

Custom Premium Drug List – Closed Formulary

Blue Cross® Blue Shield® of Arizona (AZ Blue) offers a multi-level, or “tiered,” prescription benefit design. The Custom Premium Drug List – Closed Formulary is a closed formulary. Please note, this list *does not* apply to the Standard Premium Drug List – Closed Formulary.

The drug list provided here is based on the 4-tier plan design described below. However, specific benefit plan designs may vary. For example, some benefit plans have only 3 cost share tiers; for these plans, medications listed as tier 4 have the same cost share as medications in tier 3. Some benefit designs may apply a single coinsurance level. Additionally, some may also include specialty medications at varying cost share tiers. **This is a reference tool only.**

Tier	Description
\$0	Preventive Medications including Women’s Prevention (typically \$0)
1	Low Cost Share includes generics and select brands
2	Moderate Cost Share includes preferred brands and select generics
3	Moderately High Cost Share includes non-preferred brands and select generics
4	Highest Cost Share may include patent extension or combination brand or generic products or those brand products where a lower cost alternative is covered at a lower tier
VC	Variable Coverage refer to your benefit book as coverage varies by plan
A	Specialty Medications, Low Cost Share
B	Specialty Medications, Moderate Cost Share
C	Specialty Medications, Moderately High Cost Share
D	Specialty Medications, Highest Cost Share

To check coverage and copay information for a medication under your plan, visit azblue.com and log into MyBlue. If you do not have access to the website, call the Pharmacy Benefits number on the back of your member ID card.

Questions?

Log in to MyBlueSM to find participating retail pharmacies, review your specific benefit information, and compare medication pricing and options. If you have questions, please call us.

Member Services	Phone Number	Standard Hours of Operation
Pharmacy Benefits	1 (866) 325-1794	24/7/365
AZ Blue	Call the number on your ID card	8 a.m. to 5 p.m. Monday - Friday

How Do I Know If This List Applies to Me?

This list is intended to provide general coverage information applicable to most members. Information may not apply to all benefit plans or may vary. Refer to your benefit book or call us if you have questions. If the information in this prescription medication list differs from your benefit plan, the terms of your benefit plan control. If you need to verify medication coverage or requirements, please contact AZ Blue.

Applies To	Does Not Apply To
<ul style="list-style-type: none">• The Custom Premium Drug List – Closed Formulary (<i>not</i> the Open Drug List or the Standard Premium Drug List – Closed Formulary)• Members with plans that include pharmacy benefits administered by AZ Blue• Members with pharmacy copays with two, three, or four tiers or a single coinsurance level	<ul style="list-style-type: none">• Federal Employee Program® (FEP®) plans• Medicare Advantage (MA) plans• Employer-sponsored plans in our Corporate Health Services (CHS) program• Employer-sponsored plans that have selected a separate pharmacy benefit manager• Plans offered or administered by other Blue Cross and/or Blue Shield plans

What Is Covered on the Formulary?

This is the list of covered medications chosen by the AZ Blue Pharmacy & Therapeutics (P&T) Committee, which is made up of community doctors and pharmacists. AZ Blue covers the medications listed as long as:

- The medication is medically necessary and appropriate
- The medication has been approved by the Food and Drug Administration (FDA) for the diagnosis for which the medication has been prescribed
- The medication is not a benefit plan exclusion

Depending on the specifics of your benefit plan, other conditions may apply, such as requiring the medication to be filled at a AZ Blue network pharmacy.

Additionally, covered medications are subject to limitations, including but not limited to, prior authorization, step therapy, quantity, age, gender, dosage, and frequency of refills.

What if my Medication is not on the Formulary?

Sometimes our members need access to drugs that are not listed on the plan's formulary (drug list). These medications are often referred to as non-formulary medications. Non-Formulary medications are not covered unless an exception is made. Requirements are outlined in the [Non Formulary Medications Coverage Guideline](#).

Non-Formulary Exception Process

If a member or provider feels there are no suitable formulary alternatives available, he or she may request that an exception be made to allow coverage for a non-formulary medication by filling out the [Pharmacy Prior Authorization Request Form](#) and providing appropriate documentation supporting the request. The form and documentation may be submitted by fax to 602-864-3126 or by email to pharmacyprecert@azblue.com.

A non-formulary exception request does not guarantee approval. Drugs that are not listed on the formulary below but are considered specific benefit plan exclusions will not be covered (see “What is Not Covered?” below).

These medications are initially reviewed by AZ Blue through the formulary exception review process. If your request is denied, you have the right to an external review and detailed instructions will be provided on your denial letter.

What May Vary by Plan?

For most members, benefits are not available for the medication classes below. However, some groups may choose to customize their benefits to include some of these medications.

Coverage May Vary by Plan: Medication Classes		
Weight Loss and/or Gain	Fertility/Infertility	Sexual Dysfunction
Transgender/Gender Reassignment	Other custom benefits	

If you need to verify medication coverage or requirements, refer to your benefit book or contact us.

What Is Not Covered?

Certain medications or medication classes are pharmacy benefit plan exclusions, including but not limited to the items below:

- Athletic performance
- Clinic packs
- ‘Combination’ products, including:
 - Medications packaged with one other or multiple other prescription products
 - Medications packaged with over-the-counter medications, supplies, medical foods, vitamins, or other excluded products
- Cosmetic purposes
- Experimental and/or investigational
- Lifestyle enhancement
- Medical foods
- Medical devices, unless specifically noted in the listing below
- Non-FDA approved, including DESI
- Off-label, unlabeled and orphan medications, unless specifically noted in the listing below
- Over-the-counter (OTC) medications that can be obtained without a prescription, unless specifically noted in the listing below and obtained using a prescription
 - Medications with primary therapeutic ingredients that are sold over the counter in any form, strength, packaging, or name
- Unit-dose packaging, unless that is the only form in which the medication is available

Medications that exceed limitations, including quantity, age, gender, and refill limits, may not be covered. Coverage is not available for medications used to treat a condition not covered under your benefit plan. If a medication does not process at the pharmacy and you do not understand why, please contact us. Medications may reject for many reasons, including member eligibility, exclusion status, quantity, age, gender, dosage, and/or frequency of refill limitations.

How Much Will My Medications Cost?

Benefits and cost sharing for prescription medications vary depending on your benefit plan terms, the medication prescribed, and whether the medication is obtained at a retail pharmacy, a specialty pharmacy, or a mail order pharmacy. Please consult the member benefit plan book and Summary of Benefits and Coverage (SBC) for a complete description of the prescription medication benefit. If the information in this section differs from the applicable benefit plan, the terms of your benefit plan apply.

If your plan does not cover a medication and you obtain it, you will have to pay the full cost of the medication and costs incurred for non-covered medications are not applied to the deductible or out-of-pocket-maximum.

No exceptions will be made regarding the assigned tier of a medication.

When and Why Are Changes Made? How Will I Know?

Medications may change tier throughout the course of the year. AZ Blue's Pharmacy and Therapeutics (P&T) Committee meets on a quarterly basis to review recommended changes and make determinations. Members will be notified of any changes as required by law.

A medication may change tiers for a variety of reasons, including but not limited to:

- Recommendation by the AZ Blue P&T Committee
- Availability of a new generic option
- New clinical information

Mandatory Generics

Many benefit plans require you to purchase a generic drug if one is available. If you purchase a brand name drug when a generic is available you may have to pay the tier 1 cost share plus the difference between the allowed amount for the generic and the brand name medication, even if the prescribing provider indicates on the prescription that the brand name medication should be dispensed. Exceptions are made when a medication is approved through step therapy if all alternative medications have been tried and failed, or when AZ Blue requires the brand name medication to be utilized as the preferred medication. Please refer to your benefit book to determine how this program applies to your plan or contact the pharmacy customer service phone number on the back of your ID card with any questions.

Legal Disclaimer

Information provided is subject to all terms, conditions, limitations, and exclusions of your benefit plan. In the event of any discrepancy, the claims adjudication system and your benefit plan take precedence.

Abbreviations Quick Reference

ACA: Affordable Care Act (ACA) Prevention

AL: Age Limit

CP: Cancer Parity

DS: Days' Supply Limit

F: Female Only Gender Limit

FERT: Fertility Medications *(coverage may vary by plan)*

HDHP: High Deductible Health Plan Preventive Medication List *(coverage may vary by plan)*

M: Male Only Gender Limit

PA: Prior Authorization

QL: Quantity Limit

R&M: Retail & Mail Distribution

SDIS: Sexual Dysfunction Medications *(coverage may vary by plan)*

SP: Specialty Pharmacy Distribution

ST: Step Therapy

WEIGHT: Weight Loss and/or Gain Medications *(coverage may vary by plan)*

Utilization Management & Limitation Abbreviations with Explanations

ACA: Affordable Care Act (ACA) Prevention

The ACA requires most group and individual health plans to waive cost share for in-network preventive services, including certain preventive medications and devices. This requirement does not apply to “grandfathered plans.” If you do not know whether your plan is subject to this requirement, please contact AZ Blue. If your plan does not have ACA prevention, a cost share will apply.

The United States Preventive Services Task Force (USPSTF) has identified certain medications as the recommended preventive medications.

There are two important things to remember about this mandate.

1. The cost share waiver does not apply if you use an out-of-network or non-contracted pharmacy provider, so make sure to check your pharmacy provider’s network status.
2. There are some medications and devices that can be used for both preventive care and to treat a medical condition. Cost share is waived only when the medication or device is prescribed for preventive care.

AL: Age Limit

Coverage may be limited to specific patient age(s) based on recommendations by the Food and Drug Administration (FDA). If a medication is outside of age limits, it will reject at the pharmacy; your provider may request Prior Authorization.

CP: Cancer Parity

If your plan opts into cancer parity, these medications will be covered at the retail & mail order coinsurance level. If your plan opts out of cancer parity, cost share will apply based on whether the medication is a brand or a generic, and where the medication is obtained:

	Retail Distribution	Specialty Distribution
Generic Medication	Tier 1	Specialty Tier A
Brand Medication	Tier 3	Specialty Tier B

DS: Days’ Supply Limit

Coverage may be limited to specific minimum or maximum days’ supply. If a medication is above days’ supply limits, it will reject at the pharmacy; your provider may request Prior Authorization.

Additionally, general days’ supply maximum apply as noted below:

Retail	Retail-90	Mail Order	Specialty
30 days’ supply	90 days’ supply	90 days’ supply	30 days’ supply

Certain benefit plans may not offer retail-90, or it may be limited to maintenance medications only.

F: Female Only Gender Limit

FERT: Fertility Medications

Most plans do not cover medications to improve or achieve fertility or treat infertility. If your plan provides coverage for fertility/infertility medications, they are typically covered at tier 1 (generics) or tier 3 (brands), or at a percentage (coinsurance plans). However, please consult the drug list for specific details. Certain medications may apply a different cost share. Medications are assigned to tiers based on their quality, value, and effectiveness.

HDHP: High Deductible Health Plan Preventive Medication List

This benefit may be offered to high deductible health plans (HDHPs) designed for use with a health savings account (HSA). It applies only for specific large groups that have elected this benefit.

If you are not certain whether your group has this benefit option, please contact AZ Blue. The list is subject to change at any time, without prior notice. Some medications are available at a retail copay but will still require specialty distribution limited to a maximum of a 30-day supply.

HSA-compatible HDHPs generally require members to satisfy a deductible before the plan begins to pay for any benefits. The only permitted exception to that rule is for preventive care. The plan can pay for covered preventive care benefits before the member has met the high deductible.

The medications noted as HDHP have been identified as those most likely to qualify as preventive, based on U.S. Treasury Department guidance. This list does not include every medication that might possibly be considered preventive or every condition for which a preventive medication may be prescribed.

Neither AZ Blue nor your plan sponsor can guarantee that the U.S. Treasury Department will agree that all of these medications qualify as preventative, particularly when applied to a member's specific medical circumstances. You or your provider may be asked to demonstrate that you are taking a specific medication for purposes regarded as preventive under Treasury Department guidance.

If your plan covers AZ Blue designated prevention medications as a preventive benefit and you have your prescription filled at an in-network pharmacy, your plan will treat these designated medications as preventive. This means you will pay only your applicable copay or coinsurance amount, regardless of whether you have met your deductible. The AZ Blue prevention medication benefit applies only at in-network pharmacies. If you obtain AZ Blue designated preventative medications from an out-of-network pharmacy, your standard prescription benefits, with applicable deductible, coinsurance and copays, will apply. Your cost share payments for preventive medications will count towards your deductible.

If you want any of these listed medications to process under your standard pharmacy benefit instead of your preventive care benefit, please [click here](#). If your medications process under your standard prescription benefit, your costs for applicable coverage will apply.

M: Male Only Gender Limit

PA: Prior Authorization

Certain medications require approval prior to being obtained through your pharmacy benefits. This process is called prior authorization. A prior authorization request must be submitted and signed by your provider. Request forms are found at azblue.com. Click on the *Resource Center* tab, select *Pharmacy* and select *View resources for Standard Pharmacy Plans*. Forms are listed at the bottom of the page by medication name under “Pharmacy Coverage Guidelines and Precertification Forms”. If the medication being requested is not listed under the specific forms section, please use the general form listed on azblue.com at the top of the page under *Other Forms and Resources*. Instructions on where to submit the form and the required information is included within the form itself.

Prior Authorization requests are reviewed within 10 business days for standard requests. Requests noted by your provider as urgent are reviewed within 72 hours. If a request is marked as having exigent circumstances the exception request will be reviewed within 24 hours. An exigent request requires a written statement from the prescriber, explaining the reason for exigency.

What is a Pharmacy Coverage Guideline?

The AZ Blue Pharmacy and Therapeutics (P&T) Committee creates pharmacy coverage guidelines, which take into consideration the medical literature. The guideline may state specific limitations, including dosing, gender limits, age limits, or FDA indications for use. If the application of a guideline results in a non-covered claim, the provider has the option to appeal the decision.

Additional information about your pharmacy benefits can be found on azblue.com under *Forms and Resources*. This includes:

- Precertification Guidelines and Forms
- Mail Order Enrollment Forms
- Claim Forms

QL: Quantity Limit

Coverage may be limited to specific quantities per prescription and/or time period based on FDA recommendations. Coverage may also be stricter for controlled substances. If a medication is above quantity limits, it will reject at the pharmacy; your provider may request Prior Authorization.

R&M: Retail & Mail Distribution

Distribution limitations may apply.

- **Retail**—AZ Blue uses Optum’s National Network. Generally, all major pharmacy chains operating in Arizona are contracted to provide retail pharmacy services for AZ Blue members. Certain benefit plans may offer a limited network that excludes CVS and Target.

- **Mail order**—AZ Blue does not provide out-of-network mail order pharmacy benefits. OptumRx® Home Delivery Pharmacy is AZ Blue's exclusive mail order pharmacy provider. Complete the Mail Order Pharmacy Form on azblue.com to get started.

SDIS: Sexual Dysfunction Medications

Most plans do not cover medications to treat sexual dysfunction. If your plan provides coverage for sexual dysfunction medications, they are typically covered at tier 1 (generics) or tier 3 (brands), or at a percentage (coinsurance plans). However, please consult the drug list for specific details. Certain medications may apply a different cost share. Medications are assigned to tiers based on their quality, value, and effectiveness.

SP: Specialty Pharmacy Distribution

Distribution limitations may apply.

- **Specialty medications**—Certain medications may require specialty distribution, provided through our exclusive provider Optum Specialty Pharmacy. These medications are covered up to a 30-day supply and include self-injectable, oral, topical and inhaled medications. Specialty medications cannot be filled at retail pharmacies. Please contact Optum Specialty Pharmacy directly at (866) 618-6741 to establish service with them.

If you are currently obtaining a Specialty Medication from a Specialty Pharmacy and need to receive that medication from a retail pharmacy instead, please contact the Pharmacy Benefit Customer Service number listed on your ID card. AZ Blue and/or the PBM will decide whether you are eligible to receive the Specialty Medication from a retail pharmacy instead of a Specialty Pharmacy.

ST: Step Therapy

Step therapy is a limitation that requires you to try preferred medications before the plan will pay for another medication for the same medical condition that the doctor may have originally prescribed. An automated, electronic review of your medication history is performed to determine whether other medications have been tried first for your condition. This ensures clinically sound and cost-effective treatment options are tried. If a prescribed medication does not meet the step therapy criteria, it may not be covered. You should consult with your doctor about alternative therapy. If a medication does not meet the step therapy criteria for automatic approval, it will reject at the pharmacy; your provider may request prior authorization.

WEIGHT: Weight Loss and/or Gain Medications

Most plans do not cover medications to achieve weight loss or gain. If your plan provides coverage for weight loss/gain medications, they are typically covered at tier 1 (generics) or tier 3 (brands), or at a percentage (coinsurance plans). However, please consult the drug list for specific details. Certain medications may apply a different cost share. Medications are assigned to tiers based on their quality, value, and effectiveness.



Premium PDL Tiered Drug List

01/01/2026

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Drug	Status	Notes
Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant		
*Adhd Agent - Selective Alpha Adrenergic Agonists***		
<i>clonidine hcl er tablet extended release 12 hour 0.1 mg oral</i>	4	QL (2 tabs/day)
<i>guanfacine hcl er tablet extended release 24 hour 1 mg oral</i>	1	AL (Min 6 Years)
<i>guanfacine hcl er tablet extended release 24 hour 2 mg oral</i>	1	AL (Min 6 Years)
<i>guanfacine hcl er tablet extended release 24 hour 3 mg oral</i>	1	AL (Min 6 Years)
<i>guanfacine hcl er tablet extended release 24 hour 4 mg oral</i>	1	AL (Min 6 Years)
ONYDA XR SUSPENSION EXTENDED RELEASE 0.1 MG/ML ORAL	D	PA; SP; DS (30 day supply max)
*Adhd Agent - Selective Norepinephrine Reuptake Inhibitor***		
<i>atomoxetine hcl capsule 10 mg oral</i>	1	QL (3 caps/day); AL (Min 6 Years)
<i>atomoxetine hcl capsule 100 mg oral</i>	1	QL (1 cap/day); AL (Min 6 Years)
<i>atomoxetine hcl capsule 18 mg oral</i>	1	QL (2 caps/ day); AL (Min 6 Years)
<i>atomoxetine hcl capsule 25 mg oral</i>	1	QL (2 caps/ day); AL (Min 6 Years)
<i>atomoxetine hcl capsule 40 mg oral</i>	1	QL (2 caps/ day); AL (Min 6 Years)
<i>atomoxetine hcl capsule 60 mg oral</i>	1	QL (1 cap/day); AL (Min 6 Years)
<i>atomoxetine hcl capsule 80 mg oral</i>	1	QL (1 cap/day); AL (Min 6 Years)
<i>atomoxetine hcl solution 4 mg/ml oral</i>	3	PA
ATONCY SOLUTION 4 MG/ML ORAL	3	PA
*Amphetamine Mixtures***		
<i>amphetamine-dextroamphet er capsule extended release 24 hour 10 mg oral</i>	2	QL (3 caps/ day); AL (Min 6 Years)
<i>amphetamine-dextroamphet er capsule extended release 24 hour 15 mg oral</i>	2	QL (3 caps/ day); AL (Min 6 Years)
<i>amphetamine-dextroamphet er capsule extended release 24 hour 20 mg oral</i>	2	QL (3 caps/ day); AL (Min 6 Years)
<i>amphetamine-dextroamphet er capsule extended release 24 hour 25 mg oral</i>	2	QL (2 caps/ day); AL (Min 6 Years)
<i>amphetamine-dextroamphet er capsule extended release 24 hour 30 mg oral</i>	2	QL (2 caps/ day); AL (Min 6 Years)
<i>amphetamine-dextroamphet er capsule extended release 24 hour 5 mg oral</i>	2	QL (3 caps/day); AL (Min 6 Years)
<i>amphetamine-dextroamphetamine tablet 10 mg oral</i>	1	QL (3 tabs/ day); AL (Min 6 Years)
<i>amphetamine-dextroamphetamine tablet 12.5 mg oral</i>	1	QL (3 tabs/ day); AL (Min 6 Years)
<i>amphetamine-dextroamphetamine tablet 15 mg oral</i>	1	QL (3 tabs/ day); AL (Min 6 Years)
<i>amphetamine-dextroamphetamine tablet 20 mg oral</i>	1	QL (3 tabs/ day); AL (Min 6 Years)
<i>amphetamine-dextroamphetamine tablet 30 mg oral</i>	1	QL (3 tabs/ day); AL (Min 6 Years)
<i>amphetamine-dextroamphetamine tablet 5 mg oral</i>	1	QL (3 tabs/ day); AL (Min 6 Years)
<i>amphetamine-dextroamphetamine tablet 7.5 mg oral</i>	1	QL (3 tabs/ day); AL (Min 6 Years)
*Amphetamines***		
<i>amphetamine er tablet extended release dispersible 12.5 mg oral</i>	4	PA
<i>amphetamine er tablet extended release dispersible 15.7 mg oral</i>	4	PA
<i>amphetamine er tablet extended release dispersible 18.8 mg oral</i>	4	PA

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Drug	Status	Notes
<i>amphetamine er tablet extended release dispersible 3.1 mg oral</i>	4	PA
<i>amphetamine er tablet extended release dispersible 6.3 mg oral</i>	4	PA
<i>amphetamine er tablet extended release dispersible 9.4 mg oral</i>	4	PA
<i>amphetamine sulfate tablet 10 mg oral</i>	1	AL (Min 6 Years)
<i>amphetamine sulfate tablet 5 mg oral</i>	1	AL (Min 6 Years)
ARYNTA SOLUTION 10 MG/ML ORAL	3	PA
<i>dextroamphetamine sulfate er capsule extended release 24 hour 10 mg oral</i>	1	QL (3 caps/ day); AL (Min 6 Years)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 15 mg oral</i>	1	QL (4 caps/day); AL (Min 6 Years)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 5 mg oral</i>	1	QL (3 caps/day); AL (Min 6 Years)
<i>dextroamphetamine sulfate tablet 10 mg oral</i>	1	QL (6 tabs/ day)
<i>dextroamphetamine sulfate tablet 15 mg oral</i>	4	
<i>dextroamphetamine sulfate tablet 20 mg oral</i>	4	
<i>dextroamphetamine sulfate tablet 30 mg oral</i>	4	
<i>dextroamphetamine sulfate tablet 5 mg oral</i>	1	QL (6 tabs/day)
<i>lisdexamfetamine dimesylate capsule 10 mg oral</i>	3	QL (1 cap/day); AL (Min 6 Years)
<i>lisdexamfetamine dimesylate capsule 20 mg oral</i>	3	QL (1 cap/day); AL (Min 6 Years)
<i>lisdexamfetamine dimesylate capsule 30 mg oral</i>	3	QL (1 cap/day); AL (Min 6 Years)
<i>lisdexamfetamine dimesylate capsule 40 mg oral</i>	3	QL (1 cap/day); AL (Min 6 Years)
<i>lisdexamfetamine dimesylate capsule 50 mg oral</i>	3	QL (1 cap/day); AL (Min 6 Years)
<i>lisdexamfetamine dimesylate capsule 60 mg oral</i>	3	QL (1 cap/day); AL (Min 6 Years)
<i>lisdexamfetamine dimesylate capsule 70 mg oral</i>	3	QL (1 cap/day); AL (Min 6 Years)
<i>lisdexamfetamine dimesylate tablet chewable 10 mg oral</i>	3	QL (1 tab/day); AL (Min 6 Years)
<i>lisdexamfetamine dimesylate tablet chewable 20 mg oral</i>	3	QL (1 tab/day); AL (Min 6 Years)
<i>lisdexamfetamine dimesylate tablet chewable 30 mg oral</i>	3	QL (1 tab/day); AL (Min 6 Years)
<i>lisdexamfetamine dimesylate tablet chewable 40 mg oral</i>	3	QL (1 tab/day); AL (Min 6 Years)
<i>lisdexamfetamine dimesylate tablet chewable 50 mg oral</i>	3	QL (1 tab/day); AL (Min 6 Years)
<i>lisdexamfetamine dimesylate tablet chewable 60 mg oral</i>	3	QL (1 tab/day); AL (Min 6 Years)
VYVANSE CAPSULE 10 MG ORAL	3	QL (1 cap/day); AL (Min 6 Years)
VYVANSE CAPSULE 20 MG ORAL	3	QL (1 cap/day); AL (Min 6 Years)
VYVANSE CAPSULE 30 MG ORAL	3	QL (1 cap/day); AL (Min 6 Years)
VYVANSE CAPSULE 40 MG ORAL	3	QL (1 cap/day); AL (Min 6 Years)
VYVANSE CAPSULE 50 MG ORAL	3	QL (1 cap/day); AL (Min 6 Years)
VYVANSE CAPSULE 60 MG ORAL	3	QL (1 cap/day); AL (Min 6 Years)
VYVANSE CAPSULE 70 MG ORAL	3	QL (1 cap/day); AL (Min 6 Years)
VYVANSE TABLET CHEWABLE 10 MG ORAL	3	QL (1 tab/day); AL (Min 6 Years)
VYVANSE TABLET CHEWABLE 20 MG ORAL	3	QL (1 tab/day); AL (Min 6 Years)
VYVANSE TABLET CHEWABLE 30 MG ORAL	3	QL (1 tab/day); AL (Min 6 Years)
VYVANSE TABLET CHEWABLE 40 MG ORAL	3	QL (1 tab/day); AL (Min 6 Years)
VYVANSE TABLET CHEWABLE 50 MG ORAL	3	QL (1 tab/day); AL (Min 6 Years)

Drug	Status	Notes
VYVANSE TABLET CHEWABLE 60 MG ORAL	3	QL (1 tab/day); AL (Min 6 Years)
*Analeptics***		
<i>caffeine anhydrous powder (otc)</i>	3	
<i>caffeine anhydrous powder (rx)</i>	3	
<i>caffeine citrate solution 60 mg/3ml oral</i>	1	
<i>caffeine powder</i>	3	
*Anorexiant Combinations***		
<i>phentermine-topiramate er capsule extended release 24 hour 11.25-69 mg oral</i>	VC	WEIGHT (Excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
<i>phentermine-topiramate er capsule extended release 24 hour 15-92 mg oral</i>	VC	WEIGHT (Excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
<i>phentermine-topiramate er capsule extended release 24 hour 3.75-23 mg oral</i>	VC	WEIGHT (Excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
<i>phentermine-topiramate er capsule extended release 24 hour 7.5-46 mg oral</i>	VC	WEIGHT (Excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
QSYMIA CAPSULE EXTENDED RELEASE 24 HOUR 11.25-69 MG ORAL	VC	WEIGHT (Excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
QSYMIA CAPSULE EXTENDED RELEASE 24 HOUR 15-92 MG ORAL	VC	WEIGHT (Excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
QSYMIA CAPSULE EXTENDED RELEASE 24 HOUR 3.75-23 MG ORAL	VC	WEIGHT (Excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
QSYMIA CAPSULE EXTENDED RELEASE 24 HOUR 7.5-46 MG ORAL	VC	WEIGHT (Excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
*Anorexiants Non-Amphetamine***		
<i>benzphetamine hcl tablet 50 mg oral</i>	VC	WEIGHT (Excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
<i>diethylpropion hcl er tablet extended release 24 hour 75 mg oral</i>	VC	WEIGHT (Excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
<i>diethylpropion hcl tablet 25 mg oral</i>	VC	WEIGHT (Excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
LOMAIRA TABLET 8 MG ORAL	VC	WEIGHT (Excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
<i>phendimetrazine tartrate er capsule extended release 24 hour 105 mg oral</i>	VC	WEIGHT (Excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))

Drug	Status	Notes
<i>phendimetrazine tartrate tablet 35 mg oral</i>	VC	WEIGHT (Excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
<i>phentermine hcl capsule 15 mg oral</i>	VC	WEIGHT (Excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
<i>phentermine hcl capsule 30 mg oral</i>	VC	WEIGHT (Excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
<i>phentermine hcl capsule 37.5 mg oral</i>	VC	WEIGHT (Excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
<i>phentermine hcl tablet 37.5 mg oral</i>	VC	WEIGHT (Excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
<i>phentermine hcl tablet 8 mg oral</i>	VC	WEIGHT (Excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
*Anti-Obesity - Gip & Glp-1 Receptor Agonists***		
ZEPBOUND KWIKPEN SOLUTION PEN-INJECTOR 10 MG/0.6ML SUBCUTANEOUS	4	PA; QL (4 doses per month); DS (30 day supply max)
ZEPBOUND KWIKPEN SOLUTION PEN-INJECTOR 12.5 MG/0.6ML SUBCUTANEOUS	4	PA; QL (4 doses per month); DS (30 day supply max)
ZEPBOUND KWIKPEN SOLUTION PEN-INJECTOR 15 MG/0.6ML SUBCUTANEOUS	4	PA; QL (4 doses per month); DS (30 day supply max)
ZEPBOUND KWIKPEN SOLUTION PEN-INJECTOR 2.5 MG/0.6ML SUBCUTANEOUS	4	PA; QL (4 doses per month); DS (30 day supply max)
ZEPBOUND KWIKPEN SOLUTION PEN-INJECTOR 5 MG/0.6ML SUBCUTANEOUS	4	PA; QL (4 doses per month); DS (30 day supply max)
ZEPBOUND KWIKPEN SOLUTION PEN-INJECTOR 7.5 MG/0.6ML SUBCUTANEOUS	4	PA; QL (4 doses per month); DS (30 day supply max)
ZEPBOUND SOLUTION 10 MG/0.5ML SUBCUTANEOUS	4	PA; QL (4 doses per month); DS (30 day supply max)
ZEPBOUND SOLUTION 12.5 MG/0.5ML SUBCUTANEOUS	4	PA; QL (4 doses per month); DS (30 day supply max)
ZEPBOUND SOLUTION 15 MG/0.5ML SUBCUTANEOUS	4	PA; QL (4 doses per month); DS (30 day supply max)
ZEPBOUND SOLUTION 2.5 MG/0.5ML SUBCUTANEOUS	4	PA; QL (4 doses per month); DS (30 day supply max)
ZEPBOUND SOLUTION 5 MG/0.5ML SUBCUTANEOUS	4	PA; QL (4 doses per month); DS (30 day supply max)
ZEPBOUND SOLUTION 7.5 MG/0.5ML SUBCUTANEOUS	4	PA; QL (4 doses per month); DS (30 day supply max)
ZEPBOUND SOLUTION AUTO-INJECTOR 10 MG/0.5ML SUBCUTANEOUS	4	PA; QL (4 doses per month); DS (30 day supply max)
ZEPBOUND SOLUTION AUTO-INJECTOR 12.5 MG/0.5ML SUBCUTANEOUS	4	PA; QL (4 doses per month); DS (30 day supply max)
ZEPBOUND SOLUTION AUTO-INJECTOR 15 MG/0.5ML SUBCUTANEOUS	4	PA; QL (4 doses per month); DS (30 day supply max)

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Drug	Status	Notes
ZEPBOUND SOLUTION AUTO-INJECTOR 2.5 MG/0.5ML SUBCUTANEOUS	4	PA; QL (4 doses per month); DS (30 day supply max)
ZEPBOUND SOLUTION AUTO-INJECTOR 5 MG/0.5ML SUBCUTANEOUS	4	PA; QL (4 doses per month); DS (30 day supply max)
ZEPBOUND SOLUTION AUTO-INJECTOR 7.5 MG/0.5ML SUBCUTANEOUS	4	PA; QL (4 doses per month); DS (30 day supply max)
*Anti-Obesity - Glp-1 Receptor Agonists***		
FOUNDAYO TABLET 0.8 MG ORAL	VC	WEIGHT (Excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
FOUNDAYO TABLET 14.5 MG ORAL	VC	WEIGHT (Excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
FOUNDAYO TABLET 17.2 MG ORAL	VC	WEIGHT (Excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
FOUNDAYO TABLET 2.5 MG ORAL	VC	WEIGHT (Excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
FOUNDAYO TABLET 5.5 MG ORAL	VC	WEIGHT (Excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
FOUNDAYO TABLET 9 MG ORAL	VC	WEIGHT (Excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
<i>liraglutide -weight management solution pen-injector 18 mg/3ml subcutaneous</i>	VC	DS (30 day supply max); WEIGHT (Excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
SAXENDA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	VC	DS (30 day supply max); WEIGHT (Excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
WEGOVY HD SOLUTION AUTO-INJECTOR 7.2 MG/0.75ML SUBCUTANEOUS	VC	QL (4 pens per month); DS (30 day supply max); WEIGHT (Excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
WEGOVY SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML SUBCUTANEOUS	4	PA; QL (4 pens per month); DS (30 day supply max)
WEGOVY SOLUTION AUTO-INJECTOR 0.5 MG/0.5ML SUBCUTANEOUS	4	PA; QL (4 pens per month); DS (30 day supply max)
WEGOVY SOLUTION AUTO-INJECTOR 1 MG/0.5ML SUBCUTANEOUS	4	PA; QL (4 pens per month); DS (30 day supply max)
WEGOVY SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML SUBCUTANEOUS	4	PA; QL (4 pens per month); DS (30 day supply max)
WEGOVY SOLUTION AUTO-INJECTOR 2.4 MG/0.75ML SUBCUTANEOUS	4	PA; QL (4 pens per month); DS (30 day supply max)
WEGOVY TABLET 1.5 MG ORAL	4	PA; DS (30 day supply max)
WEGOVY TABLET 25 MG ORAL	4	PA; DS (30 day supply max)

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Drug	Status	Notes
WEGOVY TABLET 4 MG ORAL	4	PA; DS (30 day supply max)
WEGOVY TABLET 9 MG ORAL	4	PA; DS (30 day supply max)
*Dopamine And Norepinephrine Reuptake Inhibitors (Dnris)***		
SUNOSI TABLET 150 MG ORAL	3	PA
SUNOSI TABLET 75 MG ORAL	3	PA
*Histamine H3-Receptor Antagonist/Inverse Agonists***		
WAKIX TABLET 17.8 MG ORAL	D	PA; SP; DS (30 day supply max)
WAKIX TABLET 4.45 MG ORAL	D	PA; SP; DS (30 day supply max)
*Lipase Inhibitors***		
<i>orlistat capsule 120 mg oral</i>	VC	WEIGHT (Excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance)); AL (Min 12 Years)
XENICAL CAPSULE 120 MG ORAL	VC	WEIGHT (Excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance)); AL (Min 12 Years)
*Stimulant Combinations***		
AZSTARYS CAPSULE 26.1-5.2 MG ORAL	4	PA; QL (1 cap/day); AL (Min 6 Years)
AZSTARYS CAPSULE 39.2-7.8 MG ORAL	4	PA; QL (1 cap/day); AL (Min 6 Years)
AZSTARYS CAPSULE 52.3-10.4 MG ORAL	4	PA; QL (1 cap/day); AL (Min 6 Years)
*Stimulants - Misc.***		
APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL	4	PA; QL (1 cap/day); AL (Min 6 Years)
APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL	4	PA; QL (1 cap/day); AL (Min 6 Years)
APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL	4	PA; QL (1 cap/day); AL (Min 6 Years)
APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL	4	PA; QL (1 cap/day); AL (Min 6 Years)
APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL	4	PA; QL (1 cap/day); AL (Min 6 Years)
APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 50 MG ORAL	4	PA; QL (1 cap/day); AL (Min 6 Years)
APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 60 MG ORAL	4	PA; QL (1 cap/day); AL (Min 6 Years)
<i>armodafinil tablet 150 mg oral</i>	4	QL (1 tab/day); AL (Min 18 Years)
<i>armodafinil tablet 200 mg oral</i>	4	QL (1 tab/day); AL (Min 18 Years)
<i>armodafinil tablet 250 mg oral</i>	4	QL (1 tab/day); AL (Min 18 Years)
<i>armodafinil tablet 50 mg oral</i>	4	QL (2 tabs/ day); AL (Min 18 Years)
<i>dexmethylphenidate hcl er capsule extended release 24 hour 10 mg oral</i>	4	QL (1 cap/day); AL (Min 6 Years)
<i>dexmethylphenidate hcl er capsule extended release 24 hour 15 mg oral</i>	4	QL (2 caps/ day); AL (Min 6 Years)

Drug	Status	Notes
<i>dexmethylphenidate hcl er capsule extended release 24 hour 20 mg oral</i>	4	QL (1 cap/day); AL (Min 6 Years)
<i>dexmethylphenidate hcl er capsule extended release 24 hour 25 mg oral</i>	4	QL (1 cap/day); AL (Min 6 Years)
<i>dexmethylphenidate hcl er capsule extended release 24 hour 30 mg oral</i>	4	QL (1 cap/day); AL (Min 6 Years)
<i>dexmethylphenidate hcl er capsule extended release 24 hour 35 mg oral</i>	4	QL (1 cap/day); AL (Min 6 Years)
<i>dexmethylphenidate hcl er capsule extended release 24 hour 40 mg oral</i>	4	QL (1 cap/day); AL (Min 6 Years)
<i>dexmethylphenidate hcl er capsule extended release 24 hour 5 mg oral</i>	4	QL (3 caps/day); AL (Min 6 Years)
<i>dexmethylphenidate hcl tablet 10 mg oral</i>	1	QL (3 tabs/ day); AL (Min 6 Years)
<i>dexmethylphenidate hcl tablet 2.5 mg oral</i>	1	QL (3 tabs/ day); AL (Min 6 Years)
<i>dexmethylphenidate hcl tablet 5 mg oral</i>	1	QL (3 tabs/ day); AL (Min 6 Years)
JORNAY PM CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL	3	PA; QL (1 cap/day); AL (Min 6 Years)
JORNAY PM CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL	3	PA; QL (1 cap/day); AL (Min 6 Years)
JORNAY PM CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL	3	PA; QL (1 cap/day); AL (Min 6 Years)
JORNAY PM CAPSULE EXTENDED RELEASE 24 HOUR 60 MG ORAL	3	PA; QL (1 cap/day); AL (Min 6 Years)
JORNAY PM CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL	3	PA; QL (1 cap/day); AL (Min 6 Years)
METADATE CD CAPSULE EXTENDED RELEASE 10 MG ORAL	3	PA; QL (1 cap/day); AL (Min 6 Years)
METADATE CD CAPSULE EXTENDED RELEASE 20 MG ORAL	3	PA; QL (2 cap/day); AL (Min 6 Years)
METADATE CD CAPSULE EXTENDED RELEASE 30 MG ORAL	3	PA; QL (2 cap/day); AL (Min 6 Years)
METADATE CD CAPSULE EXTENDED RELEASE 40 MG ORAL	3	PA; QL (1 cap/day); AL (Min 6 Years)
METADATE CD CAPSULE EXTENDED RELEASE 50 MG ORAL	3	PA; QL (1 cap/day); AL (Min 6 Years)
METADATE CD CAPSULE EXTENDED RELEASE 60 MG ORAL	3	PA; QL (1 cap/day); AL (Min 6 Years)
METHYLIN SOLUTION 10 MG/5ML ORAL	3	QL (30 ml/ day); AL (Min 6 Years)
METHYLIN SOLUTION 5 MG/5ML ORAL	3	QL (60 ml/ day); AL (Min 6 Years)
<i>methylphenidate hcl er (cd) capsule extended release 10 mg oral</i>	2	QL (1 cap/day); AL (Min 6 Years)
<i>methylphenidate hcl er (cd) capsule extended release 20 mg oral</i>	2	QL (2 cap/day); AL (Min 6 Years)
<i>methylphenidate hcl er (cd) capsule extended release 30 mg oral</i>	2	QL (2 cap/day); AL (Min 6 Years)
<i>methylphenidate hcl er (cd) capsule extended release 40 mg oral</i>	2	QL (1 cap/day); AL (Min 6 Years)
<i>methylphenidate hcl er (cd) capsule extended release 50 mg oral</i>	2	QL (1 cap/day); AL (Min 6 Years)
<i>methylphenidate hcl er (cd) capsule extended release 60 mg oral</i>	2	QL (1 cap/day); AL (Min 6 Years)

Drug	Status	Notes
<i>methylphenidate hcl er (la) capsule extended release 24 hour 10 mg oral</i>	2	QL (1 cap/day); AL (Min 6 Years)
<i>methylphenidate hcl er (la) capsule extended release 24 hour 20 mg oral</i>	2	QL (1 cap/day); AL (Min 6 Years)
<i>methylphenidate hcl er (la) capsule extended release 24 hour 30 mg oral</i>	2	QL (1 cap/day); AL (Min 6 Years)
<i>methylphenidate hcl er (la) capsule extended release 24 hour 40 mg oral</i>	2	QL (1 cap/day); AL (Min 6 Years)
<i>methylphenidate hcl er (la) capsule extended release 24 hour 60 mg oral</i>	4	QL (1 cap/day); AL (Min 6 Years)
<i>methylphenidate hcl er (osm) tablet extended release 18 mg oral</i>	1	QL (1 tab/day); AL (Min 6 Years)
<i>methylphenidate hcl er (osm) tablet extended release 27 mg oral</i>	2	QL (1 tab/day); AL (Min 6 Years)
<i>methylphenidate hcl er (osm) tablet extended release 36 mg oral</i>	2	QL (1 tab/day); AL (Min 6 Years)
<i>methylphenidate hcl er (osm) tablet extended release 54 mg oral</i>	1	QL (1 tab/day); AL (Min 6 Years)
<i>methylphenidate hcl er (xr) capsule extended release 24 hour 10 mg oral</i>	4	PA; QL (1 cap/day); AL (Min 6 Years)
<i>methylphenidate hcl er (xr) capsule extended release 24 hour 15 mg oral</i>	4	PA; QL (1 cap/day); AL (Min 6 Years)
<i>methylphenidate hcl er (xr) capsule extended release 24 hour 20 mg oral</i>	4	PA; QL (1 cap/day); AL (Min 6 Years)
<i>methylphenidate hcl er (xr) capsule extended release 24 hour 30 mg oral</i>	4	PA; QL (1 cap/day); AL (Min 6 Years)
<i>methylphenidate hcl er (xr) capsule extended release 24 hour 40 mg oral</i>	4	PA; QL (1 cap/day); AL (Min 6 Years)
<i>methylphenidate hcl er (xr) capsule extended release 24 hour 50 mg oral</i>	4	PA; QL (1 cap/day); AL (Min 6 Years)
<i>methylphenidate hcl er (xr) capsule extended release 24 hour 60 mg oral</i>	4	PA; QL (1 cap/day); AL (Min 6 Years)
<i>methylphenidate hcl er tablet extended release 10 mg oral</i>	1	AL (Min 6 Years)
<i>methylphenidate hcl er tablet extended release 20 mg oral</i>	1	AL (Min 6 Years)
<i>methylphenidate hcl er tablet extended release 24 hour 18 mg oral</i>	3	QL (1 tab/day); AL (Min 6 Years)
<i>methylphenidate hcl er tablet extended release 24 hour 27 mg oral</i>	3	QL (1 tab/day); AL (Min 6 Years)
<i>methylphenidate hcl er tablet extended release 24 hour 36 mg oral</i>	3	QL (1 tab/day); AL (Min 6 Years)
<i>methylphenidate hcl er tablet extended release 24 hour 54 mg oral</i>	3	QL (1 tab/day); AL (Min 6 Years)
<i>methylphenidate hcl er(diffus) tablet extended release 27 mg oral</i>	2	QL (1 tab/day); AL (Min 6 Years)
<i>methylphenidate hcl er(diffus) tablet extended release 36 mg oral</i>	2	QL (1 tab/day); AL (Min 6 Years)
<i>methylphenidate hcl er(diffus) tablet extended release 54 mg oral</i>	1	QL (1 tab/day); AL (Min 6 Years)
<i>methylphenidate hcl solution 10 mg/5ml oral</i>	1	QL (30 ml/ day); AL (Min 6 Years)
<i>methylphenidate hcl solution 5 mg/5ml oral</i>	1	QL (60 ml/ day); AL (Min 6 Years)
<i>methylphenidate hcl tablet 10 mg oral</i>	1	QL (4 tabs/ day); AL (Min 6 Years)
<i>methylphenidate hcl tablet 20 mg oral</i>	1	QL (2 tabs/ day); AL (Min 6 Years)
<i>methylphenidate hcl tablet 5 mg oral</i>	1	QL (6 tabs/ day); AL (Min 6 Years)

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Drug	Status	Notes
<i>methylphenidate hcl tablet chewable 10 mg oral</i>	3	QL (2 tabs/ day); AL (Min 6 Years)
<i>methylphenidate hcl tablet chewable 2.5 mg oral</i>	3	QL (2 tabs/ day); AL (Min 6 Years)
<i>methylphenidate hcl tablet chewable 5 mg oral</i>	3	QL (2 tabs/ day); AL (Min 6 Years)
<i>modafinil tablet 100 mg oral</i>	1	QL (2 tabs/ day); AL (Min 16 Years)
<i>modafinil tablet 200 mg oral</i>	1	QL (2 tabs/ day); AL (Min 16 Years)
Allergenic Extracts/Biologicals Misc		
*Allergenic Extracts***		
GRASTEK TABLET SUBLINGUAL 2800 BAU SUBLINGUAL	4	PA
RAGWITEK TABLET SUBLINGUAL 12 AMB A 1-U SUBLINGUAL	4	PA
*Mixed Allergenic Extracts***		
ODACTRA TABLET SUBLINGUAL 12 SQ-HDM SUBLINGUAL	4	PA
ORALAIR TABLET SUBLINGUAL 300 IR SUBLINGUAL	4	PA
Alternative Medicines		
*Alternative Medicine - AI's***		
NEOKE RA LIPOIC POWDER 800 MG/GM ORAL	3	
Amebicides		
*Amebicides***		
<i>iodoquinol powder (rx)</i>	3	
SOLOSEC PACKET 2 GM ORAL	4	QL (1 fill/ 180days)
Aminoglycosides		
*Aminoglycosides***		
<i>amikacin sulfate powder</i>	3	
ARIKAYCE SUSPENSION 590 MG/8.4ML INHALATION	D	PA; SP; DS (30 day supply max)
HUMATIN CAPSULE 250 MG ORAL	C	PA; SP; DS (30 day supply max)
<i>neomycin sulfate tablet 500 mg oral</i>	1	
TOBI PODHALER CAPSULE 28 MG INHALATION	D	PA; SP; DS (30 day supply max)
<i>tobramycin nebulization solution 300 mg/4ml inhalation</i>	C	SP
<i>tobramycin nebulization solution 300 mg/4ml inhalation</i>	C	SP; DS (30 day supply max)
<i>tobramycin nebulization solution 300 mg/5ml inhalation</i>	B	SP; DS (30 day supply max)
<i>tobramycin sulfate powder</i>	3	
Analgesics - Anti-Inflammatory		
*Antirheumatic - Janus Kinase (Jak) Inhibitors***		
OLUMIANT TABLET 1 MG ORAL	D	PA; SP; DS (30 day supply max)
OLUMIANT TABLET 2 MG ORAL	D	PA; SP; DS (30 day supply max)
OLUMIANT TABLET 4 MG ORAL	D	PA; SP; DS (30 day supply max)
RINVOQ LQ SOLUTION 1 MG/ML ORAL	B	PA; SP; DS (30 day supply max)
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15 MG ORAL	B	PA; SP; DS (30 day supply max)
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 30 MG ORAL	B	PA; SP; DS (30 day supply max)

Drug	Status	Notes
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 45 MG ORAL	B	PA; SP; DS (30 day supply max)
<i>tofacitinib citrate er tablet extended release 24 hour 11 mg oral</i>	B	PA; SP; DS (30 day supply max)
<i>tofacitinib citrate er tablet extended release 24 hour 22 mg oral</i>	B	PA; SP; DS (30 day supply max)
<i>tofacitinib citrate solution 1 mg/ml oral</i>	B	PA; SP; QL (10ml/ day); DS (30 day supply max); AL (Max 18 Years)
<i>tofacitinib citrate tablet 10 mg oral</i>	B	PA; SP; DS (30 day supply max)
<i>tofacitinib citrate tablet 5 mg oral</i>	B	PA; SP; DS (30 day supply max)
XELJANZ SOLUTION 1 MG/ML ORAL	B	PA; SP; QL (10ml/ day); DS (30 day supply max); AL (Max 18 Years)
XELJANZ TABLET 10 MG ORAL	B	PA; SP; DS (30 day supply max)
XELJANZ TABLET 5 MG ORAL	B	PA; SP; DS (30 day supply max)
XELJANZ XR TABLET EXTENDED RELEASE 24 HOUR 11 MG ORAL	B	PA; SP; DS (30 day supply max)
XELJANZ XR TABLET EXTENDED RELEASE 24 HOUR 22 MG ORAL	B	PA; SP; DS (30 day supply max)
*Anti-Tnf-Alpha - Monoclonal Antibodies***		
<i>adalimumab-adbm (2 pen) auto-injector kit 40 mg/0.4ml subcutaneous</i>	B	PA; SP; DS (30 day supply max)
<i>adalimumab-adbm (2 pen) auto-injector kit 40 mg/0.8ml subcutaneous</i>	B	PA; SP; DS (30 day supply max)
<i>adalimumab-adbm (2 syringe) prefilled syringe kit 10 mg/0.2ml subcutaneous</i>	B	PA; SP; DS (30 day supply max)
<i>adalimumab-adbm (2 syringe) prefilled syringe kit 20 mg/0.4ml subcutaneous</i>	B	PA; SP; DS (30 day supply max)
<i>adalimumab-adbm (2 syringe) prefilled syringe kit 40 mg/0.4ml subcutaneous</i>	B	PA; SP; DS (30 day supply max)
<i>adalimumab-adbm (2 syringe) prefilled syringe kit 40 mg/0.8ml subcutaneous</i>	B	PA; SP; DS (30 day supply max)
<i>adalimumab-adbm(cdluc/hs strt) auto-injector kit 40 mg/0.4ml subcutaneous</i>	B	PA; SP; DS (30 day supply max)
<i>adalimumab-adbm(cdluc/hs strt) auto-injector kit 40 mg/0.8ml subcutaneous</i>	B	PA; SP; DS (30 day supply max)
<i>adalimumab-adbm(ps/uv starter) auto-injector kit 40 mg/0.4ml subcutaneous</i>	B	PA; SP; DS (30 day supply max)
<i>adalimumab-adbm(ps/uv starter) auto-injector kit 40 mg/0.8ml subcutaneous</i>	B	PA; SP; DS (30 day supply max)
<i>adalimumab-bwwd solution auto-injector 40 mg/0.4ml subcutaneous</i>	D	PA; SP; DS (30 day supply max)
<i>adalimumab-bwwd solution prefilled syringe 40 mg/0.4ml subcutaneous</i>	D	PA; SP; DS (30 day supply max)
<i>adalimumab-ryvk (1 pen) auto-injector kit 80 mg/0.8ml subcutaneous</i>	B	PA; SP; DS (30 day supply max)
<i>adalimumab-ryvk (2 pen) auto-injector kit 40 mg/0.4ml subcutaneous</i>	B	PA; SP; DS (30 day supply max)
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)

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Drug	Status	Notes
AMJEVITA SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
AMJEVITA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
AMJEVITA-PED 15KG TO <30KG SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
HADLIMA PUSHTOUCH SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
HADLIMA PUSHTOUCH SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
HADLIMA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
HADLIMA SOLUTION PREFILLED SYRINGE 40 MG/0.8ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
SIMLANDI (1 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
SIMLANDI (1 PEN) AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
SIMLANDI (1 SYRINGE) PREFILLED SYRINGE KIT 80 MG/0.8ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
SIMLANDI (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
SIMLANDI (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
SIMLANDI (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
SIMPONI SOLUTION AUTO-INJECTOR 100 MG/ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
SIMPONI SOLUTION AUTO-INJECTOR 50 MG/0.5ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
SIMPONI SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
SIMPONI SOLUTION PREFILLED SYRINGE 50 MG/0.5ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
*Cyclooxygenase 2 (Cox-2) Inhibitors***		
<i>celecoxib capsule 100 mg oral</i>	1	QL (2 caps/day)
<i>celecoxib capsule 200 mg oral</i>	1	QL (2 caps/day)
<i>celecoxib capsule 400 mg oral</i>	1	QL (2 caps/day)
<i>celecoxib capsule 50 mg oral</i>	1	QL (2 caps/day)
*Gold Compounds***		
<i>auranofin capsule 3 mg oral</i>	3	
RIDAURA CAPSULE 3 MG ORAL	3	
*Interleukin-1 Blockers***		
ARCALYST SOLUTION RECONSTITUTED 220 MG SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)

Drug	Status	Notes
*Interleukin-1 Receptor Antagonist (Il-1Ra)***		
KINERET SOLUTION PREFILLED SYRINGE 100 MG/0.67ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
*Interleukin-1Beta Blockers***		
ILARIS SOLUTION 150 MG/ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
*Interleukin-6 Receptor Inhibitors***		
ACTEMRA ACTPEN SOLUTION AUTO-INJECTOR 162 MG/0.9ML SUBCUTANEOUS	C	PA; SP; DS (30 day supply max)
ACTEMRA SOLUTION PREFILLED SYRINGE 162 MG/0.9ML SUBCUTANEOUS	C	PA; SP; DS (30 day supply max)
AVTOZMA SOLUTION AUTO-INJECTOR 162 MG/0.9ML SUBCUTANEOUS	C	PA; SP; DS (30 day supply max)
AVTOZMA SOLUTION PREFILLED SYRINGE 162 MG/0.9ML SUBCUTANEOUS	C	PA; SP; DS (30 day supply max)
KEVZARA SOLUTION AUTO-INJECTOR 150 MG/1.14ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
KEVZARA SOLUTION AUTO-INJECTOR 200 MG/1.14ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
KEVZARA SOLUTION PREFILLED SYRINGE 150 MG/1.14ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
KEVZARA SOLUTION PREFILLED SYRINGE 200 MG/1.14ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
TYENNE SOLUTION AUTO-INJECTOR 162 MG/0.9ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
TYENNE SOLUTION PREFILLED SYRINGE 162 MG/0.9ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
*Nonsteroidal Anti-Inflammatory Agents (Nsaids)***		
DAYPRO TABLET 600 MG ORAL	3	
<i>diclofenac potassium tablet 50 mg oral</i>	1	
<i>diclofenac sodium er tablet extended release 24 hour 100 mg oral</i>	1	
<i>diclofenac sodium tablet delayed release 25 mg oral</i>	1	
<i>diclofenac sodium tablet delayed release 50 mg oral</i>	1	
<i>diclofenac sodium tablet delayed release 75 mg oral</i>	1	
EC-NAPROSYN TABLET DELAYED RELEASE 375 MG ORAL	3	
EC-NAPROSYN TABLET DELAYED RELEASE 500 MG ORAL	3	
<i>ec-naproxen tablet delayed release 375 mg oral</i>	3	
<i>ec-naproxen tablet delayed release 500 mg oral</i>	3	
<i>etodolac capsule 200 mg oral</i>	1	QL (6 caps/ day)
<i>etodolac capsule 300 mg oral</i>	1	QL (4 caps/day)
<i>etodolac er tablet extended release 24 hour 400 mg oral</i>	1	QL (3 tabs/day)
<i>etodolac er tablet extended release 24 hour 500 mg oral</i>	1	QL (2 tabs/ day)
<i>etodolac er tablet extended release 24 hour 600 mg oral</i>	1	QL (2 tabs/ day)
<i>etodolac tablet 400 mg oral</i>	1	QL (3 tabs/day)
<i>etodolac tablet 500 mg oral</i>	1	QL (2 tabs/ day)

Drug	Status	Notes
<i>fenoprofen calcium powder</i>	3	
<i>flurbiprofen powder</i>	3	
<i>flurbiprofen tablet 100 mg oral</i>	4	
<i>flurbiprofen tablet 50 mg oral</i>	1	
IBU TABLET 400 MG ORAL	1	
IBU TABLET 600 MG ORAL	1	
IBU TABLET 800 MG ORAL	1	
<i>ibuprofen tablet 400 mg oral</i>	1	
<i>ibuprofen tablet 600 mg oral</i>	1	
<i>ibuprofen tablet 800 mg oral</i>	1	
<i>indomethacin capsule 25 mg oral</i>	1	
<i>indomethacin capsule 50 mg oral</i>	1	
<i>indomethacin er capsule extended release 75 mg oral</i>	1	
<i>indomethacin powder</i>	3	
<i>ketoprofen capsule 25 mg oral</i>	4	
<i>ketorolac tromethamine tablet 10 mg oral</i>	1	QL (20 tabs/ 5 days supply); DS (5 day supply max)
KIPROFEN CAPSULE 25 MG ORAL	4	
LODINE TABLET 400 MG ORAL	4	QL (3 tabs/day)
<i>meclofenamate sodium powder</i>	3	
<i>meloxicam tablet 15 mg oral</i>	1	QL (1 tab/day)
<i>meloxicam tablet 7.5 mg oral</i>	1	QL (2 tabs/day)
<i>nabumetone tablet 500 mg oral</i>	1	
<i>nabumetone tablet 750 mg oral</i>	1	
<i>naproxen dr tablet delayed release 500 mg oral</i>	1	
<i>naproxen powder</i>	3	
<i>naproxen sodium powder</i>	3	
<i>naproxen sodium tablet 275 mg oral</i>	1	
<i>naproxen tablet 250 mg oral</i>	1	
<i>naproxen tablet 375 mg oral</i>	1	
<i>naproxen tablet 500 mg oral</i>	1	
<i>naproxen tablet delayed release 375 mg oral</i>	1	
<i>naproxen tablet delayed release 500 mg oral</i>	1	
<i>oxaprozin tablet 600 mg oral</i>	1	
<i>piroxicam capsule 10 mg oral</i>	1	
<i>piroxicam capsule 20 mg oral</i>	1	
<i>piroxicam powder</i>	3	
<i>sulindac powder</i>	3	
<i>sulindac tablet 150 mg oral</i>	1	
<i>sulindac tablet 200 mg oral</i>	1	
TOLECTIN DS CAPSULE 400 MG ORAL	4	PA
<i>tolmetin sodium capsule 400 mg oral</i>	4	PA

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Drug	Status	Notes
*Phenylbutazones***		
<i>phenylbutazone powder</i>	3	
*Phosphodiesterase 4 (Pde4) Inhibitors***		
OTEZLA TABLET 20 MG ORAL	B	PA; SP; DS (30 day supply max)
OTEZLA TABLET 30 MG ORAL	B	PA; SP; DS (30 day supply max)
OTEZLA TABLET THERAPY PACK 10 & 20 & 30 MG ORAL	B	PA; SP; QL (1 starter pack/fill); DS (30 day supply max); AL (Min 18 Years)
OTEZLA TABLET THERAPY PACK 4 X 10 & 51 X20 MG ORAL	B	PA; SP; DS (30 day supply max)
OTEZLA XR TABLET EXTENDED RELEASE 24 HOUR 75 MG ORAL	D	PA; SP; DS (30 day supply max)
OTEZLA/OTEZLA XR INITIATION PK TABLET THERAPY PACK 10&20&30&(ER)75 MG ORAL	A	PA; SP; QL (41 per 1 years); DS (30 day supply max)
*Pyrimidine Synthesis Inhibitors***		
<i>leflunomide tablet 10 mg oral</i>	1	QL (1 tab/day)
<i>leflunomide tablet 20 mg oral</i>	1	QL (1 tab/day)
*Selective Costimulation Modulators***		
ORENCIA CLICKJECT SOLUTION AUTO-INJECTOR 125 MG/ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
ORENCIA SOLUTION PREFILLED SYRINGE 125 MG/ML SUBCUTANEOUS	C	PA; SP; DS (30 day supply max)
ORENCIA SOLUTION PREFILLED SYRINGE 50 MG/0.4ML SUBCUTANEOUS	C	PA; SP; DS (30 day supply max)
ORENCIA SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML SUBCUTANEOUS	C	PA; SP; DS (30 day supply max)
*Soluble Tumor Necrosis Factor Receptor Agents***		
ENBREL MINI SOLUTION CARTRIDGE 50 MG/ML SUBCUTANEOUS	B	PA; SP; QL (8 injections/month); DS (30 day supply max)
ENBREL SOLUTION 25 MG/0.5ML SUBCUTANEOUS	B	PA; SP; QL (8 injections/month); DS (30 day supply max)
ENBREL SOLUTION PREFILLED SYRINGE 25 MG/0.5ML SUBCUTANEOUS	B	PA; SP; QL (4 injections/month); DS (30 day supply max)
ENBREL SOLUTION PREFILLED SYRINGE 50 MG/ML SUBCUTANEOUS	B	PA; SP; QL (8 injections/month); DS (30 day supply max)
ENBREL SURECLICK SOLUTION AUTO-INJECTOR 50 MG/ML SUBCUTANEOUS	B	PA; SP; QL (8 injections/month); DS (30 day supply max)
Analgesics - Nonnarcotic		
*Analgesics - Selective Nav1.8 Sodium Channel Inhibitors***		
JOURNAVX TABLET 50 MG ORAL	3	PA
*Analgesics-Sedatives***		
BAC (BUTALBITAL-ACETAMIN-CAFF) TABLET 50-325-40 MG ORAL	1	
<i>butalbital-acetaminophen tablet 50-325 mg oral</i>	1	
<i>butalbital-apap-cafeine capsule 50-300-40 mg oral</i>	1	QL (6 caps/day); AL (Min 12 Years)
<i>butalbital-apap-cafeine tablet 50-325-40 mg oral</i>	1	
<i>butalbital-aspirin-cafeine capsule 50-325-40 mg oral</i>	1	

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Drug	Status	Notes
TENCON TABLET 50-325 MG ORAL	3	
*Salicylates***		
<i>aspirin 81 tablet chewable 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>aspirin 81 tablet delayed release 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>aspirin adult low dose tablet delayed release 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>aspirin adult low strength tablet delayed release 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>aspirin childrens tablet chewable 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>aspirin ec adult low dose tablet delayed release 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>aspirin ec adult low strength tablet delayed release 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>aspirin ec low dose tablet delayed release 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>aspirin ec low strength tablet delayed release 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>aspirin low dose tablet chewable 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>aspirin low dose tablet delayed release 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>aspirin regimen tablet delayed release 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>aspirin tablet 325 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>aspirin tablet chewable 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>aspirin tablet delayed release 325 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>aspirin tablet delayed release 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)

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Drug	Status	Notes
BAYER ADVANCED ASPIRIN REG ST TABLET 325 MG ORAL	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
BAYER ASPIRIN EC LOW DOSE TABLET DELAYED RELEASE 81 MG ORAL	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
BAYER ASPIRIN TABLET 325 MG ORAL	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
BAYER ASPIRIN TABLET DELAYED RELEASE 325 MG ORAL	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
BAYER LOW DOSE TABLET CHEWABLE 81 MG ORAL	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
BAYER LOW DOSE TABLET DELAYED RELEASE 81 MG ORAL	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>childrens aspirin tablet chewable 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>cvs aspirin adult low dose tablet chewable 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>cvs aspirin adult low strength tablet delayed release 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>cvs aspirin ec tablet delayed release 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>cvs aspirin low dose tablet delayed release 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>cvs aspirin low strength tablet delayed release 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>cvs aspirin tablet 325 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>cvs genuine aspirin tablet 325 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>diflunisal powder</i>	3	
<i>diflunisal tablet 500 mg oral</i>	1	
ECOTRIN ARTHRTIS PAIN TABLET DELAYED RELEASE 325 MG ORAL	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
ECOTRIN LOW STRENGTH TABLET DELAYED RELEASE 81 MG ORAL	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)

Drug	Status	Notes
ECOTRIN TABLET DELAYED RELEASE 325 MG ORAL	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>eq aspirin adult low dose tablet delayed release 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>eq aspirin low dose tablet chewable 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>eq aspirin low dose tablet delayed release 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>eq aspirin tablet 325 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>eq aspirin ec tablet delayed release 325 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>eq aspirin low dose tablet chewable 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>eq aspirin low dose tablet delayed release 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>ft aspirin adult low dose tablet delayed release 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>ft aspirin low dose tablet delayed release 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>ft aspirin tablet 325 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>ft aspirin tablet chewable 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>ft enteric coated aspirin tablet delayed release 325 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>genuine aspirin tablet 325 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>gnp adult aspirin low strength tablet chewable 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>gnp aspirin low dose tablet delayed release 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>gnp aspirin tablet 325 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)

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Drug	Status	Notes
<i>gnp aspirin tablet delayed release 325 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>gnp aspirin tablet delayed release 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>goodsense aspirin adults tablet 325 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>goodsense aspirin low dose tablet delayed release 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>goodsense aspirin tablet 325 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>goodsense aspirin tablet chewable 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>h-e-b aspirin tablet delayed release 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>hm adult aspirin tablet 325 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>kls aspirin low dose tablet delayed release 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>kp aspirin tablet delayed release 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
MEDI-FIRST ASPIRIN TABLET 325 MG ORAL	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
MEDIQUE ASPIRIN TABLET 325 MG ORAL	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>meijer aspirin ec tablet delayed release 325 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>mm aspirin tablet delayed release 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>qc aspirin low dose tablet chewable 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>qc aspirin low dose tablet delayed release 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>qc aspirin tablet 325 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)

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Drug	Status	Notes
<i>qc aspirin tablet delayed release 325 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>qc enteric aspirin tablet delayed release 325 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>ra aspirin adult low dose tablet chewable 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>ra aspirin adult low strength tablet chewable 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>ra aspirin childrens tablet chewable 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>ra aspirin ec adult low st tablet delayed release 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>ra aspirin ec tablet delayed release 325 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>ra aspirin ec tablet delayed release 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>ra aspirin tablet 325 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>ra pain relief aspirin tablet 325 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>sb aspirin ec tablet delayed release 325 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>sb aspirin tablet 325 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>sb childrens aspirin tablet chewable 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>sb low dose asa ec tablet delayed release 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>sm aspirin ec tablet delayed release 325 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>sm aspirin low dose tablet chewable 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
<i>sm childrens aspirin tablet chewable 81 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)

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Drug	Status	Notes
<i>sodium salicylate crystals</i>	3	
ST JOSEPH ASPIRIN TABLET DELAYED RELEASE 81 MG ORAL	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
ST JOSEPH LOW DOSE TABLET CHEWABLE 81 MG ORAL	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
ST JOSEPH LOW DOSE TABLET DELAYED RELEASE 81 MG ORAL	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 45 Years)
Analgesics - Opioid		
*Codeine Combinations***		
<i>acetaminophen-codeine solution 120-12 mg/5ml oral</i>	2	QL (max 7 days supply); DS (7 day supply max)
<i>acetaminophen-codeine solution 300-30 mg/12.5ml oral</i>	2	QL (max 7 days supply); DS (7 day supply max)
<i>acetaminophen-codeine tablet 300-15 mg oral</i>	1	QL (max 7 days supply); DS (7 day supply max)
<i>acetaminophen-codeine tablet 300-30 mg oral</i>	1	QL (max 7 days supply); DS (7 day supply max)
<i>acetaminophen-codeine tablet 300-60 mg oral</i>	1	QL (max 7 days supply); DS (7 day supply max)
ASCOMP-CODEINE CAPSULE 50-325-40-30 MG ORAL	1	
<i>butalbital-apap-caff-cod capsule 50-325-40-30 mg oral</i>	1	
<i>butalbital-asa-caff-codeine capsule 50-325-40-30 mg oral</i>	1	
*Dihydrocodeine Combinations***		
<i>apap-caff-dihydrocodeine capsule 320.5-30-16 mg oral</i>	3	QL (max 7 days supply); DS (7 day supply max)
TREZIX CAPSULE 320.5-30-16 MG ORAL	3	QL (max 7 days supply); DS (7 day supply max)
*Hydrocodone Combinations***		
<i>hydrocodone-acetaminophen solution 2.5-108 mg/5ml oral</i>	1	QL (7 days supply); DS (7 day supply max)
<i>hydrocodone-acetaminophen solution 5-217 mg/10ml oral</i>	1	QL (7 days supply); DS (7 day supply max)
<i>hydrocodone-acetaminophen solution 7.5-325 mg/15ml oral</i>	1	QL (7 days supply); DS (7 day supply max)
<i>hydrocodone-acetaminophen tablet 10-300 mg oral</i>	1	QL (7 days supply); DS (7 day supply max)
<i>hydrocodone-acetaminophen tablet 10-325 mg oral</i>	1	QL (7 days supply); DS (7 day supply max)
<i>hydrocodone-acetaminophen tablet 2.5-325 mg oral</i>	3	
<i>hydrocodone-acetaminophen tablet 5-300 mg oral</i>	1	QL (7 days supply); DS (7 day supply max)
<i>hydrocodone-acetaminophen tablet 5-325 mg oral</i>	1	QL (7 days supply); DS (7 day supply max)
<i>hydrocodone-acetaminophen tablet 7.5-300 mg oral</i>	1	QL (7 days supply); DS (7 day supply max)
<i>hydrocodone-acetaminophen tablet 7.5-325 mg oral</i>	1	QL (7 days supply); DS (7 day supply max)
<i>hydrocodone-ibuprofen tablet 5-200 mg oral</i>	1	QL (7 days supply); DS (7 day supply max)
<i>hydrocodone-ibuprofen tablet 7.5-200 mg oral</i>	1	QL (7 days supply); DS (7 day supply max)
*Opioid Agonists***		
<i>codeine phosphate powder</i>	3	

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Drug	Status	Notes
<i>codeine sulfate tablet 15 mg oral</i>	1	QL (7 days supply); DS (7 day supply max)
<i>codeine sulfate tablet 30 mg oral</i>	1	QL (7 days supply); DS (7 day supply max)
<i>codeine sulfate tablet 60 mg oral</i>	1	QL (7 days supply); DS (7 day supply max)
<i>fentanyl citrate (bulk) solution 500 mg/50ml</i>	3	
<i>fentanyl citrate lozenge on a handle 1200 mcg buccal</i>	4	PA; QL (3 lozenges/ day); DS (30 day supply max)
<i>fentanyl citrate lozenge on a handle 1200 mcg buccal</i>	4	PA; QL (3 lozenges/ day); DS (30 day supply max); AL (Min 16 Years)
<i>fentanyl citrate lozenge on a handle 1600 mcg buccal</i>	4	PA; QL (3 lozenges/ day); DS (30 day supply max); AL (Min 16 Years)
<i>fentanyl citrate lozenge on a handle 1600 mcg buccal</i>	4	PA; QL (3 lozenges/ day); DS (30 day supply max)
<i>fentanyl citrate lozenge on a handle 200 mcg buccal</i>	4	PA; QL (3 lozenges/ day); DS (30 day supply max); AL (Min 16 Years)
<i>fentanyl citrate lozenge on a handle 200 mcg buccal</i>	4	PA; QL (3 lozenges/ day); DS (30 day supply max)
<i>fentanyl citrate lozenge on a handle 400 mcg buccal</i>	4	PA; QL (3 lozenges/ day); DS (30 day supply max)
<i>fentanyl citrate lozenge on a handle 400 mcg buccal</i>	4	PA; QL (3 lozenges/ day); DS (30 day supply max); AL (Min 16 Years)
<i>fentanyl citrate lozenge on a handle 600 mcg buccal</i>	4	PA; QL (3 lozenges/ day); DS (30 day supply max)
<i>fentanyl citrate lozenge on a handle 600 mcg buccal</i>	4	PA; QL (3 lozenges/ day); DS (30 day supply max); AL (Min 16 Years)
<i>fentanyl citrate lozenge on a handle 800 mcg buccal</i>	4	PA; QL (3 lozenges/ day); DS (30 day supply max)
<i>fentanyl citrate lozenge on a handle 800 mcg buccal</i>	4	PA; QL (3 lozenges/ day); DS (30 day supply max); AL (Min 16 Years)
<i>fentanyl citrate powder</i>	3	
<i>fentanyl patch 72 hour 100 mcg/hr transdermal</i>	1	
<i>fentanyl patch 72 hour 12 mcg/hr transdermal</i>	1	
<i>fentanyl patch 72 hour 25 mcg/hr transdermal</i>	1	
<i>fentanyl patch 72 hour 50 mcg/hr transdermal</i>	1	
<i>fentanyl patch 72 hour 75 mcg/hr transdermal</i>	1	
<i>hydrocodone bitartrate er capsule extended release 12 hour 10 mg oral</i>	4	ST (Step Therapy applies; see Step Therapy Drug List)
<i>hydrocodone bitartrate er capsule extended release 12 hour 15 mg oral</i>	4	ST (Step Therapy applies; see Step Therapy Drug List)
<i>hydrocodone bitartrate er capsule extended release 12 hour 20 mg oral</i>	4	ST (Step Therapy applies; see Step Therapy Drug List)
<i>hydrocodone bitartrate er capsule extended release 12 hour 30 mg oral</i>	4	ST (Step Therapy applies; see Step Therapy Drug List)
<i>hydrocodone bitartrate er capsule extended release 12 hour 40 mg oral</i>	4	ST (Step Therapy applies; see Step Therapy Drug List)
<i>hydrocodone bitartrate er capsule extended release 12 hour 50 mg oral</i>	4	ST (Step Therapy applies; see Step Therapy Drug List)

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Drug	Status	Notes
<i>hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 100 mg oral</i>	2	QL (2 tab/day); ST (Step Therapy applies; see Step Therapy Drug List)
<i>hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 120 mg oral</i>	2	QL (2 tab/day); ST (Step Therapy applies; see Step Therapy Drug List)
<i>hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 20 mg oral</i>	2	QL (2 tab/day); ST (Step Therapy applies; see Step Therapy Drug List)
<i>hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 30 mg oral</i>	2	QL (2 tab/day); ST (Step Therapy applies; see Step Therapy Drug List)
<i>hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 40 mg oral</i>	2	QL (2 tab/day); ST (Step Therapy applies; see Step Therapy Drug List)
<i>hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 60 mg oral</i>	2	QL (2 tab/day); ST (Step Therapy applies; see Step Therapy Drug List)
<i>hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 80 mg oral</i>	2	QL (2 tab/day); ST (Step Therapy applies; see Step Therapy Drug List)
<i>hydromorphone hcl er tablet extended release 24 hour 12 mg oral</i>	4	QL (1 tab/day); ST (Step Therapy applies; see Step Therapy Drug List)
<i>hydromorphone hcl er tablet extended release 24 hour 16 mg oral</i>	4	QL (1 tab/day); ST (Step Therapy applies; see Step Therapy Drug List)
<i>hydromorphone hcl er tablet extended release 24 hour 32 mg oral</i>	4	QL (1 tab/day); ST (Step Therapy applies; see Step Therapy Drug List)
<i>hydromorphone hcl er tablet extended release 24 hour 8 mg oral</i>	4	QL (1 tab/day); ST (Step Therapy applies; see Step Therapy Drug List)
<i>hydromorphone hcl liquid 1 mg/ml oral</i>	1	QL (7 days supply); DS (7 day supply max)
<i>hydromorphone hcl powder</i>	3	
<i>hydromorphone hcl suppository 3 mg rectal</i>	3	QL (7 days supply); DS (7 day supply max)
<i>hydromorphone hcl tablet 2 mg oral</i>	1	QL (7 days supply); DS (7 day supply max)
<i>hydromorphone hcl tablet 4 mg oral</i>	1	QL (7 days supply); DS (7 day supply max)
<i>hydromorphone hcl tablet 8 mg oral</i>	1	QL (7 days supply); DS (7 day supply max)
HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG ORAL	2	QL (2 tab/day); ST (Step Therapy applies; see Step Therapy Drug List)
HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 120 MG ORAL	2	QL (2 tab/day); ST (Step Therapy applies; see Step Therapy Drug List)
HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 20 MG ORAL	2	QL (2 tab/day); ST (Step Therapy applies; see Step Therapy Drug List)
HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 30 MG ORAL	2	QL (2 tab/day); ST (Step Therapy applies; see Step Therapy Drug List)
HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 40 MG ORAL	2	QL (2 tab/day); ST (Step Therapy applies; see Step Therapy Drug List)
HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 60 MG ORAL	2	QL (2 tab/day); ST (Step Therapy applies; see Step Therapy Drug List)
HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 80 MG ORAL	2	QL (2 tab/day); ST (Step Therapy applies; see Step Therapy Drug List)
<i>meperidine hcl powder</i>	3	
<i>meperidine hcl solution 50 mg/5ml oral</i>	3	QL (7 days supply); DS (7 day supply max)
<i>meperidine hcl tablet 50 mg oral</i>	1	
<i>methadone hcl tablet 10 mg oral</i>	3	PA

Drug	Status	Notes
<i>methadone hcl tablet 5 mg oral</i>	3	PA
<i>morphine sulfate (bulk) solution 7812.5 mg/125ml</i>	3	
<i>morphine sulfate (concentrate) solution 100 mg/5ml oral</i>	1	QL (7 days supply); DS (7 day supply max)
<i>morphine sulfate (concentrate) solution 20 mg/ml oral</i>	1	QL (7 days supply); DS (7 day supply max)
<i>morphine sulfate er beads capsule extended release 24 hour 120 mg oral</i>	4	QL (1 cap/day); ST (Step Therapy applies; see Step Therapy Drug List)
<i>morphine sulfate er beads capsule extended release 24 hour 30 mg oral</i>	4	QL (1 cap/day); ST (Step Therapy applies; see Step Therapy Drug List)
<i>morphine sulfate er beads capsule extended release 24 hour 45 mg oral</i>	4	QL (1 cap/day); ST (Step Therapy applies; see Step Therapy Drug List)
<i>morphine sulfate er beads capsule extended release 24 hour 60 mg oral</i>	4	QL (1 cap/day); ST (Step Therapy applies; see Step Therapy Drug List)
<i>morphine sulfate er beads capsule extended release 24 hour 75 mg oral</i>	4	QL (1 cap/day); ST (Step Therapy applies; see Step Therapy Drug List)
<i>morphine sulfate er beads capsule extended release 24 hour 90 mg oral</i>	4	QL (1 cap/day); ST (Step Therapy applies; see Step Therapy Drug List)
<i>morphine sulfate er capsule extended release 24 hour 10 mg oral</i>	4	QL (1 cap/day)
<i>morphine sulfate er capsule extended release 24 hour 100 mg oral</i>	4	QL (1 cap/day)
<i>morphine sulfate er capsule extended release 24 hour 20 mg oral</i>	4	QL (1 cap/day)
<i>morphine sulfate er capsule extended release 24 hour 30 mg oral</i>	4	QL (1 cap/day)
<i>morphine sulfate er capsule extended release 24 hour 50 mg oral</i>	4	QL (1 cap/day)
<i>morphine sulfate er capsule extended release 24 hour 60 mg oral</i>	4	QL (1 cap/day)
<i>morphine sulfate er capsule extended release 24 hour 80 mg oral</i>	4	QL (1 cap/day)
<i>morphine sulfate er tablet extended release 100 mg oral</i>	1	ST (Step Therapy applies; see Step Therapy Drug List)
<i>morphine sulfate er tablet extended release 15 mg oral</i>	1	ST (Step Therapy applies; see Step Therapy Drug List)
<i>morphine sulfate er tablet extended release 200 mg oral</i>	1	ST (Step Therapy applies; see Step Therapy Drug List)
<i>morphine sulfate er tablet extended release 30 mg oral</i>	1	ST (Step Therapy applies; see Step Therapy Drug List)
<i>morphine sulfate er tablet extended release 60 mg oral</i>	1	ST (Step Therapy applies; see Step Therapy Drug List)
<i>morphine sulfate powder</i>	3	
<i>morphine sulfate solution 10 mg/5ml oral</i>	1	QL (7 days supply); DS (7 day supply max)
<i>morphine sulfate solution 20 mg/5ml oral</i>	1	QL (7 days supply); DS (7 day supply max)
<i>morphine sulfate suppository 10 mg rectal</i>	3	QL (7 days supply); DS (7 day supply max)
<i>morphine sulfate suppository 20 mg rectal</i>	3	QL (7 days supply); DS (7 day supply max)
<i>morphine sulfate suppository 30 mg rectal</i>	3	QL (7 days supply); DS (7 day supply max)
<i>morphine sulfate suppository 5 mg rectal</i>	3	QL (7 days supply); DS (7 day supply max)
<i>morphine sulfate tablet 15 mg oral</i>	1	QL (7 days supply); DS (7 day supply max)
<i>morphine sulfate tablet 15 mg oral</i>	3	QL (7 days supply); DS (7 day supply max)
<i>morphine sulfate tablet 30 mg oral</i>	1	QL (7 days supply); DS (7 day supply max)
<i>morphine sulfate tablet 30 mg oral</i>	3	QL (7 days supply); DS (7 day supply max)

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Drug	Status	Notes
<i>oxycodone hcl capsule 5 mg oral</i>	1	QL (7 days supply); DS (7 day supply max)
<i>oxycodone hcl concentrate 100 mg/5ml oral</i>	1	QL (7 days supply); DS (7 day supply max)
<i>oxycodone hcl solution 5 mg/5ml oral</i>	1	QL (7 days supply); DS (7 day supply max)
<i>oxycodone hcl tablet 10 mg oral</i>	1	QL (7 days supply); DS (7 day supply max)
<i>oxycodone hcl tablet 15 mg oral</i>	1	QL (7 days supply); DS (7 day supply max)
<i>oxycodone hcl tablet 20 mg oral</i>	1	QL (7 days supply); DS (7 day supply max)
<i>oxycodone hcl tablet 30 mg oral</i>	1	QL (7 days supply); DS (7 day supply max)
<i>oxycodone hcl tablet 5 mg oral</i>	1	QL (6 tabs/day)
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG ORAL	4	QL (2 tabs/ day); ST (Step Therapy applies; see Step Therapy Drug List)
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 15 MG ORAL	4	QL (2 tabs/ day); ST (Step Therapy applies; see Step Therapy Drug List)
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 20 MG ORAL	4	QL (2 tabs/ day); ST (Step Therapy applies; see Step Therapy Drug List)
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 30 MG ORAL	4	QL (2 tabs/ day); ST (Step Therapy applies; see Step Therapy Drug List)
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 40 MG ORAL	4	QL (2 tabs/ day); ST (Step Therapy applies; see Step Therapy Drug List)
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 60 MG ORAL	4	QL (2 tabs/ day); ST (Step Therapy applies; see Step Therapy Drug List)
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 80 MG ORAL	4	QL (2 tabs/ day); ST (Step Therapy applies; see Step Therapy Drug List)
<i>oxymorphone hcl er tablet extended release 12 hour 10 mg oral</i>	4	QL (2 tabs/day); ST (Step Therapy applies; see Step Therapy Drug List)
<i>oxymorphone hcl er tablet extended release 12 hour 15 mg oral</i>	4	QL (2 tabs/day); ST (Step Therapy applies; see Step Therapy Drug List)
<i>oxymorphone hcl er tablet extended release 12 hour 20 mg oral</i>	4	QL (2 tabs/day); ST (Step Therapy applies; see Step Therapy Drug List)
<i>oxymorphone hcl er tablet extended release 12 hour 30 mg oral</i>	4	QL (2 tabs/day); ST (Step Therapy applies; see Step Therapy Drug List)
<i>oxymorphone hcl er tablet extended release 12 hour 40 mg oral</i>	4	QL (2 tabs/day); ST (Step Therapy applies; see Step Therapy Drug List)
<i>oxymorphone hcl er tablet extended release 12 hour 5 mg oral</i>	4	QL (2 tabs/day); ST (Step Therapy applies; see Step Therapy Drug List)
<i>oxymorphone hcl er tablet extended release 12 hour 7.5 mg oral</i>	4	QL (2 tabs/day); ST (Step Therapy applies; see Step Therapy Drug List)
<i>oxymorphone hcl tablet 10 mg oral</i>	1	QL (7 days supply); DS (7 day supply max)
<i>oxymorphone hcl tablet 5 mg oral</i>	1	QL (7 days supply); DS (7 day supply max)
<i>sufentanil citrate (bulk) solution 25 mg/25ml</i>	3	
<i>tapentadol hcl solution 20 mg/ml oral</i>	D	PA; SP; DS (30 day supply max)
<i>tapentadol hcl tablet 100 mg oral</i>	4	PA
<i>tapentadol hcl tablet 50 mg oral</i>	4	PA
<i>tapentadol hcl tablet 75 mg oral</i>	4	PA
<i>tramadol hcl (er biphasic) tablet extended release 24 hour 100 mg oral</i>	3	QL (1 tab/day); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 16 Years)

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Drug	Status	Notes
<i>tramadol hcl (er biphasic) tablet extended release 24 hour 200 mg oral</i>	3	QL (1 tab/day); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 16 Years)
<i>tramadol hcl (er biphasic) tablet extended release 24 hour 300 mg oral</i>	3	QL (1 tab/day); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 16 Years)
<i>tramadol hcl er tablet extended release 24 hour 100 mg oral</i>	1	QL (1 tab/day); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)
<i>tramadol hcl er tablet extended release 24 hour 200 mg oral</i>	1	QL (1 tab/day); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)
<i>tramadol hcl er tablet extended release 24 hour 300 mg oral</i>	1	QL (1 tab/day); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)
<i>tramadol hcl tablet 100 mg oral</i>	3	
<i>tramadol hcl tablet 50 mg oral</i>	1	QL (8 tabs/day)
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG ORAL	4	QL (2 caps/day); ST (Step Therapy applies; see Step Therapy Drug List)
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 18 MG ORAL	4	QL (2 caps/day); ST (Step Therapy applies; see Step Therapy Drug List)
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 27 MG ORAL	4	QL (2 caps/day); ST (Step Therapy applies; see Step Therapy Drug List)
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 36 MG ORAL	4	QL (2 caps/day); ST (Step Therapy applies; see Step Therapy Drug List)
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 9 MG ORAL	4	QL (2 caps/day); ST (Step Therapy applies; see Step Therapy Drug List)
*Opioid Combinations***		
ENDOCET TABLET 10-325 MG ORAL	1	QL (7 days supply); DS (7 day supply max)
ENDOCET TABLET 2.5-325 MG ORAL	1	QL (7 days supply); DS (7 day supply max)
ENDOCET TABLET 5-325 MG ORAL	1	QL (7 days supply); DS (7 day supply max)
ENDOCET TABLET 7.5-325 MG ORAL	1	QL (7 days supply); DS (7 day supply max)
<i>oxycodone-acetaminophen solution 5-325 mg/5ml oral</i>	3	QL (7 days supply); DS (7 day supply max)
<i>oxycodone-acetaminophen tablet 10-325 mg oral</i>	1	QL (7 days supply); DS (7 day supply max)
<i>oxycodone-acetaminophen tablet 2.5-325 mg oral</i>	1	QL (7 days supply); DS (7 day supply max)
<i>oxycodone-acetaminophen tablet 5-325 mg oral</i>	1	QL (7 days supply); DS (7 day supply max)
<i>oxycodone-acetaminophen tablet 7.5-325 mg oral</i>	1	QL (7 days supply); DS (7 day supply max)
*Opioid Partial Agonists***		
BELBUCA FILM 150 MCG BUCCAL	4	QL (2 films/ day); ST (Step Therapy applies; see Step Therapy Drug List)
BELBUCA FILM 300 MCG BUCCAL	4	QL (2 films/ day); ST (Step Therapy applies; see Step Therapy Drug List)
BELBUCA FILM 450 MCG BUCCAL	4	QL (2 films/ day); ST (Step Therapy applies; see Step Therapy Drug List)
BELBUCA FILM 600 MCG BUCCAL	4	QL (2 films/ day); ST (Step Therapy applies; see Step Therapy Drug List)

Drug	Status	Notes
BELBUCA FILM 75 MCG BUCCAL	4	QL (2 films/ day); ST (Step Therapy applies; see Step Therapy Drug List)
BELBUCA FILM 750 MCG BUCCAL	4	QL (2 films/ day); ST (Step Therapy applies; see Step Therapy Drug List)
BELBUCA FILM 900 MCG BUCCAL	4	QL (2 films/ day); ST (Step Therapy applies; see Step Therapy Drug List)
<i>buprenorphine hcl tablet sublingual 2 mg sublingual</i>	1	QL (8 tabs/ day)
<i>buprenorphine hcl tablet sublingual 8 mg sublingual</i>	1	QL (3 tabs/ day)
<i>buprenorphine hcl-naloxone hcl film 12-3 mg sublingual</i>	3	QL (2 films/ day)
<i>buprenorphine hcl-naloxone hcl film 2-0.5 mg sublingual</i>	3	QL (8 films/ day)
<i>buprenorphine hcl-naloxone hcl film 4-1 mg sublingual</i>	3	QL (6 films/ day)
<i>buprenorphine hcl-naloxone hcl film 8-2 mg sublingual</i>	3	QL (3 films/ day)
<i>buprenorphine hcl-naloxone hcl tablet sublingual 2-0.5 mg sublingual</i>	1	QL (6 tabs/ day)
<i>buprenorphine hcl-naloxone hcl tablet sublingual 8-2 mg sublingual</i>	1	QL (2 tabs/ day)
<i>buprenorphine patch weekly 10 mcg/hr transdermal</i>	1	QL (1 patch/ week); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)
<i>buprenorphine patch weekly 15 mcg/hr transdermal</i>	1	QL (1 patch/ week); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)
<i>buprenorphine patch weekly 20 mcg/hr transdermal</i>	1	QL (1 patch/ week); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)
<i>buprenorphine patch weekly 5 mcg/hr transdermal</i>	1	QL (1 patch/ week); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)
<i>buprenorphine patch weekly 7.5 mcg/hr transdermal</i>	1	QL (1 patch/ week); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)
<i>butorphanol tartrate solution 10 mg/ml nasal</i>	1	
<i>pentazocine-naloxone hcl tablet 50-0.5 mg oral</i>	1	QL (7 days supply); DS (7 day supply max)
ZUBSOLV TABLET SUBLINGUAL 0.7-0.18 MG SUBLINGUAL	2	QL (3 tabs/ day)
ZUBSOLV TABLET SUBLINGUAL 1.4-0.36 MG SUBLINGUAL	2	QL (3 tabs/ day)
ZUBSOLV TABLET SUBLINGUAL 11.4-2.9 MG SUBLINGUAL	2	QL (1 tab/day)
ZUBSOLV TABLET SUBLINGUAL 2.9-0.71 MG SUBLINGUAL	2	QL (1 tab/day)
ZUBSOLV TABLET SUBLINGUAL 5.7-1.4 MG SUBLINGUAL	2	QL (1 tab/day)
ZUBSOLV TABLET SUBLINGUAL 8.6-2.1 MG SUBLINGUAL	2	QL (2 tabs/ day)
*Tramadol Combinations***		
<i>tramadol-acetaminophen tablet 37.5-325 mg oral</i>	1	QL (8 tabs/day)
Androgens-Anabolic		
*Androgens***		
AZMIRO SOLUTION PREFILLED SYRINGE 200 MG/ML INTRAMUSCULAR	4	PA
<i>danazol capsule 100 mg oral</i>	1	QL (4 caps/day)

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Drug	Status	Notes
<i>danazol capsule 200 mg oral</i>	1	QL (4 caps/day)
<i>danazol capsule 50 mg oral</i>	1	QL (4 caps/day)
<i>danazol powder</i>	3	
DEPO-TESTOSTERONE SOLUTION 100 MG/ML INTRAMUSCULAR	3	QL (10 per 28 days)
DEPO-TESTOSTERONE SOLUTION 200 MG/ML INTRAMUSCULAR	3	QL (4 injections (200mg each)/ month); M
<i>methitest tablet 10 mg oral</i>	3	PA
<i>testosterone cypionate solution 100 mg/ml intramuscular</i>	1	QL (10 per 28 days)
<i>testosterone cypionate solution 200 mg/ml intramuscular</i>	1	QL (4 injections (200mg each)/ month); M
<i>testosterone enanthate solution 200 mg/ml intramuscular</i>	1	M
<i>testosterone gel 1.62 % transdermal</i>	2	AL (Min 18 Years)
<i>testosterone gel 10 mg/act (2%) transdermal</i>	4	PA
<i>testosterone gel 12.5 mg/act (1%) transdermal</i>	3	PA; AL (Min 18 Years)
<i>testosterone gel 12.5 mg/act (1%) transdermal</i>	3	PA; QL (Maximum Daily Dose of 5 grams); AL (Min 18 Years)
<i>testosterone gel 20.25 mg/1.25gm (1.62%) transdermal</i>	4	PA; QL (Maximum Daily Dose of 5 grams)
<i>testosterone gel 20.25 mg/act (1.62%) transdermal</i>	2	AL (Min 18 Years)
<i>testosterone gel 25 mg/2.5gm (1%) transdermal</i>	2	QL (Maximum Daily Dose of 5 grams)
<i>testosterone gel 40.5 mg/2.5gm (1.62%) transdermal</i>	4	PA; QL (Maximum Daily Dose of 5 grams)
<i>testosterone gel 50 mg/5gm (1%) transdermal</i>	2	QL (Maximum Daily Dose of 5 grams)
<i>testosterone gel 50 mg/5gm (1%) transdermal</i>	2	QL (Maximum Daily Dose of 5 grams); AL (Min 18 Years)
<i>testosterone solution 30 mg/act transdermal</i>	2	QL (Maximum Daily Dose of 6 mL); M
XYOSTED SOLUTION AUTO-INJECTOR 100 MG/0.5ML SUBCUTANEOUS	4	PA; M
XYOSTED SOLUTION AUTO-INJECTOR 50 MG/0.5ML SUBCUTANEOUS	4	PA; M
XYOSTED SOLUTION AUTO-INJECTOR 75 MG/0.5ML SUBCUTANEOUS	4	PA; M
Anorectal And Related Products		
*Intrarectal Steroids***		
<i>budesonide foam 2 mg rectal</i>	3	
<i>budesonide foam 2 mg/act rectal</i>	3	
CORTENEMA ENEMA 100 MG/60ML RECTAL	3	
CORTIFOAM FOAM 10 % EXTERNAL	3	
<i>hydrocortisone enema 100 mg/60ml rectal</i>	1	
UCERIS FOAM 2 MG/ACT RECTAL	3	
*Nitrate Vasodilating Agents***		
<i>nitroglycerin ointment 0.4 % rectal</i>	3	
RECTIV OINTMENT 0.4 % RECTAL	3	
*Rectal Anesthetic/Steroids***		
PROCTOFOAM HC FOAM 1-1 % EXTERNAL	3	

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Drug	Status	Notes
*Rectal Steroids***		
ANUSOL-HC CREAM 2.5 % EXTERNAL	3	
<i>hydrocortisone (perianal) cream 2.5 % external</i>	1	
PROCTO-MED HC CREAM 2.5 % EXTERNAL	1	
PROCTOSOL HC CREAM 2.5 % EXTERNAL	1	
PROCTOZONE-HC CREAM 2.5 % EXTERNAL	1	
Antacids		
*Antacids - Magnesium Salts***		
<i>magnesium trisilicate powder</i>	3	
Anthelmintics		
*Anthelmintics***		
<i>albendazole tablet 200 mg oral</i>	4	PA
<i>benznidazole tablet 100 mg oral</i>	3	QL (Max 2 fills/ 180 days); AL (Min 2 Years and Max 12 Years)
<i>benznidazole tablet 12.5 mg oral</i>	3	QL (Max 2 fills/ 180 days); AL (Min 2 Years and Max 12 Years)
BILTRICIDE TABLET 600 MG ORAL	3	
EMVERM TABLET CHEWABLE 100 MG ORAL	3	
<i>ivermectin tablet 3 mg oral</i>	1	PA
<i>ivermectin tablet 6 mg oral</i>	3	PA
<i>mebendazole powder</i>	3	
<i>piperazine citrate powder</i>	3	
<i>praziquantel tablet 600 mg oral</i>	3	
STROMEKTOL TABLET 3 MG ORAL	4	PA
<i>thiabendazole powder</i>	3	
Antianginal Agents		
*Antianginals-Other***		
<i>ranolazine er tablet extended release 12 hour 1000 mg oral</i>	2	QL (2 tabs/ day); AL (Min 16 Years)
<i>ranolazine er tablet extended release 12 hour 500 mg oral</i>	2	QL (2 tabs/ day); AL (Min 16 Years)
*Nitrates***		
ISORDIL TITRADOSE TABLET 40 MG ORAL	3	
ISORDIL TITRADOSE TABLET 5 MG ORAL	3	
<i>isosorbide dinitrate tablet 10 mg oral</i>	1	
<i>isosorbide dinitrate tablet 20 mg oral</i>	1	
<i>isosorbide dinitrate tablet 30 mg oral</i>	3	
<i>isosorbide dinitrate tablet 5 mg oral</i>	1	
<i>isosorbide mononitrate er tablet extended release 24 hour 120 mg oral</i>	2	
<i>isosorbide mononitrate er tablet extended release 24 hour 30 mg oral</i>	2	
<i>isosorbide mononitrate er tablet extended release 24 hour 60 mg oral</i>	2	
<i>isosorbide mononitrate tablet 10 mg oral</i>	2	

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Drug	Status	Notes
<i>isosorbide mononitrate tablet 20 mg oral</i>	2	
NITRO-BID OINTMENT 2 % TRANSDERMAL	2	
<i>nitroglycerin ointment 2 % transdermal</i>	2	
<i>nitroglycerin patch 24 hour 0.1 mg/hr transdermal</i>	1	QL (1 patch/ day)
<i>nitroglycerin patch 24 hour 0.2 mg/hr transdermal</i>	1	QL (1 patch/ day)
<i>nitroglycerin patch 24 hour 0.4 mg/hr transdermal</i>	1	QL (1 patch/ day)
<i>nitroglycerin patch 24 hour 0.6 mg/hr transdermal</i>	1	QL (1 patch/ day)
<i>nitroglycerin solution 0.4 mg/spray translingual</i>	1	
<i>nitroglycerin tablet sublingual 0.3 mg sublingual</i>	1	
<i>nitroglycerin tablet sublingual 0.4 mg sublingual</i>	1	
<i>nitroglycerin tablet sublingual 0.6 mg sublingual</i>	1	
NITROLINGUAL SOLUTION 0.4 MG/SPRAY TRANSLINGUAL	3	
Antianxiety Agents		
*Antianxiety Agents - Misc.***		
<i>buspirone hcl tablet 10 mg oral</i>	1	QL (6 tabs/ day)
<i>buspirone hcl tablet 12.5 mg oral</i>	3	PA
<i>buspirone hcl tablet 15 mg oral</i>	1	QL (4 tabs/day)
<i>buspirone hcl tablet 2.5 mg oral</i>	3	PA
<i>buspirone hcl tablet 30 mg oral</i>	1	QL (3 tabs/ day)
<i>buspirone hcl tablet 5 mg oral</i>	1	QL (12 tabs/day)
<i>buspirone hcl tablet 7.5 mg oral</i>	1	
<i>hydroxyzine hcl syrup 10 mg/5ml oral</i>	1	
<i>hydroxyzine hcl syrup 50 mg/25ml oral</i>	1	
<i>hydroxyzine hcl tablet 10 mg oral</i>	1	
<i>hydroxyzine hcl tablet 25 mg oral</i>	1	
<i>hydroxyzine hcl tablet 50 mg oral</i>	1	
<i>hydroxyzine pamoate capsule 100 mg oral</i>	3	
<i>hydroxyzine pamoate capsule 25 mg oral</i>	1	
<i>hydroxyzine pamoate capsule 50 mg oral</i>	1	
<i>hydroxyzine pamoate powder</i>	3	
<i>meprobamate tablet 200 mg oral</i>	1	
<i>meprobamate tablet 400 mg oral</i>	1	
*Benzodiazepines***		
<i>alprazolam er tablet extended release 24 hour 0.5 mg oral</i>	1	QL (1 tab/day); AL (Min 18 Years and Max 999 Years)
<i>alprazolam er tablet extended release 24 hour 1 mg oral</i>	1	QL (1 tab/day); AL (Min 18 Years and Max 999 Years)
<i>alprazolam er tablet extended release 24 hour 2 mg oral</i>	1	QL (1 tab/day); AL (Min 18 Years and Max 999 Years)
<i>alprazolam er tablet extended release 24 hour 3 mg oral</i>	1	QL (1 tab/day); AL (Min 18 Years and Max 999 Years)
ALPRAZOLAM INTENSOL CONCENTRATE 1 MG/ML ORAL	3	

