



Samaritan
Health Plans

2021 Formulary List of Covered Drugs

Samaritan Small Group Plans

Note to existing members: This formulary may have changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Samaritan Small Group. When it refers to “plan” or “our plan,” it means Samaritan Small Group. You must generally use network pharmacies to use your prescription drug benefit.

If you have any questions, please call Customer Service at 541-768-4550, toll free 800-832-4580 (TTY 800-735-2900), Monday through Friday, from 8 a.m. to 8 p.m.

This document includes a list of the drugs (formulary) for our plan which is current as of 12/01/2021.

What is a formulary (Drug List)?

A formulary is a list of covered drugs selected by our plan, in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your member materials.

Can the formulary (Drug List) change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the plan rules in making these changes.

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. You can find information in the section below entitled “How do I request an exception to the formulary?”

How do I use the formulary (Drug List)?

There are two ways to find your drug within the formulary:

Medical condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. If you know what your drug is used for, look for the category name in the list that begins on page 1. Then, look under the category name for your drug.

Alphabetical listing

If you are not sure what category to look under, you should look for your drug in the index at the end of the formulary. The index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the index. Look in the index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the index and find the name of your drug in the first column of the list.

What are generic drugs?

Our plan covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior authorization:** Our plan requires you (or your physician) to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 capsules per 30 days for Omeprazole Capsules.
- **Step therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if drug A and drug B both treat your medical condition, we may not cover drug B unless you try drug A first. If drug A does not work for you, we will then cover drug B.
- **MED:** Morphine equivalent dose also known as MED allows prescribers, pharmacists, and patients to compare different opioid medications to each other. We may use the MED calculation to limit the amount of opioid medication that is covered.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front cover page.

Your prescriber can ask us to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the formulary?" for information about how to request an exception.

What if my drug is not on the formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Services and ask if your drug is covered.

If you learn that our plan does not cover your drug, you have two options:

- Your prescriber can ask Customer Services for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.

- Your prescriber can ask us to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the formulary?

Your prescriber can ask us to make an exception to our coverage rules by faxing a request to 844-611-3831. There are several types of exceptions that they can ask us to make.

- They can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- They can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved, this would lower the amount you must pay for your drug.
- They can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, they can ask us to waive the limit and cover a greater amount.

Generally, we will only approve the request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

We will make a coverage determination within 72 hours of receipt for standard requests and within 24 hours of receipt for expedited requests. Your provider can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If requested, we must give you a decision no later than 24 hours after receipt of request.

Preventive medications: Preventive medications will now pay at \$0 not subject to deductible when preventive criteria for medication is met. Medications may be listed on any tier on the formulary document. **Note:** If preventive criteria for medication is not met it will pay at the designated formulary tier subject to deductible if applicable.

For more information

For more detailed information about your prescription drug coverage, please review your member materials.

If you have questions about our plan, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front cover page.



Formulary

The formulary below provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the index.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., AMOXIL) and generic drugs are listed in lower-case italics (e.g., *amoxicillin*).

The information in the notes column tells you if our plan has any special requirements for coverage of your drug.

List of abbreviations

EA: Each.

PA: Prior authorization. Our plan requires you (or your physician) to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, we may not cover the drug.

QL: Quantity limit. For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 capsules per 30 days for Omeprazole Capsules. This may be in addition to a standard one-month or three-month supply.

ST: Step therapy. In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if drug A and drug B both treat your medical condition, we may not cover drug B unless you try drug A first. If drug A does not work for you, we will then cover drug B.

Opioid limits:

All opioid: Maximum of two fills in a 60-day period.

Opioid anti-tussive limits:

- Liquids:
 - Maximum of 240ML per fill.
- Tablets/capsules:
 - Maximum seven-day supply per fill.

Short-acting opioid limits:

- New to therapy:
 - Maximum of 49 MED.
 - Maximum seven-day supply per fill.
- Experience with therapy:
 - Maximum of 90 MED.

Long-acting opioid limits:

- PA required.
- Maximum of 90 MED.

Table of Contents

Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant	3
Aminoglycosides	6
Analgesics - Anti-Inflammatory	7
Analgesics - Nonnarcotic	11
Analgesics - Opioid	15
Androgens-Anabolic	22
Anorectal And Related Products	22
Antacids	23
Anthelmintics	23
Antianginal Agents	23
Antianxiety Agents	24
Antiarrhythmics	26
Antiasthmatic And Bronchodilator Agents	27
Anticoagulants	31
Anticonvulsants	33
Antidepressants	37
Antidiabetics	40
Antidiarrheal/Probiotic Agents	45
Antidotes And Specific Antagonists	46
Antiemetics	47
Antifungals	48
Antihistamines	49
Antihyperlipidemics	50
Antihypertensives	52
Anti-Infective Agents - Misc.	56
Antimalarials	59
Antimyasthenic/Cholinergic Agents	59
Antimycobacterial Agents	60
Antineoplastics And Adjunctive Therapies	60
Antiparkinson And Related Therapy Agents	74
Antipsychotics/Antimanic Agents	75
Antiseptics & Disinfectants	80
Antivirals	80
Beta Blockers	85
Calcium Channel Blockers	87
Cardiotonics	88
Cardiovascular Agents - Misc.	89
Cephalosporins	91
Contraceptives	93
Corticosteroids	105
Cough/Cold/Allergy	107
Dermatologicals	108
Diagnostic Products	118
Digestive Aids	119
Diuretics	119
Endocrine And Metabolic Agents - Misc.	120
Estrogens	126
Fluoroquinolones	127
Gastrointestinal Agents - Misc.	128
Genitourinary Agents - Miscellaneous	130

Gout Agents	131
Hematological Agents - Misc.	132
Hematopoietic Agents	135
Hemostatics	138
Hypnotics/Sedatives/Sleep Disorder Agents	138
Laxatives	139
Local Anesthetics-Parenteral	143
Macrolides	143
Medical Devices And Supplies	144
Migraine Products	187
Minerals & Electrolytes	189
Miscellaneous Therapeutic Classes	192
Mouth/Throat/Dental Agents	194
Multivitamins	196
Musculoskeletal Therapy Agents	199
Nasal Agents - Systemic And Topical	200
Neuromuscular Agents	201
Nutrients	201
Ophthalmic Agents	201
Otic Agents	207
Oxytocics	207
Passive Immunizing And Treatment Agents	207
Penicillins	209
Progestins	211
Psychotherapeutic And Neurological Agents - Misc.	211
Respiratory Agents - Misc.	218
Sulfonamides	218
Tetracyclines	218
Thyroid Agents	219
Toxoids	221
Ulcer Drugs/Antispasmodics/Anticholinergics	222
Urinary Antispasmodics	224
Vaccines	225
Vaginal And Related Products	227
Vasopressors	228
Vitamins	229

Drug	Status	Generic Status	Notes
Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant			
*Adhd Agent - Selective Alpha Adrenergic Agonists***			
CLONIDINE HCL ER ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG		Tier 1	
GUANFACINE HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR 1 MG, 2 MG, 3 MG, 4 MG		Tier 1	
*Adhd Agent - Selective Norepinephrine Reuptake Inhibitor***			
ATOMOXETINE HCL CAPSULE 10 MG ORAL 10 MG		Tier 1	QL (2 EA per 1 day)
ATOMOXETINE HCL CAPSULE 100 MG ORAL 100 MG		Tier 1	QL (1 EA per 1 day)
ATOMOXETINE HCL CAPSULE 18 MG ORAL 18 MG		Tier 1	QL (1 EA per 1 day)
ATOMOXETINE HCL CAPSULE 25 MG ORAL 25 MG		Tier 1	QL (1 EA per 1 day)
ATOMOXETINE HCL CAPSULE 40 MG ORAL 40 MG		Tier 1	QL (2 EA per 1 day)
ATOMOXETINE HCL CAPSULE 60 MG ORAL 60 MG		Tier 1	QL (1 EA per 1 day)
ATOMOXETINE HCL CAPSULE 80 MG ORAL 80 MG		Tier 1	QL (1 EA per 1 day)
*Amphetamine Mixtures***			
AMPHETAMINE-DEXTROAMPHET ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG		Tier 1	PA; QL (1 EA per 1 day)
AMPHETAMINE-DEXTROAMPHETAMINE TABLET 10 MG ORAL 10 MG		Tier 1	PA; QL (3 EA per 1 day)
AMPHETAMINE-DEXTROAMPHETAMINE TABLET 12.5 MG ORAL 12.5 MG		Tier 1	PA; QL (3 EA per 1 day)
AMPHETAMINE-DEXTROAMPHETAMINE TABLET 15 MG ORAL 15 MG		Tier 1	PA; QL (3 EA per 1 day)
AMPHETAMINE-DEXTROAMPHETAMINE TABLET 20 MG ORAL 20 MG		Tier 1	PA; QL (3 EA per 1 day)
AMPHETAMINE-DEXTROAMPHETAMINE TABLET 30 MG ORAL 30 MG		Tier 1	PA; QL (2 EA per 1 day)
AMPHETAMINE-DEXTROAMPHETAMINE TABLET 5 MG ORAL 5 MG		Tier 1	PA; QL (3 EA per 1 day)

Drug	Status	Generic Status	Notes
AMPHETAMINE-DEXTROAMPHETAMINE TABLET 7.5 MG ORAL 7.5 MG		Tier 1	PA; QL (3 EA per 1 day)
*Amphetamines***			
AMPHETAMINE SULFATE ORAL TABLET 10 MG, 5 MG		Tier 1	PA; QL (6 EA per 1 day)
DEXTROAMPHETAMINE SULFATE ER CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL 10 MG		Tier 1	PA; QL (6 EA per 1 day)
DEXTROAMPHETAMINE SULFATE ER CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL 15 MG		Tier 1	PA; QL (4 EA per 1 day)
DEXTROAMPHETAMINE SULFATE ER CAPSULE EXTENDED RELEASE 24 HOUR 5 MG ORAL 5 MG		Tier 1	PA; QL (3 EA per 1 day)
DEXTROAMPHETAMINE SULFATE ORAL SOLUTION 5 MG/5ML		Tier 1	PA; QL (60 ML per 1 day)
DEXTROAMPHETAMINE SULFATE TABLET 10 MG ORAL 10 MG		Tier 1	PA; QL (6 EA per 1 day)
DEXTROAMPHETAMINE SULFATE TABLET 5 MG ORAL 5 MG		Tier 1	PA; QL (3 EA per 1 day)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	Tier 2		PA; QL (1 EA per 1 day)
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	Tier 2		PA; QL (1 EA per 1 day)
*Analeptics***			
CAFFEINE CITRATE INTRAVENOUS SOLUTION 60 MG/3ML		Tier 1	
CAFFEINE CITRATE ORAL SOLUTION 20 MG/ML, 60 MG/3ML		Tier 1	
*Dopamine And Norepinephrine Reuptake Inhibitors (Dnris)***			
SUNOSI ORAL TABLET 150 MG, 75 MG	Tier 2		PA; QL (1 EA per 1 day)
*Stimulants - Misc.***			
ARMODAFINIL TABLET 150 MG ORAL 150 MG		Tier 1	PA; QL (1 EA per 1 day)
ARMODAFINIL TABLET 200 MG ORAL 200 MG		Tier 1	PA; QL (1 EA per 1 day)
ARMODAFINIL TABLET 250 MG ORAL 250 MG		Tier 1	PA; QL (1 EA per 1 day)
ARMODAFINIL TABLET 50 MG ORAL 50 MG		Tier 1	PA; QL (2 EA per 1 day)

Drug	Status	Generic Status	Notes
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR	Tier 3		PA; ST; QL (1 EA per 1 day)
DEXMETHYLPHENIDATE HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL 10 MG		Tier 1	PA; QL (1 EA per 1 day)
DEXMETHYLPHENIDATE HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL 15 MG		Tier 1	PA; QL (1 EA per 1 day)
DEXMETHYLPHENIDATE HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL 20 MG		Tier 1	PA; QL (2 EA per 1 day)
DEXMETHYLPHENIDATE HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 25 MG ORAL 25 MG		Tier 1	PA; QL (1 EA per 1 day)
DEXMETHYLPHENIDATE HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL 30 MG		Tier 1	PA; QL (1 EA per 1 day)
DEXMETHYLPHENIDATE HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 35 MG ORAL 35 MG		Tier 1	PA; QL (1 EA per 1 day)
DEXMETHYLPHENIDATE HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL 40 MG		Tier 1	PA; QL (1 EA per 1 day)
DEXMETHYLPHENIDATE HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 5 MG ORAL 5 MG		Tier 1	PA; QL (1 EA per 1 day)
DEXMETHYLPHENIDATE HCL ORAL TABLET 10 MG, 2.5 MG, 5 MG		Tier 1	PA; QL (2 EA per 1 day)
METHYLPHENIDATE HCL ER (CD) ORAL CAPSULE EXTENDED RELEASE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG		Tier 1	PA; QL (1 EA per 1 day)
METHYLPHENIDATE HCL ER (LA) ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG, 60 MG		Tier 1	PA; QL (1 EA per 1 day)
METHYLPHENIDATE HCL ER (XR) ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG		Tier 1	PA; QL (1 EA per 1 day)
METHYLPHENIDATE HCL ER TABLET EXTENDED RELEASE 10 MG ORAL 10 MG		Tier 1	PA; QL (2 EA per 1 day)
METHYLPHENIDATE HCL ER TABLET EXTENDED RELEASE 18 MG ORAL 18 MG		Tier 1	PA; QL (1 EA per 1 day)

Drug	Status	Generic Status	Notes
METHYLPHENIDATE HCL ER TABLET EXTENDED RELEASE 20 MG ORAL 20 MG		Tier 1	PA; QL (3 EA per 1 day)
METHYLPHENIDATE HCL ER TABLET EXTENDED RELEASE 24 HOUR 18 MG ORAL 18 MG		Tier 1	PA; QL (1 EA per 1 day)
METHYLPHENIDATE HCL ER TABLET EXTENDED RELEASE 24 HOUR 27 MG ORAL 27 MG		Tier 1	PA; QL (1 EA per 1 day)
METHYLPHENIDATE HCL ER TABLET EXTENDED RELEASE 24 HOUR 36 MG ORAL 36 MG		Tier 1	PA; QL (2 EA per 1 day)
METHYLPHENIDATE HCL ER TABLET EXTENDED RELEASE 24 HOUR 54 MG ORAL 54 MG		Tier 1	PA; QL (1 EA per 1 day)
METHYLPHENIDATE HCL ER TABLET EXTENDED RELEASE 27 MG ORAL 27 MG		Tier 1	PA; QL (1 EA per 1 day)
METHYLPHENIDATE HCL ER TABLET EXTENDED RELEASE 36 MG ORAL 36 MG		Tier 1	PA; QL (2 EA per 1 day)
METHYLPHENIDATE HCL ER TABLET EXTENDED RELEASE 54 MG ORAL 54 MG		Tier 1	PA; QL (1 EA per 1 day)
METHYLPHENIDATE HCL ORAL TABLET 10 MG, 20 MG, 5 MG		Tier 1	PA; QL (3 EA per 1 day)
METHYLPHENIDATE HCL SOLUTION 10 MG/5ML ORAL 10 MG/5ML		Tier 1	PA; QL (30 ML per 1 day)
METHYLPHENIDATE HCL SOLUTION 5 MG/5ML ORAL 5 MG/5ML		Tier 1	PA; QL (60 ML per 1 day)
METHYLPHENIDATE HCL TABLET CHEWABLE 10 MG ORAL 10 MG		Tier 1	PA; QL (6 EA per 1 day)
METHYLPHENIDATE HCL TABLET CHEWABLE 2.5 MG ORAL 2.5 MG		Tier 1	PA; QL (3 EA per 1 day)
METHYLPHENIDATE HCL TABLET CHEWABLE 5 MG ORAL 5 MG		Tier 1	PA; QL (3 EA per 1 day)
MODAFINIL ORAL TABLET 100 MG, 200 MG		Tier 1	PA; QL (1 EA per 1 day)
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER 25 MG/5ML	Tier 3		PA; ST; QL (12 ML per 1 day)
RELEXXII ORAL TABLET EXTENDED RELEASE (METHYLPHENIDATE HCL ER) 72 MG	Tier 1	Tier 1	PA; QL (1 EA per 1 day)
Aminoglycosides			
*Aminoglycosides***			
AMIKACIN SULFATE INJECTION SOLUTION 1 GM/4ML, 500 MG/2ML		Tier 1	

Drug	Status	Generic Status	Notes
BETHKIS INHALATION NEBULIZATION SOLUTION (TOBRAMYCIN) 300 MG/4ML	Tier 4	Tier 4	
GENTAMICIN IN SALINE INTRAVENOUS SOLUTION 0.8-0.9 MG/ML-%, 1-0.9 MG/ML-%, 1.2-0.9 MG/ML-%, 1.6-0.9 MG/ML-%, 2-0.9 MG/ML-%		Tier 1	
GENTAMICIN SULFATE INJECTION SOLUTION 10 MG/ML, 40 MG/ML		Tier 1	
NEOMYCIN SULFATE ORAL TABLET 500 MG		LC	
PAROMOMYCIN SULFATE ORAL CAPSULE 250 MG		Tier 1	
STREPTOMYCIN SULFATE INTRAMUSCULAR SOLUTION RECONSTITUTED 1 GM		Tier 1	
TOBRAMYCIN INHALATION NEBULIZATION SOLUTION 300 MG/5ML		Tier 4	
TOBRAMYCIN SULFATE INJECTION SOLUTION 1.2 GM/30ML, 10 MG/ML, 2 GM/50ML, 80 MG/2ML		Tier 1	
TOBRAMYCIN SULFATE INJECTION SOLUTION RECONSTITUTED 1.2 GM		Tier 1	
Analgesics - Anti-Inflammatory			
*Antirheumatic - Janus Kinase (Jak) Inhibitors***			
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG	Tier 4		PA
XELJANZ ORAL TABLET 10 MG, 5 MG	Tier 4		PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	Tier 4		PA
*Anti-Tnf-Alpha - Monoclonal Antibodies***			
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	Tier 4		PA
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML	Tier 4		PA
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	Tier 4		PA

Drug	Status	Generic Status	Notes
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	Tier 4		PA
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	Tier 4		PA
HUMIRA PEN-PSOR/UEVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	Tier 4		PA
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	Tier 4		PA
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML	Tier 4		PA
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML	Tier 4		PA
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML	Tier 4		PA
*Cyclooxygenase 2 (Cox-2) Inhibitors***			
CELECOXIB ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG		Tier 1	QL (2 EA per 1 day)
*Interleukin-1 Receptor Antagonist (IL-1Ra)***			
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	Tier 5		PA
*Interleukin-1Beta Blockers***			
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML	Tier 4		PA; QL (0.08 ML per 1 day)
*Interleukin-6 Receptor Inhibitors***			
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	Tier 5		PA
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML	Tier 5		PA
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	Tier 5		PA

Drug	Status	Generic Status	Notes
*Nonsteroidal Anti-Inflammatory Agent Combinations***			
DICLOFENAC-MISOPROSTOL ORAL TABLET DELAYED RELEASE 50-0.2 MG, 75-0.2 MG		Tier 1	
INAVIX COMBINATION THERAPY PACK 75 & 0.025 MG-%		Tier 1	
*Nonsteroidal Anti-Inflammatory Agents (Nsaids)***			
DICLOFENAC POTASSIUM ORAL TABLET 50 MG		Tier 1	
DICLOFENAC SODIUM ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG		Tier 1	
DICLOFENAC SODIUM ORAL TABLET DELAYED RELEASE 25 MG, 50 MG, 75 MG		Tier 1	
EC-NAPROXEN ORAL TABLET DELAYED RELEASE 375 MG, 500 MG		Tier 1	
ETODOLAC ER ORAL TABLET EXTENDED RELEASE 24 HOUR 400 MG, 500 MG, 600 MG		Tier 1	
ETODOLAC ORAL CAPSULE 200 MG, 300 MG		Tier 1	
ETODOLAC ORAL TABLET 400 MG, 500 MG		Tier 1	
FENOPROFEN CALCIUM ORAL CAPSULE 400 MG		Tier 3	
FENOPROFEN CALCIUM ORAL TABLET 600 MG		Tier 3	
FLURBIPROFEN ORAL TABLET 100 MG, 50 MG		Tier 1	
IBU ORAL TABLET (IBUPROFEN) 400 MG, 600 MG, 800 MG	LC	LC	
IBUPROFEN LYSINE INTRAVENOUS SOLUTION 10 MG/ML		Tier 1	
IBUPROFEN ORAL SUSPENSION 100 MG/5ML		Tier 1	
INDOMETHACIN CAPSULE 25 MG ORAL 25 MG		LC	
INDOMETHACIN CAPSULE 50 MG ORAL 50 MG		Tier 1	
INDOMETHACIN ER ORAL CAPSULE EXTENDED RELEASE 75 MG		Tier 1	
INDOMETHACIN SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 1 MG		Tier 1	

Drug	Status	Generic Status	Notes
KETOPROFEN ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG		Tier 1	
KETOPROFEN ORAL CAPSULE 50 MG, 75 MG		Tier 1	
KETOROLAC TROMETHAMINE INJECTION SOLUTION 15 MG/ML, 30 MG/ML		Tier 1	
KETOROLAC TROMETHAMINE INTRAMUSCULAR SOLUTION 60 MG/2ML		Tier 1	
KETOROLAC TROMETHAMINE ORAL TABLET 10 MG		Tier 1	QL (20 EA per 5 days)
MECLOFENAMATE SODIUM ORAL CAPSULE 100 MG, 50 MG		Tier 1	
MELOXICAM ORAL CAPSULE 10 MG, 5 MG		Tier 1	
MELOXICAM ORAL TABLET 15 MG, 7.5 MG		LC	
NABUMETONE ORAL TABLET 500 MG, 750 MG		Tier 1	
NAPROXEN ORAL TABLET DELAYED RELEASE 375 MG, 500 MG		Tier 1	
NAPROXEN SODIUM ORAL TABLET 275 MG, 550 MG		Tier 1	
NAPROXEN TABLET 250 MG ORAL 250 MG		Tier 1	
NAPROXEN TABLET 375 MG ORAL 375 MG		LC	
NAPROXEN TABLET 500 MG ORAL 500 MG		LC	
OXAPROZIN ORAL TABLET 600 MG		Tier 1	
PIROXICAM ORAL CAPSULE 10 MG, 20 MG		Tier 1	
SULINDAC ORAL TABLET 150 MG, 200 MG		Tier 1	
*Phosphodiesterase 4 (Pde4) Inhibitors***			
OTEZLA ORAL TABLET 30 MG	Tier 4		PA
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	Tier 4		PA
*Pyrimidine Synthesis Inhibitors***			
LEFLUNOMIDE ORAL TABLET 10 MG, 20 MG		Tier 1	
*Selective Costimulation Modulators***			
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML	Tier 5		PA
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	Tier 5		PA

Drug	Status	Generic Status	Notes
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML	Tier 5		PA
*Soluble Tumor Necrosis Factor Receptor Agents***			
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	Tier 5		PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	Tier 5		PA
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	Tier 5		PA
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	Tier 5		PA
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	Tier 5		PA
Analgesics - Nonnarcotic			
*Analgesics Other***			
ACETAMINOPHEN INTRAVENOUS SOLUTION 10 MG/ML, 1000 MG/100ML		Tier 1	
*Analgesics-Sedatives***			
BAC ORAL TABLET (BUTALBITAL-APAP-CAFFEINE) 50-325-40 MG	Tier 1	Tier 1	
BUTALBITAL-ACETAMINOPHEN ORAL CAPSULE 50-300 MG		Tier 1	
BUTALBITAL-ACETAMINOPHEN ORAL TABLET 50-325 MG		Tier 1	
BUTALBITAL-APAP-CAFFEINE ORAL CAPSULE 50-300-40 MG, 50-325-40 MG		Tier 1	
BUTALBITAL-ASPIRIN-CAFFEINE ORAL CAPSULE 50-325-40 MG		Tier 1	
*Salicylates***			
ADULT ASPIRIN REGIMEN ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
ASPIRIN 81 ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
ASPIRIN ADULT LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
ASPIRIN ADULT LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV

Drug	Status	Generic Status	Notes
ASPIRIN CHILDRENS ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
ASPIRIN EC ADULT LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
ASPIRIN EC LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
ASPIRIN EC ORAL TABLET DELAYED RELEASE 325 MG, 81 MG		Tier 1	PV
ASPIRIN LOW DOSE ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
ASPIRIN LOW STRENGTH ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
BAYER ADVANCED ASPIRIN REG ST ORAL TABLET (ASPIRIN) 325 MG	Tier 3	Tier 1	PV
BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE (ASPIRIN) 81 MG	Tier 3	Tier 1	PV
BAYER ASPIRIN ORAL TABLET (ASPIRIN) 325 MG	Tier 3	Tier 1	PV
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE (ASPIRIN) 325 MG	Tier 3	Tier 1	PV
BAYER LOW DOSE ORAL TABLET CHEWABLE (ASPIRIN) 81 MG	Tier 3	Tier 1	PV
BAYER LOW DOSE ORAL TABLET DELAYED RELEASE (ASPIRIN) 81 MG	Tier 3	Tier 1	PV
CHILDRENS ASPIRIN ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
CVS ASPIRIN ADULT LOW DOSE ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
CVS ASPIRIN ADULT LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
CVS ASPIRIN EC ORAL TABLET DELAYED RELEASE 325 MG, 81 MG		Tier 1	PV
CVS ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
CVS ASPIRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
CVS ASPIRIN ORAL TABLET 325 MG		Tier 1	PV

Drug	Status	Generic Status	Notes
CVS ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG		Tier 1	PV
CVS GENUINE ASPIRIN ORAL TABLET 325 MG		Tier 1	PV
DIFLUNISAL ORAL TABLET 500 MG		Tier 1	
ECOTRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE (ASPIRIN) 81 MG	Tier 3	Tier 1	PV
ECOTRIN ORAL TABLET DELAYED RELEASE (ASPIRIN) 325 MG	Tier 1	Tier 1	PV
EQ ASPIRIN ADULT LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
EQ ASPIRIN LOW DOSE ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
EQ ASPIRIN ORAL TABLET 325 MG		Tier 1	PV
EQL ASPIRIN EC ORAL TABLET DELAYED RELEASE 325 MG		Tier 1	PV
EQL ASPIRIN LOW DOSE ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
EQL ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
GNP ADULT ASPIRIN LOW STRENGTH ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
GNP ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
GNP ASPIRIN ORAL TABLET 325 MG		Tier 1	PV
GNP ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG, 81 MG		Tier 1	PV
GOODSENSE ASPIRIN ADULT LOW ST ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
GOODSENSE ASPIRIN ADULTS ORAL TABLET 325 MG		Tier 1	PV
GOODSENSE ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
GOODSENSE ASPIRIN ORAL TABLET 325 MG		Tier 1	PV
GOODSENSE ASPIRIN ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
GOODSENSE ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG		Tier 1	PV
H-E-B ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV

Drug	Status	Generic Status	Notes
HM ADULT ASPIRIN ORAL TABLET 325 MG		Tier 1	PV
HM ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
HM ASPIRIN EC ORAL TABLET DELAYED RELEASE 325 MG		Tier 1	PV
HM ASPIRIN ORAL TABLET 325 MG		Tier 1	PV
HM ASPIRIN ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
HM ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG		Tier 1	PV
KLS ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
KP ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
MEIJER ASPIRIN EC ORAL TABLET DELAYED RELEASE 325 MG		Tier 1	PV
PX ASPIRIN ORAL TABLET 325 MG		Tier 1	PV
PX ASPIRIN ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
PX ENTERIC ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG, 81 MG		Tier 1	PV
QC ASPIRIN LOW DOSE ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
QC ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
QC ASPIRIN ORAL TABLET 325 MG		Tier 1	PV
QC ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG		Tier 1	PV
QC CHILDRENS ASPIRIN ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
QC ENTERIC ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG		Tier 1	PV
RA ASPIRIN ADULT LOW DOSE ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
RA ASPIRIN ADULT LOW STRENGTH ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
RA ASPIRIN CHILDRENS ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
RA ASPIRIN EC ADULT LOW ST ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
RA ASPIRIN EC ORAL TABLET DELAYED RELEASE 325 MG, 81 MG		Tier 1	PV

Drug	Status	Generic Status	Notes
RA ASPIRIN ORAL TABLET 325 MG		Tier 1	PV
RA PAIN RELIEF ASPIRIN ORAL TABLET 325 MG		Tier 1	PV
SALSALATE ORAL TABLET 500 MG, 750 MG		Tier 1	
SB ASPIRIN EC ORAL TABLET DELAYED RELEASE 325 MG		Tier 1	PV
SB ASPIRIN ORAL TABLET 325 MG		Tier 1	PV
SB CHILDRENS ASPIRIN ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
SB LOW DOSE ASA EC ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
SM ASPIRIN ADULT LOW STRENGTH ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
SM ASPIRIN ADULT LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
SM ASPIRIN EC LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
SM ASPIRIN EC ORAL TABLET DELAYED RELEASE 325 MG		Tier 1	PV
SM ASPIRIN LOW DOSE ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
SM ASPIRIN ORAL TABLET 325 MG		Tier 1	PV
SM CHILDRENS ASPIRIN ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
ST JOSEPH ASPIRIN ORAL TABLET DELAYED RELEASE (ASPIRIN) 81 MG	Tier 3	Tier 1	PV
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE (ASPIRIN) 81 MG	Tier 3	Tier 1	PV
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE (ASPIRIN) 81 MG	Tier 3	Tier 1	PV
Analgesics - Opioid			
*Codeine Combinations***			
ACETAMINOPHEN-CODEINE #2 ORAL TABLET 300-15 MG		Tier 1	QL (13 EA per 1 day)
ACETAMINOPHEN-CODEINE #3 ORAL TABLET 300-30 MG		Tier 1	QL (13 EA per 1 day)
ACETAMINOPHEN-CODEINE #4 ORAL TABLET 300-60 MG		Tier 1	QL (10 EA per 1 day)
ACETAMINOPHEN-CODEINE ORAL SOLUTION 120-12 MG/5ML		Tier 1	QL (166.5 ML per 1 day)

Drug	Status	Generic Status	Notes
ACETAMINOPHEN-CODEINE TABLET 300-15 MG ORAL 300-15 MG		Tier 1	QL (13 EA per 1 day)
ACETAMINOPHEN-CODEINE TABLET 300-30 MG ORAL 300-30 MG		Tier 1	QL (13 EA per 1 day)
ACETAMINOPHEN-CODEINE TABLET 300-60 MG ORAL 300-60 MG		Tier 1	QL (10 EA per 1 day)
ASCOMP-CODEINE ORAL CAPSULE (BUTALBITAL-ASA-CAFF-CODEINE) 50-325-40-30 MG	Tier 1	Tier 1	
BUTALBITAL-APAP-CAFF-COD ORAL CAPSULE 50-300-40-30 MG, 50-325-40-30 MG		Tier 1	
*Dihydrocodeine Combinations***			
APAP-CAFF-DIHYDROCODEINE ORAL CAPSULE 320.5-30-16 MG		Tier 1	PA; QL (12 EA per 1 day)
*Hydrocodone Combinations***			
HYDROCODONE-ACETAMINOPHEN SOLUTION 10-325 MG/15ML ORAL 10-325 MG/15ML		Tier 1	QL (135 ML per 1 day)
HYDROCODONE-ACETAMINOPHEN SOLUTION 2.5-108 MG/5ML ORAL 2.5-108 MG/5ML		Tier 1	QL (180 ML per 1 day)
HYDROCODONE-ACETAMINOPHEN SOLUTION 5-217 MG/10ML ORAL 5-217 MG/10ML		Tier 1	QL (180 ML per 1 day)
HYDROCODONE-ACETAMINOPHEN SOLUTION 7.5-325 MG/15ML ORAL 7.5-325 MG/15ML		Tier 1	QL (180 ML per 1 day)
HYDROCODONE-ACETAMINOPHEN TABLET 10-300 MG ORAL 10-300 MG		Tier 1	QL (9 EA per 1 day)
HYDROCODONE-ACETAMINOPHEN TABLET 10-325 MG ORAL 10-325 MG		Tier 1	QL (9 EA per 1 day)
HYDROCODONE-ACETAMINOPHEN TABLET 5-300 MG ORAL 5-300 MG		Tier 1	QL (13 EA per 1 day)
HYDROCODONE-ACETAMINOPHEN TABLET 5-325 MG ORAL 5-325 MG		Tier 1	QL (12 EA per 1 day)
HYDROCODONE-ACETAMINOPHEN TABLET 7.5-300 MG ORAL 7.5-300 MG		Tier 1	QL (12 EA per 1 day)
HYDROCODONE-ACETAMINOPHEN TABLET 7.5-325 MG ORAL 7.5-325 MG		Tier 1	QL (12 EA per 1 day)
HYDROCODONE-IBUPROFEN TABLET 10-200 MG ORAL 10-200 MG		Tier 1	QL (9 EA per 1 day)
HYDROCODONE-IBUPROFEN TABLET 5-200 MG ORAL 5-200 MG		Tier 1	QL (16 EA per 1 day)

Drug	Status	Generic Status	Notes
HYDROCODONE-IBUPROFEN TABLET 7.5-200 MG ORAL 7.5-200 MG		Tier 1	QL (12 EA per 1 day)
*Opioid Agonists***			
CODEINE SULFATE TABLET 15 MG ORAL 15 MG		Tier 1	QL (40 EA per 1 day)
CODEINE SULFATE TABLET 30 MG ORAL 30 MG		Tier 1	QL (20 EA per 1 day)
CODEINE SULFATE TABLET 60 MG ORAL 60 MG		Tier 1	QL (10 EA per 1 day)
DURAMORPH INJECTION SOLUTION 0.5 MG/ML, 1 MG/ML		Tier 1	
FENTANYL CITRATE BUCCAL LOZENGE ON A HANDLE 1200 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG		Tier 1	PA; QL (4 EA per 1 day)
FENTANYL PATCH 72 HOUR 100 MCG/HR TRANSDERMAL 100 MCG/HR		Tier 1	PA; QL (1 EA per 1 day)
FENTANYL PATCH 72 HOUR 12 MCG/HR TRANSDERMAL 12 MCG/HR		Tier 1	PA; QL (0.5 EA per 1 day)
FENTANYL PATCH 72 HOUR 25 MCG/HR TRANSDERMAL 25 MCG/HR		Tier 1	PA; QL (0.5 EA per 1 day)
FENTANYL PATCH 72 HOUR 37.5 MCG/HR TRANSDERMAL 37.5 MCG/HR		Tier 1	PA; QL (0.5 EA per 1 day)
FENTANYL PATCH 72 HOUR 50 MCG/HR TRANSDERMAL 50 MCG/HR		Tier 1	PA; QL (0.5 EA per 1 day)
FENTANYL PATCH 72 HOUR 62.5 MCG/HR TRANSDERMAL 62.5 MCG/HR		Tier 1	PA; QL (0.5 EA per 1 day)
FENTANYL PATCH 72 HOUR 75 MCG/HR TRANSDERMAL 75 MCG/HR		Tier 1	PA; QL (1 EA per 1 day)
FENTANYL PATCH 72 HOUR 87.5 MCG/HR TRANSDERMAL 87.5 MCG/HR		Tier 1	PA; QL (0.5 EA per 1 day)
HYDROCODONE BITARTRATE ER CAPSULE EXTENDED RELEASE 12 HOUR 10 MG ORAL 10 MG		Tier 1	PA; QL (2 EA per 1 day)
HYDROCODONE BITARTRATE ER CAPSULE EXTENDED RELEASE 12 HOUR 15 MG ORAL 15 MG		Tier 1	PA; QL (2 EA per 1 day)
HYDROCODONE BITARTRATE ER CAPSULE EXTENDED RELEASE 12 HOUR 20 MG ORAL 20 MG		Tier 1	PA; QL (2 EA per 1 day)
HYDROCODONE BITARTRATE ER CAPSULE EXTENDED RELEASE 12 HOUR 30 MG ORAL 30 MG		Tier 1	PA; QL (2 EA per 1 day)

Drug	Status	Generic Status	Notes
HYDROCODONE BITARTRATE ER CAPSULE EXTENDED RELEASE 12 HOUR 40 MG ORAL 40 MG		Tier 1	PA; QL (2 EA per 1 day)
HYDROCODONE BITARTRATE ER CAPSULE EXTENDED RELEASE 12 HOUR 50 MG ORAL 50 MG		Tier 1	PA; QL (4 EA per 1 day)
HYDROMORPHONE HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 16 MG, 32 MG, 8 MG		Tier 1	PA; QL (2 EA per 1 day)
HYDROMORPHONE HCL INJECTION SOLUTION 1 MG/ML, 2 MG/ML, 4 MG/ML		Tier 1	
HYDROMORPHONE HCL ORAL LIQUID 1 MG/ML		Tier 1	QL (22.5 ML per 1 day)
HYDROMORPHONE HCL PF INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2 MG/ML, 4 MG/ML, 50 MG/5ML, 500 MG/50ML		Tier 1	
HYDROMORPHONE HCL TABLET 2 MG ORAL 2 MG		Tier 1	QL (11 EA per 1 day)
HYDROMORPHONE HCL TABLET 4 MG ORAL 4 MG		Tier 1	QL (5 EA per 1 day)
HYDROMORPHONE HCL TABLET 8 MG ORAL 8 MG		Tier 1	QL (2 EA per 1 day)
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT (HYDROCODONE BITARTRATE ER) 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	Tier 2	Tier 1	PA; QL (1 EA per 1 day)
LEVORPHANOL TARTRATE ORAL TABLET 2 MG		Tier 3	PA; QL (2 EA per 1 day)
METHADONE HCL INJECTION SOLUTION 10 MG/ML		Tier 1	
METHADONE HCL INTENSOL ORAL CONCENTRATE (METHADONE HCL) 10 MG/ML	Tier 1	Tier 1	
METHADONE HCL ORAL SOLUTION 10 MG/5ML, 5 MG/5ML		Tier 1	
METHADONE HCL ORAL TABLET 10 MG, 5 MG		Tier 1	PA
METHADOSE ORAL CONCENTRATE (METHADONE HCL) 10 MG/ML	Tier 1	Tier 1	
METHADOSE ORAL TABLET SOLUBLE (METHADONE HCL) 40 MG	Tier 1	Tier 1	

Drug	Status	Generic Status	Notes
METHADOSE SUGAR-FREE ORAL CONCENTRATE (METHADONE HCL) 10 MG/ML	Tier 1	Tier 1	
MITIGO INJECTION SOLUTION 200 MG/20ML (10 MG/ML), 500 MG/20ML (25 MG/ML)	Tier 1		
MORPHINE SULFATE (CONCENTRATE) ORAL SOLUTION 100 MG/5ML, 20 MG/ML		Tier 1	QL (4.5 ML per 1 day)
MORPHINE SULFATE (PF) INJECTION SOLUTION 0.5 MG/ML, 1 MG/ML, 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML, 8 MG/ML		Tier 1	
MORPHINE SULFATE (PF) INTRAVENOUS SOLUTION 2 MG/ML, 4 MG/ML		Tier 1	
MORPHINE SULFATE ER BEADS CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL 120 MG		Tier 1	PA; QL (2 EA per 1 day)
MORPHINE SULFATE ER BEADS CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL 30 MG		Tier 1	PA; QL (1 EA per 1 day)
MORPHINE SULFATE ER BEADS CAPSULE EXTENDED RELEASE 24 HOUR 45 MG ORAL 45 MG		Tier 1	PA; QL (1 EA per 1 day)
MORPHINE SULFATE ER BEADS CAPSULE EXTENDED RELEASE 24 HOUR 60 MG ORAL 60 MG		Tier 1	PA; QL (1 EA per 1 day)
MORPHINE SULFATE ER BEADS CAPSULE EXTENDED RELEASE 24 HOUR 75 MG ORAL 75 MG		Tier 1	PA; QL (1 EA per 1 day)
MORPHINE SULFATE ER BEADS CAPSULE EXTENDED RELEASE 24 HOUR 90 MG ORAL 90 MG		Tier 1	PA; QL (1 EA per 1 day)
MORPHINE SULFATE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 100 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG		Tier 1	PA; QL (2 EA per 1 day)
MORPHINE SULFATE ER ORAL TABLET EXTENDED RELEASE 100 MG, 15 MG, 200 MG, 30 MG, 60 MG		Tier 1	PA; QL (3 EA per 1 day)
MORPHINE SULFATE INJECTION SOLUTION 2 MG/ML, 4 MG/ML		Tier 1	
MORPHINE SULFATE INTRAVENOUS SOLUTION 4 MG/ML		Tier 1	
MORPHINE SULFATE SOLUTION 10 MG/5ML ORAL 10 MG/5ML		Tier 1	QL (45 ML per 1 day)

Drug	Status	Generic Status	Notes
MORPHINE SULFATE SOLUTION 20 MG/5ML ORAL 20 MG/5ML		Tier 1	QL (22.5 ML per 1 day)
MORPHINE SULFATE TABLET 15 MG ORAL 15 MG		Tier 1	QL (6 EA per 1 day)
MORPHINE SULFATE TABLET 30 MG ORAL 30 MG		Tier 1	QL (3 EA per 1 day)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	Tier 3		PA; QL (2 EA per 1 day)
OXYCODONE HCL ORAL CAPSULE 5 MG		Tier 1	QL (12 EA per 1 day)
OXYCODONE HCL ORAL CONCENTRATE 100 MG/5ML		Tier 1	QL (3 ML per 1 day)
OXYCODONE HCL ORAL SOLUTION 5 MG/5ML		Tier 1	QL (60 ML per 1 day)
OXYCODONE HCL TABLET 10 MG ORAL 10 MG		Tier 1	QL (6 EA per 1 day)
OXYCODONE HCL TABLET 15 MG ORAL 15 MG		Tier 1	QL (4 EA per 1 day)
OXYCODONE HCL TABLET 20 MG ORAL 20 MG		Tier 1	QL (3 EA per 1 day)
OXYCODONE HCL TABLET 30 MG ORAL 30 MG		Tier 1	QL (2 EA per 1 day)
OXYCODONE HCL TABLET 5 MG ORAL 5 MG		Tier 1	QL (12 EA per 1 day)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	Tier 2		PA; QL (4 EA per 1 day)
OXYMORPHONE HCL ER ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 5 MG, 7.5 MG		Tier 1	PA; QL (4 EA per 1 day)
OXYMORPHONE HCL TABLET 10 MG ORAL 10 MG		Tier 1	QL (1 EA per 1 day)
OXYMORPHONE HCL TABLET 5 MG ORAL 5 MG		Tier 1	QL (3 EA per 1 day)
TRAMADOL HCL ER (BIPHASIC) ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG		Tier 1	QL (1 EA per 1 day)
TRAMADOL HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG		Tier 1	QL (1 EA per 1 day)
TRAMADOL HCL TABLET 100 MG ORAL 100 MG		Tier 1	QL (4 EA per 1 day)

Drug	Status	Generic Status	Notes
TRAMADOL HCL TABLET 50 MG ORAL 50 MG		Tier 1	QL (8 EA per 1 day)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG	Tier 2		PA; QL (4 EA per 1 day)
*Opioid Combinations***			
ENDOCET TABLET 10-325 MG ORAL (OXYCODONE-ACETAMINOPHEN) 10-325 MG	Tier 1	Tier 1	QL (6 EA per 1 day)
ENDOCET TABLET 2.5-325 MG ORAL (OXYCODONE-ACETAMINOPHEN) 2.5-325 MG	Tier 1	Tier 1	QL (12 EA per 1 day)
ENDOCET TABLET 5-325 MG ORAL (OXYCODONE-ACETAMINOPHEN) 5-325 MG	Tier 1	Tier 1	QL (12 EA per 1 day)
ENDOCET TABLET 7.5-325 MG ORAL (OXYCODONE-ACETAMINOPHEN) 7.5-325 MG	Tier 1	Tier 1	QL (8 EA per 1 day)
*Opioid Partial Agonists***			
BUPRENORPHINE HCL INJECTION SOLUTION 0.3 MG/ML		Tier 1	
BUPRENORPHINE HCL TABLET SUBLINGUAL 2 MG SUBLINGUAL 2 MG		Tier 1	QL (12 EA per 1 day)
BUPRENORPHINE HCL TABLET SUBLINGUAL 8 MG SUBLINGUAL 8 MG		Tier 1	QL (3 EA per 1 day)
BUPRENORPHINE HCL-NALOXONE HCL FILM 12-3 MG SUBLINGUAL 12-3 MG		Tier 1	QL (2 EA per 1 day)
BUPRENORPHINE HCL-NALOXONE HCL FILM 2-0.5 MG SUBLINGUAL 2-0.5 MG		Tier 1	QL (12 EA per 1 day)
BUPRENORPHINE HCL-NALOXONE HCL FILM 4-1 MG SUBLINGUAL 4-1 MG		Tier 1	QL (6 EA per 1 day)
BUPRENORPHINE HCL-NALOXONE HCL FILM 8-2 MG SUBLINGUAL 8-2 MG		Tier 1	QL (3 EA per 1 day)
BUPRENORPHINE HCL-NALOXONE HCL TABLET SUBLINGUAL 2-0.5 MG SUBLINGUAL 2-0.5 MG		Tier 1	QL (12 EA per 1 day)
BUPRENORPHINE HCL-NALOXONE HCL TABLET SUBLINGUAL 8-2 MG SUBLINGUAL 8-2 MG		Tier 1	QL (3 EA per 1 day)
BUPRENORPHINE TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR, 7.5 MCG/HR		Tier 1	PA; QL (0.15 EA per 1 day)

Drug	Status	Generic Status	Notes
BUTORPHANOL TARTRATE INJECTION SOLUTION 1 MG/ML, 2 MG/ML		Tier 1	
BUTORPHANOL TARTRATE NASAL SOLUTION 10 MG/ML		Tier 1	QL (2.5 ML Max Qty Per Fill Retail)
PENTAZOCINE-NALOXONE HCL ORAL TABLET 50-0.5 MG		Tier 1	QL (10 EA per 1 day)
*Tramadol Combinations***			
TRAMADOL-ACETAMINOPHEN ORAL TABLET 37.5-325 MG		Tier 1	QL (8 EA per 1 day)
Androgens-Anabolic			
*Anabolic Steroids***			
OXANDROLONE TABLET 10 MG ORAL 10 MG		Tier 1	PA; QL (2 EA per 1 day)
OXANDROLONE TABLET 2.5 MG ORAL 2.5 MG		Tier 1	PA; QL (8 EA per 1 day)
*Androgens***			
DANAZOL ORAL CAPSULE 100 MG, 200 MG, 50 MG		Tier 1	
METHITEST ORAL TABLET 10 MG		Tier 3	PA
TESTOSTERONE CYPIONATE INTRAMUSCULAR SOLUTION 100 MG/ML, 200 MG/ML		Tier 1	PA
TESTOSTERONE ENANTHATE INTRAMUSCULAR SOLUTION 200 MG/ML		Tier 1	PA
TESTOSTERONE TRANSDERMAL GEL 1.62 %, 12.5 MG/ACT (1%), 20.25 MG/1.25GM (1.62%), 20.25 MG/ACT (1.62%), 25 MG/2.5GM (1%), 40.5 MG/2.5GM (1.62%), 50 MG/5GM (1%)		Tier 1	PA
TESTOSTERONE TRANSDERMAL SOLUTION 30 MG/ACT		Tier 1	PA
Anorectal And Related Products			
*Intrarectal Steroids***			
CORTIFOAM EXTERNAL FOAM 10 %	Tier 3		
HYDROCORTISONE RECTAL ENEMA 100 MG/60ML		Tier 1	
*Nitrate Vasodilating Agents***			
RECTIV RECTAL OINTMENT 0.4 %	Tier 3		

Drug	Status	Generic Status	Notes
*Rectal Anesthetic/Steroids***			
HYDROCORTISONE ACE-PRAMOXINE EXTERNAL CREAM 1-1 %		Tier 1	
*Rectal Steroids***			
PROCTO-MED HC EXTERNAL CREAM (HYDROCORTISONE (PERIANAL)) 2.5 %	Tier 1	Tier 1	
PROCTO-PAK EXTERNAL CREAM (HYDROCORTISONE (PERIANAL)) 1 %	Tier 1	Tier 1	
PROCTOSOL HC EXTERNAL CREAM (HYDROCORTISONE (PERIANAL)) 2.5 %	Tier 1	Tier 1	
PROCTOZONE-HC EXTERNAL CREAM (HYDROCORTISONE (PERIANAL)) 2.5 %	Tier 1	Tier 1	
Antacids			
*Antacids - Bicarbonate***			
SODIUM BICARBONATE ORAL POWDER		Tier 1	
Anthelmintics			
*Anthelmintics***			
ALBENDAZOLE ORAL TABLET 200 MG		Tier 1	PA
BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG		Tier 3	
EMVERM ORAL TABLET CHEWABLE 100 MG	Tier 2		
IVERMECTIN ORAL TABLET 3 MG		Tier 1	PA
PRAZIQUANTEL ORAL TABLET 600 MG		Tier 1	
Antianginal Agents			
*Antianginals-Other***			
RANOLAZINE ER ORAL TABLET EXTENDED RELEASE 12 HOUR 1000 MG, 500 MG		Tier 1	
*Nitrates***			
ISOSORBIDE DINITRATE ORAL TABLET 10 MG, 20 MG, 30 MG, 5 MG		Tier 1	
ISOSORBIDE MONONITRATE ER TABLET EXTENDED RELEASE 24 HOUR 120 MG ORAL 120 MG		Tier 1	
ISOSORBIDE MONONITRATE ER TABLET EXTENDED RELEASE 24 HOUR 30 MG ORAL 30 MG		LC	

Drug	Status	Generic Status	Notes
ISOSORBIDE MONONITRATE ER TABLET EXTENDED RELEASE 24 HOUR 60 MG ORAL 60 MG		LC	
ISOSORBIDE MONONITRATE ORAL TABLET 10 MG, 20 MG		Tier 1	
NITRO-BID TRANSDERMAL OINTMENT 2 %	Tier 3		
NITROGLYCERIN IN D5W INTRAVENOUS SOLUTION 100-5 MCG/ML-%, 200-5 MCG/ML-%, 400-5 MCG/ML-%		Tier 1	
NITROGLYCERIN INTRAVENOUS SOLUTION 5 MG/ML		Tier 1	
NITROGLYCERIN SUBLINGUAL TABLET SUBLINGUAL 0.3 MG, 0.4 MG, 0.6 MG		Tier 1	
NITROGLYCERIN TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR		Tier 1	
NITROGLYCERIN TRANSLINGUAL SOLUTION 0.4 MG/SPRAY		Tier 1	
NITROMIST TRANSLINGUAL AEROSOL SOLUTION 400 MCG/SPRAY	Tier 3		
Antianxiety Agents			
*Antianxiety Agents - Misc.***			
BUSPIRONE HCL TABLET 10 MG ORAL 10 MG		LC	
BUSPIRONE HCL TABLET 15 MG ORAL 15 MG		Tier 1	
BUSPIRONE HCL TABLET 30 MG ORAL 30 MG		Tier 1	
BUSPIRONE HCL TABLET 5 MG ORAL 5 MG		LC	
BUSPIRONE HCL TABLET 7.5 MG ORAL 7.5 MG		Tier 1	
DROPERIDOL INJECTION SOLUTION 2.5 MG/ML		Tier 1	
HYDROXYZINE HCL ORAL SYRUP 10 MG/5ML		LC	
HYDROXYZINE HCL ORAL TABLET 10 MG, 25 MG, 50 MG		LC	
HYDROXYZINE HCL SOLUTION 25 MG/ML INTRAMUSCULAR 25 MG/ML		Tier 1	
HYDROXYZINE HCL SOLUTION 50 MG/ML INTRAMUSCULAR 50 MG/ML		LC	

Drug	Status	Generic Status	Notes
HYDROXYZINE PAMOATE ORAL CAPSULE 100 MG, 25 MG, 50 MG		LC	
*Benzodiazepines***			
ALPRAZOLAM ER TABLET EXTENDED RELEASE 24 HOUR 0.5 MG ORAL 0.5 MG		Tier 1	QL (1 EA per 1 day)
ALPRAZOLAM ER TABLET EXTENDED RELEASE 24 HOUR 1 MG ORAL 1 MG		Tier 1	QL (1 EA per 1 day)
ALPRAZOLAM ER TABLET EXTENDED RELEASE 24 HOUR 2 MG ORAL 2 MG		Tier 1	QL (5 EA per 1 day)
ALPRAZOLAM ER TABLET EXTENDED RELEASE 24 HOUR 3 MG ORAL 3 MG		Tier 1	QL (3 EA per 1 day)
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	Tier 1		QL (10 ML per 1 day)
ALPRAZOLAM TABLET 0.25 MG ORAL 0.25 MG		Tier 1	QL (4 EA per 1 day)
ALPRAZOLAM TABLET 0.5 MG ORAL 0.5 MG		Tier 1	QL (4 EA per 1 day)
ALPRAZOLAM TABLET 1 MG ORAL 1 MG		Tier 1	QL (4 EA per 1 day)
ALPRAZOLAM TABLET 2 MG ORAL 2 MG		Tier 1	QL (5 EA per 1 day)
ALPRAZOLAM XR TABLET EXTENDED RELEASE 24 HOUR 0.5 MG ORAL 0.5 MG		Tier 1	QL (1 EA per 1 day)
ALPRAZOLAM XR TABLET EXTENDED RELEASE 24 HOUR 1 MG ORAL 1 MG		Tier 1	QL (1 EA per 1 day)
ALPRAZOLAM XR TABLET EXTENDED RELEASE 24 HOUR 2 MG ORAL 2 MG		Tier 1	QL (5 EA per 1 day)
ALPRAZOLAM XR TABLET EXTENDED RELEASE 24 HOUR 3 MG ORAL 3 MG		Tier 1	QL (3 EA per 1 day)
CHLORDIAZEPOXIDE HCL CAPSULE 10 MG ORAL 10 MG		Tier 1	QL (30 EA per 1 day)
CHLORDIAZEPOXIDE HCL CAPSULE 25 MG ORAL 25 MG		Tier 1	QL (12 EA per 1 day)
CHLORDIAZEPOXIDE HCL CAPSULE 5 MG ORAL 5 MG		Tier 1	QL (4 EA per 1 day)
CLORAZEPATE DIPOTASSIUM TABLET 15 MG ORAL 15 MG		Tier 1	QL (6 EA per 1 day)
CLORAZEPATE DIPOTASSIUM TABLET 3.75 MG ORAL 3.75 MG		Tier 1	QL (24 EA per 1 day)
CLORAZEPATE DIPOTASSIUM TABLET 7.5 MG ORAL 7.5 MG		Tier 1	QL (12 EA per 1 day)
DIAZEPAM INJECTION SOLUTION 5 MG/ML		Tier 1	
DIAZEPAM INTENSOL ORAL CONCENTRATE (DIAZEPAM) 5 MG/ML	Tier 1	Tier 1	

Drug	Status	Generic Status	Notes
DIAZEPAM INTRAMUSCULAR SOLUTION AUTO-INJECTOR 10 MG/2ML		Tier 1	
DIAZEPAM ORAL SOLUTION 5 MG/5ML		Tier 1	
DIAZEPAM ORAL TABLET 10 MG, 2 MG, 5 MG		Tier 1	
LORAZEPAM INJECTION SOLUTION 2 MG/ML, 4 MG/ML		Tier 1	
LORAZEPAM INTENSOL ORAL CONCENTRATE (LORAZEPAM) 2 MG/ML	Tier 1	Tier 1	QL (5 ML per 1 day)
LORAZEPAM TABLET 0.5 MG ORAL 0.5 MG		Tier 1	QL (3 EA per 1 day)
LORAZEPAM TABLET 1 MG ORAL 1 MG		Tier 1	QL (3 EA per 1 day)
LORAZEPAM TABLET 2 MG ORAL 2 MG		Tier 1	QL (5 EA per 1 day)
OXAZEPAM ORAL CAPSULE 10 MG, 15 MG, 30 MG		Tier 1	QL (4 EA per 1 day)
Antiarrhythmics			
*Antiarrhythmics - Misc.***			
ADENOSINE INTRAVENOUS SOLUTION 12 MG/4ML, 6 MG/2ML		Tier 1	
*Antiarrhythmics Type I-A***			
DISOPYRAMIDE PHOSPHATE ORAL CAPSULE 100 MG, 150 MG		Tier 1	
PROCAINAMIDE HCL INJECTION SOLUTION 100 MG/ML, 500 MG/ML		Tier 1	
QUINIDINE GLUCONATE ER ORAL TABLET EXTENDED RELEASE 324 MG		Tier 1	
QUINIDINE SULFATE ORAL TABLET 200 MG, 300 MG		Tier 1	
*Antiarrhythmics Type I-B***			
LIDOCAINE HCL (CARDIAC) INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/5ML, 50 MG/5ML		Tier 1	
LIDOCAINE HCL (CARDIAC) PF INTRAVENOUS SOLUTION 100 MG/5ML		Tier 1	
LIDOCAINE HCL (CARDIAC) PF INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/5ML, 50 MG/5ML		Tier 1	
LIDOCAINE IN D5W INTRAVENOUS SOLUTION 4-5 MG/ML-%, 8-5 MG/ML-%		Tier 1	
MEXILETINE HCL ORAL CAPSULE 150 MG, 200 MG, 250 MG		Tier 1	

Drug	Status	Generic Status	Notes
*Antiarrhythmics Type I-C***			
FLECAINIDE ACETATE ORAL TABLET 100 MG, 150 MG, 50 MG		Tier 1	
PROPRAFENONE HCL ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG		Tier 1	
PROPRAFENONE HCL ORAL TABLET 150 MG, 225 MG, 300 MG		Tier 1	
*Antiarrhythmics Type Iii***			
AMIODARONE HCL INTRAVENOUS SOLUTION 150 MG/3ML, 450 MG/9ML, 900 MG/18ML		Tier 1	
AMIODARONE HCL ORAL TABLET 100 MG, 200 MG, 400 MG		Tier 1	
DOFETILIDE ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG		Tier 1	
IBUTILIDE FUMARATE INTRAVENOUS SOLUTION 1 MG/10ML		Tier 1	
Antiasthmatic And Bronchodilator Agents			
*5-Lipoxygenase Inhibitors***			
ZILEUTON ER ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG		Tier 3	PA; ST
*Adrenergic Combinations***			
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	Tier 2		QL (12 GM per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH	Tier 2		QL (2 EA per 1 day)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH	Tier 2		QL (2 EA per 1 day)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	Tier 2		QL (8.1 GM per 30 days)
FLUTICASONE-SALMETEROL AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT INHALATION 113-14 MCG/ACT		Tier 1	QL (0.04 EA per 1 day)
FLUTICASONE-SALMETEROL AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT INHALATION 232-14 MCG/ACT		Tier 1	QL (0.04 EA per 1 day)

Drug	Status	Generic Status	Notes
FLUTICASONE-SALMETEROL AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT INHALATION 55-14 MCG/ACT		Tier 1	QL (0.04 EA per 1 day)
IPRATROPIUM-ALBUTEROL INHALATION SOLUTION 0.5-2.5 (3) MG/3ML		Tier 1	QL (18 ML per 1 day)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	Tier 2		QL (4.2 GM per 30 days)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	Tier 2		QL (10.2 GM per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH, 200-62.5-25 MCG/INH	Tier 2		QL (2 EA per 1 day)
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED (FLUTICASONE-SALMETEROL) 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	Tier 1	Tier 1	QL (2 EA per 1 day)
*Anti-Ige Monoclonal Antibodies***			
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	Tier 4		PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	Tier 4		PA
*Anti-Inflammatory Agents***			
CROMOLYN SODIUM INHALATION NEBULIZATION SOLUTION 20 MG/2ML		Tier 1	
*Beta Adrenergics***			
ALBUTEROL SULFATE NEBULIZATION SOLUTION (2.5 MG/3ML) 0.083% INHALATION (2.5 MG/3ML) 0.083%		Tier 1	QL (18 ML per 1 day)
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION (5 MG/ML) 0.5%		LC	QL (5 ML per 1 day)
ALBUTEROL SULFATE NEBULIZATION SOLUTION 0.63 MG/3ML INHALATION 0.63 MG/3ML		Tier 1	QL (12.5 ML per 1 day)
ALBUTEROL SULFATE NEBULIZATION SOLUTION 1.25 MG/3ML INHALATION 1.25 MG/3ML		Tier 1	QL (12.5 ML per 1 day)
ALBUTEROL SULFATE NEBULIZATION SOLUTION 2.5 MG/0.5ML INHALATION 2.5 MG/0.5ML		LC	QL (5 EA per 1 day)

Drug	Status	Generic Status	Notes
ALBUTEROL SULFATE ORAL SYRUP 2 MG/5ML		Tier 3	
BROVANA INHALATION NEBULIZATION SOLUTION (ARFORMOTEROL TARTRATE) 15 MCG/2ML	Tier 3	Tier 1	QL (4 ML per 1 day)
ISOPROTERENOL HCL INJECTION SOLUTION 0.2 MG/ML		Tier 1	
LEVALBUTEROL HCL NEBULIZATION SOLUTION 0.31 MG/3ML INHALATION 0.31 MG/3ML		Tier 1	QL (18 ML per 1 day)
LEVALBUTEROL HCL NEBULIZATION SOLUTION 0.63 MG/3ML INHALATION 0.63 MG/3ML		Tier 1	QL (18 ML per 1 day)
LEVALBUTEROL HCL NEBULIZATION SOLUTION 1.25 MG/0.5ML INHALATION 1.25 MG/0.5ML		Tier 1	QL (3 EA per 1 day)
LEVALBUTEROL HCL NEBULIZATION SOLUTION 1.25 MG/3ML INHALATION 1.25 MG/3ML		Tier 1	QL (9 ML per 1 day)
PERFOROMIST INHALATION NEBULIZATION SOLUTION (FORMOTEROL FUMARATE) 20 MCG/2ML	Tier 3	Tier 1	QL (4 ML per 1 day)
PROAIR HFA INHALATION AEROSOL SOLUTION (ALBUTEROL SULFATE HFA) 108 (90 BASE) MCG/ACT	Tier 2	Tier 1	QL (1.2 GM per 1 day)
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	Tier 2		QL (2.1 EA per 30 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE	Tier 2		QL (2 EA per 1 day)
VENTOLIN HFA INHALATION AEROSOL SOLUTION (ALBUTEROL SULFATE HFA) 108 (90 BASE) MCG/ACT	Tier 2	Tier 1	QL (1.2 GM per 1 day)
*Bronchodilators - Anticholinergics***			
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	Tier 3		QL (25.8 GM per 30 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/INH	Tier 2		QL (1 EA per 1 day)
IPRATROPIUM BROMIDE INHALATION SOLUTION 0.02 %		LC	QL (10.42 ML per 1 day)
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG	Tier 2		QL (1 EA per 1 day)

Drug	Status	Generic Status	Notes
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	Tier 2		QL (4.2 GM per 30 days)
*Interleukin-5 Antagonists (Igg1 Kappa)***			
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	Tier 4		PA; QL (0.11 ML per 1 day)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Tier 4		PA; QL (0.11 ML per 1 day)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	Tier 4		PA; QL (0.11 EA per 1 day)
*Leukotriene Receptor Antagonists***			
MONTELUKAST SODIUM ORAL PACKET 4 MG		LC	
MONTELUKAST SODIUM ORAL TABLET 10 MG		LC	
MONTELUKAST SODIUM ORAL TABLET CHEWABLE 4 MG, 5 MG		LC	
ZAFIRLUKAST ORAL TABLET 10 MG, 20 MG		Tier 1	
*Selective Phosphodiesterase 4 (Pde4) Inhibitors***			
DALIRESP ORAL TABLET 500 MCG	Tier 3		PA
*Steroid Inhalants***			
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	Tier 2		QL (1 EA per 1 day)
BUDESONIDE INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML, 1 MG/2ML		Tier 1	QL (4 ML per 1 day)
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST INHALATION 100 MCG/BLIST	Tier 2		QL (2 EA per 1 day)
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 250 MCG/BLIST INHALATION 250 MCG/BLIST	Tier 2		QL (8 EA per 1 day)
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 50 MCG/BLIST INHALATION 50 MCG/BLIST	Tier 2		QL (2 EA per 1 day)
FLOVENT HFA AEROSOL 110 MCG/ACT INHALATION 110 MCG/ACT	Tier 2		QL (24 GM per 30 days)

Drug	Status	Generic Status	Notes
FLOVENT HFA AEROSOL 220 MCG/ACT INHALATION 220 MCG/ACT	Tier 2		QL (24 GM per 30 days)
FLOVENT HFA AEROSOL 44 MCG/ACT INHALATION 44 MCG/ACT	Tier 2		QL (21.3 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT	Tier 2		QL (2.1 EA per 30 days)
*Xanthines***			
AMINOPHYLLINE INTRAVENOUS SOLUTION 25 MG/ML		Tier 1	
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15ML	Tier 2		
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG	Tier 3		
THEOPHYLLINE ER ORAL TABLET EXTENDED RELEASE 12 HOUR 300 MG, 450 MG		Tier 1	
THEOPHYLLINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 400 MG, 600 MG		Tier 1	
THEOPHYLLINE ORAL SOLUTION 80 MG/15ML		Tier 1	
Anticoagulants			
*Coumarin Anticoagulants***			
JANTOVEN ORAL TABLET (WARFARIN SODIUM) 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	LC	LC	
*Direct Factor Xa Inhibitors***			
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	Tier 2		QL (3 EA per 1 day)
ELIQUIS TABLET 2.5 MG ORAL 2.5 MG	Tier 2		QL (2 EA per 1 day)
ELIQUIS TABLET 5 MG ORAL 5 MG	Tier 2		QL (3 EA per 1 day)
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG	Tier 3		QL (1 EA per 1 day)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	Tier 2		QL (102 EA per 365 days)
XARELTO TABLET 10 MG ORAL 10 MG	Tier 2		QL (1 EA per 1 day)
XARELTO TABLET 15 MG ORAL 15 MG	Tier 2		QL (2 EA per 1 day)
XARELTO TABLET 2.5 MG ORAL 2.5 MG	Tier 2		QL (2 EA per 1 day)
XARELTO TABLET 20 MG ORAL 20 MG	Tier 2		QL (1 EA per 1 day)

Drug	Status	Generic Status	Notes
*Heparins And Heparinoid-Like Agents***			
HEPARIN (PORCINE) IN NAACL INTRAVENOUS SOLUTION 1000-0.9 UT/500ML-%, 12500-0.45 UT/250ML-%, 2000-0.9 UNIT/L-%, 25000-0.45 UT/250ML-%, 25000-0.45 UT/500ML-%		Tier 1	
HEPARIN LOCK FLUSH INTRAVENOUS SOLUTION 1 UNIT/ML, 10 UNIT/ML		Tier 1	
HEPARIN SOD (PORCINE) IN D5W INTRAVENOUS SOLUTION 100 UNIT/ML, 25000-5 UT/500ML-%, 40-5 UNIT/ML-%		Tier 1	
HEPARIN SODIUM (PORCINE) INJECTION SOLUTION 1000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML, 5000 UNIT/ML		Tier 1	
HEPARIN SODIUM (PORCINE) INJECTION SOLUTION PREFILLED SYRINGE 5000 UNIT/0.5ML		Tier 1	
HEPARIN SODIUM (PORCINE) PF INJECTION SOLUTION 5000 UNIT/0.5ML, 5000 UNIT/ML		Tier 1	
HEPARIN SODIUM LOCK FLUSH INTRAVENOUS SOLUTION 100 UNIT/ML		Tier 1	
*Low Molecular Weight Heparins***			
ENOXAPARIN SODIUM INJECTION SOLUTION 300 MG/3ML		Tier 1	QL (35 ML per 180 days)
ENOXAPARIN SODIUM SUBCUTANEOUS SOLUTION 100 MG/ML, 120 MG/0.8ML, 150 MG/ML, 30 MG/0.3ML, 40 MG/0.4ML, 60 MG/0.6ML, 80 MG/0.8ML		Tier 1	QL (35 ML per 180 days)
*Synthetic Heparinoid-Like Agents***			
FONDAPARINUX SODIUM SUBCUTANEOUS SOLUTION 10 MG/0.8ML, 2.5 MG/0.5ML, 5 MG/0.4ML, 7.5 MG/0.6ML		Tier 1	QL (35 ML per 180 days)
*Thrombin Inhibitors - Hirudin Type***			
BIVALIRUDIN TRIFLUOROACETATE INTRAVENOUS SOLUTION RECONSTITUTED 250 MG		Tier 1	
*Thrombin Inhibitors - Selective Direct & Reversible***			
ARGATROBAN INTRAVENOUS SOLUTION 250 MG/2.5ML, 50 MG/50ML		Tier 1	

