



Samaritan
Health Plans

2023 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 12/1/2023.



Important information about your plan

This document provides highlights of your pharmacy benefits.

To find out how a drug is covered under your plan, you can view the entire formulary and pharmacy information available online at samhealthplans.org/members/employer-group-members or call our Customer Service Department.

You have a broad access to our network pharmacies. A list of participating network pharmacies is also online at samhealthplans.org/members/employer-group-members.

Using your prescription drug benefit

Your prescription drug benefit requires that you fill your prescription at a network or participating pharmacy. Always present your current member identification card at a network or participating pharmacy. You may purchase up to a 90-day supply of certain maintenance drugs at either a retail pharmacy or a mail order pharmacy.

Using your prescription drug formulary

The formulary or drug list is a list of brand and generic prescription medications approved by the Food and Drug Administration (FDA). The drug list is developed by physicians and pharmacists through a Pharmacy and Therapeutics Committee. It is designed to offer drug treatment options for covered medical conditions.

The formulary can help you and your provider find covered options that are safe and effective and less costly to help minimize your out of pocket expense.

Some prescription drugs require a prior authorization or approval to determine the medical necessity of that specific drug and to determine whether the drugs we have on formulary will work just as well as the medication you and your provider are requesting.

Prescriptions by mail

You are able to order your maintenance medications using a participating or network mail order pharmacy. Our online pharmacy directory can help you find a mail order pharmacy in our network. A list of participating network pharmacies is online at samhealthplans.org/members/employer-group-members. If you have any questions, please call Customer Service at the number on the cover page of the document.

This document includes a list of the drugs (formulary) for our plan which is current as of 12/1/2023.

Out of network or non-participating pharmacies

Sometimes due to certain emergencies or reasons, you may need to use a pharmacy that is not in our network. If this happens, you will need to pay the full price of the medication at the time of purchase.

You can apply for reimbursement using our reimbursement forms available on our website samhealthplans.org/members/employer-group-members. Approval of reimbursement requests is always subject to your plan's limitations and exclusions. Members will be reimbursed based on the plan's in-network contracted rate for prescription drugs minus member co-pay or co-insurance.

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 notify 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 brand-name drugs?

Brand-name drugs are medications approved by the FDA and protected by a drug patent, which prevents other manufactures from making that specific medication for a number of years. It is only the pharmaceutical company that holds that patent that has the exclusive rights to make and sell that drug.

What are generic drugs?

A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. It is tested by the FDA to be as safe and effective as brand-name drugs. Generally, generic drugs cost less than brand name drugs.

What are maintenance drugs?

Maintenance drugs are drugs that are usually prescribed to treat conditions that are considered long-term or chronic. Examples of such conditions are diabetes and high blood pressure.

Preventive medications

Preventive medications will 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.

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 during a specific time-frame such as daily or monthly.
- **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.
- **Morphine milligram equivalent (MME):** This shows the amount of morphine in milligrams that is equivalent to the strength of the specific opioid medicine your doctor has prescribed.

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 Service and ask if your drug is covered.

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

- Your prescriber can ask Customer Service 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.

Samaritan Small Group 2023 Formulary

- 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 48 hours of receipt for standard requests and expedited requests unless additional information is required.

Insulin Products

Copays for all formulary insulins will be capped at either \$75 per month OR your copay/coinsurance payment, whichever is less. Please note that this does not apply to insulins that are not on our formulary, which are approved for use through an exception process.

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 lower-case (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.

PV: Preventive medications.

QL: Quantity limit. For certain drugs, our plan limits the amount of the drug that we will cover. 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	5
Analgesics - Anti-Inflammatory	6
Analgesics - Nonnarcotic	10
Analgesics - Opioid	14
Androgens-Anabolic	19
Anorectal And Related Products	20
Anthelmintics	20
Antianginal Agents	20
Antianxiety Agents	21
Antiarrhythmics	23
Antiasthmatic And Bronchodilator Agents	23
Anticoagulants	27
Anticonvulsants	28
Antidepressants	31
Antidiabetics	34
Antidiarrheal/Probiotic Agents	38
Antidotes And Specific Antagonists	38
Antiemetics	38
Antifungals	39
Antihistamines	40
Antihyperlipidemics	41
Antihypertensives	43
Anti-Infective Agents - Misc.	45
Antimalarials	47
Antimyasthenic/Cholinergic Agents	48
Antimycobacterial Agents	48
Antineoplastics And Adjunctive Therapies	49
Antiparkinson And Related Therapy Agents	57
Antipsychotics/Antimanic Agents	58
Antiseptics & Disinfectants	62
Antivirals	62
Beta Blockers	66
Calcium Channel Blockers	67
Cardiotonics	69
Cardiovascular Agents - Misc.	69
Cephalosporins	70
Contraceptives	72
Corticosteroids	83
Cough/Cold/Allergy	84
Dermatologicals	85
Diagnostic Products	93
Digestive Aids	93
Diuretics	94
Endocrine And Metabolic Agents - Misc.	95
Estrogens	99
Fluoroquinolones	100
Gastrointestinal Agents - Misc.	101
Genitourinary Agents - Miscellaneous	103
Gout Agents	104

Hematological Agents - Misc.	104
Hematopoietic Agents	107
Hemostatics	109
Hypnotics/Sedatives/Sleep Disorder Agents	110
Laxatives	110
Macrolides	114
Medical Devices And Supplies	115
Migraine Products	160
Minerals & Electrolytes	161
Miscellaneous Therapeutic Classes	162
Mouth/Throat/Dental Agents	164
Multivitamins	165
Musculoskeletal Therapy Agents	168
Nasal Agents - Systemic And Topical	169
Neuromuscular Agents	169
Ophthalmic Agents	169
Otic Agents	174
Oxytocics	175
Passive Immunizing And Treatment Agents	175
Penicillins	177
Progestins	178
Psychotherapeutic And Neurological Agents - Misc.	179
Respiratory Agents - Misc.	184
Sulfonamides	185
Tetracyclines	185
Thyroid Agents	185
Toxoids	187
Ulcer Drugs/Antispasmodics/Anticholinergics	188
Urinary Antispasmodics	190
Vaccines	191
Vaginal And Related Products	194
Vasopressors	194
Vitamins	195

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 3	
*Adhd Agent - Selective Norepinephrine Reuptake Inhibitor***			
ATOMOXETINE HCL ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG		Tier 3	QL (1 EA per 1 day)
*Amphetamine Mixtures***			
ADDERALL TABLET 10 MG ORAL (AMPHETAMINE-DEXTROAMPHETAMINE)	Tier 3	Tier 1	QL (3 EA per 1 day)
ADDERALL TABLET 12.5 MG ORAL (AMPHETAMINE-DEXTROAMPHETAMINE)	Tier 3	Tier 1	QL (3 EA per 1 day)
ADDERALL TABLET 15 MG ORAL (AMPHETAMINE-DEXTROAMPHETAMINE)	Tier 3	Tier 1	QL (3 EA per 1 day)
ADDERALL TABLET 20 MG ORAL (AMPHETAMINE-DEXTROAMPHETAMINE)	Tier 3	Tier 1	QL (3 EA per 1 day)
ADDERALL TABLET 30 MG ORAL (AMPHETAMINE-DEXTROAMPHETAMINE)	Tier 3	Tier 1	QL (2 EA per 1 day)
ADDERALL TABLET 5 MG ORAL (AMPHETAMINE-DEXTROAMPHETAMINE)	Tier 3	Tier 1	QL (3 EA per 1 day)
ADDERALL TABLET 7.5 MG ORAL (AMPHETAMINE-DEXTROAMPHETAMINE)	Tier 3	Tier 1	QL (3 EA per 1 day)
AMPHETAMINE-DEXTROAMPHET ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG		Tier 1	QL (2 EA per 1 day)
*Amphetamines***			
AMPHETAMINE SULFATE ORAL TABLET 10 MG, 5 MG		Tier 3	QL (6 EA per 1 day)
DEXTROAMPHETAMINE SULFATE ER CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL		Tier 3	QL (6 EA per 1 day)
DEXTROAMPHETAMINE SULFATE ER CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL		Tier 3	QL (4 EA per 1 day)

Drug	Status	Generic Status	Notes
DEXTROAMPHETAMINE SULFATE ER CAPSULE EXTENDED RELEASE 24 HOUR 5 MG ORAL		Tier 3	QL (3 EA per 1 day)
DEXTROAMPHETAMINE SULFATE ORAL SOLUTION 5 MG/5ML		Tier 3	QL (60 ML per 1 day)
DEXTROAMPHETAMINE SULFATE TABLET 10 MG ORAL		Tier 1	QL (6 EA per 1 day)
DEXTROAMPHETAMINE SULFATE TABLET 5 MG ORAL		Tier 1	QL (3 EA per 1 day)
VYVANSE ORAL CAPSULE (LISDEXAMFETAMINE DIMESYLATE) 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	Tier 2	Tier 1	QL (1 EA per 1 day)
VYVANSE ORAL TABLET CHEWABLE (LISDEXAMFETAMINE DIMESYLATE) 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	Tier 2	Tier 1	QL (1 EA per 1 day)
*Dopamine And Norepinephrine Reuptake Inhibitors (Dnris)***			
SUNOSI ORAL TABLET 150 MG, 75 MG	Tier 3		PA; QL (1 EA per 1 day)
*Stimulants - Misc.***			
ARMODAFINIL TABLET 150 MG ORAL		Tier 3	PA; QL (1 EA per 1 day)
ARMODAFINIL TABLET 200 MG ORAL		Tier 3	PA; QL (1 EA per 1 day)
ARMODAFINIL TABLET 250 MG ORAL		Tier 3	PA; QL (1 EA per 1 day)
ARMODAFINIL TABLET 50 MG ORAL		Tier 3	PA; QL (2 EA per 1 day)
CONCERTA TABLET EXTENDED RELEASE 18 MG ORAL (METHYLPHENIDATE HCL ER (OSM))	Tier 3	Tier 3	QL (1 EA per 1 day)
CONCERTA TABLET EXTENDED RELEASE 27 MG ORAL (METHYLPHENIDATE HCL ER (OSM))	Tier 3	Tier 3	QL (1 EA per 1 day)
CONCERTA TABLET EXTENDED RELEASE 36 MG ORAL (METHYLPHENIDATE HCL ER (OSM))	Tier 3	Tier 3	QL (2 EA per 1 day)
CONCERTA TABLET EXTENDED RELEASE 54 MG ORAL (METHYLPHENIDATE HCL ER (OSM))	Tier 3	Tier 3	QL (1 EA per 1 day)
DEXMETHYLPHENIDATE HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL		Tier 3	QL (1 EA per 1 day)
DEXMETHYLPHENIDATE HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL		Tier 3	QL (1 EA per 1 day)

Drug	Status	Generic Status	Notes
DEXMETHYLPHENIDATE HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL		Tier 3	QL (2 EA per 1 day)
DEXMETHYLPHENIDATE HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 25 MG ORAL		Tier 3	QL (1 EA per 1 day)
DEXMETHYLPHENIDATE HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL		Tier 3	QL (1 EA per 1 day)
DEXMETHYLPHENIDATE HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 35 MG ORAL		Tier 3	QL (1 EA per 1 day)
DEXMETHYLPHENIDATE HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL		Tier 3	QL (1 EA per 1 day)
DEXMETHYLPHENIDATE HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 5 MG ORAL		Tier 3	QL (1 EA per 1 day)
DEXMETHYLPHENIDATE HCL ORAL TABLET 10 MG, 2.5 MG, 5 MG		Tier 1	QL (2 EA per 1 day)
METHYLPHENIDATE HCL ER TABLET EXTENDED RELEASE 10 MG ORAL		Tier 3	QL (2 EA per 1 day)
METHYLPHENIDATE HCL ER TABLET EXTENDED RELEASE 20 MG ORAL		Tier 3	QL (3 EA per 1 day)
METHYLPHENIDATE HCL ORAL TABLET 10 MG, 20 MG, 5 MG		Tier 1	QL (3 EA per 1 day)
METHYLPHENIDATE HCL SOLUTION 10 MG/5ML ORAL		Tier 3	QL (30 ML per 1 day)
METHYLPHENIDATE HCL SOLUTION 5 MG/5ML ORAL		Tier 3	QL (60 ML per 1 day)
METHYLPHENIDATE HCL TABLET CHEWABLE 10 MG ORAL		Tier 3	QL (6 EA per 1 day)
METHYLPHENIDATE HCL TABLET CHEWABLE 2.5 MG ORAL		Tier 3	QL (3 EA per 1 day)
METHYLPHENIDATE HCL TABLET CHEWABLE 5 MG ORAL		Tier 3	QL (3 EA per 1 day)
MODAFINIL ORAL TABLET 100 MG, 200 MG		Tier 1	PA; QL (1 EA per 1 day)
Aminoglycosides			
*Aminoglycosides***			
HUMATIN ORAL CAPSULE 250 MG	Tier 2		
NEOMYCIN SULFATE ORAL TABLET 500 MG		LC	

Drug	Status	Generic Status	Notes
STREPTOMYCIN SULFATE INTRAMUSCULAR SOLUTION RECONSTITUTED 1 GM		Tier 3	
TOBRAMYCIN INHALATION NEBULIZATION SOLUTION 300 MG/5ML		Tier 4	
Analgesics - Anti-Inflammatory			
*Antirheumatic - Janus Kinase (Jak) Inhibitors***			
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 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***			
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	Tier 4		PA
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	Tier 4		PA
CYLTEZO SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.8ML	Tier 4		PA
CYLTEZO SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	Tier 4		PA
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	Tier 4		PA
CYLTEZO-PSORIASIS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	Tier 4		PA
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
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR (ADALIMUMAB-ADAZ) 40 MG/0.4ML	Tier 4	Tier 4	PA
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	Tier 4		PA
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML	Tier 4		PA
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (ADALIMUMAB-ADAZ) 40 MG/0.4ML	Tier 4	Tier 4	PA
HYRIMOZ-CROHNS/UC STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	Tier 4		PA
HYRIMOZ-PED CROHNS STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	Tier 4		PA
HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML	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

Drug	Status	Generic Status	Notes
*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 SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	Tier 5		PA
*Nonsteroidal Anti-Inflammatory Agent Combinations***			
DICLOFENAC-MISOPROSTOL ORAL TABLET DELAYED RELEASE 50-0.2 MG, 75-0.2 MG		Tier 3	
*Nonsteroidal Anti-Inflammatory Agents (Nsaid)***			
DICLOFENAC POTASSIUM ORAL TABLET 50 MG		Tier 1	
DICLOFENAC SODIUM ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG		Tier 3	
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	
FLURBIPROFEN ORAL TABLET 100 MG, 50 MG		Tier 1	
IBU ORAL TABLET (IBUPROFEN) 400 MG, 600 MG, 800 MG	LC	LC	

Drug	Status	Generic Status	Notes
IBUPROFEN ORAL SUSPENSION 100 MG/5ML		Tier 1	
INDOMETHACIN CAPSULE 25 MG ORAL		LC	
INDOMETHACIN CAPSULE 50 MG ORAL		Tier 1	
INDOMETHACIN ER ORAL CAPSULE EXTENDED RELEASE 75 MG		Tier 1	
KETOPROFEN ORAL CAPSULE 25 MG, 50 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)
MEFENAMIC ACID ORAL CAPSULE 250 MG		Tier 3	
MELOXICAM ORAL TABLET 15 MG, 7.5 MG		LC	
NABUMETONE ORAL TABLET 500 MG, 750 MG		Tier 1	
NAPROXEN DR ORAL TABLET DELAYED RELEASE 500 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		Tier 1	
NAPROXEN TABLET 375 MG ORAL		LC	
NAPROXEN TABLET 500 MG ORAL		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	
TOLMETIN SODIUM ORAL CAPSULE 400 MG		Tier 1	
TOLMETIN SODIUM ORAL TABLET 600 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

Drug	Status	Generic Status	Notes
*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 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 4		PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	Tier 4		PA
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	Tier 4		PA
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	Tier 4		PA
Analgesics - Nonnarcotic			
*Analgesics-Sedatives***			
BAC ORAL TABLET (BUTALBITAL-APAP-CAFFEINE) 50-325-40 MG	Tier 1	Tier 1	
BUTALBITAL-ACETAMINOPHEN ORAL TABLET 50-325 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 81 ORAL TABLET DELAYED RELEASE 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
ASPIRIN CHILDRENS ORAL TABLET CHEWABLE 81 MG		Tier 1	PV

Drug	Status	Generic Status	Notes
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 LOW DOSE ORAL TABLET CHEWABLE 81 MG		Tier 1	PV
ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
ASPIRIN REGIMEN ORAL TABLET DELAYED RELEASE 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 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
CVS GENUINE ASPIRIN ORAL TABLET 325 MG		Tier 1	PV
DIFLUNISAL ORAL TABLET 500 MG		Tier 3	

Drug	Status	Generic Status	Notes
ECOTRIN ARTHRTIS PAIN ORAL TABLET DELAYED RELEASE (ASPIRIN) 325 MG	Tier 3	Tier 1	PV
ECOTRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE (ASPIRIN) 81 MG	Tier 3	Tier 1	PV
ECOTRIN ORAL TABLET DELAYED RELEASE (ASPIRIN) 325 MG	Tier 3	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
FT ASPIRIN LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
FT ASPIRIN ORAL TABLET 325 MG		Tier 1	PV
FT ENTERIC COATED ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG		Tier 1	PV
GENUINE ASPIRIN ORAL TABLET 325 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 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

Drug	Status	Generic Status	Notes
H-E-B ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG		Tier 1	PV
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 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
MEDI-FIRST ASPIRIN ORAL TABLET (ASPIRIN) 325 MG	Tier 1	Tier 1	PV
MEDIQUE ASPIRIN ORAL TABLET (ASPIRIN) 325 MG	Tier 1	Tier 1	PV
MEIJER ASPIRIN EC ORAL TABLET DELAYED RELEASE 325 MG		Tier 1	PV
MM ASPIRIN ORAL TABLET DELAYED RELEASE 81 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

Drug	Status	Generic Status	Notes
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
RA ASPIRIN ORAL TABLET 325 MG		Tier 1	PV
RA PAIN RELIEF ASPIRIN ORAL TABLET 325 MG		Tier 1	PV
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 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 LOW DOSE ORAL TABLET DELAYED RELEASE 81 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 ORAL SOLUTION 120-12 MG/5ML		Tier 1	QL (166.5 ML per 1 day)
ACETAMINOPHEN-CODEINE TABLET 300-15 MG ORAL		Tier 1	QL (13 EA per 1 day)
ACETAMINOPHEN-CODEINE TABLET 300-30 MG ORAL		Tier 1	QL (13 EA per 1 day)

Drug	Status	Generic Status	Notes
ACETAMINOPHEN-CODEINE TABLET 300-60 MG ORAL		Tier 1	QL (10 EA per 1 day)
ASCOMP-CODEINE ORAL CAPSULE (BUTALBITAL-ASA-CAFF-CODEINE) 50-325-40-30 MG	Tier 3	Tier 3	
*Dihydrocodeine Combinations***			
APAP-CAFF-DIHYDROCODEINE ORAL CAPSULE 320.5-30-16 MG		Tier 3	PA; QL (12 EA per 1 day)
*Hydrocodone Combinations***			
HYDROCODONE-ACETAMINOPHEN ORAL SOLUTION 2.5-108 MG/5ML, 5-217 MG/10ML, 7.5-325 MG/15ML		Tier 1	QL (180 ML per 1 day)
HYDROCODONE-ACETAMINOPHEN TABLET 10-300 MG ORAL		Tier 1	QL (9 EA per 1 day)
HYDROCODONE-ACETAMINOPHEN TABLET 10-325 MG ORAL		Tier 1	QL (9 EA per 1 day)
HYDROCODONE-ACETAMINOPHEN TABLET 5-300 MG ORAL		Tier 1	QL (13 EA per 1 day)
HYDROCODONE-ACETAMINOPHEN TABLET 5-325 MG ORAL		Tier 1	QL (12 EA per 1 day)
HYDROCODONE-ACETAMINOPHEN TABLET 7.5-300 MG ORAL		Tier 1	QL (12 EA per 1 day)
HYDROCODONE-ACETAMINOPHEN TABLET 7.5-325 MG ORAL		Tier 1	QL (12 EA per 1 day)
HYDROCODONE-IBUPROFEN TABLET 10-200 MG ORAL		Tier 3	QL (9 EA per 1 day)
HYDROCODONE-IBUPROFEN TABLET 5-200 MG ORAL		Tier 1	QL (16 EA per 1 day)
HYDROCODONE-IBUPROFEN TABLET 7.5-200 MG ORAL		Tier 1	QL (12 EA per 1 day)
*Opioid Agonists***			
CODEINE SULFATE TABLET 15 MG ORAL		Tier 1	QL (40 EA per 1 day)
CODEINE SULFATE TABLET 30 MG ORAL		Tier 1	QL (20 EA per 1 day)
CODEINE SULFATE TABLET 60 MG ORAL		Tier 1	QL (10 EA per 1 day)
DURAMORPH INJECTION SOLUTION 0.5 MG/ML		Tier 3	
FENTANYL CITRATE BUCCAL LOZENGE ON A HANDLE 1200 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG		Tier 3	PA; QL (4 EA per 1 day)
FENTANYL PATCH 72 HOUR 100 MCG/HR TRANSDERMAL		Tier 3	PA; QL (1 EA per 1 day)

Drug	Status	Generic Status	Notes
FENTANYL PATCH 72 HOUR 12 MCG/HR TRANSDERMAL		Tier 3	PA; QL (0.5 EA per 1 day)
FENTANYL PATCH 72 HOUR 25 MCG/HR TRANSDERMAL		Tier 1	PA; QL (0.5 EA per 1 day)
FENTANYL PATCH 72 HOUR 50 MCG/HR TRANSDERMAL		Tier 1	PA; QL (0.5 EA per 1 day)
FENTANYL PATCH 72 HOUR 75 MCG/HR TRANSDERMAL		Tier 3	PA; QL (1 EA per 1 day)
HYDROCODONE BITARTRATE ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG		Tier 3	PA; QL (1 EA per 1 day)
HYDROMORPHONE HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 16 MG, 32 MG, 8 MG		Tier 3	PA; QL (2 EA per 1 day)
HYDROMORPHONE HCL INJECTION SOLUTION 1 MG/ML, 2 MG/ML, 4 MG/ML		Tier 3	
HYDROMORPHONE HCL ORAL LIQUID 1 MG/ML		Tier 3	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 3	
HYDROMORPHONE HCL TABLET 2 MG ORAL		Tier 1	QL (11 EA per 1 day)
HYDROMORPHONE HCL TABLET 4 MG ORAL		Tier 1	QL (5 EA per 1 day)
HYDROMORPHONE HCL TABLET 8 MG ORAL		Tier 1	QL (2 EA per 1 day)
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
MITIGO INJECTION SOLUTION 200 MG/20ML (10 MG/ML), 500 MG/20ML (25 MG/ML)	Tier 3		
MORPHINE SULFATE (CONCENTRATE) ORAL SOLUTION 10 MG/0.5ML		Tier 1	QL (4.5 EA per 1 day)
MORPHINE SULFATE (CONCENTRATE) ORAL SOLUTION 100 MG/5ML, 20 MG/ML		Tier 1	QL (4.5 ML per 1 day)

Drug	Status	Generic Status	Notes
MORPHINE SULFATE (PF) INTRAVENOUS SOLUTION 2 MG/ML, 4 MG/ML		Tier 3	
MORPHINE SULFATE (PF) SOLUTION 0.5 MG/ML INJECTION		Tier 3	
MORPHINE SULFATE (PF) SOLUTION 10 MG/ML INJECTION		Tier 1	
MORPHINE SULFATE (PF) SOLUTION 2 MG/ML INJECTION		Tier 3	
MORPHINE SULFATE (PF) SOLUTION 4 MG/ML INJECTION		Tier 3	
MORPHINE SULFATE (PF) SOLUTION 5 MG/ML INJECTION		Tier 3	
MORPHINE SULFATE (PF) SOLUTION 8 MG/ML INJECTION		Tier 1	
MORPHINE SULFATE ER TABLET EXTENDED RELEASE 100 MG ORAL		Tier 3	PA; QL (3 EA per 1 day)
MORPHINE SULFATE ER TABLET EXTENDED RELEASE 15 MG ORAL		Tier 1	PA; QL (3 EA per 1 day)
MORPHINE SULFATE ER TABLET EXTENDED RELEASE 200 MG ORAL		Tier 3	PA; QL (3 EA per 1 day)
MORPHINE SULFATE ER TABLET EXTENDED RELEASE 30 MG ORAL		Tier 1	PA; QL (3 EA per 1 day)
MORPHINE SULFATE ER TABLET EXTENDED RELEASE 60 MG ORAL		Tier 3	PA; QL (3 EA per 1 day)
MORPHINE SULFATE INJECTION SOLUTION 2 MG/ML, 4 MG/ML		Tier 3	
MORPHINE SULFATE INTRAVENOUS SOLUTION 4 MG/ML		Tier 3	
MORPHINE SULFATE SOLUTION 10 MG/5ML ORAL		Tier 1	QL (45 ML per 1 day)
MORPHINE SULFATE SOLUTION 20 MG/5ML ORAL		Tier 1	QL (22.5 ML per 1 day)
MORPHINE SULFATE TABLET 15 MG ORAL		Tier 1	QL (6 EA per 1 day)
MORPHINE SULFATE TABLET 30 MG ORAL		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)
NUCYNTA TABLET 100 MG ORAL	Tier 3		PA; QL (1 EA per 1 day)
NUCYNTA TABLET 50 MG ORAL	Tier 3		PA; QL (2 EA per 1 day)
NUCYNTA TABLET 75 MG ORAL	Tier 3		PA; QL (1 EA per 1 day)
OXYCODONE HCL ORAL CAPSULE 5 MG		Tier 1	QL (12 EA per 1 day)

Drug	Status	Generic Status	Notes
OXYCODONE HCL ORAL SOLUTION 5 MG/5ML		Tier 1	QL (60 ML per 1 day)
OXYCODONE HCL TABLET 10 MG ORAL		Tier 1	QL (6 EA per 1 day)
OXYCODONE HCL TABLET 15 MG ORAL		Tier 1	QL (4 EA per 1 day)
OXYCODONE HCL TABLET 20 MG ORAL		Tier 1	QL (3 EA per 1 day)
OXYCODONE HCL TABLET 30 MG ORAL		Tier 1	QL (2 EA per 1 day)
OXYCODONE HCL TABLET 5 MG ORAL		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 3	PA; QL (4 EA per 1 day)
OXYMORPHONE HCL TABLET 10 MG ORAL		Tier 1	QL (1 EA per 1 day)
OXYMORPHONE HCL TABLET 5 MG ORAL		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 3	PA; QL (1 EA per 1 day)
TRAMADOL HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG		Tier 3	PA; QL (1 EA per 1 day)
TRAMADOL HCL ORAL TABLET 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)	Tier 1	Tier 1	QL (6 EA per 1 day)
ENDOCET TABLET 2.5-325 MG ORAL (OXYCODONE-ACETAMINOPHEN)	Tier 1	Tier 1	QL (12 EA per 1 day)
ENDOCET TABLET 5-325 MG ORAL (OXYCODONE-ACETAMINOPHEN)	Tier 1	Tier 1	QL (12 EA per 1 day)
ENDOCET TABLET 7.5-325 MG ORAL (OXYCODONE-ACETAMINOPHEN)	Tier 1	Tier 1	QL (8 EA per 1 day)
*Opioid Partial Agonists***			
BUPRENORPHINE HCL TABLET SUBLINGUAL 2 MG SUBLINGUAL		Tier 1	QL (12 EA per 1 day)
BUPRENORPHINE HCL TABLET SUBLINGUAL 8 MG SUBLINGUAL		Tier 1	QL (3 EA per 1 day)
BUPRENORPHINE HCL-NALOXONE HCL FILM 12-3 MG SUBLINGUAL		Tier 3	QL (2 EA per 1 day)

Drug	Status	Generic Status	Notes
BUPRENORPHINE HCL-NALOXONE HCL FILM 2-0.5 MG SUBLINGUAL		Tier 3	QL (12 EA per 1 day)
BUPRENORPHINE HCL-NALOXONE HCL FILM 4-1 MG SUBLINGUAL		Tier 3	QL (6 EA per 1 day)
BUPRENORPHINE HCL-NALOXONE HCL FILM 8-2 MG SUBLINGUAL		Tier 3	QL (3 EA per 1 day)
BUPRENORPHINE HCL-NALOXONE HCL TABLET SUBLINGUAL 2-0.5 MG SUBLINGUAL		Tier 1	QL (12 EA per 1 day)
BUPRENORPHINE HCL-NALOXONE HCL TABLET SUBLINGUAL 8-2 MG SUBLINGUAL		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 3	PA; QL (0.15 EA per 1 day)
BUTORPHANOL TARTRATE INJECTION SOLUTION 1 MG/ML, 2 MG/ML		Tier 1	
BUTORPHANOL TARTRATE NASAL SOLUTION 10 MG/ML		Tier 3	QL (2 FILLS per 54 days)
PENTAZOCINE-NALOXONE HCL ORAL TABLET 50-0.5 MG		Tier 3	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			
*Androgens***			
DANAZOL ORAL CAPSULE 100 MG, 200 MG, 50 MG		Tier 3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION (TESTOSTERONE CYPIONATE) 100 MG/ML, 200 MG/ML	Tier 3	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 3	PA
TESTOSTERONE TRANSDERMAL SOLUTION 30 MG/ACT		Tier 3	PA

Drug	Status	Generic Status	Notes
Anorectal And Related Products			
*Intrarectal Steroids***			
CORTIFOAM EXTERNAL FOAM 10 %	Tier 3		
HYDROCORTISONE RECTAL ENEMA 100 MG/60ML		Tier 3	
*Nitrate Vasodilating Agents***			
RECTIV RECTAL OINTMENT 0.4 %	Tier 3		
*Rectal Anesthetic/Steroids***			
HYDROCORTISONE ACE-PRAMOXINE EXTERNAL CREAM 1-1 %		Tier 1	
*Rectal Steroids***			
HYDROCORTISONE (PERIANAL) EXTERNAL CREAM 1 %		Tier 1	
PROCTO-MED HC EXTERNAL CREAM (HYDROCORTISONE (PERIANAL)) 2.5 %	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	
Anthelmintics			
*Anthelmintics***			
ALBENDAZOLE ORAL TABLET 200 MG		Tier 3	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 3	
PRAZIQUANTEL ORAL TABLET 600 MG		Tier 3	
Antianginal Agents			
*Antianginals-Other***			
RANOLAZINE ER ORAL TABLET EXTENDED RELEASE 12 HOUR 1000 MG, 500 MG		Tier 3	
*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		Tier 1	

Drug	Status	Generic Status	Notes
ISOSORBIDE MONONITRATE ER TABLET EXTENDED RELEASE 24 HOUR 30 MG ORAL		LC	
ISOSORBIDE MONONITRATE ER TABLET EXTENDED RELEASE 24 HOUR 60 MG ORAL		LC	
ISOSORBIDE MONONITRATE ORAL TABLET 10 MG, 20 MG		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 3	
Antianxiety Agents			
*Antianxiety Agents - Misc.***			
BUSPIRONE HCL TABLET 10 MG ORAL		LC	
BUSPIRONE HCL TABLET 15 MG ORAL		Tier 1	
BUSPIRONE HCL TABLET 30 MG ORAL		Tier 1	
BUSPIRONE HCL TABLET 5 MG ORAL		LC	
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 PAMOATE CAPSULE 100 MG ORAL		Tier 3	
HYDROXYZINE PAMOATE CAPSULE 25 MG ORAL		LC	
HYDROXYZINE PAMOATE CAPSULE 50 MG ORAL		LC	
MEPROBAMATE ORAL TABLET 200 MG, 400 MG		Tier 3	
*Benzodiazepines***			
ALPRAZOLAM ER TABLET EXTENDED RELEASE 24 HOUR 0.5 MG ORAL		Tier 2	QL (1 EA per 1 day)
ALPRAZOLAM ER TABLET EXTENDED RELEASE 24 HOUR 1 MG ORAL		Tier 2	QL (1 EA per 1 day)
ALPRAZOLAM ER TABLET EXTENDED RELEASE 24 HOUR 2 MG ORAL		Tier 2	QL (5 EA per 1 day)

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

Drug	Status	Generic Status	Notes
Antiarrhythmics			
*Antiarrhythmics Type I-A***			
DISOPYRAMIDE PHOSPHATE ORAL CAPSULE 100 MG, 150 MG		Tier 3	
PROCAINAMIDE HCL INJECTION SOLUTION 100 MG/ML		Tier 3	
QUINIDINE SULFATE ORAL TABLET 200 MG, 300 MG		Tier 1	
*Antiarrhythmics Type I-B***			
MEXILETINE HCL ORAL CAPSULE 150 MG, 200 MG, 250 MG		Tier 3	
*Antiarrhythmics Type I-C***			
FLECAINIDE ACETATE ORAL TABLET 100 MG, 150 MG, 50 MG		Tier 1	
PROPAFENONE HCL ORAL TABLET 150 MG, 225 MG, 300 MG		Tier 1	
*Antiarrhythmics Type Iii***			
AMIODARONE HCL ORAL TABLET 200 MG		Tier 1	
DOFETILIDE ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG		Tier 3	
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/ACT	Tier 2		QL (2 EA per 1 day)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	Tier 2		QL (2 EA per 1 day)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	Tier 2		QL (0.36 GM per 1 day)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	Tier 2		QL (8.1 GM per 30 days)

Drug	Status	Generic Status	Notes
FLUTICASONE-SALMETEROL AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT INHALATION		Tier 3	QL (0.04 EA per 1 day)
FLUTICASONE-SALMETEROL AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT INHALATION		Tier 3	QL (0.04 EA per 1 day)
FLUTICASONE-SALMETEROL AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT INHALATION		Tier 3	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 (0.35 GM per 1 day)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	Tier 2		QL (2 EA per 1 day)
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED (FLUTICASONE-SALMETEROL) 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	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
*Beta Adrenergics***			
ALBUTEROL SULFATE HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT		Tier 1	QL (1.2 GM per 1 day)
ALBUTEROL SULFATE NEBULIZATION SOLUTION (2.5 MG/3ML) 0.083% INHALATION		Tier 1	QL (18 ML per 1 day)
ALBUTEROL SULFATE NEBULIZATION SOLUTION 0.63 MG/3ML INHALATION		Tier 1	QL (12.5 ML per 1 day)
ALBUTEROL SULFATE NEBULIZATION SOLUTION 1.25 MG/3ML INHALATION		Tier 1	QL (12.5 ML per 1 day)
ALBUTEROL SULFATE NEBULIZATION SOLUTION 2.5 MG/0.5ML INHALATION		LC	QL (5 EA per 1 day)

Drug	Status	Generic Status	Notes
ARFORMOTEROL TARTRATE INHALATION NEBULIZATION SOLUTION 15 MCG/2ML		Tier 3	QL (4 ML per 1 day)
FORMOTEROL FUMARATE INHALATION NEBULIZATION SOLUTION 20 MCG/2ML		Tier 3	QL (4 ML per 1 day)
LEVALBUTEROL HCL NEBULIZATION SOLUTION 0.31 MG/3ML INHALATION		Tier 3	QL (18 ML per 1 day)
LEVALBUTEROL HCL NEBULIZATION SOLUTION 0.63 MG/3ML INHALATION		Tier 3	QL (18 ML per 1 day)
LEVALBUTEROL HCL NEBULIZATION SOLUTION 1.25 MG/0.5ML INHALATION		Tier 3	QL (3 EA per 1 day)
LEVALBUTEROL HCL NEBULIZATION SOLUTION 1.25 MG/3ML INHALATION		Tier 3	QL (9 ML per 1 day)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	Tier 2		QL (2 EA per 1 day)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	Tier 2		QL (0.14 GM per 1 day)
*Bronchodilators - Anticholinergics***			
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	Tier 3		QL (25.8 GM per 30 days)
IPRATROPIUM BROMIDE INHALATION SOLUTION 0.02 %		LC	QL (10.42 ML per 1 day)
SPIRIVA HANDHALER INHALATION CAPSULE (TIOTROPIUM BROMIDE MONOHYDRATE) 18 MCG	Tier 2	Tier 2	QL (1 EA per 1 day)
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 SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS	Tier 4		PA; QL (0.11 ML per 1 day)
NUCALA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS	Tier 4		PA; QL (0.02 ML per 1 day)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 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 TABLET 10 MG		LC	

Drug	Status	Generic Status	Notes
MONTELUKAST SODIUM ORAL TABLET CHEWABLE 4 MG, 5 MG		LC	
ZAFIRLUKAST ORAL TABLET 10 MG, 20 MG		Tier 3	
*Selective Phosphodiesterase 4 (Pde4) Inhibitors***			
DALIRESP ORAL TABLET (ROFLUMILAST) 500 MCG	Tier 3	Tier 1	PA
ROFLUMILAST ORAL TABLET 250 MCG		Tier 1	PA
*Steroid Inhalants***			
ARNUTY 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 3	QL (4 ML per 1 day)
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT INHALATION	Tier 2		QL (2 EA per 1 day)
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 250 MCG/ACT INHALATION	Tier 2		QL (8 EA per 1 day)
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT INHALATION	Tier 2		QL (2 EA per 1 day)
FLOVENT HFA AEROSOL 110 MCG/ACT INHALATION (FLUTICASONE PROPIONATE HFA)	Tier 2	Tier 2	QL (24 GM per 30 days)
FLOVENT HFA AEROSOL 220 MCG/ACT INHALATION (FLUTICASONE PROPIONATE HFA)	Tier 2	Tier 2	QL (24 GM per 30 days)
FLOVENT HFA AEROSOL 44 MCG/ACT INHALATION (FLUTICASONE PROPIONATE HFA)	Tier 2	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)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT	Tier 2		QL (0.71 GM per 1 day)

