



McLaren Health Advantage

Drug Formulary

January 2023

| Key | |
|------------|---------------------|
| AG | Age Limits |
| F | Females Only |
| M | Males Only |
| OTC | Over the Counter |
| P | Preventive |
| PA | Prior Authorization |
| QL | Quantity Limit |
| SP | Specialty Pharmacy |
| ST | Step Therapy |

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McLaren Health Plan
G-3245 Beecher Road • Flint, Michigan • 48532
tel 888-327-0671 (TTY: 711) • fax 833-540-8648
McLarenHealthPlan.org

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| Drug | Status | Notes |
|--|----------------------------------|--------|
| Allergy | | |
| 2Nd Gen Antihistamine & Decongestant Combinations | | |
| ALAVERT D-12 ALLERGY-SINUS ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG | Tier 1 | |
| ALL DAY ALLERGY-D ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG | (cetirizine- pseudoephedrine) | Tier 1 |
| ALLERCLEAR D-12HR ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG | | Tier 1 |
| ALLERCLEAR D-24HR ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG | (loratadine- pseudoephedrine) | Tier 1 |
| ALLERGY AND CONGESTION RELIEF ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG | | Tier 1 |
| ALLERGY AND CONGESTION RELIEF ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG | (loratadine- pseudoephedrine) | Tier 1 |
| ALLERGY COMPLETE-D ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG | (cetirizine- pseudoephedrine) | Tier 1 |
| ALLERGY D-12 ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG | (cetirizine- pseudoephedrine) | Tier 1 |
| ALLERGY RELIEF D12 ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG | | Tier 1 |
| ALLERGY RELIEF D-24HR ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG | (loratadine- pseudoephedrine) | Tier 1 |
| ALLERGY RELIEF,NASAL DECONGEST ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG | (loratadine- pseudoephedrine) | Tier 1 |
| ALLERGY RELIEF-D (CETIRIZINE) ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG | (cetirizine- pseudoephedrine) | Tier 1 |
| ALLERGY RELIEF-D (LORATADINE) ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG | | Tier 1 |
| ALLERGY-CONGESTION RELIEF-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG | (loratadine- pseudoephedrine) | Tier 1 |
| ALLER-TEC D ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG | (cetirizine- pseudoephedrine) | Tier 1 |
| CETIRI-D ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG | (cetirizine- pseudoephedrine) | Tier 1 |
| <i>cetirizine-pseudoephedrine oral tablet extended release 12 hr 5-120 mg</i> | (All Day Allergy-D) | Tier 1 |

| Drug | Status | Notes |
|---|--------|---|
| CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG | Tier 3 | ST: Requires prior prescription for Desloratadine or Levocetirizine Dihydrochloride within the past 120 days; QL (2 EA per 1 day) |
| LORATA-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG (loratadine- pseudoephedrine) | Tier 1 | |
| LORATA-DINE D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG (loratadine- pseudoephedrine) | Tier 1 | |
| LORATADINE-D ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG | Tier 1 | |
| LORATADINE-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG (loratadine- pseudoephedrine) | Tier 1 | |
| WAL-ITIN D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG | Tier 1 | |
| WAL-ITIN D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG (loratadine- pseudoephedrine) | Tier 1 | |
| WAL-ZYR D ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG (cetirizine- pseudoephedrine) | Tier 1 | |
| Allergenic Extracts, Therapeutics | | |
| GRASTEK SUBLINGUAL TABLET 2,800 BAU | Tier 2 | PA |
| ODACTRA SUBLINGUAL TABLET 12 SQ-HDM | Tier 2 | PA |
| ORALAIR SUBLINGUAL TABLET 100 INDX REACTIVITY, 300 INDX REACTIVITY | Tier 2 | PA |
| ORALAIR SUBLINGUAL TABLET 100 IR (3) /300 IR (6) | Tier 3 | PA |
| PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3) | Tier 4 | PA; SP |
| PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6) | Tier 4 | PA; SP |
| PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1) | Tier 4 | PA; SP |
| PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG | Tier 4 | PA; SP |
| PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2) | Tier 4 | PA; SP |
| PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4) | Tier 4 | PA; SP |

| Drug | Status | Notes |
|--|--------|--|
| PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1) | Tier 4 | PA; SP |
| PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X1) | Tier 4 | PA; SP |
| PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2) | Tier 4 | PA; SP |
| PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2) | Tier 4 | PA; SP |
| PALFORZIA (LEVEL 11 UP-DOSE) ORAL POWDER IN PACKET 300 MG | Tier 4 | PA; SP |
| PALFORZIA INITIAL DOSE ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG | Tier 4 | PA; SP |
| PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG | Tier 4 | PA; SP |
| RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT | Tier 2 | PA |
| Antihistamines - 1St Generation | | |
| <i>carbinoxamine maleate oral liquid 4 mg/5 ml</i> | Tier 1 | Age (Min 2 Years) |
| <i>carbinoxamine maleate oral tablet 4 mg</i> | Tier 1 | Age (Min 2 Years) |
| <i>clemastine oral tablet 2.68 mg</i> | Tier 1 | |
| <i>cyproheptadine oral syrup 2 mg/5 ml</i> | Tier 1 | |
| <i>cyproheptadine oral tablet 4 mg</i> | Tier 1 | |
| DIPHEN ORAL ELIXIR 12.5 MG/5 ML (diphenhydramine hcl) | Tier 1 | |
| <i>hydroxyzine hcl oral solution 10 mg/5 ml</i> | Tier 1 | |
| <i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i> | Tier 1 | |
| <i>hydroxyzine pamoate oral capsule 100 mg</i> | Tier 1 | |
| <i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i> (Vistaril) | Tier 1 | |
| KARBINAL ER ORAL SUSPENSION, EXTENDED REL 12 HR 4 MG/5 ML | Tier 3 | ST: Requires prior prescription for Carbinoxamine Maleate within the past 120 days; QL (960 ML per 30 days); Age (Min 2 Years) |
| <i>promethazine injection solution 25 mg/ml, 50 mg/ml</i> (Phenergan) | Tier 1 | |
| <i>promethazine oral syrup 6.25 mg/5 ml</i> | Tier 1 | |
| <i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i> | Tier 1 | |
| Antihistamines - 2Nd Generation | | |

| Drug | Status | Notes |
|--|--------|---|
| 24HOUR ALLERGY ORAL TABLET 10 MG (cetirizine) | Tier 1 | |
| ALL DAY ALLERGY (CETIRIZINE) ORAL SOLUTION 1 MG/ML (cetirizine) | Tier 1 | |
| ALL DAY ALLERGY (CETIRIZINE) ORAL TABLET 10 MG (cetirizine) | Tier 1 | |
| ALLERCLEAR ORAL TABLET 10 MG (loratadine) | Tier 1 | |
| ALLER-EASE ORAL TABLET 180 MG (fexofenadine) | Tier 1 | |
| ALLER-FEX ORAL TABLET 180 MG (fexofenadine) | Tier 1 | |
| ALLERGY RELIEF (CETIRIZINE) ORAL SOLUTION 1 MG/ML (cetirizine) | Tier 1 | |
| ALLERGY RELIEF (CETIRIZINE) ORAL TABLET 10 MG, 5 MG (cetirizine) | Tier 1 | |
| ALLERGY RELIEF (FEXOFENADINE) ORAL TABLET 180 MG (fexofenadine) | Tier 1 | |
| ALLERGY RELIEF (LORATADINE) ORAL SOLUTION 5 MG/5 ML (loratadine) | Tier 1 | |
| ALLERGY RELIEF (LORATADINE) ORAL TABLET 10 MG (loratadine) | Tier 1 | |
| ALLER-TEC ORAL TABLET 10 MG (cetirizine) | Tier 1 | |
| <i>cetirizine oral solution 1 mg/ml</i> (All Day Allergy (cetirizine)) | Tier 1 | |
| <i>cetirizine oral solution 5 mg/5 ml</i> | Tier 1 | |
| <i>cetirizine oral tablet 10 mg</i> (24Hour Allergy) | Tier 1 | |
| <i>cetirizine oral tablet 5 mg</i> (Allergy Relief (cetirizine)) | Tier 1 | |
| <i>cetirizine oral tablet, chewable 5 mg</i> (Children's Cetirizine) | Tier 1 | |
| CHILD ALLERGY RELF(CETIRIZINE) ORAL SOLUTION 1 MG/ML (cetirizine) | Tier 1 | |
| CHILDREN'S ALLERGY RELIEF(LOR) ORAL SOLUTION 5 MG/5 ML (loratadine) | Tier 1 | |
| CHILDREN'S ALLERGY(CETIRIZINE) ORAL SOLUTION 1 MG/ML (cetirizine) | Tier 1 | |
| CHILDREN'S CETIRIZINE ORAL SOLUTION 1 MG/ML (cetirizine) | Tier 1 | |
| CHILDREN'S CETIRIZINE ORAL TABLET,CHEWABLE 5 MG (cetirizine) | Tier 1 | |
| CHILDREN'S WAL-ZYR ORAL SOLUTION 1 MG/ML (cetirizine) | Tier 1 | |
| CHILD'S ALL DAY ALLERGY(CETIR) ORAL SOLUTION 1 MG/ML (cetirizine) | Tier 1 | |
| <i>desloratadine oral tablet 5 mg</i> (Clarinet) | Tier 1 | QL (1 EA per 1 day) |
| <i>desloratadine oral tablet, disintegrating 2.5 mg, 5 mg</i> | Tier 1 | ST: Requires prior prescription for Desloratadine or Levocetirizine Dihydrochloride within the past 120 days; QL (1 EA per 1 day) |

| Drug | Status | Notes |
|---|--------|--|
| <i>fexofenadine oral tablet 180 mg</i> (Aller-ease) | Tier 1 | |
| <i>levocetirizine oral solution 2.5 mg/5 ml</i> (Xyzal) | Tier 1 | ST: Requires prior prescription for Desloratadine or Levocetirizine Dihydrochloride within the past 120 days; QL (10 ML per 1 day) |
| <i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief) | Tier 1 | |
| LORADAMED ORAL TABLET 10 MG (loratadine) | Tier 1 | |
| <i>loratadine oral solution 5 mg/5 ml</i> (Allergy Relief (loratadine)) | Tier 1 | |
| <i>loratadine oral tablet 10 mg</i> (Allerclear) | Tier 1 | |
| WAL-FEX ALLERGY ORAL TABLET 180 MG (fexofenadine) | Tier 1 | |
| WAL-ITIN ORAL SOLUTION 5 MG/5 ML (loratadine) | Tier 1 | |
| WAL-ITIN ORAL TABLET 10 MG (loratadine) | Tier 1 | |
| WAL-ZYR (CETIRIZINE) ORAL SOLUTION 1 MG/ML (cetirizine) | Tier 1 | |
| WAL-ZYR (CETIRIZINE) ORAL TABLET 10 MG (cetirizine) | Tier 1 | |
| Nasal Antihistamine | | |
| <i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i> | Tier 1 | QL (60 ML per 30 days) |
| <i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i> (Astepro Allergy) | Tier 1 | QL (60 ML per 30 days) |
| <i>olopatadine nasal spray,non-aerosol 0.6 %</i> (Patanase) | Tier 1 | QL (30.5 GM per 30 days) |
| Nasal Antihistamine & Anti-Inflam. Steroid Comb. | | |
| <i>azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray</i> (Dymista) | Tier 1 | ST: Requires prior prescription for Flunisolide (nasal formulation) or Fluticasone Propionate within the past 120 days; QL (23 GM per 30 days) |
| Nasal Anti-Inflammatory Steroids | | |
| 24 HOUR ALLERGY RELIEF NASAL SPRAY,SUSPENSION 50 MCG/ACTUATION (fluticasone propionate) | Tier 1 | QL (16 ML per 30 days) |
| 24 HOUR NASAL ALLERGY NASAL AEROSOL,SPRAY 55 MCG (triamcinolone acetonide) | Tier 1 | |
| ALLER-CORT NASAL AEROSOL,SPRAY 55 MCG (triamcinolone acetonide) | Tier 1 | |
| ALLER-FLO NASAL SPRAY,SUSPENSION 50 MCG/ACTUATION (fluticasone propionate) | Tier 1 | QL (16 ML per 30 days) |

| Drug | Status | Notes |
|---|--------|--|
| ALLERGY RELIEF (FLUTICASONE) (fluticasone propionate) NASAL SPRAY,SUSPENSION 50 MCG/ACTUATION | Tier 1 | QL (16 ML per 30 days) |
| <i>budesonide nasal spray,non-aerosol 32 mcg/actuation</i> | Tier 1 | |
| CLARISPRAY NASAL (fluticasone propionate) SPRAY,SUSPENSION 50 MCG/ACTUATION | Tier 1 | QL (16 ML per 30 days) |
| <i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i> | Tier 1 | QL (25 ML per 30 days) |
| <i>fluticasone propionate nasal (24 Hour Allergy Relief) spray,suspension 50 mcg/actuation</i> | Tier 1 | QL (16 GM per 30 days) |
| <i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i> | Tier 1 | QL (17 GM per 30 days) |
| NASAL ALLERGY NASAL (triamcinolone acetonide) AEROSOL,SPRAY 55 MCG | Tier 1 | |
| QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION | Tier 2 | ST: Requires prior prescription for Flunisolide, Fluticasone Propionate, or Qnasl within the past 120 days; QL (6.8 GM per 30 days) |
| QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION | Tier 2 | ST: Requires prior prescription for Flunisolide, Fluticasone Propionate, or Qnasl Children within the past 120days; QL (10.6 GM per 30 days) |
| <i>triamcinolone acetonide nasal (24 Hour Nasal Allergy) aerosol,spray 55 mcg</i> | Tier 1 | |
| XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION | Tier 2 | ST: Requires prior prescription for Flunisolide, Fluticasone Propionate, or Mometasone Furoate within the past 120 days; QL (32 ML per 30 days) |
| Antiemesis/Antivertigo | | |
| Antiemetic, Cannibinoid-Type | | |
| <i>dronabinol oral capsule 10 mg, 2.5 mg, 5 (Marinol) mg</i> | Tier 1 | ST: Requires prior prescription for a 5HT3 antagonist, corticosteroid, Megestrol suspension, or Emend within the past 120 day; QL (2 EA per 1 day) |
| SYNDROS ORAL SOLUTION 5 MG/ML | Tier 3 | ST: Requires prior prescription for Dronabinol capsules or Megestrol suspension within the past 120 days; QL (60 ML per 30 days) |
| Antiemetic/Antivertigo Agents | | |

| Drug | Status | Notes |
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| AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG | Tier 2 | QL (1 EA per 28 days) |
| ANTIVERT ORAL TABLET,CHEWABLE (meclizine) 25 MG | Tier 3 | |
| ANZEMET ORAL TABLET 50 MG | Tier 3 | ST: Requires prior prescription for Ondansetron tablets or ODT within the past 120 days; QL (8 EA per 1 FILL) |
| <i>aprepitant oral capsule 125 mg</i> | Tier 1 | QL (1 EA per 21 days) |
| <i>aprepitant oral capsule 40 mg</i> | Tier 1 | QL (1 EA per 28 days) |
| <i>aprepitant oral capsule 80 mg</i> (Emend) | Tier 1 | QL (2 EA per 21 days) |
| <i>aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)</i> (Emend) | Tier 1 | QL (3 EA per 21 days) |
| COMPRO RECTAL SUPPOSITORY 25 MG (prochlorperazine) | Tier 1 | |
| <i>doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec) 10-10 mg</i> (Diclegis) | Tier 1 | QL (120 EA per 30 days) |
| EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.) | Tier 2 | QL (3 EA per 21 days) |
| <i>granisetron hcl oral tablet 1 mg</i> | Tier 1 | ST: Requires prior prescription for Ondansetron HCL or Ondansetron within the past 120 days; QL (8 EA per 30 days) |
| <i>meclizine oral tablet 12.5 mg</i> | Tier 1 | |
| <i>meclizine oral tablet 25 mg</i> (Dramamine (meclizine)) | Tier 1 | |
| <i>ondansetron hcl oral solution 4 mg/5 ml</i> | Tier 1 | QL (50 ML per 15 days) |
| <i>ondansetron hcl oral tablet 4 mg, 8 mg</i> | Tier 1 | |
| <i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i> | Tier 1 | |
| <i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine) | Tier 1 | |
| <i>prochlorperazine rectal suppository 25 mg</i> (Compro) | Tier 1 | |
| <i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i> (Promethegan) | Tier 1 | |
| PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG (promethazine) | Tier 1 | |
| SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR | Tier 3 | ST: Requires prior prescription for Ondansetron HCL or Ondansetron within the past 120 days; QL (1 EA per 7 days) |

| Drug | Status | Notes |
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| <i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> (Transderm-Scop) | Tier 1 | |
| <i>trimethobenzamide oral capsule 300 mg</i> | Tier 1 | |
| VARUBI ORAL TABLET 90 MG | Tier 3 | QL (2 EA per 14 days) |
| Asthma And Copd | | |
| Anticholinergic, Orally Inhaled Short Acting | | |
| ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION | Tier 2 | QL (25.8 GM per 30 days) |
| <i>ipratropium bromide inhalation solution 0.02 %</i> | Tier 1 | |
| Anticholinergics, Orally Inhaled Long Acting | | |
| LONHALA MAGNAIR REFILL INHALATION SOLUTION FOR NEBULIZATION 25 MCG/ML | Tier 3 | QL (60 ML per 30 days) |
| LONHALA MAGNAIR STARTER INHALATION SOLUTION FOR NEBULIZATION 25 MCG/ML | Tier 3 | QL (60 ML per 30 days) |
| SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION | Tier 2 | QL (4 GM per 30 days) |
| SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG | Tier 2 | QL (30 EA per 30 days) |
| Beta-Adrenergic Agents | | |
| <i>albuterol sulfate oral syrup 2 mg/5 ml</i> | Tier 1 | |
| <i>albuterol sulfate oral tablet 2 mg, 4 mg</i> | Tier 1 | |
| <i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i> | Tier 1 | |
| <i>metaproterenol oral syrup 10 mg/5 ml</i> | Tier 1 | |
| <i>terbutaline oral tablet 2.5 mg, 5 mg</i> | Tier 1 | |
| Beta-Adrenergic Agents, Inhaled, Short Acting | | |
| <i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i> (Proventil HFA) | Tier 1 | |
| <i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i> | Tier 1 | |
| <i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/3 ml</i> (Xopenex) | Tier 1 | |
| <i>levalbuterol hcl inhalation solution for nebulization 1.25 mg/0.5 ml</i> (Xopenex Concentrate) | Tier 1 | |
| <i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i> (Xopenex HFA) | Tier 1 | |

| Drug | Status | Notes |
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| Beta-Adrenergic Agents, Inhaled, Ultra-Long Acting | | |
| STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION | Tier 2 | QL (4 GM per 30 days) |
| Beta-Adrenergic Agents, Orally Inhaled, Long Acting | | |
| <i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i> (Brovana) | Tier 1 | ST: Requires prior prescription for Formoterol Fumarate, Serevent Diskus, or Striverdi Respimat within the past 120 days; QL (120 ML per 30 days) |
| <i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i> (Perforomist) | Tier 1 | QL (120 ML per 30 days) |
| SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE | Tier 2 | QL (60 EA per 30 days) |
| Beta-Adrenergic And Anticholinergic Combinations | | |
| ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION | Tier 2 | QL (60 EA per 30 days) |
| COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION | Tier 2 | |
| <i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i> | Tier 1 | |
| STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION | Tier 2 | QL (4 GM per 30 days) |
| Beta-Adrenergic And Glucocorticoid Combinations | | |
| ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE (fluticasone propion-salmeterol) | Tier 1 | QL (60 EA per 30 days) |
| ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION | Tier 2 | QL (12 GM per 30 days) |
| BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE (fluticasone furoate-vilanterol) | Tier 2 | QL (60 EA per 30 days) |
| SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION (budesonide-formoterol) | Tier 2 | QL (30.6 GM per 30 days) |
| Beta-Adrenergic-Anticholinergic-Glucocort, Inhaled | | |

| Drug | Status | Notes |
|--|--------|--------------------------|
| BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION | Tier 2 | QL (10.7 GM per 30 days) |
| TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG | Tier 2 | QL (60 EA per 30 days) |
| TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG | Tier 2 | QL (2 EA per 1 day) |
| Glucocorticoids, Orally Inhaled | | |
| ARNUIITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION | Tier 2 | QL (30 EA per 30 days) |
| <i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i> (Pulmicort) | Tier 1 | QL (120 ML per 30 days) |
| <i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i> (Pulmicort) | Tier 1 | QL (60 ML per 30 days) |
| FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION | Tier 2 | QL (60 EA per 30 days) |
| FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION | Tier 2 | QL (120 EA per 30 days) |
| FLOVENT HFA INHALATION HFA (fluticasone propionate) AEROSOL INHALER 110 MCG/ACTUATION | Tier 2 | QL (12 GM per 30 days) |
| FLOVENT HFA INHALATION HFA (fluticasone propionate) AEROSOL INHALER 220 MCG/ACTUATION | Tier 2 | QL (24 GM per 30 days) |
| FLOVENT HFA INHALATION HFA (fluticasone propionate) AEROSOL INHALER 44 MCG/ACTUATION | Tier 2 | QL (21.2 GM per 30 days) |
| Interleukin-4(II-4) Receptor Alpha Antagonist, Mab | | |
| DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML | Tier 4 | PA; SP |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML | Tier 4 | PA; SP |
| Interleukin-5(II-5) Receptor Alpha Antagonist, Mab | | |
| FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML | Tier 4 | PA; SP |
| Leukotriene Receptor Antagonists | | |
| <i>montelukast oral granules in packet 4 mg</i> (Singulair) | Tier 1 | |

| Drug | Status | Notes |
|---|--------|------------------------|
| montelukast oral tablet 10 mg (Singulair) | Tier 1 | |
| montelukast oral tablet, chewable 4 mg, 5 mg (Singulair) | Tier 1 | |
| zafirlukast oral tablet 10 mg, 20 mg (Accolate) | Tier 1 | |
| Mast Cell Stabilizers | | |
| cromolyn oral concentrate 100 mg/5 ml (Gastrocrom) | Tier 1 | |
| Mast Cell Stabilizers, Orally Inhaled | | |
| cromolyn inhalation solution for nebulization 20 mg/2 ml | Tier 1 | |
| Monoclonal Antibodies To Immunoglobulin E(Ige) | | |
| XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML | Tier 4 | PA; SP |
| Phosphodiesterase-4 (Pde4) Inhibitors | | |
| roflumilast oral tablet 250 mcg, 500 mcg (Daliresp) | Tier 1 | QL (1 EA per 1 day) |
| Respiratory Aids, Devices, Equipment | | |
| ACE AEROSOL CLOUD ENHANCER SPACER (inhalational spacing device) | Tier 2 | QL (2 EA per 180 days) |
| AEROBIKA OSCILLATING PEP SYSTM DEVICE | Tier 3 | |
| AEROCHAMBER MINI SPACER (inhalational spacing device) | Tier 2 | QL (2 EA per 180 days) |
| AEROCHAMBER MV SPACER (inhalational spacing device) | Tier 2 | QL (2 EA per 180 days) |
| AEROCHAMBER PLUS FLOW-VU SPACER (inhalational spacing device) | Tier 2 | QL (2 EA per 180 days) |
| AEROCHAMBER PLUS FLOW-VU, L MSK SPACER | Tier 2 | QL (2 EA per 180 days) |
| AEROCHAMBER PLUS FLOW-VU, M MSK SPACER | Tier 2 | QL (2 EA per 180 days) |
| AEROCHAMBER PLUS FLOW-VU, S MSK SPACER | Tier 2 | QL (2 EA per 180 days) |
| AEROCHAMBER PLUS Z STAT LG MSK SPACER | Tier 2 | QL (2 EA per 180 days) |
| AEROCHAMBER PLUS Z STAT MD MSK SPACER | Tier 2 | QL (2 EA per 180 days) |
| AEROCHAMBER PLUS Z STAT SM MSK SPACER | Tier 2 | QL (2 EA per 180 days) |
| AEROCHAMBER PLUS Z STAT SPACER (inhalational spacing device) | Tier 2 | QL (2 EA per 180 days) |
| AEROCHAMBER Z-STAT PLUS-FLW SG SPACER (inhalational spacing device) | Tier 2 | QL (2 EA per 180 days) |
| AEROECLIPSE II NEBULIZER (nebulizers) | Tier 3 | |
| AEROGEAR ACTION ASTHMA KIT KIT | Tier 3 | |
| AERONEB GO NEBULIZER (nebulizers) | Tier 3 | |

| Drug | | Status | Notes |
|---------------------------------------|-------------------------------|---------------|------------------------|
| AEROTRACH PLUS SPACER | (inhalational spacing device) | Tier 2 | QL (2 EA per 180 days) |
| AEROVENT PLUS SPACER | (inhalational spacing device) | Tier 2 | QL (2 EA per 180 days) |
| AIRS DISPOSABLE NEBULIZER | (nebulizers) | Tier 3 | |
| ALTERA NEBULIZER HANDSET | (nebulizers) | Tier 3 | |
| ALTERA NEBULIZER SYSTEM | (nebulizers) | Tier 3 | |
| ASTHMAPACK CHILDREN'S KIT | | Tier 3 | |
| AURA PORTANEB | (nebulizers) | Tier 3 | |
| BREATHERITE MDI SPACER SPACER | (inhalational spacing device) | Tier 2 | QL (2 EA per 180 days) |
| BREATHERITE SPACER-MASK, NEO. SPACER | | Tier 2 | QL (2 EA per 180 days) |
| BREATHERITE SPACER-MASK,ADULT SPACER | | Tier 2 | QL (2 EA per 180 days) |
| BREATHERITE SPACER-MASK,CHILD SPACER | | Tier 2 | QL (2 EA per 180 days) |
| BREATHERITE SPACER-MASK,INFANT SPACER | | Tier 2 | QL (2 EA per 180 days) |
| BREATHERITE SPACER-MASK,S.CHLD SPACER | | Tier 2 | QL (2 EA per 180 days) |
| BREATHERITE VALVED MDI CHAMBER SPACER | (inhalational spacing device) | Tier 2 | QL (2 EA per 180 days) |
| BREATHERITE VALVED MDI SPACER SPACER | (inhalational spacing device) | Tier 2 | QL (2 EA per 180 days) |
| CLEVER CHOICE CHAMBER-LRG MASK SPACER | | Tier 2 | QL (2 EA per 180 days) |
| CLEVER CHOICE CHAMBER-MED MASK SPACER | | Tier 2 | QL (2 EA per 180 days) |
| CLEVER CHOICE CHAMBER-SM MASK SPACER | | Tier 2 | QL (2 EA per 180 days) |
| CLEVER CHOICE NEBULIZER DEVICE | (nebulizer and compressor) | Tier 3 | |
| CLEVER CHOICE WHISPER AIRE PED DEVICE | (nebulizer and compressor) | Tier 3 | |
| COMPACT SPACE CHAMBER SPACER | (inhalational spacing device) | Tier 2 | QL (2 EA per 180 days) |
| COMPACT SPACE CHAMBER-LRG MASK SPACER | | Tier 2 | QL (2 EA per 180 days) |
| COMPACT SPACE CHAMBER-MED MASK SPACER | | Tier 2 | QL (2 EA per 180 days) |
| COMPACT SPACE CHAMBER-SM MASK SPACER | | Tier 2 | QL (2 EA per 180 days) |
| COMP-AIR NEBULIZER COMPRESSOR DEVICE | (nebulizer and compressor) | Tier 3 | |
| DEVILBISS DISPOSABLE NEBULIZER | (nebulizers) | Tier 3 | |
| DEVILBISS PULMO-AIDE COMPRESSR DEVICE | | Tier 3 | |

| Drug | Status | Notes |
|--|---------------|------------------------|
| DEVILBISS PULMOMATE COMPRESSOR DEVICE | Tier 3 | |
| DEVILBISS PULMONEB LT COMP-NEB DEVICE (nebulizer and compressor) | Tier 3 | |
| DEVILBISS TRAVELER COMPRESSOR DEVICE (nebulizer and compressor) | Tier 3 | |
| EASIVENT HOLDING CHAMBER SPACER (inhalational spacing device) | Tier 2 | QL (2 EA per 180 days) |
| EASIVENT MASK LARGE DEVICE | Tier 2 | QL (2 EA per 180 days) |
| EASIVENT MASK MEDIUM DEVICE | Tier 2 | QL (2 EA per 180 days) |
| EASIVENT MASK SMALL DEVICE | Tier 2 | QL (2 EA per 180 days) |
| EBASE CONTROLLER DEVICE | Tier 3 | |
| FLEXICHAMBER SPACER (inhalational spacing device) | Tier 2 | QL (2 EA per 180 days) |
| FLEXICHAMBER-LG CHILD MASK DEVICE | Tier 2 | QL (2 EA per 180 days) |
| FLEXICHAMBER-SM ADULT MASK DEVICE | Tier 2 | QL (2 EA per 180 days) |
| FLEXICHAMBER-SM CHILD MASK DEVICE | Tier 2 | QL (2 EA per 180 days) |
| FLYP NEBULIZER (nebulizers) | Tier 3 | |
| HOME NEBULIZER PLUS SIDESTREAM DEVICE (nebulizer and compressor) | Tier 3 | |
| INNOSPIRE DELUXE DEVICE (nebulizer and compressor) | Tier 3 | |
| INNOSPIRE ELEGANCE DEVICE (nebulizer and compressor) | Tier 3 | |
| INNOSPIRE ESSENCE DEVICE (nebulizer and compressor) | Tier 3 | |
| INNOSPIRE GO NEBULIZER (nebulizers) | Tier 3 | |
| INNOSPIRE MINI DEVICE (nebulizer and compressor) | Tier 3 | |
| INSPIRACHAMBER SPACER (inhalational spacing device) | Tier 2 | QL (2 EA per 180 days) |
| INSPIRACHAMBER WITH MASK-LARGE SPACER | Tier 2 | QL (2 EA per 180 days) |
| INSPIRACHAMBER WITH MASK-MED SPACER | Tier 2 | QL (2 EA per 180 days) |
| INSPIRACHAMBER WITH MASK-SMALL SPACER | Tier 2 | QL (2 EA per 180 days) |
| LC PLUS (nebulizers) | Tier 3 | |
| LC PLUS NEBULIZER-PED MASK (nebulizers) | Tier 3 | |
| LITE TOUCH-MEDIUM MASK DEVICE | Tier 2 | QL (2 EA per 180 days) |
| LITEAIRE MDI CHAMBER SPACER (inhalational spacing device) | Tier 2 | QL (2 EA per 180 days) |
| LITETOUCH-LARGE MASK DEVICE | Tier 2 | QL (2 EA per 180 days) |

| Drug | Status | Notes |
|--|---------------|------------------------|
| LITETOUGH-SMALL MASK DEVICE | Tier 2 | QL (2 EA per 180 days) |
| MICROAIR MESH NEBULIZER (nebulizers) | Tier 3 | |
| MICROCHAMBER SPACER (inhalational spacing device) | Tier 2 | QL (2 EA per 180 days) |
| MICROSPACER SPACER (inhalational spacing device) | Tier 2 | QL (2 EA per 180 days) |
| MINI PLUS NEBULIZER (nebulizers) | Tier 3 | |
| MINI WRIGHT PEAK FLOW METER DEVICE (peak flow meter) | Tier 3 | |
| <i>nebulizer and compressor device</i> (Clever Choice Nebulizer) | Tier 3 | |
| OMBRA COMPRESSOR SYSTEM DEVICE (nebulizer and compressor) | Tier 3 | |
| OPTICHAMBER ADULT MASK-LARGE DEVICE | Tier 2 | QL (2 EA per 180 days) |
| OPTICHAMBER DIAMOND LG MASK SPACER | Tier 2 | QL (2 EA per 180 days) |
| OPTICHAMBER DIAMOND VHC SPACER (inhalational spacing device) | Tier 2 | QL (2 EA per 180 days) |
| OPTICHAMBER DIAMOND-MED MSK SPACER | Tier 2 | QL (2 EA per 180 days) |
| OPTICHAMBER DIAMOND-SML MASK SPACER | Tier 2 | QL (2 EA per 180 days) |
| PARI LC SPRINT NEBULIZER SET (nebulizers) | Tier 3 | |
| PARI LC SPRINT SINUS (nebulizers) | Tier 3 | |
| PARI SINUS AEROSOL SYSTEM DEVICE (nebulizer and compressor) | Tier 3 | |
| PARI TREK S COMBO PACK DEVICE (nebulizer and compressor) | Tier 3 | |
| PARI TREK S COMPACT COMPRESSOR DEVICE (nebulizer and compressor) | Tier 3 | |
| PEDIATRIC BEAR NEBULIZER DEVICE (nebulizer and compressor) | Tier 3 | |
| PEDIATRIC COMP-AIR COMPRES NEB DEVICE (nebulizer and compressor) | Tier 3 | |
| PEDIATRIC DINOSAUR NEBULIZER DEVICE (nebulizer and compressor) | Tier 3 | |
| PEDIATRIC DOG NEBULIZER DEVICE (nebulizer and compressor) | Tier 3 | |
| PEDIATRIC FROG NEBULIZER DEVICE (nebulizer and compressor) | Tier 3 | |
| PFLEX INSPIRATORY TRAINER DEVICE | Tier 3 | |
| POCKET CHAMBER SPACER (inhalational spacing device) | Tier 2 | QL (2 EA per 180 days) |
| PORTABLE NEBULIZER SYSTEM DEVICE (nebulizer and compressor) | Tier 3 | |
| PRIMEAIRE SPACER (inhalational spacing device) | Tier 2 | QL (2 EA per 180 days) |

| Drug | Status | Notes |
|--|--------|------------------------|
| PROCARE COMPRESSOR NEBULIZER DEVICE (nebulizer and compressor) | Tier 3 | |
| PROCARE PEDIATRIC NEBULIZER DEVICE (nebulizer and compressor) | Tier 3 | |
| PROCARE SPACER WITH ADULT MASK SPACER | Tier 2 | QL (2 EA per 180 days) |
| PROCARE SPACER WITH CHILD MASK SPACER | Tier 2 | QL (2 EA per 180 days) |
| PROCHAMBER SPACER (inhalational spacing device) | Tier 2 | QL (2 EA per 180 days) |
| PRODIGY MINI-MIST NEBULIZER (nebulizers) | Tier 3 | |
| PRONEB MAX COMPRESSOR-LC PLUS DEVICE (nebulizer and compressor) | Tier 3 | |
| PRONEB MAX COMPRESSOR-LC SPRINT DEVICE (nebulizer and compressor) | Tier 3 | |
| PROVENT NASAL DEVICE | Tier 3 | |
| PROVENT STARTER NASAL DEVICE | Tier 3 | |
| PULMO-AIDE COMPRESSOR DEVICE | Tier 3 | |
| PULMONEB LT COMPRESSOR NEBULIZER DEVICE (nebulizer and compressor) | Tier 3 | |
| QUAKE VIBRATORY PEP DEVICE | Tier 3 | |
| RITEFLO AEROCHAMBER SPACER (inhalational spacing device) | Tier 2 | QL (2 EA per 180 days) |
| SAMI THE SEAL DEVICE (nebulizer and compressor) | Tier 3 | |
| SIDESTREAM (nebulizers) | Tier 3 | |
| SIDESTREAM NEBULIZER (nebulizers) | Tier 3 | |
| SIDESTREAM PLUS (nebulizers) | Tier 3 | |
| SILICONE MASK - INFANT DEVICE | Tier 2 | QL (2 EA per 180 days) |
| SINUSTAR NEBULIZER (nebulizers) | Tier 3 | |
| SOOTHENEB COMPRESSOR NEBULIZER DEVICE (nebulizer and compressor) | Tier 3 | |
| SOOTHENEB MESH NEBULIZER (nebulizers) | Tier 3 | |
| SPACE CHAMBER SPACER (inhalational spacing device) | Tier 2 | QL (2 EA per 180 days) |
| SPACE CHAMBER WITH LARGE MASK SPACER | Tier 2 | QL (2 EA per 180 days) |
| SPACE CHAMBER WITH MEDIUM MASK SPACER | Tier 2 | QL (2 EA per 180 days) |
| SPACE CHAMBER WITH SMALL MASK SPACER | Tier 2 | QL (2 EA per 180 days) |
| SUNRISE COMPRESSOR-NEBULIZER DEVICE | Tier 3 | |
| THRESHOLD IMT TRAINER DEVICE | Tier 3 | |
| THRESHOLD PEP DEVICE DEVICE | Tier 3 | |

| Drug | Status | Notes |
|---|--------|--|
| TRUNEB NEBULIZER (nebulizers) | Tier 3 | |
| TRUZONE PEAK FLOW METER DEVICE (peak flow meter) | Tier 3 | |
| VIOS AEROSOL DELIVERY SYSTEM DEVICE (nebulizer and compressor) | Tier 3 | |
| VIXONE NEBULIZER (nebulizers) | Tier 3 | |
| VIXONE NEBULIZER-ADULT MASK (nebulizers) | Tier 3 | |
| VIXONE NEBULIZER-PEDIATRIC MSK (nebulizers) | Tier 3 | |
| VORTEX HOLDING CHAMBER SPACER (inhalational spacing device) | Tier 2 | QL (2 EA per 180 days) |
| VORTEX VHC FROG MASK-CHILD SPACER | Tier 2 | QL (2 EA per 180 days) |
| VORTEX VHC LADYBUG MASK-TODDLR SPACER | Tier 2 | QL (2 EA per 180 days) |
| WILLIS THE WHALE COMPRESSR NEB DEVICE (nebulizer and compressor) | Tier 3 | |
| Xanthines | | |
| <i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i> | Tier 1 | |
| ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML (theophylline) | Tier 1 | |
| THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG | Tier 2 | |
| <i>theophylline oral elixir 80 mg/15 ml</i> (Elixophyllin) | Tier 1 | |
| <i>theophylline oral solution 80 mg/15 ml</i> | Tier 1 | |
| <i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i> | Tier 1 | |
| <i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i> | Tier 1 | |
| Autonomic Nervous System Disorders | | |
| Alzheimer's Therapy, Nmda Receptor Antagonists | | |
| <i>memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i> (Namenda XR) | Tier 1 | ST: Requires prior prescription for Memantine immediate release tablets within the past 120 days; QL (30 EA per 30 days) |
| <i>memantine oral solution 2 mg/ml</i> | Tier 1 | QL (300 ML per 30 days) |
| <i>memantine oral tablet 10 mg, 5 mg</i> (Namenda) | Tier 1 | QL (60 EA per 30 days) |
| <i>memantine oral tablets,dose pack 5-10 mg</i> (Namenda Titration Pak) | Tier 1 | QL (49 EA per 28 days) |
| NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7-14-21-28 MG | Tier 2 | ST: Requires prior prescription for Memantine immediate release tablets within the past 120 days; QL (28 EA per 28 days) |

| Drug | Status | Notes |
|---|--------|---|
| Alzheimer's Thx,Nmda Recept Antag & Cholines Inhib | | |
| NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG | Tier 2 | ST: At least 2 prior prescriptions for Adlarity, Donepezil HCL, Memantine HCL, or Namenda XR within the past 365 days; QL (28 EA per 28 days) |
| NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG | Tier 2 | ST: At least 2 prior prescriptions for Adlarity, Donepezil HCL, Memantine HCL, or Namenda XR within the past 365 days; QL (1 EA per 1 day) |
| Cholinesterase Inhibitors | | |
| donepezil oral tablet 10 mg, 23 mg, 5 mg (Aricept) | Tier 1 | |
| donepezil oral tablet,disintegrating 10 mg, 5 mg | Tier 1 | |
| galantamine oral capsule,ext rel. pellets (Razadyne ER) 24 hr 16 mg, 24 mg, 8 mg | Tier 1 | QL (30 EA per 30 days) |
| galantamine oral solution 4 mg/ml | Tier 1 | QL (200 ML per 30 days) |
| galantamine oral tablet 12 mg, 4 mg, 8 mg | Tier 1 | QL (60 EA per 30 days) |
| pyridostigmine bromide oral syrup 60 mg/5 ml (Mestinon) | Tier 1 | |
| pyridostigmine bromide oral tablet 30 mg | Tier 1 | |
| pyridostigmine bromide oral tablet 60 mg (Mestinon) | Tier 1 | |
| pyridostigmine bromide oral tablet extended release 180 mg (Mestinon Timespan) | Tier 1 | |
| rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg | Tier 1 | |
| rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour (Exelon Patch) | Tier 1 | QL (30 EA per 30 days) |
| Behavioral Health - Antidepressants | | |
| Alpha-2 Receptor Antagonist Antidepressants | | |
| mirtazapine oral tablet 15 mg, 30 mg (Remeron) | Tier 1 | |
| mirtazapine oral tablet 45 mg, 7.5 mg | Tier 1 | |
| mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg (Remeron SolTab) | Tier 1 | |
| Maois - Non-Selective & Irreversible | | |
| MARPLAN ORAL TABLET 10 MG | Tier 3 | |
| phenelzine oral tablet 15 mg (Nardil) | Tier 1 | |
| tranylcypromine oral tablet 10 mg (Parnate) | Tier 1 | |
| Ndma Receptor Antagonist And Ndri Comb | | |

| Drug | Status | Notes |
|---|--------|---|
| AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG | Tier 3 | PA |
| Norepinephrine And Dopamine Reuptake Inhib (Ndris) | | |
| <i>bupropion hcl oral tablet 100 mg, 75 mg</i> | Tier 1 | |
| <i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL) | Tier 1 | |
| <i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR) | Tier 1 | |
| Selective Serotonin Reuptake Inhibitor (SsrIs) | | |
| <i>citalopram oral solution 10 mg/5 ml</i> | Tier 1 | |
| <i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i> (Celexa) | Tier 1 | |
| <i>escitalopram oxalate oral solution 5 mg/5 ml</i> | Tier 1 | |
| <i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (Lexapro) | Tier 1 | |
| <i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i> (Prozac) | Tier 1 | |
| <i>fluoxetine oral capsule, delayed release(dr/ec) 90 mg</i> | Tier 1 | |
| <i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i> | Tier 1 | |
| <i>fluoxetine oral tablet 10 mg, 20 mg, 60 mg</i> | Tier 1 | |
| <i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i> | Tier 1 | ST: Requires prior prescription for Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Fluvoxamine Maleate, Paroxetine HCL, or Sertraline HCL within the past 120 days; QL (2 EA per 1 day) |
| <i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i> | Tier 1 | |
| <i>paroxetine hcl oral suspension 10 mg/5 ml</i> (Paxil) | Tier 1 | |
| <i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> (Paxil) | Tier 1 | |
| <i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i> (Paxil CR) | Tier 1 | |
| <i>sertraline oral capsule 150 mg, 200 mg</i> | Tier 1 | QL (1 EA per 1 day) |
| <i>sertraline oral concentrate 20 mg/ml</i> (Zoloft) | Tier 1 | |
| <i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft) | Tier 1 | |

| Drug | Status | Notes |
|---|--------|--|
| Serotonin-2 Antagonist/Reuptake Inhibitors (Saris) | | |
| <i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i> | Tier 1 | |
| <i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i> | Tier 1 | |
| Serotonin-Norepinephrine Reuptake-Inhib (Snris) | | |
| <i>desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg</i> | Tier 1 | ST: At least 2 prior prescriptions for Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Sertraline HCL, or Venlafaxine HCL within the past 365 days; QL (1 EA per 1 day) |
| <i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq) | Tier 1 | |
| DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG | Tier 3 | ST: Requires prior prescription for generic Duloxetine within the past 120 days; QL (1 EA per 1 day) |
| DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 60 MG | Tier 3 | ST: Requires prior prescription for generic Duloxetine within the past 120 days; QL (2 EA per 1 day) |
| <i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i> (Cymbalta) | Tier 1 | |
| FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26) | Tier 2 | ST: At least 2 prior prescriptions for Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Sertraline HCL, or Venlafaxine HCL within the past 365 days; QL (1 EA per 1 day) |

| Drug | Status | Notes |
|---|--------|--|
| FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG | Tier 2 | ST: At least 2 prior prescriptions for Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Sertraline HCL, or Venlafaxine HCL within the past 365 days; QL (1 EA per 1 day) |
| <i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg</i> (Effexor XR) | Tier 1 | |
| <i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i> | Tier 1 | |
| <i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i> | Tier 1 | |
| Ssri & 5Ht1a Partial Agonist Antidepressant | | |
| VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23) | Tier 2 | ST: Requires prior prescription for Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Sertraline HCL, or Venlafaxine HCL within the past 120 days; QL (1 EA per 1 day) |
| <i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i> (Viibryd) | Tier 1 | ST: Requires prior prescription for Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Sertraline HCL, or Venlafaxine HCL within the past 120 days; QL (1 EA per 1 day) |
| Ssri & Serotonin Receptor Modulator Antidepressant | | |
| TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG | Tier 2 | ST: Requires prior prescription for Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Sertraline HCL, or Venlafaxine HCL within the past 120 days; QL (1 EA per 1 day) |

| Drug | Status | Notes |
|---|--------|------------------------|
| Tricyclic Antidepressant/Benzodiazepine Combinations | | |
| <i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i> | Tier 1 | |
| Tricyclic Antidepressant/Phenothiazine Combinations | | |
| <i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i> | Tier 1 | |
| Tricyclic Antidepressants & Rel. Non- Sel. Ru-Inhib | | |
| <i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i> | Tier 1 | |
| <i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i> | Tier 1 | |
| <i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil) | Tier 1 | |
| <i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin) | Tier 1 | |
| <i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i> | Tier 1 | |
| <i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i> | Tier 1 | |
| <i>doxepin oral concentrate 10 mg/ml</i> | Tier 1 | |
| <i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i> | Tier 1 | |
| <i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i> | Tier 1 | |
| <i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor) | Tier 1 | |
| <i>nortriptyline oral solution 10 mg/5 ml</i> | Tier 1 | |
| <i>protriptyline oral tablet 10 mg, 5 mg</i> | Tier 1 | |
| <i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i> | Tier 1 | |
| Behavioral Health - Other | | |
| Adrenergics, Aromatic, Non-Catecholamine | | |
| <i>ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 10 MG, 15 MG, 5 MG</i> (dextroamphetamine-amphetamine) | Tier 1 | QL (1 EA per 1 day) |
| <i>ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 20 MG, 25 MG, 30 MG</i> (dextroamphetamine-amphetamine) | Tier 1 | QL (2 EA per 1 day) |
| <i>amphetamine sulfate oral tablet 10 mg, 5 mg</i> (Evekeo) | Tier 1 | PA |
| <i>dextroamphetamine sulfate oral capsule, extended release 10 mg</i> (Dexedrine Spansule) | Tier 1 | QL (60 EA per 30 days) |

| Drug | Status | Notes |
|---|--------|--|
| <i>dextroamphetamine sulfate oral capsule, extended release 15 mg</i> (Dexedrine Spansule) | Tier 1 | QL (120 EA per 30 days) |
| <i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i> | Tier 1 | QL (60 EA per 30 days) |
| <i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i> (ProCentra) | Tier 1 | QL (1800 ML per 30 days) |
| <i>dextroamphetamine sulfate oral tablet 10 mg</i> (Zenedi) | Tier 1 | QL (180 EA per 30 days) |
| <i>dextroamphetamine sulfate oral tablet 15 mg</i> (Zenedi) | Tier 1 | ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (3 EA per 1 day) |
| <i>dextroamphetamine sulfate oral tablet 20 mg, 30 mg</i> (Zenedi) | Tier 1 | ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (2 EA per 1 day) |
| <i>dextroamphetamine sulfate oral tablet 5 mg</i> (Zenedi) | Tier 1 | QL (90 EA per 30 days) |
| <i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall) | Tier 1 | QL (2 EA per 1 day) |
| DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML | Tier 3 | ST: At least 2 prior prescriptions for Dextroamphetamine/Amphetamine, Methylphenidate HCL, Mydayis, or Vyvanse within the past 365 days; QL (240 ML per 30 days) |
| DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG | Tier 3 | ST: At least 2 prior prescriptions for Dextroamphetamine/Amphetamine, Methylphenidate HCL, Mydayis, or Vyvanse within the past 365 days; QL (1 EA per 1 day) |
| EVEKEO ODT ORAL TABLET, DISINTEGRATING 10 MG | Tier 3 | ST: At least 2 prior prescriptions for Dexmethylphenidate HCL, Dextroamphetamine/Amphetamine, or Methylphenidate HCL within the past 365 days; QL (4 EA per 1 day) |

| Drug | Status | Notes |
|---|--------|--|
| EVEKEO ODT ORAL TABLET,DISINTEGRATING 15 MG, 20 MG | Tier 3 | ST: At least 2 prior prescriptions for Dexmethylphenidate HCL, Dextroamphetamine/Amph etamine, or Methylphenidate HCL within the past 365 days; QL (2 EA per 1 day) |
| EVEKEO ODT ORAL TABLET,DISINTEGRATING 5 MG | Tier 3 | ST: At least 2 prior prescriptions for Dexmethylphenidate HCL, Dextroamphetamine/Amph etamine, or Methylphenidate HCL within the past 365 days; QL (8 EA per 1 day) |
| <i>methamphetamine oral tablet 5 mg</i> (Desoxyn) | Tier 1 | QL (150 EA per 30 days) |
| MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG | Tier 2 | QL (1 EA per 1 day) |
| VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG | Tier 2 | QL (1 EA per 1 day) |
| VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG | Tier 2 | QL (1 EA per 1 day) |
| ZENZEDI ORAL TABLET 10 MG (dextroamphetamine sulfate) | Tier 1 | QL (180 EA per 30 days) |
| ZENZEDI ORAL TABLET 15 MG (dextroamphetamine sulfate) | Tier 1 | ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (3 EA per 1 day) |
| ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG | Tier 1 | ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (90 EA per 30 days) |
| ZENZEDI ORAL TABLET 20 MG, 30 MG (dextroamphetamine sulfate) | Tier 1 | ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (2 EA per 1 day) |
| ZENZEDI ORAL TABLET 5 MG (dextroamphetamine sulfate) | Tier 1 | QL (90 EA per 30 days) |
| Anti-Alcoholic Preparations | | |

| Drug | Status | Notes |
|--|--------|-------|
| <i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i> | Tier 1 | |
| <i>disulfiram oral tablet 250 mg, 500 mg</i> | Tier 1 | |
| Anti-Anxiety - Benzodiazepines | | |
| ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML | Tier 2 | |
| <i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> (Xanax) | Tier 1 | |
| <i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i> (Xanax XR) | Tier 1 | |
| <i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> | Tier 1 | |
| <i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i> | Tier 1 | |
| <i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg</i> | Tier 1 | |
| <i>clorazepate dipotassium oral tablet 7.5 mg</i> (Tranxene T-Tab) | Tier 1 | |
| DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML (diazepam) | Tier 1 | |
| <i>diazepam oral concentrate 5 mg/ml</i> (Diazepam Intensol) | Tier 1 | |
| <i>diazepam oral solution 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml)</i> | Tier 1 | |
| <i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium) | Tier 1 | |
| LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML (lorazepam) | Tier 1 | |
| <i>lorazepam oral concentrate 2 mg/ml</i> (Lorazepam Intensol) | Tier 1 | |
| <i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Ativan) | Tier 1 | |
| <i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i> | Tier 1 | |
| Anti-Anxiety Drugs | | |
| <i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i> | Tier 1 | |
| <i>meprobamate oral tablet 200 mg, 400 mg</i> | Tier 1 | |
| Anti-Mania Drugs | | |
| EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG | Tier 3 | |
| <i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i> | Tier 1 | |
| <i>lithium carbonate oral tablet 300 mg</i> | Tier 1 | |
| <i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid) | Tier 1 | |
| <i>lithium carbonate oral tablet extended release 450 mg</i> | Tier 1 | |

| Drug | Status | Notes |
|---|--------|---|
| Anti-Narcolepsy & Anti-Cataplexy, Sedative-Type Agt | | |
| XYREM ORAL SOLUTION 500 MG/ML (sodium oxybate) | Tier 4 | PA; SP |
| XYWAV ORAL SOLUTION 0.5 GRAM/ML | Tier 4 | PA; SP |
| Antipsych, Dopamine Antag., Diphenylbutylpiperidines | | |
| <i>pimozide oral tablet 1 mg, 2 mg</i> | Tier 1 | |
| Antipsychotic-Atypical, D3/D2 Partial Ag-5Ht Mixed | | |
| VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG | Tier 2 | QL (1 EA per 1 day) |
| VRAYLAR ORAL CAPSULE, DOSE PACK 1.5 MG (1)- 3 MG (6) | Tier 2 | QL (7 EA per 28 days) |
| Antipsychotics, Atyp, D2 Partial Agonist/5Ht Mixed | | |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 300 MG, 400 MG | Tier 4 | QL (1 EA per 26 days) |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 300 MG, 400 MG | Tier 4 | QL (1 EA per 26 days) |
| ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET WITH SENSOR AND STRIP 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG | Tier 4 | PA |
| ABILIFY MYCITE STARTER KIT ORAL TABLET WITH SENSOR, STRIP, POD 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG | Tier 4 | PA |
| <i>aripiprazole oral solution 1 mg/ml</i> | Tier 1 | ST: At least 2 prior prescriptions for Abilify Maintena, Abilify Mycite, Aripiprazole, Citalopram Hydrobromide, Clozapine, Drizalma Sprinkle, Duloxetine HCL, Escitalopram Oxalate, Fluoxetine HCL, Olanzapine, Paroxetine HCL, Paroxetine Mesylate, Perseris, Pexeva, Quetiapine Fumarate, Risperidone, Seroquel XR, Sertraline HCL, Venlafaxine HCL, Versacloz, or Ziprasidone HCL within the past 365 days; QL (30 ML per 1 day) |
| <i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i> (Abilify) | Tier 1 | QL (1 EA per 1 day) |

| Drug | Status | Notes |
|---|--------|--|
| <i>aripiprazole oral tablet,disintegrating 10 mg</i> | Tier 1 | ST: At least 2 prior prescriptions for Abilify Maintena, Abilify Mycite, Aripiprazole, Citalopram Hydrobromide, Clozapine, Drizalma Sprinkle, Duloxetine HCL, Escitalopram Oxalate, Fluoxetine HCL, Olanzapine, Paroxetine HCL, Paroxetine Mesylate, Perseris, Pexeva, Quetiapine Fumarate, Risperidone, Seroquel XR, Sertraline HCL, Venlafaxine HCL, Versacloz, or Ziprasidone HCL within the past 365 days; QL (3 EA per 1 day) |
| <i>aripiprazole oral tablet,disintegrating 15 mg</i> | Tier 1 | ST: At least 2 prior prescriptions for Abilify Maintena, Abilify Mycite, Aripiprazole, Citalopram Hydrobromide, Clozapine, Drizalma Sprinkle, Duloxetine HCL, Escitalopram Oxalate, Fluoxetine HCL, Olanzapine, Paroxetine HCL, Paroxetine Mesylate, Perseris, Pexeva, Quetiapine Fumarate, Risperidone, Seroquel XR, Sertraline HCL, Venlafaxine HCL, Versacloz, or Ziprasidone HCL within the past 365 days; QL (2 EA per 1 day) |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML | Tier 4 | QL (3.9 ML per 14 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML | Tier 4 | QL (1.6 ML per 14 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML | Tier 4 | QL (2.4 ML per 14 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML | Tier 4 | QL (3.2 ML per 14 days) |

| Drug | Status | Notes |
|---|--------|--|
| REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG | Tier 2 | ST: At least 2 prior prescriptions for Abilify Mycite, Aripiprazole, Latuda, Olanzapine, Paliperidone, Quetiapine Fumarate, Risperidone, Seroquel XR, or Ziprasidone HCL within the past 365 days; QL (1 EA per 1 day) |
| Antipsychotics, Dopamine & Serotonin Antagonists | | |
| ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG | Tier 4 | |
| <i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i> | Tier 1 | |
| Antipsychotics, Atypical, Dopamine, & Serotonin Antag | | |
| <i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i> (Saphris) | Tier 1 | QL (2 EA per 1 day) |
| CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG | Tier 3 | ST: Requires prior prescription for Latuda or Vraylar within the past 120 days; QL (1 EA per 1 day) |
| <i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Clozaril) | Tier 1 | QL (3 EA per 1 day) |
| <i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i> | Tier 1 | QL (3 EA per 1 day) |
| CLOZARIL ORAL TABLET 200 MG, 50 MG (clozapine) | Tier 3 | QL (3 EA per 1 day) |
| FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG | Tier 3 | ST: At least 2 prior prescriptions for Aripiprazole, Asenapine Maleate, Clozapine, Olanzapine, Paliperidone, Quetiapine Fumarate, Risperidone, or Ziprasidone HCL within the past 365 days; QL (2 EA per 1 day) |
| FANAPT ORAL TABLETS, DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2) | Tier 3 | ST: At least 2 prior prescriptions for Aripiprazole, Asenapine Maleate, Clozapine, Olanzapine, Paliperidone, Quetiapine Fumarate, Risperidone, or Ziprasidone HCL within the past 365 days; QL (8 EA per 28 days) |
| INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML | Tier 4 | QL (3.5 ML per 166 days) |

| Drug | Status | Notes |
|--|--------|--------------------------|
| INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML | Tier 4 | QL (5 ML per 166 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML | Tier 4 | QL (0.75 ML per 21 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML | Tier 4 | QL (1 ML per 21 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML | Tier 4 | QL (1.5 ML per 21 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML | Tier 4 | QL (0.25 ML per 21 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML | Tier 4 | QL (0.5 ML per 21 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML | Tier 4 | QL (88 ML per 70 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML | Tier 4 | QL (1.32 ML per 70 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML | Tier 4 | QL (1.75 ML per 70 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML | Tier 4 | QL (2.63 ML per 70 days) |
| LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG | Tier 2 | QL (30 EA per 30 days) |
| LATUDA ORAL TABLET 80 MG | Tier 2 | QL (60 EA per 30 days) |
| <i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> (Zyprexa) | Tier 1 | QL (1 EA per 1 day) |
| <i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i> (Zyprexa Zydis) | Tier 1 | QL (1 EA per 1 day) |
| <i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i> (Invega) | Tier 1 | QL (1 EA per 1 day) |
| <i>paliperidone oral tablet extended release 24hr 6 mg</i> (Invega) | Tier 1 | QL (2 EA per 1 day) |
| PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 120 MG, 90 MG | Tier 4 | QL (1 EA per 28 days) |
| <i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel) | Tier 1 | QL (3 EA per 1 day) |
| <i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel XR) | Tier 1 | QL (1 EA per 1 day) |
| RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML | Tier 4 | QL (1 EA per 14 days) |

| Drug | Status | Notes |
|--|--------|--|
| <i>risperidone oral solution 1 mg/ml</i> (Risperdal) | Tier 1 | QL (8 ML per 1 day) |
| <i>risperidone oral tablet 0.25 mg</i> | Tier 1 | QL (2 EA per 1 day) |
| <i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal) | Tier 1 | QL (2 EA per 1 day) |
| <i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> | Tier 1 | QL (2 EA per 1 day) |
| SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR | Tier 3 | ST: At least 2 prior prescriptions for Aripiprazole, Asenapine Maleate, Clozapine, Olanzapine, Paliperidone, Quetiapine Fumarate, Risperidone, or Ziprasidone HCL within the past 365 days; QL (1 EA per 1 day) |
| SEROQUEL XR ORAL TABLET, EXT REL 24HR DOSE PACK 50 MG(3)-200 MG (1)-300 MG(11) | Tier 3 | |
| VERSACLOZ ORAL SUSPENSION 50 MG/ML | Tier 3 | ST: At least 2 prior prescriptions for Aripiprazole, Asenapine Maleate, Clozapine, Olanzapine, Paliperidone, Quetiapine Fumarate, Risperidone, or Ziprasidone HCL within the past 365 days; QL (18 ML per 1 day) |
| <i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon) | Tier 1 | QL (2 EA per 1 day) |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG | Tier 4 | QL (1 EA per 14 days) |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG | Tier 4 | QL (1 EA per 28 days) |
| Antipsychotics, Dopamine Antagonists, Thioxanthenes | | |
| <i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i> | Tier 1 | |
| Antipsychotics, Dopamine Antagonists, Butyrophenones | | |
| <i>haloperidol lactate oral concentrate 2 mg/ml</i> | Tier 1 | |
| <i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i> | Tier 1 | |
| Antipsychotics, Dopamine Antagonist, Dihydroindolones | | |
| <i>molindone oral tablet 10 mg</i> | Tier 1 | QL (8 EA per 1 day) |
| <i>molindone oral tablet 25 mg</i> | Tier 1 | QL (9 EA per 1 day) |
| <i>molindone oral tablet 5 mg</i> | Tier 1 | |