Drug	Status	Generic Status	Notes
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	Tier 2		QL (2 EA per 1 day)
Anticonvulsants			
*Ampa Glutamate Receptor Antagonists***			
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	Tier 3		
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 3		
*Anticonvulsants - Benzodiazepines***			
CLOBAZAM ORAL SUSPENSION 2.5 MG/ML		Tier 1	PA
CLOBAZAM ORAL TABLET 10 MG, 20 MG		Tier 1	PA
CLONAZEPAM TABLET 0.5 MG ORAL 0.5 MG		Tier 1	QL (3 EA per 1 day)
CLONAZEPAM TABLET 1 MG ORAL 1 MG		Tier 1	QL (3 EA per 1 day)
CLONAZEPAM TABLET 2 MG ORAL 2 MG		Tier 1	QL (10 EA per 1 day)
CLONAZEPAM TABLET DISPERSIBLE 0.125 MG ORAL 0.125 MG		Tier 1	QL (3 EA per 1 day)
CLONAZEPAM TABLET DISPERSIBLE 0.25 MG ORAL 0.25 MG		Tier 1	QL (3 EA per 1 day)
CLONAZEPAM TABLET DISPERSIBLE 0.5 MG ORAL 0.5 MG		Tier 1	QL (3 EA per 1 day)
CLONAZEPAM TABLET DISPERSIBLE 1 MG ORAL 1 MG		Tier 1	QL (3 EA per 1 day)
CLONAZEPAM TABLET DISPERSIBLE 2 MG ORAL 2 MG		Tier 1	QL (10 EA per 1 day)
DIAZEPAM RECTAL GEL 10 MG, 2.5 MG, 20 MG		Tier 1	QL (2 EA Max Qty Per Fill Retail)
*Anticonvulsants - Misc.***			
BANZEL ORAL SUSPENSION (RUFINAMIDE) 40 MG/ML	Tier 3	Tier 1	PA
BANZEL ORAL TABLET (RUFINAMIDE) 200 MG, 400 MG	Tier 3	Tier 1	PA
BRIVIACT ORAL SOLUTION 10 MG/ML	Tier 3		PA; ST
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	Tier 3		PA; ST
CARBAMAZEPINE ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG		Tier 1	
CARBAMAZEPINE ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG		Tier 1	

Drug	Status	Generic Status	Notes
CARBAMAZEPINE ORAL SUSPENSION 100 MG/5ML		Tier 1	
CARBAMAZEPINE ORAL TABLET CHEWABLE 100 MG		Tier 1	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	Tier 5		PA
DIACOMIT ORAL PACKET 250 MG, 500 MG	Tier 5		PA
EPIDIOLEX ORAL SOLUTION 100 MG/ML	Tier 5		PA
EPITOL ORAL TABLET (CARBAMAZEPINE) 200 MG	LC	LC	
GABAPENTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG		Tier 1	
GABAPENTIN ORAL SOLUTION 250 MG/5ML, 300 MG/6ML		Tier 1	
GABAPENTIN ORAL TABLET 600 MG, 800 MG		Tier 1	
LAMOTRIGINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG		Tier 1	
LAMOTRIGINE ORAL KIT 25 & 50 & 100 MG		Tier 1	
LAMOTRIGINE ORAL TABLET CHEWABLE 25 MG, 5 MG		Tier 1	
LAMOTRIGINE ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG		Tier 1	
LEVETIRACETAM ER ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG		Tier 1	
LEVETIRACETAM IN NACL INTRAVENOUS SOLUTION 1000 MG/100ML, 1500 MG/100ML, 500 MG/100ML		Tier 1	
LEVETIRACETAM INTRAVENOUS SOLUTION 500 MG/5ML		Tier 1	
LEVETIRACETAM ORAL SOLUTION 100 MG/ML		Tier 1	
LEVETIRACETAM ORAL TABLET 1000 MG, 250 MG, 750 MG		Tier 1	
OXCARBAZEPINE ORAL SUSPENSION 300 MG/5ML		Tier 1	
OXCARBAZEPINE ORAL TABLET 150 MG, 300 MG, 600 MG		Tier 1	

Drug	Status	Generic Status	Notes
PREGABALIN CAPSULE 100 MG ORAL 100 MG		Tier 1	QL (3 EA per 1 day)
PREGABALIN CAPSULE 150 MG ORAL 150 MG		Tier 1	QL (3 EA per 1 day)
PREGABALIN CAPSULE 200 MG ORAL 200 MG		Tier 1	QL (3 EA per 1 day)
PREGABALIN CAPSULE 225 MG ORAL 225 MG		Tier 1	QL (3 EA per 1 day)
PREGABALIN CAPSULE 25 MG ORAL 25 MG		Tier 1	QL (3 EA per 1 day)
PREGABALIN CAPSULE 300 MG ORAL 300 MG		Tier 1	QL (2 EA per 1 day)
PREGABALIN CAPSULE 50 MG ORAL 50 MG		Tier 1	QL (3 EA per 1 day)
PREGABALIN CAPSULE 75 MG ORAL 75 MG		Tier 1	QL (3 EA per 1 day)
PREGABALIN ORAL SOLUTION 20 MG/ML		Tier 1	QL (30 ML per 1 day)
PRIMIDONE ORAL TABLET 250 MG, 50 MG		LC	
ROWEEPRA ORAL TABLET (LEVETIRACETAM) 500 MG	Tier 1	Tier 1	
SUBVENITE ORAL TABLET (LAMOTRIGINE) 100 MG, 150 MG, 25 MG	Tier 1	Tier 1	
SUBVENITE ORAL TABLET (LAMOTRIGINE) 200 MG	Tier 1	Tier 1	
SUBVENITE STARTER KIT-BLUE ORAL KIT (LAMOTRIGINE STARTER KIT-BLUE) 35 X 25 MG	Tier 1	Tier 1	
SUBVENITE STARTER KIT-GREEN ORAL KIT (LAMOTRIGINE STARTER KIT-GREEN) 84 X 25 MG & 14X100 MG	Tier 1	Tier 1	
SUBVENITE STARTER KIT-ORANGE ORAL KIT (LAMOTRIGINE STARTER KIT-ORANGE) 42 X 25 MG & 7 X 100 MG	Tier 1	Tier 1	
TOPIRAMATE ER ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG		Tier 1	
TOPIRAMATE ORAL CAPSULE SPRINKLE 15 MG, 25 MG		Tier 1	
TOPIRAMATE ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG		Tier 1	
VIMPAT ORAL SOLUTION 10 MG/ML	Tier 3		
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 3		

Drug	Status	Generic Status	Notes
ZONISAMIDE ORAL CAPSULE 100 MG, 25 MG, 50 MG		Tier 1	
*Carbamates***			
FELBAMATE ORAL SUSPENSION 600 MG/5ML		Tier 1	
FELBAMATE ORAL TABLET 400 MG, 600 MG		Tier 1	
*Gaba Modulators***			
TIAGABINE HCL ORAL TABLET 12 MG, 16 MG, 2 MG, 4 MG		Tier 1	
*Hydantoins***			
DILANTIN ORAL CAPSULE 30 MG	Tier 3		
FOSPHENYTOIN SODIUM INJECTION SOLUTION 100 MG PE/2ML, 500 MG PE/10ML		Tier 1	
PHENYTOIN INFATABS ORAL TABLET CHEWABLE (PHENYTOIN) 50 MG	Tier 1	Tier 1	
PHENYTOIN ORAL SUSPENSION 100 MG/4ML, 125 MG/5ML		Tier 1	
PHENYTOIN SODIUM EXTENDED ORAL CAPSULE 100 MG, 200 MG, 300 MG		Tier 1	
PHENYTOIN SODIUM INJECTION SOLUTION 50 MG/ML		Tier 1	
*Succinimides***			
CELONTIN ORAL CAPSULE 300 MG	Tier 3		
ETHOSUXIMIDE ORAL CAPSULE 250 MG		Tier 1	
ETHOSUXIMIDE ORAL SOLUTION 250 MG/5ML		Tier 1	
*Valproic Acid***			
DIVALPROEX SODIUM ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG		Tier 1	
DIVALPROEX SODIUM ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG		Tier 1	
DIVALPROEX SODIUM ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG		Tier 1	
VALPROATE SODIUM INTRAVENOUS SOLUTION 100 MG/ML		LC	
VALPROIC ACID ORAL CAPSULE 250 MG		LC	

Drug	Status	Generic Status	Notes
VALPROIC ACID ORAL SOLUTION 250 MG/5ML		LC	
Antidepressants			
*Alpha-2 Receptor Antagonists (Tetracyclics)***			
MIRTAZAPINE ORAL TABLET 15 MG, 30 MG, 45 MG, 7.5 MG		LC	
MIRTAZAPINE TABLET DISPERSIBLE 15 MG ORAL 15 MG		LC	
MIRTAZAPINE TABLET DISPERSIBLE 30 MG ORAL 30 MG		Tier 1	
MIRTAZAPINE TABLET DISPERSIBLE 45 MG ORAL 45 MG		Tier 1	
*Antidepressants - Misc.***			
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG, 348 MG, 522 MG	Tier 3		PA; ST; QL (1 EA per 1 day)
BUPROPION HCL ER (SR) ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG		Tier 1	QL (2 EA per 1 day)
BUPROPION HCL ER (XL) TABLET EXTENDED RELEASE 24 HOUR 150 MG ORAL 150 MG		Tier 1	QL (3 EA per 1 day)
BUPROPION HCL ER (XL) TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL 300 MG		Tier 1	QL (1 EA per 1 day)
BUPROPION HCL ORAL TABLET 100 MG, 75 MG		Tier 1	
*Monoamine Oxidase Inhibitors (Maois)***			
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	Tier 3		QL (1 EA per 1 day)
MARPLAN ORAL TABLET 10 MG	Tier 3		
PHENELZINE SULFATE ORAL TABLET 15 MG		Tier 1	
TRANLYCYPROMINE SULFATE ORAL TABLET 10 MG		Tier 1	
*Selective Serotonin Reuptake Inhibitors (Ssris)***			
CITALOPRAM HYDROBROMIDE ORAL SOLUTION 10 MG/5ML		Tier 1	

Drug	Status	Generic Status	Notes
CITALOPRAM HYDROBROMIDE ORAL TABLET 10 MG, 20 MG, 40 MG		LC	
ESCITALOPRAM OXALATE ORAL SOLUTION 5 MG/5ML		Tier 1	
ESCITALOPRAM OXALATE ORAL TABLET 10 MG, 20 MG, 5 MG		Tier 1	
FLUOXETINE HCL ORAL CAPSULE 10 MG, 20 MG, 40 MG		LC	
FLUOXETINE HCL ORAL CAPSULE DELAYED RELEASE 90 MG		Tier 1	QL (4.5 EA per 30 days)
FLUOXETINE HCL ORAL SOLUTION 20 MG/5ML		Tier 1	
FLUOXETINE HCL TABLET 10 MG ORAL 10 MG		LC	
FLUOXETINE HCL TABLET 20 MG ORAL 20 MG		Tier 1	
FLUOXETINE HCL TABLET 60 MG ORAL 60 MG		Tier 1	
FLUVOXAMINE MALEATE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG		Tier 1	QL (2 EA per 1 day)
FLUVOXAMINE MALEATE ORAL TABLET 100 MG, 25 MG, 50 MG		Tier 1	
PAROXETINE HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG		Tier 1	
PAROXETINE HCL ORAL SUSPENSION 10 MG/5ML		Tier 1	
PAROXETINE HCL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG		LC	
PAXIL ORAL SUSPENSION 10 MG/5ML	Tier 2		PA; ST
SERTRALINE HCL ORAL CONCENTRATE 20 MG/ML		Tier 1	
SERTRALINE HCL ORAL TABLET 100 MG, 25 MG, 50 MG		Tier 1	
*Serotonin Modulators***			
NEFAZODONE HCL ORAL TABLET 100 MG, 150 MG, 200 MG, 250 MG, 50 MG		Tier 3	
TRAZODONE HCL TABLET 100 MG ORAL 100 MG		LC	
TRAZODONE HCL TABLET 150 MG ORAL 150 MG		LC	

Drug	Status	Generic Status	Notes
TRAZODONE HCL TABLET 300 MG ORAL 300 MG		Tier 1	
TRAZODONE HCL TABLET 50 MG ORAL 50 MG		LC	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 3		PA; ST; QL (1 EA per 1 day)
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	Tier 3		QL (1 EA per 1 day)
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	Tier 3		QL (30 EA Max Qty Per Fill Retail)
*Serotonin-Norepinephrine Reuptake Inhibitors (Snris)***			
DESVENLAFAXINE SUCCINATE ER TABLET EXTENDED RELEASE 24 HOUR 100 MG ORAL 100 MG		Tier 1	QL (4 EA per 1 day)
DESVENLAFAXINE SUCCINATE ER TABLET EXTENDED RELEASE 24 HOUR 25 MG ORAL 25 MG		Tier 1	QL (1 EA per 1 day)
DESVENLAFAXINE SUCCINATE ER TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL 50 MG		Tier 1	QL (1 EA per 1 day)
DULOXETINE HCL CAPSULE DELAYED RELEASE PARTICLES 20 MG ORAL 20 MG		Tier 1	QL (2 EA per 1 day)
DULOXETINE HCL CAPSULE DELAYED RELEASE PARTICLES 30 MG ORAL 30 MG		Tier 1	QL (3 EA per 1 day)
DULOXETINE HCL CAPSULE DELAYED RELEASE PARTICLES 40 MG ORAL 40 MG		Tier 1	QL (2 EA per 1 day)
DULOXETINE HCL CAPSULE DELAYED RELEASE PARTICLES 60 MG ORAL 60 MG		Tier 1	QL (2 EA per 1 day)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	Tier 3		PA; ST; QL (1 EA per 1 day)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	Tier 3		PA; ST; QL (56 EA per 365 days)
VENLAFAXINE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 37.5 MG, 75 MG		Tier 1	
VENLAFAXINE HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR 225 MG		Tier 1	
VENLAFAXINE HCL ORAL TABLET 100 MG, 25 MG, 37.5 MG, 50 MG, 75 MG		Tier 1	

Drug	Status	Generic Status	Notes
*Tricyclic Agents***			
AMITRIPTYLINE HCL ORAL TABLET 10 MG, 100 MG, 150 MG, 25 MG, 50 MG, 75 MG		LC	
AMOXAPINE ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG		Tier 1	
CLOMIPRAMINE HCL ORAL CAPSULE 25 MG, 50 MG, 75 MG		Tier 1	
DESIPRAMINE HCL ORAL TABLET 10 MG, 100 MG, 150 MG, 25 MG, 50 MG, 75 MG		Tier 1	
DOXEPIN HCL ORAL CAPSULE 10 MG, 100 MG, 150 MG, 25 MG, 50 MG, 75 MG		LC	
DOXEPIN HCL ORAL CONCENTRATE 10 MG/ML		LC	
IMIPRAMINE HCL ORAL TABLET 10 MG, 25 MG, 50 MG		Tier 1	
IMIPRAMINE PAMOATE ORAL CAPSULE 100 MG, 125 MG, 150 MG, 75 MG		Tier 1	
NORTRIPTYLINE HCL ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG		LC	
NORTRIPTYLINE HCL ORAL SOLUTION 10 MG/5ML		Tier 1	
PROTRIPTYLINE HCL ORAL TABLET 10 MG, 5 MG		Tier 1	
TRIMIPRAMINE MALEATE ORAL CAPSULE 100 MG, 25 MG, 50 MG		Tier 1	
Antidiabetics			
*Alpha-Glucosidase Inhibitors***			
ACARBOSE ORAL TABLET 100 MG, 25 MG, 50 MG		Tier 1	
MIGLITOL ORAL TABLET 100 MG, 25 MG, 50 MG		Tier 1	
*Biguanides***			
METFORMIN HCL ER TABLET EXTENDED RELEASE 24 HOUR 500 MG ORAL 500 MG		LC	
METFORMIN HCL ER TABLET EXTENDED RELEASE 24 HOUR 750 MG ORAL 750 MG		Tier 1	
METFORMIN HCL ORAL SOLUTION 500 MG/5ML		Tier 1	
METFORMIN HCL ORAL TABLET 1000 MG, 500 MG, 850 MG		LC	

Drug	Status	Generic Status	Notes
*Diabetic Other***			
DIAZOXIDE ORAL SUSPENSION 50 MG/ML		Tier 1	
GLUCAGON EMERGENCY INJECTION SOLUTION RECONSTITUTED 1 MG/ML		Tier 2	
GLUCAGON EMERGENCY KIT 1 MG INJECTION 1 MG		Tier 1	
GLUCAGON EMERGENCY KIT 1 MG INJECTION 1 MG		Tier 2	
*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors***			
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 2		PA; ST
TRADJENTA ORAL TABLET 5 MG	Tier 2		PA; ST
*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations***			
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	Tier 2		PA; ST
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG	Tier 2		PA; ST
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG	Tier 2		PA; ST
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	Tier 2		PA; ST
*Human Insulin***			
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 2		
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	Tier 2		
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML	Tier 2		
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	Tier 2		
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML	Tier 2		
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML	Tier 2		

Drug	Status	Generic Status	Notes
HUMALOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2		
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	Tier 2		
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Tier 2		
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Tier 2		
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	Tier 2		
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 2		
HUMULIN R INJECTION SOLUTION 100 UNIT/ML	Tier 2		
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	Tier 2		
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	Tier 2		
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 2		
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2		
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 2		
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2		
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Tier 3		
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Tier 3		
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Tier 3		
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Tier 3		
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	Tier 3		

Drug	Status	Generic Status	Notes
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	Tier 3		
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 3		
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	Tier 3		
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 3		
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 3		
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	Tier 3		
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML	Tier 3		
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 3		
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	Tier 3		
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	Tier 3		
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	Tier 3		
NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3		
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	Tier 2		
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	Tier 2		
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	Tier 3		
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3		
*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***			
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	Tier 2		PA; ST; QL (4.5 ML per 30 days)

Drug	Status	Generic Status	Notes
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML	Tier 2		PA; ST; QL (2.4 ML per 30 days)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML	Tier 2		PA; ST; QL (1.2 ML per 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	Tier 2		PA; ST; QL (0.06 ML per 1 day)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 4 MG/3ML	Tier 2		PA; ST; QL (0.11 ML per 1 day)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	Tier 2		PA; ST; QL (2.4 ML per 30 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	Tier 2		PA; ST; QL (9 ML per 30 days)
*Meglitinide Analogues***			
NATEGLINIDE ORAL TABLET 120 MG, 60 MG		Tier 1	
REPAGLINIDE ORAL TABLET 0.5 MG, 1 MG, 2 MG		Tier 1	
*Progesterone Receptor Antagonists***			
KORLYM ORAL TABLET 300 MG	Tier 5		PA; QL (4 EA per 1 day)
*SglT2 Inhibitor - Dpp-4 Inhibitor Combinations***			
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	Tier 2		PA; ST
*Sodium-Glucose Co-Transporter 2 (SglT2) Inhibitors***			
FARXIGA ORAL TABLET 10 MG, 5 MG	Tier 2		PA; ST
JARDIANCE ORAL TABLET 10 MG, 25 MG	Tier 2		PA; ST
*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***			
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	Tier 2		PA; ST
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG	Tier 2		PA; ST
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-1000 MG, 5-500 MG	Tier 2		PA; ST

Drug	Status	Generic Status	Notes
*Sulfonylurea-Biguanide Combinations***			
GLIPIZIDE-METFORMIN HCL 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	
*Sulfonylureas***			
GLIMEPIRIDE ORAL TABLET 1 MG, 2 MG, 4 MG		LC	
GLIPIZIDE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 2.5 MG, 5 MG		LC	
GLIPIZIDE ORAL TABLET 10 MG, 5 MG		LC	
GLIPIZIDE XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 2.5 MG, 5 MG		LC	
GLYBURIDE MICRONIZED ORAL TABLET 1.5 MG, 3 MG, 6 MG		LC	
GLYBURIDE ORAL TABLET 1.25 MG, 2.5 MG, 5 MG		LC	
*Sulfonylurea-Thiazolidinedione Combinations***			
PIOGLITAZONE HCL-GLIMEPIRIDE ORAL TABLET 30-2 MG, 30-4 MG		Tier 1	
*Thiazolidinedione-Biguanide Combinations***			
PIOGLITAZONE HCL-METFORMIN HCL ORAL TABLET 15-500 MG, 15-850 MG		Tier 1	
*Thiazolidinediones***			
PIOGLITAZONE HCL ORAL TABLET 15 MG, 30 MG, 45 MG		Tier 1	
Antidiarrheal/Probiotic Agents			
*Antiperistaltic Agents***			
DIPHENOXYLATE-ATROPINE ORAL LIQUID 2.5-0.025 MG/5ML		Tier 1	
DIPHENOXYLATE-ATROPINE ORAL TABLET 2.5-0.025 MG		Tier 1	
LOPERAMIDE HCL ORAL CAPSULE 2 MG		Tier 1	
MOTOFEN ORAL TABLET 1-0.025 MG	Tier 3		

Drug	Status	Generic Status	Notes
Antidotes And Specific Antagonists			
*Antidotes - Chelating Agents***			
CHEMET ORAL CAPSULE 100 MG	Tier 3		
DEFERASIROX GRANULES ORAL PACKET 180 MG, 360 MG, 90 MG		Tier 1	PA
DEFERASIROX ORAL PACKET 180 MG, 360 MG, 90 MG		Tier 1	PA
DEFERASIROX ORAL TABLET 180 MG, 360 MG, 90 MG		Tier 1	PA
DEFERASIROX ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG		Tier 1	PA
DEFERIPRONE ORAL TABLET 500 MG		Tier 1	PA
*Antidotes And Specific Antagonists***			
ACETYLCYSTEINE INTRAVENOUS SOLUTION 200 MG/ML		Tier 1	
BAL IN OIL INTRAMUSCULAR SOLUTION 100 MG/ML		Tier 1	
DEFEROXAMINE MESYLATE INJECTION SOLUTION RECONSTITUTED 2 GM, 500 MG		Tier 1	
FOMEPIZOLE INTRAVENOUS SOLUTION 1.5 GM/1.5ML		Tier 1	
SODIUM NITRITE INTRAVENOUS SOLUTION 30 MG/ML		Tier 1	
SODIUM THIOSULFATE INTRAVENOUS SOLUTION 250 MG/ML		Tier 1	
VISTOGARD ORAL PACKET 10 GM	Tier 3		
*Benzodiazepine Antagonists***			
FLUMAZENIL INTRAVENOUS SOLUTION 0.5 MG/5ML, 1 MG/10ML		Tier 1	
*Opioid Antagonists***			
NALOXONE HCL INJECTION SOLUTION 0.4 MG/ML, 4 MG/10ML		Tier 1	
NALOXONE HCL INJECTION SOLUTION CARTRIDGE 0.4 MG/ML		Tier 1	
NALOXONE HCL INJECTION SOLUTION PREFILLED SYRINGE 2 MG/2ML		Tier 1	
NALTREXONE HCL ORAL TABLET 50 MG		Tier 1	
NARCAN NASAL LIQUID 4 MG/0.1ML	Tier 2		
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	Tier 5		

Drug	Status	Generic Status	Notes
Antiemetics			
*5-Ht3 Receptor Antagonists***			
GRANISETRON HCL INTRAVENOUS SOLUTION 1 MG/ML, 4 MG/4ML		Tier 1	
GRANISETRON HCL ORAL TABLET 1 MG		Tier 1	QL (3.9 EA per 30 days)
ONDANSETRON HCL INJECTION SOLUTION 4 MG/2ML, 40 MG/20ML		Tier 1	
ONDANSETRON HCL ORAL SOLUTION 4 MG/5ML		Tier 1	QL (4 ML per 1 day)
ONDANSETRON HCL TABLET 24 MG ORAL 24 MG		Tier 1	QL (0.07 EA per 1 day)
ONDANSETRON HCL TABLET 4 MG ORAL 4 MG		Tier 1	
ONDANSETRON HCL TABLET 8 MG ORAL 8 MG		Tier 1	
ONDANSETRON ORAL TABLET DISPERSIBLE 4 MG, 8 MG		Tier 1	
PALONOSETRON HCL INTRAVENOUS SOLUTION 0.25 MG/2ML, 0.25 MG/5ML		Tier 1	
PALONOSETRON HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.25 MG/5ML		Tier 1	
*Antiemetic Combinations***			
AKYNZEO ORAL CAPSULE 300-0.5 MG	Tier 3		QL (2.1 EA per 30 days)
*Antiemetics - Anticholinergic***			
DIMENHYDRINATE INJECTION SOLUTION 50 MG/ML		Tier 1	
MECLIZINE HCL ORAL TABLET 12.5 MG, 25 MG		LC	
SCOPOLAMINE TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS		Tier 1	
*Antiemetics - Miscellaneous***			
DRONABINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG		Tier 1	PA; QL (2 EA per 1 day)
*Substance P/Neurokinin 1 (Nk1) Receptor Antagonists***			
APREPITANT CAPSULE 125 MG ORAL 125 MG		Tier 1	QL (2 EA per 30 days)
APREPITANT CAPSULE 40 MG ORAL 40 MG		Tier 1	QL (1 EA per 30 days)
APREPITANT CAPSULE 80 & 125 MG ORAL 80 & 125 MG		Tier 1	QL (6 EA per 30 days)

Drug	Status	Generic Status	Notes
APREPITANT CAPSULE 80 MG ORAL 80 MG		Tier 1	QL (4 EA per 30 days)
APREPITANT ORAL 80 & 125 MG		Tier 1	QL (6 EA per 30 days)
FOSAPREPITANT DIMEGLUMINE INTRAVENOUS SOLUTION RECONSTITUTED 150 MG		Tier 1	
Antifungals			
*Antifungal - Glucan Synthesis Inhibitors (Echinocandins)***			
CASPOFUNGIN ACETATE INTRAVENOUS SOLUTION RECONSTITUTED 50 MG, 70 MG		Tier 1	
MICAFUNGIN SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG		Tier 1	
*Antifungals***			
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	Tier 3		
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED 50 MG	Tier 3		
AMPHOTERICIN B INTRAVENOUS SOLUTION RECONSTITUTED 50 MG		Tier 1	
FLUCYTOSINE ORAL CAPSULE 250 MG, 500 MG		Tier 1	
GRISEOFULVIN MICROSIZED ORAL SUSPENSION 125 MG/5ML		Tier 1	
GRISEOFULVIN MICROSIZED ORAL TABLET 500 MG		Tier 1	
GRISEOFULVIN ULTRAMICROSIZED ORAL TABLET 125 MG, 250 MG		Tier 1	
NYSTATIN ORAL TABLET 500000 UNIT		Tier 1	
TERBINAFINE HCL ORAL TABLET 250 MG		LC	QL (84 EA per 180 days)
*Imidazoles***			
KETOCONAZOLE ORAL TABLET 200 MG		LC	
*Triazoles***			
CRESEMBA INTRAVENOUS SOLUTION RECONSTITUTED 372 MG	Tier 3		
CRESEMBA ORAL CAPSULE 186 MG	Tier 3		
FLUCONAZOLE IN SODIUM CHLORIDE SOLUTION 200-0.9 MG/100ML-% INTRAVENOUS 200-0.9 MG/100ML-%		LC	

Drug	Status	Generic Status	Notes
FLUCONAZOLE IN SODIUM CHLORIDE SOLUTION 400-0.9 MG/200ML-% INTRAVENOUS 400-0.9 MG/200ML-%		Tier 1	
FLUCONAZOLE ORAL SUSPENSION RECONSTITUTED 10 MG/ML, 40 MG/ML		LC	
FLUCONAZOLE ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG		LC	
ITRACONAZOLE ORAL CAPSULE 100 MG		Tier 1	PA
ITRACONAZOLE ORAL SOLUTION 10 MG/ML		Tier 1	PA
POSACONAZOLE ORAL TABLET DELAYED RELEASE 100 MG		Tier 1	
VORICONAZOLE INTRAVENOUS SOLUTION RECONSTITUTED 200 MG		Tier 1	
VORICONAZOLE ORAL SUSPENSION RECONSTITUTED 40 MG/ML		Tier 1	
VORICONAZOLE ORAL TABLET 200 MG, 50 MG		Tier 1	
Antihistamines			
*Antihistamines - Alkylamines***			
DEXCHLORPHENIRAMINE MALEATE ORAL SOLUTION 2 MG/5ML		Tier 3	
*Antihistamines - Ethanolamines***			
CARBINOXAMINE MALEATE ORAL SOLUTION 4 MG/5ML		Tier 1	
CARBINOXAMINE MALEATE ORAL TABLET 4 MG		Tier 1	
CLEMASTINE FUMARATE ORAL TABLET 2.68 MG		Tier 1	
DIPHEN ORAL ELIXIR 12.5 MG/5ML		Tier 1	
DI-PHEN ORAL ELIXIR 12.5 MG/5ML		Tier 1	
DIPHENHYDRAMINE HCL INJECTION SOLUTION 50 MG/ML		Tier 1	
DIPHENHYDRAMINE HCL ORAL ELIXIR 12.5 MG/5ML		Tier 1	
RYVENT ORAL TABLET 6 MG	Tier 1		
*Antihistamines - Non-Sedating***			
CETIRIZINE HCL ORAL SOLUTION 1 MG/ML, 5 MG/5ML		Tier 1	
DESLORATADINE ORAL TABLET 5 MG		Tier 1	

Drug	Status	Generic Status	Notes
DESLORATADINE ORAL TABLET DISPERSIBLE 2.5 MG, 5 MG		Tier 1	
LEVOCETIRIZINE DIHYDROCHLORIDE ORAL SOLUTION 2.5 MG/5ML		Tier 1	
LEVOCETIRIZINE DIHYDROCHLORIDE ORAL TABLET 5 MG		Tier 1	
*Antihistamines - Phenothiazines***			
PROMETHAZINE HCL INJECTION SOLUTION 25 MG/ML, 50 MG/ML		Tier 1	
PROMETHAZINE HCL ORAL SOLUTION 6.25 MG/5ML		LC	
PROMETHAZINE HCL ORAL SYRUP 6.25 MG/5ML		LC	
PROMETHAZINE HCL TABLET 12.5 MG ORAL 12.5 MG		Tier 1	
PROMETHAZINE HCL TABLET 25 MG ORAL 25 MG		LC	
PROMETHAZINE HCL TABLET 50 MG ORAL 50 MG		Tier 1	
PROMETHEGAN RECTAL SUPPOSITORY (PROMETHAZINE HCL) 12.5 MG, 25 MG	Tier 1	Tier 1	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	Tier 1		
*Antihistamines - Piperidines***			
CYPROHEPTADINE HCL ORAL SYRUP 2 MG/5ML		Tier 1	
CYPROHEPTADINE HCL ORAL TABLET 4 MG		Tier 1	
Antihyperlipidemics			
*Acl Inhib-Intestinal Cholesterol Absorption Inhib Comb***			
NEXLIZET ORAL TABLET 180-10 MG	Tier 2		PA; QL (1 EA per 1 day)
*Adenosine Triphosphate-Citrate Lyase (Acl) Inhibitors***			
NEXLETOL ORAL TABLET 180 MG	Tier 2		PA; QL (1 EA per 1 day)
*Antihyperlipidemics - Misc.***			
OMEGA-3-ACID ETHYL ESTERS ORAL CAPSULE 1 GM		Tier 1	PA
*Bile Acid Sequestrants***			
CHOLESTYRAMINE ORAL PACKET 4 GM		Tier 1	

Drug	Status	Generic Status	Notes
CHOLESTYRAMINE ORAL POWDER 4 GM/DOSE		Tier 1	
COLESEVELAM HCL ORAL PACKET 3.75 GM		Tier 1	
COLESEVELAM HCL ORAL TABLET 625 MG		Tier 1	
COLESTIPOL HCL ORAL GRANULES 5 GM		Tier 1	
COLESTIPOL HCL ORAL PACKET 5 GM		Tier 1	
COLESTIPOL HCL ORAL TABLET 1 GM		Tier 1	
PREVALITE ORAL PACKET (CHOLESTYRAMINE LIGHT) 4 GM	Tier 1	Tier 1	
PREVALITE ORAL POWDER (CHOLESTYRAMINE LIGHT) 4 GM/DOSE	Tier 1	Tier 1	
*Fibric Acid Derivatives***			
FENOFIBRATE MICRONIZED ORAL CAPSULE 130 MG, 134 MG, 200 MG, 43 MG, 67 MG		Tier 1	
FENOFIBRATE ORAL CAPSULE 134 MG, 150 MG, 200 MG, 50 MG, 67 MG		Tier 1	
FENOFIBRATE ORAL TABLET 145 MG, 160 MG, 48 MG, 54 MG		Tier 1	
FENOFIBRIC ACID ORAL CAPSULE DELAYED RELEASE 135 MG, 45 MG		Tier 1	
GEMFIBROZIL ORAL TABLET 600 MG		LC	
*Hmg Coa Reductase Inhibitors***			
ATORVASTATIN CALCIUM ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG		LC	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	Tier 3		PA; ST
LOVASTATIN ORAL TABLET 10 MG, 20 MG, 40 MG		Tier 1	PV; AGE (Min 40 Years and Max 75 Years)
PRAVASTATIN SODIUM ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG		Tier 1	
ROSUVASTATIN CALCIUM ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG		Tier 1	
SIMVASTATIN ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG, 80 MG		LC	
*Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb***			
EZETIMIBE-SIMVASTATIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG		Tier 1	

Drug	Status	Generic Status	Notes
*Intestinal Cholesterol Absorption Inhibitors***			
EZETIMIBE ORAL TABLET 10 MG		Tier 1	
*Nicotinic Acid Derivatives***			
NIACIN ER (ANTHYPERLIPIDEMIC) ORAL TABLET EXTENDED RELEASE 1000 MG, 500 MG, 750 MG		Tier 1	
*Pcsk9 Inhibitors***			
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML	Tier 2		PA; QL (0.08 ML per 1 day)
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	Tier 2		PA; QL (0.13 ML per 1 day)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	Tier 2		PA; QL (0.11 ML per 1 day)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	Tier 2		PA; QL (0.11 ML per 1 day)
Antihypertensives			
*Ace Inhibitor & Calcium Channel Blocker Combinations***			
AMLODIPINE BESY-BENAZEPRIL HCL ORAL CAPSULE 10-20 MG, 10-40 MG, 2.5-10 MG, 5-10 MG, 5-20 MG, 5-40 MG		Tier 1	
TRANDOLAPRIL-VERAPAMIL HCL ER ORAL TABLET EXTENDED RELEASE 1-240 MG, 2-180 MG, 2-240 MG, 4-240 MG		Tier 1	
*Ace Inhibitors & Thiazide/Thiazide-Like***			
BENAZEPRIL-HYDROCHLOROTHIAZIDE ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG, 5-6.25 MG		Tier 1	
ENALAPRIL-HYDROCHLOROTHIAZIDE TABLET 10-25 MG ORAL 10-25 MG		Tier 1	
ENALAPRIL-HYDROCHLOROTHIAZIDE TABLET 5-12.5 MG ORAL 5-12.5 MG		LC	
FOSINOPRIL SODIUM-HCTZ ORAL TABLET 10-12.5 MG, 20-12.5 MG		Tier 1	
LISINOPRIL-HYDROCHLOROTHIAZIDE ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG		LC	

Drug	Status	Generic Status	Notes
QUINAPRIL-HYDROCHLOROTHIAZIDE ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG		Tier 1	
*Ace Inhibitors***			
BENAZEPRIL HCL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG		LC	
CAPTOPRIL ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG		Tier 1	
ENALAPRIL MALEATE ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG		LC	
ENALAPRILAT INTRAVENOUS INJECTABLE 1.25 MG/ML		Tier 1	
FOSINOPRIL SODIUM ORAL TABLET 10 MG, 20 MG, 40 MG		LC	
LISINOPRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG		LC	
MOEXIPRIL HCL ORAL TABLET 15 MG, 7.5 MG		LC	
PERINDOPRIL ERBUMINE ORAL TABLET 2 MG, 4 MG, 8 MG		Tier 1	
QUINAPRIL HCL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG		LC	
RAMIPRIL ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG		LC	
TRANDOLAPRIL ORAL TABLET 1 MG, 2 MG, 4 MG		LC	
*Agents For Pheochromocytoma***			
DEMSER ORAL CAPSULE (METYROSINE) 250 MG	Tier 3	Tier 1	
PHENOXYBENZAMINE HCL ORAL CAPSULE 10 MG		Tier 1	
PHENTOLAMINE MESYLATE INJECTION SOLUTION RECONSTITUTED 5 MG		Tier 1	
*Angiotensin Ii Receptor Antag & Ca Channel Blocker Comb***			
AMLODIPINE BESYLATE-VALSARTAN ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG		Tier 1	
AMLODIPINE-OLMESARTAN ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG		Tier 1	

Drug	Status	Generic Status	Notes
TELMISARTAN-AMLODIPINE ORAL TABLET 40-10 MG, 40-5 MG, 80-10 MG, 80-5 MG		Tier 1	
*Angiotensin Ii Receptor Antag & Thiazide/Thiazide-Like***			
CANDESARTAN CILEXETIL-HCTZ ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG		Tier 1	
IRBESARTAN-HYDROCHLOROTHIAZIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG		Tier 1	
LOSARTAN POTASSIUM-HCTZ ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG		LC	
OLMESARTAN MEDOXOMIL-HCTZ ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG		Tier 1	
TELMISARTAN-HCTZ ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG		Tier 1	
VALSARTAN-HYDROCHLOROTHIAZIDE ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG		Tier 1	
*Angiotensin Ii Receptor Antagonists***			
CANDESARTAN CILEXETIL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG		Tier 1	
IRBESARTAN ORAL TABLET 150 MG, 300 MG, 75 MG		Tier 1	
LOSARTAN POTASSIUM ORAL TABLET 100 MG, 25 MG, 50 MG		LC	
OLMESARTAN MEDOXOMIL ORAL TABLET 20 MG, 40 MG, 5 MG		Tier 1	
TELMISARTAN ORAL TABLET 20 MG, 40 MG, 80 MG		Tier 1	
VALSARTAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG		Tier 1	
*Angiotensin Ii Receptor Ant-Ca Channel Blocker-Thiazides***			
AMLODIPINE-VALSARTAN-HCTZ ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG		Tier 1	
OLMESARTAN-AMLODIPINE-HCTZ ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG		Tier 1	

Drug	Status	Generic Status	Notes
*Antiadrenergics - Centrally Acting***			
CLONIDINE HCL TABLET 0.1 MG ORAL 0.1 MG		LC	
CLONIDINE HCL TABLET 0.2 MG ORAL 0.2 MG		LC	
CLONIDINE HCL TABLET 0.3 MG ORAL 0.3 MG		Tier 1	
CLONIDINE TRANSDERMAL PATCH WEEKLY 0.1 MG/24HR, 0.2 MG/24HR, 0.3 MG/24HR		Tier 1	
GUANFACINE HCL ORAL TABLET 1 MG, 2 MG		LC	
METHYLDOPA ORAL TABLET 250 MG, 500 MG		LC	
*Antiadrenergics - Peripherally Acting***			
DOXAZOSIN MESYLATE ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG		LC	
PRAZOSIN HCL ORAL CAPSULE 1 MG, 2 MG, 5 MG		LC	
TERAZOSIN HCL ORAL CAPSULE 1 MG, 10 MG, 2 MG, 5 MG		LC	
*Beta Blocker & Diuretic Combinations***			
ATENOLOL-CHLORTHALIDONE ORAL TABLET 100-25 MG, 50-25 MG		LC	
BISOPROLOL-HYDROCHLOROTHIAZIDE ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG		LC	
METOPROLOL-HYDROCHLOROTHIAZIDE ORAL TABLET 100-25 MG, 100-50 MG, 50-25 MG		Tier 1	
*Direct Renin Inhibitors***			
ALISKIREN FUMARATE ORAL TABLET 150 MG, 300 MG		Tier 1	
*Selective Aldosterone Receptor Antagonists (Saras)***			
EPLERENONE ORAL TABLET 25 MG, 50 MG		Tier 1	
*Vasodilators***			
HYDRALAZINE HCL INJECTION SOLUTION 20 MG/ML		Tier 1	

Drug	Status	Generic Status	Notes
HYDRALAZINE HCL ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG		LC	
MINOXIDIL ORAL TABLET 10 MG, 2.5 MG		Tier 1	
NITROPRUSSIDE SODIUM INTRAVENOUS SOLUTION 25 MG/ML		Tier 1	
SODIUM NITROPRUSSIDE INTRAVENOUS SOLUTION 25 MG/ML		Tier 1	
Anti-Infective Agents - Misc.			
*Anti-Infective Agents - Misc.***			
BACITRACIN INTRAMUSCULAR SOLUTION RECONSTITUTED 50000 UNIT		Tier 1	
IMPAVIDO ORAL CAPSULE 50 MG	Tier 3		
METRONIDAZOLE IN NAACL SOLUTION 5-0.79 MG/ML-% INTRAVENOUS 5-0.79 MG/ML-%		LC	
METRONIDAZOLE IN NAACL SOLUTION 500-0.74 MG/100ML-% INTRAVENOUS 500-0.74 MG/100ML-%		Tier 1	
METRONIDAZOLE IN NAACL SOLUTION 500-0.79 MG/100ML-% INTRAVENOUS 500-0.79 MG/100ML-%		LC	
METRONIDAZOLE ORAL CAPSULE 375 MG		LC	
METRONIDAZOLE ORAL TABLET 250 MG, 500 MG		LC	
PENTAMIDINE ISETHIONATE INHALATION SOLUTION RECONSTITUTED 300 MG		Tier 1	
PENTAMIDINE ISETHIONATE INJECTION SOLUTION RECONSTITUTED 300 MG		Tier 1	
PRIMSOL ORAL SOLUTION 50 MG/5ML	Tier 3		
TINIDAZOLE ORAL TABLET 250 MG, 500 MG		Tier 1	
TRIMETHOPRIM ORAL TABLET 100 MG		LC	
XIFAXAN ORAL TABLET 200 MG, 550 MG	Tier 3		PA
*Anti-Infective Misc. - Combinations***			
SULFAMETHOXAZOLE-TRIMETHOPRIM INTRAVENOUS SOLUTION 400-80 MG/5ML		Tier 1	
SULFAMETHOXAZOLE-TRIMETHOPRIM ORAL TABLET 400-80 MG, 800-160 MG		LC	

Drug	Status	Generic Status	Notes
SULFATRIM PEDIATRIC ORAL SUSPENSION (SULFAMETHOXAZOLE-TRIMETHOPRIM) 200-40 MG/5ML	LC	LC	
*Antiprotozoal Agents***			
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML	Tier 2		
ALINIA ORAL TABLET (NITAZOXANIDE) 500 MG	Tier 2	Tier 1	
ATOVAQUONE ORAL SUSPENSION 750 MG/5ML		Tier 1	
*Carbapenem Combinations***			
IMIPENEM-CILASTATIN INTRAVENOUS SOLUTION RECONSTITUTED 250 MG, 500 MG		Tier 1	
*Carbapenems***			
ERTAPENEM SODIUM INJECTION SOLUTION RECONSTITUTED 1 GM		Tier 1	
MEROPENEM INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 500 MG		Tier 1	
*Chloramphenicals***			
CHLORAMPHENICOL SOD SUCCINATE INTRAVENOUS SOLUTION RECONSTITUTED 1 GM		Tier 1	
*Cyclic Lipopeptides***			
DAPTOMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 350 MG, 500 MG		Tier 1	
*Glycopeptides***			
VANCOMYCIN HCL IN DEXTROSE INTRAVENOUS SOLUTION 1-5 GM/200ML-%, 500-5 MG/100ML-%, 750-5 MG/150ML-%		Tier 1	
VANCOMYCIN HCL IN NAACL SOLUTION 1-0.9 GM/200ML-% INTRAVENOUS 1-0.9 GM/200ML-%		Tier 1	
VANCOMYCIN HCL IN NAACL SOLUTION 500-0.9 MG/100ML-% INTRAVENOUS 500-0.9 MG/100ML-%		Tier 1	
VANCOMYCIN HCL IN NAACL SOLUTION 750-0.9 MG/150ML-% INTRAVENOUS 750-0.9 MG/150ML-%		Tier 3	
VANCOMYCIN HCL IN NAACL SOLUTION 750-0.9 MG/150ML-% INTRAVENOUS 750-0.9 MG/150ML-%		Tier 1	

Drug	Status	Generic Status	Notes
VANCOMYCIN HCL INTRAVENOUS SOLUTION 1000 MG/200ML, 1250 MG/250ML, 1500 MG/300ML, 1750 MG/350ML, 2000 MG/400ML, 500 MG/100ML, 750 MG/150ML		Tier 1	
VANCOMYCIN HCL INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 1.25 GM, 1.5 GM, 10 GM, 100 GM, 1000 MG, 250 MG, 5 GM, 500 MG, 750 MG		Tier 1	
VANCOMYCIN HCL ORAL CAPSULE 125 MG, 250 MG		Tier 1	
VANCOMYCIN HCL ORAL SOLUTION RECONSTITUTED 250 MG/5ML		Tier 1	
*Leprostotics***			
DAPSONE ORAL TABLET 100 MG, 25 MG		Tier 1	
*Lincosamides***			
CLINDAMYCIN HCL ORAL CAPSULE 150 MG, 300 MG, 75 MG		Tier 1	
CLINDAMYCIN PALMITATE HCL ORAL SOLUTION RECONSTITUTED 75 MG/5ML		Tier 1	
CLINDAMYCIN PHOSPHATE IN D5W INTRAVENOUS SOLUTION 300 MG/50ML, 600 MG/50ML, 900 MG/50ML		Tier 1	
CLINDAMYCIN PHOSPHATE INJECTION SOLUTION 300 MG/2ML, 600 MG/4ML, 9 GM/60ML, 900 MG/6ML, 9000 MG/60ML		Tier 1	
LINCOMYCIN HCL INJECTION SOLUTION 300 MG/ML		Tier 1	
*Monobactams***			
AZTREONAM INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM		Tier 1	
*Oxazolidinones***			
LINEZOLID IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 600-0.9 MG/300ML-%		Tier 1	
LINEZOLID INTRAVENOUS SOLUTION 600 MG/300ML		Tier 1	
LINEZOLID ORAL SUSPENSION RECONSTITUTED 100 MG/5ML		Tier 1	QL (32.2 ML per 1 day)
LINEZOLID ORAL TABLET 600 MG		Tier 1	QL (28 EA per 30 days)
ZYVOX INTRAVENOUS SOLUTION 200 MG/100ML	Tier 3		

Drug	Status	Generic Status	Notes
*Polymyxins***			
COLISTIMETHATE SODIUM (CBA) INJECTION SOLUTION RECONSTITUTED 150 MG		Tier 1	
POLYMYXIN B SULFATE INJECTION SOLUTION RECONSTITUTED 500000 UNIT		Tier 1	
*Urinary Anti-Infectives***			
FOSFOMYCIN TROMETHAMINE ORAL PACKET 3 GM		Tier 1	
METHENAMINE HIPPURATE ORAL TABLET 1 GM		Tier 1	
NITROFURANTOIN MACROCRYSTAL ORAL CAPSULE 100 MG, 25 MG, 50 MG		Tier 1	
NITROFURANTOIN MONOHYD MACRO ORAL CAPSULE 100 MG		Tier 1	
NITROFURANTOIN ORAL SUSPENSION 25 MG/5ML		Tier 1	
*Urinary Antiseptic-Antispasmodic &/Or Analgesics***			
URIN DS ORAL TABLET 81.6 MG		Tier 1	
Antimalarials			
*Antimalarial Combinations***			
ATOVAQUONE-PROGUANIL HCL ORAL TABLET 250-100 MG, 62.5-25 MG		Tier 1	
COARTEM ORAL TABLET 20-120 MG	Tier 3		
*Antimalarials***			
CHLOROQUINE PHOSPHATE ORAL TABLET 250 MG, 500 MG		LC	
HYDROXYCHLOROQUINE SULFATE ORAL TABLET 200 MG		LC	
MEFLOQUINE HCL ORAL TABLET 250 MG		Tier 1	
PRIMAQUINE PHOSPHATE ORAL TABLET 26.3 (15 BASE) MG		Tier 1	
PYRIMETHAMINE ORAL TABLET 25 MG		Tier 4	PA
QUININE SULFATE ORAL CAPSULE 324 MG		Tier 1	PA
Antimyasthenic/Cholinergic Agents			
*Antimyasthenic/Cholinergic Agents***			
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION 10 MG/10ML, 5 MG/10ML		Tier 1	

Drug	Status	Generic Status	Notes
PYRIDOSTIGMINE BROMIDE ER ORAL TABLET EXTENDED RELEASE 180 MG		Tier 1	
PYRIDOSTIGMINE BROMIDE ORAL SOLUTION 60 MG/5ML		Tier 1	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG, 60 MG		Tier 1	
Antimycobacterial Agents			
*Antimycobacterial Agents***			
CAPASTAT SULFATE INJECTION SOLUTION RECONSTITUTED 1 GM	Tier 3		
CYCLOSERINE ORAL CAPSULE 250 MG		Tier 1	
ETHAMBUTOL HCL ORAL TABLET 100 MG, 400 MG		Tier 1	
ISONIAZID INJECTION SOLUTION 100 MG/ML		Tier 1	
ISONIAZID ORAL SYRUP 50 MG/5ML		Tier 1	
ISONIAZID TABLET 100 MG ORAL 100 MG		Tier 1	
ISONIAZID TABLET 300 MG ORAL 300 MG		LC	
PASER ORAL PACKET 4 GM	Tier 3		
PRIFTIN ORAL TABLET 150 MG	Tier 3		
PYRAZINAMIDE ORAL TABLET 500 MG		Tier 1	
RIFABUTIN ORAL CAPSULE 150 MG		Tier 1	
RIFAMPIN INTRAVENOUS SOLUTION RECONSTITUTED 600 MG		Tier 1	
RIFAMPIN ORAL CAPSULE 150 MG, 300 MG		Tier 1	
SIRTURO ORAL TABLET 100 MG, 20 MG	Tier 3		
TRECTOR ORAL TABLET 250 MG	Tier 3		
Antineoplastics And Adjunctive Therapies			
*Alkylating Agents***			
BENDEKA INTRAVENOUS SOLUTION 100 MG/4ML	Tier 5		PA
BUSULFAN INTRAVENOUS SOLUTION 6 MG/ML		Tier 4	
CISPLATIN INTRAVENOUS SOLUTION 100 MG/100ML, 200 MG/200ML, 50 MG/50ML		Tier 4	
MYLERAN ORAL TABLET 2 MG	Tier 2		
OXALIPLATIN INTRAVENOUS SOLUTION 100 MG/20ML, 200 MG/40ML, 50 MG/10ML		Tier 4	

Drug	Status	Generic Status	Notes
OXALIPLATIN INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG		Tier 4	
PARAPLATIN INTRAVENOUS SOLUTION 1000 MG/100ML	Tier 4		
PARAPLATIN INTRAVENOUS SOLUTION (CARBOPLATIN) 150 MG/15ML, 450 MG/45ML, 50 MG/5ML, 600 MG/60ML	Tier 4	Tier 4	
ZEPZELCA INTRAVENOUS SOLUTION RECONSTITUTED 4 MG	Tier 5		PA
*Androgen Biosynthesis Inhibitors***			
ABIRATERONE ACETATE ORAL TABLET 250 MG, 500 MG		Tier 4	PA
*Antiadrenals***			
LYSODREN ORAL TABLET 500 MG	Tier 2		
*Antiandrogens***			
BICALUTAMIDE ORAL TABLET 50 MG		Tier 1	
FLUTAMIDE ORAL CAPSULE 125 MG		Tier 1	
NILUTAMIDE ORAL TABLET 150 MG		Tier 4	
XTANDI ORAL CAPSULE 40 MG	Tier 5		PA
*Antiestrogens***			
SOLTAMOX ORAL SOLUTION 10 MG/5ML	Tier 3		
TAMOXIFEN CITRATE ORAL TABLET 10 MG, 20 MG		Tier 1	
TOREMIFENE CITRATE ORAL TABLET 60 MG		Tier 1	
*Antimetabolites***			
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 500 MG	Tier 4		
ARRANON INTRAVENOUS SOLUTION 5 MG/ML	Tier 4		
AZACITIDINE INJECTION SUSPENSION RECONSTITUTED 100 MG		Tier 4	
CAPECITABINE ORAL TABLET 150 MG, 500 MG		Tier 4	PA
CLADRIBINE INTRAVENOUS SOLUTION 10 MG/10ML		Tier 4	
CLOFARABINE INTRAVENOUS SOLUTION 1 MG/ML		Tier 4	
CYTARABINE (PF) INJECTION SOLUTION 100 MG/ML, 20 MG/ML		Tier 4	

Drug	Status	Generic Status	Notes
CYTARABINE INJECTION SOLUTION 20 MG/ML		Tier 4	
DECITABINE INTRAVENOUS SOLUTION RECONSTITUTED 50 MG		Tier 4	PA
FLOXURIDINE INJECTION SOLUTION RECONSTITUTED 0.5 GM		Tier 4	
FLUDARABINE PHOSPHATE INTRAVENOUS SOLUTION 50 MG/2ML		Tier 4	
FLUDARABINE PHOSPHATE INTRAVENOUS SOLUTION RECONSTITUTED 50 MG		Tier 4	
FLUOROURACIL INTRAVENOUS SOLUTION 1 GM/20ML, 2.5 GM/50ML, 5 GM/100ML, 500 MG/10ML		Tier 4	
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML, 40 MG/2ML	Tier 4		PA
GEMCITABINE HCL INTRAVENOUS SOLUTION 1 GM/10ML, 1 GM/26.3ML, 1.5 GM/15ML, 2 GM/20ML, 2 GM/52.6ML, 200 MG/2ML, 200 MG/5.26ML		Tier 4	
GEMCITABINE HCL INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 2 GM, 200 MG		Tier 4	
MERCAPTOPYRINE ORAL TABLET 50 MG		Tier 1	
METHOTREXATE ORAL TABLET 2.5 MG		Tier 1	
METHOTREXATE SODIUM (PF) INJECTION SOLUTION 1 GM/40ML, 250 MG/10ML, 50 MG/2ML		Tier 1	
METHOTREXATE SODIUM INJECTION SOLUTION 250 MG/10ML, 50 MG/2ML		Tier 1	
METHOTREXATE SODIUM INJECTION SOLUTION RECONSTITUTED 1 GM		Tier 1	
METHOTREXATE SODIUM ORAL TABLET 2.5 MG		Tier 1	
ONUREG ORAL TABLET 200 MG, 300 MG	Tier 5		PA
TABLOID ORAL TABLET 40 MG	Tier 4		
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	Tier 3		
*Antineoplastic - Alk Inhibitors***			
XALKORI ORAL CAPSULE 200 MG, 250 MG	Tier 4		PA
ZYKADIA ORAL TABLET 150 MG	Tier 5		PA

Drug	Status	Generic Status	Notes
*Antineoplastic - Anti-Cd20 Antibodies***			
ARZERRA INTRAVENOUS CONCENTRATE 100 MG/5ML, 1000 MG/50ML	Tier 4		PA
GAZYVA INTRAVENOUS SOLUTION 1000 MG/40ML	Tier 5		PA
RITUXAN INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	Tier 5		PA
RUXIENCE INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	Tier 4		PA
*Antineoplastic - Anti-Cd30 Antibody-Drug Complex***			
ADCETRIS INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	Tier 4		PA
*Antineoplastic - Anti-Cd38 Antibodies***			
DARZALEX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML	Tier 5		PA
*Antineoplastic - Anti-Cd79b Antibody-Drug Complex***			
POLIVY INTRAVENOUS SOLUTION RECONSTITUTED 140 MG, 30 MG	Tier 5		PA
*Antineoplastic - Anti-Ctla-4 Antibodies***			
YERVOY INTRAVENOUS SOLUTION 200 MG/40ML, 50 MG/10ML	Tier 4		PA
*Antineoplastic - Anti-Gd2 Antibodies***			
UNITUXIN INTRAVENOUS SOLUTION 17.5 MG/5ML	Tier 5		PA
*Antineoplastic - Anti-Her2 Agents***			
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	Tier 5		PA
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	Tier 4		PA
PERJETA INTRAVENOUS SOLUTION 420 MG/14ML	Tier 4		PA
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	Tier 4		PA
TUKYSA ORAL TABLET 150 MG, 50 MG	Tier 5		PA

Drug	Status	Generic Status	Notes
*Antineoplastic - Anti-Nectin-4 Antibody-Drug Complex***			
PADCEV INTRAVENOUS SOLUTION RECONSTITUTED 20 MG, 30 MG	Tier 5		PA
*Antineoplastic - Anti-Pd-1 Antibodies***			
OPDIVO INTRAVENOUS SOLUTION 100 MG/10ML, 240 MG/24ML, 40 MG/4ML	Tier 5		PA
*Antineoplastic - Anti-Pd-L1 Antibodies***			
BAVENCIO INTRAVENOUS SOLUTION 200 MG/10ML	Tier 5		PA
TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML, 840 MG/14ML	Tier 5		PA
*Antineoplastic - Anti-Slamf7 Antibodies***			
EMPLICITI INTRAVENOUS SOLUTION RECONSTITUTED 300 MG, 400 MG	Tier 5		PA
*Antineoplastic - Bcl-2 Inhibitors***			
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	Tier 5		PA
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	Tier 5		PA
*Antineoplastic - Bcr-Abl Kinase Inhibitors***			
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	Tier 5		PA
ICLUSIG TABLET 10 MG ORAL 10 MG	Tier 5		PA; QL (1 EA per 1 day)
ICLUSIG TABLET 15 MG ORAL 15 MG	Tier 5		PA; QL (2 EA per 1 day)
ICLUSIG TABLET 30 MG ORAL 30 MG	Tier 5		PA
ICLUSIG TABLET 45 MG ORAL 45 MG	Tier 5		PA
IMATINIB MESYLATE ORAL TABLET 100 MG, 400 MG		Tier 4	PA
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	Tier 4		PA
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	Tier 5		PA

Drug	Status	Generic Status	Notes
*Antineoplastic - Bispecific T-Cell Engagers***			
BLINCYTO INTRAVENOUS SOLUTION RECONSTITUTED 35 MCG	Tier 5		PA
*Antineoplastic - Braf Kinase Inhibitors***			
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	Tier 4		PA
ZELBORAF ORAL TABLET 240 MG	Tier 5		PA
*Antineoplastic - Btk Inhibitors***			
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	Tier 5		PA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	Tier 5		PA
*Antineoplastic - Egfr Inhibitors***			
ERBITUX INTRAVENOUS SOLUTION 100 MG/50ML, 200 MG/100ML	Tier 4		PA
ERLOTINIB HCL TABLET 100 MG ORAL 100 MG		Tier 4	PA
ERLOTINIB HCL TABLET 150 MG ORAL 150 MG		Tier 4	PA
ERLOTINIB HCL TABLET 25 MG ORAL 25 MG		Tier 4	PA; QL (3 EA per 1 day)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	Tier 5		PA; QL (1 EA per 1 day)
TAGRISO TABLET 40 MG ORAL 40 MG	Tier 5		PA; QL (1 EA per 1 day)
TAGRISO TABLET 80 MG ORAL 80 MG	Tier 5		PA
*Antineoplastic - Hedgehog Pathway Inhibitors***			
ERIVEDGE ORAL CAPSULE 150 MG	Tier 4		PA
*Antineoplastic - Histone Deacetylase Inhibitors***			
BELEODAQ INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	Tier 5		PA
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	Tier 5		PA
ISTODAX (OVERFILL) INTRAVENOUS SOLUTION RECONSTITUTED 10 MG	Tier 4		PA
ZOLINZA ORAL CAPSULE 100 MG	Tier 4		PA

Drug	Status	Generic Status	Notes
*Antineoplastic - Immunomodulators***			
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	Tier 5		PA
*Antineoplastic - Mek Inhibitors***			
COTELLIC ORAL TABLET 20 MG	Tier 5		PA
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	Tier 5		PA
MEKINIST ORAL TABLET 0.5 MG, 2 MG	Tier 4		PA
*Antineoplastic - Mtor Kinase Inhibitors***			
AFINITOR DISPERZ ORAL TABLET SOLUBLE (EVEROLIMUS) 2 MG, 3 MG, 5 MG	Tier 5	Tier 4	PA
EVEROLIMUS ORAL TABLET 2.5 MG, 5 MG, 7.5 MG		Tier 4	PA; QL (1 EA per 1 day)
TEMSIROLIMUS INTRAVENOUS SOLUTION 25 MG/ML		Tier 4	
*Antineoplastic - Multikinase Inhibitors***			
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	Tier 4		PA
CAPRELSA TABLET 100 MG ORAL 100 MG	Tier 4		PA; QL (2 EA per 1 day)
CAPRELSA TABLET 300 MG ORAL 300 MG	Tier 4		PA
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	Tier 5		PA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	Tier 5		PA
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	Tier 5		PA
NEXAVAR ORAL TABLET 200 MG	Tier 4		PA
QINLOCK ORAL TABLET 50 MG	Tier 5		PA
RYDAPT ORAL CAPSULE 25 MG	Tier 5		PA
STIVARGA ORAL TABLET 40 MG	Tier 5		PA
SUTENT ORAL CAPSULE (SUNITINIB MALATE) 12.5 MG, 25 MG, 37.5 MG, 50 MG	Tier 4	Tier 4	PA
TURALIO ORAL CAPSULE 200 MG	Tier 5		PA
TYKERB ORAL TABLET (LAPATINIB DITOSYLATE) 250 MG	Tier 4	Tier 4	PA

Drug	Status	Generic Status	Notes
VOTRIENT ORAL TABLET 200 MG	Tier 5		PA
*Antineoplastic - Proteasome Inhibitors***			
KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED 10 MG, 30 MG, 60 MG	Tier 4		PA
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	Tier 5		PA
VELCADE INJECTION SOLUTION RECONSTITUTED 3.5 MG	Tier 4		PA
*Antineoplastic - Tropomyosin Receptor Kinase Inhibitors***			
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	Tier 5		PA
*Antineoplastic Antibiotics***			
ADRIAMYCIN INTRAVENOUS SOLUTION (DOXORUBICIN HCL) 2 MG/ML	Tier 4	Tier 4	
ADRIAMYCIN SOLUTION RECONSTITUTED 10 MG INTRAVENOUS 10 MG		Tier 4	
ADRIAMYCIN SOLUTION RECONSTITUTED 50 MG INTRAVENOUS 50 MG	Tier 4		
BLEOMYCIN SULFATE INJECTION SOLUTION RECONSTITUTED 15 UNIT, 30 UNIT		Tier 4	
DACTINOMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG		Tier 4	
DAUNORUBICIN HCL INTRAVENOUS SOLUTION 20 MG/4ML, 50 MG/10ML		Tier 4	
DOXORUBICIN HCL INTRAVENOUS SOLUTION RECONSTITUTED 10 MG		Tier 4	
DOXORUBICIN HCL LIPOSOMAL INTRAVENOUS INJECTABLE 2 MG/ML		Tier 4	
EPIRUBICIN HCL INTRAVENOUS SOLUTION 200 MG/100ML, 50 MG/25ML		Tier 4	
IDARUBICIN HCL INTRAVENOUS SOLUTION 10 MG/10ML, 20 MG/20ML, 5 MG/5ML		Tier 4	
MITOXANTRONE HCL INTRAVENOUS CONCENTRATE 20 MG/10ML, 25 MG/12.5ML, 30 MG/15ML		Tier 4	PA
MUTAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED (MITOMYCIN) 20 MG	Tier 4	Tier 4	

Drug	Status	Generic Status	Notes
MUTAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED (MITOMYCIN) 40 MG, 5 MG	Tier 4	Tier 4	
*Antineoplastic Antibody-Drug Complexes***			
ENHERTU INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Tier 5		PA
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 160 MG	Tier 5		PA
*Antineoplastic Combinations***			
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600-10000 MG-UNT/5ML	Tier 5		PA
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	Tier 5		PA
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400-23400 MG -UT/11.7ML, 1600-26800 MG -UT/13.4ML	Tier 5		PA
VYXEOS INTRAVENOUS SUSPENSION RECONSTITUTED 44-100 MG	Tier 5		PA
*Antineoplastic Enzymes***			
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	Tier 4		
*Antineoplastics - Interleukins***			
PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED 22000000 UNIT	Tier 4		
*Antineoplastics Misc.***			
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	Tier 4		PA
ALFERON N INJECTION SOLUTION 5000000 UNIT/ML	Tier 4		
ARSENIC TRIOXIDE INTRAVENOUS SOLUTION 10 MG/10ML, 12 MG/6ML		Tier 4	
DACARBAZINE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 200 MG		Tier 4	
HYDROXYUREA ORAL CAPSULE 500 MG		Tier 1	
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML	Tier 5		PA
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT	Tier 5		PA
MATULANE ORAL CAPSULE 50 MG	Tier 4		

Drug	Status	Generic Status	Notes
NIPENT INTRAVENOUS SOLUTION RECONSTITUTED 10 MG	Tier 5		
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG	Tier 5		PA
*Aromatase Inhibitors***			
ANASTROZOLE ORAL TABLET 1 MG		Tier 1	
EXEMESTANE ORAL TABLET 25 MG		Tier 1	
LETROZOLE ORAL TABLET 2.5 MG		Tier 1	
*Cardiac Protective Agents***			
DEXRAZOXANE HCL INTRAVENOUS SOLUTION RECONSTITUTED 250 MG		Tier 4	
TOTECT INTRAVENOUS SOLUTION RECONSTITUTED (DEXRAZOXANE HCL) 500 MG	Tier 5	Tier 4	
*Chemotherapy Adjuncts - Hyperuricemia Agents***			
ELITEK INTRAVENOUS SOLUTION RECONSTITUTED 1.5 MG, 7.5 MG	Tier 5		
*Cyclin-Dependent Kinases (Cdk) Inhibitors***			
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	Tier 5		PA
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	Tier 5		PA
*Estrogen Receptor Antagonist***			
FULVESTRANT INTRAMUSCULAR SOLUTION 250 MG/5ML		Tier 4	
*Estrogens-Antineoplastic***			
EMCYT ORAL CAPSULE 140 MG	Tier 3		
*Folic Acid Antagonists Rescue Agents***			
LEUCOVORIN CALCIUM INJECTION SOLUTION 100 MG/10ML, 500 MG/50ML		Tier 1	
LEUCOVORIN CALCIUM INJECTION SOLUTION RECONSTITUTED 100 MG, 200 MG, 350 MG, 50 MG, 500 MG		Tier 1	
LEUCOVORIN CALCIUM ORAL TABLET 10 MG, 15 MG, 25 MG, 5 MG		Tier 1	

Drug	Status	Generic Status	Notes
LEVOLEUCOVORIN CALCIUM INTRAVENOUS SOLUTION RECONSTITUTED 50 MG		Tier 4	
LEVOLEUCOVORIN CALCIUM PF INTRAVENOUS SOLUTION 175 MG/17.5ML, 250 MG/25ML		Tier 4	
*Imidazotetrazines***			
TEMODAR INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Tier 4		
TEMOZOLOMIDE ORAL CAPSULE 100 MG, 140 MG, 180 MG, 20 MG, 250 MG, 5 MG		Tier 4	PA
*Janus Associated Kinase (Jak) Inhibitors***			
JAKAFI TABLET 10 MG ORAL 10 MG	Tier 4		PA; QL (2 EA per 1 day)
JAKAFI TABLET 15 MG ORAL 15 MG	Tier 4		PA
JAKAFI TABLET 20 MG ORAL 20 MG	Tier 4		PA
JAKAFI TABLET 25 MG ORAL 25 MG	Tier 4		PA
JAKAFI TABLET 5 MG ORAL 5 MG	Tier 4		PA
*Lhrh Analogs***			
LEUPROLIDE ACETATE INJECTION KIT 1 MG/0.2ML		Tier 4	PA
LUPRON DEPOT (1-MONTH) KIT 3.75 MG INTRAMUSCULAR 3.75 MG	Tier 5		PA
LUPRON DEPOT (1-MONTH) KIT 7.5 MG INTRAMUSCULAR 7.5 MG	Tier 4		PA
LUPRON DEPOT (3-MONTH) KIT 11.25 MG INTRAMUSCULAR 11.25 MG	Tier 5		PA
LUPRON DEPOT (3-MONTH) KIT 22.5 MG INTRAMUSCULAR 22.5 MG	Tier 4		PA
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	Tier 4		PA
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	Tier 4		PA
*Mitotic Inhibitors***			
ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG	Tier 4		
DOCETAXEL INTRAVENOUS CONCENTRATE 160 MG/8ML, 20 MG/ML, 80 MG/4ML		Tier 4	
DOCETAXEL INTRAVENOUS SOLUTION 160 MG/16ML, 20 MG/2ML, 80 MG/8ML		Tier 4	

