



**MedPerform Medium Formulary**  
**Administered by MedImpact**  
**October 2024**



## Foreword

This document represents the efforts of the MedImpact Healthcare Systems Pharmacy and Therapeutics (P&T) Committee to provide physicians and pharmacists with a method to evaluate the safety, efficacy, and cost-effectiveness of commercially available drug products. A structured and dynamic approach to the drug selection process is essential to ensure continuing patient access to rational drug therapies.

This is accomplished through the auspices of the MedImpact P&T. These committees meet quarterly and more often as warranted to ensure clinical relevancy of the Formulary. To accommodate changes to this document, updates are made accessible as necessary.

**Access to the most current version of the MedPerform Medium Formulary can be obtained by visiting [www.MedImpact.com](http://www.MedImpact.com).**

The MedImpact P&T use the following criteria in the evaluation of drug selection for the Marketplace Exchange Standard Formulary:

- Drug safety
- Drug efficacy
- Comparison of relevant therapeutic benefits to current formulary agents of similar use, and reduction of therapeutic duplication wherever possible
- Cost-effectiveness relative to comparable therapies

## How to Use the Formulary

The Formulary is a list of medications available to MedImpact members under their pharmacy benefit. All drugs are listed by their generic names and the most common proprietary (branded) name. The Formulary may be accessed by using the index, either by generic or proprietary name and by therapeutic drug category. In situations where an FDA-approved generic equivalent is available, brand names are listed for reference purposes only, and do not denote coverage for the brand, unless specifically noted.

All drugs are listed in each category in alphabetical order by generic name. Where an FDA-approved generic is available for the listed generic name, the generic name is *italicized*.

For certain agents within the Formulary, a recommended prescribing guideline may apply. These are denoted throughout the document using the following symbols:

Symbol	Guideline	Description
AGE	Age Edit	Coverage may depend on patient age
PA	Prior Authorization	Requires specific physician request process
QL	Quantity Limit	Coverage may be limited to specific quantities per prescription and/or time period
ST	Step Therapy	Coverage may depend on previous use of another drug
SP	Specialty Drug	Coverage may require dispensing from specialty pharmacy. Specialty copay/coinsurance may apply depending on benefit.

## Benefit Coverage and Limitations

This printed Formulary does not provide information regarding the specific coverage and limitations an individual member may be subject to. Many members have specific benefit inclusions, exclusions, copayments, or a lack of coverage, which are not reflected in the Formulary.

The Formulary applies only to outpatient drugs provided to members and does not apply to medications used in inpatient settings. If a member has any specific questions regarding their coverage, they should contact their Plan Sponsor or MedImpact at (800) 788-2949.

**Depending upon a member's specific benefit parameters, the following topics may apply:**

**1. Generic Substitution**

When available, FDA-approved generic drugs are to be used in all situations, regardless of the brand name indicated. The generic names are *italicized* in the formulary listing wherever an FDA-approved generic drug product is available. Greater economy is realized through the use of

generic equivalents. This policy is not meant to preclude or supplant any state statutes that may exist. All drugs that are or become available generically are subject to review by the MedImpact P&T Committee. MedImpact approves such multi-source drugs for addition to the Maximum Allowable Cost (MAC) list based on the following criteria:

- A multi-source drug product manufactured by at least one (1) nationally marketed company.
- At least one (1) of the generic manufacturer's products must have an "A" rating or the generic product has been determined to be unassociated with efficacy, safety or bioequivalency concerns by the MedImpact P&T Committee.
- Drug product will be approved for generic substitution by the MedImpact P&T Committee.

This list is reviewed and updated periodically based on the clinical literature and pharmacokinetic characteristics of currently available versions of these drug products.

If a member or physician requests a brand name product in lieu of an approved generic, the member, based upon their coverage, will typically be required to pay the difference in cost between the brand and the generic. If a physician determines that there is a documented medical need for the brand equivalent, a request for coverage may be made using the medication request process.

## **2. Tier Benefit Design**

The Formulary may be applied to a tier benefit design, where the member shares the cost of prescription drug therapy based on the drug's tier and copayment or coinsurance. In most instances, generically available drugs will be covered in a separate lower tier (low copay), preferred branded drugs listed on the Formulary will be covered under a higher tier, and branded drugs not on the Formulary will be covered under a separate non-preferred branded drug copay tier. Specialty drugs may be covered at a higher copay or coinsurance. Essential health benefit/preventative medications, if available on your plans formulary (applies to new and non-grandfathered plans), will be covered without cost sharing (zero copay).

## **Tier Definitions**

- Tier 1: Generic medications (or certain preferred brands) (formulary agents)
- Tier 2: Preferred brand medications (formulary agents)
- Tier 3: Non-preferred brand medications (non-formulary agents)
- \$0: EHB/ACA Zero Copay/Preventive (\$0 Copay)

•EHB = Essential Health Benefit

•ACA = Affordable Care Act

## **3. Medication Request Process**

Depending upon plan benefit design, a medication request process may apply as follows:

### **A. Coverage Exceptions**

Drugs that are listed in the Formulary with associated Prior Authorization (PA) require evaluation, per MedImpact P&T Committee Prior Authorization guidelines, prior to dispensing at a pharmacy. Each request will be reviewed on an individual patient need basis. If the request does not meet the guidelines established by the P&T Committee, the request will not be approved and alternative therapy may be recommended.

### **B. Obtaining Coverage**

Coverage, questions or information regarding the medication request or formulary process may be obtained by:

1. Faxing a completed **Medication Request Form** to MedImpact at (858) 790-7100.
2. Contacting MedImpact at (800) 788-2949 and providing all necessary information requested. MedImpact will provide an authorization number, specific for the medical need, for all approved requests. Non-approved requests may be appealed. The prescriber must provide information to support the appeal on the basis of medical necessity. Prior Authorization is generally not available for drugs that are specifically excluded by benefit design.

#### **4.General Exclusions**

- A. Over the Counter (OTC) medications or their equivalents, unless the individual's pharmacy benefit offers coverage of OTC medications.
- B. Drugs specifically listed as not covered.
- C. Any drug products used for cosmetic purposes.
- D. Experimental drug products or any drug product used in an experimental manner.
- E. Replacement of lost or stolen medication.
- F. Non self-administered injectable drug products unless otherwise specified in the Formulary listing.
- G. Foreign sourced drugs or drugs not approved by the United States Food & Drug Administration, except in certain cases of drug shortage, when allowed under the individual's pharmacy benefit.

#### **Excluded Agents**

As new drugs become available, they will be considered for coverage under the MedPerform Formulary. The plan administrator has the right to decide what drugs are covered and to what extent, as well as the right to modify coverage including the exclusion of any prescription drugs. Please note that prescribing guidelines such as Prior Authorization, Step Therapy, Quantity Limit, etc., may still apply to Formulary Therapeutic Alternatives.

The P&T recognize that not all medical needs can be met with this document and encourage inquiries about alternative therapies.

#### **5.Pharmacist and Physician Communication**

The Formulary is a tool to promote cost-effective prescription drug use. The P&T committee has made every attempt to create a document that meets all therapeutic needs; however, the art of medicine makes this a formidable task. MedImpact welcomes the participation of physicians, pharmacists, and ancillary medical providers, in this dynamic process. Physicians and pharmacists are highly encouraged to direct any suggestions, comments or formulary additions to MedImpact at the following address:

Chairperson, Pharmacy & Therapeutics Committee  
MedImpact Healthcare Systems, Inc.  
10181 Scripps Gateway Court  
San Diego, CA 92131



# MedPerform Formulary Drug Exclusion

October 1, 2024

DRUG CATEGORY	PREFERRED ALTERNATIVE(S)	EXCLUDED
<b>ALLERGY</b>		
NASAL CORTICOSTEROIDS	azelastine/fluticasone OTC budesonide flunisolide fluticasone mometasone OTC triamcinolone Qnasl Xhance	Beconase AQ Dymista Omnaris Ticanase Zetonna
OPHTHALMIC ANTIHISTAMINES	azelastine epinastine olopatadine Alomide	Bepreve Emadine Lastacraft Pazeo
<b>BEHAVIORAL HEALTH</b>		
ADHD AGENTS	amphetamine sulfate dexmethylphenidate dextroamphetamine/ amphetamine dextroamphetamine/ amphetamine ER dextroamphetamine ER dextroamphetamine methylphenidate methylphenidate ER lisdexamphetamine dimesylate	Adhansia XR Adzenys ER Adzenys XR-ODT amphetamine ER Aptensio XR Azstarys Cotempla XR-ODT methylphenidate ER (72mg) Jornay PM Relexii Xelstrym
ANTIPSYCHOTICS	ariprazole/ripiprazole ODT/ oral solution asenapine clozapine clozapine ODT lurasidone olanzapine paliperidone quetiapine IR/XR risperidone risperidone ER ziprasidone Abilify Asimtufii Abilify Maintena Aristada Invega Hafyera/Sustenna/Trinza Perseris Rexulti Rykindo Uzedy Vraylar Zyprexa Relprevv	Abilify Mycite Lybalvi quetiapine (150mg)

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DRUG CATEGORY	PREFERRED ALTERNATIVE(S)	EXCLUDED
<b>CARDIOVASCULAR</b>		
LIPID-LOWERING AGENTS	atorvastatin ezetimibe fluvastatin IR/ER lovastatin IR/ER Livalo pravastatin rosuvastatin simvastatin tablet simvastatin/ezetimibe	pitavastatin calcium Roszet
ANTICOAGULANTS	dabigatran Eliquis Xarelto	Savaysa
<b>DERMATOLOGY</b>		
ACTINIC KERATOSIS AGENTS	diclofenac 3% fluorouracil 0.5% fluorouracil 5% Tolak Klisyri	Carac 0.5% Picato Zyclara
<b>DIABETES</b>		
DPP-4 INHIBITORS	Januvia Janumet Janumet XR	alogliptin alogliptin/metformin alogliptin/pioglitazone Jentaduo Jentaduo XR Kazano Kombiglyze XR Nesina (brand and authorized generic) Onglyza Oseni/Tadjenta Zituvio (brand and authorized generic)
SGLT-2 INHIBITORS	Farxiga Jardiance Synjardy Synjardy XR Xigduo XR	Brenzavvy dapagliflozin propanediol dapaglifloz propaned/metformin Inpefa Invokana Invokamet Invokamet XR Segluromet Steglatro
DPP-4 INHIBITOR AND SGLT-2 INHIBITOR COMBINATIONS	Glyxambi Trijardy XR	Qtern Steglujan
GLP-1 AGONISTS	Bydureon Bydureon BCise Byetta Mounjaro Ozempic Rybelsus Trulicity	Adlyxin
INSULINS, RAPID-ACTING	insulin lispro Humalog (U-200) Lyumjev	Admelog Apidra Fiasp insulin aspart (authorized generic) Novolog

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DRUG CATEGORY	PREFERRED ALTERNATIVE(S)	EXCLUDED
INSULINS, SHORT-ACTING	Humulin	Novolin
INSULINS, LONG-ACTING	Semglee (yfgn) Tresiba Toujeo	Basaglar Insulin degludec Insulin glargine (yfgn) insulin glargine, hum.rec.analog (authorized generic) Lantus Levemir Rezvoglar
<b>ENDOCRINE</b>		
ANDROGENS	me-testosterone testosterone cypionate testosterone enanthate testosterone gel testosterone solution	Natesto Jatenzo
ESTROGENS/ESTROGEN MODIFIERS	estradiol gel estradiol patch estradiol/norethindrone estropipate medroxyprogesterone norethindrone ac-eth progesterone, micronized Bijuva Combipatch Crinone Duavee Premarin Premphase Prempro	Estrogel Femring Intrarosa Menest Osphena
OSTEOPOROSIS AGENTS	alendronate calcitonin ibandronate raloxifene risedronate risedronate DR teriparatide Tymlos	Binosto
WEIGHT REDUCTION (IF COVERED)	diethylpropion orlistat phentermine phendimetrazine topiramate Saxenda Wegovy Zepbound	Belviq Belviq XR Contrave Plenity Qsymia
<b>GASTROINTESTINAL</b>		
IRRITABLE BOWEL & CONSTIPATION	lubiprostone Linzess Movantik	Ibsirela Motegrity Symproic Trulance Zelnorm
INFLAMMATORY BOWEL DISEASE AGENTS	balsalazide disodium mesalamine 1.2G mesalamine DR 800mg mesalamine ER sulfasalazine Pentasa 250mg	mesalamine DR 400mg Dipentum

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DRUG CATEGORY	PREFERRED ALTERNATIVE(S)	EXCLUDED
<b>GENITOURINARY</b>		
DRUGS TO TREAT IMPOTENCY	sildenafil tadalafil	Stendra vardenafil
<b>INFLAMMATORY DISEASE</b>		
AUTOIMMUNE AGENTS	Methotrexate Otrexup	Rasuvo
<b>PAIN MANAGEMENT</b>		
HEADACHE/ MIGRAINE TREATMENT	almotriptan eletriptan frovatriptan naratriptan rizatriptan sumatriptan zolmitriptan Aimovig Ajovy Emgality Nurtec ODT Quilpta Reyvow Ubrelvy	Onzetta Xsail Tosymra Trexiemet Zembrace Symtouch Zomig Nasal
<b>RESPIRATORY</b>		
BETA-AGONISTS, SHORT-ACTING (SABA)	albuterol HFA levalbuterol HFA	ProAir Digihaler ProAir RespiClick
INHALED CORTICOSTEROIDS (ICS)	Fluticasone Propionate Arnuity Ellipta	Aerospan Alvesco Armonair RespiClick Armonair DigiClick Asmanex Pulmicort Flexhaler Qvar Redihaler
INHALED CORTICOSTEROID/LONG-ACTING BETA AGONIST (ICS/LABA) COMBINATIONS	Fluticasone/Salmeterol (Advair Diskus) Budesonide/Formoterol (Symbicort) Advair HFA Breo Ellipta	Airduo (brand and authorized generic) Airduo RespiClick Airduo Digihaler Dulera Fluticasone furoate-vilanterol (authorized generic) Fluticasone-Salmeterol (HFA)
INHALED LONG-ACTING MUSCARINIC ANTAGONISTS (LAMA)	Spiriva Handihaler Spiriva Respimat	Incruse Ellipta Seebri Neohaler tiotropium bromide Tudorza Pressair Yupelri
INHALED LONG-ACTING MUSCARINIC ANTAGONISTS AND LONG-ACTING BETA AGONIST (LAMA/LABA) COMBINATIONS	Anoro Ellipta Stiolto Respimat	Duaklir Pressair Utidron Neohaler Bevespi Aerosphere
INHALED CORTICOSTEROID, LONG-ACTING MUSCARINIC ANTAGONIST, AND LONG-ACTING BETA AGONIST (ICS/LAMA/LABA) COMBINATIONS	Trelegy Ellipta Breztri Aerosphere	

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DRUG CATEGORY	PREFERRED ALTERNATIVE(S)	EXCLUDED
ANTI-LEUKOTRIENES	montelukast zafirlukast	Zyflo Zyflo CR
<b>SPECIALTY</b>		
ANEMIA AGENTS	Retacrit	Aranesp EpoGen Procrit
AUTOIMMUNE AGENTS	Adalimumab-ADAZ Amjevit Cyltezo Enbrel Humira Hyrimoz Otezla Rinvoq Simlandi Skyrizi Sotykut Stelara Taltz Tremfya Xeljanz Xeljanz XR	Abrilada Adalimumab-rvyk Cosentyx Hadlima Hulio Idacio Ilumya Omwoh Siliq Tofidience Velsipity Yuflyma Yusimry Zymfentra
GROWTH HORMONES	Norditropin Genotropin Skytrofa Sogroyna	Humatrope Ngenla Nutropin AQ NuSpin Saizen Zomacton
HEMATOLOGICAL DISORDERS-LEUKOCYTE (WBC) STIMULANTS	Nivestym Nyvepria	Fulphila Flynetra Granix Relueko Rolvedon Stimufend Udenyca Zarvio Ziextenzo
HEPATITIS C AGENTS	Epclesia Harvoni Vosevi	Viekira Pak Viekira XR Zepatier Ledipasvir-sofosbuvir Sofosbuvir-velpatasvir
MULTIPLE SCLEROSIS AGENTS	Glatopa Glatiramer dalfampridine dimethyl fumarate fingolimod 0.5mg teriflunomide Avonex Betaseron Copaxone Gilenya 0.25mg Kesimpta Pen Mavenclad Mayzent	Bafiertam Extavia Ponvory Tasceno ODT Tecfidera

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# MedPerform Formulary Drug Exclusion

October 1, 2024

DRUG CATEGORY	PREFERRED ALTERNATIVE(S)	EXCLUDED
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## Medication Request Form

Attn: Prior Authorization Department

10181 Scripps Gateway Court San Diego, CA 92131

Toll Free Phone: 1-800-788-2949

Toll-Free Fax: 855-236-4067

DO NOT WRITE IN BLOCKED AREAS  
FOR INTERNAL USE ONLY

Contacted:

Physician:

Pharmacy:

Patient:

**Medication Request Information: Please complete each section of this form prior to transmittal to the toll-free fax number listed above.**

\*Denotes Required Fields

PATIENT INFORMATION			PHYSICIAN INFORMATION		
*Name:			*Name:		
*ID#:			*Specialty:		
*Date of Birth:	*Height:	*Weight:	ID# / DEA#:		
*Health Plan:			*Phone: ( ) -	*Fax: ( ) -	
*Diagnosis (ICD-10 Code, and Description required):					
REQUESTED DRUG INFORMATION			PHARMACY INFORMATION		
*Requested Drug:			Name:		
Dose:	Strength:		Phone: ( ) -	Fax: ( ) -	
Quantity: (per month)	Dosage Form: (Oral, Injection, etc)		Length of Treatment: (Please be specific.)		
Reason for Medication Request (Please be specific, give detail and attach clinical notes):					
Other Medications Tried and/or Failed (Please be specific, give detail.):					
Other Pertinent History (Relative or pertaining to this request and attach pertinent medical reports):					

**\*Please Note: Receipt of this form does not guarantee approval for the above-mentioned medication. Any information left blank or ineligible may delay the review process.**

**REQUEST FOR EXPEDITED (URGENT) REVIEW:** BY CHECKING THIS BOX, I CERTIFY THAT APPLYING THE STANDARD REVIEW TIME FRAME MAY SERIOUSLY JEOPARDIZE THE LIFE OR HEALTH OF THE MEMBER OR THE MEMBER'S ABILITY TO REGAIN MAXIMUM FUNCTION

**DO NOT WRITE IN THIS AREA. FOR INTERNAL USE ONLY**

PA#

Approved

Denied

Duration: \_\_\_\_\_

Returned on \_\_\_\_\_

Comments: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

<b>Allergy .....</b>	3
<b>Antiemesis/Antivertigo .....</b>	6
<b>Asthma And Copd.....</b>	8
<b>Autonomic Nervous System Disorders.....</b>	20
<b>Behavioral Health - Antidepressants.....</b>	22
<b>Behavioral Health - Other .....</b>	26
<b>Cardiovascular Disease - Arrhythmia.....</b>	40
<b>Cardiovascular Disease - Cardiac Stimulant .....</b>	41
<b>Cardiovascular Disease - Hypertension .....</b>	41
<b>Cardiovascular Disease - Lipid Irregularity.....</b>	52
<b>Cardiovascular Disease - Miscellaneous Agents .....</b>	58
<b>Cardiovascular Disease - Vasodilation .....</b>	60
<b>Contraception/Oxytocics.....</b>	61
<b>Cough And Cold.....</b>	75
<b>Dermatology - Acne .....</b>	77
<b>Dermatology - Antiinfective .....</b>	83
<b>Dermatology - Antiinflammatory.....</b>	88
<b>Dermatology - Miscellaneous.....</b>	98
<b>Dermatology - Psoriasis/Eczema.....</b>	106
<b>Diabetes.....</b>	109
<b>Ear - General Disorders .....</b>	123
<b>Electrolyte Regulation .....</b>	124
<b>Endocrine Disorder - Fertility.....</b>	127
<b>Endocrine Disorder - Other .....</b>	128
<b>Endocrine Disorder - Thyroid.....</b>	133
<b>Eye - General Disorders .....</b>	135
<b>Eye - Glaucoma .....</b>	140
<b>Eye - Miscellaneous.....</b>	144
<b>Fluid Replacement .....</b>	144

<b>Gout And Related Diseases</b>	144
<b>Hematological Disorders</b>	145
<b>Hormonal Deficiency</b>	158
<b>Immunization</b>	162
<b>Immunosuppression/Modulation</b>	170
<b>Infectious Disease - Bacterial</b>	172
<b>Infectious Disease - Fungal</b>	179
<b>Infectious Disease - Miscellaneous</b>	180
<b>Infectious Disease - Parasitic</b>	182
<b>Infectious Disease - Viral</b>	184
<b>Inflammatory Disease</b>	192
<b>Local Anesthesia</b>	201
<b>Lower Gastrointestinal Disorders - Bowel Inflammation</b>	202
<b>Lower Gastrointestinal Disorders - Other</b>	204
<b>Medical Supplies</b>	208
<b>Miscellaneous Agents</b>	223
<b>Neoplastic Disease</b>	225
<b>Neurological Disease - Miscellaneous</b>	236
<b>Oral/Pharyngeal Disorders</b>	240
<b>Other Drugs</b>	240
<b>Other Respiratory Disorders</b>	251
<b>Pain Management - Analgesics</b>	253
<b>Parkinsons Disease</b>	265
<b>Seizure Disorder</b>	268
<b>Skeletal Muscle Disorder</b>	274
<b>Smoking Cessation</b>	275
<b>Upper Gastrointestinal Disorders - Digestive</b>	278
<b>Upper Gastrointestinal Disorders - Spastic Disease</b>	279
<b>Upper Gastrointestinal Disorders - Ulcer Disease</b>	280
<b>Urinary Tract - Functional Disorders</b>	283
<b>Vaginal Disorders</b>	286
<b>Vitamin And/Or Mineral Deficiency</b>	288
<b>Weight Reduction</b>	290

Drug	Status	Notes
<b>Allergy</b>		
<b>2Nd Gen Antihistamine &amp; Decongestant Combinations</b>		
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG	Tier 3	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (2 EA per 1 day)
<b>Allergenic Extracts, Therapeutics</b>		
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 2	PA; SP
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6)	Tier 2	PA; SP
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1)	Tier 2	PA; SP
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG	Tier 2	PA; SP
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2)	Tier 2	PA; SP
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4)	Tier 2	PA; SP
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1)	Tier 2	PA; SP

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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
hydroxyzine pamoate oral capsule 100 mg, 50 mg	Tier 1	
hydroxyzine pamoate oral capsule 25 mg (Vistaril)	Tier 1	
KARBINAL ER ORAL SUSPENSION,EXTENDED REL 12 HR 4 MG/5 ML (carbinoxamine maleate)	Tier 3	ST: Requires prior prescription for Carbinoxamine Maleate within the past 120 days; QL (960 ML per 30 days); Age (Min 2 Years)
promethazine injection solution 25 mg/ml, 50 mg/ml (Phenergan)	Tier 1	
promethazine oral syrup 6.25 mg/5 ml	Tier 1	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	Tier 1	
<b>Antihistamines - 2Nd Generation</b>		
cetirizine oral solution 1 mg/ml (All Day Allergy (cetirizine))	Tier 1	
desloratadine oral tablet 5 mg (Claritin)	Tier 1	QL (1 EA per 1 day)
desloratadine oral tablet,disintegrating 2.5 mg, 5 mg	Tier 1	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (1 EA per 1 day)
levocetirizine oral solution 2.5 mg/5 ml (Xyzal)	Tier 1	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (10 ML per 1 day)
levocetirizine oral tablet 5 mg (24HR Allergy Relief)	Tier 1	
<b>Nasal Antihistamine</b>		
azelastine nasal spray,non-aerosol 137 mcg (0.1 %)	Tier 1	QL (60 ML per 30 days)
azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %) (Astelin Allergy)	Tier 1	QL (60 ML per 30 days)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>olopatadine nasal spray,non-aerosol 0.6 %</i> (Patanase)	Tier 1	QL (30.5 GM per 30 days)
<b>Nasal Antihistamine &amp; Anti-Inflam. Steroid Comb.</b>		
<i>azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray</i> (Dymista)	Tier 1	ST: Requires prior prescription for nasal formulation of Flunisolide or Fluticasone Propionate within the past 120 days; QL (23 GM per 30 days)
<b>Nasal Anti-Inflammatory Steroids</b>		
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	Tier 1	QL (25 ML per 30 days)
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i> (24 Hour Allergy Relief)	Tier 1	QL (16 GM per 30 days)
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i> (Allergy Nasal (mometasone))	Tier 1	QL (17 GM per 30 days)
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	Tier 2	QL (6.8 GM per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	Tier 2	QL (10.6 GM per 30 days)
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	Tier 2	ST: Requires prior prescription for nasal formulation of Flunisolide, Fluticasone Propionate, or Mometasone Furoate within the past 120 days; QL (32 ML per 30 days)
<b>Antiemesis/Antivertigo</b>		
<b>Antiemetic, Cannabinoid-Type</b>		
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)	Tier 1	ST: Requires prior prescription for a 5HT3 antagonist, corticosteroid, Emend, or Megestrol suspension within the past 120 days; QL (2 EA per 1 day)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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)
<b>Antiemetic/Antivertigo Agents</b>		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	Tier 2	QL (1 EA per 28 days)
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 (Emend)</i>	Tier 1	QL (2 EA per 21 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i>	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 tablets or ODT 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 (Dramamine (meclizine))</i>	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	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	Tier 1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>prochlorperazine rectal suppository 25 mg</i>	Tier 1	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG	Tier 1	
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	Tier 3	ST: Requires prior prescription for Ondansetron tablets or ODT within the past 120 days; QL (1 EA per 7 days)
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	Tier 1	
<i>trimethobenzamide oral capsule 300 mg</i>	Tier 1	
VARUBI ORAL TABLET 90 MG	Tier 3	QL (2 EA per 14 days)
<b>Asthma And Copd</b>		
<b>Anticholinergic, Orally Inhaled Short Acting</b>		
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	
<b>Anticholinergics, Orally Inhaled Long Acting</b>		
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 1	QL (30 EA per 30 days)

Drug	Status	Notes
<b>Beta-Adrenergic Agents</b>		
albuterol sulfate oral syrup 2 mg/5 ml	Tier 1	
albuterol sulfate oral tablet 2 mg, 4 mg	Tier 1	
albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg	Tier 1	
terbutaline oral tablet 2.5 mg, 5 mg	Tier 1	
<b>Beta-Adrenergic Agents, Inhaled, Short Acting</b>		
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (Ventolin HFA)	Tier 1	
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	Tier 1	
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml	Tier 1	
levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation (Xopenex HFA)	Tier 1	
<b>Beta-Adrenergic Agents, Inhaled, Ultra-Long Acting</b>		
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	Tier 2	QL (4 GM per 30 days)
<b>Beta-Adrenergic Agents, Orally Inhaled, Long Acting</b>		
arformoterol inhalation solution for nebulization 15 mcg/2 ml (Brovana)	Tier 1	QL (120 ML per 30 days)
formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml (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)
<b>Beta-Adrenergic And Anticholinergic Combinations</b>		
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	Tier 2	QL (60 EA per 30 days)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>	
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)	
<b>Beta-Adrenergic And Glucocorticoid Combinations</b>			
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	(fluticasone propion-salmeterol)	Tier 2	QL (12 GM per 30 days)
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION		Tier 2	QL (32.1 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)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE		Tier 2	QL (60 EA per 30 days)
BREYNA INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	(budesonide-formoterol)	Tier 1	QL (30.9 GM per 30 days)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	(Breyna)	Tier 1	QL (30.9 GM per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	(Wixela Inhub)	Tier 1	QL (60 EA per 30 days)
WIXELA INHUB 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)
<b>Beta-Adrenergic-Anticholinergic-Glucocort, Inhaled</b>			

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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)
<b>Glucocorticoids, Orally Inhaled</b>		
ARNUITY 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)
<i>fluticasone propionate inhalation blister with device 100 mcg/actuation, 50 mcg/actuation</i>	Tier 1	QL (60 EA per 30 days)
<i>fluticasone propionate inhalation blister with device 250 mcg/actuation</i>	Tier 1	QL (120 EA per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>	Tier 1	QL (12 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>	Tier 1	QL (24 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	Tier 1	QL (21.2 GM per 30 days)
<b>Interleukin-4(IL-4) Receptor Alpha Antagonist, Mab</b>		
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	Tier 2	PA; SP
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	Tier 2	PA; SP

Drug	Status	Notes
<b>Interleukin-5(IL-5) Receptor Alpha Antagonist, Mab</b>		
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	Tier 2	PA; SP
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML	Tier 2	PA; SP
<b>Leukotriene Receptor Antagonists</b>		
montelukast oral granules in packet 4 mg (Singulair)	Tier 1	
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	
<b>Mast Cell Stabilizers</b>		
cromolyn oral concentrate 100 mg/5 ml (Gastrocrom)	Tier 1	
<b>Mast Cell Stabilizers, Orally Inhaled</b>		
cromolyn inhalation solution for nebulization 20 mg/2 ml	Tier 1	
<b>Monoclonal Antibodies To Immunoglobulin E(IgE)</b>		
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	Tier 2	PA; SP
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	Tier 2	PA; SP
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	Tier 2	PA; SP
<b>Monoclonal Antibody - Interleukin-5 Antagonists</b>		
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	Tier 2	PA; SP
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	Tier 2	PA; SP
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML	Tier 2	PA; SP

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<b>Phosphodiesterase-4 (Pde4) Inhibitors</b>		
OHTUVAYRE INHALATION SUSPENSION FOR NEBULIZATION 3 MG/2.5 ML	Tier 3	PA
roflumilast oral tablet 250 mcg, 500 mcg (Daliresp)	Tier 1	QL (1 EA per 1 day)
<b>Respiratory Aids, Devices, Equipment</b>		
ACE AEROSOL CLOUD ENHANCER SPACER (inhalational spacing device)	Tier 3	
AEROBIKA OSCILLATING PEP SYSTM DEVICE	Tier 3	
AEROCHAMBER MECHANICAL VENT SPACER (inhalational spacing device)	Tier 3	
AEROCHAMBER MINI SPACER (inhalational spacing device)	Tier 3	
AEROCHAMBER MV SPACER (inhalational spacing device)	Tier 3	
AEROCHAMBER PLUS FLOW-VU SPACER (inhalational spacing device)	Tier 3	
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER	Tier 3	
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER	Tier 3	
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER	Tier 3	
AEROCHAMBER PLUS Z STAT LG MSK SPACER	Tier 3	
AEROCHAMBER PLUS Z STAT MD MSK SPACER	Tier 3	
AEROCHAMBER PLUS Z STAT SM MSK SPACER	Tier 3	
AEROCHAMBER PLUS Z STAT SPACER (inhalational spacing device)	Tier 3	
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER (inhalational spacing device)	Tier 3	
AEROECLIPSE II NEBULIZER (nebulizers)	Tier 3	
AEROECLIPSE XL NEBULIZER (nebulizers)	Tier 3	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
AEROGEAR ACTION ASTHMA KIT KIT	Tier 3	
AERONEB GO NEBULIZER (nebulizers)	Tier 3	
AEROTRACH PLUS SPACER (inhalational spacing device)	Tier 3	
AEROVENT PLUS SPACER (inhalational spacing device)	Tier 3	
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 3	
BREATHERITE SPACER-MASK, NEO. SPACER	Tier 3	
BREATHERITE SPACER-MASK,ADULT SPACER	Tier 3	
BREATHERITE SPACER-MASK,CHILD SPACER	Tier 3	
BREATHERITE SPACER-MASK,INFANT SPACER	Tier 3	
BREATHERITE SPACER-MASK,S.CHLD SPACER	Tier 3	
BREATHERITE VALVED MDI CHAMBER SPACER (inhalational spacing device)	Tier 3	
BREATHERITE VALVED MDI SPACER SPACER (inhalational spacing device)	Tier 3	
CLEVER CHOICE CHAMBER-LRG MASK SPACER	Tier 3	
CLEVER CHOICE CHAMBER-MED MASK SPACER	Tier 3	
CLEVER CHOICE CHAMBER-SM MASK SPACER	Tier 3	
CLEVER CHOICE NEBULIZER DEVICE (nebulizer and compressor)	Tier 3	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
CLEVER CHOICE WHISPER AIRE PED DEVICE (nebulizer and compressor)	Tier 3	
COMFORTSEAL LARGE MASK DEVICE	Tier 3	
COMFORTSEAL MEDIUM MASK DEVICE	Tier 3	
COMFORTSEAL SMALL MASK DEVICE	Tier 3	
COMPACT SPACE CHAMBER SPACER (inhalational spacing device)	Tier 3	
COMPACT SPACE CHAMBER-LRG MASK SPACER	Tier 3	
COMPACT SPACE CHAMBER-MED MASK SPACER	Tier 3	
COMPACT SPACE CHAMBER-SM MASK SPACER	Tier 3	
COMP-AIR NEBULIZER COMPRESSOR DEVICE (nebulizer and compressor)	Tier 3	
DEVILBISS DISPOSABLE NEBULIZER (nebulizers)	Tier 3	
DEVILBISS PULMO-AIDE COMPRESSR DEVICE	Tier 3	
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 3	
EASIVENT MASK LARGE DEVICE	Tier 3	
EASIVENT MASK MEDIUM DEVICE	Tier 3	
EASIVENT MASK SMALL DEVICE	Tier 3	
EASY NEB COMPRESSOR NEBULIZER DEVICE (nebulizer and compressor)	Tier 3	
EBASE CONTROLLER DEVICE	Tier 3	

<b>Drug</b>		<b>Status</b>	<b>Notes</b>
FLEXICHAMBER SPACER	(inhalational spacing device)	Tier 3	
FLEXICHAMBER-LG CHILD MASK DEVICE		Tier 3	
FLEXICHAMBER-SM ADULT MASK DEVICE		Tier 3	
FLEXICHAMBER-SM CHILD MASK DEVICE		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	
LC PLUS	(nebulizers)	Tier 3	
LC PLUS NEBULIZER-PED MASK	(nebulizers)	Tier 3	
LITE TOUCH-MEDIUM MASK DEVICE		Tier 3	
LITEAIRE MDI CHAMBER SPACER	(inhalational spacing device)	Tier 3	
LITETOUCH-LARGE MASK DEVICE		Tier 3	
LITETOUCH-SMALL MASK DEVICE		Tier 3	
MC 300 NEBULIZER W-MOUTHPIECE	(nebulizers)	Tier 3	
MC 300 NEBULIZER-UNVRSL TUBING	(nebulizers)	Tier 3	
MICROAIR MESH NEBULIZER	(nebulizers)	Tier 3	
MICROCHAMBER SPACER	(inhalational spacing device)	Tier 3	
MICROSPACER SPACER	(inhalational spacing device)	Tier 3	
MINI PLUS NEBULIZER	(nebulizers)	Tier 3	

<b>Drug</b>		<b>Status</b>	<b>Notes</b>
MINI WRIGHT PEAK FLOW METER DEVICE	(peak flow meter)	Tier 3	
nebulizer and compressor device	(Clever Choice Nebulizer)	Tier 3	
OMBRA COMPRESSOR SYSTEM DEVICE	(nebulizer and compressor)	Tier 3	
OPTICHAMBER ADULT MASK-LARGE DEVICE		Tier 3	
OPTICHAMBER DIAMOND LG MASK SPACER		Tier 3	
OPTICHAMBER DIAMOND VHC SPACER	(inhalational spacing device)	Tier 3	
OPTICHAMBER DIAMOND-MED MSK SPACER		Tier 3	
OPTICHAMBER DIAMOND-SML MASK SPACER		Tier 3	
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	

<b>Drug</b>		<b>Status</b>	<b>Notes</b>
POCKET CHAMBER SPACER	(inhalational spacing device)	Tier 3	
PORTABLE NEBULIZER SYSTEM DEVICE	(nebulizer and compressor)	Tier 3	
PRIMEAIRE SPACER	(inhalational spacing device)	Tier 3	
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 3	
PROCARE SPACER WITH CHILD MASK SPACER		Tier 3	
PROCHAMBER SPACER	(inhalational spacing device)	Tier 3	
PRODIGY MINI-MIST NEBULIZER	(nebulizers)	Tier 3	
PRONEB MAX COMPRESSOR-LC PLUS DEVICE	(nebulizer and compressor)	Tier 3	
PRONEB MAX COMPRESSR-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 NEBUL DEVICE	(nebulizer and compressor)	Tier 3	
PUREAIR MINI NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	
QUAKE VIBRATORY PEP DEVICE		Tier 3	
RITEFLO AEROCHAMBER SPACER	(inhalational spacing device)	Tier 3	
SAMI THE SEAL DEVICE	(nebulizer and compressor)	Tier 3	
SIDESTREAM	(nebulizers)	Tier 3	
SIDESTREAM NEBULIZER	(nebulizers)	Tier 3	

<b>Drug</b>		<b>Status</b>	<b>Notes</b>
SIDESTREAM PLUS	(nebulizers)	Tier 3	
SILICONE MASK - INFANT DEVICE		Tier 3	
SINUSTAR NEBULIZER	(nebulizers)	Tier 3	
SMARTNEB COMPRESSOR NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	
SOOTHENEBO COMPRESSOR NEBULIZER DEVICE	(nebulizer and compressor)	Tier 3	
SOOTHENEBO MESH NEBULIZER	(nebulizers)	Tier 3	
SPACE CHAMBER SPACER	(inhalational spacing device)	Tier 3	
SPACE CHAMBER WITH LARGE MASK SPACER		Tier 3	
SPACE CHAMBER WITH MEDIUM MASK SPACER		Tier 3	
SPACE CHAMBER WITH SMALL MASK SPACER		Tier 3	
STRIVE PEAK FLOW METER DEVICE	(peak flow meter)	Tier 3	
SUNRISE COMPRESSOR-NEBULIZER DEVICE		Tier 3	
THRESHOLD IMT TRAINER DEVICE		Tier 3	
THRESHOLD PEP DEVICE DEVICE		Tier 3	
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 3	
VORTEX VHC FROG MASK-CHILD SPACER		Tier 3	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
VORTEX VHC LADYBUG MASK-TODDLR SPACER	Tier 3	
WILLIS THE WHALE COMPRESSR NEB DEVICE	(nebulizer and compressor)	Tier 3
<b>Thymic Stromal Lymphopoietin (Tslp) Inhibitors</b>		
TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML)	Tier 2	PA; SP
<b>Xanthines</b>		
<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 (Elixophyllin)</i>	Tier 1	
<i>theophylline oral solution 80 mg/15 ml</i>	Tier 1	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	Tier 1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	Tier 1	
<b>Autonomic Nervous System Disorders</b>		
<b>Alzheimer's Therapy, Nmda Receptor Antagonists</b>		
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg	(Namenda XR)	Tier 1  ST: Requires prior prescription for Memantine immediate release tablets within the past 120 days; QL (30 EA per 30 days)
memantine oral solution 2 mg/ml		Tier 1  QL (300 ML per 30 days)
memantine oral tablet 10 mg, 5 mg		Tier 1  QL (60 EA per 30 days)
memantine oral tablets,dose pack 5-10 mg	(Namenda Titration Pak)	Tier 1  QL (49 EA per 28 days)

Drug	Status	Notes
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)
<b>Alzheimer's Thx,Nmda Recept Antag &amp; Cholines Inhib</b>		
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	Tier 2	ST: At least 2 prior prescriptions for Donepezil HCL or Memantine IR/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 Donepezil HCL or Memantine IR/XR within the past 365 days; QL (1 EA per 1 day)
<b>Cholinesterase Inhibitors</b>		
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg (Aricept)</i>	Tier 1	
<i>donepezil oral tablet,disintegrating 10 mg, 5 mg</i>	Tier 1	
<i>galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	Tier 1	QL (200 ML per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>pyridostigmine bromide oral syrup 60 mg/5 ml (Mestinon)</i>	Tier 1	
<i>pyridostigmine bromide oral tablet 30 mg</i>	Tier 1	
<i>pyridostigmine bromide oral tablet 60 mg (Mestinon)</i>	Tier 1	
<i>pyridostigmine bromide oral tablet (Mestinon Timespan) extended release 180 mg</i>	Tier 1	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	Tier 1	

Drug	Status	Notes
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i> (Exelon Patch)	Tier 1	QL (30 EA per 30 days)
<b>Behavioral Health - Antidepressants</b>		
<b>Alpha-2 Receptor Antagonist Antidepressants</b>		
<i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)	Tier 1	
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	Tier 1	
<i>mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab)	Tier 1	
<b>Antidepressant - Nmda Receptor Antagonist</b>		
SPRAVATO NASAL SPRAY,NON-AEROSOL 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3)	Tier 3	PA; SP
<b>Antidepressant - Postpartum Depression (Ppd)</b>		
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG	Tier 2	PA
<b>Maois - Non-Selective &amp; Irreversible</b>		
MARPLAN ORAL TABLET 10 MG	Tier 3	
<i>phenelzine oral tablet 15 mg</i> (Nardil)	Tier 1	
<i>tranylcypromine oral tablet 10 mg</i> (Parnate)	Tier 1	
<b>Monoamine Oxidase(Mao) Inhibitors</b>		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	Tier 3	QL (1 EA per 1 day)
<b>Ndma Receptor Antagonist And Ndri Comb</b>		
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	Tier 3	
<b>Norepinephrine And Dopamine Reuptake Inhib (Ndris)</b>		
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg (Wellbutrin XL)	Tier 1	
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg (Wellbutrin SR)	Tier 1	
<b>Selective Serotonin Reuptake Inhibitor (Ssris)</b>		
citalopram oral solution 10 mg/5 ml	Tier 1	
citalopram oral tablet 10 mg, 20 mg, 40 mg (Celexa)	Tier 1	
escitalopram oxalate oral solution 5 mg/5 ml	Tier 1	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg (Lexapro)	Tier 1	
fluoxetine oral capsule 10 mg, 20 mg, 40 mg (Prozac)	Tier 1	
fluoxetine oral capsule, delayed release(dr/ec) 90 mg	Tier 1	
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	Tier 1	
fluoxetine oral tablet 10 mg, 20 mg, 60 mg	Tier 1	
fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg	Tier 1	QL (2 EA per 1 day)
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
paroxetine hcl oral suspension 10 mg/5 ml (Paxil)	Tier 1	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg (Paxil)	Tier 1	
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg (Paxil CR)	Tier 1	
sertraline oral capsule 150 mg, 200 mg	Tier 1	QL (1 EA per 1 day)
sertraline oral concentrate 20 mg/ml (Zoloft)	Tier 1	
sertraline oral tablet 100 mg, 25 mg, 50 mg (Zoloft)	Tier 1	

Drug	Status	Notes
<b>Serotonin-2 Antagonist/Reuptake Inhibitors (Saris)</b>		
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	Tier 1	
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg	Tier 1	
<b>Serotonin-Norepinephrine Reuptake-Inhib (Snris)</b>		
desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg	Tier 1	ST: At least 2 prior prescriptions for Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine within the past 365 days; QL (1 EA per 1 day)
desvenlafaxine succinate oral tablet (Pristiq) extended release 24 hr 100 mg, 25 mg, 50 mg	Tier 1	
duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg	Tier 1	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26), 20 MG (2)- 40 MG (5)	Tier 2	QL (1 EA per 1 day)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	Tier 2	QL (1 EA per 1 day)
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg	Tier 1	
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	Tier 1	
venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg	Tier 1	
<b>Ssri &amp; 5Ht1a Partial Agonist Antidepressant</b>		
vilazodone oral tablet 10 mg, 20 mg, 40 mg (Viibryd)	Tier 1	

Drug	Status	Notes
<b>Ssri &amp; Serotonin Receptor Modulator Antidepressant</b>		
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 2	QL (1 EA per 1 day)
<b>Tricyclic Antidepressant/Benzodiazepine Combinatns</b>		
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	Tier 1	
<b>Tricyclic Antidepressant/Phenothiazine Combinatns</b>		
<i>perphenazine-amitriptyline oral tablet 2- 10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	Tier 1	
<b>Tricyclic Antidepressants &amp; Rel. Non- Sel. Ru-Inhib</b>		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	Tier 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	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
trimipramine oral capsule 100 mg, 25 mg, 50 mg	Tier 1	
<b>Behavioral Health - Other</b>		
<b>Adrenergics, Aromatic, Non-Catecholamine</b>		
amphetamine sulfate oral tablet 10 mg, 5 mg (Evekeo)	Tier 1	PA
dextroamphetamine sulfate oral capsule, (Dexedrine Spansule) extended release 10 mg	Tier 1	QL (60 EA per 30 days)
dextroamphetamine sulfate oral capsule, extended release 15 mg	Tier 1	QL (120 EA per 30 days)
dextroamphetamine sulfate oral capsule, extended release 5 mg	Tier 1	QL (60 EA per 30 days)
dextroamphetamine sulfate oral solution (ProCentra) 5 mg/5 ml	Tier 1	QL (1800 ML per 30 days)
dextroamphetamine sulfate oral tablet 10 mg (Zenzedi)	Tier 1	QL (180 EA per 30 days)
dextroamphetamine sulfate oral tablet 15 mg (Zenzedi)	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (3 EA per 1 day)
dextroamphetamine sulfate oral tablet 2.5 mg, 7.5 mg (Zenzedi)	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (90 EA per 30 days)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>dextroamphetamine sulfate oral tablet 20 (Zenzedi) mg, 30 mg</i>	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (2 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 5 (Zenzedi) mg</i>	Tier 1	QL (90 EA per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	QL (2 EA per 1 day)
<b>DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML</b>	Tier 3	ST: At least 2 prior prescriptions for generic methylphenidate ER/LA/CD or dextroamphetamine/amphetamine XR/ER or lisdexamfetamine within the past 365 days; QL (240 ML per 30 days)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>	
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 generic methylphenidate ER/LA/CD or dextroamphetamine/amphetamine XR/ER or lisdexamfetamine within the past 365 days; QL (1 EA per 1 day)	
<i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i> (Vyvanse)	Tier 1	QL (1 EA per 1 day)	
<i>lisdexamfetamine oral tablet, chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i> (Vyvanse)	Tier 1	QL (1 EA per 1 day)	
<i>methamphetamine oral tablet 5 mg</i> (Desoxyn)	Tier 1	QL (150 EA per 30 days)	
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG	(dextroamphetamine sulfate)	Tier 3	ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (90 EA per 30 days)
<b>Anti-Alcoholic Preparations</b>			
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	Tier 1		
<i>disulfiram oral tablet 250 mg, 500 mg</i>	Tier 1		
<b>Anti-Anxiety - Benzodiazepines</b>			
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		

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	Tier 1	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	Tier 1	
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML  <i>diazepam oral concentrate 5 mg/ml</i>	(diazepam) 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  <i>lorazepam oral concentrate 2 mg/ml</i>	(lorazepam) 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	
<b>Anti-Anxiety Drugs</b>		
<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	
<b>Anti-Mania Drugs</b>		
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG  <i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	Tier 3	
<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	
<i>lithium citrate oral solution 8 meq/5 ml</i>	Tier 1	

Drug	Status	Notes
<b>Anti-Narcolepsy &amp; Anti-Cataplexy,Sedative-Type Agt</b>		
LUMRYZ ORAL EXTEND RELEASE GRANULES,PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM	Tier 3	PA; SP
sodium oxybate oral solution 500 mg/ml (Xyrem)	Tier 1	PA; SP
XYWAV ORAL SOLUTION 0.5 GRAM/ML	Tier 2	PA; SP
<b>Antipsych,Dopamine Antag.,Diphenylbutylpiperidines</b>		
pimozide oral tablet 1 mg, 2 mg	Tier 1	
<b>Antipsychotic-Atypical,D3/D2 Partial Ag-5Ht Mixed</b>		
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	Tier 2	QL (1 EA per 1 day)
<b>Antipsychotics, Atyp, D2 Partial Agonist/5Ht Mixed</b>		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	Tier 2	SP; QL (2.4 ML per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	Tier 2	SP; QL (3.2 ML per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	Tier 2	SP; QL (1 EA per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	Tier 2	SP; QL (1 EA per 26 days)
ariPIPRAZOLE oral solution 1 mg/ml	Tier 1	
ariPIPRAZOLE oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg (Abilify)	Tier 1	
ariPIPRAZOLE oral tablet,disintegrating 10 mg	Tier 1	QL (3 EA per 1 day)
ariPIPRAZOLE oral tablet,disintegrating 15 mg	Tier 1	QL (2 EA per 1 day)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	Tier 3	SP
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	Tier 2	SP; QL (3.9 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	Tier 2	SP; QL (1.6 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	Tier 2	SP; QL (2.4 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	Tier 2	SP; QL (3.2 ML per 14 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 2	QL (1 EA per 1 day)
REXULTI ORAL TABLETS,DOSE PACK 0.5 MG (7)- 1 MG (7), 1 MG (4)- 2 MG (3)	Tier 2	QL (1 EA per 1 day)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML	Tier 2	SP; QL (0.28 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML	Tier 2	SP; QL (0.35 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML	Tier 2	SP; QL (0.42 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML	Tier 2	SP; QL (0.56 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	Tier 2	SP; QL (0.7 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	Tier 2	SP; QL (0.14 ML per 28 days)