| Drug | Status | Notes |
|--|--------|--|
| Anti-Psychotics,Phenothiazines | | |
| <i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i> | Tier 1 | |
| <i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i> | Tier 1 | |
| <i>fluphenazine hcl oral concentrate 5 mg/ml</i> | Tier 1 | |
| <i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i> | Tier 1 | |
| <i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i> | Tier 1 | |
| <i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i> | Tier 1 | |
| <i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i> | Tier 1 | |
| <i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i> | Tier 1 | |
| Barbiturates | | |
| <i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i> | Tier 1 | |
| <i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i> | Tier 1 | |
| Hsdd Agents-Mixed Serotonin Agonist/Antagonists | | |
| ADDYI ORAL TABLET 100 MG | Tier 3 | PA |
| VYLEESI SUBCUTANEOUS AUTO-INJECTOR 1.75 MG/0.3 ML | Tier 3 | PA; Male Only |
| Hypnotics, Melatonin Mt1/Mt2 Receptor Agonists | | |
| HETLIOZ LQ ORAL SUSPENSION 4 MG/ML | Tier 4 | PA; SP |
| HETLIOZ ORAL CAPSULE 20 MG | Tier 4 | PA; SP |
| Menopausal Symptoms Suppressant - Ssris | | |
| <i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i> | Tier 1 | ST: Requires prior prescription for Paroxetine HCL or Venlafaxine HCL within the past 120 days; QL (1 EA per 1 day) |
| Monoamine Oxidase(Mao) Inhibitors | | |
| EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR | Tier 3 | ST: Requires prior prescription for Marplan, Phenezine Sulfate, or Tranylcypramine Sulfate within the past 120 days; QL (1 EA per 1 day) |
| Narcolepsy And Sleep Disorder Therapy Agents | | |

| Drug | Status | Notes |
|--|--------|--|
| <i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i> (Nuvigil) | Tier 1 | QL (1 EA per 1 day) |
| <i>armodafinil oral tablet 50 mg</i> (Nuvigil) | Tier 1 | QL (3 EA per 1 day) |
| <i>modafinil oral tablet 100 mg, 200 mg</i> (Provigil) | Tier 1 | QL (2 EA per 1 day) |
| SUNOSI ORAL TABLET 150 MG, 75 MG | Tier 3 | PA |
| Narcolepsy Tx-H3- Recept.Antagonist/Inverse Agonist | | |
| WAKIX ORAL TABLET 17.8 MG, 4.45 MG | Tier 4 | PA; SP |
| Narcotic Antagonists | | |
| KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION | Tier 2 | QL (4 EA per 30 days) |
| <i>naloxone injection auto-injector 10 mg/0.4 ml</i> | Tier 1 | |
| <i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i> | Tier 1 | |
| <i>naloxone nasal spray, non-aerosol 4 mg/actuation</i> (Narcan) | Tier 1 | QL (4 EA per 30 days) |
| <i>naltrexone oral tablet 50 mg</i> | Tier 1 | |
| ZIMHI INJECTION SYRINGE 5 MG/0.5 ML | Tier 3 | QL (2 ML per 30 days) |
| Sedative-Hypnotics - Benzodiazepines | | |
| <i>estazolam oral tablet 1 mg, 2 mg</i> | Tier 1 | |
| <i>flurazepam oral capsule 15 mg, 30 mg</i> | Tier 1 | |
| <i>midazolam oral syrup 10 mg/5 ml (2 mg/ml), 2 mg/ml</i> | Tier 1 | |
| <i>quazepam oral tablet 15 mg</i> (Doral) | Tier 1 | ST: Requires prior prescription for Eszopiclone, Flurazepam HCL, Temazepam, Zaleplon, or Zolpidem Tartrate within the past 120 days |
| <i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i> (Restoril) | Tier 1 | |
| <i>triazolam oral tablet 0.125 mg</i> | Tier 1 | |
| <i>triazolam oral tablet 0.25 mg</i> (Halcion) | Tier 1 | |
| Sedative-Hypnotics, Non-Barbiturate | | |
| BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG | Tier 2 | QL (1 EA per 1 day) |
| <i>doxepin oral tablet 3 mg, 6 mg</i> (Silenor) | Tier 1 | ST: Requires prior prescription for Doxepin solution or 10mg capsules, Eszopiclone, Zaleplon, or Zolpidem Tartrate within the past 120 days; QL (1 EA per 1 day) |

| Drug | Status | Notes |
|--|--------|-------------------------|
| eszopiclone oral tablet 1 mg, 2 mg, 3 mg (Lunesta) | Tier 1 | QL (1 EA per 1 day) |
| ketamine sublingual troche 100 mg | Tier 1 | |
| MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE 3-25-2 MG | Tier 1 | |
| zaleplon oral capsule 10 mg, 5 mg | Tier 1 | QL (1 EA per 1 day) |
| zolpidem oral tablet 10 mg, 5 mg (Ambien) | Tier 1 | QL (1 EA per 1 day) |
| zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg (Ambien CR) | Tier 1 | QL (1 EA per 1 day) |
| zolpidem sublingual tablet 1.75 mg, 3.5 mg | Tier 1 | QL (1 EA per 1 day) |
| Selective Serotonin 5-Ht2a Inverse Agonists (Ssia) | | |
| NUPLAZID ORAL CAPSULE 34 MG | Tier 4 | PA; SP |
| NUPLAZID ORAL TABLET 10 MG | Tier 4 | PA; SP |
| Ssri &Antipsych,Atyp,Dopamine&Serotonin Antag Comb | | |
| olanzapine-fluoxetine oral capsule 12-25 mg | Tier 1 | QL (1 EA per 1 day) |
| olanzapine-fluoxetine oral capsule 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg (Symbyax) | Tier 1 | QL (1 EA per 1 day) |
| Tx For Adhd - Selective Alpha-2A Receptor Agonist | | |
| clonidine hcl oral tablet extended release 12 hr 0.1 mg (Kapvay) | Tier 1 | QL (120 EA per 30 days) |
| guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg (Intuniv ER) | Tier 1 | QL (1 EA per 1 day) |
| Tx For Attention Deficit-Hyperact(Adhd)/Narcolepsy | | |
| CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 54 MG (methylphenidate hcl) | Tier 1 | QL (1 EA per 1 day) |
| CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 36 MG (methylphenidate hcl) | Tier 1 | QL (2 EA per 1 day) |
| dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg (Focalin XR) | Tier 1 | QL (1 EA per 1 day) |
| dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg (Focalin) | Tier 1 | QL (2 EA per 1 day) |
| METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG (methylphenidate hcl) | Tier 1 | QL (90 EA per 30 days) |
| methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg | Tier 1 | QL (1 EA per 1 day) |
| methylphenidate hcl oral capsule, er biphasic 30-70 30 mg | Tier 1 | QL (2 EA per 1 day) |
| methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg (Ritalin LA) | Tier 1 | QL (1 EA per 1 day) |

| Drug | Status | Notes |
|--|--------|--|
| <i>methylphenidate hcl oral capsule,er biphasic 50-50 30 mg</i> (Ritalin LA) | Tier 1 | QL (2 EA per 1 day) |
| <i>methylphenidate hcl oral capsule,er biphasic 50-50 60 mg</i> | Tier 1 | QL (1 EA per 1 day) |
| <i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i> (Methylin) | Tier 1 | |
| <i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin) | Tier 1 | QL (90 EA per 30 days) |
| <i>methylphenidate hcl oral tablet extended release 10 mg</i> | Tier 1 | QL (3 EA per 1 day) |
| <i>methylphenidate hcl oral tablet extended release 20 mg</i> (Metadate ER) | Tier 1 | QL (90 EA per 30 days) |
| <i>methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg</i> | Tier 1 | QL (90 EA per 30 days) |
| <i>methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr</i> (Daytrana) | Tier 1 | ST: Requires prior prescription for oral Methylphenidate CD, ER OR LA formulation or Methylphenidate suspension/solution within the past 120 days; QL (1 EA per 1 day) |
| QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 40 MG | Tier 3 | ST: Requires prior prescription for Methylphenidate LA or CD within the past 120 days; QL (1 EA per 1 day) |
| QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 30 MG | Tier 3 | ST: Requires prior prescription for Methylphenidate LA or CD within the past 120 days; QL (2 EA per 1 day) |
| QUILLIVANT XR ORAL SUSPENSION,EXT REL 24HR,RECON 5 MG/ML (25 MG/5 ML) | Tier 3 | 60mL BOTTLE; ST: Requires prior prescription for Methylphenidate LA or CD within the past 120 days; QL (60 ML per 30 days) |
| Tx For Attention Deficit-Hyperact.(Adhd), Nri-Type | | |
| <i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i> (Strattera) | Tier 1 | QL (60 EA per 30 days) |
| <i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i> (Strattera) | Tier 1 | QL (30 EA per 30 days) |

| Drug | Status | Notes |
|---|--------|--|
| QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG | Tier 3 | ST: Requires prior prescription for Atomoxetine HCL, Clonidine HCL, Dexmethylphenidate HCL, Dextroamphetamine/Amphetamine, Guanfacine HCL, or Methylphenidate HCL within the past 120 days; QL (1 EA per 1 day); Age (Min 6 Years) |
| QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG | Tier 3 | ST: Requires prior prescription for Atomoxetine HCL, Clonidine HCL, Dexmethylphenidate HCL, Dextroamphetamine/Amphetamine, Guanfacine HCL, or Methylphenidate HCL within the past 120 days; QL (2 EA per 1 day); Age (Min 6 Years) |
| QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG | Tier 3 | ST: Requires prior prescription for Atomoxetine HCL, Clonidine HCL, Dexmethylphenidate HCL, Dextroamphetamine/Amphetamine, Guanfacine HCL, or Methylphenidate HCL within the past 120 days; QL (3 EA per 1 day); Age (Min 6 Years) |
| Cardiovascular Disease - Arrhythmia | | |
| Antiarrhythmics | | |
| <i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i> (Pacerone) | Tier 1 | |
| <i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> (Norpace) | Tier 1 | |
| <i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn) | Tier 1 | |
| <i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i> | Tier 1 | |
| <i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i> | Tier 1 | |
| MULTAQ ORAL TABLET 400 MG | Tier 2 | |
| NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG | Tier 2 | |
| NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 150 MG (disopyramide phosphate) | Tier 2 | |
| PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG (amiodarone) | Tier 1 | |

| Drug | Status | Notes |
|--|--------|-------|
| <i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i> (Rythmol SR) | Tier 1 | |
| <i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i> | Tier 1 | |
| <i>quinidine gluconate oral tablet extended release 324 mg</i> | Tier 1 | |
| <i>quinidine sulfate oral tablet 200 mg, 300 mg</i> | Tier 1 | |
| Cardiovascular Disease - Cardiac Stimulant | | |
| Adrenergic Agents, Catecholamines | | |
| <i>epinephrine injection syringe 0.1 mg/ml</i> | Tier 1 | |
| Digitalis Glycosides | | |
| DIGITEK ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) (digoxin) | Tier 1 | |
| DIGOX ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) (digoxin) | Tier 1 | |
| <i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i> | Tier 2 | |
| <i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Digitek) | Tier 1 | |
| <i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i> (Lanoxin) | Tier 1 | PA |
| LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) (digoxin) | Tier 3 | |
| LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG) (digoxin) | Tier 3 | PA |
| Cardiovascular Disease - Hypertension | | |
| Ace Inhibitor/Calcium Channel Blocker Combination | | |
| <i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg</i> (Lotrel) | Tier 1 | |
| <i>amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg</i> | Tier 1 | |
| <i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i> | Tier 1 | |
| Ace Inhibitor/Thiazide & Thiazide-Like Diuretic | | |
| <i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Lotensin HCT) | Tier 1 | |
| <i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i> | Tier 1 | |
| <i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i> | Tier 1 | |
| <i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic) | Tier 1 | |

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

| Drug | Status | Notes |
|--|--------|--|
| <i>valsartan-hydrochlorothiazide oral tablet</i> (Diovan HCT) 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg | Tier 1 | |
| Angiotensin Receptor Antgnst & Calc.Channel Blockr | | |
| <i>amlodipine-olmesartan oral tablet</i> 10-20 (Azor) mg, 10-40 mg, 5-20 mg, 5-40 mg | Tier 1 | |
| <i>amlodipine-valsartan oral tablet</i> 10-160 (Exforge) mg, 10-320 mg, 5-160 mg, 5-320 mg | Tier 1 | |
| <i>telmisartan-amlodipine oral tablet</i> 40-10 (Twynsta) mg, 40-5 mg, 80-10 mg, 80-5 mg | Tier 1 | |
| Antihypertensives, Ace Inhibitors | | |
| <i>benazepril oral tablet</i> 10 mg, 20 mg, 40 (Lotensin) mg | Tier 1 | |
| <i>benazepril oral tablet</i> 5 mg | Tier 1 | |
| <i>captopril oral tablet</i> 100 mg, 12.5 mg, 25 mg, 50 mg | Tier 1 | |
| <i>enalapril maleate oral solution</i> 1 mg/ml (Epaned) | Tier 1 | ST: Requires prior prescription for Enalapril tablets if 12 years of age or older within the past 120 days; QL (1200 ML per 30 days) |
| <i>enalapril maleate oral tablet</i> 10 mg, 2.5 (Vasotec) mg, 20 mg, 5 mg | Tier 1 | |
| <i>fosinopril oral tablet</i> 10 mg, 20 mg, 40 mg | Tier 1 | |
| <i>lisinopril oral tablet</i> 10 mg, 2.5 mg, 20 (Zestril) mg, 30 mg, 40 mg, 5 mg | Tier 1 | |
| <i>moexipril oral tablet</i> 15 mg, 7.5 mg | Tier 1 | |
| <i>perindopril erbumine oral tablet</i> 2 mg, 4 mg, 8 mg | Tier 1 | |
| QBRELIS ORAL SOLUTION 1 MG/ML | Tier 3 | ST: Requires prior prescription for Lisinopril tablets within the past 120 days if 12 years of age and older; QL (1200 ML per 30 days) |
| <i>quinapril oral tablet</i> 10 mg, 20 mg, 40 (Accupril) mg, 5 mg | Tier 1 | |
| <i>ramipril oral capsule</i> 1.25 mg, 10 mg, 2.5 (Altace) mg, 5 mg | Tier 1 | |
| <i>trandolapril oral tablet</i> 1 mg, 2 mg, 4 mg | Tier 1 | |
| Antihypertensives, Angiotensin Receptor Antagonist | | |
| <i>candesartan oral tablet</i> 16 mg, 32 mg, 4 (Atacand) mg, 8 mg | Tier 1 | |
| <i>eprosartan oral tablet</i> 600 mg | Tier 1 | |

| Drug | Status | Notes |
|---|--------|--|
| <i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro) | Tier 1 | |
| <i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar) | Tier 1 | |
| <i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar) | Tier 1 | |
| <i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis) | Tier 1 | |
| <i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan) | Tier 1 | |
| Antihypertensives, Ganglionic Blockers | | |
| VECAMYL ORAL TABLET 2.5 MG | Tier 3 | PA |
| Antihypertensives, Miscellaneous | | |
| DEMSEER ORAL CAPSULE 250 MG (metyrosine) | Tier 3 | |
| <i>metyrosine oral capsule 250 mg</i> (Demser) | Tier 1 | |
| Antihypertensives, Sympatholytic | | |
| <i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i> | Tier 1 | |
| <i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-TTS-1) | Tier 1 | |
| <i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2) | Tier 1 | |
| <i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3) | Tier 1 | |
| <i>guanfacine oral tablet 1 mg, 2 mg</i> | Tier 1 | |
| <i>methyldopa oral tablet 250 mg, 500 mg</i> | Tier 1 | |
| <i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i> | Tier 1 | |
| Antihypertensives, Vasodilators | | |
| <i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i> | Tier 1 | |
| <i>minoxidil oral tablet 10 mg, 2.5 mg</i> | Tier 1 | |
| Beta-Adrenergic Blocking Agents | | |
| <i>acebutolol oral capsule 200 mg, 400 mg</i> | Tier 1 | |
| <i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin) | Tier 1 | |
| <i>betaxolol oral tablet 10 mg, 20 mg</i> | Tier 1 | |
| <i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i> | Tier 1 | |
| HEMANGEOL ORAL SOLUTION 4.28 MG/ML | Tier 3 | ST: Requires prior prescription for Propranolol oral solution within the past 120 days if 1 year of age and older; QL (360 ML per 30 days) |

| Drug | Status | Notes |
|--|--------|--|
| KAPSPARGO SPRINKLE ORAL CAPSULE, SPRINKLE, ER 24HR 100 MG, 200 MG, 25 MG, 50 MG | Tier 3 | |
| metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg (Toprol XL) | Tier 1 | |
| metoprolol tartrate oral tablet 100 mg, 50 mg (Lopressor) | Tier 1 | |
| metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg | Tier 1 | |
| nadolol oral tablet 20 mg, 40 mg, 80 mg (Corgard) | Tier 1 | |
| nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg (Bystolic) | Tier 1 | |
| pindolol oral tablet 10 mg, 5 mg | Tier 1 | |
| propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg (Inderal LA) | Tier 1 | |
| propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml) | Tier 1 | |
| propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg | Tier 1 | |
| SORINE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG (sotalol) | Tier 1 | |
| SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG (sotalol) | Tier 1 | |
| sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg (Sorine) | Tier 1 | |
| SOTYLIZE ORAL SOLUTION 5 MG/ML | Tier 3 | QL: 8 BOTTLES IN 30 DAYS; ST: Requires prior prescription for Sotalol HCL within the past 120 days |
| timolol maleate oral tablet 10 mg, 20 mg, 5 mg | Tier 1 | |
| Beta-Adrenergic Blocking Agents/Thiazide & Related | | |
| atenolol-chlorthalidone oral tablet 100-25 mg (Tenoretic 100) | Tier 1 | |
| atenolol-chlorthalidone oral tablet 50-25 mg (Tenoretic 50) | Tier 1 | |
| bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg (Ziac) | Tier 1 | |
| metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg | Tier 1 | |
| propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg | Tier 1 | |
| Calcium Channel Blocking Agents | | |
| amlodipine oral tablet 10 mg, 2.5 mg, 5 mg (Norvasc) | Tier 1 | |

| Drug | Status | Notes |
|---|--------|-------|
| CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG | Tier 3 | |
| CARTIA XT ORAL (diltiazem hcl) CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG | Tier 1 | |
| CONJUPRI ORAL TABLET 2.5 MG (levamlodipine) | Tier 3 | PA |
| <i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i> (DILT-XR) | Tier 1 | |
| <i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i> | Tier 1 | |
| <i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i> (Taztia XT) | Tier 1 | |
| <i>diltiazem hcl oral capsule,extended release 24 hr 420 mg</i> (Tiadylt ER) | Tier 1 | |
| <i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (Cartia XT) | Tier 1 | |
| <i>diltiazem hcl oral capsule,extended release 24hr 360 mg</i> (Cardizem CD) | Tier 1 | |
| <i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem) | Tier 1 | |
| <i>diltiazem hcl oral tablet 90 mg</i> | Tier 1 | |
| <i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (Matzim LA) | Tier 1 | |
| DILT-XR ORAL CAPSULE,EXT.REL (diltiazem hcl) 24H DEGRADABLE 120 MG, 180 MG, 240 MG | Tier 1 | |
| <i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i> | Tier 1 | |
| <i>isradipine oral capsule 2.5 mg, 5 mg</i> | Tier 1 | |
| <i>levamlodipine oral tablet 2.5 mg, 5 mg</i> (Conjupri) | Tier 1 | PA |
| MATZIM LA ORAL TABLET EXTENDED (diltiazem hcl) RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG | Tier 1 | |
| <i>nicardipine oral capsule 20 mg, 30 mg</i> | Tier 1 | |
| <i>nifedipine oral capsule 10 mg, 20 mg</i> | Tier 1 | |
| <i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i> (Procardia XL) | Tier 1 | |
| <i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i> | Tier 1 | |
| <i>nimodipine oral capsule 30 mg</i> | Tier 1 | |
| <i>nisoldipine oral tablet extended release 24 hr 17 mg, 34 mg, 8.5 mg</i> (Sular) | Tier 1 | |
| <i>nisoldipine oral tablet extended release 24 hr 20 mg, 25.5 mg, 30 mg, 40 mg</i> | Tier 1 | |

| Drug | Status | Notes |
|---|--------|--------|
| NYMALIZE ORAL SOLUTION 60 MG/10 ML | Tier 4 | PA; SP |
| NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML | Tier 4 | PA; SP |
| TAZTIA XT ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (diltiazem hcl) | Tier 1 | |
| TIADYLT ER ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl) | Tier 1 | |
| verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg (Verelan PM) | Tier 1 | |
| verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg | Tier 1 | |
| verapamil oral tablet 120 mg, 40 mg, 80 mg | Tier 1 | |
| verapamil oral tablet extended release 120 mg, 180 mg, 240 mg (Calan SR) | Tier 1 | |
| Loop Diuretics | | |
| bumetanide oral tablet 0.5 mg, 1 mg, 2 mg | Tier 1 | |
| ethacrynic acid oral tablet 25 mg (Edecrin) | Tier 1 | PA |
| FUROSCIX SUBCUTANEOUS KIT 80 MG/10 ML | Tier 3 | |
| furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml) | Tier 1 | |
| furosemide oral tablet 20 mg, 40 mg, 80 mg (Lasix) | Tier 1 | |
| torseamide oral tablet 10 mg, 100 mg, 5 mg | Tier 1 | |
| torseamide oral tablet 20 mg (Soaanz) | Tier 1 | |
| Potassium Sparing Diuretics | | |
| amiloride oral tablet 5 mg | Tier 1 | |
| epplerenone oral tablet 25 mg, 50 mg (Inspra) | Tier 1 | |
| spironolactone oral tablet 100 mg, 25 mg, 50 mg (Aldactone) | Tier 1 | |
| triamterene oral capsule 100 mg, 50 mg (Dyrenium) | Tier 1 | |
| Potassium Sparing Diuretics In Combination | | |
| amiloride-hydrochlorothiazide oral tablet 5-50 mg | Tier 1 | |
| spironolacton-hydrochlorothiaz oral tablet 25-25 mg (Aldactazide) | Tier 1 | |
| triamterene-hydrochlorothiazid oral capsule 37.5-25 mg | Tier 1 | |

| Drug | Status | Notes |
|---|--------|---------------------------------|
| <i>triamterene-hydrochlorothiazid oral tablet</i> (Maxzide-25mg) 37.5-25 mg | Tier 1 | |
| <i>triamterene-hydrochlorothiazid oral tablet</i> (Maxzide) 75-50 mg | Tier 1 | |
| Pulm Anti-Htn,Soluble Guanylate Cyclase Stimulator | | |
| ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG | Tier 4 | PA; SP |
| Pulm.Anti-Htn,Sel.C-Gmp Phosphodiesterase T5 Inhib | | |
| ALYQ ORAL TABLET 20 MG (tadalafil (pulm. hypertension)) | Tier 4 | PA; SP |
| <i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i> (Revatio) | Tier 4 | PA; SP |
| <i>sildenafil (pulm.hypertension) oral tablet 20 mg</i> (Revatio) | Tier 1 | PA |
| <i>tadalafil (pulm. hypertension) oral tablet 20 mg</i> (Alyq) | Tier 4 | PA; SP; QL (1 EA per 5 days) |
| Pulmonary Anti-Htn, Endothelin Receptor Antagonist | | |
| <i>ambisentan oral tablet 10 mg, 5 mg</i> (Letairis) | Tier 4 | PA; SP |
| <i>bosentan oral tablet 125 mg, 62.5 mg</i> (Tracleer) | Tier 4 | PA; SP |
| OPSUMIT ORAL TABLET 10 MG | Tier 4 | PA; SP |
| TRACLEER ORAL TABLET FOR SUSPENSION 32 MG | Tier 4 | PA; SP |
| Pulmonary Antihypertensives, Prostacyclin-Type | | |
| <i>epoprostenol (glycine) intravenous recon soln 0.5 mg, 1.5 mg</i> (Flolan) | Tier 4 | PA; SP |
| <i>epoprostenol intravenous recon soln 0.5 mg, 1.5 mg</i> (Veletri) | Tier 4 | PA; SP |
| ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG | Tier 4 | PA; SP |
| TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16 MCG (112)- 32 MCG (84), 16(112)- 32(112) -48(28) MCG, 32 MCG, 32-48 MCG, 48 MCG, 64 MCG | Tier 4 | PA; SP |
| TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) | Tier 4 | PA; SP |
| TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML | Tier 4 | PA; SP |
| TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) | Tier 4 | PA; SP |

| Drug | Status | Notes |
|--|--------|---------------------|
| TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML | Tier 4 | PA; SP |
| UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG | Tier 4 | PA; SP |
| UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG | Tier 4 | PA; SP |
| UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60) | Tier 4 | PA; SP |
| VELETRI INTRAVENOUS RECON SOLN 0.5 MG, 1.5 MG (epoprostenol) | Tier 4 | PA; SP |
| VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML | Tier 4 | PA; SP |
| Renin Inhibitor, Direct | | |
| <i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna) | Tier 1 | |
| Renin Inhibitor, Direct/Thiazide Diuretic Comb | | |
| TEKTRUNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG | Tier 3 | |
| Thiazide And Related Diuretics | | |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i> | Tier 1 | |
| DIURIL ORAL SUSPENSION 250 MG/5 ML | Tier 3 | |
| <i>hydrochlorothiazide oral capsule 12.5 mg</i> | Tier 1 | |
| <i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i> | Tier 1 | |
| <i>indapamide oral tablet 1.25 mg, 2.5 mg</i> | Tier 1 | |
| <i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i> | Tier 1 | |
| Vasodilators, Combination | | |
| <i>isosorbide-hydralazine oral tablet 20-37.5 mg</i> (BiDil) | Tier 1 | |
| Cardiovascular Disease - Lipid Irregularity | | |
| Antihyperlip.Hmg Coa Reduct Inhib&Cholest.Ab.Inhib | | |
| <i>ezetimibe-simvastatin oral tablet 10-10 mg</i> (Vytorin 10-10) | Tier 1 | QL (1 EA per 1 day) |
| <i>ezetimibe-simvastatin oral tablet 10-20 mg</i> (Vytorin 10-20) | Tier 1 | QL (1 EA per 1 day) |
| <i>ezetimibe-simvastatin oral tablet 10-40 mg</i> (Vytorin 10-40) | Tier 1 | QL (1 EA per 1 day) |

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

| Drug | Status | Notes |
|--|--------|---|
| <i>fluvastatin oral tablet extended release</i> (Lescol XL) 24 hr 80 mg | Tier 1 | \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; ST: At least 2 prior prescriptions for Altoprev, Atorvastatin Calcium, Flolipid, Lovastatin, Pravastatin Sodium, or Simvastatin within the past 365 days; QL (1 EA per 1 day) |
| LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG | Tier 2 | \$0 COPAY IF 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> | Tier 1 | \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day) |
| <i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> | Tier 1 | \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day) |
| <i>rosuvastatin oral tablet 10 mg, 5 mg</i> (Crestor) | Tier 1 | \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day) |
| <i>rosuvastatin oral tablet 20 mg, 40 mg</i> (Crestor) | Tier 1 | QL (1 EA per 1 day) |
| <i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor) | Tier 1 | \$0 COPAY IF 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 5 mg</i> | Tier 1 | \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day) |
| <i>simvastatin oral tablet 80 mg</i> | Tier 1 | PA; QL (1 EA per 1 day) |

| Drug | Status | Notes |
|---|--------|---|
| ZYPITAMAG ORAL TABLET 2 MG, 4 MG | Tier 3 | ST: Requires prior prescription for Livalo within the past 120 days; QL (1 EA per 1 day) |
| Antihyperlipidemic - Mtp Inhibitor | | |
| JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG | Tier 4 | PA; SP |
| Antihyperlipidemic - Pcsk9 Inhibitors | | |
| PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML | Tier 2 | ST: Requires prior prescription for Atorvastatin Calcium, Flolipid, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin within the past 120 days |
| REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML | Tier 2 | ST: Requires prior prescription for Atorvastatin Calcium, Flolipid, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin within the past 120 days |
| REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML | Tier 2 | ST: Requires prior prescription for Atorvastatin Calcium, Flolipid, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin within the past 120 days |
| REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML | Tier 2 | ST: Requires prior prescription for Atorvastatin Calcium, Flolipid, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin within the past 120 days |
| Antihyperlipidemic-Acly And Choles Absorp Inhib | | |
| NEXLIZET ORAL TABLET 180-10 MG | Tier 2 | ST: Requires prior prescription for Atorvastatin Calcium, Flolipid, Fluvastatin Sodium, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin within the past 120 days |
| Bile Salt Sequestrants | | |

| Drug | Status | Notes |
|--|--------|--|
| <i>cholestyramine (with sugar) oral powder 4 gram</i> (Questran) | Tier 1 | |
| <i>cholestyramine (with sugar) oral powder in packet 4 gram</i> (Questran) | Tier 1 | |
| CHOLESTYRAMINE LIGHT ORAL POWDER 4 GRAM | Tier 1 | |
| CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM (cholestyramine-aspartame) | Tier 1 | |
| <i>cholestyramine-aspartame oral powder in packet 4 gram</i> (Cholestyramine Light) | Tier 1 | |
| <i>colesevelam oral powder in packet 3.75 gram</i> (WelChol) | Tier 1 | |
| <i>colesevelam oral tablet 625 mg</i> (WelChol) | Tier 1 | |
| COLESTID FLAVORED ORAL PACKET 7.5 GRAM | Tier 3 | |
| <i>colestipol oral granules 5 gram</i> (Colestid) | Tier 1 | |
| <i>colestipol oral packet 5 gram</i> (Colestid) | Tier 1 | |
| <i>colestipol oral tablet 1 gram</i> (Colestid) | Tier 1 | |
| PREVALITE ORAL POWDER 4 GRAM | Tier 1 | |
| PREVALITE ORAL POWDER IN PACKET 4 GRAM (cholestyramine-aspartame) | Tier 1 | |
| Lipotropics | | |
| <i>ezetimibe oral tablet 10 mg</i> (Zetia) | Tier 1 | QL (1 EA per 1 day) |
| <i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i> | Tier 1 | |
| <i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i> (Tricor) | Tier 1 | |
| <i>fenofibrate oral capsule 150 mg, 50 mg</i> (Lipofen) | Tier 1 | |
| <i>fenofibrate oral tablet 120 mg, 40 mg</i> (Fenoglide) | Tier 1 | |
| <i>fenofibrate oral tablet 160 mg, 54 mg</i> | Tier 1 | |
| <i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i> (Trilipix) | Tier 1 | |
| <i>fenofibric acid oral tablet 105 mg, 35 mg</i> (Fibricor) | Tier 1 | |
| <i>gemfibrozil oral tablet 600 mg</i> (Lopid) | Tier 1 | |
| <i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i> | Tier 1 | |
| NIACOR ORAL TABLET 500 MG (niacin) | Tier 1 | |
| <i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza) | Tier 1 | ST: Requires prior prescription for Fenofibrate Nanocrystallized, Fenofibrate, Fenofibrate micronized, or Triglide within the past 120 days; QL (4 EA per 1 day) |
| VASCEPA ORAL CAPSULE 0.5 GRAM (icosapent ethyl) | Tier 1 | QL (8 EA per 1 day) |

| Drug | Status | Notes |
|--|--------|--|
| VASCEPA ORAL CAPSULE 1 GRAM (icosapent ethyl) | Tier 1 | QL (4 EA per 1 day) |
| Niacin Preparations | | |
| <i>niacin oral tablet 500 mg</i> (Niacor) | Tier 1 | |
| Cardiovascular Disease - Miscellaneous Agents | | |
| Adrenergic Vasopressor Agents | | |
| <i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i> (Northera) | Tier 4 | PA; SP |
| <i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i> | Tier 1 | |
| Angiotensin Recept-Nepriylsin Inhibitor Comb(Arni) | | |
| ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG | Tier 2 | QL (2 EA per 1 day) |
| Antianginal & Anti-Ischemic Agents, Non-Hemodynamic | | |
| <i>ranolazine oral tablet extended release 12 hr 1,000 mg</i> (Ranexa) | Tier 1 | QL (60 EA per 30 days) |
| <i>ranolazine oral tablet extended release 12 hr 500 mg</i> (Ranexa) | Tier 1 | QL (120 EA per 30 days) |
| Antianginal, Heart Rate Reducing, I(F) Inhibitor | | |
| CORLANOR ORAL SOLUTION 5 MG/5 ML | Tier 2 | QL (20 ML per 1 day) |
| CORLANOR ORAL TABLET 5 MG, 7.5 MG | Tier 2 | ST: Requires prior prescription for Bisoprolol Fumarate, Carvedilol, or Metoprolol Succinate within the past 120 days; QL (2 EA per 1 day) |
| Antihyperlip - Hmg-Coa&Calcium Channel Blocker Cb | | |
| <i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> (Caduet) | Tier 1 | QL (1 EA per 1 day) |
| <i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i> | Tier 1 | QL (1 EA per 1 day) |
| Cardiac Myosin Inhibitor | | |
| CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG | Tier 4 | PA; SP |
| Protein Stabilizers | | |
| VYNDAMAX ORAL CAPSULE 61 MG | Tier 4 | PA; SP |
| VYNDAQEL ORAL CAPSULE 20 MG | Tier 4 | PA; SP |
| Soluble Guanylate Cyclase (Sgc) Stimulator | | |
| VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG | Tier 3 | PA |
| Cardiovascular Disease - Vasodilation | | |

| Drug | Status | Notes |
|---|--------|--------------------------|
| Vasodilators, Coronary | | |
| <i>amyl nitrite inhalation solution 0.3 ml</i> | Tier 1 | |
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i> | Tier 1 | |
| <i>isosorbide dinitrate oral tablet 40 mg</i> (Isordil) | Tier 1 | |
| <i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradose) | Tier 1 | |
| <i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i> | Tier 1 | |
| <i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i> | Tier 1 | |
| NITRO-BID TRANSDERMAL OINTMENT 2 % (nitroglycerin) | Tier 2 | |
| NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR | Tier 2 | |
| <i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat) | Tier 1 | |
| <i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (Nitro-Dur) | Tier 1 | |
| <i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i> (Nitrolingual) | Tier 1 | |
| NITROMIST TRANSLINGUAL AEROSOL, SPRAY 400 MCG/SPRAY (nitroglycerin) | Tier 3 | |
| NITRO-TIME ORAL CAPSULE, EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG (nitroglycerin) | Tier 1 | |
| Vasodilators, Peripheral | | |
| <i>ergoloid oral tablet 1 mg</i> | Tier 1 | |
| <i>isoxsuprine oral tablet 10 mg, 20 mg</i> | Tier 1 | |
| <i>papaverine injection solution 30 mg/ml</i> | Tier 1 | |
| Contraception/Oxytocics | | |
| Contraceptives, Intravaginal, Systemic | | |
| ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR (etonogestrel-ethinyl estradiol) | \$0 | QL (1 EA per 28 days) |
| <i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i> (EluRyng) | \$0 | QL (1 EA per 28 days) |
| HALOETTE VAGINAL RING 0.12-0.015 MG/24 HR (etonogestrel-ethinyl estradiol) | \$0 | QL (1 EA per 28 days) |
| Contraceptives, Injectable | | |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML | \$0 | QL (0.65 ML per 84 days) |
| <i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera) | \$0 | QL (1 ML per 84 days) |
| <i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera) | \$0 | QL (1 ML per 84 days) |

| Drug | Status | Notes |
|---|--------|------------------------|
| Contraceptives,Intravaginal | | |
| PHEXXI VAGINAL GEL 1.8-1-0.4 % | Tier 3 | PA |
| TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE 1,000 MG | \$0 | |
| VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 % | \$0 | |
| VCF CONTRACEPTIVE FILM VAGINAL FILM 28 % | \$0 | |
| VCF CONTRACEPTIVE GEL VAGINAL GEL 4 % | \$0 | |
| Contraceptives,Oral | | |
| AFIRMELLE ORAL TABLET 0.1-20 MG- MCG (levonorgestrel-ethinyl estradiol) | \$0 | |
| AFTER PILL ORAL TABLET 1.5 MG (levonorgestrel) | \$0 | |
| AFTERA ORAL TABLET 1.5 MG (levonorgestrel) | \$0 | |
| ALTAVERA (28) ORAL TABLET 0.15- 0.03 MG (levonorgestrel-ethinyl estradiol) | \$0 | |
| ALYACEN 1/35 (28) ORAL TABLET 1- 35 MG-MCG (norethindrone-ethin estradiol) | \$0 | |
| ALYACEN 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG | \$0 | |
| AMETHIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) (l norgest/e.estradiol- e.estradiol) | \$0 | QL (91 EA per 84 days) |
| AMETHYST (28) ORAL TABLET 90-20 MCG (28) (levonorgestrel-ethinyl estradiol) | \$0 | |
| APRI ORAL TABLET 0.15-0.03 MG (desogestrel-ethinyl estradiol) | \$0 | |
| ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG | \$0 | |
| ASHLYNA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) (l norgest/e.estradiol- e.estradiol) | \$0 | QL (91 EA per 84 days) |
| AUBRA EQ ORAL TABLET 0.1-20 MG- MCG (levonorgestrel-ethinyl estradiol) | \$0 | |
| AUBRA ORAL TABLET 0.1-20 MG-MCG (levonorgestrel-ethinyl estradiol) | \$0 | |
| AUROVELA 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG (norethindrone ac-eth estradiol) | \$0 | |
| AUROVELA 1/20 (21) ORAL TABLET 1- 20 MG-MCG (norethindrone ac-eth estradiol) | \$0 | |
| AUROVELA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4) (norethindrone-e.estradiol- iron) | \$0 | |
| AUROVELA FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7) (norethindrone-e.estradiol- iron) | \$0 | |

| Drug | | Status | Notes |
|---|----------------------------------|--------|------------------------|
| AUROVELA FE 1-20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) | (norethindrone-e.estradiol-iron) | \$0 | |
| AVIANE ORAL TABLET 0.1-20 MG-MCG | (levonorgestrel-ethinyl estrad) | \$0 | |
| AYUNA ORAL TABLET 0.15-0.03 MG | (levonorgestrel-ethinyl estrad) | \$0 | |
| AZURETTE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5 | (desog-e.estradiol/e.estradiol) | \$0 | |
| BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG | | \$0 | |
| BLISOVI 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4) | (norethindrone-e.estradiol-iron) | \$0 | |
| BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7) | (norethindrone-e.estradiol-iron) | \$0 | |
| BLISOVI FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) | (norethindrone-e.estradiol-iron) | \$0 | |
| BRIELLYN ORAL TABLET 0.4-35 MG-MCG | | \$0 | |
| CAMILA ORAL TABLET 0.35 MG | (norethindrone (contraceptive)) | \$0 | |
| CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7) | (l norgest/e.estradiol-e.estrad) | \$0 | QL (91 EA per 84 days) |
| CAMRESE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) | (l norgest/e.estradiol-e.estrad) | \$0 | QL (91 EA per 84 days) |
| CAZIAN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG | | \$0 | |
| CHARLOTTE 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4) | (norethindrone-e.estradiol-iron) | \$0 | |
| CHATEAL (28) ORAL TABLET 0.15-0.03 MG | (levonorgestrel-ethinyl estrad) | \$0 | |
| CHATEAL EQ (28) ORAL TABLET 0.15-0.03 MG | (levonorgestrel-ethinyl estrad) | \$0 | |
| CRYSSELLE (28) ORAL TABLET 0.3-30 MG-MCG | (norgestrel-ethinyl estradiol) | \$0 | |
| CYRED EQ ORAL TABLET 0.15-0.03 MG | (desogestrel-ethinyl estradiol) | \$0 | |
| CYRED ORAL TABLET 0.15-0.03 MG | (desogestrel-ethinyl estradiol) | \$0 | |
| DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG | (norethindrone-ethin estradiol) | \$0 | |
| DASETTA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG | | \$0 | |
| DAYSEE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) | (l norgest/e.estradiol-e.estrad) | \$0 | QL (91 EA per 84 days) |
| DEBLITANE ORAL TABLET 0.35 MG | (norethindrone (contraceptive)) | \$0 | |

| Drug | Status | Notes |
|---|--------|-------|
| <i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (Azurette (28)) | \$0 | |
| <i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i> (Apri) | \$0 | |
| DOLISHALE ORAL TABLET 90-20 MCG (28) (levonorgestrel-ethinyl estrad) | \$0 | |
| <i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i> (Beyaz) | \$0 | |
| <i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)</i> (Tydemy) | \$0 | |
| <i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i> (Jasmiel (28)) | \$0 | |
| <i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i> (Ocella) | \$0 | |
| ECONTRA EZ ORAL TABLET 1.5 MG (levonorgestrel) | \$0 | |
| ECONTRA ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel) | \$0 | |
| ELINEST ORAL TABLET 0.3-30 MG-MCG (norgestrel-ethinyl estradiol) | \$0 | |
| ELLA ORAL TABLET 30 MG | \$0 | |
| ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10) (levonorg-eth estrad triphasic) | \$0 | |
| ENSKYCE ORAL TABLET 0.15-0.03 MG (desogestrel-ethinyl estradiol) | \$0 | |
| ERRIN ORAL TABLET 0.35 MG (norethindrone (contraceptive)) | \$0 | |
| ESTARYLLA ORAL TABLET 0.25-35 MG-MCG (norgestimate-ethinyl estradiol) | \$0 | |
| <i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i> (Kelnor 1/35 (28)) | \$0 | |
| <i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i> (Kelnor 1-50 (28)) | \$0 | |
| FALMINA (28) ORAL TABLET 0.1-20 MG-MCG (levonorgestrel-ethinyl estrad) | \$0 | |
| FEMYNOR ORAL TABLET 0.25-35 MG-MCG (norgestimate-ethinyl estradiol) | \$0 | |
| FINZALA ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4) (norethindrone-e.estradiol-iron) | \$0 | |
| GEMMILY ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4) (norethindrone-e.estradiol-iron) | \$0 | |
| HAILEY 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4) (norethindrone-e.estradiol-iron) | \$0 | |
| HAILEY FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7) (norethindrone-e.estradiol-iron) | \$0 | |
| HAILEY FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) (norethindrone-e.estradiol-iron) | \$0 | |
| HAILEY ORAL TABLET 1.5-30 MG-MCG (norethindrone ac-eth estradiol) | \$0 | |

| Drug | | Status | Notes |
|--|---|--------|------------------------|
| HEATHER ORAL TABLET 0.35 MG | (norethindrone (contraceptive)) | \$0 | |
| ICLEVIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91) | (levonorgestrel-ethinyl estradiol) | \$0 | QL (91 EA per 84 days) |
| INCASSIA ORAL TABLET 0.35 MG | (norethindrone (contraceptive)) | \$0 | |
| ISIBLOOM ORAL TABLET 0.15-0.03 MG | (desogestrel-ethinyl estradiol) | \$0 | |
| JAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) | (l norgest/e.estradiol- e.estradiol) | \$0 | QL (91 EA per 84 days) |
| JASMIEL (28) ORAL TABLET 3-0.02 MG | (drospirenone-ethinyl estradiol) | \$0 | |
| JENCYCLA ORAL TABLET 0.35 MG | (norethindrone (contraceptive)) | \$0 | |
| JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91) | (levonorgestrel-ethinyl estradiol) | \$0 | QL (91 EA per 84 days) |
| JULEBER ORAL TABLET 0.15-0.03 MG | (desogestrel-ethinyl estradiol) | \$0 | |
| JUNEL 1.5/30 (21) ORAL TABLET 1.5- 30 MG-MCG | (norethindrone ac-eth estradiol) | \$0 | |
| JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG | (norethindrone ac-eth estradiol) | \$0 | |
| JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7) | (norethindrone-e.estradiol- iron) | \$0 | |
| JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) | (norethindrone-e.estradiol- iron) | \$0 | |
| JUNEL FE 24 ORAL TABLET 1 MG-20 MCG (24)/75 MG (4) | (norethindrone-e.estradiol- iron) | \$0 | |
| KAITLIB FE ORAL TABLET,CHEWABLE 0.8MG- 25MCG(24) AND 75 MG (4) | (noreth-ethinyl estradiol- iron) | \$0 | |
| KALLIGA ORAL TABLET 0.15-0.03 MG | (desogestrel-ethinyl estradiol) | \$0 | |
| KARIVA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5 | (desog- e.estradiol/e.estradiol) | \$0 | |
| KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG | (ethynodiol diac-eth estradiol) | \$0 | |
| KELNOR 1-50 (28) ORAL TABLET 1-50 MG-MCG | (ethynodiol diac-eth estradiol) | \$0 | |
| KURVELO (28) ORAL TABLET 0.15- 0.03 MG | (levonorgestrel-ethinyl estradiol) | \$0 | |
| <i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i> | (Camrese Lo) | \$0 | QL (91 EA per 84 days) |
| <i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i> | (Rivelsa) | \$0 | |

| Drug | | Status | Notes |
|--|-------------------------------------|--------|------------------------|
| <i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> | (Amethia) | \$0 | QL (91 EA per 84 days) |
| LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG | (norethindrone ac-eth estradiol) | \$0 | |
| LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG | (norethindrone ac-eth estradiol) | \$0 | |
| LARIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4) | (norethindrone-e.estradiol-iron) | \$0 | |
| LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7) | (norethindrone-e.estradiol-iron) | \$0 | |
| LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) | (norethindrone-e.estradiol-iron) | \$0 | |
| LAYOLIS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4) | (noreth-ethinyl estradiol-iron) | \$0 | |
| LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG | | \$0 | |
| LESSINA ORAL TABLET 0.1-20 MG-MCG | (levonorgestrel-ethinyl estrad) | \$0 | |
| LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10) | (levonorg-eth estrad triphasic) | \$0 | |
| <i>levonorgestrel oral tablet 1.5 mg</i> | (After Pill) | \$0 | |
| <i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i> | (Afirmelle) | \$0 | |
| <i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i> | (Altavera (28)) | \$0 | |
| <i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i> | (Amethyst (28)) | \$0 | |
| <i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> | (Iclevia) | \$0 | QL (91 EA per 84 days) |
| <i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> | (Enpresse) | \$0 | |
| LEVORA-28 ORAL TABLET 0.15-0.03 MG | (levonorgestrel-ethinyl estrad) | \$0 | |
| LOJAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7) | (l norgest/e.estradiol-e.estradiol) | \$0 | QL (91 EA per 84 days) |
| LORYNA (28) ORAL TABLET 3-0.02 MG | (drospirenone-ethinyl estradiol) | \$0 | |
| LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG | (norgestrel-ethinyl estradiol) | \$0 | |
| LO-ZUMANDIMINE (28) ORAL TABLET 3-0.02 MG | (drospirenone-ethinyl estradiol) | \$0 | |
| LUTERA (28) ORAL TABLET 0.1-20 MG-MCG | (levonorgestrel-ethinyl estrad) | \$0 | |
| LYLEQ ORAL TABLET 0.35 MG | (norethindrone (contraceptive)) | \$0 | |

| Drug | | Status | Notes |
|---|----------------------------------|--------|--|
| LYZA ORAL TABLET 0.35 MG | (norethindrone (contraceptive)) | \$0 | |
| MARLISSA (28) ORAL TABLET 0.15-0.03 MG | (levonorgestrel-ethinyl estrad) | \$0 | |
| MERZEE ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4) | (norethindrone-e.estradiol-iron) | \$0 | |
| MIBELAS 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4) | (norethindrone-e.estradiol-iron) | \$0 | |
| MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG | (norethindrone ac-eth estradiol) | \$0 | |
| MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG | (norethindrone ac-eth estradiol) | \$0 | |
| MICROGESTIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4) | (norethindrone-e.estradiol-iron) | \$0 | |
| MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7) | (norethindrone-e.estradiol-iron) | \$0 | |
| MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) | (norethindrone-e.estradiol-iron) | \$0 | |
| MILI ORAL TABLET 0.25-35 MG-MCG | (norgestimate-ethinyl estradiol) | \$0 | |
| MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG | (norgestimate-ethinyl estradiol) | \$0 | |
| MY CHOICE ORAL TABLET 1.5 MG | (levonorgestrel) | \$0 | |
| MY WAY ORAL TABLET 1.5 MG | (levonorgestrel) | \$0 | |
| NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG | | \$0 | ST: Requires prior prescription for two generic contraceptives within the past 365 days |
| NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG | | \$0 | |
| NEW DAY ORAL TABLET 1.5 MG | (levonorgestrel) | \$0 | |
| NEXTSTELLIS ORAL TABLET 3 MG-14.2 MG (28) | | \$0 | ST: Requires prior prescription for two generic contraceptives within the past 365 days; QL (1 EA per 1 day) |
| NIKKI (28) ORAL TABLET 3-0.02 MG | (drospirenone-ethinyl estradiol) | \$0 | |
| NORA-BE ORAL TABLET 0.35 MG | (norethindrone (contraceptive)) | \$0 | |
| <i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)</i> | (Wymzya Fe) | \$0 | |
| <i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i> | (Kaitlib Fe) | \$0 | |

| Drug | Status | Notes |
|---|--------|-------|
| norethindrone (contraceptive) oral tablet 0.35 mg (Camila) | \$0 | |
| norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg (Aurovela 1.5/30 (21)) | \$0 | |
| norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg (Aurovela 1/20 (21)) | \$0 | |
| norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4) (Gemmily) | \$0 | |
| norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7) (Aurovela Fe 1-20 (28)) | \$0 | |
| norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7) (Aurovela Fe 1.5/30 (28)) | \$0 | |
| norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9) (Tilia Fe) | \$0 | |
| norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4) (Charlotte 24 Fe) | \$0 | |
| norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg (Tri-Lo-Estarylla) | \$0 | |
| norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28) (Tri-Estarylla) | \$0 | |
| norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg (Estarylla) | \$0 | |
| NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG | \$0 | |
| NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21) | \$0 | |
| NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG (norethindrone-ethin estradiol) | \$0 | |
| NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG | \$0 | |
| NYLIA 1/35 (28) ORAL TABLET 1-35 MG-MCG (norethindrone-ethin estradiol) | \$0 | |
| NYLIA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG | \$0 | |
| NYMYO ORAL TABLET 0.25-35 MG-MCG (norgestimate-ethinyl estradiol) | \$0 | |
| OCELLA ORAL TABLET 3-0.03 MG (drospirenone-ethinyl estradiol) | \$0 | |
| OPCICON ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel) | \$0 | |
| OPTION-2 ORAL TABLET 1.5 MG (levonorgestrel) | \$0 | |
| PHILITH ORAL TABLET 0.4-35 MG-MCG | \$0 | |
| PIMTREA (28) ORAL TABLET 0.15-0.02 MG X 5 (desog-e.estradiol/e.estradiol) | \$0 | |
| PIRMELLA ORAL TABLET 0.5/0.75/1 MG- 35 MCG | \$0 | |

| Drug | | Status | Notes |
|--|----------------------------------|--------|---|
| PIRMELLA ORAL TABLET 1-35 MG-MCG | (norethindrone-ethin estradiol) | \$0 | |
| PORTIA 28 ORAL TABLET 0.15-0.03 MG | (levonorgestrel-ethinyl estrad) | \$0 | |
| RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG | (desogestrel-ethinyl estradiol) | \$0 | |
| RIVELSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG | (l norgest/e.estradiol-e.estrad) | \$0 | |
| SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91) | (levonorgestrel-ethinyl estrad) | \$0 | QL (91 EA per 84 days) |
| SHAROBEL ORAL TABLET 0.35 MG | (norethindrone (contraceptive)) | \$0 | |
| SIMLIYA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5 | (desog-e.estradiol/e.estradiol) | \$0 | |
| SIMPESSE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) | (l norgest/e.estradiol-e.estrad) | \$0 | QL (91 EA per 84 days) |
| SLYND ORAL TABLET 4 MG (28) | | \$0 | ST: Requires prior prescription for a generic Norethindrone 0.35mg tablets within the past 120 days; QL (28 EA per 28 days) |
| SPRINTEC (28) ORAL TABLET 0.25-35 MG-MCG | (norgestimate-ethinyl estradiol) | \$0 | |
| SRONYX ORAL TABLET 0.1-20 MG-MCG | (levonorgestrel-ethinyl estrad) | \$0 | |
| SYEDA ORAL TABLET 3-0.03 MG | (drospirenone-ethinyl estradiol) | \$0 | |
| TAKE ACTION ORAL TABLET 1.5 MG | (levonorgestrel) | \$0 | |
| TARINA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4) | (norethindrone-e.estradiol-iron) | \$0 | |
| TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) | (norethindrone-e.estradiol-iron) | \$0 | |
| TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) | (norethindrone-e.estradiol-iron) | \$0 | |
| TAYSOFY ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4) | (norethindrone-e.estradiol-iron) | \$0 | |
| TILIA FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9) | (norethindrone-e.estradiol-iron) | \$0 | |
| TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28) | (norgestimate-ethinyl estradiol) | \$0 | |
| TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9) | (norethindrone-e.estradiol-iron) | \$0 | |
| TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28) | (norgestimate-ethinyl estradiol) | \$0 | |
| TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG | (norgestimate-ethinyl estradiol) | \$0 | |

| Drug | | Status | Notes |
|--|--------------------------------------|--------|-------|
| TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG | (norgestimate-ethinyl estradiol) | \$0 | |
| TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG | (norgestimate-ethinyl estradiol) | \$0 | |
| TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG | (norgestimate-ethinyl estradiol) | \$0 | |
| TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28) | (norgestimate-ethinyl estradiol) | \$0 | |
| TRI-NYMYO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28) | (norgestimate-ethinyl estradiol) | \$0 | |
| TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28) | (norgestimate-ethinyl estradiol) | \$0 | |
| TRIVORA (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10) | (levonorg-eth estrad triphasic) | \$0 | |
| TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG | (norgestimate-ethinyl estradiol) | \$0 | |
| TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28) | (norgestimate-ethinyl estradiol) | \$0 | |
| TULANA ORAL TABLET 0.35 MG | (norethindrone (contraceptive)) | \$0 | |
| TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG | | \$0 | |
| TYDEMY ORAL TABLET 3-0.03-0.451 MG (21) (7) | (drospirenone-e.estradiol- lm.fa) | \$0 | |
| VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG- MCG | | \$0 | |
| VESTURA (28) ORAL TABLET 3-0.02 MG | (drospirenone-ethinyl estradiol) | \$0 | |
| VIENVA ORAL TABLET 0.1-20 MG- MCG | (levonorgestrel-ethinyl estrad) | \$0 | |
| VIORELE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5 | (desog- e.estradiol/e.estradiol) | \$0 | |
| VOLNEA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5 | (desog- e.estradiol/e.estradiol) | \$0 | |
| VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG | | \$0 | |
| VYLIBRA ORAL TABLET 0.25-35 MG- MCG | (norgestimate-ethinyl estradiol) | \$0 | |
| WERA (28) ORAL TABLET 0.5-35 MG- MCG | | \$0 | |
| WYMZYA FE ORAL TABLET,CHEWABLE 0.4MG- 35MCG(21) AND 75 MG (7) | (noreth-ethinyl estradiol- iron) | \$0 | |
| ZARAH ORAL TABLET 3-0.03 MG | (drospirenone-ethinyl estradiol) | \$0 | |
| ZOVIA 1-35 (28) ORAL TABLET 1-35 MG-MCG | (ethynodiol diac-eth estradiol) | \$0 | |
| ZUMANDIMINE (28) ORAL TABLET 3- 0.03 MG | (drospirenone-ethinyl estradiol) | \$0 | |

| Drug | Status | Notes |
|--|--------|------------------------|
| Contraceptives, Transdermal | | |
| XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR | \$0 | QL (3 EA per 28 days) |
| ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR | \$0 | QL (3 EA per 28 days) |
| Diaphragms/Cervical Cap | | |
| CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM | \$0 | |
| FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM | \$0 | |
| OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM 65 MM | \$0 | |
| WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM | \$0 | |
| WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM | \$0 | |
| WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM | \$0 | |
| WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM | \$0 | |
| WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM | \$0 | |
| WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM | \$0 | |
| WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM | \$0 | |
| WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM | \$0 | |
| Oxytocics | | |
| CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG | Tier 3 | |
| <i>methylergonovine oral tablet 0.2 mg</i> (Methergine) | Tier 1 | QL (28 EA per 30 days) |
| PREPIDIL VAGINAL GEL 0.5 MG/3 G | Tier 3 | |
| Cough And Cold | | |
| 1St Gen Antihistamine & Decongestant Combinations | | |
| PROMETHAZINE VC ORAL SYRUP (promethazine- 6.25-5 MG/5 ML phenylephrine) | Tier 1 | |
| <i>promethazine-phenylephrine oral syrup</i> (Promethazine VC) 6.25-5 mg/5 ml | Tier 1 | |
| 1St Gen Antihist-Decongest- Anticholinergic Comb | | |
| RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG | Tier 1 | |
| Antitussives, Non-Narcotic | | |
| <i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i> | Tier 1 | |

| Drug | Status | Notes |
|---|--|--|
| Narcotic Antituss-1St Gen. Antihistamine-Decongest | | |
| CAPCOF ORAL LIQUID 2-5-10 MG/5 ML | Tier 3 | Age (Min 12 Years) |
| HISTEX-AC ORAL SYRUP 2.5-10-10 MG/5 ML | Tier 3 | Age (Min 12 Years) |
| MAR-COF BP ORAL LIQUID 2-30-7.5 MG/5 ML | Tier 1 | Age (Min 12 Years) |
| MAXI-TUSS CD ORAL LIQUID 4-10-10 MG/5 ML | Tier 3 | Age (Min 12 Years) |
| M-END PE ORAL LIQUID 1.33-3.33-6.33 MG/5 ML | Tier 3 | Age (Min 12 Years) |
| POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML | Tier 3 | Age (Min 12 Years) |
| PROMETHAZINE VC-CODEINE ORAL SYRUP 6.25-5-10 MG/5 ML | (promethazine-phenyleph-codeine) Tier 1 | QL (30 ML per 1 day); Age (Min 18 Years) |
| <i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml</i> | (Promethazine VC-Codeine) Tier 1 | QL (30 ML per 1 day); Age (Min 18 Years) |
| RYDEX ORAL LIQUID 1.3-10-6.3 MG/5 ML | Tier 1 | Age (Min 12 Years) |
| Narcotic Antituss-Decongestant-Expectorant Comb | | |
| CODITUSSIN DAC ORAL LIQUID 30-10-200 MG/5 ML | Tier 3 | Age (Min 12 Years) |
| GUAIFENESIN DAC ORAL SYRUP 30-10-100 MG/5 ML | Tier 1 | Age (Min 12 Years) |
| VIRTUSSIN DAC ORAL SYRUP 30-10-100 MG/5 ML | Tier 1 | Age (Min 12 Years) |
| Narcotic Antitussive-1St Generation Antihistamine | | |
| <i>hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml</i> | Tier 1 | QL (10 ML per 1 day); Age (Min 18 Years) |
| <i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i> | Tier 1 | QL (30 ML per 1 day); Age (Min 18 Years) |
| TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG | Tier 3 | ST: Requires prior prescription for Promethazine HCL/codeine within the past 120 days; QL (2 EA per 1 day); Age (Min 18 Years) |
| TUZISTRA XR ORAL SUSPENSION,EXTENDED REL 12 HR 14.7-2.8 MG/5 ML | Tier 3 | ST: Requires prior prescriptions for Promethazine/codeine and Tuxarin ER within the past 365 days; QL (200 ML per 10 days); Age (Min 18 Years) |
| Narcotic Antitussive-Anticholinergic Comb. | | |