Drug	Status	Generic Status	Notes
ETOPOSIDE ORAL CAPSULE 50 MG		Tier 4	
HALAVEN INTRAVENOUS SOLUTION 1 MG/2ML	Tier 4		PA
IXEMPRA KIT INTRAVENOUS SOLUTION RECONSTITUTED 15 MG, 45 MG	Tier 4		
JEVTANA INTRAVENOUS SOLUTION 60 MG/1.5ML	Tier 4		PA
MARQIBO INTRAVENOUS SUSPENSION 5 MG/31ML	Tier 5		
PACLITAXEL INTRAVENOUS CONCENTRATE 100 MG/16.67ML, 100 MG/16.7ML, 150 MG/25ML, 30 MG/5ML, 300 MG/50ML		Tier 4	
TOPOSAR INTRAVENOUS SOLUTION (ETOPOSIDE) 1 GM/50ML, 100 MG/5ML, 500 MG/25ML	Tier 4	Tier 4	
VINBLASTINE SULFATE INTRAVENOUS SOLUTION 1 MG/ML		Tier 4	
VINCRISTINE SULFATE INTRAVENOUS SOLUTION 1 MG/ML		Tier 4	
VINORELBINE TARTRATE INTRAVENOUS SOLUTION 10 MG/ML, 50 MG/5ML		Tier 4	
*Nitrogen Mustards And Related Analogues***			
CYCLOPHOSPHAMIDE INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM, 500 MG		Tier 4	
CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG, 50 MG		Tier 1	
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG		Tier 2	
IFOSFAMIDE INTRAVENOUS SOLUTION 1 GM/20ML, 3 GM/60ML		Tier 4	
IFOSFAMIDE INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 3 GM		Tier 4	
LEUKERAN ORAL TABLET 2 MG	Tier 2		
MELPHALAN HCL INTRAVENOUS SOLUTION RECONSTITUTED 50 MG		Tier 4	
MELPHALAN ORAL TABLET 2 MG		Tier 4	
*Nitrosoureas***			
CARMUSTINE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG		Tier 4	

Drug	Status	Generic Status	Notes
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	Tier 5		
ZANOSAR INTRAVENOUS SOLUTION RECONSTITUTED 1 GM	Tier 4		
*Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors***			
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	Tier 5		PA
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	Tier 5		PA
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	Tier 5		PA
ZYDELIG ORAL TABLET 100 MG, 150 MG	Tier 5		PA
*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors***			
LYNPARZA ORAL TABLET 100 MG, 150 MG	Tier 4		PA
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	Tier 4		PA
*Progestins-Antineoplastic***			
MEGESTROL ACETATE ORAL SUSPENSION 40 MG/ML, 400 MG/10ML		Tier 1	
MEGESTROL ACETATE TABLET 20 MG ORAL 20 MG		LC	
MEGESTROL ACETATE TABLET 40 MG ORAL 40 MG		Tier 1	
*Retinoids***			
TRETINOIN ORAL CAPSULE 10 MG		Tier 4	
*Selective Retinoid X Receptor Agonists***			
BEXAROTENE ORAL CAPSULE 75 MG		Tier 4	PA
*Topoisomerase I Inhibitors***			
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	Tier 5		
IRINOTECAN HCL INTRAVENOUS SOLUTION 100 MG/5ML, 300 MG/15ML, 40 MG/2ML, 500 MG/25ML		Tier 4	
ONIVYDE INTRAVENOUS INJECTABLE 43 MG/10ML	Tier 5		
TOPOTECAN HCL INTRAVENOUS SOLUTION 4 MG/4ML		Tier 4	

Drug	Status	Generic Status	Notes
TOPOTECAN HCL INTRAVENOUS SOLUTION RECONSTITUTED 4 MG		Tier 4	
*Urinary Tract Protective Agents***			
ETHYOL INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	Tier 5		
MESNA INTRAVENOUS SOLUTION 100 MG/ML		Tier 4	
MESNEX ORAL TABLET 400 MG	Tier 5		
*Vascular Endothelial Growth Factor (Vegf) Inhibitors***			
AVASTIN INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	Tier 5		PA
CYRAMZA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	Tier 5		PA
INLYTA ORAL TABLET 1 MG, 5 MG	Tier 5		PA
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	Tier 5		PA
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	Tier 5		PA
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	Tier 5		PA
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	Tier 5		PA
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	Tier 5		PA
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	Tier 5		PA
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	Tier 5		PA
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	Tier 5		PA
MVASI INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	Tier 4		PA
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4ML, 200 MG/8ML	Tier 4		PA
ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	Tier 4		PA

Drug	Status	Generic Status	Notes
Antiparkinson And Related Therapy Agents			
*Antiparkinson Anticholinergics***			
BENZTROPINE MESYLATE INJECTION SOLUTION 1 MG/ML		Tier 1	
BENZTROPINE MESYLATE ORAL TABLET 0.5 MG, 1 MG, 2 MG		LC	
TRIHEXYPHENIDYL HCL ORAL SOLUTION 0.4 MG/ML		Tier 1	
TRIHEXYPHENIDYL HCL TABLET 2 MG ORAL 2 MG		LC	
TRIHEXYPHENIDYL HCL TABLET 5 MG ORAL 5 MG		Tier 1	
*Antiparkinson Dopaminergics***			
AMANTADINE HCL ORAL CAPSULE 100 MG		Tier 1	
AMANTADINE HCL ORAL SOLUTION 50 MG/5ML		Tier 1	
AMANTADINE HCL ORAL TABLET 100 MG		Tier 1	
BROMOCRIPTINE MESYLATE ORAL CAPSULE 5 MG		Tier 1	
BROMOCRIPTINE MESYLATE ORAL TABLET 2.5 MG		Tier 1	
*Antiparkinson Monoamine Oxidase Inhibitors***			
RASAGILINE MESYLATE ORAL TABLET 0.5 MG, 1 MG		Tier 1	
SELEGILINE HCL ORAL CAPSULE 5 MG		Tier 1	
SELEGILINE HCL ORAL TABLET 5 MG		Tier 1	
*Central/Peripheral Comt Inhibitors***			
TOLCAPONE ORAL TABLET 100 MG		Tier 1	
*Decarboxylase Inhibitors***			
CARBIDOPA ORAL TABLET 25 MG		Tier 1	
*Levodopa Combinations***			
CARBIDOPA-LEVODOPA ER ORAL TABLET EXTENDED RELEASE 25-100 MG, 50-200 MG		Tier 1	
CARBIDOPA-LEVODOPA ORAL TABLET 10-100 MG, 25-100 MG, 25-250 MG		Tier 1	

Drug	Status	Generic Status	Notes
CARBIDOPA-LEVODOPA ORAL TABLET DISPERSIBLE 10-100 MG, 25-100 MG, 25-250 MG		Tier 1	
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		Tier 1	
*Nonergoline Dopamine Receptor Agonists***			
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML	Tier 4		PA; QL (3 ML per 1 day)
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	Tier 3		PA; ST
PRAMIPEXOLE DIHYDROCHLORIDE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG		Tier 1	
PRAMIPEXOLE DIHYDROCHLORIDE ORAL TABLET 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG		Tier 1	
ROPINIROLE HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 2 MG, 4 MG, 6 MG, 8 MG		Tier 1	
ROPINIROLE HCL ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG, 5 MG		Tier 1	
*Peripheral Comt Inhibitors***			
ENTACAPONE ORAL TABLET 200 MG		Tier 1	
Antipsychotics/Antimanic Agents			
*Antimanic Agents***			
LITHIUM CARBONATE ER ORAL TABLET EXTENDED RELEASE 300 MG, 450 MG		LC	
LITHIUM CARBONATE ORAL CAPSULE 150 MG, 300 MG, 600 MG		LC	
LITHIUM CARBONATE ORAL TABLET 300 MG		LC	
*Antipsychotics - Misc.***			
LATUDA TABLET 120 MG ORAL 120 MG	Tier 3		QL (1 EA per 1 day)
LATUDA TABLET 20 MG ORAL 20 MG	Tier 3		QL (1 EA per 1 day)
LATUDA TABLET 40 MG ORAL 40 MG	Tier 3		QL (1 EA per 1 day)
LATUDA TABLET 60 MG ORAL 60 MG	Tier 3		QL (1 EA per 1 day)

Drug	Status	Generic Status	Notes
LATUDA TABLET 80 MG ORAL 80 MG	Tier 3		QL (2 EA per 1 day)
ZIPRASIDONE HCL ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG		Tier 1	QL (2 EA per 1 day)
ZIPRASIDONE MESYLATE INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG		Tier 1	
*Benzisoxazoles***			
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 3		PA; ST; QL (2 EA per 1 day)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	Tier 3		PA; ST; QL (8 EA per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML	Tier 3		
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.875ML, 410 MG/1.315ML, 546 MG/1.75ML, 819 MG/2.625ML	Tier 3		
PALIPERIDONE ER TABLET EXTENDED RELEASE 24 HOUR 1.5 MG ORAL 1.5 MG		Tier 1	QL (1 EA per 1 day)
PALIPERIDONE ER TABLET EXTENDED RELEASE 24 HOUR 3 MG ORAL 3 MG		Tier 1	QL (1 EA per 1 day)
PALIPERIDONE ER TABLET EXTENDED RELEASE 24 HOUR 6 MG ORAL 6 MG		Tier 1	QL (2 EA per 1 day)
PALIPERIDONE ER TABLET EXTENDED RELEASE 24 HOUR 9 MG ORAL 9 MG		Tier 1	QL (1 EA per 1 day)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG	Tier 3		
RISPERIDONE ORAL SOLUTION 1 MG/ML		Tier 1	QL (8 ML per 1 day)
RISPERIDONE ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG		Tier 1	QL (2 EA per 1 day)
RISPERIDONE ORAL TABLET DISPERSIBLE 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG		Tier 1	QL (2 EA per 1 day)
*Butyrophenones***			
HALOPERIDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/ML		Tier 1	
HALOPERIDOL LACTATE INJECTION SOLUTION 5 MG/ML		Tier 1	
HALOPERIDOL LACTATE ORAL CONCENTRATE 2 MG/ML		Tier 1	

Drug	Status	Generic Status	Notes
HALOPERIDOL TABLET 0.5 MG ORAL 0.5 MG		LC	
HALOPERIDOL TABLET 1 MG ORAL 1 MG		LC	
HALOPERIDOL TABLET 10 MG ORAL 10 MG		Tier 1	
HALOPERIDOL TABLET 2 MG ORAL 2 MG		LC	
HALOPERIDOL TABLET 20 MG ORAL 20 MG		Tier 1	
HALOPERIDOL TABLET 5 MG ORAL 5 MG		LC	
*Dibenzodiazepines***			
CLOZAPINE TABLET 100 MG ORAL 100 MG		Tier 1	QL (9 EA per 1 day)
CLOZAPINE TABLET 200 MG ORAL 200 MG		Tier 1	QL (4 EA per 1 day)
CLOZAPINE TABLET 25 MG ORAL 25 MG		Tier 1	QL (9 EA per 1 day)
CLOZAPINE TABLET 50 MG ORAL 50 MG		Tier 1	QL (6 EA per 1 day)
CLOZAPINE TABLET DISPERSIBLE 100 MG ORAL 100 MG		Tier 1	QL (9 EA per 1 day)
CLOZAPINE TABLET DISPERSIBLE 12.5 MG ORAL 12.5 MG		Tier 1	QL (3 EA per 1 day)
CLOZAPINE TABLET DISPERSIBLE 150 MG ORAL 150 MG		Tier 1	QL (6 EA per 1 day)
CLOZAPINE TABLET DISPERSIBLE 200 MG ORAL 200 MG		Tier 1	QL (4 EA per 1 day)
CLOZAPINE TABLET DISPERSIBLE 25 MG ORAL 25 MG		Tier 1	QL (9 EA per 1 day)
*Dibenzo-Oxepino Pyrroles***			
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL (ASENAPINE MALEATE) 10 MG, 2.5 MG, 5 MG	Tier 2	Tier 1	QL (2 EA per 1 day)
*Dibenzothiazepines***			
QUETIAPINE FUMARATE ER TABLET EXTENDED RELEASE 24 HOUR 150 MG ORAL 150 MG		Tier 1	QL (2 EA per 1 day)
QUETIAPINE FUMARATE ER TABLET EXTENDED RELEASE 24 HOUR 200 MG ORAL 200 MG		Tier 1	QL (3 EA per 1 day)
QUETIAPINE FUMARATE ER TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL 300 MG		Tier 1	QL (2 EA per 1 day)
QUETIAPINE FUMARATE ER TABLET EXTENDED RELEASE 24 HOUR 400 MG ORAL 400 MG		Tier 1	QL (2 EA per 1 day)

Drug	Status	Generic Status	Notes
QUETIAPINE FUMARATE ER TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL 50 MG		Tier 1	QL (2 EA per 1 day)
QUETIAPINE FUMARATE TABLET 100 MG ORAL 100 MG		Tier 1	QL (3 EA per 1 day)
QUETIAPINE FUMARATE TABLET 200 MG ORAL 200 MG		Tier 1	QL (3 EA per 1 day)
QUETIAPINE FUMARATE TABLET 25 MG ORAL 25 MG		Tier 1	QL (3 EA per 1 day)
QUETIAPINE FUMARATE TABLET 300 MG ORAL 300 MG		Tier 1	QL (2 EA per 1 day)
QUETIAPINE FUMARATE TABLET 400 MG ORAL 400 MG		Tier 1	QL (2 EA per 1 day)
QUETIAPINE FUMARATE TABLET 50 MG ORAL 50 MG		Tier 1	QL (3 EA per 1 day)
*Dibenzoxazepines***			
LOXAPINE SUCCINATE ORAL CAPSULE 10 MG, 25 MG, 5 MG, 50 MG		Tier 1	
*Dihydroindolones***			
MOLINDONE HCL ORAL TABLET 10 MG, 25 MG, 5 MG		Tier 1	
*Phenothiazines***			
CHLORPROMAZINE HCL INJECTION SOLUTION 25 MG/ML, 50 MG/2ML		Tier 1	
CHLORPROMAZINE HCL ORAL TABLET 10 MG, 100 MG, 200 MG, 25 MG, 50 MG		Tier 1	
COMPRO RECTAL SUPPOSITORY (PROCHLORPERAZINE) 25 MG	Tier 1	Tier 1	
FLUPHENAZINE DECANOATE INJECTION SOLUTION 25 MG/ML		Tier 1	
FLUPHENAZINE HCL INJECTION SOLUTION 2.5 MG/ML		Tier 1	
FLUPHENAZINE HCL ORAL CONCENTRATE 5 MG/ML		Tier 1	
FLUPHENAZINE HCL ORAL ELIXIR 2.5 MG/5ML		Tier 1	
FLUPHENAZINE HCL TABLET 1 MG ORAL 1 MG		LC	
FLUPHENAZINE HCL TABLET 10 MG ORAL 10 MG		Tier 1	
FLUPHENAZINE HCL TABLET 2.5 MG ORAL 2.5 MG		Tier 1	

Drug	Status	Generic Status	Notes
FLUPHENAZINE HCL TABLET 5 MG ORAL 5 MG		Tier 1	
PERPHENAZINE ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG		Tier 1	
PROCHLORPERAZINE EDISYLATE INJECTION SOLUTION 10 MG/2ML, 50 MG/10ML		Tier 1	
PROCHLORPERAZINE MALEATE TABLET 10 MG ORAL 10 MG		LC	
PROCHLORPERAZINE MALEATE TABLET 5 MG ORAL 5 MG		Tier 1	
THIORIDAZINE HCL ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG		Tier 1	
TRIFLUOPERAZINE HCL ORAL TABLET 1 MG, 10 MG, 2 MG, 5 MG		Tier 1	
*Quinolinone Derivatives***			
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	Tier 3		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	Tier 3		
ARIPIPRAZOLE ORAL SOLUTION 1 MG/ML		Tier 1	QL (25 ML per 1 day)
ARIPIPRAZOLE ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG		Tier 1	QL (1 EA per 1 day)
ARIPIPRAZOLE ORAL TABLET DISPERSIBLE 10 MG, 15 MG		Tier 1	QL (2 EA per 1 day)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 3		QL (1 EA per 1 day)
*Thienbenzodiazepines***			
OLANZAPINE INTRAMUSCULAR SOLUTION RECONSTITUTED 10 MG		Tier 1	
OLANZAPINE ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG		Tier 1	QL (1 EA per 1 day)
OLANZAPINE ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG		Tier 1	QL (1 EA per 1 day)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG, 405 MG	Tier 3		
*Thioxanthenes***			
THIOTHIXENE ORAL CAPSULE 1 MG, 10 MG, 2 MG, 5 MG		Tier 1	

Drug	Status	Generic Status	Notes
Antiseptics & Disinfectants			
*Chlorine Antiseptics***			
BENZALKONIUM CHLORIDE EXTERNAL SOLUTION , 50 %		Tier 1	
*Iodine Antiseptics***			
IODINE TINCTURE EXTERNAL TINCTURE 2 %		Tier 1	
Antivirals			
*Antiretroviral Combinations***			
ABACAVIR SULFATE-LAMIVUDINE ORAL TABLET 600-300 MG		Tier 1	
ABACAVIR-LAMIVUDINE-ZIDOVUDINE ORAL TABLET 300-150-300 MG		Tier 1	
BIKTARVY ORAL TABLET 50-200-25 MG	Tier 3		
CIMDUO ORAL TABLET 300-300 MG	Tier 2		
COMPLERA ORAL TABLET 200-25-300 MG	Tier 2		
DESCOVY ORAL TABLET 200-25 MG	Tier 3		PA
DOVATO ORAL TABLET 50-300 MG	Tier 2		QL (1 EA per 1 day)
EFAVIRENZ-EMTRICITAB-TENOFOVIR ORAL TABLET 600-200-300 MG		Tier 1	
EVOTAZ ORAL TABLET 300-150 MG	Tier 2		
GENVOYA ORAL TABLET 150-150-200-10 MG	Tier 3		
JULUCA ORAL TABLET 50-25 MG	Tier 2		
KALETRA ORAL TABLET (LOPINAVIR-RITONAVIR) 100-25 MG, 200-50 MG	Tier 2	Tier 1	
LAMIVUDINE-ZIDOVUDINE ORAL TABLET 150-300 MG		Tier 1	
LOPINAVIR-RITONAVIR ORAL SOLUTION 400-100 MG/5ML		Tier 1	
ODEFSEY ORAL TABLET 200-25-25 MG	Tier 3		
PREZCOBIX ORAL TABLET 800-150 MG	Tier 2		
STRIBILD ORAL TABLET 150-150-200-300 MG	Tier 3		
SYMFI LO ORAL TABLET (EFAVIRENZ-LAMIVUDINE-TENOFOVIR) 400-300-300 MG	Tier 2	Tier 1	
SYMFI ORAL TABLET (EFAVIRENZ-LAMIVUDINE-TENOFOVIR) 600-300-300 MG	Tier 2	Tier 1	

Drug	Status	Generic Status	Notes
SYMTUZA ORAL TABLET 800-150-200-10 MG	Tier 3		QL (1 EA per 1 day)
TRIUMEQ ORAL TABLET 600-50-300 MG	Tier 2		
TRUVADA ORAL TABLET (EMTRICITABINE-TENOFOVIR DF) 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	Tier 2	Tier 1	
*Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)***			
SELZENTRY ORAL SOLUTION 20 MG/ML	Tier 2		PA
SELZENTRY ORAL TABLET 150 MG, 25 MG, 300 MG, 75 MG	Tier 2		PA
*Antiretrovirals - Cd4-Directed Post-Attachment Inhibitor***			
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33ML	Tier 3		PA
*Antiretrovirals - Fusion Inhibitors***			
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	Tier 2		
*Antiretrovirals - Gp120-Directed Attachment Inhibitor***			
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	Tier 2		
*Antiretrovirals - Integrase Inhibitors***			
ISENTRESS HD ORAL TABLET 600 MG	Tier 2		
ISENTRESS ORAL PACKET 100 MG	Tier 2		
ISENTRESS ORAL TABLET 400 MG	Tier 2		
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	Tier 2		
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	Tier 2		
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	Tier 2		
*Antiretrovirals - Protease Inhibitors***			
APTIVUS ORAL CAPSULE 250 MG	Tier 2		
ATAZANAVIR SULFATE ORAL CAPSULE 150 MG, 200 MG, 300 MG		Tier 1	
CRIXIVAN ORAL CAPSULE 400 MG	Tier 2		

Drug	Status	Generic Status	Notes
FOSAMPRENAVIR CALCIUM ORAL TABLET 700 MG		Tier 1	
INVIRASE ORAL TABLET 500 MG	Tier 2		
LEXIVA ORAL SUSPENSION 50 MG/ML	Tier 2		
NORVIR ORAL PACKET 100 MG	Tier 2		
NORVIR ORAL SOLUTION 80 MG/ML	Tier 2		
PREZISTA ORAL SUSPENSION 100 MG/ML	Tier 2		
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	Tier 2		
REYATAZ ORAL PACKET 50 MG	Tier 2		
RITONAVIR ORAL TABLET 100 MG		Tier 1	
VIRACEPT ORAL TABLET 250 MG, 625 MG	Tier 2		
*Antiretrovirals - Rti-Non-Nucleoside Analogues***			
EDURANT ORAL TABLET 25 MG	Tier 2		
EFAVIRENZ ORAL CAPSULE 200 MG, 50 MG		Tier 1	
EFAVIRENZ ORAL TABLET 600 MG		Tier 1	
INTELENCE ORAL TABLET (ETRAVIRINE) 100 MG, 200 MG	Tier 2	Tier 1	
INTELENCE ORAL TABLET 25 MG	Tier 2		
NEVIRAPINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 400 MG		Tier 1	
NEVIRAPINE ORAL SUSPENSION 50 MG/5ML		Tier 1	
NEVIRAPINE ORAL TABLET 200 MG		Tier 1	
PIFELTRO ORAL TABLET 100 MG	Tier 3		
*Antiretrovirals - Rti-Nucleoside Analogues-Purines***			
ABACAVIR SULFATE ORAL SOLUTION 20 MG/ML		Tier 1	
ABACAVIR SULFATE ORAL TABLET 300 MG		Tier 1	
*Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines***			
EMTRIVA ORAL CAPSULE (EMTRICITABINE) 200 MG	Tier 2	Tier 1	
EMTRIVA ORAL SOLUTION 10 MG/ML	Tier 2		

Drug	Status	Generic Status	Notes
LAMIVUDINE ORAL SOLUTION 10 MG/ML		Tier 1	
LAMIVUDINE ORAL TABLET 150 MG, 300 MG		Tier 1	
*Antiretrovirals - Rti-Nucleoside Analogues-Thymidines***			
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	Tier 2		
STAVUDINE ORAL CAPSULE 15 MG, 20 MG, 30 MG, 40 MG		Tier 1	
ZIDOVUDINE ORAL CAPSULE 100 MG		Tier 1	
ZIDOVUDINE ORAL SYRUP 50 MG/5ML		Tier 1	
ZIDOVUDINE ORAL TABLET 300 MG		Tier 1	
*Antiretrovirals - Rti-Nucleotide Analogues***			
TENOFOVIR DISOPROXIL FUMARATE ORAL TABLET 300 MG		Tier 1	
VIREAD ORAL POWDER 40 MG/GM	Tier 2		
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Tier 2		
*Antiretrovirals Adjuvants***			
TYBOST ORAL TABLET 150 MG	Tier 2		
*Cmv Agents***			
CIDOFOVIR INTRAVENOUS SOLUTION 75 MG/ML		Tier 1	
GANCICLOVIR SODIUM INTRAVENOUS SOLUTION 500 MG/10ML		Tier 1	
GANCICLOVIR SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 500 MG		Tier 1	
VALGANCICLOVIR HCL ORAL SOLUTION RECONSTITUTED 50 MG/ML		Tier 1	
VALGANCICLOVIR HCL ORAL TABLET 450 MG		Tier 1	
*Hepatitis B Agents***			
ADEFOVIR DIPIVOXIL ORAL TABLET 10 MG		Tier 4	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	Tier 5		QL (21 ML per 1 day)
ENTECAVIR ORAL TABLET 0.5 MG, 1 MG		Tier 4	QL (1 EA per 1 day)
EPIVIR HBV ORAL SOLUTION 5 MG/ML	Tier 4		
LAMIVUDINE ORAL TABLET 100 MG		Tier 4	

Drug	Status	Generic Status	Notes
VEMLIDY ORAL TABLET 25 MG	Tier 5		
*Hepatitis C Agent - Combinations***			
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	Tier 4		PA; QL (1 EA per 1 day)
EPCLUSA PACKET 150-37.5 MG ORAL 150-37.5 MG	Tier 4		PA; QL (1 EA per 1 day)
EPCLUSA PACKET 200-50 MG ORAL 200-50 MG	Tier 4		PA; QL (2 EA per 1 day)
HARVONI PACKET 33.75-150 MG ORAL 33.75-150 MG	Tier 4		PA; QL (1 EA per 1 day)
HARVONI PACKET 45-200 MG ORAL 45-200 MG	Tier 4		PA; QL (2 EA per 1 day)
HARVONI TABLET 45-200 MG ORAL 45-200 MG	Tier 4		PA; QL (2 EA per 1 day)
HARVONI TABLET 90-400 MG ORAL 90-400 MG	Tier 4		PA; QL (1 EA per 1 day)
MAVYRET ORAL PACKET 50-20 MG	Tier 4		PA; QL (5 EA per 1 day)
MAVYRET ORAL TABLET 100-40 MG	Tier 4		PA; QL (3 EA per 1 day)
ZEPATIER ORAL TABLET 50-100 MG	Tier 5		PA; QL (1 EA per 1 day)
*Hepatitis C Agents***			
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Tier 4		PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	Tier 4		PA
RIBAVIRIN ORAL CAPSULE 200 MG		Tier 4	
RIBAVIRIN ORAL TABLET 200 MG		Tier 4	
*Herpes Agents - Purine Analogues***			
ACYCLOVIR ORAL CAPSULE 200 MG		LC	
ACYCLOVIR ORAL SUSPENSION 200 MG/5ML		LC	
ACYCLOVIR ORAL TABLET 400 MG, 800 MG		LC	
ACYCLOVIR SODIUM INTRAVENOUS SOLUTION 50 MG/ML		Tier 1	
VALACYCLOVIR HCL ORAL TABLET 1 GM, 500 MG		Tier 1	QL (4 EA per 1 day)
*Herpes Agents - Thymidine Analogues***			
FAMCICLOVIR ORAL TABLET 125 MG, 250 MG, 500 MG		Tier 1	

Drug	Status	Generic Status	Notes
*Influenza Agents***			
RIMANTADINE HCL ORAL TABLET 100 MG		Tier 1	
*Neuraminidase Inhibitors***			
OSELTAMIVIR PHOSPHATE CAPSULE 30 MG ORAL 30 MG		Tier 1	QL (40 EA per 365 days)
OSELTAMIVIR PHOSPHATE CAPSULE 45 MG ORAL 45 MG		Tier 1	QL (20 EA per 365 days)
OSELTAMIVIR PHOSPHATE CAPSULE 75 MG ORAL 75 MG		Tier 1	QL (20 EA per 365 days)
OSELTAMIVIR PHOSPHATE ORAL SUSPENSION RECONSTITUTED 6 MG/ML		Tier 1	QL (360 ML per 365 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER	Tier 3		QL (40 EA per 365 days)
Beta Blockers			
*Alpha-Beta Blockers***			
CARVEDILOL ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG		LC	
CARVEDILOL PHOSPHATE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG		Tier 1	
LABETALOL HCL INTRAVENOUS SOLUTION 5 MG/ML		Tier 1	
LABETALOL HCL ORAL TABLET 100 MG, 200 MG, 300 MG		Tier 1	
*Beta Blockers Cardio-Selective***			
ACEBUTOLOL HCL ORAL CAPSULE 200 MG, 400 MG		Tier 1	
ATENOLOL ORAL TABLET 100 MG, 25 MG, 50 MG		LC	
BETAXOLOL HCL ORAL TABLET 10 MG, 20 MG		Tier 1	
BISOPROLOL FUMARATE ORAL TABLET 10 MG, 5 MG		LC	
BYSTOLIC ORAL TABLET (NEBIVOLOL HCL) 10 MG, 2.5 MG, 20 MG, 5 MG	Tier 2	Tier 1	
ESMOLOL HCL INTRAVENOUS SOLUTION 100 MG/10ML		Tier 1	
ESMOLOL HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML		Tier 1	

Drug	Status	Generic Status	Notes
METOPROLOL SUCCINATE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG		Tier 1	
METOPROLOL TARTRATE INTRAVENOUS SOLUTION 5 MG/5ML		Tier 1	
METOPROLOL TARTRATE TABLET 100 MG ORAL 100 MG		LC	
METOPROLOL TARTRATE TABLET 25 MG ORAL 25 MG		LC	
METOPROLOL TARTRATE TABLET 37.5 MG ORAL 37.5 MG		Tier 1	
METOPROLOL TARTRATE TABLET 50 MG ORAL 50 MG		LC	
METOPROLOL TARTRATE TABLET 75 MG ORAL 75 MG		Tier 1	
*Beta Blockers Non-Selective***			
PINDOLOL ORAL TABLET 10 MG, 5 MG		Tier 1	
PROPRANOLOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG		Tier 1	
PROPRANOLOL HCL INTRAVENOUS SOLUTION 1 MG/ML		Tier 1	
PROPRANOLOL HCL ORAL SOLUTION 20 MG/5ML, 40 MG/5ML		Tier 1	
PROPRANOLOL HCL TABLET 10 MG ORAL 10 MG		LC	
PROPRANOLOL HCL TABLET 20 MG ORAL 20 MG		LC	
PROPRANOLOL HCL TABLET 40 MG ORAL 40 MG		LC	
PROPRANOLOL HCL TABLET 60 MG ORAL 60 MG		Tier 1	
PROPRANOLOL HCL TABLET 80 MG ORAL 80 MG		LC	
SORINE TABLET 120 MG ORAL (SOTALOL HCL) 120 MG	Tier 1	Tier 1	
SORINE TABLET 160 MG ORAL (SOTALOL HCL) 160 MG	Tier 1	Tier 1	
SORINE TABLET 240 MG ORAL (SOTALOL HCL) 240 MG	Tier 1	Tier 1	
SORINE TABLET 80 MG ORAL (SOTALOL HCL) 80 MG	LC	LC	

Drug	Status	Generic Status	Notes
SOTALOL HCL (AF) ORAL TABLET 120 MG, 160 MG, 80 MG		Tier 1	
TIMOLOL MALEATE ORAL TABLET 10 MG, 20 MG, 5 MG		Tier 1	
Calcium Channel Blockers			
*Calcium Channel Blockers***			
AMLODIPINE BESYLATE ORAL TABLET 10 MG, 2.5 MG, 5 MG		LC	
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR (DILTIAZEM HCL ER COATED BEADS) 120 MG	Tier 1	Tier 1	
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR (DILTIAZEM HCL ER COATED BEADS) 180 MG, 240 MG, 300 MG	Tier 1	Tier 1	
DILTIAZEM HCL ER COATED BEADS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG		Tier 1	
DILTIAZEM HCL ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR 120 MG, 60 MG, 90 MG		Tier 1	
DILTIAZEM HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG		Tier 1	
DILTIAZEM HCL INTRAVENOUS SOLUTION 125 MG/25ML, 25 MG/5ML, 50 MG/10ML		Tier 1	
DILTIAZEM HCL INTRAVENOUS SOLUTION RECONSTITUTED 100 MG		Tier 1	
DILTIAZEM HCL ORAL TABLET 120 MG, 30 MG, 60 MG, 90 MG		Tier 1	
DILT-XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG		Tier 1	
FELODIPINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 2.5 MG, 5 MG		Tier 1	
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR (DILTIAZEM HCL ER COATED BEADS) 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Tier 1	Tier 1	
NICARDIPINE HCL INTRAVENOUS SOLUTION 2.5 MG/ML		Tier 1	
NIFEDIPINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG, 90 MG		Tier 1	

Drug	Status	Generic Status	Notes
NIFEDIPINE ER OSMOTIC RELEASE ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG, 90 MG		Tier 1	
NIMODIPINE ORAL CAPSULE 30 MG		Tier 1	
NISOLDIPINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 20 MG, 25.5 MG, 30 MG, 34 MG, 40 MG, 8.5 MG		Tier 1	
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR (DILTIAZEM HCL ER BEADS) 120 MG, 240 MG, 300 MG, 360 MG	Tier 1	Tier 1	
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR (DILTIAZEM HCL ER BEADS) 180 MG	Tier 1	Tier 1	
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR (DILTIAZEM HCL ER BEADS) 120 MG, 240 MG, 300 MG, 360 MG, 420 MG	Tier 1	Tier 1	
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR (DILTIAZEM HCL ER BEADS) 180 MG	Tier 1	Tier 1	
VERAPAMIL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 120 MG, 180 MG, 200 MG, 240 MG, 300 MG, 360 MG		Tier 1	
VERAPAMIL HCL ER ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG		Tier 1	
VERAPAMIL HCL INTRAVENOUS SOLUTION 2.5 MG/ML		Tier 1	
VERAPAMIL HCL TABLET 120 MG ORAL 120 MG		LC	
VERAPAMIL HCL TABLET 40 MG ORAL 40 MG		Tier 1	
VERAPAMIL HCL TABLET 80 MG ORAL 80 MG		LC	
Cardiotonics			
*Cardiac Glycosides***			
DIGITEK ORAL TABLET (DIGOXIN) 125 MCG, 250 MCG	LC	LC	
DIGOX ORAL TABLET (DIGOXIN) 125 MCG, 250 MCG	LC	LC	
DIGOXIN INJECTION SOLUTION 0.25 MG/ML		Tier 1	

Drug	Status	Generic Status	Notes
DIGOXIN ORAL SOLUTION 0.05 MG/ML		LC	
*Inotropes***			
DOBUTAMINE HCL INTRAVENOUS SOLUTION 250 MG/20ML		Tier 1	
DOBUTAMINE IN D5W INTRAVENOUS SOLUTION 1-5 MG/ML-%, 2 MG/ML, 4-5 MG/ML-%		Tier 1	
DOPAMINE HCL INTRAVENOUS SOLUTION 40 MG/ML		Tier 1	
DOPAMINE IN D5W INTRAVENOUS SOLUTION 0.8-5 MG/ML-%, 1.6-5 MG/ML-%, 3.2-5 MG/ML-%		Tier 1	
MILRINONE LACTATE IN DEXTROSE INTRAVENOUS SOLUTION 20-5 MG/100ML-%, 40-5 MG/200ML-%		Tier 1	
MILRINONE LACTATE INTRAVENOUS SOLUTION 10 MG/10ML, 20 MG/20ML, 50 MG/50ML		Tier 1	
Cardiovascular Agents - Misc.			
*Calcium Channel Blocker & Hmg Coa Reductase Inhibit Comb***			
AMLODIPINE-ATORVASTATIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 2.5-10 MG, 2.5-20 MG, 2.5-40 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG		Tier 1	
*Neprilysin Inhib (Arni)-Angiotensin II Recept Antag Comb***			
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	Tier 2		QL (2 EA per 1 day)
*Prostaglandin Vasodilators***			
EPOPROSTENOL SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG		Tier 4	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	Tier 5		PA
TREPROSTINIL INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML		Tier 4	PA
TYVASO INHALATION SOLUTION 0.6 MG/ML	Tier 5		PA; QL (2.9 ML per 1 day)

Drug	Status	Generic Status	Notes
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML	Tier 5		PA; QL (2.9 ML per 1 day)
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML	Tier 5		PA; QL (2.9 ML per 1 day)
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML	Tier 5		PA; QL (9 ML per 1 day)
*Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc)***			
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	Tier 4		PA; QL (3 EA per 1 day)
*Pulmonary Hypertension - Endothelin Receptor Antagonists***			
AMBRISENTAN ORAL TABLET 10 MG, 5 MG		Tier 4	PA; QL (1 EA per 1 day)
BOSENTAN ORAL TABLET 125 MG, 62.5 MG		Tier 4	PA; QL (2 EA per 1 day)
OPSUMIT ORAL TABLET 10 MG	Tier 4		PA; QL (1 EA per 1 day)
TRACLEER ORAL TABLET SOLUBLE 32 MG	Tier 5		PA; QL (4 EA per 1 day)
*Pulmonary Hypertension - Phosphodiesterase Inhibitors***			
ALYQ ORAL TABLET (TADALAFIL (PAH)) 20 MG	Tier 4	Tier 4	PA; QL (2 EA per 1 day)
SILDENAFIL CITRATE INTRAVENOUS SOLUTION 10 MG/12.5ML		Tier 4	PA
SILDENAFIL CITRATE ORAL SUSPENSION RECONSTITUTED 10 MG/ML		Tier 4	PA; QL (7.5 ML per 1 day)
SILDENAFIL CITRATE ORAL TABLET 20 MG		Tier 4	PA; QL (3 EA per 1 day)
*Pulmonary Hypertension - Prostacyclin Receptor Agonist***			
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	Tier 5		PA; QL (2 EA per 1 day)
UPTRAVI ORAL TABLET THERAPY PACK 200 & 800 MCG	Tier 5		PA; QL (400 EA per 365 days)
*Selective Cgmp Phosphodiesterase Type 5 Inhibitors***			
TADALAFIL ORAL TABLET 2.5 MG, 5 MG		Tier 1	PA; QL (1 EA per 1 day)
*Sinus Node Inhibitors**			
CORLANOR ORAL SOLUTION 5 MG/5ML	Tier 3		PA; QL (15 ML per 1 day)

Drug	Status	Generic Status	Notes
CORLANOR ORAL TABLET 5 MG, 7.5 MG	Tier 3		PA; QL (2 EA per 1 day)
*Transthyretin Stabilizers***			
VYNDAMAX ORAL CAPSULE 61 MG	Tier 5		PA; QL (1 EA per 1 day)
Cephalosporins			
*Cephalosporins - 1St Generation***			
CEFADROXIL ORAL CAPSULE 500 MG		Tier 1	
CEFADROXIL ORAL SUSPENSION RECONSTITUTED 250 MG/5ML, 500 MG/5ML		Tier 1	
CEFADROXIL ORAL TABLET 1 GM		Tier 1	
CEFAZOLIN SODIUM INJECTION SOLUTION RECONSTITUTED 1 GM, 10 GM, 100 GM, 300 GM, 500 MG		Tier 1	
CEFAZOLIN SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 1 GM		Tier 1	
CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION 1-4 GM/50ML-%, 2-4 GM/100ML-%		Tier 1	
CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-4 GM-%(50ML), 2-3 GM-%(50ML)		Tier 1	
CEPHALEXIN CAPSULE 250 MG ORAL 250 MG		LC	
CEPHALEXIN CAPSULE 500 MG ORAL 500 MG		LC	
CEPHALEXIN CAPSULE 750 MG ORAL 750 MG		Tier 1	
CEPHALEXIN ORAL SUSPENSION RECONSTITUTED 125 MG/5ML, 250 MG/5ML		Tier 1	
CEPHALEXIN ORAL TABLET 250 MG, 500 MG		Tier 1	
*Cephalosporins - 2Nd Generation***			
CEFACLOR ER ORAL TABLET EXTENDED RELEASE 12 HOUR 500 MG		Tier 1	
CEFACLOR ORAL CAPSULE 250 MG, 500 MG		Tier 1	
CEFACLOR ORAL SUSPENSION RECONSTITUTED 125 MG/5ML, 250 MG/5ML, 375 MG/5ML		Tier 1	

Drug	Status	Generic Status	Notes
CEFOTETAN DISODIUM INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM		Tier 1	
CEFOTETAN DISODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-3.58 GM-%(50ML), 2-2.08 GM-%(50ML)		Tier 1	
CEFOXITIN SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 10 GM, 2 GM		Tier 1	
CEFPROZIL ORAL SUSPENSION RECONSTITUTED 125 MG/5ML, 250 MG/5ML		Tier 1	
CEFPROZIL ORAL TABLET 250 MG, 500 MG		Tier 1	
CEFUROXIME AXETIL ORAL TABLET 250 MG, 500 MG		Tier 1	
*Cephalosporins - 3Rd Generation***			
CEFDINIR ORAL CAPSULE 300 MG		Tier 1	
CEFDINIR ORAL SUSPENSION RECONSTITUTED 125 MG/5ML, 250 MG/5ML		Tier 1	
CEFIXIME ORAL CAPSULE 400 MG		Tier 1	
CEFIXIME ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML		Tier 1	
CEFOTAXIME SODIUM INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM		Tier 1	
CEFPODOXIME PROXETIL ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 50 MG/5ML		Tier 1	
CEFPODOXIME PROXETIL ORAL TABLET 100 MG, 200 MG		Tier 1	
CEFTAZIDIME AND DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-5 GM-%(50ML), 2-5 GM-%(50ML)		Tier 1	
CEFTAZIDIME INJECTION SOLUTION RECONSTITUTED 6 GM		Tier 1	
CEFTRIAXONE SODIUM IN DEXTROSE INTRAVENOUS SOLUTION 20 MG/ML, 40 MG/ML		Tier 1	
CEFTRIAXONE SODIUM INJECTION SOLUTION RECONSTITUTED 1 GM, 100 GM, 2 GM, 250 MG, 500 MG		Tier 1	

Drug	Status	Generic Status	Notes
CEFTRIAXONE SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 10 GM, 2 GM		Tier 1	
CEFTRIAXONE SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-3.74 GM-%(50ML), 2-2.22 GM-%(50ML)		Tier 1	
TAZICEF INJECTION SOLUTION RECONSTITUTED (CEFTAZIDIME) 1 GM	Tier 1	Tier 1	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 6 GM	Tier 1		
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED (CEFTAZIDIME) 2 GM	Tier 1	Tier 1	
*Cephalosporins - 4Th Generation***			
CEFEPIME HCL INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM		Tier 1	
CEFEPIME HCL INTRAVENOUS SOLUTION 1 GM/50ML, 2 GM/100ML		Tier 1	
CEFEPIME HCL INTRAVENOUS SOLUTION RECONSTITUTED 100 GM		Tier 1	
CEFEPIME-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-5 GM-%(50ML), 2-5 GM-%(50ML)		Tier 1	
Contraceptives			
*Biphasic Contraceptives - Oral***			
AZURETTE ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-0.02/0.01 MG (21/5)	Tier 1	Tier 1	PV
KARIVA ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-0.02/0.01 MG (21/5)	Tier 1	Tier 1	PV
PIMTREA ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-0.02/0.01 MG (21/5)	Tier 1	Tier 1	PV
SIMLIYA ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-0.02/0.01 MG (21/5)	Tier 1	Tier 1	PV
VIORELE ORAL TABLET 0.15-0.02/0.01 MG (21/5)		Tier 1	PV
VOLNEA ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-0.02/0.01 MG (21/5)	Tier 1	Tier 1	PV

Drug	Status	Generic Status	Notes
*Combination Contraceptives - Oral***			
AFIRMELLE ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG	Tier 1	Tier 1	PV
ALTAVERA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.15-30 MG-MCG	Tier 1	Tier 1	PV
APRI ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-30 MG-MCG	Tier 1	Tier 1	PV
AUBRA EQ ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG	Tier 1	Tier 1	PV
AUBRA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG	Tier 1	Tier 1	PV
AUROVELA 1.5/30 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) 1.5-30 MG-MCG	Tier 1	Tier 1	PV
AUROVELA 1/20 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) 1-20 MG-MCG	Tier 1	Tier 1	PV
AUROVELA 24 FE ORAL TABLET 1-20 MG-MCG(24)	Tier 1		PV
AUROVELA FE 1.5/30 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1.5-30 MG-MCG	Tier 1	Tier 1	PV
AUROVELA FE 1/20 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG	Tier 1	Tier 1	PV
AVIANE ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG	Tier 1	Tier 1	PV
AYUNA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.15-30 MG-MCG	Tier 1	Tier 1	PV
BALZIVA ORAL TABLET (BRIELLYN) 0.4-35 MG-MCG	Tier 1	Tier 1	PV
BLISOVI 24 FE ORAL TABLET 1-20 MG-MCG(24)	Tier 1		PV
BLISOVI FE 1.5/30 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1.5-30 MG-MCG	Tier 1	Tier 1	PV

Drug	Status	Generic Status	Notes
BLISOVI FE 1/20 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG	Tier 1	Tier 1	PV
CHARLOTTE 24 FE ORAL TABLET CHEWABLE (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG(24)	Tier 1	Tier 1	PV
CHATEAL EQ ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.15-30 MG-MCG	Tier 1	Tier 1	PV
CHATEAL ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.15-30 MG-MCG	Tier 1	Tier 1	PV
CRYSELLE-28 ORAL TABLET 0.3-30 MG-MCG	Tier 1		PV
CYCLAFEM 1/35 ORAL TABLET (ALYACEN 1/35) 1-35 MG-MCG	Tier 1	Tier 1	PV
CYRED EQ ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-30 MG-MCG	Tier 1	Tier 1	PV
CYRED ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-30 MG-MCG	Tier 1	Tier 1	PV
DASETTA 1/35 ORAL TABLET (ALYACEN 1/35) 1-35 MG-MCG	Tier 1	Tier 1	PV
DELYLA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG	Tier 1	Tier 1	PV
DROSPIREN-ETH ESTRAD-LEVOMEFOL ORAL TABLET 3-0.02-0.451 MG		Tier 1	PV
ELINEST ORAL TABLET 0.3-30 MG-MCG	Tier 1		PV
EMOQUETTE ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-30 MG-MCG	Tier 1	Tier 1	PV
ENSKYCE ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-30 MG-MCG	Tier 1	Tier 1	PV
ESTARYLLA ORAL TABLET (NORGESTIMATE-ETH ESTRADIOL) 0.25-35 MG-MCG	Tier 1	Tier 1	PV
FALMINA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG	Tier 1	Tier 1	PV
FEMYNOR ORAL TABLET (NORGESTIMATE-ETH ESTRADIOL) 0.25-35 MG-MCG	Tier 1	Tier 1	PV

Drug	Status	Generic Status	Notes
GEMMILY ORAL CAPSULE (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG(24)	Tier 1	Tier 1	PV
HAILEY 1.5/30 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) 1.5-30 MG-MCG	Tier 1	Tier 1	PV
HAILEY 24 FE ORAL TABLET 1-20 MG-MCG(24)	Tier 1		PV
HAILEY FE 1.5/30 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1.5-30 MG-MCG	Tier 1	Tier 1	PV
HAILEY FE 1/20 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG	Tier 1	Tier 1	PV
ISIBLOOM ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-30 MG-MCG	Tier 1	Tier 1	PV
JASMIEL ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) 3-0.02 MG	Tier 1	Tier 1	PV
JULEBER ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-30 MG-MCG	Tier 1	Tier 1	PV
JUNEL 1.5/30 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) 1.5-30 MG-MCG	Tier 1	Tier 1	PV
JUNEL 1/20 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) 1-20 MG-MCG	Tier 1	Tier 1	PV
JUNEL FE 1.5/30 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1.5-30 MG-MCG	Tier 1	Tier 1	PV
JUNEL FE 1/20 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG	Tier 1	Tier 1	PV
JUNEL FE 24 ORAL TABLET 1-20 MG-MCG(24)	Tier 1		PV
KAITLIB FE ORAL TABLET CHEWABLE (NORETHIN-ETH ESTRADIOL-FE) 0.8-25 MG-MCG	Tier 1	Tier 1	PV
KALLIGA ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-30 MG-MCG	Tier 1	Tier 1	PV
KELNOR 1/35 ORAL TABLET (ETHYNODIOL DIAC-ETH ESTRADIOL) 1-35 MG-MCG	Tier 1	Tier 1	PV

Drug	Status	Generic Status	Notes
KELNOR 1/50 ORAL TABLET (ETHYNODIOL DIAC-ETH ESTRADIOL) 1-50 MG-MCG	Tier 1	Tier 1	PV
KURVELO ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.15-30 MG-MCG	Tier 1	Tier 1	PV
LARIN 1.5/30 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) 1.5-30 MG-MCG	Tier 1	Tier 1	PV
LARIN 1/20 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) 1-20 MG-MCG	Tier 1	Tier 1	PV
LARIN 24 FE ORAL TABLET 1-20 MG-MCG(24)	Tier 1		PV
LARIN FE 1.5/30 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1.5-30 MG-MCG	Tier 1	Tier 1	PV
LARIN FE 1/20 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG	Tier 1	Tier 1	PV
LARISSIA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG	Tier 1	Tier 1	PV
LAYOLIS FE ORAL TABLET CHEWABLE (NORETHIN-ETH ESTRADIOL-FE) 0.8-25 MG-MCG	Tier 1	Tier 1	PV
LESSINA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG	Tier 1	Tier 1	PV
LEVORA 0.15/30 (28) ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.15-30 MG-MCG	Tier 1	Tier 1	PV
LILLOW ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.15-30 MG-MCG	Tier 1	Tier 1	PV
LORYNA ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) 3-0.02 MG	Tier 1	Tier 1	PV
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	Tier 1		PV
LO-ZUMANDIMINE ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) 3-0.02 MG	Tier 1	Tier 1	PV

Drug	Status	Generic Status	Notes
LUTERA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG	Tier 1	Tier 1	PV
MARLISSA ORAL TABLET 0.15-30 MG-MCG		Tier 1	PV
MERZEE ORAL CAPSULE (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG(24)	Tier 1	Tier 1	PV
MIBELAS 24 FE ORAL TABLET CHEWABLE (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG(24)	Tier 1	Tier 1	PV
MICROGESTIN 1.5/30 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) 1.5-30 MG-MCG	Tier 1	Tier 1	PV
MICROGESTIN 1/20 ORAL TABLET (NORETHINDRONE ACET-ETHINYL EST) 1-20 MG-MCG	Tier 1	Tier 1	PV
MICROGESTIN 24 FE ORAL TABLET 1-20 MG-MCG	Tier 1		PV
MICROGESTIN FE 1.5/30 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1.5-30 MG-MCG	Tier 1	Tier 1	PV
MICROGESTIN FE 1/20 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG	Tier 1	Tier 1	PV
MILI ORAL TABLET (NORGESTIMATE-ETH ESTRADIOL) 0.25-35 MG-MCG	Tier 1	Tier 1	PV
MONO-LINYAH ORAL TABLET (NORGESTIMATE-ETH ESTRADIOL) 0.25-35 MG-MCG	Tier 1	Tier 1	PV
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	Tier 1		PV
NIKKI ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) 3-0.02 MG	Tier 1	Tier 1	PV
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	Tier 1		PV
NORTREL 1/35 (21) ORAL TABLET (ALYACEN 1/35) 1-35 MG-MCG	Tier 1	Tier 1	PV
NORTREL 1/35 (28) ORAL TABLET (ALYACEN 1/35) 1-35 MG-MCG	Tier 1	Tier 1	PV
NYMYO ORAL TABLET (NORGESTIMATE-ETH ESTRADIOL) 0.25-35 MG-MCG	Tier 1	Tier 1	PV
OCELLA ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) 3-0.03 MG	Tier 1	Tier 1	PV

Drug	Status	Generic Status	Notes
ORSYTHIA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG	Tier 1	Tier 1	PV
PHILITH ORAL TABLET (BRIELLYN) 0.4-35 MG-MCG	Tier 1	Tier 1	PV
PIRMELLA 1/35 ORAL TABLET (ALYACEN 1/35) 1-35 MG-MCG	Tier 1	Tier 1	PV
PORTIA-28 ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.15-30 MG-MCG	Tier 1	Tier 1	PV
PREVIFEM ORAL TABLET (NORGESTIMATE-ETH ESTRADIOL) 0.25-35 MG-MCG	Tier 1	Tier 1	PV
RECLIPSEN ORAL TABLET (DESOGESTREL-ETHINYL ESTRADIOL) 0.15-30 MG-MCG	Tier 1	Tier 1	PV
SPRINTEC 28 ORAL TABLET (NORGESTIMATE-ETH ESTRADIOL) 0.25-35 MG-MCG	Tier 1	Tier 1	PV
SRONYX ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG	Tier 1	Tier 1	PV
SYEDA ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) 3-0.03 MG	Tier 1	Tier 1	PV
TARINA 24 FE ORAL TABLET 1-20 MG-MCG(24)	Tier 1		PV
TARINA FE 1/20 EQ ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG	Tier 1	Tier 1	PV
TARINA FE 1/20 ORAL TABLET (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG	Tier 1	Tier 1	PV
TAYSOFY ORAL CAPSULE (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG(24)	Tier 1	Tier 1	PV
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG	Tier 1		PV
TYDEMY ORAL TABLET (DROSPIREN-ETH ESTRAD-LEVOMEFOL) 3-0.03-0.451 MG	Tier 1	Tier 1	PV
VESTURA ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) 3-0.02 MG	Tier 1	Tier 1	PV

Drug	Status	Generic Status	Notes
VIENVA ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.1-20 MG-MCG	Tier 1	Tier 1	PV
VYFEMLA ORAL TABLET (BRIELLYN) 0.4-35 MG-MCG	Tier 1	Tier 1	PV
VYLIBRA ORAL TABLET (NORGESTIMATE-ETH ESTRADIOL) 0.25-35 MG-MCG	Tier 1	Tier 1	PV
WERA ORAL TABLET 0.5-35 MG-MCG	Tier 1		PV
WYMZYA FE ORAL TABLET CHEWABLE (NORETHIN-ETH ESTRADIOL-FE) 0.4-35 MG-MCG	Tier 1	Tier 1	PV
ZARAH ORAL TABLET (DROSPIRENONE- ETHINYL ESTRADIOL) 3-0.03 MG	Tier 1	Tier 1	PV
ZOVIA 1/35 (28) ORAL TABLET (ETHYNODIOL DIAC-ETH ESTRADIOL) 1-35 MG-MCG	Tier 1	Tier 1	PV
ZOVIA 1/35E (28) ORAL TABLET (ETHYNODIOL DIAC-ETH ESTRADIOL) 1-35 MG-MCG	Tier 1	Tier 1	PV
ZUMANDIMINE ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) 3- 0.03 MG	Tier 1	Tier 1	PV
*Combination Contraceptives - Transdermal***			
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	Tier 1		PV
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	Tier 1		PV
*Combination Contraceptives - Vaginal***			
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR	Tier 3		PV; QL (1 EA per 350 days)
ELURYNG VAGINAL RING (ETONOGESTREL-ETHINYL ESTRADIOL) 0.12-0.015 MG/24HR	Tier 1	Tier 1	PV
*Continuous Contraceptives - Oral***			
AMETHYST ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 90-20 MCG	Tier 1	Tier 1	PV
DOLISHALE ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 90-20 MCG	Tier 1	Tier 1	PV

Drug	Status	Generic Status	Notes
*Copper Contraceptives - Iud***			
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE	Tier 3		PV
*Emergency Contraceptives***			
AFTERA ORAL TABLET (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	PV
ECONTRA EZ ORAL TABLET (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	PV
ECONTRA ONE-STEP ORAL TABLET (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	PV
ELLA ORAL TABLET 30 MG	Tier 3		PV
MY CHOICE ORAL TABLET (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	PV
MY WAY ORAL TABLET (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	PV
NEW DAY ORAL TABLET (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	PV
OPCICON ONE-STEP ORAL TABLET (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	PV
OPTION 2 ORAL TABLET (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	PV
PREVENTEZA ORAL TABLET (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	PV
REACT ORAL TABLET (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	PV
TAKE ACTION ORAL TABLET (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	PV
*Extended-Cycle Contraceptives - Oral***			
AMETHIA ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.15-0.03 &0.01 MG	Tier 1	Tier 1	PV; QL (1 EA per 1 day)
ASHLYNA ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.15-0.03 &0.01 MG	Tier 1	Tier 1	PV; QL (1 EA per 1 day)
CAMRESE LO ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.1-0.02 & 0.01 MG	Tier 1	Tier 1	PV; QL (1 EA per 1 day)
CAMRESE ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.15-0.03 &0.01 MG	Tier 1	Tier 1	PV; QL (1 EA per 1 day)

Drug	Status	Generic Status	Notes
DAYSEE ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.15-0.03 &0.01 MG	Tier 1	Tier 1	PV; QL (1 EA per 1 day)
FAYOSIM ORAL TABLET (LEVONORGEST-ETH EST & ETH EST) 42-21-21-7 DAYS	Tier 1	Tier 1	PV; QL (1 EA per 1 day)
ICLEVIA ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.15-0.03 MG	Tier 1	Tier 1	PV; QL (1 EA per 1 day)
INTROVALE ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.15-0.03 MG	Tier 1	Tier 1	PV; QL (1 EA per 1 day)
JAIMIESS ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.15-0.03 &0.01 MG	Tier 1	Tier 1	PV; QL (1 EA per 1 day)
JOLESSA ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.15-0.03 MG	Tier 1	Tier 1	PV; QL (1 EA per 1 day)
LOJAIMIESS ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.1-0.02 & 0.01 MG	Tier 1	Tier 1	PV; QL (1 EA per 1 day)
RIVELSA ORAL TABLET (LEVONORGEST-ETH EST & ETH EST) 42-21-21-7 DAYS	Tier 1	Tier 1	PV; QL (1 EA per 1 day)
SETLAKIN ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.15-0.03 MG	Tier 1	Tier 1	PV; QL (1 EA per 1 day)
SIMPESSE ORAL TABLET (LEVONORGEST-ETH ESTRAD 91-DAY) 0.15-0.03 &0.01 MG	Tier 1	Tier 1	PV; QL (1 EA per 1 day)
*Four Phase Contraceptives - Oral***			
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG	Tier 2		PV
*Progestin Contraceptives - Implants***			
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG	Tier 3		PV
*Progestin Contraceptives - Injectable***			
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	Tier 3		QL (7.3 ML per 365 days)
MEDROXYPROGESTERONE ACETATE INTRAMUSCULAR SUSPENSION 150 MG/ML		Tier 1	PV; QL (7.3 ML per 365 days)
MEDROXYPROGESTERONE ACETATE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 150 MG/ML		Tier 1	PV; QL (7.3 ML per 365 days)

Drug	Status	Generic Status	Notes
*Progestin Contraceptives - Iud***			
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG	Tier 3		PV
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 19.5 MCG/DAY	Tier 3		PV
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/24HR	Tier 3		PV
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG	Tier 3		PV
*Progestin Contraceptives - Oral***			
CAMILA ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	PV
DEBLITANE ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	PV
ERRIN ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	PV
HEATHER ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	PV
INCASSIA ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	PV
JENCYCLA ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	PV
LYLEQ ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	PV
LYZA ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	PV
NORA-BE ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	PV
NORLYDA ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	PV
NORLYROC ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	PV
SHAROBEL ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	PV
TULANA ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	PV
*Triphasic Contraceptives - Oral***			
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG	Tier 1		PV
CAZIAN T ORAL TABLET 0.1/0.125/0.15 - 0.025 MG	Tier 1		PV

Drug	Status	Generic Status	Notes
CYCLAFEM 7/7/7 ORAL TABLET (ALYACEN 7/7/7) 0.5/0.75/1-35 MG-MCG	Tier 1	Tier 1	PV
DASETTA 7/7/7 ORAL TABLET (ALYACEN 7/7/7) 0.5/0.75/1-35 MG-MCG	Tier 1	Tier 1	PV
ENPRESSE-28 ORAL TABLET (LEVONORG-ETH ESTRAD TRIPHASIC) 50-30/75-40/ 125-30 MCG	Tier 1	Tier 1	PV
LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG	Tier 1		PV
LEVONEST ORAL TABLET (LEVONORG-ETH ESTRAD TRIPHASIC) 50-30/75-40/ 125-30 MCG	Tier 1	Tier 1	PV
NORTREL 7/7/7 ORAL TABLET (ALYACEN 7/7/7) 0.5/0.75/1-35 MG-MCG	Tier 1	Tier 1	PV
NYLIA 7/7/7 ORAL TABLET (ALYACEN 7/7/7) 0.5/0.75/1-35 MG-MCG	Tier 1	Tier 1	PV
PIRMELLA 7/7/7 ORAL TABLET (ALYACEN 7/7/7) 0.5/0.75/1-35 MG-MCG	Tier 1	Tier 1	PV
TILIA FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	Tier 1		PV
TRI FEMYNOR ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-35 MCG	Tier 1	Tier 1	PV
TRI-ESTARYLLA ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-35 MCG	Tier 1	Tier 1	PV
TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	Tier 1		PV
TRI-LINYAH ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-35 MCG	Tier 1	Tier 1	PV
TRI-LO-ESTARYLLA ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-25 MCG	Tier 1	Tier 1	PV
TRI-LO-MARZIA ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-25 MCG	Tier 1	Tier 1	PV
TRI-LO-MILI ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-25 MCG	Tier 1	Tier 1	PV
TRI-LO-SPRINTEC ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-25 MCG	Tier 1	Tier 1	PV

Drug	Status	Generic Status	Notes
TRI-MILI ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-35 MCG	Tier 1	Tier 1	PV
TRI-NYMYO ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-35 MCG	Tier 1	Tier 1	PV
TRI-PREVIFEM ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-35 MCG	Tier 1	Tier 1	PV
TRI-SPRINTEC ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-35 MCG	Tier 1	Tier 1	PV
TRIVORA (28) ORAL TABLET (LEVONORG-ETH ESTRAD TRIPHASIC) 50-30/75-40/ 125-30 MCG	Tier 1	Tier 1	PV
TRI-VYLIBRA LO ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-25 MCG	Tier 1	Tier 1	PV
TRI-VYLIBRA ORAL TABLET (NORGESTIM-ETH ESTRAD TRIPHASIC) 0.18/0.215/0.25 MG-35 MCG	Tier 1	Tier 1	PV
VELIVET ORAL TABLET 0.1/0.125/0.15 - 0.025 MG	Tier 1		PV
Corticosteroids			
*Glucocorticosteroids***			
BUDESONIDE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG		Tier 1	
BUDESONIDE ORAL CAPSULE DELAYED RELEASE PARTICLES 3 MG		Tier 1	
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	Tier 3		
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	LC		
DEXAMETHASONE ORAL ELIXIR 0.5 MG/5ML		LC	
DEXAMETHASONE ORAL SOLUTION 0.5 MG/5ML		LC	
DEXAMETHASONE ORAL TABLET 0.5 MG, 0.75 MG, 1 MG, 1.5 MG, 2 MG, 4 MG, 6 MG		LC	
DEXAMETHASONE ORAL TABLET THERAPY PACK 1.5 MG (21), 1.5 MG (35), 1.5 MG (51)		Tier 1	

Drug	Status	Generic Status	Notes
DEXAMETHASONE SOD PHOSPHATE PF INJECTION SOLUTION 10 MG/ML		LC	
DEXAMETHASONE SOD PHOSPHATE PF INJECTION SOLUTION PREFILLED SYRINGE 10 MG/ML		Tier 1	
DEXAMETHASONE SODIUM PHOSPHATE INJECTION SOLUTION 10 MG/ML, 100 MG/10ML, 120 MG/30ML, 20 MG/5ML, 4 MG/ML		LC	
HYDROCORTISONE ORAL TABLET 10 MG, 20 MG, 5 MG		LC	
METHYLPREDNISOLONE ACETATE INJECTION SUSPENSION 40 MG/ML, 80 MG/ML		LC	
METHYLPREDNISOLONE ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG		LC	
METHYLPREDNISOLONE ORAL TABLET THERAPY PACK 4 MG		LC	
METHYLPREDNISOLONE SODIUM SUCC SOLUTION RECONSTITUTED 1000 MG INJECTION 1000 MG		LC	
METHYLPREDNISOLONE SODIUM SUCC SOLUTION RECONSTITUTED 125 MG INJECTION 125 MG		LC	
METHYLPREDNISOLONE SODIUM SUCC SOLUTION RECONSTITUTED 40 MG INJECTION 40 MG		LC	
METHYLPREDNISOLONE SODIUM SUCC SOLUTION RECONSTITUTED 500 MG INJECTION 500 MG		Tier 1	
PREDNISOLONE ORAL SOLUTION 15 MG/5ML		LC	
PREDNISOLONE SODIUM PHOSPHATE ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 30 MG		Tier 1	
PREDNISOLONE SODIUM PHOSPHATE SOLUTION 10 MG/5ML ORAL 10 MG/5ML		Tier 1	
PREDNISOLONE SODIUM PHOSPHATE SOLUTION 15 MG/5ML ORAL 15 MG/5ML		LC	
PREDNISOLONE SODIUM PHOSPHATE SOLUTION 20 MG/5ML ORAL 20 MG/5ML		Tier 1	
PREDNISOLONE SODIUM PHOSPHATE SOLUTION 25 MG/5ML ORAL 25 MG/5ML		LC	

Drug	Status	Generic Status	Notes
PREDNISOLONE SODIUM PHOSPHATE SOLUTION 6.7 (5 BASE) MG/5ML ORAL 6.7 (5 BASE) MG/5ML		LC	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	LC		
PREDNISONE ORAL SOLUTION 5 MG/5ML		LC	
PREDNISONE ORAL TABLET 1 MG, 10 MG, 2.5 MG, 20 MG, 5 MG, 50 MG		LC	
PREDNISONE ORAL TABLET THERAPY PACK 10 MG (21), 10 MG (48), 5 MG (21), 5 MG (48)		LC	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 1000 MG	Tier 3		
TRIAMCINOLONE ACETONIDE INJECTION SUSPENSION 40 MG/ML		Tier 1	
*Mineralocorticoids***			
FLUDROCORTISONE ACETATE ORAL TABLET 0.1 MG		Tier 1	
*Steroid Combinations***			
BETAMETHASONE SOD PHOS & ACET INJECTION SUSPENSION 6 (3-3) MG/ML		Tier 1	
Cough/Cold/Allergy			
*Antitussive - Nonnarcotic***			
BENZONATATE CAPSULE 100 MG ORAL 100 MG		LC	
BENZONATATE CAPSULE 150 MG ORAL 150 MG		Tier 1	
BENZONATATE CAPSULE 200 MG ORAL 200 MG		LC	
*Antitussive - Opioid***			
HYDROCODONE-HOMATROPINE ORAL SYRUP 5-1.5 MG/5ML		Tier 1	PA; QL (240 ML Max Qty Per Fill Retail)
HYDROCODONE-HOMATROPINE ORAL TABLET 5-1.5 MG		Tier 1	PA; QL (6 EA per 1 day)
HYDROMET ORAL SYRUP 5-1.5 MG/5ML		Tier 1	PA; QL (240 ML Max Qty Per Fill Retail)
*Misc. Respiratory Inhalants***			
SODIUM CHLORIDE INHALATION NEBULIZATION SOLUTION 0.9 %, 10 %, 3 %, 7 %		Tier 1	

Drug	Status	Generic Status	Notes
*Mucolytics***			
ACETYLCYSTEINE INHALATION SOLUTION 10 %, 20 %		Tier 1	
*Opioid Antitussive-Antihistamine***			
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE 14.7-2.8 MG/5ML	Tier 3		PA; QL (240 ML Max Qty Per Fill Retail)
Dermatologicals			
*Acne Antibiotics***			
CLINDACIN ETZ EXTERNAL SWAB (CLINDAMYCIN PHOSPHATE) 1 %	Tier 1	Tier 1	
CLINDACIN-P EXTERNAL SWAB (CLINDAMYCIN PHOSPHATE) 1 %	Tier 1	Tier 1	
CLINDAMYCIN PHOSPHATE EXTERNAL FOAM 1 %		Tier 1	
CLINDAMYCIN PHOSPHATE EXTERNAL GEL 1 %		Tier 1	
CLINDAMYCIN PHOSPHATE EXTERNAL LOTION 1 %		Tier 1	
CLINDAMYCIN PHOSPHATE EXTERNAL SOLUTION 1 %		Tier 1	
DAPSONE EXTERNAL GEL 5 %		Tier 1	
ERY EXTERNAL PAD 2 %		Tier 1	
ERYTHROMYCIN EXTERNAL GEL 2 %		Tier 1	
ERYTHROMYCIN EXTERNAL SOLUTION 2 %		Tier 1	
SULFACETAMIDE SODIUM (ACNE) EXTERNAL LOTION 10 %		Tier 1	
*Acne Combinations***			
ADAPALENE-BENZOYL PEROXIDE EXTERNAL GEL 0.1-2.5 %		Tier 1	
BENZOYL PEROXIDE-ERYTHROMYCIN EXTERNAL GEL 5-3 %		Tier 1	
CLINDAMYCIN PHOS-BENZOYL PEROX EXTERNAL GEL 1-5 %, 1.2-2.5 %		Tier 1	
CLINDAMYCIN-TRETINOIN EXTERNAL GEL 1.2-0.025 %		Tier 1	
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 %	Tier 3		
NEUAC EXTERNAL GEL (CLINDAMYCIN PHOS-BENZOYL PEROX) 1.2-5 %	Tier 1	Tier 1	