Drug	Status	Notes
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	Tier 2	SP; QL (0.21 ML per 28 days)
<b>Antipsychotics, Dopamine &amp; Serotonin Antagonists</b>		
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG	Tier 2	SP
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	
<b>Antipsychotics,Atypical,Dopamine,&amp; Serotonin Antag</b>		
<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 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	
<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)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 3	QL (2 EA per 1 day)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	Tier 3	QL (8 EA per 28 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	Tier 2	SP; QL (3.5 ML per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	Tier 2	SP; QL (5 ML per 166 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	Tier 2	SP; QL (0.75 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	Tier 2	SP; QL (1 ML per 21 days)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	Tier 2	SP; QL (1.5 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	Tier 2	SP; QL (0.25 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	Tier 2	SP; QL (0.5 ML per 21 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	Tier 2	SP; QL (88 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	Tier 2	SP; QL (1.32 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	Tier 2	SP; QL (1.75 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	Tier 2	SP; QL (2.63 ML per 70 days)
<i>lurasidone oral tablet 120 mg, 20 mg, 40 (Latuda) mg, 60 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>lurasidone oral tablet 80 mg (Latuda)</i>	Tier 1	QL (60 EA per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 (Zyprexa) mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 1	
<i>olanzapine oral tablet,disintegrating 10 (Zyprexa Zydis) mg, 15 mg, 20 mg, 5 mg</i>	Tier 1	
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>paliperidone oral tablet extended release (Invega) 24hr 3 mg, 9 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>paliperidone oral tablet extended release (Invega) 24hr 6 mg</i>	Tier 1	QL (2 EA per 1 day)
PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG	Tier 2	SP; QL (1 EA per 28 days)
<i>quetiapine oral tablet 100 mg, 200 mg, (Seroquel) 25 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg (Seroquel XR)	Tier 1	
risperidone oral solution 1 mg/ml (Risperdal)	Tier 1	
risperidone oral tablet 0.25 mg	Tier 1	
risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg (Risperdal)	Tier 1	
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	Tier 1	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	Tier 3	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	QL (18 ML per 1 day)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg (Geodon)	Tier 1	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG	Tier 2	SP; QL (1 EA per 14 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	Tier 2	SP; QL (1 EA per 28 days)
<b>Antipsychotics,Dopamine Antagonists, Thioxanthenes</b>		
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	
<b>Antipsychotics,Dopamine Antagonists,Butyrophенones</b>		
haloperidol lactate oral concentrate 2 mg/ml	Tier 1	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	Tier 1	
<b>Antipsychotics,Dopamine Antagonist,Dihydroindolones</b>		

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<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	
<b>Anti-Psychotics, Phenothiazines</b>		
<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	
<b>Barbiturates</b>		
<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	
<b>Hsdd Agents-Mixed Serotonin Agonist/Antagonists</b>		
<i>ADDYI ORAL TABLET 100 MG</i>	Tier 3	PA
<i>VYLEESI SUBCUTANEOUS AUTO-INJECTOR 1.75 MG/0.3 ML</i>	Tier 3	PA
<b>Hypnotics, Melatonin Mt1/Mt2 Receptor Agonists</b>		
<i>HETLIOZ LQ ORAL SUSPENSION 4 MG/ML</i>	Tier 3	PA; SP
<i>tasimelteon oral capsule 20 mg</i>	(Hetzioz)	Tier 1
		PA; SP

Drug	Status	Notes
<b>Narcolepsy And Sleep Disorder Therapy Agents</b>		
armodafinil oral tablet 150 mg, 200 mg, 250 mg (Nuvigil)	Tier 1	QL (1 EA per 1 day)
armodafinil oral tablet 50 mg (Nuvigil)	Tier 1	QL (3 EA per 1 day)
modafinil oral tablet 100 mg, 200 mg (Provigil)	Tier 1	QL (2 EA per 1 day)
SUNOSI ORAL TABLET 150 MG, 75 MG	Tier 3	PA
<b>Narcolepsy Tx-H3- Recept.Antagonist/Inverse Agonist</b>		
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	Tier 3	PA; SP
<b>Narcotic Antagonists</b>		
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	Tier 2	QL (4 EA per 30 days)
LOTREXONE ORAL CAPSULE 1.5 MG, 4.5 MG	Tier 3	
naloxone injection auto-injector 10 mg/0.4 ml	Tier 1	
naloxone injection syringe 0.4 mg/ml, 1 mg/ml	Tier 1	
naloxone nasal spray, non-aerosol 4 mg/actuation (Narcan)	Tier 1	QL (4 EA per 30 days)
NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG	Tier 3	
naltrexone oral tablet 50 mg	Tier 1	
OPVEE NASAL SPRAY, NON-AEROSOL 2.7 MG/ACTUATION	Tier 3	QL (4 EA per 30 days)
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML	Tier 3	QL (2 ML per 30 days)
<b>Sedative-Hypnotics - Benzodiazepines</b>		
estazolam oral tablet 1 mg, 2 mg	Tier 1	
flurazepam oral capsule 15 mg, 30 mg	Tier 1	
midazolam oral syrup 10 mg/5 ml (2 mg/ml), 2 mg/ml	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>quazepam oral tablet 15 mg</i> (Doral)	Tier 1	
<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	
<b>Sedative-Hypnotics, Non-Barbiturate</b>		
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	QL (1 EA per 1 day)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta)	Tier 1	QL (1 EA per 1 day)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)	Tier 1	QL (1 EA per 1 day)
<i>zolpidem oral tablet, ext release multiphase 12.5 mg, 6.25 mg</i> (Ambien CR)	Tier 1	QL (1 EA per 1 day)
<i>zolpidem sublingual tablet 1.75 mg, 3.5 mg</i>	Tier 1	QL (1 EA per 1 day)
<b>Selective Serotonin 5-HT2a Inverse Agonists (Ssia)</b>		
NUPLAZID ORAL CAPSULE 34 MG	Tier 3	PA; SP
NUPLAZID ORAL TABLET 10 MG	Tier 3	PA; SP
<b>Ssri &amp; Antipsych, Atyp, Dopamine &amp; Serotonin Antag Comb</b>		
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 6-50 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>olanzapine-fluoxetine oral capsule 12-50 mg, 3-25 mg, 6-25 mg</i> (Symbax)	Tier 1	QL (1 EA per 1 day)
<b>Tx For Adhd - Selective Alpha-2A Receptor Agonist</b>		
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	Tier 1	
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv ER)	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
ONYDA XR ORAL SUSPENSION,EXTEND RELEASE 24HR 0.1 MG/ML	Tier 3	
<b>Tx For Attention Deficit-Hyperact(Adhd)/Narcolepsy</b>		
dexamethylphenidate oral capsule,er (Focalin XR) biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	Tier 1	QL (1 EA per 1 day)
dexamethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg (Focalin)	Tier 1	QL (2 EA per 1 day)
methylphenidate hcl oral capsule, er (Metadata CD) 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 (Metadata CD) biphasic 30-70 30 mg	Tier 1	QL (2 EA per 1 day)
methylphenidate hcl oral capsule, er (Ritalin LA) biphasic 50-50 10 mg, 20 mg, 40 mg	Tier 1	QL (1 EA per 1 day)
methylphenidate hcl oral capsule, er (Ritalin LA) biphasic 50-50 30 mg	Tier 1	QL (2 EA per 1 day)
methylphenidate hcl oral capsule, er (Ritalin LA) biphasic 50-50 60 mg	Tier 1	QL (1 EA per 1 day)
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml (Methylin)	Tier 1	
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg (Ritalin)	Tier 1	QL (90 EA per 30 days)
methylphenidate hcl oral tablet extended release 10 mg	Tier 1	QL (3 EA per 1 day)
methylphenidate hcl oral tablet extended release 20 mg (Metadata ER)	Tier 1	QL (90 EA per 30 days)
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg (Concerta)	Tier 1	QL (1 EA per 1 day)
methylphenidate hcl oral tablet extended release 24hr 36 mg (Concerta)	Tier 1	QL (2 EA per 1 day)
methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg	Tier 1	QL (90 EA per 30 days)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<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/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	QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 30 MG	Tier 3	QL (2 EA per 1 day)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 3	120mL BOTTLE; QL (240 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 3	150mL BOTTLE; QL (300 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 3	180mL BOTTLE; QL (360 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	Tier 3	60mL BOTTLE; QL (60 ML per 30 days)
<b>Tx For Attention Deficit-Hyperact.(Adhd), Nri-Type</b>		
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i> (Strattera)	Tier 1	
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG	Tier 3	ST: Requires prior prescription for Amphetamine-Dextroamphetamine, Atomoxetine, Clonidine ER, Dexmethylphenidate, Guanfacine ER, or Methylphenidate IR within the past 120 days; QL (1 EA per 1 day); Age (Min 6 Years)

Drug	Status	Notes
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG	Tier 3	ST: Requires prior prescription for Amphetamine-Dextroamphetamine, Atomoxetine, Clonidine ER, Dexmethylphenidate, Guanfacine ER, or Methylphenidate IR 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 Amphetamine-Dextroamphetamine, Atomoxetine, Clonidine ER, Dexmethylphenidate, Guanfacine ER, or Methylphenidate IR within the past 120 days; QL (3 EA per 1 day); Age (Min 6 Years)

#### Cardiovascular Disease - Arrhythmia

##### Antiarrhythmics

amiodarone oral tablet 100 mg, 200 mg, 400 mg (Pacerone)	Tier 1	
disopyramide phosphate oral capsule 100 mg, 150 mg (Norpace)	Tier 1	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg (Tikosyn)	Tier 1	
flecainide oral tablet 100 mg, 150 mg, 50 mg	Tier 1	
mexiletine oral capsule 150 mg, 200 mg, 250 mg	Tier 1	
MULTAQ ORAL TABLET 400 MG	Tier 2	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG	Tier 2	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 150 MG (disopyramide phosphate)	Tier 2	
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG (amiodarone)	Tier 1	
<i>propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg</i>	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	
<b>Cardiovascular Disease - Cardiac Stimulant</b>		
<b>Adrenergic Agents,Catecholamines</b>		
<i>epinephrine injection syringe 0.1 mg/ml</i>	Tier 1	
<b>Digitalis Glycosides</b>		
DIGITEK 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>	Tier 1	
<i>digoxin oral tablet 62.5 mcg (0.0625 mg) (Lanoxin)</i>	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
<b>Cardiovascular Disease - Hypertension</b>		
<b>Ace Inhibitor/Calcium Channel Blocker Combination</b>		
<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	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	Tier 1	
<b>Ace Inhibitor/Thiazide &amp; Thiazide-Like Diuretic</b>		
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	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>	Tier 1	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	Tier 1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	Tier 1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 1	
<b>Alpha/Beta-Adrenergic Blocking Agents</b>		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	Tier 1	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	Tier 1	
<b>Alpha-Adrenergic Blocking Agents</b>		
<i>CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG</i>	Tier 3	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
phenoxybenzamine oral capsule 10 mg (Dibenzyline)	Tier 1	PA; SP
prazosin oral capsule 1 mg, 2 mg, 5 mg	Tier 1	
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	
<b>Angioten.Receptr Antag./Cal.Chanl Blkr/Thiazide Cb</b>		
amlodipine-valsartan-hcthiazid oral tablet (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	
olmesartan-amlodipin-hcthiazid oral tablet (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	
<b>Angiotensin Receptor Antag./Thiazide Diuretic Comb</b>		
candesartan-hydrochlorothiazid oral (Atacand HCT) tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	Tier 1	
irbesartan-hydrochlorothiazide oral tablet (Avalide) 150-12.5 mg, 300-12.5 mg	Tier 1	
losartan-hydrochlorothiazide oral tablet (Hyzaar) 100-12.5 mg, 100-25 mg, 50-12.5 mg	Tier 1	
olmesartan-hydrochlorothiazide oral (Benicar HCT) tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	Tier 1	
telmisartan-hydrochlorothiazid oral tablet (Micardis HCT) 40-12.5 mg, 80-12.5 mg, 80-25 mg	Tier 1	
valsartan-hydrochlorothiazide oral tablet (Diovan HCT) 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	Tier 1	
<b>Angiotensin Receptor Antgnst &amp; Calc.Channel Blockr</b>		
amlodipine-olmesartan oral tablet 10-20 (Azor) mg, 10-40 mg, 5-20 mg, 5-40 mg	Tier 1	
amlodipine-valsartan oral tablet 10-160 (Exforge) mg, 10-320 mg, 5-160 mg, 5-320 mg	Tier 1	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	Tier 1	
<b>Antihypertensives, Ace Inhibitors</b>		

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
benazepril oral tablet 10 mg, 20 mg, 40 mg (Lotensin)	Tier 1	
benazepril oral tablet 5 mg	Tier 1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	Tier 1	
enalapril maleate oral solution 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)
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg (Vasotec)	Tier 1	
fosinopril oral tablet 10 mg, 20 mg, 40 mg	Tier 1	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg (Zestril)	Tier 1	
moexipril oral tablet 15 mg, 7.5 mg	Tier 1	
perindopril erbumine oral tablet 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)
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg (Accupril)	Tier 1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg (Altace)	Tier 1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	Tier 1	
<b>Antihypertensives, Angiotensin Receptor Antagonist</b>		
candesartan oral tablet 16 mg, 32 mg, 4 mg (Atacand)	Tier 1	
eprosartan oral tablet 600 mg	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<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	
<b>Antihypertensives, Miscellaneous</b>		
<i>metyrosine oral capsule 250 mg</i> (Demser)	Tier 1	
<b>Antihypertensives, Sympatholytic</b>		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	Tier 1	
<i>clonidine transdermal patch weekly 0.1 mg/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	
<b>Antihypertensives, Vasodilators</b>		
<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	
<b>Antihypertensives, Endothelin Receptor Antagonists</b>		
TRYVIO ORAL TABLET 12.5 MG	Tier 3	PA; SP
<b>Beta-Adrenergic Blocking Agents</b>		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
atenolol oral tablet 100 mg, 25 mg, 50 mg (Tenormin)	Tier 1	
betaxolol oral tablet 10 mg, 20 mg	Tier 1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	Tier 1	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	Tier 3	ST: Requires prior prescription for generic Propranolol oral solution within the past 120 days if 1 year of age and older; QL (360 ML per 30 days)
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	
SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG (sotalol)	Tier 1	
sotalol oral tablet 120 mg, 160 mg, 80 mg (Sotalol AF)	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
sotalol oral tablet 240 mg (Betapace)	Tier 1	
SOTYLIZE ORAL SOLUTION 5 MG/ML	Tier 3	QL: 8 BOTTLES IN 30 DAYS; ST: Requires prior prescription for Sotalol tabs within the past 120 days
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	Tier 1	
<b>Beta-Adrenergic Blocking Agents/Thiazide &amp; Related</b>		
atenolol-chlorthalidone oral tablet 100-25 (Tenoretic 100) mg	Tier 1	
atenolol-chlorthalidone oral tablet 50-25 (Tenoretic 50) mg	Tier 1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	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	
<b>Calcium Channel Blocking Agents</b>		
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg (Norvasc)	Tier 1	
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG	Tier 1	
CONJUPRI ORAL TABLET 2.5 MG (levamlodipine)	Tier 3	PA
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	Tier 1	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	Tier 1	
diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	Tier 1	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	Tier 1	

<b>Drug</b>		<b>Status</b>	<b>Notes</b>
diltiazem hcl oral capsule,extended release 24hr 360 mg	(Cardizem CD)	Tier 1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg	(Cardizem)	Tier 1	
diltiazem hcl oral tablet 90 mg		Tier 1	
diltiazem hcl oral tablet extended release 24 hr 120 mg	(Cardizem LA)	Tier 1	
diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	(Matzim LA)	Tier 1	
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG	(diltiazem hcl)	Tier 1	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg		Tier 1	
isradipine oral capsule 2.5 mg, 5 mg		Tier 1	
levamlodipine oral tablet 2.5 mg, 5 mg	(Conjupri)	Tier 1	PA
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	(diltiazem hcl)	Tier 1	
nicardipine oral capsule 20 mg, 30 mg		Tier 1	
nifedipine oral capsule 10 mg, 20 mg		Tier 1	
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	(Procardia XL)	Tier 1	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg		Tier 1	
nimodipine oral capsule 30 mg		Tier 1	
nisoldipine oral tablet extended release 24 hr 17 mg, 34 mg, 8.5 mg	(Sular)	Tier 1	
nisoldipine oral tablet extended release 24 hr 20 mg, 25.5 mg, 30 mg, 40 mg		Tier 1	
NYMALIZE ORAL SOLUTION 60 MG/10 ML		Tier 3	PA; SP
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML		Tier 3	PA; SP

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
TIADYLT ER ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG  verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg  verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg  verapamil oral tablet 120 mg, 40 mg, 80 mg  verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	Tier 1 Tier 1 Tier 1 Tier 1 Tier 1	
<b>Loop Diuretics</b>		
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	SP
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	
torsemide oral tablet 10 mg, 100 mg, 5 mg	Tier 1	
torsemide oral tablet 20 mg (Soaanz)	Tier 1	
<b>Potassium Sparing Diuretics</b>		
amiloride oral tablet 5 mg	Tier 1	
eplerenone oral tablet 25 mg, 50 mg (Inspira)	Tier 1	
spironolactone oral tablet 100 mg, 25 mg, 50 mg (Aldactone)	Tier 1	
triamterene oral capsule 100 mg, 50 mg (Dyrenium)	Tier 1	
<b>Potassium Sparing Diuretics In Combination</b>		
amiloride-hydrochlorothiazide oral tablet 5-50 mg	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	Tier 1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	Tier 1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	Tier 1	
<b>Pulm Anti-Htn, Soluble Guanylate Cyclase Stimulator</b>		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	Tier 2	PA; SP
<b>Pulm.Anti-Htn, Sel.C-Gmp Phosphodiesterase T5 Inhib</b>		
ALYQ ORAL TABLET 20 MG (tadalafil (pulm. hypertension))	Tier 1	PA; SP
LIQREV ORAL SUSPENSION 10 MG/ML	Tier 3	PA; SP
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i>	Tier 1	PA
<i>sildenafil (pulm.hypertension) oral tablet (Revatio) 20 mg</i>	Tier 1	PA
<i>tadalafil (pulm. hypertension) oral tablet (Alyq) 20 mg</i>	Tier 1	PA; SP
<b>Pulmonary Anti-Htn, Endothelin Receptor Antagonist</b>		
ambrisentan oral tablet 10 mg, 5 mg (Letairis)	Tier 1	PA; SP
bosentan oral tablet 125 mg, 62.5 mg (Tracleer)	Tier 1	PA; SP
OPSUMIT ORAL TABLET 10 MG	Tier 2	PA; SP
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	Tier 2	PA; SP
<b>Pulmonary Antihyper Agent, Actriia-Fc</b>		
WINREVAIR SUBCUTANEOUS KIT 45 MG, 60 MG	Tier 2	PA; SP
<b>Pulmonary Antihypertensives, Prostacyclin-Type</b>		

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42)	Tier 2	PA; SP
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210)	Tier 2	PA; SP
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)- 1MG	Tier 2	PA; SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	Tier 2	PA; SP
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i> (Remodulin)	Tier 1	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, 48 MCG, 64 MCG	Tier 3	PA; SP
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	Tier 3	PA; SP
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	Tier 3	PA; SP
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	Tier 3	PA; SP
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	Tier 3	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 2	PA; SP
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	Tier 2	PA; SP

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	Tier 3	PA; SP
<b>Renin Inhibitor, Direct</b>		
<i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)	Tier 1	
<b>Thiazide And Related Diuretics</b>		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 1	
DIURIL ORAL SUSPENSION 250 MG/5 ML	Tier 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	
<b>Vasodilators, Combination</b>		
<i>isosorbide-hydralazine oral tablet 20-37.5 mg</i> (BiDil)	Tier 1	
<b>Cardiovascular Disease - Lipid Irregularity</b>		
<b>Antihyperlip.Hmg Coa Reduct Inhib&amp;Cholest.Ab.Inhib</b>		
<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)
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i> (Vytorin 10-80)	Tier 1	PA; QL (1 EA per 1 day)
<b>Antihyperlipidemic - Atp Citrate Lyase Inhibitor</b>		

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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>fluvastatin oral capsule 20 mg</i>	\$0	ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
<i>fluvastatin oral capsule 40 mg</i>	\$0	ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; \$0 COPAY IF QUANTITY 2 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	\$0	ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (pitavastatin calcium)	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>rosuvastatin oral tablet 20 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>rosuvastatin oral tablet 40 mg</i> (Crestor)	Tier 1	QL (1 EA per 1 day)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor)	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>simvastatin oral tablet 5 mg</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>simvastatin oral tablet 80 mg</i>	Tier 1	PA; QL (1 EA per 1 day)
<b>Antihyperlipidemic - Mtp Inhibitor</b>		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	Tier 2	PA; SP
<b>Antihyperlipidemic - Pcsk9 Inhibitors</b>		
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	Tier 2	ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, 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, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin within the past 120 days

Drug	Status	Notes
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	Tier 2	ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin within the past 120 days
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	Tier 2	ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin within the past 120 days
<b>Antihyperlipidemic-Acyl And Choles Absorp Inhib</b>		
NEXLIZET ORAL TABLET 180-10 MG	Tier 2	ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin within the past 120 days
<b>Bile Salt Sequestrants</b>		
cholestyramine (with sugar) oral powder 4 gram (Questran)	Tier 1	
cholestyramine (with sugar) oral powder in packet 4 gram (Questran)	Tier 1	
CHOLESTYRAMINE LIGHT ORAL POWDER 4 GRAM (cholestyramine-aspartame)	Tier 1	
CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM (cholestyramine-aspartame)	Tier 1	
cholestyramine-aspartame oral powder in packet 4 gram (Cholestyramine Light)	Tier 1	
colesevelam oral powder in packet 3.75 gram (WelChol)	Tier 1	
colesevelam oral tablet 625 mg (WelChol)	Tier 1	
colestipol oral granules 5 gram (Colestid)	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
colestipol oral packet 5 gram	Tier 1	
colestipol oral tablet 1 gram (Colestid)	Tier 1	
PREVALITE ORAL POWDER 4 GRAM (cholestyramine-aspartame)	Tier 1	
PREVALITE ORAL POWDER IN PACKET 4 GRAM (cholestyramine-aspartame)	Tier 1	
<b>Lipotropics</b>		
ezetimibe oral tablet 10 mg (Zetia)	Tier 1	QL (1 EA per 1 day)
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	Tier 1	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg (Tricor)	Tier 1	
fenofibrate oral capsule 150 mg, 50 mg (Lipofen)	Tier 1	
fenofibrate oral tablet 120 mg, 40 mg (Fenoglide)	Tier 1	
fenofibrate oral tablet 160 mg, 54 mg	Tier 1	
fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg (Trilipix)	Tier 1	
fenofibric acid oral tablet 105 mg, 35 mg (Fibrincor)	Tier 1	
gemfibrozil oral tablet 600 mg (Lopid)	Tier 1	
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg	Tier 1	
NIACOR ORAL TABLET 500 MG (niacin)	Tier 1	
omega-3 acid ethyl esters oral capsule 1 gram (Lovaza)	Tier 1	ST: Requires prior prescription for generic Fenofibrate 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)
VASCEPA ORAL CAPSULE 1 GRAM (icosapent ethyl)	Tier 1	QL (4 EA per 1 day)
<b>Niacin Preparations</b>		
niacin oral tablet 500 mg (Niacor)	Tier 1	
<b>Cardiovascular Disease - Miscellaneous Agents</b>		

Drug	Status	Notes
<b>Adrenergic Vasopressor Agents</b>		
droxidopa oral capsule 100 mg, 200 mg, (Northera) 300 mg	Tier 1	PA; SP
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	
<b>Angiotensin Recept-Neprilisyn Inhibitor Comb(Arni)</b>		
ENTRESTO ORAL TABLET 24-26 MG	Tier 2	QL (6 EA per 1 day)
ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG	Tier 2	QL (2 EA per 1 day)
ENTRESTO SPRINKLE ORAL PELLET 15-16 MG, 6-6 MG	Tier 2	QL (8 EA per 1 day)
<b>Antianginal &amp; Anti-Ischemic Agents,Non-Hemodynamic</b>		
ranolazine oral tablet extended release 12 hr 1,000 mg	Tier 1	QL (60 EA per 30 days)
ranolazine oral tablet extended release 12 hr 500 mg	Tier 1	QL (120 EA per 30 days)
<b>Antianginal, Heart Rate Reducing, I(F) Inhibitor</b>		
CORLANOR ORAL SOLUTION 5 MG/5 ML	Tier 2	QL (20 ML per 1 day)
ivabradine oral tablet 5 mg, 7.5 mg (Corlanor)	Tier 1	QL (2 EA per 1 day)
<b>Antihyperlip - Hmg-Coa&amp;Calcium Channel Blocker Cb</b>		
amlodipine-atorvastatin oral tablet 10-10 (Caduet) mg, 10-20 mg, 10-40 mg, 10-80 mg, 5- 10 mg, 5-20 mg, 5-40 mg, 5-80 mg	Tier 1	QL (1 EA per 1 day)
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg	Tier 1	QL (1 EA per 1 day)
<b>Cardiac Myosin Inhibitor</b>		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	Tier 3	PA; SP
<b>Protein Stabilizers</b>		
VYNDAMAX ORAL CAPSULE 61 MG	Tier 3	PA; SP

Drug	Status	Notes
VYNDAQEL ORAL CAPSULE 20 MG	Tier 3	PA; SP
<b>Soluble Guanylate Cyclase (Sgc) Stimulator</b>		
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG		
<b>Cardiovascular Disease - Vasodilation</b>		
<b>Vasodilators, Coronary</b>		
<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 (Isordil)</i>	Tier 1	
<i>isosorbide dinitrate oral tablet 5 mg (Isordil Titradose)</i>	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
<b>Vasodilators, Peripheral</b>		
<i>ergoloid oral tablet 1 mg</i>	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
papaverine injection solution 30 mg/ml	Tier 1	
<b>Contraception/Oxytocics</b>		
<b>Contraceptives, Intravaginal, Systemic</b>		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR	\$0	
ELURYNG VAGINAL RING 0.12-0.015 (etonogestrel-ethinyl estradiol) MG/24 HR	\$0	
ENILLORING VAGINAL RING 0.12-0.015 MG/24 HR (etonogestrel-ethinyl estradiol)	\$0	
etronogestrel-ethinyl estradiol vaginal ring (EluRyng) 0.12-0.015 mg/24 hr	\$0	
HALOETTE VAGINAL RING 0.12-0.015 (etonogestrel-ethinyl estradiol) MG/24 HR	\$0	
<b>Contraceptives,Implantable</b>		
NEXPLANON SUBDERMAL IMPLANT 68 MG	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 1 IN 365 DAYS
<b>Contraceptives,Injectable</b>		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	\$0	\$0 COPAY IF DAY SUPPLY IS LIMITED TO 90; QL (0.65 ML per 84 days)
medroxyprogesterone intramuscular suspension 150 mg/ml (Depo-Provera)	\$0	\$0 COPAY IF DAY SUPPLY IS LIMITED TO 90; QL (1 ML per 84 days)
medroxyprogesterone intramuscular syringe 150 mg/ml (Depo-Provera)	\$0	\$0 COPAY IF DAY SUPPLY IS LIMITED TO 90; QL (1 ML per 84 days)
<b>Contraceptives,Intravaginal</b>		
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 %	\$0	
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %	\$0	
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %	\$0	
<b>Contraceptives,Oral</b>		

<b>Drug</b>		<b>Status</b>	<b>Notes</b>
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
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 estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG	(norethindrone-ethin estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ALYACEN 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG		\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AMETHIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
AMETHYST (28) ORAL TABLET 90-20 MCG (28)	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
APRI ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG		\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ASHLYNA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AUBRA ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AUROVELA 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AUROVELA 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AUROVELA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AUROVELA FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY

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<b>Drug</b>		<b>Status</b>	<b>Notes</b>
AUROVELA FE 1-20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AVIANE ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AYUNA ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
AZURETTE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradiol/e.estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG		\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
BLISOVI 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
BLISOVI FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
BRIELLYN ORAL TABLET 0.4-35 MG-MCG		\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
CAMILA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; 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	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
CAZIANT (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG		\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
CHARLOTTE 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
CHATEAL (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
CHATEAL EQ (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
CRYSELLE (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY

<b>Drug</b>		<b>Status</b>	<b>Notes</b>
CYRED EQ ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
CYRED ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG	(norethindrone-ethin estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
DASETTA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG		\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
DAYSEE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
DEBLITANE ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(Azurette (28))	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
DOLISHALE ORAL TABLET 90-20 MCG (28)	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)	(Beyaz)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)	(Tydemy)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg	(Jasmiel (28))	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	(Ocella)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
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	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ELLA ORAL TABLET 30 MG		\$0	
EMZAHH ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY

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<b>Drug</b>		<b>Status</b>	<b>Notes</b>
ENSKYCE ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ERRIN ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>	(Kelnor 1/35 (28))	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	(Kelnor 1/50 (28))	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
FALMINA (28) ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
FINZALA ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
GEMMILY ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
HAILEY 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
HAILEY FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
HAILEY FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
HAILEY ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
HEATHER ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
HER STYLE ORAL TABLET 1.5 MG	(levonorgestrel)	\$0	
ICLEVIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
INCASSIA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ISIBLOOM ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
JAIMESS ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(I norgest/e.estradiol-e.estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)

<b>Drug</b>		<b>Status</b>	<b>Notes</b>
JASMIEL (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
JENCYCLLA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
JOYEAUX ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)	(levonorgest-eth.estriodil-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (28 EA per 28 days)
JULEBER ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
JULIE ORAL TABLET 1.5 MG	(levonorgestrel)	\$0	
JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estriodil-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estriodil-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
JUNEL FE 24 ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estriodil-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
KAITLIB FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	(noreth-ethinyl estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
KALLIGA ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
KARIVA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estriodol/e.estriodol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG	(ethynodiol diac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
KELNOR 1/50 (28) ORAL TABLET 1-50 MG-MCG	(ethynodiol diac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
KURVELO (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY

<b>Drug</b>		<b>Status</b>	<b>Notes</b>
<i>I norgest/e.estriadiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	(Camrese Lo)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
<i>I norgest/e.estriadiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	(Rivelsa)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>I norgest/e.estriadiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(Amethia)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LARIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estriadiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estriadiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estriadiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LAYOLIS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	(noreth-ethinyl estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG		\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LESSINA ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>levonorgest-eth.estriadiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	(Joyeaux)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (28 EA per 28 days)
<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	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i>	(Altavera (28))	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY

<b>Drug</b>		<b>Status</b>	<b>Notes</b>
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i>	(Amethyst (28))	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(Iclevia)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; 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	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LEVORA-28 ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)		\$0	ST: At least 2 prior prescriptions for generic oral contraceptives within the past 365 days; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LOJAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7)	(l norgest/e.estradiol-e.estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
LORYNA (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LO-ZUMANDIMINE (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LUTERA (28) ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LYLEQ ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
LYZA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MARLISSA (28) ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MERZEE ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MIBELAS 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY

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<b>Drug</b>		<b>Status</b>	<b>Notes</b>
MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	(norethindrone ac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	(norethindrone ac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MICROGESTIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MILI ORAL TABLET 0.25-35 MG-MCG	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
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: At least 2 prior prescriptions for generic oral contraceptives within the past 365 days; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG		\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NEW DAY ORAL TABLET 1.5 MG	(levonorgestrel)	\$0	
NEXTSTELLIS ORAL TABLET 3 MG-14.2 MG (28)		\$0	ST: At least 2 prior prescriptions for generic oral contraceptives within the past 365 days; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (1 EA per 1 day)
NIKKI (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NORA-BE ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY

<b>Drug</b>		<b>Status</b>	<b>Notes</b>
noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)	(Wymzya Fe)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
noreth-ethinyl estradiol-iron oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)	(Kaitlib Fe)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
norethindrone (contraceptive) oral tablet 0.35 mg	(Camila)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg	(Aurovela 1.5/30 (21))	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	(Aurovela 1/20 (21))	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)	(Gemmily)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)	(Aurovela Fe 1-20 (28))	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(Aurovela Fe 1.5/30 (28))	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	(Tilia Fe)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)	(Charlotte 24 Fe)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg	(Tri-Lo-Estarylla)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(Tri-Estarylla)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg	(Estarylla)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG		\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)		\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	(norethindrone-ethin estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG		\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY

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<b>Drug</b>		<b>Status</b>	<b>Notes</b>
NYLIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	(norethindrone-ethin estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NYLIA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG		\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
NYMYO ORAL TABLET 0.25-35 MG-MCG	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
OCELLA ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
OPCICON ONE-STEP ORAL TABLET 1.5 MG	(levonorgestrel)	\$0	
OPILL ORAL TABLET 0.075 MG		\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
OPTION-2 ORAL TABLET 1.5 MG	(levonorgestrel)	\$0	
PHILITH ORAL TABLET 0.4-35 MG-MCG		\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradol/e.estradol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
PORTIA 28 ORAL TABLET 0.15-0.03 MG	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG	(desogestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
RIVELSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG	(l norgest/e.estradoli-e.estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)
SHAROBEL ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
SIMLIYA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estradol/e.estradol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
SIMPESSE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	(l norgest/e.estradoli-e.estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (91 EA per 84 days)

<b>Drug</b>		<b>Status</b>	<b>Notes</b>
SLYND ORAL TABLET 4 MG (28)		\$0	ST: Requires prior prescription for a generic Norethindrone 0.35mg tablets within the past 120 days; \$0 COPAY IF QUANTITY 1.34 IN 1 DAY; QL (28 EA per 28 days)
SPRINTEC (28) ORAL TABLET 0.25-35 MG-MCG	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
SRONYX ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
SYEDA ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
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	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TILIA FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	(norethindrone-e.estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY

<b>Drug</b>		<b>Status</b>	<b>Notes</b>
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-NYMYO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRIVORA (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TULANA ORAL TABLET 0.35 MG	(norethindrone (contraceptive))	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TURQOZ (28) ORAL TABLET 0.3-30 MG-MCG	(norgestrel-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG		\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
TYDEMY ORAL TABLET 3-0.03-0.451 MG (21) (7)	(drospirenone-e.estriadiol-Im.fa)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG		\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
VESTURA (28) ORAL TABLET 3-0.02 MG	(drospirenone-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
VIENVA ORAL TABLET 0.1-20 MG-MCG	(levonorgestrel-ethinyl estrad)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
VIORELE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estriadiol/e.estriadiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
VOLNEA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	(desog-e.estriadiol/e.estriadiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG		\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	(norgestimate-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
WERA (28) ORAL TABLET 0.5-35 MG-MCG		\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY

<b>Drug</b>		<b>Status</b>	<b>Notes</b>
WYMZYA FE ORAL TABLET,CHEWABLE 0.4MG-35MCG(21) AND 75 MG (7)	(noreth-ethinyl estradiol-iron)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ZARAH ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ZOVIA 1-35 (28) ORAL TABLET 1-35 MG-MCG	(ethynodiol diac-eth estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
ZUMANDIMINE (28) ORAL TABLET 3-0.03 MG	(drospirenone-ethinyl estradiol)	\$0	\$0 COPAY IF QUANTITY 1.34 IN 1 DAY
<b>Contraceptives,Transdermal</b>			
<i>norelgestromin-ethin.estradol transdermal patch weekly 150-35 mcg/24 hr</i>	(Xulane)	\$0	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR		Tier 3	QL (3 EA per 28 days)
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	(norelgestromin-ethin.estradol)	\$0	
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	(norelgestromin-ethin.estradol)	\$0	
<b>Diaphragms/Cervical Cap</b>			
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	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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	
<b>Oxytocics</b>		
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG	Tier 3	
<i>methylergonovine oral tablet 0.2 mg</i>	Tier 1	QL (28 EA per 30 days)
PREPIDIL VAGINAL GEL 0.5 MG/3 G	Tier 3	
<b>Cough And Cold</b>		
<b>1St Gen Antihistamine &amp; Decongestant Combinations</b>		
PROMETHAZINE VC ORAL SYRUP 6.25-5 MG/5 ML <i>(promethazine-phenylephrine)</i>	Tier 1	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml</i>	Tier 1	
<b>1St Gen Antihist-Decongest-Anticholinergic Comb</b>		
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG	Tier 1	
<b>Antitussives,Non-Narcotic</b>		
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	Tier 1	
<b>Narcotic Antituss-1St Gen. Antihistamine-Decongest</b>		
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)
POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML	Tier 3	Age (Min 12 Years)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
RYDEX ORAL LIQUID 1.3-10-6.3 MG/5 ML	Tier 1	Age (Min 12 Years)
<b>Narcotic Antituss-Decongestant-Expectorant Comb</b>		
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)
<b>Narcotic Antitussive-1St Generation Antihistamine</b>		
<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)
<b>Narcotic Antitussive-Anticholinergic Comb.</b>		
<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)
<b>Narcotic Antitussive-Expectorant Combination</b>		
<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)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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)
NINJACOF-XG ORAL LIQUID 8-200 MG/5 ML	Tier 1	Age (Min 12 Years)
<b>Non-Narc Antituss-1St Gen. Antihistamine-Decongest</b>		
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	
<b>Non-Narc Antitussive-1St Gen Antihistamine Comb.</b>		
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	Tier 1	
<b>Nose Preparations, Vasoconstrictors (Rx)</b>		
<i>epinephrine hcl nasal solution 1 mg/ml</i> (Adrenalin)	Tier 1	
<b>Dermatology - Acne</b>		
<b>Acne Agents, Systemic</b>		
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	
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG (isotretinoin)	Tier 1	
<b>Acne Agents, Topical</b>		
ACIOXIAY TOPICAL CREAM 15-4 % (azelaic acid-niacinamide)	Tier 3	

<b>Drug</b>		<b>Status</b>	<b>Notes</b>
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	
<i>adapalene-benzoyl peroxide topical gel with pump 0.3-2.5 %</i>	(Epiduo Forte)	Tier 1	
ADEINZDE TOPICAL GEL 0.1-2.5-1 %		Tier 3	
CABTREO TOPICAL GEL 0.15-3.1-1.2 %		Tier 3	PA
<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 %(1 % base) -3.75 %</i>	(Onexton)	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %</i>	(Acanya)	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>		Tier 1	
<i>dapsone topical gel 5 %</i>	(Aczone)	Tier 1	
<i>dapsone topical gel with pump 7.5 %</i>	(Aczone)	Tier 1	
DEOXIA TOPICAL GEL 1-4 %	(clindamycin-niacinamide)	Tier 3	
DEOXIA TOPICAL LOTION 1-4 %	(clindamycin-niacinamide)	Tier 3	
DEOXIADEM TAR 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 CREAM 6-5-2 %		Tier 3	
DIADIMAXIA TOPICAL GEL 6-5-2 %	(dapsone-spiromolactone- niacin)	Tier 3	
DIAOXIA TOPICAL CREAM 6-4 %		Tier 3	
DIAOXIA TOPICAL GEL 6-4 %	(dapsone-niacinamide)	Tier 3	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
DIASAXIATAR TOPICAL CREAM 0.025-8.5-2 %	Tier 3	
DIASAXIATAR TOPICAL GEL 0.025-8.5-2 %	Tier 3	
DIASDIMAXIA TOPICAL CREAM 8.5-5-2 %	Tier 3	
DIASDIMAXIA TOPICAL GEL 8.5-5-2 % (dapsone-spiro-niacin)	Tier 3	
DIASOXIA TOPICAL CREAM 8.5-4 %	Tier 3	
DIASOXIA TOPICAL GEL 8.5-4 % (dapsone-niacinamide)	Tier 3	
DIMOXIA TOPICAL GEL 5-4 % (spironolactone-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-clindamycin)	Tier 3	
INZDEAXIAVAR TOPICAL GEL 0.05-2.5-1-2 %	Tier 3	
INZDEOXIA TOPICAL GEL 2.5-1-4 % (benzoyl per-clindamycin-niacin)	Tier 3	
LOUNZDOMDIOXIATAR TOPICAL GEL 0.05-10-2-4-4 %	Tier 3	
NEUAC TOPICAL GEL 1.2 %(1 % BASE) -5 % (clindamycin-benzoyl peroxide)	Tier 1	
ONEXTON TOPICAL GEL 1.2 %(1 % BASE) -3.75 %	Tier 3	
ONZDEAXIADEM TAR TOPICAL GEL 0.025-5-1-2-2 %	Tier 3	
ONZDEAXIADEM VAR TOPICAL GEL 0.05-5-1-2-2 %	Tier 3	

<b>Drug</b>		<b>Status</b>	<b>Notes</b>
ONZDEAXIATAR TOPICAL GEL 0.025-5-1-2 %	(tretinoin-benzoyl-clindamycin-niacin)	Tier 3	
ONZDEAXIAVAR TOPICAL GEL 0.05-5-1-2 %	(tretinoin-benzoyl-clindamycin-niacin)	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	
OXIAVAR TOPICAL CREAM 0.05-4 %	(tretinoin-niacinamide)	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-spirostanolactone-niacin)	Tier 3	
TAROXIA TOPICAL CREAM 0.025-4 %	(tretinoin-niacinamide)	Tier 3	
TAROXIA TOPICAL GEL 0.025-4 %	(tretinoin-niacinamide)	Tier 3	
UNZDOMDIOXIAZAR TOPICAL GEL 0.1-10-2-4-4 %		Tier 3	
VARDIMAXIA TOPICAL GEL 0.05-5-2 %	(tretinoin-spirostanolactone-niacin)	Tier 3	
VAROXIA TOPICAL CREAM 0.05-4 %	(tretinoin-niacinamide)	Tier 3	
VAROXIA TOPICAL GEL 0.05-4 %	(tretinoin-niacinamide)	Tier 3	
<b>Keratolytic-Glucocorticoid Combinations</b>			
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 %		Tier 2	

Drug	Status	Notes
<b>Rosacea Agents, Topical</b>		
AVEIDA TOPICAL GEL 1-1 %	Tier 3	
AVEIDAOXIA TOPICAL GEL 1-1-4 % (ivermectin-metronidazole-niacin)	Tier 3	
<i>azelaic acid topical gel 15 %</i>	Tier 1	
<i>brimonidine topical gel with pump 0.33 % (Mirvaso)</i>	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>ivermectin topical cream 1 % (Soolantra)</i>	Tier 1	ST: Requires prior prescription for Finacea gel or foam within the past 120 days
<i>metronidazole topical cream 0.75 % (Rosadan)</i>	Tier 1	
<i>metronidazole topical gel 0.75 % (Rosadan)</i>	Tier 1	
<i>metronidazole topical gel 1 % (Metrogel)</i>	Tier 1	
<i>metronidazole topical gel with pump 1 %</i>	Tier 1	
<i>metronidazole topical lotion 0.75 % (MetroLotion)</i>	Tier 1	
ROSADAN TOPICAL CREAM 0.75 % (metronidazole)	Tier 1	
<b>Topical Antiandrogenic Agents</b>		
WINLEVI TOPICAL CREAM 1 %	Tier 3	PA
<b>Topical Preparations, Antibacterials</b>		
BASADROX TOPICAL GEL IN PACKET	Tier 3	
DERMAZENE TOPICAL CREAM IN PACKET 1-1 %	Tier 3	
<i>hydrocortisone-iodoquinol topical cream 1-1 % (Corti-Sav)</i>	Tier 1	
<i>hydrocortisone-iodoquinol-aloe topical cream in packet 1.9-1 % (Vytone)</i>	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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 (iodine-potassium iodide) 5-10 %	Tier 1	
<b>Vitamin A Derivatives</b>		
adapalene topical cream 0.1 % (Differin)	Tier 1	
adapalene topical gel 0.3 %	Tier 1	
adapalene topical gel with pump 0.3 % (Differin)	Tier 1	
adapalene topical lotion 0.1 % (Differin)	Tier 1	Age (Max 39 Years)
ALTRENO TOPICAL LOTION 0.05 %	Tier 3	
AVITA TOPICAL CREAM 0.025 % (tretinoin)	Tier 1	
AVITA TOPICAL GEL 0.025 % (tretinoin)	Tier 1	
tretinoin microspheres topical gel 0.04 %, 0.1 % (Retin-A Micro)	Tier 1	Age (Max 39 Years)
tretinoin microspheres topical gel with pump 0.04 %, 0.08 %, 0.1 % (Retin-A Micro Pump)	Tier 1	Age (Max 39 Years)
tretinoin topical cream 0.025 % (Avita)	Tier 1	
tretinoin topical cream 0.05 %, 0.1 % (Retin-A)	Tier 1	
tretinoin topical gel 0.01 % (Retin-A)	Tier 1	
tretinoin topical gel 0.025 % (Avita)	Tier 1	
tretinoin topical gel 0.05 % (Atralin)	Tier 1	
<b>Vitamin A Derivatives, Topical Acne Agents</b>		
ETHOXIA TOPICAL CREAM 0.05-4 % (tazarotene-niacinamide)	Tier 3	
ITHOXIA TOPICAL CREAM 0.1-4 % (tazarotene-niacinamide)	Tier 3	

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Drug	Status	Notes
<b>Dermatology - Antiinfective</b>		
<b>Topical Antibiotics</b>		
CENTANY AT TOPICAL OINTMENT KIT 2 %	Tier 3	
<i>clindamycin phosphate topical foam 1 %</i> (Clindacin)	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 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>	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	
<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
<b>Topical Antifungal/Antiinflammatory,Steriod Agent</b>		
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<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	
<b>Topical Antifungal-Antibiotic-Anti-Inflamm Steroid</b>		
PHEODOYO TOPICAL CREAM 2-1-2.5 % (ketoconazole-iodoquinol-hc)	Tier 3	
<b>Topical Antifungals</b>		
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>	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	
EXELDERM TOPICAL CREAM 1 % (sulconazole)	Tier 2	
EXELDERM TOPICAL SOLUTION 1 % (sulconazole)	Tier 2	
EXODERM TOPICAL LOTION 25-1 %	Tier 1	
HAXDRAX TOPICAL SHAMPOO 0.77-2 % (ciclopirox-salicylic acid)	Tier 3	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
HEXIOUNYL TOPICAL LOTION 3-5-20 %	Tier 3	
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	
KLAYESTA TOPICAL POWDER 100,000 UNIT/GRAM (nystatin)	Tier 1	
<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)
<i>naftifine topical gel 2 %</i> (Naftin)	Tier 1	
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> (Klayesta)	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)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM (nystatin)	Tier 1	
<i>oxiconazole topical cream 1 %</i>	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
<b>Topical Antiparasitics</b>		
<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	
<b>Topical Antivirals</b>		
<i>acyclovir topical ointment 5 %</i> (Zovirax)	Tier 1	
<b>Topical Pleuromutilin Derivatives</b>		
ALTABAX TOPICAL OINTMENT 1 %	Tier 3	ST: Requires prior prescription for Mupirocin ointment within the past 120 days
<b>Topical Sulfonamides</b>		
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>mafénide acetate topical packet 50 gram</i> (Sulfamylon)	Tier 1	
OXIAICE TOPICAL LOTION 15-4 %	Tier 3	

<b>Drug</b>		<b>Status</b>	<b>Notes</b>
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 8-4 %</i>		Tier 1	
<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 cleanser 9-4.5 %</i>	(Sumadan)	Tier 1	
<i>sulfacetamide sodium-sulfur topical cream 10-2 %</i>		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	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w)</i>		Tier 1	
<i>sulfacetamide sodium-sulfur topical lotion 9.8-4.8 %</i>	(Plexion)	Tier 1	
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i>	(Sumaxin)	Tier 1	
<i>sulfacetamide sodium-sulfur topical pads, medicated 9.8-4.8 %</i>	(Plexion Cleansing Cloths)	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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)
SULFAMYLYON TOPICAL CREAM 85 MG/G	Tier 3	
SULFAMYLYON TOPICAL PACKET 50 GRAM (mafenide acetate)	Tier 3	
SUMADAN XLT TOPICAL COMBO PACK,CLEANSE AND CREAM 9 %-4.5 % -SPF 25 (sulfact na-sul-avobnz-otn-ocs)	Tier 3	
<b>Dermatology - Antiinflammatory</b>		
<b>Interleukin-13 (IL-13) Inhibitors, Mab</b>		
ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	Tier 2	PA; SP
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 2	PA; SP
<b>Top. Anti-Inflam.,Phosphodiesterase-4 (Pde4) Inhib</b>		
EUCRISA TOPICAL OINTMENT 2 %	Tier 2	
<b>Topical Antibiotics/Antiinflammatory,Steroidal</b>		
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 or solution within the past 120 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 or solution within the past 120 days
<b>Topical Anti-Inflammatory Steroidal</b>		
ACIOXIA TOPICAL GEL 0.1-0.5 %	Tier 3	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
ADVANCED ALLERGY COLLECT KIT TOPICAL KIT 2.5 %	Tier 1	
ALA-CORT TOPICAL CREAM 1 % (hydrocortisone)	Tier 1	
ALA-SCALP TOPICAL LOTION 2 % (hydrocortisone)	Tier 1	ST: Requires prior prescription for generic Hydrocortisone 2.5% lotion within the past 120 days
<i>alclometasone topical cream 0.05 %</i>	Tier 1	
<i>alclometasone topical ointment 0.05 %</i>	Tier 1	
<i>amcinonide topical cream 0.1 %</i>	Tier 1	ST: Requires prior prescription for Betamethasone 0.1% ointment, Fluticasone 0.005% ointment, Mometasone 0.1% ointment, or Triamcinolone 0.5% ointment or cream within the past 120 days
<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	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<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>	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	
<i>clocortolone pivalate topical cream 0.1 %</i>	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	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2	Tier 3	ST: Requires prior prescription for Betamethasone (ointment, gel, lotion), Clobetasol (spray, lotion, gel, ointment, cream, solution), Fluocinonide 0.1% cream, or 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>	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>	Tier 1	