| Drug | | Status | Notes |
|--|--------------------------------|--------|---|
| HYCODAN (WITH HOMATROPINE) ORAL SYRUP 5-1.5 MG/5 ML | (hydrocodone-homatropine) | Tier 3 | QL (30 ML per 1 day); Age (Min 18 Years) |
| HYCODAN ORAL SYRUP 5-1.5 MG/5 ML (5 ML) | (hydrocodone-homatropine) | Tier 3 | QL (30 ML per 1 day); Age (Min 18 Years) |
| <i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i> | (Hydromet) | Tier 1 | QL (30 ML per 1 day); Age (Min 18 Years) |
| <i>hydrocodone-homatropine oral tablet 5-1.5 mg</i> | (Hycodan (with homatropine)) | Tier 1 | QL (6 EA per 1 day); Age (Min 18 Years) |
| HYDROMET ORAL SYRUP 5-1.5 MG/5 ML | (hydrocodone-homatropine) | Tier 1 | QL (30 ML per 1 day); Age (Min 18 Years) |
| Narcotic Antitussive-Expectorant Combination | | | |
| <i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i> | (G Tussin AC) | Tier 1 | Age (Min 12 Years) |
| CODITUSSIN AC ORAL LIQUID 10-200 MG/5 ML | (codeine-guaifenesin) | Tier 1 | Age (Min 12 Years) |
| G TUSSIN AC ORAL LIQUID 10-100 MG/5 ML | (codeine-guaifenesin) | Tier 1 | Age (Min 12 Years) |
| GUAIATUSSIN AC ORAL LIQUID 10-100 MG/5 ML | (codeine-guaifenesin) | Tier 1 | Age (Min 12 Years) |
| GUAIFENESIN AC ORAL LIQUID 10-100 MG/5 ML | (codeine-guaifenesin) | Tier 1 | Age (Min 12 Years) |
| MAR-COF CG ORAL LIQUID 7.5-225 MG/5 ML | | Tier 1 | Age (Min 12 Years) |
| MAXI-TUSS AC ORAL LIQUID 10-100 MG/5 ML | (codeine-guaifenesin) | Tier 1 | Age (Min 12 Years) |
| M-CLEAR WC ORAL LIQUID 6.3-100 MG/5 ML | | Tier 3 | Age (Min 12 Years) |
| NINJACOF-XG ORAL LIQUID 8-200 MG/5 ML | | Tier 1 | Age (Min 12 Years) |
| OBREDON ORAL SOLUTION 2.5-200 MG/5 ML | (hydrocodone-guaifenesin) | Tier 3 | ST: Requires prior prescription for Hydrocodone/Homatropine Methylbromide within the past 120 days; QL (600 ML per 10 days); Age (Min 18 Years) |
| Non-Narc Antituss-1St Gen. Antihistamine-Decongest | | | |
| BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML | (brompheniramine-pseudoeph-dm) | Tier 1 | |
| <i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i> | (Bromfed DM) | Tier 1 | |
| Non-Narc Antitussive-1St Gen Antihistamine Comb. | | | |
| <i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i> | | Tier 1 | |
| Nose Preparations, Vasoconstrictors (Rx) | | | |
| <i>epinephrine hcl nasal solution 1 mg/ml</i> | (Adrenalin) | Tier 1 | |

| Drug | Status | Notes |
|--|--------|---|
| Dermatology - Acne | | |
| Acne Agents, Systemic | | |
| ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG (isotretinoin) | Tier 1 | |
| AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG (isotretinoin) | Tier 1 | |
| CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG (isotretinoin) | Tier 1 | |
| <i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (Accutane) | Tier 1 | |
| MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG (isotretinoin) | Tier 1 | |
| ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG (isotretinoin) | Tier 1 | |
| Acne Agents, Topical | | |
| ACIOXIAY TOPICAL CREAM 15-4 % (azelaic acid-niacinamide) | Tier 3 | |
| ADAINZDE TOPICAL GEL 0.3-2.5-1 % (adapalene-benzoyl-clindamycin) | Tier 3 | |
| ADAINZOXIA TOPICAL GEL 0.3-2.5-4 % (adapalene-benzoyl perox-niacin) | Tier 3 | |
| <i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i> (Epiduo) | Tier 1 | ST: Requires prior prescription for Adapalene 0.1% gel within the past 120 days; Age (Max 25 Years) |
| <i>adapalene-benzoyl peroxide topical gel with pump 0.3-2.5 %</i> (Epiduo Forte) | Tier 1 | Age (Max 25 Years) |
| ADEINZDE TOPICAL GEL 0.1-2.5-1 % | Tier 3 | |
| <i>clindamycin-benzoyl peroxide topical gel 1.2 % (1 % base) -5 %</i> (Neuac) | Tier 1 | |
| <i>clindamycin-benzoyl peroxide topical gel 1-5 %</i> | Tier 1 | |
| <i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %</i> (Acanya) | Tier 1 | ST: Requires prior prescription for Clindamycin/Benzoyl Peroxide gel within the past 120 days |
| <i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i> | Tier 1 | |
| <i>dapsone topical gel 5 %</i> (Aczone) | Tier 1 | |

| Drug | Status | Notes |
|--|--------|---|
| dapsone topical gel with pump 7.5 % (Aczone) | Tier 1 | ST: Requires prior prescription for Adapalene, Adapalene/Benzoyl Peroxide, Clindamycin Phosphate/Benzoyl Peroxide, Clindamycin Phosphate, Erythromycin Base In Ethanol, Erythromycin/Benzoyl Peroxide, Sulfacetamide Sodium/Sulfur/Urea, Sulfacetamide Sodium, Sulfacetamide Sodium/Sulfur, or Tretinoin within the past 120 days |
| DEOXIA TOPICAL GEL 1-4 % (clindamycin-niacinamide) | Tier 3 | |
| DEOXIA TOPICAL LOTION 1-4 % (clindamycin-niacinamide) | Tier 3 | |
| DEOXIADENTAR TOPICAL GEL 0.025-1-2-4 % (tretinoin-clinda-spiro-niacin) | Tier 3 | |
| DEOXIATAR TOPICAL SOLUTION 0.025-1-4 % | Tier 3 | |
| DEOXIAVAR TOPICAL CREAM 0.05-1-4 % | Tier 3 | |
| DIADIMAXIA TOPICAL GEL 6-5-2 % (dapsone-spiro-niacin) | Tier 3 | |
| DIAOXIA TOPICAL GEL 6-4 % (dapsone-niacinamide) | Tier 3 | |
| DIASAXIATAR TOPICAL GEL 0.025-8.5-2 % | Tier 3 | |
| DIASDIMAXIA TOPICAL GEL 8.5-5-2 % (dapsone-spiro-niacin) | Tier 3 | |
| DIASOXIA TOPICAL GEL 8.5-4 % (dapsone-niacinamide) | Tier 3 | |
| DIMOXIA TOPICAL GEL 5-4 % (spiro-niacinamide) | Tier 3 | |
| DRAXACE TOPICAL SUSPENSION 2-8 % (salicylic acid-sulfacetamide) | Tier 3 | |
| DRAXACEY TOPICAL SUSPENSION 2-8 % (salicylic acid-sulfacetamide) | Tier 3 | |
| DRIXECE TOPICAL SUSPENSION 5-10 % (salicylic acid-sulfacetamide) | Tier 3 | |
| IDYYXIATAR TOPICAL GEL 0.025-5 % | Tier 3 | |
| INZDEAXIATAR TOPICAL GEL 0.025-2.5-1-2 % (tretinoin-benzoyl-clinda-niac) | Tier 3 | |
| INZDEAXIATAR TOPICAL GEL 0.05-2.5-1-2 % | Tier 3 | |
| INZDEOXIA TOPICAL GEL 2.5-1-4 % (benzoyl per-clindamycin-niacin) | Tier 3 | |
| NEUAC TOPICAL GEL 1.2 % (1 % BASE) -5 % (clindamycin-benzoyl peroxide) | Tier 1 | |

| Drug | Status | Notes |
|--|----------------------------------|---|
| ONEXTON TOPICAL GEL 1.2 %(1 % BASE) -3.75 % | Tier 3 | |
| ONEXTON TOPICAL GEL WITH PUMP 1.2 %(1 % BASE) -3.75 % | Tier 2 | ST: Requires prior prescription for Clindamycin/Benzoyl Peroxide gel within the past 120 days |
| ONZDEAXIADEMTAR TOPICAL GEL 0.025-5-1-2-2 % | Tier 3 | |
| ONZDEAXIADEMVAR TOPICAL GEL 0.05-5-1-2-2 % | Tier 3 | |
| ONZDEAXIATAR TOPICAL GEL 0.025-5-1-2 % | (tretinoin-benzoyl-clindamycin) | Tier 3 |
| ONZDEAXIATAR TOPICAL GEL 0.05-5-1-2 % | (tretinoin-benzoyl-clindamycin) | Tier 3 |
| ONZDEAXIAZAR TOPICAL GEL 0.1-5-1-2 % | Tier 3 | |
| ONZDEOXIA TOPICAL GEL 5-1-4 % | (benzoyl per-clindamycin-niacin) | Tier 3 |
| OXIATAR TOPICAL CREAM 0.025-0.5-4 % | (tretinoin-hyaluronate-niacin) | Tier 3 |
| OXIAVARRY TOPICAL CREAM 0.05-0.5-4 % | (tretinoin-hyaluronate-niacin) | Tier 3 |
| OXIAVARY TOPICAL CREAM 0.1-4 % | Tier 3 | |
| OXIAZAR TOPICAL CREAM 0.1-0.5-4 % | (tretinoin-hyaluronate-niacin) | Tier 3 |
| SAROXIA TOPICAL CREAM 0.05-4 % | (tretinoin-niacinamide) | Tier 3 |
| <i>sulfacetamide sodium (acne) topical suspension 10 %</i> | (Klaron) | Tier 1 |
| TARDEOXIA TOPICAL CREAM 0.025-1-4 % | (tretinoin-clindamycin-niacin) | Tier 3 |
| TARDIMAXIA TOPICAL GEL 0.025-5-2 % | (tretinoin-spirolact-niacin) | Tier 3 |
| TAROXIA TOPICAL CREAM 0.025-4 % | (tretinoin-niacinamide) | Tier 3 |
| TAROXIA TOPICAL GEL 0.025-4 % | (tretinoin-niacinamide) | Tier 3 |
| VARDIMAXIA TOPICAL GEL 0.05-5-2 % | (tretinoin-spirolact-niacin) | Tier 3 |
| VAROXIA TOPICAL CREAM 0.05-4 % | (tretinoin-niacinamide) | Tier 3 |
| VAROXIA TOPICAL GEL 0.05-4 % | (tretinoin-niacinamide) | Tier 3 |
| Keratolytic-Glucocorticoid Combinations | | |
| VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 % | Tier 2 | |
| Rosacea Agents, Topical | | |
| AVEIDA TOPICAL GEL 1-1 % | Tier 3 | |
| AVEIDAOXIA TOPICAL GEL 1-1-4 % | (ivermectin-metronidazol-niacin) | Tier 3 |

| Drug | Status | Notes |
|--|--------|--|
| <i>azelaic acid topical gel 15 %</i> (Finacea) | Tier 1 | |
| DAZAVEIDAOXIA TOPICAL GEL 0.25-1-1-4 % | Tier 3 | |
| DAZOMON TOPICAL GEL 0.25 % | Tier 3 | |
| FINACEA TOPICAL FOAM 15 % | Tier 2 | |
| IDARAN TOPICAL OINTMENT 1-2 % | Tier 3 | |
| <i>metronidazole topical cream 0.75 %</i> (Rosadan) | Tier 1 | |
| <i>metronidazole topical gel 0.75 %</i> (Rosadan) | Tier 1 | |
| <i>metronidazole topical gel 1 %</i> (Metrogel) | Tier 1 | |
| <i>metronidazole topical gel with pump 1 %</i> | Tier 1 | |
| <i>metronidazole topical lotion 0.75 %</i> (MetroLotion) | Tier 1 | |
| RHOFADE TOPICAL CREAM 1 % | Tier 3 | |
| ROSADAN TOPICAL CREAM 0.75 % (metronidazole) | Tier 1 | |
| SOOLANTRA TOPICAL CREAM 1 % (ivermectin) | Tier 1 | ST: Requires prior prescription for Azelaic Acid or Finacea within the past 120 days |
| Topical Antiandrogenic Agents | | |
| WINLEVI TOPICAL CREAM 1 % | Tier 3 | PA |
| Topical Preparations, Antibacterials | | |
| ALA-QUIN TOPICAL CREAM 3-0.5 % | Tier 3 | |
| BASADROX TOPICAL GEL IN PACKET | Tier 3 | |
| CORTI-SAV TOPICAL CREAM 1-1 % (hydrocortisone-iodoquinol) | Tier 3 | |
| DERMAZENE TOPICAL CREAM IN PACKET 1-1 % | Tier 3 | |
| <i>hydrocortisone-iodoquinol topical cream 1-1 %</i> (Corti-Sav) | Tier 1 | |
| <i>hydrocortisone-iodoquinol-aloe topical cream in packet 1.9-1 %</i> (Vytone) | Tier 1 | |
| IODOFLEX TOPICAL PADS, MEDICATED 0.9 % | Tier 3 | |
| IODOSORB TOPICAL GEL 0.9 % | Tier 3 | |
| LUGOLS TOPICAL SOLUTION 5-10 % (iodine-potassium iodide) | Tier 1 | |
| NORMLGEL AG TOPICAL GEL 0.11 % | Tier 3 | |
| SILVASORB TOPICAL GEL, EXTENDED RELEASE | Tier 1 | |
| <i>silver nitrate topical solution 0.5 %, 25 %, 50 %</i> | Tier 1 | |
| STRONG IODINE TOPICAL SOLUTION 5-10 % (iodine-potassium iodide) | Tier 1 | |
| Vitamin A Derivatives | | |
| <i>adapalene topical cream 0.1 %</i> (Differin) | Tier 1 | Age (Max 25 Years) |
| <i>adapalene topical gel 0.1 %</i> (Effaclar Adapalene) | Tier 1 | Age (Max 25 Years) |

| Drug | Status | Notes |
|--|--------|--|
| <i>adapalene topical gel 0.3 %</i> | Tier 1 | Age (Max 25 Years) |
| <i>adapalene topical gel with pump 0.3 %</i> (Differin) | Tier 1 | Age (Max 25 Years) |
| <i>adapalene topical lotion 0.1 %</i> (Differin) | Tier 1 | Age (Max 25 Years) |
| AKLIEF TOPICAL CREAM 0.005 % | Tier 3 | ST: Requires prior prescription for Adapalene, Differin, Tazarotene, or Tretinoin within the past 120 days; Age (Max 25 Years) |
| ALTRENO TOPICAL LOTION 0.05 % | Tier 3 | Age (Max 25 Years) |
| AVITA TOPICAL CREAM 0.025 % (tretinoin) | Tier 1 | Age (Max 25 Years) |
| AVITA TOPICAL GEL 0.025 % (tretinoin) | Tier 1 | Age (Max 25 Years) |
| DIFFERIN TOPICAL LOTION 0.1 % (adapalene) | Tier 3 | Age (Max 25 Years) |
| EFFACLAR ADAPALENE TOPICAL GEL 0.1 % (adapalene) | Tier 1 | Age (Max 25 Years) |
| <i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i> (Retin-A Micro) | Tier 1 | Age (Max 25 Years) |
| <i>tretinoin microspheres topical gel with pump 0.04 %, 0.1 %</i> (Retin-A Micro Pump) | Tier 1 | Age (Max 25 Years) |
| <i>tretinoin topical cream 0.025 %</i> (Avita) | Tier 1 | Age (Max 25 Years) |
| <i>tretinoin topical cream 0.05 %, 0.1 %</i> (Retin-A) | Tier 1 | Age (Max 25 Years) |
| <i>tretinoin topical gel 0.01 %</i> (Retin-A) | Tier 1 | Age (Max 25 Years) |
| <i>tretinoin topical gel 0.025 %</i> (Avita) | Tier 1 | Age (Max 25 Years) |
| <i>tretinoin topical gel 0.05 %</i> (Atralin) | Tier 1 | Age (Max 25 Years) |
| Vitamin A Derivatives, Topical Acne Agents | | |
| ETHOXIA TOPICAL CREAM 0.05-4 % (tazarotene-niacinamide) | Tier 3 | |
| ITHOXIA TOPICAL CREAM 0.1-4 % (tazarotene-niacinamide) | Tier 3 | |
| Dermatology - Antiinfective | | |
| Topical Antibiotics | | |
| CENTANY AT TOPICAL OINTMENT KIT 2 % | Tier 3 | |
| <i>clindamycin phosphate topical foam 1 %</i> (Evoclin) | Tier 1 | |
| <i>clindamycin phosphate topical gel 1 %</i> | Tier 1 | |
| <i>clindamycin phosphate topical gel, once daily 1 %</i> (Clindagel) | Tier 1 | ST: Requires prior prescription for Clindamycin Phosphate 1% gel within the past 120 days |
| <i>clindamycin phosphate topical lotion 1 %</i> (Cleocin T) | Tier 1 | |
| <i>clindamycin phosphate topical solution 1 %</i> (Cleocin T) | Tier 1 | QL (180 ML per 1 FILL) |
| <i>clindamycin phosphate topical swab 1 %</i> (Clindacin ETZ) | Tier 1 | |
| ERY PADS TOPICAL SWAB 2 % (erythromycin with ethanol) | Tier 1 | |
| <i>erythromycin with ethanol topical gel 2 %</i> (Erygel) | Tier 1 | |

| Drug | Status | Notes |
|---|--------|---|
| <i>erythromycin with ethanol topical solution 2 %</i> | Tier 1 | QL (180 ML per 1 FILL) |
| <i>erythromycin-benzoyl peroxide topical gel 3-5 %</i> (Benzamycin) | Tier 1 | |
| <i>gentamicin topical cream 0.1 %</i> | Tier 1 | QL (90 GM per 1 FILL) |
| <i>gentamicin topical ointment 0.1 %</i> | Tier 1 | QL (90 GM per 1 FILL) |
| <i>mupirocin calcium topical cream 2 %</i> | Tier 1 | QL (90 GM per 1 FILL) |
| <i>mupirocin topical ointment 2 %</i> (Centany) | Tier 1 | QL (90 GM per 1 FILL) |
| NANRAN TOPICAL OINTMENT 2-2 % (mupirocin-lidocaine) | Tier 3 | |
| XEPI TOPICAL CREAM 1 % | Tier 3 | ST: Requires prior prescription for Mupirocin ointment within the past 120 days |
| Topical Antifungal/Anti-inflammatory, Steroid Agent | | |
| <i>clotrimazole-betamethasone topical cream 1-0.05 %</i> | Tier 1 | |
| <i>clotrimazole-betamethasone topical lotion 1-0.05 %</i> | Tier 1 | |
| HAXCHLO TOPICAL SHAMPOO 0.77-0.05 % (ciclopirox-clobetasol) | Tier 3 | |
| HAXCHLODREX TOPICAL SHAMPOO 0.77-0.05-3 % (ciclopirox-clobetasol-salicyl) | Tier 3 | |
| PHEYO TOPICAL CREAM 2-2.5 % (ketoconazole-hydrocortisone) | Tier 3 | |
| Topical Antifungal-Antibiotic-Anti-Inflamm Steroid | | |
| PHEODOYO TOPICAL CREAM 2-1-2.5 % (ketoconazole-iodoquinol-hc) | Tier 3 | |
| Topical Antifungals | | |
| CICLODAN KIT TOPICAL COMBO PACK 0.77 % | Tier 3 | |
| <i>ciclopirox topical cream 0.77 %</i> (Ciclodan) | Tier 1 | QL (180 GM per 1 FILL) |
| <i>ciclopirox topical gel 0.77 %</i> | Tier 1 | |
| <i>ciclopirox topical shampoo 1 %</i> (Loprox) | Tier 1 | |
| <i>ciclopirox topical solution 8 %</i> (Ciclodan) | Tier 1 | QL (19.8 ML per 1 FILL) |
| <i>ciclopirox topical suspension 0.77 %</i> (Loprox (as olamine)) | Tier 1 | QL (180 ML per 1 FILL) |
| <i>ciclopirox-ure-camph-menth-euc topical solution 8 %</i> (Ciclodan Kit) | Tier 1 | QL (19.8 ML per 1 FILL) |
| <i>clotrimazole topical cream 1 %</i> (Antifungal (clotrimazole)) | Tier 1 | |
| <i>clotrimazole topical solution 1 %</i> | Tier 1 | |
| DIFMETIOXRIME TOPICAL SOLUTION 4-2-1-4 % (flucona-ibuprof-itracon-terbin) | Tier 3 | |
| <i>econazole topical cream 1 %</i> | Tier 1 | QL (170 GM per 1 FILL) |
| ECOZA TOPICAL FOAM 1 % | Tier 3 | |

| Drug | Status | Notes |
|---|--------|---|
| EXELDERM TOPICAL CREAM 1 % (sulconazole) | Tier 2 | |
| EXELDERM TOPICAL SOLUTION 1 % (sulconazole) | Tier 2 | |
| EXODERM TOPICAL LOTION 25-1 % | Tier 1 | |
| HIXDEFRIMA TOPICAL SOLUTION 8-1-1 % | Tier 3 | |
| IMIOXIA TOPICAL CREAM 1-4 % (econazole-niacinamide) | Tier 3 | |
| <i>ketoconazole topical cream 2 %</i> | Tier 1 | QL (180 GM per 1 FILL) |
| <i>ketoconazole topical shampoo 2 %</i> | Tier 1 | QL (360 ML per 1 FILL) |
| KETODAN KIT TOPICAL COMBO PACK 2 % | Tier 3 | |
| <i>luliconazole topical cream 1 %</i> (Luzu) | Tier 1 | ST: Requires prior prescriptions for Clotrimazole and Ketoconazole within the past 365 days; QL (60 GM per 28 days) |
| MENTAX TOPICAL CREAM 1 % (butenafine) | Tier 3 | |
| <i>miconazole nitrate-zinc ox-pet topical ointment 0.25-15-81.35 %</i> (Vusion) | Tier 1 | |
| <i>naftifine topical cream 1 %</i> | Tier 1 | |
| <i>naftifine topical cream 2 %</i> | Tier 1 | QL (180 GM per 1 FILL) |
| NAFTIN TOPICAL GEL 2 % | Tier 2 | |
| NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM (nystatin) | Tier 1 | |
| <i>nystatin topical cream 100,000 unit/gram</i> | Tier 1 | |
| <i>nystatin topical ointment 100,000 unit/gram</i> | Tier 1 | QL (90 GM per 1 FILL) |
| <i>nystatin topical powder 100,000 unit/gram</i> (Nyamyc) | Tier 1 | |
| <i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i> | Tier 1 | |
| <i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i> | Tier 1 | QL (180 GM per 1 FILL) |
| NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM (nystatin) | Tier 1 | |
| <i>oxiconazole topical cream 1 %</i> (Oxistat) | Tier 1 | QL (180 GM per 1 FILL) |
| OXISTAT TOPICAL LOTION 1 % | Tier 3 | |
| PHEDRAX TOPICAL SHAMPOO 2-2 % | Tier 3 | |
| PHEOXIA TOPICAL CREAM 2-4 % (ketoconazole-niacinamide) | Tier 3 | |
| <i>sulconazole topical cream 1 %</i> (Exelderm) | Tier 1 | |
| <i>sulconazole topical solution 1 %</i> (Exelderm) | Tier 1 | |
| <i>tavaborole topical solution with applicator 5 %</i> (Kerydin) | Tier 1 | PA |
| Topical Antiparasitics | | |

| Drug | Status | Notes |
|--|--------|---|
| <i>lindane topical shampoo 1 %</i> | Tier 1 | |
| <i>malathion topical lotion 0.5 %</i> (Ovide) | Tier 1 | |
| <i>permethrin topical cream 5 %</i> (Elimite) | Tier 1 | |
| <i>spinosad topical suspension 0.9 %</i> (Natroba) | Tier 1 | |
| ULESFIA TOPICAL LOTION 5 % | Tier 3 | |
| Topical Antivirals | | |
| <i>acyclovir topical ointment 5 %</i> (Zovirax) | Tier 1 | |
| Topical Pleuromutilin Derivatives | | |
| ALTABAX TOPICAL OINTMENT 1 % | Tier 3 | ST: Requires prior prescription for Mupirocin ointment within the past 120 days |
| Topical Sulfonamides | | |
| BP 10-1 TOPICAL CLEANSER 10-1 % (sulfacetamide sodium-sulfur) | Tier 1 | |
| CLEANSING WASH TOPICAL CLEANSER 10-4-10 % (sulfacetamide sod-sulfur-urea) | Tier 1 | |
| ECEOXIA TOPICAL CREAM 10-4 % (sulfacetamide-niacinamide) | Tier 3 | |
| <i>mafenide acetate topical packet 50 gram</i> (Sulfamylon) | Tier 1 | |
| OXIAICE TOPICAL LOTION 15-4 % | Tier 3 | |
| ROSULA CLEANSING CLOTHS TOPICAL PADS, MEDICATED 10-5 % (sulfacetamide sodium-sulfur) | Tier 1 | |
| ROSULA TOPICAL CLEANSER 10-4.5 % | Tier 3 | |
| <i>silver sulfadiazine topical cream 1 %</i> (SSD) | Tier 1 | |
| SSD TOPICAL CREAM 1 % (silver sulfadiazine) | Tier 1 | |
| SSS 10-5 TOPICAL CREAM 10-5 % (W/W) (sulfacetamide sodium-sulfur) | Tier 1 | |
| SSS 10-5 TOPICAL FOAM 10-5 % (sulfacetamide sodium-sulfur) | Tier 1 | |
| <i>sulfacetamide sodium-sulfur topical cleanser 10-2 %</i> (Avar LS) | Tier 1 | |
| <i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i> (Avar) | Tier 1 | QL (1419 GM per 1 FILL) |
| <i>sulfacetamide sodium-sulfur topical cleanser 9.8-4.8 %</i> (Plexion) | Tier 1 | |
| <i>sulfacetamide sodium-sulfur topical cleanser 9-4 %</i> (Sumaxin) | Tier 1 | |
| <i>sulfacetamide sodium-sulfur topical cream 10-2 %</i> (Avar-E LS) | Tier 1 | |
| <i>sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)</i> (SSS 10-5) | Tier 1 | |
| <i>sulfacetamide sodium-sulfur topical cream 9.8-4.8 %</i> (Plexion) | Tier 1 | |

| Drug | Status | Notes |
|--|--------|--|
| sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w) | Tier 1 | |
| sulfacetamide sodium-sulfur topical lotion 9.8-4.8 % (Plexion) | Tier 1 | |
| sulfacetamide sodium-sulfur topical pads, medicated 10-4 % (Sumaxin) | Tier 1 | |
| sulfacetamide sodium-sulfur topical pads, medicated 9.8-4.8 % (Plexion Cleansing Cloths) | Tier 1 | |
| sulfacetamide sodium-sulfur topical suspension 10-5 % | Tier 1 | |
| sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 % | Tier 1 | QL (1419 ML per 1 FILL) |
| SULFAMYLON TOPICAL CREAM 85 MG/G | Tier 3 | |
| SULFAMYLON TOPICAL PACKET 50 GRAM (mafenide acetate) | Tier 3 | |
| SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM 9 %-4.5 % -SPF 25 (sulfact na-sul-avobnz-otn-ocsa) | Tier 3 | |
| Dermatology - Antiinflammatory | | |
| Interleukin-13 (Il-13) Inhibitors, Mab | | |
| ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML | Tier 4 | PA; SP |
| Top. Anti-Inflam.,Phosphodiesterase-4 (Pde4) Inhib | | |
| EUCRISA TOPICAL OINTMENT 2 % | Tier 2 | ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days |
| Topical Antibiotics/Antiinflammatory,Steroidal | | |
| NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 % | Tier 3 | ST: Requires prior prescription for generic Fluocinolone Acetonide cream/oil/ointment/solution within the past 10 days |
| NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 % | Tier 3 | ST: Requires prior prescription for generic Fluocinolone Acetonide cream/oil/ointment/solution within the past 10 days |
| Topical Anti-Inflammatory Steroidal | | |
| ADVANCED ALLERGY COLLECT KIT TOPICAL KIT 2.5 % | Tier 1 | |
| ALA-CORT TOPICAL CREAM 1 % (hydrocortisone) | Tier 1 | |
| ALA-SCALP TOPICAL LOTION 2 % | Tier 1 | ST: Requires prior prescription for generic Hydrocortisone 2.5% lotion within the past 120 days |

| Drug | Status | Notes |
|---|---------------|--------------|
| <i>alclometasone topical cream 0.05 %</i> | Tier 1 | |
| <i>alclometasone topical ointment 0.05 %</i> | Tier 1 | |
| <i>betamethasone dipropionate topical cream 0.05 %</i> | Tier 1 | |
| <i>betamethasone dipropionate topical lotion 0.05 %</i> | Tier 1 | |
| <i>betamethasone dipropionate topical ointment 0.05 %</i> | Tier 1 | |
| <i>betamethasone valerate topical cream 0.1 %</i> | Tier 1 | |
| <i>betamethasone valerate topical foam 0.12 %</i> (Luxiq) | Tier 1 | |
| <i>betamethasone valerate topical lotion 0.1 %</i> | Tier 1 | |
| <i>betamethasone valerate topical ointment 0.1 %</i> | Tier 1 | |
| <i>betamethasone, augmented topical cream 0.05 %</i> | Tier 1 | |
| <i>betamethasone, augmented topical gel 0.05 %</i> | Tier 1 | |
| <i>betamethasone, augmented topical lotion 0.05 %</i> | Tier 1 | |
| <i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene (augmented)) | Tier 1 | |
| CAPEX TOPICAL SHAMPOO 0.01 % | Tier 3 | |
| CHLOHUX TOPICAL SHAMPOO 0.05-2 % (clobetasol-levocetirizine) | Tier 3 | |
| CHLOOXIA TOPICAL CREAM 0.05-4 % (clobetasol-niacinamide) | Tier 3 | |
| CHLOOXIA TOPICAL OINTMENT 0.05-4 % (clobetasol-niacinamide) | Tier 3 | |
| CHLOOXIA TOPICAL SOLUTION 0.05-4 % (clobetasol-niacinamide) | Tier 3 | |
| <i>clobetasol scalp solution 0.05 %</i> | Tier 1 | |
| <i>clobetasol topical cream 0.05 %</i> | Tier 1 | |
| <i>clobetasol topical foam 0.05 %</i> (Olux) | Tier 1 | |
| <i>clobetasol topical gel 0.05 %</i> | Tier 1 | |
| <i>clobetasol topical lotion 0.05 %</i> (Clobex) | Tier 1 | |
| <i>clobetasol topical ointment 0.05 %</i> (Temovate) | Tier 1 | |
| <i>clobetasol topical shampoo 0.05 %</i> (Clobex) | Tier 1 | |
| <i>clobetasol topical spray,non-aerosol 0.05 %</i> (Clobex) | Tier 1 | |
| <i>clobetasol-emollient topical cream 0.05 %</i> | Tier 1 | |
| <i>clobetasol-emollient topical foam 0.05 %</i> (Olux-E) | Tier 1 | |

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

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

| Drug | Status | Notes |
|---|--------|---|
| <i>flurandrenolide topical ointment 0.05 %</i> (Cordran) | Tier 1 | ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days; QL (180 GM per 30 days) |
| <i>fluticasone propionate topical cream 0.05 %</i> | Tier 1 | |
| <i>fluticasone propionate topical lotion 0.05 %</i> (Beser) | Tier 1 | |
| <i>fluticasone propionate topical ointment 0.005 %</i> | Tier 1 | |
| <i>halcinonide topical cream 0.1 %</i> (Halog) | Tier 1 | ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), or Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days |
| <i>halobetasol propionate topical cream 0.05 %</i> | Tier 1 | |
| <i>halobetasol propionate topical ointment 0.05 %</i> | Tier 1 | |
| HALOG TOPICAL OINTMENT 0.1 % | Tier 3 | ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), or Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days |
| HALOG TOPICAL SOLUTION 0.1 % | Tier 3 | ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), or Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days |
| <i>hydrocortisone butyrate topical cream 0.1 %</i> | Tier 1 | |

| Drug | Status | Notes |
|--|--------|--|
| <i>hydrocortisone butyrate topical lotion 0.1 %</i> (Locoid) | Tier 1 | ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days; QL (236 ML per 30 days) |
| <i>hydrocortisone butyrate topical ointment 0.1 %</i> | Tier 1 | ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days |
| <i>hydrocortisone butyrate topical solution 0.1 %</i> | Tier 1 | |
| <i>hydrocortisone butyr-emollient topical cream 0.1 %</i> (Locoid Lipocream) | Tier 1 | |
| <i>hydrocortisone topical cream 1 %</i> (Ala-Cort) | Tier 1 | |
| <i>hydrocortisone topical cream 2.5 %</i> | Tier 1 | |
| <i>hydrocortisone topical cream with perineal applicator 1 %</i> (Procto-Pak) | Tier 1 | |
| <i>hydrocortisone topical cream with perineal applicator 2.5 %</i> (Procto-Med HC) | Tier 1 | |
| <i>hydrocortisone topical lotion 2.5 %</i> | Tier 1 | |
| <i>hydrocortisone topical ointment 1 %</i> (Anti-Itch (HC)) | Tier 1 | |
| <i>hydrocortisone topical ointment 2.5 %</i> | Tier 1 | |
| <i>hydrocortisone valerate topical cream 0.2 %</i> | Tier 1 | |
| <i>hydrocortisone valerate topical ointment 0.2 %</i> | Tier 1 | ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days |
| <i>mometasone topical cream 0.1 %</i> | Tier 1 | |
| <i>mometasone topical ointment 0.1 %</i> | Tier 1 | |
| <i>mometasone topical solution 0.1 %</i> | Tier 1 | |
| NUCORT TOPICAL LOTION 2 % (hydrocortisone acet-aloe vera) | Tier 3 | |

| Drug | Status | Notes |
|---|--------|--|
| OXIACHLO TOPICAL SOLUTION 0.05-4 % (clobetasol-niacinamide) | Tier 3 | |
| PANDEL TOPICAL CREAM 0.1 % | Tier 3 | ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days; QL (160 GM per 30 days) |
| <i>prednicarbate topical cream 0.1 %</i> | Tier 1 | |
| <i>prednicarbate topical ointment 0.1 %</i> | Tier 1 | |
| PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % (hydrocortisone) | Tier 1 | |
| PROCTO-PAK TOPICAL CREAM WITH PERINEAL APPLICATOR 1 % (hydrocortisone) | Tier 1 | |
| PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % (hydrocortisone) | Tier 1 | |
| PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % (hydrocortisone) | Tier 1 | |
| SCALACORT DK TOPICAL COMBO PACK 2-2-2 % | Tier 2 | |
| SERNIVO TOPICAL SPRAY WITH PUMP 0.05 % | Tier 3 | ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1% cream/ointment within the past 120 days |
| SYNALAR CREAM KIT TOPICAL CREAM 0.025 % | Tier 3 | QL (375 GM per 30 days) |
| SYNALAR OINTMENT KIT TOPICAL COMBO PACK,OINTMENT AND CREAM 0.025 % | Tier 3 | QL (375 GM per 30 days) |
| SYNALAR TS TOPICAL KIT 0.01 % | Tier 3 | |
| TETOXIA TOPICAL CREAM 0.01-4 % (fluocinolone-niacinamide) | Tier 3 | |
| TEXACORT TOPICAL SOLUTION 2.5 % | Tier 2 | ST: Requires prior prescription for generic Hydrocortisone 2.5% lotion within the past 120 days |
| <i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i> (Kenalog) | Tier 1 | |
| <i>triamcinolone acetonide topical cream 0.025 %</i> | Tier 1 | |
| <i>triamcinolone acetonide topical cream 0.1 %</i> (Triderm) | Tier 1 | |

| Drug | Status | Notes |
|--|--------|--|
| <i>triamcinolone acetonide topical cream</i> (Triderm) 0.5 % | Tier 1 | QL (454 GM per 30 days) |
| <i>triamcinolone acetonide topical lotion</i> 0.025 %, 0.1 % | Tier 1 | |
| <i>triamcinolone acetonide topical ointment</i> 0.025 %, 0.1 %, 0.5 % | Tier 1 | |
| TRIDERM TOPICAL CREAM 0.1 % (triamcinolone acetonide) | Tier 1 | |
| TRIDERM TOPICAL CREAM 0.5 % (triamcinolone acetonide) | Tier 1 | QL (454 GM per 30 days) |
| Topical Anti-Inflammatory, Nsaids | | |
| <i>diclofenac epolamine transdermal patch</i> (Flector) 12 hour 1.3 % | Tier 1 | |
| <i>diclofenac sodium topical drops</i> 1.5 % | Tier 1 | |
| <i>diclofenac sodium topical gel</i> 1 % (Arthritis Pain (diclofenac)) | Tier 1 | |
| LICART TRANSDERMAL PATCH 24 HOUR 1.3 % | Tier 3 | ST: Requires prior prescription for Diclofenac Epolamine patch within the past 120 days; QL (1 EA per 1 day) |
| ROAOXIA TOPICAL GEL 3-2-4 % (diclofenac-hyaluronate-niacin) | Tier 3 | |
| Topical Janus Kinase (Jak) Inhibitors | | |
| OPZELURA TOPICAL CREAM 1.5 % | Tier 2 | PA |
| Dermatology - Miscellaneous | | |
| Antiperspirants | | |
| DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 % (aluminum chloride) | Tier 2 | |
| DRYSOL TOPICAL SOLUTION 20 % (aluminum chloride) | Tier 2 | |
| Antiseborrheic Agents | | |
| OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 % (sulfacetamide sodium) | Tier 2 | |
| OVACE PLUS TOPICAL CREAM 10 % | Tier 3 | |
| OVACE PLUS TOPICAL LOTION 9.8 % | Tier 3 | ST: Requires prior prescription for Ciclopirox or Ketoconazole within the past 120 days |
| PLEXION NS TOPICAL SHAMPOO 9.8 % (sulfacetamide sodium) | Tier 3 | |
| <i>selenium sulfide topical lotion</i> 2.5 % | Tier 1 | |
| <i>selenium sulfide topical shampoo</i> 2.25 % | Tier 1 | |
| <i>selenium sulfide topical shampoo</i> 2.3 % (SelRx) | Tier 1 | |
| <i>sulfacetamide sodium topical cleanser</i> 10 % (Ovace) | Tier 1 | |
| <i>sulfacetamide sodium topical cleanser, gel</i> 10 % (Ovace Plus Wash) | Tier 1 | |
| <i>sulfacetamide sodium topical shampoo</i> 10 % (Ovace Plus Shampoo) | Tier 1 | |

| Drug | | Status | Notes |
|--|-----------------|---------------|--------------|
| <i>sulfacetamide sodium topical shampoo 9.8 %</i> | (Plexion NS) | Tier 1 | |
| TERSI FOAM TOPICAL FOAM 2.25 % | | Tier 3 | |
| Antiseptics, General | | | |
| ALCOHOL PADS TOPICAL PADS, MEDICATED | (alcohol swabs) | Tier 2 | |
| ALCOHOL PREP PADS TOPICAL PADS, MEDICATED | (alcohol swabs) | Tier 2 | |
| <i>alcohol swabs topical pads, medicated</i> | (Alcohol Pads) | Tier 2 | |
| ALCOHOL WIPES TOPICAL PADS, MEDICATED | (alcohol swabs) | Tier 2 | |
| BD ALCOHOL SWABS TOPICAL PADS, MEDICATED | (alcohol swabs) | Tier 2 | |
| CARETOUCH ALCOHOL PREP PAD TOPICAL PADS, MEDICATED | (alcohol swabs) | Tier 2 | |
| CURITY ALCOHOL SWABS TOPICAL PADS, MEDICATED | (alcohol swabs) | Tier 2 | |
| DROPSAFE ALCOHOL PREP PADS TOPICAL PADS, MEDICATED | (alcohol swabs) | Tier 2 | |
| EASY COMFORT ALCOHOL PAD TOPICAL PADS, MEDICATED | (alcohol swabs) | Tier 2 | |
| EASY TOUCH ALCOHOL PREP PADS TOPICAL PADS, MEDICATED | (alcohol swabs) | Tier 2 | |
| INCONTROL ALCOHOL PADS TOPICAL PADS, MEDICATED | (alcohol swabs) | Tier 2 | |
| IV PREP WIPES TOPICAL PADS, MEDICATED | (alcohol swabs) | Tier 2 | |
| PRO COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED | (alcohol swabs) | Tier 2 | |
| PURE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED | (alcohol swabs) | Tier 2 | |
| SURE COMFORT ALCOHOL PREP PADS TOPICAL PADS, MEDICATED | (alcohol swabs) | Tier 2 | |
| SURE-PREP ALCOHOL PREP PADS TOPICAL PADS, MEDICATED | (alcohol swabs) | Tier 2 | |
| TRUE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED | (alcohol swabs) | Tier 2 | |
| TRUE COMFORT PRO ALCOHOL PADS TOPICAL PADS, MEDICATED | (alcohol swabs) | Tier 2 | |
| ULTILET ALCOHOL SWAB TOPICAL PADS, MEDICATED | (alcohol swabs) | Tier 2 | |
| WEBCOL TOPICAL PADS, MEDICATED | (alcohol swabs) | Tier 2 | |
| Antiseptics, Miscellaneous | | | |
| <i>guaiacol liquid</i> | | Tier 3 | |
| Emollients | | | |
| <i>ammonium lactate topical cream 12 %</i> | | Tier 1 | |

| Drug | Status | Notes |
|--|--------|-------|
| <i>ammonium lactate topical lotion 12 %</i> (Skin Treatment) | Tier 1 | |
| ATRAPRO CP TOPICAL COMBO PACK, CREAM AND GEL | Tier 3 | |
| HYLATOPICPLUS TOPICAL LOTION | Tier 3 | |
| KERASTAT TOPICAL CREAM | Tier 3 | |
| KERASTAT TOPICAL GEL 5 % | Tier 3 | |
| MB HYDROGEL TOPICAL KIT, CREAM AND GEL 96.53-3-0.4 -0.066 % | Tier 1 | |
| PRESERA TOPICAL FOAM | Tier 3 | |
| XCLAIR TOPICAL CREAM | Tier 3 | |
| Iodine Antiseptics | | |
| BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 % (povidone-iodine) | Tier 3 | |
| Irrigants | | |
| <i>acetic acid irrigation solution 0.25 %</i> | Tier 1 | |
| AQUA CARE SODIUM CHLORIDE IRRIGATION SOLUTION 0.9 % (sodium chloride) | Tier 1 | |
| AQUA CARE STERILE WATER IRRIGATION SOLUTION (water for irrigation, sterile) | Tier 1 | |
| <i>lactated ringers irrigation solution</i> | Tier 3 | |
| <i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i> | Tier 1 | |
| PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L | Tier 3 | |
| PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L | Tier 3 | |
| <i>ringer's irrigation solution</i> | Tier 1 | |
| <i>sodium chloride irrigation solution 0.9 %</i> (Aqua Care Sodium Chloride) | Tier 1 | |
| <i>sorbitol irrigation solution 3 %</i> | Tier 1 | |
| <i>sorbitol-mannitol transurethral solution 2.7-0.54 gram/100 ml</i> | Tier 1 | |
| TIS-U-SOL PENTALYTE IRRIGATION IRRIGATION SOLUTION 800-40-20-8.75- 6.25 MG/100 ML | Tier 3 | |
| VASHE WOUND THERAPY IRRIGATION IRRIGATION SOLUTION 0.033 % | Tier 3 | |
| <i>water for irrigation, sterile irrigation solution</i> (Aqua Care Sterile Water) | Tier 1 | |
| Irritants/Counter-Irritants | | |
| <i>cantharidin in acetone topical solution 0.7 %</i> | Tier 1 | |
| <i>methyl salicylate oil</i> (Wintergreen Oil) | Tier 1 | |
| <i>methyl salicylate topical liquid</i> | Tier 1 | |

| Drug | Status | Notes |
|---|--------|--|
| QUTENZA TOPICAL KIT 8 % | Tier 3 | PA |
| WINTERGREEN OIL OIL (methyl salicylate) | Tier 1 | |
| Keratolytics | | |
| <i>benzoyl peroxide topical foam 9.8 %</i> (BenzePrO) | Tier 1 | |
| BPO TOPICAL GEL 8 % (benzoyl peroxide) | Tier 1 | |
| CEM-UREA TOPICAL GEL 45 % (urea) | Tier 1 | |
| CONDYLOX TOPICAL GEL 0.5 % | Tier 3 | ST: Requires prior prescription for Podofilox within the past 120 days |
| GEAMETDRAY TOPICAL GEL 17 %-2 %- 5 % | Tier 3 | |
| GUANENDRUX TOPICAL CREAM 40-10-5 % (salicylic-cimetidine-lidocaine) | Tier 3 | |
| HYDRO 35 TOPICAL FOAM 35 % (urea) | Tier 3 | |
| INOVA 4-1 TOPICAL COMBO PACK 1-4-5 % | Tier 3 | |
| INOVA 8-2 TOPICAL COMBO PACK 2-8-5 % | Tier 3 | |
| INOVA TOPICAL COMBO PACK 4-5 %, 8-5 % | Tier 3 | |
| KERALYT SCALP COMPLETE TOPICAL KIT, SHAMPOO AND GEL 6-6 % | Tier 3 | |
| NENDRUX TOPICAL GEL 40-5 % | Tier 3 | |
| PACNEX HP TOPICAL PADS, MEDICATED 7 % | Tier 3 | |
| PACNEX LP TOPICAL PADS, MEDICATED 4.25 % | Tier 3 | |
| PODOCON TOPICAL LIQUID 25 % | Tier 1 | |
| <i>podofilox topical solution 0.5 %</i> | Tier 1 | |
| PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 % | Tier 1 | |
| PRONAL TOPICAL GEL 10-40 % | Tier 3 | |
| <i>salicylic acid topical cream 6 %</i> (Salimez) | Tier 1 | |
| <i>salicylic acid topical cream, extended release 6 %</i> | Tier 1 | |
| <i>salicylic acid topical film forming liquid w/appl 27.5 %</i> (Virasal) | Tier 1 | |
| <i>salicylic acid topical film-forming soln er w/ appl 28.5 %</i> (UltraSal-ER) | Tier 1 | |
| <i>salicylic acid topical foam 6 %</i> (Salvax) | Tier 1 | |
| <i>salicylic acid topical liquid 26 %</i> | Tier 1 | |
| <i>salicylic acid topical lotion 6 %</i> | Tier 1 | |
| <i>salicylic acid topical lotion, extended release 6 %</i> | Tier 1 | |

| Drug | Status | Notes |
|--|--------|-------|
| <i>salicylic acid topical ointment 3 %</i> (Bensal HP) | Tier 1 | |
| <i>salicylic acid topical shampoo 6 %</i> (Keralyt) | Tier 1 | |
| SALIMEZ FORTE TOPICAL CREAM 10 % | Tier 3 | |
| SALVAX DUO PLUS TOPICAL FOAM 6-35 % | Tier 3 | |
| SALVAX TOPICAL FOAM 6 % (salicylic acid) | Tier 1 | |
| <i>silver nitrate applicators topical stick 75-25 %</i> | Tier 1 | |
| <i>silver nitrate topical solution 10 %</i> | Tier 1 | |
| ULTRASAL-ER TOPICAL FILM-FORMING SOLN ER W/ APPL 28.5 % (salicylic acid) | Tier 3 | |
| UMECTA TOPICAL FOAM 40 % | Tier 1 | |
| URAMAXIN GT TOPICAL KIT, CREAM AND GEL 45 % | Tier 3 | |
| URAMAXIN TOPICAL FOAM 20 % | Tier 3 | |
| URAMAXIN TOPICAL LOTION 45 % (urea) | Tier 3 | |
| UREA NAIL STICK TOPICAL SOLUTION 50 % (urea) | Tier 1 | |
| <i>urea topical cream 39 %</i> (Uredeb) | Tier 1 | |
| <i>urea topical cream 40 %</i> | Tier 1 | |
| <i>urea topical cream 45 %</i> (Uramaxin) | Tier 1 | |
| <i>urea topical cream 47 %</i> (Keralac) | Tier 1 | |
| <i>urea topical cream 50 %</i> (Ure-K) | Tier 1 | |
| <i>urea topical foam 35 %</i> (Hydro 35) | Tier 1 | |
| <i>urea topical gel 45 %</i> (CEM-Urea) | Tier 1 | |
| <i>urea topical lotion 40 %</i> | Tier 1 | |
| XALIX TOPICAL FILM-FORMING SOLN ER W/ APPL 28 % | Tier 3 | |
| Oxidizing Agents | | |
| <i>hydrogen peroxide solution 3 %</i> | Tier 1 | |
| Protectives | | |
| GENADUR (WITH LEXINAL) KIT 2,500 MCG | Tier 3 | |
| PHARMABASE BARRIER TOPICAL OINTMENT 9.38 % | Tier 1 | |
| PR CREAM TOPICAL CREAM | Tier 1 | |
| RECEDO TOPICAL GEL | Tier 3 | |
| VASELINE WHITE PETROLEUM TOPICAL OINTMENT IN PACKET (white petrolatum) | Tier 1 | |
| WOUNDGELHA MATRIX TOPICAL GEL 2.5 % | Tier 3 | |
| <i>zinc oxide topical ointment 20 %</i> | Tier 1 | |

| Drug | Status | Notes |
|--|--------|---|
| <i>zinc oxide topical paste 25 %</i> | Tier 1 | |
| Topical Anti-Inflammatory Steroid-Local Anesthetic | | |
| ANALPRAM-HC TOPICAL LOTION 2.5-1 % | Tier 2 | |
| EPIFOAM TOPICAL FOAM 1-1 % | Tier 3 | ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days |
| <i>hydrocortisone-pramoxine topical cream 2.5-1 %</i> (Pramosone) | Tier 1 | |
| <i>lidocaine hcl-hydrocortison ac topical cream 3-0.5 %</i> (Lidocort) | Tier 1 | |
| LIDOCORT TOPICAL CREAM 3-0.5 % (lidocaine hcl-hydrocortison ac) | Tier 3 | |
| PRAMOSONE TOPICAL CREAM 1-1 % (hydrocortisone-pramoxine) | Tier 2 | ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days |
| PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 % | Tier 2 | |
| PRAMOSONE TOPICAL OINTMENT 1-1 % | Tier 2 | ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days |
| PRAMOSONE TOPICAL OINTMENT 2.5-1 % (hydrocortisone-pramoxine) | Tier 2 | |
| Topical Antineoplastic & Premalignant Lesion Agnts | | |
| <i>bexarotene topical gel 1 %</i> (Targretin) | Tier 4 | PA; SP |
| <i>diclofenac sodium topical gel 3 %</i> | Tier 1 | QL (100 GM per 1 FILL) |
| FLUOROPLEX TOPICAL CREAM 1 % | Tier 3 | PA |
| <i>fluorouracil topical cream 0.5 %</i> (Carac) | Tier 1 | PA |
| <i>fluorouracil topical cream 5 %</i> (Efudex) | Tier 1 | |
| <i>fluorouracil topical solution 2 %, 5 %</i> | Tier 1 | |
| KLISYRI TOPICAL OINTMENT IN PACKET 1 % | Tier 2 | QL (5 EA per 1 FILL) |
| PANRETIN TOPICAL GEL 0.1 % | Tier 4 | SP; QL (60 GM per 28 days) |
| TOLAK TOPICAL CREAM 4 % | Tier 2 | |
| VALCHLOR TOPICAL GEL 0.016 % | Tier 4 | PA; SP |
| Topical Local Anesthetics | | |
| ANACAINE TOPICAL OINTMENT 10 % | Tier 3 | |
| ANASTIA TOPICAL LOTION 2.75 % | Tier 3 | |

| Drug | Status | Notes |
|---|----------------------------------|-------------------------|
| CETACAINE ANESTHETIC TOPICAL LIQUID 2-2-14 % | Tier 3 | |
| CETACAINE TOPICAL AEROSOL,SPRAY 2 %-2 %-14 % (200 MG/SEC) | Tier 3 | |
| CRYODOSE TA MEDIUM STREAM SPR TOPICAL AEROSOL,SPRAY | Tier 3 | |
| CRYODOSE TA MIST SPRAY TOPICAL AEROSOL,SPRAY | Tier 3 | |
| DERMACINRX LIDOGEL TOPICAL GEL 2.8 % | Tier 3 | |
| DERMACINRX LIDOREX TOPICAL GEL 2.8 % | Tier 3 | |
| ENZNONUTY TOPICAL OINTMENT 10-10-20 % | Tier 3 | |
| <i>ethyl chloride topical aerosol,spray 100 %</i> | Tier 1 | |
| L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL GEL 4-0.05-0.5 % | Tier 1 | |
| L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL SOLUTION 4-0.05-0.5 % | (lidocaine-racepinep-tetracaine) | Tier 1 |
| L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.18-0.5 % | | Tier 3 |
| <i>lidocaine hcl laryngotracheal solution 4 %</i> | (LTA Pre-Attached) | Tier 1 |
| <i>lidocaine hcl topical cream 3 %</i> | (Lidopin) | Tier 1 |
| <i>lidocaine topical adhesive patch,medicated 5 %</i> | (Lidoderm) | Tier 1 |
| <i>lidocaine topical ointment 5 %</i> | | QL (240 GM per 30 days) |
| <i>lidocaine-prilocaine topical cream 2.5-2.5 %</i> | | Tier 1 |
| <i>lidocaine-racepinep-tetracaine topical solution 4-0.05-0.5 %</i> | (L.E.T. (lido-epineph-tetra)) | Tier 1 |
| LIDOPIN TOPICAL CREAM 3.25 % | | Tier 3 |
| LIDTOPIC MAX TOPICAL CREAM, METERED-DOSE APPLICATOR 10 % | | Tier 3 |
| NUMBONEX TOPICAL LOTION 2.75 % | | Tier 3 |
| NYNUTEY TOPICAL CREAM 23-7 % | | Tier 3 |
| REGENECARE TOPICAL GEL 2 % | | Tier 3 |
| SPRAY AND STRETCH TOPICAL AEROSOL,SPRAY | | Tier 3 |
| SYNERA TOPICAL PATCH, MEDICATED SELF-HEATING 70-70 MG | | Tier 3 |
| TRANZAREL TOPICAL GEL 4 % | | Tier 3 |
| Topical Preparations,Miscellaneous | | |
| <i>sodium chloride topical solution 0.9 %</i> | (Saljet Saline Rinse) | Tier 1 |

| Drug | Status | Notes |
|---|--------|--|
| Topical/Mucous Membr./Subcut. Enzymes | | |
| SANTYL TOPICAL OINTMENT 250 UNIT/GRAM | Tier 3 | PA |
| Dermatology - Psoriasis/Eczema | | |
| Antipsoriatic Agents, Systemic | | |
| <i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i> | Tier 4 | SP |
| COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML | Tier 4 | PA; SP |
| COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML | Tier 4 | PA; SP |
| COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML | Tier 4 | PA; SP |
| COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML | Tier 4 | PA; SP |
| <i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i> | Tier 1 | |
| SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML | Tier 4 | PA; SP |
| SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.83 ML | Tier 4 | PA; SP |
| SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2) | Tier 4 | PA; SP |
| TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML | Tier 4 | PA; SP |
| TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML | Tier 4 | PA; SP |
| Antipsoriatics Agents | | |
| <i>calcipotriene scalp solution 0.005 %</i> | Tier 1 | ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days |
| <i>calcipotriene topical cream 0.005 %</i> (Dovonex) | Tier 1 | ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days |
| <i>calcipotriene topical ointment 0.005 %</i> | Tier 1 | ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days |
| <i>calcitriol topical ointment 3 mcg/gram</i> (Vectical) | Tier 1 | ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days |
| DIOOXIA TOPICAL CREAM 0.005-4 % | Tier 3 | |

| Drug | Status | Notes |
|---|--------|--|
| DRITHOCREME HP TOPICAL CREAM 1 % | Tier 2 | ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days |
| DUOBRII TOPICAL LOTION 0.01-0.045 % | Tier 3 | ST: Requires prior prescription for Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol (except foam/shampoo), Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) within the past 120 days; QL (200 GM per 28 days) |
| <i>tazarotene topical cream 0.1 %</i> (Tazorac) | Tier 1 | |
| <i>tazarotene topical gel 0.05 %, 0.1 %</i> (Tazorac) | Tier 1 | |
| TAZORAC TOPICAL CREAM 0.05 % | Tier 2 | |
| TAZORAC TOPICAL GEL 0.05 %, 0.1 % (tazarotene) | Tier 3 | |
| ZITHRANOL TOPICAL SHAMPOO 1 % | Tier 3 | ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days |
| II-23 Receptor Antagonist, Monoclonal Antibody | | |
| SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML) | Tier 4 | PA; SP |
| Topical Agents, Miscellaneous | | |
| COLLANEX TOPICAL POWDER 100 % | Tier 3 | |
| NEURAPTINE TOPICAL CREAM, METERED-DOSE APPLICATOR 10 % | Tier 3 | |
| Topical Immunosuppressive Agents | | |
| HYFTOR TOPICAL GEL 0.2 % | Tier 4 | PA; SP |
| OXIANUJO (WITH HYALURONATE) TOPICAL CREAM 0.1-1-4 % (tacrolimus-hyaluronate-niacin) | Tier 3 | |
| OXIANUJO TOPICAL OINTMENT 0.1-4 % (tacrolimus-niacinamide) | Tier 3 | |
| <i>pimecrolimus topical cream 1 %</i> (Elidel) | Tier 1 | ST: Requires prior prescription for Clobetasol (cream or ointment), Hydrocortisone (1% or 2.5% cream or ointment), generic Mometasone (cream or ointment), or Triamcinolone (0.1% or 0.5% ointment) within the past 120 days |

| Drug | Status | Notes |
|--|--------|---|
| <i>tacrolimus topical ointment 0.03 %, 0.1 %</i> (Protopic) | Tier 1 | ST: Requires prior prescription for Clobetasol (cream or ointment), Hydrocortisone(1% or 2.5% cream or ointment), generic Mometasone (cream or ointment), or Triamcinolone (0.1% or 0.5% ointment) within the past 120 days |
| Topical Vit D Analog/Anti-inflammatory, Steroidal | | |
| <i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i> (Taclonex) | Tier 1 | ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days |
| <i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i> (Taclonex) | Tier 1 | ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days |
| DIOCHLOY TOPICAL SOLUTION 0.05-0.005 % (clobetasol-calcipotriene) | Tier 3 | |
| ENSTILAR TOPICAL FOAM 0.005-0.064 % | Tier 3 | ST: Requires prior prescription for Calcipotriene/Betamethasone within the past 120 days |
| WYNZORA TOPICAL CREAM 0.005-0.064 % | Tier 3 | ST: Requires prior prescription for Calcipotriene/Betamethasone within the past 120 days |
| Diabetes | | |
| Antihypergly, (Dpp-4) Inhibitor & Biguanide Comb. | | |
| JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG | Tier 2 | QL (2 EA per 1 day) |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG | Tier 2 | QL (1 EA per 1 day) |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG | Tier 2 | QL (2 EA per 1 day) |
| Antihypergly, Incretin Mimetic(Glp-1 Recep.Agonist) | | |
| BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML | Tier 2 | ST: Requires prior prescription for Metformin, Pioglitazone, Sulfonylurea, or combination product containing any aforementioned agents within the past 365 days; QL (0.85 ML per 7 days) |

| Drug | Status | Notes |
|---|--------|--|
| BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML | Tier 2 | ST: Requires prior prescription for Metformin, Pioglitazone, Sulfonylurea, or combination product containing any aforementioned agents within the past 365 days; QL (2.4 ML per 30 days) |
| BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML | Tier 2 | ST: Requires prior prescription for Metformin, Pioglitazone, Sulfonylurea, or combination product containing any aforementioned agents within the past 365 days; QL (1.2 ML per 30 days) |
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML) | Tier 2 | ST: Requires prior prescription for Metformin, Pioglitazone, Sulfonylurea, or combination product containing any aforementioned agents within the past 365 days; QL (1.5 ML per 28 days) |
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) | Tier 2 | ST: Requires prior prescription for Metformin, Pioglitazone, Sulfonylurea, or combination product containing any aforementioned agents within the past 365 days; QL (3 ML per 28 days) |
| RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG | Tier 2 | ST: Requires prior prescription for Metformin, Pioglitazone, Sulfonylurea, or combination product containing any aforementioned agents within the past 365 days; QL (1 EA per 1 day) |
| TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML | Tier 2 | ST: Requires prior prescription for Metformin, Pioglitazone, Sulfonylurea, or combination product containing any aforementioned agents within the past 365 days; QL (2 ML per 28 days) |

