

## State of Colorado Cigna Drug Search

### Table of Contents

Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant	3
Allergenic Extracts/Biologicals Misc	5
Alternative Medicines	6
Amebicides	6
Aminoglycosides	6
Analgesics - Anti-Inflammatory	7
Analgesics - Nonnarcotic	9
Analgesics - Opioid	12
Androgens-Anabolic	15
Anorectal Agents	16
Anthelmintics	16
Antianginal Agents	16
Antianxiety Agents	17
Antiarrhythmics	17
Antiasthmatic And Bronchodilator Agents	18
Anticoagulants	20
Anticonvulsants	22
Antidepressants	25
Antidiabetics	27
Antidiarrheal/Probiotic Agents	31
Antidotes And Specific Antagonists	31
Antiemetics	31
Antifungals	32
Antihistamines	33
Antihyperlipidemics	33
Antihypertensives	35
Anti-Infective Agents - Misc	37
Antimalarials	38
Antimyasthenic/Cholinergic Agents	39
Antimycobacterial Agents	39
Antineoplastics And Adjunctive Therapies	39
Antiparkinson And Related Therapy Agents	50
Antipsychotics/Antimanic Agents	51
Antiseptics & Disinfectants	55
Antivirals	55
Beta Blockers	58
Calcium Channel Blockers	59
Cardiotonics	60
Cardiovascular Agents - Misc	60
Cephalosporins	62
Chemicals	63
Contraceptives	63
Corticosteroids	69

Cough/Cold/Allergy .....	70
Dermatologicals .....	71
Diagnostic Products .....	88
Dietary Products/Dietary Management Products .....	88
Digestive Aids .....	88
Diuretics .....	89
Endocrine And Metabolic Agents - Misc. ....	89
Estrogens .....	94
Fluoroquinolones .....	95
Gastrointestinal Agents - Misc. ....	95
General Anesthetics .....	97
Genitourinary Agents - Miscellaneous .....	98
Gout Agents .....	99
Hematological Agents - Misc. ....	99
Hematopoietic Agents .....	103
Hemostatics .....	106
Hypnotics/Sedatives/Sleep Disorder Agents .....	107
Laxatives .....	108
Local Anesthetics-Parenteral .....	109
Macrolides .....	109
Medical Devices And Supplies .....	109
Migraine Products .....	129
Minerals & Electrolytes .....	130
Miscellaneous Therapeutic Classes .....	131
Mouth/Throat/Dental Agents .....	134
Multivitamins .....	135
Musculoskeletal Therapy Agents .....	140
Nasal Agents - Systemic And Topical .....	141
Neuromuscular Agents .....	142
Nutrients .....	142
Ophthalmic Agents .....	143
Otic Agents .....	148
Oxytocics .....	149
Passive Immunizing And Treatment Agents .....	149
Penicillins .....	150
Pharmaceutical Adjuvants .....	150
Progestins .....	154
Psychotherapeutic And Neurological Agents - Misc. ....	154
Respiratory Agents - Misc. ....	161
Sulfonamides .....	161
Tetracyclines .....	162
Thyroid Agents .....	162
Toxoids .....	163
Ulcer Drugs/Antispasmodics/Anticholinergics .....	163
Urinary Antispasmodics .....	164
Vaccines .....	165
Vaginal Products .....	167
Vasopressors .....	168
Vitamins .....	168

Drug	Status	Notes
<b>Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant</b>		
<b>Amphetamines</b>		
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	Tier 1	PA
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>amphetamine-dextroamphetamine 3-bead oral capsule extended release 24 hour 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>dextroamphetamine sulfate oral capsule extended release 24 hour 10 mg, 5 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>dextroamphetamine sulfate oral capsule extended release 24 hour 15 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	Tier 1	QL (1800 ML per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 15 mg</i>	Tier 1	ST; QL (3 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 2.5 mg, 7.5 mg</i>	Tier 1	TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (3 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 20 mg, 30 mg</i>	Tier 1	ST; QL (2 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	Tier 1	QL (3 EA per 1 day)
DYANAVAL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML	Tier 3	ST; QL (240 ML per 30 days)
DYANAVAL XR ORAL TABLET EXTENDED RELEASE 10 MG, 15 MG, 20 MG, 5 MG	Tier 3	ST; QL (1 EA per 1 day)
<i>lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	Tier 1	QL (1 EA per 1 day)
PROCENTRA ORAL SOLUTION 5 MG/5ML	Tier 1	QL (1800 ML per 30 days)
ZENZEDI ORAL TABLET 7.5 MG	Tier 3	
<b>Analeptics</b>		
<i>caffeine citrate oral solution 20 mg/ml, 60 mg/3ml</i>	Tier 1	
<b>Anorexiant Non-Amphetamine</b>		
<i>benzphetamine hcl oral tablet 50 mg</i>	Tier 1	QL (3 EA per 1 day); AGE (Min 18 Years)
<i>diethylpropion hcl oral tablet extended release 24 hour 75 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>diethylpropion hcl oral tablet 25 mg</i>	Tier 1	QL (3 EA per 1 day); AGE (Min 18 Years)
LOMAIRA ORAL TABLET 8 MG	Tier 3	QL (3 EA per 1 day); AGE (Min 18 Years)
<i>phendimetrazine tartrate oral tablet 35 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Min 18 Years)
<i>phentermine hcl oral capsule 15 mg, 30 mg, 37.5 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>phentermine hcl oral tablet 37.5 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 18 Years)
<b>Anti-Obesity Agents</b>		
ALLI ORAL CAPSULE 60 MG	Tier 3	
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML	Specialty	PA

Drug	Status	Notes
<i>orlistat oral capsule 120 mg</i>	Tier 1	PA
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	Tier 2	PA
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML, 1.7 MG/0.75ML, 2.4 MG/0.75ML	Tier 2	PA
XENICAL ORAL CAPSULE 120 MG	Tier 3	PA
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	Tier 2	PA
<b>Attention-Deficit/Hyperactivity Disorder (Adhd) Agents</b>		
<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	Tier 1	
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	
ONYDA XR ORAL SUSPENSION EXTENDED RELEASE 0.1 MG/ML	Tier 3	ST; QL (4 ML per 1 day); AGE (Min 6 Years)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG	Tier 3	ST; QL (1 EA per 1 day); AGE (Min 6 Years)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG	Tier 3	ST; QL (2 EA per 1 day); AGE (Min 6 Years)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	Tier 3	ST; QL (3 EA per 1 day); AGE (Min 6 Years)
<b>Dopamine And Norepinephrine Reuptake Inhibitors (Dnris)</b>		
SUNOSI ORAL TABLET 150 MG, 75 MG	Tier 3	PA
<b>Histamine H3-Receptor Antagonist/Inverse Agonists</b>		
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	Specialty	PA
<b>Stimulants - Misc.</b>		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>armodafinil oral tablet 50 mg</i>	Tier 1	QL (3 EA per 1 day)
AZSTARYS ORAL CAPSULE 26.1-5.2 MG, 39.2-7.8 MG, 52.3-10.4 MG	Tier 2	TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (1 EA per 1 day)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (2 EA per 1 day)
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG	Tier 1	QL (1 EA per 1 day)

Drug	Status	Notes
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 20 MG, 40 MG, 60 MG, 80 MG	Tier 2	TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (1 EA per 1 day)
METADATE CD ORAL CAPSULE EXTENDED RELEASE 50 MG	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl er (cd) oral capsule extended release 30 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 60 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	Tier 1	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>methylphenidate transdermal patch 10 mg/9hr, 15 mg/9hr, 20 mg/9hr, 30 mg/9hr</i>	Tier 1	ST; QL (1 EA per 1 day)
<i>modafinil oral tablet 100 mg, 200 mg</i>	Tier 1	QL (2 EA per 1 day)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 40 MG	Tier 3	ST; QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 30 MG	Tier 3	ST; QL (2 EA per 1 day)
QUILLIVANT XR SUSPENSION RECONSTITUTED ER 25 MG/5ML ORAL	Tier 3	ST; 120mL BOTTLE; QL (240 ML per 30 days)
QUILLIVANT XR SUSPENSION RECONSTITUTED ER 25 MG/5ML ORAL	Tier 3	ST; 150mL BOTTLE; QL (300 ML per 30 days)
QUILLIVANT XR SUSPENSION RECONSTITUTED ER 25 MG/5ML ORAL	Tier 3	ST; 180mL BOTTLE; QL (360 ML per 30 days)
QUILLIVANT XR SUSPENSION RECONSTITUTED ER 25 MG/5ML ORAL	Tier 3	ST; 60mL BOTTLE; QL (60 ML per 30 days)
<b>Allergenic Extracts/Biologicals Misc</b>		
<b>Allergenic Extracts</b>		
<i>dandelion subcutaneous solution 1:20</i>	Tier 3	
GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU	Tier 2	PA
ODACTRA SUBLINGUAL TABLET SUBLINGUAL 12 SQ-HDM	Tier 2	PA

Drug	Status	Notes
ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR	Tier 2	PA
PALFORZIA (12 MG DAILY DOSE) ORAL 2 X 1 MG & 10 MG	Specialty	PA
PALFORZIA (120 MG DAILY DOSE) ORAL 20 MG & 100 MG	Specialty	PA
PALFORZIA (160 MG DAILY DOSE) ORAL 3 X 20 MG & 100 MG	Specialty	PA
PALFORZIA (20 MG DAILY DOSE) ORAL 20 MG	Specialty	PA
PALFORZIA (200 MG DAILY DOSE) ORAL 2 X 100 MG	Specialty	PA
PALFORZIA (240 MG DAILY DOSE) ORAL 2 X 20 MG & 2 X 100 MG	Specialty	PA
PALFORZIA (3 MG DAILY DOSE) ORAL 3 X 1 MG	Specialty	PA
PALFORZIA (300 MG MAINTENANCE) ORAL PACKET 300 MG	Specialty	PA
PALFORZIA (300 MG TITRATION) ORAL PACKET 300 MG	Specialty	PA
PALFORZIA (40 MG DAILY DOSE) ORAL 2 X 20 MG	Specialty	PA
PALFORZIA (6 MG DAILY DOSE) ORAL 6 X 1 MG	Specialty	PA
PALFORZIA (80 MG DAILY DOSE) ORAL 4 X 20 MG	Specialty	PA
PALFORZIA INITIAL ESCALATION ORAL 0.5 & 1 & 1.5 & 3 & 6 MG	Specialty	PA
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U	Tier 2	PA
<b>Alternative Medicines</b>		
<b>Alternative Medicine - M's</b>		
MELATOL PEDIATRIC SLEEP/CALM ORAL LIQUID 1 MG/ML	Tier 1	
<b>Alternative Medicine - P's</b>		
EC-RX DHEA EXTERNAL CREAM 10 %, 4 %	Tier 3	
<b>Amebicides</b>		
<b>Amebicides</b>		
SOLOSEC ORAL PACKET 2 GM	Tier 3	ST; QL (1 EA per 30 days)
<b>Aminoglycosides</b>		
<b>Aminoglycosides</b>		
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML	Specialty	PA
HUMATIN ORAL CAPSULE 250 MG	Tier 3	
KITABIS PAK INHALATION NEBULIZATION SOLUTION 300 MG/5ML	Specialty	PA
<i>neomycin sulfate oral tablet 500 mg</i>	Tier 1	
TOBI PODHALER INHALATION CAPSULE 28 MG	Specialty	PA
<i>tobramycin inhalation nebulization solution 300 mg/4ml, 300 mg/5ml</i>	Specialty	PA
<i>tobramycin pak inhalation nebulization solution 300 mg/5ml</i>	Specialty	PA

Drug	Status	Notes
<b>Analgesics - Anti-Inflammatory</b>		
<b>Antirheumatic - Enzyme Inhibitors</b>		
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	Specialty	PA
RINVOQ LQ ORAL SOLUTION 1 MG/ML	Specialty	PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG	Specialty	PA
XELJANZ ORAL SOLUTION 1 MG/ML	Specialty	PA
XELJANZ ORAL TABLET 10 MG, 5 MG	Specialty	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	Specialty	PA
<b>Antirheumatic Antimetabolites</b>		
<i>methotrexate (anti-rheumatic) oral tablet 2.5 mg</i>	Tier 1	
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	Tier 2	QL (1.6 ML per 28 days)
<b>Anti-Tnf-Alpha - Monoclonal Antibodies</b>		
<i>adalimumab-adaz subcutaneous solution auto-injector 40 mg/0.4ml</i>	Specialty	PA
<i>adalimumab-adaz subcutaneous solution prefilled syringe 40 mg/0.4ml</i>	Specialty	PA
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML	Specialty	PA
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	Specialty	PA
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	Specialty	PA
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	Specialty	PA
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	Specialty	PA
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	Specialty	PA
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML	Specialty	PA
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML	Specialty	PA
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML	Specialty	PA
<b>Gold Compounds</b>		
RIDAURA ORAL CAPSULE 3 MG	Tier 3	
<b>Interleukin-1 Blockers</b>		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	Specialty	PA
<b>Interleukin-1 Receptor Antagonist (IL-1Ra)</b>		
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	Specialty	PA



Drug	Status	Notes
<b>Interleukin-1Beta Blockers</b>		
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML	Specialty	PA
<b>Interleukin-6 Receptor Inhibitors</b>		
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML	Specialty	PA
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML	Specialty	PA
TYENNE INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML	Specialty	PA
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	Specialty	PA
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	Specialty	PA
<b>Nonsteroidal Anti-Inflammatory Agents (Nsaids)</b>		
CELEBREX ORAL CAPSULE 100 MG, 200 MG	Tier 1	
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	Tier 1	
<i>diclofenac potassium oral tablet 50 mg</i>	Tier 1	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	Tier 1	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>ec-naproxen oral tablet delayed release 375 mg</i>	Tier 1	
<i>etodolac oral capsule 200 mg, 300 mg</i>	Tier 1	
<i>etodolac oral tablet 400 mg, 500 mg</i>	Tier 1	
<i>flurbiprofen oral tablet 100 mg</i>	Tier 1	
IBU ORAL TABLET 400 MG, 600 MG, 800 MG	Tier 1	
<i>ibuprofen oral suspension 100 mg/5ml</i>	Tier 1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	Tier 1	
<i>indomethacin er oral capsule extended release 75 mg</i>	Tier 1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Tier 1	
<i>indomethacin rectal suppository 100 mg</i>	Tier 1	
<i>ketoprofen oral capsule 50 mg</i>	Tier 1	
<i>ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml</i>	Tier 1	
<i>ketorolac tromethamine intramuscular solution 30 mg/ml, 60 mg/2ml</i>	Tier 1	
<i>ketorolac tromethamine oral tablet 10 mg</i>	Tier 1	QL (4 EA per 1 day)
KIPROFEN ORAL CAPSULE 25 MG	Tier 3	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	Tier 1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	Tier 1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	Tier 1	
<i>naproxen oral tablet delayed release 375 mg</i>	Tier 1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	Tier 1	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	Tier 1	
PREVIDOLRX ANALGESIC COMBINATION THERAPY PACK 75-20-0.025 MG-MG-%	Tier 3	
<i>sulindac oral tablet 150 mg, 200 mg</i>	Tier 1	



Drug	Status	Notes
TORONOVA II SUIK COMBINATION KIT 30 MG/ML	Tier 3	
TORONOVA SUIK COMBINATION KIT 30 MG/ML	Tier 3	
<b>Phosphodiesterase 4 (Pde4) Inhibitors</b>		
OTEZLA ORAL TABLET 20 MG, 30 MG	Specialty	PA
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 MG	Specialty	PA
<b>Pyrimidine Synthesis Inhibitors</b>		
<i>leflunomide oral tablet 10 mg, 20 mg</i>	Tier 1	
<b>Selective Costimulation Modulators</b>		
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML	Specialty	PA
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	Specialty	PA
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML	Specialty	PA
<b>Soluble Tumor Necrosis Factor Receptor Agents</b>		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	Specialty	PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	Specialty	PA
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	Specialty	PA
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	Specialty	PA
<b>Analgesics - Nonnarcotic</b>		
<b>Analgesic Combinations</b>		
BAC ORAL TABLET 50-325-40 MG	Tier 1	
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	Tier 1	
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	Tier 1	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	Tier 1	
TENCON ORAL TABLET 50-325 MG	Tier 3	
<b>Analgesics Other</b>		
LOTREXONE ORAL CAPSULE 1.5 MG, 4.5 MG	Tier 3	
NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG	Tier 3	
<b>Analgesics-Peptide Channel Blockers</b>		
PRIALT INTRATHECAL SOLUTION 100 MCG/ML, 500 MCG/20ML, 500 MCG/5ML	Specialty	
<b>Salicylates</b>		
<i>aspirin 81 oral tablet chewable 81 mg</i>	\$0	
<i>aspirin 81 oral tablet delayed release 81 mg</i>	\$0	
<i>aspirin adult low dose oral tablet delayed release 81 mg</i>	\$0	
<i>aspirin adult low strength oral tablet delayed release 81 mg</i>	\$0	
<i>aspirin childrens oral tablet chewable 81 mg</i>	\$0	
<i>aspirin ec adult low dose oral tablet delayed release 81 mg</i>	\$0	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>aspirin ec adult low strength oral tablet delayed release 81 mg</i>	\$0	
<i>aspirin ec low dose oral tablet delayed release 81 mg</i>	\$0	
<i>aspirin ec low strength oral tablet delayed release 81 mg</i>	\$0	
<i>aspirin low dose oral tablet chewable 81 mg</i>	\$0	
<i>aspirin low dose oral tablet delayed release 81 mg</i>	\$0	
<i>aspirin oral tablet 325 mg</i>	\$0	
<i>aspirin oral tablet chewable 81 mg</i>	\$0	
<i>aspirin oral tablet delayed release 325 mg, 81 mg</i>	\$0	
<i>aspirin regimen oral tablet delayed release 81 mg</i>	\$0	
BAYER ADVANCED ASPIRIN REG ST ORAL TABLET 325 MG	\$0	
BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG	\$0	
BAYER ASPIRIN ORAL TABLET 325 MG	\$0	
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG	\$0	
BAYER ASPIRIN REGIMEN ORAL TABLET DELAYED RELEASE 325 MG	\$0	
BAYER LOW DOSE ORAL TABLET CHEWABLE 81 MG	\$0	
BAYER LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG	\$0	
<i>childrens aspirin oral tablet chewable 81 mg</i>	\$0	
<i>cvs aspirin adult low dose oral tablet chewable 81 mg</i>	\$0	
<i>cvs aspirin adult low strength oral tablet delayed release 81 mg</i>	\$0	
<i>cvs aspirin ec oral tablet delayed release 81 mg</i>	\$0	
<i>cvs aspirin low dose oral tablet delayed release 81 mg</i>	\$0	
<i>cvs aspirin low strength oral tablet delayed release 81 mg</i>	\$0	
<i>cvs aspirin oral tablet 325 mg</i>	\$0	
<i>cvs aspirin oral tablet delayed release 325 mg</i>	\$0	
<i>cvs genuine aspirin oral tablet 325 mg</i>	\$0	
<i>diflunisal oral tablet 500 mg</i>	Tier 1	
ECOTRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG	\$0	
<i>eq aspirin adult low dose oral tablet delayed release 81 mg</i>	\$0	
<i>eq aspirin low dose oral tablet chewable 81 mg</i>	\$0	
<i>eq aspirin oral tablet 325 mg</i>	\$0	
<i>eql aspirin ec oral tablet delayed release 325 mg</i>	\$0	
<i>eql aspirin low dose oral tablet chewable 81 mg</i>	\$0	
<i>eql aspirin low dose oral tablet delayed release 81 mg</i>	\$0	
<i>ft aspirin low dose oral tablet delayed release 81 mg</i>	\$0	
<i>ft aspirin oral tablet 325 mg</i>	\$0	
<i>ft aspirin oral tablet chewable 81 mg</i>	\$0	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>ft enteric coated aspirin oral tablet delayed release 325 mg</i>	\$0	
<i>genuine aspirin oral tablet 325 mg</i>	\$0	
<i>gnp adult aspirin low strength oral tablet chewable 81 mg</i>	\$0	
<i>gnp aspirin low dose oral tablet delayed release 81 mg</i>	\$0	
<i>gnp aspirin oral tablet 325 mg</i>	\$0	
<i>gnp aspirin oral tablet delayed release 325 mg, 81 mg</i>	\$0	
<i>goodsense aspirin low dose oral tablet delayed release 81 mg</i>	\$0	
<i>goodsense aspirin oral tablet 325 mg</i>	\$0	
<i>goodsense aspirin oral tablet chewable 81 mg</i>	\$0	
<i>h-e-b aspirin oral tablet delayed release 81 mg</i>	\$0	
<i>kls aspirin low dose oral tablet delayed release 81 mg</i>	\$0	
<i>kp aspirin oral tablet delayed release 81 mg</i>	\$0	
MEDI-FIRST ASPIRIN ORAL TABLET 325 MG	\$0	
MEDIQUE ASPIRIN ORAL TABLET 325 MG	\$0	
<i>meijer aspirin ec oral tablet delayed release 325 mg</i>	\$0	
<i>mm aspirin oral tablet delayed release 81 mg</i>	\$0	
<i>qc aspirin low dose oral tablet chewable 81 mg</i>	\$0	
<i>qc aspirin low dose oral tablet delayed release 81 mg</i>	\$0	
<i>qc aspirin oral tablet 325 mg</i>	\$0	
<i>qc aspirin oral tablet delayed release 325 mg</i>	\$0	
<i>qc childrens aspirin oral tablet chewable 81 mg</i>	\$0	
<i>qc enteric aspirin oral tablet delayed release 325 mg</i>	\$0	
<i>ra aspirin adult low dose oral tablet chewable 81 mg</i>	\$0	
<i>ra aspirin adult low strength oral tablet chewable 81 mg</i>	\$0	
<i>ra aspirin childrens oral tablet chewable 81 mg</i>	\$0	
<i>ra aspirin ec adult low st oral tablet delayed release 81 mg</i>	\$0	
<i>ra aspirin ec oral tablet delayed release 325 mg, 81 mg</i>	\$0	
<i>ra aspirin oral tablet 325 mg</i>	\$0	
<i>ra pain relief aspirin oral tablet 325 mg</i>	\$0	
<i>sb aspirin ec oral tablet delayed release 325 mg</i>	\$0	
<i>sb aspirin oral tablet 325 mg</i>	\$0	
<i>sb childrens aspirin oral tablet chewable 81 mg</i>	\$0	
<i>sb low dose asa ec oral tablet delayed release 81 mg</i>	\$0	
<i>sm aspirin adult low strength oral tablet delayed release 81 mg</i>	\$0	
<i>sm aspirin ec low strength oral tablet delayed release 81 mg</i>	\$0	
<i>sm aspirin ec oral tablet delayed release 325 mg</i>	\$0	
<i>sm aspirin low dose oral tablet chewable 81 mg</i>	\$0	
<i>sm aspirin low dose oral tablet delayed release 81 mg</i>	\$0	

Drug	Status	Notes
ST JOSEPH ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG	\$0	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG	\$0	
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG	\$0	
<b>Analgesics - Opioid</b>		
<b>Opioid Agonists</b>		
<i>codeine sulfate oral tablet 30 mg</i>	Tier 1	QL (12 EA per 1 day); AGE (Min 12 Years)
DEMEROL INJECTION SOLUTION 75 MG/ML	Tier 3	
DSUVIA SUBLINGUAL TABLET SUBLINGUAL 30 MCG	Tier 3	PA
<i>fentanyl citrate buccal lozenge on a handle 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	Tier 1	PA
<i>fentanyl citrate intravenous solution 1500 mcg/30ml</i>	Tier 3	
<i>fentanyl citrate-nacl intravenous solution prefilled syringe 500-0.9 mcg/50ml-%</i>	Tier 3	
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	Tier 1	PA; ST
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 120 mg</i>	Tier 1	ST; QL (1 EA per 1 day)
<i>hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 32 mg, 8 mg</i>	Tier 1	PA
<i>hydromorphone hcl injection solution 1 mg/ml</i>	Tier 3	
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	Tier 1	
<i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>	Tier 1	
<i>hydromorphone hcl rectal suppository 3 mg</i>	Tier 1	
<i>hydromorphone hcl-nacl injection solution prefilled syringe 30-0.9 mg/30ml-%</i>	Tier 1	
<i>hydromorphone hcl-nacl intravenous solution 20-0.9 mg/100ml-%</i>	Tier 1	
<i>hydromorphone hcl-nacl intravenous solution prefilled syringe 30-0.9 mg/30ml-%</i>	Tier 1	
<i>levorphanol tartrate oral tablet 2 mg</i>	Tier 1	ST
<i>meperidine hcl injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	Tier 1	
<i>meperidine hcl oral solution 50 mg/5ml</i>	Tier 1	QL (30 ML per 1 day)
<i>meperidine hcl oral tablet 50 mg</i>	Tier 1	QL (6 EA per 1 day)
METHADONE HCL INTENSOL ORAL CONCENTRATE 10 MG/ML	Tier 1	QL (4 ML per 1 day)
<i>methadone hcl oral concentrate 10 mg/ml</i>	Tier 1	QL (4 ML per 1 day)
<i>methadone hcl oral solution 10 mg/5ml</i>	Tier 1	QL (20 ML per 1 day)
<i>methadone hcl oral solution 5 mg/5ml</i>	Tier 1	QL (40 ML per 1 day)
<i>methadone hcl oral tablet 10 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>methadone hcl oral tablet 5 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>methadone hcl oral tablet soluble 40 mg</i>	Tier 1	QL (1 EA per 1 day)
METHADOSE ORAL TABLET SOLUBLE 40 MG	Tier 1	QL (1 EA per 1 day)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	Tier 1	PA

Drug	Status	Notes
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 30 mg, 60 mg</i>	Tier 1	ST; QL (3 EA per 1 day)
<i>morphine sulfate intravenous solution 0.5 mg/ml</i>	Tier 1	
<i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>	Tier 1	
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	Tier 1	
<i>morphine sulfate rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
<i>morphine sulfate-nacl intravenous solution 100-0.9 mg/100ml-%, 50-0.9 mg/50ml-%, 500-0.9 mg/100ml-%</i>	Tier 3	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	Tier 3	ST; QL (2 EA per 1 day)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	Tier 3	QL (6 EA per 1 day)
<i>oxycodone hcl oral capsule 5 mg</i>	Tier 1	
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	Tier 1	PA
<i>oxycodone hcl oral solution 5 mg/5ml</i>	Tier 1	
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
<i>oxycodone hcl oral tablet abuse-deterrent 10 mg, 15 mg, 30 mg, 5 mg</i>	Tier 1	
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	Tier 2	ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (2 EA per 1 day)
<i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 1	ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (2 EA per 1 day)
<i>oxymorphone hcl er oral tablet extended release 12 hour 30 mg, 40 mg</i>	Tier 1	ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (4 EA per 1 day)
<i>oxymorphone hcl oral tablet 10 mg, 5 mg</i>	Tier 1	
QDOLO ORAL SOLUTION 5 MG/ML	Tier 3	PA
ROXYBOND ORAL TABLET ABUSE-DETERRENT 10 MG, 15 MG, 30 MG, 5 MG	Tier 3	
SYNAPRYN FUSEPAQ ORAL SUSPENSION RECONSTITUTED 10 MG/ML	Tier 3	
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour 100 mg</i>	Tier 1	ST; QL (3 EA per 1 day); AGE (Min 12 Years)
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour 200 mg, 300 mg</i>	Tier 1	ST; QL (1 EA per 1 day); AGE (Min 12 Years)
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg</i>	Tier 1	ST; QL (3 EA per 1 day); AGE (Min 12 Years)
<i>tramadol hcl er oral tablet extended release 24 hour 200 mg, 300 mg</i>	Tier 1	ST; QL (1 EA per 1 day); AGE (Min 12 Years)
<i>tramadol hcl oral solution 5 mg/ml</i>	Tier 1	PA
<i>tramadol hcl oral tablet 50 mg</i>	Tier 1	QL (8 EA per 1 day); AGE (Min 12 Years)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 9 MG	Tier 3	ST; QL (2 EA per 1 day)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 27 MG	Tier 3	ST; QL (4 EA per 1 day)

Drug	Status	Notes
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 36 MG	Tier 3	ST; QL (8 EA per 1 day)
<b>Opioid Combinations</b>		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	Tier 1	QL (150 ML per 1 day); AGE (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	Tier 1	QL (12 EA per 1 day); AGE (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Min 12 Years)
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG	Tier 3	ST; QL (12 EA per 1 day)
ASCOMP-CODEINE ORAL CAPSULE 50-325-40-30 MG	Tier 1	QL (6 EA per 1 day); AGE (Min 12 Years)
<i>benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg</i>	Tier 1	ST; QL (12 EA per 1 day)
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Min 12 Years)
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Min 12 Years)
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	Tier 1	QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	Tier 1	QL (184 ML per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg</i>	Tier 1	QL (13 EA per 1 day)
<i>hydrocodone-ibuprofen oral tablet 5-200 mg, 7.5-200 mg</i>	Tier 1	
<i>oxycodone-acetaminophen oral solution 5-325 mg/5ml</i>	Tier 1	QL (61 ML per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	Tier 1	QL (10 EA per 1 day); AGE (Min 12 Years)
<b>Opioid Partial Agonists</b>		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	Tier 3	ER/LA OPIOID REQUIRES RECENT TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (2 EA per 1 day)
BRIXADI (WEEKLY) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16 MG/0.32ML	Specialty	QL (0.32 ML per 5 days)
BRIXADI (WEEKLY) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 24 MG/0.48ML	Specialty	QL (0.48 ML per 5 days)
BRIXADI (WEEKLY) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 32 MG/0.64ML	Specialty	QL (0.64 ML per 5 days)
BRIXADI (WEEKLY) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 8 MG/0.16ML	Specialty	QL (0.16 ML per 5 days)
BRIXADI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.36ML	Specialty	QL (0.36 ML per 21 days)
BRIXADI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 64 MG/0.18ML	Specialty	QL (0.18 ML per 21 days)
BRIXADI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 96 MG/0.27ML	Specialty	QL (0.27 ML per 21 days)
<i>buprenorphine hcl buccal film 150 mcg, 300 mcg, 450 mcg, 600 mcg, 75 mcg, 750 mcg, 900 mcg</i>	Tier 1	ST; QL (2 EA per 1 day)



Drug	Status	Notes
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	Tier 1	
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 8-2 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	Tier 1	ST; QL (4 EA per 28 days)
<i>butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml</i>	Tier 1	
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	Tier 1	
<i>nalbuphine hcl injection solution 10 mg/ml, 20 mg/ml</i>	Tier 1	
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>	Tier 1	
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML, 300 MG/1.5ML	Specialty	PA
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	Tier 2	QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG	Tier 2	QL (2 EA per 1 day)
<b>Androgens-Anabolic</b>		
<b>Androgens</b>		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	Tier 1	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	Tier 1	PA
<i>ec-rx testosterone transdermal cream 0.2 %, 0.4 %, 10 %, 20 %</i>	Tier 3	
KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG	Tier 3	PA
<i>methitest oral tablet 10 mg</i>	Tier 3	PA
<i>methyltestosterone oral capsule 10 mg</i>	Tier 1	PA
<i>testosterone cypionate injection solution 200 mg/ml</i>	Tier 3	PA
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	Tier 1	PA
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	Tier 1	PA
<i>testosterone transdermal gel 1.62 %, 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	Tier 1	PA
<i>testosterone transdermal solution 30 mg/act</i>	Tier 1	PA
TLANDO ORAL CAPSULE 112.5 MG	Tier 3	PA
UNDECATREX ORAL CAPSULE 200 MG	Tier 3	PA
VOGELXO PUMP TRANSDERMAL GEL 12.5 MG/ACT (1%)	Tier 3	PA



Drug	Status	Notes
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	Tier 3	PA
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML	Tier 3	PA
<b>Anorectal Agents</b>		
<b>Intrarectal Steroids</b>		
CORTIFOAM EXTERNAL FOAM 10 %	Tier 3	
<i>hydrocortisone rectal enema 100 mg/60ml</i>	Tier 1	
<b>Rectal Combinations</b>		
ANA-LEX RECTAL KIT 2-2 %	Tier 1	
ANALPRAM-HC EXTERNAL LOTION 2.5-1 %	Tier 2	
<i>lidocaine-hydrocort (perianal) external cream 3-0.5 %</i>	Tier 1	
<i>lidocaine-hydrocortisone ace rectal gel 2.8-0.55 %</i>	Tier 1	
<i>lidocaine-hydrocortisone ace rectal kit 2-2 %, 3-0.5 %, 3-1 %, 3-2.5 %</i>	Tier 1	
LIDOCORT EXTERNAL CREAM 3-0.5 %	Tier 1	
PROCORT EXTERNAL CREAM 1.85-1.15 %	Tier 3	
PROCTOFOAM HC EXTERNAL FOAM 1-1 %	Tier 2	
<b>Rectal Products - Misc.</b>		
BARRIGEL RECTAL GEL 20 MG/ML	Tier 3	
<b>Rectal Steroids</b>		
<i>anucort-hc rectal suppository 25 mg</i>	Tier 1	
ANUSOL-HC RECTAL SUPPOSITORY 25 MG	Tier 1	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	Tier 1	
<i>hydrocortisone (perianal) external cream 1 %, 2.5 %</i>	Tier 1	
<i>hydrocortisone acetate rectal suppository 25 mg</i>	Tier 1	
PROCTOCORT EXTERNAL CREAM 1 %	Tier 1	
PROCTO-MED HC EXTERNAL CREAM 2.5 %	Tier 1	
PROCTOSOL HC EXTERNAL CREAM 2.5 %	Tier 1	
PROCTOZONE-HC EXTERNAL CREAM 2.5 %	Tier 1	
<b>Vasodilating Agents</b>		
<i>nitroglycerin rectal ointment 0.4 %</i>	Tier 1	
<b>Anthelmintics</b>		
<b>Anthelmintics</b>		
<i>albendazole oral tablet 200 mg</i>	Tier 1	
EMVERM ORAL TABLET CHEWABLE 100 MG	Tier 2	PA
<i>ivermectin oral tablet 3 mg</i>	Tier 1	
<i>praziquantel oral tablet 600 mg</i>	Tier 1	
<b>Antianginal Agents</b>		
<b>Antianginals-Other</b>		
<i>ranolazine er oral tablet extended release 12 hour 1000 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>ranolazine er oral tablet extended release 12 hour 500 mg</i>	Tier 1	QL (4 EA per 1 day)
<b>Nitrates</b>		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	

Drug	Status	Notes
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	Tier 1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	Tier 1	
NITRO-BID TRANSDERMAL OINTMENT 2 %	\$0	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	\$0	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	\$0	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	\$0	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	\$0	
NITRO-TIME ORAL CAPSULE EXTENDED RELEASE 2.5 MG	Tier 3	
NITRO-TIME ORAL CAPSULE EXTENDED RELEASE 6.5 MG, 9 MG	\$0	
<b>Antianxiety Agents</b>		
<b>Antianxiety Agents - Misc.</b>		
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	Tier 1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
<b>Benzodiazepines</b>		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	Tier 1	
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	Tier 2	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	Tier 1	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	Tier 1	
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	Tier 1	
<i>diazepam oral concentrate 5 mg/ml</i>	Tier 1	
<i>diazepam oral solution 5 mg/5ml</i>	Tier 1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	Tier 1	
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	Tier 1	
<i>lorazepam oral concentrate 2 mg/ml</i>	Tier 1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	Tier 1	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG	Tier 1	
<b>Antiarrhythmics</b>		
<b>Antiarrhythmics Type I-A</b>		
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	Tier 1	

Drug	Status	Notes
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG	Tier 2	
<i>quinidine gluconate er oral tablet extended release 324 mg</i>	Tier 1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	Tier 1	
<b>Antiarrhythmics Type I-B</b>		
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	Tier 1	
<b>Antiarrhythmics Type I-C</b>		
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	\$0	
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	\$0	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	\$0	
<b>Antiarrhythmics Type Iii</b>		
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	\$0	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	\$0	
MULTAQ ORAL TABLET 400 MG	\$0	
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	\$0	
<b>Antiasthmatic And Bronchodilator Agents</b>		
<b>Antiasthmatic - Monoclonal Antibodies</b>		
CINQAIR INTRAVENOUS SOLUTION 100 MG/10ML	Specialty	PA
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	Specialty	PA
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 30 MG/ML	Specialty	PA
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	Specialty	PA
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 40 MG/0.4ML	Specialty	PA
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	Specialty	PA
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML	Specialty	PA
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.91ML	Specialty	PA
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	Specialty	PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	Specialty	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	Specialty	PA
<b>Anti-Inflammatory Agents</b>		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	Tier 1	
<b>Bronchodilators - Anticholinergics</b>		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	\$0	QL (25.8 GM per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	\$0	

Drug	Status	Notes
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG	\$0	QL (1 EA per 1 day)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	\$0	QL (4 GM per 30 days)
<b>Leukotriene Modulators</b>		
ACCOLATE ORAL TABLET 10 MG, 20 MG	\$0	
<i>montelukast sodium oral packet 4 mg</i>	\$0	
<i>montelukast sodium oral tablet 10 mg</i>	\$0	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	\$0	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	\$0	
<b>Selective Phosphodiesterase 4 (Pde4) Inhibitors</b>		
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	\$0	QL (1 EA per 1 day)
<b>Steroid Inhalants</b>		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	\$0	QL (1 EA per 1 day)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	\$0	QL (4 ML per 1 day)
<i>budesonide inhalation suspension 1 mg/2ml</i>	\$0	QL (2 ML per 1 day)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 50 mcg/act</i>	\$0	QL (2 EA per 1 day)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act</i>	\$0	QL (4 EA per 1 day)
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i>	\$0	QL (12 GM per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i>	\$0	QL (24 GM per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	\$0	QL (21.2 GM per 30 days)
<b>Sympathomimetics</b>		
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	\$0	QL (12 GM per 30 days)
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT	\$0	QL (32.1 GM per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	\$0	
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	\$0	
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	\$0	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	\$0	QL (2 EA per 1 day)
<i>arformoterol tartrate inhalation nebulization solution 15 mcg/2ml</i>	\$0	TRIAL OF SEREVENT, STRIVERDI, OR PERFORMIST IN THE PAST 120 DAYS; QL (4 ML per 1 day)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	\$0	QL (2 EA per 1 day)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH	\$0	QL (60 EA per 30 days)

Drug	Status	Notes
BREYNA INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	\$0	QL (30.9 GM per 30 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	\$0	QL (10.7 GM per 30 days)
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	\$0	QL (30.6 GM per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	\$0	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	\$0	QL (2 EA per 1 day)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	\$0	
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	\$0	
<i>levalbuterol tartrate inhalation aerosol 45 mcg/act</i>	\$0	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	\$0	QL (2 EA per 1 day)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	\$0	QL (4 GM per 30 days)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	\$0	QL (4 GM per 30 days)
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	Tier 1	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	\$0	QL (2 EA per 1 day)
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	\$0	QL (2 EA per 1 day)
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT	Tier 3	
<b>Unknown</b>		
OHTUVAYRE INHALATION SUSPENSION 3 MG/2.5ML	Tier 3	PA
<b>Xanthines</b>		
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15ML	Tier 1	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG	Tier 2	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg</i>	Tier 1	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	Tier 1	
<i>theophylline oral elixir 80 mg/15ml</i>	Tier 1	
<i>theophylline oral solution 80 mg/15ml</i>	Tier 1	
<b>Anticoagulants</b>		
<b>Anticoagulants - Misc.</b>		
<i>sodium citrate in vitro solution prefilled syringe 4 %</i>	Tier 3	
<b>Coumarin Anticoagulants</b>		
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	\$0	

Drug	Status	Notes
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	\$0	
<b>Direct Factor Xa Inhibitors</b>		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	\$0	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	\$0	QL (2 EA per 1 day)
ELIQUIS ORAL TABLET 5 MG	\$0	QL (74 EA per 30 days)
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML	\$0	QL (20 ML per 1 day)
XARELTO ORAL TABLET 10 MG, 20 MG	\$0	QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG	\$0	QL (2 EA per 1 day)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	\$0	QL (51 EA per 30 days)
<b>Heparins And Heparinoid-Like Agents</b>		
BD HEPARIN POSIFLUSH INTRAVENOUS SOLUTION 10 UNIT/ML, 100 UNIT/ML	Tier 1	
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	\$0	QL (1 ML per 1 day)
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	\$0	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>	\$0	QL (24 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	\$0	QL (15 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>	\$0	QL (12 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	\$0	QL (18 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML	\$0	QL (8 ML per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	\$0	QL (7.6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML	\$0	QL (2 ML per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12500 UNIT/0.5ML	\$0	QL (1 ML per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 15000 UNIT/0.6ML	\$0	QL (36 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 18000 UNT/0.72ML	\$0	QL (43.2 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	\$0	QL (12 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 7500 UNIT/0.3ML	\$0	QL (18 ML per 30 days)
<i>heparin (porcine) in nacl intravenous solution 1000-0.9 ut/500ml-%, 2000-0.9 unit/l-%, 2500-0.9 ut/500ml-%, 5000-0.9 ut/500ml-%</i>	Tier 1	
<i>heparin na (pork) lock flsh pf intravenous solution 10 unit/ml, 100 unit/ml</i>	Tier 1	



Drug	Status	Notes
heparin sod (pork) lock flush intravenous solution 10 unit/ml, 100 unit/ml	Tier 1	
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	Tier 1	
heparin sodium (porcine) pf injection solution 1000 unit/ml, 5000 unit/0.5ml	Tier 1	
hepmed combination kit 100&0.9&2.5-2.5 ut/ml&%	Tier 3	
<b>In Vitro/Lock Anticoagulants</b>		
acd formula a in vitro solution 0.73-2.45-2.2 gm/100ml	Tier 3	
ACD-A NOCLOT-50 IN VITRO SOLUTION 0.73-2.45-2.2 GM/100ML	Tier 3	
DEFENCATH IN VITRO SOLUTION 1000-13.5 UNIT-MG/ML	Tier 3	
TRICITRASOL IN VITRO CONCENTRATE 46.7 %	Tier 3	
<b>Thrombin Inhibitors</b>		
argatroban intravenous solution 250 mg/2.5ml, 50 mg/50ml	Specialty	
bivalirudin trifluoroacetate intravenous solution reconstituted 250 mg	Specialty	
dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg	\$0	QL (2 EA per 1 day)
PRADAXA ORAL PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG	Tier 3	PA
<b>Anticonvulsants</b>		
<b>Ampa Glutamate Receptor Antagonists</b>		
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	Tier 2	QL (680 ML per 28 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	Tier 2	QL (1 EA per 1 day)
FYCOMPA ORAL TABLET 2 MG	Tier 2	QL (4 EA per 1 day)
FYCOMPA ORAL TABLET 4 MG, 6 MG	Tier 2	QL (2 EA per 1 day)
<b>Anticonvulsants - Benzodiazepines</b>		
clobazam oral suspension 2.5 mg/ml	Tier 1	QL (480 ML per 30 days)
clobazam oral tablet 10 mg, 20 mg	Tier 1	QL (2 EA per 1 day)
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 1	
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	Tier 1	QL (1 EA per 1 FILL)
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	Tier 3	QL (10 EA per 30 days)
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	Tier 3	QL (10 EA per 30 days)
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	Tier 3	QL (10 EA per 30 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML	Tier 3	QL (10 EA per 30 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML	Tier 3	QL (10 EA per 30 days)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	Tier 3	QL (10 EA per 30 days)
<b>Anticonvulsants - Misc.</b>		
APTIOM ORAL TABLET 200 MG, 400 MG	Tier 3	QL (1 EA per 1 day)
APTIOM ORAL TABLET 600 MG, 800 MG	Tier 3	QL (2 EA per 1 day)



Drug	Status	Notes
BRIVIACT ORAL SOLUTION 10 MG/ML	Tier 2	QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	Tier 2	QL (2 EA per 1 day)
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	Tier 1	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	Tier 1	
<i>carbamazepine oral suspension 100 mg/5ml, 200 mg/10ml</i>	Tier 1	
<i>carbamazepine oral tablet 200 mg</i>	Tier 1	
<i>carbamazepine oral tablet chewable 100 mg, 200 mg</i>	Tier 1	
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG	Tier 2	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	Specialty	PA
DIACOMIT ORAL PACKET 250 MG, 500 MG	Specialty	PA
EPIDIOLEX ORAL SOLUTION 100 MG/ML	Specialty	TRIAL OF OR CONTRAINDICATION TO 2 OF THE FOLLOWING GENERIC ANTICONVULSANTS: CLOBAZAM, VALPROIC ACID DERIVATIVES, LAMOTRIGINE, LEVETIRACETAM, AND TOPIRAMATE IN THE PAST 365 DAYS
EPITOL ORAL TABLET 200 MG	Tier 1	
EPRONTIA ORAL SOLUTION 25 MG/ML	Tier 3	PA
FANATREX FUSEPAQ ORAL SUSPENSION 25 MG/ML	Tier 3	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	Specialty	PA
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	Tier 1	
<i>gabapentin oral solution 250 mg/5ml, 300 mg/6ml</i>	Tier 1	
<i>gabapentin oral tablet 25 mg, 50 mg, 600 mg, 800 mg</i>	Tier 1	
<i>lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml</i>	Tier 1	QL (1200 ML per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Tier 1	QL (2 EA per 1 day)
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG	Tier 3	
<i>lamotrigine er oral tablet extended release 24 hour 100 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>lamotrigine er oral tablet extended release 24 hour 200 mg, 250 mg, 300 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>lamotrigine er oral tablet extended release 24 hour 25 mg, 50 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>lamotrigine oral kit 21 x 25 mg &amp; 7 x 50 mg, 25 &amp; 50 &amp; 100 mg, 42 x 50 mg &amp; 14x100 mg</i>	Tier 1	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	Tier 1	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	Tier 1	
<i>lamotrigine oral tablet dispersible 100 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>lamotrigine oral tablet dispersible 200 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>lamotrigine oral tablet dispersible 25 mg, 50 mg</i>	Tier 1	QL (6 EA per 1 day)

Drug	Status	Notes
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	Tier 1	
<i>levetiracetam oral solution 100 mg/ml, 500 mg/5ml</i>	Tier 1	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>oxcarbazepine er oral tablet extended release 24 hour 150 mg, 300 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>oxcarbazepine er oral tablet extended release 24 hour 600 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	Tier 1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	Tier 1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	Tier 1	
<i>pregabalin oral solution 20 mg/ml</i>	Tier 1	
<i>primidone oral tablet 125 mg, 250 mg, 50 mg</i>	Tier 1	
ROWEEPRA ORAL TABLET 500 MG	Tier 1	
<i>rufinamide oral suspension 40 mg/ml</i>	Tier 1	QL (80 ML per 1 day)
<i>rufinamide oral tablet 200 mg</i>	Tier 1	QL (16 EA per 1 day)
<i>rufinamide oral tablet 400 mg</i>	Tier 1	QL (8 EA per 1 day)
TEGRETOL ORAL SUSPENSION 100 MG/5ML	Tier 2	
TEGRETOL ORAL TABLET 200 MG	Tier 2	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG	Tier 2	
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 25 mg, 50 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>topiramate er oral capsule er 24 hour sprinkle 150 mg, 200 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>topiramate er oral capsule extended release 24 hour 100 mg, 200 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>topiramate er oral capsule extended release 24 hour 25 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>topiramate er oral capsule extended release 24 hour 50 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	Tier 1	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
ZONISADE ORAL SUSPENSION 100 MG/5ML	Tier 3	PA
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
ZTALMY ORAL SUSPENSION 50 MG/ML	Specialty	PA
<b>Carbamates</b>		
<i>felbamate oral suspension 600 mg/5ml</i>	Tier 1	QL (30 ML per 1 day)
<i>felbamate oral tablet 400 mg</i>	Tier 1	QL (9 EA per 1 day)
<i>felbamate oral tablet 600 mg</i>	Tier 1	QL (6 EA per 1 day)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	Tier 2	QL (2 EA per 1 day)
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	Tier 2	QL (2 EA per 1 day)
XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG	Tier 2	QL (1 EA per 1 day)
XCOPRI ORAL TABLET 200 MG	Tier 2	QL (2 EA per 1 day)

Drug	Status	Notes
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	Tier 2	QL (1 EA per 1 day)
<b>Gaba Modulators</b>		
<i>tiagabine hcl oral tablet 12 mg, 2 mg, 4 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>tiagabine hcl oral tablet 16 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>vigabatrin oral packet 500 mg</i>	Specialty	PA
<i>vigabatrin oral tablet 500 mg</i>	Specialty	PA
VIGADRONE ORAL PACKET 500 MG	Specialty	PA
VIGADRONE ORAL TABLET 500 MG	Specialty	PA
VIGAFYDE ORAL SOLUTION 100 MG/ML	Specialty	PA
VIGPODER ORAL PACKET 500 MG	Specialty	PA
<b>Hydantoins</b>		
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG	Tier 2	
DILANTIN ORAL CAPSULE 100 MG	Tier 2	
DILANTIN ORAL CAPSULE 30 MG	Tier 3	
DILANTIN ORAL SUSPENSION 125 MG/5ML	Tier 2	
DILANTIN-125 ORAL SUSPENSION 125 MG/5ML	Tier 2	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	Tier 1	
PHENYTOIN INFATABS ORAL TABLET CHEWABLE 50 MG	Tier 1	
<i>phenytoin oral suspension 125 mg/5ml</i>	Tier 1	
<i>phenytoin oral tablet chewable 50 mg</i>	Tier 1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	Tier 1	
<b>Succinimides</b>		
<i>ethosuximide oral capsule 250 mg</i>	Tier 1	
<i>ethosuximide oral solution 250 mg/5ml</i>	Tier 1	
<i>methsuximide oral capsule 300 mg</i>	Tier 1	
<b>Valproic Acid</b>		
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG	Tier 2	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG	Tier 2	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG	Tier 2	
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	Tier 1	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	Tier 1	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	Tier 1	
<i>valproic acid oral capsule 250 mg</i>	Tier 1	
<i>valproic acid oral solution 250 mg/5ml, 500 mg/10ml</i>	Tier 1	
<b>Antidepressants</b>		
<b>Alpha-2 Receptor Antagonists (Tetracyclics)</b>		
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	\$0	

Drug	Status	Notes
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	\$0	
<b>Antidepressant Combinations</b>		
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG	Tier 3	
<b>Antidepressants - Misc.</b>		
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	\$0	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	\$0	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	\$0	
<b>Gaba Receptor Modulator - Neuroactive Steroid</b>		
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG	\$0	PA
<b>Monoamine Oxidase Inhibitors (Maois)</b>		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	Tier 3	QL (1 EA per 1 day)
MARPLAN ORAL TABLET 10 MG	Tier 3	
NARDIL ORAL TABLET 15 MG	Tier 3	
<i>phenelzine sulfate oral tablet 15 mg</i>	Tier 1	
<i>tranylcypromine sulfate oral tablet 10 mg</i>	Tier 1	
<b>N-Methyl-D-Aspartic Acid (Nmda) Receptor Antagonists</b>		
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE	Specialty	PA
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE	Specialty	PA
<b>Selective Serotonin Reuptake Inhibitors (SsrIs)</b>		
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	\$0	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	\$0	
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	\$0	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	\$0	
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	\$0	
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	\$0	
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	\$0	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	\$0	
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	\$0	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	\$0	
<i>sertraline hcl oral concentrate 20 mg/ml</i>	\$0	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	\$0	
ZOLOFT ORAL TABLET 100 MG	\$0	
<b>Serotonin Modulators</b>		
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 1	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	\$0	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	\$0	QL (1 EA per 1 day)
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>	\$0	

Drug	Status	Notes
<b>Serotonin-Norepinephrine Reuptake Inhibitors (Snris)</b>		
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	\$0	
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	\$0	
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG	\$0	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	\$0	QL (1 EA per 1 day)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	\$0	QL (1 EA per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	\$0	
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	\$0	
<b>Tricyclic Agents</b>		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	Tier 1	
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxepin hcl oral concentrate 10 mg/ml</i>	Tier 1	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	Tier 1	
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
<b>Antidiabetics</b>		
<b>Alpha-Glucosidase Inhibitors</b>		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
<b>Antidiabetic - Amylin Analogs</b>		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	Tier 2	
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	Tier 2	
<b>Antidiabetic Combinations</b>		
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	\$0	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	\$0	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	\$0	QL (1 EA per 1 day)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	\$0	QL (2 EA per 1 day)

Drug	Status	Notes
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	\$0	QL (1 EA per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	\$0	QL (2 EA per 1 day)
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	\$0	ST
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	\$0	QL (30 ML per 28 days)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	\$0	QL (2 EA per 1 day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	\$0	QL (1 EA per 1 day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	\$0	QL (2 EA per 1 day)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	\$0	QL (1 EA per 1 day)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	\$0	QL (2 EA per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG	\$0	QL (1 EA per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	\$0	QL (2 EA per 1 day)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	\$0	QL (15 ML per 28 days)
<b>Biguanides</b>		
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	\$0	
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	\$0	
<b>Diabetic Other</b>		
<i>diazoxide oral suspension 50 mg/ml</i>	Tier 1	
<i>glucagon emergency injection kit 1 mg</i>	\$0	QL (4 EA per 1 FILL)
GVOKE HYOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	\$0	QL (0.4 ML per 1 FILL)
GVOKE HYOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML	\$0	QL (0.8 ML per 1 FILL)
GVOKE HYOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	\$0	QL (0.4 ML per 1 FILL)
GVOKE HYOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML	\$0	QL (0.8 ML per 1 FILL)
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML	\$0	QL (0.8 ML per 1 FILL)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	\$0	QL (0.8 ML per 1 FILL)
<i>mifepristone oral tablet 300 mg</i>	Specialty	PA
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML	\$0	QL (2.4 ML per 1 FILL)
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML	\$0	QL (2.4 ML per 1 FILL)



Drug	Status	Notes
<b>Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors</b>		
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	\$0	QL (1 EA per 1 day)
<b>Dopamine Receptor Agonists - Antidiabetic</b>		
CYCLOSET ORAL TABLET 0.8 MG	Tier 3	TRIAL OF METFORMIN, METFORMIN ER, GLYBURIDE/METFORMIN, OR GLIPIZIDE/METFORMIN IN THE PAST 120 DAYS
<b>Incretin Mimetic Agents (Glp-1 Receptor Agonists)</b>		
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	\$0	PA; QL (0.85 ML per 7 days)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML	\$0	PA; QL (2.4 ML per 30 days)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML	\$0	PA; QL (1.2 ML per 30 days)
<i>liraglutide subcutaneous solution pen-injector 18 mg/3ml</i>	Tier 3	PA; QL (9 ML per 30 days)
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	\$0	PA; QL (0.5 ML per 7 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	\$0	PA; QL (3 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	\$0	PA; QL (3 ML per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	\$0	PA; QL (3 ML per 28 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	\$0	PA; QL (1 EA per 1 day)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	\$0	PA; QL (2 ML per 28 days)
<b>Insulin</b>		
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 & 60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	Tier 3	PA
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 3	QL (30 ML per 28 days)
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	\$0	QL (12 ML per 28 days)
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML	\$0	QL (30 ML per 28 days)
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	\$0	QL (40 ML per 28 days)
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML	\$0	QL (40 ML per 28 days)
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	\$0	QL (30 ML per 28 days)
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	\$0	QL (40 ML per 28 days)



Drug	Status	Notes
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	\$0	QL (24 ML per 28 days)
<i>insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml</i>	\$0	QL (30 ML per 28 days)
<i>insulin lispro injection solution 100 unit/ml</i>	\$0	QL (40 ML per 28 days)
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml</i>	\$0	QL (30 ML per 28 days)
<i>insulin lispro prot &amp; lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml</i>	\$0	QL (30 ML per 28 days)
LYUMJEV INJECTION SOLUTION 100 UNIT/ML	\$0	QL (40 ML per 28 days)
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	\$0	QL (30 ML per 28 days)
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	\$0	QL (12 ML per 28 days)
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0	QL (40 ML per 28 days)
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	\$0	QL (30 ML per 28 days)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	\$0	QL (18 ML per 28 days)
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	\$0	QL (13.5 ML per 28 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	\$0	QL (30 ML per 28 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	\$0	QL (18 ML per 28 days)
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0	QL (40 ML per 28 days)
<b>Insulin Sensitizing Agents</b>		
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	\$0	
<b>Meglitinide Analogues</b>		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	Tier 1	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<b>Sodium-Glucose Co-Transporter 2 (SglT2) Inhibitors</b>		
FARXIGA ORAL TABLET 10 MG, 5 MG	\$0	QL (1 EA per 1 day)
JARDIANCE ORAL TABLET 10 MG, 25 MG	\$0	QL (1 EA per 1 day)
<b>Sulfonylureas</b>		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	\$0	
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	\$0	
<i>glipizide oral tablet 10 mg, 5 mg</i>	\$0	
<i>glipizide oral tablet 2.5 mg</i>	\$0	QL (2 EA per 1 day)
<i>glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	\$0	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	\$0	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	\$0	
<b>Unknown</b>		
TZIELD INTRAVENOUS SOLUTION 2 MG/2ML	Specialty	PA

Drug	Status	Notes
<b>Antidiarrheal/Probiotic Agents</b>		
<b>Antidiarrheal - Chloride Channel Antagonists</b>		
MYTESI ORAL TABLET DELAYED RELEASE 125 MG	Specialty	TRIAL OF ANTI-RETROVIRAL THERAPY IN THE PAST 120 DAYS; QL (2 EA per 1 day)
<b>Antidiarrheal/Probiotic Agents - Misc.</b>		
FLORAXIS ORAL TABLET	Tier 3	
<b>Antidiarrheal/Probiotic Combinations</b>		
<i>probichew oral tablet chewable</i>	Tier 3	
RESTORA RX ORAL CAPSULE 60-1.25 MG	Tier 3	
<b>Antiperistaltic Agents</b>		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	Tier 1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Tier 1	
<i>loperamide hcl oral capsule 2 mg</i>	Tier 1	
<i>opium oral tincture 10 mg/ml (1%)</i>	Tier 1	
<b>Antidotes And Specific Antagonists</b>		
<b>Antidotes - Chelating Agents</b>		
CHEMET ORAL CAPSULE 100 MG	Tier 3	
<i>deferasirox granules oral packet 180 mg, 360 mg, 90 mg</i>	Specialty	PA
<i>deferasirox oral packet 180 mg, 360 mg, 90 mg</i>	Specialty	PA
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	Specialty	PA
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	Specialty	PA
<i>deferiprone oral tablet 1000 mg, 500 mg</i>	Specialty	PA
<b>Antidotes And Specific Antagonists</b>		
<i>deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg</i>	Tier 1	PA
RADIOGARDASE ORAL CAPSULE 0.5 GM	Tier 3	
VISTOGARD ORAL PACKET 10 GM	Specialty	QL (24 EA per 14 days)
<b>Opioid Antagonists</b>		
KLOXXADO NASAL LIQUID 8 MG/0.1ML	Tier 2	QL (4 EA per 30 days)
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	Tier 1	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	Tier 1	
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	Tier 1	QL (4 EA per 30 days)
<i>naltrexone hcl oral tablet 50 mg</i>	Tier 1	
OPVEE NASAL SOLUTION 2.7 MG/0.1ML	Tier 3	QL (4 EA per 30 days)
REXTOVY NASAL LIQUID 4 MG/0.25ML	Tier 3	QL (4 EA per 30 days)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	Specialty	
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML	Tier 3	QL (2 ML per 30 days)
<b>Antiemetics</b>		
<b>5-Ht3 Receptor Antagonists</b>		
ANZEMET ORAL TABLET 50 MG	Tier 3	ST; QL (8 EA per 1 FILL)
<i>ondansetron hcl oral solution 4 mg/5ml</i>	Tier 1	QL (50 ML per 15 days)
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	Tier 1	
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	Tier 1	

Drug	Status	Notes
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR	Tier 3	TRIAL OF ONDANSETRON TABLET OR ODT IN THE PAST 120 DAYS; QL (1 EA per 7 days)
<b>Antiemetics - Anticholinergic</b>		
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	Tier 1	
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	Tier 1	
<i>trimethobenzamide hcl oral capsule 300 mg</i>	Tier 1	
<b>Antiemetics - Miscellaneous</b>		
AKYNZEO ORAL CAPSULE 300-0.5 MG	Tier 2	QL (1 EA per 28 days)
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	Tier 1	ST; QL (2 EA per 1 day)
SYNDROS ORAL SOLUTION 5 MG/ML	Tier 3	ST; QL (2 ML per 1 day)
<b>Substance P/Neurokinin 1 (Nk1) Receptor Antagonists</b>		
<i>aprepitant oral 80 &amp; 125 mg</i>	Tier 1	QL (3 EA per 21 days)
<i>aprepitant oral capsule 125 mg</i>	Tier 1	QL (1 EA per 21 days)
<i>aprepitant oral capsule 40 mg</i>	Tier 1	QL (1 EA per 28 days)
<i>aprepitant oral capsule 80 &amp; 125 mg</i>	Tier 1	QL (3 EA per 21 days)
<i>aprepitant oral capsule 80 mg</i>	Tier 1	QL (2 EA per 21 days)
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML	Tier 2	QL (3 EA per 21 days)
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG	Tier 3	QL (2 EA per 14 days)
<b>Antifungals</b>		
<b>Antifungal - Glucan Synthesis Inhibitors (Echinocandins)</b>		
BREXAFEMME ORAL TABLET 150 MG	Tier 3	PA
<b>Antifungals</b>		
<i>flucytosine oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	Tier 1	
<i>griseofulvin microsize oral tablet 500 mg</i>	Tier 1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	Tier 1	
<i>nystatin oral tablet 500000 unit</i>	Tier 1	
<i>terbinafine hcl oral tablet 250 mg</i>	Tier 1	
<b>Imidazole-Related Antifungals</b>		
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	Tier 3	PA
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	Tier 1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Tier 1	
<i>itraconazole oral capsule 100 mg</i>	Tier 1	
<i>ketoconazole oral tablet 200 mg</i>	Tier 1	
NOXAFIL ORAL PACKET 300 MG	Tier 3	PA
<i>posaconazole oral suspension 40 mg/ml</i>	Tier 1	PA
<i>posaconazole oral tablet delayed release 100 mg</i>	Tier 1	PA
VIVJOA ORAL CAPSULE THERAPY PACK 150 MG	Tier 3	PA
<i>voriconazole oral tablet 200 mg, 50 mg</i>	Tier 1	

Drug	Status	Notes
<b>Antihistamines</b>		
<b>Antihistamines - Ethanolamines</b>		
<i>carbinoxamine maleate er oral suspension extended release 4 mg/5ml</i>	Tier 1	TRIAL OF CARBINOXAMINE IR ORAL SOLUTION IN THE PAST 120 DAYS; QL (960 ML per 30 days); AGE (Min 2 Years)
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 1	AGE (Min 2 Years)
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML	Tier 3	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	Tier 1	
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	Tier 1	
<b>Antihistamines - Non-Sedating</b>		
<i>cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml</i>	Tier 1	
<i>desloratadine oral tablet 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	Tier 1	
<b>Antihistamines - Phenothiazines</b>		
<i>promethazine hcl injection solution 25 mg/ml, 50 mg/ml</i>	Tier 1	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	Tier 1	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	Tier 1	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	Tier 1	
<b>Antihistamines - Piperidines</b>		
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	Tier 1	
<i>cyproheptadine hcl oral tablet 4 mg</i>	Tier 1	
<b>Antihyperlipidemics</b>		
<b>Antihyperlipidemics - Combinations</b>		
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg</i>	\$0	QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i>	\$0	PA; QL (1 EA per 1 day)
NEXLIZET ORAL TABLET 180-10 MG	\$0	TRIAL OF GENERIC STATIN IN THE PAST 120 DAYS
<i>sure result o3d3 system oral kit 1 &amp; 1000 gm &amp; unit</i>	Tier 3	
<b>Antihyperlipidemics - Misc.</b>		
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	\$0	ST; QL (4 EA per 1 day)
VASCEPA ORAL CAPSULE 0.5 GM	\$0	QL (8 EA per 1 day)
VASCEPA ORAL CAPSULE 1 GM	\$0	QL (4 EA per 1 day)
<b>Bile Acid Sequestrants</b>		
<i>cholestyramine light oral packet 4 gm</i>	\$0	
<i>cholestyramine light oral powder 4 gm/dose</i>	\$0	
<i>cholestyramine oral packet 4 gm</i>	\$0	
<i>cholestyramine oral powder 4 gm/dose</i>	\$0	
<i>colesevelam hcl oral tablet 625 mg</i>	\$0	
<i>colestipol hcl oral granules 5 gm</i>	\$0	
<i>colestipol hcl oral packet 5 gm</i>	\$0	
<i>colestipol hcl oral tablet 1 gm</i>	\$0	
PREVALITE ORAL PACKET 4 GM	\$0	
PREVALITE ORAL POWDER 4 GM/DOSE	\$0	

Drug	Status	Notes
<b>Fibric Acid Derivatives</b>		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	\$0	
<i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg</i>	\$0	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	\$0	
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	\$0	
FIBRICOR ORAL TABLET 105 MG	Tier 3	
<i>gemfibrozil oral tablet 600 mg</i>	\$0	
<b>Hmg Coa Reductase Inhibitors</b>		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 40 MG, 60 MG	Tier 3	TRIAL OF 2 OF THE FOLLOWING: ATORVASTATIN, LOVASTATIN, PRAVASTATIN, OR SIMVASTATIN IN THE PAST 365 DAYS; QL (1 EA per 1 day)
ATORVALIQ ORAL SUSPENSION 20 MG/5ML	Tier 3	PA
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>	\$0	QL (1 EA per 1 day)
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG	Tier 3	QL (1 EA per 1 day)
<i>flolipid oral suspension 20 mg/5ml, 40 mg/5ml</i>	Tier 3	PA
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	\$0	ST; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>fluvastatin sodium oral capsule 20 mg</i>	\$0	ST; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
<i>fluvastatin sodium oral capsule 40 mg</i>	\$0	ST; \$0 COPAY IF QUANTITY 2 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)

Drug	Status	Notes
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>rosuvastatin calcium oral tablet 10 mg, 5 mg</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>rosuvastatin calcium oral tablet 20 mg, 40 mg</i>	\$0	QL (1 EA per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>simvastatin oral tablet 80 mg</i>	\$0	PA; QL (1 EA per 1 day)
<b>Intestinal Cholesterol Absorption Inhibitors</b>		
<i>ezetimibe oral tablet 10 mg</i>	\$0	QL (1 EA per 1 day)
<b>Microsomal Triglyceride Transfer Protein (Mtp) Inhibitors</b>		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	Specialty	PA
<b>Nicotinic Acid Derivatives</b>		
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	Tier 1	
NIACOR ORAL TABLET 500 MG	Tier 3	
<b>Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors</b>		
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	\$0	TRIAL OF GENERIC STATIN IN THE PAST 120 DAYS
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	\$0	TRIAL OF GENERIC STATIN IN THE PAST 120 DAYS
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	\$0	TRIAL OF GENERIC STATIN IN THE PAST 120 DAYS
<b>Unknown</b>		
EVKEEZA INTRAVENOUS SOLUTION 1200 MG/8ML, 345 MG/2.3ML	Specialty	PA
NEXLETOL ORAL TABLET 180 MG	\$0	TRIAL OF GENERIC STATIN IN THE PAST 120 DAYS
<b>Antihypertensives</b>		
<b>Ace Inhibitors</b>		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	\$0	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	\$0	
<i>enalapril maleate oral solution 1 mg/ml</i>	\$0	ST; QL (1200 ML per 30 days)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	\$0	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	\$0	



Drug	Status	Notes
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	\$0	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	\$0	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	\$0	
<b>QBRELIS ORAL SOLUTION 1 MG/ML</b>	Tier 3	ST; QL (1200 ML per 30 days)
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	\$0	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	\$0	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	\$0	
<b>Agents For Pheochromocytoma</b>		
<i>metyrosine oral capsule 250 mg</i>	Tier 1	
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	Specialty	PA
<b>Angiotensin II Receptor Antagonists</b>		
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	\$0	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	\$0	
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	\$0	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	\$0	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	\$0	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	\$0	
<b>Antiadrenergic Antihypertensives</b>		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	Tier 1	
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	Tier 1	
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	Tier 1	
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	Tier 1	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	
<b>Antihypertensive Combinations</b>		
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	\$0	
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	\$0	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	\$0	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	\$0	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	\$0	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	\$0	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	\$0	
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	\$0	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	\$0	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	\$0	