Drug	Status	Generic Status	Notes
*Acne Products***			
ACUTANE ORAL CAPSULE (ISOTRETINOIN) 20 MG, 30 MG, 40 MG	Tier 1	Tier 1	PA
ADAPALENE EXTERNAL CREAM 0.1 %		Tier 1	PA
ADAPALENE EXTERNAL GEL 0.1 %, 0.3 %		Tier 1	PA
AMNESTEEM ORAL CAPSULE (ISOTRETINOIN) 10 MG, 20 MG, 40 MG	Tier 1	Tier 1	PA
AZELEX EXTERNAL CREAM 20 %	Tier 3		
CLARAVIS ORAL CAPSULE (ISOTRETINOIN) 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	Tier 1	PA
ISOTRETINOIN ORAL CAPSULE 25 MG, 35 MG		Tier 1	PA
MYORISAN ORAL CAPSULE (ISOTRETINOIN) 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	Tier 1	PA
TRETINOIN EXTERNAL CREAM 0.025 %, 0.05 %, 0.1 %		Tier 1	PA
TRETINOIN EXTERNAL GEL 0.01 %, 0.025 %, 0.05 %		Tier 1	PA
TRETINOIN MICROSPHERE EXTERNAL GEL 0.04 %, 0.1 %		Tier 1	PA
TRETINOIN MICROSPHERE PUMP EXTERNAL GEL 0.04 %, 0.1 %		Tier 1	PA
ZENATANE ORAL CAPSULE (ISOTRETINOIN) 10 MG, 20 MG, 30 MG, 40 MG	Tier 1	Tier 1	PA
*Antibiotic Steroid Combinations - Topical***			
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 %	Tier 3		
*Antibiotics - Topical***			
ALTABAX EXTERNAL OINTMENT 1 %	Tier 3		
GENTAMICIN SULFATE EXTERNAL CREAM 0.1 %		Tier 1	
GENTAMICIN SULFATE EXTERNAL OINTMENT 0.1 %		Tier 1	
MUPIROICIN EXTERNAL OINTMENT 2 %		Tier 1	

Drug	Status	Generic Status	Notes
*Antifungals - Topical Combinations***			
CLOTRIMAZOLE-BETAMETHASONE EXTERNAL CREAM 1-0.05 %		Tier 1	
CLOTRIMAZOLE-BETAMETHASONE EXTERNAL LOTION 1-0.05 %		Tier 1	
NYSTATIN-TRIAMCINOLONE EXTERNAL CREAM 100000-0.1 UNIT/GM-%		Tier 1	
NYSTATIN-TRIAMCINOLONE EXTERNAL OINTMENT 100000-0.1 UNIT/GM-%		Tier 1	
*Antifungals - Topical***			
CICLODAN EXTERNAL SOLUTION (CICLOPIROX) 8 %	Tier 1	Tier 1	
CICLOPIROX EXTERNAL GEL 0.77 %		Tier 1	
CICLOPIROX EXTERNAL SHAMPOO 1 %		Tier 1	
CICLOPIROX OLAMINE EXTERNAL CREAM 0.77 %		Tier 1	
CICLOPIROX OLAMINE EXTERNAL SUSPENSION 0.77 %		Tier 1	
NAFTIFINE HCL EXTERNAL CREAM 1 %, 2 %		Tier 1	
NAFTIFINE HCL EXTERNAL GEL 1 %		Tier 1	
NYAMYC EXTERNAL POWDER (NYSTATIN) 100000 UNIT/GM	Tier 1	Tier 1	
NYSTATIN EXTERNAL CREAM 100000 UNIT/GM		LC	
NYSTATIN EXTERNAL OINTMENT 100000 UNIT/GM		Tier 1	
NYSTOP EXTERNAL POWDER (NYSTATIN) 100000 UNIT/GM	Tier 1	Tier 1	
*Anti-Inflammatory Agents - Topical***			
DICLOFENAC SODIUM EXTERNAL GEL 1 %		Tier 1	QL (33.33 GM per 1 day)
DICLOFENAC SODIUM EXTERNAL SOLUTION 1.5 %		Tier 1	PA
*Antineoplastic Antimetabolites - Topical***			
FLUOROPLEX EXTERNAL CREAM 1 %	Tier 3		
FLUOROURACIL CREAM 0.5 % EXTERNAL 0.5 %		Tier 2	

Drug	Status	Generic Status	Notes
FLUOROURACIL CREAM 5 % EXTERNAL 5 %		Tier 1	
FLUOROURACIL EXTERNAL SOLUTION 2 %, 5 %		Tier 1	
*Antineoplastic Or Premalignant Lesions - Topical Nsaid's***			
DICLOFENAC SODIUM EXTERNAL GEL 3 %		Tier 1	PA; ST; QL (10 GM per 1 day)
*Antineoplastic Retinoids - Topical***			
PANRETIN EXTERNAL GEL 0.1 %	Tier 3		
*Antipruritics - Topical***			
DOXEPIN HCL EXTERNAL CREAM 5 %		Tier 3	
*Antipsoriatics - Systemic***			
ACITRETIN ORAL CAPSULE 10 MG, 17.5 MG, 25 MG		Tier 1	
METHOXSALEN RAPID ORAL CAPSULE 10 MG		Tier 1	
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML	Tier 4		PA
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	Tier 4		PA; QL (84 ML Max Qty Per Fill Retail)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	Tier 4		PA; QL (84 ML Max Qty Per Fill Retail)
STELARA SOLUTION PREFILLED SYRINGE 45 MG/0.5ML SUBCUTANEOUS 45 MG/0.5ML	Tier 4		PA; QL (0.009 ML per 1 day)
STELARA SOLUTION PREFILLED SYRINGE 90 MG/ML SUBCUTANEOUS 90 MG/ML	Tier 4		PA; QL (0.02 ML per 1 day)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	Tier 4		PA; QL (0.009 ML per 1 day)
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML	Tier 5		PA
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	Tier 5		PA
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML	Tier 4		PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Tier 4		PA
*Antipsoriatics***			
CALCIPOTRIENE EXTERNAL CREAM 0.005 %		Tier 1	

Drug	Status	Generic Status	Notes
CALCIPOTRIENE EXTERNAL OINTMENT 0.005 %		Tier 1	
CALCIPOTRIENE EXTERNAL SOLUTION 0.005 %		Tier 1	
CALCITRIOL EXTERNAL OINTMENT 3 MCG/GM		Tier 1	
TAZAROTENE EXTERNAL CREAM 0.1 %		Tier 1	
TAZORAC EXTERNAL CREAM 0.05 %	Tier 3		
TAZORAC EXTERNAL GEL 0.05 %, 0.1 %	Tier 3		
*Antiseborrheic Products***			
SELENIUM SULFIDE EXTERNAL LOTION 2.5 %		Tier 1	
*Antivirals - Topical***			
ACYCLOVIR EXTERNAL CREAM 5 %		Tier 1	
ACYCLOVIR EXTERNAL OINTMENT 5 %		Tier 1	
DENAVIR EXTERNAL CREAM 1 %	Tier 3		
*Atopic Dermatitis - Monoclonal Antibodies***			
DUPIXENT SOLUTION PEN-INJECTOR 200 MG/1.14ML SUBCUTANEOUS 200 MG/1.14ML	Tier 4		PA; QL (0.17 ML per 1 day)
DUPIXENT SOLUTION PEN-INJECTOR 300 MG/2ML SUBCUTANEOUS 300 MG/2ML	Tier 4		PA; QL (0.29 ML per 1 day)
DUPIXENT SOLUTION PREFILLED SYRINGE 200 MG/1.14ML SUBCUTANEOUS 200 MG/1.14ML	Tier 4		PA; QL (0.17 ML per 1 day)
DUPIXENT SOLUTION PREFILLED SYRINGE 300 MG/2ML SUBCUTANEOUS 300 MG/2ML	Tier 4		PA; QL (0.29 ML per 1 day)
*Burn Products***			
MAFENIDE ACETATE EXTERNAL PACKET 5 %		Tier 1	
SSD EXTERNAL CREAM (SILVER SULFADIAZINE) 1 %	Tier 1	Tier 1	
*Corticosteroids - Topical***			
ALA-CORT CREAM 1 % EXTERNAL 1 %		Tier 1	
ALA-CORT CREAM 2.5 % EXTERNAL 2.5 %		LC	
ALCLOMETASONE DIPROPIONATE EXTERNAL CREAM 0.05 %		Tier 1	

Drug	Status	Generic Status	Notes
ALCLOMETASONE DIPROPIONATE EXTERNAL OINTMENT 0.05 %		Tier 1	
AMCINONIDE EXTERNAL LOTION 0.1 %		Tier 1	
BESER EXTERNAL LOTION (FLUTICASONE PROPIONATE) 0.05 %	Tier 1	Tier 1	
BETAMETHASONE DIPROPIONATE AUG EXTERNAL CREAM 0.05 %		Tier 1	
BETAMETHASONE DIPROPIONATE AUG EXTERNAL GEL 0.05 %		Tier 1	
BETAMETHASONE DIPROPIONATE AUG EXTERNAL LOTION 0.05 %		Tier 1	
BETAMETHASONE DIPROPIONATE AUG EXTERNAL OINTMENT 0.05 %		Tier 1	
BETAMETHASONE DIPROPIONATE EXTERNAL CREAM 0.05 %		Tier 1	
BETAMETHASONE DIPROPIONATE EXTERNAL LOTION 0.05 %		Tier 1	
BETAMETHASONE DIPROPIONATE EXTERNAL OINTMENT 0.05 %		Tier 1	
BETAMETHASONE VALERATE EXTERNAL CREAM 0.1 %		Tier 1	
BETAMETHASONE VALERATE EXTERNAL FOAM 0.12 %		Tier 1	
BETAMETHASONE VALERATE EXTERNAL LOTION 0.1 %		Tier 1	
BETAMETHASONE VALERATE EXTERNAL OINTMENT 0.1 %		Tier 1	
CLOBETASOL PROP EMOLLIENT BASE EXTERNAL CREAM 0.05 %		Tier 1	
CLOBETASOL PROPIONATE E EXTERNAL CREAM 0.05 %		Tier 1	
CLOBETASOL PROPIONATE EXTERNAL CREAM 0.05 %		Tier 1	
CLOBETASOL PROPIONATE EXTERNAL FOAM 0.05 %		Tier 1	
CLOBETASOL PROPIONATE EXTERNAL GEL 0.05 %		Tier 1	
CLOBETASOL PROPIONATE EXTERNAL LIQUID 0.05 %		Tier 1	
CLOBETASOL PROPIONATE EXTERNAL LOTION 0.05 %		Tier 1	

Drug	Status	Generic Status	Notes
CLOBETASOL PROPIONATE EXTERNAL OINTMENT 0.05 %		Tier 1	
CLOBETASOL PROPIONATE EXTERNAL SOLUTION 0.05 %		Tier 1	
CLOCORTOLONE PIVALATE EXTERNAL CREAM 0.1 %		Tier 1	
CLODAN EXTERNAL SHAMPOO (CLOBETASOL PROPIONATE) 0.05 %	Tier 1	Tier 1	
DESONIDE EXTERNAL CREAM 0.05 %		Tier 1	
DESONIDE EXTERNAL LOTION 0.05 %		Tier 1	
DESONIDE EXTERNAL OINTMENT 0.05 %		Tier 1	
DESOXIMETASONE EXTERNAL CREAM 0.25 %		Tier 1	
DESOXIMETASONE EXTERNAL GEL 0.05 %		Tier 1	
DESOXIMETASONE EXTERNAL LIQUID 0.25 %		Tier 1	
DESOXIMETASONE EXTERNAL OINTMENT 0.25 %		Tier 1	
FLUOCINOLONE ACETONIDE BODY EXTERNAL OIL 0.01 %		Tier 1	
FLUOCINOLONE ACETONIDE EXTERNAL CREAM 0.01 %, 0.025 %		Tier 1	
FLUOCINOLONE ACETONIDE EXTERNAL OINTMENT 0.025 %		Tier 1	
FLUOCINOLONE ACETONIDE EXTERNAL SOLUTION 0.01 %		Tier 1	
FLUOCINOLONE ACETONIDE SCALP EXTERNAL OIL 0.01 %		Tier 1	
FLUOCINONIDE EMULSIFIED BASE EXTERNAL CREAM 0.05 %		Tier 1	
FLUOCINONIDE EXTERNAL CREAM 0.05 %, 0.1 %		Tier 1	
FLUOCINONIDE EXTERNAL GEL 0.05 %		Tier 1	
FLUOCINONIDE EXTERNAL OINTMENT 0.05 %		Tier 1	
FLUOCINONIDE EXTERNAL SOLUTION 0.05 %		Tier 1	
FLUTICASONE PROPIONATE EXTERNAL CREAM 0.05 %		Tier 1	
FLUTICASONE PROPIONATE EXTERNAL OINTMENT 0.005 %		Tier 1	
HALCINONIDE EXTERNAL CREAM 0.1 %		Tier 3	

Drug	Status	Generic Status	Notes
HALOBETASOL PROPIONATE EXTERNAL CREAM 0.05 %		Tier 1	
HALOBETASOL PROPIONATE EXTERNAL OINTMENT 0.05 %		Tier 1	
HYDROCORTISONE BUTYRATE EXTERNAL CREAM 0.1 %		Tier 1	
HYDROCORTISONE BUTYRATE EXTERNAL OINTMENT 0.1 %		Tier 1	
HYDROCORTISONE BUTYRATE EXTERNAL SOLUTION 0.1 %		Tier 1	
HYDROCORTISONE CREAM 1 % EXTERNAL (RX) 1 %		Tier 1	
HYDROCORTISONE CREAM 2.5 % EXTERNAL 2.5 %		LC	
HYDROCORTISONE EXTERNAL LOTION 2.5 %		Tier 1	
HYDROCORTISONE EXTERNAL OINTMENT 1 %, 2.5 %		Tier 1	
HYDROCORTISONE VALERATE EXTERNAL CREAM 0.2 %		Tier 1	
HYDROCORTISONE VALERATE EXTERNAL OINTMENT 0.2 %		Tier 1	
MOMETASONE FUROATE EXTERNAL CREAM 0.1 %		Tier 1	
MOMETASONE FUROATE EXTERNAL OINTMENT 0.1 %		Tier 1	
MOMETASONE FUROATE EXTERNAL SOLUTION 0.1 %		Tier 1	
PREDNICARBATE EXTERNAL OINTMENT 0.1 %		Tier 1	
TEXACORT EXTERNAL SOLUTION 2.5 %	Tier 3		
TOVET EXTERNAL FOAM (CLOBETASOL PROPIONATE EMULSION) 0.05 %	Tier 1	Tier 1	
TRIAMCINOLONE ACETONIDE EXTERNAL CREAM 0.025 %		LC	
TRIAMCINOLONE ACETONIDE EXTERNAL LOTION 0.025 %, 0.1 %		Tier 1	
TRIAMCINOLONE ACETONIDE OINTMENT 0.025 % EXTERNAL 0.025 %		Tier 1	
TRIAMCINOLONE ACETONIDE OINTMENT 0.05 % EXTERNAL 0.05 %		Tier 1	

Drug	Status	Generic Status	Notes
TRIAMCINOLONE ACETONIDE OINTMENT 0.1 % EXTERNAL 0.1 %		LC	
TRIAMCINOLONE ACETONIDE OINTMENT 0.5 % EXTERNAL 0.5 %		Tier 1	
TRIDERM EXTERNAL CREAM (TRIAMCINOLONE ACETONIDE) 0.1 %, 0.5 %	LC	LC	
TRITOCIN EXTERNAL OINTMENT (TRIAMCINOLONE IN ABSORBASE) 0.05 %	Tier 1	Tier 1	
*Emollient Combinations***			
LACTIC ACID E EXTERNAL CREAM 10-3500 %-UNT/30GM		Tier 1	
*Emollients***			
AMMONIUM LACTATE EXTERNAL CREAM 12 %		Tier 1	
AMMONIUM LACTATE EXTERNAL LOTION 12 %		Tier 1	
LACTIC ACID EXTERNAL LOTION 10 %		Tier 1	
*Enzymes - Topical***			
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	Tier 3		
*Imidazole-Related Antifungals - Topical***			
CLOTRIMAZOLE EXTERNAL CREAM 1 %		LC	
CLOTRIMAZOLE EXTERNAL SOLUTION 1 %		LC	
ECONAZOLE NITRATE EXTERNAL CREAM 1 %		Tier 1	
KETOCONAZOLE EXTERNAL CREAM 2 %		Tier 1	
KETOCONAZOLE EXTERNAL SHAMPOO 2 %		Tier 1	
OXICONAZOLE NITRATE EXTERNAL CREAM 1 %		Tier 3	
OXISTAT EXTERNAL LOTION 1 %	Tier 3		
*Immunomodulators			
Imidazoquinolinamines - Topical***			
IMIQUIMOD EXTERNAL CREAM 5 %		Tier 1	
*Keratolytic/Antimitotic Agents***			
CONDYLOX EXTERNAL GEL 0.5 %	Tier 3		
PODOFILOX EXTERNAL SOLUTION 0.5 %		Tier 1	

Drug	Status	Generic Status	Notes
*Local Anesthetics - Topical***			
GLYDO EXTERNAL PREFILLED SYRINGE (LIDOCAINE HCL URETHRAL/MUCOSAL) 2 %	Tier 1	Tier 1	
LIDOCAINE EXTERNAL OINTMENT 5 %		Tier 1	
LIDOCAINE EXTERNAL PATCH 5 %		Tier 1	
LIDOCAINE HCL EXTERNAL SOLUTION 4 %		Tier 1	
LIDOCAINE HCL URETHRAL/MUCOSAL EXTERNAL GEL 2 %		Tier 1	
*Macrolide Immunosuppressants - Topical***			
PIMECROLIMUS EXTERNAL CREAM 1 %		Tier 1	
TACROLIMUS EXTERNAL OINTMENT 0.03 %, 0.1 %		Tier 1	
*Oxaborole-Related Antifungals - Topical***			
KERYDIN EXTERNAL SOLUTION (TAVABOROLE) 5 %	Tier 3	Tier 1	PA
*Rosacea Agents***			
AZELAIC ACID EXTERNAL GEL 15 %		Tier 1	
IVERMECTIN EXTERNAL CREAM 1 %		Tier 1	
METRONIDAZOLE EXTERNAL GEL 1 %		Tier 1	
METRONIDAZOLE EXTERNAL LOTION 0.75 %		Tier 1	
MIRVASO EXTERNAL GEL 0.33 %	Tier 2		
ROSADAN EXTERNAL CREAM (METRONIDAZOLE) 0.75 %	Tier 1	Tier 1	
ROSADAN EXTERNAL GEL (METRONIDAZOLE) 0.75 %	Tier 1	Tier 1	
*Scabicides & Pediculicides***			
CROTAN EXTERNAL LOTION 10 %	Tier 1		
IVERMECTIN EXTERNAL LOTION 0.5 %		Tier 1	
LINDANE EXTERNAL SHAMPOO 1 %		Tier 3	
MALATHION EXTERNAL LOTION 0.5 %		Tier 1	
PERMETHRIN EXTERNAL CREAM 5 %		Tier 1	
SPINOSAD EXTERNAL SUSPENSION 0.9 %		Tier 1	
SULFURATED LIME EXTERNAL SOLUTION		Tier 1	

Drug	Status	Generic Status	Notes
*Tar Products***			
COAL TAR EXTERNAL SOLUTION 20 %		Tier 1	
*Topical Anesthetic Combinations***			
LIDOCAINE-PRILOCAINE EXTERNAL CREAM 2.5-2.5 %		Tier 1	
LIDOCAINE-TETRACAINE EXTERNAL CREAM 7-7 %		Tier 3	
*Topical Anesthetic Gases***			
ETHYL CHLORIDE EXTERNAL AEROSOL		Tier 1	
*Topical Selective Retinoid X Receptor Agonists***			
TARGRETIN EXTERNAL GEL 1 %	Tier 5		PA
*Topical Steroid Combinations***			
CALCIPOTRIENE-BETAMETH DIPROP EXTERNAL SUSPENSION 0.005-0.064 %		Tier 1	QL (4 GM per 1 day)
*Wound Care - Growth Factor Agents***			
REGRANEX EXTERNAL GEL 0.01 %	Tier 3		PA
Diagnostic Products			
*Diagnostic Drugs***			
THYROGEN INTRAMUSCULAR SOLUTION RECONSTITUTED 0.9 MG	Tier 4		PA
*Diagnostic Tests***			
CHEMSTRIP K IN VITRO STRIP (KETONE TEST)	Tier 3	Tier 3	
CONTOUR NEXT TEST IN VITRO STRIP	Tier 2		QL (10 EA per 1 day)
CONTOUR TEST IN VITRO STRIP	Tier 2		QL (10 EA per 1 day)
KETOSTIX IN VITRO STRIP (KETONE TEST)	Tier 3	Tier 3	
RELION KETONE TEST IN VITRO STRIP (KETONE TEST)	Tier 3	Tier 3	
*Multiple Urine Tests***			
CHEMSTRIP 10 MD IN VITRO STRIP	Tier 3		
CHEMSTRIP 10/SG IN VITRO STRIP	Tier 3		
CHEMSTRIP 2 GP IN VITRO STRIP	Tier 3		
CHEMSTRIP 5 OB IN VITRO STRIP	Tier 3		
CHEMSTRIP 7 IN VITRO STRIP	Tier 3		
CHEMSTRIP 9 IN VITRO STRIP	Tier 3		

Drug	Status	Generic Status	Notes
CHEMSTRIP UGK IN VITRO STRIP	Tier 3		
CVS KETONE CARE IN VITRO STRIP	Tier 3		
KETO-DIASTIX IN VITRO STRIP	Tier 3		
Digestive Aids			
*Digestive Enzymes***			
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	Tier 2		
SUCRAID ORAL SOLUTION 8500 UNIT/ML	Tier 5		
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	Tier 2		
Diuretics			
*Carbonic Anhydrase Inhibitors***			
ACETAZOLAMIDE ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR 500 MG		Tier 1	
ACETAZOLAMIDE ORAL TABLET 125 MG, 250 MG		Tier 1	
ACETAZOLAMIDE SODIUM INJECTION SOLUTION RECONSTITUTED 500 MG		Tier 1	
METHAZOLAMIDE ORAL TABLET 25 MG, 50 MG		Tier 1	
*Diuretic Combinations***			
AMILORIDE-HYDROCHLOROTHIAZIDE ORAL TABLET 5-50 MG		LC	
SPIRONOLACTONE-HCTZ ORAL TABLET 25-25 MG		LC	
TRIAMTERENE-HCTZ ORAL CAPSULE 37.5-25 MG		LC	
TRIAMTERENE-HCTZ ORAL TABLET 37.5-25 MG, 75-50 MG		LC	
*Loop Diuretics***			
BUMETANIDE INJECTION SOLUTION 0.25 MG/ML		LC	
BUMETANIDE ORAL TABLET 0.5 MG, 1 MG, 2 MG		LC	
ETHACRYNATE SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 50 MG		Tier 1	

Drug	Status	Generic Status	Notes
ETHACRYNIC ACID ORAL TABLET 25 MG		Tier 1	
FUROSEMIDE INJECTION SOLUTION 10 MG/ML		LC	
FUROSEMIDE ORAL TABLET 20 MG, 40 MG, 80 MG		LC	
FUROSEMIDE SOLUTION 10 MG/ML ORAL 10 MG/ML		LC	
FUROSEMIDE SOLUTION 8 MG/ML ORAL 8 MG/ML		Tier 1	
TORSEMIDE ORAL TABLET 10 MG, 100 MG, 20 MG, 5 MG		LC	
*Potassium Sparing Diuretics***			
AMILORIDE HCL ORAL TABLET 5 MG		Tier 1	
SPIRONOLACTONE ORAL TABLET 100 MG, 25 MG, 50 MG		LC	
TRIAMTERENE ORAL CAPSULE 100 MG, 50 MG		Tier 1	
*Thiazides And Thiazide-Like Diuretics***			
CHLORTHALIDONE ORAL TABLET 25 MG, 50 MG		LC	
HYDROCHLOROTHIAZIDE ORAL CAPSULE 12.5 MG		LC	
HYDROCHLOROTHIAZIDE ORAL TABLET 12.5 MG, 25 MG, 50 MG		LC	
INDAPAMIDE ORAL TABLET 1.25 MG, 2.5 MG		LC	
METOLAZONE ORAL TABLET 10 MG, 2.5 MG, 5 MG		Tier 1	
Endocrine And Metabolic Agents - Misc.			
*Abortifacient - Progesterone Receptor Antagonists***			
MIFEPRISTONE ORAL TABLET 200 MG		Tier 1	
*Adenosine Deaminase Scid Treatment - Agents***			
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5ML	Tier 5		PA

Drug	Status	Generic Status	Notes
*Bisphosphonates***			
ALENDRONATE SODIUM ORAL SOLUTION 70 MG/75ML		Tier 1	
ALENDRONATE SODIUM TABLET 10 MG ORAL 10 MG		Tier 1	
ALENDRONATE SODIUM TABLET 35 MG ORAL 35 MG		LC	QL (4.5 EA per 30 days)
ALENDRONATE SODIUM TABLET 5 MG ORAL 5 MG		Tier 1	
ALENDRONATE SODIUM TABLET 70 MG ORAL 70 MG		LC	QL (4.5 EA per 30 days)
IBANDRONATE SODIUM INTRAVENOUS SOLUTION 3 MG/3ML		Tier 1	QL (1.2 ML per 30 days)
IBANDRONATE SODIUM ORAL TABLET 150 MG		Tier 1	QL (1.2 EA per 30 days)
PAMIDRONATE DISODIUM INTRAVENOUS SOLUTION 30 MG/10ML, 6 MG/ML, 90 MG/10ML		Tier 4	
RISEDRONATE SODIUM ORAL TABLET DELAYED RELEASE 35 MG		Tier 1	QL (4.5 EA per 30 days)
RISEDRONATE SODIUM TABLET 150 MG ORAL 150 MG		Tier 1	QL (1.2 EA per 30 days)
RISEDRONATE SODIUM TABLET 30 MG ORAL 30 MG		Tier 1	
RISEDRONATE SODIUM TABLET 35 MG ORAL 35 MG		Tier 1	QL (4.5 EA per 30 days)
RISEDRONATE SODIUM TABLET 5 MG ORAL 5 MG		Tier 1	
ZOLEDRONIC ACID INTRAVENOUS CONCENTRATE 4 MG/5ML		Tier 4	
ZOLEDRONIC ACID INTRAVENOUS SOLUTION 4 MG/100ML, 5 MG/100ML		Tier 4	
*Calcimimetic Agents***			
CINACALCET HCL ORAL TABLET 30 MG, 60 MG, 90 MG		Tier 1	PA
*Calcitonins***			
CALCITONIN (SALMON) NASAL SOLUTION 200 UNIT/ACT		Tier 1	QL (3.9 ML per 30 days)
MIACALCIN INJECTION SOLUTION (CALCITONIN (SALMON)) 200 UNIT/ML	Tier 3	Tier 1	

Drug	Status	Generic Status	Notes
*Carnitine Replenisher - Agents***			
LEVOCARNITINE ORAL SOLUTION 1 GM/10ML		Tier 1	
LEVOCARNITINE ORAL TABLET 330 MG		Tier 1	
LEVOCARNITINE SF ORAL SOLUTION 1 GM/10ML		Tier 1	
*Corticotropin***			
ACTHAR INJECTION GEL 80 UNIT/ML	Tier 4		PA
*Dopamine Receptor Agonists***			
CABERGOLINE ORAL TABLET 0.5 MG		Tier 1	
*Fabry Disease - Agents***			
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG	Tier 4		PA
*Gaa Deficiency Treatment - Agents***			
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	Tier 4		PA
*Growth Hormone Receptor Antagonists***			
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	Tier 5		PA
*Growth Hormones***			
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML	Tier 4		PA
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML	Tier 4		PA
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML	Tier 4		PA
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML	Tier 4		PA
*Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents***			
NITISINONE ORAL CAPSULE 10 MG, 2 MG, 5 MG		Tier 4	PA
ORFADIN ORAL CAPSULE 20 MG	Tier 5		PA

Drug	Status	Generic Status	Notes
ORFADIN ORAL SUSPENSION 4 MG/ML	Tier 5		PA
*Hyperammonemia Treatment - Agents***			
CARBAGLU ORAL TABLET 200 MG	Tier 4		
*Hyperparathyroid Treatment - Vitamin D Analogs***			
CALCITRIOL INTRAVENOUS SOLUTION 1 MCG/ML		Tier 1	
CALCITRIOL ORAL CAPSULE 0.25 MCG, 0.5 MCG		Tier 1	
CALCITRIOL ORAL SOLUTION 1 MCG/ML		Tier 1	
DOXERCALCIFEROL INTRAVENOUS SOLUTION 4 MCG/2ML		Tier 1	
PARICALCITOL INTRAVENOUS SOLUTION 2 MCG/ML, 5 MCG/ML		Tier 1	
PARICALCITOL ORAL CAPSULE 1 MCG, 2 MCG, 4 MCG		Tier 1	
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG	Tier 3		
*Hypophosphatasia (Hpp) Agents***			
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML	Tier 4		PA
*Insulin-Like Growth Factors (Somatomedins)***			
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	Tier 4		PA
*Leptin Analogues***			
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG	Tier 5		PA
*Lhrh/Gnrh Agonist Analog Pituitary Suppressants***			
LUPRON DEPOT-PED (1-MONTH) KIT 11.25 MG INTRAMUSCULAR 11.25 MG	Tier 5		PA
LUPRON DEPOT-PED (1-MONTH) KIT 15 MG INTRAMUSCULAR 15 MG	Tier 4		PA
LUPRON DEPOT-PED (1-MONTH) KIT 7.5 MG INTRAMUSCULAR 7.5 MG	Tier 4		PA
LUPRON DEPOT-PED (3-MONTH) KIT 11.25 MG (PED) INTRAMUSCULAR 11.25 MG (PED)	Tier 5		PA

Drug	Status	Generic Status	Notes
LUPRON DEPOT-PED (3-MONTH) KIT 30 MG (PED) INTRAMUSCULAR 30 MG (PED)	Tier 4		PA
SYNAREL NASAL SOLUTION 2 MG/ML	Tier 2		
*Lysosomal Acid Lipase (Lal) Deficiency - Agents***			
KANUMA INTRAVENOUS SOLUTION 20 MG/10ML	Tier 5		PA
*Mucopolysaccharidosis I (Mps I) - Agents***			
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML	Tier 4		PA
*Mucopolysaccharidosis Ii (Mps Ii) - Agents***			
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML	Tier 4		PA
*Mucopolysaccharidosis Iv (Mps Iv) - Agents***			
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5ML	Tier 5		PA
*Mucopolysaccharidosis Vi (Mps Vi) - Agents***			
NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML	Tier 4		PA
*Mucopolysaccharidosis Vii (Mps Vii) - Agents***			
MEPSEVII INTRAVENOUS SOLUTION 10 MG/5ML	Tier 5		PA
*Ovulation Stimulants- Gonadotropins***			
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED (CHORIONIC GONADOTROPIN) 10000 UNIT	Tier 4	Tier 4	PA
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED (CHORIONIC GONADOTROPIN) 10000 UNIT	Tier 4	Tier 4	PA
*Parathyroid Hormone And Derivatives***			
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR (TERIPARATIDE (RECOMBINANT)) 620 MCG/2.48ML	Tier 4	Tier 4	PA

Drug	Status	Generic Status	Notes
*Phenylketonuria Treatment - Agents***			
KUVAN ORAL PACKET (SAPROPTERIN DIHYDROCHLORIDE) 100 MG, 500 MG	Tier 4	Tier 4	PA
KUVAN ORAL TABLET (SAPROPTERIN DIHYDROCHLORIDE) 100 MG	Tier 4	Tier 4	PA
*Rank Ligand (Rankl) Inhibitors***			
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	Tier 4		PA; QL (2 ML per 250 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	Tier 4		PA
*Selective Estrogen Receptor Modulators (Serms)***			
OSPHENA ORAL TABLET 60 MG	Tier 3		
RALOXIFENE HCL ORAL TABLET 60 MG		Tier 1	
*Somatostatic Agents***			
OCTREOTIDE ACETATE INJECTION SOLUTION 100 MCG/ML, 1000 MCG/ML, 200 MCG/ML, 50 MCG/ML, 500 MCG/ML		Tier 4	PA
OCTREOTIDE ACETATE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MCG/ML, 50 MCG/ML, 500 MCG/ML		Tier 4	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	Tier 5		PA; QL (2 ML per 1 day)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML	Tier 5		PA
*Urea Cycle Disorder - Agents***			
RAVICTI ORAL LIQUID 1.1 GM/ML	Tier 5		PA
SOD BENZ-SOD PHENYLACET INTRAVENOUS SOLUTION 10-10 %		Tier 1	
SODIUM PHENYLBUTYRATE ORAL POWDER 3 GM/TSP		Tier 4	
SODIUM PHENYLBUTYRATE ORAL TABLET 500 MG		Tier 4	
*Vasopressin***			
DESMOPRESSIN ACE SPRAY REFRIG NASAL SOLUTION 0.01 %		Tier 1	
DESMOPRESSIN ACETATE INJECTION SOLUTION 4 MCG/ML		Tier 1	

Drug	Status	Generic Status	Notes
DESMOPRESSIN ACETATE ORAL TABLET 0.1 MG, 0.2 MG		Tier 1	
DESMOPRESSIN ACETATE PF INJECTION SOLUTION 4 MCG/ML		Tier 1	
DESMOPRESSIN ACETATE SPRAY NASAL SOLUTION 0.01 %		Tier 1	
Estrogens			
*Estrogen & Progestin***			
AMABELZ ORAL TABLET (ESTRADIOL- NORETHINDRONE ACET) 0.5-0.1 MG, 1-0.5 MG	Tier 1	Tier 1	
BIJUVA ORAL CAPSULE 1-100 MG	Tier 3		
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05- 0.25 MG/DAY	Tier 3		
FYAVOLV ORAL TABLET (NORETHINDRONE-ETH ESTRADIOL) 0.5- 2.5 MG-MCG, 1-5 MG-MCG	Tier 1	Tier 1	
JINTELI ORAL TABLET (NORETHINDRONE-ETH ESTRADIOL) 1-5 MG-MCG	Tier 1	Tier 1	
MIMVEY ORAL TABLET (ESTRADIOL- NORETHINDRONE ACET) 1-0.5 MG	Tier 1	Tier 1	
PREMPHASE ORAL TABLET 0.625-5 MG	Tier 2		
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45- 1.5 MG, 0.625-2.5 MG, 0.625-5 MG	Tier 2		
*Estrogens***			
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM	Tier 3		
DOTTI TRANSDERMAL PATCH TWICE WEEKLY (ESTRADIOL) 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	Tier 1	Tier 1	
ESTRADIOL ORAL TABLET 0.5 MG, 1 MG, 2 MG		LC	
ESTRADIOL TRANSDERMAL PATCH WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR		Tier 1	
ESTRADIOL VALERATE INTRAMUSCULAR OIL 20 MG/ML, 40 MG/ML		Tier 1	

Drug	Status	Generic Status	Notes
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY	Tier 3		
LYLLANA TRANSDERMAL PATCH TWICE WEEKLY (ESTRADIOL) 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	Tier 1	Tier 1	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	Tier 2		
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	Tier 2		
*Estrogen-Selective Estrogen Receptor Modulator Comb***			
DUAVEE ORAL TABLET 0.45-20 MG	Tier 2		
Fluoroquinolones			
*Fluoroquinolones***			
BAXDELA ORAL TABLET 450 MG	Tier 3		
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%)	Tier 3		
CIPROFLOXACIN HCL TABLET 100 MG ORAL 100 MG		Tier 1	
CIPROFLOXACIN HCL TABLET 250 MG ORAL 250 MG		LC	
CIPROFLOXACIN HCL TABLET 500 MG ORAL 500 MG		LC	
CIPROFLOXACIN HCL TABLET 750 MG ORAL 750 MG		Tier 1	
CIPROFLOXACIN IN D5W INTRAVENOUS SOLUTION 200 MG/100ML, 400 MG/200ML		Tier 1	
LEVOFLOXACIN IN D5W INTRAVENOUS SOLUTION 250 MG/50ML, 500 MG/100ML, 750 MG/150ML		Tier 1	
LEVOFLOXACIN INTRAVENOUS SOLUTION 25 MG/ML		Tier 1	
LEVOFLOXACIN ORAL SOLUTION 25 MG/ML		Tier 1	
LEVOFLOXACIN ORAL TABLET 250 MG, 500 MG, 750 MG		Tier 1	
MOXIFLOXACIN HCL IN NAACL INTRAVENOUS SOLUTION 400 MG/250ML		Tier 1	
MOXIFLOXACIN HCL ORAL TABLET 400 MG		Tier 1	

Drug	Status	Generic Status	Notes
OFLOXACIN ORAL TABLET 300 MG, 400 MG		Tier 1	
Gastrointestinal Agents - Misc.			
*Bile Acid Synthesis Disorder Agents***			
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	Tier 5		PA
*Gallstone Solubilizing Agents***			
URSODIOL ORAL CAPSULE 300 MG		Tier 1	
URSODIOL ORAL TABLET 250 MG, 500 MG		Tier 1	
*Gastrointestinal Antiallergy Agents***			
CROMOLYN SODIUM ORAL CONCENTRATE 100 MG/5ML		Tier 1	
*Gastrointestinal Stimulants***			
METOCLOPRAMIDE HCL INJECTION SOLUTION 5 MG/ML		LC	
METOCLOPRAMIDE HCL ORAL SOLUTION 10 MG/10ML, 5 MG/5ML		LC	
METOCLOPRAMIDE HCL ORAL TABLET 10 MG, 5 MG		LC	
METOCLOPRAMIDE HCL ORAL TABLET DISPERSIBLE 10 MG, 5 MG		Tier 1	
*Glucagon-Like Peptide-2 (Glp-2) Analogs***			
GATTEX SUBCUTANEOUS KIT 5 MG	Tier 5		PA
*Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists***			
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	Tier 2		PA; ST; QL (1 EA per 1 day)
*Ibs Agent - Selective 5-Ht3 Receptor Antagonists***			
ALOSETRON HCL ORAL TABLET 0.5 MG, 1 MG		Tier 1	PA
*Inflammatory Bowel Agents***			
BALSALAZIDE DISODIUM ORAL CAPSULE 750 MG		Tier 1	
DIPENTUM ORAL CAPSULE 250 MG	Tier 3		
MESALAMINE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM		Tier 1	

Drug	Status	Generic Status	Notes
MESALAMINE ORAL CAPSULE DELAYED RELEASE 400 MG		Tier 1	
MESALAMINE ORAL TABLET DELAYED RELEASE 1.2 GM		Tier 1	
MESALAMINE RECTAL ENEMA 4 GM		Tier 1	
MESALAMINE RECTAL SUPPOSITORY 1000 MG		Tier 1	
MESALAMINE-CLEANSER RECTAL KIT 4 GM		Tier 1	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG, 500 MG	Tier 3		
SULFASALAZINE ORAL TABLET 500 MG		Tier 1	
SULFASALAZINE ORAL TABLET DELAYED RELEASE 500 MG		Tier 1	
*Interleukin Antagonists***			
STELARA INTRAVENOUS SOLUTION 130 MG/26ML	Tier 4		PA
*Intestinal Acidifiers***			
ENULOSE ORAL SOLUTION 10 GM/15ML		Tier 1	
GENERLAC ORAL SOLUTION 10 GM/15ML		Tier 1	
LACTULOSE ENCEPHALOPATHY ORAL SOLUTION 10 GM/15ML		Tier 1	
*Peripheral Opioid Receptor Antagonists***			
ALVIMOPAN ORAL CAPSULE 12 MG		Tier 1	
SYMPROIC ORAL TABLET 0.2 MG	Tier 2		PA; ST; QL (1 EA per 1 day)
*Phosphate Binder Agents***			
CALCIUM ACETATE (PHOS BINDER) ORAL CAPSULE 667 MG		Tier 1	
CALCIUM ACETATE (PHOS BINDER) ORAL TABLET 667 MG		Tier 1	
CALCIUM ACETATE ORAL TABLET 667 MG		Tier 1	
FOSRENOL ORAL PACKET 1000 MG, 750 MG	Tier 3		
LANTHANUM CARBONATE ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG		Tier 1	
PHOSLYRA ORAL SOLUTION 667 MG/5ML	Tier 3		
SEVELAMER CARBONATE ORAL PACKET 0.8 GM, 2.4 GM		Tier 1	

Drug	Status	Generic Status	Notes
SEVELAMER CARBONATE ORAL TABLET 800 MG		Tier 1	
SEVELAMER HCL ORAL TABLET 400 MG, 800 MG		Tier 1	
*Tumor Necrosis Factor Alpha Blockers***			
CIMZIA PREFILLED SUBCUTANEOUS KIT 2 X 200 MG/ML	Tier 4		PA
CIMZIA STARTER KIT SUBCUTANEOUS KIT 6 X 200 MG/ML	Tier 4		PA
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	Tier 4		PA
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Tier 4		PA
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Tier 4		PA
Genitourinary Agents - Miscellaneous			
*5-Alpha Reductase Inhibitors***			
DUTASTERIDE ORAL CAPSULE 0.5 MG		Tier 1	
FINASTERIDE ORAL TABLET 5 MG		LC	
*Alpha 1-Adrenoceptor Antagonists***			
ALFUZOSIN HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG		Tier 1	
SILODOSIN ORAL CAPSULE 4 MG, 8 MG		Tier 1	
TAMSULOSIN HCL ORAL CAPSULE 0.4 MG		LC	
*Anti-Infective Genitourinary Irrigants***			
NEOMYCIN-POLYMYXIN B GU IRRIGATION SOLUTION 40-200000		Tier 1	
*Citrates***			
POTASSIUM CITRATE ER ORAL TABLET EXTENDED RELEASE 10 MEQ (1080 MG), 15 MEQ (1620 MG), 5 MEQ (540 MG)		Tier 1	
SOD CITRATE-CITRIC ACID ORAL SOLUTION 500-334 MG/5ML		LC	
*Cystinosis Agents***			
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	Tier 5		
*Genitourinary Irrigants***			
ACETIC ACID IRRIGATION SOLUTION 0.25 %		Tier 1	

Drug	Status	Generic Status	Notes
ARGYLE STERILE SALINE IRRIGATION SOLUTION (SODIUM CHLORIDE) 0.9 %	Tier 1	Tier 1	
CURITY STERILE SALINE IRRIGATION SOLUTION (SODIUM CHLORIDE) 0.9 %	Tier 1	Tier 1	
GLYCINE IRRIGATION SOLUTION 1.5 %		Tier 1	
GLYCINE UROLOGIC IRRIGATION SOLUTION 1.5 %		Tier 1	
RENACIDIN IRRIGATION SOLUTION	Tier 3		
SORBITOL-MANNITOL IRRIGATION SOLUTION 2.7-0.54 GM/100ML		Tier 1	
*Interstitial Cystitis Agents***			
ELMIRON ORAL CAPSULE 100 MG	Tier 2		
*Prostatic Hypertrophy Agent Combinations***			
DUTASTERIDE-TAMSULOSIN HCL ORAL CAPSULE 0.5-0.4 MG		Tier 1	
*Urinary Analgesics***			
PHENAZO ORAL TABLET (PHENAZOPYRIDINE HCL) 200 MG	LC	LC	
PHENAZOPYRIDINE HCL ORAL TABLET 100 MG		LC	
Gout Agents			
*Gout Agent Combinations***			
COLCHICINE-PROBENECID ORAL TABLET 0.5-500 MG		Tier 1	
*Gout Agents***			
ALLOPURINOL ORAL TABLET 100 MG, 300 MG		LC	
ALLOPURINOL SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 500 MG		Tier 1	
COLCHICINE ORAL TABLET 0.6 MG		Tier 1	
FEBUXOSTAT ORAL TABLET 40 MG, 80 MG		Tier 1	PA; ST
*Uricosurics***			
PROBENECID ORAL TABLET 500 MG		Tier 1	

Drug	Status	Generic Status	Notes
Hematological Agents - Misc.			
*Antihemophilic Products - Monoclonal Antibodies***			
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4ML	Tier 5		
*Antihemophilic Products***			
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Tier 4		
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	Tier 4		
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Tier 4		
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT	Tier 5		
CORIFACT INTRAVENOUS KIT 1000-1600 UNIT	Tier 4		
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT	Tier 5		
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT	Tier 4		
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT	Tier 5		
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT	Tier 4		
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT	Tier 4		
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT	Tier 4		
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Tier 5		

Drug	Status	Generic Status	Notes
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Tier 5		
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Tier 4		
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG	Tier 4		
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Tier 4		
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Tier 4		
OBIZUR INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT		Tier 5	
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT	Tier 4		
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT	Tier 4		
RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED	Tier 4		
RIXUBIS INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT		Tier 5	
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT	Tier 5		
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	Tier 4		
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	Tier 4		
*Anti-Von Willebrand Factor Agents***			
CABLIVI INJECTION KIT 11 MG	Tier 5		PA; QL (1 EA per 1 day)

Drug	Status	Generic Status	Notes
*Bradykinin B2 Receptor Antagonists***			
SAJAZIR SUBCUTANEOUS SOLUTION (ICATIBANT ACETATE) 30 MG/3ML	Tier 4	Tier 4	PA
*C1 Inhibitors***			
BERINERT INTRAVENOUS KIT 500 UNIT	Tier 5		PA; QL (0.34 EA per 1 day)
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	Tier 5		PA
*Complement Inhibitors***			
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML	Tier 5		PA
ULTOMIRIS INTRAVENOUS SOLUTION 1100 MG/11ML, 300 MG/3ML	Tier 5		PA
*Direct-Acting P2y12 Inhibitors***			
BRILINTA ORAL TABLET 60 MG, 90 MG	Tier 2		
*Glycoprotein Iib/Iiia Receptor Inhibitors***			
EPTIFIBATIDE INTRAVENOUS SOLUTION 20 MG/10ML, 200 MG/100ML, 75 MG/100ML		Tier 1	
*Hematorheologic Agents***			
PENTOXIFYLLINE ER ORAL TABLET EXTENDED RELEASE 400 MG		Tier 1	
*Human Protein C***			
CEPROTIN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT	Tier 5		
*Phosphodiesterase Iii Inhibitors***			
CILOSTAZOL ORAL TABLET 100 MG, 50 MG		Tier 1	
*Plasma Expanders***			
HETASTARCH-NACL INTRAVENOUS SOLUTION 6-0.9 %		Tier 1	
*Plasma Proteins***			
ALBUMIN HUMAN INTRAVENOUS SOLUTION 25 %, 5 %		Tier 1	
ALBUMIN-ZLB INTRAVENOUS SOLUTION 25 %, 5 %		Tier 1	
ALBURX INTRAVENOUS SOLUTION 5 %		Tier 1	
KEDBUMIN INTRAVENOUS SOLUTION 25 %		Tier 1	

Drug	Status	Generic Status	Notes
THROMBATE III INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT	Tier 5		
*Platelet Aggregation Inhibitor Combinations***			
ASPIRIN-DIPYRIDAMOLE ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR 25-200 MG		Tier 1	
*Platelet Aggregation Inhibitors***			
DIPYRIDAMOLE ORAL TABLET 25 MG, 50 MG, 75 MG		Tier 1	
*Protamine***			
PROTAMINE SULFATE INTRAVENOUS SOLUTION 10 MG/ML		Tier 1	
*Protease-Activated Receptor-1 (Par-1) Antagonists***			
ZONTIVITY ORAL TABLET 2.08 MG	Tier 3		
*Quinazoline Agents***			
ANAGRELIDE HCL ORAL CAPSULE 0.5 MG, 1 MG		Tier 1	
*Thienopyridine Derivatives***			
CLOPIDOGREL BISULFATE ORAL TABLET 300 MG, 75 MG		Tier 1	
PRASUGREL HCL ORAL TABLET 10 MG, 5 MG		Tier 1	
Hematopoietic Agents			
*Agents For Gaucher Disease***			
CERDELGA ORAL CAPSULE 84 MG	Tier 5		PA
MIGLUSTAT ORAL CAPSULE 100 MG		Tier 4	PA
*Cobalamins***			
CYANOCOBALAMIN INJECTION SOLUTION 1000 MCG/ML		Tier 1	
HYDROXOCOBALAMIN ACETATE INTRAMUSCULAR SOLUTION 1000 MCG/ML		Tier 1	
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML	Tier 3		
*Cxcr4 Receptor Antagonist***			
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2ML	Tier 4		PA; QL (9.6 ML per 365 days)

Drug	Status	Generic Status	Notes
*Cytotoxic Agents***			
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	Tier 3		
*Erythroid Maturation Agents***			
REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG, 75 MG	Tier 5		PA
*Erythropoiesis-Stimulating Agents (Esas)***			
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	Tier 4		PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML	Tier 4		PA
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	Tier 4		PA
*Folic Acid/Folate Combinations***			
AIRAVITE ORAL TABLET (FOLBEE) 2.5-25-1 MG	Tier 1	Tier 1	
B-6 FOLIC ACID ORAL CAPSULE 8.333-100-1 MG		Tier 1	
BP VIT 3 ORAL CAPSULE 1 MG		Tier 1	
FA-VITAMIN B-6-VITAMIN B-12 ORAL TABLET 2.2-25-0.5 MG		Tier 1	
FOLPLEX 2.2 ORAL TABLET 2.2-25-0.5 MG		Tier 1	
NUFOL ORAL TABLET (FOLBEE) 2.5-25-1 MG	Tier 1	Tier 1	
VIRT-GARD ORAL TABLET (FABB) 2.2-25-1 MG	Tier 1	Tier 1	
WESTAB MINI ORAL TABLET 2.2-25-1 MG		Tier 1	
WESTAB ONE ORAL TABLET 2.5-25-1 MG		Tier 1	
*Folic Acid/Folates***			
CVS FOLIC ACID ORAL TABLET 800 MCG		Tier 1	PV
FA-8 ORAL CAPSULE (FOLIC ACID) 0.8 MG	Tier 1	Tier 1	PV
FOLATE ORAL TABLET 400 MCG		Tier 1	PV

Drug	Status	Generic Status	Notes
FOLIC ACID INJECTION SOLUTION 5 MG/ML		Tier 1	
FOLIC ACID TABLET 1 MG ORAL (RX) 1 MG		Tier 1	
FOLIC ACID TABLET 400 MCG ORAL 400 MCG		Tier 1	PV
FOLIC ACID TABLET 800 MCG ORAL 800 MCG		Tier 1	PV
GNP FOLIC ACID ORAL TABLET 400 MCG		Tier 1	PV
HM FOLIC ACID ORAL TABLET 400 MCG		Tier 1	PV
KP FOLIC ACID ORAL TABLET 800 MCG		Tier 1	PV
PX FOLIC ACID ORAL TABLET 400 MCG		Tier 1	PV
QC FOLIC ACID ORAL TABLET 800 MCG		Tier 1	PV
RA FOLIC ACID ORAL TABLET 400 MCG, 800 MCG		Tier 1	PV
SM FOLIC ACID ORAL TABLET 400 MCG		Tier 1	PV
YL FOLIC ACID ORAL TABLET 400 MCG		Tier 1	PV
*Granulocyte Colony-Stimulating Factors (G-Csf)***			
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML	Tier 5		PA
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	Tier 5		PA
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	Tier 4		PA
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	Tier 4		PA
*Iron Combinations***			
CORVITA 150 ORAL TABLET 150-1.25 MG	Tier 1		
FEROCON ORAL CAPSULE		Tier 1	
FEROTRINSIC ORAL CAPSULE		Tier 1	
FERROCITE PLUS ORAL TABLET 106-1 MG	Tier 1		
FOLTRIN ORAL CAPSULE		Tier 1	
K-TAN PLUS ORAL CAPSULE (SE-TAN PLUS) 162-115.2-1 MG	Tier 1	Tier 1	
POLYSACCHARIDE IRON FORTE ORAL CAPSULE 150-25-1 MG-MCG-MG		Tier 1	
PUREVIT DUALFE PLUS ORAL CAPSULE 162-115.2-1 MG		Tier 1	

Drug	Status	Generic Status	Notes
TL-HEM 150 ORAL TABLET 150-1 MG		Tier 1	
TRIGELS-F FORTE ORAL CAPSULE 460-60-0.01-1 MG		Tier 1	
*Iron W/ Folic Acid***			
HEMOCYTE-F ORAL TABLET 324-1 MG	Tier 1		
*Iron***			
NA FERRIC GLUC CPLX IN SUCROSE INTRAVENOUS SOLUTION 12.5 MG/ML		Tier 1	
*Iron-B12-Folate***			
FERRAPLUS 90 ORAL TABLET 90-1 MG		Tier 1	
*Selectin Blockers***			
ADAKVEO INTRAVENOUS SOLUTION 100 MG/10ML	Tier 5		PA
*Thrombopoietin (Tpo) Receptor Agonists***			
PROMACTA ORAL PACKET 12.5 MG, 25 MG	Tier 5		PA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	Tier 5		PA
Hemostatics			
*Hemostatics - Systemic***			
AMINOCAPROIC ACID INTRAVENOUS SOLUTION 250 MG/ML		Tier 1	
AMINOCAPROIC ACID ORAL SOLUTION 0.25 GM/ML		Tier 1	
AMINOCAPROIC ACID ORAL TABLET 1000 MG, 500 MG		Tier 1	
TRANEXAMIC ACID ORAL TABLET 650 MG		Tier 1	
Hypnotics/Sedatives/Sleep Disorder Agents			
*Barbiturate Hypnotics***			
PENTOBARBITAL SODIUM INJECTION SOLUTION 50 MG/ML		Tier 1	
PHENOBARBITAL ORAL ELIXIR 20 MG/5ML		Tier 1	
PHENOBARBITAL ORAL TABLET 100 MG, 15 MG, 16.2 MG, 30 MG, 32.4 MG, 60 MG, 64.8 MG, 97.2 MG		Tier 1	
PHENOBARBITAL SODIUM INJECTION SOLUTION 130 MG/ML, 65 MG/ML		Tier 1	

Drug	Status	Generic Status	Notes
*Benzodiazepine Hypnotics***			
ESTAZOLAM ORAL TABLET 1 MG, 2 MG		Tier 1	QL (1 EA per 1 day)
TEMAZEPAM ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG		Tier 1	QL (1 EA per 1 day)
TRIAZOLAM ORAL TABLET 0.125 MG, 0.25 MG		Tier 1	QL (2 EA per 1 day)
*Hypnotics - Tricyclic Agents***			
DOXEPIN HCL ORAL TABLET 3 MG, 6 MG		Tier 1	QL (1 EA per 1 day)
*Non-Benzodiazepine - Gaba-Receptor Modulators***			
ESZOPICLONE ORAL TABLET 1 MG, 2 MG, 3 MG		Tier 1	QL (1 EA per 1 day)
ZALEPLON CAPSULE 10 MG ORAL 10 MG		Tier 1	QL (2 EA per 1 day)
ZALEPLON CAPSULE 5 MG ORAL 5 MG		Tier 1	QL (1 EA per 1 day)
ZOLPIDEM TARTRATE ER ORAL TABLET EXTENDED RELEASE 12.5 MG, 6.25 MG		Tier 1	QL (1 EA per 1 day)
ZOLPIDEM TARTRATE ORAL TABLET 10 MG, 5 MG		Tier 1	QL (1 EA per 1 day)
*Orexin Receptor Antagonists***			
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	Tier 3		PA; ST; QL (1 EA per 1 day)
*Selective Alpha2-Adrenoreceptor Agonist Sedatives***			
DEXMEDETOMIDINE HCL IN NAACL INTRAVENOUS SOLUTION 200 MCG/50ML, 200-0.9 MCG/50ML-%, 400 MCG/100ML, 80 MCG/20ML		Tier 1	
DEXMEDETOMIDINE HCL INTRAVENOUS SOLUTION 200 MCG/2ML		Tier 1	
*Selective Melatonin Receptor Agonists***			
HETLIOZ ORAL CAPSULE 20 MG	Tier 5		PA; QL (1 EA per 1 day)
RAMELTEON ORAL TABLET 8 MG		Tier 1	QL (1 EA per 1 day)
Laxatives			
*Bowel Evacuant Combinations***			
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/160ML	Tier 3		
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	Tier 1		PV; QL (4000 ML per 365 days)

Drug	Status	Generic Status	Notes
GAVILYTE-G ORAL SOLUTION RECONSTITUTED (PEG-3350/ELECTROLYTES) 236 GM	Tier 1	Tier 1	PV; QL (4000 ML per 365 days)
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED (PEG 3350-KCL-NA BICARB-NA CL) 420 GM	Tier 1	Tier 1	PV; QL (4000 ML per 365 days)
PEG-3350/ELECTROLYTES/ASCORBAT ORAL SOLUTION RECONSTITUTED 100 GM		Tier 1	
PEG-KCL-NA CL-NASULF-NA ASC-C ORAL SOLUTION RECONSTITUTED 100 GM		Tier 1	
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML	Tier 3		
*Laxatives - Miscellaneous***			
CLEARLAX ORAL POWDER (POLYETHYLENE GLYCOL 3350) 17 GM/SCOOP	Tier 1	Tier 1	PV; QL (1 FILL per 365 days)
CONSTULOSE ORAL SOLUTION 10 GM/15ML		LC	
CVS PURELAX ORAL POWDER (POLYETHYLENE GLYCOL 3350) 17 GM/SCOOP	Tier 1	Tier 1	PV; QL (1 FILL per 365 days)
EQ CLEARLAX ORAL POWDER (POLYETHYLENE GLYCOL 3350) 17 GM/SCOOP	Tier 1	Tier 1	PV; QL (1 FILL per 365 days)
EQL CLEARLAX ORAL POWDER (POLYETHYLENE GLYCOL 3350) 17 GM/SCOOP	Tier 1	Tier 1	PV; QL (1 FILL per 365 days)
GAVILAX ORAL POWDER 17 GM/SCOOP		Tier 1	PV; QL (1 FILL per 365 days)
GENTLELAX ORAL POWDER 17 GM/SCOOP		Tier 1	PV; QL (1 FILL per 365 days)
GLYCOLAX ORAL POWDER (POLYETHYLENE GLYCOL 3350) 17 GM/SCOOP	Tier 1	Tier 1	PV; QL (1 FILL per 365 days)
GNP CLEARLAX ORAL POWDER (POLYETHYLENE GLYCOL 3350) 17 GM/SCOOP	Tier 1	Tier 1	PV; QL (1 FILL per 365 days)
GOODSENSE CLEARLAX ORAL POWDER (POLYETHYLENE GLYCOL 3350) 17 GM/SCOOP	Tier 1	Tier 1	PV; QL (1 FILL per 365 days)
HM CLEARLAX ORAL POWDER (POLYETHYLENE GLYCOL 3350) 17 GM/SCOOP	Tier 1	Tier 1	PV; QL (1 FILL per 365 days)
KLS LAXACLEAR ORAL POWDER (POLYETHYLENE GLYCOL 3350) 17 GM/SCOOP	Tier 1	Tier 1	PV; QL (1 FILL per 365 days)

Drug	Status	Generic Status	Notes
LACTULOSE ORAL SOLUTION 10 GM/15ML, 20 GM/30ML		LC	
MM CLEARLAX ORAL POWDER (POLYETHYLENE GLYCOL 3350) 17 GM/SCOOP	Tier 1	Tier 1	PV; QL (1 FILL per 365 days)
PEG 3350 ORAL POWDER 17 GM/SCOOP		Tier 1	PV; QL (1 FILL per 365 days)
QC NATURA-LAX ORAL POWDER 17 GM/SCOOP		Tier 1	PV; QL (1 FILL per 365 days)
RA LAXATIVE ORAL POWDER 17 GM/SCOOP		Tier 1	PV; QL (1 FILL per 365 days)
SB POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP		Tier 1	PV; QL (1 FILL per 365 days)
SM CLEARLAX ORAL POWDER (POLYETHYLENE GLYCOL 3350) 17 GM/SCOOP	Tier 1	Tier 1	PV; QL (1 FILL per 365 days)
SMOOTH LAX ORAL POWDER (POLYETHYLENE GLYCOL 3350) 17 GM/SCOOP	Tier 1	Tier 1	PV; QL (1 FILL per 365 days)
*Lubricant Laxatives***			
MINERAL OIL HEAVY ORAL OIL		Tier 1	
*Saline Laxatives***			
CITROMA ORAL SOLUTION (CITRATE OF MAGNESIA) 1.745 GM/30ML	Tier 1	Tier 1	PV; QL (1 FILL per 365 days)
CVS MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML		Tier 1	PV; QL (1 FILL per 365 days)
EQ MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML		Tier 1	PV; QL (1 FILL per 365 days)
EQL MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML		Tier 1	PV; QL (1 FILL per 365 days)
GOODSENSE MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML		Tier 1	PV; QL (1 FILL per 365 days)
HM MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML		Tier 1	PV; QL (1 FILL per 365 days)
MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML		Tier 1	PV; QL (1 FILL per 365 days)
QC MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML		Tier 1	PV; QL (1 FILL per 365 days)
SB MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML		Tier 1	PV; QL (1 FILL per 365 days)
SM MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML		Tier 1	PV; QL (1 FILL per 365 days)

Drug	Status	Generic Status	Notes
*Stimulant Laxatives***			
BISACODYL EC ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (1 FILL per 365 days)
CASCARA SAGRADA ORAL FLUID EXTRACT 1 GM/ML		Tier 1	
CVS C-LAX LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (1 FILL per 365 days)
CVS GENTLE LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (1 FILL per 365 days)
CVS GENTLE LAXATIVE WOMENS ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (1 FILL per 365 days)
EQ GENTLE LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (1 FILL per 365 days)
EQL GENTLE LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (1 FILL per 365 days)
EQL LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (1 FILL per 365 days)
GENTLE LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (1 FILL per 365 days)
GNP GENTLE LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (1 FILL per 365 days)
GNP WOMENS GENTLE LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (1 FILL per 365 days)
GOODSENSE BISACODYL EC ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (1 FILL per 365 days)
GOODSENSE WOMENS LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (1 FILL per 365 days)
HM LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (1 FILL per 365 days)
KP BISACODYL ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (1 FILL per 365 days)
LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (1 FILL per 365 days)
PX LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (1 FILL per 365 days)
QC GENTLE LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (1 FILL per 365 days)
RA LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (1 FILL per 365 days)
RA WOMENS LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (1 FILL per 365 days)

Drug	Status	Generic Status	Notes
SB BISACODYL LAXATIVE EC ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (1 FILL per 365 days)
SB GENTLE LAX-WOMEN ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (1 FILL per 365 days)
SM GENTLE LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (1 FILL per 365 days)
WOMANS LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (1 FILL per 365 days)
WOMENS LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (1 FILL per 365 days)
Local Anesthetics-Parenteral			
*Local Anesthetics - Amides***			
LIDOCAINE HCL (PF) INJECTION SOLUTION 2 %		Tier 1	
LIDOCAINE HCL INJECTION SOLUTION 2 %		Tier 1	
Macrolides			
*Azithromycin***			
AZITHROMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 500 MG		LC	
AZITHROMYCIN ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML		LC	
AZITHROMYCIN ORAL TABLET 250 MG, 500 MG, 600 MG		LC	
ZITHROMAX ORAL PACKET (AZITHROMYCIN) 1 GM	Tier 3	LC	
*Clarithromycin***			
CLARITHROMYCIN ER ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG		Tier 1	
CLARITHROMYCIN ORAL SUSPENSION RECONSTITUTED 125 MG/5ML, 250 MG/5ML		Tier 1	
CLARITHROMYCIN ORAL TABLET 250 MG, 500 MG		Tier 1	
*Erythromycins***			
ERYTHROMYCIN BASE ORAL CAPSULE DELAYED RELEASE PARTICLES 250 MG		Tier 1	
ERYTHROMYCIN BASE ORAL TABLET 250 MG, 500 MG		Tier 1	

Drug	Status	Generic Status	Notes
ERYTHROMYCIN BASE ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG		Tier 1	
ERYTHROMYCIN ETHYLSUCCINATE ORAL SUSPENSION RECONSTITUTED 200 MG/5ML, 400 MG/5ML		Tier 1	
ERYTHROMYCIN ETHYLSUCCINATE ORAL TABLET 400 MG		Tier 1	
ERYTHROMYCIN ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG		Tier 1	
*Fidaxomicin***			
DIFICID ORAL TABLET 200 MG	Tier 3		
Medical Devices And Supplies			
*Applicators,Cotton Balls,Etc***			
ADVOCATE ALCOHOL PREP PADS PAD (ALCOHOL PREP) 70 %	Tier 3	Tier 3	
ALCOH-GLOVE CONTOURED WIPE PAD (ALCOHOL PREP)	Tier 3	Tier 3	
ALCOHOL PADS PAD 70 %		Tier 3	
ALCOHOL PREP PAD 70 %		Tier 3	
ALCOHOL SWABS PAD , 70 %		Tier 3	
ALCOH-WIPE SHEET		Tier 3	
BD SWAB SINGLE USE REGULAR PAD (ALCOHOL PREP)	Tier 3	Tier 3	
BD SWABS SINGLE USE BUTTERFLY PAD (ALCOHOL PREP)	Tier 3	Tier 3	
CARETOUCH ALCOHOL PREP PAD (ALCOHOL PREP) 70 %	Tier 3	Tier 3	
COMFORT TOUCH ALCOHOL PREP PAD (ALCOHOL PREP) 70 %	Tier 3	Tier 3	
CURITY ALCOHOL PREPS PAD (ALCOHOL PREP) 70 %	Tier 3	Tier 3	
CURITY ALCOHOL SWABS PAD (ALCOHOL PREP)	Tier 3	Tier 3	
CVS ALCOHOL PREP PADS PAD 70 %		Tier 3	
CVS PREP PAD 70 %		Tier 3	
EASY COMFORT ALCOHOL PADS PAD		Tier 3	
EASY TOUCH ALCOHOL PREP MEDIUM PAD (ALCOHOL PREP) 70 %	Tier 3	Tier 3	
EQL ALCOHOL SWABS PAD 70 %		Tier 3	

Drug	Status	Generic Status	Notes
FIFTY50 ALCOHOL PREP PAD (ALCOHOL PREP) 70 %	Tier 3	Tier 3	
GLOBAL ALCOHOL PREP EASE PAD 70 %		Tier 3	
GNP ALCOHOL SWABS PAD 70 %		Tier 3	
H-E-B INCONTROL ALCOHOL PAD		Tier 3	
HM STERILE ALCOHOL PREP PAD		Tier 3	
MEIJER ALCOHOL SWABS PAD 70 %		Tier 3	
PHARMACIST CHOICE ALCOHOL PAD (ALCOHOL PREP)	Tier 3	Tier 3	
PRO COMFORT ALCOHOL PAD 70 %		Tier 3	
PURE COMFORT ALCOHOL PREP PAD		Tier 3	
QC ALCOHOL SWABS PAD 70 %		Tier 3	
RA ALCOHOL SWABS PAD 70 %		Tier 3	
REALITY SWABS PAD		Tier 3	
RELION ALCOHOL SWABS PAD (ALCOHOL PREP) , 70 %	Tier 3	Tier 3	
SAPS CARE ALCOHOL PREP PAD 70 %		Tier 3	
SAPS HEALTH ALCOHOL PREP PAD , 70 %		Tier 3	
SAPS HEALTH CARE ALCOHOL PREP PAD 70 %		Tier 3	
SB ALCOHOL PREP PAD 70 %		Tier 3	
SM ALCOHOL PREP PAD , 70 %		Tier 3	
SURE COMFORT ALCOHOL PREP PAD 70 %		Tier 3	
SURE-PREP ALCOHOL PREP PAD (ALCOHOL PREP) 70 %	Tier 3	Tier 3	
TRUE COMFORT ALCOHOL PREP PADS PAD 70 %		Tier 3	
TRUE COMFORT PRO ALCOHOL PREP PAD 70 %		Tier 3	
ULTICARE ALCOHOL SWABS PAD (ALCOHOL PREP) , 70 %	Tier 3	Tier 3	
ULTILET ALCOHOL SWABS PAD		Tier 3	
ULTRA-CARE ALCOHOL PREP PADS PAD 70 %		Tier 3	
WEBCOL ALCOHOL PREP LARGE PAD (ALCOHOL PREP) 70 %	Tier 3	Tier 3	
WEBCOL ALCOHOL PREP MEDIUM PAD (ALCOHOL PREP) 70 %	Tier 3	Tier 3	
ZEVSRX STERILE ALCOHOL PREP PAD PAD 70 %		Tier 3	

Drug	Status	Generic Status	Notes
*Cervical Caps***			
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	Tier 3		PV; QL (1 EA per 1 day)
*Condoms - Female***			
FC FEMALE CONDOM	Tier 3		PV; QL (12 EA per 23 days)
FC2 FEMALE CONDOM	Tier 3		PV; QL (12 EA per 23 days)
*Diaphragms***			
CAYA VAGINAL DIAPHRAGM	Tier 3		PV; QL (1 EA per 1 day)
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM	Tier 3		PV; QL (1 EA per 1 day)
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 %	Tier 3		PV; QL (1 EA per 1 day)
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 %	Tier 3		PV; QL (1 EA per 1 day)
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 %	Tier 3		PV; QL (1 EA per 1 day)
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 %	Tier 3		PV; QL (1 EA per 1 day)
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 %	Tier 3		PV; QL (1 EA per 1 day)
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 %	Tier 3		PV; QL (1 EA per 1 day)
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 %	Tier 3		PV; QL (1 EA per 1 day)
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 %	Tier 3		PV; QL (1 EA per 1 day)
*Glucose Monitoring Test Supplies***			
1ST TIER UNILET COMFORTOUCH		Tier 2	
ACCU-CHEK FASTCLIX LANCET KIT	Tier 2		
ACCU-CHEK FASTCLIX LANCETS (LANCETS)	Tier 2	Tier 2	
ACCU-CHEK MULTICLIX LANCETS (LANCETS)	Tier 2	Tier 2	
ACCU-CHEK SAFE-T PRO LANCETS (LANCETS)	Tier 2	Tier 2	
ACCU-CHEK SOFTCLIX LANCET DEV KIT	Tier 2		
ACCU-CHEK SOFTCLIX LANCETS (LANCETS)	Tier 2	Tier 2	
ACTI-LANCE 28G		Tier 2	