| Drug | Status | Notes |
|--|---------------|---|
| VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) | Tier 2 | ST: Requires prior prescription for Metformin, Pioglitazone, Sulfonylurea, or combination product containing any aforementioned agents within the past 365 days; QL (9 ML per 30 days) |
| VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) | Tier 2 | ST: Requires prior prescription for Metformin, Pioglitazone, Sulfonylurea, or combination product containing any aforementioned agents within the past 365 days; QL (9 ML per 30 days) |
| Antihyperglycemic-Sod/Gluc Cotransport2(Sglt2)Inhib | | |
| FARXIGA ORAL TABLET 10 MG, 5 MG | Tier 2 | QL (1 EA per 1 day) |
| JARDIANCE ORAL TABLET 10 MG, 25 MG | Tier 2 | QL (1 EA per 1 day) |
| Antihyperglycemic - Dopamine Receptor Agonists | | |
| CYCLOSET ORAL TABLET 0.8 MG | Tier 3 | ST: Requires prior prescription for Glipizide/metformin HCL, Glyburide/metformin HCL, Metformin HCL, or Riomet ER within the past 180 days |
| Antihyperglycemic - Incretin Mimetics Combination | | |
| MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML | Tier 2 | ST: Requires prior prescription for Metformin, Pioglitazone, Sulfonylurea, or combination product containing any aforementioned agents within the past 365 days; QL (0.5 ML per 7 days) |
| Antihyperglycemic, Alpha-Glucosidase Inhib (N-S) | | |
| <i>acarbose oral tablet 100 mg, 25 mg, 50 mg (Precose)</i> | Tier 1 | |
| <i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i> | Tier 1 | |
| Antihyperglycemic, Amylin Analog-Type | | |
| SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML | Tier 2 | |
| SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML | Tier 2 | |

| Drug | Status | Notes |
|---|--------|---|
| Antihyperglycemic, Dpp-4 Inhibitors | | |
| JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG | Tier 2 | QL (1 EA per 1 day) |
| Antihyperglycemic, Insulin-Release Stimulant Type | | |
| <i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i> (Amaryl) | Tier 1 | |
| <i>glipizide oral tablet 10 mg, 5 mg</i> | Tier 1 | |
| <i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i> (Glucotrol XL) | Tier 1 | |
| <i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i> (Glynase) | Tier 1 | |
| <i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i> | Tier 1 | |
| <i>nateglinide oral tablet 120 mg, 60 mg</i> | Tier 1 | |
| <i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i> | Tier 1 | |
| Antihyperglycemic, Insulin-Response Enhancer (N-S) | | |
| <i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos) | Tier 1 | |
| Antihyperglycemic, SglT-2 & Dpp-4 Inhibitor Comb. | | |
| GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG | Tier 3 | ST: Requires prior prescription for Farxiga, Janumet XR, Janumet, Januvia, Jardiance, Synjardy XR, Synjardy, or Xigduo XR within the past 120 days; QL (1 EA per 1 day) |
| Antihyperglycemic, Biguanide Type (Non-Sulfonylurea) | | |
| <i>metformin oral solution 500 mg/5 ml</i> (Riomet) | Tier 1 | |
| <i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i> | Tier 1 | |
| <i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i> | Tier 1 | |
| RIOMET ER ORAL SUSPENSION, EXTENDED REL RECON 500 MG/5 ML | Tier 3 | ST: Requires prior prescription for Metformin immediate release (tablets/solution) or extended release tablets within the past 120 days; QL (20 ML per 1 day) |
| Antihyperglycemic, Insulin & Glp-1 Receptor Agonist | | |
| SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML | Tier 2 | QL (30 ML per 28 days) |

| Drug | Status | Notes |
|--|--------|--|
| XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML) | Tier 2 | QL (15 ML per 28 days) |
| Antihyperglycemic,Insulin-Rel Stim.& Biguanide Cmb | | |
| <i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i> | Tier 1 | |
| <i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i> | Tier 1 | |
| <i>repaglinide-metformin oral tablet 1-500 mg, 2-500 mg</i> | Tier 1 | |
| Antihyperglycemic,Insulin-Response & Release Comb. | | |
| <i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i> (DUETACT) | Tier 1 | ST: Requires prior prescription for Avandamet, Avandia, Chlorpropamide, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide/Metformin HCL, Metformin HCL, Riomet ER, Tolazamide, or Tolbutamide within the past 120 days |
| Antihyperglycemic-Glucocorticoid Receptor Blocker | | |
| KORLYM ORAL TABLET 300 MG | Tier 4 | PA; SP |
| Antihyperglycemic-SglT2 Inhibitor & Biguanide Comb | | |
| SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG | Tier 2 | QL (2 EA per 1 day) |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG | Tier 2 | QL (1 EA per 1 day) |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG | Tier 2 | QL (2 EA per 1 day) |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-500 MG | Tier 2 | QL (1 EA per 1 day) |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG | Tier 2 | QL (2 EA per 1 day) |
| Antihyperglycm,Insul-Resp.Enhancer & Biguanide Cmb | | |

| Drug | Status | Notes |
|--|--------|--|
| <i>pioglitazone-metformin oral tablet 15-500 mg</i> | Tier 1 | ST: Requires prior prescription for Avandamet, Avandia, Chlorpropamide, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide/Metformin HCL, Metformin HCL, Riomet ER, Tolazamide, or Tolbutamide within the past 120 days |
| <i>pioglitazone-metformin oral tablet 15-850 mg</i> (Actoplus MET) | Tier 1 | ST: Requires prior prescription for Avandamet, Avandia, Chlorpropamide, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide/Metformin HCL, Metformin HCL, Riomet ER, Tolazamide, or Tolbutamide within the past 120 days |
| Blood Sugar Diagnostics | | |
| FREESTYLE INSULINX STRIP (blood sugar diagnostic) | Tier 2 | QL (200 EA per 30 days) |
| FREESTYLE INSULINX TEST STRIPS STRIP (blood sugar diagnostic) | Tier 2 | QL (200 EA per 30 days) |
| FREESTYLE LITE STRIPS STRIP (blood sugar diagnostic) | Tier 2 | QL (200 EA per 30 days) |
| FREESTYLE PRECISION NEO STRIPS STRIP (blood sugar diagnostic) | Tier 2 | QL (200 EA per 30 days) |
| FREESTYLE TEST STRIP (blood sugar diagnostic) | Tier 2 | QL (200 EA per 30 days) |
| PRECISION XTRA TEST STRIP (blood sugar diagnostic) | Tier 2 | QL (200 EA per 30 days) |
| Diabetic Supplies | | |
| ACCU-CHEK COMBO SYSTEM KIT | Tier 3 | |
| AUTOSOFT 30 INFUSION SET | Tier 3 | |
| AUTOSOFT 90 INFUSION SET | Tier 3 | |
| AUTOSOFT XC INFUSION SET 23" INFUSION SET | Tier 3 | |
| AUTOSOFT XC INFUSION SET 32" INFUSION SET | Tier 3 | |
| AUTOSOFT XC INFUSION SET 43" INFUSION SET | Tier 3 | |
| CEQR SIMPLICITY DEVICE 2 UNIT | Tier 3 | |
| CEQR SIMPLICITY INSERTER | Tier 3 | |
| DEXCOM G6 RECEIVER | Tier 2 | PA |
| DEXCOM G6 SENSOR DEVICE | Tier 2 | PA |
| DEXCOM G6 TRANSMITTER DEVICE | Tier 2 | PA |
| DEXCOM G7 SENSOR DEVICE | Tier 3 | |
| ENLITE GLUCOSE SENSOR DEVICE | Tier 3 | |

| Drug | Status | Notes |
|--|--------|-------|
| ENLITE SERTER | Tier 3 | |
| ENLITE SYSTEM | Tier 3 | |
| GLUCOCOM AUTOLINK | Tier 3 | |
| GUARDIAN LINK 3 TRANSMITTER DEVICE | Tier 3 | |
| GUARDIAN RT CHARGER | Tier 3 | |
| GUARDIAN RT TEST PLUG DEVICE | Tier 3 | |
| INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN | Tier 3 | |
| INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN | Tier 3 | |
| INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN | Tier 3 | |
| INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN | Tier 3 | |
| INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN | Tier 3 | |
| INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN | Tier 3 | |
| MEDTRONIC EXT INFUSION SET 23" INFUSION SET | Tier 3 | |
| MEDTRONIC EXT INFUSION SET 32" INFUSION SET | Tier 3 | |
| MINIMED 630G INSULIN PUMP | Tier 3 | |
| MINIMED 770G INSULIN PUMP | Tier 3 | PA |
| MINIMED MIO ADVANCE INF SET23" INFUSION SET | Tier 3 | |
| MINIMED MIO ADVANCE INF SET43" INFUSION SET | Tier 3 | |
| MINIMED QUICK SET 18" INFUSION SET | Tier 3 | |
| MINIMED QUICK SET 23" INFUSION SET | Tier 3 | |
| MINIMED QUICK SET 32" INFUSION SET | Tier 3 | |
| MINIMED QUICK SET 43" INFUSION SET | Tier 3 | |
| MINIMED SILHOUETTE 18" INFUSION SET | Tier 3 | |
| MINIMED SILHOUETTE 23" INFUSION SET | Tier 3 | |
| MINIMED SILHOUETTE 32" INFUSION SET | Tier 3 | |
| MINIMED SILHOUETTE 43" INFUSION SET | Tier 3 | |
| MINIMED SURE T 18" INFUSION SET | Tier 3 | |
| MINIMED SURE T 23" INFUSION SET | Tier 3 | |

| Drug | Status | Notes |
|---|--------|------------------------|
| MINIMED SURE T 32" INFUSION SET | Tier 3 | |
| NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN | Tier 3 | |
| OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE | Tier 2 | QL (1 EA per 365 days) |
| OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE | Tier 2 | |
| OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE | Tier 2 | |
| OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE | Tier 2 | QL (1 EA per 365 days) |
| OMNIPOD DASH PDM KIT (GEN 4) | Tier 2 | QL (1 EA per 365 days) |
| OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE | Tier 2 | |
| ONETOUCH SURESOFT LANCING DEV 18 GAUGE | Tier 2 | |
| ONETOUCH SURESOFT LANCING DEV 21 GAUGE (lancets) | Tier 2 | |
| T:FLEX SUBCUTANEOUS CARTRIDGE | Tier 3 | |
| T:SLIM X2 BASAL-IQ INSULIN PMP | Tier 3 | PA |
| T:SLIM X2 CONTROL-IQ | Tier 3 | PA |
| T:SLIM X2 SUBCUTANEOUS CARTRIDGE | Tier 3 | |
| TEMPO SMART BUTTON DEVICE | Tier 3 | |
| TEMPO WELCOME KIT KIT | Tier 3 | |
| TRUSTEEL INFUSION SET 23" INFUSION SET | Tier 3 | |
| TRUSTEEL INFUSION SET 32" INFUSION SET | Tier 3 | |
| VARISOFT INFUSION SET 23" INFUSION SET | Tier 3 | |
| VARISOFT INFUSION SET 32" INFUSION SET | Tier 3 | |
| VARISOFT INFUSION SET 43" INFUSION SET | Tier 3 | |
| V-GO 20 DEVICE | Tier 2 | |
| V-GO 30 DEVICE | Tier 2 | |
| V-GO 40 DEVICE | Tier 2 | |
| Diabetic Ulcer Preparations, Topical | | |
| REGANEX TOPICAL GEL 0.01 % | Tier 2 | |
| Hyperglycemics | | |
| <i>diazoxide oral suspension 50 mg/ml</i> (Proglycem) | Tier 1 | |
| GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG (glucagon hcl) | Tier 1 | QL (4 EA per 1 FILL) |

| Drug | Status | Notes |
|---|--------|------------------------|
| GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG | Tier 2 | QL (4 EA per 1 FILL) |
| GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML | Tier 2 | QL (4 ML per 1 FILL) |
| GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML | Tier 2 | QL (8 ML per 1 FILL) |
| GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML | Tier 2 | QL (4 ML per 1 FILL) |
| GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML | Tier 2 | QL (8 ML per 1 FILL) |
| GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML | Tier 2 | QL (4 ML per 1 FILL) |
| GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML | Tier 2 | QL (8 ML per 1 FILL) |
| GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML | Tier 2 | QL (4 ML per 1 FILL) |
| GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML | Tier 2 | QL (8 ML per 1 FILL) |
| GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML | Tier 2 | QL (8 ML per 1 FILL) |
| ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML | Tier 2 | QL (2.4 ML per 1 FILL) |
| ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML | Tier 2 | QL (2.4 ML per 1 FILL) |
| Insulins | | |
| AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90) | Tier 3 | PA |
| HUMALOG JUNIOR KWIKPEN U-100 (insulin lispro) SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML | Tier 1 | QL (30 ML per 28 days) |
| HUMALOG KWIKPEN INSULIN (insulin lispro) SUBCUTANEOUS INSULIN PEN 100 UNIT/ML | Tier 1 | QL (30 ML per 28 days) |
| HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) | Tier 2 | QL (12 ML per 28 days) |

| Drug | Status | Notes |
|--|--------|------------------------|
| HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50) | Tier 2 | QL (40 ML per 28 days) |
| HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50) | Tier 2 | QL (30 ML per 28 days) |
| HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25) | Tier 1 | QL (30 ML per 28 days) |
| (insulin lispro protamin- lispro) | | |
| HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25) | Tier 2 | QL (40 ML per 28 days) |
| HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML | Tier 2 | QL (30 ML per 28 days) |
| HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML | Tier 1 | QL (40 ML per 28 days) |
| (insulin lispro) | | |
| HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) | Tier 2 | QL (40 ML per 28 days) |
| HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) | Tier 2 | QL (30 ML per 28 days) |
| HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | Tier 2 | QL (30 ML per 28 days) |
| HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML | Tier 2 | QL (40 ML per 28 days) |
| HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML | Tier 2 | QL (40 ML per 28 days) |
| HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML | Tier 2 | QL (40 ML per 28 days) |
| HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML) | Tier 2 | QL (24 ML per 28 days) |
| LEVEMIR FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | Tier 2 | QL (30 ML per 28 days) |
| LEVEMIR FLEXTOUCH U-100 INSULN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | Tier 2 | QL (30 ML per 28 days) |
| LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML | Tier 2 | QL (40 ML per 28 days) |
| LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML | Tier 2 | QL (30 ML per 28 days) |

| Drug | Status | Notes |
|--|--------|------------------------|
| LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) | Tier 2 | QL (12 ML per 28 days) |
| LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML | Tier 2 | QL (40 ML per 28 days) |
| MYXREDLIN INTRAVENOUS SOLUTION 100 UNIT/100 ML (1 UNIT/ML) | Tier 3 | SP |
| SEMGLEE(INSULIN GLARGINE-YFGN) (insulin glargine-yfgn) SUBCUTANEOUS SOLUTION 100 UNIT/ML | Tier 2 | QL (40 ML per 28 days) |
| SEMGLEE(INSULIN GLARG- YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin glargine-yfgn) | Tier 2 | QL (30 ML per 28 days) |
| TRESIBA FLEXTOUCH U-100 (insulin degludec) SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | Tier 2 | QL (30 ML per 28 days) |
| TRESIBA FLEXTOUCH U-200 (insulin degludec) SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) | Tier 2 | QL (18 ML per 28 days) |
| TRESIBA U-100 INSULIN (insulin degludec) SUBCUTANEOUS SOLUTION 100 UNIT/ML | Tier 2 | QL (40 ML per 28 days) |
| Urine Glucose Test Aids | | |
| DIASTIX STRIP | Tier 3 | QL (50 EA per 30 days) |
| NO-STICK GLUCOSE STRIP | Tier 3 | QL (50 EA per 30 days) |
| Urine Glucose/Acetone Test Aids,Strips | | |
| KETO-DIASTIX STRIP | Tier 3 | QL (50 EA per 30 days) |
| Ear - General Disorders | | |
| Ear Preparations Anti-Inflammatory | | |
| <i>fluocinolone acetonide oil otic (ear)</i> (DermOtic Oil) <i>drops 0.01 %</i> | Tier 1 | |
| Ear Preparations, Misc. Anti-Infectives | | |
| <i>acetic acid otic (ear) solution 2 %</i> | Tier 1 | |
| CORTANE-B TOPICAL LOTION 1-1-0.1 % | Tier 3 | |
| <i>hydrocortisone-acetic acid otic (ear)</i> <i>drops 1-2 %</i> | Tier 1 | |
| Ear Preparations,Antibiotics | | |
| <i>ciprofloxacin hcl otic (ear) dropperette</i> (Cetraxal) <i>0.2 %</i> | Tier 1 | |
| CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML | Tier 3 | |
| <i>neomycin-polymyxin-hc otic (ear)</i> <i>drops,suspension 3.5-10,000-1 mg/ml-</i> <i>unit/ml-%</i> | Tier 1 | |

| Drug | Status | Notes |
|--|--------|-----------------------------|
| <i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i> | Tier 1 | |
| <i>ofloxacin otic (ear) drops 0.3 %</i> | Tier 1 | |
| Otic Preparations, Anti-Inflammatory-Antibiotics | | |
| <i>ciprofloxacin-dexamethasone otic (ear) drops, suspension 0.3-0.1 %</i> (Ciprodex) | Tier 1 | |
| <i>ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025 % (0.25 ml)</i> (Otovel) | Tier 1 | |
| Electrolyte Regulation | | |
| Arginine Vasopressin (Avp) Receptor Antagonists | | |
| <i>tolvaptan oral tablet 15 mg</i> (Samsca) | Tier 4 | SP; QL (30 EA per 365 days) |
| <i>tolvaptan oral tablet 30 mg</i> (Samsca) | Tier 4 | SP; QL (60 EA per 365 days) |
| Electrolyte Depleters | | |
| AURYXIA ORAL TABLET 210 MG IRON | Tier 3 | QL (12 EA per 1 day) |
| <i>calcium acetate(phosphat bind) oral capsule 667 mg</i> | Tier 1 | |
| <i>calcium acetate(phosphat bind) oral tablet 667 mg</i> | Tier 1 | |
| FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG | Tier 3 | |
| <i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg</i> (Fosrenol) | Tier 1 | |
| LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM | Tier 2 | |
| PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML | Tier 3 | |
| <i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i> (Renvela) | Tier 1 | |
| <i>sevelamer carbonate oral tablet 800 mg</i> (Renvela) | Tier 1 | |
| <i>sevelamer hcl oral tablet 400 mg</i> | Tier 1 | |
| <i>sevelamer hcl oral tablet 800 mg</i> (Renagel) | Tier 1 | |
| <i>sodium polystyrene sulfonate oral powder</i> | Tier 1 | |
| SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML | Tier 1 | |
| SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML | Tier 3 | |
| VELPHORO ORAL TABLET, CHEWABLE 500 MG | Tier 2 | |
| VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM | Tier 3 | PA |
| Potassium Replacement | | |

| Drug | Status | Notes |
|---|--------|---------------------------------|
| EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ | Tier 3 | |
| EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ (potassium bicarb-citric acid) | Tier 1 | |
| KLOR-CON M10 ORAL TABLET, ER PARTICLES/CRYSTALS 10 MEQ (potassium chloride) | Tier 1 | |
| KLOR-CON M15 ORAL TABLET, ER PARTICLES/CRYSTALS 15 MEQ (potassium chloride) | Tier 1 | |
| KLOR-CON M20 ORAL TABLET, ER PARTICLES/CRYSTALS 20 MEQ (potassium chloride) | Tier 1 | |
| <i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i> | Tier 1 | |
| <i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i> | Tier 1 | |
| <i>potassium chloride oral packet 20 meq</i> (Klor-Con) | Tier 1 | |
| <i>potassium chloride oral tablet extended release 10 meq, 20 meq</i> (K-Tab) | Tier 1 | |
| <i>potassium chloride oral tablet extended release 8 meq</i> (Klor-Con 8) | Tier 1 | |
| <i>potassium chloride oral tablet, er particles/crystals 10 meq</i> (Klor-Con M10) | Tier 1 | |
| <i>potassium chloride oral tablet, er particles/crystals 15 meq</i> (Klor-Con M15) | Tier 1 | |
| <i>potassium chloride oral tablet, er particles/crystals 20 meq</i> (Klor-Con M20) | Tier 1 | |
| Sodium/Saline Preparations | | |
| BD POSIFLUSH NORMAL SALINE 0.9 INJECTION SYRINGE (sodium chloride 0.9 % (flush)) | Tier 1 | |
| CLEARSHIELD SODIUM CHLOR FLUSH INJECTION SYRINGE (sodium chloride 0.9 % (flush)) | Tier 1 | |
| NORMAL SALINE FLUSH INJECTION SYRINGE (sodium chloride 0.9 % (flush)) | Tier 1 | |
| <i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i> | Tier 1 | |
| <i>sodium chloride 0.9 % (flush) injection syringe</i> (BD PosiFlush Normal Saline 0.9) | Tier 1 | |
| <i>sodium chloride 0.9 % injection solution</i> | Tier 1 | |
| <i>sodium chloride injection syringe 0.9 %</i> | Tier 1 | |
| Endocrine Disorder - Fertility | | |
| Drugs To Treat Impotency | | |
| CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG | Tier 3 | Male Only; QL (1 EA per 5 days) |
| CAVERJECT INTRACAVERNOSAL RECON SOLN 20 MCG, 40 MCG | Tier 3 | Male Only; QL (1 EA per 5 days) |
| CAVERJECT INTRACAVERNOSAL SYRINGE 10 MCG, 20 MCG | Tier 3 | Male Only; QL (1 EA per 5 days) |

| Drug | Status | Notes |
|--|--------|---|
| EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG | Tier 3 | QL: 6 INJECTIONS IN 30 DAYS; Male Only |
| IFE-BIMIX 30/1 INTRACAVERNOSAL SOLUTION 30 MG- 1 MG/ML (papav-phentolamine in water) | Tier 1 | Male Only |
| IFE-PG20 INTRACAVERNOSAL SOLUTION 20 MCG/ML | Tier 1 | Male Only |
| MUSE INTRA-URETHRAL SUPPOSITORY 1,000 MCG, 250 MCG, 500 MCG | Tier 3 | Male Only; QL (1 EA per 5 days) |
| <i>sildenafil oral tablet 100 mg, 25 mg, 50 mg</i> (Viagra) | Tier 1 | Male Only; QL (1 EA per 5 days) |
| <i>tadalafil oral tablet 10 mg, 20 mg</i> (Cialis) | Tier 1 | Male Only; QL (1 EA per 5 days) |
| <i>tadalafil oral tablet 2.5 mg, 5 mg</i> (Cialis) | Tier 1 | PA; Male Only; QL (1 EA per 1 day) |
| TRI-MIX (PAPAVRN-PHNTLMN-PGE1) INTRACAVERNOSAL RECON SOLN 150 MG-5 MG- 50 MCG | Tier 3 | Male Only |
| Fertility Stimulating Preparations, Non-Fsh | | |
| CLOMID ORAL TABLET 50 MG (clomiphene citrate) | Tier 3 | PA |
| <i>clomiphene citrate oral tablet 50 mg</i> (Clomid) | Tier 1 | PA |
| Follicle Stim./Luteinizing Hormones | | |
| MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT | Tier 4 | PA |
| Follicle-Stimulating Hormone (Fsh) | | |
| FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE 300 UNIT/0.36 ML, 600 UNIT/0.72 ML, 900 UNIT/1.08 ML | Tier 4 | PA; ST: Requires prior prescription for Gonal-f Rff, Gonal-f Rff Redi-ject, or Gonal-f within the past 120 DAYS |
| GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300/0.5 UNIT/ML, 450/0.75 UNIT/ML, 900/1.5 UNIT/ML | Tier 4 | PA |
| GONAL-F RFF SUBCUTANEOUS RECON SOLN 75 UNIT | Tier 4 | PA |
| GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT, 450 UNIT | Tier 4 | PA |
| Human Chorionic Gonadotropin (Hcg) | | |
| <i>chorionic gonadotropin, human intramuscular recon soln 10,000 unit</i> (Novarel) | Tier 3 | PA; ST: Requires prior prescription for Novarel or Ovidrel within the past 120 days |
| NOVAREL INTRAMUSCULAR RECON SOLN 10,000 UNIT (chorionic gonadotropin, human) | Tier 2 | PA |
| NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT | Tier 2 | PA |

| Drug | Status | Notes |
|---|--------|--|
| OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML | Tier 2 | PA |
| PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT (chorionic gonadotropin, human) | Tier 3 | PA; ST: Requires prior prescription for Novarel or Ovidrel within the past 120 days |
| Pregnancy Facilitating/Maintaining Agent,Hormonal | | |
| CRINONE VAGINAL GEL 8 % | Tier 3 | PA; ST: Requires prior prescription for Endometrin within the past 120 days |
| ENDOMETRIN VAGINAL INSERT 100 MG | Tier 2 | |
| Pregnancy Maintaining Agent,Hormonal | | |
| <i>hydroxyprogesterone cap(pres) intramuscular oil 250 mg/ml (1 ml)</i> | Tier 4 | PA; SP |
| <i>hydroxyprogesterone cap(ppres) intramuscular oil 250 mg/ml</i> (Makena) | Tier 4 | PA; SP |
| MAKENA (PF) SUBCUTANEOUS AUTO-INJECTOR 275 MG/1.1 ML | Tier 4 | PA; SP |
| Endocrine Disorder - Other | | |
| Adrenal Steroid Inhibitors | | |
| ISTURISA ORAL TABLET 1 MG, 10 MG, 5 MG | Tier 4 | PA; SP |
| RECORLEV ORAL TABLET 150 MG | Tier 4 | PA; SP |
| Adrenocorticotrophic Hormones | | |
| ACTHAR INJECTION GEL 80 UNIT/ML | Tier 4 | PA; SP |
| CORTROPHIN GEL INJECTION GEL 80 UNIT/ML | Tier 4 | PA; SP |
| Antidiuretic And Vasopressor Hormones | | |
| <i>desmopressin injection solution 4 mcg/ml</i> (DDAVP) | Tier 1 | |
| <i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i> | Tier 1 | |
| <i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml), 150 mcg/spray (0.1 ml)</i> | Tier 1 | |
| <i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP) | Tier 1 | |
| NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG | Tier 3 | QL (1 EA per 1 day) |
| NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG | Tier 3 | QL (1 EA per 1 day) |
| NOCTIVA NASAL SPRAY, NON- AEROSOL 0.83 MCG/SPRAY (0.1 ML), 1.66 MCG/SPRAY (0.1 ML) | Tier 3 | QL (3.8 GM per 30 days) |

| Drug | Status | Notes |
|---|--------|---|
| Bone Formation Stim. Agents - Parathyroid Hormone | | |
| FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML) | Tier 4 | PA; SP |
| Bone Formation Stimulating Agts - Pth Rel Peptides | | |
| TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML) | Tier 4 | PA; SP |
| Bone Resorption Inhibitor & Vitamin D Combinations | | |
| FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT | Tier 2 | |
| Bone Resorption Inhibitors | | |
| <i>alendronate oral solution 70 mg/75 ml</i> | Tier 1 | QL (75 ML per 7 days) |
| <i>alendronate oral tablet 10 mg, 35 mg, 5 mg</i> | Tier 1 | |
| <i>alendronate oral tablet 70 mg</i> (Fosamax) | Tier 1 | |
| <i>calcitonin (salmon) injection solution 200 unit/ml</i> (Miacalcin) | Tier 1 | |
| <i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i> | Tier 1 | |
| <i>ibandronate oral tablet 150 mg</i> (Boniva) | Tier 1 | |
| <i>raloxifene oral tablet 60 mg</i> (Evista) | Tier 1 | \$0 COPAY IF 35 YEARS OF AGE OR OLDER; QL (1 EA per 1 day) |
| <i>risedronate oral tablet 150 mg</i> (Actonel) | Tier 1 | ST: Requires prior prescription for Alendronate Sodium and Ibandronate Sodium within the past 365 days; QL (1 EA per 30 days) |
| <i>risedronate oral tablet 30 mg, 5 mg</i> | Tier 1 | ST: Requires prior prescription for Alendronate Sodium and Ibandronate Sodium within the past 365 days; QL (1 EA per 1 day) |
| <i>risedronate oral tablet 35 mg</i> (Actonel) | Tier 1 | ST: Requires prior prescription for Alendronate Sodium and Ibandronate Sodium within the past 365 days; QL (1 EA per 7 days) |
| <i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i> (Atelvia) | Tier 1 | ST: Requires prior prescription for Alendronate Sodium and Ibandronate Sodium within the past 365 days; QL (1 EA per 7 days) |
| Calcimimetic, Parathyroid Calcium Enhancer | | |

| Drug | Status | Notes |
|---|--------|-------------------------|
| <i>cinacalcet oral tablet 30 mg, 60 mg</i> (Sensipar) | Tier 4 | SP; QL (2 EA per 1 day) |
| <i>cinacalcet oral tablet 90 mg</i> (Sensipar) | Tier 4 | SP; QL (4 EA per 1 day) |
| Growth Hormone Receptor Antagonists | | |
| SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG | Tier 4 | SP |
| Growth Hormone Releasing Hormone (Ghrh) & Analogs | | |
| EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG | Tier 4 | PA; SP |
| Growth Hormones | | |
| NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) | Tier 4 | PA; SP |
| SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG | Tier 4 | PA; SP |
| SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG | Tier 4 | PA; SP |
| Hyperparathyroid Tx Agents - Vitamin D Analog-Type | | |
| <i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i> | Tier 1 | |
| <i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar) | Tier 1 | |
| <i>paricalcitol oral capsule 4 mcg</i> | Tier 1 | |
| RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG | Tier 2 | QL (2 EA per 1 day) |
| Insulin-Like Growth Factor-1 (Igf-1) Hormones | | |
| INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML | Tier 4 | PA; SP |
| Leptin Hormone Analogs | | |
| MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.) | Tier 4 | SP; QL (1 EA per 1 day) |
| Lhrh (Gnrh) Antagonist,Estrogen And Progestin Comb | | |
| MYFEMBREE ORAL TABLET 40-1-0.5 MG | Tier 2 | PA |
| ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM) | Tier 2 | PA |
| Lhrh(Gnrh) Agonist Analog Pituitary Suppressants | | |
| SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML | Tier 4 | PA; SP |

| Drug | Status | Notes |
|--|--------|---|
| Lhrh(Gnrh) Antagonist,Pituitary Suppressant Agents | | |
| <i>cetorelix subcutaneous kit 0.25 mg</i> (Cetrotide) | Tier 4 | PA |
| CETROTIDE SUBCUTANEOUS KIT 0.25 MG (cetorelix) | Tier 4 | PA |
| FYREMADEL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML (ganirelix) | Tier 4 | PA; ST: Requires prior prescription for Cetorelix Acetate or Cetrotide within the past 120 days |
| <i>ganirelix subcutaneous syringe 250 mcg/0.5 ml</i> (Fyremadel) | Tier 4 | PA; ST: Requires prior prescription for Cetorelix Acetate or Cetrotide within the past 120 days |
| ORLISSA ORAL TABLET 150 MG, 200 MG | Tier 2 | |
| Natriuretic Peptides | | |
| VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG | Tier 4 | PA; SP |
| Parathyroid Hormones | | |
| NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE | Tier 4 | PA; SP |
| Pituitary Suppressive Agents | | |
| <i>cabergoline oral tablet 0.5 mg</i> | Tier 1 | |
| <i>danazol oral capsule 100 mg, 200 mg, 50 mg</i> | Tier 1 | |
| Endocrine Disorder - Thyroid | | |
| Antithyroid Preparations | | |
| <i>methimazole oral tablet 10 mg, 5 mg</i> | Tier 1 | |
| <i>propylthiouracil oral tablet 50 mg</i> | Tier 1 | |
| Iodine Containing Agents | | |
| LUGOLS ORAL SOLUTION 5 % | Tier 3 | |
| <i>potassium iodide oral solution 1 gram/ml</i> (SSKI) | Tier 1 | |
| SSKI ORAL SOLUTION 1 GRAM/ML (potassium iodide) | Tier 1 | |
| STRONG IODINE ORAL SOLUTION 5 % | Tier 1 | |
| Thyroid Hormones | | |
| ERMEZA ORAL SOLUTION 30 MCG/ML | Tier 1 | PA |
| EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine) | Tier 1 | QL (2 EA per 1 day) |

| Drug | Status | Notes |
|---|--------|--|
| <i>levothyroxine oral capsule 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Tirosint) | Tier 1 | PA |
| <i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Euthyrox) | Tier 1 | QL (2 EA per 1 day) |
| <i>levothyroxine oral tablet 300 mcg</i> (Levo-T) | Tier 1 | QL (2 EA per 1 day) |
| <i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel) | Tier 1 | |
| NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (thyroid (pork)) | Tier 1 | |
| THYQUIDITY ORAL SOLUTION 20 MCG/ML | Tier 3 | ST: Requires prior prescription for generic Levothyroxine tablets within the past 120 days; QL (20 ML per 1 day) |
| TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML | Tier 3 | PA |
| Eye - General Disorders | | |
| Eye Antibiotic, Glucocorticoid And Nsaid Comb. | | |
| <i>prednisol ace-gatiflox-bromfen ophthalmic (eye) drops,suspension 1-0.5-0.075 %</i> | Tier 1 | |
| <i>prednisoln sp-gatiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %</i> | Tier 1 | |
| <i>prednisoln sp-moxiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %</i> | Tier 1 | |
| <i>prednisolone-moxiflo-nepafenac ophthalmic (eye) drops,suspension 1-0.5-0.1 %</i> | Tier 1 | |
| <i>prednisolone-moxiflox-bromfen ophthalmic (eye) drops,suspension 1-0.5-0.075 %</i> | Tier 1 | |
| Eye Antibiotic-Corticoid Combinations | | |
| MAXITROL OPHTHALMIC (EYE) OINTMENT 3.5 MG/G-10,000 UNIT/G-0.1 % (neomycin-polymyxin b-dexameth) | Tier 3 | |
| <i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> (Neo-Polycin HC) | Tier 1 | |
| <i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> (Maxitrol) | Tier 1 | |

| Drug | Status | Notes |
|--|--------|---|
| <i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i> (Maxitrol) | Tier 1 | |
| <i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i> | Tier 1 | |
| NEO-POLYCIN HC OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT/G-1% (neomycin-bacitracin-poly-hc) | Tier 1 | |
| PRED-G OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-1 % | Tier 3 | |
| PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT 0.3-0.6 % | Tier 3 | |
| <i>prednisolone sod ph-moxiflox ophthalmic (eye) drops 1-0.5 %</i> | Tier 1 | |
| <i>prednisolone-moxifloxacin hcl ophthalmic (eye) drops,suspension 1-0.5 %</i> | Tier 1 | |
| TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 % | Tier 2 | |
| TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 % | Tier 3 | ST: Requires prior prescription for generic ophthalmic Tobramycin/Dexamethasone drops within the past 120 days |
| <i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i> (TobraDex) | Tier 1 | |
| Eye Antihistamines | | |
| <i>azelastine ophthalmic (eye) drops 0.05 %</i> | Tier 1 | QL (12 ML per 30 days) |
| <i>epinastine ophthalmic (eye) drops 0.05 %</i> | Tier 1 | QL (10 ML per 30 days) |
| <i>olopatadine ophthalmic (eye) drops 0.1 %</i> (Eye Allergy Itch-Redness Rlf) | Tier 1 | |
| <i>olopatadine ophthalmic (eye) drops 0.2 %</i> (Clear Eyes Once Daily Allergy) | Tier 1 | QL (3 ML per 30 days) |
| Eye Antiinflammatory Agents | | |
| ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 % | Tier 3 | ST: At least 2 prior prescriptions for Diclofenac Sodium, Ilevro, Ketorolac Tromethamine, or Prolensa within the 365 days; QL (60 EA per 15 days) |
| <i>bromfenac ophthalmic (eye) drops 0.09 %</i> | Tier 1 | ST: Requires prior prescription for Diclofenac Sodium or Ketorolac Tromethamine within the past 120 days; QL (3.4 ML per 16 days) |

| Drug | Status | Notes |
|---|--------|--|
| <i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i> | Tier 1 | QL (15 ML per 14 days) |
| DEXTENZA INTRACANALICULAR INSERT 0.4 MG | Tier 3 | |
| <i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i> | Tier 1 | QL (10 ML per 14 days) |
| <i>difluprednate ophthalmic (eye) drops 0.05 %</i> (Durezol) | Tier 1 | QL (10 ML per 14 days) |
| <i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i> (FML Liquifilm) | Tier 1 | QL (10 ML per 14 days) |
| <i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i> | Tier 1 | |
| FML S.O.P. OPHTHALMIC (EYE) OINTMENT 0.1 % | Tier 2 | ST: Requires prior prescription for Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% within the past 120 days; QL (3.5 GM per 14 days) |
| ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 % | Tier 2 | QL (3.4 ML per 16 days) |
| <i>ketorolac ophthalmic (eye) drops 0.4 %</i> (Acular LS) | Tier 1 | |
| <i>ketorolac ophthalmic (eye) drops 0.5 %</i> (Acular) | Tier 1 | QL (20 ML per 30 days) |
| KLARITY-L (LOTEPRED-CHOND)(PF) OPHTHALMIC (EYE) DROPS 0.5-0.25 % | Tier 3 | |
| LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 % | Tier 2 | QL (7 GM per 14 days) |
| LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 % | Tier 2 | QL (10 GM per 14 days) |
| <i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i> (Lotemax) | Tier 1 | QL (10 GM per 14 days) |
| <i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i> (Lotemax) | Tier 1 | QL (20 ML per 14 days) |
| MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % | Tier 3 | ST: Requires prior prescription for Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% within the past 120 days; QL (25 ML per 14 days) |
| <i>prednisolone acetate (pf) ophthalmic (eye) drops,suspension 1 %</i> | Tier 1 | QL (20 ML per 14 days) |
| <i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> (Pred Forte) | Tier 1 | QL (20 ML per 14 days) |
| <i>prednisolone acetate-bromfenac ophthalmic (eye) drops,suspension 1-0.075 %</i> | Tier 1 | |

| Drug | Status | Notes |
|---|--------|--|
| <i>prednisolone acetate-nepafenac ophthalmic (eye) drops,suspension 1-0.1 %</i> | Tier 1 | |
| <i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i> | Tier 1 | QL (20 ML per 14 days) |
| Eye Antivirals | | |
| <i>trifluridine ophthalmic (eye) drops 1 %</i> | Tier 1 | |
| ZIRGAN OPHTHALMIC (EYE) GEL 0.15 % | Tier 2 | ST: Requires prior prescription for Acyclovir, Famciclovir, or Valacyclovir HCL within the past 120 days |
| Eye Local Anesthetics | | |
| AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 % | Tier 3 | |
| ALCAINE OPHTHALMIC (EYE) DROPS 0.5 % (proparacaine) | Tier 1 | |
| ALTACAIN OPHTHALMIC (EYE) DROPS 0.5 % (tetracaine hcl) | Tier 1 | |
| ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 % (fluorescein-benoxinate) | Tier 1 | |
| <i>fluorescein-benoxinate ophthalmic (eye) drops 0.3-0.4 %</i> | Tier 1 | |
| <i>fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %</i> | Tier 1 | |
| <i>proparacaine ophthalmic (eye) drops 0.5 % (Alcaine)</i> | Tier 1 | |
| <i>tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %</i> | Tier 1 | |
| <i>tetracaine hcl ophthalmic (eye) drops 0.5 % (Altacaine)</i> | Tier 1 | |
| Eye Sulfonamides | | |
| BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 % | Tier 2 | |
| <i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i> | Tier 1 | |
| <i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i> | Tier 1 | |
| <i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i> | Tier 1 | |
| Eye Vasoconstrictors (Rx Only) | | |
| <i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i> | Tier 1 | |
| UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 % | Tier 3 | PA |
| Ophthalmic Antibiotics | | |
| AK-POLY-BAC OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM (bacitracin-polymyxin b) | Tier 1 | |

| Drug | Status | Notes |
|--|--------|-------|
| <i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i> | Tier 1 | |
| <i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i> (AK-Poly-Bac) | Tier 1 | |
| BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 % | Tier 2 | |
| CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 % | Tier 2 | |
| <i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i> (Ciloxan) | Tier 1 | |
| <i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i> | Tier 1 | |
| <i>gatifloxacin ophthalmic (eye) drops 0.5 %</i> (Zymaxid) | Tier 1 | |
| GENTAK OPHTHALMIC (EYE) OINTMENT 0.3 % (3 MG/GRAM) (gentamicin) | Tier 1 | |
| <i>gentamicin ophthalmic (eye) drops 0.3 %</i> | Tier 1 | |
| KLARITY-A (AZITHRO-CHONDR)(PF) OPHTHALMIC (EYE) DROPS 1-0.25 % | Tier 3 | |
| <i>levofloxacin ophthalmic (eye) drops 0.5 %, 1.5 %</i> | Tier 1 | |
| <i>moxifloxacin ophthalmic (eye) drops 0.5 %</i> (Vigamox) | Tier 1 | |
| <i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i> | Tier 1 | |
| <i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> (Neo-Polycin) | Tier 1 | |
| <i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i> | Tier 1 | |
| NEO-POLYICIN OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT-UNIT/G (neomycin-bacitracin-polymyxin) | Tier 1 | |
| <i>ofloxacin ophthalmic (eye) drops 0.3 %</i> (Ocuflox) | Tier 1 | |
| POLYICIN OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM (bacitracin-polymyxin b) | Tier 1 | |
| <i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i> (Polytrim) | Tier 1 | |
| <i>tobramycin ophthalmic (eye) drops 0.3 %</i> | Tier 1 | |
| TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 % | Tier 2 | |
| Ophthalmic Antifungal Agents | | |
| NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 % | Tier 3 | |
| Ophthalmic Anti-Inflammatory Immunomodulator-Type | | |

| Drug | Status | Notes |
|--|--------|---|
| CYCLOSPORINE IN KLARITY OPTHALMIC (EYE) DROPS 0.1-0.25 % | Tier 1 | |
| RESTASIS MULTIDOSE OPTHALMIC (EYE) DROPS 0.05 % | Tier 2 | QL (5.5 ML per 30 days) |
| RESTASIS OPTHALMIC (EYE) DROPPERETTE 0.05 % (cyclosporine) | Tier 1 | QL (60 EA per 30 days) |
| VERKAZIA OPTHALMIC (EYE) DROPPERETTE 0.1 % | Tier 4 | PA; SP |
| XIIDRA OPTHALMIC (EYE) DROPPERETTE 5 % | Tier 2 | QL (60 EA per 30 days) |
| Ophthalmic Human Nerve Growth Factor (Hngf) | | |
| OXERVATE OPTHALMIC (EYE) DROPS 0.002 % | Tier 4 | PA; SP |
| Ophthalmic Mast Cell Stabilizers | | |
| ALOCRILO OPTHALMIC (EYE) DROPS 2 % | Tier 2 | ST: Requires prior prescription for Cromolyn 4% ophthalmic drops within the past 120 days; QL (20 ML per 30 days) |
| ALOMIDE OPTHALMIC (EYE) DROPS 0.1 % | Tier 2 | ST: Requires prior prescription for Cromolyn 4% ophthalmic drops within the past 120 days; QL (40 ML per 30 days) |
| <i>cromolyn ophthalmic (eye) drops 4 %</i> | Tier 1 | QL (50 ML per 30 days) |
| Retinal Enzyme Replacement | | |
| LUXTURNA SUBRETINAL SUSPENSION 1.5 X 10EXP11 VG/0.3 ML (FNL) | Tier 4 | PA; SP |
| Eye - Glaucoma | | |
| Carbonic Anhydrase Inhibitors | | |
| <i>acetazolamide oral capsule, extended release 500 mg</i> | Tier 1 | |
| <i>acetazolamide oral tablet 125 mg, 250 mg</i> | Tier 1 | |
| <i>methazolamide oral tablet 25 mg, 50 mg</i> | Tier 1 | |
| Miotics/Other Intraoc. Pressure Reducers | | |
| ALPHAGAN P OPTHALMIC (EYE) DROPS 0.1 % | Tier 2 | |
| <i>apraclonidine ophthalmic (eye) drops 0.5 %</i> | Tier 1 | |
| AZOPT OPTHALMIC (EYE) DROPS,SUSPENSION 1 % (brinzolamide) | Tier 1 | |
| <i>betaxolol ophthalmic (eye) drops 0.5 %</i> | Tier 1 | |

| Drug | Status | Notes |
|--|--------|---|
| BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % | Tier 3 | |
| <i>bimatoprost ophthalmic (eye) drops 0.03 %</i> | Tier 1 | QL (1 ML per 12 days) |
| <i>brimonidine ophthalmic (eye) drops 0.15 %</i> (Alphagan P) | Tier 1 | |
| <i>brimonidine ophthalmic (eye) drops 0.2 %</i> | Tier 1 | |
| <i>brimonidine-dorzolamide (pf) ophthalmic (eye) drops 0.15-2 %</i> | Tier 1 | |
| <i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i> (Combigan) | Tier 1 | |
| <i>carteolol ophthalmic (eye) drops 1 %</i> | Tier 1 | |
| <i>dorzolamide (pf) ophthalmic (eye) drops 2 %</i> | Tier 1 | |
| <i>dorzolamide ophthalmic (eye) drops 2 %</i> (Trusopt) | Tier 1 | |
| <i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i> (Cosopt (PF)) | Tier 1 | ST: Requires prior prescription for Dorzolamide HCL/Timolol Maleate within the past 120 days; QL (2 EA per 1 day) |
| <i>dorzolamide-timolol (pf) ophthalmic (eye) drops 2-0.5 %</i> | Tier 1 | |
| <i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i> (Cosopt) | Tier 1 | |
| IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 % | Tier 3 | |
| <i>latanoprost (pf) ophthalmic (eye) drops 0.005 %</i> | Tier 1 | |
| <i>latanoprost ophthalmic (eye) drops 0.005 %</i> (Xalatan) | Tier 1 | |
| <i>levobunolol ophthalmic (eye) drops 0.5 %</i> | Tier 1 | |
| LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 % | Tier 2 | QL (2.5 ML per 25 days) |
| PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 % | Tier 3 | |
| <i>pilocarpine hcl ophthalmic (eye) drops 1 %, 4 %</i> | Tier 1 | |
| <i>pilocarpine hcl ophthalmic (eye) drops 2 %</i> (Isopto Carpine) | Tier 1 | |
| RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 % | Tier 3 | ST: At least 2 prior prescriptions for Alphagan P, Brimonidine Tartrate/Timolol, Brinzolamide, Latanoprost, Lumigan, Simbrinza, or Travoprost within the past 365 days; QL (2.5 ML per 30 days) |

| Drug | Status | Notes |
|--|--------|---|
| ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 % | Tier 3 | ST: At least 2 prior prescriptions for Alphagan P, Brimonidine Tartrate/Timolol, Brinzolamide, Latanoprost, Lumigan, Simbrinza, or Travoprost within the past 365 days; QL (2.5 ML per 25 days) |
| SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 % | Tier 2 | |
| <i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i> (Zioptan (PF)) | Tier 1 | QL (1 EA per 1 day) |
| <i>timol-brimon-dorzo-latanop(pf) ophthalmic (eye) drops 0.5 %-0.15 %- 2 %-0.005 %</i> | Tier 1 | |
| <i>timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %</i> (Timoptic Ocudose (PF)) | Tier 1 | QL (2 EA per 1 day) |
| <i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i> (Timoptic) | Tier 1 | |
| <i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i> (Istalol) | Tier 1 | |
| <i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i> (Timoptic-XE) | Tier 1 | |
| <i>timolol-brimonidi-dorzolam(pf) ophthalmic (eye) drops 0.5-0.15-2 %</i> | Tier 1 | |
| <i>timolol-dorzolamid-latanop(pf) ophthalmic (eye) drops 0.5-2-0.005 %</i> | Tier 1 | |
| <i>timolol-latanoprost(pf) ophthalmic (eye) drops 0.5-0.005 %</i> | Tier 1 | |
| TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 % (timolol maleate (pf)) | Tier 3 | QL (2 EA per 1 day) |
| <i>travoprost ophthalmic (eye) drops 0.004 %</i> (Travatan Z) | Tier 1 | QL (2.5 ML per 25 days) |
| VUIITY OPHTHALMIC (EYE) DROPS 1.25 % | Tier 3 | PA |
| VYZULTA OPHTHALMIC (EYE) DROPS 0.024 % | Tier 3 | ST: At least 3 prior prescriptions for Bimatoprost, Latanoprost, Latanoprost pf, Lumigan, or Travoprost within the past 365 days; QL (2.5 ML per 25 days) |
| XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 % | Tier 3 | ST: At least 3 prior prescriptions for Bimatoprost, Latanoprost, Latanoprost pf, Lumigan, or Travoprost within the past 365 days; QL (2.5 ML per 25 days) |

| Drug | Status | Notes |
|---|--------|---------------------|
| ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 % (tafluprost (pf)) | Tier 3 | QL (1 EA per 1 day) |
| Mydriatics | | |
| atropine ophthalmic (eye) drops 1 % (Isopto Atropine) | Tier 1 | |
| atropine ophthalmic (eye) drops, emulsion 0.01 % | Tier 1 | |
| atropine ophthalmic (eye) ointment 1 % | Tier 1 | |
| CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 % | Tier 3 | |
| cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 % (Cyclogyl) | Tier 1 | |
| cyclopen-tropic-phenyleph-watr ophthalmic (eye) drops 1-1-2.5 % | Tier 1 | |
| cyclopent-tropic-phen-ketr-wat ophthalmic (eye) drops 1 %-1 %-10 %-0.5 %, 1 %-1 %-2.5 %-0.5 % | Tier 1 | |
| cyclop-trop-propa-phen-ket-wat ophthalmic (eye) drops 1 %-1 %-0.1 %-2.5 %-0.4 % | Tier 1 | |
| HOMATROPAIRE OPHTHALMIC (EYE) DROPS 5 % (homatropine hbr) | Tier 1 | |
| PAREMYD OPHTHALMIC (EYE) DROPS 1-0.25 % | Tier 3 | |
| phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 % | Tier 1 | |
| tropicamide ophthalmic (eye) drops 0.5 % | Tier 1 | |
| tropicamide ophthalmic (eye) drops 1 % (Mydriacyl) | Tier 1 | |
| Ophthalmic Antifibrotic Agents | | |
| mitomycin (pf) in water ophthalmic (eye) syringe 0.2 mg/ml, 0.4 mg/ml | Tier 4 | SP |
| MITOSOL OPHTHALMIC (EYE) KIT 0.2 MG | Tier 3 | |
| Eye - Miscellaneous | | |
| Agents For Corneal Collagen Cross-Linking | | |
| PHOTREXA CROSS-LINKING KIT OPHTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOUS 0.146 % -0.146 % | Tier 3 | |
| PHOTREXA OPHTHALMIC (EYE) DROPS 0.146 % | Tier 3 | |
| PHOTREXA VISCOUS OPHTHALMIC (EYE) DROPS, VISCOUS 0.146 % | Tier 3 | |
| Artificial Tears | | |
| KLARITY (CHONDROITIN) (PF) OPHTHALMIC (EYE) DROPS 0.25 % | Tier 3 | |
| Eye Mydriatic And Nsaid Combinations | | |

| Drug | Status | Notes |
|---|--------|--|
| MYDRIATIC4(TROP-PROP-PE-KTRLC) OPTHALMIC (EYE) DROPS 1-0.5-2.5-0.5 % (tropic-proparacai-pe-ketor-wat) | Tier 1 | |
| <i>tropic-proparacai-pe-ketor-wat ophthalmic (eye) drops 1-0.5-2.5-0.5 %</i> (Mydriatic4(trop-prop-PE-ktrlc)) | Tier 1 | |
| Eye Preparations, Miscellaneous (Otc) | | |
| GELFILM OPTHALMIC (EYE) FILM | Tier 3 | |
| Ophthalmic Cystine Depleting Agents | | |
| CYSTADROPS OPTHALMIC (EYE) DROPS 0.37 % | Tier 4 | PA; SP |
| CYSTARAN OPTHALMIC (EYE) DROPS 0.44 % | Tier 4 | PA; SP |
| Fluid Replacement | | |
| Nucleic Acid/Nucleotide Supplements | | |
| XURIDEN ORAL GRANULES IN PACKET 2 GRAM | Tier 4 | PA; SP |
| Gout And Related Diseases | | |
| Colchicine | | |
| <i>colchicine oral capsule 0.6 mg</i> (Mitigare) | Tier 1 | QL (2 EA per 1 day) |
| <i>colchicine oral tablet 0.6 mg</i> (Colcrys) | Tier 1 | QL (4 EA per 1 day) |
| GLOPERBA ORAL SOLUTION 0.6 MG/5 ML | Tier 3 | ST: Requires prior prescription for Colchicine capsules or tablet within the past 120 days; QL (10 ML per 1 day) |
| Hyperuricemia Tx - Purine Inhibitors | | |
| <i>allopurinol oral tablet 100 mg</i> (Zyloprim) | Tier 1 | |
| <i>allopurinol oral tablet 300 mg</i> | Tier 1 | |
| <i>febuxostat oral tablet 40 mg, 80 mg</i> (Uloric) | Tier 1 | ST: Requires prior prescription for Allopurinol within the past 120 days; QL (30 EA per 30 days) |
| Uricosuric Agents | | |
| <i>probenecid oral tablet 500 mg</i> | Tier 1 | |
| <i>probenecid-colchicine oral tablet 500-0.5 mg</i> | Tier 1 | |
| Uricosuric And Xanthine Oxidase Inhibitor Comb. | | |
| DUZALLO ORAL TABLET 200-200 MG, 200-300 MG | Tier 3 | ST: Requires prior prescription for Allopurinol within the past 120 days; QL (1 EA per 1 day) |
| Hematological Disorders | | |
| Agents To Tx Thrombotic Thrombocytopenic Purpura | | |
| CABLIVI INJECTION KIT 11 MG | Tier 4 | PA; SP |

| Drug | Status | Notes |
|--|--------|------------------------|
| CABLIVI INJECTION RECON SOLN 11 MG | Tier 4 | PA; SP |
| Anticoagulants, Coumarin Type | | |
| JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG (warfarin) | Tier 1 | |
| <i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> (Jantoven) | Tier 1 | |
| Antifibrinolytic Agents | | |
| <i>aminocaproic acid oral solution 250 mg/ml (25 %)</i> (Amicar) | Tier 1 | |
| <i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i> (Amicar) | Tier 1 | |
| <i>tranexamic acid oral tablet 650 mg</i> (Lysteda) | Tier 1 | |
| Citrates As Anticoagulants | | |
| ACD SOLUTION A SOLUTION 2.45-2.2 GRAM- 800 MG/100 ML | Tier 3 | |
| ACD-A SOLUTION , 2.45-2.2 GRAM- 730 MG/100 ML | Tier 3 | |
| <i>anticoag citrate phos dextrose solution 2.63-222 gram-mg/100ml</i> | Tier 1 | |
| REGIOCIT (EUA) SOLUTION 5.03-5.29 GRAM/L | Tier 3 | |
| <i>sodium citrate in 0.9 % nacl solution 0.5 %</i> | Tier 1 | |
| <i>sodium citrate intra-catheter syringe 4 % (3 ml), 4 % (5 ml)</i> | Tier 1 | |
| <i>sodium citrate solution 4 gram /100 ml (4 %)</i> | Tier 1 | |
| Complement (C3) Inhibitors | | |
| EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML | Tier 4 | PA; SP |
| Direct Factor Xa Inhibitors | | |
| ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK 5 MG (74 TABS) | Tier 2 | QL (74 EA per 30 days) |
| ELIQUIS ORAL TABLET 2.5 MG | Tier 2 | QL (2 EA per 1 day) |
| ELIQUIS ORAL TABLET 5 MG | Tier 2 | QL (74 EA per 30 days) |
| XARELTO DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK 15 MG (42)- 20 MG (9) | Tier 2 | QL (51 EA per 30 days) |
| XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML | Tier 2 | QL (20 ML per 1 day) |
| XARELTO ORAL TABLET 10 MG, 20 MG | Tier 2 | QL (1 EA per 1 day) |
| XARELTO ORAL TABLET 15 MG, 2.5 MG | Tier 2 | QL (2 EA per 1 day) |

| Drug | Status | Notes |
|--|--------|--------------------------|
| Hematinics,Other | | |
| MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 150 MCG/0.3 ML, 200 MCG/0.3 ML, 30 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML | Tier 4 | PA; SP |
| RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML | Tier 4 | PA; SP |
| Hemophilia Treatment Agents,Non-Factor Replacement | | |
| HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4 ML | Tier 4 | PA; SP |
| Hemorrhologic Agents | | |
| <i>pentoxifylline oral tablet extended release 400 mg</i> | Tier 1 | |
| Heparin And Related Preparations | | |
| <i>enoxaparin subcutaneous solution 300 mg/3 ml</i> (Lovenox) | Tier 4 | QL (30 ML per 30 days) |
| <i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i> (Lovenox) | Tier 4 | |
| <i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> (Arixtra) | Tier 4 | QL (24 ML per 30 days) |
| <i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> (Arixtra) | Tier 4 | QL (15 ML per 30 days) |
| <i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i> (Arixtra) | Tier 4 | QL (12 ML per 30 days) |
| <i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i> (Arixtra) | Tier 4 | QL (18 ML per 30 days) |
| FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML | Tier 4 | QL (8 ML per 1 day) |
| FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML | Tier 4 | QL (7.6 ML per 30 days) |
| FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML | Tier 4 | QL (60 ML per 30 days) |
| FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML | Tier 4 | QL (30 ML per 30 days) |
| FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML | Tier 4 | QL (36 ML per 30 days) |
| FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML | Tier 4 | QL (43.2 ML per 30 days) |
| FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML | Tier 4 | QL (12 ML per 30 days) |
| FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML | Tier 4 | QL (18 ML per 30 days) |

| Drug | Status | Notes |
|--|--------|--------|
| <i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i> | Tier 1 | |
| <i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i> | Tier 1 | |
| <i>heparin (porcine) injection syringe 5,000 unit/ml</i> | Tier 1 | |
| <i>heparin, porcine (pf) injection solution 1,000 unit/ml</i> | Tier 1 | |
| <i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml</i> | Tier 1 | |
| <i>heparin, porcine (pf) subcutaneous syringe 5,000 unit/0.5 ml</i> | Tier 1 | |
| Human Monoclonal Antibody Complement(C5) Inhibitor | | |
| TAVNEOS ORAL CAPSULE 10 MG | Tier 4 | PA; SP |
| Leukocyte (Wbc) Stimulants | | |
| LEUKINE INJECTION RECON SOLN 250 MCG | Tier 4 | PA; SP |
| NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML | Tier 4 | PA; SP |
| NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML | Tier 4 | PA; SP |
| NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML | Tier 4 | PA; SP |
| NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML | Tier 4 | PA; SP |
| NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML | Tier 4 | PA; SP |
| NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML | Tier 4 | PA; SP |
| NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML | Tier 4 | PA; SP |
| Platelet Aggregation Inhibitors | | |
| ADULT ASPIRIN REGIMEN ORAL (aspirin) TABLET,DELAYED RELEASE (DR/EC) 81 MG | \$0 | |
| ADULT LOW DOSE ASPIRIN ORAL (aspirin) TABLET,DELAYED RELEASE (DR/EC) 81 MG | \$0 | |
| ASPIRIN CHILDRENS ORAL (aspirin) TABLET,CHEWABLE 81 MG | \$0 | |
| <i>aspirin oral tablet,chewable 81 mg</i> (Aspirin Childrens) | \$0 | |
| <i>aspirin oral tablet,delayed release (dr/ec)</i> (Adult Aspirin Regimen) 81 mg | \$0 | |
| <i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i> | Tier 1 | |

| Drug | Status | Notes |
|--|--------|--|
| BAYER LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin) | \$0 | |
| BRILINTA ORAL TABLET 60 MG, 90 MG | Tier 2 | QL (2 EA per 1 day) |
| CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG (aspirin) | \$0 | |
| <i>cilostazol oral tablet 100 mg, 50 mg</i> | Tier 1 | |
| <i>clopidogrel oral tablet 300 mg</i> | Tier 1 | QL (4 EA per 30 days) |
| <i>clopidogrel oral tablet 75 mg</i> (Plavix) | Tier 1 | |
| <i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i> | Tier 1 | |
| <i>prasugrel oral tablet 10 mg, 5 mg</i> (Effient) | Tier 1 | QL (1 EA per 1 day) |
| ST JOSEPH ASPIRIN ORAL TABLET,CHEWABLE 81 MG (aspirin) | \$0 | |
| ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin) | \$0 | |
| ZONTIVITY ORAL TABLET 2.08 MG | Tier 3 | QL (1 EA per 1 day) |
| Platelet Reducing Agents | | |
| <i>anagrelide oral capsule 0.5 mg</i> (Agrylin) | Tier 1 | |
| <i>anagrelide oral capsule 1 mg</i> | Tier 1 | |
| Pyruvate Kinase Activators | | |
| PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG | Tier 4 | PA; SP |
| PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7) | Tier 4 | PA; SP |
| Sickle Cell Anemia Agents | | |
| DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG | Tier 3 | |
| ENDARI ORAL POWDER IN PACKET 5 GRAM | Tier 4 | PA; SP |
| OXBRYTA ORAL TABLET 500 MG | Tier 4 | PA; SP |
| OXBRYTA ORAL TABLET FOR SUSPENSION 300 MG | Tier 4 | PA; SP |
| SIKLOS ORAL TABLET 1,000 MG | Tier 3 | ST: Requires prior prescription for Droxia or Hydroxyurea within the past 365 days |
| SIKLOS ORAL TABLET 100 MG | Tier 3 | QL (2 EA per 1 day) |
| Spleen Tyrosine Kinase Inhibitors | | |
| TAVALISSE ORAL TABLET 100 MG, 150 MG | Tier 4 | PA; SP |
| Thrombopoietin Receptor Agonists | | |