Drug	Status	Notes
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	\$0	
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	\$0	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	\$0	
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	\$0	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	\$0	
<b>Antihypertensives - Misc.</b>		
VECAMYL ORAL TABLET 2.5 MG	Specialty	PA
<b>Direct Renin Inhibitors</b>		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	Tier 1	
<b>Selective Aldosterone Receptor Antagonists (Saras)</b>		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	\$0	
<b>Vasodilators</b>		
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	Tier 1	
<b>Anti-Infective Agents - Misc.</b>		
<b>Anti-Infective Agents - Misc.</b>		
AEMCOLO ORAL TABLET DELAYED RELEASE 194 MG	Tier 3	TRIAL OF GENERIC ORAL CIPROFLOXACIN, AZITHROMYCIN, OFLOXACIN, OR LEVOFLOXACIN IN THE PAST 120 DAYS; QL (12 EA per 1 FILL)
FIRST-METRONIDAZOLE ORAL SUSPENSION RECONSTITUTED 50 MG/ML	Tier 3	
IMPAVIDO ORAL CAPSULE 50 MG	Tier 2	PA
LIKMEZ ORAL SUSPENSION 500 MG/5ML	Tier 3	PA
METRONIDAZOLE BENZO+SYRSPEND ORAL SUSPENSION RECONSTITUTED 50 MG/ML	Tier 3	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	Tier 1	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>trimethoprim oral tablet 100 mg</i>	Tier 1	
XIFAXAN ORAL TABLET 200 MG	Tier 3	PA
XIFAXAN ORAL TABLET 550 MG	Tier 2	PA
<b>Anti-Infective Misc. - Combinations</b>		
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml, 800-160 mg/20ml</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	Tier 1	
SULFATRIM PEDIATRIC ORAL SUSPENSION 200-40 MG/5ML	Tier 1	
URELLE ORAL TABLET 81 MG	Tier 1	
URETRON D/S ORAL TABLET 81.6 MG	Tier 1	
URIBEL ORAL TABLET 81.6 MG	Tier 3	

Drug	Status	Notes
URIMAR-T ORAL CAPSULE 120 MG	Tier 1	
<i>urin ds oral tablet 81.6 mg</i>	Tier 1	
<i>urneva oral capsule 120 mg</i>	Tier 1	
<i>uro-mp oral capsule 118 mg</i>	Tier 1	
VILAMIT MB ORAL CAPSULE 118 MG	Tier 1	
VILEVEV MB ORAL TABLET 81 MG	Tier 1	
<b>Antiprotozoal Agents</b>		
<i>atovaquone oral suspension 750 mg/5ml</i>	Tier 1	
LAMPIT ORAL TABLET 120 MG, 30 MG	Tier 3	
<i>nitazoxanide oral tablet 500 mg</i>	Tier 1	QL (2 EA per 1 day)
<b>Glycopeptides</b>		
<i>vancomycin hcl oral capsule 125 mg</i>	Tier 1	QL (56 EA per 1 FILL)
<i>vancomycin hcl oral capsule 250 mg</i>	Tier 1	QL (112 EA per 1 FILL)
<i>vancomycin hcl oral solution reconstituted 25 mg/ml</i>	Tier 1	QL (300 ML per 1 FILL)
<i>vancomycin hcl oral solution reconstituted 250 mg/5ml, 50 mg/ml</i>	Tier 1	QL (600 ML per 1 FILL)
VANCOMYCIN+SYRSPEND SF ORAL SUSPENSION 50 MG/ML	Tier 3	
<b>Leprostatics</b>		
<i>dapsone oral tablet 100 mg, 25 mg</i>	Tier 1	
<b>Lincosamides</b>		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	Tier 1	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	Tier 1	
<b>Monobactams</b>		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	Specialty	PA
<b>Oxazolidinones</b>		
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	Tier 1	
<i>linezolid oral tablet 600 mg</i>	Tier 1	
SIVEXTRO ORAL TABLET 200 MG	Tier 2	PA
<b>Unknown</b>		
<i>fosfomycin tromethamine oral packet 3 gm</i>	Tier 1	
<i>methenamine hippurate oral tablet 1 gm</i>	Tier 1	
<i>methenamine mandelate oral tablet 0.5 gm, 1 gm</i>	Tier 1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	Tier 1	
<i>nitrofurantoin oral suspension 25 mg/5ml, 50 mg/10ml</i>	Tier 1	PA
<b>Antimalarials</b>		
<b>Antimalarial Combinations</b>		
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	Tier 1	
COARTEM ORAL TABLET 20-120 MG	Tier 3	
<i>pyrimethamine-leucovorin oral capsule 12.5-2.5 mg, 25-10 mg, 25-5 mg, 50-10 mg, 50-20 mg, 50-25 mg, 75-25 mg</i>	Tier 1	

Drug	Status	Notes
<b>Antimalarials</b>		
ARAKODA ORAL TABLET 100 MG	Tier 3	
<i>chloroquine phosphate oral tablet 250 mg</i>	Tier 1	QL (36 EA per 16 days)
<i>chloroquine phosphate oral tablet 500 mg</i>	Tier 1	QL (18 EA per 16 days)
<i>hydroxychloroquine sulfate oral tablet 100 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	Tier 1	QL (100 EA per 30 days)
KRINTAFEL ORAL TABLET 150 MG	Tier 2	QL (2 EA per 1 FILL)
<i>mefloquine hcl oral tablet 250 mg</i>	Tier 1	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	Tier 1	
<i>pyrimethamine oral tablet 25 mg</i>	Specialty	PA
<i>quinine sulfate oral capsule 324 mg</i>	Tier 1	
SOVUNA ORAL TABLET 200 MG	Tier 3	QL (100 EA per 30 days)
<b>Antimyasthenic/Cholinergic Agents</b>		
<b>Antimyasthenic/Cholinergic Agents</b>		
FIRDAPSE ORAL TABLET 10 MG	Specialty	PA
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	Tier 1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	Tier 1	
<b>Antimycobacterial Agents</b>		
<b>Antimycobacterial Agents</b>		
<i>cycloserine oral capsule 250 mg</i>	Tier 1	
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	Tier 1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	Tier 1	
PRIFTIN ORAL TABLET 150 MG	Tier 3	
<i>pyrazinamide oral tablet 500 mg</i>	Tier 1	
<i>rifabutin oral capsule 150 mg</i>	Tier 1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	Tier 1	
RIFAMPIN+SYRSPEND SF ORAL SUSPENSION 25 MG/ML	Tier 3	
SIRTURO ORAL TABLET 100 MG, 20 MG	Specialty	PA
TRECTOR ORAL TABLET 250 MG	Tier 3	
<b>Antineoplastics And Adjunctive Therapies</b>		
<b>Alkylating Agents</b>		
<i>bendamustine hcl intravenous solution reconstituted 100 mg, 25 mg</i>	Specialty	
BENDEKA INTRAVENOUS SOLUTION 100 MG/4ML	Specialty	
<i>busulfan intravenous solution 6 mg/ml</i>	Specialty	
<i>carboplatin intravenous solution 150 mg/15ml, 450 mg/45ml, 50 mg/5ml, 600 mg/60ml</i>	Specialty	
<i>carmustine intravenous solution reconstituted 100 mg</i>	Specialty	
<i>cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml</i>	Specialty	
<i>cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg</i>	Specialty	
<i>cyclophosphamide intravenous solution 1 gm/2ml, 1 gm/5ml, 1000 mg/10ml, 2 gm/10ml, 2 gm/4ml, 2000 mg/20ml, 500 mg/2.5ml, 500 mg/5ml, 500 mg/ml</i>	Specialty	
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Specialty	
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	Specialty	

Drug	Status	Notes
EVOMELA INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	Specialty	
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	Specialty	PA
GLIADEL WAFER IMPLANT WAFER 7.7 MG	Specialty	
IFEX INTRAVENOUS SOLUTION RECONSTITUTED 3 GM	Specialty	
<i>ifosfamide intravenous solution 1 gm/20ml, 3 gm/60ml</i>	Specialty	
<i>ifosfamide intravenous solution reconstituted 1 gm</i>	Specialty	
LEUKERAN ORAL TABLET 2 MG	Specialty	
<i>melphalan hcl intravenous solution reconstituted 50 mg</i>	Specialty	
MYLERAN ORAL TABLET 2 MG	Specialty	
<i>oxaliplatin intravenous solution 100 mg/20ml, 200 mg/40ml, 50 mg/10ml</i>	Specialty	
<i>oxaliplatin intravenous solution reconstituted 100 mg, 50 mg</i>	Specialty	
PARAPLATIN INTRAVENOUS SOLUTION 1000 MG/100ML	Specialty	
TEMODAR INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Specialty	PA
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	Specialty	PA
<i>thiotepa injection solution reconstituted 100 mg, 15 mg</i>	Specialty	
<i>vivimusta intravenous solution 100 mg/4ml</i>	Specialty	
YONDELIS INTRAVENOUS SOLUTION RECONSTITUTED 1 MG	Specialty	PA
ZANOSAR INTRAVENOUS SOLUTION RECONSTITUTED 1 GM	Specialty	
ZEPZELCA INTRAVENOUS SOLUTION RECONSTITUTED 4 MG	Specialty	PA
<b>Antimetabolites</b>		
<i>azacitidine injection suspension reconstituted 100 mg</i>	Specialty	
<i>capecitabine oral tablet 150 mg, 500 mg</i>	Specialty	PA
<i>cladribine intravenous solution 10 mg/10ml</i>	Specialty	
<i>clofarabine intravenous solution 1 mg/ml</i>	Specialty	
<i>cytarabine (pf) injection solution 100 mg/ml, 20 mg/ml</i>	Specialty	
<i>cytarabine injection solution 20 mg/ml</i>	Specialty	
<i>decitabine intravenous solution reconstituted 50 mg</i>	Specialty	
<i>floxuridine injection solution reconstituted 0.5 gm</i>	Specialty	
<i>fludarabine phosphate intravenous solution 50 mg/2ml</i>	Specialty	
<i>fludarabine phosphate intravenous solution reconstituted 50 mg</i>	Specialty	
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML, 40 MG/2ML	Specialty	PA
<i>gemcitabine hcl intravenous solution 1 gm/26.3ml, 2 gm/52.6ml, 200 mg/5.26ml</i>	Specialty	

Drug	Status	Notes
<i>gemcitabine hcl intravenous solution reconstituted 1 gm, 2 gm, 200 mg</i>	Specialty	
JYLAMVO ORAL SOLUTION 2 MG/ML	Tier 3	PA
<i>mercaptopurine oral tablet 50 mg</i>	Tier 1	
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i>	Tier 1	
<i>methotrexate sodium injection solution 250 mg/10ml</i>	Tier 1	
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	Tier 1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	Tier 1	
<i>nelarabine intravenous solution 5 mg/ml</i>	Specialty	
ONUREG ORAL TABLET 200 MG, 300 MG	Specialty	PA
<i>pemetrexed disodium intravenous solution 1 gm/40ml, 850 mg/34ml</i>	Specialty	PA
<i>pemetrexed disodium intravenous solution reconstituted 100 mg, 1000 mg, 500 mg, 750 mg</i>	Specialty	PA
<i>pemetrexed ditromethamine intravenous solution reconstituted 100 mg, 500 mg</i>	Specialty	PA
<i>pemetrexed intravenous solution 1 gm/40ml, 100 mg/4ml</i>	Specialty	PA
PEMFEXY INTRAVENOUS SOLUTION 500 MG/20ML	Specialty	PA
PEMRYDI RTU INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	Specialty	PA
PURIXAN ORAL SUSPENSION 2000 MG/100ML	Specialty	TRIAL OF MERCAPTOPYRINE TABLET IN THE PAST 120 DAYS
TABLOID ORAL TABLET 40 MG	Specialty	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	Tier 2	
XATMEP ORAL SOLUTION 2.5 MG/ML	Tier 3	ST; QL (120 ML per 60 days)
<b>Antineoplastic - Angiogenesis Inhibitors</b>		
ALYMSYS INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	Specialty	PA
CYRAMZA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	Specialty	PA
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG	Specialty	PA
INLYTA ORAL TABLET 1 MG, 5 MG	Specialty	PA
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	Specialty	PA
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	Specialty	PA
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	Specialty	PA
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	Specialty	PA
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	Specialty	PA
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	Specialty	PA

Drug	Status	Notes
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	Specialty	PA
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	Specialty	PA
MVASI INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	Specialty	PA
VEGZELMA INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	Specialty	PA
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4ML, 200 MG/8ML	Specialty	PA
ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	Specialty	PA
<b>Antineoplastic - Antibodies</b>		
ADCETRIS INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	Specialty	PA
BAVENCIO INTRAVENOUS SOLUTION 200 MG/10ML	Specialty	PA
BESPONSA INTRAVENOUS SOLUTION RECONSTITUTED 0.9 MG	Specialty	PA
BLINCYTO INTRAVENOUS SOLUTION RECONSTITUTED 35 MCG	Specialty	PA
COLUMVI INTRAVENOUS SOLUTION 10 MG/10ML, 2.5 MG/2.5ML	Specialty	PA
DARZALEX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML	Specialty	PA
ELAHERE INTRAVENOUS SOLUTION 100 MG/20ML	Specialty	PA
ELREXFIO SUBCUTANEOUS SOLUTION 44 MG/1.1ML, 76 MG/1.9ML	Specialty	PA
EMPLICITI INTRAVENOUS SOLUTION RECONSTITUTED 300 MG, 400 MG	Specialty	PA
ENHERTU INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Specialty	PA
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8ML, 48 MG/0.8ML	Specialty	PA
GAZYVA INTRAVENOUS SOLUTION 1000 MG/40ML	Specialty	PA
IMDELLTRA INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 10 MG	Specialty	PA
IMFINZI INTRAVENOUS SOLUTION 120 MG/2.4ML, 500 MG/10ML	Specialty	PA
IMJUDO INTRAVENOUS SOLUTION 25 MG/1.25ML, 300 MG/15ML	Specialty	PA
JEMPERLI INTRAVENOUS SOLUTION 500 MG/10ML	Specialty	PA
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 160 MG	Specialty	PA
KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4ML	Specialty	PA
LIBTAYO INTRAVENOUS SOLUTION 350 MG/7ML	Specialty	PA



Drug	Status	Notes
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6ML	Specialty	PA
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML, 30 MG/30ML	Specialty	PA
MONJUVI INTRAVENOUS SOLUTION RECONSTITUTED 200 MG	Specialty	PA
MYLOTARG INTRAVENOUS SOLUTION RECONSTITUTED 4.5 MG	Specialty	PA
OPDIVO INTRAVENOUS SOLUTION 100 MG/10ML, 120 MG/12ML, 240 MG/24ML, 40 MG/4ML	Specialty	PA
PADCEV INTRAVENOUS SOLUTION RECONSTITUTED 20 MG, 30 MG	Specialty	PA
POLIVY INTRAVENOUS SOLUTION RECONSTITUTED 140 MG, 30 MG	Specialty	PA
POTELIGEO INTRAVENOUS SOLUTION 20 MG/5ML	Specialty	PA
RIABNI INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	Specialty	PA
RITUXAN INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	Specialty	PA
RUXIENCE INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	Specialty	PA
RYBREVANT INTRAVENOUS SOLUTION 350 MG/7ML	Specialty	PA
SARCLISA INTRAVENOUS SOLUTION 100 MG/5ML, 500 MG/25ML	Specialty	PA
TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML, 840 MG/14ML	Specialty	PA
TEVIMBRA INTRAVENOUS SOLUTION 100 MG/10ML	Specialty	PA
TIVDAK INTRAVENOUS SOLUTION RECONSTITUTED 40 MG	Specialty	PA
TRUXIMA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	Specialty	PA
YERVOY INTRAVENOUS SOLUTION 200 MG/40ML, 50 MG/10ML	Specialty	PA
ZYNLONTA INTRAVENOUS SOLUTION RECONSTITUTED 10 MG	Specialty	PA
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20ML	Specialty	PA
<b>Antineoplastic - Bcl-2 Inhibitors</b>		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	Specialty	PA
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	Specialty	PA
<b>Antineoplastic - Hedgehog Pathway Inhibitors</b>		
DAURISMO ORAL TABLET 100 MG, 25 MG	Specialty	PA
ERIVEDGE ORAL CAPSULE 150 MG	Specialty	PA
ODOMZO ORAL CAPSULE 200 MG	Specialty	PA
<b>Antineoplastic - Hormonal And Related Agents</b>		
<i>abiraterone acetate oral tablet 250 mg, 500 mg</i>	Specialty	PA
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	Specialty	PA

Drug	Status	Notes
<i>anastrozole oral tablet 1 mg</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
<i>bicalutamide oral tablet 50 mg</i>	Tier 1	
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	Specialty	PA
ERLEADA ORAL TABLET 240 MG, 60 MG	Specialty	PA
EULEXIN ORAL CAPSULE 125 MG	Tier 3	
<i>exemestane oral tablet 25 mg</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL	Specialty	QL (2 EA per 365 days)
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	Specialty	QL (1 EA per 30 days)
<i>fulvestrant intramuscular solution prefilled syringe 250 mg/5ml</i>	Specialty	PA
<i>letrozole oral tablet 2.5 mg</i>	Tier 1	
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	Specialty	PA
LYSODREN ORAL TABLET 500 MG	Specialty	
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml</i>	Tier 1	
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	Tier 1	
<i>nilutamide oral tablet 150 mg</i>	Specialty	QL (2 EA per 1 day)
NUBEQA ORAL TABLET 300 MG	Specialty	PA
ORGOVYX ORAL TABLET 120 MG	Specialty	PA
ORSERDU ORAL TABLET 345 MG, 86 MG	Specialty	PA
SOLTAMOX ORAL SOLUTION 10 MG/5ML	Tier 2	
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
<i>toremifene citrate oral tablet 60 mg</i>	Specialty	PA
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG	Specialty	PA
XTANDI ORAL CAPSULE 40 MG	Specialty	PA
XTANDI ORAL TABLET 40 MG, 80 MG	Specialty	PA
YONSA ORAL TABLET 125 MG	Specialty	PA
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	Specialty	PA
<b>Antineoplastic - Immunomodulators</b>		
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	Specialty	PA
<b>Antineoplastic Antibiotics</b>		
<i>bleomycin sulfate injection solution reconstituted 15 unit, 30 unit</i>	Specialty	
<i>dactinomycin intravenous solution reconstituted 0.5 mg</i>	Specialty	
<i>daunorubicin hcl intravenous solution 20 mg/4ml</i>	Specialty	
<i>doxorubicin hcl intravenous solution 2 mg/ml</i>	Specialty	
<i>doxorubicin hcl liposomal intravenous suspension 2 mg/ml</i>	Specialty	

Drug	Status	Notes
ELLENCE INTRAVENOUS SOLUTION 200 MG/100ML, 50 MG/25ML	Specialty	
<i>idarubicin hcl intravenous solution 10 mg/10ml, 20 mg/20ml, 5 mg/5ml</i>	Specialty	
<i>mitomycin intravenous solution reconstituted 20 mg, 40 mg, 5 mg</i>	Specialty	
<i>mitomycin intravesical solution prefilled syringe 20 mg/40ml</i>	Specialty	
<i>mitoxantrone hcl intravenous concentrate 20 mg/10ml, 25 mg/12.5ml, 30 mg/15ml</i>	Specialty	PA
MUTAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 20 MG, 40 MG, 5 MG	Specialty	
<i>valrubicin intravesical solution 40 mg/ml</i>	Specialty	
<b>Antineoplastic Combinations</b>		
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1800-30000 MG-UT/15ML	Specialty	PA
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600-10000 MG-UNT/5ML	Specialty	PA
INQOVI ORAL TABLET 35-100 MG	Specialty	PA
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	Specialty	PA
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20ML	Specialty	PA
PHESGO SUBCUTANEOUS SOLUTION 60-60-2000 MG-MG-U/ML, 80-40-2000 MG-MG-U/ML	Specialty	PA
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400-23400 MG -UT/11.7ML, 1600-26800 MG -UT/13.4ML	Specialty	PA
TECENTRIQ HYBREZA SUBCUTANEOUS SOLUTION 1875-30000 MG-UT/15ML	Specialty	PA
VYXEOS INTRAVENOUS SUSPENSION RECONSTITUTED 44-100 MG	Specialty	PA
<b>Antineoplastic Enzyme Inhibitors</b>		
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG	Specialty	PA
ALECENSA ORAL CAPSULE 150 MG	Specialty	PA
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	Specialty	PA
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	Specialty	PA
AUGTYRO ORAL CAPSULE 40 MG	Specialty	PA
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	Specialty	PA
BELEODAQ INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	Specialty	PA
<i>bortezomib injection solution reconstituted 1 mg, 2.5 mg, 3.5 mg</i>	Specialty	PA
BOSULIF ORAL CAPSULE 100 MG, 50 MG	Specialty	PA
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	Specialty	PA
BRAFTOVI ORAL CAPSULE 75 MG	Specialty	PA
BRUKINSA ORAL CAPSULE 80 MG	Specialty	PA
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	Specialty	PA

Drug	Status	Notes
CALQUENCE ORAL TABLET 100 MG	Specialty	PA
CAPRELSA ORAL TABLET 100 MG, 300 MG	Specialty	PA
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	Specialty	PA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	Specialty	PA
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	Specialty	PA
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	Specialty	PA
COTELLIC ORAL TABLET 20 MG	Specialty	PA
<i>dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg</i>	Specialty	PA
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	Specialty	PA
<i>everolimus oral tablet soluble 2 mg, 3 mg, 5 mg</i>	Specialty	PA
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	Specialty	PA
FYARRO INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG	Specialty	PA
GAVRETO ORAL CAPSULE 100 MG	Specialty	PA
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	Specialty	PA
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	Specialty	PA
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	Specialty	PA
IDHIFA ORAL TABLET 100 MG, 50 MG	Specialty	PA
<i>imatinib mesylate oral tablet 100 mg, 400 mg</i>	Specialty	PA
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	Specialty	PA
IMBRUVICA ORAL SUSPENSION 70 MG/ML	Specialty	PA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	Specialty	PA
INREBIC ORAL CAPSULE 100 MG	Specialty	PA
ITOVEBI ORAL TABLET 3 MG, 9 MG	Specialty	PA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	Specialty	PA
JAYPIRCA ORAL TABLET 100 MG, 50 MG	Specialty	PA
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	Specialty	PA
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	Specialty	PA
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	Specialty	PA
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	Specialty	PA
KRAZATI ORAL TABLET 200 MG	Specialty	PA
KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED 10 MG, 30 MG, 60 MG	Specialty	PA
<i>lapatinib ditosylate oral tablet 250 mg</i>	Specialty	PA
LORBRENA ORAL TABLET 100 MG, 25 MG	Specialty	PA
LUMAKRAS ORAL TABLET 120 MG, 320 MG	Specialty	PA
LYNPARZA ORAL TABLET 100 MG, 150 MG	Specialty	PA
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	Tier 3	

Drug	Status	Notes
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	Tier 3	
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	Tier 3	
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML	Specialty	PA
MEKINIST ORAL TABLET 0.5 MG, 2 MG	Specialty	PA
MEKTOVI ORAL TABLET 15 MG	Specialty	PA
NERLYNX ORAL TABLET 40 MG	Specialty	PA
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	Specialty	PA
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG	Specialty	PA
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML	Specialty	PA
OJEMDA ORAL TABLET 100 MG	Specialty	PA
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	Specialty	PA
<i>pazopanib hcl oral tablet 200 mg</i>	Specialty	PA
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	Specialty	PA
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	Specialty	PA
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	Specialty	PA
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	Specialty	PA
QINLOCK ORAL TABLET 50 MG	Specialty	PA
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG	Specialty	PA
REZLIDHIA ORAL CAPSULE 150 MG	Specialty	PA
<i>romidepsin intravenous solution reconstituted 10 mg</i>	Specialty	PA
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	Specialty	PA
ROZLYTREK ORAL PACKET 50 MG	Specialty	PA
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	Specialty	PA
RYDAPT ORAL CAPSULE 25 MG	Specialty	PA
RYTELO INTRAVENOUS SOLUTION RECONSTITUTED 188 MG, 47 MG	Specialty	PA
SCEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG	Specialty	PA
<i>sorafenib tosylate oral tablet 200 mg</i>	Specialty	PA
STIVARGA ORAL TABLET 40 MG	Specialty	PA
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Specialty	PA
TABRECTA ORAL TABLET 150 MG, 200 MG	Specialty	PA
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	Specialty	PA
TAFINLAR ORAL TABLET SOLUBLE 10 MG	Specialty	PA
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	Specialty	PA
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	Specialty	PA
TAZVERIK ORAL TABLET 200 MG	Specialty	PA
<i>temsirolimus intravenous solution 25 mg/ml</i>	Specialty	PA
TEPMETKO ORAL TABLET 225 MG	Specialty	PA

Drug	Status	Notes
TIBSOVO ORAL TABLET 250 MG	Specialty	PA
TORPENZ ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	Specialty	PA
TRUQAP ORAL TABLET 160 MG, 200 MG	Specialty	PA
TRUQAP ORAL TABLET THERAPY PACK 160 MG, 200 MG	Specialty	PA
TURALIO ORAL CAPSULE 125 MG	Specialty	PA
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	Specialty	PA
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Specialty	PA
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	Specialty	PA
VITRAKVI ORAL SOLUTION 20 MG/ML	Specialty	PA
VONJO ORAL CAPSULE 100 MG	Specialty	PA
VORANIGO ORAL TABLET 10 MG, 40 MG	Specialty	PA
XALKORI ORAL CAPSULE 200 MG, 250 MG	Specialty	PA
XALKORI ORAL CAPSULE SPRINKLE 150 MG, 20 MG, 50 MG	Specialty	PA
XOSPATA ORAL TABLET 40 MG	Specialty	PA
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	Specialty	PA
ZELBORAF ORAL TABLET 240 MG	Specialty	PA
ZOLINZA ORAL CAPSULE 100 MG	Specialty	
ZYDELIG ORAL TABLET 100 MG, 150 MG	Specialty	PA
ZYKADIA ORAL TABLET 150 MG	Specialty	PA
<b>Antineoplastic Enzymes</b>		
ASPARLAS INTRAVENOUS SOLUTION 3750 UNIT/5ML	Specialty	PA
ONCASPASPAR INJECTION SOLUTION 750 UNIT/ML	Specialty	PA
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5ML	Specialty	PA
<b>Antineoplastic Radiopharmaceuticals</b>		
LUTATHERA INTRAVENOUS SOLUTION 370 MBQ/ML	Specialty	PA
<b>Antineoplastics Misc.</b>		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML	Specialty	PA
ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4ML	Specialty	PA
<i>arsenic trioxide intravenous solution 10 mg/10ml, 12 mg/6ml</i>	Specialty	
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	Specialty	PA
<i>bexarotene oral capsule 75 mg</i>	Specialty	PA
ELZONRIS INTRAVENOUS SOLUTION 1000 MCG/ML	Specialty	PA
<i>hydroxyurea oral capsule 500 mg</i>	Tier 1	
MATULANE ORAL CAPSULE 50 MG	Specialty	
NIPENT INTRAVENOUS SOLUTION RECONSTITUTED 10 MG	Specialty	



Drug	Status	Notes
PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED 22000000 UNIT	Specialty	
<i>tretinoin oral capsule 10 mg</i>	Specialty	
UVADEX EXTRACORPOREAL SOLUTION 20 MCG/ML	Tier 3	
<b>Chemotherapy Adjuncts</b>		
KEPIVANCE INTRAVENOUS SOLUTION RECONSTITUTED 5.16 MG	Specialty	
<b>Chemotherapy Rescue/Antidote Agents</b>		
IWILFIN ORAL TABLET 192 MG	Specialty	PA
KHAPZORY INTRAVENOUS SOLUTION RECONSTITUTED 175 MG	Specialty	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	Tier 1	
<i>levoleucovorin calcium intravenous solution reconstituted 50 mg</i>	Specialty	
<i>levoleucovorin calcium pf intravenous solution 175 mg/17.5ml, 250 mg/25ml</i>	Specialty	
MESNEX ORAL TABLET 400 MG	Tier 3	
PEDMARK INTRAVENOUS SOLUTION 12.5 %	Specialty	
VORAXAZE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT	Specialty	
<b>Mitotic Inhibitors</b>		
<i>docetaxel intravenous concentrate 160 mg/8ml, 20 mg/ml, 80 mg/4ml</i>	Specialty	
<i>docetaxel intravenous solution 160 mg/16ml, 20 mg/2ml, 80 mg/8ml</i>	Specialty	
<i>eribulin mesylate intravenous solution 1 mg/2ml</i>	Specialty	PA
<i>etoposide oral capsule 50 mg</i>	Tier 1	
IXEMPRA KIT INTRAVENOUS SOLUTION RECONSTITUTED 15 MG, 45 MG	Specialty	PA
JEVTANA INTRAVENOUS SOLUTION 60 MG/1.5ML	Specialty	
<i>paclitaxel intravenous concentrate 100 mg/16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml</i>	Specialty	
<i>paclitaxel protein-bound part intravenous suspension reconstituted 100 mg</i>	Specialty	PA
<i>vinblastine sulfate intravenous solution 1 mg/ml</i>	Specialty	
<i>vinorelbine tartrate intravenous solution 10 mg/ml, 50 mg/5ml</i>	Specialty	
<b>Topoisomerase I Inhibitors</b>		
HYCAMTIN ORAL CAPSULE 0.25 MG	Specialty	
<i>irinotecan hcl intravenous solution 100 mg/5ml, 300 mg/15ml, 40 mg/2ml, 500 mg/25ml</i>	Specialty	
ONIVYDE INTRAVENOUS INJECTABLE 43 MG/10ML	Specialty	PA
<i>topotecan hcl intravenous solution 4 mg/4ml</i>	Specialty	
<i>topotecan hcl intravenous solution reconstituted 4 mg</i>	Specialty	
TRODELVY INTRAVENOUS SOLUTION RECONSTITUTED 180 MG	Specialty	PA

Drug	Status	Notes
<b>Unknown</b>		
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	Specialty	PA
ERBITUX INTRAVENOUS SOLUTION 100 MG/50ML, 200 MG/100ML	Specialty	PA
<i>erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg</i>	Specialty	PA
<i>gefitinib oral tablet 250 mg</i>	Specialty	PA
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	Specialty	PA
HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	Specialty	PA
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	Specialty	PA
LAZCLUZE ORAL TABLET 240 MG, 80 MG	Specialty	PA
MARGENZA INTRAVENOUS SOLUTION 250 MG/10ML	Specialty	PA
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	Specialty	PA
ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	Specialty	PA
PERJETA INTRAVENOUS SOLUTION 420 MG/14ML	Specialty	PA
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50ML	Specialty	PA
TAGRISSO ORAL TABLET 40 MG, 80 MG	Specialty	PA
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	Specialty	PA
TUKYSA ORAL TABLET 150 MG, 50 MG	Specialty	PA
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML	Specialty	PA
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	Specialty	PA
WELIREG ORAL TABLET 40 MG	Specialty	PA
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	Specialty	PA
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	Specialty	PA
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	Specialty	PA
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	Specialty	PA
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	Specialty	PA
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	Specialty	PA
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	Specialty	PA
<b>Antiparkinson And Related Therapy Agents</b>		
<b>Antiparkinson Adjuvants</b>		
<i>carbidopa oral tablet 25 mg</i>	Tier 1	
<b>Antiparkinson Anticholinergics</b>		
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	

Drug	Status	Notes
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	Tier 1	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	Tier 1	
<b>Antiparkinson Comt Inhibitors</b>		
<i>entacapone oral tablet 200 mg</i>	Tier 1	
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	Tier 3	PA
<b>Antiparkinson Dopaminergics</b>		
<i>amantadine hcl oral capsule 100 mg</i>	Tier 1	
<i>amantadine hcl oral solution 50 mg/5ml</i>	Tier 1	
<i>amantadine hcl oral tablet 100 mg</i>	Tier 1	
<i>apomorphine hcl subcutaneous solution cartridge 30 mg/3ml</i>	Specialty	PA
<i>bromocriptine mesylate oral capsule 5 mg</i>	Tier 1	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	Tier 1	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	Tier 1	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 1	
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	Tier 1	
DHIVY ORAL TABLET 25-100 MG	Tier 3	
DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML	Specialty	PA
INBRIJA INHALATION CAPSULE 42 MG	Specialty	PA
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	Tier 2	ST; QL (1 EA per 1 day)
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	Tier 1	
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	Tier 1	ST; QL (1 EA per 1 day)
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	Tier 1	
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	Tier 3	TRIAL OF GENERIC CARBIDOPA/LEVODOPA ER IN THE PAST 120 DAYS; QL (10 EA per 1 day)
VYALEV SUBCUTANEOUS SOLUTION 12-240 MG/ML	Specialty	PA
<b>Antiparkinson Monoamine Oxidase Inhibitors</b>		
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>selegiline hcl oral capsule 5 mg</i>	Tier 1	
<i>selegiline hcl oral tablet 5 mg</i>	Tier 1	
XADAGO ORAL TABLET 100 MG, 50 MG	Tier 3	ST; QL (1 EA per 1 day)
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG	Tier 3	ST; QL (2 EA per 1 day)
<b>Antipsychotics/Antimanic Agents</b>		
<b>Antimanic Agents</b>		
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	\$0	

Drug	Status	Notes
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	\$0	
<i>lithium carbonate oral tablet 300 mg</i>	\$0	
<i>lithium oral solution 8 meq/5ml</i>	\$0	
<b>Antipsychotics - Misc.</b>		
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	Tier 3	TRIAL OF REXULTI OR VRAYLAR IN THE PAST 120 DAYS; QL (1 EA per 1 day)
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG	Tier 3	
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	\$0	QL (1 EA per 1 day)
<i>lurasidone hcl oral tablet 80 mg</i>	\$0	QL (2 EA per 1 day)
NUPLAZID ORAL CAPSULE 34 MG	\$0	PA
NUPLAZID ORAL TABLET 10 MG	\$0	PA
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	\$0	QL (1 EA per 1 day)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	\$0	
<b>Benzisoxazoles</b>		
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	\$0	QL (0.75 ML per 21 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML, 351 MG/2.25ML	\$0	QL (1 ML per 21 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	\$0	QL (1.5 ML per 21 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	\$0	QL (0.25 ML per 21 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	\$0	QL (0.5 ML per 21 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 3	QL (2 EA per 1 day)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	Tier 3	QL (8 EA per 28 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	\$0	QL (3.5 ML per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	\$0	QL (5 ML per 166 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	\$0	QL (0.75 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	\$0	QL (1 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	\$0	QL (1.5 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	\$0	QL (0.25 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	\$0	QL (0.5 ML per 21 days)

Drug	Status	Notes
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	\$0	QL (0.88 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	\$0	QL (1.32 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	\$0	QL (1.75 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	\$0	QL (2.63 ML per 70 days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	\$0	QL (1 EA per 1 day)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	\$0	QL (2 EA per 1 day)
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	\$0	QL (1 EA per 28 days)
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	\$0	QL (1 EA per 14 days)
<i>risperidone oral solution 1 mg/ml</i>	\$0	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	\$0	
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	\$0	
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML, 125 MG/0.35ML, 50 MG/0.14ML, 75 MG/0.21ML	\$0	QL (1 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML	\$0	QL (1 ML per 56 days)
<b>Butyrophenones</b>		
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	\$0	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	\$0	
<b>Dibenzapines</b>		
ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED 10 MG	\$0	
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	\$0	QL (2 EA per 1 day)
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0	
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	\$0	QL (3 EA per 1 day)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	\$0	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	\$0	
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	\$0	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	\$0	
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	\$0	

Drug	Status	Notes
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 5 MG	Tier 3	QL (2 EA per 1 day)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	Tier 3	QL (1 EA per 1 day)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	Tier 3	QL (18 ML per 1 day)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	\$0	QL (1 EA per 14 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	\$0	QL (1 EA per 28 days)
<b>Dihydroindolones</b>		
<i>molindone hcl oral tablet 10 mg</i>	\$0	QL (8 EA per 1 day)
<i>molindone hcl oral tablet 25 mg</i>	\$0	QL (9 EA per 1 day)
<i>molindone hcl oral tablet 5 mg</i>	\$0	
<b>Phenothiazines</b>		
<i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i>	\$0	
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0	
COMPRO RECTAL SUPPOSITORY 25 MG	\$0	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	\$0	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	\$0	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	\$0	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	\$0	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	\$0	
<i>prochlorperazine rectal suppository 25 mg</i>	\$0	
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	\$0	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	\$0	
<b>Quinolinone Derivatives</b>		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	\$0	QL (2.4 ML per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	\$0	QL (3.2 ML per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	\$0	QL (1 EA per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	\$0	QL (1 EA per 26 days)
<i>aripiprazole oral solution 1 mg/ml</i>	\$0	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	\$0	
<i>aripiprazole oral tablet dispersible 10 mg</i>	\$0	QL (3 EA per 1 day)
<i>aripiprazole oral tablet dispersible 15 mg</i>	\$0	QL (2 EA per 1 day)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	\$0	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	\$0	QL (3.9 ML per 14 days)



Drug	Status	Notes
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	\$0	QL (1.6 ML per 14 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	\$0	QL (2.4 ML per 14 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	\$0	QL (3.2 ML per 14 days)
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG	Tier 3	ST
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	\$0	QL (1 EA per 1 day)
<b>Thioxanthenes</b>		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	\$0	
<b>Unknown</b>		
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	Tier 3	ST; QL (2 EA per 1 day)
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG	Tier 3	ST
<b>Antiseptics &amp; Disinfectants</b>		
<b>Chlorine Antiseptics</b>		
<i>chlorhexidine gluconate solution 20 %</i>	Tier 3	
<b>Iodine Antiseptics</b>		
IODOFLEX EXTERNAL PAD 0.9 %	Tier 3	
<i>iodosorb external gel 0.9 %</i>	Tier 3	
<i>Iugols strong iodine external solution 5-10 %</i>	Tier 3	
<b>Antivirals</b>		
<b>Antiretrovirals</b>		
<i>abacavir sulfate oral solution 20 mg/ml</i>	Specialty	QL (960 ML per 30 days)
<i>abacavir sulfate oral tablet 300 mg</i>	Specialty	QL (2 EA per 1 day)
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	Specialty	QL (1 EA per 1 day)
APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 MG/3ML	\$0	ST; \$0 COPAY IF QUANTITY 0.15 IN 1 DAY, FILL OF 7 IN 365, AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (21 ML per 365 days); AGE (Min 12 Years)
APTIVUS ORAL CAPSULE 250 MG	Specialty	QL (4 EA per 1 day)
<i>atazanavir sulfate oral capsule 150 mg, 200 mg</i>	Specialty	QL (2 EA per 1 day)
<i>atazanavir sulfate oral capsule 300 mg</i>	Specialty	QL (1 EA per 1 day)
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	Specialty	QL (1 EA per 1 day)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML	Specialty	QL (4 ML per 30 days); AGE (Min 12 Years)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 & 900 MG/3ML	Specialty	QL (6 ML per 30 days); AGE (Min 12 Years)
CIMDUO ORAL TABLET 300-300 MG	Specialty	QL (1 EA per 1 day)
<i>darunavir oral tablet 600 mg</i>	Specialty	QL (2 EA per 1 day)
<i>darunavir oral tablet 800 mg</i>	Specialty	QL (1 EA per 1 day)
DESCOVY ORAL TABLET 120-15 MG	Specialty	QL (1 EA per 1 day)

Drug	Status	Notes
DESCOVY ORAL TABLET 200-25 MG	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
DOVATO ORAL TABLET 50-300 MG	Specialty	QL (1 EA per 1 day)
EDURANT ORAL TABLET 25 MG	Specialty	QL (1 EA per 1 day)
<i>efavirenz oral tablet 600 mg</i>	Specialty	
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	Specialty	QL (1 EA per 1 day)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	Specialty	QL (1 EA per 1 day)
<i>emtricitabine oral capsule 200 mg</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	Specialty	QL (1 EA per 1 day)
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML	Specialty	QL (850 ML per 30 days)
<i>etravirine oral tablet 100 mg</i>	Specialty	QL (4 EA per 1 day)
<i>etravirine oral tablet 200 mg</i>	Specialty	QL (2 EA per 1 day)
EVOTAZ ORAL TABLET 300-150 MG	Specialty	QL (1 EA per 1 day)
<i>fosamprenavir calcium oral tablet 700 mg</i>	Specialty	QL (4 EA per 1 day)
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	Specialty	QL (2 EA per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG	Specialty	QL (1 EA per 1 day)
INTELENCE ORAL TABLET 25 MG	Specialty	QL (4 EA per 1 day)
ISENTRESS HD ORAL TABLET 600 MG	Specialty	QL (2 EA per 1 day)
ISENTRESS ORAL PACKET 100 MG	Specialty	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET 400 MG	Specialty	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	Specialty	QL (6 EA per 1 day)
JULUCA ORAL TABLET 50-25 MG	Specialty	QL (1 EA per 1 day)
KALETRA ORAL TABLET 100-25 MG	Specialty	QL (10 EA per 1 day)
<i>lamivudine oral solution 10 mg/ml</i>	Specialty	QL (960 ML per 30 days)
<i>lamivudine oral tablet 150 mg</i>	Specialty	QL (2 EA per 1 day)
<i>lamivudine oral tablet 300 mg</i>	Specialty	QL (1 EA per 1 day)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	Specialty	QL (2 EA per 1 day)
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	Specialty	QL (480 ML per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	Specialty	QL (10 EA per 1 day)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	Specialty	QL (4 EA per 1 day)
<i>maraviroc oral tablet 150 mg</i>	Specialty	QL (2 EA per 1 day)
<i>maraviroc oral tablet 300 mg</i>	Specialty	QL (4 EA per 1 day)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	Specialty	QL (1 EA per 1 day)
<i>nevirapine oral suspension 50 mg/5ml</i>	Specialty	QL (1200 ML per 30 days)

Drug	Status	Notes
<i>nevirapine oral tablet 200 mg</i>	Specialty	QL (2 EA per 1 day)
NORVIR ORAL PACKET 100 MG	Specialty	QL (12 EA per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG	Specialty	QL (1 EA per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML	Specialty	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	Specialty	QL (8 EA per 1 day)
PREZISTA ORAL TABLET 75 MG	Specialty	QL (16 EA per 1 day)
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	Specialty	
REYATAZ ORAL PACKET 50 MG	Specialty	QL (5 EA per 1 day)
<i>ritonavir oral tablet 100 mg</i>	Specialty	QL (12 EA per 1 day)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	Specialty	PA
SELZENTRY ORAL SOLUTION 20 MG/ML	Specialty	QL (31 ML per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG	Specialty	QL (1 EA per 1 day)
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG	Specialty	PA
SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML	Specialty	PA
SYMTUZA ORAL TABLET 800-150-200-10 MG	Specialty	QL (1 EA per 1 day)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
TIVICAY ORAL TABLET 50 MG	Specialty	QL (2 EA per 1 day)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	Specialty	QL (6 EA per 1 day)
TRIUMEQ ORAL TABLET 600-50-300 MG	Specialty	QL (1 EA per 1 day)
<i>trimeq pd oral tablet soluble 60-5-30 mg</i>	Specialty	QL (6 EA per 1 day)
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33ML	Specialty	PA
TYBOST ORAL TABLET 150 MG	Tier 2	QL (1 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG, 625 MG	Specialty	
VIREAD ORAL POWDER 40 MG/GM	Specialty	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Specialty	QL (1 EA per 1 day)
<i>zidovudine oral capsule 100 mg</i>	Specialty	QL (6 EA per 1 day)
<i>zidovudine oral syrup 50 mg/5ml</i>	Specialty	QL (1920 ML per 30 days)
<i>zidovudine oral tablet 300 mg</i>	Specialty	QL (2 EA per 1 day)
<b>Antiviral Combinations</b>		
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG	Tier 2	QL (20 EA per 28 days); AGE (Min 12 Years)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG	Tier 2	QL (30 EA per 28 days); AGE (Min 12 Years)
<b>Cmv Agents</b>		
LIVTENCITY ORAL TABLET 200 MG	Specialty	PA
PREVYMIS ORAL TABLET 240 MG, 480 MG	Tier 3	PA
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	Tier 1	
<i>valganciclovir hcl oral tablet 450 mg</i>	Tier 1	
<b>Hepatitis Agents</b>		
<i>adefovir dipivoxil oral tablet 10 mg</i>	Specialty	QL (1 EA per 1 day)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	Specialty	QL (630 ML per 30 days)

Drug	Status	Notes
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	Specialty	QL (1 EA per 1 day)
EPCLUSA ORAL PACKET 150-37.5 MG, 200-50 MG	Specialty	PA
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	Specialty	PA
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG	Specialty	PA
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	Specialty	PA
<i>lamivudine oral tablet 100 mg</i>	Specialty	QL (1 EA per 1 day)
MAVYRET ORAL PACKET 50-20 MG	Specialty	PA
MAVYRET ORAL TABLET 100-40 MG	Specialty	PA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Specialty	PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	Specialty	PA
<i>ribavirin oral capsule 200 mg</i>	Tier 1	
<i>ribavirin oral tablet 200 mg</i>	Tier 1	
SOVALDI ORAL PACKET 150 MG, 200 MG	Specialty	PA
SOVALDI ORAL TABLET 200 MG, 400 MG	Specialty	PA
VEMLIDY ORAL TABLET 25 MG	Specialty	QL (1 EA per 1 day)
VOSEVI ORAL TABLET 400-100-100 MG	Specialty	PA
<b>Herpes Agents</b>		
<i>acyclovir oral capsule 200 mg</i>	Tier 1	
<i>acyclovir oral suspension 200 mg/5ml</i>	Tier 1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	Tier 1	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	Tier 1	
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	Tier 1	
<b>Influenza Agents</b>		
<i>oseltamivir phosphate oral capsule 30 mg</i>	Tier 1	QL (40 EA per 180 days)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	Tier 1	QL (20 EA per 180 days)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	Tier 1	QL (360 ML per 180 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	Tier 3	QL (40 EA per 180 days)
<i>rimantadine hcl oral tablet 100 mg</i>	Tier 1	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	Tier 2	QL (2 EA per 180 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	Tier 2	QL (2 EA per 180 days)
<b>Misc. Antivirals</b>		
LAGEVRIO ORAL CAPSULE 200 MG	Tier 2	QL (40 EA per 29 days); AGE (Min 18 Years)
TEMBEXA ORAL SUSPENSION 10 MG/ML	Tier 3	
TEMBEXA ORAL TABLET 100 MG	Tier 3	
TPOXX ORAL CAPSULE 200 MG	Tier 2	
<b>Respiratory Syncytial Virus (Rsv) Agents</b>		
<i>ribavirin inhalation solution reconstituted 6 gm</i>	Tier 1	
<b>Beta Blockers</b>		
<b>Alpha-Beta Blockers</b>		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	\$0	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	\$0	

Drug	Status	Notes
<b>Beta Blockers Cardio-Selective</b>		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	\$0	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	\$0	
ATENOLOL+SYRSPEND SF ORAL SUSPENSION 1 MG/ML	Tier 3	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	\$0	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	\$0	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG	Tier 3	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	\$0	
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	\$0	
<b>Beta Blockers Non-Selective</b>		
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	Tier 3	TRIAL OF GENERIC PROPRANOLOL ORAL SOLUTION IN THE PAST 120 DAYS ; QL (360 ML per 30 days)
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	\$0	
<i>pindolol oral tablet 10 mg, 5 mg</i>	\$0	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	\$0	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	\$0	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	\$0	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	\$0	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	\$0	
SOTYLIZE ORAL SOLUTION 5 MG/ML	Tier 3	ST; QL: 8 BOTTLES IN 30 DAYS
<b>Calcium Channel Blockers</b>		
<b>Calcium Channel Blockers</b>		
AMLODIPINE BES+SYRSPEND SF ORAL SUSPENSION 1 MG/ML	Tier 3	
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0	
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	\$0	
CONJUPRI ORAL TABLET 5 MG	Tier 3	PA
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	\$0	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	\$0	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	\$0	
<i>diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	\$0	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	\$0	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	\$0	

Drug	Status	Notes
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	\$0	
<i>levamlodipine maleate oral tablet 2.5 mg, 5 mg</i>	\$0	PA
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	\$0	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	\$0	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	\$0	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	\$0	
<i>nimodipine oral capsule 30 mg</i>	\$0	
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	\$0	
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG	\$0	
NYMALIZE ORAL SOLUTION 6 MG/ML	\$0	PA
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	\$0	
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i>	\$0	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	\$0	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	\$0	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG	Tier 3	
<b>Cardiotonics</b>		
<b>Cardiac Glycosides</b>		
<i>digoxin oral solution 0.05 mg/ml</i>	\$0	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	\$0	
<i>digoxin oral tablet 62.5 mcg</i>	\$0	PA
LANOXIN ORAL TABLET 125 MCG, 250 MCG	\$0	
LANOXIN ORAL TABLET 62.5 MCG	\$0	PA
<b>Cardiovascular Agents - Misc.</b>		
<b>Cardiovascular Agents Misc. - Combinations</b>		
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG	\$0	QL (8 EA per 1 day)
ENTRESTO ORAL TABLET 24-26 MG	\$0	QL (6 EA per 1 day)
ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG	\$0	QL (2 EA per 1 day)
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	Tier 1	
<b>Impotence Agents</b>		
<i>avanafil oral tablet 100 mg, 200 mg, 50 mg</i>	Tier 1	ST; QL (1 EA per 5 days)
<i>bi-mix intracavernosal solution reconstituted 150-5 mg</i>	Tier 3	
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG	Tier 3	QL (1 EA per 5 days)
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 20 MCG, 40 MCG	Tier 3	QL (1 EA per 5 days)
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG	Tier 3	QL: 6 INJECTIONS IN 30 DAYS



Drug	Status	Notes
IFE-BIMIX 30/1 INTRACAVERNOSAL SOLUTION 30-1 MG/ML	Tier 3	
<i>phenylephrine hcl intracavernosal solution 2 mg/2ml</i>	Tier 3	
<i>quad-mix intracavernosal solution reconstituted 150-10-0.1-1 mg</i>	Tier 3	
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	QL (1 EA per 5 days)
<i>super bi-mix intracavernosal solution reconstituted 150-10 mg</i>	Tier 3	
<i>super quad-mix intracavernosal solution reconstituted 150-20-0.2-2 mg</i>	Tier 3	
<i>super tri-mix intracavernosal solution reconstituted 150-10-100 mg-mg-mcg</i>	Tier 3	
<i>tadalafil oral tablet 10 mg, 20 mg</i>	Tier 1	QL (1 EA per 5 days)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	Tier 1	PA
<i>tri-mix intracavernosal solution reconstituted 150-5-50 mg-mg-mcg</i>	Tier 3	
<b>Peripheral Vasodilators</b>		
<i>papaverine hcl injection solution 30 mg/ml</i>	Tier 1	
<b>Prostaglandin Vasodilators</b>		
<i>epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg</i>	Specialty	PA
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG	Specialty	PA
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG	Specialty	PA
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25	Specialty	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	Specialty	PA
<i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>	Specialty	PA
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	Specialty	PA
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	Specialty	PA
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	Specialty	PA
TYVASO INHALATION SOLUTION 0.6 MG/ML	Specialty	PA
TYVASO REFILL KIT INHALATION SOLUTION 0.6 MG/ML	Specialty	PA
TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML	Specialty	PA
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML	Specialty	PA
<b>Pulmonary Hypertension - Endothelin Receptor Antagonists</b>		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	Specialty	PA
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	Specialty	PA
OPSUMIT ORAL TABLET 10 MG	Specialty	PA

Drug	Status	Notes
TRACLEER ORAL TABLET SOLUBLE 32 MG	Specialty	PA
<b>Pulmonary Hypertension - Phosphodiesterase Inhibitors</b>		
ALYQ ORAL TABLET 20 MG	Specialty	PA
<i>sildenafil citrate intravenous solution 10 mg/12.5ml</i>	Tier 1	PA
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	Tier 1	PA
<i>sildenafil citrate oral tablet 20 mg</i>	Tier 1	PA
<i>tadalafil (pah) oral tablet 20 mg</i>	Specialty	PA
<b>Pulmonary Hypertension - Prostacyclin Receptor Agonist</b>		
UPTRAVI INTRAVENOUS SOLUTION RECONSTITUTED 1800 MCG	Specialty	PA
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	Specialty	PA
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG	Specialty	PA
<b>Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator</b>		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	Specialty	PA
<b>Sinus Node Inhibitors</b>		
CORLANOR ORAL SOLUTION 5 MG/5ML	\$0	QL (20 ML per 1 day)
<i>ivabradine hcl oral tablet 5 mg, 7.5 mg</i>	\$0	QL (2 EA per 1 day)
<b>Unknown</b>		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	Specialty	PA
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 3	PA
VYNDAMAX ORAL CAPSULE 61 MG	Specialty	PA
VYNDAQEL ORAL CAPSULE 20 MG	Specialty	PA
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG	Specialty	PA
<b>Cephalosporins</b>		
<b>Cephalosporins - 1St Generation</b>		
<i>cefadroxil oral capsule 500 mg</i>	Tier 1	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	Tier 1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	Tier 1	
<b>Cephalosporins - 2Nd Generation</b>		
<i>cefaclor er oral tablet extended release 12 hour 500 mg</i>	Tier 1	
<i>cefaclor oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	Tier 1	

Drug	Status	Notes
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	Tier 1	
<b>Cephalosporins - 3Rd Generation</b>		
<i>cefdinir oral capsule 300 mg</i>	Tier 1	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 1	
<b>Chemicals</b>		
<b>Bulk Chemicals - A's</b>		
<i>enovarx-amitriptyline external kit 2 %</i>	Tier 3	
<b>Contraceptives</b>		
<b>Combination Contraceptives - Oral</b>		
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AMETHYST ORAL TABLET 90-20 MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
APRI ORAL TABLET 0.15-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ASHLYNA ORAL TABLET 0.15-0.03 & 0.01 MG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AUROVELA 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AUROVELA 1/20 ORAL TABLET 1-20 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AUROVELA 24 FE ORAL TABLET 1-20 MG-MCG(24)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AUROVELA FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AUROVELA FE 1/20 ORAL TABLET 1-20 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AVIANE ORAL TABLET 0.1-20 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AYUNA ORAL TABLET 0.15-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AZURETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
BALZIVA ORAL TABLET 0.4-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
BLISOVI 24 FE ORAL TABLET 1-20 MG-MCG(24)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
BLISOVI FE 1/20 ORAL TABLET 1-20 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
CAMRESE LO ORAL TABLET 0.1-0.02 & 0.01 MG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
CAMRESE ORAL TABLET 0.15-0.03 & 0.01 MG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
CHARLOTTE 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
CHATEAL EQ ORAL TABLET 0.15-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
CRYSSELLE-28 ORAL TABLET 0.3-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
CYRED EQ ORAL TABLET 0.15-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
DASETTA 1/35 ORAL TABLET 1-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
DASETTA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
DAYSEE ORAL TABLET 0.15-0.03 & 0.01 MG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)

Drug	Status	Notes
DELYLA ORAL TABLET 0.1-20 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
DOLISHALE ORAL TABLET 90-20 MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>drosipren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i>	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>drosiprenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ELINEST ORAL TABLET 0.3-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ENPRESSE-28 ORAL TABLET 50-30/75-40/ 125-30 MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
FALMINA ORAL TABLET 0.1-20 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
FEMLYV ORAL TABLET DISPERSIBLE 1-0.02 MG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
FINZALA ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
GEMMILY ORAL CAPSULE 1-20 MG-MCG(24)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
HAILEY 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
HAILEY 24 FE ORAL TABLET 1-20 MG-MCG(24)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
HAILEY FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
HAILEY FE 1/20 ORAL TABLET 1-20 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ICLEVIA ORAL TABLET 0.15-0.03 MG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
INTROVALE ORAL TABLET 0.15-0.03 MG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
JAIMIESS ORAL TABLET 0.15-0.03 & 0.01 MG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
JASMIEL ORAL TABLET 3-0.02 MG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
JOLESSA ORAL TABLET 0.15-0.03 MG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
JOYEAUX ORAL TABLET 0.1-20 MG-MCG(21)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (1 EA per 1 day)
JULEBER ORAL TABLET 0.15-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
JUNEL FE 24 ORAL TABLET 1-20 MG-MCG(24)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
KAITLIB FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
KALLIGA ORAL TABLET 0.15-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
KELNOR 1/50 ORAL TABLET 1-50 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY

Drug	Status	Notes
KURVELO ORAL TABLET 0.15-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LARIN 1/20 ORAL TABLET 1-20 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LARIN 24 FE ORAL TABLET 1-20 MG-MCG(24)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LAYOLIS FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LESSINA ORAL TABLET 0.1-20 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>levonorgest-eth est &amp; eth est oral tablet 42-21-21-7 days</i>	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 &amp; 0.01 mg, 0.15-0.03 &amp; 0.01 mg, 0.15-0.03 mg</i>	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
<i>levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)</i>	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (1 EA per 1 day)
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg</i>	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LOESTRIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LOESTRIN FE 1/20 ORAL TABLET 1-20 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LOJAIMIESS ORAL TABLET 0.1-0.02 & 0.01 MG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
LORYNA ORAL TABLET 3-0.02 MG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LO-ZUMANDIMINE ORAL TABLET 3-0.02 MG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LUTERA ORAL TABLET 0.1-20 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MERZEE ORAL CAPSULE 1-20 MG-MCG(24)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MIBELAS 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY



Drug	Status	Notes
MILI ORAL TABLET 0.25-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG	\$0	ST; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NEXTSTELLIS ORAL TABLET 3-14.2 MG	\$0	ST; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (1 EA per 1 day)
NIKKI ORAL TABLET 3-0.02 MG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)</i>	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg</i>	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NYLIA 1/35 ORAL TABLET 1-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
OCELLA ORAL TABLET 3-0.03 MG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
PHILITH ORAL TABLET 0.4-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
RIVELSA ORAL TABLET 42-21-21-7 DAYS	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
SETLAKIN ORAL TABLET 0.15-0.03 MG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
SIMLIYA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
SIMPESSE ORAL TABLET 0.15-0.03 & 0.01 MG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
SRONYX ORAL TABLET 0.1-20 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
SYEDA ORAL TABLET 3-0.03 MG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TARINA 24 FE ORAL TABLET 1-20 MG-MCG(24)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TAYSOFY ORAL CAPSULE 1-20 MG-MCG(24)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TILIA FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY



Drug	Status	Notes
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRIVORA (28) ORAL TABLET 50-30/75-40/ 125-30 MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TURQOZ ORAL TABLET 0.3-30 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG	\$0	TRIAL OF A GENERIC CONTRACEPTIVE IN THE PAST 120 DAYS; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TYDEMY ORAL TABLET 3-0.03-0.451 MG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
VESTURA ORAL TABLET 3-0.02 MG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
VIENVA ORAL TABLET 0.1-20 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
VOLNEA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
VYFEMLA ORAL TABLET 0.4-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
WERA ORAL TABLET 0.5-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
WYMZYA FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ZOVIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ZUMANDIMINE ORAL TABLET 3-0.03 MG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<b>Combination Contraceptives - Transdermal</b>		
<i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i>	\$0	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR	\$0	
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	\$0	

Drug	Status	Notes
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	\$0	
<b>Combination Contraceptives - Vaginal</b>		
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR	\$0	
ELURYNG VAGINAL RING 0.12-0.015 MG/24HR	\$0	
ENILLORING VAGINAL RING 0.12-0.015 MG/24HR	\$0	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	\$0	
HALOETTE VAGINAL RING 0.12-0.015 MG/24HR	\$0	
<b>Copper Contraceptives - Iud</b>		
PARAGARD INTRAUTERINE COPPER INTRAUTERINE DEVICE	\$0	
<b>Emergency Contraceptives</b>		
AFTERA ORAL TABLET 1.5 MG	\$0	
AFTERPILL ORAL TABLET 1.5 MG	\$0	
CURAE ORAL TABLET 1.5 MG	\$0	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG	\$0	
ELLA ORAL TABLET 30 MG	\$0	
HER STYLE ORAL TABLET 1.5 MG	\$0	
<i>levonorgestrel oral tablet 1.5 mg</i>	\$0	
MY CHOICE ORAL TABLET 1.5 MG	\$0	
MY WAY ORAL TABLET 1.5 MG	\$0	
NEW DAY ORAL TABLET 1.5 MG	\$0	
OPCICON ONE-STEP ORAL TABLET 1.5 MG	\$0	
OPTION 2 ORAL TABLET 1.5 MG	\$0	
REACT ORAL TABLET 1.5 MG	\$0	
TAKE ACTION ORAL TABLET 1.5 MG	\$0	
<b>Progestin Contraceptives - Implants</b>		
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG	\$0	\$0 COPAY IF QUANTITY LIMITED TO 1 IN 365 DAYS
<b>Progestin Contraceptives - Injectable</b>		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	\$0	\$0 COPAY IF LIMITED TO 90 DAY SUPPLY; QL (0.65 ML per 84 days)
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	\$0	\$0 COPAY IF LIMITED TO 90 DAY SUPPLY; QL (1 ML per 84 days)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	\$0	\$0 COPAY IF LIMITED TO 90 DAY SUPPLY; QL (1 ML per 84 days)
<b>Progestin Contraceptives - Iud</b>		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG	\$0	
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	\$0	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY	\$0	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG	\$0	
<b>Progestin Contraceptives - Oral</b>		
CAMILA ORAL TABLET 0.35 MG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY

Drug	Status	Notes
DEBLITANE ORAL TABLET 0.35 MG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
EMZAHH ORAL TABLET 0.35 MG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ERRIN ORAL TABLET 0.35 MG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
HEATHER ORAL TABLET 0.35 MG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
INCASSIA ORAL TABLET 0.35 MG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
JENCYCLA ORAL TABLET 0.35 MG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LYLEQ ORAL TABLET 0.35 MG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LYZA ORAL TABLET 0.35 MG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NORA-BE ORAL TABLET 0.35 MG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>norethindrone oral tablet 0.35 mg</i>	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NORLYROC ORAL TABLET 0.35 MG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
OPILL ORAL TABLET 0.075 MG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
SHAROBEL ORAL TABLET 0.35 MG	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
SLYND ORAL TABLET 4 MG	\$0	TRIAL OF GENERIC NORETHINDRONE 0.35MG TABLETS IN THE PAST 120 DAYS; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (1 EA per 1 day)
<b>Corticosteroids</b>		
<b>Glucocorticosteroids</b>		
AGAMREE ORAL SUSPENSION 40 MG/ML	Specialty	PA
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG	Specialty	PA
BETALOAN SUIK COMBINATION KIT 30 MG/5ML	Tier 3	
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	Tier 1	TRIAL OF BALSALAZIDE IN THE PAST 120 DAYS
<i>budesonide oral capsule delayed release particles 3 mg</i>	Tier 1	
<i>deflazacort oral suspension 22.75 mg/ml</i>	Specialty	PA
<i>deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i>	Specialty	PA
<i>dexamethasone acetate injection suspension 8 mg/ml</i>	Tier 1	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	Tier 3	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	Tier 1	
<i>dexamethasone oral solution 0.5 mg/5ml</i>	Tier 1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	Tier 1	
DEXONTO 0.4% IONTOPHORESIS SOLUTION 20 MG/5ML	Tier 3	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
<i>hydrocortisone sod suc (pf) injection solution reconstituted 100 mg</i>	Tier 1	
MEDPREDKIT COMBINATION KIT 4 MG	Tier 1	
MEDROL ORAL TABLET 2 MG	Tier 2	
MEDROLOAN II SUIK COMBINATION KIT 40 MG/ML	Tier 3	
MEDROLOAN SUIK COMBINATION KIT 40 MG/ML	Tier 3	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Tier 1	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	Tier 1	

Drug	Status	Notes
ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 30 MG	Tier 3	
<i>p-care k40g combination kit 40 mg/ml</i>	Tier 3	
<i>p-care k80g combination kit 40 mg/ml</i>	Tier 3	
<i>physicians ez use joint/tunnel combination kit 40-1 mg/ml-%</i>	Tier 3	
<i>pod-care 100cg combination kit 30 mg/5ml</i>	Tier 3	
<i>pod-care 100kg combination kit 40 mg/ml</i>	Tier 3	
<i>prednisolone oral solution 15 mg/5ml</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	Tier 1	
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	Tier 1	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	Tier 2	
<i>prednisone oral solution 5 mg/5ml</i>	Tier 1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	Tier 1	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	Tier 1	
TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG	Specialty	PA
TRILOAN II SUIK COMBINATION KIT 40 MG/ML	Tier 3	
TRILOAN SUIK COMBINATION KIT 40 MG/ML	Tier 3	
<b>Mineralocorticoids</b>		
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	Tier 1	
<b>Cough/Cold/Allergy</b>		
<b>Antitussives</b>		
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	Tier 1	
<i>hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml</i>	Tier 1	QL (30 ML per 1 day); AGE (Min 18 Years)
<i>hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Min 18 Years)
<i>hydromet oral solution 5-1.5 mg/5ml</i>	Tier 1	QL (30 ML per 1 day); AGE (Min 18 Years)
<b>Cough/Cold/Allergy Combinations</b>		
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG	Tier 3	TRIAL OF DESLORATADINE OR LEVOCERTIRIZINE TABLETS IN THE PAST 120 DAYS; QL (2 EA per 1 day)
<i>hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml</i>	Tier 1	QL (10 ML per 1 day); AGE (Min 18 Years)
NEOTUSS PLUS ORAL LIQUID 7.5-4-30 MG/5ML	Tier 3	
<i>promethazine vc oral syrup 6.25-5 mg/5ml</i>	Tier 1	
<i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>	Tier 1	QL (30 ML per 1 day); AGE (Min 18 Years)
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	Tier 1	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5ml</i>	Tier 1	
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	Tier 1	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG	Tier 3	TRIAL OF PROMETHAZINE/CODEINE IN THE PAST 120 DAYS; QL (2 EA per 1 day); AGE (Min 18 Years)

Drug	Status	Notes
<b>Expectorants</b>		
<i>potassium iodide (expectorant) oral solution 1 gm/ml</i>	Tier 1	
<b>Misc. Respiratory Inhalants</b>		
HYPERSAL INHALATION NEBULIZATION SOLUTION 3.5 %	Tier 3	
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	Tier 1	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	Tier 3	
<i>sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %</i>	Tier 1	
<b>Mucolytics</b>		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	Tier 1	
<b>Dermatologicals</b>		
<b>Acne Products</b>		
<i>abenor hp external lotion 4-15 %</i>	Tier 3	
ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	
<i>acioxaiy external cream 15-4 %</i>	Tier 3	
<i>adainzoxia external gel 0.3-2.5-4 %</i>	Tier 3	
<i>adalina external gel 4-5 %</i>	Tier 3	
<i>adapalene external gel 0.1 %, 0.3 %</i>	Tier 1	
<i>adeinzde external gel 0.1-2.5-1 %</i>	Tier 3	
<i>adermica external gel 2.5-1-2-0.025 %</i>	Tier 3	
<i>adermica hp external gel 2.5-1-2-0.05 %</i>	Tier 3	
<i>admirazol external cream 6-2-5 %</i>	Tier 3	
<i>admirazol hp external cream 8.5-2-5 %</i>	Tier 3	
<i>alixi external cream 6-4 %</i>	Tier 3	
<i>alixi hp external cream 8.5-4 %</i>	Tier 3	
<i>alomira external gel 5-1-2-0.05 %</i>	Tier 3	
<i>alomira hp external gel 5-1-2-0.1 %</i>	Tier 3	
<i>alomira lp external gel 5-1-2-0.025 %</i>	Tier 3	
ALTRENO EXTERNAL LOTION 0.05 %	Tier 3	
<i>aluris external cream 4-0.05 %</i>	Tier 3	
<i>aluris external gel 4-0.05 %</i>	Tier 3	
<i>aluris hp external cream 4-0.1 %</i>	Tier 3	
<i>aluris hp plus external cream 4-0.1 %</i>	Tier 3	
<i>aluris lp external cream 4-0.025 %</i>	Tier 3	
<i>aluris lp plus external cream 4-0.025 %</i>	Tier 3	
<i>aluris plus external cream 4-0.05 %</i>	Tier 3	
<i>aluxof external therapy pack 10-4 &amp; 2-4-0.05 %</i>	Tier 3	
<i>aluxof hp external therapy pack 10-4 &amp; 2-4-0.1 %</i>	Tier 3	
<i>alvox external cream 4-0.05 %</i>	Tier 3	
<i>alvox hp external cream 4-0.1 %</i>	Tier 3	
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	Tier 1	
<i>aphoria external gel 0.3-2.5-4 %</i>	Tier 3	
<i>aporix external gel 1-4 %</i>	Tier 3	