Drug	Status	Generic Status	Notes
ACTI-LANCE LITE LANCETS 28G		Tier 2	
ACTI-LANCE SPECIAL LANCETS 17G		Tier 2	
ACTI-LANCE UNIVERSAL 23G		Tier 2	
ADVANCED MOBILE LANCET		Tier 2	
ADVOCATE LANCETS (LANCETS)	Tier 2	Tier 2	
ADVOCATE LANCETS 30G (LANCETS)	Tier 2	Tier 2	
ADVOCATE SAFETY LANCETS (LANCETS)	Tier 2	Tier 2	
ADVOCATE SAFETY LANCETS 26G (LANCETS)	Tier 2	Tier 2	
AGAMATRIX ULTRA-THIN LANCETS (LANCETS)	Tier 2	Tier 2	
AIMSCO TWIST LANCETS 32G		Tier 2	
AIMSCO TWIST LANCETS 33G (LANCETS)	Tier 2	Tier 2	
AQUALANCE LANCETS 30G (LANCETS)	Tier 2	Tier 2	
ASSURE COMFORT LANCETS 28G		Tier 2	
ASSURE HAEMOLANCE PLUS HIGH (LANCETS)	Tier 2	Tier 2	
ASSURE HAEMOLANCE PLUS LOW (LANCETS)	Tier 2	Tier 2	
ASSURE HAEMOLANCE PLUS MICRO (LANCETS)	Tier 2	Tier 2	
ASSURE HAEMOLANCE PLUS NORMAL (LANCETS)	Tier 2	Tier 2	
ASSURE HAEMOLANCE PLUS PED (LANCETS)	Tier 2	Tier 2	
ASSURE LANCE LANCETS (LANCETS)	Tier 2	Tier 2	
ASSURE LANCE LANCETS 21G (LANCETS)	Tier 2	Tier 2	
ASSURE LANCE PLUS SAFETY 25G (LANCETS)	Tier 2	Tier 2	
ASSURE LANCE PLUS SAFETY 30G (LANCETS)	Tier 2	Tier 2	
ASSURE LANCE SAFETY LANCET 28G (LANCETS)	Tier 2	Tier 2	
AURORA LANCET SUPER THIN 30G		Tier 2	
AURORA LANCET THIN 23G		Tier 2	
BD LANCET ULTRAFINE 30G (LANCETS)	Tier 2	Tier 2	
BD LANCET ULTRAFINE 33G (LANCETS)	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
BD MICROTAINER LANCETS (LANCETS)	Tier 2	Tier 2	
CAREONE LANCET SUPER THIN 30G (LANCETS)	Tier 2	Tier 2	
CAREONE LANCET THIN 23G		Tier 2	
CARESENS LANCETS (LANCETS)	Tier 2	Tier 2	
CARETOUCH SAFETY LANCETS (LANCETS)	Tier 2	Tier 2	
CARETOUCH SAFETY LANCETS 26G (LANCETS)	Tier 2	Tier 2	
CARETOUCH TWIST LANCETS 28G (LANCETS)	Tier 2	Tier 2	
CARETOUCH TWIST LANCETS 30G (LANCETS)	Tier 2	Tier 2	
CARETOUCH TWIST LANCETS 33G (LANCETS)	Tier 2	Tier 2	
CLEANLET LANCETS 28G (LANCETS)	Tier 2	Tier 2	
CLEVER CHEK LANCETS (LANCETS)	Tier 2	Tier 2	
CLEVER CHOICE LANCETS 21G (LANCETS)	Tier 2	Tier 2	
CLEVER CHOICE LANCETS 23G (LANCETS)	Tier 2	Tier 2	
CLEVER CHOICE LANCETS 28G (LANCETS)	Tier 2	Tier 2	
COAGUCHEK LANCETS (LANCETS)	Tier 2	Tier 2	
COMFORT ASSURED LANCETS 28G		Tier 2	
COMFORT ASSURED LANCETS 33G		Tier 2	
COMFORT LANCETS		Tier 2	
COMFORT TOUCH LANCETS 31G (LANCETS)	Tier 2	Tier 2	
COMFORT TOUCH PLUS LANCETS 30G (LANCETS)	Tier 2	Tier 2	
CONTOUR BLOOD GLUCOSE SYSTEM KIT W/DEVICE	Tier 2		
CONTOUR CONTROL IN VITRO LIQUID HIGH , LOW , NORMAL	Tier 2		
CONTOUR MONITOR DEVICE	Tier 2		
CONTOUR NEXT CONTROL IN VITRO SOLUTION LOW , NORMAL	Tier 2		
CONTOUR NEXT EZ KIT W/DEVICE	Tier 2		
CONTOUR NEXT LINK KIT W/DEVICE	Tier 2		

Drug	Status	Generic Status	Notes
CONTOUR NEXT MONITOR KIT W/DEVICE	Tier 2		
CONTOUR NEXT ONE KIT	Tier 2		
CVS LANCETS 21G		Tier 2	
CVS LANCETS MICRO THIN 33G		Tier 2	
CVS LANCETS ORIGINAL		Tier 2	
CVS LANCETS THIN 26G		Tier 2	
CVS LANCETS ULTRA THIN 30G		Tier 2	
CVS LANCETS ULTRA-THIN 30G		Tier 2	
CVS ULTRA THIN LANCETS		Tier 2	
DIASCREEN 10 (DIASCREEN LIQUID URINE CONTROL)	Tier 3	Tier 3	
DIASCREEN 1B (DIASCREEN LIQUID URINE CONTROL)	Tier 3	Tier 3	
DIASCREEN 1G STRIP (DIASCREEN LIQUID URINE CONTROL)	Tier 3	Tier 3	
DIASCREEN 1K (DIASCREEN LIQUID URINE CONTROL)	Tier 3	Tier 3	
DIASCREEN 1K STRIP (DIASCREEN LIQUID URINE CONTROL)	Tier 3	Tier 3	
DIASCREEN 2GK STRIP (DIASCREEN LIQUID URINE CONTROL)	Tier 3	Tier 3	
DIASCREEN 2GP (DIASCREEN LIQUID URINE CONTROL)	Tier 3	Tier 3	
DIASCREEN 3 (DIASCREEN LIQUID URINE CONTROL)	Tier 3	Tier 3	
DIASCREEN 4NL (DIASCREEN LIQUID URINE CONTROL)	Tier 3	Tier 3	
DIASCREEN 4OBL (DIASCREEN LIQUID URINE CONTROL)	Tier 3	Tier 3	
DIASCREEN 4PH (DIASCREEN LIQUID URINE CONTROL)	Tier 3	Tier 3	
DIASCREEN 5 (DIASCREEN LIQUID URINE CONTROL)	Tier 3	Tier 3	
DIASCREEN 6 (DIASCREEN LIQUID URINE CONTROL)	Tier 3	Tier 3	
DIASCREEN 7 (DIASCREEN LIQUID URINE CONTROL)	Tier 3	Tier 3	
DIASCREEN 8 (DIASCREEN LIQUID URINE CONTROL)	Tier 3	Tier 3	

Drug	Status	Generic Status	Notes
DIASCREEN 9 (DIASCREEN LIQUID URINE CONTROL)	Tier 3	Tier 3	
DIATHRIVE LANCET ULTRA THIN 30 (LANCETS)	Tier 2	Tier 2	
DIATHRIVE LANCETS (LANCETS)	Tier 2	Tier 2	
DROPLET LANCETS ULTRA THIN 30G (LANCETS)	Tier 2	Tier 2	
DROPLET PERSONAL LANCETS 30G (LANCETS)	Tier 2	Tier 2	
DRUG MART LANCETS THIN 26G		Tier 2	
DRUG MART ON-THE-GO LANCET 30G (LANCETS)	Tier 2	Tier 2	
DRUG MART UNILET LANCETS 28G (LANCETS)	Tier 2	Tier 2	
DRUG MART UNILET LANCETS 30G (LANCETS)	Tier 2	Tier 2	
DRUG MART UNILET LANCETS 33G (LANCETS)	Tier 2	Tier 2	
EASY COMFORT LANCETS		Tier 2	
EASY COMFORT LANCETS TWIST TOP		Tier 2	
EASY TOUCH LANCETS 21G (LANCETS)	Tier 2	Tier 2	
EASY TOUCH LANCETS 23G (LANCETS)	Tier 2	Tier 2	
EASY TOUCH LANCETS 26G (LANCETS)	Tier 2	Tier 2	
EASY TOUCH LANCETS 28G (LANCETS)	Tier 2	Tier 2	
EASY TOUCH LANCETS 28G/TWIST (LANCETS)	Tier 2	Tier 2	
EASY TOUCH LANCETS 30G (LANCETS)	Tier 2	Tier 2	
EASY TOUCH LANCETS 30G/TWIST (LANCETS)	Tier 2	Tier 2	
EASY TOUCH LANCETS 32G (LANCETS)	Tier 2	Tier 2	
EASY TOUCH LANCETS 32G/TWIST (LANCETS)	Tier 2	Tier 2	
EASY TOUCH LANCETS 33G/TWIST (LANCETS)	Tier 2	Tier 2	
EASY TOUCH SAFETY LANCETS 21G (LANCETS)	Tier 2	Tier 2	
EASY TOUCH SAFETY LANCETS 23G (LANCETS)	Tier 2	Tier 2	
EASY TOUCH SAFETY LANCETS 26G (LANCETS)	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
EASY TOUCH SAFETY LANCETS 28G (LANCETS)	Tier 2	Tier 2	
EMBRACE LANCETS ULTRA THIN 30G (LANCETS)	Tier 2	Tier 2	
EMBRACE PRESSURE ACTIVATED 21G (LANCETS)	Tier 2	Tier 2	
EMBRACE PRESSURE ACTIVATED 28G (LANCETS)	Tier 2	Tier 2	
EQL COLOR LANCETS 21G		Tier 2	
EQL COLOR LANCETS MICRO 33G		Tier 2	
EQL SUPER THIN LANCETS 30G		Tier 2	
EQL THIN LANCETS 26G		Tier 2	
E-Z JECT LANCET MICRO-THIN 33G (LANCETS)	Tier 2	Tier 2	
E-Z JECT LANCET SUPER THIN 30G (LANCETS)	Tier 2	Tier 2	
E-Z JECT LANCETS (LANCETS)	Tier 2	Tier 2	
E-Z JECT LANCETS 21G (LANCETS)	Tier 2	Tier 2	
E-Z JECT LANCETS THIN 26G (LANCETS)	Tier 2	Tier 2	
EZ-LETS LANCETS 21G (LANCETS)	Tier 2	Tier 2	
EZ-LETS LANCETS 26G (LANCETS)	Tier 2	Tier 2	
EZ-LETS LANCETS 28G (LANCETS)	Tier 2	Tier 2	
EZ-LETS LANCETS 30G (LANCETS)	Tier 2	Tier 2	
FIFTY50 SAFETY SEAL LANCETS (LANCETS)	Tier 2	Tier 2	
FIFTY50 UNILET LANCETS 33G (LANCETS)	Tier 2	Tier 2	
FINE 30 (LANCETS)	Tier 2	Tier 2	
FINGERSTIX LANCETS (LANCETS)	Tier 2	Tier 2	
FORA LANCETS (LANCETS)	Tier 2	Tier 2	
FREDS PHARMACY UNILET LANC 28G		Tier 2	
FREDS PHARMACY UNILET LANC 30G		Tier 2	
FREESTYLE LANCETS (LANCETS)	Tier 2	Tier 2	
FREESTYLE UNISTICK II LANCETS (LANCETS)	Tier 2	Tier 2	
GENTEEL BUTTERFLY TOUCH LANCET (LANCETS)	Tier 2	Tier 2	
GENTLE-LET GP LANCETS (LANCETS)	Tier 2	Tier 2	
GENTLE-LET LANCETS (LANCETS)	Tier 2	Tier 2	
GLOBAL INJECT EASE LANCETS 28G		Tier 2	

Drug	Status	Generic Status	Notes
GLOBAL INJECT EASE LANCETS 30G		Tier 2	
GLUCOCOM LANCETS 28G (LANCETS)	Tier 2	Tier 2	
GLUCOCOM LANCETS 30G (LANCETS)	Tier 2	Tier 2	
GLUCOCOM LANCETS 33G (LANCETS)	Tier 2	Tier 2	
GNP LANCETS 21G		Tier 2	
GNP LANCETS MICRO THIN 33G		Tier 2	
GNP LANCETS SUPER THIN 30G		Tier 2	
GNP LANCETS THIN 26G		Tier 2	
GNP STERILE LANCETS 28G		Tier 2	
GNP STERILE LANCETS 30G		Tier 2	
GNP STERILE LANCETS 33G		Tier 2	
GOJJI STERILE LANCETS (LANCETS)	Tier 2	Tier 2	
GOODSENSE COLOR LANCETS 33G		Tier 2	
GOODSENSE LANCETS 26G UNIV		Tier 2	
GOODSENSE LANCETS 30G		Tier 2	
GOODSENSE LANCETS 30G UNIV		Tier 2	
GOODSENSE LANCETS 33G		Tier 2	
GOODSENSE LANCETS 33G UNIV		Tier 2	
HAEMOLANCE (LANCETS)	Tier 2	Tier 2	
HAEMOLANCE LOW FLOW LANCETS (LANCETS)	Tier 2	Tier 2	
HAEMOLANCE PLUS (LANCETS)	Tier 2	Tier 2	
HAEMOLANCE PLUS HIGH FLOW (LANCETS)	Tier 2	Tier 2	
HAEMOLANCE PLUS LOW FLOW (LANCETS)	Tier 2	Tier 2	
HAEMOLANCE PLUS MAX FLOW (LANCETS)	Tier 2	Tier 2	
HAEMOLANCE PLUS PEDIATRIC FLOW (LANCETS)	Tier 2	Tier 2	
HEALTHY ACCENTS UNILET LANCETS		Tier 2	
H-E-B INCONTROL LANCETS 28G		Tier 2	
H-E-B INCONTROL LANCETS 30G		Tier 2	
H-E-B INCONTROL LANCETS 33G		Tier 2	
HY-VEE LANCETS (LANCETS)	Tier 2	Tier 2	
HY-VEE THIN LANCETS		Tier 2	
IN TOUCH	Tier 3		
IN TOUCH STERILE LANCETS 30G (LANCETS)	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
KINNEY LANCETS		Tier 2	
KINNEY THIN LANCETS		Tier 2	
KROGER HEALTHPRO LANCET 26G (LANCETS)	Tier 2	Tier 2	
KROGER LANCETS		Tier 2	
KROGER LANCETS 21G		Tier 2	
KROGER LANCETS MICRO THIN 33G		Tier 2	
KROGER LANCETS SUPER THIN		Tier 2	
KROGER LANCETS THIN		Tier 2	
KROGER LANCETS THIN 26G		Tier 2	
KROGER LANCETS ULTRATHIN 30G		Tier 2	
LANCETS 30G		Tier 2	
LANCETS 33G		Tier 2	
LANCETS MICRO THIN 33G		Tier 2	
LANCETS SUPER THIN 28G		Tier 2	
LANCETS THIN		Tier 2	
LANCETS ULTRA THIN (LANCETS)	Tier 2	Tier 2	
LANCETS ULTRA THIN 30G		Tier 2	
LIBERTY MEDICAL LANCETS (LANCETS)	Tier 2	Tier 2	
LIFESCAN UNISTIK 2 (LANCETS)	Tier 2	Tier 2	
LIFESCAN UNISTIK II LANCETS (LANCETS)	Tier 2	Tier 2	
LITE TOUCH LANCETS		Tier 2	
LITETOUCH LANCETS (LANCETS)	Tier 2	Tier 2	
LIVE BETTER LANCET SUPER THIN		Tier 2	
LIVE BETTER LANCET ULTRA THIN		Tier 2	
LONGS LANCETS STANDARD		Tier 2	
LONGS LANCETS THIN		Tier 2	
LONGS LANCETS ULTRA THIN		Tier 2	
MEDICHOICE SAFETY LANCET		Tier 2	
MEDICHOICE SAFETY LANCET EXTRA		Tier 2	
MEDICHOICE SAFETY LANCET NORM		Tier 2	
MEDISENSE THIN LANCETS (LANCETS)	Tier 2	Tier 2	
MEDLANCE EXTRA 21G (LANCETS)	Tier 2	Tier 2	
MEDLANCE LITE 25G (LANCETS)	Tier 2	Tier 2	
MEDLANCE PLUS EXTRA 21G (LANCETS)	Tier 2	Tier 2	
MEDLANCE PLUS LANCETS (LANCETS)	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
MEDLANCE PLUS LITE 25G (LANCETS)	Tier 2	Tier 2	
MEDLANCE PLUS SPECIAL 0.8MM (LANCETS)	Tier 2	Tier 2	
MEDLANCE PLUS SUPERLITE 30G (LANCETS)	Tier 2	Tier 2	
MEDLANCE PLUS UNIVERSAL 21G (LANCETS)	Tier 2	Tier 2	
MEDLANCE UNIVERSAL 21G (LANCETS)	Tier 2	Tier 2	
MEIJER LANCETS (LANCETS)	Tier 2	Tier 2	
MEIJER LANCETS THIN (LANCETS)	Tier 2	Tier 2	
MEIJER LANCETS UNIVERSAL 21G (LANCETS)	Tier 2	Tier 2	
MEIJER LANCETS UNIVERSAL 30G (LANCETS)	Tier 2	Tier 2	
MEIJER LANCETS UNIVERSAL 33G (LANCETS)	Tier 2	Tier 2	
MEIJER SUPER THIN LANCETS (LANCETS)	Tier 2	Tier 2	
MICROLET LANCETS (LANCETS)	Tier 2	Tier 2	
MM TWIST LANCETS (LANCETS)	Tier 2	Tier 2	
MONOLET LANCETS (LANCETS)	Tier 2	Tier 2	
MONOLET OPD LANCETS (LANCETS)	Tier 2	Tier 2	
MONOLETTOR SAFETY LANCETS (LANCETS)	Tier 2	Tier 2	
MPD SAFETY LANCET 21G		Tier 2	
MPD SAFETY LANCET 23G		Tier 2	
MPD SAFETY LANCET 28G		Tier 2	
MPD SAFETY LANCET 30G		Tier 2	
MYGLUCOHEALTH LANCETS 30G (LANCETS)	Tier 2	Tier 2	
NOVA SAFETY LANCETS 23G (LANCETS)	Tier 2	Tier 2	
NOVA SAFETY LANCETS 28G (LANCETS)	Tier 2	Tier 2	
NOVA SUREFLEX LANCETS (LANCETS)	Tier 2	Tier 2	
ONETOUCH CLUB LANCETS FINE PT (LANCETS)	Tier 2	Tier 2	
ONETOUCH DELICA LANCETS 30G (LANCETS)	Tier 2	Tier 2	
ONETOUCH DELICA LANCETS 33G (LANCETS)	Tier 2	Tier 2	
ONETOUCH DELICA LANCING DEV	Tier 3		

Drug	Status	Generic Status	Notes
ONETOUCH DELICA PLUS LANCET30G (LANCETS)	Tier 2	Tier 2	
ONETOUCH DELICA PLUS LANCET33G (LANCETS)	Tier 2	Tier 2	
ONETOUCH DELICA PLUS LANCING	Tier 3		
ONETOUCH FINEPOINT LANCETS (LANCETS)	Tier 2	Tier 2	
ONETOUCH SURESOFT LANCING DEV	Tier 2		
ONETOUCH ULTRASOFT LANCETS (LANCETS)	Tier 2	Tier 2	
PC LANCETS SUPER THIN 30G		Tier 2	
PENLET II BLOOD SAMPLER KIT	Tier 3		
PENLET II REPLACEMENT CAP	Tier 2		
PERFECT LANCETS 28G (LANCETS)	Tier 2	Tier 2	
PERFECT LANCETS 30G (LANCETS)	Tier 2	Tier 2	
PHARMACIST CHOICE LANCETS (LANCETS)	Tier 2	Tier 2	
PHARMACY COUNTER LANCETS (LANCETS)	Tier 2	Tier 2	
PIP LANCETS 28G		Tier 2	
PIP LANCETS 30G		Tier 2	
PRECISION THINS GP LANCETS (LANCETS)	Tier 2	Tier 2	
PREFERRED PLUS LANCETS COLORED		Tier 2	
PREFERRED PLUS LANCETS THIN		Tier 2	
PRO COMFORT LANCETS 30G		Tier 2	
PRO COMFORT LANCETS 31G		Tier 2	
PRODIGY LANCETS 28G (LANCETS)	Tier 2	Tier 2	
PRODIGY SAFETY LANCETS 26G (LANCETS)	Tier 2	Tier 2	
PRODIGY TWIST TOP LANCETS 28G (LANCETS)	Tier 2	Tier 2	
PSS SELECT GP LANCETS (LANCETS)	Tier 2	Tier 2	
PSS SELECT SAFETY LANCETS (LANCETS)	Tier 2	Tier 2	
PURE COMFORT LANCETS 30G		Tier 2	
PX LANCETS MICROTHIN 33G		Tier 2	
PX LANCETS ULTRA THIN		Tier 2	
PX LANCETS ULTRA THIN 28G		Tier 2	
QC LANCETS SUPER THIN 30G		Tier 2	

Drug	Status	Generic Status	Notes
QC LANCETS ULTRA THIN		Tier 2	
QC UNILET LANCETS 28G		Tier 2	
QC UNILET LANCETS MICRO THIN		Tier 2	
RA E-ZJECT LANCETS 28G (LANCETS)	Tier 2	Tier 2	
RA E-ZJECT LANCETS THIN 26G (LANCETS)	Tier 2	Tier 2	
RA E-ZJECT LANCETS THIN 28G (LANCETS)	Tier 2	Tier 2	
RA E-ZJECT LANCETS ULTRA THIN (LANCETS)	Tier 2	Tier 2	
READYLANCE SAFETY LANCETS (LANCETS)	Tier 2	Tier 2	
REALITY LANCETS		Tier 2	
REALITY TRIGGER LANCETS		Tier 2	
RELION LANCETS MICRO-THIN 33G (LANCETS)	Tier 2	Tier 2	
RELION LANCETS THIN 26G (LANCETS)	Tier 2	Tier 2	
RELION LANCETS ULTRA-THIN 30G (LANCETS)	Tier 2	Tier 2	
RELION ULTRA THIN LANCETS 30G (LANCETS)	Tier 2	Tier 2	
RELION ULTRA THIN PLUS LANCETS (LANCETS)	Tier 2	Tier 2	
REXALL LANCETS ULTRA THIN 30G (LANCETS)	Tier 2	Tier 2	
RIGHTEST GL300 LANCETS (LANCETS)	Tier 2	Tier 2	
SAFE-T-LANCE (LANCETS)	Tier 2	Tier 2	
SAFE-T-LANCE PLUS (LANCETS)	Tier 2	Tier 2	
SAFETY LANCET 30G/PRESSURE ACT		Tier 2	
SAFETY LANCETS (LANCETS)	Tier 2	Tier 2	
SAFETY LANCETS 21G (LANCETS)	Tier 2	Tier 2	
SAFETY LANCETS 28G		Tier 2	
SAPS HEALTH TWIST TOP LANCETS		Tier 2	
SAPS TWIST TOP LANCETS		Tier 2	
SAPSCARE TWIST TOP LANCETS		Tier 2	
SB LANCETS THIN		Tier 2	
SB LANCETS ULTRA THIN		Tier 2	
SHOPKO ON-THE-GO LANCETS 30G (LANCETS)	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
SHOPKO UNILET LANCETS 28G (LANCETS)	Tier 2	Tier 2	
SHOPKO UNILET LANCETS 30G (LANCETS)	Tier 2	Tier 2	
SINGLE-LET (LANCETS)	Tier 2	Tier 2	
SM LANCETS 33G		Tier 2	
SMART SENSE COLOR LANCETS 33G (LANCETS)	Tier 2	Tier 2	
SMART SENSE STANDARD LANCETS (LANCETS)	Tier 2	Tier 2	
SMART SENSE SUPER THIN LANCETS (LANCETS)	Tier 2	Tier 2	
SMART SENSE THIN LANCETS 26G (LANCETS)	Tier 2	Tier 2	
SMARTEST LANCETS 28G (LANCETS)	Tier 2	Tier 2	
SOLUS V2 LANCETS 28G (LANCETS)	Tier 2	Tier 2	
SOLUS V2 TWIST LANCETS 30G (LANCETS)	Tier 2	Tier 2	
STERILANCE TL (LANCETS)	Tier 2	Tier 2	
SUPER THIN LANCETS		Tier 2	
SURE COMFORT LANCETS 18G		Tier 2	
SURE COMFORT LANCETS 21G		Tier 2	
SURE COMFORT LANCETS 23G		Tier 2	
SURE COMFORT LANCETS 28G		Tier 2	
SURE COMFORT LANCETS 30G		Tier 2	
SURE-LANCE FLAT LANCETS (LANCETS)	Tier 2	Tier 2	
SURE-LANCE LANCETS 26G (LANCETS)	Tier 2	Tier 2	
SURE-LANCE THIN LANCETS 28G (LANCETS)	Tier 2	Tier 2	
SURE-LANCE ULTRA THIN LANCETS (LANCETS)	Tier 2	Tier 2	
SURELITE LANCETS (LANCETS)	Tier 2	Tier 2	
SURESTEP PRO LINEARITY KIT	Tier 3		
SURE-TOUCH LANCETS UNIVERSAL (LANCETS)	Tier 2	Tier 2	
TECHLITE AST LANCETS (LANCETS)	Tier 2	Tier 2	
TECHLITE LANCETS (LANCETS)	Tier 2	Tier 2	
TECHLITE LANCETS 30G (LANCETS)	Tier 2	Tier 2	
TGT LANCET MICRO THIN 33G		Tier 2	
TGT LANCET THIN 26G		Tier 2	

Drug	Status	Generic Status	Notes
TGT LANCET ULTRA THIN 30G		Tier 2	
THINLETS GP LANCETS (LANCETS)	Tier 2	Tier 2	
TODAYS HEALTH THIN LANCETS 28G		Tier 2	
TODAYS HEALTH THIN LANCETS 30G		Tier 2	
TOPCARE LANCETS MICRO-THIN 33G		Tier 2	
TRAVEL LANCETS		Tier 2	
TRAVEL LANCETS ADVANCED 28G (LANCETS)	Tier 2	Tier 2	
TRUE COMFORT TWIST TOP LANCETS		Tier 2	
TRUEPLUS LANCETS 26G (LANCETS)	Tier 2	Tier 2	
TRUEPLUS LANCETS 28G (LANCETS)	Tier 2	Tier 2	
TRUEPLUS LANCETS 30G (LANCETS)	Tier 2	Tier 2	
TRUEPLUS LANCETS 33G (LANCETS)	Tier 2	Tier 2	
TRUEPLUS SAFETY LANCETS 28G (LANCETS)	Tier 2	Tier 2	
ULTILET CLASSIC LANCETS (LANCETS)	Tier 2	Tier 2	
ULTILET LANCETS (LANCETS)	Tier 2	Tier 2	
ULTILET SAFETY LANCETS (LANCETS)	Tier 2	Tier 2	
ULTILET SAFETY LANCETS 23G (LANCETS)	Tier 2	Tier 2	
ULTRA THIN LANCETS 31G		Tier 2	
ULTRA-CARE LANCETS 30G		Tier 2	
ULTRA-THIN II AUTO LANCET (LANCETS)	Tier 2	Tier 2	
ULTRA-THIN II LANCETS (LANCETS)	Tier 2	Tier 2	
UNILET COMFORTOUCH LANCET (LANCETS)	Tier 2	Tier 2	
UNILET EXCELITE (LANCETS)	Tier 2	Tier 2	
UNILET EXCELITE II (LANCETS)	Tier 2	Tier 2	
UNILET G.P. LANCET (LANCETS)	Tier 2	Tier 2	
UNILET G.P. SUPERLITE LANCET (LANCETS)	Tier 2	Tier 2	
UNILET GP 28 ULTRA THIN (LANCETS)	Tier 2	Tier 2	
UNILET LANCET (LANCETS)	Tier 2	Tier 2	
UNILET MICRO-THIN 33G (LANCETS)	Tier 2	Tier 2	
UNILET SUPERLITE LANCET (LANCETS)	Tier 2	Tier 2	
UNILET SUPER-THIN 30G (LANCETS)	Tier 2	Tier 2	
UNILET ULTRA-THIN 28G (LANCETS)	Tier 2	Tier 2	
UNISTIK 3 GENTLE (LANCETS)	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
UNISTIK PRO SAFETY LANCET (LANCETS)	Tier 2	Tier 2	
UNISTIK SAFETY LANCETS 28G (LANCETS)	Tier 2	Tier 2	
UNISTIK SAFETY LANCETS 30G (LANCETS)	Tier 2	Tier 2	
UNISTIK TOUCH SAFETY LANC 21G (LANCETS)	Tier 2	Tier 2	
UNISTIK TOUCH SAFETY LANC 23G (LANCETS)	Tier 2	Tier 2	
UNISTIK TOUCH SAFETY LANC 28G (LANCETS)	Tier 2	Tier 2	
UNISTIK TOUCH SAFETY LANC 30G (LANCETS)	Tier 2	Tier 2	
UNIVERSAL 1 LANCETS THIN 26G (LANCETS)	Tier 2	Tier 2	
UNIVERSAL 1 LANCETS THIN 33G (LANCETS)	Tier 2	Tier 2	
UNIVERSAL 1 LANCETS ULTRA THIN (LANCETS)	Tier 2	Tier 2	
VALUE PLUS LANCET STANDARD 21G		Tier 2	
VALUE PLUS LANCETS SUPER THIN		Tier 2	
VALUE PLUS LANCETS THIN 26G		Tier 2	
VALUMARK LANCET SUPER THIN 30G		Tier 2	
VALUMARK LANCET ULTRA THIN 28G		Tier 2	
VIDA MIA UNILET LANCETS 28G (LANCETS)	Tier 2	Tier 2	
VIDA MIA UNILET LANCETS 30G (LANCETS)	Tier 2	Tier 2	
VIVAGUARD LANCETS (LANCETS)	Tier 2	Tier 2	
WALGREENS ADV TRAVEL LANCETS		Tier 2	
WALGREENS LANCETS (LANCETS)	Tier 2	Tier 2	
WALGREENS LANCETS MICRO THIN		Tier 2	
WALGREENS LANCETS SUPER THIN		Tier 2	
WALGREENS THIN LANCETS (LANCETS)	Tier 2	Tier 2	
WALGREENS ULTRA THIN LANCETS (LANCETS)	Tier 2	Tier 2	
ZEV RX TWIST TOP LANCETS 30G		Tier 2	
*Misc. Devices***			
FOLDING PADDLE WALKER		Tier 1	PV; QL (180 EA per 365 days)

Drug	Status	Generic Status	Notes
*Needles & Syringes***			
1ST TIER UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM , 33G X 4 MM		Tier 2	
1ST TIER UNIFINE PENTIPS PLUS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM		Tier 2	
ABOUTTIME PEN NEEDLE (SURE COMFORT PEN NEEDLES) 30G X 8 MM , 31G X 5 MM	Tier 2	Tier 2	
ABOUTTIME PEN NEEDLE (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
ABOUTTIME PEN NEEDLE (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
ADVOCATE INSULIN PEN NEEDLES (SURE COMFORT PEN NEEDLES) 29G X 12.7MM , 31G X 5 MM	Tier 2	Tier 2	
ADVOCATE INSULIN PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
ADVOCATE INSULIN PEN NEEDLES (INSUPEN PEN NEEDLES) 33G X 4 MM	Tier 2	Tier 2	
ADVOCATE INSULIN SYRINGE (KROGER INSULIN SYRINGE) 29G X 1/2" 0.3 ML	Tier 2	Tier 2	
ADVOCATE INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 2	Tier 2	
ADVOCATE INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	Tier 2	
ASSURE ID SAFETY PEN NEEDLES (PEN NEEDLES) 30G X 5 MM	Tier 2	Tier 2	
ASSURE ID SAFETY PEN NEEDLES (SURE COMFORT PEN NEEDLES) 30G X 8 MM , 31G X 5 MM	Tier 2	Tier 2	
AURORA PEN NEEDLES 29G X 12MM , 31G X 6 MM , 31G X 8 MM		Tier 2	
AURORA UNIFINE PENTIPS 31G X 5 MM , 32G X 4 MM		Tier 2	
BD AUTOSHIELD 29G X 5MM , 29G X 8MM	Tier 2		
BD AUTOSHIELD DUO (PEN NEEDLES) 30G X 5 MM	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
BD INSULIN SYR ULTRAFINE II (INSULIN SYRINGE-NEEDLE U-100) 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	Tier 2	Tier 2	
BD INSULIN SYRINGE 25G X 1" 1 ML, 25G X 5/8" 1 ML, 26G X 1/2" 1 ML, 27.5G X 5/8" 2 ML	Tier 2		
BD INSULIN SYRINGE (SAFETY INSULIN SYRINGES) 27G X 1/2" 1 ML	Tier 2	Tier 2	
BD INSULIN SYRINGE (KROGER INSULIN SYRINGE) 29G X 1/2" 0.3 ML	Tier 2	Tier 2	
BD INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 2	Tier 2	
BD INSULIN SYRINGE HALF-UNIT (INSULIN SYRINGE-NEEDLE U-100) 31G X 5/16" 0.3 ML	Tier 2	Tier 2	
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML	Tier 2		
BD INSULIN SYRINGE MICROFINE (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	Tier 2	Tier 2	
BD INSULIN SYRINGE U/F 1/2UNIT (INSULIN SYRINGE-NEEDLE U-100) 31G X 5/16" 0.3 ML	Tier 2	Tier 2	
BD INSULIN SYRINGE U/F (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML	Tier 2	Tier 2	
BD INSULIN SYRINGE U/F (INSULIN SYRINGE) 30G X 1/2" 1 ML	Tier 2	Tier 2	
BD INSULIN SYRINGE U/F (INSULIN SYRINGE-NEEDLE U-100) 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	Tier 2	
BD INSULIN SYRINGE (KMART VALU INSULIN SYRINGE 29G) U-100 1 ML	Tier 2	Tier 2	
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML	Tier 2		
BD INSULIN SYRINGE ULTRAFINE (KROGER INSULIN SYRINGE) 29G X 1/2" 0.3 ML	Tier 2	Tier 2	
BD INSULIN SYRINGE ULTRAFINE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 2	Tier 2	
BD INSULIN SYRINGE ULTRAFINE (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
BD INSULIN SYRINGE ULTRAFINE (INSULIN SYRINGE-NEEDLE U-100) 31G X 5/16" 0.5 ML	Tier 2	Tier 2	
BD PEN (AUTOPEN)	Tier 3	Tier 3	
BD PEN MINI (AUTOPEN)	Tier 3	Tier 3	
BD PEN NEEDLE MICRO U/F (SURE COMFORT PEN NEEDLES) 32G X 6 MM	Tier 2	Tier 2	
BD PEN NEEDLE MINI U/F (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 2	Tier 2	
BD PEN NEEDLE NANO 2ND GEN (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
BD PEN NEEDLE NANO U/F (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
BD PEN NEEDLE ORIGINAL U/F (SURE COMFORT PEN NEEDLES) 29G X 12.7MM	Tier 2	Tier 2	
BD PEN NEEDLE SHORT U/F (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
BD SAFETYGLIDE INSULIN SYRINGE (KROGER INSULIN SYRINGE) 29G X 1/2" 0.3 ML	Tier 2	Tier 2	
BD SAFETYGLIDE INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML	Tier 2	Tier 2	
BD SAFETYGLIDE INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML	Tier 2	Tier 2	
BD SAFETYGLIDE INSULIN SYRINGE (TECHLITE INSULIN SYRINGE) 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML	Tier 2	Tier 2	
BD SAFETY-LOK INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 1 ML	Tier 2	Tier 2	
BD VEO INSULIN SYR U/F 1/2UNIT (TECHLITE INSULIN SYRINGE) 31G X 15/64" 0.3 ML	Tier 2	Tier 2	
BD VEO INSULIN SYRINGE U/F (TECHLITE INSULIN SYRINGE) 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML	Tier 2	Tier 2	
CAREFINE PEN NEEDLES (PEN NEEDLES 1/2") 29G X 12MM	Tier 2	Tier 2	
CAREFINE PEN NEEDLES (SURE COMFORT PEN NEEDLES) 30G X 8 MM , 32G X 6 MM	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
CAREFINE PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
CAREFINE PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
CAREFINE PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
CAREFINE PEN NEEDLES (PRO COMFORT PEN NEEDLES) 32G X 5 MM	Tier 2	Tier 2	
CAREONE INSULIN SYRINGE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 2	
CAREONE UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM		Tier 2	
CAREONE UNIFINE PENTIPS PLUS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM		Tier 2	
CARETOUCH INSULIN SYRINGE 28G X 5/16" 1 ML, 29G X 5/16" 1 ML	Tier 2		
CARETOUCH INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	Tier 2	
CARETOUCH PEN NEEDLES (PEN NEEDLES 1/2") 29G X 12MM	Tier 2	Tier 2	
CARETOUCH PEN NEEDLES (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 2	Tier 2	
CARETOUCH PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
CARETOUCH PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
CARETOUCH PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
CARETOUCH PEN NEEDLES (PRO COMFORT PEN NEEDLES) 32G X 5 MM	Tier 2	Tier 2	
CEQR SIMPLICITY 2U DEVICE (AUTOPEN)	Tier 3	Tier 3	
CLEVER CHOICE COMFORT EZ (PEN NEEDLES 1/2") 29G X 12MM	Tier 2	Tier 2	
CLEVER CHOICE COMFORT EZ (INSUPEN PEN NEEDLES) 33G X 4 MM	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
CLICKFINE PEN NEEDLES 31G X 5 MM (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 2	Tier 2	
CLICKFINE PEN NEEDLES 31G X 6 MM 31G X 6 MM		Tier 2	
CLICKFINE PEN NEEDLES 31G X 8 MM 31G X 8 MM		Tier 2	
CLICKFINE PEN NEEDLES 32G X 4 MM 32G X 4 MM		Tier 2	
COMFORT ASSIST INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 31G X 5/16" 0.3 ML	Tier 2	Tier 2	
COMFORT EZ INSULIN SYRINGE (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	Tier 2	Tier 2	
COMFORT EZ INSULIN SYRINGE (KROGER INSULIN SYRINGE) 29G X 1/2" 0.3 ML	Tier 2	Tier 2	
COMFORT EZ INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML	Tier 2	Tier 2	
COMFORT EZ INSULIN SYRINGE (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML	Tier 2	Tier 2	
COMFORT EZ INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	Tier 2	
COMFORT EZ MICRO PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
COMFORT EZ PEN NEEDLES (SURE COMFORT PEN NEEDLES) 31G X 5 MM , 32G X 6 MM	Tier 2	Tier 2	
COMFORT EZ PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
COMFORT EZ PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
COMFORT EZ PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM , 33G X 4 MM	Tier 2	Tier 2	
COMFORT EZ PEN NEEDLES (PRO COMFORT PEN NEEDLES) 32G X 5 MM	Tier 2	Tier 2	
COMFORT EZ PEN NEEDLES (PURE COMFORT PEN NEEDLE) 32G X 8 MM	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
COMFORT EZ PEN NEEDLES (EASY COMFORT PEN NEEDLES) 33G X 5 MM , 33G X 6 MM	Tier 2	Tier 2	
COMFORT EZ PEN NEEDLES 33G X 8 MM	Tier 2		
COMFORT EZ SHORT PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
COMFORT TOUCH INSULIN PEN NEED 31G X 4 MM	Tier 2		
COMFORT TOUCH INSULIN PEN NEED (SURE COMFORT PEN NEEDLES) 31G X 5 MM , 32G X 6 MM	Tier 2	Tier 2	
COMFORT TOUCH INSULIN PEN NEED (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
COMFORT TOUCH INSULIN PEN NEED (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
COMFORT TOUCH INSULIN PEN NEED (INSUPEN PEN NEEDLES) 32G X 4 MM , 33G X 4 MM	Tier 2	Tier 2	
COMFORT TOUCH INSULIN PEN NEED (PRO COMFORT PEN NEEDLES) 32G X 5 MM	Tier 2	Tier 2	
COMFORT TOUCH INSULIN PEN NEED (PURE COMFORT PEN NEEDLE) 32G X 8 MM	Tier 2	Tier 2	
COMFORT TOUCH INSULIN PEN NEED (EASY COMFORT PEN NEEDLES) 33G X 5 MM , 33G X 6 MM	Tier 2	Tier 2	
DIATHRIVE PEN NEEDLE (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 2	Tier 2	
DIATHRIVE PEN NEEDLE (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
DIATHRIVE PEN NEEDLE (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
DIATHRIVE PEN NEEDLE (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
DROPLET INSULIN SYRINGE (KROGER INSULIN SYRINGE) 29G X 1/2" 0.3 ML	Tier 2	Tier 2	
DROPLET INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML	Tier 2	Tier 2	
DROPLET INSULIN SYRINGE (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
DROPLET INSULIN SYRINGE 30G X 15/64" 0.3 ML, 30G X 15/64" 0.5 ML, 30G X 15/64" 1 ML	Tier 2		
DROPLET INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	Tier 2	
DROPLET INSULIN SYRINGE (TECHLITE INSULIN SYRINGE) 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML	Tier 2	Tier 2	
DROPLET MICRON 34G X 3.5 MM	Tier 2		
DROPLET PEN NEEDLES 29G X 10MM	Tier 2		
DROPLET PEN NEEDLES (PEN NEEDLES 1/2") 29G X 12MM	Tier 2	Tier 2	
DROPLET PEN NEEDLES (SURE COMFORT PEN NEEDLES) 30G X 8 MM , 31G X 5 MM , 32G X 6 MM	Tier 2	Tier 2	
DROPLET PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
DROPLET PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
DROPLET PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
DROPLET PEN NEEDLES (PRO COMFORT PEN NEEDLES) 32G X 5 MM	Tier 2	Tier 2	
DROPLET PEN NEEDLES (PURE COMFORT PEN NEEDLE) 32G X 8 MM	Tier 2	Tier 2	
DROPSAFE SAFETY PEN NEEDLES 31G X 6 MM , 31G X 8 MM		Tier 2	
DRUG MART UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM		Tier 2	
DRUG MART UNIFINE PENTIPS PLUS 32G X 4 MM		Tier 2	
EASY COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML		Tier 2	
EASY COMFORT PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM		Tier 2	
EASY GLIDE PEN NEEDLES 33G X 4 MM		Tier 2	

Drug	Status	Generic Status	Notes
EASY TOUCH FLIPLOCK INSULIN SY (INSULIN SYRINGE) 29G X 1/2" 1 ML, 30G X 1/2" 1 ML	Tier 2	Tier 2	
EASY TOUCH FLIPLOCK INSULIN SY (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 1 ML, 31G X 5/16" 1 ML	Tier 2	Tier 2	
EASY TOUCH INSULIN SAFETY SYR (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML	Tier 2	Tier 2	
EASY TOUCH INSULIN SAFETY SYR (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.5 ML	Tier 2	Tier 2	
EASY TOUCH INSULIN SYRINGE (INSULIN SYRINGE/NEEDLE) 27G X 1/2" 0.5 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	Tier 2	Tier 2	
EASY TOUCH INSULIN SYRINGE (SAFETY INSULIN SYRINGES) 27G X 1/2" 1 ML	Tier 2	Tier 2	
EASY TOUCH INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML	Tier 2	Tier 2	
EASY TOUCH INSULIN SYRINGE (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML	Tier 2	Tier 2	
EASY TOUCH INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	Tier 2	
EASY TOUCH PEN NEEDLES (PEN NEEDLES 1/2") 29G X 12MM	Tier 2	Tier 2	
EASY TOUCH PEN NEEDLES (PEN NEEDLES) 30G X 5 MM	Tier 2	Tier 2	
EASY TOUCH PEN NEEDLES 30G X 6 MM	Tier 2		
EASY TOUCH PEN NEEDLES (SURE COMFORT PEN NEEDLES) 30G X 8 MM , 31G X 5 MM , 32G X 6 MM	Tier 2	Tier 2	
EASY TOUCH PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
EASY TOUCH PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
EASY TOUCH PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
EASY TOUCH PEN NEEDLES (PRO COMFORT PEN NEEDLES) 32G X 5 MM	Tier 2	Tier 2	
EASY TOUCH SAFETY PEN NEEDLES 29G X 5MM , 29G X 8MM	Tier 2		
EASY TOUCH SAFETY PEN NEEDLES (SURE COMFORT PEN NEEDLES) 30G X 8 MM	Tier 2	Tier 2	
EASY TOUCH SHEATHLOCK SYRINGE (INSULIN SYRINGE) 29G X 1/2" 1 ML, 30G X 1/2" 1 ML	Tier 2	Tier 2	
EASY TOUCH SHEATHLOCK SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 1 ML, 31G X 5/16" 1 ML	Tier 2	Tier 2	
EQL INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 2	
EXEL COMFORT POINT INSULIN SYR (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	Tier 2	Tier 2	
EXEL COMFORT POINT INSULIN SYR (KROGER INSULIN SYRINGE) 29G X 1/2" 0.3 ML	Tier 2	Tier 2	
EXEL COMFORT POINT INSULIN SYR (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 2	Tier 2	
EXEL COMFORT POINT INSULIN SYR (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML	Tier 2	Tier 2	
EXEL COMFORT POINT PEN NEEDLE (PEN NEEDLES 1/2") 29G X 12MM	Tier 2	Tier 2	
EXEL COMFORT POINT PEN NEEDLE 31G X 4 MM	Tier 2		
EXEL COMFORT POINT PEN NEEDLE (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
EXEL COMFORT POINT PEN NEEDLE (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
FIFTY50 PEN NEEDLES (SURE COMFORT PEN NEEDLES) 31G X 5 MM , 32G X 6 MM	Tier 2	Tier 2	
FIFTY50 PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
FIFTY50 PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
FIFTY50 SUPERIOR COMFORT SYR (INSULIN SYRINGE-NEEDLE U-100) 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	Tier 2	
FREDS PHARMACY UNIFINE PENTIP+ 31G X 5 MM , 31G X 8 MM		Tier 2	
FREDS PHARMACY UNIFINE PENTIPS 32G X 4 MM		Tier 2	
FREESTYLE PRECISION INS SYR (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	Tier 2	
GLOBAL EASE INJECT PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM		Tier 2	
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML		Tier 2	
GLOBAL EASY GLIDE PEN NEEDLES 32G X 4 MM		Tier 2	
GLOBAL INJECT EASE INSULIN SYR 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 2	
GLOBAL INSULIN SYRINGES 30G X 1/2" 0.3 ML, 30G X 5/16" 0.3 ML		Tier 2	
GLUCOPRO INSULIN SYRINGE (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML	Tier 2	Tier 2	
GLUCOPRO INSULIN SYRINGE (INSULIN SYRINGE) 30G X 1/2" 1 ML	Tier 2	Tier 2	
GLUCOPRO INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	Tier 2	
GNP CLICKFINE PEN NEEDLES 31G X 6 MM , 31G X 8 MM		Tier 2	

Drug	Status	Generic Status	Notes
GNP INSULIN SYRINGE 28G X 1/2" 0.5 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 2	
GNP INSULIN SYRINGES 28GX1/2" 28G X 1/2" 1 ML		Tier 2	
GNP INSULIN SYRINGES 29GX1/2" 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML		Tier 2	
GNP INSULIN SYRINGES 30G X 5/16" 1 ML		Tier 2	
GNP INSULIN SYRINGES 30GX5/16" 30G X 5/16" 0.3 ML		Tier 2	
GNP INSULIN SYRINGES 31GX5/16" 31G X 5/16" 0.3 ML		Tier 2	
GNP ULTICARE PEN NEEDLES 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM		Tier 2	
GNP ULTRA COM INSULIN SYRINGE 28G X 1/2" 1 ML		Tier 2	
GOODSENSE CLICKFINE PEN NEEDLE 31G X 5 MM		Tier 2	
GOODSENSE PEN NEEDLE PENFINE (SURE COMFORT PEN NEEDLES) 31G X 5 MM , 32G X 6 MM	Tier 2	Tier 2	
GOODSENSE PEN NEEDLE PENFINE (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
GOODSENSE PEN NEEDLE PENFINE (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 2	
HEALTHWISE MICRON PEN NEEDLES 32G X 4 MM		Tier 2	
HEALTHWISE MINI PEN NEEDLES 31G X 6 MM		Tier 2	
HEALTHWISE PEN NEEDLES 29G X 12MM		Tier 2	
HEALTHWISE SHORT PEN NEEDLES 31G X 5 MM , 31G X 8 MM		Tier 2	
HEALTHWISE UNIFINE PENTIPS 32G X 4 MM		Tier 2	
HEALTHY ACCENTS UNIFINE PENTIP 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM		Tier 2	

Drug	Status	Generic Status	Notes
H-E-B INCONTROL PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM		Tier 2	
H-E-B INCONTROL UNIFINE PENTIP (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 2	Tier 2	
H-E-B INCONTROL UNIFINE PENTIP (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
H-E-B INCONTROL UNIFINE PENTIP (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
H-E-B INCONTROL UNIFINE PENTIP (INSUPEN PEN NEEDLES) 32G X 4 MM , 33G X 4 MM	Tier 2	Tier 2	
HM ULTICARE INSULIN SYRINGE (INSULIN SYRINGE) 30G X 1/2" 1 ML	Tier 2	Tier 2	
HM ULTICARE INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 31G X 5/16" 0.3 ML	Tier 2	Tier 2	
HM ULTICARE MINI PEN NEEDLES (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 2	Tier 2	
HM ULTICARE SHORT PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
INPEN 100-BLUE-LILLY DEVICE (AUTOPEN)	Tier 3	Tier 3	
INPEN 100-BLUE-NOVO DEVICE (AUTOPEN)	Tier 3	Tier 3	
INPEN 100-GRAY-LILLY DEVICE (AUTOPEN)	Tier 3	Tier 3	
INPEN 100-GREY-NOVO DEVICE (AUTOPEN)	Tier 3	Tier 3	
INPEN 100-PINK-LILLY DEVICE (AUTOPEN)	Tier 3	Tier 3	
INPEN 100-PINK-NOVO DEVICE (AUTOPEN)	Tier 3	Tier 3	
INSULIN SYRINGE 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 2	
INSULIN SYRINGE-NEEDLE U-100 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML		Tier 2	

Drug	Status	Generic Status	Notes
INSUPEN PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 8 MM		Tier 2	
INSUPEN SENSITIVE (SURE COMFORT PEN NEEDLES) 32G X 6 MM	Tier 2	Tier 2	
INSUPEN SENSITIVE (PURE COMFORT PEN NEEDLE) 32G X 8 MM	Tier 2	Tier 2	
INSUPEN ULTRAFIN (SURE COMFORT PEN NEEDLES) 30G X 8 MM	Tier 2	Tier 2	
INSUPEN ULTRAFIN (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
INSUPEN ULTRAFIN (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
J-TIP KIT W/VIAL ADAPTERS KIT	Tier 3		
KINRAY INSULIN SYRINGE 29G X 1/2" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 2	
KMART VALU INSULIN SYRINGE 29G U-100 0.5 ML		Tier 2	
KMART VALU INSULIN SYRINGE 30G U-100 0.3 ML, U-100 0.5 ML, U-100 1 ML		Tier 2	
KROGER INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 2	
KROGER PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM		Tier 2	
LEADER INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 2	
LEADER UNIFINE PENTIPS (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 2	Tier 2	
LEADER UNIFINE PENTIPS (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
LEADER UNIFINE PENTIPS PLUS (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 2	Tier 2	
LEADER UNIFINE PENTIPS PLUS (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
LEADER UNIFINE PENTIPS PLUS (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
LITETOUCH INSULIN SYRINGE (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	Tier 2	Tier 2	
LITETOUCH INSULIN SYRINGE (KROGER INSULIN SYRINGE) 29G X 1/2" 0.3 ML	Tier 2	Tier 2	
LITETOUCH INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 2	Tier 2	
LITETOUCH INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	Tier 2	
LITETOUCH PEN NEEDLES (SURE COMFORT PEN NEEDLES) 29G X 12.7MM , 31G X 5 MM	Tier 2	Tier 2	
LITETOUCH PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
LITETOUCH PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
LITETOUCH PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
LONGS INSULIN SYRINGE 31G X 5/16" 0.5 ML		Tier 2	
MAGELLAN INSULIN SAFETY SYR (KROGER INSULIN SYRINGE) 29G X 1/2" 0.3 ML	Tier 2	Tier 2	
MAGELLAN INSULIN SAFETY SYR (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 2	Tier 2	
MAGELLAN INSULIN SAFETY SYR (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML	Tier 2	Tier 2	
MARATHON MEDICAL PENTIPS (PEN NEEDLES 1/2") 29G X 12MM	Tier 2	Tier 2	
MARATHON MEDICAL PENTIPS (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 2	Tier 2	
MARATHON MEDICAL PENTIPS (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
MARATHON MEDICAL PENTIPS (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
MAXICOMFORT II PEN NEEDLE (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
MAXI-COMFORT INSULIN SYRINGE (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	Tier 2	Tier 2	
MAXI-COMFORT SAFETY PEN NEEDLE 29G X 5MM , 29G X 8MM	Tier 2		
MAXICOMFORT SYR 27G X 1/2" (INSULIN SYRINGE/NEEDLE) 27G X 1/2" 0.5 ML	Tier 2	Tier 2	
MAXICOMFORT SYR 27G X 1/2" (SAFETY INSULIN SYRINGES) 27G X 1/2" 1 ML	Tier 2	Tier 2	
MEDIC INSULIN SYRINGE 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML		Tier 2	
MEDICINE SHOPPE PEN NEEDLES 29G X 12MM , 31G X 6 MM , 31G X 8 MM		Tier 2	
MEIJER PEN NEEDLES 29G X 12MM , 31G X 8 MM		Tier 2	
MICRODOT PEN NEEDLE (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
MICRODOT PEN NEEDLE (INSUPEN PEN NEEDLES) 32G X 4 MM , 33G X 4 MM	Tier 2	Tier 2	
MM INSULIN SYRINGE/NEEDLE 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 2	
MM PEN NEEDLES (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 2	Tier 2	
MM PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
MM PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
MM PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML	Tier 2		
MONOJECT INSULIN SYRINGE (SAFETY INSULIN SYRINGES) 27G X 1/2" 1 ML	Tier 2	Tier 2	
MONOJECT INSULIN SYRINGE (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	Tier 2	Tier 2	
MONOJECT INSULIN SYRINGE (KROGER INSULIN SYRINGE) 29G X 1/2" 0.3 ML	Tier 2	Tier 2	
MONOJECT INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
MONOJECT INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML	Tier 2	Tier 2	
MONOJECT INSULIN SYRINGE (KMART VALU INSULIN SYRINGE 29G) U-100 1 ML	Tier 2	Tier 2	
MONOJECT ULTRA COMFORT SYRINGE (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	Tier 2	Tier 2	
MONOJECT ULTRA COMFORT SYRINGE (KROGER INSULIN SYRINGE) 29G X 1/2" 0.3 ML	Tier 2	Tier 2	
MONOJECT ULTRA COMFORT SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 2	Tier 2	
MONOJECT ULTRA COMFORT SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	Tier 2	Tier 2	
MS INSULIN SYRINGE 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 2	
NOVOFINE AUTOCOVER PEN NEEDLE (SURE COMFORT PEN NEEDLES) 30G X 8 MM	Tier 2	Tier 2	
NOVOFINE PEN NEEDLE (SURE COMFORT PEN NEEDLES) 32G X 6 MM	Tier 2	Tier 2	
NOVOFINE PLUS PEN NEEDLE (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
NOVOPEN ECHO DEVICE (AUTOPEN)	Tier 3	Tier 3	
NOVOTWIST PEN NEEDLE (PRO COMFORT PEN NEEDLES) 32G X 5 MM	Tier 2	Tier 2	
PC UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM		Tier 2	
PEN NEEDLES 29G X 12MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 33G X 4 MM		Tier 2	
PENTIPS (PEN NEEDLES 1/2") 29G X 12MM	Tier 2	Tier 2	
PENTIPS (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 2	Tier 2	
PENTIPS (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
PENTIPS (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
PENTIPS (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
PRECISION SUREDOSE PLUS SYR (KROGER INSULIN SYRINGE) 29G X 1/2" 0.3 ML	Tier 2	Tier 2	
PRECISION SUREDOSE PLUS SYR (INSULIN SYRINGE) 29G X 1/2" 1 ML	Tier 2	Tier 2	
PRECISION SURE-DOSE SYRINGE (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	Tier 2	Tier 2	
PRECISION SURE-DOSE SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML	Tier 2	Tier 2	
PRECISION SURE-DOSE SYRINGE 30G X 3/8" 0.5 ML	Tier 2		
PRECISION SURE-DOSE SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML	Tier 2	Tier 2	
PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML		Tier 2	
PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM		Tier 2	
PREVENT DROPSAFE PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
PREVENT DROPSAFE PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
PREVENT SAFETY PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
PREVENT SAFETY PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
PRO COMFORT INSULIN SYRINGE (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.5 ML	Tier 2	Tier 2	
PRO COMFORT INSULIN SYRINGE (INSULIN SYRINGE) 30G X 1/2" 1 ML	Tier 2	Tier 2	
PRO COMFORT INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	Tier 2	
PRO COMFORT PEN NEEDLES 31G X 8 MM , 32G X 4 MM , 32G X 6 MM		Tier 2	

Drug	Status	Generic Status	Notes
PRODIGY INSULIN SYRINGE (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 1 ML	Tier 2	Tier 2	
PRODIGY INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	Tier 2	Tier 2	
PURE COMFORT PEN NEEDLE 32G X 4 MM , 32G X 5 MM , 32G X 6 MM		Tier 2	
PX EXTRA SHORT PEN NEEDLES 31G X 6 MM		Tier 2	
PX INSULIN SYRINGE 30G X 1/2" 0.5 ML		Tier 2	
PX MINI PEN NEEDLES 31G X 5 MM		Tier 2	
PX PEN NEEDLE 29G X 12MM , 31G X 8 MM		Tier 2	
PX SHORTLENGTH PEN NEEDLES 31G X 8 MM		Tier 2	
QC PEN NEEDLES 29G X 12MM , 31G X 6 MM , 31G X 8 MM		Tier 2	
QC UNIFINE PENTIPS 32G X 4 MM		Tier 2	
RA INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML		Tier 2	
RA PEN NEEDLES 31G X 5 MM , 31G X 8 MM		Tier 2	
REALITY INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML		Tier 2	
RELION INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML	Tier 2	Tier 2	
RELION INSULIN SYRINGE (TECHLITE INSULIN SYRINGE) 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML	Tier 2	Tier 2	
RELION INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	Tier 2	
RELION MINI PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
RELION PEN NEEDLES (PEN NEEDLES 1/2") 29G X 12MM	Tier 2	Tier 2	
RELION PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
RELION PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
RELION PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
RELION SHORT PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
SAFETY INSULIN SYRINGES 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML		Tier 2	
SB INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML		Tier 2	
SECURESAFE INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 2	Tier 2	
SECURESAFE SAFETY PEN NEEDLES (SURE COMFORT PEN NEEDLES) 30G X 8 MM	Tier 2	Tier 2	
SHOPKO UNIFINE PENTIPS (PEN NEEDLES 1/2") 29G X 12MM	Tier 2	Tier 2	
SHOPKO UNIFINE PENTIPS (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 2	Tier 2	
SHOPKO UNIFINE PENTIPS (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
SHOPKO UNIFINE PENTIPS (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
SHOPKO UNIFINE PENTIPS PLUS (PEN NEEDLES 1/2") 29G X 12MM	Tier 2	Tier 2	
SHOPKO UNIFINE PENTIPS PLUS (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 2	Tier 2	
SHOPKO UNIFINE PENTIPS PLUS (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
SHOPKO UNIFINE PENTIPS PLUS (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
SURE COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 2	
SURE COMFORT PEN NEEDLES 31G X 8 MM , 32G X 4 MM		Tier 2	
SURE-FINE PEN NEEDLES (SURE COMFORT PEN NEEDLES) 29G X 12.7MM , 31G X 5 MM	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
SURE-FINE PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
SURE-JECT INSULIN SYRINGE (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	Tier 2	Tier 2	
SURE-JECT INSULIN SYRINGE (KROGER INSULIN SYRINGE) 29G X 1/2" 0.3 ML	Tier 2	Tier 2	
SURE-JECT INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 2	Tier 2	
SURE-JECT INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	Tier 2	
TECHLITE INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 2	
TECHLITE PEN NEEDLES 29G X 10MM	Tier 2		
TECHLITE PEN NEEDLES (PEN NEEDLES 1/2") 29G X 12MM	Tier 2	Tier 2	
TECHLITE PEN NEEDLES (SURE COMFORT PEN NEEDLES) 31G X 5 MM , 32G X 6 MM	Tier 2	Tier 2	
TECHLITE PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
TECHLITE PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
TECHLITE PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
TECHLITE PEN NEEDLES (PURE COMFORT PEN NEEDLE) 32G X 8 MM	Tier 2	Tier 2	
TODAYS HEALTH MINI PEN NEEDLES 31G X 6 MM		Tier 2	
TODAYS HEALTH PEN NEEDLES 29G X 12MM		Tier 2	
TODAYS HEALTH SHORT PEN NEEDLE 31G X 8 MM		Tier 2	
TOPCARE CLICKFINE PEN NEEDLES 31G X 6 MM , 31G X 8 MM		Tier 2	

Drug	Status	Generic Status	Notes
TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 2	
TRUE COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 2	
TRUE COMFORT PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 32G X 4 MM		Tier 2	
TRUE COMFORT PRO INSULIN SYR 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML		Tier 2	
TRUE COMFORT PRO PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM		Tier 2	
TRUEPLUS 5-BEVEL PEN NEEDLES (SURE COMFORT PEN NEEDLES) 29G X 12.7MM , 31G X 5 MM	Tier 2	Tier 2	
TRUEPLUS 5-BEVEL PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
TRUEPLUS 5-BEVEL PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
TRUEPLUS 5-BEVEL PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
TRUEPLUS INSULIN SYRINGE (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	Tier 2	Tier 2	
TRUEPLUS INSULIN SYRINGE (KROGER INSULIN SYRINGE) 29G X 1/2" 0.3 ML	Tier 2	Tier 2	
TRUEPLUS INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 2	Tier 2	
TRUEPLUS INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	Tier 2	
TRUEPLUS PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
TRUEPLUS PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
ULTICARE INSULIN SAFETY SYR (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 2	Tier 2	
ULTICARE INSULIN SYRINGE (INSULIN SYRINGE/NEEDLE) 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	Tier 2	Tier 2	
ULTICARE INSULIN SYRINGE (KROGER INSULIN SYRINGE) 29G X 1/2" 0.3 ML	Tier 2	Tier 2	
ULTICARE INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML	Tier 2	Tier 2	
ULTICARE INSULIN SYRINGE (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML	Tier 2	Tier 2	
ULTICARE INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	Tier 2	
ULTICARE MICRO PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
ULTICARE MICRO PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
ULTICARE MICRO PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
ULTICARE MINI PEN NEEDLES (PEN NEEDLES) 30G X 5 MM	Tier 2	Tier 2	
ULTICARE MINI PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
ULTICARE MINI PEN NEEDLES (SURE COMFORT PEN NEEDLES) 32G X 6 MM	Tier 2	Tier 2	
ULTICARE PEN NEEDLES (SURE COMFORT PEN NEEDLES) 29G X 12.7MM , 31G X 5 MM	Tier 2	Tier 2	
ULTICARE SHORT PEN NEEDLES (SURE COMFORT PEN NEEDLES) 30G X 8 MM	Tier 2	Tier 2	
ULTICARE SHORT PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
ULTIGUARD SAFEPACK PEN NEEDLE 29G X 12.7MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM		Tier 2	