| Drug | Status | Notes |
|--|--------|--------|
| DOPTELET (10 TAB PACK) ORAL TABLET 20 MG | Tier 4 | PA; SP |
| DOPTELET (15 TAB PACK) ORAL TABLET 20 MG | Tier 4 | PA; SP |
| DOPTELET (30 TAB PACK) ORAL TABLET 20 MG | Tier 4 | PA; SP |
| MULPLETA ORAL TABLET 3 MG | Tier 4 | PA; SP |
| PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG | Tier 4 | PA; SP |
| PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG | Tier 4 | PA; SP |
| Topical Hemostatics | | |
| ASTRINGYN TOPICAL SOLUTION 259 MG/G | Tier 3 | |
| AVITENE FLOUR TOPICAL POWDER | Tier 3 | |
| AVITENE TOPICAL POWDER IN PACKET | Tier 3 | |
| AVITENE TOPICAL SHEET 35 X 35 MM, 70 X 35 MM, 70 X 70 MM | Tier 3 | |
| ENDO AVITENE TOPICAL SHEET 10 MM, 5 MM | Tier 3 | |
| EVARREST TOPICAL ADHESIVE PATCH, MEDICATED 2 X 4 ", 4 X 4 " | Tier 3 | |
| EVICEL TOPICAL SOLUTION 800-1,200 UNIT /ML (1 ML X 2), 800-1,200 UNIT /ML(2ML X 2), 800-1,200 UNIT /ML(5 ML X 2) | Tier 3 | |
| FLOSEAL TOPICAL KIT 2,500 UNIT | Tier 3 | |
| GELFOAM JMI POWDER TOPICAL KIT 5,000 UNIT | Tier 3 | |
| GELFOAM JMI SPONGE TOPICAL COMBO PACK 5,000 UNIT | Tier 3 | |
| GELFOAM SPONGE SIZE 200 TOPICAL SPONGE 200 | Tier 3 | |
| GELFOAM TOPICAL SPONGE 4 | Tier 3 | |
| MONSEL'S TOPICAL SOLUTION WITH APPLICATOR 0.2 TO 0.22 GRAM/ML | Tier 1 | |
| RECOTHROM SPRAY KIT TOPICAL RECON SOLN 20,000 UNIT | Tier 3 | |
| RECOTHROM TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT | Tier 3 | |
| SYRINGE AVITENE TOPICAL POWDER | Tier 3 | |
| TACHOSIL TOPICAL ADHESIVE PATCH, MEDICATED 4.8 X 4.8 CM, 9.5 X 4.8 CM | Tier 3 | |

| Drug | Status | Notes |
|---|--------|-------|
| THROMBI-GEL TOPICAL PADS, MEDICATED 10 CM2, 100 CM2, 40 CM2 | Tier 1 | |
| THROMBIN-JMI NASAL NASAL SPRAY SYRINGE 5,000 UNIT | Tier 1 | |
| THROMBIN-JMI TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT | Tier 1 | |
| THROMBIN-JMI TOPICAL SPRAY SYRINGE 20,000 UNIT, 5,000 UNIT | Tier 1 | |
| THROMBIN-JMI TOPICAL SPRAY, NON-AEROSOL 20,000 UNIT | Tier 1 | |
| THROMBI-PAD TOPICAL PADS, MEDICATED 3 X 3 " | Tier 1 | |
| ULTRAFOAM TOPICAL SPONGE 2 X 6.25 X 7 CM-CM-MM, 8 X 12.5 X 1 CM, 8 X 12.5 X 3 CM-CM-MM, 8 X 6.25 X 1 CM | Tier 3 | |
| VISTASEAL-FIBRIN SEALANT TOPICAL SYRINGE 500 UNIT-80 MG /ML (10 ML), 500 UNIT-80 MG /ML (2 ML), 500 UNIT-80 MG /ML (4 ML) | Tier 3 | |
| Vitamin K Preparations | | |
| <i>phytonadione (vitamin k1) injection solution 10 mg/ml</i> (Vitamin K1) | Tier 1 | |
| <i>phytonadione (vitamin k1) injection syringe 1 mg/0.5 ml</i> | Tier 1 | |
| <i>phytonadione (vitamin k1) oral tablet 5 mg</i> (Mephyton) | Tier 1 | |
| VITAMIN K INJECTION SOLUTION 1 MG/0.5 ML (phytonadione (vitamin k1)) | Tier 1 | |
| VITAMIN K1 INJECTION SOLUTION 10 MG/ML (phytonadione (vitamin k1)) | Tier 1 | |
| Hormonal Deficiency | | |
| Androgenic Agents | | |
| ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR | Tier 3 | PA |
| JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG | Tier 3 | PA |
| KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG | Tier 3 | PA |
| METHITEST ORAL TABLET 10 MG (methyltestosterone) | Tier 3 | PA |
| <i>methyltestosterone oral capsule 10 mg</i> | Tier 1 | PA |
| <i>oxandrolone oral tablet 10 mg, 2.5 mg</i> (Oxandrin) | Tier 1 | PA |
| <i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone) | Tier 1 | PA |
| <i>testosterone enanthate intramuscular oil 200 mg/ml</i> | Tier 1 | PA |
| <i>testosterone transdermal gel 50 mg/5 gram (1 %)</i> (Testim) | Tier 1 | PA |

| Drug | Status | Notes |
|---|--------|---|
| testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation (Fortesta) | Tier 1 | PA |
| testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %) (Vogelxo) | Tier 1 | PA |
| testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %) (AndroGel) | Tier 1 | PA |
| testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram) (AndroGel) | Tier 1 | PA |
| testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml) | Tier 1 | PA |
| TLANDO ORAL CAPSULE 112.5 MG | Tier 3 | PA |
| XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML | Tier 3 | PA |
| Estrogen & Progestin With Antimineralocorticoid Cb | | |
| ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG | Tier 3 | |
| Estrogen & Selective Estrogen Recept Mod(Serm)Comb | | |
| DUAVEE ORAL TABLET 0.45-20 MG | Tier 2 | |
| Estrogen And Progestin Combinations | | |
| BIJUVA ORAL CAPSULE 1-100 MG | Tier 3 | ST: Requires prior prescription for Duavee or Premarin within the past 120 days; QL (30 EA per 30 days) |
| Estrogen/Androgen Combinations | | |
| COVARYX H.S. ORAL TABLET 0.625-1.25 MG (estrogens-methyltestosterone) | Tier 1 | |
| COVARYX ORAL TABLET 1.25-2.5 MG (estrogens-methyltestosterone) | Tier 1 | |
| EEMT HS ORAL TABLET 0.625-1.25 MG (estrogens-methyltestosterone) | Tier 1 | |
| EEMT ORAL TABLET 1.25-2.5 MG (estrogens-methyltestosterone) | Tier 1 | |
| estrogens-methyltestosterone oral tablet 0.625-1.25 mg (Covaryx H.S.) | Tier 1 | |
| estrogens-methyltestosterone oral tablet 1.25-2.5 mg (Covaryx) | Tier 1 | |
| Estrogenic Agents | | |
| AMABELZ ORAL TABLET 0.5-0.1 MG, 1-0.5 MG (estradiol-norethindrone acet) | Tier 1 | |

| Drug | Status | Notes |
|--|--------|---|
| CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR | Tier 3 | QL (1 EA per 7 days) |
| COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR | Tier 2 | QL (2 EA per 7 days) |
| DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML (estradiol valerate) | Tier 3 | |
| DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (estradiol cypionate) | Tier 3 | |
| DIVIGEL TRANSDERMAL GEL IN PACKET 1.25 MG/1.25 GRAM (0.1 %) (estradiol) | Tier 2 | QL (37.5 GM per 30 days) |
| DOTTI TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR (estradiol) | Tier 1 | QL (2 EA per 7 days) |
| ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION | Tier 3 | ST: Requires prior prescription for Alora, Divigel, or Estradiol within the past 120 days; QL (52 GM per 30 days) |
| estradiol oral tablet 0.5 mg, 1 mg, 2 mg (Estrace) | Tier 1 | |
| estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%) (Divigel) | Tier 1 | QL (30 EA per 30 days) |
| estradiol transdermal gel in packet 1 mg/gram (0.1 %) (Divigel) | Tier 1 | QL (30 GM per 30 days) |
| estradiol transdermal gel in packet 1.25 mg/1.25 gram (0.1 %) (Divigel) | Tier 1 | QL (37.5 GM per 30 days) |
| estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr (Dotti) | Tier 1 | QL (2 EA per 7 days) |
| estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr (Climara) | Tier 1 | QL (1 EA per 7 days) |
| estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml (Delestrogen) | Tier 1 | |
| estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg (Amabelz) | Tier 1 | |
| EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%) | Tier 3 | ST: Requires prior prescription for Alora, Divigel, or Estradiol within the past 120 days; QL (16.2 ML per 30 days) |
| FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG (norethindrone ac-eth estradiol) | Tier 1 | |
| JINTELI ORAL TABLET 1-5 MG-MCG (norethindrone ac-eth estradiol) | Tier 1 | |

| Drug | Status | Notes |
|--|--------|--|
| LYLLANA TRANSDERMAL PATCH (estradiol) SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR | Tier 1 | QL (2 EA per 7 days) |
| MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR | Tier 3 | QL (1 EA per 7 days) |
| MIMVEY ORAL TABLET 1-0.5 MG (estradiol-norethindrone acet) | Tier 1 | |
| <i>norethindrone ac-eth estradiol oral tablet</i> (Fyavolv) <i>0.5-2.5 mg-mcg, 1-5 mg-mcg</i> | Tier 1 | |
| PREFEST ORAL TABLET 1 MG (15)/1 MG- 0.09 MG (15) | Tier 3 | |
| PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG | Tier 2 | |
| PREMARIN ORAL TABLET 0.625 MG, (conjugated estrogens) 1.25 MG | Tier 2 | |
| PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14) | Tier 2 | |
| PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG | Tier 2 | |
| Progestational Agents | | |
| CRINONE VAGINAL GEL 4 % | Tier 3 | PA |
| <i>hydroxyprogesterone caproate</i> <i>intramuscular oil 250 mg/ml</i> | Tier 4 | PA; SP |
| <i>medroxyprogesterone oral tablet 10 mg,</i> (Provera) <i>2.5 mg, 5 mg</i> | Tier 1 | |
| <i>norethindrone acetate oral tablet 5 mg</i> (Aygestin) | Tier 1 | |
| <i>progesterone intramuscular oil 50 mg/ml</i> | Tier 1 | |
| <i>progesterone micronized oral capsule</i> (Prometrium) <i>100 mg, 200 mg</i> | Tier 1 | |
| Immunization | | |
| Covid-19 Vaccines | | |
| COMIRNATY TRIS VACCINE(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML | \$0 | QL (0.3 ML per 17 days); Age (Min 12 Years) |
| JANSSEN COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION 0.5 ML | \$0 | QL (1 ML per 365 days); Age (Min 18 Years) |
| MODERNA COVID BIVAL(6M-5Y)-PF INTRAMUSCULAR SUSPENSION 10 MCG/0.2 ML | \$0 | AGE: 6 MONTHS TO 5 YEARS; QL (0.2 ML per 365 days) |
| MODERNA COVID BIVAL(6Y UP)(PF) INTRAMUSCULAR SUSPENSION 50 MCG/0.5 ML | \$0 | QL (0.5 ML per 365 days); Age (Min 6 Years) |
| MODERNA COVID(6M-5Y) VACC(EUA) INTRAMUSCULAR SUSPENSION 25 MCG/0.25 ML | \$0 | AGE: 6 MONTHS TO 5 YEARS; QL (0.25 ML per 24 days) |

| Drug | Status | Notes |
|--|---------------|--|
| MODERNA COVID-19 (6-11YR)(EUA) INTRAMUSCULAR SUSPENSION 50 MCG/0.5 ML | \$0 | QL (0.5 ML per 24 days); Age (Min 6 Years and Max 11 Years) |
| MODERNA COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION 100 MCG/0.5 ML | \$0 | QL (0.5 ML per 24 days); Age (Min 12 Years) |
| NOVAVAX COVID-19 VACC,ADJ(EUA) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML | \$0 | QL (0.5 ML per 17 days); Age (Min 12 Years) |
| PFIZER COVID BIVAL(12Y UP)(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML | \$0 | QL (0.3 ML per 365 days); Age (Min 12 Years) |
| PFIZER COVID BIVAL(5-11YR)(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MCG/0.2 ML | \$0 | QL (0.2 ML per 365 days); Age (Min 5 Years and Max 11 Years) |
| PFIZER COVID BIVAL(6MO-4Y)(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3 MCG/0.2 ML | \$0 | AGE: 6 MONTHS TO 4 YEARS; QL (0.2 ML per 365 days) |
| PFIZER COVID-19 TRIS VACCN(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML | \$0 | QL (0.3 ML per 17 days); Age (Min 12 Years) |
| PFIZER COVID-19 TRIS VACCN(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MCG/0.2 ML | \$0 | QL (0.2 ML per 17 days); Age (Min 5 Years and Max 11 Years) |
| PFIZER COVID-19 TRIS VACCN(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3 MCG/0.2 ML | \$0 | AGE: 6 MONTHS TO 4 YEARS; QL (0.2 ML per 17 days) |
| PFIZER COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 30 MCG/0.3 ML | \$0 | QL (0.3 ML per 17 days); Age (Min 12 Years) |
| SPIKEVAX (PF) INTRAMUSCULAR SUSPENSION 100 MCG/0.5 ML | \$0 | QL (0.5 ML per 24 days); Age (Min 12 Years) |
| Enteric Virus Vaccines | | |
| ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML | Tier 3 | |
| ROTATEQ VACCINE ORAL SOLUTION 2 ML | Tier 3 | |
| Gram (-) Bacilli (Non-Enteric) Vaccines | | |
| VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT | Tier 3 | |
| Gram Positive Cocci Vaccines | | |
| PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML | \$0 | Age (Min 19 Years) |
| PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML | \$0 | Age (Min 19 Years) |
| PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE 0.5 ML | Tier 3 | |
| Influenza Virus Vaccines | | |

| Drug | Status | Notes |
|--|--------|---|
| AFLURIA QD 2022-23(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML | \$0 | QL (0.5 ML per 180 days) |
| AFLURIA QUAD 2022-2023(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML | \$0 | QL (0.5 ML per 180 days) |
| FLUAD QUAD 2022-23(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML | \$0 | QL (0.5 ML per 180 days); Age (Min 65 Years) |
| FLUARIX QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML | \$0 | QL (0.5 ML per 180 days) |
| FLUBLOK QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML | \$0 | QL (0.5 ML per 180 days); Age (Min 18 Years) |
| FLUCELVAX QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML | \$0 | QL (0.5 ML per 180 days) |
| FLUCELVAX QUAD 2022-2023 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML | \$0 | QL (0.5 ML per 180 days) |
| FLULAVAL QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML | \$0 | QL (0.5 ML per 180 days) |
| FLUMIST QUAD 2022-2023 NASAL NASAL SPRAY SYRINGE 10EXP6.5- 7.5 FF UNIT/0.2 ML | \$0 | QL (1 EA per 180 days) |
| FLUZONE HIGHDOSE QUAD 22-23 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML | \$0 | QL (0.7 ML per 180 days); Age (Min 65 Years) |
| FLUZONE QUAD 2022-2023 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML | \$0 | QL (0.5 ML per 180 days) |
| FLUZONE QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML | \$0 | QL (0.5 ML per 180 days) |
| FLUZONE QUAD 2022-2023 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML | \$0 | QL (0.5 ML per 180 days) |
| Viral/Tumorigenic Vaccines | | |
| <i>adenovirus vac live type-4, 7 oral tablet,delayed release (dr/ec)</i> | Tier 3 | |
| <i>adenovirus vaccine live type-4 oral tablet,delayed release (dr/ec)</i> | Tier 3 | |
| <i>adenovirus vaccine live type-7 oral tablet,delayed release (dr/ec)</i> | Tier 3 | |
| HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML | Tier 2 | QL (2 ML per 1 LIFETIME) |
| HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML | Tier 3 | QL (2 ML per 1 LIFETIME) |

| Drug | Status | Notes |
|--|--------------------------------------|--|
| SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML | Tier 3 | QL (2 EA per 1 LIFETIME); Age (Min 50 Years) |
| SHINGRIX GE ANTIGEN COMPONENT INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG | Tier 3 | QL (2 EA per 1 LIFETIME); Age (Min 50 Years) |
| VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML | Tier 3 | QL (2 ML per 1 LIFETIME) |
| VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML | Tier 2 | QL (2 ML per 1 LIFETIME) |
| VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML | Tier 3 | QL (2 ML per 1 LIFETIME) |
| VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML | Tier 2 | QL (2 ML per 1 LIFETIME) |
| Immunosuppression/Modulation | | |
| Immunomodulators | | |
| ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML | Tier 4 | PA; SP |
| ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML | Tier 4 | SP |
| BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML | Tier 4 | PA; SP |
| <i>imiquimod topical cream in packet 5 %</i> | Tier 1 | QL (2 EA per 1 day) |
| QUIDROXZAR TOPICAL GEL 5-0.1-30 % | Tier 3 | |
| QUIHOXAXIA TOPICAL GEL 5-1-2 % | (imiquimod-levocetirizine-niacin) | Tier 3 |
| QUIHOXVAR TOPICAL GEL 5-0.05-1 % | (imiquimod-tretinoin-levocetirizine) | Tier 3 |
| Immunosuppressives | | |
| AZASAN ORAL TABLET 100 MG, 75 MG | (azathioprine) | Tier 3 |
| <i>azathioprine oral tablet 100 mg, 75 mg</i> | (Azasan) | Tier 1 |
| <i>azathioprine oral tablet 50 mg</i> | (Imuran) | Tier 1 |
| CELLCEPT ORAL CAPSULE 250 MG | (mycophenolate mofetil) | Tier 3 |
| CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML | (mycophenolate mofetil) | Tier 3 |
| CELLCEPT ORAL TABLET 500 MG | (mycophenolate mofetil) | Tier 3 |
| <i>cyclosporine modified oral capsule 100 mg, 25 mg</i> | (Gengraf) | Tier 1 |
| <i>cyclosporine modified oral capsule 50 mg</i> | | Tier 1 |
| <i>cyclosporine modified oral solution 100 mg/ml</i> | (Gengraf) | Tier 1 |
| <i>cyclosporine oral capsule 100 mg, 25 mg</i> | (Sandimmune) | Tier 1 |
| <i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i> | (Zortress) | Tier 1 |

| Drug | Status | Notes |
|--|--------|--------|
| GENGRAF ORAL CAPSULE 100 MG, 25 MG (cyclosporine modified) | Tier 1 | SP |
| GENGRAF ORAL SOLUTION 100 MG/ML (cyclosporine modified) | Tier 1 | SP |
| IMURAN ORAL TABLET 50 MG (azathioprine) | Tier 3 | |
| LUPKYNIS ORAL CAPSULE 7.9 MG | Tier 4 | PA; SP |
| <i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept) | Tier 1 | SP |
| <i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept) | Tier 1 | SP |
| <i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept) | Tier 1 | SP |
| <i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i> (Myfortic) | Tier 1 | SP |
| MYFORTIC ORAL TABLET, DELAYED RELEASE (DR/EC) 180 MG, 360 MG (mycophenolate sodium) | Tier 3 | SP |
| NEORAL ORAL CAPSULE 100 MG, 25 MG (cyclosporine modified) | Tier 3 | SP |
| NEORAL ORAL SOLUTION 100 MG/ML (cyclosporine modified) | Tier 3 | SP |
| PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (tacrolimus) | Tier 3 | |
| PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG | Tier 3 | |
| RAPAMUNE ORAL SOLUTION 1 MG/ML (sirolimus) | Tier 3 | SP |
| RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG (sirolimus) | Tier 3 | SP |
| SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (cyclosporine) | Tier 3 | SP |
| SANDIMMUNE ORAL SOLUTION 100 MG/ML (cyclosporine) | Tier 3 | SP |
| <i>sirolimus oral solution 1 mg/ml</i> (Rapamune) | Tier 1 | SP |
| <i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i> (Rapamune) | Tier 1 | SP |
| <i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf) | Tier 1 | |
| ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG (everolimus (immunosuppressive)) | Tier 3 | SP |
| Rho Kinase Inhibitor | | |
| REZUROCK ORAL TABLET 200 MG | Tier 4 | PA; SP |
| Infectious Disease - Bacterial | | |
| Absorbable Sulfonamides | | |
| <i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim) | Tier 1 | |
| <i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim) | Tier 1 | |

| Drug | Status | Notes |
|--|--------|--------|
| <i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS) | Tier 1 | |
| SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML (sulfamethoxazole-trimethoprim) | Tier 1 | |
| Betalactams | | |
| CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML | Tier 4 | PA; SP |
| Cephalosporins - 1St Generation | | |
| <i>cefadroxil oral capsule 500 mg</i> | Tier 1 | |
| <i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i> | Tier 1 | |
| <i>cefadroxil oral tablet 1 gram</i> | Tier 1 | |
| <i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i> | Tier 1 | |
| <i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i> | Tier 1 | |
| <i>cephalexin oral tablet 250 mg, 500 mg</i> | Tier 1 | |
| Cephalosporins - 2Nd Generation | | |
| <i>cefaclor oral capsule 250 mg, 500 mg</i> | Tier 1 | |
| <i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i> | Tier 1 | |
| <i>cefaclor oral tablet extended release 12 hr 500 mg</i> | Tier 1 | |
| <i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i> | Tier 1 | |
| <i>cefprozil oral tablet 250 mg, 500 mg</i> | Tier 1 | |
| <i>cefuroxime axetil oral tablet 250 mg, 500 mg</i> | Tier 1 | |
| Cephalosporins - 3Rd Generation | | |
| <i>cefdinir oral capsule 300 mg</i> | Tier 1 | |
| <i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i> | Tier 1 | |
| <i>cefditoren pivoxil oral tablet 200 mg</i> | Tier 1 | |
| <i>cefditoren pivoxil oral tablet 400 mg</i> (Spectracef) | Tier 1 | |
| <i>cefixime oral capsule 400 mg</i> (Suprax) | Tier 1 | |
| <i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Suprax) | Tier 1 | |
| <i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i> | Tier 1 | |
| <i>cefpodoxime oral tablet 100 mg, 200 mg</i> | Tier 1 | |
| SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML | Tier 2 | |
| SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG | Tier 2 | |

| Drug | Status | Notes |
|---|--------|------------------------|
| Chemotherapeutics, Antibacterial, Misc. | | |
| <i>fosfomycin tromethamine oral packet 3 gram</i> (Monurol) | Tier 1 | |
| HYOPHEN ORAL TABLET 81.6-0.12-10.8 MG | Tier 1 | |
| <i>methenamine hippurate oral tablet 1 gram</i> (Hiprex) | Tier 1 | |
| <i>methenamine mandelate oral tablet 0.5 g, 1 gram</i> | Tier 1 | |
| <i>methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg</i> (Urogesic-Blue) | Tier 1 | |
| PHOSPHASAL ORAL TABLET 81.6-10.8-40.8 MG | Tier 1 | |
| PRIMSOL ORAL SOLUTION 50 MG/5 ML | Tier 2 | |
| <i>trimethoprim oral tablet 100 mg</i> | Tier 1 | |
| URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG | Tier 2 | |
| URIMAR-T ORAL TABLET 120-0.12-10.8 MG | Tier 3 | |
| URO-458 ORAL TABLET 81-10.8-40.8 MG | Tier 1 | |
| UROGESIC-BLUE ORAL TABLET 81.6-40.8-0.12 MG (methen-sod phos-meth blue-hyos) | Tier 1 | |
| URO-MP ORAL CAPSULE 118-10-40.8-36 MG | Tier 1 | |
| USTELL ORAL CAPSULE 120-0.12 MG | Tier 1 | |
| Fecal Microbiota Transplantation (Fmt) | | |
| REBYOTA RECTAL ENEMA 150 ML | Tier 4 | PA; SP |
| Macrolides | | |
| <i>azithromycin oral packet 1 gram</i> (Zithromax) | Tier 1 | |
| <i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Zithromax) | Tier 1 | |
| <i>azithromycin oral tablet 250 mg, 500 mg</i> (Zithromax) | Tier 1 | |
| <i>azithromycin oral tablet 600 mg</i> | Tier 1 | |
| <i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i> | Tier 1 | |
| <i>clarithromycin oral tablet 250 mg, 500 mg</i> | Tier 1 | |
| <i>clarithromycin oral tablet extended release 24 hr 500 mg</i> | Tier 1 | |
| DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML | Tier 2 | QL (10 ML per 1 day) |
| DIFICID ORAL TABLET 200 MG | Tier 2 | QL (20 EA per 10 days) |
| E.E.S. 400 ORAL TABLET 400 MG (erythromycin ethylsuccinate) | Tier 1 | |

| Drug | | Status | Notes |
|--|-------------------------------|--------|--|
| E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML | (erythromycin ethylsuccinate) | Tier 3 | |
| ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML | (erythromycin ethylsuccinate) | Tier 3 | |
| ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 250 MG, 500 MG | (erythromycin) | Tier 1 | |
| ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG | (erythromycin stearate) | Tier 1 | |
| <i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> | (E.E.S. Granules) | Tier 1 | |
| <i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i> | (EryPed 400) | Tier 1 | |
| <i>erythromycin ethylsuccinate oral tablet 400 mg</i> | (E.E.S. 400) | Tier 1 | |
| <i>erythromycin oral capsule, delayed release(dr/ec) 250 mg</i> | | Tier 1 | |
| <i>erythromycin oral tablet 250 mg, 500 mg</i> | | Tier 1 | |
| <i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i> | (Ery-Tab) | Tier 1 | |
| Nitrofurantoin Derivatives | | | |
| <i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i> | (Macrochantin) | Tier 1 | |
| <i>nitrofurantoin macrocrystal oral capsule 25 mg</i> | (Macrochantin) | Tier 1 | QL (4 EA per 1 day) |
| <i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i> | (Macrobid) | Tier 1 | |
| <i>nitrofurantoin oral suspension 25 mg/5 ml</i> | (Furadantin) | Tier 1 | |
| Oxazolidinones | | | |
| <i>linezolid oral suspension for reconstitution 100 mg/5 ml</i> | (Zyvox) | Tier 1 | |
| <i>linezolid oral tablet 600 mg</i> | (Zyvox) | Tier 1 | |
| SIVEXTRO ORAL TABLET 200 MG | | Tier 2 | ST: Requires prior prescription for Linezolid (600mg tablets) within the past 120 days; QL (6 EA per 6 days) |
| Penicillins | | | |
| <i>amoxicillin oral capsule 250 mg, 500 mg</i> | | Tier 1 | |
| <i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i> | | Tier 1 | |
| <i>amoxicillin oral tablet 500 mg, 875 mg</i> | | Tier 1 | |
| <i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i> | | Tier 1 | |

| Drug | Status | Notes |
|---|--------|-------|
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i> | Tier 1 | |
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i> (Augmentin) | Tier 1 | |
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600) | Tier 1 | |
| <i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg</i> | Tier 1 | |
| <i>amoxicillin-pot clavulanate oral tablet 500-125 mg</i> (Augmentin) | Tier 1 | |
| <i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i> (Augmentin XR) | Tier 1 | |
| <i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i> | Tier 1 | |
| <i>ampicillin oral capsule 500 mg</i> | Tier 1 | |
| <i>dicloxacillin oral capsule 250 mg, 500 mg</i> | Tier 1 | |
| MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG (amoxicillin) | Tier 3 | |
| <i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i> | Tier 1 | |
| <i>penicillin v potassium oral tablet 250 mg, 500 mg</i> | Tier 1 | |
| Pleuromutilin Derivatives | | |
| XENLETA ORAL TABLET 600 MG | Tier 3 | PA |
| Quinolones | | |
| BAXDELA ORAL TABLET 450 MG | Tier 3 | PA |
| CIPRO ORAL SUSPENSION, MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML (ciprofloxacin) | Tier 2 | |
| <i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i> | Tier 1 | |
| <i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> (Cipro) | Tier 1 | |
| <i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i> (Cipro) | Tier 1 | |
| FACTIVE ORAL TABLET 320 MG | Tier 3 | |
| <i>levofloxacin oral solution 250 mg/10 ml</i> | Tier 1 | |
| <i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i> | Tier 1 | |
| <i>moxifloxacin oral tablet 400 mg</i> | Tier 1 | |
| <i>ofloxacin oral tablet 300 mg, 400 mg</i> | Tier 1 | |
| Tetracyclines | | |

| Drug | Status | Notes |
|--|---------------|--|
| <i>demeclocycline oral tablet 150 mg, 300 mg</i> | Tier 1 | |
| <i>doxycycline hyclate oral capsule 100 mg, 50 mg</i> (Morgidox) | Tier 1 | QL (2 EA per 1 day) |
| <i>doxycycline hyclate oral tablet 100 mg</i> (LymePak) | Tier 1 | QL (2 EA per 1 day) |
| <i>doxycycline hyclate oral tablet 150 mg</i> (Acticlate) | Tier 1 | ST: Requires prior prescription for generic Doxycycline Monohydrate 150mg tablets within the past 120 days; QL (2 EA per 1 day) |
| <i>doxycycline hyclate oral tablet 50 mg</i> (Targadox) | Tier 1 | ST: Requires prior prescription for Doxycycline Hyclate 50mg capsules or Doxycycline Monohydrate 50mg capsules within the past 120 days; QL (4 EA per 1 day) |
| <i>doxycycline hyclate oral tablet 75 mg</i> (Acticlate) | Tier 1 | ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day) |
| <i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxyne NL) | Tier 1 | QL (2 EA per 1 day) |
| <i>doxycycline monohydrate oral capsule 150 mg</i> | Tier 1 | QL (2 EA per 1 day) |
| <i>doxycycline monohydrate oral capsule 50 mg</i> (Monodox) | Tier 1 | QL (2 EA per 1 day) |
| <i>doxycycline monohydrate oral capsule 75 mg</i> (Mondoxyne NL) | Tier 1 | ST: Requires prior prescription for Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day) |
| <i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i> (Vibramycin (mono)) | Tier 1 | |
| <i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy) | Tier 1 | QL (2 EA per 1 day) |
| <i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i> | Tier 1 | QL (2 EA per 1 day) |
| LYMEPAK ORAL TABLET 100 MG (doxycycline hyclate) | Tier 3 | QL (2 EA per 1 day) |
| <i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i> | Tier 1 | |
| <i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i> | Tier 1 | |
| MONDOXYNE NL ORAL CAPSULE 100 MG (doxycycline monohydrate) | Tier 1 | QL (2 EA per 1 day) |

| Drug | Status | Notes |
|--|--------|--|
| MONDOXYNE NL ORAL CAPSULE 75 MG (doxycycline monohydrate) | Tier 1 | ST: Requires prior prescription for Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day) |
| NUZYRA ORAL TABLET 150 MG | Tier 3 | PA |
| tetracycline oral capsule 250 mg, 500 mg | Tier 1 | |
| Infectious Disease - Fungal | | |
| Antifungal Agents | | |
| clotrimazole mucous membrane troche 10 mg | Tier 1 | |
| CRESEMBA ORAL CAPSULE 186 MG | Tier 3 | PA |
| fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml (Diflucan) | Tier 1 | |
| fluconazole oral tablet 100 mg, 150 mg, 200 mg (Diflucan) | Tier 1 | |
| fluconazole oral tablet 50 mg | Tier 1 | |
| flucytosine oral capsule 250 mg, 500 mg (Ancobon) | Tier 1 | |
| itraconazole oral capsule 100 mg (Sporanox) | Tier 1 | |
| itraconazole oral solution 10 mg/ml (Sporanox) | Tier 1 | |
| ketoconazole oral tablet 200 mg | Tier 1 | |
| NOXAFIL ORAL SUSP, DELAYED RELEASE FOR RECON 300 MG | Tier 3 | PA |
| NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML) (posaconazole) | Tier 3 | PA |
| ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG | Tier 3 | |
| posaconazole oral tablet, delayed release (dr/ec) 100 mg (Noxafil) | Tier 1 | PA |
| terbinafine hcl oral tablet 250 mg | Tier 1 | |
| VIVJOA ORAL CAPSULE 150 MG | Tier 3 | PA |
| voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml) (Vfend) | Tier 1 | |
| voriconazole oral tablet 200 mg, 50 mg (Vfend) | Tier 1 | |
| Antifungal Antibiotics | | |
| BREXAFEMME ORAL TABLET 150 MG | Tier 3 | PA |
| griseofulvin microsize oral suspension 125 mg/5 ml | Tier 1 | |
| griseofulvin microsize oral tablet 500 mg | Tier 1 | |
| griseofulvin ultramicrosize oral tablet 125 mg, 250 mg | Tier 1 | |
| nystatin oral suspension 100,000 unit/ml | Tier 1 | |
| nystatin oral tablet 500,000 unit | Tier 1 | |

| Drug | Status | Notes |
|---|--------|-----------------------------|
| Infectious Disease - Miscellaneous | | |
| Aminoglycosides | | |
| ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML | Tier 4 | PA; SP |
| <i>neomycin oral tablet 500 mg</i> | Tier 1 | |
| TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG | Tier 4 | PA; SP |
| <i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi) | Tier 4 | PA; SP |
| <i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i> (Bethkis) | Tier 4 | PA; SP |
| <i>tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml</i> (Kitabis Pak) | Tier 4 | PA; SP |
| Antibacterial Agents, Miscellaneous | | |
| <i>glycine urologic solution irrigation solution 1.5 %</i> (Glycine Urologic) | Tier 1 | |
| Antileprotics | | |
| <i>dapsone oral tablet 100 mg, 25 mg</i> | Tier 1 | |
| THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG | Tier 4 | PA; SP; QL (2 EA per 1 day) |
| Anti-Mycobacterium Agents | | |
| <i>ethambutol oral tablet 100 mg</i> | Tier 1 | |
| <i>ethambutol oral tablet 400 mg</i> (Myambutol) | Tier 1 | |
| <i>isoniazid oral solution 50 mg/5 ml</i> | Tier 1 | |
| <i>isoniazid oral tablet 100 mg, 300 mg</i> | Tier 1 | |
| PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM | Tier 3 | |
| <i>pyrazinamide oral tablet 500 mg</i> | Tier 1 | |
| <i>rifabutin oral capsule 150 mg</i> (Mycobutin) | Tier 1 | |
| TRECTOR ORAL TABLET 250 MG | Tier 3 | |
| Antitubercular Antibiotics | | |
| <i>cycloserine oral capsule 250 mg</i> | Tier 1 | |
| <i>pretomanid oral tablet 200 mg</i> | Tier 3 | QL (1 EA per 1 day) |
| PRIFTIN ORAL TABLET 150 MG | Tier 3 | |
| <i>rifampin oral capsule 150 mg, 300 mg</i> | Tier 1 | |
| SIRTURO ORAL TABLET 100 MG, 20 MG | Tier 4 | PA; SP |
| Lincosamides | | |
| <i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin HCl) | Tier 1 | |
| CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML (clindamycin palmitate hcl) | Tier 1 | |

| Drug | Status | Notes |
|---|--------|--|
| Rifamycins And Related Derivative Antibiotics | | |
| AEMCOLO ORAL TABLET,DELAYED RELEASE (DR/EC) 194 MG | Tier 3 | ST: Requires prior prescription for Azithromycin, Cipro, Ciprofloxacin HCL, Ciprofloxacin, Ciprofloxacin/ciprofloxacin HCL, Levofloxacin, or Ofloxacin within the past 120 days; QL (12 EA per 1 FILL) |
| XIFAXAN ORAL TABLET 200 MG | Tier 3 | PA |
| XIFAXAN ORAL TABLET 550 MG | Tier 2 | PA |
| Vancomycin And Derivatives | | |
| FIRVANQ ORAL RECON SOLN 25 MG/ML | Tier 2 | QL (300 ML per 1 FILL) |
| <i>vancomycin oral capsule 125 mg</i> (Vancocin) | Tier 1 | QL (56 EA per 1 FILL) |
| <i>vancomycin oral capsule 250 mg</i> (Vancocin) | Tier 1 | QL (112 EA per 1 FILL) |
| <i>vancomycin oral recon soln 50 mg/ml</i> (Firvanq) | Tier 1 | QL (600 ML per 1 FILL) |
| Infectious Disease - Parasitic | | |
| 2Nd Gen. Anaerobic Antiprotozoal-Antibacterial | | |
| SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM | Tier 3 | ST: At least 2 prior prescriptions for Clindamycin HCL, Clindamycin Palmitate HCL, Clindamycin Phosphate, Metronidazole, or Tinidazole within the past 365 days; QL (1 EA per 30 days) |
| <i>tinidazole oral tablet 250 mg, 500 mg</i> | Tier 1 | |
| Amebacides | | |
| HUMATIN ORAL CAPSULE 250 MG (paromomycin) | Tier 3 | |
| <i>paromomycin oral capsule 250 mg</i> (Humatin) | Tier 1 | |
| Anaerobic Antiprotozoal-Antibacterial Agents | | |
| <i>metronidazole oral capsule 375 mg</i> (Flagyl) | Tier 1 | |
| <i>metronidazole oral tablet 250 mg, 500 mg</i> | Tier 1 | |
| Anthelmintics | | |
| <i>albendazole oral tablet 200 mg</i> | Tier 1 | |
| EGATEN ORAL TABLET 250 MG | Tier 3 | |
| EMVERM ORAL TABLET,CHEWABLE 100 MG (mebendazole) | Tier 2 | PA |
| <i>ivermectin oral tablet 3 mg</i> (Stromectol) | Tier 1 | |

| Drug | Status | Notes |
|---|--------|-------------------------|
| <i>praziquantel oral tablet 600 mg</i> (Biltricide) | Tier 1 | |
| Antimalarial Drugs | | |
| ARAKODA ORAL TABLET 100 MG | Tier 3 | |
| <i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone) | Tier 1 | |
| <i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric) | Tier 1 | |
| <i>chloroquine phosphate oral tablet 250 mg</i> | Tier 1 | QL (36 EA per 16 days) |
| <i>chloroquine phosphate oral tablet 500 mg</i> | Tier 1 | QL (18 EA per 16 days) |
| COARTEM ORAL TABLET 20-120 MG | Tier 3 | |
| <i>hydroxychloroquine oral tablet 100 mg</i> | Tier 1 | QL (180 EA per 30 days) |
| <i>hydroxychloroquine oral tablet 200 mg</i> (Plaquenil) | Tier 1 | QL (100 EA per 30 days) |
| <i>hydroxychloroquine oral tablet 300 mg, 400 mg</i> | Tier 1 | QL (60 EA per 30 days) |
| KRINTAFEL ORAL TABLET 150 MG | Tier 2 | QL (2 EA per 1 FILL) |
| <i>mefloquine oral tablet 250 mg</i> | Tier 1 | |
| <i>primaquine oral tablet 26.3 mg</i> | Tier 2 | |
| <i>pyrimethamine oral tablet 25 mg</i> (Daraprim) | Tier 4 | PA; SP |
| <i>quinine sulfate oral capsule 324 mg</i> (Qualaquin) | Tier 1 | |
| Antiparasitics | | |
| ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML | Tier 3 | QL (50 ML per 1 day) |
| <i>nitazoxanide oral tablet 500 mg</i> (Alinia) | Tier 1 | QL (2 EA per 1 day) |
| Antiprotozoal Drugs, Miscellaneous | | |
| <i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron) | Tier 1 | |
| <i>benznidazole oral tablet 100 mg, 12.5 mg</i> | Tier 1 | |
| IMPAVIDO ORAL CAPSULE 50 MG | Tier 2 | PA |
| LAMPIT ORAL TABLET 120 MG, 30 MG | Tier 3 | |
| NEBUPENT INHALATION RECON SOLN 300 MG (pentamidine) | Tier 2 | |
| <i>pentamidine inhalation recon soln 300 mg</i> (Nebupent) | Tier 1 | |
| Infectious Disease - Viral | | |
| Antiretroviral-Integrase Inhibitor And Nrti Comb. | | |
| JULUCA ORAL TABLET 50-25 MG | Tier 4 | QL (1 EA per 1 day) |
| Antiretroviral-Integrase Inhibitor And Nrti Comb. | | |
| DOVATO ORAL TABLET 50-300 MG | Tier 4 | QL (1 EA per 1 day) |

| Drug | Status | Notes |
|---|--------|--|
| Antiretroviral-Nucleoside,Nucleotide,Protease Inh. | | |
| SYMTUZA ORAL TABLET 800-150-200-10 MG | Tier 4 | QL (1 EA per 1 day) |
| Antiviral - Main Protease (Mpro) Inhibitor | | |
| PAXLOVID (EUA) ORAL TABLETS,DOSE PACK 150-100 MG | Tier 2 | QL (20 EA per 28 days); Age (Min 12 Years) |
| PAXLOVID (EUA) ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG | Tier 2 | QL (30 EA per 28 days); Age (Min 12 Years) |
| Antiviral Monoclonal Antibodies | | |
| SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML | Tier 4 | PA; SP |
| Antiviral Nucleotide Analogs | | |
| LAGEVRIO (EUA) ORAL CAPSULE 200 MG | Tier 1 | QL (40 EA per 29 days); Age (Min 18 Years) |
| Antivirals, General | | |
| <i>acyclovir oral capsule 200 mg</i> | Tier 1 | |
| <i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax) | Tier 1 | |
| <i>acyclovir oral tablet 400 mg, 800 mg</i> | Tier 1 | |
| <i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i> | Tier 1 | |
| LIVTENCITY ORAL TABLET 200 MG | Tier 3 | PA; SP |
| <i>oseltamivir oral capsule 30 mg</i> (Tamiflu) | Tier 1 | QL (40 EA per 180 days) |
| <i>oseltamivir oral capsule 45 mg, 75 mg</i> (Tamiflu) | Tier 1 | QL (20 EA per 180 days) |
| <i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu) | Tier 1 | QL (360 ML per 180 days) |
| PREVYMIS ORAL TABLET 240 MG, 480 MG | Tier 3 | PA |
| RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION | Tier 3 | QL (40 EA per 180 days) |
| <i>ribavirin inhalation recon soln 6 gram</i> (Virazole) | Tier 1 | |
| <i>rimantadine oral tablet 100 mg</i> (Flumadine) | Tier 1 | |
| TEMBEXA ORAL SUSPENSION 10 MG/ML | Tier 2 | |
| TEMBEXA ORAL TABLET 100 MG | Tier 2 | |
| TPOXX (NATIONAL STOCKPILE) ORAL CAPSULE 200 MG | Tier 2 | |
| <i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex) | Tier 1 | |
| <i>valganciclovir oral recon soln 50 mg/ml</i> (Valcyte) | Tier 1 | |
| <i>valganciclovir oral tablet 450 mg</i> (Valcyte) | Tier 1 | |
| XOFLUZA ORAL TABLET 20 MG, 40 MG | Tier 2 | QL (4 EA per 180 days) |

| Drug | Status | Notes |
|---|--------|---|
| XOFLUZA ORAL TABLET 80 MG | Tier 2 | QL (2 EA per 180 days) |
| Antivirals, Hiv-Spec, Non-Peptidic Protease Inhib | | |
| APTIVUS ORAL CAPSULE 250 MG | Tier 4 | QL (4 EA per 1 day) |
| PREZCOBIX ORAL TABLET 800-150 MG-MG | Tier 4 | QL (1 EA per 1 day) |
| PREZISTA ORAL SUSPENSION 100 MG/ML | Tier 4 | QL (400 ML per 30 days) |
| PREZISTA ORAL TABLET 150 MG | Tier 4 | QL (8 EA per 1 day) |
| PREZISTA ORAL TABLET 600 MG | Tier 4 | QL (2 EA per 1 day) |
| PREZISTA ORAL TABLET 75 MG | Tier 4 | QL (16 EA per 1 day) |
| PREZISTA ORAL TABLET 800 MG | Tier 4 | QL (1 EA per 1 day) |
| Antivirals, Hiv-Spec, Nucleoside-Nucleotide Analog | | |
| CIMDUO ORAL TABLET 300-300 MG | Tier 4 | QL (1 EA per 1 day) |
| DESCOVY ORAL TABLET 120-15 MG, 200-25 MG | Tier 4 | QL (1 EA per 1 day) |
| <i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i> (Truvada) | Tier 4 | QL (1 EA per 1 day) |
| <i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i> (Truvada) | Tier 4 | \$0 COPAY IF NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day) |
| TEMIXYS ORAL TABLET 300-300 MG | Tier 4 | QL (1 EA per 1 day) |
| Antivirals, Hiv-Spec., Nucleoside Analog, Rti Comb | | |
| <i>abacavir-lamivudine oral tablet 600-300 mg</i> (Epzicom) | Tier 4 | QL (1 EA per 1 day) |
| <i>lamivudine-zidovudine oral tablet 150-300 mg</i> (Combivir) | Tier 4 | QL (2 EA per 1 day) |
| TRIZIVIR ORAL TABLET 300-150-300 MG (abacavir-lamivudine-zidovudine) | Tier 4 | QL (2 EA per 1 day) |
| Antivirals, Hiv-Specific, Ccr5 Co-Receptor Antag. | | |
| <i>maraviroc oral tablet 150 mg</i> (Selzentry) | Tier 4 | QL (2 EA per 1 day) |
| <i>maraviroc oral tablet 300 mg</i> (Selzentry) | Tier 4 | QL (4 EA per 1 day) |
| SELZENTRY ORAL SOLUTION 20 MG/ML | Tier 4 | QL (31 ML per 1 day) |
| SELZENTRY ORAL TABLET 25 MG | Tier 4 | QL (4 EA per 1 day) |
| SELZENTRY ORAL TABLET 75 MG | Tier 4 | QL (2 EA per 1 day) |
| Antivirals, Hiv-Specific, Cd4 Attachment Inhibitor | | |
| RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG | Tier 4 | PA |
| Antivirals, Hiv-Specific, Fusion Inhibitors | | |

| Drug | Status | Notes |
|---|--------|---|
| FUZEON SUBCUTANEOUS RECON SOLN 90 MG | Tier 4 | QL (2 EA per 1 day) |
| Antivirals, Hiv-Specific, Non-Nucleoside, Rti | | |
| EDURANT ORAL TABLET 25 MG | Tier 4 | QL (1 EA per 1 day) |
| <i>efavirenz oral capsule 200 mg, 50 mg</i> (Sustiva) | Tier 4 | |
| <i>efavirenz oral tablet 600 mg</i> | Tier 4 | |
| <i>etravirine oral tablet 100 mg</i> (Intelence) | Tier 4 | QL (4 EA per 1 day) |
| <i>etravirine oral tablet 200 mg</i> (Intelence) | Tier 4 | QL (2 EA per 1 day) |
| INTELENCE ORAL TABLET 25 MG | Tier 4 | QL (4 EA per 1 day) |
| <i>nevirapine oral suspension 50 mg/5 ml</i> | Tier 4 | QL (1200 ML per 30 days) |
| <i>nevirapine oral tablet 200 mg</i> | Tier 4 | QL (2 EA per 1 day) |
| <i>nevirapine oral tablet extended release 24 hr 100 mg</i> | Tier 4 | QL (3 EA per 1 day) |
| <i>nevirapine oral tablet extended release 24 hr 400 mg</i> | Tier 4 | QL (1 EA per 1 day) |
| PIFELTRO ORAL TABLET 100 MG | Tier 4 | QL (2 EA per 1 day) |
| SUSTIVA ORAL CAPSULE 200 MG, 50 MG (efavirenz) | Tier 4 | |
| Antivirals, Hiv-Specific, Nucleoside Analog, Rti | | |
| <i>abacavir oral solution 20 mg/ml</i> (Ziagen) | Tier 4 | QL (960 ML per 30 days) |
| <i>abacavir oral tablet 300 mg</i> (Ziagen) | Tier 4 | QL (2 EA per 1 day) |
| <i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i> | Tier 4 | QL (1 EA per 1 day) |
| <i>emtricitabine oral capsule 200 mg</i> (Emtriva) | Tier 4 | \$0 COPAY IF NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day) |
| EMTRIVA ORAL SOLUTION 10 MG/ML | Tier 4 | QL (850 ML per 30 days) |
| <i>lamivudine oral solution 10 mg/ml</i> (Epivir) | Tier 4 | QL (960 ML per 30 days) |
| <i>lamivudine oral tablet 150 mg</i> (Epivir) | Tier 4 | QL (2 EA per 1 day) |
| <i>lamivudine oral tablet 300 mg</i> (Epivir) | Tier 4 | QL (1 EA per 1 day) |
| <i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i> | Tier 4 | QL (2 EA per 1 day) |
| <i>zidovudine oral capsule 100 mg</i> (Retrovir) | Tier 4 | QL (6 EA per 1 day) |
| <i>zidovudine oral syrup 10 mg/ml</i> (Retrovir) | Tier 4 | QL (1920 ML per 30 days) |
| <i>zidovudine oral tablet 300 mg</i> | Tier 4 | QL (2 EA per 1 day) |
| Antivirals, Hiv-Specific, Nucleotide Analog, Rti | | |
| <i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread) | Tier 4 | \$0 COPAY IF NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day) |

| Drug | Status | Notes |
|--|--------|--------------------------|
| VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM) | Tier 4 | QL (240 GM per 30 days) |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG | Tier 4 | QL (1 EA per 1 day) |
| Antivirals, Hiv-Specific, Protease Inhibitor Comb | | |
| KALETRA ORAL TABLET 100-25 MG (lopinavir-ritonavir) | Tier 4 | QL (10 EA per 1 day) |
| <i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra) | Tier 4 | QL (480 ML per 30 days) |
| <i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra) | Tier 4 | QL (10 EA per 1 day) |
| <i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra) | Tier 4 | QL (4 EA per 1 day) |
| Antivirals, Hiv-Specific, Protease Inhibitors | | |
| <i>atazanavir oral capsule 150 mg</i> | Tier 4 | QL (2 EA per 1 day) |
| <i>atazanavir oral capsule 200 mg</i> (Reyataz) | Tier 4 | QL (2 EA per 1 day) |
| <i>atazanavir oral capsule 300 mg</i> (Reyataz) | Tier 4 | QL (1 EA per 1 day) |
| EVOTAZ ORAL TABLET 300-150 MG | Tier 4 | QL (1 EA per 1 day) |
| <i>fosamprenavir oral tablet 700 mg</i> (Lexiva) | Tier 4 | QL (4 EA per 1 day) |
| INVIRASE ORAL TABLET 500 MG | Tier 4 | QL (4 EA per 1 day) |
| LEXIVA ORAL SUSPENSION 50 MG/ML | Tier 4 | QL (1800 ML per 30 days) |
| NORVIR ORAL POWDER IN PACKET 100 MG | Tier 4 | QL (12 EA per 1 day) |
| NORVIR ORAL SOLUTION 80 MG/ML | Tier 4 | QL (480 ML per 30 days) |
| REYATAZ ORAL POWDER IN PACKET 50 MG | Tier 4 | QL (5 EA per 1 day) |
| <i>ritonavir oral tablet 100 mg</i> (Norvir) | Tier 4 | QL (12 EA per 1 day) |
| VIRACEPT ORAL TABLET 250 MG, 625 MG | Tier 4 | |
| Antivirals,Hiv-1 Integrase Strand Transfer Inhibtr | | |
| ISENTRESS HD ORAL TABLET 600 MG | Tier 4 | QL (2 EA per 1 day) |
| ISENTRESS ORAL POWDER IN PACKET 100 MG | Tier 4 | QL (2 EA per 1 day) |
| ISENTRESS ORAL TABLET 400 MG | Tier 4 | QL (2 EA per 1 day) |
| ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG | Tier 4 | QL (6 EA per 1 day) |
| TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG | Tier 4 | QL (2 EA per 1 day) |
| TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG | Tier 4 | QL (6 EA per 1 day) |
| Artv Cmb Nucleoside,Nucleotide,&Non-Nucleoside Rti | | |
| COMPLERA ORAL TABLET 200-25-300 MG | Tier 4 | QL (1 EA per 1 day) |

| Drug | Status | Notes |
|--|---------------|-------------------------|
| DELSTRIGO ORAL TABLET 100-300-300 MG | Tier 4 | QL (1 EA per 1 day) |
| <i>efavirenz-emtricitabin-tenofovir oral tablet</i> (Atripla) 600-200-300 mg | Tier 4 | QL (1 EA per 1 day) |
| <i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet</i> (Symfi Lo) 400-300-300 mg | Tier 4 | QL (1 EA per 1 day) |
| <i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet</i> (Symfi) 600-300-300 mg | Tier 4 | QL (1 EA per 1 day) |
| ODEFSEY ORAL TABLET 200-25-25 MG | Tier 4 | QL (1 EA per 1 day) |
| Arv Cmb-Nrti,N(T)Rti, Integrase Inhibitor | | |
| BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG | Tier 4 | QL (1 EA per 1 day) |
| GENVOYA ORAL TABLET 150-150-200-10 MG | Tier 4 | QL (1 EA per 1 day) |
| STRIBILD ORAL TABLET 150-150-200-300 MG | Tier 4 | QL (1 EA per 1 day) |
| Arv Comb-Nrtis & Integrase Inhibitor | | |
| TRIUMEQ ORAL TABLET 600-50-300 MG | Tier 4 | QL (1 EA per 1 day) |
| TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG | Tier 4 | QL (6 EA per 1 day) |
| Cytochrome P450 Inhibitors | | |
| TYBOST ORAL TABLET 150 MG | Tier 2 | QL (1 EA per 1 day) |
| Hep C - Ns5a, Ns3/4A, Nucleotide Ns5b Inhib Combo | | |
| VOSEVI ORAL TABLET 400-100-100 MG | Tier 4 | PA; SP |
| Hep C Virus - Ns5a & Ns5b Polymerase Inhib. Combo. | | |
| EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG | Tier 4 | PA; SP |
| EPCLUSA ORAL TABLET 200-50 MG | Tier 4 | PA; SP |
| EPCLUSA ORAL TABLET 400-100 MG (sofosbuvir-velpatasvir) | Tier 4 | PA; SP |
| HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG | Tier 4 | PA; SP |
| HARVONI ORAL TABLET 45-200 MG | Tier 4 | PA; SP |
| HARVONI ORAL TABLET 90-400 MG (ledipasvir-sofosbuvir) | Tier 4 | PA; SP |
| Hep C Virus,Nucleotide Analog Ns5b Polymerase Inh | | |
| SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG | Tier 4 | PA; SP |
| SOVALDI ORAL TABLET 200 MG, 400 MG | Tier 4 | PA; SP |
| Hepatitis B Treatment Agents | | |
| <i>adefovir oral tablet 10 mg</i> (Hepsera) | Tier 4 | SP; QL (1 EA per 1 day) |

| Drug | Status | Notes |
|--|--------|---|
| BARACLUDE ORAL SOLUTION 0.05 MG/ML | Tier 4 | SP; QL (630 ML per 30 days) |
| <i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude) | Tier 4 | SP; QL (1 EA per 1 day) |
| EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML) | Tier 2 | QL (720 ML per 30 days) |
| <i>lamivudine oral tablet 100 mg</i> (EpiVir HBV) | Tier 1 | QL (1 EA per 1 day) |
| VEMLIDY ORAL TABLET 25 MG | Tier 4 | SP; ST: Requires prior prescription for Tenofovir Disoproxil Fumarate within the past 120 days; QL (1 EA per 1 day) |
| Hepatitis C Treatment Agents | | |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML | Tier 4 | PA; SP |
| PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML | Tier 4 | PA; SP |
| <i>ribavirin oral capsule 200 mg</i> | Tier 1 | |
| <i>ribavirin oral tablet 200 mg</i> | Tier 1 | |
| Hepatitis C Virus- Ns5a And Ns3/4A Inhibitor Comb | | |
| MAVYRET ORAL PELLETS IN PACKET 50-20 MG | Tier 4 | PA; SP |
| MAVYRET ORAL TABLET 100-40 MG | Tier 4 | PA; SP |
| Inflammatory Disease | | |
| Anti-Arthritic And Chelating Agents | | |
| CUPRIMINE ORAL CAPSULE 250 MG (penicillamine) | Tier 4 | PA; SP |
| D-PENAMINE ORAL TABLET 125 MG | Tier 4 | PA; SP |
| <i>penicillamine oral capsule 250 mg</i> (Cuprimine) | Tier 4 | PA; SP |
| <i>penicillamine oral tablet 250 mg</i> (Depen Titratabs) | Tier 4 | PA; SP |
| Anti-Arthritic, Folate Antagonist Agents | | |
| OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML | Tier 2 | QL (1.6 ML per 28 days) |
| Anti-Flam. Interleukin-1 Receptor Antagonist | | |
| ARCALYST SUBCUTANEOUS RECON SOLN 220 MG | Tier 4 | SP |
| Anti-Inflammatory Tumor Necrosis Factor Inhibitor | | |
| CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) | Tier 4 | PA; SP |
| CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) | Tier 4 | PA; SP |

| Drug | Status | Notes |
|---|--------|--------|
| CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) | Tier 4 | PA; SP |
| ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) | Tier 4 | PA; SP |
| ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML) | Tier 4 | PA; SP |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML | Tier 4 | PA; SP |
| ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) | Tier 4 | PA; SP |
| ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) | Tier 4 | PA; SP |
| HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | Tier 4 | PA; SP |
| HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | Tier 4 | PA; SP |
| HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | Tier 4 | PA; SP |
| HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML | Tier 4 | PA; SP |
| HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML | Tier 4 | PA; SP |
| HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML | Tier 4 | PA; SP |
| HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML | Tier 4 | PA; SP |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML | Tier 4 | PA; SP |
| HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML | Tier 4 | PA; SP |
| HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML | Tier 4 | PA; SP |
| SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML | Tier 4 | PA; SP |
| SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML | Tier 4 | PA; SP |
| Anti-Inflammatory, Pyrimidine Synthesis Inhibitor | | |
| <i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava) | Tier 1 | |

| Drug | Status | Notes |
|---|--------|---|
| Anti-Inflammatory, Phosphodiesterase-4(Pde4) Inhib. | | |
| OTEZLA ORAL TABLET 30 MG | Tier 4 | PA; SP |
| OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG (19) | Tier 4 | PA; SP |
| Anti-inflammatory, Sel. Costim. Mod., T-Cell Inhibitor | | |
| ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML | Tier 4 | PA; SP |
| ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML | Tier 4 | PA; SP |
| Bradykinin B2 Receptor Antagonists | | |
| <i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Sajazir) | Tier 4 | PA; SP |
| SAJAZIR SUBCUTANEOUS SYRINGE 30 MG/3 ML (icatibant) | Tier 4 | PA; SP |
| C1 Esterase Inhibitors | | |
| BERINERT INTRAVENOUS KIT 500 UNIT (10 ML) | Tier 4 | PA; SP |
| BERINERT INTRAVENOUS RECON SOLN 500 UNIT (10 ML) | Tier 4 | PA; SP |
| CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML) | Tier 4 | PA; SP |
| HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT | Tier 4 | PA; SP |
| Glucocorticoids | | |
| ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG | Tier 4 | PA; SP |
| BETALON SUIK KIT 6 MG/ML | Tier 3 | |
| <i>budesonide oral capsule, delayed, extend. release 3 mg</i> | Tier 1 | |
| <i>budesonide oral tablet, delayed and ext. release 9 mg</i> (Uceris) | Tier 1 | ST: Requires prior prescription for Balsalazide Disodium within the past 120 days |
| DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML | Tier 3 | |
| <i>dexamethasone oral elixir 0.5 mg/5 ml</i> | Tier 1 | |
| <i>dexamethasone oral solution 0.5 mg/5 ml</i> | Tier 1 | |
| <i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i> | Tier 1 | |
| DEXONTO IONTOPHORETIC SOLUTION 0.4 % | Tier 3 | |