Drug	Status	Notes
<i>aporix external lotion 1-4 %</i>	Tier 3	
<i>artilis external gel 1-2.5-4 %</i>	Tier 3	
<i>artilis hp external gel 1-5-4 %</i>	Tier 3	
<i>augustil external gel 1-4-2-0.025 %</i>	Tier 3	
AVAR CLEANSER EXTERNAL LIQUID 10-5 %	Tier 1	QL (1419 GM per 1 FILL)
<i>avidora external cream 1-4-0.025 %</i>	Tier 3	
<i>avidora external solution 1-4-0.025 %</i>	Tier 3	
<i>avidora hp external cream 1-4-0.05 %</i>	Tier 3	
<i>awanis external cream 8.5-2-0.025 %</i>	Tier 3	
<i>azalta external gel 2-5-0.025 %</i>	Tier 3	
<i>azalta hp external gel 2-5-0.05 %</i>	Tier 3	
BENZEPRO EXTERNAL 5.8 %	Tier 3	
BENZEPRO EXTERNAL FOAM 5.2 %, 9.7 %	Tier 3	
BENZEPRO EXTERNAL LIQUID 6.8 %	Tier 3	
<i>benzoyl perox-hydrocortisone external lotion 5-0.5 %</i>	Tier 1	
CABTREO EXTERNAL GEL 0.15-3.1-1.2 %	Tier 3	PA
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	
CLINDACIN ETZ EXTERNAL SWAB 1 %	Tier 1	
CLINDACIN-P EXTERNAL SWAB 1 %	Tier 1	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %</i>	Tier 1	
<i>clindamycin phosphate external gel 1 %</i>	Tier 1	TRIAL OF GENERIC CLEOCIN-T 1 % GEL IN THE PAST 120 DAYS
<i>clindamycin phosphate external lotion 1 %</i>	Tier 1	
<i>clindamycin phosphate external solution 1 %</i>	Tier 1	QL (180 ML per 1 FILL)
<i>clindamycin phosphate external swab 1 %</i>	Tier 1	
CLINOIN EXTERNAL CREAM 1.25-0.025-1 %	Tier 3	
<i>dapsone external gel 5 %, 7.5 %</i>	Tier 1	
<i>deoxia external gel 1-4 %</i>	Tier 3	
<i>deoxia external lotion 1-4 %</i>	Tier 3	
<i>deoxiademtar external gel 1-4-2-0.025 %</i>	Tier 3	
<i>deoxiatar external solution 1-4-0.025 %</i>	Tier 3	
<i>deoxiavar external cream 1-4-0.05 %</i>	Tier 3	
<i>diadimaxia external cream 6-2-5 %</i>	Tier 3	
<i>diadimaxia external gel 6-2-5 %</i>	Tier 3	
<i>diaoxia external gel 6-4 %</i>	Tier 3	
<i>diasaxiatar external cream 8.5-2-0.025 %</i>	Tier 3	
<i>diasaxiatar external gel 8.5-2-0.025 %</i>	Tier 3	
<i>diasdimaxia external cream 8.5-2-5 %</i>	Tier 3	
<i>diasdimaxia external gel 8.5-2-5 %</i>	Tier 3	
<i>diasoxia external cream 6-4 %, 8.5-4 %</i>	Tier 3	
<i>diasoxia external gel 8.5-4 %</i>	Tier 3	
<i>dimoxia external gel 4-5 %</i>	Tier 3	
<i>draxacey external suspension 2-8 %</i>	Tier 3	
<i>drixece external suspension 5-10 %</i>	Tier 3	
<i>dynoma external cream 0.05-4 %</i>	Tier 3	



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>eceoxia external cream 4-10 %</i>	Tier 3	
<i>ery external pad 2 %</i>	Tier 3	
<i>erythromycin external solution 2 %</i>	Tier 1	QL (180 ML per 1 FILL)
<i>ethoxia external cream 4-0.05 %</i>	Tier 3	
<i>fluoxia external cream 0.05-4 %</i>	Tier 3	
<i>idyyxiatar external gel 5-0.025 %</i>	Tier 3	
INOVA 4/1 ACNE CONTROL THERAPY EXTERNAL KIT 4 & 1 & 5 %	Tier 3	
INOVA 8/2 ACNE CONTROL THERAPY EXTERNAL KIT 8 & 2 & 5 %	Tier 3	
INOVA EXTERNAL KIT 4 & 5 %, 8 & 5 %	Tier 3	
<i>inzdeaxiatar external gel 2.5-1-2-0.025 %</i>	Tier 3	
<i>inzdeaxiavar external gel 2.5-1-2-0.05 %</i>	Tier 3	
<i>inzdeoxia external gel 2.5-1-4 %</i>	Tier 3	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	
<i>ithoxia external cream 4-0.1 %</i>	Tier 3	
<i>lounzdomdioxatar external therapy pack 10-4 &amp; 2-4-0.05 %</i>	Tier 3	
MYORISAN ORAL CAPSULE 30 MG	Tier 1	
NEUAC EXTERNAL GEL 1.2-5 %	Tier 1	
<i>onzdeaxiademtar external gel 5-1-2-2-0.025 %</i>	Tier 3	
<i>onzdeaxiademvar external gel 5-1-2-2-0.05 %</i>	Tier 3	
<i>onzdeaxiatar external gel 5-1-2-0.025 %</i>	Tier 3	
<i>onzdeaxiavar external gel 5-1-2-0.05 %</i>	Tier 3	
<i>onzdeaxiazar external gel 5-1-2-0.1 %</i>	Tier 3	
<i>onzdeoxia external gel 1-5-4 %</i>	Tier 3	
<i>oxiaice external lotion 4-15 %</i>	Tier 3	
<i>oxiatar external cream 4-0.025 %</i>	Tier 3	
<i>oxiavar external cream 4-0.05 %</i>	Tier 3	
<i>oxiavarry external cream 4-0.05 %</i>	Tier 3	
<i>oxiavary external cream 4-0.1 %</i>	Tier 3	
<i>oxiazar external cream 4-0.1 %</i>	Tier 3	
PR BENZOYL PEROXIDE EXTERNAL LIQUID 6.9 %	Tier 3	
<i>resorcinol-sulfur external lotion 2-5 %</i>	Tier 1	
<i>rumilo external cream 15-4 %</i>	Tier 3	
<i>saroxia external cream 4-0.05 %</i>	Tier 3	
<i>sorixia external cream 4-0.05 %</i>	Tier 3	
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	Tier 1	
<i>sulfacetamide sodium-sulfur external liquid 10-5 %</i>	Tier 1	QL (1419 GM per 1 FILL)
<i>sulfacetamide sodium-sulfur external liquid 9-4.5 %</i>	Tier 1	
<i>sulfacetamide sod-sulfur wash external liquid 9-4.5 %</i>	Tier 1	
<i>sulfacetamide-sulfur in urea external emulsion 10-5 %</i>	Tier 1	QL (1419 ML per 1 FILL)
<i>tardeoxia external cream 1-4-0.025 %</i>	Tier 3	
<i>tardimaxia external gel 2-5-0.025 %</i>	Tier 3	
<i>taroxia external cream 4-0.025 %</i>	Tier 3	
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	Tier 1	
<i>tretinoin external gel 0.01 %, 0.025 %</i>	Tier 1	

Drug	Status	Notes
<i>unzdomdioxiazar external therapy pack 10-4 &amp; 2-4-0.1 %</i>	Tier 3	
VANOXIDE-HC EXTERNAL LOTION 5-0.5 %	Tier 1	
<i>vardimaxia external gel 2-5-0.05 %</i>	Tier 3	
<i>varoxia external cream 4-0.05 %</i>	Tier 3	
<i>varoxia external gel 4-0.05 %</i>	Tier 3	
WINLEVI EXTERNAL CREAM 1 %	Tier 3	PA
ZACARE EXTERNAL KIT 4 & 0.2 %, 8 & 0.2 %	Tier 3	
<i>zacrir cleansing external lotion 8 %</i>	Tier 3	
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	
<b>Analgesics - Topical</b>		
A.A.G.C. KIT IN TERODERM EXTERNAL CREAM 8-4-10-4 %	Tier 3	
<i>enovarx-baclofen external cream 1 %</i>	Tier 3	
<i>enovarx-tramadol external cream 5 %</i>	Tier 3	
MUSCUSOLICE EXTERNAL CREAM 2 %, 5 %	Tier 3	
PRAKETAMIDE EXTERNAL CREAM 5 %	Tier 3	
<b>Antibiotics - Topical</b>		
<i>batizia external ointment 2-2 %</i>	Tier 3	
<i>baxonil external ointment 1-2 %</i>	Tier 3	
<i>gentamicin sulfate external cream 0.1 %</i>	Tier 1	QL (90 GM per 1 FILL)
<i>gentamicin sulfate external ointment 0.1 %</i>	Tier 1	QL (90 GM per 1 FILL)
<i>idaran external ointment 1-2 %</i>	Tier 3	
<i>mupirocin calcium external cream 2 %</i>	Tier 1	QL (90 GM per 1 FILL)
<i>mupirocin external ointment 2 %</i>	Tier 1	QL (90 GM per 1 FILL)
<i>nanran external ointment 2-2 %</i>	Tier 3	
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 %	Tier 3	ST
<b>Antifungals - Topical</b>		
CICLODAN EXTERNAL SOLUTION 8 %	Tier 1	QL (19.8 ML per 1 FILL)
<i>ciclopirox external shampoo 1 %</i>	Tier 1	
<i>ciclopirox external solution 8 %</i>	Tier 1	QL (19.8 ML per 1 FILL)
<i>ciclopirox olamine external cream 0.77 %</i>	Tier 1	QL (180 GM per 1 FILL)
<i>ciclopirox treatment external kit 8 %</i>	Tier 3	
<i>clotrimazole external cream 1 %</i>	Tier 1	
<i>clotrimazole external solution 1 %</i>	Tier 1	
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	Tier 1	
<i>dazinia external cream 1-2.5-2 %</i>	Tier 3	
<i>denvita external cream 2-4 %</i>	Tier 3	
DERMAZENE EXTERNAL CREAM 1-1 %	Tier 1	
<i>difmetioxrime external solution 4-2-1-4 %</i>	Tier 3	
<i>econazole nitrate external cream 1 %</i>	Tier 1	QL (170 GM per 1 FILL)
ECOZA EXTERNAL FOAM 1 %	Tier 3	
EXELDERM EXTERNAL CREAM 1 %	Tier 2	
EXELDERM EXTERNAL SOLUTION 1 %	Tier 2	
EXODERM EXTERNAL LOTION 25-1 %	Tier 3	
<i>fenovia external solution 4-2-1-4 %</i>	Tier 3	
<i>fervina external lotion 3-5-20 %</i>	Tier 3	

Drug	Status	Notes
<i>filoma external solution 8-1-1 %</i>	Tier 3	
<i>frivo external cream 1-4 %</i>	Tier 3	
<i>fungimez external solution</i>	Tier 3	
<i>hexiounyl external lotion 3-5-20 %</i>	Tier 3	
<i>hixdefrima external solution 8-1-1 %</i>	Tier 3	
<i>hydrocortisone-iodoquinol external cream 1-1 %</i>	Tier 1	
<i>imioxia external cream 1-4 %</i>	Tier 3	
<i>iodoquimez-hc external cream 1-1.9 %</i>	Tier 1	
<i>iodoquinol-hydrocortisone-aloe external cream 1-1.9 %</i>	Tier 1	
<i>ketoconazole external cream 2 %</i>	Tier 1	QL (180 GM per 1 FILL)
<i>ketoconazole external shampoo 2 %</i>	Tier 1	QL (360 ML per 1 FILL)
KLAYESTA EXTERNAL POWDER 100000 UNIT/GM	Tier 1	
LUZU EXTERNAL CREAM 1 %	Tier 3	ST; QL (60 GM per 28 days)
MYCOZYL AL EXTERNAL SOLUTION 1 %	Tier 1	
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	Tier 1	
<i>nystatin external cream 100000 unit/gm</i>	Tier 1	
<i>nystatin external ointment 100000 unit/gm</i>	Tier 1	QL (90 GM per 1 FILL)
<i>nystatin external powder 100000 unit/gm</i>	Tier 1	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	Tier 1	
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	Tier 1	QL (180 GM per 1 FILL)
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	Tier 1	
<i>oxiconazole nitrate external cream 1 %</i>	Tier 1	QL (180 GM per 1 FILL)
OXISTAT EXTERNAL LOTION 1 %	Tier 3	
<i>phedrax external shampoo 2-2 %</i>	Tier 3	
<i>pheodoyo external cream 1-2.5-2 %</i>	Tier 3	
<i>pheoxia external cream 2-4 %</i>	Tier 3	
RECURA EXTERNAL CREAM	Tier 3	
<i>tavaborole external solution 5 %</i>	Tier 1	PA
VYTONA EXTERNAL CREAM 1-1.9 %	Tier 1	
<b>Anti-Inflammatory Agents - Topical</b>		
<i>diclofenac epolamine external patch 1.3 %</i>	Tier 1	
<i>diclofenac sodium external gel 1 %</i>	Tier 1	
<i>diclofenac sodium external solution 1.5 %</i>	Tier 1	
<i>dual complex formula 1 kit external cream</i>	Tier 3	
<i>enovarx-diclofenac sodium external cream 2.5 %</i>	Tier 3	
<i>enovarx-ibuprofen external cream 10 %</i>	Tier 3	
<i>enovarx-naproxen external cream 10 %</i>	Tier 3	
<i>fbl kit external cream 15-4-5 %</i>	Tier 3	
FLECTOR EXTERNAL PATCH 1.3 %	Tier 3	
K.B.G.L IN TERODERM EXTERNAL CREAM 15-4-10-2 %	Tier 3	
LICART EXTERNAL PATCH 24 HOUR 1.3 %	Tier 3	TRIAL OF GENERIC FLECTOR PATCH IN THE PAST 120 DAYS; QL (1 EA per 1 day)
<i>napro external cream 15 %</i>	Tier 3	
<i>triple complex formula 3 kit external cream 20-2-10 %</i>	Tier 3	

Drug	Status	Notes
<i>vp fc kit external cream</i>	Tier 3	
<i>vp gkl kit external cream 20-2-10 %</i>	Tier 3	
<b>Antineoplastic Or Premalignant Lesion Agents - Topical</b>		
AMELUZ EXTERNAL GEL 10 %	Tier 3	
<i>bexarotene external gel 1 %</i>	Specialty	PA
<i>diclofenac sodium external gel 3 %</i>	Tier 1	QL (100 GM per 1 FILL)
<i>fluorouracil external cream 5 %</i>	Tier 1	
<i>fluorouracil external solution 2 %</i>	Tier 1	
<i>kazuri external gel 5-1-0.05 %</i>	Tier 3	
<i>keraxa external gel 3-4 %</i>	Tier 3	
<i>kerida external gel 5-30-0.1 %</i>	Tier 3	
KLISYRI (250 MG) EXTERNAL OINTMENT 1 %	Tier 2	QL (5 EA per 1 FILL)
KLISYRI (350 MG) EXTERNAL OINTMENT 1 %	Tier 2	QL (5 EA per 1 FILL)
<i>kynara external gel 5-1-2 %</i>	Tier 3	
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 %	Tier 3	
PANRETIN EXTERNAL GEL 0.1 %	Specialty	QL (60 GM per 28 days)
<i>quidroxzar external gel 5-30-0.1 %</i>	Tier 3	
<i>quihoxaxia external gel 5-1-2 %</i>	Tier 3	
<i>quihoxvar external gel 5-1-0.05 %</i>	Tier 3	
<i>roaxia external gel 3-4 %</i>	Tier 3	
TOLAK EXTERNAL CREAM 4 %	Tier 2	
VALCHLOR EXTERNAL GEL 0.016 %	Specialty	PA
<b>Antipsoriatics</b>		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	Specialty	
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML	Specialty	PA
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML	Specialty	PA
<i>calcipotriene external cream 0.005 %</i>	Tier 1	
<i>calcipotriene external ointment 0.005 %</i>	Tier 1	
<i>calcipotriene external solution 0.005 %</i>	Tier 1	
CALCITRENE EXTERNAL OINTMENT 0.005 %	Tier 1	
<i>calcitriol external ointment 3 mcg/gm</i>	Tier 1	
<i>diooxia external cream 0.005-4 %</i>	Tier 3	
<i>methoxsalen rapid oral capsule 10 mg</i>	Tier 1	
<i>purazil external cream 0.005-4 %</i>	Tier 3	
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	Specialty	PA
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	Specialty	PA
SOTYKTU ORAL TABLET 6 MG	Specialty	PA
SPEVIGO INTRAVENOUS SOLUTION 450 MG/7.5ML	Specialty	PA
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	Specialty	PA

Drug	Status	Notes
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	Specialty	PA
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	Specialty	PA
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML	Specialty	PA
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML, 40 MG/0.5ML, 80 MG/ML	Specialty	PA
<i>tazarotene external cream 0.05 %</i>	Tier 1	AGE (Max 39 Years)
<i>tazarotene external cream 0.1 %</i>	Tier 1	
TREMFYA INTRAVENOUS SOLUTION 200 MG/20ML	Specialty	PA
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 200 MG/2ML	Specialty	PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 200 MG/2ML	Specialty	PA
VECTICAL EXTERNAL OINTMENT 3 MCG/GM	Tier 3	
ZITHRANOL EXTERNAL SHAMPOO 1 %	Tier 3	
<b>Antiseborrheic Products</b>		
ESKATA EXTERNAL SOLUTION 40 %	Tier 3	
<i>haxchlo external shampoo 0.77-0.05 %</i>	Tier 3	
<i>haxchlodrex external shampoo 0.77-0.05-3 %</i>	Tier 3	
<i>haxdrax external shampoo 0.77-2 %</i>	Tier 3	
OVACE PLUS EXTERNAL CREAM 10 %	Tier 3	
OVACE PLUS EXTERNAL LOTION 9.8 %	Tier 3	ST
<i>selenium sulfide external lotion 2.5 %</i>	Tier 1	
<i>sodium sulfacetamide wash external liquid 10 %</i>	Tier 1	
<i>sulfacetamide sodium external liquid 10 %</i>	Tier 1	
<b>Antivirals - Topical</b>		
<i>acyclovir external ointment 5 %</i>	Tier 1	
<b>Burn Products</b>		
<i>mafenide acetate external packet 5 %</i>	Tier 1	
<i>silver sulfadiazine external cream 1 %</i>	Tier 1	
SSD EXTERNAL CREAM 1 %	Tier 1	
SULFAMYLON EXTERNAL CREAM 85 MG/GM	Tier 3	
<b>Cauterizing Agents</b>		
ARZOL SILVER NIT APPLICATORS EXTERNAL 75-25 %	Tier 3	
<i>silver nitrate external solution 0.5 %</i>	Tier 1	
<b>Corticosteroids - Topical</b>		
<i>acioxia external gel 0.5-0.1 %</i>	Tier 3	
ADVANCED ALLERGY COLLECTION EXTERNAL KIT 2.5 %	Tier 3	
<i>ala-cort external cream 1 %</i>	Tier 1	
<i>alclometasone dipropionate external cream 0.05 %</i>	Tier 1	
<i>alclometasone dipropionate external ointment 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate aug external gel 0.05 %</i>	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate external cream 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate external lotion 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate external ointment 0.05 %</i>	Tier 1	
<i>betamethasone valerate external cream 0.1 %</i>	Tier 1	
<i>betamethasone valerate external lotion 0.1 %</i>	Tier 1	
<i>betamethasone valerate external ointment 0.1 %</i>	Tier 1	
<i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>	Tier 1	
<i>calcipotriene-betameth diprop external suspension 0.005-0.064 %</i>	Tier 1	
<i>chlohux external shampoo 0.05-2 %</i>	Tier 3	
<i>chlooxia external cream 0.05-4 %</i>	Tier 3	
<i>chlooxia external ointment 0.05-4 %</i>	Tier 3	
<i>chlooxia external solution 0.05-4 %</i>	Tier 3	
<i>clobetasol propionate e external cream 0.05 %</i>	Tier 1	
<i>clobetasol propionate emulsion external foam 0.05 %</i>	Tier 1	
<i>clobetasol propionate external cream 0.05 %</i>	Tier 1	
<i>clobetasol propionate external foam 0.05 %</i>	Tier 1	
<i>clobetasol propionate external liquid 0.05 %</i>	Tier 1	
<i>clobetasol propionate external ointment 0.05 %</i>	Tier 1	
<i>clobetasol propionate external shampoo 0.05 %</i>	Tier 1	
<i>clobetasol propionate external solution 0.05 %</i>	Tier 1	
CLODAN EXTERNAL SHAMPOO 0.05 %	Tier 1	
CORDRAN EXTERNAL TAPE 4 MCG/SQCM	Tier 3	ST; QL (2 EA per 30 days)
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML	Tier 3	
<i>desonide external cream 0.05 %</i>	Tier 1	
<i>desonide external ointment 0.05 %</i>	Tier 1	
<i>desoximetasone external cream 0.25 %</i>	Tier 1	
<i>desoximetasone external liquid 0.25 %</i>	Tier 1	ST
<i>desoximetasone external ointment 0.25 %</i>	Tier 1	
<i>diochloy external solution 0.005-0.05 %</i>	Tier 3	
<i>divinix external cream 0.05-4 %</i>	Tier 3	
<i>divinix external ointment 0.05-4 %</i>	Tier 3	
<i>divinix external solution 0.05-4 %</i>	Tier 3	
<i>domela external cream 0.01-4 %</i>	Tier 3	
ENSTILAR EXTERNAL FOAM 0.005-0.064 %	Tier 3	
EPIFOAM EXTERNAL FOAM 1-1 %	Tier 3	ST
<i>fluocinolone acetonide body external oil 0.01 %</i>	Tier 1	
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	Tier 1	
<i>fluocinolone acetonide external ointment 0.025 %</i>	Tier 1	
<i>fluocinolone acetonide external solution 0.01 %</i>	Tier 1	
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	Tier 1	
<i>fluocinonide emulsified base external cream 0.05 %</i>	Tier 1	



Drug	Status	Notes
<i>fluocinonide external cream 0.05 %, 0.1 %</i>	Tier 1	
<i>fluocinonide external gel 0.05 %</i>	Tier 1	
<i>fluocinonide external ointment 0.05 %</i>	Tier 1	
<i>fluocinonide external solution 0.05 %</i>	Tier 1	
<i>fluticasone propionate external cream 0.05 %</i>	Tier 1	
<i>fluticasone propionate external ointment 0.005 %</i>	Tier 1	
<i>halobetasol propionate external cream 0.05 %</i>	Tier 1	
<i>halobetasol propionate external ointment 0.05 %</i>	Tier 1	
HALOG EXTERNAL OINTMENT 0.1 %	Tier 3	ST
HALOG EXTERNAL SOLUTION 0.1 %	Tier 3	ST
<i>hydrocortisone external cream 1 %, 2.5 %</i>	Tier 1	
<i>hydrocortisone external lotion 2.5 %</i>	Tier 1	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	Tier 1	
<i>hydrocortisone valerate external cream 0.2 %</i>	Tier 1	
LIDOTRAL + HYDROCORTISONE EXTERNAL LOTION 3.88-1 %	Tier 3	
<i>mezparox-hc forte external cream 2.5-2.5 %</i>	Tier 3	
<i>mometasone furoate external cream 0.1 %</i>	Tier 1	
<i>mometasone furoate external ointment 0.1 %</i>	Tier 1	
<i>mometasone furoate external solution 0.1 %</i>	Tier 1	
NUCORT EXTERNAL LOTION 2 %	Tier 3	
PANDEL EXTERNAL CREAM 0.1 %	Tier 3	TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE (0.1% LTN, 0.025% OINT), DESONIDE 0.05% OINT, HYDROCORTISONE 0.2% CRM, OR BETAMETHASONE (0.05% LTN, 0.1% CRM) IN THE PAST 120 DAYS; QL (160 GM per 30 days)
<i>paramox-hc external gel 1-2 %</i>	Tier 1	
<i>plenura external solution 0.005-0.05 %</i>	Tier 3	
PRAMOSONE EXTERNAL CREAM 1-1 %	Tier 2	ST
PRAMOSONE EXTERNAL LOTION 1-1 %, 1-2.5 %	Tier 2	
PRAMOSONE EXTERNAL OINTMENT 1-1 %	Tier 2	ST
PRAMOSONE EXTERNAL OINTMENT 1-2.5 %	Tier 2	
RADIAURA EXTERNAL CREAM 3-0.5 %	Tier 3	
SCALACORT DK EXTERNAL KIT 2 & 2-2 %	Tier 2	
SCARZEN SKIN REPAIR EXTERNAL KIT 0.1 & 5 % (LOTION)	Tier 3	
SERNIVO EXTERNAL EMULSION 0.05 %	Tier 3	TRIAL OF MOMETASONE 0.1% CREAM/SOLN OR TRIAMCINOLONE 0.1 % CREAM/OINT IN THE PAST 120 DAYS
<i>tetoxia external cream 0.01-4 %</i>	Tier 3	
TEXACORT EXTERNAL SOLUTION 2.5 %	Tier 2	ST
TOVET EXTERNAL FOAM 0.05 %	Tier 1	
<i>triamcinolone acetonide external aerosol solution 0.147 mg/gm</i>	Tier 1	
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %</i>	Tier 1	

Drug	Status	Notes
<i>triamcinolone acetonide external cream 0.5 %</i>	Tier 1	QL (454 GM per 30 days)
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	Tier 1	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	Tier 1	
TRIDERM EXTERNAL CREAM 0.5 %	Tier 1	QL (454 GM per 30 days)
WYNZORA EXTERNAL CREAM 0.005-0.064 %	Tier 3	
<b>Eczema Agents</b>		
ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	Specialty	PA
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	Specialty	PA
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML, 300 MG/2ML	Specialty	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	Specialty	PA
OPZELURA EXTERNAL CREAM 1.5 %	Tier 2	PA
<b>Emollient/Keratolytic Agents</b>		
CEM-UREA EXTERNAL SOLUTION 45 %	Tier 3	
PRONAL EXTERNAL GEL 40-10 %	Tier 3	
<i>urea external cream 20 %, 40 %, 45 %</i>	Tier 1	
<i>urea external lotion 40 %</i>	Tier 1	
<i>urea hydrating external foam 35 %</i>	Tier 3	
<i>urea nail external gel 45 %</i>	Tier 1	
<i>uremez-40 external cream 40 %</i>	Tier 1	
URESOL EXTERNAL CREAM 42.5 %	Tier 3	
<i>xirun external gel 40-10 %</i>	Tier 3	
<b>Emollients</b>		
<i>ammonium lactate external cream 12 %</i>	Tier 1	
<i>ammonium lactate external lotion 12 %</i>	Tier 1	
<i>vitamin c brightening serum external liquid</i>	Tier 1	
<b>Enzymes - Topical</b>		
NEXOBRID EXTERNAL GEL 8.8 %	Tier 3	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	Tier 3	PA
<b>Hair Growth Agents</b>		
<i>finapid external solution 0.1-5 %</i>	Tier 3	
<i>finapod external solution 0.1-7 %</i>	Tier 3	
<i>finapodtar external solution 0.1-7-0.025 %</i>	Tier 3	
<i>flyprogpitdar external solution 0.1-0.1-5-0.025 %</i>	Tier 3	
<i>harisis external solution 0.1-0.1-5-0.025 %</i>	Tier 3	
<i>harviva external solution 0.1-5 %</i>	Tier 3	
<i>harviva hp external solution 0.1-7 %</i>	Tier 3	
<i>hemtara external solution 0.05-5 %</i>	Tier 3	
<i>hemtara hp external solution 0.05-7 %</i>	Tier 3	
<i>hentis external solution 5-0.1-0.025 %</i>	Tier 3	
<i>hentis hp external solution 7-0.1-0.025 %</i>	Tier 3	
<i>hesmilla external solution 0.05-5-2-0.5 %</i>	Tier 3	
<i>hevona external solution 0.01-5-0.025 %</i>	Tier 3	

Drug	Status	Notes
<i>holixia external solution 0.1-7 %</i>	Tier 3	
<i>holizar external solution 7-0.025 %</i>	Tier 3	
<i>honista external solution 0.1-7-0.025 %</i>	Tier 3	
<i>hovitra external solution 7-4 %</i>	Tier 3	
LITFULO ORAL CAPSULE 50 MG	Specialty	PA
<i>oxopid external solution 0.05-5 %</i>	Tier 3	
<i>oxopidaxiaqup external solution 0.05-5-2-0.5 %</i>	Tier 3	
<i>oxopod external solution 0.05-7 %</i>	Tier 3	
<i>pidprogtar external solution 5-0.1-0.025 %</i>	Tier 3	
<i>podoxia external solution 7-4 %</i>	Tier 3	
<i>podprog external solution 0.1-7 %</i>	Tier 3	
<i>podprogtar external solution 7-0.1-0.025 %</i>	Tier 3	
<i>podtar external solution 7-0.025 %</i>	Tier 3	
<i>tetpidtar external solution 0.01-5-0.025 %</i>	Tier 3	
<b>Immunomodulating Agents - Topical</b>		
<i>imiquimod external cream 5 %</i>	Tier 1	QL (2 EA per 1 day)
<b>Immunosuppressive Agents - Topical</b>		
<i>elyzia external cream 4-0.1 %</i>	Tier 3	
<i>elyzia external ointment 4-0.1 %</i>	Tier 3	
<i>hovyn external solution 0.1 %</i>	Tier 3	
HYFTOR EXTERNAL GEL 0.2 %	Specialty	PA
<i>nujo external solution 0.1 %</i>	Tier 3	
<i>nujo external cream 0.1 %</i>	Tier 3	
<i>oxianujo external cream 4-0.1 %</i>	Tier 3	
<i>oxianujo external ointment 4-0.1 %</i>	Tier 3	
<i>pimecrolimus external cream 1 %</i>	Tier 1	
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	Tier 1	
<b>Keratolytic/Antimitotic Agents</b>		
<i>cantharidin external solution 0.7 %</i>	Tier 1	
GORDOFILM EXTERNAL SOLUTION 16.7-16.7 %	Tier 3	
KERALYT EXTERNAL SHAMPOO 6 %	Tier 1	
<i>metdray external gel 2-17 %</i>	Tier 3	
PODOCON-25 EXTERNAL SOLUTION 25 %	Tier 3	
<i>podofilox external solution 0.5 %</i>	Tier 1	QL (0.5 ML per 1 day)
<i>salicylic acid external shampoo 6 %</i>	Tier 1	
<i>salimez external cream 6 %</i>	Tier 3	
<i>salimez forte external cream 10 %</i>	Tier 3	
SALVAX DUO PLUS EXTERNAL KIT 6 & 35 %	Tier 3	
SALYCIM EXTERNAL CREAM 6 %	Tier 3	
XALIX EXTERNAL SOLUTION 28 %	Tier 3	
YCANTH EXTERNAL SOLUTION 0.7 %	Tier 3	
<b>Local Anesthetics - Topical</b>		
<i>alegenix external disk 0.0375-5 %</i>	Tier 1	
<i>anodynerx external patch 0.05-2.5-5 %</i>	Tier 3	
CADIRAMD EXTERNAL KIT 2.5-2.5 %	Tier 3	
CETACAINE EXTERNAL AEROSOL 2-2-14 %	Tier 3	
CETACAINE EXTERNAL GEL 2-2-14 %	Tier 3	

Drug	Status	Notes
CETACAINE EXTERNAL LIQUID 2-2-14 %	Tier 3	
CLEVER CHOICE COMFORT EZ TRANSDERMAL PATCH 2-4-1 %, 20-4-1 %	Tier 3	
CRYODOSE TA EXTERNAL AEROSOL	Tier 3	
DERMACINRX LIDOGEL EXTERNAL GEL 2.8 %	Tier 1	
<i>dyclopro external solution 0.5 %</i>	Tier 3	
<i>eha external lotion 4 %</i>	Tier 3	
<i>enovarx-lidocaine hcl external cream 10 %, 5 %</i>	Tier 3	
<i>enznonuty external ointment 20-10-10 %</i>	Tier 3	
GEBAUERS SPRAY AND STRETCH EXTERNAL AEROSOL	Tier 3	
GLYDO EXTERNAL PREFILLED SYRINGE 2 %	Tier 1	
<i>l.e.t. (racepinephrine) external gel 4-0.05-0.5 %</i>	Tier 3	
<i>l.e.t. (racepinephrine) external solution 4-0.05-0.5 %</i>	Tier 3	
<i>l.e.t. external gel 4-0.05-0.5 %</i>	Tier 3	
<i>levatio external patch 0.03-5 %</i>	Tier 3	
<i>lidocaine external ointment 5 %</i>	Tier 1	QL (240 GM per 30 days)
<i>lidocaine external patch 5 %</i>	Tier 1	QL (3 EA per 1 day)
<i>lidocaine hcl external cream 3 %, 4.12 %</i>	Tier 1	
<i>lidocaine hcl external solution 4 %</i>	Tier 1	
<i>lidocaine hcl urethral/mucosal external prefilled syringe 2 %</i>	Tier 1	
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	Tier 1	
LIDOCAN EXTERNAL PATCH 5 %	Tier 1	QL (3 EA per 1 day)
<i>lidopin external cream 3 %</i>	Tier 1	
<i>lidopin external cream 3.25 %</i>	Tier 3	
<i>lido-racepinephrine-tetracaine external gel 4-0.05-0.5 %</i>	Tier 1	
<i>lido-racepinephrine-tetracaine external solution 4-0.05-0.5 %</i>	Tier 1	
LIDOREX EXTERNAL GEL 2.8 %	Tier 1	
<i>lidostream external kit 5 &amp; 10 %</i>	Tier 3	
LIDOTHOL EXTERNAL GEL 4.5-5 %	Tier 3	
LIDOTRAL 1 EXTERNAL PATCH 4.88 %	Tier 3	
LIDTOPIC EXTERNAL CREAM 7.5 %	Tier 3	
LIDTOPIC MAX EXTERNAL CREAM 10 %	Tier 3	
LM PLUS RELIEF EXTERNAL PATCH 3.5-7 %	Tier 3	
LYDEXA EXTERNAL CREAM 4.12 %	Tier 1	
<i>nendrux external gel 5-40 %</i>	Tier 3	
NEUROZYL EXTERNAL CREAM 4.12 %	Tier 1	
<i>nobela external ointment 20-10-10 %</i>	Tier 3	
<i>nolira external cream 23-7 %</i>	Tier 3	
<i>nynutey external cream 23-7 %</i>	Tier 3	
PHARMACIST CHOICE TSX TRANSDERMAL PATCH 2-4-1 %	Tier 3	
<i>premium lidocaine external ointment 5 %</i>	Tier 1	QL (240 GM per 30 days)
<i>premium scar external patch 2-4-30 %</i>	Tier 3	
<i>prepiv supply combination kit 2.5-2.5 &amp; 0.9 %</i>	Tier 3	

Drug	Status	Notes
QUTENZA (2 PATCH) EXTERNAL KIT 8 %	Tier 3	PA
QUTENZA (4 PATCH) EXTERNAL KIT 8 %	Tier 3	PA
QUTENZA EXTERNAL KIT 8 %	Tier 3	PA
SOOTHEE EXTERNAL PATCH 0.5-0.0375-5-2 %	Tier 3	
STERILE TOPICAL L.E.T. GEL EXTERNAL GEL 4-0.18-0.5 %	Tier 3	
SX1 MEDICATED POST-OPERATIVE EXTERNAL KIT 2 %	Tier 3	
<i>topical l.e.t. external gel 4-0.09-0.5 %</i>	Tier 3	
TRIDACAINE II EXTERNAL PATCH 5 %	Tier 1	QL (3 EA per 1 day)
TRIDACAINE III EXTERNAL PATCH 5 %	Tier 1	QL (3 EA per 1 day)
TRILOCAINE EXTERNAL CREAM 4.12 %	Tier 1	
VENIPUNCTURE PX1 PHLEBOTOMY EXTERNAL KIT 2 %	Tier 3	
<b>Misc. Dermatological Products</b>		
DERMASO PLUS EXTERNAL CREAM	Tier 3	
GENADUR COMBINATION KIT	Tier 3	
PR CREAM EXTERNAL KIT	Tier 3	
PRESERA EXTERNAL FOAM	Tier 3	
STRATA CTX EXTERNAL GEL	Tier 3	
STRATA XRT EXTERNAL GEL	Tier 3	
<b>Misc. Topical</b>		
<i>benzoin compound external tincture</i>	Tier 1	
<i>dermacinrx surgical combopak external kit</i>	Tier 3	
DRYSOL EXTERNAL SOLUTION 20 %	Tier 2	
HYPOCYN ANTIPRURITIC EXTERNAL GEL 0.012 %	Tier 3	
QBREXZA EXTERNAL PAD 2.4 %	Tier 2	PA
XERAC AC EXTERNAL SOLUTION 6.25 %	Tier 3	
<b>Phosphodiesterase 4 (Pde4) Inhibitors - Topical</b>		
EUCRISA EXTERNAL OINTMENT 2 %	Tier 2	
<b>Pigmenting-Depigmenting Agents</b>		
<i>proxia external cream 10-4 %</i>	Tier 3	
<b>Rosacea Agents</b>		
<i>aveida external gel 1-1 %</i>	Tier 3	
<i>aveidaoxia external gel 1-1-4 %</i>	Tier 3	
<i>azelaic acid external gel 15 %</i>	Tier 1	
<i>brimonidine tartrate external gel 0.33 %</i>	Tier 1	
<i>dazaveidaoxia external gel 0.25-1-1-4 %</i>	Tier 3	
<i>dazomon external gel 0.25 %</i>	Tier 3	
EMROSI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG	Tier 3	PA
FINACEA EXTERNAL FOAM 15 %	Tier 2	
<i>ivermectin external cream 1 %</i>	Tier 1	ST
<i>metronidazole external cream 0.75 %</i>	Tier 1	
<i>metronidazole external gel 0.75 %, 1 %</i>	Tier 1	
<i>metronidazole external lotion 0.75 %</i>	Tier 1	
<b>Scabicides &amp; Pediculicides</b>		
<i>malathion external lotion 0.5 %</i>	Tier 1	

Drug	Status	Notes
NATROBA EXTERNAL SUSPENSION 0.9 %	Tier 3	
<i>permethrin external cream 5 %</i>	Tier 1	
<i>spinosad external suspension 0.9 %</i>	Tier 1	
<b>Scar Treatment Products</b>		
RECEDO EXTERNAL GEL	Tier 3	
<b>Wound Care Products</b>		
<i>abravo external emulsion</i>	Tier 3	
<i>aceso ag external pad 4"x4"</i>	Tier 3	
ACTICOAT ANTIMICROBIAL EXTERNAL PAD 4"x4"	Tier 3	
ACTICOAT EXTERNAL SHEET 16"x16" , 4"x4" , 4"x48" , 4"x8" , 8"x16"	Tier 3	
ACTICOAT SURGICAL EXTERNAL PAD 4"x10" , 4"x13-3/4" , 4"x4-3/4" , 4"x8"	Tier 3	
AFFINITY EXTERNAL SHEET 1.5 CM X 1.5 CM , 2.5 CM X 2.5 CM	Tier 3	
ALLEVYN AG GENTLE BORDER EXTERNAL PAD 12.5X12.5CM , 17.5X17.5CM , 7.5X7.5CM	Tier 3	
ALLEVYN AG GENTLE EXTERNAL PAD 2"x2" , 4"x4" , 6"x6" , 8"x8"	Tier 3	
ALLEVYN AG NON-ADHESIVE EXTERNAL PAD 2"x2" , 4"x4" , 6"x6" , 8"x8"	Tier 3	
ALLEVYN AG SACRUM 6-3/4" EXTERNAL	Tier 3	
ALLEVYN AG SACRUM 9"x9" EXTERNAL	Tier 3	
ALLEVYN GENTLE EXTERNAL PAD	Tier 3	
AMNIOCORE AMNIOTIC MEMBRANE EXTERNAL SHEET 2 CM X 12 CM , 2 CM X 3 CM , 3 CM X 3 CM , 4 CM X 3 CM , 4 CM X 4 CM , 4 CM X 6 CM , 4 CM X 8 CM , 6 CM X 16 CM , 6 CM X 6 CM , 6 CM X 9 CM , 9 CM X 20 CM	Tier 3	
AMNIOTEXT EXTERNAL SHEET 1 CM X 1 CM , 10 CM X 10 CM , 2 CM X 2 CM , 2 CM X 3 CM , 3 CM X 3 CM , 4 CM X 3 CM , 4 CM X 4 CM , 4 CM X 6 CM , 4 CM X 8 CM , 8 CM X 8 CM	Tier 3	
APLIGRAF EXTERNAL DISK	Tier 3	
AQUACEL AG BURN EXTERNAL PAD 4"x5"	Tier 3	
AQUACEL AG FOAM EXTERNAL PAD 12.5X12.5CM , 17.5X17.5CM	Tier 3	
ATRAPRO CP EXTERNAL KIT	Tier 3	
AZADROX EXTERNAL GEL	Tier 3	
BASADROX EXTERNAL GEL	Tier 3	
<i>bilayer matrix wound dressing external sheet 5 cm x 5 cm</i>	Tier 3	
COLLANEX EXTERNAL POWDER	Tier 3	
CURAFOAM AG FOAM DRESSING EXTERNAL PAD 4"x4"	Tier 3	
CURITY HYPERTONIC NACL STRIP EXTERNAL	Tier 3	
CURITY NACL DRESSING 6"x6-3/4" EXTERNAL PAD	Tier 3	



Drug	Status	Notes
CYGNUS DUAL EXTERNAL SHEET 2 CM X 3 CM , 4 CM X 4 CM , 4 CM X 6 CM	Tier 3	
DURAFIBER AG EXTERNAL PAD 2"X2" , 3/4"X18" , 4"X4" , 4"X4-3/4" , 6"X6" , 8"X11-3/4"	Tier 3	
DURAFIBER EXTERNAL PAD 4"X4-3/4"	Tier 3	
DYNAFOAM AG FOAM DRESSING EXTERNAL PAD 4"X4"	Tier 3	
DYNAGINATE AG CA ALG ROPE 30CM EXTERNAL 1/4" X 12"	Tier 3	
DYNAGINATE AG SILVER CAL 2"X2" EXTERNAL PAD 2"X2"	Tier 3	
DYNAGINATE AG SILVER CAL 4"X5" EXTERNAL PAD 4"X5"	Tier 3	
DYNAGINATE AG SILVER CAL 4"X8" EXTERNAL PAD 4"X8"	Tier 3	
EPICORD EXTERNAL SHEET 1 CM X 2 CM , 2 CM X 3 CM , 3 CM X 5 CM	Tier 3	
EPIFIX EXTERNAL DISK 14 MM , 18 MM , 24 MM	Tier 3	
EPIFIX EXTERNAL SHEET 2 CM X 2 CM , 2 CM X 3 CM , 2 CM X 4 CM , 3 CM X 3 CM , 3 CM X 5 CM , 3.5 CM X 3.5 CM , 4 CM X 3 CM , 4 CM X 4 CM , 4 CM X 4.5 CM , 4 CM X 6 CM , 5 CM X 5.5 CM , 5 CM X 6 CM , 7 CM X 7 CM	Tier 3	
FILSUVEZ EXTERNAL GEL 10 %	Specialty	PA
GRAFIX CORE 1.5CM X 2CM EXTERNAL	Tier 3	
GRAFIX CORE 16MM EXTERNAL	Tier 3	
GRAFIX CORE 2CM X 3CM EXTERNAL	Tier 3	
GRAFIX CORE 3CM X 4CM EXTERNAL	Tier 3	
GRAFIX CORE 5CM X 5CM EXTERNAL	Tier 3	
GRAFIX PRIME 1.5CM X 2CM EXTERNAL	Tier 3	
GRAFIX PRIME 16MM EXTERNAL	Tier 3	
GRAFIX PRIME 2CM X 3CM EXTERNAL	Tier 3	
GRAFIX PRIME 3CM X 4CM EXTERNAL	Tier 3	
GRAFIX PRIME 5CM X 5CM EXTERNAL	Tier 3	
GRAFIX XC 7.5CM X 15CM EXTERNAL	Tier 3	
HYDROFERA BLUE FOAM DRESSING EXTERNAL PAD	Tier 3	
HYDROFERA BLUE READY FOAM EXTERNAL PAD	Tier 3	
INNOVAMATRIX AC EXTERNAL DISK 15 MM	Tier 3	
INNOVAMATRIX AC EXTERNAL SHEET 2 CM X 2 CM , 2"X2" , 4 CM X 4 CM , 4 CM X 6 CM	Tier 3	
KARDIAMEMBRANE EXTERNAL SHEET 4 CM X 8 CM , 6 CM X 8 CM , 8 CM X 8 CM	Tier 3	
KENDALL ALGINATE 12" ROPE EXTERNAL	Tier 3	
KENDALL ALGINATE DRESS 2"X2" EXTERNAL PAD	Tier 3	
KENDALL ALGINATE DRESS 4"X8" EXTERNAL PAD	Tier 3	

Drug	Status	Notes
KENDALL HYDROGEL GAUZE 2"X2" EXTERNAL PAD	Tier 3	
KENDALL HYDROGEL GAUZE 4"X4" EXTERNAL PAD	Tier 3	
KENDALL HYDROGEL GAUZE 4"X8" EXTERNAL PAD	Tier 3	
KENDALL HYDROGEL WOUND DRESS EXTERNAL	Tier 3	
KENDALL ZINC CA ALGINATE 4"X4" EXTERNAL PAD	Tier 3	
KERASTAT EXTERNAL CREAM	Tier 3	
KERASTAT EXTERNAL GEL 5 %	Tier 3	
<i>lavare wound wash external gel</i>	Tier 3	
MEDIHONEY WOUND/BURN DRESSING EXTERNAL PAD	Tier 3	
MEPILEX AG EXTERNAL PAD 4"X4"	Tier 3	
MICROCYN SKIN AND WOUND EXTERNAL GEL	Tier 3	
MICROMATRIX WOUND POWDER EXTERNAL POWDER	Tier 3	
MIRO3D WOUND MATRIX EXTERNAL 10 X 5 X 2 CM, 2 X 2 X 2 CM, 3 X 3 X 2 CM, 4 X 4 X 2 CM, 5 X 5 X 2 CM, 7 X 5 X 2 CM	Tier 3	
MIRODERM BIO MATRIX FENESTRAT EXTERNAL SHEET 2X2CM , 2X3CM , 3X3CM , 3X7CM , 4X4CM , 5X5CM , 7X10CM , 8X15CM , 8X8CM	Tier 3	
MIRODERM BIO MATRIX FENESTRAT+ EXTERNAL SHEET 3X3CM , 5X5CM , 8X15CM , 8X8CM	Tier 3	
MIROTRACT WOUND MATRIX DEVICE 3 MM X 5 CM , 3 MM X 9 CM , 5 MM X 5 CM , 5 MM X 9 CM	Tier 3	
NEOX 100 EXTERNAL SHEET 2 CM X 2 CM , 3 CM X 3 CM , 4 CM X 4 CM , 7 CM X 7 CM	Tier 3	
NEOX CORD 1K EXTERNAL SHEET 1 CM X 2 CM , 1.5 CM X 1.5 CM , 2 CM X 2 CM , 2 CM X 3 CM , 2.5 CM X 2.5 CM , 3 CM X 3 CM , 4 CM X 3 CM , 6 CM X 3 CM , 8 CM X 3 CM	Tier 3	
NORMLGEL AG EXTERNAL GEL	Tier 3	
NOVACHOR EXTERNAL SHEET 1.5 CM X2.75 CM , 2.5 CM X 2.5 CM	Tier 3	
NUSHIELD EXTERNAL DISK 1.6 CM	Tier 3	
NUSHIELD EXTERNAL SHEET 2 CM X 3 CM , 2 CM X 4 CM , 3.2 CM X 3.2 CM , 4 CM X 3 CM , 4 CM X 4 CM , 4 CM X 6 CM , 6 CM X 6 CM	Tier 3	
OASIS ULTRA TRI-LAYER MATRIX EXTERNAL SHEET 5X7CM , 7X10CM , 7X20CM	Tier 3	
OASIS WOUND MATRIX FENESTRATED EXTERNAL SHEET 3X3.5CM , 3X7CM	Tier 3	
OMEZA COLLAGEN MATRIX EXTERNAL LIQUID 1.6 GM	Tier 3	

Drug	Status	Notes
PALINGEN HYDROMEMBRANE EXTERNAL SHEET 1 CM X 1 CM , 1 CM X 2 CM , 2 CM X 2 CM , 2 CM X 3 CM , 2 CM X 4 CM , 2 CM X 6 CM , 2 CM X 9 CM , 4 CM X 4 CM , 4 CM X 6 CM , 4 CM X 8 CM , 8 CM X 8 CM	Tier 3	
PALINGEN MEMBRANE EXTERNAL SHEET 1 CM X 1 CM , 1 CM X 2 CM , 2 CM X 2 CM , 2 CM X 3 CM , 2 CM X 4 CM , 2 CM X 6 CM , 2 CM X 9 CM , 4 CM X 4 CM , 4 CM X 6 CM , 4 CM X 8 CM , 8 CM X 8 CM	Tier 3	
PALINGEN XPLUS HYDROMEMBRANE EXTERNAL SHEET 1 CM X 1 CM , 1 CM X 2 CM , 2 CM X 2 CM , 2 CM X 3 CM , 2 CM X 4 CM , 2 CM X 6 CM , 2 CM X 9 CM , 4 CM X 4 CM , 4 CM X 6 CM , 4 CM X 8 CM , 8 CM X 8 CM	Tier 3	
PALINGEN XPLUS MEMBRANE EXTERNAL SHEET 1 CM X 1 CM , 1 CM X 2 CM , 2 CM X 2 CM , 2 CM X 3 CM , 2 CM X 4 CM , 2 CM X 6 CM , 2 CM X 9 CM , 4 CM X 4 CM , 4 CM X 6 CM , 4 CM X 8 CM , 8 CM X 8 CM	Tier 3	
PETROLEUM GAUZE NON-WOVEN 3X9" EXTERNAL	Tier 3	
PURAPLY 1.6CM EXTERNAL DISK	Tier 3	
PURAPLY ANTIMICRO 3.76X3.76CM EXTERNAL SHEET	Tier 3	
PURAPLY ANTIMICROBIAL 2X2CM EXTERNAL SHEET	Tier 3	
PURAPLY ANTIMICROBIAL 2X4CM EXTERNAL SHEET	Tier 3	
PURAPLY ANTIMICROBIAL 3.02CM EXTERNAL SHEET	Tier 3	
PURAPLY ANTIMICROBIAL 3X4CM EXTERNAL SHEET	Tier 3	
PURAPLY ANTIMICROBIAL 4X4CM EXTERNAL SHEET	Tier 3	
PURAPLY ANTIMICROBIAL 5X5CM EXTERNAL SHEET	Tier 3	
PURAPLY ANTIMICROBIAL 6X9CM EXTERNAL SHEET	Tier 3	
PURAPLY ANTIMICROBIAL 8X16CM EXTERNAL SHEET	Tier 3	
PURAPLY EXTERNAL SHEET 2X4CM , 5X5CM , 6X9CM	Tier 3	
PURAPLY XT ANTIMICROBIAL 5X5CM EXTERNAL SHEET 0.1 %	Tier 3	
PURAPLY XT ANTIMICROBIAL 6X9CM EXTERNAL SHEET 0.1 %	Tier 3	
PURAPLY XT ANTIMICROBIAL EXTERNAL SHEET	Tier 3	
REGRANEX EXTERNAL GEL 0.01 %	Tier 2	
RESTORE SILVER DRESSING EXTERNAL PAD 2"X2" , 4"X4" , 4"X4.75" , 4"X5" , 6"X8"	Tier 3	

Drug	Status	Notes
SILIGENTLE AG FOAM DRESSING EXTERNAL PAD 2"X2"	Tier 3	
SILIGENTLE AG SILVER FOAM DRES EXTERNAL PAD 2"X2" , 4"X4" , 4"X5" , 6"X6"	Tier 3	
SILVERSEAL HYDROGEL DRESSING EXTERNAL PAD 2"X3" , 4"X5"	Tier 3	
STRAVIX EXTERNAL SHEET 2 CM X 4 CM , 6 CM X 3 CM	Tier 3	
TRANSCYTE EXTERNAL SHEET	Tier 3	
TRUSKIN EXTERNAL SHEET 2 CM X 4 CM , 4 CM X 8 CM	Tier 3	
VASHE CLEANSING EXTERNAL SOLUTION	Tier 3	
VASHE WOUND EXTERNAL SOLUTION 0.033 %	Tier 3	
VASHE WOUND THERAPY EXTERNAL SOLUTION	Tier 3	
<i>zenifiber ag external pad 2"x2" , 4"x5" , 6"x6" , 8"x8"</i>	Tier 3	
<i>zenifoam ag external pad 2"x2" , 4"x5"</i>	Tier 3	
<b>Diagnostic Products</b>		
<b>Diagnostic Tests</b>		
FREESTYLE INSULINX TEST IN VITRO STRIP	\$0	QL (200 EA per 30 days)
FREESTYLE LITE TEST IN VITRO STRIP	\$0	QL (200 EA per 30 days)
FREESTYLE PRECISION NEO TEST IN VITRO STRIP	\$0	QL (200 EA per 30 days)
FREESTYLE TEST IN VITRO STRIP	\$0	QL (200 EA per 30 days)
ONETOUCH ULTRA BLUE TEST IN VITRO STRIP	\$0	QL (200 EA per 30 days)
ONETOUCH ULTRA IN VITRO STRIP	\$0	QL (200 EA per 30 days)
ONETOUCH ULTRA TEST IN VITRO STRIP	\$0	QL (200 EA per 30 days)
ONETOUCH VERIO IN VITRO STRIP	\$0	QL (200 EA per 30 days)
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP	\$0	QL (200 EA per 30 days)
<i>udsx medicated system combination kit 20 mg</i>	Tier 3	
<i>udsxmp medicated system combination kit 20 mg</i>	Tier 3	
<b>Dietary Products/Dietary Management Products</b>		
<b>Dietary Management Products</b>		
DEPLIN FC ORAL CAPSULE 15 MG, 7.5 MG	Tier 3	
METANX FC ORAL CAPSULE 3-35-2 MG	Tier 3	
<b>Nutritional Supplements</b>		
APP SLIM RMS ORAL CAPSULE	Tier 3	
<b>Digestive Aids</b>		
<b>Digestive Enzymes</b>		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	Tier 2	
SUCRAID ORAL SOLUTION 8500 UNIT/ML	Specialty	PA
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT	Tier 3	

Drug	Status	Notes
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	Tier 2	
<b>Diuretics</b>		
<b>Carbonic Anhydrase Inhibitors</b>		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	Tier 1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	Tier 1	
<i>dichlorphenamide oral tablet 50 mg</i>	Specialty	PA
<i>methazolamide oral tablet 25 mg, 50 mg</i>	Tier 1	
ORMALVI ORAL TABLET 50 MG	Specialty	PA
<b>Diuretic Combinations</b>		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	\$0	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	\$0	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	\$0	
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	\$0	
<b>Loop Diuretics</b>		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0	
FUROSCIX SUBCUTANEOUS CARTRIDGE KIT 80 MG/10ML	\$0	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	\$0	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	\$0	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	\$0	
<b>Potassium Sparing Diuretics</b>		
<i>amiloride hcl oral tablet 5 mg</i>	\$0	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	\$0	
<b>Thiazides And Thiazide-Like Diuretics</b>		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	\$0	
DIURIL ORAL SUSPENSION 250 MG/5ML	Tier 3	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	\$0	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	\$0	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	\$0	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0	
<b>Endocrine And Metabolic Agents - Misc.</b>		
<b>Adrenal Steroid Inhibitors</b>		
ISTURISA ORAL TABLET 1 MG, 5 MG	Specialty	PA
RECORLEV ORAL TABLET 150 MG	Tier 3	PA
<b>Bone Density Regulators</b>		
<i>alendronate sodium oral solution 70 mg/75ml</i>	\$0	QL (75 ML per 7 days)
<i>alendronate sodium oral tablet 10 mg, 35 mg, 70 mg</i>	\$0	
<i>calcitonin (salmon) injection solution 200 unit/ml</i>	Tier 1	
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	\$0	
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 105 MG/1.17ML	\$0	PA
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT	\$0	

Drug	Status	Notes
<i>ibandronate sodium oral tablet 150 mg</i>	\$0	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	\$0	PA
<i>risedronate sodium oral tablet 150 mg</i>	\$0	ST; QL (1 EA per 30 days)
<i>risedronate sodium oral tablet 35 mg</i>	\$0	TRIAL OF ALENDRONATE AND IBANDRONATE IN THE PAST 365 DAYS; QL (1 EA per 7 days)
<i>teriparatide subcutaneous solution pen-injector 600 mcg/2.4ml</i>	\$0	PA
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	\$0	PA
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	Specialty	PA
<b>Corticotropin</b>		
ACTHAR GEL SUBCUTANEOUS AUTO-INJECTOR 40 UNIT/0.5ML, 80 UNIT/ML	Specialty	PA
ACTHAR INJECTION GEL 80 UNIT/ML	Specialty	PA
CORTROPHIN INJECTION GEL 80 UNIT/ML	Specialty	PA
<b>Fertility Regulators</b>		
<i>chorionic gonadotropin intramuscular solution reconstituted 10000 unit</i>	Tier 3	TRIAL OF NOVAREL OR OVIDREL IN THE PAST 120 DAYS
CLOMID ORAL TABLET 50 MG	Tier 1	
<i>clomiphene citrate oral tablet 50 mg</i>	Tier 1	
FOLLISTIM AQ SUBCUTANEOUS SOLUTION 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML	Specialty	TRIAL OF GONAL-F OR GONAL-F-RFF IN THE PAST 120 DAYS
GONAL-F INJECTION SOLUTION RECONSTITUTED 1050 UNIT, 450 UNIT	Specialty	
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/0.5ML, 450 UNT/0.75ML, 900 UNIT/1.5ML	Specialty	
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT	Specialty	
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT	Specialty	
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT	Tier 2	
OVIDREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MCG/0.5ML	Tier 2	
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT	Tier 3	ST
<b>Gnrh/Lhrh Antagonists</b>		
<i>cetorelix acetate subcutaneous kit 0.25 mg</i>	Specialty	
<i>ganirelix acetate subcutaneous solution prefilled syringe 250 mcg/0.5ml</i>	Specialty	
ORLISSA ORAL TABLET 150 MG, 200 MG	Tier 2	PA
<b>Growth Hormone Receptor Antagonists</b>		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	Specialty	



Drug	Status	Notes
<b>Growth Hormone Releasing Hormones (Ghrh)</b>		
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED 2 MG	Specialty	PA
<b>Growth Hormones</b>		
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	Specialty	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG	Specialty	PA
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML	Specialty	PA
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML	Specialty	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	Specialty	PA
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	Specialty	PA
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	Specialty	PA
SOGROYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML	Specialty	PA
<b>Hormone Receptor Modulators</b>		
<i>raloxifene hcl oral tablet 60 mg</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<b>Insulin-Like Growth Factors (Somatomedins)</b>		
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	Specialty	PA
<b>Lhrh/Gnrh Agonist Analog Pituitary Suppressants</b>		
FENSOLVI (6 MONTH) SUBCUTANEOUS KIT 45 MG	Specialty	PA
SUPPRELIN LA SUBCUTANEOUS KIT 50 MG	Specialty	PA
SYNAREL NASAL SOLUTION 2 MG/ML	Specialty	PA
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 22.5 MG	Specialty	PA
<b>Menopausal Symptoms Suppressants</b>		
VEOZAH ORAL TABLET 45 MG	Tier 3	
<b>Metabolic Modifiers</b>		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML	Specialty	
<i>betaine oral powder</i>	Specialty	PA
BRINEURA KIT 2 X 150 MG/5ML	Specialty	PA
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Tier 1	
<i>calcitriol oral solution 1 mcg/ml</i>	Tier 1	
<i>carglumic acid oral tablet soluble 200 mg</i>	Specialty	PA
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	Specialty	QL (2 EA per 1 day)
<i>cinacalcet hcl oral tablet 90 mg</i>	Specialty	QL (4 EA per 1 day)

Drug	Status	Notes
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML	Specialty	PA
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	Tier 1	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML	Specialty	
ELFABRIO INTRAVENOUS SOLUTION 20 MG/10ML, 5 MG/2.5ML	Specialty	PA
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG	Specialty	PA
GALAFOLD ORAL CAPSULE 123 MG	Specialty	PA
JAVYGTOR ORAL PACKET 100 MG, 500 MG	Specialty	
JAVYGTOR ORAL TABLET 100 MG	Specialty	
KANUMA INTRAVENOUS SOLUTION 20 MG/10ML	Specialty	PA
KUVAN ORAL PACKET 100 MG, 500 MG	Specialty	
KUVAN ORAL TABLET 100 MG	Specialty	
LAMZEDE INTRAVENOUS SOLUTION RECONSTITUTED 10 MG	Specialty	PA
<i>levocarnitine oral solution 1 gm/10ml</i>	Tier 1	
<i>levocarnitine oral tablet 330 mg</i>	Tier 1	
<i>levocarnitine sf oral solution 1 gm/10ml</i>	Tier 1	
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	Specialty	PA
MEPSEVII INTRAVENOUS SOLUTION 10 MG/5ML	Specialty	PA
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG	Specialty	QL (1 EA per 1 day)
NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML	Specialty	
NEXVIAZYME INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Specialty	PA
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	Specialty	PA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	Specialty	PA
NULIBRY INTRAVENOUS SOLUTION RECONSTITUTED 9.5 MG	Specialty	PA
OLPRUVA (2 GM DOSE) ORAL THERAPY PACK 2 GM	Specialty	PA
OLPRUVA (3 GM DOSE) ORAL THERAPY PACK 3 GM	Specialty	PA
OLPRUVA (4 GM DOSE) ORAL THERAPY PACK 2 & 2 GM	Specialty	PA
OLPRUVA (5 GM DOSE) ORAL THERAPY PACK 2 & 3 GM	Specialty	PA
OLPRUVA (6 GM DOSE) ORAL THERAPY PACK 3 & 3 GM	Specialty	PA
OLPRUVA (6.67 GM DOSE) ORAL THERAPY PACK 3 & 3.67 GM	Specialty	PA
OPFOLDA ORAL CAPSULE 65 MG	Specialty	PA
ORFADIN ORAL SUSPENSION 4 MG/ML	Specialty	PA
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML, 20 MG/ML	Specialty	PA
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	Tier 1	

Drug	Status	Notes
PARSABIV INTRAVENOUS SOLUTION 10 MG/2ML, 2.5 MG/0.5ML, 5 MG/ML	Specialty	PA
PHEBURANE ORAL PELLETT 483 MG/GM	Specialty	PA
POMBILITI INTRAVENOUS SOLUTION RECONSTITUTED 105 MG	Specialty	PA
RAVICTI ORAL LIQUID 1.1 GM/ML	Specialty	PA
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG	Tier 2	QL (2 EA per 1 day)
REVCIVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5ML	Specialty	PA
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	Specialty	
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	Specialty	
<i>sodium phenylbutyrate oral powder 3 gml/tsp</i>	Specialty	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	Specialty	PA
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML	Specialty	PA
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5ML	Specialty	PA
XENPOZYME INTRAVENOUS SOLUTION RECONSTITUTED 20 MG, 4 MG	Specialty	PA
XPHOZAH ORAL TABLET 20 MG, 30 MG	Tier 3	TRIAL OF VELPHORO AND ONE OF THE FOLLOWING: GENERIC SEVELAMER HCL, SEVELAMER CARBONATE, CALCIUM ACETATE, OR LANTHANUM CARBONATE IN THE PAST 365 DAYS; QL (2 EA per 1 day)
XURIDEN ORAL PACKET 2 GM	Specialty	PA
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 168 MCG/0.56ML, 294 MCG/0.98ML, 420 MCG/1.4ML	Specialty	PA
<b>Posterior Pituitary Hormones</b>		
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	Tier 1	
<i>desmopressin acetate injection solution 4 mcg/ml</i>	Tier 1	
<i>desmopressin acetate nasal solution 1.5 mg/ml</i>	Tier 3	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	Tier 1	
<i>desmopressin acetate pf injection solution 4 mcg/ml</i>	Tier 1	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	Tier 1	
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG	Tier 3	QL (1 EA per 1 day)
<b>Prolactin Inhibitors</b>		
<i>cabergoline oral tablet 0.5 mg</i>	Tier 1	
<b>Somatostatic Agents</b>		
<i>lanreotide acetate subcutaneous solution 120 mg/0.5ml</i>	Specialty	PA
MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG	Specialty	PA
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	Specialty	
<i>octreotide acetate intramuscular kit 20 mg, 30 mg</i>	Specialty	PA

Drug	Status	Notes
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	Specialty	
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 30 MG	Specialty	PA
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 20 MG, 30 MG, 40 MG, 60 MG	Specialty	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	Specialty	PA
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML, 90 MG/0.3ML	Specialty	PA
<b>Unknown</b>		
TEPEZZA INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	Specialty	PA
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED 0.4 MG, 0.56 MG, 1.2 MG	Specialty	PA
<b>Vasopressin Receptor Antagonists</b>		
JYNARQUE ORAL TABLET 15 MG, 30 MG	Specialty	PA
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG	Specialty	PA
<i>tolvaptan oral tablet 15 mg</i>	Specialty	QL (30 EA per 365 days)
<i>tolvaptan oral tablet 30 mg</i>	Specialty	QL (60 EA per 365 days)
<b>Estrogens</b>		
<b>Estrogen Combinations</b>		
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	Tier 3	
BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG	Tier 2	QL (1 EA per 1 day)
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY	Tier 2	QL (2 EA per 7 days)
COVARYX HS ORAL TABLET 0.625-1.25 MG	Tier 1	
COVARYX ORAL TABLET 1.25-2.5 MG	Tier 1	
DUAVEE ORAL TABLET 0.45-20 MG	\$0	
EEMT HS ORAL TABLET 0.625-1.25 MG	Tier 1	
EEMT ORAL TABLET 1.25-2.5 MG	Tier 1	
<i>est estrogens-methyltest ds oral tablet 1.25-2.5 mg</i>	Tier 1	
<i>est estrogens-methyltest hs oral tablet 0.625-1.25 mg</i>	Tier 1	
<i>est estrogens-methyltest oral tablet 1.25-2.5 mg</i>	Tier 1	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	Tier 1	
ESTRATEST F.S. ORAL TABLET 1.25-2.5 MG	Tier 1	
ESTRATEST H.S. ORAL TABLET 0.625-1.25 MG	Tier 1	
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	Tier 1	
JINTELI ORAL TABLET 1-5 MG-MCG	Tier 1	
MIMVEY ORAL TABLET 1-0.5 MG	Tier 1	
MYFEMBREE ORAL TABLET 40-1-0.5 MG	Tier 2	PA
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	Tier 1	
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG	Tier 2	PA

Drug	Status	Notes
PREMPHASE ORAL TABLET 0.625-5 MG	Tier 2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	Tier 2	
<b>Estrogens</b>		
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	Tier 2	QL (2 EA per 7 days)
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	Tier 3	
DOTTI TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	Tier 1	QL (2 EA per 7 days)
<i>ec-rx estradiol transdermal cream 0.4 %, 0.6 %</i>	Tier 3	
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%)	Tier 3	ST; QL (52 GM per 30 days)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)</i>	Tier 1	TRIAL OF GENERIC CLIMARA, MINIVELLE, OR VIVELLE-DOT IN THE PAST 120 DAYS
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	Tier 1	QL (2 EA per 7 days)
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	Tier 1	QL (1 EA per 7 days)
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	Tier 1	
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY	Tier 3	ST; QL (16.2 ML per 30 days)
LYLLANA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	Tier 1	QL (2 EA per 7 days)
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR	Tier 3	QL (1 EA per 7 days)
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	Tier 2	
<b>Fluoroquinolones</b>		
<b>Fluoroquinolones</b>		
BAXDELA ORAL TABLET 450 MG	Tier 3	PA
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%)	Tier 2	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>moxifloxacin hcl oral tablet 400 mg</i>	Tier 1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	Tier 1	
<b>Gastrointestinal Agents - Misc.</b>		
<b>Agents For Chronic Idiopathic Constipation (Cic)</b>		
TRULANCE ORAL TABLET 3 MG	Tier 2	QL (1 EA per 1 day)
<b>Bile Acid Synthesis Disorder Agents</b>		
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	Specialty	PA
<b>Farnesoid X Receptor (Fxr) Agonists</b>		
OICALIVA ORAL TABLET 10 MG, 5 MG	Specialty	PA