<b>Drug</b>		<b>Status</b>	<b>Notes</b>
<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, 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	
<i>FLUOCINONIDE-E TOPICAL CREAM 0.05 %</i>	(fluocinonide-emollient)	Tier 1	
<i>fluocinonide-emollient topical cream 0.05 %</i>	(Fluocinonide-E)	Tier 1	
<i>FLUXIA TOPICAL CREAM 0.05-4 %</i>		Tier 3	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<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	
<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), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days

<b>Drug</b>		<b>Status</b>	<b>Notes</b>
<i>halcinonide topical solution 0.1 %</i>	(Halog)	Tier 1	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), 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), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days
HALOG TOPICAL SOLUTION 0.1 %	(halcinonide)	Tier 3	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days
<i>hydrocortisone butyrate topical cream 0.1 %</i>		Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>hydrocortisone butyrate topical lotion 0.1% (Locoid)</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; 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 topical cream 1% (Ala-Cort)</i>	Tier 1	
<i>hydrocortisone topical cream 2.5%</i>	Tier 1	
<i>hydrocortisone topical cream with perineal applicator 1%</i>	Tier 1	
<i>hydrocortisone topical cream with perineal applicator 2.5% (Procto-Med HC)</i>	Tier 1	
<i>hydrocortisone topical lotion 2% (Ala-Scalp)</i>	Tier 1	ST: Requires prior prescription for generic Hydrocortisone 2.5% lotion within the past 120 days
<i>hydrocortisone topical lotion 2.5%</i>	Tier 1	
<i>hydrocortisone topical ointment 1% (Anti-Itch (HC))</i>	Tier 1	
<i>hydrocortisone topical ointment 2.5%</i>	Tier 1	

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

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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>	Tier 1	
<i>triamcinolone acetonide topical cream 0.5 %</i>	Tier 1	QL (454 GM per 30 days)
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	Tier 1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	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)
<b>Topical Anti-Inflammatory, Nsaids</b>		
<i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i> (Flector)	Tier 1	
<i>diclofenac sodium topical drops 1.5 %</i>	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
diclofenac sodium topical gel 1 % (Aleve (diclofenac))	Tier 1	
LICART TRANSDERMAL PATCH 24 HOUR 1.3 %	Tier 3	ST: Requires prior prescription for Diclofenac Epolamine within the past 120 days; QL (1 EA per 1 day)
ROAOXIA TOPICAL GEL 3-2-4 % (diclofenac-hyaluronate-niacin)	Tier 3	
<b>Topical Janus Kinase (Jak) Inhibitors</b>		
OPZELURA TOPICAL CREAM 1.5 %	Tier 2	PA
<b>Dermatology - Miscellaneous</b>		
<b>Antiperspirants</b>		
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 %	(aluminum chloride)	Tier 2
DRYSOL TOPICAL SOLUTION 20 %	(aluminum chloride)	Tier 2
<b>Antiseborrheic Agents</b>		
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
PLEXION NS TOPICAL SHAMPOO 9.8 %	(sulfacetamide sodium)	Tier 3
<i>selenium sulfide topical lotion 2.5 %</i>		Tier 1
<i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>		Tier 1
<i>sulfacetamide sodium topical cleanser 10 %</i>	(Ovace)	Tier 1
<i>sulfacetamide sodium topical cleanser, gel 10 %</i>	(Ovace Plus Wash)	Tier 1
<i>sulfacetamide sodium topical shampoo 10 %</i>	(Ovace Plus Shampoo)	Tier 1

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
sulfacetamide sodium topical shampoo (Plexion NS) 9.8 %	Tier 1	
TERSI FOAM TOPICAL FOAM 2.25 %	Tier 3	
<b>Antiseptics,Miscellaneous</b>		
guaiacol liquid	Tier 3	
<b>Emollients</b>		
ammonium lactate topical cream 12 %	Tier 1	
ammonium lactate topical lotion 12 % (AmLactin)	Tier 1	
ATRAPRO CP TOPICAL COMBO PACK,CREAM AND GEL	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	
<b>Hypertrichotic Agents, Systemic/Incl. Combinations</b>		
LITFULO ORAL CAPSULE 50 MG	Tier 3	PA; SP
<b>Iodine Antiseptics</b>		
BETADINE OPHTHALMIC PREP (povidone-iodine) OPHTHALMIC (EYE) SOLUTION 5 %	Tier 3	
povidone-iodine ophthalmic (eye) solution 5 % (Betadine Ophthalmic Prep)	Tier 1	
<b>Irrigants</b>		
acetic acid irrigation solution 0.25 %	Tier 1	
lactated ringers irrigation solution	Tier 3	
neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml	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	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
ringer's irrigation solution	Tier 1	
sodium chloride irrigation solution 0.9 % (Sterile Saline)	Tier 1	
sorbitol irrigation solution 3 %	Tier 1	
sorbitol-mannitol transurethral solution 2.7-0.54 gram/100 ml	Tier 1	
TIS-U-SOL PENTALYTE IRRIGATION IRRIGATION SOLUTION 800-40-20- 8.75- 6.25 MG/100 ML	Tier 3	
VASHE IRRIGATION IRRIGATION SOLUTION 0.033 %	Tier 3	
water for irrigation, sterile irrigation solution (Curity Sterile Water)	Tier 1	
<b>Irritants/Counter-Irritants</b>		
cantharidin in acetone topical solution 0.7 %	Tier 1	
methyl salicylate oil (Wintergreen Oil)	Tier 1	
methyl salicylate topical liquid	Tier 1	
QUTENZA TOPICAL KIT 8 %	Tier 3	PA
WINTERGREEN OIL OIL (methyl salicylate)	Tier 1	
YCANTH TOPICAL SOLUTION WITH APPLICATOR 0.7 %	Tier 3	PA
<b>Keratolytics</b>		
benzoyl peroxide topical foam 9.8 % (BenzePrO)	Tier 1	
BPO TOPICAL GEL 8 % (benzoyl peroxide)	Tier 1	
CEM-UREA TOPICAL GEL 45 % (urea)	Tier 1	
HYDRO 35 TOPICAL FOAM 35 % (urea)	Tier 3	
KERALYT SCALP COMPLETE TOPICAL KIT,SHAMPOO AND GEL 6-6 %	Tier 3	
METDRAY TOPICAL GEL 17-2 %	Tier 3	
NENDRUX TOPICAL GEL 40-5 %	Tier 3	
PACNEX HP TOPICAL PADS, MEDICATED 7 %	Tier 3	

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
PACNEX LP TOPICAL PADS, MEDICATED 4.25 %	Tier 3	
PODOCON TOPICAL LIQUID 25 %	Tier 1	
<i>podofilox topical gel 0.5 %</i>  (Condyllox)	Tier 1	ST: Requires prior prescription for Podofilox 0.5% solution within the past 120 days; QL (0.5 GM per 1 day)
<i>podofilox topical solution 0.5 %</i>	Tier 1	QL (0.5 ML per 1 day)
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	
<i>salicylic acid topical ointment 3 %</i>	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	

<b>Drug</b>		<b>Status</b>	<b>Notes</b>
ULTRASAL-ER TOPICAL FILM-FORMING SOLN ER W/ APPL 28.5 %	(salicylic acid)	Tier 3	
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 %, 47 %</i>		Tier 1	
<i>urea topical cream 45 %</i>	(Uramaxin)	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	
<b>Oxidizing Agents</b>			
HYPOCYN ANTIPRURITIC TOPICAL SPRAY GEL 0.012 %		Tier 3	
<b>Protectives</b>			
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	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>zinc oxide topical paste 25 %</i>	Tier 1	
<b>Topical Anti-Inflammatory Steroid-Local Anesthetic</b>		
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>	Tier 1	
<i>lidocaine hcl-hydrocortison ac topical cream 3-0.5 %</i> (Lidocort)	Tier 1	
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	
<b>Topical Antineoplastic &amp; Premalignant Lesion Agnts</b>		
<i>bexarotene topical gel 1 %</i> (Targretin)	Tier 1	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	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
KLISYRI TOPICAL OINTMENT IN PACKET 1 %	Tier 2	QL (5 EA per 1 FILL)
PANRETIN TOPICAL GEL 0.1 %	Tier 3	SP; QL (60 GM per 28 days)
TOLAK TOPICAL CREAM 4 %	Tier 2	
VALCHLOR TOPICAL GEL 0.016 %	Tier 2	PA; SP
<b>Topical Local Anesthetics</b>		
ANACAIN TOPICAL OINTMENT 10 %	Tier 3	
ANASTIA TOPICAL LOTION 2.75 %	Tier 3	
CETACAIN ANESTHETIC TOPICAL LIQUID 2-2-14 %	Tier 3	
CETACAIN 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 LIDOCAN TOPICAL (lidocaine) ADHESIVE PATCH, MEDICATED 5 %	Tier 1	QL (90 EA per 30 days)
DERMACINRX LIDOGEN 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 4-0.09-0.5 %	Tier 1	

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<b>Drug</b>		<b>Status</b>	<b>Notes</b>
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.18-0.5 %		Tier 3	
<i>lidocaine hcl laryngotracheal solution 4 %</i>		Tier 1	
<i>lidocaine hcl topical cream 3 %</i> (Lidopin)		Tier 1	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	(DermacinRx Lidocan)	Tier 1	QL (90 EA per 30 days)
<i>lidocaine topical ointment 5 %</i>		Tier 1	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	
LIDOCAN III TOPICAL ADHESIVE PATCH,MEDICATED 5 %	(lidocaine)	Tier 1	QL (90 EA per 30 days)
LIDOCAN IV TOPICAL ADHESIVE PATCH,MEDICATED 5 %	(lidocaine)	Tier 1	QL (90 EA per 30 days)
LIDOCAN V TOPICAL ADHESIVE PATCH,MEDICATED 5 %	(lidocaine)	Tier 1	QL (90 EA per 30 days)
LIDOPIN TOPICAL CREAM 3.25 %		Tier 3	
LIDTOPIC MAX TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %		Tier 3	
LIDTOPIC TOPICAL CREAM, METERED-DOSE APPLICATOR 7.5 %		Tier 3	
NUMBONEX TOPICAL LOTION 2.75 %		Tier 3	
NYNUTEY TOPICAL CREAM 23-7 %		Tier 3	
PRAKETAMIDE TOPICAL CREAM, METERED-DOSE APPLICATOR 5 %		Tier 3	
REGENECARE TOPICAL GEL 2 %		Tier 3	
SPRAY AND STRETCH TOPICAL AEROSOL,SPRAY		Tier 3	
TRANZAREL TOPICAL GEL 4 %		Tier 3	
TRIDACAIN II TOPICAL ADHESIVE PATCH,MEDICATED 5 %	(lidocaine)	Tier 1	QL (90 EA per 30 days)
TRIDACAIN III TOPICAL ADHESIVE PATCH,MEDICATED 5 %	(lidocaine)	Tier 1	QL (90 EA per 30 days)

Drug	Status	Notes
<b>Topical Preparations,Miscellaneous</b>		
sodium chloride topical solution 0.9 % (Saljet Saline Rinse)	Tier 1	
<b>Topical/Mucous Membr./Subcut. Enzymes</b>		
HYQVIA HY COMPONENT SUBCUTANEOUS SOLUTION 1,600 UNIT/10 ML, 2,400 UNIT/15 ML, 200 UNIT/1.25 ML, 400 UNIT/2.5 ML, 800 UNIT/5 ML	Tier 3	
NEXOBRID POWDER COMPONENT TOPICAL POWDER	Tier 3	
NEXOBRID TOPICAL GEL 8.8 %	Tier 3	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	Tier 3	PA
<b>Dermatology - Psoriasis/Eczema</b>		
<b>Antipsoriatic Agents, Systemic</b>		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	Tier 1	SP
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML	Tier 3	PA; SP
BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML	Tier 3	PA; SP
methoxsalen oral capsule, liqd-filled,rapid rel 10 mg	Tier 1	
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Tier 2	PA; SP
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 2	PA; SP
SOTYKTU ORAL TABLET 6 MG	Tier 2	PA; SP
SPEVIGO SUBCUTANEOUS SYRINGE 150 MG/ML	Tier 3	PA; SP
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 2	PA; SP

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 2	PA; SP
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	Tier 2	PA; SP
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML, 80 MG/ML	Tier 2	PA; SP
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	Tier 2	PA; SP
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	Tier 2	PA; SP
<b>Antipsoriatics Agents</b>		
<i>calcipotriene scalp solution 0.005 %</i>	Tier 1	
<i>calcipotriene topical cream 0.005 %</i>	Tier 1	
<i>calcipotriene topical ointment 0.005 %</i>	Tier 1	
<i>calcitriol topical ointment 3 mcg/gram</i> (Vetical)	Tier 1	
DIOOXIA TOPICAL CREAM 0.005-4 %	Tier 3	
DRITHOCREME HP TOPICAL CREAM 1 %	Tier 2	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
<i>tazarotene topical cream 0.1 %</i> (Tazorac)	Tier 1	
<i>tazarotene topical gel 0.05 %, 0.1 %</i> (Tazorac)	Tier 1	Age (Max 39 Years)
ZITHRANOL TOPICAL SHAMPOO 1 %	Tier 3	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
<b>II-23 Receptor Antagonist, Monoclonal Antibody</b>		
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	Tier 2	PA; SP

Drug	Status	Notes	
<b>Topical Agents,Miscellaneous</b>			
L-MESITRAN SOFT TOPICAL GEL 40 %	Tier 3		
MUSCUSOLICE TOPICAL CREAM, METERED-DOSE APPLICATOR 2 %, 5 %	Tier 3		
NEURAPTINE TOPICAL CREAM, METERED-DOSE APPLICATOR 10 %	Tier 3		
OMEZA TOPICAL OINTMENT IN PACKET	Tier 3		
<i>urea topical cream 20 %</i> (Gormel)	Tier 1		
<b>Topical Immunosuppressive Agents</b>			
HYFTOR TOPICAL GEL 0.2 %	Tier 3	PA; SP	
NUJO TOPICAL SOLUTION 0.1 %	Tier 3		
NUJU TOPICAL CREAM 0.1 % (tacrolimus-vehicle base no.238)	Tier 3		
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		
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	Tier 1		
<b>Topical Vit D Analog/Antiinflammatory, Steroidal</b>			
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	Tier 1		
<i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i>	(Taclonex)	Tier 1	
DIOCHLOY TOPICAL SOLUTION 0.05-0.005 %	(clobetasol-calcipotriene)	Tier 3	
ENSTILAR TOPICAL FOAM 0.005-0.064 %		Tier 3	
WYNZORA TOPICAL CREAM 0.005-0.064 %		Tier 3	

Drug	Status	Notes
<b>Diabetes</b>		
<b>Antihypergly, (Dpp-4) Inhibitor &amp; Biguanide Comb.</b>		
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)
<b>Antihypergly, Incretin Mimetic(Glp-1 Recep.Agonist)</b>		
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST; QL (0.85 ML per 7 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST; QL (2.4 ML per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST; QL (1.2 ML per 30 days)
<i>liraglutide subcutaneous pen injector 0.6 (Victoza 2-Pak) mg/0.1 ml (18 mg/3 ml)</i>	Tier 3	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST; QL (9 ML per 30 days)

Drug	Status	Notes
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST; QL (3 ML per 28 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST; 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	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST; QL (2 ML per 28 days)
<b>Antihyperglycemic-Sod/Gluc Cotransport2(Sglt2)Inhib</b>		
FAXIGA ORAL TABLET 10 MG, 5 MG (dapagliflozin propanediol)	Tier 2	QL (1 EA per 1 day)
JARDIANCE ORAL TABLET 10 MG, 25 MG	Tier 2	QL (1 EA per 1 day)
<b>Antihyperglycemic - Dopamine Receptor Agonists</b>		
CYCLOSET ORAL TABLET 0.8 MG	Tier 3	ST: Requires prior prescription for Glipizide/Metformin, Glyburide/Metformin, Metformin, or Metformin ER within the past 180 days
<b>Antihyperglycemic - Incretin Mimetics Combination</b>		
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT PA REQUEST; QL (0.5 ML per 7 days)

Drug	Status	Notes
<b>Antihyperglycemic, Alpha-Glucosidase Inhib (N-S)</b>		
acarbose oral tablet 100 mg, 25 mg, 50 mg (Precose)	Tier 1	
miglitol oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
<b>Antihyperglycemic, Amylin Analog-Type</b>		
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	
<b>Antihyperglycemic, Dpp-4 Inhibitors</b>		
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 2	QL (1 EA per 1 day)
<b>Antihyperglycemic, Insulin-Release Stimulant Type</b>		
glimepiride oral tablet 1 mg, 2 mg, 4 mg	Tier 1	
glipizide oral tablet 10 mg, 5 mg	Tier 1	
glipizide oral tablet 2.5 mg	Tier 1	QL (2 EA per 1 day)
glipizide oral tablet extended release (Glucotrol XL) 24hr 10 mg, 2.5 mg, 5 mg	Tier 1	
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	Tier 1	
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	Tier 1	
nateglinide oral tablet 120 mg, 60 mg	Tier 1	
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
<b>Antihyperglycemic, Insulin-Response Enhancer (N-S)</b>		
pioglitazone oral tablet 15 mg, 30 mg, 45 mg (Actos)	Tier 1	
<b>Antihyperglycemic, Sglt-2 &amp; Dpp-4 Inhibitor Comb.</b>		

Drug	Status	Notes
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	Tier 2	QL (1 EA per 1 day)
<b>Antihyperglycemic, Biguanide Type (Non-Sulfonylurea)</b>		
metformin oral solution 500 mg/5 ml (Riomet)	Tier 1	
metformin oral tablet 1,000 mg, 500 mg, 850 mg	Tier 1	
metformin oral tablet extended release 24 hr 500 mg, 750 mg	Tier 1	
<b>Antihyperglycemic, Insulin &amp; Glp-1 Receptor Agonist</b>		
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	Tier 2	QL (30 ML per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	Tier 2	QL (15 ML per 28 days)
<b>Antihyperglycemic, Insulin-Rel Stim.&amp; Biguanide Cmb</b>		
glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	Tier 1	
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	Tier 1	
<b>Antihyperglycemic, Insulin-Response &amp; Release Comb.</b>		
pioglitazone-glimepiride oral tablet 30-2 (DUETACT) mg, 30-4 mg	Tier 1	ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days
<b>Antihyperglycemic-Glucocorticoid Receptor Blocker</b>		
KORLYM ORAL TABLET 300 MG (mifepristone)	Tier 2	PA; SP
mifepristone oral tablet 300 mg (Korlym)	Tier 1	PA; SP
<b>Antihyperglycemic-SGLT2 Inhibitor &amp; Biguanide Comb</b>		

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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 (dapaglifloz propaned-metformin)	Tier 2	QL (1 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 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	Tier 2	QL (2 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG (dapaglifloz propaned-metformin)	Tier 2	QL (2 EA per 1 day)
<b>Antihyperglycm,Insul-Resp.Enhancer &amp; Biguanide Cmb</b>		
pioglitazone-metformin oral tablet 15-500 mg	Tier 1	ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days
pioglitazone-metformin oral tablet 15-850 (Actoplus MET) mg	Tier 1	ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days
<b>Antihypergly-Sglt-2 Inhib,Dpp-4 Inhib,Biguanide Cb</b>		
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	Tier 2	QL (1 EA per 1 day)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	Tier 2	QL (2 EA per 1 day)
<b>Blood Sugar Diagnostics</b>		
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)
ONETOUCH ULTRA TEST STRIP (blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
ONETOUCH VERIO TEST STRIPS 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)
<b>Diabetic Supplies</b>		
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN	Tier 3	
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS INSULIN PEN	Tier 3	
AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS INSULIN PEN	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	
BIGFOOT UNITY KIT	Tier 3	
BIGFOOT UNITY PEN CAP-ADMELOG DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-APIDRA DEVICE	Tier 3	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
BIGFOOT UNITY PEN CAP-ASPART DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-BASAGLAR DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-FIASP DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-HUMALOG DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-LANTUS DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-LISPRO DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-LYUMJEV DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-NOVOLOG DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-TOUJEO DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-TOUJEOMX DEVICE	Tier 3	
BIGFOOT UNITY PEN CAP-TRESIBA DEVICE	Tier 3	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
CEQUR SIMPLICITY DEVICE 2 UNIT	Tier 3	PA
CEQUR SIMPLICITY INSERTER	Tier 3	PA
EVERSENSE E3 SMART TRANSMITTER DEVICE	Tier 3	PA
GLUCOCOM AUTOLINK	Tier 3	
GUARDIAN 4 GLUCOSE SENSOR DEVICE	Tier 3	PA
GUARDIAN 4 TRANSMITTER DEVICE	Tier 3	PA
GUARDIAN LINK 3 TRANSMITTER DEVICE	Tier 3	PA
GUARDIAN SENSOR 3 DEVICE	Tier 3	PA

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN	Tier 2	
INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN	Tier 2	
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN	Tier 2	
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN	Tier 2	
INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN	Tier 2	
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN	Tier 2	
MEDTRONIC EXT INFUSION SET 23" INFUSION SET	Tier 3	
MEDTRONIC EXT INFUSION SET 32" INFUSION SET	Tier 3	
MINIMED 630G INSULIN PUMP	Tier 3	PA
MINIMED 770G INSULIN PUMP	Tier 3	PA
MINIMED 780G 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	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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	
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	
OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	QL (10 EA per 30 days)
OMNIPOD GO PODS 15 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	QL (10 EA per 30 days)
OMNIPOD GO PODS 20 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	QL (10 EA per 30 days)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
OMNIPOD GO PODS 25 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	QL (10 EA per 30 days)
OMNIPOD GO PODS 30 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	QL (10 EA per 30 days)
OMNIPOD GO PODS 40 UNITS/DAY SUBCUTANEOUS CARTRIDGE	Tier 2	QL (10 EA per 30 days)
OMNIPOD GO PODS SUBCUTANEOUS CARTRIDGE	Tier 2	QL (10 EA per 30 days)
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	
TANDEM MOBI AUTOSOFT 30 KT 23" COMBO PACK	Tier 3	
TANDEM MOBI AUTOSOFT XC KIT 5" COMBO PACK	Tier 3	
TANDEM MOBI AUTOSOFT XC KT 23" COMBO PACK	Tier 3	
TANDEM MOBI CARTRIDGE SUBCUTANEOUS CARTRIDGE	Tier 3	
TANDEM MOBI SYSTEM	Tier 3	PA
TANDEM MOBI TRUSTEEL KIT 23" COMBO PACK	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	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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	
<b>Diabetic Ulcer Preparations,Topical</b>		
REGRANEX TOPICAL GEL 0.01 %	Tier 2	
<b>Hyperglycemics</b>		
diazoxide oral suspension 50 mg/ml (Proglycem)	Tier 1	
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	Tier 1	QL (4 EA per 1 FILL)
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 (0.4 ML per 1 FILL)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	Tier 2	QL (0.8 ML per 1 FILL)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	Tier 2	QL (0.4 ML per 1 FILL)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	Tier 2	QL (0.8 ML per 1 FILL)
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	Tier 2	QL (0.8 ML per 1 FILL)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	Tier 2	QL (0.8 ML per 1 FILL)
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	Tier 2	QL (0.8 ML per 1 FILL)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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)
<b>Insulins</b>		
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 KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	Tier 2	QL (12 ML per 28 days)
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(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)
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)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>	
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)	
HUMULIN R REGULAR U-100 INSULIN 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)	
<i>insulin lispro protamin-lispro</i> <i>subcutaneous insulin pen 100 unit/ml</i> <i>(75-25)</i>	(Humalog Mix 75-25 KwikPen)	Tier 1	QL (30 ML per 28 days)
<i>insulin lispro subcutaneous insulin pen</i> <i>100 unit/ml</i>	(Admelog SoloStar U-100 Insulin)	Tier 1	QL (30 ML per 28 days)
<i>insulin lispro subcutaneous insulin pen,</i> <i>half-unit 100 unit/ml</i>	(Humalog Junior KwikPen U-100)	Tier 1	QL (30 ML per 28 days)
<i>insulin lispro subcutaneous solution 100</i> <i>unit/ml</i>	(Admelog U-100 Insulin lispro)	Tier 1	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)	
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)	
SEMLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	QL (40 ML per 28 days)	
SEMLEE(INSULIN GLARG- YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin glargine-yfgn)	Tier 2	QL (30 ML per 28 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	(insulin glargine u-300 conc)	Tier 2	QL (18 ML per 28 days)

<b>Drug</b>		<b>Status</b>	<b>Notes</b>
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	(insulin glargine u-300 conc)	Tier 2	QL (13.5 ML per 28 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin degludec)	Tier 2	QL (30 ML per 28 days)
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	(insulin degludec)	Tier 2	QL (18 ML per 28 days)
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin degludec)	Tier 2	QL (40 ML per 28 days)
<b>Ear - General Disorders</b>			
<b>Ear Preparations Anti-Inflammatory</b>			
fluocinolone acetonide oil otic (ear) drops 0.01 %	(DermOtic Oil)	Tier 1	
<b>Ear Preparations, Misc. Anti-Infectives</b>			
acetic acid otic (ear) solution 2 %		Tier 1	
CORTANE-B TOPICAL LOTION 1-1-0.1 %		Tier 3	
hydrocortisone-acetic acid otic (ear) drops 1-2 %		Tier 1	
<b>Ear Preparations, Antibiotics</b>			
ciprofloxacin hcl otic (ear) dropperette 0.2 %	(Cetrahal)	Tier 1	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML		Tier 3	
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml- unit/ml-%		Tier 1	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%		Tier 1	
ofloxacin otic (ear) drops 0.3 %		Tier 1	
<b>Otic Preparations,Anti-Inflammatory- Antibiotics</b>			

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>ciprofloxacin-dexamethasone otic (ear) drops, suspension 0.3-0.1 %</i>	Tier 1	
<i>ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025 % (0.25 ml)</i>	Tier 1	
<b>Electrolyte Regulation</b>		
<b>Arginine Vasopressin (Avp) Receptor Antagonists</b>		
<i>tolvaptan oral tablet 15 mg</i> (Samsca)	Tier 1	SP; QL (30 EA per 365 days)
<i>tolvaptan oral tablet 30 mg</i> (Samsca)	Tier 1	SP; QL (60 EA per 365 days)
<b>Bicarbonate Producing/Containing Agents</b>		
VAXCHORA BUFFER COMPONENT ORAL SUSPENSION FOR RECONSTITUTION	Tier 3	
<b>Electrolyte Depleters</b>		
<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	ST: Requires prior prescription for Velphoro AND ONE of the following: generic Calcium Acetate, Lanthanum Carbonate, Sevelamer Carbonate, Sevelamer HCL within the past 365 days; QL (3 EA per 1 day)
KIONEX (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML	Tier 1	
<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	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>	
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram (Renvela)	Tier 1		
sevelamer carbonate oral tablet 800 mg (Renvela)	Tier 1		
sevelamer hcl oral tablet 400 mg, 800 mg	Tier 1		
sodium polystyrene sulfonate oral powder	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	QL (6 EA per 1 day)	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	Tier 3	PA	
XPHOZAH ORAL TABLET 20 MG, 30 MG	Tier 3	ST: Requires prior prescription for Velphoro AND ONE of the following: generic Calcium Acetate, Lanthanum Carbonate, Sevelamer Carbonate, Sevelamer HCL within the past 365 days; QL (2 EA per 1 day)	
<b>Potassium Replacement</b>			
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	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<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 (Klor-Con)</i>	Tier 1	
<i>potassium chloride oral tablet extended (Klor-Con 10) release 10 meq</i>	Tier 1	
<i>potassium chloride oral tablet extended (K-Tab) release 20 meq</i>	Tier 1	
<i>potassium chloride oral tablet extended (Klor-Con 8) release 8 meq</i>	Tier 1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i>	Tier 1	
<i>potassium chloride oral tablet,er particles/crystals 15 meq</i>	Tier 1	
<i>potassium chloride oral tablet,er particles/crystals 20 meq</i>	Tier 1	
<b>Sodium/Saline Preparations</b>		
<i>BD POSIFLUSH NORMAL SALINE 0.9 INJECTION SYRINGE (sodium chloride 0.9 % (flush))</i>	Tier 1	
<i>CLEARSHIELD SODIUM CHLOR FLUSH INJECTION SYRINGE (sodium chloride 0.9 % (flush))</i>	Tier 1	
<i>NORMAL SALINE FLUSH INJECTION SYRINGE (sodium chloride 0.9 % (flush))</i>	Tier 1	
<i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i>	Tier 1	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	Tier 1	
<i>sodium chloride 0.9 % (flush) injection syringe (BD PosiFlush Normal Saline 0.9)</i>	Tier 1	
<i>sodium chloride 0.9 % injection solution</i>	Tier 1	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	Tier 1	
<i>sodium chloride 0.9 % intravenous piggyback</i>	Tier 1	
<i>sodium chloride injection syringe 0.9 %</i>	Tier 1	

Drug	Status	Notes
<b>Endocrine Disorder - Fertility</b>		
<b>Drugs To Treat Impotency</b>		
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG	Tier 3	QL (1 EA per 5 days)
CAVERJECT INTRACAVERNOSAL RECON SOLN 20 MCG, 40 MCG	Tier 3	QL (1 EA per 5 days)
CAVERJECT INTRACAVERNOSAL SYRINGE 10 MCG, 20 MCG	Tier 3	QL (1 EA per 5 days)
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG	Tier 3	QL: 6 INJECTIONS IN 30 DAYS
IFE-BIMIX 30/1 INTRACAVERNOSAL SOLUTION 30 MG- 1 MG/ML (papav-phentolamine in water)	Tier 1	
<i>sildenafil oral tablet 100 mg, 25 mg, 50 mg</i> (Viagra)	Tier 1	QL (1 EA per 5 days)
<i>tadalafil oral tablet 10 mg, 20 mg</i> (Cialis)	Tier 1	QL (1 EA per 5 days)
<i>tadalafil oral tablet 2.5 mg</i>	Tier 1	PA
<i>tadalafil oral tablet 5 mg</i> (Cialis)	Tier 1	PA
TRI-MIX (PAPAVRN-PHNTLMN-PGE1) INTRACAVERNOSAL RECON SOLN 150 MG-5 MG- 50 MCG	Tier 3	
<b>Fertility Stimulating Preparations, Non-Fsh</b>		
CLOMID ORAL TABLET 50 MG (clomiphene citrate)	Tier 3	
<i>clomiphene citrate oral tablet 50 mg</i> (Clomid)	Tier 1	
<b>Follicle Stim./Luteinizing Hormones</b>		
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT	Tier 2	SP
<b>Follicle-Stimulating Hormone (Fsh)</b>		
FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE 300 UNIT/0.36 ML, 600 UNIT/0.72 ML, 900 UNIT/1.08 ML	Tier 3	SP; ST: Requires prior prescription for Gonal-F or Gonal-f RFF within the past 120 days

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300/0.5 UNIT/ML, 450/0.75 UNIT/ML, 900/1.5 UNIT/ML	Tier 2	SP
GONAL-F RFF SUBCUTANEOUS RECON SOLN 75 UNIT	Tier 2	SP
GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT, 450 UNIT	Tier 2	SP
<b>Human Chorionic Gonadotropin (Hcg)</b>		
chorionic gonadotropin, human <i>intramuscular recon soln 10,000 unit</i>	(Pregnyl) Tier 3	ST: Requires prior prescription for Novarel or Ovidrel within the past 120 days
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT	Tier 2	
OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML	Tier 2	
PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT	(chorionic gonadotropin, human) Tier 3	ST: Requires prior prescription for Novarel or Ovidrel within the past 120 days
<b>Pregnancy Facilitating/Maintaining Agent,Hormonal</b>		
CRINONE VAGINAL GEL 8 %	Tier 3	ST: Requires prior prescription for Endometrin within the past 120 days
ENDOMETRIN VAGINAL INSERT 100 MG	Tier 2	
<b>Endocrine Disorder - Other</b>		
<b>Adrenal Steroid Inhibitors</b>		
ISTURISA ORAL TABLET 1 MG, 5 MG	Tier 3	PA; SP
RECORLEV ORAL TABLET 150 MG	Tier 3	PA; SP
<b>Adrenocorticotropic Hormones</b>		
ACTHAR INJECTION GEL 80 UNIT/ML	Tier 3	PA; SP

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML, 80 UNIT/ML	Tier 3	PA; SP
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	Tier 3	PA; SP
<b>Antidiuretic And Vasopressor Hormones</b>		
<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)
<b>Antineoplastic Lhrh(Gnrh) Agonist,Pituitary Suppr.</b>		
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	Tier 2	PA; SP
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	Tier 2	PA; SP
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	Tier 2	PA; SP
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	Tier 2	PA; SP
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	Tier 1	PA; SP
<b>Bone Formation Stim. Agents - Parathyroid Hormone</b>		

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>teriparatide subcutaneous pen injector 20 mcg/dose (600mcg/2.4ml)</i>	Tier 1	PA; SP
<i>teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)</i>	Tier 1	PA; SP
<b>Bone Formation Stimulating Agts - Pth Rel Peptides</b>		
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	Tier 2	PA; SP
<b>Bone Resorption Inhibitor &amp; Vitamin D Combinations</b>		
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	Tier 2	
<b>Bone Resorption Inhibitors</b>		
<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</i> (Miacalcin) <i>unit/ml</i>	Tier 1	
<i>calcitonin (salmon) nasal spray,non- aerosol 200 unit/actuation</i>	Tier 1	
<i>ibandronate oral tablet 150 mg</i>	Tier 1	
<i>raloxifene oral tablet 60 mg</i> (Evista)	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND 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 prescriptions for Alendronate and Ibandronate within the past 365 days; QL (1 EA per 30 days)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
risedronate oral tablet 30 mg, 5 mg	Tier 1	ST: Requires prior prescriptions for Alendronate and Ibandronate within the past 365 days; QL (1 EA per 1 day)
risedronate oral tablet 35 mg (Actonel)	Tier 1	ST: Requires prior prescriptions for Alendronate and Ibandronate within the past 365 days; QL (1 EA per 7 days)
risedronate oral tablet, delayed release (dr/ec) 35 mg (Atelvia)	Tier 1	ST: Requires prior prescriptions for Alendronate and Ibandronate within the past 365 days; QL (1 EA per 7 days)
<b>Calcimimetic, Parathyroid Calcium Enhancer</b>		
cinacalcet oral tablet 30 mg, 60 mg (Sensipar)	Tier 1	SP; QL (2 EA per 1 day)
cinacalcet oral tablet 90 mg (Sensipar)	Tier 1	SP; QL (4 EA per 1 day)
<b>Growth Hormone Receptor Antagonists</b>		
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	Tier 2	SP
<b>Growth Hormone Releasing Hormone (Ghrh) &amp; Analogs</b>		
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	Tier 3	PA; SP
<b>Growth Hormones</b>		
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	Tier 2	PA; SP

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	Tier 2	PA; SP
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 2	PA; SP
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	Tier 3	PA; SP
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	Tier 3	PA; SP
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	Tier 3	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 2	PA; SP
SOGROYA SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	Tier 2	PA; SP
<b>Hyperparathyroid Tx Agents - Vitamin D Analog-Type</b>		
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	Tier 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)
<b>Insulin-Like Growth Factor-1 (Igf-1) Hormones</b>		
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	Tier 3	PA; SP
<b>Leptin Hormone Analogs</b>		

Drug	Status	Notes
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	Tier 3	SP; QL (1 EA per 1 day)
<b>Lhrh (Gnrh) Antagonist,Estrogen And Progestin Comb</b>		
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
<b>Lhrh(Gnrh) Agonist Analog Pituitary Suppressants</b>		
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML	Tier 3	PA; SP
<b>Lhrh(Gnrh) Antagonist,Pituitary Suppressant Agents</b>		
cetrorelix subcutaneous kit 0.25 mg (Cetrotide)	Tier 1	SP
FYREMADEL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML (ganirelix)	Tier 1	SP; ST: Requires prior prescription for Cetrorelix Acetate within the past 120 days
ganirelix subcutaneous syringe 250 mcg/0.5 ml (Fyremadel)	Tier 1	SP; ST: Requires prior prescription for Cetrorelix Acetate within the past 120 days
ORILISSA ORAL TABLET 150 MG, 200 MG	Tier 2	PA
<b>Natriuretic Peptides</b>		
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG	Tier 3	PA; SP
<b>Pituitary Suppressive Agents</b>		
cabergoline oral tablet 0.5 mg	Tier 1	
danazol oral capsule 100 mg, 200 mg, 50 mg	Tier 1	
<b>Endocrine Disorder - Thyroid</b>		
<b>Antithyroid Preparations</b>		
methimazole oral tablet 10 mg, 5 mg	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>propylthiouracil oral tablet 50 mg</i>	Tier 1	
<b>Iodine Containing Agents</b>		
LUGOLS ORAL SOLUTION 5 %	Tier 3	
<i>potassium iodide oral solution 1 gram/ml (SSKI)</i>	Tier 1	
SSKI ORAL SOLUTION 1 GRAM/ML (potassium iodide)	Tier 1	
STRONG IODINE ORAL SOLUTION 5 %	Tier 1	
<b>Thyroid Hormones</b>		
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG	Tier 3	
ERMEZA ORAL SOLUTION 30 MCG/ML	Tier 1	PA
EUTHYROX ORAL TABLET 100 MCG, (levothyroxine) 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 1	QL (2 EA per 1 day)
<i>levothyroxine oral capsule 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Tier 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, (thyroid (pork)) 15 MG, 30 MG, 60 MG, 90 MG	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)
<i>thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i> (NP Thyroid)	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
TIROSINT ORAL CAPSULE 37.5 MCG, 44 MCG, 62.5 MCG	Tier 3	PA
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
<b>Eye - General Disorders</b>		
<b>Eye Antibiotic, Glucocorticoid And Nsaid Comb.</b>		
<i>prednisolon-moxiflox-bromf(pf) ophthalmic (eye) drops 1-0.5-0.09 %</i>	Tier 1	
<b>Eye Antibiotic-Corticoid Combinations</b>		
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	Tier 1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	Tier 1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	Tier 1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	Tier 1	
<i>NEO-POLYCIN HC OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT/G-1%</i>	(neomycin-bacitracin-poly-hc)	Tier 1
<i>TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %</i>		Tier 2
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>		Tier 1
<b>Eye Antihistamines</b>		
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	Tier 1	QL (12 ML per 30 days)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<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 Relf)	Tier 1	
<i>olopatadine ophthalmic (eye) drops 0.2 %</i> (Eye Allergy Itch Relief)	Tier 1	QL (3 ML per 30 days)
<b>Eye Antiinflammatory Agents</b>		
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %	Tier 3	QL (60 EA per 15 days)
<i>bromfenac ophthalmic (eye) drops 0.07 %</i> (Prolensa)	Tier 1	QL (3 ML per 16 days)
<i>bromfenac ophthalmic (eye) drops 0.075 %</i> (BromSite)	Tier 1	QL (5 ML per 16 days)
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	Tier 1	QL (3.4 ML per 16 days)
<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	
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)
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)

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<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 0.2 %</i> (Alrex)	Tier 1	ST: Requires prior prescription for Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% within the past 120 days; QL (10 ML 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 ophthalmic (eye) drops, suspension 1 %</i> (Pred Forte)	Tier 1	QL (20 ML per 14 days)
<i>prednisolone sod ph-bromf (pf) ophthalmic (eye) drops 1-0.09 %</i>	Tier 1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	Tier 1	QL (20 ML per 14 days)
<b>Eye Antivirals</b>		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	Tier 1	
<b>Eye Local Anesthetics</b>		
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 %	Tier 3	
ALCAINE OPHTHALMIC (EYE) DROPS (proparacaine) 0.5 %	Tier 1	
ALTACAINЕ 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	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %</i>	Tier 1	
IHEEZO (PF) OPHTHALMIC (EYE) DROPPERETTE, GEL 3 %	Tier 3	
<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	
<b>Eye Sulfonamides</b>		
<i>sulacetamide sodium ophthalmic (eye) drops 10 %</i>	Tier 1	
<i>sulacetamide sodium ophthalmic (eye) ointment 10 %</i>	Tier 1	
<i>sulacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	Tier 1	
<b>Eye Vasoconstrictors (Rx Only)</b>		
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	Tier 1	
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 %	Tier 3	PA
<b>Nicotinic Recept.Partial Agonist, Alpha4beta2 Spec</b>		
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY	Tier 2	PA
<b>Ophthalmic (Eye) Antiparasitics</b>		
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 %	Tier 3	PA; SP
<b>Ophthalmic Antibiotics</b>		
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	Tier 1	
<i>bacitracin-polymyxin b ophthalmic (eye) (Polycin) ointment 500-10,000 unit/gram</i>	Tier 1	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	Tier 2	

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	Tier 2	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	Tier 1	
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	Tier 1	
gatifloxacin ophthalmic (eye) drops 0.5 %	Tier 1	
gentamicin ophthalmic (eye) drops 0.3 %	Tier 1	
levofloxacin ophthalmic (eye) drops 1.5 %	Tier 1	
moxifloxacin ophthalmic (eye) drops 0.5 (Vigamox) %	Tier 1	
moxifloxacin ophthalmic (eye) drops, viscous 0.5 %	Tier 1	
neomycin-bacitracin-polymyxin (Neo-Polycin) ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	Tier 1	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml	Tier 1	
NEO-POLYCIN OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT-UNIT/G (neomycin-bacitracin-polymyxin)	Tier 1	
ofloxacin ophthalmic (eye) drops 0.3 % (Ocuflax)	Tier 1	
POLYCIN OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM (bacitracin-polymyxin b)	Tier 1	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	Tier 1	
tobramycin ophthalmic (eye) drops 0.3 %	Tier 1	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	Tier 2	
vancomycin in 0.9 % sodium chl ophthalmic (eye) drops 10 mg/ml	Tier 1	
<b>Ophthalmic Antifungal Agents</b>		

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
NATACYN OPHTHALMIC (EYE) DROPS, SUSPENSION 5 %	Tier 3	
<b>Ophthalmic Anti-Inflammatory Immunomodulator-Type</b>		
cyclosporine ophthalmic (eye) dropperette 0.05 % (Restasis)	Tier 1	QL (60 EA per 30 days)
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	Tier 2	QL (5.5 ML per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 % (cyclosporine)	Tier 1	QL (60 EA per 30 days)
VERKAZIA OPHTHALMIC (EYE) DROPPERETTE 0.1 %	Tier 3	PA; SP
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	Tier 2	QL (60 EA per 30 days)
<b>Ophthalmic Human Nerve Growth Factor (Hngf)</b>		
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	Tier 3	PA; SP
<b>Ophthalmic Mast Cell Stabilizers</b>		
ALOCRIL OPHTHALMIC (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 OPHTHALMIC (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)
cromolyn ophthalmic (eye) drops 4 %	Tier 1	QL (50 ML per 30 days)
<b>Eye - Glaucoma</b>		
<b>Carbonic Anhydrase Inhibitors</b>		
acetazolamide oral capsule, extended release 500 mg	Tier 1	
acetazolamide oral tablet 125 mg, 250 mg	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>methazolamide oral tablet 25 mg, 50 mg</i>	Tier 1	
<b>Miotics/Other Intraoc. Pressure Reducers</b>		
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %</i>	Tier 3	
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	Tier 1	QL (1 ML per 12 days)
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 % (Alphagan P)</i>	Tier 1	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	Tier 1	
<i>brimonidine-dorzolamide ophthalmic (eye) drops 0.1-2 %</i>	Tier 1	
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 % (Combigan)</i>	Tier 1	
<i>brinzolamide ophthalmic (eye) drops,suspension 1 % (Azopt)</i>	Tier 1	
<i>carteolol ophthalmic (eye) drops 1 %</i>	Tier 1	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	Tier 1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 % (Cosopt (PF))</i>	Tier 1	QL (2 EA per 1 day)
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml (Cosopt)</i>	Tier 1	
<i>IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %</i>	Tier 3	
<i>latanoprost ophthalmic (eye) drops 0.005 % (Xalatan)</i>	Tier 1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %</i>	Tier 2	QL (2.5 ML per 25 days)

Drug	Status	Notes
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	Tier 3	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	Tier 1	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	Tier 3	ST: At least 2 prior prescriptions for Brimonidine Tartrate, Brimonidine Tartrate/Timolol, Brinzolamide, Latanoprost, Lumigan, Simbrinza, or Travoprost within the past 365 days; QL (2.5 ML per 30 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	Tier 3	ST: At least 2 prior prescriptions for Brimonidine Tartrate, 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>	Tier 1	QL (1 EA per 1 day)
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %</i>	Tier 1	QL (2 EA per 1 day)
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	Tier 1	
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i>	Tier 1	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	Tier 1	
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	Tier 1	QL (2.5 ML per 25 days)

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
VUITY OPHTHALMIC (EYE) DROPS 1.25 %	Tier 3	PA
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	Tier 3	ST: At least 2 prior prescriptions for Bimatoprost, Latanoprost, 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 2 prior prescriptions for Bimatoprost, Latanoprost, Lumigan, or Travoprost within the past 365 days; QL (2.5 ML per 25 days)
<b>Mydriatics</b>		
<i>atropine ophthalmic (eye) drops 1 %</i> (Isotopto Atropine)	Tier 1	
<i>atropine ophthalmic (eye) ointment 1 %</i>	Tier 1	
<i>atropine sulfate (pf) ophthalmic (eye) dropperette 1 %</i>	Tier 1	
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %	Tier 3	
<i>cyclopentolate ophthalmic (eye) drops 1 %</i> (Cyclogyl)	Tier 1	
<i>cyclopent-tropic-phenyleph-watr ophthalmic (eye) drops 1-1-2.5 %</i>	Tier 1	
<i>cyclopent-tropic-phen-ketr-wat ophthalmic (eye) drops 1 %-1 %-10 %- 0.5 %, 1 %-1 %-2.5 %-0.5 %</i>	Tier 1	
<i>cyclop-trop-propa-phen-ket-wat ophthalmic (eye) drops 1 %-1 %-0.1 %- 2.5 %-0.4 %</i>	Tier 1	
HOMATROPAIRE OPHTHALMIC (EYE) (homatropine hbr) DROPS 5 %	Tier 1	
MYDCOMBI OPHTHALMIC (EYE) CARTRIDGE 2.5-1 %	Tier 3	
<i>phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 %</i>	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
tropicamide ophthalmic (eye) drops 0.5 %	Tier 1	
tropicamide ophthalmic (eye) drops 1 % (Mydriacyl)	Tier 1	
<b>Ophthalmic Antifibrotic Agents</b>		
mitomycin (pf) in water ophthalmic (eye) syringe 0.2 mg/ml, 0.4 mg/ml	Tier 1	SP
MITOSOL OPHTHALMIC (EYE) KIT 0.2 MG	Tier 3	
<b>Eye - Miscellaneous</b>		
<b>Agents For Corneal Collagen Cross-Linking</b>		
PHOTREXA CROSS-LINKING KIT OPHTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOSUS 0.146 % -0.146 %	Tier 3	SP
PHOTREXA OPHTHALMIC (EYE) DROPS 0.146 %	Tier 3	SP
PHOTREXA VISCOSUS OPHTHALMIC (EYE) DROPS, VISCOSUS 0.146 %	Tier 3	SP
<b>Artificial Tears</b>		
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %	Tier 2	
<b>Eye Preparations, Miscellaneous (Otc)</b>		
GELFILM OPHTHALMIC (EYE) FILM	Tier 3	
<b>Ophthalmic Cystine Depleting Agents</b>		
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	Tier 2	PA; SP
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	Tier 2	PA; SP
<b>Fluid Replacement</b>		
<b>Nucleic Acid/Nucleotide Supplements</b>		
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	Tier 2	PA; SP
<b>Gout And Related Diseases</b>		

Drug	Status	Notes
<b>Colchicine</b>		
colchicine oral capsule 0.6 mg (Mitigare)	Tier 1	QL (2 EA per 1 day)
colchicine oral tablet 0.6 mg (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 tablets within the past 120 days; QL (10 ML per 1 day)
<b>Hyperuricemia Tx - Purine Inhibitors</b>		
allopurinol oral tablet 100 mg (Zyloprim)	Tier 1	
allopurinol oral tablet 300 mg	Tier 1	
febuxostat oral tablet 40 mg, 80 mg (Uloric)	Tier 1	ST: Requires prior prescription for Allopurinol within the past 120 days; QL (30 EA per 30 days)
<b>Uricosuric Agents</b>		
probencid oral tablet 500 mg	Tier 1	
probencid-colchicine oral tablet 500-0.5 mg	Tier 1	
<b>Uricosuric And Xanthine Oxidase Inhibitor Comb.</b>		
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)
<b>Hematological Disorders</b>		
<b>Agents To Tx Thrombotic Thrombocytopenic Purpura</b>		
CABLIVI INJECTION KIT 11 MG	Tier 3	PA; SP
CABLIVI INJECTION RECON SOLN 11 MG	Tier 3	PA; SP
<b>Anticoagulants,Coumarin Type</b>		
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	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg (Jantoven)	Tier 1	
<b>Antifibrinolytic Agents</b>		
aminocaproic acid oral solution 250 mg/ml (25 %) (Amicar)	Tier 1	
aminocaproic acid oral tablet 1,000 mg, 500 mg (Amicar)	Tier 1	
tranexamic acid oral tablet 650 mg	Tier 1	
<b>Antihemophilic Factors</b>		
ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 2	SP
ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT	Tier 2	SP
AFSTYLA INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT RANGE, 1,500 (+/-) UNIT RANGE, 2,000 (+/-) UNIT RANGE, 2,500 (+/-) UNIT RANGE, 250 (+/-) UNIT RANGE, 3,000 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	Tier 2	SP
ALPHANATE INTRAVENOUS RECON SOLN 1,000 (400 VWF) UNIT/10 ML, 1,500 (600 VWF) UNIT/10 ML, 2,000 (800 VWF) UNIT/10 ML, 250 (100 VWF) UNIT/5 ML, 500 (200 VWF) UNIT/5 ML	Tier 3	SP
ALTUVIPIO INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4000 (+/-) UNIT, 500 (+/-) UNIT	Tier 2	SP