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Drug	Status	Notes
<i>alprazolam tablet 0.25 mg oral</i>	1	QL (4 tabs/day); AL (Min 18 Years and Max 999 Years)
<i>alprazolam tablet 0.5 mg oral</i>	1	QL (4 tabs/day); AL (Min 18 Years and Max 999 Years)
<i>alprazolam tablet 1 mg oral</i>	1	QL (3 tabs/ day); AL (Min 18 Years)
<i>alprazolam tablet 2 mg oral</i>	1	QL (2 tabs/day); AL (Min 18 Years and Max 999 Years)
<i>alprazolam xr tablet extended release 24 hour 0.5 mg oral</i>	1	QL (1 tab/day); AL (Min 18 Years and Max 999 Years)
<i>alprazolam xr tablet extended release 24 hour 1 mg oral</i>	1	QL (1 tab/day); AL (Min 18 Years and Max 999 Years)
<i>alprazolam xr tablet extended release 24 hour 2 mg oral</i>	1	QL (1 tab/day); AL (Min 18 Years and Max 999 Years)
<i>alprazolam xr tablet extended release 24 hour 3 mg oral</i>	1	QL (1 tab/day); AL (Min 18 Years and Max 999 Years)
<i>chlordiazepoxide hcl capsule 10 mg oral</i>	1	QL (4 caps/day); AL (Min 6 Years and Max 999 Years)
<i>chlordiazepoxide hcl capsule 25 mg oral</i>	1	QL (8 caps/ day); AL (Min 6 Years and Max 999 Years)
<i>chlordiazepoxide hcl capsule 5 mg oral</i>	1	QL (4 caps/day); AL (Min 6 Years and Max 999 Years)
<i>clorazepate dipotassium tablet 15 mg oral</i>	1	QL (2 tabs/day; 2 fills/month); AL (Min 9 Years)
<i>clorazepate dipotassium tablet 3.75 mg oral</i>	1	QL (3 tabs/day; 2 fills/month); AL (Min 9 Years and Max 999 Years)
<i>clorazepate dipotassium tablet 7.5 mg oral</i>	1	QL (2 tabs/day; 2 fills/month); AL (Min 9 Years)
<i>diazepam concentrate 5 mg/ml oral</i>	3	QL (2 fills/month)
DIAZEPAM INTENSOL CONCENTRATE 5 MG/ML ORAL	3	QL (2 fills/month)
<i>diazepam solution 5 mg/5ml oral</i>	3	QL (2 fills per 25 days)
<i>diazepam tablet 10 mg oral</i>	1	QL (2 fills per 25 days)
<i>diazepam tablet 2 mg oral</i>	1	QL (2 fills per 25 days)
<i>diazepam tablet 5 mg oral</i>	1	QL (2 fills per 25 days)
<i>lorazepam concentrate 2 mg/ml oral</i>	1	QL (1ml/day); AL (Min 18 Years and Max 999 Years)
LORAZEPAM INTENSOL CONCENTRATE 2 MG/ML ORAL	1	QL (1ml/day); AL (Min 18 Years and Max 999 Years)
<i>lorazepam tablet 0.5 mg oral</i>	1	QL (4 tabs/day); AL (Min 18 Years and Max 999 Years)
<i>lorazepam tablet 1 mg oral</i>	1	QL (4 tabs/day); AL (Min 18 Years and Max 999 Years)
<i>lorazepam tablet 2 mg oral</i>	1	QL (4 tabs/day); AL (Min 18 Years and Max 999 Years)
<i>oxazepam capsule 10 mg oral</i>	1	QL (5 caps/ day); AL (Min 6 Years)
<i>oxazepam capsule 15 mg oral</i>	1	QL (5 caps/ day); AL (Min 6 Years)

Drug	Status	Notes
<i>oxazepam capsule 30 mg oral</i>	1	QL (4 caps/day); AL (Min 6 Years and Max 999 Years)
Antiarrhythmics		
*Antiarrhythmics Type I-A***		
<i>disopyramide phosphate capsule 100 mg oral</i>	1	
<i>disopyramide phosphate capsule 150 mg oral</i>	1	
NORPACE CAPSULE 100 MG ORAL	3	
NORPACE CAPSULE 150 MG ORAL	3	
NORPACE CR CAPSULE EXTENDED RELEASE 12 HOUR 100 MG ORAL	3	
NORPACE CR CAPSULE EXTENDED RELEASE 12 HOUR 150 MG ORAL	3	
<i>procainamide hcl powder</i>	3	
<i>quinidine gluconate er tablet extended release 324 mg oral</i>	1	
<i>quinidine sulfate tablet 200 mg oral</i>	3	
<i>quinidine sulfate tablet 300 mg oral</i>	3	
*Antiarrhythmics Type I-B***		
<i>mexiletine hcl capsule 150 mg oral</i>	3	
<i>mexiletine hcl capsule 200 mg oral</i>	3	
<i>mexiletine hcl capsule 250 mg oral</i>	3	
*Antiarrhythmics Type I-C***		
<i>flecainide acetate tablet 100 mg oral</i>	1	
<i>flecainide acetate tablet 150 mg oral</i>	1	
<i>flecainide acetate tablet 50 mg oral</i>	1	
<i>propafenone hcl er capsule extended release 12 hour 225 mg oral</i>	1	
<i>propafenone hcl er capsule extended release 12 hour 325 mg oral</i>	1	
<i>propafenone hcl er capsule extended release 12 hour 425 mg oral</i>	1	
<i>propafenone hcl tablet 150 mg oral</i>	1	
<i>propafenone hcl tablet 225 mg oral</i>	1	
<i>propafenone hcl tablet 300 mg oral</i>	1	
*Antiarrhythmics Type Iii***		
<i>amiodarone hcl tablet 100 mg oral</i>	1	
<i>amiodarone hcl tablet 200 mg oral</i>	1	
<i>amiodarone hcl tablet 400 mg oral</i>	1	
<i>dofetilide capsule 125 mcg oral</i>	A	SP; QL (2 caps/ day); DS (30 day supply max)
<i>dofetilide capsule 250 mcg oral</i>	A	SP; QL (2 caps/ day); DS (30 day supply max)
<i>dofetilide capsule 500 mcg oral</i>	A	SP; QL (2 caps/ day); DS (30 day supply max)
MULTAQ TABLET 400 MG ORAL	2	QL (2 tabs/ day); AL (Min 18 Years)
PACERONE TABLET 100 MG ORAL	1	
PACERONE TABLET 200 MG ORAL	1	

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Drug	Status	Notes
PACERONE TABLET 400 MG ORAL	1	
Antiasthmatic And Bronchodilator Agents		
*Adrenergic Combinations***		
ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT INHALATION	2	QL (1 diskus/ 30days); HDHP
ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 250-50 MCG/ACT INHALATION	2	QL (1 inhaler/ month); HDHP
ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 500-50 MCG/ACT INHALATION	2	QL (1 inhaler/ month); HDHP
ADVAIR HFA AEROSOL 115-21 MCG/ACT INHALATION	2	QL (1 inhaler/ month); HDHP; AL (Min 3 Years)
ADVAIR HFA AEROSOL 230-21 MCG/ACT INHALATION	2	QL (1 inhaler/ month); HDHP; AL (Min 3 Years)
ADVAIR HFA AEROSOL 45-21 MCG/ACT INHALATION	2	QL (1 inhaler/ month); HDHP; AL (Min 3 Years)
AIRSUPRA AEROSOL 90-80 MCG/ACT INHALATION	3	PA; AL (Min 18 Years)
ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT INHALATION	2	HDHP
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT INHALATION	2	HDHP
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT INHALATION	2	HDHP
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH INHALATION	2	HDHP; AL (Min 5 Years)
BREZTRI AEROSPHERE AEROSOL 160-18-4.8 MCG/ACT INHALATION	4	ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)
BREZTRI AEROSPHERE AEROSOL 160-9-4.8 MCG/ACT INHALATION	4	QL (1 inhaler/ month); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)
COMBIVENT RESPIMAT AEROSOL SOLUTION 20-100 MCG/ACT INHALATION	3	
<i>fluticasone-salmeterol aerosol powder breath activated 100-50 mcg/act inhalation</i>	2	QL (1 diskus/ 30days); HDHP
<i>fluticasone-salmeterol aerosol powder breath activated 250-50 mcg/act inhalation</i>	2	QL (1 inhaler/ month); HDHP
<i>fluticasone-salmeterol aerosol powder breath activated 500-50 mcg/act inhalation</i>	2	QL (1 inhaler/ month); HDHP
<i>ipratropium-albuterol solution 0.5-2.5 (3) mg/3ml inhalation</i>	1	QL (18 vials/ day)
STIOLTO RESPIMAT AEROSOL SOLUTION 2.5-2.5 MCG/ACT INHALATION	2	QL (1 inhaler/ month); HDHP; AL (Min 18 Years)
SYMBICORT AEROSOL 160-4.5 MCG/ACT INHALATION	2	HDHP
SYMBICORT AEROSOL 80-4.5 MCG/ACT INHALATION	2	QL (1 fills per 20 days); HDHP
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT INHALATION	2	
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT INHALATION	2	HDHP

Drug	Status	Notes
<i>umeclidinium-vilanterol aerosol powder breath activated 62.5-25 mcg/act inhalation</i>	4	ST (Step Therapy applies; see Step Therapy Drug List)
WIXELA INHUB AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT INHALATION	2	QL (1 diskus/ 30days); HDHP
WIXELA INHUB AEROSOL POWDER BREATH ACTIVATED 250-50 MCG/ACT INHALATION	2	QL (1 inhaler/ month); HDHP
WIXELA INHUB AEROSOL POWDER BREATH ACTIVATED 500-50 MCG/ACT INHALATION	2	QL (1 inhaler/ month); HDHP
*Anti-Ige Monoclonal Antibodies***		
XOLAIR SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
XOLAIR SOLUTION AUTO-INJECTOR 300 MG/2ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
XOLAIR SOLUTION AUTO-INJECTOR 75 MG/0.5ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
XOLAIR SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
XOLAIR SOLUTION PREFILLED SYRINGE 300 MG/2ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
XOLAIR SOLUTION PREFILLED SYRINGE 75 MG/0.5ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
XOLAIR SOLUTION RECONSTITUTED 150 MG SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
*Anti-Inflammatory Agents***		
<i>cromolyn sodium nebulization solution 20 mg/2ml inhalation</i>	1	
*Beta Adrenergics***		
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	1	
<i>albuterol sulfate nebulization solution (2.5 mg/3ml) 0.083% inhalation</i>	1	
<i>albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation</i>	1	
<i>albuterol sulfate nebulization solution 0.63 mg/3ml inhalation</i>	1	
<i>albuterol sulfate nebulization solution 1.25 mg/3ml inhalation</i>	1	
<i>albuterol sulfate nebulization solution 2.5 mg/0.5ml inhalation</i>	1	
<i>albuterol sulfate syrup 2 mg/5ml oral</i>	1	
<i>albuterol sulfate syrup 8 mg/20ml oral</i>	1	
<i>albuterol sulfate tablet 2 mg oral</i>	1	
<i>albuterol sulfate tablet 4 mg oral</i>	1	
<i>arformoterol tartrate nebulization solution 15 mcg/2ml inhalation</i>	3	QL (60 vials/30 days); AL (Min 18 Years)
<i>formoterol fumarate nebulization solution 20 mcg/2ml inhalation</i>	3	QL (60 vials/30 days); HDHP; AL (Min 18 Years)
<i>levalbuterol hcl nebulization solution 0.31 mg/3ml inhalation</i>	1	
<i>levalbuterol hcl nebulization solution 0.63 mg/3ml inhalation</i>	1	
<i>levalbuterol hcl nebulization solution 1.25 mg/0.5ml inhalation</i>	1	
<i>levalbuterol hcl nebulization solution 1.25 mg/3ml inhalation</i>	1	

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Drug	Status	Notes
PERFORMIST NEBULIZATION SOLUTION 20 MCG/2ML INHALATION	3	QL (60 vials/30 days); AL (Min 18 Years)
SEREVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT INHALATION	2	QL (1 pack/month); HDHP
STRIVERDI RESPIMAT AEROSOL SOLUTION 2.5 MCG/ACT INHALATION	4	QL (1 inhaler/ month); ST (Step Therapy applies; see Step Therapy Drug List); HDHP; AL (Min 18 Years)
<i>terbutaline sulfate solution 1 mg/ml injection</i>	1	
<i>terbutaline sulfate tablet 2.5 mg oral</i>	1	
<i>terbutaline sulfate tablet 5 mg oral</i>	1	
*Bronchodilators - Anticholinergics***		
ATROVENT HFA AEROSOL SOLUTION 17 MCG/ACT INHALATION	2	QL (2 inhalers/ 30 days)
INCRUSE ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT INHALATION	4	ST (Step Therapy applies; see Step Therapy Drug List); HDHP
<i>ipratropium bromide hfa aerosol solution 17 mcg/act inhalation</i>	2	QL (2 inhalers/ 30 days)
<i>ipratropium bromide solution 0.02 % inhalation</i>	1	
SPIRIVA HANDIHALER CAPSULE 18 MCG INHALATION	4	QL (1 cap/day)
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25 MCG/ACT INHALATION	2	
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5 MCG/ACT INHALATION	2	QL (1 inhaler/ month)
<i>tiotropium bromide capsule 18 mcg inhalation</i>	1	QL (1 cap/day)
<i>umeclidinium ellipta aerosol powder breath activated 62.5 mcg/inh inhalation</i>	4	ST (Step Therapy applies; see Step Therapy Drug List); HDHP
YUPELRI NEBULIZATION SOLUTION 175 MCG/3ML INHALATION	3	PA; HDHP
*Interleukin-5 Antagonists (Ilgg1 Kappa)***		
FASENRA PEN SOLUTION AUTO-INJECTOR 30 MG/ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
FASENRA SOLUTION PREFILLED SYRINGE 10 MG/0.5ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
FASENRA SOLUTION PREFILLED SYRINGE 30 MG/ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
NUCALA SOLUTION AUTO-INJECTOR 100 MG/ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
NUCALA SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
NUCALA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
NUCALA SOLUTION RECONSTITUTED 100 MG SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
*Leukotriene Receptor Antagonists***		
ACCOLATE TABLET 10 MG ORAL	3	QL (2 tabs/day)
ACCOLATE TABLET 20 MG ORAL	3	QL (2 tabs/day)
<i>montelukast sodium packet 4 mg oral</i>	1	QL (1 packet/day)

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Drug	Status	Notes
<i>montelukast sodium tablet 10 mg oral</i>	1	QL (1 tab/day)
<i>montelukast sodium tablet chewable 4 mg oral</i>	1	QL (1 tab/day)
<i>montelukast sodium tablet chewable 5 mg oral</i>	1	QL (2 tabs/ day)
<i>zafirlukast tablet 10 mg oral</i>	1	QL (2 tabs/day)
<i>zafirlukast tablet 20 mg oral</i>	1	QL (2 tabs/day)
*Phosphodiesterase 3 & 4 (Pde3 & Pde4) Inhibitors***		
OHTUVAYRE SUSPENSION 3 MG/2.5ML INHALATION	D	PA; SP; DS (30 day supply max)
*Selective Phosphodiesterase 4 (Pde4) Inhibitors***		
DALIRESP TABLET 250 MCG ORAL	4	QL (1 tab/day); AL (Min 18 Years)
DALIRESP TABLET 500 MCG ORAL	4	QL (1 tab/day); AL (Min 18 Years)
<i>roflumilast tablet 250 mcg oral</i>	4	QL (1 tab/day); AL (Min 18 Years)
<i>roflumilast tablet 500 mcg oral</i>	4	QL (1 tab/day); AL (Min 18 Years)
*Steroid Inhalants***		
ALVESCO AEROSOL SOLUTION 160 MCG/ACT INHALATION	2	QL (2 inhalers/ month); HDHP
ALVESCO AEROSOL SOLUTION 80 MCG/ACT INHALATION	2	QL (1 inhaler/ month); HDHP
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT INHALATION	2	HDHP
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200 MCG/ACT INHALATION	2	HDHP
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT INHALATION	2	HDHP
ASMANEX (120 METERED DOSES) AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT INHALATION	2	HDHP
ASMANEX (14 METERED DOSES) AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT INHALATION	2	HDHP
ASMANEX (30 METERED DOSES) AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT INHALATION	2	HDHP
ASMANEX (30 METERED DOSES) AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT INHALATION	2	HDHP
ASMANEX (60 METERED DOSES) AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT INHALATION	2	HDHP
ASMANEX HFA AEROSOL 100 MCG/ACT INHALATION	2	HDHP
ASMANEX HFA AEROSOL 200 MCG/ACT INHALATION	2	HDHP
ASMANEX HFA AEROSOL 50 MCG/ACT INHALATION	2	
<i>beclomethasone diprop hfa aerosol solution 40 mcg/act inhalation</i>	3	
<i>beclomethasone diprop hfa aerosol solution 80 mcg/act inhalation</i>	3	
<i>budesonide suspension 0.25 mg/2ml inhalation</i>	1	
<i>budesonide suspension 0.5 mg/2ml inhalation</i>	1	
<i>budesonide suspension 1 mg/2ml inhalation</i>	1	
<i>fluticasone furoate ellipta aerosol powder breath activated 100 mcg/act inhalation</i>	3	ST (Step Therapy applies; see Step Therapy Drug List)
<i>fluticasone furoate ellipta aerosol powder breath activated 200 mcg/act inhalation</i>	3	ST (Step Therapy applies; see Step Therapy Drug List)

Drug	Status	Notes
<i>fluticasone furoate ellipta aerosol powder breath activated 50 mcg/act inhalation</i>	3	ST (Step Therapy applies; see Step Therapy Drug List)
<i>fluticasone propionate diskus aerosol powder breath activated 100 mcg/act inhalation</i>	2	QL (1 inhaler/ month); HDHP
<i>fluticasone propionate diskus aerosol powder breath activated 250 mcg/act inhalation</i>	2	QL (1 inhaler/ month); HDHP
<i>fluticasone propionate diskus aerosol powder breath activated 50 mcg/act inhalation</i>	2	QL (1 diskus/ 30days); HDHP
<i>fluticasone propionate hfa aerosol 110 mcg/act inhalation</i>	2	HDHP
<i>fluticasone propionate hfa aerosol 220 mcg/act inhalation</i>	2	HDHP
<i>fluticasone propionate hfa aerosol 44 mcg/act inhalation</i>	2	HDHP
PULMICORT FLEXHALER AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT INHALATION	2	HDHP
PULMICORT FLEXHALER AEROSOL POWDER BREATH ACTIVATED 90 MCG/ACT INHALATION	2	HDHP
QVAR REDHALER AEROSOL BREATH ACTIVATED 40 MCG/ACT INHALATION	2	HDHP
QVAR REDHALER AEROSOL BREATH ACTIVATED 80 MCG/ACT INHALATION	2	HDHP
*Thymic Stromal Lymphopoietin (Tslp) Antagonists***		
TEZSPIRE SOLUTION PREFILLED SYRINGE 210 MG/1.91ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
*Xanthines***		
ELIXOPHYLLIN ELIXIR 80 MG/15ML ORAL	1	
THEO-24 CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL	4	
THEO-24 CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL	4	
THEO-24 CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL	4	
THEO-24 CAPSULE EXTENDED RELEASE 24 HOUR 400 MG ORAL	4	
<i>theophylline elixir 80 mg/15ml oral</i>	1	
<i>theophylline er tablet extended release 12 hour 100 mg oral</i>	3	
<i>theophylline er tablet extended release 12 hour 200 mg oral</i>	3	
<i>theophylline er tablet extended release 12 hour 300 mg oral</i>	3	
<i>theophylline er tablet extended release 12 hour 450 mg oral</i>	3	
<i>theophylline er tablet extended release 24 hour 400 mg oral</i>	1	
<i>theophylline er tablet extended release 24 hour 600 mg oral</i>	1	
<i>theophylline solution 80 mg/15ml oral</i>	1	
Anticoagulants		
*Coumarin Anticoagulants***		
JANTOVEN TABLET 1 MG ORAL	1	
JANTOVEN TABLET 10 MG ORAL	1	
JANTOVEN TABLET 2 MG ORAL	1	

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Drug	Status	Notes
JANTOVEN TABLET 2.5 MG ORAL	1	
JANTOVEN TABLET 3 MG ORAL	1	
JANTOVEN TABLET 4 MG ORAL	1	
JANTOVEN TABLET 5 MG ORAL	1	
JANTOVEN TABLET 6 MG ORAL	1	
JANTOVEN TABLET 7.5 MG ORAL	1	
<i>warfarin sodium tablet 1 mg oral</i>	1	
<i>warfarin sodium tablet 10 mg oral</i>	1	
<i>warfarin sodium tablet 2 mg oral</i>	1	
<i>warfarin sodium tablet 2.5 mg oral</i>	1	
<i>warfarin sodium tablet 3 mg oral</i>	1	
<i>warfarin sodium tablet 4 mg oral</i>	1	
<i>warfarin sodium tablet 5 mg oral</i>	1	
<i>warfarin sodium tablet 6 mg oral</i>	1	
<i>warfarin sodium tablet 7.5 mg oral</i>	1	
*Direct Factor Xa Inhibitors***		
ELIQUIS (1.5 MG PACK) TABLET SOLUBLE 3 X 0.5 MG ORAL	2	AL (Min 12 Years)
ELIQUIS (2 MG PACK) TABLET SOLUBLE 4 X 0.5 MG ORAL	2	AL (Min 12 Years)
ELIQUIS CAPSULE SPRINKLE 0.15 MG ORAL	2	AL (Min 12 Years)
ELIQUIS DVT/PE STARTER PACK TABLET THERAPY PACK 5 MG ORAL	2	QL (74 tabs/ 28 days. Minimum Day Supply is 27); DS (27 day supply max)
ELIQUIS TABLET 2.5 MG ORAL	2	QL (2 tabs/day)
ELIQUIS TABLET 5 MG ORAL	2	QL (2 tabs/day)
ELIQUIS TABLET SOLUBLE 0.5 MG ORAL	2	AL (Min 12 Years)
<i>rivaroxaban suspension reconstituted 1 mg/ml oral</i>	2	QL (10 ml/day)
<i>rivaroxaban tablet 2.5 mg oral</i>	2	QL (2 tabs/ day)
SAVAYSA TABLET 15 MG ORAL	3	PA; QL (1 tab/day); AL (Min 18 Years)
SAVAYSA TABLET 30 MG ORAL	3	PA; QL (1 tab/day); AL (Min 18 Years)
SAVAYSA TABLET 60 MG ORAL	3	PA; QL (1 tab/day); AL (Min 18 Years)
XARELTO STARTER PACK TABLET THERAPY PACK 15 & 20 MG ORAL	2	QL (1 pack/month. Minimum Day Supply is 27); DS (27 day supply max)
XARELTO SUSPENSION RECONSTITUTED 1 MG/ML ORAL	4	QL (10 ml/day)
XARELTO TABLET 10 MG ORAL	2	QL (1 tab/day)
XARELTO TABLET 15 MG ORAL	2	QL (1 tab/day)
XARELTO TABLET 2.5 MG ORAL	4	QL (2 tabs/ day)
XARELTO TABLET 20 MG ORAL	2	QL (1 tab/day)
*Heparins And Heparinoid-Like Agents***		
BD HEPARIN POSIFLUSH SOLUTION 10 UNIT/ML INTRAVENOUS	3	QL (120mL/month)
BD HEPARIN POSIFLUSH SOLUTION 100 UNIT/ML INTRAVENOUS	3	QL (120mL/month)
<i>heparin na (pork) lock flsh pf solution 1 unit/ml intravenous</i>	3	QL (120mL/month)

Drug	Status	Notes
<i>heparin na (pork) lock flsh pf solution 10 unit/ml intravenous</i>	3	QL (120mL/month)
<i>heparin na (pork) lock flsh pf solution 100 unit/ml intravenous</i>	3	QL (120mL/month)
<i>heparin sod (pork) lock flush solution 10 unit/ml intravenous</i>	3	QL (120mL/month)
<i>heparin sod (pork) lock flush solution 100 unit/ml intravenous</i>	3	QL (120mL/month)
<i>heparin sodium (porcine) +rfid solution 1000 unit/ml injection</i>	3	QL (120mL/month)
<i>heparin sodium (porcine) pf solution 1000 unit/ml injection</i>	3	QL (120mL/month)
<i>heparin sodium (porcine) pf solution 5000 unit/0.5ml injection</i>	3	QL (120mL/month)
<i>heparin sodium (porcine) pf solution 5000 unit/ml injection</i>	3	QL (120mL/month)
<i>heparin sodium (porcine) solution 1000 unit/ml injection</i>	3	QL (120mL/month)
<i>heparin sodium (porcine) solution 10000 unit/ml injection</i>	3	QL (120mL/month)
<i>heparin sodium (porcine) solution 20000 unit/ml injection</i>	3	QL (120mL/month)
<i>heparin sodium (porcine) solution 5000 unit/ml injection</i>	3	QL (120mL/month)
<i>heparin sodium (porcine) solution prefilled syringe 5000 unit/0.5ml injection</i>	3	QL (120mL/month)
*Low Molecular Weight Heparins***		
<i>enoxaparin sodium solution 300 mg/3ml injection</i>	1	
<i>enoxaparin sodium solution prefilled syringe 100 mg/ml injection</i>	1	
<i>enoxaparin sodium solution prefilled syringe 120 mg/0.8ml injection</i>	1	
<i>enoxaparin sodium solution prefilled syringe 150 mg/ml injection</i>	1	
<i>enoxaparin sodium solution prefilled syringe 30 mg/0.3ml injection</i>	1	
<i>enoxaparin sodium solution prefilled syringe 40 mg/0.4ml injection</i>	1	
<i>enoxaparin sodium solution prefilled syringe 60 mg/0.6ml injection</i>	1	
<i>enoxaparin sodium solution prefilled syringe 80 mg/0.8ml injection</i>	1	
FRAGMIN SOLUTION 10000 UNIT/4ML SUBCUTANEOUS	3	
FRAGMIN SOLUTION 95000 UNIT/3.8ML SUBCUTANEOUS	3	
FRAGMIN SOLUTION PREFILLED SYRINGE 10000 UNIT/ML SUBCUTANEOUS	3	
FRAGMIN SOLUTION PREFILLED SYRINGE 12500 UNIT/0.5ML SUBCUTANEOUS	3	
FRAGMIN SOLUTION PREFILLED SYRINGE 15000 UNIT/0.6ML SUBCUTANEOUS	3	
FRAGMIN SOLUTION PREFILLED SYRINGE 18000 UNT/0.72ML SUBCUTANEOUS	3	
FRAGMIN SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML SUBCUTANEOUS	3	
FRAGMIN SOLUTION PREFILLED SYRINGE 5000 UNIT/0.2ML SUBCUTANEOUS	3	
FRAGMIN SOLUTION PREFILLED SYRINGE 7500 UNIT/0.3ML SUBCUTANEOUS	3	
LOVENOX SOLUTION 300 MG/3ML INJECTION	3	
LOVENOX SOLUTION PREFILLED SYRINGE 100 MG/ML INJECTION	3	

Drug	Status	Notes
LOVENOX SOLUTION PREFILLED SYRINGE 120 MG/0.8ML INJECTION	3	
LOVENOX SOLUTION PREFILLED SYRINGE 150 MG/ML INJECTION	3	
LOVENOX SOLUTION PREFILLED SYRINGE 30 MG/0.3ML INJECTION	3	
LOVENOX SOLUTION PREFILLED SYRINGE 40 MG/0.4ML INJECTION	3	
LOVENOX SOLUTION PREFILLED SYRINGE 60 MG/0.6ML INJECTION	3	
LOVENOX SOLUTION PREFILLED SYRINGE 80 MG/0.8ML INJECTION	3	
*Synthetic Heparinoid-Like Agents***		
ARIXTRA SOLUTION 10 MG/0.8ML SUBCUTANEOUS	3	
ARIXTRA SOLUTION 2.5 MG/0.5ML SUBCUTANEOUS	3	
ARIXTRA SOLUTION 5 MG/0.4ML SUBCUTANEOUS	3	
ARIXTRA SOLUTION 7.5 MG/0.6ML SUBCUTANEOUS	3	
<i>fondaparinux sodium solution 10 mg/0.8ml subcutaneous</i>	1	
<i>fondaparinux sodium solution 2.5 mg/0.5ml subcutaneous</i>	1	
<i>fondaparinux sodium solution 5 mg/0.4ml subcutaneous</i>	1	
<i>fondaparinux sodium solution 7.5 mg/0.6ml subcutaneous</i>	1	
*Thrombin Inhibitors - Selective Direct & Reversible***		
<i>dabigatran etexilate mesylate capsule 110 mg oral</i>	2	QL (2 caps/day)
<i>dabigatran etexilate mesylate capsule 150 mg oral</i>	2	QL (2 caps/day)
<i>dabigatran etexilate mesylate capsule 75 mg oral</i>	2	QL (2 caps/day)
PRADAXA CAPSULE 110 MG ORAL	2	QL (2 caps/day)
PRADAXA CAPSULE 150 MG ORAL	2	QL (2 caps/day)
PRADAXA CAPSULE 75 MG ORAL	2	QL (2 caps/day)
Anticonvulsants		
*Ampa Glutamate Receptor Antagonists***		
FYCOMPA SUSPENSION 0.5 MG/ML ORAL	4	PA
FYCOMPA TABLET 10 MG ORAL	4	PA; QL (1 tab/day)
FYCOMPA TABLET 12 MG ORAL	4	PA; QL (1 tab/day)
FYCOMPA TABLET 2 MG ORAL	4	PA; QL (2 tabs/day)
FYCOMPA TABLET 4 MG ORAL	4	PA; QL (1 tab/day)
FYCOMPA TABLET 6 MG ORAL	4	PA; QL (1 tab/day)
FYCOMPA TABLET 8 MG ORAL	4	PA; QL (1 tab/day)
<i>perampanel suspension 0.5 mg/ml oral</i>	2	
<i>perampanel tablet 10 mg oral</i>	2	QL (1 tab/day)
<i>perampanel tablet 12 mg oral</i>	2	QL (1 tab/day)
<i>perampanel tablet 2 mg oral</i>	2	QL (2 tabs/day)
<i>perampanel tablet 4 mg oral</i>	2	QL (1 tab/day)
<i>perampanel tablet 6 mg oral</i>	2	QL (1 tab/day)

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Drug	Status	Notes
<i>perampanel tablet 8 mg oral</i>	2	QL (1 tab/day)
*Anticonvulsants - Benzodiazepines***		
<i>clobazam suspension 2.5 mg/ml oral</i>	4	QL (8 ml/ day)
<i>clobazam tablet 10 mg oral</i>	4	QL (2 tabs/day)
<i>clobazam tablet 20 mg oral</i>	4	QL (2 tabs/day)
<i>clonazepam tablet 0.5 mg oral</i>	1	QL (4 tabs/day)
<i>clonazepam tablet 1 mg oral</i>	1	QL (4 tabs/day)
<i>clonazepam tablet 2 mg oral</i>	1	QL (2 tabs/ day)
<i>clonazepam tablet dispersible 0.125 mg oral</i>	1	QL (2 tabs/day)
<i>clonazepam tablet dispersible 0.25 mg oral</i>	1	QL (4 tabs/day)
<i>clonazepam tablet dispersible 0.5 mg oral</i>	1	QL (4 tabs/day)
<i>clonazepam tablet dispersible 1 mg oral</i>	1	QL (2 tabs/ day)
<i>clonazepam tablet dispersible 2 mg oral</i>	1	QL (2 tabs/ day)
<i>diazepam gel 10 mg rectal</i>	3	QL (10 per 30 days)
<i>diazepam gel 2.5 mg rectal</i>	3	QL (10 per 30 days)
<i>diazepam gel 20 mg rectal</i>	3	QL (10 per 30 days)
LIBERVANT FILM 10 MG BUCCAL	4	PA
LIBERVANT FILM 12.5 MG BUCCAL	4	PA
LIBERVANT FILM 15 MG BUCCAL	4	PA
LIBERVANT FILM 5 MG BUCCAL	4	PA
LIBERVANT FILM 7.5 MG BUCCAL	4	PA
NAYZILAM SOLUTION 5 MG/0.1ML NASAL	4	PA
SYMPAZAN FILM 10 MG ORAL	4	PA; QL (2 films/ day)
SYMPAZAN FILM 20 MG ORAL	4	PA; QL (2 films/ day)
SYMPAZAN FILM 5 MG ORAL	4	PA; QL (2 films/ day)
VALTOCO 10 MG DOSE LIQUID 10 MG/0.1ML NASAL	4	PA
VALTOCO 15 MG DOSE LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML NASAL	4	PA
VALTOCO 20 MG DOSE LIQUID THERAPY PACK 2 X 10 MG/0.1ML NASAL	4	PA
VALTOCO 5 MG DOSE LIQUID 5 MG/0.1ML NASAL	4	PA
*Anticonvulsants - Misc.***		
APTIOM TABLET 200 MG ORAL	4	PA; QL (1 tab/day)
APTIOM TABLET 400 MG ORAL	4	PA; QL (1 tab/day)
APTIOM TABLET 600 MG ORAL	4	PA; QL (2 tabs/ day)
APTIOM TABLET 800 MG ORAL	4	PA; QL (2 tabs/ day)
<i>brivaracetam solution 10 mg/ml oral</i>	4	QL (20 ml/day); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 4 Years)
<i>brivaracetam tablet 10 mg oral</i>	4	QL (2 tabs/ day); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 4 Years)

Drug	Status	Notes
<i>brivaracetam tablet 100 mg oral</i>	4	QL (2 tabs/ day); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 4 Years)
<i>brivaracetam tablet 25 mg oral</i>	4	QL (2 tabs/ day); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 4 Years)
<i>brivaracetam tablet 50 mg oral</i>	4	QL (2 tabs/ day); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 4 Years)
<i>brivaracetam tablet 75 mg oral</i>	4	QL (2 tabs/ day); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 4 Years)
BRIVIACT SOLUTION 10 MG/ML ORAL	4	PA; QL (20 ml/day); AL (Min 4 Years)
BRIVIACT TABLET 10 MG ORAL	4	PA; QL (2 tabs/ day); AL (Min 4 Years)
BRIVIACT TABLET 100 MG ORAL	4	PA; QL (2 tabs/ day); AL (Min 4 Years)
BRIVIACT TABLET 25 MG ORAL	4	PA; QL (2 tabs/ day); AL (Min 4 Years)
BRIVIACT TABLET 50 MG ORAL	4	PA; QL (2 tabs/ day); AL (Min 4 Years)
BRIVIACT TABLET 75 MG ORAL	4	PA; QL (2 tabs/ day); AL (Min 4 Years)
<i>carbamazepine er capsule extended release 12 hour 100 mg oral</i>	1	
<i>carbamazepine er capsule extended release 12 hour 200 mg oral</i>	1	
<i>carbamazepine er capsule extended release 12 hour 300 mg oral</i>	1	
<i>carbamazepine er tablet extended release 12 hour 100 mg oral</i>	1	
<i>carbamazepine er tablet extended release 12 hour 200 mg oral</i>	1	
<i>carbamazepine er tablet extended release 12 hour 400 mg oral</i>	1	
<i>carbamazepine powder</i>	3	
<i>carbamazepine suspension 100 mg/5ml oral</i>	1	
<i>carbamazepine suspension 200 mg/10ml oral</i>	1	
<i>carbamazepine tablet 200 mg oral</i>	1	
<i>carbamazepine tablet chewable 100 mg oral</i>	1	
<i>carbamazepine tablet chewable 200 mg oral</i>	3	
DIACOMIT CAPSULE 250 MG ORAL	C	PA; SP; DS (30 day supply max)
DIACOMIT CAPSULE 500 MG ORAL	C	PA; SP; DS (30 day supply max)
DIACOMIT PACKET 250 MG ORAL	C	PA; SP; DS (30 day supply max)
DIACOMIT PACKET 500 MG ORAL	C	PA; SP; DS (30 day supply max)
EPIDIOLEX SOLUTION 100 MG/ML ORAL	D	PA; SP; DS (30 day supply max)
EPITOL TABLET 200 MG ORAL	1	
EPRONTIA SOLUTION 25 MG/ML ORAL	4	PA; QL (16 per day)
<i>eslicarbazepine acetate tablet 200 mg oral</i>	4	QL (1 tab/day)
<i>eslicarbazepine acetate tablet 400 mg oral</i>	4	QL (1 tab/day)
<i>eslicarbazepine acetate tablet 600 mg oral</i>	4	QL (2 tabs/ day)
<i>eslicarbazepine acetate tablet 800 mg oral</i>	4	QL (2 tabs/ day)
FINTEPLA SOLUTION 2.2 MG/ML ORAL	C	PA; SP; DS (30 day supply max)
<i>gabapentin capsule 100 mg oral</i>	1	

Drug	Status	Notes
<i>gabapentin capsule 300 mg oral</i>	1	
<i>gabapentin capsule 400 mg oral</i>	1	
<i>gabapentin solution 250 mg/5ml oral</i>	1	
<i>gabapentin solution 300 mg/6ml oral</i>	1	
<i>gabapentin tablet 600 mg oral</i>	1	
<i>gabapentin tablet 800 mg oral</i>	1	
<i>lacosamide solution 10 mg/ml oral</i>	2	
<i>lacosamide solution 100 mg/10ml oral</i>	2	
<i>lacosamide solution 50 mg/5ml oral</i>	2	
<i>lacosamide tablet 100 mg oral</i>	2	
<i>lacosamide tablet 150 mg oral</i>	2	
<i>lacosamide tablet 200 mg oral</i>	2	
<i>lacosamide tablet 50 mg oral</i>	2	
LAMICTAL XR KIT 21 X 25 MG & 7 X 50 MG ORAL	3	
LAMICTAL XR KIT 25 & 50 & 100 MG ORAL	3	
LAMICTAL XR KIT 50 & 100 & 200 MG ORAL	3	
<i>lamotrigine er tablet extended release 24 hour 100 mg oral</i>	1	
<i>lamotrigine er tablet extended release 24 hour 200 mg oral</i>	1	
<i>lamotrigine er tablet extended release 24 hour 25 mg oral</i>	1	
<i>lamotrigine er tablet extended release 24 hour 250 mg oral</i>	1	
<i>lamotrigine er tablet extended release 24 hour 300 mg oral</i>	1	
<i>lamotrigine er tablet extended release 24 hour 50 mg oral</i>	1	
<i>lamotrigine kit 21 x 25 mg & 7 x 50 mg oral</i>	1	AL (Max 6 Years)
<i>lamotrigine kit 25 & 50 & 100 mg oral</i>	1	AL (Max 6 Years)
<i>lamotrigine kit 42 x 50 mg & 14x100 mg oral</i>	1	AL (Max 6 Years)
<i>lamotrigine odt tablet dispersible 100 mg oral</i>	1	
<i>lamotrigine odt tablet dispersible 200 mg oral</i>	1	
<i>lamotrigine odt tablet dispersible 25 mg oral</i>	1	
<i>lamotrigine odt tablet dispersible 50 mg oral</i>	1	
<i>lamotrigine tablet 100 mg oral</i>	1	
<i>lamotrigine tablet 150 mg oral</i>	1	
<i>lamotrigine tablet 200 mg oral</i>	1	
<i>lamotrigine tablet 25 mg oral</i>	1	
<i>lamotrigine tablet chewable 25 mg oral</i>	1	
<i>lamotrigine tablet chewable 5 mg oral</i>	1	
<i>lamotrigine tablet dispersible 100 mg oral</i>	1	
<i>lamotrigine tablet dispersible 200 mg oral</i>	1	
<i>lamotrigine tablet dispersible 25 mg oral</i>	1	
<i>lamotrigine tablet dispersible 50 mg oral</i>	1	
<i>levetiracetam er tablet extended release 24 hour 500 mg oral</i>	1	QL (6 tabs/ day); AL (Min 12 Years)
<i>levetiracetam er tablet extended release 24 hour 750 mg oral</i>	1	AL (Min 12 Years)

Drug	Status	Notes
<i>levetiracetam solution 100 mg/ml oral</i>	1	
<i>levetiracetam solution 500 mg/5ml oral</i>	1	
<i>levetiracetam tablet 1000 mg oral</i>	1	
<i>levetiracetam tablet 250 mg oral</i>	1	
<i>levetiracetam tablet 500 mg oral</i>	1	
<i>levetiracetam tablet 750 mg oral</i>	1	
<i>oxcarbazepine er tablet extended release 24 hour 150 mg oral</i>	4	
<i>oxcarbazepine er tablet extended release 24 hour 300 mg oral</i>	4	
<i>oxcarbazepine er tablet extended release 24 hour 600 mg oral</i>	4	
<i>oxcarbazepine suspension 300 mg/5ml oral</i>	1	
<i>oxcarbazepine tablet 150 mg oral</i>	1	
<i>oxcarbazepine tablet 300 mg oral</i>	1	
<i>oxcarbazepine tablet 600 mg oral</i>	1	
<i>pregabalin capsule 100 mg oral</i>	1	QL (4 caps/day)
<i>pregabalin capsule 150 mg oral</i>	1	QL (4 caps/day)
<i>pregabalin capsule 200 mg oral</i>	1	QL (3 caps/ day)
<i>pregabalin capsule 225 mg oral</i>	1	QL (2 caps/day)
<i>pregabalin capsule 25 mg oral</i>	1	QL (4 caps/day)
<i>pregabalin capsule 300 mg oral</i>	1	QL (2 caps/day)
<i>pregabalin capsule 50 mg oral</i>	1	QL (4 caps/day)
<i>pregabalin capsule 75 mg oral</i>	1	QL (4 caps/day)
<i>pregabalin solution 20 mg/ml oral</i>	1	
<i>primidone tablet 250 mg oral</i>	1	
<i>primidone tablet 50 mg oral</i>	1	
RELGAABI CAPSULE 300 MG ORAL	1	
RELGAABI CAPSULE 400 MG ORAL	1	
ROWEEPRA TABLET 500 MG ORAL	1	
<i>rufinamide suspension 40 mg/ml oral</i>	3	PA
<i>rufinamide tablet 200 mg oral</i>	3	PA
<i>rufinamide tablet 400 mg oral</i>	3	PA
SUBVENITE STARTER KIT-BLUE KIT 35 X 25 MG ORAL	1	
SUBVENITE STARTER KIT-GREEN KIT 84 X 25 MG & 14X100 MG ORAL	1	
SUBVENITE STARTER KIT-ORANGE KIT 42 X 25 MG & 7 X 100 MG ORAL	1	
SUBVENITE TABLET 100 MG ORAL	1	
SUBVENITE TABLET 150 MG ORAL	1	
SUBVENITE TABLET 200 MG ORAL	1	
SUBVENITE TABLET 25 MG ORAL	1	
<i>topiramate capsule sprinkle 15 mg oral</i>	1	QL (2 caps/day)
<i>topiramate capsule sprinkle 25 mg oral</i>	1	QL (2 caps/day)
<i>topiramate capsule sprinkle 50 mg oral</i>	4	

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Drug	Status	Notes
<i>topiramate er capsule er 24 hour sprinkle 100 mg oral</i>	4	QL (1 cap/day); ST (Step Therapy applies; see Step Therapy Drug List)
<i>topiramate er capsule er 24 hour sprinkle 150 mg oral</i>	4	QL (1 cap/day); ST (Step Therapy applies; see Step Therapy Drug List)
<i>topiramate er capsule er 24 hour sprinkle 200 mg oral</i>	4	QL (1 cap/day); ST (Step Therapy applies; see Step Therapy Drug List)
<i>topiramate er capsule er 24 hour sprinkle 25 mg oral</i>	4	QL (1 cap/day); ST (Step Therapy applies; see Step Therapy Drug List)
<i>topiramate er capsule er 24 hour sprinkle 50 mg oral</i>	4	QL (1 cap/day); ST (Step Therapy applies; see Step Therapy Drug List)
<i>topiramate er capsule extended release 24 hour 100 mg oral</i>	4	QL (1 cap/day); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 6 Years)
<i>topiramate er capsule extended release 24 hour 200 mg oral</i>	4	QL (1 cap/day); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 6 Years)
<i>topiramate er capsule extended release 24 hour 25 mg oral</i>	4	QL (1 cap/day); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 6 Years)
<i>topiramate er capsule extended release 24 hour 50 mg oral</i>	4	QL (1 cap/day); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 6 Years)
<i>topiramate solution 25 mg/ml oral</i>	4	QL (16 per day); ST (Step Therapy applies; see Step Therapy Drug List)
<i>topiramate tablet 100 mg oral</i>	1	
<i>topiramate tablet 200 mg oral</i>	1	
<i>topiramate tablet 25 mg oral</i>	1	
<i>topiramate tablet 50 mg oral</i>	1	
TROKENDI XR CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL	4	PA; QL (1 cap/day); AL (Min 6 Years)
TROKENDI XR CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL	4	PA; QL (1 cap/day); AL (Min 6 Years)
TROKENDI XR CAPSULE EXTENDED RELEASE 24 HOUR 25 MG ORAL	4	PA; QL (1 cap/day); AL (Min 6 Years)
TROKENDI XR CAPSULE EXTENDED RELEASE 24 HOUR 50 MG ORAL	4	PA; QL (1 cap/day); AL (Min 6 Years)
<i>zonisamide capsule 100 mg oral</i>	1	QL (6 caps/day)
<i>zonisamide capsule 25 mg oral</i>	1	
<i>zonisamide capsule 50 mg oral</i>	1	
ZTALMY SUSPENSION 50 MG/ML ORAL	D	PA; SP; DS (30 day supply max)
*Carbamates***		
<i>felbamate suspension 600 mg/5ml oral</i>	1	
<i>felbamate tablet 400 mg oral</i>	1	
<i>felbamate tablet 600 mg oral</i>	1	
XCOPRI (250 MG DAILY DOSE) TABLET THERAPY PACK 100 & 150 MG ORAL	4	QL (2 tabs/ day); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)

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Drug	Status	Notes
XCOPRI (350 MG DAILY DOSE) TABLET THERAPY PACK 150 & 200 MG ORAL	4	QL (2 tabs/ day); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)
XCOPRI TABLET 100 MG ORAL	4	QL (1 tab/day); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)
XCOPRI TABLET 150 MG ORAL	4	QL (1 tab/day); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)
XCOPRI TABLET 200 MG ORAL	4	QL (1 tab/day); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)
XCOPRI TABLET 25 MG ORAL	4	QL (1 tab/day); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)
XCOPRI TABLET 50 MG ORAL	4	QL (1 tab/day); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)
XCOPRI TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG ORAL	4	QL (1 tab/day); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)
XCOPRI TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG ORAL	4	QL (1 tab/day); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)
XCOPRI TABLET THERAPY PACK 14 X 50 MG & 14 X100 MG ORAL	4	QL (1 tab/day); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)
*Gaba Modulators***		
<i>tiagabine hcl tablet 12 mg oral</i>	3	
<i>tiagabine hcl tablet 16 mg oral</i>	3	
<i>tiagabine hcl tablet 2 mg oral</i>	3	
<i>tiagabine hcl tablet 4 mg oral</i>	3	
<i>vigabatrin packet 500 mg oral</i>	B	PA; SP; DS (30 day supply max)
<i>vigabatrin tablet 500 mg oral</i>	B	PA; SP; DS (30 day supply max)
VIGADRONE PACKET 500 MG ORAL	B	PA; SP; DS (30 day supply max)
VIGADRONE TABLET 500 MG ORAL	B	PA; SP; DS (30 day supply max)
VIGAFYDE SOLUTION 100 MG/ML ORAL	D	PA; SP; DS (30 day supply max)
VIGODER PACKET 500 MG ORAL	B	PA; SP; DS (30 day supply max)
*Hydantoins***		
DILANTIN CAPSULE 30 MG ORAL	4	
PHENYTEK CAPSULE 200 MG ORAL	1	QL (2 caps/day)
PHENYTEK CAPSULE 300 MG ORAL	1	QL (2 caps/day)
PHENYTOIN INFATABS TABLET CHEWABLE 50 MG ORAL	1	
<i>phenytoin sodium extended capsule 100 mg oral</i>	1	
<i>phenytoin sodium extended capsule 200 mg oral</i>	1	QL (2 caps/day)
<i>phenytoin sodium extended capsule 300 mg oral</i>	1	QL (2 caps/day)

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Drug	Status	Notes
<i>phenytoin sodium powder</i>	3	
<i>phenytoin suspension 125 mg/5ml oral</i>	1	
<i>phenytoin tablet chewable 50 mg oral</i>	1	
*Succinimides***		
CELONTIN CAPSULE 300 MG ORAL	3	
<i>ethosuximide capsule 250 mg oral</i>	1	
<i>ethosuximide solution 250 mg/5ml oral</i>	1	
<i>methsuximide capsule 300 mg oral</i>	3	
ZARONTIN CAPSULE 250 MG ORAL	3	
ZARONTIN SOLUTION 250 MG/5ML ORAL	3	
*Valproic Acid***		
DEPAKOTE TABLET DELAYED RELEASE 125 MG ORAL	3	
DEPAKOTE TABLET DELAYED RELEASE 250 MG ORAL	3	
DEPAKOTE TABLET DELAYED RELEASE 500 MG ORAL	3	
<i>divalproex sodium capsule delayed release sprinkle 125 mg oral</i>	1	
<i>divalproex sodium er tablet extended release 24 hour 250 mg oral</i>	1	
<i>divalproex sodium er tablet extended release 24 hour 500 mg oral</i>	1	
<i>divalproex sodium tablet delayed release 125 mg oral</i>	1	
<i>divalproex sodium tablet delayed release 250 mg oral</i>	1	
<i>divalproex sodium tablet delayed release 500 mg oral</i>	1	
<i>valproic acid capsule 250 mg oral</i>	1	
<i>valproic acid solution 250 mg/5ml oral</i>	1	
<i>valproic acid solution 500 mg/10ml oral</i>	1	
Antidepressants		
*Alpha-2 Receptor Antagonists (Tetracyclics)***		
<i>mirtazapine tablet 15 mg oral</i>	1	QL (1 tab/day)
<i>mirtazapine tablet 30 mg oral</i>	1	QL (1 tab/day)
<i>mirtazapine tablet 45 mg oral</i>	1	QL (1 tab/day)
<i>mirtazapine tablet 7.5 mg oral</i>	1	QL (1 tab/day)
<i>mirtazapine tablet dispersible 15 mg oral</i>	1	QL (1 tab/day)
<i>mirtazapine tablet dispersible 30 mg oral</i>	1	QL (1 tab/day)
<i>mirtazapine tablet dispersible 45 mg oral</i>	1	QL (1 tab/day)
REMERON SOLTAB TABLET DISPERSIBLE 15 MG ORAL	3	QL (1 tab/day)
REMERON SOLTAB TABLET DISPERSIBLE 30 MG ORAL	3	QL (1 tab/day)
REMERON SOLTAB TABLET DISPERSIBLE 45 MG ORAL	3	QL (1 tab/day)
REMERON TABLET 15 MG ORAL	3	QL (1 tab/day)
REMERON TABLET 30 MG ORAL	3	QL (1 tab/day)
*Antidepressant - Miscellaneous Combinations***		
AUVELITY TABLET EXTENDED RELEASE 45-105 MG ORAL	4	PA; AL (Min 18 Years)
AUVELITY TITRATION PACK TABLET EXTENDED RELEASE THERAPY PACK 30-105 MG & 45-105 MG ORAL	4	PA; AL (Min 18 Years)

Drug	Status	Notes
*Antidepressants - Misc.***		
<i>bupropion hcl er (sr) tablet extended release 12 hour 100 mg oral</i>	1	QL (3 tabs/day)
<i>bupropion hcl er (sr) tablet extended release 12 hour 150 mg oral</i>	1	QL (2 tabs/day)
<i>bupropion hcl er (sr) tablet extended release 12 hour 200 mg oral</i>	1	QL (2 tabs/ day)
<i>bupropion hcl er (xl) tablet extended release 24 hour 150 mg oral</i>	1	QL (3 tabs/day)
<i>bupropion hcl er (xl) tablet extended release 24 hour 300 mg oral</i>	1	QL (45 tabs/ 30 days)
<i>bupropion hcl tablet 100 mg oral</i>	1	
<i>bupropion hcl tablet 75 mg oral</i>	1	
*Gaba Receptor Modulator - Neuroactive Steroid***		
ZURZUVAE CAPSULE 20 MG ORAL	D	PA; SP; DS (30 day supply max)
ZURZUVAE CAPSULE 25 MG ORAL	D	PA; SP; DS (30 day supply max)
ZURZUVAE CAPSULE 30 MG ORAL	D	PA; SP; DS (30 day supply max)
*Monoamine Oxidase Inhibitors (Maois)***		
EMSAM PATCH 24 HOUR 12 MG/24HR TRANSDERMAL	D	SP; QL (1 patch/ day); DS (30 day supply max); AL (Min 16 Years)
EMSAM PATCH 24 HOUR 6 MG/24HR TRANSDERMAL	D	SP; QL (1 patch/ day); DS (30 day supply max); AL (Min 16 Years)
EMSAM PATCH 24 HOUR 9 MG/24HR TRANSDERMAL	D	SP; QL (1 patch/ day); DS (30 day supply max); AL (Min 16 Years)
MARPLAN TABLET 10 MG ORAL	4	
NARDIL TABLET 15 MG ORAL	3	
PARNATE TABLET 10 MG ORAL	3	
<i>phenelzine sulfate tablet 15 mg oral</i>	1	
<i>tranylcypromine sulfate tablet 10 mg oral</i>	1	
*N-Methyl-D-Aspartic Acid (Nmda) Receptor Antagonists***		
SPRAVATO (56 MG DOSE) SOLUTION THERAPY PACK 28 MG/DEVICE NASAL	D	PA; SP; DS (30 day supply max); AL (Min 18 Years)
SPRAVATO (84 MG DOSE) SOLUTION THERAPY PACK 28 MG/DEVICE NASAL	D	PA; SP; DS (30 day supply max); AL (Min 18 Years)
*Selective Serotonin Reuptake Inhibitors (Ssris)***		
<i>citalopram hydrobromide solution 10 mg/5ml oral</i>	1	
<i>citalopram hydrobromide solution 20 mg/10ml oral</i>	1	
<i>citalopram hydrobromide tablet 10 mg oral</i>	1	
<i>citalopram hydrobromide tablet 20 mg oral</i>	1	
<i>citalopram hydrobromide tablet 40 mg oral</i>	1	
<i>escitalopram oxalate capsule 15 mg oral</i>	4	
<i>escitalopram oxalate solution 10 mg/10ml oral</i>	1	
<i>escitalopram oxalate solution 5 mg/5ml oral</i>	1	
<i>escitalopram oxalate tablet 10 mg oral</i>	1	
<i>escitalopram oxalate tablet 20 mg oral</i>	1	
<i>escitalopram oxalate tablet 5 mg oral</i>	1	
<i>fluoxetine hcl capsule 10 mg oral</i>	1	
<i>fluoxetine hcl capsule 20 mg oral</i>	1	

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Drug	Status	Notes
<i>fluoxetine hcl capsule 40 mg oral</i>	1	
<i>fluoxetine hcl solution 20 mg/5ml oral</i>	1	
<i>fluoxetine hcl tablet 10 mg oral</i>	1	
<i>fluoxetine hcl tablet 60 mg oral</i>	1	
<i>fluvoxamine maleate er capsule extended release 24 hour 100 mg oral</i>	1	QL (2 caps/day)
<i>fluvoxamine maleate er capsule extended release 24 hour 150 mg oral</i>	1	QL (2 caps/day)
<i>fluvoxamine maleate tablet 100 mg oral</i>	1	
<i>fluvoxamine maleate tablet 25 mg oral</i>	1	
<i>fluvoxamine maleate tablet 50 mg oral</i>	1	
<i>paroxetine hcl er tablet extended release 24 hour 12.5 mg oral</i>	4	QL (1 tab/day); HDHP
<i>paroxetine hcl er tablet extended release 24 hour 25 mg oral</i>	4	QL (1 tab/day); HDHP
<i>paroxetine hcl er tablet extended release 24 hour 37.5 mg oral</i>	4	QL (1 tab/day); HDHP
<i>paroxetine hcl suspension 10 mg/5ml oral</i>	3	HDHP
<i>paroxetine hcl tablet 10 mg oral</i>	1	QL (1.5 tabs/day)
<i>paroxetine hcl tablet 20 mg oral</i>	1	QL (1 tab/day)
<i>paroxetine hcl tablet 30 mg oral</i>	1	QL (2 tabs/day)
<i>paroxetine hcl tablet 40 mg oral</i>	1	QL (45 tabs/ 30 days)
PAXIL SUSPENSION 10 MG/5ML ORAL	3	HDHP
<i>sertraline hcl concentrate 20 mg/ml oral</i>	1	
<i>sertraline hcl tablet 100 mg oral</i>	1	
<i>sertraline hcl tablet 25 mg oral</i>	1	
<i>sertraline hcl tablet 50 mg oral</i>	1	
*Serotonin Modulators***		
EXXUA TABLET EXTENDED RELEASE 24 HOUR 18.2 MG ORAL	D	PA; SP; DS (30 day supply max)
EXXUA TABLET EXTENDED RELEASE 24 HOUR 36.3 MG ORAL	D	PA; SP; DS (30 day supply max)
EXXUA TABLET EXTENDED RELEASE 24 HOUR 54.5 MG ORAL	D	PA; SP; DS (30 day supply max)
EXXUA TABLET EXTENDED RELEASE 24 HOUR 72.6 MG ORAL	D	PA; SP; DS (30 day supply max)
EXXUA TITRATION PACK TABLET EXTENDED RELEASE 24 HOUR 18.2 MG ORAL	D	PA; SP; DS (30 day supply max)
<i>nefazodone hcl tablet 100 mg oral</i>	3	
<i>nefazodone hcl tablet 150 mg oral</i>	3	
<i>nefazodone hcl tablet 200 mg oral</i>	3	
<i>nefazodone hcl tablet 250 mg oral</i>	3	
<i>nefazodone hcl tablet 50 mg oral</i>	3	
<i>trazodone hcl powder</i>	3	
<i>trazodone hcl tablet 100 mg oral</i>	1	
<i>trazodone hcl tablet 150 mg oral</i>	1	

Drug	Status	Notes
<i>trazodone hcl tablet 300 mg oral</i>	1	QL (2 tabs/day)
<i>trazodone hcl tablet 50 mg oral</i>	1	
TRINTELLIX TABLET 10 MG ORAL	4	QL (2 tabs/ day); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)
TRINTELLIX TABLET 20 MG ORAL	4	QL (1 tab/day); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)
TRINTELLIX TABLET 5 MG ORAL	4	QL (1 tab/day); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)
VIIBRYD TABLET 10 MG ORAL	4	QL (1 tab/day); AL (Min 18 Years)
VIIBRYD TABLET 20 MG ORAL	4	QL (1 tab/day); AL (Min 18 Years)
VIIBRYD TABLET 40 MG ORAL	4	QL (1 tab/day); AL (Min 18 Years)
<i>vilazodone hcl tablet 10 mg oral</i>	4	QL (1 tab/day); AL (Min 18 Years)
<i>vilazodone hcl tablet 20 mg oral</i>	4	QL (1 tab/day); AL (Min 18 Years)
<i>vilazodone hcl tablet 40 mg oral</i>	4	QL (1 tab/day); AL (Min 18 Years)
*Serotonin-Norepinephrine Reuptake Inhibitors (Snris)***		
<i>desvenlafaxine er tablet extended release 24 hour 100 mg oral</i>	3	QL (1 tab/day)
<i>desvenlafaxine er tablet extended release 24 hour 50 mg oral</i>	3	QL (1 tab/day)
<i>desvenlafaxine succinate er tablet extended release 24 hour 100 mg oral</i>	1	QL (1 tab/day)
<i>desvenlafaxine succinate er tablet extended release 24 hour 25 mg oral</i>	1	QL (1 tab/day)
<i>desvenlafaxine succinate er tablet extended release 24 hour 50 mg oral</i>	1	QL (1 tab/day)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20 MG ORAL	3	QL (1 cap/day); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 7 Years)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30 MG ORAL	3	QL (1 cap/day); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 7 Years)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40 MG ORAL	3	QL (1 cap/day); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 7 Years)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 60 MG ORAL	3	QL (1 cap/day); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 7 Years)
<i>duloxetine hcl capsule delayed release particles 120 mg oral</i>	4	
<i>duloxetine hcl capsule delayed release particles 20 mg oral</i>	1	QL (2 caps/day)
<i>duloxetine hcl capsule delayed release particles 30 mg oral</i>	1	QL (3 caps/day)
<i>duloxetine hcl capsule delayed release particles 40 mg oral</i>	1	
<i>duloxetine hcl capsule delayed release particles 60 mg oral</i>	1	QL (2 caps/day)
<i>duloxetine hcl capsule delayed release particles 80 mg oral</i>	4	
<i>duloxetine hcl capsule delayed release particles 90 mg oral</i>	4	

Drug	Status	Notes
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL	4	QL (1 cap/day); ST (Step Therapy applies; see Step Therapy Drug List)
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL	4	QL (1 cap/day); ST (Step Therapy applies; see Step Therapy Drug List)
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL	4	QL (1 cap/day); ST (Step Therapy applies; see Step Therapy Drug List)
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL	4	QL (1 cap/day); ST (Step Therapy applies; see Step Therapy Drug List)
FETZIMA TITRATION CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG ORAL	4	QL (1 cap/day); ST (Step Therapy applies; see Step Therapy Drug List)
<i>venlafaxine hcl er capsule extended release 24 hour 150 mg oral</i>	1	
<i>venlafaxine hcl er capsule extended release 24 hour 37.5 mg oral</i>	1	
<i>venlafaxine hcl er capsule extended release 24 hour 75 mg oral</i>	1	
<i>venlafaxine hcl er tablet extended release 24 hour 150 mg oral</i>	1	
<i>venlafaxine hcl er tablet extended release 24 hour 225 mg oral</i>	1	
<i>venlafaxine hcl er tablet extended release 24 hour 37.5 mg oral</i>	1	
<i>venlafaxine hcl er tablet extended release 24 hour 75 mg oral</i>	1	
<i>venlafaxine hcl tablet 100 mg oral</i>	1	
<i>venlafaxine hcl tablet 25 mg oral</i>	1	
<i>venlafaxine hcl tablet 37.5 mg oral</i>	1	
<i>venlafaxine hcl tablet 50 mg oral</i>	1	
<i>venlafaxine hcl tablet 75 mg oral</i>	1	
*Tricyclic Agents***		
<i>amitriptyline hcl tablet 10 mg oral</i>	1	
<i>amitriptyline hcl tablet 100 mg oral</i>	1	
<i>amitriptyline hcl tablet 150 mg oral</i>	1	
<i>amitriptyline hcl tablet 25 mg oral</i>	1	
<i>amitriptyline hcl tablet 50 mg oral</i>	1	
<i>amitriptyline hcl tablet 75 mg oral</i>	1	
<i>amoxapine tablet 100 mg oral</i>	2	
<i>amoxapine tablet 150 mg oral</i>	2	
<i>amoxapine tablet 25 mg oral</i>	2	
<i>amoxapine tablet 50 mg oral</i>	2	
<i>clomipramine hcl capsule 25 mg oral</i>	1	
<i>clomipramine hcl capsule 50 mg oral</i>	1	
<i>clomipramine hcl capsule 75 mg oral</i>	1	
<i>desipramine hcl tablet 10 mg oral</i>	1	
<i>desipramine hcl tablet 100 mg oral</i>	1	
<i>desipramine hcl tablet 150 mg oral</i>	1	
<i>desipramine hcl tablet 25 mg oral</i>	1	
<i>desipramine hcl tablet 50 mg oral</i>	1	
<i>desipramine hcl tablet 75 mg oral</i>	1	
<i>doxepin hcl capsule 10 mg oral</i>	1	

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Drug	Status	Notes
<i>doxepin hcl capsule 100 mg oral</i>	1	
<i>doxepin hcl capsule 150 mg oral</i>	1	
<i>doxepin hcl capsule 25 mg oral</i>	1	
<i>doxepin hcl capsule 50 mg oral</i>	1	
<i>doxepin hcl capsule 75 mg oral</i>	1	
<i>doxepin hcl concentrate 10 mg/ml oral</i>	1	
<i>imipramine hcl powder</i>	3	
<i>imipramine hcl tablet 10 mg oral</i>	1	
<i>imipramine hcl tablet 25 mg oral</i>	1	
<i>imipramine hcl tablet 50 mg oral</i>	1	
<i>imipramine pamoate capsule 100 mg oral</i>	1	QL (2 caps/day)
<i>imipramine pamoate capsule 125 mg oral</i>	1	QL (2 caps/day)
<i>imipramine pamoate capsule 150 mg oral</i>	1	QL (2 caps/day)
<i>imipramine pamoate capsule 75 mg oral</i>	1	QL (3 caps/day)
NORPRAMIN TABLET 10 MG ORAL	3	
NORPRAMIN TABLET 25 MG ORAL	3	
<i>nortriptyline hcl capsule 10 mg oral</i>	1	
<i>nortriptyline hcl capsule 25 mg oral</i>	1	
<i>nortriptyline hcl capsule 50 mg oral</i>	1	
<i>nortriptyline hcl capsule 75 mg oral</i>	1	
<i>nortriptyline hcl powder</i>	3	
<i>protriptyline hcl tablet 10 mg oral</i>	1	
<i>protriptyline hcl tablet 5 mg oral</i>	1	
<i>trimipramine maleate capsule 100 mg oral</i>	1	
<i>trimipramine maleate capsule 25 mg oral</i>	1	
<i>trimipramine maleate capsule 50 mg oral</i>	1	
Antidiabetics		
*Alpha-Glucosidase Inhibitors***		
<i>acarbose tablet 100 mg oral</i>	1	
<i>acarbose tablet 25 mg oral</i>	1	
<i>acarbose tablet 50 mg oral</i>	1	
<i>miglitol tablet 100 mg oral</i>	3	HDHP
<i>miglitol tablet 25 mg oral</i>	3	HDHP
<i>miglitol tablet 50 mg oral</i>	3	HDHP
*Antidiabetic - Amylin Analogs***		
SYMLINPEN 120 SOLUTION PEN-INJECTOR 2700 MCG/2.7ML SUBCUTANEOUS	2	QL (4 pens/ 28 days); AL (Min 18 Years)
SYMLINPEN 60 SOLUTION PEN-INJECTOR 1500 MCG/1.5ML SUBCUTANEOUS	2	QL (4 pens/ 28 days); AL (Min 18 Years)
*Biguanides***		
<i>metformin hcl er tablet extended release 24 hour 500 mg oral</i>	1	QL (5 tabs/ day)
<i>metformin hcl er tablet extended release 24 hour 750 mg oral</i>	1	QL (3 tabs/ day)

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Drug	Status	Notes
<i>metformin hcl solution 500 mg/5ml oral</i>	3	HDHP
<i>metformin hcl tablet 1000 mg oral</i>	1	
<i>metformin hcl tablet 500 mg oral</i>	1	
<i>metformin hcl tablet 850 mg oral</i>	1	
RIOMET SOLUTION 500 MG/5ML ORAL	3	
*Diabetic Other***		
BAQSIMI ONE PACK POWDER 3 MG/DOSE NASAL	2	QL (2 units/ month)
BAQSIMI TWO PACK POWDER 3 MG/DOSE NASAL	2	QL (2 units/ month)
<i>diazoxide suspension 50 mg/ml oral</i>	3	
<i>glucagon emergency solution reconstituted 1 mg injection</i>	2	QL (2 kits/ month)
PROGLYCEM SUSPENSION 50 MG/ML ORAL	3	
ZEGALOGUE SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML SUBCUTANEOUS	4	QL (2 fills/month. Minimum Day Supply is 1); DS (2 day supply max); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 6 Years)
ZEGALOGUE SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML SUBCUTANEOUS	4	QL (2 fills/month. Minimum Day Supply is 1); DS (2 day supply max); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 6 Years)
*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors***		
JANUVIA TABLET 100 MG ORAL	2	QL (1 tab/day); AL (Min 18 Years)
JANUVIA TABLET 25 MG ORAL	2	QL (1 tab/day); AL (Min 18 Years)
JANUVIA TABLET 50 MG ORAL	2	QL (1 tab/day); AL (Min 18 Years)
<i>saxagliptin hcl tablet 2.5 mg oral</i>	3	
<i>saxagliptin hcl tablet 5 mg oral</i>	3	
<i>sitagliptin phosphate tablet 100 mg oral</i>	2	QL (1 tab/day); AL (Min 18 Years)
<i>sitagliptin phosphate tablet 25 mg oral</i>	2	QL (1 tab/day); AL (Min 18 Years)
<i>sitagliptin phosphate tablet 50 mg oral</i>	2	QL (1 tab/day); AL (Min 18 Years)
<i>sitagliptin tablet 100 mg oral</i>	3	PA
<i>sitagliptin tablet 25 mg oral</i>	3	PA
<i>sitagliptin tablet 50 mg oral</i>	3	PA
TRADJENTA TABLET 5 MG ORAL	2	HDHP
ZITUVIO TABLET 100 MG ORAL	3	PA
ZITUVIO TABLET 25 MG ORAL	3	PA
ZITUVIO TABLET 50 MG ORAL	3	PA
*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations***		
JANUMET TABLET 50-1000 MG ORAL	2	QL (2 tabs/ day); AL (Min 18 Years)
JANUMET TABLET 50-500 MG ORAL	2	QL (2 tabs/ day); AL (Min 18 Years)
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG ORAL	2	QL (1 tab/day); AL (Min 18 Years)
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG ORAL	2	QL (2 tabs/ day); AL (Min 18 Years)
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 50-500 MG ORAL	2	QL (2 tabs/ day); AL (Min 18 Years)

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Drug	Status	Notes
JENTADUETO TABLET 2.5-1000 MG ORAL	2	HDHP
JENTADUETO TABLET 2.5-500 MG ORAL	2	HDHP
JENTADUETO TABLET 2.5-850 MG ORAL	2	HDHP
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG ORAL	2	QL (1 tab/day); HDHP; AL (Min 18 Years)
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL	2	QL (1 tab/day); HDHP; AL (Min 18 Years)
<i>saxagliptin-metformin er tablet extended release 24 hour 2.5-1000 mg oral</i>	3	ST (Step Therapy applies; see Step Therapy Drug List); HDHP; AL (Min 16 Years)
<i>saxagliptin-metformin er tablet extended release 24 hour 5-1000 mg oral</i>	3	ST (Step Therapy applies; see Step Therapy Drug List); HDHP; AL (Min 16 Years)
<i>saxagliptin-metformin er tablet extended release 24 hour 5-500 mg oral</i>	3	ST (Step Therapy applies; see Step Therapy Drug List); HDHP; AL (Min 16 Years)
<i>sitagliptin base-metformin hcl tablet 50-1000 mg oral</i>	3	ST (Step Therapy applies; see Step Therapy Drug List)
<i>sitagliptin base-metformin hcl tablet 50-500 mg oral</i>	3	ST (Step Therapy applies; see Step Therapy Drug List)
<i>sitagliptin phos-metformin hcl tablet 50-1000 mg oral</i>	2	QL (2 tabs/ day); AL (Min 18 Years)
<i>sitagliptin phos-metformin hcl tablet 50-500 mg oral</i>	2	QL (2 tabs/ day); AL (Min 18 Years)
ZITUVIMET TABLET 50-1000 MG ORAL	3	ST (Step Therapy applies; see Step Therapy Drug List)
ZITUVIMET TABLET 50-500 MG ORAL	3	ST (Step Therapy applies; see Step Therapy Drug List)
*Dopamine Receptor Agonists - Ergot Derivatives***		
CYCLOSET TABLET 0.8 MG ORAL	3	
*Human Insulin***		
AFREZZA POWDER 12 UNIT INHALATION	4	PA; HDHP; AL (Min 18 Years)
AFREZZA POWDER 4 UNIT INHALATION	4	PA; HDHP; AL (Min 18 Years)
AFREZZA POWDER 60X4 & 60X8 & 60X12 UNIT INHALATION	4	PA; HDHP; AL (Min 18 Years)
AFREZZA POWDER 8 UNIT INHALATION	4	PA; HDHP; AL (Min 18 Years)
AFREZZA POWDER 90 X 4 UNIT & 90X8 UNIT INHALATION	4	PA; HDHP; AL (Min 18 Years)
AFREZZA POWDER 90 X 8 UNIT & 90X12 UNIT INHALATION	4	PA; HDHP; AL (Min 18 Years)
AWIQLI FLEXTOUCH SOLUTION PEN-INJECTOR 700 UNIT/ML SUBCUTANEOUS	4	PA; QL (0.22 per day); AL (Min 18 Years)
HUMALOG JUNIOR KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	2	QL (2 per day); HDHP
HUMALOG KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	2	QL (2 per day); HDHP
HUMALOG KWIKPEN SOLUTION PEN-INJECTOR 200 UNIT/ML SUBCUTANEOUS	4	PA; QL (2 per day); HDHP
HUMALOG MIX 50/50 KWIKPEN SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML SUBCUTANEOUS	2	QL (2 per day); HDHP

Drug	Status	Notes
HUMALOG MIX 50/50 SUSPENSION (50-50) 100 UNIT/ML SUBCUTANEOUS	1	
HUMALOG MIX 75/25 KWIKPEN SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML SUBCUTANEOUS	2	QL (2 per day); HDHP
HUMALOG MIX 75/25 SUSPENSION (75-25) 100 UNIT/ML SUBCUTANEOUS	1	
HUMALOG SOLUTION 100 UNIT/ML INJECTION	1	
HUMALOG SOLUTION CARTRIDGE 100 UNIT/ML SUBCUTANEOUS	2	QL (2 per day); HDHP
HUMULIN 70/30 KWIKPEN SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS	2	QL (2 per day); HDHP
HUMULIN 70/30 SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS	1	
HUMULIN N KWIKPEN SUSPENSION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	2	QL (2 per day); HDHP
HUMULIN N SUSPENSION 100 UNIT/ML SUBCUTANEOUS	1	
HUMULIN R SOLUTION 100 UNIT/ML INJECTION	1	
HUMULIN R U-500 (CONCENTRATED) SOLUTION 500 UNIT/ML SUBCUTANEOUS	4	PA; HDHP
HUMULIN R U-500 KWIKPEN SOLUTION PEN-INJECTOR 500 UNIT/ML SUBCUTANEOUS	4	PA; QL (2 per day); HDHP
<i>insulin glargine max solostar solution pen-injector 300 unit/ml subcutaneous</i>	4	PA; QL (2 per day)
<i>insulin glargine-yfqn solution pen-injector 100 unit/ml subcutaneous</i>	1	QL (2 per day); HDHP
KIRSTY SOLUTION 100 UNIT/ML INJECTION	3	HDHP
KIRSTY SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	3	QL (2 per day); HDHP
LANTUS SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	3	QL (2 per day)
LANTUS SOLUTION 100 UNIT/ML SUBCUTANEOUS	3	
LYUMJEV KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	4	PA; QL (0.5 per day)
LYUMJEV KWIKPEN SOLUTION PEN-INJECTOR 200 UNIT/ML SUBCUTANEOUS	4	PA; QL (0.5 per day)
LYUMJEV SOLUTION 100 UNIT/ML INJECTION	4	PA
MERILOG SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	3	QL (2 per day); HDHP
MERILOG SOLUTION 100 UNIT/ML SUBCUTANEOUS	3	HDHP
TOUJEO MAX SOLOSTAR SOLUTION PEN-INJECTOR 300 UNIT/ML SUBCUTANEOUS	4	PA; QL (2 per day)
TOUJEO SOLOSTAR SOLUTION PEN-INJECTOR 300 UNIT/ML SUBCUTANEOUS	4	PA; QL (2 per day)
*Incretin Mimetic Agents (Gip & Glp-1 Receptor Agonists)***		
MOUJARO SOLUTION AUTO-INJECTOR 10 MG/0.5ML SUBCUTANEOUS	2	PA; QL (4 pens per month); DS (30 day supply max)

Drug	Status	Notes
MOUNJARO SOLUTION AUTO-INJECTOR 12.5 MG/0.5ML SUBCUTANEOUS	2	PA; QL (4 pens per month); DS (30 day supply max)
MOUNJARO SOLUTION AUTO-INJECTOR 15 MG/0.5ML SUBCUTANEOUS	2	PA; QL (4 pens per month); DS (30 day supply max)
MOUNJARO SOLUTION AUTO-INJECTOR 2.5 MG/0.5ML SUBCUTANEOUS	2	PA; QL (4 pens per month); DS (30 day supply max)
MOUNJARO SOLUTION AUTO-INJECTOR 5 MG/0.5ML SUBCUTANEOUS	2	PA; QL (4 pens per month); DS (30 day supply max)
MOUNJARO SOLUTION AUTO-INJECTOR 7.5 MG/0.5ML SUBCUTANEOUS	2	PA; QL (4 pens per month); DS (30 day supply max)
*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***		
BYDUREON BCISE AUTO-INJECTOR 2 MG/0.85ML SUBCUTANEOUS	2	PA; QL (4 injectors/28 days); DS (30 day supply max)
BYETTA 10 MCG PEN SOLUTION PEN-INJECTOR 10 MCG/0.04ML SUBCUTANEOUS	2	PA; QL (1 syringe/ 30 days); DS (30 day supply max); AL (Min 18 Years)
BYETTA 5 MCG PEN SOLUTION PEN-INJECTOR 5 MCG/0.02ML SUBCUTANEOUS	2	PA; QL (1 syringe/ 30 days); DS (30 day supply max); AL (Min 18 Years)
<i>exenatide solution pen-injector 10 mcg/0.04ml subcutaneous</i>	2	PA; QL (1 syringe/ 30 days); DS (30 day supply max); AL (Min 18 Years)
<i>exenatide solution pen-injector 5 mcg/0.02ml subcutaneous</i>	2	PA; QL (1 syringe/ 30 days); DS (30 day supply max); AL (Min 18 Years)
<i>liraglutide solution pen-injector 18 mg/3ml subcutaneous</i>	3	PA; QL (3 pen-inj/ 30 days); DS (30 day supply max); AL (Min 10 Years)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOLUTION PEN-INJECTOR 2 MG/3ML SUBCUTANEOUS	2	PA; QL (2 pens/ 28 days); DS (30 day supply max)
OZEMPIC (1 MG/DOSE) SOLUTION PEN-INJECTOR 4 MG/3ML SUBCUTANEOUS	2	PA; QL (1 pen/ 28 days); DS (30 day supply max)
OZEMPIC (2 MG/DOSE) SOLUTION PEN-INJECTOR 8 MG/3ML SUBCUTANEOUS	2	PA; QL (1 pen/ 28 days); DS (30 day supply max)
OZEMPIC TABLET 1.5 MG ORAL	2	PA; QL (1 tab/day); DS (30 day supply max)
OZEMPIC TABLET 4 MG ORAL	2	PA; QL (1 tab/day); DS (30 day supply max)
OZEMPIC TABLET 9 MG ORAL	2	PA; QL (1 tab/day); DS (30 day supply max)
RYBELSUS TABLET 14 MG ORAL	2	PA; QL (1 tab/day); DS (30 day supply max)
RYBELSUS TABLET 3 MG ORAL	2	PA; QL (1 tab/day); DS (30 day supply max)
RYBELSUS TABLET 7 MG ORAL	2	PA; QL (1 tab/day); DS (30 day supply max)
TRULICITY SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML SUBCUTANEOUS	2	PA; QL (4 pens/ 28 days); DS (30 day supply max); AL (Min 10 Years)
TRULICITY SOLUTION AUTO-INJECTOR 1.5 MG/0.5ML SUBCUTANEOUS	2	PA; QL (4 pens/ 28 days); DS (30 day supply max); AL (Min 10 Years)
TRULICITY SOLUTION AUTO-INJECTOR 3 MG/0.5ML SUBCUTANEOUS	2	PA; QL (4 pens/ 28 days); DS (30 day supply max); AL (Min 10 Years)

Drug	Status	Notes
TRULICITY SOLUTION AUTO-INJECTOR 4.5 MG/0.5ML SUBCUTANEOUS	2	PA; QL (4 pens/ 28 days); DS (30 day supply max); AL (Min 10 Years)
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	2	PA; QL (3 pen-inj/ 30 days); DS (30 day supply max); AL (Min 10 Years)
*Insulin-Incretin Mimetic Combinations***		
SOLIQUA SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML SUBCUTANEOUS	4	PA; QL (6 pens (18ml)/30 days); AL (Min 18 Years)
XULTOPHY SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML SUBCUTANEOUS	4	PA; QL (5 pens (15 mL)/30 days); AL (Min 18 Years)
*Meglitinide Analogues***		
<i>nateglinide tablet 120 mg oral</i>	1	QL (3 tabs/day)
<i>nateglinide tablet 60 mg oral</i>	1	QL (3 tabs/day)
<i>repaglinide tablet 0.5 mg oral</i>	1	
<i>repaglinide tablet 1 mg oral</i>	1	
<i>repaglinide tablet 2 mg oral</i>	1	
*Progesterone Receptor Antagonists***		
KORLYM TABLET 300 MG ORAL	D	PA; SP; DS (30 day supply max)
<i>mifepristone tablet 300 mg oral</i>	D	PA; SP; DS (30 day supply max)
*SglT2 Inhibitor - Dpp-4 Inhibitor - Biguanide Comb***		
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG ORAL	2	QL (1 tab/day); HDHP
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG ORAL	2	QL (1 tab/day); HDHP
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25-5-1000 MG ORAL	2	QL (1 tab/day); HDHP
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 5-2.5-1000 MG ORAL	2	QL (1 tab/day); HDHP
*SglT2 Inhibitor - Dpp-4 Inhibitor Combinations***		
GLYXAMBI TABLET 10-5 MG ORAL	2	QL (1 tab/day); AL (Min 18 Years)
GLYXAMBI TABLET 25-5 MG ORAL	2	QL (1 tab/day); AL (Min 18 Years)
*Sodium-Glucose Co-Transporter 2 (SglT2) Inhibitors***		
<i>bexagliflozin tablet 20 mg oral</i>	3	ST (Step Therapy applies; see Step Therapy Drug List)
BRENZAVVY TABLET 20 MG ORAL	3	ST (Step Therapy applies; see Step Therapy Drug List)
<i>dapagliflozin tablet 10 mg oral</i>	3	ST (Step Therapy applies; see Step Therapy Drug List); HDHP; AL (Min 10 Years)
<i>dapagliflozin tablet 5 mg oral</i>	3	ST (Step Therapy applies; see Step Therapy Drug List); HDHP; AL (Min 10 Years)
FARXIGA TABLET 10 MG ORAL	2	ST (Step Therapy applies; see Step Therapy Drug List); HDHP; AL (Min 10 Years)

Drug	Status	Notes
FARXIGA TABLET 5 MG ORAL	2	ST (Step Therapy applies; see Step Therapy Drug List); HDHP; AL (Min 10 Years)
JARDIANCE TABLET 10 MG ORAL	2	QL (1 tab/day); HDHP
JARDIANCE TABLET 25 MG ORAL	2	QL (1 tab/day); HDHP
*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***		
<i>dapaglifloz base-metformin er tablet extended release 24 hour 10-1000 mg oral</i>	3	ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 10 Years)
<i>dapaglifloz base-metformin er tablet extended release 24 hour 10-500 mg oral</i>	3	ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 10 Years)
<i>dapaglifloz base-metformin er tablet extended release 24 hour 5-1000 mg oral</i>	3	ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 10 Years)
<i>dapaglifloz base-metformin er tablet extended release 24 hour 5-500 mg oral</i>	3	ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 10 Years)
SYNJARDY TABLET 12.5-1000 MG ORAL	2	HDHP
SYNJARDY TABLET 12.5-500 MG ORAL	2	HDHP
SYNJARDY TABLET 5-1000 MG ORAL	2	HDHP
SYNJARDY TABLET 5-500 MG ORAL	2	HDHP
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG ORAL	2	
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG ORAL	2	
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG ORAL	2	
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL	2	
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG ORAL	2	ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 10 Years)
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10-500 MG ORAL	2	AL (Min 10 Years)
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG ORAL	2	AL (Min 10 Years)
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL	2	ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 10 Years)
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 5-500 MG ORAL	2	AL (Min 10 Years)
*Sulfonylurea-Biguanide Combinations***		
<i>glipizide-metformin hcl tablet 2.5-250 mg oral</i>	1	QL (2 tabs/day)
<i>glipizide-metformin hcl tablet 2.5-500 mg oral</i>	1	QL (4 tabs/day)
<i>glipizide-metformin hcl tablet 5-500 mg oral</i>	1	QL (4 tabs/day)
<i>glyburide-metformin tablet 1.25-250 mg oral</i>	1	QL (3 tabs/day)
<i>glyburide-metformin tablet 2.5-500 mg oral</i>	1	QL (4 tabs/day)
<i>glyburide-metformin tablet 5-500 mg oral</i>	1	QL (4 tabs/day)
*Sulfonylureas***		
<i>glimepiride tablet 1 mg oral</i>	1	QL (3 tabs/day)

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Drug	Status	Notes
<i>glimepiride tablet 2 mg oral</i>	1	QL (3 tabs/ day)
<i>glimepiride tablet 4 mg oral</i>	1	QL (2 tabs/ day)
<i>glipizide er tablet extended release 24 hour 10 mg oral</i>	1	
<i>glipizide er tablet extended release 24 hour 2.5 mg oral</i>	1	
<i>glipizide er tablet extended release 24 hour 5 mg oral</i>	1	
<i>glipizide tablet 10 mg oral</i>	1	
<i>glipizide tablet 15 mg oral</i>	3	
<i>glipizide tablet 2.5 mg oral</i>	3	
<i>glipizide tablet 5 mg oral</i>	1	
<i>glipizide xl tablet extended release 24 hour 10 mg oral</i>	1	
<i>glipizide xl tablet extended release 24 hour 2.5 mg oral</i>	1	
<i>glipizide xl tablet extended release 24 hour 5 mg oral</i>	1	
GLUCOTROL XL TABLET EXTENDED RELEASE 24 HOUR 10 MG ORAL	3	
GLUCOTROL XL TABLET EXTENDED RELEASE 24 HOUR 5 MG ORAL	3	
<i>glyburide micronized tablet 1.5 mg oral</i>	1	
<i>glyburide micronized tablet 3 mg oral</i>	1	
<i>glyburide micronized tablet 6 mg oral</i>	1	
<i>glyburide tablet 1.25 mg oral</i>	1	
<i>glyburide tablet 2.5 mg oral</i>	1	
<i>glyburide tablet 5 mg oral</i>	1	
*Thiazolidinedione-Biguanide Combinations***		
ACTOPLUS MET TABLET 15-850 MG ORAL	4	QL (3 tabs/ day); AL (Min 16 Years)
<i>pioglitazone hcl-metformin hcl tablet 15-500 mg oral</i>	1	QL (3 tabs/ day); AL (Min 16 Years)
<i>pioglitazone hcl-metformin hcl tablet 15-850 mg oral</i>	1	QL (3 tabs/ day); AL (Min 16 Years)
*Thiazolidinediones***		
<i>pioglitazone hcl tablet 15 mg oral</i>	1	QL (1 tab/day)
<i>pioglitazone hcl tablet 30 mg oral</i>	1	QL (1 tab/day)
<i>pioglitazone hcl tablet 45 mg oral</i>	1	QL (1 tab/day)
Antidiarrheal/Probiotic Agents		
*Antidiarrheal - Chloride Channel Antagonists***		
MYTESI TABLET DELAYED RELEASE 125 MG ORAL	4	
*Antidiarrheal/Probiotic Agents - Misc.***		
<i>bismuth subgallate powder (otc)</i>	3	
<i>bismuth subgallate powder (rx)</i>	3	
*Antidiarrheal/Probiotic Combinations***		
RESTORA RX CAPSULE 60-1.25 MG ORAL	3	
*Antiperistaltic Agents***		
<i>diphenoxylate-atropine liquid 2.5-0.025 mg/5ml oral</i>	3	
<i>diphenoxylate-atropine tablet 2.5-0.025 mg oral</i>	1	
LOMOTIL TABLET 2.5-0.025 MG ORAL	3	

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Drug	Status	Notes
<i>loperamide hcl powder</i>	3	
*Gastrointestinal Adsorbents***		
<i>pectin powder (otc)</i>	3	
<i>pectin powder (rx)</i>	3	
Antidotes And Specific Antagonists		
*Antidotes - Chelating Agents***		
CHEMET CAPSULE 100 MG ORAL	C	PA; SP; DS (30 day supply max)
<i>deferasirox granules packet 180 mg oral</i>	D	PA; SP
<i>deferasirox granules packet 180 mg oral</i>	D	PA; SP; DS (30 day supply max)
<i>deferasirox granules packet 360 mg oral</i>	D	PA; SP
<i>deferasirox granules packet 360 mg oral</i>	D	PA; SP; DS (30 day supply max)
<i>deferasirox granules packet 90 mg oral</i>	D	PA; SP
<i>deferasirox granules packet 90 mg oral</i>	D	PA; SP; DS (30 day supply max)
<i>deferasirox packet 180 mg oral</i>	D	PA; SP; DS (30 day supply max)
<i>deferasirox packet 360 mg oral</i>	D	PA; SP; DS (30 day supply max)
<i>deferasirox packet 90 mg oral</i>	D	PA; SP; DS (30 day supply max)
<i>deferasirox tablet 180 mg oral</i>	D	SP; QL (14 per day); DS (30 day supply max)
<i>deferasirox tablet 360 mg oral</i>	D	SP; QL (10 per day); DS (30 day supply max)
<i>deferasirox tablet 90 mg oral</i>	D	SP; QL (28 per day); DS (30 day supply max)
<i>deferasirox tablet soluble 125 mg oral</i>	D	PA; SP
<i>deferasirox tablet soluble 125 mg oral</i>	D	PA; SP; DS (30 day supply max)
<i>deferasirox tablet soluble 250 mg oral</i>	D	PA; SP
<i>deferasirox tablet soluble 250 mg oral</i>	D	PA; SP; DS (30 day supply max)
<i>deferasirox tablet soluble 500 mg oral</i>	D	PA; SP
<i>deferasirox tablet soluble 500 mg oral</i>	D	PA; SP; DS (30 day supply max)
FERRIPROX SOLUTION 100 MG/ML ORAL	D	PA; SP; DS (30 day supply max)
JADENU SPRINKLE PACKET 180 MG ORAL	D	PA; SP; DS (30 day supply max)
JADENU SPRINKLE PACKET 360 MG ORAL	D	PA; SP; DS (30 day supply max)
JADENU SPRINKLE PACKET 90 MG ORAL	D	PA; SP; DS (30 day supply max)
*Antidotes And Specific Antagonists***		
<i>edetate calcium disodium powder (rx)</i>	3	
RADIOGARDASE CAPSULE 0.5 GM ORAL	4	QL (18 caps/day); AL (Min 2 Years)
VISTOGARD PACKET 10 GM ORAL	D	PA; SP; QL (4 packets/ day); DS (30 day supply max)
*Opioid Antagonists***		
KLOXXADO LIQUID 8 MG/0.1ML NASAL	3	QL (2 spray devices/month); DS (30 day supply max)
<i>naloxone hcl liquid 4 mg/0.1ml nasal (rx)</i>	2	QL (2 spray devices/month); DS (30 day supply max)
<i>naloxone hcl solution 0.4 mg/ml injection</i>	1	

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Drug	Status	Notes
<i>naloxone hcl solution 4 mg/10ml injection</i>	1	
<i>naloxone hcl solution cartridge 0.4 mg/ml injection</i>	1	
<i>naloxone hcl solution prefilled syringe 0.4 mg/ml injection</i>	1	
<i>naloxone hcl solution prefilled syringe 2 mg/2ml injection</i>	1	
<i>naltrexone hcl tablet 50 mg oral</i>	1	
OPVEE SOLUTION 2.7 MG/0.1ML NASAL	1	QL (2 bottle limit per 30 days)
REXTOVY LIQUID 4 MG/0.25ML NASAL	2	QL (2 spray devices/month); DS (30 day supply max)
REZENOPY LIQUID 10 MG/0.11ML NASAL	3	QL (0.067 per day); DS (30 day supply max)
VIVITROL SUSPENSION RECONSTITUTED 380 MG INTRAMUSCULAR	B	SP; DS (30 day supply max)
ZIMHI SOLUTION PREFILLED SYRINGE 5 MG/0.5ML INJECTION	4	QL (2 syringes/ month); DS (30 day supply max); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 12 Years)
ZURNAI SOLUTION AUTO-INJECTOR 1.5 MG/0.5ML INJECTION	4	QL (1 vial per 30 days); DS (30 day supply max); AL (Min 12 Years)
Antiemetics		
*5-Ht3 Receptor Antagonists***		
ANZEMET TABLET 50 MG ORAL	3	
<i>granisetron hcl tablet 1 mg oral</i>	1	QL (2 tabs/day)
GRANISOL SOLUTION 2 MG/10ML ORAL	D	SP; DS (30 day supply max); ST (Step Therapy applies; see Step Therapy Drug List)
<i>ondansetron hcl solution 4 mg/5ml oral</i>	1	
<i>ondansetron hcl tablet 4 mg oral</i>	1	QL (4 tabs/day)
<i>ondansetron hcl tablet 8 mg oral</i>	1	QL (4 tabs/day)
<i>ondansetron tablet dispersible 4 mg oral</i>	1	QL (4 tabs/day)
<i>ondansetron tablet dispersible 8 mg oral</i>	1	QL (4 tabs/day)
*Antiemetic Combinations***		
AKYNZEO CAPSULE 300-0.5 MG ORAL	4	QL (1 per 1 days); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)
BONJESTA TABLET EXTENDED RELEASE 20-20 MG ORAL	3	PA
DICLEGIS TABLET DELAYED RELEASE 10-10 MG ORAL	3	PA
<i>doxylamine-pyridoxine tablet delayed release 10-10 mg oral</i>	3	PA
*Antiemetics - Anticholinergic***		
<i>meclizine hcl powder</i>	3	
<i>scopolamine patch 72 hour 1 mg/3days transdermal</i>	3	QL (1 patch/ 72 hours)
TRANSDERM SCOP PATCH 72 HOUR 1 MG/3DAYS TRANSDERMAL	3	QL (1 patch/ 72 hours)
TRANSDERM-SCOP PATCH 72 HOUR 1 MG/3DAYS TRANSDERMAL	3	QL (1 patch/ 72 hours)
<i>trimethobenzamide hcl capsule 300 mg oral</i>	1	

Drug	Status	Notes
*Antiemetics - Miscellaneous***		
<i>dronabinol capsule 10 mg oral</i>	4	QL (3 caps/day)
<i>dronabinol capsule 2.5 mg oral</i>	4	QL (3 caps/day)
<i>dronabinol capsule 5 mg oral</i>	4	QL (3 caps/day)
<i>dronabinol solution 5 mg/ml oral</i>	4	PA
SYNDROS SOLUTION 5 MG/ML ORAL	4	PA
*Substance P/Neurokinin 1 (Nk1) Receptor Antagonists***		
<i>aprepitant capsule 125 mg oral</i>	3	
<i>aprepitant capsule 40 mg oral</i>	3	
<i>aprepitant capsule 80 mg oral</i>	3	
<i>aprepitant capsule therapy pack 80 & 125 mg oral</i>	3	
EMEND BIPACK CAPSULE 80 MG ORAL	3	
EMEND SUSPENSION RECONSTITUTED 125 MG/5ML ORAL	3	
EMEND TRIPACK CAPSULE THERAPY PACK 80 & 125 MG ORAL	3	
NEREUS CAPSULE 85 MG ORAL	D	PA; SP; QL (10 per 30 days); DS (30 day supply max); AL (Min 18 Years)
VARUBI (180 MG DOSE) TABLET THERAPY PACK 2 X 90 MG ORAL	4	QL (4 tabs/ 28 days); DS (30 day supply max)
Antifungals		
*Antifungals***		
ANCOBON CAPSULE 250 MG ORAL	3	
ANCOBON CAPSULE 500 MG ORAL	3	
<i>flucytosine capsule 250 mg oral</i>	1	
<i>flucytosine capsule 500 mg oral</i>	1	
<i>griseofulvin microsize suspension 125 mg/5ml oral</i>	1	
<i>griseofulvin microsize tablet 500 mg oral</i>	1	
<i>griseofulvin ultramicrosize tablet 125 mg oral</i>	1	
<i>griseofulvin ultramicrosize tablet 250 mg oral</i>	1	
<i>nystatin tablet 500000 unit oral</i>	1	
<i>terbinafine hcl tablet 250 mg oral</i>	1	QL (1 tab/day)
*Imidazoles***		
<i>ketoconazole tablet 200 mg oral</i>	1	
<i>miconazole powder</i>	3	
*Triazoles***		
CRESEMBA CAPSULE 186 MG ORAL	D	PA; SP; DS (30 day supply max)
CRESEMBA CAPSULE 74.5 MG ORAL	D	PA; SP; QL (30 DS Max); DS (30 day supply max)
DIFLUCAN SUSPENSION RECONSTITUTED 40 MG/ML ORAL	3	
DIFLUCAN TABLET 100 MG ORAL	3	
DIFLUCAN TABLET 200 MG ORAL	3	
<i>fluconazole suspension reconstituted 10 mg/ml oral</i>	1	