Drug	Status	Notes
<b>Gallstone Solubilizing Agents</b>		
CHENODAL ORAL TABLET 250 MG	Specialty	PA
<i>ursodiol oral capsule 300 mg</i>	Tier 1	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	Tier 1	
URSODIOL+SYRSPEND SF ORAL SUSPENSION 30 MG/ML	Tier 3	
<b>Gastrointestinal Antiallergy Agents</b>		
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	Tier 1	
<b>Gastrointestinal Chloride Channel Activators</b>		
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	Tier 1	QL (2 EA per 1 day)
<b>Gastrointestinal Stimulants</b>		
<i>dexpanthenol injection solution 250 mg/ml</i>	Tier 3	
GIMOTI NASAL SOLUTION 15 MG/ACT	Specialty	PA
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	Tier 1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>metoclopramide hcl oral tablet dispersible 5 mg</i>	Tier 1	
<b>Hepatotropics</b>		
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	Specialty	PA
<b>Inflammatory Bowel Agents</b>		
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Specialty	PA
<i>balsalazide disodium oral capsule 750 mg</i>	Tier 1	
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	Specialty	PA
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	Specialty	PA
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	Specialty	PA
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG	Specialty	PA
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML	Specialty	PA
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Specialty	PA
<i>infliximab intravenous solution reconstituted 100 mg</i>	Specialty	PA
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	Tier 1	
<i>mesalamine er oral capsule extended release 500 mg</i>	Tier 1	
<i>mesalamine oral tablet delayed release 1.2 gm, 800 mg</i>	Tier 1	
<i>mesalamine rectal enema 4 gm</i>	Tier 1	
<i>mesalamine rectal suppository 1000 mg</i>	Tier 1	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	Tier 2	
RENFLIXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Specialty	PA
SFROWASA RECTAL ENEMA 4 GM/60ML	Tier 3	
SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML	Specialty	PA



Drug	Status	Notes
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML	Specialty	PA
STELARA INTRAVENOUS SOLUTION 130 MG/26ML	Specialty	PA
<i>sulfasalazine oral tablet 500 mg</i>	Tier 1	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	Tier 1	
<b>Intestinal Acidifiers</b>		
<i>enulose oral solution 10 gm/15ml</i>	Tier 1	
<i>generlac oral solution 10 gm/15ml</i>	Tier 1	
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	Tier 1	
<b>Irritable Bowel Syndrome (Ibs) Agents</b>		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	Tier 1	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	Tier 2	QL (1 EA per 1 day)
VIBERZI ORAL TABLET 100 MG, 75 MG	Tier 2	
<b>Peripheral Opioid Receptor Antagonists</b>		
<i>alvimopan oral capsule 12 mg</i>	Tier 1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	Tier 2	QL (1 EA per 1 day)
RELISTOR ORAL TABLET 150 MG	Tier 3	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	Tier 3	PA
SYMPROIC ORAL TABLET 0.2 MG	Tier 2	QL (1 EA per 1 day)
<b>Phosphate Binder Agents</b>		
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	Tier 1	
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	Tier 1	
<i>calcium acetate oral tablet 667 mg</i>	Tier 1	
FOSRENOL ORAL PACKET 1000 MG, 750 MG	Tier 3	ST; QL (3 EA per 1 day)
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	Tier 1	
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	Tier 1	
<i>sevelamer carbonate oral tablet 800 mg</i>	Tier 1	
<i>sevelamer hcl oral tablet 400 mg</i>	Tier 1	
VELPHORO ORAL TABLET CHEWABLE 500 MG	Tier 2	QL (6 EA per 1 day)
<b>Short Bowel Syndrome (Sbs) Agents</b>		
GATTEX SUBCUTANEOUS KIT 5 MG	Specialty	PA
<b>Tryptophan Hydroxylase Inhibitors</b>		
XERMELO ORAL TABLET 250 MG	Specialty	PA
<b>Unknown</b>		
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG, 600 MCG	Specialty	PA
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG	Specialty	PA
IQIRVO ORAL TABLET 80 MG	Specialty	PA
LIVDELZI ORAL CAPSULE 10 MG	Specialty	PA
LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML	Specialty	PA
REBYOTA RECTAL SUSPENSION 150 ML	Specialty	PA
VOWST ORAL CAPSULE	Specialty	PA
<b>General Anesthetics</b>		
<b>Anesthetics - Misc.</b>		
<i>ketamine hcl sublingual troche 100 mg</i>	Tier 3	

Drug	Status	Notes
<b>Volatile Anesthetics</b>		
<i>desflurane inhalation solution</i>	Tier 1	
<i>isoflurane inhalation solution</i>	Tier 1	
<i>sevoflurane inhalation solution</i>	Tier 1	
TERRELL INHALATION SOLUTION	Tier 1	
<b>Genitourinary Agents - Miscellaneous</b>		
<b>Acidifiers</b>		
K-PHOS NO 2 ORAL TABLET 305-700 MG	Tier 3	
<b>Alkalinizers</b>		
<i>cytra k crystals oral packet 3300-1002 mg</i>	Tier 3	
ORACIT ORAL SOLUTION 490-640 MG/5ML	Tier 3	
<i>oral citrate oral solution 490-640 mg/5ml</i>	Tier 3	
<i>pot &amp; sod cit-cit ac oral solution 550-500-334 mg/5ml</i>	Tier 1	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	Tier 1	
<i>tricitrates oral solution 550-500-334 mg/5ml</i>	Tier 1	
<b>Cystinosis Agents</b>		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	Specialty	
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG	Specialty	PA
PROCYSBI ORAL PACKET 300 MG, 75 MG	Specialty	PA
<b>Genitourinary Irrigants</b>		
<i>acetic acid irrigation solution 0.25 %</i>	Tier 1	
ARGYLE STERILE SALINE IRRIGATION SOLUTION 0.9 %	Tier 1	
CURITY STERILE SALINE IRRIGATION SOLUTION 0.9 %	Tier 1	
<i>glycine irrigation solution 1.5 %</i>	Tier 1	
<i>glycine urologic irrigation solution 1.5 %</i>	Tier 1	
<i>neomycin-polymyxin b gu irrigation solution 40-200000</i>	Tier 1	
RENACIDIN IRRIGATION SOLUTION	Tier 3	
<i>sodium chloride irrigation solution 0.9 %</i>	Tier 1	
<b>Interstitial Cystitis Agents</b>		
ELMIRON ORAL CAPSULE 100 MG	Tier 2	PA
<i>pentosan polysulfate sodium oral capsule delayed release 150 mg, 200 mg</i>	Tier 3	
<b>Prostatic Hypertrophy Agents</b>		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	Tier 1	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG	Tier 3	
<i>dutasteride oral capsule 0.5 mg</i>	Tier 1	
<i>finasteride oral tablet 5 mg</i>	Tier 1	
<i>silodosin oral capsule 4 mg, 8 mg</i>	Tier 1	
<i>tamsulosin hcl oral capsule 0.4 mg</i>	Tier 1	
<b>Unknown</b>		
FILSPARI ORAL TABLET 200 MG, 400 MG	Specialty	PA

Drug	Status	Notes
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5ML	Specialty	PA
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5ML	Specialty	PA
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.8ML, 160 MG/ML	Specialty	PA
<b>Urinary Analgesics</b>		
PHENAZO ORAL TABLET 200 MG	Tier 1	
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	Tier 1	
<b>Urinary Stone Agents</b>		
LITHOSTAT ORAL TABLET 250 MG	Tier 3	
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG	Specialty	
<i>tiopronin oral tablet 100 mg</i>	Specialty	
<i>tiopronin oral tablet delayed release 100 mg, 300 mg</i>	Specialty	
<b>Gout Agents</b>		
<b>Gout Agent Combinations</b>		
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	Tier 1	
<b>Gout Agents</b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	Tier 1	
<i>colchicine oral capsule 0.6 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>colchicine oral tablet 0.6 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>febuxostat oral tablet 40 mg, 80 mg</i>	Tier 1	ST; QL (1 EA per 1 day)
GLOPERBA ORAL SOLUTION 0.6 MG/5ML	Tier 3	TRIAL OF COLCHICINE CAPS OR TABS IN THE PAST 120 DAYS; QL (10 ML per 1 day)
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML	Specialty	PA
<b>Uricosurics</b>		
<i>probenecid oral tablet 500 mg</i>	Tier 1	
<b>Hematological Agents - Misc.</b>		
<b>Antihemophilic Products</b>		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Specialty	
<i>adynovate intravenous solution reconstituted 1000 unit, 1500 unit, 2000 unit, 250 unit, 3000 unit, 500 unit, 750 unit</i>	Specialty	
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT	Specialty	
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	Specialty	
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT	Specialty	
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Specialty	

Drug	Status	Notes
ALTUVIIIIO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 750 UNIT	Specialty	
BALFAXAR INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT	Specialty	
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Specialty	
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT	Specialty	
CORIFACT INTRAVENOUS KIT 1000-1600 UNIT	Specialty	
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT	Specialty	
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT	Specialty	
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT	Specialty	
FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED	Specialty	
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 12 MG/0.4ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML	Specialty	PA
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT	Specialty	
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT	Specialty	
HYMPAVZI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	Specialty	PA
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3500 UNIT, 500 UNIT	Specialty	
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Specialty	
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT	Specialty	
KCENTRA INTRAVENOUS KIT 1000 UNIT, 500 UNIT	Specialty	
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT	Specialty	
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT	Specialty	
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Specialty	
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Specialty	

Drug	Status	Notes
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Specialty	
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG	Specialty	
NUWIQ INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Specialty	
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Specialty	
<i>obizur intravenous solution reconstituted 500 unit</i>	Specialty	
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT	Specialty	
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT	Specialty	
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT	Specialty	
<i>rixubis intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 3000 unit, 500 unit</i>	Specialty	
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 5 MG	Specialty	
TRETTEN INTRAVENOUS SOLUTION RECONSTITUTED 2500 UNIT	Specialty	
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT	Specialty	
WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT	Specialty	
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	Specialty	
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Specialty	
<b>Bradykinin B2 Receptor Antagonists</b>		
<i>icatibant acetate subcutaneous solution 30 mg/3ml</i>	Specialty	PA
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	Specialty	PA
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML	Specialty	PA
<b>Complement Inhibitors</b>		
BERINERT INTRAVENOUS KIT 500 UNIT	Specialty	PA
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	Specialty	PA
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML	Specialty	PA
ENJAYMO INTRAVENOUS SOLUTION 1100 MG/22ML	Specialty	PA
FABHALTA ORAL CAPSULE 200 MG	Specialty	PA

Drug	Status	Notes
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT	Specialty	PA
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT	Specialty	PA
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML	Specialty	PA
TAVNEOS ORAL CAPSULE 10 MG	Specialty	PA
ULTOMIRIS INTRAVENOUS SOLUTION 1100 MG/11ML, 300 MG/3ML	Specialty	PA
VEOPOZ INJECTION SOLUTION 400 MG/2ML	Specialty	PA
VOYDEYA ORAL TABLET 100 MG	Specialty	PA
VOYDEYA ORAL TABLET THERAPY PACK 50 & 100 MG	Specialty	PA
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML, 23 MG/0.574ML, 32.4 MG/0.81ML	Specialty	PA
<b>Hemataologic - Tyrosine Kinase Inhibitors</b>		
TAVALISSE ORAL TABLET 100 MG, 150 MG	Specialty	PA
<b>Hematorheologic Agents</b>		
<i>pentoxifylline er oral tablet extended release 400 mg</i>	Tier 1	
<b>Hemin</b>		
PANHEMATIN INTRAVENOUS SOLUTION RECONSTITUTED 350 MG	Specialty	
<b>Human Protein C</b>		
CEPROTIN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT	Specialty	
<b>Plasma Kallikrein Inhibitors</b>		
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML	Specialty	PA
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	Specialty	PA
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML	Specialty	PA
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	Specialty	PA
<b>Plasma Proteins</b>		
RYPLAZIM INTRAVENOUS SOLUTION RECONSTITUTED 68.8 MG	Specialty	PA
<b>Platelet Aggregation Inhibitors</b>		
AGGRASTAT INTRAVENOUS CONCENTRATE 3.75 MG/15ML	Specialty	
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	Tier 1	
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	\$0	
BRILINTA ORAL TABLET 60 MG, 90 MG	\$0	QL (2 EA per 1 day)
CABLIVI INJECTION KIT 11 MG	Specialty	PA
<i>cilostazol oral tablet 100 mg, 50 mg</i>	\$0	
<i>clopidogrel bisulfate oral tablet 300 mg</i>	\$0	QL (4 EA per 30 days)
<i>clopidogrel bisulfate oral tablet 75 mg</i>	\$0	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>eptifibatide intravenous solution 20 mg/10ml, 200 mg/100ml, 75 mg/100ml</i>	Specialty	



Drug	Status	Notes
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	\$0	QL (1 EA per 1 day)
ZONTIVITY ORAL TABLET 2.08 MG	Tier 3	QL (1 EA per 1 day)
<b>Unknown</b>		
<i>adzynma intravenous kit 1500 unit, 500 unit</i>	Specialty	PA
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	Specialty	PA
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG, 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG	Specialty	PA
<b>Hematopoietic Agents</b>		
<b>Agents For Gaucher Disease</b>		
CERDELGA ORAL CAPSULE 84 MG	Specialty	
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	Specialty	PA
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED 200 UNIT	Specialty	PA
<i>miglustat oral capsule 100 mg</i>	Specialty	PA
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	Specialty	PA
YARGESA ORAL CAPSULE 100 MG	Specialty	PA
<b>Agents For Sickle Cell Anemia</b>		
ADAKVEO INTRAVENOUS SOLUTION 100 MG/10ML	\$0	PA
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	Tier 3	
<i>l-glutamine oral packet 5 gm</i>	\$0	PA
SIKLOS ORAL TABLET 100 MG	Tier 3	QL (2 EA per 1 day)
SIKLOS ORAL TABLET 1000 MG	Tier 3	TRIAL OF GENERIC HYDROXYUREA AND DROXIA IN THE PAST 365 DAYS
<b>Cobalamins</b>		
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	Tier 1	
<i>hydroxocobalamin acetate intramuscular solution 1000 mcg/ml</i>	Tier 1	
<i>methylcobalamin injection solution reconstituted 10000 mcg</i>	Tier 1	
<b>Folic Acid/Folates</b>		
<i>cvs folic acid oral tablet 800 mcg</i>	\$0	
<i>folate oral tablet 400 mcg</i>	\$0	
<i>folic acid injection solution 5 mg/ml</i>	Tier 1	
<i>folic acid oral tablet 1 mg</i>	Tier 1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	\$0	
<i>ft folic acid oral tablet 400 mcg, 800 mcg</i>	\$0	
<i>gnp folic acid oral tablet 400 mcg</i>	\$0	
<i>kp folic acid oral tablet 800 mcg</i>	\$0	
<i>qc folic acid oral tablet 800 mcg</i>	\$0	
<i>ra folic acid oral tablet 400 mcg, 800 mcg</i>	\$0	
<i>sm folic acid oral tablet 400 mcg</i>	\$0	
<i>true folic acid oral tablet 400 mcg</i>	\$0	
<i>yl folic acid oral tablet 400 mcg</i>	\$0	

Drug	Status	Notes
<b>Hematopoietic Growth Factors</b>		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	Specialty	PA
DOPTELET ORAL TABLET 20 MG	Specialty	PA
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 3	PA
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG	Specialty	PA
MULPLETA ORAL TABLET 3 MG	Specialty	PA
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	Specialty	PA
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	Specialty	PA
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 125 MCG, 250 MCG, 500 MCG	Specialty	PA
PROMACTA ORAL PACKET 12.5 MG, 25 MG	Specialty	PA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	Specialty	PA
REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG, 75 MG	Specialty	PA
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	Specialty	PA
UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Specialty	PA
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Specialty	PA
<b>Hematopoietic Mixtures</b>		
ABANEU-SL SUBLINGUAL TABLET SUBLINGUAL 600-600 MCG	Tier 1	
<i>active fe oral tablet 75-1.25 mg</i>	Tier 3	
<i>bp vit 3 oral capsule 1 mg</i>	Tier 3	
CENTRATEX ORAL CAPSULE 106-1 MG	Tier 3	
<i>cholecal df oral tablet 1-3800 mg-unit</i>	Tier 3	
CHROMAGEN ORAL CAPSULE	Tier 1	
CIFEREX ORAL CAPSULE 1-3775 MG-UNIT	Tier 3	
CORVITA 150 ORAL TABLET 150-1.25 MG	Tier 1	
CORVITE 150 ORAL TABLET	Tier 3	
<i>corvite fe oral tablet</i>	Tier 3	
DERMACINRX FOLTAMIN ORAL TABLET 125-1 MCG-MG	Tier 3	
<i>fa-vitamin b-6-vitamin b-12 oral tablet 2.2-25-0.5 mg</i>	Tier 1	
<i>feonyx oral tablet</i>	Tier 3	
FERIVA 21/7 ORAL TABLET 75-1 MG	Tier 3	
<i>ferotinsic oral capsule</i>	Tier 1	
FERRALET 90 ORAL TABLET 90-1 MG	Tier 3	
FERRO-PLEX ORAL TABLET 115-1 MG	Tier 3	
FOLGARD RX ORAL TABLET 2.2-25-1 MG	Tier 3	
<i>folic d3 oral capsule 1-3775 mg-unit</i>	Tier 3	
FOLI-D ORAL TABLET 1-2000 MG-UNIT	Tier 3	

Drug	Status	Notes
<i>folite oral tablet</i>	Tier 3	
FOLIVANE-F ORAL CAPSULE 125-1 MG	Tier 3	
FOLIVANE-PLUS ORAL CAPSULE	Tier 3	
FOLIXAPURE ORAL TABLET 1-5000 MG-UNIT	Tier 3	
FOLIXATE ORAL TABLET 1-125 MG-MCG	Tier 3	
<i>folplex 2.2 oral tablet 2.2-25-0.5 mg</i>	Tier 1	
FOLTRATE ORAL TABLET 500-1 MCG-MG	Tier 3	
FOLTREXYL ORAL TABLET 1-5000 MG-UNIT	Tier 3	
<i>foltrin oral capsule</i>	Tier 1	
FOLVITE-D ORAL TABLET 1-3775 MG-UNIT	Tier 3	
FUSION PLUS ORAL CAPSULE	Tier 3	
<i>hematinic/folic acid oral tablet 324-1 mg</i>	Tier 3	
HEMATOGEN FA ORAL CAPSULE 200-250-0.01-1 MG	Tier 3	
HEMOCYTE PLUS ORAL CAPSULE 106-1 MG	Tier 3	
IFEREX 150 FORTE ORAL CAPSULE 150-25-1 MG-MCG-MG	Tier 1	
INTEGRA F ORAL CAPSULE 125-1 MG	Tier 3	
INTEGRA PLUS ORAL CAPSULE	Tier 3	
<i>iron folate plus oral capsule</i>	Tier 3	
<i>iron folate-f oral capsule 125-1 mg</i>	Tier 3	
IROSPAN 24/6 ORAL	Tier 3	
K-TAN PLUS ORAL CAPSULE 162-115.2-1 MG	Tier 1	
MULTIGEN FOLIC ORAL TABLET 70-150-2-1 MG	Tier 3	
MULTIGEN ORAL TABLET 70 MG	Tier 3	
MULTIGEN PLUS ORAL TABLET 50-101-1 MG	Tier 3	
NEPHRON FA ORAL TABLET	Tier 3	
NIFEREX ORAL TABLET	Tier 3	
<i>ortho df oral capsule 1-3775 mg-unit</i>	Tier 3	
<i>ortho-folic oral capsule 1-3760 mg-unit</i>	Tier 3	
<i>ostachol oral tablet 1-3800 mg-unit</i>	Tier 3	
<i>poly-iron 150 forte oral capsule 150-25-1 mg-mcg-mg</i>	Tier 1	
<i>polysaccharide iron forte oral capsule 150-25-1 mg-mcg-mg</i>	Tier 1	
<i>purevit dualfe plus oral capsule 162-115.2-1 mg</i>	Tier 1	
<i>se-tan plus oral capsule 162-115.2-1 mg</i>	Tier 1	
TALIVA ORAL CAPSULE 1 MG	Tier 3	
TANDEM PLUS ORAL CAPSULE 162-115.2-1 MG	Tier 1	
<i>taron forte oral capsule</i>	Tier 3	
TRICON ORAL CAPSULE	Tier 1	
<i>trigels-f forte oral capsule 460-60-0.01-1 mg</i>	Tier 1	
VITAMEZ ORAL CAPSULE 1 MG	Tier 3	
<b>Iron</b>		
INJECTAFER INTRAVENOUS SOLUTION 100 MG/2ML, 750 MG/15ML	Specialty	
<b>Stem Cell Mobilizers</b>		
<i>plerixafor subcutaneous solution 24 mg/1.2ml</i>	Specialty	PA
XOLREMDI ORAL CAPSULE 100 MG	Specialty	PA

Drug	Status	Notes
<b>Hemostatics</b>		
<b>Hemostatics - Systemic</b>		
<i>aminocaproic acid oral solution 0.25 gm/ml</i>	Tier 1	
<i>aminocaproic acid oral tablet 1000 mg, 500 mg</i>	Tier 1	
<i>tranexamic acid oral tablet 650 mg</i>	Tier 1	
<b>Hemostatics - Topical</b>		
ACTIFOAM COLLAGEN SPONGE EXTERNAL	Tier 3	
ARTISS EXTERNAL KIT 10 ML, 2 ML, 4 ML	Tier 3	
ARTISS EXTERNAL SOLUTION	Tier 3	
ASTRINGYN EXTERNAL SOLUTION 259 MG/GM	Tier 3	
AVITENE EXTERNAL PAD	Tier 3	
AVITENE FLOUR EXTERNAL POWDER	Tier 3	
ENDO AVITENE EXTERNAL	Tier 3	
GELFILM EXTERNAL FILM	Tier 3	
GEL-FLOW EXTERNAL KIT	Tier 3	
GEL-FLOW NT EXTERNAL PREFILLED SYRINGE	Tier 3	
GELFOAM COMPRESSED SIZE 100 EXTERNAL	Tier 3	
GELFOAM DENTAL PACK SIZE 4 EXTERNAL	Tier 3	
GELFOAM MOUTH/THROAT POWDER	Tier 3	
GELFOAM SPONGE EXTERNAL 12-7 MM	Tier 3	
GELFOAM SPONGE SIZE 100 EXTERNAL	Tier 3	
GELFOAM SPONGE SIZE 200 EXTERNAL	Tier 3	
GELFOAM SPONGE SIZE 50 EXTERNAL	Tier 3	
GELFOAM-JMI POWDER EXTERNAL KIT	Tier 3	
GELFOAM-JMI SPONGE EXTERNAL KIT	Tier 3	
INSTAT EXTERNAL PAD	Tier 3	
INTERCEED (TC7) EXTERNAL PAD	Tier 3	
INTERCEED EXTERNAL PAD	Tier 3	
<i>monsels ferric subsulfate external solution</i>	Tier 3	
RECOTHROM EXTERNAL SOLUTION RECONSTITUTED 20000 UNIT, 5000 UNIT	Tier 3	
RECOTHROM SPRAY KIT EXTERNAL SOLUTION RECONSTITUTED 20000 UNIT	Tier 3	
SURGICEL FIBRILLAR EXTERNAL PAD	Tier 3	
SURGICEL NU-KNIT EXTERNAL PAD	Tier 3	
SURGICEL SNOW 1"X2" EXTERNAL PAD	Tier 3	
SURGICEL SNOW 2"X4" EXTERNAL PAD	Tier 3	
SURGICEL SNOW 4"X4" EXTERNAL PAD	Tier 3	
SURGIFOAM POWDER	Tier 3	
SYRINGE AVITENE EXTERNAL	Tier 3	
TACHOSIL EXTERNAL PATCH 4.8 X 4.8 CM, 9.5 X 4.8 CM	Tier 3	
THROMBI-GEL 10 EXTERNAL PAD	Tier 3	
THROMBI-GEL 100 EXTERNAL PAD	Tier 3	
THROMBI-GEL 40 EXTERNAL PAD	Tier 3	
THROMBIN-JMI EPISTAXIS EXTERNAL KIT 5000 UNIT	Tier 3	

Drug	Status	Notes
THROMBIN-JMI EXTERNAL KIT 20000 UNIT, 5000 UNIT	Tier 3	
THROMBIN-JMI EXTERNAL SOLUTION RECONSTITUTED 20000 UNIT, 5000 UNIT	Tier 3	
THROMBI-PAD EXTERNAL PAD 3"X3"	Tier 3	
THROMBOGEN EXTERNAL KIT 10000 UNIT	Tier 3	
THROMBOGEN EXTERNAL SOLUTION RECONSTITUTED 1000 UNIT, 10000 UNIT	Tier 3	
TISSEEL EXTERNAL KIT 10 ML, 2 ML, 4 ML	Tier 3	
TISSEEL EXTERNAL SOLUTION	Tier 3	
ULTRAFOAM SPONGE 2X6.25X7CM EXTERNAL	Tier 3	
ULTRAFOAM SPONGE 8X12.5X1CM EXTERNAL	Tier 3	
ULTRAFOAM SPONGE 8X12.5X3CM EXTERNAL	Tier 3	
ULTRAFOAM SPONGE 8X25X1CM EXTERNAL	Tier 3	
ULTRAFOAM SPONGE 8X6.25X1CM EXTERNAL	Tier 3	
<b>Hypnotics/Sedatives/Sleep Disorder Agents</b>		
<b>Barbiturate Hypnotics</b>		
<i>phenobarbital oral elixir 20 mg/5ml</i>	Tier 1	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	Tier 1	
<b>Non-Barbiturate Hypnotics</b>		
<i>estazolam oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>flurazepam hcl oral capsule 15 mg, 30 mg</i>	Tier 1	
<i>midazolam hcl (pf) injection solution 10 mg/2ml, 5 mg/ml</i>	Tier 1	
<i>midazolam hcl injection solution 10 mg/2ml, 5 mg/ml</i>	Tier 1	
<i>midazolam hcl oral syrup 2 mg/ml</i>	Tier 1	
MIDAZOLAM+SYRSPEND SF ORAL SUSPENSION 1 MG/ML	Tier 3	
<i>quazepam oral tablet 15 mg</i>	Tier 1	
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	Tier 1	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	Tier 1	
<i>zaleplon oral capsule 10 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg</i>	Tier 1	QL (1 EA per 1 day)
<b>Orexin Receptor Antagonists</b>		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	Tier 2	QL (1 EA per 1 day)
<b>Selective Melatonin Receptor Agonists</b>		
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	Specialty	PA
<i>tasimelteon oral capsule 20 mg</i>	Specialty	PA

Drug	Status	Notes
<b>Laxatives</b>		
<b>Laxative Combinations</b>		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM - GM/175ML	\$0	\$0 COPAY IF QUANTITY IS 350, FILL OF 2 IN 365 DAYS AND 45-75 YEARS OF AGE; QL (350 ML per 1 FILL)
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	\$0	\$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	\$0	\$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM	\$0	\$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i>	\$0	\$0 COPAY IF QUANTITY IS 354, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (354 ML per 1 FILL)
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	\$0	\$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	\$0	\$0 COPAY IF QUANTITY IS 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
<i>peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm</i>	\$0	\$0 COPAY IF QUANTITY IS 1, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS OF AGE; QL (1 EA per 1 FILL)
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm</i>	\$0	\$0 COPAY IF QUANTITY IS 1, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS OF AGE; QL (1 EA per 1 FILL)
PEG-PREP ORAL KIT 5-210 MG-GM	\$0	\$0 COPAY IF FILL OF 2 IN 365 DAYS AND 45-75 YEARS OF AGE
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM	\$0	TRIAL OF SUTAB, CLENPIQ OR GENERIC BOWEL PREP IN THE LAST 120 DAYS; \$0 COPAY IF QUANTITY IS 3, FILL OF 2 IN 365 DAYS, TRIAL OF CLENPIQ, SUTAB, OR A GENERIC BOWEL PREP PRODUCT, AND 45-75 YEARS OF AGE; QL (3 EA per 1 FILL)
SUFLAVE ORAL SOLUTION RECONSTITUTED 178.7 GM	\$0	ST; \$0 COPAY IF QUANTITY IS 2, FILL OF 2 IN 365 DAYS, TRIAL OF CLENPIQ, SUTAB, OR A GENERIC BOWEL PREP PRODUCT, AND AGE 45-75 YEARS OF AGE; QL (2 EA per 1 FILL)
SUTAB ORAL TABLET 1479-225-188 MG	\$0	\$0 COPAY IF QUANTITY IS 24, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (24 EA per 1 FILL)
<b>Laxatives - Miscellaneous</b>		
<i>constulose oral solution 10 gm/15ml</i>	Tier 1	
GIALAX ORAL KIT	Tier 3	
<i>lactulose oral solution 10 gm/15ml, 20 gm/30ml</i>	Tier 1	
VIBRANT ORAL CAPSULE	Tier 3	
VIBRANT STARTER KIT ORAL KIT	Tier 3	



Drug	Status	Notes
<b>Lubricant Laxatives</b>		
<i>mineral oil heavy oral oil</i>	Tier 1	
<b>Local Anesthetics-Parenteral</b>		
<b>Local Anesthetic Combinations</b>		
<i>lets kit</i>	Tier 3	
MARVONA SUIK COMBINATION KIT 0.5 %	Tier 3	
<b>Local Anesthetics - Amides</b>		
<i>bupivacaine hcl injection solution prefilled syringe 0.125 % (50 ml)</i>	Tier 1	
XARACOLL IMPLANT IMPLANT 3 X 100 MG	Tier 3	
<b>Macrolides</b>		
<b>Azithromycin</b>		
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	Tier 1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	Tier 1	
ZITHROMAX ORAL PACKET 1 GM	Tier 3	
<b>Clarithromycin</b>		
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	Tier 1	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	Tier 1	
<b>Erythromycins</b>		
ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG	Tier 1	
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	Tier 1	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	Tier 1	
<i>erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	Tier 1	
<b>Fidaxomicin</b>		
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML	Tier 2	QL (10 ML per 1 day)
DIFICID ORAL TABLET 200 MG	Tier 2	QL (2 EA per 1 day)
<b>Medical Devices And Supplies</b>		
<b>Contraceptives</b>		
<i>aimsco lubricated</i>	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
CAYA VAGINAL DIAPHRAGM	\$0	
<i>condoms</i>	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
DUREX EXTRA SENSITIVE THIN	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
DUREX EXTRA SENSITIVE THIN DEVICE	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
DUREX REALFEEL DEVICE	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
DUREX TROPICAL	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
FANTASY LUBRICATED	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
FANTASY LUBRICATED/SPERMICIDE	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
FC2 FEMALE CONDOM	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND LIMITED TO 60 PER FILL
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	\$0	
KAMELEON LUBRICATED	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
<i>kimono</i>	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
KIMONO COLORS DEVICE	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
KIMONO MAXX-LARGE FLARE	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
<i>kimono micro thin</i>	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
<i>kimono micro thin plus</i>	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
<i>kimono plus</i>	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
<i>kimono ps</i>	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
<i>kimono ps plus</i>	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
<i>kimono sensation</i>	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
<i>kimono sensation plus</i>	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
KIMONO SPECIAL DEVICE	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
<i>maxx</i>	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
<i>maxx plus</i>	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM	\$0	
REALITY LATEX CONDOMS	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
REALITY LATEX/ULTRA TEXTURED DEVICE	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
REALITY LATEX/ULTRA THIN DEVICE	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TROJAN ENZ	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TROJAN MAGNUM	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TROJAN ULTRA RIBBED LUBRICATED DEVICE	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60

Drug	Status	Notes
TROJAN ULTRA THIN	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TROJAN ULTRA THIN/SPERMICIDAL	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TROJAN-ENZ LUBRICATED	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TROJAN-ENZ/SPERMICIDAL	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
<i>true cover device</i>	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX COLOR CONDOMS + LUBE	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX LUB/RIBBED/STUDED	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX LUB/SPERMICIDE EX ST	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX LUB/SPERMICIDE XL	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX LUBRICATED	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX LUBRICATED EX LARGE	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX LUBRICATED EXTRA ST	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX LUBRICATED/SPERMICIDE	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX NATURAL CONDOMS + LUBE	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX NON-LUBRICATED	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX RIA LUB/SPERMICIDE	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX RIA LUBRICATED	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX RIA NON-LUBRICATED	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX-NONOXYNOL-9/RIB/STUD	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 %	\$0	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 %	\$0	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 %	\$0	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 %	\$0	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 %	\$0	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 %	\$0	

Drug	Status	Notes
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 %	\$0	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 %	\$0	
<b>Diabetic Supplies</b>		
ACCU-CHEK AVIVA IN VITRO SOLUTION	Tier 3	
ACCU-CHEK FASTCLIX LANCET KIT	Tier 3	
ACCU-CHEK FASTCLIX LANCETS	\$0	
ACCU-CHEK GUIDE CONTROL IN VITRO LIQUID	Tier 3	
ACCU-CHEK LINKASSIST	Tier 3	
ACCU-CHEK MULTICLIX LANCET DEV KIT	Tier 3	
ACCU-CHEK PLASTIC CARTRIDGE	Tier 3	
ACCU-CHEK SAFE-T PRO LANCETS	\$0	
ACCU-CHEK SMARTVIEW CONTROL IN VITRO LIQUID	Tier 3	
ACCU-CHEK SOFTCLIX LANCET DEV KIT	Tier 3	
ACCU-CHEK SOFTCLIX LANCETS	\$0	
ACCU-CHEK SPIRIT CARTRIDGE	Tier 3	
ACCU-CHEK SPIRIT COMBO PACK	Tier 3	
ACCU-CHEK TENDER I SET 24"	Tier 3	
ACCU-CHEK TENDER I SET 31"	Tier 3	
ACCU-CHEK ULTRAFLEX INF SET	Tier 3	
ACCU-CHEK ULTRAFLEX-1 INF SET	Tier 3	
ACCU-TREND GLUCOSE CONTROL IN VITRO SOLUTION	Tier 3	
ACCU-TREND PLUS DEVICE	Tier 3	
<i>acti-lance 28g</i>	\$0	
<i>acti-lance lite lancets 28g</i>	\$0	
<i>acti-lance special lancets 17g</i>	\$0	
<i>acti-lance universal 23g</i>	\$0	
<i>adjustable lancing device</i>	Tier 3	
ADVANCE INTUITION CONTROL IN VITRO LIQUID NORMAL	Tier 3	
ADVANCE MICRO-DRAW CONTROL IN VITRO LIQUID	Tier 3	
ADVANCE MICRO-DRAW NORMAL IN VITRO LIQUID	Tier 3	
<i>advanced mobile lancet</i>	\$0	
ADVOCATE CONTROL SOLUTION IN VITRO LIQUID HIGH , LOW	Tier 3	
ADVOCATE LANCETS	\$0	
ADVOCATE LANCETS 30G	\$0	
ADVOCATE LANCING DEVICE	Tier 3	
ADVOCATE RAPID-SAFE LANCING	Tier 3	
ADVOCATE REDI-CODE+ CONTROL IN VITRO SOLUTION HIGH , LOW	Tier 3	
ADVOCATE SAFETY LANCETS	\$0	
ADVOCATE SAFETY LANCETS 26G	\$0	

Drug	Status	Notes
AGAMATRIX CONTROL IN VITRO SOLUTION , HIGH , NORMAL	Tier 3	
AGAMATRIX ULTRA-THIN LANCETS	\$0	
<i>aimSCO twist lancets 32g</i>	\$0	
AIMSCO TWIST LANCETS 33G	\$0	
AMBI-TRAY	Tier 3	
AMIGO INSULIN PUMP DEVICE	Tier 3	
AQUALANCE LANCETS 30G	\$0	
ASSURE 3 CONTROL IN VITRO LIQUID	Tier 3	
ASSURE 4 CONTROL LEVEL 1 & 2 IN VITRO LIQUID	Tier 3	
<i>assure comfort lancets 28g</i>	\$0	
ASSURE DOSE CONTROL IN VITRO SOLUTION NORMAL	Tier 3	
ASSURE DOSE NORM/HIGH CONTROL IN VITRO SOLUTION	Tier 3	
ASSURE II CONTROL IN VITRO LIQUID	Tier 3	
ASSURE II CONTROL LEVEL 1 & 2 IN VITRO LIQUID	Tier 3	
ASSURE LANCE LANCETS	\$0	
ASSURE LANCE LANCETS 21G	\$0	
ASSURE LANCE PLUS SAFETY 25G	\$0	
ASSURE LANCE PLUS SAFETY 30G	\$0	
ASSURE LANCE SAFETY LANCET 28G	\$0	
ASSURE PRISM CONTROL LEVEL 1&2 IN VITRO SOLUTION	Tier 3	
ASSURE PRO CONTROL LEVEL 1 & 2 IN VITRO LIQUID	Tier 3	
<i>aurora lancet super thin 30g</i>	\$0	
<i>aurora lancet thin 23g</i>	\$0	
AUTO-LANCET	Tier 3	
AUTO-LANCET MINI	Tier 3	
AUTOLET II CLINISAFE KIT	Tier 3	
AUTOLET LANCING DEVICE	Tier 3	
AUTOLET LITE CLINISAFE KIT	Tier 3	
AUTOLET LITE STARTER PACK KIT	Tier 3	
AUTOLET MINI	Tier 3	
AUTOLET PLATFORMS	Tier 3	
AUTOLET PLUS	Tier 3	
AUTOSOFT 30 INFUSION SET	Tier 3	
AUTOSOFT 90 INFUSION SET	Tier 3	
AUTOSOFT XC INFUSION SET	Tier 3	
BD MICROTAINER LANCETS	\$0	
BIGFOOT UNITY PEN CAP/ADMELOG	Tier 3	
BIGFOOT UNITY PEN CAP/APIDRA	Tier 3	
BIGFOOT UNITY PEN CAP/ASPART	Tier 3	
BIGFOOT UNITY PEN CAP/BASAGLAR	Tier 3	
BIGFOOT UNITY PEN CAP/FIASP	Tier 3	

Drug	Status	Notes
BIGFOOT UNITY PEN CAP/HUMALOG	Tier 3	
BIGFOOT UNITY PEN CAP/LANTUS	Tier 3	
BIGFOOT UNITY PEN CAP/LISPRO	Tier 3	
BIGFOOT UNITY PEN CAP/LYUMJEV	Tier 3	
BIGFOOT UNITY PEN CAP/NOVOLOG	Tier 3	
BIGFOOT UNITY PEN CAP/TOUJEO	Tier 3	
BIGFOOT UNITY PEN CAP/TOUJEO M	Tier 3	
BIGFOOT UNITY PEN CAP/TRESIBA	Tier 3	
<i>blood pres-diabetes digit soln kit</i>	Tier 3	
BLUESTAR DEVICE	Tier 3	
BLULINK CONTROL HIGH & LOW IN VITRO LIQUID	Tier 3	
CARDIOCHEK PLUS ANALYZER DEVICE	Tier 3	
CARDIOCOM LANCING DEVICE	Tier 3	
<i>cardiometabolic solution kit</i>	Tier 3	
<i>care activation solution kit</i>	Tier 3	
<i>careone advanced lancing dev</i>	Tier 3	
CAREONE LANCET SUPER THIN 30G	\$0	
<i>careone lancet thin 23g</i>	\$0	
CARESENS CONTROL A IN VITRO SOLUTION	Tier 3	
CARESENS CONTROL SOLUTION A/B IN VITRO SOLUTION	Tier 3	
CARESENS LANCETS	\$0	
CARESENS LANCETS 30G	\$0	
CARETOUCH CONTROL SOL LEVEL 2 IN VITRO LIQUID	Tier 3	
CARETOUCH LANCING/EJECTOR	Tier 3	
CARETOUCH SAFETY LANCETS	\$0	
CARETOUCH SAFETY LANCETS 26G	\$0	
CARETOUCH TWIST LANCETS 28G	\$0	
CARETOUCH TWIST LANCETS 30G	\$0	
CARETOUCH TWIST LANCETS 33G	\$0	
CARETOUCH TWIST MC LANCETS 30G	\$0	
CHOSEN LANCETS 30G	\$0	
CHOSEN LANCING DEVICE	Tier 3	
CHOSEN SAFETY LANCETS 28G	\$0	
CLEANLET LANCETS 28G	\$0	
CLEVER CHEK LANCETS	\$0	
CLEVER CHOICE COMFORT EZ	\$0	
CLEVER CHOICE GLUCOSE CONTROL IN VITRO LIQUID HIGH , LOW	Tier 3	
CLEVER CHOICE LANCETS 21G	\$0	
CLEVER CHOICE LANCETS 23G	\$0	
CLEVER CHOICE LANCETS 28G	\$0	
COAGUCHEK LANCETS	\$0	
<i>comfort assured lancets 28g</i>	\$0	
<i>comfort assured lancets 33g</i>	\$0	
COMFORT TOUCH LANCETS 31G	\$0	



Drug	Status	Notes
COMFORT TOUCH PLUS LANCETS 28G	\$0	
COMFORT TOUCH PLUS LANCETS 30G	\$0	
COMFORT TOUCH TWIST LANCET 30G	\$0	
CONTOUR CONTROL IN VITRO LIQUID HIGH , LOW , NORMAL	Tier 3	
CONTOUR NEXT CONTROL IN VITRO SOLUTION LOW , NORMAL	Tier 3	
<i>control in vitro solution normal</i>	Tier 3	
COOL CONTROL A IN VITRO SOLUTION	Tier 3	
COOL CONTROL B IN VITRO SOLUTION	Tier 3	
<i>cvs lancets 21g</i>	\$0	
<i>cvs lancets micro thin 33g</i>	\$0	
<i>cvs lancets original</i>	\$0	
<i>cvs lancets thin 26g</i>	\$0	
<i>cvs lancets ultra thin 30g</i>	\$0	
<i>cvs lancets ultra-thin 30g</i>	\$0	
<i>cvs lancing device</i>	Tier 3	
<i>cvs ultra thin lancets</i>	\$0	
DEXCOM G6 RECEIVER DEVICE	\$0	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
DEXCOM G6 SENSOR	\$0	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 10 days)
DEXCOM G6 TRANSMITTER	\$0	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 90 days)
DEXCOM G7 RECEIVER DEVICE	\$0	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
DEXCOM G7 SENSOR	\$0	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 10 days)
<i>diabetes monitor digit add-on kit</i>	Tier 3	
<i>diabetes monitor digit soln kit</i>	Tier 3	
DIASCREEN 10	Tier 3	
DIASCREEN 1B	Tier 3	
DIASCREEN 1G STRIP	Tier 3	
DIASCREEN 1K	Tier 3	
DIASCREEN 1K STRIP	Tier 3	
DIASCREEN 2GK STRIP	Tier 3	
DIASCREEN 2GP	Tier 3	
DIASCREEN 3	Tier 3	
DIASCREEN 4NL	Tier 3	
DIASCREEN 4OBL	Tier 3	
DIASCREEN 4PH	Tier 3	
DIASCREEN 5	Tier 3	
DIASCREEN 6	Tier 3	

Drug	Status	Notes
DIASCREEN 7	Tier 3	
DIASCREEN 8	Tier 3	
DIASCREEN 9	Tier 3	
<i>diascreen liquid urine control</i>	Tier 3	
DIATHRIVE GLUCOSE CONTROL SOLN IN VITRO LIQUID	Tier 3	
DIATHRIVE LANCET ULTRA THIN 30	\$0	
DIATHRIVE LANCETS	\$0	
DIATHRIVE LANCING DEVICE	Tier 3	
DROPLET GENTEEL LANCING DEVICE	Tier 3	
DROPLET LANCETS ULTRA THIN 30G	\$0	
DROPLET LANCING DEVICE	Tier 3	
DROPLET PERSONAL LANCETS 30G	\$0	
<i>drug mart lancets thin 26g</i>	\$0	
DRUG MART ON-THE-GO LANCET 30G	\$0	
DRUG MART UNILET LANCETS 28G	\$0	
DRUG MART UNILET LANCETS 30G	\$0	
DRUG MART UNILET LANCETS 33G	\$0	
DUO-CARE CONTROL SOLUTION IN VITRO LIQUID	Tier 3	
<i>easy comfort lancets</i>	\$0	
<i>easy comfort lancets twist top</i>	\$0	
<i>easy mini eject lancing device</i>	Tier 3	
<i>easy mini lancing device</i>	Tier 3	
<i>easy plus ii control in vitro solution high , low</i>	Tier 3	
EASY STEP CONTROL IN VITRO SOLUTION HIGH , LOW , NORMAL	Tier 3	
<i>easy talk control in vitro solution high , low , normal</i>	Tier 3	
<i>easy talk plus ii control in vitro solution high , low</i>	Tier 3	
EASY TOUCH CONTROL HIGH & LOW IN VITRO SOLUTION	Tier 3	
EASY TOUCH INSULIN BARRELS 1ML	\$0	
EASY TOUCH LANCETS 21G	\$0	
EASY TOUCH LANCETS 23G	\$0	
EASY TOUCH LANCETS 26G	\$0	
EASY TOUCH LANCETS 28G	\$0	
EASY TOUCH LANCETS 28G/TWIST	\$0	
EASY TOUCH LANCETS 30G	\$0	
EASY TOUCH LANCETS 30G/TWIST	\$0	
EASY TOUCH LANCETS 32G	\$0	
EASY TOUCH LANCETS 32G/TWIST	\$0	
EASY TOUCH LANCETS 33G/TWIST	\$0	
EASY TOUCH LANCING DEVICE	Tier 3	
EASY TOUCH SAFETY LANCETS 21G	\$0	
EASY TOUCH SAFETY LANCETS 23G	\$0	
EASY TOUCH SAFETY LANCETS 26G	\$0	
EASY TOUCH SAFETY LANCETS 28G	\$0	
<i>easy trak control in vitro solution high , low , normal</i>	Tier 3	

Drug	Status	Notes
<i>easy trak ii control in vitro liquid normal</i>	Tier 3	
EASYMAX 15 LEVEL 2 CONTROL IN VITRO SOLUTION	Tier 3	
EASYMAX 15 LEVEL 2-3 CONTROL IN VITRO LIQUID	Tier 3	
EASYMAX CONTROL IN VITRO SOLUTION NORMAL	Tier 3	
EASYMAX CONTROL NORMAL/HIGH IN VITRO LIQUID	Tier 3	
<i>element compact control 2 in vitro solution</i>	Tier 3	
<i>element compact control 3 in vitro solution</i>	Tier 3	
ELEMENT CONTROL IN VITRO LIQUID HIGH , LOW , NORMAL	Tier 3	
EMBRACE CONTROL IN VITRO SOLUTION LOW	Tier 3	
EMBRACE EVO CONTROL LEVEL 1 IN VITRO LIQUID LOW	Tier 3	
EMBRACE GLUCOSE CONTROL IN VITRO LIQUID HIGH	Tier 3	
EMBRACE LANCETS ULTRA THIN 30G	\$0	
<i>embrace lancing device/ejector</i>	Tier 3	
EMBRACE PRESSURE ACTIVATED 21G	\$0	
EMBRACE PRESSURE ACTIVATED 28G	\$0	
EMBRACE PRO GLUCOSE CONTROL IN VITRO LIQUID	Tier 3	
EMBRACE TALK GLUCOSE CONTROL IN VITRO SOLUTION HIGH , LOW	Tier 3	
ENLITE GLUCOSE SENSOR	Tier 3	
ENLITE SERTER	Tier 3	
<i>eql color lancets 21g</i>	\$0	
<i>eql color lancets micro 33g</i>	\$0	
<i>eql super thin lancets 30g</i>	\$0	
<i>eql thin lancets 26g</i>	\$0	
EVERSENSE E3 SENSOR/HOLDER	Tier 3	
EVERSENSE E3 SMART TRANSMITTER	Tier 3	PA
EVERSENSE SENSOR/HOLDER	Tier 3	
EVERSENSE SMART TRANSMITTER	Tier 3	PA
EVOLUTION CONTROL IN VITRO SOLUTION NORMAL	Tier 3	
<i>extended infusion set 23"16mm</i>	Tier 3	
<i>extended infusion set 23"19mm</i>	Tier 3	
<i>extended infusion set 32"16mm</i>	Tier 3	
<i>extended infusion set 32"19mm</i>	Tier 3	
EXTENDED RESERVOIR 3ML	Tier 3	
E-Z JECT LANCET MICRO-THIN 33G	\$0	
E-Z JECT LANCET SUPER THIN 30G	\$0	
E-Z JECT LANCETS	\$0	
E-Z JECT LANCETS 21G	\$0	
E-Z JECT LANCETS THIN 26G	\$0	

Drug	Status	Notes
EZ-LETS LANCETS 21G	\$0	
EZ-LETS LANCETS 26G	\$0	
EZ-LETS LANCETS 28G	\$0	
EZ-LETS LANCETS 30G	\$0	
FIFTY50 SAFETY SEAL LANCETS	\$0	
FIFTY50 UNILET LANCETS 33G	\$0	
FINGERSTIX LANCETS	\$0	
FORA 6 CONNECT DEVICE	Tier 3	
FORA CONTROL IN VITRO SOLUTION HIGH , LOW , NORMAL	Tier 3	
FORA CONTROL L1 IN VITRO SOLUTION	Tier 3	
FORA LANCETS	\$0	
FORA LANCING DEVICE	Tier 3	
FORA TEST N' GO ADVANCE DEVICE	Tier 3	
FORA TN'G ADVANCE PRO DEVICE	Tier 3	
FORACARE GDH CONTROL IN VITRO SOLUTION HIGH , LOW , NORMAL	Tier 3	
FREESTYLE CONTROL SOLUTION IN VITRO LIQUID	Tier 3	
FREESTYLE LANCETS	\$0	
FREESTYLE LIBRE 14 DAY READER DEVICE	\$0	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR	\$0	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 14 days)
FREESTYLE LIBRE 2 PLUS SENSOR	\$0	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 14 days)
FREESTYLE LIBRE 2 READER DEVICE	\$0	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR	\$0	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 14 days)
FREESTYLE LIBRE 3 PLUS SENSOR	\$0	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 14 days)
FREESTYLE LIBRE 3 READER DEVICE	\$0	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
FREESTYLE LIBRE 3 SENSOR	\$0	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 14 days)
FREESTYLE LIBRE READER DEVICE	\$0	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; QL (1 EA per 365 days)
FREESTYLE UNISTICK II LANCETS	\$0	
<i>ge100 control in vitro solution normal</i>	Tier 3	

Drug	Status	Notes
GENTEEL BUTTERFLY TOUCH LANCET	\$0	
GENTEEL CONTACT TIPS (BLUE)	Tier 3	
GENTEEL CONTACT TIPS (CLEAR)	Tier 3	
GENTEEL CONTACT TIPS (GREEN)	Tier 3	
GENTEEL CONTACT TIPS (ORANGE)	Tier 3	
GENTEEL CONTACT TIPS (RAINBOW)	Tier 3	
GENTEEL CONTACT TIPS (VIOLET)	Tier 3	
GENTEEL CONTACT TIPS (YELLOW)	Tier 3	
GENTEEL LANCING KIT (BLUE) KIT	Tier 3	
GENTEEL NOZZLES	Tier 3	
GENTEEL PLUS LANCING (BLACK)	Tier 3	
GENTEEL PLUS LANCING (PURPLE)	Tier 3	
GENTEEL PLUS LANCING (WHITE)	Tier 3	
GENTEEL PLUS LANCING DEV(BLUE)	Tier 3	
GENTEEL PLUS LANCING DEV(PINK)	Tier 3	
<i>global inject ease lancets 28g</i>	\$0	
<i>global inject ease lancets 30g</i>	\$0	
<i>global lancing device</i>	Tier 3	
GLUCOCARD 01 CONTROL IN VITRO LIQUID	Tier 3	
GLUCOCARD 01 CONTROL IN VITRO SOLUTION NORMAL	Tier 3	
GLUCOCARD EXPRESSION CONTROL IN VITRO SOLUTION	Tier 3	
GLUCOCARD SHINE CONTROL IN VITRO SOLUTION	Tier 3	
GLUCOCARD X-SENSOR CONTROL IN VITRO SOLUTION NORMAL	Tier 3	
GLUCOCOM CONTROL IN VITRO LIQUID HIGH , NORMAL	Tier 3	
GLUCOCOM LANCETS 28G	\$0	
GLUCOCOM LANCETS 30G	\$0	
GLUCOCOM LANCETS 33G	\$0	
GLUCOPRO SYR RES 3ML 22GX3/8"	Tier 3	
<i>glucose control in vitro solution , normal</i>	Tier 3	
GNP EASY TOUCH CONT HIGH/LOW IN VITRO LIQUID	Tier 3	
GNP EASY TOUCH CONT HIGH/LOW IN VITRO SOLUTION	Tier 3	
<i>gnp lancets 21g</i>	\$0	
<i>gnp lancets thin 26g</i>	\$0	
GNP LANCING SYSTEM DEVICE	Tier 3	
<i>gnp sterile lancets 28g</i>	\$0	
<i>gnp sterile lancets 30g</i>	\$0	
<i>gnp sterile lancets 33g</i>	\$0	
GOJJI CONTROL IN VITRO SOLUTION NORMAL	Tier 3	
GOJJI CONTROL LEVEL 1 IN VITRO SOLUTION	Tier 3	
GOJJI LANCING DEVICE/CLEAR CAP	Tier 3	
GOJJI MULTI-FUNCTIONAL SYSTEM DEVICE	Tier 3	

Drug	Status	Notes
GOJJI MULTI-FUNCTIONAL SYSTEM KIT W/DEVICE	Tier 3	
GOJJI STERILE LANCETS	\$0	
<i>goodsense color lancets 33g</i>	\$0	
<i>goodsense lancets 26g univ</i>	\$0	
<i>goodsense lancets 30g</i>	\$0	
<i>goodsense lancets 30g univ</i>	\$0	
<i>goodsense lancets 33g</i>	\$0	
<i>goodsense lancets 33g univ</i>	\$0	
<i>goodsense lancing device</i>	Tier 3	
GUARDIAN 4 GLUCOSE SENSOR	Tier 3	PA
GUARDIAN 4 TRANSMITTER	Tier 3	PA
GUARDIAN LINK 3 TRANSMITTER	Tier 3	PA
GUARDIAN REAL-TIME CHARGER	Tier 3	
GUARDIAN REAL-TIME REPLACE PED DEVICE	Tier 3	
GUARDIAN REAL-TIME TEST PLUG	Tier 3	
GUARDIAN SENSOR (3)	Tier 3	PA
<i>guardian sensor 3</i>	Tier 3	PA
HAEMOLANCE	\$0	
HAEMOLANCE LOW FLOW LANCETS	\$0	
HAEMOLANCE PLUS	\$0	
HAEMOLANCE PLUS HIGH FLOW	\$0	
HAEMOLANCE PLUS LOW FLOW	\$0	
HAEMOLANCE PLUS MAX FLOW	\$0	
HAEMOLANCE PLUS PEDIATRIC FLOW	\$0	
HEALTH CARE LANCING DEVICE	Tier 3	
<i>h-e-b incontrol adv lancing</i>	Tier 3	
<i>h-e-b incontrol lancets 28g</i>	\$0	
<i>h-e-b incontrol lancets 30g</i>	\$0	
<i>h-e-b incontrol lancets 33g</i>	\$0	
HYPOLANCE AST LANCING KIT	Tier 3	
HY-VEE LANCETS	\$0	
<i>hy-vee thin lancets</i>	\$0	
IHEALTH CONTROL SOLUTION IN VITRO LIQUID	Tier 3	
IHEALTH LANCING DEVICE	Tier 3	
ILET CONTACT DETACH 23" 6MM	Tier 3	PA
ILET INFUSION-INSET 23" 6MM	Tier 3	PA
ILET INFUSION-INSET 32" 6MM	Tier 3	PA
<i>ilet insulin pump device</i>	Tier 3	PA
ILET STARTER - CONTACT DETACH	Tier 3	PA
ILET STARTER KIT - INSET 23"	Tier 3	PA
ILET STARTER KIT - INSET 32"	Tier 3	PA
IN TOUCH GLUCOSE CONTROL IN VITRO SOLUTION	Tier 3	
IN TOUCH LANCING DEVICE	Tier 3	
IN TOUCH STERILE LANCETS 30G	\$0	



Drug	Status	Notes
INFINITY CONTROL IN VITRO SOLUTION HIGH , LOW , NORMAL	Tier 3	
INFINITY VOICE IN VITRO LIQUID NORMAL	Tier 3	
INSUL-CAP	Tier 3	
INSUL-EZE	Tier 3	
<i>kinney lancets</i>	\$0	
<i>kinney thin lancets</i>	\$0	
KROGER AUTOLET LANCING DEVICE	Tier 3	
KROGER HEALTHPRO CONTROL HI/LO IN VITRO LIQUID	Tier 3	
KROGER HEALTHPRO LANCET 26G	\$0	
<i>croger lancets</i>	\$0	
<i>croger lancets 21g</i>	\$0	
<i>croger lancets micro thin 33g</i>	\$0	
<i>croger lancets super thin</i>	\$0	
<i>croger lancets thin</i>	\$0	
<i>croger lancets thin 26g</i>	\$0	
<i>croger lancets ultrathin 30g</i>	\$0	
<i>croger lancing device</i>	Tier 3	
<i>lancet device</i>	Tier 3	
<i>lancet device with ejector</i>	Tier 3	
<i>lancets</i>	\$0	
<i>lancets 30g</i>	\$0	
<i>lancets 33g</i>	\$0	
<i>lancets micro thin 33g</i>	\$0	
LANCETS SUPER THIN	\$0	
<i>lancets super thin 28g</i>	\$0	
<i>lancets thin</i>	\$0	
LANCETS ULTRA THIN	\$0	
<i>lancets ultra thin 30g</i>	\$0	
<i>lancing device</i>	Tier 3	
LANZO	Tier 3	
<i>leader advanced lancing device</i>	Tier 3	
LIBERTY GLUCOSE CONTROL IN VITRO LIQUID NORMAL	Tier 3	
LIBERTY GLUCOSE CONTROL IN VITRO SOLUTION HIGH , NORMAL	Tier 3	
LIBERTY GLUCOSE CONTROL MID IN VITRO SOLUTION	Tier 3	
LIBERTY MEDICAL LANCETS	\$0	
LIBERTY MINI LANCING DEVICE	Tier 3	
<i>lite touch lancets</i>	\$0	
LITE TOUCH LANCING PEN	Tier 3	
LITETOUCH LANCETS	\$0	
<i>live better lancet super thin</i>	\$0	
<i>longs lancets standard</i>	\$0	
<i>longs lancets thin</i>	\$0	
<i>longs lancets ultra thin</i>	\$0	

Drug	Status	Notes
<i>medichoice safety lancet</i>	\$0	
<i>medichoice safety lancet extra</i>	\$0	
<i>medichoice safety lancet norm</i>	\$0	
MEDISENSE GLUCOSE KETONE CONTR IN VITRO LIQUID	Tier 3	
MEDISENSE HI/MID/LOW CONTROL IN VITRO LIQUID	Tier 3	
MEDLANCE PLUS EXTRA 21G	\$0	
MEDLANCE PLUS LITE 25G	\$0	
MEDLANCE PLUS SPECIAL 0.8MM	\$0	
MEDLANCE PLUS SUPERLITE 30G	\$0	
MEDLANCE PLUS UNIVERSAL 21G	\$0	
MEIJER LANCETS	\$0	
MEIJER LANCETS THIN	\$0	
MEIJER LANCETS UNIVERSAL 21G	\$0	
MEIJER LANCETS UNIVERSAL 30G	\$0	
MEIJER LANCETS UNIVERSAL 33G	\$0	
MEIJER SUPER THIN LANCETS	\$0	
MICRODOT CONTROL HIGH/LOW IN VITRO SOLUTION	Tier 3	
MICROLET LANCETS	\$0	
MICROLET NEXT LANCING DEVICE	Tier 3	
<i>mini lancing device</i>	Tier 3	
MINILINK REAL-TIME TRANSMITTER	Tier 3	
MINIMED 630G GUARDIAN PRESS	Tier 3	PA
MINIMED 630G INSULIN PUMP KIT	Tier 3	PA
MINIMED 770G INSULIN PUMP SYS KIT	Tier 3	PA
MINIMED 780G INSULIN PUMP KIT	Tier 3	PA
MINIMED MIO ADVANCE INFUSE SET	Tier 3	
MINIMED PUMP RESERVOIR 3ML	Tier 3	
MINIMED QUICK SET INF SET 18"	Tier 3	
MINIMED QUICK SET INF SET 23"	Tier 3	
MINIMED QUICK SET INF SET 32"	Tier 3	
MINIMED QUICK SET INF SET 43"	Tier 3	
MINIMED QUICK-SERTER	Tier 3	
MINIMED RESERVOIR 1.8ML	Tier 3	
MINIMED RESERVOIR 3ML	Tier 3	
MINIMED SILHOUETTE INF SET 32"	Tier 3	
MINIMED SILHOUETTE INF SET 43"	Tier 3	
MM LANCING DEVICE	Tier 3	
MM TWIST LANCETS	\$0	
MOBI 2ML CARTRIDGE	Tier 3	
MONOLET LANCETS	\$0	
MONOLET OPD LANCETS	\$0	
MONOLETTOR SAFETY LANCETS	\$0	
<i>multi-lancet device</i>	Tier 3	
MULTI-LANCET DEVICE 2 KIT	Tier 3	

Drug	Status	Notes
MYGLUCOHEALTH CONTROL IN VITRO SOLUTION	Tier 3	
MYGLUCOHEALTH LANCETS 30G	\$0	
NEUTEK 2TEK CONTROL IN VITRO SOLUTION	Tier 3	
NOVA MAX PLUS GLU/KET CONTROL IN VITRO LIQUID	Tier 3	
NOVA SAFETY LANCETS 23G	\$0	
NOVA SAFETY LANCETS 28G	\$0	
NOVA SUREFLEX LANCETS	\$0	
NOVA SUREFLEX LANCING DEVICE	Tier 3	
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	\$0	QL (1 EA per 365 days)
OMNIPOD 5 DEXG7G6 PODS GEN 5	\$0	
OMNIPOD 5 LIBRE2 PLUS G6 KIT	\$0	QL (1 EA per 365 days)
OMNIPOD 5 LIBRE2 PLUS G6 PODS	\$0	
OMNIPOD CLASSIC PODS (GEN 3)	\$0	
OMNIPOD DASH INTRO (GEN 4) KIT	\$0	QL (1 EA per 365 days)
OMNIPOD DASH PDM (GEN 4) KIT	\$0	QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4)	\$0	
OMNIPOD GO KIT 10 UNIT/24HR, 15 UNIT/24HR, 20 UNIT/24HR, 25 UNIT/24HR, 30 UNIT/24HR, 35 UNIT/24HR, 40 UNIT/24HR	\$0	QL (10 EA per 30 days)
OMNIPOD POD PALS	\$0	
ONETOUCH DELICA PLUS LANCET30G	\$0	
ONETOUCH DELICA PLUS LANCET33G	\$0	
ONETOUCH DELICA PLUS LANCING	Tier 3	
ONETOUCH DELICA SAFETY LANCING	Tier 3	
ONETOUCH ULTRA CONTROL IN VITRO LIQUID	Tier 3	
ONETOUCH ULTRA IN VITRO LIQUID	Tier 3	
ONETOUCH ULTRASOFT 2 LANCETS	\$0	
ONETOUCH VERIO IN VITRO LIQUID , HIGH	Tier 3	
<i>oval tape</i>	Tier 3	
PARADIGM REAL-TIME TRANSMITTER	Tier 3	
PARADIGM SILHOUETTE COMBO 23"	Tier 3	
PARADIGM SILHOUETTE COMBO 43"	Tier 3	
PERFECT LANCETS 28G	\$0	
PERFECT LANCETS 30G	\$0	
PERFECT POINT SAFETY LANCETS	\$0	
PHARMACIST CHOICE LANCETS	\$0	
PHARMACY COUNTER LANCETS	\$0	
PIP GLUCOSE CONTROL SOLUTION IN VITRO LIQUID	Tier 3	
<i>pip lancets 28g</i>	\$0	
<i>pip lancets 30g</i>	\$0	
POCKETCHEM EZ CONTROL IN VITRO SOLUTION	Tier 3	
PRECISION GLUCOSE KETONE CONTR IN VITRO LIQUID	Tier 3	
PRECISION XTRA-GLUCOSE/KETONE DEVICE	Tier 3	
<i>preferred plus lancets colored</i>	\$0	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>preferred plus lancets thin</i>	\$0	
<i>pro comfort lancets 30g</i>	\$0	
<i>pro comfort lancets 31g</i>	\$0	
<i>pro comfort safety lancets 30g</i>	\$0	
PRODIGY CONTROL SOLUTION IN VITRO SOLUTION HIGH , LOW	Tier 3	
PRODIGY COUNT-A-DOSE	Tier 3	
PRODIGY LANCETS 28G	\$0	
PRODIGY LANCING DEVICE	Tier 3	
PRODIGY SAFETY LANCETS 26G	\$0	
PRODIGY TWIST TOP LANCETS 28G	\$0	
<i>pure comfort lancets 30g</i>	\$0	
<i>px advanced lancing device</i>	Tier 3	
<i>px lancets microthin 33g</i>	\$0	
<i>px lancets ultra thin 28g</i>	\$0	
<i>qc advanced lancing device</i>	Tier 3	
<i>qc lancets super thin 30g</i>	\$0	
<i>qc lancets ultra thin</i>	\$0	
<i>qc unilet lancets 28g</i>	\$0	
<i>qc unilet lancets micro thin</i>	\$0	
QUICK-SERTER INSERTION DEVICE	Tier 3	
QUICKTEK CONTROL SOLUTION IN VITRO LIQUID	Tier 3	
QUINTET CONTROL HIGH/NORMAL IN VITRO SOLUTION	Tier 3	
RA E-ZJECT LANCETS 28G	\$0	
RA E-ZJECT LANCETS THIN 26G	\$0	
RA E-ZJECT LANCETS THIN 28G	\$0	
RA E-ZJECT LANCETS ULTRA THIN	\$0	
READYLANCE SAFETY LANCETS	\$0	
<i>reality lancets</i>	\$0	
<i>reality trigger lancets</i>	\$0	
REFUAH PLUS GLUCOSE CONTROL IN VITRO SOLUTION	Tier 3	
RELION LANCET DEVICES 30G	Tier 3	
RELION LANCETS	Tier 3	
RELION LANCETS MICRO-THIN 33G	\$0	
RELION LANCETS THIN 26G	\$0	
RELION LANCETS ULTRA-THIN 30G	\$0	
RELION LANCING DEVICE	Tier 3	
RELION LANCING DEVICE KIT	Tier 3	
RELION ULTRA THIN LANCETS 30G	\$0	
RELION ULTRA THIN PLUS LANCETS	\$0	
REXALL LANCETS ULTRA THIN 30G	\$0	
RIGHTEST ALTERNATE SITE ADAPT	Tier 3	
RIGHTEST GC300 CONTROL IN VITRO LIQUID HIGH , NORMAL	Tier 3	
RIGHTEST GD500 LANCING DEVICE	Tier 3	
RIGHTEST GL300 LANCETS	\$0	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>safety lancet 30g/pressure act</i>	\$0	
SAFETY LANCETS	\$0	
SAFETY LANCETS 21G	\$0	
SAFETY LANCETS 23G	\$0	
<i>safety lancets 28g</i>	\$0	
<i>saps health plus lancets</i>	\$0	
<i>saps health twist top lancets</i>	\$0	
<i>saps twist top lancets</i>	\$0	
<i>sapscare twist top lancets</i>	\$0	
<i>sb lancets thin</i>	\$0	
<i>sb lancets ultra thin</i>	\$0	
<i>select-lite device/lancets kit</i>	Tier 3	
<i>select-lite lancing device</i>	Tier 3	
SEN-SERTER	Tier 3	
SILHOUETTE 23" INFUSION SET	Tier 3	
SILHOUETTE 43" INFUSION SET	Tier 3	
SILHOUETTE INFUSION SET 18"	Tier 3	
SIL-SERTER INSERTION DEVICE	Tier 3	
SIMPLE DIAGNOSTICS LANCING DEV	Tier 3	
SINGLE-LET	\$0	
<i>sm lancets 33g</i>	\$0	
SM TRUEDRAW LANCING DEVICE	Tier 3	
SMART DIABETES VANTAGE LANCING	Tier 3	
SMART SENSE COLOR LANCETS 33G	\$0	
SMART SENSE STANDARD LANCETS	\$0	
SMART SENSE SUPER THIN LANCETS	\$0	
SMART SENSE THIN LANCETS 26G	\$0	
SMARTTEST CONTROL MEDIUM IN VITRO SOLUTION	Tier 3	
SMARTTEST LANCETS 28G	\$0	
SOLUS V2 CONTROL IN VITRO SOLUTION HIGH , LOW	Tier 3	
SOLUS V2 LANCETS 28G	\$0	
SOLUS V2 LANCING DEVICE	Tier 3	
SOLUS V2 TWIST LANCETS 30G	\$0	
STERILANCE TL	\$0	
<i>super thin lancets</i>	\$0	
<i>supreme ii high/low control in vitro liquid</i>	Tier 3	
<i>sure comfort lancets 18g</i>	\$0	
<i>sure comfort lancets 21g</i>	\$0	
<i>sure comfort lancets 23g</i>	\$0	
<i>sure comfort lancets 28g</i>	\$0	
<i>sure comfort lancets 30g</i>	\$0	
<i>sure comfort lancing pen</i>	Tier 3	
SURE T INFUSION SET 18"/6MM	Tier 3	
SURE T INFUSION SET 23"/10MM	Tier 3	
SURE T INFUSION SET 23"/6MM	Tier 3	