| Drug | Status | Notes |
|--|--------|---|
| EMFLAZA ORAL SUSPENSION 22.75 MG/ML | Tier 4 | PA; SP |
| EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG | Tier 4 | PA; SP |
| HEMADY ORAL TABLET 20 MG | Tier 3 | |
| <i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef) | Tier 1 | |
| MEDROL ORAL TABLET 2 MG | Tier 2 | |
| MEDROLOAN II SUIK KIT 40 MG/ML | Tier 3 | |
| MEDROLOAN SUIK KIT 40 MG/ML | Tier 3 | |
| <i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i> (Medrol) | Tier 1 | |
| <i>methylprednisolone oral tablet 32 mg</i> | Tier 1 | |
| <i>methylprednisolone oral tablets, dose pack 4 mg</i> (Medrol (Pak)) | Tier 1 | |
| MILLIPRED DP ORAL TABLETS, DOSE PACK 5 MG (21 TABS), 5 MG (48 TABS) | Tier 2 | ST: At least 2 prior prescriptions for Methylprednisolone, Prednisolone, or Prednisone within the past 365 days |
| MILLIPRED ORAL TABLET 5 MG (prednisolone) | Tier 2 | ST: At least 2 prior prescriptions for Methylprednisolone, Prednisolone, or Prednisone within the past 365 days |
| <i>prednisolone oral solution 15 mg/5 ml</i> | Tier 1 | |
| <i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml)</i> | Tier 1 | |
| <i>prednisolone sodium phosphate oral solution 20 mg/5 ml (4 mg/ml)</i> (Veripred 20) | Tier 1 | |
| <i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred) | Tier 1 | |
| <i>prednisolone sodium phosphate oral tablet, disintegrating 10 mg, 15 mg, 30 mg</i> (Orapred ODT) | Tier 1 | |
| PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML | Tier 2 | |
| <i>prednisone oral solution 5 mg/5 ml</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 tablets, dose pack 10 mg, 5 mg</i> | Tier 1 | |
| SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 100 MG/2 ML | Tier 3 | |

| Drug | Status | Notes |
|---|--------|--------|
| SOLU-CORTEF INJECTION RECON SOLN 100 MG | Tier 3 | |
| TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC) 4 MG | Tier 4 | PA; SP |
| TRILOAN II SUIK KIT 40 MG/ML | Tier 3 | |
| TRILOAN SUIK KIT 40 MG/ML | Tier 3 | |
| Gold Salts | | |
| RIDAURA ORAL CAPSULE 3 MG | Tier 3 | |
| Immunomodulator,B-Lymphocyte Stim(Blys)-Spec Inhib | | |
| BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML | Tier 4 | PA; SP |
| BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML | Tier 4 | PA; SP |
| Interleukin-6 (Il-6) Receptor Inhibitors | | |
| ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML | Tier 4 | PA; SP |
| ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML | Tier 4 | PA; SP |
| ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML | Tier 4 | PA; SP |
| Janus Kinase (Jak) Inhibitors | | |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG | Tier 4 | PA; SP |
| XELJANZ ORAL SOLUTION 1 MG/ML | Tier 4 | PA; SP |
| XELJANZ ORAL TABLET 10 MG, 5 MG | Tier 4 | PA; SP |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG | Tier 4 | PA; SP |
| Mineralocorticoids | | |
| <i>fludrocortisone oral tablet 0.1 mg</i> | Tier 1 | |
| Monoclonal Antibody-Human Interleukin 12/23 Inhib | | |
| STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML | Tier 4 | PA; SP |
| STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML | Tier 4 | PA; SP |
| Nsaid & Topical Irritant Counter-Irritant Comb. | | |
| COMFORT PAC-IBUPROFEN KIT 800 MG | Tier 3 | |
| COMFORT PAC-MELOXICAM KIT 15 MG | Tier 3 | |
| COMFORT PAC-NAPROXEN KIT 500 MG | Tier 3 | |
| Nsaids (Cox Non-Specific Inhib)& Prostaglandin Cmb | | |

| Drug | Status | Notes |
|--|--------|-------|
| <i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg</i> (Arthrotec 50) | Tier 1 | |
| <i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg</i> (Arthrotec 75) | Tier 1 | |
| Nsaids, Cyclooxygenase 2 Inhibitor - Type | | |
| <i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (Celebrex) | Tier 1 | |
| Nsaids, Cyclooxygenase Inhibitor-Type | | |
| <i>diclofenac potassium oral tablet 50 mg</i> | Tier 1 | |
| <i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i> | Tier 1 | |
| <i>diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i> | Tier 1 | |
| EC-NAPROXEN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG, 500 MG (naproxen) | Tier 1 | |
| <i>etodolac oral capsule 200 mg, 300 mg</i> | Tier 1 | |
| <i>etodolac oral tablet 400 mg</i> (Lodine) | Tier 1 | |
| <i>etodolac oral tablet 500 mg</i> | Tier 1 | |
| <i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i> | Tier 1 | |
| <i>flurbiprofen oral tablet 100 mg</i> | Tier 1 | |
| IBU ORAL TABLET 400 MG, 600 MG, 800 MG (ibuprofen) | Tier 1 | |
| <i>ibuprofen oral suspension 100 mg/5 ml</i> (Children's Advil) | Tier 1 | |
| <i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> (IBU) | Tier 1 | |
| INDOCIN ORAL SUSPENSION 25 MG/5 ML | Tier 2 | |
| <i>indomethacin oral capsule 25 mg, 50 mg</i> | Tier 1 | |
| <i>indomethacin oral capsule, extended release 75 mg</i> | Tier 1 | |
| <i>indomethacin rectal suppository 100 mg</i> | Tier 1 | |
| <i>ketoprofen oral capsule 25 mg, 50 mg, 75 mg</i> | Tier 1 | |
| <i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i> | Tier 1 | |
| <i>ketorolac injection cartridge 15 mg/ml</i> | Tier 1 | |
| <i>ketorolac injection solution 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml)</i> | Tier 1 | |
| <i>ketorolac injection syringe 15 mg/ml, 30 mg/ml</i> | Tier 1 | |
| <i>ketorolac intramuscular solution 60 mg/2 ml</i> | Tier 1 | |

| Drug | Status | Notes |
|---|--------|-----------------------|
| <i>ketorolac intramuscular syringe 60 mg/2 ml</i> | Tier 1 | |
| <i>ketorolac oral tablet 10 mg</i> | Tier 1 | QL (20 EA per 5 days) |
| <i>meclofenamate oral capsule 100 mg, 50 mg</i> | Tier 1 | |
| <i>mefenamic acid oral capsule 250 mg</i> | Tier 1 | |
| <i>meloxicam oral suspension 7.5 mg/5 ml</i> | Tier 1 | |
| <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</i> | Tier 1 | |
| <i>naproxen oral tablet 500 mg</i> (Naprosyn) | Tier 1 | |
| <i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i> (EC-Naproxen) | Tier 1 | |
| <i>naproxen sodium oral tablet 275 mg</i> | Tier 1 | |
| <i>naproxen sodium oral tablet 550 mg</i> (Anaprox DS) | Tier 1 | |
| <i>oxaprozin oral tablet 600 mg</i> (Daypro) | Tier 1 | |
| <i>piroxicam oral capsule 10 mg, 20 mg</i> (Feldene) | Tier 1 | |
| <i>sulindac oral tablet 150 mg, 200 mg</i> | Tier 1 | |
| TORONOVA II SUIK KIT 30 MG/ML | Tier 3 | |
| TORONOVA SUIK KIT 30 MG/ML | Tier 3 | |
| Plasma Kallikrein Inhibitors | | |
| ORLADEYO ORAL CAPSULE 110 MG, 150 MG | Tier 4 | PA; SP |
| TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML) | Tier 4 | PA; SP |
| TAKHZYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML) | Tier 4 | PA; SP |
| Local Anesthesia | | |
| Local Anesthetics | | |
| GLYDO MUCOUS MEMBRANE JELLY IN APPLICATOR 2 % (lidocaine hcl) | Tier 1 | |
| KOVANAZE NASAL NASAL SPRAY SYRINGE 6-0.1 MG/0.2 ML | Tier 3 | |
| <i>lidocaine hcl mucous membrane jelly 2 %</i> | Tier 1 | |
| <i>lidocaine hcl mucous membrane jelly in applicator 2 %</i> (Glydo) | Tier 1 | |
| <i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i> | Tier 1 | |
| LIDOCAINE VISCOUS MUCOUS MEMBRANE SOLUTION 2 % (lidocaine hcl) | Tier 1 | |
| MARVONA SUIK (PF) KIT 0.5 % (5 MG/ML) | Tier 3 | |
| Periodontal Anesthetics | | |

| Drug | Status | Notes |
|---|--------|-------|
| ORAQIX DENTAL CARTRIDGE 2.5-2.5 % | Tier 3 | |
| Lower Gastrointestinal Disorders - Bowel Inflammation | | |
| Absorbable Sulfonamides | | |
| <i>sulfadiazine oral tablet 500 mg</i> | Tier 1 | |
| Chronic Inflammation. Colon Disease, 5-Aminosalicylate, Rectal Treatment | | |
| <i>mesalamine rectal enema 4 gram/60 ml</i> (Rowasa) | Tier 1 | |
| <i>mesalamine rectal suppository 1,000 mg</i> (Canasa) | Tier 1 | |
| <i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i> (Rowasa) | Tier 1 | |
| Drug Treatment-Chronic Inflammation. Colon Disease, 5-Aminosalicylate | | |
| <i>balsalazide oral capsule 750 mg</i> (Colazal) | Tier 1 | |
| LIALDA ORAL TABLET, DELAYED RELEASE (DR/EC) 1.2 GRAM (mesalamine) | Tier 1 | |
| <i>mesalamine oral capsule, extended release 500 mg</i> (Pentasa) | Tier 1 | |
| <i>mesalamine oral capsule, extended release 24hr 0.375 gram</i> (Apriso) | Tier 1 | |
| <i>mesalamine oral tablet, delayed release (dr/ec) 800 mg</i> (Asacol HD) | Tier 1 | |
| PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG | Tier 2 | |
| <i>sulfasalazine oral tablet 500 mg</i> (Azulfidine) | Tier 1 | |
| <i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i> (Azulfidine EN-tabs) | Tier 1 | |
| Hemorrhoidal Preparation, Anti-Inflammation Steroid/Local Anesthetic | | |
| ANA-LEX KIT RECTAL KIT 2-2 % (lidocaine-hydrocortisone-aloe) | Tier 1 | |
| <i>hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %</i> (Analpram-HC) | Tier 1 | |
| <i>hydrocortisone-pramoxine rectal cream 2.5-1 % (4g)</i> (Analpram-HC Singles) | Tier 1 | |
| <i>lidocaine hcl-hydrocortisone ac rectal cream 3-0.5 %</i> | Tier 1 | |
| <i>lidocaine hcl-hydrocortisone ac rectal gel 3 %-2.5 % (7 gram)</i> | Tier 1 | |
| <i>lidocaine hcl-hydrocortisone ac rectal kit 2 %-2 % (7 gram), 3-0.5 %, 3-1 % (7 gram)</i> | Tier 1 | |
| <i>lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %</i> | Tier 1 | |
| <i>lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)</i> | Tier 1 | |

| Drug | Status | Notes |
|--|--------|---|
| PROCORT RECTAL CREAM 1.85-1.15 % | Tier 3 | |
| PROCTOFOAM HC RECTAL FOAM 1-1 % | Tier 2 | |
| ZYPRAM RECTAL KIT, CREAM AND TOWELETTE 2.35-1 % | Tier 3 | |
| Ibs Agents, Mixed Opioid Recept Agonists/Antagonists | | |
| VIBERZI ORAL TABLET 100 MG, 75 MG | Tier 3 | PA |
| Irritable Bowel Agents, Guanylate Cylase-C Agonist | | |
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG | Tier 2 | QL (1 EA per 1 day) |
| Local Anorectal Nitrate Preparations | | |
| RECTIV RECTAL OINTMENT 0.4 % (W/W) | Tier 3 | |
| Rectal Preparations | | |
| ANUCORT-HC RECTAL SUPPOSITORY 25 MG (hydrocortisone acetate) | Tier 1 | |
| <i>hydrocortisone acetate rectal suppository 25 mg</i> (Anucort-HC) | Tier 1 | |
| <i>hydrocortisone acetate rectal suppository 30 mg</i> (Hemmorex-HC) | Tier 1 | |
| Rectal/Lower Bowel Prep., Glucocort. (Non-Hemorr) | | |
| CORTIFOAM RECTAL FOAM 10 % (80 MG) | Tier 3 | |
| <i>hydrocortisone rectal enema 100 mg/60 ml</i> (Cortenema) | Tier 1 | |
| UCERIS RECTAL FOAM 2 MG/ACTUATION | Tier 3 | ST: Requires prior prescription for Mesalamine W/cleansing Wipes or Mesalamine within the past 120 days |
| Lower Gastrointestinal Disorders - Other | | |
| Ammonia Inhibitors | | |
| CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG (carglumic acid) | Tier 4 | PA; SP |
| <i>carglumic acid oral tablet, dispersible 200 mg</i> (Carbaglu) | Tier 4 | PA; SP |
| ENULOSE ORAL SOLUTION 10 GRAM/15 ML (lactulose) | Tier 1 | |
| GENERLAC ORAL SOLUTION 10 GRAM/15 ML (lactulose) | Tier 1 | |
| LITHOSTAT ORAL TABLET 250 MG | Tier 3 | |
| PHEBURANE ORAL GRANULES 483 MG/GRAM | Tier 4 | PA; SP |

| Drug | Status | Notes |
|--|--------|---|
| RAVICTI ORAL LIQUID 1.1 GRAM/ML | Tier 4 | PA; SP |
| <i>sodium phenylbutyrate oral powder 0.94 gram/gram</i> (Buphenyl) | Tier 4 | PA; SP |
| <i>sodium phenylbutyrate oral tablet 500 mg</i> (Buphenyl) | Tier 4 | PA; SP |
| Antidiarrheal - G.I. Chloride Channel Inhibitors | | |
| MYTESI ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG | Tier 3 | ST: Requires prior prescription for Antiretrovirals within the past 120 days; QL (2 EA per 1 day) |
| Antidiarrheal - Tryptophan Hydroxylase Inhibitor | | |
| XERMELO ORAL TABLET 250 MG | Tier 4 | PA; SP |
| Antidiarrheals | | |
| <i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i> | Tier 1 | |
| <i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil) | Tier 1 | |
| <i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide)) | Tier 1 | |
| <i>opium tincture oral tincture 10 mg/ml (morphine)</i> | Tier 1 | |
| Bile Salts | | |
| CHENODAL ORAL TABLET 250 MG | Tier 4 | PA; SP |
| CHOLBAM ORAL CAPSULE 250 MG, 50 MG | Tier 4 | PA; SP |
| <i>ursodiol oral capsule 300 mg</i> | Tier 1 | |
| <i>ursodiol oral tablet 250 mg</i> (URSO 250) | Tier 1 | |
| <i>ursodiol oral tablet 500 mg</i> (URSO Forte) | Tier 1 | |
| Farnesoid X Receptor (Fxr) Agonist, Bile Ac Analog | | |
| OICALIVA ORAL TABLET 10 MG, 5 MG | Tier 4 | PA; SP |
| Ileal Bile Acid Transporter (Ibat) Inhibitor | | |
| BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG | Tier 4 | PA; SP |
| BYLVAY ORAL PELLETT 200 MCG, 600 MCG | Tier 4 | PA; SP |
| LIVMARLI ORAL SOLUTION 9.5 MG/ML | Tier 4 | PA; SP |
| Irritable Bowel Synd. Agent,5Ht-3 Antagonist-Type | | |
| <i>alosectron oral tablet 0.5 mg, 1 mg</i> (Lotronex) | Tier 1 | |
| Laxatives And Cathartics | | |

| Drug | Status | Notes |
|---|--------|------------------------------|
| CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM -12 GRAM/160 ML | Tier 2 | \$0 COPAY IF AGE 45-75 YEARS |
| CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML (lactulose) | Tier 1 | |
| GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM (peg 3350-electrolytes) | Tier 1 | \$0 COPAY IF AGE 45-75 YEARS |
| GAVILYTE-G ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM (peg 3350-electrolytes) | Tier 1 | \$0 COPAY IF AGE 45-75 YEARS |
| <i>lactulose oral solution 10 gram/15 ml</i> (Constulose) | Tier 1 | |
| <i>lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml</i> | Tier 1 | |
| <i>lubiprostone oral capsule 24 mcg, 8 mcg</i> (Amitiza) | Tier 1 | QL (2 EA per 1 day) |
| OSMOPREP ORAL TABLET 1.5 GRAM | Tier 3 | \$0 COPAY IF AGE 45-75 YEARS |
| <i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i> (GaviLyte-G) | Tier 1 | \$0 COPAY IF AGE 45-75 YEARS |
| <i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i> (MoviPrep) | Tier 1 | \$0 COPAY IF AGE 45-75 YEARS |
| <i>peg-electrolyte soln oral recon soln 420 gram</i> | Tier 1 | \$0 COPAY IF AGE 45-75 YEARS |
| PEG-PREP ORAL KIT 5-210 MG-GRAM | Tier 1 | \$0 COPAY IF AGE 45-75 YEARS |
| PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM | Tier 3 | \$0 COPAY IF AGE 45-75 YEARS |
| <i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i> (Suprep Bowel Prep Kit) | Tier 1 | \$0 COPAY IF AGE 45-75 YEARS |
| SUTAB ORAL TABLET 1.479-0.188-0.225 GRAM | Tier 2 | \$0 COPAY IF AGE 45-75 YEARS |
| Narcotic Antagonists, Peripherally-Acting | | |
| <i>alvimopan oral capsule 12 mg</i> (Entereg) | Tier 1 | |
| ENTEREG ORAL CAPSULE 12 MG (alvimopan) | Tier 3 | |
| MOVANTIK ORAL TABLET 12.5 MG, 25 MG | Tier 2 | QL (1 EA per 1 day) |
| RELISTOR ORAL TABLET 150 MG | Tier 3 | PA; QL (3 EA per 1 day) |
| RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML | Tier 3 | PA; QL (0.6 ML per 1 day) |
| RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML | Tier 3 | PA; QL (0.6 ML per 1 day) |
| RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML | Tier 3 | PA; QL (0.4 ML per 1 day) |
| Sbs - Glucagon-Like Peptide-2 (Glp-2) Analogs | | |
| GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG | Tier 4 | PA; SP |
| GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG | Tier 4 | PA; SP |
| Medical Supplies | | |

| Drug | Status | Notes |
|--|--------|-------|
| Bandages And Related Supplies | | |
| ACESO AG TOPICAL BANDAGE 4 X 4 " | Tier 3 | |
| ACTICOAT DRESSING TOPICAL BANDAGE 16 X 16 ", 4 X 4 ", 4 X 48 ", 4 X 8 ", 8 X 16 " | Tier 3 | |
| ALLEVYN LIFE DRESSING TOPICAL BANDAGE 4 X 4 ", 5 1/16 X 5 1/16 ", 6 1/16 X 6 1/16 ", 8 1/4 X 8 1/4 " | Tier 3 | |
| CARRASYN HYDROGEL WOUND DRESS TOPICAL GEL | Tier 3 | |
| CURAD XEROFORM PETROLATM DRESS TOPICAL BANDAGE 1 X 8 " | Tier 3 | |
| CURAFIL GEL WOUND TOPICAL GEL | Tier 3 | |
| CURITY AMD (WITH POLYHEXAMETH) TOPICAL SPONGE 0.2 %- 2" X 2" | Tier 3 | |
| CURITY AMD (WITH POLYHEXAMETH) TOPICAL STRIP 0.2 %- 1/2" X 3 FEET | Tier 3 | |
| CURITY AMD TOPICAL BANDAGE 1 X 5 "-YARD, 1/4 X 36 " | Tier 3 | |
| CURITY IODOFORM PACKING STRIP TOPICAL BANDAGE 1 X 5 "-YARD, 1/2 X 5 "-YARD, 1/4 X 5 "-YARD, 2 X 5 "-YARD | Tier 3 | |
| KERAGEL TOPICAL GEL | Tier 3 | |
| KERLIX AMD TOPICAL BANDAGE 0.2 %- 4.5" X 4.1 YARD | Tier 3 | |
| KERLIX AMD TOPICAL SPONGE 0.2 %- 6" X 6.75" | Tier 3 | |
| MAXORB EXTRA TOPICAL BANDAGE 4 X 4 " | Tier 3 | |
| MEDIHONEY (HYDROCOLLOID-HONEY) TOPICAL BANDAGE 2 X 2 ", 4 X 5 " | Tier 3 | |
| OASIS WOUND MATRIX FENESTRATED TOPICAL SHEET 3 X 3.5 CM, 3 X 7 CM | Tier 3 | |
| OASIS WOUND MATRIX MESHED TOPICAL SHEET 5 X 7 CM, 7 X 10 CM, 7 X 20 CM | Tier 3 | |
| PIVOT SILVER ALGINATE TOPICAL BANDAGE 1 X 12 ", 2 X 2 ", 4 X 4 ", 4 X 5 ", 6 X 6 " | Tier 3 | |
| PURACOL PLUS AG TOPICAL BANDAGE 2 X 2.2 " | Tier 3 | |
| RESTORE CALCIUM ALGINATE TOPICAL BANDAGE 4 X 4 3/4 " | Tier 3 | |

| Drug | Status | Notes |
|---|--------|-------|
| RESTORE TOPICAL BANDAGE 1 X 12 ", 2 X 2 " | Tier 3 | |
| SCARHEAL TOPICAL SHEET 2 X 2.5 " | Tier 3 | |
| SILADONE TOPICAL SHEET 2 X 2.5 " | Tier 3 | |
| SILINOIN TOPICAL SHEET 5 CM X 14 CM | Tier 3 | |
| SPECTRAGEL TOPICAL GEL | Tier 3 | |
| STRATACTX TOPICAL GEL | Tier 3 | |
| STRATAGRT TOPICAL GEL | Tier 3 | |
| STRATAXRT TOPICAL GEL | Tier 3 | |
| SZOSIL TOPICAL SHEET 5 CM X 14 CM | Tier 3 | |
| SZOSIL TOPICAL STRIP 1.4 X 6 " | Tier 3 | |
| TERAHONEY TOPICAL BANDAGE 4 X 5 " | Tier 3 | |
| XEROFORM PETROLATUM DRESSING TOPICAL BANDAGE 4 X 4 ", 5 X 9 " | Tier 3 | |
| ZENPHOR TOPICAL BANDAGE 2 X 4.7 " | Tier 3 | |
| ZENPHOR TOPICAL GEL | Tier 3 | |
| Catheters And Related Devices | | |
| ADVANCE PLUS INTERMITTENT 10 FR, 10-16 FR-", 12 FR, 12-16 FR-", 16- 16 FR-", 18-16 FR-", 6-16 FR-", 8-16 FR- " | Tier 3 | |
| ADVANCE PLUS INTERMITTENT 14-16 (catheter) FR-" | Tier 3 | |
| ADVANCE PLUS INTERMITTENT COMBO PACK 6 FR, 8 FR- 16" | Tier 3 | |
| APOGEE IC INTERMIT CATHETER 14- 6 FR-" | Tier 3 | |
| APOGEE PLUS INTERMITT CATHETER 16-16 FR-" | Tier 3 | |
| BARDEX I.C. FOLEY CATHETER 24 FR | Tier 3 | |
| CURITY DRAINAGE BAG 2,000 ML | Tier 3 | |
| DOVER COATED LATEX FOLEY COMBO PACK | Tier 3 | |
| DOVER FOLEY CATHETER 24 FR | Tier 3 | |
| DOVER LATEX FOLEY CATHETER 16 FR, 28 FR | Tier 3 | |
| DOVER RED RUBBER ROBINSON CATH 8 FR | Tier 3 | |
| DOVER UNIVERSAL TRAY (catheterization tray) | Tier 3 | |
| FEMALE CATHETER 14 FR | Tier 3 | |

| Drug | Status | Notes |
|---|--------|-------|
| KENGUARD FOLEY CATHETER 18-16 FR-" | Tier 3 | |
| KENGUARD FOLEY CATHETER TRAY (catheterization tray) | Tier 3 | |
| LOFRIC 12-16 FR-" | Tier 3 | |
| LOFRIC 14-16 FR-" (catheter) | Tier 3 | |
| LOFRIC HYDRO-KIT COMBO PACK 14 FR- 16" | Tier 3 | |
| LOFRIC ORIGO 14-16 FR-" (catheter) | Tier 3 | |
| LOFRIC PRIMO NELATON CATHETER 16-16 FR-" | Tier 3 | |
| LOFRIC SENSE NELATON CATHETER 14-6 FR-" | Tier 3 | |
| MAGIC3 INTERMITTENT CATHETER 10-16 FR-", 12-16 FR-" | Tier 3 | |
| MONO-FLO DRAINAGE BAG 2,000 ML | Tier 3 | |
| ROBINSON CLEAR VINYL CATHETER 16 FR | Tier 3 | |
| SELF-CATHETER, FEMALE 14 FR | Tier 3 | |
| SILASTIC FOLEY CATHETER 20 FR | Tier 3 | |
| SPEEDICATH (FEMALE) 16 FR | Tier 3 | |
| TOUCH-TROL 10 FR | Tier 3 | |
| VAPRO PLUS INTERMITT CATHETER COMBO PACK 12 FR- 8", 14 FR- 16", 14 FR- 8" | Tier 3 | |
| Durable Medical Equipment,Misc | | |
| ALL FLOW 1000 KIT (nebulizer accessories) | Tier 3 | |
| ALL FLOW 1000 PFT FILTER (nebulizer accessories) | Tier 3 | |
| ALL FLOW 3000 KIT (nebulizer accessories) | Tier 3 | |
| ALL FLOW 3000 PFT FILTER (nebulizer accessories) | Tier 3 | |
| ALL FLOW 4000 KIT (nebulizer accessories) | Tier 3 | |
| ALL FLOW 4000 PFT FILTER (nebulizer accessories) | Tier 3 | |
| ALL FLOW 5000 KIT (nebulizer accessories) | Tier 3 | |
| ALL FLOW 5000 PFT FILTER (nebulizer accessories) | Tier 3 | |
| ALL FLOW 6000 PFT FILTER (nebulizer accessories) | Tier 3 | |
| AMIELLE VAGINAL TRAINER KIT | Tier 3 | |
| ARGYLE TRACHEOSTOMY CARE TRAY | Tier 3 | |
| CEFALY COMBO PACK | Tier 3 | |
| CLEVER CHOICE NEB KIT-ADULT (nebulizer accessories) | Tier 3 | |
| CLEVER CHOICE NEB KIT-CHILD (nebulizer accessories) | Tier 3 | |
| HYPERSONIQ NEBULIZER CARTRIDGE (nebulizer accessories) | Tier 3 | |

| Drug | Status | Notes |
|--|--------|------------------------|
| INNOSPIRE REPLACEMENT FILTER (nebulizer accessories) | Tier 3 | |
| INSPIRATION ELITE FILTER (nebulizer accessories) | Tier 3 | |
| NOSE CLIP (nebulizer accessories) | Tier 3 | |
| PARI BABY CONV KIT - SIZE 1 KIT | Tier 3 | |
| PARI BABY CONV KIT - SIZE 2 KIT | Tier 3 | |
| PARI BABY CONV KIT - SIZE 3 KIT | Tier 3 | |
| PARI TREK S PORTABLE PWR KIT (nebulizer accessories) | Tier 3 | |
| PILLOW MASK CHILD (nebulizer accessories) | Tier 3 | |
| PRO COMFORT TENS ELECTRODE PAD | Tier 3 | |
| PRO COMFORT TENS UNIT COMBO PACK | Tier 3 | |
| PRO-CEPTION VAGINAL | Tier 3 | |
| PRONEB ULTRA II FILTER ASSEM (nebulizer accessories) | Tier 3 | |
| REUSABLE NEBULIZER KIT KIT | Tier 3 | |
| RUBBER MOUTHPIECE (nebulizer accessories) | Tier 3 | |
| SAMI THE SEAL MASK (nebulizer accessories) | Tier 3 | |
| SIDESTREAM MASK (nebulizer accessories) | Tier 3 | |
| SILICONE MASK (nebulizer accessories) | Tier 3 | QL (2 EA per 180 days) |
| TENS 502 DEVICE | Tier 3 | |
| TENS 504 DEVICE | Tier 3 | |
| Durable Medical Equipment,Misc(Group 1) | | |
| 1ST TIER UNILET COMFORTOUCH 28 GAUGE, 30 GAUGE (lancets) | Tier 2 | |
| ACCU-CHEK FASTCLIX LANCET DRUM (lancets) | Tier 2 | |
| ACCU-CHEK SAFE-T-PRO 23 GAUGE | Tier 2 | |
| ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE | Tier 2 | |
| ACCU-CHEK SOFTCLIX LANCETS (lancets) | Tier 2 | |
| ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE | Tier 2 | |
| ACTI-LANCE LANCETS 28 GAUGE (lancets) | Tier 2 | |
| ADVANCED TRAVEL LANCETS 28 GAUGE, 30 GAUGE (lancets) | Tier 2 | |
| ADVOCATE LANCET 26 GAUGE, 30 GAUGE (lancets) | Tier 2 | |
| ALTERNATE SITE LANCET 26 GAUGE (lancets) | Tier 2 | |
| ASSURE HAEMOLANCE PLUS 1.2 MM, 18 GAUGE, 25 GAUGE | Tier 2 | |
| ASSURE HAEMOLANCE PLUS 21 GAUGE, 28 GAUGE (lancets) | Tier 2 | |

| Drug | Status | Notes |
|--|--------|-------|
| ASSURE LANCE 25 GAUGE | Tier 2 | |
| ASSURE LANCE 28 GAUGE (lancets) | Tier 2 | |
| ASSURE LANCE PLUS 21 GAUGE, 30 GAUGE (lancets) | Tier 2 | |
| ASSURE LANCE PLUS 25 GAUGE | Tier 2 | |
| BD MICROTAINER LANCET 1.5 X 2 MM | Tier 2 | |
| BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE (lancets) | Tier 2 | |
| BD ULTRA FINE LANCETS 33 GAUGE (lancets) | Tier 2 | |
| BD ULTRA-FINE II LANCETS 30 GAUGE (lancets) | Tier 2 | |
| BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 28 GAUGE (lancets) | Tier 2 | |
| BULLSEYE MINI SAFETY LANCETS 25 GAUGE | Tier 2 | |
| BUTTERFLY TOUCH LANCET 30 GAUGE (lancets) | Tier 2 | |
| CAREONE THIN LANCET (lancets) | Tier 2 | |
| CAREONE ULTRA THIN LANCET (lancets) | Tier 2 | |
| CARESENS LANCETS 30 GAUGE (lancets) | Tier 2 | |
| CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE (lancets) | Tier 2 | |
| CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets) | Tier 2 | |
| CLEVER CHEK LANCETS 30 GAUGE (lancets) | Tier 2 | |
| COAGUCHEK LANCETS (lancets) | Tier 2 | |
| COLOR LANCETS 21 GAUGE (lancets) | Tier 2 | |
| COMFORT EZ LANCETS 21 GAUGE, 28 GAUGE (lancets) | Tier 2 | |
| COMFORT EZ LANCETS 23 GAUGE | Tier 2 | |
| COMFORT LANCETS (lancets) | Tier 2 | |
| COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE (lancets) | Tier 2 | |
| COMFORT TOUCH ULT THIN LANCETS 31 GAUGE | Tier 2 | |
| DROPLET LANCETS 30 GAUGE (lancets) | Tier 2 | |
| EASY COMFORT LANCETS 30 GAUGE (lancets) | Tier 2 | |
| EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets) | Tier 2 | |
| EASY TOUCH LANCETS 32 GAUGE | Tier 2 | |
| EASY TOUCH SAFETY LANCETS 21 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets) | Tier 2 | |

| Drug | Status | Notes |
|---|--------|-------|
| EASY TOUCH SAFETY LANCETS 23 GAUGE, 32 GAUGE | Tier 2 | |
| EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets) | Tier 2 | |
| EASY TOUCH TWIST LANCETS 32 GAUGE | Tier 2 | |
| EASY TWIST AND CAP LANCETS 28 GAUGE (lancets) | Tier 2 | |
| EMBRACE LANCETS 30 GAUGE (lancets) | Tier 2 | |
| EMBRACE SAFETY LANCET 21 GAUGE, 28 GAUGE (lancets) | Tier 2 | |
| E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 33 GAUGE (lancets) | Tier 2 | |
| E-Z JECT LANCETS 32 GAUGE | Tier 2 | |
| E-Z JECT THIN LANCETS 28 GAUGE (lancets) | Tier 2 | |
| EZ SMART LANCETS 28 GAUGE (lancets) | Tier 2 | |
| EZ-LETS 26 GAUGE (lancets) | Tier 2 | |
| FIFTY50 SAFETY SEAL LANCETS 30 GAUGE (lancets) | Tier 2 | |
| FIFTY50 SAFETY SEAL LANCETS 32 GAUGE | Tier 2 | |
| FINE 30 UNIVERSAL LANCETS 30 GAUGE (lancets) | Tier 2 | |
| FINGERSTIX LANCETS (lancets) | Tier 2 | |
| FORACARE LANCETS 30 GAUGE (lancets) | Tier 2 | |
| FREESTYLE LANCETS 28 GAUGE (lancets) | Tier 2 | |
| FREESTYLE UNISTIK 2 (lancets) | Tier 2 | |
| GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets) | Tier 2 | |
| GOJJI LANCETS 30 GAUGE (lancets) | Tier 2 | |
| HEALTHY ACCENTS UNILET LANCET 30 GAUGE (lancets) | Tier 2 | |
| INCONTROL SUPER THIN LANCETS 30 GAUGE (lancets) | Tier 2 | |
| INCONTROL ULTRA THIN LANCETS 28 GAUGE (lancets) | Tier 2 | |
| INJECT EASE LANCETS 28 GAUGE, 30 GAUGE (lancets) | Tier 2 | |
| INVACARE LANCETS 30 GAUGE (lancets) | Tier 2 | |
| <i>lancets</i> (Accu-Chek Fastclix Lancet Drum) | Tier 2 | |
| <i>lancets 21 gauge</i> (Assure Haemolance Plus) | Tier 2 | |
| <i>lancets 26 gauge</i> (Advocate Lancet) | Tier 2 | |
| <i>lancets 28 gauge, 30 gauge</i> (1st Tier Unilet ComforTouch) | Tier 2 | |

| Drug | Status | Notes |
|---|--------|-------|
| <i>lancets 33 gauge</i> (BD Ultra Fine Lancets) | Tier 2 | |
| LANCETS, SUPER THIN (lancets) | Tier 2 | |
| LANCETS, THIN , 28 GAUGE (lancets) | Tier 2 | |
| LANCETS, THIN 23 GAUGE | Tier 2 | |
| LANCETS, ULTRA THIN , 26 GAUGE (lancets) | Tier 2 | |
| LITE TOUCH LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets) | Tier 2 | |
| MEDISENSE THIN LANCETS 28 GAUGE (lancets) | Tier 2 | |
| MEDLANCE PLUS LANCETS 21 GAUGE, 30 GAUGE (lancets) | Tier 2 | |
| MEDLANCE PLUS LANCETS 25 GAUGE | Tier 2 | |
| MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM | Tier 2 | |
| MICRO THIN LANCETS 33 GAUGE (lancets) | Tier 2 | |
| MICROLET LANCET (lancets) | Tier 2 | |
| MONOLET LANCETS 21 GAUGE (lancets) | Tier 2 | |
| MONOLET THIN LANCETS 28 GAUGE (lancets) | Tier 2 | |
| MYGLUCOHEALTH LANCETS 30 GAUGE (lancets) | Tier 2 | |
| NOVA SAFETY LANCETS 23 GAUGE | Tier 2 | |
| NOVA SAFETY LANCETS 28 GAUGE (lancets) | Tier 2 | |
| NOVA SUREFLEX LANCETS (lancets) | Tier 2 | |
| ON CALL LANCET 30 GAUGE (lancets) | Tier 2 | |
| ON CALL PLUS LANCET 30 GAUGE (lancets) | Tier 2 | |
| ONETOUCH DELICA LANCETS 30 GAUGE, 33 GAUGE (lancets) | Tier 2 | |
| ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE (lancets) | Tier 2 | |
| ONETOUCH DELICA SAFETY LANCET 30 GAUGE (lancets) | Tier 2 | |
| ONETOUCH SURESOFT LANCING DEV 28 GAUGE (lancets) | Tier 2 | |
| ONETOUCH ULTRASOFT LANCETS (lancets) | Tier 2 | |
| ON-THE-GO LANCETS 30 GAUGE (lancets) | Tier 2 | |
| PIP LANCET 28 GAUGE, 30 GAUGE (lancets) | Tier 2 | |
| PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE (lancets) | Tier 2 | |
| PRO COMFORT LANCET 30 GAUGE (lancets) | Tier 2 | |
| PRO COMFORT LANCET 31 GAUGE | Tier 2 | |
| PRODIGY LANCETS 26 GAUGE, 28 GAUGE (lancets) | Tier 2 | |

| Drug | Status | Notes |
|--|---------------|--------------|
| PRODIGY TWIST TOP LANCET 28 GAUGE (lancets) | Tier 2 | |
| PURE COMFORT LANCETS 30 GAUGE (lancets) | Tier 2 | |
| PURE COMFORT SAFETY LANCETS 30 GAUGE (lancets) | Tier 2 | |
| PUSH BUTTON SAFETY LANCETS 21 GAUGE, 28 GAUGE (lancets) | Tier 2 | |
| READYLANCE SAFETY LANCETS 21 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets) | Tier 2 | |
| READYLANCE SAFETY LANCETS 23 GAUGE | Tier 2 | |
| RELIAMED LANCET 23 GAUGE | Tier 2 | |
| RELIAMED LANCET 28 GAUGE, 30 GAUGE (lancets) | Tier 2 | |
| RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (lancets) | Tier 2 | |
| RELIAMED TWIST AND CAP LANCET 28 GAUGE (lancets) | Tier 2 | |
| RIGHTEST GL300 LANCETS 30 GAUGE (lancets) | Tier 2 | |
| SAFETY LANCETS 21 GAUGE, 26 GAUGE, 28 GAUGE (lancets) | Tier 2 | |
| SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (lancets) | Tier 2 | |
| SAFETY-LET LANCETS 30 GAUGE (lancets) | Tier 2 | |
| SINGLE-LET (lancets) | Tier 2 | |
| SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE (lancets) | Tier 2 | |
| SMARTEST LANCET (lancets) | Tier 2 | |
| SOFT TOUCH LANCETS (lancets) | Tier 2 | |
| SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE (lancets) | Tier 2 | |
| STERILANCE TL 30 GAUGE (lancets) | Tier 2 | |
| STERILANCE TL 32 GAUGE | Tier 2 | |
| SUPER THIN LANCETS , 28 GAUGE, 30 GAUGE (lancets) | Tier 2 | |
| SURE COMFORT LANCETS 18 GAUGE, 23 GAUGE | Tier 2 | |
| SURE COMFORT LANCETS 21 GAUGE, 28 GAUGE, 30 GAUGE (lancets) | Tier 2 | |
| SURE-LANCE , 26 GAUGE, 28 GAUGE (lancets) | Tier 2 | |
| SURE-LANCE ULTRA THIN 30 GAUGE (lancets) | Tier 2 | |
| SURE-TOUCH LANCET (lancets) | Tier 2 | |
| TECHLITE LANCETS 25 GAUGE | Tier 2 | |

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

| Drug | Status | Notes |
|--|--------|-------|
| UNISTIK 3 GENTLE 30 GAUGE (lancets) | Tier 2 | |
| UNISTIK 3 LANCETS 21 GAUGE (lancets) | Tier 2 | |
| UNISTIK 3 NORMAL LANCET 23 GAUGE | Tier 2 | |
| UNISTIK COMFORT LANCETS 28 GAUGE (lancets) | Tier 2 | |
| UNISTIK CZT LANCET 23 GAUGE | Tier 2 | |
| UNISTIK CZT LANCET 28 GAUGE (lancets) | Tier 2 | |
| UNISTIK EXTRA LANCETS 21 GAUGE (lancets) | Tier 2 | |
| UNISTIK NORMAL LANCETS 23 GAUGE | Tier 2 | |
| UNISTIK PRO LANCET 21 GAUGE, 28 GAUGE (lancets) | Tier 2 | |
| UNISTIK PRO LANCET 25 GAUGE | Tier 2 | |
| UNISTIK SAFETY 28 GAUGE, 30 GAUGE (lancets) | Tier 2 | |
| UNISTIK TOUCH LANCETS 21 GAUGE, 28 GAUGE, 30 GAUGE (lancets) | Tier 2 | |
| UNISTIK TOUCH LANCETS 23 GAUGE | Tier 2 | |
| UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE (lancets) | Tier 2 | |
| VIVAGUARD LANCET 30 GAUGE (lancets) | Tier 2 | |
| Feeding Devices | | |
| ENTERAL GRAVITY BAG SET-ENFIT | Tier 3 | |
| KANGAROO 924 SAFETY SCREW (pump set) | Tier 3 | |
| KANGAROO EPUMP SET | Tier 3 | |
| KANGAROO GRAVITY SET | Tier 3 | |
| RELIZORB CARTRIDGE | Tier 3 | |
| Incontinence Supplies | | |
| FLEXI-SEAL SIGNAL FMS RECTAL | Tier 3 | |
| Medical Supplies,Miscellaneous | | |
| VARITHENA ADMINISTRATION PACK | Tier 3 | |
| Medical Supplies,Miscellaneous(Group 2) | | |
| EAR POPPER INFLATION DEVICE NASAL DEVICE | Tier 3 | |
| PCCA ACCUPEN-15 DEVICE | Tier 3 | |
| Ostomy Supplies | | |
| ASSURA EASICLOSE MINI POUCH 10 1/4-470 "-ML | Tier 3 | |
| NUTRIPOINT BALLOON KIT | Tier 3 | |
| SENSURA CLICK OSTOMY POUCH | Tier 3 | |

| Drug | Status | Notes |
|--|--------|-------|
| SENSURA FLEX OSTOMY BASE PLATE | Tier 3 | |
| SENSURA FLEX OSTOMY POUCH | Tier 3 | |
| SENSURA OSTOMY BASE PLATE | Tier 3 | |
| Parenteral Administration Sets | | |
| ACCU-CHEK LINKASSIST INS DEV | Tier 3 | |
| ACCU-CHEK RAPID-D LINK 70 CM | Tier 3 | |
| ACCU-CHEK RAPID-D LINK INFUSION SET 10 X 20 MM-CM | Tier 3 | |
| ACCU-CHEK SPIRIT ADAPTER | Tier 3 | |
| ACCU-CHEK SPIRIT CARTRIDGE SYS | Tier 3 | |
| ACCU-CHEK SPIRIT CLIP CASE | Tier 3 | |
| BD INSYTE AUTOGUARD INFUSION SET 24 GAUGE X 3/4" | Tier 3 | |
| BD SAF-T-INTIMA INFUSION SET 22 GAUGE X 3/4" | Tier 3 | |
| FILTERED EXTENSION SET INFUSION SET | Tier 3 | |
| HI-VOLUME PUMPING CHAMBER SET | Tier 3 | |
| INSUFLOX INFUSION SET 25 X 18 MM | Tier 3 | |
| INSYTE IV CATHETER INFUSION SET 14 X 1.75 ", 20 X 1.16 " | Tier 3 | |
| I-PORT | Tier 3 | |
| I-PORT ADVANCE 6 MM INJEC PORT | Tier 3 | |
| I-PORT ADVANCE 9 MM INJEC PORT | Tier 3 | |
| MICROBORE EXTENSION SET (iv admin extension set) INFUSION SET | Tier 3 | |
| MONOJECT LUER ADAPTER INTRAVENOUS ADMIX ACCESSORY | Tier 3 | |
| NEXIVA INFUSION SET 18 X 1 1/4 ", 18 X 1 3/4 ", 20 GAUGE X 1", 20 X 1 1/4 ", 20 X 1 3/4 ", 22 GAUGE X 1", 24 GAUGE X 3/4", 24 X 0.56 " | Tier 3 | |
| PHASEAL ASSEMBLY FIXTURE DEVICE | Tier 3 | |
| PHASEAL CONNECTOR LUER LOCK | Tier 3 | |
| PHASEAL INFUSION ADAPTER | Tier 3 | |
| PHASEAL INFUSION CLAMP | Tier 3 | |
| PHASEAL INJECTOR LUER | Tier 3 | |
| PHASEAL INJECTOR LUER LOCK | Tier 3 | |
| PHASEAL SECONDARY SET INFUSION SET | Tier 3 | |
| PHASEAL Y-SITE | Tier 3 | |

| Drug | Status | Notes |
|---|--------|-------|
| RATE FLOW REGULATOR IV SET (iv administration set) INFUSION SET | Tier 3 | |
| SURE-T INFUSION SET | Tier 3 | |
| Syringes And Accessories | | |
| ALLERGIST TRAY 1/2 ML 27GX3/8" SYRINGE 1/2 ML 27 GAUGE X 3/8" | Tier 3 | |
| ALLERGIST TRAY INTRADERMAL BEV SYRINGE 1 ML 26 GAUGE X 1/2", 1 ML 27 GAUGE X 3/8" | Tier 3 | |
| ALLERGIST TRAY INTRADERMAL BEV (tuberculin-allergy SYRINGE 1 ML 26 GAUGE X 3/8" syringes) | Tier 3 | |
| ALLERGIST TRAY REGULAR BEVEL SYRINGE 1 ML 27 GAUGE X 3/8" | Tier 3 | |
| BD ALLERGIST TRAY REG BEVEL SYRINGE 1 ML 26 GAUGE X 1/2", 1 ML 27 X 1/2" | Tier 3 | |
| BD ALLERGIST TRAY REG BEVEL TRAY 1/2 ML 27 X 1/2" | Tier 3 | |
| BD INSULIN SYRINGE (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 5/16" | Tier 2 | |
| BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64" | Tier 2 | |
| BD INSULIN SYRINGE ULTRA-FINE (insulin syringe-needle u- SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 100) ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 | Tier 2 | |
| BD SAFETYGLIDE ALLERGIST TRAY SYRINGE 1 ML 27 X 1/2" | Tier 3 | |
| BD VEO INSULIN SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64" | Tier 2 | |
| BD VEO INSULIN SYRINGE UF (insulin syringe-needle u- SYRINGE 0.3 ML 31 GAUGE X 15/64", 100) 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64" | Tier 2 | |
| ECLIPSE SYRINGE SYRINGE 3 ML 21 GAUGE X 1", 3 ML 25 GAUGE X 1" | Tier 3 | |
| EXTENDED RESERVOIR 3 ML | Tier 3 | |
| INTEGRA SYRINGE SYRINGE 3 ML 21 GAUGE X 1" | Tier 3 | |
| INTERLINK LEVER LOCK CANNULA | Tier 3 | |
| INTERLINK SYRINGE AND CANNULA SYRINGE 15 X 10 ML | Tier 3 | |
| KENDALL DISINFECTANT CAP | Tier 3 | |
| MAGELLAN SAFETY SYRINGE SYRINGE 1 ML 23 GAUGE X 1" | Tier 3 | |
| MAGELLAN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2" | Tier 3 | |

| Drug | Status | Notes |
|---|--------|-------|
| MAGELLAN TUBERCULIN SAFETY SYR SYRINGE 1 ML 28 GAUGE X 1/2" | Tier 3 | |
| MINIMED SYRINGE RESERVOIR 1.8 ML, 3 ML | Tier 3 | |
| MONOJECT CONTROL SYRINGE LUER SYRINGE 12 ML | Tier 3 | |
| MONOJECT ENFIT STERILE SYRINGE SYRINGE 1 ML, 3 ML, 35 ML, 6 ML, 60 ML | Tier 3 | |
| MONOJECT ENFIT SYRINGE CAP | Tier 3 | |
| MONOJECT ENFIT SYRINGE SYRINGE 12 ML | Tier 3 | |
| MONOJECT MAGELLAN SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 3 ML 20 GAUGE X 1" | Tier 3 | |
| MONOJECT MAGELLAN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle, safety) | Tier 3 | |
| MONOJECT PHARMACY TRAY REG TIP SYRINGE 1 ML | Tier 3 | |
| MONOJECT REGULAR LUER SYRINGE 12 ML | Tier 3 | |
| MONOJECT SAFETY SYRINGES SYRINGE , 12 ML 21X 1 1/2", 3 ML 22 GAUGE X 1 1/2", 6 ML | Tier 3 | |
| MONOJECT SMARTIP CANNULA SYRINGE 12 ML, 3 ML, 6 ML | Tier 3 | |
| MONOJECT SYRINGE SYRINGE 3 ML (syringe (disposable)) | Tier 3 | |
| MONOJECT SYRINGE SYRINGE 6 ML, 6 ML 20 X 1 1/2", 6 ML 21 X 1 1/2", 6 ML 21 X 1", 6 ML 22 X 1 1/2" | Tier 3 | |
| MONOJECT TB LUER LOK SYRINGE 1 ML | Tier 3 | |
| NORM-JECT SYRINGE 10 ML | Tier 3 | |
| NORM-JECT SYRINGE 20 ML (syringe (disposable)) | Tier 3 | |
| NORM-JECT TUBERCULIN SYRINGE 1 ML | Tier 3 | |
| PARADIGM RESERVOIR 1.8 ML, 3 ML | Tier 3 | |
| PISTON SYRINGE WITH ENFIT SYRINGE 60 ML | Tier 3 | |
| SURGUARD2 SAFETY SYRINGE 1 ML 25 GAUGE X 5/8", 3 ML 22 GAUGE X 1" (syringe with needle, safety) | Tier 3 | |

| Drug | Status | Notes |
|--|--------|----------------------|
| SURGUARD2 SAFETY SYRINGE 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2", 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8", 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2" | Tier 3 | |
| <i>syringe (disposable) syringe 5 ml</i> (BD Bulk Syringe Slip Tip) | Tier 3 | |
| <i>syringe with needle, safety syringe 3 ml 22 gauge x 1"</i> (SurGuard2 Safety) | Tier 3 | |
| TOOMEY SYRINGE SYRINGE 70 ML | Tier 3 | |
| TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 1" (syringe with needle) | Tier 3 | |
| ULTICARE SYRINGE 1 ML 25 GAUGE X 5/8" | Tier 3 | |
| Miscellaneous Agents | | |
| Amyloidosis Agents-Transthyretin (Ttr) Suppression | | |
| ONPATTRO INTRAVENOUS SOLUTION 2 MG/ML | Tier 4 | PA; SP |
| TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML | Tier 4 | PA; SP |
| Anaphylaxis Therapy Agents | | |
| <i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml</i> (Auvi-Q) | Tier 1 | QL (4 EA per 1 FILL) |
| <i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr) | Tier 1 | QL (4 EA per 1 FILL) |
| SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML | Tier 2 | QL (4 EA per 1 FILL) |
| SYMJEPI INJECTION SYRINGE 0.3 MG/0.3 ML (epinephrine) | Tier 2 | QL (4 EA per 1 FILL) |
| Genetic D/O Tx-Exon Inclusion Antisense Oligonucle | | |
| EVRYSDI ORAL RECON SOLN 0.75 MG/ML | Tier 4 | PA; SP |
| SPINRAZA (PF) INTRATHECAL SOLUTION 12 MG/5 ML | Tier 4 | PA; SP |
| Metabolic Disease Enzyme Replacement, Asmd | | |
| XENPOZYME INTRAVENOUS RECON SOLN 20 MG | Tier 4 | SP |
| Miscellaneous Agents | | |
| NEXAVIR INJECTION SOLUTION 25.5 MG/ML | Tier 3 | |
| Parasympathetic Agents | | |

| Drug | Status | Notes |
|---|--------|--------|
| <i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i> | Tier 1 | |
| <i>cevimeline oral capsule 30 mg</i> (Evoxac) | Tier 1 | |
| <i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> (Salagen (pilocarpine)) | Tier 1 | |
| Pharmacological Chaperone-Alpha-Galactosid.A Stabz | | |
| GALAFOLD ORAL CAPSULE 123 MG | Tier 4 | PA; SP |
| Pku Treatment Agents - Phenylalanine Ammonia Lyase | | |
| PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML | Tier 4 | PA; SP |
| Pku Tx Agent-Cofactor Of Phenylalanine Hydroxylase | | |
| JAVYGTOR ORAL POWDER IN PACKET 100 MG, 500 MG (sapropterin) | Tier 4 | PA; SP |
| JAVYGTOR ORAL TABLET,SOLUBLE 100 MG (sapropterin) | Tier 4 | PA; SP |
| <i>sapropterin oral powder in packet 100 mg, 500 mg</i> (Javygtor) | Tier 4 | PA; SP |
| <i>sapropterin oral tablet,soluble 100 mg</i> (Javygtor) | Tier 4 | PA; SP |
| Systemic Enzyme Inhibitors | | |
| VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG | Tier 4 | PA; SP |
| ZOKINVY ORAL CAPSULE 50 MG, 75 MG | Tier 4 | PA; SP |
| Topical Anticholinergic Hyperhidrosis Tx Agents | | |
| QBREXZA TOPICAL TOWELETTE 2.4 % | Tier 2 | PA |
| Neoplastic Disease | | |
| Alkylating Agents | | |
| <i>cyclophosphamide oral capsule 25 mg, 50 mg</i> | Tier 4 | SP |
| <i>cyclophosphamide oral tablet 25 mg, 50 mg</i> | Tier 4 | SP |
| GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (lomustine) | Tier 4 | PA; SP |
| <i>hydroxyurea oral capsule 500 mg</i> (Hydrea) | Tier 1 | |
| LEUKERAN ORAL TABLET 2 MG | Tier 4 | SP |
| <i>melphalan oral tablet 2 mg</i> (Alkeran) | Tier 1 | |
| MYLERAN ORAL TABLET 2 MG | Tier 4 | SP |
| <i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 5 mg</i> | Tier 4 | PA; SP |
| <i>temozolomide oral capsule 250 mg</i> (Temodar) | Tier 4 | PA; SP |

| Drug | Status | Notes |
|---|--------|---|
| Antiandrogenic Agents | | |
| <i>abiraterone oral tablet 250 mg, 500 mg</i> (Zytiga) | Tier 4 | PA; SP |
| <i>bicalutamide oral tablet 50 mg</i> (Casodex) | Tier 1 | |
| ERLEADA ORAL TABLET 60 MG | Tier 4 | PA; SP |
| EULEXIN ORAL CAPSULE 125 MG (flutamide) | Tier 3 | |
| <i>flutamide oral capsule 125 mg</i> (Eulexin) | Tier 1 | |
| <i>nilutamide oral tablet 150 mg</i> (Nilandron) | Tier 4 | SP; QL (2 EA per 1 day) |
| NUBEQA ORAL TABLET 300 MG | Tier 4 | PA; SP |
| XTANDI ORAL CAPSULE 40 MG | Tier 4 | PA; SP |
| XTANDI ORAL TABLET 40 MG, 80 MG | Tier 4 | PA; SP |
| YONSA ORAL TABLET 125 MG | Tier 4 | PA; SP |
| Antibiotic Antineoplastics | | |
| JELMYTO INTRA-PYELOCALYCEAL KIT 40 MG X 2 | Tier 4 | PA; SP |
| Antimetabolites | | |
| <i>capecitabine oral tablet 150 mg, 500 mg</i> (Xeloda) | Tier 4 | PA; SP |
| INQOVI ORAL TABLET 35-100 MG | Tier 4 | PA; SP |
| LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG | Tier 4 | PA; SP |
| <i>mercaptopurine oral tablet 50 mg</i> | Tier 1 | |
| <i>methotrexate sodium (pf) injection recon soln 1 gram</i> | Tier 1 | |
| <i>methotrexate sodium (pf) injection solution 25 mg/ml</i> | Tier 1 | |
| <i>methotrexate sodium injection solution 25 mg/ml</i> | Tier 1 | |
| <i>methotrexate sodium oral tablet 2.5 mg</i> | Tier 1 | |
| ONUREG ORAL TABLET 200 MG, 300 MG | Tier 4 | PA; SP |
| <i>pemetrexed intravenous recon soln 1 gram, 100 mg, 500 mg</i> | Tier 4 | PA; SP |
| <i>pemetrexed intravenous solution 25 mg/ml</i> (Pemfexy) | Tier 4 | PA; SP |
| PEMFEXY INTRAVENOUS SOLUTION 25 MG/ML (pemetrexed) | Tier 4 | PA; SP |
| PURIXAN ORAL SUSPENSION 20 MG/ML | Tier 4 | SP; ST: Requires prior prescription for Mercaptopurine within the past 120 days |
| TABLOID ORAL TABLET 40 MG (thioguanine) | Tier 4 | SP |
| TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG | Tier 2 | |

| Drug | Status | Notes |
|---|--------|--|
| XATMEP ORAL SOLUTION 2.5 MG/ML | Tier 3 | SP; ST: Requires prior prescription for Methotrexate Sodium, Methotrexate Sodium/pf, or Trexall within the past 120 days if 12 years of age and older; QL (120 ML per 60 days) |
| Antineoplastic Aromatase Inhibitors | | |
| <i>anastrozole oral tablet 1 mg</i> (Arimidex) | Tier 1 | \$0 COPAY IF 35 YEARS OF AGE OR OLDER; QL (1 EA per 1 day) |
| <i>exemestane oral tablet 25 mg</i> (Aromasin) | Tier 1 | \$0 COPAY IF 35 YEARS OF AGE OR OLDER; QL (1 EA per 1 day) |
| <i>letrozole oral tablet 2.5 mg</i> (Femara) | Tier 1 | |
| Antineoplastic - Braf Kinase Inhibitors | | |
| BRAFTOVI ORAL CAPSULE 50 MG, 75 MG | Tier 4 | PA; SP |
| TAFINLAR ORAL CAPSULE 50 MG, 75 MG | Tier 4 | PA; SP |
| ZELBORAF ORAL TABLET 240 MG | Tier 4 | PA; SP |
| Antineoplastic - Hedgehog Pathway Inhibitor | | |
| DAURISMO ORAL TABLET 100 MG, 25 MG | Tier 4 | PA; SP |
| ERIVEDGE ORAL CAPSULE 150 MG | Tier 4 | PA; SP |
| ODOMZO ORAL CAPSULE 200 MG | Tier 4 | PA; SP |
| Antineoplastic - Immunotherapy, T-Cell Engager | | |
| KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML | Tier 4 | PA; SP |
| Antineoplastic - Janus Kinase (Jak) Inhibitors | | |
| JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG | Tier 4 | PA; SP |
| Antineoplastic - Kras Protein Inhibitor | | |
| KRAZATI ORAL TABLET 200 MG | Tier 4 | PA; SP |
| LUMAKRAS ORAL TABLET 120 MG | Tier 4 | PA; SP |
| Antineoplastic - Mek1 And Mek2 Kinase Inhibitors | | |
| COTELLIC ORAL TABLET 20 MG | Tier 4 | PA; SP; QL (63 EA per 28 days) |
| KOSELUGO ORAL CAPSULE 10 MG, 25 MG | Tier 4 | PA; SP |
| MEKINIST ORAL TABLET 0.5 MG, 2 MG | Tier 4 | PA; SP |