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Drug	Status	Notes
<i>fluconazole suspension reconstituted 40 mg/ml oral</i>	1	
<i>fluconazole tablet 100 mg oral</i>	1	
<i>fluconazole tablet 150 mg oral</i>	1	
<i>fluconazole tablet 200 mg oral</i>	1	
<i>fluconazole tablet 50 mg oral</i>	1	
<i>itraconazole capsule 100 mg oral</i>	1	
<i>itraconazole solution 10 mg/ml oral</i>	3	
NOXAFIL PACKET 300 MG ORAL	4	
NOXAFIL SUSPENSION 40 MG/ML ORAL	4	PA
<i>posaconazole suspension 40 mg/ml oral</i>	4	PA
<i>posaconazole tablet delayed release 100 mg oral</i>	4	PA
SPORANOX CAPSULE 100 MG ORAL	4	
SPORANOX SOLUTION 10 MG/ML ORAL	3	
VFEND SUSPENSION RECONSTITUTED 40 MG/ML ORAL	4	
VFEND TABLET 50 MG ORAL	4	
<i>voriconazole suspension reconstituted 40 mg/ml oral</i>	1	
<i>voriconazole tablet 200 mg oral</i>	1	QL (3 tabs/ day)
<i>voriconazole tablet 50 mg oral</i>	1	
Antihistamines		
*Antihistamines - Alkylamines***		
<i>brompheniramine maleate powder</i>	3	
<i>chlorpheniramine maleate powder</i>	3	
*Antihistamines - Ethanolamines***		
<i>carbinoxamine maleate solution 4 mg/5ml oral</i>	3	
<i>carbinoxamine maleate tablet 4 mg oral</i>	1	
<i>diphenhydramine hcl powder</i>	3	
<i>diphenhydramine hcl solution 50 mg/ml injection</i>	1	
*Antihistamines - Ethylenediamines***		
<i>pyrilamine maleate crystals</i>	3	
<i>tripelennamine hcl powder (rx)</i>	3	
*Antihistamines - Phenothiazines***		
<i>promethazine hcl solution 12.5 mg/10ml oral</i>	1	
<i>promethazine hcl solution 6.25 mg/5ml oral</i>	1	
<i>promethazine hcl suppository 12.5 mg rectal</i>	1	
<i>promethazine hcl suppository 25 mg rectal</i>	1	
<i>promethazine hcl tablet 12.5 mg oral</i>	1	
<i>promethazine hcl tablet 25 mg oral</i>	1	
<i>promethazine hcl tablet 50 mg oral</i>	1	
PROMETHEGAN SUPPOSITORY 12.5 MG RECTAL	1	
PROMETHEGAN SUPPOSITORY 25 MG RECTAL	1	
PROMETHEGAN SUPPOSITORY 50 MG RECTAL	1	

Drug	Status	Notes
*Antihistamines - Piperidines***		
<i>cyproheptadine hcl syrup 2 mg/5ml oral</i>	1	
<i>cyproheptadine hcl tablet 4 mg oral</i>	1	
Antihyperlipidemics		
*Acl Inhib-Intestinal Cholesterol Absorption Inhib Comb***		
NEXLIZET TABLET 180-10 MG ORAL	2	QL (1 tab/day); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)
*Adenosine Triphosphate-Citrate Lyase (Acl) Inhibitors***		
NEXLETOL TABLET 180 MG ORAL	2	QL (1 tab/day); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)
*Antihyperlipidemics - Misc.***		
<i>icosapent ethyl capsule 0.5 gm oral</i>	3	HDHP
<i>icosapent ethyl capsule 1 gm oral</i>	3	HDHP
<i>omega-3-acid ethyl esters capsule 1 gm oral</i>	1	QL (4 caps/day); AL (Min 18 Years)
VASCEPA CAPSULE 0.5 GM ORAL	4	PA
VASCEPA CAPSULE 1 GM ORAL	4	PA
*Bile Acid Sequestrants***		
<i>cholestyramine light packet 4 gm oral</i>	1	
<i>cholestyramine light powder 4 gm/dose oral</i>	1	
<i>cholestyramine packet 4 gm oral</i>	1	
<i>cholestyramine powder 4 gm/dose oral</i>	1	
<i>colesevelam hcl tablet 625 mg oral</i>	1	QL (6 tabs/day)
<i>colestipol hcl granules 5 gm oral</i>	1	
<i>colestipol hcl packet 5 gm oral</i>	1	
<i>colestipol hcl tablet 1 gm oral</i>	1	
PREVALITE PACKET 4 GM ORAL	1	
PREVALITE POWDER 4 GM/DOSE ORAL	1	
*Fibric Acid Derivatives***		
<i>fenofibrate capsule 134 mg oral</i>	1	
<i>fenofibrate capsule 200 mg oral</i>	3	
<i>fenofibrate capsule 67 mg oral</i>	1	
<i>fenofibrate micronized capsule 130 mg oral</i>	3	
<i>fenofibrate micronized capsule 134 mg oral</i>	1	
<i>fenofibrate micronized capsule 200 mg oral</i>	3	
<i>fenofibrate micronized capsule 43 mg oral</i>	4	
<i>fenofibrate micronized capsule 67 mg oral</i>	1	
<i>fenofibrate tablet 145 mg oral</i>	1	QL (1 tab/day)
<i>fenofibrate tablet 160 mg oral</i>	1	QL (1 tab/day)
<i>fenofibrate tablet 48 mg oral</i>	1	QL (2 tabs/day)
<i>fenofibrate tablet 54 mg oral</i>	4	

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Drug	Status	Notes
<i>fenofibric acid capsule delayed release 135 mg oral</i>	1	QL (1 cap/day); AL (Min 18 Years)
<i>fenofibric acid capsule delayed release 45 mg oral</i>	1	QL (1 cap/day); AL (Min 18 Years)
<i>gemfibrozil tablet 600 mg oral</i>	1	
LOPID TABLET 600 MG ORAL	3	
TRICOR TABLET 145 MG ORAL	4	
TRICOR TABLET 48 MG ORAL	4	
TRILIPIX CAPSULE DELAYED RELEASE 135 MG ORAL	3	QL (1 cap/day); AL (Min 18 Years)
TRILIPIX CAPSULE DELAYED RELEASE 45 MG ORAL	3	QL (1 cap/day); AL (Min 18 Years)
*Hmg Coa Reductase Inhibitors***		
<i>atorvastatin calcium tablet 10 mg oral</i>	1	QL (1.5 tabs/day)
<i>atorvastatin calcium tablet 20 mg oral</i>	1	QL (45 tabs/ 30 days)
<i>atorvastatin calcium tablet 40 mg oral</i>	1	QL (45 tabs/ 30 days)
<i>atorvastatin calcium tablet 80 mg oral</i>	1	QL (1 tab/day)
<i>lovastatin tablet 10 mg oral</i>	1	
<i>lovastatin tablet 20 mg oral</i>	1	
<i>lovastatin tablet 40 mg oral</i>	1	QL (2 tabs/ day)
<i>pitavastatin calcium tablet 1 mg oral</i>	3	ST (Step Therapy applies; see Step Therapy Drug List); HDHP; AL (Min 8 Years)
<i>pitavastatin calcium tablet 2 mg oral</i>	3	ST (Step Therapy applies; see Step Therapy Drug List); HDHP; AL (Min 8 Years)
<i>pitavastatin calcium tablet 4 mg oral</i>	3	ST (Step Therapy applies; see Step Therapy Drug List); HDHP; AL (Min 8 Years)
<i>pravastatin sodium tablet 10 mg oral</i>	1	QL (1 tab/day)
<i>pravastatin sodium tablet 20 mg oral</i>	1	QL (1 tab/day)
<i>pravastatin sodium tablet 40 mg oral</i>	1	QL (2 tabs/ day)
<i>pravastatin sodium tablet 80 mg oral</i>	1	QL (1 tab/day)
<i>rosuvastatin calcium tablet 10 mg oral</i>	1	QL (1 tab/day)
<i>rosuvastatin calcium tablet 20 mg oral</i>	1	QL (1 tab/day)
<i>rosuvastatin calcium tablet 40 mg oral</i>	1	QL (1 tab/day)
<i>rosuvastatin calcium tablet 5 mg oral</i>	1	QL (1 tab/day)
<i>simvastatin tablet 10 mg oral</i>	1	QL (1 tab/day)
<i>simvastatin tablet 20 mg oral</i>	1	QL (1 tab/day)
<i>simvastatin tablet 40 mg oral</i>	1	QL (1 tab/day)
<i>simvastatin tablet 5 mg oral</i>	1	QL (1 tab/day)
<i>simvastatin tablet 80 mg oral</i>	1	PA; QL (1 tab/day)
*Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb***		
<i>ezetimibe-simvastatin tablet 10-10 mg oral</i>	1	QL (1 tab/day)
<i>ezetimibe-simvastatin tablet 10-20 mg oral</i>	1	QL (1 tab/day)
<i>ezetimibe-simvastatin tablet 10-40 mg oral</i>	1	QL (1 tab/day)

Drug	Status	Notes
<i>ezetimibe-simvastatin tablet 10-80 mg oral</i>	1	PA; QL (1 tab/day)
*Intestinal Cholesterol Absorption Inhibitors***		
<i>ezetimibe tablet 10 mg oral</i>	1	QL (1 tab/day)
*Microsomal Triglyceride Transfer Protein Inhibitors***		
JUXTAPID CAPSULE 10 MG ORAL	D	PA; SP; DS (30 day supply max)
JUXTAPID CAPSULE 2 MG ORAL	D	PA; SP; DS (30 day supply max)
JUXTAPID CAPSULE 20 MG ORAL	D	PA; SP; DS (30 day supply max)
JUXTAPID CAPSULE 30 MG ORAL	D	PA; SP; DS (30 day supply max)
JUXTAPID CAPSULE 5 MG ORAL	D	PA; SP; DS (30 day supply max)
*Nicotinic Acid Derivatives***		
<i>niacin er (antihyperlipidemic) tablet extended release 1000 mg oral</i>	2	QL (2 tabs/ day); HDHP
<i>niacin er (antihyperlipidemic) tablet extended release 500 mg oral</i>	2	QL (3 tabs/day); HDHP
<i>niacin er (antihyperlipidemic) tablet extended release 750 mg oral</i>	2	QL (2 tabs/ day); HDHP
*Pcsk9 Inhibitors***		
LEROCHOL SOLUTION PREFILLED SYRINGE 300 MG/1.2ML SUBCUTANEOUS	3	PA
PRALUENT SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS	2	PA; QL (2 syringes/ 28 days); DS (30 day supply max); AL (Min 18 Years)
PRALUENT SOLUTION AUTO-INJECTOR 75 MG/ML SUBCUTANEOUS	2	PA; QL (2 syringes/ 28 days); DS (30 day supply max); AL (Min 18 Years)
REPATHA PUSHTRONEX SYSTEM SOLUTION CARTRIDGE 420 MG/3.5ML SUBCUTANEOUS	2	PA; QL (2 syringes/ 28 days); DS (30 day supply max); AL (Min 13 Years)
REPATHA SOLUTION PREFILLED SYRINGE 140 MG/ML SUBCUTANEOUS	2	PA; QL (2 syringes/ 28 days); DS (30 day supply max); AL (Min 13 Years)
REPATHA SURECLICK SOLUTION AUTO-INJECTOR 140 MG/ML SUBCUTANEOUS	2	PA; QL (2 syringes/ 28 days); DS (30 day supply max); AL (Min 13 Years)
Antihypertensives		
*Ace Inhibitor & Calcium Channel Blocker Combinations***		
<i>amlodipine besy-benazepril hcl capsule 2.5-10 mg oral</i>	1	
<i>amlodipine besy-benazepril hcl capsule 5-10 mg oral</i>	1	
<i>amlodipine besy-benazepril hcl capsule 5-20 mg oral</i>	1	
<i>trandolapril-verapamil hcl er tablet extended release 1-240 mg oral</i>	4	HDHP
<i>trandolapril-verapamil hcl er tablet extended release 2-180 mg oral</i>	4	HDHP
<i>trandolapril-verapamil hcl er tablet extended release 2-240 mg oral</i>	4	HDHP
<i>trandolapril-verapamil hcl er tablet extended release 4-240 mg oral</i>	4	HDHP
*Ace Inhibitors & Thiazide/Thiazide-Like***		
ACCURETIC TABLET 10-12.5 MG ORAL	4	PA
ACCURETIC TABLET 20-12.5 MG ORAL	4	PA
<i>benazepril-hydrochlorothiazide tablet 10-12.5 mg oral</i>	1	

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Drug	Status	Notes
<i>benazepril-hydrochlorothiazide tablet 20-12.5 mg oral</i>	1	
<i>benazepril-hydrochlorothiazide tablet 20-25 mg oral</i>	1	
<i>benazepril-hydrochlorothiazide tablet 5-6.25 mg oral</i>	1	
<i>captopril-hydrochlorothiazide tablet 25-15 mg oral</i>	3	HDHP
<i>captopril-hydrochlorothiazide tablet 25-25 mg oral</i>	3	HDHP
<i>captopril-hydrochlorothiazide tablet 50-15 mg oral</i>	3	HDHP
<i>captopril-hydrochlorothiazide tablet 50-25 mg oral</i>	3	HDHP
<i>enalapril-hydrochlorothiazide tablet 10-25 mg oral</i>	1	
<i>enalapril-hydrochlorothiazide tablet 5-12.5 mg oral</i>	1	
<i>fosinopril sodium-hctz tablet 10-12.5 mg oral</i>	1	
<i>fosinopril sodium-hctz tablet 20-12.5 mg oral</i>	1	
<i>lisinopril-hydrochlorothiazide tablet 10-12.5 mg oral</i>	1	
<i>lisinopril-hydrochlorothiazide tablet 20-12.5 mg oral</i>	1	
<i>lisinopril-hydrochlorothiazide tablet 20-25 mg oral</i>	1	
LOTENSIN HCT TABLET 10-12.5 MG ORAL	3	
LOTENSIN HCT TABLET 20-12.5 MG ORAL	3	
LOTENSIN HCT TABLET 20-25 MG ORAL	3	
<i>quinapril-hydrochlorothiazide tablet 10-12.5 mg oral</i>	1	
<i>quinapril-hydrochlorothiazide tablet 20-12.5 mg oral</i>	1	
<i>quinapril-hydrochlorothiazide tablet 20-25 mg oral</i>	4	PA
VASERETIC TABLET 10-25 MG ORAL	3	
*Ace Inhibitors***		
<i>benazepril hcl tablet 10 mg oral</i>	1	
<i>benazepril hcl tablet 20 mg oral</i>	1	
<i>benazepril hcl tablet 40 mg oral</i>	1	
<i>benazepril hcl tablet 5 mg oral</i>	1	
<i>captopril tablet 100 mg oral</i>	1	
<i>captopril tablet 12.5 mg oral</i>	1	
<i>captopril tablet 25 mg oral</i>	1	
<i>captopril tablet 50 mg oral</i>	1	
<i>enalapril maleate solution 1 mg/ml oral</i>	3	AL (Max 10 Years)
<i>enalapril maleate tablet 10 mg oral</i>	1	
<i>enalapril maleate tablet 2.5 mg oral</i>	1	
<i>enalapril maleate tablet 20 mg oral</i>	1	
<i>enalapril maleate tablet 5 mg oral</i>	1	
<i>fosinopril sodium tablet 10 mg oral</i>	1	
<i>fosinopril sodium tablet 20 mg oral</i>	1	
<i>fosinopril sodium tablet 40 mg oral</i>	1	
<i>lisinopril tablet 10 mg oral</i>	1	
<i>lisinopril tablet 2.5 mg oral</i>	1	
<i>lisinopril tablet 20 mg oral</i>	1	

Drug	Status	Notes
<i>lisinopril tablet 30 mg oral</i>	1	
<i>lisinopril tablet 40 mg oral</i>	1	
<i>lisinopril tablet 5 mg oral</i>	1	
LOTENSIN TABLET 10 MG ORAL	3	
LOTENSIN TABLET 20 MG ORAL	3	
LOTENSIN TABLET 40 MG ORAL	3	
<i>moexipril hcl tablet 15 mg oral</i>	1	
<i>moexipril hcl tablet 7.5 mg oral</i>	1	
<i>perindopril erbumine tablet 2 mg oral</i>	1	
<i>perindopril erbumine tablet 4 mg oral</i>	1	
<i>perindopril erbumine tablet 8 mg oral</i>	1	
<i>quinapril hcl tablet 10 mg oral</i>	1	
<i>quinapril hcl tablet 20 mg oral</i>	1	
<i>quinapril hcl tablet 40 mg oral</i>	1	
<i>quinapril hcl tablet 5 mg oral</i>	1	
<i>ramipril capsule 1.25 mg oral</i>	1	
<i>ramipril capsule 10 mg oral</i>	1	
<i>ramipril capsule 2.5 mg oral</i>	1	
<i>ramipril capsule 5 mg oral</i>	1	
<i>trandolapril tablet 1 mg oral</i>	1	
<i>trandolapril tablet 2 mg oral</i>	1	
<i>trandolapril tablet 4 mg oral</i>	1	
*Agents For Pheochromocytoma***		
DEMSER CAPSULE 250 MG ORAL	D	PA; SP; DS (30 day supply max)
DIBENZYLINE CAPSULE 10 MG ORAL	D	PA; SP; DS (30 day supply max)
<i>metyrosine capsule 250 mg oral</i>	D	PA; SP
<i>metyrosine capsule 250 mg oral</i>	D	PA; SP; DS (30 day supply max)
<i>phenoxybenzamine hcl capsule 10 mg oral</i>	D	PA; SP
<i>phenoxybenzamine hcl capsule 10 mg oral</i>	D	PA; SP; DS (30 day supply max)
*Aldosterone Synthase Inhibitors***		
BAXFENDY TABLET 1 MG ORAL	3	PA
BAXFENDY TABLET 2 MG ORAL	3	PA
*Angiotensin li Receptor Antag & Ca Channel Blocker Comb***		
<i>amlodipine besylate-valsartan tablet 10-160 mg oral</i>	1	QL (1 tab/day)
<i>amlodipine besylate-valsartan tablet 10-320 mg oral</i>	1	QL (1 tab/day)
<i>amlodipine besylate-valsartan tablet 5-160 mg oral</i>	1	QL (1 tab/day)
<i>amlodipine besylate-valsartan tablet 5-320 mg oral</i>	1	QL (1 tab/day)
<i>amlodipine-olmesartan tablet 10-20 mg oral</i>	3	QL (1 tab/day); HDHP
<i>amlodipine-olmesartan tablet 10-40 mg oral</i>	3	QL (1 tab/day); HDHP
<i>amlodipine-olmesartan tablet 5-20 mg oral</i>	3	QL (1 tab/day); HDHP
<i>amlodipine-olmesartan tablet 5-40 mg oral</i>	3	QL (1 tab/day); HDHP

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Drug	Status	Notes
<i>telmisartan-amlodipine tablet 40-10 mg oral</i>	1	
<i>telmisartan-amlodipine tablet 40-5 mg oral</i>	1	
<i>telmisartan-amlodipine tablet 80-10 mg oral</i>	1	
<i>telmisartan-amlodipine tablet 80-5 mg oral</i>	1	
*Angiotensin II Receptor Antag & Thiazide/Thiazide-Like***		
AVALIDE TABLET 150-12.5 MG ORAL	3	QL (2 tab/day)
AVALIDE TABLET 300-12.5 MG ORAL	3	QL (1 tab/day)
EDARBYCLOR TABLET 40-12.5 MG ORAL	3	
EDARBYCLOR TABLET 40-25 MG ORAL	3	
<i>irbesartan-hydrochlorothiazide tablet 150-12.5 mg oral</i>	1	QL (2 tab/day)
<i>irbesartan-hydrochlorothiazide tablet 300-12.5 mg oral</i>	1	QL (1 tab/day)
<i>losartan potassium-hctz tablet 100-12.5 mg oral</i>	1	
<i>losartan potassium-hctz tablet 100-25 mg oral</i>	1	
<i>losartan potassium-hctz tablet 50-12.5 mg oral</i>	1	
<i>olmesartan medoxomil-hctz tablet 20-12.5 mg oral</i>	1	QL (1.5 tabs/day)
<i>olmesartan medoxomil-hctz tablet 40-12.5 mg oral</i>	1	QL (1 tab/day)
<i>olmesartan medoxomil-hctz tablet 40-25 mg oral</i>	1	QL (1 tab/day)
<i>valsartan-hydrochlorothiazide tablet 320-25 mg oral</i>	1	QL (1 tab/day)
*Angiotensin II Receptor Antagonists***		
<i>azilsartan medoxomil tablet 40 mg oral</i>	3	QL (1 tab/day); AL (Min 18 Years)
<i>azilsartan medoxomil tablet 80 mg oral</i>	3	QL (1 tab/day); AL (Min 18 Years)
<i>candesartan cilexetil tablet 16 mg oral</i>	1	
<i>candesartan cilexetil tablet 32 mg oral</i>	1	
<i>candesartan cilexetil tablet 4 mg oral</i>	1	
<i>candesartan cilexetil tablet 8 mg oral</i>	1	
EDARBI TABLET 40 MG ORAL	3	QL (1 tab/day); AL (Min 18 Years)
EDARBI TABLET 80 MG ORAL	3	QL (1 tab/day); AL (Min 18 Years)
<i>irbesartan tablet 150 mg oral</i>	1	QL (45 tabs/ 30 days)
<i>irbesartan tablet 300 mg oral</i>	1	QL (1 tab/day)
<i>irbesartan tablet 75 mg oral</i>	1	QL (1.5 tabs/day)
<i>losartan potassium tablet 100 mg oral</i>	1	
<i>losartan potassium tablet 25 mg oral</i>	1	
<i>losartan potassium tablet 50 mg oral</i>	1	
<i>olmesartan medoxomil tablet 20 mg oral</i>	1	QL (45 tabs/ 30 days)
<i>olmesartan medoxomil tablet 40 mg oral</i>	1	QL (1 tab/day)
<i>olmesartan medoxomil tablet 5 mg oral</i>	1	QL (3 tabs/day)
<i>telmisartan tablet 20 mg oral</i>	1	
<i>telmisartan tablet 40 mg oral</i>	1	
<i>telmisartan tablet 80 mg oral</i>	1	
<i>valsartan tablet 160 mg oral</i>	1	QL (2 tabs/ day)
<i>valsartan tablet 320 mg oral</i>	1	QL (1 tab/day)

Drug	Status	Notes
<i>valsartan tablet 40 mg oral</i>	1	QL (2 tabs/day)
<i>valsartan tablet 80 mg oral</i>	1	QL (2 tabs/day)
*Angiotensin II Receptor Ant-Ca Channel Blocker-Thiazides***		
<i>amlodipine-valsartan-hctz tablet 10-160-12.5 mg oral</i>	1	QL (1 tab/day)
<i>amlodipine-valsartan-hctz tablet 10-160-25 mg oral</i>	1	QL (1 tab/day)
<i>amlodipine-valsartan-hctz tablet 10-320-25 mg oral</i>	1	QL (1 tab/day)
<i>amlodipine-valsartan-hctz tablet 5-160-12.5 mg oral</i>	1	QL (1 tab/day)
<i>amlodipine-valsartan-hctz tablet 5-160-25 mg oral</i>	1	QL (1 tab/day)
<i>olmesartan-amlodipine-hctz tablet 20-5-12.5 mg oral</i>	3	HDHP
<i>olmesartan-amlodipine-hctz tablet 40-10-12.5 mg oral</i>	3	HDHP
<i>olmesartan-amlodipine-hctz tablet 40-10-25 mg oral</i>	3	HDHP
<i>olmesartan-amlodipine-hctz tablet 40-5-12.5 mg oral</i>	3	HDHP
<i>olmesartan-amlodipine-hctz tablet 40-5-25 mg oral</i>	3	HDHP
*Antiadrenergics - Centrally Acting***		
<i>clonidine hcl tablet 0.1 mg oral</i>	1	
<i>clonidine hcl tablet 0.2 mg oral</i>	1	
<i>clonidine hcl tablet 0.3 mg oral</i>	1	
<i>guanfacine hcl tablet 1 mg oral</i>	1	
<i>guanfacine hcl tablet 2 mg oral</i>	1	
<i>methyldopa tablet 250 mg oral</i>	3	HDHP
<i>methyldopa tablet 500 mg oral</i>	3	HDHP
*Antiadrenergics - Peripherally Acting***		
CARDURA TABLET 1 MG ORAL	3	
CARDURA TABLET 2 MG ORAL	3	
CARDURA TABLET 4 MG ORAL	3	
CARDURA TABLET 8 MG ORAL	3	
<i>doxazosin mesylate tablet 1 mg oral</i>	1	
<i>doxazosin mesylate tablet 2 mg oral</i>	1	
<i>doxazosin mesylate tablet 4 mg oral</i>	1	
<i>doxazosin mesylate tablet 8 mg oral</i>	1	
<i>prazosin hcl capsule 1 mg oral</i>	1	
<i>prazosin hcl capsule 2 mg oral</i>	1	
<i>prazosin hcl capsule 5 mg oral</i>	1	
<i>terazosin hcl capsule 1 mg oral</i>	1	
<i>terazosin hcl capsule 10 mg oral</i>	1	
<i>terazosin hcl capsule 2 mg oral</i>	1	
<i>terazosin hcl capsule 5 mg oral</i>	1	
*Antihypertensives - Misc.***		
VECAMYL TABLET 2.5 MG ORAL	3	HDHP
*Beta Blocker & Diuretic Combinations***		
<i>atenolol-chlorthalidone tablet 100-25 mg oral</i>	1	

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Drug	Status	Notes
<i>atenolol-chlorthalidone tablet 50-25 mg oral</i>	1	
<i>bisoprolol-hydrochlorothiazide tablet 10-6.25 mg oral</i>	1	
<i>bisoprolol-hydrochlorothiazide tablet 2.5-6.25 mg oral</i>	1	
<i>bisoprolol-hydrochlorothiazide tablet 5-6.25 mg oral</i>	1	
<i>metoprolol-hydrochlorothiazide tablet 100-25 mg oral</i>	1	
<i>metoprolol-hydrochlorothiazide tablet 100-50 mg oral</i>	1	
<i>metoprolol-hydrochlorothiazide tablet 50-25 mg oral</i>	1	
TENORETIC 100 TABLET 100-25 MG ORAL	3	
TENORETIC 50 TABLET 50-25 MG ORAL	3	
*Direct Renin Inhibitors***		
<i>aliskiren fumarate tablet 150 mg oral</i>	1	QL (1 tab/day); AL (Min 18 Years)
<i>aliskiren fumarate tablet 300 mg oral</i>	1	QL (1 tab/day); AL (Min 18 Years)
TEKTURNA TABLET 150 MG ORAL	2	QL (1 tab/day); AL (Min 18 Years)
TEKTURNA TABLET 300 MG ORAL	2	QL (1 tab/day); AL (Min 18 Years)
*Endothelin Receptor Antagonists***		
TRYVIO TABLET 12.5 MG ORAL	3	PA
*Selective Aldosterone Receptor Antagonists (Saras)***		
<i>eplerenone tablet 25 mg oral</i>	1	QL (1 tab/day)
<i>eplerenone tablet 50 mg oral</i>	1	QL (2 tabs/ day)
INSPIRA TABLET 25 MG ORAL	3	QL (1 tab/day)
INSPIRA TABLET 50 MG ORAL	3	QL (2 tabs/ day)
*Vasodilators***		
<i>hydralazine hcl tablet 10 mg oral</i>	1	
<i>hydralazine hcl tablet 100 mg oral</i>	1	
<i>hydralazine hcl tablet 25 mg oral</i>	1	
<i>hydralazine hcl tablet 50 mg oral</i>	1	
<i>minoxidil tablet 10 mg oral</i>	1	
<i>minoxidil tablet 2.5 mg oral</i>	1	
Anti-Infective Agents - Misc.		
*Anti-Infective Agents - Misc.***		
AEMCOLO TABLET DELAYED RELEASE 194 MG ORAL	3	QL (12 tabs/ 30day; 2 fills/year)
FIRST-METRONIDAZOLE SUSPENSION RECONSTITUTED 50 MG/ML ORAL	2	QL (150 per 10 days)
IMPAVIDO CAPSULE 50 MG ORAL	D	PA; SP; DS (30 day supply max)
LIKMEZ SUSPENSION 500 MG/5ML ORAL	3	QL (7.5 per 10 days); DS (30 day supply max)
METRONIDAZOLE BENZO+SYRSPEND SUSPENSION RECONSTITUTED 50 MG/ML ORAL	2	QL (150 per 10 days)
<i>metronidazole tablet 250 mg oral</i>	1	
<i>metronidazole tablet 500 mg oral</i>	1	
NEBUPENT SOLUTION RECONSTITUTED 300 MG INHALATION	B	SP; DS (30 day supply max)

Drug	Status	Notes
<i>pentamidine isethionate solution reconstituted 300 mg inhalation</i>	B	SP
<i>pentamidine isethionate solution reconstituted 300 mg inhalation</i>	B	SP; DS (30 day supply max)
<i>tinidazole tablet 250 mg oral</i>	1	
<i>tinidazole tablet 500 mg oral</i>	1	
<i>trimethoprim tablet 100 mg oral</i>	3	
XIFAXAN TABLET 550 MG ORAL	3	PA
*Anti-Infective Misc. - Combinations***		
BACTRIM DS TABLET 800-160 MG ORAL	3	
BACTRIM TABLET 400-80 MG ORAL	3	
<i>sulfamethoxazole-trimethoprim suspension 200-40 mg/5ml oral</i>	1	
<i>sulfamethoxazole-trimethoprim suspension 800-160 mg/20ml oral</i>	1	
<i>sulfamethoxazole-trimethoprim tablet 400-80 mg oral</i>	1	
<i>sulfamethoxazole-trimethoprim tablet 800-160 mg oral</i>	1	
SULFATRIM PEDIATRIC SUSPENSION 200-40 MG/5ML ORAL	1	
*Antiprotozoal Agents***		
ALINIA SUSPENSION RECONSTITUTED 100 MG/5ML ORAL	3	QL (60 ml/3 days; 1 fill/month)
<i>atovaquone suspension 750 mg/5ml oral</i>	2	
LAMPIT TABLET 120 MG ORAL	3	PA
LAMPIT TABLET 30 MG ORAL	3	PA
MEPRON SUSPENSION 750 MG/5ML ORAL	2	
<i>nitazoxanide tablet 500 mg oral</i>	3	QL (6 tabs/ 3 days; 1 fill/month)
*Glycopeptides***		
FIRVANQ SOLUTION RECONSTITUTED 25 MG/ML ORAL	3	QL (30ml/days and 10 days supply maximum); DS (10 day supply max)
FIRVANQ SOLUTION RECONSTITUTED 50 MG/ML ORAL	3	QL (30ml/days and 10 days supply maximum); DS (10 day supply max)
VANCOCIN CAPSULE 125 MG ORAL	3	
VANCOCIN CAPSULE 250 MG ORAL	3	
<i>vancomycin hcl capsule 125 mg oral</i>	1	
<i>vancomycin hcl capsule 250 mg oral</i>	1	
<i>vancomycin hcl solution reconstituted 25 mg/ml oral</i>	3	QL (30ml/days and 10 days supply maximum); DS (10 day supply max)
<i>vancomycin hcl solution reconstituted 250 mg/5ml oral</i>	3	QL (30ml/days and 10 days supply maximum); DS (10 day supply max)
<i>vancomycin hcl solution reconstituted 50 mg/ml oral</i>	3	QL (30ml/days and 10 days supply maximum); DS (10 day supply max)
*Leprostatics***		
<i>dapsone tablet 100 mg oral</i>	2	
<i>dapsone tablet 25 mg oral</i>	1	
*Lincosamides***		
CLEOCIN CAPSULE 150 MG ORAL	3	
CLEOCIN CAPSULE 300 MG ORAL	3	
CLEOCIN CAPSULE 75 MG ORAL	3	

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Drug	Status	Notes
CLEOCIN SOLUTION RECONSTITUTED 75 MG/5ML ORAL	3	
<i>clindamycin hcl capsule 150 mg oral</i>	1	
<i>clindamycin hcl capsule 300 mg oral</i>	1	
<i>clindamycin hcl capsule 75 mg oral</i>	1	
<i>clindamycin palmitate hcl solution reconstituted 75 mg/5ml oral</i>	1	
*Oxazolidinones***		
<i>linezolid suspension reconstituted 100 mg/5ml oral</i>	1	QL (60 ml/day); DS (28 day supply max)
<i>linezolid tablet 600 mg oral</i>	1	QL (2 tabs/day; 14 days supply per month)
ZYVOX SUSPENSION RECONSTITUTED 100 MG/5ML ORAL	4	PA; QL (60 ml/day); DS (28 day supply max)
*Penem Combinations**		
ORLYNVAH TABLET 500-500 MG ORAL	D	PA; SP; DS (30 day supply max)
*Polymyxins***		
<i>polymyxin b sulfate powder</i>	3	
*Urinary Anti-Infectives***		
BLUJEPa TABLET 750 MG ORAL	D	PA; SP; DS (30 day supply max)
<i>fosfomycin tromethamine packet 3 gm oral</i>	3	
HIPREX TABLET 1 GM ORAL	3	
MACROBID CAPSULE 100 MG ORAL	3	
MACRODANTIN CAPSULE 100 MG ORAL	3	
MACRODANTIN CAPSULE 25 MG ORAL	3	
MACRODANTIN CAPSULE 50 MG ORAL	3	
<i>methenamine hippurate tablet 1 gm oral</i>	1	
<i>nitrofurantoin macrocrystal capsule 100 mg oral</i>	1	
<i>nitrofurantoin macrocrystal capsule 25 mg oral</i>	1	
<i>nitrofurantoin macrocrystal capsule 50 mg oral</i>	1	
<i>nitrofurantoin monohyd macro capsule 100 mg oral</i>	1	
Antimalarials		
*Antimalarial Combinations***		
<i>atovaquone-proguanil hcl tablet 250-100 mg oral</i>	1	
<i>atovaquone-proguanil hcl tablet 62.5-25 mg oral</i>	1	
COARTEM TABLET 20-120 MG ORAL	3	
MALARONE TABLET 250-100 MG ORAL	3	PA
MALARONE TABLET 62.5-25 MG ORAL	3	PA
*Antimalarials***		
ARAKODA TABLET 100 MG ORAL	4	QL (16 tabs/ 90 days); DS (90 day supply max)
<i>chloroquine phosphate powder</i>	3	
<i>chloroquine phosphate tablet 250 mg oral</i>	3	QL (2 tabs/ day); DS (30 day supply max)
<i>chloroquine phosphate tablet 500 mg oral</i>	3	QL (2 tabs/ day); DS (30 day supply max)
DARAPRIM TABLET 25 MG ORAL	D	PA; SP; DS (30 day supply max)
<i>hydroxychloroquine sulfate tablet 100 mg oral</i>	4	

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Drug	Status	Notes
<i>hydroxychloroquine sulfate tablet 200 mg oral</i>	1	
<i>hydroxychloroquine sulfate tablet 300 mg oral</i>	4	
<i>hydroxychloroquine sulfate tablet 400 mg oral</i>	4	
KRINTAFEL TABLET 150 MG ORAL	4	QL (2 tabs/ 90 days); DS (90 day supply max)
<i>mefloquine hcl tablet 250 mg oral</i>	3	QL (15 tabs/fill); DS (90 day supply max)
PLAQUENIL TABLET 200 MG ORAL	3	
<i>primaquine phosphate tablet 26.3 (15 base) mg oral</i>	3	
<i>pyrimethamine tablet 25 mg oral</i>	D	PA; SP
<i>pyrimethamine tablet 25 mg oral</i>	D	PA; SP; DS (30 day supply max)
QUALAQUIN CAPSULE 324 MG ORAL	3	
<i>quinacrine hcl powder</i>	3	
<i>quinine sulfate capsule 324 mg oral</i>	1	
<i>quinine sulfate dihydrate powder</i>	3	
Antimyasthenic/Cholinergic Agents		
*Antimyasthenic/Cholinergic Agents***		
MESTINON SOLUTION 60 MG/5ML ORAL	3	
MESTINON TABLET EXTENDED RELEASE 180 MG ORAL	3	
<i>pyridostigmine bromide er tablet extended release 180 mg oral</i>	1	
<i>pyridostigmine bromide solution 60 mg/5ml oral</i>	3	
<i>pyridostigmine bromide tablet 30 mg oral</i>	3	
<i>pyridostigmine bromide tablet 60 mg oral</i>	1	
Antimycobacterial Agents		
*Antimycobacterial Agents***		
<i>cycloserine capsule 250 mg oral</i>	C	PA; SP; DS (30 day supply max)
<i>ethambutol hcl tablet 100 mg oral</i>	1	
<i>ethambutol hcl tablet 400 mg oral</i>	1	
<i>isoniazid syrup 50 mg/5ml oral</i>	3	
<i>isoniazid tablet 100 mg oral</i>	1	QL (2 tabs/day)
<i>isoniazid tablet 300 mg oral</i>	1	QL (1 tab/day)
<i>pretomanid tablet 200 mg oral</i>	C	PA; SP; DS (30 day supply max)
PRIFTIN TABLET 150 MG ORAL	3	
<i>pyrazinamide tablet 500 mg oral</i>	4	
<i>rifabutin capsule 150 mg oral</i>	1	
<i>rifampin capsule 150 mg oral</i>	1	
<i>rifampin capsule 300 mg oral</i>	1	
SIRTURO TABLET 100 MG ORAL	D	PA; SP; DS (30 day supply max)
SIRTURO TABLET 20 MG ORAL	D	PA; SP; DS (30 day supply max)
TRECTOR TABLET 250 MG ORAL	3	

Drug	Status	Notes
Antineoplastics And Adjunctive Therapies		
*Alkylating Agents***		
MYLERAN TABLET 2 MG ORAL	1	CP (Specialty Tier B if Cancer Parity [CP] does not apply)
*Androgen Biosynthesis Inhibitors***		
<i>abiraterone acetate tablet 250 mg oral</i>	1	DS (30 day supply max); CP (Specialty Tier A if Cancer Parity [CP] does not apply)
<i>abiraterone acetate tablet 250 mg oral</i>	1	PA; DS (30 day supply max); CP (Specialty Tier A if Cancer Parity [CP] does not apply)
<i>abiraterone acetate tablet 500 mg oral</i>	1	PA; DS (30 day supply max); CP (Specialty Tier A if Cancer Parity [CP] does not apply)
ABIRTEGA TABLET 250 MG ORAL	1	DS (30 day supply max); CP (Specialty Tier A if Cancer Parity [CP] does not apply)
ZYTIGA TABLET 250 MG ORAL	D	PA; SP; DS (30 day supply max)
ZYTIGA TABLET 500 MG ORAL	D	PA; SP; DS (30 day supply max)
*Antiadrenals***		
LYSODREN TABLET 500 MG ORAL	1	CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
*Antiandrogens***		
<i>bicalutamide tablet 50 mg oral</i>	1	CP (Tier 1)
CASODEX TABLET 50 MG ORAL	3	DS (30 day supply max)
ERLEADA TABLET 240 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
ERLEADA TABLET 60 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
NILANDRON TABLET 150 MG ORAL	3	DS (30 day supply max)
<i>nilutamide tablet 150 mg oral</i>	1	DS (30 day supply max); CP (Tier 1); M
NUBEQA TABLET 300 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
XTANDI CAPSULE 40 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
XTANDI TABLET 40 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
XTANDI TABLET 80 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
*Antiestrogens***		
FARESTON TABLET 60 MG ORAL	3	QL (1 tab/day); DS (30 day supply max)
SOLTAMOX SOLUTION 10 MG/5ML ORAL	1	CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
<i>tamoxifen citrate tablet 10 mg oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply)
<i>tamoxifen citrate tablet 20 mg oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply)
<i>toremifene citrate tablet 60 mg oral</i>	1	QL (1 tab/day); DS (30 day supply max); CP (Tier 1)

Drug	Status	Notes
*Antimetabolites***		
<i>capecitabine tablet 150 mg oral</i>	A	SP; DS (30 day supply max)
<i>capecitabine tablet 150 mg oral</i>	A	PA; SP; DS (30 day supply max)
<i>capecitabine tablet 500 mg oral</i>	A	SP; DS (30 day supply max)
<i>capecitabine tablet 500 mg oral</i>	A	PA; SP; DS (30 day supply max)
JYLAMVO SOLUTION 2 MG/ML ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
<i>mercaptopurine suspension 2000 mg/100ml oral</i>	1	QL (1 bottle (100ml)/month); DS (30 day supply max); CP (Specialty Tier A if Cancer Parity [CP] does not apply)
<i>mercaptopurine tablet 50 mg oral</i>	1	CP (Tier 1)
<i>methotrexate powder</i>	3	
<i>methotrexate sodium (pf) solution 1 gm/40ml injection</i>	1	CP (Tier 1)
<i>methotrexate sodium (pf) solution 1 gm/40ml injection</i>	1	CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
<i>methotrexate sodium (pf) solution 1000 mg/40ml injection</i>	1	CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
<i>methotrexate sodium (pf) solution 250 mg/10ml injection</i>	1	CP (Tier 1)
<i>methotrexate sodium (pf) solution 50 mg/2ml injection</i>	1	CP (Tier 1)
<i>methotrexate sodium solution 250 mg/10ml injection</i>	1	CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
<i>methotrexate sodium solution 50 mg/2ml injection</i>	1	CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
<i>methotrexate sodium solution reconstituted 1 gm injection</i>	1	CP (Tier 1)
<i>methotrexate sodium tablet 2.5 mg oral</i>	1	CP (Tier 1)
ONUREG TABLET 200 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
ONUREG TABLET 300 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
PURIXAN SUSPENSION 2000 MG/100ML ORAL	D	SP; QL (1 bottle (100ml)/month); DS (30 day supply max)
TABLOID TABLET 40 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
TREXALL TABLET 10 MG ORAL	1	CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
TREXALL TABLET 15 MG ORAL	1	CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
TREXALL TABLET 5 MG ORAL	1	CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
TREXALL TABLET 7.5 MG ORAL	1	CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
XATMEP SOLUTION 2.5 MG/ML ORAL	1	PA; CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
XELODA TABLET 150 MG ORAL	D	PA; SP; DS (30 day supply max)
XELODA TABLET 500 MG ORAL	D	PA; SP; DS (30 day supply max)

Drug	Status	Notes
*Antineoplastic - Akt Inhibitors***		
TRUQAP TABLET THERAPY PACK 160 MG ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
TRUQAP TABLET THERAPY PACK 200 MG ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
*Antineoplastic - Alk Inhibitors***		
ALECENSA CAPSULE 150 MG ORAL	1	PA; QL (8 caps/ day); DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply); AL (Min 18 Years)
ALUNBRIG TABLET 180 MG ORAL	1	PA; CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
ALUNBRIG TABLET 30 MG ORAL	1	PA; CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
ALUNBRIG TABLET 90 MG ORAL	1	PA; CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
ALUNBRIG TABLET THERAPY PACK 90 & 180 MG ORAL	1	PA; CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
LORBRENA TABLET 100 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
LORBRENA TABLET 25 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
XALKORI CAPSULE 200 MG ORAL	1	PA; QL (2 caps/ day); DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply); AL (Min 16 Years)
XALKORI CAPSULE 250 MG ORAL	1	PA; QL (2 caps/ day); DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply); AL (Min 16 Years)
ZYKADIA TABLET 150 MG ORAL	1	PA; QL (5 tabs./ day); DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply); AL (Min 16 Years)
*Antineoplastic - Anti-Her2 Agents***		
HERNEXEOS TABLET 60 MG ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
TUKYSA TABLET 150 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
TUKYSA TABLET 50 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
*Antineoplastic - Bcl-2 Inhibitors***		
VENCLEXTA STARTING PACK TABLET THERAPY PACK 10 & 50 & 100 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
VENCLEXTA TABLET 10 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
VENCLEXTA TABLET 100 MG ORAL	1	PA; CP (Tier 1)
VENCLEXTA TABLET 50 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
*Antineoplastic - Bcr-Abl Kinase Inhibitors***		
BOSULIF CAPSULE 100 MG ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)

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Drug	Status	Notes
BOSULIF CAPSULE 50 MG ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
BOSULIF TABLET 100 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
BOSULIF TABLET 400 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
BOSULIF TABLET 500 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
<i>bosutinib tablet 100 mg oral</i>	1	PA; DS (30 day supply max); CP (Specialty Tier A if Cancer Parity [CP] does not apply)
<i>bosutinib tablet 400 mg oral</i>	1	PA; DS (30 day supply max); CP (Specialty Tier A if Cancer Parity [CP] does not apply)
<i>bosutinib tablet 500 mg oral</i>	1	PA; DS (30 day supply max); CP (Specialty Tier A if Cancer Parity [CP] does not apply)
CAVHANZA TABLET DISPERSIBLE 60 MG ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
CAVHANZA TABLET DISPERSIBLE 80 MG ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
DANZITEN TABLET 71 MG ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
DANZITEN TABLET 95 MG ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
<i>dasatinib tablet 100 mg oral</i>	1	PA; QL (1 tab/day); DS (30 day supply max); CP (Specialty Tier A if Cancer Parity [CP] does not apply)
<i>dasatinib tablet 140 mg oral</i>	1	PA; QL (1 tab/day); DS (30 day supply max); CP (Specialty Tier A if Cancer Parity [CP] does not apply)
<i>dasatinib tablet 20 mg oral</i>	1	PA; QL (2 tabs/ day); DS (30 day supply max); CP (Specialty Tier A if Cancer Parity [CP] does not apply)
<i>dasatinib tablet 50 mg oral</i>	1	PA; QL (2 tabs/ day); DS (30 day supply max); CP (Specialty Tier A if Cancer Parity [CP] does not apply)
<i>dasatinib tablet 70 mg oral</i>	1	PA; QL (2 tabs/ day); DS (30 day supply max); CP (Specialty Tier A if Cancer Parity [CP] does not apply)
<i>dasatinib tablet 80 mg oral</i>	1	PA; DS (30 day supply max); CP (Specialty Tier A if Cancer Parity [CP] does not apply)
GLEEVEC TABLET 100 MG ORAL	D	PA; SP
GLEEVEC TABLET 400 MG ORAL	D	PA; SP
ICLUSIG TABLET 10 MG ORAL	1	PA; CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
ICLUSIG TABLET 15 MG ORAL	1	PA; CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
ICLUSIG TABLET 30 MG ORAL	1	PA; CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)

Drug	Status	Notes
ICLUSIG TABLET 45 MG ORAL	1	PA; CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
<i>imatinib mesylate tablet 100 mg oral</i>	1	PA; CP (Specialty Tier A if Cancer Parity [CP] does not apply)
<i>imatinib mesylate tablet 400 mg oral</i>	1	PA; CP (Specialty Tier A if Cancer Parity [CP] does not apply)
<i>imkeldi solution 80 mg/ml oral</i>	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
<i>nilotinib d-tartrate capsule 150 mg oral</i>	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
<i>nilotinib d-tartrate capsule 200 mg oral</i>	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
<i>nilotinib d-tartrate capsule 50 mg oral</i>	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
<i>nilotinib hcl capsule 150 mg oral</i>	1	PA; DS (30 day supply max); CP (Specialty Tier A if Cancer Parity [CP] does not apply)
<i>nilotinib hcl capsule 200 mg oral</i>	1	PA; DS (30 day supply max); CP (Specialty Tier A if Cancer Parity [CP] does not apply)
<i>nilotinib hcl capsule 50 mg oral</i>	1	PA; DS (30 day supply max); CP (Specialty Tier A if Cancer Parity [CP] does not apply)
PHYRAGO TABLET 100 MG ORAL	D	PA; SP; QL (1 tab/day); DS (30 day supply max)
PHYRAGO TABLET 140 MG ORAL	D	PA; SP; QL (1 tab/day); DS (30 day supply max)
PHYRAGO TABLET 20 MG ORAL	D	PA; SP; QL (2 tabs/ day); DS (30 day supply max)
PHYRAGO TABLET 50 MG ORAL	D	PA; SP; QL (2 tabs/ day); DS (30 day supply max)
PHYRAGO TABLET 70 MG ORAL	D	PA; SP; QL (2 tabs/ day); DS (30 day supply max)
PHYRAGO TABLET 80 MG ORAL	D	PA; SP; DS (30 day supply max)
SCEMBLIX TABLET 100 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
SCEMBLIX TABLET 20 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
SCEMBLIX TABLET 40 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
SPRYCEL TABLET 100 MG ORAL	D	PA; SP; QL (1 tab/day); DS (30 day supply max)
SPRYCEL TABLET 140 MG ORAL	D	PA; SP; QL (1 tab/day); DS (30 day supply max)
SPRYCEL TABLET 20 MG ORAL	D	PA; SP; QL (2 tabs/ day); DS (30 day supply max)
SPRYCEL TABLET 50 MG ORAL	D	PA; SP; QL (2 tabs/ day); DS (30 day supply max)
SPRYCEL TABLET 70 MG ORAL	D	PA; SP; QL (2 tabs/ day); DS (30 day supply max)
SPRYCEL TABLET 80 MG ORAL	D	PA; SP; DS (30 day supply max)

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Drug	Status	Notes
TASIGNA CAPSULE 150 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
TASIGNA CAPSULE 200 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
TASIGNA CAPSULE 50 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
*Antineoplastic - Braf Kinase Inhibitors***		
BRAFTOVI CAPSULE 75 MG ORAL	1	PA; CP (Tier 1)
OJEMDA SUSPENSION RECONSTITUTED 25 MG/ML ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
OJEMDA TABLET 100 MG ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
TAFINLAR CAPSULE 50 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
TAFINLAR CAPSULE 75 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
TAFINLAR TABLET SOLUBLE 10 MG ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
ZELBORAF TABLET 240 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
*Antineoplastic - Btk Inhibitors***		
BRUKINSA CAPSULE 80 MG ORAL	1	PA; CP (Tier 1)
BRUKINSA TABLET 160 MG ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
CALQUENCE TABLET 100 MG ORAL	1	PA; CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
IMBRUVICA CAPSULE 140 MG ORAL	1	PA; QL (4 caps/day); DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply); AL (Min 18 Years)
IMBRUVICA CAPSULE 70 MG ORAL	1	PA; CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
IMBRUVICA SUSPENSION 70 MG/ML ORAL	1	PA; CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
IMBRUVICA TABLET 140 MG ORAL	1	PA; CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
IMBRUVICA TABLET 280 MG ORAL	1	PA; CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
IMBRUVICA TABLET 420 MG ORAL	1	PA; CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
JAYPIRCA TABLET 100 MG ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
JAYPIRCA TABLET 50 MG ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
*Antineoplastic - Csf1r Kinase Inhibitors***		
ROMVIMZA CAPSULE 14 MG ORAL	D	PA; SP; DS (30 day supply max)
ROMVIMZA CAPSULE 20 MG ORAL	D	PA; SP; DS (30 day supply max)

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Drug	Status	Notes
ROMVIMZA CAPSULE 30 MG ORAL	D	PA; SP; DS (30 day supply max)
*Antineoplastic - Egfr Inhibitors***		
<i>erlotinib hcl tablet 100 mg oral</i>	1	PA; CP (Specialty Tier A if Cancer Parity [CP] does not apply)
<i>erlotinib hcl tablet 150 mg oral</i>	1	PA; CP (Specialty Tier A if Cancer Parity [CP] does not apply)
<i>erlotinib hcl tablet 25 mg oral</i>	1	PA; CP (Specialty Tier A if Cancer Parity [CP] does not apply)
<i>gefitinib tablet 250 mg oral</i>	1	PA; CP (Tier 1)
GILOTRIF TABLET 20 MG ORAL	1	PA; CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
GILOTRIF TABLET 30 MG ORAL	1	PA; CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
GILOTRIF TABLET 40 MG ORAL	1	PA; CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
IRESSA TABLET 250 MG ORAL	D	PA; SP; DS (30 day supply max)
LAZCLUZE TABLET 240 MG ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
LAZCLUZE TABLET 80 MG ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
TAGRISSE TABLET 40 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
TAGRISSE TABLET 80 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
TARCEVA TABLET 100 MG ORAL	D	PA; SP; DS (30 day supply max)
VIZIMPRO TABLET 15 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
VIZIMPRO TABLET 30 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
VIZIMPRO TABLET 45 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
*Antineoplastic - Fgfr Kinase Inhibitors***		
BALVERSA TABLET 3 MG ORAL	1	PA; CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
BALVERSA TABLET 4 MG ORAL	1	PA; CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
BALVERSA TABLET 5 MG ORAL	1	PA; CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
LYTGOBI (12 MG DAILY DOSE) TABLET THERAPY PACK 4 MG ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
LYTGOBI (16 MG DAILY DOSE) TABLET THERAPY PACK 4 MG ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
LYTGOBI (20 MG DAILY DOSE) TABLET THERAPY PACK 4 MG ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
*Antineoplastic - Gamma Secretase Inhibitors***		
OGSIVEO TABLET 100 MG ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)

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Drug	Status	Notes
OGSIVEO TABLET 150 MG ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
OGSIVEO TABLET 50 MG ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
*Antineoplastic - Hedgehog Pathway Inhibitors***		
DAURISMO TABLET 100 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
DAURISMO TABLET 25 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
ERIVEDGE CAPSULE 150 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
ODOMZO CAPSULE 200 MG ORAL	1	PA; QL (1 cap/day); DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply); AL (Min 18 Years)
*Antineoplastic - Hif-2-Alpha Inhibitors***		
WELIREG TABLET 40 MG ORAL	1	PA; CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
*Antineoplastic - Histone Deacetylase Inhibitors***		
ZOLINZA CAPSULE 100 MG ORAL	1	PA; QL (4 caps/day); DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply); AL (Min 16 Years)
*Antineoplastic - Hormonal And Related Agent Combinations***		
AKEEGA TABLET 100-500 MG ORAL	1	PA; QL (30 day supply max); DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
AKEEGA TABLET 50-500 MG ORAL	1	PA; QL (30 day supply max); DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
*Antineoplastic - Immunomodulators***		
<i>levamisole hcl powder</i>	3	
<i>pomalidomide capsule 1 mg oral</i>	1	PA; DS (30 day supply max); CP (Specialty Tier A if Cancer Parity [CP] does not apply)
<i>pomalidomide capsule 2 mg oral</i>	1	PA; DS (30 day supply max); CP (Specialty Tier A if Cancer Parity [CP] does not apply)
<i>pomalidomide capsule 3 mg oral</i>	1	PA; DS (30 day supply max); CP (Specialty Tier A if Cancer Parity [CP] does not apply)
<i>pomalidomide capsule 4 mg oral</i>	1	PA; DS (30 day supply max); CP (Specialty Tier A if Cancer Parity [CP] does not apply)
POMALYST CAPSULE 1 MG ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
POMALYST CAPSULE 2 MG ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
POMALYST CAPSULE 3 MG ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
POMALYST CAPSULE 4 MG ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)

Drug	Status	Notes
*Antineoplastic - Kras Inhibitors***		
KRAZATI TABLET 200 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
LUMAKRAS TABLET 120 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
LUMAKRAS TABLET 240 MG ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
LUMAKRAS TABLET 320 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
*Antineoplastic - Mek Inhibitors***		
COTELLIC TABLET 20 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
GOMEKLI CAPSULE 1 MG ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
GOMEKLI CAPSULE 2 MG ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
GOMEKLI TABLET SOLUBLE 1 MG ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
KOSELUGO CAPSULE 10 MG ORAL	1	PA; DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
KOSELUGO CAPSULE 25 MG ORAL	1	PA; DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
KOSELUGO CAPSULE SPRINKLE 5 MG ORAL	1	PA; DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
KOSELUGO CAPSULE SPRINKLE 7.5 MG ORAL	1	PA; DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
MEKINIST SOLUTION RECONSTITUTED 0.05 MG/ML ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
MEKINIST TABLET 0.5 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
MEKINIST TABLET 2 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
MEKTOVI TABLET 15 MG ORAL	1	PA; CP (Tier 1)
*Antineoplastic - Menin Inhibitors***		
KOMZIFTI CAPSULE 200 MG ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
REVUFORJ TABLET 110 MG ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
REVUFORJ TABLET 160 MG ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
REVUFORJ TABLET 25 MG ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)

Drug	Status	Notes
*Antineoplastic - Met Inhibitors***		
TABRECTA TABLET 150 MG ORAL	1	PA; CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
TABRECTA TABLET 200 MG ORAL	1	PA; CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
*Antineoplastic - Mtor Kinase Inhibitors***		
AFINITOR DISPERZ TABLET SOLUBLE 2 MG ORAL	D	PA; SP; DS (30 day supply max)
AFINITOR DISPERZ TABLET SOLUBLE 3 MG ORAL	D	PA; SP; DS (30 day supply max)
AFINITOR DISPERZ TABLET SOLUBLE 5 MG ORAL	D	PA; SP; DS (30 day supply max)
AFINITOR TABLET 10 MG ORAL	D	PA; SP; DS (30 day supply max)
AFINITOR TABLET 2.5 MG ORAL	D	PA; SP; DS (30 day supply max)
AFINITOR TABLET 5 MG ORAL	D	PA; SP; DS (30 day supply max)
AFINITOR TABLET 7.5 MG ORAL	D	PA; SP; DS (30 day supply max)
<i>everolimus tablet 10 mg oral</i>	1	PA; CP (Specialty Tier A if Cancer Parity [CP] does not apply)
<i>everolimus tablet 2.5 mg oral</i>	1	PA; CP (Specialty Tier A if Cancer Parity [CP] does not apply)
<i>everolimus tablet 5 mg oral</i>	1	PA; CP (Specialty Tier A if Cancer Parity [CP] does not apply)
<i>everolimus tablet 7.5 mg oral</i>	1	PA; CP (Specialty Tier A if Cancer Parity [CP] does not apply)
<i>everolimus tablet soluble 2 mg oral</i>	1	PA; CP (Specialty Tier A if Cancer Parity [CP] does not apply)
<i>everolimus tablet soluble 3 mg oral</i>	1	PA; CP (Specialty Tier A if Cancer Parity [CP] does not apply)
<i>everolimus tablet soluble 5 mg oral</i>	1	PA; CP (Specialty Tier A if Cancer Parity [CP] does not apply)
TORPENZ TABLET 10 MG ORAL	1	PA; CP (Specialty Tier A if Cancer Parity [CP] does not apply)
TORPENZ TABLET 2.5 MG ORAL	1	PA; CP (Specialty Tier A if Cancer Parity [CP] does not apply)
TORPENZ TABLET 5 MG ORAL	1	PA; CP (Specialty Tier A if Cancer Parity [CP] does not apply)
TORPENZ TABLET 7.5 MG ORAL	1	PA; CP (Specialty Tier A if Cancer Parity [CP] does not apply)
YULITHIRA TABLET 10 MG ORAL	1	CP (Specialty Tier A if Cancer Parity [CP] does not apply)
YULITHIRA TABLET 2.5 MG ORAL	1	CP (Specialty Tier A if Cancer Parity [CP] does not apply)
YULITHIRA TABLET 5 MG ORAL	1	CP (Specialty Tier A if Cancer Parity [CP] does not apply)
YULITHIRA TABLET 7.5 MG ORAL	1	CP (Specialty Tier A if Cancer Parity [CP] does not apply)
*Antineoplastic - Multikinase Inhibitors***		
CABOMETYX TABLET 20 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)

Drug	Status	Notes
CABOMETYX TABLET 40 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
CABOMETYX TABLET 60 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
CAPRELSA TABLET 100 MG ORAL	1	PA; CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
CAPRELSA TABLET 300 MG ORAL	1	PA; CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
COMETRIQ (100 MG DAILY DOSE) KIT 80 & 20 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
COMETRIQ (140 MG DAILY DOSE) KIT 3 X 20 MG & 80 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
COMETRIQ (60 MG DAILY DOSE) KIT 20 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
ENSACOVE CAPSULE 100 MG ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
ENSACOVE CAPSULE 25 MG ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
FOTIVDA CAPSULE 0.89 MG ORAL	1	PA; DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
FOTIVDA CAPSULE 1.34 MG ORAL	1	PA; DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
HYRNUO TABLET 10 MG ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
<i>lapatinib ditosylate tablet 250 mg oral</i>	1	PA; QL (5 tabs/ day); DS (30 day supply max); CP (Specialty Tier A if Cancer Parity [CP] does not apply)
NERLYNX TABLET 40 MG ORAL	1	PA; CP (Tier 1)
NEXAVAR TABLET 200 MG ORAL	D	PA; SP; QL (4 tabs/day); DS (30 day supply max); AL (Min 16 Years)
<i>pazopanib hcl tablet 200 mg oral</i>	1	PA; DS (30 day supply max); CP (Specialty Tier A if Cancer Parity [CP] does not apply)
<i>pazopanib hcl tablet 400 mg oral</i>	1	PA; DS (30 day supply max); CP (Specialty Tier A if Cancer Parity [CP] does not apply)
QINLOCK TABLET 50 MG ORAL	1	PA; CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
RYDAPT CAPSULE 25 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
<i>sorafenib tosylate tablet 200 mg oral</i>	1	PA; QL (4 tabs/day); DS (30 day supply max); CP (Specialty Tier A if Cancer Parity [CP] does not apply); AL (Min 16 Years)
STIVARGA TABLET 40 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
<i>sunitinib malate capsule 12.5 mg oral</i>	1	PA; QL (1 cap/day); CP (Specialty Tier A if Cancer Parity [CP] does not apply)

Drug	Status	Notes
<i>sunitinib malate capsule 25 mg oral</i>	1	PA; QL (1 cap/day); CP (Specialty Tier A if Cancer Parity [CP] does not apply)
<i>sunitinib malate capsule 37.5 mg oral</i>	1	PA; QL (1 cap/day); CP (Specialty Tier A if Cancer Parity [CP] does not apply)
<i>sunitinib malate capsule 50 mg oral</i>	1	PA; QL (1 cap/day); CP (Specialty Tier A if Cancer Parity [CP] does not apply)
SUTENT CAPSULE 12.5 MG ORAL	D	PA; SP; DS (30 day supply max)
SUTENT CAPSULE 25 MG ORAL	D	PA; SP; DS (30 day supply max)
SUTENT CAPSULE 37.5 MG ORAL	D	PA; SP; DS (30 day supply max)
SUTENT CAPSULE 50 MG ORAL	D	PA; SP; DS (30 day supply max)
TURALIO CAPSULE 125 MG ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
TYKERB TABLET 250 MG ORAL	D	PA; SP; DS (30 day supply max)
VOTRIENT TABLET 200 MG ORAL	D	PA; SP; DS (30 day supply max)
XOSPATA TABLET 40 MG ORAL	1	PA; CP (Tier 1)
*Antineoplastic - Pdgfr-Alpha Inhibitors***		
AYVAKIT TABLET 100 MG ORAL	1	PA; CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
AYVAKIT TABLET 200 MG ORAL	1	PA; CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
AYVAKIT TABLET 25 MG ORAL	1	PA; CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
AYVAKIT TABLET 300 MG ORAL	1	PA; CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
AYVAKIT TABLET 50 MG ORAL	1	PA; CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
*Antineoplastic - Protease Activators***		
MODEYSO CAPSULE 125 MG ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
*Antineoplastic - Proteasome Inhibitors***		
NINLARO CAPSULE 2.3 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
NINLARO CAPSULE 3 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
NINLARO CAPSULE 4 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
*Antineoplastic - Ret Inhibitors***		
GAVRETO CAPSULE 100 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
RETEVMO CAPSULE 40 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
RETEVMO CAPSULE 80 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
RETEVMO TABLET 120 MG ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)

Drug	Status	Notes
RETEVMO TABLET 160 MG ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
RETEVMO TABLET 40 MG ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
RETEVMO TABLET 80 MG ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
*Antineoplastic - Tropomyosin Receptor Kinase Inhibitors***		
AUGTYRO CAPSULE 160 MG ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
IBTROZI CAPSULE 200 MG ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
ROZLYTREK CAPSULE 100 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
ROZLYTREK CAPSULE 200 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
VITRAKVI CAPSULE 100 MG ORAL	1	PA; CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
VITRAKVI CAPSULE 25 MG ORAL	1	PA; CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
VITRAKVI SOLUTION 20 MG/ML ORAL	1	PA; CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
*Antineoplastic - Xpo1 Inhibitors***		
XPOVIO (100 MG ONCE WEEKLY) TABLET THERAPY PACK 50 MG ORAL	1	PA; DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
XPOVIO (40 MG ONCE WEEKLY) TABLET THERAPY PACK 10 MG ORAL	1	PA; DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
XPOVIO (40 MG ONCE WEEKLY) TABLET THERAPY PACK 40 MG ORAL	1	PA; DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
XPOVIO (40 MG TWICE WEEKLY) TABLET THERAPY PACK 40 MG ORAL	1	PA; DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
XPOVIO (60 MG ONCE WEEKLY) TABLET THERAPY PACK 60 MG ORAL	1	PA; DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
XPOVIO (60 MG TWICE WEEKLY) TABLET THERAPY PACK 20 MG ORAL	1	PA; DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
XPOVIO (80 MG ONCE WEEKLY) TABLET THERAPY PACK 40 MG ORAL	1	PA; DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
XPOVIO (80 MG ONCE WEEKLY) TABLET THERAPY PACK 80 MG ORAL	1	PA; DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
XPOVIO (80 MG TWICE WEEKLY) TABLET THERAPY PACK 20 MG ORAL	1	PA; DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)

Drug	Status	Notes
*Antineoplastic Combinations***		
AVMAPKI FAKZYNJA CO-PACK THERAPY PACK 0.8 & 200 MG ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
LONSURF TABLET 15-6.14 MG ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply); AL (Min 18 Years)
LONSURF TABLET 20-8.19 MG ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply); AL (Min 18 Years)
*Antineoplastics Misc.***		
ACTIMMUNE SOLUTION 100 MCG/0.5ML SUBCUTANEOUS	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
BESREMI PEN SOLUTION PEN-INJECTOR 500 MCG/0.5ML SUBCUTANEOUS	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
HYDREA CAPSULE 500 MG ORAL	3	DS (30 day supply max)
<i>hydroxyurea capsule 500 mg oral</i>	1	DS (30 day supply max); CP (Tier 1)
MATULANE CAPSULE 50 MG ORAL	1	CP (Specialty Tier B if Cancer Parity [CP] does not apply)
*Aromatase Inhibitors***		
<i>anastrozole tablet 1 mg oral</i>	\$0	QL (1 tab/day); DS (30 day supply max); ACA (Tier 1 OR coinsurance if ACA does not apply)
ARIMIDEX TABLET 1 MG ORAL	1	QL (1 tab/day); DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
<i>exemestane tablet 25 mg oral</i>	\$0	QL (1 tab/day); DS (30 day supply max); ACA (Tier 1 OR coinsurance if ACA does not apply); F
<i>letrozole tablet 2.5 mg oral</i>	\$0	QL (1 tab/day); DS (30 day supply max); ACA (Tier 1 OR coinsurance if ACA does not apply); F
*Cyclin-Dependent Kinases (Cdk) Inhibitors***		
IBRANCE CAPSULE 100 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
IBRANCE CAPSULE 125 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
IBRANCE CAPSULE 75 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
IBRANCE TABLET 100 MG ORAL	1	PA; CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
IBRANCE TABLET 125 MG ORAL	1	PA; CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
IBRANCE TABLET 75 MG ORAL	1	PA; CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
KISQALI (200 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
KISQALI (400 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)

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Drug	Status	Notes
KISQALI (600 MG DOSE) TABLET THERAPY PACK 200 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
VERZENIO TABLET 100 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
VERZENIO TABLET 150 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
VERZENIO TABLET 200 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
VERZENIO TABLET 50 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
*Estrogen Receptor Antagonist***		
CLIGAVYX SOLUTION PREFILLED SYRINGE 250 MG/5ML INTRAMUSCULAR	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
FASLODEX SOLUTION PREFILLED SYRINGE 250 MG/5ML INTRAMUSCULAR	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
<i>fulvestrant solution prefilled syringe 250 mg/5ml intramuscular</i>	1	PA; CP (Specialty Tier A if Cancer Parity [CP] does not apply)
<i>fulvestrant solution prefilled syringe 250 mg/5ml intramuscular</i>	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
INLURIYO TABLET 200 MG ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
*Estrogens-Antineoplastic***		
EMCYT CAPSULE 140 MG ORAL	1	CP (Specialty Tier B if Cancer Parity [CP] does not apply)
*Folic Acid Antagonists Rescue Agents***		
LEDERLE LEUCOVORIN TABLET 5 MG ORAL	1	
<i>leucovorin calcium tablet 10 mg oral</i>	1	
<i>leucovorin calcium tablet 15 mg oral</i>	1	
<i>leucovorin calcium tablet 25 mg oral</i>	1	
<i>leucovorin calcium tablet 5 mg oral</i>	1	
*Glucocorticoid Receptor (Gr) Antagonists***		
LIFYORLI (125 MG DOSE) CAPSULE THERAPY PACK 1 X 25 MG & 1 X 100 MG ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
LIFYORLI (150 MG DOSE) CAPSULE THERAPY PACK 2 X 25 MG & 1 X 100 MG ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
*Gonadotropin Releasing Hormone (Gnrh) Antagonists***		
FIRMAGON (240 MG DOSE) SOLUTION RECONSTITUTED 120 MG/VIAL SUBCUTANEOUS	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
FIRMAGON SOLUTION RECONSTITUTED 80 MG SUBCUTANEOUS	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
ORGOVYX TABLET 120 MG ORAL	1	PA; CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
*Imidazotetrazines***		
<i>temozolomide capsule 100 mg oral</i>	1	CP (Specialty Tier A if Cancer Parity [CP] does not apply)

Drug	Status	Notes
<i>temozolomide capsule 100 mg oral</i>	1	PA; CP (Specialty Tier A if Cancer Parity [CP] does not apply)
<i>temozolomide capsule 140 mg oral</i>	1	CP (Specialty Tier A if Cancer Parity [CP] does not apply)
<i>temozolomide capsule 140 mg oral</i>	1	PA; CP (Specialty Tier A if Cancer Parity [CP] does not apply)
<i>temozolomide capsule 180 mg oral</i>	1	CP (Specialty Tier A if Cancer Parity [CP] does not apply)
<i>temozolomide capsule 180 mg oral</i>	1	PA; CP (Specialty Tier A if Cancer Parity [CP] does not apply)
<i>temozolomide capsule 20 mg oral</i>	1	CP (Specialty Tier A if Cancer Parity [CP] does not apply)
<i>temozolomide capsule 20 mg oral</i>	1	PA; CP (Specialty Tier A if Cancer Parity [CP] does not apply)
<i>temozolomide capsule 250 mg oral</i>	1	CP (Specialty Tier A if Cancer Parity [CP] does not apply)
<i>temozolomide capsule 250 mg oral</i>	1	PA; CP (Specialty Tier A if Cancer Parity [CP] does not apply)
<i>temozolomide capsule 5 mg oral</i>	1	CP (Specialty Tier A if Cancer Parity [CP] does not apply)
<i>temozolomide capsule 5 mg oral</i>	1	PA; CP (Specialty Tier A if Cancer Parity [CP] does not apply)
*Isocitrate Dehydrogenase 1 & 2 (Idh1 & Idh2) Inhibitors***		
VORANIGO TABLET 10 MG ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
VORANIGO TABLET 40 MG ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
*Isocitrate Dehydrogenase-1 (Idh1) Inhibitors***		
REZLIDHIA CAPSULE 150 MG ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
TIBSOVO TABLET 250 MG ORAL	1	PA; CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
*Isocitrate Dehydrogenase-2 (Idh2) Inhibitors***		
IDHIFA TABLET 100 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
IDHIFA TABLET 50 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
*Janus Associated Kinase (Jak) Inhibitors***		
INREBIC CAPSULE 100 MG ORAL	1	PA; CP (Tier 1)
JAKAFI TABLET 10 MG ORAL	1	PA; CP (Tier 1)
JAKAFI TABLET 15 MG ORAL	1	PA; CP (Tier 1)
JAKAFI TABLET 20 MG ORAL	1	PA; CP (Tier 1)
JAKAFI TABLET 25 MG ORAL	1	PA; CP (Tier 1)
JAKAFI TABLET 5 MG ORAL	1	PA; CP (Tier 1)
JAKAFI XR TABLET EXTENDED RELEASE 24 HOUR 11 MG ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)

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Drug	Status	Notes
JAKAFI XR TABLET EXTENDED RELEASE 24 HOUR 22 MG ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
JAKAFI XR TABLET EXTENDED RELEASE 24 HOUR 33 MG ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
JAKAFI XR TABLET EXTENDED RELEASE 24 HOUR 44 MG ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
JAKAFI XR TABLET EXTENDED RELEASE 24 HOUR 55 MG ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
OJJAARA TABLET 100 MG ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
OJJAARA TABLET 150 MG ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
OJJAARA TABLET 200 MG ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
VONJO CAPSULE 100 MG ORAL	1	PA; CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
*Lhrh Analogs***		
CAMCEVI PREFILLED SYRINGE 42 MG SUBCUTANEOUS	1	PA; QL (1 per 180 days); DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply); AL (Min 18 Years)
ELIGARD KIT 22.5 MG SUBCUTANEOUS	1	QL (Max 1 unit/ 90 days. Minimum Day Supply is 84); DS (84 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply); M; AL (Min 18 Years)
ELIGARD KIT 30 MG SUBCUTANEOUS	1	QL (Max 1 unit/ 120 days. Minimum Day Supply is 112); DS (112 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply); M; AL (Min 18 Years)
ELIGARD KIT 45 MG SUBCUTANEOUS	1	QL (Max 1 unit/ 180 days. Minimum Day Supply is 174); DS (174 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply); M; AL (Min 18 Years)
ELIGARD KIT 7.5 MG SUBCUTANEOUS	1	QL (Max 1 unit/fill); DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply); M; AL (Min 18 Years)
<i>leuprolide acetate (3 month) injectable 22.5 mg intramuscular</i>	1	QL (Max 1 unit/ 90 days. Minimum Day Supply is 84); DS (84 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply); M; AL (Min 18 Years)
<i>leuprolide acetate kit 1 mg/0.2ml injection</i>	1	QL (Max 1 unit/fill); DS (30 day supply max); CP (Specialty Tier A if Cancer Parity [CP] does not apply); M; AL (Min 18 Years)
LUPRON DEPOT (1-MONTH) KIT 3.75 MG INTRAMUSCULAR	D	PA; SP; QL (Max 1 unit/fill); DS (30 day supply max); F
LUPRON DEPOT (1-MONTH) KIT 7.5 MG INTRAMUSCULAR	1	QL (Max 1 unit/fill); DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply); M; AL (Min 18 Years)

Drug	Status	Notes
LUPRON DEPOT (3-MONTH) KIT 11.25 MG INTRAMUSCULAR	D	PA; SP; QL (Max 1 unit/ 90 days. Minimum Day Supply is 84); DS (84 day supply max); F
LUPRON DEPOT (3-MONTH) KIT 22.5 MG INTRAMUSCULAR	1	QL (Max 1 unit/ 90 days. Minimum Day Supply is 84); DS (84 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply); M; AL (Min 18 Years)
LUPRON DEPOT (4-MONTH) KIT 30 MG INTRAMUSCULAR	1	QL (Max 1 unit/ 120 days. Minimum Day Supply is 112); DS (112 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply); M; AL (Min 18 Years)
LUPRON DEPOT (6-MONTH) KIT 45 MG INTRAMUSCULAR	1	QL (Max 1 unit/ 180 days. Minimum Day Supply is 167); DS (167 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply); M; AL (Min 18 Years)
LUTRATE DEPOT INJECTABLE 22.5 MG INTRAMUSCULAR	1	QL (Max 1 unit/ 90 days. Minimum Day Supply is 84); DS (84 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply); M; AL (Min 18 Years)
TRELSTAR MIXJECT SUSPENSION RECONSTITUTED 11.25 MG INTRAMUSCULAR	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
TRELSTAR MIXJECT SUSPENSION RECONSTITUTED 22.5 MG INTRAMUSCULAR	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
TRELSTAR MIXJECT SUSPENSION RECONSTITUTED 3.75 MG INTRAMUSCULAR	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
ZOLADEX IMPLANT 10.8 MG SUBCUTANEOUS	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
ZOLADEX IMPLANT 3.6 MG SUBCUTANEOUS	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
*Mitotic Inhibitors***		
<i>etoposide capsule 50 mg oral</i>	1	CP (Specialty Tier B if Cancer Parity [CP] does not apply)
*Nitrogen Mustards And Related Analogues***		
<i>cyclophosphamide capsule 25 mg oral</i>	1	CP (Specialty Tier A if Cancer Parity [CP] does not apply)
<i>cyclophosphamide capsule 25 mg oral</i>	1	CP (Specialty Tier B if Cancer Parity [CP] does not apply)
<i>cyclophosphamide capsule 50 mg oral</i>	1	CP (Specialty Tier A if Cancer Parity [CP] does not apply)
<i>cyclophosphamide capsule 50 mg oral</i>	1	CP (Specialty Tier B if Cancer Parity [CP] does not apply)
<i>cyclophosphamide tablet 25 mg oral</i>	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
<i>cyclophosphamide tablet 50 mg oral</i>	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
LEUKERAN TABLET 2 MG ORAL	1	CP (Specialty Tier B if Cancer Parity [CP] does not apply)
*Nitrosoureas***		
GLEOSTINE CAPSULE 10 MG ORAL	D	PA; SP; DS (30 day supply max)

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Drug	Status	Notes
GLEOSTINE CAPSULE 100 MG ORAL	D	PA; SP; DS (30 day supply max)
GLEOSTINE CAPSULE 40 MG ORAL	D	PA; SP; DS (30 day supply max)
<i>lomustine capsule 10 mg oral</i>	1	PA; DS (30 day supply max); CP (Specialty Tier A if Cancer Parity [CP] does not apply)
<i>lomustine capsule 100 mg oral</i>	1	PA; DS (30 day supply max); CP (Specialty Tier A if Cancer Parity [CP] does not apply)
<i>lomustine capsule 40 mg oral</i>	1	PA; DS (30 day supply max); CP (Specialty Tier A if Cancer Parity [CP] does not apply)
*Ornithine Decarboxylase (Odc) Inhibitors***		
IWILFIN TABLET 192 MG ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
*Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors***		
COPIKTRA CAPSULE 15 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
COPIKTRA CAPSULE 25 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
ITOVEBI TABLET 3 MG ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
ITOVEBI TABLET 9 MG ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
PIQRAY (200 MG DAILY DOSE) TABLET THERAPY PACK 200 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
PIQRAY (250 MG DAILY DOSE) TABLET THERAPY PACK 200 & 50 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
PIQRAY (300 MG DAILY DOSE) TABLET THERAPY PACK 2 X 150 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
ZYDELIG TABLET 100 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
ZYDELIG TABLET 150 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors***		
LYNPARZA TABLET 100 MG ORAL	1	PA; CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
LYNPARZA TABLET 150 MG ORAL	1	PA; DS (30 day supply max); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
RUBRACA TABLET 200 MG ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
TALZENNA CAPSULE 1 MG ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
ZEJULA TABLET 100 MG ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
ZEJULA TABLET 200 MG ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
ZEJULA TABLET 300 MG ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)

Drug	Status	Notes
*Progestins-Antineoplastic***		
<i>megestrol acetate powder</i>	3	
<i>megestrol acetate suspension 40 mg/ml oral</i>	1	CP (Tier 1)
<i>megestrol acetate suspension 400 mg/10ml oral</i>	1	CP (Tier 1)
<i>megestrol acetate suspension 800 mg/20ml oral</i>	1	CP (Tier 1)
<i>megestrol acetate tablet 20 mg oral</i>	1	CP (Tier 1)
<i>megestrol acetate tablet 40 mg oral</i>	1	CP (Tier 1)
*Retinoids***		
<i>tretinoin capsule 10 mg oral</i>	1	PA; CP (Specialty Tier A if Cancer Parity [CP] does not apply)
*Selective Estrogen Receptor Degraders***		
ORSERDU TABLET 345 MG ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
ORSERDU TABLET 86 MG ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
VEPPANU TABLET 100 MG ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
VEPPANU TABLET 200 MG ORAL	1	PA; DS (30 day supply max); CP (Specialty Tier B if Cancer Parity [CP] does not apply)
*Selective Retinoid X Receptor Agonists***		
<i>bexarotene capsule 75 mg oral</i>	1	PA; DS (30 day supply max); CP (Specialty Tier A if Cancer Parity [CP] does not apply)
TARGRETIN CAPSULE 75 MG ORAL	D	PA; SP; DS (30 day supply max)
*Topoisomerase I Inhibitors***		
HYCAMTIN CAPSULE 0.25 MG ORAL	1	CP (Specialty Tier B if Cancer Parity [CP] does not apply)
HYCAMTIN CAPSULE 1 MG ORAL	1	CP (Specialty Tier B if Cancer Parity [CP] does not apply)
*Urinary Tract Protective Agents***		
<i>mesna tablet 400 mg oral</i>	C	SP; DS (30 day supply max)
MESNEX TABLET 400 MG ORAL	C	SP; DS (30 day supply max)
*Vascular Endothelial Growth Factor (Vegf) Inhibitors***		
INLYTA TABLET 1 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
INLYTA TABLET 5 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
LENVIMA (10 MG DAILY DOSE) CAPSULE THERAPY PACK 10 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
LENVIMA (12 MG DAILY DOSE) CAPSULE THERAPY PACK 3 X 4 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
LENVIMA (14 MG DAILY DOSE) CAPSULE THERAPY PACK 10 & 4 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
LENVIMA (18 MG DAILY DOSE) CAPSULE THERAPY PACK 10 MG & 2 X 4 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)

Drug	Status	Notes
LENVIMA (20 MG DAILY DOSE) CAPSULE THERAPY PACK 2 X 10 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
LENVIMA (24 MG DAILY DOSE) CAPSULE THERAPY PACK 2 X 10 MG & 4 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
LENVIMA (4 MG DAILY DOSE) CAPSULE THERAPY PACK 4 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
LENVIMA (8 MG DAILY DOSE) CAPSULE THERAPY PACK 2 X 4 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
Antiparkinson And Related Therapy Agents		
*Adenosine Receptor Antagonist***		
NOURIANZ TABLET 20 MG ORAL	3	PA; QL (1 tab/day)
NOURIANZ TABLET 40 MG ORAL	3	PA; QL (1 tab/day)
*Antiparkinson Anticholinergics***		
<i>benztropine mesylate tablet 0.5 mg oral</i>	1	
<i>benztropine mesylate tablet 1 mg oral</i>	1	
<i>benztropine mesylate tablet 2 mg oral</i>	1	
<i>trihexyphenidyl hcl solution 0.4 mg/ml oral</i>	3	
<i>trihexyphenidyl hcl tablet 2 mg oral</i>	1	
<i>trihexyphenidyl hcl tablet 5 mg oral</i>	1	
*Antiparkinson Dopaminergics***		
<i>amantadine hcl capsule 100 mg oral</i>	1	
<i>amantadine hcl solution 100 mg/10ml oral</i>	1	
<i>amantadine hcl solution 50 mg/5ml oral</i>	1	
<i>amantadine hcl tablet 100 mg oral</i>	1	
<i>bromocriptine mesylate capsule 5 mg oral</i>	1	
<i>bromocriptine mesylate tablet 2.5 mg oral</i>	1	
INBRIJA CAPSULE 42 MG INHALATION	3	PA
<i>levodopa powder</i>	3	
PARLODEL CAPSULE 5 MG ORAL	3	
PARLODEL TABLET 2.5 MG ORAL	3	
*Antiparkinson Monoamine Oxidase Inhibitors***		
<i>rasagiline mesylate tablet 0.5 mg oral</i>	A	SP
<i>rasagiline mesylate tablet 0.5 mg oral</i>	A	SP; DS (30 day supply max)
<i>rasagiline mesylate tablet 1 mg oral</i>	A	SP
<i>rasagiline mesylate tablet 1 mg oral</i>	A	SP; DS (30 day supply max)
<i>selegiline hcl capsule 5 mg oral</i>	1	
<i>selegiline hcl powder</i>	3	
<i>selegiline hcl tablet 5 mg oral</i>	1	
*Central/Peripheral Comt Inhibitors***		
TASMAR TABLET 100 MG ORAL	3	PA
<i>tolcapone tablet 100 mg oral</i>	1	PA

Drug	Status	Notes
*Decarboxylase Inhibitors***		
<i>carbidopa tablet 25 mg oral</i>	1	
*Levodopa Combinations***		
<i>carbidopa-levodopa er capsule extended release 23.75-95 mg oral</i>	3	PA
<i>carbidopa-levodopa er capsule extended release 36.25-145 mg oral</i>	3	PA
<i>carbidopa-levodopa er capsule extended release 48.75-195 mg oral</i>	3	PA
<i>carbidopa-levodopa er capsule extended release 61.25-245 mg oral</i>	3	PA
<i>carbidopa-levodopa er tablet extended release 25-100 mg oral</i>	1	
<i>carbidopa-levodopa er tablet extended release 50-200 mg oral</i>	1	
<i>carbidopa-levodopa tablet 10-100 mg oral</i>	1	
<i>carbidopa-levodopa tablet 25-100 mg oral</i>	1	
<i>carbidopa-levodopa tablet 25-250 mg oral</i>	1	
<i>carbidopa-levodopa tablet dispersible 10-100 mg oral</i>	2	
<i>carbidopa-levodopa tablet dispersible 25-100 mg oral</i>	2	
<i>carbidopa-levodopa tablet dispersible 25-250 mg oral</i>	2	
<i>carbidopa-levodopa-entacapone tablet 12.5-50-200 mg oral</i>	3	QL (8 tabs/day)
<i>carbidopa-levodopa-entacapone tablet 18.75-75-200 mg oral</i>	3	QL (8 tabs/day)
<i>carbidopa-levodopa-entacapone tablet 25-100-200 mg oral</i>	3	QL (8 tabs/day)
<i>carbidopa-levodopa-entacapone tablet 31.25-125-200 mg oral</i>	3	QL (8 tabs/day)
<i>carbidopa-levodopa-entacapone tablet 37.5-150-200 mg oral</i>	3	QL (8 tabs/day)
<i>carbidopa-levodopa-entacapone tablet 50-200-200 mg oral</i>	3	QL (8 tabs/day)
CREXONT CAPSULE EXTENDED RELEASE 35-140 MG ORAL	3	PA
CREXONT CAPSULE EXTENDED RELEASE 52.5-210 MG ORAL	3	PA
CREXONT CAPSULE EXTENDED RELEASE 70-280 MG ORAL	3	PA
CREXONT CAPSULE EXTENDED RELEASE 87.5-350 MG ORAL	3	PA
RYTARY CAPSULE EXTENDED RELEASE 23.75-95 MG ORAL	3	PA
RYTARY CAPSULE EXTENDED RELEASE 36.25-145 MG ORAL	3	PA
RYTARY CAPSULE EXTENDED RELEASE 48.75-195 MG ORAL	3	PA
RYTARY CAPSULE EXTENDED RELEASE 61.25-245 MG ORAL	3	PA
SINEMET TABLET 10-100 MG ORAL	3	
SINEMET TABLET 25-100 MG ORAL	3	
VYALEV SOLUTION 12-240 MG/ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
*Nonergoline Dopamine Receptor Agonists***		
APOKYN SOLUTION CARTRIDGE 30 MG/3ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)

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Drug	Status	Notes
<i>apomorphine hcl solution cartridge 30 mg/3ml subcutaneous</i>	D	PA; SP; DS (30 day supply max)
NEUPRO PATCH 24 HOUR 1 MG/24HR TRANSDERMAL	C	SP; DS (30 day supply max)
NEUPRO PATCH 24 HOUR 2 MG/24HR TRANSDERMAL	C	SP; DS (30 day supply max)
NEUPRO PATCH 24 HOUR 3 MG/24HR TRANSDERMAL	C	SP; DS (30 day supply max)
NEUPRO PATCH 24 HOUR 4 MG/24HR TRANSDERMAL	C	SP; DS (30 day supply max)
NEUPRO PATCH 24 HOUR 6 MG/24HR TRANSDERMAL	C	SP; DS (30 day supply max)
NEUPRO PATCH 24 HOUR 8 MG/24HR TRANSDERMAL	C	SP; DS (30 day supply max)
ONAPGO SOLUTION CARTRIDGE 98 MG/20ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
<i>pramipexole dihydrochloride tablet 0.125 mg oral</i>	1	
<i>pramipexole dihydrochloride tablet 0.25 mg oral</i>	1	
<i>pramipexole dihydrochloride tablet 0.5 mg oral</i>	1	
<i>pramipexole dihydrochloride tablet 0.75 mg oral</i>	1	
<i>pramipexole dihydrochloride tablet 1 mg oral</i>	1	
<i>pramipexole dihydrochloride tablet 1.5 mg oral</i>	1	
<i>ropinirole hcl er tablet extended release 24 hour 12 mg oral</i>	1	QL (6 tabs/ day); AL (Min 16 Years)
<i>ropinirole hcl er tablet extended release 24 hour 2 mg oral</i>	1	QL (8 tabs/ day); AL (Min 16 Years)
<i>ropinirole hcl er tablet extended release 24 hour 4 mg oral</i>	1	QL (4 tabs/day); AL (Min 16 Years)
<i>ropinirole hcl er tablet extended release 24 hour 6 mg oral</i>	1	QL (6 tabs/ day); AL (Min 16 Years)
<i>ropinirole hcl er tablet extended release 24 hour 8 mg oral</i>	1	QL (3 tabs/ day); AL (Min 16 Years)
<i>ropinirole hcl tablet 0.25 mg oral</i>	1	
<i>ropinirole hcl tablet 0.5 mg oral</i>	1	
<i>ropinirole hcl tablet 1 mg oral</i>	1	
<i>ropinirole hcl tablet 2 mg oral</i>	1	
<i>ropinirole hcl tablet 3 mg oral</i>	1	
<i>ropinirole hcl tablet 4 mg oral</i>	1	
<i>ropinirole hcl tablet 5 mg oral</i>	1	
*Peripheral Comt Inhibitors***		
<i>entacapone tablet 200 mg oral</i>	1	
ONGENTYS CAPSULE 25 MG ORAL	3	PA
ONGENTYS CAPSULE 50 MG ORAL	3	PA
Antipsychotics/Antimanic Agents		
*Antimanic Agents***		
<i>lithium carbonate capsule 150 mg oral</i>	1	
<i>lithium carbonate capsule 300 mg oral</i>	1	
<i>lithium carbonate capsule 600 mg oral</i>	1	
<i>lithium carbonate er tablet extended release 300 mg oral</i>	1	
<i>lithium carbonate er tablet extended release 450 mg oral</i>	1	
<i>lithium carbonate tablet 300 mg oral</i>	1	
<i>lithium solution 8 meq/5ml oral</i>	1	AL (Min 7 Years)

Drug	Status	Notes
*Antipsychotics - Misc.***		
CAPLYTA CAPSULE 10.5 MG ORAL	3	ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)
CAPLYTA CAPSULE 21 MG ORAL	3	ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)
CAPLYTA CAPSULE 42 MG ORAL	3	ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)
EQUETRO CAPSULE EXTENDED RELEASE 12 HOUR 100 MG ORAL	4	QL (3 caps/day)
EQUETRO CAPSULE EXTENDED RELEASE 12 HOUR 200 MG ORAL	4	QL (8 caps/ day)
EQUETRO CAPSULE EXTENDED RELEASE 12 HOUR 300 MG ORAL	4	QL (5 caps/ day)
LATUDA TABLET 120 MG ORAL	4	QL (1 tab/day); AL (Min 10 Years)
LATUDA TABLET 20 MG ORAL	4	QL (1 tab/day); AL (Min 10 Years)
LATUDA TABLET 40 MG ORAL	4	QL (1 tab/day); AL (Min 10 Years)
LATUDA TABLET 60 MG ORAL	4	QL (1 tab/day); AL (Min 10 Years)
LATUDA TABLET 80 MG ORAL	4	QL (1 tab/day); AL (Min 10 Years)
<i>lurasidone hcl tablet 120 mg oral</i>	1	QL (1 tab/day); AL (Min 10 Years)
<i>lurasidone hcl tablet 20 mg oral</i>	1	QL (1 tab/day); AL (Min 10 Years)
<i>lurasidone hcl tablet 40 mg oral</i>	1	QL (1 tab/day); AL (Min 10 Years)
<i>lurasidone hcl tablet 60 mg oral</i>	1	QL (1 tab/day); AL (Min 10 Years)
<i>lurasidone hcl tablet 80 mg oral</i>	1	QL (1 tab/day); AL (Min 10 Years)
NUPLAZID CAPSULE 34 MG ORAL	4	PA
NUPLAZID TABLET 10 MG ORAL	4	PA
VRAYLAR CAPSULE 0.5 MG ORAL	3	QL (1 cap/day); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)
VRAYLAR CAPSULE 0.75 MG ORAL	3	QL (1 cap/day); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)
VRAYLAR CAPSULE 1.5 MG ORAL	3	QL (1 cap/day); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)
VRAYLAR CAPSULE 3 MG ORAL	3	QL (1 cap/day); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)
VRAYLAR CAPSULE 4.5 MG ORAL	3	QL (1 cap/day); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)
VRAYLAR CAPSULE 6 MG ORAL	3	QL (1 cap/day); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)
<i>ziprasidone hcl capsule 20 mg oral</i>	1	QL (2 caps/day)
<i>ziprasidone hcl capsule 40 mg oral</i>	1	QL (2 caps/day)
<i>ziprasidone hcl capsule 60 mg oral</i>	1	QL (2 caps/day)

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Drug	Status	Notes
<i>ziprasidone hcl capsule 80 mg oral</i>	1	QL (2 caps/day)
<i>ziprasidone mesylate solution reconstituted 20 mg intramuscular</i>	A	PA; SP; DS (30 day supply max)
*Benzisoxazoles***		
BYSANTI TABLET 1 MG ORAL	D	PA; SP; DS (30 day supply max)
BYSANTI TABLET 10 MG ORAL	D	PA; SP; DS (30 day supply max)
BYSANTI TABLET 12 MG ORAL	D	PA; SP; DS (30 day supply max)
BYSANTI TABLET 2 MG ORAL	D	PA; SP; DS (30 day supply max)
BYSANTI TABLET 4 MG ORAL	D	PA; SP; DS (30 day supply max)
BYSANTI TABLET 6 MG ORAL	D	PA; SP; DS (30 day supply max)
BYSANTI TABLET 8 MG ORAL	D	PA; SP; DS (30 day supply max)
BYSANTI TITRATION PACK A TABLET THERAPY PACK 1 & 2 & 4 & 6 MG ORAL	3	PA
BYSANTI TITRATION PACK B TABLET THERAPY PACK 1 & 2 & 6 & 8 MG ORAL	3	PA
BYSANTI TITRATION PACK C TABLET THERAPY PACK 1 & 2 & 6 MG ORAL	3	PA
ERZOFRI SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML INTRAMUSCULAR	B	PA; SP; DS (30 day supply max)
ERZOFRI SUSPENSION PREFILLED SYRINGE 156 MG/ML INTRAMUSCULAR	B	PA; SP; DS (30 day supply max)
ERZOFRI SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML INTRAMUSCULAR	B	PA; SP; DS (30 day supply max)
ERZOFRI SUSPENSION PREFILLED SYRINGE 351 MG/2.25ML INTRAMUSCULAR	B	PA; SP; DS (30 day supply max)
ERZOFRI SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML INTRAMUSCULAR	B	PA; SP; DS (30 day supply max)
ERZOFRI SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML INTRAMUSCULAR	B	PA; SP; DS (30 day supply max)
FANAPT TABLET 1 MG ORAL	4	
FANAPT TABLET 10 MG ORAL	4	
FANAPT TABLET 12 MG ORAL	4	
FANAPT TABLET 2 MG ORAL	4	
FANAPT TABLET 4 MG ORAL	4	
FANAPT TABLET 6 MG ORAL	4	
FANAPT TABLET 8 MG ORAL	4	
FANAPT TITRATION PACK A TABLET 1 & 2 & 4 & 6 MG ORAL	4	
FANAPT TITRATION PACK B TABLET 1 & 2 & 6 & 8 MG ORAL	4	QL (12 per 180 days)
FANAPT TITRATION PACK C TABLET 1 & 2 & 6 MG ORAL	4	QL (8 per 180 days)
INVEGA HAFYERA SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML INTRAMUSCULAR	C	PA; SP; DS (30 day supply max)
INVEGA HAFYERA SUSPENSION PREFILLED SYRINGE 1560 MG/5ML INTRAMUSCULAR	C	PA; SP; DS (30 day supply max)