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
ELOCTATE INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 5,000 UNIT, 500 UNIT, 6,000 UNIT, 750 UNIT	Tier 2	SP
ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 2	SP
FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT	Tier 3	SP
HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT	Tier 3	SP
HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT	Tier 3	SP
HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT	Tier 3	SP
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501- 2,000 UNIT	Tier 3	SP
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT	Tier 3	SP
JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 2	SP
KOATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	SP
KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 2	SP
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 2	SP

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 2	SP
NOVOSEVEN RT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG), 8 MG (8,000 MCG)	Tier 3	SP
NUWIQ INTRAVENOUS RECON SOLN 1000 UNIT, 2,000 UNIT, 2,500 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	Tier 3	SP
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE	Tier 3	SP
RECOMBINATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	SP
SEVENFACT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 5 MG (5,000 MCG)	Tier 3	SP
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT	Tier 3	SP
XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	Tier 2	SP
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 2	SP
<b>Blood Factors,Miscellaneous</b>		
VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-) UNIT RANGE	Tier 3	SP
<b>Citrates As Anticoagulants</b>		
ACD SOLUTION A SOLUTION 2.45-2.2 GRAM- 800 MG/100 ML	Tier 3	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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	
<i>citric-sod citrat-sod phos-dex solution 0.327-2.63 gram/100 ml</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 solution 4 %</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	
<b>Complement (C3) Inhibitors</b>		
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML	Tier 3	PA; SP
<b>Direct Factor Xa Inhibitors</b>		
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)
<b>Factor IX Complex (Pcc) Preparations</b>		

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	SP
<b>Factor IX Preparations</b>		
ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	SP
ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	Tier 3	SP
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 3	SP
IDEVION INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,500 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	SP
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 3	SP
REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	Tier 3	SP
RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	Tier 3	SP
<b>Factor X Preparations</b>		
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	Tier 3	SP
<b>Factor XIII Preparations</b>		
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT	Tier 3	SP
TRETTON INTRAVENOUS RECON SOLN 2,500 UNIT	Tier 3	SP
<b>Hematinics, Other</b>		

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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	Tier 2	SP; QL (7.6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML	Tier 2	SP; QL (60 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML	Tier 2	SP; QL (30 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML	Tier 2	SP; QL (36 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML	Tier 2	SP; 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 2	SP; QL (12 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML	Tier 2	SP; QL (18 ML per 30 days)
HEP FLUSH-10 (PF) INTRAVENOUS SOLUTION 10 UNIT/ML	Tier 1	
<i>heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/500 ml (5 unit/ml), 5,000 unit/500 ml (10 unit/ml)</i>	Tier 1	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	Tier 1	
<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 lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml</i>	Tier 1	
HEPARIN LOCKFLUSH(PORCINE)(PF) (heparin, porcine (pf)) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
heparin, porcine (pf) injection solution 1,000 unit/ml	Tier 1	
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml	Tier 1	
heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)	Tier 1	
heparin, porcine (pf) intravenous syringe 1 unit/ml	Tier 1	
heparin, porcine (pf) intravenous syringe (Heparin 10 unit/ml, 100 unit/ml LockFlush(Porcine)(PF))	Tier 1	
heparin, porcine (pf) subcutaneous syringe 5,000 unit/0.5 ml	Tier 1	
<b>Human Monoclonal Antibody Complement(C5) Inhibitor</b>		
FABHALTA ORAL CAPSULE 200 MG	Tier 2	PA; SP
TAVNEOS ORAL CAPSULE 10 MG	Tier 3	PA; SP
VOYDEYA ORAL TABLET 100 MG, 150 MG (50 MG X 1-100 MG X 1)	Tier 3	PA; SP
ZILBRYSQ SUBCUTANEOUS SYRINGE 16.6 MG/0.416 ML, 23 MG/0.574 ML, 32.4 MG/0.81 ML	Tier 3	PA; SP
<b>Hypoxia Inducible Factor Prolyl Hydroxylase Inh.</b>		
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 3	PA
<b>Leukocyte (Wbc) Stimulants</b>		
LEUKINE INJECTION RECON SOLN 250 MCG	Tier 2	PA; SP
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	Tier 3	PA; SP
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 3	PA; SP
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 3	PA; SP

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 3	PA; SP
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Tier 2	PA; SP
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 2	PA; SP
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Tier 2	PA; SP
<b>Plasma Proteins</b>		
RYPLAZIM INTRAVENOUS RECON SOLN 68.8 MG	Tier 3	PA; SP
<b>Platelet Aggregation Inhibitors</b>		
ADULT ASPIRIN REGIMENT ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)	\$0	
ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)	\$0	
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG (aspirin)	\$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	
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	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	Tier 1	
prasugrel oral tablet 10 mg, 5 mg (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)
<b>Platelet Reducing Agents</b>		
anagrelide oral capsule 0.5 mg (Agrylin)	Tier 1	
anagrelide oral capsule 1 mg	Tier 1	
<b>Pyruvate Kinase Activators</b>		
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	Tier 3	PA; SP
PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7)	Tier 3	PA; SP
<b>Sickle Cell Anemia Agents</b>		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	Tier 3	
ENDARI ORAL POWDER IN PACKET 5 GRAM (glutamine (sickle cell))	Tier 3	PA; SP
glutamine (sickle cell) oral powder in packet 5 gram (Endari)	Tier 1	PA; SP
OXBRYTA ORAL TABLET 300 MG, 500 MG	Tier 3	PA; SP
OXBRYTA ORAL TABLET FOR SUSPENSION 300 MG	Tier 3	PA; SP
SIKLOS ORAL TABLET 1,000 MG	Tier 3	ST: Requires prior prescription Droxia and Hydroxyurea within the past 365 days
SIKLOS ORAL TABLET 100 MG	Tier 3	QL (2 EA per 1 day)
<b>Spleen Tyrosine Kinase Inhibitors</b>		

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
TAVALISSE ORAL TABLET 100 MG, 150 MG	Tier 2	PA; SP
<b>Thrombin Inhibitors, Selective, Direct, &amp; Reversible</b>		
dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg (Pradaxa)	Tier 1	QL (2 EA per 1 day)
PRADAXA ORAL PELLETS IN PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG	Tier 3	PA
<b>Thrombopoietin Receptor Agonists</b>		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	Tier 3	PA; SP
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	Tier 2	PA; SP
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	Tier 2	PA; SP
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	Tier 2	PA; SP
MULPLETA ORAL TABLET 3 MG	Tier 3	PA; SP
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	Tier 2	PA; SP
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	Tier 2	PA; SP
<b>Topical Hemostatics</b>		
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	

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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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	
<b>Vitamin K Preparations</b>		
<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>	Tier 1	
VITAMIN K INJECTION SOLUTION 1 MG/0.5 ML (phytonadione (vitamin k1))	Tier 1	
VITAMIN K1 INJECTION SOLUTION 10 MG/MG (phytonadione (vitamin k1))	Tier 1	
<b>Hormonal Deficiency</b>		
<b>Androgenic Agents</b>		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR	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>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
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	Tier 1	PA

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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
<b>Estrogen &amp; Progestin With Antimineralocorticoid Cb</b>		
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	Tier 3	
<b>Estrogen &amp; Selective Estrogen Recept Mod(Serm)Comb</b>		
DUAVEE ORAL TABLET 0.45-20 MG	Tier 2	
<b>Estrogen And Progestin Combinations</b>		
BIJUVA ORAL CAPSULE 0.5-100 MG	Tier 2	QL (1 EA per 1 day)
BIJUVA ORAL CAPSULE 1-100 MG	Tier 2	QL (30 EA per 30 days)
<b>Estrogen/Androgen Combinations</b>		
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	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
ESTRATEST F.S. ORAL TABLET 1.25-2.5 MG (estrogens-methyltestosterone)	Tier 1	
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg</i> (Covaryx H.S.)	Tier 1	
<i>estrogens-methyltestosterone oral tablet 1.25-2.5 mg</i> (Covaryx)	Tier 1	
<b>Estrogenic Agents</b>		
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)
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (estradiol cypionate)	Tier 3	
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 or Estradiol within the past 120 days; QL (52 GM per 30 days)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> (Estrace)	Tier 1	
<i>estradiol transdermal gel in metered-dose pump 1.25 gram/actuation</i> (EstroGel)	Tier 1	ST: Requires prior prescription for Alora or Estradiol within the past 120 days
<i>estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1 %)</i> (Divigel)	Tier 1	QL (30 EA per 30 days)
<i>estradiol transdermal gel in packet 1 mg/gram (0.1 %)</i> (Divigel)	Tier 1	QL (30 GM per 30 days)
<i>estradiol transdermal gel in packet 1.25 mg/1.25 gram (0.1 %)</i> (Divigel)	Tier 1	QL (37.5 GM per 30 days)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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 10 mg/ml, 20 mg/ml, 40 mg/ml (Delestrogen)	Tier 1	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg (Mimvey)	Tier 1	
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%)	Tier 3	ST: Requires prior prescription for Alora 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	
LYLLANA TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR (estradiol)	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	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg (Fyavolv)	Tier 1	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG	Tier 2	
PREMARIN ORAL TABLET 0.625 MG, 1.25 MG (conjugated estrogens)	Tier 2	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	Tier 2	

Drug	Status	Notes
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	Tier 2	
<b>Menopausal Symptoms Suppressant - Ssris</b>		
<i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i>	Tier 1	ST: Requires prior prescription for Paroxetine or Venlafaxine within the past 120 days; QL (1 EA per 1 day)
<b>Menopausal Symptoms Suppressant- NK3 Receptor Antag</b>		
VEOZAH ORAL TABLET 45 MG	Tier 3	
<b>Progestational Agents</b>		
CRINONE VAGINAL GEL 4 %	Tier 3	
<i>medroxyprogesterone oral tablet 10 mg, (Provera) 2.5 mg, 5 mg</i>	Tier 1	
<i>norethindrone acetate oral tablet 5 mg (Gallifrey)</i>	Tier 1	
<i>progesterone intramuscular oil 50 mg/ml</i>	Tier 1	
<i>progesterone micronized oral capsule (Prometrium) 100 mg, 200 mg</i>	Tier 1	
<b>Immunization</b>		
<b>Antisera</b>		
CUTAQUIG SUBCUTANEOUS SOLUTION 16.5 %	Tier 3	PA; SP
CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), 8 GRAM/40 ML (20 %)	Tier 3	PA; SP
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	Tier 2	PA; SP
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 3	PA; SP

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 3	PA; SP
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 3	PA; SP
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 3	PA; SP
HYQVIA IG COMPONENT SUBCUTANEOUS SOLUTION 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 30 GRAM/300 ML (10 %), 5 GRAM/50 ML (10 %)	Tier 3	PA; SP
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	Tier 3	PA; SP
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Tier 3	PA; SP
<b>Covid-19 Vaccines</b>		
COMIRNATY 2024-25 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 0.3 AND 12 YEARS OF AGE OR OLDER
MODERNA COVID 24-25(6M-11Y)PF INTRAMUSCULAR SYRINGE 25 MCG/0.25 ML	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 0.25 AND 6 MONTHS TO 11 YEARS OF AGE

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
NOVAVAX COVID 2024-25(PF)(EUA) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5 AND 12 YEARS OF AGE OR OLDER
PFIZER COVID 2024-25(5Y-11Y)PF INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 0.3 AND 5-11 YEARS OF AGE
PFIZER COVID 2024-25(6MO-4Y)PF INTRAMUSCULAR SUSPENSION 3 MCG/0.3 ML	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 0.3 AND 6 MONTHS TO 4 YEARS OF AGE
SPIKEVAX 2024-2025(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5 AND 12 YEARS OF AGE OR OLDER
<b>Enteric Virus Vaccines</b>		
IPOV INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5, FILL OF 3 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
<b>Gram Negative Cocci Vaccines</b>		
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5, FILL OF 2 IN 365 DAYS, AND 10-25 YEARS OF AGE
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5, FILL OF 2 IN 365 DAYS, AND 11-17 YEARS OF AGE \$0 COPAY IF QUANTITY IS LIMITED TO 0.5, FILL OF 1 IN 365 DAYS, AND 18-23 YEARS OF AGE

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 2 IN 365 DAYS AND 11-17 YEARS OF AGE \$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 1 IN 365 DAYS AND 18-23 YEARS OF AGE
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5, FILL OF 2 IN 365 DAYS, AND 11-17 YEARS OF AGE \$0 COPAY IF QUANTITY IS LIMITED TO 0.5, FILL OF 1 IN 365 DAYS, AND 18-23 YEARS OF AGE
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 2 IN 365 DAYS, AND 18-25 YEARS OF AGE
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5, FILL OF 3 IN 365 DAYS, AND 10-25 YEARS OF AGE
<b>Gram Positive Coccidioides Vaccines</b>		
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5, FILL OF 1 IN 365 DAYS AND 65 YEARS OF AGE OR OLDER
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5, FILL OF 1 IN 365 DAYS AND 65 YEARS OF AGE OR OLDER

Drug	Status	Notes
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5, FILL OF 1 IN 365 DAYS AND 65 YEARS OF AGE OR OLDER
<b>Influenza Virus Vaccines</b>		
AFLURIA TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5 AND FILL OF 1 IN 180 DAYS
AFLURIA TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5 AND FILL OF 1 IN 180 DAYS
FLUAD TRIV 2024-25(65Y UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5, FILL OF 1 IN 180 DAYS, AND 65 YEARS OF AGE OR OLDER
FLUARIX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5 AND FILL OF 1 IN 180 DAYS
FLUBLOK TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 135 MCG (45 MCG X 3)/0.5 ML	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5, FILL OF 1 IN 180 DAYS, AND 18 YEARS OF AGE OR OLDER
FLUCELVAX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5 AND FILL OF 1 IN 180 DAYS
FLUCELVAX TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5 AND FILL OF 1 IN 180 DAYS
FLULALVAL TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5 AND FILL OF 1 IN 180 DAYS
FLUMIST TRIVALENT 2024-2025 NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 1 AND FILL OF 1 IN 180 DAYS

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
FLUZONE HIGH-DOSE TRIV 24-25 INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5, FILL OF 1 IN 180 DAYS, AND 65 YEARS OF AGE OR OLDER
FLUZONE TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5 AND FILL OF 1 IN 180 DAYS
FLUZONE TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5 AND FILL OF 1 IN 180 DAYS
<b>Vaccine/Toxoid Preparations, Combinations</b>		
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5, FILL OF 1 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5, FILL OF 1 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5, FILL OF 1 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5, FILL OF 1 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER

Drug	Status	Notes
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	(tetanus-diphtheria toxoids-td)	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5, FILL OF 1 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML		\$0 COPAY IF QUANTITY IS LIMITED TO 0.5, FILL OF 1 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML		\$0 COPAY IF QUANTITY IS LIMITED TO 0.5, FILL OF 1 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
<b>Viral/Tumorigenic Vaccines</b>		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	\$0	\$0 COPAY IF FEMALE, QUANTITY IS LIMITED TO 1, FILL OF 1 IN 365 DAYS, 59 YEARS OF AGE OR YOUNGER, AND NO HISTORY OF AREXVY \$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 1 IN 365 DAYS, 60 YEARS OF AGE OR OLDER, AND NO HISTORY OF AREXVY
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 1 IN 365 DAYS, AND 60 YEARS OF AGE OR OLDER

Drug	Status	Notes
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 4 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 4 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5, FILL OF 3 IN 365 DAYS AND 9-45 YEARS OF AGE
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5, FILL OF 3 IN 365 DAYS AND 9-45 YEARS OF AGE
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 0.5, FILL OF 2 IN 365 AND 18 YEARS OF AGE OR OLDER
PREHEVBRIOD (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 3 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 3 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER

Drug	Status	Notes
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 3 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 2 IN 365 DAYS AND 50 YEARS OF AGE OR OLDER
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 4 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 2 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
<b>Immunosuppression/Modulation</b>		
<b>Immunomodulators</b>		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	Tier 3	PA; SP
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML	Tier 3	SP
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	Tier 3	PA; SP

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<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-levocetirizin-niacin)	Tier 3	
QUIHOXVAR TOPICAL GEL 5-0.05-1 % (imiquimod-tretinoin-levocetir)	Tier 3	
<b>Immunosuppressives</b>		
<i>azathioprine oral tablet 100 mg, 75 mg (Azasan)</i>	Tier 1	PA
<i>azathioprine oral tablet 50 mg (Imuran)</i>	Tier 1	PA
<i>cyclosporine modified oral capsule 100 mg, 25 mg (Gengraf)</i>	Tier 1	PA
<i>cyclosporine modified oral capsule 50 mg</i>	Tier 1	PA
<i>cyclosporine modified oral solution 100 mg/ml (Gengraf)</i>	Tier 1	PA
<i>cyclosporine oral capsule 100 mg, 25 mg (Sandimmune)</i>	Tier 1	PA
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg (Zortress)</i>	Tier 1	PA
<i>GENGRAF ORAL CAPSULE 100 MG, 25 MG (cyclosporine modified)</i>	Tier 1	PA
<i>GENGRAF ORAL SOLUTION 100 MG/ML (cyclosporine modified)</i>	Tier 1	PA
<i>LUPKYNIS ORAL CAPSULE 7.9 MG</i>	Tier 3	PA; SP
<i>mycophenolate mofetil oral capsule 250 mg (CellCept)</i>	Tier 1	PA
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	Tier 1	PA
<i>mycophenolate mofetil oral tablet 500 mg (CellCept)</i>	Tier 1	PA
<i>mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg (Myfortic)</i>	Tier 1	PA
<i>MYHIBBIN ORAL SUSPENSION 200 MG/ML</i>	Tier 3	PA

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
NEORAL ORAL CAPSULE 100 MG, 25 MG (cyclosporine modified)	Tier 3	PA
NEORAL ORAL SOLUTION 100 MG/ML (cyclosporine modified)	Tier 3	PA
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (tacrolimus)	Tier 3	PA
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	Tier 2	PA
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (cyclosporine)	Tier 3	PA
<i>sirolimus oral solution 1 mg/ml</i>	Tier 1	PA
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	PA
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	Tier 1	PA
<i>tacrolimus oral capsule, extended release 24hr 0.5 mg, 1 mg, 5 mg</i> (Astagraf XL)	Tier 1	ST: Requires prior prescription for generic Tacrolimus within the past 120 days; PA
<b>Rho Kinase Inhibitor</b>		
REZUROCK ORAL TABLET 200 MG	Tier 2	PA; SP
<b>Infectious Disease - Bacterial</b>		
<b>Absorbable Sulfonamides</b>		
<i>sulfadiazine oral tablet 500 mg</i>	Tier 1	
<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	
<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	
<b>Betalactams</b>		
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	Tier 2	PA; SP
<b>Cephalosporins - 1St Generation</b>		

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
cefadroxil oral capsule 500 mg	Tier 1	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	Tier 1	
cefadroxil oral tablet 1 gram	Tier 1	
cephalexin oral capsule 250 mg, 500 mg, 750 mg	Tier 1	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1	
cephalexin oral tablet 250 mg, 500 mg	Tier 1	
<b>Cephalosporins - 2Nd Generation</b>		
cefaclor oral capsule 250 mg, 500 mg	Tier 1	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	Tier 1	
cefaclor oral tablet extended release 12 hr 500 mg	Tier 1	
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1	
cefprozil oral tablet 250 mg, 500 mg	Tier 1	
cefuroxime axetil oral tablet 250 mg, 500 mg	Tier 1	
<b>Cephalosporins - 3Rd Generation</b>		
cefdinir oral capsule 300 mg	Tier 1	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1	
cefixime oral capsule 400 mg	Tier 1	
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	Tier 1	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	Tier 1	
cefpodoxime oral tablet 100 mg, 200 mg	Tier 1	
<b>Chemotherapeutics, Antibacterial, Misc.</b>		

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>fosfomycin tromethamine oral packet 3 gram</i>	Tier 1	
<i>methenamine hippurate oral tablet 1 gram (Hiprex)</i>	Tier 1	
<i>methenamine mandelate oral tablet 0.5 gram, 1 gram</i>	Tier 1	
<i>methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg (Urogesic-Blue)</i>	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	
URIBEL TABS ORAL TABLET 81.6-0.12-10.8 MG	Tier 3	
URIMAR-T ORAL TABLET 120-10.8-0.12 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	
<b>Fecal Microbiota Transplantation (Fmt)</b>		
REBYOTA RECTAL ENEMA 150 ML	Tier 3	PA; SP
VOWST ORAL CAPSULE	Tier 2	PA; SP
<b>Macrolides</b>		
<i>azithromycin oral packet 1 gram (Zithromax)</i>	Tier 1	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml (Zithromax)</i>	Tier 1	
<i>azithromycin oral tablet 250 mg, 500 mg (Zithromax)</i>	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	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
clarithromycin oral tablet 250 mg, 500 mg	Tier 1	
clarithromycin oral tablet extended release 24 hr 500 mg	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	
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	
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml (E.E.S. Granules)	Tier 1	
erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml (EryPed 400)	Tier 1	
erythromycin ethylsuccinate oral tablet 400 mg (E.E.S. 400)	Tier 1	
erythromycin oral capsule,delayed release(dr/ec) 250 mg	Tier 1	
erythromycin oral tablet 250 mg, 500 mg	Tier 1	
erythromycin oral tablet,delayed release (dr/ec) 250 mg, 333 mg, 500 mg (Ery-Tab)	Tier 1	
<b>Nitrofuran Derivatives</b>		
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg (Macrodantin)	Tier 1	
nitrofurantoin macrocrystal oral capsule 25 mg (Macrodantin)	Tier 1	QL (4 EA per 1 day)
nitrofurantoin monohyd/m-cryst oral capsule 100 mg (Macrobid)	Tier 1	
nitrofurantoin oral suspension 25 mg/5 ml (Furadantin)	Tier 1	PA
<b>Oxazolidinones</b>		

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<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)
<b>Penicillins</b>		
<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	
<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	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG  <i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	(amoxicillin) Tier 3	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	Tier 1	
<b>Pleuromutulin Derivatives</b>		
XENLETA ORAL TABLET 600 MG	Tier 3	PA
<b>Quinolones</b>		
BAXDELA ORAL TABLET 450 MG	Tier 3	PA
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML  <i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>	(ciprofloxacin) Tier 2	
<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	
<b>Tetracyclines</b>		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	Tier 1	
<i>doxycycline hyclate oral capsule 100 mg, (Morgidox) 50 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet 100 mg</i>	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<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 or tablets 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> (Modoxyne NL)	Tier 1	
<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	
<i>doxycycline monohydrate oral capsule 75 mg</i> (Modoxyne NL)	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 suspension for reconstitution 25 mg/5 ml</i>	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</i>	Tier 1	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral tablet 50 mg, 75 mg</i>	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<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 (doxycycline monohydrate) MG	Tier 1	
MONDOXYNE NL ORAL CAPSULE 75 (doxycycline monohydrate) MG	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
NUZYRA ORAL TABLET 150 MG	Tier 3	PA
<i>tetracycline oral capsule 250 mg, 500 mg</i>	Tier 1	
<b>Infectious Disease - Fungal</b>		
<b>Antifungal Agents</b>		
<i>clotrimazole mucous membrane troche 10 mg</i>	Tier 1	
CRESEMBIA ORAL CAPSULE 186 MG, 74.5 MG	Tier 3	PA
<i>fluconazole oral suspension for reconstitution 10 mg/ml</i>	Tier 1	
<i>fluconazole oral suspension for reconstitution 40 mg/ml</i>	Tier 1	
<i>fluconazole oral tablet 100 mg, 200 mg</i> (Diflucan)	Tier 1	
<i>fluconazole oral tablet 150 mg, 50 mg</i>	Tier 1	
<i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)	Tier 1	
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	Tier 1	
<i>itraconazole oral solution 10 mg/ml</i> (Sporanox)	Tier 1	
<i>ketoconazole oral tablet 200 mg</i>	Tier 1	
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON 300 MG	Tier 3	PA
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG	Tier 3	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
posaconazole oral suspension 200 mg/5 ml (40 mg/ml)	Tier 1	PA
posaconazole oral tablet,delayed release (Noxafil) (dr/ec) 100 mg	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)	Tier 1	
voriconazole oral tablet 200 mg, 50 mg (Vfend)	Tier 1	
<b>Antifungal Antibiotics</b>		
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	
<b>Infectious Disease - Miscellaneous</b>		
<b>Aminoglycosides</b>		
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	Tier 3	PA; SP
neomycin oral tablet 500 mg	Tier 1	
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	Tier 2	PA; SP
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	Tier 1	PA; SP
tobramycin inhalation solution for nebulization 300 mg/4 ml	Tier 1	PA; SP
tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml	Tier 1	PA; SP
<b>Antibacterial Agents,Miscellaneous</b>		

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
glycine urologic solution irrigation solution 1.5 %	(Glycine Urologic)	Tier 1
<b>Antileprotics</b>		
dapsone oral tablet 100 mg, 25 mg	Tier 1	
THALOMID ORAL CAPSULE 100 MG, 50 MG	Tier 2	PA; SP
<b>Anti-Mycobacterium Agents</b>		
ethambutol oral tablet 100 mg, 400 mg	Tier 1	
isoniazid oral solution 50 mg/5 ml	Tier 1	
isoniazid oral tablet 100 mg, 300 mg	Tier 1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	Tier 3	
pyrazinamide oral tablet 500 mg	Tier 1	
rifabutin oral capsule 150 mg (Mycobutin)	Tier 1	
TRECATOR ORAL TABLET 250 MG	Tier 3	
<b>Antitubercular Antibiotics</b>		
cycloserine oral capsule 250 mg	Tier 1	
pretomanid oral tablet 200 mg	Tier 3	QL (1 EA per 1 day)
PRIFTIN ORAL TABLET 150 MG	Tier 3	
rifampin oral capsule 150 mg, 300 mg	Tier 1	
SIRTURO ORAL TABLET 100 MG, 20 MG	Tier 3	PA; SP
<b>Lincosamides</b>		
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg (Cleocin HCl)	Tier 1	
clindamycin palmitate hcl oral recon soln 75 mg/5 ml (Clindamycin Pediatric)	Tier 1	
CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML (clindamycin palmitate hcl)	Tier 1	
<b>Rifamycins And Related Derivative Antibiotics</b>		

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
AEMCOLO ORAL TABLET,DELAYED RELEASE (DR/EC) 194 MG	Tier 3	ST: Requires prior prescription for generic oral Azithromycin, Ciprofloxacin, 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
<b>Vancomycin And Derivatives</b>		
<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 25 mg/ml</i> (Firvanq)	Tier 1	QL (300 ML per 1 FILL)
<i>vancomycin oral recon soln 50 mg/ml</i> (Firvanq)	Tier 1	QL (600 ML per 1 FILL)
<b>Infectious Disease - Parasitic</b>		
<b>2Nd Gen. Anaerobic Antiprotozoal-Antibacterial</b>		
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM	Tier 3	ST: At least 2 prior prescriptions for Clindamycin vaginal cream, Metronidazole vaginal gel, Tinidazole, or Vandazole gel within the past 365 days; QL (1 EA per 30 days)
<i>tinidazole oral tablet 250 mg, 500 mg</i>	Tier 1	
<b>Amebacides</b>		
<i>paramomycin oral capsule 250 mg</i> (Humatin)	Tier 1	
<b>Anaerobic Antiprotozoal-Antibacterial Agents</b>		
LIKMEZ ORAL SUSPENSION 500 MG/5 ML	Tier 3	PA
<i>metronidazole oral capsule 375 mg</i> (Flagyl)	Tier 1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Tier 1	

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Drug	Status	Notes
<b>Anthelmintics</b>		
<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	
<i>praziquantel oral tablet 600 mg</i> (Biltricide)	Tier 1	
<b>Antimalarial Drugs</b>		
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> (Sovuna)	Tier 1	QL (100 EA per 30 days)
<i>hydroxychloroquine oral tablet 300 mg</i> (Sovuna)	Tier 1	QL (60 EA per 30 days)
<i>hydroxychloroquine oral tablet 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 (15 mg base)</i>	Tier 2	
<i>pyrimethamine oral tablet 25 mg</i> (Daraprim)	Tier 1	PA; SP
<i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)	Tier 1	
SOVUNA ORAL TABLET 200 MG (hydroxychloroquine)	Tier 2	QL (100 EA per 30 days)
SOVUNA ORAL TABLET 300 MG (hydroxychloroquine)	Tier 3	QL (60 EA per 30 days)
<b>Antiparasitics</b>		

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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)
<b>Antiprotozoal Drugs,Miscellaneous</b>		
<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	
<i>pentamidine inhalation recon soln 300 mg</i> (Nebupent)	Tier 1	
<b>Infectious Disease - Viral</b>		
<b>Antiretroviral - Capsid Inhibitors</b>		
SUNLENCA ORAL TABLET 300 MG	Tier 2	PA; SP
<b>Antiretroviral-Integrase Inhibitor And Nnrti Comb.</b>		
JULUCA ORAL TABLET 50-25 MG	Tier 2	SP; QL (1 EA per 1 day)
<b>Antiretroviral-Integrase Inhibitor And Nrti Comb.</b>		
DOVATO ORAL TABLET 50-300 MG	Tier 2	SP; QL (1 EA per 1 day)
<b>Antiretroviral- Nucleoside,Nucleotide,Protease Inh.</b>		
SYMTUZA ORAL TABLET 800-150-200-10 MG	Tier 2	SP; QL (1 EA per 1 day)
<b>Antiviral - Main Protease (Mpro) Inhibitor</b>		
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG	Tier 2	QL (20 EA per 28 days); Age (Min 12 Years)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	Tier 2	QL (30 EA per 28 days); Age (Min 12 Years)
<b>Antiviral Nucleotide Analogs</b>		
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	Tier 1	QL (40 EA per 29 days); Age (Min 18 Years)

Drug	Status	Notes
<b>Antivirals, General</b>		
acyclovir oral capsule 200 mg	Tier 1	
acyclovir oral suspension 200 mg/5 ml (Zovirax)	Tier 1	
acyclovir oral tablet 400 mg, 800 mg	Tier 1	
famciclovir oral tablet 125 mg, 250 mg, 500 mg	Tier 1	
LIVTENCITY ORAL TABLET 200 MG	Tier 2	PA; SP
oseltamivir oral capsule 30 mg (Tamiflu)	Tier 1	QL (40 EA per 180 days)
oseltamivir oral capsule 45 mg, 75 mg (Tamiflu)	Tier 1	QL (20 EA per 180 days)
oseltamivir oral suspension for reconstitution 6 mg/ml (Tamiflu)	Tier 1	QL (360 ML per 180 days)
PREVYMIC 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)
ribavirin inhalation recon soln 6 gram (Virazole)	Tier 1	
rimantadine oral tablet 100 mg (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	
valacyclovir oral tablet 1 gram, 500 mg (Valtrex)	Tier 1	
valganciclovir oral recon soln 50 mg/ml (Valcyte)	Tier 1	
valganciclovir oral tablet 450 mg (Valcyte)	Tier 1	
XOFLUZA ORAL TABLET 20 MG, 40 MG	Tier 2	QL (4 EA per 180 days)
XOFLUZA ORAL TABLET 80 MG	Tier 2	QL (2 EA per 180 days)
<b>Antivirals, Hiv-Spec, Non-Peptidic Protease Inhib</b>		
APTIVUS ORAL CAPSULE 250 MG	Tier 2	SP; QL (4 EA per 1 day)
darunavir oral tablet 600 mg (Prezista)	Tier 1	SP; QL (2 EA per 1 day)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>darunavir oral tablet 800 mg</i> (Prezista)	Tier 1	SP; QL (1 EA per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML	Tier 2	SP; QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	Tier 2	SP; QL (8 EA per 1 day)
PREZISTA ORAL TABLET 75 MG	Tier 2	SP; QL (16 EA per 1 day)
<b>Antivirals, Hiv-Spec, Nucleoside-Nucleotide Analog</b>		
CIMDUO ORAL TABLET 300-300 MG	Tier 2	SP; QL (1 EA per 1 day)
DESCOVY ORAL TABLET 120-15 MG	Tier 2	SP; QL (1 EA per 1 day)
DESCOVY ORAL TABLET 200-25 MG	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i> (Truvada)	Tier 1	SP; QL (1 EA per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i> (Truvada)	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
<b>Antivirals, Hiv-Spec., Nucleoside Analog, Rti Comb</b>		
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	Tier 1	SP; QL (1 EA per 1 day)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	Tier 1	SP; QL (2 EA per 1 day)
<b>Antivirals, Hiv-Specific, Ccr5 Co-Receptor Antag.</b>		
<i>maraviroc oral tablet 150 mg</i> (Selzentry)	Tier 1	SP; QL (2 EA per 1 day)
<i>maraviroc oral tablet 300 mg</i> (Selzentry)	Tier 1	SP; QL (4 EA per 1 day)
SELZENTRY ORAL SOLUTION 20 MG/ML	Tier 2	SP; QL (31 ML per 1 day)

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Drug	Status	Notes
<b>Antivirals, Hiv-Specific, Cd4 Attachment Inhibitor</b>		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	Tier 2	PA; SP
<b>Antivirals, Hiv-Specific, Fusion Inhibitors</b>		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	Tier 2	SP; QL (2 EA per 1 day)
<b>Antivirals, Hiv-Specific, Non-Nucleoside, Rti</b>		
EDURANT ORAL TABLET 25 MG	Tier 2	SP; QL (1 EA per 1 day)
<i>efavirenz oral capsule 200 mg, 50 mg</i>	Tier 1	SP
<i>efavirenz oral tablet 600 mg</i>	Tier 1	SP
<i>etravirine oral tablet 100 mg</i> (Intelence)	Tier 1	SP; QL (4 EA per 1 day)
<i>etravirine oral tablet 200 mg</i> (Intelence)	Tier 1	SP; QL (2 EA per 1 day)
INTELENCE ORAL TABLET 25 MG	Tier 2	SP; QL (4 EA per 1 day)
<i>nevirapine oral suspension 50 mg/5 ml</i>	Tier 1	SP; QL (1200 ML per 30 days)
<i>nevirapine oral tablet 200 mg</i>	Tier 1	SP; QL (2 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	Tier 1	SP; QL (3 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	Tier 1	SP; QL (1 EA per 1 day)
<b>Antivirals, Hiv-Specific, Nucleoside Analog, Rti</b>		
<i>abacavir oral solution 20 mg/ml</i> (Ziagen)	Tier 1	SP; QL (960 ML per 30 days)
<i>abacavir oral tablet 300 mg</i>	Tier 1	SP; QL (2 EA per 1 day)
<i>emtricitabine oral capsule 200 mg</i> (Emtriva)	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
EMTRIVA ORAL SOLUTION 10 MG/ML	Tier 2	SP; QL (850 ML per 30 days)
<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	Tier 1	SP; QL (960 ML per 30 days)
<i>lamivudine oral tablet 150 mg</i> (Epivir)	Tier 1	SP; QL (2 EA per 1 day)
<i>lamivudine oral tablet 300 mg</i> (Epivir)	Tier 1	SP; QL (1 EA per 1 day)
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	SP; QL (2 EA per 1 day)
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	Tier 1	SP; QL (6 EA per 1 day)
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	Tier 1	SP; QL (1920 ML per 30 days)
<i>zidovudine oral tablet 300 mg</i>	Tier 1	SP; QL (2 EA per 1 day)
<b>Antivirals, Hiv-Specific, Nucleotide Analog, Rti</b>		
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	Tier 2	SP; QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Tier 2	SP; QL (1 EA per 1 day)
<b>Antivirals, Hiv-Specific, Protease Inhibitor Comb</b>		
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)	Tier 1	SP; QL (480 ML per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra)	Tier 1	SP; QL (10 EA per 1 day)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra)	Tier 1	SP; QL (4 EA per 1 day)
<b>Antivirals, Hiv-Specific, Protease Inhibitors</b>		
<i>atazanavir oral capsule 150 mg</i>	Tier 1	SP; QL (2 EA per 1 day)
<i>atazanavir oral capsule 200 mg</i> (Reyataz)	Tier 1	SP; QL (2 EA per 1 day)
<i>atazanavir oral capsule 300 mg</i> (Reyataz)	Tier 1	SP; QL (1 EA per 1 day)

Drug	Status	Notes	
EVOTAZ ORAL TABLET 300-150 MG	Tier 2	SP; QL (1 EA per 1 day)	
<i>fosamprenavir oral tablet 700 mg</i>	Tier 1	SP; QL (4 EA per 1 day)	
NORVIR ORAL POWDER IN PACKET 100 MG	Tier 2	SP; QL (12 EA per 1 day)	
REYATAZ ORAL POWDER IN PACKET 50 MG	Tier 2	SP; QL (5 EA per 1 day)	
<i>ritonavir oral tablet 100 mg</i> (Norvir)	Tier 1	SP; QL (12 EA per 1 day)	
VIRACEPT ORAL TABLET 250 MG, 625 MG	Tier 2	SP	
<b>Antivirals,Hiv-1 Integrase Strand Transfer Inhibtr</b>			
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)	(cabotegravir)	\$0	ST: Requires prior prescription for Descovy or generic Truvada within the past 120 days; \$0 COPAY IF QUANTITY 0.15 IN 1 DAY, FILL OF 7 IN 365 DAYS, AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (21 ML per 365 days); Age (Min 12 Years)
<i>cabotegravir intramuscular suspension,extended release 600 mg/3 ml (200 mg/ml)</i>	(Apretude)	\$0	ST: Requires prior prescription for Descovy or generic Truvada within the past 120 days; \$0 COPAY IF QUANTITY 0.15 IN 1 DAY, FILL OF 7 IN 365 DAYS, AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (21 ML per 365 days); Age (Min 12 Years)
ISENTRESS HD ORAL TABLET 600 MG		Tier 2	SP; QL (2 EA per 1 day)
ISENTRESS ORAL POWDER IN PACKET 100 MG		Tier 2	SP; QL (2 EA per 1 day)
ISENTRESS ORAL TABLET 400 MG		Tier 2	SP; QL (2 EA per 1 day)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	Tier 2	SP; QL (6 EA per 1 day)
TIVICAY ORAL TABLET 50 MG	Tier 2	SP; QL (2 EA per 1 day)
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	Tier 2	SP; QL (6 EA per 1 day)
VOCABRIA ORAL TABLET 30 MG	Tier 2	SP; QL (1 EA per 1 day); Age (Min 12 Years)
<b>Arv Cmb Nucleoside,Nucleotide,&amp;Non-Nucleoside Rti</b>		
efavirenz-emtricitabin-tenofovir oral tablet (Atripla) 600-200-300 mg	Tier 1	SP; QL (1 EA per 1 day)
efavirenz-lamivu-tenofovir disop oral tablet 400-300-300 mg	Tier 1	SP; QL (1 EA per 1 day)
efavirenz-lamivu-tenofovir disop oral tablet 600-300-300 mg	Tier 1	SP; QL (1 EA per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG	Tier 2	SP; QL (1 EA per 1 day)
<b>Arv Cmb-Nrti,N(T)Rti, Integrase Inhibitor</b>		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	Tier 2	SP; QL (1 EA per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG	Tier 2	SP; QL (1 EA per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG	Tier 2	SP; QL (1 EA per 1 day)
<b>Arv Comb-Nrtis &amp; Integrase Inhibitor</b>		
TRIUMEQ ORAL TABLET 600-50-300 MG	Tier 2	SP; QL (1 EA per 1 day)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	Tier 2	SP; QL (6 EA per 1 day)
<b>Cytochrome P450 Inhibitors</b>		
TYBOST ORAL TABLET 150 MG	Tier 2	QL (1 EA per 1 day)
<b>Hep C - Ns5a, Ns3/4A, Nucleotide Ns5b Inhib Combo</b>		
VOSEVI ORAL TABLET 400-100-100 MG	Tier 2	PA; SP

Drug	Status	Notes
<b>Hep C Virus - Ns5a &amp; Ns5b Polymerase Inhib. Combo.</b>		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG	Tier 2	PA; SP
EPCLUSA ORAL TABLET 200-50 MG	Tier 2	PA; SP
EPCLUSA ORAL TABLET 400-100 MG (sofosbuvir-velpatasvir)	Tier 2	PA; SP
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG	Tier 2	PA; SP
HARVONI ORAL TABLET 45-200 MG	Tier 2	PA; SP
HARVONI ORAL TABLET 90-400 MG (ledipasvir-sofosbuvir)	Tier 2	PA; SP
<b>Hep C Virus,Nucleotide Analog Ns5b Polymerase Inh</b>		
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG	Tier 3	PA; SP
SOVALDI ORAL TABLET 200 MG, 400 MG	Tier 3	PA; SP
<b>Hepatitis B Treatment Agents</b>		
<i>adefovir oral tablet 10 mg</i> (Hepsera)	Tier 1	SP; QL (1 EA per 1 day)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	Tier 2	SP; QL (630 ML per 30 days)
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	Tier 1	SP; QL (1 EA per 1 day)
<i>lamivudine oral tablet 100 mg</i>	Tier 1	QL (1 EA per 1 day)
VEMLIDY ORAL TABLET 25 MG	Tier 2	SP; QL (1 EA per 1 day)
<b>Hepatitis C Treatment Agents</b>		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Tier 2	PA; SP
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	Tier 2	PA; SP
<i>ribavirin oral capsule 200 mg</i>	Tier 1	
<i>ribavirin oral tablet 200 mg</i>	Tier 1	
<b>Hepatitis C Virus- Ns5a And Ns3/4A Inhibitor Comb</b>		
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	Tier 3	PA; SP

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
MAVYRET ORAL TABLET 100-40 MG	Tier 3	PA; SP
<b>Inflammatory Disease</b>		
<b>Anti-Arthritic And Chelating Agents</b>		
CUPRIMINE ORAL CAPSULE 250 MG (penicillamine)	Tier 3	PA; SP
D-PENAMINE ORAL TABLET 125 MG	Tier 1	PA; SP
<i>penicillamine oral capsule 250 mg</i> (Cuprimine)	Tier 1	PA; SP
<i>penicillamine oral tablet 250 mg</i> (Depen Titratabs)	Tier 1	PA; SP
<b>Anti-Arthritic, Folate Antagonist Agents</b>		
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)
<b>Anti-Flam. Interleukin-1 Receptor Antagonist</b>		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	Tier 3	PA; SP
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	Tier 3	PA; SP
<b>Anti-Inflammatory Tumor Necrosis Factor Inhibitor</b>		
<i>adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml</i> (Hyrimoz(CF) Pen)	Tier 2	PA; SP
<i>adalimumab-adaz subcutaneous syringe 40 mg/0.4 ml</i> (Hyrimoz(CF))	Tier 2	PA; SP
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	Tier 2	PA; SP
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	Tier 2	PA; SP
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	Tier 3	PA; SP

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	Tier 3	PA; SP
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	Tier 3	PA; SP
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	(adalimumab-adbm) Tier 2	PA; SP
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	(adalimumab-adbm) Tier 2	PA; SP
CYLTEZO(CF) PEN SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML	(adalimumab-adbm) Tier 2	PA; SP
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	Tier 2	PA; SP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	Tier 2	PA; SP
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	Tier 2	PA; SP
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	Tier 2	PA; SP
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 2	PA; SP
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	Tier 2	PA; SP
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Tier 2	PA; SP
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	Tier 2	PA; SP

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	Tier 2	PA; SP
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	Tier 2	PA; SP
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	Tier 2	PA; SP
HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	Tier 2	PA; SP
HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR 80MG/0.8ML(X1)- 40 MG/0.4ML(X2)	Tier 2	PA; SP
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML, 80 MG/0.8 ML- 40 MG/0.4 ML	Tier 2	PA; SP
HYRIMOZ(CF) PEN SUBCUTANEOUS (adalimumab-adaz) PEN INJECTOR 40 MG/0.4 ML	Tier 2	PA; SP
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	Tier 2	PA; SP
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML, 20 MG/0.2 ML	Tier 2	PA; SP
HYRIMOZ(CF) SUBCUTANEOUS (adalimumab-adaz) SYRINGE 40 MG/0.4 ML	Tier 2	PA; SP
SIMLANDI(CF) AUTOINJECTOR (adalimumab-ryvk) SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	Tier 2	PA; SP
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	Tier 3	PA; SP
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	Tier 3	PA; SP
<b>Anti-Inflammatory, Pyrimidine Synthesis Inhibitor</b>		
leflunomide oral tablet 10 mg, 20 mg (Arava)	Tier 1	

Drug	Status	Notes
<b>Anti-Inflammatory, Phosphodiesterase-4(Pde4) Inhib.</b>		
OTEZLA ORAL TABLET 20 MG, 30 MG	Tier 2	PA; SP
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	Tier 2	PA; SP
<b>Anti-Inflammatory/Antiarthritis Agents, Misc.</b>		
EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML(MW 2.4 -3.6 MILLION)	Tier 2	PA
SYNVISC INTRA-ARTICULAR SYRINGE 16 MG/2 ML	Tier 2	PA
SYNVISC-ONE INTRA-ARTICULAR SYRINGE 48 MG/6 ML	Tier 2	PA
<b>Antinflammatory, Sel.Costim.Mod., T-Cell Inhibitor</b>		
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	Tier 3	PA; SP
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	Tier 3	PA; SP
<b>Bradykinin B2 Receptor Antagonists</b>		
<i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Sajazir)	Tier 1	PA; SP
SAJAZIR SUBCUTANEOUS SYRINGE (icatibant) 30 MG/3 ML	Tier 1	PA; SP
<b>C1 Esterase Inhibitors</b>		
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	Tier 3	PA; SP
BERINERT INTRAVENOUS RECON SOLN 500 UNIT (10 ML)	Tier 3	PA; SP
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	Tier 3	PA; SP

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	Tier 3	PA; SP
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT	Tier 3	PA; SP
<b>Glucocorticoids</b>		
AGAMREE ORAL SUSPENSION 40 MG/ML	Tier 3	PA; SP
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG	Tier 3	PA; SP
BETALOAN 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
<i>cortisone oral tablet 25 mg</i>	Tier 1	
<i>deflazacort oral suspension 22.75 mg/ml</i> (Emflaza)	Tier 1	PA; SP
<i>deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i> (Emflaza)	Tier 1	PA; SP
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	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML (deflazacort)	Tier 3	PA; SP
<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	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
MEDROLOAN SUIK KIT 40 MG/ML	Tier 3	
<i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i>	Tier 1	
<i>methylprednisolone oral tablet 32 mg</i>	Tier 1	
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	Tier 1	
<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>	Tier 1	
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i>	Tier 1	
<i>prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg</i>	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	
SOLU-CORTEF INJECTION RECON SOLN 100 MG	Tier 3	
TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC) 4 MG	Tier 3	PA; SP
TRILOAN II SUIK KIT 40 MG/ML	Tier 3	
TRILOAN SUIK KIT 40 MG/ML	Tier 3	
<b>Gold Salts</b>		

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
RIDAURA ORAL CAPSULE 3 MG	Tier 3	
<b>Immunomodulator,B-Lymphocyte Stim(Blys)-Spec Inhib</b>		
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	Tier 3	PA; SP
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	Tier 3	PA; SP
<b>Interleukin-6 (IL-6) Receptor Inhibitors</b>		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	Tier 3	PA; SP
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	Tier 3	PA; SP
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	Tier 3	PA; SP
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	Tier 3	PA; SP
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	Tier 3	PA; SP
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	Tier 3	PA; SP
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	Tier 3	PA; SP
<b>Janus Kinase (Jak) Inhibitors</b>		
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	Tier 3	PA; SP
RINVOQ LQ ORAL SOLUTION 1 MG/ML	Tier 2	PA; SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	Tier 2	PA; SP
XELJANZ ORAL SOLUTION 1 MG/ML	Tier 2	PA; SP
XELJANZ ORAL TABLET 10 MG, 5 MG	Tier 2	PA; SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	Tier 2	PA; SP

Drug	Status	Notes
<b>Mineralocorticoids</b>		
fludrocortisone oral tablet 0.1 mg	Tier 1	
<b>Monoclonal Antibody-Human Interleukin 12/23 Inhib</b>		
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	Tier 2	PA; SP
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	Tier 2	PA; SP
<b>Nsaids (Cox Non-Specific Inhib)&amp; Prostaglandin Cmb</b>		
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg	(Arthrotec 50)	Tier 1
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg	(Arthrotec 75)	Tier 1
<b>Nsaids, Cyclooxygenase 2 Inhibitor - Type</b>		
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	(Celebrex)	Tier 1
<b>Nsaids, Cyclooxygenase Inhibitor-Type</b>		
diclofenac potassium oral tablet 50 mg		Tier 1
diclofenac sodium oral tablet extended release 24 hr 100 mg		Tier 1
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg		Tier 1
EC-NAPROXEN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG, 500 MG	(naproxen)	Tier 1
etodolac oral capsule 200 mg, 300 mg		Tier 1
etodolac oral tablet 400 mg	(Lodine)	Tier 1
etodolac oral tablet 500 mg		Tier 1
etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg		Tier 1
flurbiprofen oral tablet 100 mg		Tier 1