Drug	Status	Notes
SURE T INFUSION SET 23"/8MM	Tier 3	
SURE T INFUSION SET 32"/10MM	Tier 3	
SURE T INFUSION SET 32"/6MM	Tier 3	
SURE T INFUSION SET 32"/8MM	Tier 3	
SURELITE LANCETS	\$0	
T:FLEX T:LOCK CARTRIDGE 4.8ML	Tier 3	
T:SLIM X2 3ML CARTRIDGE	Tier 3	
T:SLIM X2 BASAL-IQ PUMP DEVICE	Tier 3	
T:SLIM X2 CONTROL-IQ 7.7 PUMP DEVICE	Tier 3	PA
T:SLIM X2 CONTROL-IQ 7.8 PUMP DEVICE	Tier 3	PA
T:SLIM X2 INSULIN PMP BASAL6.4 DEVICE	Tier 3	PA
TAI DOC CONTROL IN VITRO SOLUTION NORMAL	Tier 3	
TANDEM MOBI AUTOSOFT 30 KIT	Tier 3	
TANDEM MOBI AUTOSOFT XC KIT	Tier 3	
TANDEM MOBI CARTRIDGE 2ML	Tier 3	
TANDEM MOBI SYSTEM STARTER KIT	Tier 3	PA
TANDEM MOBI TRUSTEEL SUPP KIT	Tier 3	
TECHLITE AST LANCETS	\$0	
TECHLITE LANCETS	\$0	
TECHLITE LANCETS 26G	\$0	
<i>tgt lancet micro thin 33g</i>	\$0	
<i>tgt lancet thin 26g</i>	\$0	
<i>tgt lancet ultra thin 30g</i>	\$0	
<i>tgt lancing device</i>	Tier 3	
<i>todays health lancing device</i>	Tier 3	
<i>todays health thin lancets 28g</i>	\$0	
<i>todays health thin lancets 30g</i>	\$0	
<i>topcare lancets micro-thin 33g</i>	\$0	
TRAVEL LANCETS ADVANCED 28G	\$0	
<i>true comfort safety lancets</i>	\$0	
<i>true comfort twist top lancets</i>	\$0	
TRUE METRIX LEVEL 1 IN VITRO SOLUTION LOW	Tier 3	
TRUE METRIX LEVEL 2 IN VITRO SOLUTION NORMAL	Tier 3	
TRUE METRIX LEVEL 3 IN VITRO SOLUTION HIGH	Tier 3	
TRUECONTROL GLUCOSE CONT LEV 0 IN VITRO LIQUID	Tier 3	
TRUECONTROL GLUCOSE CONT LEV 1 IN VITRO LIQUID	Tier 3	
TRUEDRAW LANCING DEVICE	Tier 3	
TRUEPLUS LANCETS 26G	\$0	
TRUEPLUS LANCETS 28G	\$0	
TRUEPLUS LANCETS 30G	\$0	
TRUEPLUS LANCETS 33G	\$0	
TRUEPLUS SAFETY LANCETS 28G	\$0	
TRUSTEEL INFUSION SET	Tier 3	
<i>twist top lancets 30g</i>	\$0	



Drug	Status	Notes
ULTI-LANCE AUTOMATIC	Tier 3	
ULTILET CLASSIC LANCETS	\$0	
ULTILET LANCETS	\$0	
ULTILET SAFETY LANCETS	\$0	
ULTILET SAFETY LANCETS 23G	\$0	
<i>ultra thin lancets 31g</i>	\$0	
<i>ultra-care lancets 30g</i>	\$0	
ULTRA-THIN II AUTO LANCET	\$0	
ULTRA-THIN II LANCETS	\$0	
UNILET COMFORTOUCH LANCET	\$0	
UNILET EXCELITE	\$0	
UNILET EXCELITE II	\$0	
UNILET G.P. LANCET	\$0	
UNILET G.P. SUPERLITE LANCET	\$0	
UNILET GP 28 ULTRA THIN	\$0	
UNILET LANCET	\$0	
UNILET MICRO-THIN 33G	\$0	
UNILET SUPERLITE LANCET	\$0	
UNILET SUPER-THIN 30G	\$0	
UNILET ULTRA-THIN 28G	\$0	
UNISTIK 1	\$0	
UNISTIK 2	\$0	
UNISTIK 2 COMFORT	\$0	
UNISTIK 2 EXTRA	\$0	
UNISTIK 2 NEONATAL	\$0	
UNISTIK 2 NORMAL	\$0	
UNISTIK 2 SUPER	\$0	
UNISTIK 3	\$0	
UNISTIK 3 COMFORT	\$0	
UNISTIK 3 EXTRA	\$0	
UNISTIK 3 GENTLE	\$0	
UNISTIK 3 NEONATAL	\$0	
UNISTIK 3 NORMAL	\$0	
UNISTIK CZT COMFORT	\$0	
UNISTIK CZT NORMAL	\$0	
UNISTIK NORMAL	\$0	
UNISTIK PRO SAFETY LANCET	\$0	
UNISTIK SAFETY LANCETS 28G	\$0	
UNISTIK SAFETY LANCETS 30G	\$0	
UNISTIK TOUCH SAFETY LANC 21G	\$0	
UNISTIK TOUCH SAFETY LANC 23G	\$0	
UNISTIK TOUCH SAFETY LANC 28G	\$0	
UNISTIK TOUCH SAFETY LANC 30G	\$0	
UNISTRIP CONTROL IN VITRO SOLUTION HIGH , LOW	Tier 3	
UNIVERSAL 1 LANCETS THIN 26G	\$0	
UNIVERSAL 1 LANCETS THIN 33G	\$0	

Drug	Status	Notes
UNIVERSAL 1 LANCETS ULTRA THIN	\$0	
<i>value plus lancet standard 21g</i>	\$0	
<i>value plus lancets super thin</i>	\$0	
<i>value plus lancets thin 26g</i>	\$0	
<i>value plus lancing device</i>	Tier 3	
VARISOFT INFUSION SET	Tier 3	
<i>verasens glucose control in vitro liquid</i>	Tier 3	
VERIFINE SAFE LANCET MINI 21G	\$0	
VERIFINE SAFE LANCET MINI 23G	\$0	
VERIFINE SAFE LANCET MINI 28G	\$0	
VERIFINE SAFE LANCET MINI 30G	\$0	
VERIFINE UNIVERSAL LANCETS 28G	\$0	
VERIFINE UNIVERSAL LANCETS 30G	\$0	
VERIFINE UNIVERSAL LANCETS 33G	\$0	
V-GO 20 KIT 20 UNIT/24HR	\$0	
V-GO 30 KIT 30 UNIT/24HR	\$0	
V-GO 40 KIT 40 UNIT/24HR	\$0	
VIVAGUARD INO CONTROL SOLUTION IN VITRO LIQUID	Tier 3	
VIVAGUARD LANCETS	\$0	
VIVAGUARD LANCETS 30G	\$0	
VIVAGUARD LANCING DEVICE	Tier 3	
VIVAGUARD SAFETY LANCETS 28G	\$0	
VIVI CAP	Tier 3	
VIVI CAP1	Tier 3	
WALGREENS LANCETS	\$0	
<i>walgreens lancets micro thin</i>	\$0	
<i>walgreens lancets super thin</i>	\$0	
WALGREENS THIN LANCETS	\$0	
WALGREENS ULTRA THIN LANCETS	\$0	
<i>zevrx twist top lancets 30g</i>	\$0	
<b>Parenteral Therapy Supplies</b>		
BD AUTOSHIELD DUO 30G X 5 MM	\$0	
BD INSULIN SYRINGE U/F 1/2UNIT 31G X 5/16" 0.3 ML	\$0	
BD INSULIN SYRINGE U/F 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	\$0	
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML	\$0	
BD PEN NEEDLE MICRO U/F 32G X 6 MM	\$0	
BD PEN NEEDLE MINI U/F 31G X 5 MM	\$0	
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM	\$0	
BD PEN NEEDLE NANO U/F 32G X 4 MM	\$0	
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM	\$0	
BD PEN NEEDLE SHORT U/F 31G X 8 MM	\$0	
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML	\$0	

Drug	Status	Notes
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML	\$0	
<b>Migraine Products</b>		
<b>Migraine Combinations</b>		
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	Tier 1	QL (10 EA per 7 days)
<b>Migraine Products</b>		
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>	Tier 1	QL (15 ML per 14 days)
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	Tier 1	ST; QL (8 ML per 28 days)
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG	Tier 3	QL (10 EA per 7 days)
TRUDHESA NASAL AEROSOL SOLUTION 0.725 MG/ACT	Tier 3	TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN IN THE PAST 180 DAYS; QL (12 ML per 28 days); AGE (Min 18 Years)
<b>Migraine Products - Monoclonal Antibodies</b>		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	Tier 2	PA
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML	Tier 2	PA
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML	Tier 2	PA
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Tier 2	PA
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	Tier 2	PA
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	Tier 2	PA
NURTEC ORAL TABLET DISPERSIBLE 75 MG	Tier 2	PA
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	Tier 2	PA
UBRELVY ORAL TABLET 100 MG, 50 MG	Tier 2	PA
VYEPTI INTRAVENOUS SOLUTION 100 MG/ML	Specialty	PA
ZAVZPRET NASAL SOLUTION 10 MG/ACT	Tier 3	PA
<b>Migraine Products - Nsaids</b>		
ELYXYB ORAL SOLUTION 120 MG/4.8ML	Tier 3	PA
<b>Serotonin Agonists</b>		
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML	Tier 3	QL (18 ML per 30 days)
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	Tier 1	QL (18 EA per 30 days)
REYVOW ORAL TABLET 100 MG, 50 MG	Tier 2	PA
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	Tier 1	QL (27 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	Tier 1	QL (27 EA per 30 days)
<i>sumatriptan nasal solution 20 mg/act, 5 mg/act</i>	Tier 1	QL (36 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg</i>	Tier 1	QL (18 EA per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i>	Tier 1	QL (3 EA per 5 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml</i>	Tier 1	QL (18 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	Tier 1	QL (18 ML per 30 days)

Drug	Status	Notes
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>	Tier 1	QL (18 ML per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	Tier 1	ST; QL (18 EA per 30 days)
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	Tier 1	TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN IN THE PAST 180 DAYS; QL (18 EA per 30 days)
ZOMIG ORAL TABLET 2.5 MG, 5 MG	Tier 1	TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN IN THE PAST 180 DAYS; QL (18 EA per 30 days)
<b>Minerals &amp; Electrolytes</b>		
<b>Calcium</b>		
CALCIFOL ORAL WAFER 1342-1.6 MG	Tier 3	
<b>Fluoride</b>		
FLORIVA ORAL LIQUID 0.25-400 MG-UNIT/ML	Tier 3	
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	\$0	\$0 COPAY IF 6 MONTHS TO 6 YEARS OF AGE
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>	\$0	\$0 COPAY IF 6 MONTHS TO 6 YEARS OF AGE
<b>Iodine Products</b>		
<i>iodine strong oral solution 5 %</i>	Tier 1	
<b>Phosphate</b>		
PHOSPHA 250 NEUTRAL ORAL TABLET 155-852-130 MG	Tier 1	
<i>phosphorous oral tablet 155-852-130 mg</i>	Tier 1	
PHOSPHO-TRIN 250 NEUTRAL ORAL TABLET 155-852-130 MG	Tier 1	
PHOSPHO-TRIN K500 ORAL TABLET 500 MG	Tier 1	
<i>wes-phos 250 neutral oral tablet 155-852-130 mg</i>	Tier 1	
<b>Potassium</b>		
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	Tier 3	
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ	Tier 1	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	Tier 1	
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	Tier 1	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	Tier 1	
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	Tier 1	
KLOR-CON ORAL PACKET 20 MEQ	Tier 1	
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	Tier 1	
KLOR-CON/EF ORAL TABLET EFFERVESCENT 25 MEQ	Tier 1	
K-PRIME ORAL TABLET EFFERVESCENT 25 MEQ	Tier 1	
<i>potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq</i>	Tier 1	

Drug	Status	Notes
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	Tier 1	
<i>potassium chloride er oral tablet extended release 10 meq, 15 meq, 20 meq, 8 meq</i>	Tier 1	
<i>potassium chloride oral packet 20 meq</i>	Tier 1	
<i>potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	Tier 1	
<b>Sodium</b>		
AQUASTAT INTRAVENOUS SOLUTION 0.9 %	Tier 1	
AQUASTAT SFR INTRAVENOUS SOLUTION 0.9 %	Tier 1	
BD POSIFLUSH INTRAVENOUS SOLUTION 0.9 %	Tier 1	
BD POSIFLUSH SAFESCRUB INTRAVENOUS SOLUTION 0.9 %	Tier 1	
MONOJECT FLUSH SYRINGE INTRAVENOUS SOLUTION 0.9 %	Tier 1	
MONOJECT SODIUM CHLORIDE FLUSH INTRAVENOUS SOLUTION 0.9 %	Tier 1	
<i>normal saline flush intravenous solution 0.9 %</i>	Tier 1	
<i>saline flush intravenous solution 0.9 %</i>	Tier 1	
<i>sodium chloride (pf) injection solution 0.9 %</i>	Tier 1	
<i>sodium chloride flush intravenous solution 0.9 %</i>	Tier 1	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %</i>	Tier 1	
<b>Zinc</b>		
GALZIN ORAL CAPSULE 25 MG, 50 MG	Tier 3	
<b>Miscellaneous Therapeutic Classes</b>		
<b>Chelating Agents</b>		
CUVRIOR ORAL TABLET 300 MG	Specialty	PA
<i>penicillamine oral capsule 250 mg</i>	Specialty	PA
<i>penicillamine oral tablet 250 mg</i>	Specialty	PA
<i>trientine hcl oral capsule 250 mg, 500 mg</i>	Specialty	PA
<b>Continuous Renal Replacement Therapy (Crrt) Solutions</b>		
<i>phoxillum b22k4/0 extracorporeal solution 22-4-1 meq-mmolll</i>	Tier 3	
<i>phoxillum bk4/2.5 extracorporeal solution 32-4-2.5-1 meq-mmolll</i>	Tier 3	
PRISMASOL B22GK 4/0 EXTRACORPOREAL SOLUTION 22-4 MEQ/L	Tier 3	
PRISMASOL BGK 0/2.5 EXTRACORPOREAL SOLUTION 32-2.5 MEQ/L	Tier 3	
PRISMASOL BGK 2/0 EXTRACORPOREAL SOLUTION 32-2 MEQ/L	Tier 3	
PRISMASOL BGK 2/3.5 EXTRACORPOREAL SOLUTION 32-2-3.5 MEQ/L	Tier 3	
PRISMASOL BGK 4/0/1.2 EXTRACORPOREAL SOLUTION 32-4-1.2 MEQ/L	Tier 3	
PRISMASOL BGK 4/2.5 EXTRACORPOREAL SOLUTION 32-4-2.5 MEQ/L	Tier 3	

Drug	Status	Notes
PRISMASOL BK 0/0/1.2 EXTRACORPOREAL SOLUTION 32-1.2 MEQ/L	Tier 3	
REGIOCIT EXTRACORPOREAL SOLUTION 0.529 %	Tier 3	
<i>trisodium citrate/crrt extracorporeal solution</i>	Tier 3	
<b>Enzymes</b>		
XIAFLEX INJECTION SOLUTION RECONSTITUTED 0.9 MG	Specialty	
<b>Fecal Incontinence Bulking Agents</b>		
SOLESTA INJECTION GEL 50-15 MG/ML	Specialty	
<b>Homeopathic Products</b>		
ACUNOL ORAL TABLET	Tier 3	
COLCIGEL EXTERNAL GEL	Tier 3	
ECZEMOL ORAL TABLET	Tier 3	
<i>morcin external cream</i>	Tier 3	
PSORIZIDE FORTE ORAL TABLET 30-1-15 MG	Tier 3	
PSORIZIDE ULTRA ORAL TABLET	Tier 3	
SPEEDGEL RX EXTERNAL GEL	Tier 3	
<i>streptococcinum 30c sublingual pellet</i>	Tier 3	
TRANZGEL EXTERNAL GEL	Tier 3	
<b>Immunomodulators</b>		
JOENJA ORAL TABLET 70 MG	Specialty	PA
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	Specialty	PA
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	Specialty	PA
REZUROCK ORAL TABLET 200 MG	Specialty	PA
RYSTIGGO SUBCUTANEOUS SOLUTION 280 MG/2ML, 420 MG/3ML, 560 MG/4ML, 840 MG/6ML	Specialty	PA
THALOMID ORAL CAPSULE 100 MG, 50 MG	Specialty	PA
VYVGART HYTRULO SUBCUTANEOUS SOLUTION 180-2000 MG-UNIT/ML	Specialty	PA
VYVGART INTRAVENOUS SOLUTION 400 MG/20ML	Specialty	PA
<b>Immunosuppressive Agents</b>		
ATGAM INTRAVENOUS SOLUTION 50 MG/ML	\$0	
AZASAN ORAL TABLET 100 MG, 75 MG	\$0	
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	\$0	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	\$0	
<i>cyclosporine modified oral solution 100 mg/ml</i>	\$0	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	\$0	
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	\$0	PA
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	\$0	
GAMIFANT INTRAVENOUS SOLUTION 10 MG/2ML, 100 MG/20ML, 50 MG/10ML	\$0	PA
GENGRAF ORAL CAPSULE 100 MG, 25 MG	\$0	
GENGRAF ORAL SOLUTION 100 MG/ML	\$0	
LUPKYNIS ORAL CAPSULE 7.9 MG	\$0	PA



Drug	Status	Notes
<i>mycophenolate mofetil oral capsule 250 mg</i>	\$0	
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	\$0	
<i>mycophenolate mofetil oral tablet 500 mg</i>	\$0	
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	\$0	
<i>mycophenolic acid oral tablet delayed release 180 mg, 360 mg</i>	\$0	
MYHIBBIN ORAL SUSPENSION 200 MG/ML	Tier 3	PA
NEORAL ORAL CAPSULE 100 MG, 25 MG	\$0	
NEORAL ORAL SOLUTION 100 MG/ML	\$0	
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	\$0	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG	\$0	
PROGRAF ORAL PACKET 0.2 MG, 1 MG	\$0	
RAPAMUNE ORAL SOLUTION 1 MG/ML	\$0	
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	\$0	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	\$0	
SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED 10 MG, 20 MG	\$0	
<i>sirolimus oral solution 1 mg/ml</i>	\$0	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	\$0	
THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED 25 MG	\$0	
UPLIZNA INTRAVENOUS SOLUTION 100 MG/10ML	\$0	PA
<b>Irrigation Solutions</b>		
ARGYLE STERILE WATER IRRIGATION SOLUTION	Tier 1	
<i>lactated ringers irrigation solution</i>	Tier 1	
PHYSIOLYTE IRRIGATION SOLUTION	Tier 1	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION	Tier 1	
<i>ringers irrigation irrigation solution</i>	Tier 1	
<i>sterile water for irrigation irrigation solution</i>	Tier 1	
TIS-U-SOL IRRIGATION SOLUTION	Tier 1	
<i>water for irrigation, sterile irrigation solution</i>	Tier 1	
<b>Lymphatic Agents</b>		
SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 400 MG	Specialty	PA
<b>Misc Natural Products</b>		
<i>imubolic oral capsule</i>	Tier 3	
<i>ultra hers rx oral capsule</i>	Tier 3	
<i>ultra his oral capsule</i>	Tier 3	
<i>ultra pcos oral capsule</i>	Tier 3	
<b>Miscellaneous Therapeutic Classes</b>		
NEXAVIR INJECTION SOLUTION 25.5 MG/ML	Tier 3	
<b>Potassium Removing Agents</b>		
LOKELMA ORAL PACKET 10 GM, 5 GM	Tier 2	
<i>sodium polystyrene sulfonate oral powder</i>	Tier 1	

Drug	Status	Notes
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML	Tier 3	
VELTASSA ORAL PACKET 1 GM, 16.8 GM, 25.2 GM, 8.4 GM	Tier 3	PA
<b>Sclerosing Agents</b>		
<i>polidocanol intravenous solution 5 %</i>	Tier 1	
<b>Systemic Lupus Erythematosus Agents</b>		
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG	Specialty	PA
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	Specialty	PA
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	Specialty	PA
SAPHNELO INTRAVENOUS SOLUTION 300 MG/2ML	Specialty	PA
<b>Unknown</b>		
<i>eua patient assessment</i>	Tier 3	
VIJOICE ORAL PACKET 50 MG	Specialty	PA
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 200 & 50 MG, 50 MG	Specialty	PA
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	Specialty	PA
<b>Uremic Pruritus Agents</b>		
KORSUVA INTRAVENOUS SOLUTION 65 MCG/1.3ML	Specialty	PA
<b>Mouth/Throat/Dental Agents</b>		
<b>Anesthetics Topical Oral</b>		
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION	Tier 3	
<i>lidocaine hcl mouth/throat solution 4 %</i>	Tier 1	
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	Tier 1	
<b>Anti-Infectives - Throat</b>		
<i>clotrimazole mouth/throat troche 10 mg</i>	Tier 1	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	Tier 1	
ORAVIG BUCCAL TABLET 50 MG	Tier 3	
<b>Antiseptics - Mouth/Throat</b>		
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	Tier 1	
DEBACTEROL MOUTH/THROAT SOLUTION 30-50 %	Tier 3	
PERIOGARD MOUTH/THROAT SOLUTION 0.12 %	Tier 1	
<b>Dental Products</b>		
CLINPRO 5000 DENTAL PASTE 1.1 %	Tier 1	
DENTA 5000 PLUS DENTAL CREAM 1.1 %	Tier 1	
<i>denta 5000 plus sensitive dental gel 1.1-5 %</i>	Tier 3	
DENTAGEL DENTAL GEL 1.1 %	Tier 1	
EASYGEL DENTAL GEL 0.4 %	Tier 1	
FLUORIDEX DAILY RENEWAL MOUTH/THROAT CONCENTRATE 0.63 %	Tier 1	
FLUORIDEX DENTAL PASTE 1.1 %	Tier 1	

Drug	Status	Notes
FLUORIDEX ENHANCED WHITENING DENTAL PASTE 1.1 %	Tier 1	
FLUORIDEX SENSITIVITY RELIEF DENTAL GEL 1.1-5 %	Tier 3	
FLUORIMAX 5000 DENTAL PASTE 1.1 %	Tier 1	
FLUORIMAX 5000 SENSITIVE DENTAL GEL 1.1-5 %	Tier 3	
<i>fraiche 5000 dental dental gel 1.1 %</i>	Tier 1	
<i>fraiche 5000 previ dental gel 1.1-3 %</i>	Tier 3	
JUST RIGHT 5000 DENTAL PASTE 1.1 %	Tier 1	
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL 1.1-5 %	Tier 3	
PREVIDENT 5000 KIDS DENTAL PASTE 1.1 %	Tier 1	
PREVIDENT 5000 SENSITIVE DENTAL GEL 1.1-5 %	Tier 3	
<i>sf 5000 plus dental cream 1.1 %</i>	Tier 1	
<i>sf dental gel 1.1 %</i>	Tier 1	
<i>sod fluoride-potassium nitrate dental gel 1.1-5 %</i>	Tier 1	
<i>sodium fluoride 5000 enamel dental gel 1.1-5 %</i>	Tier 3	
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	Tier 1	
<i>sodium fluoride 5000 ppm dental cream 1.1 %</i>	Tier 1	
<i>sodium fluoride 5000 ppm dental gel 1.1 %</i>	Tier 1	
<i>sodium fluoride 5000 ppm dental paste 1.1 %</i>	Tier 1	
<i>sodium fluoride 5000 sensitive dental gel 1.1-5 %</i>	Tier 3	
<i>sodium fluoride dental cream 1.1 %</i>	Tier 1	
<i>sodium fluoride dental gel 1.1 %</i>	Tier 1	
<i>sodium fluoride mouth/throat solution 0.2 %</i>	Tier 1	
VANISH DENTAL LIQUID EXTENDED RELEASE 5 %	Tier 3	
<b>Steroids - Mouth/Throat/Dental</b>		
<i>acyclonine mum mouth/throat aerosol powder 36.7-16.7-3.33 %</i>	Tier 3	
ORALONE MOUTH/THROAT PASTE 0.1 %	Tier 1	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	Tier 1	
<b>Throat Products - Misc.</b>		
CAPHOSOL MOUTH/THROAT SOLUTION	Tier 3	
MUCOTROL MOUTH/THROAT WAFER	Tier 3	
NUMOISYN MOUTH/THROAT LIQUID	Tier 3	
ORAMAGICRX MOUTH/THROAT SUSPENSION RECONSTITUTED	Tier 3	
<i>pilocarpine hcl oral tablet 5 mg</i>	Tier 1	
<b>Multivitamins</b>		
<b>B-Complex Vitamins</b>		
EB-N3 DR ORAL CAPSULE DELAYED RELEASE	Tier 3	
<i>vitamin b complex 100 injection solution</i>	Tier 1	
<i>vitamin b-complex 100 injection solution</i>	Tier 1	
<b>B-Complex W/ Folic Acid</b>		
<i>activite oral tablet 1 mg</i>	Tier 1	
<i>b-plex oral tablet</i>	Tier 1	
DEXIFOL ORAL TABLET 5 MG	Tier 1	

Drug	Status	Notes
DIALYVITE 3000 ORAL TABLET 3 MG	Tier 3	
DIALYVITE 5000 ORAL TABLET 5 MG	Tier 3	
DIALYVITE ORAL TABLET	Tier 1	
DIALYVITE/ZINC ORAL TABLET	Tier 3	
<i>folbee plus oral tablet</i>	Tier 1	
<i>folica-be oral capsule 1 mg</i>	Tier 3	
<i>hylavite oral tablet</i>	Tier 1	
<i>mi-vite rx oral tablet 1 mg</i>	Tier 1	
MYNEPHRON ORAL CAPSULE 1 MG	Tier 1	
NEPHPLEX RX ORAL TABLET	Tier 3	
NEPHRONEX ORAL TABLET	Tier 1	
NUTRIVIT ORAL LIQUID	Tier 3	
RENAL ORAL CAPSULE 1 MG	Tier 1	
RENATABS ORAL TABLET 1 MG	Tier 3	
RENATABS WITH IRON ORAL 1 & 100 MG	Tier 3	
SUPERVITE ORAL LIQUID	Tier 3	
<i>tm-vite rx oral tablet 1 mg</i>	Tier 1	
<i>triphrocaps oral capsule 1 mg</i>	Tier 1	
<i>tronvite oral tablet 1 mg</i>	Tier 1	
VITAL-D RX ORAL TABLET 1 MG	Tier 3	
<i>vitasure oral tablet 1 mg</i>	Tier 1	
<i>wescaps oral capsule 1 mg</i>	Tier 1	
<b>Bioflavonoid Products</b>		
ADRENAL C FORMULA ORAL TABLET	Tier 3	
<b>Multiple Vitamins W/ Minerals</b>		
BACMIN ORAL TABLET	Tier 3	
<i>biocel oral tablet</i>	Tier 1	
<i>b-plex plus oral tablet</i>	Tier 1	
CORVITA ORAL TABLET	Tier 3	
<i>dayavite oral tablet</i>	Tier 3	
DERMACINRX MULTITAM ORAL TABLET	Tier 3	
DERMACINRX RIBOTIN-E ORAL TABLET	Tier 3	
DERMACINRX ZINTREXYL-C ORAL TABLET	Tier 3	
DEXATRAN ORAL CAPSULE	Tier 3	
DIALYVITE SUPREME D ORAL TABLET	Tier 3	
DIATROL ORAL TABLET	Tier 3	
FINAZOL ORAL TABLET	Tier 3	
FLORRAVITE ORAL TABLET	Tier 3	
<i>folagent dha oral capsule</i>	Tier 3	
<i>folamax oral tablet</i>	Tier 3	
<i>folamed dha oral capsule</i>	Tier 3	
<i>folaprime oral tablet</i>	Tier 3	
FOLIFLEX ORAL TABLET	Tier 3	
FOLITIN-Z ORAL TABLET	Tier 3	
<i>hylazinc oral tablet</i>	Tier 3	
<i>keyfolic oral tablet</i>	Tier 3	
KEYLOSA ORAL TABLET	Tier 3	

Drug	Status	Notes
LIVITA ADULTS ORAL LIQUID	Tier 3	
LYSIPLEX PLUS ORAL TABLET	Tier 1	
<i>medi tab oral tablet</i>	Tier 3	
MENATROL ORAL CAPSULE	Tier 3	
<i>multipro oral capsule</i>	Tier 1	
MULTITOL-M ORAL TABLET	Tier 3	
<i>neovite oral tablet</i>	Tier 3	
NICADAN ORAL TABLET	Tier 3	
NICADAN ZX ORAL TABLET	Tier 3	
NICAZEL FORTE ORAL TABLET	Tier 3	
NICAZEL ORAL TABLET	Tier 3	
NUTRICAP ORAL TABLET	Tier 3	
NUTRIFAC ZX ORAL TABLET	Tier 1	
OCUVEL ORAL CAPSULE	Tier 3	
<i>onevite oral tablet</i>	Tier 3	
<i>profola oral tablet</i>	Tier 3	
REMEDIENT ORAL CAPSULE	Tier 3	
SIDEROL ORAL TABLET	Tier 3	
STROVITE FORTE ORAL SYRUP	Tier 3	
STROVITE ONE ORAL TABLET	Tier 3	
<i>support oral liquid</i>	Tier 3	
UDAMIN SP ORAL TABLET	Tier 3	
<i>v-c forte oral capsule</i>	Tier 1	
VENEXA FE ORAL TABLET	Tier 3	
VENEXA ORAL TABLET	Tier 3	
VENTRIXYL FE ORAL TABLET	Tier 3	
VENTRIXYL ORAL TABLET	Tier 3	
VIC-FORTE ORAL CAPSULE	Tier 1	
VITA S FORTE ORAL TABLET	Tier 1	
VITACEL ORAL TABLET	Tier 1	
VITRAMYN ORAL TABLET	Tier 3	
VITRANOL FE ORAL TABLET	Tier 3	
VITRANOL ORAL TABLET	Tier 3	
VITREXATE FE ORAL TABLET	Tier 3	
VITREXATE ORAL TABLET	Tier 3	
VITREXYL + IRON ORAL TABLET	Tier 3	
VITREXYL ORAL TABLET	Tier 3	
<i>wellfolo oral tablet</i>	Tier 3	
<b>Multiple Vitamins W/ Minerals &amp; Calcium-Folic Acid</b>		
FOLGARD OS ORAL TABLET 500-1.1 MG	Tier 3	
<b>Multiple Vitamins W/ Minerals &amp; Fluoride-Iron-Folic Acid</b>		
QUFLORA FE ORAL TABLET CHEWABLE 0.25 MG	Tier 3	
<b>Multivitamins</b>		
<i>altrixa oral tablet</i>	Tier 3	
AMLADEX ORAL TABLET	Tier 3	
DAVIMET-M ORAL TABLET CHEWABLE	Tier 3	

Drug	Status	Notes
DERMACINRX DAVIMET ORAL TABLET CHEWABLE	Tier 3	
FOLCYTEINE ORAL TABLET	Tier 3	
<i>novite oral capsule</i>	Tier 1	
<i>vitazyme oral tablet 1 mg</i>	Tier 3	
<b>Ped Multi Vitamins W/FI &amp; Fe</b>		
<i>multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml</i>	\$0	
POLY-VI-FLOR/IRON ORAL SUSPENSION 0.25-7 MG/ML	Tier 3	
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE 0.5-10 MG	Tier 3	
QUFLORA FE PEDIATRIC ORAL LIQUID 0.25-9.5 MG/ML	Tier 3	
<b>Ped Multiple Vitamins W/ Minerals</b>		
LIVITA CHILDREN ORAL LIQUID	Tier 3	
<b>Ped Mv W/ Fluoride</b>		
FLORAFOL PEDIATRIC ORAL SOLUTION 0.25 MG/ML	Tier 3	
FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE 1 MG	Tier 3	
FLORIVA PLUS ORAL SOLUTION 0.25 MG/ML	Tier 3	
<i>multivitamin w/fluoride oral tablet chewable 0.25 mg, 1 mg</i>	\$0	
<i>multi-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	Tier 3	
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 1 mg</i>	Tier 3	
MULTI-VIT-FLOR ORAL TABLET CHEWABLE 0.25 MG, 1 MG	Tier 3	
POLY-VI-FLOR ORAL SUSPENSION 0.25 MG/ML	Tier 3	
POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 1 MG	Tier 3	
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML	Tier 3	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 1 MG	Tier 3	
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML	Tier 3	
<i>tri-vi-floro oral suspension 0.25 mg/ml, 0.5 mg/ml</i>	Tier 3	
<i>tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	Tier 3	
<b>Pediatric Multiple Vitamins &amp; Minerals W/ Fluoride</b>		
FLORIVA ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG	Tier 3	
<b>Prenatal Vitamins</b>		
ATABEX EC ORAL TABLET DELAYED RELEASE 29-1 MG	Tier 3	
ATABEX OB ORAL TABLET 29-1 MG	Tier 3	
CITRANATAL 90 DHA ORAL 90-1 & 300 MG	Tier 3	
CITRANATAL ASSURE ORAL 35-1 & 300 MG	Tier 3	
CITRANATAL B-CALM ORAL 20-1 MG & 2 X 25 MG	Tier 3	

Drug	Status	Notes
CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG	Tier 3	
CITRANATAL MEDLEY ORAL CAPSULE 27-1-200 MG	Tier 3	
<i>c-nate dha oral capsule 28-1-200 mg</i>	Tier 3	
<i>complete natal dha oral 29-1-200 &amp; 200 mg</i>	Tier 3	
<i>completenate oral tablet chewable 29-1 mg</i>	Tier 3	
CO-NATAL FA ORAL TABLET	Tier 3	
CONCEPT DHA ORAL CAPSULE 53.5-38-1 MG	Tier 3	
CONCEPT OB ORAL CAPSULE 130-92.4-1 MG	Tier 3	
DERMACINRX PRETRATE ORAL TABLET 1 MG	Tier 3	
ELITE-OB ORAL TABLET 50-1.25 MG	Tier 3	
FOLIVANE-OB ORAL CAPSULE 85-1 MG	Tier 3	
INATAL GT ORAL TABLET	Tier 3	
<i>jenliva prenatal/postnatal oral capsule 1 mg</i>	Tier 3	
NATALVIT ORAL TABLET	Tier 3	
<i>neo-vital rx oral tablet 1 mg</i>	Tier 3	
NESTABS DHA ORAL 32-1 MG	Tier 3	
NESTABS ORAL TABLET 32-1 MG	Tier 3	
OB COMPLETE ORAL TABLET 50-1.25 MG	Tier 3	
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG	Tier 3	
OB COMPLETE/DHA ORAL CAPSULE 30-10-1-200 MG	Tier 3	
<i>pnv prenatal plus multivit+dha oral 27-1 &amp; 312 mg</i>	Tier 3	
<i>pnv-dha oral capsule 27-0.6-0.4-300 mg</i>	Tier 3	
<i>pnv-dha+docusate oral capsule 27-1.25-300 mg</i>	Tier 3	
<i>pnv-omega oral capsule 28-0.6-0.4-340 mg</i>	Tier 3	
<i>pnv-select oral tablet 27-0.6-0.4 mg</i>	Tier 3	
<i>pregen dha oral capsule 28-1-35 mg</i>	Tier 3	
PREMESISRX ORAL TABLET 1 MG	Tier 3	
<i>prena 1 true oral 30-1.4 &amp; 300 mg</i>	Tier 3	
<i>prena1 oral tablet chewable 1.4 mg</i>	Tier 3	
<i>prena1 pearl oral capsule extended release 30-1.4-200 mg</i>	Tier 3	
<i>prenaissance oral capsule 29-1.25-325 mg</i>	Tier 3	
<i>prenaissance plus oral capsule 28-1-250 mg</i>	Tier 3	
<i>prenatal 19 oral tablet 29-1 mg</i>	Tier 3	
<i>prenatal 19 oral tablet chewable , 29-1 mg</i>	Tier 3	
PRENATAL-U ORAL CAPSULE 106.5-1 MG	Tier 3	
PRENATOL-M ORAL TABLET 27-1.2 MG	Tier 3	
PROVIDA OB ORAL CAPSULE 20-20-1.25 MG	Tier 3	
<i>relnate dha oral capsule 28-1-200 mg</i>	Tier 3	
SELECT-OB ORAL TABLET CHEWABLE 29-0.6-0.4 MG, 29-1 MG	Tier 3	
SELECT-OB+DHA ORAL 29-1 & 250 MG	Tier 3	
<i>se-natal 19 oral tablet 29-1 mg</i>	Tier 3	
<i>se-natal 19 oral tablet chewable 29-1 mg</i>	Tier 3	



Drug	Status	Notes
TARON-C DHA ORAL CAPSULE 35-1 MG	Tier 3	
<i>thrivite rx oral tablet 29-1 mg</i>	Tier 3	
<i>trinatal rx 1 oral tablet 60-1 mg</i>	Tier 3	
TRINATE ORAL TABLET	Tier 3	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG	Tier 3	
VITAFOL GUMMIES ORAL TABLET CHEWABLE 3.33-0.333-34.8 MG	Tier 3	
VITAFOL ULTRA ORAL CAPSULE 29-0.6-0.4-200 MG	Tier 3	
VITAFOL-OB ORAL TABLET	Tier 3	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG	Tier 3	
VITAFOL-ONE ORAL CAPSULE 29-1-200 MG	Tier 3	
VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE 30-0.6-0.4-200 MG	Tier 3	
VITAPEARL ORAL CAPSULE EXTENDED RELEASE 30-1.4-200 MG	Tier 3	
VITATRUE ORAL 30-1.4 & 300 MG	Tier 3	
VIVA DHA ORAL CAPSULE 28-1-200 MG	Tier 3	
<i>wescap-c dha oral capsule 53.5-38-1 mg</i>	Tier 3	
<i>wescap-pn dha oral capsule 27-0.6-0.4-300 mg</i>	Tier 3	
<i>wesnatal dha complete oral 29-1-200 &amp; 200 mg</i>	Tier 3	
<i>wesnate dha oral capsule 28-1-200 mg</i>	Tier 3	
<b>Specialty Vitamins Products</b>		
INFLAMEX ORAL CAPSULE	Tier 3	
<i>nitrvia oral capsule</i>	Tier 3	
<i>pro hers rx oral capsule</i>	Tier 3	
<i>pro his rx oral capsule</i>	Tier 3	
<i>pro pcos rx oral capsule</i>	Tier 3	
<i>urosex oral tablet</i>	Tier 1	
<b>Vitamin Mixtures</b>		
<i>nicotinamide oral tablet 750-27-2-0.5 mg</i>	Tier 1	
<b>Musculoskeletal Therapy Agents</b>		
<b>Central Muscle Relaxants</b>		
<i>baclofen oral solution 10 mg/5ml, 5 mg/5ml</i>	Tier 1	PA
<i>baclofen oral tablet 10 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>baclofen oral tablet 20 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>baclofen oral tablet 5 mg</i>	Tier 1	QL (16 EA per 1 day)
<i>carisoprodol oral tablet 350 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>chlorzoxazone oral tablet 500 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>enovarx-cyclobenzaprine hcl transdermal cream 20 mg/gm</i>	Tier 3	
<i>methocarbamol oral tablet 500 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>methocarbamol oral tablet 750 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	Tier 1	QL (2 EA per 1 day)
OZOBAX DS ORAL SOLUTION 10 MG/5ML	Tier 3	PA

Drug	Status	Notes
TABRADOL FUSEPAQ ORAL SUSPENSION 1 MG/ML	Tier 3	
TANLOR ORAL TABLET 1000 MG	Tier 3	
<i>tizanidine hcl oral capsule 2 mg</i>	Tier 1	QL (18 EA per 1 day)
<i>tizanidine hcl oral capsule 4 mg</i>	Tier 1	QL (9 EA per 1 day)
<i>tizanidine hcl oral capsule 6 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>tizanidine hcl oral tablet 2 mg</i>	Tier 1	QL (18 EA per 1 day)
<i>tizanidine hcl oral tablet 4 mg</i>	Tier 1	QL (9 EA per 1 day)
<b>Direct Muscle Relaxants</b>		
<i>dantrolene sodium oral capsule 100 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>dantrolene sodium oral capsule 25 mg, 50 mg</i>	Tier 1	QL (3 EA per 1 day)
<b>Unknown</b>		
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG	Specialty	PA
<b>Viscosupplements</b>		
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML	Tier 2	PA
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16 MG/2ML	Tier 2	PA
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 48 MG/6ML	Tier 2	PA
<b>Nasal Agents - Systemic And Topical</b>		
<b>Nasal Agent Combinations</b>		
<i>azelastine-fluticasone nasal suspension 137-50 mcg/act</i>	Tier 1	QL (23 GM per 30 days)
<i>lidocaine hcl-oxymetazoline nasal solution prefilled syringe 2-0.025 % (2 ml)</i>	Tier 1	
<b>Nasal Anesthetics</b>		
<i>cocaine hcl nasal solution 40 mg/ml</i>	Tier 1	
<i>goprelto nasal solution 40 mg/ml</i>	Tier 3	
NUMBRINO NASAL SOLUTION 40 MG/ML	Tier 3	
<b>Nasal Antiallergy</b>		
<i>azelastine hcl nasal solution 0.1 %, 0.15 %, 137 mcg/spray</i>	Tier 1	QL (2 ML per 1 day)
<b>Nasal Anticholinergics</b>		
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	Tier 1	
<b>Nasal Steroids</b>		
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	Tier 1	QL (16 GM per 30 days)
PROPEL MINI NASAL IMPLANT 370 MCG	Tier 3	
PROPEL MINI SDS NASAL IMPLANT 370 MCG	Tier 3	
PROPEL NASAL IMPLANT 370 MCG	Tier 3	
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT	Tier 2	QL (6.8 GM per 30 days)
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT	Tier 2	QL (10.6 GM per 30 days)
SINUVA NASAL IMPLANT 1350 MCG	Tier 3	PA

Drug	Status	Notes
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT	Tier 2	TRIAL OF 1 OF THE FOLLOWING INTRANASAL CORTICOSTEROIDS: MOMETASONE, FLUTICASONE PROPIONATE, OR FLUNISOLIDE IN THE PAST 120 DAYS; QL (32 ML per 30 days)
<b>Sympathomimetic Decongestants</b>		
<i>epinephrine hcl (nasal) nasal solution 0.1 %</i>	Tier 1	
<b>Neuromuscular Agents</b>		
<b>Als Agents</b>		
<i>edaravone intravenous solution 30 mg/100ml</i>	Specialty	PA
QALSODY INTRATHECAL SOLUTION 100 MG/15ML	Specialty	PA
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML	Specialty	PA
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML	Specialty	PA
<i>riluzole oral tablet 50 mg</i>	Tier 1	
TEGLUTIK ORAL SUSPENSION 50 MG/10ML	Specialty	PA
<b>Muscular Dystrophy Agents</b>		
<i>amondys 45 intravenous solution 100 mg/2ml</i>	Specialty	PA
DUVYZAT ORAL SUSPENSION 8.86 MG/ML	Specialty	PA
EXONDYS 51 INTRAVENOUS SOLUTION 100 MG/2ML, 500 MG/10ML	Specialty	PA
VILTEPSO INTRAVENOUS SOLUTION 250 MG/5ML	Specialty	PA
VYONDYS 53 INTRAVENOUS SOLUTION 100 MG/2ML	Specialty	PA
<b>Neuromuscular Blocking Agent - Neurotoxins</b>		
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT	Specialty	PA
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT	Specialty	PA
MYOBLOC INTRAMUSCULAR SOLUTION 10000 UNIT/2ML, 2500 UNIT/0.5ML, 5000 UNIT/ML	Specialty	PA
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT, 50 UNIT	Specialty	PA
<b>Spinal Muscular Atrophy Agents (Sma)</b>		
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML	Specialty	PA
SPINRAZA INTRATHECAL SOLUTION 12 MG/5ML	Specialty	PA
<b>Unknown</b>		
DAYBUE ORAL SOLUTION 200 MG/ML	Specialty	PA
SKYCLARYS ORAL CAPSULE 50 MG	Specialty	PA
<b>Nutrients</b>		
<b>Lipids</b>		
DOJOLVI ORAL LIQUID 100 %	Specialty	PA
<b>Misc. Nutritional Substances</b>		
ALTEMIA ORAL EMULSION	Tier 3	
CYTOTINE ORAL POWDER	Tier 3	
<b>Proteins</b>		
AMINOAMRMS ORAL CAPSULE	Tier 1	
AMINORELIEFRMS ORAL CAPSULE	Tier 1	

Drug	Status	Notes
<b>Ophthalmic Agents</b>		
<b>Beta-Blockers - Ophthalmic</b>		
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %	Tier 3	
<i>bimatoprost-timolol maleate ophthalmic solution 0.01-0.5 %</i>	Tier 1	
<i>carteolol hcl ophthalmic solution 1 %</i>	Tier 1	
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	Tier 1	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	Tier 1	QL (2 EA per 1 day)
<i>latanoprost-timolol maleate ophthalmic solution 0.005-0.5 %</i>	Tier 3	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	Tier 1	
<i>timolol hemihydrate ophthalmic solution 0.5 %</i>	Tier 1	
TIMOLOL MALEATE OCUDOSE OPHTHALMIC SOLUTION 0.5 %	Tier 1	TRIAL OF TIMOLOL DROPS (NON-OCUDOSE FORMULATION) IN THE PAST 120 DAYS; QL (2 EA per 1 day)
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	Tier 1	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	Tier 1	
<i>timolol maleate pf ophthalmic solution 0.25 %</i>	Tier 1	QL (2 EA per 1 day)
<i>timolol maleate pf ophthalmic solution 0.5 %</i>	Tier 1	ST; QL (2 EA per 1 day)
<i>timolol-brimon-dorzol-bimatopr ophthalmic solution 0.5-0.1-2-0.01 %, 0.5-0.15-2-0.01 %</i>	Tier 1	
<i>timolol-brimon-dorzol-latanopr ophthalmic solution 0.5-0.15-2 -0.005%</i>	Tier 3	
<i>timolol-brimonidine-dorzolamid ophthalmic solution 0.5-0.1-2 %, 0.5-0.15-2 %</i>	Tier 1	
<i>timolol-dorzolamid-bimatoprost ophthalmic solution 0.5-2-0.01 %</i>	Tier 1	
<i>timolol-dorzolamid-latanoprost ophthalmic solution 0.5-0.15-0.005 %</i>	Tier 3	
<b>Cycloplegic Mydriatics</b>		
ALTAFRIN OPHTHALMIC SOLUTION 10 %, 2.5 %	Tier 1	
<i>atropine sulfate ophthalmic ointment 1 %</i>	Tier 1	
<i>atropine sulfate ophthalmic solution 0.01 %, 0.025 %, 0.05 %, 1 %</i>	Tier 1	
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 2 %	Tier 3	
CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 %	Tier 3	
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	Tier 1	
HOMATROPAIRE OPHTHALMIC SOLUTION 5 %	Tier 3	
MYDCOMBI OPHTHALMIC SOLUTION CARTRIDGE 1-2.5 %	Tier 3	
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>	Tier 1	
<i>tropicamide-cyclopentolate-pe ophthalmic solution 1-1-2.5 %</i>	Tier 1	
<i>tropicamide-phenylephrine ophthalmic solution 1-2.5 %</i>	Tier 1	

Drug	Status	Notes
<i>tropic-cyclopent-pe-ketorolac ophthalmic solution 1-1-10-0.5 %, 1-1-2.5-0.5 %</i>	Tier 1	
<i>tropic-cyclopent-pe-ketorolac ophthalmic solution prefilled syringe 1-1-10-0.5 %, 1-1-2.5-0.5 %</i>	Tier 1	
<i>tropic-proparaca-pe-ketorolac ophthalmic solution 1-0.5-2.5-0.5 %</i>	Tier 1	
<b>Miotics</b>		
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 %	Specialty	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	Tier 1	
VUITY OPHTHALMIC SOLUTION 1.25 %	Tier 3	PA
<b>Ophthalmic - Angiogenesis Inhibitors</b>		
BEOVU INTRAVITREAL SOLUTION PREFILLED SYRINGE 6 MG/0.05ML	Specialty	PA
<i>bevacizumab intravitreal solution prefilled syringe 1.25 mg/0.05ml, 2 mg/0.08ml, 2.5 mg/0.1ml, 2.75 mg/0.11ml, 3.25 mg/0.13ml</i>	Specialty	PA
BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05ML	Specialty	PA
CIMERLI INTRAVITREAL SOLUTION 0.3 MG/0.05ML, 0.5 MG/0.05ML	Specialty	PA
EYLEA HD INTRAVITREAL SOLUTION 8 MG/0.07ML	Specialty	PA
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05ML	Specialty	PA
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE 2 MG/0.05ML	Specialty	PA
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.3 MG/0.05ML, 0.5 MG/0.05ML	Specialty	PA
PAVBLU INTRAVITREAL SOLUTION 2 MG/0.05ML	Specialty	PA
PAVBLU INTRAVITREAL SOLUTION PREFILLED SYRINGE 2 MG/0.05ML	Specialty	PA
SUSVIMO (IMPLANT 1ST FILL) INTRAVITREAL SOLUTION 10 MG/0.1ML	Specialty	PA
SUSVIMO (IMPLANT REFILL) INTRAVITREAL SOLUTION 10 MG/0.1ML	Specialty	PA
VABYSMO INTRAVITREAL SOLUTION 6 MG/0.05ML	Specialty	PA
VABYSMO INTRAVITREAL SOLUTION PREFILLED SYRINGE 6 MG/0.05ML	Specialty	PA
<b>Ophthalmic Adrenergic Agents</b>		
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	Tier 1	
<i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i>	Tier 1	
<i>brimonidine-dorzolamide ophthalmic solution 0.1-2 %, 0.15-2 %</i>	Tier 1	
IOPIDINE OPHTHALMIC SOLUTION 1 %	Tier 3	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	Tier 2	
<b>Ophthalmic Anti-Infectives</b>		
BACIGUENT OPHTHALMIC OINTMENT 500 UNIT/GM	Tier 3	

Drug	Status	Notes
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	Tier 1	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	Tier 1	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	Tier 2	
BETADINE OPHTHALMIC PREP OPHTHALMIC SOLUTION 5 %	Tier 3	
CILOXAN OPHTHALMIC OINTMENT 0.3 %	Tier 2	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	Tier 1	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	Tier 1	
<i>gatifloxacin ophthalmic solution 0.5 %</i>	Tier 1	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	Tier 1	
<i>levofloxacin ophthalmic solution 1.5 %</i>	Tier 1	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	Tier 1	
<i>moxifloxacin-bromfenac ophthalmic solution 0.5-0.075 %</i>	Tier 1	
NATACYN OPHTHALMIC SUSPENSION 5 %	Tier 3	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 3.5-400-10000 , 5-400-10000</i>	Tier 1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	Tier 1	
NEO-POLYCIN OPHTHALMIC OINTMENT 3.5-400-10000	Tier 1	
<i>ofloxacin ophthalmic solution 0.3 %</i>	Tier 1	
POLYCIN OPHTHALMIC OINTMENT 500-10000 UNIT/GM	Tier 1	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	Tier 1	
<i>povidone-iodine ophthalmic solution 5 %</i>	Tier 1	
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	Tier 1	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	Tier 1	
<i>tobramycin ophthalmic solution 0.3 %</i>	Tier 1	
<i>tobramycin-vancomycin hcl ophthalmic solution 1.5-5 %</i>	Tier 1	
TOBREX OPHTHALMIC OINTMENT 0.3 %	Tier 2	
<i>trifluridine ophthalmic solution 1 %</i>	Tier 1	
XDEMVIY OPHTHALMIC SOLUTION 0.25 %	Specialty	PA
<b>Ophthalmic Immunomodulators</b>		
<i>cyclosporine ophthalmic emulsion 0.05 %</i>	Tier 1	QL (2 EA per 1 day)
KLARITY-C DROPS OPHTHALMIC EMULSION 0.1 %	Tier 3	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	Tier 2	QL (5.5 ML per 30 days)
RESTASIS OPHTHALMIC EMULSION 0.05 %	Tier 1	QL (2 EA per 1 day)
<b>Ophthalmic Integrin Antagonists</b>		
XIIDRA OPHTHALMIC SOLUTION 5 %	Tier 2	QL (2 EA per 1 day)

Drug	Status	Notes
<b>Ophthalmic Kinase Inhibitors</b>		
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	Tier 3	TRIAL OF LATANOPROST AND ONE OF THE FOLLOWING: LUMIGAN 0.01%, COMBIGAN, ALPHAGAN P 0.1%, TRAVATAN Z, AZOPT, OR SIMBRINZA IN THE PAST 365 DAYS.; QL (2.5 ML per 30 days)
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	Tier 3	TRIAL OF LATANOPROST AND ONE OF THE FOLLOWING: LUMIGAN 0.01%, COMBIGAN, ALPHAGAN P 0.1%, TRAVATAN Z, AZOPT, OR SIMBRINZA IN THE PAST 365 DAYS.; QL (2.5 ML per 25 days)
<b>Ophthalmic Local Anesthetics</b>		
AKTEN OPHTHALMIC GEL 3.5 %	Tier 3	
ALTACAINE OPHTHALMIC SOLUTION 0.5 %	Tier 1	
IHEEZO OPHTHALMIC GEL 3 %	Tier 3	
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	Tier 1	
<i>tetracaine hcl ophthalmic solution 0.5 %</i>	Tier 1	
<b>Ophthalmic Nerve Growth Factors</b>		
OXERVATE OPHTHALMIC SOLUTION 0.002 %	Specialty	PA
<b>Ophthalmic Photodynamic Therapy Agents</b>		
VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED 15 MG	Specialty	
<b>Ophthalmic Photoenhancers</b>		
PHOTREXA-PHOTREXA VISCOUS KIT OPHTHALMIC SOLUTION PREFILLED SYRINGE 0.146 & 0.146-20 %	Specialty	
<b>Ophthalmic Steroids</b>		
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	Tier 1	
<i>clobetasol propionate ophthalmic suspension 0.05 %</i>	Tier 3	TRIAL OF GENERIC OPHTHALMIC FLUOROMETHOLONE 0.1%, DEXAMETHASONE 0.1%, OR PREDNISOLONE 1% IN THE PAST 120 DAYS.; QL (3.5 ML per 14 days)
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	Tier 1	QL (15 ML per 14 days)
DEXTENZA OPHTHALMIC INSERT 0.4 MG	Tier 3	
<i>difluprednate ophthalmic emulsion 0.05 %</i>	Tier 1	QL (5 ML per 7 days)
<i>double pm ophthalmic solution reconstituted 1-0.5 %</i>	Tier 3	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	Tier 1	QL (5 ML per 7 days)
KLARITY-L OPHTHALMIC EMULSION 0.2 %, 0.5 %	Tier 3	
LOTEMAX OPHTHALMIC OINTMENT 0.5 %	Tier 2	QL (7 GM per 14 days)
LOTEMAX SM OPHTHALMIC GEL 0.38 %	Tier 2	QL (5 GM per 7 days)
MAXIDEX OPHTHALMIC SUSPENSION 0.1 %	Tier 3	TRIAL OF GENERIC OPHTHALMIC FLUOROMETHOLONE 0.1%, DEXAMETHASONE 0.1%, OR PREDNISOLONE 1% IN THE PAST 120 DAYS.; QL (25 ML per 14 days)



Drug	Status	Notes
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	Tier 1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	Tier 1	
NEO-POLYCIN HC OPHTHALMIC OINTMENT 1 %	Tier 1	
<i>prednisol ace-moxiflox-bromfen ophthalmic suspension 1-0.5-0.075 %</i>	Tier 3	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	Tier 1	QL (10 ML per 7 days)
<i>prednisolone acetate p-f ophthalmic suspension 1 %</i>	Tier 3	QL (10 ML per 7 days)
<i>prednisolone acetate-nepafenac ophthalmic suspension 1-0.1 %</i>	Tier 3	
<i>prednisolone acet-moxifloxacin ophthalmic suspension 1-0.5 %</i>	Tier 3	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	Tier 1	QL (10 ML per 7 days)
<i>prednisolone-bromfenac ophthalmic solution 1-0.075 %</i>	Tier 1	
<i>prednisolone-bromfenac ophthalmic suspension 1-0.075 %</i>	Tier 1	
<i>prednisolone-gatifloxacin ophthalmic suspension 1-0.5 %</i>	Tier 3	
<i>prednisolone-moxifloxacin ophthalmic solution 1-0.5 %</i>	Tier 3	
<i>prednisolon-gatiflox-bromfenac ophthalmic solution 1-0.5-0.075 %</i>	Tier 3	
<i>prednisolon-gatiflox-bromfenac ophthalmic suspension 1-0.5-0.075 %</i>	Tier 3	
<i>prednisolon-moxiflox-bromfenac ophthalmic solution 1-0.5-0.075 %</i>	Tier 3	
<i>prednisolon-moxiflox-ketorolac ophthalmic solution 1-0.5-0.5 %</i>	Tier 1	
<i>prednisolon-moxiflox-nepafenac ophthalmic suspension 1-0.5-0.1 %</i>	Tier 3	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	Tier 1	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	Tier 2	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	Tier 1	
<i>triple pmb ophthalmic solution reconstituted 1-0.5-0.09 %</i>	Tier 3	
<i>triple pmk ophthalmic solution reconstituted 1-0.5-0.5 %</i>	Tier 3	
XIPERE INTRAOCULAR SUSPENSION 40 MG/ML	Specialty	
<b>Ophthalmic Surgical Aids</b>		
GELFILM OPHTHALMIC FILM	Tier 3	
<b>Ophthalmics - Misc.</b>		
ACUVAIL OPHTHALMIC SOLUTION 0.45 %	Tier 3	QL (4 EA per 1 day)
ALOCRIAL OPHTHALMIC SOLUTION 2 %	Tier 2	ST; QL (20 ML per 30 days)

Drug	Status	Notes
ALOMIDE OPHTHALMIC SOLUTION 0.1 %	Tier 2	TRIAL OF CROMOLYN 4% OPHTHALMIC DROPS IN THE PAST 120 DAYS; QL (40 ML per 30 days)
<i>azelastine hcl ophthalmic solution 0.05 %</i>	Tier 1	QL (12 ML per 30 days)
<i>chondroitin sulfate ophthalmic solution 0.25 %</i>	Tier 3	
<i>cromolyn sodium ophthalmic solution 4 %</i>	Tier 1	QL (50 ML per 30 days)
CYSTARAN OPHTHALMIC SOLUTION 0.37 %	Specialty	PA
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	Specialty	PA
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	Tier 1	QL (5 ML per 7 days)
<i>dorzolamide hcl ophthalmic solution 2 %</i>	Tier 1	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	Tier 1	
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	Tier 2	QL (3.4 ML per 16 days)
<i>ketorolac tromethamine ophthalmic solution 0.4 %</i>	Tier 1	
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	Tier 1	QL (2 ML per 3 days)
MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML	Tier 2	
<i>olopatadine hcl ophthalmic solution 0.2 %</i>	Tier 1	QL (3 ML per 30 days)
UPNEEQ OPHTHALMIC SOLUTION 0.1 %	Tier 3	PA
<b>Prostaglandins - Ophthalmic</b>		
<i>bimatoprost ophthalmic solution 0.03 %</i>	Tier 1	QL (2.5 ML per 30 days)
DURYSTA INTRAOCULAR IMPLANT 10 MCG	Specialty	
IDOSE TR INTRAOCULAR IMPLANT 75 MCG	Specialty	
<i>latanoprost ophthalmic solution 0.005 %</i>	Tier 1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	Tier 2	QL (2.5 ML per 25 days)
<i>tafluprost (pf) ophthalmic solution 0.0015 %</i>	Tier 1	QL (1 EA per 1 day)
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	Tier 1	QL (2.5 ML per 25 days)
VYZULTA OPHTHALMIC SOLUTION 0.024 %	Tier 3	ST; QL (2.5 ML per 25 days)
XELPROS OPHTHALMIC EMULSION 0.005 %	Tier 3	ST; QL (2.5 ML per 25 days)
<b>Unknown</b>		
IZERVAY INTRAVITREAL SOLUTION 2 MG/0.1ML	Specialty	PA
TYRVAYA NASAL SOLUTION 0.03 MG/ACT	Tier 2	PA
<b>Otic Agents</b>		
<b>Otic Agents - Miscellaneous</b>		
<i>acetic acid otic solution 2 %</i>	Tier 1	
<b>Otic Anti-Infectives</b>		
<i>ciprofloxacin hcl otic solution 0.2 %</i>	Tier 1	
<i>ofloxacin otic solution 0.3 %</i>	Tier 1	
<b>Otic Combinations</b>		
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	Tier 1	
<i>ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %</i>	Tier 1	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML	Tier 3	
<i>neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1</i>	Tier 1	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	Tier 1	
OTOVEL OTIC SOLUTION 0.3-0.025 %	Tier 3	
PRAMOTIC OTIC LIQUID 1-0.1 %	Tier 3	
<b>Otic Steroids</b>		
FLAC OTIC OIL 0.01 %	Tier 1	

Drug	Status	Notes
<i>fluocinolone acetonide otic oil 0.01 %</i>	Tier 1	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	Tier 1	
<b>Oxytocics</b>		
<b>Abortifacients/Agents For Cervical Ripening</b>		
CERVIDIL VAGINAL INSERT 10 MG	Tier 3	
PREPIDIL VAGINAL GEL 0.5 MG/3GM	Tier 3	
<b>Oxytocics</b>		
METHERGINE ORAL TABLET 0.2 MG	Tier 1	QL (28 EA per 30 days)
<i>methylergonovine maleate oral tablet 0.2 mg</i>	Tier 1	QL (28 EA per 30 days)
<b>Passive Immunizing And Treatment Agents</b>		
<b>Antitoxins-Antivenins</b>		
ANASCORP INTRAVENOUS SOLUTION RECONSTITUTED	Tier 3	
<b>Immune Serums</b>		
ALYGLO INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	Specialty	PA
BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML, 5 GM/50ML	Specialty	PA
CYTOGAM INTRAVENOUS SOLUTION 50 MG/ML	Specialty	
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/200ML, 20 GM/400ML, 5 GM/100ML	Specialty	PA
GAMASTAN INTRAMUSCULAR INJECTABLE	Specialty	PA
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	Specialty	PA
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM	Specialty	PA
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	Specialty	PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	Specialty	PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	Specialty	PA
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	Specialty	PA
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	Specialty	PA
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML	Specialty	PA
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	Specialty	PA
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	Specialty	PA

Drug	Status	Notes
WINRHO SDF INJECTION SOLUTION 1500 UNIT/1.3ML, 15000 UNIT/13ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML	Specialty	
XEMBIFY SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	Specialty	PA
<b>Monoclonal Antibodies</b>		
PEMGARDA INTRAVENOUS SOLUTION 500 MG/4ML	Specialty	PA
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML	Specialty	PA
<b>Passive Immunizing Agents - Combinations</b>		
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	Specialty	PA
<b>Penicillins</b>		
<b>Aminopenicillins</b>		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	Tier 1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	Tier 1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	Tier 1	
<i>ampicillin oral capsule 500 mg</i>	Tier 1	
<b>Natural Penicillins</b>		
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	Tier 1	
<b>Penicillin Combinations</b>		
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	Tier 1	
<b>Penicillinase-Resistant Penicillins</b>		
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	Tier 1	
<b>Pharmaceutical Adjuvants</b>		
<b>Gelatin Capsules (Empty)</b>		
<i>capsule ezeefit #0 clear capsule</i>	Tier 3	
<i>capsule ezeefit #00 clear capsule</i>	Tier 3	
DRCAPS SIZE 00 CAPSULE	Tier 3	
DRCAPS SIZE 1 CAPSULE	Tier 3	
<b>Liquid Vehicles</b>		
ADA EXTERNAL SHAMPOO	Tier 3	
<i>bacteriostatic water(benz alc) injection solution</i>	Tier 3	
DILUENT FOR JEVTANA INTRAVENOUS SOLUTION 13 %	Specialty	
FLAVOR BLEND ORAL SUSPENSION	Tier 3	
<i>flavor plus oral liquid</i>	Tier 3	
<i>flavor sweet oral syrup</i>	Tier 3	