Drug	Status	Generic Status	Notes
ULTIGUARD SAFEPACK SYR/NEEDLE (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML	Tier 2	Tier 2	
ULTIGUARD SAFEPACK SYR/NEEDLE (INSULIN SYRINGE) 30G X 1/2" 1 ML	Tier 2	Tier 2	
ULTIGUARD SAFEPACK SYR/NEEDLE (INSULIN SYRINGE-NEEDLE U-100) 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	Tier 2	
ULTILET PEN NEEDLE (SURE COMFORT PEN NEEDLES) 29G X 12.7MM , 31G X 5 MM	Tier 2	Tier 2	
ULTILET PEN NEEDLE (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
ULTILET PEN NEEDLE (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
ULTRA COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML		Tier 2	
ULTRA FLO INSULIN PEN NEEDLES (PEN NEEDLES 1/2") 29G X 12MM	Tier 2	Tier 2	
ULTRA FLO INSULIN PEN NEEDLES (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 2	Tier 2	
ULTRA FLO INSULIN PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
ULTRA FLO INSULIN PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM , 33G X 4 MM	Tier 2	Tier 2	
ULTRA FLO INSULIN SYR 1/2 UNIT (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.3 ML	Tier 2	Tier 2	
ULTRA FLO INSULIN SYR 1/2 UNIT (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 31G X 5/16" 0.3 ML	Tier 2	Tier 2	
ULTRA FLO INSULIN SYRINGE (KROGER INSULIN SYRINGE) 29G X 1/2" 0.3 ML	Tier 2	Tier 2	
ULTRA FLO INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML	Tier 2	Tier 2	
ULTRA FLO INSULIN SYRINGE (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
ULTRA FLO INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	Tier 2	
ULTRA THIN PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
ULTRACARE INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 2	
ULTRACARE PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 33G X 4 MM		Tier 2	
ULTRA-THIN II INS SYR SHORT (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	Tier 2	
ULTRA-THIN II INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 2	Tier 2	
ULTRA-THIN II MINI PEN NEEDLE (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 2	Tier 2	
ULTRA-THIN II PEN NEEDLE SHORT (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
ULTRA-THIN II PEN NEEDLES (SURE COMFORT PEN NEEDLES) 29G X 12.7MM	Tier 2	Tier 2	
UNIFINE PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
UNIFINE PENTIPS (PEN NEEDLES 1/2") 29G X 12MM	Tier 2	Tier 2	
UNIFINE PENTIPS (PEN NEEDLES) 30G X 5 MM	Tier 2	Tier 2	
UNIFINE PENTIPS (SURE COMFORT PEN NEEDLES) 31G X 5 MM , 32G X 6 MM	Tier 2	Tier 2	
UNIFINE PENTIPS (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
UNIFINE PENTIPS (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
UNIFINE PENTIPS (INSUPEN PEN NEEDLES) 32G X 4 MM , 33G X 4 MM	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
UNIFINE PENTIPS PLUS (PEN NEEDLES 1/2") 29G X 12MM	Tier 2	Tier 2	
UNIFINE PENTIPS PLUS (PEN NEEDLES) 30G X 5 MM	Tier 2	Tier 2	
UNIFINE PENTIPS PLUS (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 2	Tier 2	
UNIFINE PENTIPS PLUS (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
UNIFINE PENTIPS PLUS (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
UNIFINE PENTIPS PLUS (INSUPEN PEN NEEDLES) 32G X 4 MM , 33G X 4 MM	Tier 2	Tier 2	
UNIFINE SAFECONTROL PEN NEEDLE (PEN NEEDLES) 30G X 5 MM	Tier 2	Tier 2	
UNIFINE SAFECONTROL PEN NEEDLE (SURE COMFORT PEN NEEDLES) 30G X 8 MM	Tier 2	Tier 2	
UNIFINE ULTRA PEN NEEDLE (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 2	Tier 2	
UNIFINE ULTRA PEN NEEDLE (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
UNIFINE ULTRA PEN NEEDLE (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
UNIFINE ULTRA PEN NEEDLE (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
VALUE HEALTH INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML		Tier 2	
VALUMARK PEN NEEDLES 29G X 12MM , 31G X 6 MM , 31G X 8 MM		Tier 2	
VANISHPOINT INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 1 ML	Tier 2	Tier 2	
VANISHPOINT INSULIN SYRINGE 29G X 5/16" 1 ML, 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML	Tier 2		
VANISHPOINT INSULIN SYRINGE (SURE COMFORT INSULIN SYRINGE) 30G X 1/2" 0.5 ML	Tier 2	Tier 2	
VANISHPOINT INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML	Tier 2	Tier 2	
VIDA MIA UNIFINE PENTIPS (PEN NEEDLES 1/2") 29G X 12MM	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
VIDA MIA UNIFINE PENTIPS (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
VIDA MIA UNIFINE PENTIPS (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
VIDA MIA UNIFINE PENTIPS (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
VP INSULIN SYRINGE 29G X 1/2" 0.3 ML		Tier 2	
WEGMANS UNIFINE PENTIPS PLUS 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM		Tier 2	
ZEV RX INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML		Tier 2	
ZEV RX PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM		Tier 2	
*Spacer/Aerosol-Holding Chambers & Supplies***			
AEROCHAMBER MINI CHAMBER DEVICE (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
AEROCHAMBER MV (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
AEROCHAMBER PLUS FLO-VU (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
AEROCHAMBER PLUS FLO-VU LARGE (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
AEROCHAMBER PLUS FLO-VU MEDIUM (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
AEROCHAMBER PLUS FLO-VU SMALL (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
AEROCHAMBER PLUS FLO-VU W/MASK (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
AEROCHAMBER PLUS FLOW VU (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
AEROCHAMBER W/FLOWSIGNAL (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
AEROCHAMBER Z-STAT PLUS (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
AEROCHAMBER Z-STAT PLUS CHAMBR (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
AEROCHAMBER Z-STAT PLUS/LARGE (BREATHE EASE MEDIUM)	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
AEROCHAMBER Z-STAT PLUS/MEDIUM (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
AEROCHAMBER Z-STAT PLUS/SMALL (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
AEROVENT PLUS DEVICE (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
BREATHE EASE LARGE DEVICE		Tier 2	
BREATHE EASE SMALL DEVICE		Tier 2	
CLEVER CHOICE HOLDING CHAMBER DEVICE (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
COMPACT SPACE CHAMBER DEVICE (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
COMPACT SPACE CHAMBER/LG MASK DEVICE (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
COMPACT SPACE CHAMBER/MED MASK DEVICE (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
COMPACT SPACE CHAMBER/SM MASK DEVICE (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
EASIVENT (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
EASIVENT MASK LARGE (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
EASIVENT MASK MEDIUM (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
EASIVENT MASK SMALL (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
EQ SPACE CHAMBER ANTI-STATIC DEVICE		Tier 2	
EQ SPACE CHAMBER ANTI-STATIC L DEVICE		Tier 2	
EQ SPACE CHAMBER ANTI-STATIC M DEVICE		Tier 2	
EQ SPACE CHAMBER ANTI-STATIC S DEVICE		Tier 2	
FLEXICHAMBER ADULT MASK/SMALL	Tier 2		
FLEXICHAMBER CHILD MASK/LARGE	Tier 2		
FLEXICHAMBER CHILD MASK/SMALL	Tier 2		
FLEXICHAMBER DEVICE (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
INSPIRACHAMBER/LARGE DEVICE (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
INSPIRACHAMBER/MEDIUM DEVICE (BREATHE EASE MEDIUM)	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
INSPIRACHAMBER/MOUTHPIECE DEVICE (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
INSPIRACHAMBER/SMALL DEVICE (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
INSPIREASE (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
INSPIREASE RESERVOIR BAGS	Tier 2		
MASK VORTEX/CHILD/FROG	Tier 2		
MASK VORTEX/TODDLER/LADYBUG	Tier 2		
MICROCHAMBER DEVICE (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
OPTICHAMBER DIAMOND (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
OPTICHAMBER DIAMOND-LG MASK DEVICE (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
OPTICHAMBER DIAMOND-MD MASK (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
OPTICHAMBER DIAMOND-SM MASK (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
PANDA MASK LARGE	Tier 2		
PANDA MASK MEDIUM	Tier 2		
PANDA MASK SMALL	Tier 2		
PEDIATRIC PANDA MASK	Tier 2		
POCKET CHAMBER DEVICE (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
POCKET SPACER DEVICE (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
PRO COMFORT SPACER ADULT		Tier 2	
PRO COMFORT SPACER CHILD		Tier 2	
PRO COMFORT SPACER INFANT DEVICE		Tier 2	
PROCARE SPACER/ADULT MASK DEVICE		Tier 2	
PROCARE SPACER/CHILD MASK DEVICE		Tier 2	
RITEFLO DEVICE (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
VORTEX VALVED HOLDING CHAMBER DEVICE (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
Migraine Products			
*Cgrp Receptor Antagonists - Monocolonal Antibodies***			
AIMOVIG SOLUTION AUTO-INJECTOR 140 MG/ML SUBCUTANEOUS 140 MG/ML	Tier 2		PA; QL (0.04 ML per 1 day)

Drug	Status	Generic Status	Notes
AIMOVIG SOLUTION AUTO-INJECTOR 70 MG/ML SUBCUTANEOUS 70 MG/ML	Tier 2		PA; QL (0.07 ML per 1 day)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	Tier 2		PA; QL (0.1 ML per 1 day)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	Tier 2		PA; QL (0.04 ML per 1 day)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	Tier 2		PA; QL (0.04 ML per 1 day)
*Ergot Combinations***			
ERGOTAMINE-CAFFEINE ORAL TABLET 1-100 MG		Tier 1	
*Migraine Products***			
DIHYDROERGOTAMINE MESYLATE INJECTION SOLUTION 1 MG/ML		Tier 1	PA; QL (0.86 ML per 1 day)
DIHYDROERGOTAMINE MESYLATE NASAL SOLUTION 4 MG/ML		Tier 1	PA; QL (8.1 ML per 30 days)
*Selective Serotonin Agonist-Nsaid Combinations***			
SUMATRIPTAN-NAPROXEN SODIUM ORAL TABLET 85-500 MG		Tier 3	QL (0.3 EA per 1 day)
*Selective Serotonin Agonists 5-Ht(1)***			
ALMOTRIPTAN MALATE ORAL TABLET 12.5 MG, 6.25 MG		Tier 1	QL (12 EA per 30 days)
ELETRIPTAN HYDROBROMIDE ORAL TABLET 20 MG, 40 MG		Tier 1	QL (12 EA per 30 days)
NARATRIPTAN HCL ORAL TABLET 1 MG, 2.5 MG		Tier 1	QL (9 EA per 30 days)
RIZATRIPTAN BENZOATE ORAL TABLET 10 MG, 5 MG		Tier 1	QL (18 EA per 30 days)
RIZATRIPTAN BENZOATE ORAL TABLET DISPERSIBLE 10 MG, 5 MG		Tier 1	QL (18 EA per 30 days)
SUMATRIPTAN NASAL SOLUTION 20 MG/ACT, 5 MG/ACT		Tier 1	QL (12 EA per 30 days)
SUMATRIPTAN SUCCINATE ORAL TABLET 100 MG, 25 MG, 50 MG		Tier 1	QL (9 EA per 30 days)
SUMATRIPTAN SUCCINATE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML, 6 MG/0.5ML		Tier 1	QL (5.1 ML per 30 days)
SUMATRIPTAN SUCCINATE SUBCUTANEOUS SOLUTION 6 MG/0.5ML		Tier 1	QL (5.1 ML per 30 days)

Drug	Status	Generic Status	Notes
SUMATRIPTAN SUCCINATE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML, 6 MG/0.5ML		Tier 1	QL (5.1 ML per 30 days)
ZOLMITRIPTAN ORAL TABLET 2.5 MG, 5 MG		Tier 1	QL (0.4 EA per 1 day)
ZOLMITRIPTAN ORAL TABLET DISPERSIBLE 2.5 MG, 5 MG		Tier 1	QL (0.4 EA per 1 day)
ZOMIG NASAL SOLUTION (ZOLMITRIPTAN) 2.5 MG, 5 MG	Tier 3	Tier 3	PA; ST; QL (12 EA per 30 days)
Minerals & Electrolytes			
*Bicarbonates***			
SODIUM ACETATE INTRAVENOUS SOLUTION 2 MEQ/ML, 4 MEQ/ML		Tier 1	
SODIUM BICARBONATE INTRAVENOUS SOLUTION 4.2 %, 7.5 %, 8.4 %		Tier 1	
*Calcium***			
CALCIUM CHLORIDE INTRAVENOUS SOLUTION 10 %		Tier 1	
CALCIUM GLUCONATE INTRAVENOUS SOLUTION 10 %		Tier 1	
*Electrolytes & Dextrose***			
DEXTROSE IN LACTATED RINGERS INTRAVENOUS SOLUTION 5 %		Tier 1	
DEXTROSE-NACL INTRAVENOUS SOLUTION 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.33 %, 5-0.45 %, 5-0.9 %		Tier 1	
DEXTROSE-SODIUM CHLORIDE INTRAVENOUS SOLUTION 2.5-0.45 %, 5-0.225 %, 5-0.3 %, 5-0.45 %, 5-0.9 %		Tier 1	
KCL IN DEXTROSE-NACL INTRAVENOUS SOLUTION 10-5-0.45 MEQ/L--%, 20-5-0.2 MEQ/L--%, 20-5-0.225 MEQ/L--%, 20-5-0.45 MEQ/L--%, 20-5-0.9 MEQ/L--%, 30-5-0.45 MEQ/L--%, 40-5-0.45 MEQ/L--%, 40-5-0.9 MEQ/L--%		Tier 1	
KCL-LACTATED RINGERS-D5W INTRAVENOUS SOLUTION 20 MEQ/L		Tier 1	
POTASSIUM CHLORIDE IN DEXTROSE INTRAVENOUS SOLUTION 20-5 MEQ/L-%		Tier 1	
*Electrolytes Parenteral***			
LACTATED RINGERS INTRAVENOUS SOLUTION		Tier 1	

Drug	Status	Generic Status	Notes
POTASSIUM CHLORIDE IN NACL INTRAVENOUS SOLUTION 20-0.45 MEQ/L-%, 20-0.9 MEQ/L-%, 40-0.9 MEQ/L-%		Tier 1	
RINGERS INTRAVENOUS SOLUTION		Tier 1	
*Fluoride***			
NAFRINSE DROPS ORAL SOLUTION (FLUORITAB) 0.275 (0.125 F) MG/DROP	Tier 1	Tier 1	PV
NAFRINSE ORAL TABLET CHEWABLE (SODIUM FLUORIDE) 2.2 (1 F) MG	Tier 1	Tier 1	PV
SODIUM FLUORIDE ORAL SOLUTION 1.1 (0.5 F) MG/ML		Tier 1	PV
SODIUM FLUORIDE ORAL TABLET 1.1 (0.5 F) MG, 2.2 (1 F) MG		Tier 1	PV
SODIUM FLUORIDE ORAL TABLET CHEWABLE 0.55 (0.25 F) MG, 1.1 (0.5 F) MG		Tier 1	PV
*Iodine Products***			
IODINE STRONG ORAL SOLUTION 5 %		Tier 1	
*Magnesium***			
MAGNESIUM CHLORIDE INJECTION SOLUTION 200 MG/ML		Tier 1	
MAGNESIUM SULFATE IN D5W INTRAVENOUS SOLUTION 1-5 GM/100ML-%		Tier 1	
MAGNESIUM SULFATE INJECTION SOLUTION 50 %		Tier 1	
MAGNESIUM SULFATE INTRAVENOUS SOLUTION 2 GM/50ML, 20 GM/500ML, 4 GM/100ML, 4 GM/50ML, 40 GM/1000ML		Tier 1	
*Phosphate***			
PHOSPHOROUS ORAL TABLET 155-852-130 MG		Tier 1	
PHOSPHO-TRIN 250 NEUTRAL ORAL TABLET (VIRT-PHOS 250 NEUTRAL) 155-852-130 MG	Tier 1	Tier 1	
POTASSIUM PHOSPHATES(71 MEQ K) INTRAVENOUS SOLUTION 45 MMOLE/15ML		Tier 1	
SODIUM PHOSPHATES INTRAVENOUS SOLUTION 15 MMOLE/5ML, 45 MMOLE/15ML		Tier 1	

Drug	Status	Generic Status	Notes
*Potassium***			
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ	Tier 1		
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE (POTASSIUM CHLORIDE ER) 10 MEQ	Tier 1	Tier 1	
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE (POTASSIUM CHLORIDE CRYST ER) 10 MEQ	Tier 1	Tier 1	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE (POTASSIUM CHLORIDE CRYST ER) 15 MEQ	Tier 1	Tier 1	
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE (POTASSIUM CHLORIDE CRYST ER) 20 MEQ	Tier 1	Tier 1	
KLOR-CON ORAL PACKET (POTASSIUM CHLORIDE) 20 MEQ	Tier 1	Tier 1	
KLOR-CON ORAL TABLET EXTENDED RELEASE (POTASSIUM CHLORIDE ER) 8 MEQ	Tier 1	Tier 1	
KLOR-CON/EF ORAL TABLET EFFERVESCENT 25 MEQ	Tier 1		
K-PRIME ORAL TABLET EFFERVESCENT 25 MEQ	Tier 1		
POTASSIUM ACETATE INTRAVENOUS SOLUTION 2 MEQ/ML		Tier 1	
POTASSIUM CHLORIDE ER ORAL CAPSULE EXTENDED RELEASE 10 MEQ, 8 MEQ		Tier 1	
POTASSIUM CHLORIDE ER ORAL TABLET EXTENDED RELEASE 20 MEQ		Tier 1	
POTASSIUM CHLORIDE INTRAVENOUS SOLUTION 10 MEQ/100ML, 10 MEQ/50ML, 2 MEQ/ML, 20 MEQ/100ML, 20 MEQ/50ML, 40 MEQ/100ML		Tier 1	
POTASSIUM CHLORIDE ORAL SOLUTION 10 %, 20 MEQ/15ML (10%), 40 MEQ/15ML (20%)		Tier 1	
*Sodium***			
MONOJECT FLUSH SYRINGE INTRAVENOUS SOLUTION (SODIUM CHLORIDE FLUSH) 0.9 %	Tier 1	Tier 1	

Drug	Status	Generic Status	Notes
MONOJECT SODIUM CHLORIDE FLUSH INTRAVENOUS SOLUTION (SODIUM CHLORIDE FLUSH) 0.9 %	Tier 1	Tier 1	
NORMAL SALINE FLUSH INTRAVENOUS SOLUTION 0.9 %		Tier 1	
SODIUM CHLORIDE (PF) INJECTION SOLUTION 0.9 %		Tier 1	
SODIUM CHLORIDE INJECTION SOLUTION 2.5 MEQ/ML		Tier 1	
SODIUM CHLORIDE INTRAVENOUS SOLUTION 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 %		Tier 1	
*Trace Minerals***			
CHROMIC CHLORIDE INTRAVENOUS SOLUTION 40 MCG/10ML		Tier 1	
Miscellaneous Therapeutic Classes			
*Antileptotics***			
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	Tier 4		PA
*Chelating Agents***			
PENICILLAMINE ORAL CAPSULE 250 MG		Tier 4	PA
PENICILLAMINE ORAL TABLET 250 MG		Tier 4	
TRIENTINE HCL ORAL CAPSULE 250 MG		Tier 4	PA
*Cyclosporine Analogs***			
CYCLOSPORINE INTRAVENOUS SOLUTION 50 MG/ML		Tier 1	
CYCLOSPORINE MODIFIED ORAL CAPSULE 50 MG		Tier 1	
CYCLOSPORINE ORAL CAPSULE 100 MG, 25 MG		Tier 1	
GENGRAF ORAL CAPSULE (CYCLOSPORINE MODIFIED) 100 MG, 25 MG	Tier 1	Tier 1	
GENGRAF ORAL SOLUTION (CYCLOSPORINE MODIFIED) 100 MG/ML	Tier 1	Tier 1	
SANDIMMUNE ORAL SOLUTION 100 MG/ML	Tier 2		
*Enzymes***			
XIAFLEX INJECTION SOLUTION RECONSTITUTED 0.9 MG	Tier 4		PA

Drug	Status	Generic Status	Notes
*Immune Globulin Immunosuppressants***			
THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED 25 MG	Tier 3		
*Immunomodulators For Myelodysplastic Syndromes***			
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	Tier 4		PA
*Inosine Monophosphate Dehydrogenase Inhibitors***			
MYCOPHENOLATE MOFETIL HCL INTRAVENOUS SOLUTION RECONSTITUTED 500 MG		Tier 1	
MYCOPHENOLATE MOFETIL INTRAVENOUS SOLUTION RECONSTITUTED 500 MG		Tier 1	
MYCOPHENOLATE MOFETIL ORAL CAPSULE 250 MG		Tier 1	
MYCOPHENOLATE MOFETIL ORAL SUSPENSION RECONSTITUTED 200 MG/ML		Tier 1	
MYCOPHENOLATE MOFETIL ORAL TABLET 500 MG		Tier 1	
MYCOPHENOLATE SODIUM ORAL TABLET DELAYED RELEASE 180 MG, 360 MG		Tier 1	
*Irrigation Solutions***			
ARGYLE STERILE WATER IRRIGATION SOLUTION (STERILE WATER FOR IRRIGATION)	Tier 1	Tier 1	
LACTATED RINGERS IRRIGATION SOLUTION		Tier 1	
RINGERS IRRIGATION IRRIGATION SOLUTION		Tier 1	
WATER FOR IRRIGATION, STERILE IRRIGATION SOLUTION		Tier 1	
*Macrolide Immunosuppressants***			
EVEROLIMUS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG		Tier 1	
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	Tier 3		
SIROLIMUS ORAL SOLUTION 1 MG/ML		Tier 1	

Drug	Status	Generic Status	Notes
SIROLIMUS ORAL TABLET 0.5 MG, 1 MG, 2 MG		Tier 1	
TACROLIMUS ORAL CAPSULE 0.5 MG, 1 MG, 5 MG		Tier 1	
ZORTRESS ORAL TABLET 1 MG	Tier 3		
*Monoclonal Antibodies***			
GAMIFANT INTRAVENOUS SOLUTION 10 MG/2ML, 100 MG/20ML, 50 MG/10ML	Tier 5		PA
*Potassium Removing Agents***			
SODIUM POLYSTYRENE SULFONATE ORAL POWDER		Tier 1	
SPS ORAL SUSPENSION 15 GM/60ML	Tier 1		
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	Tier 3		
*Prostaglandins***			
ALPROSTADIL INJECTION SOLUTION 500 MCG/ML		Tier 1	
*Purine Analogs***			
AZASAN ORAL TABLET (AZATHIOPRINE) 100 MG, 75 MG	Tier 3	Tier 1	
AZATHIOPRINE ORAL TABLET 50 MG		Tier 1	
AZATHIOPRINE SODIUM INJECTION SOLUTION RECONSTITUTED 100 MG		Tier 1	
Mouth/Throat/Dental Agents			
*Anesthetics Topical Oral***			
LIDOCAINE HCL MOUTH/THROAT SOLUTION 4 %		Tier 1	
LIDOCAINE VISCOUS HCL MOUTH/THROAT SOLUTION 2 %		LC	
*Anti-Infectives - Throat***			
CLOTRIMAZOLE MOUTH/THROAT TROCHE 10 MG		Tier 1	
NYSTATIN MOUTH/THROAT SUSPENSION 100000 UNIT/ML		Tier 1	
*Antiseptic Combinations - Mouth/Throat***			
DEBACTEROL MOUTH/THROAT SOLUTION 30-50 %	Tier 3		

Drug	Status	Generic Status	Notes
*Antiseptics - Mouth/Throat***			
PERIOGARD MOUTH/THROAT SOLUTION (CHLORHEXIDINE GLUCONATE) 0.12 %	LC	LC	
*Dental Products - Combinations***			
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 %	Tier 3		
SODIUM FLUORIDE 5000 ENAMEL DENTAL GEL 1.1-5 %		Tier 1	
SODIUM FLUORIDE 5000 SENSITIVE DENTAL GEL 1.1-5 %		Tier 1	
*Fluoride Dental Products***			
CAVAREST DENTAL GEL (SODIUM FLUORIDE) 1.1 %	Tier 1	Tier 1	
CLINPRO 5000 DENTAL PASTE (SODIUM FLUORIDE 5000 PPM) 1.1 %	Tier 3	Tier 1	
DENTA 5000 PLUS DENTAL CREAM (SODIUM FLUORIDE) 1.1 %	Tier 3	Tier 1	
DENTAGEL DENTAL GEL (SODIUM FLUORIDE) 1.1 %	Tier 3	Tier 1	
EASYGEL DENTAL GEL 0.4 %	Tier 1		
FLUORIDEX DAILY RENEWAL MOUTH/THROAT CONCENTRATE 0.63 %	Tier 1		
FLUORIDEX DENTAL PASTE (SODIUM FLUORIDE 5000 PPM) 1.1 %	Tier 3	Tier 1	
FLUORIDEX ENHANCED WHITENING DENTAL PASTE (SODIUM FLUORIDE 5000 PPM) 1.1 %	Tier 3	Tier 1	
PREVIDENT MOUTH/THROAT SOLUTION (SODIUM FLUORIDE) 0.2 %	Tier 1	Tier 1	
SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 %		Tier 1	
SODIUM FLUORIDE 5000 PPM DENTAL CREAM 1.1 %		Tier 1	
SODIUM FLUORIDE 5000 PPM DENTAL GEL 1.1 %		Tier 1	
*Saliva Stimulants***			
CEVIMELINE HCL ORAL CAPSULE 30 MG		Tier 1	
PILOCARPINE HCL ORAL TABLET 5 MG, 7.5 MG		Tier 1	

Drug	Status	Generic Status	Notes
*Steroids - Mouth/Throat/Dental***			
ORALONE MOUTH/THROAT PASTE (TRIAMCINOLONE ACETONIDE) 0.1 %	Tier 1	Tier 1	
Multivitamins			
*B-Complex W/ C & Folic Acid***			
B-PLEX ORAL TABLET		Tier 1	
FOLBEE PLUS ORAL TABLET		Tier 1	
NEPHRONEX ORAL TABLET (VP-VITE RX)	Tier 1	Tier 1	
TRIPHROCAPS ORAL CAPSULE 1 MG		Tier 1	
VIRT-CAPS ORAL CAPSULE 1 MG		Tier 1	
*Multiple Vitamins W/ Minerals***			
BIOCEL ORAL TABLET		Tier 1	
LYSIPLEX PLUS ORAL TABLET (B-PLEX PLUS)	Tier 1	Tier 1	
NUTRIFAC ZX ORAL TABLET (B-PLEX PLUS)	Tier 1	Tier 1	
V-C FORTE ORAL CAPSULE		Tier 1	
VITA S FORTE ORAL TABLET (B-PLEX PLUS)	Tier 1	Tier 1	
VITACEL ORAL TABLET (B-PLEX PLUS)	Tier 1	Tier 1	
*Ped Multi Vitamins W/Fl & Fe***			
MULTI-VITAMIN/FLUORIDE/IRON ORAL SOLUTION 0.25-10 MG/ML		Tier 1	
*Ped Mv W/ Fluoride***			
MULTI-VITAMIN/FLUORIDE ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML		Tier 1	
MULTIVITAMIN/FLUORIDE ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG		Tier 1	
*Ped Vitamins Acd W/ Fluoride***			
ADC/F (0.5MG/ML) ORAL SOLUTION 0.5 MG/ML		Tier 1	
TRI-VITE/FLUORIDE ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML		Tier 1	
VITAMINS ACD-FLUORIDE ORAL SOLUTION 0.25 MG/ML		Tier 1	
*Prenatal Mv & Min W/Fe-Fa***			
ATABEX ORAL TABLET CHEWABLE 18-0.8 MG	Tier 3		PV

Drug	Status	Generic Status	Notes
CLASSIC PRENATAL ORAL TABLET 28-0.8 MG		Tier 1	PV
CVS PRENATAL ORAL TABLET 27-0.8 MG		Tier 1	PV
EQL PRENATAL FORMULA ORAL TABLET 28-0.8 MG		Tier 1	PV
GNP PRENATAL ORAL TABLET 28-0.8 MG		Tier 1	PV
HEALTHY MAMA BE WELL ROUNDED ORAL THERAPY PACK 28-0.8 & 450 MG	Tier 3		PV
KP PRENATAL MULTIVITAMINS ORAL TABLET 28-0.8 MG		Tier 1	PV
MULTI PRENATAL ORAL TABLET 27-0.8 MG		Tier 1	PV
NEONATAL VITAMIN ORAL TABLET (PRENATAL) 27-0.8 MG	Tier 3	Tier 1	PV
ONE VITE WOMENS ORAL TABLET 27-0.8 MG		Tier 3	PV
ONE-A-DAY WOMENS PRENATAL 1 ORAL CAPSULE 28-0.8-235 MG	Tier 3		PV
ONE-A-DAY WOMENS PRENATAL ORAL 28-0.8 & 223 MG	Tier 3		PV
ONE-A-DAY WOMENS PRENATAL ORAL (SM ONE DAILY PRENATAL) 28-0.8 & 440 MG	Tier 3	Tier 1	PV
PERRY PRENATAL ORAL CAPSULE 13.5-0.4 MG	Tier 3		PV
PNV TABS 29-1 ORAL TABLET 29-1 MG		Tier 1	
PNV-OMEGA ORAL CAPSULE 28-0.6-0.4-340 MG		Tier 1	
PNV-SELECT ORAL TABLET 27-0.6-0.4 MG		Tier 1	
PRENATAL (W/IRON & FA) ORAL TABLET 27-0.8 MG		Tier 1	PV
PRENATAL 19 ORAL TABLET 29-1 MG		Tier 1	
PRENATAL 19 ORAL TABLET CHEWABLE 29-1 MG		Tier 1	
PRENATAL COMPLETE ORAL TABLET 14-0.4 MG		Tier 1	PV
PRENATAL FORMULA ORAL CAPSULE 28-0.8-235 MG		Tier 1	PV
PRE-NATAL FORMULA ORAL TABLET		Tier 1	PV
PRENATAL FORTE ORAL TABLET		Tier 1	PV
PRENATAL MULTI +DHA ORAL CAPSULE 27-0.8-228 MG		Tier 1	PV

Drug	Status	Generic Status	Notes
PRENATAL ONE DAILY ORAL TABLET 27-0.8 MG		Tier 1	PV
PRENATAL PLUS IRON ORAL TABLET 29-1 MG		Tier 1	
PRENATAL TABLET 27-1 MG ORAL 27-1 MG		LC	
PRENATAL TABLET 28-0.8 MG ORAL 28-0.8 MG		Tier 1	PV
PRENATAL VITAMIN AND MINERAL ORAL TABLET 28-0.8 MG		Tier 1	PV
PRENATAL VITAMIN ORAL TABLET 27-0.8 MG		Tier 1	PV
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27-1 MG		LC	
PRENATAL VITAMINS ORAL TABLET 28-0.8 MG		Tier 1	PV
PRENATAL/IRON ORAL TABLET , 28-0.8 MG		Tier 1	PV
PREPLUS ORAL TABLET 27-1 MG		LC	
PX PRENATAL MULTIVITAMINS ORAL TABLET 28-0.8 MG		Tier 1	PV
QC PRENATAL ORAL TABLET 28-0.8 MG		Tier 1	PV
RA PRENATAL FORMULA ORAL TABLET 28-0.8 MG		Tier 1	PV
RA PRENATAL ORAL TABLET 28-0.8 MG		Tier 1	PV
SM PRENATAL VITAMINS ORAL TABLET 28-0.8 MG		Tier 1	PV
VIRT-C DHA ORAL CAPSULE 53.5-38-1 MG		Tier 1	
VIRT-NATE DHA ORAL CAPSULE 28-1-200 MG		Tier 1	
VIRT-PN PLUS ORAL CAPSULE 28-0.6-0.4-340 MG		Tier 1	
VP-PNV-DHA ORAL CAPSULE 28-1-215.8 MG		Tier 1	
YOUR LIFE MULTI PRENATAL ORAL CAPSULE (PRENATAL/OMEGA-3/FA/IRON) 28-0.8-530 MG	Tier 3	Tier 1	PV
*Prenatal Mv & Min W/Fe-Fa-Dha***			
BRAINSTRONG PRENATAL ORAL 33-0.8 & 350 MG	Tier 3		PV
CADEAU DHA ORAL CAPSULE 29-0.4-0.8-375 MG		Tier 3	PV

Drug	Status	Generic Status	Notes
CENTRUM SPECIALIST PRENATAL ORAL 27-0.8 & 200 MG	Tier 3		PV
CVS PRENATAL MULTI+DHA ORAL CAPSULE 27-0.8-250 MG		Tier 1	PV
ENFAMIL EXPECTA ORAL 28-0.8 & 200 MG	Tier 3		PV
PNV-DHA ORAL CAPSULE 27-0.6-0.4-300 MG		Tier 1	
PNV-DHA+DOCUSATE ORAL CAPSULE 27-1.25-300 MG		Tier 1	
PRENATAL MULTI +DHA ORAL CAPSULE 27-0.8-200 MG, 27-0.8-250 MG		Tier 1	PV
PRENATAL MULTIVITAMIN + DHA ORAL 28-0.8 & 200 MG	Tier 3		PV
PRENATAL MULTIVITAMIN PLUS DHA ORAL CAPSULE 27-0.8-250 MG		Tier 1	PV
SIMILAC PRENATAL EARLY SHIELD ORAL 27-0.8 & 200 MG	Tier 3		PV
STUART ONE ORAL CAPSULE 27-0.8-200 MG	Tier 3		PV
VIRT-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG		Tier 1	
*Prenatal Mv & Minerals W/ Fa Without Iron***			
CVS PRENATAL GUMMY ORAL TABLET CHEWABLE 0.4 MG		Tier 1	PV
*Prenatal Mv & Minerals W/ Fa-Omega Fatty Acids W/O Iron***			
CVS PRENATAL GUMMY ORAL TABLET CHEWABLE 0.4-113.5 MG		Tier 1	PV
*Prenatal Mv & Minerals W/Fa Without Iron***			
PRENATAL GUMMIES/DHA & FA ORAL TABLET CHEWABLE 0.4-32.5 MG		Tier 1	PV
*Vitamins A & D***			
COD LIVER OIL ORAL OIL		Tier 1	
Musculoskeletal Therapy Agents			
*Central Muscle Relaxants***			
BACLOFEN INTRATHECAL SOLUTION 10 MG/20ML, 20000 MCG/20ML, 40 MG/20ML		Tier 1	
BACLOFEN TABLET 10 MG ORAL 10 MG		LC	

Drug	Status	Generic Status	Notes
BACLOFEN TABLET 20 MG ORAL 20 MG		Tier 1	
BACLOFEN TABLET 5 MG ORAL 5 MG		Tier 1	
CARISOPRODOL TABLET 250 MG ORAL 250 MG		Tier 1	
CARISOPRODOL TABLET 350 MG ORAL 350 MG		LC	
CHLORZOXAZONE ORAL TABLET 500 MG		Tier 1	
CYCLOBENZAPRINE HCL TABLET 10 MG ORAL 10 MG		LC	
CYCLOBENZAPRINE HCL TABLET 5 MG ORAL 5 MG		LC	
CYCLOBENZAPRINE HCL TABLET 7.5 MG ORAL 7.5 MG		Tier 1	
METAXALONE ORAL TABLET 400 MG, 800 MG		Tier 1	
METHOCARBAMOL INJECTION SOLUTION 1000 MG/10ML		Tier 1	
METHOCARBAMOL ORAL TABLET 500 MG, 750 MG		LC	
ORPHENADRINE CITRATE ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG		Tier 1	
ORPHENADRINE CITRATE INJECTION SOLUTION 30 MG/ML		Tier 1	
TIZANIDINE HCL ORAL CAPSULE 2 MG, 4 MG, 6 MG		Tier 1	
TIZANIDINE HCL ORAL TABLET 2 MG, 4 MG		Tier 1	
*Direct Muscle Relaxants***			
REVONTO INTRAVENOUS SOLUTION RECONSTITUTED (DANTROLENE SODIUM) 20 MG	Tier 1	Tier 1	
Nasal Agents - Systemic And Topical			
*Antihistamine-Steroid***			
AZELASTINE-FLUTICASONE NASAL SUSPENSION 137-50 MCG/ACT		Tier 1	QL (0.77 GM per 1 day)
*Nasal Agents - Misc.***			
NOZIN NASAL SANITIZER POPSWAB NASAL SWAB	Tier 3		

Drug	Status	Generic Status	Notes
*Nasal Anticholinergics***			
IPRATROPIUM BROMIDE NASAL SOLUTION 0.03 %, 0.06 %		LC	
*Nasal Antihistamines***			
AZELASTINE HCL NASAL SOLUTION 0.1 %, 0.15 %, 137 MCG/SPRAY		Tier 1	QL (2 ML per 1 day)
OLOPATADINE HCL NASAL SOLUTION 0.6 %		Tier 1	QL (1.02 GM per 1 day)
*Nasal Steroids***			
FLUNISOLIDE NASAL SOLUTION 25 MCG/ACT (0.025%)		Tier 1	QL (25.2 ML per 30 days)
FLUTICASONE PROPIONATE NASAL SUSPENSION 50 MCG/ACT		Tier 1	
MOMETASONE FUROATE NASAL SUSPENSION 50 MCG/ACT		Tier 1	QL (1.14 GM per 1 day)
Neuromuscular Agents			
*Benzothiazoles***			
RILUZOLE ORAL TABLET 50 MG		Tier 1	PA; QL (2 EA per 1 day)
*Neuromuscular Blocking Agent - Neurotoxins***			
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT	Tier 4		PA
Nutrients			
*Carbohydrates***			
DEXTROSE INTRAVENOUS SOLUTION 10 %, 20 %, 250 MG/ML, 30 %, 40 %, 5 %, 50 %, 70 %		Tier 1	
*Lipids***			
NUTRILIPID INTRAVENOUS EMULSION 20 %	Tier 1		
Ophthalmic Agents			
*Alpha Adrenergic Agonist & Carbonic Anhydrase Inhib Comb***			
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	Tier 2		
*Beta-Blockers - Ophthalmic Combinations***			
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	Tier 2		

Drug	Status	Generic Status	Notes
DORZOLAMIDE HCL-TIMOLOL MAL OPHTHALMIC SOLUTION 22.3-6.8 MG/ML		Tier 1	
DORZOLAMIDE HCL-TIMOLOL MAL PF OPHTHALMIC SOLUTION 2-0.5 %		Tier 1	
*Beta-Blockers - Ophthalmic***			
BETAXOLOL HCL OPHTHALMIC SOLUTION 0.5 %		Tier 1	
BETIMOL OPHTHALMIC SOLUTION 0.25 %, 0.5 %	Tier 3		
CARTEOLOL HCL OPHTHALMIC SOLUTION 1 %		Tier 1	
LEVOBUNOLOL HCL OPHTHALMIC SOLUTION 0.5 %		Tier 1	
TIMOLOL MALEATE (ONCE-DAILY) OPHTHALMIC SOLUTION 0.5 %		Tier 1	
TIMOLOL MALEATE OCUDOSE OPHTHALMIC SOLUTION 0.5 %		Tier 1	
TIMOLOL MALEATE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 %		Tier 1	
TIMOLOL MALEATE OPHTHALMIC SOLUTION 0.25 %, 0.5 %		LC	
TIMOLOL MALEATE PF OPHTHALMIC SOLUTION 0.5 %		Tier 1	
*Cycloplegic Mydriatics***			
ALTAFRIN OPHTHALMIC SOLUTION (PHENYLEPHRINE HCL) 10 %, 2.5 %	Tier 1	Tier 1	
ATROPINE SULFATE OPHTHALMIC OINTMENT 1 %		Tier 1	
ATROPINE SULFATE OPHTHALMIC SOLUTION 1 %		LC	
CYCLOPENTOLATE HCL OPHTHALMIC SOLUTION 0.5 %, 1 %, 2 %		Tier 1	
HOMATROPAIRE OPHTHALMIC SOLUTION 5 %	Tier 1		
*Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag***			
XIIDRA OPHTHALMIC SOLUTION 5 %	Tier 2		PA
*Miotics - Direct Acting***			
PILOCARPINE HCL OPHTHALMIC SOLUTION 1 %, 2 %, 4 %		Tier 1	

Drug	Status	Generic Status	Notes
*Ophthalmic Antiallergic***			
ALOCRILOPHthalmic Solution 2 %	Tier 3		
ALOMIDE Ophthalmic Solution 0.1 %	Tier 3		
AZELASTINE HCL Ophthalmic Solution 0.05 %		Tier 1	
BEPOTASTINE BESILATE Ophthalmic Solution 1.5 %		Tier 1	PA; ST
BEPREVE Ophthalmic Solution 1.5 %	Tier 3		
CROMOLYN SODIUM Ophthalmic Solution 4 %		Tier 1	
EPINASTINE HCL Ophthalmic Solution 0.05 %		Tier 1	
LASTACFT Ophthalmic Solution 0.25 %	Tier 3		PA; ST
OLOPATADINE HCL Ophthalmic Solution 0.1 %, 0.2 %		Tier 1	
ZERVIA TE Ophthalmic Solution 0.24 %	Tier 3		PA; ST
*Ophthalmic Antibiotics***			
AZASITE Ophthalmic Solution 1 %	Tier 3		
BACITRACIN Ophthalmic Ointment 500 Unit/GM		Tier 1	
BESIVANCE Ophthalmic Suspension 0.6 %	Tier 3		
CIPROFLOXACIN HCL Ophthalmic Solution 0.3 %		Tier 1	
ERYTHROMYCIN Ophthalmic Ointment 5 MG/GM		Tier 1	
GATIFLOXACIN Ophthalmic Solution 0.5 %		Tier 1	
GENTAK Ophthalmic Ointment 0.3 %	Tier 1		
GENTAMICIN SULFATE Ophthalmic Solution 0.3 %		Tier 1	
LEVOFLOXACIN Ophthalmic Solution 0.5 %		Tier 1	
MOXIFLOXACIN HCL (2X DAY) Ophthalmic Solution 0.5 %		Tier 1	
MOXIFLOXACIN HCL Ophthalmic Solution 0.5 %		Tier 1	

Drug	Status	Generic Status	Notes
OFLOXACIN OPHTHALMIC SOLUTION 0.3 %		Tier 1	
TOBRAMYCIN OPHTHALMIC SOLUTION 0.3 %		LC	
TOBREX OPHTHALMIC OINTMENT 0.3 %	Tier 3		
*Ophthalmic Antifungal***			
NATACYN OPHTHALMIC SUSPENSION 5 %	Tier 2		
*Ophthalmic Anti-Infective Combinations***			
BACITRACIN-POLYMYXIN B OPHTHALMIC OINTMENT 500-10000 UNIT/GM		Tier 1	
NEOMYCIN-BACITRACIN ZN-POLYMYX OPHTHALMIC OINTMENT 3.5-400-10000		Tier 1	
NEOMYCIN-POLYMYXIN-GRAMICIDIN OPHTHALMIC SOLUTION 1.75-10000-.025		Tier 1	
NEO-POLYCIN OPHTHALMIC OINTMENT (NEOMYCIN-BACITRACIN ZN-POLYMYX) 3.5-400-10000	Tier 1	Tier 1	
POLYCIN OPHTHALMIC OINTMENT (AK-POLY-BAC) 500-10000 UNIT/GM	Tier 1	Tier 1	
POLYMYXIN B-TRIMETHOPRIM OPHTHALMIC SOLUTION 10000-0.1 UNIT/ML-%		LC	
*Ophthalmic Antivirals***			
TRIFLURIDINE OPHTHALMIC SOLUTION 1 %		Tier 1	
ZIRGAN OPHTHALMIC GEL 0.15 %	Tier 3		
*Ophthalmic Carbonic Anhydrase Inhibitors***			
AZOPT OPHTHALMIC SUSPENSION (BRINZOLAMIDE) 1 %	Tier 2	Tier 1	
DORZOLAMIDE HCL OPHTHALMIC SOLUTION 2 %		Tier 1	
*Ophthalmic Immunomodulators***			
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	Tier 2		PA
RESTASIS OPHTHALMIC EMULSION 0.05 %	Tier 2		PA

Drug	Status	Generic Status	Notes
*Ophthalmic Kinase Inhibitors - Combinations***			
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	Tier 2		QL (0.1 ML per 1 day)
*Ophthalmic Nonsteroidal Anti-Inflammatory Agents***			
BROMFENAC SODIUM (ONCE-DAILY) OPHTHALMIC SOLUTION 0.09 %		Tier 1	QL (6.8 ML per 365 days)
DICLOFENAC SODIUM OPHTHALMIC SOLUTION 0.1 %		Tier 1	
FLURBIPROFEN SODIUM OPHTHALMIC SOLUTION 0.03 %		Tier 1	
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	Tier 3		QL (0.2 ML per 1 day)
KETOROLAC TROMETHAMINE OPHTHALMIC SOLUTION 0.4 %, 0.5 %		Tier 1	
PROLENSA OPHTHALMIC SOLUTION 0.07 %	Tier 2		QL (12 ML per 365 days)
*Ophthalmic Rho Kinase Inhibitors***			
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	Tier 2		QL (0.1 ML per 1 day)
*Ophthalmic Selective Alpha Adrenergic Agonists***			
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	Tier 2		
APRACLONIDINE HCL OPHTHALMIC SOLUTION 0.5 %		Tier 1	
BRIMONIDINE TARTRATE OPHTHALMIC SOLUTION 0.15 %, 0.2 %		Tier 1	
IOPIDINE OPHTHALMIC SOLUTION 1 %	Tier 3		
*Ophthalmic Steroid Combinations***			
NEOMYCIN-POLYMYXIN-DEXAMETH OPHTHALMIC OINTMENT 3.5-10000-0.1		LC	
NEOMYCIN-POLYMYXIN-DEXAMETH OPHTHALMIC SUSPENSION 3.5-10000-0.1		LC	
NEOMYCIN-POLYMYXIN-HC OPHTHALMIC SUSPENSION 3.5-10000-1		Tier 1	
NEO-POLYCIN HC OPHTHALMIC OINTMENT (BACITRA-NEOMYCIN-POLYMYXIN-HC) 1 %	Tier 1	Tier 1	

Drug	Status	Generic Status	Notes
SULFACETAMIDE-PREDNISOLONE OPTHALMIC SOLUTION 10-0.23 %		Tier 1	
TOBRADEX OPTHALMIC OINTMENT 0.3-0.1 %	Tier 3		
TOBRADEX ST OPTHALMIC SUSPENSION 0.3-0.05 %	Tier 3		
TOBRAMYCIN-DEXAMETHASONE OPTHALMIC SUSPENSION 0.3-0.1 %		Tier 1	
*Ophthalmic Steroids***			
DEXAMETHASONE SODIUM PHOSPHATE OPTHALMIC SOLUTION 0.1 %		Tier 1	
DUREZOL OPTHALMIC EMULSION (DIFLUPREDNATE) 0.05 %	Tier 3	Tier 1	
EYSUVIS OPTHALMIC SUSPENSION 0.25 %	Tier 3		PA
FLAREX OPTHALMIC SUSPENSION 0.1 %	Tier 3		
FLUOROMETHOLONE OPTHALMIC SUSPENSION 0.1 %		Tier 1	
FML OPTHALMIC OINTMENT 0.1 %	Tier 2		
LOTEPREDNOL ETABONATE OPTHALMIC SUSPENSION 0.5 %		Tier 1	
PREDNISOLONE ACETATE OPTHALMIC SUSPENSION 1 %		Tier 1	
PREDNISOLONE SODIUM PHOSPHATE OPTHALMIC SOLUTION 1 %		Tier 1	
*Ophthalmic Sulfonamides***			
SULFACETAMIDE SODIUM OPTHALMIC OINTMENT 10 %		Tier 1	
SULFACETAMIDE SODIUM OPTHALMIC SOLUTION 10 %		Tier 1	
*Ophthalmics - Cystinosis Agents**			
CYSTARAN OPTHALMIC SOLUTION 0.44 %	Tier 5		PA; QL (2.15 ML per 1 day)
*Prostaglandins - Ophthalmic***			
BIMATOPROST OPTHALMIC SOLUTION 0.03 %		Tier 1	QL (3 ML per 30 days)
LATANOPROST OPTHALMIC SOLUTION 0.005 %		Tier 1	
LUMIGAN OPTHALMIC SOLUTION 0.01 %	Tier 2		QL (3 ML per 30 days)

Drug	Status	Generic Status	Notes
TRAVOPROST (BAK FREE) OPHTHALMIC SOLUTION 0.004 %		Tier 1	QL (3.6 ML per 30 days)
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %	Tier 3		QL (1 EA per 1 day)
Otic Agents			
*Otic Agents - Miscellaneous***			
ACETIC ACID OTIC SOLUTION 2 %		Tier 1	
*Otic Anti-Infectives***			
CIPROFLOXACIN HCL OTIC SOLUTION 0.2 %		Tier 1	PA; ST
OFLOXACIN OTIC SOLUTION 0.3 %		Tier 1	
*Otic Steroid-Anti-Infective Combinations***			
CIPRO HC OTIC SUSPENSION 0.2-1 %	Tier 3		
CIPRODEX OTIC SUSPENSION (CIPROFLOXACIN-DEXAMETHASONE) 0.3-0.1 %	Tier 2	Tier 1	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML	Tier 3		
NEOMYCIN-POLYMYXIN-HC OTIC SOLUTION 1 %, 3.5-10000-1		Tier 1	
NEOMYCIN-POLYMYXIN-HC OTIC SUSPENSION 3.5-10000-1		Tier 1	
*Otic Steroids***			
FLAC OTIC OIL (FLUOCINOLONE ACETONIDE) 0.01 %	Tier 1	Tier 1	
HYDROCORTISONE-ACETIC ACID OTIC SOLUTION 1-2 %		Tier 1	
Oxytocics			
*Oxytocics***			
METHERGINE ORAL TABLET (METHYLERGONOVINE MALEATE) 0.2 MG	Tier 1	Tier 1	QL (28 EA Max Qty Per Fill Retail)
OXYTOCIN INJECTION SOLUTION 10 UNIT/ML		Tier 1	
Passive Immunizing And Treatment Agents			
*Antiviral Monoclonal Antibodies***			
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML	Tier 4		PA

Drug	Status	Generic Status	Notes
*Immune Serums***			
BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML, 5 GM/50ML	Tier 5		PA
CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML, 8 GM/40ML	Tier 5		PA
CYTOGAM INTRAVENOUS INJECTABLE 50 MG/ML	Tier 4		PA
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 0.5 GM/10ML, 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	Tier 5		PA
GAMASTAN INTRAMUSCULAR INJECTABLE	Tier 4		PA
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	Tier 5		PA
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM	Tier 5		PA
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	Tier 5		PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	Tier 5		PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	Tier 5		PA
HEPAGAM B INJECTION SOLUTION	Tier 5		
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	Tier 5		PA
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 2 GM/10ML, 4 GM/20ML	Tier 5		PA
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML	Tier 5		
HYPERHEP B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 110 UNIT/0.5ML, 220 UNIT/ML	Tier 5		

Drug	Status	Generic Status	Notes
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT, 250 UNIT	Tier 4		
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT	Tier 4		
NABI-HB INTRAMUSCULAR SOLUTION 312 UNIT/ML	Tier 5		
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML	Tier 5		PA
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	Tier 5		PA
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT	Tier 4		
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML	Tier 4		
WINRHO SDF INJECTION SOLUTION 1500 UNIT/1.3ML, 15000 UNIT/13ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML	Tier 4		
*Passive Immunizing Agents - Combinations***			
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	Tier 5		PA
Penicillins			
*Aminopenicillins***			
AMOXICILLIN ORAL CAPSULE 250 MG, 500 MG		LC	
AMOXICILLIN ORAL SUSPENSION RECONSTITUTED 125 MG/5ML, 200 MG/5ML, 250 MG/5ML, 400 MG/5ML		LC	
AMOXICILLIN ORAL TABLET 500 MG, 875 MG		LC	
AMOXICILLIN ORAL TABLET CHEWABLE 125 MG, 250 MG		LC	
AMPICILLIN ORAL CAPSULE 500 MG		Tier 1	

Drug	Status	Generic Status	Notes
AMPICILLIN SODIUM INJECTION SOLUTION RECONSTITUTED 1 GM, 125 MG, 2 GM, 250 MG, 500 MG		Tier 1	
AMPICILLIN SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 10 GM, 2 GM		Tier 1	
*Natural Penicillins***			
BICILLIN L-A INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	Tier 3		
PENICILLIN G POTASSIUM INJECTION SOLUTION RECONSTITUTED 20000000 UNIT, 5000000 UNIT		Tier 1	
PENICILLIN G SODIUM INJECTION SOLUTION RECONSTITUTED 5000000 UNIT		Tier 1	
PENICILLIN V POTASSIUM ORAL SOLUTION RECONSTITUTED 125 MG/5ML, 250 MG/5ML		LC	
PENICILLIN V POTASSIUM ORAL TABLET 250 MG, 500 MG		LC	
*Penicillin Combinations***			
AMOXICILLIN-POT CLAVULANATE ER ORAL TABLET EXTENDED RELEASE 12 HOUR 1000-62.5 MG		Tier 1	
AMOXICILLIN-POT CLAVULANATE ORAL SUSPENSION RECONSTITUTED 200-28.5 MG/5ML, 250-62.5 MG/5ML, 400-57 MG/5ML, 600-42.9 MG/5ML		Tier 1	
AMOXICILLIN-POT CLAVULANATE ORAL TABLET 250-125 MG, 500-125 MG, 875-125 MG		Tier 1	
AMOXICILLIN-POT CLAVULANATE ORAL TABLET CHEWABLE 200-28.5 MG, 400-57 MG		Tier 1	
AMPICILLIN-SULBACTAM SODIUM INJECTION SOLUTION RECONSTITUTED 1.5 (1-0.5) GM, 3 (2-1) GM		Tier 1	
AMPICILLIN-SULBACTAM SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 1.5 (1-0.5) GM, 15 (10-5) GM, 3 (2-1) GM		Tier 1	

Drug	Status	Generic Status	Notes
PIPERACILLIN SOD-TAZOBACTAM SO INTRAVENOUS SOLUTION RECONSTITUTED 2.25 (2-0.25) GM, 3.375 (3-0.375) GM, 4.5 (4-0.5) GM, 40.5 (36-4.5) GM		Tier 1	
*Penicillinase-Resistant Penicillins***			
DICLOXACILLIN SODIUM ORAL CAPSULE 250 MG, 500 MG		LC	
NAFCILLIN SODIUM INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM		Tier 1	
NAFCILLIN SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 10 GM, 2 GM		Tier 1	
OXACILLIN SODIUM INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM		Tier 1	
OXACILLIN SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 10 GM		Tier 1	
Progestins			
*Progestins***			
HYDROXYPROGESTERONE CAPROATE INTRAMUSCULAR OIL 250 MG/ML		Tier 4	PA
MAKENA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 275 MG/1.1ML	Tier 4		PA
MEDROXYPROGESTERONE ACETATE ORAL TABLET 10 MG, 2.5 MG, 5 MG		LC	
MEGESTROL ACETATE ORAL SUSPENSION 625 MG/5ML		Tier 1	
NORETHINDRONE ACETATE ORAL TABLET 5 MG		Tier 1	
PROGESTERONE INTRAMUSCULAR OIL 50 MG/ML		Tier 1	
PROGESTERONE ORAL CAPSULE 100 MG, 200 MG		Tier 1	
Psychotherapeutic And Neurological Agents - Misc.			
*Alcohol Deterrents***			
ACAMPROSATE CALCIUM ORAL TABLET DELAYED RELEASE 333 MG		Tier 1	
DISULFIRAM ORAL TABLET 250 MG, 500 MG		Tier 1	

Drug	Status	Generic Status	Notes
*Antidementia Agent Combinations***			
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	Tier 2		QL (1 EA per 1 day)
*Antisense Oligonucleotide (Aso) Inhibitor Agents***			
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	Tier 5		PA
*Benzodiazepines & Tricyclic Agents***			
CHLORDIAZEPOXIDE-AMITRIPTYLINE ORAL TABLET 10-25 MG, 5-12.5 MG		Tier 1	
*Cholinomimetics - Ache Inhibitors***			
DONEPEZIL HCL ORAL TABLET 10 MG, 23 MG, 5 MG		Tier 1	
DONEPEZIL HCL ORAL TABLET DISPERSIBLE 10 MG, 5 MG		Tier 1	
GALANTAMINE HYDROBROMIDE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 16 MG, 24 MG, 8 MG		Tier 1	
GALANTAMINE HYDROBROMIDE ORAL SOLUTION 4 MG/ML		Tier 1	
GALANTAMINE HYDROBROMIDE ORAL TABLET 12 MG, 4 MG, 8 MG		Tier 1	
RIVASTIGMINE TARTRATE ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG		Tier 1	
RIVASTIGMINE TRANSDERMAL PATCH 24 HOUR 13.3 MG/24HR, 4.6 MG/24HR, 9.5 MG/24HR		Tier 1	
*Fibromyalgia Agent - Snris***			
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	Tier 3		PA; ST; QL (2 EA per 1 day)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	Tier 3		PA; ST; QL (110 EA per 365 days)
*Movement Disorder Drug Therapy***			
TETRABENAZINE ORAL TABLET 12.5 MG, 25 MG		Tier 4	PA
*Multiple Sclerosis Agents - Interferons***			
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	Tier 4		PA; QL (1.2 EA per 30 days)

Drug	Status	Generic Status	Notes
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	Tier 4		PA; QL (1.2 EA per 30 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	Tier 4		PA; QL (15 EA per 30 days)
*Multiple Sclerosis Agents - Monoclonal Antibodies***			
TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML	Tier 5		PA; QL (0.54 ML per 1 day)
*Multiple Sclerosis Agents - Nrf2 Pathway Activators***			
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG	Tier 4		PA; QL (4 EA per 1 day)
TECFIDERA ORAL (DIMETHYL FUMARATE STARTER PACK) 120 & 240 MG	Tier 4	Tier 4	PA; QL (120 EA per 365 days)
TECFIDERA ORAL CAPSULE DELAYED RELEASE (DIMETHYL FUMARATE) 120 MG, 240 MG	Tier 4	Tier 4	PA; QL (2 EA per 1 day)
*Multiple Sclerosis Agents - Potassium Channel Blockers***			
DALFAMPRIDINE ER ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG		Tier 4	PA; QL (2 EA per 1 day)
*Multiple Sclerosis Agents***			
COPAXONE SOLUTION PREFILLED SYRINGE 20 MG/ML SUBCUTANEOUS (GLATIRAMER ACETATE) 20 MG/ML	Tier 4	Tier 4	PA; QL (1 ML per 1 day)
COPAXONE SOLUTION PREFILLED SYRINGE 40 MG/ML SUBCUTANEOUS (GLATIRAMER ACETATE) 40 MG/ML	Tier 4	Tier 4	PA; QL (12.9 ML per 30 days)
GLATOPA SOLUTION PREFILLED SYRINGE 20 MG/ML SUBCUTANEOUS (GLATIRAMER ACETATE) 20 MG/ML	Tier 4	Tier 4	PA; QL (1 ML per 1 day)
GLATOPA SOLUTION PREFILLED SYRINGE 40 MG/ML SUBCUTANEOUS (GLATIRAMER ACETATE) 40 MG/ML	Tier 4	Tier 4	PA; QL (12.9 ML per 30 days)
*N-Methyl-D-Aspartate (Nmda) Receptor Antagonists***			
MEMANTINE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG		Tier 1	QL (1 EA per 1 day)
MEMANTINE HCL ORAL SOLUTION 10 MG/5ML, 2 MG/ML		Tier 1	

Drug	Status	Generic Status	Notes
MEMANTINE HCL ORAL TABLET 10 MG, 28 X 5 MG & 21 X 10 MG, 5 MG		Tier 1	
*Phenothiazines & Tricyclic Agents***			
PERPHENAZINE-AMITRIPTYLINE ORAL TABLET 2-10 MG, 2-25 MG, 4-10 MG, 4-25 MG, 4-50 MG		Tier 1	
*Postherpetic Neuralgia (Phn)/Neuropathic Pain Agents***			
GRALISE TABLET 300 MG ORAL 300 MG	Tier 3		PA; ST; QL (6 EA per 1 day)
GRALISE TABLET 600 MG ORAL 600 MG	Tier 3		PA; ST; QL (3 EA per 1 day)
*Premenstrual Dysphoric Disorder (Pmdd) Agents - Ssris***			
FLUOXETINE HCL (PMDD) ORAL TABLET 10 MG, 20 MG		Tier 1	
*Psychotherapeutic And Neurological Agents - Misc.***			
ERGOLOID MESYLATES ORAL TABLET 1 MG		Tier 3	
PIMOZIDE ORAL TABLET 1 MG, 2 MG		Tier 1	
*Smoking Deterrents***			
APO-VARENICLINE ORAL TABLET 0.5 MG, 1 MG		Tier 3	ST; PV; QL (180 EA per 365 days)
BUPROPION HCL ER (SMOKING DET) ORAL TABLET EXTENDED RELEASE 12 HOUR 150 MG		Tier 1	PV; QL (180 EA per 365 days)
CVS NICOTINE MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)
CVS NICOTINE MOUTH/THROAT LOZENGE 2 MG		Tier 1	PV; QL (180 EA per 365 days)
CVS NICOTINE POLACRILEX MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)
CVS NICOTINE POLACRILEX MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)
CVS NICOTINE TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 21 MG/24HR, 7 MG/24HR		Tier 1	PV; QL (180 EA per 365 days)
EQ NICOTINE MOUTH/THROAT GUM 4 MG		Tier 1	PV; QL (180 EA per 365 days)
EQ NICOTINE MOUTH/THROAT LOZENGE 4 MG		Tier 1	PV; QL (180 EA per 365 days)
EQ NICOTINE POLACRILEX MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)

Drug	Status	Generic Status	Notes
EQ NICOTINE POLACRILEX MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)
EQ NICOTINE STEP 3 TRANSDERMAL PATCH 24 HOUR 7 MG/24HR		Tier 1	PV; QL (180 EA per 365 days)
EQ NICOTINE TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 21 MG/24HR		Tier 1	PV; QL (180 EA per 365 days)
EQL NICOTINE POLACRILEX MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)
GNP NICOTINE MINI MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)
GNP NICOTINE MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)
GNP NICOTINE POLACRILEX MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)
GNP NICOTINE POLACRILEX MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)
GNP NICOTINE TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 21 MG/24HR, 7 MG/24HR		Tier 1	PV; QL (180 EA per 365 days)
GOODSENSE NICOTINE MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)
GOODSENSE NICOTINE MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)
HABITROL TRANSDERMAL PATCH 24 HOUR (NICOTINE) 21 MG/24HR	Tier 1	Tier 1	PV; QL (180 EA per 365 days)
HM NICOTINE POLACRILEX MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)
HM NICOTINE POLACRILEX MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)
HM NICOTINE TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 21 MG/24HR, 7 MG/24HR		Tier 1	PV; QL (180 EA per 365 days)
KLS QUIT2 MOUTH/THROAT GUM (NICOTINE POLACRILEX) 2 MG	Tier 1	Tier 1	PV; QL (180 EA per 365 days)
KLS QUIT2 MOUTH/THROAT LOZENGE (NICOTINE POLACRILEX) 2 MG	Tier 1	Tier 1	PV; QL (180 EA per 365 days)
KLS QUIT4 MOUTH/THROAT GUM (NICOTINE POLACRILEX) 4 MG	Tier 1	Tier 1	PV; QL (180 EA per 365 days)
KLS QUIT4 MOUTH/THROAT LOZENGE (NICOTINE POLACRILEX) 4 MG	Tier 1	Tier 1	PV; QL (180 EA per 365 days)
NICODERM CQ TRANSDERMAL PATCH 24 HOUR (NICOTINE) 14 MG/24HR, 21 MG/24HR, 7 MG/24HR	Tier 3	Tier 1	PV; QL (180 EA per 365 days)

Drug	Status	Generic Status	Notes
NICORETTE MINI MOUTH/THROAT LOZENGE (NICOTINE POLACRILEX) 2 MG, 4 MG	Tier 3	Tier 1	PV; QL (180 EA per 365 days)
NICORETTE MOUTH/THROAT GUM (NICOTINE POLACRILEX) 2 MG, 4 MG	Tier 3	Tier 1	PV; QL (180 EA per 365 days)
NICORETTE MOUTH/THROAT LOZENGE (NICOTINE POLACRILEX) 2 MG, 4 MG	Tier 3	Tier 1	PV; QL (180 EA per 365 days)
NICORETTE STARTER KIT MOUTH/THROAT GUM (NICOTINE POLACRILEX) 2 MG, 4 MG	Tier 3	Tier 1	PV; QL (180 EA per 365 days)
NICOTINE MINI MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)
NICOTINE POLACRILEX MINI MOUTH/THROAT LOZENGE 2 MG		Tier 1	PV; QL (180 EA per 365 days)
NICOTINE STEP 1 TRANSDERMAL PATCH 24 HOUR 21 MG/24HR		Tier 1	PV; QL (180 EA per 365 days)
NICOTINE STEP 2 TRANSDERMAL PATCH 24 HOUR 14 MG/24HR		Tier 1	PV; QL (180 EA per 365 days)
NICOTINE STEP 3 TRANSDERMAL PATCH 24 HOUR 7 MG/24HR		Tier 1	PV; QL (180 EA per 365 days)
NICOTINE TRANSDERMAL KIT 21-14-7 MG/24HR		Tier 1	PV; QL (180 EA per 365 days)
NICOTROL INHALATION INHALER 10 MG	Tier 3		ST; PV; QL (180 EA per 365 days)
NICOTROL NS NASAL SOLUTION 10 MG/ML	Tier 3		ST; PV; QL (180 ML per 365 days)
PX STOP SMOKING AID MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)
PX STOP SMOKING AID MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)
QC NICOTINE TRANSDERMAL SYSTEM TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 21 MG/24HR		Tier 1	PV; QL (180 EA per 365 days)
RA MINI NICOTINE MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)
RA NICOTINE GUM MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)
RA NICOTINE MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)
RA NICOTINE POLACRILEX MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)
RA NICOTINE TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 21 MG/24HR		Tier 1	PV; QL (180 EA per 365 days)

Drug	Status	Generic Status	Notes
SM NICOTINE MOUTH/THROAT GUM 4 MG		Tier 1	PV; QL (180 EA per 365 days)
SM NICOTINE MOUTH/THROAT LOZENGE 2 MG		Tier 1	PV; QL (180 EA per 365 days)
SM NICOTINE POLACRILEX MOUTH/THROAT GUM 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)
SM NICOTINE POLACRILEX MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)
SM NICOTINE TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 21 MG/24HR, 7 MG/24HR		Tier 1	PV; QL (180 EA per 365 days)
THRIVE MOUTH/THROAT GUM (NICOTINE POLACRILEX) 2 MG	Tier 3	Tier 1	PV; QL (180 EA per 365 days)
VARENICLINE TARTRATE ORAL TABLET 0.5 MG, 1 MG		Tier 1	PV; QL (180 EA per 365 days)
*Sphingosine 1-Phosphate (S1p) Receptor Modulators***			
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG	Tier 5		PA; QL (1 EA per 1 day)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	Tier 5		PA; QL (24 EA per 365 days)
MAYZENT TABLET 0.25 MG ORAL 0.25 MG	Tier 5		PA; QL (4 EA per 1 day)
MAYZENT TABLET 2 MG ORAL 2 MG	Tier 5		PA; QL (1 EA per 1 day)
*Thienbenzodiazepines & Ssris***			
OLANZAPINE-FLUOXETINE HCL CAPSULE 12-25 MG ORAL 12-25 MG		Tier 1	QL (1 EA per 1 day)
OLANZAPINE-FLUOXETINE HCL CAPSULE 12-50 MG ORAL 12-50 MG		Tier 1	QL (1 EA per 1 day)
OLANZAPINE-FLUOXETINE HCL CAPSULE 3-25 MG ORAL 3-25 MG		Tier 1	QL (3 EA per 1 day)
OLANZAPINE-FLUOXETINE HCL CAPSULE 6-25 MG ORAL 6-25 MG		Tier 1	QL (3 EA per 1 day)
OLANZAPINE-FLUOXETINE HCL CAPSULE 6-50 MG ORAL 6-50 MG		Tier 1	QL (1 EA per 1 day)
*Vasomotor Symptom Agents - Ssris***			
PAROXETINE MESYLATE ORAL CAPSULE 7.5 MG		Tier 1	QL (1 EA per 1 day)

Drug	Status	Generic Status	Notes
Respiratory Agents - Misc.			
*Alpha-Proteinase Inhibitor (Human)***			
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML	Tier 5		PA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	Tier 5		PA
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	Tier 5		PA
*Cftr Potentiators***			
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG	Tier 5		PA
KALYDECO ORAL TABLET 150 MG	Tier 5		PA
*Cystic Fibrosis Agent - Combinations***			
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	Tier 5		PA; QL (2 EA per 1 day)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	Tier 5		PA; QL (112 EA per 28 days)
*Hydrolytic Enzymes***			
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	Tier 4		PA
*Pulmonary Fibrosis Agents - Kinase Inhibitors***			
OFEV ORAL CAPSULE 100 MG, 150 MG	Tier 5		PA
Sulfonamides			
*Sulfonamides***			
SULFADIAZINE ORAL TABLET 500 MG		Tier 1	
Tetracyclines			
*Tetracyclines***			
AVIDOXY ORAL TABLET 100 MG		Tier 1	
DEMECLOCYCLINE HCL ORAL TABLET 150 MG, 300 MG		Tier 1	
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED (DOXYCYCLINE HYCLATE) 100 MG	Tier 1	Tier 1	
DOXYCYCLINE HYCLATE ORAL CAPSULE 100 MG, 50 MG		Tier 1	

Drug	Status	Generic Status	Notes
DOXYCYCLINE HYCLATE ORAL TABLET 100 MG, 20 MG		Tier 1	
DOXYCYCLINE MONOHYDRATE ORAL CAPSULE 50 MG		Tier 1	
DOXYCYCLINE MONOHYDRATE ORAL SUSPENSION RECONSTITUTED 25 MG/5ML		Tier 1	
DOXYCYCLINE MONOHYDRATE ORAL TABLET 100 MG, 150 MG, 50 MG, 75 MG		Tier 1	
MINOCIN INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Tier 3		
MINOCYCLINE HCL ORAL CAPSULE 100 MG, 50 MG, 75 MG		Tier 1	
MINOCYCLINE HCL ORAL TABLET 100 MG, 50 MG, 75 MG		Tier 1	
MONDOXYNE NL ORAL CAPSULE (DOXYCYCLINE MONOHYDRATE) 100 MG	Tier 1	Tier 1	
TETRACYCLINE HCL ORAL CAPSULE 250 MG, 500 MG		Tier 1	
Thyroid Agents			
*Antithyroid Agents***			
METHIMAZOLE ORAL TABLET 10 MG, 5 MG		Tier 1	
PROPYLTHIOURACIL ORAL TABLET 50 MG		Tier 1	
*Thyroid Hormones***			
EUTHYROX ORAL TABLET (LEVOTHYROXINE SODIUM) 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	LC	LC	
LEVO-T TABLET 100 MCG ORAL (LEVOTHYROXINE SODIUM) 100 MCG	LC	LC	
LEVO-T TABLET 112 MCG ORAL (LEVOTHYROXINE SODIUM) 112 MCG	LC	LC	
LEVO-T TABLET 125 MCG ORAL (LEVOTHYROXINE SODIUM) 125 MCG	LC	LC	
LEVO-T TABLET 137 MCG ORAL (LEVOTHYROXINE SODIUM) 137 MCG	LC	LC	
LEVO-T TABLET 150 MCG ORAL (LEVOTHYROXINE SODIUM) 150 MCG	LC	LC	
LEVO-T TABLET 175 MCG ORAL (LEVOTHYROXINE SODIUM) 175 MCG	LC	LC	

Drug	Status	Generic Status	Notes
LEVO-T TABLET 200 MCG ORAL (LEVOTHYROXINE SODIUM) 200 MCG	LC	LC	
LEVO-T TABLET 25 MCG ORAL (LEVOTHYROXINE SODIUM) 25 MCG	LC	LC	
LEVO-T TABLET 300 MCG ORAL (LEVOTHYROXINE SODIUM) 300 MCG	Tier 1	Tier 1	
LEVO-T TABLET 50 MCG ORAL (LEVOTHYROXINE SODIUM) 50 MCG	LC	LC	
LEVO-T TABLET 75 MCG ORAL (LEVOTHYROXINE SODIUM) 75 MCG	LC	LC	
LEVO-T TABLET 88 MCG ORAL (LEVOTHYROXINE SODIUM) 88 MCG	LC	LC	
LEVOTHYROXINE SODIUM INTRAVENOUS SOLUTION 100 MCG/5ML, 200 MCG/5ML, 500 MCG/5ML		Tier 1	
LEVOTHYROXINE SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 100 MCG, 200 MCG, 500 MCG		Tier 1	
LEVOXYL ORAL TABLET (LEVOTHYROXINE SODIUM) 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	LC	LC	
LIOTHYRONINE SODIUM INTRAVENOUS SOLUTION 10 MCG/ML		Tier 1	
LIOTHYRONINE SODIUM ORAL TABLET 25 MCG, 5 MCG, 50 MCG		Tier 1	
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG		Tier 1	
UNITHROID TABLET 100 MCG ORAL (LEVOTHYROXINE SODIUM) 100 MCG	LC	LC	
UNITHROID TABLET 112 MCG ORAL (LEVOTHYROXINE SODIUM) 112 MCG	LC	LC	
UNITHROID TABLET 125 MCG ORAL (LEVOTHYROXINE SODIUM) 125 MCG	LC	LC	
UNITHROID TABLET 137 MCG ORAL (LEVOTHYROXINE SODIUM) 137 MCG	LC	LC	
UNITHROID TABLET 150 MCG ORAL (LEVOTHYROXINE SODIUM) 150 MCG	LC	LC	
UNITHROID TABLET 175 MCG ORAL (LEVOTHYROXINE SODIUM) 175 MCG	LC	LC	
UNITHROID TABLET 200 MCG ORAL (LEVOTHYROXINE SODIUM) 200 MCG	LC	LC	