Drug	Status	Generic Status	Notes
*Xanthines***			
THEOPHYLLINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 400 MG, 600 MG		Tier 3	
THEOPHYLLINE ER TABLET EXTENDED RELEASE 12 HOUR 100 MG ORAL		Tier 1	
THEOPHYLLINE ER TABLET EXTENDED RELEASE 12 HOUR 200 MG ORAL		Tier 1	
THEOPHYLLINE ER TABLET EXTENDED RELEASE 12 HOUR 300 MG ORAL		Tier 3	
THEOPHYLLINE ER TABLET EXTENDED RELEASE 12 HOUR 450 MG ORAL		Tier 3	
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 (148 EA per 365 days)
ELIQUIS TABLET 2.5 MG ORAL	Tier 2		QL (2 EA per 1 day)
ELIQUIS TABLET 5 MG ORAL	Tier 2		QL (3 EA per 1 day)
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML	Tier 2		QL (20 ML 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	Tier 2		QL (1 EA per 1 day)
XARELTO TABLET 15 MG ORAL	Tier 2		QL (2 EA per 1 day)
XARELTO TABLET 2.5 MG ORAL	Tier 2		QL (2 EA per 1 day)
XARELTO TABLET 20 MG ORAL	Tier 2		QL (1 EA per 1 day)
*Heparins And Heparinoid-Like Agents***			
HEPARIN SODIUM (PORCINE) INJECTION SOLUTION PREFILLED SYRINGE 5000 UNIT/0.5ML		Tier 1	
HEPARIN SODIUM (PORCINE) PF INJECTION SOLUTION 5000 UNIT/ML		Tier 3	
*Low Molecular Weight Heparins***			
ENOXAPARIN SODIUM INJECTION SOLUTION 300 MG/3ML		Tier 3	

Drug	Status	Generic Status	Notes
ENOXAPARIN SODIUM INJECTION SOLUTION PREFILLED SYRINGE 100 MG/ML, 120 MG/0.8ML, 150 MG/ML, 30 MG/0.3ML, 40 MG/0.4ML, 60 MG/0.6ML, 80 MG/0.8ML		Tier 3	
*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 3	
*Thrombin Inhibitors - Selective Direct & Reversible***			
PRADAXA ORAL CAPSULE 110 MG	Tier 2		QL (2 EA per 1 day)
PRADAXA ORAL CAPSULE (DABIGATRAN ETEXILATE MESYLATE) 150 MG, 75 MG	Tier 2	Tier 1	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 TABLET 10 MG, 20 MG		Tier 2	PA
CLONAZEPAM TABLET 0.5 MG ORAL		Tier 1	QL (3 EA per 1 day)
CLONAZEPAM TABLET 1 MG ORAL		Tier 1	QL (3 EA per 1 day)
CLONAZEPAM TABLET 2 MG ORAL		Tier 1	QL (10 EA per 1 day)
DIAZEPAM RECTAL GEL 10 MG, 2.5 MG, 20 MG		Tier 3	QL (2 EA Max Qty Per Fill Retail)
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	Tier 3		
*Anticonvulsants - Misc.***			
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 3	
CARBAMAZEPINE ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG		Tier 3	

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	
LACOSAMIDE ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG		Tier 3	
LAMOTRIGINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG		Tier 3	
LAMOTRIGINE ORAL TABLET CHEWABLE 25 MG, 5 MG		Tier 1	
LAMOTRIGINE ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG		Tier 3	
LEVETIRACETAM ER ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG		Tier 3	
LEVETIRACETAM IN NACL INTRAVENOUS SOLUTION 250 MG/50ML		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 3	
OXCARBAZEPINE ORAL TABLET 150 MG, 300 MG, 600 MG		Tier 1	
PREGABALIN CAPSULE 100 MG ORAL		Tier 1	QL (3 EA per 1 day)
PREGABALIN CAPSULE 150 MG ORAL		Tier 1	QL (3 EA per 1 day)

Drug	Status	Generic Status	Notes
PREGABALIN CAPSULE 200 MG ORAL		Tier 1	QL (3 EA per 1 day)
PREGABALIN CAPSULE 225 MG ORAL		Tier 1	QL (3 EA per 1 day)
PREGABALIN CAPSULE 25 MG ORAL		Tier 1	QL (3 EA per 1 day)
PREGABALIN CAPSULE 300 MG ORAL		Tier 1	QL (2 EA per 1 day)
PREGABALIN CAPSULE 50 MG ORAL		Tier 1	QL (3 EA per 1 day)
PREGABALIN CAPSULE 75 MG ORAL		Tier 1	QL (3 EA per 1 day)
PREGABALIN ORAL SOLUTION 20 MG/ML		Tier 3	QL (30 ML per 1 day)
PRIMIDONE ORAL TABLET 250 MG, 50 MG		LC	
ROWEEPRA ORAL TABLET (LEVETIRACETAM) 500 MG	Tier 1	Tier 1	
RUFINAMIDE ORAL SUSPENSION 40 MG/ML		Tier 3	PA
RUFINAMIDE ORAL TABLET 200 MG, 400 MG		Tier 3	PA
SUBVENITE ORAL TABLET (LAMOTRIGINE) 100 MG, 150 MG, 200 MG, 25 MG	Tier 1	Tier 1	
TOPIRAMATE CAPSULE SPRINKLE 15 MG ORAL		Tier 1	
TOPIRAMATE CAPSULE SPRINKLE 25 MG ORAL		Tier 3	
TOPIRAMATE ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG		Tier 1	
VIMPAT ORAL SOLUTION (LACOSAMIDE) 10 MG/ML	Tier 3	Tier 1	
ZONISAMIDE ORAL CAPSULE 100 MG, 25 MG, 50 MG		Tier 1	
*Gaba Modulators***			
TIAGABINE HCL ORAL TABLET 12 MG, 16 MG, 2 MG, 4 MG		Tier 3	
*Hydantoins***			
DILANTIN ORAL CAPSULE 30 MG	Tier 3		
FOSPHENYTOIN SODIUM INJECTION SOLUTION 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 CAPSULE 100 MG ORAL		Tier 1	

Drug	Status	Generic Status	Notes
PHENYTOIN SODIUM EXTENDED CAPSULE 200 MG ORAL		Tier 3	
PHENYTOIN SODIUM EXTENDED CAPSULE 300 MG ORAL		Tier 3	
PHENYTOIN SODIUM INJECTION SOLUTION 50 MG/ML		Tier 1	
*Succinimides***			
CELONTIN ORAL CAPSULE (METHSUXIMIDE) 300 MG	Tier 3	Tier 1	
ETHOSUXIMIDE ORAL CAPSULE 250 MG		Tier 1	
ETHOSUXIMIDE ORAL SOLUTION 250 MG/5ML		Tier 3	
*Valproic Acid***			
DEPAKOTE ORAL TABLET DELAYED RELEASE (DIVALPROEX SODIUM) 125 MG, 250 MG, 500 MG	Tier 3	Tier 1	
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 3	
VALPROATE SODIUM INTRAVENOUS SOLUTION 100 MG/ML		Tier 1	
VALPROIC ACID ORAL CAPSULE 250 MG		LC	
VALPROIC ACID ORAL SOLUTION 250 MG/5ML		LC	
Antidepressants			
*Alpha-2 Receptor Antagonists (Tetracyclics)***			
MIRTAZAPINE ORAL TABLET 15 MG, 30 MG, 45 MG		LC	
*Antidepressants - Misc.***			
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		Tier 1	QL (3 EA per 1 day)
BUPROPION HCL ER (XL) TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL		Tier 1	QL (1 EA per 1 day)

Drug	Status	Generic Status	Notes
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		PA; ST; QL (1 EA per 1 day)
MARPLAN ORAL TABLET 10 MG	Tier 3		
PHENELZINE SULFATE ORAL TABLET 15 MG		Tier 3	
TRANLYCYPROMINE SULFATE ORAL TABLET 10 MG		Tier 3	
*Selective Serotonin Reuptake Inhibitors (Ssris)***			
CITALOPRAM HYDROBROMIDE ORAL TABLET 10 MG, 20 MG, 40 MG		LC	
ESCITALOPRAM OXALATE ORAL TABLET 10 MG, 20 MG, 5 MG		Tier 1	
FLUOXETINE HCL ORAL CAPSULE 10 MG, 20 MG, 40 MG		LC	
FLUVOXAMINE MALEATE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG		Tier 3	QL (2 EA per 1 day)
FLUVOXAMINE MALEATE ORAL TABLET 100 MG, 25 MG, 50 MG		Tier 3	
PAROXETINE HCL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG		LC	
SERTRALINE HCL ORAL CONCENTRATE 20 MG/ML		Tier 1	
SERTRALINE HCL ORAL TABLET 100 MG, 25 MG, 50 MG		Tier 1	
*Serotonin Modulators***			
TRAZODONE HCL ORAL TABLET 100 MG, 150 MG, 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 (VILAZODONE HCL) 10 MG, 20 MG, 40 MG	Tier 3	Tier 1	PA; QL (1 EA per 1 day)
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	Tier 3		PA; QL (2 EA per 365 days)

Drug	Status	Generic Status	Notes
*Serotonin-Norepinephrine Reuptake Inhibitors (Snris)***			
DESVENLAFAXINE SUCCINATE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG		Tier 3	QL (1 EA per 1 day)
DULOXETINE HCL CAPSULE DELAYED RELEASE PARTICLES 20 MG ORAL		Tier 1	QL (2 EA per 1 day)
DULOXETINE HCL CAPSULE DELAYED RELEASE PARTICLES 30 MG ORAL		Tier 1	QL (3 EA per 1 day)
DULOXETINE HCL CAPSULE DELAYED RELEASE PARTICLES 60 MG ORAL		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 ORAL TABLET 100 MG, 25 MG, 37.5 MG, 50 MG, 75 MG		Tier 1	
*Tricyclic Agents***			
AMITRIPTYLINE HCL ORAL TABLET 10 MG, 100 MG, 150 MG, 25 MG, 50 MG, 75 MG		Tier 3	
AMOXAPINE ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG		Tier 3	
CLOMIPRAMINE HCL ORAL CAPSULE 25 MG, 50 MG, 75 MG		Tier 3	
DESIPRAMINE HCL ORAL TABLET 10 MG, 100 MG, 150 MG, 25 MG, 50 MG, 75 MG		Tier 3	
DOXEPIN HCL ORAL CAPSULE 10 MG, 100 MG, 150 MG, 25 MG, 50 MG, 75 MG		Tier 3	
DOXEPIN HCL ORAL CONCENTRATE 10 MG/ML		Tier 3	
IMIPRAMINE HCL ORAL TABLET 10 MG, 25 MG, 50 MG		Tier 1	
NORTRIPTYLINE HCL ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG		LC	
NORTRIPTYLINE HCL ORAL SOLUTION 10 MG/5ML		Tier 3	
TRIMIPRAMINE MALEATE ORAL CAPSULE 100 MG, 25 MG, 50 MG		Tier 3	

Drug	Status	Generic Status	Notes
Antidiabetics			
*Alpha-Glucosidase Inhibitors***			
ACARBOSE ORAL TABLET 100 MG, 25 MG, 50 MG		Tier 3	
*Biguanides***			
METFORMIN HCL ER TABLET EXTENDED RELEASE 24 HOUR 500 MG ORAL		LC	
METFORMIN HCL ER TABLET EXTENDED RELEASE 24 HOUR 750 MG ORAL		Tier 1	
METFORMIN HCL ORAL TABLET 1000 MG, 500 MG, 850 MG		LC	
*Diabetic Other***			
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	Tier 2		
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE	Tier 2		
DIAZOXIDE ORAL SUSPENSION 50 MG/ML		Tier 1	
GLUCAGON EMERGENCY INJECTION KIT 1 MG		Tier 1	
GLUCAGON EMERGENCY INJECTION SOLUTION RECONSTITUTED 1 MG/ML		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 INJECTION SOLUTION 100 UNIT/ML	Tier 2		

Drug	Status	Generic Status	Notes
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		
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 FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Tier 3		PA
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3		PA

Drug	Status	Generic Status	Notes
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		PA
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 3		PA
*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)
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/3ML	Tier 2		PA; ST; QL (0.11 ML per 1 day)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	Tier 2		PA; ST; QL (0.11 ML per 1 day)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	Tier 2		PA; ST; QL (0.11 ML per 1 day)
RYBELSUS TABLET 14 MG ORAL	Tier 2		PA; ST; QL (1 EA per 1 day)
RYBELSUS TABLET 3 MG ORAL	Tier 2		PA; ST; QL (60 EA per 365 days)
RYBELSUS TABLET 7 MG ORAL	Tier 2		PA; ST; QL (1 EA 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)
*Insulin-Incretin Mimetic Combinations***			
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	Tier 2		PA; ST; QL (0.6 ML per 1 day)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	Tier 2		PA; ST; QL (0.5 ML per 1 day)

Drug	Status	Generic Status	Notes
*Meglitinide Analogues***			
NATEGLINIDE ORAL TABLET 120 MG, 60 MG		Tier 3	
REPAGLINIDE ORAL TABLET 0.5 MG, 1 MG, 2 MG		Tier 3	
*Sglt2 Inhibitor - Dpp-4 Inhibitor Combinations***			
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	Tier 2		
*Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors***			
FARXIGA ORAL TABLET 10 MG, 5 MG	Tier 2		
JARDIANCE ORAL TABLET 10 MG, 25 MG	Tier 2		
*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		
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG	Tier 2		
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		
*Sulfonylurea-Biguanide Combinations***			
GLIPIZIDE-METFORMIN HCL ORAL TABLET 2.5-250 MG, 2.5-500 MG, 5-500 MG		Tier 3	
GLYBURIDE-METFORMIN ORAL TABLET 1.25-250 MG, 2.5-500 MG, 5-500 MG		Tier 3	
*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	

Drug	Status	Generic Status	Notes
*Thiazolidinediones***			
PIOGLITAZONE HCL ORAL TABLET 15 MG, 30 MG, 45 MG		Tier 1	
Antidiarrheal/Probiotic Agents			
*Antiperistaltic Agents***			
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		PA
Antidotes And Specific Antagonists			
*Antidotes - Chelating Agents***			
CHEMET ORAL CAPSULE 100 MG	Tier 3		
DEFERASIROX ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG		Tier 3	PA
DEFERIPRONE ORAL TABLET 1000 MG, 500 MG		Tier 3	PA
*Antidotes And Specific Antagonists***			
DEFEROXAMINE MESYLATE INJECTION SOLUTION RECONSTITUTED 2 GM, 500 MG		Tier 1	
VISTOGARD ORAL PACKET 10 GM	Tier 3		
*Opioid Antagonists***			
KLOXXADO NASAL LIQUID 8 MG/0.1ML	Tier 2		
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 (NALOXONE HCL) 4 MG/0.1ML	Tier 2	Tier 1	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	Tier 5		
Antiemetics			
*5-Ht3 Receptor Antagonists***			
ANZEMET ORAL TABLET 50 MG	Tier 3		QL (2.1 EA per 30 days)
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)

Drug	Status	Generic Status	Notes
ONDANSETRON HCL INJECTION SOLUTION 4 MG/2ML, 40 MG/20ML		Tier 1	
ONDANSETRON HCL INJECTION SOLUTION PREFILLED SYRINGE 4 MG/2ML		Tier 1	
ONDANSETRON HCL ORAL SOLUTION 4 MG/5ML		Tier 1	QL (4 ML per 1 day)
ONDANSETRON HCL ORAL TABLET 4 MG, 8 MG		Tier 1	
ONDANSETRON ORAL TABLET DISPERSIBLE 4 MG, 8 MG		Tier 1	
*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 2	
*Antiemetics - Miscellaneous***			
DRONABINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG		Tier 3	PA; QL (2 EA per 1 day)
*Substance P/Neurokinin 1 (Nk1) Receptor Antagonists***			
APREPITANT CAPSULE 125 MG ORAL		Tier 3	QL (2 EA per 30 days)
APREPITANT CAPSULE 40 MG ORAL		Tier 3	QL (1 EA per 30 days)
APREPITANT CAPSULE 80 MG ORAL		Tier 3	QL (4 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 3	
*Antifungals***			
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	Tier 3		
AMPHOTERICIN B INTRAVENOUS SOLUTION RECONSTITUTED 50 MG		Tier 1	
AMPHOTERICIN B LIPOSOME INTRAVENOUS SUSPENSION RECONSTITUTED 50 MG		Tier 3	

Drug	Status	Generic Status	Notes
FLUCYTOSINE ORAL CAPSULE 250 MG, 500 MG		Tier 1	
GRISEOFULVIN MICROSIZED ORAL SUSPENSION 125 MG/5ML		Tier 3	
GRISEOFULVIN MICROSIZED ORAL TABLET 500 MG		Tier 3	
GRISEOFULVIN ULTRAMICROSIZED ORAL TABLET 125 MG, 250 MG		Tier 3	
NYSTATIN ORAL TABLET 500000 UNIT		Tier 3	
TERBINAFINE HCL ORAL TABLET 250 MG		LC	QL (84 EA per 180 days)
*Imidazoles***			
KETOCONAZOLE ORAL TABLET 200 MG		LC	
*Triazoles***			
FLUCONAZOLE IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 200-0.9 MG/100ML-%, 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 3	PA
VORICONAZOLE ORAL TABLET 200 MG, 50 MG		Tier 3	PA
Antihistamines			
*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	
DIPHENHYDRAMINE HCL INJECTION SOLUTION 50 MG/ML		Tier 1	
*Antihistamines - Non-Sedating***			
CETIRIZINE HCL ORAL SOLUTION 1 MG/ML		Tier 1	
LEVOCETIRIZINE DIHYDROCHLORIDE ORAL SOLUTION 2.5 MG/5ML		Tier 1	
LEVOCETIRIZINE DIHYDROCHLORIDE ORAL TABLET 5 MG		Tier 1	

Drug	Status	Generic Status	Notes
*Antihistamines - Phenothiazines***			
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		Tier 1	
PROMETHAZINE HCL TABLET 25 MG ORAL		LC	
PROMETHAZINE HCL TABLET 50 MG ORAL		Tier 1	
PROMETHEGAN RECTAL SUPPOSITORY (PROMETHAZINE HCL) 12.5 MG, 25 MG	Tier 3	Tier 3	
*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 3	
*Bile Acid Sequestrants***			
CHOLESTYRAMINE ORAL PACKET 4 GM		Tier 3	
CHOLESTYRAMINE ORAL POWDER 4 GM/DOSE		Tier 3	
COLESEVELAM HCL ORAL TABLET 625 MG		Tier 3	
COLESTIPOL HCL ORAL GRANULES 5 GM		Tier 3	
COLESTIPOL HCL ORAL PACKET 5 GM		Tier 3	
COLESTIPOL HCL ORAL TABLET 1 GM		Tier 3	
PREVALITE ORAL PACKET (CHOLESTYRAMINE LIGHT) 4 GM	Tier 3	Tier 3	

Drug	Status	Generic Status	Notes
PREVALITE ORAL POWDER (CHOLESTYRAMINE LIGHT) 4 GM/DOSE	Tier 3	Tier 3	
*Fibric Acid Derivatives***			
FENOFIBRATE CAPSULE 134 MG ORAL		Tier 3	
FENOFIBRATE CAPSULE 200 MG ORAL		Tier 3	
FENOFIBRATE CAPSULE 67 MG ORAL		Tier 1	
FENOFIBRATE MICRONIZED CAPSULE 134 MG ORAL		Tier 3	
FENOFIBRATE MICRONIZED CAPSULE 200 MG ORAL		Tier 3	
FENOFIBRATE MICRONIZED CAPSULE 43 MG ORAL		Tier 3	
FENOFIBRATE MICRONIZED CAPSULE 67 MG ORAL		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 3	
GEMFIBROZIL ORAL TABLET 600 MG		LC	
*Hmg Coa Reductase Inhibitors***			
ATORVASTATIN CALCIUM ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG		LC	
FLUVASTATIN SODIUM ORAL CAPSULE 20 MG, 40 MG		Tier 3	
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 3	
*Intestinal Cholesterol Absorption Inhibitors***			
EZETIMIBE ORAL TABLET 10 MG		Tier 1	

Drug	Status	Generic Status	Notes
*Nicotinic Acid Derivatives***			
NIACIN ER (ANTIHYPERLIPIDEMIC) ORAL TABLET EXTENDED RELEASE 1000 MG, 500 MG, 750 MG		Tier 3	
*Pcsk9 Inhibitors***			
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	
*Ace Inhibitors & Thiazide/Thiazide-Like***			
ENALAPRIL-HYDROCHLOROTHIAZIDE TABLET 10-25 MG ORAL		Tier 1	
ENALAPRIL-HYDROCHLOROTHIAZIDE TABLET 5-12.5 MG ORAL		LC	
LISINOPRIL-HYDROCHLOROTHIAZIDE ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG		LC	
QUINAPRIL-HYDROCHLOROTHIAZIDE ORAL TABLET 20-12.5 MG, 20-25 MG		Tier 1	
*Ace Inhibitors***			
BENAZEPRIL HCL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG		LC	
ENALAPRIL MALEATE ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG		LC	
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	
QUINAPRIL HCL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG		LC	

Drug	Status	Generic Status	Notes
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***			
METYROSINE ORAL CAPSULE 250 MG		Tier 1	PA; QL (16 EA per 1 day)
PHENOXYBENZAMINE HCL ORAL CAPSULE 10 MG		Tier 3	PA
*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 3	
AMLODIPINE-OLMESARTAN ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG		Tier 3	
*Angiotensin Ii Receptor Antag & Thiazide/Thiazide-Like***			
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	
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***			
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 TABLET 20 MG ORAL		Tier 1	
TELMISARTAN TABLET 40 MG ORAL		Tier 2	
TELMISARTAN TABLET 80 MG ORAL		Tier 2	
VALSARTAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG		Tier 1	

Drug	Status	Generic Status	Notes
*Antiadrenergics - Centrally Acting***			
CLONIDINE HCL TABLET 0.1 MG ORAL		LC	
CLONIDINE HCL TABLET 0.2 MG ORAL		LC	
CLONIDINE HCL TABLET 0.3 MG ORAL		Tier 1	
GUANFACINE HCL ORAL TABLET 1 MG, 2 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	
*Selective Aldosterone Receptor Antagonists (Saras)***			
EPLERENONE ORAL TABLET 25 MG, 50 MG		Tier 3	
*Vasodilators***			
HYDRALAZINE HCL ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG		LC	
MINOXIDIL ORAL TABLET 10 MG, 2.5 MG		Tier 1	
Anti-Infective Agents - Misc.			
*Anti-Infective Agents - Misc.***			
IMPAVIDO ORAL CAPSULE 50 MG	Tier 3		
METRONIDAZOLE INTRAVENOUS SOLUTION 500 MG/100ML		Tier 1	
METRONIDAZOLE ORAL TABLET 250 MG, 500 MG		LC	
TRIMETHOPRIM ORAL TABLET 100 MG		LC	
XIFAXAN ORAL TABLET 200 MG, 550 MG	Tier 3		PA

Drug	Status	Generic Status	Notes
*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	
SULFATRIM PEDIATRIC ORAL SUSPENSION (SULFAMETHOXAZOLE-TRIMETHOPRIM) 200-40 MG/5ML	LC	LC	
*Antiprotozoal Agents***			
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML	Tier 3		
ATOVAQUONE ORAL SUSPENSION 750 MG/5ML		Tier 3	
NITAZOXANIDE ORAL TABLET 500 MG		Tier 3	
*Carbapenem Combinations***			
IMIPENEM-CILASTATIN INTRAVENOUS SOLUTION RECONSTITUTED 250 MG, 500 MG		Tier 3	
VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED 2 (1-1) GM	Tier 3		
*Carbapenems***			
ERTAPENEM SODIUM INJECTION SOLUTION RECONSTITUTED 1 GM		Tier 3	
*Cyclic Lipopeptides***			
DAPTOMYCIN SOLUTION RECONSTITUTED 350 MG INTRAVENOUS		Tier 1	
DAPTOMYCIN SOLUTION RECONSTITUTED 500 MG INTRAVENOUS		Tier 3	
*Glycopeptides***			
VANCOMYCIN HCL INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 1.25 GM, 1.5 GM, 100 GM, 500 MG, 750 MG		Tier 1	
VANCOMYCIN HCL ORAL CAPSULE 125 MG, 250 MG		Tier 3	
VANCOMYCIN HCL ORAL SOLUTION RECONSTITUTED 25 MG/ML, 250 MG/5ML, 50 MG/ML		Tier 3	
*Leprostics***			
DAPSONE ORAL TABLET 100 MG, 25 MG		Tier 3	

Drug	Status	Generic Status	Notes
*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 600 MG/4ML, 9 GM/60ML, 900 MG/6ML, 9000 MG/60ML		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 3	QL (32.2 ML per 1 day)
LINEZOLID ORAL TABLET 600 MG		Tier 3	QL (28 EA per 30 days)
*Polymyxins***			
POLYMYXIN B SULFATE INJECTION SOLUTION RECONSTITUTED 500000 UNIT		Tier 1	
*Urinary Anti-Infectives***			
METHENAMINE HIPPURATE ORAL TABLET 1 GM		Tier 3	
NITROFURANTOIN MACROCRYSTAL ORAL CAPSULE 100 MG, 50 MG		Tier 1	
NITROFURANTOIN MONOHYD MACRO ORAL CAPSULE 100 MG		Tier 1	
Antimalarials			
*Antimalarial Combinations***			
ATOVAQUONE-PROGUANIL HCL TABLET 250-100 MG ORAL		Tier 3	
ATOVAQUONE-PROGUANIL HCL TABLET 62.5-25 MG ORAL		Tier 1	

Drug	Status	Generic Status	Notes
*Antimalarials***			
CHLOROQUINE PHOSPHATE ORAL TABLET 250 MG, 500 MG		Tier 3	
HYDROXYCHLOROQUINE SULFATE TABLET 100 MG ORAL		Tier 1	
HYDROXYCHLOROQUINE SULFATE TABLET 300 MG ORAL		Tier 1	
HYDROXYCHLOROQUINE SULFATE TABLET 400 MG ORAL		Tier 1	
MEFLOQUINE HCL ORAL TABLET 250 MG		Tier 1	
PLAQUENIL ORAL TABLET (HYDROXYCHLOROQUINE SULFATE) 200 MG	Tier 3	LC	
PRIMAQUINE PHOSPHATE ORAL TABLET 26.3 (15 BASE) MG		Tier 1	
PYRIMETHAMINE ORAL TABLET 25 MG		Tier 4	PA
Antimyasthenic/Cholinergic Agents			
*Antimyasthenic/Cholinergic Agents***			
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG, 60 MG		Tier 1	
Antimycobacterial Agents			
*Antimycobacterial Agents***			
CYCLOSERINE ORAL CAPSULE 250 MG		Tier 1	
ETHAMBUTOL HCL ORAL TABLET 100 MG, 400 MG		Tier 3	
ISONIAZID INJECTION SOLUTION 100 MG/ML		Tier 1	
ISONIAZID ORAL SYRUP 50 MG/5ML		Tier 1	
ISONIAZID TABLET 100 MG ORAL		Tier 1	
ISONIAZID TABLET 300 MG ORAL		LC	
PRIFTIN ORAL TABLET 150 MG	Tier 3		
PYRAZINAMIDE ORAL TABLET 500 MG		Tier 1	
RIFABUTIN ORAL CAPSULE 150 MG		Tier 3	
RIFAMPIN INTRAVENOUS SOLUTION RECONSTITUTED 600 MG		Tier 1	
RIFAMPIN ORAL CAPSULE 150 MG, 300 MG		Tier 2	
SIRTURO ORAL TABLET 100 MG, 20 MG	Tier 3		
TRECATOR ORAL TABLET 250 MG	Tier 3		

Drug	Status	Generic Status	Notes
Antineoplastics And Adjunctive Therapies			
*Alkylating Agents***			
BUSULFAN INTRAVENOUS SOLUTION 6 MG/ML		Tier 4	
MYLERAN ORAL TABLET 2 MG	Tier 2		
*Androgen Biosynthesis Inhibitors***			
ABIRATERONE ACETATE ORAL TABLET 250 MG, 500 MG		Tier 4	PA
*Antiadrenals***			
LYSODREN ORAL TABLET 500 MG	Tier 3		
*Antiandrogens***			
BICALUTAMIDE ORAL TABLET 50 MG		Tier 1	
NILUTAMIDE ORAL TABLET 150 MG		Tier 4	
XTANDI ORAL CAPSULE 40 MG	Tier 5		PA
*Antiestrogens***			
TAMOXIFEN CITRATE ORAL TABLET 10 MG, 20 MG		Tier 1	
TOREMIFENE CITRATE ORAL TABLET 60 MG		Tier 3	
*Antimetabolites***			
CAPECITABINE ORAL TABLET 150 MG		Tier 4	PA
DECITABINE INTRAVENOUS SOLUTION RECONSTITUTED 50 MG		Tier 4	PA
FLUDARABINE PHOSPHATE INTRAVENOUS SOLUTION 25 MG/ML, 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	
MERCAPTOPYRINE ORAL TABLET 50 MG		Tier 1	
METHOTREXATE SODIUM (PF) INJECTION SOLUTION 1 GM/40ML, 250 MG/10ML, 50 MG/2ML		Tier 1	
METHOTREXATE SODIUM INJECTION SOLUTION 1000 MG/40ML, 250 MG/10ML, 50 MG/2ML		Tier 1	

Drug	Status	Generic Status	Notes
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
XELODA ORAL TABLET (CAPECITABINE) 500 MG	Tier 3	Tier 4	PA
*Antineoplastic - Alk Inhibitors***			
XALKORI ORAL CAPSULE 200 MG, 250 MG	Tier 5		PA
ZYKADIA ORAL TABLET 150 MG	Tier 5		PA
*Antineoplastic - Anti-Cd20 Antibodies***			
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-Her2 Agents***			
TUKYSA ORAL TABLET 150 MG, 50 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	Tier 5		PA; QL (1 EA per 1 day)
ICLUSIG TABLET 15 MG ORAL	Tier 5		PA; QL (1 EA per 1 day)
ICLUSIG TABLET 30 MG ORAL	Tier 5		PA
ICLUSIG TABLET 45 MG ORAL	Tier 5		PA
IMATINIB MESYLATE ORAL TABLET 100 MG, 400 MG		Tier 4	PA

Drug	Status	Generic Status	Notes
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
*Antineoplastic - Braf Kinase Inhibitors***			
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	Tier 4		PA
TAFINLAR ORAL TABLET SOLUBLE 10 MG	Tier 4		PA
ZELBORAF ORAL TABLET 240 MG	Tier 5		PA
*Antineoplastic - Btk Inhibitors***			
IMBRUVICA CAPSULE 140 MG ORAL	Tier 5		PA; QL (3 EA per 1 day)
IMBRUVICA CAPSULE 70 MG ORAL	Tier 5		PA; QL (1 EA per 1 day)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	Tier 5		PA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	Tier 5		PA; QL (1 EA per 1 day)
*Antineoplastic - Egfr Inhibitors***			
ERLOTINIB HCL TABLET 100 MG ORAL		Tier 4	PA
ERLOTINIB HCL TABLET 150 MG ORAL		Tier 4	PA
ERLOTINIB HCL TABLET 25 MG ORAL		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)
TAGRISSE TABLET 40 MG ORAL	Tier 5		PA; QL (1 EA per 1 day)
TAGRISSE TABLET 80 MG ORAL	Tier 5		PA
*Antineoplastic - Hedgehog Pathway Inhibitors***			
ERIVEDGE ORAL CAPSULE 150 MG	Tier 5		PA
*Antineoplastic - Histone Deacetylase Inhibitors***			
BELEODAQ INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	Tier 5		PA
ZOLINZA ORAL CAPSULE 100 MG	Tier 4		PA
*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

Drug	Status	Generic Status	Notes
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	Tier 5		PA
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML	Tier 4		PA
MEKINIST ORAL TABLET 0.5 MG, 2 MG	Tier 4		PA
*Antineoplastic - Mtor Kinase Inhibitors***			
EVEROLIMUS ORAL TABLET 2.5 MG, 5 MG, 7.5 MG		Tier 4	PA; QL (1 EA per 1 day)
EVEROLIMUS ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG		Tier 4	PA
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	Tier 4		PA; QL (2 EA per 1 day)
CAPRELSA TABLET 300 MG ORAL	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
LAPATINIB DITOSYLATE ORAL TABLET 250 MG		Tier 4	PA
NEXAVAR ORAL TABLET (SORAFENIB TOSYLATE) 200 MG	Tier 4	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
SUNITINIB MALATE ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG		Tier 4	PA
TURALIO ORAL CAPSULE 125 MG	Tier 5		PA
VOTRIENT ORAL TABLET (PAZOPANIB HCL) 200 MG	Tier 5	Tier 4	PA
*Antineoplastic - Proteasome Inhibitors***			
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	Tier 5		PA

Drug	Status	Generic Status	Notes
*Antineoplastic - Tropomyosin Receptor Kinase Inhibitors***			
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	Tier 5		PA
*Antineoplastic Antibiotics***			
DAUNORUBICIN HCL INTRAVENOUS SOLUTION 20 MG/4ML, 50 MG/10ML		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, 40 MG, 5 MG	Tier 4	Tier 4	
*Antineoplastic Antibody-Drug Complexes***			
ENHERTU INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	Tier 5		PA
*Antineoplastic Combinations***			
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400-23400 MG -UT/11.7ML, 1600-26800 MG -UT/13.4ML	Tier 5		PA
*Antineoplastics - Interleukins***			
PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED 22000000 UNIT	Tier 4		
*Antineoplastics Misc.***			
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	Tier 4		PA
HYDROXYUREA ORAL CAPSULE 500 MG		Tier 1	
MATULANE ORAL CAPSULE 50 MG	Tier 4		
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG	Tier 5		PA
*Aromatase Inhibitors***			
ARIMIDEX ORAL TABLET (ANASTROZOLE) 1 MG	Tier 3	Tier 1	
EXEMESTANE ORAL TABLET 25 MG		Tier 1	
LETROZOLE ORAL TABLET 2.5 MG		Tier 1	
*Cyclin-Dependent Kinases (Cdk) Inhibitors***			
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	Tier 5		PA

Drug	Status	Generic Status	Notes
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	Tier 5		PA
*Estrogens-Antineoplastic***			
EMCYT ORAL CAPSULE 140 MG	Tier 3		
*Folic Acid Antagonists Rescue Agents***			
LEUCOVORIN CALCIUM INJECTION SOLUTION RECONSTITUTED 100 MG, 200 MG, 350 MG, 50 MG, 500 MG		Tier 1	
LEUCOVORIN CALCIUM TABLET 10 MG ORAL		Tier 1	
LEUCOVORIN CALCIUM TABLET 15 MG ORAL		Tier 3	
LEUCOVORIN CALCIUM TABLET 25 MG ORAL		Tier 3	
LEUCOVORIN CALCIUM TABLET 5 MG ORAL		Tier 1	
*Imidazotetrazines***			
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	Tier 4		PA; QL (2 EA per 1 day)
JAKAFI TABLET 15 MG ORAL	Tier 4		PA
JAKAFI TABLET 20 MG ORAL	Tier 4		PA
JAKAFI TABLET 25 MG ORAL	Tier 4		PA
JAKAFI TABLET 5 MG ORAL	Tier 4		PA; QL (2 EA per 1 day)
*Lhrh Analogs***			
LEUPROLIDE ACETATE INJECTION KIT 1 MG/0.2ML		Tier 4	PA
LUPRON DEPOT (1-MONTH) KIT 3.75 MG INTRAMUSCULAR	Tier 5		PA
LUPRON DEPOT (1-MONTH) KIT 7.5 MG INTRAMUSCULAR	Tier 4		PA
LUPRON DEPOT (3-MONTH) KIT 11.25 MG INTRAMUSCULAR	Tier 5		PA
LUPRON DEPOT (3-MONTH) KIT 22.5 MG INTRAMUSCULAR	Tier 4		PA
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	Tier 4		PA

Drug	Status	Generic Status	Notes
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	Tier 4		PA
*Mitotic Inhibitors***			
ETOPOSIDE ORAL CAPSULE 50 MG		Tier 4	
IXEMPRA KIT INTRAVENOUS SOLUTION RECONSTITUTED 15 MG, 45 MG	Tier 4		
PACLITAXEL INTRAVENOUS CONCENTRATE 100 MG/16.7ML, 150 MG/25ML, 30 MG/5ML, 300 MG/50ML		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 3	
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG		Tier 2	
LEUKERAN ORAL TABLET 2 MG	Tier 2		
MELPHALAN HCL INTRAVENOUS SOLUTION RECONSTITUTED 50 MG		Tier 4	
MELPHALAN ORAL TABLET 2 MG		Tier 4	
*Nitrosoureas***			
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	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

Drug	Status	Generic Status	Notes
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	Tier 4		PA
*Progestins-Antineoplastic***			
MEGESTROL ACETATE ORAL SUSPENSION 40 MG/ML, 400 MG/10ML, 800 MG/20ML		Tier 1	
MEGESTROL ACETATE TABLET 20 MG ORAL		LC	
MEGESTROL ACETATE TABLET 40 MG ORAL		Tier 1	
*Retinoids***			
TRETINOIN ORAL CAPSULE 10 MG		Tier 4	
*Selective Estrogen Receptor Degradors***			
ORSERDU ORAL TABLET 345 MG, 86 MG	Tier 5		PA
*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		
*Urinary Tract Protective Agents***			
ETHYOL INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	Tier 5		
MESNEX ORAL TABLET 400 MG	Tier 5		
*Vascular Endothelial Growth Factor (Vegf) Inhibitors***			
INLYTA ORAL TABLET 1 MG, 5 MG	Tier 5		PA
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	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

Drug	Status	Generic Status	Notes
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	Tier 5		PA
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	Tier 5		PA
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		LC	
TRIHEXYPHENIDYL HCL TABLET 5 MG ORAL		Tier 1	
*Antiparkinson Dopaminergics***			
AMANTADINE HCL ORAL CAPSULE 100 MG		Tier 1	
AMANTADINE HCL ORAL SOLUTION 50 MG/5ML		Tier 1	
BROMOCRIPTINE MESYLATE ORAL CAPSULE 5 MG		Tier 3	
BROMOCRIPTINE MESYLATE ORAL TABLET 2.5 MG		Tier 3	
*Antiparkinson Monoamine Oxidase Inhibitors***			
RASAGILINE MESYLATE ORAL TABLET 0.5 MG, 1 MG		Tier 3	
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 3	

Drug	Status	Generic Status	Notes
*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	
CARBIDOPA-LEVODOPA ORAL TABLET DISPERSIBLE 10-100 MG, 25-100 MG, 25-250 MG		Tier 1	
CARBIDOPA-LEVODOPA-ENTACAPONE TABLET 12.5-50-200 MG ORAL		Tier 3	
CARBIDOPA-LEVODOPA-ENTACAPONE TABLET 18.75-75-200 MG ORAL		Tier 1	
CARBIDOPA-LEVODOPA-ENTACAPONE TABLET 25-100-200 MG ORAL		Tier 3	
CARBIDOPA-LEVODOPA-ENTACAPONE TABLET 31.25-125-200 MG ORAL		Tier 1	
CARBIDOPA-LEVODOPA-ENTACAPONE TABLET 37.5-150-200 MG ORAL		Tier 1	
CARBIDOPA-LEVODOPA-ENTACAPONE TABLET 50-200-200 MG ORAL		Tier 3	
*Nonergoline Dopamine Receptor Agonists***			
APOMORPHINE HCL 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		
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 3	
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 3	
Antipsychotics/Antimanic Agents			
*Antimanic Agents***			
LITHIUM CARBONATE ER ORAL TABLET EXTENDED RELEASE 300 MG, 450 MG		LC	