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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	
<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</i> (Kiprofen)	Tier 1	
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	Tier 1	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</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	
<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)
KIPROFEN ORAL CAPSULE 25 MG (ketoprofen)	Tier 1	
<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	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
naproxen sodium oral tablet 275 mg	Tier 1	
naproxen sodium oral tablet 550 mg (Anaprox DS)	Tier 1	
oxaprozin oral tablet 600 mg (Daypro)	Tier 1	
piroxicam oral capsule 10 mg	Tier 1	
piroxicam oral capsule 20 mg (Feldene)	Tier 1	
sulindac oral tablet 150 mg, 200 mg	Tier 1	
tolmetin oral capsule 400 mg	Tier 1	
TORONOVA II SUIK KIT 30 MG/ML	Tier 3	
TORONOVA SUIK KIT 30 MG/ML	Tier 3	
<b>Plasma Kallikrein Inhibitors</b>		
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	Tier 3	PA; SP
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	Tier 3	PA; SP
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)	Tier 3	PA; SP
<b>Local Anesthesia</b>		
<b>Local Anesthetics</b>		
GLYDO MUCOUS MEMBRANE JELLY (lidocaine hcl) IN APPLICATOR 2 %	Tier 1	
KOVANAZE NASAL NASAL SPRAY SYRINGE 6-0.1 MG/0.2 ML	Tier 3	
lidocaine hcl mucous membrane jelly in applicator 2 %	Tier 1	
lidocaine hcl mucous membrane solution 2 %	Tier 1	
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	Tier 1	
LIDOCAINE VISCOS MUCOUS MEMBRANE SOLUTION 2 %	Tier 1	
MARVONA SUIK (PF) KIT 0.5 % (5 MG/ML)	Tier 3	

Drug	Status	Notes
<b>Periodontal Anesthetics</b>		
ORAQIX DENTAL CARTRIDGE 2.5-2.5 %	Tier 3	
<b>Lower Gastrointestinal Disorders - Bowel Inflamm</b>		
<b>Chronic Inflam. Colon Dx, 5-A-Salicylat,Rectal Tx</b>		
mesalamine rectal enema 4 gram/60 ml (Rowasa)	Tier 1	
mesalamine rectal suppository 1,000 mg (Canasa)	Tier 1	
mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml	Tier 1	
<b>Drug Tx-Chronic Inflam. Colon Dx,5-Aminosalicylat</b>		
balsalazide oral capsule 750 mg (Colazal)	Tier 1	
mesalamine oral capsule, extended release 500 mg	Tier 1	
mesalamine oral capsule,extended release 24hr 0.375 gram	Tier 1	
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram	Tier 1	
mesalamine oral tablet,delayed release (dr/ec) 800 mg	Tier 1	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	Tier 2	
sulfasalazine oral tablet 500 mg (Azulfidine)	Tier 1	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	Tier 1	
<b>Hemorrhoidal Prep, Anti-Infam Steroid/Local Anest</b>		
ANA-LEX KIT RECTAL KIT 2-2 % (lidocaine-hydrocortisone-aloe)	Tier 1	
hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %	Tier 1	
hydrocortisone-pramoxine rectal cream 2.5-1 % (4g)	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</i>	Tier 1	
<i>lidocaine hcl-hydrocortison ac rectal gel 3 %-2.5 % (7 gram)</i>	Tier 1	
<i>lidocaine hcl-hydrocortison 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	
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	
<b>Ibs Agents,Mixed Opioid Recep Agonists/Antagonists</b>		
VIBERZI ORAL TABLET 100 MG, 75 MG	Tier 3	PA
<b>Integrin Receptor Antagonist, Monoclonal Antibody</b>		
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML	Tier 3	PA; SP
<b>Irritable Bowel Agents,Guanylate Cylase-C Agonist</b>		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	Tier 2	QL (1 EA per 1 day)
<b>Local Anorectal Nitrate Preparations</b>		
<i>nitroglycerin rectal ointment 0.4 % (w/w) (Rectiv)</i>	Tier 1	
<b>Rectal Preparations</b>		
ANUCORT-HC RECTAL SUPPOSITORY 25 MG (hydrocortisone acetate)	Tier 1	
<i>hydrocortisone acetate rectal suppository 25 mg</i> (Anucort-HC)	Tier 1	

Drug	Status	Notes
hydrocortisone acetate rectal suppository 30 mg (Hemmorex-HC)	Tier 1	
<b>Rectal/Lower Bowel Prep.,Glucocort. (Non-Hemorr)</b>		
budesonide rectal foam 2 mg/actuation (Uceris)	Tier 1	
CORTIFOAM RECTAL FOAM 10 % (80 MG)	Tier 3	
hydrocortisone rectal enema 100 mg/60 ml (Cortenema)	Tier 1	
<b>Lower Gastrointestinal Disorders - Other</b>		
<b>Ammonia Inhibitors</b>		
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG (carglumic acid)	Tier 3	PA; SP
carglumic acid oral tablet, dispersible 200 mg (Carbaglu)	Tier 1	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	
OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM	Tier 3	PA; SP
PHEBURANE ORAL GRANULES 483 MG/GRAM	Tier 3	PA; SP
RAVICTI ORAL LIQUID 1.1 GRAM/ML	Tier 3	PA; SP
sodium phenylbutyrate oral powder 0.94 gram/gram (Buphenyl)	Tier 1	PA; SP
sodium phenylbutyrate oral tablet 500 mg (Buphenyl)	Tier 1	PA; SP
<b>Antidiarrheal - G.I. Chloride Channel Inhibitors</b>		

Drug	Status	Notes
MYTESI ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG	Tier 2	SP; ST: Requires prior prescription for Antiretrovirals within the past 120 days; QL (2 EA per 1 day)
<b>Antidiarrheal - Tryptophan Hydroxylase Inhibitor</b>		
XERMELO ORAL TABLET 250 MG	Tier 2	PA; SP
<b>Antidiarrheals</b>		
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml	Tier 1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg (Lomotil)	Tier 1	
loperamide oral capsule 2 mg (Anti-Diarrheal (loperamide))	Tier 1	
opium tincture oral tincture 10 mg/ml (morphine)	Tier 1	
<b>Bile Salts</b>		
CHENODAL ORAL TABLET 250 MG	Tier 3	PA; SP
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	Tier 3	PA; SP
ursodiol oral capsule 300 mg	Tier 1	
ursodiol oral tablet 250 mg	Tier 1	
ursodiol oral tablet 500 mg (URSO Forte)	Tier 1	
<b>Farnesoid X Receptor (Fxr) Agonist, Bile Ac Analog</b>		
OCALIVA ORAL TABLET 10 MG, 5 MG	Tier 2	PA; SP
<b>Ileal Bile Acid Transporter (Ibat) Inhibitor</b>		
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG	Tier 3	PA; SP
BYLVAY ORAL PELLET 200 MCG, 600 MCG	Tier 3	PA; SP
LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML	Tier 3	PA; SP

Drug	Status	Notes
<b>Irritable Bowel Synd. Agent,5Ht-3 Antagonist-Type</b>		
alosetron oral tablet 0.5 mg, 1 mg (Lotronex)	Tier 1	
<b>Laxatives And Cathartics</b>		
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 ML	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 320, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (320 ML per 1 FILL)
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 350, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (350 ML per 1 FILL)
CONSTULOSE ORAL SOLUTION 10 (lactulose) GRAM/15 ML	Tier 1	
GAVILYTE-C ORAL RECON SOLN 240- (peg 3350-electrolytes) 22.72-6.72 -5.84 GRAM	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
GAVILYTE-G ORAL RECON SOLN 236- (peg 3350-electrolytes) 22.74-6.74 -5.86 GRAM	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
GAVILYTE-N ORAL RECON SOLN 420 (peg-electrolyte soln) GRAM	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
<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)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram  (GaviLyte-G)	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram  (MoviPrep)	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 1, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (1 EA per 1 FILL)
peg-electrolyte soln oral recon soln 420 gram  (GaviLyte-N)	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
PLENU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	\$0	ST: Prior prescription for Sutab, Clenpiq, or generic bowel prep within the past 120 days; \$0 COPAY IF QUANTITY IS LIMITED TO 3, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (3 EA per 1 FILL)
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram  (Suprep Bowel Prep Kit)	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 354, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (354 ML per 1 FILL)
SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 GRAM	\$0	ST: Prior prescription for Sutab, Clenpiq, or generic bowel prep within the past 120 days; \$0 COPAY IF QUANTITY IS LIMITED TO 2, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (2 EA per 1 FILL)

Drug	Status	Notes
SUTAB ORAL TABLET 1.479-0.188-0.225 GRAM	\$0	\$0 COPAY IF QUANTITY IS LIMITED TO 24, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (24 EA per 1 FILL)
<b>Narcotic Antagonists, Peripherally-Acting</b>		
alvimopan oral capsule 12 mg	Tier 1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	Tier 2	QL (1 EA per 1 day)
RELISTOR ORAL TABLET 150 MG	Tier 3	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	Tier 3	PA
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	Tier 3	PA
<b>Ppar Agonist</b>		
IQIRVO ORAL TABLET 80 MG	Tier 3	PA; SP
LIVDELZI ORAL CAPSULE 10 MG	Tier 3	PA; SP
<b>Sbs - Glucagon-Like Peptide-2 (Glp-2) Analogs</b>		
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	Tier 2	PA; SP
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	Tier 2	PA; SP
<b>Medical Supplies</b>		
<b>Bandages And Related Supplies</b>		
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	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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	
DYNAFOAM AG TOPICAL BANDAGE 4 X 4 "	Tier 3	
DYNAGINATE AG TOPICAL BANDAGE 12 ", 2 X 2 ", 4 X 5 ", 4 X 8 "	Tier 3	
KENDALL AMD ANTIMICRB FOAM DRS TOPICAL BANDAGE 0.5 %- 4" X 4"	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	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
OASIS WOUND MATRIX MESHED TOPICAL SHEET 5 X 7 CM, 7 X 10 CM, 7 X 20 CM	Tier 3	
PETROLEUM GAUZE TOPICAL BANDAGE	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	
RESTORE TOPICAL BANDAGE 1 X 12 ", 2 X 2 "	Tier 3	
SILIGENTLE AG TOPICAL BANDAGE 2 X 2 ", 4 X 4 ", 4 X 5 ", 6 X 6 "	Tier 3	
SILINOIN TOPICAL SHEET 5 CM X 14 CM	Tier 3	
SPECTRAGEL TOPICAL GEL	Tier 3	
STRATACTX TOPICAL GEL	Tier 3	
STRATAGRIT TOPICAL GEL	Tier 3	
STRATAVRT TOPICAL GEL	Tier 3	
THERAHONEY 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	
<b>Blood Administration Sets</b>		
IVENIX BLOOD PRODUCT ADMIN SET BLOOD ADMINISTRATION SET	Tier 3	
<b>Catheters And Related Devices</b>		

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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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	
<b>Durable Medical Equipment,Misc</b>		
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	
INNOSPIRE REPLACEMENT FILTER (nebulizer accessories)	Tier 3	

<b>Drug</b>		<b>Status</b>	<b>Notes</b>
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	
PTS COLLECT CAPILLARY TUBE		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	
TENS 502 DEVICE		Tier 3	
TENS 504 DEVICE		Tier 3	
<b>Durable Medical Equipment,Misc(Group 1)</b>			
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	

<b>Drug</b>		<b>Status</b>	<b>Notes</b>
ACTI-LANCE LANCETS 28 GAUGE	(lancets)	Tier 2	
ADVANCED TRAVEL LANCETS 28 GAUGE	(lancets)	Tier 2	
ADVOCATE LANCET 21 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE	(lancets)	Tier 2	
ADVOCATE LANCET 23 GAUGE		Tier 2	
ALTERNATE SITE LANCET 26 GAUGE	(lancets)	Tier 2	
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	
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 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	
CHOSEN LANCET 30 GAUGE	(lancets)	Tier 2	
CHOSEN SAFETY LANCET 28 GAUGE	(lancets)	Tier 2	
CLEVER CHEK LANCETS 30 GAUGE	(lancets)	Tier 2	
COAGUCHEK LANCETS	(lancets)	Tier 2	
COLOR LANCETS 21 GAUGE	(lancets)	Tier 2	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
COMFORT EZ LANCETS 21 GAUGE, (lancets) 28 GAUGE	Tier 2	
COMFORT EZ LANCETS 23 GAUGE	Tier 2	
COMFORT TOUCH PLUS SAFETY (lancets) LANC 30 GAUGE	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, (lancets) 28 GAUGE, 30 GAUGE	Tier 2	
EASY TOUCH LANCETS 32 GAUGE	Tier 2	
EASY TOUCH SAFETY LANCETS 21 (lancets) GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE	Tier 2	
EASY TOUCH SAFETY LANCETS 23 GAUGE, 32 GAUGE	Tier 2	
EASY TOUCH TWIST LANCETS 26 (lancets) GAUGE, 28 GAUGE, 30 GAUGE, 33 GAUGE	Tier 2	
EASY TOUCH TWIST LANCETS 32 GAUGE	Tier 2	
EASY TWIST AND CAP LANCETS 28 (lancets) GAUGE	Tier 2	
EMBRACE LANCETS 30 GAUGE (lancets)	Tier 2	
EMBRACE SAFETY LANCET 21 (lancets) GAUGE, 28 GAUGE	Tier 2	
E-Z JECT LANCETS , 26 GAUGE, 30 (lancets) GAUGE, 33 GAUGE	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	
FINGERSTIX LANCETS (lancets)	Tier 2	
FORACARE LANCETS 30 GAUGE (lancets)	Tier 2	

<b>Drug</b>		<b>Status</b>	<b>Notes</b>
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, 26 gauge, 30 gauge</i>	(Advocate Lancet)	Tier 2	
<i>lancets 28 gauge</i>	(Acti-Lance Lancets)	Tier 2	
<i>lancets 33 gauge</i>	(CareTouch Twist Lancet)	Tier 2	
LANCETS, SUPER THIN	(lancets)	Tier 2	
LANCETS, THIN , 28 GAUGE	(lancets)	Tier 2	
LANCETS,ULTRA THIN	(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	
MICRODOT LANCET 28 GAUGE	(lancets)	Tier 2	
MICROLET LANCET	(lancets)	Tier 2	

<b>Drug</b>		<b>Status</b>	<b>Notes</b>
MOBILE LANCETS 30 GAUGE	(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 PLUS LANCET 30 GAUGE, 33 GAUGE	(lancets)	Tier 2	
ONETOUCH DELICA SAFETY LANCET 30 GAUGE	(lancets)	Tier 2	
ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE	(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	
PRO COMFORT SAFETY LANCET 30 GAUGE	(lancets)	Tier 2	
PRODIGY LANCETS 26 GAUGE, 28 GAUGE	(lancets)	Tier 2	
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	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
PUSH BUTTON SAFETY LANCETS 21 (lancets) GAUGE, 28 GAUGE	Tier 2	
RELIAMED LANCET 23 GAUGE	Tier 2	
RELIAMED LANCET 28 GAUGE, 30 (lancets) GAUGE	Tier 2	
RELIAMED SAFETY SEAL LANCETS (lancets) 28 GAUGE, 30 GAUGE	Tier 2	
RELIAMED TWIST AND CAP LANCET (lancets) 28 GAUGE	Tier 2	
RIGHTEST GL300 LANCETS 30 (lancets) GAUGE	Tier 2	
SAFETY LANCETS 21 GAUGE, 28 (lancets) GAUGE	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 (lancets) GAUGE	Tier 2	
STERILANCE TL 30 GAUGE (lancets)	Tier 2	
STERILANCE TL 32 GAUGE	Tier 2	
SUPER THIN LANCETS 28 GAUGE, 30 (lancets) GAUGE	Tier 2	
SURE COMFORT LANCETS 18 GAUGE, 23 GAUGE	Tier 2	
SURE COMFORT LANCETS 21 (lancets) GAUGE, 28 GAUGE, 30 GAUGE	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	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
TECHLITE LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 2	
TELCARE LANCETS 30 GAUGE (lancets)	Tier 2	
TEMPO REFILL KIT WITH GAUZE KIT	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	

<b>Drug</b>		<b>Status</b>	<b>Notes</b>
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 28 GAUGE	(lancets)	Tier 2	
UNISTIK 3 EXTRA LANCET 21 GAUGE	(lancets)	Tier 2	
UNISTIK 3 GENTLE 30 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	
VERIFINE SAFETY LANCET MINI 21 GAUGE, 28 GAUGE, 30 GAUGE	(lancets)	Tier 2	
VERIFINE SAFETY LANCET MINI 23 GAUGE		Tier 2	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
VERIFINE UNIVERSAL LANCET 28 GAUGE (lancets)	Tier 2	
VIVAGUARD LANCET 30 GAUGE (lancets)	Tier 2	
VIVAGUARD SAFETY LANCET 28 GAUGE (lancets)	Tier 2	
<b>Feeding Devices</b>		
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	
<b>Incontinence Supplies</b>		
FLEXI-SEAL SIGNAL FMS RECTAL	Tier 3	
TENS CARE ITOUCH SURE VAGINAL DEVICE	Tier 3	
<b>Medical Supplies,Miscellaneous</b>		
VARITHENA ADMINISTRATION PACK	Tier 3	
VIBRANT ORAL CAPSULE	Tier 3	
VIBRANT STARTER KIT COMBO PACK	Tier 3	
<b>Medical Supplies,Miscellaneous(Group 2)</b>		
EAR POPPER INFLATION DEVICE NASAL DEVICE	Tier 3	
PCCA ACCUPEN-15 DEVICE	Tier 3	
<b>Medical Supplies,Miscellaneous(Group 3)</b>		
XENOVIEW EMPTY DELIVERY BAG	Tier 3	
<b>Parenteral Administration Sets</b>		
BD INSYTE AUTOGUARD INFUSION SET 22 GAUGE X 1", 24 GAUGE X 3/4"	Tier 3	
BD SAF-T-INTIMA INFUSION SET 22 GAUGE X 3/4"	Tier 3	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
FILTERED EXTENSION SET INFUSION SET	Tier 3	
HALO B-LOCK CLOSED LINE ADAPTR	Tier 3	
HALO CLOSED BAG ADAPTOR	Tier 3	
HALO CLOSED LINE ADAPTOR	Tier 3	
HALO CLOSED SYRINGE ADAPTOR	Tier 3	
HI-VOLUME PUMPING CHAMBER SET	Tier 3	
INSUFLOL 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	
IVENIX ADMIN SET 2INLET 2YSITE INFUSION SET	(iv administration set) Tier 3	
IVENIX ADMIN SET 2INLET Y-SITE INFUSION SET	(iv administration set) Tier 3	
IVENIX ADMIN SET SINGLE-INLET INFUSION SET	(iv administration set) Tier 3	
MICROBORE EXTENSION SET INFUSION SET	(iv admin extension 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	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
PHASEAL INJECTOR LUER LOCK	Tier 3	
PHASEAL SECONDARY SET INFUSION SET	Tier 3	
PHASEAL Y-SITE	Tier 3	
RATE FLOW REGULATOR IV SET INFUSION SET (iv administration set)	Tier 3	
TRANSFER SET	Tier 3	
<b>Syringes And Accessories</b>		
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 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	
EXTENDED RESERVOIR 3 ML	Tier 3	
INTERLINK LEVER LOCK CANNULA	Tier 3	
KENDALL DISINFECTANT CAP	Tier 3	
PARADIGM RESERVOIR 1.8 ML, 3 ML	Tier 3	
<b>Miscellaneous Agents</b>		
<b>Amyloidosis Agents-Transthyretin (Ttr) Suppression</b>		
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML	Tier 3	PA; SP
WAINUA SUBCUTANEOUS AUTO- INJECTOR 45 MG/0.8 ML	Tier 3	PA; SP

Drug	Status	Notes
<b>Anaphylaxis Therapy Agents</b>		
epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml (Auvi-Q)	Tier 1	QL (4 EA per 1 FILL)
epinephrine injection auto-injector 0.15 mg/0.3 ml (EpiPen Jr)	Tier 1	QL (4 EA per 1 FILL)
NEFFY NASAL SPRAY, NON-AEROSOL 2 MG/SPRAY (0.1 ML)	Tier 3	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)
<b>Cxcr4 Chemokine Receptor Antagonist</b>		
XOLREMDI ORAL CAPSULE 100 MG	Tier 3	PA; SP
<b>Genetic D/O Tx-Exon Inclusion Antisense Oligonucle</b>		
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	Tier 3	PA; SP
<b>Miscellaneous Agents</b>		
NEXAVIR INJECTION SOLUTION 25.5 MG/ML	Tier 3	
<b>Parasympathetic Agents</b>		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	Tier 1	
cevimeline oral capsule 30 mg (Evoxac)	Tier 1	
pilocarpine hcl oral tablet 5 mg, 7.5 mg (Salagen (pilocarpine))	Tier 1	
<b>Pharmacological Chaperone-Alpha-Galactosid.A Stabz</b>		
GALAFOLD ORAL CAPSULE 123 MG	Tier 3	PA; SP
<b>Pku Treatment Agents - Phenylalanine Ammonia Lyase</b>		
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	Tier 2	PA; SP
<b>Pku Tx Agent-Cofactor Of Phenylalanine Hydroxylase</b>		

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
JAVYGTOR ORAL POWDER IN PACKET 100 MG, 500 MG (sapropterin)	Tier 1	SP
JAVYGTOR ORAL TABLET,SOLUBLE 100 MG (sapropterin)	Tier 1	SP
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG (sapropterin)	Tier 2	SP
KUVAN ORAL TABLET,SOLUBLE 100 MG (sapropterin)	Tier 2	SP
<i>sapropterin oral powder in packet 100 mg, 500 mg</i> (Javygtor)	Tier 1	SP
<i>sapropterin oral tablet,soluble 100 mg</i> (Javygtor)	Tier 1	SP
<b>Systemic Enzyme Inhibitors</b>		
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	Tier 3	SP
JOENJA ORAL TABLET 70 MG	Tier 3	PA; SP
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	Tier 3	SP
VIJOICE ORAL GRANULES IN PACKET 50 MG	Tier 3	PA; SP
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG	Tier 3	PA; SP
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG	Tier 3	SP
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	Tier 3	PA; SP
<b>Thyroid Hormone Receptor (Thr) Agonist</b>		
REZDIFRA ORAL TABLET 100 MG, 60 MG, 80 MG	Tier 3	PA; SP
<b>Topical Anticholinergic Hyperhidrosis Tx Agents</b>		
QBREXZA TOPICAL TOWELETTE 2.4 %	Tier 2	PA
<b>Neoplastic Disease</b>		
<b>Alkylating Agents</b>		

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
cyclophosphamide oral capsule 25 mg, 50 mg	Tier 1	SP
cyclophosphamide oral tablet 25 mg, 50 mg	Tier 1	SP
GLEOSTINE ORAL CAPSULE 10 MG, (lomustine) 100 MG, 40 MG	Tier 3	PA; SP
hydroxyurea oral capsule 500 mg (Hydrea)	Tier 1	
LEUKERAN ORAL TABLET 2 MG	Tier 2	SP
MYLERAN ORAL TABLET 2 MG	Tier 2	SP
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	Tier 1	PA; SP
<b>Antiandrogenic Agents</b>		
abiraterone oral tablet 250 mg, 500 mg (Zytiga)	Tier 1	PA; SP
bicalutamide oral tablet 50 mg (Casodex)	Tier 1	
ERLEADA ORAL TABLET 240 MG, 60 MG	Tier 2	PA; SP
nilutamide oral tablet 150 mg (Nilandron)	Tier 1	SP; QL (2 EA per 1 day)
NUBEQA ORAL TABLET 300 MG	Tier 2	PA; SP
XTANDI ORAL CAPSULE 40 MG	Tier 2	PA; SP
XTANDI ORAL TABLET 40 MG, 80 MG	Tier 2	PA; SP
YONSA ORAL TABLET 125 MG	Tier 3	PA; SP
<b>Antibiotic Antineoplastics</b>		
JELMYTO INTRA-PYELOCALYCEAL KIT 40 MG X 2	Tier 3	PA; SP
<b>Antimetabolites</b>		
capecitabine oral tablet 150 mg, 500 mg (Xeloda)	Tier 1	PA; SP
INQOVI ORAL TABLET 35-100 MG	Tier 2	PA; SP
JYLAMVO ORAL SOLUTION 2 MG/ML	Tier 3	PA
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	Tier 2	PA; SP
mercaptopurine oral tablet 50 mg	Tier 1	
methotrexate sodium (pf) injection recon soln 1 gram	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<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 2	PA; SP
PURIXAN ORAL SUSPENSION 20 MG/ML	Tier 2	SP; ST: Requires prior prescription for Mercaptopurine within the past 120 days
TABLOID ORAL TABLET 40 MG (thioguanine)	Tier 2	SP
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	Tier 2	
XATMEP ORAL SOLUTION 2.5 MG/ML	Tier 3	ST: Requires prior prescription for Methotrexate tablets or injection solution within the past 120 days if 12 years of age and older; QL (120 ML per 60 days)
<b>Antineoplastic Aromatase Inhibitors</b>		
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
<i>exemestane oral tablet 25 mg</i> (Aromasin)	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
<i>letrozole oral tablet 2.5 mg</i> (Femara)	Tier 1	
<b>Antineoplastic - Braf Kinase Inhibitors</b>		
BRAFTOVI ORAL CAPSULE 75 MG	Tier 2	PA; SP
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	Tier 3	PA; SP
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6)	Tier 3	PA; SP

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	Tier 2	PA; SP
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	Tier 2	PA; SP
ZELBORAF ORAL TABLET 240 MG	Tier 2	PA; SP
<b>Antineoplastic - Hedgehog Pathway Inhibitor</b>		
DAURISMO ORAL TABLET 100 MG, 25 MG	Tier 2	PA; SP
ERIVEDGE ORAL CAPSULE 150 MG	Tier 2	PA; SP
ODOMZO ORAL CAPSULE 200 MG	Tier 2	PA; SP
<b>Antineoplastic - Janus Kinase (Jak) Inhibitors</b>		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	Tier 2	PA; SP
<b>Antineoplastic - Kras Protein Inhibitor</b>		
KRAZATI ORAL TABLET 200 MG	Tier 2	PA; SP
LUMAKRAS ORAL TABLET 120 MG, 320 MG	Tier 2	PA; SP
<b>Antineoplastic - Mek1 And Mek2 Kinase Inhibitors</b>		
COTELLIC ORAL TABLET 20 MG	Tier 2	PA; SP
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	Tier 2	PA; SP
MEKINIST ORAL RECON SOLN 0.05 MG/ML	Tier 2	PA; SP
MEKINIST ORAL TABLET 0.5 MG, 2 MG	Tier 2	PA; SP
MEKTOVI ORAL TABLET 15 MG	Tier 2	PA; SP
<b>Antineoplastic - Mtor Kinase Inhibitors</b>		
everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	Tier 1	PA; SP
everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg	Tier 1	PA; SP

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
TORPENZ ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG (everolimus (antineoplastic))	Tier 1	PA; SP
<b>Antineoplastic - Protein Methyltransferase Inhibit</b>		
TAZVERIK ORAL TABLET 200 MG	Tier 2	PA; SP
<b>Antineoplastic - Topoisomerase I Inhibitors</b>		
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	Tier 2	SP
<b>Antineoplastic Immunomodulator Agents</b>		
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	Tier 1	PA; SP
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	Tier 2	PA; SP
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (lenalidomide)	Tier 2	PA; SP
<b>Antineoplastic Lhrh(Gnrh) Antagonist,Pituit.Supprs</b>		
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	Tier 3	QL (2 EA per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	Tier 3	QL (1 EA per 30 days)
FIRMAGON SUBCUTANEOUS RECON SOLN 120 MG	Tier 3	QL (2 EA per 365 days)
ORGOVYX ORAL TABLET 120 MG	Tier 2	PA; SP
<b>Antineoplastic Systemic Enzyme Inhibitors</b>		
ALECensa ORAL CAPSULE 150 MG	Tier 2	PA; SP
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	Tier 3	PA; SP
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	Tier 3	PA; SP
AUGTYRO ORAL CAPSULE 40 MG	Tier 2	PA; SP

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	Tier 2	PA; SP
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	Tier 2	PA; SP
BOSULIF ORAL CAPSULE 100 MG, 50 MG	Tier 2	PA; SP
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	Tier 2	PA; SP
BRUKINSA ORAL CAPSULE 80 MG	Tier 2	PA; SP
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	Tier 2	PA; SP
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	Tier 2	PA; SP
CAPRELSA ORAL TABLET 100 MG, (vandetanib) 300 MG	Tier 3	PA; SP
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 2	PA; SP
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	Tier 3	PA; SP
<i>erlotinib oral tablet 100 mg, 150 mg</i> (Tarceva)	Tier 1	PA; SP
<i>erlotinib oral tablet 25 mg</i>	Tier 1	PA; SP
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	Tier 2	PA; SP
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG	Tier 2	SP
GAVRETO ORAL CAPSULE 100 MG	Tier 2	PA; SP
<i>gefitinib oral tablet 250 mg</i> (Iressa)	Tier 1	PA; SP
GILOTrif ORAL TABLET 20 MG, 30 MG, 40 MG	Tier 2	PA; SP
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	Tier 2	PA; SP
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	Tier 2	PA; SP

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	Tier 2	PA; SP
<i>imatinib oral tablet 100 mg, 400 mg</i> (Gleevec)	Tier 1	PA; SP
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	Tier 2	PA; SP
IMBRUVICA ORAL SUSPENSION 70 MG/ML	Tier 2	PA; SP
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	Tier 2	PA; SP
INLYTA ORAL TABLET 1 MG, 5 MG	Tier 2	PA; SP
INREBIC ORAL CAPSULE 100 MG	Tier 2	PA; SP
IWILFIN ORAL TABLET 192 MG	Tier 2	PA; SP
JAYPIRCA ORAL TABLET 100 MG, 50 MG	Tier 2	PA; SP
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 2	PA; SP
<i>lapatinib oral tablet 250 mg</i> (Tykerb)	Tier 1	PA; SP
LAZCLUZE ORAL TABLET 240 MG, 80 MG	Tier 3	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 2	PA; SP
LORBRENA ORAL TABLET 100 MG, 25 MG	Tier 2	PA; SP
LYNPARZA ORAL TABLET 100 MG, 150 MG	Tier 2	PA; SP
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	Tier 2	PA; SP
NERLYNX ORAL TABLET 40 MG	Tier 2	PA; SP

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	Tier 2	PA; SP
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG	Tier 3	PA; SP
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	Tier 2	PA; SP
<i>pazopanib oral tablet 200 mg</i> (Votrient)	Tier 1	PA; SP
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	Tier 2	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 2	PA; SP
QINLOCK ORAL TABLET 50 MG	Tier 2	PA; SP
RETEVMO ORAL CAPSULE 40 MG, 80 MG	Tier 2	PA; SP
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG	Tier 2	PA; SP
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	Tier 2	PA; SP
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	Tier 2	PA; SP
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	Tier 3	PA; SP
RYDAPT ORAL CAPSULE 25 MG	Tier 2	PA; SP
SCEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG	Tier 2	PA; SP
<i>sorafenib oral tablet 200 mg</i> (Nexavar)	Tier 1	PA; SP
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG (dasatinib)	Tier 2	PA; SP
STIVARGA ORAL TABLET 40 MG	Tier 2	PA; SP
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Sutent)	Tier 1	PA; SP
TABRECTA ORAL TABLET 150 MG, 200 MG	Tier 2	PA; SP

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
TAGRISSO ORAL TABLET 40 MG, 80 MG	Tier 2	PA; SP
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	Tier 2	PA; SP
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	Tier 2	PA; SP
TEPMETKO ORAL TABLET 225 MG	Tier 2	PA; SP
TRUQAP ORAL TABLET 160 MG, 200 MG	Tier 2	PA; SP
TUKYSA ORAL TABLET 150 MG, 50 MG	Tier 2	PA; SP
TURALIO ORAL CAPSULE 125 MG	Tier 2	PA; SP
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	Tier 2	PA; SP
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 2	PA; SP
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	Tier 2	PA; SP
VITRAKVI ORAL SOLUTION 20 MG/ML	Tier 2	PA; SP
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	Tier 2	PA; SP
VONJO ORAL CAPSULE 100 MG	Tier 2	PA; SP
XALKORI ORAL CAPSULE 200 MG, 250 MG	Tier 2	PA; SP
XALKORI ORAL PELLET 150 MG, 20 MG, 50 MG	Tier 2	PA; SP
XOSPATA ORAL TABLET 40 MG	Tier 2	PA; SP
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	Tier 2	PA; SP
ZYDELIG ORAL TABLET 100 MG, 150 MG	Tier 2	PA; SP
ZYKADIA ORAL TABLET 150 MG	Tier 2	PA; SP
<b>Antineoplastic, Histone Deacetylase Inhibitors, Hdis</b>		

Drug	Status	Notes
ZOLINZA ORAL CAPSULE 100 MG	Tier 2	SP
<b>Antineoplastic-B Cell Lymphoma-2(Bcl-2) Inhibitors</b>		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	Tier 2	PA; SP
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG-100 MG	Tier 2	PA; SP
<b>Antineoplastic-Enzyme Inhib, Antiandrogen Comb.</b>		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	Tier 2	PA; SP
<b>Antineoplastic-Hypoxia Inducible Factor (Hif) Inh</b>		
WELIREG ORAL TABLET 40 MG	Tier 2	PA; SP
<b>Antineoplastic-Isocitrate Dehydrogenase Inhibitors</b>		
IDHIFA ORAL TABLET 100 MG, 50 MG	Tier 3	PA; SP
REZLIDHIA ORAL CAPSULE 150 MG	Tier 2	PA; SP
TIBSOVO ORAL TABLET 250 MG	Tier 2	PA; SP
VORANIGO ORAL TABLET 10 MG, 40 MG	Tier 2	PA; SP
<b>Antineoplastics,Miscellaneous</b>		
<i>etoposide oral capsule 50 mg</i>	Tier 1	
LYSODREN ORAL TABLET 500 MG	Tier 2	SP
MATULANE ORAL CAPSULE 50 MG	Tier 2	SP
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5 ML	Tier 3	PA; SP
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	Tier 1	SP
<b>Antineoplastic-Select Inhib Of Nuclear Exp (Sine)</b>		

Drug	Status	Notes
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 2	PA; SP
<b>Chemotherapy Rescue/Antidote Agents</b>		
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	Tier 1	
MESNEX ORAL TABLET 400 MG	Tier 3	
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	Tier 2	SP; QL (24 EA per 14 days)
<b>Intrapleural Sclerosing Agents, Antineoplast. Adj.</b>		
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER 4 GRAM	Tier 3	
sterile talc intrapleural suspension for reconstitution 5 gram	Tier 1	
STERITALC INTRAPLEURAL AEROSOL POWDER 3 GRAM	Tier 3	
STERITALC INTRAPLEURAL SUSPENSION FOR RECONSTITUTION 2 GRAM, 4 GRAM	Tier 3	
<b>Photoactivated, Antineopls. &amp; Premalignant Lesions</b>		
AMELUZ TOPICAL GEL 10 %	Tier 3	
LEVULAN TOPICAL SOLUTION 20 %	Tier 3	
<b>Radioactive Therapeutic Agents</b>		
HICON ORAL KIT 1,000 MCI/ML (1 ML), 250 MCI/0.25 ML, 500 MCI/0.5 ML	Tier 3	
sodium iodide-123 oral capsule 3.7 mbq (100 microci), 7.4 mbq (200 microci)	Tier 1	
sodium iodide-131 oral capsule 3.7 mbq (100 microci)	Tier 1	

Drug	Status	Notes
<b>Selective Estrogen Receptor Modulators (Serm)</b>		
ORSERDU ORAL TABLET 345 MG, 86 MG	Tier 3	PA; SP
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	Tier 2	
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
<i>toremifene oral tablet 60 mg (Fareston)</i>	Tier 1	PA; SP
<b>Selective Retinoid X Receptor Agonists (Rxr)</b>		
<i>bexarotene oral capsule 75 mg (Targretin)</i>	Tier 1	PA; SP
<b>Steroid Antineoplastics</b>		
<i>megestrol oral tablet 20 mg, 40 mg</i>	Tier 1	
<b>Neurological Disease - Miscellaneous</b>		
<b>Agents To Treat Multiple Sclerosis</b>		
AVONEX INTRAMUSCULAR PEN INJECTOR 30 MCG/0.5 ML	Tier 2	PA; SP
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	Tier 2	PA; SP
AVONEX INTRAMUSCULAR SYRINGE 30 MCG/0.5 ML	Tier 2	PA; SP
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	Tier 2	PA; SP
BETASERON SUBCUTANEOUS KIT 0.3 MG	Tier 2	PA; SP
BETASERON SUBCUTANEOUS (interferon beta-1b) RECON SOLN 0.3 MG	Tier 2	PA; SP
COPAXONE SUBCUTANEOUS (glatiramer) SYRINGE 20 MG/ML, 40 MG/ML	Tier 2	PA; SP
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i>	Tier 1	PA; SP
<i>fingolimod oral capsule 0.5 mg (Gilenya)</i>	Tier 1	PA; SP

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
GILENYA ORAL CAPSULE 0.25 MG	Tier 2	PA; SP
glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml (Glatopa)	Tier 1	PA; SP
GLATOPA SUBCUTANEOUS SYRINGE (glatiramer) 20 MG/ML, 40 MG/ML	Tier 1	PA; SP
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	Tier 2	PA; SP
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	Tier 2	PA; SP
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	Tier 2	PA; SP
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	Tier 2	PA; SP
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	Tier 2	PA; SP
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	Tier 2	PA; SP
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	Tier 2	PA; SP
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	Tier 2	PA; SP
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	Tier 2	PA; SP
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	Tier 2	PA; SP
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	Tier 2	PA; SP
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	Tier 2	PA; SP
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	Tier 2	PA; SP
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	Tier 2	PA; SP

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	Tier 2	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 2	PA; SP
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	Tier 2	PA; SP
<i>teriflunomide oral tablet 14 mg, 7 mg</i> (Aubagio)	Tier 1	PA; SP
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	Tier 2	PA; SP
<b>Agts Tx Neuromusc Transmission Dis,Pot-Chan Blkr</b>		
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	Tier 1	PA; SP
FIRDAPSE ORAL TABLET 10 MG	Tier 3	PA; SP
<b>Amyotrophic Lateral Sclerosis Agents</b>		
EXSERVAN ORAL FILM 50 MG	Tier 3	PA; SP
RADICAVA ORS ORAL SUSPENSION 105 MG/5 ML	Tier 3	PA; SP
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	Tier 3	PA; SP
<i>riluzole oral tablet 50 mg</i> (Rilutek)	Tier 1	
TEGLUTIK ORAL SUSPENSION 50 MG/10 ML	Tier 3	PA; SP
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	Tier 3	PA; SP
<b>Genetic Disorder Therapy - Hdac Inhibitor</b>		
DUVYZAT ORAL SUSPENSION 8.86 MG/ML	Tier 3	PA; SP
<b>Glypromate (Gpe) Analogs</b>		
DAYBUE ORAL SOLUTION 200 MG/ML	Tier 3	PA; SP

Drug	Status	Notes
<b>Metabolic Disease Enzyme Replacement, Modc</b>		
NULIBRY INTRAVENOUS RECON SOLN 9.5 MG	Tier 3	PA; SP
<b>Movement Disorders(Drug Therapy)</b>		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	Tier 2	PA; SP
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG	Tier 2	PA; SP
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	Tier 2	PA; SP
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	Tier 2	PA; SP
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	Tier 2	PA; SP
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	Tier 2	PA; SP
<i>tetrabenazine oral tablet 12.5 mg, 25 mg (Xenazine)</i>	Tier 1	PA; SP
<b>Nuclear Factor Erythroid 2-Rel. Factor 2 Activator</b>		
SKYCLARYS ORAL CAPSULE 50 MG	Tier 3	PA; SP
<b>Pseudobulbar Affect (Pba) Agents, Nmda Antagonists</b>		
NUEDEXTA ORAL CAPSULE 20-10 MG	Tier 3	PA
<b>Sphingosine 1-Phosphate (S1p) Receptor Modulator</b>		
ZEPOZIA ORAL CAPSULE 0.92 MG	Tier 3	PA; SP
ZEPOZIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21)	Tier 3	PA; SP

Drug	Status	Notes
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)	Tier 3	PA; SP
<b>Oral/Pharyngeal Disorders</b>		
<b>Dental Aids And Preparations</b>		
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	(Periogard)	Tier 1
ORALONE DENTAL PASTE 0.1 %	(triamcinolone acetonide)	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
<b>Nose Preparations, Miscellaneous (Rx)</b>		
<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
<b>Periodontal Collagenase Inhibitors</b>		
<i>doxycycline hyclate oral tablet 20 mg</i>		Tier 1
<b>Other Drugs</b>		
<b>Abortifacient, Progesterone Receptor Antagonist-Typ</b>		
MIFEPREX ORAL TABLET 200 MG	(mifepristone)	Tier 3
<i>mifepristone oral tablet 200 mg</i>	(Mifeprax)	Tier 1
<b>Agents For Stomatological Use</b>		
DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 %		Tier 3
<b>Antivenins</b>		
ANASCORP INTRAVENOUS RECON SOLN 120 MG		Tier 3

Drug	Status	Notes
<b>Appetite Stim. For Anorexia,Cachexia,Wasting Synd.</b>		
megestrol oral suspension 400 mg/10 ml (40 mg/ml)	Tier 1	
megestrol oral suspension 625 mg/5 ml (125 mg/ml)	Tier 1	ST: Requires prior prescription for Megestrol Acetate within the past 120 days
<b>Blood Collection Set With Local Anesthetics</b>		
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	
<b>Blood Testing Preparations,In-Vitro</b>		
COAGUCHEK XS	Tier 3	
<b>Cardioplegic Solutions</b>		
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), 60 MEQ/830 ML (POTASSIUM)	Tier 1	

Drug	Status	Notes
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	
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 (Plegisol) meq/l (= k+)</i>	Tier 1	
<i>cardioplegic solution no.25 perfusion solution 29 mmol/l (potassium)</i>	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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	
<b>Cholinesterase Reactivat.&amp;Muscarinic Antg.Antidote</b>		
DUODOTE INTRAMUSCULAR PEN INJECTOR 600-2.1 MG/2ML-MG/0.7ML	Tier 3	
<b>Cholinesterase Reactivating,Organophos. Antidotes</b>		
<i>pralidoxime intramuscular pen injector 600 mg/2 ml</i>	Tier 3	
<b>Conception Assistance Supplies</b>		
CONCEPTION KIT	Tier 3	
<b>Condoms</b>		
AIMSCO LATEX CONDOM DEVICE	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
DUREX AIR CONDOM DEVICE	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
DUREX AVANTI BARE REAL FEEL	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
DUREX EXTRA SENSITIVE CONDOM DEVICE	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
DUREX TROPICAL CONDOM DEVICE	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
FANTASY CONDOM DEVICE	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
FC2 FEMALE CONDOM	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
KIMONO LUBRICATED CONDOMS DEVICE	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
KIMONO MICROTHIN AQUA LUBE CON DEVICE	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60

Drug	Status	Notes
KIMONO MICROTHIN CONDOMS DEVICE	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
KIMONO MICROTHIN LARGE CONDOMS DEVICE	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
KIMONO TEXTURED CONDOMS DEVICE	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
KIMONO THIN LUBRICATED CONDOMS DEVICE	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUE COVER CONDOM DEVICE	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX LATEX CONDOM DEVICE	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX LUBRICATED CONDOMS DEVICE	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX NON-LUB CONDOMS DEVICE	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX-RIA LUB/SPERMICIDE DEVICE	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX-RIA LUBRICATED CONDOMS DEVICE	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	\$0	\$0 COPAY IF QUANTITY DOES NOT EXCEED 60
<b>Cryopreservative Agents</b>		
CRYOSERV SOLUTION 99 %	Tier 3	
<b>Cystic Fibrosis - Inhaled Osmotic Agents</b>		
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	Tier 3	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)
<b>Diagnostic Test Devices And Supplies</b>		
eua patient assessment	Tier 3	
<b>Diluent Solutions</b>		

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
DILUENT FOR ROTARIX ORAL SYRINGE	Tier 3	
DILUTING MEDIUM FOR NOVOLOG INJECTION SOLUTION	Tier 3	
STERILE HYDROGEL FOR JELMYTO INTRA-PYELOCALYCEAL SOLUTION	Tier 3	
<b>Drugs To Treat Hereditary Tyrosinemia</b>		
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i> (Orfadin)	Tier 1	PA; SP
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	Tier 2	PA; SP
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (nitisinone)	Tier 2	PA; SP
ORFADIN ORAL SUSPENSION 4 MG/ML	Tier 2	PA; SP
<b>Drugs To Tx Gaucher Dx-Type 1, Substrate Reducing</b>		
CERDELGA ORAL CAPSULE 84 MG	Tier 2	SP
<i>miglustat oral capsule 100 mg</i> (Yargesa)	Tier 1	PA; SP
OPFOLDA ORAL CAPSULE 65 MG	Tier 3	PA; SP
YARGESA ORAL CAPSULE 100 MG (miglustat)	Tier 1	PA; SP
<b>Environment Allergens And Irritants, Other</b>		
T.R.U.E. TEST ALLERGEN TOPICAL ADHESIVE PATCH, MEDICATED	Tier 3	
<b>General Anesthetics - Benzodiazepine, Injectable</b>		
<i>midazolam (pf) injection solution 5 mg/ml</i>	Tier 1	
<i>midazolam injection solution 5 mg/ml</i>	Tier 1	
<b>General Anesthetics, Inhalant</b>		
<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	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
TERRELL INHALATION LIQUID 99.9 % (isoflurane)	Tier 1	
<b>General Inhalation Agents</b>		
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %	Tier 3	
NEBUSAL INHALATION SOLUTION (sodium chloride) FOR NEBULIZATION 3 %	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>	Tier 1	
<i>sodium chloride inhalation solution for nebulization 7 %</i>	Tier 1	
<b>Homeopathic Drugs</b>		
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	
SYZYGIUM COMPOSITUM ORAL DROPS	Tier 3	
VERTIGOHEEL ORAL DROPS	Tier 3	
VERTIGOHEEL ORAL TABLET,SOLUBLE	Tier 3	

Drug	Status	Notes
<b>Intra-Uterine Devices (IUD's)</b>		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG	\$0	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	\$0	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG	\$0	
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	\$0	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG	\$0	
<b>Medical Imaging Supplies</b>		
ECOVUE HV ULTRASOUND GEL TOPICAL GEL	Tier 3	
ECOVUE ULTRASOUND GEL TOPICAL GEL	Tier 3	
<b>Metabolic Deficiency Agents</b>		
<i>betaine oral powder 1 gram/scoop</i> (Cystadane)	Tier 1	PA; SP
CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML (levocarnitine)	Tier 3	
<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	
<b>Metabolic Disease Enzyme Replace, Hypophosphatasia</b>		
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	Tier 2	PA; SP
<b>Metabolic Dx Enzyme Replacemt,Sev.Comb.Immune Def.</b>		

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
REVCORI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	Tier 3	PA; SP
<b>Metallic Poison Agents To Treat</b>		
CHEMET ORAL CAPSULE 100 MG	Tier 3	
CUVRIOR ORAL TABLET 300 MG	Tier 3	PA; SP
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg (Jadenu Sprinkle)	Tier 1	PA; SP
deferasirox oral tablet 180 mg, 360 mg, 90 mg (Jadenu)	Tier 1	PA; SP
deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg (Exjade)	Tier 1	PA; SP
deferiprone oral tablet 1,000 mg, 500 mg (Ferriprox)	Tier 1	PA; SP
deferoxamine injection recon soln 2 gram	Tier 1	PA
deferoxamine injection recon soln 500 mg (Desferal)	Tier 1	PA
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)	Tier 3	
RADIOGARDASE ORAL CAPSULE 0.5 GRAM	Tier 3	
trientine oral capsule 250 mg (Syprine)	Tier 1	PA; SP
trientine oral capsule 500 mg	Tier 1	PA; SP
WILZIN ORAL CAPSULE 25 MG (ZINC)	Tier 3	
<b>Muscarinic Receptor Antagonists</b>		
ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML	Tier 3	
<b>Needles/Needleless Devices</b>		
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"	Tier 2	
BD NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	Tier 2	
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4"	Tier 2	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	(pen needle, diabetic)	Tier 2
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	Tier 2
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2"	(pen needle, diabetic)	Tier 2
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	(pen needle, diabetic)	Tier 2
HALO VIAL CONVERTER DEVICE 13 MM		Tier 3
<b>Ointment/Cream Bases</b>		
RADIAGEL TOPICAL GEL		Tier 3
<b>Oral Lipid Supplements</b>		
DOJOLVI ORAL LIQUID 8.3 KCAL/ML		Tier 3 PA; SP
<b>Oral Mucositis/Stomatitis Agents</b>		
GELX MUCOUS MEMBRANE GEL		Tier 3
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH		Tier 3
<b>Saliva Stimulant Agents</b>		
NUMOISYN MUCOUS MEMBRANE LOZENGE 0.3 GRAM		Tier 3
<b>Saliva Substitute Agents</b>		
NUMOISYN MUCOUS MEMBRANE LIQUID		Tier 3
<b>Sexual Dysfunction Devices</b>		
RAPPORT VACUUM THERAPY KIT		Tier 3
<b>Skin Tissue Replacement</b>		
APLIGRAF TOPICAL DISK		Tier 3
EPIFIX AMNIOTIC MEMBRANE TOPICAL SHEET 14 MM, 2 X 3 CM, 4 X 4 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