Drug	Status	Generic Status	Notes
UNITHROID TABLET 25 MCG ORAL (LEVOTHYROXINE SODIUM) 25 MCG	LC	LC	
UNITHROID TABLET 300 MCG ORAL (LEVOTHYROXINE SODIUM) 300 MCG	Tier 1	Tier 1	
UNITHROID TABLET 50 MCG ORAL (LEVOTHYROXINE SODIUM) 50 MCG	LC	LC	
UNITHROID TABLET 75 MCG ORAL (LEVOTHYROXINE SODIUM) 75 MCG	LC	LC	
UNITHROID TABLET 88 MCG ORAL (LEVOTHYROXINE SODIUM) 88 MCG	LC	LC	
Toxoids			
*Toxoid Combinations***			
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	Tier 2		PV
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	Tier 2		PV
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	Tier 2		PV
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	Tier 2		PV
DIPHtheria-TETANUS TOXOIDS DT INTRAMUSCULAR SUSPENSION 25-5 LFU/0.5ML		Tier 2	PV
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	Tier 2		PV
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 2		PV
PEDIARIX INTRAMUSCULAR SUSPENSION	Tier 2		PV
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier 2		PV
QUADRACEL INTRAMUSCULAR SUSPENSION	Tier 2		PV
TDVAX INTRAMUSCULAR SUSPENSION (TETANUS-DIPHtheria TOXOIDS TD) 2-2 LF/0.5ML	Tier 2	Tier 2	PV
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	Tier 2		PV
VAXELIS INTRAMUSCULAR SUSPENSION	Tier 2		PV

Drug	Status	Generic Status	Notes
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 2		PV
*Ulcer Drugs/Antispasmodics/Anticholinergics *			
*Antispasmodics***			
DICYCLOMINE HCL INTRAMUSCULAR SOLUTION 10 MG/ML		Tier 1	
DICYCLOMINE HCL ORAL CAPSULE 10 MG		LC	
DICYCLOMINE HCL ORAL SOLUTION 10 MG/5ML		Tier 1	
DICYCLOMINE HCL ORAL TABLET 20 MG		LC	
*Belladonna Alkaloids***			
ATROPINE SULFATE INJECTION SOLUTION 8 MG/20ML		Tier 1	
ATROPINE SULFATE INJECTION SOLUTION PREFILLED SYRINGE 0.5 MG/5ML		Tier 1	
ED-SPAZ ORAL TABLET DISPERSIBLE 0.125 MG		Tier 1	
HYOSCYAMINE SULFATE ORAL ELIXIR 0.125 MG/5ML		Tier 1	
HYOSCYAMINE SULFATE ORAL SOLUTION 0.125 MG/ML		Tier 1	
HYOSCYAMINE SULFATE ORAL TABLET 0.125 MG		Tier 1	
HYOSCYAMINE SULFATE ORAL TABLET DISPERSIBLE 0.125 MG		Tier 1	
HYOSCYAMINE SULFATE SL SUBLINGUAL TABLET SUBLINGUAL 0.125 MG		Tier 1	
HYOSCYAMINE SULFATE SUBLINGUAL TABLET SUBLINGUAL 0.125 MG		Tier 1	
OSCIMIN ORAL TABLET 0.125 MG		Tier 1	
OSCIMIN SUBLINGUAL TABLET SUBLINGUAL 0.125 MG		Tier 1	
*H-2 Antagonists***			
CIMETIDINE HCL ORAL SOLUTION 300 MG/5ML, 400 MG/6.67ML		Tier 1	
CIMETIDINE TABLET 200 MG ORAL (RX) 200 MG		Tier 1	
CIMETIDINE TABLET 300 MG ORAL 300 MG		Tier 1	

Drug	Status	Generic Status	Notes
CIMETIDINE TABLET 400 MG ORAL 400 MG		Tier 1	
CIMETIDINE TABLET 800 MG ORAL 800 MG		LC	
FAMOTIDINE INTRAVENOUS SOLUTION 20 MG/2ML, 200 MG/20ML, 40 MG/4ML		Tier 1	
FAMOTIDINE ORAL SUSPENSION RECONSTITUTED 40 MG/5ML		Tier 1	
FAMOTIDINE PREMIXED INTRAVENOUS SOLUTION 20-0.9 MG/50ML-%		Tier 1	
FAMOTIDINE TABLET 20 MG ORAL (RX) 20 MG		LC	
FAMOTIDINE TABLET 40 MG ORAL 40 MG		Tier 1	
NIZATIDINE ORAL CAPSULE 150 MG, 300 MG		Tier 1	
NIZATIDINE ORAL SOLUTION 15 MG/ML		Tier 1	
*Misc. Anti-Ulcer***			
SUCRALFATE ORAL SUSPENSION 1 GM/10ML		Tier 1	
SUCRALFATE ORAL TABLET 1 GM		LC	
*Proton Pump Inhibitors***			
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG	Tier 2		QL (1 EA per 1 day)
ESOMEPRAZOLE SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 40 MG		Tier 1	
LANSOPRAZOLE ORAL CAPSULE DELAYED RELEASE 15 MG, 30 MG		Tier 1	QL (1 EA per 1 day)
LANSOPRAZOLE ORAL TABLET DELAYED RELEASE DISPERSIBLE 15 MG		Tier 1	QL (1 EA per 1 day)
OMEPRAZOLE ORAL CAPSULE DELAYED RELEASE 10 MG, 20 MG, 40 MG		LC	QL (1 EA per 1 day)
PANTOPRAZOLE SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 40 MG		LC	QL (1 EA per 1 day)
PANTOPRAZOLE SODIUM ORAL PACKET 40 MG		Tier 1	QL (1 EA per 1 day)
PANTOPRAZOLE SODIUM ORAL TABLET DELAYED RELEASE 20 MG, 40 MG		LC	QL (1 EA per 1 day)
RABEPRAZOLE SODIUM ORAL TABLET DELAYED RELEASE 20 MG		Tier 1	QL (1 EA per 1 day)
*Quaternary Anticholinergics***			
CUVPOSA ORAL SOLUTION 1 MG/5ML	Tier 3		

Drug	Status	Generic Status	Notes
GLYCOPYRROLATE INJECTION SOLUTION 0.2 MG/ML, 0.4 MG/2ML, 1 MG/5ML, 4 MG/20ML		Tier 1	
GLYCOPYRROLATE ORAL TABLET 1 MG, 2 MG		Tier 1	
GLYCOPYRROLATE PF INJECTION SOLUTION PREFILLED SYRINGE 0.2 MG/ML, 0.4 MG/2ML		Tier 1	
METHSCOPOLAMINE BROMIDE ORAL TABLET 2.5 MG, 5 MG		Tier 3	
*Ulcer Anti-Infective W/ Bismuth Combinations***			
PYLERA ORAL CAPSULE 140-125-125 MG	Tier 2		
*Ulcer Anti-Infective W/ Proton Pump Inhibitors***			
AMOXICILL-CLARITHRO-LANSOPRAZ ORAL		Tier 1	
OMECLAMOX-PAK ORAL 500-500-20 MG	Tier 2		
*Ulcer Drugs - Prostaglandins***			
MISOPROSTOL ORAL TABLET 100 MCG, 200 MCG		Tier 1	
Urinary Antispasmodics			
*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)***			
DARIFENACIN HYDROBROMIDE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 7.5 MG		Tier 1	
GELNIQUE TRANSDERMAL GEL 10 %	Tier 3		PA; ST
OXYBUTYNIN CHLORIDE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 5 MG		Tier 1	
OXYBUTYNIN CHLORIDE ORAL SYRUP 5 MG/5ML		Tier 1	
OXYBUTYNIN CHLORIDE ORAL TABLET 5 MG		Tier 1	
SOLIFENACIN SUCCINATE ORAL TABLET 10 MG, 5 MG		Tier 1	
TOLTERODINE TARTRATE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG		Tier 1	

Drug	Status	Generic Status	Notes
TOLTERODINE TARTRATE ORAL TABLET 1 MG, 2 MG		Tier 1	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG	Tier 3		
TROSPIUM CHLORIDE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 60 MG		Tier 1	
TROSPIUM CHLORIDE ORAL TABLET 20 MG		Tier 1	
*Urinary Antispasmodics - Beta-3 Adrenergic Agonists***			
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	Tier 2		
*Urinary Antispasmodics - Cholinergic Agonists***			
BETHANECHOL CHLORIDE ORAL TABLET 10 MG, 25 MG, 5 MG, 50 MG		Tier 1	
*Urinary Antispasmodics - Direct Muscle Relaxants***			
FLAVOXATE HCL ORAL TABLET 100 MG		Tier 1	
Vaccines			
*Bacterial Vaccines***			
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier 2		PV; AGE (Max 6 Years)
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 2		PV
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	Tier 2		PV; AGE (Max 6 Years)
MENACTRA INTRAMUSCULAR SOLUTION	Tier 2		PV
MENQUADFI INTRAMUSCULAR SOLUTION	Tier 2		PV
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	Tier 2		PV
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	Tier 2		PV; AGE (Max 6 Years)
PNEUMOVAX 23 INJECTION INJECTABLE 25 MCG/0.5ML	Tier 2		PV
PREVNAR 13 INTRAMUSCULAR SUSPENSION	Tier 2		PV

Drug	Status	Generic Status	Notes
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 2		
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 2		PV
*Viral Vaccine Combinations***			
M-M-R II INJECTION SOLUTION RECONSTITUTED	Tier 2		PV
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	Tier 2		PV
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	Tier 2		PV
*Viral Vaccines***			
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION	Tier 2		PV
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.25 ML, 0.5 ML	Tier 2		PV
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML	Tier 2		PV
FLUAD QUADRIVALENT INTRAMUSCULAR PREFILLED SYRINGE 0.5 ML	Tier 2		PV; AGE (Min 65 Years)
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 2		PV
FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML	Tier 2		PV
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION	Tier 2		PV
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 2		PV
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 2		PV
FLUMIST QUADRIVALENT NASAL SUSPENSION	Tier 2		PV; AGE (Min 2 Years and Max 49 Years)
FLUZONE HIGH-DOSE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.7 ML	Tier 2		PV; AGE (Min 65 Years)

Drug	Status	Generic Status	Notes
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION , 0.5 ML	Tier 2		PV
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 2		PV
GARDASIL 9 INTRAMUSCULAR SUSPENSION	Tier 2		PV; AGE (Min 9 Years and Max 26 Years)
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 2		PV; AGE (Min 9 Years and Max 26 Years)
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	Tier 2		PV
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	Tier 2		PV; AGE (Min 18 Years)
IPOL INJECTION INJECTABLE	Tier 2		PV; AGE (Max 17 Years)
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	Tier 2		PV
ROTARIX SUSPENSION RECONSTITUTED ORAL	Tier 2		PV
ROTARIX SUSPENSION RECONSTITUTED ORAL	Tier 2		PV; AGE (Max 8 Years)
ROTATEQ ORAL SOLUTION	Tier 2		PV
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	Tier 2		PV; AGE (Min 50 Years)
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	Tier 2		PV
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	Tier 2		PV
Vaginal And Related Products			
*Imidazole-Related Antifungals***			
GYNAZOLE-1 VAGINAL CREAM 2 %	Tier 3		
MICONAZOLE 3 VAGINAL SUPPOSITORY 200 MG		Tier 1	
TERCONAZOLE VAGINAL CREAM 0.4 %, 0.8 %		Tier 1	
TERCONAZOLE VAGINAL SUPPOSITORY 80 MG		Tier 1	
*Miscellaneous Vaginal Products***			
INTRAROSA VAGINAL INSERT 6.5 MG	Tier 3		

Drug	Status	Generic Status	Notes
*Spermicides***			
ENCARE VAGINAL SUPPOSITORY 100 MG	Tier 3		PV; QL (12 EA per 23 days)
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 %	Tier 3		PV; QL (85.5 GM per 23 days)
SHUR-SEAL CONTRACEPTIVE VAGINAL GEL 2 %	Tier 3		PV; QL (75 EA per 23 days)
TODAY SPONGE VAGINAL 1000 MG	Tier 3		PV; QL (12 EA per 23 days)
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 %	Tier 3		PV; QL (12 EA per 23 days)
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM 12.5 %	Tier 3		PV; QL (17 GM per 23 days)
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 %	Tier 1		PV; QL (2.7 GM per 23 days)
*Vaginal Anti-Infectives***			
CLINDAMYCIN PHOSPHATE VAGINAL CREAM 2 %		Tier 1	
METRONIDAZOLE VAGINAL GEL 0.75 %		Tier 1	
*Vaginal Estrogens***			
ESTRADIOL VAGINAL CREAM 0.1 MG/GM		Tier 1	
YUVAFEM VAGINAL TABLET (ESTRADIOL) 10 MCG	Tier 1	Tier 1	
Vasopressors			
*Anaphylaxis Therapy Agents***			
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML	Tier 3		QL (0.07 EA per 1 day)
EPINEPHRINE (ANAPHYLAXIS) INJECTION SOLUTION 30 MG/30ML		Tier 1	
EPINEPHRINE INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML, 0.15 MG/0.3ML, 0.3 MG/0.3ML		Tier 1	
*Vasopressors***			
EPHEDRINE SULFATE INTRAVENOUS SOLUTION 50 MG/ML		Tier 1	
EPINEPHRINE PF INJECTION SOLUTION 1 MG/ML		Tier 1	
MIDODRINE HCL ORAL TABLET 10 MG, 2.5 MG, 5 MG		Tier 1	
NOREPINEPHRINE BITARTRATE INTRAVENOUS SOLUTION 1 MG/ML		Tier 1	

Drug	Status	Generic Status	Notes
PHENYLEPHRINE HCL INTRAVENOUS SOLUTION 10 MG/ML		Tier 1	
Vitamins			
*Vitamin B-1***			
THIAMINE HCL INJECTION SOLUTION 100 MG/ML		Tier 1	
*Vitamin B-6***			
PYRIDOXINE HCL INJECTION SOLUTION 100 MG/ML		Tier 1	
*Vitamin D***			
ERGOCALCIFEROL ORAL CAPSULE 1.25 MG (50000 UT)		Tier 1	
VITAMIN D (ERGOCALCIFEROL) ORAL CAPSULE 1.25 MG (50000 UT)		Tier 1	
*Vitamin K***			
PHYTONADIONE INJECTION SOLUTION 1 MG/0.5ML, 10 MG/ML		Tier 1	
PHYTONADIONE ORAL TABLET 5 MG		Tier 1	
VITAMIN K1 INJECTION SOLUTION 1 MG/0.5ML, 10 MG/ML		Tier 1	

Index

1ST TIER UNIFINE PENTIPS 160 PLUS.....	160	ACTI-LANCE 28G.....	146	AEROCHAMBER PLUS FLO-VU W/MASK.....	185
1ST TIER UNIFINE PENTIPS PLUS.....	160	ACTI-LANCE LITE LANCETS 28G.....	147	AEROCHAMBER PLUS FLOW VU.....	185
1ST TIER UNILET COMFORTOUCH.....	146	ACTI-LANCE SPECIAL LANCETS 17G.....	147	AEROCHAMBER W/FLOWSIGNAL.....	185
ABACAVIR SULFATE.....	82	ACTI-LANCE UNIVERSAL 23G.....	147	AEROCHAMBER Z-STAT PLUS.....	185
ABACAVIR SULFATE-LAMIVUDINE.....	80	ACTIMMUNE.....	68	AEROCHAMBER Z-STAT PLUS CHAMBR.....	185
ABACAVIR-LAMIVUDINE-ZIDOVUDINE.....	80	ACYCLOVIR.....	84, 112	AEROCHAMBER Z-STAT PLUS/LARGE.....	185
ABELCET.....	48	ACYCLOVIR SODIUM.....	84	AEROCHAMBER Z-STAT PLUS/MEDIUM.....	186
ABILIFY MAINTENA.....	79	ADACEL.....	221	AEROCHAMBER Z-STAT PLUS/SMALL.....	186
ABIRATERONE ACETATE....	61	ADAKVEO.....	138	AEROVENT PLUS.....	186
ABOUTTIME PEN NEEDLE.....	160	ADAPALENE.....	109	AFINITOR DISPERZ.....	66
ABRAXANE.....	70	ADAPALENE-BENZOYL PEROXIDE.....	108	AFIRMELLE.....	94
ACAMPROSATE CALCIUM.....	211	ADC/F (0.5MG/ML).....	196	AFLURIA QUADRIVALENT.....	226
ACARBOSE.....	40	ADCETRIS.....	63	AFTERA.....	101
ACCU-CHEK FASTCLIX LANCET.....	146	ADEFOVIR DIPIVOXIL.....	83	AGAMATRIX ULTRA-THIN LANCETS.....	147
ACCU-CHEK FASTCLIX LANCETS.....	146	ADEMPAS.....	90	AIMOVIG.....	187, 188
ACCU-CHEK MULTICLIX LANCETS.....	146	ADENOSINE.....	26	AIMSCO TWIST LANCETS 32G.....	147
ACCU-CHEK SAFE-T PRO LANCETS.....	146	ADRIAMYCIN.....	67	AIMSCO TWIST LANCETS 33G.....	147
ACCU-CHEK SOFTCLIX LANCET DEV.....	146	ADRIAMYCIN.....	67	AIRAVITE.....	136
ACCU-CHEK SOFTCLIX LANCETS.....	146	ADULT ASPIRIN REGIMEN... ..	11	AKYNZEO.....	47
ACUTANE.....	109	ADVAIR HFA.....	27	ALA-CORT.....	112
ACEBUTOLOL HCL.....	85	ADVANCED MOBILE LANCET.....	147	ALBENDAZOLE.....	23
ACETAMINOPHEN.....	11	ADVATE.....	132	ALBUMIN HUMAN.....	134
ACETAMINOPHEN-CODEINE.....	15, 16	ADVOCATE ALCOHOL PREP PADS.....	144	ALBUMIN-ZLB.....	134
ACETAMINOPHEN-CODEINE #2.....	15	ADVOCATE INSULIN PEN NEEDLES.....	160	ALBURX.....	134
ACETAMINOPHEN-CODEINE #3.....	15	ADVOCATE INSULIN SYRINGE.....	160	ALBUTEROL SULFATE.... ..	28, 29
ACETAMINOPHEN-CODEINE #4.....	15	ADVOCATE LANCETS.....	147	ALCLOMETASONE DIPROPIONATE.....	112, 113
ACETAZOLAMIDE.....	119	ADVOCATE LANCETS 30G.....	147	ALCOH-GLOVE CONTOURED WIPE.....	144
ACETAZOLAMIDE ER.....	119	ADVOCATE SAFETY LANCETS.....	147	ALCOHOL PADS.....	144
ACETAZOLAMIDE SODIUM.....	119	ADVOCATE SAFETY LANCETS 26G.....	147	ALCOHOL PREP.....	144
ACETIC ACID.....	130, 207	AEROCHAMBER MINI CHAMBER.....	185	ALCOHOL SWABS.....	144
ACETYLCYSTEINE.....	46, 108	AEROCHAMBER MV.....	185	ALCOH-WIPE.....	144
ACITRETIN.....	111	AEROCHAMBER PLUS FLO-VU.....	185	ALDURAZYME.....	124
ACTEMRA.....	8	AEROCHAMBER PLUS FLO-VU LARGE.....	185	ALENDRONATE SODIUM.... ..	121
ACTEMRA ACTPEN.....	8	AEROCHAMBER PLUS FLO-VU MEDIUM.....	185	ALFERON N.....	68
ACTHAR.....	122	AEROCHAMBER PLUS FLO-VU SMALL.....	185	ALFUZOSIN HCL ER.....	130
ACTHIB.....	225			ALIMTA.....	61
				ALINIA.....	57

ALISKIREN FUMARATE.....	55	AMOXICILLIN-POT CLAVULANATE.....	210	ASPIRIN EC ADULT LOW STRENGTH.....	12
ALLOPURINOL.....	131	AMOXICILLIN-POT CLAVULANATE ER.....	210	ASPIRIN EC LOW DOSE.....	12
ALLOPURINOL SODIUM.....	131	AMPHETAMINE SULFATE.....	4	ASPIRIN EC LOW STRENGTH.....	12
ALMOTRIPTAN MALATE....	188	AMPHETAMINE- DEXTROAMPHET ER.....	3	ASPIRIN LOW DOSE.....	12
ALOCRI	203	AMPHETAMINE- DEXTROAMPHETAMINE.....	3, 4	ASPIRIN LOW STRENGTH....	12
ALOMIDE	203	AMPHOTERICIN B.....	48	ASPIRIN-DIPYRIDAMOLE ER.....	135
ALOSETRON HCL.....	128	AMPICILLIN.....	209	ASSURE COMFORT LANCETS 28G.....	147
ALPHAGAN P	205	AMPICILLIN SODIUM.....	210	ASSURE HAEMOLANCE PLUS HIGH	147
ALPHANATE	132	AMPICILLIN-SULBACTAM SODIUM.....	210	ASSURE HAEMOLANCE PLUS LOW	147
ALPRAZOLAM.....	25	ANAGRELIDE HCL.....	135	ASSURE HAEMOLANCE PLUS MICRO	147
ALPRAZOLAM ER.....	25	ANASTROZOLE.....	69	ASSURE HAEMOLANCE PLUS NORMAL	147
ALPRAZOLAM INTENSOL ..	25	ANNOVERA.....	100	ASSURE HAEMOLANCE PLUS PED	147
ALPRAZOLAM XR.....	25	ANORO ELLIPTA	27	ASSURE ID SAFETY PEN NEEDLES	160
ALPROSTADIL.....	194	APAP-CAFF- DIHYDROCODEINE.....	16	ASSURE LANCE LANCETS 147	
ALTABAX	109	APLENZIN	37	ASSURE LANCE LANCETS 21G	147
ALTAFRIN	202	APOKYN	75	ASSURE LANCE PLUS SAFETY 25G	147
ALTAVERA	94	APO-VARENICLINE.....	214	ASSURE LANCE PLUS SAFETY 30G	147
ALVIMOPAN.....	129	APRACLONIDINE HCL.....	205	ASSURE LANCE SAFETY LANCET 28G	147
ALYQ	90	APREPITANT.....	47, 48	ATABEX	196
AMABELZ	126	APRI	94	ATAZANAVIR SULFATE.....	81
AMANTADINE HCL.....	74	APTIVUS	81	ATENOLOL.....	85
AMBISOME	48	AQUALANCE LANCETS 30G	147	ATENOLOL- CHLORTHALIDONE.....	55
AMBRISENTAN.....	90	ARANELLE	103	ATOMOXETINE HCL.....	3
AMCINONIDE.....	113	ARANESP (ALBUMIN FREE)	136	ATORVASTATIN CALCIUM..	51
AMETHIA	101	ARGATROBAN.....	32	ATOVAQUONE.....	57
AMETHYST	100	ARGYLE STERILE SALINE	131	ATOVAQUONE- PROGUANIL HCL.....	59
AMIKACIN SULFATE.....	6	ARGYLE STERILE WATER	193	ATROPINE SULFATE....	202, 222
AMILORIDE HCL.....	120	ARIPIRAZOLE.....	79	ATROVENT HFA	29
AMILORIDE- HYDROCHLOROTHIAZIDE.	119	ARMODAFINIL.....	4	AUBRA	94
AMINOCAPROIC ACID.....	138	ARNUITY ELLIPTA	30	AUBRA EQ	94
AMINOPHYLLINE.....	31	ARRANON	61	AURORA LANCET SUPER THIN 30G.....	147
AMIODARONE HCL.....	27	ARSENIC TRIOXIDE.....	68	AURORA LANCET THIN 23G	147
AMITRIPTYLINE HCL.....	40	ARZERRA	63	AURORA PEN NEEDLES.....	160
AMLODIPINE BESY- BENZAEPRI	52	ASCOMP-CODEINE	16	AURORA UNIFINE PENTIPS	160
AMLODIPINE BESYLATE.....	87	ASHLYNA	101		
AMLODIPINE BESYLATE- VALSARTAN.....	53	ASPIRIN 81.....	11		
AMLODIPINE- ATORVASTATIN.....	89	ASPIRIN ADULT LOW DOSE..	11		
AMLODIPINE- OLMESARTAN.....	53	ASPIRIN ADULT LOW STRENGTH.....	11		
AMLODIPINE-VALSARTAN- HCTZ.....	54	ASPIRIN CHILDRENS.....	12		
AMMONIUM LACTATE.....	116	ASPIRIN EC.....	12		
AMNESTEEM	109				
AMOXAPINE.....	40				
AMOXICILL-CLARITHRO- LANSOPRAZ.....	224				
AMOXICILLIN.....	209				

AUROVELA 1.5/30	94	BD INSULIN SYRINGE		BENZONATATE	107
AUROVELA 1/20	94	HALF-UNIT	161	BENZOYL PEROXIDE-	
AUROVELA 24 FE	94	BD INSULIN SYRINGE		ERYTHROMYCIN	108
AUROVELA FE 1.5/30	94	MICROFINE	161	BENZTROPINE MESYLATE ...	74
AUROVELA FE 1/20	94	BD INSULIN SYRINGE U/F	161	BEPOTASTINE BESILATE ...	203
AUVI-Q	228	BD INSULIN SYRINGE U/F		BEPREVE	203
AVASTIN	73	1/2UNIT	161	BERINERT	134
AVIANE	94	BD INSULIN SYRINGE U-		BESER	113
AVIDOXY	218	500	161	BESIVANCE	203
AVONEX PEN	212	BD INSULIN SYRINGE		BETAMETHASONE	
AVONEX PREFILLED	213	ULTRAFINE	161, 162	DIPROPIONATE	113
AYUNA	94	BD LANCET ULTRAFINE		BETAMETHASONE	
AZACITIDINE	61	30G	147	DIPROPIONATE AUG	113
AZASAN	194	BD LANCET ULTRAFINE		BETAMETHASONE SOD	
AZASITE	203	33G	147	PHOS & ACET	107
AZATHIOPRINE	194	BD MICROTAINER		BETAMETHASONE	
AZATHIOPRINE SODIUM ...	194	LANCETS	148	VALERATE	113
AZELAIC ACID	117	BD PEN	162	BETASERON	213
AZELASTINE HCL	201, 203	BD PEN MINI	162	BETAXOLOL HCL	85, 202
AZELASTINE-		BD PEN NEEDLE MICRO		BETHANECHOL CHLORIDE	225
FLUTICASONE	200	U/F	162	BETHKIS	7
AZELEX	109	BD PEN NEEDLE MINI U/F	162	BETIMOL	202
AZITHROMYCIN	143	BD PEN NEEDLE NANO		BEXAROTENE	72
AZOPT	204	2ND GEN	162	BEXSERO	225
AZTREONAM	58	BD PEN NEEDLE NANO		BICALUTAMIDE	61
AZURETTE	93	U/F	162	BICILLIN L-A	210
B-6 FOLIC ACID	136	BD PEN NEEDLE		BIJUVA	126
BAC	11	ORIGINAL U/F	162	BIKTARVY	80
BACITRACIN	56, 203	BD PEN NEEDLE SHORT		BIMATOPROST	206
BACITRACIN-POLYMYXIN		U/F	162	BIOCEL	196
B	204	BD SAFETYGLIDE		BISACODYL EC	142
BACLOFEN	199, 200	INSULIN SYRINGE	162	BISOPROLOL FUMARATE	85
BAFIERTAM	213	BD SAFETY-LOK INSULIN		BISOPROLOL-	
BAL IN OIL	46	SYRINGE	162	HYDROCHLOROTHIAZIDE ...	55
BALSALAZIDE DISODIUM ..	128	BD SWAB SINGLE USE		BIVALIRUDIN	
BALZIVA	94	REGULAR	144	TRIFLUOROACETATE	32
BANZEL	33	BD SWABS SINGLE USE		BIVIGAM	208
BARACLUDGE	83	BUTTERFLY	144	BLEOMYCIN SULFATE	67
BAVENCIO	64	BD VEO INSULIN SYR U/F		BLINCYTO	65
BAXDELA	127	1/2UNIT	162	BLISOVI 24 FE	94
BAYER ADVANCED		BD VEO INSULIN SYRINGE		BLISOVI FE 1.5/30	94
ASPIRIN REG ST	12	U/F	162	BLISOVI FE 1/20	95
BAYER ASPIRIN	12	BELEODAQ	65	BOOSTRIX	221
BAYER ASPIRIN EC LOW		BELSOMRA	139	BOSENTAN	90
DOSE	12	BENZAEPRIIL HCL	53	BOSULIF	64
BAYER LOW DOSE	12	BENZAEPRIIL-		BOTOX	201
BD AUTOSHIELD	160	HYDROCHLOROTHIAZIDE ...	52	BP VIT 3	136
BD AUTOSHIELD DUO	160	BENDEKA	60	B-PLEX	196
BD INSULIN SYR		BENEFIX	132	BRAINSTRONG	
ULTRAFINE II	161	BENZALKONIUM		PRENATAL	198
BD INSULIN SYRINGE	161	CHLORIDE	80	BREATHE EASE LARGE	186
		BENZNIDAZOLE	23	BREATHE EASE SMALL	186

BREO ELLIPTA	27	CAMRESE	101	CARVEDILOL.....	85
BRILINTA	134	CAMRESE LO	101	CARVEDILOL PHOSPHATE	
BRIMONIDINE TARTRATE..	205	CANDESARTAN CILEXETIL.	54	ER.....	85
BRIVIACT	33	CANDESARTAN		CASCARA SAGRADA.....	142
BROMFENAC SODIUM		CILEXETIL-HCTZ.....	54	CASPOFUNGIN ACETATE....	48
(ONCE-DAILY).....	205	CAPASTAT SULFATE	60	CAVAREST	195
BROMOCRIPTINE		CAPECITABINE.....	61	CAYA	146
MESYLATE.....	74	CAPRELSA	66	CAZANT	103
BROVANA	29	CAPTOPRIL.....	53	CEFACTOR.....	91
BUDESONIDE.....	30, 105	CARBAGLU	123	CEFACTOR ER.....	91
BUDESONIDE ER.....	105	CARBAMAZEPINE.....	34	CEFADROXIL.....	91
BUMETANIDE.....	119	CARBAMAZEPINE ER.....	33	CEFAZOLIN SODIUM.....	91
BUPRENORPHINE.....	21	CARBIDOPA.....	74	CEFAZOLIN SODIUM-	
BUPRENORPHINE HCL.....	21	CARBIDOPA-LEVODOPA	74, 75	DEXTROSE.....	91
BUPRENORPHINE HCL-		CARBIDOPA-LEVODOPA ER	74	CEFDINIR.....	92
NALOXONE HCL.....	21	CARBIDOPA-LEVODOPA-		CEFEPIME HCL.....	93
BUPROPION HCL.....	37	ENTACAPONE.....	75	CEFEPIME-DEXTROSE.....	93
BUPROPION HCL ER		CARBINOXAMINE		CEFIXIME.....	92
(SMOKING DET).....	214	MALEATE.....	49	CEFOTAXIME SODIUM.....	92
BUPROPION HCL ER (SR)....	37	CAREFINE PEN NEEDLES		CEFOTETAN DISODIUM.....	92
BUPROPION HCL ER (XL)....	37	.....	162, 163	CEFOTETAN DISODIUM-	
BUSPIRONE HCL.....	24	CAREONE INSULIN		DEXTROSE.....	92
BUSULFAN.....	60	SYRINGE.....	163	CEFOXITIN SODIUM.....	92
BUTALBITAL-		CAREONE LANCET SUPER		CEFPODOXIME PROXETIL...92	
ACETAMINOPHEN.....	11	THIN 30G	148	CEFPROZIL.....	92
BUTALBITAL-APAP-CAFF-		CAREONE LANCET THIN		CEFTAZIDIME.....	92
COD.....	16	23G.....	148	CEFTAZIDIME AND	
BUTALBITAL-APAP-		CAREONE UNIFINE		DEXTROSE.....	92
CAFFEINE.....	11	PENTIPS.....	163	CEFTRIAAXONE SODIUM..92, 93	
BUTALBITAL-ASPIRIN-		CAREONE UNIFINE		CEFTRIAAXONE SODIUM IN	
CAFFEINE.....	11	PENTIPS PLUS.....	163	DEXTROSE.....	92
BUTORPHANOL TARTRATE..	22	CARESENS LANCETS	148	CEFTRIAAXONE SODIUM-	
BYDUREON BCISE	43	CARETOUCH ALCOHOL		DEXTROSE.....	93
BYETTA 10 MCG PEN	44	PREP	144	CEFUROXIME AXETIL.....	92
BYETTA 5 MCG PEN	44	CARETOUCH INSULIN		CELECOXIB.....	8
BYSTOLIC	85	SYRINGE.....	163	CELONTIN	36
CABERGOLINE.....	122	CARETOUCH PEN		CENTRUM SPECIALIST	
CABLIVI	133	NEEDLES.....	163	PRENATAL	199
CABOMETYX	66	CARETOUCH SAFETY		CEPHALEXIN.....	91
CADEAU DHA.....	198	LANCETS.....	148	CEPROTIN	134
CAFFEINE CITRATE.....	4	CARETOUCH SAFETY		CEQUR SIMPLICITY 2U	163
CALCIPOTRIENE.....	111, 112	LANCETS 26G.....	148	CERDELGA	135
CALCIPOTRIENE-		CARETOUCH TWIST		CETIRIZINE HCL.....	49
BETAMETH DIPROP.....	118	LANCETS 28G.....	148	CEVIMELINE HCL.....	195
CALCITONIN (SALMON)....	121	CARETOUCH TWIST		CHARLOTTE 24 FE	95
CALCITRIOL.....	112, 123	LANCETS 30G.....	148	CHATEAL	95
CALCIUM ACETATE.....	129	CARETOUCH TWIST		CHATEAL EQ	95
CALCIUM ACETATE (PHOS		LANCETS 33G.....	148	CHEMET	46
BINDER).....	129	CARISOPRODOL.....	200	CHEMSTRIP 10 MD	118
CALCIUM CHLORIDE.....	189	CARMUSTINE.....	71	CHEMSTRIP 10/SG	118
CALCIUM GLUCONATE.....	189	CARTEOLOL HCL.....	202	CHEMSTRIP 2 GP	118
CAMILA	103	CARTIA XT	87	CHEMSTRIP 5 OB	118

CHEMSTRIP 7	118	CLEVER CHOICE		COARTEM	59
CHEMSTRIP 9	118	COMFORT EZ	163	COD LIVER OIL	199
CHEMSTRIP K	118	CLEVER CHOICE		CODEINE SULFATE	17
CHEMSTRIP UGK	119	HOLDING CHAMBER	186	COLCHICINE	131
CHILDRENS ASPIRIN	12	CLEVER CHOICE		COLCHICINE-PROBENECID	131
CHLORAMPHENICOL SOD		LANCETS 21G	148	COLESEVELAM HCL	51
SUCCINATE	57	CLEVER CHOICE		COLESTIPOL HCL	51
CHLORDIAZEPOXIDE HCL ... 25		LANCETS 23G	148	COLISTIMETHATE SODIUM	
CHLORDIAZEPOXIDE-		CLEVER CHOICE		(CBA)	59
AMITRIPTYLINE	212	LANCETS 28G	148	COMBIGAN	201
CHLOROQUINE		CLICKFINE PEN NEEDLES		COMBIPATCH	126
PHOSPHATE	59	.....	164	COMBIVENT RESPIMAT	27
CHLORPROMAZINE HCL	78	CLICKFINE PEN NEEDLES ..	164	COMETRIQ (100 MG	
CHLORTHALIDONE	120	CLINDACIN ETZ	108	DAILY DOSE)	66
CHLORZOXAZONE	200	CLINDACIN-P	108	COMETRIQ (140 MG	
CHOLBAM	128	CLINDAMYCIN HCL	58	DAILY DOSE)	66
CHOLESTYRAMINE	50, 51	CLINDAMYCIN PALMITATE		COMETRIQ (60 MG DAILY	
CHROMIC CHLORIDE	192	HCL	58	DOSE)	66
CICLODAN	110	CLINDAMYCIN PHOS-		COMFORT ASSIST	
CICLOPIROX	110	BENZOYL PEROX	108	INSULIN SYRINGE	164
CICLOPIROX OLAMINE	110	CLINDAMYCIN		COMFORT ASSURED	
CIDOFVIR	83	PHOSPHATE	58, 108, 228	LANCETS 28G	148
CILOSTAZOL	134	CLINDAMYCIN		COMFORT ASSURED	
CIMDUO	80	PHOSPHATE IN D5W	58	LANCETS 33G	148
CIMETIDINE	222, 223	CLINDAMYCIN-TRETINOIN	108	COMFORT EZ INSULIN	
CIMETIDINE HCL	222	CLINPRO 5000	195	SYRINGE	164
CIMZIA	130	CLOBAZAM	33	COMFORT EZ MICRO PEN	
CIMZIA PREFILLED	130	CLOBETASOL PROP		NEEDLES	164
CIMZIA STARTER KIT	130	EMOLLIENT BASE	113	COMFORT EZ PEN	
CINACALCET HCL	121	CLOBETASOL PROPIONATE		NEEDLES	164, 165
CINRYZE	134	.....	113, 114	COMFORT EZ SHORT PEN	
CIPRO	127	CLOBETASOL PROPIONATE		NEEDLES	165
CIPRO HC	207	E	113	COMFORT LANCETS	148
CIPRODEX	207	CLOCORTOLONE		COMFORT TOUCH	
CIPROFLOXACIN HCL		PIVALATE	114	ALCOHOL PREP	144
.....	127, 203, 207	CLODAN	114	COMFORT TOUCH	
CIPROFLOXACIN IN D5W ...127		CLOFARABINE	61	INSULIN PEN NEED	165
CISPLATIN	60	CLOMIPRAMINE HCL	40	COMFORT TOUCH	
CITALOPRAM		CLONAZEPAM	33	LANCETS 31G	148
HYDROBROMIDE	37, 38	CLONIDINE	55	COMFORT TOUCH PLUS	
CITROMA	141	CLONIDINE HCL	55	LANCETS 30G	148
CLADRIBINE	61	CLONIDINE HCL ER	3	COMPACT SPACE	
CLARAVIS	109	CLOPIDOGREL BISULFATE	135	CHAMBER	186
CLARITHROMYCIN	143	CLORAZEPATE		COMPACT SPACE	
CLARITHROMYCIN ER	143	DIPOTASSIUM	25	CHAMBER/LG MASK	186
CLASSIC PRENATAL	197	CLOTRIMAZOLE	116, 194	COMPACT SPACE	
CLEANLET LANCETS 28G	148	CLOTRIMAZOLE-		CHAMBER/MED MASK	186
CLEARLAX	140	BETAMETHASONE	110	COMPACT SPACE	
CLEMASTINE FUMARATE ... 49		CLOZAPINE	77	CHAMBER/SM MASK	186
CLENPIQ	139	COAGADEX	132	COMPLERA	80
CLEVER CHEK LANCETS .. 148		COAGUCHEK LANCETS ... 148		COMPRO	78
		COAL TAR	118	CONDYLOX	116

CONSTULOSE.....	140	CVS LANCETS MICRO THIN	DAUNORUBICIN HCL.....	67
CONTOUR BLOOD		33G.....	DAYSEE	102
GLUCOSE SYSTEM	148	CVS LANCETS ORIGINAL... 149	DAYTRANA	5
CONTOUR CONTROL	148	CVS LANCETS THIN 26G.... 149	DEBACTEROL	194
CONTOUR MONITOR	148	CVS LANCETS ULTRA THIN	DEBLITANE	103
CONTOUR NEXT		30G.....	DECITABINE.....	62
CONTROL	148	CVS LANCETS ULTRA-THIN	DEFERASIROX.....	46
CONTOUR NEXT EZ	148	30G.....	DEFERASIROX GRANULES..	46
CONTOUR NEXT LINK	148	CVS MAGNESIUM CITRATE	DEFERIPRONE.....	46
CONTOUR NEXT		.....	DEFEROXAMINE	
MONITOR	149	CVS NICOTINE.....	MESYLATE.....	46
CONTOUR NEXT ONE	149	CVS NICOTINE	DELYLA	95
CONTOUR NEXT TEST	118	POLACRILEX.....	DEMECLOCYCLINE HCL....	218
CONTOUR TEST	118	CVS PRENATAL.....	DEMSEER	53
COPAXONE	213	CVS PRENATAL GUMMY ...	DENAVIR	112
CORIFACT	132	CVS PRENATAL	DENTA 5000 PLUS	195
CORLANOR	90, 91	MULTI+DHA.....	DENTAGEL	195
CORTIFOAM	22	CVS PREP.....	DEPO-MEDROL	105
CORTISPORIN-TC	207	CVS PURELAX	DEPO-SUBQ PROVERA 104	102
CORVITA 150	137	CVS ULTRA THIN LANCETS	DESCOVY	80
COTELIC	66	.....	DESIPRAMINE HCL.....	40
CREON	119	CYANOCOBALAMIN.....	DES LorATADINE.....	49, 50
CRESEMBA	48	CYCLAFEM 1/35	DESMOPRESSIN ACE	
CRIVIVAN	81	CYCLAFEM 7/7/7	SPRAY REFRIG.....	125
CROMOLYN SODIUM		CYCLOBENZAPRINE HCL... 200	DESMOPRESSIN ACETATE	
.....	28, 128, 203	CYCLOPENTOLATE HCL....	.....	125, 126
CROTAN	117	CYCLOPHOSPHAMIDE.....	DESMOPRESSIN ACETATE	
CRYSSELLE-28	95	CYCLOSERINE.....	PF.....	126
CURITY ALCOHOL PREPS	144	CYCLOSPORINE.....	DESMOPRESSIN ACETATE	
CURITY ALCOHOL		CYCLOSPORINE MODIFIED	SPRAY.....	126
SWABS	144	CYPROHEPTADINE HCL.....	DESONIDE.....	114
CURITY STERILE SALINE	131	CYRAMZA	DESOXIMETASONE.....	114
CUVITRU	208	CYRED	DESVENLAFAXINE	
CUVPOSA	223	CYRED EQ	SUCCINATE ER.....	39
CVS ALCOHOL PREP PADS.	144	CYSTAGON	DEXAMETHASONE.....	105
CVS ASPIRIN.....	12, 13	CYSTARAN	DEXAMETHASONE	
CVS ASPIRIN ADULT LOW		CYTARABINE.....	INTENSOL	105
DOSE.....	12	CYTARABINE (PF).....	DEXAMETHASONE SOD	
CVS ASPIRIN ADULT LOW		CYTOGAM	PHOSPHATE PF.....	106
STRENGTH.....	12	DACARBAZINE.....	DEXAMETHASONE	
CVS ASPIRIN EC.....	12	DACTINOMYCIN.....	SODIUM PHOSPHATE..	106, 206
CVS ASPIRIN LOW DOSE....	12	DALFAMPRIDINE ER.....	DEXCHLORPHENIRAMINE	
CVS ASPIRIN LOW		DALIRESP	MALEATE.....	49
STRENGTH.....	12	DANAZOL.....	DEXILANT	223
CVS C-LAX LAXATIVE.....	142	DAPSONE.....	DEXMEDETOMIDINE HCL..	139
CVS FOLIC ACID.....	136	DAPTACEL	DEXMEDETOMIDINE HCL	
CVS GENTLE LAXATIVE....	142	DAPTOMYCIN.....	IN NA CL.....	139
CVS GENTLE LAXATIVE		DARIFENACIN	DEXMETHYLPHENIDATE	
WOMENS.....	142	HYDROBROMIDE ER.....	HCL.....	5
CVS GENUINE ASPIRIN.....	13	DARZALEX	DEXMETHYLPHENIDATE	
CVS KETONE CARE	119	DASSETTA 1/35	HCL ER.....	5
CVS LANCETS 21G.....	149	DASSETTA 7/7/7	DEXRAZOXANE HCL.....	69

DEXTROAMPHETAMINE SULFATE.....4	DILTIAZEM HCL ER COATED BEADS 87	DROPLET PEN NEEDLES.. 166
DEXTROAMPHETAMINE SULFATE ER.....4	DILT-XR..... 87	DROPLET PERSONAL LANCETS 30G 150
DEXTROSE..... 201	DIMENHYDRINATE.....47	DROPSAFE SAFETY PEN NEEDLES.....166
DEXTROSE IN LACTATED RINGERS..... 189	DIPENTUM.....128	DROSPIREN-ETH ESTRAD- LEVOMEFOL..... 95
DEXTROSE-NACL..... 189	DIPHEN.....49	DROXIA 136
DEXTROSE-SODIUM CHLORIDE..... 189	DI-PHEN..... 49	DRUG MART LANCETS THIN 26G..... 150
DIACOMIT 34	DIPHENHYDRAMINE HCL.... 49	DRUG MART ON-THE-GO LANCET 30G.....150
DIASCREEN 10 149	DIPHENOXYLATE- ATROPINE.....45	DRUG MART UNIFINE PENTIPS.....166
DIASCREEN 1B 149	DIPHTHERIA-TETANUS TOXOIDS DT.....221	DRUG MART UNIFINE PENTIPS PLUS..... 166
DIASCREEN 1G 149	DIPYRIDAMOLE..... 135	DRUG MART UNILET LANCETS 28G 150
DIASCREEN 1K 149	DISOPYRAMIDE PHOSPHATE..... 26	DRUG MART UNILET LANCETS 30G 150
DIASCREEN 2GK 149	DISULFIRAM..... 211	DRUG MART UNILET LANCETS 33G 150
DIASCREEN 2GP 149	DIVALPROEX SODIUM..... 36	DUAVEE 127
DIASCREEN 3 149	DIVALPROEX SODIUM ER... 36	DULOXETINE HCL.....39
DIASCREEN 4NL 149	DIVIGEL 126	DUPIXENT 112
DIASCREEN 4OBL 149	DOBUTAMINE HCL.....89	DURAMORPH..... 17
DIASCREEN 4PH 149	DOBUTAMINE IN D5W 89	DUREZOL.....206
DIASCREEN 5 149	DOCETAXEL..... 70	DUTASTERIDE..... 130
DIASCREEN 6 149	DOFETILIDE..... 27	DUTASTERIDE- TAMSULOSIN HCL.....131
DIASCREEN 7 149	DOLISHALE.....100	EASIVENT 186
DIASCREEN 8 149	DONEPEZIL HCL..... 212	EASIVENT MASK LARGE.. 186
DIASCREEN 9 150	DOPAMINE HCL..... 89	EASIVENT MASK MEDIUM.....186
DIATHRIVE LANCET ULTRA THIN 30 150	DOPAMINE IN D5W 89	EASIVENT MASK SMALL.. 186
DIATHRIVE LANCETS 150	DORZOLAMIDE HCL..... 204	EASY COMFORT ALCOHOL PADS..... 144
DIATHRIVE PEN NEEDLE .165	DORZOLAMIDE HCL- TIMOLOL MAL.....202	EASY COMFORT INSULIN SYRINGE..... 166
DIAZEPAM.....25, 26, 33	DORZOLAMIDE HCL- TIMOLOL MAL PF..... 202	EASY COMFORT LANCETS .150
DIAZEPAM INTENSOL 25	DOTTI 126	EASY COMFORT LANCETS TWIST TOP.....150
DIAZOXIDE..... 41	DOVATO 80	EASY COMFORT PEN NEEDLES.....166
DICLOFENAC POTASSIUM..... 9	DOXAZOSIN MESYLATE.....55	EASY GLIDE PEN NEEDLES 166
DICLOFENAC SODIUM.....9, 110, 111, 205	DOXEPIN HCL..... 40, 111, 139	EASY TOUCH ALCOHOL PREP MEDIUM 144
DICLOFENAC SODIUM ER..... 9	DOXERCALCIFEROL..... 123	EASY TOUCH FLIPLOCK INSULIN SY.....167
DICLOFENAC- MISOPROSTOL.....9	DOXORUBICIN HCL..... 67	EASY TOUCH INSULIN SAFETY SYR.....167
DICLOXACILLIN SODIUM...211	DOXORUBICIN HCL LIPOSOMAL..... 67	
DICYCLOMINE HCL..... 222	DOXY 100.....218	
DIFICID 144	DOXYCYCLINE HYCLATE.....218, 219	
DIFLUNISAL..... 13	DOXYCYCLINE MONOHYDRATE..... 219	
DIGITEK.....88	DRONABINOL.....47	
DIGOX 88	DROPERIDOL..... 24	
DIGOXIN..... 88, 89	DROPLET INSULIN SYRINGE 165, 166	
DIHYDROERGOTAMINE MESYLATE..... 188	DROPLET LANCETS ULTRA THIN 30G 150	
DILANTIN 36	DROPLET MICRON 166	
DILTIAZEM HCL.....87		
DILTIAZEM HCL ER.....87		

EASY TOUCH INSULIN SYRINGE	167	ELETRIPTAN HYDROBROMIDE	188	EPINEPHRINE (ANAPHYLAXIS)	228
EASY TOUCH LANCETS 21G	150	ELINEST	95	EPINEPHRINE PF	228
EASY TOUCH LANCETS 23G	150	ELIQUIS	31	EPIRUBICIN HCL	67
EASY TOUCH LANCETS 26G	150	ELIQUIS DVT/PE STARTER PACK	31	EPITOL	34
EASY TOUCH LANCETS 28G	150	ELITEK	69	EPIVIR HBV	83
EASY TOUCH LANCETS 28G/TWIST	150	ELIXOPHYLLIN	31	EPLERENONE	55
EASY TOUCH LANCETS 30G	150	ELLA	101	EPOPROSTENOL SODIUM	89
EASY TOUCH LANCETS 30G/TWIST	150	ELMIRON	131	EPTIFIBATIDE	134
EASY TOUCH LANCETS 32G	150	ELOCTATE	132	EQ ASPIRIN	13
EASY TOUCH LANCETS 32G/TWIST	150	ELURYNG	100	EQ ASPIRIN ADULT LOW DOSE	13
EASY TOUCH LANCETS 33G/TWIST	150	EMBRACE LANCETS ULTRA THIN 30G	151	EQ ASPIRIN LOW DOSE	13
EASY TOUCH PEN NEEDLES	167, 168	EMBRACE PRESSURE ACTIVATED 21G	151	EQ CLEARLAX	140
EASY TOUCH SAFETY LANCETS 21G	150	EMBRACE PRESSURE ACTIVATED 28G	151	EQ GENTLE LAXATIVE	142
EASY TOUCH SAFETY LANCETS 23G	150	EMCYT	69	EQ MAGNESIUM CITRATE ..	141
EASY TOUCH SAFETY LANCETS 26G	150	EMGALITY	188	EQ NICOTINE	214, 215
EASY TOUCH SAFETY LANCETS 28G	151	EMGALITY (300 MG DOSE)	188	EQ NICOTINE POLACRILEX	214, 215
EASY TOUCH SAFETY PEN NEEDLES	168	EMOQUETTE	95	EQ NICOTINE STEP 3	215
EASY TOUCH SHEATHLOCK SYRINGE ...	168	EMPLICITI	64	EQ SPACE CHAMBER ANTI-STATIC	186
EASYGEL	195	EMSAM	37	EQ SPACE CHAMBER ANTI-STATIC L	186
EC-NAPROXEN	9	EMTRIVA	82	EQ SPACE CHAMBER ANTI-STATIC M	186
ECONAZOLE NITRATE	116	EMVERM	23	EQ SPACE CHAMBER ANTI-STATIC S	186
ECONTRA EZ	101	ENALAPRIL MALEATE	53	EQL ALCOHOL SWABS	144
ECONTRA ONE-STEP	101	ENALAPRILAT	53	EQL ASPIRIN EC	13
ECOTRIN	13	ENALAPRIL-HYDROCHLOROTHIAZIDE ...	52	EQL ASPIRIN LOW DOSE	13
ECOTRIN LOW STRENGTH	13	ENBREL	11	EQL CLEARLAX	140
ED-SPAZ	222	ENBREL MINI	11	EQL COLOR LANCETS 21G ..	151
EDURANT	82	ENBREL SURECLICK	11	EQL COLOR LANCETS MICRO 33G	151
EFAVIRENZ	82	ENCARE	228	EQL GENTLE LAXATIVE	142
EFAVIRENZ-EMTRICITAB-TENOFOVIR	80	ENDOCET	21	EQL INSULIN SYRINGE	168
EFFER-K	191	ENFAMIL EXPECTA	199	EQL LAXATIVE	142
ELAPRASE	124	ENGERIX-B	226	EQL MAGNESIUM CITRATE	141
		ENHERTU	68	EQL NICOTINE POLACRILEX	215
		ENOXAPARIN SODIUM	32	EQL PRENATAL FORMULA ..	197
		ENPRESSE-28	104	EQL SUPER THIN LANCETS 30G	151
		ENSKYCE	95	EQL THIN LANCETS 26G	151
		ENTACAPONE	75	ERBITUX	65
		ENTECAVIR	83	ERGOALCIFEROL	229
		ENTRESTO	89	ERGOLOID MESYLATES	214
		ENULOSE	129	ERGOTAMINE-CAFFEINE	188
		EPCLUSA	84	ERIVEDGE	65
		EPHEDRINE SULFATE	228	ERLOTINIB HCL	65
		EPIDIOLEX	34		
		EPIDUO FORTE	108		
		EPINASTINE HCL	203		
		EPINEPHRINE	228		

ERRIN	103	FABRAZYME	122	FLEXICHAMBER ADULT	
ERTAPENEM SODIUM	57	FALMINA	95	MASK/SMALL	186
ERY	108	FAMCICLOVIR	84	FLEXICHAMBER CHILD	
ERYTHROMYCIN ..	108, 144, 203	FAMOTIDINE	223	MASK/LARGE	186
ERYTHROMYCIN BASE		FAMOTIDINE PREMIXED	223	FLEXICHAMBER CHILD	
.....	143, 144	FANAPT	76	MASK/SMALL	186
ERYTHROMYCIN		FANAPT TITRATION		FLOVENT DISKUS	30
ETHYLSUCCINATE	144	PACK	76	FLOVENT HFA	30, 31
ESCITALOPRAM OXALATE ..	38	FARXIGA	44	FLOXURIDINE	62
ESMOLOL HCL	85	FARYDAK	65	FLUAD QUADRIVALENT ...	226
ESMOLOL HCL-SODIUM		FA-VITAMIN B-6-VITAMIN		FLUARIX QUADRIVALENT	
CHLORIDE	85	B-12	136	.....	226
ESOMEPRAZOLE SODIUM ..	223	FAYOSIM	102	FLUBLOK	
ESTARYLLA	95	FC FEMALE CONDOM	146	QUADRIVALENT	226
ESTAZOLAM	139	FC2 FEMALE CONDOM	146	FLUCELVAX	
ESTRADIOL	126, 228	FEBUXOSTAT	131	QUADRIVALENT	226
ESTRADIOL VALERATE	126	FEIBA	132	FLUCONAZOLE	49
ESZOPICLONE	139	FELBAMATE	36	FLUCONAZOLE IN SODIUM	
ETHACRYNATE SODIUM	119	FELODIPINE ER	87	CHLORIDE	48, 49
ETHACRYNIC ACID	120	FEMCAP	146	FLUCYTOSINE	48
ETHAMBUTOL HCL	60	FEMYNOR	95	FLUDARABINE	
ETHOSUXIMIDE	36	FENOFIBRATE	51	PHOSPHATE	62
ETHYL CHLORIDE	118	FENOFIBRATE		FLUDROCORTISONE	
ETHYOL	73	MICRONIZED	51	ACETATE	107
ETODOLAC	9	FENOFIBRIC ACID	51	FLULAVAL	
ETODOLAC ER	9	FENOPROFEN CALCIUM	9	QUADRIVALENT	226
ETOPOSIDE	71	FENTANYL	17	FLUMAZENIL	46
EUTHYROX	219	FENTANYL CITRATE	17	FLUMIST QUADRIVALENT	
EVAMIST	127	FEROCON	137	.....	226
EVEROLIMUS	66, 193	FEROTRINSIC	137	FLUNISOLIDE	201
EVOTAZ	80	FERRAPLUS 90	138	FLUOCINOLONE	
EXEL COMFORT POINT		FERROCITE PLUS	137	ACETONIDE	114
INSULIN SYR	168	FETZIMA	39	FLUOCINOLONE	
EXEL COMFORT POINT		FETZIMA TITRATION	39	ACETONIDE BODY	114
PEN NEEDLE	168	FIFTY50 ALCOHOL PREP ..	145	FLUOCINOLONE	
EXEMESTANE	69	FIFTY50 PEN NEEDLES		ACETONIDE SCALP	114
EYSUVIS	206	.....	168, 169	FLUOCINONIDE	114
E-Z JECT LANCET MICRO-		FIFTY50 SAFETY SEAL		FLUOCINONIDE	
THIN 33G	151	LANCETS	151	EMULSIFIED BASE	114
E-Z JECT LANCET SUPER		FIFTY50 SUPERIOR		FLUORIDEX	195
THIN 30G	151	COMFORT SYR	169	FLUORIDEX DAILY	
E-Z JECT LANCETS	151	FIFTY50 UNILET		RENEWAL	195
E-Z JECT LANCETS 21G ...	151	LANCETS 33G	151	FLUORIDEX ENHANCED	
E-Z JECT LANCETS THIN		FINASTERIDE	130	WHITENING	195
26G	151	FINE 30	151	FLUORIDEX SENSITIVITY	
EZETIMIBE	52	FINGERSTIX LANCETS	151	RELIEF	195
EZETIMIBE-SIMVASTATIN ...	51	FLAC	207	FLUOROMETHOLONE	206
EZ-LETS LANCETS 21G	151	FLAREX	206	FLUROPLEX	110
EZ-LETS LANCETS 26G	151	FLAVOXATE HCL	225	FLUOROURACIL	62, 110, 111
EZ-LETS LANCETS 28G	151	FLEBOGAMMA DIF	208	FLUOXETINE HCL	38
EZ-LETS LANCETS 30G	151	FLECAINIDE ACETATE	27	FLUOXETINE HCL (PMDD) ..	214
FA-8	136	FLEXICHAMBER	186		

FLUPHENAZINE		FREESTYLE UNISTICK II		GLIMEPIRIDE.....	45
DECANOATE.....	78	LANCETS.....	151	GLIPIZIDE.....	45
FLUPHENAZINE HCL.....	78, 79	FULVESTRANT.....	69	GLIPIZIDE ER.....	45
FLURBIPROFEN.....	9	FUROSEMIDE.....	120	GLIPIZIDE XL.....	45
FLURBIPROFEN SODIUM....	205	FUZEON.....	81	GLIPIZIDE-METFORMIN	
FLUTAMIDE.....	61	FYAVOLV.....	126	HCL.....	45
FLUTICASONE		FYCOMPA.....	33	GLOBAL ALCOHOL PREP	
PROPIONATE.....	114, 201	GABAPENTIN.....	34	EASE.....	145
FLUTICASONE-		GALANTAMINE		GLOBAL EASE INJECT PEN	
SALMETEROL.....	27, 28	HYDROBROMIDE.....	212	NEEDLES.....	169
FLUVOXAMINE MALEATE...	38	GALANTAMINE		GLOBAL EASY GLIDE	
FLUVOXAMINE MALEATE		HYDROBROMIDE ER.....	212	INSULIN SYR.....	169
ER.....	38	GAMASTAN.....	208	GLOBAL EASY GLIDE PEN	
FLUZONE HIGH-DOSE		GAMIFANT.....	194	NEEDLES.....	169
QUADRIVALENT.....	226	GAMMAGARD.....	208	GLOBAL INJECT EASE	
FLUZONE		GAMMAGARD S/D LESS		INSULIN SYR.....	169
QUADRIVALENT.....	227	IGA.....	208	GLOBAL INJECT EASE	
FML.....	206	GAMMAKED.....	208	LANCETS 28G.....	151
FOLATE.....	136	GAMMAPLEX.....	208	GLOBAL INJECT EASE	
FOLBEE PLUS.....	196	GAMUNEX-C.....	208	LANCETS 30G.....	152
FOLDING PADDLE		GANCICLOVIR SODIUM.....	83	GLOBAL INSULIN	
WALKER.....	159	GARDASIL 9.....	227	SYRINGES.....	169
FOLIC ACID.....	137	GATIFLOXACIN.....	203	GLUCAGON EMERGENCY...	41
FOLOTYN.....	62	GATTEX.....	128	GLUCOCOM LANCETS	
FOLPLEX 2.2.....	136	GAVILAX.....	140	28G.....	152
FOLTRIN.....	137	GAVILYTE-C.....	139	GLUCOCOM LANCETS	
FOMEPIZOLE.....	46	GAVILYTE-G.....	140	30G.....	152
FONDAPARINUX SODIUM....	32	GAVILYTE-N WITH		GLUCOCOM LANCETS	
FORA LANCETS.....	151	FLAVOR PACK.....	140	33G.....	152
FORTEO.....	124	GAZYVA.....	63	GLUCOPRO INSULIN	
FOSAMPRENAVIR		GELNIQUE.....	224	SYRINGE.....	169
CALCIUM.....	82	GEMCITABINE HCL.....	62	GLYBURIDE.....	45
FOSAPREPITANT		GEMFIBROZIL.....	51	GLYBURIDE MICRONIZED...	45
DIMEGLUMINE.....	48	GEMMILY.....	96	GLYBURIDE-METFORMIN...	45
FOSFOMYCIN		GENERLAC.....	129	GLYCINE.....	131
TROMETHAMINE.....	59	GENGRAF.....	192	GLYCINE UROLOGIC.....	131
FOSINOPRIL SODIUM.....	53	GENTAK.....	203	GLYCOLAX.....	140
FOSINOPRIL SODIUM-HCTZ.	52	GENTAMICIN IN SALINE.....	7	GLYCOPYRROLATE.....	224
FOSPHENYTOIN SODIUM....	36	GENTAMICIN SULFATE		GLYCOPYRROLATE PF.....	224
FOSRENOL.....	129	.....	7, 109, 203	GLYDO.....	117
FREDS PHARMACY		GENTEEL BUTTERFLY		GLYXAMBI.....	44
UNIFINE PENTIP+.....	169	TOUCH LANCET.....	151	GNP ADULT ASPIRIN LOW	
FREDS PHARMACY		GENTLE LAXATIVE.....	142	STRENGTH.....	13
UNIFINE PENTIPS.....	169	GENTLELAX.....	140	GNP ALCOHOL SWABS.....	145
FREDS PHARMACY UNILET		GENTLE-LET GP		GNP ASPIRIN.....	13
LANC 28G.....	151	LANCETS.....	151	GNP ASPIRIN LOW DOSE.....	13
FREDS PHARMACY UNILET		GENTLE-LET LANCETS....	151	GNP CLEARLAX.....	140
LANC 30G.....	151	GENVOYA.....	80	GNP CLICKFINE PEN	
FREESTYLE LANCETS.....	151	GILENYA.....	217	NEEDLES.....	169
FREESTYLE PRECISION		GILOTRIF.....	65	GNP FOLIC ACID.....	137
INS SYR.....	169	GLATOPA.....	213	GNP GENTLE LAXATIVE....	142
		GLEOSTINE.....	72	GNP INSULIN SYRINGE.....	170

GNP INSULIN SYRINGES	170	GOODSENSE LANCETS 33G	152	HEALTHWISE PEN	
GNP INSULIN SYRINGES		GOODSENSE LANCETS 33G		NEEDLES	170
28GX1/2"	170	UNIV	152	HEALTHWISE SHORT PEN	
GNP INSULIN SYRINGES		GOODSENSE MAGNESIUM		NEEDLES	170
29GX1/2"	170	CITRATE	141	HEALTHWISE UNIFINE	
GNP INSULIN SYRINGES		GOODSENSE NICOTINE	215	PENTIPS	170
30GX5/16"	170	GOODSENSE PEN NEEDLE		HEALTHY ACCENTS	
GNP INSULIN SYRINGES		PENFINE	170	UNIFINE PENTIP	170
31GX5/16"	170	GOODSENSE WOMENS		HEALTHY ACCENTS	
GNP LANCETS 21G	152	LAXATIVE	142	UNILET LANCETS	152
GNP LANCETS MICRO THIN		GRALISE	214	HEALTHY MAMA BE	
33G	152	GRANISETRON HCL	47	WELL ROUNDED	197
GNP LANCETS SUPER THIN		GRISEOFULVIN MICROSIZ	48	HEATHER	103
30G	152	GRISEOFULVIN		H-E-B ASPIRIN	13
GNP LANCETS THIN 26G	152	ULTRAMICROSIZ	48	H-E-B INCONTROL	
GNP NICOTINE	215	GUANFACINE HCL	55	ALCOHOL	145
GNP NICOTINE MINI	215	GUANFACINE HCL ER	3	H-E-B INCONTROL	
GNP NICOTINE		GYNAZOLE-1	227	LANCETS 28G	152
POLACRILEX	215	HABITROL	215	H-E-B INCONTROL	
GNP PRENATAL	197	HAEMOLANCE	152	LANCETS 30G	152
GNP STERILE LANCETS 28G		HAEMOLANCE LOW		H-E-B INCONTROL	
.....	152	FLOW LANCETS	152	LANCETS 33G	152
GNP STERILE LANCETS 30G		HAEMOLANCE PLUS	152	H-E-B INCONTROL PEN	
.....	152	HAEMOLANCE PLUS		NEEDLES	171
GNP STERILE LANCETS 33G		HIGH FLOW	152	H-E-B INCONTROL	
.....	152	HAEMOLANCE PLUS LOW		UNIFINE PENTIP	171
GNP ULTICARE PEN		FLOW	152	HEMLIBRA	132
NEEDLES	170	HAEMOLANCE PLUS MAX		HEMOCYTE-F	138
GNP ULTRA COM INSULIN		FLOW	152	HEMOFIL M	132
SYRINGE	170	HAEMOLANCE PLUS		HEPAGAM B	208
GNP WOMENS GENTLE		PEDIATRIC FLOW	152	HEPARIN (PORCINE) IN	
LAXATIVE	142	HAILEY 1.5/30	96	NACL	32
GOJJI STERILE LANCETS	152	HAILEY 24 FE	96	HEPARIN LOCK FLUSH	32
GOODSENSE ASPIRIN	13	HAILEY FE 1.5/30	96	HEPARIN SOD (PORCINE)	
GOODSENSE ASPIRIN		HAILEY FE 1/20	96	IN D5W	32
ADULT LOW ST	13	HALAVEN	71	HEPARIN SODIUM	
GOODSENSE ASPIRIN		HALCINONIDE	114	(PORCINE)	32
ADULTS	13	HALOBETASOL		HEPARIN SODIUM	
GOODSENSE ASPIRIN LOW		PROPIONATE	115	(PORCINE) PF	32
DOSE	13	HALOPERIDOL	77	HEPARIN SODIUM LOCK	
GOODSENSE BISACODYL		HALOPERIDOL		FLUSH	32
EC	142	DECANOATE	76	HEPLISAV-B	227
GOODSENSE CLEARLAX ..	140	HALOPERIDOL LACTATE	76	HERCEPTIN	63
GOODSENSE CLICKFINE		HARVONI	84	HERCEPTIN HYLECTA	68
PEN NEEDLE	170	HAVRIX	227	HETASTARCH-NACL	134
GOODSENSE COLOR		HEALTHWISE INSULIN		HETLIOZ	139
LANCETS 33G	152	SYR/NEEDLE	170	HIBERIX	225
GOODSENSE LANCETS 26G		HEALTHWISE MICRON PEN		HIZENTRA	208
UNIV	152	NEEDLES	170	HM ADULT ASPIRIN	14
GOODSENSE LANCETS 30G	152	HEALTHWISE MINI PEN		HM ASPIRIN	14
GOODSENSE LANCETS 30G		NEEDLES	170	HM ASPIRIN EC	14
UNIV	152			HM ASPIRIN EC LOW DOSE ..	14