Drug	Status	Generic Status	Notes
LITHIUM CARBONATE ORAL CAPSULE 150 MG, 300 MG, 600 MG		LC	
LITHIUM CARBONATE ORAL TABLET 300 MG		LC	
LITHIUM ORAL SOLUTION 8 MEQ/5ML		Tier 1	
*Antipsychotics - Misc.***			
LATUDA TABLET 120 MG ORAL (LURASIDONE HCL)	Tier 3	Tier 1	PA; QL (1 EA per 1 day)
LATUDA TABLET 20 MG ORAL (LURASIDONE HCL)	Tier 3	Tier 1	PA; QL (1 EA per 1 day)
LATUDA TABLET 40 MG ORAL (LURASIDONE HCL)	Tier 3	Tier 1	PA; QL (1 EA per 1 day)
LATUDA TABLET 60 MG ORAL (LURASIDONE HCL)	Tier 3	Tier 1	PA; QL (1 EA per 1 day)
LATUDA TABLET 80 MG ORAL (LURASIDONE HCL)	Tier 3	Tier 1	PA; QL (2 EA per 1 day)
ZIPRASIDONE HCL ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG		Tier 3	QL (2 EA per 1 day)
*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/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML	Tier 3		
PALIPERIDONE ER TABLET EXTENDED RELEASE 24 HOUR 1.5 MG ORAL		Tier 3	QL (1 EA per 1 day)
PALIPERIDONE ER TABLET EXTENDED RELEASE 24 HOUR 3 MG ORAL		Tier 3	QL (1 EA per 1 day)
PALIPERIDONE ER TABLET EXTENDED RELEASE 24 HOUR 6 MG ORAL		Tier 3	QL (2 EA per 1 day)
PALIPERIDONE ER TABLET EXTENDED RELEASE 24 HOUR 9 MG ORAL		Tier 3	QL (1 EA per 1 day)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG	Tier 3		

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

Drug	Status	Generic Status	Notes
QUETIAPINE FUMARATE TABLET 50 MG ORAL		Tier 1	QL (3 EA per 1 day)
*Dibenzoxazepines***			
LOXAPINE SUCCINATE ORAL CAPSULE 10 MG, 25 MG, 5 MG, 50 MG		Tier 1	
*Phenothiazines***			
CHLORPROMAZINE HCL ORAL TABLET 10 MG, 100 MG, 200 MG, 25 MG, 50 MG		Tier 3	
COMPRO RECTAL SUPPOSITORY (PROCHLORPERAZINE) 25 MG	Tier 3	Tier 3	
FLUPHENAZINE HCL ORAL TABLET 1 MG, 10 MG, 2.5 MG, 5 MG		Tier 3	
PERPHENAZINE ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG		Tier 2	
PROCHLORPERAZINE MALEATE TABLET 10 MG ORAL		LC	
PROCHLORPERAZINE MALEATE TABLET 5 MG ORAL		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		
ARIPIRAZOLE ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG		Tier 1	QL (1 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 3	
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)
*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		Tier 1	
*Iodine Antiseptics***			
IODINE TINCTURE EXTERNAL TINCTURE 2 %		Tier 1	
Antivirals			
*Antiretroviral Combinations***			
ABACAVIR SULFATE-LAMIVUDINE ORAL TABLET 600-300 MG		Tier 3	QL (1 EA per 1 day)
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	Tier 3		QL (1 EA per 1 day)
CIMDUO ORAL TABLET 300-300 MG	Tier 2		QL (1 EA per 1 day)
COMPLERA ORAL TABLET 200-25-300 MG	Tier 3		QL (1 EA per 1 day)
DOVATO ORAL TABLET 50-300 MG	Tier 2		QL (1 EA per 1 day)
EFAVIRENZ-EMTRICITAB-TENOFO DF ORAL TABLET 600-200-300 MG		Tier 3	QL (1 EA per 1 day)
EFAVIRENZ-LAMIVUDINE-TENOFOVIR ORAL TABLET 400-300-300 MG, 600-300-300 MG		Tier 3	QL (1 EA per 1 day)
EMTRICITABINE-TENOFOVIR DF ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG		Tier 3	QL (1 EA per 1 day)
EVOTAZ ORAL TABLET 300-150 MG	Tier 2		QL (1 EA per 1 day)
JULUCA ORAL TABLET 50-25 MG	Tier 2		QL (1 EA per 1 day)
LAMIVUDINE-ZIDOVUDINE ORAL TABLET 150-300 MG		Tier 1	QL (1 EA per 1 day)
LOPINAVIR-RITONAVIR ORAL SOLUTION 400-100 MG/5ML		Tier 3	
LOPINAVIR-RITONAVIR ORAL TABLET 100-25 MG, 200-50 MG		Tier 1	
ODEFSEY ORAL TABLET 200-25-25 MG	Tier 3		QL (1 EA per 1 day)
PREZCOBIX ORAL TABLET 800-150 MG	Tier 2		QL (1 EA per 1 day)
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		QL (1 EA per 1 day)

Drug	Status	Generic Status	Notes
*Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)***			
MARAVIROC ORAL TABLET 150 MG, 300 MG		Tier 1	PA
SELZENTRY ORAL SOLUTION 20 MG/ML	Tier 2		PA
SELZENTRY ORAL TABLET 25 MG, 75 MG	Tier 2		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***			
ATAZANAVIR SULFATE ORAL CAPSULE 150 MG, 200 MG, 300 MG		Tier 3	
FOSAMPRENAVIR CALCIUM ORAL TABLET 700 MG		Tier 3	
NORVIR ORAL PACKET 100 MG	Tier 2		
PREZISTA ORAL SUSPENSION 100 MG/ML	Tier 2		
PREZISTA ORAL TABLET 150 MG, 75 MG	Tier 2		
PREZISTA ORAL TABLET (DARUNAVIR) 600 MG, 800 MG	Tier 2	Tier 1	
REYATAZ ORAL PACKET 50 MG	Tier 2		
RITONAVIR ORAL TABLET 100 MG		Tier 3	

Drug	Status	Generic Status	Notes
*Antiretrovirals - Rti-Non-Nucleoside Analogues***			
EDURANT ORAL TABLET 25 MG	Tier 3		
EFAVIRENZ ORAL TABLET 600 MG		Tier 3	
ETRAVIRINE ORAL TABLET 100 MG, 200 MG		Tier 3	
INTELENCE ORAL TABLET 25 MG	Tier 3		
NEVIRAPINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 400 MG		Tier 3	
NEVIRAPINE ORAL SUSPENSION 50 MG/5ML		Tier 3	
NEVIRAPINE ORAL TABLET 200 MG		Tier 3	
PIFELTRO ORAL TABLET 100 MG	Tier 3		
*Antiretrovirals - Rti-Nucleoside Analogues-Purines***			
ABACAVIR SULFATE ORAL SOLUTION 20 MG/ML		Tier 3	
ABACAVIR SULFATE ORAL TABLET 300 MG		Tier 1	
*Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines***			
EMTRICITABINE ORAL CAPSULE 200 MG		Tier 1	
EMTRIVA ORAL SOLUTION 10 MG/ML	Tier 2		
LAMIVUDINE ORAL SOLUTION 10 MG/ML		Tier 3	
LAMIVUDINE ORAL TABLET 150 MG, 300 MG		Tier 1	
*Antiretrovirals - Rti-Nucleoside Analogues-Thymidines***			
ZIDOVUDINE ORAL CAPSULE 100 MG		Tier 3	
ZIDOVUDINE ORAL SYRUP 50 MG/5ML		Tier 3	
ZIDOVUDINE ORAL TABLET 300 MG		Tier 3	
*Antiretrovirals - Rti-Nucleotide Analogues***			
TENOFOVIR DISOPROXIL FUMARATE ORAL TABLET 300 MG		Tier 1	
VIREAD ORAL POWDER 40 MG/GM	Tier 2		
VIREAD TABLET 150 MG ORAL	Tier 3		
VIREAD TABLET 200 MG ORAL	Tier 2		
VIREAD TABLET 250 MG ORAL	Tier 2		

Drug	Status	Generic Status	Notes
*Antiviral Combinations***			
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG	Tier 3		QL (4 EA per 1 day); AGE (Min 12 Years)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG	Tier 3		QL (6 EA per 1 day); AGE (Min 12 Years)
*Cmv Agents***			
CIDOFOVIR INTRAVENOUS SOLUTION 75 MG/ML		Tier 1	
VALGANCICLOVIR HCL ORAL SOLUTION RECONSTITUTED 50 MG/ML		Tier 3	
VALGANCICLOVIR HCL ORAL TABLET 450 MG		Tier 3	
*Hepatitis B Agents***			
ADEFOVIR DIPIVOXIL ORAL TABLET 10 MG		Tier 3	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	Tier 3		QL (21 ML per 1 day)
ENTECAVIR ORAL TABLET 0.5 MG, 1 MG		Tier 1	QL (1 EA per 1 day)
LAMIVUDINE ORAL TABLET 100 MG		Tier 1	
*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	Tier 4		PA; QL (1 EA per 1 day)
EPCLUSA PACKET 200-50 MG ORAL	Tier 4		PA; QL (2 EA per 1 day)
HARVONI PACKET 33.75-150 MG ORAL	Tier 4		PA; QL (1 EA per 1 day)
HARVONI PACKET 45-200 MG ORAL	Tier 4		PA; QL (2 EA per 1 day)
HARVONI TABLET 45-200 MG ORAL	Tier 4		PA; QL (2 EA per 1 day)
HARVONI TABLET 90-400 MG ORAL	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	

Drug	Status	Generic Status	Notes
*Herpes Agents - Purine Analogues***			
ACYCLOVIR ORAL CAPSULE 200 MG		LC	
ACYCLOVIR ORAL SUSPENSION 200 MG/5ML		Tier 3	
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	
*Influenza Agents***			
RIMANTADINE HCL ORAL TABLET 100 MG		Tier 1	
*Misc. Antivirals***			
LAGEVRIO ORAL CAPSULE 200 MG	Tier 3		QL (8 EA per 1 day); AGE (Min 18 Years)
*Neuraminidase Inhibitors***			
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	Tier 3		QL (40 EA per 365 days)
TAMIFLU CAPSULE 30 MG ORAL (OSELTAMIVIR PHOSPHATE)	Tier 3	Tier 3	QL (40 EA per 365 days)
TAMIFLU CAPSULE 45 MG ORAL (OSELTAMIVIR PHOSPHATE)	Tier 3	Tier 3	QL (20 EA per 365 days)
TAMIFLU CAPSULE 75 MG ORAL (OSELTAMIVIR PHOSPHATE)	Tier 3	Tier 3	QL (20 EA per 365 days)
TAMIFLU ORAL SUSPENSION RECONSTITUTED (OSELTAMIVIR PHOSPHATE) 6 MG/ML	Tier 3	Tier 3	QL (360 ML per 365 days)
Beta Blockers			
*Alpha-Beta Blockers***			
CARVEDILOL ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG		LC	
LABETALOL HCL ORAL TABLET 100 MG, 200 MG, 300 MG		Tier 1	

Drug	Status	Generic Status	Notes
*Beta Blockers Cardio-Selective***			
ACEBUTOLOL HCL ORAL CAPSULE 200 MG, 400 MG		Tier 2	
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	
METOPROLOL SUCCINATE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG		Tier 1	
METOPROLOL TARTRATE ORAL TABLET 100 MG, 25 MG, 50 MG		LC	
NEBIVOLOL HCL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG		Tier 3	
*Beta Blockers Non-Selective***			
PINDOLOL ORAL TABLET 10 MG, 5 MG		Tier 3	
PROPRANOLOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG		Tier 3	
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		LC	
PROPRANOLOL HCL TABLET 20 MG ORAL		LC	
PROPRANOLOL HCL TABLET 40 MG ORAL		LC	
PROPRANOLOL HCL TABLET 60 MG ORAL		Tier 1	
PROPRANOLOL HCL TABLET 80 MG ORAL		LC	
SOTALOL HCL (AF) ORAL TABLET 120 MG, 160 MG, 80 MG		Tier 1	
SOTALOL HCL TABLET 120 MG ORAL		Tier 1	
SOTALOL HCL TABLET 160 MG ORAL		Tier 1	
SOTALOL HCL TABLET 240 MG ORAL		Tier 1	
SOTALOL HCL TABLET 80 MG ORAL		LC	
Calcium Channel Blockers			
*Calcium Channel Blockers***			
AMLODIPINE BESYLATE ORAL TABLET 10 MG, 2.5 MG, 5 MG		LC	

Drug	Status	Generic Status	Notes
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR (DILTIAZEM HCL ER COATED BEADS) 120 MG, 180 MG, 240 MG, 300 MG	Tier 1	Tier 1	
DILTIAZEM HCL ER BEADS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 420 MG		Tier 1	
DILTIAZEM HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 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	
NIFEDIPINE ER OSMOTIC RELEASE TABLET EXTENDED RELEASE 24 HOUR 30 MG ORAL		Tier 1	
NIFEDIPINE ER OSMOTIC RELEASE TABLET EXTENDED RELEASE 24 HOUR 60 MG ORAL		Tier 1	
NIFEDIPINE ER OSMOTIC RELEASE TABLET EXTENDED RELEASE 24 HOUR 90 MG ORAL		Tier 3	
NIFEDIPINE ER TABLET EXTENDED RELEASE 24 HOUR 30 MG ORAL		Tier 1	
NIFEDIPINE ER TABLET EXTENDED RELEASE 24 HOUR 60 MG ORAL		Tier 1	
NIFEDIPINE ER TABLET EXTENDED RELEASE 24 HOUR 90 MG ORAL		Tier 3	
NIMODIPINE ORAL CAPSULE 30 MG		Tier 3	
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR (DILTIAZEM HCL ER BEADS) 120 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	
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR (DILTIAZEM HCL ER BEADS) 240 MG	Tier 1	Tier 1	
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR (DILTIAZEM HCL ER BEADS) 120 MG, 300 MG, 360 MG	Tier 1	Tier 1	

Drug	Status	Generic Status	Notes
TIADYL T ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR (DILTIAZEM HCL ER BEADS) 180 MG	Tier 1	Tier 1	
TIADYL T ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR (DILTIAZEM HCL ER BEADS) 240 MG	Tier 1	Tier 1	
VERAPAMIL HCL ER ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG		Tier 1	
VERAPAMIL HCL TABLET 120 MG ORAL		LC	
VERAPAMIL HCL TABLET 40 MG ORAL		Tier 1	
VERAPAMIL HCL TABLET 80 MG ORAL		LC	
Cardiotonics			
*Cardiac Glycosides***			
DIGOXIN ORAL SOLUTION 0.05 MG/ML		Tier 3	
DIGOXIN ORAL TABLET 125 MCG, 250 MCG		LC	
Cardiovascular Agents - Misc.			
*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***			
TREPROSTINIL INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML		Tier 4	PA
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	Tier 5		PA; QL (4 EA per 1 day)
TYVASO DPI TITRATION KIT INHALATION POWDER 112 X 16MCG & 84 X 32MCG, 16 & 32 & 48 MCG	Tier 5		PA; QL (2 EA per 365 days)
TYVASO INHALATION SOLUTION 0.6 MG/ML	Tier 5		PA; QL (2.9 ML per 1 day)
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)

Drug	Status	Generic Status	Notes
*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 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)
*Selective Cgmp Phosphodiesterase Type 5 Inhibitors***			
TADALAFIL ORAL TABLET 2.5 MG, 5 MG		Tier 1	PA; QL (1 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 3	
CEFAZOLIN SODIUM INJECTION SOLUTION RECONSTITUTED 1 GM, 2 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	

Drug	Status	Generic Status	Notes
CEPHALEXIN ORAL CAPSULE 250 MG, 500 MG		LC	
CEPHALEXIN ORAL SUSPENSION RECONSTITUTED 125 MG/5ML, 250 MG/5ML		Tier 1	
*Cephalosporins - 2Nd Generation***			
CEFACLOR ORAL CAPSULE 250 MG, 500 MG		Tier 1	
CEFACLOR ORAL SUSPENSION RECONSTITUTED 250 MG/5ML		Tier 1	
CEFOTETAN DISODIUM INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM		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	
CEFPODOXIME PROXETIL ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 50 MG/5ML		Tier 3	
CEFPODOXIME PROXETIL ORAL TABLET 100 MG, 200 MG		Tier 3	
CEFTAZIDIME INJECTION SOLUTION RECONSTITUTED 6 GM		Tier 1	
CEFTRIAXONE SODIUM INJECTION SOLUTION RECONSTITUTED 1 GM, 100 GM, 2 GM, 250 MG, 500 MG		Tier 1	
CEFTRIAXONE SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 10 GM, 2 GM		Tier 1	
TAZICEF INJECTION SOLUTION RECONSTITUTED (CEFTAZIDIME) 1 GM	Tier 1	Tier 1	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 6 GM	Tier 1		

Drug	Status	Generic Status	Notes
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED (CEFTAZIDIME) 2 GM	Tier 1	Tier 1	
*Cephalosporins - 4Th Generation***			
CEFEPIME HCL INJECTION SOLUTION RECONSTITUTED 1 GM		Tier 3	
CEFEPIME HCL INTRAVENOUS SOLUTION 1 GM/50ML		Tier 3	
CEFEPIME HCL INTRAVENOUS SOLUTION RECONSTITUTED 2 GM		Tier 3	
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
*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 0.15-30 MG-MCG	Tier 1		PV
AUBRA EQ 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

Drug	Status	Generic Status	Notes
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
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
CRYSSELLE-28 ORAL TABLET 0.3-30 MG-MCG	Tier 1		PV
CYRED EQ ORAL TABLET 0.15-30 MG-MCG	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

Drug	Status	Generic Status	Notes
ELINEST ORAL TABLET 0.3-30 MG-MCG	Tier 1		PV
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	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
FINZALA ORAL TABLET CHEWABLE (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG(24)	Tier 1	Tier 1	PV
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 0.15-30 MG-MCG	Tier 1		PV
JASMIEL ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) 3-0.02 MG	Tier 1	Tier 1	PV
JOYEAUX ORAL TABLET (LEVONORGEST-ETH ESTRADIOL-IRON) 0.1-20 MG-MCG(21)	Tier 1	Tier 1	PV
JULEBER ORAL TABLET 0.15-30 MG-MCG	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

Drug	Status	Generic Status	Notes
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 0.15-30 MG-MCG	Tier 1		PV
KELNOR 1/35 ORAL TABLET (ETHYNODIOL DIAC-ETH ESTRADIOL) 1-35 MG-MCG	Tier 1	Tier 1	PV
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
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
LORYNA ORAL TABLET (DROSPIRENONE-ETHINYL ESTRADIOL) 3-0.02 MG	Tier 1	Tier 1	PV

Drug	Status	Generic Status	Notes
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
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

Drug	Status	Generic Status	Notes
NYLIA 1/35 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
PHILITH ORAL TABLET (BRIELLYN) 0.4-35 MG-MCG	Tier 1	Tier 1	PV
PORTIA-28 ORAL TABLET (LEVONORGESTREL-ETHINYL ESTRAD) 0.15-30 MG-MCG	Tier 1	Tier 1	PV
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	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
TAYSOFY ORAL CAPSULE (NORETHIN ACE-ETH ESTRAD-FE) 1-20 MG-MCG(24)	Tier 1	Tier 1	PV
TURQOZ ORAL TABLET 0.3-30 MG-MCG	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
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

Drug	Status	Generic Status	Notes
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
ZOVIA 1/35 (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
ENILLORING VAGINAL RING (ETONOGESTREL-ETHINYL ESTRADIOL) 0.12-0.015 MG/24HR	Tier 1	Tier 1	PV
HALOETTE 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
*Copper Contraceptives - Iud***			
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE	Tier 3		PV

Drug	Status	Generic Status	Notes
*Emergency Contraceptives***			
AFTERA ORAL TABLET (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	PV
CURAE 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
HER STYLE ORAL TABLET (LEVONORGESTREL) 1.5 MG	Tier 1	Tier 1	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
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)
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)
ICLEVIA ORAL TABLET (LEVONORGEST- ETH ESTRAD 91-DAY) 0.15-0.03 MG	Tier 1	Tier 1	PV; QL (1 EA per 1 day)

Drug	Status	Generic Status	Notes
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)
*Progestin Contraceptives - Iud***			
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG	Tier 3		PV
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	Tier 3		PV

Drug	Status	Generic Status	Notes
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY	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
NORLYROC ORAL TABLET (NORETHINDRONE) 0.35 MG	Tier 1	Tier 1	PV
SHAROBEL 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
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

Drug	Status	Generic Status	Notes
NYLIA 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 (NORETHINDRON-ETHINYL ESTRAD-FE) 1-20/1-30/1-35 MG-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 (NORETHINDRON-ETHINYL ESTRAD-FE) 1-20/1-30/1-35 MG-MCG	Tier 1	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
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-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

Drug	Status	Generic Status	Notes
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 3	
BUDESONIDE ORAL CAPSULE DELAYED RELEASE PARTICLES 3 MG		Tier 3	
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	Tier 3		
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	LC		
DEXAMETHASONE ORAL ELIXIR 0.5 MG/5ML		Tier 3	
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 SOD PHOSPHATE PF INJECTION SOLUTION 10 MG/ML		Tier 1	
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		Tier 1	
HYDROCORTISONE ORAL TABLET 10 MG, 20 MG, 5 MG		LC	
KENALOG INJECTION SUSPENSION 10 MG/ML	Tier 3		
KENALOG-80 INJECTION SUSPENSION 80 MG/ML	Tier 3		
METHYLPREDNISOLONE ACETATE INJECTION SUSPENSION 40 MG/ML, 80 MG/ML		Tier 1	
METHYLPREDNISOLONE ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG		LC	
METHYLPREDNISOLONE ORAL TABLET THERAPY PACK 4 MG		LC	
PREDNISOLONE ORAL SOLUTION 15 MG/5ML		LC	

Drug	Status	Generic Status	Notes
PREDNISOLONE SODIUM PHOSPHATE ORAL SOLUTION 15 MG/5ML, 25 MG/5ML		LC	QL (16 ML per 1 day)
PREDNISON ORAL TABLET 1 MG, 10 MG, 2.5 MG, 20 MG, 5 MG, 50 MG		LC	
PREDNISON 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	
Cough/Cold/Allergy			
*Antitussive - Nonnarcotic***			
BENZONATATE CAPSULE 100 MG ORAL		LC	
BENZONATATE CAPSULE 150 MG ORAL		Tier 1	
BENZONATATE CAPSULE 200 MG ORAL		LC	
*Antitussive - Opioid***			
HYDROCODONE BIT-HOMATROP MBR ORAL SOLUTION 5-1.5 MG/5ML		Tier 1	PA; QL (2 FILLS per 54 days)
HYDROCODONE BIT-HOMATROP MBR ORAL TABLET 5-1.5 MG		Tier 1	PA; QL (6 EA per 1 day)
HYDROMET ORAL SOLUTION 5-1.5 MG/5ML		Tier 1	PA; QL (2 FILLS per 54 days)
*Misc. Respiratory Inhalants***			
NEBUSAL INHALATION NEBULIZATION SOLUTION (SODIUM CHLORIDE) 3 %	Tier 1	Tier 1	
PULMOSAL INHALATION NEBULIZATION SOLUTION (SODIUM CHLORIDE) 7 %	Tier 1	Tier 1	
SODIUM CHLORIDE INHALATION NEBULIZATION SOLUTION 0.9 %, 10 %		Tier 1	
*Mucolytics***			
ACETYLCYSTEINE INHALATION SOLUTION 10 %, 20 %		Tier 3	

Drug	Status	Generic Status	Notes
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 GEL 1 %		Tier 1	
CLINDAMYCIN PHOSPHATE EXTERNAL LOTION 1 %		Tier 3	
CLINDAMYCIN PHOSPHATE EXTERNAL SOLUTION 1 %		Tier 1	
ERY EXTERNAL PAD 2 %		Tier 3	
ERYTHROMYCIN EXTERNAL GEL 2 %		Tier 1	
ERYTHROMYCIN EXTERNAL SOLUTION 2 %		Tier 1	
SULFACETAMIDE SODIUM (ACNE) EXTERNAL LOTION 10 %		Tier 3	
*Acne Combinations***			
ADAPALENE-BENZOYL PEROXIDE GEL 0.1-2.5 % EXTERNAL		Tier 1	
ADAPALENE-BENZOYL PEROXIDE GEL 0.3-2.5 % EXTERNAL		Tier 3	
BENZOYL PEROXIDE-ERYTHROMYCIN EXTERNAL GEL 5-3 %		Tier 3	
CLINDAMYCIN PHOS-BENZOYL PEROX GEL 1.2-2.5 % EXTERNAL		Tier 3	
CLINDAMYCIN PHOS-BENZOYL PEROX GEL 1-5 % EXTERNAL		Tier 3	
NEUAC EXTERNAL GEL (CLINDAMYCIN PHOS-BENZOYL PEROX) 1.2-5 %	Tier 1	Tier 1	
*Acne Products***			
ACCUTANE ORAL CAPSULE (ISOTRETINOIN) 10 MG, 20 MG, 30 MG, 40 MG	Tier 3	Tier 3	
ADAPALENE EXTERNAL CREAM 0.1 %		Tier 3	
ADAPALENE GEL 0.1 % EXTERNAL (RX)		Tier 1	
ADAPALENE GEL 0.3 % EXTERNAL		Tier 3	
AMNESTEEM ORAL CAPSULE (ISOTRETINOIN) 10 MG, 20 MG, 40 MG	Tier 3	Tier 3	

Drug	Status	Generic Status	Notes
CLARAVIS ORAL CAPSULE (ISOTRETINOIN) 10 MG, 20 MG, 30 MG, 40 MG	Tier 3	Tier 3	
TRETINOIN CREAM 0.025 % EXTERNAL		Tier 2	
TRETINOIN CREAM 0.05 % EXTERNAL		Tier 2	
TRETINOIN CREAM 0.1 % EXTERNAL		Tier 3	
TRETINOIN EXTERNAL GEL 0.01 %, 0.025 %		Tier 3	
ZENATANE ORAL CAPSULE (ISOTRETINOIN) 10 MG, 20 MG, 30 MG, 40 MG	Tier 3	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	
MUPIROCIN EXTERNAL OINTMENT 2 %		Tier 1	
XEPI EXTERNAL CREAM 1 %	Tier 3		
*Antifungals - Topical Combinations***			
CLOTRIMAZOLE-BETAMETHASONE EXTERNAL CREAM 1-0.05 %		Tier 1	
CLOTRIMAZOLE-BETAMETHASONE EXTERNAL LOTION 1-0.05 %		Tier 3	
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	
NYAMYC EXTERNAL POWDER (NYSTATIN) 100000 UNIT/GM	Tier 1	Tier 1	
NYSTATIN EXTERNAL CREAM 100000 UNIT/GM		LC	

Drug	Status	Generic Status	Notes
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***			
FLUOROURACIL EXTERNAL CREAM 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)
*Antipsoriatics - Systemic***			
ACITRETIN ORAL CAPSULE 10 MG, 17.5 MG, 25 MG		Tier 3	
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	Tier 4		PA
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	Tier 4		PA
STELARA SOLUTION PREFILLED SYRINGE 45 MG/0.5ML SUBCUTANEOUS	Tier 4		PA; QL (0.009 ML per 1 day)
STELARA SOLUTION PREFILLED SYRINGE 90 MG/ML SUBCUTANEOUS	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 3	

Drug	Status	Generic Status	Notes
CALCIPOTRIENE EXTERNAL OINTMENT 0.005 %		Tier 3	
CALCIPOTRIENE EXTERNAL SOLUTION 0.005 %		Tier 3	
CALCITRIOL EXTERNAL OINTMENT 3 MCG/GM		Tier 3	
TAZAROTENE EXTERNAL CREAM 0.1 %		Tier 3	PA
*Antiseborrheic Products***			
SELENIUM SULFIDE EXTERNAL LOTION 2.5 %		Tier 1	
*Antivirals - Topical***			
ACYCLOVIR EXTERNAL OINTMENT 5 %		Tier 1	
*Atopic Dermatitis - Janus Kinase (Jak) Inhibitors***			
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	Tier 4		PA
*Atopic Dermatitis - Monoclonal Antibodies***			
DUPIXENT SOLUTION PEN-INJECTOR 200 MG/1.14ML SUBCUTANEOUS	Tier 4		PA; QL (0.17 ML per 1 day)
DUPIXENT SOLUTION PEN-INJECTOR 300 MG/2ML SUBCUTANEOUS	Tier 4		PA; QL (0.29 ML per 1 day)
DUPIXENT SOLUTION PREFILLED SYRINGE 200 MG/1.14ML SUBCUTANEOUS	Tier 4		PA; QL (0.17 ML per 1 day)
DUPIXENT SOLUTION PREFILLED SYRINGE 300 MG/2ML SUBCUTANEOUS	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 EXTERNAL CREAM 1 %		Tier 1	
ALCLOMETASONE DIPROPIONATE EXTERNAL CREAM 0.05 %		Tier 1	
ALCLOMETASONE DIPROPIONATE EXTERNAL OINTMENT 0.05 %		Tier 1	
AMCINONIDE EXTERNAL LOTION 0.1 %		Tier 1	

Drug	Status	Generic Status	Notes
BETAMETHASONE DIPROPIONATE AUG EXTERNAL CREAM 0.05 %		Tier 1	
BETAMETHASONE DIPROPIONATE AUG EXTERNAL GEL 0.05 %		Tier 3	
BETAMETHASONE DIPROPIONATE AUG EXTERNAL LOTION 0.05 %		Tier 3	
BETAMETHASONE DIPROPIONATE AUG EXTERNAL OINTMENT 0.05 %		Tier 3	
BETAMETHASONE DIPROPIONATE EXTERNAL CREAM 0.05 %		Tier 1	
BETAMETHASONE DIPROPIONATE EXTERNAL LOTION 0.05 %		Tier 1	
BETAMETHASONE DIPROPIONATE EXTERNAL OINTMENT 0.05 %		Tier 3	
BETAMETHASONE VALERATE EXTERNAL CREAM 0.1 %		Tier 1	
BETAMETHASONE VALERATE EXTERNAL LOTION 0.1 %		Tier 1	
BETAMETHASONE VALERATE EXTERNAL OINTMENT 0.1 %		Tier 1	
CLOBETASOL PROPIONATE EXTERNAL CREAM 0.05 %		Tier 3	
CLOBETASOL PROPIONATE EXTERNAL GEL 0.05 %		Tier 3	
CLOBETASOL PROPIONATE EXTERNAL LOTION 0.05 %		Tier 3	
CLOBETASOL PROPIONATE EXTERNAL OINTMENT 0.05 %		Tier 3	
CLOBETASOL PROPIONATE EXTERNAL SOLUTION 0.05 %		Tier 3	
CLODAN EXTERNAL SHAMPOO (CLOBETASOL PROPIONATE) 0.05 %	Tier 3	Tier 3	
DESONIDE EXTERNAL CREAM 0.05 %		Tier 3	
DESONIDE EXTERNAL LOTION 0.05 %		Tier 3	
DESONIDE EXTERNAL OINTMENT 0.05 %		Tier 3	
DESOXIMETASONE EXTERNAL CREAM 0.25 %		Tier 1	
DESOXIMETASONE EXTERNAL GEL 0.05 %		Tier 3	
DESOXIMETASONE EXTERNAL LIQUID 0.25 %		Tier 3	
DESOXIMETASONE EXTERNAL OINTMENT 0.25 %		Tier 3	

Drug	Status	Generic Status	Notes
DIFLORASONE DIACETATE EXTERNAL CREAM 0.05 %		Tier 3	
FLUOCINOLONE ACETONIDE BODY EXTERNAL OIL 0.01 %		Tier 1	
FLUOCINOLONE ACETONIDE EXTERNAL CREAM 0.01 %, 0.025 %		Tier 3	
FLUOCINOLONE ACETONIDE EXTERNAL OINTMENT 0.025 %		Tier 3	
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 3	
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	
FLURANDRENOLIDE EXTERNAL CREAM 0.05 %		Tier 3	
FLUTICASONE PROPIONATE EXTERNAL CREAM 0.05 %		Tier 1	
FLUTICASONE PROPIONATE EXTERNAL OINTMENT 0.005 %		Tier 1	
HALCINONIDE EXTERNAL CREAM 0.1 %		Tier 3	PA; ST
HALOBETASOL PROPIONATE EXTERNAL CREAM 0.05 %		Tier 3	
HALOBETASOL PROPIONATE EXTERNAL OINTMENT 0.05 %		Tier 3	
HYDROCORTISONE BUTYRATE EXTERNAL SOLUTION 0.1 %		Tier 1	
HYDROCORTISONE CREAM 1 % EXTERNAL (RX)		Tier 1	
HYDROCORTISONE CREAM 2.5 % EXTERNAL		LC	
HYDROCORTISONE EXTERNAL LOTION 2.5 %		Tier 1	
HYDROCORTISONE EXTERNAL OINTMENT 1 %, 2.5 %		Tier 1	

Drug	Status	Generic Status	Notes
HYDROCORTISONE VALERATE EXTERNAL CREAM 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	
TRIAMCINOLONE ACETONIDE EXTERNAL CREAM 0.025 %, 0.1 %		LC	
TRIAMCINOLONE ACETONIDE EXTERNAL LOTION 0.025 %, 0.1 %		Tier 1	
TRIAMCINOLONE ACETONIDE OINTMENT 0.025 % EXTERNAL		Tier 1	
TRIAMCINOLONE ACETONIDE OINTMENT 0.1 % EXTERNAL		LC	
TRIAMCINOLONE ACETONIDE OINTMENT 0.5 % EXTERNAL		Tier 1	
TRIDERM EXTERNAL CREAM (TRIAMCINOLONE ACETONIDE) 0.5 %	LC	LC	
*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		QL (3 GM per 1 day)
*Imidazole-Related Antifungals - Topical***			
CLOTRIMAZOLE EXTERNAL CREAM 1 %		LC	
CLOTRIMAZOLE EXTERNAL SOLUTION 1 %		LC	
ECONAZOLE NITRATE EXTERNAL CREAM 1 %		Tier 1	
ERTACZO EXTERNAL CREAM 2 %	Tier 3		PA
KETOCONAZOLE EXTERNAL CREAM 2 %		Tier 1	

Drug	Status	Generic Status	Notes
KETOCONAZOLE EXTERNAL SHAMPOO 2 %		Tier 1	
LULICONAZOLE EXTERNAL CREAM 1 %		Tier 3	PA
SULCONAZOLE NITRATE EXTERNAL CREAM 1 %		Tier 3	PA
*Immunomodulators			
Imidazoquinolinamines - Topical***			
IMIQUIMOD EXTERNAL CREAM 5 %		Tier 1	
*Keratolytic/Antimitotic Agents***			
PODOFILOX EXTERNAL SOLUTION 0.5 %		Tier 1	
*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	
*Macrolide Immunosuppressants - Topical***			
PIMECROLIMUS EXTERNAL CREAM 1 %		Tier 3	PA; ST; QL (2 GM per 1 day)
TACROLIMUS EXTERNAL OINTMENT 0.03 %, 0.1 %		Tier 3	QL (2 GM per 1 day)
*Photodynamic Therapy Agents - Topical***			
AMELUZ EXTERNAL GEL 10 %	Tier 3		
*Rosacea Agents***			
METRONIDAZOLE EXTERNAL CREAM 0.75 %		Tier 1	
METRONIDAZOLE EXTERNAL GEL 0.75 %		Tier 1	
*Scabicides & Pediculicides***			
CROTAN EXTERNAL LOTION 10 %	Tier 3		
MALATHION EXTERNAL LOTION 0.5 %		Tier 3	
PERMETHRIN EXTERNAL CREAM 5 %		Tier 1	
SPINOSAD EXTERNAL SUSPENSION 0.9 %		Tier 3	
SULFURATED LIME EXTERNAL SOLUTION		Tier 1	
*Tar Products***			
COAL TAR EXTERNAL SOLUTION 20 %		Tier 1	

Drug	Status	Generic Status	Notes
*Topical Anesthetic Combinations***			
LIDOCAINE-PRILOCAINE EXTERNAL CREAM 2.5-2.5 %		Tier 1	
*Topical Selective Retinoid X Receptor Agonists***			
TARGRETIN EXTERNAL GEL (BEXAROTENE) 1 %	Tier 5	Tier 4	PA
*Wound Care - Growth Factor Agents***			
REGRANEX EXTERNAL GEL 0.01 %	Tier 3		PA
Diagnostic Products			
*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		
CHEMSTRIP UGK IN VITRO STRIP	Tier 3		
CVS KETONE CARE IN VITRO STRIP	Tier 3		
KETO-DIASTIX IN VITRO STRIP	Tier 3		
MULTISTIX 10 SG 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		

Drug	Status	Generic Status	Notes
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	Tier 2		
Diuretics			
*Carbonic Anhydrase Inhibitors***			
ACETAZOLAMIDE ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR 500 MG		Tier 3	
ACETAZOLAMIDE ORAL TABLET 125 MG, 250 MG		Tier 3	
*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 ORAL TABLET 0.5 MG, 1 MG, 2 MG		Tier 1	
ETHACRYNIC ACID ORAL TABLET 25 MG		Tier 3	
FUROSEMIDE INJECTION SOLUTION 10 MG/ML		Tier 1	
FUROSEMIDE ORAL TABLET 20 MG, 40 MG, 80 MG		LC	
FUROSEMIDE SOLUTION 10 MG/ML ORAL		LC	
FUROSEMIDE SOLUTION 8 MG/ML ORAL		Tier 1	
TORSEMIDE ORAL TABLET 10 MG, 100 MG, 20 MG, 5 MG		LC	
*Osmotic Diuretics***			
MANNITOL INTRAVENOUS SOLUTION 20 %		Tier 3	
*Potassium Sparing Diuretics***			
AMILORIDE HCL ORAL TABLET 5 MG		Tier 1	
SPIRONOLACTONE ORAL TABLET 100 MG, 25 MG, 50 MG		LC	