Drug	Status	Notes
INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML INTRAMUSCULAR	B	PA; SP; DS (30 day supply max)
INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 156 MG/ML INTRAMUSCULAR	B	PA; SP; DS (30 day supply max)
INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML INTRAMUSCULAR	B	PA; SP; DS (30 day supply max)
INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML INTRAMUSCULAR	B	PA; SP; DS (30 day supply max)
INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML INTRAMUSCULAR	B	PA; SP; DS (30 day supply max)
INVEGA TABLET EXTENDED RELEASE 24 HOUR 3 MG ORAL	4	QL (1 tab/day); AL (Min 12 Years)
INVEGA TABLET EXTENDED RELEASE 24 HOUR 6 MG ORAL	4	QL (2 tabs/ day); AL (Min 12 Years)
INVEGA TABLET EXTENDED RELEASE 24 HOUR 9 MG ORAL	4	QL (1 tab/day); AL (Min 12 Years)
INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML INTRAMUSCULAR	B	PA; SP; DS (30 day supply max)
INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML INTRAMUSCULAR	B	PA; SP; DS (30 day supply max)
INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML INTRAMUSCULAR	B	PA; SP; DS (30 day supply max)
INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML INTRAMUSCULAR	B	PA; SP; DS (30 day supply max)
<i>paliperidone er tablet extended release 24 hour 1.5 mg oral</i>	4	QL (2 tabs/ day); AL (Min 12 Years)
<i>paliperidone er tablet extended release 24 hour 3 mg oral</i>	4	QL (1 tab/day); AL (Min 12 Years)
<i>paliperidone er tablet extended release 24 hour 6 mg oral</i>	4	QL (2 tabs/ day); AL (Min 12 Years)
<i>paliperidone er tablet extended release 24 hour 9 mg oral</i>	4	QL (1 tab/day); AL (Min 12 Years)
PERSERIS PREFILLED SYRINGE 120 MG SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
PERSERIS PREFILLED SYRINGE 90 MG SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 12.5 MG INTRAMUSCULAR	B	PA; SP; DS (30 day supply max)
RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 25 MG INTRAMUSCULAR	B	PA; SP; DS (30 day supply max)
RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 37.5 MG INTRAMUSCULAR	B	PA; SP; DS (30 day supply max)
RISPERDAL CONSTA SUSPENSION RECONSTITUTED ER 50 MG INTRAMUSCULAR	B	PA; SP; DS (30 day supply max)
<i>risperidone microspheres er suspension reconstituted er 12.5 mg intramuscular</i>	B	PA; SP; DS (30 day supply max)
<i>risperidone microspheres er suspension reconstituted er 25 mg intramuscular</i>	B	PA; SP; DS (30 day supply max)
<i>risperidone microspheres er suspension reconstituted er 37.5 mg intramuscular</i>	B	PA; SP; DS (30 day supply max)
<i>risperidone microspheres er suspension reconstituted er 50 mg intramuscular</i>	B	PA; SP; DS (30 day supply max)
<i>risperidone solution 1 mg/ml oral</i>	1	
<i>risperidone tablet 0.25 mg oral</i>	1	
<i>risperidone tablet 0.5 mg oral</i>	1	

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Drug	Status	Notes
<i>risperidone tablet 1 mg oral</i>	1	
<i>risperidone tablet 2 mg oral</i>	1	
<i>risperidone tablet 3 mg oral</i>	1	
<i>risperidone tablet 4 mg oral</i>	1	
<i>risperidone tablet dispersible 0.25 mg oral</i>	4	
<i>risperidone tablet dispersible 0.5 mg oral</i>	4	
<i>risperidone tablet dispersible 1 mg oral</i>	4	
<i>risperidone tablet dispersible 2 mg oral</i>	4	
<i>risperidone tablet dispersible 3 mg oral</i>	4	
<i>risperidone tablet dispersible 4 mg oral</i>	4	
RYKINDO SUSPENSION RECONSTITUTED ER 25 MG INTRAMUSCULAR	B	PA; SP; DS (30 day supply max)
RYKINDO SUSPENSION RECONSTITUTED ER 37.5 MG INTRAMUSCULAR	B	PA; SP; DS (30 day supply max)
RYKINDO SUSPENSION RECONSTITUTED ER 50 MG INTRAMUSCULAR	B	PA; SP; DS (30 day supply max)
*Butyrophenones***		
<i>haloperidol lactate concentrate 2 mg/ml oral</i>	1	
<i>haloperidol tablet 0.5 mg oral</i>	1	
<i>haloperidol tablet 1 mg oral</i>	1	
<i>haloperidol tablet 10 mg oral</i>	1	
<i>haloperidol tablet 2 mg oral</i>	1	
<i>haloperidol tablet 20 mg oral</i>	1	
<i>haloperidol tablet 5 mg oral</i>	1	
*Dibenzodiazepines***		
<i>clozapine tablet 100 mg oral</i>	1	
<i>clozapine tablet 200 mg oral</i>	1	
<i>clozapine tablet 25 mg oral</i>	1	
<i>clozapine tablet 50 mg oral</i>	1	
<i>clozapine tablet dispersible 100 mg oral</i>	4	
<i>clozapine tablet dispersible 12.5 mg oral</i>	4	
<i>clozapine tablet dispersible 150 mg oral</i>	4	
<i>clozapine tablet dispersible 200 mg oral</i>	4	
<i>clozapine tablet dispersible 25 mg oral</i>	4	
VERSACLOZ SUSPENSION 50 MG/ML ORAL	3	
*Dibenzo-Oxepino Pyrroles***		
<i>asenapine maleate tablet sublingual 10 mg sublingual</i>	4	QL (2 tabs/ day)
<i>asenapine maleate tablet sublingual 2.5 mg sublingual</i>	4	QL (2 tabs/ day)
<i>asenapine maleate tablet sublingual 5 mg sublingual</i>	4	QL (2 tabs/ day)
*Dibenzothiazepines***		
<i>quetiapine fumarate er tablet extended release 24 hour 150 mg oral</i>	1	QL (1 tab/day); AL (Min 10 Years)

Drug	Status	Notes
<i>quetiapine fumarate er tablet extended release 24 hour 200 mg oral</i>	1	QL (1 tab/day); AL (Min 10 Years)
<i>quetiapine fumarate er tablet extended release 24 hour 300 mg oral</i>	1	QL (2 tabs/ day); AL (Min 10 Years)
<i>quetiapine fumarate er tablet extended release 24 hour 400 mg oral</i>	1	QL (2 tabs/ day); AL (Min 10 Years)
<i>quetiapine fumarate er tablet extended release 24 hour 50 mg oral</i>	1	QL (2 tabs/ day); AL (Min 10 Years)
<i>quetiapine fumarate tablet 100 mg oral</i>	1	QL (2 tabs/ day); AL (Min 10 Years)
<i>quetiapine fumarate tablet 150 mg oral</i>	4	QL (2 tabs/ day); AL (Min 10 Years)
<i>quetiapine fumarate tablet 200 mg oral</i>	1	QL (3 tabs/ day); AL (Min 10 Years)
<i>quetiapine fumarate tablet 25 mg oral</i>	1	QL (3 tabs/ day); AL (Min 10 Years)
<i>quetiapine fumarate tablet 300 mg oral</i>	1	QL (2 tabs/ day); AL (Min 10 Years)
<i>quetiapine fumarate tablet 400 mg oral</i>	1	QL (2 tabs/ day); AL (Min 10 Years)
<i>quetiapine fumarate tablet 50 mg oral</i>	1	QL (3 tabs/ day); AL (Min 10 Years)
*Dibenzoxazepines***		
<i>loxapine succinate capsule 10 mg oral</i>	1	
<i>loxapine succinate capsule 25 mg oral</i>	1	
<i>loxapine succinate capsule 5 mg oral</i>	1	
<i>loxapine succinate capsule 50 mg oral</i>	1	
*Dihydroindolones***		
<i>molindone hcl tablet 10 mg oral</i>	3	
<i>molindone hcl tablet 25 mg oral</i>	3	
<i>molindone hcl tablet 5 mg oral</i>	3	
*Muscarinic Agent - Combinations***		
COBENFY CAPSULE 100-20 MG ORAL	4	PA
COBENFY CAPSULE 125-30 MG ORAL	4	PA
COBENFY CAPSULE 50-20 MG ORAL	4	PA
COBENFY STARTER PACK CAPSULE THERAPY PACK 50-20 & 100-20 MG ORAL	4	PA
*Phenothiazines***		
<i>chlorpromazine hcl solution 25 mg/ml injection</i>	3	PA
<i>chlorpromazine hcl solution 50 mg/2ml injection</i>	3	PA
<i>chlorpromazine hcl tablet 10 mg oral</i>	1	
<i>chlorpromazine hcl tablet 100 mg oral</i>	1	
<i>chlorpromazine hcl tablet 200 mg oral</i>	1	
<i>chlorpromazine hcl tablet 25 mg oral</i>	1	
<i>chlorpromazine hcl tablet 50 mg oral</i>	1	
COMPRO SUPPOSITORY 25 MG RECTAL	1	
<i>fluphenazine decanoate solution 25 mg/ml injection</i>	3	PA
<i>fluphenazine hcl concentrate 5 mg/ml oral</i>	3	
<i>fluphenazine hcl elixir 2.5 mg/5ml oral</i>	3	
<i>fluphenazine hcl solution 2.5 mg/ml injection</i>	3	PA

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Drug	Status	Notes
<i>fluphenazine hcl tablet 1 mg oral</i>	1	
<i>fluphenazine hcl tablet 10 mg oral</i>	1	
<i>fluphenazine hcl tablet 2.5 mg oral</i>	1	
<i>fluphenazine hcl tablet 5 mg oral</i>	1	
<i>perphenazine tablet 16 mg oral</i>	1	
<i>perphenazine tablet 2 mg oral</i>	1	
<i>perphenazine tablet 4 mg oral</i>	1	
<i>perphenazine tablet 8 mg oral</i>	1	
<i>prochlorperazine edisylate solution 10 mg/2ml injection</i>	3	PA
<i>prochlorperazine maleate powder</i>	3	
<i>prochlorperazine maleate tablet 10 mg oral</i>	1	
<i>prochlorperazine maleate tablet 5 mg oral</i>	1	
<i>prochlorperazine suppository 25 mg rectal</i>	1	
<i>thioridazine hcl tablet 10 mg oral</i>	1	
<i>thioridazine hcl tablet 100 mg oral</i>	1	
<i>thioridazine hcl tablet 25 mg oral</i>	1	
<i>thioridazine hcl tablet 50 mg oral</i>	1	
<i>trifluoperazine hcl tablet 1 mg oral</i>	1	
<i>trifluoperazine hcl tablet 10 mg oral</i>	1	
<i>trifluoperazine hcl tablet 2 mg oral</i>	1	
<i>trifluoperazine hcl tablet 5 mg oral</i>	1	
*Quinolinone Derivatives***		
ABILIFY ASIMTUFII PREFILLED SYRINGE 720 MG/2.4ML INTRAMUSCULAR	B	PA; SP; DS (30 day supply max)
ABILIFY ASIMTUFII PREFILLED SYRINGE 960 MG/3.2ML INTRAMUSCULAR	B	PA; SP; DS (30 day supply max)
ABILIFY MAINTENA PREFILLED SYRINGE 300 MG INTRAMUSCULAR	B	PA; SP; DS (30 day supply max)
ABILIFY MAINTENA PREFILLED SYRINGE 400 MG INTRAMUSCULAR	B	PA; SP; DS (30 day supply max)
ABILIFY MAINTENA SUSPENSION RECONSTITUTED ER 300 MG INTRAMUSCULAR	B	PA; SP
ABILIFY MAINTENA SUSPENSION RECONSTITUTED ER 300 MG INTRAMUSCULAR	B	PA; SP; DS (30 day supply max)
ABILIFY MAINTENA SUSPENSION RECONSTITUTED ER 400 MG INTRAMUSCULAR	B	PA; SP
ABILIFY MAINTENA SUSPENSION RECONSTITUTED ER 400 MG INTRAMUSCULAR	B	PA; SP; DS (30 day supply max)
<i>aripiprazole solution 1 mg/ml oral</i>	1	QL (25 ml/ day)
<i>aripiprazole tablet 10 mg oral</i>	1	QL (2 tabs/ day)
<i>aripiprazole tablet 15 mg oral</i>	1	QL (1 tab/day)
<i>aripiprazole tablet 2 mg oral</i>	1	QL (2 tabs/day)
<i>aripiprazole tablet 20 mg oral</i>	1	QL (1 tab/day)

Drug	Status	Notes
<i>aripiprazole tablet 30 mg oral</i>	1	QL (1 tab/day)
<i>aripiprazole tablet 5 mg oral</i>	1	QL (2 tabs/ day)
<i>aripiprazole tablet dispersible 10 mg oral</i>	4	
<i>aripiprazole tablet dispersible 15 mg oral</i>	4	
ARISTADA INITIO PREFILLED SYRINGE 675 MG/2.4ML INTRAMUSCULAR	C	PA; SP; DS (30 day supply max)
ARISTADA PREFILLED SYRINGE 1064 MG/3.9ML INTRAMUSCULAR	C	PA; SP; DS (30 day supply max)
ARISTADA PREFILLED SYRINGE 441 MG/1.6ML INTRAMUSCULAR	C	PA; SP; DS (30 day supply max)
ARISTADA PREFILLED SYRINGE 662 MG/2.4ML INTRAMUSCULAR	C	PA; SP; DS (30 day supply max)
ARISTADA PREFILLED SYRINGE 882 MG/3.2ML INTRAMUSCULAR	C	PA; SP; DS (30 day supply max)
REXULTI TABLET 0.25 MG ORAL	4	QL (2 tabs/ day); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)
REXULTI TABLET 0.5 MG ORAL	4	QL (1 tab/day); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)
REXULTI TABLET 1 MG ORAL	4	QL (1 tab/day); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)
REXULTI TABLET 2 MG ORAL	4	QL (1 tab/day); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)
REXULTI TABLET 3 MG ORAL	4	QL (1 tab/day); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)
REXULTI TABLET 4 MG ORAL	4	QL (1 tab/day); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)
*Thienbenzodiazepines***		
<i>olanzapine solution reconstituted 10 mg intramuscular</i>	A	PA; SP
<i>olanzapine solution reconstituted 10 mg intramuscular</i>	A	PA; SP; DS (30 day supply max)
<i>olanzapine tablet 10 mg oral</i>	1	QL (2 tabs/ day)
<i>olanzapine tablet 15 mg oral</i>	1	QL (1 tab/day)
<i>olanzapine tablet 2.5 mg oral</i>	1	QL (2 tabs/day)
<i>olanzapine tablet 20 mg oral</i>	1	QL (1 tab/day)
<i>olanzapine tablet 5 mg oral</i>	1	QL (2 tabs/ day)
<i>olanzapine tablet 7.5 mg oral</i>	1	QL (3 tabs/ day)
<i>olanzapine tablet dispersible 10 mg oral</i>	1	QL (2 tabs/ day)
<i>olanzapine tablet dispersible 15 mg oral</i>	1	QL (1 tab/day)
<i>olanzapine tablet dispersible 20 mg oral</i>	1	QL (1 tab/day)
<i>olanzapine tablet dispersible 5 mg oral</i>	1	QL (2 tabs/day)

Drug	Status	Notes
ZYPREXA RELPREVV SUSPENSION RECONSTITUTED 210 MG INTRAMUSCULAR	B	PA; SP
ZYPREXA RELPREVV SUSPENSION RECONSTITUTED 210 MG INTRAMUSCULAR	B	PA; SP; DS (30 day supply max)
ZYPREXA RELPREVV SUSPENSION RECONSTITUTED 300 MG INTRAMUSCULAR	B	PA; SP
ZYPREXA RELPREVV SUSPENSION RECONSTITUTED 300 MG INTRAMUSCULAR	B	PA; SP; DS (30 day supply max)
ZYPREXA RELPREVV SUSPENSION RECONSTITUTED 405 MG INTRAMUSCULAR	B	PA; SP
ZYPREXA RELPREVV SUSPENSION RECONSTITUTED 405 MG INTRAMUSCULAR	B	PA; SP; DS (30 day supply max)
ZYPREXA ZYDIS TABLET DISPERSIBLE 10 MG ORAL	4	QL (2 tabs/ day)
ZYPREXA ZYDIS TABLET DISPERSIBLE 15 MG ORAL	4	QL (1 tab/day)
ZYPREXA ZYDIS TABLET DISPERSIBLE 20 MG ORAL	4	QL (1 tab/day)
ZYPREXA ZYDIS TABLET DISPERSIBLE 5 MG ORAL	4	QL (2 tabs/day)
*Thioxanthenes***		
<i>thiothixene capsule 1 mg oral</i>	3	
<i>thiothixene capsule 10 mg oral</i>	3	
<i>thiothixene capsule 2 mg oral</i>	3	
<i>thiothixene capsule 5 mg oral</i>	3	
Antiseptics & Disinfectants		
*Antiseptics & Disinfectants***		
CETYLICIDE-G CONCENTRATE	3	
<i>phenol crystals (rx)</i>	3	
*Iodine Antiseptics***		
<i>Iugols strong iodine solution 5-10 % external</i>	3	
*Mercury Antiseptics***		
<i>thimerosal powder</i>	3	
*Silver Antiseptics***		
<i>silver protein mild powder (rx)</i>	3	
Antivirals		
*Antiretroviral Combinations***		
<i>abacavir sulfate-lamivudine tablet 600-300 mg oral</i>	1	
BIKTARVY TABLET 30-120-15 MG ORAL	3	QL (1 tab/day)
BIKTARVY TABLET 50-200-25 MG ORAL	3	QL (1 tab/day)
CIMDUO TABLET 300-300 MG ORAL	2	QL (1 tab/day)
COMPLERA TABLET 200-25-300 MG ORAL	4	PA
DELSTRIGO TABLET 100-300-300 MG ORAL	3	
DESCOVY TABLET 120-15 MG ORAL	\$0	
DESCOVY TABLET 200-25 MG ORAL	\$0	ACA (Tier 3 OR coinsurance if ACA does not apply)
DOVATO TABLET 50-300 MG ORAL	3	

Drug	Status	Notes
<i>efavirenz-emtricitab-tenofo df tablet 600-200-300 mg oral</i>	2	QL (1 tab/day); AL (Min 18 Years)
<i>efavirenz-lamivudine-tenofovir tablet 400-300-300 mg oral</i>	3	QL (1 tab/day)
<i>efavirenz-lamivudine-tenofovir tablet 600-300-300 mg oral</i>	3	QL (1 tab/day)
<i>emtricitabine-tenofovir df tablet 100-150 mg oral</i>	3	QL (1 tab/day)
<i>emtricitabine-tenofovir df tablet 133-200 mg oral</i>	3	QL (1 tab/day)
<i>emtricitabine-tenofovir df tablet 167-250 mg oral</i>	3	QL (1 tab/day)
<i>emtricitabine-tenofovir df tablet 200-300 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 3 OR coinsurance if ACA does not apply)
<i>emtricitab-rilpivir-tenofov df tablet 200-25-300 mg oral</i>	2	
EVOTAZ TABLET 300-150 MG ORAL	3	
GENVOYA TABLET 150-150-200-10 MG ORAL	2	
IDVYNZO TABLET 100-0.25 MG ORAL	D	SP; DS (30 day supply max)
JULUCA TABLET 50-25 MG ORAL	3	PA
KALETRA SOLUTION 400-100 MG/5ML ORAL	2	
KALETRA TABLET 100-25 MG ORAL	2	
KALETRA TABLET 200-50 MG ORAL	2	
<i>lamivudine-zidovudine tablet 150-300 mg oral</i>	1	
<i>lopinavir-ritonavir tablet 100-25 mg oral</i>	2	
<i>lopinavir-ritonavir tablet 200-50 mg oral</i>	2	
ODEFSEY TABLET 200-25-25 MG ORAL	2	
PREZCOBIX TABLET 675-150 MG ORAL	3	
PREZCOBIX TABLET 800-150 MG ORAL	3	
STRIBILD TABLET 150-150-200-300 MG ORAL	2	
SYMFI LO TABLET 400-300-300 MG ORAL	3	QL (1 tab/day)
SYMFI TABLET 600-300-300 MG ORAL	3	QL (1 tab/day)
SYMTUZA TABLET 800-150-200-10 MG ORAL	3	
<i>trimeq pd tablet soluble 60-5-30 mg oral</i>	3	AL (Max 10 Years)
TRIUMEQ TABLET 600-50-300 MG ORAL	3	
*Antiretrovirals - Capsid Inhibitors***		
SUNLENCA SOLUTION 463.5 MG/1.5ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
SUNLENCA TABLET 300 MG ORAL	D	PA; SP; DS (30 day supply max)
YEZTUGO SOLUTION 463.5 MG/1.5ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
YEZTUGO TABLET 300 MG ORAL	D	PA; SP; DS (30 day supply max)
*Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)***		
<i>maraviroc tablet 150 mg oral</i>	2	QL (2 tabs/day)
<i>maraviroc tablet 300 mg oral</i>	2	QL (2 tabs/day)
SELZENTRY SOLUTION 20 MG/ML ORAL	4	
*Antiretrovirals - Fusion Inhibitors***		
FUZEON SOLUTION RECONSTITUTED 90 MG SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)

Drug	Status	Notes
*Antiretrovirals - Gp120-Directed Attachment Inhibitor***		
RUKOBIA TABLET EXTENDED RELEASE 12 HOUR 600 MG ORAL	4	PA
*Antiretrovirals - Integrase Inhibitors***		
ISENTRESS HD TABLET 600 MG ORAL	2	
ISENTRESS PACKET 100 MG ORAL	2	
ISENTRESS TABLET 400 MG ORAL	2	
ISENTRESS TABLET CHEWABLE 100 MG ORAL	2	
ISENTRESS TABLET CHEWABLE 25 MG ORAL	2	
TIVICAY PD TABLET SOLUBLE 5 MG ORAL	2	
TIVICAY TABLET 50 MG ORAL	2	
*Antiretrovirals - Protease Inhibitors***		
APTIVUS CAPSULE 250 MG ORAL	3	
<i>atazanavir sulfate capsule 150 mg oral</i>	2	QL (2 caps/day)
<i>atazanavir sulfate capsule 200 mg oral</i>	2	QL (2 caps/day)
<i>atazanavir sulfate capsule 300 mg oral</i>	2	QL (1 cap/day)
<i>darunavir tablet 600 mg oral</i>	2	
<i>darunavir tablet 800 mg oral</i>	2	DS (30 day supply max)
<i>fosamprenavir calcium tablet 700 mg oral</i>	2	
NORVIR PACKET 100 MG ORAL	2	
NORVIR TABLET 100 MG ORAL	2	
PREZISTA SUSPENSION 100 MG/ML ORAL	2	
PREZISTA TABLET 150 MG ORAL	2	
PREZISTA TABLET 75 MG ORAL	2	QL (6 tabs/ day)
REYATAZ CAPSULE 200 MG ORAL	2	QL (2 caps/day)
REYATAZ CAPSULE 300 MG ORAL	2	QL (1 cap/day)
REYATAZ PACKET 50 MG ORAL	2	
<i>ritonavir tablet 100 mg oral</i>	2	
VIRACEPT TABLET 250 MG ORAL	2	
VIRACEPT TABLET 625 MG ORAL	2	
*Antiretrovirals - Rti-Non-Nucleoside Analogues***		
EDURANT PED TABLET SOLUBLE 2.5 MG ORAL	2	
EDURANT TABLET 25 MG ORAL	4	PA; QL (1 tab/day)
<i>efavirenz capsule 200 mg oral</i>	2	QL (1 cap/day)
<i>efavirenz capsule 50 mg oral</i>	2	QL (2 caps/day)
<i>efavirenz tablet 600 mg oral</i>	2	QL (1 tab/day)
<i>etravirine tablet 100 mg oral</i>	3	
<i>etravirine tablet 200 mg oral</i>	3	
INTELENCE TABLET 100 MG ORAL	4	
INTELENCE TABLET 200 MG ORAL	4	
INTELENCE TABLET 25 MG ORAL	4	
<i>nevirapine er tablet extended release 24 hour 400 mg oral</i>	1	

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Drug	Status	Notes
<i>nevirapine suspension 50 mg/5ml oral</i>	2	
<i>nevirapine tablet 200 mg oral</i>	1	
PIFELTRO TABLET 100 MG ORAL	3	
<i>rilpivirine hcl tablet 25 mg oral</i>	2	QL (1 tab/day)
*Antiretrovirals - Rti-Nucleoside Analogues-Purines***		
<i>abacavir sulfate solution 20 mg/ml oral</i>	1	
<i>abacavir sulfate tablet 300 mg oral</i>	1	
ZIAGEN SOLUTION 20 MG/ML ORAL	3	
*Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines***		
<i>emtricitabine capsule 200 mg oral</i>	3	QL (1 cap/day)
EMTRIVA CAPSULE 200 MG ORAL	3	QL (1 cap/day)
EMTRIVA SOLUTION 10 MG/ML ORAL	2	QL (24 ml/ day)
EPIVIR SOLUTION 10 MG/ML ORAL	2	
EPIVIR TABLET 150 MG ORAL	3	
EPIVIR TABLET 300 MG ORAL	3	
<i>lamivudine solution 10 mg/ml oral</i>	1	
<i>lamivudine solution 300 mg/30ml oral</i>	1	
<i>lamivudine tablet 150 mg oral</i>	1	
<i>lamivudine tablet 300 mg oral</i>	1	
*Antiretrovirals - Rti-Nucleoside Analogues-Thymidines***		
RETROVIR CAPSULE 100 MG ORAL	3	
RETROVIR SYRUP 50 MG/5ML ORAL	3	
<i>zidovudine capsule 100 mg oral</i>	1	
<i>zidovudine syrup 50 mg/5ml oral</i>	1	
<i>zidovudine tablet 300 mg oral</i>	1	
*Antiretrovirals - Rti-Nucleotide Analogues***		
<i>tenofovir disoproxil fumarate tablet 300 mg oral</i>	2	QL (1 tab/day)
VIREAD POWDER 40 MG/GM ORAL	2	
VIREAD TABLET 150 MG ORAL	2	QL (1 tab/day)
VIREAD TABLET 200 MG ORAL	2	QL (1 tab/day)
VIREAD TABLET 250 MG ORAL	2	QL (1 tab/day)
*Antiretrovirals Adjuvants***		
TYBOST TABLET 150 MG ORAL	3	QL (1 tab/day)
*Antiviral Combinations***		
PAXLOVID (150/100) TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG ORAL	3	QL (2 packs (20 caps each)/ year); DS (5 day supply max)
PAXLOVID (300/100 & 150/100) TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG ORAL	3	QL (3 per day); DS (5 day supply max)
PAXLOVID (300/100) TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG ORAL	3	QL (2 packs (30 caps each)/ year); DS (5 day supply max)
*Cmv Agents***		
LIVTENCITY TABLET 200 MG ORAL	D	PA; SP; DS (30 day supply max)

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Drug	Status	Notes
PREVYMIS PACKET 120 MG ORAL	D	PA; SP; DS (30 day supply max)
PREVYMIS PACKET 20 MG ORAL	D	PA; SP; DS (30 day supply max)
PREVYMIS TABLET 240 MG ORAL	D	PA; SP; DS (30 day supply max)
PREVYMIS TABLET 480 MG ORAL	D	PA; SP; DS (30 day supply max)
<i>valganciclovir hcl solution reconstituted 50 mg/ml oral</i>	A	SP
<i>valganciclovir hcl solution reconstituted 50 mg/ml oral</i>	A	SP; DS (30 day supply max)
<i>valganciclovir hcl tablet 450 mg oral</i>	A	SP; QL (4 tabs/day); DS (30 day supply max)
*Hepatitis B Agents***		
<i>adefovir dipivoxil tablet 10 mg oral</i>	A	SP; DS (30 day supply max)
BARACLUDE SOLUTION 0.05 MG/ML ORAL	B	SP; QL (20 ml/ day); DS (30 day supply max); AL (Min 16 Years)
<i>entecavir tablet 0.5 mg oral</i>	A	SP; QL (1 tab/day); DS (30 day supply max); AL (Min 16 Years)
<i>entecavir tablet 1 mg oral</i>	A	SP; QL (1 tab/day); DS (30 day supply max); AL (Min 16 Years)
<i>lamivudine tablet 100 mg oral</i>	A	SP; DS (30 day supply max)
*Hepatitis C Agent - Combinations***		
EPCLUSA PACKET 150-37.5 MG ORAL	D	PA; SP; DS (30 day supply max)
EPCLUSA PACKET 200-50 MG ORAL	D	PA; SP; DS (30 day supply max)
EPCLUSA TABLET 200-50 MG ORAL	D	PA; SP; DS (30 day supply max)
EPCLUSA TABLET 400-100 MG ORAL	D	PA; SP; DS (30 day supply max)
HARVONI PACKET 33.75-150 MG ORAL	C	PA; SP; DS (30 day supply max)
HARVONI PACKET 45-200 MG ORAL	C	PA; SP; DS (30 day supply max)
HARVONI TABLET 45-200 MG ORAL	C	PA; SP; DS (30 day supply max)
HARVONI TABLET 90-400 MG ORAL	C	PA; SP; QL (1 tab/day); DS (30 day supply max)
MAVYRET PACKET 50-20 MG ORAL	B	PA; SP; DS (30 day supply max)
MAVYRET TABLET 100-40 MG ORAL	B	PA; SP
MAVYRET TABLET 100-40 MG ORAL	B	PA; SP; DS (30 day supply max)
<i>sofosbuvir-velpatasvir tablet 400-100 mg oral</i>	B	SP; DS (30 day supply max)
VOSEVI TABLET 400-100-100 MG ORAL	D	PA; SP; DS (30 day supply max)
ZEPATIER TABLET 50-100 MG ORAL	D	PA; SP; DS (30 day supply max)
*Hepatitis C Agents***		
PEGASYS SOLUTION 180 MCG/ML SUBCUTANEOUS	B	SP; DS (30 day supply max)
PEGASYS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML SUBCUTANEOUS	B	SP; DS (30 day supply max)
<i>ribavirin capsule 200 mg oral</i>	A	SP; DS (30 day supply max)
<i>ribavirin tablet 200 mg oral</i>	A	SP; DS (30 day supply max)
SOVALDI PACKET 150 MG ORAL	D	PA; SP; DS (30 day supply max)
SOVALDI PACKET 200 MG ORAL	D	PA; SP; DS (30 day supply max)
SOVALDI TABLET 200 MG ORAL	D	PA; SP; DS (30 day supply max)
SOVALDI TABLET 400 MG ORAL	D	PA; SP; DS (30 day supply max)

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Drug	Status	Notes
*Hepatitis D Agents***		
HEPCLUDEX SOLUTION RECONSTITUTED 8.5 MG SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
*Herpes Agents - Purine Analogues***		
<i>acyclovir capsule 200 mg oral</i>	1	
<i>acyclovir suspension 200 mg/5ml oral</i>	1	
<i>acyclovir suspension 800 mg/20ml oral</i>	1	
<i>acyclovir tablet 400 mg oral</i>	1	
<i>acyclovir tablet 800 mg oral</i>	1	
<i>valacyclovir hcl tablet 1 gm oral</i>	1	
<i>valacyclovir hcl tablet 500 mg oral</i>	1	
*Herpes Agents - Thymidine Analogues***		
<i>famciclovir tablet 125 mg oral</i>	1	
<i>famciclovir tablet 250 mg oral</i>	1	
<i>famciclovir tablet 500 mg oral</i>	1	
*Influenza Agents***		
<i>rimantadine hcl tablet 100 mg oral</i>	3	
*Misc. Antivirals***		
LAGEVRIO CAPSULE 200 MG ORAL	2	PA
TEMBEXA SUSPENSION 10 MG/ML ORAL	3	
TEMBEXA TABLET 100 MG ORAL	3	
XOCOVA TABLET 125 MG ORAL	2	PA
*Neuraminidase Inhibitors***		
<i>oseltamivir phosphate capsule 30 mg oral</i>	1	QL (2 caps/ day); DS (5 day supply max)
<i>oseltamivir phosphate capsule 45 mg oral</i>	1	QL (2 caps/ day); DS (5 day supply max)
<i>oseltamivir phosphate capsule 75 mg oral</i>	1	QL (2 caps/ day); DS (5 day supply max)
<i>oseltamivir phosphate suspension reconstituted 6 mg/ml oral</i>	1	QL (120 ml/ 5 days); DS (5 day supply max)
RELENZA DISKHALER AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT INHALATION	4	QL (40 inh/365 days)
TAMIFLU CAPSULE 30 MG ORAL	4	QL (2 caps/ day); DS (5 day supply max)
TAMIFLU CAPSULE 45 MG ORAL	4	QL (2 caps/ day); DS (5 day supply max)
TAMIFLU CAPSULE 75 MG ORAL	4	QL (2 caps/ day); DS (5 day supply max)
TAMIFLU SUSPENSION RECONSTITUTED 6 MG/ML ORAL	4	QL (120 ml/ 5 days); DS (5 day supply max)
*Pa Endonuclease Inhibitors***		
XOFLUZA (40 MG DOSE) TABLET THERAPY PACK 1 X 40 MG ORAL	4	QL (1 fill/ month; 2 tabs/fill)
XOFLUZA (80 MG DOSE) TABLET THERAPY PACK 1 X 80 MG ORAL	4	QL (1 fill/ month; 2 tabs/fill)
Beta Blockers		
*Alpha-Beta Blockers***		
<i>carvedilol tablet 12.5 mg oral</i>	1	

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Drug	Status	Notes
<i>carvedilol tablet 25 mg oral</i>	1	
<i>carvedilol tablet 3.125 mg oral</i>	1	
<i>carvedilol tablet 6.25 mg oral</i>	1	
<i>labetalol hcl tablet 100 mg oral</i>	1	
<i>labetalol hcl tablet 200 mg oral</i>	1	
<i>labetalol hcl tablet 300 mg oral</i>	1	
<i>labetalol hcl tablet 400 mg oral</i>	4	
*Beta Blockers Cardio-Selective***		
<i>acebutolol hcl capsule 200 mg oral</i>	1	
<i>acebutolol hcl capsule 400 mg oral</i>	1	
<i>atenolol tablet 100 mg oral</i>	1	
<i>atenolol tablet 25 mg oral</i>	1	
<i>atenolol tablet 50 mg oral</i>	1	
<i>betaxolol hcl tablet 10 mg oral</i>	1	QL (1.5 tabs/day)
<i>betaxolol hcl tablet 20 mg oral</i>	1	QL (1 tab/day)
<i>bisoprolol fumarate tablet 10 mg oral</i>	1	
<i>bisoprolol fumarate tablet 2.5 mg oral</i>	3	
<i>bisoprolol fumarate tablet 5 mg oral</i>	1	
LOPRESSOR TABLET 100 MG ORAL	3	
LOPRESSOR TABLET 50 MG ORAL	3	
<i>metoprolol succinate er tablet extended release 24 hour 100 mg oral</i>	1	
<i>metoprolol succinate er tablet extended release 24 hour 200 mg oral</i>	1	
<i>metoprolol succinate er tablet extended release 24 hour 25 mg oral</i>	1	
<i>metoprolol succinate er tablet extended release 24 hour 50 mg oral</i>	1	
<i>metoprolol tartrate tablet 100 mg oral</i>	1	
<i>metoprolol tartrate tablet 25 mg oral</i>	1	
<i>metoprolol tartrate tablet 37.5 mg oral</i>	1	
<i>metoprolol tartrate tablet 50 mg oral</i>	1	
<i>metoprolol tartrate tablet 75 mg oral</i>	1	
*Beta Blockers Non-Selective***		
BETAPACE AF TABLET 120 MG ORAL	4	
BETAPACE AF TABLET 120 MG ORAL	4	QL (2 tabs/ day)
BETAPACE AF TABLET 160 MG ORAL	3	
BETAPACE AF TABLET 80 MG ORAL	3	
HEMANGEOL SOLUTION 4.28 MG/ML ORAL	3	
<i>nadolol tablet 20 mg oral</i>	1	
<i>nadolol tablet 40 mg oral</i>	1	
<i>nadolol tablet 80 mg oral</i>	1	

Drug	Status	Notes
<i>pindolol tablet 10 mg oral</i>	1	
<i>pindolol tablet 5 mg oral</i>	1	
<i>propranolol hcl er capsule extended release 24 hour 120 mg oral</i>	1	
<i>propranolol hcl er capsule extended release 24 hour 160 mg oral</i>	1	
<i>propranolol hcl er capsule extended release 24 hour 60 mg oral</i>	1	
<i>propranolol hcl er capsule extended release 24 hour 80 mg oral</i>	1	
<i>propranolol hcl solution 20 mg/5ml oral</i>	1	
<i>propranolol hcl solution 40 mg/5ml oral</i>	1	
<i>propranolol hcl tablet 10 mg oral</i>	1	
<i>propranolol hcl tablet 20 mg oral</i>	1	
<i>propranolol hcl tablet 40 mg oral</i>	1	
<i>propranolol hcl tablet 60 mg oral</i>	1	
<i>propranolol hcl tablet 80 mg oral</i>	1	
<i>sotalol hcl (af) tablet 120 mg oral</i>	1	
<i>sotalol hcl (af) tablet 160 mg oral</i>	1	
<i>sotalol hcl (af) tablet 80 mg oral</i>	1	
<i>sotalol hcl tablet 120 mg oral</i>	1	
<i>sotalol hcl tablet 160 mg oral</i>	1	
<i>sotalol hcl tablet 240 mg oral</i>	1	
<i>sotalol hcl tablet 80 mg oral</i>	1	
SOTYLIZE SOLUTION 5 MG/ML ORAL	3	HDHP
<i>timolol maleate tablet 10 mg oral</i>	2	HDHP
<i>timolol maleate tablet 20 mg oral</i>	2	HDHP
<i>timolol maleate tablet 5 mg oral</i>	2	HDHP
Calcium Channel Blockers		
*Calcium Channel Blockers***		
<i>amlodipine besylate tablet 10 mg oral</i>	1	
<i>amlodipine besylate tablet 2.5 mg oral</i>	1	
<i>amlodipine besylate tablet 5 mg oral</i>	1	
CARDAMYST SOLUTION 2 X 70 MG/DOSE NASAL	D	PA; SP; DS (30 day supply max)
CARDIZEM TABLET 30 MG ORAL	3	
CARDIZEM TABLET 60 MG ORAL	3	
CARTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL	1	
CARTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 180 MG ORAL	1	
CARTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 240 MG ORAL	1	
CARTIA XT CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL	1	
<i>diltiazem hcl er beads capsule extended release 24 hour 120 mg oral</i>	1	

Drug	Status	Notes
<i>diltiazem hcl er beads capsule extended release 24 hour 180 mg oral</i>	1	
<i>diltiazem hcl er beads capsule extended release 24 hour 240 mg oral</i>	1	
<i>diltiazem hcl er beads capsule extended release 24 hour 300 mg oral</i>	1	
<i>diltiazem hcl er beads capsule extended release 24 hour 360 mg oral</i>	1	
<i>diltiazem hcl er beads capsule extended release 24 hour 420 mg oral</i>	1	
<i>diltiazem hcl er capsule extended release 12 hour 60 mg oral</i>	1	
<i>diltiazem hcl er capsule extended release 12 hour 90 mg oral</i>	1	
<i>diltiazem hcl er capsule extended release 24 hour 120 mg oral</i>	1	
<i>diltiazem hcl er capsule extended release 24 hour 180 mg oral</i>	1	
<i>diltiazem hcl er capsule extended release 24 hour 240 mg oral</i>	1	
<i>diltiazem hcl er coated beads capsule extended release 24 hour 120 mg oral</i>	1	
<i>diltiazem hcl er coated beads capsule extended release 24 hour 180 mg oral</i>	1	
<i>diltiazem hcl er coated beads capsule extended release 24 hour 240 mg oral</i>	1	
<i>diltiazem hcl er coated beads capsule extended release 24 hour 300 mg oral</i>	1	
<i>diltiazem hcl er tablet extended release 24 hour 120 mg oral</i>	3	HDHP
<i>diltiazem hcl tablet 120 mg oral</i>	1	
<i>diltiazem hcl tablet 30 mg oral</i>	1	
<i>diltiazem hcl tablet 60 mg oral</i>	1	
<i>diltiazem hcl tablet 90 mg oral</i>	1	
<i>dilt-xr capsule extended release 24 hour 120 mg oral</i>	1	
<i>dilt-xr capsule extended release 24 hour 180 mg oral</i>	1	
<i>dilt-xr capsule extended release 24 hour 240 mg oral</i>	1	
<i>felodipine er tablet extended release 24 hour 10 mg oral</i>	1	
<i>felodipine er tablet extended release 24 hour 2.5 mg oral</i>	1	
<i>felodipine er tablet extended release 24 hour 5 mg oral</i>	1	
<i>isradipine capsule 2.5 mg oral</i>	1	
<i>isradipine capsule 5 mg oral</i>	1	
<i>nifedipine capsule 10 mg oral</i>	1	
<i>nifedipine capsule 20 mg oral</i>	1	
<i>nifedipine er osmotic release tablet extended release 24 hour 30 mg oral</i>	1	
<i>nifedipine er osmotic release tablet extended release 24 hour 60 mg oral</i>	1	
<i>nifedipine er osmotic release tablet extended release 24 hour 90 mg oral</i>	1	
<i>nifedipine er tablet extended release 24 hour 30 mg oral</i>	1	

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Drug	Status	Notes
<i>nifedipine er tablet extended release 24 hour 60 mg oral</i>	1	
<i>nifedipine er tablet extended release 24 hour 90 mg oral</i>	1	
<i>nimodipine capsule 30 mg oral</i>	1	DS (14 day supply max)
<i>nimodipine solution 60 mg/20ml oral</i>	3	DS (14 day supply max)
NORLIQVA SOLUTION 1 MG/ML ORAL	3	
NORLIQVA SOLUTION 1 MG/ML ORAL	3	AL (Max 10 Years)
NYMALIZE SOLUTION 6 MG/ML ORAL	3	DS (14 day supply max)
TIADYLT ER CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL	1	
TIADYLT ER CAPSULE EXTENDED RELEASE 24 HOUR 180 MG ORAL	1	
TIADYLT ER CAPSULE EXTENDED RELEASE 24 HOUR 240 MG ORAL	1	
TIADYLT ER CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL	1	
TIADYLT ER CAPSULE EXTENDED RELEASE 24 HOUR 360 MG ORAL	1	
TIADYLT ER CAPSULE EXTENDED RELEASE 24 HOUR 420 MG ORAL	1	
TIAZAC CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL	3	
TIAZAC CAPSULE EXTENDED RELEASE 24 HOUR 180 MG ORAL	3	
TIAZAC CAPSULE EXTENDED RELEASE 24 HOUR 240 MG ORAL	3	
TIAZAC CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL	3	
TIAZAC CAPSULE EXTENDED RELEASE 24 HOUR 360 MG ORAL	3	
TIAZAC CAPSULE EXTENDED RELEASE 24 HOUR 420 MG ORAL	3	
<i>verapamil hcl er capsule extended release 24 hour 100 mg oral</i>	3	
<i>verapamil hcl er capsule extended release 24 hour 120 mg oral</i>	1	
<i>verapamil hcl er capsule extended release 24 hour 180 mg oral</i>	1	
<i>verapamil hcl er capsule extended release 24 hour 200 mg oral</i>	3	
<i>verapamil hcl er capsule extended release 24 hour 240 mg oral</i>	1	
<i>verapamil hcl er capsule extended release 24 hour 300 mg oral</i>	3	
<i>verapamil hcl er capsule extended release 24 hour 360 mg oral</i>	3	
<i>verapamil hcl er tablet extended release 120 mg oral</i>	1	
<i>verapamil hcl er tablet extended release 180 mg oral</i>	1	
<i>verapamil hcl er tablet extended release 240 mg oral</i>	1	
<i>verapamil hcl tablet 120 mg oral</i>	1	
<i>verapamil hcl tablet 40 mg oral</i>	1	
<i>verapamil hcl tablet 80 mg oral</i>	1	

Drug	Status	Notes
VERELAN CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL	3	
VERELAN CAPSULE EXTENDED RELEASE 24 HOUR 180 MG ORAL	3	
VERELAN CAPSULE EXTENDED RELEASE 24 HOUR 240 MG ORAL	3	
VERELAN CAPSULE EXTENDED RELEASE 24 HOUR 360 MG ORAL	3	
VERELAN PM CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL	3	
VERELAN PM CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL	3	
VERELAN PM CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL	3	
Cardiotonics		
*Cardiac Glycosides***		
<i>digoxin solution 0.05 mg/ml oral</i>	3	
<i>digoxin tablet 125 mcg oral</i>	1	
<i>digoxin tablet 250 mcg oral</i>	1	
<i>digoxin tablet 62.5 mcg oral</i>	2	
LANOXIN TABLET 125 MCG ORAL	2	
LANOXIN TABLET 250 MCG ORAL	2	
LANOXIN TABLET 62.5 MCG ORAL	2	
Cardiovascular Agents - Misc.		
*Cardiac Myosin Inhibitors***		
MYQORZO TABLET 10 MG ORAL	D	PA; SP; DS (30 day supply max)
MYQORZO TABLET 15 MG ORAL	D	PA; SP; DS (30 day supply max)
MYQORZO TABLET 20 MG ORAL	D	PA; SP; DS (30 day supply max)
MYQORZO TABLET 5 MG ORAL	D	PA; SP; DS (30 day supply max)
*Cardiovascular SglT2 Inhibitors**		
INPEFA TABLET 200 MG ORAL	3	ST (Step Therapy applies; see Step Therapy Drug List)
INPEFA TABLET 400 MG ORAL	3	ST (Step Therapy applies; see Step Therapy Drug List)
*Neprilysin Inhib (Arni)-Angiotensin II Recept Antag Comb***		
ENTRESTO CAPSULE SPRINKLE 15-16 MG ORAL	3	ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 6 Years)
ENTRESTO CAPSULE SPRINKLE 6-6 MG ORAL	3	ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 6 Years)
ENTRESTO TABLET 24-26 MG ORAL	4	PA; QL (2 tabs/day)
ENTRESTO TABLET 49-51 MG ORAL	4	PA; QL (2 tabs/day)
ENTRESTO TABLET 97-103 MG ORAL	4	PA; QL (2 tabs/day)
<i>sacubitril-valsartan tablet 24-26 mg oral</i>	3	QL (2 tabs/day); ST (Step Therapy applies; see Step Therapy Drug List)

Drug	Status	Notes
<i>sacubitril-valsartan tablet 49-51 mg oral</i>	3	QL (2 tabs/day); ST (Step Therapy applies; see Step Therapy Drug List)
<i>sacubitril-valsartan tablet 97-103 mg oral</i>	3	QL (2 tabs/day); ST (Step Therapy applies; see Step Therapy Drug List)
*Nitrate & Vasodilator Combinations***		
BIDIL TABLET 20-37.5 MG ORAL	3	QL (6 tabs/ day); AL (Min 16 Years)
<i>isosorb dinitrate-hydralazine tablet 20-37.5 mg oral</i>	3	QL (6 tabs/ day); AL (Min 16 Years)
*Pde Inhibitor-Endothelin Receptor Antagonist Combinations***		
OPSYNVI TABLET 10-20 MG ORAL	D	PA; SP; DS (30 day supply max)
OPSYNVI TABLET 10-40 MG ORAL	D	PA; SP; DS (30 day supply max)
*Peripheral Vasodilators***		
<i>papaverine hcl powder</i>	3	
*Prostaglandin - Impotence Agents***		
CAVERJECT IMPULSE KIT 10 MCG INTRACAVERNOSAL	VC	SDIS (Excluded unless Sexual Dysfunction Rider [SDIS] applies (generics tier 1/brands tier 3 OR coinsurance)); M
CAVERJECT IMPULSE KIT 20 MCG INTRACAVERNOSAL	VC	SDIS (Excluded unless Sexual Dysfunction Rider [SDIS] applies (generics tier 1/brands tier 3 OR coinsurance)); M
CAVERJECT SOLUTION RECONSTITUTED 20 MCG INTRACAVERNOSAL	VC	QL (6 injections per month); SDIS (Excluded unless Sexual Dysfunction Rider [SDIS] applies (generics tier 1/brands tier 3 OR coinsurance)); M
CAVERJECT SOLUTION RECONSTITUTED 40 MCG INTRACAVERNOSAL	VC	QL (6 injections per month); SDIS (Excluded unless Sexual Dysfunction Rider [SDIS] applies (generics tier 1/brands tier 3 OR coinsurance)); M
EDEX (2 CARTRIDGE) KIT 10 MCG INTRACAVERNOSAL	VC	SDIS (Excluded unless Sexual Dysfunction Rider [SDIS] applies (generics tier 1/brands tier 3 OR coinsurance)); M
EDEX (2 CARTRIDGE) KIT 20 MCG INTRACAVERNOSAL	VC	SDIS (Excluded unless Sexual Dysfunction Rider [SDIS] applies (generics tier 1/brands tier 3 OR coinsurance)); M
EDEX (2 CARTRIDGE) KIT 40 MCG INTRACAVERNOSAL	VC	SDIS (Excluded unless Sexual Dysfunction Rider [SDIS] applies (generics tier 1/brands tier 3 OR coinsurance)); M
EDEX (6 CARTRIDGE) KIT 10 MCG INTRACAVERNOSAL	VC	SDIS (Excluded unless Sexual Dysfunction Rider [SDIS] applies (generics tier 1/brands tier 3 OR coinsurance)); M
EDEX (6 CARTRIDGE) KIT 20 MCG INTRACAVERNOSAL	VC	SDIS (Excluded unless Sexual Dysfunction Rider [SDIS] applies (generics tier 1/brands tier 3 OR coinsurance)); M
EDEX (6 CARTRIDGE) KIT 40 MCG INTRACAVERNOSAL	VC	SDIS (Excluded unless Sexual Dysfunction Rider [SDIS] applies (generics tier 1/brands tier 3 OR coinsurance)); M

Drug	Status	Notes
*Prostaglandin Vasodilators***		
ORENITRAM MONTH 1 TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG ORAL	D	PA; SP; DS (30 day supply max)
ORENITRAM MONTH 2 TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG ORAL	D	PA; SP; DS (30 day supply max)
ORENITRAM MONTH 3 TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 & 1 MG ORAL	D	PA; SP; DS (30 day supply max)
ORENITRAM TABLET EXTENDED RELEASE 0.125 MG ORAL	D	PA; SP; DS (30 day supply max)
ORENITRAM TABLET EXTENDED RELEASE 0.25 MG ORAL	D	PA; SP; DS (30 day supply max)
ORENITRAM TABLET EXTENDED RELEASE 1 MG ORAL	D	PA; SP; DS (30 day supply max)
ORENITRAM TABLET EXTENDED RELEASE 2.5 MG ORAL	D	PA; SP; DS (30 day supply max)
ORENITRAM TABLET EXTENDED RELEASE 5 MG ORAL	D	PA; SP; DS (30 day supply max)
TYVASO DPI INSTITUTIONAL KIT POWDER 16 MCG INHALATION	D	PA; SP; DS (30 day supply max)
TYVASO DPI INSTITUTIONAL KIT POWDER 32 MCG INHALATION	D	PA; SP; DS (30 day supply max)
TYVASO DPI INSTITUTIONAL KIT POWDER 48 MCG INHALATION	D	PA; SP; DS (30 day supply max)
TYVASO DPI INSTITUTIONAL KIT POWDER 64 MCG INHALATION	D	PA; SP; DS (30 day supply max)
TYVASO DPI INSTITUTIONAL KIT POWDER 80 MCG INHALATION	D	PA; SP; DS (30 day supply max)
TYVASO DPI MAINTENANCE KIT POWDER 112 X 32MCG & 112 X 64MCG INHALATION	D	PA; SP; DS (30 day supply max)
TYVASO DPI MAINTENANCE KIT POWDER 112 X 48MCG & 112 X 64MCG INHALATION	D	PA; SP; DS (30 day supply max)
TYVASO DPI MAINTENANCE KIT POWDER 112 X 48MCG & 112 X 80MCG INHALATION	D	PA; SP; DS (30 day supply max)
TYVASO DPI MAINTENANCE KIT POWDER 16 MCG INHALATION	D	PA; SP; DS (30 day supply max)
TYVASO DPI MAINTENANCE KIT POWDER 32 MCG INHALATION	D	PA; SP; DS (30 day supply max)
TYVASO DPI MAINTENANCE KIT POWDER 48 MCG INHALATION	D	PA; SP; DS (30 day supply max)
TYVASO DPI MAINTENANCE KIT POWDER 64 MCG INHALATION	D	PA; SP; DS (30 day supply max)
TYVASO DPI MAINTENANCE KIT POWDER 80 MCG INHALATION	D	PA; SP; DS (30 day supply max)
TYVASO DPI TITRATION KIT POWDER 16 & 32 & 48 MCG INHALATION	D	PA; SP; DS (30 day supply max)
TYVASO REFILL KIT SOLUTION 0.6 MG/ML INHALATION	D	PA; SP; DS (30 day supply max)
TYVASO SOLUTION 0.6 MG/ML INHALATION	D	PA; SP; DS (30 day supply max)
TYVASO STARTER KIT SOLUTION 0.6 MG/ML INHALATION	D	PA; SP; DS (30 day supply max)
VENTAVIS SOLUTION 10 MCG/ML INHALATION	D	PA; SP; DS (30 day supply max)
VENTAVIS SOLUTION 20 MCG/ML INHALATION	D	PA; SP; DS (30 day supply max)
YUTREPIA CAPSULE 106 MCG INHALATION	D	PA; SP; DS (30 day supply max)

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Drug	Status	Notes
YUTREPIA CAPSULE 26.5 MCG INHALATION	D	PA; SP; DS (30 day supply max)
YUTREPIA CAPSULE 53 MCG INHALATION	D	PA; SP; DS (30 day supply max)
YUTREPIA CAPSULE 79.5 MCG INHALATION	D	PA; SP; DS (30 day supply max)
*Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc)***		
ADEMPAS TABLET 0.5 MG ORAL	D	PA; SP; QL (3 tabs/ day); DS (30 day supply max); AL (Min 18 Years)
ADEMPAS TABLET 1 MG ORAL	D	PA; SP; QL (3 tabs/ day); DS (30 day supply max); AL (Min 18 Years)
ADEMPAS TABLET 1.5 MG ORAL	D	PA; SP; QL (3 tabs/ day); DS (30 day supply max); AL (Min 18 Years)
ADEMPAS TABLET 2 MG ORAL	D	PA; SP; QL (3 tabs/ day); DS (30 day supply max); AL (Min 18 Years)
ADEMPAS TABLET 2.5 MG ORAL	D	PA; SP; QL (3 tabs/ day); DS (30 day supply max); AL (Min 18 Years)
*Pulmonary Hypertension - Activin Signaling Inhibitor***		
WINREVAIR KIT 2 X 45 MG SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
WINREVAIR KIT 2 X 60 MG SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
WINREVAIR KIT 45 MG SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
WINREVAIR KIT 60 MG SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
*Pulmonary Hypertension - Endothelin Receptor Antagonists***		
<i>ambrisentan tablet 10 mg oral</i>	A	PA; SP; DS (30 day supply max)
<i>ambrisentan tablet 5 mg oral</i>	A	PA; SP; DS (30 day supply max)
<i>bosentan tablet 125 mg oral</i>	D	PA; SP; DS (30 day supply max)
<i>bosentan tablet 62.5 mg oral</i>	D	PA; SP; DS (30 day supply max)
<i>bosentan tablet soluble 32 mg oral</i>	D	PA; SP; DS (30 day supply max)
<i>macitentan tablet 10 mg oral</i>	D	PA; SP; DS (30 day supply max)
OPSUMIT TABLET 10 MG ORAL	D	PA; SP; DS (30 day supply max)
TRACLEER TABLET SOLUBLE 32 MG ORAL	D	PA; SP; DS (30 day supply max)
*Pulmonary Hypertension - Phosphodiesterase Inhibitors***		
ALYQ TABLET 20 MG ORAL	C	PA; SP; QL (2 tabs/ day); DS (30 day supply max); AL (Min 18 Years)
<i>sildenafil citrate suspension reconstituted 10 mg/ml oral</i>	C	SP; QL (6 ml/ day); DS (30 day supply max); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)
<i>sildenafil citrate tablet 20 mg oral</i>	A	SP; QL (3 tabs/ day); DS (30 day supply max); AL (Min 18 Years)
<i>tadalafil (pah) tablet 20 mg oral</i>	C	PA; SP; QL (2 tabs/ day); DS (30 day supply max); AL (Min 18 Years)
*Pulmonary Hypertension - Prostacyclin Receptor Agonist***		
UPTRAVI TABLET 100 MCG ORAL	D	PA; SP; QL (2 tabs/ day); DS (30 day supply max); AL (Min 18 Years)
UPTRAVI TABLET 1000 MCG ORAL	D	PA; SP; QL (2 tabs/ day); DS (30 day supply max); AL (Min 18 Years)

Drug	Status	Notes
UPTRAVI TABLET 1200 MCG ORAL	D	PA; SP; QL (2 tabs/ day); DS (30 day supply max); AL (Min 18 Years)
UPTRAVI TABLET 1400 MCG ORAL	D	PA; SP; QL (2 tabs/ day); DS (30 day supply max); AL (Min 18 Years)
UPTRAVI TABLET 150 MCG ORAL	D	PA; SP; QL (2 tabs/ day); DS (30 day supply max); AL (Min 18 Years)
UPTRAVI TABLET 1600 MCG ORAL	D	PA; SP; QL (2 tabs/ day); DS (30 day supply max); AL (Min 18 Years)
UPTRAVI TABLET 200 MCG ORAL	D	PA; SP; QL (2 tabs/ day); DS (30 day supply max); AL (Min 18 Years)
UPTRAVI TABLET 400 MCG ORAL	D	PA; SP; QL (2 tabs/ day); DS (30 day supply max); AL (Min 18 Years)
UPTRAVI TABLET 600 MCG ORAL	D	PA; SP; QL (2 tabs/ day); DS (30 day supply max); AL (Min 18 Years)
UPTRAVI TABLET 800 MCG ORAL	D	PA; SP; QL (2 tabs/ day); DS (30 day supply max); AL (Min 18 Years)
UPTRAVI TITRATION TABLET THERAPY PACK 200 & 800 MCG ORAL	D	PA; SP; QL (1 pack/ lifetime); DS (30 day supply max); AL (Min 18 Years)
*Selective Cgmp Phosphodiesterase Type 5 Inhibitors***		
<i>avanafil tablet 100 mg oral</i>	VC	SDIS (Excluded unless Sexual Dysfunction Rider [SDIS] applies (generics tier 1/brands tier 3 OR coinsurance)); M
<i>avanafil tablet 200 mg oral</i>	VC	SDIS (Excluded unless Sexual Dysfunction Rider [SDIS] applies (generics tier 1/brands tier 3 OR coinsurance)); M
<i>avanafil tablet 50 mg oral</i>	VC	SDIS (Excluded unless Sexual Dysfunction Rider [SDIS] applies (generics tier 1/brands tier 3 OR coinsurance)); M
<i>sildenafil citrate tablet 100 mg oral</i>	VC	QL (8 tablets in 30 days); SDIS (Excluded unless Sexual Dysfunction Rider [SDIS] applies (generics tier 1/brands tier 3 OR coinsurance)); M
<i>sildenafil citrate tablet 25 mg oral</i>	VC	QL (8 tablets in 30 days); SDIS (Excluded unless Sexual Dysfunction Rider [SDIS] applies (generics tier 1/brands tier 3 OR coinsurance)); M
<i>sildenafil citrate tablet 50 mg oral</i>	VC	QL (8 tablets in 30 days); SDIS (Excluded unless Sexual Dysfunction Rider [SDIS] applies (generics tier 1/brands tier 3 OR coinsurance)); M
<i>tadalafil tablet 10 mg oral</i>	VC	QL (8 tablets in 30 days); SDIS (Excluded unless Sexual Dysfunction Rider [SDIS] applies (generics tier 1/brands tier 3 OR coinsurance)); M; AL (Min 18 Years)
<i>tadalafil tablet 2.5 mg oral</i>	3	QL (1 tab/day); AL (Min 18 Years)
<i>tadalafil tablet 20 mg oral</i>	VC	QL (8 tablets in 30 days); SDIS (Excluded unless Sexual Dysfunction Rider [SDIS] applies (generics tier 1/brands tier 3 OR coinsurance)); M; AL (Min 18 Years)

Drug	Status	Notes
<i>tadalafil tablet 5 mg oral</i>	3	QL (1 tab/day); AL (Min 18 Years)
VYBRIQUE FILM 100 MG ORAL	VC	QL (8 oral films per month); SDIS (Excluded unless Sexual Dysfunction Rider [SDIS] applies (generics tier 1/brands tier 3 OR coinsurance)); M
VYBRIQUE FILM 25 MG ORAL	VC	QL (8 oral films per month); SDIS (Excluded unless Sexual Dysfunction Rider [SDIS] applies (generics tier 1/brands tier 3 OR coinsurance)); M
VYBRIQUE FILM 50 MG ORAL	VC	QL (8 oral films per month); SDIS (Excluded unless Sexual Dysfunction Rider [SDIS] applies (generics tier 1/brands tier 3 OR coinsurance)); M
VYBRIQUE FILM 75 MG ORAL	VC	QL (8 oral films per month); SDIS (Excluded unless Sexual Dysfunction Rider [SDIS] applies (generics tier 1/brands tier 3 OR coinsurance)); M
*Sinus Node Inhibitors**		
CORLANOR SOLUTION 5 MG/5ML ORAL	3	PA
CORLANOR TABLET 5 MG ORAL	3	PA
CORLANOR TABLET 7.5 MG ORAL	3	PA
<i>ivabradine hcl tablet 5 mg oral</i>	3	PA
<i>ivabradine hcl tablet 7.5 mg oral</i>	3	PA
*Transthyretin Stabilizers***		
ATTRUBY TABLET THERAPY PACK 356 MG ORAL	D	PA; SP; DS (30 day supply max)
VYNDAMAX CAPSULE 61 MG ORAL	D	PA; SP; DS (30 day supply max)
VYNDAQEL CAPSULE 20 MG ORAL	D	PA; SP; DS (30 day supply max)
*Vasoactive Soluble Guanylate Cyclase Stimulator (Sgc)***		
VERQUVO TABLET 10 MG ORAL	3	PA; QL (1 tab/day)
VERQUVO TABLET 2.5 MG ORAL	3	PA; QL (1 tab/day)
VERQUVO TABLET 5 MG ORAL	3	PA; QL (1 tab/day)
Cephalosporins		
*Cephalosporins - 1St Generation***		
<i>cefadroxil capsule 500 mg oral</i>	1	
<i>cefadroxil suspension reconstituted 250 mg/5ml oral</i>	1	
<i>cefadroxil suspension reconstituted 500 mg/5ml oral</i>	1	
<i>cefadroxil tablet 1 gm oral</i>	3	QL (1 tab/day; max 14 days supply/fill); DS (14 day supply max)
<i>cephalexin capsule 250 mg oral</i>	1	
<i>cephalexin capsule 500 mg oral</i>	1	
<i>cephalexin suspension reconstituted 125 mg/5ml oral</i>	1	
<i>cephalexin suspension reconstituted 250 mg/5ml oral</i>	1	
<i>cephalexin tablet 250 mg oral</i>	3	
<i>cephalexin tablet 500 mg oral</i>	3	

Drug	Status	Notes
*Cephalosporins - 2Nd Generation***		
<i>cefaclor capsule 250 mg oral</i>	3	QL (3 caps/ day; max 10 days supply); DS (10 day supply max)
<i>cefaclor capsule 500 mg oral</i>	3	QL (3 caps/ day; max 10 days supply); DS (10 day supply max)
<i>cefaclor er tablet extended release 12 hour 500 mg oral</i>	3	
<i>cefaclor suspension reconstituted 250 mg/5ml oral</i>	3	
<i>cefprozil suspension reconstituted 125 mg/5ml oral</i>	1	
<i>cefprozil suspension reconstituted 250 mg/5ml oral</i>	1	
<i>cefprozil tablet 250 mg oral</i>	1	
<i>cefprozil tablet 500 mg oral</i>	1	
<i>cefuroxime axetil tablet 250 mg oral</i>	1	
<i>cefuroxime axetil tablet 500 mg oral</i>	1	
*Cephalosporins - 3Rd Generation***		
<i>cefdinir capsule 300 mg oral</i>	1	
<i>cefdinir suspension reconstituted 125 mg/5ml oral</i>	1	
<i>cefdinir suspension reconstituted 250 mg/5ml oral</i>	1	
<i>cefixime capsule 400 mg oral</i>	3	
<i>cefixime suspension reconstituted 100 mg/5ml oral</i>	1	
<i>cefixime suspension reconstituted 200 mg/5ml oral</i>	1	
<i>cefpodoxime proxetil suspension reconstituted 100 mg/5ml oral</i>	1	
<i>cefpodoxime proxetil suspension reconstituted 50 mg/5ml oral</i>	1	
<i>cefpodoxime proxetil tablet 100 mg oral</i>	1	
<i>cefpodoxime proxetil tablet 200 mg oral</i>	1	
Chemicals		
*Acids***		
<i>fumaric acid powder</i>	3	
<i>hydrochloric acid liquid 10 % (rx)</i>	3	
<i>hydrochloric acid liquid 37 % (otc)</i>	3	
<i>hydrochloric acid liquid 37 % (rx)</i>	3	
<i>phosphoric acid solution 85 %</i>	3	
<i>sulfuric acid (bulk) solution</i>	3	
*Bases***		
<i>potassium hydroxide pellet (otc)</i>	3	
<i>potassium hydroxide pellet (rx)</i>	3	
<i>sodium hydroxide pellet (otc)</i>	3	
<i>sodium hydroxide pellet (rx)</i>	3	
*Buffers***		
<i>sodium carbonate anhydrous powder</i>	3	
<i>sodium carbonate monohydrate powder (rx)</i>	3	
<i>tartaric acid (bulk) granules (otc)</i>	3	
<i>tartaric acid (bulk) granules (rx)</i>	3	

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Drug	Status	Notes
*Bulk Chemicals - Ac's***		
<i>acarbose powder</i>	3	
<i>acesulfame potassium powder (otc)</i>	3	
<i>acesulfame potassium powder (rx)</i>	3	
<i>acetaminophen granules</i>	3	
<i>acetazolamide powder</i>	3	
<i>acetyl-d-glucosamine powder</i>	3	
<i>acyclovir powder</i>	3	
*Bulk Chemicals - Ad's***		
<i>adenosine powder</i>	3	
*Bulk Chemicals - Ag's***		
<i>agar granules</i>	3	
<i>agar powder (rx)</i>	3	
*Bulk Chemicals - Al's***		
<i>albendazole powder</i>	3	
<i>aldosterone powder</i>	3	
<i>alginic acid powder (rx)</i>	3	
<i>allopurinol powder</i>	3	
<i>aloe vera freeze dried powder</i>	3	
<i>aloe vera oil</i>	3	
<i>aloe vera powder (otc)</i>	3	
<i>aloe vera powder (rx)</i>	3	
<i>alpha lipoic acid powder</i>	3	
<i>alpha-ketoglutaric acid crystals</i>	3	
<i>alpha-lipoic acid powder</i>	3	
<i>alprazolam powder</i>	3	
<i>altrenogest powder</i>	3	
<i>lipoic acid powder (otc)</i>	3	
*Bulk Chemicals - Am's***		
<i>amantadine hcl powder</i>	3	
<i>aminolevulinic acid hcl powder</i>	3	
<i>amitriptyline hcl powder</i>	3	
<i>amlexanox powder</i>	3	
<i>amlodipine besylate powder</i>	3	
<i>ammonium molybdate tetrahyd powder</i>	3	
*Bulk Chemicals - An's***		
<i>anastrozole powder</i>	3	
<i>antimony potassium tartrate powder</i>	3	
<i>antipyrine powder</i>	3	
*Bulk Chemicals - Ap's***		
<i>apomorphine hcl powder</i>	3	

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Drug	Status	Notes
*Bulk Chemicals - As***		
<i>ascorbyl palmitate powder (otc)</i>	3	
<i>ascorbyl palmitate powder (rx)</i>	3	
*Bulk Chemicals - At's***		
<i>atorvastatin calcium powder</i>	3	
*Bulk Chemicals - Av's***		
<i>aviptadil acetate powder</i>	3	
*Bulk Chemicals - Az's***		
<i>azelaic acid powder (rx)</i>	3	
<i>azithromycin dihydrate powder</i>	3	
<i>azithromycin powder</i>	3	
*Bulk Chemicals - Be's***		
<i>beclomethasone dipropionate powder</i>	3	
<i>benazepril hcl powder</i>	3	
<i>benzethonium chloride powder</i>	3	
<i>betahistine dihydrochloride powder</i>	3	
<i>betahistine hcl powder</i>	3	
<i>betaine hcl powder</i>	3	
<i>betamethasone acetate powder</i>	3	
<i>betamethasone powder</i>	3	
<i>bethanechol chloride powder</i>	3	
*Bulk Chemicals - Bi's***		
<i>bimatoprost powder</i>	3	
<i>bismuth citrate (bulk) powder (rx)</i>	3	
*Bulk Chemicals - Bo's***		
<i>boswellia serrata extract powder (rx)</i>	3	
*Bulk Chemicals - Br***		
<i>brimonidine tartrate powder</i>	3	
<i>bromfenac sodium powder</i>	3	
*Bulk Chemicals - Bu's***		
<i>bha flakes</i>	3	
<i>buprenorphine hcl powder</i>	3	
<i>bupropion hcl powder</i>	3	
<i>buspirone hcl powder</i>	3	
<i>butorphanol tartrate powder</i>	3	
*Bulk Chemicals - Ec***		
<i>econazole nitrate powder</i>	3	
*Bulk Chemicals - Ef***		
<i>eflornithine hcl powder</i>	3	
*Bulk Chemicals - En***		
<i>enalapril maleate powder</i>	3	

Drug	Status	Notes
*Bulk Chemicals - Ep's***		
<i>epinephrine bitartrate powder</i>	3	
*Bulk Chemicals - Es's***		
<i>escitalopram oxalate powder</i>	3	
<i>estradiol cypionate powder</i>	3	
<i>estradiol hemihydrate (bulk) powder</i>	3	
<i>estradiol micronized powder</i>	3	
<i>estradiol powder</i>	3	
<i>estradiol valerate crystals</i>	3	
<i>estradiol valerate powder</i>	3	
<i>estrone powder</i>	3	
*Bulk Chemicals - Et's***		
<i>ethyl oleate liquid (otc)</i>	3	
<i>ethyl oleate liquid (rx)</i>	3	
<i>ethyl vanillin flakes</i>	3	
<i>ethylcellulose powder</i>	3	
*Bulk Chemicals - Ga's***		
<i>gatifloxacin powder</i>	3	
*Bulk Chemicals - Gi's***		
<i>ginger oil oil (rx)</i>	3	
*Bulk Chemicals - Gl's***		
<i>gluconolactone powder (rx)</i>	3	
<i>glucosamine hcl powder (otc)</i>	3	
<i>glucosamine hcl powder (rx)</i>	3	
<i>glucosamine sulfate powder (otc)</i>	3	
<i>glyceryl monostearate flakes (otc)</i>	3	
<i>glyceryl monostearate flakes (rx)</i>	3	
<i>glycopyrrolate powder</i>	3	
*Bulk Chemicals - Gr's***		
<i>griseofulvin micronized powder</i>	3	
<i>griseofulvin microsize powder</i>	3	
*Bulk Chemicals - Gu's***		
<i>guar gum powder (rx)</i>	3	
*Bulk Chemicals - Id's***		
<i>idebenone powder</i>	3	
*Bulk Chemicals - Im's***		
<i>imidurea powder</i>	3	
<i>imiquimod powder</i>	3	
*Bulk Chemicals - In's***		
<i>inositol powder</i>	3	

Drug	Status	Notes
*Bulk Chemicals - Is's***		
<i>isopropyl myristate solution (rx)</i>	3	
<i>isoproterenol hcl powder</i>	3	
<i>isotretinoin powder</i>	3	
<i>isoxsuprine hcl powder</i>	3	
*Bulk Chemicals - Iv's***		
<i>ivermectin powder</i>	3	
*Bulk Chemicals - Ke's***		
<i>7-keto dhea powder (otc)</i>	3	
<i>7-keto dhea powder (rx)</i>	3	
<i>ketoprofen powder</i>	3	
<i>ketorolac tromethamine powder</i>	3	
<i>ketotifen fumarate powder</i>	3	
<i>ketotifen hydrogen fumarate powder</i>	3	
*Bulk Chemicals - La's***		
<i>labetalol hcl powder</i>	3	
<i>lansoprazole powder (rx)</i>	3	
<i>latanoprost oil</i>	3	
<i>latanoprost powder</i>	3	
*Bulk Chemicals - Le's***		
<i>l-carnitine powder (otc)</i>	3	
<i>l-carnitine powder (rx)</i>	3	
<i>leflunomide powder</i>	3	
<i>letrozole powder</i>	3	
<i>leucovorin calcium powder</i>	3	
<i>leuprolide acetate powder</i>	3	
<i>levetiracetam powder</i>	3	
<i>levocarnitine powder</i>	3	
<i>levocetirizine dihydrochloride powder</i>	3	
<i>levofloxacin hemihydrate powder</i>	3	
<i>levomefolate calcium powder</i>	3	
<i>levorphanol tartrate powder</i>	3	
<i>levothyroxine sodium powder</i>	3	
<i>l-methylfolate calcium powder</i>	3	
*Bulk Chemicals - Li***		
<i>lidocaine base powder</i>	3	
<i>lidocaine crystals</i>	3	
<i>lidocaine hcl monohydrate powder</i>	3	
<i>lidocaine hcl powder</i>	3	
<i>lidocaine powder</i>	3	
<i>liothyronine powder</i>	3	

Drug	Status	Notes
*Bulk Chemicals - Lo's***		
<i>loratadine powder (rx)</i>	3	
<i>lorazepam powder</i>	3	
<i>lovastatin powder</i>	3	
*Bulk Chemicals - Ls***		
<i>l-selenomethionine blend powder</i>	3	
<i>l-selenomethionine powder</i>	3	
*Bulk Chemicals - Lu's***		
<i>lutein powder 5 % (rx)</i>	3	
*Bulk Chemicals - Ly***		
<i>lysine hcl granules</i>	3	
*Bulk Chemicals - Oc's***		
<i>octinoxate liquid</i>	3	
<i>octisalate liquid</i>	3	
*Bulk Chemicals - Om***		
<i>omeprazole powder</i>	3	
*Bulk Chemicals - On***		
<i>ondansetron hcl powder</i>	3	
*Bulk Chemicals - Or***		
<i>l-ornithine hydrochloride powder</i>	3	
<i>ornithine hcl powder (otc)</i>	3	
*Bulk Chemicals - Ox's***		
<i>oxandrolone powder</i>	3	
<i>oxybutynin chloride powder</i>	3	
<i>oxymetazoline hcl powder</i>	3	
<i>oxytocin acetate powder</i>	3	
<i>oxytocin powder</i>	3	
*Bulk Chemicals - Pr's***		
<i>progesterone micronized powder</i>	VC	FERT (Excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance))
<i>progesterone micronized powder</i>	VC	FERT (Excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance)); F
<i>progesterone milled powder</i>	VC	FERT (Excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance))
<i>progesterone powder</i>	VC	FERT (Excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance))
<i>progesterone powder</i>	VC	FERT (Excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance)); F

Drug	Status	Notes
<i>progesterone wettable powder</i>	VC	FERT (Excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance))
<i>progesterone wettable powder</i>	VC	FERT (Excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance)); F
*Bulk Chemicals - Ra***		
<i>racepinephrine hcl powder (rx)</i>	3	
<i>rasagiline mesylate powder</i>	3	
*Bulk Chemicals - Re***		
<i>resveratrol powder 98 %</i>	3	
<i>retinal powder</i>	3	
*Bulk Chemicals - Ri's***		
<i>riboflavin 5-phosphate sodium powder</i>	3	
<i>riboflavin powder (otc)</i>	3	
<i>riboflavin powder (rx)</i>	3	
<i>riboflavin-5-phosphate sodium powder (rx)</i>	3	
<i>rifampin powder</i>	3	
<i>rifaximin powder</i>	3	
*Bulk Chemicals - Ro's***		
<i>rocuronium bromide powder</i>	3	
<i>ropivacaine hcl powder</i>	3	
<i>rosuvastatin calcium powder</i>	3	
*Bulk Chemicals - Ru***		
<i>rutin powder</i>	3	
*Bulk Chemicals - Ta***		
<i>tacrolimus powder</i>	3	
<i>tadalafil powder</i>	3	
<i>tamoxifen citrate powder</i>	3	
*Bulk Chemicals - Te's***		
<i>terbinafine hcl powder</i>	3	
<i>testosterone cypionate powder</i>	3	
<i>testosterone enanthate powder</i>	3	
<i>testosterone micronized powder</i>	3	
<i>testosterone powder</i>	3	
<i>testosterone propionate powder</i>	3	
*Bulk Chemicals - Th***		
<i>theanine powder</i>	3	
<i>thymus powder</i>	3	
<i>thyroid (porcine) powder</i>	3	
*Bulk Chemicals - Ti's***		
<i>titanium dioxide powder</i>	3	

Drug	Status	Notes
<i>tizanidine hcl powder</i>	3	
*Bulk Chemicals - To's***		
<i>tobramycin powder</i>	3	
<i>tofacitinib citrate powder</i>	3	
<i>tolazoline hcl powder</i>	3	
<i>toltrazuril powder</i>	3	
<i>tolu balsam</i>	3	
<i>toluidine blue o powder</i>	3	
<i>topiramate powder</i>	3	
*Bulk Chemicals - Tr's***		
<i>tramadol hcl powder</i>	3	
<i>trametinib powder</i>	3	
<i>tranexamic acid powder (rx)</i>	3	
<i>tranilast crystals</i>	3	
<i>tranilast powder</i>	3	
<i>triacetin liquid</i>	3	
<i>triamcinolone hexacetonide powder</i>	3	
<i>trichloroacetic acid crystals (otc)</i>	3	
<i>trichloroacetic acid crystals (rx)</i>	3	
<i>triclosan powder</i>	3	
<i>triethyl citrate liquid</i>	3	
<i>trimethobenzamide hcl powder</i>	3	
<i>tromethamine powder</i>	3	
<i>trypsin powder</i>	3	
*Bulk Chemicals - Tu's***		
<i>curcumin extract powder</i>	3	
<i>curcumin powder</i>	3	
*Bulk Chemicals - Ub's***		
<i>ubiquinol powder</i>	3	
*Bulk Chemicals - Ur's***		
<i>urea beads (otc)</i>	3	
<i>urea beads (rx)</i>	3	
<i>ursodiol powder</i>	3	
*Bulk Chemicals - Xy***		
<i>xylazine hcl powder</i>	3	
<i>xylitol powder (otc)</i>	3	
<i>xylitol powder (rx)</i>	3	
*Bulk Chemicals - Yo's***		
<i>yohimbine hcl powder</i>	3	
*Bulk Chemicals - Ze's***		
<i>zeaxanthin powder</i>	3	

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Drug	Status	Notes
*Bulk Chemicals - Zi's***		
<i>zinc gluconate powder</i>	3	
<i>zinc undecylenate powder (rx)</i>	3	
*Bulk Chemicals - Zo's***		
<i>zonisamide powder</i>	3	
Contraceptives		
*Biphasic Contraceptives - Oral***		
AZURETTE TABLET 0.15-0.02/0.01 MG (21/5) ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
<i>desogestrel-ethinyl estradiol tablet 0.15-0.02/0.01 mg (21/5) oral</i>	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
KARIVA TABLET 0.15-0.02/0.01 MG (21/5) ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
PIMTREA TABLET 0.15-0.02/0.01 MG (21/5) ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
SIMLIYA TABLET 0.15-0.02/0.01 MG (21/5) ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
<i>viorele tablet 0.15-0.02/0.01 mg (21/5) oral</i>	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
VOLNEA TABLET 0.15-0.02/0.01 MG (21/5) ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
*Combination Contraceptives - Oral***		
AFIRMELLE TABLET 0.1-20 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ALTAVERA TABLET 0.15-30 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
<i>alyacen 1/35 tablet 1-35 mg-mcg oral</i>	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
APRI TABLET 0.15-30 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
AUBRA EQ TABLET 0.1-20 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
AUROVELA 1.5/30 TABLET 1.5-30 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F

Drug	Status	Notes
AUROVELA 1/20 TABLET 1-20 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
AUROVELA 24 FE TABLET 1-20 MG-MCG(24) ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
AUROVELA FE 1.5/30 TABLET 1.5-30 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
AUROVELA FE 1/20 TABLET 1-20 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
AVERI TABLET 0.15-0.03 MG ORAL	4	PA; QL (1 pack per 28 days)
AVIANE TABLET 0.1-20 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
AYUNA TABLET 0.15-30 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
BALZIVA TABLET 0.4-35 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
BLISOVI 24 FE TABLET 1-20 MG-MCG(24) ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
BLISOVI FE 1.5/30 TABLET 1.5-30 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
BLISOVI FE 1/20 TABLET 1-20 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
<i>biellyn tablet 0.4-35 mg-mcg oral</i>	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
CHARLOTTE 24 FE TABLET CHEWABLE 1-20 MG-MCG(24) ORAL	3	QL (28 tabs/ 21 days)
CHATEAL EQ TABLET 0.15-30 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
CRYSELLE TABLET 0.3-30 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
CRYSELLE-28 TABLET 0.3-30 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
CYRED EQ TABLET 0.15-30 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F

Drug	Status	Notes
DASETTA 1/35 (28) TABLET 1-35 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
DELYLA TABLET 0.1-20 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
<i>drospiren-eth estrad-levomefol tablet 3-0.02-0.451 mg oral</i>	4	QL (28/ 21 days); F
<i>drospiren-eth estrad-levomefol tablet 3-0.03-0.451 mg oral</i>	3	QL (28/ 21 days); F
<i>drospirenone-ethinyl estradiol tablet 3-0.02 mg oral</i>	1	QL (28/ 21 days); F
<i>drospirenone-ethinyl estradiol tablet 3-0.03 mg oral</i>	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ELINEST TABLET 0.3-30 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ENSKYCE TABLET 0.15-30 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ESTARYLLA TABLET 0.25-35 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
<i>ethynodiol diac-eth estradiol tablet 1-35 mg-mcg oral</i>	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
<i>ethynodiol diac-eth estradiol tablet 1-50 mg-mcg oral</i>	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
FALMINA TABLET 0.1-20 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
FEIRZA 1.5/30 TABLET 1.5-30 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
FEIRZA 1/20 TABLET 1-20 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
FEMLYV TABLET DISPERSIBLE 1-0.02 MG ORAL	4	F
FINZALA TABLET CHEWABLE 1-20 MG-MCG(24) ORAL	3	QL (28 tabs/ 21 days)
GALBRIELA TABLET CHEWABLE 0.8-25 MG-MCG ORAL	3	QL (28 tabs/ 21 days); F
GEMMILY CAPSULE 1-20 MG-MCG(24) ORAL	4	QL (28 caps/21 days); F
HAILEY 1.5/30 TABLET 1.5-30 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
HAILEY 24 FE TABLET 1-20 MG-MCG(24) ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
HAILEY FE 1.5/30 TABLET 1.5-30 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F

Drug	Status	Notes
HAILEY FE 1/20 TABLET 1-20 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ISIBLOOM TABLET 0.15-30 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
JASMIEL TABLET 3-0.02 MG ORAL	1	QL (28/ 21 days); F
JULEBER TABLET 0.15-30 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
JUNEL 1.5/30 TABLET 1.5-30 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
JUNEL 1/20 TABLET 1-20 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
JUNEL FE 1.5/30 TABLET 1.5-30 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
JUNEL FE 1/20 TABLET 1-20 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
JUNEL FE 24 TABLET 1-20 MG-MCG(24) ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
KAITLIB FE TABLET CHEWABLE 0.8-25 MG-MCG ORAL	3	QL (28 tabs/ 21 days); F
KALLIGA TABLET 0.15-30 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
KELNOR 1/35 TABLET 1-35 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
KELNOR 1/50 TABLET 1-50 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
KURVELO TABLET 0.15-30 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LARIN 1.5/30 TABLET 1.5-30 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LARIN 1/20 TABLET 1-20 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LARIN 24 FE TABLET 1-20 MG-MCG(24) ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LARIN FE 1.5/30 TABLET 1.5-30 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F

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Drug	Status	Notes
LARIN FE 1/20 TABLET 1-20 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LAYOLIS FE TABLET CHEWABLE 0.8-25 MG-MCG ORAL	3	QL (28 tabs/ 21 days); F
LESSINA TABLET 0.1-20 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
<i>levonorgestrel-ethinyl estrad tablet 0.1-20 mg-mcg oral</i>	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
<i>levonorgestrel-ethinyl estrad tablet 0.15-30 mg-mcg oral</i>	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LEVORA 0.15/30 (28) TABLET 0.15-30 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LORYNA TABLET 3-0.02 MG ORAL	1	QL (28/ 21 days); F
LOW-OGESTREL TABLET 0.3-30 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LO-ZUMANDIMINE TABLET 3-0.02 MG ORAL	1	QL (28/ 21 days); F
LUIZZA 1.5/30 TABLET 1.5-30 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LUIZZA 1/20 TABLET 1-20 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LUTERA TABLET 0.1-20 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
<i>marlissa tablet 0.15-30 mg-mcg oral</i>	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
MERZEE CAPSULE 1-20 MG-MCG(24) ORAL	4	QL (28 caps/21 days); F
MIBELAS 24 FE TABLET CHEWABLE 1-20 MG-MCG(24) ORAL	3	QL (28 tabs/ 21 days)
MICROGESTIN 1.5/30 TABLET 1.5-30 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
MICROGESTIN 1/20 TABLET 1-20 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
MICROGESTIN FE 1.5/30 TABLET 1.5-30 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
MICROGESTIN FE 1/20 TABLET 1-20 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F

Drug	Status	Notes
MILI TABLET 0.25-35 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
MONO-LINYAH TABLET 0.25-35 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
NECON 0.5/35 (28) TABLET 0.5-35 MG-MCG ORAL	\$0	QL (28 tabs/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
NIKKI TABLET 3-0.02 MG ORAL	1	QL (28/ 21 days); F
<i>norethin ace-eth estrad-fe capsule 1-20 mg-mcg(24) oral</i>	4	QL (28 caps/21 days); F
<i>norethin ace-eth estrad-fe tablet 1.5-30 mg-mcg oral</i>	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
<i>norethin ace-eth estrad-fe tablet 1-20 mg-mcg oral</i>	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
<i>norethin ace-eth estrad-fe tablet chewable 1-20 mg-mcg(24) oral</i>	3	QL (28 tabs/ 21 days)
<i>norethindrone acet-ethinyl est tablet 1.5-30 mg-mcg oral</i>	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
<i>norethindrone acet-ethinyl est tablet 1-20 mg-mcg oral</i>	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
<i>norethin-eth estradiol-fe tablet chewable 0.4-35 mg-mcg oral</i>	\$0	QL (28 tabs/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
<i>norethin-eth estradiol-fe tablet chewable 0.8-25 mg-mcg oral</i>	3	QL (28 tabs/ 21 days); F
<i>norgestimate-eth estradiol tablet 0.25-35 mg-mcg oral</i>	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
NORTREL 0.5/35 (28) TABLET 0.5-35 MG-MCG ORAL	\$0	QL (28 tabs/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
NORTREL 1/35 (21) TABLET 1-35 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
NORTREL 1/35 (28) TABLET 1-35 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
NYLIA 1/35 TABLET 1-35 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
OCELLA TABLET 3-0.03 MG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
PHILITH TABLET 0.4-35 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F

Drug	Status	Notes
PORTIA-28 TABLET 0.15-30 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
RECLIPSEN TABLET 0.15-30 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
SPRINTEC 28 TABLET 0.25-35 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
SRONYX TABLET 0.1-20 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
SYEDA TABLET 3-0.03 MG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TARINA 24 FE TABLET 1-20 MG-MCG(24) ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TARINA FE 1/20 EQ TABLET 1-20 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TAYSOFY CAPSULE 1-20 MG-MCG(24) ORAL	4	QL (28 caps/21 days); F
TAYTULLA CAPSULE 1-20 MG-MCG(24) ORAL	\$0	QL (28 caps/21 days); ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
TURQOZ TABLET 0.3-30 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TYBLUME TABLET CHEWABLE 0.1-20 MG-MCG ORAL	\$0	QL (28 tabs/ 21 days); ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
TYDEMY TABLET 3-0.03-0.451 MG ORAL	3	QL (28/ 21 days); F
VALTYA 1/35 TABLET 1-35 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
VALTYA 1/50 TABLET 1-50 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
VESTURA TABLET 3-0.02 MG ORAL	1	QL (28/ 21 days); F
VIENVA TABLET 0.1-20 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
VYFEMLA TABLET 0.4-35 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
VYLIBRA TABLET 0.25-35 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F

Drug	Status	Notes
WERA TABLET 0.5-35 MG-MCG ORAL	\$0	QL (28 tabs/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
WYMZYA FE TABLET CHEWABLE 0.4-35 MG-MCG ORAL	\$0	QL (28 tabs/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
XELRIA FE TABLET CHEWABLE 0.4-35 MG-MCG ORAL	\$0	QL (28 tabs/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ZOVIA 1/35 (28) TABLET 1-35 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ZUMANDIMINE TABLET 3-0.03 MG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
*Combination Contraceptives - Transdermal***		
<i>norelgestromin-eth estradiol patch weekly 150-35 mcg/24hr transdermal</i>	\$0	QL (3 patches/ 28 days); ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
XULANE PATCH WEEKLY 150-35 MCG/24HR TRANSDERMAL	\$0	QL (3 patches/ 28 days); ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
ZAFEMY PATCH WEEKLY 150-35 MCG/24HR TRANSDERMAL	\$0	QL (3 patches/ 28 days); ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
*Combination Contraceptives - Vaginal***		
ANNOVERA RING 0.013-0.15 MG/24HR VAGINAL	4	PA; QL (1 ring/ year. Minimum Day Supply is 358); DS (358 day supply max); F
ELURYNG RING 0.12-0.015 MG/24HR VAGINAL	\$0	QL (1 ring/ month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ENILLORING RING 0.12-0.015 MG/24HR VAGINAL	\$0	QL (1 ring/ month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
<i>etonogestrel-ethinyl estradiol ring 0.12-0.015 mg/24hr vaginal</i>	\$0	QL (1 ring/ month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
HALOETTE RING 0.12-0.015 MG/24HR VAGINAL	\$0	QL (1 ring/ month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
NUVARING RING 0.12-0.015 MG/24HR VAGINAL	3	QL (1 ring/ month); F
*Continuous Contraceptives - Oral***		
AMETHYST TABLET 90-20 MCG ORAL	\$0	QL (21 tabs/ 28 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F; AL (Min 12 Years)
DOLISHALE TABLET 90-20 MCG ORAL	\$0	QL (21 tabs/ 28 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F; AL (Min 12 Years)

Drug	Status	Notes
<i>levonorgestrel-ethinyl estrad tablet 90-20 mcg oral</i>	\$0	QL (21 tabs/ 28 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F; AL (Min 12 Years)
*Emergency Contraceptives***		
AFTERA TABLET 1.5 MG ORAL	\$0	QL (3 tabs/ month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
AFTERPILL TABLET 1.5 MG ORAL	\$0	QL (3 tabs/ month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
CURAE TABLET 1.5 MG ORAL	\$0	QL (3 tabs/ month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ECONTRA ONE-STEP TABLET 1.5 MG ORAL	\$0	QL (3 tabs/ month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ELLA TABLET 30 MG ORAL	3	QL (3 tabs/ month); F
HER STYLE TABLET 1.5 MG ORAL	\$0	QL (3 tabs/ month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
<i>levonorgestrel tablet 1.5 mg oral (otc)</i>	\$0	QL (3 tabs/ month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
MY CHOICE TABLET 1.5 MG ORAL	\$0	QL (3 tabs/ month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
MY WAY TABLET 1.5 MG ORAL (OTC)	\$0	QL (3 tabs/ month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
NEW DAY TABLET 1.5 MG ORAL	\$0	QL (3 tabs/ month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
OPCICON ONE-STEP TABLET 1.5 MG ORAL	\$0	QL (3 tabs/ month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
OPTION 2 TABLET 1.5 MG ORAL	\$0	QL (3 tabs/ month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
PLAN B ONE-STEP TABLET 1.5 MG ORAL (OTC)	\$0	QL (3 tabs/ month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
REACT TABLET 1.5 MG ORAL	\$0	QL (3 tabs/ month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
SHEWISE TABLET 1.5 MG ORAL	\$0	QL (3 tabs/ month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TAKE ACTION TABLET 1.5 MG ORAL	\$0	QL (3 tabs/ month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F

Drug	Status	Notes
YOUR CHOICE TABLET 1.5 MG ORAL	\$0	QL (3 tabs/ month); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
*Extended-Cycle Contraceptives - Oral***		
ASHLYNA TABLET 0.15-0.03 & 0.01 MG ORAL	\$0	QL (1 tab/day); DS (91 day supply max); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
CAMRESE LO TABLET 0.1-0.02 & 0.01 MG ORAL	\$0	QL (1 tab/day); DS (91 day supply max); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
CAMRESE TABLET 0.15-0.03 & 0.01 MG ORAL	\$0	QL (1 tab/day); DS (91 day supply max); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
DAYSEE TABLET 0.15-0.03 & 0.01 MG ORAL	\$0	QL (1 tab/day); DS (91 day supply max); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ICLEVIA TABLET 0.15-0.03 MG ORAL	\$0	QL (1 tab/day); DS (91 day supply max); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
INTROVALE TABLET 0.15-0.03 MG ORAL	\$0	QL (1 tab/day); DS (91 day supply max); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
JAIMIESS TABLET 0.15-0.03 & 0.01 MG ORAL	\$0	QL (1 tab/day); DS (91 day supply max); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
JOLESSA TABLET 0.15-0.03 MG ORAL	\$0	QL (1 tab/day); DS (91 day supply max); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
<i>levonorgest-eth est & eth est tablet 42-21-21-7 days oral</i>	1	QL (1 tab/day); DS (91 day supply max); F
<i>levonorgest-eth estrad 91-day tablet 0.1-0.02 & 0.01 mg oral</i>	\$0	QL (1 tab/day); DS (91 day supply max); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
<i>levonorgest-eth estrad 91-day tablet 0.15-0.03 & 0.01 mg oral</i>	\$0	QL (1 tab/day); DS (91 day supply max); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
<i>levonorgest-eth estrad 91-day tablet 0.15-0.03 mg oral</i>	\$0	QL (1 tab/day); DS (91 day supply max); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F

Drug	Status	Notes
LOJAIMIESS TABLET 0.1-0.02 & 0.01 MG ORAL	\$0	QL (1 tab/day); DS (91 day supply max); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
RIVELSA TABLET 42-21-21-7 DAYS ORAL	1	QL (1 tab/day); DS (91 day supply max); F
ROSYRAH TABLET 42-21-21-7 DAYS ORAL	1	QL (1 tab/day); DS (91 day supply max); F
SETLAKIN TABLET 0.15-0.03 MG ORAL	\$0	QL (1 tab/day); DS (91 day supply max); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
SIMPESSE TABLET 0.15-0.03 & 0.01 MG ORAL	\$0	QL (1 tab/day); DS (91 day supply max); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
*Four Phase Contraceptives - Oral***		
NATAZIA TABLET 3/2-2/2-3/1 MG ORAL	3	QL (28/ 21 days); F
*Progestin Contraceptives - Injectable***		
DEPO-PROVERA SUSPENSION 150 MG/ML INTRAMUSCULAR	3	QL (1 dose/ 90 days); DS (90 day supply max); F
DEPO-PROVERA SUSPENSION PREFILLED SYRINGE 150 MG/ML INTRAMUSCULAR	3	QL (1 dose/ 90 days); DS (90 day supply max)
DEPO-SUBQ PROVERA 104 SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML SUBCUTANEOUS	3	QL (1 dose/ 90 days); DS (90 day supply max); F
<i>medroxyprogesterone acetate suspension 150 mg/ml intramuscular</i>	\$0	QL (1 dose/ 90 days); DS (90 day supply max); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
<i>medroxyprogesterone acetate suspension prefilled syringe 150 mg/ml intramuscular</i>	\$0	QL (1 dose/ 90 days); DS (90 day supply max); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply)
*Progestin Contraceptives - Oral***		
CAMILA TABLET 0.35 MG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
DEBLITANE TABLET 0.35 MG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
EMZAHH TABLET 0.35 MG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ERRIN TABLET 0.35 MG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
HEATHER TABLET 0.35 MG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
INCASSIA TABLET 0.35 MG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F

Drug	Status	Notes
JENCYCLA TABLET 0.35 MG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LYLEQ TABLET 0.35 MG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LYZA TABLET 0.35 MG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
MELEYA TABLET 0.35 MG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
NORA-BE TABLET 0.35 MG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
<i>norethindrone tablet 0.35 mg oral</i>	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
NORLYROC TABLET 0.35 MG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ORQUIDEA TABLET 0.35 MG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
SHAROBEL TABLET 0.35 MG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
*Triphasic Contraceptives - Oral***		
<i>alyacen 7/7/7 tablet 0.5/0.75/1-35 mg-mcg oral</i>	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ARANELLE TABLET 0.5/1/0.5-35 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
DASETTA 7/7/7 TABLET 0.5/0.75/1-35 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
ENPRESSE-28 TABLET 50-30/75-40/ 125-30 MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LEENA TABLET 0.5/1/0.5-35 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
LEVONEST TABLET 50-30/75-40/ 125-30 MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
<i>levonorg-eth estrad triphasic tablet 50-30/75-40/ 125-30 mcg oral</i>	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F

Drug	Status	Notes
<i>norethindron-ethinyl estrad-fe tablet 1-20/1-30/1-35 mg-mcg oral</i>	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
<i>norgestim-eth estrad triphasic tablet 0.18/0.215/0.25 mg-25 mcg oral</i>	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
<i>norgestim-eth estrad triphasic tablet 0.18/0.215/0.25 mg-35 mcg oral</i>	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
NORTREL 7/7/7 TABLET 0.5/0.75/1-35 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
NYLIA 7/7/7 TABLET 0.5/0.75/1-35 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TILIA FE TABLET 1-20/1-30/1-35 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRI-ESTARYLLA TABLET 0.18/0.215/0.25 MG-35 MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRI-LEGEST FE TABLET 1-20/1-30/1-35 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRI-LINYAH TABLET 0.18/0.215/0.25 MG-35 MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRI-LO-ESTARYLLA TABLET 0.18/0.215/0.25 MG-25 MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRI-LO-MARZIA TABLET 0.18/0.215/0.25 MG-25 MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRI-LO-MILI TABLET 0.18/0.215/0.25 MG-25 MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRI-LO-SPRINTEC TABLET 0.18/0.215/0.25 MG-25 MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRI-MILI TABLET 0.18/0.215/0.25 MG-35 MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRI-SPRINTEC TABLET 0.18/0.215/0.25 MG-35 MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRIVORA (28) TABLET 50-30/75-40/ 125-30 MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
TRI-VYLIBRA LO TABLET 0.18/0.215/0.25 MG-25 MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F