HM CLEARLAX	140	HYDROCODONE		IMBRUVICA	65
HM FOLIC ACID.....	137	BITARTRATE ER.....	17, 18	IMIPENEM-CILASTATIN.....	57
HM LAXATIVE.....	142	HYDROCODONE-		IMIPRAMINE HCL.....	40
HM MAGNESIUM CITRATE	141	ACETAMINOPHEN.....	16	IMIPRAMINE PAMOATE.....	40
HM NICOTINE.....	215	HYDROCODONE-		IMIQUIMOD.....	116
HM NICOTINE POLACRILEX		HOMATROPINE.....	107	IMPAVIDO	56
.....	215	HYDROCODONE-		IN TOUCH	152
HM STERILE ALCOHOL		IBUPROFEN.....	16, 17	IN TOUCH STERILE	
PREP.....	145	HYDROCORTISONE 22, 106, 115		LANCETS 30G	152
HM ULTICARE INSULIN		HYDROCORTISONE ACE-		INAVIX.....	9
SYRINGE	171	PRAMOXINE.....	23	INCASSIA	103
HM ULTICARE MINI PEN		HYDROCORTISONE		INCRELEX	123
NEEDLES	171	BUTYRATE.....	115	INCRUSE ELLIPTA	29
HM ULTICARE SHORT		HYDROCORTISONE		INDAPAMIDE.....	120
PEN NEEDLES	171	VALERATE.....	115	INDOMETHACIN.....	9
HOMATROPAIRE	202	HYDROCORTISONE-		INDOMETHACIN ER.....	9
HUMALOG	42	ACETIC ACID.....	207	INDOMETHACIN SODIUM.....	9
HUMALOG JUNIOR		HYDROMET.....	107	INFANRIX	221
KWIKPEN	41	HYDROMORPHONE HCL.....	18	INFLECTRA	130
HUMALOG KWIKPEN	41	HYDROMORPHONE HCL ER.....	18	INLYTA	73
HUMALOG MIX 50/50	41	HYDROMORPHONE HCL PF.....	18	INPEN 100-BLUE-LILLY	171
HUMALOG MIX 50/50		HYDROXOCOBALAMIN		INPEN 100-BLUE-NOVO	171
KWIKPEN	41	ACETATE.....	135	INPEN 100-GRAY-LILLY	171
HUMALOG MIX 75/25	41	HYDROXYCHLOROQUINE		INPEN 100-GREY-NOVO	171
HUMALOG MIX 75/25		SULFATE.....	59	INPEN 100-PINK-LILLY	171
KWIKPEN	41	HYDROXYPROGESTERONE		INPEN 100-PINK-NOVO	171
HUMATE-P	132	CAPROATE.....	211	INSPIRACHAMBER/LARG	
HUMIRA	8	HYDROXYUREA.....	68	E	186
HUMIRA PEDIATRIC		HYDROXYZINE HCL.....	24	INSPIRACHAMBER/MEDIU	
CROHNS START	7	HYDROXYZINE PAMOATE... ..	25	M	186
HUMIRA PEN	7	HYOSCYAMINE SULFATE.. ..	222	INSPIRACHAMBER/MOUT	
HUMIRA PEN-CD/UC/HS		HYOSCYAMINE SULFATE		HPIECE	187
STARTER	7	SL.....	222	INSPIRACHAMBER/SMAL	
HUMIRA PEN-PEDIATRIC		HYPERHEP B	208	L	187
UC START	8	HYPERRHO S/D	209	INSPIREASE	187
HUMIRA PEN-PS/UV/ADOL		HYQVIA	209	INSPIREASE RESERVOIR	
HS START	8	HYSINGLA ER	18	BAGS	187
HUMIRA PEN-PSOR/UEVIT		HY-VEE LANCETS	152	INSULIN SYRINGE.....	171
STARTER	8	HY-VEE THIN LANCETS	152	INSULIN SYRINGE-NEEDLE	
HUMULIN 70/30	42	IBANDRONATE SODIUM.....	121	U-100.....	171
HUMULIN 70/30 KWIKPEN	42	IBRANCE	69	INSUPEN PEN NEEDLES.....	172
HUMULIN N	42	IBU	9	INSUPEN SENSITIVE	172
HUMULIN N KWIKPEN	42	IBUPROFEN.....	9	INSUPEN ULTRAFIN	172
HUMULIN R	42	IBUPROFEN LYSINE.....	9	INTELENCE	82
HUMULIN R U-500		IBUTILIDE FUMARATE.....	27	INTRAROSA	227
(CONCENTRATED)	42	ICLEVIA	102	INTRON A	68
HUMULIN R U-500		ICLUSIG	64	INTROVALE	102
KWIKPEN	42	IDARUBICIN HCL.....	67	INVEGA SUSTENNA	76
HYCAMTIN	72	IFOSFAMIDE.....	71	INVEGA TRINZA	76
HYDRALAZINE HCL	55, 56	ILARIS	8	INVIRASE	82
HYDROCHLOROTHIAZIDE	120	ILEVRO	205	IODINE STRONG.....	190
		IMATINIB MESYLATE.....	64	IODINE TINCTURE.....	80

IOPIDINE	205	KANJINTI	63	KROGER INSULIN SYRINGE	
IPOL	227	KANUMA	124	.....	172
IPRATROPIUM BROMIDE		KARIVA	93	KROGER LANCETS	153
.....	29, 201	KCL IN DEXTROSE-NACL ...	189	KROGER LANCETS 21G	153
IPRATROPIUM-ALBUTEROL	28	KCL-LACTATED RINGERS-		KROGER LANCETS MICRO	
IRBESARTAN	54	D5W	189	THIN 33G	153
IRBESARTAN-		KEDBUMIN	134	KROGER LANCETS SUPER	
HYDROCHLOROTHIAZIDE ...	54	KELNOR 1/35	96	THIN	153
IRINOTECAN HCL	72	KELNOR 1/50	97	KROGER LANCETS THIN ...	153
ISENTRESS	81	KERYDIN	117	KROGER LANCETS THIN	
ISENTRESS HD	81	KETOCONAZOLE	48, 116	26G	153
ISIBLOOM	96	KETO-DIASTIX	119	KROGER LANCETS	
ISONIAZID	60	KETOPROFEN	10	ULTRATHIN 30G	153
ISOPROTERENOL HCL	29	KETOPROFEN ER	10	KROGER PEN NEEDLES	172
ISOSORBIDE DINITRATE	23	KETOROLAC		K-TAN PLUS	137
ISOSORBIDE		TROMETHAMINE	10, 205	KURVELO	97
MONONITRATE	24	KETOSTIX	118	KUVAN	125
ISOSORBIDE		KINERET	8	KYLEENA	103
MONONITRATE ER	23, 24	KINNEY LANCETS	153	KYPROLIS	67
ISOTRETINOIN	109	KINNEY THIN LANCETS	153	LABETALOL HCL	85
ISTODAX (OVERFILL)	65	KINRAY INSULIN SYRINGE	172	LACTATED RINGERS ..	189, 193
ITRACONAZOLE	49	KINRIX	221	LACTIC ACID	116
IVERMECTIN	23, 117	KLOR-CON	191	LACTIC ACID E	116
IXEMPRA KIT	71	KLOR-CON 10	191	LACTULOSE	141
JAIMIESS	102	KLOR-CON M10	191	LACTULOSE	
JAKAFI	70	KLOR-CON M15	191	ENCEPHALOPATHY	129
JANTOVEN	31	KLOR-CON M20	191	LAMIVUDINE	83
JANUMET	41	KLOR-CON/EF	191	LAMIVUDINE-ZIDOVUDINE .	80
JANUMET XR	41	KLS ASPIRIN LOW DOSE	14	LAMOTRIGINE	34
JANUVIA	41	KLS LAXACLEAR	140	LAMOTRIGINE ER	34
JARDIANCE	44	KLS QUIT2	215	LANCETS 30G	153
JASMIEL	96	KLS QUIT4	215	LANCETS 33G	153
JENCYCLA	103	KMART VALU INSULIN		LANCETS MICRO THIN 33G	153
JENTADUETO	41	SYRINGE 29G	172	LANCETS SUPER THIN 28G	153
JENTADUETO XR	41	KMART VALU INSULIN		LANCETS THIN	153
JEVTANA	71	SYRINGE 30G	172	LANCETS ULTRA THIN	153
JINTELI	126	KOATE	132	LANCETS ULTRA THIN 30G	153
JOLESSA	102	KOATE-DVI	132	LANSOPRAZOLE	223
J-TIP KIT W/VIAL		KOGENATE FS	132	LANTHANUM CARBONATE	129
ADAPTERS	172	KORLYM	44	LANTUS	42
JULEBER	96	KOSELUGO	66	LANTUS SOLOSTAR	42
JULUCA	80	KOVALTRY	133	LARIN 1.5/30	97
JUNEL 1.5/30	96	KP ASPIRIN	14	LARIN 1/20	97
JUNEL 1/20	96	KP BISACODYL	142	LARIN 24 FE	97
JUNEL FE 1.5/30	96	KP FOLIC ACID	137	LARIN FE 1.5/30	97
JUNEL FE 1/20	96	KP PRENATAL		LARIN FE 1/20	97
JUNEL FE 24	96	MULTIVITAMINS	197	LARISSIA	97
KADCYLA	68	K-PRIME	191	LASTACFT	203
KAITLIB FE	96	KROGER HEALTHPRO		LATANOPROST	206
KALETRA	80	LANCET 26G	153	LATUDA	75, 76
KALLIGA	96			LAXATIVE	142
KALYDECO	218			LAYOLIS FE	97

LEADER INSULIN SYRINGE	172	LIBERTY MEDICAL	LOPINAVIR-RITONAVIR	80
LEADER UNIFINE		LANCETS	LORAZEPAM	26
PENTIPS	172	LIDOCAINE	LORAZEPAM INTENSOL	26
LEADER UNIFINE		LIDOCAINE HCL	LORYNA	97
PENTIPS PLUS	172	LIDOCAINE HCL	LOSARTAN POTASSIUM	54
LEENA	104	(CARDIAC)	LOSARTAN POTASSIUM-	
LEFLUNOMIDE	10	LIDOCAINE HCL	HCTZ	54
LENVIMA (10 MG DAILY		(CARDIAC) PF	LOTEPREDNOL	
DOSE)	73	LIDOCAINE HCL (PF)	ETABONATE	206
LENVIMA (12 MG DAILY		LIDOCAINE HCL	LOVASTATIN	51
DOSE)	73	URETHRAL/MUCOSAL	LOW-OGESTREL	97
LENVIMA (14 MG DAILY		LIDOCAINE IN D5W	LOXAPINE SUCCINATE	78
DOSE)	73	LIDOCAINE VISCOUS HCL	LO-ZUMANDIMINE	97
LENVIMA (18 MG DAILY		LIDOCAINE-PRILOCAINE	LUMIGAN	206
DOSE)	73	LIDOCAINE-TETRACAINE	LUMIZYME	122
LENVIMA (20 MG DAILY		LIFESCAN UNISTIK 2	LUPRON DEPOT (1-	
DOSE)	73	LIFESCAN UNISTIK II	MONTH)	70
LENVIMA (24 MG DAILY		LANCETS	LUPRON DEPOT (3-	
DOSE)	73	LILETTA (52 MG)	MONTH)	70
LENVIMA (4 MG DAILY		LILLOW	LUPRON DEPOT (4-	
DOSE)	73	LINCOMYCIN HCL	MONTH)	70
LENVIMA (8 MG DAILY		LINDANE	LUPRON DEPOT (6-	
DOSE)	73	LINEZOLID	MONTH)	70
LESSINA	97	LINEZOLID IN SODIUM	LUPRON DEPOT-PED (1-	
LETROZOLE	69	CHLORIDE	MONTH)	123
LEUCOVORIN CALCIUM	69	LINZESS	LUPRON DEPOT-PED (3-	
LEUKERAN	71	LIOTHYRONINE SODIUM	MONTH)	123, 124
LEUPROLIDE ACETATE	70	LISINOPRIL	LUTERA	98
LEVALBUTEROL HCL	29	LISINOPRIL-	LYLEQ	103
LEVEMIR	42	HYDROCHLOROTHIAZIDE	LYLLANA	127
LEVEMIR FLEXTOUCH	42	LITE TOUCH LANCETS	LYNPARZA	72
LEVETIRACETAM	34	LITETOUCH INSULIN	LYSIPLEX PLUS	196
LEVETIRACETAM ER	34	SYRINGE	LYSODREN	61
LEVETIRACETAM IN NACL	34	LITETOUCH LANCETS	LYZA	103
LEVOBUNOLOL HCL	202	LITETOUCH PEN	MAFENIDE ACETATE	112
LEVOCARNITINE	122	NEEDLES	MAGELLAN INSULIN	
LEVOCARNITINE SF	122	LITHIUM CARBONATE	SAFETY SYR	173
LEVOCETIRIZINE		LITHIUM CARBONATE ER	MAGNESIUM CHLORIDE	190
DIHYDROCHLORIDE	50	LIVALO	MAGNESIUM CITRATE	141
LEVOFLOXACIN	127, 203	LIVE BETTER LANCET	MAGNESIUM SULFATE	190
LEVOFLOXACIN IN D5W	127	SUPER THIN	MAGNESIUM SULFATE IN	
LEVOLEUCOVORIN		LIVE BETTER LANCET	D5W	190
CALCIUM	70	ULTRA THIN	MAKENA	211
LEVOLEUCOVORIN		LOJAIMIESS	MALATHION	117
CALCIUM PF	70	LONGS INSULIN SYRINGE	MARATHON MEDICAL	
LEVONEST	104	LONGS LANCETS	PENTIPS	173
LEVORA 0.15/30 (28)	97	STANDARD	MARLISSA	98
LEVORPHANOL TARTRATE	18	LONGS LANCETS THIN	MARPLAN	37
LEVO-T	219, 220	LONGS LANCETS ULTRA	MARQIBO	71
LEVOTHYROXINE SODIUM	220	THIN	MASK	
LEVOXYL	220	LONSURF	VORTEX/CHILD/FROG	187
LEXIVA	82	LOPERAMIDE HCL		

MASK			
VORTEX/TODDLER/LADY			
BUG	187		
MATULANE	68		
MATZIM LA	87		
MAVYRET	84		
MAXICOMFORT II PEN			
NEEDLE	173		
MAXI-COMFORT INSULIN			
SYRINGE	174		
MAXI-COMFORT SAFETY			
PEN NEEDLE	174		
MAXICOMFORT SYR 27G			
X 1/2"	174		
MAYZENT	217		
MAYZENT STARTER			
PACK	217		
MECLIZINE HCL	47		
MECLOFENAMATE			
SODIUM	10		
MEDIC INSULIN SYRINGE..	174		
MEDICHOICE SAFETY			
LANCET	153		
MEDICHOICE SAFETY			
LANCET EXTRA	153		
MEDICHOICE SAFETY			
LANCET NORM	153		
MEDICINE SHOPPE PEN			
NEEDLES	174		
MEDISENSE THIN			
LANCETS	153		
MEDLANCE EXTRA 21G	153		
MEDLANCE LITE 25G	153		
MEDLANCE PLUS EXTRA			
21G	153		
MEDLANCE PLUS			
LANCETS	153		
MEDLANCE PLUS LITE			
25G	154		
MEDLANCE PLUS			
SPECIAL 0.8MM	154		
MEDLANCE PLUS			
SUPERLITE 30G	154		
MEDLANCE PLUS			
UNIVERSAL 21G	154		
MEDLANCE UNIVERSAL			
21G	154		
MEDROXYPROGESTERONE			
ACETATE	102, 211		
MEFLOQUINE HCL	59		
MEGESTROL ACETATE.	72, 211		
MEIJER ALCOHOL SWABS.	145		
MEIJER ASPIRIN EC	14		
MEIJER LANCETS	154		
MEIJER LANCETS THIN	154		
MEIJER LANCETS			
UNIVERSAL 21G	154		
MEIJER LANCETS			
UNIVERSAL 30G	154		
MEIJER LANCETS			
UNIVERSAL 33G	154		
MEIJER PEN NEEDLES	174		
MEIJER SUPER THIN			
LANCETS	154		
MEKINIST	66		
MELOXICAM	10		
MELPHALAN	71		
MELPHALAN HCL	71		
MEMANTINE HCL	213, 214		
MEMANTINE HCL ER	213		
MENACTRA	225		
MENEST	127		
MENQUADFI	225		
MENVEO	225		
MEPSEVII	124		
MERCAPTOPURINE	62		
MEROPENEM	57		
MERZEE	98		
MESALAMINE	129		
MESALAMINE ER	128		
MESALAMINE-CLEANSER ..	129		
MESNA	73		
MESNEX	73		
METAXALONE	200		
METFORMIN HCL	40		
METFORMIN HCL ER	40		
METHADONE HCL	18		
METHADONE HCL			
INTENSOL	18		
METHADOSE	18		
METHADOSE SUGAR-			
FREE	19		
METHAZOLAMIDE	119		
METHENAMINE			
HIPPURATE	59		
METHERGINE	207		
METHIMAZOLE	219		
METHITEST	22		
METHOCARBAMOL	200		
METHOTREXATE	62		
METHOTREXATE SODIUM ..	62		
METHOTREXATE SODIUM			
(PF)	62		
METHOXSALLEN RAPID	111		
METHSCOPOLAMINE			
BROMIDE	224		
METHYLDOPA	55		
METHYLPHENIDATE HCL	6		
METHYLPHENIDATE HCL			
ER	5, 6		
METHYLPHENIDATE HCL			
ER (CD)	5		
METHYLPHENIDATE HCL			
ER (LA)	5		
METHYLPHENIDATE HCL			
ER (XR)	5		
METHYLPREDNISOLONE	106		
METHYLPREDNISOLONE			
ACETATE	106		
METHYLPREDNISOLONE			
SODIUM SUCC	106		
METOCLOPRAMIDE HCL	128		
METOLAZONE	120		
METOPROLOL SUCCINATE			
ER	86		
METOPROLOL TARTRATE	86		
METOPROLOL-			
HYDROCHLOROTHIAZIDE ...	55		
METRONIDAZOLE ..	56, 117, 228		
METRONIDAZOLE IN NACL .	56		
MEXILETINE HCL	26		
MIACALCIN	121		
MIBELAS 24 FE	98		
MICAFUNGIN SODIUM	48		
MICONAZOLE 3	227		
MICRHOGAM ULTRA-			
FILTERED PLUS	209		
MICROCHAMBER	187		
MICRODOT PEN NEEDLE.	174		
MICROGESTIN 1.5/30	98		
MICROGESTIN 1/20	98		
MICROGESTIN 24 FE	98		
MICROGESTIN FE 1.5/30	98		
MICROGESTIN FE 1/20	98		
MICROLET LANCETS	154		
MIDODRINE HCL	228		
MIFEPRISTONE	120		
MIGLITOL	40		
MIGLUSTAT	135		
MILI	98		
MILRINONE LACTATE	89		
MILRINONE LACTATE IN			
DEXTROSE	89		
MIMVEY	126		
MINERAL OIL HEAVY	141		
MINOCIN	219		

MINOCYCLINE HCL.....	219	MS INSULIN SYRINGE.....	175	NEOMYCIN-POLYMYXIN-	
MINOXIDIL.....	56	MULTI PRENATAL.....	197	DEXAMETH.....	205
MIRENA (52 MG)	103	MULTIVITAMIN/FLUORIDE	196	NEOMYCIN-POLYMYXIN-	
MIRTAZAPINE.....	37	MULTI-VITAMIN/FLUORIDE	196	GRAMICIDIN.....	204
MIRVASO	117	MULTI-		NEOMYCIN-POLYMYXIN-	
MISOPROSTOL.....	224	VITAMIN/FLUORIDE/IRON.	196	HC.....	205, 207
MITIGO	19	MUPIROCIN.....	109	NEONATAL VITAMIN	197
MITOXANTRONE HCL.....	67	MUTAMYCIN	67, 68	NEO-POLYCIN	204
MM CLEARLAX	141	MVASI	73	NEO-POLYCIN HC	205
MM INSULIN		MY CHOICE	101	NEOSTIGMINE	
SYRINGE/NEEDLE.....	174	MY WAY	101	METHYLSULFATE.....	59
MM PEN NEEDLES	174	MYALEPT	123	NEO-SYNALAR	109
MM TWIST LANCETS	154	MYCOPHENOLATE		NEPHRONEX	196
M-M-R II	226	MOFETIL.....	193	NEUAC	108
MODAFINIL.....	6	MYCOPHENOLATE		NEULASTA	137
MOEXIPRIL HCL.....	53	MOFETIL HCL.....	193	NEULASTA ONPRO	137
MOLINDONE HCL.....	78	MYCOPHENOLATE		NEUPRO	75
MOMETASONE FUROATE		SODIUM.....	193	NEVIRAPINE.....	82
.....	115, 201	MYGLUCOHEALTH		NEVIRAPINE ER.....	82
MONDOXYNE NL	219	LANCETS 30G	154	NEW DAY	101
MONOJECT FLUSH		MYLERAN	60	NEXAVAR	66
SYRINGE	191	MYORISAN	109	NEXLETOL	50
MONOJECT INSULIN		MYRBETRIQ	225	NEXLIZET	50
SYRINGE	174, 175	NA FERRIC GLUC CPLX IN		NEXPLANON	102
MONOJECT SODIUM		SUCROSE.....	138	NIACIN ER	
CHLORIDE FLUSH	192	NABI-HB	209	(ANTIHYPERLIPIDEMIC).....	52
MONOJECT ULTRA		NABUMETONE.....	10	NICARDIPINE HCL.....	87
COMFORT SYRINGE	175	NAFCILLIN SODIUM.....	211	NICODERM CQ	215
MONOLET LANCETS	154	NAFRINSE	190	NICORETTE	216
MONOLET OPD LANCETS	154	NAFRINSE DROPS	190	NICORETTE MINI	216
MONOLETTOR SAFETY		NAFTIFINE HCL.....	110	NICORETTE STARTER	
LANCETS	154	NAGLAZYME	124	KIT	216
MONO-LINYAH	98	NALOXONE HCL.....	46	NICOTINE.....	216
MONTELUKAST SODIUM.....	30	NALTREXONE HCL.....	46	NICOTINE MINI.....	216
MORPHINE SULFATE.....	19, 20	NAMZARIC	212	NICOTINE POLACRILEX	
MORPHINE SULFATE		NAPROXEN.....	10	MINI.....	216
(CONCENTRATE).....	19	NAPROXEN SODIUM.....	10	NICOTINE STEP 1.....	216
MORPHINE SULFATE (PF).....	19	NARATRIPTAN HCL.....	188	NICOTINE STEP 2.....	216
MORPHINE SULFATE ER.....	19	NARCAN	46	NICOTINE STEP 3.....	216
MORPHINE SULFATE ER		NASCOBAL	135	NICOTROL	216
BEADS.....	19	NATAACYN.....	204	NICOTROL NS	216
MOTOFEN	45	NATAZIA	102	NIFEDIPINE ER.....	87
MOXIFLOXACIN HCL...127, 203		NATEGLINIDE.....	44	NIFEDIPINE ER OSMOTIC	
MOXIFLOXACIN HCL (2X		NECON 0.5/35 (28)	98	RELEASE.....	88
DAY).....	203	NEFAZODONE HCL.....	38	NIKKI	98
MOXIFLOXACIN HCL IN		NEOMYCIN SULFATE.....	7	NILUTAMIDE.....	61
NACL.....	127	NEOMYCIN-BACITRACIN		NIMODIPINE.....	88
MOZOBIL	135	ZN-POLYMYX.....	204	NINLARO	67
MPD SAFETY LANCET 21G.154		NEOMYCIN-POLYMYXIN B		NIPENT	69
MPD SAFETY LANCET 23G.154		GU.....	130	NISOLDIPINE ER.....	88
MPD SAFETY LANCET 28G.154				NITISINONE.....	122
MPD SAFETY LANCET 30G.154				NITRO-BID	24

NITROFURANTOIN.....	59	NOVOLIN R FLEXPEN		OMEPRAZOLE.....	223
NITROFURANTOIN		RELION.....	43	OMNIFLEX DIAPHRAGM..	146
MACROCRYSTAL.....	59	NOVOLIN R RELION.....	43	ONCASPAR.....	68
NITROFURANTOIN		NOVOLOG.....	43	ONDANSETRON.....	47
MONOHYD MACRO.....	59	NOVOLOG FLEXPEN.....	43	ONDANSETRON HCL.....	47
NITROGLYCERIN.....	24	NOVOLOG MIX 70/30.....	43	ONE VITE WOMENS.....	197
NITROGLYCERIN IN D5W.....	24	NOVOLOG MIX 70/30		ONE-A-DAY WOMENS	
NITROMIST.....	24	FLEXPEN.....	43	PRENATAL.....	197
NITROPRUSSIDE SODIUM....	56	NOVOLOG PENFILL.....	43	ONE-A-DAY WOMENS	
NIVESTYM.....	137	NOVOPEN ECHO.....	175	PRENATAL 1.....	197
NIZATIDINE.....	223	NOVOSEVEN RT.....	133	ONETOUCH CLUB	
NORA-BE.....	103	NOVOTWIST PEN NEEDLE		LANCETS FINE PT.....	154
NORDITROPIN FLEXPRO..	122	.....	175	ONETOUCH DELICA	
NOREPINEPHRINE		NOZIN NASAL SANITIZER		LANCETS 30G.....	154
BITARTRATE.....	228	POPSWAB.....	200	ONETOUCH DELICA	
NORETHINDRONE		NP THYROID.....	220	LANCETS 33G.....	154
ACETATE.....	211	NUCALA.....	30	ONETOUCH DELICA	
NORLYDA.....	103	NUCYNTA ER.....	20	LANCING DEV.....	154
NORLYROC.....	103	NUFOL.....	136	ONETOUCH DELICA PLUS	
NORMAL SALINE FLUSH....	192	NUTRIFAC ZX.....	196	LANCET30G.....	155
NORTREL 0.5/35 (28).....	98	NUTRILIPID.....	201	ONETOUCH DELICA PLUS	
NORTREL 1/35 (21).....	98	NUTROPIN AQ NUSPIN 10..	122	LANCET33G.....	155
NORTREL 1/35 (28).....	98	NUTROPIN AQ NUSPIN 20..	122	ONETOUCH DELICA PLUS	
NORTREL 7/7/7.....	104	NUTROPIN AQ NUSPIN 5... 122		LANCING.....	155
NORTRIPTYLINE HCL.....	40	NUWIQ.....	133	ONETOUCH FINEPOINT	
NORVIR.....	82	NYAMYC.....	110	LANCETS.....	155
NOVA SAFETY LANCETS		NYLIA 7/7/7.....	104	ONETOUCH SURESOFT	
23G.....	154	NYMYO.....	98	LANCING DEV.....	155
NOVA SAFETY LANCETS		NYSTATIN.....	48, 110, 194	ONETOUCH ULTRASOFT	
28G.....	154	NYSTATIN-		LANCETS.....	155
NOVA SUREFLEX		TRIAMCINOLONE.....	110	ONIVYDE.....	72
LANCETS.....	154	NYSTOP.....	110	ONUREG.....	62
NOVAREL.....	124	OBIZUR.....	133	OPCICON ONE-STEP.....	101
NOVOEIGHT.....	133	OCELLA.....	98	OPDIVO.....	64
NOVOFINE AUTOCOVER		OCTAGAM.....	209	OPSUMIT.....	90
PEN NEEDLE.....	175	OCTREOTIDE ACETATE.....	125	OPTICHAMBER DIAMOND	
NOVOFINE PEN NEEDLE..	175	ODEFSEY.....	80	.....	187
NOVOFINE PLUS PEN		OFEV.....	218	OPTICHAMBER	
NEEDLE.....	175	OFLOXACIN.....	128, 204, 207	DIAMOND-LG MASK.....	187
NOVOLIN 70/30.....	42	OLANZAPINE.....	79	OPTICHAMBER	
NOVOLIN 70/30 FLEXPEN... 42		OLANZAPINE-FLUOXETINE		DIAMOND-MD MASK.....	187
NOVOLIN 70/30 FLEXPEN		HCL.....	217	OPTICHAMBER	
RELION.....	42	OLMESARTAN		DIAMOND-SM MASK.....	187
NOVOLIN 70/30 RELION.....	42	MEDOXOMIL.....	54	OPTION 2.....	101
NOVOLIN N.....	43	OLMESARTAN		OPTIONS GYNOL II	
NOVOLIN N FLEXPEN.....	43	MEDOXOMIL-HCTZ.....	54	CONTRACEPTIVE.....	228
NOVOLIN N FLEXPEN		OLMESARTAN-		ORALONE.....	196
RELION.....	42	AMLODIPINE-HCTZ.....	54	ORENCIA.....	10, 11
NOVOLIN N RELION.....	43	OLOPATADINE HCL.....	201, 203	ORENCIA CLICKJECT.....	10
NOVOLIN R.....	43	OMECLAMOX-PAK.....	224	ORENITRAM.....	89
NOVOLIN R FLEXPEN.....	43	OMEGA-3-ACID ETHYL		ORFADIN.....	122, 123
		ESTERS.....	50	ORKAMBI.....	218

ORPHENADRINE CITRATE. 200	PEDVAX HIB 225	PHENYTOIN.....36
ORPHENADRINE CITRATE	PEG 3350..... 141	PHENYTOIN INFATABS 36
ER..... 200	PEG-	PHENYTOIN SODIUM.....36
ORSYTHIA 99	3350/ELECTROLYTES/ASCO	PHENYTOIN SODIUM
OSCIMIN..... 222	RBAT..... 140	EXTENDED..... 36
OSELTAMIVIR PHOSPHATE. 85	PEGASYS 84	PHILITH 99
OSPHENA 125	PEG-KCL-NACL-NASULF-	PHOSLYRA 129
OTEZLA 10	NA ASC-C..... 140	PHOSPHOROUS..... 190
OXACILLIN SODIUM..... 211	PEN NEEDLES..... 175	PHOSPHO-TRIN 250
OXALIPLATIN..... 60, 61	PENICILLAMINE..... 192	NEUTRAL 190
OXANDROLONE..... 22	PENICILLIN G POTASSIUM. 210	PHYTONADIONE..... 229
OXAPROZIN..... 10	PENICILLIN G SODIUM..... 210	PIFELTRO 82
OXAZEPAM..... 26	PENICILLIN V POTASSIUM. 210	PILOCARPINE HCL..... 195, 202
OXCARBAZEPINE..... 34	PENLET II BLOOD	PIMECROLIMUS..... 117
OXICONAZOLE NITRATE... 116	SAMPLER 155	PIMOZIDE..... 214
OXISTAT 116	PENLET II	PIMTREA 93
OXYBUTYNIN CHLORIDE... 224	REPLACEMENT CAP 155	PINDOLOL..... 86
OXYBUTYNIN CHLORIDE	PENTACEL 221	PIOGLITAZONE HCL..... 45
ER..... 224	PENTAMIDINE	PIOGLITAZONE HCL-
OXYCODONE HCL..... 20	ISETHIONATE..... 56	GLIMEPIRIDE..... 45
OXYCONTIN 20	PENTASA 129	PIOGLITAZONE HCL-
OXYMORPHONE HCL..... 20	PENTAZOCINE-NALOXONE	METFORMIN HCL..... 45
OXYMORPHONE HCL ER..... 20	HCL..... 22	PIP LANCETS 28G..... 155
OXYTOCIN..... 207	PENTIPS 175, 176	PIP LANCETS 30G..... 155
OZEMPIC (0.25 OR 0.5	PENTOBARBITAL SODIUM. 138	PIPERACILLIN SOD-
MG/DOSE) 44	PENTOXIFYLLINE ER..... 134	TAZOBACTAM SO..... 211
OZEMPIC (1 MG/DOSE) 44	PERFECT LANCETS 28G ... 155	PIQRAY (200 MG DAILY
PACLITAXEL..... 71	PERFECT LANCETS 30G ... 155	DOSE) 72
PADCEV 64	PERFOROMIST 29	PIQRAY (250 MG DAILY
PALIPERIDONE ER..... 76	PERINDOPRIL ERBUMINE... 53	DOSE) 72
PALONOSETRON HCL..... 47	PERIOGARD 195	PIQRAY (300 MG DAILY
PAMIDRONATE DISODIUM 121	PERJETA 63	DOSE) 72
PANDA MASK LARGE 187	PERMETHRIN..... 117	PIRMELLA 1/35 99
PANDA MASK MEDIUM 187	PERPHENAZINE..... 79	PIRMELLA 7/7/7 104
PANDA MASK SMALL 187	PERPHENAZINE-	PIROXICAM..... 10
PANRETIN 111	AMITRIPTYLINE..... 214	PNEUMOVAX 23 225
PANTOPRAZOLE SODIUM.. 223	PERRY PRENATAL 197	PNV TABS 29-1..... 197
PARAGARD	PHARMACIST CHOICE	PNV-DHA..... 199
INTRAUTERINE COPPER .. 101	ALCOHOL 145	PNV-DHA+DOCUSATE..... 199
PARAPLATIN 61	PHARMACIST CHOICE	PNV-OMEGA..... 197
PARICALCITOL..... 123	LANCETS 155	PNV-SELECT..... 197
PAROMOMYCIN SULFATE.... 7	PHARMACY COUNTER	POCKET CHAMBER 187
PAROXETINE HCL..... 38	LANCETS 155	POCKET SPACER 187
PAROXETINE HCL ER..... 38	PHENAZO 131	PODOFILOX..... 116
PAROXETINE MESYLATE... 217	PHENAZOPYRIDINE HCL.... 131	POLIVY 63
PASER 60	PHENELZINE SULFATE..... 37	POLYCIN 204
PAXIL 38	PHENOBARBITAL..... 138	POLYMYXIN B SULFATE..... 59
PC LANCETS SUPER THIN	PHENOBARBITAL SODIUM 138	POLYMYXIN B-
30G..... 155	PHENOXYBENZAMINE HCL. 53	TRIMETHOPRIM..... 204
PC UNIFINE PENTIPS..... 175	PHENTOLAMINE	POLYSACCHARIDE IRON
PEDIARIX 221	MESYLATE..... 53	FORTE..... 137
PEDIATRIC PANDA MASK 187	PHENYLEPHRINE HCL..... 229	POMALYST 66

PORTIA-28	99	PRENATAL FORMULA.....	197	PRO COMFORT SPACER	
POSACONAZOLE.....	49	PRE-NATAL FORMULA.....	197	INFANT.....	187
POTASSIUM ACETATE.....	191	PRENATAL FORTE.....	197	PROAIR HFA	29
POTASSIUM CHLORIDE.....	191	PRENATAL GUMMIES/DHA		PROAIR RESPICLICK	29
POTASSIUM CHLORIDE ER	191	& FA.....	199	PROBENECID.....	131
POTASSIUM CHLORIDE IN		PRENATAL MULTI +DHA		PROCAINAMIDE HCL.....	26
DEXTROSE.....	189	.....	197, 199	PROCARE SPACER/ADULT	
POTASSIUM CHLORIDE IN		PRENATAL		MASK.....	187
NACL.....	190	MULTIVITAMIN + DHA	199	PROCARE SPACER/CHILD	
POTASSIUM CITRATE ER....	130	PRENATAL MULTIVITAMIN		MASK.....	187
POTASSIUM		PLUS DHA.....	199	PROCHLORPERAZINE	
PHOSPHATES(71 MEQ K)....	190	PRENATAL ONE DAILY.....	198	EDISYLATE.....	79
PRADAXA	33	PRENATAL PLUS IRON.....	198	PROCHLORPERAZINE	
PRALUENT	52	PRENATAL VITAMIN.....	198	MALEATE.....	79
PRAMIPEXOLE		PRENATAL VITAMIN AND		PROCTO-MED HC	23
DIHYDROCHLORIDE.....	75	MINERAL.....	198	PROCTO-PAK	23
PRAMIPEXOLE		PRENATAL VITAMIN PLUS		PROCTOSOL HC	23
DIHYDROCHLORIDE ER.....	75	LOW IRON.....	198	PROCTOZONE-HC	23
PRASUGREL HCL.....	135	PRENATAL VITAMINS.....	198	PRODIGY INSULIN	
PRAVASTATIN SODIUM.....	51	PRENATAL/IRON.....	198	SYRINGE	177
PRAZICQUANTEL.....	23	PREPLUS.....	198	PRODIGY LANCETS 28G ..	155
PRAZOSIN HCL.....	55	PREVALITE	51	PRODIGY SAFETY	
PRECISION SUREDOSE		PREVENT DROPSAFE PEN		LANCETS 26G	155
PLUS SYR	176	NEEDLES	176	PRODIGY TWIST TOP	
PRECISION SURE-DOSE		PREVENT SAFETY PEN		LANCETS 28G	155
SYRINGE	176	NEEDLES	176	PROFILNINE	133
PRECISION THINS GP		PREVENTEZA	101	PROGESTERONE.....	211
LANCETS	155	PREVIDENT	195	PROGRAF	193
PREDNICARBATE.....	115	PREVIFEM	99	PROLASTIN-C	218
PREDNISOLONE.....	106	PREVNAR 13	225	PROLENSA	205
PREDNISOLONE ACETATE.	206	PREVNAR 20	226	PROLEUKIN	68
PREDNISOLONE SODIUM		PREZCOBIX	80	PROLIA	125
PHOSPHATE.....	106, 107, 206	PREZISTA	82	PROMACTA	138
PREDNISON.....	107	PRIFTIN	60	PROMETHAZINE HCL.....	50
PREDNISON INTENSOL ..	107	PRIMAQUINE PHOSPHATE..	59	PROMETHEGAN	50
PREFERRED PLUS INSULIN		PRIMIDONE.....	35	PROPAPENONE HCL.....	27
SYRINGE.....	176	PRIMSOL	56	PROPAPENONE HCL ER.....	27
PREFERRED PLUS		PRIVIGEN	209	PROPRANOLOL HCL.....	86
LANCETS COLORED.....	155	PRO COMFORT ALCOHOL..	145	PROPRANOLOL HCL ER.....	86
PREFERRED PLUS		PRO COMFORT INSULIN		PROPYLTHIOURACIL.....	219
LANCETS THIN.....	155	SYRINGE	176	PROQUAD	226
PREFERRED PLUS UNIFINE		PRO COMFORT LANCETS		PROTAMINE SULFATE.....	135
PENTIPS.....	176	30G.....	155	PROTRIPTYLINE HCL.....	40
PREGABALIN.....	35	PRO COMFORT LANCETS		PSS SELECT GP LANCETS	155
PREGNYL	124	31G.....	155	PSS SELECT SAFETY	
PREMARIN	127	PRO COMFORT PEN		LANCETS	155
PREMPHASE	126	NEEDLES.....	176	PULMICORT FLEXHALER ..	31
PREMPRO	126	PRO COMFORT SPACER		PULMOZYME	218
PRENATAL.....	198	ADULT.....	187	PURE COMFORT ALCOHOL	
PRENATAL (W/IRON & FA).	197	PRO COMFORT SPACER		PREP.....	145
PRENATAL 19.....	197	CHILD.....	187	PURE COMFORT LANCETS	
PRENATAL COMPLETE.....	197			30G.....	155

PURE COMFORT PEN NEEDLE.....	177	QUETIAPINE FUMARATE.....	78	READYLANCE SAFETY LANCETS.....	156
PUREVIT DUALFE PLUS.....	137	QUETIAPINE FUMARATE ER.....	77, 78	REALITY INSULIN SYRINGE.....	177
PX ASPIRIN.....	14	QUILLIVANT XR.....	6	REALITY LANCETS.....	156
PX ENTERIC ASPIRIN.....	14	QUINAPRIL HCL.....	53	REALITY SWABS.....	145
PX EXTRA SHORT PEN NEEDLES.....	177	QUINAPRIL- HYDROCHLOROTHIAZIDE...	53	REALITY TRIGGER LANCETS.....	156
PX FOLIC ACID.....	137	QUINIDINE GLUCONATE ER.....	26	REBLOZYL.....	136
PX INSULIN SYRINGE.....	177	QUINIDINE SULFATE.....	26	RECLIPSEN.....	99
PX LANCETS MICROTHIN 33G.....	155	QUININE SULFATE.....	59	RECOMBINATE.....	133
PX LANCETS ULTRA THIN.	155	RA ALCOHOL SWABS.....	145	RECOMBIVAX HB.....	227
PX LANCETS ULTRA THIN 28G.....	155	RA ASPIRIN.....	15	RECTIV.....	22
PX LAXATIVE.....	142	RA ASPIRIN ADULT LOW DOSE.....	14	REGRANEX.....	118
PX MINI PEN NEEDLES.....	177	RA ASPIRIN ADULT LOW STRENGTH.....	14	RELENZA DISKHALER.....	85
PX PEN NEEDLE.....	177	RA ASPIRIN CHILDRENS.....	14	RELEXXII.....	6
PX PRENATAL MULTIVITAMINS.....	198	RA ASPIRIN EC.....	14	RELION ALCOHOL SWABS.....	145
PX SHORTLENGTH PEN NEEDLES.....	177	RA ASPIRIN EC ADULT LOW ST.....	14	RELION INSULIN SYRINGE.....	177
PX STOP SMOKING AID.....	216	RA E-ZJECT LANCETS 28G	156	RELION KETONE TEST....	118
PYLERA.....	224	RA E-ZJECT LANCETS THIN 26G.....	156	RELION LANCETS MICRO-THIN 33G.....	156
PYRAZINAMIDE.....	60	RA E-ZJECT LANCETS THIN 28G.....	156	RELION LANCETS THIN 26G.....	156
PYRIDOSTIGMINE BROMIDE.....	60	RA E-ZJECT LANCETS THIN 30G.....	156	RELION LANCETS ULTRA- THIN 30G.....	156
PYRIDOSTIGMINE BROMIDE ER.....	60	RA E-ZJECT LANCETS ULTRA THIN.....	156	RELION MINI PEN NEEDLES.....	177
PYRIDOXINE HCL.....	229	RA FOLIC ACID.....	137	RELION PEN NEEDLES.....	177
PYRIMETHAMINE.....	59	RA INSULIN SYRINGE.....	177	RELION SHORT PEN NEEDLES.....	178
QC ALCOHOL SWABS.....	145	RA LAXATIVE.....	141, 142	RELION ULTRA THIN LANCETS 30G.....	156
QC ASPIRIN.....	14	RA MINI NICOTINE.....	216	RELION ULTRA THIN PLUS LANCETS.....	156
QC ASPIRIN LOW DOSE.....	14	RA NICOTINE.....	216	RENACIDIN.....	131
QC CHILDRENS ASPIRIN.....	14	RA NICOTINE GUM.....	216	RENFLEXIS.....	130
QC ENTERIC ASPIRIN.....	14	RA NICOTINE POLACRILEX	216	REPAGLINIDE.....	44
QC FOLIC ACID.....	137	RA PAIN RELIEF ASPIRIN....	15	REPATHA.....	52
QC GENTLE LAXATIVE.....	142	RA PEN NEEDLES.....	177	REPATHA PUSHTRONEX SYSTEM.....	52
QC LANCETS SUPER THIN 30G.....	155	RA PRENATAL.....	198	REPATHA SURECLICK.....	52
QC LANCETS ULTRA THIN.	156	RA PRENATAL FORMULA..	198	RESTASIS.....	204
QC MAGNESIUM CITRATE.	141	RA WOMENS LAXATIVE.....	142	RESTASIS MULTIDOSE.....	204
QC NATURA-LAX.....	141	RABEPRAZOLE SODIUM....	223	RETACRIT.....	136
QC NICOTINE TRANSDERMAL SYSTEM...	216	RALOXIFENE HCL.....	125	RETROVIR.....	83
QC PEN NEEDLES.....	177	RAMELTEON.....	139	REVCovi.....	120
QC PRENATAL.....	198	RAMIPRIL.....	53	REVLIMID.....	193
QC UNIFINE PENTIPS.....	177	RANOLAZINE ER.....	23	REVONTO.....	200
QC UNILET LANCETS 28G...	156	RASAGILINE MESYLATE.....	74	REXALL LANCETS ULTRA THIN 30G.....	156
QC UNILET LANCETS MICRO THIN.....	156	RAVICTI.....	125		
QINLOCK.....	66	RAYALDEE.....	123		
QUADRACEL.....	221	REACT.....	101		

REXULTI	79	SAJAZIR	134	SHOPKO UNIFINE	
REYATAZ	82	SALSALATE	15	PENTIPS	178
RHOGAM ULTRA-		SANDIMMUNE	192	SHOPKO UNIFINE	
FILTERED PLUS	209	SANTYL	116	PENTIPS PLUS	178
RHOPHYLAC	209	SAPHRIS	77	SHOPKO UNILET	
RHOPRESSA	205	SAPS CARE ALCOHOL PREP		LANCETS 28G	157
RIASTAP	133	.....	145	SHOPKO UNILET	
RIBAVIRIN	84	SAPS HEALTH ALCOHOL		LANCETS 30G	157
RIFABUTIN	60	PREP	145	SHUR-SEAL	
RIFAMPIN	60	SAPS HEALTH CARE		CONTRACEPTIVE	228
RIGHTEST GL300		ALCOHOL PREP	145	SIGNIFOR	125
LANCETS	156	SAPS HEALTH TWIST TOP		SILDENAFIL CITRATE	90
RILUZOLE	201	LANCETS	156	SILODOSIN	130
RIMANTADINE HCL	85	SAPS TWIST TOP LANCETS	156	SIMBRINZA	201
RINGERS	190	SAPSCARE TWIST TOP		SIMILAC PRENATAL	
RINGERS IRRIGATION	193	LANCETS	156	EARLY SHIELD	199
RINVOQ	7	SAVAYSA	31	SIMLIYA	93
RISEDRONATE SODIUM	121	SAVELLA	212	SIMPESSE	102
RISPERDAL CONSTA	76	SAVELLA TITRATION		SIMPONI	8
RISPERIDONE	76	PACK	212	SIMPONI ARIA	8
RITEFLO	187	SB ALCOHOL PREP	145	SIMVASTATIN	51
RITONAVIR	82	SB ASPIRIN	15	SINGLE-LET	157
RITUXAN	63	SB ASPIRIN EC	15	SIROLIMUS	193, 194
RITUXAN HYCELA	68	SB BISACODYL LAXATIVE		SIRTURO	60
RIVASTIGMINE	212	EC	143	SKYLA	103
RIVASTIGMINE TARTRATE	212	SB CHILDRENS ASPIRIN	15	SKYRIZI	111
RIVELSA	102	SB GENTLE LAX-WOMEN ..	143	SKYRIZI (150 MG DOSE)	111
RIXUBIS	133	SB INSULIN SYRINGE	178	SKYRIZI PEN	111
RIZATRIPTAN BENZOATE ..	188	SB LANCETS THIN	156	SM ALCOHOL PREP	145
ROCKLATAN	205	SB LANCETS ULTRA THIN ..	156	SM ASPIRIN	15
ROPINIROLE HCL	75	SB LOW DOSE ASA EC	15	SM ASPIRIN ADULT LOW	
ROPINIROLE HCL ER	75	SB MAGNESIUM CITRATE ..	141	STRENGTH	15
ROSADAN	117	SB POLYETHYLENE		SM ASPIRIN EC	15
ROSUVASTATIN CALCIUM ..	51	GLYCOL 3350	141	SM ASPIRIN EC LOW	
ROTARIX	227	SCOPOLAMINE	47	STRENGTH	15
ROTATEQ	227	SECURESAFE INSULIN		SM ASPIRIN LOW DOSE	15
ROWEEPRA	35	SYRINGE	178	SM CHILDRENS ASPIRIN	15
ROZLYTREK	67	SECURESAFE SAFETY		SM CLEARLAX	141
RUBRACA	72	PEN NEEDLES	178	SM FOLIC ACID	137
RUKOBIA	81	SELEGILINE HCL	74	SM GENTLE LAXATIVE	143
RUXIENCE	63	SELENIUM SULFIDE	112	SM LANCETS 33G	157
RYDAPT	66	SELZENTRY	81	SM MAGNESIUM CITRATE ..	141
RYVENT	49	SEREVENT DISKUS	29	SM NICOTINE	217
SAFE-T-LANCE	156	SERTRALINE HCL	38	SM NICOTINE POLACRILEX	
SAFE-T-LANCE PLUS	156	SETLAKIN	102	.....	217
SAFETY INSULIN		SEVELAMER CARBONATE		SM PRENATAL VITAMINS ..	198
SYRINGES	178	.....	129, 130	SMART SENSE COLOR	
SAFETY LANCET		SEVELAMER HCL	130	LANCETS 33G	157
30G/PRESSURE ACT	156	SHAROBEL	103	SMART SENSE STANDARD	
SAFETY LANCETS	156	SHINGRIX	227	LANCETS	157
SAFETY LANCETS 21G	156	SHOPKO ON-THE-GO		SMART SENSE SUPER	
SAFETY LANCETS 28G	156	LANCETS 30G	156	THIN LANCETS	157

SMART SENSE THIN			
LANCETS 26G	157	STAVUDINE	83
SMARTEST LANCETS 28G	157	STELARA	111, 129
SMOOTH LAX	141	STERILANCE TL	157
SOD BENZ-SOD		STIOLTO RESPIMAT	28
PHENYLACET	125	STIVARGA	66
SOD CITRATE-CITRIC ACID	130	STRENSIQ	123
SODIUM ACETATE	189	STREPTOMYCIN SULFATE	7
SODIUM BICARBONATE	23, 189	STRIBILD	80
SODIUM CHLORIDE	107, 192	STUART ONE	199
SODIUM CHLORIDE (PF)	192	SUBVENITE	35
SODIUM FLUORIDE	190	SUBVENITE STARTER	
SODIUM FLUORIDE 5000		KIT-BLUE	35
ENAMEL	195	SUBVENITE STARTER	
SODIUM FLUORIDE 5000		KIT-GREEN	35
PLUS	195	SUBVENITE STARTER	
SODIUM FLUORIDE 5000		KIT-ORANGE	35
PPM	195	SUCRAID	119
SODIUM FLUORIDE 5000		SUCRALFATE	223
SENSITIVE	195	SULFACETAMIDE SODIUM	206
SODIUM NITRITE	46	SULFACETAMIDE SODIUM	
SODIUM NITROPRUSSIDE	56	(ACNE)	108
SODIUM		SULFACETAMIDE-	
PHENYLBUTYRATE	125	PREDNISOLONE	206
SODIUM PHOSPHATES	190	SULFADIAZINE	218
SODIUM POLYSTYRENE		SULFAMETHOXAZOLE-	
SULFONATE	194	TRIMETHOPRIM	56
SODIUM THIOSULFATE	46	SULFASALAZINE	129
SOLIFENACIN SUCCINATE	224	SULFATRIM PEDIATRIC	57
SOLIRIS	134	SULFURATED LIME	117
SOLTAMOX	61	SULINDAC	10
SOLU-CORTEF	107	SUMATRIPTAN	188
SOLUS V2 LANCETS 28G ... 157		SUMATRIPTAN SUCCINATE	
SOLUS V2 TWIST		.....	188, 189
LANCETS 30G	157	SUMATRIPTAN SUCCINATE	
SOMATULINE DEPOT	125	REFILL	188
SOMAVERT	122	SUMATRIPTAN-NAPROXEN	
SORBITOL-MANNITOL	131	SODIUM	188
SORINE	86	SUNOSI	4
SOTALOL HCL (AF)	87	SUPER THIN LANCETS	157
SPINOSAD	117	SUPREP BOWEL PREP KIT	
SPIRIVA HANDHALER	29	.....	140
SPIRIVA RESPIMAT	30	SURE COMFORT ALCOHOL	
SPIRONOLACTONE	120	PREP	145
SPIRONOLACTONE-HCTZ ... 119		SURE COMFORT INSULIN	
SPRINTEC 28	99	SYRINGE	178
SPRYCEL	64	SURE COMFORT LANCETS	
SPS	194	18G	157
SRONYX	99	SURE COMFORT LANCETS	
SSD	112	21G	157
ST JOSEPH ASPIRIN	15	SURE COMFORT LANCETS	
ST JOSEPH LOW DOSE	15	23G	157
		SURE COMFORT LANCETS	
		28G	157
		SURE COMFORT LANCETS	
		30G	157
		SURE COMFORT PEN	
		NEEDLES	178
		SURE-FINE PEN NEEDLES	
		.....	178, 179
		SURE-JECT INSULIN	
		SYRINGE	179
		SURE-LANCE FLAT	
		LANCETS	157
		SURE-LANCE LANCETS	
		26G	157
		SURE-LANCE THIN	
		LANCETS 28G	157
		SURE-LANCE ULTRA	
		THIN LANCETS	157
		SURELITE LANCETS	157
		SURE-PREP ALCOHOL	
		PREP	145
		SURESTEP PRO	
		LINEARITY	157
		SURE-TOUCH LANCETS	
		UNIVERSAL	157
		SUTENT	66
		SYEDA	99
		SYMBICORT	28
		SYMFI	80
		SYMFI LO	80
		SYMPROIC	129
		SYMTUZA	81
		SYNAGIS	207
		SYNAREL	124
		SYNJARDY	44
		SYNJARDY XR	44
		SYNRIBO	69
		TABLOID	62
		TACROLIMUS	117, 194
		TADALAFIL	90
		TAFINLAR	65
		TAGRISO	65
		TAKE ACTION	101
		TALTZ	111
		TAMOXIFEN CITRATE	61
		TAMSULOSIN HCL	130
		TARGRETIN	118
		TARINA 24 FE	99
		TARINA FE 1/20	99
		TARINA FE 1/20 EQ	99
		TASIGNA	64
		TAYSOFY	99

TAZAROTENE.....	112	THYROGEN	118	TOVET	115
TAZICEF	93	TIADYL T ER	88	TOVIAZ	225
TAZORAC	112	TIAGABINE HCL.....	36	TRACLEER	90
TAZTIA XT	88	TILIA FE	104	TRADJENTA	41
TDVAX	221	TIMOLOL MALEATE.....	87, 202	TRAMADOL HCL.....	20, 21
TECENTRIQ	64	TIMOLOL MALEATE		TRAMADOL HCL ER.....	20
TECFIDERA	213	(ONCE-DAILY).....	202	TRAMADOL HCL ER	
TECHLITE AST LANCETS	157	TIMOLOL MALEATE		(BIPHASIC).....	20
TECHLITE INSULIN		OCUDOSE.....	202	TRAMADOL-	
SYRINGE.....	179	TIMOLOL MALEATE PF.....	202	ACETAMINOPHEN.....	22
TECHLITE LANCETS	157	TINIDAZOLE.....	56	TRANDOLAPRIL.....	53
TECHLITE LANCETS 30G	157	TIVICAY	81	TRANDOLAPRIL-	
TECHLITE PEN NEEDLES	179	TIVICAY PD	81	VERAPAMIL HCL ER.....	52
TEGSEDI	212	TIZANIDINE HCL.....	200	TRANEXAMIC ACID.....	138
TELMISARTAN.....	54	TL-HEM 150.....	138	TRANLYCYPROMINE	
TELMISARTAN-		TOBRADEX	206	SULFATE.....	37
AMLODIPINE.....	54	TOBRADEX ST	206	TRAVEL LANCETS.....	158
TELMISARTAN-HCTZ.....	54	TOBRAMYCIN.....	7, 204	TRAVEL LANCETS	
TEMAZEPAM.....	139	TOBRAMYCIN SULFATE.....	7	ADVANCED 28G	158
TEMODAR	70	TOBRAMYCIN-		TRAVOPROST (BAK FREE).....	207
TEMOZOLOMIDE.....	70	DEXAMETHASONE.....	206	TRAZIMERA	63
TEMSIROLIMUS.....	66	TOBREX	204	TRAZODONE HCL.....	38, 39
TENIVAC	221	TODAY SPONGE	228	TRECTOR	60
TENOFOVIR DISOPROXIL		TODAYS HEALTH MINI PEN		TRELEGY ELLIPTA	28
FUMARATE.....	83	NEEDLES.....	179	TREMFYA	111
TERAZOSIN HCL.....	55	TODAYS HEALTH PEN		TREPROSTINIL.....	89
TERBINAFINE HCL.....	48	NEEDLES.....	179	TRESIBA	43
TERCONAZOLE.....	227	TODAYS HEALTH SHORT		TRESIBA FLEXTOUCH	43
TESTOSTERONE.....	22	PEN NEEDLE.....	179	TRETINOIN.....	72, 109
TESTOSTERONE		TODAYS HEALTH THIN		TRETINOIN MICROSPHERE.....	109
CYPIONATE.....	22	LANCETS 28G.....	158	TRETINOIN MICROSPHERE	
TESTOSTERONE		TODAYS HEALTH THIN		PUMP.....	109
ENANTHATE.....	22	LANCETS 30G.....	158	TREXALL	62
TETRABENAZINE.....	212	TOLCAPONE.....	74	TRI FEMYNOR	104
TETRACYCLINE HCL.....	219	TOLTERODINE TARTRATE.....	225	TRIAMCINOLONE	
TEXACORT	115	TOLTERODINE TARTRATE		ACETONIDE.....	107, 115, 116
TGT LANCET MICRO THIN		ER.....	224	TRIAMTERENE.....	120
33G.....	157	TOPCARE CLICKFINE PEN		TRIAMTERENE-HCTZ.....	119
TGT LANCET THIN 26G.....	157	NEEDLES.....	179	TRIAZOLAM.....	139
TGT LANCET ULTRA THIN		TOPCARE LANCETS		TRIDERM	116
30G.....	158	MICRO-THIN 33G.....	158	TRIENTINE HCL.....	192
THALOMID	192	TOPCARE ULTRA		TRI-ESTARYLLA	104
THEO-24	31	COMFORT INS SYR.....	180	TRIFLUOPERAZINE HCL.....	79
THEOPHYLLINE.....	31	TOPIRAMATE.....	35	TRIFLURIDINE.....	204
THEOPHYLLINE ER.....	31	TOPIRAMATE ER.....	35	TRIGELS-F FORTE.....	138
THIAMINE HCL.....	229	TOPOSAR	71	TRIHXYPHENIDYL HCL.....	74
THINLETS GP LANCETS	158	TOPOTECAN HCL.....	72, 73	TRI-LEGEST FE	104
THIORIDAZINE HCL.....	79	TOREMIFENE CITRATE.....	61	TRI-LINYAH	104
THIOTHIXENE.....	79	TORSEMIDE.....	120	TRI-LO-ESTARYLLA	104
THRIVE	217	TOTECT	69	TRI-LO-MARZIA	104
THROMBATE III	135	TOUJEO MAX SOLOSTAR	43	TRI-LO-MILI	104
THYMOGLOBULIN	193	TOUJEO SOLOSTAR	43	TRI-LO-SPRINTEC	104

TRIMETHOPRIM.....	56	TYDEMY	99	ULTRACARE PEN NEEDLES	
TRI-MILI	105	TYKERB	66	.....	183
TRIMIPRAMINE MALEATE... 40		TYSABRI	213	ULTRA-THIN II AUTO	
TRINTELLIX	39	TYVASO	89	LANCET	158
TRI-NYMYO	105	TYVASO REFILL	90	ULTRA-THIN II INS SYR	
TRIPHROCAPS.....	196	TYVASO STARTER	90	SHORT	183
TRI-PREVIFEM	105	ULTICARE ALCOHOL		ULTRA-THIN II INSULIN	
TRI-SPRINTEC	105	SWABS	145	SYRINGE	183
TRITOCIN	116	ULTICARE INSULIN		ULTRA-THIN II LANCETS	158
TRIUMEQ	81	SAFETY SYR	181	ULTRA-THIN II MINI PEN	
TRI-VITE/FLUORIDE.....	196	ULTICARE INSULIN		NEEDLE	183
TRIVORA (28)	105	SYRINGE	181	ULTRA-THIN II PEN	
TRI-VYLIBRA	105	ULTICARE MICRO PEN		NEEDLE SHORT	183
TRI-VYLIBRA LO	105	NEEDLES	181	ULTRA-THIN II PEN	
TROGARZO	81	ULTICARE MINI PEN		NEEDLES	183
TROSPIUM CHLORIDE.....	225	NEEDLES	181	UNIFINE PEN NEEDLES	183
TROSPIUM CHLORIDE ER... 225		ULTICARE PEN NEEDLES	181	UNIFINE PENTIPS	183
TRUE COMFORT ALCOHOL		ULTICARE SHORT PEN		UNIFINE PENTIPS PLUS	184
PREP PADS.....	145	NEEDLES	181	UNIFINE SAFECONTROL	
TRUE COMFORT INSULIN		ULTIGUARD SAFEPACK		PEN NEEDLE	184
SYRINGE.....	180	PEN NEEDLE	181	UNIFINE ULTRA PEN	
TRUE COMFORT PEN		ULTIGUARD SAFEPACK		NEEDLE	184
NEEDLES.....	180	SYR/NEEDLE	182	UNILET COMFORTOUCH	
TRUE COMFORT PRO		ULTILET ALCOHOL SWABS		LANCET	158
ALCOHOL PREP.....	145	.....	145	UNILET EXCELITE	158
TRUE COMFORT PRO		ULTILET CLASSIC		UNILET EXCELITE II	158
INSULIN SYR.....	180	LANCETS	158	UNILET G.P. LANCET	158
TRUE COMFORT PRO PEN		ULTILET LANCETS	158	UNILET G.P. SUPERLITE	
NEEDLES.....	180	ULTILET PEN NEEDLE	182	LANCET	158
TRUE COMFORT TWIST		ULTILET SAFETY		UNILET GP 28 ULTRA	
TOP LANCETS.....	158	LANCETS	158	THIN	158
TRUEPLUS 5-BEVEL PEN		ULTILET SAFETY		UNILET LANCET	158
NEEDLES	180	LANCETS 23G	158	UNILET MICRO-THIN 33G	158
TRUEPLUS INSULIN		ULTOMIRIS	134	UNILET SUPERLITE	
SYRINGE	180	ULTRA COMFORT INSULIN		LANCET	158
TRUEPLUS LANCETS 26G	158	SYRINGE	182	UNILET SUPER-THIN 30G	158
TRUEPLUS LANCETS 28G	158	ULTRA FLO INSULIN PEN		UNILET ULTRA-THIN 28G	158
TRUEPLUS LANCETS 30G	158	NEEDLES	182	UNISTIK 3 GENTLE	158
TRUEPLUS LANCETS 33G	158	ULTRA FLO INSULIN SYR		UNISTIK PRO SAFETY	
TRUEPLUS PEN NEEDLES	180	1/2 UNIT	182	LANCET	159
TRUEPLUS SAFETY		ULTRA FLO INSULIN		UNISTIK SAFETY	
LANCETS 28G	158	SYRINGE	182, 183	LANCETS 28G	159
TRULICITY	44	ULTRA THIN LANCETS 31G	158	UNISTIK SAFETY	
TRUMENBA	226	ULTRA THIN PEN		LANCETS 30G	159
TRUVADA	81	NEEDLES	183	UNISTIK TOUCH SAFETY	
TUKYSA	63	ULTRA-CARE ALCOHOL		LANC 21G	159
TULANA	103	PREP PADS	145	UNISTIK TOUCH SAFETY	
TURALIO	66	ULTRACARE INSULIN		LANC 23G	159
TUZISTRA XR	108	SYRINGE	183	UNISTIK TOUCH SAFETY	
TWINRIX	226	ULTRA-CARE LANCETS 30G		LANC 28G	159
TYBLUME	99	.....	158	UNISTIK TOUCH SAFETY	
TYBOST	83			LANC 30G	159

UNITHROID	220, 221	VENLAFAXINE HCL	39	VYXEOS	68
UNITUXIN	63	VENLAFAXINE HCL ER	39	WALGREENS ADV TRAVEL	
UNIVERSAL 1 LANCETS		VENTAVIS	90	LANCETS	159
THIN 26G	159	VENTOLIN HFA	29	WALGREENS LANCETS ...	159
UNIVERSAL 1 LANCETS		VERAPAMIL HCL	88	WALGREENS LANCETS	
THIN 33G	159	VERAPAMIL HCL ER	88	MICRO THIN	159
UNIVERSAL 1 LANCETS		VESTURA	99	WALGREENS LANCETS	
ULTRA THIN	159	VICTOZA	44	SUPER THIN	159
UPTRAVI	90	VIDA MIA UNIFINE		WALGREENS THIN	
URIN DS	59	PENTIPS	184, 185	LANCETS	159
URSODIOL	128	VIDA MIA UNILET		WALGREENS ULTRA	
VALACYCLOVIR HCL	84	LANCETS 28G	159	THIN LANCETS	159
VALGANCICLOVIR HCL	83	VIDA MIA UNILET		WATER FOR IRRIGATION,	
VALPROATE SODIUM	36	LANCETS 30G	159	STERILE	193
VALPROIC ACID	36, 37	VIENVA	100	WEBCOL ALCOHOL PREP	
VALSARTAN	54	VIIBRYD	39	LARGE	145
VALSARTAN-		VIIBRYD STARTER PACK ...	39	WEBCOL ALCOHOL PREP	
HYDROCHLOROTHIAZIDE ...	54	VIMIZIM	124	MEDIUM	145
VALUE HEALTH INSULIN		VIMPAT	35	WEGMANS UNIFINE	
SYRINGE	184	VINBLASTINE SULFATE	71	PENTIPS PLUS	185
VALUE PLUS LANCET		VINCRISTINE SULFATE	71	WERA	100
STANDARD 21G	159	VINORELBINE TARTRATE ...	71	WESTAB MINI	136
VALUE PLUS LANCETS		VIORELE	93	WESTAB ONE	136
SUPER THIN	159	VIRACEPT	82	WIDE-SEAL DIAPHRAGM	
VALUE PLUS LANCETS		VIREAD	83	60	146
THIN 26G	159	VIRT-C DHA	198	WIDE-SEAL DIAPHRAGM	
VALUMARK LANCET		VIRT-CAPS	196	65	146
SUPER THIN 30G	159	VIRT-GARD	136	WIDE-SEAL DIAPHRAGM	
VALUMARK LANCET		VIRT-NATE DHA	198	70	146
ULTRA THIN 28G	159	VIRT-PN DHA	199	WIDE-SEAL DIAPHRAGM	
VALUMARK PEN NEEDLES	184	VIRT-PN PLUS	198	75	146
VANCOMYCIN HCL	58	VISTOGARD	46	WIDE-SEAL DIAPHRAGM	
VANCOMYCIN HCL IN		VITA S FORTE	196	80	146
DEXTROSE	57	VITACEL	196	WIDE-SEAL DIAPHRAGM	
VANCOMYCIN HCL IN		VITAMIN D		85	146
NACL	57	(ERGOCALCIFEROL)	229	WIDE-SEAL DIAPHRAGM	
VANISHPOINT INSULIN		VITAMIN K1	229	90	146
SYRINGE	184	VITAMINS ACD-FLUORIDE	196	WIDE-SEAL DIAPHRAGM	
VAQTA	227	VIVAGUARD LANCETS	159	95	146
VARENICLINE TARTRATE ..	217	VIVITROL	46	WINRHO SDF	209
VARIVAX	227	VOLNEA	93	WIXELA INHUB	28
VAXELIS	221, 222	VONVENDI	133	WOMANS LAXATIVE	143
V-C FORTE	196	VORICONAZOLE	49	WOMENS LAXATIVE	143
VCF VAGINAL		VORTEX VALVED		WYMZYA FE	100
CONTRACEPTIVE	228	HOLDING CHAMBER	187	XALKORI	62
VELCADE	67	VOTRIENT	67	XARELTO	31
VELIVET	105	VP INSULIN SYRINGE	185	XARELTO STARTER PACK	31
VELTASSA	194	VP-PNV-DHA	198	XELJANZ	7
VEMLIDY	84	VYFEMLA	100	XELJANZ XR	7
VENCLEXTA	64	VYLIBRA	100	XGEVA	125
VENCLEXTA STARTING		VYNDAMAX	91	XIAFLEX	192
PACK	64	VYVANSE	4	XIFAXAN	56

XIGDUO XR	44	ZYDELIG	72
XIIDRA	202	ZYKADIA	62
XOLAIR	28	ZYPREXA RELPREVV	79
XTAMPZA ER	21	ZYVOX	58
XTANDI	61		
XULANE	100		
XYNTHA	133		
XYNTHA SOLOFUSE	133		
YERVOY	63		
YL FOLIC ACID	137		
YOUR LIFE MULTI			
PRENATAL	198		
YUVAFEM	228		
ZAFEMY	100		
ZAFIRLUKAST	30		
ZALEPLON	139		
ZALTRAP	73		
ZANOSAR	72		
ZARAH	100		
ZELBORAF	65		
ZEMAIRA	218		
ZENATANE	109		
ZENPEP	119		
ZEPATIER	84		
ZEPZELCA	61		
ZERVIATE	203		
ZEVRX INSULIN SYRINGE ..	185		
ZEVRX PEN NEEDLES	185		
ZEVRX STERILE ALCOHOL			
PREP PAD	145		
ZEVRX TWIST TOP			
LANCETS 30G	159		
ZIDOVUDINE	83		
ZILEUTON ER	27		
ZIOPTAN	207		
ZIPRASIDONE HCL	76		
ZIPRASIDONE MESYLATE ...	76		
ZIRABEV	73		
ZIRGAN	204		
ZITHROMAX	143		
ZOLEDRONIC ACID	121		
ZOLINZA	65		
ZOLMITRIPTAN	189		
ZOLPIDEM TARTRATE	139		
ZOLPIDEM TARTRATE ER ..	139		
ZOMIG	189		
ZONISAMIDE	36		
ZONTIVITY	135		
ZORTRESS	194		
ZOVIA 1/35 (28)	100		
ZOVIA 1/35E (28)	100		
ZUMANDIMINE	100		