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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	
MIRO3D TOPICAL SHEET 10 X 5 X 2 CM, 2 X 2 X 2 CM, 3 X 3 X 2 CM, 4 X 4 X 2 CM, 5 X 5 X 2 CM, 7 X 5 X 2 CM	Tier 3	
MIRODERM FENESTRATED PLUS TOPICAL SHEET 3 X 3 CM, 5 X 5 CM, 8 X 15 CM, 8 X 8 CM	Tier 3	
MIRODERM FENESTRATED TOPICAL SHEET 2 X 2 CM, 2 X 3 CM, 3 X 3 CM, 4 X 4 CM, 5 X 5 CM, 8 X 15 CM, 8 X 8 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	
<b>Solvents</b>		
<i>isopropyl alcohol solution 70 %</i> (Alcohol, Rubbing)	Tier 3	
<i>isopropyl alcohol solution 91 %, 99 %</i>	Tier 3	
MURI-LUBE OIL	Tier 3	
<b>Somatostatic Agents</b>		
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	Tier 3	PA; SP
<i>octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml</i>	Tier 1	SP
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i> (Sandostatin)	Tier 1	SP
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	Tier 1	SP

Drug	Status	Notes
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	Tier 3	PA; SP
<b>Support Hosiery</b>		
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	
<b>Suspending Agents</b>		
GELFILM IMPLANT FILM	Tier 3	
<i>hydroxypropyl cellulose powder</i>	Tier 3	
<b>Tissue/Wound Adhesives</b>		
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	
<b>Vehicles</b>		
<i>citric acid anhydrous (bulk) granules 100 %</i>	Tier 3	
GEL VEHICLE FOR NEXOBRID TOPICAL GEL	Tier 3	
<b>Wound Healing Agents, Local</b>		
FILSUVEZ TOPICAL GEL 10 %	Tier 3	PA; SP
<b>Other Respiratory Disorders</b>		
<b>Antifibrotic Therapy - Pyridone Analogs</b>		
<i>pirfenidone oral capsule 267 mg (Esbriet)</i>	Tier 1	PA; SP
<i>pirfenidone oral tablet 267 mg, 801 mg (Esbriet)</i>	Tier 1	PA; SP
<i>pirfenidone oral tablet 534 mg</i>	Tier 1	PA; SP
<b>Cystic Fib.Transmemb Conduct.Reg.(Cftr)Potentiator</b>		

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	Tier 2	PA; SP
KALYDECO ORAL TABLET 150 MG	Tier 2	PA; SP
<b>Cystic Fibrosis-Cftr Potentiator &amp; Corrector Comb.</b>		
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	Tier 2	PA; SP
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	Tier 2	PA; SP
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	Tier 2	PA; SP
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	Tier 2	PA; SP
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	Tier 2	PA; SP
<b>Lung Surfactants</b>		
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	
<b>Mucolytics</b>		
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	Tier 1	
PULMOZYME INHALATION SOLUTION 1 MG/ML	Tier 2	PA; SP
<b>Pulmonary Fibrosis - Systemic Enzyme Inhibitors</b>		

Drug	Status	Notes
OFEV ORAL CAPSULE 100 MG, 150 MG	Tier 2	PA; SP
<b>Pain Management - Analgesics</b>		
<b>Analgesic, Non-Salicylate &amp; Barbiturate Comb.</b>		
<i>butalbital-acetaminophen oral tablet 50-300 mg</i>	Tier 1	ST: Requires prior prescription for generic 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 (Tencon)</i>	Tier 1	
TENCON ORAL TABLET 50-325 MG (butalbital-acetaminophen)	Tier 1	
<b>Analgesic, Salicylate, Barbiturate,&amp; Xanthine Cmb</b>		
<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	
<b>Analgesic,Non-Salicylate,Barbiturate,&amp;Xanthine Cmb</b>		
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg (Fioricet)</i>	Tier 1	
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg (Esgic)</i>	Tier 1	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg (Esgic)</i>	Tier 1	
FIORICET ORAL CAPSULE 50-300-40 MG (butalbital-acetaminophen-caff)	Tier 1	
<b>Analgesic/Antipyretics, Salicylates</b>		
<i>aspirin oral tablet 325 mg (Bayer Aspirin)</i>	\$0	
<i>aspirin oral tablet,delayed release (dr/ec) 325 mg (Bayer Aspirin)</i>	\$0	
BAYER ASPIRIN ORAL TABLET 325 MG (aspirin)	\$0	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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 (Disalcid)</i>	Tier 1	
<b>Analgesics, Narcotic Agonist And Nsaid Combination</b>		
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	Tier 1	
<b>Analgesics,Narcotics</b>		
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	
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	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 (Butrans) 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 28 days)
<i>butorphanol injection solution 1 mg/ml, 2 mg/ml</i>	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<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)
<b>DEMEROL (PF) INJECTION SYRINGE 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML</b>	Tier 3	
<b>DILAUDID (PF) INJECTION SYRINGE 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML, 4 MG/ML</b>	(hydromorphone (pf)) Tier 3	
<i>fentanyl citrate (pf) intravenous patient control.analgesia soln 1,500 mcg/30 ml (50 mcg/ml)</i>	Tier 1	
<i>fentanyl citrate (pf)-0.9%nacl intravenous pt controlled analgesia syring 1,000 mcg/50 ml (20 mcg/ml), 500 mcg/50 ml (10 mcg/ml)</i>	Tier 1	
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	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
<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 (pf) injection syringe 0.5 mg/0.5 ml, 1 mg/ml, 2 mg/ml</i>	(Dilaudid (PF)) Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)	Tier 1	
hydromorphone oral liquid 1 mg/ml (Dilaudid)	Tier 1	
hydromorphone oral tablet 2 mg, 4 mg, 8 mg (Dilaudid)	Tier 1	
hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg	Tier 1	PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
hydromorphone rectal suppository 3 mg	Tier 1	
levorphanol tartrate oral tablet 2 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml	Tier 1	
meperidine oral solution 50 mg/5 ml	Tier 1	QL (30 ML per 1 day)
meperidine oral tablet 50 mg	Tier 1	QL (6 EA per 1 day)
methadone injection solution 10 mg/ml	Tier 1	QL (4 ML per 1 day)
METHADONE INTENSOL ORAL CONCENTRATE 10 MG/ML (methadone)	Tier 1	QL (4 ML per 1 day)
methadone oral concentrate 10 mg/ml (Methadone Intensol)	Tier 1	QL (4 ML per 1 day)
methadone oral solution 10 mg/5 ml	Tier 1	QL (20 ML per 1 day)
methadone oral solution 5 mg/5 ml	Tier 1	QL (40 ML per 1 day)
methadone oral tablet 10 mg	Tier 1	QL (4 EA per 1 day)
methadone oral tablet 5 mg	Tier 1	QL (8 EA per 1 day)
methadone oral tablet,soluble 40 mg (Methadose)	Tier 1	QL (1 EA per 1 day)
METHADOSE ORAL TABLET,SOLUBLE 40 MG (methadone)	Tier 1	QL (1 EA per 1 day)
morphine (pf) intravenous syringe 1 mg/2 ml	Tier 1	
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)	Tier 1	PA

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>morphine in 0.9 % sodium chlor intravenous pt controlled analgesia syring 275 mg/55 ml (5 mg/ml)</i>	Tier 1	
<i>morphine in 0.9 % sodium chlor intravenous solution 1 mg/ml, 5 mg/ml</i>	Tier 1	
<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</i>	Tier 1	
<i>morphine oral tablet 30 mg</i>	Tier 2	
<i>morphine oral tablet extended release (MS Contin) 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	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	
<i>NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG</i>	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG</i>	Tier 3	QL (6 EA per 1 day)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
oxycodone oral capsule 5 mg	Tier 1	
oxycodone oral concentrate 20 mg/ml	Tier 1	PA
oxycodone oral solution 5 mg/5 ml	Tier 1	
oxycodone oral tablet 10 mg, 20 mg, 5 mg	Tier 1	
oxycodone oral tablet 15 mg, 30 mg (Roxicodone)	Tier 1	
oxycodone oral tablet, oral only 15 mg (RoxyBond)	Tier 1	
oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 20 mg, 40 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
oxycodone oral tablet,oral only,ext.rel.12 hr 80 mg	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	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	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
oxymorphone oral tablet 10 mg, 5 mg	Tier 1	
oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<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	
ROXYBOND ORAL TABLET, ORAL ONLY 15 MG (oxycodone)	Tier 3	
ROXYBOND ORAL TABLET, ORAL ONLY 30 MG, 5 MG	Tier 3	
<i>tramadol oral solution 5 mg/ml (Qdolo)</i>	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)
<i>tramadol oral tablet, er multiphase 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, er multiphase 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)
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)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>	
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)	
<b>Antimigraine Preparations</b>			
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	Tier 2	PA	
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	Tier 2	PA	
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	Tier 2	PA	
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (18 EA per 30 days)	
<i>dihydroergotamine injection solution 1 mg/ml</i>	Tier 1	QL (15 ML per 14 days)	
<i>dihydroergotamine nasal spray,non-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 (18 EA per 30 days)

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
ELYXYB ORAL SOLUTION 120 MG/4.8 ML (25 MG/ML)	Tier 3	PA
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)
frovatriptan oral tablet 2.5 mg (Frova)	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (18 EA per 30 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 (Maxalt)</i>	Tier 1	QL (27 EA per 30 days)
<i>rizatriptan oral tablet 5 mg</i>	Tier 1	QL (27 EA per 30 days)
<i>rizatriptan oral tablet,disintegrating 10 mg (Maxalt-MLT)</i>	Tier 1	QL (27 EA per 30 days)
<i>rizatriptan oral tablet,disintegrating 5 mg</i>	Tier 1	QL (27 EA per 30 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation</i>	Tier 1	QL (36 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg (Imitrex)</i>	Tier 1	QL (18 EA per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, (Imitrex) 50 mg</i>	Tier 1	QL (3 EA per 5 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	Tier 1	QL (18 ML per 30 days)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>sumatriptan succinate subcutaneous pen (Imitrex STATdose Pen) injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	Tier 1	QL (18 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	Tier 1	QL (18 ML per 30 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	Tier 1	QL (18 ML per 30 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)
UBRELVY ORAL TABLET 100 MG, 50 MG	Tier 2	PA
ZAVZPRET NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION	Tier 3	PA
<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 (18 EA per 30 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 (18 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 (18 EA per 30 days)

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
ZOMIG ORAL TABLET 2.5 MG, 5 MG (zolmitriptan)	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (18 EA per 30 days)
<b>Calcitonin Gene-Related Peptide (Cgrp) Inhibitors</b>		
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)		
<b>Narc.&amp; Non-Sal.Analgesic,Barbiturate &amp;Xanthine Cmb</b>		
butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg (Fioricet with Codeine)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
<b>Narcotic &amp; Salicylate Analgesics, Barb.&amp; Xanthine</b>		
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)
codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg (Ascomp with Codeine)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
<b>Narcotic Analgesic &amp; Non-Salicylate Analgesic Comb</b>		
acetaminophen-codeine oral solution 120-12 mg/5 ml	Tier 1	QL (150 ML per 1 day); Age (Min 12 Years)
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 generic Hydrocodone/acetaminophen tablets within the past 120 days; QL (12 EA per 1 day)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg (Apadaz)	Tier 1	ST: Requires prior prescription for generic Hydrocodone/acetaminophen tablets 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)
oxycodone-acetaminophen oral solution 5-325 mg/5 ml	Tier 1	QL (61 ML per 1 day)
oxycodone-acetaminophen oral tablet (Endocet) 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	Tier 1	QL (12 EA per 1 day)
PERCOCET 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)
tramadol-acetaminophen oral tablet 37.5-325 mg	Tier 1	QL (10 EA per 1 day); Age (Min 12 Years)
<b>Narcotic Withdrawal Therapy Agents</b>		
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)
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)

Drug	Status	Notes
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	Tier 2	QL (2 EA per 1 day)
<b>Opioid Withdrawal Ther, Alpha-2 Adrenergic Agonist</b>		
lofexidine oral tablet 0.18 mg (Lucemyra)	Tier 1	PA
LUCEMYRA ORAL TABLET 0.18 MG (lofexidine)	Tier 3	PA
<b>Skeletal Muscle Relaxant, Salicylate, Narc Analgesic</b>		
carisoprodol-aspirin-codeine oral tablet 200-325-16 mg	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
<b>Parkinsons Disease</b>		
<b>Antiparkinsonism Drugs, Anticholinergic</b>		
benztropine oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
trihexyphenidyl oral elixir 0.4 mg/ml	Tier 1	
trihexyphenidyl oral tablet 2 mg, 5 mg	Tier 1	
<b>Antiparkinsonism Drugs, Other</b>		
amantadine hcl oral capsule 100 mg	Tier 1	
amantadine hcl oral solution 50 mg/5 ml	Tier 1	
amantadine hcl oral tablet 100 mg	Tier 1	
apomorphine subcutaneous cartridge 10 mg/ml (APOKYN)	Tier 1	PA; SP
bromocriptine oral capsule 5 mg (Parlodel)	Tier 1	
bromocriptine oral tablet 2.5 mg (Parlodel)	Tier 1	
carbidopa-levodopa oral tablet 10-100 mg	Tier 1	
carbidopa-levodopa oral tablet 25-100 mg	Tier 1	
carbidopa-levodopa oral tablet 25-250 mg	Tier 1	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	Tier 1	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<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, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	Tier 1	
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML	Tier 3	PA; SP
<i>entacapone oral tablet 200 mg</i>	Tier 1	
INBRIJA INHALATION CAPSULE 42 MG	Tier 3	PA; SP
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	Tier 3	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)
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>	Tier 1	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 4.5 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)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<i>pramipexole oral tablet extended release (Mirapex ER) 24 hr 1.5 mg, 2.25 mg, 3 mg, 3.75 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>rasagiline oral tablet 0.5 mg, 1 mg (Azilect)</i>	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)
<b>RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG</b>	Tier 3	ST: Requires prior prescription for generic Carbidopa/Levodopa ER within the past 120 days; QL (10 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 (Tasmar)</i>	Tier 1	ST: Requires prior prescription for Entacapone within the past 120 days; QL (3 EA per 1 day)
<b>XADAGO ORAL TABLET 100 MG, 50 MG</b>	Tier 3	ST: Requires prior prescription for Carbidopa/Levodopa (Sinemet IR, Sinemet CR, Duopa, Parcopa, or Rytary) within the past 120 days; QL (1 EA per 1 day)

Drug	Status	Notes
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG	Tier 3	ST: Requires prior prescription for generic Selegiline capsules or tablets within the past 120 days; QL (2 EA per 1 day)
<b>Decarboxylase Inhibitors</b>		
carbidopa oral tablet 25 mg (Lodosyn)	Tier 1	
<b>Seizure Disorder</b>		
<b>Anticonvulsant - Benzodiazepine Type</b>		
clobazam oral suspension 2.5 mg/ml (Onfi)	Tier 1	QL (480 ML per 30 days)
clobazam oral tablet 10 mg, 20 mg (Onfi)	Tier 1	QL (2 EA per 1 day)
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg (Klonopin)	Tier 1	
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 1	
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	Tier 1	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	Tier 3	QL (10 EA per 30 days)
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)	Tier 3	QL (10 EA per 30 days)
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)
<b>Anticonvulsant - Cannabinoid Type</b>		
EPIDIOLEX ORAL SOLUTION 100 MG/ML	Tier 2	SP; ST: At least 2 prior prescriptions for Clobazam, Lamotrigine, Levetiracetam, Topiramate, or Valproic Acid within the past 365 days
<b>Anticonvulsants</b>		
APTIOM ORAL TABLET 200 MG, 400 MG	Tier 3	QL (1 EA per 1 day)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
APTIOM ORAL TABLET 600 MG, 800 MG	Tier 3	QL (2 EA per 1 day)
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 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
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 3 PA; SP
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG		Tier 3 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 3

<b>Drug</b>		<b>Status</b>	<b>Notes</b>
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>		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 3	PA; SP
FYCOMPA ORAL SUSPENSION 0.5 MG/ML		Tier 2	QL (680 ML per 28 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG		Tier 2	QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG		Tier 2	QL (120 EA per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG		Tier 2	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 300 mg/6 ml (6 ml)</i>		Tier 1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	(Neurontin)	Tier 1	
<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)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7)	Tier 3	
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)	Tier 3	
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7)	Tier 3	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Lamictal)	Tier 1	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7)</i> (Lamictal ODT Starter (Blue))	Tier 1	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)</i> (Lamictal ODT Starter (Orange))	Tier 1	
<i>lamotrigine oral tablet disintegrating, dose pk 50 mg (42) -100 mg (14)</i> (Lamictal ODT Starter (Green))	Tier 1	
<i>lamotrigine oral tablet extended release 24hr 100 mg</i> (Lamictal XR)	Tier 1	QL (3 EA per 1 day)
<i>lamotrigine oral tablet extended release 24hr 200 mg, 250 mg, 300 mg</i> (Lamictal XR)	Tier 1	QL (2 EA per 1 day)
<i>lamotrigine oral tablet extended release 24hr 25 mg, 50 mg</i> (Lamictal XR)	Tier 1	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	QL (3 EA per 1 day)
<i>lamotrigine oral tablet,disintegrating 200 mg</i> (Lamictal ODT)	Tier 1	QL (2 EA per 1 day)
<i>lamotrigine oral tablet,disintegrating 25 mg, 50 mg</i> (Lamictal ODT)	Tier 1	QL (6 EA per 1 day)
<i>lamotrigine oral tablets,dose pack 25 mg (35)</i> (Lamictal Starter (Blue) Kit)	Tier 1	

<b>Drug</b>		<b>Status</b>	<b>Notes</b>
lamotrigine oral tablets,dose pack 25 mg (42) -100 mg (7)	(Lamictal Starter (Orange) Kit)	Tier 1	
lamotrigine oral tablets,dose pack 25 mg (84) -100 mg (14)	(Lamictal Starter (Green) Kit)	Tier 1	
levetiracetam oral solution 100 mg/ml	(Kepra)	Tier 1	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	(Kepra)	Tier 1	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	(Kepra XR)	Tier 1	
methsuximide oral capsule 300 mg	(Celontin)	Tier 1	
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	(Trileptal)	Tier 1	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	(Trileptal)	Tier 1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	(oxcarbazepine)	Tier 3	QL (1 EA per 1 day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	(oxcarbazepine)	Tier 3	QL (4 EA per 1 day)
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	(phenytoin sodium extended)	Tier 3	
phenytoin oral suspension 125 mg/5 ml	(Dilantin-125)	Tier 1	
phenytoin oral tablet,chewable 50 mg	(Dilantin Infatabs)	Tier 1	
phenytoin sodium extended oral capsule 100 mg	(Dilantin Extended)	Tier 1	
phenytoin sodium extended oral capsule 200 mg, 300 mg	(Phenytek)	Tier 1	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	(Lyrica)	Tier 1	
pregabalin oral solution 20 mg/ml	(Lyrica)	Tier 1	
primidone oral tablet 125 mg		Tier 1	
primidone oral tablet 250 mg, 50 mg	(Mysoline)	Tier 1	
rufinamide oral suspension 40 mg/ml	(Banzel)	Tier 1	QL (80 ML per 1 day)
rufinamide oral tablet 200 mg	(Banzel)	Tier 1	QL (16 EA per 1 day)

<b>Drug</b>		<b>Status</b>	<b>Notes</b>
rufinamide oral tablet 400 mg	(Banzel)	Tier 1	QL (8 EA per 1 day)
SABRIL ORAL TABLET 500 MG	(vigabatrin)	Tier 3	PA; SP
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	
tiagabine oral tablet 12 mg, 2 mg, 4 mg		Tier 1	QL (4 EA per 1 day)
tiagabine oral tablet 16 mg		Tier 1	QL (3 EA per 1 day)
topiramate oral capsule, sprinkle 15 mg, 25 mg	(Topamax)	Tier 1	
topiramate oral capsule,extended release 24hr 100 mg, 200 mg	(Trokendi XR)	Tier 1	QL (2 EA per 1 day)
topiramate oral capsule,extended release 24hr 25 mg	(Trokendi XR)	Tier 1	QL (8 EA per 1 day)
topiramate oral capsule,extended release 24hr 50 mg	(Trokendi XR)	Tier 1	QL (4 EA per 1 day)
topiramate oral capsule,sprinkle,er 24hr 100 mg, 25 mg, 50 mg	(Qudexy XR)	Tier 1	QL (1 EA per 1 day)
topiramate oral capsule,sprinkle,er 24hr 150 mg, 200 mg	(Qudexy XR)	Tier 1	QL (2 EA per 1 day)
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	(Topamax)	Tier 1	
valproic acid (as sodium salt) oral solution 250 mg/5 ml		Tier 1	
valproic acid oral capsule 250 mg		Tier 1	
vigabatrin oral powder in packet 500 mg	(Vigadron)	Tier 1	PA; SP
vigabatrin oral tablet 500 mg	(Vigadron)	Tier 1	PA; SP
VIGADRONE ORAL POWDER IN PACKET 500 MG	(vigabatrin)	Tier 1	PA; SP
VIGADRONE ORAL TABLET 500 MG	(vigabatrin)	Tier 1	PA; SP
VIGAFYDE ORAL SOLUTION 100 MG/ML		Tier 3	PA; SP

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
VIGPODER ORAL POWDER IN PACKET 500 MG (vigabatrin)	Tier 1	PA; 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	QL (2 EA per 1 day)
XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG	Tier 2	QL (1 EA per 1 day)
XCOPRI ORAL TABLET 200 MG	Tier 2	QL (2 EA per 1 day)
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	QL (1 EA per 1 day)
ZONISADE ORAL SUSPENSION 100 MG/5 ML	Tier 3	PA
<i>zonisamide oral capsule 100 mg, 25 mg (Zonegran)</i>	Tier 1	
<i>zonisamide oral capsule 50 mg</i>	Tier 1	
<b>Neuroactive Steroid Gaba-A Receptor Modulator</b>		
ZTALMY ORAL SUSPENSION 50 MG/ML	Tier 3	PA; SP
<b>Skeletal Muscle Disorder</b>		
<b>Agents To Tx Periodic Paralysis - Carbon Anhyd Inh</b>		
<i>dichlorphenamide oral tablet 50 mg (Ormalvi)</i>	Tier 1	PA; SP
KEVEYIS ORAL TABLET 50 MG (dichlorphenamide)	Tier 2	PA; SP
ORMALVI ORAL TABLET 50 MG (dichlorphenamide)	Tier 1	PA; SP
<b>Retinoic Acid Receptor (Rar) Agonists</b>		
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG	Tier 3	PA; SP
<b>Skeletal Muscle Relaxants</b>		
<i>baclofen oral solution 10 mg/5 ml (2 mg/ml) (Ozobax DS)</i>	Tier 1	PA

<b>Drug</b>		<b>Status</b>	<b>Notes</b>
<i>baclofen oral solution 5 mg/5 ml</i>	(Ozobax)	Tier 1	PA
<i>baclofen oral suspension 25 mg/5 ml (5 mg/ml)</i>	(Fleqsuvy)	Tier 1	PA
<i>baclofen oral tablet 10 mg</i>		Tier 1	QL (8 EA per 1 day)
<i>baclofen oral tablet 20 mg</i>		Tier 1	QL (4 EA per 1 day)
<i>baclofen oral tablet 5 mg</i>		Tier 1	QL (16 EA per 1 day)
<i>carisoprodol oral tablet 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</i>		Tier 1	QL (4 EA per 1 day)
<i>dantrolene oral capsule 25 mg</i>	(Dantrium)	Tier 1	QL (3 EA per 1 day)
<i>dantrolene oral capsule 50 mg</i>		Tier 1	QL (3 EA per 1 day)
<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)
<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>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)
<b>Smoking Cessation</b>			
<b>Smoking Deterrent Agents (Ganglionic Stim,Others)</b>			

<b>Drug</b>		<b>Status</b>	<b>Notes</b>
<i>nicotine (polacrilex) buccal gum 2 mg</i>	(Quit 2)	\$0	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine (polacrilex) buccal gum 4 mg</i>	(Quit 4)	\$0	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine (polacrilex) buccal lozenge 2 mg</i>	(Quit 2)	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine (polacrilex) buccal lozenge 4 mg</i>	(Quit 4)	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i>	(Nicorette)	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	(Nicoderm CQ)	\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>		\$0	\$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER

<b>Drug</b>		<b>Status</b>	<b>Notes</b>
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML		\$0	\$0 COPAY IF QUANTITY 10 IN 2 DAYS, LIMITED TO 180 DAYS IN 365, TRIAL OF NICOTINE TRANSDERMAL PATCH, AND 18 YEARS OF AGE OR OLDER; QL (10 ML per 2 days)
QUIT 2 BUCCAL GUM 2 MG	(nicotine (polacrilex))	\$0	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
QUIT 2 BUCCAL LOZENGE 2 MG	(nicotine (polacrilex))	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
QUIT 4 BUCCAL GUM 4 MG	(nicotine (polacrilex))	\$0	\$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
QUIT 4 BUCCAL LOZENGE 4 MG	(nicotine (polacrilex))	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
STOP SMOKING AID BUCCAL LOZENGE 2 MG, 4 MG	(nicotine (polacrilex))	\$0	\$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<b>Smoking Deterrent-Nicotinic Recept.Partial Agonist</b>			

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
varenicline oral tablet 0.5 mg	\$0	\$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
varenicline oral tablet 1 mg (Chantix)	\$0	\$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
varenicline oral tablets,dose pack 0.5 mg (11)- 1 mg (42) (Chantix Starting Month Box)	\$0	\$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
<b>Smoking Deterrents, Other</b>		
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg	\$0	\$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<b>Upper Gastrointestinal Disorders - Digestive</b>		
<b>Gastric Enzymes</b>		
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	Tier 3	PA; SP
<b>Pancreatic Enzymes</b>		
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000- 19,000 -30,000 UNIT	Tier 2	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
VIOKACE 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, 60,000-189,600- 252,600 UNIT	Tier 2	
<b>Upper Gastrointestinal Disorders - Spastic Disease</b>		
<b>Anticholinergics/Antispasmodics</b>		
<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	
<b>Belladonna Alkaloids</b>		
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	
<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	

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
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) (hyoscyamine sulfate)	Tier 3	
<b>Upper Gastrointestinal Disorders - Ulcer Disease</b>		
<b>Anticholinergics,Quaternary Ammonium</b>		
<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) (glycopyrrolate (pf))	Tier 3	
<b>Anti-Ulcer Preparations</b>		
<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	
<b>Anti-Ulcer-H.Pylori Agents</b>		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	Tier 1	QL (112 EA per 10 days)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg (Pylera)	Tier 1	
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40)	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)
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
<b>Histamine H2-Receptor Inhibitors</b>		
cimetidine hcl oral solution 300 mg/5 ml	Tier 1	
cimetidine oral tablet 200 mg (Acid Reducer (cimetidine))	Tier 1	
cimetidine oral tablet 300 mg, 400 mg, 800 mg	Tier 1	
famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)	Tier 1	
famotidine oral tablet 20 mg (Acid Controller)	Tier 1	
famotidine oral tablet 40 mg (Pepcid)	Tier 1	
nizatidine oral capsule 150 mg, 300 mg	Tier 1	
<b>Intestinal Motility Stimulants</b>		
GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY	Tier 3	PA; SP
metoclopramide hcl oral solution 5 mg/5 ml	Tier 1	
metoclopramide hcl oral tablet 10 mg, 5 mg (Reglan)	Tier 1	
<b>Potassium-Competitive Acid Blockers (Pcabs)</b>		
VOQUEZNA ORAL TABLET 10 MG, 20 MG	Tier 3	PA
<b>Proton-Pump Inhibitors</b>		

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
ACIPHEX SPRINKLE ORAL CAPSULE, (rabeprazole) DELAYED REL SPRINKLE 10 MG	Tier 3	ST: At least 2 prior prescriptions for Lansoprazole, Omeprazole, or Pantoprazole 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 within the past 365 days; QL (1 EA per 1 day)
<i>dexlansoprazole oral capsule,biphasic delayed release 30 mg, 60 mg</i> (Dexilant)	Tier 1	ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days; QL (1 EA per 1 day)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i> (Acid Reducer (esomeprazole))	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)
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i> (Nexium Packet)	Tier 1	QL (1 EA per 1 day)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i> (Nexium Packet)	Tier 1	QL (2 EA per 1 day)
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i> (Acid Reducer (lansoprazole))	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 within the past 120 days
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG	Tier 2	QL (1 EA per 1 day)

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
<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, or Pantoprazole 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, Pantoprazole caps/tabs, or Prilosec Suspension within the past 120 days
<i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg</i> (Protonix)	Tier 1	
<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 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)
<b>Urinary Tract - Functional Disorders</b>		
<b>Benign Prostatic Hypertrophy/Micturition Agents</b>		
<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	
<b>Bph Agents,5-Alpha-Red Inh &amp; Alpha-1-Adr Antg Cmb</b>		

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
dutasteride-tamsulosin oral capsule, er (Jalyn) multiphase 24 hr 0.5-0.4 mg	Tier 1	ST: Requires prior prescription for Alfuzosin, Doxazosin, Finasteride 5mg, Prazosin, Silodosin, Tamsulosin, or Terazosin within the past 120 days
<b>Cystine-Depleting Agents, Nephropathic Cystinosis</b>		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	Tier 3	SP
PROCYSB1 ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG	Tier 2	PA; SP
PROCYSB1 ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG	Tier 2	PA; SP
<b>Endothelin-Angiotensin Receptor Antagonist</b>		
FILSPARI ORAL TABLET 200 MG, 400 MG	Tier 3	PA; SP
<b>Kidney Stone Agents</b>		
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG, 300 MG (tiopronin)	Tier 2	SP
<i>tiopronin oral tablet 100 mg</i> (Thiola)	Tier 1	SP
<i>tiopronin oral tablet,delayed release (dr/ec) 100 mg, 300 mg</i>	Tier 1	SP
<b>Overactive Bladder Agents, Beta-3 Adrenergic Recep</b>		
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML	Tier 2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG (mirabegron)	Tier 1	QL (1 EA per 1 day)
<b>Oxalosis Agent - Oxalate Inhibitor, Sirna Based</b>		
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML)	Tier 3	PA; SP

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML	Tier 3	PA; SP
<b>Polycystic Kidney Disease Agent, Avp Recep. Antag</b>		
JYNARQUE ORAL TABLET 15 MG, 30 MG	Tier 2	PA; SP
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 2	PA; SP
<b>Urinary Ph Modifiers</b>		
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 (sodium citrate-citric acid)	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>	Tier 1	
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	Tier 3	
<i>sodium citrate-citric acid oral solution 490-640 mg/5 ml</i> (Oracit)	Tier 1	
UROQID-ACID NO.2 ORAL TABLET 500-500 MG	Tier 3	
<b>Urinary Tract Analgesic Agents</b>		
ELMIRON ORAL CAPSULE 100 MG	Tier 2	PA
<b>Urinary Tract Anesthetic/Analgesic Agnt (Azo-Dye)</b>		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i> (Pyridium)	Tier 1	

Drug	Status	Notes
<b>Urinary Tract Antispasmodic, M(3)</b>		
<b>Selective Antag.</b>		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	Tier 1	
<i>solifenacin oral tablet 10 mg, 5 mg (Vesicare)</i>	Tier 1	
<b>Urinary Tract Antispasmodic/Antiincontinence Agent</b>		
<i>fesoterodine oral tablet extended release (Toviaz) 24 hr 4 mg, 8 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>flavoxate oral tablet 100 mg</i>	Tier 1	
<i>GELNIQUE TRANSDERMAL GEL IN PACKET 10 % (100 MG/GRAM)</i>	Tier 3	ST: Requires prior prescriptions for Myrbetriq and Oxybutynin Chloride within the past 365 days; QL (1 GM per 1 day)
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	Tier 1	
<i>oxybutynin chloride oral tablet 2.5 mg, 5 mg</i>	Tier 1	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	Tier 1	
<i>OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR</i>	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>	Tier 1	
<i>tolterodine oral tablet 1 mg, 2 mg (Detrol)</i>	Tier 1	
<i>trospium oral capsule,extended release 24hr 60 mg</i>	Tier 1	
<i>trospium oral tablet 20 mg</i>	Tier 1	
<b>Vaginal Disorders</b>		
<b>Vaginal Antibiotics</b>		

Drug	Status	Notes
CLEOCIN VAGINAL SUPPOSITORY 100 MG	Tier 3	ST: At least 2 prior prescriptions for Clindamycin vaginal cream, Metronidazole vaginal gel, Tinidazole, or Vandazole gel 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 Clindamycin vaginal cream within the past 120 days
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i> (Vandazole)	Tier 1	
<i>metronidazole vaginal gel 1.3 % (65 mg/5 gram)</i> (Nuvessa)	Tier 1	
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM)	Tier 3	
<b>Vaginal Antifungals</b>		
GYNIAZOLE-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	
<b>Vaginal Antiseptics</b>		
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	
<b>Vaginal Estrogen For Sexual Dysfunction</b>		

Drug	Status	Notes
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	Tier 3	ST: Requires prior prescriptions for Estradiol Vaginal and Estrogens Conjugated Vaginal within the past 365 days; QL (18 EA per 28 days)
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG	Tier 3	ST: Requires prior prescriptions for Estradiol Vaginal and Estrogens Conjugated Vaginal within the past 365 days; QL (18 EA per 28 days)
<b>Vaginal Estrogen Preparations</b>		
estradiol vaginal cream 0.01 % (0.1 mg/gram) (Estrace)	Tier 1	
estradiol vaginal tablet 10 mcg (Yuvafem)	Tier 1	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	Tier 2	
YUVAFEM VAGINAL TABLET 10 MCG (estradiol)	Tier 1	
<b>Vitamin And/Or Mineral Deficiency</b>		
<b>Fluoride Preparations</b>		
CLINPRO 5000 DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 3	
DENTA 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))	Tier 1	
DENTA 5000 PLUS SENSITIVE DENTAL PASTE 1.1-5 % (sodium fluoride-pot nitrate)	Tier 1	
DENTAGEL DENTAL GEL 1.1 % (fluoride (sodium))	Tier 1	
FLORIVA (FLUORIDE-VITAMIN D3) ORAL DROPS 0.25 MG (0.55 MG)-400 UNIT/ML	Tier 3	
fluoride (sodium) dental cream 1.1 % (Denta 5000 Plus)	Tier 1	
fluoride (sodium) dental gel 1.1 % (DentaGel)	Tier 1	
fluoride (sodium) dental paste 1.1 % (Sodium Fluoride 5000 Dry Mouth)	Tier 1	
fluoride (sodium) dental solution 0.2 % (PreviDent)	Tier 1	

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<b>Drug</b>	<b>Status</b>	<b>Notes</b>
fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml (SoluVita)	\$0	\$0 COPAY IF AGE 6 MONTHS TO 6 YEARS
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) (Ludent Fluoride)	\$0	\$0 COPAY IF AGE 6 MONTHS TO 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	
FLUORIMAX 5000 DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 3	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 % (sodium fluoride-pot nitrate)	Tier 3	
FRAICHE 5000 PREVI DENTAL GEL 1.1-3 %	Tier 3	
GEL-KAM DENTAL GEL 0.4 % (stannous fluoride)	Tier 1	
JUST RIGHT 5000 DENTAL PASTE 1.1 % (fluoride (sodium))	Tier 3	
PERIO MED DENTAL SOLUTION 0.63 % (stannous fluoride)	Tier 3	
PHOS-FLUR DENTAL SOLUTION 0.02 % (0.044 % SOD. FLUORIDE)	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	
SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 % (fluoride (sodium))	Tier 1	
sodium fluoride-pot nitrate dental paste 1.1-5 % (Denta 5000 Plus Sensitive)	Tier 1	
<b>Folic Acid Preparations</b>		
folic acid injection solution 5 mg/ml	Tier 1	
folic acid oral tablet 1 mg	Tier 1	
folic acid oral tablet 400 mcg, 800 mcg	\$0	

Drug	Status	Notes
<b>Iron Replacement</b>		
TRIFERIC HEMODIALYSIS POWDER IN PACKET 272 MG IRON	Tier 3	
TRIFERIC HEMODIALYSIS SOLUTION 27.2 MG IRON/5 ML	Tier 3	
<b>Vitamin D Preparations</b>		
<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	
<b>Weight Reduction</b>		
<b>Anorexic Agents</b>		
<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, 37.5 mg</i>	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)
<b>Anti-Obesity - Incretin Mimetics Combination</b>		
ZEPBOUND SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	Tier 2	PA
<b>Anti-Obesity - Melanocortin 4 Receptor Agonists</b>		

<b>Drug</b>	<b>Status</b>	<b>Notes</b>
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML	Tier 3	PA; SP
<b>Anti-Obesity Glucagon-Like Peptide-1 Recep Agonist</b>		
SAXENDA SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML (18 MG/3 ML)	Tier 2	PA
WEGOZY 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
<b>Fat Absorption Decreasing Agents</b>		
<i>orlistat oral capsule 120 mg</i> (Xenical)	Tier 1	PA



**A**

<i>abacavir</i> .....	187
<i>abacavir-lamivudine</i> .....	186
ABILIFY ASIMTUFII .....	30
ABILIFY MAINTENA.....	30
<i>abiraterone</i> .....	226
ABRYSVO (PF) .....	168
<i>acamprosate</i> .....	28
<i>acarbose</i> .....	111
ACCU-CHEK FASTCLIX LANCET DRUM.....	213
ACCU-CHEK SAFE-T-PRO .....	213
ACCU-CHEK SAFE-T-PRO PLUS .....	213
ACCU-CHEK SOFTCLIX LANCETS.....	213
ACCUTANE.....	77
ACD SOLUTION A.....	148
ACD-A .....	149
ACE AEROSOL CLOUD ENHANCER .....	13
<i>acebutolol</i> .....	45
ACESO AG .....	208
<i>acetaminophen-codeine</i> .....	263
<i>acetazolamide</i> .....	140
<i>acetic acid</i> .....	99, 123
<i>acetylcysteine</i> .....	252
ACIOXIA.....	88
ACIOXIAY.....	77
ACIPHEX SPRINKLE .....	282
<i>acitretin</i> .....	106
ACTEMRA .....	198
ACTEMRA ACTPEN .....	198
ACTHAR .....	128
ACTHAR SELFJECT .....	129
ACTICOAT DRESSING .....	208
ACTI-LANCE LANCETS .....	213, 214
ACTIMMUNE .....	170
ACUVAIL (PF) .....	136
<i>acyclovir</i> .....	86, 185
ADACEL(TDAP ADOLESN/ADULT)(PF) .....	167
ADAINZOXIA .....	78
<i>adalimumab-adaz</i> .....	192
<i>adapalene</i> .....	82

<i>adapalene-benzoyl peroxide</i> .....	78
ADASUVE .....	32
ADBRY .....	88
ADDYI .....	35
<i>adefovir</i> .....	191
ADEINZDE .....	78
ADEMPAS.....	50
ADTHYZA.....	134
ADULT ASPIRIN REGIMEN .....	154
ADULT LOW DOSE ASPIRIN... <td>154</td>	154
ADVAIR HFA.....	10
ADVANCE PLUS INTERMITTENT .....	211
ADVANCED ALLERGY COLLECT KIT .....	89
ADVANCED TRAVEL LANCETS .....	214
ADVATE .....	146
ADVOCATE LANCET .....	214
ADYNOVATE .....	146
AEMCOLO .....	182
AEROBIKA OSCILLATING PEP SYSTEM.....	13
AEROCHAMBER MECHANICAL VENT .....	13
AEROCHAMBER MINI .....	13
AEROCHAMBER MV.....	13
AEROCHAMBER PLUS FLOW-VU .....	13
AEROCHAMBER PLUS FLOW- VUL MSK .....	13
AEROCHAMBER PLUS FLOW- VUM MSK .....	13
AEROCHAMBER PLUS FLOW- VUS MSK.....	13
AEROCHAMBER PLUS Z STAT .....	13
AEROCHAMBER PLUS Z STAT LG MSK .....	13
AEROCHAMBER PLUS Z STAT MD MSK.....	13
AEROCHAMBER PLUS Z STAT SM MSK .....	13
AEROCHAMBER Z-STAT PLUS- FLW SG .....	13
AEROECLIPSE II NEBULIZER... <td>13</td>	13

AEROECLIPSE XL NEBULIZER .....	13
AEROGEAR ACTION ASTHMA KIT .....	14
AERONEB GO NEBULIZER .....	14
AEROTRACH PLUS .....	14
AEROVENT PLUS .....	14
AFIRMELLE .....	62
AFLURIA TRIV 2024-2025 .....	166
AFLURIA TRIV 2024-2025 (PF).....	166
AFREZZA.....	121
AFSTYLA .....	146
AFTER PILL .....	62
AFTERA .....	62
AGAMREE .....	196
AIMOVIG AUTOINJECTOR .....	260
AIMSCO LATEX CONDOM .....	243
AIRS DISPOSABLE NEBULIZER .....	14
AIRSUPRA .....	10
AJOVY AUTOINJECTOR .....	260
AJOVY SYRINGE .....	260
AKEEGA .....	234
AKTEN (PF) .....	137
AKYNZEO (NETUPITANT).....	7
ALA-CORT .....	89
ALA-SCALP .....	89
albendazole .....	183
albuterol sulfate.....	9
ALCAINE .....	137
alclometasone .....	89
ALECENSA .....	229
alendronate .....	130
ALFERON N .....	170
alfuzosin .....	283
ALINIA .....	184
aliskiren .....	52
ALKINDI SPRINKLE .....	196
ALL FLOW 1000 KIT .....	212
ALL FLOW 1000 PFT FILTER .....	212
ALL FLOW 3000 KIT .....	212
ALL FLOW 3000 PFT FILTER .....	212
ALL FLOW 4000 KIT .....	212
ALL FLOW 4000 PFT FILTER .....	212
ALL FLOW 5000 KIT .....	212
ALL FLOW 5000 PFT FILTER .....	212

ALL FLOW 6000 PFT FILTER	212
ALLEVYN LIFE DRESSING	208
<i>allopurinol</i>	145
<i>almotriptan malate</i>	260
ALOCRIL	140
ALOMIDE	140
<i>alosetron</i>	206
ALPHANATE	146
ALPHANINE SD	150
<i>alprazolam</i>	28
ALPRAZOLAM INTENSOL	28
ALPROLIX	150
ALTABAX	86
ALTACAINE	137
ALTAFLUOR BENOX	137
ALTAVERA (28)	62
ALTERA NEBULIZER HANDSET	14
ALTERA NEBULIZER SYSTEM	14
ALTERNATE SITE LANCET	214
ALTOPREV	53
ALTRENO	82
ALTUVIPIO	146
ALUNBRIG	229
ALVAIZ	156
<i>alvimopan</i>	208
ALYACEN 1/35 (28)	62
ALYACEN 7/7/7 (28)	62
ALYQ	50
<i>amantadine hcl</i>	265
<i>ambrisentan</i>	50
<i>amcinonide</i>	89
AMELUZ	235
AMETHIA	62
AMETHYST (28)	62
AMIELLE VAGINAL TRAINER	212
<i>amiloride</i>	49
<i>amiloride-hydrochlorothiazide</i>	49
<i>aminocaproic acid</i>	146
<i>amiodarone</i>	40
<i>amitriptyline</i>	25
<i>amitriptyline-chlordiazepoxide</i>	25
AMJEVITA(CF)	192
AMJEVITA(CF) AUTOINJECTOR	192
<i>amlodipine</i>	47
<i>amlodipine-atorvastatin</i>	59
<i>amlodipine-benazepril</i>	41
<i>amlodipine-olmesartan</i>	43
<i>amlodipine-valsartan</i>	43
<i>amlodipine-valsartan-hcthiazid</i>	43
<i>ammonium lactate</i>	99
AMNESTEEM	77
<i>amoxapine</i>	25
<i>amoxicil-clarithromy-lansopraz</i>	280
<i>amoxicillin</i>	176
<i>amoxicillin-pot clavulanate</i>	176
<i>amphetamine sulfate</i>	26
<i>ampicillin</i>	176
<i>amyl nitrite</i>	60
ANACAINE	104
<i>anagrelide</i>	155
ANA-LEX KIT	202
ANALPRAM-HC	103
ANASCORP	240
ANASTIA	104
<i>anastrozole</i>	227
ANDRODERM	158
ANGELIQ	159
ANNOVERA	61
ANORO ELLIPTA	9
<i>anticoag citrate phos dextrose</i>	149
ANUCORT-HC	203
ANZEMET	7
APADAZ	263
APLIGRAF	249
APOGEE IC INTERMIT CATHETER	211
APOGEE PLUS INTERMIT CATHETER	211
<i>apomorphine</i>	265
<i>apraclonidine</i>	141
<i>aprepitant</i>	7
APRETUDE	189
APRI	62
APTIOM	268, 269
APTIVUS	185
ARAKODA	183
ARALAST NP	225
ARANELLE (28)	62
ARCALYST	192
AREXVY (PF)	168
<i>arformoterol</i>	9
ARGYLE TRACHEOSTOMY CARE TRAY	212
ARIKAYCE	180
<i>ariPIPRAZOLE</i>	30
ARISTADA	31
ARISTADA INITIO	31
<i>armodafinil</i>	36
ARNIVITY ELLIPTA	11
ARTISS	251
ASCOMP WITH CODEINE	263
<i>asenapine maleate</i>	32
ASHLYNA	62
<i>aspirin</i>	154, 253
ASPIRIN CHILDRENS	154
<i>aspirin-dipyridamole</i>	154
ASSURE LANCE	214
ASSURE LANCE PLUS	214
ASTHMAPACK CHILDREN'S	14
ASTRINGYN	156
<i>atazanavir</i>	188
<i>atenolol</i>	46
<i>atenolol-chlorthalidone</i>	47
<i>atomoxetine</i>	39
ATORVALIQ	53
<i>atorvastatin</i>	53
<i>atovaquone</i>	184
<i>atovaquone-proguanil</i>	183
ATRAPRO CP	99
ATROPEN	248
<i>atropine</i>	143
<i>atropine sulfate (pf)</i>	143
ATROVENT HFA	8
AUBRA	62
AUBRA EQ	62
AUGTYRO	229
AURA PORTANEB	14
AUROVELA 1.5/30 (21)	62
AUROVELA 1/20 (21)	62
AUROVELA 24 FE	62
AUROVELA FE 1.5/30 (28)	62
AUROVELA FE 1-20 (28)	63
AURUMHEEL	246
AUSTEDO	239
AUSTEDO XR	239
AUSTEDO XR TITRATION KT(WK1-4)	239
AUTOJECT 2 INJECTION DEVICE	114
AUTOPEN 1 TO 21 UNITS	114
AUTOPEN 2 TO 42 UNITS	114
AUTOSOFT 30	114
AUTOSOFT 90	114
AUTOSOFT XC INFUSION SET 23	114
AUTOSOFT XC INFUSION SET 32	114
AUTOSOFT XC INFUSION SET 43	114
AUVELITY	22
AVEIDA	81