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Drug	Status	Notes
TRI-VYLIBRA TABLET 0.18/0.215/0.25 MG-35 MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
VELIVET TABLET 0.1/0.125/0.15 -0.025 MG ORAL	\$0	QL (28/ 21 days); ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
XARAH FE TABLET 1-20/1-30/1-35 MG-MCG ORAL	\$0	QL (28/ 21 days); ACA (Tier 1 OR coinsurance if ACA/Women's Prevention does not apply); F
Corticosteroids		
*Glucocorticosteroids***		
AGAMREE SUSPENSION 40 MG/ML ORAL	D	PA; SP; DS (30 day supply max)
<i>betamethasone sodium phosphate powder</i>	3	
<i>budesonide capsule delayed release particles 3 mg oral</i>	1	QL (3 caps/day)
<i>budesonide er tablet extended release 24 hour 9 mg oral</i>	3	
<i>cortisone acetate powder</i>	3	
<i>deflazacort suspension 22.75 mg/ml oral</i>	D	PA; SP; DS (30 day supply max)
<i>deflazacort tablet 18 mg oral</i>	C	PA; SP; DS (30 day supply max)
<i>deflazacort tablet 30 mg oral</i>	C	PA; SP; DS (30 day supply max)
<i>deflazacort tablet 36 mg oral</i>	C	PA; SP; DS (30 day supply max)
<i>deflazacort tablet 6 mg oral</i>	C	PA; SP; DS (30 day supply max)
<i>dexamethasone elixir 0.5 mg/5ml oral</i>	1	
DEXAMETHASONE INTENSOL CONCENTRATE 1 MG/ML ORAL	3	
<i>dexamethasone solution 0.5 mg/5ml oral</i>	3	
<i>dexamethasone tablet 0.5 mg oral</i>	1	
<i>dexamethasone tablet 0.75 mg oral</i>	1	
<i>dexamethasone tablet 1 mg oral</i>	1	
<i>dexamethasone tablet 1.5 mg oral</i>	1	
<i>dexamethasone tablet 2 mg oral</i>	1	
<i>dexamethasone tablet 4 mg oral</i>	1	
<i>dexamethasone tablet 6 mg oral</i>	1	
DEXLYT TABLET 0.25 MG ORAL	3	PA
EMFLAZA SUSPENSION 22.75 MG/ML ORAL	D	PA; SP; DS (30 day supply max)
EMFLAZA TABLET 18 MG ORAL	D	PA; SP; DS (30 day supply max)
EMFLAZA TABLET 30 MG ORAL	D	PA; SP; DS (30 day supply max)
EMFLAZA TABLET 36 MG ORAL	D	PA; SP; DS (30 day supply max)
EMFLAZA TABLET 6 MG ORAL	D	PA; SP; DS (30 day supply max)
EOHILIA SUSPENSION 2 MG/10ML ORAL	D	PA; SP; DS (30 day supply max)
<i>hydrocortisone sod suc (pf) solution reconstituted 100 mg injection</i>	3	
<i>hydrocortisone tablet 10 mg oral</i>	1	
<i>hydrocortisone tablet 20 mg oral</i>	1	

Drug	Status	Notes
<i>hydrocortisone tablet 5 mg oral</i>	1	
<i>jaythari suspension 22.75 mg/ml oral</i>	D	PA; SP; DS (30 day supply max)
<i>jaythari tablet 18 mg oral</i>	C	PA; SP; DS (30 day supply max)
<i>jaythari tablet 30 mg oral</i>	C	PA; SP; DS (30 day supply max)
<i>jaythari tablet 36 mg oral</i>	C	PA; SP; DS (30 day supply max)
<i>jaythari tablet 6 mg oral</i>	C	PA; SP; DS (30 day supply max)
KHINDIVI SOLUTION 1 MG/ML ORAL	D	PA; SP; DS (30 day supply max)
KYMBEE SUSPENSION 22.75 MG/ML ORAL	D	PA; SP; DS (30 day supply max)
KYMBEE TABLET 18 MG ORAL	C	PA; SP; DS (30 day supply max)
KYMBEE TABLET 30 MG ORAL	C	PA; SP; DS (30 day supply max)
KYMBEE TABLET 36 MG ORAL	C	PA; SP; DS (30 day supply max)
KYMBEE TABLET 6 MG ORAL	C	PA; SP; DS (30 day supply max)
MEDROL TABLET 16 MG ORAL	3	
MEDROL TABLET 2 MG ORAL	3	
MEDROL TABLET 4 MG ORAL	3	
MEDROL TABLET 8 MG ORAL	3	
MEDROL TABLET THERAPY PACK 4 MG ORAL	3	
<i>methylprednisolone acetate powder</i>	3	
<i>methylprednisolone powder</i>	3	
<i>methylprednisolone tablet 16 mg oral</i>	1	
<i>methylprednisolone tablet 32 mg oral</i>	1	
<i>methylprednisolone tablet 4 mg oral</i>	1	
<i>methylprednisolone tablet 8 mg oral</i>	1	
<i>methylprednisolone tablet therapy pack 4 mg oral</i>	1	
PEDIAPRED SOLUTION 5 MG/5ML ORAL	3	
<i>prednisolone acetate powder</i>	3	
<i>prednisolone anhydrous powder</i>	3	
<i>prednisolone powder</i>	3	
<i>prednisolone sodium phosphate powder</i>	3	
<i>prednisolone sodium phosphate solution 25 mg/5ml oral</i>	3	
<i>prednisolone sodium phosphate solution 5 mg/5ml oral</i>	1	
PREDNISONE INTENSOL CONCENTRATE 5 MG/ML ORAL	2	
<i>prednisone powder</i>	3	
<i>prednisone solution 5 mg/5ml oral</i>	1	
<i>prednisone tablet 1 mg oral</i>	1	
<i>prednisone tablet 10 mg oral</i>	1	
<i>prednisone tablet 2.5 mg oral</i>	1	
<i>prednisone tablet 20 mg oral</i>	1	
<i>prednisone tablet 5 mg oral</i>	1	
<i>prednisone tablet 50 mg oral</i>	1	
<i>prednisone tablet therapy pack 10 mg (21) oral</i>	1	

Drug	Status	Notes
<i>prednisone tablet therapy pack 10 mg (48) oral</i>	1	
<i>prednisone tablet therapy pack 5 mg (21) oral</i>	1	
<i>prednisone tablet therapy pack 5 mg (48) oral</i>	1	
PYQUVI SUSPENSION 22.75 MG/ML ORAL	D	PA; SP; DS (30 day supply max)
SOLU-CORTEF SOLUTION RECONSTITUTED 100 MG INJECTION	3	
SOLU-CORTEF SOLUTION RECONSTITUTED 1000 MG INJECTION	3	
SOLU-CORTEF SOLUTION RECONSTITUTED 250 MG INJECTION	3	
SOLU-CORTEF SOLUTION RECONSTITUTED 500 MG INJECTION	3	
<i>triamcinolone diacet micronize powder</i>	3	
*Mineralocorticoids***		
<i>fludrocortisone acetate powder</i>	3	
<i>fludrocortisone acetate tablet 0.1 mg oral</i>	1	
Cough/Cold/Allergy		
*Antitussive - Nonnarcotic***		
<i>benzonatate capsule 100 mg oral</i>	1	
<i>benzonatate capsule 200 mg oral</i>	1	
<i>dextromethorphan hbr monohyd powder</i>	3	
*Antitussive - Opioid***		
HYCODAN SOLUTION 5-1.5 MG/5ML ORAL	3	QL (max 7 days supply/fill); DS (10 day supply max)
HYCODAN TABLET 5-1.5 MG ORAL	3	
<i>hydrocodone bit-homatrop mbr solution 5-1.5 mg/5ml oral</i>	1	QL (max 7 days supply/fill); DS (10 day supply max)
<i>hydrocodone bit-homatrop mbr tablet 5-1.5 mg oral</i>	1	
<i>hydromet solution 5-1.5 mg/5ml oral</i>	1	QL (max 7 days supply/fill); DS (10 day supply max)
*Decongestant & Antihistamine***		
<i>promethazine vc syrup 6.25-5 mg/5ml oral</i>	1	DS (10 day supply max)
*Expectorants***		
<i>bromhexine hcl powder</i>	3	
<i>terpin hydrate monohydrate powder</i>	3	
*Misc. Respiratory Inhalants***		
HYPERSAL NEBULIZATION SOLUTION 3.5 % INHALATION	3	
HYPERSAL NEBULIZATION SOLUTION 7 % INHALATION	1	
NEBUSAL NEBULIZATION SOLUTION 3 % INHALATION	1	
NEBUSAL NEBULIZATION SOLUTION 6 % INHALATION	3	
PULMOSAL NEBULIZATION SOLUTION 7 % INHALATION	1	
<i>sodium chloride nebulization solution 0.9 % inhalation (rx)</i>	3	
<i>sodium chloride nebulization solution 10 % inhalation</i>	1	

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Drug	Status	Notes
sodium chloride nebulization solution 3 % inhalation	1	
sodium chloride nebulization solution 7 % inhalation	1	
*Mucolytics***		
acetylcysteine powder (rx)	3	
acetylcysteine solution 10 % inhalation	1	
acetylcysteine solution 20 % inhalation	1	
n-acetyl-l-cysteine powder (rx)	3	
*Non-Narc Antitussive-Antihistamine***		
promethazine-dm syrup 6.25-15 mg/5ml oral	1	
*Non-Narc Antitussive-Decongestant-Antihistamine***		
pseudoeph-bromphen-dm syrup 30-2-10 mg/5ml oral (rx)	1	
*Opioid Antitussive-Antihistamine***		
promethazine-codeine solution 6.25-10 mg/5ml oral	1	QL (max 1 fill /month); DS (10 day supply max)
promethazine-codeine syrup 6.25-10 mg/5ml oral	1	QL (max 1 fill /month); DS (10 day supply max)
Dermatologicals		
*Acne Antibiotics***		
AMZEEQ FOAM 4 % EXTERNAL	4	QL (1 bottle/30 days); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 9 Years)
CLINDACIN ETZ SWAB 1 % EXTERNAL	1	
CLINDACIN-P SWAB 1 % EXTERNAL	1	
clindamycin phos (once-daily) gel 1 % external	1	
clindamycin phos (twice-daily) gel 1 % external	1	
clindamycin phosphate lotion 1 % external	1	
clindamycin phosphate solution 1 % external	1	
clindamycin phosphate swab 1 % external	1	
ery pad 2 % external	3	
ERYGEL GEL 2 % EXTERNAL	4	
erythromycin gel 2 % external	3	
erythromycin solution 2 % external	1	
sulfacetamide sodium (acne) lotion 10 % external	1	
*Acne Combinations***		
clindamycin phos-benzoyl perox gel 1.2-5 % external	4	
clindamycin phos-benzoyl perox gel 1-5 % external	1	
*Acne Products***		
ACCUTANE CAPSULE 10 MG ORAL	4	
ACCUTANE CAPSULE 20 MG ORAL	4	
ACCUTANE CAPSULE 30 MG ORAL	4	
ACCUTANE CAPSULE 40 MG ORAL	4	
AMNESTEEM CAPSULE 10 MG ORAL	4	

Drug	Status	Notes
AMNESTEEM CAPSULE 20 MG ORAL	4	
AMNESTEEM CAPSULE 30 MG ORAL	4	
AMNESTEEM CAPSULE 40 MG ORAL	4	
CLARAVIS CAPSULE 10 MG ORAL	4	
CLARAVIS CAPSULE 20 MG ORAL	4	
CLARAVIS CAPSULE 30 MG ORAL	4	
CLARAVIS CAPSULE 40 MG ORAL	4	
<i>isotretinoin capsule 10 mg oral</i>	4	
<i>isotretinoin capsule 20 mg oral</i>	4	
<i>isotretinoin capsule 30 mg oral</i>	4	
<i>isotretinoin capsule 40 mg oral</i>	4	
<i>retinoic acid powder</i>	3	
<i>tretinoin cream 0.025 % external</i>	1	
<i>tretinoin cream 0.05 % external</i>	1	
<i>tretinoin cream 0.1 % external</i>	1	
<i>tretinoin powder</i>	3	
<i>zaclir cleansing lotion 8 % external</i>	3	
ZENATANE CAPSULE 10 MG ORAL	4	
ZENATANE CAPSULE 20 MG ORAL	4	
ZENATANE CAPSULE 30 MG ORAL	4	
ZENATANE CAPSULE 40 MG ORAL	4	
*Alopecia Agents - Janus Kinus (Jak) Inhibitors***		
LEQSELVI TABLET 8 MG ORAL	D	PA; SP; DS (30 day supply max)
LITFULO CAPSULE 50 MG ORAL	D	PA; SP; DS (30 day supply max)
*Antibiotics - Topical***		
<i>gentamicin sulfate cream 0.1 % external</i>	1	
<i>gentamicin sulfate ointment 0.1 % external</i>	1	
<i>gentamicin sulfate powder</i>	3	
<i>mupirocin calcium cream 2 % external</i>	4	
<i>mupirocin ointment 2 % external</i>	1	
<i>tetracycline hcl powder</i>	3	
XEPI CREAM 1 % EXTERNAL	3	QL (30 grams/month); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 2 Months)
*Antifungals - Topical Combinations***		
<i>clotrimazole-betamethasone cream 1-0.05 % external</i>	1	
<i>clotrimazole-betamethasone lotion 1-0.05 % external</i>	1	
EXODERM LOTION 25-1 % EXTERNAL	3	
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-% external</i>	1	
<i>nystatin-triamcinolone ointment 100000-0.1 unit/gm-% external</i>	1	
*Antifungals - Topical***		
CICLODAN SOLUTION 8 % EXTERNAL	1	

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Drug	Status	Notes
<i>ciclopirox gel 0.77 % external</i>	1	
<i>ciclopirox olamine cream 0.77 % external</i>	1	
<i>ciclopirox olamine powder</i>	3	
<i>ciclopirox olamine suspension 0.77 % external</i>	1	
<i>ciclopirox shampoo 1 % external</i>	1	
<i>ciclopirox solution 8 % external</i>	1	
KLAYESTA POWDER 100000 UNIT/GM EXTERNAL	1	
<i>naftifine hcl gel 2 % external</i>	3	
NYAMYC POWDER 100000 UNIT/GM EXTERNAL	1	
<i>nystatin cream 100000 unit/gm external</i>	1	
<i>nystatin ointment 100000 unit/gm external</i>	1	
<i>nystatin powder 100000 unit/gm external</i>	1	
NYSTOP POWDER 100000 UNIT/GM EXTERNAL	1	
<i>tolnaftate powder (rx)</i>	3	
*Antineoplastic Alkylating Agents - Topical***		
VALCHLOR GEL 0.016 % EXTERNAL	D	PA; SP; DS (30 day supply max); AL (Min 18 Years)
*Antineoplastic Antimetabolites - Topical***		
CARAC CREAM 0.5 % EXTERNAL	4	PA
EFUDEX CREAM 5 % EXTERNAL	4	PA; QL (40gm/month); AL (Min 18 Years)
<i>fluorouracil cream 0.5 % external</i>	4	PA
<i>fluorouracil cream 5 % external</i>	1	QL (40gm/month); AL (Min 18 Years)
<i>fluorouracil solution 2 % external</i>	3	QL (0.34 per day); AL (Min 18 Years)
<i>fluorouracil solution 5 % external</i>	3	QL (0.34 per day); AL (Min 18 Years)
TOLAK CREAM 4 % EXTERNAL	2	QL (40 gm/ month)
*Antineoplastic Or Premalignant Lesions - Topical Nsaid's***		
<i>diclofenac sodium gel 3 % external</i>	2	QL (100 gm/ month); AL (Min 18 Years)
*Antineoplastic Retinoids - Topical***		
PANRETIN GEL 0.1 % EXTERNAL	D	PA; SP; DS (30 day supply max)
*Antipsoriatics - Systemic***		
<i>acitretin capsule 10 mg oral</i>	1	
<i>acitretin capsule 17.5 mg oral</i>	1	
<i>acitretin capsule 25 mg oral</i>	1	
BIMZELX SOLUTION AUTO-INJECTOR 160 MG/ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
BIMZELX SOLUTION AUTO-INJECTOR 320 MG/2ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
BIMZELX SOLUTION PREFILLED SYRINGE 160 MG/ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
BIMZELX SOLUTION PREFILLED SYRINGE 320 MG/2ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
ICOTYDE TABLET 200 MG ORAL	D	PA; SP; DS (30 day supply max)

Drug	Status	Notes
IMULDOSA SOLUTION PREFILLED SYRINGE 45 MG/0.5ML SUBCUTANEOUS	C	PA; SP; DS (30 day supply max)
IMULDOSA SOLUTION PREFILLED SYRINGE 90 MG/ML SUBCUTANEOUS	C	PA; SP; DS (30 day supply max)
<i>methoxsalen rapid capsule 10 mg oral</i>	C	SP; QL (1 cap/day); DS (30 day supply max); AL (Min 18 Years)
SELARSDI SOLUTION 45 MG/0.5ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
SILIQ SOLUTION PREFILLED SYRINGE 210 MG/1.5ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
SKYRIZI PEN SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
SKYRIZI SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
SKYRIZI SOLUTION PREFILLED SYRINGE 55 MG/0.37ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
SPEVIGO SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
SPEVIGO SOLUTION PREFILLED SYRINGE 300 MG/2ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
STARJEMZA SOLUTION 45 MG/0.5ML SUBCUTANEOUS	B	PA; SP; QL (0.5ml per 8 weeks); DS (60 day supply max); AL (Min 6 Years)
STARJEMZA SOLUTION PREFILLED SYRINGE 45 MG/0.5ML SUBCUTANEOUS	B	PA; SP; QL (0.5ml per 8 weeks); DS (60 day supply max); AL (Min 6 Years)
STARJEMZA SOLUTION PREFILLED SYRINGE 90 MG/ML SUBCUTANEOUS	B	PA; SP; QL (1ml per 8 weeks); DS (60 day supply max); AL (Min 12 Years)
STEQEYMA SOLUTION 45 MG/0.5ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
TALTZ SOLUTION AUTO-INJECTOR 80 MG/ML SUBCUTANEOUS	C	PA; SP; DS (30 day supply max)
TALTZ SOLUTION PREFILLED SYRINGE 20 MG/0.25ML SUBCUTANEOUS	C	PA; SP; DS (30 day supply max)
TALTZ SOLUTION PREFILLED SYRINGE 40 MG/0.5ML SUBCUTANEOUS	C	PA; SP; DS (30 day supply max)
TALTZ SOLUTION PREFILLED SYRINGE 80 MG/ML SUBCUTANEOUS	C	PA; SP; DS (30 day supply max)
TREMFYA ONE-PRESS SOLUTION PEN-INJECTOR 100 MG/ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
TREMFYA PEN SOLUTION AUTO-INJECTOR 100 MG/ML SUBCUTANEOUS	B	PA; SP
TREMFYA SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
<i>ustekinumab-aaaz solution prefilled syringe 45 mg/0.5ml subcutaneous</i>	B	PA; SP; QL (0.5ml per 8 weeks); DS (60 day supply max); AL (Min 6 Years)
<i>ustekinumab-aaaz solution prefilled syringe 90 mg/ml subcutaneous</i>	B	PA; SP; QL (1ml per 8 weeks); DS (60 day supply max); AL (Min 12 Years)
YESINTEK SOLUTION 45 MG/0.5ML SUBCUTANEOUS	C	PA; SP; DS (30 day supply max)
YESINTEK SOLUTION PREFILLED SYRINGE 45 MG/0.5ML SUBCUTANEOUS	C	PA; SP; DS (30 day supply max)

Drug	Status	Notes
YESINTEK SOLUTION PREFILLED SYRINGE 90 MG/ML SUBCUTANEOUS	C	PA; SP; DS (30 day supply max)
*Antipsoriatics***		
<i>calcipotriene cream 0.005 % external</i>	3	QL (4 per day)
<i>calcipotriene ointment 0.005 % external</i>	1	
<i>calcipotriene solution 0.005 % external</i>	4	QL (4 per day)
CALCITRENE OINTMENT 0.005 % EXTERNAL	1	
<i>calcitriol ointment 3 mcg/gm external</i>	4	QL (100 gm/ 30 days)
PELLIX SOLUTION 0.005 % EXTERNAL	4	QL (4 per day)
<i>tazarotene cream 0.05 % external</i>	3	QL (1 per day)
<i>tazarotene cream 0.1 % external</i>	1	QL (30 grams/month); DS (30 day supply max)
<i>tazarotene gel 0.05 % external</i>	3	
<i>tazarotene gel 0.1 % external</i>	3	QL (30 grams/month); DS (30 day supply max)
TRILITAS GEL 0.1 % EXTERNAL	3	QL (30 grams/month); DS (30 day supply max)
VTAMA CREAM 1 % EXTERNAL	3	PA
*Antiseborrheic Products***		
<i>selenium sulfide lotion 2.5 % external</i>	1	
<i>sulfacetamide sodium powder</i>	3	
*Antivirals - Topical***		
<i>acyclovir ointment 5 % external</i>	1	
ZELSUVMi GEL 10.3 % EXTERNAL	D	PA; SP; DS (30 day supply max)
*Atopic Dermatitis - Janus Kinase (Jak) Inhibitors***		
ANZUPGO CREAM 20 MG/GM EXTERNAL	D	PA; SP; DS (30 day supply max)
CIBINQO TABLET 100 MG ORAL	D	PA; SP; DS (30 day supply max)
CIBINQO TABLET 200 MG ORAL	D	PA; SP; DS (30 day supply max)
CIBINQO TABLET 50 MG ORAL	D	PA; SP; DS (30 day supply max)
*Atopic Dermatitis - Monoclonal Antibodies***		
ADBRY SOLUTION AUTO-INJECTOR 300 MG/2ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
ADBRY SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
DUPIXENT SOLUTION AUTO-INJECTOR 200 MG/1.14ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
DUPIXENT SOLUTION AUTO-INJECTOR 300 MG/2ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
DUPIXENT SOLUTION PREFILLED SYRINGE 200 MG/1.14ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
DUPIXENT SOLUTION PREFILLED SYRINGE 300 MG/2ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
EBGLYSS SOLUTION AUTO-INJECTOR 250 MG/2ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)

Drug	Status	Notes
EBGLYSS SOLUTION PREFILLED SYRINGE 250 MG/2ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
*Burn Products***		
<i>mafenide acetate packet 5 % external</i>	3	PA
<i>silver sulfadiazine cream 1 % external</i>	1	
SSD CREAM 1 % EXTERNAL	1	
*Cauterizing Agents***		
<i>silver nitrate crystals (otc)</i>	3	
<i>silver nitrate crystals (rx)</i>	3	
*Corticosteroids - Topical***		
<i>alclometasone dipropionate cream 0.05 % external</i>	1	
<i>alclometasone dipropionate ointment 0.05 % external</i>	1	
<i>betamethasone dipropionate aug cream 0.05 % external</i>	1	
<i>betamethasone dipropionate aug gel 0.05 % external</i>	3	
<i>betamethasone dipropionate aug lotion 0.05 % external</i>	1	
<i>betamethasone dipropionate aug ointment 0.05 % external</i>	1	
<i>betamethasone dipropionate cream 0.05 % external</i>	1	
<i>betamethasone dipropionate lotion 0.05 % external</i>	1	
<i>betamethasone dipropionate ointment 0.05 % external</i>	1	
<i>betamethasone dipropionate powder</i>	3	
<i>betamethasone valerate cream 0.1 % external</i>	1	
<i>betamethasone valerate foam 0.12 % external</i>	1	
<i>betamethasone valerate lotion 0.1 % external</i>	1	
<i>betamethasone valerate ointment 0.1 % external</i>	1	
<i>betamethasone valerate powder</i>	3	
<i>clobetasol 17 propionate powder 0.5 %</i>	3	
<i>clobetasol prop emollient base cream 0.05 % external</i>	1	
<i>clobetasol propionate cream 0.05 % external</i>	1	
<i>clobetasol propionate e cream 0.05 % external</i>	1	
<i>clobetasol propionate foam 0.05 % external</i>	1	
<i>clobetasol propionate gel 0.05 % external</i>	1	
<i>clobetasol propionate liquid 0.05 % external</i>	1	AL (Min 18 Years)
<i>clobetasol propionate lotion 0.05 % external</i>	3	
<i>clobetasol propionate ointment 0.05 % external</i>	1	
<i>clobetasol propionate powder</i>	3	
<i>clobetasol propionate shampoo 0.05 % external</i>	1	
<i>clobetasol propionate solution 0.05 % external</i>	1	
CLODAN SHAMPOO 0.05 % EXTERNAL	1	
DERMA-SMOOTH/FS BODY OIL 0.01 % EXTERNAL	3	
DERMA-SMOOTH/FS SCALP OIL 0.01 % EXTERNAL	3	
<i>desonide cream 0.05 % external</i>	1	
<i>desonide lotion 0.05 % external</i>	1	

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Drug	Status	Notes
<i>desonide ointment 0.05 % external</i>	1	
<i>desoximetasone cream 0.25 % external</i>	1	
<i>desoximetasone gel 0.05 % external</i>	1	
<i>desoximetasone liquid 0.25 % external</i>	4	
<i>desoximetasone ointment 0.25 % external</i>	1	
DIPROLENE OINTMENT 0.05 % EXTERNAL	3	
<i>fluocinolone acetonide body oil 0.01 % external</i>	1	
<i>fluocinolone acetonide cream 0.01 % external</i>	1	
<i>fluocinolone acetonide cream 0.025 % external</i>	1	
<i>fluocinolone acetonide ointment 0.025 % external</i>	1	
<i>fluocinolone acetonide powder</i>	3	
<i>fluocinolone acetonide scalp oil 0.01 % external</i>	1	
<i>fluocinolone acetonide solution 0.01 % external</i>	1	
<i>fluocinonide cream 0.05 % external</i>	1	
<i>fluocinonide cream 0.1 % external</i>	1	QL (4 per day)
<i>fluocinonide emulsified base cream 0.05 % external</i>	1	
<i>fluocinonide gel 0.05 % external</i>	1	QL (2 per day)
<i>fluocinonide ointment 0.05 % external</i>	1	
<i>fluocinonide powder</i>	3	
<i>fluocinonide solution 0.05 % external</i>	1	
<i>fluticasone propionate cream 0.05 % external</i>	1	
<i>fluticasone propionate lotion 0.05 % external</i>	3	
<i>fluticasone propionate ointment 0.005 % external</i>	1	
<i>halobetasol propionate cream 0.05 % external</i>	1	QL (30 grams/month)
<i>halobetasol propionate ointment 0.05 % external</i>	1	QL (30 grams/month)
<i>hydrocortisone butyrate cream 0.1 % external</i>	3	QL (max 15gm/fill; 1 fill/month); DS (10 day supply max)
<i>hydrocortisone butyrate ointment 0.1 % external</i>	1	
<i>hydrocortisone butyrate solution 0.1 % external</i>	3	
<i>hydrocortisone cream 2.5 % external</i>	1	
<i>hydrocortisone ointment 2.5 % external</i>	1	
<i>hydrocortisone valerate cream 0.2 % external</i>	1	
<i>hydrocortisone valerate ointment 0.2 % external</i>	1	
<i>mometasone furoate cream 0.1 % external</i>	1	
<i>mometasone furoate ointment 0.1 % external</i>	1	
<i>mometasone furoate solution 0.1 % external</i>	1	
NUCORT LOTION 2 % EXTERNAL	3	QL (60 gm/ 30 days)
TOPICORT CREAM 0.25 % EXTERNAL	3	
TOPICORT GEL 0.05 % EXTERNAL	3	
TOPICORT OINTMENT 0.25 % EXTERNAL	3	
<i>triamcinolone acetonide cream 0.025 % external</i>	1	
<i>triamcinolone acetonide cream 0.1 % external</i>	1	

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Drug	Status	Notes
<i>triamcinolone acetonide cream 0.5 % external</i>	1	
<i>triamcinolone acetonide lotion 0.025 % external</i>	1	
<i>triamcinolone acetonide lotion 0.1 % external</i>	1	
<i>triamcinolone acetonide ointment 0.025 % external</i>	1	
<i>triamcinolone acetonide ointment 0.1 % external</i>	1	
<i>triamcinolone acetonide ointment 0.5 % external</i>	1	
<i>triamcinolone acetonide powder</i>	3	
TRIDERM CREAM 0.5 % EXTERNAL	1	
*Enzymes - Topical***		
SANTYL OINTMENT 250 UNIT/GM EXTERNAL	3	
*Imidazole-Related Antifungals - Topical***		
<i>clotrimazole solution 1 % external (rx)</i>	1	
<i>econazole nitrate cream 1 % external</i>	1	
<i>ketoconazole cream 2 % external</i>	1	
<i>ketoconazole shampoo 2 % external</i>	1	
<i>miconazole nitrate powder</i>	3	
*Immunomodulators Imidazoquinolinamines - Topical***		
<i>imiquimod cream 5 % external</i>	1	
*Interleukin-31 Receptor Antagonists - Systemic***		
NEMLUVIO AUTO-INJECTOR 30 MG SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
*Keratolytic/Antimitotic/Vesicant Agents***		
CONDYLOX GEL 0.5 % EXTERNAL	2	PA
<i>podofilox gel 0.5 % external</i>	2	
<i>podofilox solution 0.5 % external</i>	1	
<i>podophyllum resin powder (otc)</i>	3	
<i>podophyllum resin powder (rx)</i>	3	
*Keratolytic/Antimitotic/Vesicant Combinations***		
GORDOFILM SOLUTION 16.7-16.7 % EXTERNAL	3	
<i>pyrogalllic acid ointment 25-2 % external</i>	3	
*Local Anesthetics - Topical***		
<i>capsaicin powder (rx)</i>	3	
<i>cocaine hcl powder</i>	3	
<i>lidocaine hcl urethral/mucosal gel 2 % external</i>	3	
<i>lidocaine hcl urethral/mucosal prefilled syringe 2 % external</i>	1	
<i>pramoxine hcl powder</i>	3	
*Macrolide Immunosuppressants - Topical***		
<i>pimecrolimus cream 1 % external</i>	3	QL (30 gm/ month; 2 fills/ 6 months); DS (30 day supply max); AL (Min 2 Years)
<i>tacrolimus ointment 0.03 % external</i>	1	QL (60 per 30 days); AL (Min 2 Years)
<i>tacrolimus ointment 0.1 % external</i>	1	QL (60 per 30 days); AL (Min 16 Years)

Drug	Status	Notes
*Microtubule Inhibitors - Topical***		
KLISYRI (250 MG) OINTMENT 1 % EXTERNAL	4	QL (5 packets per month); DS (30 day supply max); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)
KLISYRI (350 MG) OINTMENT 1 % EXTERNAL	4	QL (5 packets per month); DS (30 day supply max); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)
*Oxaborole-Related Antifungals - Topical***		
<i>tavaborole solution 5 % external</i>	4	PA
*Phosphodiesterase 4 (Pde4) Inhibitors - Topical***		
EUCRISA OINTMENT 2 % EXTERNAL	3	PA; QL (60 grams/ 30 days)
ZORYVE CREAM 0.15 % EXTERNAL	3	PA
ZORYVE FOAM 0.3 % EXTERNAL	3	PA
*Pigmenting Agents***		
<i>methoxsalen powder (rx)</i>	3	
*Rosacea Agents***		
<i>azelaic acid gel 15 % external</i>	2	QL (1.67 per day)
<i>brimonidine tartrate gel 0.33 % external</i>	3	PA
<i>ivermectin cream 1 % external</i>	4	QL (45 gm/ month); DS (10 day supply max); ST (Step Therapy applies; see Step Therapy Drug List)
<i>metronidazole cream 0.75 % external</i>	1	
<i>metronidazole gel 0.75 % external</i>	1	
<i>metronidazole gel 1 % external</i>	1	QL (60 gm/month); AL (Min 16 Years)
<i>metronidazole lotion 0.75 % external</i>	1	
MIRVASO GEL 0.33 % EXTERNAL	4	PA
<i>oxymetazoline hcl cream 1 % external</i>	4	PA; QL (30 per 30 days)
RHOFADE CREAM 1 % EXTERNAL	4	PA; QL (30 per 30 days)
SOOLANTRA CREAM 1 % EXTERNAL	4	PA; QL (45 gm/ month); DS (10 day supply max)
ZILXI FOAM 1.5 % EXTERNAL	4	QL (30 grams/month); DS (30 day supply max); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)
*Scabicides & Pediculicides***		
CROTAN LOTION 10 % EXTERNAL	3	PA
ELIMITE CREAM 5 % EXTERNAL	4	PA
EURAX CREAM 10 % EXTERNAL	4	PA
<i>malathion lotion 0.5 % external</i>	3	QL (1 bottle (59ml)/ 21 days)
NATROBA SUSPENSION 0.9 % EXTERNAL	4	
OVIDE LOTION 0.5 % EXTERNAL	4	PA; QL (1 bottle (59ml)/ 21 days)
<i>permethrin cream 5 % external</i>	4	PA
<i>permethrin cream 5 % external</i>	1	

Drug	Status	Notes
PRURADIK LOTION 10 % EXTERNAL	3	PA
<i>spinosad suspension 0.9 % external</i>	4	
*Steroid-Local Anesthetic Combinations***		
EPIFOAM FOAM 1-1 % EXTERNAL	3	
PRAMOSONE CREAM 1-1 % EXTERNAL	3	
PRAMOSONE LOTION 1-1 % EXTERNAL	3	
PRAMOSONE LOTION 1-2.5 % EXTERNAL	3	
*Topical Selective Retinoid X Receptor Agonists***		
<i>bexarotene gel 1 % external</i>	D	PA; SP; QL (2 gm/day); DS (30 day supply max); AL (Min 18 Years)
TARGRETIN GEL 1 % EXTERNAL	D	PA; SP; QL (2 gm/day); DS (30 day supply max); AL (Min 18 Years)
*Topical Steroid Combinations***		
<i>calcipotriene-betameth diprop suspension 0.005-0.064 % external</i>	3	QL (60 gm/ 30 days); AL (Min 18 Years)
TACLONEX SUSPENSION 0.005-0.064 % EXTERNAL	3	QL (60 gm/ 30 days); AL (Min 18 Years)
*Wound Care - Growth Factor Agents***		
REGRANEX GEL 0.01 % EXTERNAL	4	PA
*Wound Dressings***		
FILSUEZ GEL 10 % EXTERNAL	D	PA; SP; DS (30 day supply max)
Diagnostic Products		
*Diagnostic Drugs***		
METOPIRONE CAPSULE 250 MG ORAL	B	PA; SP; DS (30 day supply max)
*Diagnostic Tests***		
ALBUSTIX STRIP IN VITRO	1	QL (100 strips/ month)
CHEMSTRIP K STRIP IN VITRO	3	QL (100 strips/ month)
CHEMSTRIP MICRAL STRIP IN VITRO	1	QL (100 strips/ month)
CONTOUR NEXT TEST STRIP IN VITRO	1	QL (200 strips/ month); DS (30 day supply max)
CONTOUR TEST STRIP IN VITRO	1	QL (200 strips/ month); DS (30 day supply max)
FORA GTEL BLOOD KETONE TEST STRIP IN VITRO	3	QL (100 strips/ month)
FORA TEST N'GO ADV-VOICE-6 CON STRIP IN VITRO	3	QL (100 strips/ month)
GOJJI BLOOD KETONE TEST STRIP IN VITRO	3	QL (100 strips/ month)
<i>ketone test strip in vitro</i>	3	QL (100 strips/ month)
KETOSTIX STRIP IN VITRO	3	QL (100 strips/ month)
NOVA MAX PLUS KETONE TEST STRIP IN VITRO	3	QL (100 strips/ month)
PRECISION XTRA KETONE STRIP IN VITRO	3	QL (100 strips/ month)
RELION KETONE TEST STRIP IN VITRO	3	QL (100 strips/ month)
*Multiple Urine Tests***		
CHEMSTRIP UGK STRIP IN VITRO	3	QL (100 strips/ month)
CVS KETONE CARE STRIP IN VITRO	3	QL (100 strips/ month)
KETO-DIASTIX STRIP IN VITRO	3	QL (100 strips/ month)

Drug	Status	Notes
Digestive Aids		
*Digestive Enzymes***		
CREON CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT ORAL	2	PA; QL (12 caps/ day)
CREON CAPSULE DELAYED RELEASE PARTICLES 24000-76000 UNIT ORAL	2	PA; QL (12 caps/ day)
CREON CAPSULE DELAYED RELEASE PARTICLES 3000-9500 UNIT ORAL	2	PA; QL (12 caps/day)
CREON CAPSULE DELAYED RELEASE PARTICLES 36000-114000 UNIT ORAL	2	PA; QL (12 caps/ day)
CREON CAPSULE DELAYED RELEASE PARTICLES 6000-19000 UNIT ORAL	2	PA; QL (12 caps/ day)
SUCRAID SOLUTION 8500 UNIT/ML ORAL	D	PA; SP; DS (30 day supply max)
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT ORAL	2	PA; QL (12 caps/day)
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 15000-47000 UNIT ORAL	2	PA; QL (12 caps/ day)
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 20000-63000 UNIT ORAL	2	PA; QL (12 caps/ day)
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 25000-79000 UNIT ORAL	2	PA; QL (12 caps/ day)
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 3000-10000 UNIT ORAL	2	PA; QL (12 caps/ day)
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 40000-126000 UNIT ORAL	2	PA; QL (12 caps/ day)
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 5000-24000 UNIT ORAL	2	PA; QL (12 caps/ day)
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 60000-189600 UNIT ORAL	2	PA
Diuretics		
*Carbonic Anhydrase Inhibitors***		
acetazolamide er capsule extended release 12 hour 500 mg oral	1	
acetazolamide tablet 125 mg oral	1	
acetazolamide tablet 250 mg oral	1	
dichlorphenamide tablet 50 mg oral	D	PA; SP; QL (4 tabs/day); DS (30 day supply max); AL (Min 18 Years)
KEVEYIS TABLET 50 MG ORAL	D	PA; SP; QL (4 tabs/day); DS (30 day supply max); AL (Min 18 Years)
methazolamide tablet 25 mg oral	1	
methazolamide tablet 50 mg oral	1	
ORMALVI TABLET 50 MG ORAL	D	PA; SP; QL (4 tabs/day); DS (30 day supply max); AL (Min 18 Years)
*Diuretic Combinations***		
amiloride-hydrochlorothiazide tablet 5-50 mg oral	1	
spironolactone-hctz tablet 25-25 mg oral	1	
triamterene-hctz capsule 37.5-25 mg oral	1	

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Drug	Status	Notes
<i>triamterene-hctz tablet 37.5-25 mg oral</i>	1	
<i>triamterene-hctz tablet 75-50 mg oral</i>	1	
*Loop Diuretics***		
<i>bumetanide tablet 0.5 mg oral</i>	1	
<i>bumetanide tablet 1 mg oral</i>	1	
<i>bumetanide tablet 2 mg oral</i>	1	
BUMEX TABLET 0.5 MG ORAL	3	
EDECRIN TABLET 25 MG ORAL	3	
<i>ethacrynic acid tablet 25 mg oral</i>	1	
<i>furosemide solution 10 mg/ml oral</i>	1	
<i>furosemide solution 8 mg/ml oral</i>	3	HDHP
<i>furosemide tablet 20 mg oral</i>	1	
<i>furosemide tablet 40 mg oral</i>	1	
<i>furosemide tablet 80 mg oral</i>	1	
<i>torsemide tablet 10 mg oral</i>	1	
<i>torsemide tablet 100 mg oral</i>	1	
<i>torsemide tablet 20 mg oral</i>	1	
<i>torsemide tablet 5 mg oral</i>	1	
*Potassium Sparing Diuretics***		
ALDACTONE TABLET 100 MG ORAL	3	
ALDACTONE TABLET 25 MG ORAL	3	
ALDACTONE TABLET 50 MG ORAL	3	
<i>amiloride hcl powder</i>	3	
<i>amiloride hcl tablet 5 mg oral</i>	1	
DYRENIUM CAPSULE 100 MG ORAL	3	
DYRENIUM CAPSULE 50 MG ORAL	3	
<i>spironolactone tablet 100 mg oral</i>	1	
<i>spironolactone tablet 25 mg oral</i>	1	
<i>spironolactone tablet 50 mg oral</i>	1	
<i>triamterene capsule 100 mg oral</i>	3	
<i>triamterene capsule 50 mg oral</i>	3	
*Thiazides And Thiazide-Like Diuretics***		
<i>chlorthalidone tablet 25 mg oral</i>	1	
<i>chlorthalidone tablet 50 mg oral</i>	1	
DIURIL SUSPENSION 250 MG/5ML ORAL	3	HDHP
HEMICLOR TABLET 12.5 MG ORAL	3	HDHP
<i>hydrochlorothiazide capsule 12.5 mg oral</i>	1	
<i>hydrochlorothiazide tablet 12.5 mg oral</i>	1	
<i>hydrochlorothiazide tablet 25 mg oral</i>	1	
<i>hydrochlorothiazide tablet 50 mg oral</i>	1	
<i>indapamide tablet 1.25 mg oral</i>	1	

Drug	Status	Notes
<i>indapamide tablet 2.5 mg oral</i>	1	
<i>metolazone tablet 10 mg oral</i>	1	
<i>metolazone tablet 2.5 mg oral</i>	1	
<i>metolazone tablet 5 mg oral</i>	1	
THALITONE TABLET 15 MG ORAL	3	HDHP
Endocrine And Metabolic Agents - Misc.		
*Alkaptonuria (Aku) Treatment - Agents***		
HARLIKU TABLET 2 MG ORAL	D	PA; SP; DS (30 day supply max)
*Atp-Sensitive Potassium Channel Activators***		
VYKAT XR TABLET EXTENDED RELEASE 24 HOUR 150 MG ORAL	D	PA; SP; DS (30 day supply max)
VYKAT XR TABLET EXTENDED RELEASE 24 HOUR 25 MG ORAL	D	PA; SP; DS (30 day supply max)
VYKAT XR TABLET EXTENDED RELEASE 24 HOUR 75 MG ORAL	D	PA; SP; DS (30 day supply max)
*Bisphosphonates***		
ACTONEL TABLET 150 MG ORAL	3	QL (1 tab/ month)
ACTONEL TABLET 35 MG ORAL	4	QL (4 tabs/ 28 days)
<i>alendronate sodium solution 70 mg/75ml oral</i>	3	QL (75 ml/week); HDHP
<i>alendronate sodium tablet 10 mg oral</i>	1	QL (1 tab/day)
<i>alendronate sodium tablet 35 mg oral</i>	1	QL (4 tabs/ 28 days)
<i>alendronate sodium tablet 70 mg oral</i>	1	QL (4 tabs/ 28 days)
FOSAMAX TABLET 70 MG ORAL	3	QL (4 tabs/ 28 days); HDHP
<i>ibandronate sodium tablet 150 mg oral</i>	1	QL (1 tab/month)
<i>risedronate sodium tablet 150 mg oral</i>	1	QL (1 tab/ month)
<i>risedronate sodium tablet 30 mg oral</i>	1	QL (1 tab/day)
<i>risedronate sodium tablet 35 mg oral</i>	1	QL (4 tabs/ 28 days)
<i>risedronate sodium tablet 5 mg oral</i>	1	QL (1 tab/day)
*Calcimimetic Agents***		
<i>cinacalcet hcl tablet 30 mg oral</i>	C	SP; QL (5 tabs/ day); DS (30 day supply max)
<i>cinacalcet hcl tablet 60 mg oral</i>	C	SP; QL (5 tabs/ day); DS (30 day supply max)
<i>cinacalcet hcl tablet 90 mg oral</i>	C	SP; QL (4 tabs/day); DS (30 day supply max)
*Calcitonins***		
<i>calcitonin (salmon) solution 200 unit/act nasal</i>	1	QL (1 bottle (3.7mL)/30 days); AL (Min 16 Years)
<i>calcitonin (salmon) solution 200 unit/ml injection</i>	3	HDHP
MIACALCIN SOLUTION 200 UNIT/ML INJECTION	3	
*Carnitine Replenisher - Agents***		
<i>levocarnitine sf solution 1 gm/10ml oral</i>	1	
<i>levocarnitine solution 1 gm/10ml oral</i>	1	

Drug	Status	Notes
<i>levocarnitine tablet 330 mg oral</i>	1	
*Ckd Agent-Sodium/Hydrogen Exchanger 3 (Nhe3) Inhibitor***		
XPHOZAH TABLET 20 MG ORAL	D	PA; SP; DS (30 day supply max)
XPHOZAH TABLET 30 MG ORAL	D	PA; SP; DS (30 day supply max)
*Corticotropin***		
ACTHAR GEL 80 UNIT/ML INJECTION	D	PA; SP; DS (30 day supply max)
ACTHAR GEL PEN-INJECTOR 40 UNIT/0.5ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
ACTHAR GEL PEN-INJECTOR 80 UNIT/ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
CORTROPHIN GEL 80 UNIT/ML INJECTION	D	PA; SP; DS (30 day supply max)
CORTROPHIN GEL PREFILLED SYRINGE 40 UNIT/0.5ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
CORTROPHIN GEL PREFILLED SYRINGE 80 UNIT/ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
Corticotropin-Releasing Factor (Crf) Receptor Type 1 Antag		
CRENESSITY CAPSULE 100 MG ORAL	D	PA; SP; DS (30 day supply max)
CRENESSITY CAPSULE 25 MG ORAL	D	PA; SP; DS (30 day supply max)
CRENESSITY CAPSULE 50 MG ORAL	D	PA; SP; DS (30 day supply max)
CRENESSITY SOLUTION 50 MG/ML ORAL	D	PA; SP; DS (30 day supply max)
*Dopamine Receptor Agonists***		
<i>cabergoline tablet 0.5 mg oral</i>	1	
*Fabry Disease - Agents***		
GALAFOLD CAPSULE 123 MG ORAL	D	PA; SP; DS (30 day supply max)
*Familial Chylomicronemia Syndrome (Fcs) - Agents***		
REDEMPLO SOLUTION PREFILLED SYRINGE 25 MG/0.5ML SUBCUTANEOUS	D	SP; DS (30 day supply max)
TRYNGOLZA SOLUTION AUTO-INJECTOR 50 MG/0.8ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
TRYNGOLZA SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
*Gaa Deficiency Treatment - Agents***		
OPFOLD A CAPSULE 65 MG ORAL	3	PA
*Gnrh/Lhrh Antagonists***		
<i>cetorelix acetate kit 0.25 mg subcutaneous</i>	VC	FERT (Excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance)); F
FYREMADEL SOLUTION PREFILLED SYRINGE 250 MCG/0.5ML SUBCUTANEOUS	VC	FERT (Excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance)); F
<i>ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous</i>	VC	FERT (Excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance)); F
ORILISSA TABLET 150 MG ORAL	3	PA; F
ORILISSA TABLET 200 MG ORAL	3	PA; F

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Drug	Status	Notes
*Growth Hormone Receptor Antagonists***		
SOMAVERT SOLUTION RECONSTITUTED 10 MG SUBCUTANEOUS	C	PA; SP; DS (30 day supply max)
SOMAVERT SOLUTION RECONSTITUTED 15 MG SUBCUTANEOUS	C	PA; SP; DS (30 day supply max)
SOMAVERT SOLUTION RECONSTITUTED 20 MG SUBCUTANEOUS	C	PA; SP; DS (30 day supply max)
SOMAVERT SOLUTION RECONSTITUTED 25 MG SUBCUTANEOUS	C	PA; SP; DS (30 day supply max)
SOMAVERT SOLUTION RECONSTITUTED 30 MG SUBCUTANEOUS	C	PA; SP; DS (30 day supply max)
*Growth Hormone Releasing Hormones (Ghrh)***		
EGRIFTA WR KIT 11.6 MG SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
*Growth Hormones***		
GENOTROPIN CARTRIDGE 12 MG SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
GENOTROPIN CARTRIDGE 5 MG SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
GENOTROPIN MINIUICK PREFILLED SYRINGE 0.2 MG SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
GENOTROPIN MINIUICK PREFILLED SYRINGE 0.4 MG SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
GENOTROPIN MINIUICK PREFILLED SYRINGE 0.6 MG SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
GENOTROPIN MINIUICK PREFILLED SYRINGE 0.8 MG SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
GENOTROPIN MINIUICK PREFILLED SYRINGE 1 MG SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
GENOTROPIN MINIUICK PREFILLED SYRINGE 1.2 MG SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
GENOTROPIN MINIUICK PREFILLED SYRINGE 1.4 MG SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
GENOTROPIN MINIUICK PREFILLED SYRINGE 1.6 MG SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
GENOTROPIN MINIUICK PREFILLED SYRINGE 1.8 MG SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
GENOTROPIN MINIUICK PREFILLED SYRINGE 2 MG SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
NORDITROPIN FLEXPOR SOLUTION PEN-INJECTOR 10 MG/1.5ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
NORDITROPIN FLEXPOR SOLUTION PEN-INJECTOR 15 MG/1.5ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
NORDITROPIN FLEXPOR SOLUTION PEN-INJECTOR 30 MG/3ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
NORDITROPIN FLEXPOR SOLUTION PEN-INJECTOR 5 MG/1.5ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
NUTROPIN AQ NUSPIN 10 SOLUTION PEN-INJECTOR 10 MG/2ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)

Drug	Status	Notes
NUTROPIN AQ NUSPIN 20 SOLUTION PEN-INJECTOR 20 MG/2ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
NUTROPIN AQ NUSPIN 5 SOLUTION PEN-INJECTOR 5 MG/2ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
OMNITROPE SOLUTION CARTRIDGE 10 MG/1.5ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
OMNITROPE SOLUTION CARTRIDGE 5 MG/1.5ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
OMNITROPE SOLUTION RECONSTITUTED 5.8 MG SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
SEROSTIM SOLUTION RECONSTITUTED 4 MG SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
SEROSTIM SOLUTION RECONSTITUTED 5 MG SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
SEROSTIM SOLUTION RECONSTITUTED 6 MG SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
*Hereditary Orotic Aciduria Treatment - Agents**		
XURIDEN PACKET 2 GM ORAL	D	PA; SP
XURIDEN PACKET 2 GM ORAL	D	PA; SP; DS (30 day supply max)
*Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents***		
<i>nitisinone capsule 10 mg oral</i>	D	PA; SP; DS (30 day supply max)
<i>nitisinone capsule 2 mg oral</i>	D	PA; SP; DS (30 day supply max)
<i>nitisinone capsule 20 mg oral</i>	D	PA; SP; DS (30 day supply max)
<i>nitisinone capsule 5 mg oral</i>	D	PA; SP; DS (30 day supply max)
NITYR TABLET 10 MG ORAL	D	PA; SP; DS (30 day supply max)
NITYR TABLET 2 MG ORAL	D	PA; SP; DS (30 day supply max)
NITYR TABLET 5 MG ORAL	D	PA; SP; DS (30 day supply max)
ORFADIN CAPSULE 10 MG ORAL	D	PA; SP; DS (30 day supply max)
ORFADIN CAPSULE 2 MG ORAL	D	PA; SP; DS (30 day supply max)
ORFADIN CAPSULE 20 MG ORAL	D	PA; SP; DS (30 day supply max)
ORFADIN CAPSULE 5 MG ORAL	D	PA; SP; DS (30 day supply max)
ORFADIN SUSPENSION 4 MG/ML ORAL	D	PA; SP; DS (30 day supply max)
*Homocystinuria Treatment - Agents***		
<i>betaine powder oral</i>	C	SP; DS (30 day supply max)
CYSTADANE POWDER ORAL	C	SP; DS (30 day supply max)
*Hyperammonemia Treatment - Agents***		
CARBAGLU TABLET SOLUBLE 200 MG ORAL	D	PA; SP; DS (30 day supply max)
<i>carglumic acid tablet soluble 200 mg oral</i>	D	PA; SP; DS (30 day supply max)
*Hyperparathyroid Treatment - Vitamin D Analogs***		
<i>calcitriol capsule 0.25 mcg oral</i>	1	
<i>calcitriol capsule 0.5 mcg oral</i>	1	
<i>calcitriol solution 1 mcg/ml oral</i>	1	
<i>doxercalciferol capsule 0.5 mcg oral</i>	C	SP; DS (30 day supply max)

Drug	Status	Notes
<i>doxercalciferol capsule 1 mcg oral</i>	C	SP; DS (30 day supply max)
<i>doxercalciferol capsule 2.5 mcg oral</i>	C	SP; DS (30 day supply max)
<i>paricalcitol capsule 1 mcg oral</i>	1	QL (1 cap/day); AL (Min 18 Years)
<i>paricalcitol capsule 2 mcg oral</i>	1	QL (1 cap/day); AL (Min 18 Years)
<i>paricalcitol capsule 4 mcg oral</i>	1	QL (12 caps/ month); AL (Min 18 Years)
RAYALDEE CAPSULE EXTENDED RELEASE 30 MCG ORAL	4	PA
ROCALTROL CAPSULE 0.25 MCG ORAL	3	
ROCALTROL CAPSULE 0.5 MCG ORAL	3	
ROCALTROL SOLUTION 1 MCG/ML ORAL	3	
ZEMPLAR CAPSULE 1 MCG ORAL	4	QL (1 cap/day); AL (Min 18 Years)
ZEMPLAR CAPSULE 2 MCG ORAL	4	QL (1 cap/day); AL (Min 18 Years)
*Hypoparathyroid Treatment - Parathyroid Hormone Analogs***		
YORVIPATH SOLUTION PEN-INJECTOR 168 MCG/0.56ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
YORVIPATH SOLUTION PEN-INJECTOR 294 MCG/0.98ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
YORVIPATH SOLUTION PEN-INJECTOR 420 MCG/1.4ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
*Hypophosphatasia (Hpp) Agents***		
STRENSIQ SOLUTION 18 MG/0.45ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
STRENSIQ SOLUTION 28 MG/0.7ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
STRENSIQ SOLUTION 40 MG/ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
STRENSIQ SOLUTION 80 MG/0.8ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
*Insulin-Like Growth Factors (Somatomedins)***		
INCRELEX SOLUTION 40 MG/4ML SUBCUTANEOUS	D	PA; SP
INCRELEX SOLUTION 40 MG/4ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
*Leptin Analogues***		
MYALEPT SOLUTION RECONSTITUTED 11.3 MG SUBCUTANEOUS	D	PA; SP
MYALEPT SOLUTION RECONSTITUTED 11.3 MG SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
*Lhrh/Gnrh Agonist Analog Pituitary Suppressants***		
LUPRON DEPOT-PED (1-MONTH) KIT 11.25 MG INTRAMUSCULAR	D	PA; SP; QL (Max 1 unit/ 30 days); DS (30 day supply max)
LUPRON DEPOT-PED (1-MONTH) KIT 15 MG INTRAMUSCULAR	D	PA; SP; QL (Max 1 unit/ 30 days); DS (30 day supply max)
LUPRON DEPOT-PED (1-MONTH) KIT 7.5 MG INTRAMUSCULAR	D	PA; SP; QL (Max 1 unit/ 30 days); DS (30 day supply max)
LUPRON DEPOT-PED (3-MONTH) KIT 11.25 MG INTRAMUSCULAR	D	PA; SP; QL (Max 1 unit/ 90 days. Minimum Day Supply is 84); DS (84 day supply max)
LUPRON DEPOT-PED (3-MONTH) KIT 30 MG INTRAMUSCULAR	D	PA; SP; QL (Max 1 unit/ 90 days. Minimum Day Supply is 84); DS (84 day supply max)
LUPRON DEPOT-PED (6-MONTH) KIT 45 MG INTRAMUSCULAR	D	SP; DS (30 day supply max)

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Drug	Status	Notes
SYNAREL SOLUTION 2 MG/ML NASAL	C	PA; SP; DS (30 day supply max)
*Metabolic Modifier Combinations**		
KYGEVVI PACKET 2-2 GM ORAL	D	PA; SP; DS (30 day supply max)
*Mitochondrial Cardiolipin Binders***		
FORZINITY SOLUTION 280 MG/3.5ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
*Natriuretic Peptides***		
VOXZOGO SOLUTION RECONSTITUTED 0.4 MG SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
VOXZOGO SOLUTION RECONSTITUTED 0.56 MG SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
VOXZOGO SOLUTION RECONSTITUTED 1.2 MG SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
YUWIWEL SOLUTION RECONSTITUTED 1.3 MG SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
YUWIWEL SOLUTION RECONSTITUTED 2.8 MG SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
YUWIWEL SOLUTION RECONSTITUTED 5.5 MG SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
*Neurokinin 1 & 3 (Nk1/Nk3) Receptor Antagonists***		
LYNKUET CAPSULE 60 MG ORAL	3	PA
*Non-Steroidal Mineralocorticoid Receptor Antagonists***		
KERENDIA TABLET 10 MG ORAL	4	PA; QL (1 tab/day)
KERENDIA TABLET 20 MG ORAL	4	PA; QL (1 tab/day)
KERENDIA TABLET 40 MG ORAL	4	PA; QL (1 tab/day)
*Ovulation Stimulants-Gonadotropins***		
<i>chorionic gonadotropin solution reconstituted 10000 unit intramuscular</i>	VC	FERT (Excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance))
FOLLISTIM AQ SOLUTION 300 UNT/0.36ML SUBCUTANEOUS	VC	FERT (Excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance))
FOLLISTIM AQ SOLUTION 600 UNT/0.72ML SUBCUTANEOUS	VC	FERT (Excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance))
FOLLISTIM AQ SOLUTION 900 UNT/1.08ML SUBCUTANEOUS	VC	FERT (Excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance))
GONAL-F RFF REDIJECT SOLUTION PEN-INJECTOR 300 UNT/0.48ML SUBCUTANEOUS	VC	FERT (Excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance))
GONAL-F RFF REDIJECT SOLUTION PEN-INJECTOR 450 UNT/0.72ML SUBCUTANEOUS	VC	FERT (Excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance))
GONAL-F RFF REDIJECT SOLUTION PEN-INJECTOR 900 UNT/1.44ML SUBCUTANEOUS	VC	FERT (Excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance))

Drug	Status	Notes
MENOPUR SOLUTION RECONSTITUTED 75 UNIT SUBCUTANEOUS	VC	FERT (Excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance))
NOVAREL SOLUTION RECONSTITUTED 5000 UNIT INTRAMUSCULAR	VC	FERT (Excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance))
OVIDREL SOLUTION PREFILLED SYRINGE 250 MCG/0.5ML SUBCUTANEOUS	VC	FERT (Excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance))
PREGNYL SOLUTION RECONSTITUTED 10000 UNIT INTRAMUSCULAR	VC	FERT (Excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance))
*Ovulation Stimulants-Synthetic***		
CLOMID TABLET 50 MG ORAL	VC	FERT (Excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance)); F
<i>clomiphene citrate powder</i>	VC	FERT (Excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance)); F
<i>clomiphene citrate tablet 50 mg oral</i>	VC	FERT (Excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance)); F
MILOPHENE TABLET 50 MG ORAL	VC	FERT (Excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance)); F
*Parathyroid Hormone And Derivatives***		
BONSITY SOLUTION PEN-INJECTOR 560 MCG/2.24ML SUBCUTANEOUS	C	PA; SP; DS (30 day supply max)
FORTEO SOLUTION PEN-INJECTOR 560 MCG/2.24ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
<i>teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous</i>	D	PA; SP; DS (30 day supply max)
TYMLOS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
*Phenylketonuria Treatment - Agents***		
<i>sapropterin dihydrochloride packet 100 mg oral</i>	D	PA; SP
<i>sapropterin dihydrochloride packet 100 mg oral</i>	D	PA; SP; DS (30 day supply max)
<i>sapropterin dihydrochloride packet 500 mg oral</i>	D	PA; SP
<i>sapropterin dihydrochloride packet 500 mg oral</i>	D	PA; SP; DS (30 day supply max)
<i>sapropterin dihydrochloride tablet 100 mg oral</i>	D	PA; SP
<i>sapropterin dihydrochloride tablet 100 mg oral</i>	D	PA; SP; DS (30 day supply max)
SEPHIENCE PACKET 1000 MG ORAL	D	PA; SP; DS (30 day supply max)
SEPHIENCE PACKET 250 MG ORAL	D	PA; SP; DS (30 day supply max)
*Rank Ligand (Rankl) Inhibitors***		
BILDYOS SOLUTION PREFILLED SYRINGE 60 MG/ML SUBCUTANEOUS	B	PA; SP; DS (180 day supply max); AL (Min 18 Years)
BOSAYA SOLUTION PREFILLED SYRINGE 60 MG/ML SUBCUTANEOUS	D	SP; QL (1 syringe per 180 days); DS (180 day supply max)

Drug	Status	Notes
CONEXXENCE SOLUTION PREFILLED SYRINGE 60 MG/ML SUBCUTANEOUS	D	PA; SP; QL (1 syringe/6 months. Minimum Days Supply is 167); AL (Min 18 Years)
ENOBYS SOLUTION PREFILLED SYRINGE 60 MG/ML SUBCUTANEOUS	B	PA; SP; QL (0.006 per day); DS (180 day supply max); AL (Min 18 Years)
JUBBONTI SOLUTION PREFILLED SYRINGE 60 MG/ML SUBCUTANEOUS	D	PA; SP; QL (1 syringe per 180 days); DS (180 day supply max); AL (Min 18 Years)
OSPOMYV SOLUTION PREFILLED SYRINGE 60 MG/ML SUBCUTANEOUS	B	PA; SP; QL (1 per 180 days); DS (180 day supply max); AL (Min 18 Years)
OSVYRTI SOLUTION PREFILLED SYRINGE 60 MG/ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
PROLIA SOLUTION PREFILLED SYRINGE 60 MG/ML SUBCUTANEOUS	D	PA; SP; QL (1 syringe/ 6 months. Minimum Day Supply is 167); DS (167 day supply max); AL (Min 18 Years)
STOBOCLO SOLUTION PREFILLED SYRINGE 60 MG/ML SUBCUTANEOUS	D	PA; SP; QL (1 syringe/6 months. Minimum Day Supply is 167); AL (Min 18 Years)
*Selective Estrogen Receptor Modulators (Sermis)***		
EVISTA TABLET 60 MG ORAL	1	QL (1 tab/day); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)
OSPHENA TABLET 60 MG ORAL	4	PA
<i>raloxifene hcl tablet 60 mg oral</i>	\$0	QL (1 tab/day); ACA (Tier 1 OR coinsurance if ACA does not apply)
*Selective Vasopressin V2-Receptor Antagonists***		
SAMSCA TABLET 15 MG ORAL	C	PA; SP; DS (30 day supply max)
SAMSCA TABLET 30 MG ORAL	C	PA; SP; DS (30 day supply max)
<i>tolvaptan (hyponatremia) tablet 15 mg oral</i>	C	PA; SP
<i>tolvaptan (hyponatremia) tablet 15 mg oral</i>	C	PA; SP; DS (30 day supply max)
<i>tolvaptan (hyponatremia) tablet 30 mg oral</i>	C	PA; SP
<i>tolvaptan (hyponatremia) tablet 30 mg oral</i>	C	PA; SP; DS (30 day supply max)
<i>tolvaptan tablet 15 mg oral</i>	C	PA; SP
<i>tolvaptan tablet 30 mg oral</i>	C	PA; SP
<i>tolvaptan tablet therapy pack 15 mg oral</i>	C	PA; SP; DS (30 day supply max)
<i>tolvaptan tablet therapy pack 30 & 15 mg oral</i>	C	PA; SP; DS (30 day supply max)
<i>tolvaptan tablet therapy pack 45 & 15 mg oral</i>	C	PA; SP; DS (30 day supply max)
<i>tolvaptan tablet therapy pack 60 & 30 mg oral</i>	C	PA; SP; DS (30 day supply max)
<i>tolvaptan tablet therapy pack 90 & 30 mg oral</i>	C	PA; SP; DS (30 day supply max)
*Somatostatic Agents***		
<i>octreotide acetate kit 10 mg intramuscular</i>	D	PA; SP; DS (30 day supply max)
<i>octreotide acetate kit 20 mg intramuscular</i>	D	PA; SP; DS (30 day supply max)
<i>octreotide acetate kit 30 mg intramuscular</i>	D	PA; SP; DS (30 day supply max)
<i>octreotide acetate solution 100 mcg/ml injection</i>	A	SP; ST (Step Therapy applies; see Step Therapy Drug List)
<i>octreotide acetate solution 100 mcg/ml injection</i>	A	SP; DS (30 day supply max); ST (Step Therapy applies; see Step Therapy Drug List)

Drug	Status	Notes
<i>octreotide acetate solution 1000 mcg/ml injection</i>	A	SP; ST (Step Therapy applies; see Step Therapy Drug List)
<i>octreotide acetate solution 1000 mcg/ml injection</i>	A	SP; DS (30 day supply max); ST (Step Therapy applies; see Step Therapy Drug List)
<i>octreotide acetate solution 200 mcg/ml injection</i>	A	SP; ST (Step Therapy applies; see Step Therapy Drug List)
<i>octreotide acetate solution 200 mcg/ml injection</i>	A	SP; DS (30 day supply max); ST (Step Therapy applies; see Step Therapy Drug List)
<i>octreotide acetate solution 50 mcg/ml injection</i>	A	SP; ST (Step Therapy applies; see Step Therapy Drug List)
<i>octreotide acetate solution 50 mcg/ml injection</i>	A	SP; DS (30 day supply max); ST (Step Therapy applies; see Step Therapy Drug List)
<i>octreotide acetate solution 500 mcg/ml injection</i>	A	SP; ST (Step Therapy applies; see Step Therapy Drug List)
<i>octreotide acetate solution 500 mcg/ml injection</i>	A	SP; DS (30 day supply max); ST (Step Therapy applies; see Step Therapy Drug List)
<i>octreotide acetate solution prefilled syringe 100 mcg/ml subcutaneous</i>	A	PA; SP; DS (30 day supply max)
<i>octreotide acetate solution prefilled syringe 50 mcg/ml subcutaneous</i>	A	PA; SP; DS (30 day supply max)
<i>octreotide acetate solution prefilled syringe 500 mcg/ml subcutaneous</i>	A	PA; SP; DS (30 day supply max)
PALSONIFY TABLET 20 MG ORAL	D	PA; SP; DS (30 day supply max)
PALSONIFY TABLET 30 MG ORAL	D	PA; SP; DS (30 day supply max)
*Urea Cycle Disorder - Agents***		
<i>glycerol phenylbutyrate liquid 1.1 gm/ml oral</i>	D	PA; SP; DS (30 day supply max)
<i>sodium phenylbutyrate powder 3 gm/tsp oral</i>	A	SP; DS (30 day supply max)
<i>sodium phenylbutyrate tablet 500 mg oral</i>	1	
*Vasopressin***		
DDAVP TABLET 0.1 MG ORAL	3	QL (8 tabs/day)
DDAVP TABLET 0.2 MG ORAL	3	QL (4 tabs/day)
<i>desmopressin ace spray refrig solution 0.01 % nasal</i>	1	
<i>desmopressin acetate spray solution 0.01 % nasal</i>	1	
<i>desmopressin acetate tablet 0.1 mg oral</i>	1	QL (8 tabs/day)
<i>desmopressin acetate tablet 0.2 mg oral</i>	1	QL (4 tabs/day)
NOCDURNA TABLET SUBLINGUAL 27.7 MCG SUBLINGUAL	3	PA
NOCDURNA TABLET SUBLINGUAL 55.3 MCG SUBLINGUAL	3	PA
Estrogens		
*Estrogen & Progestin***		
ABIGALE LO TABLET 0.5-0.1 MG ORAL	1	
ABIGALE TABLET 1-0.5 MG ORAL	1	QL (1 tab/day); F

Drug	Status	Notes
ACTIVELLA TABLET 1-0.5 MG ORAL	3	QL (1 tab/day); F
ANGELIQ TABLET 0.25-0.5 MG ORAL	3	
ANGELIQ TABLET 0.5-1 MG ORAL	3	QL (1 tab/day); F; AL (Min 18 Years)
BIJUVA CAPSULE 0.5-100 MG ORAL	3	PA
CLIMARA PRO PATCH WEEKLY 0.045-0.015 MG/DAY TRANSDERMAL	3	QL (4 patches/ 28 days); F
COMBIPATCH PATCH TWICE WEEKLY 0.05-0.14 MG/DAY TRANSDERMAL	3	
COMBIPATCH PATCH TWICE WEEKLY 0.05-0.25 MG/DAY TRANSDERMAL	3	
<i>estradiol-norethindrone acet tablet 0.5-0.1 mg oral</i>	1	
<i>estradiol-norethindrone acet tablet 1-0.5 mg oral</i>	1	QL (1 tab/day); F
FYAVOLV TABLET 0.5-2.5 MG-MCG ORAL	1	QL (1 tab/day); F; AL (Min 18 Years)
FYAVOLV TABLET 1-5 MG-MCG ORAL	1	
JINTELI TABLET 1-5 MG-MCG ORAL	1	
MIMVEY TABLET 1-0.5 MG ORAL	1	QL (1 tab/day); F
<i>norethindrone-eth estradiol tablet 0.5-2.5 mg-mcg oral</i>	1	QL (1 tab/day); F; AL (Min 18 Years)
<i>norethindrone-eth estradiol tablet 1-5 mg-mcg oral</i>	1	
PREMPHASE TABLET 0.625-5 MG ORAL	2	QL (1 tab/day); F
PREMPRO TABLET 0.3-1.5 MG ORAL	2	QL (1 tab/day); F
PREMPRO TABLET 0.45-1.5 MG ORAL	2	QL (1 tab/day); F
PREMPRO TABLET 0.625-2.5 MG ORAL	2	QL (2 tabs/ day); F
PREMPRO TABLET 0.625-5 MG ORAL	2	QL (2 tabs/ day); F
*Estrogen-Progestin-Gnrh Antagonist***		
MYFEMBREE TABLET 40-1-0.5 MG ORAL	4	PA; QL (1 tab/day)
ORIAHNN CAPSULE THERAPY PACK 300-1-0.5 & 300 MG ORAL	4	PA
*Estrogens***		
ALORA PATCH TWICE WEEKLY 0.025 MG/24HR TRANSDERMAL	3	QL (8 patches/ 28 days)
ALORA PATCH TWICE WEEKLY 0.075 MG/24HR TRANSDERMAL	3	QL (8 patches/ 28 days)
ALORA PATCH TWICE WEEKLY 0.1 MG/24HR TRANSDERMAL	3	QL (8 patches/ 28 days)
DEPO-ESTRADIOL OIL 5 MG/ML INTRAMUSCULAR	3	
DIVIGEL GEL 0.25 MG/0.25GM TRANSDERMAL	3	QL (1 packet/day); F; AL (Min 18 Years)
DIVIGEL GEL 0.5 MG/0.5GM TRANSDERMAL	3	QL (1 packet/day); F; AL (Min 18 Years)
DIVIGEL GEL 0.75 MG/0.75GM TRANSDERMAL	3	QL (1 packet/day); F; AL (Min 18 Years)
DIVIGEL GEL 1 MG/GM TRANSDERMAL	3	QL (1 packet/day); F; AL (Min 18 Years)
DIVIGEL GEL 1.25 MG/1.25GM TRANSDERMAL	3	QL (1 packet/day); F; AL (Min 18 Years)
DOTTI PATCH TWICE WEEKLY 0.025 MG/24HR TRANSDERMAL	1	QL (8 patches/ 28 days)
DOTTI PATCH TWICE WEEKLY 0.0375 MG/24HR TRANSDERMAL	1	QL (8 patches/ 28 days)

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Drug	Status	Notes
DOTTI PATCH TWICE WEEKLY 0.05 MG/24HR TRANSDERMAL	1	QL (8 patches/ 28 days)
DOTTI PATCH TWICE WEEKLY 0.075 MG/24HR TRANSDERMAL	1	QL (8 patches/ 28 days)
DOTTI PATCH TWICE WEEKLY 0.1 MG/24HR TRANSDERMAL	1	QL (8 patches/ 28 days)
ELESTRIN GEL 0.52 MG/0.87 GM (0.06%) TRANSDERMAL	3	
<i>estradiol gel 0.25 mg/0.25gm transdermal</i>	3	QL (1 packet/day); F; AL (Min 18 Years)
<i>estradiol gel 0.5 mg/0.5gm transdermal</i>	3	QL (1 packet/day); F; AL (Min 18 Years)
<i>estradiol gel 0.75 mg/0.75gm transdermal</i>	3	QL (1 packet/day); F; AL (Min 18 Years)
<i>estradiol gel 0.75 mg/1.25 gm (0.06%) transdermal</i>	3	PA
<i>estradiol gel 1 mg/gm transdermal</i>	3	QL (1 packet/day); F; AL (Min 18 Years)
<i>estradiol gel 1.25 mg/1.25gm transdermal</i>	3	QL (1 packet/day); F; AL (Min 18 Years)
<i>estradiol patch twice weekly 0.025 mg/24hr transdermal</i>	1	QL (8 patches/ 28 days)
<i>estradiol patch twice weekly 0.0375 mg/24hr transdermal</i>	1	QL (8 patches/ 28 days)
<i>estradiol patch twice weekly 0.05 mg/24hr transdermal</i>	1	QL (8 patches/ 28 days)
<i>estradiol patch twice weekly 0.075 mg/24hr transdermal</i>	1	QL (8 patches/ 28 days)
<i>estradiol patch twice weekly 0.1 mg/24hr transdermal</i>	1	QL (8 patches/ 28 days)
<i>estradiol patch weekly 0.025 mg/24hr transdermal</i>	1	QL (4 patches/ 28 days)
<i>estradiol patch weekly 0.0375 mg/24hr transdermal</i>	1	QL (4 patches/ 28 days)
<i>estradiol patch weekly 0.05 mg/24hr transdermal</i>	1	QL (4 patches/ 28 days)
<i>estradiol patch weekly 0.06 mg/24hr transdermal</i>	1	QL (4 patches/ 28 days)
<i>estradiol patch weekly 0.075 mg/24hr transdermal</i>	1	QL (4 patches/ 28 days)
<i>estradiol patch weekly 0.1 mg/24hr transdermal</i>	1	QL (4 patches/ 28 days)
<i>estradiol tablet 0.5 mg oral</i>	1	
<i>estradiol tablet 1 mg oral</i>	1	
<i>estradiol tablet 2 mg oral</i>	1	
<i>estradiol valerate oil 10 mg/ml intramuscular</i>	1	
<i>estradiol valerate oil 20 mg/ml intramuscular</i>	1	
<i>estradiol valerate oil 40 mg/ml intramuscular</i>	1	
ESTROGEL GEL 0.75 MG/1.25 GM (0.06%) TRANSDERMAL	3	PA
<i>estrogens conjugated tablet 0.3 mg oral</i>	2	
<i>estrogens conjugated tablet 0.45 mg oral</i>	2	
<i>estrogens conjugated tablet 0.625 mg oral</i>	2	
<i>estrogens conjugated tablet 0.9 mg oral</i>	2	
<i>estrogens conjugated tablet 1.25 mg oral</i>	2	
EVAMIST SOLUTION 1.53 MG/SPRAY TRANSDERMAL	3	
LYLLANA PATCH TWICE WEEKLY 0.025 MG/24HR TRANSDERMAL	1	QL (8 patches/ 28 days)
LYLLANA PATCH TWICE WEEKLY 0.0375 MG/24HR TRANSDERMAL	1	QL (8 patches/ 28 days)
LYLLANA PATCH TWICE WEEKLY 0.05 MG/24HR TRANSDERMAL	1	QL (8 patches/ 28 days)

Drug	Status	Notes
LYLLANA PATCH TWICE WEEKLY 0.075 MG/24HR TRANSDERMAL	1	QL (8 patches/ 28 days)
LYLLANA PATCH TWICE WEEKLY 0.1 MG/24HR TRANSDERMAL	1	QL (8 patches/ 28 days)
MENEST TABLET 0.3 MG ORAL	3	
MENEST TABLET 0.625 MG ORAL	3	
MENEST TABLET 1.25 MG ORAL	3	
MENEST TABLET 2.5 MG ORAL	3	
MENOSTAR PATCH WEEKLY 14 MCG/24HR TRANSDERMAL	3	QL (4 patches/ 28 days); F
PREMARIN SOLUTION RECONSTITUTED 25 MG INJECTION	3	
PREMARIN TABLET 0.3 MG ORAL	4	
PREMARIN TABLET 0.45 MG ORAL	4	
PREMARIN TABLET 0.625 MG ORAL	4	
PREMARIN TABLET 0.9 MG ORAL	4	
PREMARIN TABLET 1.25 MG ORAL	4	
VIVELLE-DOT PATCH TWICE WEEKLY 0.025 MG/24HR TRANSDERMAL	3	
VIVELLE-DOT PATCH TWICE WEEKLY 0.0375 MG/24HR TRANSDERMAL	3	
VIVELLE-DOT PATCH TWICE WEEKLY 0.05 MG/24HR TRANSDERMAL	3	
VIVELLE-DOT PATCH TWICE WEEKLY 0.075 MG/24HR TRANSDERMAL	3	
VIVELLE-DOT PATCH TWICE WEEKLY 0.1 MG/24HR TRANSDERMAL	3	
*Estrogen-Selective Estrogen Receptor Modulator Comb***		
DUAVEE TABLET 0.45-20 MG ORAL	3	
Fluoroquinolones		
*Fluoroquinolones***		
BAXDELA TABLET 450 MG ORAL	4	PA
CIPRO SUSPENSION RECONSTITUTED 250 MG/5ML (5%) ORAL	3	
CIPRO SUSPENSION RECONSTITUTED 500 MG/5ML (10%) ORAL	3	
CIPRO TABLET 250 MG ORAL	3	QL (2 tabs/day)
CIPRO TABLET 500 MG ORAL	3	QL (2 tabs/day)
<i>ciprofloxacin hcl tablet 250 mg oral</i>	1	QL (2 tabs/day)
<i>ciprofloxacin hcl tablet 500 mg oral</i>	1	QL (2 tabs/day)
<i>ciprofloxacin hcl tablet 750 mg oral</i>	1	QL (2 tabs/day)
<i>levofloxacin solution 25 mg/ml oral</i>	3	
<i>levofloxacin tablet 250 mg oral</i>	1	QL (3 tabs/ day)
<i>levofloxacin tablet 500 mg oral</i>	1	QL (1 tab/day)
<i>levofloxacin tablet 750 mg oral</i>	1	QL (1 tab/day)
<i>moxifloxacin hcl tablet 400 mg oral</i>	1	

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Drug	Status	Notes
<i>ofloxacin tablet 300 mg oral</i>	3	QL (2 tabs/ day)
<i>ofloxacin tablet 400 mg oral</i>	3	QL (2 tabs/ day)
Gastrointestinal Agents - Misc.		
*5-Ht4 Receptor Agonists***		
MOTEGRITY TABLET 1 MG ORAL	4	PA
MOTEGRITY TABLET 2 MG ORAL	4	PA
<i>prucalopride succinate tablet 1 mg oral</i>	4	PA
<i>prucalopride succinate tablet 2 mg oral</i>	4	PA
*Bile Acid Synthesis Disorder Agents***		
CHOLBAM CAPSULE 250 MG ORAL	C	PA; SP
CHOLBAM CAPSULE 250 MG ORAL	C	PA; SP; DS (30 day supply max)
CHOLBAM CAPSULE 50 MG ORAL	C	PA; SP
CHOLBAM CAPSULE 50 MG ORAL	C	PA; SP; DS (30 day supply max)
CTEXLI TABLET 250 MG ORAL	D	PA; SP; DS (30 day supply max)
*Farnesoid X Receptor (Fxr) Agonists***		
OCALIVA TABLET 10 MG ORAL	D	PA; SP; DS (30 day supply max)
OCALIVA TABLET 5 MG ORAL	D	PA; SP; DS (30 day supply max)
*Gallstone Solubilizing Agents***		
CHENODAL TABLET 250 MG ORAL	D	PA; SP; DS (30 day supply max)
URSO FORTE TABLET 500 MG ORAL	3	
<i>ursodiol capsule 300 mg oral</i>	1	
<i>ursodiol tablet 250 mg oral</i>	1	
<i>ursodiol tablet 500 mg oral</i>	1	
*Gastrointestinal Antiallergy Agents***		
<i>cromolyn sodium concentrate 100 mg/5ml oral</i>	1	
GASTROCROM CONCENTRATE 100 MG/5ML ORAL	3	
*Gastrointestinal Chloride Channel Activators***		
<i>lubiprostone capsule 24 mcg oral</i>	2	QL (2 caps/ day); AL (Min 18 Years)
<i>lubiprostone capsule 8 mcg oral</i>	2	QL (2 caps/day); AL (Min 18 Years)
*Gastrointestinal Stimulants***		
<i>metoclopramide hcl monohydrate powder</i>	3	
<i>metoclopramide hcl solution 10 mg/10ml oral</i>	1	
<i>metoclopramide hcl solution 5 mg/5ml oral</i>	1	
<i>metoclopramide hcl tablet 10 mg oral</i>	1	
<i>metoclopramide hcl tablet 5 mg oral</i>	1	
REGLAN TABLET 10 MG ORAL	3	
REGLAN TABLET 5 MG ORAL	3	
*Glucagon-Like Peptide-2 (Glp-2) Analogs***		
GATTEX KIT 5 MG SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
*Hepatotropics - Thyroid Hormone Receptor-Beta Agonists***		
REZDIFFRA TABLET 100 MG ORAL	D	PA; SP; DS (30 day supply max)

Drug	Status	Notes
REZDIFFRA TABLET 60 MG ORAL	D	PA; SP; DS (30 day supply max)
REZDIFFRA TABLET 80 MG ORAL	D	PA; SP; DS (30 day supply max)
*Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists***		
LINZESS CAPSULE 145 MCG ORAL	2	AL (Min 7 Years)
LINZESS CAPSULE 290 MCG ORAL	2	QL (1 cap/day); AL (Min 18 Years)
LINZESS CAPSULE 72 MCG ORAL	2	AL (Min 6 Years)
*Ibs Agent - Mu-Opioid Receptor Agonists***		
VIBERZI TABLET 100 MG ORAL	3	PA; QL (2 tabs/ day); AL (Min 18 Years)
VIBERZI TABLET 75 MG ORAL	3	PA; QL (2 tabs/ day); AL (Min 18 Years)
*Ibs Agent - Selective 5-Ht3 Receptor Antagonists***		
<i>alosetron hcl tablet 0.5 mg oral</i>	4	QL (2 tabs/ day); F; AL (Min 18 Years)
<i>alosetron hcl tablet 1 mg oral</i>	4	QL (2 tabs/ day); F; AL (Min 18 Years)
*Ileal Bile Acid Transporter (Ibat) Inhibitors***		
BYLVAY (PELLETS) CAPSULE SPRINKLE 200 MCG ORAL	D	PA; SP
BYLVAY (PELLETS) CAPSULE SPRINKLE 200 MCG ORAL	D	PA; SP; DS (30 day supply max)
BYLVAY (PELLETS) CAPSULE SPRINKLE 600 MCG ORAL	D	PA; SP
BYLVAY (PELLETS) CAPSULE SPRINKLE 600 MCG ORAL	D	PA; SP; DS (30 day supply max)
BYLVAY CAPSULE 1200 MCG ORAL	D	PA; SP
BYLVAY CAPSULE 1200 MCG ORAL	D	PA; SP; DS (30 day supply max)
BYLVAY CAPSULE 400 MCG ORAL	D	PA; SP
BYLVAY CAPSULE 400 MCG ORAL	D	PA; SP; DS (30 day supply max)
LIVMARLI TABLET 10 MG ORAL	D	PA; SP; DS (30 day supply max)
LIVMARLI TABLET 15 MG ORAL	D	PA; SP; DS (30 day supply max)
LIVMARLI TABLET 20 MG ORAL	D	PA; SP; DS (30 day supply max)
LIVMARLI TABLET 30 MG ORAL	D	PA; SP; DS (30 day supply max)
LYNAVOY TABLET 40 MG ORAL	D	PA; SP; DS (30 day supply max)
*Inflammatory Bowel Agents***		
<i>aminosalicylic acid-5 powder (rx)</i>	3	
APRISO CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM ORAL	3	QL (4 caps/day)
AZULFIDINE EN-TABS TABLET DELAYED RELEASE 500 MG ORAL	3	
AZULFIDINE TABLET 500 MG ORAL	3	
<i>balsalazide disodium capsule 750 mg oral</i>	1	
<i>mesalamine capsule delayed release 400 mg oral</i>	3	
<i>mesalamine enema 4 gm rectal</i>	3	
<i>mesalamine er capsule extended release 24 hour 0.375 gm oral</i>	3	QL (4 caps/day)
<i>mesalamine er capsule extended release 250 mg oral</i>	2	
<i>mesalamine er capsule extended release 500 mg oral</i>	2	
<i>mesalamine suppository 1000 mg rectal</i>	2	QL (1 suppository/day)
<i>mesalamine tablet delayed release 1.2 gm oral</i>	3	QL (4 tabs/day); AL (Min 18 Years)
PENTASA CAPSULE EXTENDED RELEASE 250 MG ORAL	2	

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Drug	Status	Notes
PENTASA CAPSULE EXTENDED RELEASE 500 MG ORAL	3	PA
SFROWASA ENEMA 4 GM/60ML RECTAL	3	
<i>sulfasalazine powder</i>	3	
<i>sulfasalazine tablet 500 mg oral</i>	1	
<i>sulfasalazine tablet delayed release 500 mg oral</i>	1	
*Integrin Receptor Antagonists***		
ENTYVIO PEN SOLUTION AUTO-INJECTOR 108 MG/0.68ML SUBCUTANEOUS	C	PA; SP; DS (30 day supply max)
*Interleukin Antagonists***		
OMVOH (300 MG DOSE) SOLUTION AUTO-INJECTOR 100 MG/ML & 200 MG/2ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
OMVOH (300 MG DOSE) SOLUTION PREFILLED SYRINGE 100 MG/ML & 200 MG/2ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
OMVOH SOLUTION AUTO-INJECTOR 100 MG/ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
OMVOH SOLUTION AUTO-INJECTOR 200 MG/2ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
OMVOH SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
OMVOH SOLUTION PREFILLED SYRINGE 200 MG/2ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
SKYRIZI SOLUTION CARTRIDGE 180 MG/1.2ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
SKYRIZI SOLUTION CARTRIDGE 360 MG/2.4ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
TREMFYA PEN SOLUTION AUTO-INJECTOR 200 MG/2ML SUBCUTANEOUS	B	SP
TREMFYA SOLUTION PREFILLED SYRINGE 200 MG/2ML SUBCUTANEOUS	B	SP
TREMFYA-CD/UC INDUCTION SOLUTION AUTO-INJECTOR 200 MG/2ML SUBCUTANEOUS	B	SP
*Intestinal Acidifiers***		
<i>enulose solution 10 gm/15ml oral</i>	1	
<i>generlac solution 10 gm/15ml oral</i>	1	
<i>lactulose encephalopathy solution 10 gm/15ml oral</i>	1	
*Peripheral Opioid Receptor Antagonists***		
SYMPROIC TABLET 0.2 MG ORAL	4	PA
*Peroxisome Proliferator-Activated Receptor Agonists***		
IQIRVO TABLET 80 MG ORAL	D	PA; SP; DS (30 day supply max)
LIVDELZI CAPSULE 10 MG ORAL	D	PA; SP; DS (30 day supply max)
*Phosphate Binder Agents***		
<i>calcium acetate (phos binder) capsule 667 mg oral</i>	1	
<i>calcium acetate (phos binder) tablet 667 mg oral (rx)</i>	1	
<i>calcium acetate tablet 667 mg oral</i>	1	
<i>ferric citrate tablet 1 gm 210 mg(fe) oral</i>	4	PA

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Drug	Status	Notes
FOSRENOL PACKET 1000 MG ORAL	3	
FOSRENOL PACKET 750 MG ORAL	3	
FOSRENOL TABLET CHEWABLE 1000 MG ORAL	D	SP; QL (3 tabs/ day); DS (30 day supply max); AL (Min 16 Years)
FOSRENOL TABLET CHEWABLE 500 MG ORAL	D	SP; QL (3 tabs/ day); DS (30 day supply max); AL (Min 16 Years)
FOSRENOL TABLET CHEWABLE 750 MG ORAL	D	SP; QL (3 tabs/ day); DS (30 day supply max); AL (Min 16 Years)
<i>lanthanum carbonate tablet chewable 1000 mg oral</i>	B	SP; QL (3 tabs/ day); DS (30 day supply max); AL (Min 16 Years)
<i>lanthanum carbonate tablet chewable 500 mg oral</i>	B	SP; QL (3 tabs/ day); DS (30 day supply max); AL (Min 16 Years)
<i>lanthanum carbonate tablet chewable 750 mg oral</i>	B	SP; QL (3 tabs/ day); DS (30 day supply max); AL (Min 16 Years)
<i>sevelamer carbonate packet 0.8 gm oral</i>	3	QL (15 packets/ day)
<i>sevelamer carbonate packet 2.4 gm oral</i>	3	QL (5 packets/ day)
<i>sevelamer carbonate tablet 800 mg oral</i>	1	QL (15 tabs/day)
<i>sevelamer hcl tablet 400 mg oral</i>	3	QL (35 tabs/ day)
<i>sevelamer hcl tablet 800 mg oral</i>	1	QL (17.5 tabs/day)
VELPHORO TABLET CHEWABLE 500 MG ORAL	4	PA
*Sphingosine 1-Phosphate (S1p) Receptor Modulators (Gi)***		
VELSIPITY TABLET 2 MG ORAL	D	PA; SP; DS (30 day supply max)
*Tryptophan Hydroxylase Inhibitors***		
XERMELO TABLET 250 MG ORAL	D	PA; SP; DS (30 day supply max)
*Tumor Necrosis Factor Alpha Blockers***		
CIMZIA (1 SYRINGE) PREFILLED SYRINGE KIT 200 MG/ML SUBCUTANEOUS	B	PA; SP
CIMZIA (2 SYRINGE) PREFILLED SYRINGE KIT 200 MG/ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
CIMZIA KIT 2 X 200 MG SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
CIMZIA-STARTER PREFILLED SYRINGE KIT 200 MG/ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
ZYMFENTRA (1 PEN) AUTO-INJECTOR KIT 120 MG/ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
ZYMFENTRA (2 PEN) AUTO-INJECTOR KIT 120 MG/ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
ZYMFENTRA (2 SYRINGE) PREFILLED SYRINGE KIT 120 MG/ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
Genitourinary Agents - Miscellaneous		
*5-Alpha Reductase Inhibitors***		
<i>dutasteride capsule 0.5 mg oral</i>	1	QL (1 cap/day); M
<i>finasteride tablet 5 mg oral</i>	1	QL (1 tab/day)
PROSCAR TABLET 5 MG ORAL	3	QL (1 tab/day)
*Alpha 1-Adrenoceptor Antagonists***		
<i>alfuzosin hcl er tablet extended release 24 hour 10 mg oral</i>	1	QL (1 tab/day)

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Drug	Status	Notes
<i>silodosin capsule 4 mg oral</i>	3	
<i>silodosin capsule 8 mg oral</i>	3	
<i>tamsulosin hcl capsule 0.4 mg oral</i>	1	
*Citrates***		
<i>potassium citrate er tablet extended release 10 meq (1080 mg) oral</i>	1	
<i>potassium citrate er tablet extended release 15 meq (1620 mg) oral</i>	1	
<i>potassium citrate er tablet extended release 5 meq (540 mg) oral</i>	1	
<i>potassium citrate granules (otc)</i>	3	
<i>potassium citrate monohydrate granules</i>	3	
<i>sodium citrate granules (rx)</i>	3	
UROCIT-K 10 TABLET EXTENDED RELEASE 10 MEQ (1080 MG) ORAL	3	
UROCIT-K 15 TABLET EXTENDED RELEASE 15 MEQ (1620 MG) ORAL	3	
UROCIT-K 5 TABLET EXTENDED RELEASE 5 MEQ (540 MG) ORAL	3	
*Cystinosis Agents***		
CYSTAGON CAPSULE 150 MG ORAL	C	SP; DS (30 day supply max)
CYSTAGON CAPSULE 50 MG ORAL	C	SP; DS (30 day supply max)
*Genitourinary Irrigants***		
ARGYLE STERILE SALINE SOLUTION 0.9 % IRRIGATION	1	
CURITY STERILE SALINE SOLUTION 0.9 % IRRIGATION	1	
<i>glycine urologic solution 1.5 % irrigation</i>	1	
RENACIDIN SOLUTION IRRIGATION	3	
<i>sodium chloride solution 0.9 % irrigation</i>	1	
<i>sorbitol solution 3 % irrigation</i>	3	
*Igag Agents - A Prolif Inducing Ligand (April) Blocker***		
VOYXACT SOLUTION PREFILLED SYRINGE 400 MG/2ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
*Igag Agents - Dual Baff And April Blocker***		
TRUTAKNA SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
*Igag Agents - Endothelin Receptor Antagonist***		
VANRAFIA TABLET 0.75 MG ORAL	D	PA; SP; DS (30 day supply max)
*Prostatic Hypertrophy Agent Combinations***		
<i>dutasteride-tamsulosin hcl capsule 0.5-0.4 mg oral</i>	1	M
JALYN CAPSULE 0.5-0.4 MG ORAL	3	M
*Small Interfering Ribonucleic Acid Agents (Sirna)***		
RIVFLOZA SOLUTION PREFILLED SYRINGE 128 MG/0.8ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
RIVFLOZA SOLUTION PREFILLED SYRINGE 160 MG/ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)

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Drug	Status	Notes
*Urinary Analgesics***		
<i>phenazopyridine hcl powder</i>	3	
*Urinary Stone Agents***		
LITHOSTAT TABLET 250 MG ORAL	3	
THIOLA EC TABLET DELAYED RELEASE 100 MG ORAL	D	PA; SP; DS (30 day supply max)
THIOLA EC TABLET DELAYED RELEASE 300 MG ORAL	D	PA; SP; DS (30 day supply max)
THIOLA TABLET 100 MG ORAL	D	PA; SP; DS (30 day supply max)
<i>tiopronin tablet 100 mg oral</i>	D	PA; SP; DS (30 day supply max)
<i>tiopronin tablet delayed release 100 mg oral</i>	D	PA; SP; DS (30 day supply max)
<i>tiopronin tablet delayed release 300 mg oral</i>	D	PA; SP; DS (30 day supply max)
VENXXIVA TABLET DELAYED RELEASE 100 MG ORAL	D	PA; SP; DS (30 day supply max)
VENXXIVA TABLET DELAYED RELEASE 300 MG ORAL	D	PA; SP; DS (30 day supply max)
Gout Agents		
*Gout Agent Combinations***		
<i>colchicine-probenecid tablet 0.5-500 mg oral</i>	1	
*Gout Agents***		
<i>allopurinol tablet 100 mg oral</i>	1	
<i>allopurinol tablet 300 mg oral</i>	1	
<i>colchicine powder</i>	3	
<i>colchicine tablet 0.6 mg oral</i>	3	
<i>febuxostat tablet 40 mg oral</i>	4	QL (1 tab/day); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)
<i>febuxostat tablet 80 mg oral</i>	4	QL (1 tab/day); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)
*Uricosurics***		
<i>probenecid tablet 500 mg oral</i>	1	
Hematological Agents - Misc.		
*Antihemophilic Products - Antithrombin-Directed Sirna***		
QFITLIA SOLUTION 20 MG/0.2ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
*Antihemophilic Products - Monoclonal Antibodies***		
ALHEMO SOLUTION PEN-INJECTOR 150 MG/1.5ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
ALHEMO SOLUTION PEN-INJECTOR 300 MG/3ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
ALHEMO SOLUTION PEN-INJECTOR 60 MG/1.5ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
HEMLIBRA SOLUTION 105 MG/0.7ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
HEMLIBRA SOLUTION 12 MG/0.4ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
HEMLIBRA SOLUTION 150 MG/ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
HEMLIBRA SOLUTION 30 MG/ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
HEMLIBRA SOLUTION 300 MG/2ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)

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Drug	Status	Notes
HEMLIBRA SOLUTION 60 MG/0.4ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
HYMPAVZI SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
HYMPAVZI SOLUTION AUTO-INJECTOR 75 MG/0.5ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
*Anti-Von Willebrand Factor Agents***		
CABLIVI KIT 11 MG INJECTION	D	PA; SP; DS (30 day supply max)
*Bradykinin B2 Receptor Antagonists***		
icatibant acetate solution prefilled syringe 30 mg/3ml subcutaneous	D	PA; SP
icatibant acetate solution prefilled syringe 30 mg/3ml subcutaneous	D	PA; SP; DS (30 day supply max)
SAJAZIR SOLUTION PREFILLED SYRINGE 30 MG/3ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
*Bruton's Tyrosine Kinase (Btk) Inhibitors***		
WAYRILZ TABLET 400 MG ORAL	D	PA; SP; DS (30 day supply max)
*C1 Esterase Inhibitors***		
BERINERT KIT 500 UNIT INTRAVENOUS	D	PA; SP; DS (30 day supply max)
CINRYZE SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS	D	PA; SP; DS (30 day supply max)
HAEGARDA SOLUTION RECONSTITUTED 2000 UNIT SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
HAEGARDA SOLUTION RECONSTITUTED 3000 UNIT SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
RUCONEST SOLUTION RECONSTITUTED 2100 UNIT INTRAVENOUS	D	PA; SP; DS (30 day supply max)
*Complement C3 Inhibitors***		
EMPAVELI SOLUTION 1080 MG/20ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
*Complement C5 Inhibitors***		
ZILBRYSQ SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
ZILBRYSQ SOLUTION PREFILLED SYRINGE 23 MG/0.574ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
ZILBRYSQ SOLUTION PREFILLED SYRINGE 32.4 MG/0.81ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
*Complement Factor B Inhibitors***		
FABHALTA CAPSULE 200 MG ORAL	D	PA; SP; DS (30 day supply max)
*Complement Factor D Inhibitors***		
VOYDEYA TABLET 100 MG ORAL	D	PA; SP; DS (30 day supply max)
VOYDEYA TABLET THERAPY PACK 50 & 100 MG ORAL	D	PA; SP; DS (30 day supply max)
*Direct-Acting P2y12 Inhibitors***		
BRILINTA TABLET 60 MG ORAL	4	PA
BRILINTA TABLET 90 MG ORAL	4	PA
ticagrelor tablet 60 mg oral	1	
ticagrelor tablet 90 mg oral	2	HDHP