Drug	Status	Generic Status	Notes
*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 3	
Endocrine And Metabolic Agents - Misc.			
*Abortifacient - Progesterone Receptor Antagonists***			
MIFEPRISTONE ORAL TABLET 200 MG		Tier 1	
*Adenosine Deaminase Scid Treatment - Agents***			
RECOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5ML	Tier 5		PA
*Bisphosphonates***			
ALENDRONATE SODIUM ORAL SOLUTION 70 MG/75ML		Tier 1	
ALENDRONATE SODIUM TABLET 10 MG ORAL		Tier 1	
ALENDRONATE SODIUM TABLET 35 MG ORAL		LC	QL (4.5 EA per 30 days)
ALENDRONATE SODIUM TABLET 5 MG ORAL		Tier 1	
ALENDRONATE SODIUM TABLET 70 MG ORAL		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 3	QL (4.5 EA per 30 days)

Drug	Status	Generic Status	Notes
RISEDRONATE SODIUM TABLET 150 MG ORAL		Tier 3	QL (1.2 EA per 30 days)
RISEDRONATE SODIUM TABLET 30 MG ORAL		Tier 3	
RISEDRONATE SODIUM TABLET 35 MG ORAL		Tier 1	QL (4.5 EA per 30 days)
RISEDRONATE SODIUM TABLET 5 MG ORAL		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 3	PA
*Calcitonins***			
CALCITONIN (SALMON) INJECTION SOLUTION 200 UNIT/ML		Tier 1	
CALCITONIN (SALMON) NASAL SOLUTION 200 UNIT/ACT		Tier 1	QL (3.9 ML per 30 days)
*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	
*Dopamine Receptor Agonists***			
CABERGOLINE ORAL TABLET 0.5 MG		Tier 1	
*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

Drug	Status	Generic Status	Notes
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 (NITISINONE) 20 MG	Tier 5	Tier 4	PA
ORFADIN ORAL SUSPENSION 4 MG/ML	Tier 5		PA
*Hyperammonemia Treatment - Agents***			
CARGLUMIC ACID ORAL TABLET SOLUBLE 200 MG		Tier 4	PA
*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	
*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

Drug	Status	Generic Status	Notes
*Lhrh/Gnrh Agonist Analog Pituitary Suppressants***			
LUPRON DEPOT-PED (1-MONTH) KIT 11.25 MG INTRAMUSCULAR	Tier 5		PA
LUPRON DEPOT-PED (1-MONTH) KIT 15 MG INTRAMUSCULAR	Tier 4		PA
LUPRON DEPOT-PED (1-MONTH) KIT 7.5 MG INTRAMUSCULAR	Tier 4		PA
LUPRON DEPOT-PED (3-MONTH) KIT 11.25 MG INTRAMUSCULAR	Tier 5		PA
LUPRON DEPOT-PED (3-MONTH) KIT 30 MG INTRAMUSCULAR	Tier 4		PA
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG	Tier 4		PA
*Ovulation Stimulants-Gonadotropins***			
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED (CHORIONIC GONADOTROPIN) 10000 UNIT	Tier 5	Tier 5	PA
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED (CHORIONIC GONADOTROPIN) 10000 UNIT	Tier 5	Tier 5	PA
*Parathyroid Hormone And Derivatives***			
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML		Tier 4	PA
*Phenylketonuria Treatment - Agents***			
SAPROPTERIN DIHYDROCHLORIDE ORAL PACKET 100 MG, 500 MG		Tier 4	PA
SAPROPTERIN DIHYDROCHLORIDE ORAL TABLET 100 MG		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		

Drug	Status	Generic Status	Notes
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***			
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 3	
DESMOPRESSIN ACETATE ORAL TABLET 0.1 MG, 0.2 MG		Tier 3	
DESMOPRESSIN ACETATE SPRAY NASAL SOLUTION 0.01 %		Tier 3	
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 2	Tier 2	
JINTELI ORAL TABLET (NORETHINDRONE-ETH ESTRADIOL) 1-5 MG-MCG	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
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 (ESTRADIOL) 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	Tier 1	
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	
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		
Fluoroquinolones			
*Fluoroquinolones***			
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%)	Tier 3		
CIPROFLOXACIN HCL TABLET 250 MG ORAL		LC	
CIPROFLOXACIN HCL TABLET 500 MG ORAL		LC	
CIPROFLOXACIN HCL TABLET 750 MG ORAL		Tier 1	
CIPROFLOXACIN IN D5W INTRAVENOUS SOLUTION 200 MG/100ML, 400 MG/200ML		Tier 3	
LEVOFLOXACIN INTRAVENOUS SOLUTION 25 MG/ML		Tier 3	

Drug	Status	Generic Status	Notes
LEVOFLOXACIN ORAL SOLUTION 25 MG/ML		Tier 3	
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	
OFLOXACIN ORAL TABLET 300 MG, 400 MG		Tier 3	
Gastrointestinal Agents - Misc.			
*5-Ht4 Receptor Agonists***			
MOTEGRITY ORAL TABLET 1 MG, 2 MG	Tier 3		PA; ST; QL (1 EA per 1 day)
*Bile Acid Synthesis Disorder Agents***			
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	Tier 5		PA
*Gallstone Solubilizing Agents***			
URSODIOL ORAL CAPSULE 300 MG		Tier 3	
URSODIOL ORAL TABLET 250 MG, 500 MG		Tier 3	
*Gastrointestinal Antiallergy Agents***			
CROMOLYN SODIUM ORAL CONCENTRATE 100 MG/5ML		Tier 3	
*Gastrointestinal Stimulants***			
METOCLOPRAMIDE HCL INJECTION SOLUTION 5 MG/ML		Tier 1	
METOCLOPRAMIDE HCL ORAL SOLUTION 10 MG/10ML, 5 MG/5ML		LC	
METOCLOPRAMIDE HCL ORAL TABLET 10 MG, 5 MG		LC	
*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)

Drug	Status	Generic Status	Notes
*Ibs Agent - Selective 5-Ht3 Receptor Antagonists***			
ALOSETRON HCL ORAL TABLET 0.5 MG, 1 MG		Tier 3	PA
*Inflammatory Bowel Agents***			
BALSALAZIDE DISODIUM ORAL CAPSULE 750 MG		Tier 3	
DIPENTUM ORAL CAPSULE 250 MG	Tier 3		
MESALAMINE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM		Tier 3	
MESALAMINE ORAL CAPSULE DELAYED RELEASE 400 MG		Tier 3	
MESALAMINE ORAL TABLET DELAYED RELEASE 1.2 GM		Tier 3	
MESALAMINE RECTAL ENEMA 4 GM		Tier 3	
MESALAMINE RECTAL SUPPOSITORY 1000 MG		Tier 3	
SFROWASA RECTAL ENEMA 4 GM/60ML	Tier 3		
SULFASALAZINE ORAL TABLET 500 MG		Tier 1	
SULFASALAZINE ORAL TABLET DELAYED RELEASE 500 MG		Tier 1	
*Interleukin Antagonists***			
SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML	Tier 4		PA
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML	Tier 4		PA
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	

Drug	Status	Generic Status	Notes
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 3	
SEVELAMER CARBONATE ORAL TABLET 800 MG		Tier 3	
VELPHORO ORAL TABLET CHEWABLE 500 MG	Tier 3		
*Tumor Necrosis Factor Alpha Blockers***			
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML	Tier 4		PA
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	Tier 4		PA
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT 2 X 200 MG/ML	Tier 4		PA
INFLECTRA 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 2	
TAMSULOSIN HCL ORAL CAPSULE 0.4 MG		LC	
*Citrates***			
POTASSIUM CITRATE ER ORAL TABLET EXTENDED RELEASE 10 MEQ (1080 MG), 15 MEQ (1620 MG), 5 MEQ (540 MG)		Tier 2	
SOD CITRATE-CITRIC ACID ORAL SOLUTION 1.5-1 GM/15ML, 3-2 GM/30ML, 500-334 MG/5ML		Tier 1	
*Cystinosis Agents***			
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	Tier 5		

Drug	Status	Generic Status	Notes
*Genitourinary Irrigants***			
ACETIC ACID IRRIGATION SOLUTION 0.25 %		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	
*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 2	
*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 3	PA; ST
*Uricosurics***			
PROBENECID ORAL TABLET 500 MG		Tier 2	
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***			
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT	Tier 4		
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT	Tier 5		

Drug	Status	Generic Status	Notes
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		
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT	Tier 4		
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 5		
NUWIQ INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Tier 4		
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	Tier 4		
OBIZUR INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT		Tier 5	
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	
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		

Drug	Status	Generic Status	Notes
*Anti-Von Willebrand Factor Agents***			
CABLIVI INJECTION KIT 11 MG	Tier 5		PA; QL (1 EA per 1 day)
*Bradykinin B2 Receptor Antagonists***			
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (ICATIBANT ACETATE) 30 MG/3ML	Tier 4	Tier 4	PA; QL (0.6 ML per 1 day)
*C1 Esterase Inhibitors***			
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	Tier 5		PA
*Complement C5 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		
*Hematorheologic Agents***			
PENTOXIFYLLINE ER ORAL TABLET EXTENDED RELEASE 400 MG		Tier 1	
*Phosphodiesterase Iii Inhibitors***			
CILOSTAZOL ORAL TABLET 100 MG, 50 MG		Tier 1	
*Platelet Aggregation Inhibitor Combinations***			
ASPIRIN-DIPYRIDAMOLE ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR 25-200 MG		Tier 3	
*Platelet Aggregation Inhibitors***			
DIPYRIDAMOLE ORAL TABLET 25 MG, 50 MG, 75 MG		Tier 2	
*Protease-Activated Receptor-1 (Par-1) Antagonists***			
ZONTIVITY ORAL TABLET 2.08 MG	Tier 3		
*Pyruvate Kinase Activators***			
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	Tier 5		PA; QL (2 EA per 1 day)

Drug	Status	Generic Status	Notes
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG, 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG	Tier 5		PA; QL (1 EA per 1 day)
*Quinazoline Agents***			
ANAGRELIDE HCL ORAL CAPSULE 0.5 MG, 1 MG		Tier 3	
*Thienopyridine Derivatives***			
CLOPIDOGREL BISULFATE ORAL TABLET 300 MG, 75 MG		Tier 1	
PRASUGREL HCL ORAL TABLET 10 MG, 5 MG		Tier 3	
Hematopoietic Agents			
*Agents For Gaucher Disease***			
CERDELGA ORAL CAPSULE 84 MG	Tier 5		PA
YARGESA ORAL CAPSULE (MIGLUSTAT) 100 MG	Tier 4	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 (PLERIXAFOR) 24 MG/1.2ML	Tier 4	Tier 4	
*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

Drug	Status	Generic Status	Notes
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	
BP VIT 3 ORAL CAPSULE 1 MG		Tier 1	
FABB ORAL TABLET 2.2-25-1 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	
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
FOLIC ACID TABLET 1 MG ORAL (RX)		Tier 1	
FOLIC ACID TABLET 400 MCG ORAL		Tier 1	PV
FOLIC ACID TABLET 800 MCG ORAL		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

Drug	Status	Generic Status	Notes
*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	
TRIGELS-F FORTE ORAL CAPSULE 460-60-0.01-1 MG		Tier 1	
*Iron***			
NA FERRIC GLUC CPLX IN SUCROSE INTRAVENOUS SOLUTION 12.5 MG/ML		Tier 1	
*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 ORAL TABLET 1000 MG, 500 MG		Tier 3	

Drug	Status	Generic Status	Notes
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	
*Benzodiazepine Hypnotics***			
TEMAZEPAM ORAL CAPSULE 15 MG, 30 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		Tier 1	QL (2 EA per 1 day)
ZALEPLON CAPSULE 5 MG ORAL		Tier 1	QL (1 EA per 1 day)
ZOLPIDEM TARTRATE ER ORAL TABLET EXTENDED RELEASE 12.5 MG, 6.25 MG		Tier 2	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)
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 (2 ML per 365 days)
GAVILYTE-G ORAL SOLUTION RECONSTITUTED (PEG-3350/ELECTROLYTES) 236 GM	Tier 1	Tier 1	PV; QL (2 ML per 365 days)
NA SULFATE-K SULFATE-MG SULF ORAL SOLUTION 17.5-3.13-1.6 GM/177ML		Tier 1	QL (354 ML per 365 days)
PEG 3350-KCL-NA BICARB-NACL ORAL SOLUTION RECONSTITUTED 420 GM		Tier 1	PV; QL (2 ML per 365 days)

Drug	Status	Generic Status	Notes
PEG-3350/ELECTROLYTES/ASCORBAT ORAL SOLUTION RECONSTITUTED 100 GM		Tier 1	
PEG-KCL-NACL-NASULF-NA ASC-C ORAL SOLUTION RECONSTITUTED 100 GM		Tier 1	
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM	Tier 3		PA; ST
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 (2 FILLS 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 (2 FILLS per 365 days)
EQ CLEARLAX ORAL POWDER (POLYETHYLENE GLYCOL 3350) 17 GM/SCOOP	Tier 1	Tier 1	PV; QL (2 FILLS per 365 days)
EQL CLEARLAX ORAL POWDER (POLYETHYLENE GLYCOL 3350) 17 GM/SCOOP	Tier 1	Tier 1	PV; QL (2 FILLS per 365 days)
FT CLEARLAX ORAL POWDER 17 GM/SCOOP		Tier 1	PV; QL (2 FILLS per 365 days)
GAVILAX ORAL POWDER 17 GM/SCOOP		Tier 1	PV; QL (2 FILLS per 365 days)
GENTLELAX ORAL POWDER 17 GM/SCOOP		Tier 1	PV; QL (2 FILLS per 365 days)
GLYCOLAX ORAL POWDER (POLYETHYLENE GLYCOL 3350) 17 GM/SCOOP	Tier 1	Tier 1	PV; QL (2 FILLS per 365 days)
GNP CLEARLAX ORAL POWDER (POLYETHYLENE GLYCOL 3350) 17 GM/SCOOP	Tier 1	Tier 1	PV; QL (2 FILLS per 365 days)
GOODSENSE CLEARLAX ORAL POWDER (POLYETHYLENE GLYCOL 3350) 17 GM/SCOOP	Tier 1	Tier 1	PV; QL (2 FILLS per 365 days)
HM CLEARLAX ORAL POWDER (POLYETHYLENE GLYCOL 3350) 17 GM/SCOOP	Tier 1	Tier 1	PV; QL (2 FILLS per 365 days)
KLS LAXACLEAR ORAL POWDER (POLYETHYLENE GLYCOL 3350) 17 GM/SCOOP	Tier 1	Tier 1	PV; QL (2 FILLS per 365 days)
LACTULOSE ORAL SOLUTION 10 GM/15ML		LC	

Drug	Status	Generic Status	Notes
MM CLEARLAX ORAL POWDER (POLYETHYLENE GLYCOL 3350) 17 GM/SCOOP	Tier 1	Tier 1	PV; QL (2 FILLS per 365 days)
PEG 3350 ORAL POWDER 17 GM/SCOOP		Tier 1	PV; QL (2 FILLS per 365 days)
QC NATURA-LAX ORAL POWDER 17 GM/SCOOP		Tier 1	PV; QL (2 FILLS per 365 days)
RA LAXATIVE ORAL POWDER 17 GM/SCOOP		Tier 1	PV; QL (2 FILLS per 365 days)
SB POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP		Tier 1	PV; QL (2 FILLS per 365 days)
SM CLEARLAX ORAL POWDER (POLYETHYLENE GLYCOL 3350) 17 GM/SCOOP	Tier 1	Tier 1	PV; QL (2 FILLS per 365 days)
SMOOTH LAX ORAL POWDER (POLYETHYLENE GLYCOL 3350) 17 GM/SCOOP	Tier 1	Tier 1	PV; QL (2 FILLS 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 (2 FILLS per 365 days)
CVS MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML		Tier 1	PV; QL (2 FILLS per 365 days)
EQ MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML		Tier 1	PV; QL (2 FILLS per 365 days)
FT MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML		Tier 1	PV; QL (2 FILLS per 365 days)
GNP MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML		Tier 1	PV; QL (2 FILLS per 365 days)
GOODSENSE MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML		Tier 1	PV; QL (2 FILLS per 365 days)
HM MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML		Tier 1	PV; QL (2 FILLS per 365 days)
MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML		Tier 1	PV; QL (2 FILLS per 365 days)
QC MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML		Tier 1	PV; QL (2 FILLS per 365 days)
RA MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML		Tier 1	PV; QL (2 FILLS per 365 days)
SB MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML		Tier 1	PV; QL (2 FILLS per 365 days)

Drug	Status	Generic Status	Notes
SM MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML		Tier 1	PV; QL (2 FILLS per 365 days)
*Stimulant Laxatives***			
BISACODYL EC ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 FILLS per 365 days)
BISACODYL ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 FILLS per 365 days)
CVS C-LAX LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 FILLS per 365 days)
CVS GENTLE LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 FILLS per 365 days)
CVS GENTLE LAXATIVE WOMENS ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 FILLS per 365 days)
EQ GENTLE LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 FILLS per 365 days)
EQL GENTLE LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 FILLS per 365 days)
EQL LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 FILLS per 365 days)
FT LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 FILLS per 365 days)
GENTLE LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 FILLS per 365 days)
GNP GENTLE LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 FILLS per 365 days)
GNP WOMENS GENTLE LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 FILLS per 365 days)
GOODSENSE BISACODYL EC ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 FILLS per 365 days)
GOODSENSE BISACODYL LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 FILLS per 365 days)
GOODSENSE WOMENS LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 FILLS per 365 days)
HM LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 FILLS per 365 days)
KP BISACODYL ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 FILLS per 365 days)
LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 FILLS per 365 days)
PX LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 FILLS per 365 days)

Drug	Status	Generic Status	Notes
QC GENTLE LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 FILLS per 365 days)
QC GENTLE LAXATIVE WOMENS ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 FILLS per 365 days)
QC LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 FILLS per 365 days)
RA LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 FILLS per 365 days)
RA WOMENS LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 FILLS per 365 days)
SB BISACODYL LAXATIVE EC ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 FILLS per 365 days)
SB GENTLE LAX-WOMEN ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 FILLS per 365 days)
SM GENTLE LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 FILLS per 365 days)
WOMANS LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 FILLS per 365 days)
WOMENS LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG		Tier 1	PV; QL (2 FILLS per 365 days)
Macrolides			
*Azithromycin***			
AZITHROMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 500 MG		Tier 1	
AZITHROMYCIN ORAL PACKET 1 GM		LC	
AZITHROMYCIN ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML		LC	
AZITHROMYCIN ORAL TABLET 250 MG, 500 MG, 600 MG		LC	
*Clarithromycin***			
CLARITHROMYCIN ORAL SUSPENSION RECONSTITUTED 125 MG/5ML, 250 MG/5ML		Tier 3	
CLARITHROMYCIN ORAL TABLET 250 MG, 500 MG		Tier 1	
*Erythromycins***			
ERYTHROMYCIN BASE ORAL CAPSULE DELAYED RELEASE PARTICLES 250 MG		Tier 3	
ERYTHROMYCIN BASE ORAL TABLET 250 MG, 500 MG		Tier 3	

Drug	Status	Generic Status	Notes
ERYTHROMYCIN BASE ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG		Tier 3	
ERYTHROMYCIN ETHYLSUCCINATE ORAL SUSPENSION RECONSTITUTED 200 MG/5ML, 400 MG/5ML		Tier 3	
ERYTHROMYCIN ETHYLSUCCINATE ORAL TABLET 400 MG		Tier 3	
ERYTHROMYCIN ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG		Tier 3	
*Fidaxomicin***			
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML	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 PREP PADS PAD 70 %		Tier 3	
ALCOHOL SWABS PAD		Tier 3	
ALCOHOL SWABSTICK PAD (ALCOHOL PREP)	Tier 3	Tier 3	
BD SWAB SINGLE USE REGULAR 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	
CVS ALCOHOL PREP PADS PAD 70 %		Tier 3	
CVS PREP PAD 70 %		Tier 3	
DROPSAFE ALCOHOL PREP PAD (ALCOHOL PREP) 70 %	Tier 3	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)	Tier 3	Tier 3	
SAPS CARE ALCOHOL PREP PAD 70 %		Tier 3	
SAPS HEALTH ALCOHOL PREP PAD		Tier 3	
SAPS HEALTH CARE ALCOHOL PREP PAD 70 %		Tier 3	
SB ALCOHOL PREP PAD 70 %		Tier 3	
SM ALCOHOL PREP PAD		Tier 3	
SURE COMFORT ALCOHOL PREP PAD 70 %		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)	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	
ZEVXRX 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
*Condoms - Female***			
FC2 FEMALE CONDOM	Tier 3		PV
*Condoms - Male***			
AIMSCO LUBRICATED		Tier 3	PV
CONDOMS		Tier 3	PV
DUREX EXTRA SENSITIVE THIN DEVICE (MAXX)	Tier 3	Tier 3	PV
DUREX REALFEEL DEVICE	Tier 3		PV
FANTASY LUBRICATED (MAXX)	Tier 3	Tier 3	PV
FANTASY LUBRICATED/SPERMICIDE (MAXX)	Tier 3	Tier 3	PV
KAMELEON LUBRICATED (MAXX)	Tier 3	Tier 3	PV
KIMONO		Tier 3	PV
KIMONO COLORS DEVICE (MAXX)	Tier 3	Tier 3	PV
KIMONO MICRO THIN PLUS		Tier 3	PV
KIMONO PLUS		Tier 3	PV
KIMONO PS		Tier 3	PV
KIMONO PS PLUS		Tier 3	PV
KIMONO SENSATION		Tier 3	PV
KIMONO SENSATION PLUS		Tier 3	PV
KIMONO SPECIAL DEVICE (MAXX)	Tier 3	Tier 3	PV
K-Y ME & YOU EXTRA LUBRICATED DEVICE (MAXX)	Tier 3	Tier 3	PV
K-Y ME & YOU INTENSE DEVICE (MAXX)	Tier 3	Tier 3	PV
MAXX PLUS		Tier 3	PV
REALITY LATEX CONDOMS (MAXX)	Tier 3	Tier 3	PV
REALITY LATEX/ULTRA TEXTURED DEVICE (MAXX)	Tier 3	Tier 3	PV
REALITY LATEX/ULTRA THIN DEVICE (MAXX)	Tier 3	Tier 3	PV
TRUSTEX COLOR CONDOMS + LUBE (MAXX)	Tier 3	Tier 3	PV
TRUSTEX LUB/RIBBED/STUDDED (MAXX)	Tier 3	Tier 3	PV
TRUSTEX LUB/SPERMICIDE EX ST (MAXX)	Tier 3	Tier 3	PV

Drug	Status	Generic Status	Notes
TRUSTEX LUB/SPERMICIDE XL (MAXX)	Tier 3	Tier 3	PV
TRUSTEX LUBRICATED (MAXX)	Tier 3	Tier 3	PV
TRUSTEX LUBRICATED EX LARGE (MAXX)	Tier 3	Tier 3	PV
TRUSTEX LUBRICATED EXTRA ST (MAXX)	Tier 3	Tier 3	PV
TRUSTEX LUBRICATED/SPERMICIDE (MAXX)	Tier 3	Tier 3	PV
TRUSTEX NATURAL CONDOMS + LUBE (MAXX)	Tier 3	Tier 3	PV
TRUSTEX NON-LUBRICATED (KIMONO MICRO THIN)	Tier 3	Tier 3	PV
TRUSTEX RIA LUB/SPERMICIDE (MAXX)	Tier 3	Tier 3	PV
TRUSTEX RIA LUBRICATED (MAXX)	Tier 3	Tier 3	PV
TRUSTEX RIA NON-LUBRICATED (KIMONO MICRO THIN)	Tier 3	Tier 3	PV
TRUSTEX-NONOXYNOL-9/RIB/STUD (MAXX)	Tier 3	Tier 3	PV
*Diaphragms***			
CAYA VAGINAL DIAPHRAGM	Tier 3		PV
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM	Tier 3		PV
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 %	Tier 3		PV
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 %	Tier 3		PV
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 %	Tier 3		PV
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 %	Tier 3		PV
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 %	Tier 3		PV
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 %	Tier 3		PV
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 %	Tier 3		PV
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 %	Tier 3		PV
*Glucose Monitoring Test Supplies***			
ACCU-CHEK FASTCLIX LANCET KIT	Tier 2		

Drug	Status	Generic Status	Notes
ACCU-CHEK FASTCLIX 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	
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	

Drug	Status	Generic Status	Notes
ASSURE LANCE SAFETY LANCET 28G (LANCETS)	Tier 2	Tier 2	
AURORA LANCET SUPER THIN 30G		Tier 2	
AURORA LANCET THIN 23G		Tier 2	
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	
CARESENS LANCETS 30G (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	
CARETOUCH TWIST MC LANCETS 30G (LANCETS)	Tier 2	Tier 2	
CLEANLET LANCETS 28G (LANCETS)	Tier 2	Tier 2	
CLEVER CHEK LANCETS (LANCETS)	Tier 2	Tier 2	
CLEVER CHOICE COMFORT EZ (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 TOUCH LANCETS 31G (LANCETS)	Tier 2	Tier 2	
COMFORT TOUCH PLUS LANCETS 28G (LANCETS)	Tier 2	Tier 2	
COMFORT TOUCH PLUS LANCETS 30G (LANCETS)	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
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 GEN MONITOR KIT W/DEVICE	Tier 2		
CONTOUR NEXT LINK KIT W/DEVICE	Tier 2		
CONTOUR NEXT MONITOR KIT W/DEVICE	Tier 2		
CONTOUR NEXT ONE 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	
DEXCOM G6 RECEIVER DEVICE	Tier 2		PA
DEXCOM G6 SENSOR (GUARDIAN SENSOR 3)	Tier 2	Tier 3	PA
DEXCOM G6 TRANSMITTER	Tier 2		PA
DEXCOM G7 RECEIVER DEVICE	Tier 2		PA
DEXCOM G7 SENSOR (GUARDIAN SENSOR 3)	Tier 2	Tier 3	PA
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	

Drug	Status	Generic Status	Notes
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	
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	

Drug	Status	Generic Status	Notes
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	
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	

Drug	Status	Generic Status	Notes
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	
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	
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 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	
GUARDIAN 4 GLUCOSE SENSOR (GUARDIAN SENSOR 3)	Tier 3	Tier 3	PA
GUARDIAN 4 TRANSMITTER	Tier 3		PA
GUARDIAN CONNECT TRANSMITTER	Tier 3		PA
GUARDIAN LINK 3 TRANSMITTER	Tier 3		PA
GUARDIAN REAL-TIME CHARGER	Tier 3		

Drug	Status	Generic Status	Notes
GUARDIAN REAL-TIME REPLACE PED DEVICE	Tier 3		PA
GUARDIAN REAL-TIME TEST PLUG	Tier 3		
GUARDIAN SENSOR (3) (GUARDIAN SENSOR 3)	Tier 3	Tier 3	PA
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	
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 STERILE LANCETS 30G (LANCETS)	Tier 2	Tier 2	
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	

Drug	Status	Generic Status	Notes
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	
LITE TOUCH LANCETS		Tier 2	
LITETOUCH LANCETS (LANCETS)	Tier 2	Tier 2	
LIVE BETTER LANCET SUPER 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	
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	
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	
MINIMED 630G GUARDIAN PRESS	Tier 3		PA
MM TWIST LANCETS (LANCETS)	Tier 2	Tier 2	
MONOLET LANCETS (LANCETS)	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
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 DELICA PLUS LANCET30G (LANCETS)	Tier 2	Tier 2	
ONETOUCH DELICA PLUS LANCET33G (LANCETS)	Tier 2	Tier 2	
ONETOUCH DELICA PLUS LANCING	Tier 3		
ONETOUCH DELICA SAFETY LANCING	Tier 3		
ONETOUCH ULTRASOFT 2 LANCETS (LANCETS)	Tier 2	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	
PRO COMFORT SAFETY LANCETS 30G		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	

Drug	Status	Generic Status	Notes
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 28G		Tier 2	
QC LANCETS SUPER THIN 30G		Tier 2	
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 23G (LANCETS)	Tier 2	Tier 2	
SAFETY LANCETS 28G		Tier 2	

Drug	Status	Generic Status	Notes
SAPS HEALTH PLUS LANCETS		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	
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	
SURELITE LANCETS (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	
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	

Drug	Status	Generic Status	Notes
TRAVEL LANCETS ADVANCED 28G (LANCETS)	Tier 2	Tier 2	
TRUE COMFORT SAFETY LANCETS		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	
TWIST TOP LANCETS 30G		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	
UNISTIK PRO SAFETY LANCET (LANCETS)	Tier 2	Tier 2	
UNISTIK SAFETY LANCETS 28G (LANCETS)	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
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	
VERIFINE SAFE LANCET MINI 21G (LANCETS)	Tier 2	Tier 2	
VERIFINE SAFE LANCET MINI 23G (LANCETS)	Tier 2	Tier 2	
VERIFINE SAFE LANCET MINI 28G (LANCETS)	Tier 2	Tier 2	
VERIFINE SAFE LANCET MINI 30G (LANCETS)	Tier 2	Tier 2	
VERIFINE UNIVERSAL LANCETS 28G (LANCETS)	Tier 2	Tier 2	
VERIFINE UNIVERSAL LANCETS 30G (LANCETS)	Tier 2	Tier 2	
VERIFINE UNIVERSAL LANCETS 33G (LANCETS)	Tier 2	Tier 2	
VIVAGUARD LANCETS (LANCETS)	Tier 2	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	

Drug	Status	Generic Status	Notes
*Insulin Administration Supplies***			
OMNIPOD 5 G6 INTRO (GEN 5) KIT	Tier 2		
OMNIPOD 5 G6 POD (GEN 5)	Tier 2		
OMNIPOD CLASSIC PODS (GEN 3)	Tier 2		
OMNIPOD DASH INTRO (GEN 4) KIT	Tier 2		
OMNIPOD DASH PDM (GEN 4) KIT	Tier 2		
OMNIPOD DASH PODS (GEN 4)	Tier 2		
*Misc. Devices***			
FOLDING PADDLE WALKER		Tier 1	PV; QL (180 EA per 365 days)
*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	
AQ INSULIN SYRINGE 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 1 ML		Tier 2	

Drug	Status	Generic Status	Notes
AQINJECT PEN NEEDLE 31G X 5 MM , 32G X 4 MM		Tier 2	
ASSURE ID INSULIN SAFETY SYR (TECHLITE INSULIN SYRINGE) 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML	Tier 2	Tier 2	
ASSURE ID SAFETY PEN NEEDLES (SURE COMFORT PEN NEEDLES) 30G X 8 MM	Tier 2	Tier 2	
AUM INSULIN SAFETY PEN NEEDLE 31G X 4 MM , 31G X 5 MM		Tier 2	
AUM MINI INSULIN PEN NEEDLE 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM		Tier 2	
AUM PEN NEEDLE 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	
AUM READYGARD DUO PEN NEEDLE (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
AUM SAFETY PEN NEEDLE (RAYA SURE PEN NEEDLE) 31G X 4 MM	Tier 2	Tier 2	
AUM SAFETY PEN NEEDLE (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 2	Tier 2	
AURORA PEN NEEDLES 29G X 12MM , 31G X 6 MM , 31G X 8 MM		Tier 2	
BD AUTOSHIELD DUO (PEN NEEDLES) 30G X 5 MM	Tier 2	Tier 2	
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 27.5G X 5/8" 2 ML	Tier 2		
BD INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 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) 28G X 1/2" 0.5 ML	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
BD INSULIN SYRINGE MICROFINE (INSULIN SYRINGE-NEEDLE U-100) 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-NEEDLE U-100) 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	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	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	
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	

Drug	Status	Generic Status	Notes
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 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 (KROGER PEN NEEDLES) 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	
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 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		

Drug	Status	Generic Status	Notes
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 (KROGER PEN NEEDLES) 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 , 33G 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 2	Tier 3	
CLEVER CHOICE COMFORT EZ (KROGER PEN NEEDLES) 29G X 12MM	Tier 2	Tier 2	
CLEVER CHOICE COMFORT EZ (INSUPEN PEN NEEDLES) 33G X 4 MM	Tier 2	Tier 2	
CLICKFINE PEN NEEDLES 31G X 5 MM (SURE COMFORT PEN NEEDLES)	Tier 2	Tier 2	
CLICKFINE PEN NEEDLES 31G X 6 MM (MEIJER PEN NEEDLES)	Tier 2	Tier 2	
CLICKFINE PEN NEEDLES 31G X 8 MM		Tier 2	
CLICKFINE PEN NEEDLES 32G X 4 MM (INSUPEN PEN NEEDLES)	Tier 2	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) 28G X 1/2" 0.5 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 2	Tier 2	
COMFORT EZ INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 28G 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 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
COMFORT EZ INSULIN SYRINGE (KROGER INSULIN SYRINGE) 29G X 1/2" 0.3 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 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	
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 PRO PEN NEEDLES (SURE COMFORT PEN NEEDLES) 30G X 8 MM , 31G X 5 MM	Tier 2	Tier 2	
COMFORT EZ PRO PEN NEEDLES (RAYA SURE PEN NEEDLE) 31G X 4 MM	Tier 2	Tier 2	
COMFORT EZ SHORT PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
COMFORT TOUCH INSULIN PEN NEED (RAYA SURE PEN NEEDLE) 31G X 4 MM	Tier 2	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	

Drug	Status	Generic Status	Notes
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	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	
DROPLET INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 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	Tier 2	
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 (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 (KROGER PEN NEEDLES) 29G X 12MM	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
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 5 MM , 31G X 6 MM , 31G X 8 MM		Tier 2	
DROPSAFE SAFETY SYRINGE/NEEDLE (INSULIN SYRINGE) 29G X 1/2" 1 ML	Tier 2	Tier 2	
DROPSAFE SAFETY SYRINGE/NEEDLE (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	
DROPSAFE SAFETY SYRINGE/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	
DRUG MART UNIFINE PENTIPS 29G X 12MM , 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 1/2" 0.3 ML, 31G X 5/16" 0.3 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	
EASY TOUCH FLIPLOCK INSULIN SY (INSULIN SYRINGE) 29G X 1/2" 1 ML	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
EASY TOUCH FLIPLOCK INSULIN SY (INSULIN SYRINGE-NEEDLE U-100) 30G X 1/2" 1 ML, 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	Tier 2	Tier 2	
EASY TOUCH INSULIN SAFETY SYR (INSULIN SYRINGE-NEEDLE U-100) 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML	Tier 2	Tier 2	
EASY TOUCH INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G 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 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	Tier 2	Tier 2	
EASY TOUCH INSULIN SYRINGE 27G X 5/8" 1 ML	Tier 2		
EASY TOUCH INSULIN SYRINGE (INSULIN SYRINGE) 28G X 1/2" 0.5 ML, 29G X 1/2" 0.5 ML, 29G 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 PEN NEEDLES (KROGER PEN NEEDLES) 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	
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		

Drug	Status	Generic Status	Notes
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	Tier 2	Tier 2	
EASY TOUCH SHEATHLOCK SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML	Tier 2	Tier 2	
EMBRACE PEN NEEDLES (KROGER PEN NEEDLES) 29G X 12MM	Tier 2	Tier 2	
EMBRACE PEN NEEDLES (PEN NEEDLES) 30G X 5 MM	Tier 2	Tier 2	
EMBRACE PEN NEEDLES (SURE COMFORT PEN NEEDLES) 30G X 8 MM , 31G X 5 MM	Tier 2	Tier 2	
EMBRACE PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
EMBRACE PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
EMBRACE PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM	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	
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	
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	
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	

Drug	Status	Generic Status	Notes
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-NEEDLE U-100) 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	Tier 2	
GNP CLICKFINE PEN NEEDLES 31G X 6 MM , 31G X 8 MM		Tier 2	
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 ULTIGUARD SAFEPACK NEEDLE (SURE COMFORT PEN NEEDLES) 31G X 5 MM , 32G X 6 MM	Tier 2	Tier 2	
GNP ULTIGUARD SAFEPACK NEEDLE (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
GNP ULTIGUARD SAFEPACK NEEDLE (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
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 SHORT PEN NEEDLES 31G X 5 MM , 31G X 8 MM		Tier 2	
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-NEEDLE U-100) 30G X 1/2" 1 ML, 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	
INCONTROL ULTICARE PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
INCONTROL ULTICARE PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
INCONTROL ULTICARE PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
INPEN 100-BLUE-LILLY-HUMALOG DEVICE (AUTOPEN)	Tier 3	Tier 3	
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE (AUTOPEN)	Tier 3	Tier 3	
INPEN 100-GREY-LILLY-HUMALOG DEVICE (AUTOPEN)	Tier 3	Tier 3	
INPEN 100-GREY-NOVOLOG-FIASP DEVICE (AUTOPEN)	Tier 3	Tier 3	
INPEN 100-PINK-LILLY-HUMALOG DEVICE (AUTOPEN)	Tier 3	Tier 3	
INPEN 100-PINK-NOVOLOG-FIASP DEVICE (AUTOPEN)	Tier 3	Tier 3	
INSULIN SYRINGE 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 28G X 1/2" 0.5 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML		Tier 2	
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	

Drug	Status	Generic Status	Notes
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 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	
LITETOUCH INSULIN SYRINGE (INSULIN SYRINGE) 28G X 1/2" 0.5 ML, 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) 28G 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	Tier 2	
LITETOUCH INSULIN SYRINGE (KROGER INSULIN SYRINGE) 29G X 1/2" 0.3 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	

Drug	Status	Generic Status	Notes
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 (KROGER PEN NEEDLES) 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	
MAXI-COMFORT INSULIN SYRINGE (INSULIN SYRINGE) 28G X 1/2" 0.5 ML	Tier 2	Tier 2	
MAXI-COMFORT INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 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 U-100) 27G X 1/2" 0.5 ML, 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 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	

Drug	Status	Generic Status	Notes
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 (INSULIN SYRINGE-NEEDLE U-100) 27G X 1/2" 1 ML, 28G 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" 1 ML	Tier 2	Tier 2	
MONOJECT INSULIN SYRINGE (INSULIN SYRINGE) 28G X 1/2" 0.5 ML, 29G X 1/2" 0.5 ML, 29G 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 (KMART VALU INSULIN SYRINGE 29G) U-100 1 ML	Tier 2	Tier 2	
MONOJECT ULTRA COMFORT SYRINGE (INSULIN SYRINGE) 28G X 1/2" 0.5 ML, 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) 28G 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	Tier 2	Tier 2	
MONOJECT ULTRA COMFORT SYRINGE (KROGER INSULIN SYRINGE) 29G X 1/2" 0.3 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	