Drug	Status	Notes
FOAMIL EXTERNAL LIQUID	Tier 3	
LOZIBASE S	Tier 3	
<i>multi-peptide serum external liquid</i>	Tier 3	
ORA-BLEND ORAL SUSPENSION	Tier 3	
ORA-BLEND SF ORAL SUSPENSION	Tier 3	
ORAPENN SD ANHYD SWEETENED ORAL LIQUID	Tier 3	
ORA-PLUS ORAL LIQUID	Tier 3	
ORA-SWEET ORAL SYRUP	Tier 3	
ORA-SWEET SF ORAL SYRUP	Tier 3	
PCCA ACACIA SYRUP BASE ORAL SYRUP	Tier 3	
PCCA SWEET-SF ORAL SYRUP	Tier 3	
PCCA SYRUP VEHICLE ORAL SYRUP	Tier 3	
PCCA-PLUS ORAL SUSPENSION	Tier 3	
RHEOSPRAY EXTERNAL LIQUID	Tier 3	
<i>saline bacteriostatic injection solution 0.9 %</i>	Tier 1	
SERAQUA EXTERNAL LIQUID	Tier 3	
<i>sodium chloride bacteriostatic injection solution 0.9 %</i>	Tier 1	
SOLYDRA EXTERNAL LIQUID	Tier 3	
SUSPENDRX W/BITTERBLOC SWEET ORAL SUSPENSION	Tier 3	
SUSPENDRX W/BITTERBLOC UNSWEET ORAL SUSPENSION	Tier 3	
SYRPALTA (RED) ORAL SYRUP	Tier 3	
SYRPALTA ORAL SYRUP , 85 %	Tier 3	
SYRSPEND SF ORAL LIQUID	Tier 3	
SYRSPEND SF PH4 ORAL SUSPENSION RECONSTITUTED	Tier 3	
TRICHOSOL EXTERNAL SOLUTION	Tier 3	
U-MILD EXTERNAL SHAMPOO	Tier 3	
UNISPEND ANHYDROUS SWEETENED ORAL SUSPENSION	Tier 3	
VERSAFREE ORAL SYRUP	Tier 3	
VERSAPLUS ORAL SYRUP	Tier 3	
VERSAPRO EXTERNAL SHAMPOO	Tier 3	
<b>Non Gelatin Capsules (Empty)</b>		
<i>non gelatin capsules (empty) capsule</i>	Tier 1	
<b>Semi Solid Vehicles</b>		
<i>1st base external cream</i>	Tier 3	
ALPAWASH EXTERNAL OINTMENT	Tier 3	
ALTADERM EXTERNAL CREAM	Tier 3	
ANHYDROUS BASE CREAM	Tier 3	
<i>anhydrous cream base cream</i>	Tier 3	
ATREVIS HYDROGEL EXTERNAL CREAM	Tier 3	
AUXIPRO VANISHING EXTERNAL CREAM	Tier 3	
CARBOGEL 940 GEL	Tier 3	
CARBOHOL 940 GEL	Tier 3	
CHRYSADERM DAY EXTERNAL CREAM	Tier 3	
CHRYSADERM NIGHT EXTERNAL CREAM	Tier 3	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>cutis plus external cream</i>	Tier 3	
DURABASE ADVANCED EXTERNAL CREAM	Tier 3	
DURABASE EXTERNAL CREAM	Tier 3	
EMOLIVAN EXTERNAL CREAM	Tier 3	
ESPUMIL FOAM	Tier 3	
<i>fagron ls plus external cream</i>	Tier 3	
<i>fagron natural external cream</i>	Tier 3	
<i>fagron supreme external cream</i>	Tier 3	
FITALITE EXTERNAL CREAM	Tier 3	
<i>freedom adaptaderm external cream</i>	Tier 3	
<i>freedom derma serum external cream</i>	Tier 3	
FREEDOM DERMA-D EXTERNAL CREAM	Tier 3	
FREEDOM DERMA-N EXTERNAL CREAM	Tier 3	
HUMCO BASE PAIN MGMT EXTERNAL CREAM	Tier 3	
HYDROGEL GEL	Tier 3	
LIOPEN ABSORPTION ENHANCING EXTERNAL CREAM	Tier 3	
<i>lipo cream base external cream</i>	Tier 3	
LIPOCREAM BASE EXTERNAL CREAM	Tier 3	
<i>lipof foam rx foam</i>	Tier 3	
<i>lipolayer external cream</i>	Tier 3	
<i>lipopen ultra base external cream</i>	Tier 3	
<i>liposomal heavy external cream</i>	Tier 3	
<i>liposomal regular external cream</i>	Tier 3	
LIPOZYME EXTERNAL CREAM	Tier 3	
MEDIDERM EXTERNAL CREAM	Tier 3	
MEDIHOL BASE GEL	Tier 3	
MULTIBASE EXTERNAL CREAM	Tier 3	
<i>multi-phasic penetrating cmpd external cream</i>	Tier 3	
NOURILITE EXTERNAL CREAM	Tier 3	
NOURIVAN ANTIOX BASE EXTERNAL CREAM	Tier 3	
OCCLUVAN EXTERNAL OINTMENT	Tier 3	
OMNIBASE EXTERNAL CREAM	Tier 3	
PCCA ALADERM BASE EXTERNAL CREAM	Tier 3	
PCCA ANHYDROUS BASE OINTMENT	Tier 3	
PCCA ANHYDROUS LIPODERM BASE EXTERNAL CREAM	Tier 3	
PCCA BIOPEPTIDE BASE EXTERNAL CREAM	Tier 3	
PCCA COBASE #1 EXTERNAL OINTMENT	Tier 3	
PCCA COSMETIC HRT BASE EXTERNAL CREAM	Tier 3	
PCCA CUSTOM LIPO-MAX EXTERNAL CREAM	Tier 3	
PCCA ELLAGE VAGINAL CREAM	Tier 3	
PCCA HYDRABASE SB CUSTOM BASE EXTERNAL CREAM	Tier 3	
PCCA LIPODERM BASE EXTERNAL CREAM	Tier 3	
PCCA LIPOSOMIC BASE DRY EXTERNAL CREAM	Tier 3	
PCCA LIPOSOMIC BASE NORMAL EXTERNAL CREAM	Tier 3	

Drug	Status	Notes
PCCA LIPOSOMIC BASE OILY EXTERNAL CREAM	Tier 3	
PCCA LIPOSOMIC BASE SENSITIVE EXTERNAL CREAM	Tier 3	
PCCA MVC BASE EXTERNAL CREAM	Tier 3	
PCCA NATACREAM EXTERNAL CREAM	Tier 3	
PCCA POLYPEG BASE EXTERNAL OINTMENT	Tier 3	
PCCA PRACASIL TM-PLUS BASE EXTERNAL CREAM	Tier 3	
PCCA VANISHING CREAM BASE EXTERNAL CREAM	Tier 3	
PCCA VANISHING CREAM LIGHT EXTERNAL CREAM	Tier 3	
PCCA VANPEN BASE EXTERNAL CREAM	Tier 3	
PENCREAM EXTERNAL CREAM	Tier 3	
<i>penderm external cream</i>	Tier 3	
<i>pensomal external cream</i>	Tier 3	
PHARMABASE COSMETIC EXTERNAL CREAM	Tier 3	
PHARMABASE HEAVY EXTERNAL CREAM	Tier 3	
PHYTOBASE EXTERNAL CREAM	Tier 3	
PLO GEL - MEDIFLO 30 EXTERNAL KIT	Tier 3	
PLO GEL - MEDIFLO 30 PRE-MIXED EXTERNAL GEL	Tier 3	
PLO GEL - MEDIFLO EXTERNAL KIT	Tier 3	
PLO GEL - MEDIFLO PRE-MIXED EXTERNAL GEL	Tier 3	
PLO20 FLOWABLE EXTERNAL GEL	Tier 3	
PLO20 NON-FLOWABLE EXTERNAL GEL	Tier 3	
<i>p-siloxan ds external cream</i>	Tier 3	
<i>sa3 derm external cream</i>	Tier 3	
<i>salt durable cream external cream</i>	Tier 3	
SALT STABLE LS ADVANCED EXTERNAL CREAM	Tier 3	
SALTSTABLE LO EXTERNAL CREAM	Tier 3	
SANARE ADVANCED SCAR THERAPY EXTERNAL CREAM	Tier 3	
<i>sanare scar therapy external cream</i>	Tier 3	
<i>silprotex plus external cream</i>	Tier 3	
<i>skyy derm external cream</i>	Tier 3	
<i>teroderm external cream</i>	Tier 3	
<i>teroderm-plus external cream</i>	Tier 3	
<i>universal water gel</i>	Tier 3	
<i>vanishing cream botanical base external cream</i>	Tier 3	
<i>vanishing external cream</i>	Tier 3	
<i>vanish-pen external cream</i>	Tier 3	
VASELINE EXTERNAL GEL	Tier 1	
VERSAPRO EXTERNAL CREAM	Tier 3	
VERSAPRO FOAM	Tier 3	
<i>versatile cream base external cream</i>	Tier 3	
VERSATILE RICH BASE EXTERNAL CREAM	Tier 3	
<i>vp dermabase external cream</i>	Tier 3	



Drug	Status	Notes
<i>white petrolatum external gel</i>	Tier 1	
XEMATOP BASE EXTERNAL CREAM	Tier 3	
ZOE SCRIPTS IDEALBASE EXTERNAL CREAM	Tier 3	
<b>Progestins</b>		
<b>Progestins</b>		
<i>ec-rx progesterone transdermal cream 10 %, 20 %</i>	Tier 3	
GALLIFREY ORAL TABLET 5 MG	Tier 1	
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	Tier 1	ST
<i>norethindrone acetate oral tablet 5 mg</i>	Tier 1	
<i>progesterone intramuscular oil 50 mg/ml</i>	Tier 1	
<i>progesterone micronized transdermal cream 10 %</i>	Tier 3	
<i>progesterone oral capsule 100 mg, 200 mg</i>	Tier 1	
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG	Tier 1	
<b>Psychotherapeutic And Neurological Agents - Misc.</b>		
<b>Agents For Chemical Dependency</b>		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	Tier 1	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>lofexidine hcl oral tablet 0.18 mg</i>	Tier 1	PA
<b>Anti-Cataleptic Agents</b>		
LUMRYZ ORAL PACKET 4.5 GM, 6 GM, 7.5 GM, 9 GM	Specialty	PA
LUMRYZ STARTER PACK ORAL THERAPY PACK 4.5 & 6 & 7.5 GM	Specialty	PA
<i>sodium oxybate oral solution 500 mg/ml</i>	Specialty	PA
XYREM ORAL SOLUTION 500 MG/ML	Specialty	PA
XYWAV ORAL SOLUTION 500 MG/ML	Specialty	PA
<b>Antidementia Agents</b>		
<i>donepezil hcl oral tablet 10 mg, 23 mg, 5 mg</i>	Tier 1	
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	Tier 1	
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	Tier 1	QL (200 ML per 30 days)
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	Tier 1	QL (2 EA per 1 day)
LEQEMBI INTRAVENOUS SOLUTION 200 MG/2ML, 500 MG/5ML	Specialty	PA
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	Tier 1	TRIAL OF MEMANTINE IMMEDIATE RELEASE TABLETS IN THE PAST 120 DAYS; QL (1 EA per 1 day)
<i>memantine hcl oral solution 2 mg/ml</i>	Tier 1	QL (300 ML per 30 days)
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>memantine hcl oral tablet 28 x 5 mg &amp; 21 x 10 mg</i>	Tier 1	QL (49 EA per 28 days)
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG	Tier 2	ST; QL (1 EA per 1 day)
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	Tier 2	ST; QL (1 EA per 1 day)

Drug	Status	Notes
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	Tier 1	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	Tier 1	QL (1 EA per 1 day)
<b>Combination Psychotherapeutics</b>		
<i>chlorthalidone-amlodipine oral tablet 10-25 mg, 5-12.5 mg</i>	Tier 1	
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>perphenazine-amlodipine oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	Tier 1	
<b>Hypoactive Sexual Desire Disorder (Hsdd) Agents</b>		
ADDYI ORAL TABLET 100 MG	Tier 3	PA
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML	Tier 3	PA
<b>Movement Disorder Drug Therapy</b>		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	Specialty	PA
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG	Specialty	PA
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	Specialty	PA
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	Specialty	PA
INGREZZA ORAL CAPSULE SPRINKLE 40 MG, 60 MG, 80 MG	Specialty	PA
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG	Specialty	PA
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	Specialty	PA
<b>Multiple Sclerosis Agents</b>		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	Specialty	PA
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	Specialty	PA
BETASERON SUBCUTANEOUS KIT 0.3 MG	Specialty	PA
BRIUMVI INTRAVENOUS SOLUTION 150 MG/6ML	Specialty	PA
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML, 40 MG/ML	Specialty	PA
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	Specialty	PA
<i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>	Specialty	PA
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 &amp; 240 mg</i>	Specialty	PA
<i> fingolimod hcl oral capsule 0.5 mg</i>	Specialty	PA
GILENYA ORAL CAPSULE 0.25 MG	Specialty	PA
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml</i>	Specialty	PA
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML, 40 MG/ML	Specialty	PA

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	Specialty	PA
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2ML	Specialty	PA
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG	Specialty	PA
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG	Specialty	PA
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG	Specialty	PA
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG	Specialty	PA
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG	Specialty	PA
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG	Specialty	PA
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG	Specialty	PA
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	Specialty	PA
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG, 7 X 0.25 MG	Specialty	PA
OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML	Specialty	PA
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920-23000 MG-UT/23ML	Specialty	PA
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML	Specialty	PA
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 63 & 94 MCG/0.5ML	Specialty	PA
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML	Specialty	PA
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MCG/0.5ML	Specialty	PA
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML	Specialty	PA
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML	Specialty	PA
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG	Specialty	PA
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML	Specialty	PA
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG	Specialty	PA
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	Specialty	PA
TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML	Specialty	PA

Drug	Status	Notes
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG	Specialty	PA
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG	Specialty	PA
ZEPOSIA ORAL CAPSULE 0.92 MG	Specialty	PA
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	Specialty	PA
<b>Postherpetic Neuralgia (Phn)/Neuropathic Pain Agents</b>		
CONVENIENCE PAK COMBINATION THERAPY PACK 600 & 5 MG & %	Tier 3	
<b>Premenstrual Dysphoric Disorder (Pmdd) Agents</b>		
<i>fluoxetine hcl (pmdd) oral tablet 10 mg, 20 mg</i>	\$0	
<b>Pseudobulbar Affect (Pba) Agents</b>		
NUDEXTA ORAL CAPSULE 20-10 MG	Tier 3	PA
<b>Psychotherapeutic And Neurological Agents - Misc.</b>		
AQNEURSA ORAL PACKET 1 GM	Specialty	PA
<i>ergoloid mesylates oral tablet 1 mg</i>	Tier 1	
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG	Specialty	PA
<i>pimozide oral tablet 1 mg, 2 mg</i>	Tier 1	
<b>Smoking Deterrents</b>		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	\$0	\$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>cvs nicotine mouth/throat gum 2 mg, 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>cvs nicotine mouth/throat lozenge 2 mg</i>	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>cvs nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>cvs nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>cvs nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>eq nicotine mouth/throat gum 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>eq nicotine mouth/throat lozenge 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>eq nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>eq nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>eql nicotine polacrilex mouth/throat gum 2 mg</i>	\$0	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>folding paddle walker</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>ft nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>ft nicotine mouth/throat gum 2 mg, 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>ft nicotine mouth/throat lozenge 2 mg, 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>ft nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>gnp nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>gnp nicotine mouth/throat gum 2 mg, 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>gnp nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>gnp nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>gnp nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>goodsense nicotine mouth/throat gum 2 mg, 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>goodsense nicotine mouth/throat lozenge 2 mg, 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
HABITROL TRANSDERMAL PATCH 24 HOUR 21 MG/24HR	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>hm nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>hm nicotine polacrilex mouth/throat lozenge 2 mg</i>	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
KLS QUIT2 MOUTH/THROAT GUM 2 MG	\$0	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
KLS QUIT2 MOUTH/THROAT LOZENGE 2 MG	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
KLS QUIT4 MOUTH/THROAT GUM 4 MG	\$0	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
KLS QUIT4 MOUTH/THROAT LOZENGE 4 MG	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine polacrilex mini mouth/throat lozenge 2 mg</i>	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine step 1 transdermal patch 24 hour 21 mg/24hr</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine step 2 transdermal patch 24 hour 14 mg/24hr</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
NICOTROL INHALATION INHALER 10 MG	\$0	\$0 COPAY IF QUANTITY 168 IN 10 DAYS, LIMITED TO 180 DAYS IN 365, TRIAL OF NICOTINE TRANSDERMAL PATCH, AND 18 YEARS OF AGE OR OLDER; QL (168 EA per 10 days)



<b>Drug</b>	<b>Status</b>	<b>Notes</b>
NICOTROL NS NASAL SOLUTION 10 MG/ML	\$0	\$0 COPAY IF QUANTITY 10 IN 2 DAYS, LIMITED TO 180 DAYS IN 365, TRIAL OF NICOTINE TRANSDERMAL PATCH, AND 18 YEARS OF AGE OR OLDER; QL (10 ML per 2 days)
<i>qc nicotine transdermal system transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>ra mini nicotine mouth/throat lozenge 2 mg, 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>ra nicotine gum mouth/throat gum 2 mg, 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>ra nicotine mouth/throat gum 2 mg, 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>ra nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>sm nicotine mouth/throat gum 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>sm nicotine mouth/throat lozenge 2 mg</i>	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>sm nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>sm nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>sm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
THRIVE MOUTH/THROAT GUM 2 MG	\$0	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 &amp; 1 mg x 42</i>	\$0	\$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	\$0	\$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)



Drug	Status	Notes
<i>varenicline tartrate(continue) oral tablet 1 mg</i>	\$0	\$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
<b>Transthyretin Amyloidosis Agents</b>		
AMVUTTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	Specialty	PA
ONPATTRO INTRAVENOUS SOLUTION 10 MG/5ML	Specialty	PA
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 45 MG/0.8ML	Specialty	PA
<b>Vasomotor Symptom Agents</b>		
<i>paroxetine mesylate oral capsule 7.5 mg</i>	Tier 1	ST; QL (1 EA per 1 day)
<b>Respiratory Agents - Misc.</b>		
<b>Alpha-Proteinase Inhibitor (Human)</b>		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG	Specialty	
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML	Specialty	
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML	Specialty	
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 4000 MG, 5000 MG	Specialty	
<b>Cystic Fibrosis Agents</b>		
BRONCHITOL INHALATION CAPSULE 40 MG	Specialty	ST; QL (20 EA per 1 day); AGE (Min 18 Years)
BRONCHITOL TOLERANCE TEST INHALATION CAPSULE 40 MG	Specialty	ST; QL (20 EA per 1 day); AGE (Min 18 Years)
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	Specialty	PA
KALYDECO ORAL TABLET 150 MG	Specialty	PA
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG	Specialty	PA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	Specialty	PA
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	Specialty	PA
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	Specialty	PA
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG	Specialty	PA
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG	Specialty	PA
<b>Pulmonary Fibrosis Agents</b>		
OFEV ORAL CAPSULE 100 MG, 150 MG	Specialty	PA
<i>pirfenidone oral capsule 267 mg</i>	Specialty	PA
<i>pirfenidone oral tablet 267 mg, 534 mg, 801 mg</i>	Specialty	PA
<b>Sulfonamides</b>		
<b>Sulfonamides</b>		
<i>sulfadiazine oral tablet 500 mg</i>	Tier 1	

Drug	Status	Notes
<b>Tetracyclines</b>		
<b>Aminomethylcyclines</b>		
NUZYRA ORAL TABLET 150 MG	Tier 3	PA
<b>Tetracyclines</b>		
<i>avidoxy oral tablet 100 mg</i>	Tier 1	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet 100 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet 150 mg, 75 mg</i>	Tier 1	ST; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet 20 mg</i>	Tier 1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	Tier 1	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxycycline monohydrate oral tablet 150 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 1	
MONDOXYNE NL ORAL CAPSULE 100 MG	Tier 1	
<b>Thyroid Agents</b>		
<b>Antithyroid Agents</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>propylthiouracil oral tablet 50 mg</i>	Tier 1	
<i>sodium iodide i-131 oral solution 1000 mcil/ml</i>	Tier 1	
<b>Thyroid Hormones</b>		
ADTHYZA ORAL TABLET 120 MG, 130 MG, 15 MG, 16.25 MG, 30 MG, 32.5 MG, 60 MG, 65 MG, 90 MG, 97.5 MG	Tier 3	
ERMEZA ORAL SOLUTION 150 MCG/5ML	Tier 3	PA
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 1	QL (2 EA per 1 day)
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 1	QL (2 EA per 1 day)
<i>levothyroxine sodium 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 1	QL (2 EA per 1 day)
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 1	QL (2 EA per 1 day)
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	Tier 1	
<i>niva thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	Tier 3	
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	Tier 3	
THYQUIDITY ORAL SOLUTION 100 MCG/5ML	Tier 3	ST; QL (20 ML per 1 day)
<i>thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	Tier 1	
TIROSINT ORAL CAPSULE 37.5 MCG, 44 MCG, 62.5 MCG	Tier 3	PA

Drug	Status	Notes
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML	Tier 3	PA
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 1	QL (2 EA per 1 day)
<b>Toxoids</b>		
<b>Toxoid Combinations</b>		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
<b>Ulcer Drugs/Antispasmodics/Anticholinergics</b>		
<b>Antispasmodics</b>		
<i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i>	Tier 1	
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	Tier 1	
<i>dicyclomine hcl oral capsule 10 mg</i>	Tier 1	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	Tier 1	
<i>dicyclomine hcl oral tablet 20 mg</i>	Tier 1	
<i>glycopyrrolate oral solution 1 mg/5ml</i>	Tier 1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg</i>	Tier 1	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5ml</i>	Tier 1	
<i>hyoscyamine sulfate oral solution 0.125 mg/ml</i>	Tier 1	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	Tier 1	
<i>hyoscyamine sulfate oral tablet dispersible 0.125 mg</i>	Tier 1	
<i>hyoscyamine sulfate sublingual tablet sublingual 0.125 mg</i>	Tier 1	
<i>hyosyne oral elixir 0.125 mg/5ml</i>	Tier 1	
<i>hyosyne oral solution 0.125 mg/ml</i>	Tier 1	
NULEV ORAL TABLET DISPERSIBLE 0.125 MG	Tier 1	
<i>oscimin oral tablet 0.125 mg</i>	Tier 1	
<i>oscimin sublingual tablet sublingual 0.125 mg</i>	Tier 1	
<b>H-2 Antagonists</b>		
<i>cimetidine hcl oral solution 300 mg/5ml</i>	\$0	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	\$0	
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	\$0	
<i>famotidine oral tablet 20 mg, 40 mg</i>	\$0	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	\$0	

Drug	Status	Notes
<b>Misc. Anti-Ulcer</b>		
<i>sucralfate oral tablet 1 gm</i>	\$0	
<b>Proton Pump Inhibitors</b>		
<i>esomeprazole magnesium oral capsule delayed release 20 mg</i>	\$0	QL (1 EA per 1 day)
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>	\$0	QL (2 EA per 1 day)
FIRST PANTOPRAZOLE ORAL SUSPENSION 4 MG/ML	Tier 3	
FIRST-LANSOPRAZOLE ORAL SUSPENSION 3 MG/ML	Tier 3	
FIRST-OMEPRAZOLE ORAL SUSPENSION 2 MG/ML	Tier 3	
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	\$0	
<i>lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg</i>	\$0	ST
NEXIUM ORAL PACKET 2.5 MG, 5 MG	\$0	ST; QL (1 EA per 1 day)
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	\$0	
OMEPRAZOLE+SYRSPEND SF ALKA ORAL SUSPENSION 2 MG/ML	Tier 3	
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	\$0	
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	\$0	QL (1 EA per 1 day)
VOQUEZNA ORAL TABLET 10 MG, 20 MG	Tier 3	PA
<b>Ulcer Drugs - Prostaglandins</b>		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	Tier 1	
<b>Ulcer Therapy Combinations</b>		
<i>amoxicill-clarithro-lansopraz oral therapy pack 500 &amp; 500 &amp; 30 mg</i>	Tier 1	QL (112 EA per 10 days)
<i>bis subcit-metronid-tetracyc oral capsule 140-125-125 mg</i>	Tier 1	
<i>bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg</i>	Tier 1	
OMECLAMOX-PAK ORAL 500-500-20 MG	Tier 3	
TALICIA ORAL CAPSULE DELAYED RELEASE 250-12.5-10 MG	Tier 3	QL (168 EA per 14 days); AGE (Min 18 Years)
VOQUEZNA DUAL PAK ORAL THERAPY PACK 500-20 MG	Tier 3	PA
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG	Tier 3	PA
<b>Urinary Antispasmodics</b>		
<b>Urinary Antispasmodic - Antimuscarinics (Anticholinergic)</b>		
GELNIQUE TRANSDERMAL GEL 10 %	Tier 3	ST; QL (1 GM per 1 day)
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	Tier 1	
<i>oxybutynin chloride oral tablet 5 mg</i>	Tier 1	

Drug	Status	Notes
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR	Tier 3	ST
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	Tier 1	
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>trospium chloride oral tablet 20 mg</i>	Tier 1	
<b>Urinary Antispasmodics - Beta-3 Adrenergic Agonists</b>		
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML	Tier 2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	Tier 1	QL (1 EA per 1 day)
<b>Urinary Antispasmodics - Cholinergic Agonists</b>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	
<b>Urinary Antispasmodics - Direct Muscle Relaxants</b>		
<i>flavoxate hcl oral tablet 100 mg</i>	Tier 1	
<b>Vaccines</b>		
<b>Bacterial Vaccines</b>		
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MENQUADFI INTRAMUSCULAR SOLUTION	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MENVEO INTRAMUSCULAR SOLUTION	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PNEUMOVAX 23 INJECTION SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAXCHORA ORAL SUSPENSION RECONSTITUTED	Tier 3	
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VIVOTIF BERNA VACCINE ORAL CAPSULE DELAYED RELEASE	Tier 3	
VIVOTIF ORAL CAPSULE DELAYED RELEASE	Tier 3	
<b>Viral Vaccines</b>		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
AFLURIA INTRAMUSCULAR SUSPENSION	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Drug	Status	Notes
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 30 MCG/0.3ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 20 MCG/ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUBLOK INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUCELVAX INTRAMUSCULAR SUSPENSION	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUMIST NASAL LIQUID	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE INTRAMUSCULAR SUSPENSION	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
GARDASIL 9 INTRAMUSCULAR SUSPENSION	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
IPOL INJECTION INJECTABLE	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
M-M-R II INJECTION SOLUTION RECONSTITUTED	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 MCG/0.25ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
<i>novavax covid-19 vaccine intramuscular suspension prefilled syringe 5 mcg/0.5ml</i>	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PFIZER COVID-19 VAC-TRIS 5-11Y INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
<i>pfizer covid-19 vac-tris 6m-4y intramuscular suspension 3 mcg/0.3ml</i>	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE



Drug	Status	Notes
PREHEVBRIO INTRAMUSCULAR SUSPENSION 10 MCG/ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ROTARIX ORAL SUSPENSION	Tier 3	
ROTARIX ORAL SUSPENSION RECONSTITUTED	Tier 3	
ROTATEQ ORAL SOLUTION	Tier 3	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TWINRIX INTRAMUSCULAR SUSPENSION 720-20	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAQTA INTRAMUSCULAR SUSPENSION 50 UNIT/ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VARIVAX INJECTION SUSPENSION RECONSTITUTED 1350 PFU/0.5ML	\$0	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
<b>Vaginal Products</b>		
<b>Miscellaneous Vaginal Products</b>		
FEM PH VAGINAL GEL 0.9-0.025 %	Tier 3	
TRIMO-SAN VAGINAL GEL 0.025-0.01 %	Tier 3	
<b>Spermicides</b>		
ENCARE VAGINAL SUPPOSITORY 100 MG	\$0	
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 %	\$0	
TODAY SPONGE VAGINAL 1000 MG	\$0	
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 %	\$0	
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 %	\$0	
<b>Unknown</b>		
PHEXXI VAGINAL GEL 1.8-1-0.4 %	\$0	
<b>Vaginal Anti-Infectives</b>		
CLEOCIN VAGINAL SUPPOSITORY 100 MG	Tier 3	ST; QL (3 EA per 30 days)
<i>clindamycin phosphate vaginal cream 2 %</i>	Tier 1	
CLINDESSE VAGINAL CREAM 2 %	Tier 3	ST
GYNAZOLE-1 VAGINAL CREAM 2 %	Tier 2	
<i>metronidazole vaginal gel 0.75 %</i>	Tier 1	
<i>miconazole 3 vaginal suppository 200 mg</i>	Tier 3	
NUVESSA VAGINAL GEL 1.3 %	Tier 3	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	Tier 1	
VANDAZOLE VAGINAL GEL 0.75 %	Tier 3	



Drug	Status	Notes
<b>Vaginal Estrogens</b>		
<i>estradiol vaginal cream 0.1 mg/gm</i>	Tier 1	
<i>estradiol vaginal tablet 10 mcg</i>	Tier 1	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	Tier 3	ST; QL (18 EA per 28 days)
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG	Tier 3	ST; QL (18 EA per 28 days)
PREMARIN VAGINAL CREAM 0.625 MG/GM	Tier 2	
YUVAFEM VAGINAL TABLET 10 MCG	Tier 1	
<b>Vaginal Progestins</b>		
CRINONE VAGINAL GEL 4 %, 8 %	Tier 2	
ENDOMETRIN VAGINAL INSERT 100 MG	Tier 2	
FIRST-PROGESTERONE VGS VAGINAL SUPPOSITORY 100 MG, 200 MG	Tier 3	
<b>Vasopressors</b>		
<b>Anaphylaxis Therapy Agents</b>		
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	\$0	QL (4 EA per 1 FILL)
NEFFY NASAL SOLUTION 2 MG/0.1ML	Tier 3	QL (4 EA per 1 FILL)
<b>Neurogenic Orthostatic Hypotension (Noh) - Agents</b>		
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	Specialty	PA
<b>Vasopressors</b>		
<i>epinephrine injection solution prefilled syringe 1 mg/ml</i>	Tier 1	
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>phenylephrine hcl-nacl intravenous solution 40-0.9 mg/250ml-%</i>	Tier 1	
<b>Vitamins</b>		
<b>Oil Soluble Vitamins</b>		
<i>ergocalciferol oral capsule 1.25 mg (50000 ut)</i>	\$0	
<i>phytonadione injection solution 1 mg/0.5ml, 10 mg/ml</i>	Tier 1	
<i>phytonadione oral tablet 5 mg</i>	Tier 1	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit</i>	\$0	
<i>vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml</i>	Tier 1	
<b>Water Soluble Vitamins</b>		
ASCOR INTRAVENOUS SOLUTION 25000 MG/50ML	Tier 3	
<i>ascorbic acid injection solution 500 mg/ml</i>	Tier 1	
<i>pyridoxine hcl injection solution 100 mg/ml</i>	Tier 1	
<i>thiamine hcl injection solution 100 mg/ml, 200 mg/2ml</i>	Tier 1	

## Index

1st base.....	151	ACCUTREND PLUS.....	112	<i>adermica hp</i> .....	71
A.A.G.C. KIT IN TERODERM.....	74	<i>acd formula a</i> .....	22	<i>adjustable lancing device</i> .....	112
<i>abacavir sulfate</i> .....	55	ACD-A NOCLOT-50.....	22	<i>admirazol</i> .....	71
<i>abacavir sulfate-lamivudine</i> .....	55	<i>acebutolol hcl</i> .....	59	<i>admirazol hp</i> .....	71
ABANEU-SL.....	104	<i>aceso ag</i> .....	84	ADRENAL C FORMULA.....	136
<i>abenor hp</i> .....	71	<i>acetaminophen-codeine</i> .....	14	ADTHYZA.....	162
ABILIFY ASIMTUFII.....	54	<i>acetazolamide</i> .....	89	ADVAIR HFA.....	19
ABILIFY MAINTENA.....	54	<i>acetazolamide er</i> .....	89	ADVANCE INTUITION CONTROL	112
<i>abiraterone acetate</i> .....	43	<i>acetic acid</i> .....	98, 148	ADVANCE MICRO-DRAW	
<i>abravo</i> .....	84	<i>acetylcysteine</i> .....	71	CONTROL.....	112
ABRYSVO.....	165	<i>acioxia</i> .....	77	ADVANCE MICRO-DRAW	
<i>acamprosate calcium</i> .....	154	<i>acioksiy</i> .....	71	NORMAL.....	112
<i>acarbose</i> .....	27	<i>acitretin</i> .....	76	ADVANCED ALLERGY	
ACCOLATE.....	19	ACTHAR.....	90	COLLECTION.....	77
ACCU-CHEK AVIVA.....	112	ACTHAR GEL.....	90	<i>advanced mobile lancet</i> .....	112
ACCU-CHEK FASTCLIX LANCET	112	ACTICOAT.....	84	ADVATE.....	99
ACCU-CHEK FASTCLIX		ACTICOAT ANTIMICROBIAL.....	84	ADVOCATE CONTROL	
LANCETS.....	112	ACTICOAT SURGICAL.....	84	SOLUTION.....	112
ACCU-CHEK GUIDE CONTROL...	112	ACTIFOAM COLLAGEN SPONGE	106	ADVOCATE LANCETS.....	112
ACCU-CHEK LINKASSIST.....	112	<i>acti-lance 28g</i> .....	112	ADVOCATE LANCETS 30G.....	112
ACCU-CHEK MULTICLIX LANCET		<i>acti-lance lite lancets 28g</i> .....	112	ADVOCATE LANCING DEVICE...	112
DEV.....	112	<i>acti-lance special lancets 17g</i> .....	112	ADVOCATE RAPID-SAFE	
ACCU-CHEK PLASTIC		<i>acti-lance universal 23g</i> .....	112	LANCING.....	112
CARTRIDGE.....	112	ACTIMMUNE.....	48	ADVOCATE REDI-CODE+	
ACCU-CHEK SAFE-T PRO		<i>active fe</i> .....	104	CONTROL.....	112
LANCETS.....	112	<i>activite</i> .....	135	ADVOCATE SAFETY LANCETS...	112
ACCU-CHEK SMARTVIEW		ACUNOL.....	132	ADVOCATE SAFETY LANCETS	
CONTROL.....	112	ACUVAIL.....	147	26G.....	112
ACCU-CHEK SOFTCLIX LANCET		<i>acyclonine mum</i> .....	135	<i>adynovate</i> .....	99
DEV.....	112	<i>acyclovir</i> .....	58, 77	<i>adzynma</i> .....	103
ACCU-CHEK SOFTCLIX		ADA.....	150	AEMCOLO.....	37
LANCETS.....	112	ADACEL.....	163	AFFINITY.....	84
ACCU-CHEK SPIRIT CARTRIDGE		<i>adainzoxia</i> .....	71	AFINITOR DISPERZ.....	45
.....	112	ADAKVEO.....	103	AFIRMELLE.....	63
ACCU-CHEK SPIRIT COMBO		<i>adalimumab-adaz</i> .....	7	AFLURIA.....	165
PACK.....	112	<i>adalina</i> .....	71	AFLURIA PRESERVATIVE FREE.	165
ACCU-CHEK TENDER I SET 24" ..	112	<i>adapalene</i> .....	71	AFREZZA.....	29
ACCU-CHEK TENDER I SET 31" ..	112	ADASUVE.....	53	AFSTYLA.....	99
ACCU-CHEK ULTRAFLEX INF		ADBRY.....	80	AFTERA.....	68
SET.....	112	ADCETRIS.....	42	AFTERPILL.....	68
ACCU-CHEK ULTRAFLEX-1 INF		ADDYI.....	155	AGAMATRIX CONTROL.....	113
SET.....	112	<i>adefovir dipivoxil</i> .....	57	AGAMATRIX ULTRA-THIN	
ACCUTANE.....	71	<i>adeinзде</i> .....	71	LANCETS.....	113
ACCUTREND GLUCOSE		ADEMPAS.....	62	AGAMREE.....	69
CONTROL.....	112	<i>adermica</i> .....	71	AGGRASTAT.....	102

AIMOVIG.....	129	ALTAVERA.....	63	<i>amondys 45</i> .....	142
<i>aim스코 lubricated</i> .....	109	ALTEMIA.....	142	<i>amoxapine</i> .....	27
<i>aim스코 twist lancets 32g</i> .....	113	ALTOPREV.....	34	<i>amoxicill-clarithro-lansopraz</i> .....	164
AIMSCO TWIST LANCETS 33G...	113	ALTRENO.....	71	<i>amoxicillin</i> .....	150
AIRSUPRA.....	19	<i>altrixa</i> .....	137	<i>amoxicillin-pot clavulanate</i> .....	150
AJOVY.....	129	ALTUVIIIIO.....	100	<i>amoxicillin-pot clavulanate er</i> .....	150
AKEEGA.....	43	ALUNBRIG.....	45	<i>amphetamine sulfate</i> .....	3
AKTEN.....	146	<i>aluris</i> .....	71	<i>amphetamine-dextroamphet er</i> .....	3
AKYNZEO.....	32	<i>aluris hp</i> .....	71	<i>amphetamine-dextroamphetamine</i> ....	3
<i>ala-cort</i> .....	77	<i>aluris hp plus</i> .....	71	<i>amphet-dextroamphet 3-bead er</i> .....	3
<i>albendazole</i> .....	16	<i>aluris lp</i> .....	71	<i>ampicillin</i> .....	150
<i>albuterol sulfate</i> .....	19	<i>aluris lp plus</i> .....	71	AMVUTTRA.....	161
<i>albuterol sulfate hfa</i> .....	19	<i>aluris plus</i> .....	71	<i>anagrelide hcl</i> .....	102
<i>alclometasone dipropionate</i> .....	77	<i>aluxof</i> .....	71	ANA-LEX.....	16
ALDURAZYME.....	91	<i>aluxof hp</i> .....	71	ANALPRAM-HC.....	16
ALECENSA.....	45	ALVAIZ.....	104	ANASCORP.....	149
<i>alegenix</i> .....	81	<i>alvimopan</i> .....	97	<i>anastrozole</i> .....	44
<i>alendronate sodium</i> .....	89	<i>alvox</i> .....	71	ANGELIQ.....	94
<i>alfuzosin hcl er</i> .....	98	<i>alvox hp</i> .....	71	ANHYDROUS BASE.....	151
<i>aliskiren fumarate</i> .....	37	<i>alyacen 1/35</i> .....	63	<i>anhydrous cream base</i> .....	151
<i>alixi</i> .....	71	<i>alyacen 7/7/7</i> .....	63	ANKTIVA.....	48
<i>alixi hp</i> .....	71	ALYGLO.....	149	ANNOVERA.....	68
ALKINDI SPRINKLE.....	69	ALYMSYS.....	41	<i>anodynex</i> .....	81
ALLEVYN AG GENTLE.....	84	ALYQ.....	62	ANORO ELLIPTA.....	19
ALLEVYN AG GENTLE BORDER...	84	<i>amantadine hcl</i> .....	51	<i>anucort-hc</i> .....	16
ALLEVYN AG NON-ADHESIVE.....	84	AMBI-TRAY.....	113	ANUSOL-HC.....	16
ALLEVYN AG SACRUM 6-3/4".....	84	<i>ambrisentan</i> .....	61	ANZEMET.....	31
ALLEVYN AG SACRUM 9"X9".....	84	AMELUZ.....	76	APADAZ.....	14
ALLEVYN GENTLE.....	84	AMETHYST.....	63	<i>aphoria</i> .....	71
ALLI.....	3	AMIGO INSULIN PUMP.....	113	APLIGRAF.....	84
<i>allopurinol</i> .....	99	<i>amiloride hcl</i> .....	89	<i>apomorphine hcl</i> .....	51
ALOCRIL.....	147	<i>amiloride-hydrochlorothiazide</i> .....	89	<i>aporix</i> .....	71, 72
ALOMIDE.....	148	AMINOAMRMS.....	142	APP SLIM RMS.....	88
<i>alomira</i> .....	71	<i>aminocaproic acid</i> .....	106	<i>apraclonidine hcl</i> .....	144
<i>alomira hp</i> .....	71	AMINORELIEFRMS.....	142	<i>aprepitant</i> .....	32
<i>alomira lp</i> .....	71	<i>amiodarone hcl</i> .....	18	APRETUDE.....	55
ALORA.....	95	<i>amitriptyline hcl</i> .....	27	APRI.....	63
<i>alose tron hcl</i> .....	97	AMLADDEX.....	137	APTIOM.....	22
ALPAWASH.....	151	AMLODIPINE BES+SYRSPEND		APTIVUS.....	55
ALPHANATE.....	99	SF.....	59	AQNEURSA.....	157
ALPHANINE SD.....	99	<i>amlodipine besy-benazepril hcl</i> .....	36	AQUACEL AG BURN.....	84
<i>alprazolam</i> .....	17	<i>amlodipine besylate</i> .....	59	AQUACEL AG FOAM.....	84
<i>alprazolam er</i> .....	17	<i>amlodipine besylate-valsartan</i> .....	36	AQUALANCE LANCETS 30G.....	113
ALPRAZOLAM INTENSOL.....	17	<i>amlodipine-olmesartan</i> .....	36	AQUASTAT.....	131
<i>alprazolam xr</i> .....	17	<i>ammonium lactate</i> .....	80	AQUASTAT SFR.....	131
ALPROLIX.....	99	AMNESTEEM.....	71	ARAKODA.....	39
ALTACAINE.....	146	AMNIOCORE AMNIOTIC		ARALAST NP.....	161
ALTADERM.....	151	MEMBRANE.....	84	ARANELLE.....	63
ALTAFRIN.....	143	AMNIOTEXT.....	84	ARCALYST.....	7

AREXVY.....	166	ASSURE LANCE PLUS SAFETY		AUTOSOFT 90 INFUSION SET....	113
<i>arformoterol tartrate</i> .....	19	30G.....	113	AUTOSOFT XC INFUSION SET...	113
<i>argatroban</i> .....	22	ASSURE LANCE SAFETY		AUVELITY.....	26
ARGYLE STERILE SALINE.....	98	LANCET 28G.....	113	AUXIPRO VANISHING.....	151
ARGYLE STERILE WATER.....	133	ASSURE PRISM CONTROL		<i>avanafil</i> .....	60
ARIKAYCE.....	6	LEVEL 1.....	113	AVAR CLEANSER.....	72
<i>aripiprazole</i> .....	54	ASSURE PRO CONTROL LEVEL		<i>aveida</i> .....	83
ARISTADA.....	54, 55	1 & 2.....	113	<i>aveidaoxia</i> .....	83
ARISTADA INITIO.....	54	ASTRINGYN.....	106	AVIANE.....	63
<i>armodafinil</i> .....	4	ATABEX EC.....	138	<i>avidora</i> .....	72
ARNUITY ELLIPTA.....	19	ATABEX OB.....	138	<i>avidora hp</i> .....	72
<i>arsenic trioxide</i> .....	48	<i>atazanavir sulfate</i> .....	55	<i>avidoxy</i> .....	162
<i>artilis</i> .....	72	<i>atenolol</i> .....	59	AVITENE.....	106
<i>artilis hp</i> .....	72	ATENOLOL+SYRSPEND SF.....	59	AVITENE FLOUR.....	106
ARTISS.....	106	<i>atenolol-chlorthalidone</i> .....	36	AVONEX PEN.....	155
ARZOL SILVER NIT		ATGAM.....	132	AVONEX PREFILLED.....	155
APPLICATORS.....	77	<i>atomoxetine hcl</i> .....	4	AVSOLA.....	96
ASCOMP-CODEINE.....	14	ATORVALIQ.....	34	<i>awanis</i> .....	72
ASCOR.....	168	<i>atorvastatin calcium</i> .....	34	AYUNA.....	63
<i>ascorbic acid</i> .....	168	<i>atovaquone</i> .....	38	AYVAKIT.....	50
<i>asenapine maleate</i> .....	53	<i>atovaquone-proguanil hcl</i> .....	38	<i>azacitidine</i> .....	40
ASHLYNA.....	63	ATRAPRO CP.....	84	AZADROX.....	84
ASPARLAS.....	48	ATREVIS HYDROGEL.....	151	<i>azalta</i> .....	72
<i>aspirin</i> .....	10	<i>atropine sulfate</i> .....	143	<i>azalta hp</i> .....	72
<i>aspirin 81</i> .....	9	ATROVENT HFA.....	18	AZASAN.....	132
<i>aspirin adult low dose</i> .....	9	AUBRA EQ.....	63	<i>azathioprine</i> .....	132
<i>aspirin adult low strength</i> .....	9	AUGTYRO.....	45	<i>azelaic acid</i> .....	83
<i>aspirin childrens</i> .....	9	<i>augustil</i> .....	72	<i>azelastine hcl</i> .....	141, 148
<i>aspirin ec adult low dose</i> .....	9	<i>aurora lancet super thin 30g</i> .....	113	<i>azelastine-fluticasone</i> .....	141
<i>aspirin ec adult low strength</i> .....	10	<i>aurora lancet thin 23g</i> .....	113	<i>azithromycin</i> .....	109
<i>aspirin ec low dose</i> .....	10	AUROVELA 1.5/30.....	63	AZSTARYS.....	4
<i>aspirin ec low strength</i> .....	10	AUROVELA 1/20.....	63	AZURETTE.....	63
<i>aspirin low dose</i> .....	10	AUROVELA 24 FE.....	63	BAC.....	9
<i>aspirin regimen</i> .....	10	AUROVELA FE 1.5/30.....	63	BACIGUENT.....	144
<i>aspirin-dipyridamole er</i> .....	102	AUROVELA FE 1/20.....	63	<i>bacitracin</i> .....	145
ASSURE 3 CONTROL.....	113	AUSTEDO.....	155	<i>bacitracin-polymyxin b</i> .....	145
ASSURE 4 CONTROL LEVEL 1 &		AUSTEDO XR.....	155	<i>bacitra-neomycin-polymyxin-hc</i> ....	146
2.....	113	AUSTEDO XR PATIENT		<i>baclofen</i> .....	140
<i>assure comfort lancets 28g</i> .....	113	TITRATION.....	155	BACMIN.....	136
ASSURE DOSE CONTROL.....	113	AUTO-LANCET.....	113	<i>bacteriostatic water(benz alc)</i> .....	150
ASSURE DOSE NORM/HIGH		AUTO-LANCET MINI.....	113	BALFAXAR.....	100
CONTROL.....	113	AUTOLET II CLINISAFE.....	113	<i>balsalazide disodium</i> .....	96
ASSURE II CONTROL.....	113	AUTOLET LANCING DEVICE.....	113	BALVERSA.....	45
ASSURE II CONTROL LEVEL 1 &		AUTOLET LITE CLINISAFE.....	113	BALZIVA.....	63
2.....	113	AUTOLET LITE STARTER PACK.....	113	BARACLUDGE.....	57
ASSURE LANCE LANCETS.....	113	AUTOLET MINI.....	113	BARRIGEL.....	16
ASSURE LANCE LANCETS 21G..	113	AUTOLET PLATFORMS.....	113	BASADROX.....	84
ASSURE LANCE PLUS SAFETY		AUTOLET PLUS.....	113	<i>batizia</i> .....	74
25G.....	113	AUTOSOFT 30 INFUSION SET....	113	BAVENCIO.....	42

BAXDELA .....	95	BETADINE OPHTHALMIC PREP ..	145	<i>bis subcit-metronid-tetracyc</i> .....	164
<i>baxonil</i> .....	74	<i>betaine</i> .....	91	<i>bismuth/metronidaz/tetracyclin</i> .....	164
BAYER ADVANCED ASPIRIN REG ST .....	10	BETALOAN SUIK .....	69	<i>bisoprolol fumarate</i> .....	59
BAYER ASPIRIN .....	10	<i>betamethasone dipropionate</i> .....	78	<i>bisoprolol-hydrochlorothiazide</i> .....	36
BAYER ASPIRIN EC LOW DOSE ...	10	<i>betamethasone dipropionate aug</i> .....	77, 78	<i>bivalirudin trifluoroacetate</i> .....	22
BAYER ASPIRIN REGIMEN .....	10	<i>betamethasone valerate</i> .....	78	BIVIGAM .....	149
BAYER LOW DOSE .....	10	BETASERON .....	155	<i>bleomycin sulfate</i> .....	44
BD AUTOSHIELD DUO .....	128	<i>betaxolol hcl</i> .....	59	BLINCYTO .....	42
BD HEPARIN POSIFLUSH .....	21	<i>bethanechol chloride</i> .....	165	BLISOVI 24 FE .....	63
BD INSULIN SYRINGE U/F .....	128	BETOPTIC-S .....	143	BLISOVI FE 1.5/30 .....	63
BD INSULIN SYRINGE U/F 1/2UNIT .....	128	<i>bevacizumab</i> .....	144	BLISOVI FE 1/20 .....	63
BD INSULIN SYRINGE U-500 .....	128	<i>bexarotene</i> .....	48, 76	<i>blood pres-diabetes digit soln</i> .....	114
BD MICROTAINER LANCETS .....	113	BEXSERO .....	165	BLUESTAR .....	114
BD PEN NEEDLE MICRO U/F .....	128	<i>bicalutamide</i> .....	44	BLULINK CONTROL HIGH & LOW .....	114
BD PEN NEEDLE MINI U/F .....	128	BIGFOOT UNITY PEN CAP/ADMELOG .....	113	BOOSTRIX .....	163
BD PEN NEEDLE NANO 2ND GEN .....	128	BIGFOOT UNITY PEN CAP/APIDRA .....	113	<i>bortezomib</i> .....	45
BD PEN NEEDLE NANO U/F .....	128	BIGFOOT UNITY PEN CAP/ASPART .....	113	<i>bosentan</i> .....	61
BD PEN NEEDLE ORIGINAL U/F ..	128	BIGFOOT UNITY PEN CAP/BASAGLAR .....	113	BOSULIF .....	45
BD PEN NEEDLE SHORT U/F .....	128	BIGFOOT UNITY PEN CAP/BIAS .....	113	BOTOX .....	142
BD POSIFLUSH .....	131	BIGFOOT UNITY PEN CAP/HUMALOG .....	114	<i>bp vit 3</i> .....	104
BD POSIFLUSH SAFESCRUB .....	131	BIGFOOT UNITY PEN CAP/LANTUS .....	114	<i>b-plex</i> .....	135
BD VEO INSULIN SYR U/F 1/2UNIT .....	128	BIGFOOT UNITY PEN CAP/LISPRO .....	114	<i>b-plex plus</i> .....	136
BD VEO INSULIN SYRINGE U/F ..	129	BIGFOOT UNITY PEN CAP/LYUMJEV .....	114	BRAFTOVI .....	45
BELBUCA .....	14	BIGFOOT UNITY PEN CAP/NOVOLOG .....	114	BREO ELLIPTA .....	19
BELEODAQ .....	45	BIGFOOT UNITY PEN CAP/TOUJEO .....	114	BREXAFEMME .....	32
<i>belladonna alkaloids-opium</i> .....	163	BIGFOOT UNITY PEN CAP/TRESIBA .....	114	BREYNA .....	20
BELSOMRA .....	107	BIJUVA .....	94	BREZTRI AEROSPHERE .....	20
<i>benazepril hcl</i> .....	35	BIKTARVY .....	55	<i>briellyn</i> .....	63
<i>benazepril-hydrochlorothiazide</i> ..	36	<i>bilayer matrix wound dressing</i> .....	84	BRILINTA .....	102
<i>bendamustine hcl</i> .....	39	<i>bimatoprost</i> .....	148	<i>brimonidine tartrate</i> .....	83, 144
BENDEKA .....	39	<i>bimatoprost-timolol maleate</i> .....	143	<i>brimonidine-dorzolamide</i> .....	144
BENEFIX .....	100	<i>bi-mix</i> .....	60	BRINEURA .....	91
BENLYSTA .....	134	BIMZELX .....	76	BRIUMVI .....	155
BENZEPRO .....	72	<i>bioce</i> .....	136	BRIVIACT .....	23
<i>benzhydrocodone-acetaminophen</i> ..	14			BRIXADI .....	14
<i>benzoin compound</i> .....	83			BRIXADI (WEEKLY) .....	14
<i>benzonatate</i> .....	70			<i>bromocriptine mesylate</i> .....	51
<i>benzoyl perox-hydrocortisone</i> .....	72			BRONCHITOL .....	161
<i>benztropine mesylate</i> .....	50			BRONCHITOL TOLERANCE TEST .....	161
BEOVU .....	144			BRUKINSA .....	45
BERINERT .....	101			<i>budesonide</i> .....	19, 69
BESIVANCE .....	145			<i>budesonide er</i> .....	69
BESPONSA .....	42			<i>budesonide-formoterol fumarate</i> .....	20
BESREMI .....	48			<i>bumetanide</i> .....	89
				<i>bupivacaine hcl</i> .....	109
				<i>buprenorphine</i> .....	15
				<i>buprenorphine hcl</i> .....	14, 15



<i>buprenorphine hcl-naloxone hcl</i> .....	15	<i>carbamazepine er</i> .....	23	CAYSTON.....	38
<i>bupropion hcl</i> .....	26	CARBATROL.....	23	<i>cefaclor</i> .....	62
<i>bupropion hcl er (smoking det)</i> .....	157	<i>carbidopa</i> .....	50	<i>cefaclor er</i> .....	62
<i>bupropion hcl er (sr)</i> .....	26	<i>carbidopa-levodopa</i> .....	51	<i>cefadroxil</i> .....	62
<i>bupropion hcl er (xl)</i> .....	26	<i>carbidopa-levodopa er</i> .....	51	<i>cefдинир</i> .....	63
<i>buspirone hcl</i> .....	17	<i>carbidopa-levodopa-entacapone</i> .....	51	<i>cefprozil</i> .....	62
<i>busulfan</i> .....	39	<i>carbinoxamine maleate</i> .....	33	<i>cefuroxime axetil</i> .....	63
<i>butalbital-acetaminophen</i> .....	9	<i>carbinoxamine maleate er</i> .....	33	CELEBREX.....	8
<i>butalbital-apap-caff-cod</i> .....	14	CARBOGEL 940.....	151	<i>celecoxib</i> .....	8
<i>butalbital-apap-caffeine</i> .....	9	CARBOHOL 940.....	151	CEM-UREA.....	80
<i>butalbital-asa-caff-codeine</i> .....	14	<i>carboplatin</i> .....	39	CENTRATEx.....	104
<i>butalbital-aspirin-caffeine</i> .....	9	CARDIOCHEK PLUS ANALYZER.....	114	<i>cephalexin</i> .....	62
<i>butorphanol tartrate</i> .....	15	CARDIOCOM LANCING DEVICE.....	114	CEPROTIN.....	102
BYDUREON BCISE.....	29	<i>cardiometabolic solution</i> .....	114	CERDELGA.....	103
BYETTA 10 MCG PEN.....	29	CARDURA XL.....	98	CEREZYME.....	103
BYETTA 5 MCG PEN.....	29	<i>care activation solution</i> .....	114	CERVIDIL.....	149
BYLVAY.....	97	<i>careone advanced lancing dev</i> .....	114	CETACAINE.....	81, 82
BYLVAY (PELLETS).....	97	CAREONE LANCET SUPER THIN		<i>cetirizine hcl</i> .....	33
BYOOVIZ.....	144	30G.....	114	<i>cetorelix acetate</i> .....	90
CABENUVA.....	55	<i>careone lancet thin 23g</i> .....	114	CHARLOTTE 24 FE.....	63
<i>cabergoline</i> .....	93	CARESENS CONTROL A.....	114	CHATEAL EQ.....	63
CABLIVI.....	102	CARESENS CONTROL		CHEMET.....	31
CABOMETYX.....	45	SOLUTION A/B.....	114	CHENODAL.....	96
CABTREO.....	72	CARESENS LANCETS.....	114	<i>childrens aspirin</i> .....	10
CADIRAMD.....	81	CARESENS LANCETS 30G.....	114	<i>chlohex</i> .....	78
<i>caffeine citrate</i> .....	3	CARETOUCH CONTROL SOL		<i>chlooxia</i> .....	78
CALCIFOL.....	130	LEVEL 2.....	114	<i>chlordiazepoxide hcl</i> .....	17
<i>calcipotriene</i> .....	76	CARETOUCH		<i>chlordiazepoxide-amitriptyline</i> .....	155
<i>calcipotriene-betameth diprop</i> .....	78	LANCING/EJECTOR.....	114	<i>chlordiazepoxide-clidinium</i> .....	163
<i>calcitonin (salmon)</i> .....	89	CARETOUCH SAFETY LANCETS.....	114	<i>chlorhexidine gluconate</i> .....	55, 134
CALCITRENE.....	76	CARETOUCH SAFETY LANCETS		<i>chloroquine phosphate</i> .....	39
<i>calcitriol</i> .....	76, 91	26G.....	114	<i>chlorpromazine hcl</i> .....	54
<i>calcium acetate</i> .....	97	CARETOUCH TWIST LANCETS		<i>chlorthalidone</i> .....	89
<i>calcium acetate (phos binder)</i> .....	97	28G.....	114	<i>chlorzoxazone</i> .....	140
CALQUENCE.....	46	CARETOUCH TWIST LANCETS		CHOLBAM.....	95
CAMILA.....	68	30G.....	114	<i>cholecal df</i> .....	104
CAMRESE.....	63	CARETOUCH TWIST LANCETS		<i>cholestyramine</i> .....	33
CAMRESE LO.....	63	33G.....	114	<i>cholestyramine light</i> .....	33
CAMZYOS.....	62	CARETOUCH TWIST MC		<i>chondroitin sulfate</i> .....	148
<i>candesartan cilexetil</i> .....	36	LANCETS 30G.....	114	<i>chorionic gonadotropin</i> .....	90
<i>cantharidin</i> .....	81	<i>carglumic acid</i> .....	91	CHOSEN LANCETS 30G.....	114
<i>capecitabine</i> .....	40	<i>carisoprodol</i> .....	140	CHOSEN LANCING DEVICE.....	114
CAPHOSOL.....	135	<i>carmustine</i> .....	39	CHOSEN SAFETY LANCETS 28G.....	114
CAPLYTA.....	52	<i>carteolol hcl</i> .....	143	CHROMAGEN.....	104
CAPRELSA.....	46	CARTIA XT.....	59	CHRYSADERM DAY.....	151
<i>capsule ezeefit #0 clear</i> .....	150	<i>carvedilol</i> .....	58	CHRYSADERM NIGHT.....	151
<i>capsule ezeefit #00 clear</i> .....	150	CAVERJECT.....	60	CICLODAN.....	74
<i>captopril</i> .....	35	CAVERJECT IMPULSE.....	60	<i>ciclopirox</i> .....	74
<i>carbamazepine</i> .....	23	CAYA.....	109	<i>ciclopirox olamine</i> .....	74

<i>ciclopirox treatment</i> .....	74	CLINPRO 5000.....	134	COMFORT TOUCH TWIST	
CIFEREX.....	104	<i>clobazam</i> .....	22	LANCET 30G.....	115
<i>cilostazol</i> .....	102	<i>clobetasol propionate</i> .....	78, 146	COMIRNATY.....	166
CILOXAN.....	145	<i>clobetasol propionate e</i> .....	78	<i>complete natal dha</i> .....	139
CIMDUO.....	55	<i>clobetasol propionate emulsion</i> .....	78	<i>completenate</i> .....	139
CIMERLI.....	144	CLODAN.....	78	COMPRO.....	54
<i>cimetidine</i> .....	163	<i>clofarabine</i> .....	40	CO-NATAL FA.....	139
<i>cimetidine hcl</i> .....	163	CLOMID.....	90	CONCEPT DHA.....	139
CIMZIA.....	96	<i>clomiphene citrate</i> .....	90	CONCEPT OB.....	139
CIMZIA (2 SYRINGE).....	96	<i>clomipramine hcl</i> .....	27	<i>condoms</i> .....	109
CIMZIA-STARTER.....	96	<i>clonazepam</i> .....	22	CONJUPRI.....	59
<i>cinacalcet hcl</i> .....	91	<i>clonidine</i> .....	36	<i>constulose</i> .....	108
CINQAIR.....	18	<i>clonidine hcl</i> .....	36	CONTOUR CONTROL.....	115
CINRYZE.....	101	<i>clonidine hcl er</i> .....	4	CONTOUR NEXT CONTROL.....	115
CIPRO.....	95	<i>clodogrel bisulfate</i> .....	102	<i>control</i> .....	115
<i>ciprofloxacin hcl</i> .....	95, 145, 148	<i>clotrimazole</i> .....	74, 134	CONVENIENCE PAK.....	157
<i>ciprofloxacin-dexamethasone</i> .....	148	<i>clotrimazole-betamethasone</i> .....	74	COOL CONTROL A.....	115
<i>ciprofloxacin-fluocinolone pf</i> .....	148	<i>clozapine</i> .....	53	COOL CONTROL B.....	115
<i>cisplatin</i> .....	39	<i>c-nate dha</i> .....	139	COPAXONE.....	155
<i>citalopram hydrobromide</i> .....	26	COAGADDEX.....	100	COPIKTRA.....	46
CITRANATAL 90 DHA.....	138	COAGUCHEK LANCETS.....	114	CORDRAN.....	78
CITRANATAL ASSURE.....	138	COARTEM.....	38	CORIFACT.....	100
CITRANATAL B-CALM.....	138	COBENFY.....	55	CORLANOR.....	62
CITRANATAL HARMONY.....	139	COBENFY STARTER PACK.....	55	CORTANE-B.....	78
CITRANATAL MEDLEY.....	139	<i>cocaine hcl</i> .....	141	CORTIFOAM.....	16
<i>cladribine</i> .....	40	<i>codeine sulfate</i> .....	12	CORTISPORIN-TC.....	148
CLARAVIS.....	72	<i>colchicine</i> .....	99	CORTROPHIN.....	90
CLARINEX-D 12 HOUR.....	70	<i>colchicine-probenecid</i> .....	99	CORVITA.....	136
<i>clarithromycin</i> .....	109	COLCIGEL.....	132	CORVITA 150.....	104
<i>clarithromycin er</i> .....	109	<i>colesevelam hcl</i> .....	33	CORVITE 150.....	104
CLEANLET LANCETS 28G.....	114	<i>colestipol hcl</i> .....	33	<i>corvite fe</i> .....	104
CLENPIQ.....	108	COLLANEX.....	84	COTELLIC.....	46
CLEOCIN.....	167	COLUMVI.....	42	COVARYX.....	94
CLEVER CHEK LANCETS.....	114	COMBIPATCH.....	94	COVARYX HS.....	94
CLEVER CHOICE COMFORT EZ		COMBIVENT RESPIMAT.....	20	CREON.....	88
.....	82, 114	COMETRIQ (100 MG DAILY		CRESEMBA.....	32
CLEVER CHOICE GLUCOSE		DOSE).....	46	CRINONE.....	168
CONTROL.....	114	COMETRIQ (140 MG DAILY		<i>cromolyn sodium</i> .....	18, 96, 148
CLEVER CHOICE LANCETS 21G	114	DOSE).....	46	CRYODOSE TA.....	82
CLEVER CHOICE LANCETS 23G	114	COMETRIQ (60 MG DAILY DOSE).	46	CRYSSELLE-28.....	63
CLEVER CHOICE LANCETS 28G	114	<i>comfort assured lancets 28g</i> .....	114	CRYSVITA.....	92
CLINDACIN ETZ.....	72	<i>comfort assured lancets 33g</i> .....	114	CURAE.....	68
CLINDACIN-P.....	72	COMFORT TOUCH LANCETS		CURAFOAM AG FOAM	
<i>clindamycin hcl</i> .....	38	31G.....	114	DRESSING.....	84
<i>clindamycin palmitate hcl</i> .....	38	COMFORT TOUCH PLUS		CURITY HYPERTONIC NACL	
<i>clindamycin phos-benzoyl perox</i> .....	72	LANCETS 28G.....	115	STRIP.....	84
<i>clindamycin phosphate</i> .....	72, 167	COMFORT TOUCH PLUS		CURITY NACL DRESSING 6"X6-	
CLINDESSE.....	167	LANCETS 30G.....	115	3/4".....	84
CLINOIN.....	72			CURITY STERILE SALINE.....	98



<i>cutis plus</i> .....	152	<i>darunavir</i> .....	55	DERMASO PLUS.....	83
CUVRIOR.....	131	DARZALEX.....	42	DERMAZENE.....	74
<i>cvx aspirin</i> .....	10	DARZALEX FASPRO.....	45	DESCOVY.....	55, 56
<i>cvx aspirin adult low dose</i> .....	10	<i>dasatinib</i> .....	46	<i>desflurane</i> .....	98
<i>cvx aspirin adult low strength</i> .....	10	DASETTA 1/35.....	63	<i>desipramine hcl</i> .....	27
<i>cvx aspirin ec</i> .....	10	DASETTA 7/7/7.....	63	<i>desloratadine</i> .....	33
<i>cvx aspirin low dose</i> .....	10	<i>daunorubicin hcl</i> .....	44	<i>desmopressin ace spray refrig</i> .....	93
<i>cvx aspirin low strength</i> .....	10	DAURISMO.....	43	<i>desmopressin acetate</i> .....	93
<i>cvx folic acid</i> .....	103	DAVIMET-M.....	137	<i>desmopressin acetate pf</i> .....	93
<i>cvx genuine aspirin</i> .....	10	<i>dayavite</i> .....	136	<i>desmopressin acetate spray</i> .....	93
<i>cvx lancets 21g</i> .....	115	DAYBUE.....	142	<i>desogestrel-ethinyl estradiol</i> .....	64
<i>cvx lancets micro thin 33g</i> .....	115	DAYSEE.....	63	<i>desonide</i> .....	78
<i>cvx lancets original</i> .....	115	<i>dazaveidaoxia</i> .....	83	<i>desoximetasone</i> .....	78
<i>cvx lancets thin 26g</i> .....	115	<i>dazinia</i> .....	74	<i>desvenlafaxine succinate er</i> .....	27
<i>cvx lancets ultra thin 30g</i> .....	115	<i>dazomon</i> .....	83	<i>dexamethasone</i> .....	69
<i>cvx lancets ultra-thin 30g</i> .....	115	DEBACTEROL.....	134	<i>dexamethasone acetate</i> .....	69
<i>cvx lancing device</i> .....	115	DEBLITANE.....	69	DEXAMETHASONE INTENSOL.....	69
<i>cvx nicotine</i> .....	157	<i>decitabine</i> .....	40	<i>dexamethasone sodium phosphate</i> .....	146
<i>cvx nicotine polacrilex</i> .....	157	DEFENCATH.....	22	DEXATRAN.....	136
<i>cvx ultra thin lancets</i> .....	115	<i>deferasirox</i> .....	31	DEXCOM G6 RECEIVER.....	115
<i>cyanocobalamin</i> .....	103	<i>deferasirox granules</i> .....	31	DEXCOM G6 SENSOR.....	115
<i>cyclobenzaprine hcl</i> .....	140	<i>deferiprone</i> .....	31	DEXCOM G6 TRANSMITTER.....	115
CYCLOGYL.....	143	<i>deferoxamine mesylate</i> .....	31	DEXCOM G7 RECEIVER.....	115
CYCLOMYDRIL.....	143	<i>deflazacort</i> .....	69	DEXCOM G7 SENSOR.....	115
<i>cyclopentolate hcl</i> .....	143	DELYLA.....	64	DEXIFOL.....	135
<i>cyclophosphamide</i> .....	39	DEMEROL.....	12	<i>dexmethylphenidate hcl</i> .....	4
<i>cycloserine</i> .....	39	DENTA 5000 PLUS.....	134	<i>dexmethylphenidate hcl er</i> .....	4
CYCLOSET.....	29	<i>denta 5000 plus sensitive</i> .....	134	DEXONTO 0.4%.....	69
<i>cyclosporine</i> .....	132, 145	DENTAGEL.....	134	<i>dexpanthenol</i> .....	96
<i>cyclosporine modified</i> .....	132	<i>denvita</i> .....	74	DEXTENZA.....	146
CYGNUS DUAL.....	85	<i>deoxia</i> .....	72	<i>dextroamphetamine sulfate</i> .....	3
<i>cyproheptadine hcl</i> .....	33	<i>deoxiademtar</i> .....	72	<i>dextroamphetamine sulfate er</i> .....	3
CYRAMZA.....	41	<i>deoxiatar</i> .....	72	DHIVY.....	51
CYRED EQ.....	63	<i>deoxiavar</i> .....	72	<i>diabetes monitor digit add-on</i> .....	115
CYSTADROPS.....	148	DEPAKOTE.....	25	<i>diabetes monitor digit soln</i> .....	115
CYSTAGON.....	98	DEPAKOTE ER.....	25	DIACOMIT.....	23
CYSTARAN.....	148	DEPAKOTE SPRINKLES.....	25	<i>diadimaxia</i> .....	72
<i>cytarabine</i> .....	40	DEPLIN FC.....	88	DIALYVITE.....	136
<i>cytarabine (pf)</i> .....	40	DEPO-ESTRADIOL.....	95	DIALYVITE 3000.....	136
CYTOGAM.....	149	DEPO-SUBQ PROVERA 104.....	68	DIALYVITE 5000.....	136
CYTOTINE.....	142	DEPO-TESTOSTERONE.....	15	DIALYVITE SUPREME D.....	136
<i>cytra k crystals</i> .....	98	DERMACINRX DAVIMET.....	138	DIALYVITE/ZINC.....	136
<i>dabigatran etexilate mesylate</i> .....	22	DERMACINRX FOLTAMIN.....	104	<i>diaoxia</i> .....	72
<i>dactinomycin</i> .....	44	DERMACINRX LIDOGEL.....	82	<i>diasaxiatar</i> .....	72
<i>dalfampridine er</i> .....	155	DERMACINRX MULTITAM.....	136	DIASCREEN 10.....	115
<i>danazol</i> .....	15	DERMACINRX PRETRATE.....	139	DIASCREEN 1B.....	115
<i>dandelion</i> .....	5	DERMACINRX RIBOTIN-E.....	136	DIASCREEN 1G.....	115
<i>dantrolene sodium</i> .....	141	<i>dermacinrx surgical combopak</i> .....	83	DIASCREEN 1K.....	115
<i>dapsone</i> .....	38, 72	DERMACINRX ZINTREXYL-C.....	136		