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Drug	Status	Notes
*Hematorheologic Agents***		
<i>pentoxifylline er tablet extended release 400 mg oral</i>	1	
*Phosphodiesterase Iii Inhibitors***		
<i>cilostazol tablet 100 mg oral</i>	1	QL (2 tabs/ day)
<i>cilostazol tablet 50 mg oral</i>	1	QL (2 tabs/day)
*Plasma Factor Xiiia Inhibitors - Monoclonal Antibodies***		
ANDEMBRY SOLUTION AUTO-INJECTOR 200 MG/1.2ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
*Plasma Kallikrein Inhibitors - Monoclonal Antibodies***		
TAKHZYRO SOLUTION 300 MG/2ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
TAKHZYRO SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
TAKHZYRO SOLUTION PREFILLED SYRINGE 300 MG/2ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
*Plasma Kallikrein Inhibitors***		
EKTERLY TABLET 300 MG ORAL	D	PA; SP; DS (30 day supply max)
KALBITOR SOLUTION 10 MG/ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
ORLADEYO CAPSULE 110 MG ORAL	D	PA; SP; DS (30 day supply max)
ORLADEYO CAPSULE 150 MG ORAL	D	PA; SP; DS (30 day supply max)
ORLADEYO PACKET 108 MG ORAL	D	PA; SP; DS (30 day supply max)
ORLADEYO PACKET 132 MG ORAL	D	PA; SP; DS (30 day supply max)
ORLADEYO PACKET 72 MG ORAL	D	PA; SP; DS (30 day supply max)
ORLADEYO PACKET 96 MG ORAL	D	PA; SP; DS (30 day supply max)
*Platelet Aggregation Inhibitor Combinations***		
<i>aspirin-dipyridamole er capsule extended release 12 hour 25-200 mg oral</i>	1	HDHP
*Platelet Aggregation Inhibitors***		
<i>dipyridamole tablet 25 mg oral</i>	1	
<i>dipyridamole tablet 50 mg oral</i>	1	
<i>dipyridamole tablet 75 mg oral</i>	1	
*Prekallikrein-Directed Antisense Oligonucleotides (Aso)***		
DAWNZERA SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
*Protease-Activated Receptor-1 (Par-1) Antagonists***		
ZONTIVITY TABLET 2.08 MG ORAL	2	QL (1 tab/day); AL (Min 16 Years)
*Pyruvate Kinase Activators***		
AQVESME TABLET 100 MG ORAL	D	SP
PYRUKYND TABLET 20 MG ORAL	D	PA; SP; DS (30 day supply max)
PYRUKYND TABLET 5 MG ORAL	D	PA; SP; DS (30 day supply max)
PYRUKYND TABLET 50 MG ORAL	D	PA; SP; DS (30 day supply max)
PYRUKYND TAPER PACK TABLET THERAPY PACK 5 MG ORAL	D	PA; SP; DS (30 day supply max)

Drug	Status	Notes
PYRUKYND TAPER PACK TABLET THERAPY PACK 7 X 20 MG & 7 X 5 MG ORAL	D	PA; SP; DS (30 day supply max)
PYRUKYND TAPER PACK TABLET THERAPY PACK 7 X 50 MG & 7 X 20 MG ORAL	D	PA; SP; DS (30 day supply max)
*Quinazoline Agents***		
AGRYLIN CAPSULE 0.5 MG ORAL	3	
<i>anagrelide hcl capsule 0.5 mg oral</i>	1	
<i>anagrelide hcl capsule 1 mg oral</i>	1	
*Spleen Tyrosine Kinase (Syk) Inhibitors***		
TAVALISSE TABLET 100 MG ORAL	C	PA; SP; DS (30 day supply max)
TAVALISSE TABLET 150 MG ORAL	C	PA; SP; DS (30 day supply max)
*Thienopyridine Derivatives***		
<i>clopidogrel bisulfate tablet 300 mg oral</i>	1	QL (1 dose); HDHP
<i>clopidogrel bisulfate tablet 300 mg oral</i>	1	QL (1 dose)
<i>clopidogrel bisulfate tablet 75 mg oral</i>	1	QL (1 tab/day)
EFFIENT TABLET 10 MG ORAL	3	QL (1 tab/day); AL (Min 16 Years)
EFFIENT TABLET 5 MG ORAL	3	QL (1 tab/day); AL (Min 16 Years)
<i>prasugrel hcl tablet 10 mg oral</i>	1	QL (1 tab/day); HDHP; AL (Min 16 Years)
<i>prasugrel hcl tablet 5 mg oral</i>	1	QL (1 tab/day); HDHP; AL (Min 16 Years)
Hematopoietic Agents		
*Agents For Gaucher Disease***		
CERDELGA CAPSULE 84 MG ORAL	D	PA; SP; DS (30 day supply max)
<i>miglustat capsule 100 mg oral</i>	D	PA; SP
<i>miglustat capsule 100 mg oral</i>	D	PA; SP; DS (30 day supply max)
YARGESA CAPSULE 100 MG ORAL	D	PA; SP; DS (30 day supply max)
*Cobalamins***		
<i>cyanocobalamin solution 1000 mcg/ml injection</i>	1	
<i>cyanocobalamin solution 500 mcg/0.1ml nasal</i>	3	
DODEX SOLUTION 1000 MCG/ML INJECTION	1	
NASCOBAL SOLUTION 500 MCG/0.1ML NASAL	3	PA
*Cxcr4 Receptor Antagonist***		
XOLREMDI CAPSULE 100 MG ORAL	D	PA; SP; DS (30 day supply max)
*Cytotoxic Agents***		
DROXIA CAPSULE 200 MG ORAL	B	SP; QL (1 cap/day); DS (30 day supply max); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)
DROXIA CAPSULE 300 MG ORAL	B	SP; QL (1 cap/day); DS (30 day supply max); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)
DROXIA CAPSULE 400 MG ORAL	B	SP; QL (1 cap/day); DS (30 day supply max); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)
XROMI SOLUTION 100 MG/ML ORAL	3	PA

Drug	Status	Notes
*Folic Acid/Folates***		
<i>folic acid powder (rx)</i>	3	
<i>folic acid tablet 1 mg oral (otc)</i>	\$0	QL (2 tabs/day); ACA (Tier 1 OR coinsurance if ACA does not apply)
<i>folic acid tablet 1 mg oral (rx)</i>	\$0	QL (2 tabs/day); ACA (Tier 1 OR coinsurance if ACA does not apply)
<i>kp folic acid tablet 1 mg oral</i>	\$0	QL (2 tabs/day); ACA (Tier 1 OR coinsurance if ACA does not apply)
<i>true folic acid tablet 1 mg oral</i>	\$0	QL (2 tabs/day); ACA (Tier 1 OR coinsurance if ACA does not apply)
*Granulocyte Colony-Stimulating Factors (G-Csf)***		
ARMLUPEG SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
FILKRI SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML INJECTION	D	PA; SP; DS (10 day supply max)
FILKRI SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML INJECTION	D	PA; SP; DS (10 day supply max)
FULPHILA SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS	B	PA; SP; QL (0.086 per day); DS (30 day supply max)
NEULASTA ONPRO SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS	C	PA; SP; QL (4 injections/ 28 days); DS (30 day supply max)
NEULASTA SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS	C	PA; SP; QL (4 injections/ 28 days); DS (30 day supply max)
NIVESTYM SOLUTION 300 MCG/ML INJECTION	B	PA; SP; QL (1 vial/day; max 10 days supply. Minimum Day Supply is 8); DS (8 day supply max)
NIVESTYM SOLUTION 480 MCG/1.6ML INJECTION	B	PA; SP; QL (1 vial/day; max 10 days supply. Minimum Day Supply is 8); DS (8 day supply max)
NIVESTYM SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML INJECTION	B	PA; SP; QL (1 vial/day; max 10 days supply. Minimum Day Supply is 8); DS (8 day supply max)
NIVESTYM SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML INJECTION	B	PA; SP; QL (1 vial/day; max 10 days supply. Minimum Day Supply is 8); DS (8 day supply max)
UDENYCA SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS	B	SP; DS (30 day supply max)
ZARXIO SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML INJECTION	D	SP; QL (1 vial/day; max 10 days supply. Minimum Day Supply is 8); DS (10 day supply max)
ZARXIO SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML INJECTION	D	SP; QL (1 vial/day; max 11 days supply. Minimum Day Supply is 8); DS (11 day supply max)
*Granulocyte/Macrophage Colony-Stimulating Factor(Gm-Csf)***		
LEUKINE SOLUTION RECONSTITUTED 250 MCG INJECTION	D	SP; DS (30 day supply max)
*Hypoxia-Inducible Factor Prolyl Hydroxylase Inhibitors***		
JESDUVROQ TABLET 1 MG ORAL	3	PA

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Drug	Status	Notes
JESDUVROQ TABLET 2 MG ORAL	3	PA
JESDUVROQ TABLET 4 MG ORAL	3	PA
JESDUVROQ TABLET 6 MG ORAL	3	PA
JESDUVROQ TABLET 8 MG ORAL	3	PA
VAFSEO TABLET 150 MG ORAL	D	PA; SP; DS (30 day supply max)
VAFSEO TABLET 300 MG ORAL	D	PA; SP; DS (30 day supply max)
*Iron***		
SPATONE PUR-ABSORB IRON SOLUTION 5 MG/20ML ORAL	\$0	ACA (Tier 3 OR coinsurance if ACA does not apply); AL (Max 1 Years)
*Thrombopoietin (Tpo) Receptor Agonists***		
ALVAIZ TABLET 18 MG ORAL	D	PA; SP; DS (30 day supply max)
ALVAIZ TABLET 36 MG ORAL	D	PA; SP; DS (30 day supply max)
ALVAIZ TABLET 54 MG ORAL	D	PA; SP; DS (30 day supply max)
ALVAIZ TABLET 9 MG ORAL	D	PA; SP; DS (30 day supply max)
DOPTELET SPRINKLE CAPSULE SPRINKLE 10 MG ORAL	C	PA; SP; DS (30 day supply max)
DOPTELET TABLET 20 MG ORAL	C	PA; SP
DOPTELET TABLET 20 MG ORAL	C	PA; SP; DS (30 day supply max)
<i>eltrombopag olamine packet 12.5 mg oral</i>	C	PA; SP; DS (30 day supply max)
<i>eltrombopag olamine packet 25 mg oral</i>	C	PA; SP; DS (30 day supply max)
<i>eltrombopag olamine tablet 12.5 mg oral</i>	C	PA; SP; DS (30 day supply max)
<i>eltrombopag olamine tablet 25 mg oral</i>	C	PA; SP; DS (30 day supply max)
<i>eltrombopag olamine tablet 50 mg oral</i>	C	PA; SP; DS (30 day supply max)
<i>eltrombopag olamine tablet 75 mg oral</i>	C	PA; SP; DS (30 day supply max)
MULPLETA TABLET 3 MG ORAL	C	PA; SP; DS (30 day supply max)
NPLATE SOLUTION RECONSTITUTED 125 MCG SUBCUTANEOUS	D	SP
NPLATE SOLUTION RECONSTITUTED 125 MCG SUBCUTANEOUS	D	SP; DS (30 day supply max)
NPLATE SOLUTION RECONSTITUTED 250 MCG SUBCUTANEOUS	D	SP; DS (30 day supply max)
NPLATE SOLUTION RECONSTITUTED 500 MCG SUBCUTANEOUS	D	SP; DS (30 day supply max)
PROMACTA PACKET 12.5 MG ORAL	D	PA; SP; DS (30 day supply max)
PROMACTA PACKET 25 MG ORAL	D	PA; SP; DS (30 day supply max)
PROMACTA TABLET 12.5 MG ORAL	D	PA; SP; DS (30 day supply max)
PROMACTA TABLET 25 MG ORAL	D	PA; SP; DS (30 day supply max)
PROMACTA TABLET 50 MG ORAL	D	PA; SP; DS (30 day supply max)
PROMACTA TABLET 75 MG ORAL	D	PA; SP; DS (30 day supply max)
Hemostatics		
*Hemostatics - Systemic***		
<i>aminocaproic acid solution 0.25 gm/ml oral</i>	4	
<i>aminocaproic acid tablet 1000 mg oral</i>	4	
<i>aminocaproic acid tablet 500 mg oral</i>	4	

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Drug	Status	Notes
<i>tranexamic acid tablet 650 mg oral</i>	1	
Hypnotics/Sedatives/Sleep Disorder Agents		
*Barbiturate Hypnotics***		
<i>phenobarbital elixir 20 mg/5ml oral</i>	3	
<i>phenobarbital elixir 30 mg/7.5ml oral</i>	3	
<i>phenobarbital elixir 60 mg/15ml oral</i>	3	
<i>phenobarbital powder</i>	3	
<i>phenobarbital sodium powder</i>	3	
<i>phenobarbital tablet 100 mg oral</i>	1	
<i>phenobarbital tablet 15 mg oral</i>	1	
<i>phenobarbital tablet 16.2 mg oral</i>	1	
<i>phenobarbital tablet 30 mg oral</i>	1	
<i>phenobarbital tablet 32.4 mg oral</i>	1	
<i>phenobarbital tablet 60 mg oral</i>	1	
<i>phenobarbital tablet 64.8 mg oral</i>	1	
<i>phenobarbital tablet 97.2 mg oral</i>	1	
*Benzodiazepine Hypnotics***		
DORAL TABLET 15 MG ORAL	4	PA
<i>estazolam tablet 1 mg oral</i>	1	QL (1 tab/day); AL (Min 18 Years)
<i>estazolam tablet 2 mg oral</i>	1	QL (1 tab/day); AL (Min 18 Years)
<i>flurazepam hcl capsule 15 mg oral</i>	3	QL (2 caps/ day); AL (Min 18 Years)
<i>flurazepam hcl capsule 30 mg oral</i>	3	QL (1 cap/day); AL (Min 18 Years)
HALCION TABLET 0.25 MG ORAL	3	QL (2 tabs/ day); AL (Min 18 Years)
<i>midazolam hcl syrup 2 mg/ml oral</i>	1	QL (10ml/day); AL (Min 6 Months and Max 16 Years)
<i>quazepam tablet 15 mg oral</i>	4	PA
<i>temazepam capsule 15 mg oral</i>	1	QL (1 cap/day); AL (Min 18 Years)
<i>temazepam capsule 22.5 mg oral</i>	1	QL (1 cap/day); AL (Min 18 Years)
<i>temazepam capsule 30 mg oral</i>	1	QL (1 cap/day); AL (Min 18 Years)
<i>temazepam capsule 7.5 mg oral</i>	1	QL (1 cap/day); AL (Min 18 Years)
<i>triazolam tablet 0.125 mg oral</i>	3	QL (1 tab/day); AL (Min 18 Years)
<i>triazolam tablet 0.25 mg oral</i>	1	QL (2 tabs/ day); AL (Min 18 Years)
*Hypnotics - Tricyclic Agents***		
<i>doxepin hcl tablet 3 mg oral</i>	4	ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)
<i>doxepin hcl tablet 6 mg oral</i>	4	ST (Step Therapy applies; see Step Therapy Drug List)
*Non-Benzodiazepine - Gaba-Receptor Modulators***		
<i>eszopiclone tablet 1 mg oral</i>	1	QL (1 tab/day); AL (Min 18 Years)
<i>eszopiclone tablet 2 mg oral</i>	1	QL (1 tab/day); AL (Min 18 Years)
<i>eszopiclone tablet 3 mg oral</i>	1	QL (1 tab/day); AL (Min 18 Years)
<i>zaleplon capsule 10 mg oral</i>	1	

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Drug	Status	Notes
<i>zaleplon capsule 5 mg oral</i>	1	
<i>zolpidem tartrate er tablet extended release 12.5 mg oral</i>	1	QL (1 fills per 25 days)
<i>zolpidem tartrate er tablet extended release 6.25 mg oral</i>	1	QL (1 fills per 25 days)
<i>zolpidem tartrate tablet 10 mg oral</i>	1	QL (1 fills per 25 days)
<i>zolpidem tartrate tablet 5 mg oral</i>	1	QL (1 fills per 25 days)
*Orexin Receptor Antagonists***		
BELSOMRA TABLET 10 MG ORAL	4	QL (1 tab/day); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)
BELSOMRA TABLET 15 MG ORAL	4	QL (1 tab/day); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)
BELSOMRA TABLET 20 MG ORAL	4	QL (1 tab/day); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)
BELSOMRA TABLET 5 MG ORAL	4	QL (1 tab/day); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)
DAYVIGO TABLET 10 MG ORAL	4	QL (1 tab/day); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)
DAYVIGO TABLET 5 MG ORAL	4	QL (1 tab/day); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)
*Selective Melatonin Receptor Agonists***		
<i>ramelteon tablet 8 mg oral</i>	3	QL (1 tab/day); AL (Min 18 Years)
ROZEREM TABLET 8 MG ORAL	3	QL (1 tab/day); AL (Min 18 Years)
<i>tasimelteon capsule 20 mg oral</i>	D	PA; SP; DS (30 day supply max)
Laxatives		
*Bowel Evacuant Combinations***		
CLENPIQ SOLUTION 10-3.5-12 MG-GM -GM/175ML ORAL	3	
GAVILYTE-C SOLUTION RECONSTITUTED 240 GM ORAL	3	
GAVILYTE-G SOLUTION RECONSTITUTED 236 GM ORAL	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply)
GAVILYTE-N WITH FLAVOR PACK SOLUTION RECONSTITUTED 420 GM ORAL	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply)
<i>na sulfate-k sulfate-mg sulf solution 17.5-3.13-1.6 gm/177ml oral</i>	3	
<i>peg 3350-kcl-na bicarb-nacl solution reconstituted 420 gm oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply)
<i>peg-3350/electrolytes solution reconstituted 236 gm oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply)
<i>peg-3350/electrolytes/ascorbic acid solution reconstituted 100 gm oral</i>	4	
<i>peg-kcl-nacl-nasulf-na asc-c solution reconstituted 100 gm oral</i>	4	
SUFLAVE SOLUTION RECONSTITUTED 178.7 GM ORAL	4	
SUPREP BOWEL PREP KIT SOLUTION 17.5-3.13-1.6 GM/177ML ORAL	3	

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Drug	Status	Notes
*Electrolyte-Based Osmotic Laxatives***		
<i>magnesium sulfate powder (rx)</i>	3	
*Laxatives - Miscellaneous***		
<i>constulose solution 10 gm/15ml oral</i>	1	
<i>lactulose solution 10 gm/15ml oral</i>	1	
<i>lactulose solution 20 gm/30ml oral</i>	1	
*Lubricant Laxatives***		
<i>mineral oil heavy oil (rx)</i>	3	
<i>mineral oil oil (rx)</i>	3	
*Surfactant Laxatives***		
<i>docusate sodium powder</i>	3	
Local Anesthetics-Parenteral		
*Local Anesthetics - Amides***		
<i>bupivacaine hcl (bulk) solution 4760 mg/119ml</i>	3	
*Local Anesthetics - Esters***		
<i>procaine hcl crystals</i>	3	
<i>procaine hcl powder</i>	3	
Macrolides		
*Azithromycin***		
<i>azithromycin packet 1 gm oral</i>	4	
<i>azithromycin suspension reconstituted 100 mg/5ml oral</i>	1	
<i>azithromycin suspension reconstituted 200 mg/5ml oral</i>	1	
<i>azithromycin tablet 250 mg oral</i>	1	
<i>azithromycin tablet 500 mg oral</i>	1	
<i>azithromycin tablet 600 mg oral</i>	1	
ZITHROMAX PACKET 1 GM ORAL	4	
ZITHROMAX SUSPENSION RECONSTITUTED 200 MG/5ML ORAL	3	
ZITHROMAX TABLET 250 MG ORAL	3	
ZITHROMAX TABLET 500 MG ORAL	3	
ZITHROMAX TRI-PAK TABLET 500 MG ORAL	3	
ZITHROMAX Z-PAK TABLET 250 MG ORAL	3	
*Clarithromycin***		
<i>clarithromycin er tablet extended release 24 hour 500 mg oral</i>	1	QL (2 tabs/day)
<i>clarithromycin suspension reconstituted 125 mg/5ml oral</i>	3	QL (10 ml/day)
<i>clarithromycin suspension reconstituted 250 mg/5ml oral</i>	3	QL (10 ml/day)
<i>clarithromycin tablet 250 mg oral</i>	1	
<i>clarithromycin tablet 500 mg oral</i>	1	QL (3 tabs/ day)
*Erythromycins***		
E.E.S. 400 TABLET 400 MG ORAL	3	
E.E.S. GRANULES SUSPENSION RECONSTITUTED 200 MG/5ML ORAL	3	

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Drug	Status	Notes
ERYPED 200 SUSPENSION RECONSTITUTED 200 MG/5ML ORAL	3	
ERYPED 400 SUSPENSION RECONSTITUTED 400 MG/5ML ORAL	3	
ERY-TAB TABLET DELAYED RELEASE 250 MG ORAL	3	
ERY-TAB TABLET DELAYED RELEASE 333 MG ORAL	3	
ERY-TAB TABLET DELAYED RELEASE 500 MG ORAL	3	
<i>erythromycin base capsule delayed release particles 250 mg oral</i>	3	
<i>erythromycin base capsule delayed release particles 250 mg oral</i>	3	QL (4 per day)
<i>erythromycin base powder</i>	3	
<i>erythromycin base tablet 250 mg oral</i>	3	
<i>erythromycin base tablet 500 mg oral</i>	3	
<i>erythromycin base tablet delayed release 250 mg oral</i>	3	
<i>erythromycin base tablet delayed release 333 mg oral</i>	3	
<i>erythromycin base tablet delayed release 500 mg oral</i>	3	
<i>erythromycin ethylsuccinate suspension reconstituted 200 mg/5ml oral</i>	1	
<i>erythromycin ethylsuccinate suspension reconstituted 400 mg/5ml oral</i>	1	
<i>erythromycin ethylsuccinate tablet 400 mg oral</i>	3	
<i>erythromycin powder</i>	3	
<i>erythromycin tablet delayed release 250 mg oral</i>	3	
<i>erythromycin tablet delayed release 333 mg oral</i>	3	
<i>erythromycin tablet delayed release 500 mg oral</i>	3	
*Fidaxomicin***		
DIFICID SUSPENSION RECONSTITUTED 40 MG/ML ORAL	D	PA; SP; DS (30 day supply max)
DIFICID TABLET 200 MG ORAL	D	PA; SP; DS (30 day supply max)
<i>fidaxomicin tablet 200 mg oral</i>	D	PA; SP; DS (30 day supply max)
Medical Devices And Supplies		
*Cervical Caps***		
FEMCAP DEVICE 22 MM VAGINAL	\$0	QL (3 caps/ month); DS (30 day supply max); ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
FEMCAP DEVICE 26 MM VAGINAL	\$0	QL (3 caps/ month); DS (30 day supply max); ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
FEMCAP DEVICE 30 MM VAGINAL	\$0	QL (3 caps/ month); DS (30 day supply max); ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F

Drug	Status	Notes
*Condoms - Female***		
FC2 FEMALE CONDOM	\$0	QL (12 condoms/ month); DS (30 day supply max); ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply); F
*Condoms - Male***		
<i>aimsco lubricated</i>	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
<i>condoms</i>	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
DUREX EXTRA SENSITIVE THIN	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
DUREX EXTRA SENSITIVE THIN DEVICE	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
DUREX REALFEEL DEVICE	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
DUREX TROPICAL	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
FANTASY LUBRICATED	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
FANTASY LUBRICATED/SPERMICIDE	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
KAMELEON LUBRICATED	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
<i>kimono</i>	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
KIMONO COLORS DEVICE	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
KIMONO MAXX-LARGE FLARE	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
<i>kimono micro thin</i>	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
<i>kimono micro thin plus</i>	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
<i>kimono plus</i>	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
<i>kimono ps</i>	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
<i>kimono ps plus</i>	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
<i>kimono sensation</i>	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
<i>kimono sensation plus</i>	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
KIMONO SPECIAL DEVICE	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
<i>maxx</i>	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)

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Drug	Status	Notes
<i>maxx plus</i>	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
REALITY LATEX CONDOMS	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
REALITY LATEX/ULTRA TEXTURED DEVICE	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
REALITY LATEX/ULTRA THIN DEVICE	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
TROJAN BARESKIN DEVICE	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
TROJAN ENZ	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
TROJAN MAGNUM	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
TROJAN ULTRA RIBBED LUBRICATED DEVICE	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
TROJAN ULTRA THIN	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
TROJAN ULTRA THIN/SPERMICIDAL	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
TROJAN-ENZ LUBRICATED	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
TROJAN-ENZ/SPERMICIDAL	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
<i>true cover device</i>	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
TRUSTEX COLOR CONDOMS + LUBE	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
TRUSTEX LUB/RIBBED/STUDDED	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
TRUSTEX LUB/SPERMICIDE EX ST	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
TRUSTEX LUB/SPERMICIDE XL	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
TRUSTEX LUBRICATED	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
TRUSTEX LUBRICATED EX LARGE	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
TRUSTEX LUBRICATED EXTRA ST	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
TRUSTEX LUBRICATED/SPERMICIDE	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
TRUSTEX NATURAL CONDOMS + LUBE	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
TRUSTEX NON-LUBRICATED	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
TRUSTEX RIA LUB/SPERMICIDE	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)

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Drug	Status	Notes
TRUSTEX RIA LUBRICATED	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
TRUSTEX RIA NON-LUBRICATED	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
TRUSTEX-NONOXYNOL-9/RIB/STUD	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
*Diaphragms***		
CAYA DIAPHRAGM VAGINAL	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
OMNIFLEX DIAPHRAGM DIAPHRAGM VAGINAL	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
WIDE-SEAL DIAPHRAGM 60 DIAPHRAGM 2 % VAGINAL	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
WIDE-SEAL DIAPHRAGM 65 DIAPHRAGM 2 % VAGINAL	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
WIDE-SEAL DIAPHRAGM 70 DIAPHRAGM 2 % VAGINAL	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
WIDE-SEAL DIAPHRAGM 75 DIAPHRAGM 2 % VAGINAL	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
WIDE-SEAL DIAPHRAGM 80 DIAPHRAGM 2 % VAGINAL	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
WIDE-SEAL DIAPHRAGM 85 DIAPHRAGM 2 % VAGINAL	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
WIDE-SEAL DIAPHRAGM 90 DIAPHRAGM 2 % VAGINAL	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
WIDE-SEAL DIAPHRAGM 95 DIAPHRAGM 2 % VAGINAL	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
*Glucose Monitoring Test Supplies***		
ACCU-CHEK FASTCLIX LANCETS	1	QL (200 lancets/ month); DS (30 day supply max)
ACCU-CHEK SAFE-T PRO LANCETS	1	QL (200 lancets/ month); DS (30 day supply max)
ACCU-CHEK SOFTCLIX LANCETS	1	QL (200 lancets/ month); DS (30 day supply max)
<i>acti-lance 28g</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>acti-lance lite lancets 28g</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>acti-lance special lancets 17g</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>acti-lance universal 23g</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>advanced mobile lancet</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>advantage safety lancets 28g</i>	1	QL (200 lancets/ month); DS (30 day supply max)
ADVOCATE LANCETS	1	QL (200 lancets/ month); DS (30 day supply max)

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Drug	Status	Notes
ADVOCATE LANCETS 30G	1	QL (200 lancets/ month); DS (30 day supply max)
ADVOCATE SAFETY LANCETS	1	QL (200 lancets/ month); DS (30 day supply max)
ADVOCATE SAFETY LANCETS 21G	1	QL (200 lancets/ month); DS (30 day supply max)
ADVOCATE SAFETY LANCETS 23G	1	QL (200 lancets/ month); DS (30 day supply max)
ADVOCATE SAFETY LANCETS 26G	1	QL (200 lancets/ month); DS (30 day supply max)
ADVOCATE SAFETY LANCETS 28G	1	QL (200 lancets/ month); DS (30 day supply max)
AGAMATRIX ULTRA-THIN LANCETS	1	QL (200 lancets/ month); DS (30 day supply max)
<i>aimsco twist lancets 32g</i>	1	QL (200 lancets/ month); DS (30 day supply max)
AIMSCO TWIST LANCETS 33G	1	QL (200 lancets/ month); DS (30 day supply max)
AQUALANCE LANCETS 30G	1	QL (200 lancets/ month); DS (30 day supply max)
<i>assure comfort lancets 28g</i>	1	QL (200 lancets/ month); DS (30 day supply max)
ASSURE LANCE LANCETS	1	QL (200 lancets/ month); DS (30 day supply max)
ASSURE LANCE LANCETS 21G	1	QL (200 lancets/ month); DS (30 day supply max)
ASSURE LANCE PLUS SAFETY 25G	1	QL (200 lancets/ month); DS (30 day supply max)
ASSURE LANCE PLUS SAFETY 30G	1	QL (200 lancets/ month); DS (30 day supply max)
ASSURE LANCE SAFETY LANCET 28G	1	QL (200 lancets/ month); DS (30 day supply max)
<i>aurora lancet super thin 30g</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>aurora lancet thin 23g</i>	1	QL (200 lancets/ month); DS (30 day supply max)
AUTOLET PLATFORMS	1	QL (200 lancets/ month); DS (30 day supply max)
BD MICROTAINER LANCETS (OTC)	1	QL (200 lancets/ month); DS (30 day supply max)
BD MICROTAINER LANCETS (RX)	1	QL (200 lancets/ month); DS (30 day supply max)
CAREONE LANCET SUPER THIN 30G	1	QL (200 lancets/ month); DS (30 day supply max)
<i>careone lancet thin 23g</i>	1	QL (200 lancets/ month); DS (30 day supply max)
CARESENS LANCETS	1	QL (200 lancets/ month); DS (30 day supply max)

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Drug	Status	Notes
CARESENS LANCETS 30G	1	QL (200 lancets/ month); DS (30 day supply max)
CARETOUCH SAFETY LANCETS	1	QL (200 lancets/ month); DS (30 day supply max)
CARETOUCH SAFETY LANCETS 26G	1	QL (200 lancets/ month); DS (30 day supply max)
CARETOUCH TWIST LANCETS 28G	1	QL (200 lancets/ month); DS (30 day supply max)
CARETOUCH TWIST LANCETS 30G	1	QL (200 lancets/ month); DS (30 day supply max)
CARETOUCH TWIST LANCETS 33G	1	QL (200 lancets/ month); DS (30 day supply max)
CARETOUCH TWIST MC LANCETS 30G	1	QL (200 lancets/ month); DS (30 day supply max)
CHOSEN LANCETS 30G	1	QL (200 lancets/ month); DS (30 day supply max)
CHOSEN SAFETY LANCETS 28G	1	QL (200 lancets/ month); DS (30 day supply max)
CLEANLET LANCETS 28G	1	QL (200 lancets/ month); DS (30 day supply max)
CLEVER CHEK LANCETS	1	QL (200 lancets/ month); DS (30 day supply max)
CLEVER CHOICE COMFORT EZ	1	QL (200 lancets/ month); DS (30 day supply max)
CLEVER CHOICE LANCETS 21G	1	QL (200 lancets/ month); DS (30 day supply max)
CLEVER CHOICE LANCETS 23G	1	QL (200 lancets/ month); DS (30 day supply max)
CLEVER CHOICE LANCETS 28G	1	QL (200 lancets/ month); DS (30 day supply max)
COAGUCHEK LANCETS	1	QL (200 lancets/ month); DS (30 day supply max)
<i>comfort assured lancets 28g</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>comfort assured lancets 33g</i>	1	QL (200 lancets/ month); DS (30 day supply max)
COMFORT TOUCH LANCETS 31G	1	QL (200 lancets/ month); DS (30 day supply max)
COMFORT TOUCH PLUS LANCETS 28G	1	QL (200 lancets/ month); DS (30 day supply max)
COMFORT TOUCH PLUS LANCETS 30G	1	QL (200 lancets/ month); DS (30 day supply max)
COMFORT TOUCH TWIST LANCET 30G	1	QL (200 lancets/ month); DS (30 day supply max)
<i>cvs lancets 21g</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>cvs lancets micro thin 33g</i>	1	QL (200 lancets/ month); DS (30 day supply max)

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Drug	Status	Notes
<i>cvs lancets original</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>cvs lancets thin 26g</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>cvs lancets ultra thin 30g</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>cvs lancets ultra-thin 30g</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>cvs ultra thin lancets</i>	1	QL (200 lancets/ month); DS (30 day supply max)
DEXCOM G6 RECEIVER DEVICE	2	PA; QL (1 receiver/lifetime)
DEXCOM G6 SENSOR	2	PA; QL (3 sensors/month); DS (30 day supply max)
DEXCOM G6 TRANSMITTER	2	PA; QL (1 transmitter/ 90 days); DS (90 day supply max)
DEXCOM G7 15 DAY SENSOR	2	QL (2 sensors/month); DS (30 day supply max); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)
DEXCOM G7 RECEIVER DEVICE	2	PA; QL (1 receiver/lifetime)
DEXCOM G7 SENSOR	2	PA; QL (3 sensors/month); DS (30 day supply max)
DIATHRIVE LANCET ULTRA THIN 30	1	QL (200 lancets/ month); DS (30 day supply max)
DIATHRIVE LANCETS	1	QL (200 lancets/ month); DS (30 day supply max)
DROPLET LANCETS ULTRA THIN 30G	1	QL (200 lancets/ month); DS (30 day supply max)
DROPLET PERSONAL LANCETS 30G	1	QL (200 lancets/ month); DS (30 day supply max)
DROPSAFE ACTI-LANCE 23G	1	QL (200 lancets/ month); DS (30 day supply max)
DROPSAFE MEDLANCE LANCET 30G	1	QL (200 lancets/ month); DS (30 day supply max)
<i>drug mart lancets thin 26g</i>	1	QL (200 lancets/ month); DS (30 day supply max)
DRUG MART ON-THE-GO LANCET 30G	1	QL (200 lancets/ month); DS (30 day supply max)
DRUG MART UNILET LANCETS 28G	1	QL (200 lancets/ month); DS (30 day supply max)
DRUG MART UNILET LANCETS 30G	1	QL (200 lancets/ month); DS (30 day supply max)
DRUG MART UNILET LANCETS 33G	1	QL (200 lancets/ month); DS (30 day supply max)
<i>easy comfort lancets</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>easy comfort lancets twist top</i>	1	
<i>easy comfort lancets twist top</i>	1	QL (200 lancets/ month); DS (30 day supply max)

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Drug	Status	Notes
EASY TOUCH LANCETS 21G	1	QL (200 lancets/ month); DS (30 day supply max)
EASY TOUCH LANCETS 23G	1	QL (200 lancets/ month); DS (30 day supply max)
EASY TOUCH LANCETS 26G	1	QL (200 lancets/ month); DS (30 day supply max)
EASY TOUCH LANCETS 28G	1	QL (200 lancets/ month); DS (30 day supply max)
EASY TOUCH LANCETS 28G/TWIST	1	QL (200 lancets/ month); DS (30 day supply max)
EASY TOUCH LANCETS 30G	1	QL (200 lancets/ month); DS (30 day supply max)
EASY TOUCH LANCETS 30G/TWIST	1	QL (200 lancets/ month); DS (30 day supply max)
EASY TOUCH LANCETS 32G	1	QL (200 lancets/ month); DS (30 day supply max)
EASY TOUCH LANCETS 32G/TWIST	1	QL (200 lancets/ month); DS (30 day supply max)
EASY TOUCH LANCETS 33G/TWIST	1	QL (200 lancets/ month); DS (30 day supply max)
EASY TOUCH SAFETY LANCETS 21G	1	QL (200 lancets/ month); DS (30 day supply max)
EASY TOUCH SAFETY LANCETS 23G	1	QL (200 lancets/ month); DS (30 day supply max)
EASY TOUCH SAFETY LANCETS 26G	1	QL (200 lancets/ month); DS (30 day supply max)
EASY TOUCH SAFETY LANCETS 28G	1	QL (200 lancets/ month); DS (30 day supply max)
EMBRACE LANCETS ULTRA THIN 30G	1	QL (200 lancets/ month); DS (30 day supply max)
EMBRACE PRESSURE ACTIVATED 21G	1	QL (200 lancets/ month); DS (30 day supply max)
EMBRACE PRESSURE ACTIVATED 28G	1	QL (200 lancets/ month); DS (30 day supply max)
<i>eqi color lancets 21g</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>eqi color lancets micro 33g</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>eqi super thin lancets 30g</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>eqi thin lancets 26g</i>	1	QL (200 lancets/ month); DS (30 day supply max)
EVERSENSE 365 SMART TRANSMIT	2	
E-Z JECT LANCET MICRO-THIN 33G	1	QL (200 lancets/ month); DS (30 day supply max)
E-Z JECT LANCET SUPER THIN 30G	1	QL (200 lancets/ month); DS (30 day supply max)

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Drug	Status	Notes
E-Z JECT LANCETS	1	QL (200 lancets/ month); DS (30 day supply max)
E-Z JECT LANCETS 21G	1	QL (200 lancets/ month); DS (30 day supply max)
E-Z JECT LANCETS THIN 26G	1	QL (200 lancets/ month); DS (30 day supply max)
EZ-LETS LANCETS 21G	1	QL (200 lancets/ month); DS (30 day supply max)
EZ-LETS LANCETS 26G	1	QL (200 lancets/ month); DS (30 day supply max)
EZ-LETS LANCETS 28G	1	QL (200 lancets/ month); DS (30 day supply max)
EZ-LETS LANCETS 30G	1	QL (200 lancets/ month); DS (30 day supply max)
FIFTY50 SAFETY SEAL LANCETS	1	QL (200 lancets/ month); DS (30 day supply max)
FIFTY50 UNILET LANCETS 33G	1	QL (200 lancets/ month); DS (30 day supply max)
FINGERSTIX LANCETS	1	QL (200 lancets/ month); DS (30 day supply max)
<i>fondcircle single use lancets</i>	1	QL (200 lancets/ month); DS (30 day supply max)
FORA LANCETS	1	QL (200 lancets/ month); DS (30 day supply max)
FREESTYLE LANCETS	1	QL (200 lancets/ month); DS (30 day supply max)
FREESTYLE UNISTICK II LANCETS	1	QL (200 lancets/ month); DS (30 day supply max)
GENTEEL BUTTERFLY TOUCH LANCET	1	QL (200 lancets/ month); DS (30 day supply max)
GENTEEL CONTACT TIPS (BLUE)	1	QL (200 lancets/ month); DS (30 day supply max)
GENTEEL CONTACT TIPS (CLEAR)	1	QL (200 lancets/ month); DS (30 day supply max)
GENTEEL CONTACT TIPS (GREEN)	1	QL (200 lancets/ month); DS (30 day supply max)
GENTEEL CONTACT TIPS (ORANGE)	1	QL (200 lancets/ month); DS (30 day supply max)
GENTEEL CONTACT TIPS (RAINBOW)	1	QL (200 lancets/ month); DS (30 day supply max)
GENTEEL CONTACT TIPS (VIOLET)	1	QL (200 lancets/ month); DS (30 day supply max)
GENTEEL CONTACT TIPS (YELLOW)	1	QL (200 lancets/ month); DS (30 day supply max)
GENTEEL NOZZLES	1	QL (200 lancets/ month); DS (30 day supply max)
<i>global inject ease lancets 28g</i>	1	QL (200 lancets/ month); DS (30 day supply max)

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Drug	Status	Notes
<i>global inject ease lancets 30g</i>	1	QL (200 lancets/ month); DS (30 day supply max)
GLUCOCOM LANCETS 28G	1	QL (200 lancets/ month); DS (30 day supply max)
GLUCOCOM LANCETS 30G	1	QL (200 lancets/ month); DS (30 day supply max)
GLUCOCOM LANCETS 33G	1	QL (200 lancets/ month); DS (30 day supply max)
<i>gnp lancets 21g</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>gnp lancets thin 26g</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>gnp sterile lancets 28g</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>gnp sterile lancets 30g</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>gnp sterile lancets 33g</i>	1	QL (200 lancets/ month); DS (30 day supply max)
GOJJI STERILE LANCETS	1	QL (200 lancets/ month); DS (30 day supply max)
<i>goodsense color lancets 33g</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>goodsense lancets 26g univ</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>goodsense lancets 30g</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>goodsense lancets 30g univ</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>goodsense lancets 33g</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>goodsense lancets 33g univ</i>	1	QL (200 lancets/ month); DS (30 day supply max)
HAEMOLANCE	1	QL (200 lancets/ month); DS (30 day supply max)
HAEMOLANCE LOW FLOW LANCETS	1	QL (200 lancets/ month); DS (30 day supply max)
HAEMOLANCE PLUS	1	QL (200 lancets/ month); DS (30 day supply max)
HAEMOLANCE PLUS HIGH FLOW	1	QL (200 lancets/ month); DS (30 day supply max)
HAEMOLANCE PLUS LOW FLOW	1	QL (200 lancets/ month); DS (30 day supply max)
HAEMOLANCE PLUS MAX FLOW	1	QL (200 lancets/ month); DS (30 day supply max)
HAEMOLANCE PLUS PEDIATRIC FLOW	1	QL (200 lancets/ month); DS (30 day supply max)
<i>h-e-b incontrol lancets 28g</i>	1	QL (200 lancets/ month); DS (30 day supply max)

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Drug	Status	Notes
<i>h-e-b incontrol lancets 30g</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>h-e-b incontrol lancets 33g</i>	1	QL (200 lancets/ month); DS (30 day supply max)
HY-VEE LANCETS	1	QL (200 lancets/ month); DS (30 day supply max)
<i>hy-vee thin lancets</i>	1	QL (200 lancets/ month); DS (30 day supply max)
IN TOUCH STERILE LANCETS 30G	1	QL (200 lancets/ month); DS (30 day supply max)
<i>kinney lancets</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>kinney thin lancets</i>	1	QL (200 lancets/ month); DS (30 day supply max)
KROGER HEALTHPRO LANCET 26G	1	QL (200 lancets/ month); DS (30 day supply max)
<i>kroger lancets</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>kroger lancets 21g</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>kroger lancets micro thin 33g</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>kroger lancets super thin</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>kroger lancets thin</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>kroger lancets thin 26g</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>kroger lancets ultrathin 30g</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>lancets</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>lancets 28g thin</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>lancets 30g</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>lancets 33g</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>lancets micro thin 33g</i>	1	QL (200 lancets/ month); DS (30 day supply max)
LANCETS SUPER THIN	1	QL (200 lancets/ month); DS (30 day supply max)
<i>lancets super thin 28g</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>lancets thin</i>	1	QL (200 lancets/ month); DS (30 day supply max)
LANCETS ULTRA THIN	1	QL (200 lancets/ month); DS (30 day supply max)

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Drug	Status	Notes
<i>lancets ultra thin 30g</i>	1	QL (200 lancets/ month); DS (30 day supply max)
LIBERTY MEDICAL LANCETS	1	QL (200 lancets/ month); DS (30 day supply max)
<i>lite touch lancets</i>	1	QL (200 lancets/ month); DS (30 day supply max)
LITETOUCH LANCETS	1	QL (200 lancets/ month); DS (30 day supply max)
<i>live better lancet super thin</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>longs lancets standard</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>longs lancets thin</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>longs lancets ultra thin</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>medichoice safety lancet</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>medichoice safety lancet extra</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>medichoice safety lancet norm</i>	1	QL (200 lancets/ month); DS (30 day supply max)
MEDLANCE PLUS EXTRA 21G	1	QL (200 lancets/ month); DS (30 day supply max)
MEDLANCE PLUS LITE 25G	1	QL (200 lancets/ month); DS (30 day supply max)
MEDLANCE PLUS SPECIAL 0.8MM	1	QL (200 lancets/ month); DS (30 day supply max)
MEDLANCE PLUS SUPERLITE 30G	1	QL (200 lancets/ month); DS (30 day supply max)
MEDLANCE PLUS UNIVERSAL 21G	1	QL (200 lancets/ month); DS (30 day supply max)
MEIJER LANCETS	1	QL (200 lancets/ month); DS (30 day supply max)
MEIJER LANCETS THIN	1	QL (200 lancets/ month); DS (30 day supply max)
MEIJER LANCETS UNIVERSAL 21G	1	QL (200 lancets/ month); DS (30 day supply max)
MEIJER LANCETS UNIVERSAL 30G	1	QL (200 lancets/ month); DS (30 day supply max)
MEIJER LANCETS UNIVERSAL 33G	1	QL (200 lancets/ month); DS (30 day supply max)
MEIJER SUPER THIN LANCETS	1	QL (200 lancets/ month); DS (30 day supply max)
MICROLET LANCETS	1	QL (200 lancets/ month); DS (30 day supply max)
MICROLET NEXT LANCETS	1	QL (200 lancets/ month); DS (30 day supply max)

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Drug	Status	Notes
MM TWIST LANCETS	1	QL (200 lancets/ month); DS (30 day supply max)
<i>mobile lancets 30g</i>	1	QL (200 lancets/ month); DS (30 day supply max)
MONOLET LANCETS	1	QL (200 lancets/ month); DS (30 day supply max)
MONOLET OPD LANCETS	1	QL (200 lancets/ month); DS (30 day supply max)
MONOLETTOR SAFETY LANCETS	1	QL (200 lancets/ month); DS (30 day supply max)
MYGLUCOHEALTH LANCETS 30G	1	QL (200 lancets/ month); DS (30 day supply max)
NOVA SAFETY LANCETS 23G	1	QL (200 lancets/ month); DS (30 day supply max)
NOVA SAFETY LANCETS 28G	1	QL (200 lancets/ month); DS (30 day supply max)
NOVA SUREFLEX LANCETS	1	QL (200 lancets/ month); DS (30 day supply max)
ONETOUCH DELICA PLUS LANCET30G	1	QL (200 lancets/ month); DS (30 day supply max)
ONETOUCH DELICA PLUS LANCET33G	1	QL (200 lancets/ month); DS (30 day supply max)
ONETOUCH DELICA SAFETY LANCING	1	QL (200 lancets/ month); DS (30 day supply max)
ONETOUCH ULTRASOFT 2 LANCETS	1	QL (200 lancets/ month); DS (30 day supply max)
PERFECT LANCETS 28G	1	QL (200 lancets/ month); DS (30 day supply max)
PERFECT LANCETS 30G	1	QL (200 lancets/ month); DS (30 day supply max)
PERFECT POINT SAFETY LANCETS	1	QL (200 lancets/ month); DS (30 day supply max)
PHARMACIST CHOICE LANCETS	1	QL (200 lancets/ month); DS (30 day supply max)
PHARMACY COUNTER LANCETS	1	QL (200 lancets/ month); DS (30 day supply max)
<i>pip lancets 28g</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>pip lancets 30g</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>preferred plus lancets colored</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>preferred plus lancets thin</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>pro comfort lancets 30g</i>	1	
<i>pro comfort lancets 31g</i>	1	
<i>pro comfort safety lancets 30g</i>	1	QL (200 lancets/ month); DS (30 day supply max)

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Drug	Status	Notes
PRODIGY LANCETS 28G	1	QL (200 lancets/ month); DS (30 day supply max)
PRODIGY SAFETY LANCETS 26G	1	QL (200 lancets/ month); DS (30 day supply max)
PRODIGY TWIST TOP LANCETS 28G	1	QL (200 lancets/ month); DS (30 day supply max)
<i>pure comfort lancets 30g</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>pure comfort safety lancet 30g</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>px lancets microthin 33g</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>px lancets ultra thin 28g</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>qc lancets super thin 30g</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>qc lancets ultra thin</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>qc unilet lancets 28g</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>qc unilet lancets micro thin</i>	1	QL (200 lancets/ month); DS (30 day supply max)
RA E-ZJECT LANCETS 28G	1	QL (200 lancets/ month); DS (30 day supply max)
RA E-ZJECT LANCETS THIN 26G	1	QL (200 lancets/ month); DS (30 day supply max)
RA E-ZJECT LANCETS THIN 28G	1	QL (200 lancets/ month); DS (30 day supply max)
RA E-ZJECT LANCETS ULTRA THIN	1	QL (200 lancets/ month); DS (30 day supply max)
READYLANCE SAFETY LANCETS	1	QL (200 lancets/ month); DS (30 day supply max)
<i>reality lancets</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>reality trigger lancets</i>	1	QL (200 lancets/ month); DS (30 day supply max)
RELION LANCET DEVICES 30G	1	QL (200 lancets/ month); DS (30 day supply max)
RELION LANCETS	1	QL (200 lancets/ month); DS (30 day supply max)
RELION LANCETS MICRO-THIN 33G	1	QL (200 lancets/ month); DS (30 day supply max)
RELION LANCETS THIN 26G	1	QL (200 lancets/ month); DS (30 day supply max)
RELION LANCETS ULTRA-THIN 30G	1	QL (200 lancets/ month); DS (30 day supply max)
RELION ULTRA THIN LANCETS 30G	1	QL (200 lancets/ month); DS (30 day supply max)

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Drug	Status	Notes
RELION ULTRA THIN PLUS LANCETS	1	QL (200 lancets/ month); DS (30 day supply max)
REXALL LANCETS ULTRA THIN 30G	1	QL (200 lancets/ month); DS (30 day supply max)
RIGHTEST ALTERNATE SITE ADAPT	1	QL (200 lancets/ month); DS (30 day supply max)
RIGHTEST GL300 LANCETS	1	QL (200 lancets/ month); DS (30 day supply max)
<i>safety lancet 30g/pressure act</i>	1	QL (200 lancets/ month); DS (30 day supply max)
SAFETY LANCETS	1	QL (200 lancets/ month); DS (30 day supply max)
SAFETY LANCETS 21G	1	QL (200 lancets/ month); DS (30 day supply max)
SAFETY LANCETS 23G	1	QL (200 lancets/ month); DS (30 day supply max)
<i>safety lancets 28g</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>saps health plus lancets</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>saps health twist top lancets</i>	1	
<i>saps twist top lancets</i>	1	
<i>sb lancets thin</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>sb lancets ultra thin</i>	1	QL (200 lancets/ month); DS (30 day supply max)
SENSILANCE SAFETY LANCETS 21G	1	QL (200 lancets/ month); DS (30 day supply max)
SENSILANCE SAFETY LANCETS 26G	1	QL (200 lancets/ month); DS (30 day supply max)
SENSILANCE SAFETY LANCETS 28G	1	QL (200 lancets/ month); DS (30 day supply max)
SINGLE-LET	1	QL (200 lancets/ month); DS (30 day supply max)
<i>sm lancets 33g</i>	1	QL (200 lancets/ month); DS (30 day supply max)
SMART SENSE COLOR LANCETS 33G	1	QL (200 lancets/ month); DS (30 day supply max)
SMART SENSE STANDARD LANCETS	1	QL (200 lancets/ month); DS (30 day supply max)
SMART SENSE SUPER THIN LANCETS	1	QL (200 lancets/ month); DS (30 day supply max)
SMART SENSE THIN LANCETS 26G	1	QL (200 lancets/ month); DS (30 day supply max)
SMARTTEST LANCETS 28G	1	QL (200 lancets/ month); DS (30 day supply max)
SOLUS V2 LANCETS 28G	1	QL (200 lancets/ month); DS (30 day supply max)

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Drug	Status	Notes
SOLUS V2 TWIST LANCETS 30G	1	QL (200 lancets/ month); DS (30 day supply max)
STERILANCE TL	1	QL (200 lancets/ month); DS (30 day supply max)
<i>super thin lancets</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>sure comfort lancets 18g</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>sure comfort lancets 21g</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>sure comfort lancets 23g</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>sure comfort lancets 28g</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>sure comfort lancets 30g</i>	1	QL (200 lancets/ month); DS (30 day supply max)
SURELITE LANCETS	1	QL (200 lancets/ month); DS (30 day supply max)
TECHLITE AST LANCETS	1	QL (200 lancets/ month); DS (30 day supply max)
TECHLITE LANCETS	1	QL (200 lancets/ month); DS (30 day supply max)
TECHLITE LANCETS 26G	1	QL (200 lancets/ month); DS (30 day supply max)
<i>tgt lancet micro thin 33g</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>tgt lancet thin 26g</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>tgt lancet ultra thin 30g</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>todays health thin lancets 28g</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>todays health thin lancets 30g</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>topcare lancets micro-thin 33g</i>	1	QL (200 lancets/ month); DS (30 day supply max)
TRAVEL LANCETS ADVANCED 28G	1	QL (200 lancets/ month); DS (30 day supply max)
<i>true comfort safety lancets</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>true comfort twist top lancets</i>	1	QL (200 lancets/ month); DS (30 day supply max)
TRUEPLUS LANCETS 26G	1	QL (200 lancets/ month); DS (30 day supply max)
TRUEPLUS LANCETS 28G	1	QL (200 lancets/ month); DS (30 day supply max)
TRUEPLUS LANCETS 30G	1	QL (200 lancets/ month); DS (30 day supply max)

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Drug	Status	Notes
TRUEPLUS LANCETS 33G	1	QL (200 lancets/ month); DS (30 day supply max)
TRUEPLUS SAFETY LANCETS 28G	1	QL (200 lancets/ month); DS (30 day supply max)
<i>twist top lancets 30g</i>	1	
ULTILET CLASSIC LANCETS	1	QL (200 lancets/ month); DS (30 day supply max)
ULTILET LANCETS	1	QL (200 lancets/ month); DS (30 day supply max)
ULTILET SAFETY LANCETS	1	QL (200 lancets/ month); DS (30 day supply max)
ULTILET SAFETY LANCETS 23G	1	QL (200 lancets/ month); DS (30 day supply max)
<i>ultra thin lancets 31g</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>ultra-care lancets 30g</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>ultra-care safety lancets 30g</i>	1	QL (200 lancets/ month); DS (30 day supply max)
ULTRA-THIN II AUTO LANCET	1	QL (200 lancets/ month); DS (30 day supply max)
ULTRA-THIN II LANCETS	1	QL (200 lancets/ month); DS (30 day supply max)
UNILET COMFORTOUCH LANCET	1	QL (200 lancets/ month); DS (30 day supply max)
UNILET EXCELITE	1	QL (200 lancets/ month); DS (30 day supply max)
UNILET EXCELITE II	1	QL (200 lancets/ month); DS (30 day supply max)
UNILET G.P. LANCET	1	QL (200 lancets/ month); DS (30 day supply max)
UNILET G.P. SUPERLITE LANCET	1	QL (200 lancets/ month); DS (30 day supply max)
UNILET GP 28 ULTRA THIN	1	QL (200 lancets/ month); DS (30 day supply max)
UNILET LANCET	1	QL (200 lancets/ month); DS (30 day supply max)
UNILET MICRO-THIN 33G	1	QL (200 lancets/ month); DS (30 day supply max)
UNILET SUPERLITE LANCET	1	QL (200 lancets/ month); DS (30 day supply max)
UNILET SUPER-THIN 30G	1	QL (200 lancets/ month); DS (30 day supply max)
UNILET ULTRA-THIN 28G	1	QL (200 lancets/ month); DS (30 day supply max)
UNISTIK 1	1	QL (200 lancets/ month); DS (30 day supply max)

Drug	Status	Notes
UNISTIK 2	1	QL (200 lancets/ month); DS (30 day supply max)
UNISTIK 2 COMFORT	1	QL (200 lancets/ month); DS (30 day supply max)
UNISTIK 2 EXTRA	1	QL (200 lancets/ month); DS (30 day supply max)
UNISTIK 2 NEONATAL	1	QL (200 lancets/ month); DS (30 day supply max)
UNISTIK 2 NORMAL	1	QL (200 lancets/ month); DS (30 day supply max)
UNISTIK 2 SUPER	1	QL (200 lancets/ month); DS (30 day supply max)
UNISTIK 3	1	QL (200 lancets/ month); DS (30 day supply max)
UNISTIK 3 COMFORT	1	QL (200 lancets/ month); DS (30 day supply max)
UNISTIK 3 EXTRA	1	QL (200 lancets/ month); DS (30 day supply max)
UNISTIK 3 GENTLE	1	QL (200 lancets/ month); DS (30 day supply max)
UNISTIK 3 NEONATAL	1	QL (200 lancets/ month); DS (30 day supply max)
UNISTIK 3 NORMAL	1	QL (200 lancets/ month); DS (30 day supply max)
UNISTIK CZT COMFORT	1	QL (200 lancets/ month); DS (30 day supply max)
UNISTIK CZT NORMAL	1	QL (200 lancets/ month); DS (30 day supply max)
UNISTIK NORMAL	1	QL (200 lancets/ month); DS (30 day supply max)
UNISTIK PRO SAFETY LANCET	1	QL (200 lancets/ month); DS (30 day supply max)
UNISTIK SAFETY LANCETS 28G	1	QL (200 lancets/ month); DS (30 day supply max)
UNISTIK SAFETY LANCETS 30G	1	QL (200 lancets/ month); DS (30 day supply max)
UNISTIK TOUCH SAFETY LANC 21G	1	QL (200 lancets/ month); DS (30 day supply max)
UNISTIK TOUCH SAFETY LANC 23G	1	QL (200 lancets/ month); DS (30 day supply max)
UNISTIK TOUCH SAFETY LANC 28G	1	QL (200 lancets/ month); DS (30 day supply max)
UNISTIK TOUCH SAFETY LANC 30G	1	QL (200 lancets/ month); DS (30 day supply max)
UNIVERSAL 1 LANCETS THIN 26G	1	QL (200 lancets/ month); DS (30 day supply max)
UNIVERSAL 1 LANCETS THIN 33G	1	QL (200 lancets/ month); DS (30 day supply max)

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Drug	Status	Notes
UNIVERSAL 1 LANCETS ULTRA THIN	1	QL (200 lancets/ month); DS (30 day supply max)
<i>value plus lancet standard 21g</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>value plus lancets super thin</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>value plus lancets thin 26g</i>	1	QL (200 lancets/ month); DS (30 day supply max)
VERIFINE SAFE LANCET MINI 21G	1	QL (200 lancets/ month); DS (30 day supply max)
VERIFINE SAFE LANCET MINI 23G	1	QL (200 lancets/ month); DS (30 day supply max)
VERIFINE SAFE LANCET MINI 28G	1	QL (200 lancets/ month); DS (30 day supply max)
VERIFINE SAFE LANCET MINI 30G	1	QL (200 lancets/ month); DS (30 day supply max)
VERIFINE UNIVERSAL LANCETS 28G	1	QL (200 lancets/ month); DS (30 day supply max)
VERIFINE UNIVERSAL LANCETS 30G	1	QL (200 lancets/ month); DS (30 day supply max)
VERIFINE UNIVERSAL LANCETS 33G	1	QL (200 lancets/ month); DS (30 day supply max)
VIVAGUARD LANCETS	1	QL (200 lancets/ month); DS (30 day supply max)
VIVAGUARD LANCETS 30G	1	QL (200 lancets/ month); DS (30 day supply max)
VIVAGUARD SAFETY LANCETS 28G	1	QL (200 lancets/ month); DS (30 day supply max)
WALGREENS LANCETS	1	QL (200 lancets/ month); DS (30 day supply max)
<i>walgreens lancets micro thin</i>	1	QL (200 lancets/ month); DS (30 day supply max)
<i>walgreens lancets super thin</i>	1	QL (200 lancets/ month); DS (30 day supply max)
WALGREENS THIN LANCETS	1	QL (200 lancets/ month); DS (30 day supply max)
WALGREENS ULTRA THIN LANCETS	1	QL (200 lancets/ month); DS (30 day supply max)
<i>zevrx twist top lancets 30g</i>	1	
*Insulin Administration Supplies***		
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	4	PA; QL (1 kit/ lifetime); DS (30 day supply max)
OMNIPOD 5 DEXG7G6 PODS GEN 5	4	PA; QL (10 units/fill); DS (30 day supply max)
OMNIPOD 5 LIBRE INTRO KIT	4	PA
OMNIPOD 5 LIBRE PODS	4	PA; QL (10 units/fill); DS (30 day supply max)

Drug	Status	Notes
OMNIPOD CLASSIC PODS (GEN 3)	4	PA; QL (10 units/fill); DS (30 day supply max)
OMNIPOD DASH PODS (GEN 4)	4	PA; QL (10 units/fill); DS (30 day supply max)
<i>pivot supply kit kit</i>	D	PA; SP; DS (30 day supply max)
TWIST REFILL KIT KIT	D	PA; SP; DS (30 day supply max)
TWIST REFILL KIT/INFUSION SET KIT	D	PA; SP; DS (30 day supply max)
TWIST STARTER KIT KIT	D	PA; SP; DS (30 day supply max)
*Misc. Devices***		
<i>folding paddle walker</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
*Needles & Syringes***		
1st tier unifine pentips 29g x 12mm	1	QL (200 needles/month)
1st tier unifine pentips 31g x 5 mm	1	QL (200 needles/month)
1st tier unifine pentips 31g x 6 mm	1	QL (200 needles/month)
1st tier unifine pentips 31g x 8 mm	1	QL (200 needles/month)
1st tier unifine pentips 32g x 4 mm	1	QL (200 needles/month)
1st tier unifine pentips 32g x 6 mm	1	QL (200 needles/month)
1st tier unifine pentips 33g x 4 mm	1	QL (200 needles/month)
1st tier unifine pentips plus 29g x 12mm	1	QL (200 needles/month)
1st tier unifine pentips plus 31g x 5 mm	1	QL (200 needles/month)
1st tier unifine pentips plus 31g x 6 mm	1	QL (200 needles/month)
1st tier unifine pentips plus 31g x 8 mm	1	QL (200 needles/month)
1st tier unifine pentips plus 32g x 4 mm	1	QL (200 needles/month)
1st tier unifine pentips plus 33g x 4 mm	1	QL (200 needles/month)
ADVOCATE INSULIN PEN NEEDLE 32G X 4 MM	1	QL (200 needles/month)
ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM	1	QL (200 needles/month)
ADVOCATE INSULIN PEN NEEDLES 31G X 5 MM	1	QL (200 needles/month)
ADVOCATE INSULIN PEN NEEDLES 31G X 8 MM	1	QL (200 needles/month)
ADVOCATE INSULIN PEN NEEDLES 33G X 4 MM	1	QL (200 needles/month)
ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.3 ML	1	QL (200 syringes/ month)
ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.5 ML	1	QL (200 syringes/ month)
ADVOCATE INSULIN SYRINGE 29G X 1/2" 1 ML	1	QL (200 syringes/ month)
ADVOCATE INSULIN SYRINGE 30G X 5/16" 0.3 ML	1	QL (200 syringes/ month)
ADVOCATE INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	QL (200 syringes/ month)
ADVOCATE INSULIN SYRINGE 30G X 5/16" 1 ML	1	QL (200 syringes/ month)
ADVOCATE INSULIN SYRINGE 31G X 5/16" 0.3 ML	1	QL (200 syringes/ month)
ADVOCATE INSULIN SYRINGE 31G X 5/16" 0.5 ML	1	QL (200 syringes/ month)
ADVOCATE INSULIN SYRINGE 31G X 5/16" 1 ML	1	QL (200 syringes/ month)
<i>aq insulin syringe 29g x 1/2" 1 ml</i>	1	QL (200 syringes/ month)
<i>aq insulin syringe 30g x 5/16" 0.5 ml</i>	1	QL (200 syringes/ month)
<i>aq insulin syringe 31g x 5/16" 1 ml</i>	1	QL (200 syringes/ month)

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Drug	Status	Notes
<i>aqinject pen needle 31g x 5 mm</i>	1	QL (200 needles/month)
<i>aqinject pen needle 32g x 4 mm</i>	1	QL (200 needles/month)
ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM	1	QL (200 needles/month)
ASSURE ID PRO PEN NEEDLES 30G X 5 MM	1	QL (200 needles/month)
ASSURE ID SAFETY PEN NEEDLES 30G X 8 MM	1	QL (200 needles/month)
<i>aum insulin safety pen needle 31g x 4 mm</i>	1	QL (200 needles/month)
<i>aum insulin safety pen needle 31g x 5 mm</i>	1	QL (200 needles/month)
<i>aum mini insulin pen needle 32g x 4 mm</i>	1	QL (200 needles/month)
<i>aum mini insulin pen needle 32g x 5 mm</i>	1	QL (200 needles/month)
<i>aum mini insulin pen needle 32g x 6 mm</i>	1	QL (200 needles/month)
<i>aum mini insulin pen needle 32g x 8 mm</i>	1	QL (200 needles/month)
<i>aum mini insulin pen needle 33g x 4 mm</i>	1	QL (200 needles/month)
<i>aum mini insulin pen needle 33g x 5 mm</i>	1	QL (200 needles/month)
<i>aum mini insulin pen needle 33g x 6 mm</i>	1	QL (200 needles/month)
<i>aum pen needle 32g x 4 mm</i>	1	QL (200 needles/month)
<i>aum pen needle 32g x 5 mm</i>	1	QL (200 needles/month)
<i>aum pen needle 32g x 6 mm</i>	1	QL (200 needles/month)
<i>aum pen needle 33g x 4 mm</i>	1	QL (200 needles/month)
<i>aum pen needle 33g x 5 mm</i>	1	QL (200 needles/month)
<i>aum pen needle 33g x 6 mm</i>	1	QL (200 needles/month)
AUM READYGARD DUO PEN NEEDLE 32G X 4 MM	1	QL (200 needles/month)
AUM SAFETY PEN NEEDLE 31G X 4 MM	1	QL (200 needles/month)
AUM SAFETY PEN NEEDLE 31G X 5 MM	1	QL (200 needles/month)
<i>aurora pen needles 29g x 12mm</i>	1	QL (200 needles/month)
<i>aurora pen needles 31g x 6 mm</i>	1	QL (200 needles/month)
<i>aurora pen needles 31g x 8 mm</i>	1	QL (200 needles/month)
AUTOKEEPER SAFETY PEN NEEDLE 30G X 5 MM	1	QL (200 needles/month)
BD AUTOSHIELD DUO 30G X 5 MM	1	QL (200 needles/month)
BD INS SYR ULTRAFINE 1/2UNIT 31G X 5/16" 0.3 ML	1	QL (200 syringes/ month)
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ML	1	QL (200 syringes/ month)
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.5 ML	1	QL (200 syringes/ month)
BD INSULIN SYRINGE 27.5G X 5/8" 2 ML	1	QL (200 syringes/ month)
BD INSULIN SYRINGE 27G X 1/2" 1 ML	1	QL (200 syringes/ month)
BD INSULIN SYRINGE 29G X 1/2" 0.3 ML	1	QL (200 syringes/ month)
BD INSULIN SYRINGE 29G X 1/2" 0.5 ML (OTC)	1	QL (200 syringes/ month)
BD INSULIN SYRINGE 29G X 1/2" 1 ML (OTC)	1	QL (200 syringes/ month)
BD INSULIN SYRINGE HALF-UNIT 31G X 5/16" 0.3 ML	1	QL (200 syringes/ month)
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML	1	QL (200 syringes/ month)
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 0.5 ML	1	QL (200 syringes/ month)
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 1 ML (OTC)	1	QL (200 syringes/ month)
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 1 ML (RX)	1	QL (200 syringes/ month)

Drug	Status	Notes
BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML	1	QL (200 syringes/ month)
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML	1	QL (200 syringes/ month)
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML	1	QL (200 syringes/ month)
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.5 ML	1	QL (200 syringes/ month)
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.3 ML	1	QL (200 syringes/ month)
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.5 ML	1	QL (200 syringes/ month)
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 1 ML	1	QL (200 syringes/ month)
BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 0.3 ML	1	QL (200 syringes/ month)
BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 0.5 ML	1	QL (200 syringes/ month)
BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 1 ML	1	QL (200 syringes/ month)
BD PEN NEEDLE MICRO ULTRAFINE 32G X 6 MM	1	QL (200 needles/month)
BD PEN NEEDLE MINI ULTRAFINE 31G X 5 MM	1	QL (200 needles/month)
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM	1	QL (200 needles/month)
BD PEN NEEDLE NANO ULTRAFINE 32G X 4 MM	1	QL (200 needles/month)
BD PEN NEEDLE ORIG ULTRAFINE 29G X 12.7MM	1	QL (200 needles/month)
BD PEN NEEDLE SHORT ULTRAFINE 31G X 8 MM	1	QL (200 needles/month)
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.3 ML	1	QL (200 syringes/ month)
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.5 ML	1	QL (200 syringes/ month)
BD SAFETYGLIDE INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	QL (200 syringes/ month)
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.3 ML	1	QL (200 syringes/ month)
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.5 ML	1	QL (200 syringes/ month)
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 1 ML	1	QL (200 syringes/ month)
BD SAFETYGLIDE INSULIN SYRINGE 31G X 5/16" 0.3 ML	1	QL (200 syringes/ month)
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML	1	QL (200 syringes/ month)
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.3 ML	1	QL (200 syringes/ month)
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.5 ML	1	QL (200 syringes/ month)
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 1 ML	1	QL (200 syringes/ month)
CAREFINE PEN NEEDLES 29G X 12MM	1	QL (200 needles/month)
CAREFINE PEN NEEDLES 30G X 8 MM	1	QL (200 needles/month)
CAREFINE PEN NEEDLES 31G X 6 MM	1	QL (200 needles/month)
CAREFINE PEN NEEDLES 31G X 8 MM	1	QL (200 needles/month)
CAREFINE PEN NEEDLES 32G X 4 MM	1	QL (200 needles/month)
CAREFINE PEN NEEDLES 32G X 5 MM	1	QL (200 needles/month)
CAREFINE PEN NEEDLES 32G X 6 MM	1	QL (200 needles/month)
<i>careone insulin syringe 30g x 1/2" 0.3 ml</i>	1	QL (200 syringes/ month)
<i>careone insulin syringe 30g x 1/2" 0.5 ml</i>	1	QL (200 syringes/ month)
<i>careone insulin syringe 30g x 1/2" 1 ml</i>	1	QL (200 syringes/ month)
<i>careone insulin syringe 31g x 5/16" 0.3 ml</i>	1	QL (200 syringes/ month)
<i>careone insulin syringe 31g x 5/16" 0.5 ml</i>	1	QL (200 syringes/ month)
<i>careone insulin syringe 31g x 5/16" 1 ml</i>	1	QL (200 syringes/ month)
<i>careone unifine pentips plus 29g x 12mm</i>	1	QL (200 needles/month)

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Drug	Status	Notes
<i>careone unifine pentips plus 31g x 5 mm</i>	1	QL (200 needles/month)
<i>careone unifine pentips plus 31g x 6 mm</i>	1	QL (200 needles/month)
<i>careone unifine pentips plus 31g x 8 mm</i>	1	QL (200 needles/month)
<i>careone unifine pentips plus 32g x 4 mm</i>	1	QL (200 needles/month)
<i>careone unifine pentips plus 33g x 4 mm</i>	1	QL (200 needles/month)
CARETOUCH INSULIN SYRINGE 28G X 5/16" 1 ML	1	QL (200 syringes/ month)
CARETOUCH INSULIN SYRINGE 29G X 5/16" 1 ML	1	QL (200 syringes/ month)
CARETOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	QL (200 syringes/ month)
CARETOUCH INSULIN SYRINGE 30G X 5/16" 1 ML	1	QL (200 syringes/ month)
CARETOUCH INSULIN SYRINGE 31G X 5/16" 0.3 ML	1	QL (200 syringes/ month)
CARETOUCH INSULIN SYRINGE 31G X 5/16" 0.5 ML	1	QL (200 syringes/ month)
CARETOUCH INSULIN SYRINGE 31G X 5/16" 1 ML	1	QL (200 syringes/ month)
CARETOUCH PEN NEEDLES 29G X 12MM	1	QL (200 needles/month)
CARETOUCH PEN NEEDLES 31G X 5 MM	1	QL (200 needles/month)
CARETOUCH PEN NEEDLES 31G X 6 MM	1	QL (200 needles/month)
CARETOUCH PEN NEEDLES 31G X 8 MM	1	QL (200 needles/month)
CARETOUCH PEN NEEDLES 32G X 4 MM	1	QL (200 needles/month)
CARETOUCH PEN NEEDLES 32G X 5 MM	1	QL (200 needles/month)
CARETOUCH PEN NEEDLES 33G X 4 MM	1	QL (200 needles/month)
CLEVER CHOICE COMFORT EZ 29G X 12MM	1	QL (200 needles/month)
CLEVER CHOICE COMFORT EZ 33G X 4 MM	1	QL (200 needles/month)
CLICKFINE PEN NEEDLES 31G X 5 MM	1	QL (200 needles/month)
CLICKFINE PEN NEEDLES 31G X 6 MM	1	QL (200 needles/month)
<i>clickfine pen needles 31g x 8 mm</i>	1	QL (200 needles/month)
CLICKFINE PEN NEEDLES 32G X 4 MM	1	QL (200 needles/month)
COMFORT ASSIST INSULIN SYRINGE 31G X 5/16" 0.3 ML	1	QL (200 syringes/ month)
COMFORT EZ INSULIN SYRINGE 27G X 1/2" 1 ML	1	QL (200 syringes/ month)
COMFORT EZ INSULIN SYRINGE 28G X 1/2" 0.5 ML	1	QL (200 syringes/ month)
COMFORT EZ INSULIN SYRINGE 28G X 1/2" 1 ML	1	QL (200 syringes/ month)
COMFORT EZ INSULIN SYRINGE 29G X 1/2" 0.3 ML	1	QL (200 syringes/ month)
COMFORT EZ INSULIN SYRINGE 29G X 1/2" 0.5 ML	1	QL (200 syringes/ month)
COMFORT EZ INSULIN SYRINGE 29G X 1/2" 1 ML	1	QL (200 syringes/ month)
COMFORT EZ INSULIN SYRINGE 30G X 1/2" 0.3 ML	1	QL (200 syringes/ month)
COMFORT EZ INSULIN SYRINGE 30G X 1/2" 0.5 ML	1	QL (200 syringes/ month)
COMFORT EZ INSULIN SYRINGE 30G X 1/2" 1 ML	1	QL (200 syringes/ month)
COMFORT EZ INSULIN SYRINGE 30G X 5/16" 0.3 ML	1	QL (200 syringes/ month)
COMFORT EZ INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	QL (200 syringes/ month)
COMFORT EZ INSULIN SYRINGE 30G X 5/16" 1 ML	1	QL (200 syringes/ month)
COMFORT EZ INSULIN SYRINGE 31G X 15/64" 0.3 ML	1	QL (200 syringes/ month)
COMFORT EZ INSULIN SYRINGE 31G X 15/64" 0.5 ML	1	QL (200 syringes/ month)
COMFORT EZ INSULIN SYRINGE 31G X 15/64" 1 ML	1	QL (200 syringes/ month)

Drug	Status	Notes
COMFORT EZ INSULIN SYRINGE 31G X 5/16" 0.3 ML	1	QL (200 syringes/ month)
COMFORT EZ INSULIN SYRINGE 31G X 5/16" 0.5 ML	1	QL (200 syringes/ month)
COMFORT EZ INSULIN SYRINGE 31G X 5/16" 1 ML	1	QL (200 syringes/ month)
COMFORT EZ MICRO PEN NEEDLES 32G X 4 MM	1	QL (200 needles/month)
COMFORT EZ PEN NEEDLES 31G X 5 MM	1	QL (200 needles/month)
COMFORT EZ PEN NEEDLES 31G X 6 MM	1	QL (200 needles/month)
COMFORT EZ PEN NEEDLES 31G X 8 MM	1	QL (200 needles/month)
COMFORT EZ PEN NEEDLES 32G X 4 MM	1	QL (200 needles/month)
COMFORT EZ PEN NEEDLES 32G X 5 MM	1	QL (200 needles/month)
COMFORT EZ PEN NEEDLES 32G X 6 MM	1	QL (200 needles/month)
COMFORT EZ PEN NEEDLES 32G X 8 MM	1	QL (200 needles/month)
COMFORT EZ PEN NEEDLES 33G X 4 MM	1	QL (200 needles/month)
COMFORT EZ PEN NEEDLES 33G X 5 MM	1	QL (200 needles/month)
COMFORT EZ PEN NEEDLES 33G X 6 MM	1	QL (200 needles/month)
COMFORT EZ PEN NEEDLES 33G X 8 MM	1	QL (200 needles/month)
COMFORT EZ PRO PEN NEEDLES 30G X 8 MM	1	QL (200 needles/month)
COMFORT EZ PRO PEN NEEDLES 31G X 4 MM	1	QL (200 needles/month)
COMFORT EZ PRO PEN NEEDLES 31G X 5 MM	1	QL (200 needles/month)
COMFORT EZ SHORT PEN NEEDLES 31G X 8 MM	1	QL (200 needles/month)
COMFORT TOUCH INSULIN PEN NEED 31G X 4 MM	1	QL (200 needles/month)
COMFORT TOUCH INSULIN PEN NEED 31G X 5 MM	1	QL (200 needles/month)
COMFORT TOUCH INSULIN PEN NEED 31G X 6 MM	1	QL (200 needles/month)
COMFORT TOUCH INSULIN PEN NEED 31G X 8 MM	1	QL (200 needles/month)
COMFORT TOUCH INSULIN PEN NEED 32G X 4 MM	1	QL (200 needles/month)
COMFORT TOUCH INSULIN PEN NEED 32G X 5 MM	1	QL (200 needles/month)
COMFORT TOUCH INSULIN PEN NEED 32G X 6 MM	1	QL (200 needles/month)
COMFORT TOUCH INSULIN PEN NEED 32G X 8 MM	1	QL (200 needles/month)
COMFORT TOUCH INSULIN PEN NEED 33G X 4 MM	1	QL (200 needles/month)
COMFORT TOUCH INSULIN PEN NEED 33G X 5 MM	1	QL (200 needles/month)
COMFORT TOUCH INSULIN PEN NEED 33G X 6 MM	1	QL (200 needles/month)
DIATHRIVE PEN NEEDLE 31G X 5 MM	1	QL (200 needles/month)
DIATHRIVE PEN NEEDLE 31G X 6 MM	1	QL (200 needles/month)
DIATHRIVE PEN NEEDLE 31G X 8 MM	1	QL (200 needles/month)
DIATHRIVE PEN NEEDLE 32G X 4 MM	1	QL (200 needles/month)
DROPLET INSULIN SYRINGE 29G X 1/2" 0.3 ML	1	QL (200 syringes/ month)
DROPLET INSULIN SYRINGE 29G X 1/2" 0.5 ML	1	QL (200 syringes/ month)
DROPLET INSULIN SYRINGE 29G X 1/2" 1 ML	1	QL (200 syringes/ month)
DROPLET INSULIN SYRINGE 30G X 1/2" 0.3 ML	1	QL (200 syringes/ month)
DROPLET INSULIN SYRINGE 30G X 1/2" 0.5 ML	1	QL (200 syringes/ month)
DROPLET INSULIN SYRINGE 30G X 1/2" 1 ML	1	QL (200 syringes/ month)
DROPLET INSULIN SYRINGE 30G X 15/64" 0.3 ML	1	QL (200 syringes/ month)

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Drug	Status	Notes
DROPLET INSULIN SYRINGE 30G X 15/64" 0.5 ML	1	QL (200 syringes/ month)
DROPLET INSULIN SYRINGE 30G X 15/64" 1 ML	1	QL (200 syringes/ month)
DROPLET INSULIN SYRINGE 30G X 5/16" 0.3 ML	1	QL (200 syringes/ month)
DROPLET INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	QL (200 syringes/ month)
DROPLET INSULIN SYRINGE 30G X 5/16" 1 ML	1	QL (200 syringes/ month)
DROPLET INSULIN SYRINGE 31G X 15/64" 0.3 ML	1	QL (200 syringes/ month)
DROPLET INSULIN SYRINGE 31G X 15/64" 0.5 ML	1	QL (200 syringes/ month)
DROPLET INSULIN SYRINGE 31G X 15/64" 1 ML	1	QL (200 syringes/ month)
DROPLET INSULIN SYRINGE 31G X 5/16" 0.3 ML	1	QL (200 syringes/ month)
DROPLET INSULIN SYRINGE 31G X 5/16" 0.5 ML	1	QL (200 syringes/ month)
DROPLET INSULIN SYRINGE 31G X 5/16" 1 ML	1	QL (200 syringes/ month)
DROPLET MICRON 34G X 3.5 MM	1	QL (200 needles/month)
DROPLET PEN NEEDLES 29G X 10MM	1	QL (200 needles/month)
DROPLET PEN NEEDLES 29G X 12MM	1	QL (200 needles/month)
DROPLET PEN NEEDLES 30G X 8 MM	1	QL (200 needles/month)
DROPLET PEN NEEDLES 31G X 5 MM	1	QL (200 needles/month)
DROPLET PEN NEEDLES 31G X 6 MM	1	QL (200 needles/month)
DROPLET PEN NEEDLES 31G X 8 MM	1	QL (200 needles/month)
DROPLET PEN NEEDLES 32G X 4 MM	1	QL (200 needles/month)
DROPLET PEN NEEDLES 32G X 5 MM	1	QL (200 needles/month)
DROPLET PEN NEEDLES 32G X 6 MM	1	QL (200 needles/month)
DROPLET PEN NEEDLES 32G X 8 MM	1	QL (200 needles/month)
DROPSAFE AUTOPROTECT DUO 31G X 4 MM	1	QL (200 needles/month)
DROPSAFE AUTOPROTECT DUO 31G X 5 MM	1	QL (200 needles/month)
DROPSAFE AUTOPROTECT DUO 31G X 8 MM	1	QL (200 needles/month)
<i>dropsafe safety pen needles 31g x 5 mm</i>	1	QL (200 needles/month)
<i>dropsafe safety pen needles 31g x 6 mm</i>	1	QL (200 needles/month)
<i>dropsafe safety pen needles 31g x 8 mm</i>	1	QL (200 needles/month)
DROPSAFE SAFETY SYRINGE/NEEDLE 29G X 1/2" 1 ML	1	QL (200 syringes/ month)
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 0.3 ML	1	QL (200 syringes/ month)
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 0.5 ML	1	QL (200 syringes/ month)
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 1 ML	1	QL (200 syringes/ month)
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 0.3 ML	1	QL (200 syringes/ month)
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 0.5 ML	1	QL (200 syringes/ month)
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 1 ML	1	QL (200 syringes/ month)
<i>drug mart unifine pentips 29g x 12mm</i>	1	QL (200 needles/month)
<i>drug mart unifine pentips 31g x 6 mm</i>	1	QL (200 needles/month)
<i>drug mart unifine pentips 31g x 8 mm</i>	1	QL (200 needles/month)
<i>drug mart unifine pentips plus 32g x 4 mm</i>	1	QL (200 needles/month)
<i>easy comfort insulin syringe 29g x 5/16" 0.5 ml</i>	1	QL (200 syringes/ month)
<i>easy comfort insulin syringe 29g x 5/16" 1 ml</i>	1	QL (200 syringes/ month)

Drug	Status	Notes
<i>easy comfort insulin syringe 31g x 1/2" 0.3 ml</i>	1	QL (200 syringes/ month)
<i>easy comfort insulin syringe 31g x 5/16" 0.3 ml</i>	1	QL (200 syringes/ month)
<i>easy comfort insulin syringe 32g x 5/16" 0.5 ml</i>	1	
EASY COMFORT INSULIN SYRINGE 32G X 5/16" 1 ML	1	
EASY COMFORT INSULIN SYRINGE 32G X 5/16" 1 ML	1	QL (200 syringes/ month)
<i>easy comfort pen needles 29g x 4mm</i>	1	QL (200 needles/month)
<i>easy comfort pen needles 29g x 5mm</i>	1	QL (200 needles/month)
<i>easy comfort pen needles 31g x 5 mm</i>	1	QL (200 needles/month)
<i>easy comfort pen needles 31g x 6 mm</i>	1	QL (200 needles/month)
<i>easy comfort pen needles 32g x 4 mm</i>	1	QL (200 needles/month)
<i>easy comfort pen needles 33g x 4 mm</i>	1	
<i>easy comfort pen needles 33g x 5 mm</i>	1	
<i>easy comfort pen needles 33g x 6 mm</i>	1	
<i>easy glide pen needles 33g x 4 mm</i>	1	QL (200 needles/month)
EASY TOUCH FLIPLOCK INSULIN SY 29G X 1/2" 1 ML	1	QL (200 syringes/ month)
EASY TOUCH FLIPLOCK INSULIN SY 30G X 1/2" 1 ML	1	QL (200 syringes/ month)
EASY TOUCH FLIPLOCK INSULIN SY 30G X 5/16" 1 ML	1	QL (200 syringes/ month)
EASY TOUCH FLIPLOCK INSULIN SY 31G X 5/16" 1 ML	1	QL (200 syringes/ month)
EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 0.5 ML	1	QL (200 syringes/ month)
EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 1 ML	1	QL (200 syringes/ month)
EASY TOUCH INSULIN SAFETY SYR 30G X 1/2" 1 ML	1	QL (200 syringes/ month)
EASY TOUCH INSULIN SAFETY SYR 30G X 5/16" 0.5 ML	1	QL (200 syringes/ month)
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ML	1	QL (200 syringes/ month)
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 1 ML	1	QL (200 syringes/ month)
EASY TOUCH INSULIN SYRINGE 27G X 5/8" 1 ML	1	QL (200 syringes/ month)
EASY TOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML	1	QL (200 syringes/ month)
EASY TOUCH INSULIN SYRINGE 28G X 1/2" 1 ML	1	QL (200 syringes/ month)
EASY TOUCH INSULIN SYRINGE 29G X 1/2" 0.5 ML	1	QL (200 syringes/ month)
EASY TOUCH INSULIN SYRINGE 29G X 1/2" 1 ML	1	QL (200 syringes/ month)
EASY TOUCH INSULIN SYRINGE 30G X 1/2" 0.3 ML	1	QL (200 syringes/ month)
EASY TOUCH INSULIN SYRINGE 30G X 1/2" 0.5 ML	1	QL (200 syringes/ month)
EASY TOUCH INSULIN SYRINGE 30G X 1/2" 1 ML	1	QL (200 syringes/ month)
EASY TOUCH INSULIN SYRINGE 30G X 5/16" 0.3 ML	1	QL (200 syringes/ month)
EASY TOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	QL (200 syringes/ month)
EASY TOUCH INSULIN SYRINGE 30G X 5/16" 1 ML	1	QL (200 syringes/ month)
EASY TOUCH INSULIN SYRINGE 31G X 5/16" 0.3 ML	1	QL (200 syringes/ month)
EASY TOUCH INSULIN SYRINGE 31G X 5/16" 0.5 ML	1	QL (200 syringes/ month)
EASY TOUCH INSULIN SYRINGE 31G X 5/16" 1 ML	1	QL (200 syringes/ month)
EASY TOUCH PEN NEEDLES 29G X 12MM	1	QL (200 needles/month)
EASY TOUCH PEN NEEDLES 30G X 5 MM	1	QL (200 needles/month)
EASY TOUCH PEN NEEDLES 30G X 6 MM	1	QL (200 needles/month)

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Drug	Status	Notes
EASY TOUCH PEN NEEDLES 30G X 8 MM	1	QL (200 needles/month)
EASY TOUCH PEN NEEDLES 31G X 5 MM	1	QL (200 needles/month)
EASY TOUCH PEN NEEDLES 31G X 6 MM	1	QL (200 needles/month)
EASY TOUCH PEN NEEDLES 31G X 8 MM	1	QL (200 needles/month)
EASY TOUCH PEN NEEDLES 32G X 4 MM	1	QL (200 needles/month)
EASY TOUCH PEN NEEDLES 32G X 5 MM	1	QL (200 needles/month)
EASY TOUCH PEN NEEDLES 32G X 6 MM	1	QL (200 needles/month)
EASY TOUCH SAFETY PEN NEEDLES 29G X 5MM	1	QL (200 needles/month)
EASY TOUCH SAFETY PEN NEEDLES 29G X 8MM	1	QL (200 needles/month)
EASY TOUCH SAFETY PEN NEEDLES 30G X 8 MM	1	QL (200 needles/month)
EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ML	1	QL (200 syringes/ month)
EASY TOUCH SHEATHLOCK SYRINGE 30G X 1/2" 1 ML	1	QL (200 syringes/ month)
EASY TOUCH SHEATHLOCK SYRINGE 30G X 5/16" 1 ML	1	QL (200 syringes/ month)
EASY TOUCH SHEATHLOCK SYRINGE 31G X 5/16" 1 ML	1	QL (200 syringes/ month)
EMBECTA AUTOSHIELD DUO 30G X 5 MM	1	QL (200 needles/month)
EMBECTA INS SYR U/F 1/2 UNIT 31G X 15/64" 0.3 ML	1	QL (200 syringes/ month)
EMBECTA INS SYR U/F 1/2 UNIT 31G X 5/16" 0.3 ML	1	QL (200 syringes/ month)
EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 0.3 ML	1	QL (200 syringes/ month)
EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 0.5 ML	1	QL (200 syringes/ month)
EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 1 ML	1	QL (200 syringes/ month)
EMBECTA INSULIN SYR ULTRAFINE 31G X 15/64" 0.3 ML	1	QL (200 syringes/ month)
EMBECTA INSULIN SYR ULTRAFINE 31G X 15/64" 0.5 ML	1	QL (200 syringes/ month)
EMBECTA INSULIN SYR ULTRAFINE 31G X 15/64" 1 ML	1	QL (200 syringes/ month)
EMBECTA INSULIN SYR ULTRAFINE 31G X 5/16" 0.3 ML	1	QL (200 syringes/ month)
EMBECTA INSULIN SYR ULTRAFINE 31G X 5/16" 0.5 ML	1	QL (200 syringes/ month)
EMBECTA INSULIN SYR ULTRAFINE 31G X 5/16" 1 ML	1	QL (200 syringes/ month)
EMBECTA INSULIN SYRINGE 28G X 1/2" 0.5 ML	1	QL (200 syringes/ month)
EMBECTA INSULIN SYRINGE 28G X 1/2" 1 ML (OTC)	1	QL (200 syringes/ month)
EMBECTA INSULIN SYRINGE 28G X 1/2" 1 ML (RX)	1	QL (200 syringes/ month)
EMBECTA INSULIN SYRINGE U-100 27G X 5/8" 1 ML	1	QL (200 syringes/ month)
EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ML	1	QL (200 syringes/ month)
EMBECTA PEN NEEDLE NANO 2 GEN 32G X 4 MM	1	QL (200 needles/month)
EMBECTA PEN NEEDLE NANO 32G X 4 MM	1	QL (200 needles/month)
EMBECTA PEN NEEDLE ULTRAFINE 29G X 12.7MM	1	QL (200 needles/month)
EMBECTA PEN NEEDLE ULTRAFINE 31G X 5 MM	1	QL (200 needles/month)
EMBECTA PEN NEEDLE ULTRAFINE 31G X 8 MM	1	QL (200 needles/month)
EMBECTA PEN NEEDLE ULTRAFINE 32G X 6 MM	1	QL (200 needles/month)
EMBRACE PEN NEEDLES 29G X 12MM	1	QL (200 needles/month)
EMBRACE PEN NEEDLES 30G X 5 MM	1	QL (200 needles/month)
EMBRACE PEN NEEDLES 30G X 8 MM	1	QL (200 needles/month)
EMBRACE PEN NEEDLES 31G X 5 MM	1	QL (200 needles/month)

Drug	Status	Notes
EMBRACE PEN NEEDLES 31G X 6 MM	1	QL (200 needles/month)
EMBRACE PEN NEEDLES 31G X 8 MM	1	QL (200 needles/month)
EMBRACE PEN NEEDLES 32G X 4 MM	1	QL (200 needles/month)
<i>eql insulin syringe 29g x 1/2" 0.3 ml</i>	1	QL (200 syringes/ month)
<i>eql insulin syringe 29g x 1/2" 0.5 ml</i>	1	QL (200 syringes/ month)
<i>eql insulin syringe 29g x 1/2" 1 ml</i>	1	QL (200 syringes/ month)
<i>eql insulin syringe 30g x 5/16" 0.3 ml</i>	1	QL (200 syringes/ month)
<i>eql insulin syringe 30g x 5/16" 0.5 ml</i>	1	QL (200 syringes/ month)
<i>eql insulin syringe 30g x 5/16" 1 ml</i>	1	QL (200 syringes/ month)
<i>eql insulin syringe 31g x 5/16" 0.3 ml</i>	1	QL (200 syringes/ month)
<i>eql insulin syringe 31g x 5/16" 0.5 ml</i>	1	QL (200 syringes/ month)
<i>eql insulin syringe 31g x 5/16" 1 ml</i>	1	QL (200 syringes/ month)
FIFTY50 PEN NEEDLES 31G X 5 MM	1	QL (200 needles/month)
FIFTY50 PEN NEEDLES 31G X 8 MM	1	QL (200 needles/month)
FIFTY50 PEN NEEDLES 32G X 4 MM	1	QL (200 needles/month)
FIFTY50 PEN NEEDLES 32G X 6 MM	1	QL (200 needles/month)
FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 0.3 ML	1	QL (200 syringes/ month)
FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 0.5 ML	1	QL (200 syringes/ month)
FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 1 ML	1	QL (200 syringes/ month)
<i>global ease inject pen needles 29g x 12mm</i>	1	QL (200 needles/month)
<i>global ease inject pen needles 31g x 5 mm</i>	1	QL (200 needles/month)
<i>global ease inject pen needles 31g x 8 mm</i>	1	QL (200 needles/month)
<i>global ease inject pen needles 32g x 4 mm</i>	1	QL (200 needles/month)
<i>global easy glide insulin syr 31g x 15/64" 0.3 ml</i>	1	QL (200 syringes/ month)
<i>global easy glide insulin syr 31g x 15/64" 0.5 ml</i>	1	QL (200 syringes/ month)
<i>global easy glide insulin syr 31g x 15/64" 1 ml</i>	1	QL (200 syringes/ month)
<i>global easy glide insulin syr 31g x 5/16" 0.3 ml</i>	1	QL (200 syringes/ month)
<i>global easy glide pen needles 32g x 4 mm</i>	1	QL (200 needles/month)
<i>global inject ease insulin syr 28g x 1/2" 0.5 ml</i>	1	QL (200 syringes/ month)
<i>global inject ease insulin syr 28g x 1/2" 1 ml</i>	1	QL (200 syringes/ month)
<i>global inject ease insulin syr 29g x 1/2" 0.3 ml</i>	1	QL (200 syringes/ month)
<i>global inject ease insulin syr 29g x 1/2" 0.5 ml</i>	1	QL (200 syringes/ month)
<i>global inject ease insulin syr 29g x 1/2" 1 ml</i>	1	QL (200 syringes/ month)
<i>global inject ease insulin syr 30g x 1/2" 0.3 ml</i>	1	QL (200 syringes/ month)
<i>global inject ease insulin syr 30g x 1/2" 0.5 ml</i>	1	QL (200 syringes/ month)
<i>global inject ease insulin syr 30g x 1/2" 1 ml</i>	1	QL (200 syringes/ month)
<i>global inject ease insulin syr 30g x 5/16" 0.3 ml</i>	1	QL (200 syringes/ month)
<i>global inject ease insulin syr 30g x 5/16" 0.5 ml</i>	1	QL (200 syringes/ month)
<i>global inject ease insulin syr 30g x 5/16" 1 ml</i>	1	QL (200 syringes/ month)
<i>global inject ease insulin syr 31g x 5/16" 0.3 ml</i>	1	QL (200 syringes/ month)
<i>global inject ease insulin syr 31g x 5/16" 0.5 ml</i>	1	QL (200 syringes/ month)

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Drug	Status	Notes
<i>global inject ease insulin syr 31g x 5/16" 1 ml</i>	1	QL (200 syringes/ month)
<i>global insulin syringes 30g x 1/2" 0.3 ml</i>	1	QL (200 syringes/ month)
<i>global insulin syringes 30g x 5/16" 0.3 ml</i>	1	QL (200 syringes/ month)
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ML	1	QL (200 syringes/ month)
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.5 ML	1	QL (200 syringes/ month)
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 1 ML	1	QL (200 syringes/ month)
GLUCOPRO INSULIN SYRINGE 30G X 5/16" 0.3 ML	1	QL (200 syringes/ month)
GLUCOPRO INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	QL (200 syringes/ month)
GLUCOPRO INSULIN SYRINGE 30G X 5/16" 1 ML	1	QL (200 syringes/ month)
GLUCOPRO INSULIN SYRINGE 31G X 5/16" 0.3 ML	1	QL (200 syringes/ month)
GLUCOPRO INSULIN SYRINGE 31G X 5/16" 0.5 ML	1	QL (200 syringes/ month)
GLUCOPRO INSULIN SYRINGE 31G X 5/16" 1 ML	1	QL (200 syringes/ month)
<i>gnp clickfine pen needles 31g x 6 mm</i>	1	QL (200 needles/month)
<i>gnp clickfine pen needles 31g x 8 mm</i>	1	QL (200 needles/month)
<i>gnp insulin syringe 28g x 1/2" 0.5 ml</i>	1	QL (200 syringes/ month)
<i>gnp insulin syringe 29g x 1/2" 0.3 ml</i>	1	QL (200 syringes/ month)
<i>gnp insulin syringe 29g x 1/2" 0.5 ml</i>	1	QL (200 syringes/ month)
<i>gnp insulin syringe 29g x 1/2" 1 ml</i>	1	QL (200 syringes/ month)
<i>gnp insulin syringe 30g x 5/16" 0.3 ml</i>	1	QL (200 syringes/ month)
<i>gnp insulin syringe 30g x 5/16" 0.5 ml</i>	1	QL (200 syringes/ month)
<i>gnp insulin syringe 30g x 5/16" 1 ml</i>	1	QL (200 syringes/ month)
<i>gnp insulin syringe 31g x 5/16" 0.3 ml</i>	1	QL (200 syringes/ month)
<i>gnp insulin syringe 31g x 5/16" 0.5 ml</i>	1	QL (200 syringes/ month)
<i>gnp insulin syringe 31g x 5/16" 1 ml</i>	1	QL (200 syringes/ month)
<i>gnp insulin syringes 28gx1/2" 28g x 1/2" 1 ml</i>	1	QL (200 syringes/ month)
<i>gnp insulin syringes 29gx1/2" 29g x 1/2" 0.5 ml</i>	1	QL (200 syringes/ month)
<i>gnp insulin syringes 29gx1/2" 29g x 1/2" 1 ml</i>	1	QL (200 syringes/ month)
<i>gnp insulin syringes 30g x 5/16" 1 ml</i>	1	QL (200 syringes/ month)
<i>gnp insulin syringes 30gx5/16" 30g x 5/16" 0.3 ml</i>	1	QL (200 syringes/ month)
<i>gnp insulin syringes 31gx5/16" 31g x 5/16" 0.3 ml</i>	1	QL (200 syringes/ month)
<i>gnp pen needles 31g x 5 mm</i>	1	QL (200 needles/month)
<i>gnp pen needles 31g x 8 mm</i>	1	QL (200 needles/month)
<i>gnp pen needles 32g x 4 mm</i>	1	QL (200 needles/month)
<i>gnp pen needles 32g x 6 mm</i>	1	QL (200 needles/month)
<i>gnp ulticare pen needles 31g x 5 mm</i>	1	QL (200 needles/month)
<i>gnp ulticare pen needles 31g x 8 mm</i>	1	QL (200 needles/month)
<i>gnp ulticare pen needles 32g x 4 mm</i>	1	QL (200 needles/month)
<i>gnp ulticare pen needles 32g x 6 mm</i>	1	QL (200 needles/month)
GNP ULTIGUARD SAFEPAK NEEDLE 31G X 5 MM	1	QL (200 needles/month)
GNP ULTIGUARD SAFEPAK NEEDLE 31G X 8 MM	1	QL (200 needles/month)
GNP ULTIGUARD SAFEPAK NEEDLE 32G X 4 MM	1	QL (200 needles/month)