AVEIDAOXIA .....	81
AVIANE .....	63
AVITA .....	82
AVITENE .....	156
AVITENE FLOUR .....	156
AVONEX .....	236
AYUNA .....	63
AYVAKIT .....	230
<i>azathioprine</i> .....	171
<i>azelaic acid</i> .....	81
<i>azelastine</i> .....	5, 135
<i>azelastine-fluticasone</i> .....	6
<i>azithromycin</i> .....	174
AZURETTE (28) .....	63
<b>B</b>	
<i>bacitracin</i> .....	138
<i>bacitracin-polymyxin b</i> .....	138
<i>baclofen</i> .....	274, 275
<i>balsalazide</i> .....	202
BALVERSA .....	230
BALZIVA (28) .....	63
BARACLUDE .....	191
BARDEX I.C. FOLEY CATHETER .....	211
BASADROX .....	81
BAXDELA .....	177
BAYER ASPIRIN .....	253, 254
BAYER LOW DOSE ASPIRIN .....	154
BD AUTOSHIELD DUO PEN NEEDLE .....	248
BD INSULIN SYRINGE (HALF UNIT) .....	223
BD INSULIN SYRINGE U-500 .....	223
BD INSULIN SYRINGE ULTRA- FINE .....	223
BD INSYTE AUTOGUARD .....	221
BD MICROAINER LANCET .....	214
BD NANO 2ND GEN PEN NEEDLE .....	248
BD POSIFLUSH NORMAL SALINE 0.9 .....	126
BD SAF-T-INTIMA .....	221
BD ULTRA-FINE MICRO PEN NEEDLE .....	248
BD ULTRA-FINE MINI PEN NEEDLE .....	249
BD ULTRA-FINE NANO PEN NEEDLE .....	249
BD ULTRA-FINE ORIG PEN NEEDLE .....	249
BD ULTRA-FINE SHORT PEN .....	249
NEEDLE .....	249
BD VEO INSULIN SYR (HALF UNIT) .....	223
BD VEO INSULIN SYRINGE UF .....	223
BELBUCA .....	254
<i>belladonna alkaloids-opium</i> .....	254
BELSOMRA .....	37
<i>benazepril</i> .....	44
<i>benazepril-hydrochlorothiazide</i> .....	42
BENEFIX .....	150
BENLYSTA .....	198
<i>benzhydrocodone-acetaminophen</i> .....	264
<i>benznidazole</i> .....	184
<i>benzonatate</i> .....	75
<i>benzoyl peroxide</i> .....	100
<i>benzphetamine</i> .....	290
<i>benztropine</i> .....	265
BERINERT .....	195
BESIVANCE .....	138
BESREMI .....	170
BETADINE OPHTHALMIC PREP .....	99
<i>betaine</i> .....	247
BETALOAN SUIK .....	196
<i>betamethasone dipropionate</i> .....	89
<i>betamethasone valerate</i> .....	89
<i>betamethasone, augmented</i> .....	89, 90
BETASERON .....	236
<i>betaxolol</i> .....	46, 141
<i>bethanechol chloride</i> .....	224
BETOPTIC S .....	141
<i>bexarotene</i> .....	103, 236
BEXSERO .....	164
<i>bicalutamide</i> .....	226
BIGFOOT UNITY .....	114
BIGFOOT UNITY PEN CAP- ADMELOG .....	114
BIGFOOT UNITY PEN CAP- APIDRA .....	114
BIGFOOT UNITY PEN CAP- ASPART .....	115
BIGFOOT UNITY PEN CAP- BASAGLAR .....	115
BIGFOOT UNITY PEN CAP- FIASP .....	115
BIGFOOT UNITY PEN CAP- HUMALOG .....	115
BIGFOOT UNITY PEN CAP- LANTUS .....	115
BIGFOOT UNITY PEN CAP- LISPRO .....	115
BIGFOOT UNITY PEN CAP- LYUMJEV .....	115
BIGFOOT UNITY PEN CAP- NOVOLOG .....	115
BIGFOOT UNITY PEN CAP- TOUJEO .....	115
BIGFOOT UNITY PEN CAP- TOUJEOMX .....	115
BIGFOOT UNITY PEN CAP- TRESIBA .....	115
BIJUVA .....	159
BIKTARVY .....	190
<i>bimatoprost</i> .....	141
BIMZELX .....	106
BIMZELX AUTOINJECTOR .....	106
<i>bismuth subcit k-metronidz-tcn</i> .....	281
<i>bisoprolol fumarate</i> .....	46
<i>bisoprolol-hydrochlorothiazide</i> .....	47
BLISOVI 24 FE .....	63
BLISOVI FE 1.5/30 (28) .....	63
BLISOVI FE 1/20 (28) .....	63
BOOSTRIX TDAP .....	167
<i>bosentan</i> .....	50
BOSULIF .....	230
BP 10-1 .....	86
BPO .....	100
BRAFTOVI .....	227
BREATHERITE MDI SPACER .....	14
BREATHERITE SPACER-MASK, NEO .....	14
BREATHERITE SPACER- MASK,ADULT .....	14
BREATHERITE SPACER- MASK,CHILD .....	14
BREATHERITE SPACER- MASK,INFANT .....	14
BREATHERITE SPACER- MASK,S.CHLD .....	14
BREATHERITE VALVED MDI CHAMBER .....	14
BREATHERITE VALVED MDI SPACER .....	14
BREO ELLIPTA .....	10
BREXAFEMME .....	180
BREYNA .....	10
BREZTRI AEROSPHERE .....	11
BRIELLYN .....	63
BRILINTA .....	154
<i>brimonidine</i> .....	81, 141

brimonidine-dorzolamide	141
brimonidine-timolol	141
brinzolamide	141
BRIVIACT	269
BROMFED DM	77
bromfenac	136
bromocriptine	265
brompheniramine-pseudoeph-dm	77
BRONCHITOL	244
BRUKINSA	230
budesonide	11, 196, 204
budesonide-formoterol	10
BULLSEYE MINI SAFETY LANCETS	214
bumetanide	49
buprenorphine	254
buprenorphine hcl	254, 264
buprenorphine-naloxone	264
bupropion hcl	22, 23
bupropion hcl (smoking deter)	278
buspirone	29
butalbital-acetaminop-caf-cod	263
butalbital-acetaminophen	253
butalbital-acetaminophen-caff	253
butalbital-aspirin-caffeine	253
butorphanol	254, 255
BUTTERFLY TOUCH LANCET	214
BYDUREON BCISE	109
BYETTA	109
BYLVAY	205
<b>C</b>	
cabergoline	133
CABLIVI	145
CABOMETYX	230
cabotegravir	189
CABTREO	78
CADIRA COMPLIANT BLOOD STAT	241
caffeine citrate	20
calcipotriene	107
calcipotriene-betamethasone	108
calcitonin (salmon)	130
calcitriol	107, 290
calcium acetate(phosphat bind)	124
CALQUENCE (ACALABRUTINIB MAL)	230
CAMILA	63
CAMRESE	63
CAMRESE LO	63
CAMZYOS	59
candesartan	44
candesartan-hydrochlorothiazid	43
cantharidin in acetone	100
CANTHARIS COMPOSITUM	246
capecitabine	226
CAPEX	90
CAPLYTA	32
CAPRELSA	230
captopril	44
captopril-hydrochlorothiazide	42
CARBAGLU	204
carbamazepine	269
CARBATROL	269
carbidopa	268
carbidopa-levodopa	265, 266
carbidopa-levodopa-entacapone	266
carboxamine maleate	4
CARDIOPLEGIA DEL NIDO FORMULA	241
CARDIOPLEGIA HIGH POTASSIUM	241
CARDIOPLEGIA IND 4 1 PLASMALYT	241
1 RINGER	241
CARDIOPLEGIA IND 8 1 NON-ENRCH	241
CARDIOPLEGIA INDUCTION 4 1 241	
CARDIOPLEGIA INDUCTION 8 1 242	
CARDIOPLEGIA MAIN 8 1 NO-ENRCH	242
CARDIOPLEGIA MAINT 4 1 PLASMA	242
1 RINGER	242
CARDIOPLEGIA MAINTENANCE 4	
1 242	
CARDIOPLEGIA MAINTENANCE 8	
1 242	
CARDIOPLEGIA REPERFUSATE 4	
1 242	
CARDIOPLEGIA WARM INDUCT 4	
1 242	
cardioplegic no.17(induct 4	
1)242	
cardioplegic no.19 (maint 4 1)242	
cardioplegic soln	242
cardioplegic solution no.25	242
CARDURA XL	42
CAREONE ULTRA THIN LANCET	214
CARESENS LANCETS	214
CARETOUCH SAFETY LANCETS	214
CARETOUCH TWIST LANCET	214
carglumic acid	204
carisoprodol	275
carisoprodol-aspirin	275
carisoprodol-aspirin-codeine	265
CARNITOR (SUGAR-FREE)	247
CARRASYN HYDROGEL WOUND DRESS	208
carteolol	141
CARTIA XT	47
carvedilol	42
carvedilol phosphate	42
CAVERJECT	127
CAVERJECT IMPULSE	127
CAYA CONTOURED	74
CAYSTON	172
CAZIANT (28)	63
cefaclor	173
cefadroxil	173
CEFALY	212
cefdinir	173
cefixime	173
cefpodoxime	173
ceprozil	173
cefuroxime axetil	173
celecoxib	199
CEM-UREA	100
CENTANY AT	83
cephalexin	173
CEQUR SIMPLICITY	116
CEQUR SIMPLICITY INSERTER	116
CERDELGA	245
CERVIDIL	75
CETACAIN	104
CETACAIN ANESTHETIC	104
cetirizine	5
cetrorelix	133
cevimeline	224
CHARLOTTE 24 FE	63

CHATEAL (28).....	63	CLENPIQ.....	206	colesevelam .....	57
CHATEAL EQ (28) .....	63	CLEOCIN .....	287	colestipol .....	57, 58
CHEMET .....	248	CLEVER CHEK LANCETS .....	214	COLOR LANCETS.....	214
CHENODAL.....	205	CLEVER CHOICE CHAMBER-		COMBIPATCH .....	160
CHILDREN'S ASPIRIN.....	154	LRG MASK .....	14	COMBIVENT RESPIMAT .....	10
CHLOHUX .....	90	CLEVER CHOICE CHAMBER-		COMETRIQ.....	230
CHLOOXIA .....	90	MED MASK.....	14	COMFORT EZ LANCETS.....	215
<i>chlordiazepoxide hcl</i> .....	29	CLEVER CHOICE CHAMBER-SM		COMFORT TOUCH PLUS	
<i>chlordiazepoxide-clidinium</i> .....	280	MASK.....	14	SAFETY LANC .....	215
<i>chlorhexidine gluconate</i> .....	240	CLEVER CHOICE NEB KIT-		COMFORT TOUCH ULT THIN	
<i>chloroquine phosphate</i> .....	183	ADULT .....	212	LANCETS .....	215
<i>chlorpromazine</i> .....	35	CLEVER CHOICE NEB KIT-CHILD		COMFORTSEAL LARGE MASK	15
<i>chlorthalidone</i> .....	52	.....	212	COMFORTSEAL MEDIUM MASK	
<i>chlorzoxazone</i> .....	275	CLEVER CHOICE NEBULIZER..	14	.....	15
CHOLBAM.....	205	CLEVER CHOICE WHISPER AIRE		COMFORTSEAL SMALL MASK	15
<i>cholestyramine (with sugar)</i> .....	57	PED.....	15	COMIRNATY 2024-25 (12Y	
CHOLESTYRAMINE LIGHT .....	57	CLIMARA PRO.....	160	UP)(PF).....	163
<i>cholestyramine-aspartame</i> .....	57	<i>clindamycin hcl</i> .....	181	COMPACT SPACE CHAMBER..	15
<i>choline,magnesium salicylate</i> ...	254	<i>clindamycin palmitate hcl</i> .....	181	COMPACT SPACE CHAMBER-	
<i>chorionic gonadotropin, human</i> 128		CLINDAMYCIN PEDIATRIC .....	181	LRG MASK .....	15
CHOSEN LANCET .....	214	<i>clindamycin phosphate</i> .....	83, 287	COMPACT SPACE CHAMBER-	
CHOSEN SAFETY LANCET ...	214	<i>clindamycin-benzoyl peroxide</i> .....	78	MED MASK .....	15
CICLODAN KIT .....	84	CLINDESSE .....	287	COMPACT SPACE CHAMBER-SM	
<i>ciclopirox</i> .....	84	CLINPRO 5000 .....	288	MASK.....	15
<i>ciclopirox-ure-camph-menth-euc</i> 84		<i>clobazam</i> .....	268	COMP-AIR NEBULIZER	
<i>cilostazol</i> .....	154	<i>clobetasol</i> .....	90	COMPRESSOR.....	15
CILOXAN.....	139	<i>clobetasol-emollient</i> .....	90	COMPRO .....	7
CIMDUO .....	186	<i>clorcortolone pivalate</i> .....	90	CONCEPTION .....	243
<i>cimetidine</i> .....	281	CLOUDAN KIT .....	90	CONJUPRI.....	47
<i>cimetidine hcl</i> .....	281	CLOMID .....	127	CONSTULOSE .....	206
CIMZIA .....	193	<i>clomiphene citrate</i> .....	127	COPAXONE.....	236
CIMZIA POWDER FOR RECONST		<i>clomipramine</i> .....	25	COPIKTRA.....	230
.....	192	<i>clonazepam</i> .....	268	CORDRAN .....	91
CIMZIA STARTER KIT .....	193	<i>clonidine</i> .....	45	CORDRAN TAPE LARGE ROLL	91
<i>cinacalcet</i> .....	131	<i>clonidine hcl</i> .....	37, 45	CORIFACT .....	150
CINRYZE .....	195	<i>clopидогрел</i> .....	154	CORLANOR.....	59
CIPRO .....	177	<i>clorazepate dipotassium</i> .....	29	CORTANE-B.....	123
<i>ciprofloxacin</i> .....	177	<i>clotrimazole</i> .....	84, 179	CORTIFOAM .....	204
<i>ciprofloxacin hcl</i> .....	123, 139, 177	<i>clotrimazole-betamethasone</i> .....	83, 84	<i>cortisone</i> .....	196
<i>ciprofloxacin-dexamethasone</i> ...	124	<i>clozapine</i> .....	32	CORTISPORIN-TC .....	123
<i>ciprofloxacin-fluocinolone</i> .....	124	COAGADEX .....	150	CORTROPHIN GEL.....	129
<i>citalopram</i> .....	23	COAGUCHEK LANCETS .....	214	COTELLIC .....	228
<i>citric acid anhydrous (bulk)</i> .....	251	COAGUCHEK XS .....	241	COVARYX .....	159
<i>citric-sod citrat-sod phos-dex</i> ...	149	COARTEM .....	183	COVARYX H.S. ....	159
CLARAVIS .....	77	<i>cocaine</i> .....	240	CRALONIN .....	246
CLARINEX-D 12 HOUR .....	3	<i>codeine sulfate</i> .....	255	CREON .....	278
<i>clarithromycin</i> .....	174, 175	<i>codeine-butalbital-asa-caff</i> .....	263	CRESEMBA .....	179
CLEANSING WASH.....	86	<i>codeine-guaifenesin</i> .....	76	CRINONE .....	128, 162
CLEARSHIELD SODIUM CHLOR		CODITUSSIN AC .....	76	<i>cromolyn</i> .....	12, 140
FLUSH.....	126	CODITUSSIN DAC .....	76	CRYODOSE TA MEDIUM	
<i>clemastine</i> .....	4	<i>colchicine</i> .....	145	STREAM SPR .....	104

CRYODOSE TA MIST SPRAY	104
CRYOSERV	244
CRYSELLE (28)	63
CUPRIMINE	192
CURAD XEROFORM PETROLATM DRESS	209
CURAFILE GEL WOUND	209
CURITY AMD	209
CURITY AMD (WITH POLYHEXAMETH)	209
CURITY DRAINAGE BAG	211
CURITY IODOFORM PACKING STRIP	209
CUROSURF	252
CUSTODIOL HTK	243
CUTAQUIG	162
CUVITRU	162
CUVRIOR	248
cyclobenzaprine	275
CYCLOMYDRIL	143
cyclopentolate	143
cycloopen-tropic-phenyleph-watr	143
cyclopent-tropic-phen-ketr-wat.	143
cyclophosphamide	226
cyclop-trop-propa-phen-ket-wat	143
cycloserine	181
CYCLOSET	110
cyclosporine	140, 171
cyclosporine modified	171
CYLTEZO(CF)	193
CYLTEZO(CF) PEN	193
CYLTEZO(CF) PEN CROHN'S- UC-HS	193
CYLTEZO(CF) PEN PSORIASIS- UV	193
ciproheptadine	4
CYRED	64
CYRED EQ	64
CYSTADROPS	144
CYSTAGON	284
CYSTARAN	144
<b>D</b>	
dabigatran etexilate	156
dalfampridine	238
danazol	133
dantrolene	275
dapsone	78, 181
darifenacin	286
DARTISLA	280
darunavir	185, 186
DASETTA 1/35 (28)	64
DASETTA 7/7/7 (28)	64
DAURISMO	228
DAYBUE	238
DAYSEE	64
DAZAVEIDAOXIA	81
DAZOMON	81
DEBACTEROL	240
DEBLITANE	64
deferasirox	248
deferiprone	248
deferoxamine	248
deflazacort	196
demeocycline	177
DEMEROL (PF)	255
DENTA 5000 PLUS	288
DENTA 5000 PLUS SENSITIVE	288
DENTAGEL	288
DEOXIA	78
DEOXIADEMTAR	78
DEOXIATAR	78
DEOXIAVAR	78
DEPAKOTE	269
DEPAKOTE ER	269
DEPAKOTE SPRINKLES	269
DEPO-ESTRADOL	160
DEPO-SUBQ PROVERA	104
DERMACINRX LIDOCAN	104
DERMACINRX LIDOGEN	104
DERMACINRX LIDOREX	104
DERMAZENE	81
DESCOVY	186
desflurane	245
desipramine	25
desloratadine	5
desmopressin	129
desog-e.estriadiol/e.estriadiol	64
desonide	91
desoximetasone	91, 92
desvenlafaxine	24
desvenlafaxine succinate	24
DEVILBISS DISPOSABLE NEBULIZER	15
DEVILBISS PULMO-AIDE COMPRESSR	15
DEVILBISS PULMOMATE COMPRESSR	15
DEVILBISS PULMONEB LT COMP-NEB	15
DEVILBISS TRAVELER COMPRESSR	15
dexamethasone	196
DEXAMETHASONE INTENSOL	196
dexamethasone sodium phosphate	136
dexlansoprazole	282
dexamethylphenidate	38
DEXONTO	196
DEXTENZA	136
dextroamphetamine sulfate	26, 27
dextroamphetamine-amphetamine	27
DIACOMIT	269
DIADIMAXIA	78
DIAOXIA	78
DIASAXIATAR	79
DIASDIMAXIA	79
DIASOXIA	79
diazepam	29, 268
DIAZEPAM INTENSOL	29
diazoxide	120
dichlorphenamide	274
diclofenac epolamine	97
diclofenac potassium	199
diclofenac sodium	97, 98, 103, 136, 199
diclofenac-misoprostol	199
dicloxacillin	176
dicyclomine	279
diethylpropion	290
DIFICID	175
diflunisal	254
difluprednate	136
DIFMETIOXRIME	84
DIGITEK	41
digoxin	41
dihydroergotamine	260
DILANTIN	269
DILANTIN EXTENDED	269
DILANTIN INFATABS	269
DILANTIN-125	270
DILAUDID (PF)	255
diltiazem hcl	47, 48
DILT-XR	48
DILUENT FOR ROTARIX	245
DILUTING MEDIUM FOR NOVOLOG	245
dimethyl fumarate	236
DIMOXIA	79
DIOCHLOY	108
DIOOXIA	107

DIPHEN .....	4
diphenoxylate-atropine .....	205
dipyridamole .....	155
disopyramide phosphate .....	40
disulfiram .....	28
DIURIL .....	52
divalproex .....	270
dofetilide .....	40
DOJOLVI .....	249
DOLISHALE .....	64
donepezil .....	21
DOPTELET (10 TAB PACK) ....	156
DOPTELET (15 TAB PACK) ....	156
DOPTELET (30 TAB PACK) ....	156
dorzolamide .....	141
dorzolamide-timolol .....	141
dorzolamide-timolol (pf).....	141
DOTTI .....	160
DOVATO .....	184
DOVER COATED LATEX FOLEY .....	211
DOVER FOLEY CATHETER ...	211
DOVER LATEX FOLEY CATHETER .....	211
DOVER RED RUBBER ROBINSON CATH .....	211
DOVER UNIVERSAL .....	211
doxazosin .....	42
doxepin .....	25, 37
doxercalciferol .....	132
doxycycline hyclate... 177, 178, 240	
doxycycline monohydrate.....	178
doxylamine-pyridoxine (vit b6)....	7
D-PENAMINE .....	192
DRAXACE .....	79
DRAXACEY .....	79
DRITHOCREME HP .....	107
DRIXECE .....	79
dronabinol .....	6
DROPLET LANCETS .....	215
drospirenone-e.estradiol-lm.fa....	64
drospirenone-ethinyl estradiol....	64
DROXIA .....	155
droxidopa .....	59
DRYSOL .....	98
DRYSOL DAB-O-MATIC .....	98
DUAVEE .....	159
duloxetine .....	24
DUODOTE .....	243
DUOPA .....	266
DUPIXENT PEN .....	11
DUPIXENT SYRINGE .....	11
DUREX AIR CONDOM .....	243
DUREX AVANTI BARE REAL FEEL .....	243
DUREX EXTRA SENSITIVE CONDOM.....	243
DUREX TROPICAL CONDOM .....	243
dutasteride.....	283
dutasteride-tamsulosin .....	284
DUVYZAT .....	238
DUZALLO .....	145
DYANAVEL XR .....	27, 28
DYNAFOAM AG .....	209
DYNAGINATE AG.....	209
<b>E</b>	
E.E.S. 400 .....	175
EAR POPPER INFLATION DEVICE .....	221
EASIVENT HOLDING CHAMBER .....	15
EASIVENT MASK LARGE .....	15
EASIVENT MASK MEDIUM.....	15
EASIVENT MASK SMALL .....	15
EASY COMFORT LANCETS....	215
EASY NEB COMPRESSOR NEBULIZER .....	15
EASY TOUCH LANCETS .....	215
EASY TOUCH SAFETY LANCETS .....	215
EASY TOUCH TWIST LANCETS .....	215
EASY TWIST AND CAP LANCETS .....	215
EBASE CONTROLLER .....	15
ECEOXIA .....	86
EC-NAPROXEN .....	199
econazole .....	84
ECONTRA EZ .....	64
ECONTRA ONE-STEP .....	64
ECOTRIN .....	254
ECOVUE HV ULTRASOUND GEL .....	247
ECOVUE ULTRASOUND GEL.247	
ECOZA .....	84
EDEX .....	127
ED-SPAZ .....	279
EDURANT .....	187
EEMT .....	159
EEMT HS .....	159
efavirenz.....	187
efavirenz-emtricitabin-tenofov...	190
efavirenz-lamivu-tenofov disop.	190
EFFER-K .....	125
EGATEN .....	183
EGRIFTA SV .....	131
ELESTRIN .....	160
eletriptan .....	260
ELIGARD .....	129
ELIGARD (3 MONTH).....	129
ELIGARD (4 MONTH).....	129
ELIGARD (6 MONTH).....	129
ELINEST .....	64
ELIQUIS .....	149
ELIQUIS DVT-PE TREAT 30D START .....	149
ELIXOPHYLLIN .....	20
ELLA .....	64
ELMIRON .....	285
ELOCTATE .....	147
ELURYNG .....	61
ELYXYB .....	261
EMBRACE LANCETS.....	215
EMBRACE SAFETY LANCET..	215
EMEND .....	7
EMFLAZA .....	196
EMGALITY PEN .....	261
EMGALITY SYRINGE.....	261, 263
EMPAVELI .....	149
EMSAM .....	22
emtricitabine .....	187
emtricitabine-tenofovir (tdf) .....	186
EMTRIVA .....	188
EMVERM .....	183
EMZAHH .....	64
enalapril maleate .....	44
enalapril-hydrochlorothiazide ..	42
ENBREL .....	193
ENBREL MINI .....	193
ENBREL SURECLICK .....	193
ENDARI .....	155
ENDO AVITENE .....	156
ENDOCET .....	264
ENDOMETRIN .....	128
ENGERIX-B (PF) .....	169
ENILLORING .....	61
enoxaparin .....	151
ENPRESSE .....	64
ENSKYCE .....	65
ENSPRYNG .....	198
ENSTILAR .....	108
entacapone .....	266
entecavir .....	191

ENTERAL GRAVITY BAG SET-	
ENFIT .....	221
ENTRESTO .....	59
ENTRESTO SPRINKLE .....	59
ENTYVIO PEN .....	203
ENULOSE .....	204
ENZNONUTY .....	104
EPCLUSA .....	191
EPIDIOLEX .....	268
EPIFIX AMNIOTIC MEMBRANE .....	249
EPIFOAM .....	103
epinastine .....	136
epinephrine .....	41, 224
epinephrine hcl .....	77
EPITOL .....	270
eplerenone .....	49
EPRONTIA .....	270
eprosartan .....	44
EQUETRO .....	29
ergoloid .....	60
ERGOMAR .....	261
ergotamine-caffeine .....	261
ERIVEDGE .....	228
ERLEADA .....	226
erlotinib .....	230
ERMEZA .....	134
ERRIN .....	65
ERY PADS .....	83
ERY-TAB .....	175
ERYTHROCIN (AS STEARATE) .....	175
erythromycin .....	139, 175
erythromycin ethylsuccinate .....	175
erythromycin with ethanol .....	83
erythromycin-benzoyl peroxide ..	83
escitalopram oxalate .....	23
esomeprazole magnesium .....	282
ESPEROCT .....	147
ESTARYLLA .....	65
estazolam .....	36
estradiol .....	160, 161, 288
estradiol valerate .....	161
estradiol-norethindrone acet .....	161
ESTRATEST F.S. ....	160
estrogens-methyltestosterone ..	160
eszopiclone .....	37
ethacrynic acid .....	49
ethambutol .....	181
ethosuximide .....	270
ETHOXIA .....	82
ethyl chloride .....	104
ethynodiol diac-eth estradiol .....	65
etodolac .....	199
etonogestrel-ethinyl estradiol .....	61
etoposide .....	234
etravirine .....	187
eua patient assessment .....	244
EUCRISA .....	88
EUFLEXXA .....	195
EUTHYROX .....	134
EVAMIST .....	161
EVARREST .....	156
everolimus (antineoplastic) .....	228
everolimus (immunosuppressive) .....	171
EVERSENSE E3 SMART TRANSMITTER .....	116
EVICEL .....	157
EVOTAZ .....	189
EVRYSDI .....	224
EXELDERM .....	84
exemestane .....	227
EXODERM .....	84
EXSERVAN .....	238
EXTENDED RESERVOIR .....	223
EYE .....	246
E-Z JECT LANCETS .....	215
E-Z JECT THIN LANCETS .....	215
EZ SMART LANCETS .....	215
EZALLOR SPRINKLE .....	53
ezetimibe .....	58
ezetimibe-simvastatin .....	52
<b>F</b>	
FABHALTA .....	153
FACTIVE .....	177
FALMINA (28) .....	65
famciclovir .....	185
famotidine .....	281
FANAPT .....	32
FANTASY CONDOM .....	243
FARXIGA .....	110
FASENRA .....	12
FASENRA PEN .....	12
FC2 FEMALE CONDOM .....	243
febuxostat .....	145
FEIBA NF .....	147
felbamate .....	270
felodipine .....	48
FEM PH .....	287
FEMALE CATHETER .....	211
FEMCAP .....	74
fenofibrate .....	58
fenofibrate micronized .....	58
fenofibrate nanocrystallized .....	58
fenofibric acid .....	58
fenofibric acid (choline) .....	58
fentanyl .....	255
fentanyl citrate .....	255
fentanyl citrate (pf) .....	255
fentanyl citrate (pf)-0.9%nacl .....	255
fesoterodine .....	286
FETZIMA .....	24
FILSPARI .....	284
FILSUVEZ .....	251
FILTERED EXTENSION SET .....	222
FINACEA .....	81
finasteride .....	283
FINGERSTIX LANCETS .....	215
fingolimod .....	236
FINTEPLA .....	270
FINZALA .....	65
FIORICET .....	253
FIRDAPSE .....	238
FIRMAGON .....	229
FIRMAGON KIT W DILUENT SYRINGE .....	229
flavoxate .....	286
flecainide .....	40
FLEXICHAMBER .....	16
FLEXICHAMBER-LG CHILD MASK .....	16
FLEXICHAMBER-SM ADULT MASK .....	16
FLEXICHAMBER-SM CHILD MASK .....	16
FLEXI-SEAL SIGNAL FMS .....	221
FLOLIPID .....	53
FLORIVA (FLUORIDE-VITAMIN D3) .....	288
FLUAD TRIV 2024-25(65Y UP)(PF) .....	166
FLUARIX TRIV 2024-2025 (PF) .....	166
FLUBLOK TRIV 2024-2025 (PF) .....	166
FLUCELVAX TRIV 2024-2025 .....	166
FLUCELVAX TRIV 2024-2025 (PF) .....	166
fluconazole .....	179
flucytosine .....	179
fludrocortisone .....	199
FLULAVAL TRIV 2024-2025 (PF) .....	166

FLUMIST TRIVALENT 2024-2025 .....	166
<i>flunisolide</i> .....	6
<i>fluocinolone</i> .....	92
<i>fluocinolone acetonide oil</i> .....	123
<i>fluocinolone and shower cap</i> .....	92
<i>fluocinonide</i> .....	92
FLUOCINONIDE-E.....	92
<i>fluocinonide-emollient</i> .....	92
<i>fluorescein-benoxinate</i> .....	137
<i>fluorescein-proparacaine</i> .....	138
<i>fluoride (sodium)</i> .....	288, 289
FLUORIDEX DAILY DEFENSE	289
FLUORIDEX SENSITIVITY RELIEF .....	289
FLUORIMAX 5000.....	289
FLUORIMAX 5000 SENSITIVE	289
<i>fluorometholone</i> .....	136
FLUOROPLEX .....	103
<i>fluorouracil</i> .....	103
<i>fluoxetine</i> .....	23
FLUOXIA .....	92
<i>fluphenazine hcl</i> .....	35
<i>flurandrenolide</i> .....	93
<i>flurazepam</i> .....	36
<i>flurbiprofen</i> .....	199
<i>flurbiprofen sodium</i> .....	136
<i>fluticasone propionate</i> .....	6, 11, 93
<i>fluticasone propion-salmeterol</i> ...	10
<i>fluvastatin</i> .....	54
<i>fluvoxamine</i> .....	23
FLUZONE HIGH-DOSE TRIV 24- 25 .....	167
FLUZONE TRIV 2024-2025 .....	167
FLUZONE TRIV 2024-2025 (PF) .....	167
<i>folic acid</i> .....	289
FOLLISTIM AQ .....	127
<i>fondaparinux</i> .....	151
FORACARE LANCETS .....	215
<i>formoterol fumarate</i> .....	9
FOSAMAX PLUS D .....	130
<i>fosamprenavir</i> .....	189
<i>fosfomycin tromethamine</i> .....	174
<i>fosinopril</i> .....	44
<i>fosinopril-hydrochlorothiazide</i> ....	42
FOSRENOL .....	124
FOTIVDA .....	230
FRAGMIN .....	151, 152
FRAICHE 5000 PREVI.....	289
FREESTYLE INSULINX	114
FREESTYLE INSULINX TEST STRIPS .....	114
FREESTYLE LANCETS.....	216
FREESTYLE LITE STRIPS.....	114
FREESTYLE PRECISION NEO STRIPS .....	114
FREESTYLE TEST .....	114
FREESTYLE UNISTIK 2 .....	216
<i>frovatriptan</i> .....	261
FRUZAQLA .....	230
FUROSCIX .....	49
<i>furosemide</i> .....	49
FUZEON.....	187
FYAVOLV.....	161
FYCOMPA.....	270
FYREMADEL .....	133
<b>G</b>	
G TUSSIN AC .....	76
<i>gabapentin</i> .....	270
GALAFOLD .....	224
<i>galantamine</i> .....	21
GALZIN .....	248
GAMMAGARD LIQUID .....	162
GAMMAKED .....	162
GAMUNEX-C .....	163
ganirelix.....	133
GARDASIL 9 (PF) .....	169
<i>gatifloxacin</i> .....	139
GATTEX 30-VIAL .....	208
GATTEX ONE-VIAL .....	208
GAVILYTE-C .....	206
GAVILYTE-G .....	206
GAVILYTE-N .....	206
GAVRETO.....	230
<i>gefitinib</i> .....	230
GEL VEHICLE FOR NEXOBRID .....	251
GELFILM .....	144, 251
GELFOAM .....	157
GELFOAM JMI POWDER .....	157
GELFOAM JMI SPONGE .....	157
GELFOAM SPONGE SIZE 200	157
GEL-KAM .....	289
GELNIQUE .....	286
GELX .....	249
<i>gemfibrozil</i> .....	58
GEMMILY .....	65
GENADUR (WITH LEXINAL)....	102
GENERLAC.....	204
GENGRAF .....	171
GENOTROPIN .....	132
GENOTROPIN MINIQUICK.....	131
<i>gentamicin</i> .....	83, 139
GENVOYA .....	190
GILENYA .....	237
GILOTrif .....	230
GIMOTI .....	281
<i>glatiramer</i> .....	237
GLATOPA .....	237
GLEOSTINE .....	226
<i>glimepiride</i> .....	111
<i>glipizide</i> .....	111
<i>glipizide-metformin</i> .....	112
GLOPERBA .....	145
GLUCAGON (HCL) EMERGENCY KIT .....	120
GLUCAGON EMERGENCY KIT (HUMAN) .....	120
GLUCOCOM AUTOLINK .....	116
GLUCOCOM LANCETS .....	216
<i>glutamine (sickle cell)</i> .....	155
<i>glyburide</i> .....	111
<i>glyburide micronized</i> .....	111
<i>glyburide-metformin</i> .....	112
<i>glycine urologic solution</i> .....	181
<i>glycopyrrolate</i> .....	280
<i>glycopyrrolate (pf)</i> .....	280
GLYDO .....	201
GLYRX-PF .....	280
GLYXAMBI .....	112
GOJJI LANCETS .....	216
GONAL-F .....	128
GONAL-F RFF .....	128
GONAL-F RFF REDI-JECT .....	128
GRAFIX CORE .....	249
GRAFIX PRIME .....	250
GRAFIX XC .....	250
<i>granisetron hcl</i> .....	7
GRASTEK .....	3
<i>griseofulvin microsize</i> .....	180
<i>griseofulvin ultramicrosize</i> .....	180
<i>guaiacol</i> .....	99
GUAIFENESIN AC .....	77
GUAIFENESIN DAC .....	76
<i>guanfacine</i> .....	37, 45
GUARDIAN 4 GLUCOSE SENSOR .....	116
GUARDIAN 4 TRANSMITTER .....	116
GUARDIAN LINK 3 TRANSMITTER .....	116
GUARDIAN SENSOR 3 .....	116
GVOKE .....	120

GVOKE HYPOPEN 1-PACK	120
GVOKE HYPOPEN 2-PACK	120
GVOKE PFS 1-PACK SYRINGE	
.....	120
GVOKE PFS 2-PACK SYRINGE	
.....	120
GYNAZOLE-1	287
<b>H</b>	
HAEGARDA	196
HAILEY	65
HAILEY 24 FE	65
HAILEY FE 1.5/30 (28)	65
HAILEY FE 1/20 (28)	65
<i>halcinonide</i>	93, 94
HALO B-LOCK CLOSED LINE	
ADAPTR	222
HALO CLOSED BAG ADAPTOR	
.....	222
HALO CLOSED LINE ADAPTOR	
.....	222
HALO CLOSED SYRINGE	
ADAPTOR	222
HALO VIAL CONVERTER	249
<i>halobetasol propionate</i>	94
HALOETTE	61
HALOG	94
<i>haloperidol</i>	34
<i>haloperidol lactate</i>	34
HARVONI	191
HAVRIX (PF)	169
HAXCHLO	84
HAXCHLODREX	84
HAXDRAX	84
HEALTHY ACCENTS UNILET	
LANCET	216
HEATHER	65
HEMANGEOL	46
HEMLIBRA	151
HEMOFIL M HIGH	147
HEMOFIL M LOW	147
HEMOFIL M MID	147
HEMOFIL M SUPER HIGH	147
HEP FLUSH-10 (PF)	152
<i>heparin (porcine)</i>	152
<i>heparin (porcine) in 0.9% nacl.</i>	152
<i>heparin (porcine) in 5 % dex</i>	152
<i>heparin lock flush (porcine)</i>	152
HEPARIN	
LOCKFLUSH(PORCINE)(PF)	
.....	152
<i>heparin, porcine (pf)</i>	153
HEPLISAV-B (PF)	169
HER STYLE	65
HETLIOZ LQ	35
HEXIOUNYL	85
HICON	235
HISTEX-AC	75
HI-VOLUME PUMPING CHAMBER	
SET	222
HIXDEFRIMA	85
HIZENTRA	163
HOMATROPAIRE	143
HOME NEBULIZER PLUS	
SIDESTREAM	16
HUMALOG KWIKPEN INSULIN	
.....	121
HUMALOG MIX 50-50 INSULN U-	
100	121
HUMALOG MIX 50-50 KWIKPEN	
.....	121
HUMALOG MIX 75-25(U-	
100)INSULN	121
HUMALOG U-100 INSULIN	121
HUMATE-P	147
HUMIRA	193
HUMIRA PEN	193
HUMIRA(CF)	194
HUMIRA(CF) PEN	194
HUMIRA(CF) PEN CROHNS-UC-	
HS	193
HUMIRA(CF) PEN PEDIATRIC UC	
.....	193
HUMIRA(CF) PEN PSOR-UV-	
ADOL HS	194
HUMULIN 70/30 U-100 INSULIN	
.....	121
HUMULIN 70/30 U-100 KWIKPEN	
.....	121
HUMULIN N NPH INSULIN	
KWIKPEN	121
HUMULIN N NPH U-100 INSULIN	
.....	122
HUMULIN R REGULAR U-100	
INSULN	122
HUMULIN R U-500 (CONC)	
INSULIN	122
HUMULIN R U-500 (CONC)	
KWIKPEN	122
HYCAMTIN	229
<i>hydralazine</i>	45
HYDRO 35	100
<i>hydrochlorothiazide</i>	52
<i>hydrocodone bitartrate</i>	255
<i>hydrocodone-acetaminophen</i>	264
<i>hydrocodone-chlorpheniramine</i>	76
<i>hydrocodone-homatropine</i>	76
<i>hydrocodone-ibuprofen</i>	254
<i>hydrocortisone</i>	95, 196, 204
<i>hydrocortisone acetate</i>	203, 204
<i>hydrocortisone butyrate</i>	94, 95
<i>hydrocortisone valerate</i>	96
<i>hydrocortisone-acetic acid</i>	123
<i>hydrocortisone-iodoquinol</i>	81
<i>hydrocortisone-iodoquinol-aloe</i>	81
<i>hydrocortisone-pramoxine</i>	103, 202
HYDROMET	76
<i>hydromorphone</i>	256
<i>hydromorphone (pf)</i>	255
<i>hydromorphone (pf)-0.9 % nacl</i>	256
<i>hydroxychloroquine</i>	183
<i>hydroxypropyl cellulose</i>	251
<i>hydroxyurea</i>	226
<i>hydroxyzine hcl</i>	4
<i>hydroxyzine pamoate</i>	5
HYFTOR	108
<i>hyoscyamine sulfate</i>	279
HYOSYNE	279
HYPER-SAL	246
HYPOCYN ANTIPRURITIC	102
HYQVIA	163
HYQVIA HY COMPONENT	106
HYQVIA IG COMPONENT	163
HYRIMOZ PEN CROHN'S-UC	
STARTER	194
HYRIMOZ PEN PSORIASIS	
STARTER	194
HYRIMOZ(CF)	194
HYRIMOZ(CF) PEDI CROHN	
STARTER	194
HYRIMOZ(CF) PEN	194
<b>I</b>	
<i>ibandronate</i>	130
IBRANCE	230
IBU	200
<i>ibuprofen</i>	200
<i>icatibant</i>	195
ICLEVIA	65
ICLUSIG	231
IDARAN	81
IDELEVION	150
IDHIFA	234
IDYYXIATAR	79
IFE-BIMIX 30/1	127

IHEEZO (PF) .....	138	IWILFIN .....	231
ILEVRO .....	136	IXINITY .....	150
imatinib .....	231	<b>J</b>	
IMBRUVICA.....	231	JAIMIESS.....	65
IMCIVREE .....	291	JAKAFI.....	228
IMIOXIA .....	85	JANTOVEN.....	145
imipramine hcl .....	25	JANUMET .....	109
imipramine pamoate.....	25	JANUMET XR .....	109
imiquimod .....	171	JANUVIA .....	111
IMPAVIDO .....	184	JARDIANCE .....	110
IMVEXXY MAINTENANCE PACK .....	288	JASMIEL (28).....	66
IMVEXXY STARTER PACK....	288	JAVYGTOR .....	225
INBRIJA.....	266	JAYPIRCA .....	231
INCASSIA.....	65	JELMYTO .....	226
INCONTROL SUPER THIN LANCETS.....	216	JENCYCLA .....	66
INCONTROL ULTRA THIN LANCETS.....	216	JESDUVROQ.....	153
INCRELEX.....	132	JINTELI .....	161
indapamide .....	52	JIVI .....	147
indomethacin .....	200	JOENJA .....	225
INFASURF .....	252	JOLESSA .....	66
INGREZZA .....	239	JOYEAUX .....	66
INGREZZA INITIATION PK(TARDIV).....	239	JULEBER .....	66
INGREZZA SPRINKLE .....	239	JULIE .....	66
INJECT EASE LANCETS.....	216	JULUCA .....	184
INLYTA .....	231	JUNEL 1.5/30 (21) .....	66
INNOSPIRE DELUXE .....	16	JUNEL 1/20 (21) .....	66
INNOSPIRE ELEGANCE .....	16	JUNEL FE 1.5/30 (28).....	66
INNOSPIRE ESSENCE .....	16	JUNEL FE 1/20 (28).....	66
INNOSPIRE GO NEBULIZER....	16	JUNEL FE 24 .....	66
INNOSPIRE MINI .....	16	JUST RIGHT 5000 .....	289
INNOSPIRE REPLACEMENT FILTER .....	212	JUXTAPID .....	56
INPEN (FOR HUMALOG) BLUE .....	117	JYLAMVO .....	226
INPEN (FOR HUMALOG) GREY .....	117	JYNARQUE .....	285
INPEN (FOR HUMALOG) PINK117		<b>K</b>	
INPEN (NOVOLOG OR FIASP) BLUE .....	117	KAITLIB FE .....	66
INPEN (NOVOLOG OR FIASP) GREY .....	117	KALLIGA .....	66
INPEN (NOVOLOG OR FIASP) PINK.....	117	KALYDECO .....	252
INQOVI .....	226	KANGAROO 924 SAFETY SCREW .....	221
INREBIC .....	231	KANGAROO EPUMP SET .....	221
INSPIRATION ELITE FILTER ..	213	KANGAROO GRAVITY SET .....	221
INSUFLOL .....	222	KAPSPARGO SPRINKLE .....	46
		KARBINAL ER .....	5
		KARIVA (28) .....	66
		KELNOR 1/35 (28).....	66
		KELNOR 1/50 (28).....	66
		KENDALL AMD ANTIMICRB FOAM DRS.....	209
		KENDALL DISINFECTANT CAP .....	223
		KENGUARD FOLEY CATHETER .....	

KERAGEL.....	211	levetiracetam.....	272
KERALYT SCALP COMPLETE	100	levobunolol.....	141
KERASTAT.....	99	levocarnitine.....	247
KERLIX AMD.....	209	levocarnitine (with sugar).....	247
KESIMPTA PEN.....	237	levocetirizine .....	5
ketoconazole .....	85, 179	levofloxacin .....	139, 177
KETODAN KIT.....	85	LEVONEST (28) .....	67
ketoprofen.....	200	levonorgest-eth.estradiol-iron .....	67
ketorolac.....	136, 200	levonorgestrel .....	67
KEVEYIS.....	274	levonorgestrel-ethinyl estrad.	67, 68
KEVZARA.....	198	levonorg-eth estrad triphasic .....	68
KIMONO LUBRICATED CONDOMS .....	243	LEVORA-28 .....	68
KIMONO MICROTHIN AQUA LUBE CON.....	243	levorphanol tartrate.....	256
KIMONO MICROTHIN CONDOMS .....	244	levothyroxine.....	134
KIMONO MICROTHIN LARGE CONDOMS .....	244	LEVULAN.....	235
KIMONO TEXTURED CONDOMS .....	244	LIBERVANT .....	268
KIMONO THIN LUBRICATED CONDOMS .....	244	LICART .....	98
KINERET .....	192	LIDO BDK .....	241
KIONEX (WITH SORBITOL)....	124	lidocaine.....	105
KIPROFEN .....	200	lidocaine hcl .....	105, 201
KISQALI.....	231	lidocaine hcl-hydrocortison ac .103,	203
KLAYESTA.....	85	LIDOCAINE VISCOS .....	201
KLISYRI.....	104	lidocaine-hydrocortisone-aloe...	203
KLOR-CON M10.....	125	lidocaine-prilocaine .....	105
KLOR-CON M15.....	125	lidocaine-racepinep-tetracaine..	105
KLOR-CON M20.....	125	LIDOCAN III .....	105
KLOXXADO.....	36	LIDOCAN IV .....	105
KOATE .....	147	LIDOCAN V .....	105
KOGENATE FS .....	147	LIDOPIN .....	105
KORLYM .....	112	LIDTOPIC .....	105
KOSELUGO .....	228	LIDTOPIC MAX.....	105
KOVALTRY .....	147	LIKMEZ .....	182
KOVANAZE .....	201	LILETTA .....	247
K-PHOS NO 2 .....	285	linezolid .....	176
K-PHOS ORIGINAL.....	285	LINZESS .....	203
KRAZATI .....	228	liothyronine.....	134
KRINTAFEL.....	183	LIQREV .....	50
KURVELO (28).....	66	liraglutide .....	109
KUVAN .....	225	lisdexamfetamine .....	28
KYLEENA.....	247	lisinopril .....	44
KYZATREX.....	158	lisinopril-hydrochlorothiazide .....	42
<b>L</b>		LITE TOUCH-MEDIUM MASK ..	16
<i>Inorgest/e.estradiol-e.estrad.....</i>	67	LITEAIRE MDI CHAMBER .....	16
L.E.T. (LIDO-EPINEPH-TETRA)		LITETOUGH-LARGE MASK.....	16
		LITETOUGH-SMALL MASK .....	16
		LITFULO .....	99
		<i>lithium carbonate.....</i>	29
		<i>lithium citrate.....</i>	29
		LITHOSTAT .....	204
		LIVALO .....	55

LIVDELZI .....	208	LYUMJEV KWIKPEN U-200 .....	122	MEDLANCE PLUS LANCETS ..	216
LIVMARLI .....	205	INSULIN .....	122	MEDLANCE PLUS SPECIAL .....	
LIVTENCITY .....	185	LYUMJEV U-100 INSULIN .....	122	BLADE .....	216
L-MESITRAN SOFT .....	108	LYZA .....	68	MEDROL .....	196
LO LOESTRIN FE .....	68	<b>M</b>		MEDROLOAN II SUIK .....	196
<i>lofexidine</i> .....	265	<i>mafenide acetate</i> .....	86	MEDROLOAN SUIK .....	197
LOFRIC .....	211	MAGIC3 INTERMITTENT CATHETER .....	212	<i>medroxyprogesterone</i> .....	61, 162
LOFRIC HYDRO-KIT .....	211	<i>malathion</i> .....	86	MEDTRONIC EXT INFUSION SET .....	
LOFRIC ORIGO .....	211	<i>maraviroc</i> .....	186	23 .....	117
LOFRIC PRIMO NELATON CATHETER .....	211	MAR-COF BP .....	75	MEDTRONIC EXT INFUSION SET .....	
LOFRIC SENSE NELATON CATHETER .....	212	MAR-COF CG .....	77	32 .....	117
LOJAIMIESS .....	68	MARLISSA (28) .....	68	<i>mefenamic acid</i> .....	200
LOKELMA .....	124	MARPLAN .....	22	<i>mefloquine</i> .....	183
LOMAIRA .....	290	MARVONA SUIK (PF) .....	201	<i>megestrol</i> .....	236, 241
LONSURF .....	226	MATULANE .....	234	MEKINIST .....	228
<i>loperamide</i> .....	205	MATZIM LA .....	48	MEKTOVI .....	228
<i>lopinavir-ritonavir</i> .....	188	MAVENCLAD (10 TABLET PACK) .....	237	<i>meloxicam</i> .....	200
<i>lorazepam</i> .....	29	MAVENCLAD (4 TABLET PACK) .....	237	<i>memantine</i> .....	20
LORAZEPAM INTENSOL .....	29	MAVENCLAD (5 TABLET PACK) .....	237	MENOPUR .....	127
LORBRENA .....	231	MAVENCLAD (6 TABLET PACK) .....	237	MENOSTAR .....	161
LORYNA (28) .....	68	MAVENCLAD (7 TABLET PACK) .....	237	MENQUADFI (PF) .....	164
<i>losartan</i> .....	45	MAVENCLAD (8 TABLET PACK) .....	237	MENTAX .....	85
<i>losartan-hydrochlorothiazide</i> .....	43	MAVENCLAD (9 TABLET PACK) .....	237	MENVEO A-C-Y-W-135-DIP (PF) .....	165
LOTEMAX .....	136	MAVYRET .....	191, 192	<i>meperidine</i> .....	256
LOTEMAX SM .....	136	MAXIDEX .....	137	<i>meperidine (pf)</i> .....	256
<i>loteprednol etabonate</i> .....	137	MAXI-TUSS AC .....	77	<i>meprobamate</i> .....	29
LOTREXONE .....	36	MAXI-TUSS CD .....	75	<i>mercaptopurine</i> .....	226
LOUNZDOMDIOXIATAR .....	79	MAXORB EXTRA .....	209	MERZEE .....	68
<i>lovastatin</i> .....	55	MAYZENT .....	237	<i>mesalamine</i> .....	202
LOW-OGESTREL (28) .....	68	MAYZENT STARTER(FOR 1MG MAINT) .....	237	<i>mesalamine with cleansing wipe</i> .....	202
<i>loxapine succinate</i> .....	32	MAYZENT STARTER(FOR 2MG MAINT) .....	237	MESNEX .....	235
LO-ZUMANDIMINE (28) .....	68	MB HYDROGEL .....	99	<i>metaxalone</i> .....	275
<i>lubiprostone</i> .....	206	MC 300 NEBULIZER W-MOUTHPIECE .....	16	METDRAY .....	100
LUCEMYRA .....	265	MC 300 NEBULIZER-UNVRSL TUBING .....	16	<i>metformin</i> .....	112
LUGOLS .....	82, 134	meclizine .....	7	<i>methadone</i> .....	256
<i>luliconazole</i> .....	85	meclofenamate .....	200	METHADONE INTENSOL .....	256
LUMAKRAS .....	228	MEDIHONEY (HYDROCOLLOID-HONEY) .....	209	METHADOSE .....	256
LUMIGAN .....	141	MEDISENSE THIN LANCETS ..	216	<i>methamphetamine</i> .....	28
LUMRYZ .....	30			<i>methazolamide</i> .....	141
LUPKYNIS .....	171			<i>methenamine hippurate</i> .....	174
<i>lurasidone</i> .....	33			<i>methenamine mandelate</i> .....	174
LUTERA (28) .....	68			<i>methen-sod phos-meth blue-hyos</i> .....	174
LYLEQ .....	68			<i>methimazole</i> .....	133
LYLLANA .....	161			METHITEST .....	158
LYNPARZA .....	231			<i>methocarbamol</i> .....	275
LYSODREN .....	234			<i>methotrexate sodium</i> .....	227
LYTGOBI .....	231			<i>methotrexate sodium (pf)</i> .....	226, 227
LYUMJEV KWIKPEN U-100 INSULIN .....	122			<i>methoxsalen</i> .....	106