DIASCREEN 2GK.....	115	<i>dimethyl fumarate</i> .....	155	<i>droxidopa</i> .....	168
DIASCREEN 2GP.....	115	<i>dimethyl fumarate starter pack</i> .....	155	<i>drug mart lancets thin 26g</i> .....	116
DIASCREEN 3.....	115	<i>dimoxia</i> .....	72	DRUG MART ON-THE-GO	
DIASCREEN 4NL.....	115	<i>diochloy</i> .....	78	LANCET 30G.....	116
DIASCREEN 4OBL.....	115	<i>diooxia</i> .....	76	DRUG MART UNILET LANCETS	
DIASCREEN 4PH.....	115	<i>diphenhydramine hcl</i> .....	33	28G.....	116
DIASCREEN 5.....	115	<i>diphenoxylate-atropine</i> .....	31	DRUG MART UNILET LANCETS	
DIASCREEN 6.....	115	<i>dipyridamole</i> .....	102	30G.....	116
DIASCREEN 7.....	116	<i>disopyramide phosphate</i> .....	17	DRUG MART UNILET LANCETS	
DIASCREEN 8.....	116	<i>disulfiram</i> .....	154	33G.....	116
DIASCREEN 9.....	116	DIURIL.....	89	DRYSOL.....	83
<i>diascreen liquid urine control</i> .....	116	<i>divalproex sodium</i> .....	25	DSUVIA.....	12
<i>diasdimaxia</i> .....	72	<i>divalproex sodium er</i> .....	25	<i>dual complex formula 1 kit</i> .....	75
<i>diasoxia</i> .....	72	<i>divinix</i> .....	78	DUAVEE.....	94
DIATHRIVE GLUCOSE CONTROL		<i>docetaxel</i> .....	49	<i>duloxetine hcl</i> .....	27
SOLN.....	116	<i>dofetilide</i> .....	18	DUO-CARE CONTROL	
DIATHRIVE LANCET ULTRA THIN		DOJOLVI.....	142	SOLUTION.....	116
30.....	116	DOLISHALE.....	64	DUOPA.....	51
DIATHRIVE LANCETS.....	116	<i>domela</i> .....	78	DUPIXENT.....	80
DIATHRIVE LANCING DEVICE...	116	<i>donepezil hcl</i> .....	154	DURABASE.....	152
DIATROL.....	136	DOPTLET.....	104	DURABASE ADVANCED.....	152
<i>diazepam</i> .....	17, 22	<i>dorzolamide hcl</i> .....	148	DURAFIBER.....	85
DIAZEPAM INTENSOL.....	17	<i>dorzolamide hcl-timolol mal</i> .....	143	DURAFIBER AG.....	85
<i>diazoxide</i> .....	28	<i>dorzolamide hcl-timolol mal pf</i> .....	143	DUREX EXTRA SENSITIVE THIN	109
<i>dichlorphenamide</i> .....	89	DOTTI.....	95	DUREX REALFEEL.....	109
<i>diclofenac epolamine</i> .....	75	<i>double pm</i> .....	146	DUREX TROPICAL.....	110
<i>diclofenac potassium</i> .....	8	DOVATO.....	56	DURYSTA.....	148
<i>diclofenac sodium</i> .....	8, 75, 76, 148	<i>doxazosin mesylate</i> .....	36	<i>dutasteride</i> .....	98
<i>diclofenac sodium er</i> .....	8	<i>doxepin hcl</i> .....	27	DUVYZAT.....	142
<i>dicloxacillin sodium</i> .....	150	<i>doxercalciferol</i> .....	92	DYANAVEL XR.....	3
DICOPANOL FUSEPAQ.....	33	<i>doxorubicin hcl</i> .....	44	<i>dyclopro</i> .....	82
<i>dicyclomine hcl</i> .....	163	<i>doxorubicin hcl liposomal</i> .....	44	DYNAFOAM AG FOAM	
<i>diethylpropion hcl</i> .....	3	<i>doxycycline hyclate</i> .....	162	DRESSING.....	85
<i>diethylpropion hcl er</i> .....	3	<i>doxycycline monohydrate</i> .....	162	DYNAGINATE AG CA ALG ROPE	
DIFICID.....	109	<i>draxacey</i> .....	72	30CM.....	85
<i>diflunisal</i> .....	10	DRCAPS SIZE 00.....	150	DYNAGINATE AG SILVER CAL	
<i>difluprednate</i> .....	146	DRCAPS SIZE 1.....	150	2"X2".....	85
<i>difmetioxime</i> .....	74	<i>drixece</i> .....	72	DYNAGINATE AG SILVER CAL	
<i>digoxin</i> .....	60	<i>dronabinol</i> .....	32	4"X5".....	85
<i>dihydroergotamine mesylate</i> .....	129	DROPLET GENTEEL LANCING		DYNAGINATE AG SILVER CAL	
DILANTIN.....	25	DEVICE.....	116	4"X8".....	85
DILANTIN INFATABS.....	25	DROPLET LANCETS ULTRA THIN		<i>dynoma</i> .....	72
DILANTIN-125.....	25	30G.....	116	DYSPORT.....	142
<i>diltiazem hcl</i> .....	59	DROPLET LANCING DEVICE.....	116	<i>easy comfort lancets</i> .....	116
<i>diltiazem hcl er</i> .....	59	DROPLET PERSONAL LANCETS		<i>easy comfort lancets twist top</i> .....	116
<i>diltiazem hcl er beads</i> .....	59	30G.....	116	<i>easy mini eject lancing device</i> .....	116
<i>diltiazem hcl er coated beads</i> .....	59	<i>drospiren-eth estrad-levomefol</i> .....	64	<i>easy mini lancing device</i> .....	116
<i>dilt-xr</i> .....	59	<i>drospironone-ethinyl estradiol</i> .....	64	<i>easy plus ii control</i> .....	116
DILUENT FOR JEVTANA.....	150	DROXIA.....	103	EASY STEP CONTROL.....	116

<i>easy talk control</i> .....	116	<i>ec-rx testosterone</i> .....	15	EMBRACE PRO GLUCOSE	
<i>easy talk plus ii control</i> .....	116	ECZEMOL.....	132	CONTROL.....	117
EASY TOUCH CONTROL HIGH &		<i>edaravone</i> .....	142	EMBRACE TALK GLUCOSE	
LOW.....	116	EDEX.....	60	CONTROL.....	117
EASY TOUCH INSULIN BARRELS		EDURANT.....	56	EMEND.....	32
1ML.....	116	EEMT.....	94	EMGALITY.....	129
EASY TOUCH LANCETS 21G.....	116	EEMT HS.....	94	EMGALITY (300 MG DOSE).....	129
EASY TOUCH LANCETS 23G.....	116	<i>efavirenz</i> .....	56	EMOLIVAN.....	152
EASY TOUCH LANCETS 26G.....	116	<i>efavirenz-emtricitab-tenofo df</i> .....	56	EMPAVELI.....	101
EASY TOUCH LANCETS 28G.....	116	<i>efavirenz-lamivudine-tenofovir</i> .....	56	EMPLICITI.....	42
EASY TOUCH LANCETS		EFFER-K.....	130	EMROSI.....	83
28G/TWIST.....	116	EFFEXOR XR.....	27	EMSAM.....	26
EASY TOUCH LANCETS 30G.....	116	EGRIFTA SV.....	91	<i>emtricitabine</i> .....	56
EASY TOUCH LANCETS		<i>eha</i> .....	82	<i>emtricitabine-tenofovir df</i> .....	56
30G/TWIST.....	116	ELAHERE.....	42	EMTRIVA.....	56
EASY TOUCH LANCETS 32G.....	116	ELAPRASE.....	92	EMVERM.....	16
EASY TOUCH LANCETS		ELELYSO.....	103	EMZAHH.....	69
32G/TWIST.....	116	<i>element compact control 2</i> .....	117	<i>enalapril maleate</i> .....	35
EASY TOUCH LANCETS		<i>element compact control 3</i> .....	117	<i>enalapril-hydrochlorothiazide</i> .....	36
33G/TWIST.....	116	ELEMENT CONTROL.....	117	ENBREL.....	9
EASY TOUCH LANCING DEVICE	116	ELESTRIN.....	95	ENBREL MINI.....	9
EASY TOUCH SAFETY LANCETS		ELFABRIO.....	92	ENBREL SURECLICK.....	9
21G.....	116	ELIGARD.....	44	ENCARE.....	167
EASY TOUCH SAFETY LANCETS		ELINEST.....	64	ENDO AVITENE.....	106
23G.....	116	ELIQUIS.....	21	ENDOCET.....	14
EASY TOUCH SAFETY LANCETS		ELIQUIS DVT/PE STARTER PACK	21	ENDOMETRIN.....	168
26G.....	116	ELITE-OB.....	139	ENGERIX-B.....	166
EASY TOUCH SAFETY LANCETS		ELIXOPHYLLIN.....	20	ENHERTU.....	42
28G.....	116	ELLA.....	68	ENILLORING.....	68
<i>easy trak control</i> .....	116	ELLENCÉ.....	45	ENJAYMO.....	101
<i>easy trak ii control</i> .....	117	ELMIRON.....	98	ENLITE GLUCOSE SENSOR.....	117
EASYGEL.....	134	ELOCTATE.....	100	ENLITE SERTER.....	117
EASYMAX 15 LEVEL 2 CONTROL		ELREXFIO.....	42	<i>enovarx-amitriptyline</i> .....	63
.....	117	ELURYNG.....	68	<i>enovarx-baclofen</i> .....	74
EASYMAX 15 LEVEL 2-3		ELYXYB.....	129	<i>enovarx-cyclobenzaprine hcl</i> .....	140
CONTROL.....	117	<i>elyzia</i> .....	81	<i>enovarx-diclofenac sodium</i> .....	75
EASYMAX CONTROL.....	117	ELZONRIS.....	48	<i>enovarx-ibuprofen</i> .....	75
EASYMAX CONTROL		EMBRACE CONTROL.....	117	<i>enovarx-lidocaine hcl</i> .....	82
NORMAL/HIGH.....	117	EMBRACE EVO CONTROL		<i>enovarx-naproxen</i> .....	75
EB-N3 DR.....	135	LEVEL 1.....	117	<i>enovarx-tramadol</i> .....	74
<i>eceoxia</i> .....	73	EMBRACE GLUCOSE CONTROL	117	<i>enoxaparin sodium</i> .....	21
<i>ec-naproxen</i> .....	8	EMBRACE LANCETS ULTRA		ENPRESSE-28.....	64
<i>econazole nitrate</i> .....	74	THIN 30G.....	117	ENSKYCE.....	64
ECONTRA ONE-STEP.....	68	<i>embrace lancing device/ejector</i> .....	117	ENSPRYNG.....	132
ECOTRIN LOW STRENGTH.....	10	EMBRACE PRESSURE		ENSTILAR.....	78
ECOZA.....	74	ACTIVATED 21G.....	117	<i>entacapone</i> .....	51
EC-RX DHEA.....	6	EMBRACE PRESSURE		<i>entecavir</i> .....	58
<i>ec-rx estradiol</i> .....	95	ACTIVATED 28G.....	117	ENTRESTO.....	60
<i>ec-rx progesterone</i> .....	154			ENTYVIO.....	96

ENTYVIO PEN.....	96	ESPEROCT.....	100	EXTENDED RESERVOIR 3ML.....	117
<i>enulose</i> .....	97	ESPUMIL.....	152	EYLEA.....	144
<i>enznonuty</i> .....	82	<i>est estrogens-methyltest</i> .....	94	EYLEA HD.....	144
EPCLUSA.....	58	<i>est estrogens-methyltest ds</i> .....	94	E-Z JECT LANCET MICRO-THIN	
EPICORD.....	85	<i>est estrogens-methyltest hs</i> .....	94	33G.....	117
EPIDIOLEX.....	23	ESTARYLLA.....	64	E-Z JECT LANCET SUPER THIN	
EPIFIX.....	85	<i>estazolam</i> .....	107	30G.....	117
EPIFOAM.....	78	<i>estradiol</i> .....	95, 168	E-Z JECT LANCETS.....	117
<i>epinephrine</i> .....	168	<i>estradiol valerate</i> .....	95	E-Z JECT LANCETS 21G.....	117
<i>epinephrine hcl (nasal)</i> .....	142	<i>estradiol-norethindrone acet</i> .....	94	E-Z JECT LANCETS THIN 26G....	117
EPITOL.....	23	ESTRATEST F.S.....	94	EZALLOR SPRINKLE.....	34
EPKINLY.....	42	ESTRATEST H.S.....	94	<i>ezetimibe</i> .....	35
<i>eplerenone</i> .....	37	<i>eszopiclone</i> .....	107	<i>ezetimibe-simvastatin</i> .....	33
<i>epoprostenol sodium</i> .....	61	<i>ethambutol hcl</i> .....	39	EZ-LETS LANCETS 21G.....	118
EPRONTIA.....	23	<i>ethosuximide</i> .....	25	EZ-LETS LANCETS 26G.....	118
<i>eptifibatide</i> .....	102	<i>ethoxia</i> .....	73	EZ-LETS LANCETS 28G.....	118
<i>eq aspirin</i> .....	10	<i>ethynodiol diac-eth estradiol</i> .....	64	EZ-LETS LANCETS 30G.....	118
<i>eq aspirin adult low dose</i> .....	10	<i>etodolac</i> .....	8	FABHALTA.....	101
<i>eq aspirin low dose</i> .....	10	<i>etonogestrel-ethinyl estradiol</i> .....	68	FABRAZYME.....	92
<i>eq nicotine</i> .....	157, 158	<i>etoposide</i> .....	49	<i>fagron ls plus</i> .....	152
<i>eq nicotine polacrilex</i> .....	157, 158	<i>etravirine</i> .....	56	<i>fagron natural</i> .....	152
<i>eq nicotine step 3</i> .....	158	<i>eua patient assessment</i> .....	134	<i>fagron supreme</i> .....	152
<i>eql aspirin ec</i> .....	10	EUCRISA.....	83	FALMINA.....	64
<i>eql aspirin low dose</i> .....	10	EUFLEXXA.....	141	<i>famciclovir</i> .....	58
<i>eql color lancets 21g</i> .....	117	EULEXIN.....	44	<i>famotidine</i> .....	163
<i>eql color lancets micro 33g</i> .....	117	EUTHYROX.....	162	FANAPT.....	52
<i>eql nicotine polacrilex</i> .....	158	EVAMIST.....	95	FANAPT TITRATION PACK.....	52
<i>eql super thin lancets 30g</i> .....	117	EVENITY.....	89	FANATREX FUSEPAQ.....	23
<i>eql thin lancets 26g</i> .....	117	<i>everolimus</i> .....	46, 132	FANTASY LUBRICATED.....	110
EQUETRO.....	52	EVERSENSE E3		FANTASY	
ERBITUX.....	50	SENSOR/HOLDER.....	117	LUBRICATED/SPERMICIDE.....	110
<i>ergocalciferol</i> .....	168	EVERSENSE E3 SMART		FARXIGA.....	30
<i>ergoloid mesylates</i> .....	157	TRANSMITTER.....	117	FASENRA.....	18
ERGOMAR.....	129	EVERSENSE SENSOR/HOLDER.....	117	FASENRA PEN.....	18
<i>ergotamine-caffeine</i> .....	129	EVERSENSE SMART		<i>fa-vitamin b-6-vitamin b-12</i> .....	104
<i>eribulin mesylate</i> .....	49	TRANSMITTER.....	117	<i>fbl kit</i> .....	75
ERIVEDGE.....	43	EVKEEZA.....	35	FC2 FEMALE CONDOM.....	110
ERLEADA.....	44	EVOLUTION CONTROL.....	117	<i>febuxostat</i> .....	99
<i>erlotinib hcl</i> .....	50	EVOMELA.....	40	FEIBA.....	100
ERMEZA.....	162	EVOTAZ.....	56	<i>felbamate</i> .....	24
ERRIN.....	69	EVRYSDI.....	142	<i>felodipine er</i> .....	60
<i>ery</i> .....	73	EXELDERM.....	74	FEM PH.....	167
ERY-TAB.....	109	<i>exemestane</i> .....	44	FEMCAP.....	110
<i>erythromycin</i> .....	73, 109, 145	EXODERM.....	74	FEMLYV.....	64
<i>erythromycin base</i> .....	109	EXONDYS 51.....	142	<i>fenofibrate</i> .....	34
ERZOFRI.....	52	<i>extended infusion set 23"l6mm</i> .....	117	<i>fenofibrate micronized</i> .....	34
<i>escitalopram oxalate</i> .....	26	<i>extended infusion set 23"l9mm</i> .....	117	<i>fenofibric acid</i> .....	34
ESKATA.....	77	<i>extended infusion set 32"l6mm</i> .....	117	<i>fenovia</i> .....	74
<i>esomeprazole magnesium</i> .....	164	<i>extended infusion set 32"l9mm</i> .....	117	FENSOLVI (6 MONTH).....	91

<i>fentanyl</i> .....	12	FLORAXIS.....	31	<i>folagent dha</i> .....	136
<i>fentanyl citrate</i> .....	12	FLORIVA.....	130, 138	<i>folamax</i> .....	136
<i>fentanyl citrate-nacl</i> .....	12	FLORIVA PLUS.....	138	<i>folamed dha</i> .....	136
<i>feonyx</i> .....	104	FLORRAVITE.....	136	<i>folaprime</i> .....	136
FERIVA 21/7.....	104	<i>floxuridine</i> .....	40	<i>folate</i> .....	103
<i>ferotinsic</i> .....	104	FLUAD.....	166	<i>folbee plus</i> .....	136
FERRALET 90.....	104	FLUARIX.....	166	FOLCYTEINE.....	138
FERRO-PLEX.....	104	FLUBLOK.....	166	<i>folding paddle walker</i> .....	158
<i>fervina</i> .....	74	FLUCELVAX.....	166	FOLGARD OS.....	137
FETZIMA.....	27	<i>fluconazole</i> .....	32	FOLGARD RX.....	104
FETZIMA TITRATION.....	27	<i>flucytosine</i> .....	32	<i>folic acid</i> .....	103
FIBRICOR.....	34	<i>fludarabine phosphate</i> .....	40	<i>folic d3</i> .....	104
FIBRYGA.....	100	<i>fludrocortisone acetate</i> .....	70	<i>folica-be</i> .....	136
FIFTY50 SAFETY SEAL LANCETS.....	118	FLULAVAL.....	166	FOLI-D.....	104
FIFTY50 UNILET LANCETS 33G..	118	FLUMIST.....	166	FOLIFLEX.....	136
<i>filoma</i> .....	75	<i>fluocinolone acetonide</i> .....	78, 149	<i>folite</i> .....	105
FILSPARI.....	98	<i>fluocinolone acetonide body</i> .....	78	FOLITIN-Z.....	136
FILSUVEZ.....	85	<i>fluocinolone acetonide scalp</i> .....	78	FOLIVANE-F.....	105
FINACEA.....	83	<i>fluocinonide</i> .....	79	FOLIVANE-OB.....	139
<i>finapid</i> .....	80	<i>fluocinonide emulsified base</i> .....	78	FOLIVANE-PLUS.....	105
<i>finapod</i> .....	80	FLUORIDEX.....	134	FOLIXAPURE.....	105
<i>finapodtar</i> .....	80	FLUORIDEX DAILY RENEWAL....	134	FOLIXATE.....	105
<i>finasteride</i> .....	98	FLUORIDEX ENHANCED.....		FOLLISTIM AQ.....	90
FINAZOL.....	136	WHITENING.....	135	FOLOTYN.....	40
FINGERSTIX LANCETS.....	118	FLUORIDEX SENSITIVITY.....		<i>folplex 2.2</i> .....	105
<i>ingolimod hcl</i> .....	155	RELIEF.....	135	FOLTRATE.....	105
FINTEPLA.....	23	FLUORIMAX 5000.....	135	FOLTREXYL.....	105
FINZALA.....	64	FLUORIMAX 5000 SENSITIVE....	135	<i>foltrin</i> .....	105
FIRDAPSE.....	39	<i>fluorometholone</i> .....	146	FOLVITE-D.....	105
FIRMAGON.....	44	<i>fluorouracil</i> .....	76	<i>fondaparinux sodium</i> .....	21
FIRMAGON (240 MG DOSE).....	44	<i>fluoxetine hcl</i> .....	26	FORA 6 CONNECT.....	118
FIRST PANTOPRAZOLE.....	164	<i>fluoxetine hcl (p added)</i> .....	157	FORA CONTROL.....	118
FIRST-LANSOPRAZOLE.....	164	<i>fluoxia</i> .....	73	FORA CONTROL L1.....	118
FIRST-METRONIDAZOLE.....	37	<i>fluphenazine hcl</i> .....	54	FORA LANCETS.....	118
FIRST-MOUTHWASH BLM.....	134	<i>flurazepam hcl</i> .....	107	FORA LANCING DEVICE.....	118
FIRST-OMEPRAZOLE.....	164	<i>flurbiprofen</i> .....	8	FORA TEST N' GO ADVANCE.....	118
FIRST-PROGESTERONE VGS....	168	<i>flurbiprofen sodium</i> .....	148	FORA TN'G ADVANCE PRO.....	118
FITALITE.....	152	<i>fluticasone propionate</i> .....	79, 141	FORACARE GDH CONTROL.....	118
FLAC.....	148	<i>fluticasone propionate diskus</i> .....	19	FOSAMAX PLUS D.....	89
FLAVOR BLEND.....	150	<i>fluticasone propionate hfa</i> .....	19	<i>fosamprenavir calcium</i> .....	56
<i>flavor plus</i> .....	150	<i>fluticasone-salmeterol</i> .....	20	<i>fosfomycin tromethamine</i> .....	38
<i>flavor sweet</i> .....	150	<i>fluvastatin sodium</i> .....	34	<i>fosinopril sodium</i> .....	35
<i>flavoxate hcl</i> .....	165	<i>fluvastatin sodium er</i> .....	34	<i>fosinopril sodium-hctz</i> .....	36
FLEBOGAMMA DIF.....	149	<i>fluvoxamine maleate</i> .....	26	FOSRENOL.....	97
<i>flecainide acetate</i> .....	18	FLUZONE.....	166	FOTIVDA.....	46
FLECTOR.....	75	FLUZONE HIGH-DOSE.....	166	FRAGMIN.....	21
<i>flolipid</i> .....	34	<i>flyprogpitdar</i> .....	80	<i>fraiche 5000 dental</i> .....	135
FLORAFOL PEDIATRIC.....	138	FOAMIL.....	151	<i>fraiche 5000 previ</i> .....	135
		FOCALIN XR.....	4	<i>freedom adaptaderm</i> .....	152



<i>freedom derma serum</i> .....	152	GAMASTAN.....	149	GENTEEL CONTACT TIPS	
FREEDOM DERMA-D.....	152	GAMIFANT.....	132	(CLEAR).....	119
FREEDOM DERMA-N.....	152	GAMMAGARD.....	149	GENTEEL CONTACT TIPS	
FREESTYLE CONTROL		GAMMAGARD S/D LESS IGA.....	149	(GREEN).....	119
SOLUTION.....	118	GAMMAKED.....	149	GENTEEL CONTACT TIPS	
FREESTYLE INSULINX TEST.....	88	GAMMAPLEX.....	149	(ORANGE).....	119
FREESTYLE LANCETS.....	118	GAMUNEX-C.....	149	GENTEEL CONTACT TIPS	
FREESTYLE LIBRE 14 DAY		<i>ganirelix acetate</i> .....	90	(RAINBOW).....	119
READER.....	118	GARDASIL 9.....	166	GENTEEL CONTACT TIPS	
FREESTYLE LIBRE 14 DAY		<i>gatifloxacin</i> .....	145	(VIOLET).....	119
SENSOR.....	118	GATTEX.....	97	GENTEEL CONTACT TIPS	
FREESTYLE LIBRE 2 PLUS		GAVILYTE-C.....	108	(YELLOW).....	119
SENSOR.....	118	GAVILYTE-G.....	108	GENTEEL LANCING KIT (BLUE).....	119
FREESTYLE LIBRE 2 READER....	118	GAVILYTE-N WITH FLAVOR		GENTEEL NOZZLES.....	119
FREESTYLE LIBRE 2 SENSOR...	118	PACK.....	108	GENTEEL PLUS LANCING	
FREESTYLE LIBRE 3 PLUS		GAVRETO.....	46	(BLACK).....	119
SENSOR.....	118	GAZYVA.....	42	GENTEEL PLUS LANCING	
FREESTYLE LIBRE 3 READER....	118	<i>ge100 control</i> .....	118	(PURPLE).....	119
FREESTYLE LIBRE 3 SENSOR...	118	GEBAUERS SPRAY AND		GENTEEL PLUS LANCING	
FREESTYLE LIBRE READER.....	118	STRETCH.....	82	(WHITE).....	119
FREESTYLE LITE TEST.....	88	<i>gefitinib</i> .....	50	GENTEEL PLUS LANCING	
FREESTYLE PRECISION NEO		GELFILM.....	106, 147	DEV(BLUE).....	119
TEST.....	88	GEL-FLOW.....	106	GENTEEL PLUS LANCING	
FREESTYLE TEST.....	88	GEL-FLOW NT.....	106	DEV(PINK).....	119
FREESTYLE UNISTICK II		GELFOAM.....	106	<i>genuine aspirin</i> .....	11
LANCETS.....	118	GELFOAM COMPRESSED SIZE		GENVOYA.....	56
<i>frivo</i> .....	75	100.....	106	GIALAX.....	108
FRUZAQLA.....	41	GELFOAM DENTAL PACK SIZE 4	106	GILENYA.....	155
<i>ft aspirin</i> .....	10	GELFOAM SPONGE.....	106	GILOTRIF.....	50
<i>ft aspirin low dose</i> .....	10	GELFOAM SPONGE SIZE 100....	106	GIMOTI.....	96
<i>ft enteric coated aspirin</i> .....	11	GELFOAM SPONGE SIZE 200....	106	GLASSIA.....	161
<i>ft folic acid</i> .....	103	GELFOAM SPONGE SIZE 50.....	106	<i>glatiramer acetate</i> .....	155
<i>ft nicotine</i> .....	158	GELFOAM-JMI POWDER.....	106	GLATOPA.....	155
<i>ft nicotine mini</i> .....	158	GELFOAM-JMI SPONGE.....	106	GLEOSTINE.....	40
<i>fulvestrant</i> .....	44	GELNIQUE.....	164	GLIADEL WAFER.....	40
<i>fungimez</i> .....	75	<i>gemcitabine hcl</i> .....	40, 41	<i>glimepiride</i> .....	30
FUROSCIX.....	89	<i>gemfibrozil</i> .....	34	<i>glipizide</i> .....	30
<i>furosemide</i> .....	89	GEMMILY.....	64	<i>glipizide er</i> .....	30
FUSION PLUS.....	105	GENADUR.....	83	<i>glipizide xl</i> .....	30
FUZEON.....	56	<i>generlac</i> .....	97	<i>glipizide-metformin hcl</i> .....	27
FYARRO.....	46	GENGRAF.....	132	<i>global inject ease lancets 28g</i> .....	119
FYAVOLV.....	94	GENOTROPIN.....	91	<i>global inject ease lancets 30g</i> .....	119
FYCOMPA.....	22	GENOTROPIN MINIQUICK.....	91	<i>global lancing device</i> .....	119
<i>gabapentin</i> .....	23	<i>gentamicin sulfate</i> .....	74, 145	GLOPERBA.....	99
GALAFOLD.....	92	GENTEEL BUTTERFLY TOUCH		<i>glucagon emergency</i> .....	28
<i>galantamine hydrobromide</i> .....	154	LANCET.....	119	GLUCOCARD 01 CONTROL.....	119
<i>galantamine hydrobromide er</i> .....	154	GENTEEL CONTACT TIPS		GLUCOCARD EXPRESSION	
GALLIFREY.....	154	(BLUE).....	119	CONTROL.....	119
GALZIN.....	131			GLUCOCARD SHINE CONTROL.....	119



GLUCOCARD X-SENSOR CONTROL.....	119	<i>goodsense lancets 33g univ</i> .....	120	HAEMOLANCE PLUS LOW FLOW.....	120
GLUCOCOM CONTROL.....	119	<i>goodsense lancing device</i> .....	120	HAEMOLANCE PLUS MAX FLOW.....	120
GLUCOCOM LANCETS 28G.....	119	<i>goodsense nicotine</i> .....	158	HAEMOLANCE PLUS PEDIATRIC FLOW.....	120
GLUCOCOM LANCETS 30G.....	119	<i>goprelto</i> .....	141	HAILEY 1.5/30.....	64
GLUCOCOM LANCETS 33G.....	119	GORDOFILM.....	81	HAILEY 24 FE.....	64
GLUCOPRO SYR RES 3ML 22GX3/8".....	119	GRAFIX CORE 1.5CM X 2CM.....	85	HAILEY FE 1.5/30.....	64
<i>glucose control</i> .....	119	GRAFIX CORE 16MM.....	85	HAILEY FE 1/20.....	64
<i>glyburide</i> .....	30	GRAFIX CORE 2CM X 3CM.....	85	<i>halobetasol propionate</i> .....	79
<i>glyburide micronized</i> .....	30	GRAFIX CORE 3CM X 4CM.....	85	HALOETTE.....	68
<i>glyburide-metformin</i> .....	27	GRAFIX CORE 5CM X 5CM.....	85	HALOG.....	79
<i>glycine</i> .....	98	GRAFIX PRIME 1.5CM X 2CM.....	85	<i>haloperidol</i> .....	53
<i>glycine urologic</i> .....	98	GRAFIX PRIME 16MM.....	85	<i>haloperidol lactate</i> .....	53
<i>glycopyrrolate</i> .....	163	GRAFIX PRIME 2CM X 3CM.....	85	<i>haris</i> .....	80
GLYDO.....	82	GRAFIX PRIME 3CM X 4CM.....	85	<i>harviva</i> .....	80
GLYXAMBI.....	27	GRAFIX PRIME 5CM X 5CM.....	85	<i>harviva hp</i> .....	80
<i>gnp adult aspirin low strength</i> .....	11	GRAFIX XC 7.5CM X 15CM.....	85	HARVONI.....	58
<i>gnp aspirin</i> .....	11	GRASTEK.....	5	HAVRIX.....	166
<i>gnp aspirin low dose</i> .....	11	<i>griseofulvin microsize</i> .....	32	<i>haxchlo</i> .....	77
GNP EASY TOUCH CONT HIGH/LOW.....	119	<i>griseofulvin ultramicrosize</i> .....	32	<i>haxchlodrex</i> .....	77
<i>gnp folic acid</i> .....	103	<i>guanfacine hcl</i> .....	36	<i>haxdrax</i> .....	77
<i>gnp lancets 21g</i> .....	119	<i>guanfacine hcl er</i> .....	4	HEALTH CARE LANCING DEVICE.....	120
<i>gnp lancets thin 26g</i> .....	119	GUARDIAN 4 GLUCOSE SENSOR.....	120	HEATHER.....	69
GNP LANCING SYSTEM DEVICE.....	119	GUARDIAN 4 TRANSMITTER.....	120	<i>h-e-b aspirin</i> .....	11
<i>gnp nicotine</i> .....	158	GUARDIAN LINK 3 TRANSMITTER.....	120	<i>h-e-b incontrol adv lancing</i> .....	120
<i>gnp nicotine mini</i> .....	158	GUARDIAN REAL-TIME CHARGER.....	120	<i>h-e-b incontrol lancets 28g</i> .....	120
<i>gnp nicotine polacrilex</i> .....	158	GUARDIAN REAL-TIME REPLACE PED.....	120	<i>h-e-b incontrol lancets 30g</i> .....	120
<i>gnp sterile lancets 28g</i> .....	119	GUARDIAN REAL-TIME TEST PLUG.....	120	<i>h-e-b incontrol lancets 33g</i> .....	120
<i>gnp sterile lancets 30g</i> .....	119	GUARDIAN REAL-TIME SENSOR (3).....	120	HEMANGEOL.....	59
<i>gnp sterile lancets 33g</i> .....	119	<i>guardian sensor 3</i> .....	120	<i>hematinic/folic acid</i> .....	105
GOJJI CONTROL.....	119	GVOKE HYPOPEN 1-PACK.....	28	HEMATOGEN FA.....	105
GOJJI CONTROL LEVEL 1.....	119	GVOKE HYPOPEN 2-PACK.....	28	HEMLIBRA.....	100
GOJJI LANCING DEVICE/CLEAR CAP.....	119	GVOKE KIT.....	28	HEMMOREX-HC.....	16
GOJJI MULTI-FUNCTIONAL SYSTEM.....	119, 120	GVOKE PFS.....	28	HEMOCYTE PLUS.....	105
GOJJI STERILE LANCETS.....	120	GYNAZOLE-1.....	167	HEMOFIL M.....	100
GONAL-F.....	90	HABITROL.....	158	<i>hemtara</i> .....	80
GONAL-F RFF.....	90	HAEGARDA.....	102	<i>hemtara hp</i> .....	80
GONAL-F RFF REDIRECT.....	90	HAEMOLANCE.....	120	<i>hentis</i> .....	80
<i>goodsense aspirin</i> .....	11	HAEMOLANCE LOW FLOW LANCETS.....	120	<i>hentis hp</i> .....	80
<i>goodsense aspirin low dose</i> .....	11	HAEMOLANCE PLUS.....	120	<i>heparin (porcine) in nacl</i> .....	21
<i>goodsense color lancets 33g</i> .....	120	HAEMOLANCE PLUS HIGH FLOW.....	120	<i>heparin na (pork) lock flush pf</i> .....	21
<i>goodsense lancets 26g univ</i> .....	120			<i>heparin sod (pork) lock flush</i> .....	22
<i>goodsense lancets 30g</i> .....	120			<i>heparin sodium (porcine)</i> .....	22
<i>goodsense lancets 30g univ</i> .....	120			<i>heparin sodium (porcine) pf</i> .....	22
<i>goodsense lancets 33g</i> .....	120			HEPLISAV-B.....	166
				<i>hepmed</i> .....	22
				HER STYLE.....	68

HERCEPTIN HYLECTA.....	45	HYDROFERA BLUE READY FOAM.....	85	ILET INFUSION-INSET 32" 6MM..	120
HERZUMA.....	50	HYDROGEL.....	152	<i>ilet insulin pump</i> .....	120
<i>hesmilla</i> .....	80	<i>hydromet</i> .....	70	ILET STARTER - CONTACT DETACH.....	120
HETLIOZ LQ.....	107	<i>hydromorphone hcl</i> .....	12	ILET STARTER KIT - INSET 23" ...	120
<i>hevona</i> .....	80	<i>hydromorphone hcl er</i> .....	12	ILET STARTER KIT - INSET 32" ...	120
<i>hexiounyl</i> .....	75	<i>hydromorphone hcl-nacl</i> .....	12	ILEVRO.....	148
<i>hixdefrima</i> .....	75	<i>hydroxocobalamin acetate</i> .....	103	<i>imatinib mesylate</i> .....	46
HIZENTRA.....	149	<i>hydroxychloroquine sulfate</i> .....	39	IMBRUVICA.....	46
<i>hm nicotine polacrilex</i> .....	159	<i>hydroxyurea</i> .....	48	IMCIVREE.....	3
<i>holixia</i> .....	81	<i>hydroxyzine hcl</i> .....	17	IMDELLTRA.....	42
<i>holizar</i> .....	81	<i>hydroxyzine pamoate</i> .....	17	IMFINZI.....	42
HOMATROPAIRE.....	143	HYFTOR.....	81	<i>imioxia</i> .....	75
<i>honista</i> .....	81	<i>hylavite</i> .....	136	<i>imipramine hcl</i> .....	27
<i>hovitra</i> .....	81	<i>hylazinc</i> .....	136	<i>imiquimod</i> .....	81
<i>hovyn</i> .....	81	HYMPAVZI.....	100	IMITREX STATDOSE REFILL.....	129
HUMALOG.....	29	<i>hyoscyamine sulfate</i> .....	163	IMJUDO.....	42
HUMALOG KWIKPEN.....	29	<i>hyoscyamine sulfate er</i> .....	163	IMPAVIDO.....	37
HUMALOG MIX 50/50.....	29	<i>hyosyne</i> .....	163	<i>imubolic</i> .....	133
HUMALOG MIX 50/50 KWIKPEN ...	29	HYPERSAL.....	71	IMVEXXY MAINTENANCE PACK.	168
HUMALOG MIX 75/25.....	29	HYPOCYN ANTIPRURITIC.....	83	IMVEXXY STARTER PACK.....	168
HUMATE-P.....	100	HYPOLANCE AST LANCING.....	120	IN TOUCH GLUCOSE CONTROL	120
HUMATIN.....	6	HYQVIA.....	150	IN TOUCH LANCING DEVICE.....	120
HUMCO BASE PAIN MGMT.....	152	HY-VEE LANCETS.....	120	IN TOUCH STERILE LANCETS 30G.....	120
HUMIRA (2 PEN).....	7	<i>hy-vee thin lancets</i> .....	120	INATAL GT.....	139
HUMIRA (2 SYRINGE).....	7	<i>ibandronate sodium</i> .....	90	INBRIJA.....	51
HUMIRA-CD/UC/HS STARTER.....	7	IBRANCE.....	46	INCASSIA.....	69
HUMIRA-PSORIASIS/UEVIT STARTER.....	7	IBU.....	8	INCRELEX.....	91
HUMULIN R U-500 (CONCENTRATED).....	29	<i>ibuprofen</i> .....	8	<i>indapamide</i> .....	89
HUMULIN R U-500 KWIKPEN.....	30	<i>icatibant acetate</i> .....	101	<i>indomethacin</i> .....	8
HYCAMTIN.....	49	ICLEVIA.....	64	<i>indomethacin er</i> .....	8
<i>hydralazine hcl</i> .....	37	ICLUSIG.....	46	INFINITY CONTROL.....	121
<i>hydrochlorothiazide</i> .....	89	<i>idaran</i> .....	74	INFINITY VOICE.....	121
<i>hydrocodone poli-chlorphe poli er</i> .....	70	<i>idarubicin hcl</i> .....	45	INFLAMEX.....	140
<i>hydrocodone bitartrate er</i> .....	12	IDELVION.....	100	INFLECTRA.....	96
<i>hydrocodone bit-homatrop mbr</i> .....	70	IDHIFA.....	46	<i>infliximab</i> .....	96
<i>hydrocodone-acetaminophen</i> .....	14	IDOSE TR.....	148	INGREZZA.....	155
<i>hydrocodone-ibuprofen</i> .....	14	<i>idyxiatar</i> .....	73	INJECTAFER.....	105
<i>hydrocortisone</i> .....	16, 69, 79	IFE-BIMIX 30/1.....	61	INLYTA.....	41
<i>hydrocortisone (perianal)</i> .....	16	IFEREX 150 FORTE.....	105	INNOVAMATRIX AC.....	85
<i>hydrocortisone acetate</i> .....	16	IFEX.....	40	INOVA.....	73
<i>hydrocortisone sod suc (pf)</i> .....	69	<i>ifosfamide</i> .....	40	INOVA 4/1 ACNE CONTROL THERAPY.....	73
<i>hydrocortisone valerate</i> .....	79	IHEALTH CONTROL SOLUTION..	120	INOVA 8/2 ACNE CONTROL THERAPY.....	73
<i>hydrocortisone-acetic acid</i> .....	149	IHEALTH LANCING DEVICE.....	120	INQOVI.....	45
<i>hydrocortisone-iodoquinol</i> .....	75	IHEEZO.....	146	INREBIC.....	46
HYDROFERA BLUE FOAM DRESSING.....	85	ILARIS.....	8	INSTAT.....	106
		ILET CONTACT DETACH 23" 6MM.....	120		
		ILET INFUSION-INSET 23" 6MM..	120		

INSUL-CAP.....	121	<i>ivermectin</i> .....	16, 83	KARIVA.....	64
INSUL-EZE.....	121	IWILFIN.....	49	<i>kazuri</i> .....	76
<i>insulin lispro</i> .....	30	IXEMPRA KIT.....	49	KCENTRA.....	100
<i>insulin lispro (1 unit dial)</i> .....	30	IXINITY.....	100	KELNOR 1/35.....	64
<i>insulin lispro junior kwikpen</i> .....	30	IZERVAY.....	148	KELNOR 1/50.....	64
<i>insulin lispro prot &amp; lispro</i> .....	30	JAIMIESS.....	64	KENDALL ALGINATE 12" ROPE....	85
INTEGRA F.....	105	JAKAFI.....	46	KENDALL ALGINATE DRESS	
INTEGRA PLUS.....	105	JANTOVEN.....	20	2"X2".....	85
INTELENCE.....	56	JANUMET.....	27	KENDALL ALGINATE DRESS	
INTERCEED.....	106	JANUMET XR.....	28	4"X8".....	85
INTERCEED (TC7).....	106	JANUVIA.....	29	KENDALL HYDROGEL GAUZE	
INTROVALE.....	64	JARDIANCE.....	30	2"X2".....	86
INVEGA HAFYERA.....	52	JASMIEL.....	64	KENDALL HYDROGEL GAUZE	
INVEGA SUSTENNA.....	52	JAVYGTOR.....	92	4"X4".....	86
INVEGA TRINZA.....	53	JAYPIRCA.....	46	KENDALL HYDROGEL GAUZE	
<i>inzdeaxiatar</i> .....	73	JEMPERLI.....	42	4"X8".....	86
<i>inzdeaxiavar</i> .....	73	JENCYCLA.....	69	KENDALL HYDROGEL WOUND	
<i>inzdeoia</i> .....	73	<i>jenliva prenatal/postnatal</i> .....	139	DRESS.....	86
<i>iodine strong</i> .....	130	JESDUVROQ.....	104	KENDALL ZINC CA ALGINATE	
IODOFLEX.....	55	JEVTANA.....	49	4"X4".....	86
<i>iodoquimez-hc</i> .....	75	JINTELI.....	94	KEPIVANCE.....	49
<i>iodoquinol-hydrocortisone-aloe</i> .....	75	JIVI.....	100	KERALYT.....	81
<i>iodosorb</i> .....	55	JOENJA.....	132	KERASTAT.....	86
IOPIDINE.....	144	JOLESSA.....	64	<i>keraxa</i> .....	76
IPOL.....	166	JORNAY PM.....	5	<i>kerida</i> .....	76
<i>ipratropium bromide</i> .....	18, 141	JOYEAUX.....	64	KESIMPTA.....	156
<i>ipratropium-albuterol</i> .....	20	JULEBER.....	64	<i>ketamine hcl</i> .....	97
IQIRVO.....	97	JULUCA.....	56	<i>ketoconazole</i> .....	32, 75
<i>irbesartan</i> .....	36	JUNEL 1.5/30.....	64	<i>ketoprofen</i> .....	8
<i>irbesartan-hydrochlorothiazide</i> .....	36	JUNEL 1/20.....	64	<i>ketorolac tromethamine</i> .....	8, 148
<i>irinotecan hcl</i> .....	49	JUNEL FE 1.5/30.....	64	KEVZARA.....	8
<i>iron folate plus</i> .....	105	JUNEL FE 1/20.....	64	<i>keyfolic</i> .....	136
<i>iron folate-f</i> .....	105	JUNEL FE 24.....	64	KEYLOSA.....	136
IROSPAN 24/6.....	105	JUST RIGHT 5000.....	135	KEYTRUDA.....	42
ISENTRESS.....	56	JUXTAPID.....	35	KHAPZORY.....	49
ISENTRESS HD.....	56	JYLAMVO.....	41	<i>kimono</i> .....	110
ISIBLOOM.....	64	JYNARQUE.....	94	KIMONO COLORS.....	110
<i>isoflurane</i> .....	98	K.B.G.L IN TERODERM.....	75	KIMONO MAXX-LARGE FLARE...	110
<i>isoniazid</i> .....	39	KADCYLA.....	42	<i>kimono micro thin</i> .....	110
<i>isosorb dinitrate-hydralazine</i> .....	60	KAITLIB FE.....	64	<i>kimono micro thin plus</i> .....	110
<i>isosorbide dinitrate</i> .....	16	KALBITOR.....	102	<i>kimono plus</i> .....	110
<i>isosorbide mononitrate</i> .....	17	KALETRA.....	56	<i>kimono ps</i> .....	110
<i>isosorbide mononitrate er</i> .....	17	KALLIGA.....	64	<i>kimono ps plus</i> .....	110
<i>isotretinoin</i> .....	73	KALYDECO.....	161	<i>kimono sensation</i> .....	110
ISTURISA.....	89	KAMELEON LUBRICATED.....	110	<i>kimono sensation plus</i> .....	110
<i>ithoxia</i> .....	73	KANJINTI.....	50	KIMONO SPECIAL.....	110
ITOVEBI.....	46	KANUMA.....	92	KINERET.....	7
<i>itraconazole</i> .....	32	KAPSPARGO SPRINKLE.....	59	<i>kinney lancets</i> .....	121
<i>ivabradine hcl</i> .....	62	KARDIAMEMBRANE.....	85	<i>kinney thin lancets</i> .....	121

KIPROFEN.....	8	KUVAN.....	92	LEENA.....	65
KISQALI (200 MG DOSE).....	46	KYLEENA.....	68	<i>leflunomide</i> .....	9
KISQALI (400 MG DOSE).....	46	<i>kynara</i> .....	76	LEMTRADA.....	156
KISQALI (600 MG DOSE).....	46	KYPROLIS.....	46	<i>lenalidomide</i> .....	132
KITABIS PAK.....	6	KYZATREX.....	15	LENVIMA (10 MG DAILY DOSE)....	41
KLARITY-C DROPS.....	145	<i>l.e.t.</i> .....	82	LENVIMA (12 MG DAILY DOSE)....	41
KLARITY-L.....	146	<i>l.e.t. (racepinephrine)</i> .....	82	LENVIMA (14 MG DAILY DOSE)....	41
KLAYESTA.....	75	<i>labetalol hcl</i> .....	58	LENVIMA (18 MG DAILY DOSE)....	41
KLISYRI (250 MG).....	76	<i>lacosamide</i> .....	23	LENVIMA (20 MG DAILY DOSE)....	41
KLISYRI (350 MG).....	76	<i>lactated ringers</i> .....	133	LENVIMA (24 MG DAILY DOSE)....	41
KLOR-CON.....	130	<i>lactulose</i> .....	108	LENVIMA (4 MG DAILY DOSE).....	42
KLOR-CON 10.....	130	<i>lactulose encephalopathy</i> .....	97	LENVIMA (8 MG DAILY DOSE).....	42
KLOR-CON M10.....	130	LAGEVRIO.....	58	LEQEMBI.....	154
KLOR-CON M15.....	130	LAMICTAL XR.....	23	LESSINA.....	65
KLOR-CON M20.....	130	<i>lamivudine</i> .....	56, 58	<i>letrozole</i> .....	44
KLOR-CON/EF.....	130	<i>lamivudine-zidovudine</i> .....	56	<i>lets</i> .....	109
KLOXXADO.....	31	<i>lamotrigine</i> .....	23	<i>leucovorin calcium</i> .....	49
<i>kls aspirin low dose</i> .....	11	<i>lamotrigine er</i> .....	23	LEUKERAN.....	40
KLS QUIT2.....	159	LAMPIT.....	38	LEUKINE.....	104
KLS QUIT4.....	159	LAMZEDE.....	92	<i>leuprolide acetate</i> .....	44
KOATE.....	100	<i>lancet device</i> .....	121	<i>levabuterol hcl</i> .....	20
KOATE-DVI.....	100	<i>lancet device with ejector</i> .....	121	<i>levabuterol tartrate</i> .....	20
KOGENATE FS.....	100	<i>lancets</i> .....	121	<i>levamlodipine maleate</i> .....	60
KORSUVA.....	134	<i>lancets 30g</i> .....	121	<i>levatio</i> .....	82
KOSELUGO.....	46	<i>lancets 33g</i> .....	121	<i>levetiracetam</i> .....	24
KOVALTRY.....	100	<i>lancets micro thin 33g</i> .....	121	<i>levetiracetam er</i> .....	24
<i>kp aspirin</i> .....	11	LANCETS SUPER THIN.....	121	<i>levobunolol hcl</i> .....	143
<i>kp folic acid</i> .....	103	<i>lancets super thin 28g</i> .....	121	<i>levocarnitine</i> .....	92
K-PHOS NO 2.....	98	<i>lancets thin</i> .....	121	<i>levocarnitine sf</i> .....	92
K-PRIME.....	130	LANCETS ULTRA THIN.....	121	<i>levocetirizine dihydrochloride</i> .....	33
KRAZATI.....	46	<i>lancets ultra thin 30g</i> .....	121	<i>levofloxacin</i> .....	95, 145
KRINTAFEL.....	39	<i>lancing device</i> .....	121	<i>levoleucovorin calcium</i> .....	49
KROGER AUTOLET LANCING		LANOXIN.....	60	<i>levoleucovorin calcium pf</i> .....	49
DEVICE.....	121	<i>lanreotide acetate</i> .....	93	LEVONEST.....	65
KROGER HEALTHPRO		<i>lansoprazole</i> .....	164	<i>levonorgest-eth est &amp; eth est</i> .....	65
CONTROL HI/LO.....	121	<i>lanthanum carbonate</i> .....	97	<i>levonorgest-eth estrad 91-day</i> .....	65
KROGER HEALTHPRO LANCET		LANZO.....	121	<i>levonorgest-eth estradiol-iron</i> .....	65
26G.....	121	<i>lapatinib ditosylate</i> .....	46	<i>levonorgestrel</i> .....	68
<i>croger lancets</i> .....	121	LARIN 1.5/30.....	65	<i>levonorgestrel-ethinyl estrad</i> .....	65
<i>croger lancets 21g</i> .....	121	LARIN 1/20.....	65	<i>levonorg-eth estrad triphasic</i> .....	65
<i>croger lancets micro thin 33g</i> .....	121	LARIN 24 FE.....	65	LEVORA 0.15/30 (28).....	65
<i>croger lancets super thin</i> .....	121	LARIN FE 1.5/30.....	65	<i>levorphanol tartrate</i> .....	12
<i>croger lancets thin</i> .....	121	LARIN FE 1/20.....	65	LEVO-T.....	162
<i>croger lancets thin 26g</i> .....	121	<i>latanoprost</i> .....	148	<i>levothyroxine sodium</i> .....	162
<i>croger lancets ultrathin 30g</i> .....	121	<i>latanoprost-timolol maleate</i> .....	143	LEVOXYL.....	162
<i>croger lancing device</i> .....	121	<i>lavare wound wash</i> .....	86	LEVULAN KERASTICK.....	76
KRYSTEXXA.....	99	LAYOLIS FE.....	65	<i>l-glutamine</i> .....	103
K-TAN PLUS.....	105	LAZCLUZE.....	50	LIBERTY GLUCOSE CONTROL... 121	
KURVELO.....	65	<i>leader advanced lancing device</i> .....	121		





MEDIHOL BASE.....	152	<i>mercaptapurine</i> .....	41	MICRODOT CONTROL	
MEDIHONEY WOUND/BURN		MERZEE.....	65	HIGH/LOW.....	122
DRESSING.....	86	<i>mesalamine</i> .....	96	MICROGESTIN 1.5/30.....	65
MEDIQUE ASPIRIN.....	11	<i>mesalamine er</i> .....	96	MICROGESTIN 1/20.....	65
MEDISENSE GLUCOSE KETONE		MESNEX.....	49	MICROGESTIN FE 1.5/30.....	65
CONTR.....	122	METADATE CD.....	5	MICROGESTIN FE 1/20.....	65
MEDISENSE HI/MID/LOW		METANX FC.....	88	MICROLET LANCETS.....	122
CONTROL.....	122	<i>metdray</i> .....	81	MICROLET NEXT LANCING	
MEDLANCE PLUS EXTRA 21G ...	122	<i>metformin hcl</i> .....	28	DEVICE.....	122
MEDLANCE PLUS LITE 25G.....	122	<i>metformin hcl er</i> .....	28	MICROMATRIX WOUND	
MEDLANCE PLUS SPECIAL		<i>methadone hcl</i> .....	12	POWDER.....	86
0.8MM.....	122	METHADONE HCL INTENSOL.....	12	<i>midazolam hcl</i> .....	107
MEDLANCE PLUS SUPERLITE		METHADOSE.....	12	<i>midazolam hcl (pf)</i> .....	107
30G.....	122	<i>methazolamide</i> .....	89	MIDAZOLAM+SYRSPEND SF.....	107
MEDLANCE PLUS UNIVERSAL		<i>methenamine hippurate</i> .....	38	<i>midodrine hcl</i> .....	168
21G.....	122	<i>methenamine mandelate</i> .....	38	MIEBO.....	148
MEDPREDKIT.....	69	METHERGINE.....	149	<i>mifepristone</i> .....	28
MEDROL.....	69	<i>methimazole</i> .....	162	<i>miglitol</i> .....	27
MEDROLOAN II SUIK.....	69	<i>methitest</i> .....	15	<i>miglustat</i> .....	103
MEDROLOAN SUIK.....	69	<i>methocarbamol</i> .....	140	MILI.....	66
<i>medroxyprogesterone acetate</i> .	68, 154	<i>methotrexate (anti-rheumatic)</i> .....	7	MIMVEY.....	94
<i>mefloquine hcl</i> .....	39	<i>methotrexate sodium</i> .....	41	<i>mineral oil heavy</i> .....	109
<i>megestrol acetate</i> .....	44, 154	<i>methotrexate sodium (pf)</i> .....	41	<i>mini lancing device</i> .....	122
<i>meijer aspirin ec</i> .....	11	<i>methoxsalen rapid</i> .....	76	MINILINK REAL-TIME	
MEIJER LANCETS.....	122	<i>methsuximide</i> .....	25	TRANSMITTER.....	122
MEIJER LANCETS THIN.....	122	<i>methylcobalamin</i> .....	103	MINIMED 630G GUARDIAN	
MEIJER LANCETS UNIVERSAL		<i>methylergonovine maleate</i> .....	149	PRESS.....	122
21G.....	122	<i>methylphenidate</i> .....	5	MINIMED 630G INSULIN PUMP ...	122
MEIJER LANCETS UNIVERSAL		<i>methylphenidate hcl</i> .....	5	MINIMED 770G INSULIN PUMP	
30G.....	122	<i>methylphenidate hcl er</i> .....	5	SYS.....	122
MEIJER LANCETS UNIVERSAL		<i>methylphenidate hcl er (cd)</i> .....	5	MINIMED 780G INSULIN PUMP ...	122
33G.....	122	<i>methylphenidate hcl er (la)</i> .....	5	MINIMED MIO ADVANCE INFUSE	
MEIJER SUPER THIN LANCETS .	122	<i>methylphenidate hcl er (osm)</i> .....	5	SET.....	122
MEKINIST.....	47	<i>methylprednisolone</i> .....	69	MINIMED PUMP RESERVOIR	
MEKTOVI.....	47	<i>methyltestosterone</i> .....	15	3ML.....	122
MELATOL PEDIATRIC		<i>metoclopramide hcl</i> .....	96	MINIMED QUICK SET INF SET	
SLEEP/CALM.....	6	<i>metolazone</i> .....	89	18".....	122
<i>meloxicam</i> .....	8	<i>metoprolol succinate er</i> .....	59	MINIMED QUICK SET INF SET	
<i>melphalan hcl</i> .....	40	<i>metoprolol tartrate</i> .....	59	23".....	122
<i>memantine hcl</i> .....	154	<i>metronidazole</i> .....	37, 83, 167	MINIMED QUICK SET INF SET	
<i>memantine hcl er</i> .....	154	METRONIDAZOLE		32".....	122
MENATROL.....	137	BENZO+SYRSPEND.....	37	MINIMED QUICK SET INF SET	
MENOPUR.....	90	<i>metyrosine</i> .....	36	43".....	122
MENOSTAR.....	95	<i>mexiletine hcl</i> .....	18	MINIMED QUICK-SERTER.....	122
MENQUADFI.....	165	<i>mezparox-hc forte</i> .....	79	MINIMED RESERVOIR 1.8ML.....	122
MENVEO.....	165	MIBELAS 24 FE.....	65	MINIMED RESERVOIR 3ML.....	122
<i>mepерidine hcl</i> .....	12	<i>miconazole 3</i> .....	167	MINIMED SILHOUETTE INF SET	
MEPILEX AG.....	86	MICROCYN SKIN AND WOUND ...	86	32".....	122
MEPSEVII.....	92				



MINIMED SILHOUETTE INF SET			
43" .....	122	MUCOTROL .....	135
<i>minocycline hcl</i> .....	162	MULPLETA .....	104
<i>minoxidil</i> .....	37	MULTAQ .....	18
MIPLYFFA .....	157	MULTIBASE .....	152
MIRENA (52 MG) .....	68	MULTIGEN .....	105
MIRO3D WOUND MATRIX .....	86	MULTIGEN FOLIC .....	105
MIRODERM BIO MATRIX		MULTIGEN PLUS .....	105
FENESTRAT .....	86	<i>multi-lancet device</i> .....	122
MIRODERM BIO MATRIX		MULTI-LANCET DEVICE 2 .....	122
FENESTRAT+ .....	86	<i>multi-peptide serum</i> .....	151
MIROTRACT WOUND MATRIX .....	86	<i>multi-phasic penetrating cmpd</i> .....	152
<i>mirtazapine</i> .....	25, 26	<i>multipro</i> .....	137
<i>misoprostol</i> .....	164	MULTITOL-M .....	137
<i>mitomycin</i> .....	45	<i>multivitamin w/fluoride</i> .....	138
<i>mitoxantrone hcl</i> .....	45	<i>multivitamin/fluoride</i> .....	138
<i>mi-vite rx</i> .....	136	<i>multi-vitamin/fluoride</i> .....	138
<i>mm aspirin</i> .....	11	<i>multi-vitamin/fluoride/iron</i> .....	138
MM LANCING DEVICE .....	122	MULTI-VIT-FLOR .....	138
MM TWIST LANCETS .....	122	<i>mupirocin</i> .....	74
M-M-R II .....	166	<i>mupirocin calcium</i> .....	74
MOBI 2ML CARTRIDGE .....	122	MUSCUSOLICE .....	74
<i>modafinil</i> .....	5	MUTAMYCIN .....	45
MODERNA COVID-19 VAC 6M-		MVASI .....	42
11Y .....	166	MY CHOICE .....	68
<i>moexipril hcl</i> .....	36	MY WAY .....	68
<i>molindone hcl</i> .....	54	MYALEPT .....	92
<i>mometasone furoate</i> .....	79	MYCAPSSA .....	93
MONDOXYNE NL .....	162	<i>mycophenolate mofetil</i> .....	133
MONJUVI .....	43	<i>mycophenolate sodium</i> .....	133
MONOJECT FLUSH SYRINGE ....	131	<i>mycophenolic acid</i> .....	133
MONOJECT SODIUM CHLORIDE		MYCOZYL AL .....	75
FLUSH .....	131	MYDCOMBI .....	143
MONOLET LANCETS .....	122	MYFEMBREE .....	94
MONOLET OPD LANCETS .....	122	MYGLUCOHEALTH CONTROL ...	123
MONOLETTOR SAFETY		MYGLUCOHEALTH LANCETS	
LANCETS .....	122	30G .....	123
MONO-LINYAH .....	66	MYHIBBIN .....	133
<i>monsels ferric subsulfate</i> .....	106	MYLERAN .....	40
<i>montelukast sodium</i> .....	19	MYLOTARG .....	43
<i>morcin</i> .....	132	MYNEPHRON .....	136
<i>morphine sulfate</i> .....	13	MYOBLOC .....	142
<i>morphine sulfate (concentrate)</i> .....	12	MYORISAN .....	73
<i>morphine sulfate er</i> .....	13	MYRBETRIQ .....	165
<i>morphine sulfate-nacl</i> .....	13	MYTESI .....	31
MOUNJARO .....	29	<i>na sulfate-k sulfate-mg sulf</i> .....	108
MOVANTIK .....	97	<i>nabumetone</i> .....	8
<i>moxifloxacin hcl</i> .....	95, 145	<i>nadolol</i> .....	59
<i>moxifloxacin-bromfenac</i> .....	145	NAGLAZYME .....	92
		<i>nalbuphine hcl</i> .....	15
		<i>naloxone hcl</i> .....	31
		NALTREX .....	9
		<i>naltrexone hcl</i> .....	31
		NAMZARIC .....	154
		<i>nanran</i> .....	74
		<i>napro</i> .....	75
		<i>naproxen</i> .....	8
		<i>naproxen sodium</i> .....	8
		<i>naratriptan hcl</i> .....	129
		NARDIL .....	26
		NATACYN .....	145
		NATALVIT .....	139
		NATAZIA .....	66
		<i>nateglinide</i> .....	30
		NATROBA .....	84
		NAYZILAM .....	22
		<i>nebivolol hcl</i> .....	59
		NEBUSAL .....	71
		NECON 0.5/35 (28) .....	66
		<i>nefazodone hcl</i> .....	26
		NEFFY .....	168
		<i>nelarabine</i> .....	41
		<i>nendrix</i> .....	82
		<i>neomycin sulfate</i> .....	6
		<i>neomycin-bacitracin zn-polymyx</i> ....	145
		<i>neomycin-polymyxin b gu</i> .....	98
		<i>neomycin-polymyxin-dexameth</i> ....	147
		<i>neomycin-polymyxin-gramicidin</i> ....	145
		<i>neomycin-polymyxin-hc</i> .....	148
		NEO-POLYCIN .....	145
		NEO-POLYCIN HC .....	147
		NEORAL .....	133
		NEO-SYNALAR .....	74
		NEOTUSS PLUS .....	70
		<i>neo-vital rx</i> .....	139
		<i>neovite</i> .....	137
		NEOX 100 .....	86
		NEOX CORD 1K .....	86
		NEPHPLEX RX .....	136
		NEPHRON FA .....	105
		NEPHRONEX .....	136
		NERLYNX .....	47
		NESTABS .....	139
		NESTABS DHA .....	139
		NEUAC .....	73
		NEUPRO .....	51
		NEUROZYL .....	82
		NEUTEK 2TEK CONTROL .....	123
		<i>nevirapine</i> .....	56, 57

<i>nevirapine er</i> .....	56	<i>nizatidine</i> .....	163	NUCYNTA.....	13
NEW DAY.....	68	<i>nobela</i> .....	82	NUCYNTA ER.....	13
NEXAVIR.....	133	NOCDURNA.....	93	NUEDEXTA.....	157
NEXIUM.....	164	<i>nolira</i> .....	82	<i>nujo</i> .....	81
NEXLETOL.....	35	<i>non gelatin capsules (empty)</i> .....	151	<i>nuju</i> .....	81
NEXLIZET.....	33	NORA-BE.....	69	NULEV.....	163
NEXOBRID.....	80	NORDITROPIN FLEXPRO.....	91	NULIBRY.....	92
NEXPLANON.....	68	<i>norelgestromin-eth estradiol</i> .....	67	NULOJIX.....	133
NEXTSTELLIS.....	66	<i>norethin ace-eth estrad-fe</i> .....	66	NUMBRINO.....	141
NEXVIAZYME.....	92	<i>norethindrone</i> .....	69	NUMOISYN.....	135
<i>niacin er (antihyperlipidemic)</i> .....	35	<i>norethindrone acetate</i> .....	154	NUPLAZID.....	52
NIACOR.....	35	<i>norethindrone acet-ethinyl est</i> .....	66	NURTEC.....	129
NICADAN.....	137	<i>norethindrone-eth estradiol</i> .....	94	NUSHIELD.....	86
NICADAN ZX.....	137	<i>norethindron-ethinyl estrad-fe</i> .....	66	NUTRICAP.....	137
NICAZEL.....	137	<i>norethin-eth estradiol-fe</i> .....	66	NUTRIFAC ZX.....	137
NICAZEL FORTE.....	137	<i>norgestimate-eth estradiol</i> .....	66	NUTRIVIT.....	136
<i>nicotinamide</i> .....	140	<i>norgestim-eth estrad triphasic</i> .....	66	NUVESSA.....	167
<i>nicotine</i> .....	159	NORLYROC.....	69	NUWIQ.....	101
<i>nicotine mini</i> .....	159	<i>normal saline flush</i> .....	131	NUZYRA.....	162
<i>nicotine polacrilex</i> .....	159	NORMLGEL AG.....	86	NYAMYC.....	75
<i>nicotine polacrilex mini</i> .....	159	NORPACE CR.....	18	NYLIA 1/35.....	66
<i>nicotine step 1</i> .....	159	NORTREL 0.5/35 (28).....	66	NYLIA 7/7/7.....	66
<i>nicotine step 2</i> .....	159	NORTREL 1/35 (21).....	66	NYMALIZE.....	60
<i>nicotine step 3</i> .....	159	NORTREL 1/35 (28).....	66	<i>nynutey</i> .....	82
NICOTROL.....	159	NORTREL 7/7/7.....	66	<i>nystatin</i> .....	32, 75, 134
NICOTROL NS.....	160	<i>nortriptyline hcl</i> .....	27	<i>nystatin-triamcinolone</i> .....	75
<i>nifedipine</i> .....	60	NORVASC.....	60	NYSTOP.....	75
<i>nifedipine er</i> .....	60	NORVIR.....	57	OASIS ULTRA TRI-LAYER MATRIX.....	86
<i>nifedipine er osmotic release</i> .....	60	NOURILITE.....	152	OASIS WOUND MATRIX FENESTRATED.....	86
NIFEREX.....	105	NOURIVAN ANTIOX BASE.....	152	OB COMPLETE.....	139
NIKKI.....	66	NOVA MAX PLUS GLU/KET CONTROL.....	123	OB COMPLETE PREMIER.....	139
<i>nilutamide</i> .....	44	NOVA SAFETY LANCETS 23G....	123	OB COMPLETE/DHA.....	139
<i>nimodipine</i> .....	60	NOVA SAFETY LANCETS 28G....	123	<i>obizur</i> .....	101
NINLARO.....	47	NOVA SUREFLEX LANCETS.....	123	OCALIVA.....	95
NIPENT.....	48	NOVA SUREFLEX LANCING DEVICE.....	123	OCCLUVAN.....	152
<i>nisoldipine er</i> .....	60	NOVACHOR.....	86	OCELLA.....	66
<i>nitazoxanide</i> .....	38	NOVAREL.....	90	OCREVUS.....	156
<i>nitisinone</i> .....	92	<i>novavax covid-19 vaccine</i> .....	166	OCREVUS ZUNOVO.....	156
<i>nitrovia</i> .....	140	<i>novite</i> .....	138	OCTAGAM.....	149
NITRO-BID.....	17	NOVOEIGHT.....	101	<i>octreotide acetate</i> .....	93, 94
NITRO-DUR.....	17	NOVOSEVEN RT.....	101	OCUVEL.....	137
<i>nitrofurantoin</i> .....	38	NOXAFIL.....	32	ODACTRA.....	5
<i>nitrofurantoin macrocrystal</i> .....	38	NP THYROID.....	162	ODEFSEY.....	57
<i>nitrofurantoin monohyd macro</i> .....	38	NPLATE.....	104	ODOMZO.....	43
<i>nitroglycerin</i> .....	16, 17	NUBEQA.....	44	OFEV.....	161
NITRO-TIME.....	17	NUCALA.....	18	<i>ofloxacin</i> .....	95, 145, 148
NITYR.....	92	NUCORT.....	79	OGIVRI.....	50
<i>niva thyroid</i> .....	162				
NIVESTYM.....	104				