| Drug | Status | Notes |
|--|--------|-----------------------------|
| MEKTOVI ORAL TABLET 15 MG | Tier 4 | PA; SP; QL (6 EA per 1 day) |
| Antineoplastic - Mtor Kinase Inhibitors | | |
| AFINITOR DISPERZ ORAL TABLET (everolimus FOR SUSPENSION 3 MG (antineoplastic)) | Tier 4 | PA; SP |
| <i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i> (Afinitor) | Tier 4 | PA; SP |
| <i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i> (Afinitor Disperz) | Tier 4 | PA; SP |
| Antineoplastic - Protein Methyltransferase Inhibit | | |
| TAZVERIK ORAL TABLET 200 MG | Tier 4 | PA; SP |
| Antineoplastic - Topoisomerase I Inhibitors | | |
| HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG | Tier 4 | SP |
| Antineoplastic Comb - Kinase And Aromatase Inhibit | | |
| KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG | Tier 4 | PA; SP |
| Antineoplastic Immunomodulator Agents | | |
| <i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> (Revlimid) | Tier 4 | PA; SP |
| POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG | Tier 4 | PA; SP |
| REVLIMID ORAL CAPSULE 10 MG, 15 MG, 25 MG, 5 MG (lenalidomide) | Tier 4 | PA; SP |
| Antineoplastic Lhrh(Gnrh) Antagonist,Pituit.Supprs | | |
| FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG | Tier 4 | SP; QL (2 EA per 365 days) |
| FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG | Tier 4 | SP; QL (1 EA per 30 days) |
| FIRMAGON SUBCUTANEOUS RECON SOLN 120 MG | Tier 4 | SP; QL (2 EA per 365 days) |
| ORGOVYX ORAL TABLET 120 MG | Tier 4 | PA; SP |
| Antineoplastic Systemic Enzyme Inhibitors | | |
| ALECENSA ORAL CAPSULE 150 MG | Tier 4 | PA; SP |
| ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG | Tier 4 | PA; SP |
| ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23) | Tier 4 | PA; SP |

| Drug | Status | Notes |
|---|--------|---------------------------------|
| AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG | Tier 4 | PA; SP |
| BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG | Tier 4 | PA; SP |
| BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG | Tier 4 | PA; SP |
| BRUKINSA ORAL CAPSULE 80 MG | Tier 4 | PA; SP |
| CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG | Tier 4 | PA; SP |
| CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG | Tier 4 | PA; SP |
| CALQUENCE ORAL CAPSULE 100 MG | Tier 4 | PA; SP |
| CAPRELSA ORAL TABLET 100 MG (vandetanib) | Tier 4 | PA; SP; QL (2 EA per 1 day) |
| CAPRELSA ORAL TABLET 300 MG (vandetanib) | Tier 4 | PA; SP; QL (1 EA per 1 day) |
| COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY) | Tier 4 | PA; SP; QL (112 EA per 28 days) |
| COPIKTRA ORAL CAPSULE 15 MG, 25 MG | Tier 4 | PA; SP |
| <i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i> (Tarceva) | Tier 4 | PA; SP |
| EXKIVITY ORAL CAPSULE 40 MG | Tier 4 | PA; SP |
| FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG | Tier 4 | PA; SP |
| GAVRETO ORAL CAPSULE 100 MG | Tier 4 | PA; SP |
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG | Tier 4 | PA; SP |
| IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG | Tier 4 | PA; SP |
| IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG | Tier 4 | PA; SP |
| ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG | Tier 4 | PA; SP |
| <i>imatinib oral tablet 100 mg, 400 mg</i> (Gleevec) | Tier 4 | PA; SP |
| IMBRUVICA ORAL CAPSULE 140 MG, 70 MG | Tier 4 | PA; SP |
| IMBRUVICA ORAL SUSPENSION 70 MG/ML | Tier 4 | PA; SP |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG | Tier 4 | PA; SP |
| INLYTA ORAL TABLET 1 MG, 5 MG | Tier 4 | PA; SP |
| INREBIC ORAL CAPSULE 100 MG | Tier 4 | PA; SP |
| IRESSA ORAL TABLET 250 MG | Tier 4 | PA; SP |

| Drug | Status | Notes |
|---|--------|-----------------------------|
| KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3) | Tier 4 | PA; SP |
| <i>lapatinib oral tablet 250 mg</i> (Tykerb) | Tier 4 | PA; SP |
| LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2) | Tier 4 | PA; SP |
| LORBRENA ORAL TABLET 100 MG, 25 MG | Tier 4 | PA; SP |
| LYNPARZA ORAL TABLET 100 MG, 150 MG | Tier 4 | PA; SP |
| LYTGOBI ORAL TABLET 4 MG | Tier 4 | PA; SP |
| NERLYNX ORAL TABLET 40 MG | Tier 4 | PA; SP |
| NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG | Tier 4 | PA; SP |
| PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG | Tier 4 | PA; SP |
| PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) | Tier 4 | PA; SP |
| QINLOCK ORAL TABLET 50 MG | Tier 4 | PA; SP |
| RETEVMO ORAL CAPSULE 40 MG, 80 MG | Tier 4 | PA; SP |
| ROZLYTREK ORAL CAPSULE 100 MG, 200 MG | Tier 4 | PA; SP |
| RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG | Tier 4 | PA; SP |
| RYDAPT ORAL CAPSULE 25 MG | Tier 4 | PA; SP |
| SCSEMBLIX ORAL TABLET 20 MG, 40 MG | Tier 4 | PA; SP |
| <i>sorafenib oral tablet 200 mg</i> (Nexavar) | Tier 4 | PA; SP |
| SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG | Tier 4 | PA; SP |
| STIVARGA ORAL TABLET 40 MG | Tier 4 | PA; SP; QL (3 EA per 1 day) |
| <i>sunitinib oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Sutent) | Tier 4 | PA; SP |
| TABRECTA ORAL TABLET 150 MG, 200 MG | Tier 4 | PA; SP |
| TAGRISSO ORAL TABLET 40 MG, 80 MG | Tier 4 | PA; SP |
| TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG | Tier 4 | PA; SP |

| Drug | Status | Notes |
|---|--------|--------|
| TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG | Tier 4 | PA; SP |
| TEPMETKO ORAL TABLET 225 MG | Tier 4 | PA; SP |
| TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1), 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2), 75 MG/DAY (25 MG X 3) | Tier 4 | PA; SP |
| TUKYSA ORAL TABLET 150 MG, 50 MG | Tier 4 | PA; SP |
| TURALIO ORAL CAPSULE 200 MG | Tier 4 | PA; SP |
| VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG | Tier 4 | PA; SP |
| VITRAKVI ORAL CAPSULE 100 MG, 25 MG | Tier 4 | PA; SP |
| VITRAKVI ORAL SOLUTION 20 MG/ML | Tier 4 | PA; SP |
| VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG | Tier 4 | PA; SP |
| VONJO ORAL CAPSULE 100 MG | Tier 4 | PA; SP |
| VOTRIENT ORAL TABLET 200 MG | Tier 4 | PA; SP |
| XALKORI ORAL CAPSULE 200 MG, 250 MG | Tier 4 | PA; SP |
| XOSPATA ORAL TABLET 40 MG | Tier 4 | PA; SP |
| ZEJULA ORAL CAPSULE 100 MG | Tier 4 | PA; SP |
| ZYDELIG ORAL TABLET 100 MG, 150 MG | Tier 4 | PA; SP |
| ZYKADIA ORAL TABLET 150 MG | Tier 4 | PA; SP |
| Antineoplastic,Histone Deacetylase Inhibitors,Hdis | | |
| FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG | Tier 4 | PA; SP |
| ZOLINZA ORAL CAPSULE 100 MG | Tier 4 | SP |
| Antineoplastic-B Cell Lymphoma-2(Bcl-2) Inhibitors | | |
| VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG | Tier 4 | PA; SP |
| VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG-100 MG | Tier 4 | PA; SP |
| Antineoplastic-Cd19 Dir. Car-T Cell Immunotherapy | | |
| YESCARTA INTRAVENOUS SUSPENSION | Tier 4 | PA; SP |
| Antineoplastic-Hypoxia Inducible Factor (Hif) Inh | | |
| WELIREG ORAL TABLET 40 MG | Tier 4 | PA; SP |

| Drug | Status | Notes |
|---|--------|----------------------------|
| Antineoplastic-Isocitrate Dehydrogenase Inhibitors | | |
| IDHIFA ORAL TABLET 100 MG, 50 MG | Tier 4 | PA; SP |
| REZLIDHIA ORAL CAPSULE 150 MG | Tier 4 | PA; SP |
| TIBSOVO ORAL TABLET 250 MG | Tier 4 | PA; SP |
| Antineoplastics Antibody/Antibody-Drug Complexes | | |
| POTELIGEO INTRAVENOUS SOLUTION 4 MG/ML | Tier 4 | PA; SP |
| Antineoplastics, Miscellaneous | | |
| <i>etoposide oral capsule 50 mg</i> | Tier 1 | |
| LYSODREN ORAL TABLET 500 MG | Tier 4 | SP |
| MATULANE ORAL CAPSULE 50 MG | Tier 4 | SP |
| RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5 ML | Tier 4 | PA; SP |
| SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG | Tier 4 | PA; SP |
| <i>tretinoin (antineoplastic) oral capsule 10 mg</i> | Tier 4 | SP |
| Antineoplastic-Select Inhib Of Nuclear Exp (Sine) | | |
| XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK) | Tier 4 | PA; SP |
| Anti-Programmed Cell Death-Ligand 1 (Pd-L1) Mab | | |
| BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML | Tier 4 | PA; SP |
| Chemotherapy Rescue/Antidote Agents | | |
| <i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i> | Tier 1 | |
| MESNEX ORAL TABLET 400 MG | Tier 3 | |
| VISTOGARD ORAL GRANULES IN PACKET 10 GRAM | Tier 4 | SP; QL (24 EA per 14 days) |
| Intrapleural Sclerosing Agents, Antineoplast. Adj. | | |
| SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER 4 GRAM | Tier 3 | |
| <i>sterile talc intrapleural suspension for reconstitution 5 gram</i> | Tier 1 | |
| STERITALC INTRAPLEURAL AEROSOL POWDER 3 GRAM | Tier 3 | |

| Drug | Status | Notes |
|--|--------|---------------------------------------|
| STERITALC INTRAPLEURAL SUSPENSION FOR RECONSTITUTION 2 GRAM, 4 GRAM | Tier 3 | |
| Photoactivated, Antineopls. & Premalignant Lesions | | |
| AMELUZ TOPICAL GEL 10 % | Tier 3 | |
| LEVULAN TOPICAL SOLUTION 20 % | Tier 3 | |
| Radioactive Therapeutic Agents | | |
| HICON ORAL KIT 1,000 MCI/ML (1 ML), 250 MCI/0.25 ML, 500 MCI/0.5 ML | Tier 3 | |
| LUTATHERA INTRAVENOUS SOLUTION 10 MCI/ML (370 MBQ/ML) | Tier 4 | PA; SP |
| PLUVICTO INTRAVENOUS SOLUTION 27 MCI/ML (1,000 MBQ/ML) | Tier 4 | PA; SP |
| <i>sodium iodide-123 oral capsule 3.7 mbq (100 microci), 7.4 mbq (200 microci)</i> | Tier 1 | |
| <i>sodium iodide-131 oral capsule 3.7 mbq (100 microci)</i> | Tier 1 | |
| Selective Estrogen Receptor Modulators (Serm) | | |
| SOLTAMOX ORAL SOLUTION 20 MG/10 ML | Tier 2 | |
| <i>tamoxifen oral tablet 10 mg, 20 mg</i> | Tier 1 | \$0 COPAY IF 35 YEARS OF AGE OR OLDER |
| <i>toremifene oral tablet 60 mg</i> (Fareston) | Tier 4 | PA; SP |
| Selective Retinoid X Receptor Agonists (Rxr) | | |
| <i>bexarotene oral capsule 75 mg</i> (Targretin) | Tier 4 | PA; SP |
| Steroid Antineoplastics | | |
| EMCYT ORAL CAPSULE 140 MG | Tier 4 | SP |
| <i>megestrol oral tablet 20 mg, 40 mg</i> | Tier 1 | |
| Neurological Disease - Miscellaneous | | |
| Agents To Treat Multiple Sclerosis | | |
| AUBAGIO ORAL TABLET 14 MG, 7 MG | Tier 4 | PA; SP |
| AVONEX INTRAMUSCULAR PEN INJECTOR 30 MCG/0.5 ML | Tier 4 | PA; SP |
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML | Tier 4 | PA; SP |
| AVONEX INTRAMUSCULAR SYRINGE 30 MCG/0.5 ML | Tier 4 | PA; SP |
| AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML | Tier 4 | PA; SP |
| BETASERON SUBCUTANEOUS KIT 0.3 MG | Tier 4 | PA; SP |
| BETASERON SUBCUTANEOUS RECON SOLN 0.3 MG (interferon beta-1b) | Tier 4 | PA; SP |

| Drug | Status | Notes |
|--|--------|--------|
| COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML (glatiramer) | Tier 4 | PA; SP |
| <i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i> (Tecfidera) | Tier 4 | PA; SP |
| <i> fingolimod oral capsule 0.5 mg</i> (Gilenya) | Tier 4 | PA; SP |
| GILENYA ORAL CAPSULE 0.25 MG | Tier 4 | PA; SP |
| <i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i> (Copaxone) | Tier 4 | PA; SP |
| GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML (glatiramer) | Tier 4 | PA; SP |
| KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML | Tier 4 | PA; SP |
| MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG | Tier 4 | PA; SP |
| MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG | Tier 4 | PA; SP |
| MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG | Tier 4 | PA; SP |
| MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG | Tier 4 | PA; SP |
| MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG | Tier 4 | PA; SP |
| MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG | Tier 4 | PA; SP |
| MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG | Tier 4 | PA; SP |
| MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG | Tier 4 | PA; SP |
| MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS) | Tier 4 | PA; SP |
| MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS) | Tier 4 | PA; SP |
| PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML | Tier 4 | PA; SP |
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML | Tier 4 | PA; SP |
| PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML | Tier 4 | PA; SP |
| REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML | Tier 4 | PA; SP |
| REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6) | Tier 4 | PA; SP |

| Drug | Status | Notes |
|--|--------|--------|
| REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6) | Tier 4 | PA; SP |
| VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG | Tier 4 | PA; SP |
| Agts Tx Neuromusc Transmission Dis,Pot-Chan Blkr | | |
| <i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra) | Tier 4 | PA; SP |
| FIRDAPSE ORAL TABLET 10 MG | Tier 4 | PA; SP |
| Amyotrophic Lateral Sclerosis Agents | | |
| EXSERVAN ORAL FILM 50 MG | Tier 4 | PA; SP |
| RADICAVA ORS ORAL SUSPENSION 105 MG/5 ML | Tier 4 | PA; SP |
| RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML | Tier 4 | PA; SP |
| RELYVRIO ORAL POWDER IN PACKET 3-1 GRAM | Tier 4 | PA; SP |
| <i>riluzole oral tablet 50 mg</i> (Rilutek) | Tier 1 | |
| TIGLUTIK ORAL SUSPENSION 50 MG/10 ML | Tier 4 | PA; SP |
| Movement Disorders(Drug Therapy) | | |
| AUSTEDO 12MG START TITR(WK1-4) ORAL TABLETS,DOSE PACK 6MG(28)- 9MG(28) -12 MG (14) | Tier 4 | PA; SP |
| AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG | Tier 4 | PA; SP |
| AUSTEDO TD TITRATN PK (WK 1-2) ORAL TABLETS,DOSE PACK 6 MG (14)- 9 MG (14) | Tier 4 | PA; SP |
| INGREZZA INITIATION PACK ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21) | Tier 4 | PA; SP |
| INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG | Tier 4 | PA; SP |
| <i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> (Xenazine) | Tier 4 | PA; SP |
| Pseudobulbar Affect (Pba) Agents, Nmda Antagonists | | |
| NUDEXTA ORAL CAPSULE 20-10 MG | Tier 3 | PA |
| Sphingosine 1-Phosphate (S1p) Receptor Modulator | | |
| ZEPOSIA ORAL CAPSULE 0.92 MG | Tier 4 | PA; SP |
| ZEPOSIA STARTER KIT ORAL CAPSULE,DOSE PACK 0.23-0.46-0.92 MG | Tier 4 | PA; SP |
| ZEPOSIA STARTER PACK ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3) | Tier 4 | PA; SP |

| Drug | Status | Notes |
|--|--------|---|
| Oral/Pharyngeal Disorders | | |
| Dental Aids And Preparations | | |
| <i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> (Paroex Oral Rinse) | Tier 1 | |
| ORALONE DENTAL PASTE 0.1 % (triamcinolone acetonide) | Tier 1 | |
| PAROEX ORAL RINSE MUCOUS MEMBRANE MOUTHWASH 0.12 % (chlorhexidine gluconate) | Tier 1 | |
| PERIOGARD MUCOUS MEMBRANE MOUTHWASH 0.12 % (chlorhexidine gluconate) | Tier 1 | |
| Q-CARE RX Q2 KIT 0.12 % | Tier 3 | |
| Q-CARE RX Q4 KIT 0.12 % | Tier 3 | |
| <i>triamcinolone acetonide dental paste 0.1 %</i> (Oralone) | Tier 1 | |
| Nose Preparations, Miscellaneous (Rx) | | |
| <i>cocaine nasal solution 4 %</i> (Numbrino) | Tier 1 | |
| <i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i> | Tier 1 | |
| NUMBRINO NASAL SOLUTION 4 % (cocaine) | Tier 1 | |
| Periodontal Collagenase Inhibitors | | |
| <i>doxycycline hyclate oral tablet 20 mg</i> | Tier 1 | |
| Other Drugs | | |
| Abortifacient, Progesterone Receptor Antagonist-Typ | | |
| MIFEPREX ORAL TABLET 200 MG (mifepristone) | Tier 3 | |
| <i>mifepristone oral tablet 200 mg</i> (Mifeprex) | Tier 1 | |
| Agents For Stomatological Use | | |
| DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 % | Tier 3 | |
| DEBACTEROL MUCOUS MEMBRANE SWAB 30-50 % | Tier 3 | |
| Appetite Stim. For Anorexia, Cachexia, Wasting Synd. | | |
| <i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)</i> | Tier 1 | |
| <i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i> | Tier 1 | ST: Requires prior prescription for Megestrol Acetate 40mg/mL suspension within the past 120 days |
| Blood Collection Set With Local Anesthetics | | |
| CADIRA COMPLIANT BLOOD STAT KIT 21 GAUGE X 3/4" -2.5 %-2.5 % | Tier 3 | |
| LIDO BDK KIT 21 GAUGE X 1" - 2.5 %-2.5 % | Tier 3 | |

| Drug | Status | Notes |
|--|--------|-------|
| Blood Testing Preparations,In-Vitro | | |
| COAGUCHEK XS | Tier 3 | |
| Bulk Chemicals | | |
| <i>alum, ammonium (bulk) powder</i> | Tier 3 | |
| <i>ascorbic acid(vitamin c)(bulk) granules 100 %</i> | Tier 3 | |
| <i>balsam peru (bulk) liquid</i> | Tier 3 | |
| <i>benzoin (bulk) topical tincture</i> | Tier 3 | |
| <i>citric acid anhydrous (bulk) granules 100 %</i> | Tier 3 | |
| TRI-CHLOR TOPICAL SOLUTION 80 % | Tier 3 | |
| <i>trichloroacetic acid topical recon soln 100 %, 20 %, 25 %, 30 %, 35 %, 40 %, 50 %, 75 %, 80 %, 90 %</i> | Tier 3 | |
| Cardioplegic Solutions | | |
| CARDIOPLEGIA DEL NIDO FORMULA PERFUSION SOLUTION 26 MEQ/1,052.8 ML (POTASSIUM) | Tier 1 | |
| CARDIOPLEGIA HIGH POTASSIUM PERFUSION SOLUTION 108 MEQ/500 ML (POTASSIUM) | Tier 1 | |
| CARDIOPLEGIA IND 4:1 PLASMALYT PERFUSION SOLUTION 30 MEQ/542 ML (POTASSIUM) | Tier 1 | |
| CARDIOPLEGIA IND 4:1 RINGER PERFUSION SOLUTION 48 MEQ/522.8 ML (POTASSIUM) | Tier 1 | |
| CARDIOPLEGIA IND 8:1 NON-ENRCH PERFUSION SOLUTION 70 MEQ/300 ML (POTASSIUM) | Tier 1 | |
| CARDIOPLEGIA INDUCTION 4:1 PERFUSION SOLUTION 30 MEQ/415 ML (POTASSIUM), 36 MEQ/500 ML (POTASSIUM) | Tier 1 | |
| CARDIOPLEGIA INDUCTION 8:1 PERFUSION SOLUTION 100 MEQ/500 ML (POTASSIUM) | Tier 1 | |
| CARDIOPLEGIA MAIN 8:1 NO-ENRCH PERFUSION SOLUTION 24 MEQ/300 ML (POTASSIUM) | Tier 1 | |
| CARDIOPLEGIA MAINT 4:1 PLASMA PERFUSION SOLUTION 30 MEQ/1,047 ML (POTASSIUM) | Tier 3 | |
| CARDIOPLEGIA MAINT 4:1 RINGER PERFUSION SOLUTION 12 MEQ/504.8 ML (POTASSIUM) | Tier 1 | |

| Drug | Status | Notes |
|---|--------|-------|
| CARDIOPLEGIA MAINTENANCE 4:1 PERFUSION SOLUTION 20 MEQ/810 ML (POTASSIUM), 36 MEQ/L (POTASSIUM) | Tier 1 | |
| CARDIOPLEGIA MAINTENANCE 8:1 PERFUSION SOLUTION 36 MEQ/500 ML (POTASSIUM) | Tier 1 | |
| CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/477.5 ML (POTASSIUM) | Tier 1 | |
| CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/500 ML (POTASSIUM), 7.5 MEQ/238.75 ML (POTASSIUM) | Tier 3 | |
| CARDIOPLEGIA WARM INDUCT 4:1 PERFUSION SOLUTION 40 MEQ/500 ML (POTASSIUM) | Tier 3 | |
| <i>cardioplegic no.17(induct 4:1) perfusion solution 50 meq/500 ml (potassium)</i> | Tier 1 | |
| <i>cardioplegic no.19 (maint 4:1) perfusion solution 40 meq/l (potassium)</i> | Tier 1 | |
| <i>cardioplegic soln perfusion solution 16 meq/l (= k+)</i> (Plegisol) | Tier 1 | |
| <i>cardioplegic solution no.25 perfusion solution 29 mmol/l (potassium)</i> | Tier 1 | |
| CUSTODIOL HTK PERFUSION SOLUTION 9 MMOL-198 MMOL -2 MMOL/L | Tier 3 | |
| <i>microplegic solution no.1 perfusion solution 7.84 %-8.56 % (0.92 molar)</i> | Tier 1 | |
| <i>microplegic solution no.1-cp2d perfusion solution 7.84 %-8.56 % (0.92 molar)</i> | Tier 1 | |
| Cholinesterase Reactivat.&Muscarinic Antg.Antidote | | |
| DUODOTE INTRAMUSCULAR PEN INJECTOR 600-2.1 MG/2ML-MG/0.7ML | Tier 3 | |
| Cholinesterase Reactivating,Organophos. Antidotes | | |
| <i>pralidoxime intramuscular pen injector 600 mg/2 ml</i> | Tier 3 | |
| Conception Assistance Supplies | | |
| CONCEPTION KIT | Tier 3 | |
| Condoms | | |
| AIMSCO LATEX CONDOM DEVICE | \$0 | |
| CONDOMS-PREM LUBRICATED DEVICE | \$0 | |
| DUREX AVANTI BARE REAL FEEL | \$0 | |
| FANTASY CONDOM DEVICE | \$0 | |

| Drug | Status | Notes |
|--|---------------|--|
| FC2 FEMALE CONDOM | \$0 | QL (30 EA per 30 days) |
| KIMONO CONDOMS(NON-LUBRICATED) DEVICE | \$0 | |
| KIMONO MAXX CONDOMS DEVICE | \$0 | |
| KIMONO MICROTHIN AQUA LUBE CON DEVICE | \$0 | |
| KIMONO MICROTHIN CONDOMS DEVICE | \$0 | |
| KIMONO MICROTHIN LARGE CONDOMS DEVICE | \$0 | |
| KIMONO TEXTURED CONDOMS DEVICE | \$0 | |
| TRUSTEX LATEX CONDOM DEVICE | \$0 | |
| TRUSTEX LUBRICATED CONDOMS DEVICE | \$0 | |
| TRUSTEX NON-LUB CONDOMS DEVICE | \$0 | |
| TRUSTEX-RIA LUB/SPERMICIDE DEVICE | \$0 | |
| TRUSTEX-RIA LUBRICATED CONDOMS DEVICE | \$0 | |
| TRUSTEX-RIA NON-LUB CONDOMS DEVICE | \$0 | |
| Cryopreservative Agents | | |
| CRYOSERV SOLUTION 99 % | Tier 3 | |
| Cystic Fibrosis - Inhaled Osmotic Agents | | |
| BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG | Tier 4 | SP; ST: Requires prior prescription for inhaled 7% Sodium Chloride solution within the past 120 days; QL (20 EA per 1 day); Age (Min 18 Years) |
| Diagnostic Test Devices And Supplies | | |
| BD VERITOR AT-HOME COVID19 TST KIT | Tier 3 | QL (8 EA per 30 days); Age (Min 2 Years) |
| BINAXNOW COVD AG CARD HOME TST KIT | Tier 3 | QL (8 EA per 30 days); Age (Min 2 Years) |
| BINAXNOW COVID-19 AG SELF TEST KIT | Tier 3 | QL (8 EA per 30 days); Age (Min 2 Years) |
| CARESTART COVID-19 AG HOME TST KIT | Tier 3 | QL (8 EA per 30 days); Age (Min 2 Years) |
| CELLTRION DIATRUST COV-19 HOME KIT | Tier 3 | QL (8 EA per 30 days); Age (Min 2 Years) |
| CLINITEST COVID-19 HOME TEST KIT | Tier 3 | QL (8 EA per 30 days); Age (Min 2 Years) |
| COVID-19 AT-HOME TEST KIT | Tier 3 | QL (8 EA per 30 days); Age (Min 2 Years) |

| Drug | Status | Notes |
|--|--------|--|
| ELLUME COVID-19 HOME TEST KIT | Tier 3 | QL (8 EA per 30 days); Age (Min 2 Years) |
| <i>eua patient assessment</i> | Tier 3 | |
| FASTEP COVID-19 AG HOME TEST KIT | Tier 3 | QL (8 EA per 30 days); Age (Min 2 Years) |
| FLOWFLEX COVID-19 AG HOME TEST KIT | Tier 3 | QL (8 EA per 30 days); Age (Min 2 Years) |
| GENABIO COVID-19 RAPID AT-HOME KIT | Tier 3 | QL (8 EA per 30 days); Age (Min 2 Years) |
| IHEALTH COVID-19 AG HOME TEST KIT | Tier 3 | QL (8 EA per 30 days); Age (Min 2 Years) |
| INDICAID COVID-19 AG HOME TEST KIT | Tier 3 | QL (8 EA per 30 days); Age (Min 2 Years) |
| INTELISWAB COVID-19 HOME TEST KIT | Tier 3 | QL (8 EA per 30 days); Age (Min 2 Years) |
| LUCIRA CHECK-IT COVID HOME TST KIT | Tier 3 | QL (8 EA per 30 days); Age (Min 2 Years) |
| ON-GO COVID-19 AG AT HOME TEST KIT | Tier 3 | QL (8 EA per 30 days); Age (Min 2 Years) |
| PILOT COVID-19 AT-HOME TEST KIT | Tier 3 | QL (8 EA per 30 days); Age (Min 2 Years) |
| QUICKVUE AT-HOME COVID-19 TEST KIT | Tier 3 | QL (8 EA per 30 days); Age (Min 2 Years) |
| Diluent Solutions | | |
| DILUENT FOR ROTARIX ORAL SYRINGE | Tier 3 | |
| DILUTING MEDIUM FOR NOVOLOG INJECTION SOLUTION | Tier 3 | |
| STERILE HYDROGEL FOR JELMYTO INTRA-PYELOCALYCEAL SOLUTION | Tier 3 | |
| Drugs To Treat Hereditary Tyrosinemia | | |
| <i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i> (Orfadin) | Tier 4 | PA; SP |
| NITYR ORAL TABLET 10 MG, 2 MG, 5 MG | Tier 4 | PA; SP |
| ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG (nitisinone) | Tier 4 | PA; SP |
| ORFADIN ORAL CAPSULE 20 MG | Tier 4 | PA; SP |
| ORFADIN ORAL SUSPENSION 4 MG/ML | Tier 4 | PA; SP |
| Drugs To Tx Gaucher Dx-Type 1, Substrate Reducing | | |
| CERDELGA ORAL CAPSULE 84 MG | Tier 4 | PA; SP |
| <i>miglustat oral capsule 100 mg</i> (Zavesca) | Tier 4 | PA; SP |
| Environment Allergens And Irritants, Other | | |
| T.R.U.E. TEST ALLERGEN TOPICAL ADHESIVE PATCH,MEDICATED | Tier 3 | |

| Drug | Status | Notes |
|---|--------|-------|
| General Anesthetics - Benzodiazepine, Injectable | | |
| <i>midazolam (pf) injection solution 5 mg/ml</i> | Tier 1 | |
| <i>midazolam injection solution 5 mg/ml</i> | Tier 1 | |
| General Anesthetics, Inhalant | | |
| <i>desflurane inhalation liquid 100 %</i> (Suprane) | Tier 1 | |
| <i>isoflurane inhalation liquid 99.9 %</i> (Terrell) | Tier 1 | |
| <i>sevoflurane inhalation liquid</i> (Ultane) | Tier 1 | |
| SUPRANE INHALATION LIQUID 100 % (desflurane) | Tier 3 | |
| TERRELL INHALATION LIQUID 99.9 % (isoflurane) | Tier 1 | |
| General Inhalation Agents | | |
| HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 % | Tier 3 | |
| NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 % (sodium chloride) | Tier 1 | |
| NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 % | Tier 3 | |
| <i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %</i> | Tier 1 | |
| <i>sodium chloride inhalation solution for nebulization 3 %</i> (NebuSal) | Tier 1 | |
| <i>sodium chloride inhalation solution for nebulization 7 %</i> (Hyper-Sal) | Tier 1 | |
| Homeopathic Drugs | | |
| AURUMHEEL ORAL DROPS | Tier 3 | |
| CANTHARIS COMPOSITUM ORAL DROPS | Tier 3 | |
| CRALONIN ORAL DROPS | Tier 3 | |
| EYE ORAL TABLET, SOLUBLE | Tier 3 | |
| LAMIOFLUR ORAL DROPS | Tier 3 | |
| PLANTAGO-HOMACCORD ORAL DROPS | Tier 3 | |
| POPULUS COMPOSITUM ORAL DROPS | Tier 3 | |
| PSORINOHEEL ORAL DROPS | Tier 3 | |
| RENEEL ORAL TABLET, SOLUBLE | Tier 3 | |
| SABAL-HOMACCORD ORAL DROPS | Tier 3 | |
| SYZYGIIUM COMPOSITUM ORAL DROPS | Tier 3 | |
| VERTIGOHEEL ORAL DROPS | Tier 3 | |
| VERTIGOHEEL ORAL TABLET, SOLUBLE | Tier 3 | |
| Metabolic Deficiency Agents | | |
| <i>betaine oral powder 1 gram/scoop</i> (Cystadane) | Tier 4 | SP |

| Drug | Status | Notes |
|--|--------|--------|
| CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML (levocarnitine) | Tier 3 | |
| CYSTADANE ORAL POWDER 1 GRAM/SCOOP (betaine) | Tier 4 | SP |
| <i>levocarnitine (with sugar) oral solution 100 mg/ml</i> (Carnitor) | Tier 1 | |
| <i>levocarnitine oral solution 100 mg/ml</i> (Carnitor (sugar-free)) | Tier 1 | |
| <i>levocarnitine oral tablet 330 mg</i> (Carnitor) | Tier 1 | |
| Metabolic Disease Enzyme Replace, Hypophosphatasia | | |
| STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML | Tier 4 | PA; SP |
| Metabolic Disease Enzyme Replacement, Gaucher's Dx | | |
| ELELYSO INTRAVENOUS RECON SOLN 200 UNIT | Tier 4 | PA; SP |
| Metabolic Dx Enzyme Replace, Mucopolysaccharidosis | | |
| MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML | Tier 4 | PA; SP |
| Metabolic Dx Enzyme Replacemt, Sev. Comb. Immune Def. | | |
| REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML) | Tier 4 | PA; SP |
| Metallic Poison, Agents To Treat | | |
| CHEMET ORAL CAPSULE 100 MG | Tier 3 | |
| <i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i> (Jadenu Sprinkle) | Tier 4 | PA; SP |
| <i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i> (Jadenu) | Tier 4 | PA; SP |
| <i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i> (Exjade) | Tier 4 | PA; SP |
| <i>deferiprone oral tablet 1,000 mg, 500 mg</i> (Ferriprox) | Tier 4 | PA; SP |
| <i>deferoxamine injection recon soln 2 gram</i> | Tier 1 | PA |
| <i>deferoxamine injection recon soln 500 mg</i> (Desferal) | Tier 1 | PA |
| GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC) | Tier 3 | |
| RADIOGARDASE ORAL CAPSULE 0.5 GRAM | Tier 3 | |
| <i>trientine oral capsule 250 mg</i> (Syprine) | Tier 4 | PA; SP |
| WILZIN ORAL CAPSULE 25 MG (ZINC) | Tier 3 | |
| Muscarinic Receptor Antagonists | | |
| ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML | Tier 3 | |

| Drug | Status | Notes |
|--|--------|-------|
| Needles/Needleless Devices | | |
| BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16" | Tier 2 | |
| BD FILTER NEEDLE-5 MICRON (filter needles) NEEDLE 19 X 1 1/2 " | Tier 3 | |
| BD NANO 2ND GEN PEN NEEDLE (pen needle, diabetic) NEEDLE 32 GAUGE X 5/32" | Tier 2 | |
| BD ULTRA-FINE MICRO PEN NEEDLE (pen needle, diabetic) NEEDLE 32 GAUGE X 1/4" | Tier 2 | |
| BD ULTRA-FINE MINI PEN NEEDLE (pen needle, diabetic) NEEDLE 31 GAUGE X 3/16" | Tier 2 | |
| BD ULTRA-FINE NANO PEN NEEDLE (pen needle, diabetic) NEEDLE 32 GAUGE X 5/32" | Tier 2 | |
| BD ULTRA-FINE ORIG PEN NEEDLE (pen needle, diabetic) NEEDLE 29 GAUGE X 1/2" | Tier 2 | |
| BD ULTRA-FINE SHORT PEN NEEDLE (pen needle, diabetic) NEEDLE 31 GAUGE X 5/16" | Tier 2 | |
| <i>blunt needle, disposable needle 18 x 1 1/2 "</i> | Tier 3 | |
| ECLIPSE NEEDLE NEEDLE 23 GAUGE X 1", 25 GAUGE X 5/8" | Tier 3 | |
| <i>filter needles needle 19 x 1 "</i> | Tier 3 | |
| <i>filter needles needle 19 x 1 1/2 "</i> (BD Filter Needle-5 Micron) | Tier 3 | |
| MAGELLAN SAFETY NEEDLE NEEDLE 23 GAUGE X 5/8" | Tier 3 | |
| MONOJECT BLOOD COLLECTION NEEDLE 20 GAUGE X 1", 20 X 1 1/2 ", 21 GAUGE X 1", 22 GAUGE X 1" | Tier 3 | |
| MONOJECT HYPODERMIC NEEDLES NEEDLE 22 GAUGE X 1 1/2", 22 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1 1/2", 27 GAUGE X 1/2", 30 GAUGE X 3/4" | Tier 3 | |
| MONOJECT HYPODERMIC NEEDLES (needle (disp) 23 gauge) NEEDLE 23 GAUGE X 1" | Tier 3 | |
| PHASEAL PROTECTOR DEVICE 13 MM, 20 MM, 28 MM | Tier 3 | |
| <i>safety needles needle 18 gauge x 1 1/2"</i> (SurGuard2 Safety) | Tier 3 | |
| SURGUARD2 SAFETY NEEDLE 18 GAUGE X 1 1/2" | Tier 3 | |

| Drug | Status | Notes |
|---|--------|--------|
| SURGUARD2 SAFETY NEEDLE 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2", 30 GAUGE X 1 1/2" | Tier 3 | |
| Ointment/Cream Bases | | |
| RADIAGEL TOPICAL GEL | Tier 3 | |
| Oral Lipid Supplements | | |
| DOJOLVI ORAL LIQUID 8.3 KCAL/ML | Tier 4 | PA; SP |
| Oral Mucositis/Stomatitis Agents | | |
| GELX MUCOUS MEMBRANE GEL | Tier 3 | |
| ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH | Tier 3 | |
| Saliva Stimulant Agents | | |
| NUMOISYN MUCOUS MEMBRANE LOZENGE 0.3 GRAM | Tier 3 | |
| Saliva Substitute Agents | | |
| NUMOISYN MUCOUS MEMBRANE LIQUID | Tier 3 | |
| Sexual Dysfunction Devices | | |
| RAPPORT VACUUM THERAPY KIT | Tier 3 | |
| Skin Tissue Replacement | | |
| APLIGRAF TOPICAL DISK | Tier 3 | |
| DERMAGRAFT TOPICAL SHEET 2 X 3 " | Tier 3 | |
| EPIFIX AMNIOTIC MEMBRANE TOPICAL SHEET 14 MM, 2 X 3 CM, 4 X 4 CM, 5 X 6 CM, 7 X 7 CM | Tier 3 | |
| GRAFIX CORE TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM | Tier 3 | |
| GRAFIX PRIME TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM | Tier 3 | |
| GRAFIX XC TOPICAL SHEET 7.5 X 15 CM | Tier 3 | |
| STRATAGRAFT TOPICAL SHEET 8 CM X 12.5 CM | Tier 3 | |
| STRAVIX TOPICAL SHEET 2 X 4 CM, 3 X 6 CM | Tier 3 | |
| TRUSKIN TOPICAL SHEET 2 X 4 CM, 4 X 8 CM | Tier 3 | |

| Drug | Status | Notes |
|--|--------|------------------------|
| Solvents | | |
| <i>isopropyl alcohol solution 70 %</i> (Alcohol, Rubbing) | Tier 3 | |
| <i>isopropyl alcohol solution 91 %, 99 %</i> | Tier 3 | |
| MURI-LUBE OIL | Tier 3 | |
| Somatostatic Agents | | |
| MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG | Tier 4 | PA; SP |
| <i>octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml</i> | Tier 4 | SP |
| <i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i> (Sandostatin) | Tier 4 | SP |
| <i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i> | Tier 4 | SP |
| SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) | Tier 4 | PA; SP |
| Support Hosiery | | |
| T.E.D. ANTI-EMBOLISM STOCKING | Tier 3 | |
| T.E.D. KNEE LENGTH-M-LONG | Tier 3 | |
| T.E.D. KNEE LENGTH-S-REGULAR | Tier 3 | |
| Suspending Agents | | |
| GELFILM IMPLANT FILM | Tier 3 | |
| <i>hydroxypropyl cellulose powder</i> | Tier 3 | |
| <i>hypromellose powder</i> (Methocel E 4 M) | Tier 3 | |
| Tissue/Wound Adhesives | | |
| ARTISS TOPICAL SYRINGE 2.5 TO 6.5 UNIT/ML (10ML), 2.5 TO 6.5 UNIT/ML (2 ML), 2.5 TO 6.5 UNIT/ML (4 ML) | Tier 3 | |
| TISSEEL VHSD (APROTININ, SYN) TOPICAL KIT 10 ML, 2 ML, 4 ML | Tier 3 | |
| TISSEEL VHSD (APROTININ, SYN) TOPICAL SYRINGE 10 ML, 2 ML, 4 ML | Tier 3 | |
| Urine Acetone Test Aids | | |
| KETONE CARE STRIP | Tier 3 | QL (50 EA per 30 days) |
| KETONE URINE TEST STRIP | Tier 3 | QL (50 EA per 30 days) |
| KETOSTIX STRIP | Tier 3 | QL (50 EA per 30 days) |
| TRUEPLUS KETONE STRIP | Tier 3 | QL (50 EA per 30 days) |
| Urine Multiple Test Aids | | |
| CHEK-STIX CONTROL STRIP | Tier 3 | QL (50 EA per 30 days) |
| CHEMSTRIP 10 MD STRIP | Tier 3 | QL (50 EA per 30 days) |
| CHEMSTRIP 10/SG STRIP | Tier 3 | QL (50 EA per 30 days) |

| Drug | Status | Notes |
|--|--------|--|
| CHEMSTRIP 2 GP STRIP | Tier 3 | QL (50 EA per 30 days) |
| CHEMSTRIP 50B STRIP | Tier 3 | QL (50 EA per 30 days) |
| CHEMSTRIP 7 STRIP | Tier 3 | QL (50 EA per 30 days) |
| CHEMSTRIP 9 STRIP | Tier 3 | QL (50 EA per 30 days) |
| COMBISTIX REAGENT STRIP | Tier 3 | QL (50 EA per 30 days) |
| HEMA-COMBISTIX STRIP | Tier 3 | QL (50 EA per 30 days) |
| LABSTIX REAGENT STRIP | Tier 3 | QL (50 EA per 30 days) |
| MULTISTIX 10 SG STRIP | Tier 3 | QL (50 EA per 30 days) |
| MULTISTIX 5 STRIP | Tier 3 | QL (50 EA per 30 days) |
| MULTISTIX 7 STRIP | Tier 3 | QL (50 EA per 30 days) |
| MULTISTIX 8 SG STRIP | Tier 3 | QL (50 EA per 30 days) |
| MULTISTIX 9 SG STRIP | Tier 3 | QL (50 EA per 30 days) |
| MULTISTIX 9 STRIP | Tier 3 | QL (50 EA per 30 days) |
| MULTISTIX STRIP | Tier 3 | QL (50 EA per 30 days) |
| URISTIX 4 STRIP | Tier 3 | QL (50 EA per 30 days) |
| URISTIX REAGENT STRIP | Tier 3 | QL (50 EA per 30 days) |
| Vaccine Adjuvants | | |
| SHINGRIX ADJUVANT COMPONENT-PF INTRAMUSCULAR SUSPENSION | Tier 3 | QL (2 ML per 1 LIFETIME); Age (Min 50 Years) |
| Vehicles | | |
| <i>citric acid (bulk) powder</i> | Tier 3 | |
| Other Respiratory Disorders | | |
| Antifibrotic Therapy - Pyridone Analogs | | |
| ESBRIET ORAL CAPSULE 267 MG | Tier 4 | PA; SP |
| <i>pirfenidone oral tablet 267 mg, 801 mg</i> (Esbriet) | Tier 4 | PA; SP |
| <i>pirfenidone oral tablet 534 mg</i> | Tier 4 | PA; SP |
| Cystic Fib. Transmemb Conduct. Reg. (Cftr) Potentiator | | |
| KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG | Tier 4 | PA; SP |
| KALYDECO ORAL TABLET 150 MG | Tier 4 | PA; SP |
| Cystic Fibrosis-Cftr Potentiator & Corrector Comb. | | |
| ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG | Tier 4 | PA; SP |
| ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG | Tier 4 | PA; SP |
| SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N) | Tier 4 | PA; SP |

| Drug | Status | Notes |
|--|--------|---|
| TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N) | Tier 4 | PA; SP |
| Lung Surfactants | | |
| CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5 ML, 240 MG/3 ML | Tier 3 | |
| INFASURF INTRATRACHEAL SUSPENSION 35 MG/ML | Tier 3 | |
| SURVANTA INTRATRACHEAL SUSPENSION 25 MG/ML | Tier 3 | |
| Mucolytics | | |
| <i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i> | Tier 1 | |
| PULMOZYME INHALATION SOLUTION 1 MG/ML | Tier 4 | PA; SP |
| Pulmonary Fibrosis - Systemic Enzyme Inhibitors | | |
| OFEV ORAL CAPSULE 100 MG, 150 MG | Tier 4 | PA; SP |
| Pain Management - Analgesics | | |
| Analgesic, Non-Salicylate & Barbiturate Comb. | | |
| <i>butalbital-acetaminophen oral tablet 50-300 mg</i> (Bupap) | Tier 1 | ST: Requires prior prescription for Butalbital/acetaminophen 50mg-325mg combination product within the past 120 days; QL (6 EA per 1 day) |
| <i>butalbital-acetaminophen oral tablet 50-325 mg</i> (Tencon) | Tier 1 | |
| TENCON ORAL TABLET 50-325 MG (butalbital-acetaminophen) | Tier 1 | |
| Analgesic, Salicylate, Barbiturate, & Xanthine Cmb | | |
| <i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i> | Tier 1 | |
| <i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i> | Tier 1 | |
| Analgesic, Non-Salicylate, Barbiturate, & Xanthine Cmb | | |
| <i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg</i> (Fioricet) | Tier 1 | |
| <i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i> (Zebutal) | Tier 1 | |
| <i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i> (Esgic) | Tier 1 | |
| FIORICET ORAL CAPSULE 50-300-40 MG (butalbital-acetaminophen-caff) | Tier 1 | |

| Drug | | Status | Notes |
|---|---------------------------------|--------|--|
| ZEBUTAL ORAL CAPSULE 50-325-40 MG | (butalbital-acetaminophen-caff) | Tier 1 | |
| Analgesic/Antipyretics, Salicylates | | | |
| <i>aspirin oral tablet 325 mg</i> | (Bayer Aspirin) | \$0 | |
| <i>aspirin oral tablet, delayed release (dr/ec) 325 mg</i> | (Aspir-Trin) | \$0 | |
| ASPIR-TRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG | (aspirin) | \$0 | |
| BAYER ASPIRIN ORAL TABLET 325 MG | (aspirin) | \$0 | |
| BAYER ASPIRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG | (aspirin) | \$0 | |
| <i>choline, magnesium salicylate oral liquid 500 mg/5 ml</i> | | Tier 1 | |
| <i>diflunisal oral tablet 500 mg</i> | | Tier 1 | |
| ECOTRIN ORAL TABLET, DELAYED RELEASE (DR/EC) 325 MG | (aspirin) | \$0 | |
| <i>salsalate oral tablet 500 mg, 750 mg</i> | (Disalcid) | Tier 1 | |
| Analgesics, Narcotic Agonist And Nsaid Combination | | | |
| <i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i> | | Tier 1 | |
| Analgesics, Narcotics | | | |
| BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG | (buprenorphine hcl) | Tier 3 | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day) |
| <i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i> | | Tier 1 | |
| BUPRENEX INJECTION SOLUTION 0.3 MG/ML | (buprenorphine hcl) | Tier 3 | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription |
| <i>buprenorphine hcl injection solution 0.3 mg/ml</i> | (Buprenex) | Tier 1 | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription |
| <i>buprenorphine hcl injection syringe 0.3 mg/ml</i> | | Tier 1 | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription |
| <i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i> | (Butrans) | Tier 1 | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 28 days) |

| Drug | Status | Notes |
|---|---------------|---|
| <i>butorphanol injection solution 1 mg/ml, 2 mg/ml</i> | Tier 1 | |
| <i>butorphanol nasal spray,non-aerosol 10 mg/ml</i> | Tier 1 | |
| <i>codeine sulfate oral tablet 15 mg, 30 mg</i> | Tier 1 | QL (12 EA per 1 day); Age (Min 12 Years) |
| <i>codeine sulfate oral tablet 60 mg</i> | Tier 1 | QL (6 EA per 1 day); Age (Min 12 Years) |
| DEMEROL (PF) INJECTION SYRINGE 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML | Tier 3 | |
| DILAUDID (PF) INJECTION SYRINGE 0.5 MG/0.5 ML | Tier 3 | |
| DILAUDID (PF) INJECTION SYRINGE 1 (hydromorphone (pf)) MG/ML, 2 MG/ML, 4 MG/ML | Tier 3 | |
| <i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i> (Actiq) | Tier 1 | PA |
| <i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour</i> | Tier 1 | PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 3 days) |
| <i>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i> | Tier 1 | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day) |
| <i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i> (Hysingla ER) | Tier 1 | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day) |
| <i>hydromorphone oral liquid 1 mg/ml</i> (Dilaudid) | Tier 1 | |
| <i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid) | Tier 1 | |
| <i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 8 mg</i> | Tier 1 | PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day) |
| <i>hydromorphone oral tablet extended release 24 hr 32 mg</i> | Tier 1 | PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day) |
| <i>hydromorphone rectal suppository 3 mg</i> | Tier 1 | |

| Drug | Status | Notes |
|--|--------|---|
| HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (hydrocodone bitartrate) | Tier 2 | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day) |
| <i>levorphanol tartrate oral tablet 2 mg</i> | Tier 1 | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription |
| <i>meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i> | Tier 1 | |
| <i>meperidine injection cartridge 10 mg/ml</i> | Tier 1 | |
| <i>meperidine oral solution 50 mg/5 ml</i> | Tier 1 | QL (30 ML per 1 day) |
| <i>meperidine oral tablet 50 mg</i> | Tier 1 | QL (6 EA per 1 day) |
| <i>methadone injection solution 10 mg/ml</i> | Tier 1 | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 ML per 1 day) |
| METHADONE INTENSOL ORAL CONCENTRATE 10 MG/ML (methadone) | Tier 1 | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 ML per 1 day) |
| <i>methadone oral concentrate 10 mg/ml</i> (Methadone Intensol) | Tier 1 | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 ML per 1 day) |
| <i>methadone oral solution 10 mg/5 ml</i> | Tier 1 | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (20 ML per 1 day) |
| <i>methadone oral solution 5 mg/5 ml</i> | Tier 1 | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (40 ML per 1 day) |
| <i>methadone oral tablet 10 mg</i> | Tier 1 | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day) |
| <i>methadone oral tablet 5 mg</i> | Tier 1 | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (8 EA per 1 day) |

| Drug | Status | Notes |
|--|--------|--|
| <i>methadone oral tablet, soluble 40 mg</i> (Methadose) | Tier 1 | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day) |
| METHADOSE ORAL TABLET, SOLUBLE 40 MG (methadone) | Tier 1 | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day) |
| <i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i> | Tier 1 | PA |
| <i>morphine intramuscular pen injector 10 mg/0.7 ml</i> | Tier 1 | |
| <i>morphine oral capsule, er multiphase 24 hr 120 mg</i> | Tier 1 | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day) |
| <i>morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i> | Tier 1 | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day) |
| <i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i> | Tier 1 | |
| <i>morphine oral tablet 15 mg, 30 mg</i> | Tier 2 | |
| <i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i> (MS Contin) | Tier 1 | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day) |
| <i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i> | Tier 1 | |
| <i>nalbuphine injection solution 10 mg/ml, 20 mg/ml</i> | Tier 1 | |
| NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG | Tier 2 | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day) |
| NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG | Tier 2 | QL (6 EA per 1 day) |
| OXAYDO ORAL TABLET, ORAL ONLY 5 MG, 7.5 MG | Tier 3 | |
| <i>oxycodone oral capsule 5 mg</i> | Tier 1 | |
| <i>oxycodone oral concentrate 20 mg/ml</i> | Tier 1 | PA |
| <i>oxycodone oral solution 5 mg/5 ml</i> | Tier 1 | |
| <i>oxycodone oral tablet 10 mg, 20 mg, 5 mg</i> | Tier 1 | |

| Drug | Status | Notes |
|--|--------|--|
| <i>oxycodone oral tablet 15 mg, 30 mg</i> (Roxicodone) | Tier 1 | |
| <i>oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 20 mg, 40 mg</i> (OxyContin) | Tier 1 | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day) |
| <i>oxycodone oral tablet,oral only,ext.rel.12 hr 80 mg</i> (OxyContin) | Tier 1 | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day) |
| OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG (oxycodone) | Tier 2 | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day) |
| OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG (oxycodone) | Tier 2 | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day) |
| <i>oxymorphone oral tablet 10 mg, 5 mg</i> | Tier 1 | |
| <i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i> | Tier 1 | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day) |
| <i>oxymorphone oral tablet extended release 12 hr 30 mg, 40 mg</i> | Tier 1 | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day) |
| <i>pentazocine-naloxone oral tablet 50-0.5 mg</i> | Tier 1 | |
| QDOLO ORAL SOLUTION 5 MG/ML (tramadol) | Tier 3 | PA |
| ROXYBOND ORAL TABLET, ORAL ONLY 15 MG, 30 MG, 5 MG | Tier 3 | |
| <i>tramadol oral solution 5 mg/ml</i> (Qdolo) | Tier 1 | PA |
| <i>tramadol oral tablet 50 mg</i> | Tier 1 | QL (8 EA per 1 day); Age (Min 12 Years) |
| <i>tramadol oral tablet extended release 24 hr 100 mg</i> | Tier 1 | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years) |
| <i>tramadol oral tablet extended release 24 hr 200 mg, 300 mg</i> | Tier 1 | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years) |

| Drug | Status | Notes |
|--|------------|--|
| <i>tramadol oral tablet, er multiphase 24 hr</i> 100 mg | Tier 1 | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years) |
| <i>tramadol oral tablet, er multiphase 24 hr</i> 200 mg, 300 mg | Tier 1 | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years) |
| XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG | Tier 3 | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day) |
| XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG | Tier 3 | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day) |
| XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG | Tier 3 | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (8 EA per 1 day) |
| Antimigraine Preparations | | |
| AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML | Tier 2 | PA |
| <i>almotriptan malate oral tablet 12.5 mg,</i> <i>6.25 mg</i> | Tier 1 | ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 EA per 30 days) |
| <i>dihydroergotamine injection solution 1</i> <i>mg/ml</i> | Tier 1 | QL (15 ML per 14 days) |
| <i>dihydroergotamine nasal spray,non-</i> <i>aerosol 0.5 mg/pump act. (4 mg/ml)</i> | (Migranal) | Tier 1 ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (8 ML per 28 days) |
| <i>eletriptan oral tablet 20 mg, 40 mg</i> | (Relpax) | Tier 1 ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 EA per 30 days) |
| ELYXYB ORAL SOLUTION 120 MG/4.8 ML (25 MG/ML) | Tier 3 | PA |

| Drug | Status | Notes |
|--|--------|--|
| EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML | Tier 2 | PA |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML | Tier 2 | PA |
| ERGOMAR SUBLINGUAL TABLET 2 MG | Tier 3 | QL (10 EA per 7 days) |
| <i>ergotamine-caffeine oral tablet 1-100 mg</i> | Tier 1 | QL (10 EA per 7 days) |
| <i>frovatriptan oral tablet 2.5 mg</i> (Frova) | Tier 1 | ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (18 EA per 30 days) |
| MIGERGOT RECTAL SUPPOSITORY 2-100 MG | Tier 2 | QL (5 EA per 7 days) |
| <i>naratriptan oral tablet 1 mg, 2.5 mg</i> | Tier 1 | QL (18 EA per 30 days) |
| NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG | Tier 2 | PA |
| QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG | Tier 2 | PA |
| REYVOW ORAL TABLET 100 MG, 50 MG | Tier 2 | PA |
| <i>rizatriptan oral tablet 10 mg</i> (Maxalt) | Tier 1 | QL (18 EA per 30 days) |
| <i>rizatriptan oral tablet 5 mg</i> | Tier 1 | QL (18 EA per 30 days) |
| <i>rizatriptan oral tablet, disintegrating 10 mg</i> (Maxalt-MLT) | Tier 1 | QL (18 EA per 30 days) |
| <i>rizatriptan oral tablet, disintegrating 5 mg</i> | Tier 1 | QL (18 EA per 30 days) |
| <i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i> (Imitrex) | Tier 1 | QL (6 EA per 15 days) |
| <i>sumatriptan succinate oral tablet 100 mg</i> (Imitrex) | Tier 1 | QL (9 EA per 30 days) |
| <i>sumatriptan succinate oral tablet 25 mg, 50 mg</i> (Imitrex) | Tier 1 | QL (3 EA per 5 days) |
| <i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Refill) | Tier 1 | QL (4 ML per 28 days) |
| <i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Pen) | Tier 1 | QL (4 ML per 28 days) |
| <i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i> (Imitrex) | Tier 1 | QL (5 ML per 28 days) |
| <i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i> | Tier 1 | QL (4 ML per 28 days) |
| TRUDHESA NASAL SPRAY, NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML) | Tier 3 | ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 ML per 28 days); Age (Min 18 Years) |

| Drug | Status | Notes |
|---|--------|--|
| UBRELVY ORAL TABLET 100 MG, 50 MG | Tier 2 | PA |
| <i>zolmitriptan nasal spray,non-aerosol 2.5 mg</i> (Zomig) | Tier 1 | ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 EA per 30 days) |
| <i>zolmitriptan nasal spray,non-aerosol 5 mg</i> (Zomig) | Tier 1 | ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (6 EA per 15 days) |
| <i>zolmitriptan oral tablet 2.5 mg, 5 mg</i> (Zomig) | Tier 1 | ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 EA per 30 days) |
| <i>zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg</i> | Tier 1 | ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 EA per 30 days) |
| Calcitonin Gene-Related Peptide (Cgrp) Inhibitors | | |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3) | Tier 2 | PA |
| Narc.& Non-Sal.Analgesic,Barbiturate &Xanthine Cmb | | |
| <i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg</i> (Fioricet with Codeine) | Tier 1 | QL (6 EA per 1 day); Age (Min 12 Years) |
| <i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i> | Tier 1 | QL (6 EA per 1 day); Age (Min 12 Years) |
| Narcotic & Salicylate Analgesics, Barb.& Xanthine | | |
| ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG (codeine-butalbital-asa-caff) | Tier 1 | QL (6 EA per 1 day); Age (Min 12 Years) |
| BUTALBITAL COMPOUND W/CODEINE ORAL CAPSULE 30-50-325-40 MG (codeine-butalbital-asa-caff) | Tier 1 | QL (6 EA per 1 day); Age (Min 12 Years) |
| <i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i> (Ascomp with Codeine) | Tier 1 | QL (6 EA per 1 day); Age (Min 12 Years) |
| Narcotic Analgesic & Non-Salicylate Analgesic Comb | | |
| <i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml</i> | Tier 1 | QL (150 ML per 1 day); Age (Min 12 Years) |

| Drug | Status | Notes |
|---|--------|--|
| acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg | Tier 1 | QL (12 EA per 1 day); Age (Min 12 Years) |
| acetaminophen-codeine oral tablet 300-60 mg | Tier 1 | QL (6 EA per 1 day); Age (Min 12 Years) |
| APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG (benzhydrocodone-acetaminophen) | Tier 3 | ST: Requires prior prescription for Hydrocodone/acetaminophen within the past 120 days; QL (12 EA per 1 day) |
| benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg (Apadaz) | Tier 1 | ST: Requires prior prescription for Hydrocodone/acetaminophen within the past 120 days; QL (12 EA per 1 day) |
| ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG (oxycodone-acetaminophen) | Tier 1 | QL (12 EA per 1 day) |
| hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml | Tier 1 | QL (184 ML per 1 day) |
| hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg | Tier 1 | QL (13 EA per 1 day) |
| hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg | Tier 1 | QL (12 EA per 1 day) |
| LORTAB ELIXIR ORAL SOLUTION 10-300 MG/15 ML | Tier 3 | QL (200 ML per 1 day) |
| oxycodone-acetaminophen oral solution 5-325 mg/5 ml | Tier 1 | QL (61 ML per 1 day) |
| oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg (Endocet) | Tier 1 | QL (12 EA per 1 day) |
| tramadol-acetaminophen oral tablet 37.5-325 mg | Tier 1 | QL (10 EA per 1 day); Age (Min 12 Years) |
| Narcotic Withdrawal Therapy Agents | | |
| buprenorphine hcl sublingual tablet 2 mg, 8 mg | Tier 1 | QL (3 EA per 1 day) |
| buprenorphine-naloxone sublingual film 12-3 mg, 8-2 mg (Suboxone) | Tier 1 | QL (2 EA per 1 day) |
| buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg (Suboxone) | Tier 1 | QL (1 EA per 1 day) |
| buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg | Tier 1 | QL (3 EA per 1 day) |
| SUBOXONE SUBLINGUAL FILM 12-3 MG, 8-2 MG (buprenorphine-naloxone) | Tier 3 | QL (2 EA per 1 day) |
| SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG (buprenorphine-naloxone) | Tier 3 | QL (1 EA per 1 day) |
| ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG | Tier 2 | QL (1 EA per 1 day) |
| ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG | Tier 2 | QL (2 EA per 1 day) |