<i>methscopolamine</i>	279
<i>methsuximide</i>	272
<i>methyl salicylate</i>	100
<i>methyldopa</i>	45
<i>methyldopa-hydrochlorothiazide</i>	45
<i>methylergonovine</i>	75
<i>methylphenidate</i>	39
<i>methylphenidate hcl</i>	38
<i>methylprednisolone</i>	197
<i>methyltestosterone</i>	158
<i>metoclopramide hcl</i>	281
<i>metolazone</i>	52
<i>metoprolol succinate</i>	46
<i>metoprolol ta-hydrochlorothiaz</i>	47
<i>metoprolol tartrate</i>	46
<i>metronidazole</i>	81, 182, 287
<i>metyrosine</i>	45
<i>mexiletine</i>	40
MIBELAS 24 FE	68
<i>miconazole nitrate-zinc ox-pet</i>	85
MICONAZOLE-3	287
MICRO THIN LANCETS	216
MICROAIR MESH NEBULIZER.	16
MICROBORE EXTENSION SET	222
MICROCHAMBER	16
MICRODOT LANCET	216
MICROGESTIN 1.5/30 (21)	69
MICROGESTIN 1/20 (21)	69
MICROGESTIN 24 FE	69
MICROGESTIN FE 1.5/30 (28)	69
MICROGESTIN FE 1/20 (28)	69
MICROLET LANCET	216
<i>microplegic solution no.1</i>	243
<i>microplegic solution no.1-cp2d</i>	243
MICROSPACER	16
<i>midazolam</i>	36, 245
<i>midazolam (pf)</i>	245
<i>midodrine</i>	59
MIEBO (PF)	144
MIFEPREX	240
<i>mifepristone</i>	112, 240
<i> miglitol</i>	111
<i> miglustat</i>	245
MILI	69
MIMVEY	161
MINI PLUS NEBULIZER	16
MINI WRIGHT PEAK FLOW METER	17
MINIMED 630G INSULIN PUMP	117
MINIMED 770G INSULIN PUMP	117
MINIMED 780G INSULIN PUMP	117
MINIMED MIO ADVANCE INF SET23	117
MINIMED MIO ADVANCE INF SET43	117
MINIMED QUICK SET 18	117
MINIMED QUICK SET 23	117
MINIMED QUICK SET 32	118
MINIMED QUICK SET 43	118
MINIMED SILHOUETTE 18	118
MINIMED SILHOUETTE 23	118
MINIMED SILHOUETTE 32	118
MINIMED SILHOUETTE 43	118
MINIMED SURE T 18	118
MINIMED SURE T 23	118
MINIMED SURE T 32	118
<i>minocycline</i>	179
<i> minoxidil</i>	45
MIRCERA	151
MIRENA	247
MIRO3D	250
MIRODERM FENESTRATED	250
MIRODERM FENESTRATED PLUS	250
<i>mirtazapine</i>	22
<i>misoprostol</i>	280
<i>mitomycin (pf) in water</i>	144
MITOSOL	144
M-M-R II (PF)	167
MOBILE LANCETS	217
<i> modafinil</i>	36
MODERNA COVID 24-25(6M-11Y)PF	163
<i> moexipril</i>	44
<i> molindone</i>	35
<i> mometasone</i>	6, 96
MONDOXYNE NL	179
MONO-FLO DRAINAGE BAG	212
MONOJECT LUER ADAPTER	222
MONOLET LANCETS	217
MONOLET THIN LANCETS	217
MONO-LINYAH	69
MONSEL'S	157
<i> montelukast</i>	12
<i> morphine</i>	257
<i> morphine (pf)</i>	256
<i> morphine concentrate</i>	256
<i> morphine in 0.9 % sodium chlor</i>	257
MOUNJARO	110
MOVANTIK	208
MOXATAG	177
<i> moxifloxacin</i>	139, 177
MULPLETA	156
MULTAQ	40
<i> mupirocin</i>	83
<i> mupirocin calcium</i>	83
MURI-LUBE	250
MUSCUSOLICE	108
MY CHOICE	69
MY WAY	69
MYALEPT	133
MYCAPSSA	250
<i> mycophenolate mofetil</i>	171
<i> mycophenolate sodium</i>	171
MYDCOMBI	143
MYFEMBREE	133
MYGLUCOHEALTH LANCETS	217
MYHIBBIN	171
MYLERAN	226
MYRBETRIQ	284
MYTESI	205
<b>N</b>	
<i>nabumetone</i>	200
<i> nadolol</i>	46
<i> naftifine</i>	85
<i> nalbuphine</i>	257
<i> naloxone</i>	36
NALTREX	36
<i> naltrexone</i>	36
NAMENDA XR	21
NAMZARIC	21
NANRAN	83
<i> naproxen</i>	200
<i> naproxen sodium</i>	201
<i> naratriptan</i>	261
NATACYN	140
NATAZIA	69
<i> nateglinide</i>	111
NAYZILAM	268
<i> nebivolol</i>	46
<i> nebulizer and compressor</i>	17
NEBUSAL	246
NECON 0.5/35 (28)	69
<i> nefazodone</i>	24
NEFFY	224
NENDRUX	100
<i> neomycin</i>	180
<i> neomycin-bacitracin-poly-hc</i>	135
<i> neomycin-bacitracin-polymyxin</i>	139

<i>neomycin-polymyxin b gu</i> .....	99		NUVESSA .....	287
<i>neomycin-polymyxin b-dexameth</i>			NUWIQ.....	148
.....	135		NUZYRA .....	179
<i>neomycin-polymyxin-gramicidin</i>	139		NYAMYC .....	85
<i>neomycin-polymyxin-hc</i> ....	123, 135		NYLIA 1/35 (28) .....	71
NEO-POLYCIN.....	139		NYLIA 7/7/7 (28) .....	71
NEO-POLYCIN HC.....	135		NYMALIZE .....	48
NEORAL.....	172		NYMYO .....	71
NEO-SYNALAR .....	88		NYNUTEY .....	105
NEO-SYNALAR KIT .....	88		<i>nystatin</i> .....	85, 180
NERLYNX.....	231		<i>nystatin-triamcinolone</i> .....	85
NEUAC .....	79		NYSTOP .....	86
NEULASTA.....	153		NYVEPRIA.....	154
NEULASTA ONPRO .....	153			
NEUPOGEN .....	153, 154			
NEUPRO .....	266		O	
NEURAPTINE .....	108		OASIS WOUND MATRIX	
<i>nevirapine</i> .....	187		FENESTRATED .....	209
NEW DAY .....	69		OASIS WOUND MATRIX	
NEXAVIR.....	224		MESHED .....	210
NEXIUM PACKET .....	282		OBIZUR .....	148
NEXIVA .....	222		OCALIVA .....	205
NEXLETOL.....	53		OCELLA.....	71
NEXLIZET .....	57		<i>octreotide acetate</i> .....	250
NEXOBRID .....	106		ODACTRA .....	3
NEXOBRID POWDER			ODEFSEY .....	190
COMPONENT.....	106		ODOMZO .....	228
NEXPLANON .....	61		OFEV .....	253
NEXTSTELLIS.....	69		<i>ofloxacin</i> .....	123, 139, 177
<i>niacin</i> .....	58		OGSIVEO .....	232
NIACOR.....	58		OHTUVAYRE .....	13
<i>nicardipine</i> .....	48		OJEMDA .....	227
<i>nicotine</i> .....	276		OJJAARA .....	232
<i>nicotine (polacrilex)</i> .....	276		<i>olanzapine</i> .....	33
NICOTROL NS .....	277		<i>olanzapine-fluoxetine</i> .....	37
<i>nifedipine</i> .....	48		<i>olmesartan</i> .....	45
NIKKI (28).....	69		<i>olmesartanamlodipin-hctiazid</i> .....	43
<i>nilutamide</i> .....	226		<i>olmesartan-hydrochlorothiazide</i> .....	43
<i>nimodipine</i> .....	48		<i>olopatadine</i> .....	6, 136
NINJACOF-XG .....	77		OLPRUVA .....	204
NINLARO.....	232		OLUMIANT .....	198
<i>nisoldipine</i> .....	48		OMBRA COMPRESSOR SYSTEM	
<i>nitazoxanide</i> .....	184		.....	17
<i>nitisinone</i> .....	245		OMECLAMOX-PAK .....	281
NITRO-BID .....	60		<i>omega-3 acid ethyl esters</i> .....	58
NITRO-DUR .....	60		<i>omeprazole</i> .....	283
<i>nitrofurantoin</i> .....	175		<i>omeprazole-sodium bicarbonate</i> .....	283
<i>nitrofurantoin macrocrystal</i> .....	175		OMEZA .....	108
<i>nitrofurantoin monohyd/m-cryst</i>	175		OMNIFLEX DIAPHRAGM.....	74
<i>nitroglycerin</i> .....	60, 203		OMNIPOD 5 G6 INTRO KIT (GEN	
NITROMIST .....	60		5).....	118
			OMNIPOD 5 G6 PODS (GEN 5)	

.....	118	OPSUMIT .....	50	OXBRYTA .....	155
OMNIPOD CLASSIC PODS (GEN 3) .....	118	OPTICHAMBER ADULT MASK- LARGE .....	17	oxcarbazepine.....	272
OMNIPOD DASH INTRO KIT (GEN 4) .....	118	OPTICHAMBER DIAMOND LG MASK .....	17	OXERVATE .....	140
OMNIPOD DASH PDM KIT (GEN 4) .....	118	OPTICHAMBER DIAMOND VHC .....	17	OXIAICE .....	86
OMNIPOD DASH PODS (GEN 4) .....	118	OPTICHAMBER DIAMOND-MED MSK .....	17	OXIANUJO .....	108
OMNIPOD GO PODS.....	119	OPTICHAMBER DIAMOND-SML MASK .....	17	OXIANUJO (WITH HYALURONATE) .....	108
OMNIPOD GO PODS 10 UNITS/DAY .....	118	OPTION-2 .....	71	OXIATAR .....	80
OMNIPOD GO PODS 15 UNITS/DAY .....	118	OPVEE .....	36	OXIAVAR .....	80
OMNIPOD GO PODS 20 UNITS/DAY .....	118	OPZELURA.....	98	OXIAVARRY .....	80
OMNIPOD GO PODS 25 UNITS/DAY .....	119	ORACIT .....	285	OXIAVARY .....	80
OMNIPOD GO PODS 30 UNITS/DAY .....	119	ORALAIR.....	3	OXIAZAR .....	80
OMNIPOD GO PODS 40 UNITS/DAY .....	119	ORALONE .....	240	oxiconazole .....	86
OMNITROPE .....	132	ORAMAGICRX.....	249	OXISTAT .....	86
ON CALL LANCET .....	217	ORAQIX .....	202	OXTELLAR XR .....	272
ON CALL PLUS LANCET .....	217	ORAVIG .....	179	oxybutynin chloride .....	286
ondansetron.....	8	ORENCIA .....	195	oxycodone .....	258
ondansetron hcl.....	7	ORENCIA CLICKJECT .....	195	oxycodone-acetaminophen .....	264
ONETOUCH DELICA PLUS LANCET .....	217	ORENITRAM .....	51	OXYCONTIN .....	258
ONETOUCH DELICA SAFETY LANCET .....	217	ORENITRAM MONTH 1 TITRATION KT .....	51	oxymorphone .....	258, 259
ONETOUCH ULTRA TEST .....	114	ORENITRAM MONTH 2 TITRATION KT .....	51	OXYTROL .....	286
ONETOUCH ULTRASOFT 2 LANCET .....	217	ORENITRAM MONTH 3 TITRATION KT .....	51	OZEMPIC .....	110
ONETOUCH VERIO TEST STRIPS .....	114	ORFADIN .....	245	<b>P</b>	
ONEXTON .....	79	ORGOVYX .....	229	PACERONE .....	41
ONGENTYS .....	266	ORIAHNN .....	133	PACNEX HP .....	100
ON-THE-GO LANCETS .....	217	ORILISSA .....	133	PACNEX LP .....	101
ONUREG .....	227	ORKAMBI .....	252	PALFORZIA (LEVEL 1) .....	3
ONYDA XR .....	38	ORLADEYO .....	201	PALFORZIA (LEVEL 2) .....	3
ONZDEAXIADEMTAR .....	79	orlistat.....	291	PALFORZIA (LEVEL 3) .....	3
ONZDEAXIademvar .....	79	ORMALVI .....	274	PALFORZIA (LEVEL 4) .....	3
ONZDEAXIATAR .....	80	orphenadrine citrate .....	275	PALFORZIA (LEVEL 5) .....	3
ONZDEAXIAVAR .....	80	orphenadrine-asa-caffeine .....	275	PALFORZIA (LEVEL 6) .....	3
ONZDEAXIAZAR .....	80	ORSERDU .....	236	PALFORZIA (LEVEL 7) .....	3
ONZDEOXIA .....	80	OSCIMIN .....	280	PALFORZIA (LEVEL 8) .....	4
OPCICON ONE-STEP .....	71	OSCIMIN SL.....	280	PALFORZIA (LEVEL 9) .....	4
OPFOLDA .....	245	oseltamivir .....	185	PALFORZIA (LEVEL 10) .....	4
OPILL .....	71	OTEZLA .....	195	PALFORZIA (LEVEL 11 UP- DOSE) .....	4
opium tincture .....	205	OTEZLA STARTER .....	195	PALFORZIA INITIAL DOSE .....	4
		OTREXUP (PF) .....	192	PALFORZIA LEVEL 11 MAINTENANCE .....	4
		OVACE PLUS .....	98	paliperidone .....	33
		OVACE PLUS SHAMPOO .....	98	PALYNZIQ .....	224
		OVIDREL.....	128	PANDEL .....	96
		oxaprozin.....	201	PANRETIN .....	104
		oxazepam.....	29	pantoprazole .....	283
				papaverine .....	61
				PARADIGM RESERVOIR .....	223
				PARAGARD T 380A .....	247
				PARI BABY CONV KIT - SIZE 1 .....	213

PARI BABY CONV KIT - SIZE 2	PFIZER COVID 2024-25(5Y-11Y)PF	111
.....	.....	164
PARI BABY CONV KIT - SIZE 3	PFIZER COVID 2024-25(6MO-4Y)PF	112
.....	.....	164
PARI LC SPRINT NEBULIZER SET	PFLEX INSPIRATORY TRAINER	113
.....	.....	17
PARI LC SPRINT SINUS	PHARMABASE BARRIER	217
PARI SINUS AEROSOL SYSTEM	PHASEAL ASSEMBLY FIXTURE	232
.....	.....	222
PARI TREK S COMBO PACK	PHASEAL CONNECTOR LUER	251
.....	LOCK	201
PARI TREK S COMPACT COMPRESSOR	PHASEAL INFUSION ADAPTER	PIVOT SILVER ALGINATE
.....	.....	210
PARI TREK S PORTABLE PWR KIT	PHASEAL INFUSION CLAMP	PLANTAGO-HOMACCORD
.....	.....	246
paricalcitol	PHASEAL INJECTOR LUER	PLEGRIDY
.....	LOCK	237
paromomycin	PHASEAL INJECTOR LUER	PLENVU
.....	LOCK	207
paroxetine hcl	PHASEAL SECONDARY SET	PLEXION NS
.....	.....	98
paroxetine mesylate(menop.sym)	PHASEAL Y-SITE	PNEUMOVAX-23
.....	.....	165
PASER	PHEBURANE	POCKET CHAMBER
.....	.....	18
PAXLOVID	PHEDRAX	PODOCON
.....	.....	101
pazopanib	phenazopyridine	podofilox
.....	.....	101
PCCA ACCUPEN-15	phendimetrazine tartrate	POLYCIN
.....	.....	139
PEDIATRIC BEAR NEBULIZER	phenelzine	polymyxin b sulf-trimethoprim
17	.....	139
PEDIATRIC COMP-AIR COMPRES NEB	phenobarbital	POLY-TUSSIN AC
.....	.....	75
PEDIATRIC DINOSAUR NEBULIZER	phenoxybenzamine	POMALYST
.....	.....	229
PEDIATRIC DOG NEBULIZER	phentermine	POPULUS COMPOSITUM
..	.....	246
PEDIATRIC FROG NEBULIZER	phenylephrine hcl	PORTABLE NEBULIZER SYSTEM
17	.....	18
peg 3350-electrolytes	phenyleph-tropicamide in water	PORTIA 28
.....	143	71
peg3350-sod sul-nacl-kcl-asb-c	PHENYTEK	posaconazole
207	.....	180
PEGASYS	phenytoin	potassium chloride
.....	.....	126
peg-electrolyte soln	phenytoin sodium extended	potassium citrate
207	.....	285
PEMAZYRE	PHEODOYO	potassium iodide
.....	.....	134
PENBRAYA (PF)	PHEOXIA	povidone-iodine
.....	.....	99
penicillamine	PHEYD	PR BENZOYL PEROXIDE
.....	.....	101
penicillin v potassium	PHILITH	PR CREAM
.....	.....	102
pentamidine	PHOS-FLUR	PRADAXA
.....	.....	156
PENTASA	PHOSPHOLINE IODIDE	PRAKETAMIDE
.....	.....	105
pentazocine-naloxone	PHOTREXA	pralidoxime
.....	.....	243
pentoxifylline	PHOTREXA CROSS-LINKING KIT	PRALUENT PEN
.....	.....	56
PERCOSET	PHOTREXA VISCOSUS	pramipexole
.....	.....	266, 267
perindopril erbumine	PHYSIOLYTE	PRAMOSONE
.....	.....	103
PERIO MED	PHYSISOL IRRIGATION	prasugrel
.....	.....	155
PERIOGARD	phytonadione (vitamin k1)	pravastatin
.....	.....	55
permethrin	PILLOW MASK CHILD	praziquantel
.....	.....	183
perphenazine	pilocarpine hcl	prazosin
.....	.....	43
perphenazine-amitriptyline	pimecrolimus	PRECISION XTRA TEST
.....	.....	114
PERSERIS	pimozide	prednicarbate
.....	.....	96
PETROLEUM GAUZE	PIMTREA (28)	prednisolone
210	.....	197
	pindolol	prednisolone acetate
	.....	137
		prednisolone sod ph-bromf (pf)
		.137
		prednisolone sodium phosphate
		.....
		137, 197
		prednisolon-moxiflox-bromf(pf)
		.135
		prednisone
		.....
		197
		PREDNISONE INTENSOL
		.....
		197

<i>pregabalin</i>	272	<i>Q-CARE RX Q4</i>	240
PREGNYL	128	QELBREE	39, 40
PREHEVBARIO (PF)	169	QINLOCK	232
PREMARIN	161, 288	QNASL	6
PREMPHASE	161	QUAKE VIBRATORY PEP	18
PREMPRO	162	<i>quazepam</i>	37
PREPIDIL	75	<i>quetiapine</i>	33, 34
PRESERA	99	QUIDROXZAR	171
PRESSURE ACTIVATED LANCETS	217	QUIHOXAXIA	171
<i>pretomanid</i>	181	QUIHOXVAR	171
PREVALITE	58	QUILLICHEW ER	39
PREVNAR 20 (PF)	165	QUILLIVANT XR	39
PREVYMIS	185	<i>quinapril</i>	44
PREZISTA	186	<i>quinapril-hydrochlorothiazide</i>	42
PRIFTIN	181	<i>quinidine gluconate</i>	41
<i>primaquine</i>	183	<i>quinidine sulfate</i>	41
PRIMEAIRE	18	<i>quinine sulfate</i>	183
<i>primidone</i>	272	QUIT 2	277
PRIMSOL	174	QUIT 4	277
PRIORIX (PF)	168	QULIPTA	261
PRO COMFORT LANCET	217	QUTENZA	100
PRO COMFORT SAFETY LANCET	217	<b>R</b>	
PRO COMFORT TENS ELECTRODE	213	<i>rabeprazole</i>	283
PRO COMFORT TENS UNIT	213	RADIAGEL	249
<i>probenecid</i>	145	RADICAVA ORS	238
<i>probenecid-colchicine</i>	145	RADICAVA ORS STARTER KIT	
PROCARE COMPRESSOR NEBULIZER	18	SUSP	238
PROCARE PEDIATRIC NEBULIZER	18	RADIOGARDASE	248
PROCARE SPACER WITH ADULT MASK	18	RAGWITEK	4
PROCARE SPACER WITH CHILD MASK	18	<i>raloxifene</i>	130
PRO-CEPTION	213	<i>ramipril</i>	44
PROCHAMBER	18	<i>ranolazine</i>	59
<i>procloperazine</i>	8	RAPPORT VACUUM THERAPY	
<i>procloperazine maleate</i>	8	.....	249
PROCORT	203	<i>rasagiline</i>	267
PROCTOFOAM HC	203	RATE FLOW REGULATOR IV SET	
PROCTO-MED HC	96	.....	223
PROCTOSOL HC	96	RAVICTI	204
PROCTOZONE-HC	96	RAYALDEE	132
PROCYSBI	284	REBIF (WITH ALBUMIN)	238
PRODIGY LANCETS	217	REBIF REBIDOSE	238
PRODIGY MINI-MIST NEBULIZER .....	18	REBIF TITRATION PACK	238
PRODIGY TWIST TOP LANCET		REBINYN	150
		REBYOTA	174
		RECEDO	102
		RECLIPSEN (28)	71
		RECOMBINATE	148
		RECOMBIVAX HB (PF)	169, 170
		RECORLEV	128
		RECOTHROM	157
		RECOTHROM SPRAY KIT	157

REGENECARE .....	105	<i>rivastigmine tartrate</i> .....	21
REGIOCIT (EUA) .....	149	RIVELSA .....	71
REGRANEX .....	120	RIVFLOZA.....	284, 285
RELAGARD .....	287	RIXUBIS .....	150
RELENZA DISKHALER .....	185	<i>rizatriptan</i> .....	261
RELIAMED LANCET .....	218	ROAOXIA .....	98
RELIAMED SAFETY SEAL LANCETS.....	218	ROBINSON CLEAR VINYL CATHETER.....	212
RELIAMED TWIST AND CAP LANCET .....	218	ROCKLATAN .....	142
RELISTOR.....	208	<i>roflumilast</i> .....	13
RELIZORB.....	221	<i>ropinirole</i> .....	267
RENACIDIN .....	285	ROSADAN.....	81
RENEEL .....	246	ROSULA.....	87
<i>repaglinide</i> .....	111	ROSULA CLEANSING CLOTHS	87
REPATHA PUSHTRONEX .....	56	<i>rosuvastatin</i> .....	55
REPATHA SURECLICK.....	57	ROXYBOND .....	259
REPATHA SYRINGE .....	57	ROZLYTREK.....	232
RESPA-AR .....	75	RUBBER MOUTHPIECE .....	213
RESTASIS .....	140	RUBRACA.....	232
RESTASIS MULTIDOSE.....	140	RUCONEST .....	196
RESTORE .....	210	<i>rufinamide</i> .....	272, 273
RESTORE CALCIUM ALGINATE .....	210	RUKOBIA .....	187
RETACRIT .....	151	RYBELSUS .....	110
RETEVMO .....	232	RYDAPT .....	232
REUSABLE NEBULIZER KIT ..	213	RYDEX .....	76
REVCORI .....	248	RYLAZE .....	234
REVLIMID.....	229	RYPLAZIM .....	154
REXULTI .....	31	RYTARY .....	267
REYATAZ .....	189	<b>S</b>	
REYVOW .....	261	SABAL-HOMACCORD .....	246
REZDIFFRA .....	225	SABRIL.....	273
REZLIDHIA .....	234	SAFETY LANCETS.....	218
REZUROCK .....	172	SAFETY SEAL LANCETS .....	218
RHOPRESSA .....	142	SAFETY-LET LANCETS .....	218
<i>ribavirin</i> .....	185, 191	SAJAZIR.....	195
RIDAURA .....	198	<i>salicylic acid</i> .....	101
<i>rifabutin</i> .....	181	SALIMEZ FORTE .....	101
<i>rifampin</i> .....	181	<i>salsalate</i> .....	254
RIGHTEST GL300 LANCETS..	218	SALVAX .....	101
<i>riluzole</i> .....	238	SALVAX DUO PLUS .....	101
<i>rimantadine</i> .....	185	SAMI THE SEAL .....	18
<i>ringer's</i> .....	100	SAMI THE SEAL MASK .....	213
RINVOQ .....	198	SANCUSO.....	8
RINVOQ LQ .....	198	SANDIMMUNE .....	172
<i>risedronate</i> .....	130, 131	SANTYL .....	106
<i>risperidone</i> .....	34	<i>sapropterin</i> .....	225
RITEFLO AEROCHAMBER .....	18	SAROXIA .....	80
<i>ritonavir</i> .....	189	SAXENDA .....	291
<i>rivastigmine</i> .....	22	SCALACORT DK .....	96
		SCEMBLIX .....	232
		SCLEROSOL INTRAPLEURAL	235
		<i>scopolamine base</i> .....	8
		SECUADO .....	34
		<i>selegiline hcl</i> .....	267
		<i>selenium sulfide</i> .....	98
		SELF-CATHETER, FEMALE ..	212
		SELZENTRY .....	186
		SEMGLEE(INSULIN GLARGINE-YFGN).....	122
		SEMGLEE(INSULIN GLARG-YFGN)PEN .....	122
		SEREVENT DISKUS .....	9
		SERNIVO .....	97
		SEROQUEL XR .....	34
		SEROSTIM .....	132
		<i>sertraline</i> .....	23
		SETLAKIN .....	71
		<i>sevelamer carbonate</i> .....	125
		<i>sevelamer hcl</i> .....	125
		SEVENFACT .....	148
		<i>sevoflurane</i> .....	245
		SF .....	289
		SF 5000 PLUS .....	289
		SHAROBEL .....	71
		SHINGRIX (PF) .....	170
		SIDESTREAM .....	18
		SIDESTREAM MASK .....	213
		SIDESTREAM NEBULIZER .....	18
		SIDESTREAM PLUS .....	19
		SIGNIFOR .....	251
		SIKLOS .....	155
		SILASTIC FOLEY CATHETER.	212
		<i>sildenafil</i> .....	127
		<i>sildenafil (pulm.hypertension)</i> .....	50
		SILICONE MASK .....	213
		SILICONE MASK - INFANT .....	19
		SILIGENTLE AG .....	210
		SILINOIN .....	210
		<i>silodosin</i> .....	283
		SILVASORB .....	82
		<i>silver nitrate</i> .....	82, 101
		<i>silver nitrate applicators</i> .....	101
		<i>silver sulfadiazine</i> .....	87
		SIMBRINZA .....	142
		SIMLANDI(CF) AUTOINJECTOR .....	194
		SIMLIYA (28) .....	71
		SIMPESSE .....	71
		SIMPONI .....	194
		<i>simvastatin</i> .....	56
		SINGLE-LET .....	218
		SINUSTAR NEBULIZER .....	19

<i>sirolimus</i> .....	172
SIRTURO .....	181
SIVEXTRO .....	176
SKYCLARYS .....	239
SKYLA .....	247
SKYRIZI.....	106, 107
SKYTROFA .....	132
SLYND.....	72
SMART SENSE LANCETS .....	218
SMARTEST LANCET .....	218
SMARTNEB COMPRESSOR NEBULIZER .....	19
sodium chlor 0.9% bacteriostat	126
sodium chloride 100, 106, 126, 246	
sodium chloride 0.45 % .....	126
sodium chloride 0.9 % .....	126
sodium chloride 0.9 % (flush) ...	126
sodium citrate .....	149
sodium citrate in 0.9 % nacl .....	149
sodium citrate-citric acid.....	285
SODIUM FLUORIDE 5000 DRY MOUTH .....	289
SODIUM FLUORIDE 5000 PLUS .....	289
sodium fluoride-pot nitrate.....	289
sodium iodide-123.....	235
sodium iodide-131 .....	235
sodium oxybate .....	30
sodium phenylbutyrate .....	204
sodium polystyrene sulfonate... 125	
sodium,potassium,mag sulfates	207
SOFT TOUCH LANCETS .....	218
SOGROYA .....	132
SOHONOS .....	274
<i>solifenacin</i> .....	286
SOLIQUA 100/33.....	112
SOLOSEC .....	182
SOLTAMOX.....	236
SOLU-CORTEF .....	197
SOLU-CORTEF ACT-O-VIAL (PF) .....	197
SOLUS V2 LANCETS .....	218
SOMAVERT .....	131
SOOTHENEBO COMPRESSOR NEBULIZER .....	19
SOOTHENEBO MESH NEBULIZER .....	19
<i>sorafenib</i> .....	232
<i>sorbitol</i> .....	100
<i>sorbitol-mannitol</i> .....	100
<i>sotalol</i> .....	46, 47
SOTALOL AF .....	46
SOTYKTU .....	106
SOTYLIZE .....	47
SOVALDI.....	191
SOVUNA .....	183
SPACE CHAMBER .....	19
SPACE CHAMBER WITH LARGE MASK.....	19
SPACE CHAMBER WITH MEDIUM MASK .....	19
SPACE CHAMBER WITH SMALL MASK .....	19
SPECTRAGEL .....	210
SPEEDICATH (FEMALE) .....	212
SPEVIGO .....	106
SPIKEVAX 2024-2025(12Y UP)(PF).....	164
<i>spinosad</i> .....	86
SPIRIVA RESPIMAT.....	8
SPIRIVA WITH HANDIHALER....	8
<i>spironolactone</i> .....	49
<i>spironolacton-hydrochlorothiaz</i> .....	50
SPRAVATO .....	22
SPRAY AND STRETCH .....	105
SPRINTEC (28).....	72
SPRYCEL.....	232
SPS (WITH SORBITOL) .....	125
SRONYX .....	72
SSD .....	87
SSKI .....	134
SSS 10-5 .....	87
ST JOSEPH ASPIRIN .....	155
ST. JOSEPH ASPIRIN .....	155
<i>stavudine</i> .....	188
STELARA .....	199
STERILANCE TL .....	218
STERILE HYDROGEL FOR JELMYTO .....	245
<i>sterile talc</i> .....	235
STERITALC.....	235
STIOLTO RESPIMAT .....	10
STIVARGA .....	232
STOP SMOKING AID .....	277
STRATACTX.....	210
STRATAGRT.....	210
STRATAVRT .....	210
STRAVIX .....	250
STRENSIQ .....	247
STRIBILD .....	190
STRIVE PEAK FLOW METER...19	
STRIVERDI RESPIMAT.....	9
STRONG IODINE .....	82, 134
SUCRAID .....	278
<i>sucralfate</i> .....	280
SUFLAVE.....	207
<i>sulconazole</i> .....	86
<i>sulfacetamide sodium</i> ...98, 99, 138	
<i>sulfacetamide sodium (acne)</i> .....	80
<i>sulfacetamide sodium-sulfur</i> .87, 88	
<i>sulfacetamide sod-sulfur-urea</i> ....88	
<i>sulfacetamide-prednisolone</i> .....	138
<i>sulfadiazine</i> .....	172
<i>sulfamethoxazole-trimethoprim.</i> 172	
SULFAMYLYON.....	88
<i>sulfasalazine</i> .....	202
SULFATRIM.....	172
<i>sulindac</i> .....	201
SUMADAN XLT .....	88
<i>sumatriptan</i> .....	261
<i>sumatriptan succinate</i> .....	261, 262
<i>sunitinib malate</i> .....	232
SUNLENCA .....	184
SUNOSI .....	36
SUNRISE COMPRESSOR- NEBULIZER .....	19
SUPER THIN LANCETS.....	218
SUPRANE .....	245
SURE COMFORT LANCETS .....	218
SURE-LANCE .....	218
SURE-LANCE ULTRA THIN .....	218
SURE-TOUCH LANCET .....	218
SURVANTA .....	252
SUTAB .....	208
SYEDA .....	72
SYMAX DUOTAB .....	280
SYMDEKO .....	252
SYMJEPI .....	224
SYMLINPEN 120 .....	111
SYMLINPEN 60 .....	111
SYMTUZA .....	184
SYNALAR CREAM KIT .....	97
SYNALAR OINTMENT KIT .....	97
SYNALAR TS .....	97
SYNAREL .....	133
SYNDROS .....	7
SYNJARDY .....	113
SYNJARDY XR .....	113
SYNVISC .....	195
SYNVISC-ONE .....	195
SYRINGE AVITENE .....	157
SYZYGIUM COMPOSITUM .....	246

T	
T	
FLEX .....	119
SLIM X2 .....	119
SLIM X2 BASAL-IQ INSULIN PMP .....	119
SLIM X2 CONTROL-IQ ...	119
T.E.D. ANTI-EMBOLISM STOCKING .....	251
T.E.D. KNEE LENGTH-M-LONG .....	251
T.E.D. KNEE LENGTH-S- REGULAR .....	251
T.R.U.E. TEST ALLERGEN .....	245
TABLOID .....	227
TABRECTA .....	232
TACHOSIL.....	157
tacrolimus .....	108, 172
tadalafil .....	127
tadalafil (pulm. hypertension) .....	50
TAFINLAR .....	228
tafluprost (pf) .....	142
TAGRISSO .....	233
TAKE ACTION.....	72
TAKHZYRO .....	201
TALICIA .....	281
TALTZ AUTOINJECTOR .....	107
TALTZ AUTOINJECTOR (2 PACK) .....	106
TALTZ AUTOINJECTOR (3 PACK) .....	107
TALTZ SYRINGE .....	107
TALZENNA.....	233
tamoxifen .....	236
tamsulosin .....	283
TANDEM MOBI AUTOSOFT 30 KT 23 .....	119
TANDEM MOBI AUTOSOFT XC KIT 5.....	119
TANDEM MOBI AUTOSOFT XC KT 23.....	119
TANDEM MOBI CARTRIDGE..	119
TANDEM MOBI SYSTEM .....	119
TANDEM MOBI TRUSTEEL KIT 23 .....	119
TARDEOXIA.....	80
TARDIMAXIA.....	80
TARINA 24 FE.....	72
TARINA FE 1/20 (28) .....	72
TARINA FE 1-20 EQ (28) .....	72
TAROXIA.....	80
TARPEYO .....	197
TASIGNA.....	233
tasimelteon.....	35
tavaborole.....	86
TAVALISSE .....	156
TAVNEOS .....	153
tazarotene .....	107
TAZVERIK.....	229
TDVAX .....	168
TECHLITE LANCETS .....	219
TEGLUTIK.....	238
TEGRETOL .....	273
TEGRETOL XR .....	273
TEGSEDI.....	223
TEL CARE LANCETS .....	219
telmisartan.....	45
telmisartan-amlodipine .....	43
telmisartan-hydrochlorothiazid .....	43
temazepam.....	37
TEMBEXA .....	185
temozolomide .....	226
TEMPO REFILL KIT WITH GAUZE .....	219
TEMPO SMART BUTTON .....	119
TEMPO WELCOME KIT .....	119
TENCON .....	253
TENIVAC (PF).....	168
tenofovir disoproxil fumarate .....	188
TENS 502.....	213
TENS 504.....	213
TENS CARE iTOUCH SURE .....	221
TEPMETKO.....	233
terazosin.....	43
terbinafine hcl .....	180
terbutaline.....	9
terconazole.....	287
teriflunomide.....	238
teriparatide .....	130
TERRELL .....	246
TERSİ FOAM .....	99
testosterone .....	158, 159
testosterone cypionate .....	158
testosterone enanthate .....	158
TETOXIA .....	97
tetrabenazine .....	239
tetracaine hcl .....	138
tetracaine hcl (pf) .....	138
tetracycline .....	179
TEXACORT .....	97
TEZSPIRE .....	20
THALOMID .....	181
THEO-24 .....	20
theophylline.....	20
THERAHONEY .....	210
THIN LANCETS .....	219
THIOLA EC .....	284
thioridazine .....	35
thiothixene .....	34
THRESHOLD IMT TRAINER .....	19
THRESHOLD PEP DEVICE .....	19
THROMBI-GEL .....	157
THROMBIN-JMI .....	157
THROMBI-PAD .....	157
THYQUIDITY .....	134
thyroid (pork) .....	134
TIADYL T ER .....	49
tiagabine .....	273
TIBSOVO .....	234
TIGLUTIK .....	238
TILIA FE .....	72
timolol maleate .....	47, 142
timolol maleate (pf) .....	142
tinidazole .....	182
tiopronin .....	284
TIROSINT .....	135
TIROSINT-SOL .....	135
TISSEEL VHSD (APROTININ, SYN) .....	251
TIS-U-SOL PENTALYTE .....	100
TIVICAY .....	190
TIVICAY PD .....	190
tizanidine .....	275
TLANDO .....	159
TOBI PODHALER .....	180
TOBRADEX .....	135
tobramycin .....	139, 180
tobramycin in 0.225 % nacl.....	180
tobramycin with nebulizer .....	180
tobramycin-dexamethasone .....	135
TOBREX .....	139
TOLAK .....	104
tolcapone .....	267
tolmetin .....	201
tolterodine .....	286
tolvaptan .....	124
TOPCARE UNIVERSAL1 LANCET .....	219
topiramate .....	273
toremifene .....	236
TORONOVA II SUIK .....	201
TORONOVA SUIK .....	201

TORPENZ .....	229	TWINRIX (PF) .....	170
<i>torsemide</i> .....	49	TWIRLA .....	74
TOUCH-TROL .....	212	TWIST LANCETS .....	219
TOUJEO MAX U-300 SOLOSTAR .....	122	TYBLUME .....	73
TOUJEO SOLOSTAR U-300 .....	122	TYBOST .....	190
INSULIN .....	123	TYDEMY .....	73
TPOXX (NATIONAL STOCKPILE) .....	185	TYENNE .....	198
TRACLEER .....	50	TYENNE AUTOINJECTOR .....	198
<i>tramadol</i> .....	259	TYMLOS .....	130
<i>tramadol-acetaminophen</i> .....	264	TYRVAYA .....	138
<i>trandolapril</i> .....	44	TYVASO .....	51
<i>trandolapril-verapamil</i> .....	42	TYVASO DPI .....	51
<i>tranexamic acid</i> .....	146	TYVASO INSTITUTIONAL START KIT .....	51
TRANSFER SET .....	223	TYVASO REFILL KIT .....	51
<i>tranylcypromine</i> .....	22	TYVASO STARTER KIT .....	51
TRANZAREL .....	105	<b>U</b>	
<i>travoprost</i> .....	142	UBRELVY .....	262
<i>trazodone</i> .....	24	ULESFIA .....	86
TRECATOR .....	181	ULTILET BASIC LANCETS .....	219
TRELEGY ELLIPTA .....	11	ULTILET CLASSIC LANCETS .....	219
TREMFYA .....	107	ULTILET LANCETS .....	219
<i>treprostинil sodium</i> .....	51	ULTILET SAFETY LANCETS .....	219
TRESIBA FLEXTOUCH U-100 .....	123	ULTRA FINE LANCETS .....	219
TRESIBA FLEXTOUCH U-200 .....	123	ULTRA THIN II LANCETS .....	219
TRESIBA U-100 INSULIN .....	123	ULTRA THIN LANCETS .....	219
<i>tretinoin</i> .....	82	ULTRA THIN PLUS LANCETS .....	219
<i>tretinoin (antineoplastic)</i> .....	234	ULTRA TLC LANCETS .....	219
<i>tretinoin microspheres</i> .....	82	ULTRA-CARE LANCETS .....	219
TRETEN .....	150	ULTRAFOAM .....	158
TREXALL .....	227	ULTRALANCE LANCETS .....	219
<i>triamcinolone acetonide</i> ....	97, 240	ULTRASAL-ER .....	102
<i>triamterene</i> .....	49	ULTRA-THIN II LANCETS .....	219
<i>triamterene-hydrochlorothiazid</i> ...	50	UNILET COMFORTOUCH LANCET .....	219
<i>triazolam</i> .....	37	UNILET GP LANCET .....	220
TRIDACANE II .....	105	UNILET LANCET .....	220
TRIDACANE III .....	105	UNILET LANCETS .....	220
TRIDERM .....	97	UNILET SUPER THIN LANCETS .....	220
<i>trientine</i> .....	248	UNISTIK 3 COMFORT LANCET .....	220
TRI-ESTARYLLA .....	72	UNISTIK 3 EXTRA LANCET .....	220
TRIFERIC .....	290	UNISTIK 3 GENTLE .....	220
<i>trifluoperazine</i> .....	35	UNISTIK 3 NORMAL LANCET .....	220
<i>trifluridine</i> .....	137	UNISTIK COMFORT LANCETS .....	220
<i>trihexyphenidyl</i> .....	265	UNISTIK CZT LANCET .....	220
TRIJARDY XR .....	113, 114	UNISTIK EXTRA LANCETS .....	220
TRIKAFTA .....	252	UNISTIK NORMAL LANCETS .....	220
TRI-LEGEST FE .....	72	UNISTIK PRO LANCET .....	220
TRI-LINYAH .....	72		
TRILOAN II SUIK.....	197		
TRILOAN SUIK.....	197		

UNISTIK SAFETY .....	220	VASHE .....	100	VITAMIN K1 .....	158
UNISTIK TOUCH LANCETS....	220	VAXCHORA BUFFER COMPONENT.....	124	VITRAKVI.....	233
UNIVERSAL 1 LANCETS .....	220	VAXNEUVANCE (PF) .....	166	VIVAGUARD LANCET.....	221
UNZDOMDIOXIAZAR .....	80	VCF CONTRACEPTIVE FILM ...	61	VIVAGUARD SAFETY LANCET .....	221
UPNEEQ (PF) .....	138	VCF CONTRACEPTIVE GEL ....	61	VIVJOA .....	180
UPTRAVI.....	51	VELVET TRIPHASIC REGIMEN (28).....	73	VIXONE NEBULIZER .....	19
URAMAXIN.....	102	VELPHORO .....	125	VIXONE NEBULIZER-ADULT MASK.....	19
URAMAXIN GT.....	102	VELTASSA.....	125	VIXONE NEBULIZER-PEDIATRIC MSK.....	19
urea .....	102, 108	VEMLIDY.....	191	VIZIMPRO .....	233
UREA NAIL STICK.....	102	VENCLEXTA.....	234	VOCABRIA .....	190
URETRON D-S.....	174	VENCLEXTA STARTING PACK .....	234	VOLNEA (28) .....	73
URIBEL TABS .....	174	venlafaxine .....	24	VONJO.....	233
URIMAR-T .....	174	VENTAVIS.....	52	VONVENDI .....	148
URO-458 .....	174	VEOZAH.....	162	VOQUEZNA .....	281
UROGESIC-BLUE.....	174	verapamil.....	49	VOQUEZNA DUAL PAK .....	281
URO-MP .....	174	VERIFINE SAFETY LANCET MINI .....	220	VOQUEZNA TRIPLE PAK.....	281
UROQID-ACID NO.2 .....	285	VERIFINE UNIVERSAL LANCET .....	221	VORANIGO.....	234
ursodiol.....	205	VERKAZIA.....	140	voriconazole.....	180
UZEDY .....	31, 32	VERQUVO .....	60	VORTEX HOLDING CHAMBER.19	
<b>V</b>		VERSACLOZ.....	34	VORTEX VHC FROG MASK- CHILD .....	19
VAGINAL CONTRACEPTIVE FILM .....	61	VERTIGOHEEL.....	246	VORTEX VHC LADYBUG MASK- TODDLR .....	20
valacyclovir.....	185	VERZENIO.....	233	VOSEVI.....	190
VALCHLOR .....	104	VESTURA (28).....	73	VOWST .....	174
valganciclovir.....	185	V-GO 20 .....	120	VOXZOGO .....	133
valproic acid.....	273	V-GO 30 .....	120	VOYDEYA .....	153
valproic acid (as sodium salt) .....	273	V-GO 40 .....	120	VRAYLAR .....	30
valsartan .....	45	VIBERZI .....	203	VUITY.....	143
valsartan-hydrochlorothiazide .....	43	VIBRANT .....	221	VUMERITY .....	238
VALTOCO .....	268	VIBRANT STARTER KIT .....	221	VYFEMLA (28) .....	73
vancomycin.....	182	VIENVA .....	73	VYLEESI .....	35
vancomycin in 0.9 % sodium chl .....	139	vigabatrin.....	273	YLIBRA .....	73
VANFLYTA .....	233	VIGADRONE.....	273	VYNDAMAX .....	59
VANOXIDE-HC.....	80	VIGAFYDE .....	273	VYNDAQEL .....	60
VAPRO PLUS INTERMITT CATHETER .....	212	VIGPODER .....	274	VYZULTA .....	143
VAQTA (PF) .....	170	VIJOICE .....	225	<b>W</b>	
VARDIMAXIA .....	80	vilazodone .....	24	WAINUA .....	223
varenicline .....	278	VIMPAT .....	274	WAKIX .....	36
VARISOFT INFUSION SET 23	119	VIOKACE .....	279	warfarin .....	146
VARISOFT INFUSION SET 32	119	VIORELE (28) .....	73	water for irrigation, sterile .....	100
VARISOFT INFUSION SET 43	120	VIOS AEROSOL DELIVERY SYSTEM .....	19	WEGOVY .....	291
VARITHENA ADMINISTRATION PACK.....	221	VIRACEPT .....	189	WELIREG .....	234
VARIVAX (PF) .....	170	VIREAD .....	188	WERA (28) .....	73
VAROXIA.....	80	VISTASEAL-FIBRIN SEALANT	158	WIDE-SEAL DIAPHRAGM 60 .....	74
VARUBI .....	8	VISTOGARD .....	235	WIDE-SEAL DIAPHRAGM 65 .....	74
VASCEPA.....	58	VITAMIN K .....	158	WIDE-SEAL DIAPHRAGM 70 .....	74
VASELINE WHITE PETROLEUM .....	102			WIDE-SEAL DIAPHRAGM 75 .....	74

WIDE-SEAL DIAPHRAGM 80	74	XERMELO	205	ZELAPAR	268
WIDE-SEAL DIAPHRAGM 85	75	XEROFORM PETROLATUM		ZELBORAF	228
WIDE-SEAL DIAPHRAGM 90	75	DRESSING	210	ZEMAIRA	225
WIDE-SEAL DIAPHRAGM 95	75	XHANCE	6	ZENATANE	77
WILATE	148	XIFAXAN	182	ZENPEP	279
WILLIS THE WHALE COMPRESSR NEB	20	XIGDUO XR	113	ZENPHOR	210
WILZIN	248	XXIDRA	140	ZENZEDI	28
WINLEVI	81	XOFLUZA	185	ZEPBOUND	290
WINREVAIR	50	XOLAIR	12	ZEPOSIA	239
WINTERGREEN OIL	100	XOLREMDI	224	ZEPOSIA STARTER KIT (28-DAY)	239
WIXELA INHUB	10	XOSPATA	233	ZEPOSIA STARTER PACK (7-DAY)	240
WOUNDGELHA MATRIX	102	XPHOZAH	125	zidovudine	188
WYMZYA FE	74	XPOVIO	235	ZILBRYSQ	153
WYNZORA	108	XTAMPZA ER	259, 260	ZIMHI	36
<b>X</b>		XTANDI	226	zinc oxide	102, 103
XADAGO	267	XULANE	74	ziprasidone hcl	34
XALIX	102	XULTOPHY 100/3.6	112	ZITHRANOL	107
XALKORI	233	XURIDEN	144	ZOKINVY	225
XARELTO	149	XYNTHA	148	ZOLINZA	234
XARELTO DVT-PE TREAT 30D START	149	XYNTHA SOLOFUSE	148	zolmitriptan	262
XATMEP	227	XYOSTED	159	zolpidem	37
XCLAIR	99	XYWAV	30	ZOMIG	263
XCOPRI	274	<b>Y</b>		ZONISADE	274
XCOPRI MAINTENANCE PACK .....	274	YARGESA	245	zonisamide	274
XCOPRI TITRATION PACK	274	YCANTH	100	ZONTIVITY	155
XDEMVY	138	YONSA	226	ZOVIA 1-35 (28)	74
XELJANZ	198	YUVAFEM	288	ZTALMY	274
XELJANZ XR	198	<b>Z</b>		ZUBSOLV	264, 265
XELPROS	143	ZAFEMY	74	ZUMANDIMINE (28)	74
XEMBIFY	163	zafirlukast	12	ZURZUVAE	22
XENLETA	177	zaleplon	37	ZYDELIG	233
XENOVIEW EMPTY DELIVERY BAG	221	ZARAH	74	ZYKADIA	233
XEPI	83	ZAVZPRET	262	ZYPRAM	203
		ZEGALOGUE AUTOINJECTOR .....	121	ZYPREXA RELPREVV	34
		ZEGALOGUE SYRINGE	121		
		ZEJULA	233		