Drug	Status	Generic Status	Notes
NOVOFINE PLUS PEN NEEDLE (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
NOVOPEN ECHO DEVICE (AUTOPEN)	Tier 3	Tier 3	
PC UNIFINE PENTIPS 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 (KROGER PEN NEEDLES) 29G X 12MM	Tier 2	Tier 2	
PENTIPS (SURE COMFORT PEN NEEDLES) 31G X 5 MM , 32G X 6 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	
PENTIPS (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
PIP PEN NEEDLES 31G X 5MM 31G X 5 MM		Tier 2	
PIP PEN NEEDLES 32G X 4MM 32G X 4 MM		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		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	

Drug	Status	Generic Status	Notes
PRO COMFORT INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 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	Tier 2	Tier 2	
PRO COMFORT PEN NEEDLES 31G X 8 MM , 32G X 4 MM , 32G X 6 MM		Tier 2	
PRODIGY INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 28G X 1/2" 1 ML, 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	
PURE COMFORT SAFETY PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 32G X 4 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	
RAYA SURE PEN NEEDLE 29G X 12MM , 31G X 5 MM , 31G X 6 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	

Drug	Status	Generic Status	Notes
RELION PEN NEEDLES (KROGER PEN NEEDLES) 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	
RELION SHORT PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
SAFETY PEN NEEDLES 30G X 5 MM , 30G X 8 MM		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	
SECURES SAFE INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 2	Tier 2	
SECURES SAFE SAFETY PEN NEEDLES (SURE COMFORT PEN NEEDLES) 30G X 8 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 6 MM , 31G X 8 MM , 32G X 4 MM		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 (KROGER PEN NEEDLES) 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 (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
TECHLITE PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	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	
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) 28G X 1/2" 0.5 ML, 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) 28G 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	Tier 2	

Drug	Status	Generic Status	Notes
TRUEPLUS INSULIN SYRINGE (KROGER INSULIN SYRINGE) 29G X 1/2" 0.3 ML	Tier 2	Tier 2	
TRUEPLUS PEN NEEDLES (KROGER PEN NEEDLES) 29G X 12MM	Tier 2	Tier 2	
TRUEPLUS PEN NEEDLES (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 2	Tier 2	
TRUEPLUS PEN NEEDLES (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
TRUEPLUS PEN NEEDLES (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
TRUEPLUS PEN NEEDLES (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
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 SYR 1/2 UNIT (INSULIN SYRINGE-NEEDLE U-100) 31G X 1/4" 0.3 ML	Tier 2	Tier 2	
ULTICARE INSULIN SYRINGE (INSULIN SYRINGE) 28G X 1/2" 0.5 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 2	Tier 2	
ULTICARE INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 28G 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	Tier 2	
ULTICARE INSULIN SYRINGE (KROGER INSULIN SYRINGE) 29G X 1/2" 0.3 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 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	

Drug	Status	Generic Status	Notes
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 (SURE COMFORT PEN NEEDLES) 29G X 12.7MM , 31G X 5 MM , 32G X 6 MM	Tier 2	Tier 2	
ULTIGUARD SAFEPACK PEN NEEDLE (MEIJER PEN NEEDLES) 31G X 6 MM	Tier 2	Tier 2	
ULTIGUARD SAFEPACK PEN NEEDLE (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
ULTIGUARD SAFEPACK PEN NEEDLE (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
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-NEEDLE U-100) 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	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 (KROGER PEN NEEDLES) 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	

Drug	Status	Generic Status	Notes
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	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	
ULTRA FLO INSULIN SYRINGE (INSULIN SYRINGE-NEEDLE U-100) 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	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 PENTIPS (KROGER PEN NEEDLES) 29G X 12MM	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
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	
UNIFINE PENTIPS PLUS (KROGER PEN NEEDLES) 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 SAFECONTROL PEN NEEDLE (INSUPEN PEN NEEDLES) 32G X 4 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	
VANISHPOINT INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 1 ML	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
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	
VERIFINE INSULIN PEN NEEDLE (KROGER PEN NEEDLES) 29G X 12MM	Tier 2	Tier 2	
VERIFINE INSULIN PEN NEEDLE (SURE COMFORT PEN NEEDLES) 31G X 5 MM , 32G X 6 MM	Tier 2	Tier 2	
VERIFINE INSULIN PEN NEEDLE (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
VERIFINE INSULIN PEN NEEDLE (INSUPEN PEN NEEDLES) 32G X 4 MM	Tier 2	Tier 2	
VERIFINE INSULIN SYRINGE (INSULIN SYRINGE) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	Tier 2	Tier 2	
VERIFINE 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	
VERIFINE PLUS PEN NEEDLE (SURE COMFORT PEN NEEDLES) 31G X 5 MM	Tier 2	Tier 2	
VERIFINE PLUS PEN NEEDLE (PEN NEEDLES 5/16") 31G X 8 MM	Tier 2	Tier 2	
VERIFINE PLUS PEN NEEDLE (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 HOLDING CHAMBER DEVICE (BREATHE EASE MEDIUM)	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
AEROCHAMBER MINI CHAMBER DEVICE (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
AEROCHAMBER MV (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
AEROCHAMBER PLS FLOVU MTHPIECE DEVICE (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
AEROCHAMBER PLUS FLO-VU (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
AEROCHAMBER PLUS FLO-VU INTERM DEVICE (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
AEROCHAMBER PLUS FLO-VU LARGE (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
AEROCHAMBER PLUS FLO-VU LARGE DEVICE (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
AEROCHAMBER PLUS FLO-VU MEDIUM (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
AEROCHAMBER PLUS FLO-VU SMALL (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
AEROCHAMBER PLUS FLO-VU SMALL DEVICE (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	
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 COMFORT CHAMBER/ADULT DEVICE		Tier 2	

Drug	Status	Generic Status	Notes
BREATHE COMFORT CHAMBER/CHILD DEVICE		Tier 2	
BREATHE EASE LARGE DEVICE		Tier 2	
BREATHE EASE SMALL DEVICE		Tier 2	
BREATHERITE VALVED MDI CHAMBER DEVICE (BREATHE EASE MEDIUM)	Tier 2	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	
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		

Drug	Status	Generic Status	Notes
MICROCHAMBER (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
MICROCHAMBER DEVICE (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
MICROSPACER (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
OPTICHAMBER DIAMOND (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
OPTICHAMBER DIAMOND DEVICE (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		
PARI VORTEX ADULT MASK	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	
PROCHAMBER VHC DEVICE		Tier 2	
PURE COMFORT SPACER CHAMBER DEVICE		Tier 2	
RITEFLO DEVICE (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
VORTEX HOLD CHMBR/MASK/CHILD DEVICE (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
VORTEX HOLD CHMBR/MASK/TODDLER DEVICE (BREATHE EASE MEDIUM)	Tier 2	Tier 2	
VORTEX VALVED HOLDING CHAMBER DEVICE (BREATHE EASE MEDIUM)	Tier 2	Tier 2	

Drug	Status	Generic Status	Notes
Migraine Products			
*Cgrp Receptor Antagonists - Monoclonal Antibodies***			
AIMOVIG SOLUTION AUTO-INJECTOR 140 MG/ML SUBCUTANEOUS	Tier 2		PA; QL (0.04 ML per 1 day)
AIMOVIG SOLUTION AUTO-INJECTOR 70 MG/ML SUBCUTANEOUS	Tier 2		PA; QL (0.07 ML per 1 day)
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML	Tier 2		PA; QL (0.06 ML per 1 day)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML	Tier 2		PA; QL (0.06 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)
*Ergot Combinations***			
ERGOTAMINE-CAFFEINE ORAL TABLET 1-100 MG		Tier 3	PA; QL (0.86 EA per 1 day)
*Migraine Products***			
DIHYDROERGOTAMINE MESYLATE INJECTION SOLUTION 1 MG/ML		Tier 3	PA; QL (0.86 ML per 1 day)
*Selective Serotonin Agonists 5-Ht(1)***			
ALMOTRIPTAN MALATE ORAL TABLET 12.5 MG, 6.25 MG		Tier 3	QL (12 EA per 30 days)
ELETRIPTAN HYDROBROMIDE ORAL TABLET 20 MG, 40 MG		Tier 3	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 TABLET 10 MG ORAL		Tier 1	QL (0.4 EA per 1 day)
RIZATRIPTAN BENZOATE TABLET 5 MG ORAL		Tier 1	QL (18 EA per 30 days)
RIZATRIPTAN BENZOATE TABLET DISPERSIBLE 10 MG ORAL		Tier 1	QL (0.4 EA per 1 day)
RIZATRIPTAN BENZOATE TABLET DISPERSIBLE 5 MG ORAL		Tier 1	QL (18 EA per 30 days)
SUMATRIPTAN NASAL SOLUTION 20 MG/ACT, 5 MG/ACT		Tier 3	QL (12 EA per 30 days)
SUMATRIPTAN SUCCINATE ORAL TABLET 100 MG, 25 MG, 50 MG		Tier 1	QL (9 EA per 30 days)

Drug	Status	Generic Status	Notes
SUMATRIPTAN SUCCINATE SUBCUTANEOUS SOLUTION 6 MG/0.5ML		Tier 1	QL (5.1 ML per 30 days)
SUMATRIPTAN SUCCINATE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML, 6 MG/0.5ML		Tier 3	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 3	QL (0.4 EA per 1 day)
Minerals & Electrolytes			
*Bicarbonates***			
SODIUM ACETATE INTRAVENOUS SOLUTION 2 MEQ/ML		Tier 3	
*Fluoride***			
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, 2.2 (1 F) MG		Tier 1	PV
*Iodine Products***			
IODINE STRONG ORAL SOLUTION 5 %		Tier 1	
*Potassium***			
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 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 3	Tier 3	
KLOR-CON ORAL TABLET EXTENDED RELEASE (POTASSIUM CHLORIDE ER) 8 MEQ	Tier 1	Tier 1	

Drug	Status	Generic Status	Notes
POTASSIUM CHLORIDE CRYSTAL ER ORAL TABLET EXTENDED RELEASE 15 MEQ		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/50ML, 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	
Miscellaneous Therapeutic Classes			
*Antileptics***			
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	Tier 4		PA
*Chelating Agents***			
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
*Immunomodulators For Myelodysplastic Syndromes***			
REVLIMID ORAL CAPSULE (LENALIDOMIDE) 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	Tier 4	Tier 4	PA
*Inosine Monophosphate Dehydrogenase Inhibitors***			
MYCOPHENOLATE MOFETIL HCL INTRAVENOUS SOLUTION RECONSTITUTED 500 MG		Tier 3	
MYCOPHENOLATE MOFETIL INTRAVENOUS SOLUTION RECONSTITUTED 500 MG		Tier 3	
MYCOPHENOLATE MOFETIL ORAL CAPSULE 250 MG		Tier 1	
MYCOPHENOLATE MOFETIL ORAL SUSPENSION RECONSTITUTED 200 MG/ML		Tier 3	
MYCOPHENOLATE MOFETIL ORAL TABLET 500 MG		Tier 1	
MYCOPHENOLATE SODIUM ORAL TABLET DELAYED RELEASE 180 MG, 360 MG		Tier 1	
*Macrolide Immunosuppressants***			
EVEROLIMUS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG		Tier 3	
SIROLIMUS ORAL SOLUTION 1 MG/ML		Tier 3	
SIROLIMUS ORAL TABLET 0.5 MG, 1 MG, 2 MG		Tier 3	
TACROLIMUS ORAL CAPSULE 0.5 MG, 1 MG, 5 MG		Tier 1	
*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 3		
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	Tier 3		
*Purine Analogs***			
AZATHIOPRINE SODIUM INJECTION SOLUTION RECONSTITUTED 100 MG		Tier 1	

Drug	Status	Generic Status	Notes
AZATHIOPRINE TABLET 100 MG ORAL		Tier 3	
AZATHIOPRINE TABLET 50 MG ORAL		Tier 1	
AZATHIOPRINE TABLET 75 MG ORAL		Tier 1	
Mouth/Throat/Dental Agents			
*Anesthetics Topical Oral***			
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		
*Antiseptics - Mouth/Throat***			
PERIOGARD MOUTH/THROAT SOLUTION (CHLORHEXIDINE GLUCONATE) 0.12 %	LC	LC	
*Fluoride Dental Products***			
EASYGEL DENTAL GEL 0.4 %	Tier 1		
FLUORIDEX DAILY RENEWAL MOUTH/THROAT CONCENTRATE 0.63 %	Tier 1		
PREVIDENT MOUTH/THROAT SOLUTION 0.2 %	Tier 3		
SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 %		Tier 1	
SODIUM FLUORIDE 5000 PPM DENTAL CREAM 1.1 %		Tier 1	
SODIUM FLUORIDE DENTAL CREAM 1.1 %		Tier 1	
SODIUM FLUORIDE DENTAL GEL 1.1 %		Tier 1	
*Saliva Stimulants***			
CEVIMELINE HCL ORAL CAPSULE 30 MG		Tier 3	
PILOCARPINE HCL TABLET 5 MG ORAL		Tier 2	
PILOCARPINE HCL TABLET 7.5 MG ORAL		Tier 3	
*Steroids - Mouth/Throat/Dental***			
KOURZEQ MOUTH/THROAT PASTE (TRIAMCINOLONE ACETONIDE) 0.1 %	Tier 1	Tier 1	

Drug	Status	Generic Status	Notes
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	Tier 1		
TRIPHROCAPS ORAL CAPSULE 1 MG		Tier 1	
VIRT-CAPS ORAL CAPSULE 1 MG		Tier 1	
WESCAPS 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***			
MULTIVITAMIN W/FLUORIDE ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG		Tier 1	
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	

Drug	Status	Generic Status	Notes
*Prenatal Mv & Min W/Fe-Fa***			
ATABEX ORAL TABLET CHEWABLE 18-0.8 MG	Tier 3		PV
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
MASONATAL ORAL TABLET 28-0.8 MG		Tier 3	PV
MULTI PRENATAL ORAL TABLET 27-0.8 MG		Tier 1	PV
NEONATAL PRENATAL ORAL TABLET 27-0.8 MG		Tier 3	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
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
PRENATAL FORTE ORAL TABLET		Tier 1	PV

Drug	Status	Generic Status	Notes
PRENATAL MULTI +DHA ORAL CAPSULE 27-0.8-228 MG		Tier 1	PV
PRENATAL ONE DAILY ORAL TABLET 27-0.8 MG		Tier 1	PV
PRENATAL PLUS ORAL TABLET 27-1 MG		LC	
PRENATAL PLUS VITAMIN/MINERAL ORAL TABLET 27-1 MG		LC	
PRENATAL TABLET 27-1 MG ORAL		LC	
PRENATAL TABLET 28-0.8 MG ORAL		Tier 1	PV
PRENATAL VITAMIN AND MINERAL ORAL TABLET 28-0.8 MG		Tier 1	PV
PRENATAL VITAMINS ORAL TABLET 28-0.8 MG		Tier 1	PV
PRENATAL/IRON ORAL TABLET		Tier 1	PV
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
*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
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

Drug	Status	Generic Status	Notes
PRENATAL MULTIVITAMIN PLUS DHA ORAL CAPSULE 27-0.8-250 MG		Tier 1	PV
PRENATAL/FOLIC ACID+DHA ORAL CAPSULE 27-0.8-200 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
*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
Musculoskeletal Therapy Agents			
*Central Muscle Relaxants***			
BACLOFEN TABLET 10 MG ORAL		LC	
BACLOFEN TABLET 20 MG ORAL		Tier 1	
CARISOPRODOL ORAL TABLET 350 MG		Tier 1	
CYCLOBENZAPRINE HCL ORAL TABLET 10 MG, 5 MG		LC	
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	QL (4 EA per 1 day)
TIZANIDINE HCL ORAL TABLET 2 MG, 4 MG		Tier 1	
*Muscle Relaxant Combinations***			
ORPHENADRINE-ASPIRIN-CAFFEINE ORAL TABLET 25-385-30 MG		Tier 3	QL (4 EA per 1 day)

Drug	Status	Generic Status	Notes
Nasal Agents - Systemic And Topical			
*Nasal Anticholinergics***			
IPRATROPIUM BROMIDE NASAL SOLUTION 0.03 %, 0.06 %		LC	
*Nasal Antihistamines***			
AZELASTINE HCL NASAL SOLUTION 0.1 %, 137 MCG/SPRAY		Tier 1	QL (2 ML per 1 day)
OLOPATADINE HCL NASAL SOLUTION 0.6 %		Tier 3	QL (1.02 GM per 1 day)
*Nasal Steroids***			
FLUNISOLIDE NASAL SOLUTION 25 MCG/ACT (0.025%)		Tier 2	QL (25.2 ML per 30 days)
FLUTICASONE PROPIONATE NASAL SUSPENSION 50 MCG/ACT		Tier 1	
MOMETASONE FUROATE NASAL SUSPENSION 50 MCG/ACT		Tier 3	QL (1.14 GM per 1 day)
Neuromuscular Agents			
*Benzathiazoles***			
RILUZOLE ORAL TABLET 50 MG		Tier 3	PA; QL (2 EA per 1 day)
*Friedrich's Ataxia Agents - Nrf2 Pathway Activators***			
SKYCLARYS ORAL CAPSULE 50 MG	Tier 5		PA; QL (3 EA per 1 day)
*Neuromuscular Blocking Agent - Neurotoxins***			
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT	Tier 3		PA
Ophthalmic Agents			
*Alpha Adrenergic Agonist & Carbonic Anhydrase Inhib Comb***			
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	Tier 2		
*Beta-Blockers - Ophthalmic Combinations***			
BRIMONIDINE TARTRATE-TIMOLOL OPHTHALMIC SOLUTION 0.2-0.5 %		Tier 1	
DORZOLAMIDE HCL-TIMOLOL MAL OPHTHALMIC SOLUTION 2-0.5 %		Tier 1	

Drug	Status	Generic Status	Notes
*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 OPHTHALMIC SOLUTION 0.25 %, 0.5 %		LC	
*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 1 %		Tier 1	
HOMATROPAIRE OPHTHALMIC SOLUTION 5 %	Tier 1		
*Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag***			
XIIDRA OPHTHALMIC SOLUTION 5 %	Tier 2		PA
*Miotics - Cholinesterase Inhibitors***			
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 %	Tier 3		
*Miotics - Direct Acting***			
PILOCARPINE HCL OPHTHALMIC SOLUTION 1 %, 2 %, 4 %		Tier 1	
*Ophthalmic Antiallergic***			
ALOCRIAL OPHTHALMIC SOLUTION 2 %	Tier 3		PA
ALOMIDE OPHTHALMIC SOLUTION 0.1 %	Tier 3		
AZELASTINE HCL OPHTHALMIC SOLUTION 0.05 %		Tier 1	
CROMOLYN SODIUM OPHTHALMIC SOLUTION 4 %		Tier 1	
EPINASTINE HCL OPHTHALMIC SOLUTION 0.05 %		Tier 3	

Drug	Status	Generic Status	Notes
OLOPATADINE HCL OPHTHALMIC SOLUTION 0.2 %		Tier 1	
ZERVIAE OPHTHALMIC SOLUTION 0.24 %	Tier 3		PA; ST
*Ophthalmic Antibiotics***			
AZASITE OPHTHALMIC SOLUTION 1 %	Tier 3		
BACITRACIN OPHTHALMIC OINTMENT 500 UNIT/GM		Tier 3	
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	
GENTAMICIN SULFATE OPHTHALMIC SOLUTION 0.3 %		Tier 1	
MOXIFLOXACIN HCL (2X DAY) OPHTHALMIC SOLUTION 0.5 %		Tier 3	
MOXIFLOXACIN HCL OPHTHALMIC SOLUTION 0.5 %		Tier 1	
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***			
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 (BACITRACIN-POLYMYXIN B) 500-10000 UNIT/GM	Tier 1	Tier 1	

Drug	Status	Generic Status	Notes
POLYMYXIN B-TRIMETHOPRIM OPTHALMIC SOLUTION 10000-0.1 UNIT/ML-%		LC	
*Ophthalmic Antivirals***			
TRIFLURIDINE OPTHALMIC SOLUTION 1 %		Tier 3	
ZIRGAN OPTHALMIC GEL 0.15 %	Tier 3		
*Ophthalmic Carbonic Anhydrase Inhibitors***			
BRINZOLAMIDE OPTHALMIC SUSPENSION 1 %		Tier 3	
DORZOLAMIDE HCL OPTHALMIC SOLUTION 2 %		Tier 1	
*Ophthalmic Complement C3 Inhibitors***			
SYFOVRE INTRAVITREAL SOLUTION 15 MG/0.1ML	Tier 5		PA
*Ophthalmic Immunomodulators***			
RESTASIS MULTIDOSE OPTHALMIC EMULSION (CYCLOSPORINE) 0.05 %	Tier 2	Tier 1	PA
RESTASIS OPTHALMIC EMULSION (CYCLOSPORINE) 0.05 %	Tier 2	Tier 1	PA
*Ophthalmic Kinase Inhibitors - Combinations***			
ROCKLATAN OPTHALMIC SOLUTION 0.02-0.005 %	Tier 3		QL (0.1 ML per 1 day)
*Ophthalmic Nonsteroidal Anti-Inflammatory Agents***			
BROMFENAC SODIUM (ONCE-DAILY) OPTHALMIC SOLUTION 0.09 %		Tier 3	QL (6.8 ML per 365 days)
DICLOFENAC SODIUM OPTHALMIC SOLUTION 0.1 %		Tier 1	
FLURBIPROFEN SODIUM OPTHALMIC SOLUTION 0.03 %		Tier 1	
KETOROLAC TROMETHAMINE OPTHALMIC SOLUTION 0.4 %, 0.5 %		Tier 1	
PROLENSA OPTHALMIC SOLUTION 0.07 %	Tier 2		QL (12 ML per 365 days)
*Ophthalmic Rho Kinase Inhibitors***			
RHOPRESSA OPTHALMIC SOLUTION 0.02 %	Tier 3		QL (0.1 ML per 1 day)

Drug	Status	Generic Status	Notes
*Ophthalmic Selective Alpha Adrenergic Agonists***			
ALPHAGAN P OPHTHALMIC SOLUTION (BRIMONIDINE TARTRATE) 0.1 %	Tier 2	Tier 1	
APRACLONIDINE HCL OPHTHALMIC SOLUTION 0.5 %		Tier 1	
BRIMONIDINE TARTRATE OPHTHALMIC SOLUTION 0.2 %		Tier 1	
*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	
SULFACETAMIDE-PREDNISOLONE OPHTHALMIC SOLUTION 10-0.23 %		Tier 1	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	Tier 3		
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 %	Tier 3		
TOBRAMYCIN-DEXAMETHASONE OPHTHALMIC SUSPENSION 0.3-0.1 %		Tier 1	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 %	Tier 3		
*Ophthalmic Steroids***			
DEXAMETHASONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 0.1 %		Tier 1	
FLAREX OPHTHALMIC SUSPENSION 0.1 %	Tier 3		
FLUOROMETHOLONE OPHTHALMIC SUSPENSION 0.1 %		Tier 1	
LOTEPREDNOL ETABONATE OPHTHALMIC SUSPENSION 0.5 %		Tier 3	
PREDNISOLONE ACETATE OPHTHALMIC SUSPENSION 1 %		Tier 1	
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 1 %		Tier 1	

Drug	Status	Generic Status	Notes
*Ophthalmic Sulfonamides***			
SULFACETAMIDE SODIUM OPHTHALMIC OINTMENT 10 %		Tier 1	
SULFACETAMIDE SODIUM OPHTHALMIC SOLUTION 10 %		Tier 1	
*Ophthalmics - Cystinosis Agents**			
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	Tier 5		QL (2.15 ML per 1 day)
*Prostaglandins - Ophthalmic***			
BIMATOPROST OPHTHALMIC SOLUTION 0.03 %		Tier 3	QL (3 ML per 30 days)
LATANOPROST OPHTHALMIC SOLUTION 0.005 %		Tier 1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	Tier 2		QL (3 ML per 30 days)
TRAVOPROST (BAK FREE) OPHTHALMIC SOLUTION 0.004 %		Tier 3	QL (3.6 ML per 30 days)
ZIOPTAN OPHTHALMIC SOLUTION (TAFLUPROST (PF)) 0.0015 %	Tier 3	Tier 1	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 3	
OFLOXACIN OTIC SOLUTION 0.3 %		Tier 1	
*Otic Steroid-Anti-Infective Combinations***			
CIPROFLOXACIN-DEXAMETHASONE OTIC SUSPENSION 0.3-0.1 %		Tier 3	
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 3	
NEOMYCIN-POLYMYXIN-HC OTIC SUSPENSION 3.5-10000-1		Tier 3	
*Otic Steroids***			
FLAC OTIC OIL (FLUOCINOLONE ACETONIDE) 0.01 %	Tier 1	Tier 1	

Drug	Status	Generic Status	Notes
HYDROCORTISONE-ACETIC ACID OTIC SOLUTION 1-2 %		Tier 3	
Oxytocics			
*Oxytocics***			
METHERGINE ORAL TABLET (METHYLERGONOVINE MALEATE) 0.2 MG	Tier 3	Tier 3	QL (2 FILLS per 365 days)
OXYTOCIN INJECTION SOLUTION 10 UNIT/ML		Tier 1	
Passive Immunizing And Treatment Agents			
*Antiviral Monoclonal Antibodies***			
BEYFORTUS SOLUTION PREFILLED SYRINGE 100 MG/ML INTRAMUSCULAR	Tier 2		PV; QL (2 ML per 300 days); AGE (Max 2 Years)
BEYFORTUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML INTRAMUSCULAR	Tier 2		PV; QL (0.5 ML per 300 days); AGE (Max 2 Years)
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML	Tier 4		PA
*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
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

Drug	Status	Generic Status	Notes
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 312 UNIT/ML	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		
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, 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		
*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

Drug	Status	Generic Status	Notes
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	
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 PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	Tier 3		
PENICILLIN G POTASSIUM INJECTION SOLUTION RECONSTITUTED 20000000 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 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	
AMOXICILLIN-POT CLAVULANATE SUSPENSION RECONSTITUTED 200-28.5 MG/5ML ORAL		Tier 1	

Drug	Status	Generic Status	Notes
AMOXICILLIN-POT CLAVULANATE SUSPENSION RECONSTITUTED 250-62.5 MG/5ML ORAL		Tier 3	
AMOXICILLIN-POT CLAVULANATE SUSPENSION RECONSTITUTED 400-57 MG/5ML ORAL		Tier 1	
AMOXICILLIN-POT CLAVULANATE SUSPENSION RECONSTITUTED 600-42.9 MG/5ML ORAL		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	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	Tier 3		
PIPERACILLIN SOD-TAZOBACTAM SO INTRAVENOUS SOLUTION RECONSTITUTED 2.25 (2-0.25) GM, 3-0.375 GM, 3.375 (3-0.375) GM, 4-0.5 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 10 GM		Tier 1	
Progestins			
*Progestins***			
MEDROXYPROGESTERONE ACETATE ORAL TABLET 10 MG, 2.5 MG, 5 MG		LC	
MEGESTROL ACETATE ORAL SUSPENSION 625 MG/5ML		Tier 3	
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	

Drug	Status	Generic Status	Notes
Psychotherapeutic And Neurological Agents - Misc.			
*Alcohol Deterrents***			
ACAMPROSATE CALCIUM ORAL TABLET DELAYED RELEASE 333 MG		Tier 3	
DISULFIRAM ORAL TABLET 250 MG, 500 MG		Tier 3	
*Antisense Oligonucleotide (Aso) Inhibitor Agents***			
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	Tier 5		PA
*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 3	
*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)
DIMETHYL FUMARATE ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG		Tier 4	PA; QL (2 EA per 1 day)
DIMETHYL FUMARATE STARTER PACK ORAL CAPSULE DELAYED RELEASE THERAPY PACK 120 & 240 MG		Tier 4	PA; QL (120 EA per 365 days)
*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)	Tier 4	Tier 4	PA; QL (1 ML per 1 day)
COPAXONE SOLUTION PREFILLED SYRINGE 40 MG/ML SUBCUTANEOUS (GLATIRAMER ACETATE)	Tier 4	Tier 4	PA; QL (12.9 ML per 30 days)
GLATOPA SOLUTION PREFILLED SYRINGE 20 MG/ML SUBCUTANEOUS (GLATIRAMER ACETATE)	Tier 4	Tier 4	PA; QL (1 ML per 1 day)
GLATOPA SOLUTION PREFILLED SYRINGE 40 MG/ML SUBCUTANEOUS (GLATIRAMER ACETATE)	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 3	QL (1 EA per 1 day)
MEMANTINE HCL ORAL SOLUTION 2 MG/ML		Tier 3	

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 3	
*Psychotherapeutic And Neurological Agents - Misc.***			
ERGOLOID MESYLATES ORAL TABLET 1 MG		Tier 3	
PIMOZIDE ORAL TABLET 1 MG, 2 MG		Tier 3	
*Smoking Deterrents***			
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)
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)
GNP NICOTINE MINI MOUTH/THROAT LOZENGE 2 MG, 4 MG		Tier 1	PV; QL (180 EA per 365 days)
GNP NICOTINE MOUTH/THROAT GUM 4 MG		Tier 1	PV; QL (180 EA per 365 days)

Drug	Status	Generic Status	Notes
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		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)
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)

Drug	Status	Generic Status	Notes
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)
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)

Drug	Status	Generic Status	Notes
VARENICLINE TARTRATE (STARTER) ORAL TABLET THERAPY PACK 0.5 MG X 11 & 1 MG X 42		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)
VARENICLINE TARTRATE(CONTINUE) ORAL TABLET 1 MG		Tier 1	PV; QL (180 EA per 365 days)
*Sphingosine 1-Phosphate (S1p) Receptor Modulators***			
GILENYA ORAL CAPSULE 0.25 MG	Tier 5		PA; QL (1 EA per 1 day)
GILENYA ORAL CAPSULE (FINGOLIMOD HCL) 0.5 MG	Tier 5	Tier 4	PA; QL (1 EA per 1 day)
MAYZENT STARTER PACK TABLET THERAPY PACK 12 X 0.25 MG ORAL	Tier 5		PA; QL (24 EA per 365 days)
MAYZENT STARTER PACK TABLET THERAPY PACK 7 X 0.25 MG ORAL	Tier 5		PA; QL (14 EA per 365 days)
MAYZENT TABLET 0.25 MG ORAL	Tier 5		PA; QL (4 EA per 1 day)
MAYZENT TABLET 1 MG ORAL	Tier 5		PA; QL (1 EA per 1 day)
MAYZENT TABLET 2 MG ORAL	Tier 5		PA; QL (1 EA per 1 day)
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
*Cftr Potentiators***			
KALYDECO ORAL TABLET 150 MG	Tier 5		PA
*Cystic Fibrosis Agent - Combinations***			
ORKAMBI ORAL PACKET 75-94 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

Drug	Status	Generic Status	Notes
Sulfonamides			
*Sulfonamides***			
SULFADIAZINE ORAL TABLET 500 MG		Tier 3	
Tetracyclines			
*Tetracyclines***			
AVIDOXY ORAL TABLET 100 MG		Tier 1	
DEMECLOCYCLINE HCL ORAL TABLET 150 MG, 300 MG		Tier 3	
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED (DOXYCYCLINE HYCLATE) 100 MG	Tier 1	Tier 1	
DOXYCYCLINE HYCLATE ORAL CAPSULE 100 MG, 50 MG		Tier 1	
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 3	
DOXYCYCLINE MONOHYDRATE ORAL TABLET 100 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	
MONDOXYNE NL ORAL CAPSULE (DOXYCYCLINE MONOHYDRATE) 100 MG	Tier 1	Tier 1	
TETRACYCLINE HCL ORAL CAPSULE 250 MG, 500 MG		Tier 3	
Thyroid Agents			
*Antithyroid Agents***			
METHIMAZOLE ORAL TABLET 10 MG, 5 MG		Tier 1	
PROPYLTHIOURACIL ORAL TABLET 50 MG		Tier 2	
*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	

Drug	Status	Generic Status	Notes
LEVO-T TABLET 100 MCG ORAL (LEVOTHYROXINE SODIUM)	LC	LC	
LEVO-T TABLET 112 MCG ORAL (LEVOTHYROXINE SODIUM)	LC	LC	
LEVO-T TABLET 125 MCG ORAL (LEVOTHYROXINE SODIUM)	LC	LC	
LEVO-T TABLET 137 MCG ORAL (LEVOTHYROXINE SODIUM)	LC	LC	
LEVO-T TABLET 150 MCG ORAL (LEVOTHYROXINE SODIUM)	LC	LC	
LEVO-T TABLET 175 MCG ORAL (LEVOTHYROXINE SODIUM)	LC	LC	
LEVO-T TABLET 200 MCG ORAL (LEVOTHYROXINE SODIUM)	LC	LC	
LEVO-T TABLET 25 MCG ORAL (LEVOTHYROXINE SODIUM)	LC	LC	
LEVO-T TABLET 300 MCG ORAL (LEVOTHYROXINE SODIUM)	Tier 1	Tier 1	
LEVO-T TABLET 50 MCG ORAL (LEVOTHYROXINE SODIUM)	LC	LC	
LEVO-T TABLET 75 MCG ORAL (LEVOTHYROXINE SODIUM)	LC	LC	
LEVO-T TABLET 88 MCG ORAL (LEVOTHYROXINE SODIUM)	LC	LC	
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 (THYROID) 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	Tier 1	Tier 1	
UNITHROID TABLET 100 MCG ORAL (LEVOTHYROXINE SODIUM)	LC	LC	
UNITHROID TABLET 112 MCG ORAL (LEVOTHYROXINE SODIUM)	LC	LC	
UNITHROID TABLET 125 MCG ORAL (LEVOTHYROXINE SODIUM)	LC	LC	
UNITHROID TABLET 137 MCG ORAL (LEVOTHYROXINE SODIUM)	LC	LC	

Drug	Status	Generic Status	Notes
UNITHROID TABLET 150 MCG ORAL (LEVOTHYROXINE SODIUM)	LC	LC	
UNITHROID TABLET 175 MCG ORAL (LEVOTHYROXINE SODIUM)	LC	LC	
UNITHROID TABLET 200 MCG ORAL (LEVOTHYROXINE SODIUM)	LC	LC	
UNITHROID TABLET 25 MCG ORAL (LEVOTHYROXINE SODIUM)	LC	LC	
UNITHROID TABLET 300 MCG ORAL (LEVOTHYROXINE SODIUM)	Tier 1	Tier 1	
UNITHROID TABLET 50 MCG ORAL (LEVOTHYROXINE SODIUM)	LC	LC	
UNITHROID TABLET 75 MCG ORAL (LEVOTHYROXINE SODIUM)	LC	LC	
UNITHROID TABLET 88 MCG ORAL (LEVOTHYROXINE SODIUM)	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
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	Tier 2		PV
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 2		PV
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 2		PV
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	Tier 2		PV
QUADRACEL INTRAMUSCULAR SUSPENSION	Tier 2		PV
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 2		PV

Drug	Status	Generic Status	Notes
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
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 2		PV
*Ulcer Drugs/Antispasmodics/Anticholinergics *			
*Antispasmodics***			
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***			
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	
*H-2 Antagonists***			
CIMETIDINE ORAL TABLET 200 MG, 300 MG, 400 MG, 800 MG		Tier 1	
FAMOTIDINE (PF) INTRAVENOUS SOLUTION 20 MG/2ML		Tier 1	
FAMOTIDINE ORAL SUSPENSION RECONSTITUTED 40 MG/5ML		Tier 3	
FAMOTIDINE TABLET 20 MG ORAL (RX)		LC	
FAMOTIDINE TABLET 40 MG ORAL		Tier 1	
NIZATIDINE ORAL CAPSULE 150 MG, 300 MG		Tier 1	

Drug	Status	Generic Status	Notes
*Misc. Anti-Ulcer***			
SUCRALFATE ORAL TABLET 1 GM		LC	
*Proton Pump Inhibitors***			
ESOMEPRAZOLE MAGNESIUM ORAL CAPSULE DELAYED RELEASE 40 MG		Tier 1	
LANSOPRAZOLE ORAL CAPSULE DELAYED RELEASE 15 MG, 30 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		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 2	QL (1 EA per 1 day)
*Quaternary Anticholinergics***			
GLYCOPYRROLATE INJECTION SOLUTION 0.2 MG/ML, 0.4 MG/2ML		Tier 1	
GLYCOPYRROLATE ORAL SOLUTION 1 MG/5ML		Tier 1	PA
GLYCOPYRROLATE ORAL TABLET 1 MG, 2 MG		Tier 1	QL (4 EA per 1 day)
GLYCOPYRROLATE PF INJECTION SOLUTION PREFILLED SYRINGE 0.2 MG/ML		Tier 1	
METHSCOPOLAMINE BROMIDE ORAL TABLET 2.5 MG, 5 MG		Tier 3	
*Ulcer Anti-Infective W/ Bismuth Combinations***			
BISMUTH/METRONIDAZ/TETRACYCLIN ORAL CAPSULE 140-125-125 MG		Tier 1	
PYLERA ORAL CAPSULE (BIS SUBCIT-METRONID-TETRACYC) 140-125-125 MG	Tier 2	Tier 1	
*Ulcer Anti-Infective W/ Proton Pump Inhibitors***			
AMOXICILL-CLARITHRO-LANSOPRAZ ORAL THERAPY PACK 500 & 500 & 30 MG		Tier 3	
OMECLAMOX-PAK ORAL 500-500-20 MG	Tier 2		
*Ulcer Drugs - Prostaglandins***			
MISOPROSTOL ORAL TABLET 100 MCG, 200 MCG		Tier 1	

Drug	Status	Generic Status	Notes
Urinary Antispasmodics			
*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)***			
DARIFENACIN HYDROBROMIDE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 7.5 MG		Tier 3	
OXYBUTYNIN CHLORIDE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 5 MG		Tier 1	
OXYBUTYNIN CHLORIDE ORAL SOLUTION 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 2	
TOLTERODINE TARTRATE ORAL TABLET 1 MG, 2 MG		Tier 2	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR (FESOTERODINE FUMARATE ER) 4 MG, 8 MG	Tier 3	Tier 1	
TROSPIUM CHLORIDE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 60 MG		Tier 3	
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	

Drug	Status	Generic Status	Notes
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	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
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 2		PV
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Tier 2		PV
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 2		PV
*Viral Vaccine Combinations***			
M-M-R II INJECTION SOLUTION RECONSTITUTED	Tier 2		PV
PRIORIX SUBCUTANEOUS SUSPENSION 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***			
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML	Tier 3		QL (1 EA per 300 days); AGE (Min 60 Years)

