1.1-5 %	Tier 4	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 %	Tier 4	
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 %	Tier 4	
PREVIDENT 5000 SENSITIVE DENTAL PASTE 1.1-5 %	Tier 4	
PREVIDENT DENTAL GEL 1.1 %	Tier 4	
PREVIDENT DENTAL SOLUTION 0.2 %	Tier 4	
PREVIDENT KIDS DENTAL PASTE 1.1 %	Tier 4	
SF 5000 PLUS DENTAL CREAM 1.1 %	Tier 2	
SF DENTAL GEL 1.1 %	Tier 2	

Drug	Status	Notes
SODIUM FLUORIDE 5000 DRY MOUTH DENTAL PASTE 1.1 %	Tier 3	
SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 %	Tier 2	
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i>	Tier 3	
Folic Acid Preparations		
<i>folic acid oral tablet 1 mg</i>	Tier 2	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	Tier 3	\$0 COPAY IF 12-59 YEARS OF AGE
Multivitamin Preparations		
CONCEPT OB ORAL CAPSULE 85-1 MG	Tier 4	
FOLIVANE-OB ORAL CAPSULE 85-1 MG	Tier 2	
PRENATAL-U ORAL CAPSULE 106.5-1 MG	Tier 2	
Pediatric Vitamin Preparations		
MULTI-VIT WITH FLUORIDE-IRON ORAL DROPS 0.25MG FLUORIDE -10 MG IRON/ML	Tier 2	
MULTI-VITAMIN WITH FLUORIDE ORAL DROPS 0.25 MG/ML, 0.5 MG/ML	Tier 2	
MULTI-VITAMIN WITH FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG, 0.5 MG, 1 MG	Tier 2	
MVC-FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG, 0.5 MG, 1 MG	Tier 2	
TRI-VITAMIN WITH FLUORIDE ORAL DROPS 0.25 MG FLUOR. (0.55 MG)/ML, 0.5 MG FLUORIDE (1.1 MG)/ML	Tier 2	
TRI-VITE WITH FLUORIDE ORAL DROPS 0.25 MG FLUOR. (0.55 MG)/ML, 0.5 MG FLUORIDE (1.1 MG)/ML	Tier 2	
VITAMINS A,C,D AND FLUORIDE ORAL DROPS 0.25 MG FLUOR. (0.55 MG)/ML, 0.5 MG FLUORIDE (1.1 MG)/ML	Tier 2	
Prenatal Vitamin Preparations		
MARNATAL-F ORAL CAPSULE 60 MG IRON-1 MG	Tier 2	
M-NATAL PLUS ORAL TABLET 27 MG IRON- 1 MG	Tier 2	
MYNATAL ORAL CAPSULE 65 MG IRON- 1 MG	Tier 2	
MYNATAL PLUS ORAL TABLET 65 MG IRON- 1 MG	Tier 2	
MYNATAL-Z ORAL TABLET 65 MG IRON- 1 MG	Tier 2	
OB COMPLETE ONE ORAL CAPSULE 40-10-1-300 MG	Tier 4	
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG	Tier 4	
PRENATA ORAL TABLET,CHEWABLE 29 MG IRON-1 MG	Tier 2	
PRENATABS FA ORAL TABLET 29-1 MG	Tier 2	
PRENATAL 19 ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	Tier 2	
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG	Tier 2	
PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG	Tier 2	

Drug	Status	Notes
PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET 27 MG IRON- 1 MG	Tier 2	
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG	Tier 2	
SELECT-OB (FOLIC ACID) ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	Tier 2	
SELECT-OB ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	Tier 2	
SE-NATAL 19 CHEWABLE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	Tier 2	
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG	Tier 2	
TRICARE ORAL TABLET 27 MG IRON- 1 MG	Tier 4	
TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG	Tier 4	
TRINATE ORAL TABLET 28 MG IRON- 1 MG	Tier 2	
VITAFOL-OB ORAL TABLET 65-1 MG	Tier 4	
VITAFOL-ONE ORAL CAPSULE 29 MG IRON- 1 MG-200 MG	Tier 4	
WESTAB PLUS ORAL TABLET 27 MG IRON- 1 MG	Tier 2	
Vitamin B12 Preparations		
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	Tier 2	
<i>cyanocobalamin (vitamin b-12) nasal spray,non-aerosol 500 mcg/spray</i>	Tier 3	PA
DODEX INJECTION SOLUTION 1,000 MCG/ML	Tier 2	
NASCOBAL NASAL SPRAY,NON-AEROSOL 500 MCG/SPRAY	Tier 4	PA
Vitamin D Preparations		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Tier 2	
<i>calcitriol oral solution 1 mcg/ml</i>	Tier 2	
<i>cholecalciferol (vitamin d3) oral capsule 1,250 mcg (50,000 unit), 125 mcg (5,000 unit)</i>	Tier 2	
<i>cholecalciferol (vitamin d3) oral tablet 125 mcg (5,000 unit), 50 mcg (2,000 unit)</i>	Tier 2	
DECARA ORAL CAPSULE 1,250 MCG (50,000 UNIT)	Tier 2	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	Tier 2	
OPTIMAL D3 ORAL CAPSULE 1,250 MCG (50,000 UNIT)	Tier 2	
ROCALTROL ORAL SOLUTION 1 MCG/ML	Tier 4	
VITAMIN D2 ORAL CAPSULE 1,250 MCG (50,000 UNIT)	Tier 2	
VITAMIN D3 ORAL TABLET 125 MCG (5,000 UNIT), 50 MCG (2,000 UNIT)	Tier 2	
Weight Reduction		
Anti-Obesity Glucagon-Like Peptide-1 Receptor Agonist		
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML, 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	Tier 4	PA

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