OGSIVEO.....	47	ONETOUCH DELICA SAFETY		ORENCIA.....	9
OHTUVAYRE.....	20	LANCING.....	123	ORENCIA CLICKJECT.....	9
OJEMDA.....	47	ONETOUCH ULTRA.....	88, 123	ORENITRAM.....	61
OJJAARA.....	47	ONETOUCH ULTRA BLUE TEST...	88	ORENITRAM MONTH 1.....	61
<i>olanzapine</i> .....	53	ONETOUCH ULTRA CONTROL...	123	ORENITRAM MONTH 2.....	61
<i>olanzapine-fluoxetine hcl</i> .....	155	ONETOUCH ULTRA TEST.....	88	ORENITRAM MONTH 3.....	61
<i>olmesartan medoxomil</i> .....	36	ONETOUCH ULTRASOFT 2		ORFADIN.....	92
<i>olmesartan medoxomil-hctz</i> .....	37	LANCETS.....	123	ORGOVYX.....	44
<i>olopatadine hcl</i> .....	148	ONETOUCH VERIO.....	88, 123	ORIAHNN.....	94
OLPRUVA (2 GM DOSE).....	92	<i>onevite</i> .....	137	ORILISSA.....	90
OLPRUVA (3 GM DOSE).....	92	ONGENTYS.....	51	ORKAMBI.....	161
OLPRUVA (4 GM DOSE).....	92	ONIVYDE.....	49	ORLADEYO.....	102
OLPRUVA (5 GM DOSE).....	92	ONPATTRO.....	161	<i>orlistat</i> .....	4
OLPRUVA (6 GM DOSE).....	92	ONTRUZANT.....	50	ORMALVI.....	89
OLPRUVA (6.67 GM DOSE).....	92	ONUREG.....	41	<i>orphenadrine citrate er</i> .....	140
OLUMIANT.....	7	ONYDA XR.....	4	ORSERDU.....	44
OMECLAMOX-PAK.....	164	<i>onzdeaxiademtar</i> .....	73	<i>ortho df</i> .....	105
<i>omega-3-acid ethyl esters</i> .....	33	<i>onzdeaxiademvar</i> .....	73	<i>ortho-folic</i> .....	105
<i>omeprazole</i> .....	164	<i>onzdeaxiatar</i> .....	73	<i>oscimin</i> .....	163
OMEPRAZOLE+SYRSPEND SF		<i>onzdeaxiavar</i> .....	73	<i>oseltamivir phosphate</i> .....	58
ALKA.....	164	<i>onzdeaxiazar</i> .....	73	<i>ostachol</i> .....	105
OMEZA COLLAGEN MATRIX.....	86	<i>onzdeoxia</i> .....	73	OTEZLA.....	9
OMNIBASE.....	152	OPCICON ONE-STEP.....	68	OTOVEL.....	148
OMNIFLEX DIAPHRAGM.....	110	OPDIVO.....	43	OTREXUP.....	7
OMNIPOD 5 DEXG7G6 INTRO		OPDUALAG.....	45	OVACE PLUS.....	77
GEN 5.....	123	OPFOLDA.....	92	<i>oval tape</i> .....	123
OMNIPOD 5 DEXG7G6 PODS		OPILL.....	69	OVIDREL.....	90
GEN 5.....	123	OPIPZA.....	55	<i>oxaliplatin</i> .....	40
OMNIPOD 5 LIBRE2 PLUS G6.....	123	<i>opium</i> .....	31	<i>oxazepam</i> .....	17
OMNIPOD 5 LIBRE2 PLUS G6		OPSUMIT.....	61	<i>oxcarbazepine</i> .....	24
PODS.....	123	OPTION 2.....	68	<i>oxcarbazepine er</i> .....	24
OMNIPOD CLASSIC PODS (GEN		OPTIONS GYNOL II		OXERVATE.....	146
3).....	123	CONTRACEPTIVE.....	167	<i>oxiaice</i> .....	73
OMNIPOD DASH INTRO (GEN 4)	123	OPVEE.....	31	<i>oxianujo</i> .....	81
OMNIPOD DASH PDM (GEN 4)...	123	OPZELURA.....	80	<i>oxiatar</i> .....	73
OMNIPOD DASH PODS (GEN 4).	123	ORA-BLEND.....	151	<i>oxiavar</i> .....	73
OMNIPOD GO.....	123	ORA-BLEND SF.....	151	<i>oxiavarry</i> .....	73
OMNIPOD POD PALS.....	123	ORACIT.....	98	<i>oxiavary</i> .....	73
OMNITROPE.....	91	<i>oral citrate</i> .....	98	<i>oxiazar</i> .....	73
ONCASPAR.....	48	ORALAIR.....	6	<i>oxiconazole nitrate</i> .....	75
<i>ondansetron</i> .....	31	ORALONE.....	135	OXISTAT.....	75
<i>ondansetron hcl</i> .....	31	ORAMAGICRX.....	135	OXLUMO.....	99
ONETOUCH DELICA PLUS		ORAPENN SD ANHYD		<i>oxopid</i> .....	81
LANCET30G.....	123	SWEETENED.....	151	<i>oxopidaxiaqup</i> .....	81
ONETOUCH DELICA PLUS		ORA-PLUS.....	151	<i>oxopod</i> .....	81
LANCET33G.....	123	ORAPRED ODT.....	70	<i>oxybutynin chloride</i> .....	164
ONETOUCH DELICA PLUS		ORA-SWEET.....	151	<i>oxybutynin chloride er</i> .....	164
LANCING.....	123	ORA-SWEET SF.....	151	<i>oxycodone hcl</i> .....	13
		ORAVIG.....	134	<i>oxycodone-acetaminophen</i> .....	14

OXYCONTIN.....	13	PARADIGM SILHOUETTE		<i>peg-3350/electrolytes</i> .....	108
<i>oxymorphone hcl</i> .....	13	COMBO 43".....	123	<i>peg-3350/electrolytes/ascorbic acid</i> .....	108
<i>oxymorphone hcl er</i> .....	13	PARAGARD INTRAUTERINE		PEGASYS.....	58
OXYTROL.....	165	COPPER.....	68	<i>peg-kcl-nacl-nasulf-na asc-c</i> .....	108
OZEMPIC (0.25 OR 0.5		<i>paramox-hc</i> .....	79	PEG-PREP.....	108
MG/DOSE).....	29	PARAPLATIN.....	40	PEMAZYRE.....	47
OZEMPIC (1 MG/DOSE).....	29	<i>paricalcitol</i> .....	92	<i>pemetrexed</i> .....	41
OZEMPIC (2 MG/DOSE).....	29	<i>paroxetine hcl</i> .....	26	<i>pemetrexed disodium</i> .....	41
OZOBAX DS.....	140	<i>paroxetine mesylate</i> .....	161	<i>pemetrexed ditromethamine</i> .....	41
PACERONE.....	18	PARSABIV.....	93	PEMFEXY.....	41
<i>paclitaxel</i> .....	49	PAVBLU.....	144	PEMGARDA.....	150
<i>paclitaxel protein-bound part</i> .....	49	PAXLOVID (150/100).....	57	PEMRYDI RTU.....	41
PADCEV.....	43	PAXLOVID (300/100).....	57	PENBRAYA.....	165
PALFORZIA (12 MG DAILY DOSE) ..	6	<i>pazopanib hcl</i> .....	47	PENCREAM.....	153
PALFORZIA (120 MG DAILY		<i>p-care k40g</i> .....	70	<i>penderm</i> .....	153
DOSE).....	6	<i>p-care k80g</i> .....	70	<i>penicillamine</i> .....	131
PALFORZIA (160 MG DAILY		PCCA ACACIA SYRUP BASE.....	151	<i>penicillin v potassium</i> .....	150
DOSE).....	6	PCCA ALADERM BASE.....	152	<i>pensomal</i> .....	153
PALFORZIA (20 MG DAILY DOSE) ..	6	PCCA ANHYDROUS BASE.....	152	<i>pentamidine isethionate</i> .....	37
PALFORZIA (200 MG DAILY		PCCA ANHYDROUS LIPODERM		PENTASA.....	96
DOSE).....	6	BASE.....	152	<i>pentazocine-naloxone hcl</i> .....	15
PALFORZIA (240 MG DAILY		PCCA BIOPEPTIDE BASE.....	152	<i>pentosan polysulfate sodium</i> .....	98
DOSE).....	6	PCCA COBASE #1.....	152	<i>pentoxifylline er</i> .....	102
PALFORZIA (3 MG DAILY DOSE) ...	6	PCCA COSMETIC HRT BASE.....	152	PERFECT LANCETS 28G.....	123
PALFORZIA (300 MG		PCCA CUSTOM LIPO-MAX.....	152	PERFECT LANCETS 30G.....	123
MAINTENANCE).....	6	PCCA ELLAGE VAGINAL.....	152	PERFECT POINT SAFETY	
PALFORZIA (300 MG TITRATION) ...	6	PCCA HYDRABASE SB CUSTOM		LANCETS.....	123
PALFORZIA (40 MG DAILY DOSE) ..	6	BASE.....	152	<i>perindopril erbumine</i> .....	36
PALFORZIA (6 MG DAILY DOSE) ...	6	PCCA LIPODERM BASE.....	152	PERIOGARD.....	134
PALFORZIA (80 MG DAILY DOSE) ..	6	PCCA LIPOSOMIC BASE DRY ....	152	PERJETA.....	50
PALFORZIA INITIAL		PCCA LIPOSOMIC BASE		<i>permethrin</i> .....	84
ESCALATION.....	6	NORMAL.....	152	<i>perphenazine</i> .....	54
PALINGEN HYDROMEMBRANE ...	87	PCCA LIPOSOMIC BASE OILY ....	153	<i>perphenazine-amitriptyline</i> .....	155
PALINGEN MEMBRANE.....	87	PCCA LIPOSOMIC BASE		PERSERIS.....	53
PALINGEN XPLUS		SENSITIVE.....	153	PETROLEUM GAUZE NON-	
HYDROMEMBRANE.....	87	PCCA MVC BASE.....	153	WOVEN 3X9".....	87
PALINGEN XPLUS MEMBRANE ...	87	PCCA NATACREAM.....	153	PFIZER COVID-19 VAC-TRIS 5-	
<i>paliperidone er</i> .....	53	PCCA POLYPEG BASE.....	153	11Y.....	166
PALYNZIQ.....	92	PCCA PRACASIL TM-PLUS BASE		<i>pfizer covid-19 vac-tris 6m-4y</i> .....	166
PANDEL.....	79	.....	153	PHARMABASE COSMETIC.....	153
PANHEMATIN.....	102	PCCA SWEET-SF.....	151	PHARMABASE HEAVY.....	153
PANRETIN.....	76	PCCA SYRUP VEHICLE.....	151	PHARMACIST CHOICE LANCETS	
<i>pantoprazole sodium</i> .....	164	PCCA VANISHING CREAM BASE.....	153	.....	123
PANZYGA.....	149	PCCA VANISHING CREAM LIGHT		PHARMACIST CHOICE TSX.....	82
<i>papaverine hcl</i> .....	61	.....	153	PHARMACY COUNTER LANCETS	
PARADIGM REAL-TIME		PCCA VANPEN BASE.....	153	.....	123
TRANSMITTER.....	123	PCCA-PLUS.....	151	PHEBURANE.....	93
PARADIGM SILHOUETTE		PEDMARK.....	49	<i>phedrax</i> .....	75
COMBO 23".....	123	<i>peg 3350-kcl-na bicarb-nacl</i> .....	108	PHENAZO.....	99

<i>phenazopyridine hcl</i> .....	99	PLEGRIDY STARTER PACK.....	156	PRADAXA.....	22
<i>phendimetrazine tartrate</i> .....	3	<i>plenura</i> .....	79	PRAKETAMIDE.....	74
<i>phenelzine sulfate</i> .....	26	PLENVU.....	108	<i>pramipexole dihydrochloride</i> .....	51
<i>phenobarbital</i> .....	107	<i>plerixafor</i> .....	105	PRAMOSONE.....	79
<i>phenoxybenzamine hcl</i> .....	36	PLO GEL - MEDIFLO.....	153	PRAMOTIC.....	148
<i>phentermine hcl</i> .....	3	PLO GEL - MEDIFLO 30.....	153	<i>prasugrel hcl</i> .....	103
<i>phenylephrine hcl</i> .....	61, 143	PLO GEL - MEDIFLO 30 PRE- MIXED.....	153	<i>pravastatin sodium</i> .....	35
<i>phenylephrine hcl-nacl</i> .....	168	PLO GEL - MEDIFLO PRE-MIXED.....	153	<i>praziquantel</i> .....	16
PHENYTEK.....	25	PLO20 FLOWABLE.....	153	<i>prazosin hcl</i> .....	36
<i>phenytoin</i> .....	25	PLO20 NON-FLOWABLE.....	153	PRECISION GLUCOSE KETONE CONTR.....	123
PHENYTOIN INFATABS.....	25	PNEUMOVAX 23.....	165	PRECISION XTRA BLOOD GLUCOSE.....	88
<i>phenytoin sodium extended</i> .....	25	<i>pnv prenatal plus multivit+dha</i> .....	139	PRECISION XTRA- GLUCOSE/KETONE.....	123
<i>pheodooyo</i> .....	75	<i>pnv-dha</i> .....	139	<i>prednisol ace-moxiflox-bromfen</i> .....	147
<i>pheoxia</i> .....	75	<i>pnv-dha+docusate</i> .....	139	<i>prednisolone</i> .....	70
PHESGO.....	45	<i>pnv-omega</i> .....	139	<i>prednisolone acetate</i> .....	147
PHEXXI.....	167	<i>pnv-select</i> .....	139	<i>prednisolone acetate p-f</i> .....	147
PHILITH.....	66	POCKETCHEM EZ CONTROL.....	123	<i>prednisolone acetate-nepafenac</i> .....	147
PHOSPHA 250 NEUTRAL.....	130	<i>pod-care 100cg</i> .....	70	<i>prednisolone acet-moxifloxacin</i> .....	147
PHOSPHOLINE IODIDE.....	144	<i>pod-care 100kg</i> .....	70	<i>prednisolone sodium phosphate</i> .....	70, 147
<i>phosphorous</i> .....	130	PODOCON-25.....	81	<i>prednisolone-bromfenac</i> .....	147
PHOSPHO-TRIN 250 NEUTRAL...130		<i>podofilox</i> .....	81	<i>prednisolone-gatifloxacin</i> .....	147
PHOSPHO-TRIN K500.....	130	<i>podoxia</i> .....	81	<i>prednisolone-moxifloxacin</i> .....	147
PHOTREXA-PHOTREXA		<i>podprog</i> .....	81	<i>prednisolon-gatiflox-bromfenac</i> .....	147
VISCOUS KIT.....	146	<i>podprogtar</i> .....	81	<i>prednisolon-moxiflox-bromfenac</i> ....	147
<i>phoxillum b22k4/0</i> .....	131	<i>podtar</i> .....	81	<i>prednisolon-moxiflox-ketorolac</i> .....	147
<i>phoxillum bk4/2.5</i> .....	131	<i>polidocanol</i> .....	134	<i>prednisolon-moxiflox-nepafenac</i> ....	147
<i>physicians ez use joint/tunnel</i> .....	70	POLIVY.....	43	<i>prednisone</i> .....	70
PHYSIOLYTE.....	133	POLYCIN.....	145	PREDNISONONE INTENSOL.....	70
PHYSIOSOL IRRIGATION.....	133	<i>poly-iron 150 forte</i> .....	105	<i>preferred plus lancets colored</i> .....	123
PHYTOBASE.....	153	<i>polymyxin b-trimethoprim</i> .....	145	<i>preferred plus lancets thin</i> .....	124
<i>phytonadione</i> .....	168	<i>polysaccharide iron forte</i> .....	105	<i>pregabalin</i> .....	24
<i>pidprogtar</i> .....	81	POLY-VI-FLOR.....	138	<i>pregen dha</i> .....	139
<i>pilocarpine hcl</i> .....	135, 144	POLY-VI-FLOR/IRON.....	138	PREGNYL.....	90
<i>pimecrolimus</i> .....	81	POMALYST.....	44	PREHEVBRIO.....	167
<i>pimozide</i> .....	157	POMBILITI.....	93	PREMARIN.....	95, 168
PIMTREA.....	66	PORTIA-28.....	66	PREMESISRX.....	139
<i>pindolol</i> .....	59	PORTRAZZA.....	50	<i>premium lidocaine</i> .....	82
<i>pioglitazone hcl</i> .....	30	<i>posaconazole</i> .....	32	<i>premium scar</i> .....	82
<i>pioglitazone hcl-metformin hcl</i> .....	28	<i>pot &amp; sod cit-cit ac</i> .....	98	PREMPHASE.....	95
PIP GLUCOSE CONTROL SOLUTION.....	123	<i>potassium chloride</i> .....	131	PREMPRO.....	95
<i>pip lancets 28g</i> .....	123	<i>potassium chloride crys er</i> .....	130	<i>prena 1 true</i> .....	139
<i>pip lancets 30g</i> .....	123	<i>potassium chloride er</i> .....	131	<i>prena1</i> .....	139
PIQRAY (200 MG DAILY DOSE)....47		<i>potassium citrate er</i> .....	98	<i>prena1 pearl</i> .....	139
PIQRAY (250 MG DAILY DOSE)....47		<i>potassium iodide (expectorant)</i> .....	71	<i>prenaissance</i> .....	139
PIQRAY (300 MG DAILY DOSE)....47		POTELIGEO.....	43	<i>prenaissance plus</i> .....	139
<i>pirfenidone</i> .....	161	<i>povidone-iodine</i> .....	145		
<i>piroxicam</i> .....	8	PR BENZOYL PEROXIDE.....	73		
PLEGRIDY.....	156	PR CREAM.....	83		



<i>prenatal 19</i> .....	139	PRODIGY LANCING DEVICE .....	124	PURAPLY ANTIMICROBIAL	
PRENATAL-U.....	139	PRODIGY SAFETY LANCETS		3X4CM.....	87
PRENATOL-M.....	139	26G.....	124	PURAPLY ANTIMICROBIAL	
PREPIDIL.....	149	PRODIGY TWIST TOP LANCETS		4X4CM.....	87
<i>prepiiv supply</i> .....	82	28G.....	124	PURAPLY ANTIMICROBIAL	
PRESERA.....	83	PROFILNINE.....	101	5X5CM.....	87
PREVALITE.....	33	<i>profola</i> .....	137	PURAPLY ANTIMICROBIAL	
PREVIDENT 5000 ENAMEL		<i>progesterone</i> .....	154	6X9CM.....	87
PROTECT.....	135	<i>progesterone micronized</i> .....	154	PURAPLY ANTIMICROBIAL	
PREVIDENT 5000 KIDS.....	135	PROGRAF.....	133	8X16CM.....	87
PREVIDENT 5000 SENSITIVE.....	135	PROLASTIN-C.....	161	PURAPLY XT ANTIMICROBIAL.....	87
PREVIDOLRX ANALGESIC.....	8	PROLEUKIN.....	49	PURAPLY XT ANTIMICROBIAL	
PREVNAR 20.....	165	PROLIA.....	90	5X5CM.....	87
PREVYMIS.....	57	PROMACTA.....	104	PURAPLY XT ANTIMICROBIAL	
PREZISTA.....	57	<i>promethazine hcl</i> .....	33	6X9CM.....	87
PRIALT.....	9	<i>promethazine vc</i> .....	70	<i>purazil</i> .....	76
PRIFTIN.....	39	<i>promethazine-codeine</i> .....	70	<i>pure comfort lancets 30g</i> .....	124
<i>primaquine phosphate</i> .....	39	<i>promethazine-dm</i> .....	70	<i>purevit dualfe plus</i> .....	105
<i>primidone</i> .....	24	<i>promethazine-phenylephrine</i> .....	70	PURIXAN.....	41
PRIORIX.....	167	PROMETHEGAN.....	33	<i>px advanced lancing device</i> .....	124
PRISMASOL B22GK 4/0.....	131	PROMETRIUM.....	154	<i>px lancets microthin 33g</i> .....	124
PRISMASOL BGK 0/2.5.....	131	PRONAL.....	80	<i>px lancets ultra thin 28g</i> .....	124
PRISMASOL BGK 2/0.....	131	<i>prooxia</i> .....	83	<i>pyrazinamide</i> .....	39
PRISMASOL BGK 2/3.5.....	131	<i>propafenone hcl</i> .....	18	<i>pyridostigmine bromide</i> .....	39
PRISMASOL BGK 4/0/1.2.....	131	<i>propafenone hcl er</i> .....	18	<i>pyridoxine hcl</i> .....	168
PRISMASOL BGK 4/2.5.....	131	<i>proparacaine hcl</i> .....	146	<i>pyrimethamine</i> .....	39
PRISMASOL BK 0/0/1.2.....	132	PROPEL.....	141	<i>pyrimethamine-leucovorin</i> .....	38
PRIVIGEN.....	149	PROPEL MINI.....	141	PYRUKYND.....	103
<i>pro comfort lancets 30g</i> .....	124	PROPEL MINI SDS.....	141	PYRUKYND TAPER PACK.....	103
<i>pro comfort lancets 31g</i> .....	124	<i>propranolol hcl</i> .....	59	QALSODY.....	142
<i>pro comfort safety lancets 30g</i> .....	124	<i>propranolol hcl er</i> .....	59	QBRELIS.....	36
<i>pro hers rx</i> .....	140	<i>propylthiouracil</i> .....	162	QBREXZA.....	83
<i>pro his rx</i> .....	140	PROVIDA OB.....	139	<i>qc advanced lancing device</i> .....	124
<i>pro pcos rx</i> .....	140	<i>pseudoeph-bromphen-dm</i> .....	70	<i>qc aspirin</i> .....	11
<i>probenecid</i> .....	99	<i>p-siloxan ds</i> .....	153	<i>qc aspirin low dose</i> .....	11
<i>probichew</i> .....	31	PSORIZIDE FORTE.....	132	<i>qc childrens aspirin</i> .....	11
PROCENTRA.....	3	PSORIZIDE ULTRA.....	132	<i>qc enteric aspirin</i> .....	11
<i>prochlorperazine</i> .....	54	PULMOZYME.....	161	<i>qc folic acid</i> .....	103
<i>prochlorperazine maleate</i> .....	54	PURAPLY.....	87	<i>qc lancets super thin 30g</i> .....	124
PROCORT.....	16	PURAPLY 1.6CM.....	87	<i>qc lancets ultra thin</i> .....	124
PROCTOCORT.....	16	PURAPLY ANTIMICRO		<i>qc nicotine transdermal system</i> .....	160
PROCTOFOAM HC.....	16	3.76X3.76CM.....	87	<i>qc unilet lancets 28g</i> .....	124
PROCTO-MED HC.....	16	PURAPLY ANTIMICROBIAL		<i>qc unilet lancets micro thin</i> .....	124
PROCTOSOL HC.....	16	2X2CM.....	87	QDOLO.....	13
PROCTOZONE-HC.....	16	PURAPLY ANTIMICROBIAL		QELBREE.....	4
PROCYSBI.....	98	2X4CM.....	87	QINLOCK.....	47
PRODIGY CONTROL SOLUTION	124	PURAPLY ANTIMICROBIAL		QNASL.....	141
PRODIGY COUNT-A-DOSE.....	124	3.02CM.....	87	QNASL CHILDRENS.....	141
PRODIGY LANCETS 28G.....	124			<i>quad-mix</i> .....	61



<i>quazepam</i> .....	107	<i>rалoxifene hcl</i> .....	91	RELISTOR.....	97
<i>quetiapine fumarate</i> .....	53	<i>ramipril</i> .....	36	<i>relnate dha</i> .....	139
<i>quetiapine fumarate er</i> .....	53	<i>ranolazine er</i> .....	16	REMEDIENT.....	137
QUFLORA FE.....	137	RAPAMUNE.....	133	RENACIDIN.....	98
QUFLORA FE PEDIATRIC.....	138	<i>rasagiline mesylate</i> .....	51	RENAL.....	136
QUFLORA PEDIATRIC.....	138	RAVICTI.....	93	RENATABS.....	136
QUICK-SERTER INSERTION		RAYALDEE.....	93	RENATABS WITH IRON.....	136
DEVICE.....	124	REACT.....	68	RENFLEXIS.....	96
QUICKTEK CONTROL SOLUTION		READYLANCE SAFETY		<i>repaglinide</i> .....	30
.....	124	LANCETS.....	124	REPATHA.....	35
<i>quidroxzar</i> .....	76	<i>reality lancets</i> .....	124	REPATHA PUSHTRONEX	
<i>quihoxaxia</i> .....	76	REALITY LATEX CONDOMS.....	110	SYSTEM.....	35
<i>quihoxvar</i> .....	76	REALITY LATEX/ULTRA		REPATHA SURECLICK.....	35
QUILLICHEW ER.....	5	TEXTURED.....	110	<i>resorcinol-sulfur</i> .....	73
QUILLIVANT XR.....	5	REALITY LATEX/ULTRA THIN.....	110	RESTASIS.....	145
<i>quinapril hcl</i> .....	36	<i>reality trigger lancets</i> .....	124	RESTASIS MULTIDOSE.....	145
<i>quinapril-hydrochlorothiazide</i> .....	37	REBIF.....	156	RESTORA RX.....	31
<i>quinidine gluconate er</i> .....	18	REBIF REBIDOSE.....	156	RESTORE SILVER DRESSING.....	87
<i>quinidine sulfate</i> .....	18	REBIF REBIDOSE TITRATION		RETACRIT.....	104
<i>quinine sulfate</i> .....	39	PACK.....	156	RETEVMO.....	47
QUINTET CONTROL		REBIF TITRATION PACK.....	156	RETROVIR.....	57
HIGH/NORMAL.....	124	REBINYN.....	101	REVCOVI.....	93
QULIPTA.....	129	REBLOZYL.....	104	REVLIMID.....	132
QUTENZA.....	83	REBYOTA.....	97	REXALL LANCETS ULTRA THIN	
QUTENZA (2 PATCH).....	83	RECEDO.....	84	30G.....	124
QUTENZA (4 PATCH).....	83	RECLIPSEN.....	66	REXTOVY.....	31
<i>ra aspirin</i> .....	11	RECOMBINATE.....	101	REXULTI.....	55
<i>ra aspirin adult low dose</i> .....	11	RECOMBIVAX HB.....	167	REYATAZ.....	57
<i>ra aspirin adult low strength</i> .....	11	RECORLEV.....	89	REYVOW.....	129
<i>ra aspirin childrens</i> .....	11	RECOTHROM.....	106	REZDIFFRA.....	96
<i>ra aspirin ec</i> .....	11	RECOTHROM SPRAY KIT.....	106	REZLIDHIA.....	47
<i>ra aspirin ec adult low st</i> .....	11	RECURA.....	75	REZUROCK.....	132
RA E-ZJECT LANCETS 28G.....	124	REFUAH PLUS GLUCOSE		RHEOSPRAY.....	151
RA E-ZJECT LANCETS THIN 26G.....	124	CONTROL.....	124	RHOPRESSA.....	146
RA E-ZJECT LANCETS THIN 28G.....	124	REGIOCIT.....	132	RIABNI.....	43
RA E-ZJECT LANCETS ULTRA		REGRANEX.....	87	<i>ribavirin</i> .....	58
THIN.....	124	RELENZA DISKHALER.....	58	RIDAURA.....	7
<i>ra folic acid</i> .....	103	RELION LANCET DEVICES 30G.....	124	<i>rifabutin</i> .....	39
<i>ra mini nicotine</i> .....	160	RELION LANCETS.....	124	<i>rifampin</i> .....	39
<i>ra nicotine</i> .....	160	RELION LANCETS MICRO-THIN		RIFAMPIN+SYRSPEND SF.....	39
<i>ra nicotine gum</i> .....	160	33G.....	124	RIGHTEST ALTERNATE SITE	
<i>ra nicotine polacrilex</i> .....	160	RELION LANCETS THIN 26G.....	124	ADAPT.....	124
<i>ra pain relief aspirin</i> .....	11	RELION LANCETS ULTRA-THIN		RIGHTEST GC300 CONTROL.....	124
<i>rabeprazole sodium</i> .....	164	30G.....	124	RIGHTEST GD500 LANCING	
RADIAURA.....	79	RELION LANCING DEVICE.....	124	DEVICE.....	124
RADICAVA ORS.....	142	RELION ULTRA THIN LANCETS		RIGHTEST GL300 LANCETS.....	124
RADICAVA ORS STARTER KIT... ..	142	30G.....	124	<i>riluzole</i> .....	142
RADIOGARDASE.....	31	RELION ULTRA THIN PLUS		<i>rimantadine hcl</i> .....	58
RAGWITEK.....	6	LANCETS.....	124	<i>ringers irrigation</i> .....	133

RINVOQ.....	7	<i>salimez forte</i> .....	81	SEROSTIM.....	91
RINVOQ LQ.....	7	<i>saline bacteriostatic</i> .....	151	<i>sertraline hcl</i> .....	26
<i>risedronate sodium</i> .....	90	<i>saline flush</i> .....	131	<i>se-tan plus</i> .....	105
<i>risperidone</i> .....	53	<i>salt durable cream</i> .....	153	SETLAKIN.....	66
<i>risperidone microspheres er</i> .....	53	SALT STABLE LS ADVANCED.....	153	<i>sevelamer carbonate</i> .....	97
<i>ritonavir</i> .....	57	SALTSTABLE LO.....	153	<i>sevelamer hcl</i> .....	97
RITUXAN.....	43	SALVAX DUO PLUS.....	81	SEVENFACT.....	101
RITUXAN HYCELA.....	45	SALYCIM.....	81	<i>sevoflurane</i> .....	98
<i>rivastigmine</i> .....	155	SANARE ADVANCED SCAR		<i>sf</i> .....	135
<i>rivastigmine tartrate</i> .....	155	THERAPY.....	153	<i>sf 5000 plus</i> .....	135
RIVELSA.....	66	<i>sanare scar therapy</i> .....	153	SFROWASA.....	96
RIVFLOZA.....	99	SANCUSO.....	32	SHAROBEL.....	69
<i>rixubis</i> .....	101	SANDIMMUNE.....	133	SHINGRIX.....	167
<i>rizatriptan benzoate</i> .....	129	SANDOSTATIN LAR DEPOT.....	94	SIDEROL.....	137
<i>roaxia</i> .....	76	SANTYL.....	80	SIGNIFOR.....	94
ROCKLATAN.....	146	SAPHNELO.....	134	SIGNIFOR LAR.....	94
<i>roflumilast</i> .....	19	SAPHRIS.....	54	SIKLOS.....	103
<i>romidepsin</i> .....	47	<i>sapropterin dihydrochloride</i> .....	93	<i>sildenafil citrate</i> .....	61, 62
<i>ropinirole hcl</i> .....	51	<i>saps health plus lancets</i> .....	125	SILHOUETTE 23" INFUSION SET	125
<i>ropinirole hcl er</i> .....	51	<i>saps health twist top lancets</i> .....	125	SILHOUETTE 43" INFUSION SET	125
<i>rosuvastatin calcium</i> .....	35	<i>saps twist top lancets</i> .....	125	SILHOUETTE INFUSION SET 18"	125
ROTARIX.....	167	<i>sapscare twist top lancets</i> .....	125	SILIGENTLE AG FOAM	
ROTATEQ.....	167	SARCLISA.....	43	DRESSING.....	88
ROWEEPRA.....	24	<i>saroxia</i> .....	73	SILIGENTLE AG SILVER FOAM	
ROXYBOND.....	13	SAXENDA.....	4	DRES.....	88
ROZLYTREK.....	47	<i>sb aspirin</i> .....	11	<i>silodosin</i> .....	98
RUBRACA.....	47	<i>sb aspirin ec</i> .....	11	<i>silprotex plus</i> .....	153
RUCONEST.....	102	<i>sb childrens aspirin</i> .....	11	SIL-SERTER INSERTION DEVICE	
<i>rufinamide</i> .....	24	<i>sb lancets thin</i> .....	125	.....	125
RUKOBIA.....	57	<i>sb lancets ultra thin</i> .....	125	<i>silver nitrate</i> .....	77
<i>rumilo</i> .....	73	<i>sb low dose asa ec</i> .....	11	<i>silver sulfadiazine</i> .....	77
RUXIENCE.....	43	SCALACORT DK.....	79	SILVERSEAL HYDROGEL	
RYBELSUS.....	29	SCARZEN SKIN REPAIR.....	79	DRESSING.....	88
RYBREVANT.....	43	SCEMBLIX.....	47	SIMBRINZA.....	144
RYDAPT.....	47	<i>scopolamine</i> .....	32	SIMLANDI (1 PEN).....	7
RYLAZE.....	48	SECUADO.....	54	SIMLANDI (2 PEN).....	7
RYPLAZIM.....	102	<i>select-lite devicelancets</i> .....	125	SIMLIYA.....	66
RYSTIGGO.....	132	<i>select-lite lancing device</i> .....	125	SIMPESSE.....	66
RYTARY.....	51	SELECT-OB.....	139	SIMPLE DIAGNOSTICS LANCING	
RYTELO.....	47	SELECT-OB+DHA.....	139	DEV.....	125
<i>sa3 derm</i> .....	153	<i>selegiline hcl</i> .....	51	SIMPONI.....	7
<i>safety lancet 30g/pressure act</i> .....	125	<i>selenium sulfide</i> .....	77	SIMPONI ARIA.....	7
SAFETY LANCETS.....	125	SELZENTRY.....	57	SIMULECT.....	133
SAFETY LANCETS 21G.....	125	SEMGLEE (YFGN).....	30	<i>simvastatin</i> .....	35
SAFETY LANCETS 23G.....	125	<i>se-natal 19</i> .....	139	SINGLE-LET.....	125
<i>safety lancets 28g</i> .....	125	SEN-SERTER.....	125	SINUVA.....	141
SAJAZIR.....	101	SERAQUA.....	151	<i>sirolimus</i> .....	133
<i>salicylic acid</i> .....	81	SEREVENT DISKUS.....	20	SIRTURO.....	39
<i>salimez</i> .....	81	SERNIVO.....	79	SIVEXTRO.....	38

SKYCLARYS .....	142	SOLIQUA .....	28	STRIBILD .....	57
SKYLA .....	68	SOLIRIS .....	102	STRIVERDI RESPIMAT .....	20
SKYRIZI .....	76, 96, 97	SOLOSEC .....	6	STROVITE FORTE .....	137
SKYRIZI PEN .....	76	SOLTAMOX .....	44	STROVITE ONE .....	137
SKYTROFA .....	91	SOLUS V2 CONTROL .....	125	SUBLOCADE .....	15
<i>skyy derm</i> .....	153	SOLUS V2 LANCETS 28G .....	125	SUCRAID .....	88
SLYND .....	69	SOLUS V2 LANCING DEVICE .....	125	<i>sucrafate</i> .....	164
<i>sm aspirin adult low strength</i> .....	11	SOLUS V2 TWIST LANCETS 30G .....	125	SUFLAVE .....	108
<i>sm aspirin ec</i> .....	11	SOLYDRA .....	151	<i>sulfacetamide sodium</i> .....	77, 145
<i>sm aspirin ec low strength</i> .....	11	SOMATULINE DEPOT .....	94	<i>sulfacetamide sodium (acne)</i> .....	73
<i>sm aspirin low dose</i> .....	11	SOMAVERT .....	90	<i>sulfacetamide sodium-sulfur</i> .....	73
<i>sm folic acid</i> .....	103	SOOTHEE .....	83	<i>sulfacetamide sod-sulfur wash</i> .....	73
<i>sm lancets 33g</i> .....	125	<i>sorafenib tosylate</i> .....	47	<i>sulfacetamide-prednisolone</i> .....	147
<i>sm nicotine</i> .....	160	<i>sorixia</i> .....	73	<i>sulfacetamide-sulfur in urea</i> .....	73
<i>sm nicotine polacrilex</i> .....	160	<i>sotalol hcl</i> .....	59	<i>sulfadiazine</i> .....	161
SM TRUEDRAW LANCING DEVICE .....	125	<i>sotalol hcl (af)</i> .....	59	<i>sulfamethoxazole-trimethoprim</i> .....	37
SMART DIABETES VANTAGE LANCING .....	125	SOTYKTU .....	76	SULFAMYLON .....	77
SMART SENSE COLOR LANCETS 33G .....	125	SOTYLIZE .....	59	<i>sulfasalazine</i> .....	97
SMART SENSE STANDARD LANCETS .....	125	SOVALDI .....	58	SULFATRIM PEDIATRIC .....	37
SMART SENSE SUPER THIN LANCETS .....	125	SOVUNA .....	39	<i>sulindac</i> .....	8
SMART SENSE THIN LANCETS 26G .....	125	SPEEDGEL RX .....	132	<i>sumatriptan</i> .....	129
SMARTEST CONTROL MEDIUM .....	125	SPEVIGO .....	76	<i>sumatriptan succinate</i> .....	129, 130
SMARTEST LANCETS 28G .....	125	SPIKEVAX .....	167	<i>sumatriptan succinate refill</i> .....	129
<i>sod fluoride-potassium nitrate</i> .....	135	<i>spinosad</i> .....	84	<i>sunitinib malate</i> .....	47
<i>sodium chloride</i> .....	71, 98, 131	SPINRAZA .....	142	SUNLENCA .....	57
<i>sodium chloride (pf)</i> .....	131	SPIRIVA HANDIHALER .....	19	SUNOSI .....	4
<i>sodium chloride bacteriostatic</i> .....	151	SPIRIVA RESPIMAT .....	19	<i>super bi-mix</i> .....	61
<i>sodium chloride flush</i> .....	131	<i>spironolactone</i> .....	89	<i>super quad-mix</i> .....	61
<i>sodium citrate</i> .....	20	<i>spironolactone-hctz</i> .....	89	<i>super thin lancets</i> .....	125
<i>sodium fluoride</i> .....	130, 135	SPRAVATO (56 MG DOSE) .....	26	<i>super tri-mix</i> .....	61
<i>sodium fluoride 5000 enamel</i> .....	135	SPRAVATO (84 MG DOSE) .....	26	SUPERVITE .....	136
<i>sodium fluoride 5000 plus</i> .....	135	SPRINTEC 28 .....	66	<i>support</i> .....	137
<i>sodium fluoride 5000 ppm</i> .....	135	SPS (SODIUM POLYSTYRENE SULF) .....	134	SUPPRELIN LA .....	91
<i>sodium fluoride 5000 sensitive</i> .....	135	SRONYX .....	66	<i>supreme ii high/low control</i> .....	125
<i>sodium iodide i-131</i> .....	162	SSD .....	77	<i>sure comfort lancets 18g</i> .....	125
<i>sodium oxybate</i> .....	154	ST JOSEPH ASPIRIN .....	12	<i>sure comfort lancets 21g</i> .....	125
<i>sodium phenylbutyrate</i> .....	93	ST JOSEPH LOW DOSE .....	12	<i>sure comfort lancets 23g</i> .....	125
<i>sodium polystyrene sulfonate</i> .....	133	STELARA .....	77, 97	<i>sure comfort lancets 28g</i> .....	125
SOGROYA .....	91	STERILANCE TL .....	125	<i>sure comfort lancets 30g</i> .....	125
SOHONOS .....	141	STERILE TOPICAL L.E.T. GEL .....	83	<i>sure comfort lancing pen</i> .....	125
SOLESTA .....	132	<i>sterile water for irrigation</i> .....	133	<i>sure result o3d3 system</i> .....	33
<i>solifenacin succinate</i> .....	165	STIOLTO RESPIMAT .....	20	SURE T INFUSION SET 18"/6MM .....	125
		STIVARGA .....	47	SURE T INFUSION SET 23"/10MM .....	125
		STRATA CTX .....	83	SURE T INFUSION SET 23"/6MM .....	125
		STRATA XRT .....	83	SURE T INFUSION SET 23"/8MM .....	126
		STRAVIX .....	88	SURE T INFUSION SET 32"/10MM .....	126
		STRENSIQ .....	93	SURE T INFUSION SET 32"/6MM .....	126
		<i>streptococcinum 30c</i> .....	132		

SURE T INFUSION SET 32"/8MM	126	TABRECTA	47	TECHLITE LANCETS 26G	126
SURELITE LANCETS	126	TACHOSIL	106	TEGLUTIK	142
SURGICEL FIBRILLAR	106	<i>tacrolimus</i>	81, 133	TEGRETOL	24
SURGICEL NU-KNIT	106	<i>tadalafil</i>	61	TEGRETOL-XR	24
SURGICEL SNOW 1"X2"	106	<i>tadalafil (pah)</i>	62	<i>telmisartan</i>	36
SURGICEL SNOW 2"X4"	106	TAFINLAR	47	<i>telmisartan-hctz</i>	37
SURGICEL SNOW 4"X4"	106	<i>tafluprost (pf)</i>	148	<i>temazepam</i>	107
SURGIFOAM	106	TAGRISSO	50	TEMBEXA	58
SUSPENDRX W/BITTERBLOC		TAI DOC CONTROL	126	TEMODAR	40
SWEET	151	TAKE ACTION	68	<i>temozolomide</i>	40
SUSPENDRX W/BITTERBLOC		TAKHZYRO	102	<i>temsirolimus</i>	47
UNSWEET	151	TALICIA	164	TENCON	9
SUSVIMO (IMPLANT 1ST FILL)	144	TALIVA	105	TENIVAC	163
SUSVIMO (IMPLANT REFILL)	144	TALTZ	77	<i>tenofovir disoproxil fumarate</i>	57
SUTAB	108	TALZENNA	47	TEPEZZA	94
SX1 MEDICATED POST- OPERATIVE	83	<i>tamoxifen citrate</i>	44	TEPMETKO	47
SYEDA	66	<i>tamsulosin hcl</i>	98	<i>terazosin hcl</i>	36
SYLVANT	133	TANDEM MOBI AUTOSOFT 30 KIT	126	<i>terbinafine hcl</i>	32
SYMDEKO	161	TANDEM MOBI AUTOSOFT XC KIT	126	<i>terbutaline sulfate</i>	20
SYMLINPEN 120	27	TANDEM MOBI CARTRIDGE 2ML	126	<i>terconazole</i>	167
SYMLINPEN 60	27	TANDEM MOBI SYSTEM		<i>teriflunomide</i>	156
SYMPROIC	97	STARTER	126	<i>teriparatide</i>	90
SYMTOZA	57	TANDEM MOBI TRUSTEEL SUPP KIT	126	<i>teroderm</i>	153
SYNAGIS	150	TANDEM PLUS	105	<i>teroderm-plus</i>	153
SYNAPRYN FUSEPAQ	13	TANLOR	141	TERRELL	98
SYNAREL	91	<i>tardeoxia</i>	73	<i>testosterone</i>	15
SYNDROS	32	<i>tardimaxia</i>	73	<i>testosterone cypionate</i>	15
SYNJARDY	28	TARINA 24 FE	66	<i>testosterone enanthate</i>	15
SYNJARDY XR	28	TARINA FE 1/20 EQ	66	<i>tetoxia</i>	79
SYNVISC	141	<i>taron forte</i>	105	<i>tetpidtar</i>	81
SYNVISC ONE	141	TARON-C DHA	140	<i>tetrabenazine</i>	155
SYRINGE AVITENE	106	<i>taroxia</i>	73	<i>tetracaine hcl</i>	146
SYRPALTA	151	TARPEYO	70	TEVIMBRA	43
SYRPALTA (RED)	151	TASIGNA	47	TEXACORT	79
SYRSPEND SF	151	<i>tasimelteon</i>	107	TEZSPIRE	18
SYRSPEND SF PH4	151	<i>tavaborole</i>	75	<i>tgt lancet micro thin 33g</i>	126
T:FLEX T:LOCK CARTRIDGE 4.8ML	126	TAVALISSE	102	<i>tgt lancet thin 26g</i>	126
T:SLIM X2 3ML CARTRIDGE	126	TAVNEOS	102	<i>tgt lancet ultra thin 30g</i>	126
T:SLIM X2 BASAL-IQ PUMP	126	TAYSOFY	66	<i>tgt lancing device</i>	126
T:SLIM X2 CONTROL-IQ 7.7 PUMP	126	<i>tazarotene</i>	77	THALOMID	132
T:SLIM X2 CONTROL-IQ 7.8 PUMP	126	TAZVERIK	47	THEO-24	20
T:SLIM X2 INSULIN PMP BASAL6.4	126	TDVAX	163	<i>theophylline</i>	20
TABLOID	41	TECENTRIQ	43	<i>theophylline er</i>	20
TABRADOL FUSEPAQ	141	TECENTRIQ HYBREZA	45	<i>thiamine hcl</i>	168
		TECHLITE AST LANCETS	126	THIOLA EC	99
		TECHLITE LANCETS	126	<i>thioridazine hcl</i>	54
				<i>thiotepa</i>	40
				<i>thiothixene</i>	55
				THRIVE	160

<i>thrivite rx</i> .....	140	<i>tolterodine tartrate er</i> .....	165	TRIDACAINE III.....	83
THROMBI-GEL 10.....	106	<i>tolvaptan</i> .....	94	TRIDERM.....	80
THROMBI-GEL 100.....	106	<i>topcare lancets micro-thin 33g</i> .....	126	<i>trientine hcl</i> .....	131
THROMBI-GEL 40.....	106	<i>topical l.e.t.</i> .....	83	TRI-ESTARYLLA.....	67
THROMBIN-JMI.....	107	<i>topiramate</i> .....	24	<i>trifluoperazine hcl</i> .....	54
THROMBIN-JMI EPISTAXIS.....	106	<i>topiramate er</i> .....	24	<i>trifluridine</i> .....	145
THROMBI-PAD.....	107	<i>topotecan hcl</i> .....	49	<i>trigels-f forte</i> .....	105
THROMBOGEN.....	107	<i>toremifene citrate</i> .....	44	<i>trihexyphenidyl hcl</i> .....	51
THYMOGLOBULIN.....	133	TORONOVA II SUIK.....	9	TRIJARDY XR.....	28
THYQUIDITY.....	162	TORONOVA SUIK.....	9	TRIKAFTA.....	161
<i>thyroid</i> .....	162	TORPENZ.....	48	TRI-LEGEST FE.....	67
TIADYLT ER.....	60	<i>torseamide</i> .....	89	TRI-LINYAH.....	67
<i>tiagabine hcl</i> .....	25	TOUJEO MAX SOLOSTAR.....	30	TRILOAN II SUIK.....	70
TIBSOVO.....	48	TOUJEO SOLOSTAR.....	30	TRILOAN SUIK.....	70
TILIA FE.....	66	TOVET.....	79	TRILOCAINE.....	83
<i>timolol hemihydrate</i> .....	143	TPOXX.....	58	TRI-LO-ESTARYLLA.....	67
<i>timolol maleate</i> .....	143	TRACLEER.....	62	TRI-LO-MARZIA.....	67
TIMOLOL MALEATE OCUDOSE..	143	<i>tramadol hcl</i> .....	13	TRI-LO-MILI.....	67
<i>timolol maleate pf</i> .....	143	<i>tramadol hcl (er biphasic)</i> .....	13	TRI-LO-SPRINTEC.....	67
<i>timolol-brimon-dorzol-bimatopr</i> .....	143	<i>tramadol hcl er</i> .....	13	<i>trimethobenzamide hcl</i> .....	32
<i>timolol-brimon-dorzol-latanopr</i> .....	143	<i>tramadol-acetaminophen</i> .....	14	<i>trimethoprim</i> .....	37
<i>timolol-brimonidine-dorzolamid</i> .....	143	<i>trandolapril</i> .....	36	TRI-MILI.....	67
<i>timolol-dorzolamid-bimatoprost</i> .....	143	<i>tranexamic acid</i> .....	106	<i>trimipramine maleate</i> .....	27
<i>timolol-dorzolamid-latanoprost</i> .....	143	TRANSCYTE.....	88	<i>tri-mix</i> .....	61
<i>tinidazole</i> .....	37	<i>tranylcypromine sulfate</i> .....	26	TRIMO-SAN.....	167
<i>tiopronin</i> .....	99	TRANZGEL.....	132	<i>trinatal rx 1</i> .....	140
TIROSINT.....	162	TRAVEL LANCETS ADVANCED		TRINATE.....	140
TIROSINT-SOL.....	163	28G.....	126	TRINTELLIX.....	26
TISSEEL.....	107	<i>travoprost (bak free)</i> .....	148	<i>triphrocaps</i> .....	136
TIS-U-SOL.....	133	TRAZIMERA.....	50	<i>triple complex formula 3 kit</i> .....	75
TIVDAK.....	43	<i>trazodone hcl</i> .....	26	<i>triple pmb</i> .....	147
TIVICAY.....	57	TRECTOR.....	39	<i>triple pmk</i> .....	147
TIVICAY PD.....	57	TRELEGY ELLIPTA.....	20	TRIPTODUR.....	91
<i>tizanidine hcl</i> .....	141	TRELSTAR MIXJECT.....	44	<i>trisodium citrate/crrt</i> .....	132
TLANDO.....	15	TREMFYA.....	77	TRI-SPRINTEC.....	67
<i>tm-vite rx</i> .....	136	<i>treprostinil</i> .....	61	TRIUMEQ.....	57
TOBI PODHALER.....	6	TRESIBA.....	30	<i>triumeq pd</i> .....	57
TOBRADEX.....	147	TRESIBA FLEXTOUCH.....	30	TRI-VI-FLOR.....	138
<i>tobramycin</i> .....	6, 145	<i>tretinoin</i> .....	49, 73	<i>tri-vi-floro</i> .....	138
<i>tobramycin pak</i> .....	6	TRETTEN.....	101	<i>tri-vite/fluoride</i> .....	138
<i>tobramycin-dexamethasone</i> .....	147	TREXALL.....	41	TRIVORA (28).....	67
<i>tobramycin-vancomycin hcl</i> .....	145	<i>triamcinolone acetonide</i> .....	79, 80, 135	TRI-VYLIBRA.....	67
TOBEX.....	145	<i>triamterene-hctz</i> .....	89	TRI-VYLIBRA LO.....	67
TODAY SPONGE.....	167	<i>triazolam</i> .....	107	TRODELVY.....	49
<i>today's health lancet device</i> .....	126	TRICHOSOL.....	151	TROGARZO.....	57
<i>today's health thin lancets 28g</i> .....	126	TRICITRASOL.....	22	TROJAN ENZ.....	110
<i>today's health thin lancets 30g</i> .....	126	<i>tricitrates</i> .....	98	TROJAN MAGNUM.....	110
TOLAK.....	76	TRICON.....	105	TROJAN ULTRA RIBBED	
<i>tolterodine tartrate</i> .....	165	TRIDACAINE II.....	83	LUBRICATED.....	110



TROJAN ULTRA THIN .....	111	TRUSTEX	ULTRAFOAM SPONGE	
TROJAN ULTRA THIN/SPERMICIDAL .....	111	LUBRICATED/SPERMICIDE .....	2X6.25X7CM.....	107
TROJAN-ENZ LUBRICATED .....	111	TRUSTEX NATURAL CONDOMS	ULTRAFOAM SPONGE	
TROJAN-ENZ/SPERMICIDAL .....	111	+ LUBE .....	8X12.5X1CM.....	107
<i>tronvite</i> .....	136	TRUSTEX NON-LUBRICATED .....	ULTRAFOAM SPONGE	
<i>tropicamide-cyclopentolate-pe</i> .....	143	TRUSTEX RIA LUB/SPERMICIDE	8X12.5X3CM.....	107
<i>tropicamide-phenylephrine</i> .....	143	TRUSTEX RIA LUBRICATED .....	ULTRAFOAM SPONGE	
<i>tropic-cyclopent-pe-ketorolac</i> .....	144	TRUSTEX RIA NON-LUBRICATED	8X25X1CM.....	107
<i>tropic-proparaca-pe-ketorolac</i> .....	144	.....	ULTRAFOAM SPONGE	
<i>trospium chloride</i> .....	165	TRUSTEX-NONOXYNOL-	8X6.25X1CM.....	107
TRUDHESA .....	129	9/RIB/STUD .....	ULTRA-THIN II AUTO LANCET ....	127
<i>true comfort safety lancets</i> .....	126	TRUXIMA .....	ULTRA-THIN II LANCETS .....	127
<i>true comfort twist top lancets</i> .....	126	TUKYSA .....	U-MILD .....	151
<i>true cover</i> .....	111	TURALIO .....	UNDECATREX .....	15
<i>true folic acid</i> .....	103	TURQOZ .....	UNILET COMFORTOUCH	
TRUE METRIX LEVEL 1 .....	126	TUXARIN ER .....	LANCET .....	127
TRUE METRIX LEVEL 2 .....	126	TWINRIX .....	UNILET EXCELITE .....	127
TRUE METRIX LEVEL 3 .....	126	TWIRLA .....	UNILET EXCELITE II .....	127
TRUECONTROL GLUCOSE		<i>twist top lancets 30g</i> .....	UNILET G.P. LANCET .....	127
CONT LEV 0 .....	126	TYBLUME .....	UNILET G.P. SUPERLITE	
TRUECONTROL GLUCOSE		TYBOST .....	LANCET .....	127
CONT LEV 1 .....	126	TYDEMY .....	UNILET GP 28 ULTRA THIN .....	127
TRUEDRAW LANCING DEVICE .....	126	TYENNE .....	UNILET LANCET .....	127
TRUEPLUS LANCETS 26G .....	126	TYMLOS .....	UNILET MICRO-THIN 33G .....	127
TRUEPLUS LANCETS 28G .....	126	TYRVAYA .....	UNILET SUPERLITE LANCET .....	127
TRUEPLUS LANCETS 30G .....	126	TYSABRI .....	UNILET SUPER-THIN 30G .....	127
TRUEPLUS LANCETS 33G .....	126	TYVASO .....	UNILET ULTRA-THIN 28G .....	127
TRUEPLUS SAFETY LANCETS		TYVASO DPI INSTITUTIONAL KIT .....	UNISPEND ANHYDROUS	
28G .....	126	TYVASO DPI MAINTENANCE KIT .....	SWEETENED .....	151
TRULANCE .....	95	TYVASO DPI TITRATION KIT .....	UNISTIK 1 .....	127
TRULICITY .....	29	TYVASO REFILL KIT .....	UNISTIK 2 .....	127
TRUMENBA .....	165	TYVASO STARTER KIT .....	UNISTIK 2 COMFORT .....	127
TRUQAP .....	48	TZIELD .....	UNISTIK 2 EXTRA .....	127
TRUSKIN .....	88	UBRELVY .....	UNISTIK 2 NEONATAL .....	127
TRUSTEEL INFUSION SET .....	126	UDAMIN SP .....	UNISTIK 2 NORMAL .....	127
TRUSTEX COLOR CONDOMS +		UDENYCA ONBODY .....	UNISTIK 2 SUPER .....	127
LUBE .....	111	<i>udsx medicated system</i> .....	UNISTIK 3 .....	127
TRUSTEX		<i>udsxmp medicated system</i> .....	UNISTIK 3 COMFORT .....	127
LUB/RIBBED/STUDDED .....	111	ULTI-LANCE AUTOMATIC .....	UNISTIK 3 EXTRA .....	127
TRUSTEX LUB/SPERMICIDE EX		ULTILET CLASSIC LANCETS .....	UNISTIK 3 GENTLE .....	127
ST .....	111	ULTILET LANCETS .....	UNISTIK 3 NEONATAL .....	127
TRUSTEX LUB/SPERMICIDE XL		ULTILET SAFETY LANCETS .....	UNISTIK 3 NORMAL .....	127
TRUSTEX LUBRICATED .....	111	ULTILET SAFETY LANCETS 23G	UNISTIK CZT COMFORT .....	127
TRUSTEX LUBRICATED EX		ULTOMIRIS .....	UNISTIK CZT NORMAL .....	127
LARGE .....	111	<i>ultra hers rx</i> .....	UNISTIK NORMAL .....	127
TRUSTEX LUBRICATED EXTRA		<i>ultra his</i> .....	UNISTIK PRO SAFETY LANCET ..	127
ST .....	111	<i>ultra pcos</i> .....	UNISTIK SAFETY LANCETS 28G	127
		<i>ultra thin lancets 31g</i> .....	UNISTIK SAFETY LANCETS 30G	127
		<i>ultra-care lancets 30g</i> .....		



UNISTIK TOUCH SAFETY LANC 21G.....	127	VALTOCO 20 MG DOSE.....	22	VENTAVIS.....	61
UNISTIK TOUCH SAFETY LANC 23G.....	127	VALTOCO 5 MG DOSE.....	22	VENTRIXYL.....	137
UNISTIK TOUCH SAFETY LANC 28G.....	127	<i>value plus lancet standard 21g</i> .....	128	VENTRIXYL FE.....	137
UNISTIK TOUCH SAFETY LANC 30G.....	127	<i>value plus lancets super thin</i> .....	128	VEOPOZ.....	102
UNISTRIP CONTROL.....	127	<i>value plus lancets thin 26g</i> .....	128	VEOZAH.....	91
UNITHROID.....	163	<i>value plus lancing device</i> .....	128	<i>verapamil hcl</i> .....	60
UNIVERSAL 1 LANCETS THIN 26G.....	127	<i>vancomycin hcl</i> .....	38	<i>verapamil hcl er</i> .....	60
UNIVERSAL 1 LANCETS THIN 33G.....	127	VANCOMYCIN+SYRSPEND SF.....	38	<i>verasens glucose control</i> .....	128
UNIVERSAL 1 LANCETS ULTRA THIN.....	128	VANDAZOLE.....	167	VERELAN.....	60
<i>universal water</i> .....	153	VANFLYTA.....	48	VERIFINE SAFE LANCET MINI 21G.....	128
<i>unzdomdioxiazar</i> .....	74	VANISH.....	135	VERIFINE SAFE LANCET MINI 23G.....	128
UPLIZNA.....	133	<i>vanishing</i> .....	153	VERIFINE SAFE LANCET MINI 28G.....	128
UPNEEQ.....	148	<i>vanishing cream botanical base</i> .....	153	VERIFINE SAFE LANCET MINI 30G.....	128
UPTRAVI.....	62	<i>vanish-pen</i> .....	153	VERIFINE UNIVERSAL LANCETS 28G.....	128
UPTRAVI TITRATION.....	62	VANOXIDE-HC.....	74	VERIFINE UNIVERSAL LANCETS 30G.....	128
<i>urea</i> .....	80	VAQTA.....	167	VERIFINE UNIVERSAL LANCETS 33G.....	128
<i>urea hydrating</i> .....	80	<i>vardimaxia</i> .....	74	VERQUOVO.....	62
<i>urea nail</i> .....	80	<i>varenicline tartrate</i> .....	160	VERSACLOZ.....	54
URELLE.....	37	<i>varenicline tartrate (starter)</i> .....	160	VERSAFREE.....	151
<i>uremez-40</i> .....	80	<i>varenicline tartrate(continue)</i> .....	161	VERSAPLUS.....	151
URESOL.....	80	VARISOFT INFUSION SET.....	128	VERSAPRO.....	151, 153
URETRON D/S.....	37	VARIVAX.....	167	<i>versatile cream base</i> .....	153
URIBEL.....	37	<i>varoxia</i> .....	74	VERSATILE RICH BASE.....	153
URIMAR-T.....	38	VARUBI (180 MG DOSE).....	32	VERZENIO.....	48
<i>urin ds</i> .....	38	VASCEPA.....	33	VESTURA.....	67
<i>urneva</i> .....	38	VASELINE.....	153	V-GO 20.....	128
<i>uro-mp</i> .....	38	VASHE CLEANSING.....	88	V-GO 30.....	128
<i>urosex</i> .....	140	VASHE WOUND.....	88	V-GO 40.....	128
<i>ursodiol</i> .....	96	VASHE WOUND THERAPY.....	88	VIBERZI.....	97
URSODIOL+SYRSPEND SF.....	96	VAXCHORA.....	165	VIBRANT.....	108
UVADEX.....	49	VAXNEUVANCE.....	165	VIBRANT STARTER KIT.....	108
UZEDY.....	53	<i>v-c forte</i> .....	137	VIC-FORTE.....	137
VABYSMO.....	144	VCF VAGINAL CONTRACEPTIVE.....	167	VIENNA.....	67
<i>valacyclovir hcl</i> .....	58	VECAMYL.....	37	<i>vigabatin</i> .....	25
VALCHLOR.....	76	VECTIBIX.....	50	VIGADRONE.....	25
<i>valganciclovir hcl</i> .....	57	VECTICAL.....	77	VIGAFYDE.....	25
<i>valproic acid</i> .....	25	VEGZELMA.....	42	VIGPODER.....	25
<i>valrubicin</i> .....	45	VELIVET.....	67	VIJOICE.....	134
<i>valsartan</i> .....	36	VELPHORO.....	97	VILAMIT MB.....	38
<i>valsartan-hydrochlorothiazide</i> .....	37	VELTASSA.....	134	<i>vilazodone hcl</i> .....	26
VALTOCO 10 MG DOSE.....	22	VEMLIDY.....	58	VILEVEV MB.....	38
VALTOCO 15 MG DOSE.....	22	VENCLEXTA.....	43	VILTEPSO.....	142
		VENCLEXTA STARTING PACK.....	43		
		VENEXA.....	137		
		VENEXA FE.....	137		
		VENIPUNCTURE PX1 PHLEBOTOMY.....	83		
		<i>venlafaxine hcl</i> .....	27		
		<i>venlafaxine hcl er</i> .....	27		

VIMIZIM .....	93	VIVITROL .....	31	<i>water for irrigation, sterile</i> .....	133
<i>vinblastine sulfate</i> .....	49	VIVJOA .....	32	WEGOVI .....	4
<i>vinorelbine tartrate</i> .....	49	VIVOTIF .....	165	WELIREG .....	50
VIOKACE .....	88	VIVOTIF BERNA VACCINE .....	165	<i>wellfoia</i> .....	137
<i>viorele</i> .....	67	VIZIMPRO .....	50	WERA .....	67
VIRACEPT .....	57	VOGELXO .....	16	<i>wescap-c dha</i> .....	140
VIREAD .....	57	VOGELXO PUMP .....	15	<i>wescap-pn dha</i> .....	140
VISTOGARD .....	31	VOLNEA .....	67	<i>wescaps</i> .....	136
VISUDYNE .....	146	VONJO .....	48	<i>wesnatal dha complete</i> .....	140
VITA S FORTE .....	137	VONVENDI .....	101	<i>wesnate dha</i> .....	140
VITACEL .....	137	VOQUEZNA .....	164	<i>wes-phos 250 neutral</i> .....	130
VITAFOL FE+ .....	140	VOQUEZNA DUAL PAK .....	164	<i>white petrolatum</i> .....	154
VITAFOL GUMMIES .....	140	VOQUEZNA TRIPLE PAK .....	164	WIDE-SEAL DIAPHRAGM 60 .....	111
VITAFOL ULTRA .....	140	VORANIGO .....	48	WIDE-SEAL DIAPHRAGM 65 .....	111
VITAFOL-OB .....	140	VORAXAZE .....	49	WIDE-SEAL DIAPHRAGM 70 .....	111
VITAFOL-OB+DHA .....	140	<i>voriconazole</i> .....	32	WIDE-SEAL DIAPHRAGM 75 .....	111
VITAFOL-ONE .....	140	VOSEVI .....	58	WIDE-SEAL DIAPHRAGM 80 .....	111
VITAL-D RX .....	136	VOWST .....	97	WIDE-SEAL DIAPHRAGM 85 .....	111
VITAMEDMD ONE		VOXZOGO .....	94	WIDE-SEAL DIAPHRAGM 90 .....	112
RX/QUATREFOLIC .....	140	VOYDEYA .....	102	WIDE-SEAL DIAPHRAGM 95 .....	112
VITAMEZ .....	105	<i>vp dermabase</i> .....	153	WILATE .....	101
<i>vitamin b complex 100</i> .....	135	<i>vp fc kit</i> .....	76	WINLEVI .....	74
<i>vitamin b-complex 100</i> .....	135	<i>vp gkl kit</i> .....	76	WINREVAIR .....	62
<i>vitamin c brightening serum</i> .....	80	VPRIV .....	103	WINRHO SDF .....	150
<i>vitamin d (ergocalciferol)</i> .....	168	VRAYLAR .....	52	WIXELA INHUB .....	20
<i>vitamin k1</i> .....	168	VUITY .....	144	WYMZYA FE .....	67
VITAPEARL .....	140	VUMERITY .....	157	WYNZORA .....	80
<i>vitasure</i> .....	136	VYALEV .....	51	XADAGO .....	51
VITATRUE .....	140	VYEPTI .....	129	XALIX .....	81
<i>vitazyme</i> .....	138	VYFEMLA .....	67	XALKORI .....	48
VITRAKVI .....	48	VYLEESI .....	155	XANAX XR .....	17
VITRAMYN .....	137	VYLIBRA .....	67	XARACOLL .....	109
VITRANOL .....	137	VYNDAMAX .....	62	XARELTO .....	21
VITRANOL FE .....	137	VYNDAQEL .....	62	XARELTO STARTER PACK .....	21
VITREXATE .....	137	VYONDYS 53 .....	142	XATMEP .....	41
VITREXATE FE .....	137	VYTONE .....	75	XCOPRI .....	24, 25
VITREXYL .....	137	VYVGART .....	132	XCOPRI (250 MG DAILY DOSE) .....	24
VITREXYL + IRON .....	137	VYVGART HYTRULO .....	132	XCOPRI (350 MG DAILY DOSE) .....	24
VIVA DHA .....	140	VYXEOS .....	45	XDEMVI .....	145
VIVAGUARD INO CONTROL		VYZULTA .....	148	XELJANZ .....	7
SOLUTION .....	128	WAINUA .....	161	XELJANZ XR .....	7
VIVAGUARD LANCETS .....	128	WAKIX .....	4	XELPROS .....	148
VIVAGUARD LANCETS 30G .....	128	WALGREENS LANCETS .....	128	XEMATOP BASE .....	154
VIVAGUARD LANCING DEVICE ..	128	<i>walgreens lancets micro thin</i> .....	128	XEMBIFY .....	150
VIVAGUARD SAFETY LANCETS		<i>walgreens lancets super thin</i> .....	128	XENICAL .....	4
28G .....	128	WALGREENS THIN LANCETS .....	128	XENPOZYME .....	93
VIVI CAP .....	128	WALGREENS ULTRA THIN		XEOMIN .....	142
VIVI CAP1 .....	128	LANCETS .....	128	XERAC AC .....	83
<i>vivimusta</i> .....	40	<i>warfarin sodium</i> .....	21	XERMELo .....	97

XGEVA.....	90	ZEGALOGUE.....	28
XHANCE.....	142	ZEJULA.....	48
XIAFLEX.....	132	ZELAPAR.....	51
XIFAXAN.....	37	ZELBORAF.....	48
XIGDUO XR.....	28	ZEMAIRA.....	161
XIIDRA.....	145	ZENATANE.....	74
XIPERE.....	147	<i>zenifiber ag</i> .....	88
<i>xirun</i> .....	80	<i>zenifoam ag</i> .....	88
XOFLUZA (40 MG DOSE).....	58	ZENPEP.....	89
XOFLUZA (80 MG DOSE).....	58	ZENZEDI.....	3
XOLAIR.....	18	ZEPBOUND.....	4
XOLREMDI.....	105	ZEPOSIA.....	157
XOPENEX HFA.....	20	ZEPOSIA 7-DAY STARTER PACK.....	157
XOSPATA.....	48	ZEPOSIA STARTER KIT.....	157
XPHOZAH.....	93	ZEPZELCA.....	40
XPOVIO (100 MG ONCE WEEKLY).....	50	<i>zevrx twist top lancets 30g</i> .....	128
XPOVIO (40 MG ONCE WEEKLY).....	50	<i>zidovudine</i> .....	57
XPOVIO (40 MG TWICE WEEKLY).....	50	ZIEXTENZO.....	104
XPOVIO (60 MG ONCE WEEKLY).....	50	ZILBRYSQ.....	102
XPOVIO (60 MG TWICE WEEKLY).....	50	ZIMHI.....	31
XPOVIO (80 MG ONCE WEEKLY).....	50	<i>ziprasidone hcl</i> .....	52
XPOVIO (80 MG TWICE WEEKLY).....	50	ZIRABEV.....	42
XTAMPZA ER.....	13, 14	ZITHRANOL.....	77
XTANDI.....	44	ZITHROMAX.....	109
XULANE.....	67	ZOE SCRIPTS IDEALBASE.....	154
XULTOPHY.....	28	ZOKINVY.....	134
XURIDEN.....	93	ZOLADEX.....	44
XYNTHA.....	101	ZOLINZA.....	48
XYNTHA SOLOFUSE.....	101	<i>zolmitriptan</i> .....	130
XYOSTED.....	16	ZOLOFT.....	26
XYREM.....	154	<i>zolpidem tartrate</i> .....	107
XYWAV.....	154	<i>zolpidem tartrate er</i> .....	107
YARGESA.....	103	ZOMIG.....	130
YCANTH.....	81	ZONISADE.....	24
YERVOY.....	43	<i>zonisamide</i> .....	24
<i>yl folic acid</i> .....	103	ZONTIVITY.....	103
YONDELIS.....	40	ZOVIA 1/35 (28).....	67
YONSA.....	44	ZTALMY.....	24
YORVIPATH.....	93	ZUBSOLV.....	15
YUVAFEM.....	168	ZUMANDIMINE.....	67
ZACARE.....	74	ZURZUVAE.....	26
<i>zaclir cleansing</i> .....	74	ZYDELIG.....	48
ZAFEMY.....	68	ZYKADIA.....	48
<i>zafirlukast</i> .....	19	ZYNLONTA.....	43
<i>zaleplon</i> .....	107	ZYNYZ.....	43
ZALTRAP.....	42	ZYPREXA RELPREVV.....	54
ZANOSAR.....	40		
ZAVZPRET.....	129		