Drug	Status	Generic Status	Notes
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION	Tier 2		PV
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	Tier 2		PV
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML	Tier 3		QL (1 EA per 600 days); AGE (Min 60 Years)
COMIRNATY INTRAMUSCULAR SUSPENSION 30 MCG/0.3ML	Tier 2		PV
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 30 MCG/0.3ML	Tier 2		PV
DENG VAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED	Tier 2		PV; AGE (Min 9 Years and Max 16 Years)
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	Tier 2		PV
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 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)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION	Tier 2		PV

Drug	Status	Generic Status	Notes
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)
MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION 25 MCG/0.25ML	Tier 2		PV
NOVAVAX COVID-19 VACCINE INTRAMUSCULAR SUSPENSION 5 MCG/0.5ML		Tier 2	PV; QL (3 FILLS per 300 days)
PFIZER COVID-19 VAC-TRIS 5-11Y INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML	Tier 2		PV
PFIZER COVID-19 VAC-TRIS 6M-4Y INTRAMUSCULAR SUSPENSION 3 MCG/0.3ML		Tier 2	PV
PREHEVBRIO INTRAMUSCULAR SUSPENSION 10 MCG/ML		Tier 2	PV; AGE (Min 18 Years)
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	Tier 2		PV
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	Tier 2		PV
ROTARIX ORAL SUSPENSION	Tier 2		PV; AGE (Max 8 Months)
ROTATEQ ORAL SOLUTION	Tier 2		PV; AGE (Max 8 Months)
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	Tier 2		PV; AGE (Min 19 Years)
SPIKEVAX INTRAMUSCULAR SUSPENSION 50 MCG/0.5ML	Tier 2		PV
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	Tier 2		PV

Drug	Status	Generic Status	Notes
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	
*Miscellaneous Vaginal Products***			
INTRAROSA VAGINAL INSERT 6.5 MG	Tier 3		PA; ST
*Spermicides***			
ENCARE VAGINAL SUPPOSITORY 100 MG	Tier 3		PV
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 %	Tier 3		PV
TODAY SPONGE VAGINAL 1000 MG	Tier 3		PV
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 %	Tier 3		PV
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 %	Tier 1		PV
*Vaginal Anti-Infectives***			
CLINDAMYCIN PHOSPHATE VAGINAL CREAM 2 %		Tier 1	
VANZOLE VAGINAL GEL (METRONIDAZOLE) 0.75 %	Tier 1	Tier 1	
*Vaginal Estrogens***			
ESTRADIOL VAGINAL CREAM 0.1 MG/GM		Tier 1	
PREMARIN VAGINAL CREAM 0.625 MG/GM	Tier 2		
YUVAFEM VAGINAL TABLET (ESTRADIOL) 10 MCG	Tier 3	Tier 3	
Vasopressors			
*Anaphylaxis Therapy Agents***			
EPINEPHRINE (ANAPHYLAXIS) INJECTION SOLUTION 30 MG/30ML		Tier 1	

Drug	Status	Generic Status	Notes
EPINEPHRINE INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML, 0.15 MG/0.3ML, 0.3 MG/0.3ML		Tier 1	
*Vasopressors***			
EPINEPHRINE INJECTION SOLUTION 1 MG/ML, 10 MG/10ML		Tier 1	
EPINEPHRINE PF INJECTION SOLUTION 1 MG/ML		Tier 1	
MIDODRINE HCL ORAL TABLET 10 MG, 2.5 MG, 5 MG		Tier 1	
Vitamins			
*Vitamin B-1***			
THIAMINE HCL INJECTION SOLUTION 100 MG/ML, 200 MG/2ML		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), 50000 UNIT		Tier 1	
*Vitamin K***			
PHYTONADIONE INJECTION SOLUTION 1 MG/0.5ML, 10 MG/ML		Tier 1	
PHYTONADIONE ORAL TABLET 5 MG		Tier 3	
VITAMIN K1 INJECTION SOLUTION 1 MG/0.5ML, 10 MG/ML		Tier 1	

Index

1ST TIER UNIFINE PENTIPS 132 PLUS.....	132	ADCETRIS.....	50	AEROCHAMBER Z-STAT PLUS/SMALL.....	157
ABACAVIR SULFATE.....	64	ADDERALL.....	3	AEROVENT PLUS.....	157
ABACAVIR SULFATE-LAMIVUDINE.....	62	ADEFOVIR DIPIVOXIL.....	65	AFIRMELLE.....	72
ABELCET.....	39	ADEMPAS.....	70	AFLURIA QUADRIVALENT.....	192
ABILIFY MAINTENA.....	61	ADULT ASPIRIN REGIMEN... 10		AFTERA.....	79
ABIRATERONE ACETATE....	49	ADV AIR HFA.....	23	AGAMATRIX ULTRA-THIN LANCETS.....	119
ABOUTTIME PEN NEEDLE.....	132	ADVANCED MOBILE LANCET.....	119	AIMOVIG.....	160
ABRYSVO.....	191	ADVOCATE ALCOHOL PREP PADS.....	115	AIMSCO LUBRICATED.....	117
ACAMPROSATE CALCIUM. 179		ADVOCATE INSULIN PEN NEEDLES.....	132	AIMSCO TWIST LANCETS 32G.....	119
ACARBOSE.....	34	ADVOCATE INSULIN SYRINGE.....	132	AIMSCO TWIST LANCETS 33G.....	119
ACCU-CHEK FASTCLIX LANCET.....	118	ADVOCATE LANCETS.....	119	AIRAVITE.....	108
ACCU-CHEK FASTCLIX LANCETS.....	119	ADVOCATE LANCETS 30G.....	119	AJOVY.....	160
ACCU-CHEK SAFE-T PRO LANCETS.....	119	ADVOCATE SAFETY LANCETS.....	119	ALA-CORT.....	88
ACCU-CHEK SOFTCLIX LANCET DEV.....	119	ADVOCATE SAFETY LANCETS 26G.....	119	ALBENDAZOLE.....	20
ACCU-CHEK SOFTCLIX LANCETS.....	119	AEROCHAMBER HOLDING CHAMBER.....	156	ALBUTEROL SULFATE.....	24
ACCUTANE.....	85	AEROCHAMBER MINI CHAMBER.....	157	ALBUTEROL SULFATE HFA. 24	
ACEBUTOLOL HCL.....	67	AEROCHAMBER MV.....	157	ALCLOMETASONE DIPROPIONATE.....	88
ACETAMINOPHEN-CODEINE.....	14, 15	AEROCHAMBER PLS FLOVU MTHPIECE.....	157	ALCOH-GLOVE CONTOURED WIPE.....	115
ACETAZOLAMIDE.....	94	AEROCHAMBER PLUS FLO-VU.....	157	ALCOHOL PADS.....	115
ACETAZOLAMIDE ER.....	94	AEROCHAMBER PLUS FLO-VU INTERM.....	157	ALCOHOL PREP.....	115
ACETIC ACID.....	104, 174	AEROCHAMBER PLUS FLO-VU LARGE.....	157	ALCOHOL PREP PADS.....	115
ACETYLCYSTEINE.....	84	AEROCHAMBER PLUS FLO-VU MEDIUM.....	157	ALCOHOL SWABS.....	115
ACITRETIN.....	87	AEROCHAMBER PLUS FLO-VU SMALL.....	157	ALCOHOL SWABSTICK....	115
ACTEMRA.....	8	AEROCHAMBER PLUS FLO-VU W/MASK.....	157	ALENDRONATE SODIUM.....	95
ACTEMRA ACTPEN.....	8	AEROCHAMBER PLUS W/FLOWSIGNAL.....	157	ALFUZOSIN HCL ER.....	103
ACTHIB.....	191	AEROCHAMBER Z-STAT PLUS.....	157	ALINIA.....	46
ACTI-LANCE 28G.....	119	AEROCHAMBER Z-STAT PLUS CHAMBR.....	157	ALLOPURINOL.....	104
ACTI-LANCE LITE LANCETS 28G.....	119	AEROCHAMBER Z-STAT PLUS/LARGE.....	157	ALLOPURINOL SODIUM.....	104
ACTI-LANCE SPECIAL LANCETS 17G.....	119	AEROCHAMBER Z-STAT PLUS/MEDIUM.....	157	ALMOTRIPTAN MALATE... 160	
ACTI-LANCE UNIVERSAL 23G.....	119			ALOCRILO.....	170
ACTIMMUNE.....	53			ALOMIDE.....	170
ACYCLOVIR.....	66, 88			ALOSETRON HCL.....	102
ACYCLOVIR SODIUM.....	66			ALPHAGAN P.....	173
ADACEL.....	187			ALPHANATE.....	104
ADAPALENE.....	85			ALPRAZOLAM.....	22
ADAPALENE-BENZOYL PEROXIDE.....	85			ALPRAZOLAM ER.....	21, 22
ADC/F (0.5MG/ML).....	165			ALPRAZOLAM XR.....	22
				ALTABAX.....	86
				ALTAFRIN.....	170
				ALTAVERA.....	72
				ALVIMOPAN.....	102
				ALYQ.....	70
				AMABELZ.....	99
				AMANTADINE HCL.....	57

AMBRISENTAN.....	70	ARANESP (ALBUMIN		ATAZANAVIR SULFATE.....	63
AMCINONIDE.....	88	FREE)	107, 108	ATENOLOL.....	67
AMELUZ	92	AREXVY	192	ATENOLOL-	
AMETHIA	79	ARFORMOTEROL		CHLORTHALIDONE.....	45
AMETHYST	78	TARTRATE.....	25	ATOMOXETINE HCL.....	3
AMILORIDE HCL.....	94	ARIMIDEX	53	ATORVASTATIN CALCIUM..	42
AMILORIDE-		ARIPIRAZOLE.....	61	ATOVAQUONE.....	46
HYDROCHLOROTHIAZIDE...	94	ARMODAFINIL.....	4	ATOVAQUONE-	
AMINOCAPROIC ACID.....	109	ARNUITY ELLIPTA	26	PROGUANIL HCL.....	47
AMIODARONE HCL.....	23	ASCOMP-CODEINE	15	ATROPINE SULFATE.....	170
AMITRIPTYLINE HCL.....	33	ASENAPINE MALEATE.....	60	ATROVENT HFA	25
AMJEVITA	6	ASHLYNA	79	AUBRA EQ	72
AMLODIPINE BESY-		ASPIRIN 81.....	10	AUGMENTIN	178
BENZAEPRIIL HCL.....	43	ASPIRIN ADULT LOW DOSE.	10	AUM INSULIN SAFETY PEN	
AMLODIPINE BESYLATE.....	67	ASPIRIN ADULT LOW		NEEDLE.....	133
AMLODIPINE BESYLATE-		STRENGTH.....	10	AUM MINI INSULIN PEN	
VALSARTAN.....	44	ASPIRIN CHILDRENS.....	10	NEEDLE.....	133
AMLODIPINE-		ASPIRIN EC ADULT LOW		AUM PEN NEEDLE.....	133
OLMESARTAN.....	44	STRENGTH.....	11	AUM READYGARD DUO	
AMMONIUM LACTATE.....	91	ASPIRIN EC LOW DOSE.....	11	PEN NEEDLE	133
AMNESTEEM	85	ASPIRIN EC LOW		AUM SAFETY PEN	
AMOXAPINE.....	33	STRENGTH.....	11	NEEDLE	133
AMOXICILL-CLARITHRO-		ASPIRIN LOW DOSE.....	11	AURORA LANCET SUPER	
LANSOPRAZ.....	189	ASPIRIN REGIMEN.....	11	THIN 30G.....	120
AMOXICILLIN.....	177	ASPIRIN-DIPYRIDAMOLE		AURORA LANCET THIN 23G	
AMOXICILLIN-POT		ER.....	106	.....	120
CLAVULANATE.....	177, 178	ASSURE COMFORT		AURORA PEN NEEDLES.....	133
AMPHETAMINE SULFATE.....	3	LANCETS 28G.....	119	AUROVELA 1.5/30	72
AMPHETAMINE-		ASSURE HAEMOLANCE		AUROVELA 1/20	73
DEXTROAMPHET ER.....	3	PLUS HIGH	119	AUROVELA 24 FE	73
AMPHOTERICIN B.....	39	ASSURE HAEMOLANCE		AUROVELA FE 1.5/30	73
AMPHOTERICIN B		PLUS LOW	119	AUROVELA FE 1/20	73
LIPOSOME.....	39	ASSURE HAEMOLANCE		AVIANE	73
AMPICILLIN.....	177	PLUS MICRO	119	AVIDOXY.....	185
AMPICILLIN SODIUM.....	177	ASSURE HAEMOLANCE		AVONEX PEN	179
AMPICILLIN-SULBACTAM		PLUS NORMAL	119	AVONEX PREFILLED	180
SODIUM.....	178	ASSURE HAEMOLANCE		AYUNA	73
ANAGRELIDE HCL.....	107	PLUS PED	119	AZASITE	171
ANNOVERA	78	ASSURE ID INSULIN		AZATHIOPRINE.....	164
ANORO ELLIPTA	23	SAFETY SYR	133	AZATHIOPRINE SODIUM...	163
ANZEMET	38	ASSURE ID SAFETY PEN		AZELASTINE HCL.....	169, 170
APAP-CAFF-		NEEDLES	133	AZITHROMYCIN.....	114
DIHYDROCODEINE.....	15	ASSURE LANCE LANCETS	119	AZTREONAM.....	47
APOMORPHINE HCL.....	58	ASSURE LANCE LANCETS		AZURETTE	72
APRACLONIDINE HCL.....	173	21G	119	BAC	10
APREPITANT.....	39	ASSURE LANCE PLUS		BACITRACIN.....	171
APRI	72	SAFETY 25G	119	BACLOFEN.....	168
AQ INSULIN SYRINGE.....	132	ASSURE LANCE PLUS		BAFIERTAM	180
AQINJECT PEN NEEDLE.....	133	SAFETY 30G	119	BALSALAZIDE DISODIUM..	102
AQUALANCE LANCETS		ASSURE LANCE SAFETY		BALZIVA	73
30G	119	LANCET 28G	120	BAQSIMI ONE PACK	34
ARANELLE	81	ATABEX	166	BAQSIMI TWO PACK	34

BARACLUDE	65	BENZOYL PEROXIDE-ERYTHROMYCIN	85	BRILINTA	106
BAYER ADVANCED ASPIRIN REG ST	11	BENZTROPINE MESYLATE ...57		BRIMONIDINE TARTRATE ..	173
BAYER ASPIRIN	11	BESIVANCE	171	BRIMONIDINE TARTRATE-TIMOLOL	169
BAYER ASPIRIN EC LOW DOSE	11	BETAMETHASONE DIPROPIONATE	89	BRINZOLAMIDE	172
BAYER LOW DOSE	11	BETAMETHASONE DIPROPIONATE AUG	89	BRIVIACT	28
BD AUTOSHIELD DUO	133	BETAMETHASONE VALERATE	89	BROMFENAC SODIUM (ONCE-DAILY)	172
BD INSULIN SYR ULTRAFINE II	133	BETASERON	180	BROMOCRIPTINE MESYLATE	57
BD INSULIN SYRINGE 133, 134		BETAXOLOL HCL	67, 170	BUDESONIDE	26, 83
BD INSULIN SYRINGE HALF-UNIT	133	BETHANECHOL CHLORIDE 190		BUDESONIDE ER	83
BD INSULIN SYRINGE MICROFINE	133, 134	BETIMOL	170	BUMETANIDE	94
BD INSULIN SYRINGE U/F 134		BEXAROTENE	56	BUPRENORPHINE	19
BD INSULIN SYRINGE U/F 1/2UNIT	134	BEXSERO	191	BUPRENORPHINE HCL	18
BD INSULIN SYRINGE U-500	134	BEYFORTUS	175	BUPRENORPHINE HCL-NALOXONE HCL	18, 19
BD INSULIN SYRINGE ULTRAFINE	134	BICALUTAMIDE	49	BUPROPION HCL	32
BD MICROTAINER LANCETS	120	BICILLIN L-A	177	BUPROPION HCL ER (SMOKING DET)	181
BD PEN	134	BIJUVA	99	BUPROPION HCL ER (SR)	31
BD PEN MINI	134	BIKTARVY	62	BUPROPION HCL ER (XL)	31
BD PEN NEEDLE MICRO U/F	134	BIMATOPROST	174	BUSPIRONE HCL	21
BD PEN NEEDLE MINI U/F 134		BIOCEL	165	BUSULFAN	49
BD PEN NEEDLE NANO 2ND GEN	134	BISACODYL	113	BUTALBITAL-ACETAMINOPHEN	10
BD PEN NEEDLE NANO U/F	134	BISACODYL EC	113	BUTALBITAL-ASPIRIN-CAFFEINE	10
BD PEN NEEDLE ORIGINAL U/F	134	BISMUTH/METRONIDAZ/TE TRACYCLIN	189	BUTORPHANOL TARTRATE ..	19
BD PEN NEEDLE SHORT U/F	134	BISOPROLOL FUMARATE	67	BYDUREON BCISE	36
BD SAFETYGLIDE INSULIN SYRINGE	135	BISOPROLOL-HYDROCHLOROTHIAZIDE ... 45		BYETTA 10 MCG PEN	36
BD SWAB SINGLE USE REGULAR	115	BIVIGAM	175	BYETTA 5 MCG PEN	36
BD VEO INSULIN SYR U/F 1/2UNIT	135	BLISOVI 24 FE	73	CABERGOLINE	96
BD VEO INSULIN SYRINGE U/F	135	BLISOVI FE 1.5/30	73	CABLIVI	106
BELEODAQ	51	BLISOVI FE 1/20	73	CABOMETYX	52
BELSOMRA	110	BOOSTRIX	187	CADEAU DHA	167
BENZAEPRIH HCL	43	BOSENTAN	70	CALCIPOTRIENE	87, 88
BENZALKONIUM CHLORIDE	62	BOSULIF	50	CALCITONIN (SALMON)	96
BENZNIDAZOLE	20	BOTOX	169	CALCITRIOL	88, 97
BENZONATATE	84	BP VIT 3	108	CALCIUM ACETATE	103
		B-PLEX	165	CALCIUM ACETATE (PHOS BINDER)	102, 103
		BRAINSTRONG PRENATAL	167	CAMILA	81
		BREATHE COMFORT CHAMBER/ADULT	157	CAMRESE	79
		BREATHE COMFORT CHAMBER/CHILD	158	CAMRESE LO	79
		BREATHE EASE LARGE	158	CAPECITABINE	49
		BREATHE EASE SMALL	158	CAPRELSA	52
		BREATHERITE VALVED MDI CHAMBER	158	CARBAMAZEPINE	29
		BREO ELLIPTA	23	CARBAMAZEPINE ER	28
		BREZTRI AEROSPHERE	23	CARBIDOPA	57
				CARBIDOPA-LEVODOPA	58
				CARBIDOPA-LEVODOPA ER 58	

CARBIDOPA-LEVODOPA-ENTACAPONE.....	58	CEFTRIAZONE SODIUM.....	71	CLARITHROMYCIN.....	114
CARBINOXAMINE MALEATE.....	40	CEFUROXIME AXETIL.....	71	CLASSIC PRENATAL.....	166
CAREFINE PEN NEEDLES.....	135	CELECOXIB.....	8	CLEANLET LANCETS 28G	120
CAREONE INSULIN SYRINGE.....	135	CELONTIN	31	CLEARLAX	111
CAREONE LANCET SUPER THIN 30G	120	CENTRUM SPECIALIST PRENATAL	167	CLEMASTINE FUMARATE....	40
CAREONE LANCET THIN 23G.....	120	CEPHALEXIN.....	71	CLENPIQ	110
CAREONE UNIFINE PENTIPS PLUS.....	135	CEQUR SIMPLICITY 2U	136	CLEVER CHEK LANCETS	120
CARESENS LANCETS	120	CERDELGA	107	CLEVER CHOICE COMFORT EZ	120, 136
CARESENS LANCETS 30G	120	CETIRIZINE HCL.....	40	CLEVER CHOICE HOLDING CHAMBER	158
CARETOUCH ALCOHOL PREP	115	CEVIMELINE HCL.....	164	CLEVER CHOICE LANCETS 21G	120
CARETOUCH INSULIN SYRINGE.....	135, 136	CHARLOTTE 24 FE	73	CLEVER CHOICE LANCETS 23G	120
CARETOUCH PEN NEEDLES	136	CHATEAL EQ	73	CLEVER CHOICE LANCETS 28G	120
CARETOUCH SAFETY LANCETS	120	CHEMET	38	CLICKFINE PEN NEEDLES	136
CARETOUCH SAFETY LANCETS 26G	120	CHEMSTRIP 10 MD	93	CLICKFINE PEN NEEDLES ..	136
CARETOUCH TWIST LANCETS 28G	120	CHEMSTRIP 10/SG	93	CLINDACIN ETZ	85
CARETOUCH TWIST LANCETS 30G	120	CHEMSTRIP 2 GP	93	CLINDACIN-P	85
CARETOUCH TWIST LANCETS 33G	120	CHEMSTRIP 5 OB	93	CLINDAMYCIN HCL.....	47
CARETOUCH TWIST MC LANCETS 30G	120	CHEMSTRIP 7	93	CLINDAMYCIN PALMITATE HCL.....	47
CARGLUMIC ACID.....	97	CHEMSTRIP 9	93	CLINDAMYCIN PHOS-BENZOYL PEROX.....	85
CARISOPRODOL.....	168	CHEMSTRIP K	93	CLINDAMYCIN PHOSPHATE.....	47, 85, 194
CARTEOLOL HCL.....	170	CHEMSTRIP UGK	93	CLINDAMYCIN PHOSPHATE IN D5W.....	47
CARTIA XT	68	CHILDRENS ASPIRIN.....	11	CLOBAZAM.....	28
CARVEDILOL.....	66	CHLORDIAZEPOXIDE HCL... 22		CLOBETASOL PROPIONATE.....	89
CASPOFUNGIN ACETATE....	39	CHLOROQUINE PHOSPHATE.....	48	CLODAN	89
CAYA	118	CHLORPROMAZINE HCL.....	61	CLOMIPRAMINE HCL.....	33
CEFACTOR.....	71	CHLORTHALIDONE.....	95	CLONAZEPAM.....	28
CEFADROXIL.....	70	CHOLBAM	101	CLONIDINE HCL.....	45
CEFAZOLIN SODIUM.....	70	CHOLESTYRAMINE.....	41	CLONIDINE HCL ER.....	3
CEFAZOLIN SODIUM-DEXTROSE.....	70	CIBINQO	88	CLOPIDOGREL BISULFATE.....	107
CEFDINIR.....	71	CICLODAN	86	CLORAZEPATE.....	22
CEFEPIME HCL.....	72	CICLOPIROX.....	86	CLOTTRIMAZOLE.....	91, 164
CEFOTETAN DISODIUM.....	71	CICLOPIROX OLAMINE.....	86	CLOTTRIMAZOLE-BETAMETHASONE.....	86
CEFOXITIN SODIUM.....	71	CIDOFOVIR.....	65	CLOZAPINE.....	60
CEFPODOXIME PROXETIL....	71	CILOSTAZOL.....	106	COAGADEX	104
CEFPROZIL.....	71	CIMDUO	62	COAGUCHEK LANCETS	120
CEFTAZIDIME.....	71	CIMETIDINE.....	188	COAL TAR.....	92
		CIMZIA	103	CODEINE SULFATE.....	15
		CIMZIA STARTER KIT	103	COLCHICINE.....	104
		CINACALCET HCL.....	96	COLCHICINE-PROBENECID.....	104
		CINRYZE	106	COLESEVELAM HCL.....	41
		CIPRO	100		
		CIPROFLOXACIN HCL.....	100, 171, 174		
		CIPROFLOXACIN IN D5W....	100		
		CIPROFLOXACIN-DEXAMETHASONE.....	174		
		CITALOPRAM HYDROBROMIDE.....	32		
		CITROMA	112		
		CLARAVIS	86		

COLESTIPOL HCL.....	41	CONTOUR MONITOR.....	121	CVS MAGNESIUM CITRATE	
COMBIPATCH.....	99	CONTOUR NEXT		.....	112
COMBIVENT RESPIMAT.....	23	CONTROL.....	121	CVS NICOTINE.....	181
COMETRIQ (100 MG		CONTOUR NEXT EZ.....	121	CVS NICOTINE	
DAILY DOSE).....	52	CONTOUR NEXT GEN		POLACRILEX.....	181
COMETRIQ (140 MG		MONITOR.....	121	CVS PRENATAL.....	166
DAILY DOSE).....	52	CONTOUR NEXT LINK.....	121	CVS PRENATAL GUMMY...	168
COMETRIQ (60 MG DAILY		CONTOUR NEXT		CVS PRENATAL	
DOSE).....	52	MONITOR.....	121	MULTI+DHA.....	167
COMFORT ASSIST		CONTOUR NEXT ONE.....	121	CVS PREP.....	115
INSULIN SYRINGE.....	136	CONTOUR NEXT TEST.....	93	CVS PURELAX.....	111
COMFORT ASSURED		CONTOUR TEST.....	93	CVS ULTRA THIN LANCETS	
LANCETS 28G.....	120	COPAXONE.....	180	.....	121
COMFORT ASSURED		CORIFACT.....	105	CYANOCOBALAMIN.....	107
LANCETS 33G.....	120	CORTIFOAM.....	20	CYCLOBENZAPRINE HCL...	168
COMFORT EZ INSULIN		CORTISPORIN-TC.....	174	CYCLOPENTOLATE HCL.....	170
SYRINGE.....	136, 137	CORVITA 150.....	109	CYCLOPHOSPHAMIDE.....	55
COMFORT EZ MICRO PEN		COTELIC.....	51	CYCLOSERINE.....	48
NEEDLES.....	137	CREON.....	93	CYCLOSPORINE.....	162
COMFORT EZ PEN		CROMOLYN SODIUM... 101, 170		CYCLOSPORINE MODIFIED	162
NEEDLES.....	137	CROTAN.....	92	CYLTEZO.....	6
COMFORT EZ PRO PEN		CRYSELLE-28.....	73	CYLTEZO-CD/UC/HS	
NEEDLES.....	137	CURAE.....	79	STARTER.....	6
COMFORT EZ SHORT PEN		CURITY ALCOHOL PREPS	115	CYLTEZO-PSORIASIS	
NEEDLES.....	137	CUVITRU.....	175	STARTER.....	6
COMFORT TOUCH		CVS ALCOHOL PREP PADS.	115	CYPROHEPTADINE HCL.....	41
ALCOHOL PREP.....	115	CVS ASPIRIN.....	11	CYRED EQ.....	73
COMFORT TOUCH		CVS ASPIRIN ADULT LOW		CYSTAGON.....	103
INSULIN PEN NEED.....	137, 138	DOSE.....	11	CYSTARAN.....	174
COMFORT TOUCH		CVS ASPIRIN ADULT LOW		DALFAMPRIDINE ER.....	180
LANCETS 31G.....	120	STRENGTH.....	11	DALIRESP.....	26
COMFORT TOUCH PLUS		CVS ASPIRIN EC.....	11	DANAZOL.....	19
LANCETS 28G.....	120	CVS ASPIRIN LOW DOSE.....	11	DAPSONE.....	46
COMFORT TOUCH PLUS		CVS ASPIRIN LOW		DAPTACEL.....	187
LANCETS 30G.....	120	STRENGTH.....	11	DAPTOMYCIN.....	46
COMIRNATY.....	192	CVS C-LAX LAXATIVE.....	113	DARIFENACIN	
COMPACT SPACE		CVS FOLIC ACID.....	108	HYDROBROMIDE ER.....	190
CHAMBER.....	158	CVS GENTLE LAXATIVE.....	113	DASETTA 1/35.....	73
COMPACT SPACE		CVS GENTLE LAXATIVE		DASETTA 7/7/7.....	81
CHAMBER/LG MASK.....	158	WOMENS.....	113	DAUNORUBICIN HCL.....	53
COMPACT SPACE		CVS GENUINE ASPIRIN.....	11	DAYSEE.....	79
CHAMBER/MED MASK.....	158	CVS KETONE CARE.....	93	DEBACTEROL.....	164
COMPACT SPACE		CVS LANCETS 21G.....	121	DEBLITANE.....	81
CHAMBER/SM MASK.....	158	CVS LANCETS MICRO THIN		DECITABINE.....	49
COMPLERA.....	62	33G.....	121	DEFERASIROX.....	38
COMPRO.....	61	CVS LANCETS ORIGINAL..	121	DEFERIPRONE.....	38
CONCERTA.....	4	CVS LANCETS THIN 26G....	121	DEFEROXAMINE	
CONDOMS.....	117	CVS LANCETS ULTRA THIN		MESYLATE.....	38
CONSTULOSE.....	111	30G.....	121	DELYLA.....	73
CONTOUR BLOOD		CVS LANCETS ULTRA-THIN		DEMECLOCYCLINE HCL.....	185
GLUCOSE SYSTEM.....	121	30G.....	121	DENG VAXIA.....	192
CONTOUR CONTROL.....	121			DEPAKOTE.....	31

DEPO-MEDROL	83	DIATHRIVE LANCETS	122	DOXYCYCLINE	
DEPO-SUBQ PROVERA 104	80	DIATHRIVE PEN NEEDLE	138	MONOHYDRATE.....	185
DEPO-TESTOSTERONE	19	DIAZEPAM.....	22, 28	DRONABINOL	39
DESIPRAMINE HCL.....	33	DIAZEPAM INTENSOL	22	DROPERIDOL	21
DESMOPRESSIN ACE		DIAZOXIDE.....	34	DROPLET INSULIN	
SPRAY REFRIG.....	99	DICLOFENAC POTASSIUM....	8	SYRINGE	138
DESMOPRESSIN ACETATE...	99	DICLOFENAC SODIUM		DROPLET LANCETS	
DESMOPRESSIN ACETATE		.....	8, 87, 172	ULTRA THIN 30G	122
SPRAY.....	99	DICLOFENAC SODIUM ER.....	8	DROPLET MICRON	138
DESONIDE.....	89	DICLOFENAC-		DROPLET PEN NEEDLES	
DESOXIMETASONE.....	89	MISOPROSTOL.....	8	.....	138, 139
DESVENLAFAXINE		DICLOXACILLIN SODIUM...	178	DROPLET PERSONAL	
SUCCINATE ER.....	33	DICYCLOMINE HCL.....	188	LANCETS 30G	122
DEXAMETHASONE.....	83	DIFICID	115	DROPSAFE ALCOHOL	
DEXAMETHASONE		DIFLORASONE DIACETATE.	90	PREP	115
INTENSOL	83	DIFLUNISAL.....	11	DROPSAFE SAFETY PEN	
DEXAMETHASONE SOD		DIGOXIN.....	69	NEEDLES.....	139
PHOSPHATE PF.....	83	DIHYDROERGOTAMINE		DROPSAFE SAFETY	
DEXAMETHASONE		MESYLATE.....	160	SYRINGE/NEEDLE	139
SODIUM PHOSPHATE....	83, 173	DILANTIN	30	DROSPIREN-ETH ESTRAD-	
DEXCOM G6 RECEIVER	121	DILTIAZEM HCL.....	68	LEVOMEFOL.....	73
DEXCOM G6 SENSOR	121	DILTIAZEM HCL ER.....	68	DROXIA	107
DEXCOM G6		DILTIAZEM HCL ER BEADS.	68	DRUG MART LANCETS	
TRANSMITTER	121	DILT-XR.....	68	THIN 26G.....	122
DEXCOM G7 RECEIVER	121	DIMENHYDRINATE.....	39	DRUG MART ON-THE-GO	
DEXCOM G7 SENSOR	121	DIMETHYL FUMARATE.....	180	LANCET 30G	122
DEXMETHYLPHENIDATE		DIMETHYL FUMARATE		DRUG MART UNIFINE	
HCL.....	5	STARTER PACK.....	180	PENTIPS.....	139
DEXMETHYLPHENIDATE		DIPENTUM	102	DRUG MART UNIFINE	
HCL ER.....	4, 5	DIPHENHYDRAMINE HCL....	40	PENTIPS PLUS.....	139
DEXTROAMPHETAMINE		DIPHENOXYLATE-		DRUG MART UNILET	
SULFATE.....	4	ATROPINE.....	38	LANCETS 28G	122
DEXTROAMPHETAMINE		DIPYRIDAMOLE.....	106	DRUG MART UNILET	
SULFATE ER.....	3, 4	DISOPYRAMIDE		LANCETS 30G	122
DIACOMIT	29	PHOSPHATE.....	23	DRUG MART UNILET	
DIASCREEN 10	121	DISULFIRAM.....	179	LANCETS 33G	122
DIASCREEN 1B	121	DIVALPROEX SODIUM.....	31	DULOXETINE HCL.....	33
DIASCREEN 1G	121	DIVALPROEX SODIUM ER...	31	DUPIXENT	88
DIASCREEN 1K	121	DIVIGEL	100	DURAMORPH.....	15
DIASCREEN 2GK	122	DOFETILIDE.....	23	DUREX EXTRA SENSITIVE	
DIASCREEN 2GP	122	DOLISHALE	78	THIN	117
DIASCREEN 3	122	DONEPEZIL HCL.....	179	DUREX REALFEEL	117
DIASCREEN 4NL	122	DORZOLAMIDE HCL.....	172	DUTASTERIDE.....	103
DIASCREEN 4OBL	122	DORZOLAMIDE HCL-		EASIVENT	158
DIASCREEN 4PH	122	TIMOLOL MAL.....	169	EASIVENT MASK LARGE ..	158
DIASCREEN 5	122	DOTTI	100	EASIVENT MASK MEDIUM	
DIASCREEN 6	122	DOVATO	62	.....	158
DIASCREEN 7	122	DOXAZOSIN MESYLATE.....	45	EASIVENT MASK SMALL ..	158
DIASCREEN 8	122	DOXEPIN HCL.....	33	EASY COMFORT ALCOHOL	
DIASCREEN 9	122	DOXERCALCIFEROL.....	97	PADS.....	115
DIATHRIVE LANCET		DOXY 100	185	EASY COMFORT INSULIN	
ULTRA THIN 30	122	DOXYCYCLINE HYCLATE..	185	SYRINGE.....	139

EASY COMFORT LANCETS .122	ECOTRIN..... 12	ENTRESTO.....69
EASY COMFORT LANCETS TWIST TOP..... 122	ECOTRIN ARTHRTIS PAIN. 12	ENULOSE..... 102
EASY COMFORT PEN NEEDLES..... 139	ECOTRIN LOW STRENGTH..... 12	EPCLUSA.....65
EASY GLIDE PEN NEEDLES 139	EDURANT.....64	EPIDIOLEX.....29
EASY TOUCH ALCOHOL PREP MEDIUM..... 115	EFAVIRENZ..... 64	EPINASTINE HCL..... 170
EASY TOUCH FLIPLOCK INSULIN SY..... 139, 140	EFAVIRENZ-EMTRICITAB- TENOFODF..... 62	EPINEPHRINE.....195
EASY TOUCH INSULIN SAFETY SYR..... 140	EFAVIRENZ-LAMIVUDINE- TENOFОВIR.....62	EPINEPHRINE (ANAPHYLAXIS)..... 194
EASY TOUCH INSULIN SYRINGE..... 140	ELETRIPTAN HYDROBROMIDE..... 160	EPINEPHRINE PF..... 195
EASY TOUCH LANCETS 21G..... 122	ELINEST..... 74	EPITOL..... 29
EASY TOUCH LANCETS 23G..... 122	ELIQUIS.....27	EPLERENONE.....45
EASY TOUCH LANCETS 26G..... 123	ELIQUIS DVT/PE STARTER PACK..... 27	EQ ASPIRIN..... 12
EASY TOUCH LANCETS 28G..... 123	ELLA..... 79	EQ ASPIRIN ADULT LOW DOSE..... 12
EASY TOUCH LANCETS 28G/TWIST..... 123	ELOCTATE..... 105	EQ ASPIRIN LOW DOSE..... 12
EASY TOUCH LANCETS 30G..... 123	ELURYNG..... 78	EQ CLEARLAX..... 111
EASY TOUCH LANCETS 30G/TWIST..... 123	EMBRACE LANCETS ULTRA THIN 30G..... 123	EQ GENTLE LAXATIVE..... 113
EASY TOUCH LANCETS 32G..... 123	EMBRACE PEN NEEDLES. 141	EQ MAGNESIUM CITRATE..112
EASY TOUCH LANCETS 32G/TWIST..... 123	EMBRACE PRESSURE ACTIVATED 21G..... 123	EQ NICOTINE..... 181
EASY TOUCH LANCETS 33G/TWIST..... 123	EMBRACE PRESSURE ACTIVATED 28G..... 123	EQ NICOTINE POLACRILEX181
EASY TOUCH PEN NEEDLES..... 140	EMCYT..... 54	EQ NICOTINE STEP 3..... 181
EASY TOUCH SAFETY LANCETS 21G..... 123	EMGALITY (300 MG DOSE) 160	EQ SPACE CHAMBER ANTI- STATIC..... 158
EASY TOUCH SAFETY LANCETS 23G..... 123	EMSAM..... 32	EQ SPACE CHAMBER ANTI- STATIC L..... 158
EASY TOUCH SAFETY LANCETS 26G..... 123	EMTRICITABINE..... 64	EQ SPACE CHAMBER ANTI- STATIC M..... 158
EASY TOUCH SAFETY LANCETS 28G..... 123	EMTRICITABINE- TENOFОВIR DF.....62	EQ SPACE CHAMBER ANTI- STATIC S..... 158
EASY TOUCH SAFETY PEN NEEDLES..... 140, 141	EMTRIVA..... 64	EQL ALCOHOL SWABS.....115
EASY TOUCH SHEATHLOCK SYRINGE... 141	EMVERM.....20	EQL ASPIRIN EC..... 12
EASYGEL..... 164	ENALAPRIL MALEATE..... 43	EQL ASPIRIN LOW DOSE.....12
EC-NAPROXEN..... 8	ENALAPRIL- HYDROCHLOROTHIAZIDE... 43	EQL CLEARLAX..... 111
ECONAZOLE NITRATE..... 91	ENBREL..... 10	EQL COLOR LANCETS 21G. 123
ECONTRA ONE-STEP..... 79	ENBREL MINI..... 10	EQL COLOR LANCETS MICRO 33G..... 123
	ENBREL SURECLICK..... 10	EQL GENTLE LAXATIVE..... 113
	ENCARE..... 194	EQL INSULIN SYRINGE..... 141
	ENDOCET.....18	EQL LAXATIVE..... 113
	ENFAMIL EXPECTA..... 167	EQL PRENATAL FORMULA 166
	ENGERIX-B.....192	EQL SUPER THIN LANCETS 30G..... 123
	ENHERTU.....53	EQL THIN LANCETS 26G.... 123
	ENILLORING..... 78	ERGOCALCIFEROL..... 195
	ENOXAPARIN SODIUM...27, 28	ERGOLOID MESYLATES.... 181
	ENPRESSE-28..... 81	ERGOTAMINE-CAFFEINE...160
	ENSKYCE..... 74	ERIVEDGE..... 51
	ENTACAPONE.....58	ERLOTINIB HCL..... 51
	ENTECAVIR.....65	ERRIN..... 81
		ERTACZO.....91
		ERTAPENEM SODIUM.....46
		ERY..... 85