Drug	Status	Notes
GNP ULTIGUARD SAFEPAK NEEDLE 32G X 6 MM	1	QL (200 needles/month)
<i>gnp ultra com insulin syringe 28g x 1/2" 1 ml</i>	1	QL (200 syringes/ month)
<i>goodsense clickfine pen needle 31g x 5 mm</i>	1	QL (200 needles/month)
GOODSENSE PEN NEEDLE PENFINE 31G X 5 MM	1	QL (200 needles/month)
GOODSENSE PEN NEEDLE PENFINE 31G X 8 MM	1	QL (200 needles/month)
GOODSENSE PEN NEEDLE PENFINE 32G X 4 MM	1	QL (200 needles/month)
GOODSENSE PEN NEEDLE PENFINE 32G X 6 MM	1	QL (200 needles/month)
<i>healthwise insulin syr/needle 30g x 5/16" 0.3 ml</i>	1	QL (200 syringes/ month)
<i>healthwise insulin syr/needle 30g x 5/16" 0.5 ml</i>	1	QL (200 syringes/ month)
<i>healthwise insulin syr/needle 30g x 5/16" 1 ml</i>	1	QL (200 syringes/ month)
<i>healthwise insulin syr/needle 31g x 5/16" 0.3 ml</i>	1	QL (200 syringes/ month)
<i>healthwise insulin syr/needle 31g x 5/16" 0.5 ml</i>	1	QL (200 syringes/ month)
<i>healthwise insulin syr/needle 31g x 5/16" 1 ml</i>	1	QL (200 syringes/ month)
<i>healthwise micron pen needles 32g x 4 mm</i>	1	QL (200 needles/month)
<i>healthwise short pen needles 31g x 5 mm</i>	1	QL (200 needles/month)
<i>healthwise short pen needles 31g x 8 mm</i>	1	QL (200 needles/month)
<i>h-e-b incontrol pen needles 29g x 12mm</i>	1	QL (200 needles/month)
<i>h-e-b incontrol pen needles 31g x 5 mm</i>	1	QL (200 needles/month)
<i>h-e-b incontrol pen needles 31g x 6 mm</i>	1	QL (200 needles/month)
<i>h-e-b incontrol pen needles 31g x 8 mm</i>	1	QL (200 needles/month)
<i>h-e-b incontrol pen needles 32g x 4 mm</i>	1	QL (200 needles/month)
H-E-B INCONTROL UNIFINE PENTIP 31G X 5 MM	1	QL (200 needles/month)
H-E-B INCONTROL UNIFINE PENTIP 31G X 6 MM	1	QL (200 needles/month)
H-E-B INCONTROL UNIFINE PENTIP 31G X 8 MM	1	QL (200 needles/month)
H-E-B INCONTROL UNIFINE PENTIP 32G X 4 MM	1	QL (200 needles/month)
H-E-B INCONTROL UNIFINE PENTIP 33G X 4 MM	1	QL (200 needles/month)
HM ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ML	1	QL (200 syringes/ month)
HM ULTICARE INSULIN SYRINGE 31G X 5/16" 0.3 ML	1	QL (200 syringes/ month)
HM ULTICARE MINI PEN NEEDLES 31G X 5 MM	1	QL (200 needles/month)
HM ULTICARE SHORT PEN NEEDLES 31G X 8 MM	1	QL (200 needles/month)
INCONTROL ULTICARE PEN NEEDLES 31G X 6 MM	1	QL (200 needles/month)
INCONTROL ULTICARE PEN NEEDLES 31G X 8 MM	1	QL (200 needles/month)
INCONTROL ULTICARE PEN NEEDLES 32G X 4 MM	1	QL (200 needles/month)
<i>insulin syringe 28g x 1/2" 0.5 ml</i>	1	QL (200 syringes/ month)
<i>insulin syringe 29g x 1/2" 0.3 ml</i>	1	QL (200 syringes/ month)
<i>insulin syringe 29g x 1/2" 0.5 ml</i>	1	QL (200 syringes/ month)
<i>insulin syringe 29g x 1/2" 1 ml</i>	1	QL (200 syringes/ month)
<i>insulin syringe 30g x 5/16" 0.3 ml</i>	1	QL (200 syringes/ month)
<i>insulin syringe 30g x 5/16" 0.5 ml</i>	1	QL (200 syringes/ month)
<i>insulin syringe 30g x 5/16" 1 ml</i>	1	QL (200 syringes/ month)
<i>insulin syringe 31g x 5/16" 0.3 ml</i>	1	QL (200 syringes/ month)

Drug	Status	Notes
<i>insulin syringe 31g x 5/16" 0.5 ml</i>	1	QL (200 syringes/ month)
<i>insulin syringe 31g x 5/16" 1 ml</i>	1	QL (200 syringes/ month)
<i>insulin syringe-needle u-100 27g x 1/2" 0.5 ml (otc)</i>	1	QL (200 syringes/ month)
<i>insulin syringe-needle u-100 27g x 1/2" 0.5 ml (rx)</i>	1	QL (200 syringes/ month)
<i>insulin syringe-needle u-100 27g x 1/2" 1 ml (otc)</i>	1	QL (200 syringes/ month)
<i>insulin syringe-needle u-100 27g x 1/2" 1 ml (rx)</i>	1	QL (200 syringes/ month)
<i>insulin syringe-needle u-100 28g x 1/2" 0.5 ml (otc)</i>	1	QL (200 syringes/ month)
<i>insulin syringe-needle u-100 28g x 1/2" 0.5 ml (rx)</i>	1	QL (200 syringes/ month)
<i>insulin syringe-needle u-100 28g x 1/2" 1 ml (otc)</i>	1	QL (200 syringes/ month)
<i>insulin syringe-needle u-100 28g x 1/2" 1 ml (rx)</i>	1	QL (200 syringes/ month)
<i>insulin syringe-needle u-100 29g x 1/2" 0.5 ml (otc)</i>	1	QL (200 syringes/ month)
<i>insulin syringe-needle u-100 29g x 1/2" 0.5 ml (rx)</i>	1	QL (200 syringes/ month)
<i>insulin syringe-needle u-100 29g x 1/2" 1 ml (otc)</i>	1	QL (200 syringes/ month)
<i>insulin syringe-needle u-100 29g x 1/2" 1 ml (rx)</i>	1	QL (200 syringes/ month)
<i>insulin syringe-needle u-100 30g x 1/2" 1 ml (otc)</i>	1	QL (200 syringes/ month)
<i>insulin syringe-needle u-100 30g x 1/2" 1 ml (rx)</i>	1	QL (200 syringes/ month)
<i>insulin syringe-needle u-100 30g x 5/16" 0.3 ml</i>	1	QL (200 syringes/ month)
<i>insulin syringe-needle u-100 30g x 5/16" 0.5 ml (otc)</i>	1	QL (200 syringes/ month)
<i>insulin syringe-needle u-100 30g x 5/16" 0.5 ml (rx)</i>	1	QL (200 syringes/ month)
<i>insulin syringe-needle u-100 30g x 5/16" 1 ml</i>	1	QL (200 syringes/ month)
<i>insulin syringe-needle u-100 31g x 5/16" 0.3 ml</i>	1	QL (200 syringes/ month)
<i>insulin syringe-needle u-100 31g x 5/16" 0.5 ml (otc)</i>	1	QL (200 syringes/ month)
<i>insulin syringe-needle u-100 31g x 5/16" 0.5 ml (rx)</i>	1	QL (200 syringes/ month)
<i>insulin syringe-needle u-100 31g x 5/16" 1 ml (otc)</i>	1	QL (200 syringes/ month)
<i>insulin syringe-needle u-100 31g x 5/16" 1 ml (rx)</i>	1	QL (200 syringes/ month)
<i>insupen pen needles 29g x 12mm</i>	1	QL (200 needles/month)
<i>insupen pen needles 31g x 5 mm</i>	1	QL (200 needles/month)
<i>insupen pen needles 31g x 8 mm</i>	1	QL (200 needles/month)
<i>insupen pen needles 32g x 4 mm</i>	1	QL (200 needles/month)
INSUPEN32G EXTR3ME 32G X 6 MM	1	QL (200 needles/month)
<i>kinray insulin syringe 29g x 1/2" 0.5 ml</i>	1	QL (200 syringes/ month)
<i>kinray insulin syringe 31g x 5/16" 0.3 ml</i>	1	QL (200 syringes/ month)
<i>kinray insulin syringe 31g x 5/16" 0.5 ml</i>	1	QL (200 syringes/ month)
<i>kinray insulin syringe 31g x 5/16" 1 ml</i>	1	QL (200 syringes/ month)
<i>croger insulin syringe 29g x 1/2" 0.3 ml</i>	1	QL (200 syringes/ month)
<i>croger insulin syringe 29g x 1/2" 0.5 ml</i>	1	QL (200 syringes/ month)
<i>croger insulin syringe 29g x 1/2" 1 ml</i>	1	QL (200 syringes/ month)
<i>croger insulin syringe 30g x 5/16" 0.3 ml</i>	1	QL (200 syringes/ month)
<i>croger insulin syringe 30g x 5/16" 0.5 ml</i>	1	QL (200 syringes/ month)
<i>croger insulin syringe 30g x 5/16" 1 ml</i>	1	QL (200 syringes/ month)
<i>croger insulin syringe 31g x 5/16" 0.3 ml</i>	1	QL (200 syringes/ month)

Drug	Status	Notes
<i>kroger insulin syringe 31g x 5/16" 0.5 ml</i>	1	QL (200 syringes/ month)
<i>kroger insulin syringe 31g x 5/16" 1 ml</i>	1	QL (200 syringes/ month)
<i>kroger pen needles 29g x 12mm</i>	1	QL (200 needles/month)
<i>kroger pen needles 31g x 5 mm</i>	1	QL (200 needles/month)
<i>kroger pen needles 31g x 6 mm</i>	1	QL (200 needles/month)
<i>kroger pen needles 31g x 8 mm</i>	1	QL (200 needles/month)
<i>kroger pen needles 32g x 4 mm</i>	1	QL (200 needles/month)
<i>kroger pen needles 33g x 4 mm</i>	1	QL (200 needles/month)
<i>leader insulin syringe 28g x 1/2" 0.5 ml</i>	1	QL (200 syringes/ month)
<i>leader insulin syringe 28g x 1/2" 1 ml</i>	1	QL (200 syringes/ month)
<i>leader insulin syringe 29g x 1/2" 0.3 ml</i>	1	QL (200 syringes/ month)
<i>leader insulin syringe 29g x 1/2" 0.5 ml</i>	1	QL (200 syringes/ month)
<i>leader insulin syringe 29g x 1/2" 1 ml</i>	1	QL (200 syringes/ month)
<i>leader insulin syringe 30g x 5/16" 0.3 ml</i>	1	QL (200 syringes/ month)
<i>leader insulin syringe 30g x 5/16" 0.5 ml</i>	1	QL (200 syringes/ month)
<i>leader insulin syringe 30g x 5/16" 1 ml</i>	1	QL (200 syringes/ month)
<i>leader insulin syringe 31g x 5/16" 0.3 ml</i>	1	QL (200 syringes/ month)
<i>leader insulin syringe 31g x 5/16" 0.5 ml</i>	1	QL (200 syringes/ month)
<i>leader insulin syringe 31g x 5/16" 1 ml</i>	1	QL (200 syringes/ month)
LEADER UNIFINE PENTIPS 31G X 5 MM	1	QL (200 needles/month)
LEADER UNIFINE PENTIPS 32G X 4 MM	1	QL (200 needles/month)
LEADER UNIFINE PENTIPS PLUS 31G X 5 MM	1	QL (200 needles/month)
LEADER UNIFINE PENTIPS PLUS 31G X 8 MM	1	QL (200 needles/month)
LEADER UNIFINE PENTIPS PLUS 32G X 4 MM	1	QL (200 needles/month)
LITETOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML	1	QL (200 syringes/ month)
LITETOUCH INSULIN SYRINGE 28G X 1/2" 1 ML	1	QL (200 syringes/ month)
LITETOUCH INSULIN SYRINGE 29G X 1/2" 0.3 ML	1	QL (200 syringes/ month)
LITETOUCH INSULIN SYRINGE 29G X 1/2" 0.5 ML	1	QL (200 syringes/ month)
LITETOUCH INSULIN SYRINGE 29G X 1/2" 1 ML	1	QL (200 syringes/ month)
LITETOUCH INSULIN SYRINGE 30G X 5/16" 0.3 ML	1	QL (200 syringes/ month)
LITETOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	QL (200 syringes/ month)
LITETOUCH INSULIN SYRINGE 30G X 5/16" 1 ML	1	QL (200 syringes/ month)
LITETOUCH INSULIN SYRINGE 31G X 5/16" 0.3 ML	1	QL (200 syringes/ month)
LITETOUCH INSULIN SYRINGE 31G X 5/16" 0.5 ML	1	QL (200 syringes/ month)
LITETOUCH INSULIN SYRINGE 31G X 5/16" 1 ML	1	QL (200 syringes/ month)
LITETOUCH PEN NEEDLES 29G X 12.7MM	1	QL (200 needles/month)
LITETOUCH PEN NEEDLES 31G X 5 MM	1	QL (200 needles/month)
LITETOUCH PEN NEEDLES 31G X 6 MM	1	QL (200 needles/month)
LITETOUCH PEN NEEDLES 31G X 8 MM	1	QL (200 needles/month)
LITETOUCH PEN NEEDLES 32G X 4 MM	1	QL (200 needles/month)
<i>longs insulin syringe 31g x 5/16" 0.5 ml</i>	1	QL (200 syringes/ month)

Drug	Status	Notes
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.3 ML	1	QL (200 syringes/ month)
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.5 ML	1	QL (200 syringes/ month)
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 1 ML	1	QL (200 syringes/ month)
MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 0.3 ML	1	QL (200 syringes/ month)
MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 0.5 ML	1	QL (200 syringes/ month)
MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 1 ML	1	QL (200 syringes/ month)
MARATHON MEDICAL PENTIPS 29G X 12MM	1	QL (200 needles/month)
MARATHON MEDICAL PENTIPS 31G X 5 MM	1	QL (200 needles/month)
MARATHON MEDICAL PENTIPS 31G X 8 MM	1	QL (200 needles/month)
MARATHON MEDICAL PENTIPS 32G X 4 MM	1	QL (200 needles/month)
MAXICOMFORT II PEN NEEDLE 31G X 6 MM	1	QL (200 needles/month)
MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML	1	QL (200 syringes/ month)
MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 1 ML	1	QL (200 syringes/ month)
MAXI-COMFORT SAFETY PEN NEEDLE 29G X 5MM	1	QL (200 needles/month)
MAXI-COMFORT SAFETY PEN NEEDLE 29G X 8MM	1	QL (200 needles/month)
MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 0.5 ML	1	QL (200 syringes/ month)
MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 1 ML	1	QL (200 syringes/ month)
<i>medic insulin syringe 30g x 5/16" 0.3 ml</i>	1	QL (200 syringes/ month)
<i>medic insulin syringe 30g x 5/16" 0.5 ml</i>	1	QL (200 syringes/ month)
<i>medicine shoppe pen needles 29g x 12mm</i>	1	QL (200 needles/month)
<i>medicine shoppe pen needles 31g x 8 mm</i>	1	QL (200 needles/month)
<i>meijer pen needles 29g x 12mm</i>	1	QL (200 needles/month)
<i>meijer pen needles 31g x 6 mm</i>	1	QL (200 needles/month)
<i>meijer pen needles 31g x 8 mm</i>	1	QL (200 needles/month)
MICRODOT PEN NEEDLE 31G X 6 MM	1	QL (200 needles/month)
MICRODOT PEN NEEDLE 32G X 4 MM	1	QL (200 needles/month)
MICRODOT PEN NEEDLE 33G X 4 MM	1	QL (200 needles/month)
<i>mm insulin syringe/needle 30g x 5/16" 0.3 ml</i>	1	QL (200 syringes/ month)
<i>mm insulin syringe/needle 30g x 5/16" 0.5 ml</i>	1	QL (200 syringes/ month)
<i>mm insulin syringe/needle 30g x 5/16" 1 ml</i>	1	QL (200 syringes/ month)
<i>mm insulin syringe/needle 31g x 5/16" 0.3 ml</i>	1	QL (200 syringes/ month)
<i>mm insulin syringe/needle 31g x 5/16" 0.5 ml</i>	1	QL (200 syringes/ month)
<i>mm insulin syringe/needle 31g x 5/16" 1 ml</i>	1	QL (200 syringes/ month)
MM PEN NEEDLES 31G X 5 MM	1	QL (200 needles/month)
MM PEN NEEDLES 31G X 6 MM	1	QL (200 needles/month)
MM PEN NEEDLES 31G X 8 MM	1	QL (200 needles/month)
MM PEN NEEDLES 32G X 4 MM	1	QL (200 needles/month)
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML	1	QL (200 syringes/ month)
MONOJECT INSULIN SYRINGE 27G X 1/2" 1 ML (OTC)	1	QL (200 syringes/ month)
MONOJECT INSULIN SYRINGE 27G X 1/2" 1 ML (RX)	1	QL (200 syringes/ month)
MONOJECT INSULIN SYRINGE 28G X 1/2" 0.5 ML (RX)	1	QL (200 syringes/ month)

Drug	Status	Notes
MONOJECT INSULIN SYRINGE 28G X 1/2" 1 ML (OTC)	1	QL (200 syringes/ month)
MONOJECT INSULIN SYRINGE 28G X 1/2" 1 ML (RX)	1	QL (200 syringes/ month)
MONOJECT INSULIN SYRINGE 29G X 1/2" 0.3 ML	1	QL (200 syringes/ month)
MONOJECT INSULIN SYRINGE 29G X 1/2" 0.5 ML	1	QL (200 syringes/ month)
MONOJECT INSULIN SYRINGE 29G X 1/2" 1 ML (RX)	1	QL (200 syringes/ month)
MONOJECT INSULIN SYRINGE 30G X 5/16" 0.3 ML	1	QL (200 syringes/ month)
MONOJECT INSULIN SYRINGE 30G X 5/16" 0.5 ML (RX)	1	QL (200 syringes/ month)
MONOJECT INSULIN SYRINGE 30G X 5/16" 1 ML (OTC)	1	QL (200 syringes/ month)
MONOJECT INSULIN SYRINGE 30G X 5/16" 1 ML (RX)	1	QL (200 syringes/ month)
MONOJECT INSULIN SYRINGE 31G X 5/16" 1 ML	1	QL (200 syringes/ month)
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML (OTC)	1	QL (200 syringes/ month)
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML (RX)	1	QL (200 syringes/ month)
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 1 ML (OTC)	1	QL (200 syringes/ month)
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 1 ML (RX)	1	QL (200 syringes/ month)
MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 0.3 ML	1	QL (200 syringes/ month)
MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 0.5 ML	1	QL (200 syringes/ month)
MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 1 ML	1	QL (200 syringes/ month)
MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.3 ML (OTC)	1	QL (200 syringes/ month)
MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.3 ML (RX)	1	QL (200 syringes/ month)
MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.5 ML (OTC)	1	QL (200 syringes/ month)
MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.5 ML (RX)	1	QL (200 syringes/ month)
MONOJECT ULTRA COMFORT SYRINGE 31G X 5/16" 0.3 ML	1	QL (200 syringes/ month)
MONOJECT ULTRA COMFORT SYRINGE 31G X 5/16" 0.5 ML	1	QL (200 syringes/ month)
<i>ms insulin syringe 31g x 5/16" 0.3 ml</i>	1	QL (200 syringes/ month)
<i>ms insulin syringe 31g x 5/16" 0.5 ml</i>	1	QL (200 syringes/ month)
<i>ms insulin syringe 31g x 5/16" 1 ml</i>	1	QL (200 syringes/ month)
NOVOFINE PEN NEEDLE 32G X 6 MM	1	QL (200 needles/month)
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM	1	QL (200 needles/month)
<i>pc unfine pentips 31g x 5 mm</i>	1	QL (200 needles/month)
<i>pc unfine pentips 31g x 6 mm</i>	1	QL (200 needles/month)
<i>pc unfine pentips 31g x 8 mm</i>	1	QL (200 needles/month)
<i>pen needle/5-bevel tip 31g x 8 mm</i>	1	QL (200 needles/month)
<i>pen needle/5-bevel tip 32g x 4 mm</i>	1	QL (200 needles/month)
<i>pen needles 29g x 12mm</i>	1	QL (200 needles/month)
<i>pen needles 30g x 5 mm (otc)</i>	1	QL (200 needles/month)

Drug	Status	Notes
<i>pen needles 30g x 5 mm (rx)</i>	1	QL (200 needles/month)
<i>pen needles 30g x 8 mm</i>	1	QL (200 needles/month)
<i>pen needles 31g x 5 mm (otc)</i>	1	QL (200 needles/month)
<i>pen needles 31g x 5 mm (rx)</i>	1	QL (200 needles/month)
<i>pen needles 31g x 6 mm</i>	1	QL (200 needles/month)
<i>pen needles 31g x 8 mm (otc)</i>	1	QL (200 needles/month)
<i>pen needles 31g x 8 mm (rx)</i>	1	QL (200 needles/month)
<i>pen needles 32g x 4 mm (otc)</i>	1	QL (200 needles/month)
<i>pen needles 32g x 4 mm (rx)</i>	1	QL (200 needles/month)
<i>pen needles 32g x 5 mm</i>	1	QL (200 needles/month)
<i>pen needles 32g x 6 mm</i>	1	QL (200 needles/month)
<i>pen needles 33g x 4 mm</i>	1	QL (200 needles/month)
<i>pen needles 5/16" 31g x 8 mm</i>	1	QL (200 needles/month)
PENTIPS 29G X 12MM (OTC)	1	QL (200 needles/month)
PENTIPS 29G X 12MM (RX)	1	QL (200 needles/month)
PENTIPS 31G X 5 MM (OTC)	1	QL (200 needles/month)
PENTIPS 31G X 5 MM (RX)	1	QL (200 needles/month)
PENTIPS 31G X 6 MM	1	QL (200 needles/month)
PENTIPS 31G X 8 MM (OTC)	1	QL (200 needles/month)
PENTIPS 31G X 8 MM (RX)	1	QL (200 needles/month)
PENTIPS 32G X 4 MM (OTC)	1	QL (200 needles/month)
PENTIPS 32G X 4 MM (RX)	1	QL (200 needles/month)
PENTIPS 32G X 6 MM	1	QL (200 needles/month)
PENTIPS GENERIC PEN NEEDLES 29G X 12MM	1	QL (200 needles/month)
PENTIPS GENERIC PEN NEEDLES 31G X 5 MM	1	QL (200 needles/month)
PENTIPS GENERIC PEN NEEDLES 31G X 6 MM	1	QL (200 needles/month)
PENTIPS GENERIC PEN NEEDLES 31G X 8 MM	1	QL (200 needles/month)
PENTIPS GENERIC PEN NEEDLES 32G X 4 MM	1	QL (200 needles/month)
PENTIPS GENERIC PEN NEEDLES 32G X 6 MM	1	QL (200 needles/month)
<i>pip pen needles 31g x 5mm 31g x 5 mm</i>	1	QL (200 needles/month)
<i>pip pen needles 32g x 4mm 32g x 4 mm</i>	1	QL (200 needles/month)
PRECISION SURE-DOSE SYRINGE 30G X 5/16" 0.3 ML	1	QL (200 syringes/ month)
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	1	QL (200 syringes/ month)
<i>preferred plus insulin syringe 28g x 1/2" 1 ml</i>	1	QL (200 syringes/ month)
<i>preferred plus insulin syringe 29g x 1/2" 0.3 ml</i>	1	QL (200 syringes/ month)
<i>preferred plus insulin syringe 29g x 1/2" 0.5 ml</i>	1	QL (200 syringes/ month)
<i>preferred plus insulin syringe 29g x 1/2" 1 ml</i>	1	QL (200 syringes/ month)
<i>preferred plus insulin syringe 30g x 5/16" 0.3 ml</i>	1	QL (200 syringes/ month)
<i>preferred plus insulin syringe 30g x 5/16" 0.5 ml</i>	1	QL (200 syringes/ month)
<i>preferred plus insulin syringe 30g x 5/16" 1 ml</i>	1	QL (200 syringes/ month)
<i>preferred plus unifine pentips 29g x 12mm</i>	1	QL (200 needles/month)

Drug	Status	Notes
PREVENT DROPSAFE PEN NEEDLES 31G X 6 MM	1	QL (200 needles/month)
PREVENT DROPSAFE PEN NEEDLES 31G X 8 MM	1	QL (200 needles/month)
PREVENT SAFETY PEN NEEDLES 31G X 6 MM	1	QL (200 needles/month)
PREVENT SAFETY PEN NEEDLES 31G X 8 MM	1	QL (200 needles/month)
PRO COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML	1	
PRO COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML	1	
PRO COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	
PRO COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	QL (200 syringes/ month)
PRO COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML	1	
PRO COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML	1	QL (200 syringes/ month)
PRO COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML	1	
PRO COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML	1	QL (200 syringes/ month)
PRO COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML	1	
PRO COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML	1	QL (200 syringes/ month)
<i>pro comfort pen needles 32g x 4 mm</i>	1	
<i>pro comfort pen needles 32g x 6 mm</i>	1	
<i>pro comfort pen needles 32g x 8 mm</i>	1	
PRODIGY INSULIN SYRINGE 28G X 1/2" 1 ML	1	QL (200 syringes/ month)
PRODIGY INSULIN SYRINGE 31G X 5/16" 0.3 ML	1	QL (200 syringes/ month)
PRODIGY INSULIN SYRINGE 31G X 5/16" 0.5 ML	1	QL (200 syringes/ month)
<i>pure comfort pen needle 32g x 4 mm</i>	1	QL (200 needles/month)
<i>pure comfort pen needle 32g x 5 mm</i>	1	QL (200 needles/month)
<i>pure comfort pen needle 32g x 6 mm</i>	1	QL (200 needles/month)
<i>pure comfort pen needle 32g x 8 mm</i>	1	QL (200 needles/month)
<i>pure comfort safety pen needle 31g x 5 mm</i>	1	
<i>pure comfort safety pen needle 31g x 6 mm</i>	1	
<i>pure comfort safety pen needle 32g x 4 mm</i>	1	
<i>px extra short pen needles 31g x 6 mm</i>	1	QL (200 needles/month)
<i>px insulin syringe 30g x 1/2" 0.5 ml</i>	1	QL (200 syringes/ month)
<i>px mini pen needles 31g x 5 mm</i>	1	QL (200 needles/month)
<i>px pen needle 29g x 12mm</i>	1	QL (200 needles/month)
<i>px pen needle 31g x 8 mm</i>	1	QL (200 needles/month)
<i>qc pen needles 29g x 12mm</i>	1	QL (200 needles/month)
<i>qc pen needles 31g x 6 mm</i>	1	QL (200 needles/month)
<i>qc pen needles 31g x 8 mm</i>	1	QL (200 needles/month)
<i>qc unifine pentips 32g x 4 mm</i>	1	QL (200 needles/month)
QUICK TOUCH INSULIN PEN NEEDLE 29G X 12.7MM	1	QL (200 needles/month)
QUICK TOUCH INSULIN PEN NEEDLE 31G X 4 MM	1	QL (200 needles/month)
QUICK TOUCH INSULIN PEN NEEDLE 31G X 5 MM	1	QL (200 needles/month)
QUICK TOUCH INSULIN PEN NEEDLE 31G X 6 MM	1	QL (200 needles/month)
QUICK TOUCH INSULIN PEN NEEDLE 31G X 8 MM	1	QL (200 needles/month)

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Drug	Status	Notes
QUICK TOUCH INSULIN PEN NEEDLE 32G X 4 MM	1	QL (200 needles/month)
QUICK TOUCH INSULIN PEN NEEDLE 32G X 5 MM	1	QL (200 needles/month)
QUICK TOUCH INSULIN PEN NEEDLE 32G X 6 MM	1	QL (200 needles/month)
QUICK TOUCH INSULIN PEN NEEDLE 32G X 8 MM	1	QL (200 needles/month)
QUICK TOUCH INSULIN PEN NEEDLE 33G X 4 MM	1	QL (200 needles/month)
QUICK TOUCH INSULIN PEN NEEDLE 33G X 5 MM	1	QL (200 needles/month)
QUICK TOUCH INSULIN PEN NEEDLE 33G X 6 MM	1	QL (200 needles/month)
QUICK TOUCH INSULIN PEN NEEDLE 33G X 8 MM	1	QL (200 needles/month)
<i>ra insulin syringe 29g x 1/2" 0.5 ml</i>	1	QL (200 syringes/ month)
<i>ra insulin syringe 29g x 1/2" 1 ml</i>	1	QL (200 syringes/ month)
<i>ra insulin syringe 30g x 5/16" 0.5 ml</i>	1	QL (200 syringes/ month)
<i>ra insulin syringe 30g x 5/16" 1 ml</i>	1	QL (200 syringes/ month)
<i>ra pen needles 31g x 5 mm</i>	1	QL (200 needles/month)
<i>ra pen needles 31g x 8 mm</i>	1	QL (200 needles/month)
<i>raya sure pen needle 29g x 12mm</i>	1	QL (200 needles/month)
<i>raya sure pen needle 31g x 4 mm</i>	1	QL (200 needles/month)
<i>raya sure pen needle 31g x 5 mm</i>	1	QL (200 needles/month)
<i>raya sure pen needle 31g x 6 mm</i>	1	QL (200 needles/month)
<i>raya sure pen needle 31g x 8 mm</i>	1	QL (200 needles/month)
<i>reality insulin syringe 28g x 1/2" 0.5 ml</i>	1	QL (200 syringes/ month)
<i>reality insulin syringe 28g x 1/2" 1 ml</i>	1	QL (200 syringes/ month)
<i>reality insulin syringe 29g x 1/2" 0.5 ml</i>	1	QL (200 syringes/ month)
<i>reality insulin syringe 29g x 1/2" 1 ml</i>	1	QL (200 syringes/ month)
RELION INSULIN SYRINGE 29G X 1/2" 0.5 ML	1	QL (200 syringes/ month)
RELION INSULIN SYRINGE 31G X 15/64" 0.3 ML	1	QL (200 syringes/ month)
RELION INSULIN SYRINGE 31G X 15/64" 0.5 ML	1	QL (200 syringes/ month)
RELION INSULIN SYRINGE 31G X 15/64" 1 ML	1	QL (200 syringes/ month)
RELION INSULIN SYRINGE 31G X 5/16" 0.3 ML	1	QL (200 syringes/ month)
RELION INSULIN SYRINGE 31G X 5/16" 0.5 ML	1	QL (200 syringes/ month)
RELION INSULIN SYRINGE 31G X 5/16" 1 ML	1	QL (200 syringes/ month)
RELION MINI PEN NEEDLES 31G X 6 MM	1	QL (200 needles/month)
RELION PEN NEEDLES 29G X 12MM	1	QL (200 needles/month)
RELION PEN NEEDLES 31G X 6 MM	1	QL (200 needles/month)
RELION PEN NEEDLES 31G X 8 MM	1	QL (200 needles/month)
RELION PEN NEEDLES 32G X 4 MM	1	QL (200 needles/month)
RELION SHORT PEN NEEDLES 31G X 8 MM	1	QL (200 needles/month)
<i>safety pen needles 30g x 5 mm</i>	1	QL (200 needles/month)
<i>safety pen needles 30g x 8 mm</i>	1	QL (200 needles/month)
<i>sb insulin syringe 29g x 1/2" 0.5 ml</i>	1	QL (200 syringes/ month)
<i>sb insulin syringe 29g x 1/2" 1 ml</i>	1	QL (200 syringes/ month)
<i>sb insulin syringe 30g x 5/16" 0.5 ml</i>	1	QL (200 syringes/ month)

Drug	Status	Notes
<i>sb insulin syringe 30g x 5/16" 1 ml</i>	1	QL (200 syringes/ month)
<i>sb insulin syringe 31g x 5/16" 1 ml</i>	1	QL (200 syringes/ month)
SECURESAFE INSULIN SYRINGE 29G X 1/2" 0.5 ML	1	QL (200 syringes/ month)
SECURESAFE INSULIN SYRINGE 29G X 1/2" 1 ML	1	QL (200 syringes/ month)
SECURESAFE SAFETY PEN NEEDLES 30G X 8 MM	1	QL (200 needles/month)
SECURESAFE SAFETY PEN NEEDLES 31G X 5 MM	1	QL (200 needles/month)
<i>sure comfort insulin syringe 28g x 1/2" 0.5 ml</i>	1	QL (200 syringes/ month)
<i>sure comfort insulin syringe 28g x 1/2" 1 ml</i>	1	QL (200 syringes/ month)
<i>sure comfort insulin syringe 29g x 1/2" 0.3 ml</i>	1	QL (200 syringes/ month)
<i>sure comfort insulin syringe 29g x 1/2" 0.5 ml</i>	1	QL (200 syringes/ month)
<i>sure comfort insulin syringe 29g x 1/2" 1 ml</i>	1	QL (200 syringes/ month)
<i>sure comfort insulin syringe 30g x 1/2" 0.3 ml</i>	1	QL (200 syringes/ month)
<i>sure comfort insulin syringe 30g x 1/2" 0.5 ml</i>	1	QL (200 syringes/ month)
<i>sure comfort insulin syringe 30g x 1/2" 1 ml</i>	1	QL (200 syringes/ month)
<i>sure comfort insulin syringe 30g x 5/16" 0.3 ml</i>	1	QL (200 syringes/ month)
<i>sure comfort insulin syringe 30g x 5/16" 0.5 ml</i>	1	QL (200 syringes/ month)
<i>sure comfort insulin syringe 30g x 5/16" 1 ml</i>	1	QL (200 syringes/ month)
<i>sure comfort insulin syringe 31g x 1/4" 0.3 ml</i>	1	QL (200 syringes/ month)
<i>sure comfort insulin syringe 31g x 1/4" 0.5 ml</i>	1	QL (200 syringes/ month)
<i>sure comfort insulin syringe 31g x 1/4" 1 ml</i>	1	QL (200 syringes/ month)
<i>sure comfort insulin syringe 31g x 5/16" 0.3 ml</i>	1	QL (200 syringes/ month)
<i>sure comfort insulin syringe 31g x 5/16" 0.5 ml</i>	1	QL (200 syringes/ month)
<i>sure comfort insulin syringe 31g x 5/16" 1 ml</i>	1	QL (200 syringes/ month)
<i>sure comfort pen needles 29g x 12.7mm</i>	1	QL (200 needles/month)
<i>sure comfort pen needles 30g x 8 mm</i>	1	QL (200 needles/month)
<i>sure comfort pen needles 31g x 5 mm</i>	1	QL (200 needles/month)
<i>sure comfort pen needles 31g x 6 mm</i>	1	QL (200 needles/month)
<i>sure comfort pen needles 31g x 8 mm</i>	1	QL (200 needles/month)
<i>sure comfort pen needles 32g x 4 mm (otc)</i>	1	QL (200 needles/month)
<i>sure comfort pen needles 32g x 4 mm (rx)</i>	1	QL (200 needles/month)
<i>sure comfort pen needles 32g x 6 mm</i>	1	QL (200 needles/month)
<i>techlite insulin syringe 30g x 1/2" 1 ml</i>	1	QL (200 syringes/ month)
<i>techlite insulin syringe 31g x 15/64" 0.3 ml</i>	1	QL (200 syringes/ month)
<i>techlite insulin syringe 31g x 15/64" 0.5 ml</i>	1	QL (200 syringes/ month)
<i>techlite insulin syringe 31g x 15/64" 1 ml</i>	1	QL (200 syringes/ month)
<i>techlite insulin syringe 31g x 5/16" 0.3 ml</i>	1	QL (200 syringes/ month)
<i>techlite insulin syringe 31g x 5/16" 0.5 ml</i>	1	QL (200 syringes/ month)
<i>techlite insulin syringe 31g x 5/16" 1 ml</i>	1	QL (200 syringes/ month)
TECHLITE PEN NEEDLES 29G X 12MM	1	QL (200 needles/month)
TECHLITE PEN NEEDLES 31G X 5 MM	1	QL (200 needles/month)
TECHLITE PEN NEEDLES 31G X 8 MM	1	QL (200 needles/month)

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Drug	Status	Notes
TECHLITE PEN NEEDLES 32G X 4 MM	1	QL (200 needles/month)
TECHLITE PEN NEEDLES 32G X 6 MM	1	QL (200 needles/month)
TECHLITE PLUS PEN NEEDLES 32G X 4 MM	1	QL (200 needles/month)
<i>todays health pen needles 29g x 12mm</i>	1	QL (200 needles/month)
<i>todays health short pen needle 31g x 8 mm</i>	1	QL (200 needles/month)
<i>topcare clickfine pen needles 31g x 6 mm</i>	1	QL (200 needles/month)
<i>topcare clickfine pen needles 31g x 8 mm</i>	1	QL (200 needles/month)
<i>topcare ultra comfort ins syr 29g x 1/2" 0.3 ml</i>	1	QL (200 syringes/ month)
<i>topcare ultra comfort ins syr 29g x 1/2" 0.5 ml</i>	1	QL (200 syringes/ month)
<i>topcare ultra comfort ins syr 29g x 1/2" 1 ml</i>	1	QL (200 syringes/ month)
<i>topcare ultra comfort ins syr 30g x 5/16" 0.3 ml</i>	1	QL (200 syringes/ month)
<i>topcare ultra comfort ins syr 30g x 5/16" 0.5 ml</i>	1	QL (200 syringes/ month)
<i>topcare ultra comfort ins syr 30g x 5/16" 1 ml</i>	1	QL (200 syringes/ month)
<i>topcare ultra comfort ins syr 31g x 5/16" 0.3 ml</i>	1	QL (200 syringes/ month)
<i>topcare ultra comfort ins syr 31g x 5/16" 0.5 ml</i>	1	QL (200 syringes/ month)
<i>topcare ultra comfort ins syr 31g x 5/16" 1 ml</i>	1	QL (200 syringes/ month)
TOPFINE INSULIN PEN NEEDLE 32G X 4 MM	1	QL (200 needles/month)
<i>true comfort insulin syringe 30g x 1/2" 0.5 ml</i>	1	QL (200 syringes/ month)
<i>true comfort insulin syringe 30g x 1/2" 1 ml</i>	1	QL (200 syringes/ month)
<i>true comfort insulin syringe 30g x 5/16" 0.5 ml</i>	1	QL (200 syringes/ month)
<i>true comfort insulin syringe 30g x 5/16" 1 ml</i>	1	QL (200 syringes/ month)
<i>true comfort insulin syringe 31g x 5/16" 0.5 ml</i>	1	QL (200 syringes/ month)
<i>true comfort insulin syringe 31g x 5/16" 1 ml</i>	1	QL (200 syringes/ month)
<i>true comfort insulin syringe 32g x 5/16" 1 ml</i>	1	QL (200 syringes/ month)
<i>true comfort pen needles 31g x 5 mm</i>	1	QL (200 needles/month)
<i>true comfort pen needles 31g x 6 mm</i>	1	QL (200 needles/month)
<i>true comfort pen needles 32g x 4 mm</i>	1	QL (200 needles/month)
<i>true comfort pro insulin syr 30g x 1/2" 0.5 ml</i>	1	QL (200 syringes/ month)
<i>true comfort pro insulin syr 30g x 1/2" 1 ml</i>	1	QL (200 syringes/ month)
<i>true comfort pro insulin syr 30g x 5/16" 0.5 ml</i>	1	QL (200 syringes/ month)
<i>true comfort pro insulin syr 30g x 5/16" 1 ml</i>	1	QL (200 syringes/ month)
<i>true comfort pro insulin syr 31g x 5/16" 0.5 ml</i>	1	QL (200 syringes/ month)
<i>true comfort pro insulin syr 31g x 5/16" 1 ml</i>	1	QL (200 syringes/ month)
<i>true comfort pro insulin syr 32g x 5/16" 0.5 ml</i>	1	QL (200 syringes/ month)
<i>true comfort pro insulin syr 32g x 5/16" 1 ml</i>	1	QL (200 syringes/ month)
<i>true comfort pro pen needles 31g x 5 mm</i>	1	QL (200 needles/month)
<i>true comfort pro pen needles 31g x 6 mm</i>	1	QL (200 needles/month)
<i>true comfort pro pen needles 31g x 8 mm</i>	1	QL (200 needles/month)
<i>true comfort pro pen needles 32g x 4 mm</i>	1	QL (200 needles/month)
<i>true comfort pro pen needles 32g x 5 mm</i>	1	QL (200 needles/month)
<i>true comfort pro pen needles 32g x 6 mm</i>	1	QL (200 needles/month)

Drug	Status	Notes
<i>true comfort pro pen needles 33g x 4 mm</i>	1	QL (200 needles/month)
<i>true comfort pro pen needles 33g x 5 mm</i>	1	QL (200 needles/month)
<i>true comfort pro pen needles 33g x 6 mm</i>	1	QL (200 needles/month)
<i>true comfort safety pen needle 31g x 5 mm</i>	1	QL (200 needles/month)
<i>true comfort safety pen needle 31g x 6 mm</i>	1	QL (200 needles/month)
<i>true comfort safety pen needle 32g x 4 mm</i>	1	QL (200 needles/month)
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM	1	QL (200 needles/month)
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 5 MM	1	QL (200 needles/month)
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 6 MM	1	QL (200 needles/month)
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 8 MM	1	QL (200 needles/month)
TRUEPLUS 5-BEVEL PEN NEEDLES 32G X 4 MM	1	QL (200 needles/month)
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML	1	QL (200 syringes/ month)
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 1 ML	1	QL (200 syringes/ month)
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.3 ML	1	QL (200 syringes/ month)
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML	1	QL (200 syringes/ month)
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 1 ML	1	QL (200 syringes/ month)
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.3 ML	1	QL (200 syringes/ month)
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	QL (200 syringes/ month)
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 1 ML	1	QL (200 syringes/ month)
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.3 ML	1	QL (200 syringes/ month)
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.5 ML	1	QL (200 syringes/ month)
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 1 ML	1	QL (200 syringes/ month)
TRUEPLUS PEN NEEDLES 29G X 12MM	1	QL (200 needles/month)
TRUEPLUS PEN NEEDLES 31G X 5 MM	1	QL (200 needles/month)
TRUEPLUS PEN NEEDLES 31G X 6 MM	1	QL (200 needles/month)
TRUEPLUS PEN NEEDLES 31G X 8 MM	1	QL (200 needles/month)
TRUEPLUS PEN NEEDLES 32G X 4 MM	1	QL (200 needles/month)
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ML	1	QL (200 syringes/ month)
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 1 ML	1	QL (200 syringes/ month)
ULTICARE INSULIN SYR 1/2 UNIT 31G X 1/4" 0.3 ML	1	QL (200 syringes/ month)
ULTICARE INSULIN SYRINGE 28G X 1/2" 0.5 ML	1	QL (200 syringes/ month)
ULTICARE INSULIN SYRINGE 28G X 1/2" 1 ML	1	QL (200 syringes/ month)
ULTICARE INSULIN SYRINGE 29G X 1/2" 0.3 ML	1	QL (200 syringes/ month)
ULTICARE INSULIN SYRINGE 29G X 1/2" 0.5 ML	1	QL (200 syringes/ month)
ULTICARE INSULIN SYRINGE 29G X 1/2" 1 ML	1	QL (200 syringes/ month)
ULTICARE INSULIN SYRINGE 30G X 1/2" 0.3 ML	1	QL (200 syringes/ month)
ULTICARE INSULIN SYRINGE 30G X 1/2" 0.5 ML	1	QL (200 syringes/ month)
ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ML	1	QL (200 syringes/ month)
ULTICARE INSULIN SYRINGE 30G X 5/16" 0.3 ML	1	QL (200 syringes/ month)
ULTICARE INSULIN SYRINGE 30G X 5/16" 0.5 ML (OTC)	1	QL (200 syringes/ month)
ULTICARE INSULIN SYRINGE 30G X 5/16" 1 ML	1	QL (200 syringes/ month)

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Drug	Status	Notes
ULTICARE INSULIN SYRINGE 31G X 1/4" 0.3 ML	1	QL (200 syringes/ month)
ULTICARE INSULIN SYRINGE 31G X 1/4" 0.5 ML	1	QL (200 syringes/ month)
ULTICARE INSULIN SYRINGE 31G X 1/4" 1 ML	1	QL (200 syringes/ month)
ULTICARE INSULIN SYRINGE 31G X 5/16" 0.3 ML (OTC)	1	QL (200 syringes/ month)
ULTICARE INSULIN SYRINGE 31G X 5/16" 0.5 ML (OTC)	1	QL (200 syringes/ month)
ULTICARE INSULIN SYRINGE 31G X 5/16" 1 ML	1	QL (200 syringes/ month)
ULTICARE MICRO PEN NEEDLES 31G X 6 MM	1	QL (200 needles/month)
ULTICARE MICRO PEN NEEDLES 31G X 8 MM	1	QL (200 needles/month)
ULTICARE MICRO PEN NEEDLES 32G X 4 MM	1	QL (200 needles/month)
ULTICARE MINI PEN NEEDLES 30G X 5 MM	1	QL (200 needles/month)
ULTICARE MINI PEN NEEDLES 31G X 6 MM	1	QL (200 needles/month)
ULTICARE MINI PEN NEEDLES 32G X 6 MM	1	QL (200 needles/month)
ULTICARE PEN NEEDLES 29G X 12.7MM (OTC)	1	QL (200 needles/month)
ULTICARE PEN NEEDLES 31G X 5 MM	1	QL (200 needles/month)
ULTICARE SHORT PEN NEEDLES 30G X 8 MM	1	QL (200 needles/month)
ULTICARE SHORT PEN NEEDLES 31G X 8 MM (OTC)	1	QL (200 needles/month)
ULTIGUARD SAFEPAK PEN NEEDLE 29G X 12.7MM	1	QL (200 needles/month)
ULTIGUARD SAFEPAK PEN NEEDLE 31G X 5 MM	1	QL (200 needles/month)
ULTIGUARD SAFEPAK PEN NEEDLE 31G X 6 MM	1	QL (200 needles/month)
ULTIGUARD SAFEPAK PEN NEEDLE 31G X 8 MM	1	QL (200 needles/month)
ULTIGUARD SAFEPAK PEN NEEDLE 32G X 4 MM	1	QL (200 needles/month)
ULTIGUARD SAFEPAK PEN NEEDLE 32G X 6 MM	1	QL (200 needles/month)
ULTIGUARD SAFEPAK SYR/NEEDLE 30G X 1/2" 0.3 ML	1	QL (200 syringes/ month)
ULTIGUARD SAFEPAK SYR/NEEDLE 30G X 1/2" 0.5 ML	1	QL (200 syringes/ month)
ULTIGUARD SAFEPAK SYR/NEEDLE 30G X 1/2" 1 ML	1	QL (200 syringes/ month)
ULTIGUARD SAFEPAK SYR/NEEDLE 31G X 5/16" 0.3 ML	1	QL (200 syringes/ month)
ULTIGUARD SAFEPAK SYR/NEEDLE 31G X 5/16" 0.5 ML	1	QL (200 syringes/ month)
ULTIGUARD SAFEPAK SYR/NEEDLE 31G X 5/16" 1 ML	1	QL (200 syringes/ month)
ULTILET PEN NEEDLE 29G X 12.7MM	1	QL (200 needles/month)
ULTILET PEN NEEDLE 31G X 5 MM	1	QL (200 needles/month)
ULTILET PEN NEEDLE 31G X 8 MM	1	QL (200 needles/month)
ULTILET PEN NEEDLE 32G X 4 MM	1	QL (200 needles/month)
<i>ultra comfort insulin syringe 30g x 5/16" 0.3 ml</i>	1	QL (200 syringes/ month)
ULTRA FLO INSULIN PEN NEEDLES 29G X 12MM	1	QL (200 needles/month)
ULTRA FLO INSULIN PEN NEEDLES 31G X 5 MM	1	QL (200 needles/month)
ULTRA FLO INSULIN PEN NEEDLES 31G X 8 MM	1	QL (200 needles/month)
ULTRA FLO INSULIN PEN NEEDLES 32G X 4 MM	1	QL (200 needles/month)
ULTRA FLO INSULIN PEN NEEDLES 33G X 4 MM	1	QL (200 needles/month)
ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 1/2" 0.3 ML	1	QL (200 syringes/ month)
ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 5/16" 0.3 ML	1	QL (200 syringes/ month)
ULTRA FLO INSULIN SYR 1/2 UNIT 31G X 5/16" 0.3 ML	1	QL (200 syringes/ month)

Drug	Status	Notes
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.3 ML	1	QL (200 syringes/ month)
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.5 ML	1	QL (200 syringes/ month)
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 1 ML	1	QL (200 syringes/ month)
ULTRA FLO INSULIN SYRINGE 30G X 1/2" 0.3 ML	1	QL (200 syringes/ month)
ULTRA FLO INSULIN SYRINGE 30G X 1/2" 0.5 ML	1	QL (200 syringes/ month)
ULTRA FLO INSULIN SYRINGE 30G X 1/2" 1 ML	1	QL (200 syringes/ month)
ULTRA FLO INSULIN SYRINGE 30G X 5/16" 0.3 ML	1	QL (200 syringes/ month)
ULTRA FLO INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	QL (200 syringes/ month)
ULTRA FLO INSULIN SYRINGE 30G X 5/16" 1 ML	1	QL (200 syringes/ month)
ULTRA FLO INSULIN SYRINGE 31G X 5/16" 0.3 ML	1	QL (200 syringes/ month)
ULTRA FLO INSULIN SYRINGE 31G X 5/16" 0.5 ML	1	QL (200 syringes/ month)
ULTRA FLO INSULIN SYRINGE 31G X 5/16" 1 ML	1	QL (200 syringes/ month)
ULTRA THIN PEN NEEDLES 32G X 4 MM	1	QL (200 needles/month)
<i>ultracare insulin syringe 30g x 1/2" 0.5 ml</i>	1	QL (200 syringes/ month)
<i>ultracare insulin syringe 30g x 1/2" 1 ml</i>	1	QL (200 syringes/ month)
<i>ultracare insulin syringe 30g x 5/16" 0.3 ml</i>	1	QL (200 syringes/ month)
<i>ultracare insulin syringe 30g x 5/16" 0.5 ml</i>	1	QL (200 syringes/ month)
<i>ultracare insulin syringe 30g x 5/16" 1 ml</i>	1	QL (200 syringes/ month)
<i>ultracare insulin syringe 31g x 5/16" 0.3 ml</i>	1	QL (200 syringes/ month)
<i>ultracare insulin syringe 31g x 5/16" 0.5 ml</i>	1	QL (200 syringes/ month)
<i>ultracare insulin syringe 31g x 5/16" 1 ml</i>	1	QL (200 syringes/ month)
<i>ultracare pen needles 31g x 5 mm</i>	1	QL (200 needles/month)
<i>ultracare pen needles 31g x 6 mm</i>	1	QL (200 needles/month)
<i>ultracare pen needles 31g x 8 mm</i>	1	QL (200 needles/month)
<i>ultracare pen needles 32g x 4 mm</i>	1	QL (200 needles/month)
<i>ultracare pen needles 32g x 5 mm</i>	1	QL (200 needles/month)
<i>ultracare pen needles 32g x 6 mm</i>	1	QL (200 needles/month)
<i>ultracare pen needles 33g x 4 mm</i>	1	QL (200 needles/month)
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.3 ML	1	QL (200 syringes/ month)
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.5 ML	1	QL (200 syringes/ month)
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 1 ML	1	QL (200 syringes/ month)
ULTRA-THIN II INS SYR SHORT 31G X 5/16" 0.3 ML	1	QL (200 syringes/ month)
ULTRA-THIN II INS SYR SHORT 31G X 5/16" 0.5 ML	1	QL (200 syringes/ month)
ULTRA-THIN II INS SYR SHORT 31G X 5/16" 1 ML	1	QL (200 syringes/ month)
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.5 ML	1	QL (200 syringes/ month)
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 1 ML	1	QL (200 syringes/ month)
ULTRA-THIN II MINI PEN NEEDLE 31G X 5 MM	1	QL (200 needles/month)
ULTRA-THIN II PEN NEEDLE SHORT 31G X 8 MM	1	QL (200 needles/month)
ULTRA-THIN II PEN NEEDLES 29G X 12.7MM	1	QL (200 needles/month)
UNIFINE OTC PEN NEEDLES 31G X 5 MM	1	QL (200 needles/month)
UNIFINE OTC PEN NEEDLES 32G X 4 MM	1	QL (200 needles/month)

Drug	Status	Notes
UNIFINE PENTIPS 29G X 12MM	1	QL (200 needles/month)
UNIFINE PENTIPS 30G X 5 MM	1	QL (200 needles/month)
UNIFINE PENTIPS 31G X 5 MM	1	QL (200 needles/month)
UNIFINE PENTIPS 31G X 6 MM	1	QL (200 needles/month)
UNIFINE PENTIPS 31G X 8 MM	1	QL (200 needles/month)
UNIFINE PENTIPS 32G X 4 MM	1	QL (200 needles/month)
UNIFINE PENTIPS 32G X 6 MM	1	QL (200 needles/month)
UNIFINE PENTIPS 33G X 4 MM	1	QL (200 needles/month)
UNIFINE PENTIPS PLUS 29G X 12MM	1	QL (200 needles/month)
UNIFINE PENTIPS PLUS 30G X 5 MM	1	QL (200 needles/month)
UNIFINE PENTIPS PLUS 31G X 5 MM	1	QL (200 needles/month)
UNIFINE PENTIPS PLUS 31G X 6 MM	1	QL (200 needles/month)
UNIFINE PENTIPS PLUS 31G X 8 MM	1	QL (200 needles/month)
UNIFINE PENTIPS PLUS 32G X 4 MM	1	QL (200 needles/month)
UNIFINE PENTIPS PLUS 33G X 4 MM	1	QL (200 needles/month)
UNIFINE PROTECT PEN NEEDLE 30G X 5 MM	1	QL (200 needles/month)
UNIFINE PROTECT PEN NEEDLE 30G X 8 MM	1	QL (200 needles/month)
UNIFINE PROTECT PEN NEEDLE 32G X 4 MM	1	QL (200 needles/month)
UNIFINE SAFECONTROL PEN NEEDLE 30G X 5 MM	1	QL (200 needles/month)
UNIFINE SAFECONTROL PEN NEEDLE 30G X 8 MM	1	QL (200 needles/month)
UNIFINE SAFECONTROL PEN NEEDLE 31G X 5 MM	1	QL (200 needles/month)
UNIFINE SAFECONTROL PEN NEEDLE 31G X 6 MM	1	QL (200 needles/month)
UNIFINE SAFECONTROL PEN NEEDLE 31G X 8 MM	1	QL (200 needles/month)
UNIFINE SAFECONTROL PEN NEEDLE 32G X 4 MM	1	QL (200 needles/month)
UNIFINE ULTRA PEN NEEDLE 29G X 12MM	1	QL (200 needles/month)
UNIFINE ULTRA PEN NEEDLE 31G X 5 MM	1	QL (200 needles/month)
UNIFINE ULTRA PEN NEEDLE 31G X 6 MM	1	QL (200 needles/month)
UNIFINE ULTRA PEN NEEDLE 31G X 8 MM	1	QL (200 needles/month)
UNIFINE ULTRA PEN NEEDLE 32G X 4 MM	1	QL (200 needles/month)
UNIFINE ULTRA PEN NEEDLE 32G X 6 MM	1	QL (200 needles/month)
UNIFINE ULTRA PEN NEEDLE 34G X 3.5 MM	1	QL (200 needles/month)
<i>value health insulin syringe 29g x 1/2" 0.5 ml</i>	1	QL (200 syringes/ month)
<i>value health insulin syringe 29g x 1/2" 1 ml</i>	1	QL (200 syringes/ month)
VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ML	1	QL (200 syringes/ month)
VANISHPOINT INSULIN SYRINGE 29G X 5/16" 1 ML	1	QL (200 syringes/ month)
VANISHPOINT INSULIN SYRINGE 30G X 1/2" 0.5 ML	1	QL (200 syringes/ month)
VANISHPOINT INSULIN SYRINGE 30G X 3/16" 0.5 ML	1	QL (200 syringes/ month)
VANISHPOINT INSULIN SYRINGE 30G X 3/16" 1 ML	1	QL (200 syringes/ month)
VANISHPOINT INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	QL (200 syringes/ month)
VANISHPOINT INSULIN SYRINGE 30G X 5/16" 1 ML	1	QL (200 syringes/ month)
VERIFINE INSULIN PEN NEEDLE 29G X 12MM	1	QL (200 needles/month)

Drug	Status	Notes
VERIFINE INSULIN PEN NEEDLE 31G X 5 MM	1	QL (200 needles/month)
VERIFINE INSULIN PEN NEEDLE 31G X 8 MM	1	QL (200 needles/month)
VERIFINE INSULIN PEN NEEDLE 32G X 4 MM	1	QL (200 needles/month)
VERIFINE INSULIN PEN NEEDLE 32G X 6 MM	1	QL (200 needles/month)
VERIFINE INSULIN SYRINGE 28G X 1/2" 1 ML	1	QL (200 syringes/ month)
VERIFINE INSULIN SYRINGE 29G X 1/2" 0.5 ML	1	QL (200 syringes/ month)
VERIFINE INSULIN SYRINGE 29G X 1/2" 1 ML	1	QL (200 syringes/ month)
VERIFINE INSULIN SYRINGE 30G X 1/2" 1 ML	1	QL (200 syringes/ month)
VERIFINE INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	QL (200 syringes/ month)
VERIFINE INSULIN SYRINGE 30G X 5/16" 1 ML	1	QL (200 syringes/ month)
VERIFINE INSULIN SYRINGE 31G X 5/16" 0.3 ML	1	QL (200 syringes/ month)
VERIFINE INSULIN SYRINGE 31G X 5/16" 0.5 ML	1	QL (200 syringes/ month)
VERIFINE INSULIN SYRINGE 31G X 5/16" 1 ML	1	QL (200 syringes/ month)
VERIFINE PLUS PEN NEEDLE 31G X 5 MM	1	QL (200 needles/month)
VERIFINE PLUS PEN NEEDLE 31G X 8 MM	1	QL (200 needles/month)
VERIFINE PLUS PEN NEEDLE 32G X 4 MM	1	QL (200 needles/month)
<i>vp insulin syringe 29g x 1/2" 0.3 ml</i>	1	QL (200 syringes/ month)
<i>wegmans unifine pentips plus 31g x 5 mm</i>	1	QL (200 needles/month)
<i>wegmans unifine pentips plus 31g x 6 mm</i>	1	QL (200 needles/month)
<i>wegmans unifine pentips plus 31g x 8 mm</i>	1	QL (200 needles/month)
<i>wegmans unifine pentips plus 32g x 4 mm</i>	1	QL (200 needles/month)
<i>zevrx insulin syringe 30g x 1/2" 0.5 ml</i>	1	
<i>zevrx insulin syringe 30g x 1/2" 1 ml</i>	1	
<i>zevrx insulin syringe 30g x 5/16" 0.5 ml</i>	1	
<i>zevrx insulin syringe 30g x 5/16" 1 ml</i>	1	
<i>zevrx pen needles 31g x 5 mm</i>	1	
<i>zevrx pen needles 31g x 6 mm</i>	1	
<i>zevrx pen needles 31g x 8 mm</i>	1	
<i>zevrx pen needles 32g x 4 mm</i>	1	
*Respiratory Therapy Supplies***		
ACE AEROSOL CLOUD ENHANCER	1	QL (2 units/ year)
ACTIVITY POUCH	1	QL (2 units/ year)
<i>adult aerosol mask</i>	1	
<i>adult mask large</i>	1	QL (2 units/ year)
AEROECLIPSE EZ TWIST TUBING	1	QL (2 units/ year)
AEROECLIPSE MASK LARGE	1	QL (2 units/ year)
AEROECLIPSE MASK MEDIUM	1	QL (2 units/ year)
AEROECLIPSE MASK SMALL	1	QL (2 units/ year)
AEROTRACH PLUS	1	QL (2 units/ year)
AIRS PEDIATRIC AEROSOL MASK	1	QL (2 units/ year)
ALL FLOW 1000 PFT FILTER	1	QL (2 units/ year)

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Drug	Status	Notes
<i>breathe ease neb mask/child</i>	1	QL (2 units/ year)
<i>breathe ease neb mask/infant</i>	1	QL (2 units/ year)
BUBBLES THE FISH II PEDI MASK	1	
CARETOUCH 2 CPAP HOSE HANGER	1	QL (2 units/ year)
CARETOUCH CPAP & BIPAP HOSE	1	QL (2 units/ year)
CARETOUCH CPAP MASK WIPES	1	QL (2 units/ year)
CARETOUCH CPAP PRE-WASH SOLN	1	QL (2 units/ year)
CARETOUCH CPAP TUBE BRUSH	1	QL (2 units/ year)
CARETOUCH UNIVERSL CPAP FILTER	1	QL (2 units/ year)
<i>co monitor replacement pieces</i>	1	QL (2 units/ year)
<i>easy air nebulizer filters</i>	1	QL (2 units/ year)
EASY FLOW 300 MM HOSE	1	
EASY FLOW 400 MM HOSE	1	
EASY FLOW AIR NOZZLE	1	
EASY FLOW HEPA FILTER	1	
<i>easy neb nebulizer filters</i>	1	QL (2 units/ year)
EBASE CONTROLLER KIT	1	QL (2 units/ year)
<i>filter air pp</i>	1	QL (2 units/ year)
FLYP HYPERSONIQ CARTRIDGE	1	
<i>full kit nebulizer set</i>	1	QL (2 units/ year)
INNOSPIRE REPLACEMENT FILTER	1	QL (2 units/ year)
LITETOUCH MASK LARGE	1	QL (2 units/ year)
LITETOUCH MASK MEDIUM	1	QL (2 units/ year)
LITETOUCH MASK SMALL	1	QL (2 units/ year)
MINIELITE FILTER REPLACEMENTS	1	
<i>nebulizer air tube/plugs</i>	1	QL (2 units/ year)
<i>nebulizer mask adult</i>	1	QL (2 units/ year)
<i>nebulizer mask adult/tubing</i>	1	QL (2 units/ year)
<i>nebulizer mask child</i>	1	QL (2 units/ year)
<i>nebulizer mask ped/tubing</i>	1	QL (2 units/ year)
<i>nose clip</i>	1	
OMBRA COMPRESSOR AIR FILTERS	1	QL (2 units/ year)
PARI ALTERA NEBULIZER HANDSET	1	QL (2 units/ year)
PARI BABY CONVERSION KIT	1	QL (2 units/ year)
PARI BUBBLES PEDIATRIC MASK	1	QL (2 units/ year)
PARI ERAPID NEBULIZER HANDSET	1	QL (2 units/ year)
PARI EXPIRATORY FILTER SET DEVICE	1	QL (2 units/ year)
PARI MASK SET	1	QL (2 units/ year)
PARI SMARTMASK BABY/ELBOW	1	
PARI SOFT PLASTIC ADULT MASK	1	QL (2 units/ year)
PARI SOFT PLASTIC PED MASK	1	QL (2 units/ year)

Drug	Status	Notes
<i>pediatric mouthpiece</i>	1	
PFLEX	1	QL (2 units/ year)
<i>pharmacist choice mask wipes</i>	1	
<i>pillow mask/adult</i>	1	QL (2 units/ year)
<i>pillow mask/child</i>	1	QL (2 units/ year)
<i>pillow mask/pediatric</i>	1	QL (2 units/ year)
PRONEB ULTRA FILTER SET	1	
<i>replacement air filter</i>	1	QL (2 units/ year)
<i>replacement filters</i>	1	
REUSABLE COMFORTSEAL MASK-LRG	1	QL (2 units/ year)
REUSABLE COMFORTSEAL MASK-MED	1	QL (2 units/ year)
REUSABLE COMFORTSEAL MASK-SML	1	QL (2 units/ year)
SAMI THE SEAL FILTERS	1	
SIDESTREAM ADULT FACE MASK (OTC)	1	
SIDESTREAM ADULT FACE MASK (RX)	1	QL (2 units/ year)
SIDESTREAM PEDIATRIC FACE MASK (OTC)	1	
SIDESTREAM PEDIATRIC FACE MASK (RX)	1	QL (2 units/ year)
SIDESTREAM PLS ADULT FACE MASK	1	
<i>silicone mask/adult</i>	1	QL (2 units/ year)
<i>silicone mask/infant</i>	1	QL (2 units/ year)
<i>silicone mask/pediatric</i>	1	QL (2 units/ year)
<i>sootheneb nbl 100 adult mask</i>	1	
<i>sootheneb nbl 100 child mask</i>	1	
<i>sootheneb nbl 100 med cup</i>	1	
<i>sootheneb nbl 100 mesh cap</i>	1	
THRESHOLD IMT	1	QL (2 units/ year)
<i>tubing/wing tip</i>	1	
<i>ultra neb accessories kit</i>	1	QL (2 units/ year)
WINDMILL TRAINER	1	QL (2 units/ year)
*Spacer/Aerosol-Holding Chambers & Supplies***		
AEROCHAMBER HOLDING CHAMBER DEVICE	1	QL (2 units/ year)
AEROCHAMBER MINI CHAMBER DEVICE	1	QL (2 units/ year)
AEROCHAMBER MV	1	QL (2 units/ year)
AEROCHAMBER PLS FLOVU MTHPIECE DEVICE	1	QL (2 units/ year)
AEROCHAMBER PLUS FLO-VU INTERM DEVICE	1	QL (2 units/ year)
AEROCHAMBER PLUS FLO-VU LARGE	1	QL (2 units/ year)
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	1	QL (2 units/ year)
AEROCHAMBER PLUS FLO-VU MEDIUM	1	QL (2 units/ year)
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	1	QL (2 units/ year)
AEROCHAMBER PLUS FLO-VU SMALL	1	QL (2 units/ year)
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	1	QL (2 units/ year)

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Drug	Status	Notes
AEROCHAMBER PLUS FLOW VU	1	QL (2 units/ year)
AEROCHAMBER W/FLOWSIGNAL	1	QL (2 units/ year)
AEROCHAMBER Z-STAT PLUS	1	QL (2 units/ year)
AEROCHAMBER Z-STAT PLUS CHAMBR	1	QL (2 units/ year)
AEROCHAMBER Z-STAT PLUS/LARGE	1	QL (2 units/ year)
AEROCHAMBER Z-STAT PLUS/MEDIUM	1	QL (2 units/ year)
AEROCHAMBER Z-STAT PLUS/SMALL	1	QL (2 units/ year)
AEROCHAMBER2GO ANTI-STATIC DEVICE	1	QL (2 units/ year)
AEROVENT PLUS DEVICE	1	QL (2 units/ year)
<i>breathe comfort chamber/adult device</i>	1	
<i>breathe comfort chamber/child device</i>	1	
<i>breathe ease large device</i>	1	QL (2 units/ year)
<i>breathe ease medium device</i>	1	QL (2 units/ year)
<i>breathe ease small device</i>	1	QL (2 units/ year)
BREATHERITE VALVED MDI CHAMBER DEVICE	1	QL (2 units/ year)
CLEVER CHOICE HOLDING CHAMBER DEVICE (OTC)	1	
CLEVER CHOICE HOLDING CHAMBER DEVICE (RX)	1	QL (2 units/ year)
COMPACT SPACE CHAMBER DEVICE	1	QL (2 units/ year)
COMPACT SPACE CHAMBER/LG MASK DEVICE	1	QL (2 units/ year)
COMPACT SPACE CHAMBER/MED MASK DEVICE	1	QL (2 units/ year)
COMPACT SPACE CHAMBER/SM MASK DEVICE	1	QL (2 units/ year)
EASIVENT	1	QL (2 units/ year)
EASIVENT MASK LARGE	1	QL (2 units/ year)
EASIVENT MASK MEDIUM	1	QL (2 units/ year)
EASIVENT MASK SMALL	1	QL (2 units/ year)
<i>eq space chamber anti-static device</i>	1	QL (2 units/ year)
<i>eq space chamber anti-static l device</i>	1	QL (2 units/ year)
<i>eq space chamber anti-static m device</i>	1	QL (2 units/ year)
<i>eq space chamber anti-static s device</i>	1	QL (2 units/ year)
FLEXICHAMBER ADULT MASK/SMALL	1	QL (2 units/ year)
FLEXICHAMBER CHILD MASK/LARGE	1	QL (2 units/ year)
FLEXICHAMBER CHILD MASK/SMALL	1	QL (2 units/ year)
FLEXICHAMBER DEVICE	1	QL (2 units/ year)
INSPIREASE	1	QL (2 units/ year)
INSPIREASE RESERVOIR BAGS	1	QL (2 units/ year)
MASK VORTEX/CHILD/FROG	1	
MASK VORTEX/TODDLER/LADYBUG	1	
MICROCHAMBER	1	QL (2 units/ year)
MICROCHAMBER DEVICE	1	QL (2 units/ year)
MICROSPACER	1	QL (2 units/ year)
OPTICHAMBER DIAMOND	1	QL (2 units/ year)

Drug	Status	Notes
OPTICHAMBER DIAMOND DEVICE	1	QL (2 units/ year)
OPTICHAMBER DIAMOND-LG MASK DEVICE	1	QL (2 units/ year)
OPTICHAMBER DIAMOND-MD MASK	1	QL (2 units/ year)
OPTICHAMBER DIAMOND-SM MASK	1	QL (2 units/ year)
PANDA MASK LARGE	1	
PANDA MASK MEDIUM	1	
PANDA MASK SMALL	1	
PARI VORTEX ADULT MASK	1	
PARI VORTEX PEDIATRIC MASK	1	QL (2 units/ year)
PEDIATRIC PANDA MASK	1	
POCKET CHAMBER DEVICE	1	QL (2 units/ year)
POCKET SPACER DEVICE	1	QL (2 units/ year)
<i>pro comfort spacer adult</i>	1	
<i>pro comfort spacer child</i>	1	
<i>pro comfort spacer infant device</i>	1	
<i>procare spacer/adult mask device</i>	1	
<i>procare spacer/child mask device</i>	1	
<i>prochamber vhc device</i>	1	QL (2 units/ year)
<i>pure comfort spacer chamber device</i>	1	
RITEFLO DEVICE	1	QL (2 units/ year)
VORTEX HOLD CHMBR/MASK/CHILD DEVICE	1	QL (2 units/ year)
VORTEX HOLD CHMBR/MASK/TODDLER DEVICE	1	QL (2 units/ year)
VORTEX VALVE CHAMBER-PEDI MASK DEVICE	1	QL (2 units/ year)
VORTEX VALVED HOLDING CHAMBER DEVICE	1	QL (2 units/ year)
Migraine Products		
*Calcitonin Gene-Related Peptide Receptor Antag (Cgrp)***		
NURTEC TABLET DISPERSIBLE 75 MG ORAL	C	PA; SP; DS (30 day supply max)
QULIPTA TABLET 10 MG ORAL	C	PA; SP; DS (30 day supply max)
QULIPTA TABLET 30 MG ORAL	C	PA; SP; DS (30 day supply max)
QULIPTA TABLET 60 MG ORAL	C	PA; SP; DS (30 day supply max)
UBRELVY TABLET 100 MG ORAL	D	PA; SP; QL (16 tabs/ month); DS (30 day supply max)
UBRELVY TABLET 50 MG ORAL	D	PA; SP; QL (16 tabs/ month); DS (30 day supply max)
ZAVZPRET SOLUTION 10 MG/ACT NASAL	D	PA; SP; DS (30 day supply max)
*Cgrp Receptor Antagonists - Monocolonal Antibodies***		
AIMOVIG SOLUTION AUTO-INJECTOR 140 MG/ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
AIMOVIG SOLUTION AUTO-INJECTOR 70 MG/ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
AJOVY SOLUTION AUTO-INJECTOR 225 MG/1.5ML SUBCUTANEOUS	B	PA; SP; QL (1 injection/ month); DS (30 day supply max)

Drug	Status	Notes
AJOVY SOLUTION PREFILLED SYRINGE 225 MG/1.5ML SUBCUTANEOUS	B	PA; SP; QL (1 injection/ month); DS (30 day supply max)
EMGALITY (300 MG DOSE) SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
EMGALITY SOLUTION AUTO-INJECTOR 120 MG/ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
EMGALITY SOLUTION PREFILLED SYRINGE 120 MG/ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
*Ergot Combinations***		
CAFERGOT TABLET 1-100 MG ORAL	4	QL (1.34 per day); DS (30 day supply max)
<i>ergotamine-caffeine tablet 1-100 mg oral</i>	4	QL (1.34 per day); DS (30 day supply max)
MIGERGOT SUPPOSITORY 2-100 MG RECTAL	3	
*Migraine Products***		
BREKIYA SOLUTION AUTO-INJECTOR 1 MG/ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
<i>dihydroergotamine mesylate crystals</i>	3	
<i>dihydroergotamine mesylate solution 1 mg/ml injection</i>	C	PA; SP; DS (30 day supply max)
<i>dihydroergotamine mesylate solution 4 mg/ml nasal</i>	C	PA; SP; QL (2 boxes (16 vials) / month); DS (30 day supply max)
ERGOMAR TABLET SUBLINGUAL 2 MG SUBLINGUAL	3	QL (20 tabs/ month)
MIGRANAL SOLUTION 4 MG/ML NASAL	D	PA; SP; QL (2 boxes (16 vials) / month); DS (30 day supply max)
*Selective Serotonin Agonists 5-Ht(1)***		
<i>eletriptan hydrobromide tablet 20 mg oral</i>	1	QL (4 tabs/day)
<i>eletriptan hydrobromide tablet 40 mg oral</i>	1	QL (2 tabs/ day)
<i>naratriptan hcl tablet 1 mg oral</i>	1	QL (5 tabs/day)
<i>naratriptan hcl tablet 2.5 mg oral</i>	1	QL (2 tabs/ day); AL (Min 16 Years)
<i>rizatriptan benzoate tablet 10 mg oral</i>	1	QL (3 tabs/day)
<i>rizatriptan benzoate tablet 5 mg oral</i>	1	QL (6 tabs/day)
<i>rizatriptan benzoate tablet dispersible 10 mg oral</i>	1	QL (3 tabs/day)
<i>rizatriptan benzoate tablet dispersible 5 mg oral</i>	1	QL (6 tabs/day)
<i>sumatriptan solution 20 mg/act nasal</i>	1	QL (6 doses/month)
<i>sumatriptan solution 5 mg/act nasal</i>	1	QL (12 doses/month)
<i>sumatriptan succinate refill solution cartridge 4 mg/0.5ml subcutaneous</i>	4	QL (20 injections/ month)
<i>sumatriptan succinate refill solution cartridge 6 mg/0.5ml subcutaneous</i>	4	QL (20 injections/ month)
<i>sumatriptan succinate solution 6 mg/0.5ml subcutaneous</i>	1	QL (20 injections/ month)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml subcutaneous</i>	4	QL (20 injections/ month)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml subcutaneous</i>	4	QL (20 injections/ month)
<i>sumatriptan succinate tablet 100 mg oral</i>	1	QL (10 tabs/ month)
<i>sumatriptan succinate tablet 25 mg oral</i>	1	QL (40 tabs/month)

Drug	Status	Notes
<i>sumatriptan succinate tablet 50 mg oral</i>	1	QL (20 tabs/month)
<i>zolmitriptan solution 5 mg nasal</i>	2	QL (6 spray devices/month); DS (30 day supply max)
<i>zolmitriptan tablet 2.5 mg oral</i>	1	QL (1 fills per 1 months); DS (7 day supply max)
<i>zolmitriptan tablet 5 mg oral</i>	1	QL (1 fills per 1 months); DS (7 day supply max)
<i>zolmitriptan tablet dispersible 2.5 mg oral</i>	1	QL (1 fills per 1 months); DS (7 day supply max)
<i>zolmitriptan tablet dispersible 5 mg oral</i>	1	QL (1 fills per 1 months); DS (7 day supply max)
Minerals & Electrolytes		
*Fluoride***		
<i>sodium fluoride tablet 1.1 (0.5 f) mg oral</i>	\$0	ACA (Tier 3 OR coinsurance if ACA does not apply); AL (Max 6 Years)
<i>sodium fluoride tablet 2.2 (1 f) mg oral</i>	\$0	ACA (Tier 3 OR coinsurance if ACA does not apply); AL (Max 6 Years)
<i>sodium fluoride tablet chewable 0.55 (0.25 f) mg oral</i>	\$0	ACA (Tier 3 OR coinsurance if ACA does not apply); AL (Max 6 Years)
<i>sodium fluoride tablet chewable 1.1 (0.5 f) mg oral</i>	\$0	ACA (Tier 3 OR coinsurance if ACA does not apply); AL (Max 6 Years)
<i>sodium fluoride tablet chewable 2.2 (1 f) mg oral</i>	\$0	ACA (Tier 3 OR coinsurance if ACA does not apply); AL (Max 6 Years)
*Potassium Combinations***		
EFFER-K TABLET EFFERVESCENT 10 MEQ ORAL	3	
EFFER-K TABLET EFFERVESCENT 20 MEQ ORAL	3	
*Potassium***		
KLOR-CON 10 TABLET EXTENDED RELEASE 10 MEQ ORAL	1	
KLOR-CON M10 TABLET EXTENDED RELEASE 10 MEQ ORAL	1	
KLOR-CON M15 TABLET EXTENDED RELEASE 15 MEQ ORAL	3	
KLOR-CON M20 TABLET EXTENDED RELEASE 20 MEQ ORAL	1	
KLOR-CON PACKET 20 MEQ ORAL	1	
KLOR-CON TABLET EXTENDED RELEASE 8 MEQ ORAL	1	
K-TAB TABLET EXTENDED RELEASE 20 MEQ ORAL	1	
<i>potassium chloride crys er tablet extended release 10 meq oral</i>	1	
<i>potassium chloride crys er tablet extended release 15 meq oral</i>	3	
<i>potassium chloride crys er tablet extended release 20 meq oral</i>	1	
<i>potassium chloride er capsule extended release 10 meq oral</i>	1	
<i>potassium chloride er capsule extended release 8 meq oral</i>	1	
<i>potassium chloride er tablet extended release 10 meq oral</i>	1	
<i>potassium chloride er tablet extended release 15 meq oral</i>	1	
<i>potassium chloride er tablet extended release 20 meq oral</i>	3	

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Drug	Status	Notes
<i>potassium chloride er tablet extended release 8 meq oral</i>	1	
<i>potassium chloride granules (otc)</i>	3	
<i>potassium chloride granules (rx)</i>	3	
<i>potassium chloride packet 20 meq oral</i>	1	
<i>potassium chloride solution 10 % oral</i>	1	
<i>potassium chloride solution 20 meq/15ml (10%) oral</i>	1	
<i>potassium chloride solution 40 meq/15ml (20%) oral</i>	1	
*Trace Minerals***		
ZYCUBO SOLUTION RECONSTITUTED 2.9 MG SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
Miscellaneous Therapeutic Classes		
*Antileptics***		
THALOMID CAPSULE 100 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
THALOMID CAPSULE 50 MG ORAL	1	PA; CP (Specialty Tier B if Cancer Parity [CP] does not apply)
*B-Lymphocyte Stimulator (Blys)-Specific Inhibitors***		
BENLYSTA SOLUTION AUTO-INJECTOR 200 MG/ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
BENLYSTA SOLUTION PREFILLED SYRINGE 200 MG/ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
*Chelating Agents***		
DEPEN TITRATABS TABLET 250 MG ORAL	3	
<i>penicillamine tablet 250 mg oral</i>	3	
<i>trientine hcl capsule 250 mg oral</i>	D	PA; SP; DS (30 day supply max)
<i>trientine hcl capsule 500 mg oral</i>	C	PA; SP; DS (30 day supply max)
*Continuous Renal Replacement Therapy (Crtr) Solutions***		
<i>phosillum b22k4/0 solution 22-4-1 meq-mmoll extracorporeal</i>	3	
<i>phosillum bk4/2.5 solution 32-4-2.5-1 meq-mmoll extracorporeal</i>	3	
PRISMASOL B22GK 4/0 SOLUTION 22-4 MEQ/L EXTRACORPOREAL	3	
PRISMASOL BGK 0/2.5 SOLUTION 32-2.5 MEQ/L EXTRACORPOREAL	3	
PRISMASOL BGK 2/0 SOLUTION 32-2 MEQ/L EXTRACORPOREAL	3	
PRISMASOL BGK 2/3.5 SOLUTION 32-2-3.5 MEQ/L EXTRACORPOREAL	3	
PRISMASOL BGK 4/0/1.2 SOLUTION 32-4-1.2 MEQ/L EXTRACORPOREAL	3	
PRISMASOL BGK 4/2.5 SOLUTION 32-4-2.5 MEQ/L EXTRACORPOREAL	3	
PRISMASOL BK 0/0/1.2 SOLUTION 32-1.2 MEQ/L EXTRACORPOREAL	3	
*Cyclosporine Analogs***		
<i>cyclosporine capsule 100 mg oral</i>	A	SP; DS (30 day supply max)

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Drug	Status	Notes
<i>cyclosporine capsule 25 mg oral</i>	A	SP; DS (30 day supply max)
<i>cyclosporine modified capsule 100 mg oral</i>	B	SP
<i>cyclosporine modified capsule 100 mg oral</i>	B	SP; DS (30 day supply max)
<i>cyclosporine modified capsule 25 mg oral</i>	B	SP
<i>cyclosporine modified capsule 25 mg oral</i>	B	SP; DS (30 day supply max)
<i>cyclosporine modified capsule 50 mg oral</i>	B	SP; DS (30 day supply max)
<i>cyclosporine modified solution 100 mg/ml oral</i>	B	SP; DS (30 day supply max)
GENGRAF CAPSULE 100 MG ORAL	B	SP; DS (30 day supply max)
GENGRAF CAPSULE 25 MG ORAL	B	SP; DS (30 day supply max)
GENGRAF SOLUTION 100 MG/ML ORAL	B	SP; DS (30 day supply max)
NEORAL CAPSULE 100 MG ORAL	D	SP; DS (30 day supply max)
NEORAL CAPSULE 25 MG ORAL	D	SP; DS (30 day supply max)
NEORAL SOLUTION 100 MG/ML ORAL	D	SP; DS (30 day supply max)
SANDIMMUNE CAPSULE 100 MG ORAL	D	SP; DS (30 day supply max)
SANDIMMUNE CAPSULE 25 MG ORAL	D	SP; DS (30 day supply max)
*Enzymes***		
<i>bromelain powder (otc)</i>	3	
<i>bromelain powder (rx)</i>	3	
*Farnesyltransferase Inhibitors***		
ZOKINVY CAPSULE 50 MG ORAL	D	PA; SP
ZOKINVY CAPSULE 50 MG ORAL	D	PA; SP; DS (30 day supply max)
ZOKINVY CAPSULE 75 MG ORAL	D	PA; SP
ZOKINVY CAPSULE 75 MG ORAL	D	PA; SP; DS (30 day supply max)
*Immunomodulators - Btk Inhibitors***		
RHAPSIDO TABLET 25 MG ORAL	D	PA; SP; DS (30 day supply max)
*Immunomodulators - Combinations***		
VYVGART HYTRULO SOLUTION PREFILLED SYRINGE 1000-10000 MG-UNT/5ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max); AL (Min 18 Years)
*Immunomodulators For Myelodysplastic Syndromes***		
<i>lenalidomide capsule 10 mg oral</i>	1	PA; QL (1 cap/day); DS (30 day supply max); CP (Specialty Tier A if Cancer Parity [CP] does not apply); AL (Min 18 Years)
<i>lenalidomide capsule 15 mg oral</i>	1	PA; QL (1 cap/day); DS (30 day supply max); CP (Specialty Tier A if Cancer Parity [CP] does not apply); AL (Min 18 Years)
<i>lenalidomide capsule 2.5 mg oral</i>	1	PA; QL (1 cap/day); DS (30 day supply max); CP (Specialty Tier A if Cancer Parity [CP] does not apply); AL (Min 18 Years)
<i>lenalidomide capsule 20 mg oral</i>	1	PA; QL (1 cap/day); DS (30 day supply max); CP (Specialty Tier A if Cancer Parity [CP] does not apply); AL (Min 18 Years)
<i>lenalidomide capsule 25 mg oral</i>	1	PA; QL (1 cap/day); DS (30 day supply max); CP (Specialty Tier A if Cancer Parity [CP] does not apply); AL (Min 18 Years)

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Drug	Status	Notes
<i>lenalidomide capsule 5 mg oral</i>	1	PA; QL (1 cap/day); DS (30 day supply max); CP (Specialty Tier A if Cancer Parity [CP] does not apply); AL (Min 18 Years)
REVLIMID CAPSULE 10 MG ORAL	D	PA; SP; QL (1 cap/day); DS (30 day supply max); AL (Min 18 Years)
REVLIMID CAPSULE 15 MG ORAL	D	PA; SP; QL (1 cap/day); DS (30 day supply max); AL (Min 18 Years)
REVLIMID CAPSULE 2.5 MG ORAL	D	PA; SP; QL (1 cap/day); DS (30 day supply max); AL (Min 18 Years)
REVLIMID CAPSULE 20 MG ORAL	D	PA; SP; QL (1 cap/day); DS (30 day supply max); AL (Min 18 Years)
REVLIMID CAPSULE 25 MG ORAL	D	PA; SP; QL (1 cap/day); DS (30 day supply max); AL (Min 18 Years)
REVLIMID CAPSULE 5 MG ORAL	D	PA; SP; QL (1 cap/day); DS (30 day supply max); AL (Min 18 Years)
*Inosine Monophosphate Dehydrogenase Inhibitors***		
CELLCEPT CAPSULE 250 MG ORAL	3	
CELLCEPT SUSPENSION RECONSTITUTED 200 MG/ML ORAL	3	
CELLCEPT TABLET 500 MG ORAL	3	
<i>mycophenolate mofetil capsule 250 mg oral</i>	1	
<i>mycophenolate mofetil suspension reconstituted 200 mg/ml oral</i>	1	
<i>mycophenolate mofetil tablet 500 mg oral</i>	1	
<i>mycophenolate sodium tablet delayed release 180 mg oral</i>	1	QL (6 tabs/day)
<i>mycophenolate sodium tablet delayed release 360 mg oral</i>	1	QL (4 tabs/day)
<i>mycophenolic acid tablet delayed release 180 mg oral</i>	1	QL (6 tabs/day)
<i>mycophenolic acid tablet delayed release 360 mg oral</i>	1	QL (4 tabs/day)
MYFORTIC TABLET DELAYED RELEASE 180 MG ORAL	4	QL (6 tabs/day)
MYFORTIC TABLET DELAYED RELEASE 360 MG ORAL	4	QL (4 tabs/day)
MYHIBBIN SUSPENSION 200 MG/ML ORAL	3	QL (15 per day)
*Macrolide Immunosuppressants***		
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG ORAL	4	
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 1 MG ORAL	4	
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG ORAL	4	
ENVARUSUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75 MG ORAL	4	PA
ENVARUSUS XR TABLET EXTENDED RELEASE 24 HOUR 1 MG ORAL	4	PA
ENVARUSUS XR TABLET EXTENDED RELEASE 24 HOUR 4 MG ORAL	4	PA
<i>everolimus tablet 0.25 mg oral</i>	C	SP; QL (2 tabs/ day); DS (30 day supply max)

Drug	Status	Notes
<i>everolimus tablet 0.5 mg oral</i>	C	SP; QL (2 tabs/ day); DS (30 day supply max)
<i>everolimus tablet 0.75 mg oral</i>	C	SP; QL (2 tabs/ day); DS (30 day supply max)
<i>everolimus tablet 1 mg oral</i>	C	SP; QL (2 tabs/day); DS (30 day supply max)
PROGRAF CAPSULE 0.5 MG ORAL	3	
PROGRAF CAPSULE 1 MG ORAL	3	
PROGRAF CAPSULE 5 MG ORAL	3	
PROGRAF PACKET 0.2 MG ORAL	3	
PROGRAF PACKET 1 MG ORAL	3	
RAPAMUNE TABLET 0.5 MG ORAL	3	
<i>sirolimus solution 1 mg/ml oral</i>	3	
<i>sirolimus tablet 0.5 mg oral</i>	1	
<i>sirolimus tablet 1 mg oral</i>	1	
<i>sirolimus tablet 2 mg oral</i>	1	
<i>tacrolimus capsule 0.5 mg oral</i>	1	
<i>tacrolimus capsule 1 mg oral</i>	1	
<i>tacrolimus capsule 5 mg oral</i>	1	
<i>tacrolimus er capsule extended release 24 hour 0.5 mg oral</i>	4	
<i>tacrolimus er capsule extended release 24 hour 1 mg oral</i>	4	
<i>tacrolimus er capsule extended release 24 hour 5 mg oral</i>	4	
ZORTRESS TABLET 0.25 MG ORAL	C	SP; QL (2 tabs/ day); DS (30 day supply max)
ZORTRESS TABLET 0.5 MG ORAL	C	SP; QL (2 tabs/ day); DS (30 day supply max)
ZORTRESS TABLET 0.75 MG ORAL	C	SP; QL (2 tabs/ day); DS (30 day supply max)
ZORTRESS TABLET 1 MG ORAL	C	SP; QL (2 tabs/day); DS (30 day supply max)
*Monoclonal Antibodies***		
ENSPRYNG SOLUTION PREFILLED SYRINGE 120 MG/ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
*Pik3ca-Related Overgrowth Spectrum Agents - Pi3k Inhib***		
VIJOICE PACKET 50 MG ORAL	D	PA; SP; DS (30 day supply max)
*Potassium Removing Agents***		
KIONEX SUSPENSION 15 GM/60ML COMBINATION	1	
LOKELMA PACKET 10 GM ORAL	3	QL (1 per day); AL (Min 18 Years)
LOKELMA PACKET 5 GM ORAL	3	QL (1 per day); AL (Min 18 Years)
<i>sodium polystyrene sulfonate powder oral</i>	1	
<i>sodium polystyrene sulfonate suspension 15 gm/60ml combination</i>	1	
SPS (SODIUM POLYSTYRENE SULF) SUSPENSION 15 GM/60ML COMBINATION	1	

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Drug	Status	Notes
SPS (SODIUM POLYSTYRENE SULF) SUSPENSION 30 GM/120ML RECTAL	1	
VELTASSA PACKET 1 GM ORAL	4	PA
VELTASSA PACKET 16.8 GM ORAL	4	PA
VELTASSA PACKET 25.2 GM ORAL	4	PA
VELTASSA PACKET 8.4 GM ORAL	4	PA
*Purine Analogs***		
AZASAN TABLET 100 MG ORAL	3	
AZASAN TABLET 75 MG ORAL	3	
azathioprine powder	3	
azathioprine tablet 100 mg oral	3	
azathioprine tablet 50 mg oral	1	
azathioprine tablet 75 mg oral	3	
IMURAN TABLET 50 MG ORAL	3	
*Type I Interferon (Ifn) Receptor Antagonists***		
SAPHNELO PEN SOLUTION AUTO-INJECTOR 120 MG/0.8ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
SAPHNELO SOLUTION PREFILLED SYRINGE 120 MG/0.8ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
Mouth/Throat/Dental Agents		
*Anesthetics Topical Oral***		
lidocaine viscous hcl solution 2 % mouth/throat	1	QL (1 bottle (100ml)/month); DS (10 day supply max)
*Anti-Infectives - Throat***		
clotrimazole troche 10 mg mouth/throat	1	
nystatin suspension 100000 unit/ml mouth/throat	1	
nystatin suspension 500000 unit/5ml mouth/throat	1	
*Antiseptics - Mouth/Throat***		
chlorhexidine gluconate solution 0.12 % mouth/throat	1	
PERIDEX SOLUTION 0.12 % MOUTH/THROAT	3	
PERIOGARD SOLUTION 0.12 % MOUTH/THROAT	1	
*Saliva Stimulants***		
cevimeline hcl capsule 30 mg oral	1	QL (3 caps/day)
pilocarpine hcl tablet 5 mg oral	1	
pilocarpine hcl tablet 7.5 mg oral	1	
SALAGEN TABLET 5 MG ORAL	3	
SALAGEN TABLET 7.5 MG ORAL	3	
*Steroids - Mouth/Throat/Dental***		
KOURZEQ PASTE 0.1 % MOUTH/THROAT	1	
ORALONE PASTE 0.1 % MOUTH/THROAT	1	
triamcinolone acetonide paste 0.1 % mouth/throat	1	

Drug	Status	Notes
Musculoskeletal Therapy Agents		
*Central Muscle Relaxants***		
<i>baclofen (bulk) solution 500 mg/125ml</i>	3	
<i>baclofen powder</i>	3	
<i>baclofen tablet 10 mg oral</i>	1	
<i>baclofen tablet 15 mg oral</i>	4	
<i>baclofen tablet 20 mg oral</i>	1	
<i>baclofen tablet 5 mg oral</i>	1	
<i>carisoprodol powder</i>	3	
<i>carisoprodol tablet 350 mg oral</i>	1	QL (max 21 tablets/ 90 days)
<i>chlorzoxazone tablet 500 mg oral</i>	1	QL (4 tabs/day); AL (Min 18 Years)
<i>cyclobenzaprine hcl tablet 10 mg oral</i>	1	
<i>cyclobenzaprine hcl tablet 5 mg oral</i>	1	
<i>methocarbamol tablet 500 mg oral</i>	1	
<i>methocarbamol tablet 750 mg oral</i>	1	
<i>orphenadrine citrate er tablet extended release 12 hour 100 mg oral</i>	1	
<i>orphenadrine citrate powder</i>	3	
<i>tizanidine hcl capsule 2 mg oral</i>	1	QL (18 per day)
<i>tizanidine hcl capsule 4 mg oral</i>	1	QL (9 per day)
<i>tizanidine hcl capsule 6 mg oral</i>	1	QL (9 per day)
<i>tizanidine hcl tablet 2 mg oral</i>	1	QL (18 tabs/day)
<i>tizanidine hcl tablet 4 mg oral</i>	1	QL (9 tabs/day)
*Direct Muscle Relaxants***		
DANTRIUM CAPSULE 25 MG ORAL	3	
<i>dantrolene sodium capsule 100 mg oral</i>	2	
<i>dantrolene sodium capsule 25 mg oral</i>	2	
<i>dantrolene sodium capsule 50 mg oral</i>	2	
*Retinoic Acid Receptor Gamma Selective Agonists***		
SOHONOS CAPSULE 1 MG ORAL	D	PA; SP; DS (30 day supply max)
SOHONOS CAPSULE 1.5 MG ORAL	D	PA; SP; DS (30 day supply max)
SOHONOS CAPSULE 10 MG ORAL	D	PA; SP; DS (30 day supply max)
SOHONOS CAPSULE 2.5 MG ORAL	D	PA; SP; DS (30 day supply max)
SOHONOS CAPSULE 5 MG ORAL	D	PA; SP; DS (30 day supply max)
Nasal Agents - Systemic And Topical		
*Antihistamine-Steroid***		
<i>azelastine-fluticasone suspension 137-50 mcg/act nasal</i>	4	QL (1 inhaler/ month); AL (Min 6 Years)
DYMISTA SUSPENSION 137-50 MCG/ACT NASAL	4	QL (1 inhaler/ month); AL (Min 6 Years)
RYALTRIS SUSPENSION 665-25 MCG/ACT NASAL	4	
*Nasal Anticholinergics***		
<i>ipratropium bromide solution 0.03 % nasal</i>	1	QL (15ml/ 10 days)
<i>ipratropium bromide solution 0.06 % nasal</i>	1	QL (15ml/ 10 days)

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Drug	Status	Notes
*Nasal Steroids***		
<i>flunisolide solution 25 mcg/act (0.025%) nasal</i>	3	
OMNARIS SUSPENSION 50 MCG/ACT NASAL	4	QL (1 inhaler/ month); AL (Min 6 Years)
QNASL AEROSOL SOLUTION 80 MCG/ACT NASAL	4	QL (1 inhaler/ month); AL (Min 12 Years)
QNASL CHILDRENS AEROSOL SOLUTION 40 MCG/ACT NASAL	4	
ZETONNA AEROSOL SOLUTION 37 MCG/ACT NASAL	3	QL (1 inhaler/ month); AL (Min 12 Years)
*Systemic Decongestants***		
<i>pseudoephedrine hcl crystals</i>	3	
*Topical Decongestants***		
<i>phenylephrine hcl crystals</i>	3	
<i>phenylephrine hcl powder (rx)</i>	3	
Neuromuscular Agents		
*Als Agent Combinations***		
RELYVRIO PACKET 3-1 GM ORAL	D	SP; DS (30 day supply max)
*Als Agents - Miscellaneous***		
RADICAVA ORS STARTER KIT SUSPENSION 105 MG/5ML ORAL	D	PA; SP; DS (30 day supply max)
RADICAVA ORS SUSPENSION 105 MG/5ML ORAL	D	PA; SP; DS (30 day supply max)
*Benzathiazoles***		
<i>riluzole tablet 50 mg oral</i>	1	
*Muscular Dystrophy - Histone Deacetylase Inhibitors**		
DUVYZAT SUSPENSION 8.86 MG/ML ORAL	D	PA; SP; DS (30 day supply max)
*Rett Syndrome Agents - Glycine-Proline-Glutamate Analogs***		
DAYBUE STIX PACKET 5000 MG ORAL	D	PA; SP; DS (30 day supply max)
DAYBUE STIX PACKET 6000 MG ORAL	D	PA; SP; DS (30 day supply max)
DAYBUE STIX PACKET 8000 MG ORAL	D	PA; SP; DS (30 day supply max)
*Spinal Muscular Atrophy-Smn2 Splicing Modifiers***		
EVRYSDI SOLUTION RECONSTITUTED 0.75 MG/ML ORAL	D	PA; SP; DS (30 day supply max)
EVRYSDI TABLET 5 MG ORAL	D	PA; SP; DS (30 day supply max)
Nutrients		
*Lipotropic Combinations***		
<i>lecithin granules (otc)</i>	3	
<i>lecithin granules (rx)</i>	3	
Ophthalmic Agents		
*Alpha Adrenergic Agonist & Carbonic Anhydrase Inhib Comb***		
SIMBRINZA SUSPENSION 1-0.2 % OPHTHALMIC	4	
*Beta-Blockers - Ophthalmic Combinations***		
<i>brimonidine tartrate-timolol solution 0.2-0.5 % ophthalmic</i>	2	
COMBIGAN SOLUTION 0.2-0.5 % OPHTHALMIC	2	