| Drug | Status | Notes |
|--|--------|---|
| Opioid Withdrawal Ther, Alpha-2 Adrenergic Agonist | | |
| LUCEMYRA ORAL TABLET 0.18 MG | Tier 3 | PA |
| Skeletal Muscle Relaxant,Salicylate,Narc Analgesic | | |
| <i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i> | Tier 1 | QL (8 EA per 1 day); Age (Min 12 Years) |
| Parkinsons Disease | | |
| Antiparkinsonism Drugs,Anticholinergic | | |
| <i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i> | Tier 1 | |
| <i>trihexyphenidyl oral elixir 0.4 mg/ml</i> | Tier 1 | |
| <i>trihexyphenidyl oral tablet 2 mg, 5 mg</i> | Tier 1 | |
| Antiparkinsonism Drugs,Other | | |
| <i>amantadine hcl oral capsule 100 mg</i> | Tier 1 | |
| <i>amantadine hcl oral solution 50 mg/5 ml</i> | Tier 1 | |
| <i>amantadine hcl oral tablet 100 mg</i> | Tier 1 | |
| APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML (apomorphine) | Tier 4 | PA; SP |
| <i>apomorphine subcutaneous cartridge 10 mg/ml</i> (APOKYN) | Tier 4 | PA; SP |
| <i>bromocriptine oral capsule 5 mg</i> (Parlodel) | Tier 1 | |
| <i>bromocriptine oral tablet 2.5 mg</i> (Parlodel) | Tier 1 | |
| <i>carbidopa-levodopa oral tablet 10-100 mg</i> (Sinemet) | Tier 1 | |
| <i>carbidopa-levodopa oral tablet 25-100 mg</i> (Dhivy) | Tier 1 | |
| <i>carbidopa-levodopa oral tablet 25-250 mg</i> | Tier 1 | |
| <i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i> | Tier 1 | |
| <i>carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i> | Tier 1 | |
| <i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg</i> (Stalevo 50) | Tier 1 | |
| <i>carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg</i> (Stalevo 75) | Tier 1 | |
| <i>carbidopa-levodopa-entacapone oral tablet 25-100-200 mg</i> (Stalevo 100) | Tier 1 | |
| <i>carbidopa-levodopa-entacapone oral tablet 31.25-125-200 mg</i> (Stalevo 125) | Tier 1 | |
| <i>carbidopa-levodopa-entacapone oral tablet 37.5-150-200 mg</i> (Stalevo 150) | Tier 1 | |
| <i>carbidopa-levodopa-entacapone oral tablet 50-200-200 mg</i> (Stalevo 200) | Tier 1 | |

| Drug | Status | Notes |
|--|---------------|--|
| DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML | Tier 4 | PA; SP |
| <i>entacapone oral tablet 200 mg</i> (Comtan) | Tier 1 | |
| INBRIJA INHALATION CAPSULE 42 MG | Tier 4 | PA; SP |
| INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG | Tier 4 | PA; SP |
| KYNMOBI SUBLINGUAL FILM 10 MG, 10-15-20-25-30 MG, 15 MG, 20 MG, 25 MG, 30 MG | Tier 4 | PA; SP |
| NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR | Tier 2 | ST: Requires prior prescription for immediate- release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day) |
| NOURIANZ ORAL TABLET 20 MG, 40 MG | Tier 3 | PA |
| ONGENTYS ORAL CAPSULE 25 MG, 50 MG | Tier 3 | PA |
| <i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i> (Mirapex) | Tier 1 | |
| <i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i> (Mirapex ER) | Tier 1 | ST: Requires prior prescription for immediate- release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day) |
| <i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect) | Tier 1 | QL (1 EA per 1 day) |
| <i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i> | Tier 1 | |
| <i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i> | Tier 1 | ST: Requires prior prescription for immediate- release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day) |
| <i>selegiline hcl oral capsule 5 mg</i> | Tier 1 | |
| <i>selegiline hcl oral tablet 5 mg</i> | Tier 1 | |
| <i>tolcapone oral tablet 100 mg</i> (Tasmar) | Tier 1 | ST: Requires prior prescription for Entacapone within the past 120 days; QL (3 EA per 1 day) |

| Drug | Status | Notes |
|--|--------|--|
| XADAGO ORAL TABLET 100 MG, 50 MG | Tier 3 | ST: Requires prior prescription for Carbidopa/levodopa, Duopa, or Rytary within the past 120 days; QL (1 EA per 1 day) |
| ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG | Tier 3 | ST: Requires prior prescription for Selegiline capsules or tablets within the past 120 days; QL (2 EA per 1 day) |
| Decarboxylase Inhibitors | | |
| <i>carbidopa oral tablet 25 mg</i> (Lodosyn) | Tier 1 | |
| Seizure Disorder | | |
| Anticonvulsant - Benzodiazepine Type | | |
| <i>clobazam oral suspension 2.5 mg/ml</i> (Onfi) | Tier 1 | QL (480 ML per 30 days) |
| <i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi) | Tier 1 | QL (2 EA per 1 day) |
| <i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Klonopin) | Tier 1 | |
| <i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> | Tier 1 | |
| <i>diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg</i> (Diastat AcuDial) | Tier 1 | |
| <i>diazepam rectal kit 2.5 mg</i> (Diastat) | Tier 1 | |
| NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML) | Tier 3 | QL (10 EA per 30 days) |
| SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG | Tier 3 | PA |
| VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) | Tier 3 | QL (10 EA per 30 days) |
| Anticonvulsant - Cannabinoid Type | | |
| EPIDIOLEX ORAL SOLUTION 100 MG/ML | Tier 4 | SP; ST: At least 2 prior prescriptions for Clobazam, Lamotrigine, Levetiracetam, Topiramate, Valproic Acid (as Sodium Salt), or Valproic Acid within the past 365 days |
| Anticonvulsants | | |

| Drug | Status | Notes |
|--|--------|--|
| APTIOM ORAL TABLET 200 MG, 400 MG | Tier 3 | ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide within the past 365 days; QL (1 EA per 1 day) |
| APTIOM ORAL TABLET 600 MG, 800 MG | Tier 3 | ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide within the past 365 days; QL (2 EA per 1 day) |
| BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML | Tier 2 | SP |
| 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 oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> (Carbatrol) | Tier 1 | |
| <i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol) | Tier 1 | |
| <i>carbamazepine oral suspension 200 mg/10 ml</i> | Tier 1 | |
| <i>carbamazepine oral tablet 200 mg</i> (Epitol) | Tier 1 | |
| <i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR) | Tier 1 | |
| <i>carbamazepine oral tablet, chewable 100 mg</i> | Tier 1 | |
| CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (carbamazepine) | Tier 3 | |

| Drug | Status | Notes |
|--|--------|----------------------|
| CELONTIN ORAL CAPSULE 300 MG | Tier 3 | |
| DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG (divalproex) | Tier 3 | |
| DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG (divalproex) | Tier 3 | |
| DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG (divalproex) | Tier 3 | |
| DIACOMIT ORAL CAPSULE 250 MG, 500 MG | Tier 4 | PA; SP |
| DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG | Tier 4 | PA; SP |
| DILANTIN EXTENDED ORAL CAPSULE 100 MG (phenytoin sodium extended) | Tier 3 | |
| DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG (phenytoin) | Tier 3 | |
| DILANTIN ORAL CAPSULE 30 MG | Tier 2 | |
| DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML (phenytoin) | Tier 3 | |
| <i>divalproex oral capsule, delayed rel sprinkle 125 mg</i> (Depakote Sprinkles) | Tier 1 | |
| <i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER) | Tier 1 | |
| <i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i> (Depakote) | Tier 1 | |
| EPITOL ORAL TABLET 200 MG (carbamazepine) | Tier 1 | |
| EPRONTIA ORAL SOLUTION 25 MG/ML | Tier 3 | PA |
| <i>ethosuximide oral capsule 250 mg</i> (Zarontin) | Tier 1 | |
| <i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin) | Tier 1 | |
| <i>felbamate oral suspension 600 mg/5 ml</i> (Felbatol) | Tier 1 | QL (30 ML per 1 day) |
| <i>felbamate oral tablet 400 mg</i> (Felbatol) | Tier 1 | QL (9 EA per 1 day) |
| <i>felbamate oral tablet 600 mg</i> (Felbatol) | Tier 1 | QL (6 EA per 1 day) |
| FINTEPLA ORAL SOLUTION 2.2 MG/ML | Tier 4 | PA; SP |

| Drug | Status | Notes |
|--|--------|--|
| FYCOMPA ORAL SUSPENSION 0.5 MG/ML | Tier 3 | ST: At least 3 prior prescriptions for Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lacosamide, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, Vimpat, Zonisade, or Zonisamide within the past 365 days; QL (680 ML per 28 days) |
| FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG | Tier 3 | ST: At least 3 prior prescriptions for Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lacosamide, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, Vimpat, Zonisade, or Zonisamide within the past 365 days; QL (30 EA per 30 days) |
| FYCOMPA ORAL TABLET 2 MG | Tier 3 | ST: At least 3 prior prescriptions for Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lacosamide, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, Vimpat, Zonisade, or Zonisamide within the past 365 days; QL (120 EA per 30 days) |

| Drug | Status | Notes |
|--|--------|---|
| FYCOMPA ORAL TABLET 4 MG, 6 MG | Tier 3 | ST: At least 3 prior prescriptions for Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lacosamide, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, Vimpat, Zonisade, or Zonisamide within the past 365 days; QL (60 EA per 30 days) |
| <i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i> (Neurontin) | Tier 1 | |
| <i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin) | Tier 1 | |
| <i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i> | Tier 1 | |
| <i>gabapentin oral tablet 600 mg, 800 mg</i> (Neurontin) | Tier 1 | |
| <i>lacosamide intravenous solution 200 mg/20 ml</i> (Vimpat) | Tier 1 | SP |
| <i>lacosamide oral solution 10 mg/ml</i> (Vimpat) | Tier 1 | QL (1200 ML per 30 days) |
| <i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Vimpat) | Tier 1 | QL (2 EA per 1 day) |
| LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7) | Tier 3 | ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days |
| LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7) | Tier 3 | ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days |
| LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7) | Tier 3 | ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days |
| <i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Subvenite) | Tier 1 | |
| <i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7)</i> (Lamictal ODT Starter (Blue)) | Tier 1 | ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days |
| <i>lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)</i> (Lamictal ODT Starter (Orange)) | Tier 1 | ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days |

| Drug | Status | Notes |
|---|--------|---|
| <i>lamotrigine oral tablet disintegrating, dose pk 50 mg (42) -100 mg (14)</i> (Lamictal ODT Starter (Green)) | Tier 1 | ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days |
| <i>lamotrigine oral tablet extended release 24hr 100 mg</i> (Lamictal XR) | Tier 1 | ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (3 EA per 1 day) |
| <i>lamotrigine oral tablet extended release 24hr 200 mg, 250 mg, 300 mg</i> (Lamictal XR) | Tier 1 | ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (2 EA per 1 day) |
| <i>lamotrigine oral tablet extended release 24hr 25 mg, 50 mg</i> (Lamictal XR) | Tier 1 | ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (6 EA per 1 day) |
| <i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> (Lamictal) | Tier 1 | |
| <i>lamotrigine oral tablet, disintegrating 100 mg</i> (Lamictal ODT) | Tier 1 | ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (3 EA per 1 day) |
| <i>lamotrigine oral tablet, disintegrating 200 mg</i> (Lamictal ODT) | Tier 1 | ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (2 EA per 1 day) |
| <i>lamotrigine oral tablet, disintegrating 25 mg, 50 mg</i> (Lamictal ODT) | Tier 1 | ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (6 EA per 1 day) |
| <i>lamotrigine oral tablets, dose pack 25 mg (35)</i> (Subvenite Starter (Blue) Kit) | Tier 1 | |
| <i>lamotrigine oral tablets, dose pack 25 mg (42) -100 mg (7)</i> (Subvenite Starter (Orange) Kit) | Tier 1 | |
| <i>lamotrigine oral tablets, dose pack 25 mg (84) -100 mg (14)</i> (Subvenite Starter (Green) Kit) | Tier 1 | |
| <i>levetiracetam oral solution 100 mg/ml</i> (Keppra) | Tier 1 | |
| <i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> (Keppra) | Tier 1 | |
| <i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> (Keppra XR) | Tier 1 | |
| <i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> (Trileptal) | Tier 1 | |
| <i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal) | Tier 1 | |

| Drug | Status | Notes |
|--|-----------------------------|--|
| OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG | Tier 3 | ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, Zonisade, or Zonisamide within the past 365 days; QL (1 EA per 1 day) |
| OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG | Tier 3 | ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, Zonisade, or Zonisamide within the past 365 days; QL (4 EA per 1 day) |
| PHENYTEK ORAL CAPSULE 200 MG, 300 MG | (phenytoin sodium extended) | Tier 3 |
| <i>phenytoin oral suspension 100 mg/4 ml</i> | | Tier 1 |
| <i>phenytoin oral suspension 125 mg/5 ml</i> | (Dilantin-125) | Tier 1 |
| <i>phenytoin oral tablet, chewable 50 mg</i> | (Dilantin Infatabs) | Tier 1 |
| <i>phenytoin sodium extended oral capsule 100 mg</i> | (Dilantin Extended) | Tier 1 |
| <i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> | (Phenytek) | Tier 1 |
| <i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i> | (Lyrica) | Tier 1 |
| <i>pregabalin oral solution 20 mg/ml</i> | (Lyrica) | Tier 1 |
| <i>primidone oral tablet 250 mg, 50 mg</i> | (Mysoline) | Tier 1 |
| <i>rufinamide oral suspension 40 mg/ml</i> | (Banzel) | Tier 1 ST: At least 2 prior prescriptions for Clobazam, Clonazepam, Epidiolex, Felbamate, Lamotrigine, or Topiramate within the past 365 days; QL (80 ML per 1 day) |

| Drug | Status | Notes |
|--|--------|--|
| rufinamide oral tablet 200 mg (Banzel) | Tier 1 | ST: At least 2 prior prescriptions for Clobazam, Clonazepam, Epidiolex, Felbamate, Lamotrigine, or Topiramate within the past 365 days; QL (16 EA per 1 day) |
| rufinamide oral tablet 400 mg (Banzel) | Tier 1 | ST: At least 2 prior prescriptions for Clobazam, Clonazepam, Epidiolex, Felbamate, Lamotrigine, or Topiramate within the past 365 days; QL (8 EA per 1 day) |
| SABRIL ORAL TABLET 500 MG (vigabatrin) | Tier 4 | PA; SP |
| SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG | Tier 3 | ST: Requires prior prescription for Levetiracetam within the past 120 days; QL (2 EA per 1 day) |
| SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG | Tier 3 | ST: Requires prior prescription for Levetiracetam within the past 120 days; QL (4 EA per 1 day) |
| SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG (lamotrigine) | Tier 1 | |
| SUBVENITE STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35) (lamotrigine) | Tier 1 | |
| SUBVENITE STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14) (lamotrigine) | Tier 1 | |
| SUBVENITE STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7) (lamotrigine) | Tier 1 | |
| TEGRETOL ORAL SUSPENSION 100 MG/5 ML (carbamazepine) | Tier 3 | |
| TEGRETOL ORAL TABLET 200 MG (carbamazepine) | Tier 3 | |
| TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG (carbamazepine) | Tier 3 | |

| Drug | Status | Notes |
|--|--------|--|
| <i>tiagabine oral tablet 12 mg, 2 mg, 4 mg</i> (Gabitril) | Tier 1 | ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, Zonisade, or Zonisamide within the past 365 days; QL (4 EA per 1 day) |
| <i>tiagabine oral tablet 16 mg</i> (Gabitril) | Tier 1 | ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, Zonisade, or Zonisamide within the past 365 days; QL (3 EA per 1 day) |
| <i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax) | Tier 1 | |
| <i>topiramate oral capsule, sprinkle, er 24hr 100 mg, 25 mg, 50 mg</i> (Qudexy XR) | Tier 1 | ST: Requires prior prescription for Topiramate immediate release tablets/sprinkle capsules within the past 120 days; QL (1 EA per 1 day) |
| <i>topiramate oral capsule, sprinkle, er 24hr 150 mg, 200 mg</i> (Qudexy XR) | Tier 1 | ST: Requires prior prescription for Topiramate immediate release tablets/sprinkle capsules within the past 120 days; QL (2 EA per 1 day) |
| <i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax) | Tier 1 | |
| TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG | Tier 2 | QL (2 EA per 1 day) |
| TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 25 MG | Tier 2 | QL (8 EA per 1 day) |
| TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 50 MG | Tier 2 | QL (4 EA per 1 day) |

| Drug | Status | Notes |
|--|--------|---|
| <i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i> | Tier 1 | |
| <i>valproic acid oral capsule 250 mg</i> | Tier 1 | |
| <i>vigabatrin oral powder in packet 500 mg</i> (Vigadrone) | Tier 4 | PA; SP |
| <i>vigabatrin oral tablet 500 mg</i> (Sabril) | Tier 4 | PA; SP |
| VIGADRONE ORAL POWDER IN PACKET 500 MG (vigabatrin) | Tier 4 | PA; SP |
| VIMPAT INTRAVENOUS SOLUTION 200 MG/20 ML (lacosamide) | Tier 3 | SP |
| VIMPAT ORAL TABLETS,DOSE PACK 50 MG (14)- 100 MG (14) | Tier 2 | |
| XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1) | Tier 2 | ST: Requires prior prescription for Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide within the past 120 days; QL (1 EA per 1 day) |
| XCOPRI ORAL TABLET 100 MG, 150 MG, 50 MG | Tier 2 | ST: Requires prior prescription for Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide within the past 120 days; QL (1 EA per 1 day) |

| Drug | Status | Notes |
|--|--------|---|
| XCOPRI ORAL TABLET 200 MG | Tier 2 | ST: Requires prior prescription for Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide within the past 120 days; QL (2 EA per 1 day) |
| XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14) | Tier 2 | ST: Requires prior prescription for Carbamazepine, Divalproex Sodium, Elepsia XR, Eprontia, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide within the past 120 days; QL (1 EA per 1 day) |
| ZONISADE ORAL SUSPENSION 100 MG/5 ML | Tier 3 | PA |
| <i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran) | Tier 1 | |
| <i>zonisamide oral capsule 50 mg</i> | Tier 1 | |
| Neuroactive Steroid Gaba-A Receptor Modulator | | |
| ZTALMY ORAL SUSPENSION 50 MG/ML | Tier 4 | PA; SP |
| Skeletal Muscle Disorder | | |
| Agents To Tx Periodic Paralysis - Carbon Anhyd Inh | | |
| KEVEYIS ORAL TABLET 50 MG | Tier 4 | PA; SP |
| Skeletal Muscle Relax.& Top.Irritant Counter-Irritant | | |
| COMFORT PAC-CYCLOBENZAPRINE KIT 10 MG | Tier 3 | |
| COMFORT PAC-TIZANIDINE KIT 4 MG | Tier 3 | |
| Skeletal Muscle Relaxants | | |
| <i>baclofen oral solution 5 mg/5 ml</i> (Ozobax) | Tier 1 | PA |

| Drug | Status | Notes |
|---|---------------|---|
| <i>baclofen oral tablet 10 mg</i> | Tier 1 | QL (8 EA per 1 day) |
| <i>baclofen oral tablet 20 mg</i> | Tier 1 | QL (4 EA per 1 day) |
| <i>baclofen oral tablet 5 mg</i> | Tier 1 | QL (16 EA per 1 day) |
| <i>carisoprodol oral tablet 250 mg, 350 mg</i> (Soma) | Tier 1 | QL (4 EA per 1 day) |
| <i>carisoprodol-aspirin oral tablet 200-325 mg</i> | Tier 1 | |
| <i>chlorzoxazone oral tablet 500 mg</i> | Tier 1 | QL (4 EA per 1 day) |
| <i>cyclobenzaprine oral tablet 10 mg, 5 mg</i> | Tier 1 | QL (3 EA per 1 day) |
| <i>dantrolene oral capsule 100 mg, 50 mg</i> | Tier 1 | |
| <i>dantrolene oral capsule 25 mg</i> (Dantrium) | Tier 1 | |
| FLEQSUVY ORAL SUSPENSION 5 MG/ML | Tier 3 | PA |
| <i>metaxalone oral tablet 400 mg</i> | Tier 1 | QL (8 EA per 1 day) |
| <i>metaxalone oral tablet 800 mg</i> | Tier 1 | QL (4 EA per 1 day) |
| <i>methocarbamol oral tablet 500 mg</i> | Tier 1 | QL (8 EA per 1 day) |
| <i>methocarbamol oral tablet 750 mg</i> | Tier 1 | QL (6 EA per 1 day) |
| NORGESIC FORTE ORAL TABLET 50-770-60 MG (orphenadrine-asa-caffeine) | Tier 3 | QL (4 EA per 1 day) |
| <i>orphenadrine citrate oral tablet extended release 100 mg</i> | Tier 1 | QL (2 EA per 1 day) |
| <i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i> (Norgesic) | Tier 1 | QL (8 EA per 1 day) |
| <i>orphenadrine-asa-caffeine oral tablet 50-770-60 mg</i> (Orphengesic Forte) | Tier 1 | QL (4 EA per 1 day) |
| ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG (orphenadrine-asa-caffeine) | Tier 1 | QL (4 EA per 1 day) |
| <i>tizanidine oral capsule 2 mg</i> (Zanaflex) | Tier 1 | QL (18 EA per 1 day) |
| <i>tizanidine oral capsule 4 mg</i> (Zanaflex) | Tier 1 | QL (9 EA per 1 day) |
| <i>tizanidine oral capsule 6 mg</i> (Zanaflex) | Tier 1 | QL (6 EA per 1 day) |
| <i>tizanidine oral tablet 2 mg</i> | Tier 1 | QL (18 EA per 1 day) |
| <i>tizanidine oral tablet 4 mg</i> (Zanaflex) | Tier 1 | QL (9 EA per 1 day) |
| Smoking Cessation | | |
| Smoking Deterrent Agents (Ganglionic Stim, Others) | | |
| <i>nicotine (polacrilex) buccal gum 2 mg</i> (Quit 2) | Tier 1 | \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day) |
| <i>nicotine (polacrilex) buccal gum 4 mg</i> (Quit 4) | Tier 1 | \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day) |
| <i>nicotine (polacrilex) buccal lozenge 2 mg</i> (Quit 2) | Tier 1 | \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day) |

| Drug | Status | Notes |
|--|--------|---|
| <i>nicotine (polacrilex) buccal lozenge 4 mg</i> (Quit 4) | Tier 1 | \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day) |
| <i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i> (Nicorette) | Tier 1 | \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day) |
| <i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i> (Nicoderm CQ) | Tier 1 | \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (1 EA per 1 day) |
| <i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i> | Tier 3 | \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (1 EA per 1 day) |
| NICOTROL INHALATION CARTRIDGE 10 MG | Tier 2 | \$0 COPAY IF 18 YEARS OF AGE OR OLDER; ST: Requires prior prescription for Nicotine transdermal patch within the past 120 days; QL (168 EA per 10 days) |
| NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML | Tier 2 | \$0 COPAY IF 18 YEARS OF AGE OR OLDER; ST: Requires prior prescription for Nicotine transdermal patch within the past 120 days; QL (10 ML per 2 days) |
| QUIT 2 BUCCAL GUM 2 MG (nicotine (polacrilex)) | Tier 1 | \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day) |
| QUIT 2 BUCCAL LOZENGE 2 MG (nicotine (polacrilex)) | Tier 1 | \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day) |
| QUIT 4 BUCCAL GUM 4 MG (nicotine (polacrilex)) | Tier 1 | \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day) |
| QUIT 4 BUCCAL LOZENGE 4 MG (nicotine (polacrilex)) | Tier 1 | \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day) |
| STOP SMOKING AID BUCCAL LOZENGE 2 MG, 4 MG (nicotine (polacrilex)) | Tier 1 | \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day) |
| Smoking Deterrent-Nicotinic Recept.Partial Agonist | | |
| CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG (varenicline) | Tier 3 | QL (2 EA per 1 day) |
| CHANTIX ORAL TABLET 1 MG (varenicline) | Tier 3 | QL (2 EA per 1 day) |
| <i>varenicline oral tablet 0.5 mg</i> | Tier 1 | \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day) |
| <i>varenicline oral tablet 1 mg</i> (Chantix) | Tier 1 | \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day) |

| Drug | Status | Notes |
|--|--------|--|
| <i>varenicline oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i> (Chantix Starting Month Box) | Tier 1 | \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day) |
| Smoking Deterrents, Other | | |
| <i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i> | Tier 1 | \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day) |
| Upper Gastrointestinal Disorders - Digestive | | |
| Gastric Enzymes | | |
| SUCRAID ORAL SOLUTION 8,500 UNIT/ML | Tier 4 | PA; SP |
| Pancreatic Enzymes | | |
| CREON ORAL CAPSULE, DELAYED RELEASE (DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT | Tier 2 | |
| VIKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300-78,300 UNIT | Tier 3 | |
| ZENPEP ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT | Tier 2 | |
| Upper Gastrointestinal Disorders - Spastic Disease | | |
| Anticholinergics/Antispasmodics | | |
| <i>dicyclomine oral capsule 10 mg</i> | Tier 1 | |
| <i>dicyclomine oral solution 10 mg/5 ml</i> | Tier 1 | |
| <i>dicyclomine oral tablet 20 mg</i> | Tier 1 | |
| Belladonna Alkaloids | | |
| ED-SPAZ ORAL TABLET, DISINTEGRATING 0.125 MG (hyoscyamine sulfate) | Tier 1 | |
| <i>hyoscyamine sulfate oral drops 0.125 mg/ml</i> (Hyosyne) | Tier 1 | |
| <i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i> (Hyosyne) | Tier 1 | |
| <i>hyoscyamine sulfate oral tablet 0.125 mg</i> (Oscimin) | Tier 1 | |
| <i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i> (Levbid) | Tier 1 | |
| <i>hyoscyamine sulfate oral tablet, disintegrating 0.125 mg</i> (Ed-Spaz) | Tier 1 | |

| Drug | Status | Notes |
|---|--------|--|
| <i>hyoscyamine sulfate sublingual tablet 0.125 mg</i> (Oscimin SL) | Tier 1 | |
| HYOSYNE ORAL DROPS 0.125 MG/ML (hyoscyamine sulfate) | Tier 1 | |
| HYOSYNE ORAL ELIXIR 0.125 MG/5 ML (hyoscyamine sulfate) | Tier 1 | |
| <i>methscopolamine oral tablet 2.5 mg, 5 mg</i> | Tier 1 | |
| OSCIMIN ORAL TABLET 0.125 MG (hyoscyamine sulfate) | Tier 1 | |
| OSCIMIN SL SUBLINGUAL TABLET 0.125 MG (hyoscyamine sulfate) | Tier 1 | |
| SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG) | Tier 3 | |
| Upper Gastrointestinal Disorders - Ulcer Disease | | |
| Anticholinergics, Quaternary Ammonium | | |
| <i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i> (Librax (with clidinium)) | Tier 1 | |
| DARTISLA ORAL TABLET,DISINTEGRATING 1.7 MG | Tier 3 | ST: Requires prior prescription for Glycopyrrolate 2mg within the past 120 days; QL (4 EA per 1 day); Age (Min 18 Years) |
| <i>glycopyrrolate (pf) injection syringe 0.6 mg/3 ml (0.2 mg/ml)</i> (Glyrx-PF) | Tier 1 | |
| <i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i> (Cuvposa) | Tier 1 | |
| <i>glycopyrrolate oral tablet 1 mg</i> (Robinul) | Tier 1 | |
| <i>glycopyrrolate oral tablet 2 mg</i> (Robinul Forte) | Tier 1 | |
| GLYRX-PF INJECTION SYRINGE 0.6 MG/3 ML (0.2 MG/ML) | Tier 3 | |
| Anti-Ulcer Preparations | | |
| <i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec) | Tier 1 | |
| <i>sucralfate oral suspension 100 mg/ml</i> (Carafate) | Tier 1 | |
| <i>sucralfate oral tablet 1 gram</i> (Carafate) | Tier 1 | |
| Anti-Ulcer-H.Pylori Agents | | |
| <i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i> | Tier 1 | QL (112 EA per 10 days) |
| OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40) | Tier 3 | |
| PYLERA ORAL CAPSULE 140-125-125 MG | Tier 3 | |
| TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG | Tier 3 | QL (168 EA per 14 days); Age (Min 18 Years) |

| Drug | Status | Notes |
|---|--------|--|
| VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84) | Tier 3 | PA |
| VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG | Tier 3 | PA |
| Histamine H2-Receptor Inhibitors | | |
| <i>cimetidine hcl oral solution 300 mg/5 ml</i> | Tier 1 | |
| <i>cimetidine oral tablet 200 mg</i> (Acid Reducer (cimetidine)) | Tier 1 | |
| <i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i> | Tier 1 | |
| <i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i> | Tier 1 | |
| <i>famotidine oral tablet 20 mg</i> (Acid Controller) | Tier 1 | |
| <i>famotidine oral tablet 40 mg</i> (Pepcid) | Tier 1 | |
| <i>nizatidine oral capsule 150 mg, 300 mg</i> | Tier 1 | |
| Intestinal Motility Stimulants | | |
| GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY | Tier 4 | PA; SP |
| <i>metoclopramide hcl oral solution 5 mg/5 ml</i> | Tier 1 | |
| <i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan) | Tier 1 | |
| Proton-Pump Inhibitors | | |
| ACIPHEX SPRINKLE ORAL CAPSULE, (rabeprazole) DELAYED REL SPRINKLE 10 MG | Tier 3 | ST: At least 2 prior prescriptions for Lansoprazole, Omeprazole, or Pantoprazole Sodium within the past 365 days; QL (1 EA per 1 day) |
| ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 5 MG | Tier 3 | ST: At least 2 prior prescriptions for Lansoprazole, Omeprazole, or Pantoprazole Sodium within the past 365 days; QL (1 EA per 1 day) |
| <i>dexlansoprazole oral capsule, biphase delayed releas 30 mg, 60 mg</i> (Dexilant) | Tier 1 | ST: Requires prior prescription for Lansoprazole, Omeprazole, Pantoprazole Sodium, or Prilosec OTC within the past 120 days; QL (1 EA per 1 day) |
| <i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i> (Nexium) | Tier 1 | QL (1 EA per 1 day) |
| <i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i> (Nexium) | Tier 1 | QL (2 EA per 1 day) |

| Drug | Status | Notes |
|--|--------|--|
| <i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i> (Nexium Packet) | Tier 1 | ST: Requires prior prescription for Lansoprazole, Omeprazole, Pantoprazole Sodium, or Prilosec OTC within the past 120 days; QL (1 EA per 1 day) |
| <i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i> (Nexium Packet) | Tier 1 | ST: Requires prior prescription for Lansoprazole, Omeprazole, Pantoprazole Sodium, or Prilosec OTC within the past 120 days; QL (2 EA per 1 day) |
| <i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i> (Prevacid 24Hr) | Tier 1 | |
| <i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i> (Prevacid) | Tier 1 | |
| <i>lansoprazole oral tablet, disintegrat, delay rel 15 mg, 30 mg</i> (Prevacid SoluTab) | Tier 1 | ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole Sodium within the past 120 days |
| NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG | Tier 2 | ST: Requires prior prescription for Lansoprazole, Omeprazole, Pantoprazole Sodium, or Prilosec OTC within the past 120 days; QL (1 EA per 1 day) |
| <i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i> | Tier 1 | |
| <i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram</i> (Zegerid) | Tier 1 | ST: Requires prior prescription for Lansoprazole, Omeprazole, Pantoprazole Sodium, or Prilosec OTC within the past 120 days; QL (1 EA per 1 day) |
| <i>pantoprazole oral granules dr for susp in packet 40 mg</i> (Protonix) | Tier 1 | ST: Requires prior prescription for Omeprazole Magnesium, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Prilosec within the past 120 days |
| <i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i> (Protonix) | Tier 1 | |

| Drug | Status | Notes |
|--|--------|--|
| <i>rabeprazole oral capsule, delayed rel sprinkle 10 mg</i> (AcipHex Sprinkle) | Tier 1 | ST: At least 2 prior prescriptions for Lansoprazole, Omeprazole, or Pantoprazole Sodium within the past 365 days; QL (1 EA per 1 day) |
| <i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i> (AcipHex) | Tier 1 | QL (1 EA per 1 day) |
| Urinary Tract - Functional Disorders | | |
| Benign Prostatic Hypertrophy/Micturition Agents | | |
| <i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral) | Tier 1 | |
| <i>dutasteride oral capsule 0.5 mg</i> (Avodart) | Tier 1 | |
| <i>finasteride oral tablet 5 mg</i> (Proscar) | Tier 1 | |
| <i>silodosin oral capsule 4 mg, 8 mg</i> (Rapaflo) | Tier 1 | |
| <i>tamsulosin oral capsule 0.4 mg</i> (Flomax) | Tier 1 | |
| Bph Agents, 5-Alpha-Red Inh & Alpha-1-Adr Antg Cmb | | |
| <i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i> (Jalyn) | Tier 1 | ST: Requires prior prescription for Alfuzosin HCL, Doxazosin Mesylate, Finasteride 5mg, Prazosin HCL, Silodosin, Tamsulosin HCL, or Terazosin HCL within the past 120 days |
| Cystine-Depleting Agents, Nephropathic Cystinosis | | |
| CYSTAGON ORAL CAPSULE 150 MG, 50 MG | Tier 4 | SP |
| PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG | Tier 4 | PA; SP |
| PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG | Tier 4 | PA; SP |
| Kidney Stone Agents | | |
| THIOLA EC ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG, 300 MG | Tier 4 | SP |
| THIOLA ORAL TABLET 100 MG (tiopronin) | Tier 4 | SP |
| <i>tiopronin oral tablet 100 mg</i> (Thiola) | Tier 4 | SP |
| Overactive Bladder Agents, Beta-3 Adrenergic Recep | | |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG | Tier 2 | |
| Polycystic Kidney Disease Agent, Avp Recep. Antag | | |
| JYNARQUE ORAL TABLET 15 MG, 30 MG | Tier 4 | PA; SP |

| Drug | Status | Notes |
|--|--------|---|
| JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM) | Tier 4 | PA; SP |
| Urinary Ph Modifiers | | |
| K-PHOS NO 2 ORAL TABLET 305-700 MG | Tier 3 | |
| K-PHOS ORIGINAL ORAL TABLET, SOLUBLE 500 MG | Tier 3 | |
| ORACIT ORAL SOLUTION 490-640 MG/5 ML | Tier 3 | |
| <i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10) | Tier 1 | |
| <i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15) | Tier 1 | |
| <i>potassium citrate oral tablet extended release 5 meq (540 mg)</i> (Urocit-K 5) | Tier 1 | |
| RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML | Tier 3 | |
| UROQID-ACID NO.2 ORAL TABLET 500-500 MG | Tier 3 | |
| Urinary Tract Analgesic Agents | | |
| ELMIRON ORAL CAPSULE 100 MG | Tier 2 | PA |
| Urinary Tract Anesthetic/Analgesic Agnt (Azo-Dye) | | |
| <i>phenazopyridine oral tablet 100 mg, 200 mg</i> (Pyridium) | Tier 1 | |
| Urinary Tract Antispasmodic, M(3) Selective Antag. | | |
| <i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i> | Tier 1 | ST: Requires prior prescription for Oxybutynin Chloride within the past 120 days |
| <i>solifenacin oral tablet 10 mg, 5 mg</i> (Vesicare) | Tier 1 | |
| Urinary Tract Antispasmodic/Antiincontinence Agent | | |
| <i>flavoxate oral tablet 100 mg</i> | Tier 1 | |
| GELNIQUE TRANSDERMAL GEL IN PACKET 10 % (100 MG/GRAM) | Tier 3 | ST: Requires prior prescriptions for Myrbetriq and Oxybutynin Chloride within the past 365 days |
| <i>oxybutynin chloride oral syrup 5 mg/5 ml</i> | Tier 1 | |
| <i>oxybutynin chloride oral tablet 5 mg</i> | Tier 1 | |
| <i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 5 mg</i> (Ditropan XL) | Tier 1 | |
| <i>oxybutynin chloride oral tablet extended release 24hr 15 mg</i> | Tier 1 | |

| Drug | Status | Notes |
|---|--------|--|
| OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR | Tier 3 | ST: Requires prior prescriptions for Myrbetriq and Oxybutynin Chloride within the past 365 days |
| <i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i> (Detrol LA) | Tier 1 | |
| <i>tolterodine oral tablet 1 mg, 2 mg</i> (Detrol) | Tier 1 | |
| <i>trospium oral capsule, extended release 24hr 60 mg</i> | Tier 1 | |
| <i>trospium oral tablet 20 mg</i> | Tier 1 | |
| Vaginal Disorders | | |
| Vaginal Antibiotics | | |
| CLEOCIN VAGINAL SUPPOSITORY 100 MG | Tier 3 | ST: At least 2 prior prescriptions for Clindamycin HCL, Clindamycin Palmitate HCL, Clindamycin Phosphate, Metronidazole, or Tinidazole within the past 365 days; QL (3 EA per 30 days) |
| <i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin) | Tier 1 | |
| CLINDESSE VAGINAL CREAM, EXTENDED RELEASE 2 % | Tier 3 | ST: Requires prior prescription for generic Clindamycin vaginal cream within the past 120 days |
| <i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i> (Vandazole) | Tier 1 | |
| NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM) | Tier 3 | |
| Vaginal Antifungals | | |
| GYNAZOLE-1 VAGINAL CREAM 2 % | Tier 2 | |
| MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG | Tier 1 | |
| <i>terconazole vaginal cream 0.4 %, 0.8 %</i> | Tier 1 | |
| <i>terconazole vaginal suppository 80 mg</i> | Tier 1 | |
| Vaginal Antiseptics | | |
| FEM PH VAGINAL GEL 0.9-0.025 % | Tier 3 | |
| RELAGARD VAGINAL GEL 0.9-0.025 % | Tier 3 | |
| TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 % | Tier 3 | |
| Vaginal Estrogen For Sexual Dysfunction | | |

| Drug | Status | Notes |
|--|--------|---|
| IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG | Tier 3 | ST: Requires prior prescription for Estring, Intrarosa, Osphena, or Premarin within the past 120 days; QL (18 EA per 28 days) |
| IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG | Tier 3 | ST: Requires prior prescription for Estring, Intrarosa, Osphena, or Premarin within the past 120 days; QL (18 EA per 28 days) |
| Vaginal Estrogen Preparations | | |
| <i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> (Estrace) | Tier 1 | |
| <i>estradiol vaginal tablet 10 mcg</i> (Yuvaferm) | Tier 1 | |
| PREMARIN VAGINAL CREAM 0.625 MG/GRAM | Tier 2 | |
| YUVAFEM VAGINAL TABLET 10 MCG (estradiol) | Tier 1 | |
| Vitamin And/Or Mineral Deficiency | | |
| Fluoride Preparations | | |
| CLINPRO 5000 DENTAL PASTE 1.1 % (fluoride (sodium)) | Tier 3 | |
| DENTA 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium)) | Tier 1 | |
| DENTAGEL DENTAL GEL 1.1 % (fluoride (sodium)) | Tier 1 | |
| <i>fluoride (sodium) dental cream 1.1 %</i> (Denta 5000 Plus) | Tier 1 | |
| <i>fluoride (sodium) dental gel 1.1 %</i> (DentaGel) | Tier 1 | |
| <i>fluoride (sodium) dental paste 1.1 %</i> (Sodium Fluoride 5000 Dry Mouth) | Tier 1 | |
| <i>fluoride (sodium) dental solution 0.2 %</i> (PreviDent) | Tier 1 | |
| <i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i> | \$0 | Age (Max 6 Years) |
| <i>fluoride (sodium) oral tablet, chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i> (Ludent Fluoride) | \$0 | Age (Max 6 Years) |
| FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 % (fluoride (sodium)) | Tier 3 | |
| FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 % (sodium fluoride-pot nitrate) | Tier 3 | |
| JUSTRIGHT 5000 DENTAL PASTE 1.1 % (fluoride (sodium)) | Tier 3 | |
| SF 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium)) | Tier 1 | |
| SF DENTAL GEL 1.1 % (fluoride (sodium)) | Tier 1 | |
| SODIUM FLUORIDE 5000 DRY MOUTH DENTAL PASTE 1.1 % (fluoride (sodium)) | Tier 1 | |

| Drug | Status | Notes |
|--|--|-------|
| SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 % | (fluoride (sodium)) Tier 1 | |
| <i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i> | (Fluoridex Sensitivity Relief) Tier 1 | |
| Folic Acid Preparations | | |
| <i>folic acid injection solution 5 mg/ml</i> | Tier 1 | |
| <i>folic acid oral tablet 1 mg</i> | Tier 1 | |
| <i>folic acid oral tablet 400 mcg, 800 mcg</i> | \$0 | |
| Multivitamin Preparations | | |
| FOLET ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG | Tier 3 | |
| OBSTETRIX ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG | Tier 3 | |
| TARON-PREX PRENATAL-DHA ORAL CAPSULE 30 MG IRON-1.2 MG-55 MG-265 MG | Tier 1 | |
| Prenatal Vitamin Preparations | | |
| ATABEX OB ORAL TABLET 29-1 MG | Tier 3 | |
| BAL-CARE DHA ESSENTIAL ORAL COMBO PACK, TABLET AND CAP, DR 27 MG IRON-1 MG -374 MG | Tier 1 | |
| BAL-CARE DHA ORAL COMBO PACK, TABLET AND CAP, DR 27-1-430 MG | Tier 1 | |
| BRAINSTRONG PRENATAL ORAL COMBO PACK 33 MG IRON- 800 MCG-350 MG | Tier 3 | |
| CADEAU DHA ORAL CAPSULE 29 MG IRON- 1 MG-150 MG | Tier 3 | |
| CITRANATAL (DUAL-IRON) ORAL TABLET 27 MG IRON-1 MG -50 MG | Tier 3 | |
| CITRANATAL 90 DHA (ALGAL OIL) ORAL COMBO PACK 90 MG IRON-1 MG -50 MG-300 MG | Tier 3 | |
| CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG -50 MG-300 MG | Tier 3 | |
| CITRANATAL B-CALM (FE GLUC) ORAL TABLETS, SEQUENTIAL 20 MG IRON-1 MG -25 MG/25 MG | Tier 3 | |
| CITRANATAL DHA (ALGAL OIL) ORAL COMBO PACK 27 MG IRON-1 MG -50 MG-250 MG | Tier 3 | |
| CITRANATAL HARMONY (IRON FUM) ORAL CAPSULE 27 MG IRON-1 MG -50 MG-260 MG | Tier 3 | |
| CLASSIC PRENATAL ORAL TABLET 28 MG IRON- 800 MCG | Tier 3 | |

| Drug | Status | Notes |
|---|--------|-------------------------------------|
| C-NATE DHA ORAL CAPSULE 28 MG IRON-1 MG -200 MG | Tier 1 | |
| COMPLETE NATAL DHA ORAL COMBO PACK 29-1-250-200 MG | Tier 3 | |
| COMPLETENATE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG | Tier 1 | |
| DERMACINRX PRENATRIX ORAL TABLET 27 MG IRON- 1 MG | Tier 3 | |
| DERMACINRX PRENATRYL ORAL TABLET 27 MG IRON- 1 MG | Tier 3 | |
| DERMACINRX PRETRATE ORAL TABLET 27 MG IRON- 1 MG | Tier 3 | |
| DUET DHA BALANCED ORAL COMBO PACK 25 MG IRON-1 MG -267 MG-233 MG | Tier 3 | |
| DUET DHA WITH OMEGA-3 ORAL COMBO PACK 25 MG IRON-1 MG -400 MG | Tier 3 | |
| EXPECTA PRENATAL ORAL COMBO PACK 28 MG IRON-800 MCG-200 MG | Tier 3 | |
| KPN ORAL TABLET | Tier 1 | |
| KPN ORAL TABLET 9 MG IRON- 267 MCG | Tier 3 | |
| MARNATAL-F ORAL CAPSULE 60 MG IRON-1 MG | Tier 1 | |
| MINI PRENATAL ORAL TABLET 6.75 MG IRON- 200 MCG | Tier 3 | |
| M-NATAL PLUS ORAL TABLET 27 MG IRON- 1 MG | Tier 1 | (pnv,calcium 72-iron-folic acid) |
| MYNATAL ADVANCE ORAL TABLET 90-1-50 MG | Tier 1 | |
| MYNATAL ORAL CAPSULE 65 MG IRON- 1 MG | Tier 1 | |
| MYNATAL ORAL TABLET 90-1-50 MG | Tier 1 | |
| MYNATAL PLUS ORAL TABLET 65 MG IRON- 1 MG | Tier 1 | |
| MYNATAL-Z ORAL TABLET 65 MG IRON- 1 MG | Tier 1 | |
| MYNATE 90 PLUS ORAL TABLET EXTENDED RELEASE 90 MG IRON-1 MG | Tier 1 | |
| NATACHEW (FE BIS-GLYCINATE) ORAL TABLET,CHEWABLE 28 MG IRON -1 MG | Tier 3 | |
| NATAVI PNV ORAL CAPSULE 13.5 MG IRON- 0.5 MG-150 MG | Tier 3 | |
| NEONATAL COMPLETE ORAL TABLET 29-1 MG | Tier 3 | |

| Drug | Status | Notes |
|---|--------|-------|
| NEONATAL PLUS VITAMIN ORAL TABLET 27 MG IRON- 1 MG | Tier 3 | |
| NEONATAL-DHA ORAL COMBO PACK 29-1-200-500 MG | Tier 3 | |
| NESTABS ABC ORAL COMBO PACK 32 MG IRON-1 MG -120 MG-180 MG | Tier 3 | |
| NESTABS DHA ORAL COMBO PACK 32 MG IRON- 1,000 MCG-230MG | Tier 3 | |
| NESTABS ORAL TABLET 32-1,000 MG- MCG | Tier 3 | |
| NEWGEN ORAL TABLET 32-1,000 MG- MCG | Tier 1 | |
| NEXA PLUS ORAL CAPSULE 29 MG IRON-1.25 MG-55 MG | Tier 3 | |
| OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG | Tier 3 | |
| OB COMPLETE WITH DHA ORAL CAPSULE 30 MG IRON-10 MG IRON-1 MG | Tier 3 | |
| OBSTETRIX DHA ORAL COMBO PACK, TABLET AND CAP, DR 29 MG IRON-1 MG -50 MG | Tier 1 | |
| OBSTETRIX EC ORAL TABLET, DELAYED RELEASE (DR/EC) 29 MG IRON-1 MG -50 MG | Tier 3 | |
| OBTREX DHA (WITH QUATREFOLIC) ORAL COMB PACK, TABLET DR, CAPSULE DR 29 MG IRON-1 MG - 350 MG | Tier 3 | |
| ONE A DAY WOMEN'S PRENATAL DHA ORAL COMBO PACK 28 MG IRON- 800 MCG | Tier 3 | |
| ONE DAILY PRENATAL ORAL COMBO PACK 28-800-440 MG-MCG-MG | Tier 1 | |
| ONE-A-DAY PRENATAL-1 ORAL CAPSULE 27 MG IRON- 800 MCG-235 MG | Tier 3 | |
| <i>pnv cmb#95-ferrous fumarate-fa oral (Prenatal) tablet 28 mg iron- 800 mcg</i> | Tier 1 | |
| PNV-DHA + DOCUSATE ORAL CAPSULE 27-1.25-55-300 MG | Tier 1 | |
| PNV-SELECT ORAL TABLET 27-1 MG | Tier 1 | |
| PR NATAL 400 EC ORAL COMBO PACK, TABLET AND CAP, DR 29-1-400 MG | Tier 1 | |
| PR NATAL 400 ORAL COMBO PACK 29-1-400 MG | Tier 1 | |
| PR NATAL 430 EC ORAL COMBO PACK, TABLET AND CAP, DR 29-1-430 MG | Tier 1 | |

| Drug | Status | Notes |
|---|--------|-------------------------------------|
| PR NATAL 430 ORAL COMBO PACK 29 MG IRON-1 MG -430 MG | Tier 1 | |
| PREGEN DHA ORAL CAPSULE 28 MG- 1,000MCG- 35 MG-200 MG | Tier 3 | |
| PRENA1 CHEW ORAL TABLET,CHEW,IR - DR,BIPHASE 1.4 MG | Tier 1 | |
| PRENA1 PEARL ORAL CAPSULE,IR - DELAY REL,BIPHASE 30-1.4-200 MG | Tier 1 | |
| PRENA1 TRUE ORAL COMBO PACK 30 MG IRON- 1.4 MG-300 MG | Tier 1 | |
| PRENAISSANCE ORAL CAPSULE 29- 1.25-55-325 MG | Tier 1 | |
| PRENAISSANCE PLUS ORAL CAPSULE 28-1-50-250 MG | Tier 1 | |
| PRENATA ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG | Tier 3 | |
| PRENATABS FA ORAL TABLET 29-1 MG | Tier 1 | |
| PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG | Tier 1 | |
| PRENATAL + DHA ORAL COMBO PACK 28 MG IRON- 975 MCG-200 MG | Tier 1 | |
| PRENATAL + DHA ORAL COMBO PACK 28 MG IRON-800 MCG-200 MG | Tier 3 | |
| PRENATAL 19 (WITH DOCUSATE) ORAL TABLET 29 MG IRON- 1 MG-25 MG | Tier 1 | |
| PRENATAL 19 ORAL TABLET 29 MG IRON- 1 MG | Tier 3 | |
| PRENATAL 19 ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG | Tier 1 | |
| PRENATAL COMPLETE ORAL TABLET 14 MG IRON- 400 MCG | Tier 3 | |
| PRENATAL FORMULA ORAL TABLET 28 MG IRON- 800 MCG | Tier 1 | (pvn cmb#95-ferrous fumarate-fa) |
| PRENATAL FORMULA ORAL TABLET 9 MG IRON- 267 MCG | Tier 3 | |
| PRENATAL FORMULA-DHA ORAL CAPSULE 28 MG-800 MCG- 200 MG | Tier 3 | |
| PRENATAL MULTI ORAL TABLET 27- 800 MG-MCG | Tier 3 | |
| PRENATAL MULTI-DHA (ALGAL OIL) ORAL CAPSULE 27MG IRON- 800 MCG-250 MG | Tier 1 | |
| PRENATAL MULTI-DHA(WITH VIT K) ORAL CAPSULE 27 MG IRON-800 MCG-260 MG | Tier 3 | |

| Drug | Status | Notes |
|---|--------|-------|
| PRENATAL MULTIVITAMINS ORAL TABLET 28 MG IRON- 800 MCG (pnv cmb#95-ferrous fumarate-fa) | Tier 1 | |
| PRENATAL ONE DAILY ORAL TABLET 27 MG IRON- 800 MCG | Tier 1 | |
| PRENATAL ORAL TABLET 28 MG IRON- 800 MCG (pnv cmb#95-ferrous fumarate-fa) | Tier 1 | |
| PRENATAL ORAL TABLET 28-800 MG-MCG | Tier 1 | |
| PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG (pnv,calcium 72-iron-folic acid) | Tier 1 | |
| PRENATAL PLUS DHA ORAL COMBO PACK 27 MG IRON-1 MG -312 MG-250 MG | Tier 3 | |
| PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG (pnv,calcium 72-iron,carb-folic) | Tier 1 | |
| PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET 27 MG IRON- 1 MG | Tier 1 | |
| PRENATAL TABLET ORAL TABLET 28 MG IRON- 800 MCG (prenatal vit-iron fum-folic ac) | Tier 1 | |
| <i>prenatal vit no. 179-iron-folic oral tablet 28 mg iron- 800 mcg</i> | Tier 1 | |
| PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG, 27 MG IRON- 800 MCG | Tier 1 | |
| PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG (pnv,calcium 72-iron-folic acid) | Tier 1 | |
| PRENATAL VITAMIN WITH MINERALS ORAL TABLET 28 MG IRON- 800 MCG (prenatal vit-iron fum-folic ac) | Tier 1 | |
| <i>prenatal vit-iron fum-folic ac oral tablet 28 mg iron- 800 mcg</i> (Prenatal Tablet) | Tier 1 | |
| PRENATAL WITH DHA-FOLIC ACID ORAL TABLET,CHEWABLE 400-32.5 MCG-MG | Tier 1 | |
| PRENATE ELITE ORAL TABLET 26 MG IRON- 1 MG | Tier 3 | |
| PROVIDA OB ORAL CAPSULE 40 MG IRON- 1.25 MG | Tier 3 | |
| R-NATAL OB ORAL CAPSULE 20 MG IRON- 1 MG-320 MG | Tier 1 | |
| SELECT-OB (FOLIC ACID) ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG | Tier 1 | |
| SELECT-OB + DHA ORAL COMBO PACK 29 MG IRON-1 MG -250 MG | Tier 3 | |
| SELECT-OB ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG | Tier 1 | |
| SE-NATAL 19 CHEWABLE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG | Tier 1 | |

| Drug | Status | Notes |
|---|---------------|--------------|
| SE-NATAL-19 ORAL TABLET 29 MG IRON- 1 MG | Tier 3 | |
| SIMILAC PRENATAL ORAL COMBO PACK 27 MG IRON-800 MCG-200 MG | Tier 3 | |
| STUART ONE ORAL CAPSULE 27 MG IRON- 800 MCG-200 MG | Tier 3 | |
| TENDERA-OB ORAL CAPSULE 27 MG IRON-1 MG -205 MG | Tier 3 | |
| THERANATAL COMPLETE ORAL COMBO PACK 27 MG IRON- 1 MG-150 MG | Tier 3 | |
| THERANATAL ONE ORAL CAPSULE 27 MG IRON-1000 MCG-300 MG | Tier 3 | |
| THERANATAL ORAL TABLET 27 MG IRON- 1 MG | Tier 3 | |
| THERANATAL OVAVITE ORAL COMBO PACK 18-1-125 MG-MG-UNIT | Tier 3 | |
| THERANATAL PLUS ORAL COMBO PACK 27 MG IRON- 1 MG-300 MG | Tier 3 | |
| THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG | Tier 3 | |
| TRICARE ORAL TABLET 27 MG IRON- 1 MG | Tier 3 | |
| TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG | Tier 3 | |
| TRINATE ORAL TABLET 28 MG IRON- 1 MG | Tier 1 | |
| TRIVEEN-DUO DHA ORAL COMBO PACK 29-1-400 MG | Tier 1 | |
| ULTRA PRENATAL PLUS DHA ORAL CAPSULE 27 MG-800 MCG- 250 MG- 200 MG | Tier 3 | |
| VIRT-NATE DHA ORAL CAPSULE 28 MG IRON-1 MG -200 MG | Tier 1 | |
| VITAFOL FE PLUS ORAL CAPSULE 90 MG IRON- 1 MG-200 MG | Tier 3 | |
| VITAFOL FE+ (WITH DOCUSATE) ORAL CAPSULE 90 MG IRON-1 MG - 50 MG-200 MG | Tier 3 | |
| VITAFOL GUMMIES ORAL TABLET,CHEWABLE 3.33 MG IRON- 0.33 MG | Tier 1 | |
| VITAFOL NANO ORAL TABLET 18 MG IRON- 1 MG | Tier 1 | |
| VITAFOL ULTRA ORAL CAPSULE 29 MG IRON- 1 MG-200 MG | Tier 3 | |
| VITAFOL-OB ORAL TABLET 65-1 MG | Tier 3 | |
| VITAFOL-OB+DHA ORAL COMBO PACK 65-1-250 MG | Tier 1 | |

| Drug | Status | Notes |
|---|--------|-------|
| VITAFOL-ONE ORAL CAPSULE 29 MG IRON- 1 MG-200 MG | Tier 3 | |
| VITAMED MD ONE RX ORAL CAPSULE 30 MG IRON-1MG -200 MG | Tier 3 | |
| VITAMEDMD REDICHEW RX ORAL TABLET,CHEW,IR - DR,BIPHASE 1.4 MG | Tier 3 | |
| VITAPEARL ORAL CAPSULE,IR - DELAY REL,BIPHASE 30-1.4-200 MG | Tier 3 | |
| VITATRUE ORAL COMBO PACK 30 MG IRON- 1.4 MG-300 MG | Tier 3 | |
| VP-CH-PNV ORAL CAPSULE 30 MG IRON-1 MG -50 MG-260 MG | Tier 1 | |
| WESNATE DHA ORAL CAPSULE 28 MG IRON-1 MG -200 MG | Tier 1 | |
| WESTAB PLUS ORAL TABLET 27 MG IRON- 1 MG (pnv,calcium 72-iron-folic acid) | Tier 1 | |
| WOMEN'S PRENATAL PLUS DHA ORAL COMBO PACK 28 MG-975 MCG- 200 MG | Tier 1 | |
| Prenatal Vitamins Without Iron | | |
| MULTI-MAC ORAL TABLET 15 MG IRON- 1,750 MCG DFE | Tier 3 | |
| NATAVI PRIMA ORAL CAPSULE 4 MG IRON- 0.5 MG-150 MG | Tier 3 | |
| PRENATAL GUMMIES ORAL TABLET,CHEWABLE 400 MCG-35 MG- 25 MG-5 MG | Tier 1 | |
| PRENATAL GUMMIES(ZINC CHELATE) ORAL TABLET,CHEWABLE 180 MCG-35 MG- 25 MG-5 MG | Tier 1 | |
| PRENATAL ORAL TABLET,CHEWABLE 400 MCG | Tier 1 | |
| Vitamin B Preparations | | |
| B COMPLEX 100 INJECTION SOLUTION 100-2-100-2-2 MG/ML | Tier 1 | |
| B-COMPLEX INJECTION INJECTION SOLUTION 100-2-100-2-2 MG/ML | Tier 1 | |
| POTABA ORAL CAPSULE 500 MG (potassium aminobenzoate) | Tier 3 | |
| Vitamin B1 Preparations | | |
| <i>thiamine hcl (vitamin b1) injection solution 100 mg/ml</i> | Tier 1 | |
| Vitamin B12 Preparations | | |
| <i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i> (Dodex) | Tier 1 | |
| DODEX INJECTION SOLUTION 1,000 MCG/ML (cyanocobalamin (vitamin b-12)) | Tier 1 | |

| Drug | Status | Notes |
|--|--------|---|
| <i>hydroxocobalamin intramuscular solution 1,000 mcg/ml</i> | Tier 1 | |
| <i>mecobalamin (vitamin b12) injection recon soln 10,000 mcg</i> | Tier 1 | |
| Vitamin B6 Preparations | | |
| <i>pyridoxine (vitamin b6) injection solution 100 mg/ml</i> | Tier 1 | |
| Vitamin C Preparations | | |
| <i>ascorbic acid (vitamin c) injection solution 500 mg/ml</i> | Tier 1 | |
| Vitamin D Preparations | | |
| <i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> (Rocaltrol) | Tier 1 | |
| <i>calcitriol oral solution 1 mcg/ml</i> (Rocaltrol) | Tier 1 | |
| <i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i> (Vitamin D2) | Tier 1 | |
| VITAMIN D2 ORAL CAPSULE 1,250 MCG (50,000 UNIT) (ergocalciferol (vitamin d2)) | Tier 1 | |
| Weight Reduction | | |
| Anorexic Agents | | |
| <i>benzphetamine oral tablet 50 mg</i> | Tier 1 | QL (3 EA per 1 day); Age (Min 18 Years) |
| <i>diethylpropion oral tablet 25 mg</i> | Tier 1 | QL (3 EA per 1 day); Age (Min 18 Years) |
| <i>diethylpropion oral tablet extended release 75 mg</i> | Tier 1 | QL (1 EA per 1 day); Age (Min 18 Years) |
| LOMAIRA ORAL TABLET 8 MG (phentermine) | Tier 1 | QL (3 EA per 1 day); Age (Min 18 Years) |
| <i>phendimetrazine tartrate oral capsule, extended release 105 mg</i> | Tier 1 | QL (1 EA per 1 day); Age (Min 18 Years) |
| <i>phendimetrazine tartrate oral tablet 35 mg</i> | Tier 1 | QL (6 EA per 1 day); Age (Min 18 Years) |
| <i>phentermine oral capsule 15 mg, 30 mg</i> | Tier 1 | QL (1 EA per 1 day); Age (Min 18 Years) |
| <i>phentermine oral capsule 37.5 mg</i> (Adipex-P) | Tier 1 | QL (1 EA per 1 day); Age (Min 18 Years) |
| <i>phentermine oral tablet 37.5 mg</i> (Adipex-P) | Tier 1 | QL (1 EA per 1 day); Age (Min 18 Years) |
| Anti-Obesity - Melanocortin 4 Receptor Agonists | | |
| IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML | Tier 4 | PA; SP |
| Anti-Obesity Glucagon-Like Peptide-1 Recept Agonist | | |
| SAXENDA SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML (18 MG/3 ML) | Tier 2 | PA |

| Drug | Status | Notes |
|--|--------|-------|
| WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML, 1.7 MG/0.75 ML, 2.4 MG/0.75 ML | Tier 2 | PA |
| Fat Absorption Decreasing Agents | | |
| <i>orlistat oral capsule 120 mg</i> (Xenical) | Tier 1 | PA |

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