ERYTHROMYCIN.... 85, 115, 171	FA-VITAMIN B-6-VITAMIN	FLUCONAZOLE IN SODIUM
ERYTHROMYCIN BASE	B-12..... 108	CHLORIDE..... 40
..... 114, 115	FC2 FEMALE CONDOM 117	FLUCYTOSINE..... 40
ERYTHROMYCIN	FEBUXOSTAT..... 104	FLUDARABINE
ETHYLSUCCINATE..... 115	FEIBA 105	PHOSPHATE..... 49
ESCITALOPRAM OXALATE.. 32	FELODIPINE ER..... 68	FLUDROCORTISONE
ESOMEPRAZOLE	FEMCAP 117	ACETATE..... 84
MAGNESIUM..... 189	FENOFIBRATE..... 42	FLULAVAL
ESTARYLLA 74	FENOFIBRATE	QUADRIVALENT 192
ESTRADIOL..... 100, 194	MICRONIZED..... 42	FLUMIST QUADRIVALENT
ESZOPICLONE..... 110	FENOFIBRIC ACID..... 42	..... 192
ETHACRYNIC ACID..... 94	FENTANYL..... 15, 16	FLUNISOLIDE..... 169
ETHAMBUTOL HCL..... 48	FENTANYL CITRATE..... 15	FLUOCINOLONE
ETHOSUXIMIDE..... 31	FEROCON..... 109	ACETONIDE..... 90
ETHYOL 56	FEROTRINSIC..... 109	FLUOCINOLONE
ETODOLAC..... 8	FERROCITE PLUS 109	ACETONIDE BODY..... 90
ETODOLAC ER..... 8	FETZIMA 33	FLUOCINOLONE
ETOPOSIDE..... 55	FETZIMA TITRATION 33	ACETONIDE SCALP..... 90
ETRAVIRINE..... 64	FIFTY50 ALCOHOL PREP . 116	FLUOCINONIDE..... 90
EUTHYROX 185	FIFTY50 PEN NEEDLES 141	FLUOCINONIDE
EVEROLIMUS..... 52, 163	FIFTY50 SAFETY SEAL	EMULSIFIED BASE..... 90
EVOTAZ 62	LANCETS..... 124	FLUORIDEX DAILY
EXEMESTANE..... 53	FIFTY50 SUPERIOR	RENEWAL 164
E-Z JECT LANCET MICRO-	COMFORT SYR 141	FLUOROMETHOLONE..... 173
THIN 33G 123	FIFTY50 UNILET	FLUOROURACIL..... 49, 87
E-Z JECT LANCET SUPER	LANCETS 33G..... 124	FLUOXETINE HCL..... 32
THIN 30G 123	FINASTERIDE..... 103	FLUPHENAZINE HCL..... 61
E-Z JECT LANCETS 123	FINE 30 124	FLURANDRENOLIDE..... 90
E-Z JECT LANCETS 21G 123	FINGERSTIX LANCETS 124	FLURBIPROFEN..... 8
E-Z JECT LANCETS THIN	FINZALA 74	FLURBIPROFEN SODIUM... 172
26G 123	FLAC 174	FLUTICASONE
EZETIMIBE..... 42	FLAREX 173	PROPIONATE..... 90, 169
EZETIMIBE-SIMVASTATIN... 42	FLAVOXATE HCL..... 190	FLUTICASONE-
EZ-LETS LANCETS 21G 123	FLEBOGAMMA DIF 175	SALMETEROL..... 24
EZ-LETS LANCETS 26G 123	FLECAINIDE ACETATE..... 23	FLUVASTATIN SODIUM..... 42
EZ-LETS LANCETS 28G 123	FLEXICHAMBER 158	FLUVOXAMINE MALEATE... 32
EZ-LETS LANCETS 30G 124	FLEXICHAMBER ADULT	FLUVOXAMINE MALEATE
FA-8 108	MASK/SMALL..... 158	ER..... 32
FABB..... 108	FLEXICHAMBER CHILD	FLUZONE HIGH-DOSE
FALMINA 74	MASK/LARGE..... 158	QUADRIVALENT 192
FAMCICLOVIR..... 66	FLEXICHAMBER CHILD	FLUZONE
FAMOTIDINE..... 188	MASK/SMALL..... 158	QUADRIVALENT 192, 193
FAMOTIDINE (PF)..... 188	FLOVENT DISKUS 26	FOLATE..... 108
FANAPT 59	FLOVENT HFA 26	FOLBEE PLUS..... 165
FANAPT TITRATION	FLUAD QUADRIVALENT .. 192	FOLDING PADDLE
PACK 59	FLUARIX QUADRIVALENT	WALKER..... 132
FANTASY LUBRICATED 117	..... 192	FOLIC ACID..... 108
FANTASY	FLUBLOK	FOLPLEX 2.2..... 108
LUBRICATED/SPERMICID	QUADRIVALENT 192	FOLTRIN..... 109
E 117	FLUCELVAX	FONDAPARINUX SODIUM... 28
FARXIGA 37	QUADRIVALENT 192	FORA LANCETS 124
	FLUCONAZOLE..... 40	FORMOTEROL FUMARATE.. 25

FOSAMPRENAVIR		GENUINE ASPIRIN.....	12	GNP CLICKFINE PEN	
CALCIUM.....	63	GILENYA	184	NEEDLES.....	142
FOSAPREPITANT		GILOTRIF	51	GNP FOLIC ACID.....	108
DIMEGLUMINE.....	39	GLATOPA	180	GNP GENTLE LAXATIVE.....	113
FOSINOPRIL SODIUM.....	43	GLEOSTINE	55	GNP INSULIN SYRINGE.....	142
FOSPHENYTOIN SODIUM.....	30	GLIMEPIRIDE.....	37	GNP INSULIN SYRINGES.....	142
FOSRENOL	103	GLIPIZIDE.....	37	GNP INSULIN SYRINGES	
FREESTYLE LANCETS	124	GLIPIZIDE ER.....	37	28GX1/2".....	142
FREESTYLE UNISTICK II		GLIPIZIDE XL.....	37	GNP INSULIN SYRINGES	
LANCETS	124	GLIPIZIDE-METFORMIN		29GX1/2".....	142
FT ASPIRIN.....	12	HCL.....	37	GNP INSULIN SYRINGES	
FT ASPIRIN LOW DOSE.....	12	GLOBAL ALCOHOL PREP		30GX5/16".....	142
FT CLEARLAX.....	111	EASE.....	116	GNP INSULIN SYRINGES	
FT ENTERIC COATED		GLOBAL EASE INJECT PEN		31GX5/16".....	142
ASPIRIN.....	12	NEEDLES.....	141	GNP LANCETS 21G.....	124
FT LAXATIVE.....	113	GLOBAL EASY GLIDE		GNP LANCETS THIN 26G.....	124
FT MAGNESIUM CITRATE..	112	INSULIN SYR.....	141	GNP MAGNESIUM CITRATE	
FUROSEMIDE.....	94	GLOBAL EASY GLIDE PEN		.....	112
FUZEON	63	NEEDLES.....	142	GNP NICOTINE.....	181, 182
FYAVOLV	99	GLOBAL INJECT EASE		GNP NICOTINE MINI.....	181
FYCOMPA	28	INSULIN SYR.....	142	GNP NICOTINE	
GABAPENTIN.....	29	GLOBAL INJECT EASE		POLACRILEX.....	182
GALANTAMINE		LANCETS 28G.....	124	GNP PRENATAL.....	166
HYDROBROMIDE.....	179	GLOBAL INJECT EASE		GNP STERILE LANCETS 28G	
GALANTAMINE		LANCETS 30G.....	124	.....	124
HYDROBROMIDE ER.....	179	GLOBAL INSULIN		GNP STERILE LANCETS 30G	
GAMASTAN	175	SYRINGES.....	142	.....	124
GAMIFANT	163	GLUCAGON EMERGENCY ...	34	GNP STERILE LANCETS 33G	
GAMMAGARD	175	GLUCOCOM LANCETS		.....	124
GAMMAGARD S/D LESS		28G	124	GNP ULTICARE PEN	
IGA	175	GLUCOCOM LANCETS		NEEDLES.....	142
GAMMAKED	175	30G	124	GNP ULTIGUARD	
GAMMAPLEX	175	GLUCOCOM LANCETS		SAFEPACK NEEDLE	142
GAMUNEX-C	176	33G	124	GNP ULTRA COM INSULIN	
GARDASIL 9	193	GLUCOPRO INSULIN		SYRINGE.....	143
GATIFLOXACIN.....	171	SYRINGE	142	GNP WOMENS GENTLE	
GATTEX	101	GLYBURIDE.....	37	LAXATIVE.....	113
GAVILAX.....	111	GLYBURIDE MICRONIZED...	37	GOJJI STERILE LANCETS	124
GAVILYTE-C	110	GLYBURIDE-METFORMIN ...	37	GOODSENSE ASPIRIN.....	12
GAVILYTE-G	110	GLYCINE.....	104	GOODSENSE ASPIRIN	
GEMFIBROZIL.....	42	GLYCINE UROLOGIC.....	104	ADULTS.....	12
GEMMILY	74	GLYCOLAX	111	GOODSENSE ASPIRIN LOW	
GENERLAC.....	102	GLYCOPYRROLATE.....	189	DOSE.....	12
GENGRAF	162	GLYCOPYRROLATE PF.....	189	GOODSENSE BISACODYL	
GENTAMICIN SULFATE.86,	171	GLYDO	92	EC.....	113
GENTEEL BUTTERFLY		GLYXAMBI	37	GOODSENSE BISACODYL	
TOUCH LANCET	124	GNP ADULT ASPIRIN LOW		LAXATIVE.....	113
GENTLE LAXATIVE.....	113	STRENGTH.....	12	GOODSENSE CLEARLAX ..	111
GENTLELAX.....	111	GNP ALCOHOL SWABS.....	116	GOODSENSE CLICKFINE	
GENTLE-LET GP		GNP ASPIRIN.....	12	PEN NEEDLE.....	143
LANCETS	124	GNP ASPIRIN LOW DOSE.....	12	GOODSENSE COLOR	
GENTLE-LET LANCETS	124	GNP CLEARLAX	111	LANCETS 33G.....	124

GOODSENSE LANCETS 26G UNIV.....	124	HAILEY FE 1.5/30	74	HM NICOTINE POLACRILEX.....	182
GOODSENSE LANCETS 30G UNIV.....	124	HAILEY FE 1/20	74	HM STERILE ALCOHOL PREP.....	116
GOODSENSE LANCETS 33G UNIV.....	124	HALCINONIDE.....	90	HM ULTICARE INSULIN SYRINGE	143
GOODSENSE LANCETS 33G UNIV.....	124	HALOBETASOL PROPIONATE.....	90	HM ULTICARE MINI PEN NEEDLES	143
GOODSENSE MAGNESIUM CITRATE.....	112	HALOETTE	78	HM ULTICARE SHORT PEN NEEDLES	143
GOODSENSE NICOTINE.....	182	HALOPERIDOL.....	60	HOMATROPAIRE	170
GOODSENSE PEN NEEDLE PENFINE	143	HALOPERIDOL DECANOATE.....	60	HUMALOG	34, 35
GOODSENSE WOMENS LAXATIVE.....	113	HALOPERIDOL LACTATE.....	60	HUMALOG JUNIOR KWIKPEN	35
GRANISETRON HCL.....	38	HARVONI	65	HUMALOG KWIKPEN	35
GRISEOFULVIN MICROSIZE.....	40	HAVRIX	193	HUMALOG MIX 50/50	35
GRISEOFULVIN.....	40	HEALTHWISE INSULIN SYR/NEEDLE.....	143	HUMALOG MIX 50/50 KWIKPEN	35
ULTRAMICROSIZE.....	40	HEALTHWISE MICRON PEN NEEDLES.....	143	HUMALOG MIX 75/25	35
GUANFACINE HCL.....	45	HEALTHWISE SHORT PEN NEEDLES.....	143	HUMALOG MIX 75/25 KWIKPEN	35
GUANFACINE HCL ER.....	3	HEALTHY MAMA BE WELL ROUNDED	166	HUMALOG MIX 75/25 KWIKPEN	35
GUARDIAN 4 GLUCOSE SENSOR	124	HEATHER	81	HUMATE-P	105
GUARDIAN 4 TRANSMITTER	124	H-E-B ASPIRIN.....	13	HUMATIN	5
GUARDIAN CONNECT TRANSMITTER	124	H-E-B INCONTROL ALCOHOL.....	116	HUMIRA	7
GUARDIAN LINK 3 TRANSMITTER	124	H-E-B INCONTROL LANCETS 28G.....	125	HUMIRA PEDIATRIC CROHNS START	6
GUARDIAN REAL-TIME CHARGER	124	H-E-B INCONTROL LANCETS 30G.....	125	HUMIRA PEN	6
GUARDIAN REAL-TIME REPLACE PED	125	H-E-B INCONTROL LANCETS 33G.....	125	HUMIRA PEN-CD/UC/HS STARTER	6
GUARDIAN REAL-TIME TEST PLUG	125	H-E-B INCONTROL PEN NEEDLES.....	143	HUMIRA PEN-PEDIATRIC UC START	7
GUARDIAN SENSOR (3)	125	H-E-B INCONTROL UNIFINE PENTIP	143	HUMIRA PEN-PS/UV/ADOL HS START	7
GYNAZOLE-1	194	HEMLIBRA	104	HUMIRA PEN-PSOR/UEIT STARTER	7
HABITROL	182	HEPAGAM B	176	HUMULIN 70/30	35
HAEMOLANCE	125	HEPARIN SODIUM (PORCINE).....	27	HUMULIN 70/30 KWIKPEN	35
HAEMOLANCE LOW FLOW LANCETS	125	HEPARIN SODIUM (PORCINE) PF.....	27	HUMULIN N	35
HAEMOLANCE PLUS	125	HEPLISAV-B	193	HUMULIN N KWIKPEN	35
HAEMOLANCE PLUS HIGH FLOW	125	HER STYLE	79	HUMULIN R	35
HAEMOLANCE PLUS LOW FLOW	125	HIBERIX	191	HUMULIN R U-500 (CONCENTRATED)	35
HAEMOLANCE PLUS MAX FLOW	125	HIZENTRA	176	HUMULIN R U-500 KWIKPEN	35
HAEMOLANCE PLUS PEDIATRIC FLOW	125	HM ADULT ASPIRIN.....	13	HYCANTIN	56
HAILEY 1.5/30	74	HM ASPIRIN.....	13	HYDRALAZINE HCL.....	45
HAILEY 24 FE	74	HM ASPIRIN EC.....	13	HYDROCHLOROTHIAZIDE... ..	95
		HM ASPIRIN EC LOW DOSE.....	13	HYDROCODONE BITARTRATE ER.....	16
		HM CLEARLAX	111	HYDROCODONE BIT-HOMATROP MBR.....	84
		HM FOLIC ACID.....	108		
		HM LAXATIVE.....	113		
		HM MAGNESIUM CITRATE.....	112		

HYDROCODONE- ACETAMINOPHEN.....	15	IMIQUIMOD.....	92	ISONIAZID.....	48
HYDROCODONE- IBUPROFEN.....	15	IMPAVIDO	45	ISOSORBIDE DINITRATE.....	20
HYDROCORTISONE.....	20, 83, 90	IN TOUCH STERILE		ISOSORBIDE MONONITRATE.....	21
HYDROCORTISONE (PERIANAL).....	20	LANCETS 30G	125	ISOSORBIDE MONONITRATE ER.....	20, 21
HYDROCORTISONE ACE- PRAMOXINE.....	20	INCASSIA	81	ITRACONAZOLE	40
HYDROCORTISONE BUTYRATE.....	90	INCONTROL ULTICARE		IVERMECTIN	20
HYDROCORTISONE VALERATE.....	91	PEN NEEDLES	143, 144	IXEMPRA KIT	55
HYDROCORTISONE- ACETIC ACID.....	175	INCRELEX	97	JAIMIESS	80
HYDROMET.....	84	INDAPAMIDE.....	95	JAKAFI	54
HYDROMORPHONE HCL.....	16	INDOMETHACIN.....	9	JANTOVEN	27
HYDROMORPHONE HCL ER.....	16	INDOMETHACIN ER.....	9	JANUMET	34
HYDROMORPHONE HCL PF.....	16	INFANRIX	187	JANUMET XR	34
HYDROXOCOBALAMIN ACETATE.....	107	INFLECTRA	103	JANUVIA	34
HYDROXYCHLOROQUINE SULFATE.....	48	INLYTA	56	JARDIANCE	37
HYDROXYUREA.....	53	INPEN 100-BLUE-LILLY- HUMALOG	144	JASMIEL	74
HYDROXYZINE HCL.....	21	INPEN 100-BLUE- NOVOLOG-FIASP	144	JENCYCLA	81
HYDROXYZINE PAMOATE.....	21	INPEN 100-GREY-LILLY- HUMALOG	144	JENTADUETO	34
HYOSCYAMINE SULFATE.....	188	INPEN 100-GREY- NOVOLOG-FIASP	144	JENTADUETO XR	34
HYOSCYAMINE SULFATE SL.....	188	INPEN 100-PINK-LILLY- HUMALOG	144	JINTELI	99
HYPERHEP B	176	INPEN 100-PINK- NOVOLOG-FIASP	144	JOLESSA	80
HYPERRHO S/D	176	INSPIREASE	158	JOYEAUX	74
HYQVIA	176	INSPIREASE RESERVOIR		J-TIP KIT W/VIAL	
HYRIMOZ	7	BAGS	158	ADAPTERS	144
HYRIMOZ-CROHNS/UC		INSULIN SYRINGE.....	144	JULEBER	74
STARTER PACK	7	INSULIN SYRINGE-NEEDLE U-100.....	144	JULUCA	62
HYRIMOZ-PED CROHNS		INSUPEN PEN NEEDLES.....	144	JUNEL 1.5/30	74
STARTER	7	INSUPEN SENSITIVE	144	JUNEL 1/20	74
HYRIMOZ-PLAQUE		INSUPEN ULTRAFIN	144	JUNEL FE 1.5/30	74
PSORIASIS START	7	INTELENCE	64	JUNEL FE 1/20	75
HY-VEE LANCETS	125	INTRAROSA	194	JUNEL FE 24	75
HY-VEE THIN LANCETS	125	INTROVALE	80	KAITLIB FE	75
IBANDRONATE SODIUM.....	95	INVEGA SUSTENNA	59	KALLIGA	75
IBRANCE	53, 54	INVEGA TRINZA	59	KALYDECO	184
IBU	8	IODINE STRONG.....	161	KAMELEON LUBRICATED	
IBUPROFEN.....	9	IODINE TINCTURE.....	62	.....	117
ICLEVIA	79	IPOL	193	KARIVA	72
ICLUSIG	50	IPRATROPIUM BROMIDE	25, 169	KELNOR 1/35	75
ILARIS	8	IPRATROPIUM-ALBUTEROL.....	24	KELNOR 1/50	75
IMATINIB MESYLATE.....	50	IRBESARTAN.....	44	KENALOG	83
IMBRUVICA	51	IRBESARTAN- HYDROCHLOROTHIAZIDE.....	44	KENALOG-80	83
IMIPENEM-CILASTATIN.....	46	ISENTRESS	63	KETOCONAZOLE	40, 91, 92
IMIPRAMINE HCL.....	33	ISENTRESS HD	63	KETO-DIASTIX	93
		ISIBLOOM	74	KETOPROFEN	9
				KETOROLAC	
				TROMETHAMINE.....	9, 172
				KETOSTIX	93
				KIMONO.....	117
				KIMONO COLORS	117

KIMONO MICRO THIN PLUS	117	K-Y ME & YOU EXTRA LUBRICATED	117	LENVIMA (20 MG DAILY DOSE)	56
KIMONO PLUS	117	K-Y ME & YOU INTENSE	117	LENVIMA (24 MG DAILY DOSE)	57
KIMONO PS	117	KYLEENA	80	LENVIMA (4 MG DAILY DOSE)	57
KIMONO PS PLUS	117	LABELTALOL HCL	66	LENVIMA (8 MG DAILY DOSE)	57
KIMONO SENSATION	117	LACOSAMIDE	29	LESSINA	75
KIMONO SENSATION PLUS	117	LACTIC ACID	91	LETROZOLE	53
KIMONO SPECIAL	117	LACTIC ACID E	91	LEUCOVORIN CALCIUM	54
KINERET	8	LACTULOSE	111	LEUKERAN	55
KINNEY LANCETS	125	LACTULOSE ENCEPHALOPATHY	102	LEUPROLIDE ACETATE	54
KINNEY THIN LANCETS	125	LAGEVRIO	66	LEVALBUTEROL HCL	25
KINRAY INSULIN SYRINGE	144	LAMIVUDINE	64, 65	LEVEMIR	35
KINRIX	187	LAMIVUDINE-ZIDOVUDINE	62	LEVEMIR FLEXPEN	35
KLOR-CON	161	LAMOTRIGINE	29	LEVETIRACETAM	29
KLOR-CON 10	161	LAMOTRIGINE ER	29	LEVETIRACETAM ER	29
KLOR-CON M10	161	LANCETS 30G	125	LEVETIRACETAM IN NAACL	29
KLOR-CON M15	161	LANCETS 33G	125	LEVOBUNOLOL HCL	170
KLOR-CON M20	161	LANCETS MICRO THIN 33G	125	LEVOCARNITINE	96
KLOXXADO	38	LANCETS SUPER THIN 28G	125	LEVOCARNITINE SF	96
KLS ASPIRIN LOW DOSE	13	LANCETS THIN	126	LEVOCETIRIZINE DIHYDROCHLORIDE	40
KLS LAXACLEAR	111	LANCETS ULTRA THIN	126	LEVOFLOXACIN	100, 101
KLS QUIT2	182	LANCETS ULTRA THIN 30G	126	LEVONEST	81
KLS QUIT4	182	LANSOPRAZOLE	189	LEVORA 0.15/30 (28)	75
KMART VALU INSULIN SYRINGE 29G	144	LANTHANUM CARBONATE	103	LEVO-T	186
KMART VALU INSULIN SYRINGE 30G	144	LANTUS	35	LEVOXYL	186
KOSELUGO	52	LANTUS SOLOSTAR	35	LIBERTY MEDICAL LANCETS	126
KOURZEQ	164	LAPATINIB DITOSYLATE	52	LIDOCAINE	92
KP ASPIRIN	13	LARIN 1.5/30	75	LIDOCAINE VISCOUS HCL	164
KP BISACODYL	113	LARIN 1/20	75	LIDOCAINE-PRILOCAINE	93
KP FOLIC ACID	108	LARIN 24 FE	75	LILETTA (52 MG)	80
KP PRENATAL		LARIN FE 1.5/30	75	LINEZOLID	47
MULTIVITAMINS	166	LARIN FE 1/20	75	LINEZOLID IN SODIUM CHLORIDE	47
KROGER HEALTHPRO LANCET 26G	125	LATANOPROST	174	LINZESS	101
KROGER INSULIN SYRINGE	145	LATUDA	59	LIOthyronine Sodium	186
KROGER LANCETS	125	LAXATIVE	113	LISINOPRIL	43
KROGER LANCETS 21G	125	LAYOLIS FE	75	LISINOPRIL-HYDROCHLOROTHIAZIDE	43
KROGER LANCETS MICRO THIN 33G	125	LEADER INSULIN SYRINGE	145	LITE TOUCH LANCETS	126
KROGER LANCETS SUPER THIN	125	LEADER UNIFINE PENTIPS	145	LITETOUCH INSULIN SYRINGE	145
KROGER LANCETS THIN	125	LEADER UNIFINE PENTIPS PLUS	145	LITETOUCH LANCETS	126
KROGER LANCETS THIN 26G	125	LEENA	81	LITETOUCH PEN NEEDLES	145
KROGER LANCETS ULTRATHIN 30G	125	LEFLUNOMIDE	10	LITHIUM	59
KROGER PEN NEEDLES	145	LENVIMA (10 MG DAILY DOSE)	56	LITHIUM CARBONATE	59
K-TAN PLUS	109	LENVIMA (12 MG DAILY DOSE)	56	LITHIUM CARBONATE ER	58
KURVELO	75	LENVIMA (14 MG DAILY DOSE)	56		
		LENVIMA (18 MG DAILY DOSE)	56		

LIVE BETTER LANCET		MARATHON MEDICAL		MEDLANCE UNIVERSAL	
SUPER THIN.....	126	PENTIPS	146	21G	126
LOJAIMIESS	80	MARAVIROC.....	63	MEDROXYPROGESTERONE	
LONGS INSULIN SYRINGE..	146	MARLISSA.....	76	ACETATE.....	80, 178
LONGS LANCETS		MARPLAN	32	MEFENAMIC ACID.....	9
STANDARD.....	126	MASK		MEFLOQUINE HCL.....	48
LONGS LANCETS THIN.....	126	VORTEX/CHILD/FROG	158	MEGESTROL ACETATE..	56, 178
LONGS LANCETS ULTRA		MASK		MEIJER ALCOHOL SWABS..	116
THIN.....	126	VORTEX/TODDLER/LADY		MEIJER ASPIRIN EC.....	13
LOPERAMIDE HCL.....	38	BUG	158	MEIJER LANCETS	126
LOPINA VIR-RITONAVIR.....	62	MASONATAL.....	166	MEIJER LANCETS THIN ...	126
LORAZEPAM.....	22	MATULANE	53	MEIJER LANCETS	
LORAZEPAM INTENSOL	22	MAVYRET	65	UNIVERSAL 21G	126
LORYNA	75	MAXICOMFORT II PEN		MEIJER LANCETS	
LOSARTAN POTASSIUM.....	44	NEEDLE	146	UNIVERSAL 30G	126
LOSARTAN POTASSIUM-		MAXI-COMFORT INSULIN		MEIJER LANCETS	
HCTZ.....	44	SYRINGE	146	UNIVERSAL 33G	126
LOTEPREDNOL		MAXI-COMFORT SAFETY		MEIJER PEN NEEDLES.....	146
ETABONATE.....	173	PEN NEEDLE	146	MEIJER SUPER THIN	
LOVASTATIN.....	42	MAXICOMFORT SYR 27G		LANCETS	126
LOW-OGESTREL	76	X 1/2"	146	MEKINIST	52
LOXAPINE SUCCINATE.....	61	MAXX PLUS.....	117	MELOXICAM.....	9
LO-ZUMANDIMINE	76	MAYZENT	184	MELPHALAN.....	55
LULICONAZOLE.....	92	MAYZENT STARTER		MELPHALAN HCL.....	55
LUMIGAN	174	PACK	184	MEMANTINE HCL.....	180, 181
LUPRON DEPOT (1-		MECLIZINE HCL.....	39	MEMANTINE HCL ER.....	180
MONTH)	54	MEDIC INSULIN SYRINGE..	146	MENACTRA	191
LUPRON DEPOT (3-		MEDICHOICE SAFETY		MENEST	100
MONTH)	54	LANCET.....	126	MENQUADFI	191
LUPRON DEPOT (4-		MEDICHOICE SAFETY		MENVEO	191
MONTH)	54	LANCET EXTRA.....	126	MEPROBAMATE.....	21
LUPRON DEPOT (6-		MEDICHOICE SAFETY		MERCAPTOPYRINE.....	49
MONTH)	55	LANCET NORM.....	126	MERZEE	76
LUPRON DEPOT-PED (1-		MEDICINE SHOPPE PEN		MESALAMINE.....	102
MONTH)	98	NEEDLES.....	146	MESALAMINE ER.....	102
LUPRON DEPOT-PED (3-		MEDI-FIRST ASPIRIN	13	MESNEX	56
MONTH)	98	MEDIQUE ASPIRIN	13	METFORMIN HCL.....	34
LUPRON DEPOT-PED (6-		MEDLANCE EXTRA 21G ...	126	METFORMIN HCL ER.....	34
MONTH)	98	MEDLANCE LITE 25G	126	METHADONE HCL.....	16
LUTERA	76	MEDLANCE PLUS EXTRA		METHADONE HCL	
LYLEQ	81	21G	126	INTENSOL	16
LYLLANA	100	MEDLANCE PLUS		METHENAMINE	
LYNPARZA	55	LANCETS	126	HIPPURATE.....	47
LYSIPLEX PLUS	165	MEDLANCE PLUS LITE		METHERGINE	175
LYSODREN	49	25G	126	METHIMAZOLE.....	185
LYZA	81	MEDLANCE PLUS		METHOCARBAMOL.....	168
MAFENIDE ACETATE.....	88	SPECIAL 0.8MM	126	METHOTREXATE SODIUM	
MAGELLAN INSULIN		MEDLANCE PLUS		.....	49, 50
SAFETY SYR	146	SUPERLITE 30G	126	METHOTREXATE SODIUM	
MAGNESIUM CITRATE.....	112	MEDLANCE PLUS		(PF).....	49
MALATHION.....	92	UNIVERSAL 21G	126	METHSCOPOLAMINE	
MANNITOL.....	94			BROMIDE.....	189

METHYLPHENIDATE HCL..... 5	MOMETASONE FUROATE	MYGLUCOHEALTH
METHYLPHENIDATE HCL	.....91, 169	LANCETS 30G 127
ER..... 5	MONDOXYNE NL.....185	MYLERAN.....49
METHYLPREDNISOLONE.....83	MONOJECT INSULIN	MYRBETRIQ 190
METHYLPREDNISOLONE	SYRINGE 147	NA FERRIC GLUC CPLX IN
ACETATE..... 83	MONOJECT ULTRA	SUCROSE..... 109
METOCLOPRAMIDE HCL.... 101	COMFORT SYRINGE 147	NA SULFATE-K SULFATE-
METOLAZONE..... 95	MONOLET LANCETS.....126	MG SULF..... 110
METOPROLOL SUCCINATE	MONOLET OPD LANCETS 127	NABI-HB 176
ER..... 67	MONOLETTOR SAFETY	NABUMETONE..... 9
METOPROLOL TARTRATE...67	LANCETS 127	NAFCILLIN SODIUM.....178
METRONIDAZOLE..... 45, 92	MONO-LINYAH 76	NALOXONE HCL..... 38
METYROSINE.....44	MONTELUKAST SODIUM25, 26	NALTREXONE HCL.....38
MEXILETINE HCL..... 23	MORPHINE SULFATE..... 17	NAPROXEN.....9
MIBELAS 24 FE 76	MORPHINE SULFATE	NAPROXEN DR..... 9
MICONAZOLE 3..... 194	(CONCENTRATE)..... 16	NAPROXEN SODIUM..... 9
MICRHOGAM ULTRA-	MORPHINE SULFATE (PF).... 17	NARATRIPTAN HCL..... 160
FILTERED PLUS 176	MORPHINE SULFATE ER..... 17	NARCAN 38
MICROCHAMBER 159	MOTTEGRITY 101	NASCOBAL 107
MICRODOT PEN NEEDLE . 146	MOTOFEN.....38	NATACYN 171
MICROGESTIN 1.5/30 76	MOXIFLOXACIN HCL...101, 171	NATAZIA 80
MICROGESTIN 1/20 76	MOXIFLOXACIN HCL (2X	NATEGLINIDE.....37
MICROGESTIN 24 FE 76	DAY)..... 171	NAYZILAM 28
MICROGESTIN FE 1.5/30 76	MOXIFLOXACIN HCL IN	NEBIVOLOL HCL.....67
MICROGESTIN FE 1/20 76	NACL..... 101	NEBUSAL 84
MICROLET LANCETS 126	MOZOBIL 107	NECON 0.5/35 (28) 76
MICROSPACER 159	MPD SAFETY LANCET 21G. 127	NEOMYCIN SULFATE..... 5
MIDODRINE HCL.....195	MPD SAFETY LANCET 23G. 127	NEOMYCIN-BACITRACIN
MIFEPRISTONE.....95	MPD SAFETY LANCET 28G. 127	ZN-POLYMYX..... 171
MILI 76	MPD SAFETY LANCET 30G. 127	NEOMYCIN-POLYMYXIN-
MIMVEY 100	MS INSULIN SYRINGE..... 147	DEXAMETH..... 173
MINERAL OIL HEAVY.....112	MULTI PRENATAL..... 166	NEOMYCIN-POLYMYXIN-
MINIMED 630G GUARDIAN	MULTISTIX 10 SG 93	GRAMICIDIN..... 171
PRESS 126	MULTIVITAMIN	NEOMYCIN-POLYMYXIN-
MINOCIN 185	W/FLUORIDE..... 165	HC..... 173, 174
MINOCYCLINE HCL..... 185	MULTIVITAMIN/FLUORIDE 165	NEONATAL PRENATAL..... 166
MINOXIDIL.....45	MULTI-VITAMIN/FLUORIDE	NEONATAL VITAMIN 166
MIRENA (52 MG) 81	..... 165	NEO-POLYCIN 171
MIRTAZAPINE..... 31	MULTI-	NEO-POLYCIN HC 173
MISOPROSTOL..... 189	VITAMIN/FLUORIDE/IRON. 165	NEPHRONEX 165
MITIGO 16	MUPIROCIN..... 86	NEUAC 85
MITOXANTRONE HCL..... 53	MUTAMYCIN 53	NEULASTA 109
MM ASPIRIN..... 13	MY CHOICE 79	NEULASTA ONPRO 109
MM CLEARLAX 112	MY WAY 79	NEUPRO 58
MM INSULIN	MYALEPT 97	NEVIRAPINE..... 64
SYRINGE/NEEDLE..... 147	MYCOPHENOLATE	NEVIRAPINE ER..... 64
MM PEN NEEDLES 147	MOFETIL..... 163	NEW DAY 79
MM TWIST LANCETS 126	MYCOPHENOLATE	NEXAVAR 52
M-M-R II 191	MOFETIL HCL..... 163	NEXLETOL 41
MODAFINIL..... 5	MYCOPHENOLATE	NEXLIZET 41
MODERNA COVID-19 VAC	SODIUM..... 163	NEXPLANON 80
6M-11Y 193		

NIACIN ER (ANTIHYPERLIPIDEMIC).....	43	NOVOEIGHT	105	OMNIPOD DASH PDM (GEN 4).....	132
NICODERM CQ.....	182	NOVOFINE AUTOCOVER		OMNIPOD DASH PODS (GEN 4).....	132
NICORETTE.....	182	PEN NEEDLE.....	147	ONDANSETRON.....	39
NICORETTE MINI.....	182	NOVOFINE PEN NEEDLE..	147	ONDANSETRON HCL.....	39
NICORETTE STARTER KIT.....	182	NOVOFINE PLUS PEN NEEDLE.....	148	ONE VITE WOMENS.....	166
NICOTINE.....	183	NOVOPEN ECHO.....	148	ONE-A-DAY WOMENS PRENATAL.....	166
NICOTINE MINI.....	182	NOVOSEVEN RT.....	105	ONE-A-DAY WOMENS PRENATAL 1.....	166
NICOTINE POLACRILEX MINI.....	182	NP THYROID.....	186	ONETOUCH DELICA PLUS LANCET30G.....	127
NICOTINE STEP 1.....	183	NUCALA.....	25	ONETOUCH DELICA PLUS LANCET33G.....	127
NICOTINE STEP 2.....	183	NUCYNTA.....	17	ONETOUCH DELICA PLUS LANCING.....	127
NICOTINE STEP 3.....	183	NUCYNTA ER.....	17	ONETOUCH DELICA SAFETY LANCING.....	127
NICOTROL.....	183	NUFOL.....	108	ONETOUCH ULTRASOFT 2 LANCETS.....	127
NICOTROL NS.....	183	NUTRIFAC ZX.....	165	ONUREG.....	50
NIFEDIPINE ER.....	68	NUTROPIN AQ NUSPIN 10...	96	OPCICON ONE-STEP.....	79
NIFEDIPINE ER OSMOTIC RELEASE.....	68	NUTROPIN AQ NUSPIN 20...	97	OPSUMIT.....	70
NIKKI.....	76	NUTROPIN AQ NUSPIN 5.....	97	OPTICHAMBER DIAMOND	159
NILUTAMIDE.....	49	NUWIQ.....	105	OPTICHAMBER DIAMOND-LG MASK.....	159
NIMODIPINE.....	68	NYAMYC.....	86	OPTICHAMBER DIAMOND-MD MASK.....	159
NINLARO.....	52	NYLIA 1/35.....	77	OPTICHAMBER DIAMOND-SM MASK.....	159
NITAZOXANIDE.....	46	NYLIA 7/7/7.....	82	OPTION 2.....	79
NITISINONE.....	97	NYMYO.....	77	OPTIONS GYNOL II CONTRACEPTIVE.....	194
NITROFURANTOIN MACROCRYSTAL.....	47	NYSTATIN.....	40, 86, 87, 164	ORALONE.....	165
NITROFURANTOIN MONOHYD MACRO.....	47	NYSTATIN- TRIAMCINOLONE.....	86	ORENCIA.....	10
NITROGLYCERIN.....	21	NYSTOP.....	87	ORENCIA CLICKJECT.....	10
NIVESTYM.....	109	OBIZUR.....	105	ORFADIN.....	97
NIZATIDINE.....	188	OCELLA.....	77	ORKAMBI.....	184
NORA-BE.....	81	OCTAGAM.....	176	ORPHENADRINE CITRATE ER.....	168
NORDITROPIN FLEXPRO...	96	OCTREOTIDE ACETATE.....	99	ORPHENADRINE-ASPIRIN- CAFFEINE.....	168
NORETHINDRONE ACETATE.....	178	ODEFSEY.....	62	ORSERDU.....	56
NORLYROC.....	81	OFEV.....	184	OSPHENA.....	98
NORTREL 0.5/35 (28).....	76	OFLOXACIN.....	101, 171, 174	OTEZLA.....	9
NORTREL 1/35 (21).....	76	OLANZAPINE.....	61	OXAPROZIN.....	9
NORTREL 1/35 (28).....	76	OLMESARTAN		OXCARBAZEPINE.....	29
NORTREL 7/7/7.....	81	OLMESARTAN		OXYBUTYNIN CHLORIDE...	190
NORTRIPTYLINE HCL.....	33	MEDOXOMIL.....	44	OXYBUTYNIN CHLORIDE ER.....	190
NORVIR.....	63	OLMESARTAN			
NOVA SAFETY LANCETS 23G.....	127	MEDOXOMIL-HCTZ.....	44		
NOVA SAFETY LANCETS 28G.....	127	OLOPATADINE HCL....	169, 171		
NOVA SUREFLEX LANCETS.....	127	OMECLAMOX-PAK.....	189		
NOVAREL.....	98	OMEGA-3-ACID ETHYL ESTERS.....	41		
NOVAVAX COVID-19 VACCINE.....	193	OMEPRAZOLE.....	189		
		OMNIFLEX DIAPHRAGM..	118		
		OMNIPOD 5 G6 INTRO (GEN 5).....	132		
		OMNIPOD 5 G6 POD (GEN 5).....	132		
		OMNIPOD CLASSIC PODS (GEN 3).....	132		
		OMNIPOD DASH INTRO (GEN 4).....	132		