Drug	Status	Notes
<i>dorzolamide hcl-timolol mal pf solution 2-0.5 % ophthalmic</i>	1	
<i>dorzolamide hcl-timolol mal solution 2-0.5 % ophthalmic</i>	1	
*Beta-Blockers - Ophthalmic***		
<i>betaxolol hcl solution 0.5 % ophthalmic</i>	3	
<i>carteolol hcl solution 1 % ophthalmic</i>	1	
ISTALOL SOLUTION 0.5 % OPHTHALMIC	4	
<i>levobunolol hcl solution 0.5 % ophthalmic</i>	1	
<i>timolol maleate (once-daily) solution 0.5 % ophthalmic</i>	4	
TIMOLOL MALEATE OCUDOSE SOLUTION 0.5 % OPHTHALMIC	4	
<i>timolol maleate pf solution 0.25 % ophthalmic</i>	4	
<i>timolol maleate pf solution 0.5 % ophthalmic</i>	4	
<i>timolol maleate solution 0.25 % ophthalmic</i>	1	
<i>timolol maleate solution 0.5 % ophthalmic</i>	1	
*Cholinergic Agonists***		
TYRVAYA SOLUTION 0.03 MG/ACT NASAL	4	PA; QL (2 bottles/ 30 days)
*Cycloplegic Mydriatic Combinations***		
CYCLOMYDRIL SOLUTION 0.2-1 % OPHTHALMIC	3	
*Cycloplegic Mydriatics***		
<i>atropine sulfate solution 1 % ophthalmic</i>	2	
CYCLOGYL SOLUTION 0.5 % OPHTHALMIC	4	
CYCLOGYL SOLUTION 1 % OPHTHALMIC	3	
CYCLOGYL SOLUTION 2 % OPHTHALMIC	4	
<i>cyclopentolate hcl solution 1 % ophthalmic</i>	1	
HOMATROPAIRE SOLUTION 5 % OPHTHALMIC	1	
<i>phenylephrine hcl solution 10 % ophthalmic</i>	1	
<i>phenylephrine hcl solution 2.5 % ophthalmic</i>	3	
<i>tropicamide powder</i>	3	
*Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag***		
XIIDRA SOLUTION 5 % OPHTHALMIC	4	PA
*Miotic Combinations***		
YUVEZZI SOLUTION 2.75-0.1 % OPHTHALMIC	4	QL (1 per day)
*Miotics - Direct Acting Pupil Selective***		
VIZZ SOLUTION 1.44 % OPHTHALMIC	3	PA
*Miotics - Direct Acting***		
<i>pilocarpine hcl solution 1 % ophthalmic</i>	1	
<i>pilocarpine hcl solution 1.25 % ophthalmic</i>	2	QL (0.09 per day); AL (Min 18 Years)
<i>pilocarpine hcl solution 2 % ophthalmic</i>	1	
<i>pilocarpine hcl solution 4 % ophthalmic</i>	1	
QLOSI SOLUTION 0.4 % OPHTHALMIC	4	QL (1 per day); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)

Drug	Status	Notes
VUITY SOLUTION 1.25 % OPHTHALMIC	4	PA; QL (0.09 per day); AL (Min 18 Years)
*Ophthalmic Antiallergic***		
ALOMIDE SOLUTION 0.1 % OPHTHALMIC	4	
<i>azelastine hcl solution 0.05 % ophthalmic</i>	1	QL (6 ml/ month)
<i>cromolyn sodium solution 4 % ophthalmic</i>	2	
<i>epinastine hcl solution 0.05 % ophthalmic</i>	4	
LASTACFT SOLUTION 0.25 % OPHTHALMIC (OTC)	4	QL (1 bottle (3ml)/30 days); AL (Min 2 Years)
*Ophthalmic Antibiotics***		
AZASITE SOLUTION 1 % OPHTHALMIC	3	
<i>bacitracin ointment 500 unit/gm ophthalmic</i>	3	
<i>besifloxacin hcl suspension 0.6 % ophthalmic</i>	3	
BESIVANCE SUSPENSION 0.6 % OPHTHALMIC	3	
<i>ciprofloxacin hcl solution 0.3 % ophthalmic</i>	1	
<i>erythromycin ointment 5 mg/gm ophthalmic</i>	1	
<i>gatifloxacin solution 0.5 % ophthalmic</i>	1	
<i>gentamicin sulfate solution 0.3 % ophthalmic</i>	1	
<i>levofloxacin solution 0.5 % ophthalmic</i>	3	QL (5 per 1 months)
<i>levofloxacin solution 1.5 % ophthalmic</i>	3	
<i>moxifloxacin hcl (2x day) solution 0.5 % ophthalmic</i>	3	
<i>moxifloxacin hcl solution 0.5 % ophthalmic</i>	1	
OCUFLOX SOLUTION 0.3 % OPHTHALMIC	3	
<i>ofloxacin solution 0.3 % ophthalmic</i>	1	
<i>tobramycin solution 0.3 % ophthalmic</i>	1	
TOBREX OINTMENT 0.3 % OPHTHALMIC	2	
*Ophthalmic Antifungal***		
NATACYN SUSPENSION 5 % OPHTHALMIC	3	
*Ophthalmic Anti-Infective Combinations***		
<i>bacitracin-polymyxin b ointment 500-10000 unit/gm ophthalmic</i>	1	
<i>neomycin-bacitracin zn-polymyx ointment 3.5-400-10000 ophthalmic</i>	1	
<i>neomycin-bacitracin zn-polymyx ointment 5-400-10000 ophthalmic</i>	1	
<i>neomycin-polymyxin-gramicidin solution 1.75-10000-.025 ophthalmic</i>	3	
NEO-POLYCIN OINTMENT 3.5-400-10000 OPHTHALMIC	1	
POLYCIN OINTMENT 500-10000 UNIT/GM OPHTHALMIC	1	
<i>polymyxin b-trimethoprim solution 10000-0.1 unit/ml-% ophthalmic</i>	1	
*Ophthalmic Antiseptics***		
BETADINE OPHTHALMIC PREP SOLUTION 5 % OPHTHALMIC	3	
*Ophthalmic Antivirals***		
<i>trifluridine solution 1 % ophthalmic</i>	4	

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Drug	Status	Notes
ZIRGAN GEL 0.15 % OPHTHALMIC	4	
*Ophthalmic Carbonic Anhydrase Inhibitors***		
<i>brinzolamide suspension 1 % ophthalmic</i>	3	QL (10 ml/ month)
<i>dorzolamide hcl solution 2 % ophthalmic</i>	1	
*Ophthalmic Ectoparasiticide**		
XDEMVY SOLUTION 0.25 % OPHTHALMIC	D	PA; SP; QL (10ml/ 42 days); DS (42 day supply max)
*Ophthalmic Immunomodulators***		
<i>cyclosporine (pf) emulsion 0.05 % ophthalmic</i>	3	QL (60 units/ month)
RESTASIS EMULSION 0.05 % OPHTHALMIC	4	QL (60 units/ month)
RESTASIS MULTIDOSE EMULSION 0.05 % OPHTHALMIC	4	QL (1 bottle/30 days. Minimum Day Supply is 30); DS (30 day supply max)
VERKAZIA EMULSION 0.1 % OPHTHALMIC	4	PA
VEVYE SOLUTION 0.1 % OPHTHALMIC	3	PA
*Ophthalmic Kinase Inhibitors - Combinations***		
ROCKLATAN SOLUTION 0.02-0.005 % OPHTHALMIC	4	QL (2.5 ml/ month)
*Ophthalmic Local Anesthetics***		
AKTEN GEL 3.5 % OPHTHALMIC	3	
ALCAINE SOLUTION 0.5 % OPHTHALMIC	3	
ALTACAIN SOLUTION 0.5 % OPHTHALMIC	1	
<i>proparacaine hcl solution 0.5 % ophthalmic</i>	1	
<i>tetracaine hcl solution 0.5 % ophthalmic</i>	1	
*Ophthalmic Nerve Growth Factors***		
OXERVATE SOLUTION 0.002 % OPHTHALMIC	D	PA; SP; DS (30 day supply max)
*Ophthalmic Nonsteroidal Anti-Inflammatory Agents***		
ACULAR LS SOLUTION 0.4 % OPHTHALMIC	4	
ACULAR SOLUTION 0.5 % OPHTHALMIC	3	
<i>bromfenac sodium (once-daily) solution 0.09 % ophthalmic</i>	2	
<i>bromfenac sodium solution 0.07 % ophthalmic</i>	4	
<i>bromfenac sodium solution 0.075 % ophthalmic</i>	3	
<i>diclofenac sodium solution 0.1 % ophthalmic</i>	1	
<i>flurbiprofen sodium solution 0.03 % ophthalmic</i>	1	
<i>ketorolac tromethamine solution 0.4 % ophthalmic</i>	1	
<i>ketorolac tromethamine solution 0.5 % ophthalmic</i>	1	
PROLENSA SOLUTION 0.07 % OPHTHALMIC	4	
*Ophthalmic Rho Kinase Inhibitors***		
RHOPRESSA SOLUTION 0.02 % OPHTHALMIC	4	QL (0.09 per day); AL (Min 18 Years)
*Ophthalmic Selective Alpha Adrenergic Agonists***		
ALPHAGAN P SOLUTION 0.1 % OPHTHALMIC	3	QL (0.34 per day)
<i>apraclonidine hcl solution 0.5 % ophthalmic</i>	4	
<i>brimonidine tartrate solution 0.1 % ophthalmic</i>	2	QL (0.34 per day)
<i>brimonidine tartrate solution 0.15 % ophthalmic</i>	1	

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Drug	Status	Notes
<i>brimonidine tartrate solution 0.2 % ophthalmic</i>	1	
*Ophthalmic Steroid Combinations***		
<i>bacitra-neomycin-polymyxin-hc ointment 1 % ophthalmic</i>	1	
MAXITROL OINTMENT 3.5-10000-0.1 OPHTHALMIC	3	
MAXITROL SUSPENSION 0.1 % OPHTHALMIC	3	
<i>neomycin-polymyxin-dexameth ointment 3.5-10000-0.1 ophthalmic</i>	1	
<i>neomycin-polymyxin-dexameth suspension 0.1 % ophthalmic</i>	1	
<i>neomycin-polymyxin-dexameth suspension 3.5-10000-0.1 ophthalmic</i>	1	
<i>neomycin-polymyxin-hc suspension 3.5-10000-1 ophthalmic</i>	3	
NEO-POLYCIN HC OINTMENT 1 % OPHTHALMIC	1	
<i>sulfacetamide-prednisolone solution 10-0.23 % ophthalmic</i>	3	
TOBRADEX OINTMENT 0.3-0.1 % OPHTHALMIC	3	
TOBRADEX ST SUSPENSION 0.3-0.05 % OPHTHALMIC	3	
<i>tobramycin-dexamethasone suspension 0.3-0.1 % ophthalmic</i>	1	
*Ophthalmic Steroids***		
BYQLOVI SUSPENSION 0.05 % OPHTHALMIC	4	QL (1 bottle per month)
<i>clobetasol propionate suspension 0.05 % ophthalmic</i>	4	QL (1 bottle per month)
<i>dexamethasone sodium phosphate solution 0.1 % ophthalmic</i>	3	
<i>difluprednate emulsion 0.05 % ophthalmic</i>	3	
FLAREX SUSPENSION 0.1 % OPHTHALMIC	3	
<i>fluorometholone suspension 0.1 % ophthalmic</i>	1	
FML FORTE SUSPENSION 0.25 % OPHTHALMIC	3	
FML LIQUIFILM SUSPENSION 0.1 % OPHTHALMIC	3	
<i>loteprednol etabonate gel 0.5 % ophthalmic</i>	4	
MAXIDEX SUSPENSION 0.1 % OPHTHALMIC	3	
PRED MILD SUSPENSION 0.12 % OPHTHALMIC	2	
<i>prednisolone acetate suspension 1 % ophthalmic</i>	1	
<i>prednisolone sodium phosphate solution 1 % ophthalmic</i>	3	
*Ophthalmic Sulfonamides***		
<i>sulfacetamide sodium ointment 10 % ophthalmic</i>	3	
<i>sulfacetamide sodium solution 10 % ophthalmic</i>	1	
*Ophthalmic Surgical Aids***		
GELFILM FILM OPHTHALMIC	3	
*Ophthalmics - Blepharoptosis Agents**		
UPNEEQ SOLUTION 0.1 % OPHTHALMIC	4	QL (30 units/ month)
*Ophthalmics - Cystinosis Agents**		
CYSTADROPS SOLUTION 0.37 % OPHTHALMIC	C	PA; SP; DS (30 day supply max)
CYSTARAN SOLUTION 0.44 % OPHTHALMIC	C	PA; SP
CYSTARAN SOLUTION 0.44 % OPHTHALMIC	C	PA; SP; DS (30 day supply max)

Drug	Status	Notes
*Ophthalmics - Ep2 Receptor Agonists***		
OMLONTI SOLUTION 0.002 % OPHTHALMIC	4	QL (0.09 per day); AL (Min 18 Years)
*Ophthalmics - Trpm8 Receptor Agonists***		
TRYPTYR SOLUTION 0.003 % OPHTHALMIC	3	PA
*Ophthalmics Misc. - Other***		
MIEBO SOLUTION 1.338 GM/ML OPHTHALMIC	D	SP; DS (30 day supply max)
*Prostaglandins - Ophthalmic***		
<i>bimatoprost solution 0.01 % ophthalmic</i>	2	ST (Step Therapy applies; see Step Therapy Drug List)
<i>bimatoprost solution 0.03 % ophthalmic</i>	2	QL (5 ml/ month)
<i>latanoprost solution 0.005 % ophthalmic</i>	1	
LUMIGAN SOLUTION 0.01 % OPHTHALMIC	2	ST (Step Therapy applies; see Step Therapy Drug List)
<i>tafluprost (pf) solution 0.0015 % ophthalmic</i>	4	
<i>travoprost (bak free) solution 0.004 % ophthalmic</i>	2	
XELPROS EMULSION 0.005 % OPHTHALMIC	3	
ZOLYMBUS GEL 0.01 % OPHTHALMIC	4	PA
Otic Agents		
*Otic Agents - Miscellaneous***		
<i>acetic acid solution 2 % otic</i>	1	
*Otic Anti-Infectives***		
CETRAXAL SOLUTION 0.2 % OTIC	4	QL (14 per 7 days)
<i>ciprofloxacin hcl solution 0.2 % otic</i>	2	QL (14 per 7 days)
<i>ofloxacin solution 0.3 % otic</i>	1	
XTORO SUSPENSION 0.3 % OTIC	3	PA
*Otic Steroid-Anti-Infective Combinations***		
<i>ciprofloxacin-dexamethasone suspension 0.3-0.1 % otic</i>	1	QL (1 bottle (7.5ml)/ month)
<i>ciprofloxacin-hydrocortisone suspension 0.2-1 % otic</i>	3	
CORTISPORIN-TC SUSPENSION 3.3-3-10-0.5 MG/ML OTIC	4	
<i>neomycin-polymyxin-hc solution 1 % otic</i>	1	
<i>neomycin-polymyxin-hc solution 3.5-10000-1 otic</i>	1	
<i>neomycin-polymyxin-hc suspension 3.5-10000-1 otic</i>	1	
*Otic Steroids***		
DERMOTIC OIL 0.01 % OTIC	3	QL (2 bottles (40ml)/month)
FLAC OIL 0.01 % OTIC	1	QL (2 bottles (40ml)/month)
<i>fluocinolone acetonide oil 0.01 % otic</i>	1	QL (2 bottles (40ml)/month)
<i>hydrocortisone-acetic acid solution 1-2 % otic</i>	2	QL (0.34 per day)
Oxytocics		
*Oxytocics***		
METHERGINE TABLET 0.2 MG ORAL	1	
<i>methylergonovine maleate tablet 0.2 mg oral</i>	1	

Drug	Status	Notes
Passive Immunizing And Treatment Agents		
*Antiviral Monoclonal Antibodies***		
SYNAGIS SOLUTION 100 MG/ML INTRAMUSCULAR	D	PA; SP; DS (30 day supply max)
SYNAGIS SOLUTION 50 MG/0.5ML INTRAMUSCULAR	D	PA; SP; DS (30 day supply max)
Penicillins		
*Amidinopenicillins***		
PIVYA TABLET 185 MG ORAL	D	PA; SP; DS (30 day supply max)
*Aminopenicillins***		
<i>amoxicillin capsule 250 mg oral</i>	1	
<i>amoxicillin capsule 500 mg oral</i>	1	
<i>amoxicillin suspension reconstituted 125 mg/5ml oral</i>	1	
<i>amoxicillin suspension reconstituted 200 mg/5ml oral</i>	1	
<i>amoxicillin suspension reconstituted 250 mg/5ml oral</i>	1	
<i>amoxicillin suspension reconstituted 400 mg/5ml oral</i>	1	
<i>amoxicillin tablet 500 mg oral</i>	1	
<i>amoxicillin tablet 875 mg oral</i>	1	
<i>amoxicillin tablet chewable 125 mg oral</i>	3	
<i>amoxicillin tablet chewable 250 mg oral</i>	1	
<i>amoxicillin trihydrate suspension reconstituted 250 mg/5ml oral</i>	1	
*Natural Penicillins***		
<i>penicillin v potassium solution reconstituted 125 mg/5ml oral</i>	3	
<i>penicillin v potassium solution reconstituted 250 mg/5ml oral</i>	3	
<i>penicillin v potassium tablet 250 mg oral</i>	1	
<i>penicillin v potassium tablet 500 mg oral</i>	1	
*Penicillin Combinations***		
<i>amoxicillin-pot clavulanate er tablet extended release 12 hour 1000-62.5 mg oral</i>	3	
<i>amoxicillin-pot clavulanate suspension reconstituted 200-28.5 mg/5ml oral</i>	1	
<i>amoxicillin-pot clavulanate suspension reconstituted 250-62.5 mg/5ml oral</i>	1	
<i>amoxicillin-pot clavulanate suspension reconstituted 400-57 mg/5ml oral</i>	1	
<i>amoxicillin-pot clavulanate suspension reconstituted 600-42.9 mg/5ml oral</i>	1	
<i>amoxicillin-pot clavulanate tablet 250-125 mg oral</i>	1	
<i>amoxicillin-pot clavulanate tablet 500-125 mg oral</i>	1	
<i>amoxicillin-pot clavulanate tablet 875-125 mg oral</i>	1	
<i>amoxicillin-pot clavulanate tablet chewable 200-28.5 mg oral</i>	3	
<i>amoxicillin-pot clavulanate tablet chewable 400-57 mg oral</i>	3	
AUGMENTIN ES-600 SUSPENSION RECONSTITUTED 600-42.9 MG/5ML ORAL	3	

Drug	Status	Notes
AUGMENTIN SUSPENSION RECONSTITUTED 125-31.25 MG/5ML ORAL	3	
*Penicillinase-Resistant Penicillins***		
<i>dicloxacillin sodium capsule 250 mg oral</i>	1	
<i>dicloxacillin sodium capsule 500 mg oral</i>	1	
Pharmaceutical Adjuvants		
*Alkalizing Agents***		
<i>trolamine liquid (otc)</i>	3	
<i>trolamine liquid (rx)</i>	3	
*Antimicrobial Agents***		
<i>methylparaben powder (otc)</i>	3	
<i>methylparaben powder (rx)</i>	3	
<i>methylparaben sodium powder</i>	3	
<i>potassium sorbate granules</i>	3	
<i>potassium sorbate powder</i>	3	
<i>propylparaben powder (otc)</i>	3	
<i>propylparaben powder (rx)</i>	3	
<i>propylparaben sodium powder</i>	3	
<i>sorbic acid powder (rx)</i>	3	
*Flavoring Agents***		
BITTER-BLOC WS/OS LIQUID CONCENTRATE (RX)	3	
<i>bubble gum concentrate liquid (rx)</i>	3	
<i>chicken flavor oil soluble liquid</i>	3	
<i>pineapple flavor liquid (rx)</i>	3	
<i>tangerine flavor oil</i>	3	
*Surfactants***		
<i>polyoxyl 40 stearate powder (otc)</i>	3	
<i>polyoxyl 40 stearate powder (rx)</i>	3	
Progestins		
*Progestins***		
GALLIFREY TABLET 5 MG ORAL	1	
<i>medroxyprogesterone acetate tablet 10 mg oral</i>	1	
<i>medroxyprogesterone acetate tablet 2.5 mg oral</i>	1	
<i>medroxyprogesterone acetate tablet 5 mg oral</i>	1	
<i>megestrol acetate suspension 625 mg/5ml oral</i>	3	QL (5 ml/day)
<i>norethindrone acetate tablet 5 mg oral</i>	1	
<i>progesterone capsule 100 mg oral</i>	1	F
<i>progesterone capsule 200 mg oral</i>	1	F
<i>progesterone oil 50 mg/ml intramuscular</i>	1	F
PROVERA TABLET 10 MG ORAL	3	
PROVERA TABLET 2.5 MG ORAL	3	
PROVERA TABLET 5 MG ORAL	3	

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Drug	Status	Notes
Psychotherapeutic And Neurological Agents - Misc.		
*Agents For Opioid Withdrawal***		
<i>lofexidine hcl tablet 0.18 mg oral</i>	3	PA; QL (224 tabs/14 days)
LUCEMYRA TABLET 0.18 MG ORAL	4	PA; QL (224 tabs/14 days)
*Alcohol Deterrents***		
<i>acamprosate calcium tablet delayed release 333 mg oral</i>	1	QL (6 tabs/day)
<i>disulfiram tablet 250 mg oral</i>	1	
<i>disulfiram tablet 500 mg oral</i>	4	
*Alzheimer's Treatment - Anti-Amyloid Antibodies***		
LEQEMBI IQLIK SOLUTION AUTO-INJECTOR 360 MG/1.8ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
*Anti-Cataleptic Agents***		
LUMRYZ STARTER PACK THERAPY PACK 4.5 & 6 & 7.5 GM ORAL	D	PA; SP; DS (30 day supply max)
<i>sodium oxybate solution 500 mg/ml oral</i>	D	PA; SP; QL (18 ml/ day); DS (30 day supply max); AL (Min 18 Years and Max 65 Years)
XYREM SOLUTION 500 MG/ML ORAL	D	PA; SP; QL (18 ml/ day); DS (30 day supply max); AL (Min 18 Years and Max 65 Years)
*Anti-Cataleptic Combinations***		
XYWAV SOLUTION 500 MG/ML ORAL	D	PA; SP; DS (30 day supply max)
*Antidementia Agent Combinations***		
<i>memantine hcl-donepezil hcl er capsule extended release 24 hour 14-10 mg oral</i>	3	
<i>memantine hcl-donepezil hcl er capsule extended release 24 hour 21-10 mg oral</i>	3	
<i>memantine hcl-donepezil hcl er capsule extended release 24 hour 28-10 mg oral</i>	3	
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG ORAL	4	PA
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 21-10 MG ORAL	4	PA
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 28-10 MG ORAL	4	PA
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG ORAL	4	PA
*Antisense Oligonucleotide (Aso) Inhibitor Agents***		
TEGSEDI SOLUTION PREFILLED SYRINGE 284 MG/1.5ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
WAINUA SOLUTION AUTO-INJECTOR 45 MG/0.8ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
WAINUA SOLUTION PREFILLED SYRINGE 45 MG/0.8ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
*Benzodiazepines & Tricyclic Agents***		
<i>chlordiazepoxide-amitriptyline tablet 10-25 mg oral</i>	3	

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Drug	Status	Notes
<i>chlordiazepoxide-amitriptyline tablet 5-12.5 mg oral</i>	3	
*Cholinomimetics - Ache Inhibitors***		
ARICEPT TABLET 10 MG ORAL	3	QL (1 tab/day)
ARICEPT TABLET 23 MG ORAL	3	
ARICEPT TABLET 5 MG ORAL	3	QL (1 tab/day)
<i>donepezil hcl tablet 10 mg oral</i>	1	QL (1 tab/day)
<i>donepezil hcl tablet 23 mg oral</i>	1	
<i>donepezil hcl tablet 5 mg oral</i>	1	QL (1 tab/day)
<i>donepezil hcl tablet dispersible 10 mg oral</i>	1	
<i>donepezil hcl tablet dispersible 5 mg oral</i>	1	
EXELON PATCH 24 HOUR 13.3 MG/24HR TRANSDERMAL	2	QL (1 patch/ day); AL (Min 18 Years)
EXELON PATCH 24 HOUR 4.6 MG/24HR TRANSDERMAL	2	QL (1 patch/ day); AL (Min 18 Years)
EXELON PATCH 24 HOUR 9.5 MG/24HR TRANSDERMAL	2	QL (1 patch/ day); AL (Min 18 Years)
<i>galantamine hydrobromide er capsule extended release 24 hour 16 mg oral</i>	1	QL (1 cap/day); AL (Min 18 Years)
<i>galantamine hydrobromide er capsule extended release 24 hour 24 mg oral</i>	1	QL (1 cap/day); AL (Min 18 Years)
<i>galantamine hydrobromide er capsule extended release 24 hour 8 mg oral</i>	1	QL (1 cap/day); AL (Min 18 Years)
<i>galantamine hydrobromide solution 4 mg/ml oral</i>	3	
<i>galantamine hydrobromide tablet 12 mg oral</i>	1	QL (2 tabs/ day)
<i>galantamine hydrobromide tablet 4 mg oral</i>	1	QL (3 tabs/ day)
<i>galantamine hydrobromide tablet 8 mg oral</i>	1	QL (2 tabs/ day)
<i>rivastigmine patch 24 hour 13.3 mg/24hr transdermal</i>	2	QL (1 patch/ day); AL (Min 18 Years)
<i>rivastigmine patch 24 hour 4.6 mg/24hr transdermal</i>	2	QL (1 patch/ day); AL (Min 18 Years)
<i>rivastigmine patch 24 hour 9.5 mg/24hr transdermal</i>	2	QL (1 patch/ day); AL (Min 18 Years)
<i>rivastigmine tartrate capsule 1.5 mg oral</i>	1	QL (2 caps/day)
<i>rivastigmine tartrate capsule 3 mg oral</i>	1	QL (2 caps/day)
<i>rivastigmine tartrate capsule 4.5 mg oral</i>	1	QL (2 caps/day)
<i>rivastigmine tartrate capsule 6 mg oral</i>	1	QL (2 caps/day)
ZUNVEYL TABLET DELAYED RELEASE 10 MG ORAL	3	PA
ZUNVEYL TABLET DELAYED RELEASE 15 MG ORAL	3	PA
ZUNVEYL TABLET DELAYED RELEASE 5 MG ORAL	3	PA
*Fibromyalgia Agent - Snris***		
<i>milnacipran hcl tablet 100 mg oral</i>	4	
<i>milnacipran hcl tablet 12.5 mg oral</i>	4	
<i>milnacipran hcl tablet 25 mg oral</i>	4	
<i>milnacipran hcl tablet 50 mg oral</i>	4	
SAVELLA TABLET 100 MG ORAL	4	
SAVELLA TABLET 12.5 MG ORAL	4	
SAVELLA TABLET 25 MG ORAL	4	
SAVELLA TABLET 50 MG ORAL	4	

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Drug	Status	Notes
SAVELLA TITRATION PACK 12.5 & 25 & 50 MG ORAL	4	
*Melanocortin Receptor Agonists***		
VYLEESI SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML SUBCUTANEOUS	VC	QL (1 injection per month); DS (30 day supply max); SDIS (Excluded unless Sexual Dysfunction Rider [SDIS] applies (generics tier 1/brands tier 3 OR coinsurance)); F
*Movement Disorder Drug Therapy***		
AUSTEDO TABLET 12 MG ORAL	D	PA; SP; DS (30 day supply max)
AUSTEDO TABLET 6 MG ORAL	D	PA; SP; DS (30 day supply max)
AUSTEDO TABLET 9 MG ORAL	D	PA; SP; DS (30 day supply max)
AUSTEDO XR PATIENT TITRATION TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG ORAL	D	PA; SP; DS (30 day supply max)
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12 MG ORAL	D	PA; SP; DS (30 day supply max)
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 18 MG ORAL	D	PA; SP; DS (30 day supply max)
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 24 MG ORAL	D	PA; SP; DS (30 day supply max)
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 30 MG ORAL	D	PA; SP; DS (30 day supply max)
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 36 MG ORAL	D	PA; SP; DS (30 day supply max)
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 42 MG ORAL	D	PA; SP; DS (30 day supply max)
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 48 MG ORAL	D	PA; SP; DS (30 day supply max)
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6 MG ORAL	D	PA; SP; DS (30 day supply max)
INGREZZA CAPSULE 40 MG ORAL	D	PA; SP; QL (1 cap/day); DS (30 day supply max)
INGREZZA CAPSULE 60 MG ORAL	D	PA; SP; QL (1 cap/day); DS (30 day supply max)
INGREZZA CAPSULE 80 MG ORAL	D	PA; SP; QL (1 cap/day); DS (30 day supply max)
INGREZZA CAPSULE SPRINKLE 40 MG ORAL	D	PA; SP; DS (30 day supply max)
INGREZZA CAPSULE SPRINKLE 60 MG ORAL	D	PA; SP; DS (30 day supply max)
INGREZZA CAPSULE SPRINKLE 80 MG ORAL	D	PA; SP; DS (30 day supply max)
INGREZZA CAPSULE THERAPY PACK 40 & 80 MG ORAL	D	PA; SP; QL (2 packs/ year); DS (30 day supply max)
<i>tetrabenazine tablet 12.5 mg oral</i>	A	PA; SP
<i>tetrabenazine tablet 12.5 mg oral</i>	A	PA; SP; DS (30 day supply max)
<i>tetrabenazine tablet 25 mg oral</i>	A	PA; SP; DS (30 day supply max)
*Ms Agents - Pyrimidine Synthesis Inhibitors***		
AUBAGIO TABLET 14 MG ORAL	B	PA; SP; DS (30 day supply max)
AUBAGIO TABLET 7 MG ORAL	B	PA; SP; DS (30 day supply max)

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Drug	Status	Notes
<i>teriflunomide tablet 14 mg oral</i>	B	PA; SP; DS (30 day supply max)
<i>teriflunomide tablet 7 mg oral</i>	B	PA; SP; DS (30 day supply max)
*Multiple Sclerosis Agents - Antimetabolites***		
<i>cladribine (10 tabs) tablet therapy pack 10 mg oral</i>	D	PA; SP; DS (30 day supply max)
<i>cladribine (4 tabs) tablet therapy pack 10 mg oral</i>	D	PA; SP; DS (30 day supply max)
<i>cladribine (5 tabs) tablet therapy pack 10 mg oral</i>	D	PA; SP; DS (30 day supply max)
<i>cladribine (6 tabs) tablet therapy pack 10 mg oral</i>	D	PA; SP; DS (30 day supply max)
<i>cladribine (7 tabs) tablet therapy pack 10 mg oral</i>	D	PA; SP; DS (30 day supply max)
<i>cladribine (8 tabs) tablet therapy pack 10 mg oral</i>	D	PA; SP; DS (30 day supply max)
<i>cladribine (9 tabs) tablet therapy pack 10 mg oral</i>	D	PA; SP; DS (30 day supply max)
MAVENCLAD (10 TABS) TABLET THERAPY PACK 10 MG ORAL	D	PA; SP; DS (30 day supply max)
MAVENCLAD (4 TABS) TABLET THERAPY PACK 10 MG ORAL	D	PA; SP; DS (30 day supply max)
MAVENCLAD (5 TABS) TABLET THERAPY PACK 10 MG ORAL	D	PA; SP; DS (30 day supply max)
MAVENCLAD (6 TABS) TABLET THERAPY PACK 10 MG ORAL	D	PA; SP; DS (30 day supply max)
MAVENCLAD (7 TABS) TABLET THERAPY PACK 10 MG ORAL	D	PA; SP; DS (30 day supply max)
MAVENCLAD (8 TABS) TABLET THERAPY PACK 10 MG ORAL	D	PA; SP; DS (30 day supply max)
MAVENCLAD (9 TABS) TABLET THERAPY PACK 10 MG ORAL	D	PA; SP; DS (30 day supply max)
*Multiple Sclerosis Agents - Interferons***		
AVONEX PEN AUTO-INJECTOR KIT 30 MCG/0.5ML INTRAMUSCULAR	B	PA; SP; DS (30 day supply max)
AVONEX PREFILLED PREFILLED SYRINGE KIT 30 MCG/0.5ML INTRAMUSCULAR	B	PA; SP; DS (30 day supply max)
BETASERON KIT 0.3 MG SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
REBIF REBIDOSE SOLUTION AUTO-INJECTOR 22 MCG/0.5ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
REBIF REBIDOSE SOLUTION AUTO-INJECTOR 44 MCG/0.5ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
REBIF REBIDOSE TITRATION PACK SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
REBIF SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
REBIF SOLUTION PREFILLED SYRINGE 44 MCG/0.5ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
REBIF TITRATION PACK SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
*Multiple Sclerosis Agents - Monoclonal Antibodies***		
KESIMPTA SOLUTION AUTO-INJECTOR 20 MG/0.4ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)

Drug	Status	Notes
*Multiple Sclerosis Agents - Nrf2 Pathway Activators***		
BAFIERTAM CAPSULE DELAYED RELEASE 95 MG ORAL	C	PA; SP; DS (30 day supply max)
<i>dimethyl fumarate capsule delayed release 120 mg oral</i>	A	SP; QL (2 caps/day); DS (30 day supply max); AL (Min 18 Years)
<i>dimethyl fumarate capsule delayed release 120 mg oral</i>	D	PA; SP; QL (2 caps/day); DS (30 day supply max); AL (Min 18 Years)
<i>dimethyl fumarate capsule delayed release 240 mg oral</i>	A	SP; QL (2 caps/ day); DS (30 day supply max); AL (Min 18 Years)
<i>dimethyl fumarate capsule delayed release 240 mg oral</i>	D	PA; SP; QL (2 caps/ day); DS (30 day supply max); AL (Min 18 Years)
<i>dimethyl fumarate starter pack capsule delayed release therapy pack 120 & 240 mg oral</i>	D	PA; SP; QL (2 per day); DS (30 day supply max); AL (Min 18 Years)
VUMERITY CAPSULE DELAYED RELEASE 231 MG ORAL	B	PA; SP; DS (30 day supply max)
*Multiple Sclerosis Agents - Potassium Channel Blockers***		
AMPYRA TABLET EXTENDED RELEASE 12 HOUR 10 MG ORAL	C	PA; SP; QL (2 tabs/ day); DS (30 day supply max); AL (Min 18 Years)
<i>dalfampridine er tablet extended release 12 hour 10 mg oral</i>	A	SP; QL (2 tabs/ day); DS (30 day supply max); AL (Min 18 Years)
<i>dalfampridine er tablet extended release 12 hour 10 mg oral</i>	A	PA; SP; QL (2 tabs/ day); DS (30 day supply max); AL (Min 18 Years)
*Multiple Sclerosis Agents***		
COPAXONE SOLUTION PREFILLED SYRINGE 20 MG/ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
COPAXONE SOLUTION PREFILLED SYRINGE 40 MG/ML SUBCUTANEOUS	D	PA; SP; DS (30 day supply max)
<i>glatiramer acetate solution prefilled syringe 20 mg/ml subcutaneous</i>	B	PA; SP
<i>glatiramer acetate solution prefilled syringe 20 mg/ml subcutaneous</i>	B	PA; SP; DS (30 day supply max)
<i>glatiramer acetate solution prefilled syringe 40 mg/ml subcutaneous</i>	B	PA; SP
<i>glatiramer acetate solution prefilled syringe 40 mg/ml subcutaneous</i>	B	PA; SP; DS (30 day supply max)
GLATOPA SOLUTION PREFILLED SYRINGE 20 MG/ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
GLATOPA SOLUTION PREFILLED SYRINGE 40 MG/ML SUBCUTANEOUS	B	PA; SP; DS (30 day supply max)
*N-Methyl-D-Aspartate (Nmda) Receptor Antagonists***		
<i>memantine hcl er capsule extended release 24 hour 14 mg oral</i>	1	
<i>memantine hcl er capsule extended release 24 hour 21 mg oral</i>	1	
<i>memantine hcl er capsule extended release 24 hour 28 mg oral</i>	1	
<i>memantine hcl er capsule extended release 24 hour 7 mg oral</i>	1	
<i>memantine hcl solution 10 mg/5ml oral</i>	1	QL (12 ml/day); AL (Min 12 Years)
<i>memantine hcl solution 2 mg/ml oral</i>	1	QL (12 ml/day); AL (Min 12 Years)
<i>memantine hcl tablet 10 mg oral</i>	1	QL (2 tabs/ day); AL (Min 12 Years)
<i>memantine hcl tablet 28 x 5 mg & 21 x 10 mg oral</i>	1	

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Drug	Status	Notes
<i>memantine hcl tablet 5 mg oral</i>	1	QL (3 tabs/ day); AL (Min 12 Years)
NAMENDA TITRATION PAK TABLET 28 X 5 MG & 21 X 10 MG ORAL	4	
NAMENDA XR CAPSULE EXTENDED RELEASE 24 HOUR 14 MG ORAL	3	
NAMENDA XR CAPSULE EXTENDED RELEASE 24 HOUR 21 MG ORAL	3	
NAMENDA XR CAPSULE EXTENDED RELEASE 24 HOUR 28 MG ORAL	3	
*Phenothiazines & Tricyclic Agents***		
<i>perphenazine-amitriptyline tablet 2-10 mg oral</i>	3	
<i>perphenazine-amitriptyline tablet 2-25 mg oral</i>	3	
<i>perphenazine-amitriptyline tablet 4-10 mg oral</i>	3	
<i>perphenazine-amitriptyline tablet 4-25 mg oral</i>	3	
<i>perphenazine-amitriptyline tablet 4-50 mg oral</i>	3	
*Pseudobulbar Affect Agent Combinations***		
NUDEXTA CAPSULE 20-10 MG ORAL	4	
*Psychotherapeutic And Neurological Agents - Misc.***		
AQNEURSA PACKET 1 GM ORAL	D	PA; SP; DS (30 day supply max)
<i>ergoloid mesylates tablet 1 mg oral</i>	3	
MIPLYFFA CAPSULE 124 MG ORAL	D	PA; SP; DS (30 day supply max)
MIPLYFFA CAPSULE 47 MG ORAL	D	PA; SP; DS (30 day supply max)
MIPLYFFA CAPSULE 62 MG ORAL	D	PA; SP; DS (30 day supply max)
MIPLYFFA CAPSULE 93 MG ORAL	D	PA; SP; DS (30 day supply max)
<i>pimozide tablet 1 mg oral</i>	2	
<i>pimozide tablet 2 mg oral</i>	2	
*Serotonin 1A Recept Agonist/Serotonin 2A Recept Antag***		
ADDYI TABLET 100 MG ORAL	VC	QL (1 tab/day); SDIS (Excluded unless Sexual Dysfunction Rider [SDIS] applies (generics tier 1/brands tier 3 OR coinsurance)); F
*Smoking Deterrents***		
<i>bupropion hcl er (smoking det) tablet extended release 12 hour 150 mg oral</i>	\$0	QL (2 tabs/ day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>cvs nicotine gum 2 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>cvs nicotine gum 4 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>cvs nicotine lozenge 2 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>cvs nicotine patch 24 hour 14 mg/24hr transdermal</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>cvs nicotine patch 24 hour 21 mg/24hr transdermal</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)

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Drug	Status	Notes
<i>cvs nicotine patch 24 hour 7 mg/24hr transdermal</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>cvs nicotine polacrilex gum 2 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>cvs nicotine polacrilex gum 4 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>cvs nicotine polacrilex lozenge 2 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>cvs nicotine polacrilex lozenge 4 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>eq nicotine gum 4 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>eq nicotine lozenge 4 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>eq nicotine patch 24 hour 14 mg/24hr transdermal</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>eq nicotine patch 24 hour 21 mg/24hr transdermal</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>eq nicotine polacrilex gum 2 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>eq nicotine polacrilex gum 4 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>eq nicotine polacrilex lozenge 2 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>eq nicotine polacrilex lozenge 4 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>eq nicotine step 3 patch 24 hour 7 mg/24hr transdermal</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>ft nicotine gum 2 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>ft nicotine gum 4 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>ft nicotine lozenge 2 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>ft nicotine lozenge 4 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>ft nicotine mini lozenge 2 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>ft nicotine mini lozenge 4 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>ft nicotine patch 24 hour 14 mg/24hr transdermal</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>ft nicotine patch 24 hour 21 mg/24hr transdermal</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>ft nicotine patch 24 hour 7 mg/24hr transdermal</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>gnp nicotine gum 2 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)

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Drug	Status	Notes
<i>gnp nicotine gum 4 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>gnp nicotine mini lozenge 2 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>gnp nicotine mini lozenge 4 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>gnp nicotine patch 24 hour 14 mg/24hr transdermal</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>gnp nicotine patch 24 hour 21 mg/24hr transdermal</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>gnp nicotine patch 24 hour 7 mg/24hr transdermal</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>gnp nicotine polacrilex gum 2 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>gnp nicotine polacrilex gum 4 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>gnp nicotine polacrilex lozenge 2 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>gnp nicotine polacrilex lozenge 4 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>goodsense nicotine gum 2 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>goodsense nicotine gum 4 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>goodsense nicotine lozenge 2 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>goodsense nicotine lozenge 4 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>goodsense nicotine polacrilex gum 4 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
HABITROL PATCH 24 HOUR 21 MG/24HR TRANSDERMAL	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>hm nicotine polacrilex gum 2 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>hm nicotine polacrilex gum 4 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
KLS QUIT2 GUM 2 MG MOUTH/THROAT	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
KLS QUIT2 LOZENGE 2 MG MOUTH/THROAT	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
KLS QUIT4 GUM 4 MG MOUTH/THROAT	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
KLS QUIT4 LOZENGE 4 MG MOUTH/THROAT	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
NICODERM CQ PATCH 24 HOUR 14 MG/24HR TRANSDERMAL	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
NICODERM CQ PATCH 24 HOUR 21 MG/24HR TRANSDERMAL	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)

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Drug	Status	Notes
NICODERM CQ PATCH 24 HOUR 7 MG/24HR TRANSDERMAL	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
NICORETTE GUM 2 MG MOUTH/THROAT	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
NICORETTE GUM 4 MG MOUTH/THROAT	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
NICORETTE LOZENGE 2 MG MOUTH/THROAT	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
NICORETTE LOZENGE 4 MG MOUTH/THROAT	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
NICORETTE MINI LOZENGE 2 MG MOUTH/THROAT	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
NICORETTE MINI LOZENGE 4 MG MOUTH/THROAT	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
NICORETTE STARTER KIT GUM 2 MG MOUTH/THROAT	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
NICORETTE STARTER KIT GUM 4 MG MOUTH/THROAT	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>nicotine kit 21-14-7 mg/24hr transdermal</i>	\$0	ACA (Tier 3 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>nicotine mini lozenge 2 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>nicotine mini lozenge 4 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>nicotine patch 24 hour 14 mg/24hr transdermal (otc)</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>nicotine patch 24 hour 21 mg/24hr transdermal (otc)</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>nicotine patch 24 hour 7 mg/24hr transdermal (otc)</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>nicotine polacrilex gum 2 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>nicotine polacrilex gum 4 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>nicotine polacrilex lozenge 2 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>nicotine polacrilex lozenge 4 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>nicotine polacrilex mini lozenge 2 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>nicotine step 1 patch 24 hour 21 mg/24hr transdermal</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>nicotine step 2 patch 24 hour 14 mg/24hr transdermal</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>nicotine step 3 patch 24 hour 7 mg/24hr transdermal</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)

Drug	Status	Notes
NICOTROL NS SOLUTION 10 MG/ML NASAL	\$0	QL (3 units/ month); ACA (Tier 3 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>qc nicotine transdermal system patch 24 hour 14 mg/24hr transdermal</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>qc nicotine transdermal system patch 24 hour 21 mg/24hr transdermal</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>ra mini nicotine lozenge 2 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>ra mini nicotine lozenge 4 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>ra nicotine gum 2 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>ra nicotine gum 4 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>ra nicotine gum gum 2 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>ra nicotine gum gum 4 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>ra nicotine patch 24 hour 14 mg/24hr transdermal</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>ra nicotine patch 24 hour 21 mg/24hr transdermal</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>ra nicotine polacrilex lozenge 2 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>ra nicotine polacrilex lozenge 4 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>sm nicotine gum 4 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>sm nicotine patch 24 hour 14 mg/24hr transdermal</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>sm nicotine patch 24 hour 7 mg/24hr transdermal</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>sm nicotine polacrilex gum 2 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>sm nicotine polacrilex gum 4 mg mouth/throat</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
THRIVE GUM 2 MG MOUTH/THROAT	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>varenicline tartrate (starter) tablet therapy pack 0.5 mg x 11 & 1 mg x 42 oral</i>	\$0	QL (2 tabs/ day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>varenicline tartrate tablet 0.5 mg oral</i>	\$0	QL (2 tabs/ day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
<i>varenicline tartrate tablet 1 mg oral</i>	\$0	QL (2 tabs/ day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)

Drug	Status	Notes
<i>varenicline tartrate(continue) tablet 1 mg oral</i>	\$0	QL (2 tabs/ day); ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 18 Years)
*Sphingosine 1-Phosphate (S1p) Receptor Modulators***		
<i>fingolimod hcl capsule 0.5 mg oral</i>	A	SP; QL (1 cap/day); DS (30 day supply max); AL (Min 10 Years)
<i>fingolimod hcl capsule 0.5 mg oral</i>	B	PA; SP; QL (1 cap/day); DS (30 day supply max); AL (Min 10 Years)
GILENYA CAPSULE 0.25 MG ORAL	B	PA; SP; DS (30 day supply max)
MAYZENT STARTER PACK TABLET THERAPY PACK 12 X 0.25 MG ORAL	D	PA; SP; DS (30 day supply max)
MAYZENT STARTER PACK TABLET THERAPY PACK 7 X 0.25 MG ORAL	D	PA; SP; DS (30 day supply max)
MAYZENT TABLET 0.25 MG ORAL	D	PA; SP; DS (30 day supply max)
MAYZENT TABLET 1 MG ORAL	D	PA; SP; DS (30 day supply max)
MAYZENT TABLET 2 MG ORAL	D	PA; SP; DS (30 day supply max)
ZEPOSIA 7-DAY STARTER PACK CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG ORAL	D	PA; SP; DS (30 day supply max)
ZEPOSIA CAPSULE 0.92 MG ORAL	D	PA; SP; DS (30 day supply max)
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21) ORAL	D	PA; SP; DS (30 day supply max)
*Thienbenzodiazepines & SsrIs***		
<i>olanzapine-fluoxetine hcl capsule 12-25 mg oral</i>	1	QL (1 cap/day)
<i>olanzapine-fluoxetine hcl capsule 12-50 mg oral</i>	1	QL (1 cap/day)
<i>olanzapine-fluoxetine hcl capsule 3-25 mg oral</i>	1	QL (1 cap/day)
<i>olanzapine-fluoxetine hcl capsule 6-25 mg oral</i>	1	QL (3 caps/ day)
<i>olanzapine-fluoxetine hcl capsule 6-50 mg oral</i>	1	QL (1 cap/day)
SYMBYAX CAPSULE 3-25 MG ORAL	3	QL (1 cap/day)
SYMBYAX CAPSULE 6-25 MG ORAL	3	QL (3 caps/ day)
*Vasomotor Symptom Agents - SsrIs***		
<i>paroxetine mesylate capsule 7.5 mg oral</i>	4	
Respiratory Agents - Misc.		
*Cftr Potentiators***		
KALYDECO PACKET 13.4 MG ORAL	D	PA; SP; DS (30 day supply max)
KALYDECO PACKET 25 MG ORAL	D	PA; SP; DS (30 day supply max)
KALYDECO PACKET 5.8 MG ORAL	D	PA; SP; DS (30 day supply max)
KALYDECO PACKET 50 MG ORAL	D	PA; SP; DS (30 day supply max)
KALYDECO PACKET 75 MG ORAL	D	PA; SP; DS (30 day supply max)
KALYDECO TABLET 150 MG ORAL	D	PA; SP; QL (2 tabs/ day); DS (30 day supply max); AL (Min 6 Years)
*Cystic Fibrosis Agent - Combinations***		
ALYFTREK TABLET 10-50-125 MG ORAL	D	PA; SP; DS (30 day supply max)
ALYFTREK TABLET 4-20-50 MG ORAL	D	PA; SP; DS (30 day supply max)
ORKAMBI PACKET 100-125 MG ORAL	C	PA; SP; DS (30 day supply max)

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Drug	Status	Notes
ORKAMBI PACKET 150-188 MG ORAL	C	PA; SP; DS (30 day supply max)
ORKAMBI PACKET 75-94 MG ORAL	C	PA; SP; DS (30 day supply max)
ORKAMBI TABLET 100-125 MG ORAL	C	PA; SP; DS (30 day supply max); AL (Min 6 Years)
ORKAMBI TABLET 200-125 MG ORAL	C	PA; SP; DS (30 day supply max)
SYMDEKO TABLET THERAPY PACK 100-150 & 150 MG ORAL	D	PA; SP; DS (30 day supply max)
SYMDEKO TABLET THERAPY PACK 50-75 & 75 MG ORAL	D	PA; SP; DS (30 day supply max)
TRIKAFTA TABLET THERAPY PACK 100-50-75 & 150 MG ORAL	D	PA; SP; QL (1 pack (84 tabs)/ 28 days); DS (28 day supply max)
TRIKAFTA TABLET THERAPY PACK 50-25-37.5 & 75 MG ORAL	D	PA; SP; QL (3 tabs/ day); DS (28 day supply max)
TRIKAFTA THERAPY PACK 100-50-75 & 75 MG ORAL	D	SP; DS (30 day supply max)
TRIKAFTA THERAPY PACK 80-40-60 & 59.5 MG ORAL	D	SP; DS (30 day supply max)
*Dipeptidyl Peptidase 1 (Dpp1) Inhibitors***		
BRINSUPRI TABLET 10 MG ORAL	D	PA; SP; DS (30 day supply max)
BRINSUPRI TABLET 25 MG ORAL	D	PA; SP; DS (30 day supply max)
*Hydrolytic Enzymes***		
PULMOZYME SOLUTION 2.5 MG/2.5ML INHALATION	B	PA; SP; QL (72 nebs/month); DS (30 day supply max)
*Pulmonary Fibrosis Agents - Kinase Inhibitors***		
<i>nintedanib esylate capsule 100 mg oral</i>	D	PA; SP; DS (30 day supply max)
<i>nintedanib esylate capsule 150 mg oral</i>	D	PA; SP; DS (30 day supply max)
OFEV CAPSULE 100 MG ORAL	D	PA; SP; QL (2 caps/ day); DS (30 day supply max)
OFEV CAPSULE 150 MG ORAL	D	PA; SP; QL (2 caps/ day); DS (30 day supply max)
*Pulmonary Fibrosis Agents - Phosphodiesterase 4 (Pde4) Inhib***		
JASCAYD TABLET 9 MG ORAL	D	PA; SP; DS (30 day supply max)
*Pulmonary Fibrosis Agents***		
ESBRIET CAPSULE 267 MG ORAL	D	PA; SP; QL (9 caps/ day); DS (30 day supply max)
<i>pirfenidone capsule 267 mg oral</i>	D	PA; SP; QL (9 caps/ day); DS (30 day supply max)
<i>pirfenidone tablet 267 mg oral</i>	D	PA; SP; DS (30 day supply max)
<i>pirfenidone tablet 534 mg oral</i>	D	PA; SP; DS (30 day supply max)
<i>pirfenidone tablet 801 mg oral</i>	D	PA; SP; DS (30 day supply max)
Sulfonamides		
*Sulfonamides***		
<i>sulfadiazine powder</i>	3	
<i>sulfadiazine sodium powder</i>	3	
<i>sulfadiazine tablet 500 mg oral</i>	3	
<i>sulfamethoxazole powder</i>	3	
<i>sulfapyridine powder (rx)</i>	3	

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Drug	Status	Notes
Tetracyclines		
*Aminomethylcyclines***		
NUZYRA TABLET 150 MG ORAL	3	PA
*Tetracyclines***		
<i>avidoxy tablet 100 mg oral</i>	1	QL (3 tabs/ day)
<i>demeclocycline hcl tablet 150 mg oral</i>	1	
<i>demeclocycline hcl tablet 300 mg oral</i>	1	
<i>doxycycline hyclate capsule 100 mg oral</i>	1	
<i>doxycycline hyclate capsule 50 mg oral</i>	1	
<i>doxycycline hyclate powder</i>	3	
<i>doxycycline hyclate tablet 100 mg oral</i>	1	
<i>doxycycline hyclate tablet 20 mg oral</i>	1	QL (2 tabs/ day)
<i>doxycycline monohydrate capsule 100 mg oral</i>	1	
<i>doxycycline monohydrate capsule 50 mg oral</i>	1	
<i>doxycycline monohydrate suspension reconstituted 25 mg/5ml oral</i>	1	
<i>doxycycline monohydrate tablet 100 mg oral</i>	1	QL (3 tabs/day)
<i>doxycycline monohydrate tablet 150 mg oral</i>	1	QL (2 tabs/ day)
<i>doxycycline monohydrate tablet 50 mg oral</i>	1	QL (4 tabs/day)
<i>doxycycline monohydrate tablet 75 mg oral</i>	1	QL (4 tabs/day)
<i>minocycline hcl capsule 100 mg oral</i>	1	
<i>minocycline hcl capsule 50 mg oral</i>	1	
<i>minocycline hcl capsule 75 mg oral</i>	1	
<i>minocycline hcl powder</i>	3	
MONDOXYNE NL CAPSULE 100 MG ORAL	1	
SEYSARA TABLET 100 MG ORAL	3	PA
SEYSARA TABLET 150 MG ORAL	3	PA
SEYSARA TABLET 60 MG ORAL	3	PA
<i>tetracycline hcl capsule 250 mg oral</i>	1	
<i>tetracycline hcl capsule 500 mg oral</i>	1	
Thyroid Agents		
*Antithyroid Agents***		
<i>methimazole powder</i>	3	
<i>methimazole tablet 10 mg oral</i>	1	
<i>methimazole tablet 5 mg oral</i>	1	
<i>propylthiouracil tablet 50 mg oral</i>	1	
*Thyroid Hormones***		
EUTHYROX TABLET 100 MCG ORAL	1	
EUTHYROX TABLET 112 MCG ORAL	1	
EUTHYROX TABLET 125 MCG ORAL	1	
EUTHYROX TABLET 137 MCG ORAL	1	
EUTHYROX TABLET 150 MCG ORAL	1	

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Drug	Status	Notes
EUTHYROX TABLET 175 MCG ORAL	1	
EUTHYROX TABLET 200 MCG ORAL	1	
EUTHYROX TABLET 25 MCG ORAL	1	
EUTHYROX TABLET 50 MCG ORAL	1	
EUTHYROX TABLET 75 MCG ORAL	1	
EUTHYROX TABLET 88 MCG ORAL	1	
LEVO-T TABLET 100 MCG ORAL	1	
LEVO-T TABLET 112 MCG ORAL	1	
LEVO-T TABLET 125 MCG ORAL	1	
LEVO-T TABLET 137 MCG ORAL	1	
LEVO-T TABLET 150 MCG ORAL	1	
LEVO-T TABLET 175 MCG ORAL	1	
LEVO-T TABLET 200 MCG ORAL	1	
LEVO-T TABLET 25 MCG ORAL	1	
LEVO-T TABLET 300 MCG ORAL	1	
LEVO-T TABLET 50 MCG ORAL	1	
LEVO-T TABLET 75 MCG ORAL	1	
LEVO-T TABLET 88 MCG ORAL	1	
<i>levothyroxine sodium tablet 100 mcg oral</i>	1	
<i>levothyroxine sodium tablet 112 mcg oral</i>	1	
<i>levothyroxine sodium tablet 125 mcg oral</i>	1	
<i>levothyroxine sodium tablet 137 mcg oral</i>	1	
<i>levothyroxine sodium tablet 150 mcg oral</i>	1	
<i>levothyroxine sodium tablet 175 mcg oral</i>	1	
<i>levothyroxine sodium tablet 200 mcg oral</i>	1	
<i>levothyroxine sodium tablet 25 mcg oral</i>	1	
<i>levothyroxine sodium tablet 300 mcg oral</i>	1	
<i>levothyroxine sodium tablet 50 mcg oral</i>	1	
<i>levothyroxine sodium tablet 75 mcg oral</i>	1	
<i>levothyroxine sodium tablet 88 mcg oral</i>	1	
LEVOXYL TABLET 100 MCG ORAL	1	
LEVOXYL TABLET 112 MCG ORAL	1	
LEVOXYL TABLET 125 MCG ORAL	1	
LEVOXYL TABLET 137 MCG ORAL	1	
LEVOXYL TABLET 150 MCG ORAL	1	
LEVOXYL TABLET 175 MCG ORAL	1	
LEVOXYL TABLET 200 MCG ORAL	1	
LEVOXYL TABLET 25 MCG ORAL	1	
LEVOXYL TABLET 50 MCG ORAL	1	
LEVOXYL TABLET 75 MCG ORAL	1	
LEVOXYL TABLET 88 MCG ORAL	1	

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Drug	Status	Notes
LIOMNY TABLET 25 MCG ORAL	1	
LIOMNY TABLET 5 MCG ORAL	1	
LIOMNY TABLET 50 MCG ORAL	1	
<i>liothyronine sodium tablet 25 mcg oral</i>	1	
<i>liothyronine sodium tablet 5 mcg oral</i>	1	
<i>liothyronine sodium tablet 50 mcg oral</i>	1	
<i>thyroid powder</i>	3	
UNITHROID TABLET 100 MCG ORAL	1	
UNITHROID TABLET 112 MCG ORAL	1	
UNITHROID TABLET 125 MCG ORAL	1	
UNITHROID TABLET 137 MCG ORAL	1	
UNITHROID TABLET 150 MCG ORAL	1	
UNITHROID TABLET 175 MCG ORAL	1	
UNITHROID TABLET 200 MCG ORAL	1	
UNITHROID TABLET 25 MCG ORAL	1	
UNITHROID TABLET 300 MCG ORAL	1	
UNITHROID TABLET 50 MCG ORAL	1	
UNITHROID TABLET 75 MCG ORAL	1	
UNITHROID TABLET 88 MCG ORAL	1	
Toxoids		
*Toxoid Combinations***		
ADACEL SUSPENSION 5-2-15.5 LF-MCG/0.5 INTRAMUSCULAR	\$0	QL (1.5 per 351 days); Vaccine
ADACEL SUSPENSION PREFILLED SYRINGE 5-2-15.5 LF-MCG/0.5 INTRAMUSCULAR	\$0	QL (1.5 per 351 days); Vaccine
BOOSTRIX SUSPENSION 5-2.5-18.5 LF-MCG/0.5 INTRAMUSCULAR	\$0	QL (1.5 per 351 days); Vaccine
BOOSTRIX SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5 INTRAMUSCULAR	\$0	QL (1.5 per 351 days); Vaccine
DAPTACEL SUSPENSION 23-15-5 INTRAMUSCULAR	\$0	QL (3 doses/ year); Vaccine
INFANRIX SUSPENSION 25-58-10 INTRAMUSCULAR	\$0	QL (3 doses/ year); Vaccine
KINRIX SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	\$0	QL (1 dose/ lifetime); Vaccine; AL (Min 4 Years and Max 6 Years)
PEDIARIX SUSPENSION PREFILLED SYRINGE INTRAMUSCULAR	\$0	QL (3 doses/ year); Vaccine; AL (Max 6 Years)
PENTACEL SUSPENSION RECONSTITUTED INTRAMUSCULAR	\$0	Vaccine
QUADRACEL SUSPENSION INTRAMUSCULAR	\$0	QL (1 dose/ lifetime); Vaccine; AL (Min 4 Years and Max 6 Years)
QUADRACEL SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	\$0	QL (1 dose/ lifetime); Vaccine; AL (Min 4 Years and Max 6 Years)
TDVAX SUSPENSION 2-2 LF/0.5ML INTRAMUSCULAR	\$0	QL (1.5 per 351 days); Vaccine
TENIVAC SUSPENSION 5-2 LF/0.5ML INTRAMUSCULAR	\$0	QL (1.5 per 351 days); Vaccine
VAXELIS SUSPENSION INTRAMUSCULAR	\$0	Vaccine; AL (Max 5 Years)

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Drug	Status	Notes
VAXELIS SUSPENSION PREFILLED SYRINGE INTRAMUSCULAR	\$0	Vaccine; AL (Max 5 Years)
Ulcer Drugs/Antispasmodics/Anticholinergics		
*Anticholinergic Combinations***		
<i>belladonna alkaloids-opium suppository 16.2-30 mg rectal</i>	3	
*Antispasmodics***		
<i>dicyclomine hcl capsule 10 mg oral</i>	1	
<i>dicyclomine hcl solution 10 mg/5ml oral</i>	1	
<i>dicyclomine hcl tablet 20 mg oral</i>	1	
*Belladonna Alkaloids***		
<i>atropine sulfate monohydrate powder</i>	3	
<i>atropine sulfate powder</i>	3	
*H-2 Antagonists***		
<i>cimetidine hcl solution 300 mg/5ml oral</i>	4	
<i>cimetidine powder</i>	3	
<i>cimetidine tablet 300 mg oral</i>	1	
<i>cimetidine tablet 400 mg oral</i>	1	
<i>cimetidine tablet 800 mg oral</i>	1	
<i>famotidine suspension reconstituted 40 mg/5ml oral</i>	1	
<i>nizatidine capsule 150 mg oral</i>	3	QL (2 caps/day)
<i>nizatidine capsule 300 mg oral</i>	3	QL (1 cap/day)
<i>ranitidine hcl tablet 150 mg oral (rx)</i>	4	PA
<i>ranitidine hcl tablet 300 mg oral</i>	4	PA
*Misc. Anti-Ulcer***		
<i>sucralfate powder</i>	3	
<i>sucralfate tablet 1 gm oral</i>	1	
*Ppi - Potassium-Competitive Acid Blockers (P-Cab)***		
VOQUEZNA TABLET 10 MG ORAL	4	ST (Step Therapy applies; see Step Therapy Drug List)
VOQUEZNA TABLET 20 MG ORAL	4	ST (Step Therapy applies; see Step Therapy Drug List)
*Proton Pump Inhibitors***		
<i>esomeprazole magnesium capsule delayed release 20 mg oral (rx)</i>	1	QL (4 caps/day)
<i>esomeprazole magnesium capsule delayed release 40 mg oral</i>	1	QL (2 caps/day)
FIRST-LANSOPRAZOLE SUSPENSION 3 MG/ML ORAL	2	
FIRST-OMEPRAZOLE SUSPENSION 2 MG/ML ORAL	2	DS (30 day supply max)
FIRST-PANTOPRAZOLE SUSPENSION 4 MG/ML ORAL	3	DS (30 day supply max)
<i>lansoprazole capsule delayed release 15 mg oral (rx)</i>	1	QL (2 caps/day)
<i>lansoprazole capsule delayed release 30 mg oral</i>	1	
<i>lansoprazole tablet delayed release dispersible 15 mg oral (rx)</i>	4	
<i>lansoprazole tablet delayed release dispersible 30 mg oral</i>	4	

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Drug	Status	Notes
<i>omeprazole capsule delayed release 10 mg oral</i>	1	
<i>omeprazole capsule delayed release 20 mg oral</i>	1	
<i>omeprazole capsule delayed release 40 mg oral</i>	1	
<i>pantoprazole sodium tablet delayed release 20 mg oral</i>	1	
<i>pantoprazole sodium tablet delayed release 40 mg oral</i>	1	
<i>rabeprazole sodium tablet delayed release 20 mg oral</i>	1	
*Quaternary Anticholinergics***		
<i>glycopyrrolate solution 1 mg/5ml oral</i>	3	
<i>glycopyrrolate tablet 1 mg oral</i>	1	
<i>glycopyrrolate tablet 2 mg oral</i>	1	
<i>methscopolamine bromide tablet 2.5 mg oral</i>	1	QL (8 tabs/ day)
<i>methscopolamine bromide tablet 5 mg oral</i>	1	QL (4 tabs/day)
<i>propantheline bromide powder</i>	3	
*Ulcer Anti-Infective W/ Proton Pump Inhibitors***		
TALICIA CAPSULE DELAYED RELEASE 250-12.5-10 MG ORAL	4	QL (12 caps/day); ST (Step Therapy applies; see Step Therapy Drug List); AL (Min 18 Years)
*Ulcer Drugs - Prostaglandins***		
CYTOTEC TABLET 100 MCG ORAL	3	QL (4 tabs/day)
CYTOTEC TABLET 200 MCG ORAL	3	QL (4 tabs/day)
<i>misoprostol tablet 100 mcg oral</i>	1	QL (4 tabs/day)
<i>misoprostol tablet 200 mcg oral</i>	1	QL (4 tabs/day)
Urinary Antispasmodics		
*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)***		
<i>darifenacin hydrobromide er tablet extended release 24 hour 15 mg oral</i>	2	QL (1 tab/day); AL (Min 18 Years)
<i>darifenacin hydrobromide er tablet extended release 24 hour 7.5 mg oral</i>	2	QL (1 tab/day); AL (Min 18 Years)
<i>oxybutynin chloride er tablet extended release 24 hour 10 mg oral</i>	1	
<i>oxybutynin chloride er tablet extended release 24 hour 15 mg oral</i>	1	
<i>oxybutynin chloride er tablet extended release 24 hour 5 mg oral</i>	1	
<i>oxybutynin chloride tablet 5 mg oral</i>	1	
<i>solifenacin succinate tablet 10 mg oral</i>	1	QL (1 tab/day); AL (Min 18 Years)
<i>solifenacin succinate tablet 5 mg oral</i>	1	QL (1 tab/day); AL (Min 18 Years)
<i>tolterodine tartrate er capsule extended release 24 hour 2 mg oral</i>	1	QL (Maximum Daily Dose of 1)
<i>tolterodine tartrate er capsule extended release 24 hour 4 mg oral</i>	1	QL (Maximum Daily Dose of 1)
<i>tolterodine tartrate tablet 1 mg oral</i>	1	
<i>tolterodine tartrate tablet 2 mg oral</i>	1	
<i>tropium chloride er capsule extended release 24 hour 60 mg oral</i>	1	QL (1 cap/day); AL (Min 18 Years)
<i>tropium chloride tablet 20 mg oral</i>	1	
*Urinary Antispasmodics - Beta-3 Adrenergic Agonists***		
<i>mirabegron er suspension reconstituted er 8 mg/ml oral</i>	4	QL (10 per day); AL (Min 3 Years and Max 12 Years)

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Drug	Status	Notes
<i>mirabegron er tablet extended release 24 hour 25 mg oral</i>	3	
<i>mirabegron er tablet extended release 24 hour 50 mg oral</i>	3	
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 25 MG ORAL	4	PA
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL	4	PA
*Urinary Antispasmodics - Cholinergic Agonists***		
<i>bethanechol chloride tablet 10 mg oral</i>	1	
<i>bethanechol chloride tablet 25 mg oral</i>	1	
<i>bethanechol chloride tablet 5 mg oral</i>	1	
<i>bethanechol chloride tablet 50 mg oral</i>	1	
*Urinary Antispasmodics - Direct Muscle Relaxants***		
<i>flavoxate hcl tablet 100 mg oral</i>	1	
Vaccines		
*Bacterial Vaccines***		
ACTHIB SOLUTION RECONSTITUTED INTRAMUSCULAR	\$0	Vaccine
<i>bcg vaccine solution reconstituted 50 mg injection</i>	\$0	Vaccine
BEXSERO SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	\$0	QL (1 per 354 days); Vaccine; AL (Min 10 Years)
BIOTHRAX SUSPENSION INTRAMUSCULAR	\$0	Vaccine
CAPVAXIVE SOLUTION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	\$0	QL (1 per lifetime); Vaccine; AL (Min 18 Years)
HIBERIX SOLUTION RECONSTITUTED 10 MCG INJECTION	\$0	Vaccine
MENQUADFI SOLUTION 0.5 ML INTRAMUSCULAR	\$0	QL (0.5 per 354 days); Vaccine; AL (Max 23 Years)
MENVEO SOLUTION INTRAMUSCULAR	\$0	Vaccine
MENVEO SOLUTION RECONSTITUTED INTRAMUSCULAR	\$0	Vaccine
PEDVAXHIB SUSPENSION 7.5 MCG/0.5ML INTRAMUSCULAR	\$0	Vaccine
PENBRAYA SUSPENSION RECONSTITUTED INTRAMUSCULAR	\$0	Vaccine; AL (Min 10 Years and Max 25 Years)
<i>penmenvay suspension reconstituted intramuscular</i>	\$0	Vaccine
PNEUMOVAX 23 SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML INJECTION	\$0	QL (1 per 354 days); Vaccine
PREVNAR 20 SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	\$0	QL (4 doses per lifetime); Vaccine
TRUMENBA SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	\$0	QL (1.5 per 354 days); Vaccine; AL (Min 10 Years and Max 26 Years)
TYPHIM VI SOLUTION 25 MCG/0.5ML INTRAMUSCULAR	\$0	Vaccine
TYPHIM VI SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML INTRAMUSCULAR	\$0	Vaccine
VAXCHORA SUSPENSION RECONSTITUTED ORAL	\$0	Vaccine
VAXNEUVANCE SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	\$0	QL (0.5 per lifetime); Vaccine
VIVOTIF CAPSULE DELAYED RELEASE ORAL	\$0	Vaccine

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Drug	Status	Notes
VIVOTIF CAPSULE DELAYED RELEASE ORAL	\$0	QL (4 per 1 months); Vaccine
*Viral Vaccine Combinations***		
M-M-R II SOLUTION RECONSTITUTED INJECTION	\$0	Vaccine
PRIORIX SUSPENSION RECONSTITUTED SUBCUTANEOUS	\$0	Vaccine
PROQUAD SUSPENSION RECONSTITUTED SUBCUTANEOUS	\$0	Vaccine
TWINRIX SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML INTRAMUSCULAR	\$0	QL (3 per 354 days); Vaccine; AL (Min 18 Years)
*Viral Vaccines***		
ABRYSV0 SOLUTION RECONSTITUTED 120 MCG/0.5ML INTRAMUSCULAR	\$0	QL (1 per lifetime); Vaccine; AL (Min 60 Years)
ACAM2000 SOLUTION RECONSTITUTED INJECTION	\$0	Vaccine
AFLURIA PRESERVATIVE FREE SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	\$0	QL (1 per 274 days); Vaccine; AL (Min 6 Months)
AFLURIA SUSPENSION INTRAMUSCULAR	\$0	QL (1 per 274 days); Vaccine; AL (Min 6 Months)
AREXVY SUSPENSION RECONSTITUTED 120 MCG/0.5ML INTRAMUSCULAR	\$0	QL (1 per lifetime); Vaccine; AL (Min 60 Years)
COMIRNATY 5-11 YEARS SUSPENSION 10 MCG/0.3ML INTRAMUSCULAR	\$0	QL (2 per 1 years); Vaccine; AL (Min 5 Years and Max 11 Years)
COMIRNATY SUSPENSION PREFILLED SYRINGE 30 MCG/0.3ML INTRAMUSCULAR	\$0	Vaccine; AL (Min 12 Years)
DENGVAXIA SUSPENSION RECONSTITUTED SUBCUTANEOUS	\$0	Vaccine
ENGRIX-B SUSPENSION 20 MCG/ML INJECTION	\$0	Vaccine
ENGRIX-B SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML INJECTION	\$0	Vaccine
ENGRIX-B SUSPENSION PREFILLED SYRINGE 20 MCG/ML INJECTION	\$0	Vaccine
FLUAD SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	\$0	QL (0.5 per 274 days); Vaccine; AL (Min 65 Years)
FLUARIX SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	\$0	QL (1 per 274 days); Vaccine; AL (Min 6 Months)
FLUBLOK SOLUTION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	\$0	QL (0.5 per 274 days); Vaccine; AL (Min 9 Years)
FLUCELVAX SUSPENSION INTRAMUSCULAR	\$0	QL (1 per 274 days); Vaccine; AL (Min 6 Months)
FLUCELVAX SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	\$0	QL (1 per 274 days); Vaccine; AL (Min 6 Months)
FLULAVAL SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	\$0	QL (1 per 274 days); Vaccine; AL (Min 6 Months)
FLUMIST LIQUID NASAL	\$0	QL (0.4 per 274 days); Vaccine; AL (Min 2 Years and Max 49 Years)
FLUZONE HIGH-DOSE SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	\$0	QL (0.5 per 274 days); Vaccine; AL (Min 65 Years)
FLUZONE SUSPENSION INTRAMUSCULAR	\$0	QL (1 per 274 days); Vaccine; AL (Min 6 Months)

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Drug	Status	Notes
FLUZONE SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	\$0	QL (1 per 274 days); Vaccine; AL (Min 6 Months)
GARDASIL 9 SUSPENSION 0.5 ML INTRAMUSCULAR	\$0	QL (1.5 per lifetime); Vaccine; AL (Min 9 Years and Max 45 Years)
GARDASIL 9 SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR	\$0	QL (1.5 per lifetime); Vaccine; AL (Min 9 Years and Max 45 Years)
HAVRIX SUSPENSION PREFILLED SYRINGE 1440 EL U/ML INTRAMUSCULAR	\$0	QL (4 per lifetime); Vaccine
HAVRIX SUSPENSION PREFILLED SYRINGE 720 EL U/0.5ML INTRAMUSCULAR	\$0	QL (2 per lifetime); Vaccine
HEPLISAV-B SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML INTRAMUSCULAR	\$0	QL (1.5 per 354 days); Vaccine; AL (Min 18 Years)
IMOVAX RABIES SUSPENSION RECONSTITUTED 2.5 UNIT/ML INTRAMUSCULAR	\$0	Vaccine
IPOLE SUSPENSION INJECTION	\$0	Vaccine
IXIARO SUSPENSION INTRAMUSCULAR	\$0	Vaccine
JYNNEOS SUSPENSION 0.5 ML SUBCUTANEOUS	\$0	QL (1 per 354 days); Vaccine; AL (Min 18 Years)
MNEXSPIKE SUSPENSION PREFILLED SYRINGE 10 MCG/0.2ML INTRAMUSCULAR	\$0	Vaccine; AL (Min 12 Years)
MRESVIA SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML INTRAMUSCULAR	\$0	Vaccine; AL (Min 60 Years)
<i>nuvaxovid covid-19 vaccine suspension prefilled syringe 5 mcg/0.5ml intramuscular</i>	\$0	QL (1 per 354 days); Vaccine; AL (Min 12 Years)
PREHEVBRIO SUSPENSION 10 MCG/ML INTRAMUSCULAR	\$0	Vaccine
RABAVERT SUSPENSION RECONSTITUTED INTRAMUSCULAR	\$0	Vaccine
RECOMBIVAX HB SUSPENSION 10 MCG/ML INJECTION	\$0	Vaccine
RECOMBIVAX HB SUSPENSION 40 MCG/ML INJECTION	\$0	Vaccine
RECOMBIVAX HB SUSPENSION 5 MCG/0.5ML INJECTION	\$0	Vaccine
RECOMBIVAX HB SUSPENSION PREFILLED SYRINGE 10 MCG/ML INJECTION	\$0	Vaccine
RECOMBIVAX HB SUSPENSION PREFILLED SYRINGE 5 MCG/0.5ML INJECTION	\$0	Vaccine
ROTATEQ SOLUTION ORAL	\$0	Vaccine
SHINGRIX SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML INTRAMUSCULAR	\$0	QL (2 doses/ lifetime); Vaccine; AL (Min 50 Years)
SHINGRIX SUSPENSION RECONSTITUTED 50 MCG/0.5ML INTRAMUSCULAR	\$0	QL (2 per lifetime); Vaccine; AL (Min 50 Years)
SPIKEVAX 6M-11Y SUSPENSION PREFILLED SYRINGE 25 MCG/0.25ML INTRAMUSCULAR	\$0	Vaccine; AL (Min 6 Months and Max 11 Years)
SPIKEVAX SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML INTRAMUSCULAR	\$0	Vaccine; AL (Min 12 Years)
<i>stamaril suspension reconstituted injection</i>	\$0	Vaccine
TICOVAC SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML INTRAMUSCULAR	\$0	Vaccine

Drug	Status	Notes
TICOVAC SUSPENSION PREFILLED SYRINGE 2.4 MCG/0.5ML INTRAMUSCULAR	\$0	Vaccine
VAQTA SUSPENSION 25 UNIT/0.5ML INTRAMUSCULAR	\$0	QL (2 per lifetime); Vaccine
VAQTA SUSPENSION 50 UNIT/ML INTRAMUSCULAR	\$0	QL (4 per lifetime); Vaccine
VAQTA SUSPENSION PREFILLED SYRINGE 25 UNIT/0.5ML INTRAMUSCULAR	\$0	QL (2 per lifetime); Vaccine
VAQTA SUSPENSION PREFILLED SYRINGE 50 UNIT/ML INTRAMUSCULAR	\$0	QL (4 per lifetime); Vaccine
VARIVAX SUSPENSION RECONSTITUTED 1350 PFU/0.5ML INJECTION	\$0	QL (1 per 354 days); Vaccine
VIMKUNYA SUSPENSION PREFILLED SYRINGE 40 MCG/0.8ML INTRAMUSCULAR	\$0	Vaccine; AL (Min 12 Years)
YF-VAX SUSPENSION RECONSTITUTED SUBCUTANEOUS	\$0	Vaccine
Vaginal And Related Products		
*Imidazole-Related Antifungals***		
GYNAZOLE-1 CREAM 2 % VAGINAL	4	
<i>miconazole 3 suppository 200 mg vaginal</i>	3	
<i>terconazole cream 0.4 % vaginal</i>	1	
<i>terconazole cream 0.8 % vaginal</i>	1	
<i>terconazole suppository 80 mg vaginal</i>	1	
*Miscellaneous Vaginal Products***		
INTRAROSA INSERT 6.5 MG VAGINAL	3	
*Spermicides***		
ENCARE SUPPOSITORY 100 MG VAGINAL	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
OPTIONS GYNOL II CONTRACEPTIVE GEL 3 % VAGINAL	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
TODAY SPONGE 1000 MG VAGINAL	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
VCF VAGINAL CONTRACEPTIVE FILM 28 % VAGINAL	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
VCF VAGINAL CONTRACEPTIVE GEL 4 % VAGINAL	\$0	ACA (Tier 3 OR coinsurance if ACA/Women's Prevention does not apply)
*Vaginal Anti-Infectives***		
<i>clindamycin phosphate cream 2 % vaginal</i>	1	QL (1 tube (40gm)/ 7 days); DS (7 day supply max); F
CLINDESSE CREAM 2 % VAGINAL	3	
<i>metronidazole gel 0.75 % vaginal</i>	1	QL (1 tube (70gm)/5 days; 1 fill/month); DS (5 day supply max); F
VANDAZOLE GEL 0.75 % VAGINAL	3	QL (1 tube (70gm)/5 days; 1 fill/month); DS (5 day supply max); F
*Vaginal Estrogens***		
<i>estradiol cream 0.01 % vaginal</i>	1	F
<i>estradiol tablet 10 mcg vaginal</i>	3	

Drug	Status	Notes
ESTRING RING 7.5 MCG/24HR VAGINAL	3	QL (1 ring/ 90 days); DS (90 day supply max); F
FEMRING RING 0.05 MG/24HR VAGINAL	3	QL (1 ring/ 90 days); DS (90 day supply max); F
FEMRING RING 0.1 MG/24HR VAGINAL	3	QL (1 ring/ 90 days); DS (90 day supply max); F
PREMARIN CREAM 0.625 MG/GM VAGINAL	2	
YUVAFEM TABLET 10 MCG VAGINAL	3	
*Vaginal Progestins***		
CRINONE GEL 4 % VAGINAL	C	PA; SP; DS (30 day supply max)
CRINONE GEL 8 % VAGINAL	C	PA; SP; DS (30 day supply max)
ENDOMETRIN INSERT 100 MG VAGINAL	VC	FERT (Excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance))
<i>progesterone insert 100 mg vaginal</i>	VC	FERT (Excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance))
Vasopressors		
*Anaphylaxis Therapy Agents***		
AUVI-Q SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML INJECTION	4	QL (2 units/ month); AL (Max 2 Years)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml injection</i>	4	QL (2 units/month)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml injection</i>	2	QL (2 units/ month)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml injection</i>	2	QL (2 per 1 months)
<i>epinephrine solution auto-injector 0.3 mg/0.3ml injection</i>	2	QL (2 units/ month)
<i>epinephrine solution auto-injector 0.3 mg/0.3ml injection</i>	2	QL (2 per 1 months)
<i>epinephrine solution auto-injector 0.3 mg/0.3ml injection</i>	4	QL (2 units/month)
NEFFY SOLUTION 1 MG/0.1ML NASAL	4	PA
NEFFY SOLUTION 2 MG/0.1ML NASAL	4	PA
*Vasopressors***		
<i>epinephrine pf solution 1 mg/ml injection</i>	3	HDHP
<i>midodrine hcl tablet 10 mg oral</i>	1	
<i>midodrine hcl tablet 2.5 mg oral</i>	1	
<i>midodrine hcl tablet 5 mg oral</i>	1	
Vitamins		
*Vitamin C***		
<i>sodium ascorbate granules</i>	3	
*Vitamin D***		
<i>aqueous vitamin d liquid 10 mcg/ml oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
BABY DDROPS LIQUID 10 MCG /0.028ML ORAL	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
BABY DDROPS LIQUID 10 MCG/0.03ML ORAL	\$0	ACA (Tier 3 OR coinsurance if ACA does not apply); AL (Min 65 Years)

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Drug	Status	Notes
<i>baby super daily d3 liquid 10 mcg /0.028ml oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>baby vitamin d3 liquid 10 mcg /0.028ml oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
BIO-D-MULSION FORTE LIQUID 50 MCG/0.04ML ORAL	\$0	ACA (Tier 3 OR coinsurance if ACA does not apply); AL (Min 65 Years)
BIO-D-MULSION LIQUID 10 MCG/0.04ML ORAL	\$0	ACA (Tier 3 OR coinsurance if ACA does not apply); AL (Min 65 Years)
BPROTECTED PEDIA D-VITE LIQUID 10 MCG/ML ORAL	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>cholecalciferol tablet 50 mcg (2000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>cvs d3 capsule 10 mcg (400 unit) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>cvs d3 capsule 125 mcg (5000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>cvs d3 capsule 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>cvs d3 capsule 250 mcg (10000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>cvs d3 capsule 50 mcg (2000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>cvs vitamin d3 capsule 250 mcg (10000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>cvs vitamin d3 tablet chewable 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>d 1000 capsule 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>d 1000 tablet chewable 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>d-1000 extra strength tablet 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>d3 2000 capsule 50 mcg (2000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>d3 5000 capsule 125 mcg (5000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>d3 adult tablet chewable 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>d3 baby drops liquid 10 mcg /0.025ml oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>d3 capsule 125 mcg (5000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>d3 capsule 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>d3 capsule 250 mcg (10000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>d3 capsule 50 mcg (2000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)

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Drug	Status	Notes
<i>d3 extra strength capsule 125 mcg (5000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>d3 high potency capsule 125 mcg (5000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>d3 high potency capsule 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>d3 high potency capsule 25 mcg oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>d3 high potency capsule 250 mcg (10000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>d3 high potency capsule 50 mcg (2000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>d3 high potency tablet 10 mcg (400 unit) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>d3 kids tablet chewable 10 mcg (400 unit) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>d3 max st capsule 250 mcg (10000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>d3 maximum strength capsule 125 mcg (5000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>d3 super strength capsule 50 mcg (2000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>d3 tablet 50 mcg (2000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>d3 tablet chewable 50 mcg (2000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>d3-1000 capsule 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>d3-1000 tablet 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>d-3-5 capsule 125 mcg (5000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
D3-50 CAPSULE 1.25 MG (50000 UT) ORAL	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>d-400 tablet 10 mcg (400 unit) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>d-5000 tablet 125 mcg (5000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
DDROPS BOOSTER LIQUID 15 MCG /0.028ML ORAL	\$0	ACA (Tier 3 OR coinsurance if ACA does not apply); AL (Min 65 Years)
DDROPS LIQUID 25 MCG /0.028ML ORAL	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply)
DDROPS LIQUID 25 MCG/0.03ML ORAL	\$0	ACA (Tier 3 OR coinsurance if ACA does not apply)
DDROPS LIQUID 50 MCG /0.028ML ORAL	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply)
DDROPS LIQUID 50 MCG/0.03ML ORAL	\$0	ACA (Tier 3 OR coinsurance if ACA does not apply)

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Drug	Status	Notes
DECARA CAPSULE 1.25 MG (50000 UT) ORAL	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>delta d3 tablet 10 mcg (400 unit) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
DIALYVITE VITAMIN D 5000 CAPSULE 125 MCG (5000 UT) ORAL	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
DIALYVITE VITAMIN D3 MAX TABLET 1.25 MG (50000 UT) ORAL	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
DRISDOL CAPSULE 1.25 MG (50000 UT) ORAL	4	
D-VI-SOL LIQUID 10 MCG/ML ORAL	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>d-vite pediatric liquid 10 mcg/ml oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>eq d3 drops infants/childrens liquid 10 mcg 10.025ml oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>eq vitamin d3 capsule 10 mcg (400 unit) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>eq vitamin d3 capsule 125 mcg (5000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>eq vitamin d3 capsule 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>eq vitamin d3 capsule 50 mcg (2000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>eq vitamin d3 gummies tablet chewable 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>ergocalciferol capsule 1.25 mg (50000 ut) oral</i>	1	
<i>finest nutrition vitamin d3 capsule 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>ft vitamin d3 capsule 25 mcg oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>ft vitamin d3 capsule 50 mcg (2000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>ft vitamin d3 rapid release capsule 125 mcg (5000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>ft vitamin d3 rapid release capsule 250 mcg (10000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>ft vitamin d3 tablet 125 mcg (5000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>ft vitamin d3 tablet 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>ft vitamin d3 tablet 250 mcg (10000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>ft vitamin d3 tablet 50 mcg oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>gnp d 1000 capsule 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>gnp d 2000 tablet chewable 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)

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Drug	Status	Notes
<i>gnp d3 capsule 125 mcg (5000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>gnp d3 capsule 250 mcg (10000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>gnp d3 capsule 50 mcg (2000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>gnp d3 tablet 250 mcg (10000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>gnp vitamin d maximum strength tablet 50 mcg (2000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>gnp vitamin d super strength tablet 125 mcg (5000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>gnp vitamin d tablet 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>gnp vitamin d tablet chewable 10 mcg (400 unit) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>gnp vitamin d3 extra strength tablet 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>gnp vitamin d3 tablet 10 mcg (400 unit) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>gnp vitamin d-400 tablet 10 mcg (400 unit) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
KIDS FIRST VITAMIN D3 GUMMIES TABLET CHEWABLE 25 MCG (1000 UT) ORAL	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>kls d3 capsule 50 mcg (2000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>kp vitamin d capsule 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>kp vitamin d tablet chewable 10 mcg (400 unit) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>kp vitamin d3 capsule 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>kp vitamin d3 capsule 50 mcg (2000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
MOMMY'S BLISS VIT D ORGANIC LIQUID 10 MCG /0.036ML ORAL	\$0	ACA (Tier 3 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>nat-rul vitamin d tablet 125 mcg (5000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>nat-rul vitamin d tablet 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>nat-rul vitamin d tablet 50 mcg (2000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>natural vitamin d-3 tablet 125 mcg (5000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
OPTIMAL D3 CAPSULE 1.25 MG (50000 UT) ORAL	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
OPURITY VITAMIN D TABLET CHEWABLE 125 MCG (5000 UT) ORAL	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)

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Drug	Status	Notes
<i>pharmacist choice d-vitamin liquid 400 unit/ml oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
PRONUTRIENTS VITAMIN D3 CAPSULE 25 MCG (1000 UT) ORAL	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>qc vitamin d3 capsule 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>qc vitamin d3 capsule 50 mcg (2000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>qc vitamin d3 tablet 10 mcg (400 unit) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>qc vitamin d3 tablet 125 mcg (5000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>qc vitamin d3 tablet 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>qc vitamin d3 tablet 50 mcg (2000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>ra vitamin d-3 capsule 125 mcg (5000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>ra vitamin d-3 capsule 50 mcg (2000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>ra vitamin d-3 tablet 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
RADIANCE PLATINUM VITAMIN D3 TABLET 125 MCG (5000 UT) ORAL	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>sm vitamin d3 tablet 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>super daily d3 liquid 25 mcg /0.028ml oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply)
<i>super daily d3 liquid 50 mcg /0.028ml oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply)
<i>sv vitamin d3 capsule 25 mcg oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>sv vitamin d3 capsule 50 mcg (2000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>sv vitamin d3 tablet chewable 25 mcg oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
THERA-D 2000 TABLET 50 MCG (2000 UT) ORAL	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
THERA-D RAPID REPLETION TABLET 50 MCG (2000 UT) ORAL	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>true vitamin d3 capsule 1.25 mg (50000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>true vitamin d3 capsule 10 mcg (400 unit) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>true vitamin d3 capsule 125 mcg (5000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>true vitamin d3 capsule 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)

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Drug	Status	Notes
<i>true vitamin d3 capsule 250 mcg (10000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>true vitamin d3 capsule 50 mcg (2000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>true vitamin d3 tablet 1.25 mg (50000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>true vitamin d3 tablet 10 mcg (400 unit) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>true vitamin d3 tablet 125 mcg (5000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>true vitamin d3 tablet 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>true vitamin d3 tablet 250 mcg (10000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>true vitamin d3 tablet 50 mcg oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
UPSPRING BABY VIT D LIQUID 10 MCG /0.025ML ORAL	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitachew vitamin d3 tablet chewable 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
VITAJEY DAILY D GUMMIES TABLET CHEWABLE 25 MCG (1000 UT) ORAL	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
VITAMELTS VITAMIN D TABLET DISPERSIBLE 25 MCG (1000 UT) ORAL	\$0	ACA (Tier 3 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d (cholecalciferol) capsule 10 mcg (400 unit) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d (cholecalciferol) capsule 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d (cholecalciferol) capsule 50 mcg (2000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d (cholecalciferol) tablet 10 mcg (400 unit) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d (cholecalciferol) tablet 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d (ergocalciferol) capsule 1.25 mg (50000 ut) oral</i>	1	
<i>vitamin d (ergocalciferol) capsule 50000 unit oral</i>	1	
<i>vitamin d capsule 1.25 mg (50000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d capsule 125 mcg oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d capsule 50 mcg (2000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d high potency capsule 1.25 mg (50000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d high potency capsule 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d infant liquid 10 mcg/ml oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)

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Drug	Status	Notes
<i>vitamin d liquid 10 mcg/ml oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d tablet 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d tablet 400 unit oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d tablet 50 mcg (2000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
VITAMIN D-1000 MAX ST TABLET 25 MCG (1000 UT) ORAL	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d3 adult gummies tablet chewable 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d3 capsule 1.25 mg (50000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d3 capsule 10 mcg (400 unit) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d3 capsule 1000 unit oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d3 capsule 125 mcg (5000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d3 capsule 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d-3 capsule 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d3 capsule 25 mcg oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d3 capsule 250 mcg (10000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d3 capsule 50 mcg (2000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d3 capsule 62.5 mcg oral</i>	\$0	ACA (Tier 3 OR coinsurance if ACA does not apply)
<i>vitamin d3 extra strength tablet chewable 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d3 fast dissolve tablet dispersible 50 mcg (2000 ut) oral</i>	\$0	ACA (Tier 3 OR coinsurance if ACA does not apply)
<i>vitamin d3 gummies adult tablet chewable 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d3 gummies tablet chewable 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d3 liquid 10 mcg/ml oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d3 liquid 125 mcg/0.5ml oral</i>	\$0	ACA (Tier 3 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d3 liquid 125 mcg/ml oral</i>	\$0	ACA (Tier 3 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d3 liquid 30 mcg/15ml oral</i>	\$0	ACA (Tier 3 OR coinsurance if ACA does not apply); AL (Min 65 Years)

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Drug	Status	Notes
<i>vitamin d3 liquid 5000 unit/ml oral</i>	\$0	ACA (Tier 3 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d3 max capsule 125 mcg (5000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d3 maximum strength capsule 125 mcg (5000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d3 tablet 10 mcg (400 unit) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d3 tablet 125 mcg (5000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d3 tablet 20 mcg (800 unit) oral</i>	\$0	ACA (Tier 3 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d3 tablet 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d-3 tablet 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d3 tablet 25 mcg oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d3 tablet 250 mcg (10000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d3 tablet 50 mcg (2000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d3 tablet 75 mcg (3000 ut) oral</i>	\$0	ACA (Tier 3 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d3 tablet chewable 10 mcg (400 unit) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d3 tablet chewable 125 mcg (5000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d3 tablet chewable 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d3 tablet chewable 50 mcg (2000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>vitamin d3 ultra potency tablet 1250 mcg oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
WEEKLY-D CAPSULE 1.25 MG (50000 UT) ORAL	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>well vitamin d3 capsule 125 mcg (5000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>well vitamin d3 capsule 25 mcg (1000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
<i>well vitamin d3 capsule 50 mcg (2000 ut) oral</i>	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
YUMVS VITAMIN D3 TABLET CHEWABLE 25 MCG (1000 UT) ORAL	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
YUMVS VITAMIN D3 ZERO TABLET CHEWABLE 25 MCG (1000 UT) ORAL	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)
YUMVSKIDS VITAMIN D3 ZERO TABLET CHEWABLE 25 MCG (1000 UT) ORAL	\$0	ACA (Tier 1 OR coinsurance if ACA does not apply); AL (Min 65 Years)

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<i>captopril</i>	79	<i>cefaclor er</i>	133	<i>cladribine (10 tabs)</i>	262
<i>captopril-hydrochlorothiazide</i>	79	<i>cefadroxil</i>	132	<i>cladribine (4 tabs)</i>	262
CAPVAXIVE	276	<i>cefdinir</i>	133	<i>cladribine (5 tabs)</i>	262
CARAC	159	<i>cefixime</i>	133	<i>cladribine (6 tabs)</i>	262
CARBAGLU	172	<i>cefpodoxime proxetil</i>	133	<i>cladribine (7 tabs)</i>	262
<i>carbamazepine</i>	54	<i>cefprozil</i>	133	<i>cladribine (8 tabs)</i>	262
<i>carbamazepine er</i>	54	<i>cefuroxime axetil</i>	133	<i>cladribine (9 tabs)</i>	262
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CLEVER CHOICE LANCETS 23G	200	COMFORT EZ PRO PEN NEEDLES	218	<i>cvs aspirin adult low dose</i>	29
CLEVER CHOICE LANCETS 28G	200	COMFORT EZ SHORT PEN NEEDLES	218	<i>cvs aspirin adult low strength</i>	29
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CLIGAVYX	101	COMFORT TOUCH PLUS LANCETS 28G	200	<i>cvs aspirin low strength</i>	29
CLIMARA PRO	178	COMFORT TOUCH PLUS LANCETS 30G	200	<i>cvs d3</i>	281
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<i>clindamycin palmitate hcl</i>	85	COMPACT SPACE CHAMBER	241	<i>cvs lancets micro thin 33g</i>	200
<i>clindamycin phos (once-daily)</i>	157	COMPACT SPACE CHAMBER/LG MASK	241	<i>cvs lancets original</i>	201
<i>clindamycin phos (twice-daily)</i>	157	COMPACT SPACE CHAMBER/MED MASK	241	<i>cvs lancets thin 26g</i>	201
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<i>clonazepam</i>	53	CORTENEMA	40	<i>cycloserine</i>	86
<i>clonidine hcl</i>	82	CORTIFOAM	40	CYCLOSET	66
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XELJANZ XR	23	ZARONTIN	59	ZYMFENTRA (2 SYRINGE)	184
XELODA	88	ZARXIO	190	ZYPREXA RELPREVV	117
XELPROS	256	ZAVZPRET	242	ZYPREXA ZYDIS	117
XELRIA FE	148	<i>zeaxanthin</i>	140	ZYTIGA	87
XENICAL	19	ZEGALOGUE	65	ZYVOX	85
XEPI	158	ZEJULA	105		
XERMELO	184	ZELBORAF	92		
XIFAXAN	84	ZELSUVMI	161		
XIGDUO XR	70	ZEMPLAR	173		
XIIDRA	252	ZENATANE	158		
XOCOVA	122	ZENPEP	167		
XOFLUZA (40 MG DOSE)	122	ZEPATIER	121		
XOFLUZA (80 MG DOSE)	122	ZEPBOUND	17, 18		
XOLAIR	46	ZEPBOUND KWIKPEN	17		
XOLREMDI	189	ZEPOSIA	269		
XOSPATA	98	ZEPOSIA 7-DAY STARTER PACK	269		
XPHOZAH	170	ZEPOSIA STARTER KIT	269		
XPOVIO (100 MG ONCE WEEKLY)	99	ZETONNA	251		
XPOVIO (40 MG ONCE WEEKLY)	99	<i>zevrx insulin syringe</i>	238		
XPOVIO (40 MG TWICE WEEKLY)	99	<i>zevrx pen needles</i>	238		
XPOVIO (60 MG ONCE WEEKLY)	99	<i>zevrx twist top lancets 30g</i>	213		
XPOVIO (60 MG TWICE WEEKLY)	99	ZIAGEN	120		
XPOVIO (80 MG ONCE WEEKLY)	99	<i>zidovudine</i>	120		
XPOVIO (80 MG TWICE WEEKLY)	99	ZILBRYSQ	187		
XROMI	189	ZILXI	165		
XTAMPZA ER	38	ZIMHI	73		
XTANDI	87	<i>zinc gluconate</i>	141		
XTORO	256	<i>zinc undecylenate</i>	141		
XULANE	148	<i>ziprasidone hcl</i>	110, 111		
XULTOPHY	69	<i>ziprasidone mesylate</i>	111		
XURIDEN	172	ZIRGAN	254		
<i>xylazine hcl</i>	140	ZITHROMAX	194		
		ZITHROMAX TRI-PAK	194		
		ZITHROMAX Z-PAK	194		
		ZITUVIMET	66		

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