OXYCODONE HCL.....	17, 18	PERPHENAZINE-		PNV-DHA+DOCUSATE.....	167
OXYCONTIN	18	AMITRIPTYLINE.....	181	PNV-OMEGA.....	166
OXYMORPHONE HCL.....	18	PFIZER COVID-19 VAC-		PNV-SELECT.....	166
OXYMORPHONE HCL ER.....	18	TRIS 5-11Y	193	POCKET CHAMBER	159
OXYTOCIN.....	175	PFIZER COVID-19 VAC-TRIS		POCKET SPACER	159
OZEMPIC (0.25 OR 0.5		6M-4Y.....	193	PODOFILOX.....	92
MG/DOSE)	36	PHARMACIST CHOICE		POLYCIN	171
OZEMPIC (1 MG/DOSE)	36	ALCOHOL	116	POLYMYXIN B SULFATE.....	47
OZEMPIC (2 MG/DOSE)	36	PHARMACIST CHOICE		POLYMYXIN B-	
PACLITAXEL.....	55	LANCETS	127	TRIMETHOPRIM.....	172
PALIPERIDONE ER.....	59	PHARMACY COUNTER		POLYSACCHARIDE IRON	
PAMIDRONATE DISODIUM..	95	LANCETS	127	FORTE.....	109
PANDA MASK LARGE	159	PHENAZO	104	POMALYST	51
PANDA MASK MEDIUM	159	PHENAZOPYRIDINE HCL....	104	PORTIA-28	77
PANDA MASK SMALL	159	PHENELZINE SULFATE.....	32	POTASSIUM CHLORIDE.....	162
PANTOPRAZOLE SODIUM..	189	PHENOBARBITAL.....	110	POTASSIUM CHLORIDE	
PARAGARD		PHENOBARBITAL SODIUM	110	CRYS ER.....	162
INTRAUTERINE COPPER	78	PHENOXYBENZAMINE HCL.44		POTASSIUM CHLORIDE ER	162
PARI VORTEX ADULT		PHENYTOIN.....	30	POTASSIUM CITRATE ER....	103
MASK	159	PHENYTOIN INFATABS	30	PRADAXA	28
PARICALCITOL.....	97	PHENYTOIN SODIUM.....	31	PRAMIPEXOLE	
PAROXETINE HCL.....	32	PHENYTOIN SODIUM		DIHYDROCHLORIDE.....	58
PAXLOVID (150/100)	65	EXTENDED.....	30, 31	PRASUGREL HCL.....	107
PAXLOVID (300/100)	65	PHILITH	77	PRAVASTATIN SODIUM.....	42
PC UNIFINE PENTIPS.....	148	PHOSPHOLINE IODIDE	170	PRAZIQUANTEL.....	20
PEDIARIX	187	PHYTONADIONE.....	195	PRAZOSIN HCL.....	45
PEDIATRIC PANDA MASK	159	PIFELTRO	64	PRECISION SURE-DOSE	
PEDVAX HIB	191	PILOCARPINE HCL.....	164, 170	SYRINGE	148
PEG 3350.....	112	PIMECROLIMUS.....	92	PRECISION THINS GP	
PEG 3350-KCL-NA BICARB-		PIMOZIDE.....	181	LANCETS	127
NACL.....	110	PIMTREA	72	PREDNISOLONE.....	83
PEG-		PINDOLOL.....	67	PREDNISOLONE ACETATE..	173
3350/ELECTROLYTES/ASCO		PIOGLITAZONE HCL.....	38	PREDNISOLONE SODIUM	
RBAT.....	111	PIP LANCETS 28G.....	127	PHOSPHATE.....	84, 173
PEGASYS	65	PIP LANCETS 30G.....	127	PREDNISONE.....	84
PEG-KCL-NACL-NASULF-		PIP PEN NEEDLES 31G X		PREFERRED PLUS INSULIN	
NA ASC-C.....	111	5MM.....	148	SYRINGE.....	148
PEN NEEDLES.....	148	PIP PEN NEEDLES 32G X		PREFERRED PLUS	
PENICILLAMINE.....	162	4MM.....	148	LANCETS COLORED.....	127
PENICILLIN G POTASSIUM..	177	PIPERACILLIN SOD-		PREFERRED PLUS	
PENICILLIN V POTASSIUM..	177	TAZOBACTAM SO.....	178	LANCETS THIN.....	127
PENTACEL	187	PIQRAY (200 MG DAILY		PREFERRED PLUS UNIFINE	
PENTAZOCINE-NALOXONE		DOSE)	55	PENTIPS.....	148
HCL.....	19	PIQRAY (250 MG DAILY		PREGABALIN.....	29, 30
PENTIPS	148	DOSE)	55	PREGNYL	98
PENTOBARBITAL SODIUM..	110	PIQRAY (300 MG DAILY		PREHEVBRIO.....	193
PENTOXIFYLLINE ER.....	106	DOSE)	55	PREMARIN	100, 194
PERFECT LANCETS 28G	127	PIROXICAM.....	9	PREMPHASE	100
PERFECT LANCETS 30G	127	PLAQUENIL	48	PREMPRO	100
PERIOGARD	164	PLENVU	111	PRENATAL.....	167
PERMETHRIN.....	92	PNEUMOVAX 23	191	PRENATAL (W/IRON & FA)..	166
PERPHENAZINE.....	61	PNV-DHA.....	167	PRENATAL 19.....	166

PRENATAL COMPLETE.....	166	PROBENECID	104	PX EXTRA SHORT PEN	
PRENATAL FORMULA.....	166	PROCAINAMIDE HCL.....	23	NEEDLES	149
PRENATAL FORTE.....	166	PROCARE SPACER/ADULT		PX FOLIC ACID.....	108
PRENATAL GUMMIES/DHA		MASK.....	159	PX INSULIN SYRINGE.....	149
& FA.....	168	PROCARE SPACER/CHILD		PX LANCETS MICROTHIN	
PRENATAL MULTI +DHA....	167	MASK.....	159	33G.....	128
PRENATAL		PROCHAMBER VHC.....	159	PX LANCETS ULTRA THIN	
MULTIVITAMIN + DHA	167	PROCHLORPERAZINE		28G.....	128
PRENATAL MULTIVITAMIN		MALEATE.....	61	PX LAXATIVE.....	113
PLUS DHA.....	168	PROCTO-MED HC	20	PX MINI PEN NEEDLES.....	149
PRENATAL ONE DAILY	167	PROCTOSOL HC	20	PX PEN NEEDLE.....	149
PRENATAL PLUS.....	167	PROCTOZONE-HC	20	PX PRENATAL	
PRENATAL PLUS		PRODIGY INSULIN		MULTIVITAMINS.....	167
VITAMIN/MINERAL.....	167	SYRINGE	149	PX SHORTLENGTH PEN	
PRENATAL VITAMIN AND		PRODIGY LANCETS 28G ...	127	NEEDLES	149
MINERAL.....	167	PRODIGY SAFETY		PX STOP SMOKING AID.....	183
PRENATAL VITAMINS.....	167	LANCETS 26G	127	PYLERA	189
PRENATAL/FOLIC		PRODIGY TWIST TOP		PYRAZINAMIDE.....	48
ACID+DHA.....	168	LANCETS 28G	127	PYRIDOSTIGMINE	
PRENATAL/IRON.....	167	PROGESTERONE.....	178	BROMIDE.....	48
PREVALITE	41, 42	PROLASTIN-C	184	PYRIDOXINE HCL.....	195
PREVENT DROPSAFE PEN		PROLENSA	172	PYRIMETHAMINE.....	48
NEEDLES	148	PROLEUKIN	53	PYRUKYND	106
PREVENT SAFETY PEN		PROLIA	98	PYRUKYND TAPER PACK ..	107
NEEDLES	148	PROMACTA	109	QC ALCOHOL SWABS.....	116
PREVIDENT	164	PROMETHAZINE HCL.....	41	QC ASPIRIN.....	13
PREVNAR 13	191	PROMETHEGAN	41	QC ASPIRIN LOW DOSE.....	13
PREVNAR 20	191	PROPAPENONE HCL.....	23	QC CHILDRENS ASPIRIN.....	13
PREZCOBIX	62	PROPRANOLOL HCL.....	67	QC ENTERIC ASPIRIN.....	13
PREZISTA	63	PROPRANOLOL HCL ER.....	67	QC FOLIC ACID.....	108
PRIFTIN	48	PROPYLTHIOURACIL.....	185	QC GENTLE LAXATIVE.....	114
PRIMAQUINE PHOSPHATE... 48		PROQUAD	191	QC GENTLE LAXATIVE	
PRIMIDONE.....	30	PSS SELECT GP LANCETS	128	WOMENS.....	114
PRIORIX	191	PSS SELECT SAFETY		QC LANCETS SUPER THIN	
PRIVIGEN	176	LANCETS	128	30G.....	128
PRO COMFORT ALCOHOL.. 116		PULMICORT FLEXHALER ..	26	QC LANCETS ULTRA THIN..	128
PRO COMFORT INSULIN		PULMOSAL	84	QC LAXATIVE.....	114
SYRINGE	148, 149	PULMOZYME	184	QC MAGNESIUM CITRATE..	112
PRO COMFORT LANCETS		PURE COMFORT ALCOHOL		QC NATURA-LAX.....	112
30G.....	127	PREP.....	116	QC NICOTINE	
PRO COMFORT LANCETS		PURE COMFORT LANCETS		TRANSDERMAL SYSTEM....	183
31G.....	127	30G.....	128	QC PEN NEEDLES.....	149
PRO COMFORT PEN		PURE COMFORT PEN		QC PRENATAL.....	167
NEEDLES.....	149	NEEDLE.....	149	QC UNIFINE PENTIPS.....	149
PRO COMFORT SAFETY		PURE COMFORT SAFETY		QC UNILET LANCETS 28G...	128
LANCETS 30G.....	127	PEN NEEDLE.....	149	QC UNILET LANCETS	
PRO COMFORT SPACER		PURE COMFORT SPACER		MICRO THIN.....	128
ADULT.....	159	CHAMBER.....	159	QINLOCK	52
PRO COMFORT SPACER		PUREVIT DUALFE PLUS.....	109	QUADRACEL	187
CHILD.....	159	PX ASPIRIN.....	13	QUETIAPINE FUMARATE 60, 61	
PRO COMFORT SPACER		PX ENTERIC ASPIRIN.....	13	QUETIAPINE FUMARATE	
INFANT.....	159			ER.....	60

QUINAPRIL HCL.....	43	REALITY LATEX/ULTRA		RHOPRESSA	172
QUINAPRIL- HYDROCHLOROTHIAZIDE... 43		TEXTURED	117	RIASTAP	105
QUINIDINE SULFATE.....	23	REALITY LATEX/ULTRA		RIBAVIRIN.....	65
QVAR REDHALER	26	THIN	117	RIFABUTIN.....	48
RA ALCOHOL SWABS.....	116	REALITY SWABS.....	116	RIFAMPIN.....	48
RA ASPIRIN.....	14	REALITY TRIGGER		RIGHTEST GL300	
RA ASPIRIN ADULT LOW		LANCETS.....	128	LANCETS	128
DOSE.....	13	REBLOZYL	107	RILUZOLE.....	169
RA ASPIRIN ADULT LOW		RECLIPSEN	77	RIMANTADINE HCL.....	66
STRENGTH.....	13	RECOMBINATE	105	RINVOQ	6
RA ASPIRIN CHILDRENS.....	14	RECOMBIVAX HB	193	RISEDRONATE SODIUM..	95, 96
RA ASPIRIN EC.....	14	RECTIV	20	RISPERDAL CONSTA	59
RA ASPIRIN EC ADULT		REGRANEX	93	RISPERIDONE.....	60
LOW ST.....	14	RELENZA DISKHALER	66	RITEFLO	159
RA E-ZJECT LANCETS 28G		RELION ALCOHOL		RITONAVIR.....	63
.....	128	SWABS	116	RITUXAN	50
RA E-ZJECT LANCETS		RELION INSULIN		RITUXAN HYCELA	53
THIN 26G	128	SYRINGE	149	RIVASTIGMINE.....	179
RA E-ZJECT LANCETS		RELION KETONE TEST	93	RIVASTIGMINE TARTRATE	179
THIN 28G	128	RELION LANCETS		RIVELSA	80
RA E-ZJECT LANCETS		MICRO-THIN 33G	128	RIXUBIS.....	105
ULTRA THIN	128	RELION LANCETS THIN		RIZATRIPTAN BENZOATE..	160
RA FOLIC ACID.....	108	26G	128	ROCKLATAN	172
RA INSULIN SYRINGE.....	149	RELION LANCETS ULTRA-		ROFLUMILAST.....	26
RA LAXATIVE.....	112, 114	THIN 30G	128	ROPINIROLE HCL.....	58
RA MAGNESIUM CITRATE..	112	RELION MINI PEN		ROPINIROLE HCL ER.....	58
RA MINI NICOTINE.....	183	NEEDLES	149	ROSUVASTATIN CALCIUM..	42
RA NICOTINE.....	183	RELION PEN NEEDLES	150	ROTARIX	193
RA NICOTINE GUM.....	183	RELION SHORT PEN		ROTATEQ	193
RA NICOTINE POLACRILEX		NEEDLES	150	ROWEEPRA	30
.....	183	RELION ULTRA THIN		ROZLYTREK	53
RA PAIN RELIEF ASPIRIN....	14	LANCETS 30G	128	RUBRACA	56
RA PEN NEEDLES.....	149	RELION ULTRA THIN		RUFINAMIDE.....	30
RA PRENATAL.....	167	PLUS LANCETS	128	RUKOBIA	63
RA PRENATAL FORMULA..	167	RENACIDIN	104	RUXIENCE	50
RA WOMENS LAXATIVE.....	114	REPAGLINIDE.....	37	RYBELSUS	36
RABEPRAZOLE SODIUM....	189	REPATHA	43	RYDAPT	52
RALOXIFENE HCL.....	99	REPATHA PUSHTRONEX		SAFE-T-LANCE	128
RAMIPRIL.....	44	SYSTEM	43	SAFE-T-LANCE PLUS	128
RANOLAZINE ER.....	20	REPATHA SURECLICK	43	SAFETY LANCET	
RASAGILINE MESYLATE.....	57	RESTASIS	172	30G/PRESSURE ACT.....	128
RAYA SURE PEN NEEDLE... 149		RESTASIS MULTIDOSE	172	SAFETY LANCETS	128
REACT	79	RETACRIT	108	SAFETY LANCETS 21G	128
READYLANCE SAFETY		REVCovi	95	SAFETY LANCETS 23G	128
LANCETS	128	REVLIMID	163	SAFETY LANCETS 28G.....	128
REALITY INSULIN		REXALL LANCETS ULTRA		SAFETY PEN NEEDLES.....	150
SYRINGE.....	149	THIN 30G	128	SAJAZIR	106
REALITY LANCETS.....	128	REXULTI	61	SANDIMMUNE	162
REALITY LATEX		REYATAZ	63	SANTYL	91
CONDOMS	117	RHOGAM ULTRA-		SAPROPTERIN	
		FILTERED PLUS	176	DIHYDROCHLORIDE.....	98
		RHOPHYLAC	176		

SAPS CARE ALCOHOL PREP	116	SIMPESSE	80	SOLIFENACIN SUCCINATE..	190
SAPS HEALTH ALCOHOL PREP	116	SIMPONI	7	SOLIQUA	36
SAPS HEALTH CARE ALCOHOL PREP	116	SIMPONI ARIA	7	SOLIRIS	106
SAPS HEALTH PLUS LANCETS	129	SIMVASTATIN.....	42	SOLU-CORTEF	84
SAPS HEALTH TWIST TOP LANCETS	129	SINGLE-LET	129	SOLUS V2 LANCETS 28G ...	129
SAPS TWIST TOP LANCETS	129	SIROLIMUS.....	163	SOLUS V2 TWIST LANCETS 30G	129
SAPSCARE TWIST TOP LANCETS	129	SIRTURO	48	SOMATULINE DEPOT	99
SAVELLA	179	SKYCLARYS	169	SOMAVERT	96
SAVELLA TITRATION PACK	179	SKYLA	81	SORBITOL-MANNITOL.....	104
SB ALCOHOL PREP.....	116	SKYRIZI	87, 102	SOTALOL HCL.....	67
SB ASPIRIN.....	14	SKYRIZI PEN	87	SOTALOL HCL (AF).....	67
SB ASPIRIN EC.....	14	SM ALCOHOL PREP.....	116	SPIKEVAX	193
SB BISACODYL LAXATIVE EC.....	114	SM ASPIRIN ADULT LOW STRENGTH.....	14	SPINOSAD.....	92
SB CHILDRENS ASPIRIN.....	14	SM ASPIRIN EC.....	14	SPIRIVA HANDIHALER	25
SB GENTLE LAX-WOMEN... ..	114	SM ASPIRIN EC LOW STRENGTH.....	14	SPIRIVA RESPIMAT	25
SB INSULIN SYRINGE.....	150	SM ASPIRIN LOW DOSE.....	14	SPIRONOLACTONE.....	94
SB LANCETS THIN.....	129	SM CHILDRENS ASPIRIN.....	14	SPIRONOLACTONE-HCTZ.....	94
SB LANCETS ULTRA THIN..	129	SM CLEARLAX	112	SPRINTEC 28	77
SB LOW DOSE ASA EC.....	14	SM FOLIC ACID.....	108	SPRYCEL	51
SB MAGNESIUM CITRATE..	112	SM GENTLE LAXATIVE.....	114	SPS	163
SB POLYETHYLENE GLYCOL 3350.....	112	SM LANCETS 33G.....	129	SRONYX	77
SCOPOLAMINE.....	39	SM LANCETS 33G.....	129	SSD	88
SECURESAFE INSULIN SYRINGE	150	SM MAGNESIUM CITRATE..	113	ST JOSEPH ASPIRIN	14
SECURESAFE SAFETY PEN NEEDLES	150	SM NICOTINE.....	183	ST JOSEPH LOW DOSE	14
SELEGILINE HCL.....	57	SM NICOTINE POLACRILEX	183	STELARA	87, 102
SELENIUM SULFIDE.....	88	SM PRENATAL VITAMINS..	167	STERILANCE TL	129
SELZENTRY	63	SMART SENSE COLOR LANCETS 33G	129	STIOLTO RESPIMAT	24
SEREVENT DISKUS	25	SMART SENSE STANDARD LANCETS	129	STIVARGA	52
SERTRALINE HCL.....	32	SMART SENSE SUPER THIN LANCETS	129	STRENSIQ	97
SETLAKIN	80	SMART SENSE THIN LANCETS 26G	129	STREPTOMYCIN SULFATE....	6
SEVELAMER CARBONATE..	103	SMARTEST LANCETS 28G	129	STRIVERDI RESPIMAT	25
SFROWASA	102	SMOOTH LAX	112	STUART ONE	168
SHAROBEL	81	SOD BENZ-SOD PHENYLACET.....	99	SUBVENITE	30
SHINGRIX	193	SOD CITRATE-CITRIC ACID	103	SUCRAID	93
SIGNIFOR	99	SODIUM ACETATE.....	161	SUCRALFATE.....	189
SILDENAFIL CITRATE.....	70	SODIUM CHLORIDE.....	84	SULCONAZOLE NITRATE....	92
SILODOSIN.....	103	SODIUM FLUORIDE.....	161, 164	SULFACETAMIDE SODIUM 174	
SIMBRINZA	169	SODIUM FLUORIDE 5000 PLUS.....	164	SULFACETAMIDE SODIUM (ACNE).....	85
SIMILAC PRENATAL EARLY SHIELD	168	SODIUM FLUORIDE 5000 PPM.....	164	SULFACETAMIDE-PREDNISOLONE.....	173
SIMLIYA	72	SODIUM PHENYL BUTYRATE.....	99	SULFADIAZINE.....	185
		SODIUM POLYSTYRENE SULFONATE.....	163	SULFAMETHOXAZOLE-TRIMETHOPRIM.....	46
				SULFASALAZINE.....	102
				SULFATRIM PEDIATRIC	46
				SULFURATED LIME.....	92
				SULINDAC.....	9
				SUMATRIPTAN.....	160

SUMATRIPTAN SUCCINATE	TECHLITE INSULIN	TODAYS HEALTH SHORT
..... 160, 161	SYRINGE..... 150	PEN NEEDLE..... 151
SUNITINIB MALATE..... 52	TECHLITE LANCETS 129	TODAYS HEALTH THIN
SUNOSI 4	TECHLITE LANCETS 30G 129	LANCETS 28G..... 129
SUPER THIN LANCETS..... 129	TECHLITE PEN NEEDLES	TODAYS HEALTH THIN
SUPREP BOWEL PREP KIT	..... 150, 151	LANCETS 30G..... 129
..... 111	TEGSEDI 179	TOLCAPONE..... 57
SURE COMFORT ALCOHOL	TELMISARTAN..... 44	TOLMETIN SODIUM..... 9
PREP..... 116	TEMAZEPAM..... 110	TOLTERODINE TARTRATE..... 190
SURE COMFORT INSULIN	TEMOZOLOMIDE..... 54	TOLTERODINE TARTRATE
SYRINGE..... 150	TEMSIROLIMUS..... 52	ER..... 190
SURE COMFORT LANCETS	TENIVAC 188	TOPCARE CLICKFINE PEN
18G..... 129	TENOFOVIR DISOPROXIL	NEEDLES..... 151
SURE COMFORT LANCETS	FUMARATE..... 64	TOPCARE LANCETS
21G..... 129	TERAZOSIN HCL..... 45	MICRO-THIN 33G..... 129
SURE COMFORT LANCETS	TERBINAFINE HCL..... 40	TOPCARE ULTRA
23G..... 129	TERCONAZOLE..... 194	COMFORT INS SYR..... 151
SURE COMFORT LANCETS	TERIPARATIDE	TOPIRAMATE..... 30
28G..... 129	(RECOMBINANT)..... 98	TOREMIFENE CITRATE..... 49
SURE COMFORT LANCETS	TESTOSTERONE..... 19	TORSEMIDE..... 94
30G..... 129	TESTOSTERONE	TOUJEO MAX SOLOSTAR ... 36
SURE COMFORT PEN	ENANTHATE..... 19	TOUJEO SOLOSTAR 36
NEEDLES..... 150	TETRABENAZINE..... 179	TOVIAZ 190
SURELITE LANCETS 129	TETRACYCLINE HCL..... 185	TRACLEER 70
SYEDA 77	TGT LANCET MICRO THIN	TRADJENTA 34
SYFOVRE 172	33G..... 129	TRAMADOL HCL..... 18
SYMBICORT 24	TGT LANCET THIN 26G..... 129	TRAMADOL HCL (ER
SYMPROIC 102	TGT LANCET ULTRA THIN	BIPHASIC)..... 18
SYMTUZA 62	30G..... 129	TRAMADOL HCL ER..... 18
SYNAGIS 175	THALOMID 162	TRAMADOL-
SYNJARDY 37	THEOPHYLLINE ER..... 27	ACETAMINOPHEN..... 19
SYNJARDY XR 37	THIAMINE HCL..... 195	TRANDOLAPRIL..... 44
SYNRIBO 53	THINLETS GP LANCETS .. 129	TRANLYCYPROMINE
TACROLIMUS..... 92, 163	THIORIDAZINE HCL..... 61	SULFATE..... 32
TADALAFIL..... 70	THIOTHIXENE..... 61	TRAVEL LANCETS
TAFINLAR 51	THRIVE 183	ADVANCED 28G 130
TAGRISO 51	TIADYLT ER 68, 69	TRAVOPROST (BAK FREE). 174
TAKE ACTION 79	TIAGABINE HCL..... 30	TRAZODONE HCL..... 32
TALTZ 87	TILIA FE 82	TRECTOR 48
TAMIFLU 66	TIMOLOL MALEATE..... 170	TRELEGY ELLIPTA 24
TAMOXIFEN CITRATE..... 49	TIVICAY 63	TREMFYA 87
TAMSULOSIN HCL..... 103	TIVICAY PD 63	TREPROSTINIL..... 69
TARGRETIN 93	TIZANIDINE HCL..... 168	TRESIBA 36
TARINA 24 FE 77	TOBRADEX 173	TRESIBA FLEXTOUCH 36
TARINA FE 1/20 EQ 77	TOBRADEX ST 173	TRETINOIN..... 56, 86
TASIGNA 51	TOBRAMYCIN..... 6, 171	TRIAMCINOLONE
TAYSOFY 77	TOBRAMYCIN-	ACETONIDE..... 84, 91
TAZAROTENE..... 88	DEXAMETHASONE..... 173	TRIAMTERENE-HCTZ..... 94
TAZICEF 71, 72	TOBREX 171	TRIDERM 91
TAZTIA XT 68	TODAY SPONGE 194	TRIENTINE HCL..... 162
TDVAX 188	TODAYS HEALTH PEN	TRI-ESTARYLLA 82
TECHLITE AST LANCETS 129	NEEDLES..... 151	TRIFLUOPERAZINE HCL..... 61

TRIFLURIDINE.....	172	TRUSTEX COLOR		ULTICARE MICRO PEN	
TRIGELS-F FORTE.....	109	CONDOMS + LUBE.....	117	NEEDLES.....	152
TRIHENXYPHENIDYL HCL.....	57	TRUSTEX		ULTICARE MINI PEN	
TRI-LEGEST FE.....	82	LUB/RIBBED/STUDDED.....	117	NEEDLES.....	152, 153
TRI-LINYAH.....	82	TRUSTEX		ULTICARE PEN NEEDLES.....	153
TRI-LO-ESTARYLLA.....	82	LUB/SPERMICIDE EX ST... ..	117	ULTICARE SHORT PEN	
TRI-LO-MARZIA.....	82	TRUSTEX		NEEDLES.....	153
TRI-LO-MILI.....	82	LUB/SPERMICIDE XL.....	118	ULTIGUARD SAFEPACK	
TRI-LO-SPRINTEC.....	82	TRUSTEX LUBRICATED... ..	118	PEN NEEDLE.....	153
TRIMETHOPRIM.....	45	TRUSTEX LUBRICATED		ULTIGUARD SAFEPACK	
TRI-MILI.....	82	EX LARGE.....	118	SYR/NEEDLE.....	153
TRIMIPRAMINE MALEATE... ..	33	TRUSTEX LUBRICATED		ULTILET ALCOHOL SWABS	
TRINTELLIX.....	32	EXTRA ST.....	118	.....	116
TRI-NYMYO.....	82	TRUSTEX		ULTILET CLASSIC	
TRIPHROCAPS.....	165	LUBRICATED/SPERMICID		LANCETS.....	130
TRI-SPRINTEC.....	82	E.....	118	ULTILET LANCETS.....	130
TRIUMEQ.....	62	TRUSTEX NATURAL		ULTILET PEN NEEDLE.....	153
TRI-VITE/FLUORIDE.....	165	CONDOMS + LUBE.....	118	ULTILET SAFETY	
TRIVORA (28).....	82	TRUSTEX NON-		LANCETS.....	130
TRI-VYLIBRA.....	82	LUBRICATED.....	118	ULTILET SAFETY	
TRI-VYLIBRA LO.....	82	TRUSTEX RIA		LANCETS 23G.....	130
TROSPIMUM CHLORIDE.....	190	LUB/SPERMICIDE.....	118	ULTOMIRIS.....	106
TROSPIMUM CHLORIDE ER... ..	190	TRUSTEX RIA		ULTRA COMFORT INSULIN	
TRUE COMFORT ALCOHOL		LUBRICATED.....	118	SYRINGE.....	153
PREP PADS.....	116	TRUSTEX RIA NON-		ULTRA FLO INSULIN PEN	
TRUE COMFORT INSULIN		LUBRICATED.....	118	NEEDLES.....	153
SYRINGE.....	151	TRUSTEX-NONOXYNOL-		ULTRA FLO INSULIN SYR	
TRUE COMFORT PEN		9/RIB/STUD.....	118	1/2 UNIT.....	154
NEEDLES.....	151	TUKYSA.....	50	ULTRA FLO INSULIN	
TRUE COMFORT PRO		TURALIO.....	52	SYRINGE.....	154
ALCOHOL PREP.....	116	TURQOZ.....	77	ULTRA THIN LANCETS 31G.....	130
TRUE COMFORT PRO		TWINRIX.....	191	ULTRA THIN PEN	
INSULIN SYR.....	151	TWIST TOP LANCETS 30G... ..	130	NEEDLES.....	154
TRUE COMFORT PRO PEN		TYBLUME.....	77	ULTRA-CARE ALCOHOL	
NEEDLES.....	151	TYDEMY.....	77	PREP PADS.....	116
TRUE COMFORT SAFETY		TYSABRI.....	180	ULTRACARE INSULIN	
LANCETS.....	130	TYVASO.....	69	SYRINGE.....	154
TRUE COMFORT TWIST		TYVASO DPI		ULTRA-CARE LANCETS 30G	
TOP LANCETS.....	130	MAINTENANCE KIT.....	69	.....	130
TRUEPLUS 5-BEVEL PEN		TYVASO DPI TITRATION		ULTRACARE PEN NEEDLES	
NEEDLES.....	151	KIT.....	69	.....	154
TRUEPLUS INSULIN		TYVASO REFILL.....	69	ULTRA-THIN II AUTO	
SYRINGE.....	151, 152	TYVASO STARTER.....	69	LANCET.....	130
TRUEPLUS LANCETS 26G.....	130	ULTICARE ALCOHOL		ULTRA-THIN II INS SYR	
TRUEPLUS LANCETS 28G.....	130	SWABS.....	116	SHORT.....	154
TRUEPLUS LANCETS 30G.....	130	ULTICARE INSULIN		ULTRA-THIN II INSULIN	
TRUEPLUS LANCETS 33G.....	130	SAFETY SYR.....	152	SYRINGE.....	154
TRUEPLUS PEN NEEDLES.....	152	ULTICARE INSULIN SYR		ULTRA-THIN II LANCETS.....	130
TRUEPLUS SAFETY		1/2 UNIT.....	152	ULTRA-THIN II MINI PEN	
LANCETS 28G.....	130	ULTICARE INSULIN		NEEDLE.....	154
TRULICITY.....	36	SYRINGE.....	152	ULTRA-THIN II PEN	
TRUMENBA.....	191			NEEDLE SHORT.....	154

ULTRA-THIN II PEN		VALSARTAN-		VERIFINE UNIVERSAL	
NEEDLES	154	HYDROCHLOROTHIAZIDE ...	44	LANCETS 28G	131
UNIFINE PENTIPS	154, 155	VALUE HEALTH INSULIN		VERIFINE UNIVERSAL	
UNIFINE PENTIPS PLUS	155	SYRINGE	155	LANCETS 30G	131
UNIFINE SAFECONTROL		VALUE PLUS LANCET		VERIFINE UNIVERSAL	
PEN NEEDLE	155	STANDARD 21G	131	LANCETS 33G	131
UNIFINE ULTRA PEN		VALUE PLUS LANCETS		VESTURA	77
NEEDLE	155	SUPER THIN	131	VICTOZA	36
UNILET COMFORTOUCH		VALUE PLUS LANCETS		VIENVA	77
LANCET	130	THIN 26G	131	VIIBRYD	32
UNILET EXCELITE	130	VANCOMYCIN HCL	46	VIIBRYD STARTER PACK ...	32
UNILET EXCELITE II	130	VANDAZOLE	194	VIMPAT	30
UNILET G.P. LANCET	130	VANISHPOINT INSULIN		VIORELE	72
UNILET G.P. SUPERLITE		SYRINGE	155, 156	VIREAD	64
LANCET	130	VAQTA	194	VIRT-CAPS	165
UNILET GP 28 ULTRA		VARENICLINE TARTRATE ..	184	VISTOGARD	38
THIN	130	VARENICLINE TARTRATE		VITA S FORTE	165
UNILET LANCET	130	(STARTER)	184	VITACEL	165
UNILET MICRO-THIN 33G	130	VARENICLINE		VITAMIN D	
UNILET SUPERLITE		TARTRATE(CONTINUE)	184	(ERGOCALCIFEROL)	195
LANCET	130	VARIVAX	194	VITAMIN K1	195
UNILET SUPER-THIN 30G	130	VAXELIS	188	VITAMINS ACD-FLUORIDE	165
UNILET ULTRA-THIN 28G	130	VAXNEUVANCE	191	VIVAGUARD LANCETS	131
UNISTIK 3 GENTLE	130	V-C FORTE	165	VIVITROL	38
UNISTIK PRO SAFETY		VCF VAGINAL		VOLNEA	72
LANCET	130	CONTRACEPTIVE	194	VORICONAZOLE	40
UNISTIK SAFETY		VELIVET	83	VORTEX HOLD	
LANCETS 28G	130	VELPHORO	103	CHMBR/MASK/CHILD	159
UNISTIK SAFETY		VELTASSA	163	VORTEX HOLD	
LANCETS 30G	131	VENCLEXTA	50	CHMBR/MASK/TODDLER	159
UNISTIK TOUCH SAFETY		VENCLEXTA STARTING		VORTEX VALVED	
LANC 21G	131	PACK	50	HOLDING CHAMBER	159
UNISTIK TOUCH SAFETY		VENLAFAXINE HCL	33	VOTRIENT	52
LANC 23G	131	VENLAFAXINE HCL ER	33	VP INSULIN SYRINGE	156
UNISTIK TOUCH SAFETY		VENTAVIS	69	VYFEMLA	77
LANC 28G	131	VERAPAMIL HCL	69	VYLIBRA	78
UNISTIK TOUCH SAFETY		VERAPAMIL HCL ER	69	VYNDAMAX	70
LANC 30G	131	VERIFINE INSULIN PEN		VYVANSE	4
UNITHROID	186, 187	NEEDLE	156	WALGREENS LANCETS ...	131
UNIVERSAL 1 LANCETS		VERIFINE INSULIN		WALGREENS LANCETS	
THIN 26G	131	SYRINGE	156	MICRO THIN	131
UNIVERSAL 1 LANCETS		VERIFINE PLUS PEN		WALGREENS LANCETS	
THIN 33G	131	NEEDLE	156	SUPER THIN	131
UNIVERSAL 1 LANCETS		VERIFINE SAFE LANCET		WALGREENS THIN	
ULTRA THIN	131	MINI 21G	131	LANCETS	131
URSODIOL	101	VERIFINE SAFE LANCET		WALGREENS ULTRA	
VABOMERE	46	MINI 23G	131	THIN LANCETS	131
VALACYCLOVIR HCL	66	VERIFINE SAFE LANCET		WEBCOL ALCOHOL PREP	
VALGANCICLOVIR HCL	65	MINI 28G	131	LARGE	116
VALPROATE SODIUM	31	VERIFINE SAFE LANCET		WEBCOL ALCOHOL PREP	
VALPROIC ACID	31	MINI 30G	131	MEDIUM	116
VALSARTAN	44				

WEGMANS UNIFINE		ZENATANE.....	86
PENTIPS PLUS.....	156	ZENPEP.....	94
WERA.....	78	ZEPATIER.....	65
WESCAPS.....	165	ZERVIATE.....	171
WESTAB ONE.....	108	ZEV RX INSULIN SYRINGE..	156
WIDE-SEAL DIAPHRAGM		ZEV RX PEN NEEDLES.....	156
60.....	118	ZEV RX STERILE ALCOHOL	
WIDE-SEAL DIAPHRAGM		PREP PAD.....	116
65.....	118	ZEV RX TWIST TOP	
WIDE-SEAL DIAPHRAGM		LANCETS 30G.....	131
70.....	118	ZIDOVUDINE.....	64
WIDE-SEAL DIAPHRAGM		ZILEUTON ER.....	23
75.....	118	ZIOPTAN.....	174
WIDE-SEAL DIAPHRAGM		ZIPRASIDONE HCL.....	59
80.....	118	ZIRGAN.....	172
WIDE-SEAL DIAPHRAGM		ZOLEDRONIC ACID.....	96
85.....	118	ZOLINZA.....	51
WIDE-SEAL DIAPHRAGM		ZOLMITRIPTAN.....	161
90.....	118	ZOLPIDEM TARTRATE.....	110
WIDE-SEAL DIAPHRAGM		ZOLPIDEM TARTRATE ER..	110
95.....	118	ZONISAMIDE.....	30
WIXELA INHUB.....	24	ZONTIVITY.....	106
WOMANS LAXATIVE.....	114	ZOVIA 1/35 (28).....	78
WOMENS LAXATIVE.....	114	ZUMANDIMINE.....	78
WYMZYA FE.....	78	ZYDELIG.....	55
XALKORI.....	50	ZYKADIA.....	50
XARELTO.....	27	ZYLET.....	173
XARELTO STARTER PACK	27		
XELJANZ.....	6		
XELJANZ XR.....	6		
XELODA.....	50		
XEPI.....	86		
XGEVA.....	98		
XIAFLEX.....	162		
XIFAXAN.....	45		
XIGDUO XR.....	37		
XIIDRA.....	170		
XOLAIR.....	24		
XTAMPZA ER.....	18		
XTANDI.....	49		
XULANE.....	78		
XULTOPHY.....	36		
XYNTHA.....	105		
XYNTHA SOLOFUSE.....	105		
YARGESA.....	107		
YL FOLIC ACID.....	108		
YUVAFEM.....	194		
ZAFEMY.....	78		
ZAFIRLUKAST.....	26		
ZALEPLON.....	110		
ZANOSAR.....	55		
ZELBORAF.....	51		